2003 INTERNATIONAL POLICY CONTINUING FELLOWSHIPS PROGRAM

AIDS EDUCATION AT SCHOOL:
Introducing policy culture change and outlining a draft curriculum

Research Paper

by
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I. Introduction

There is growing conformity about the need for AIDS education for young people. Studies have shown that sex and AIDS education may lead to a delay in the start of sexual activity, and to the use of safer sex practices among those adolescents who are already sexually active.

It is the responsibility of curriculum planners to design educational programs. The program content and approaches will undoubtedly be influenced by prevailing cultural norms and social and ethical values. Cultural and social norms and values must always be taken into account when designing and introducing an HIV/AIDS/STD education program which deals with sensitive issues such as sexuality and safe sex practices. However, it is also important to keep in mind that young people, for a number of reasons, tend to adopt the norms, values and attitudes of their peers, which may be in conflict with those of their parents and traditional society.

Educational policy regarding the entry point of an HIV/AIDS/STD education program is yet not in place in Armenia. Policy makers and planners are concerned about such issues as how to calendar a program, what kind of teachers' training is required, and what additional printed materials need to be developed to ensure the success of the program.

The task of the curriculum planners is not an easy one; to design credible and effective program acceptable not only to students but also to their parents, teachers, school administration, educational policy system, and the wider community. However, curriculum planners often lack examples of policy guidance, curricula, classroom activities and learning materials.

This report attempted to compile existing curriculum planning approaches and methods employed by a number of countries, and is aimed to assist policy makers and curriculum planners in designing HIV/AIDS/STD education program for Armenian school system. The educational program introduced in this report is based on participatory methods, as these have been shown to be particularly effective for the teaching of behavioral skills. Teaching through the participatory methods have already been practiced in the context of Armenia, as the *Life Skills* educational program was introduced in a number of Armenian schools since September 1999. The report also summarizes assessments of the acceptance of *Life Skills* educational program with the aim to emphasize its strengths and to caution about possible drawbacks when designing and introducing similar education programs into school system.

II. Curriculum design process

When developing a curriculum for HIV/AIDS/ STD education, the following main steps should be considered:

1. Making a situation assessment
2. Defining the type of program
3. Selecting objectives
4. Making a curriculum plan
5. Planning for material production
6. Developing students' activities
7. Developing the teachers' guide
8. Validating the curriculum
9. Planning for teacher training
10. Designing the program's evaluation.

When designing educational programs, curriculum planners frequently include students in the initial discussions in order to ensure that the material will be relevant and therefore effective. These discussions usually take the form of focus group discussions dealing with specific issues. Certain of these require a creative brainstorming approach. Focus group discussions can be held with many and varied groups of students from rural and urban centers and from various social groups. In other instances planners prefer to work with a highly representative student group with whom they meet regularly and build up a strong and open rapport. Behavior change and behavior shaping are central to AIDS education. The behaviors under consideration are highly individual and intimate and it is therefore crucial to seek the opinions and suggestions of students themselves about program content.

Students obtain all kinds of information outside the school and are often involved in experiences which may never be discussed or even acknowledged in a school setting. Care should be taken when designing an AIDS program, to avoid discrepancies between "school knowledge" and "outside knowledge", as these can become a source of mistrust and conflict. In this respect, it is important that the knowledge and skills acquired by students at schools, are sufficiently detailed and explicit to enable students to cope successfully with the risk situations they are likely to encounter inside and outside school, including peer pressure.

Participation of parents and families in a HIV/AIDS/STD school program, and involving peer leaders, are issues to be considered in the design of a curriculum.

Because of the sensitivity of the subject matter, it is advisable to involve families, religious organizations and other social organizations in the initial planning sessions. In this way, content and activities considered suitable for general classroom use can be identified, as can those which are considered necessary, but too sensitive for ordinary classroom teaching. Alternative methods for ensuring that the students receive the latter kind of information can be discussed and developed with parental and community involvement.

Community involvement contributes to a sense of collective responsibility and provides support, both of which are necessary if school HIV/AIDS/STD education programs are to be successful.

Appropriate context for HIV/AIDS/STD education

The purpose of HIV/AIDS/STD education programs is to provide students with the knowledge and skills which will enable them to behave in a responsible way and thereby protect their own health and well-being.

AIDS education cannot be isolated from a comprehensive health education program addressing whole range of problems such as use of alcohol and other drugs, teenage pregnancies, poor living conditions, violence, and unemployment. In fact, many of the skills and attitudes that young people need to prevent infection with HIV/STD, are life skills that will be useful in responding effectively to a wide range of other problems that they may face as they grow up. Thus, in the context of Armenia, HIV/AIDS/ sex education program should be an integrated part of the larger Life Skills education program aimed at adoption of healthy life style skills enabling a student to deal effectively with the demands, challenges, dangers, and pressures of everyday life.

In particular, an educational program dealing with STD, HIV and AIDS requires that students have an understanding of their own physical and emotional development during adolescence, so that they can gain insight into their own and others' sexuality. AIDS and sex education in schools should be careful of children's early experiences and be based on their developmental needs and desires. It should provide consistent messages; be persistent and progressive, and support children as they move from childhood through puberty and adolescence into adulthood. The elements of AIDS education are mutually dependent. Knowledge alone will not encourage sexual and emotional health and well-being. Appropriate consideration of values, attitudes and beliefs is strongly related to the development of personal and social skills and the acquisition and understanding of correct and unbiased information.

Curriculum Planning

The first decision that needs to be made is where to integrate the program. The program could be taught 1) as a separate subject or topic, 2) as part of an established subject (e.g. population education, family life education, health education, and social studies), 3) as an extra-curricular activity, or 4)"infused" in different subjects.

Materials for teachers of different subjects, and students, will have to be developed. Having a common element scattered through different subjects creates an opportunity for communication and coordination among school staff; however, an infusion strategy is only recommended for mature school systems with well-trained teachers, and an efficient monitoring system that ensures implementation of the program.

In general, biology is not the best carrier subject, as it tends to place too much emphasis on biomedical aspects of HIV/AIDS/STD, at the expense of preventive, behavioral aspects. The question of where to integrate HIV/AIDS/STD education may require policy decisions at the

higher levels of the Ministry of Education, which must be made early in the curriculum development.

Type and length of program

The program can be offered during one school year or divided over two to three years or more (sequential curriculum). A sequential program is preferable, because learning can be reinforced at regular intervals; it is not as time-consuming as a one-year program; and students are able to relate knowledge and skills to specific situations encountered at different ages.

Programs on sexuality and HIV/AIDS/STD education are more effective if given **before** the onset of sexual activity. Availability of information on age at first intercourse greatly help planners in defining the age at which HIV/AIDS/STD preventive education should start.

The belief that sex and AIDS education may encourage sexual activity in young people is a dominant barrier to the introduction of prevention programs for adolescents. Yet, evidence from evaluation studies that compared groups of young people who received such education with others who did not, shows that sex and AIDS education do not promote earlier or increased sexual activity. On the contrary, sex education may lead to a delay in the onset of sexual activity, and to the use of safer sex practices among those students who are sexually active. Studies have also shown that education programs that promoted both postponement of sexual activity and protected sex when sexually active, were more effective than those promoting abstinence only.

Nowadays young people are progressively exposed to plain sexual messages. Parents should be the first educators, because they can classify the information according to the age and development of their children, and relate it to the values they want to instill. Alas, few parents talk to their children about sexual health and development. The HIV/AIDS epidemic has forced many school systems to reconsider the issue of sex education in schools, given that a large proportion of infections occur during adolescence, and that AIDS is a fatal disease.

School-leaving age is also an important factor to consider. Certainly, by the time most students leave school, they should all have received the minimum HIV/AIDS/STD program.

Time allotment

The following are several aspects that need to be considered in making decisions about the amount of time to be allocated for the program:

- Participatory teaching methods (e.g. role playing, discussions) require more time than teacher directed methods;
- Teacher abilities and experience in AIDS or sex education vary;
- The amount of time the Ministry of Education and Science and school administration are willing to give to the program;
- The extent to which some topics are taught in other subjects.

III. Good practice

This chapter presents examples of some countries with positive experience of sex/HIV/AIDS education. To the extent possible, AIDS education curricula developed in Nederland, Sweden, and in the UK were studied. Selected programs were examined in terms of their impact on behavior of adolescents, their benefits and possible limitations. ….

Nederland

Since the 1980-ies Dutch health officials have adopted an vigorous AIDS information and education policy. Till 1987 this policy predominantly held the form of informing groups at increased risk, primarily men who have sex with men. Starting from 1987 a number of mass media campaigns to inform youth about AIDS were implemented. Also, efforts were made to introduce AIDS education in secondary schools. Main points of the agreed-upon AIDS education curricula included the following: 1) AIDS education should be integrated into comprehensive education about health and sexuality; 2) AIDS education should go further than delivering solely biomedical knowledge and should tackle attitudes and skills development.; 3) AIDS education should consider students' developmental issues, experiences, and lifestyle; 4) AIDS education should avert stigmatization of people with HIV/AIDS; and 5) AIDS education should be delivered by trained teachers.

Dutch AIDS Curriculum
By the end of 1988 the first AIDS prevention curricula for secondary schools was produced by Dutch Educational Television Network and sex education experts. There were also AIDS curricula developed for Protestant schools, pre-university schools, and for vocational schools. These curricula can be considered second generation AIDS curricula, as in addition to providing knowledge about HIV, AIDS and its prevention, a second generation curricula also addressed norms, values, and skills. The theoretical knowledge transfer was kept on a basic minimum and the program mainly focused on interactive forms of learning. The teacher manual provided guidelines for flexible use and for creating comfortable atmosphere in the classroom which is favorable for exchange of values, active participation and discussions. Evaluations of this curriculum showed that students knowledge about AIDS have improved but there was no impact on their attitudes, expectations and behavior with regards to safer sex.

In 1990, the third generation curricula were developed based on a planned development process. The development of the third generation curricula was based on empirical data about AIDS-related attitudes, beliefs, and behavior of young people, they were carefully evaluated and were developed jointly with students and teachers.

Prior to curriculum development a careful needs assessment among school students was conducted to investigate students' risk-taking and risk-reducing behaviors and their psycho-social determinates. The results of the needs assessment showed that while developing curriculum, the focus should be shift from explaining behavior to changing behavior by education. To reach this, educational goals and learning outcomes were developed based on the needs assessment results.

The final curriculum focused on the promotion of condom use to prevent HIV/AIDS. Social cognitive theory and social influence theory laid the foundation of the curriculum. Educational methodologies of the curriculum were comprised of active learning, student participation, and social modeling. Use of peer models talking about their beliefs, fears, values and problems regarding AIDS/STIs and presenting practical solutions for solving problems was widespread.

Evaluation of the third generation curricula showed that both students and teachers favored the curriculum. It produced huge improvements in students' knowledge, favorable changes in their attitudes, social influences, and intentions regarding condom use. Most importantly, it produced behavior change in students' risk-taking behavior.

Key findings
School-based AIDS education designed according to a planned development can improve the effectiveness of AIDS education. The development of effective data- and theory-based AIDS curricula, however, does not guarantee extensive use. Most importantly, school support policy is needed including 1) promotion of validated curricula, 2) teacher assistance during curriculum implementation and continuation, and 3) supportive school climate and policy.

Sweden

Sweden has the second lowest teenage pregnancy rate in the world. A 1997 review of evaluations of educational approaches to prevent teenage pregnancy recommended that the most effective way to reduce teenage pregnancies is to link good school-based sex education with appropriate local health services.

Cultural peculiarities
In Sweden young people's emerging sexuality is celebrated as natural and something to be proud of. Teachers and clinic staff deliver in a very positive climate with the focus on meeting the needs of young people in a nonjudgmental and holistic manner. Young people are supported in developing their sexuality through government policy, education, youth clinics, and a culture which is so accepting of sexuality that parents do not see the need to engage with schools over this issue, as they are trusted to do the job effectively.

School-based sex and relationships education
Swedish school-based sex and relationships education (SRE) begins at primary school and includes learning about friendships, puberty, conception and birth. Secondary school SRE includes learning about sexual relationships, homosexuality , pornography, sexual abuse, abortion and HIV. A mix of teachers, youth workers and other outside visitors deliver SRE in a program which has an integrated approach with local youth clinics.

As part of SRE lessons, teachers and local health partners arrange visits by young people to local youth clinics. These usually begin at 12 to 13 years of age and are mostly carried out in single sex groups.

Key findings
Sweden has shown that by increasing access to services through partnership working between education and health, schools can increase the role they have to play in both the prevention of teenage pregnancy and sexually transmitted infections as well as in the support given to young people where there are problems. By fulfilling this dual role, schools will also be improving the academic and life chances of all their pupils. Even those pupils who are not and will not become sexually active during their teenage years can benefit from learning about services, how they operate and how to access them so that they can make effective use of them in their adult life.

One of the central aims of the Swedish National Curriculum 2000 is that schools "should prepare all pupils for the opportunities, responsibilities and experiences of life". We can learn from Sweden by taking away the fear and stigma attached to youth sexuality which currently exists in Armenia and help young people to make informed choices about local services through schools – but only if we learn to put the needs of young people first and develop these vital links in order to promote the confidence among young people to use them.

United Kingdom

In the UK, the law relating to Sex and Relationships Education (SRE) in school settings is contained in the Education Act (1996) and the Learning and Skills Act (2000). Every local education authority, head teacher and governing body has a statutory responsibility to take account of the guidance which requires that SRE is provided. The biological content of SRE must be taught as part of the statutory National Science Curriculum. SRE Guidance (DfES 2000) builds on these legal requirements and emphasizes best practice by recommending that SRE is planned and delivered as part of Personal, Social, Health and Citizenship Education.

The evidence base for SRE
- High quality SRE, when linked to confidential sex advice services, is shown to delay the start of sexual activity. (4)
- School-based SRE contributes to meeting government public health priorities, such as achieving a reduction in teenage pregnancy rates and prevalence of sexually transmitted infections (STIs) (5) including HIV.
- SRE that aims to prevent unwanted pregnancy or sexually transmitted infections should be initiated early, before patterns of sexual behavior are established. (6)
- Effective SRE offers an open and accepting attitude towards sex and sexuality. (7)
- Young people need to be involved in their own learning. Therefore the use of active and participatory learning methods is important in SRE. (8)

An overview of research and evidence from practice suggest that Sex and Relationships Education (SER) practiced in the UK schools is likely to be most beneficial for the sexual and emotional health of young people. SER is developed according to certain principles which could be applied to all settings. These principles include planning, delivering, and reflecting.

Planning
- Developing a clear SRE policy within a values framework in consultation with children and young people, parents and care-takers, and other professionals from the wider

community. This will ensure that it addresses the needs of children and young people, as well as their educational and health priorities
- Working with teenage 'opinion leaders' and peers but taking into account their level of understanding and support needs
- Selecting and training staff who are committed to SRE and the needs of children and young people and striving to ensure all staff are aware of these needs and entitlements
- Providing SRE before the start of puberty and sexual activity, and as an on-going program
- Developing relevant SRE which is appropriate to the needs of the child or young person, taking account of age, ability, gender, sexuality and cultural background Informing and supporting parents and care-takers to ensure they have the skills and confidence to take an active role in delivering SRE to their children.

Delivering
- Establishing a safe learning environment in which open and non-judgmental discussions about sex, sexuality and sexual health can be held
- Developing a group agreement to ensure acceptable boundaries for discussion that safeguard children, young people and professionals
- Ensuring that one-to-one work also acknowledges the need for boundaries and supportive frameworks young people of these rights
- Using methods that encourage children and young people to participate in their learning
- Linking SRE to information about advice services that children and young people can access.

Reflecting
- Assessing what children and young people have learnt and understood
- Monitoring and evaluating the methods used to deliver SRE to ensure effective future planning.

IV. Key elements to school-based sex/HIV/AIDS education

Many programs for the prevention of AIDS and other STD focus only on biomedical information such as the virus that causes AIDS, the immune system, signs and symptoms of AIDS, its treatment. It is now well shown that this type of knowledge is not enough to convince young people to adopt healthy behaviors that prevent HIV/AIDS/STD. They need the motivation to act and the skills to convert knowledge into practice. [1]

Infection with HIV and STD occurs in specific risk situations: a girl is pressured into having sex with her boyfriend or an older man; a syringe with drugs is offered to a friend; friends pressure a boy to join them for a night out with bar girls. Young people in these situations need to have knowledge and skills to make healthy responses... how to say "no", how to propose alternatives, how to evaluate risks. If they receive only information on the immune system in their AIDS course, they will be poorly prepared to deal with real-life situations. "The goal of AIDS/STD education is to promote behavior that prevents the transmission of HIV/STD" [2] and not merely to increase knowledge about AIDS.

There are the following key elements to school-based sex/HIV/AIDS education: acquiring information; developing skills; exploring attitudes and values, and providing support. Information about sex alone can never be enough. All elements are closely interrelated and a proper consideration of attitudes and values is vital to the development of essential life skills.

Thus, a program on HIV/AIDS/STD should increase knowledge, develop skills, promote positive and responsible attitudes, and provide motivational support.

Information

Information that will help students decide what behaviors are healthy and responsible includes: ways HIV/STD are transmitted and not transmitted; the long asymptomatic period of HIV; personal vulnerability to HIV/STD; means of protection from HIV/STD; sources of help, if needed; and how to care for people in the family who have AIDS.

Children and young people are entitled to clear, relevant information which is accurate and non-judgmental. The content of sexual and AIDS education addresses:

- What children and young people already know
- What children and young people say they need
- The emotional, biological, legal, social and cultural aspects of growing up, sexual development, sexual behavior, and sexual health
- The potential consequences of unprotected sex, for example unintended pregnancy, young parenthood, abortion, and sexually transmitted infections, including HIV
- The effect and impact of ignorance, prejudice, discrimination and stigma
- The advice and confidential support available to children and young people including leaflets, websites, help-lines and other health and support services
- How they are able to participate in their own learning.

Skills

The skills relevant to HIV/AIDS preventive behaviors are: self-awareness; decision making; assertiveness to resist pressure to use drugs or to have sex; negotiation skills to ensure safer sex; and practical skills for effective condom use. These skills are best taught through rehearsal or role-play of real-life situations that might put young people at risk for HIV/STD.

Children and young people are entitled to learn and practice key life skills which include:

- Emotional skills – managing emotions confidently, developing empathy for others, building emotional resilience and resourcefulness, developing independence of thought and behavior
- Social skills – developing and maintaining relationships with others, taking responsibility for their own and others' emotional and sexual health
- Communication skills – learning to participate effectively, to listen and ask questions, express emotions, give opinions, challenge and to be challenged
- Negotiation skills – resisting peer pressure and ensuring that they get what is best for them, managing and resolving conflict, asking for what they want and not pressurizing others

- Practical skills – caring for self and others, accessing support and advice
- Decision making skills – managing real life dilemmas, assessing risk, making informed choices and being able to act on them.

Attitudes and values

Attitudes derive from beliefs, feelings and values. HIV/AIDS/STD education should promote: positive attitudes towards delaying sex; personal responsibility; condoms as a means of protection; confronting prejudice; being supportive, tolerant and compassionate towards people with HIV and AIDS; and sensible attitudes about drug use, multiple partners and violent and abusive relationships.

By exploring and challenging attitudes and values, children and young people can be helped to develop a positive attitude to sexual health and well-being through:

- Developing a positive values and moral framework that will support their decisions, judgments and behavior
- Gaining an understanding of the range of different social, cultural, ethnic and religious frameworks and their value systems
- Developing a critical awareness of value systems represented in the media and amongst peers
- Recognizing that prejudice, discrimination and bullying are harmful and unacceptable
- Understanding that sexual intimacy involves strong emotions, and should involve a sense of respect for one's own and others' feelings, decisions and bodies
- Understanding that all rights have responsibilities and all actions have consequences
- Recognizing the value and right to active participation in their learning.

Motivational supports

Even a well-informed and skilled person needs to be motivated to initiate and maintain safe practices. A truthful perception of the student's own risk and of the benefits of adopting preventive behavior is closely related to motivation. Peer reinforcement and support for healthy actions is crucial, as peer norms are powerful motivators of young people's behavior. Programs that use peer leaders are effective because peers are likely to be more familiar with youth language and culture. Parents and family members can also motivate and reinforce the objectives of the program and should be encouraged to play a part in their child's sexuality education.

Program Model

Remembering that responsible behavior is the key to prevention, the following 11 objectives are considered as a minimal requirement for any effective program on HIV/AIDS/STD.

At the end of the program, students should be able to:
1. Differentiate between HIV, AIDS, STD
2. Identify ways in which HIV can be transmitted
3. Identify ways in which HIV/STD are not transmitted
4. Rank methods of HIV/STD prevention for effectiveness

5. Identify sources of help in the community
6. Discuss reasons for delaying sexual intercourse
7. Respond assertively to pressures for sexual intercourse
8. Discuss reasons and methods for having protected sex if/when sexually active
9. Respond assertively to pressures for unprotected sex
10. Identify ways of showing compassion and solidarity towards people with HIV/AIDS
11. Care for people with AIDS in the family and community.

Program Units

The typical program on school-based HIV/AIDS education can consist of four units. The units should be designed for different levels of knowledge, attitude, skill and motivation development.

Unit 1 – Basic knowledge of HIV/AIDS/STD

The main emphasis in this unit is on 1) what are HIV, AIDS, and STD; 2) transmission; 3) protection; and 4) sources of help. About 25% of the total classroom time should be devoted to this unit. The unit covers objectives 1 to 5.

Unit 2 - Responsible behavior: delaying sex

Students, primarily at early ages, should be encouraged not to have sexual intercourse. Delaying sex to an older age normally results in more mature decisions about contraception and protected sex. Students should discuss the reasons for delaying sexual intercourse, and find out how to resist pressures for undesirable sex. Self-confident communication skills should be learned through role-play of life situations that young people may encounter. They may also learn that affection can be shown in ways other than sexual intercourse. Objectives 6 and 7 are covered in this unit.

Unit 3 - Responsible behavior: protected sex

Some, or even many students may already be sexually active at the time they learn about AIDS in this program. Others will need to know how to protect themselves in the future, when they will be sexually active. Using a condom every time one has sexual intercourse is a very effective way to avoid infection with HIV/STD. Teaching students about contraception and condoms does not mean encouraging them to have sex; young people are exposed to information about condoms through a variety of sources (friends, media, in shops), and need to have information and skills on how to use them correctly. Objectives 8 and 9 are covered in this Unit.

Units 2 and 3 on responsible behavior should take about 50% of the total classroom time allocated to the HIV/AIDS/STD program. The reason is that these two units are mainly addressing skills development, and this captures more classroom time than learning factual information.

Unit 4 - Care and support for people with HIV/AIDS

Many young people will come in contact with people with HIV and AIDS, perhaps in their own family or community. They need to learn tolerance, compassion and ways to care for and support them. Planners need to remember that people with AIDS may spend time in the hospital for

treatment of acute conditions, but they are likely to live at home most of the time. Unit 4 covers objectives 10 and 11 and should take approximately 25% of the total classroom time allotted for the program.

V. Assessment of Life Skills Educational Program in Armenia

5.1 What is Life Skills Education?

The term Life Skills is used to refer to skills enabling the individual to deal effectively with the demands, challenges, dangers and pressures of everyday life. Life Skills have been variously defined as 'personal and social skills required for young people to function confidently and competently with themselves, with other people and the wider community'; skills necessary 'to carry out effective inter-personal relationships and social role responsibilities and to make choices and resolve conflicts without resorting to actions that will harm oneself or others'; and 'skills and behaviors which enable youth and adults to take greater responsibility for their lives by making healthy life choices, gaining greater resistance to negative pressures and minimizing harmful behaviors'.

Life Skills curricula typically cover the following broad themes and topics: the individual and her/his relationships; making and keeping friends; getting on with others; family and home; local community; health awareness and health care; safety; environmental protection; human rights and responsibilities; gender and race equity; combating prejudice and discrimination; humane treatment of animals; conflict management; sex education; HIV/AIDS awareness; alcohol and drug use and abuse; smoking; career and business education; risk avoidance; disaster preparedness; parenting skills; coping in emergency situations. The skills component of Life Skills programs typically encompasses the following core skills: self-awareness, self-assessment and self-esteem; communication; cooperation; critical thinking; decision making; problem solving; negotiation; consensus-building; conflict avoidance, resolution and mediation; disaster protection; coping with strong emotions and stress; assertiveness (i.e. the ability to own and to clearly, firmly yet respectfully express emotions, feelings, needs, preferences and fears); values clarification; understanding and respecting difference and different perspectives and viewpoints; risk avoidance; information management, empowerment, social change and democratic engagement.

Life Skills education calls for interactive and participatory learning processes. Skills are not learned by hearing about them but by practicing them. Likewise the values associated with Life Skills (democracy, human rights, cooperation, respectfulness, peace) speak to inserting those values within the classroom climate and approach to teaching and learning. The role of the teacher shifts from that of transmitter of knowledge to one of facilitator of a dynamic teaching and learning process.

Life Skills sometimes appears as a separate subject on the school curriculum; in other situations the skills training is infused across existing subjects or is undertaken within some form of integrated curriculum. Given the relative unfamiliarity of Armenian teachers with the facilitation

of interactive learning and the newness of the Life Skills concept, it was felt that the single subject approach was the most appropriate way to start with. In the mid- and long-term, as capacity grows, more comprehensive forms of infusion and integration will be given consideration.

5.2 Life Skills Education Program in Armenia

Many countries are now thinking about the development of life skills-based education in response to the need to reform traditional education systems which turn up to be out of date with the realities of contemporary social and economic life. Life skills project in Armenia was implemented as a reply to educational reforms, needed in the face of current social, political, economic and cultural realities and challenges.

To address some weaknesses in the existing curriculum and teaching methods, in 1998 the Ministry of Education and Science in collaboration with UNICEF and the International Institute of Global Education (IIGE) of the University of Toronto, Canada introduced Life Skills into the core school curriculum. It included health education as well as other subject areas such as: an Individual and His/Her Relationships, Making Friends and Having Friends, Human Relationships, Home and Family, Community and Society, Healthy Lifestyle, Environmental Protection, Conflict Management, and Sexual Education. Distinguished features of skills-based health education include the following: 1) Program objectives include individual change to adopt health promoting behavior; 2) Balance in the curriculum is preserved for the development of: a) knowledge, b) attitudes and values, and c) life skills; 3) Participatory teaching and learning methods used; 4) Student-centered and gender-receptive approach promoted.

On September 1, 1999, the "Life Skills" Pilot Project was launched in 16 schools throughout Armenia. These schools had been specifically chosen, including equal numbers of schools from Yerevan and the regions. Selected teachers participated in distinctive training seminars addressing the philosophy of the "Life Skills" Project, its goals, active participatory methods of teaching, and developed lessons and their assessments.

To date, Life Skills education has been introduced in 281 schools, and 525 teachers have been trained as Life Skills teachers. All participating schools are supplied with life skills teaching materials and audio-visual equipment. Life skills lessons are being taught in grades 1, 2, 3, 5, 6 and 7.

5.3 Teachers' Assessment of Life Skills Program

At the end of 1999 the Life Skills Working Group carried out an interim evaluation of the project with the aim to investigate impact and effectiveness of the project as perceived by teachers. Structured questionnaires were used to assess teachers' attitude. Summary of that evaluation is presented below.

Difficulties faced at the first stage of project implementation

Among major difficulties suited by the teachers the following were mentioned most frequently:

- Lack of sufficient ability to manage the class and stimulate discussions;

- Difficulties regarding time management; as cited by teachers, pupils complained that time was not enough;
- Existence of schools where special classrooms for conducting "Life Skills" classes were not yet allocated;
- Transition to new teaching methods was accepted not equally by other subject teachers.

Achievements as perceived by teachers

- Children participate in "Life Skills" classes with great pleasure and enthusiasm;
- Children develop such skills as self-assertion, self-expression, self-esteem, and self-awareness;
- Establishment of affection and understanding between children and teachers, a tendency of improvement of teacher-pupil relations;
- Development of new esteem and interpersonal relations between pupils, teachers and parents;
- A tendency to parents' growing interest towards the school;
- Growing interest and participation of other subject teachers in Life Skills teaching methodologies.

Activities of the Life Skills lessons that promote learning and are enjoyable for students

Among most successful exercises in grades 1 and 5 the teachers have mentioned the following series:

- Decision making;
- How to achieve peace and sustain it;
- Family conflicts;
- Family is changing;
- Emotion stream;
- Who am I, where am I?
- Day regime;
- Nature Treatment.

The best qualities of a Life Skills teacher

Teachers have given 10 following characteristics, which they consider important: 1) patience, 2) objectivity and being unbiased, 3) professionalism, 4) intellectuality, 5) creativeness, 6) kindness, 7) sincerity, 8) benevolence, 9) consistency, and 10) responsibility.

Lessons learned from Life Skills lessons

- A great impact has been achieved in the sphere of interpersonal relations in the classes. The classes are already sustained as groups. Children have become more self-confident, more easily communicate with others, express their ideas in a more free and easy manner, etc.

- Some teachers have mentioned that the subject is equally important for them as well, and they have changed a lot together with children. "Life Skills" Project has many surprises in store, it is very flexible, and the possibility for multiple solutions makes the classroom discussions extremely interesting.
- Some teachers were very excited with interactive method of teaching and tried to utilize it while teaching other subjects as well. Master teachers used interactive methodology and life skills during classes with primary grade students.

5.4 Assessment of Life Skills Program by UNICEF

In 2001, UNICEF/Armenia has conducted internal evaluation on introduction of "Life Skills" Program into education system in Armenia. The evaluation was very comprehensive in its nature, and the evaluation report includes information on some archive documentation related to Life Skills Program, as well as results of interviews conducted among representatives of major counterparts involved in the implementation of the program – including UNICEF team, ministers and staff of the MOES, and school principals, teachers and students of schools where Life Skills Program was introduced. Qualitative methods of evaluation were mostly utilized. The evaluation assessed the following aspects of introduction of Life Skills Program in the structure of the Ministry of Education and Science:

- Evaluate the program's pedagogical impact in the context of education program reforms initiated by the MOES.
- Asses the program's pedagogical impact in terms of a) methods of teaching and b) introduction of new educational areas into the core subjects of the educational system.
- Assess the impact of teaching Life Skills Program on the classroom environment as compared to the standard classroom organization and environment in Armenian schools.
- Assess the extent to which approaches of Life Skills Program are acceptable for teachers, students, parents, and school administration.

In this report, results of interviews with representatives of key counterparts involved in the implementation of the program and recommendations for the program's introduction and extension are presented.

The evaluation team visited schools, attended Life Skills lessons, interviewed MOES officials, members of the working group, regional school education department heads, and UNICEF staff. Interviews with teachers and school principals were conducted in 10% of schools involved in Life Skills education, and despite the fact that this figure represents really small number, qualitative data findings suggest that even if higher number and in more depth interviews were conducted, the resulted data would match with the current findings.

Interviews with school principals, teachers, and students

In general, the collected data were very positive. Students accepted the Life Skills subject with excitement and expressed a desire that the program be more widely presented in their school curriculum. Teachers and principals mentioned about positive changes in participating students. There are factual data that students apply skills and knowledge acquired during Life Skills

lessons. For example, students who before participation in Life Skills program hindered lessons, calmed down and became more cooperative. Two problematic 4th grades were combined into one 5th grade, which studied Life Skills, and the class calmed down and became more cooperative. A lot of similar examples were brought up.

According to teachers and school principals, as a result of Life Skills lessons students acquired the following qualities:

- Remarkably improved skills of independent and critical thinking.
- Increased self-respect and self-confidence, which is evidenced by readiness to express himself/herself in the class and by change in attitude to hygiene and dressing.
- Students apply behavior and skills acquired during Life skills lessons during other lessons.
- Academic achievement of students who participated in Life skills lessons visibly improved compared to their peers from non-Life Skills classes.
- It was found out that Life Skills are the most useful for weak students.
- Increased respect in students to the surrounding. Interpersonal skills have improved, and children became more tolerable to differences and more willing to help those, who are different.
- Improved organizational and observational skills.
- Developed disaster preparedness skills.
- Increased school attendance.
- Developed listening, problem-solving, negotiation, and conflict resolution skills.
- Students showed belief towards positive future, which to some extent depends on them.

According to students, there were a lot of changes inside them as a result of Life Skills lessons. Students brought examples of help to their classmates under the circumstances when in the past they would not even pay attention to them. They were speaking about how Life Skills lessons made them all equal. In their everyday life students successfully used LS language, for example, conflict resolution, respect to others and to the environment, human and child rights realization. Students were willing to apply Life Skills methods during other lessons as well. Students also mentioned that their peers who did not participate in Life skills lessons are “envy” of them for having the opportunity to be exposed to Life skills lessons.

Interviews with teachers, principals, the ministry authorities and members of the working group pointed out serious material deficiencies which can hinder the program extension. The work performed by the working group was highly appreciated in terms of education program development and teachers and trainer teachers preparation.

Recommendations

Several recommendations were made regarding program introduction and extension. Summary of recommendations is presented below:

Structure and financial

- Although UNICEF-MOES relations are quite strong, the evaluation revealed a need for more strong coordination between the UNICEF and MOES at administrative and financial levels.
- MOES is strongly advised to make efforts to find out partners for the program.

- The Center for Educational Reforms should remain the program basis, and the working group should receive appropriate support to complete development of materials up to the 7th grade.

Education program's current development, teacher training and program evaluation
- Continue development of materials up to the 7th grade.
- Continue teacher training, and gradually extend the program to other schools.
- Develop a multi-year plan for integration and extension of Life Skills program.
- Develop Life Skills program for specialized schools.

Capacity building and sustainability
- Immediately start search for additional and different sources of financial and other type of support
- Find out sources of material resources like personal computers and copy machines for LS schools and working group.
- Introduce teacher development programs into curriculum of pedagogical universities.

Conclusion

The evaluation concluded that that it is more than necessary to continue the program if standards of material development and introduction are kept, if financial and integration plan is developed, and if evaluation system with annual evaluation reporting of short-term behavior change and long-term consequences is developed and used.

5.5 Independent Assessment of Life Skills Program

Under the terms of IPF Continuing Fellowship Program, assessment of the impact and effectiveness of Life Skills program has been conducted among various representatives of the Ministry of Education and Science at both executive and decision-making levels, with the members of working group at the Center for Educational Reforms, and with NGO sector representatives involved in development and introduction of Life Skills program in schools.

Structured interview guides were developed and used as assessment tools. All interviews were conducted in Armenian, translated into English and transcribed into word-processing format. Summary of main findings from the interviews with key informants is presented below.

General impact of the program

All interviewees mentioned that the program had extremely positive impact in terms of the students' development and life skills acquisition, teachers' increased professionalism and competency in applying participatory methods of teaching, and improved school environment. Positive influence on the society in general was also widely cited. Many key informants stressed that although the program implementation required a lot of efforts, it was worth for; it is very important and necessary for the proportionate development of students. One of the officials expressed a concern with introducing Life Skills education into school stating that the school curriculum is already overloaded with many subjects, and there is no need to add more subjects.

Curriculum assessment

- **Curriculum content**

All interviewed officials and NGO members mentioned that the topics' selection and depth of their presentation were comprehensive and age-appropriate. Subjects were selected very carefully around 4 main issues; about myself, relationships, society, and environment. Members of the core working group regretted that topics on professional orientation and relationships between a man and a woman were left out from the program as it was planned initially.

- **Methods of teaching**

Majority of interviewees were unanimously positive in assessing methods of teaching of the Life Skills program as excellent. Interactive, participatory methods of teaching are very well welcomed. One of the representative of the Center for Educational Reforms proudly cited that some teachers and school administration were complaining that Life Skill classes are "noisy" referring to students' active participation in class discussions and role plays.

- **Curriculum acceptability by students**

As perceived by the key informants, children liked the program as they learn practical skills applicable not only while they are in school, but also as they move to their adulthood. As cited by some interviewees, children were excited the most of their own ability to orient in the environment without adults' help or guidance. Many students requested "that if possible, all schoolchildren in the country have Life Skills subject".

Teachers' attitude and preparedness

Many participants mentioned that even though there were no special requirements for Life Skills teachers (only high education and willingness), it was very difficult to find "open-minded" teachers to serve as Life Skills teachers. Teachers, who were indeed willing to utilize critical thinking and participatory method approaches, were very successful in their attempt. Many teachers changed their own attitude to their work, and their professional life has also changed; it became more meaningful. Teachers themselves have changed; they were inspired by students' positive feedback on the subject.

Parental opinion

As stated by the officials, parental opinion on the Life Skills program was very positive.
Many parents noticed positive changes in their children's attitudes and behaviors. Parents were excited that children are now able to easily express their ideas, to insist on their opinion and justify it, etc.

School/educational system administration opinion

According to the interviewed policy makers, attitude of school administration to the Life Skills program varied from positive to negative. Many schools readily accepted new methods of teaching, while some schools were more supportive of traditional methods of teaching. It was fairly difficult for many administrators to accept the fact that students may discuss school principal's actions, school structure, and other school governance-related issues. Members of the core working group believed that some problems related to acceptance of the Life Skill program were caused due to principals' desire to solve administrative issues first. For example, in one of the schools the principal provided the classroom to the math class, although initially it was planned to serve as a Life Skills classroom.

Strengths of the program

Among strengths of the Life Skills program the following criteria were mentioned most frequently:

- It develops critical thinking in children, improve their problem-solving skills, etc.
- It employs interactive method of teaching which enables students to learn and acquire practical skills by doing, not passive listening only
- Topic areas are very specific for this particular subject; no other subject introduces students to such important topics as human relationships, community and society, conflict management, his and her relationships.
- The subject caused changes in attitude to life in both students and teachers.

Weaknesses and limitations of the program

All interviewed officials agreed that the program was very expensive in terms of program development, working group operation, student handouts and teacher manuals development and production. The Ministry officials from Education Department mentioned that it was fairly difficult to select proper teachers as not every teacher was willing and able to accept new methodology and teaching approaches. Later in the process, as other new subjects with similar methodologies entered the school (for example, Step-by-Step project implemented by the OSI/Armenia, critical thinking project, human rights education), it became easier to introduce and promote Life Skills subject as well.

Many members of the Center for Educational Reforms stated that selective basis of the Life Skills program can be considered as a limitation. They believe that the program is very important for students' development and education, and all students throughout Armenia should have the possibility to get exposed to it, whereas the program was introduced in those schools only where school administration expressed willingness for that.

Among difficulties encountered during implementation of the program, selection of teachers was mentioned to be the most difficult issue. In addition to being a good teacher, Life Skills teacher

should be a good person, highly motivated and with good aspirations, and that person need to be a bit of a philosopher.

Sustainability of the program

Many interviewees believed that in the initial phase it would have been impossible without UNICEF support to develop and introduce the Life Skills program in the school curriculum. However, at the current stage the MOES shares the responsibility for the program and is willing to support further continuation of the program. In fact, currently the MOES drafted new educational program in which underlying principles and values of Life Skills are in the central place. It is also planned to introduce healthy life style education in grades 8 and 9 with the aim to form students' attitude and ability to apply acquired knowledge, rather than providing cognitive knowledge only.

Lessons learned

As stated by the key informants, the following lessons were learned during implementation of the Life Skills program in Armenia:

- Teaching methodology (interactive and participatory teaching methods) should definitely be integrated into teaching of other subject areas in the school.
- Having feedback from students and teachers is very important for development of the school programs. In the past, the programs were simply introduced in the school curriculum without any pre-testing with the target population to check if it is appropriate, understandable and necessary for those to be taught.
- Students' assessment is to be based on their ability to perform the promoted behavior/skills rather than on formal grading system. Students personal contribution to the learning process is valued.
- It would be desirable if all subjects are delivered based on the Life Skills principles of interactive teaching and students participation.

VI. Outline of a Curriculum for School-based HIV/AIDS Pilot Program

Lessons Plan

This chapter describes a number of activities that can be used to educate young people about HIV infection and AIDS. The activities are designed for use with groups of young people and aim to be effective by involving young people.

There are four basic types of activity:

1. Facts: Learning the facts about HIV and AIDS
2. Transmission: Learning about HIV transmission
3. Attitudes: Considering attitudes on HIV and AIDS
4. Sex and AIDS: Focusing on sex and HIV.

The greatest benefit will be obtained by combining activities in a short program over a number of lessons.

A comprehensive program might consist of:
Lesson 1. The AIDS Quiz (Facts)
Lesson 2. Talking About Prejudice Activity (Attitudes)
Lesson 3. Transmission Runaround Activity (Transmission)
Lesson 4. Condom Leaflet Activity (Facts)
Lesson 5. Negotiating Sex Activity (Sex)

Getting started:
In order to get the most out of these activities teachers/other educators might need to think about the context in which they will be working on HIV/AIDS, and also about working with groups.

Before starting work on HIV/AIDS…
HIV/AIDS is a potentially sensitive subject and discussion about it can provoke strong views as well as highlighting the need for additional information. People working with young people need to be aware of the legal and cultural context in which they operate and how it might support their plans and affect young people.

- Check out your own attitudes and values;
- Check out your knowledge;
- Check out what institutional, local or national policies and laws offer guidance and affect teaching around HIV/AIDS;
- Check out what support or expertise there is within an institution/school;
- Reflect on the local culture and community attitudes towards HIV/AIDS and how that will affect what you aim to achieve and do.

Starting HIV/AIDS work with groups of young people

Effective teaching and learning involves open discussion, interaction between teachers and learners, and critical evaluation of points of view as well as the acquisition of new knowledge. In order to engage with young people in this kind of learning and on a potentially sensitive subject like HIV/AIDS, a teacher need to think about how to make the group a safe place for him/herself and young people to talk and interact together. A teacher can think about the following:

- Advantages and disadvantages of working in single-sex and mixed sex groups;
- Agreeing ground rules with a group on confidentiality, behavior, challenging and disagreeing with others, asking personal questions etc;
- Check out what institutional, local or national policies and laws offer guidance and affect teaching around HIV/AIDS;
- Deciding if young people will be able to opt-out of activities if they want to.

Lesson plans for AIDS education with young people

Lesson 1: Facts about HIV and AIDS

This lesson describes two activities: Three Statements about AIDS and the AIDS Quiz. Both of these focus on the facts about HIV and AIDS.

Activity 1: Three Statements about AIDS

Aims

To distinguish between facts and misinformation about HIV and AIDS.

What will be needed

Chairs in a circle. Small pieces of paper, pens. Large sheets of paper. Time about 30-45 minutes depending on the size of the group.

What a teacher does

1. Hand out 3 small pieces of paper to each group member and ask them to write on each one some statement they have heard about HIV or AIDS (this need not be something they agree with).
2. Collect in the small pieces of paper and deal them out at random.
3. Divide the group members into two roughly equal groups.
4. Distribute a large sheet of paper to each group with headings “AGREE”, “DISAGREE” and “DON'T KNOW” on it. Ask group members to sort their small pieces of paper into each of these columns, reaching agreement on where each statement should be placed.
5. When they have done this (about 20 minutes probably), both groups should be asked to justify their decisions to the main group as a whole. So group members must be prepared to say why they made the choices they did.
6. Facilitate a discussion of the scientific, medical and social issues raised by the statements and where they are placed.

Likely outcomes

By having to defend the decisions made, the group will have a chance to begin to distinguish facts from prejudice and misinformation. Teacher’s interventions will help consolidate understanding.

Activity 2: The AIDS Quiz

1. Does HIV only affect homosexual people?
- Yes
- No
- Only homosexual men
- Only homosexual women

2. Approximately how many people are infected with HIV world wide?
- 3.5 million
- 25 million
- 40 million

3. How can you tell if somebody has HIV or AIDS?
- Because of the way they act
- They look tired and ill
- You cannot tell

4. Can you get AIDS from sharing the cup of an infected person?
- No
- Yes
- Only if you don't wash the cup.

5. Which protects you most against HIV infection?
- Contraceptive Pills
- Condoms
- Spermicide Jelly

6. What are the specific symptoms of AIDS?
- A rash from head to toe
- You look tired and ill.
- There are no specific symptoms of AIDS

7. HIV is a …
- Virus
- Bacteria
- Fungus

8. Can insects transmit HIV?
- Yes
- No
- Only mosquitoes

9. Is there a cure for AIDS?
- Yes
- No

10. When is World AIDS Day held?
- 1st January
- 1st June
- 1st December

11. Is there a difference between HIV and AIDS?
- Yes
- No
- Not very much

12. What percentage of those infected with HIV are women?
- 19%
- 46%
- 74%

13. Worldwide, what is the age range most infected with HIV?
- 0-14 years old
- 15-24 years old
- 25-34 years old

14. Is it possible to prevent a women infected with HIV from having an infected baby?
- Yes
- No
- Only is she takes a special drug

Quiz Questions Answer Sheet

1. No
2. 40 million
3. You cannot tell
4. No
5. Condoms
6. There are no specific symptoms of AIDS
7. Virus
8. No
9. No
10. 1st December
11. Yes
12. 46%
13. 15-24 years old
14. Only if she takes a special drug

Lesson 2. Attitudes to HIV/AIDS

This lesson describes two activities: Ten Differences and Talking About Prejudice, which help students learn about and understand different attitudes to HIV and AIDS.

Activity 1: Ten Differences

Aims

This exercise encourages young people to think clearly about the effects of prejudice on other people's lives.

What will be needed

Chairs in a circle. Copies of the "Build a Character Questionnaire" - allow for one between 4 or 5 students. Paper and pens for each group member.

Time: about 60 minutes, depending on the size of the group.

What a teacher does

1. Ask schoolchildren to divide into groups of 4 or 5, and hand out pens and one "Build a Character Questionnaire" to each group.
2. Ask groups to complete the questionnaire, thus building a character. Allow about 10 minutes for this.
3. Ask the small groups to imagine that their character is infected with HIV and to list 10 ways in which life will be different for the character because of this. Allow 10-15 minutes for this.
4. Reassemble the group as a whole and ask each student to say briefly whether anything unexpected occurred to them and how they felt whilst doing this exercise.

Likely outcomes

This exercise sparks off lively discussion about prejudice. It can help identify any prejudiced beliefs which the group find it hard to let go of, and which require more thought and discussion.

Build a character questionnaire

1. Name: […..]
2. Age: […..]
3. Male/Female (Circle)
4. Who does […..] live with? (parents, relations, other adults, other young people)
5. Who are […..] friends? _____
6. Does […..] have a girl/boy friend? Yes/No (circle).
   If yes what is their name? _____

7. Does […..] have a job? Yes/No (circle) If so what is it doing?
   _____
8. What does […..] do during leisure time?(sport, clubs, visit friends, listen to music, spend time with family) _____
9. What is […..]
   favorite music _____
   favorite food _____
   favorite TV program _____

Activity 2: Talking about Prejudice

Aims

To encourage thought and discussion about prejudice and stereotyping. To examine the scapegoating of different groups and negative reactions towards HIV and AIDS.

What will be needed

Large sheets of paper and pens. Time - about 35-45 minutes, depending on the size of the group.

What a teacher does

1. Ask the schoolchildren to divide into groups of four or five and give each group a large piece of paper and some pens.
2. Each group should then be asked to write a word in the center of the paper. Half of the groups should write the word “Prejudice” and the other half the word “AIDS”.
3. The groups are then asked to brainstorm as many words as they can which they associate with the title word. These words should be written in clusters around the title word.
4. Bring the whole group back together. Those groups who were allocated the word “AIDS” should go through the words they came up with during their brainstorm. These words should be written up clearly for all the participants to see. When this is completed, the process should be repeated for the word “Prejudice”.
5. Encourage the students to look for any similarities and draw parallels between the two lists.

Useful questions to pose might include

- What stereotypes do people associate with HIV/AIDS and prejudice against different groups?
- What media reporting do people find helpful and unhelpful?
- Which groups are most likely to experience prejudice?
- How are countries in other parts of the world portrayed in reports on HIV and AIDS?
- What does prejudice play in talking about HIV and AIDS?

Likely Outcomes

In a classroom, the students may come up with words such as “stereotypes”, “media”, and ”racism”. With the teacher's help students will begin to draw parallels between some processes which underpin beliefs about HIV and AIDS, and prejudice.

Lesson 3: Transmission of HIV

This lesson describes two activities: Transmission Runaround and Condom Leaflet, which help students to learn about the transmission of HIV.

Activity 1: Transmission Runaround

Aims

To assess levels of awareness of how HIV is transmitted. To encourage students’ group members to think about a variety of transmission routes.

What will be needed

A reasonably spacious room, to allow for free movement. A copy of Transmission Runaround “True/False Sheet” for a teacher and the answer sheet. Two large sheets of paper clearly marked “STRONGLY AGREE” and “STRONGLY DISAGREE”. Pins. Time - up to 60 minutes depending on the number of statements used and the size of the group.

What a teacher does

1. Put up the “STRONGLY AGREE” and “STRONGLY DISAGREE” sheets on the wall at opposite ends of the room.
2. Explain to the group as a whole that you will read out a series of statements, one at a time. Each student is to think about whether they agree or disagree with it, and move to the appropriate side of the room. It is all right to stay in the middle if they are uncertain.
3. Read the first statement. Once everyone has moved to their chosen place, ask students to choose one person near them and discuss why they are standing where they are.
4. Now ask schoolchildren to choose one person standing as far away from them as possible, and to discuss the statement with them, explaining why each has chosen to be where they are.
5. Repeat the procedure with as many statements as time allows.
6. Re-assemble as a group and, going round the group, ask each student to identify one piece of information they are confused or unclear about. Ask members of the group to clarify the issues involved and intervene yourself where necessary.

Likely outcomes

At the end of the exercise, it will be clear what areas of uncertainty remain. Students will have had a chance to think about ways of transmitting HIV, and to discuss these with other group members. It will also be clear that transmission routes for HIV are very specific e.g. It is not "sex" that transmits the virus, but unprotected sex involving penetration. Students can sometimes become quarrelsome during this exercise so a teacher may need to intervene to settle disputes.

True/False Question Sheet

1. You can become infected with HIV by sleeping around.
2. Injecting drugs will give you HIV.
3. You can get HIV from toilet seats.
4. If you are fit and healthy you won't become infected with HIV.
5. Married people don't become infected with HIV.
6. If you stick with one partner you won't become infected with HIV.
7. Women are safe from HIV as long as they use a contraceptive.
8. You can become infected with HIV from sharing toothbrushes.
9. If you have sex with people who look healthy, you won't become infected with HIV.
10. If you only have sex with people you know, you won't become infected with HIV.
11. Anal sex between two men is more risky than anal sex between a man and a woman.
12. You can become infected with HIV from kissing.
13. A man can become infected with HIV if he has oral sex with a woman.
14. A woman can become infected with HIV if she has oral sex with a man.
15. Condoms can stop you becoming infected with HIV.

True/False Answer Sheet

1. Sleeping around is not in itself risky, but having unprotected sex with an infected person is. By using condoms properly and by avoiding sex with penetration, you can substantially reduce the risk of infection.
2. Only if the needle or syringe previously has been contaminated with HIV.
3. There are no known cases of HIV infection via toilet seats.
4. It does not matter how healthy or unhealthy you are, if you engage in risky activities you stand a chance of being infected.
5. This depends on the partners involved, what they did before they met, whether either has unprotected sex outside of the marriage or injects drugs using contaminated equipment. Marriage by itself offers no guarantees of safety.
6. As for No 5.
7. Only condoms offer women protection against HIV, and even condoms cannot offer complete safety. Other forms of contraception do not offer protection from HIV.
8. There is no evidence of transmission via this route, but it is sensible not to share toothbrushes for general health reasons.
9. Most people with HIV will look perfectly healthy. Looks are therefore a useless way of assessing risk.

10. Knowing someone well offers no reliable guide to whether or not they have HIV infection.
11. Anal sex is equally risky regardless of whether it takes place between two men or a man and a woman.
12. There is no evidence of transmission in this way, although kissing when there are sores or cuts in the mouth may pose some risk.
13. HIV is present in cervical and vaginal secretions as well as in (menstrual) blood, so there is the possibility of transmission this way.
14. HIV is present in semen so there is a possibility of transmission in this way.
15. Condoms used properly will help to prevent transmission of HIV from an infected partner to an uninfected partner. Condoms are not 100% safe though. Use a lubricant which is water based, as oil based lubricants can weaken the condom. When buying condoms check the "sell by" date.

Activity 2: Condom Leaflet

Aims

To consolidate awareness about the correct use of condoms.

What will be needed

Chairs in a circle; a packet of condoms; something to demonstrate putting the condom on, such as a vegetable; paper and pens. If a teacher has not demonstrated condom use before then it can be helpful to practice before. Time - up to 60 minutes, depending on the size of the group.

What a teacher does

1. Explain that students will be producing leaflets or posters on how to use a condom correctly. A teacher is going to show them and they are going to take notes.
2. Hand out paper and pens.
3. Demonstrate condom use on the vegetable or whatever else available.
4. Ask each student, or small groups of 3 or 4, to design a poster or leaflet showing people of their age how to use a condom.
5. Discuss the finished products and pin them up.

Likely Outcomes

Some of the techniques associated with condom use will be clarified.

Lesson 4: Sex and HIV

This lesson describes two activities: Talking About Sex and Negotiating Sex.

Activity 1: Talking About Sex

Aims

Aims

To dispel embarrassment and to come up with words and phrases the group will be happy to use to talk about sex. This exercise may work best if the small groups are single sex.

What will be needed

Chairs in a circle. Large sheets of paper and pens. Time: about 30 - 40 minutes.

What a teacher does

1. Divide the whole group into smaller groups of 3 or 4.
2. Give each group a pen and a large sheet of paper.
3. Ask the small groups to brainstorm on words about sex for a few minutes, writing down phrases and words they know, and any feelings or thoughts which the word brings up.
4. Back in the main group, discuss how the brainstorm made participants feel. Compare lists of words. Do not insist on a contribution from everyone, as some may find it difficult to overcome their initial embarrassment.
5. Back in the main group, compare notes. The aim is to find words or phrases which are clear, easily understood, and non-offensive for future group use when talking about sex.

Likely outcomes

This exercise may help the group to overcome embarrassment and agree on words which are clear, easily understood and non-offensive when talking about sex.

Activity 2: Negotiating Sex

Aims

This exercise will help to enable young people to find ways of saying if, when and how they want to have sex when someone is encouraging them to do so.

What will be needed

Chairs in a circle. A worksheet with examples of things people might say if they're going to encourage a partner to have sex. An example is available on this page but you may need to alter

it to suit your group. Pens and paper. Time- about 40 -60 minutes, depending on the size of the group.

What a teacher does

1. Ask the group to split into small groups of 3 or 5. Give each group pens and paper.
2. Each group should then brainstorm phrases and sentences which people use when trying to persuade a partner to have sex. Allocate copies of the "Persuading a partner to have sex" worksheet to those groups who need ideas. Each group should aim to have about ten statements. Allow 10-15 minutes for this.
3. Ask the group to break into pairs. Each pair needs to nominate "A" and "B" partners.
4. "A" partners should start off by being the person who wants to have sex, and should read the first of their ten statements. Partner "B" should then reply giving a reason why they do not want sex.
5. Partner "A" continues until all the statements have been read, and partner "B" has responded to them. This takes between 15-20 minutes.
6. When all the statements have been read, the partners exchange roles.
7. Ask the group to come back together and ask them how it felt when responding to the "persuading" statements.
   Useful questions to pose might include:
   - Was it difficult to think of responses?
   - How did it feel to be refusing all the time?
   - Are there other ways to challenge someone effectively?
8. Some "pairs" may be happy to act out their roles in front of the rest of the group, although no one should be forced to do so. This encourages further discussion.

Likely Outcomes

Young people will have had a chance to experience refusing sex with a partner (or future partner), as well as being refused or turned down. Young people who have not had a sexual relationship will find this exercise as useful as those who already have.

Negotiating sex worksheet

Persuading a partner to have sex

1. "I'll be very careful."
2. "If you really loved me you would."
3. "I haven't got AIDS so you've no need to worry."
4. "I've got some condoms now, so there's no excuse not to."
5. "Everyone else is doing it."
6. "I'll buy you something nice if you let me do it."
7. "I'm really turned on now - if we don't go the whole way I will be in agony!"
8. "There are names for people like you who lead others on."

References

NHS Center for Reviews and Dissemination (CRD) University of York (1997) 'Preventing and reducing the adverse effects of unintended teenage pregnancies', *Effective Health Care Bulletin 3*: 1-12

Oakley, A and others (1994) *Reviews of effectiveness No 2: sexual health interventions for young people*. SSRU

Kane, R and Wellings, K (1999) *An International Review of the Evidence: data from Europe*. HEA

School Health Education to Prevent AIDS and STD. *Handbook for Curriculum Planners*. World Health Organization and United Nations Education, Scientific and Cultural Organization. 1999

AIDS: Working With Young People by Peter Aggleton, Kim Rivers, & Ian Warwick(ISBN 0-9515351-8-8)

Mellanby, A and others (1995) 'School Sex Education: An experimental program with educational and medical benefit.' British Medical Journal. Vol. 311, No. 7002. pp. 417-420

Kirby, D (editorial) British Medical Journal. Vol. 311, No. 7002

National Curriculum Council (1990) Curriculum Guidance 3: The Whole Curriculum. NCC.

School Improvement Network (1996) 'Effective Learning', SIN Research Matters No. 5. Institute of Education.

DES (1989) 'Personal and social education from 5 to 16', Curriculum Matters 14: An HMI series. HMSO.

Tuckman, B W (1965) 'Sequences in small groups', Psychological Bulletin, 1963,6, pp. 384-99.

From Theory to Practice: Developing a Theoretically-Based Teacher-Delivered Sex Education Program (1996) Wight, D. in Sexual Awakening: Making sex education work.

Guidelines on the Effective Use of Outside Visitors in School Sex Education.

Health Education Authority (1996) Is video an effective tool for health education?