



Training of Teachers Manual on Preventive Education Against HIV/AIDS in the School Setting

A Collaborative Project of



**UNESCO Principal Regional Office for Asia and the Pacific
(UNESCO PROAP)**

and



**Southeast Asian Ministers of Education Organization
Regional Tropical Medicine and Public Health Network
(SEAMEO TROPMED Network)**

**FUNDING SUPPORT FROM THE JAPANESE-FUNDS-IN -TRUST
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Preface

Collaboration between UNESCO-Principal Regional Office for Asia and the Pacific (UNESCO PROAP) and the Southeast Asian Ministers of Education Organization, Regional Network in Tropical Medicine and Public Health (SEAMEO TROPMED) began in May 1995 with a "Regional Workshop on Promoting HIV/AIDS Awareness, Prevention and Control Through Integrated EPD-Related Materials" in Manila. The workshop was sponsored by UNESCO's Interdisciplinary and Inter-agency Project on Environment, Population Education, and Information for Human Development (EPD) with the aim of developing integrated HIV/AIDS-EPD core messages and prototype educational training materials for community health workers and NGOs, emphasizing family values and healthy lifestyles. Results were presented at the UNESCO regional workshop in Beijing in June that year.

A second UNESCO PROAP-SEAMEO TROPMED collaborative project dealt with the "Integration of Drug Abuse and HIV/AIDS Prevention in the Basic Education Curriculum" with technical experts from SEAMEO TROPMED/CHASPPAR (Control of HIV/AIDS/STD Partnership Project in Asia Region). CHASPPAR is part of the German Technical Cooperation Agency Supraregional Programme for HIV/AIDS Prevention and Control in Developing Countries. The UNESCO-TROPMED project focussed on analysis of curricula, school counseling support and teaching-learning materials in Lao PDR, the Philippines and Thailand. These countries were among four others (China, India, Indonesia and Sri Lanka) that were represented at a regional workshop organized by the National Commission for UNESCO of the People's Republic of China in August 1997. The workshop resulted in the formulation of a "Regional Strategy: Priority Action Areas" which aimed to provide countries in the Asia-Pacific Region with a systematic framework for schools and communities to establish programmes and practices conducive to effective HIV/AIDS education. Two major foci recommended for school-based approaches to preventive education against HIV/AIDS were: (1) Curriculum and teaching-learning resources and (2) Professional development of teachers.

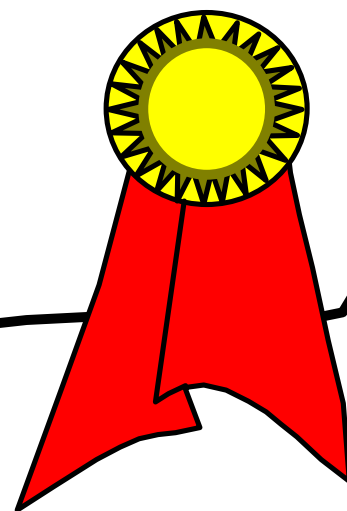
While many teaching-learning materials have been produced by government and non-government sectors, there is a need to develop strategies and methods for effective delivery of these materials and towards that end, to train teachers, teacher educators, health educators, and curriculum developers to function as a team. Teacher competence, in turn, depends on their own understanding of HIV/AIDS prevention and skill in working closely with school health personnel.

UNESCO PROAP Asia Pacific Programme of Education for All (APPEAL) sought to develop this Training of Teachers' (TOT) manual with SEAMEO TROPMED under the project on "Quality Improvement of the Curriculum and Teaching-Learning Materials on Prevention of HIV/AIDS and Drug Abuse in Asia and the Pacific" funded by UNESCO and Trust Fund from Japan. The draft manual was presented at an Experts Meeting on "Preventive Education Against HIV/AIDS and Drug Abuse in the School Setting" held in Bangkok in September 1998. Participants were from Lao PDR, Philippines, Thailand, UNESCO PROAP, UNESCO-Beijing, UNESCO-New Delhi, UNICEF, Thai Red Cross Society, UNDCP, Save the Children Fund, SEAMEO Secretariat, Ministry of Education Thailand, and SEAMEO TROPMED Network.

The manual was pilot-tested and evaluated at a Regional Training Workshop on "Preventive Education Against HIV/AIDS in the School Setting" held from 18 to 23 October 1999 in Quezon City, Philippines. Participants from seven countries (China, India, Indonesia, Lao PDR, Sri Lanka, Thailand and the Philippines) included a health professional, a health educator/teacher trainer, and a curriculum expert. The result is a generic manual that may be adapted, translated and modified to suit the needs of individual countries given the diversity in cultural and social environment in these countries.

ACKNOWLEDGEMENTS

Thanks are due for support received from the Japanese-Funds-in-Trust, Government of Japan, through UNESCO PROAP for this current project and its antecedents. On the other hand, participation of technical experts of the SEAMEO TROPED Network was made possible through the GTZ-assisted partnership project on HIV/AIDS/STD Control in the Asia Region (CHASPPAR). Thanks to the National Commission for UNESCO of the People's Republic of China, the Department of Education, Culture and Sports of the Republic of the Philippines, host institutions, staff of APPEAL and CHASPPAR and participants of various workshops on preventive education on HIV/AIDS and drug abuse in the school setting under the joint auspices of UNESCO PROAP and the SEAMEO TROPED Network.



LIST OF ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
APPEAL	-	Asia Pacific Programme of Education for All
CHASPPAR	-	Control of HIV/AIDS/STD Partnership Project in Asia Region
DECS	-	Department of Education, Culture, and Sports
ELISA	-	Enzyme-linked Immunosorbent Assay
EPD	-	UNESCO's Interagency, Interdisciplinary Project on Environment and Population Education and Information for Human Development
GTZ	-	German Technical Cooperation Agency
HETERO	-	Heterosexual men and women
HIV	-	Human Immuno-deficiency Virus
IDU	-	Injecting Drug User
INGOs	-	International non-governmental organizations
KAVSP	-	Knowledge, attitudes, values, skills and practices
MSM	-	Men having sex with men
NGO	-	Non-government Organization
NRIES	-	National Research Institute for Education Sciences
PHIV	-	Person with Human Immuno-deficiency Virus
PLOT	-	Probing, Listening, Observing, Leveling
PROAP	-	Principal Regional Office for Asia and the Pacific
PLWAs	-	Persons living with AIDS
PWA	-	Person with AIDS
SEAMEO	-	South East Asia Ministers of Education Organization
STD	-	Sexually Transmitted Disease
STIs	-	Sexually transmitted infections
TB	-	Tuberculosis
TOT	-	Training of Trainers/Teachers
TROPMED	-	Regional Network in Tropical Medicine and Public Health
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNDCP	-	United Nations International Drug Control Programme
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNICEF	-	United Nations Children's Fund
WHO	-	World Health Organization

General Guidelines for Trainors

GENERAL GUIDELINES FOR TRAINORS

Introduction

The success of the HIV/AIDS Preventive Education programme depends largely on the knowledge, attitudes, values, skills and commitment of its major implementors—classroom teachers. This manual was prepared as a ready reference for use by in-country trainors in the training of teachers. Resource materials and activities may be omitted or modified if considered inappropriate or against accepted norms, cultural practices or religious convictions in particular countries, areas or groups of people. In such cases, alternative relevant materials/activities should be substituted.

Point of View

Learning and teaching by doing was the over-riding principle observed in this manual. This is embodied in the Active Learning Credo by Silberman (1996).

What I hear, I forget.

What I hear and see, I remember a little.

What I hear, see and discuss, I begin to understand.

What I hear, see, discuss and do, I acquire knowledge and skill.

What I teach to another, I master.

Goal & Objectives

The ultimate goal in the use of this manual is to prevent and control spread of HIV/AIDS through adequately trained teacher trainors.

Specifically, it aims to:

- help teachers analyze basic information, core messages, values and practices related to AIDS prevention education;
- sharpen their skills in using life skills techniques and learner-centered activities; and
- integrate HIV/AIDS Preventive Education with the school curriculum.

Principles that were followed in the process of developing the manual were:

- Begin by clearly identifying the goals and objectives which the teachers are expected to achieve based on selected content.
- Develop the assessment tools to attain the objectives.
- Choose the methods, activities and media for use in the manual.
- Write the modules and evaluate them.
- Revise the manual based on the evaluation data.
- Target trainees are the teachers.

The Target Trainees

The Training of Teacher's Manual is for the training of teachers both at the pre-service and in-service levels.

The manual can be used by itself or adapted to suit the needs of the teachers who are teaching in government and private schools.

Note: The terms "trainers" and "trainors" are used interchangeably in this manual.

Content

This Manual contains the basic facts and information needed in the acquisition of knowledge and development of attitudes, values, skills and practices (KAVSP) related to the prevention and control of HIV/AIDS. The contents are presented in the following modules:

Module 1 – The Global Impact and Response to HIV/AIDS

Module 2 – Who Are Affected by HIV/AIDS

Module 3 – The Effects of HIV/AIDS

Module 4 – Protecting Oneself from HIV/AIDS

Module 5 – Working Together in the Community

Module 6 – The Integration of HIV/AIDS Preventive Education with the Curriculum

Module 7 – Use of Learner-Centered Strategies, Life Skills Techniques and Media in HIV/AIDS Prevention Education

Module 8 – Assessment Tools for Use in HIV/AIDS Prevention Education

Methods & Activities

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

The methods should focus around active and participatory learning. This means relating knowledge to the needs of the learner. It is teaching how to learn, make decision on how he/she feels and what to do. Related to this is anticipatory learning where learner do things for the present and for future purposes.

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

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

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

A variety of learning activities and media is the spice of good teaching. Media are the means of presenting the activities. Examples of media are boards, books, video, slides, flipcharts, posters, and computers. Examples of **do activities are:**

- | | |
|----------------------|---------------------|
| 1. Learning-partners | 6. Panel discussion |
| 2. Brainstorming | 7. Role plays |
| 3. Games/simulations | 8. Projects |
| 4. Group activities | 9. Surveys |
| 5. Case studies | 10. Interviews |

Module Format

The content of this manual is presented as modules which are used to engage the teachers in an intellectual activity that makes them try out ideas, reflect, and apply critical judgment to what is being studied. The modules aim to teach them how to learn, make decisions on how they feel and what to do. The module is composed of the following parts:

- Number and Title
- Approximate time
- Module message
- Overview
- Objectives
- Content Outline
- Learning Activities
- Evaluation and Feedback
- Summary
- References

Evaluation and Revision

The draft of the Training of Teacher's (TOT) Manual was reviewed, evaluated and revised during the Regional Training Workshop on Preventive Education Against AIDS in the Philippines last 18-23 October 1999. The purpose was to improve the TOT Manual. As a trainer there are some common terms which you want clarified regarding evaluation. Evaluation becomes relatively easy if the objectives are so stated that allow for measurement of achievement. Evaluation which is used to measure specific behavior is called **outcome evaluation**. Examples of outcome evaluation are:

- **Knowledge tests** which can be administered before and after instruction to identify increase in knowledge.
- **Attitude scales or inventories** which can be used to indicate change in attitudes.
- **Tests of skills** which can be used to determine the effects of instruction on the ability to perform certain behavior.
- **Self-report behavior inventories** which can be used to find out if the instructions have an impact on the behavior of the learner.

Process evaluation involves techniques somewhat different from those used for outcome evaluation. Questionnaires or interviews are used to get feedback from the learner regarding the components of the programme. In this way, problems with the objectives, content, strategies or materials can be identified. Thus, evaluation of the educational process is the purpose of process evaluation.

Formative evaluation can be used in the midst of the programme with the intention of using data to make changes in the programme while it is being implemented. When evaluation is conducted at the completion of the programme in order to determine its effectiveness in achieving the objectives, that evaluation is called **summative evaluation**. Both forms of evaluation are important in the revision of the programme. Sometimes it is necessary to immediately introduce change in the programme to make it responsive to the participants needs and expectations. Oftentimes, the programme is revised after its completion to make it more effective for the next group of participants.

Adaptation of the Manual

In planning to adapt this Manual, it is important to consider the country's socio-economic and political environment; culture and tradition; and legislation and policy for the training of teachers.

Specifically, the following factors should be considered for the adaptation of the Manual:

- Needs assessment
- Translation of the modules
- Validation of the modules
- Design of the training activities
- Linking and networking with cooperating agencies
- Plan for continuity and sustainability of the programme
- Budgetary requirement

Further, the programme plan should be presented to appropriate government agency/cies to get their approval, support and commitment. These agencies should be encouraged to designate persons who will be in-charge of the programme.

How to Use the Manual

This will be presented in Part I.

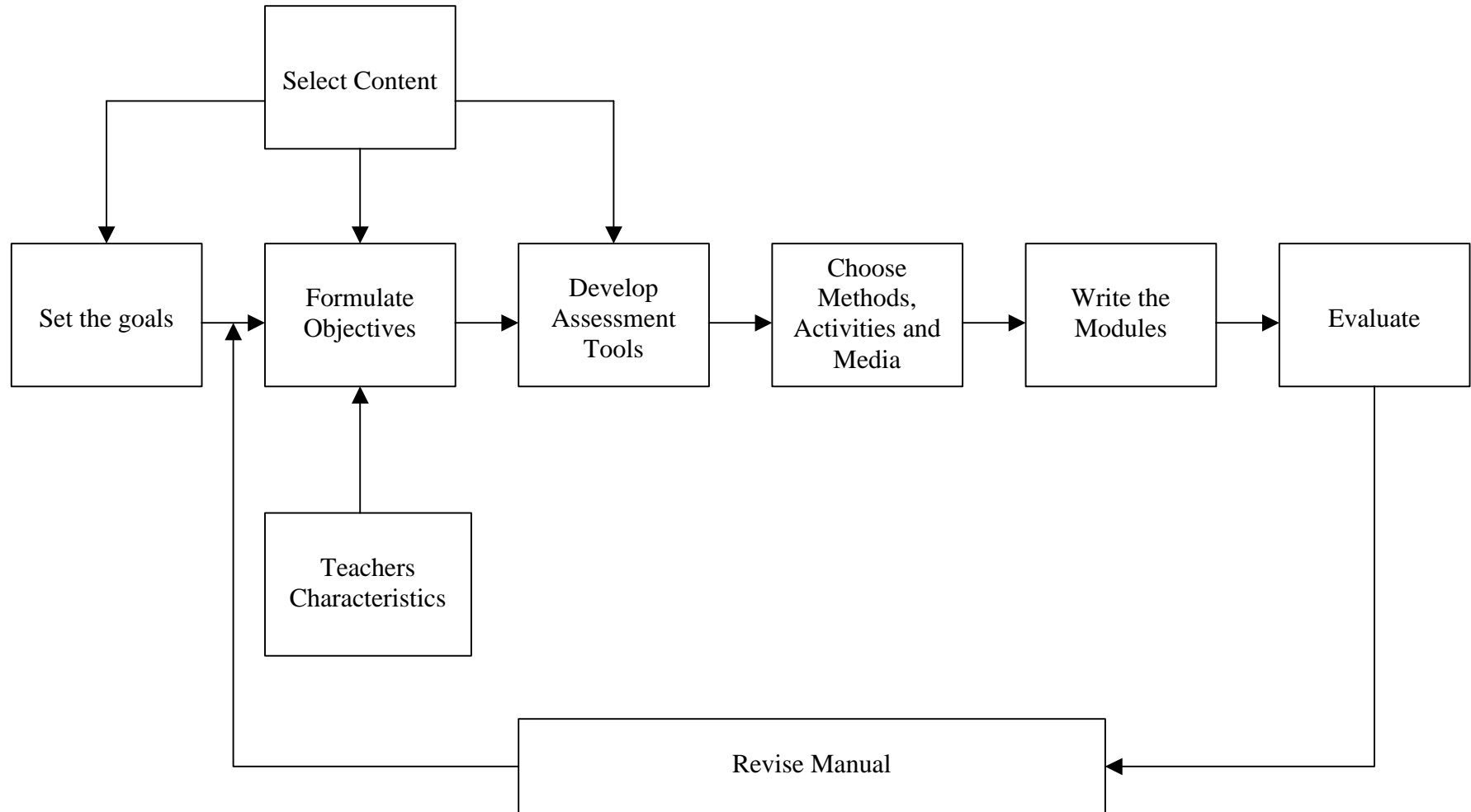


Figure 1. Design Process in the Development of the Training Manual

Part I - How to Use the Manual

PART I – HOW TO USE THE MANUAL

Introduction

This manual is presented into two parts: Part I is on How to Use the Manual and Part II is composed of the Training Modules.

Part I How to Use the Manual is divided into two sections:

- A. The roles and responsibilities of the trainors
- B. The skills which the trainors should demonstrate in conducting the training.

A. Roles and Responsibilities of the Trainors

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

- Formulate the criteria for the selection of the participants.
- Study the training modules and pay particular attention to the objectives and assessment; content and activities.
- Prepare needed materials and equipment needed in the training.
- Demonstrate varied methods and activities.
- Use the Training Modules as a ready reference and guide.
- Plan the follow-up and evaluation of the training.

A Suggested Training Schedule of Activities is presented in Annex A. The trainors may design their own schedule of activities based on the training objectives and the training policy or scheme of the country.

Furthermore, the pre-test which is called HIV-AIDS Self-Report should be given together with the Registration Form. See Annex B. Ask the teachers to accomplish these two documents before the Opening Programme. Keep the Opening Programme short.

Prepare the **orientation** and conduct the training activities which may include the following:

- Clarifying the goal and objectives of the training;
- Stressing the need to come **on time** to the training;
- Identifying the venue/s for the various training activities;
- Getting to know the teachers and their **expectations** from the training; (See Annex C.);
- Reviewing how to write creative lesson plans and how to conduct a mini-demonstration lesson; (See Annexes D and E) Sample Lesson Plan is on Annex F. The Demonstration Lesson Observation Form is on Annex G.;
- Grouping of participants who will study and present the modules; and demonstrate the activities; (See Table 1 and 2)
- Collecting data for revision of the modules;
- Collating the sample lesson plans;
- Administering the HIV/AIDS Self-Report (posttest) and Training Evaluation; (See Annex H)
- Making the **Closing Programme** simple and participatory;
- Preparing the Certificate of Participation and identifying who will get it based on **daily attendance**; and
- Preparing the daily attendance form and requesting the participants to sign every session they attend.

B. The Skills of the Trainers

As a trainer you should be able to demonstrate the following:

- **Developing and supporting a sense of group spirit**

It is important that, as the facilitator, you build and maintain the group's identity by establishing an atmosphere of mutual trust and respect. This means that the training environment will be warm and allow participants to express their views, opinions, concerns, attitudes and behaviors freely. Your behavior will greatly influence the learning environment. Let the participants experience your enthusiasm, friendliness, interest, sincerity, acceptance and support. In order to support the group spirit throughout the training programme you will be required to do the following:

1. Encourage the participants to share some information about themselves with the group.
2. Let the participants establish a set of rules of conduct that can be used throughout the training.
3. Support and provide positive, constructive feedback to the participants.
4. Build and maintain a sense of belonging among participants.
5. Express the need for confidentiality within the group. It is important for the participants to feel that what they say will not be used against them outside of the training session.
6. Let each person participate at his/her own pace. Encourage participants to express themselves but do not push those who need time to be comfortable with the group or working environment.
7. Respond to criticism openly and make every attempt to obtain an agreement of all parties involved. Explaining why something has been done in a particular way will often be enough to settle any concern.

8. Recall the group's suggestions, responses, feelings or questions. Previous knowledge or curiosity can be used as a starting point for subsequent learning.
9. Be sensitive to the needs of the group. Every group will have a unique collective personality with different assets and needs.

- **Ensuring that the intended content is covered**

It is important that the material in all of the training modules is covered effectively for the participants to subsequently be good facilitators themselves. This will require that you help the group stay focused on the task. For this, you will need to do the following:

1. Link each new topic with previous topics and with real-life examples. Not only will this make sessions more interesting but new knowledge will also help develop a better overall understanding of the topic rather than an accumulation of isolated facts.
2. Ask questions that encourage thought of the task at hand. Avoid questions that seek 'yes/no' answers.
3. Give clear, specific instructions for all activities. Confusion about expectations will distract participants from the issues of importance.
4. Keep the focus on the content of the session. Politely attempt to keep off-topic conversations confined to tea and lunch breaks.
5. Synthesize knowledge at the end of a session. Conclude sessions by restating the session's theme and integrating the suggestions and ideas that arose during the session into this framework.

- **Modelling effective facilitation skills**

The participants will need to use the facilitation and communication skills that you exhibit during the training programme in future training sessions that they will conduct with other trainors and teachers. It is therefore important to demonstrate effective facilitation skills throughout the training programme. Your behavior as a facilitator will present the participants with a model to observe and evaluate. Be consistent in what you say and do. Here are some important facilitation skills.

1. **Ability to encourage discussion.** This can be achieved by:

- Asking open-ended questions which require a thoughtful response and/or guide the discussion in a particular direction; and
- Ensuring that all participants feel their participation is welcome and desired.

2. **Ability to listen carefully.** Several tools can assist you in this:

- Restating a participant's contribution will clarify and verify your understanding of the participant's statement;
- Listening for the content AND attitude of a message; and
- Supporting the participant's contribution. This does not mean that you must agree with the participant, only that you respect his/her position.

3. **Ability to deal with silence.** Sometimes silence can be a helpful stimulus. Don't rush to cover it up.

4. **Willingness to allow the group to make their own decisions.** Facilitation is not dictation. Participants must be allowed to take responsibility for their own learning if it is to be meaningful to them.

- **Handling Training Problems**

Successful group facilitation requires practice. Many situations will arise during a training programme that an experienced facilitator will be able to tactfully and effectively solve. Nobody can expect to be a successful facilitator overnight, but dealing with the following situations effectively will help your training session run as smoothly as possible.

1. **A participant wants to argue with you.**

This can be a positive sign as it shows that participants feel comfortable expressing their own points of view. By allowing discussion of alternate opinions you are allowing people to think critically about what they are expected to learn. This is a very profitable teaching/learning tool so long as each side respects the other's opinion, even if their beliefs remain unchanged. However, some participants will argue merely for the sake of arguing. Although this trait can be useful to a group discussion, it can become tiresome and time-consuming and you should tactfully control this behavior to maintain focus and proper decorum.

2. **The group looks bored.**

You may need a change of pace, a change of venue, a change of topic, or simply a break. Some questions you can ask yourself include:

- Have I been using the same teaching techniques for too long i.e., too many lectures or too many large group activities?
- Have I made some connection between my topic and the participants' lives?
- Have I been repeating material?
- Have I been enthusiastic enough, or too enthusiastic?
- Is the venue suitable i.e., too big or small, too hot or cold?

- Are there circumstances outside of the session influencing the behavior of your group i.e., jetlag, peer relations, workplace stress?

3. **Nobody is answering your questions.**

Here are some questions to ask yourself to solve this problem:

- Am I speaking loudly or clearly enough for the group to understand me?
- Do my questions require thought to answer i.e., “How” or “Why” questions asking for “thought,” “opinions,” or “beliefs”?
- Am I waiting long enough for a response? Many participants will take time to think about the questions and carefully formulate an answer before volunteering their answer.
- Is the group focussed on the discussion at hand?

4. **Some participants do not seem to be involved in the discussion.**

Some people are naturally quiet. They may be embarrassed to speak in front of a group or they may simply be learning from what others are saying. Do not confront them with specific questions if they do not appear ready to respond, however offer them the opportunity to add their opinions or feelings when the chance arises.

5. **Some participants are monopolizing the discussion.**

Some participants will naturally answer questions more quickly and more often than others will. While their responses can be valuable for their content and for sparking responses by the rest of the group their frequent outputs can also cause others to feel left out or unable to contribute. It is your responsibility to ensure that the less assertive participant has the opportunity to make a contribution by expressing his/her views. You may

have to discreetly ask the overzealous participant to delay their response until others have had a chance to make their own contributions.

6. The group takes over the discussion.

This is not a problem if the discussion is proceeding productively. Instead it shows that you have stimulated interest in the topic and the group feels comfortable expressing themselves. Take a seat, listen carefully, and enjoy your time out of the spotlight. Knowledge and ideas developed by the group are more valuable than those given in a lecture.

7. Private conversations erupt.

Try to develop eye contact with, and move closer to, the participants who are having private conversations. These simple cues should be enough to eliminate off-topic conversations. However, RESPECT PRIVACY and do not attempt to overhear private conversations. Encourage these participants to share their views with the rest of the group.

8. Two or more participants are arguing.

Do not choose sides! Attempt to paraphrase the position of each side to ensure that they understand what the other is saying. Oftentimes two people with the same position will argue simply because they are not making the effort to hear the other. Ask the group for their input but ensure that arguments are based on reason rather than opinion.

9. You encounter resistance. You need to find the reason behind the resistance. Understanding the reason will help you to make adjustments to solve the problem.

Table 1. The Groups and their Module Assignment to Study, Present and Demonstrate the Activities

Group	Module Number
I	1. The Global Impact and Response to HIV/AIDS
II	2. Who Are Affected by HIV/AIDS
III	3. The Effects of HIV/AIDS
IV	4. Protecting Oneself from HIV/AIDS
V	5. Working Together in the Community
VI	6. The Integration of HIV/AIDS Preventive Education with the Curriculum
VII	7. Use of Learner-Centered Strategies, Life Skills Techniques and Media in HIV/AIDS Prevention Education
VIII	8. Assessment Tools for Use in HIV/AIDS Prevention Education

Table 2. The Groups and their Assignment to Critique the Module

Group	Module Number
I	5 - Working Together in the Community
II	6 - The Integration of HIV/AIDS Preventive Education with the Curriculum
III	7 - Use of Learner-Centered Strategies, Life Skills Techniques and Media in HIV/AIDS Prevention Education
IV	8 - Assessment Tools for Use in HIV/AIDS Prevention Education
V	1 - The Global Impact and Response to HIV/AIDS
VI	2 - Who Are Affected by HIV/AIDS
VII	3 - The Effects of HIV/AIDS
VIII	4 - Protecting Oneself from HIV/AIDS

HIV/AIDS PREVENTION EDUCATION IN SCHOOLS (CITY/PROVINCE)

DATE

Suggested Schedule of Activities

Time	Day 1	Day 2	Day 3	Day 4	Day 5
8:00 to 10:00	8:00 to 9:00 Registration Administration of HIV- AIDS Self-Report (Pretest) 9:00-10:00 Opening Programme	Module 2 Who are Affected by HIV/AIDS: Group II to Present Group VI to Critique	Module 4 Protecting Oneself from HIV/AIDS: Group IV to Present Group VIII to Critique	Module 6 The Integration of HIV/AIDS Preventive Education with the Curriculum: Group VI to Present Group II to Critique	Module 8 Assessment Tools for Use in HIV/AIDS Prevention Education: Group VIII to Present Group IV to Critique
10:00 to 10:15		BREAK		BREAK	
10:15 to 12:00	Orientation and Mind Setting (See Annex 6) Lesson Planning: A Review	Workshop 1: Lesson Planning based on Modules 1 and 2	Workshop 2: Lesson Planning based on Modules 3 and 4	Workshop 3: Lesson Planning based on Modules 5 and 6	Workshop 4: Integration of HIV/AIDS with the various Subjects in the Curriculum HIV/AIDS Self-Report (Posttest)
12:00 to 1:30		LUNCH		LUNCH	
1:30 to 3:00	Module Assignment to the Groups for Module Presentation and Demonstration of Activities Assignment to Critique Module (See Tables 1 and 2)	Mini-demo-Teaching: Lesson Plans on Modules 1 and 2	Mini-demo-Teaching: Lesson Plans on Modules 3 and 4	Mini-demo-Teaching: Lesson Plans on Modules 5 and 6	Collation of Sample Lesson Plan integrating HIV/AIDS with the various subjects Training Evaluation
3:00 to 3:15		BREAK		BREAK	
3:15 to 5:00	Module 1 The Global Impact and Response to HIV/AIDS: Group I to Present Group V to Critique	Module 3 The Effects of HIV/AIDS: Group III to Present Group VII to Critique	Module 5 Working Together in the Community: Group V to Present Group I to Critique	Module 7 Use of Learner-Centered Strategies, Life Skills Techniques and Media in HIV/AIDS Prevention Education: Group VII to Present Group III to Critique	Closing Programme

ANNEX A

HIV/AIDS Preventive Education in Schools

HIV/AIDS Self Report

Print Name : _____
 Province/City : _____
 Date : _____

Part I - Knowledge

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

A = Agree D = Disagree N = Not sure

Example:

0. AIDS means acquired immune deficiency syndrome. A D N

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

12. Preventive education in HIV/AIDS should be undertaken only in the school setting.	A	D	N
13. False information about AIDS can cause unnecessary fears.	A	D	N
14. There is a self-instruction kit which can determine if a person is infected with HIV.	A	D	N
15. HIV is spread by mosquito bites and other insect bites.	A	D	N
16. A person with full-blown AIDS obviously looks sick and weak.	A	D	N
17. At present there is no cure for AIDS.	A	D	N
18. AIDS is a fatal disease associated with a specific virus type.	A	D	N
19. AIDS is a preventable disease.	A	D	N
20. People in the provinces should NOT be concerned about HIV/AIDS.	A	D	N
21. Persons with HIV should not be recruited in the military.	A	D	N
22. HIV is passed from mother to fetus via the placenta.	A	D	N
23. Drug abuse contributes to vulnerability to HIV/AIDS.	A	D	N
24. AIDS is a disease of poverty and ignorance.	A	D	N
25. Persons with HIV should not be allowed to serve as peer educators.	A	D	N
26. AIDS patients should be isolated as a preventive measure.	A	D	N
27. Responsible sexual behavior is a way to stop the spread of AIDS.	A	D	N
28. Immune deficiency syndrome means the virus has invaded the immune system and renders it unable to function normally.	A	D	N
29. "Window" period is when the body shows no signs of the disease.	A	D	N
30. Media practitioners and policy makers should be asked to support the campaign against HIV/AIDS.	A	D	N
31. Persons who have multiple sexual partners are at greater risk of getting infected with HIV than monogamous ones.	A	D	N
32. Many doctors and nurses caring for the AIDS patients eventually get the disease.	A	D	N
33. One can get AIDS by hugging or shaking the hands of the infected person.	A	D	N
34. Retired people do not get AIDS.	A	D	N
35. AIDS is definitely an expensive disease.	A	D	N

Part II - Attitudes

Directions: Put a circle on the number of your correct answer using the following continuum:

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

Example:

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

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

*** Thank you and have a nice day! ***

MIND SETTING

Learning Activity 1 - Getting to know You

Approximate time:	20 Minutes
Materials:	<ol style="list-style-type: none"> 1. Nametags and felt pen 2. List of descriptive adjectives 3. Chart on information about Me
Preparations:	<ol style="list-style-type: none"> 1. Cut colored cards for nametags 2. Prepare list of descriptive adjectives 3. Make the Chart on Information about Me <p style="margin-left: 40px;"> I am best in ---- My favorite food ----- Ten years from today, I ----- </p>

Introduction

It is said that the name of a person is the sweetest music to his/her ears. At the very start of the training, you should know the names of the participants. Call their names as often as you can. Perhaps, it will help you to remember them faster, if descriptive adjectives are added to their names. Getting to know each other promotes team building and creates a spirit of cooperation.

Objectives

After participating in this activity, the trainors and teachers should be able to:

1. Identify as many trainors and participants as they can in the training; and
2. Share some information about themselves with others.

Content

1. Names of trainors and participants with descriptive adjectives
2. Information about themselves

Procedure

1. Provide participants with nametags. Ask them to write their 1st and 2nd names in big letters. The trainor should also wear a nametag.
2. Ask each participant to think of 2 adjectives to describe himself/herself. The adjectives should start with the first letter of their names.

Example: Liza Rivero

Lovely Liza Reliable Rivero

3. Ask the participants to form 2 lines and let them face each other.
4. Invite each participant to introduce himself/herself to the person in front. Let them introduce themselves using their nametags and their answer to the Information about Me.
5. Ask them to meet the next person in front and continue introducing themselves.
6. Ask them to go back to their seats and ask for volunteers to name 5 participants.

Learning Outcomes

1. Name as many participants or all participants towards the end of the session.
2. Introduce one or two participants using their names with their descriptive adjectives and information about them.

Adjectives To Describe You!

- | | |
|---|---|
| <p>A - Able, Abreast, Accepting, Accommodating, Accomplished, Active, Adaptable, Affectionate, Affluent, Ageless, Agreeable, Alert, Aloof, Ambitious, Analytic, Apolitical, Artistic, Aseptic, Awkward</p> <p>B - Beautiful, Bankable, Bejeweled, Biographical, Blueblooded, Blunt, Boisterous, Bold, Bouncy, Brilliant, Byronic</p> <p>C - Caring, Careful, Capable, Celestial, Charitable, Chivalrous, Classic, Colorful, Complex, Complicated, Conservative, Corny, Courteous</p> <p>D - Dainty, Daring, Deadly, Defiant, Dense, Difficult, Distinctive, Diplomatic, Durable, Distinguish, Dynamic</p> <p>E - Earthly, Easygoing, Ecstatic, Efficient, Elaborate, Enthusiastic, Episodic, Equivocal, Evasive, Extreme, Excellent</p> <p>F - Fabled, Fashionable, Faithful, Famous, Fantastic, Fervent, Fluent, Fortunate, Friendly, Funny</p> <p>G - Generous, Genial, Gentle, Gifted, Glamorous, Good, Graceful, Gracious, Grand, Graphic</p> <p>H - Happy, Harmless, Hasty, Healthy, Heavy, Helpful, Holy, Honest, Humble, Hungry</p> <p>I - Immaculate, Important, Impressive, Indifferent, Industrious, Informal, Innocent, Intelligent, International</p> <p>J - Jealous, Jolly, Judicial, Jubilant</p> <p>K - Kind, Keen, Knowledgeable</p> <p>L - Large, Last, Late, Lavish, Lovable, Lovely, Lawful, Light, Liberal, Little, Lively, Lucky</p> | <p>M - Magical, Martial, Masterful, Mature, Meaningful, Mighty, Mild, Modest, Motherly, Muscular, Musical, Mysterious</p> <p>N - Naive, Natural, Naughty, Neat, Neutral, Nice, Noble, Nonpartisan, Nostalgic, Numerical</p> <p>O - Obedient, Objective, Obliging, Observant, Old-fashioned, One-sided, Open-minded, Optimistic, Original, Overconfident</p> <p>P - Pale, Passionate, Patient, Peculiar, Perfect, Personal, Physical, Pious, Pleasant, Polite, Popular, Private, Profound, Prompt, Proper, Pure</p> <p>Q - Quaint (Cute), Quiet</p> <p>R - Radiant, Radical, Rapid, Rare, Rational, Ready, Real, Refined, Regular, Relevant, Reliable, Reluctant, Remote, Responsible, Rich, Rural</p> <p>S - Sad, Sarcastic, Scientific, Seasoned, Secretive, Selective, Sensitive, Sentimental, Serious, Sharp, Shrewd, Shy, Silent, Simple, Small, Smooth, Sociable, Special, Strong, Successful</p> <p>T - Tactful, Talkative, Tender, Terrible, Thin, Thoughtful, Thrifty, Tiny, Tolerant, Tough, Traditional</p> <p>U - Ultimate, Unconditional, Undecided, Uneasy, Unexpected, Unfair, Unforgettable, Unusual, Unwilling, Urgent, Usual</p> <p>V - Vague, Vain, Versatile, Vicious, Victorious, Violent, Virtuous, Vivid</p> <p>W - Warm, Wary, Wealthy, Weary, Wholesome, Wise, Witty, Wonderful, Worthy</p> <p>Y - Yonder (faraway), Young</p> <p>Z - Zigzag, Zealous</p> |
|---|---|

N.B. You may use other words of your own choice.

Learning Activity 2 – Keep on Learning (Expectations from the Training)

Approximate time: 30 Minutes
Materials: Flip chart papers

Preparations: **Write on top of 2 flip chart papers:**
1. Expectations
2. New ideas and skills

Introduction Life is a continuous process of learning. We already know many things, but can learn new things if we keep an open mind. We continue to learn from others. In this training what do you want to learn? What are your expectations?

Objectives After participating in this activity, the teachers should be able to:

1. List their expectations from the training; and
2. Identify new ideas or skills they want to learn.

Content

1. Expectations from the training
2. New ideas and skills

Procedure

1. Divide the big group into small groups of 5 members and let them choose a leader in each group.
2. Ask 2 to 3 small groups to brainstorm and list their expectations from the training.
Ask the other 2 to 3 small groups to brainstorm and list what new ideas and skills they want to learn.
3. After 3 to 5 minutes ask the leader of each group to move to another group and compare their lists. Add to the list other expectations, ideas and skills.
4. After moving to 2 to 3 other groups, ask the leaders who have the “master lists” to read them.
5. Paste the “master lists” under the appropriate flip chart papers. Keep the list posted during the training. You may want to refer to them later on.

Learning Outcomes

1. Listing of expectations from the training
2. Listing of new ideas and skills

HOW TO WRITE CREATIVE LESSON PLANS

A Lesson Plan in _____
Prepared by _____ **City/Province** _____
Subject Area _____ **Date** _____
Grade Level _____

- I. Motivation
- II. Objectives
- III. Content Outline
- IV. Materials/Equipment Needed
- V. Methods/Activities
- VI. Evaluation
- VII. Assignment (optional)

GUIDELINES:

- I. *Review how to formulate goals and objectives.*

Goals are:

1. Broad statements of intent.
2. Desired long-term outcomes of instruction.
3. Expressed in non-behavioral terms—
 - Know-Understand
 - Realize
 - Appreciate
 - Believe
 - Enjoy

Objectives are:

1. Precise statements of intent, very specific.
2. Desired short-terms outcomes of instruction such as draw, discuss, predict, etc.
3. Expressed exactly what behavior can be observed.
4. Made by using action verbs—choose, describe.
5. Precise description of what the learners would be doing if they had mastered the lesson.

3 Components of Behavioral Objective

1. Condition: *Given a list of 35 chemical elements.*
2. Behavior: *you should be able to write the valences.*
3. Criterion: *of all the chemicals correctly.*

Attitude/Affective Action Verbs

1. Accept, listen, respond to
2. Comply with, follow, volunteer
3. Support, relinquish
4. Theorize, formulate, balance, examine
5. Revise, require, argue, resist, manage, resolve

Why Design Behavioral Objectives for the Learners?

1. To show them exactly what they are expected to do.
2. To show them what they have achieved.
3. To show them what they have yet to master.
4. To build their self-confidence.
5. To show them the interrelationship of the learning materials, activities, and evaluation .
6. To show them where they will be when they complete the lesson.

Refer to list of action verbs.

- II. *Be sure that there is a “perfect fit” in your **objectives with the content, methods, media and evaluation.** In other words they should be congruent to each other.*
- III. *Use participatory methods of teaching/learning.*

PARTICIPATORY METHODS OF TEACHING/LEARNING

All training methods in which the participants learn by active interaction with others are called Participatory Learning Methods. In the Training Modules you will find many different examples of Participatory Learning Methods which can be divided into 3 types: small group activities; role plays; and games and simulations. Listed here are some of the advantages and disadvantages of Participatory Methods of Learning as well as some helpful hints for the facilitator in conducting these methods.

Advantages

1. **Active** involvement of many group members i.e., promote critical thinking and **learning through experience**;
2. **Meaningful** participation in a low-risk, non-threatening environment;
3. **Personal interaction** between participants;
4. Opportunities for participants to **teach/learn from each other**;
5. **Interesting** and **enjoyable** way to learn;
6. **Understanding** other views.

Disadvantages of Participatory Methods of Teaching/Learning include:

1. **High-time consumption**;
2. **Focus can be lost easily**;
3. **Frustration** if instructions are not clear;
4. **Unintended results** not reflecting learning objectives.

Tips for Successful Participatory Teaching/Learning:

1. **Don't be afraid of a little noise** – it is often a sign of involvement.
2. As much as possible, **don't try to constrain activities to a strict time frame**.
3. **Enjoy yourself** – your enthusiasm will be contagious.

INSTRUCTIONAL OBJECTIVES

Observable verbs for the cognitive domain

1. Knowledge		2. Comprehension		3. Application	
Recall of information		Interpret information in one's own words		Use knowledge or generalization in a new situation	
arrange define duplicate label list match memorize	name order recognize relate recall repeat reproduce	classify describe discuss explain express identify indicate locate	recognize report restate review select sort tell translate	apply choose demonstrate dramatize employ illustrate interpret	operate prepare practice schedule sketch solve use
4. Analysis		5. Synthesis		6. Evaluation	
Break down knowledge into parts and show relationships among parts		Bring together parts of knowledge to form a whole and build relationships for new situations		Make judgments on basis of given criteria	
analyze appraise calculate categorize compare contrast criticize diagram	differentiate discriminate distinguish examine experiment inventory question test	arrange assemble collect compose construct create design formulate	manage organize plan prepare propose set up synthesize write	appraise argue assess attack choose compare defend estimate	evaluate judge predict rate score select support value

Depending on the meaning of use, some verbs may apply to more than one level.

Selected Verbs Used in Writing Behavioral Objectives

McNeil, J.D. & Wiles, J. (1990). *The essentials of teaching: Decisions, plans, methods*. NY: Macmillan Publishing Co.

Creative behaviors

alter	generalize	question	regroup	rephrase	rewrite
ask	modify	rearrange	rename	restate	simplify
change	paraphrase	recombine	reorder	restructure	synthesize
design	predict	reconstruct	reorganize	retell	systematize

Complex, logical and judgmental behaviors

analyze	combine	contrast	designate	formulate	plan
appraise	compare	criticize	determine	generate	structure
assess	conduct	deduct	discover	induce	suggest
		defend	evaluate	infer	substitute

General discriminative behaviors

choose	describe	discriminate	indicate	match	place
collect	detect	distinguish	isolate	omit	point
define	differentiate	identify	list	order	select
				pick	separate

Social behaviors

accept	answer	cooperate	forgive	laugh	reply
admit	argue	dance	greet	meet	smile
agree	communicate	disagree	help	participate	talk
aid	complement	discuss	interact	permit	thank
allow	contribute	excuse	invite	praise	visit
			join	react	volunteer

Miscellaneous

aim	erase	hunt	peel	scratch	store
attempt	expand	include	pin	send	strike
attend	extend	inform	position	serve	supply
begin	feel	kneel	present	sew	support
bring	finish	lay	produce	share	switch
buy	fit	lead	propose	sharpen	take
come	fix	lend	provide	shoot	tear
complete	flip	let	put	shorten	touch
correct	get	light	raise	shovel	try
crease	give	make	relate	shut	twist
crush	grind	mend	repair	signify	type
develop	guide	miss	repeat	slip	use
distribute	hand	offer	return	slide	vote
do	hang	open	ride	spread	watch
drop	hold	pack	rip	stake	weave
end	hook	pay	save	start	work

HOW TO CONDUCT A MINI-DEMONSTRATION LESSON

1. Divide the class into three groups.
 - First group to act as *teachers* and do demonstration teaching
 - Second group to act as *students*
 - Third group to act as *observers* of the demonstration teaching
2. Define the roles of each group.
 - The *teacher/s* should prepare the lesson plan/s.
 - The teacher/s should conduct a pre- and post- demonstration conferences with the observers.
 - The students should be actively participating and asking thought-provoking questions.
 - The observers may prepare an Observation Form for use during the lesson.
(See Annex G)
3. Commend the groups for their work.
4. Try to have several mini-demonstrating teachings in one session.

HIV/AIDS: Preventive Education in Schools**A LESSON PLAN IN HEALTH EDUCATION**

Health Area : **COMMUNICABLE DISEASE PREVENTION AND CONTROL**

Grade Level : Grade VI

I. OBJECTIVES

After participating in this lesson, the students should be able to:

1. define HIV and AIDS;
2. discuss the progression of HIV infection to AIDS;
3. discuss ways by which HIV is/is not transmitted;
4. choose behaviors that will reduce one's risk of HIV infection; and
5. demonstrate their resistance skills against HIV/AIDS.

II. CONTENT

Topic: AIDS

Concept: Practicing healthy behaviors reduces one's risk of HIV infection.

Any person regardless of gender, age, race or sexual orientation can become infected with HIV by engaging in specific risk behaviors. It is important to know how to avoid the infection. Students should take on the responsibility of making decisions and upholding values that can protect them in situations leading to AIDS.

III. MATERIALS/EQUIPMENT

- | | |
|---|---|
| • Overhead projector | • Blackboard/whiteboard |
| • Transparencies | • Colored paper cut into different sizes and shapes |
| • TV and VHS | • Sheets of paper |
| • Film on "The immune system and how AIDS affects it" | • Pentel pen |
| • Chalk | • Masking tape |

IV. METHODOLOGY

A. Video Showing^{*}

In this film, Sam Goodbody is the principal character. He explains how HIV affects the immune system, the ways by which one can contract the virus and how infection can be avoided. He focuses on risk behaviors that might lead to AIDS and admonishes the viewers to avoid these risk behaviors in order to protect themselves from AIDS.

The following questions are written on the board before the video showing. The students will be asked to answer these questions based on the video.

1. What does HIV mean? What does AIDS mean?
2. How does HIV infection progress into AIDS?
3. How is HIV transmitted? How is it NOT transmitted?
4. How will you reduce your risk of being infected with HIV?

B. Small Group Discussion

1. After the video showing, divide the class into 4 small groups.
2. Ask each small group to choose a leader and a recorder. Explain their roles and that of the members.
3. Assign each small group one guide question to be discussed and answered based on the video.
4. Allow each group to discuss and answer the question for 5 minutes.
5. Ask each group leader to present the answer and summary of their discussion to the class using the transparencies and other visual aids prepared earlier by the teacher and students. Let the students ask questions after each presentation.
6. After all the 4 groups have presented their answers, ask each student to give one message which he/she will share with their friends.

C. Choose and Paste

1. Cut 2 colored paper into pieces (3 x 4 inches) and distribute them to the students.
2. On one colored piece of paper ask them to write how HIV can be transmitted and on another colored piece of paper ask them to write how it can not be transmitted.
3. Ask each student to paste each colored paper under the appropriate column:
A. HIV can be transmitted
B. HIV can not be transmitted
4. Let the students review their work for duplications and make corrections if necessary.
5. Ask one or 2 students to summarize their work.

^{*} Any appropriate audio-visual material can be used.

D. Patchwork Jacket for Protection

1. Give each student colored pieces of paper cut in different sizes and shapes.
2. Ask them to think of responsible and healthy behavior that will protect them from getting infected with HIV.
3. Let them illustrate this in words, symbols or drawings on the colored papers.
4. Let them pin or attach the colored papers to a jacket displayed in front of the class.
5. Discuss the importance or significance of the jacket. “The jacket is a protection against HIV infection.” “The patchwork is composed of preventive measures against HIV infection.”

V. EVALUATION

AGREE/DISAGREE

Ask students to respond to the following statements by:

1. standing up, if they agree with the statement; or
2. remaining seated, if they disagree with the statement.

If they disagree, they are to state the reasons why they disagree with the statement.

1. AIDS is transmitted by mosquito bites.
2. HIV infection always develops into AIDS.
3. There is no cure nor vaccine against AIDS.
4. It is easy to detect a person infected with HIV.
5. HIV stands for human immunodeficiency virus.
6. Getting a tattoo constitutes a risk of getting HIV.
7. People can get AIDS by swimming in a public pool.
8. AIDS stands for advanced immunodeficiency symptoms.
9. A baby born of a mother with AIDS can be infected with HIV.
10. You can be infected with HIV if you hug someone who has AIDS.
11. HIV is a pathogen that destroys infection-fighting T cells in the body.
12. Staying away from illegal drugs will reduce your risk of getting infected with HIV.
13. Getting blood transfusion from unknown sources will increase your risk of getting AIDS.

VI. ASSIGNMENT

Write 5 review questions and answers in preparation for your Second Periodic Exam. Submit your review questions after class.

**Preventive Education Against HIV/AIDS: UNESCO Regional Training
Workshop
October 18-23, 1999**

DEMONSTRATION LESSON – OBSERVATION FORM

Demonstration Teacher _____

Lesson in Health Area _____

Time Started _____ Time Ended _____

Name of Observer _____

Country _____

Instructions

- Based on the actual lesson, rate how each part is achieved by using the following scale:

Not at all	0
A little	1
Moderately	2
Much	3
Very much	4

- Give your comments/suggestions.
- Use the tables for your rating and comments/suggestions.

I. Objectives	Rating	Comments/Suggestions
1. Define HIV and AIDS;		
2. Discuss the progression of HIV infection to AIDS;		
3. Discuss ways by which HIV is and is not transmitted;		
4. Choose behaviors that will reduce one's risk of HIV infection; and		
5. Demonstrate publicly their resistance skills against HIV/AIDS.		

II. Methodology	Rating	Comments/Suggestions
A. Video Showing		
B. Class Discussion		
C. Choose and Paste		
D. Patchwork Jacket for Protection		

III. Evaluation	Rating	Comments/Suggestions
A. Agree/Disagree		
B. Explain why		

General Comments/Suggestions

TRAINING EVALUATION QUESTIONNAIRE

Name (optional) _____ Sex _____
 Training Venue _____ Date _____

Dear Teachers:

Please respond to this training evaluation questionnaire. Your frank and honest answers will help us make changes to improve the quality and relevance of training of future participants.

Part I - Please rate the following aspects of the training by checking the appropriate column and using the 5-point scale below:

1. Poor
2. Fair
3. Satisfactory
4. Very good
5. Excellent

1. Give your comments/suggestions.
2. Use the tables for your rating and comments/suggestions.

Aspect	1	2	3	4	5
1. Organization of the training activities					
2. Relevance of the objectives/materials					
3. Appropriateness of topics					
4. Cooperation of participants					
5. Performance of trainors and staff					
6. Communication among participants, trainors and staff					
7. Quality of training outputs					
8. Amount of work the participants put into the training					
9. Training facilities					
10. Food services					

Part II - Please answer these questions frankly.

1. What 5 aspects of the training which you find most satisfying? Rank them.

2. What do you think is the weakest part of this training? Please explain.

3. What improvement could you suggest for future training?

Thank you and have a safe trip back home!

REGISTRATION FORM

Name (print):	Nickname:	Sex:
Position/Designation:		
Complete Office Address:		
Fax:	Telephone:	
Mobile Phone/Pager:	E-mail:	
Complete Home Address:		

Signature

Date

Part II - Training Modules

PART II – TRAINING MODULES

Introduction

There are more than one billion adolescents in the world. Their number in developing countries is over 800 million. This is expected to increase by 20 per cent in the next 15 years. Young people are our future leaders and it is worth developing in them the capacity to ensure a healthy and productive life free from encumbrances such as AIDS. Effective AIDS education programmes in schools is a national concern, for that matter, that of the global community.

In this Manual, Part II is composed of eight training modules on HIV/AIDS Prevention Education. A module is a unit of instruction which should engage the teachers in an intellectual activity that will make them try out ideas, reflect, and apply critical judgment to what is being studied. The modules are used to teach them how to learn, make decisions on how they feel, and what to do.

Through these modules, the trainers are expected to guide, motivate, provoke, ask questions, discuss alternative answers, appraise the teachers' progress, give them enrichment activity and provide them appropriate remedial measures. The trainers should be concerned with understanding the process of teaching which hopefully the teachers will learn so that they can use the same with their students.

The overall aim of these modules is to help the trainers and teachers gain confidence in educating the youth about the prevention and control of HIV/AIDS. Each module is composed of 9 parts and each part is described below.

Module Parts		Description	Ways of Presenting
I	Number and Title	Gives relevant and interesting title.	New and stimulating title
	Approximate time	Gives the time needed to study and use the module.	Minutes and/or hours
II	Module message	Gives short and interesting message	Short and relevant to the content
III	Overview	Explains why the module is important. Shows the relationship of the module to teacher's work. Indicates the coverage of the module.	Describe the content. Make a concept map, graph, ask questions, etc.
IV	Objectives	State in short, simple, measurable, achievable, relevant and within a specific time frame. Indicate what the teachers can do after the training.	Use action words, e.g. describe, choose, analyze, predict, propose, etc.
V	Content Outline	Presents facts and information, skills, values, attitudes or practices.	Use reader-friendly style. Use outline.
VI	Learning Activities	Provides opportunities for teachers to do something with the new information aside from reading and listening.	Require teachers to make decisions, apply principles, draw conclusions, analyze situations, reflect on events, predict trends, etc.
VII	Evaluation and Feedback	Evaluation is essential in sustaining interest, motivation and accountability. Gives feedback on their activities to check on their performance.	Confirm correct answers, give sincere praises and encouraging remarks.
VIII	Summary	Makes a general review of what is covered in the module. It should be related to the objectives.	Paragraph or outline of what has been taken up. Questions may be asked to summarize what has been taken up.
IX	References	Prepare these materials in advance. Use materials which are up to date, factual, relevant.	Clear, easy to understand, get them from credible sources, books, pamphlets, journals, etc.

Each Activity in the modules has the following parts:

- I - Number & Title
- Approximate Time
- Materials Needed
- Preparation
- II - Introduction
- III - Objectives
- IV - Content & Outline
- V - Procedure
- VI - Learning Outcome
- VII - Resource Material

The modules are presented in a reasonably logical manner. It is recommended that the trainers should start at the beginning and work their way through the last module. Each module is prepared so that the trainer could follow it easily.

There are eight modules:

- Module 1 – The Global Impact and Response to HIV/AIDS
- Module 2 – Who Are Affected by HIV/AIDS
- Module 3 – The Effects of HIV/AIDS
- Module 4 – Protecting Oneself from HIV/AIDS
- Module 5 – Working Together in the Community
- Module 6 – The Integration of HIV/AIDS Preventive
Education with the Curriculum
- Module 7 – Use of Learner-Centered Strategies, Life Skills
Techniques and Media in HIV/AIDS Prevention
Education
- Module 8 – Assessment Tools for Use in HIV/AIDS
Prevention Education

Module 1:
The Global Impact and
Response to HIV/AIDS

THE GLOBAL IMPACT AND RESPONSE TO HIV/AIDS

Approximate time: 90 minutes

Module Message



The HIV/AIDS pandemic is a common growing concern of the global community including countries in Asia and the Pacific.

Overview



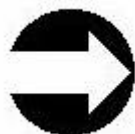
Understanding the global epidemic of HIV/AIDS will enable people to deal with this growing threat.

Reluctance to talk about HIV/AIDS due to cultural and social barriers does not help in promoting understanding of the disease and of behaviors that put an individual at risk of exposure to the human immunodeficiency virus. Some people avoid the subject matter for fear of censure and because of sensitive and controversial issues surrounding it, or that it is not relevant to their personal lives.

Considering the growing menace of the disease, the United Nations took an innovative approach in 1996 by drawing six organizations together in a joint and cosponsored program called UNAIDS (Joint United Nations Programme on HIV/AIDS).

This module will help the participants feel comfortable in discussing the HIV/AIDS situation and the UN response with other members of the group from a geographic, societal, and individual perspective.

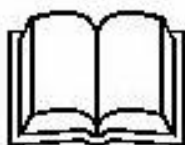
Objectives



After studying the module, the teachers should be able to:

1. explain the status and trends of HIV/AIDS in the world, and specifically, in the Asia-Pacific Region;
2. express feelings and fears about HIV/AIDS; and
3. state the impact of HIV/AIDS among young people and the importance of school-based interventions.

Content Outline



1. Status and trends of HIV/AIDS in the world and in the Asia-Pacific Region
2. Feelings and fears about HIV/AIDS

Learning Activities



Learning Activity 1 – Group work on the global and regional impact of HIV/AIDS

Learning Activity 2 – Making a personal connection to HIV/AIDS

Evaluation



Complete anyone of the following and explain your answer briefly:

I learned...

I feel...

I wish...

I discovered...

I hope...

I believe...

I will...

I plan...

I predict...

I foresee...



Learning Activity 1 – Group Work on the Global and Regional Impact of HIV/AIDS

Approximate time: 30 Minutes

Preparation: Slide presentation illustrating the nature and extent of the HIV/AIDS pandemic

Introduction Today, almost every country is affected by HIV/AIDS. It is a pandemic wherein both children and adults are afflicted and have died. What are the trends and impact of HIV/AIDS in Asia? Why is this disease a continuing threat to young people? Can one make some predictions regarding this disease?

Objectives After participating in this activity, the teachers should be able to:

1. Describe the global impact of HIV/AIDS based on recent statistics;
2. Analyze the trends and status of HIV/AIDS in Asia and the Pacific;
3. Explain why HIV/AIDS is a continuing threat to young people;
4. Describe the role of preventive HIV/AIDS education;
5. Explain why some places are severely affected by HIV/AIDS; and
6. Predict some situations regarding the HIV/AIDS pandemic.

Content Outline The global and regional impact of HIV/AIDS

1. Global summary of the HIV/AIDS epidemic
2. Trends and status of HIV/AIDS in Asia and the Pacific
3. Why HIV/AIDS is a threat to young people
4. The role of preventive education against HIV/AIDS
5. Why some places are severely affected by the disease
6. Some conclusions and predictions about HIV/AIDS

Procedure

1. Divide the big group into 6 small groups and give each teacher a copy of Resource Material 1 The HIV/AIDS Pandemic: HIV/AIDS in the Asia-Pacific Region.

2. Assign each group one topic to study based on the listing under Content Outline.
3. Ask each group to do the following:
 - Group 1 – Describe the global and regional impact of HIV/AIDS based on recent statistics.
 - Group 2 – Analyze the trends by indicating:
 - ❑ The patterns of spread;
 - ❑ Affected countries/areas; and
 - ❑ The effects on people.
 - Group 3 – Explain why HIV/AIDS is a threat to young people.
 - Group 4 – Describe the role of preventive education.
 - Group 5 – Explain why some places are severely affected.
 - Group 6 – Predict some situations related to HIV/AIDS.
4. Convene the groups and ask each group to make a three to five-minute presentation using the transparencies prepared earlier and other visual aids to make their presentations clear and interesting.
5. Ask others who are not presentors to comment on the topic being presented.
6. Commend the presentors for good work done.
7. Ask one or two participants to summarize the activity.

Learning Outcome

1. Complete any one of the following:
 - I learned...
 - I discovered...
 - I feel...
 - I will...
 - I wonder...
2. Write a word or phrase that immediately comes to mind when you read any of the following:
 - HIV/AIDS
 - Risk behavior
 - Young people
 - Preventive education
 - Developing countries
 - Women
 - AIDS death
 - UNAIDS
 - Condom
 - Pandemic

Resource Material

1. The HIV/AIDS Pandemic: HIV/AIDS in the Asia-Pacific Region



Activity 2 - Making a Personal Connection to HIV/AIDS

Approximate time:	60 Minutes
Materials:	Colored cards Pens
Preparation:	Cut out colored cards for distribution to the participants.

Introduction Participants of the workshop just like everyone else in the community will certainly have opinions, feelings, fears and unanswered questions about several aspects of HIV/AIDS. This activity allows them to make a personal connection to HIV/AIDS by putting down in writing (a) what they want to know most, and (b) what they fear most. This information will be optimally utilized by the facilitators to (a) answer the query and (b) allay the fears as much as possible.

Objectives Describe feelings and fears about HIV/AIDS.

Content Outline Feelings and fears about HIV/AIDS

Procedure

1. Ask each participant to get a colored card of his/her choice.
2. Tell each participant to write on one side of the card one thing that he/she would like to learn about HIV/AIDS in the training and on the other side, his/her greatest fear about being exposed to HIV/AIDS. Participant's names should not be written on the cards. Give them 5 minutes to do this.
3. Collect the cards and read to the group the anonymous responses.

4. Start with those things that they would like to learn about HIV/AIDS and refer to the subsequent modules that will address the questions. Answer questions which are not addressed in the subsequent modules.
5. Read the participants' feelings and fears about HIV/AIDS.
6. Encourage discussion why these feelings and fears about HIV/AIDS exist.
7. Ask one participant to give a 3-sentence summary about the discussion regarding fears and feelings towards HIV/AIDS.

Learning Outcome Make a one-line slogan about HIV/AIDS based on the insights that they learned from the activities in this module.

Resource Material 1

The HIV/AIDS Pandemic:

HIV/AIDS in the Asia-Pacific Region

The Asia-Pacific Region, with over 2.5 billion people and representing more than 60% of the world's population, includes China, India, other countries comprising South, East, and Southeast Asia, Oceania, Japan and countries along the Pacific Rim. Except for Japan, North Korea, Australia, New Zealand, and some small islands in the Pacific, the region encompasses areas with high prevalence of HIV risk factors and consequently, moderate to high HIV transmission in the general population - second only to Africa, for that matter, following trends in the latter. While the nature and magnitude of HIV/AIDS epidemics are diverse, China and India are of particular concern on account of their huge populations even if over-all prevalence rates are relatively low. On the other hand, potentially explosive outbreaks have been seen and continue to be a threat, such as in border areas of the Greater Mekong Subregion (Cambodia, Laos, Thailand and Vietnam), Malaysia, Myanmar, Yunnan (South China), Nepal and India¹.

To date, the cumulative number of deaths due to AIDS is 16.3 million, with 2.6 million in the previous year alone. Of 33.6 million people living with HIV/AIDS 5.6 million are new infections. For purposes of this manual, the regional statistics and features as of December 1999² are:

South and Southeast Asia:

- ❑ Epidemic started - late 1980s
- ❑ Adults and children living with HIV/AIDS - 6 million
- ❑ Adults and children newly infected with HIV - 1.3 million
- ❑ Prevalence rate in adults (15-49 years old) - 0.69%
- ❑ HIV-positive women - 30%
- ❑ Main mode of transmission - heterosexual contact

¹ The Status and Trends of the HIV/AIDS/STD Epidemics in Asia and the Pacific, Official Satellite Symposium, Monitoring the AIDS Pandemic (MAP), October 21-23, 1997, 4th International Conference on AIDS in Asia and the Pacific, Manila, Philippines, October 25-29, 1997.

² UNAIDS Report: AIDS epidemic update, December 1999. N.B. These estimates are provisional and to be used only to gauge the relative impact of the epidemic and consequently, the effectiveness of control efforts in particular situations.

East Asia and Pacific:

- ❑ Epidemic started - late 1980s
- ❑ Adults and children living with HIV/AIDS - 530,000
- ❑ New infections - 120,000
- ❑ Adult prevalence rate - 0.068%
- ❑ HIV-positive women - 15%
- ❑ Mode of transmission - intravenous drug use (IDU), heterosexual, men-having-sex-with-men (MSM)

Australia and New Zealand:

- ❑ Epidemic started - late 1970s and early 1980s
- ❑ Persons living with HIV/AIDS - 12,000
- ❑ New infections - 500
- ❑ Adult prevalence rate - 1%
- ❑ HIV-positive women - 10%
- ❑ Mode of transmission - MSM, IDU

HIV/AIDS in children <15 years old³:

- ❑ Living with HIV/AIDS: total - 1.2 million; South and Southeast Asia - 94,000; East Asia and Pacific - 2,400; Australia and New Zealand - <100
- ❑ AIDS deaths in the year under review/since the beginning of the epidemic: total - 510,000/3.2 million; South and Southeast Asia - 40,000/140,000; East Asia and Pacific - <1000/1,700; Australia and New Zealand - <100

Estimated number of new HIV infections in young people:

- ❑ About 7,000 young people aged 10-24 get infected with HIV every day, that is, five young person every minute
- ❑ About 1.7 million young people in Africa get infected with HIV every year
- ❑ Close to 700,000 young people get infected with HIV every year in Asia and the Pacific

Health scenario and why the youth?

Communicable diseases and malnutrition will continue to be among the leading causes of morbidity and mortality in the region. Migration across borders and overseas will hasten globalization with potential importation and spread of diseases. Meanwhile, environmental degradation, pollution, increased urbanization, industrialization, and changing lifestyles in metropolitan areas will serve as the breeding ground for stress factors creating health problems of both infectious and non-infectious origins.

Asia for one will eventually recover from its present economic crisis presaging rapid growth and dissemination of knowledge and technologies. For the

³ UNAIDS report, as of December 1998

individual, this translates into having to deal with a wide range of opportunities and the need for the ability to manage change. The largest population growth rates are expected to occur in countries in the region with a majority population below 18 years old⁴.

Consider these and the observation that 95% of HIV/AIDS cases come from developing countries.

As it were, school children are at a stage where they start to be sexually active, eager for adventure, and under peer pressure to be accepted socially. Given the proliferation of inducements catering to worldly pleasures and consumerism, young people are prone to regard these as the "in-thing" to do - sex, drugs, imitating movie idols, playing "rich and famous". All these condone irresponsible behavior leading to situations which render them vulnerable to HIV infection.

In other instances, children are sold to prostitution and/or subject to abuse by their peers or elders. There is likewise a belief that AIDS can be cured by having sex with a young person or virgin. Ignorance, fear and cultural taboos prevent these children from getting justice and proper care. If not AIDS victims themselves, children are orphaned early in life by AIDS parents thereupon, deprived of material and moral support when they need them most.

School based interventions and services⁵

There are more than one billion adolescents in the world. Their number in developing countries - over 800 million - will increase by 20% in the next 15 years. Promoting effective health education programmes in schools alongside preventive efforts in the community is a way of protecting these young people from the ravages of HIV/AIDS.

Education is a national as well as a global concern, and cooperation at the highest levels of governments is important in making school AIDS education programmes work. Experience in various parts of the world indicates that, working in collaboration with ministries of education and with health and social services, each country's national AIDS programme should aim to provide 100 percent of school children with AIDS education.

Good AIDS education covers effective prevention, care and support of people with HIV/AIDS, and non-discrimination. Education of this kind has been shown to help young people to delay sex, and when they become sexually active, to avoid risk behavior. However, AIDS education in school is often denied to

⁴ H.E. Ricardo T. Gloria, Managing Human Resources Development in the SEAMEO Region in the 21st Century. Thematic Symposium of the 32nd SEAMEC Conference, Manila, Philippines, 26 February 1997.

⁵ UNAIDS, Summary Booklet of Best Practices, Geneva, Switzerland, 1999

children and young people for a variety of reasons, including the sensitive and controversial nature of the subject in some societies, and the difficulty of finding time for AIDS in an already overcrowded curriculum. In some places, schools teach information on AIDS but not the behavioral skills needed for prevention and support.

Best practices in school-based interventions include:

- ❑ Creating a partnership with policy-makers, religious and community leaders, parents, and teachers, using this partnership to set sound policies on AIDS education.
- ❑ Designing a good curriculum and/or good extracurricular programmes, adapted to local culture and circumstances, and with a focus on life skills rather than biomedical information.
- ❑ Teaching primary and secondary students to analyze and respond to social norms, including understanding which ones are potentially harmful and which ones protect their health and well-being.
- ❑ Good training, both for the teachers themselves and for peer educators - young people from the same age group, specifically selected to educate their friends and acquaintances about AIDS.
- ❑ Starting HIV prevention and health promotion programmes for children at the earliest possible age, and certainly before the onset of sexual activity. Effectively, this means that age-appropriate programmes should start at the primary school level.

Factors influencing differences in HIV/AIDS epidemics among countries

- ❑ Behavioral factors. High risk behaviors vary. Studies indicate that type of sexual partners and patterns of sexual mixing in a community provide part of the explanation. HIV appears to spread faster where commercial sex is rampant than in communities where casual sex takes place through a diffuse network of noncommercial partners. Two variables having a positive correlation with higher HIV transmission rates are:
 - 1) the level of sex partner turnover among female sex workers that is, the average number of paying customers a sex worker has in a typical work week and
 - 2) the percentage of the male population who resort to the services of female sex workers in a year.

These variables are strongly relevant when considered with non-use of condom and the practice of penetrative (vaginal or anal) sex.

Other contributing factors are:

- ❑ Mode of transmission, such as IDU, MSM. High HIV rates are seen in places where these are the predominant practice. However, IDUs may also transmit HIV to their sexual partners.
- ❑ Increased incidence of maternal and pediatric AIDS from philandering husbands
- ❑ High incidence in sub-populations, such as police/military personnel, truck drivers, sea farers
- ❑ Prevalence of different serotypes of HIV as in Thailand
- ❑ Variations in surveillance methods and target groups

What to expect⁶

- ❑ A variety of situations will prevail - from stable to potentially explosive outbreaks - in the general population and/or sub-population - depending on the intensity, speed and sustainability of control efforts of all concerned.
- ❑ Deaths among those previously infected would continue to mount despite antiretroviral therapy and preventive measures.
- ❑ The age factor makes AIDS uniquely threatening to children, with a cumulative total of 11.2 million orphans left by either or both AIDS parents before reaching the age of 15.
- ❑ HIV/AIDS is already a public health problem of both affluent and impoverished societies, but especially in the latter where poverty, poor health systems and limited resources for prevention and care fuel the spread of the virus.
- ❑ Substance abuse and STIs (sexually transmitted infections) will accompany and reflect vulnerability to HIV/AIDS.
- ❑ Quality of life is diminished by the over-all impact of HIV/AIDS.
- ❑ Life expectancy is shortened prematurely by AIDS deaths.
- ❑ The burden of disease will deter socio-economic development.
- ❑ HIV transmission rates will continue to stabilize or be reduced in countries where preventive programmes are already operational and sustained.
- ❑ Relevant research to fill in gaps in knowledge on all aspects of HIV/AIDS epidemiology and control are needed for more effective programme planning and implementation.
- ❑ Increased awareness and involvement of all sectors of society are fulfilled.

Inspite of all, there is hope if we do not slacken in our faith nor lose sight of the goal.

⁶ UNAIDS report, December 1999 (*op.cit.*)

Regional HIV/AIDS statistics and features, December 1999

Region	Epidemic started	Adults & children living with HIV/AIDS	Adults & children newly infected with HIV	Adult prevalence rate ²	Percent of HIV-positive adults who are women	Main mode(s) of transmission ³ for adults living with HIV/AIDS
Sub-Saharan Africa	late '70s - early '80s	23.3 million	3.8 million	8.0%	55%	Hetero
North Africa & Middle East	late '80s	220 000	19 000	0.13%	20%	IDU, Hetero
South & South-East Asia	late '80s	6 million	1.3 million	0.69%	30%	Hetero
East Asia & Pacific	late '80s	530 000	120 000	0.068%	15%	IDU, Hetero, MSM
Latin America	late '70s - early '80s	1.3 million	150 000	0.57%	20%	MSM, IDU, Hetero
Caribbean	late '70s - early '80s	360 000	57 000	1.96%	35%	Hetero, MSM
Eastern Europe & Central Asia	early '90s	360 000	95 000	0.14%	20%	IDU, MSM
Western Europe	late '70s - early '80s	520 000	30 000	0.25%	20%	MSM, IDU
North America	late '70s - early '80s	920 000	44 000	0.56%	20%	MSM, IDU, Hetero
Australia & New Zealand	late '70s - early '80s	12 000	500	0.1%	10%	MSM, IDU
TOTAL		33.6 million	5.6 million	1.1%	46%	

² The proportion of adults (15 to 49 years of age) living with HIV/AIDS in 1999, using 1998 population numbers.

³ MSM (sexual transmission among men who have sex with men), IDU (transmission through injecting drug use), Hetero (heterosexual transmission).

Module 2: Who are Affected by HIV/AIDS

WHO ARE AFFECTED BY HIV/AIDS

Approximate Time: 60 Minutes

Module Message



It is important to know which situations and behaviors are associated with high risks and vulnerability to HIV/AIDS.

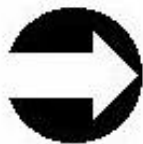
Overview



People need to understand why and how AIDS can affect them. Although incidence is relatively high among the world's poorest and least educated populations, HIV/AIDS is a major public health problem in both impoverished and affluent societies. Anyone can be affected by the AIDS virus regardless of age, gender and economic status. Hence, in this module the basic facts about HIV/AIDS will be discussed - how it is transmitted, how it is not transmitted and who are most likely to be affected.

Certain behaviors can put one at risk for acquiring infection with HIV. These are irresponsible sexual behavior or unsafe practices (such as refusal to use condom), having multiple partners, injecting drug use and needle-sharing, and other forms of substance abuse.

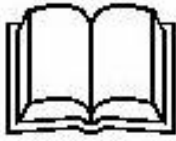
Objectives



After studying the module, the participants should be able to:

1. Explain the basic facts about HIV/AIDS;
2. Distinguish myths from facts about HIV/AIDS;
3. Analyze the risk of contracting HIV/AIDS;
4. Identify who are at high risk of contracting HIV/AIDS;
and
5. List groups who are vulnerable to HIV/AIDS.

Content Outline



1. Basic facts about HIV/AIDS
2. Facts versus myths of HIV/AIDS
3. Risks of contracting HIV/AIDS
4. High risk and vulnerable groups to HIV/AIDS

Learning Activities



1. HIV/AIDS myth or fact game
2. Self-evaluation activity on high risk behaviors.
3. Buzz session: Who are at risk and vulnerable to HIV/AIDS?

Evaluations



1. True or False Questions
 - a. Persons with HIV always test positive.
 - b. HIV attacks all the organs of the body directly.
 - c. Sharing of needles and syringes among injecting drug users is a risk behavior.
 - d. HIV can thrive in toilet seats and toothbrushes.
 - e. All HIV infected person have AIDS.
2. Identify one person who is vulnerable to HIV and explain why.

Answer Key:

- a. False
- b. False
- c. True
- d. False
- e. False

Activity 1 - HIV/AIDS Myth or Fact Game

Approximate time: 45 minutes

Materials: Small box Small colored cards Scissors

- Preparations :
1. Copy the "Myth or Fact Game" (Resource Material 2.1) in small cards and cut out each of the statements.
 2. Place the slips of paper in a card box.
 3. Prepare enough copies of Resource Material 2.2 (Basic facts of HIV/AIDS) as handouts.
 4. Use Resource Material 2.3 (Finding the answers). Copy the terms in Group A in colored cards. Copy the meanings in Group B in another group of colored cards.
 5. Be prepared to give correct information regarding HIV/AIDS.
-

Objectives

After doing this activity, the participants should be able to:

1. Distinguish myths from facts about HIV/AIDS and
2. Describe terms related to HIV/AIDS.

Content Outline

1. Facts about HIV/AIDS
2. Myths about HIV/AIDS

Procedure

1. Divide the group into two teams.
2. The first participant draws a slip of paper from the box and reads the statement to herself/himself.
3. The participant then states aloud either "MYTH" or "FACT" and proceeds to read the statement aloud so that the facilitator and the rest of the group can judge whether he/she is correct.
4. Teams take turns choosing questions until all questions are read. The group with more correct answers wins.
5. Distribute handouts on Basic facts of HIV/AIDS (Resource Material 2.2).
6. Give participants about 5-10 minutes to read, then ask them to choose a fact to share with the group.

Learning Outcome Finding the Answer:

1. Divide the group into 2 teams (Group A and Group B).
2. Give the members of Group A cards of one color with words related to HIV/AIDS and give the members of Group B cards of another color with the phrases (Resource Material 2.3).
3. To complete these phrases into sentences, the participants have to find their right partners from the other group.
4. Let each pair talk about the statement on HIV/AIDS that has been completed.
5. Ask each pair to show their strips of paper and let one of them briefly tell the whole group what they have discussed.
6. Summarize by presenting Transparency 2.3 (Resource Material 2.3).

Activity 2 – Knowing One’s Risks from HIV/AIDS

Approximate time: 30 minutes

Materials: Picture/Visual
Transparencies
Overhead projector
Resource Materials 2.1 - 2.5

Preparation:

1. Make one (1) picture/visual of each of the entries in Resource Materials 2.4a and 2.4b (How HIV is spread and how HIV is not spread)
2. Make transparencies of Resource Materials 2.4a and 2.4b of (How HIV is spread and how it is not spread)
3. Make enough copies of Resource Material 2.5 for self-activity

Objectives Vulnerability to HIV infection is universal. The occurrence of HIV/AIDS is not limited to certain groups of people, culture or gender.

After doing this activity, the participants should be able to:

1. List ways by which HIV/AIDS is transmitted or is not transmitted.
2. Be aware of one’s risk of contracting HIV/AIDS.

Content Outline

1. Ways by which HIV/AIDS is transmitted or is not transmitted
2. Knowing one’s risk from HIV/AIDS

Procedure

1. Ask the participants to choose an action for YES and another action for NO.
2. Flash each picture found in Resource Material 2.4 (How HIV is spread or is not spread) and participants answer by using the action they have chosen for a YES or NO answer.
3. Summarize the ways by which HIV is spread or is not spread using the transparencies.

4. Distribute Resource Material 2.4.
5. Ask the participants to answer the self-activity, giving them approximately 5 minutes to complete the task.
6. Clarify misconceptions.

Learning Outcome Ask the participants to make a list of ways by which

- a. HIV/AIDS is spread
- b. HIV/AIDS is not spread

Activity 3 – Who Are at High Risk and Vulnerable to HIV/AIDS?

Approximate Time: 20 minutes

Materials: Pictures of people of various races, ages, ethnic groups and professions.

Preparation:

1. Cut eight to twelve pictures of a variety of people from magazines or newspapers, staple or paste on colored paper.
2. Give each picture a description, e.g. "This man is about 50 years old, is a bank manager, and has plenty of money." Then decide if the person has the AIDS virus or not. Write it in large letters on the back.
3. Flip-chart paper with the tabulation as stated in the procedure.

Introduction Knowing who are at high risk and vulnerable to HIV/AIDS is a vital step in preventing the spread of the disease.

Objectives After doing this activity, the participants should be able to:

1. Identify those who are at high risk and vulnerable to contracting HIV/AIDS.

Content Outline High risk groups and vulnerable groups to HIV/AIDS

Procedure

1. Hold up different pictures for the class to see. Describe the person in the picture and ask, “Do you think this person has the HIV virus?”
2. Let them decide as a group and ask “Why do you think so?”
3. Explain that a person cannot be judged to have HIV or AIDS based on looks alone.
4. Divide the class into small groups and ask them to fill up the following table on flip-chart paper. Give them 10 minutes to do this activity.
5. Ask each group to hang their flip-chart in the room for presentation to class.

High Risk Groups	Why?
Vulnerable Groups	Why?

Learning Outcome

Mention one person who is at high risk or vulnerable to HIV/AIDS and state the reasons why.

Resource Material 2.1: HIV/AIDS Myth or Fact Game

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

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

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

Facilitator's Key		
1. Myth	11. Myth	21. Myth
2. Fact	12. Fact	22. Myth
3. Fact	13. Myth	23. Fact
4. Myth	14. Fact	24. Myth
5. Myth	15. Myth	25. Fact
6. Fact	16. Myth	26. Myth
7. Myth	17. Myth	27. Myth
8. Myth	18. Myth	28. Fact
9. Myth	19. Myth	29. Myth
10. Myth	20. Fact	30. Fact

Resource Material 2.2: Basic Facts on HIV/AIDS

HIV stands for
Human Immuno-deficiency Virus



HIV is the virus that causes AIDS. It weakens our immune system, the body's natural defenses against disease-causing organisms. A person with HIV can still feel and look healthy. He or she can continue to carry on with life's daily activities.

Did You Know That . . .

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

AIDS stands for:
Acquired Immune Deficiency Syndrome.

Acquired

means that it is the result of contact with a source external to the person, such as sexual partners.

Immune

means the body's natural defense system which provides protection from disease-causing organisms.

Deficiency

describes the lack of response by the immune system to organisms that impair the body's ability to protect itself against disease.

Syndrome

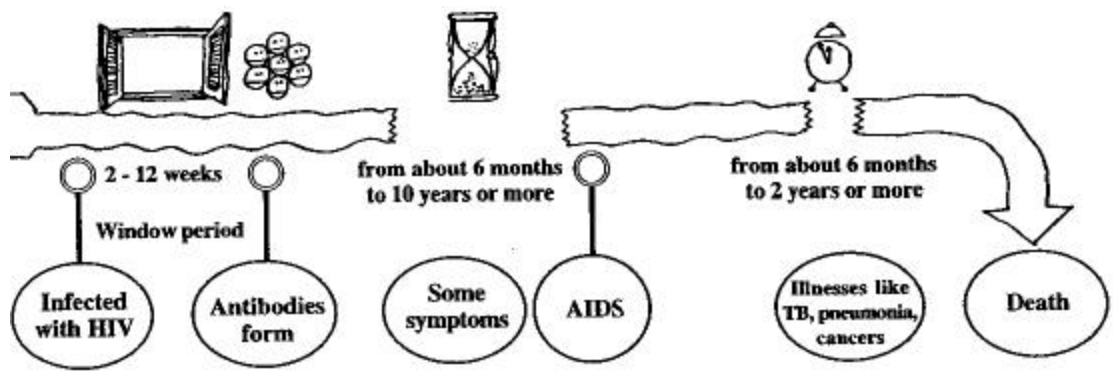
means a group of signs or symptoms which result from a common cause or appear in combination and presenting as a clinical manifestation of a disease.

Do you Know That . . .

- AIDS is caused by a virus called HIV which attacks and over time, destroys the body's immune system.
- A person has AIDS when the virus has done enough damage to the immune system to allow infections and other diseases to develop.
- Such infections make the person ill and lead to his/her death.
- For every person diagnosed with AIDS, there are many others who have HIV infection without knowing it.
- It is not known how long it will take for those who are infected with the virus to develop AIDS, but it is estimated that 25 to 50 percent will develop AIDS WITHIN FIVE TO TEN YEARS after infection with HIV.
- The mortality rate is very high (50 percent of adults diagnosed with AIDS die within 18 months after being diagnosed). For children, the survival period is shorter.
- At present, THERE IS NO VACCINE OR CURE FOR AIDS although vaccine materials and several drugs are being tested.

What is the “Window” Period?

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



This means that if an HIV antibody test is taken during the “window” period it will be negative since antibodies are not yet present at a detectable level. However, the infected person may transmit HIV to others during that period.

People taking the test are advised, if the result is negative, to return for follow-up in 3 months by which time antibodies may be detected to confirm infection. They are also encouraged to avoid risk behaviors during the 3 months. The most common test for HIV antibodies is called the ELISA test.

Spread of HIV

HIV is not spread through everyday school and social activities. It is not spread through casual contact with persons, neither through air nor water. It is also not spread just by being around an infected person.

The skin protects us from infectious agents, including HIV. Simple first-aid and routine cleaning suffice. Use a barrier such as a clean cloth, gauze, plastic wrap, or latex gloves between you and someone else's blood. Always wash your hands with soap and water after giving first-aid, whether you wore gloves or not.

Why mosquitoes do not spread AIDS?

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

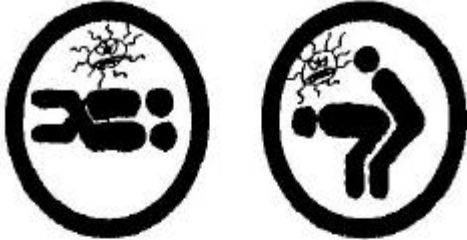
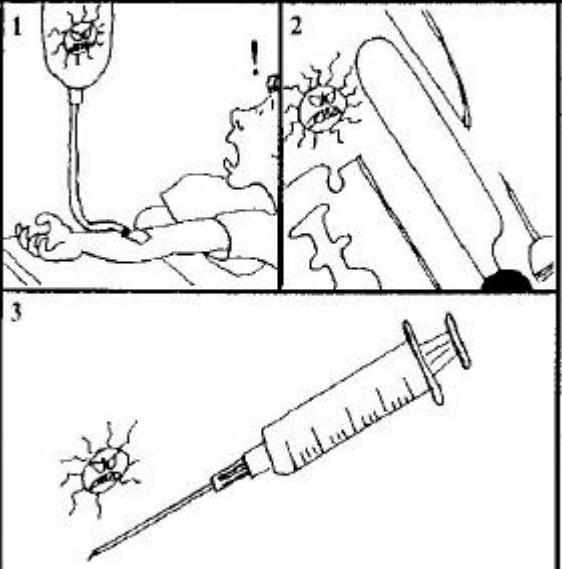

Malarial parasites require certain species of mosquitoes to complete their life cycle. The parasites are sucked into the mosquito's body through the blood meal, develop and multiply in gut cells, and migrate to the salivary glands to be injected into the next person's blood stream. HIV multiplies only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

Studies show that even with the presence of an AIDS patient in a household where insects/mosquitoes abound, no infection occurs except where there are sexual partners or transmission between mother and child.

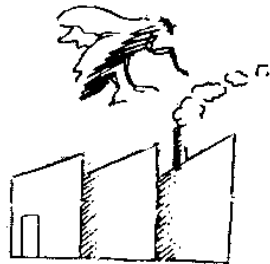
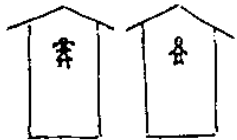
Resource Material 2.3: Finding the Answers

Group A	Group B
HIV STANDS FOR	Human Immuno-deficiency Virus
AIDS STANDS FOR	Acquired Immune Deficiency Syndrome
IMMUNE DEFICIENCY	Lack of response by the immune system to disease-causing organisms
SYNDROME	Manifestation of a particular disease or condition
IMMUNITY	The body's ability to resist disease
COMMUNICABLE DISEASE	A disease that is passed from one person to another
“WINDOW” PERIOD	The time that it takes the body to produce antibodies after infection
WHITE BLOOD CELLS	Part of the blood that is responsible for destroying infections that enter the body
ABSTINENCE	Choosing not to have sexual intercourse

Resource Material 2.4a: How HIV is Spread

Sexual intercourse		<ul style="list-style-type: none"> • Most people get HIV by having unprotected sexual intercourse with an infected person. • Unprotected sexual intercourse means having vaginal or anal sex without a condom. • HIV may also be transmitted through oral sex.
Infected blood		<ol style="list-style-type: none"> 1. One can get HIV through a blood transfusion with infected blood. 2. One can get HIV by using instruments used on someone with HIV for ear-piercing, tattoos or circumcision, which have not been properly sterilized. 3. One can get HIV by using needles or syringes used by someone else for injections, which have not been properly sterilized.
Infected mother to her unborn or newborn child		<ul style="list-style-type: none"> • Babies born to mothers with HIV may become infected in the womb before birth, during birth, and sometimes through breast milk.

Resource Material 2.4b: How HIV is NOT Spread



-Attending School

-Coughing or Sneezing
-Sweat or Tears

-Hugging each other

-Using toilet or shower facilities

-Shaking hands

-Mosquitos or other insects

-Using phones, computers, chairs, desks

-Sharing clothes

-Eating foods prepared or served by infected person

-Sharing forks, knives, spoons and cups

-Swimming

-Using sports and gym equipment

Resource Material 2.5

G1: For each of the behaviors/practices listed below indicate in the accompanying box the level of risks associated with it. The three risk levels are:

NR (No Risk)
LR (Low Risk)
HR (High Risk)

1. ☐ Using toilets in a public washroom
2. ☐ Touching or comforting someone with HIV/AIDS
3. ☐ Having sex with a person without a condom
4. ☐ Having sex with more than one partner
5. ☐ Dry kissing
6. ☐ Sharing needles for intravenous drug use
7. ☐ Swimming with an HIV-positive person
8. ☐ Sharing needles for ear piercing and tattooing
9. ☐ Abstaining from sexual intercourse
10. ☐ Going to school with an HIV-positive person
11. ☐ Being bitten by a mosquito
12. ☐ Donating blood
13. ☐ Having sex using a condom properly
14. ☐ Eating food prepared by an HIV-infected person

Module 3:

The Effects of HIV/AIDS

THE EFFECTS OF HIV/AIDS

Approximate Time: 60 minutes

Module Message



HIV/AIDS affects the physical, emotional, moral, social, and economic well-being of the individual, family, community, nation, and the world.

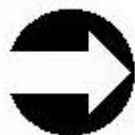
Overview



The HIV/AIDS epidemic is a serious threat to the health of all regardless of age, sex, social status, or race. The loss of human life and productivity due to this disease is a deterrent to socio-economic development.

This module will enable one to understand the effects of HIV/AIDS on individuals, families, and society as a whole. It also describes the impact of AIDS on the physical, emotional, moral, social and economic aspects of people's lives.

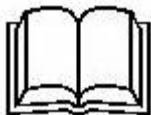
Objectives



After studying the module, the participants should be able to:

1. List the effects of HIV/AIDS;
2. Classify the effects of HIV/AIDS;
3. Explain the physical, emotional, moral, social and economic effects of HIV/AIDS to the individual, family, community, nation, and the world; and
4. Discuss issues relating to HIV/AIDS.

Content Outline



1. Effects of HIV/AIDS
2. Classification of the effects of HIV/AIDS
3. Issues relating to HIV/AIDS

Learning Activities



1. Brainstorming on the effects of HIV/AIDS
2. Group work on classifying the effects of HIV/AIDS
3. Plenary Session
4. Role Play

Evaluation



1. Describe briefly the physical, emotional, social, moral and economic effects of HIV/AIDS on the:
 - a. individual;
 - b. family;
 - c. community;
 - d. nation; and
 - e. the world.

Activity 1 - Brainstorming: Effects of HIV/AIDS

Approximate time: 25 minutes

Materials: Pens
Flip-chart paper

Objectives

After doing this activity, the participants should be able to:

1. Make a list of the effects of HIV/AIDS based on their own perceptions or observations.

Content Outline

Effects of HIV/AIDS

Procedure

1. Divide the class into groups of four or five members each.
2. Instruct each group to choose a member who will record the group's ideas on flip-chart paper and later act as a spokesperson.
3. Ask each group to write down as many effects of HIV/AIDS as they know, allowing approximately 15 minutes for this task.

Learning Outcome

1. Summarize the various effects of HIV/AIDS.

Activity 2 - Group Work: Classifying the Effects of HIV/AIDS

Approximate time:	45 minutes
Materials:	Pens Flip-chart paper
Preparation:	Provide copies of Resource Material 3.1 to all participants.

Introduction	Now that you have come up with a list of the effects of HIV/AIDS, let us try to classify them.
Objectives	<p>After doing this activity, participants should be able to:</p> <ol style="list-style-type: none"> 1. Classify the effects of HIV/AIDS on the: <ul style="list-style-type: none"> • individual, family, community, nation, and the whole world in terms of the physical, emotional, social, moral and economic aspects of life.
Content Outline	Classification of the effects of HIV/AIDS
Procedure	<ol style="list-style-type: none"> 1. Divide the participants into groups of 4-5. 2. Give each group flip-chart paper and pens. 3. Ask them to fill up the table in Resource Material 3.1. 4. Allow 10 minutes for the groups to study their work and add other known effects of HIV/AIDS that they might have overlooked. 5. Call on each group to present their work in plenary session. 6. Collate the tabulations into one master flip-chart for the next activity.
Learning Outcome	<ol style="list-style-type: none"> 1. Recapitulate on the physical, emotional, social, moral and economic effects of HIV/AIDS on the: a. individual; b. family; c. community; d. nation and e. the world.



Activity 3 - Critique and Open Forum

Approximate time: 30 minutes

Preparation: Provide copies of Resource Material 3.2 for all participants

Introduction HIV/AIDS affects every facet of our personal and social life.

Objectives After doing this activity, the participants should be able to:

1. Analyze the issues relating to HIV/AIDS.

Content Outline Issues relating to HIV/AIDS

- Procedure**
1. Review Resource Material 3.2.
 2. Invite the participants to reflect and discuss issues relating to HIV/AIDS using the collated information from Resource Material 3.1 (Activity 2) and Resource Material 3.2.

**Learning
Outcome**

Match the items in Column A with the answers in Column B

Column A

1. social aspect
2. physical aspect
3. economic aspect
4. emotional aspect

Column B

- a. issue of rejection and discrimination
- b. difficulty in looking for a job
- c. being incapacitated
- d. feeling hopeless, afraid and irritable

Answer Key:

1. a
2. c
3. b
4. d

Activity 4– Role Play: Effects of HIV/AIDS

Approximate time: 30 minutes

Preparation

1. Cut out small pieces of paper for drawing of lots regarding the topics for the role-play:
 - a. Physical effects of HIV/AIDS
 - b. Social effects of HIV/AIDS
 - c. Socioemotional effects of HIV/AIDS
 - d. Economic effects of HIV/AIDS

Introduction Acting out real life situations is a way of promoting understanding of HIV/AIDS and persons affected by it.

Objective At the end of this activity, the participants should be able to:

1. Demonstrate the effects of HIV/AIDS.

Content Outline Effects of HIV/AIDS

Procedure

1. Divide the class into 4 groups.
2. Ask each group to draw lots for a topic for role play.
3. The guidelines for the role play are as follows:
 - Each group will be given 15 minutes to prepare a role play about the topic that they have drawn.
 - The role play should last 5 minutes.
 - Each participant should speak loud and clear.
 - Use creativity to enhance the clarity of the message in the role play.
4. Call on each group to present the role play.
Elicit some reactions to the role plays and congratulate the groups after the session.

Learning Outcome Comment on the appropriateness of role-playing as a teaching/learning method.

Resource Material 3.1

CLASSIFICATION OF THE EFFECTS OF HIV/AIDS

	Physical	Emotional	Social	Moral	Economic
Individual					
Family					
Community					
Nation and World					

Resource Material 3.2: Effects of HIV/AIDS

A) On the Individual:

- Immunodeficiency (a weakening of the immune system, the body's natural defenses against infections) leading to secondary infections (such as diarrhea, skin cancer, pneumonia)
- 50% of adults diagnosed with AIDS die within 18 months of diagnosis.
- Rejection by friends, loved ones; isolation from social or community activities
- About 30% of children born to HIV-positive mothers will be HIV-positive themselves.
- Psychological issues including:
 - Fear of pain and dying (especially dying alone)
 - Feelings of loss related to their ambitions, confidence, physical attractiveness, potency, sexual relationships, status in the community, financial stability, future plans, and independence
 - Anger towards themselves in the form of self-blame for acquiring HIV, and towards others for perceived abuse of their body or privacy
 - Suicidal tendency – may be seen as a way of avoiding pain and discomfort or to lessen the shame and grief of loved ones
 - Loss of self-esteem and feelings of self-worth caused by rejection by colleagues or loved ones combined with the physical impacts of HIV-related diseases such as disfigurement, physical wasting, and loss of strength
 - Hypochondria - an obsessive state due to a preoccupation with health and of avoiding infections
 - Grief about the losses they have experienced or are anticipating
 - Guilt over the possibility of having infected others, over the behavior that may have resulted in infection, and over the hardship their illness will cause loved ones, especially children
 - Depression due to the absence of a cure, and the resulting feelings of helplessness and loss of personal control
 - Denial as a means of handling the shock of diagnosis
 - Anxiety over the:
 - ❖ Short-term or long-term prognosis
 - ❖ Risk of infection with other diseases
 - ❖ Risk of infecting others with HIV
 - ❖ Loss of physical and financial independence
 - ❖ Declining ability to function efficiently
 - ❖ Future social and sexual unacceptability
 - ❖ Loss of privacy
 - ❖ Availability of appropriate medical/dental treatment

- ❖ Ability of loved ones to cope
 - ❖ Fear of dying in pain or without dignity
 - ❖ Possibility of abandonment and isolation
- dismissal from employment or denial of employment for no other apparent cause
 - Fear, anxiety, paranoia, and loss of self-esteem on the part of uninfected people close to HIV-positive individuals
 - Further acts of discrimination against members of certain groups such as gay men, intravenous drug users, and prostitutes
 - Denial of entry into certain countries

B) On the Family:

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

C) On the Community:

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

D) Impact Alleviation:

According to UNAIDS Progress Report 1996-1997, "research in Africa and Asia has provided information on the impact of HIV/AIDS, both at the societal level and at the level of specific populations. We know now that affected households have substantially reduced incomes; that school-age children are taken away from school to restore income; that death due to AIDS produces a large number of orphans; that children often become heads of households; and that elderly people may be left to take care of themselves. The coping strategies for these households are reduction of consumption, exhaustion of savings, selling of assets (land, vehicles and livestock) and borrowing of money. It is against this background that UNAIDS and its Cosponsors have undertaken a number of projects, including support for key studies and publications aimed at sharing experience among regions, countries and districts in an attempt to alleviate the impact of AIDS."

Economic Impacts of AIDS

Sector	Individual	Community	National
Health	Increased expenditure	Increased expenditure	Need to expand health infrastructure
Education	Absenteeism	Decreased value of future human resources	Loss of trained people
Trade & Industry	Loss of productivity	Increased emigration	Effects on tourism
Agriculture	Loss of productivity	Reduction in cultivated land	Threat to food security

Costs and Stages of HIV Infection

Cost	Before Infection	Infection	Illness	Death
Direct	Control & preventive measures	Testing & outpatient care	Inpatient care	Funeral & associated expenses
Indirect	Precautionary savings Insurance Acceptance of less risky, but less well-paid jobs	Lower productivity of ill members Reduction in consumption & investment Opportunity cost of looking after ill member Psychological cost to ill & other family members Costs to others unwittingly affected by ill member	Lower productivity & loss of income Reduction in consumption & investment Opportunity cost of looking after ill member Psychological cost	Income foregone Drop in family income Poor health of surviving members

Source: UNAIDS

Economically:

- ❑ Women lack access to wage employment, and the responsibility for child and family upkeep force dependence upon male partners for economic stability. Such circumstances obstruct any effective HIV prevention campaigns.
- ❑ Some women are compelled to turn to commercial sex work as an economic strategy, exposing themselves to high risk of HIV infection.

The common perception of AIDS in the 1980s was as a disease of promiscuity and drugs in the industrial countries. But, there is no doubt now that AIDS is closely linked to poverty of people (particularly women).

Poverty offers a fertile breeding ground for the epidemic's spread, and infection sets off a cascade of economic and social disintegration and impoverishment.

"The problem I had initially was as a nurturer. Taking care of my husband [who had HIV-related illness], the household and raising a child. Doing all the ordinary tasks everyday - and having someone sick. Trying to meet my husband's needs and look after my child and myself - but feeling overwhelmed. AIDS has made me sick but if I don't work, my family would not eat." (from an HIV-positive housewife and mother).

Module 4:
Protecting Oneself from
HIV/AIDS

PROTECTING ONESELF FROM HIV/AIDS

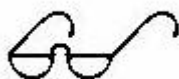
Approximate Time: 225 Minutes

Module Message



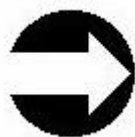
A person can protect himself/herself from HIV/AIDS with relevant knowledge, positive attitudes, rational decisions and responsible actions.

Overview



Exposure to infection with HIV can be avoided in many ways. Personal protection even for those who are at risk depends to a great extent on the determination of the individual to act responsibly. The concepts discussed in this module will help participants understand that HIV/AIDS is preventable. Knowledge needed for choosing a lifestyle that is compatible with HIV prevention will be discussed. Participants should consider the importance of following up these decisions with consistent and appropriate behavior.

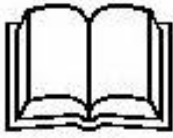
Objectives



After studying the module, participants should be able to:

1. Identify the elements in the chain of infection of HIV/AIDS;
2. List ways by which the biological cycle of the HIV can be broken;
3. Analyze the problems and obstacles related to breaking the biological cycle of HIV/AIDS; and
4. Formulate responsible actions in response to these problems.

Content Outline



1. Elements in the chain of infection of HIV/AIDS
2. Breaking the biological cycle of HIV/AIDS
3. Problems and obstacles in preventing HIV/AIDS
4. Decision-making regarding HIV/AIDS prevention

Learning Activities



1. Lecture Discussion: Analyzing the elements in the chain of infection
2. Group Activity: Breaking the biological cycle of HIV/AIDS
3. Buzz Session: Identifying problems and obstacles in preventing HIV/AIDS

Evaluation



1. Identify the elements in the chain of infection of HIV/AIDS.
2. List ways by which the chain can be broken.
3. Explain the problems and relevant actions in the prevention of HIV/AIDS.

Activity 1 – Lecture Discussion: Elements in the Chain of Infection of HIV/AIDS

Approximate time: 10 minutes

Materials: Pens, flip-chart paper
Overhead projector and transparency of Resource Material 4.1

Introduction Understanding how the elements in the chain of infection of HIV/AIDS operate is the key to preventing the spread of the disease.

Objective After doing the activity, the participants should be able to:

1. Identify the elements in the chain of infection of HIV/AIDS.

Content Outline Elements in the chain of infection of HIV/AIDS

Procedure

1. Explain the elements in the chain of HIV infection using transparency of Resource Material 4.1.
2. Ask the participants to identify and illustrate the elements of the chain of infection of HIV/AIDS on flip-chart paper
3. Reinforce this with Resource Material 4.2.

Learning Outcome Identify the elements in the chain of infection of HIV/AIDS.

Activity 2 – Group Activity: Breaking the Biological Cycle

Approximate time: 15 minutes

Materials: Flip-chart paper
Pens

Introduction	The chain of infection of HIV/AIDS can be broken thus, preventing the spread of the disease.
Objectives	<p>After doing this activity, the participants should be able to:</p> <ol style="list-style-type: none">1. Identify preventive measures that will break the chain of infection of HIV/AIDS.
Content Outline	Preventive measures to break the chain of infection of HIV/AIDS
Procedure	<ol style="list-style-type: none">1. Review the elements of the chain of infection of HIV/AIDS.2. Explain that HIV/AIDS transmission can be stopped by appropriate preventive measures directed against specific modes of transmission. Refer to Resource Material 4.3.3. Divide participants into 4 task groups.4. Assign one mode of transmission to each task group.5. Ask each group to write down on flip-chart paper the specific measures against the mode of transmission assigned to them. Allow 5 minutes for this.6. Call on each group to present their work.
Learning Outcome	Summarize the preventive measures that will break the chain of infection of HIV/AIDS thereby stopping transmission.

Activity 3 – Buzz Session: Identifying Problems and Appropriate Actions

Approximate time: 20-30 minutes

Materials:

1. Overhead projector and transparency of Resource Material 4.3
2. Flip-chart paper and pens

Introduction There are problems and obstacles that can prevent a person from protecting oneself against HIV/AIDS.

Objectives After doing this activity, the participants should be able to:

1. Identify problems and difficulties that prevent a person from protecting oneself from HIV infection.
2. Formulate appropriate actions to overcome the problems in HIV/AIDS prevention.

Content Outline

1. Problems and obstacles in avoiding HIV/AIDS
2. Responsible decision and actions to protect oneself from HIV/AIDS

Procedure

1. Introduce Resource Material 4.4.
2. Explain that one's actions may be affected by his/her knowledge, attitudes and decisions.
3. Using the same group in the previous activity, give the participants 5 minutes to fill up Resource Material 4.5 on flip-chart paper.
4. Call on each group to present their output.
5. Compare the group's responses and summarize the result of the session.

Learning Outcome Give one problem or obstacle that prevents a person from protecting himself from HIV/AIDS, and identify the corresponding responsible action/decision.

Resource Material 4.1:

Elements in the Chain of Infection

Causative Agent

Reservoir or Source of Infection

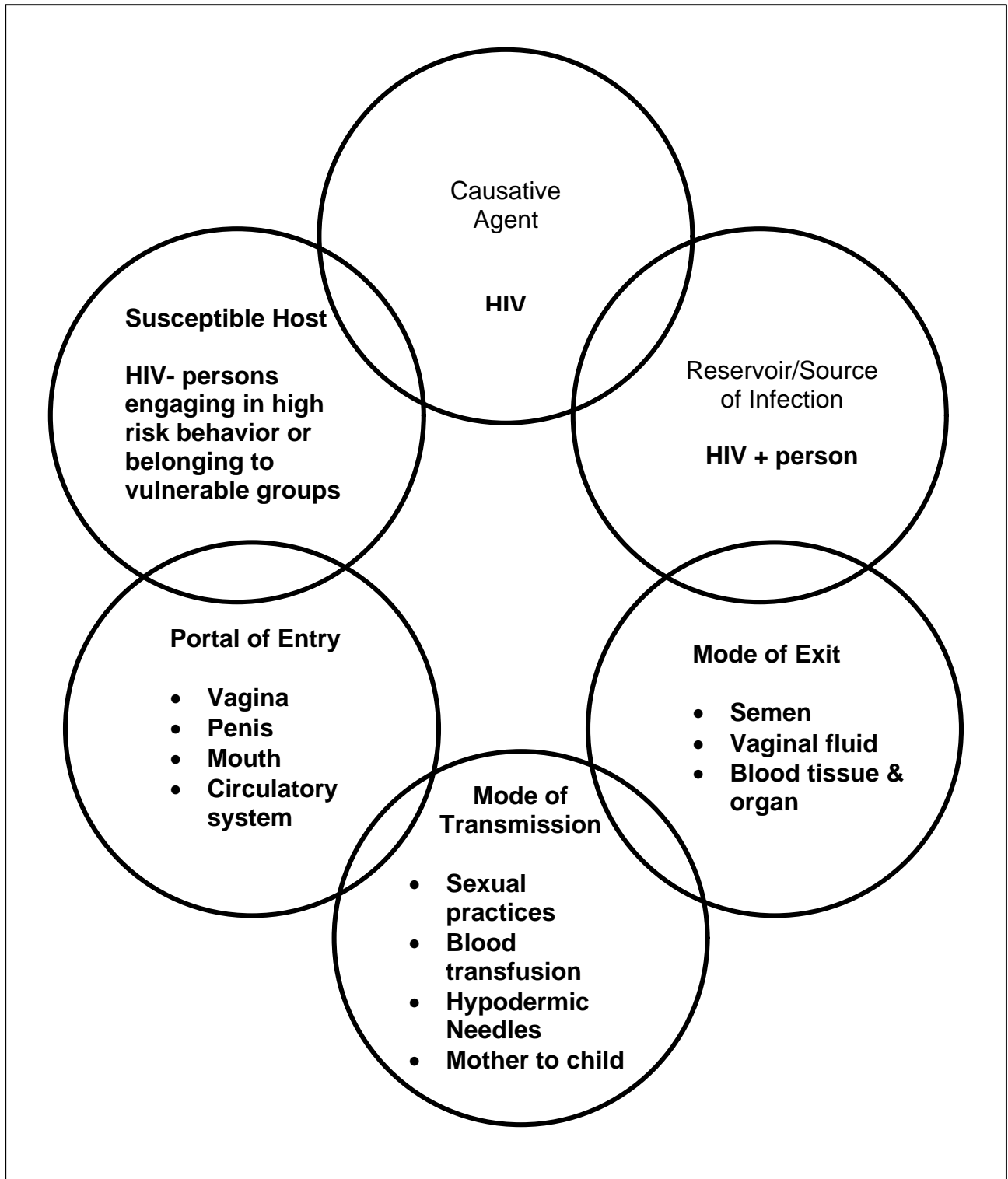
Mode of Exit

Mode of Transmission

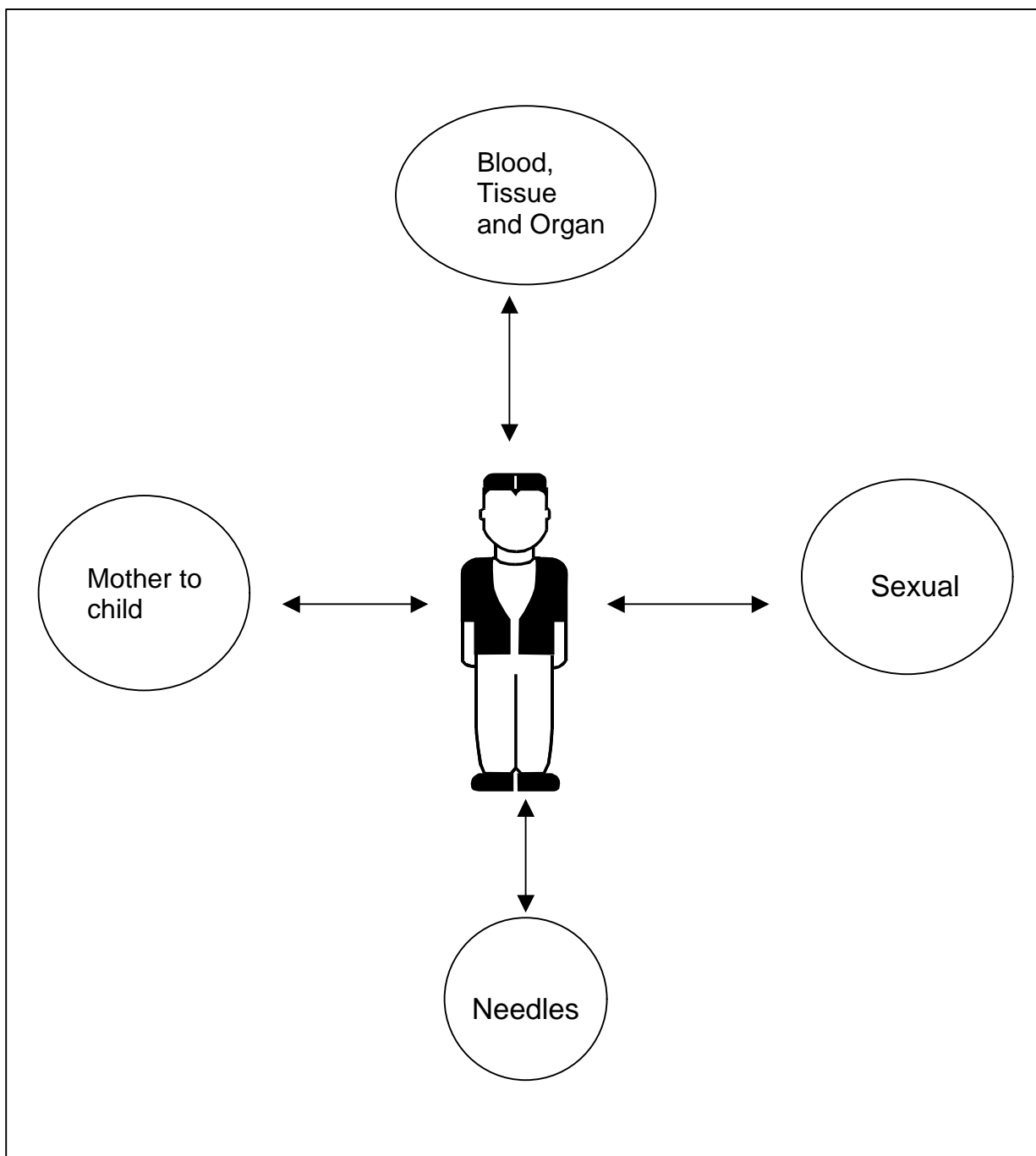
Portal of Entry

Susceptible host

Resource Material 4.2



Resource Material 4.3



Resource Material 4.4: HIV/AIDS Transmission and Prevention (Activity 4 of Module 4)

Is AIDS preventable and/or curable?

At present, vaccines for the prevention of HIV infection and drugs for the treatment of AIDS are being tested for their safety and efficacy. Even while some of the opportunistic infections that accompany AIDS can be treated with appropriate drugs, the individual usually succumbs to multiple infections and general debility within 5 – 15 years. Therefore, the only way to protect yourself from AIDS is to prevent yourself from being infected with the virus.

What is Prevention?

Prevention refers to any measures undertaken to protect individuals or groups from being exposed to the HIV virus.

How do I protect myself and my family from HIV/AIDS?

The **safest** way to protect oneself from HIV infection is by **CONSISTENTLY** practicing the **3A's of HIV prevention**:

- **A**voiding sex: no vaginal, oral, anal, oral-anal, or manual sex;
- **A**bstaining from IV drug use or use of other skin piercing instruments unless absolutely necessary (i.e. medical emergency);
- **A**voiding contact with body fluids.

Alternative, but **less effective**, ways to protect oneself from HIV infection include **CONSISTENTLY** practicing the **H.U.M.A.N. method of HIV prevention**:

- **H**andling of a condom properly by:
 - using only a new condom in good condition;
 - placing the condom on the penis before ANY sexual contact (not just before penetration or before orgasm);
 - ensuring the condom fits properly;
 - using an effective water-based lubricant on the outside of the condom;
 - wearing the condom for the duration of sex (do not remove it during sex);
 - removing the condom promptly after male orgasm to avoid leaking;
 - thoroughly cleaning the genitals and disposing of the condom;
- **U**sing latex gloves when handling body fluids;
- **M**onogamy: a sexual relationship with one partner who has no other sexual partners and has recently tested negative for HIV. (If there is any doubt at all as to the sexual activity of your partner, a condom should be used EVERY TIME you have sex.);
- **A**ccepting blood transfusions from a trusted source and only if the blood has been screened and tested negative for HIV;

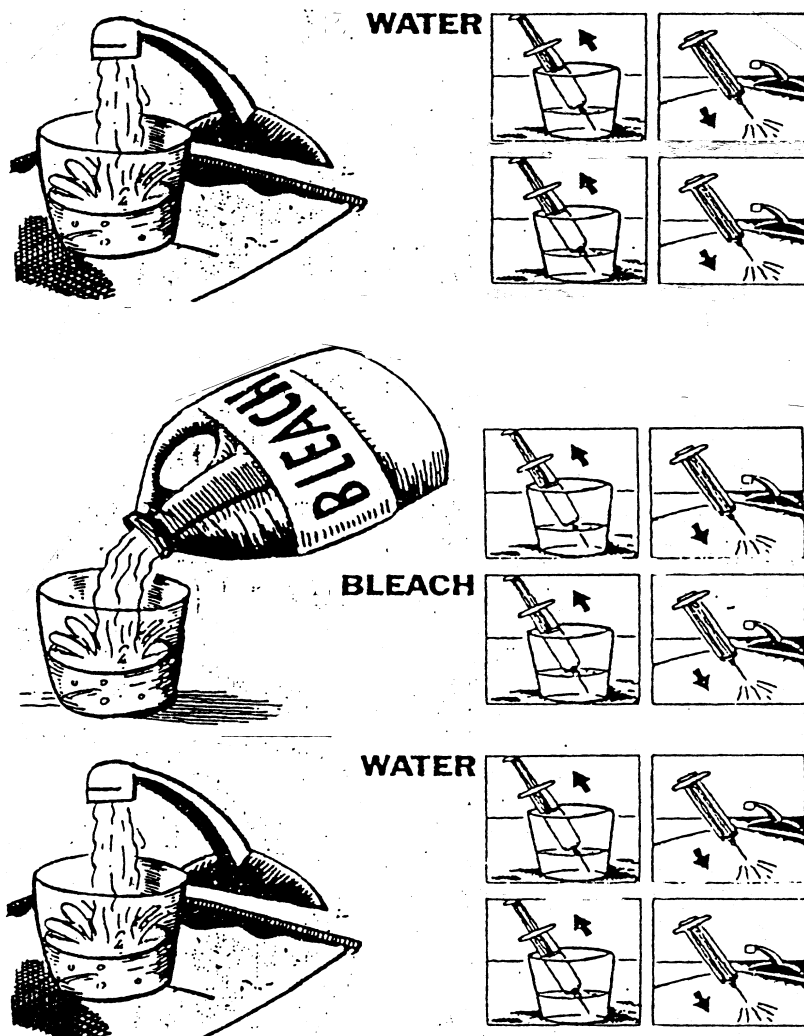
- New, unused syringes, in their original packaging, should be used for the injection of IV drugs, and NEW or sterilized devices for piercings, circumcisions.

What if I use IV drugs but do not have access to new needles?

If you cannot use a new needle, then as a last resort, sterilize a needle that has been used before. Remember: cleaning will lower the risk of infection but it will not eliminate the risk.

Use the **2 X 2 X 2** method of cleaning a syringe to achieve optimal results:

1. Fill the syringe with clean water by pulling on the plunger to draw the liquid into the cylinder. Depress the plunger to empty the cylinder. Repeat.
2. Fill the syringe with household bleach by pulling on the plunger to draw the liquid into the cylinder. Depress the plunger to empty the cylinder. Repeat.
3. Repeat.
4. Again, fill the cylinder with clean water, and empty. Repeat.



Resource Material 4.5

Obstacles/Problems	Responsible Decisions/Actions
1. Knowledge	
2. Attitudes	
3. Practices	

Module 5: Working Together in the Community

WORKING TOGETHER IN THE COMMUNITY

Approximate Time: 60 minutes

Module Message



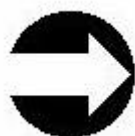
Every member of the community has an important role and responsibility in coping with the problems of HIV/AIDS.

Overview



Addressing the impact of the HIV/AIDS epidemic requires concerted community action. People need to understand their individual and collective roles and responsibilities in the effort against HIV/AIDS, including persons with HIV/AIDS (PWAs) and their families.

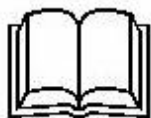
Objectives



In this module, the participants should be able to:

1. Identify roles and responsibilities of various groups in the community in the prevention of HIV/AIDS;
2. Choose appropriate action in coping with problems of HIV/AIDS; and
3. Establish linkages with various agencies concerned with HIV/AIDS prevention and control.

Content Outline



1. Roles and responsibilities of various groups in the community
2. Case studies
3. Identity of agencies concerned with HIV/AIDS prevention and control

Learning Activities



1. Panel discussion
2. Analysis of case studies
3. Interview

Evaluation



1. Fill out the matrix below by listing at least 3 major roles and responsibilities of the groups in the community who are concerned with the prevention and control of HIV/AIDS.

Community Groups	Roles	Responsibilities
1. Students & teachers	1 2 3	1 2 3
2. Parents	1 2 3	1 2 3
3. Professionals	1 2 3	1 2 3
4. Religious community	1 2 3	1 2 3
5. Movie and entertainment industry	1 2 3	1 2 3
6. Persons with AIDS	1 2 3	1 2 3

N.B. Other groups may be added to this tabulation.

2. Discuss with family members ways of helping persons dying of AIDS.
3. Identify at least 3 agencies providing services to persons living with HIV/AIDS (PWLAs) and their families.

Name of agency & address	Contact person	Services provided
1.		
2.		
3.		
4. Others (please specify)		

Activity 1 – Panel Discussion on the Roles and Responsibilities of Community Groups in Coping with the Problems of HIV/AIDS

Approximate time: 40 Minutes

Preparation:

1. Prepare and send invitation letters
2. Assign a participant who will act as moderator to:
 - 2.1 introduce the speakers;
 - 2.2 moderate the open forum; and
 - 2.3 summarize the panel discussion.

Introduction There are many groups in the community who are concerned with the problems of HIV/AIDS. It is important to recognize their roles and responsibilities so that they can be mobilized effectively when the need arises.

Objectives After doing this activity, the participants should be able to:

1. List the roles and responsibilities of various groups in the community concerned with the problems of HIV/AIDS
2. Describe how these groups can help persons living with HIV/AIDS (PLWAs) and their families.

Content Outline Roles and responsibilities of community groups and the assistance they can give to help PLWAs and their families

Procedure

1. Invite persons representing 2-3 groups in the community to participate in this panel discussion.

Examples of representative groups:

- Teachers
- Health care givers
- Religious leaders
- PWAs
- Family member of PWAs
- Parent-Teachers Organization
- Youth leader
- NGOs/INGOs
- Business sector

Note: Other community groups to invite: media practitioners, persons with AIDS, government leaders (national & local).

2. Request each representative to give a 10-minute panel presentation of his/her group's roles and responsibilities.
3. Introduce the speakers briefly.
4. Conduct an open forum after the presentations.
5. Recapitulate on the foregoing panel discussion.

Learning Outcome

1. List the community groups and their respective roles and responsibilities in helping PLWAs and their families.
2. Summarize the collective role of the community in coping with HIV/AIDS .

Activity 2 – Analysis of Case Studies

Approximate time: 60 minutes

Materials: Case Studies

Introduction	There are usually mixed reactions to the problems of people with HIV/AIDS. Understanding the circumstances of their lives, their needs and aspirations is the first step towards helping them.
Objectives	<p>After doing this activity, the participants should be able to:</p> <ol style="list-style-type: none"> 1. Analyze different life situations involving persons with HIV/AIDS. 2. Choose appropriate action when confronted with problems relating to HIV/AIDS.
Content Outline	<p>Case Studies (Resource Material 5.1)</p> <p>Appropriate ways of coping with problems relating to HIV/AIDS</p>
Procedure	<ol style="list-style-type: none"> 1. Divide the class into small groups of 4-5 members each. 2. Assign each group to analyze one case study to be presented in a role play showing how people usually react when they hear about a family member who is infected with HIV. 3. Assign actors in the role play. Role Player 1 is the person infected with HIV. Role Player 2 is the person told by Role Player 1 about his/her infection. Role Player 3 is the person who will ask questions about the role play. 4. Instruct the groups to consider issues such as social stigma, discrimination, isolation, etc. which should be avoided. 5. After the role play, discuss the feelings of the role players (1 and 2).
Outcome	<ol style="list-style-type: none"> 1 Describe how the role players are expected to cope when confronted /AIDS

Resource Material 5.1 (Activity 2 of Module 5)

Case Studies

Case 1

Imp is a prostitute. She prefers to use condom except when clients refuse to do so. Imp has recently tested HIV positive and has been forced to leave the apartment she is sharing with other prostitutes. She hesitates to return to her home town, afraid of how her family and relatives will treat her.

Case 2

Nui was badly hurt in an automobile accident 2 years ago and received a series of blood transfusions while in hospital. Recently Nui has not been feeling well and requested an HIV test from his doctor. He tested positive. Nui is now afraid that he might have infected his wife and 2-month-old son with HIV and is unsure of what to do.

Case 3

Deng is a young man from a small village who recently lost his mother and father in a fire. Soon after, he moved to Bangkok to work, became very lonely and depressed, and began using heroin and opium. Deng recently learned that one of his close friends, with whom he has often shared needles, had tested positive for HIV. This frightened Deng and prompted him to go for a similar test. The test result was positive for HIV.

Case 4

Nissa used to work in a hotel visited by foreigners in a major city. She dated the same man for three years until about two years ago when they broke up. The man went abroad to study which left her very lonely. After a while she realized that she could receive a lot of attention from hotel guests by flirting with them. She had a few short-term intimate relations and was once required to have sex without a condom. Eventually Nissa got infected with HIV and developed AIDS. She asked one of her co-workers for help. Her co-worker who disapproved of her intimacy with guests in the first place told the hotel management about Nissa who has been fired from her job since then.

Case 5

Krishna is a construction worker who was laid off when the project he was working on was discontinued due to the present economic crisis. He was extremely worried about how he was going to provide for his family without a job. He was basically against the idea of using heroin but learned through his friends that he could make enough money to support his family by selling it on the street. Krishna occasionally tried the drug and was often supplied with syringes by the people from whom he was buying the heroin. Two months ago Krishna tested HIV-positive. His wife eventually left him and returned with the children to her hometown. He has been unable to contact her since. Krishna increased his heroin use as he felt that it couldn't be worse than the fact that he was already infected. Besides, he enjoyed the temporary relief from his problems that the drug provided.

Module 6:
The Integration of HIV/AIDS
Preventive Education with the
Curriculum

THE INTEGRATION OF HIV/AIDS PREVENTIVE EDUCATION WITH THE CURRICULUM

Approximate time: 90 minutes

Module Message



HIV/AIDS facts and concepts can be integrated in the course contents of school curriculum as a wholistic approach to preventive health education among this vulnerable group – the youth.

Overview



The AIDS pandemic has been shown to have a negative impact on all aspects of human life and endeavor. Even while the search for appropriate drugs and vaccines continues, preventive education programmes are also being developed to promote awareness that this disease is indeed preventable. The programme in schools should focus on the capability of young people to make rational decisions for their own well-being and safety.

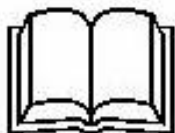
Objectives



After studying the module, the teachers should be able to:

1. Illustrate the process of integrating HIV/AIDS facts and concepts with school subjects;
2. Design a matrix of HIV/AIDS facts and concepts which can be integrated with school subjects at an appropriate level;
3. List the advantages and disadvantages of integrating HIV/AIDS in the school curriculum; and
4. Write creative lesson plans integrating HIV/AIDS with school subjects.

Content Outline



1. Integration process
2. List of HIV/AIDS facts and concepts
3. Advantages and disadvantages of integrating HIV/AIDS with the school subjects
4. How to write a creative lesson plan

Learning Activities



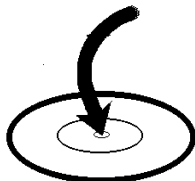
Learning Activity 1 – Creative learning groups
Learning Activity 2 – Creative lesson plans integrating HIV/AIDS with school subjects

Evaluation



1. Use an illustration to explain the process of integration.
2. Use a matrix to integrate HIV/AIDS facts and concepts with school subjects at relevant entry levels.
3. List the advantages and disadvantage of integrating HIV/AIDS preventive education in the school curriculum.
4. Critique the written lesson plans integrating HIV/AIDS prevention education with various school subjects.

Summary



It is important to integrate HIV/AIDS facts and concepts with school curriculum because young people are particularly vulnerable at this stage of their life. Through preventive education we can equip them with knowledge and help them to develop values, attitudes and skills to protect themselves.

Learning Activity 1 – Creative Learning Groups

Approximate time: 45 minutes

Materials: Flip-chart paper
Pens
Masking tape

Introduction

Innovative teachers can stimulate and challenge the active bodies and minds of their students. They are able to keep their student intellectually curious and productive. In this activity you will be asked to be creative in integrating HIV/AIDS facts, concepts or messages with the school subjects.

Objectives

After participating in this activity, the teachers should be able to:

1. Illustrate the process of integrating HIV/AIDS facts and concepts with a school subject;
2. Design a matrix for the integration with various subjects at different grade levels; and
3. Prepare a list of the advantages and disadvantages of integrating HIV/AIDS preventive education with the school curriculum.

Content Outline

Integration of HIV/AIDS Preventive Education with the curriculum

- Integration
- Principles of learning
- School subjects
- Selection of content
- Why integrate
- Advantages and disadvantages of integration

Procedure

1. Divide the big group into 3 smaller groups and let them read Resource Material 6.1.
2. Assign Group 1 to illustrate the process of integrating HIV/AIDS facts, concepts and messages with various school subjects. Ask them to list the fact, concepts and messages and the school subjects. (20 minutes)
3. Let Group II work with Group I in preparing a matrix for the integration with various school subjects at different grade levels. Use the matrix by filling up the appropriate columns. (20 minutes)
4. Assign Group III to prepare a list of the advantages and disadvantages of integrating HIV/AIDS preventive education with the school curriculum. (20 minutes)
5. Ask each group to present their creative work in plenary session. (5 minutes each)
6. Let the participants give their comments to enrich each presentation. (5 minutes)
7. Ask some teachers to give 2 to 3 sentences to summarize this activity. (5 minutes)

Learning Outcomes

1. Illustration of the process of integration (Resource Material 6.1A)
2. Matrix for the integration of HIV/AIDS facts, concepts and messages with the school subjects and entry school levels (Resource Material 6.1B)
3. Lists of advantages and disadvantages of integration. (Resource Material 6.1)

Resource Materials

- 6.1 The integration of HIV/AIDS preventive education with the school curriculum
- 6.1A The process of integrating HIV/AIDS facts, concepts and messages with the school subjects
- 6.1B Matrix of the integration of HIV/AIDS facts and concepts

Learning Activity 2 – Writing Creative Lesson Plans

Approximate time: 45 minutes

Introduction	Preparing a lesson plan can be both a challenging and satisfying task. Keeping in mind the importance of the subject matter, the learning environment, and the needs and expectations of the students, the sample format provided here can be modified or improved to make it interesting and effective.
Objectives	<p>After participating in this activity, the teachers should be able to:</p> <ol style="list-style-type: none"> 1. Write creative lesson plans integrating HIV/AIDS facts, concepts and messages with various school subjects.
Content Outline	<p>Format for the lesson plan</p> <ul style="list-style-type: none"> • Motivation • Objectives • Content outline • Materials/Equipment • Methods/Activities • Evaluation • Summary • Assignment (Optional)
Procedure	<ol style="list-style-type: none"> 1. Let the participants work in pairs and read Resource Materials 6.2 and 6.2A.(Refer to Part I, Annex D) 2. Ask each pair to identify the HIV/AIDS facts, concepts or messages they plan to integrate with a specific school subject at a particular grade level, and to prepare a lesson plan. (30 minutes). 3. Encourage them to critique each other's lesson plan to improve it. (5 minutes). 4. Let them revise their lesson plans after the suggestion of others. (10 minutes) Ask a volunteer to summarize the results of this activity. (5 minutes).
Learning Outcomes	<ol style="list-style-type: none"> 1. Written creative lesson plans integrating HIV/AIDS facts, concepts and messages with school subjects.

**Resource
Materials**

- 6.2 How to write creative lesson plans
- 6.2A Instructional objectives
- 6.2B Lesson plan in health education (Refer to Part I, Annex F)

**Learning
Outcomes**

1. Illustration of the process of integrating HIV/AIDS facts, concepts and messages with the school subjects (Resource Material 6.1A)
2. Matrix for the integration of HIV/AIDS facts, concepts and messages with the school subjects and entry school levels (Resource Material 6.1B)
3. Lists of advantages and disadvantages of integration.

**Resource
Materials**

- 6.1. The integration of HIV/AIDS Preventive Education with the curriculum
- 6.1A The process of integrating HIV/AIDS facts, concepts and messages with the school subjects
- 6.1B Matrix of integration of HIV/AIDS facts and concepts

Resource Material 6.1

THE INTEGRATION OF HIV/AIDS PREVENTIVE EDUCATION WITH THE SCHOOL CURRICULUM

Introduction

Learning from experience promotes behavioral change and responses which will enable the individual to face later life situations better. Education includes teaching students to understand social norms and to distinguish those that are potentially harmful from those that can secure their health and well-being. Here we want to teach students to make the right decisions and actions when confronted with situations that render them vulnerable to HIV infection.

Integration

Integration is one strategy for providing learning experiences on the preventive control of HIV/AIDS in the school setting. It is the process of placing facts, concepts and messages in the context of other subjects. It focuses on stimulating the learners to actively participate in acquiring knowledge; developing attitudes and values; and sharpening their skills for purposes of health promotion and/or disease prevention.

Principles of Learning

The following principles of learning apply to preventive health education:

- Students learn by doing.
- Setting the stage of readiness for learning is important.
- Motivation is a prerequisite to learning.
- Responses must be immediately reinforced in the form of feedbacks.
- Learners responses vary with how they perceive the situation.
- Learners ability to internalize the process is influenced by heredity, background and certain forces in the environment.

School Subjects

Students should be exposed to various learning experiences in order to become responsible and productive members of society. Ideally, they should come from schools with a well-integrated curriculum which is balanced, refined and includes several instructional areas or school subjects including those that deal with relevant problems and issues confronting the community. Examples of

school subjects where HIV/AIDS facts, concepts and messages can be incorporated are:

- Science
- Health
- Mathematics
- Social Studies
- Language
- Reading
- Geography
- Arts
- Physical Education
- others

Selection of Content

Guidelines in the selection of HIV/AIDS facts, concepts and messages which may be included in the content of school subjects:

- Consider the objectives of the subjects where you want to integrate.
- The content should be suitable to the learning readiness of the students.
- The content selected should be organized according to the logical arrangement of the subject.
- Time allotment must be reasonable as to sustain the interest of learners.

Why Integrate

Many schools claim that the curriculum is already burdened with so many subject matter. Actually, integration can facilitate optimum use of time allotted for existing subjects as a wholistic approach to learning.

Innovative teachers look for new ideas to motivate their students to discover ideas and concepts. They encourage creative thinking in identifying problems/issues, and in finding ways to resolve them. In this case, teachers should be able to show the interrelatedness of subject matter areas.

In many classes today, there is mutual trust, respect and acceptance in student-teacher relationships. Students have the opportunity to discuss and ask questions. Teachers welcome these attempts of students to think creatively. Thus, HIV/AIDS facts, concepts and messages can be easily integrated. Students can ask personal questions about HIV/AIDS without fear of being embarrassed or ridiculed.

Toward this end, teachers of various subjects can come together and determine HIV/AIDS facts, concepts or messages which can be integrated with each school subject. In this activity, the teachers can also identify gaps in their teaching. They can eliminate unnecessary duplications and reinforce essential ones. To accelerate this process a person or teacher should be assigned the task of integration from its initial stage of planning to its implementation, monitoring and evaluation.

Question: Are you the teachers who are eager to integrate facts, concepts and messages about HIV/AIDS with the subjects you are teaching? Perhaps, you are the teachers in those classes where mutual trust and respect are observed. You must be eager to start the integration now.

As in any activity, integration has many advantages and disadvantages. Some advantages are:

- HIV/AIDS Preventive Education can be included in the school curriculum by adding the appropriate facts, concepts and messages to existing subjects.
- Instructional materials can be developed and teachers can be trained to use them.
- Short term training programmes can be conducted to train teachers on using the instructional materials effectively.
- Administrators and supervisors can also be oriented to the programme so that they can include HIV/AIDS preventive education in their responsibility for monitoring and evaluation.

Some disadvantages of integration are:

- As existing school subjects are already very crowded with their own content and activities, there may not be sufficient time for HIV/AIDS preventive education.
- Resistance from teachers and administrators themselves.
- Misinformation, lack of appropriate teaching materials.
- Cultural and religious sensitivities.
- Resistance from parents and the community.

Mention other advantages or disadvantages as you deem fit.

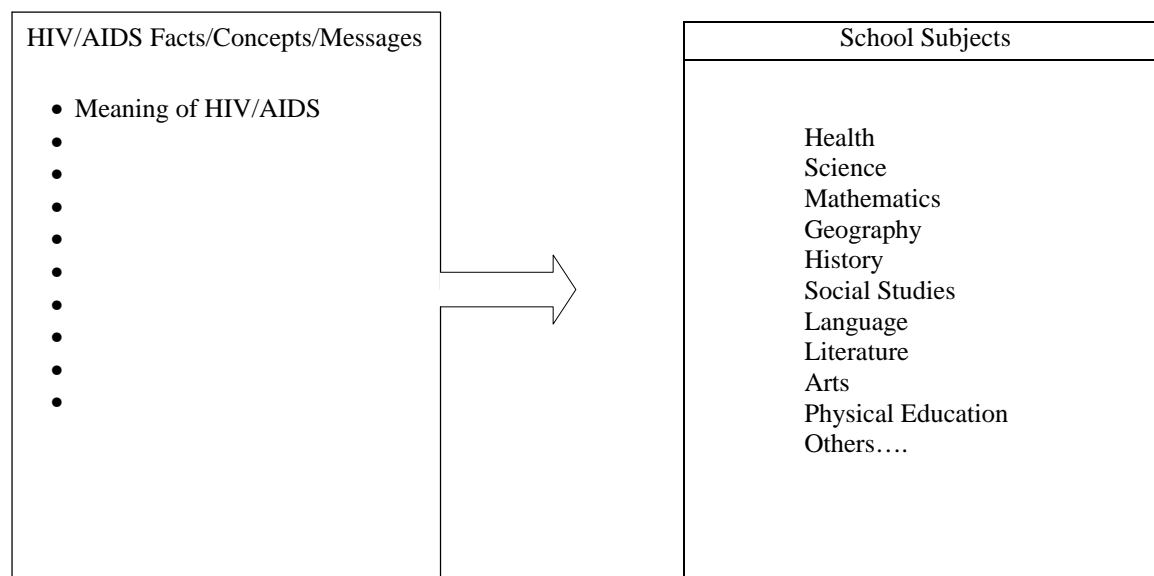
Proposed Goals of HIV/AIDS Preventive Education

These goals can be used as a guide post in determining what contents to integrate into the various school subjects:

- Develop life skills which are necessary for dealing adequately with the daily problems of living.
- Encourage independence but recognize that limitations are inevitable.
- Consider the complex environmental forces that can affect normal growth and development of learners.
- Enhance skills necessary for overcoming problems of self-expression.
- Emphasize healthy promotive behavior and life style.

Resource Material 6.1A

The Process of Integrating HIV/AIDS Facts/Concepts with the School Subjects



Resource Material 6.1B

Matrix for the Integration of HIV/AIDS Facts/Concepts/Messages with the School Subjects and Entry Levels				
HIV/AIDS Facts/Concepts/Messages	School Subjects	Entry Level		
		1 EP	2 L	3 SE

Legend 1 – Early Primary 2 – Late Primary 3 – Secondary Education

**Module 7:
Use of Learner-Centered
Strategies, Life Skills
Techniques and Media in
HIV/AIDS Prevention
Education**

USE OF LEARNER-CENTERED STRATEGIES, LIFE SKILLS TECHNIQUES AND MEDIA IN HIV/AIDS PREVENTION EDUCATION

Approximate time: 90 minutes

Module Message



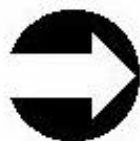
We learn by listening (11%) and seeing (83%). We remember what we: read (10%); hear (20%); see (20%); see and hear (50%); say (70%); and say and do (90%).

Overview



Creative teachers invest time and effort in choosing and planning the methods, techniques and strategies in carrying out their responsibilities. Instructional activities that are student-centered and providing opportunities for active student participation are the most useful. Each lesson uses more than one activity to match a variety of student abilities and interests.

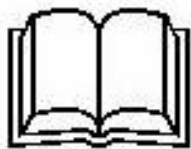
Objectives



After studying this module, the teachers should be able to:

1. explain the learner-centered concept;
2. compare traditional *versus* learner-centered instruction;
3. prepare a sample pre-test and post-test on how students think and feel about HIV/AIDS;
4. make samples of learner-centered strategies;
5. prepare samples of life skills techniques;
6. apply the criteria in choosing and using media;
7. demonstrate sample teaching strategies and media for use in HIV/AIDS prevention education.

Content Outline



1. Learner-centered concept
2. Traditional *versus* learner-centered instruction
3. Sample pre-test and post-test on HIV/AIDS prevention education
4. Learner-centered strategies
5. Life skill techniques
6. Instructional media

Learning Activities



1. Group-to-group exchange
2. Workshop on the preparation of sample pre-test and post-test, learner-centered strategies, life skill techniques and use of instructional media in HIV/AIDS prevention education
3. Demonstration on the use of the sample activities:
 - learner-centered strategies
 - life skill techniques

Evaluation

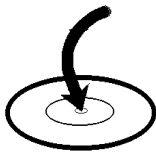


Testing is part of authentic assessment or the evaluation of learner-centered instructional activities which implies multiple indicators of achievement taken over time rather than a one-time, one-format method of judging. Authentic assessment evaluates the total student and not isolated aspects of the student. Examples of authentic assessments are illustrations; artifacts such as mobile, collage, play, video, sculpture or poems; oral and written works such as creative short stories and essays; portfolios which promote thinking and organizing skills; learning logs; reflective journals; letters; and others.

1. Based on the Group-to-group exchange activity:
 - 1.1 Explain briefly one new idea/concept you have learned.
 - 1.2 Which idea/concept affected you most? Why?
 - 1.3 What suggestions can you give to make students participate actively in the lesson?
2. Assess the instructional activities and media you have prepared by designing a checklist. See Appendix A.

3. Based on the demonstration of the sample teaching strategies make an Observation Checklist. See Appendix B.
4. Based on the design and use of media in the demonstration of instructional activities prepare a rating scale which should include the following:
 - 4.1 Choose media that are suitable to the objective/s.
 - 4.2 Integrate the media to your lesson by considering the sequence, timing and other learning materials used.
 - 4.3 Explain some features of the media before they are used.
 - 4.4 Prepare the equipment/facilities in advance or before the class.
 - 4.5 Prepare alternate media in case of breakdown or other reasons for inability of their use.
 - 4.6 Ensure maximum student participation when media are used.
 - 4.7 Ascertain whether the students responded positively on the media used.

Summary



Instructional activities should:

- emphasize positive attitudes, values, interpersonal relations, behavioral changes, and total personality development;
- be interesting and feasible;
- help students resolve their concerns and problems on the issues at hand;
- promote active and participatory learning, relating knowledge with healthy lifestyle and responsible behavior;
- encourage students to use life skills in avoiding risk to HIV/AIDS; and
- learning by doing, learning how to learn and enhancing life skills with constructive feelings and actions.

Media Selection Checklist

Direction: Read each item carefully and check your answer in the appropriate column.

Aspects	Yes	No	Not sure
<p>I. Content</p> <ol style="list-style-type: none"> 1. Is it accurate and up-to-date? 2. Is it appropriate to the grade level of your students? 3. Is it concise and clear? 4. Is it free from prejudices and discrimination? 5. Others, specify? <p>II. Instructional Design</p> <ol style="list-style-type: none"> 1. Are the objectives clearly stated? 2. Are the media format and strategies appropriate to the grade level of student, objectives and content? 3. Are the directions to the students clearly stated? 4. Are there provisions for assessments? 5. Others, specify? <p>III. Technical Aspects</p> <ol style="list-style-type: none"> 1. Are they easy to see, hear, or read? 2. Is the format compatible with existing equipment and facilities? 3. Do the students and teachers possess skills to use the media? 4. Is the time required for the media compatible with the teaching/learning time available? 5. Others, specify? <p>IV. Packaging</p> <ol style="list-style-type: none"> 1. Are they easy to handle, store and identify? 2. Is the packaging durable enough for use and storage? 3. Is it affordable in relation to the potential benefits? 4. Is it cost-effective compared to other comparable media? 5. Others, specify? 			

Observation Checklist

Name of Demonstration Teacher

Grade Level	Duration
-------------	----------

Date _____

Instruction: Please put a ✓ under Yes, partly or No in the appropriate column based on your answer to each question.

Questions	Yes	Partly	No
I. 1. Did the objectives include development of critical thinking and ability to make responsible decisions? 2. Were the objectives attained?			
II. Instructional Activity 1. Was the instructional activity interesting? 2. Was there maximum student participation? 3. Was the activity appropriate to the age and level of competency of the students? 4. Did the activity lead to the attainment of the objective/s?			
III. Give your comments and suggestions to improve the activity:			



Learning Activity 1 – Group-to-Group Exchange

Approximate time: 45 minutes

- Preparation:
1. Prior to this activity, ask the teachers to form 5 small groups.
 2. Assign each group to study a specific topic from Resource Material 7.1.
 3. Ask them to bring the materials needed for presentation such as pentel pens, flip-chart paper, masking tape, string and others.
-

Introduction Teaching is less about content and more of the learning process. Group-to-group exchange is an example of cooperative learning whereby there is commonality and complementation of roles among members.

Objectives After participating in this activity, the teachers should be able to:

1. explain the learner-centered concept;
2. compare traditional and learner-centered instructions;
3. review the different examples of learner-centered strategies and life skills techniques; and
4. state the basic issues and advantages of using well chosen media.

Content Outline

1. Learner-centered concept
2. Traditional and learner-centered instructions
3. Learner-centered strategies
 - pre-test and post-test
 - cooperative learning
 - peer teaching and learning
 - case method
 - decision stories
 - crossword puzzles
 - games

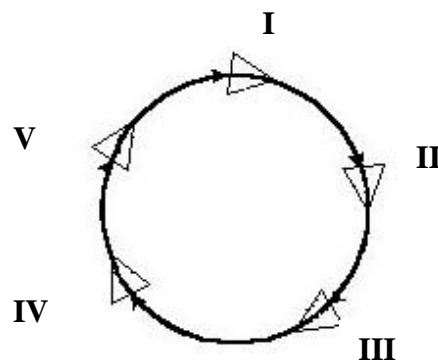
4. Life skills techniques
 - enhancing self-esteem
 - responsible decision making
 - reinforcing resistance skills
5. Instructional media

Procedure

1. Let each of the 5 groups review their previously assigned topics from Resource Material 7.1. (5 minutes)

Groups	Assigned topic to read
I	Learner-centered concept
II	Traditional <i>versus</i> learner-centered instruction
III	Learner-centered strategies
IV	Life skills techniques
V	Instructional media

2. Let each group prepare their presentation using creative techniques such as flashing key words, drama, poster, chart, stick drawings, mnemonics, etc. (10 minutes)
3. Ask the group to select a member who will do the presentation to the other groups.
4. The presentation from group-to-group can follow this sequence. (25 minutes)



Sequence of presentation

5. Encourage question-and-answer interactions.
6. Solicit comments and suggestions. (5 minutes)
7. Ask one or two volunteers to summarize this activity.

**Learning
Outcomes**

Based on the learning experience on the Use of Learner-Centered Strategies, Life Skills Techniques and Media in HIV/AIDS Prevention Education:

1. Ask the teachers to complete any of the following verbally:
 - I now realize that -----
 - I now support -----
 - I would like to -----
 - I would reevaluate my -----
 - I was surprised -----
2. Ask the teachers to explain briefly at least 2 new ideas or concepts they have learned from each of these topics:
 - learner-centered strategies
 - life skills techniques
 - instructional media
3. Ask the teachers which idea/concept interested them most? Why?

Resource Material

- 7.1 The Use of Learner-Centered Strategies, Life Skills Techniques and Media in HIV/AIDS Prevention Education

Sample teaching/learning materials

1. Title: Feelings Toward the Infected Person

Objectives: The students should be able to:

- clarify their own feelings/attitudes about AIDS-related issues; and
- empathize with people living with HIV/AIDS.

Procedure:

1.1. Introduce the lesson by writing this Case Study: A classmate with AIDS.

You have learned that Joey, your classmate, has AIDS. Although AIDS is not transmitted by casual contact, a group of parents demanded that this student should be prevented from attending classes. Many of your classmates are avoiding and rejecting Joey. These classmates are your friends and expect you to support them.

1.2. To facilitate the discussion you may ask the following options and possible consequences of their actions:

- Would you join your classmates in avoiding or rejecting Joey?
Consequences:
- Would you refuse to join your classmates?
Consequences:
- Do nothing and be neutral.
Consequences:
- Would you attempt to change your classmate's action?
Consequences:

1.3. Ask students individually: What would you do?

- Are you willing to accept the consequences?
- Would you be willing to publicly take a stand?

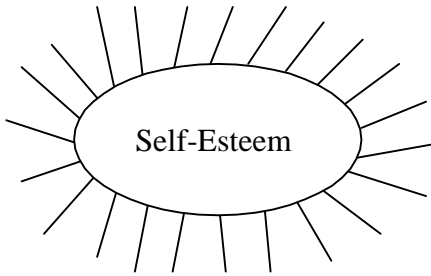
2. Title: Self-esteem and AIDS Prevention

Objectives: The students should be able to:

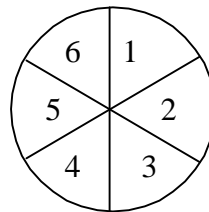
- define self-esteem;
- relate self-esteem with responsible sexual behavior; and
- discuss the role of self-esteem and responsible behavior in AIDS prevention.

Procedure:

- 2.1. Write the word "self-esteem" on the board. Encircle the words and put spokes around the figure.

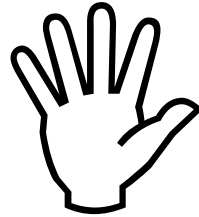


- Ask students to write on each spoke, word or words that they associate with self-esteem.
 - Ask the students to choose words or phrases to define the term, such as:
 - positive opinion of oneself
 - self-respect, self image, feelings of worthiness
 - belief in oneself and liking oneself
 - What factors enhance positive self-esteem? What could be some reasons for lack of self-esteem?
 - Summarize this activity by defining self-esteem and enhancing self-esteem.
- 2.2. Ask each student to draw a big circle to fill one pad paper and divide the circle into 6 equal parts.



- 2.3. Number each part 1 to 6 and ask them to answer these:
- three words which describe your best qualities, character or behavior;
 - one value in life which you do not wish to change;
 - your most valuable possession;
 - your greatest personal achievement in life;
 - name three persons who are very important to you; and
 - one thing that will help you succeed in life.

- 2.4. Let them select a partner to discuss their work.
- 2.5. At the end of this activity ask students how they felt about themselves.
- 2.6. Summarize this activity by relating self-esteem and responsible sexual behavior to HIV/AIDS prevention.
- 2.7. Next, have the students trace their hand showing the 5 fingers on a sheet of paper.



- 2.8. Give the following instructions:
 - Let each partner write on the 5 fingers corresponding to the good qualities about themselves.
 - Discuss these qualities and how they can enhance self-esteem.
 - Explain how self-esteem influences one's attitude towards unhealthy and irresponsible behavior.

Learning Activity 2 Workshop: Preparing Instructional Activities and Media for HIV/AIDS Prevention Education

Approximate time: 90 minutes

Preparation: Two days before this workshop, assign partners to plan on writing sample teaching/learning strategies and to bring the materials needed for the instructional media.

Introduction The use of learner-centered strategies, life skills techniques and appropriate media are activities where students can participate actively. In this module the teachers will prepare and demonstrate sample instructional strategies which are learner-centered and enhance life-skills of the students with accompanying instructional media.

Objectives After participating in this activity, the teachers should be able to:

1. critique examples of instructional activities;
2. prepare sample teaching/learning activities which are learner-centered and enhancing life skills;
3. show examples of instructional media; and
4. demonstrate some teaching/learning strategies.

Content Outline

1. Sample teaching-learning activities:
 - learner-centered
 - life skills
2. Use of teaching strategies
3. Selecting teaching strategies
4. Instructional media
5. Observation checklist (Refer to Appendix B, Learning Activity I, Module 7)

Procedure

1. Assign partners to critique the samples of teaching/learning activities in Resource Material 7.2 and 7.2A. (10 minutes)
2. Let them improve the materials, as they deem fit. (5 minutes)
3. Ask them to prepare their own sample teaching/learning activities which and to choose the instructional media needed for their purpose. (30 minutes). Refer to Resource Material 7.2B.
4. Let the participants critique each other's work.
Each partner should revise their work based on comments and suggestions of other pairs (5 minutes).
5. Ask them to demonstrate the sample teaching/learning activities that they have prepared (40 minutes).
Refer to Observation Checklist (Appendix B: Learning Activity 1 Module 7).
6. Call on some to summarize the workshop and demonstration teaching by completing at least one of the following phrases: (5 minutes)
 - I learned that I -----
 - I am proud that I -----
 - I feel that I -----
 - I wonder -----
 - I hope -----

Learning Outcomes

1. A collection of teaching/learning activities which are learner-centered and enhancing life skills with accompanying instructional media for use in HIV/AIDS prevention education.

Resource Materials

- 7.2 Sample teaching-learning activities
- 7.2A – Selection of teaching activities
- 7.2B – Selecting teaching strategies
- 7.2C – Instructional media

Resource Material 7.1

Use of Learner-Centered Strategies, Life Skills Techniques and Media in HIV/AIDS Prevention Education

Learner-Centered Concept

In Learner-centered classrooms:

- Teachers help students build on their prior knowledge.
- Teachers help learners connect this with new knowledge and to see their relationships.
- Social and cooperative skills are developed.
- Activities are designed to help students use the thinking and learning strategies needed to succeed in school and in real life.
- Students learn to work in teams, to share, debate and synthesize.
- Students become active participants in learning thus, empowered to make choices and progress at their own pace.

Learner-Centered Strategies

Some examples of learner-centered strategies are pre-test and post-test, cooperative learning, peer teaching and learning, case method, decision stories, crossword puzzles, and games.

- Pre-test and Post-test. Pre-test and post-test are the same tests. These enable students to confirm or correct their responses based on what they have learned from the program.
- Cooperative learning. This includes the creation of a single product, requires students to help each other, practice social skills and promote positive interdependence within the activity. Cooperative learning is the foundation of many activities in learner-centered classrooms.

Teachers foster interdependence by assigning roles, holding the group accountable for each person's learning, requiring one creative product, and promoting group identity and standards. Students are motivated, focused and are high achievers.

- **Peer teaching and learning.** An example of this is the “learning pair” in which student pairs alternately ask and answer questions on commonly read materials. This approach provides an opportunity for the learner to interact with a peer with whom one can work out a better understanding of the subject matter in a congenial manner.
- **Case study.** Cases are usually real-life situations which are synthesized to represent a particular principle or type of problem. In a case report, discussion should focus on asking questions, clarifying issues, challenging conclusions, encouraging analysis and testing the validity of the solutions or generalizations.

Points to consider:

- What is the problem?
 - What causes the problem?
 - What evidence will support or discount why the problem exists?
 - What conclusions and recommendations can be derived from the study?
- **Decision stories.** These are open-ended vignettes that describe an issue or problem. They ask students to suggest a decision and corresponding action. The stories should reflect real-life situations and should be appropriate to the age of the students. For the activity to be effective, the story should have varied courses of action. A good decision story should encourage students to sort out opinions, values and feelings. It should require students to think, analyze and try them out.

Guidelines in preparing decision stories:

- Make the stories short between 50 to 150 words. Establish realism and identify the character/s.
 - Focus on the main issue, supported by facts and events.
 - Provide for a varied course of action.
 - Give a descriptive title.
 - Ask a focus question at the end to support a particular course of action.
 - Pool ideas based on the focus question.
- **Crossword puzzles.** These are useful in building vocabulary and reinforcing concepts. They can be made by the teachers and students. Some commercial materials are also available.
 - **Games.** Games are fun while training students to follow rules and provide useful experience in socialization. Keep games from becoming too competitive.

Comparison of traditional and learner-centered instruction

Component of instruction	Traditional	Learner-centered
1. Setting goals	Based on textbooks	Based on needs assessment
2. Objectives	Based on teacher performance	Based on student performance
3. Student are informed of objectives	Students are not told about the objectives	Students are told about the objectives to guide learning
4. Expected achievement	Based on the normal curve	Based on criterion reference
5. Mastery	Few students master most of the objectives	Most students master most of the objectives
6. Grading	Based on comparison with other students	Based on mastery of objectives
7. Remediation	Often not planned	Planned for students who need help
8. Instructional strategies	Based on teacher preference and familiarity	Selected to attain the objectives, use of various strategies
9. Evaluation	Norm-referenced	Criterion-referenced, assess student mastery of objectives
10. Revision of instruction and materials	Based on availability of new material	Based on evaluation data and occurs regularly.

Life Skills Techniques

Life skills are those which enable an individual to cope with challenges and threats in the environment thus, ensuring self-preservation and well-being. Examples of life skills are:

- enhancing self-esteem;
- reinforcing resistance skill or saying "No"; and
- responsible decision-making skill.

Self-esteem. To have self-esteem is to accept oneself, to be able to admit one's shortcomings and take responsibility for one's actions. Self-esteem can be reinforced by parents, teachers and friends. The individual with high self-esteem is most likely to avoid situations that will put him/her at risk for HIV infection.

Some positive "image building statements" to enhance self-esteem:

- I am ok.
- I like myself.
- I am creative.
- I can learn from others.
- I can start each day with a smile.

Reinforcing resistance skill or saying "No". Decisions about sex is a very personal and sensitive matter. Saying "No" in an unwanted situation requires skill. Examples of what one might say:

- "I like you a lot, but I'm just not ready for sex."
- "I don't believe in having sex before marriage. I want to wait."
- "I enjoy being with you, but I'm not old enough for this."
- "I don't have to give you a reason for not refusing. It's just my decision."
- On the other hand, sharing thoughts, beliefs, feelings, and most of all, mutual respect, is what makes a relationship wholesome and lasting.

Ways of practicing resistance skills:

- Using assertive behavior.
- Using nonverbal behavior that matches verbal behavior.
- Influencing others to choose responsible behavior.
- Avoiding situations where there will be pressure to make harmful decisions.
- Resisting pressure to engage in illegal or unhealthful behavior.

Responsible decision-making skill. Responsible decision-making skill can be developed by following these steps:

- Clearly describe the situation or problem.
- List possible actions that can be taken based on the situation/problem.
- Share the list of possible actions with responsible adults.
- Carefully evaluate each action. A responsible action is one that is healthful, safe, legal, respectful to self and others, consistent with guidelines of parents and teachers, compatible with good character.
- Decide which action is responsible and appropriate.
- Act in a responsible way and evaluate the results.

Instructional Media

Instructional media are the physical means by which instruction is delivered to the students. It includes all the traditional means of delivering instruction such as the chalkboards, books, maps, charts, newspapers and other print materials. Audio visual media are audio-cassettes, videos, radio and TV broadcasts, slides and films, computers and interactive videos. Examples of visual materials are diagrams, charts, maps, graphs, photographs and cartoons.

Effective instructional media:

- provide a concrete basis for conceptual thinking;
- have a high degree of interest for the learners;
- help make learning more permanent;
- contribute to growth of meaning and vocabulary;
- contribute to efficiency, depth and variety of learning; and
- make learner respond actively.

Some basic questions in choosing instructional media:

- Is the media readily available?
- Is it practical to use?
- Is it appropriate to student's characteristics
- Is it the best means of presenting a particular instructional activity?

Resource Material 7.2A

Points to Consider in Selecting Teaching/Learning Activities

- Characteristics of the students
- Skills of the teacher
- Content of the lesson
- Available time to deliver the lesson
- Available facilities in the school
- Knowledge, attitudes and skills to develop
- Methods that are interesting to the students
- Methods related to the objective(s) and assessment

Tips to Teachers in Teaching HIV/AIDS Prevention Education

- Change attitudes and behavior, develop communication and interpersonal skills rather than focusing on disease etiology.
- Use strategies to help students cope with stress and fears about AIDS.
- Use situations to emphasize what to do, which actions to take and the benefits of doing so; and the consequences of failing to do so.
- Deliver clear and consistent health messages through a variety of communication channels.
- Keep an open mind and continue to explore issues meaningful to the students.
- Promote creative and collaborative learning by asking students to process new information.
- Ask students which part of the lesson affected them and why.
- Ask students which information they will discuss with their friends.

Resource Material 7.2B

Criteria in Selecting Teaching Strategies

- Select strategies that contribute to total learning. Some strategies lend themselves to acquiring knowledge, while others are better suited to attributes and decision making. Any strategy selected should involve the students actively.
- Use more than one strategy to teach complex or difficult concepts. Besides, students learn in a variety of ways and by different means.
- Begin with a simple strategy and move to more complex ones. As the students become better able to deal with more difficult concepts, more complex strategies can be used that will require self-discovery or analysis of materials.
- Instructional aids should be included whenever possible. They are excellent for reinforcing learning.

Resource Material 7.2C

Criteria in Choosing and Using Media

1. Do they give a true picture of the ideas they represent?
2. Do they contribute to the meaning of the topic under study?
3. Is the media appropriate to the age, intelligence and experience of the learner?
4. Do they make the learners become better thinkers and critically minded?
5. Is the material worth the time, expense and effort involved?

Module 8:
Assessment Tools for Use in
HIV/AIDS Prevention
Education

ASSESSMENT TOOLS FOR USE IN HIV/AIDS PREVENTION EDUCATION

Approximate time: 90 minutes

Module Message



Assessment tools are used in making students take the responsibility for their own learning.

Overview

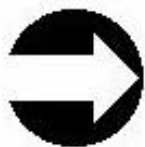


Assessment tools refer to the different ways students can demonstrate that they have mastered the objectives. These include tests and other subjective instruments. Tests often refer to objective and essay tests. Other tools are rating scales, checklists, and questionnaires. Assessment tools are designed based on clearly stated objectives. To construct valid assessment tools certain principles and rules must be observed.

In HIV/AIDS Prevention Education, assessment should not be limited to knowledge or cognitive domain but must also be concerned with the formation of attitudes, values and lifeskills among the students. Therefore, the choice and use of the most appropriate tool for a particular grade level or group of learners is important.

This module will help teachers revisit their knowledge and skills in test construction. The advantages and disadvantages of the different types of tests will also be reviewed.

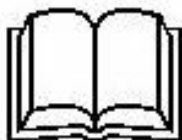
Objectives



After studying this module, the teachers should be able to:

1. explain the use of criterion-referenced tests;
2. design good tests for HIV/AIDS preventive education;
3. review various assessment tools for testing knowledge, attitudes and skills;
4. follow the principles and rules for assessment tools construction; and
5. write sample tests on HIV/AIDS preventive education.

Content Outline



1. Criterion-referenced tests
2. Steps in designing good tests
3. Kinds of assessment tools
4. Principles and rules for assessment tools construction

Learning Activities



1. Panel Discussion: Assessment Tools for Use in HIV/AIDS Prevention Education
2. Workshop: Designing Assessment Tools for HIV/AIDS Prevention Education

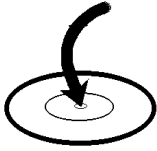
Evaluation



Based on your learning experience in designing assessment tools write 2 paragraphs starting with any one of the following introductory phrases:

1. I am beginning to wonder...
2. I was surprised...
3. I now believe...
4. I have become more skillful at...
5. I am pleased that I...

Summary



1. Assessment tools may be objective or subjective depending on their design and purpose.
2. There are several assessment tools for testing knowledge, attitudes and skills such as multiple choice tests, checklists, observation forms and performance guides.
3. Certain principles and rules determine proper assessment tool construction.
4. A valid test is one that measures what is stated in the objectives.
5. Assessment should be used to follow-up progress in the attainment of the objectives.

Learning Activity 1 – Panel Discussion Assessment Tools for Use in HIV/AIDS Preventive Education

Approximate time 40 minutes

- Preparation
1. Invite to panel discussants or resource persons who are experts on the subject matter. Invite them several days before the panel discussion.
 2. Ask teachers to prepare questions that they may want to ask regarding assessment tools and tests. (Do this several days before the panel discussion).
 3. Submit these questions to the resource persons to guide them during the discussion.
 4. Among the teachers, ask for 3 volunteers to form a second panel who will ask the questions and raise issues during the discussion. However, other teachers in the audience may also ask questions whenever they wish.
 5. Let another volunteer serve as moderator.
 6. Arrange the training room with 2 panels in front, that is, one panel for the resource persons and another panel for the teachers who will ask questions.

Introduction

Designing assessment tools based on clearly defined objectives is a skill that is required of an effective teacher. In this activity the teachers will review criterion-referenced testing; tools for testing knowledge, attitudes and skills; purposes of testing; principles and rules for constructing tests; and pre-testing and post-testing.

Objectives

After participating in this activity, the teachers should be able to:

1. explain the use of criterion-referenced tests;
2. design a good test on HIV/AIDS preventive education;
3. state the various assessment tools used for testing;
4. enumerate some advantages and disadvantages of using certain assessment tools; and
5. reiterate the principles and rules for test construction.

Content Outline

1. Criterion-referenced testing
2. Steps in designing good tests
3. Tools for assessing knowledge, attitudes and skills
4. Advantages and disadvantages of using specific assessment tools
5. Principles and rules for test construction

Procedure	<ol style="list-style-type: none"> 1. Make sure that you are now prepared for the panel discussion. 2. Ask the resource persons and the teachers who will ask the questions to seat in their respective panels. 3. Ask the moderator to seat in front between the 2 panels. 4. Start the discussion by asking the moderator to briefly introduce the members of both panels. 5. Let the resource persons speak, followed by questions from the panel of teachers, then from the audience. 6. Let the moderator facilitate the open forum. 7. Ask the moderator to summarize the result of the discussions and thank all who contributed to the success of this activity.
Learning Outcomes	<p>Based on the learning experience on the use of assessment tools in HIV/AIDS preventive education, ask the teachers to explain briefly the highlights of the panel discussion by starting with any one of the following:</p> <ol style="list-style-type: none"> 1. I now believe... 2. I was surprised... 3. I am pleased... 4. I have become more skillful at... 5. I am beginning to wonder...
Resource Materials	<ol style="list-style-type: none"> 8.1 Assessment Tools for Use in HIV/AIDS Preventive Education. <ol style="list-style-type: none"> 8.1A Steps in Designing Good Tests 8.1B Advantages and Disadvantages of Using Specific Assessment Tools

Learning Activity 2 - Workshop Designing Assessment Tools for HIV/AIDS Prevention Education

Approximate time 50 minutes

Preparation Ask teachers to bring the lesson plans they have prepared in the past session

Introduction	Assessment should not be confused with grading, although you cannot give a grade without first assessing your students. Oftentimes, it is more appropriate to assess without giving marks. Perhaps, your purpose is to establish baseline data as in the case of a pre-test. You also want to help the students in their subsequent learning and to tell them what they have already learned. In this activity you should be able to make different types of assessment tools.
Objectives	<p>After participating in this activity, the teachers should be able to:</p> <ol style="list-style-type: none"> 1. critique the assessment tools they have previously prepared in their lesson plan; and 2. design assessment tools for HIV/AIDS Prevention Education.
Content Outline	<ol style="list-style-type: none"> 1. Assessment tools for testing knowledge, attitudes and skills 2. Principles and rules for assessment tool construction 3. Steps in designing good tests 4. Criteria for assessing good tests items
Procedure	<ol style="list-style-type: none"> 1. Ask the teachers to choose a partner and critique the assessment tools they have previously prepared based on the following criteria: <ul style="list-style-type: none"> • The assessment tool should clearly state its (1) purpose; (2) area/s covered; and (3) weight of each item. • The tool should give clear and simple directions. • Each items are based on clearly stated objectives. • The items should not confuse or trick the students.

- Each item is not too long which can confuse the students.
 - Each item is free from technical errors and irrelevant clues.
 - Each item is free from racial, ethnic and sexual bias.
2. Ask the teachers to revise the tools they prepared earlier based on the above criteria.
 3. Let the partners design new assessment tools based on HIV/AIDS topics previously discussed. Remind the partners to make different assessment tools such as multiple choice, matching, rating scale, essay, etc.
 4. Invite 2 to 4 partners to present their assessment tools in plenary session and encourage the participants to give comments and suggestions for improvement.
 5. Ask 2 teachers to summarize this activity.

Learning Outcomes

1. A collection of assessment tools such as multiple choice test, true/false, fill-in, matching, short answer, essay, checklist, rating scale, questionnaire, etc. for use in HIV/AIDS Preventive Education.
2. A collection of lesson plans with their revised assessment tools/tests.
3. Make a **Teacher's Creative Resource Book on HIV/AIDS Preventive Education**. This is a collection of articles; lesson plans; teaching methods and techniques; assessment tools, journal articles, notes, etc.

Resource Materials (These are used in Learning Activity 1)

- 8.1 Assessment Tools for Use in HIV/AIDS Preventive Education
 - 8.1A Steps in Designing Good Tests
 - 8.1B Advantages and Disadvantages of Using Specific Assessment Tools
 - 8.1C Rules for Test Construction
- 8.2 Teacher's Creative Resource Book on HIV/AIDS Preventive Education (Sample Cover)

Resource Material 8.1

Assessment Tools for Use in HIV/AIDS Preventive Education

INTRODUCTION

Students are usually afraid of tests. Assuming that the test items are none the less based on the lesson at hand and that the purpose of the exercise is well understood by the learners, the choice of an assessment tool and the manner in which it is designed is critical to the teaching-learning process. Following are some guidelines on the use of assessment tools in general. Reference to HIV/AIDS preventive education is included in the resource material.

CRITERION – REFERENCE TESTING

A recent approach to assessing and testing is to design tools that are based on clearly stated knowledge and skill objectives. The tests are made to measure the ability of the students to attain the objectives. This type of test is called objective-referenced or criterion-referenced test. It is based on the individual student's achievement *vis-à-vis* an external parameter rather than the relative distribution of scores of other students which is called norm-referenced measurement.

Both criterion-referenced and norm-referenced tests may appear similar in content as "multiple-choice" or "true and false" types but the main difference lies in the interpretation of results.

Here, the ability of the learner is measured in terms of the attainment of the objectives that is, the test items should match the objectives. The learner is aware of what is important to study because there is congruence between instructional objective and assessment of instruction. Thus, the methods of assessment and the tools used serve many functions such as to measure and diagnose; and for feedback and remediation.

Examples of assessment tools for knowledge objectives are:

- multiple choice
- true-false
- fill-in
- matching
- short answers
- essay

Examples of assessment tools for attitude objectives are:

- interviews
- surveys
- observations
- anecdotes
- rating scale
- inventories

Examples of assessment tools for skills are:

- problem solving
- observation
- checklist
- discussion
- rating scale
- questionnaire

Examples of assessment tools to assess knowledge, attitudes and skills are:

- projects
- case studies
- portfolio assessment

PURPOSES OF ASSESSMENT

- ◆ To assess the effectiveness of the learning activities
- ◆ To motivate the students
- ◆ To ascertain the quality and speed of student progress
- ◆ To grade student performance
- ◆ To identify the value and relevance of the content to the behavior change of the students
- ◆ To undertake necessary remedial measures

PRINCIPLES OF CONSTRUCTING ASSESSMENT TOOLS

The objective must convey very clearly what is to be measured and indicate how the measurement is to be accomplished. It is important to remember that instruction is designed to bring about learning. Tests are used to determine whether learning occurred.

Some principles to be followed in assessment tool construction:

- ◆ The tool should constitute a fair representative sample of the lesson.
- ◆ The tool should clearly state the purpose of the test, areas covered, and weight of each item.
- ◆ The test items should be clear and ambiguity should be avoided.
- ◆ The test items should not “trick” or confuse the students.
- ◆ The tool should give very clear directions and instructions.

Please refer to Resource Material 8.1A on the Advantages and Disadvantages of using specific assessment tools and Resource Material 8.1B on Rules for Test Construction.

TESTING KNOWLEDGE

Acquisition of knowledge is the basis for learning the other levels of the cognitive domain. The six levels are knowledge, comprehension, application, analysis, synthesis and evaluation. The action verb used in the objective indicates the possible test item to write. Here are some examples:

Objectives	Tests
♦ To identify.....	Multiple choice, list
♦ To list.....	Fill in the blank, enumerate
♦ To describe.....	Essay
♦ To solve.....	Compute for the answer
♦ To construct.....	Rating scale, checklist
♦ To predict.....	Multiple choice, essay

OBSERVING AND TESTING ATTITUDES

Feelings, values and beliefs are difficult to assess because of their personal nature. One can only make inferences from the students words and actions. However, the responses of the students may not reflect their true feelings and the outcome of instruction may come much later after the subject or topic is completed.

Some uses of attitude assessment:

- ♦ Attitude outcomes measure how much attitudinal change has occurred after instruction; and
- ♦ Instruction is determined by asking students what they like or do not like and by soliciting suggestions for improvement.

Attitude assessment is very relevant in HIV/AIDS prevention education. It tells how people feel about each other, places, things, or ideas. Attitudes involve feelings, values and appreciation which are not easily measured by objective tests. Other common assessment tools are attitude scale, observations, anecdotal record, questionnaire, checklist, survey, rating scale and interview guide.

Attitude scales require students to choose between alternatives on a continuum. Examples are the forced-choice scale such as yes/no or agree/disagree. This scale provides only two options about each statement.

Likert scale provides a range of choices about an attitude issue. Example,

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. Relatives should take care of their AIDS patient. 2. I am afraid I will contract AIDS later in life.					

Scoring is done depending on how the statements are formulated. The continuum of responses maybe given weights from one to five with the lowest score for strongly agree statements. If the student checks strongly agree on item one above, the score will be fine. The scoring is reversed for negative statements such as item two, thus the strongly disagree answer gets a score of five. Attitude scales should not be used for grading purposes, because the scales can further bias the responses of the students.

Observation may be used to supplement attitude scales. Observation is an excellent way of assessing behavior. It can provide important clues on attitudes.

Anecdotal record keeping goes hand in hand with observation. Both observation and anecdotal record keeping are subjective techniques.

Checklist can be useful in evaluating student behavior and learning activities. The checklist allows the teacher to note quickly and effectively whether the characteristic is present.

Portfolio Assessment is like a file cabinet which has different files in each drawer. Each file contains evidence of learning—one drawer for written work, one for media, another one for projects, art work, etc. Teaching students how to organize their work is a thinking skill. The portfolio is a day to day, week by week collection of students best work in your subject.

TESTING SKILLS AND BEHAVIOR

To assess skills and behavior, we have to observe students' actions and how well they carry out a particular task. The standards of performance are based according to the instructional objective and activities. The student has the opportunity to practice and apply the skills by demonstrating learning.

PRE-TESTING AND POST-TESTING

Pre-testing and post-testing are used to assess learners' entry knowledge, attitude or skills on a subject or unit of study.

Three most important functions of pre-testing:

- 1) to assess learners' level of ability in the subject or topic;
- 2) to determine which competencies in the subject or topic the learners have already mastered; and
- 3) to know how much improvement has occurred after instruction is completed.

Benefits of pre-testing and post-testing are:

- ◆ It alerts the students what they do and do not know about the topic.
- ◆ It indicates the remedial work to be done before the start of instruction.
- ◆ It motivates students to study what they do not know.
- ◆ It provides baseline data for determining behavioral change by comparing the pre and post-tests.
- ◆ It gives the teacher the opportunity to modify the lesson and start at the point of students' readiness.

Some disadvantages of pre-testing and post-testing are:

- ◆ It takes some time away from instruction.
- ◆ The learners may concentrate too much on what they do not know and neglect the other topics.
- ◆ It may create negative feelings among students who get very low scores. To avoid this situation, be sure that they understand the purpose of the pre-test and that it will not affect their grades.

SUMMARY

1. Assessment tools may be objective or subjective depending on their design and purpose.
2. Objective tests are limited primarily to testing recall.
3. A valid test is one that measures what is stated in the objective.
4. Assessment should be used for positive reasons.
5. Assessment tools should be associated with objective achievement.
6. A combination of assessment techniques gives a better indication of the learner's performance and level of achievement *vis-à-vis* the expected results of the teaching-learning process.

Resource Material 8.1A

Steps in Designing Good Tests

1. Prepare the table of specifications based on the instructional objectives.
2. Draft the test items.
3. Decide on the length of the test.
4. Select and edit the test items.
5. Arrange the items in the order of difficulty from easy to the most difficult.
6. Prepare the instruction of the test and answer key.
7. Duplicate the test.

Resource Material 8.1B

Advantages and Disadvantages of Using Specific Assessment Tools

True/False Test. It consists of statements that are either true or false. Students must decide about each item and answer accordingly.

Advantages

1. It can sample a wide range of subject matter.
2. It is easy to score and the score is objective.
3. It can be used in quizzes, lesson review and end of the lesson test.
4. It can be useful when there are only two options in an issue.

Disadvantages

1. It encourages guessing.
2. It is often difficult to construct completely true or false statements.
3. It is difficult to avoid clues, ambiguities or details.
4. Minor details are given much credit as items.

Multiple Choice Test. This test provides an opportunity to develop thought provoking questions. It provides wide coverage of instructional materials. It is considered the best short-answer test.

Advantages

1. The items can be constructed to measure recall.
2. The items can be written to measure inference, judgment and discrimination.
3. It can cover the instructional material extensively.
4. It can be scored objectively and rapidly.

Disadvantages

1. The construction of the test is time-consuming.
2. Factually-based items can stress memorization.
3. More than one response maybe nearly correct.
4. Alternative and plausible answers are often difficult to make.
5. The format does not allow students to express their own thoughts.

Matching Test. This test is a form of multiple-choice test, except that the number of choices are many.

Advantages

1. It is adaptable to many topics.
2. It can be developed fairly quickly.
3. The format uses space economically.
4. It is easy to score.

Disadvantages

1. It tests only factual information.
2. It permits guessing.
3. It is likely to include clues to the correct answers.
4. It increases difficulty as the number of items to be matched increases.

Completion Test. This type of test measures the student's ability to select a word or phrase that is consistent in logic and style of the statement.

Advantages

1. It is easy to construct.
2. It minimizes guessing because the answer must come from the student.
3. It has a wide use in testing situations, diagrams or charts.
4. It allows for objective scoring.

Disadvantages

1. It stresses factual information.
2. It may give premium to rote memory rather than real understanding.
3. Alternative answers provided by students maybe very close to the correct answer, making scoring problematic.
4. Clues can allow students to guess the answer.

Essay Test. The use of this test allows the student to organize information in a systematic way. It also gives the teacher an insight into the students' understanding of the lesson.

Advantages

1. Originality and creativity of the students are encouraged.
2. It stimulates students to organize their thinking.
3. The chance of cheating is minimized.
4. Guessing is reduced to a minimum.
5. It can provide answers that reflect students' attitudes, values and skills.

Disadvantages

1. Scoring can be subjective.
2. Scoring is time consuming.
3. Students with poor writing skills are at a disadvantage.
4. It can sample only a limited amount of the materials covered.

Resource Material 8.1C

RULES FOR WRITING TEST ITEMS

General Rules

Be careful not to provide cues to the correct answer.

Avoid dependent items where one item cues the answer in another item.

Avoid negatives.

Avoid unnecessary difficulty, such as use of obscure vocabulary.

Avoid direct quotations.

Do not call for trivial, obvious, ambiguous, or meaningless answers.

Each item should have only one correct answer.

Use illustrations appropriately and accurately and make them clear.

Follow the rules of grammar and syntax.

Avoid items that give away the answer.

Avoid complex sentence structure.

Multiple-Choice Items

Make the stem a direct question.

Ask one definite question.

Avoid making correct alternatives obviously different.

Present alternatives in logical order.

Avoid making correct alternatives systematically different.

Present alternatives in logical order.

Make response alternatives mutually exclusive and of similar length.

Make response alternatives plausible but not equally plausible.

Use “none of the above” seldom and with caution.

Make options and the stem grammatically parallel and consistent.

Present the term in the stem and definitions as options when testing knowledge of terminology.

Avoid requiring personal opinion unless on attitude survey.

Avoid redundancy in alternatives by stating once in the stem.

Avoid a collection of true/false alternatives.

Use “all of the above” option when there are several correct answers, not a best answer.

Put as much of the problem as possible into the stem.

Matching Items

Use response categories that are related but mutually exclusive.	Use longer phrases in the response list, shorter in the stimuli list.
Keep the number of stimuli small and have the number of responses exceed stimuli by 2 or 3.	Identify stimuli with numbers and responses with letters.
Present response in logical order (e.g., alphabetically, chronologically).	Keep everything relating to an item on a single page.
Explain the basis for matching; give clear directions.	Make stimuli and response columns similar in level of difficulty.
Avoid “perfect” matching by including one or more implausible responses.	Avoid using complete sentences in stimuli column; use phrases or words instead.

True/False, Constant Alternative Items

Be sure the item is definitely true or false.	Use quantitative language when possible.
Avoid determiners such as always, often.	Place crucial elements at the end of the sentence.
Use approximately the same number of words in each statement.	Instead of true/false, you can use yes/no, right/wrong correct/incorrect, same/opposite.
Avoid quotations or stereotypes.	Phrase items unambiguously.
Don't present items in a pattern.	

Short Answer, Completion, or Supply items

Word items specifically and clearly.	Provide the terms and require the definition rather than vice versa.
Put the blank towards the end of the sentence.	Specify the terms in which the response is to be given, e.g., word, phrase, sentence, inches, feet.
Use only one blank in a sentence.	
Avoid quoted or stereotyped statements.	Use direct questions rather than incomplete declarative sentences.
Require short, definite, explicit answers.	

Essay Items

Focus the type of response you wish the student to make.	Word question so experts can agree on correct response.
Clarify limits and purposes of questions.	Use more than one essay question.
Avoid optional questions.	Set up a systematic scoring procedure.

Application or Problem Solving Items

Use new or novel test materials.	Test ability to use materials.
Use introductory materials followed by item dependent on that material.	Use pictures or diagrams for testing.
Call for identifying or producing examples.	Use reading material for testing.
Call for identifying components or relationships.	Allow for creativity.

Resource Material 8.2
(Sample Cover)

UNESCO

**Creative Teacher
Resource Book on
HIV/AIDS Prevention
Education**

Name of Teacher _____

School _____

Funding support from the Japanese Funds-in-Trust, Government of Japan

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Appendices

**CONSULTATIVE MEETING
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UNESCO TRAINING OF TRAINORS MANUAL**

Manila, Philippines
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Integrating HIV/STD prevention in the school setting: *a position paper*



UNAIDS inter-agency working group

Integrating HIV/STD prevention in the school setting

1 RATIONALE

Young people (10 to 24 years) are estimated to account for up to 60% of all new HIV infections worldwide. Many young people can be reached relatively easily through schools; no other institutional system can compete in terms of number of young people served. Prevention and health promotion programmes should extend to the whole school setting, including students, teachers and other school personnel, parents, the community around the school, as well as school systems. Such activities are a key component of national programmes to improve the health and development of children and adolescents.

2 HIV/STD PREVENTION AND HEALTH PROMOTION

HIV/STD-related programmes provide an opportunity to strengthen and accelerate existing health promotion activities in schools. Education to prevent HIV/STD should be integrated into education

about reproductive health, life skills, alcohol/substance use, and other important health issues; included in other subject areas as appropriate and established by official policies; and enhanced by school practices that foster self-esteem, caring, respect, decision-making, self-efficacy, and conditions that allow for the healthy development of students and staff. This is done, inter alia, through materials development, teacher training, supervision, and the participation of parents and communities.

3 POLICIES

Developing and monitoring a range of policies will be essential for effective programmes. This includes policies on: human rights (right to education, to non-discrimination, to confidentiality, to protection of employment, to protection from exploitation and abuse); access to school by students and school workers living with HIV/AIDS; pre- and in-service teacher training;

community/parent participation; content of curricula and extra-curricular activities; and link with health services capable of providing diagnosis and treatment of STD for young people as well as the means of protection against unwanted pregnancy and HIV/STD, including contraceptives and condoms. Policies are developed at different levels, according to the degree of centralization of the school system.

4 LEARNING HOW TO COPE

For young people to develop healthy and responsible behaviour patterns, and avoid infection, it is not sufficient to learn the biomedical aspects of sexual and reproductive health. Equally important is learning how to cope with the increasingly complex demands of relationships, particularly gender relations and conflict resolution; how to develop safe practices, and how to relate with the increasing number of people living with HIV and AIDS.

5 AGE

Prevention and health promotion programmes should begin at the earliest possible age, and certainly before the onset of sexual activity. They should reach students before most of them leave or drop out of school, particularly in countries where girls tend to leave at a younger age. This means that age-appropriate programmes should start at primary school level.

6 LIFE SKILLS

A life skills approach is important in such programmes. Skills that enable young people to manage situations of risk for HIV/STD infection are also essential for the prevention of many other health problems. Such skills include how to respond adequately to demands for sexual intercourse/offers of drugs; how to take responsible decisions about difficult options; how to apply risk

reduction techniques; how to refuse unprotected sex when sexually active, and how to seek appropriate support and care, including health services and counselling.

7 RESPONSE OF SCHOOL SYSTEMS

Although prevention education through school settings is recognized by almost all countries as necessary, significant institutional, political, religious and cultural barriers to its implementation will need to be resolved. In each country, the school system as a whole must respond to HIV/STD and AIDS, in close collaboration with the Ministries of Education, Health, Youth and other government sectors, teachers' associations and other NGOs, and the wider community.

8 UNAIDS ACTION

UNAIDS will (i) facilitate the strengthening of national

capacity to develop, implement, monitor and evaluate programmes that integrate HIV/STD prevention, health promotion and non-discrimination into school policies, curricula as well as extra-curricular activities, and training; and (ii) identify effective and innovative policies, strategies and action in this area.

9 GOALS BY THE YEAR 2000

By the year 2000, UNAIDS will aim to:

- increase significantly the number of countries which have developed detailed policies and implemented programmes for non-discrimination and HIV/STD prevention in the school setting; and
- increase towards full coverage the percentage of young people attending school, who learn how to avoid discrimination and reduce the risk of infection.

The UNAIDS inter-agency working group is a mechanism for coordination that includes specialists from UNESCO, UNFPA, UNICEF, WHO, The World Bank.

UNAIDS Cospponsored programme

The Joint United Nations Programme on HIV/AIDS (UNAIDS), established in January 1996, brings together the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank. The first programme of its kind in the UN system, it brings together expertise in sectors ranging from health to economic development.

It is not a funding agency. It is a small programme that aims to increase its impact and outreach through strategic alliances with its Cosponsors and other partners.

Mission of UNAIDS

As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

Strategic Objectives

Identify, develop and advocate Best Practice – drawing on practical and successful experience from around the world, UNAIDS identifies and disseminates sound policies and strategies for prevention and care – what can be called "best practice". It also supports research to develop new tools and approaches.

Promote strong commitment by governments to an expanded national response – The major focus of UNAIDS with its Cosponsors at country level is on helping countries to build up their capacities to plan and implement an expanded response to the HIV/AIDS epidemic by providing technical collaboration, specifically on national strategic planning for expanding the response, and on strengthening capacities to mobilize resources among different partners at country level.

Provide advocacy and leadership – UNAIDS takes a leadership role in mobilizing worldwide political and financial support and commitment to HIV/AIDS among different constituencies. UNAIDS focuses on using existing opportunities to integrate HIV/AIDS into existing agendas and bringing in new partners, and forges new alliances to broaden the circle of expertise and resources for HIV/AIDS.

Strengthen and coordinate UN actions – UNAIDS helps to strengthen and streamline action by the Cosponsors and other UN bodies in support of national responses to HIV/AIDS

August 1997

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(UNAIDS 97.7)

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SEAMEO TROPMED Network

SEAMEO TROPMED Network is a regional cooperation network established in 1967 for education, training and research in tropical medicine and public health under the Southeast Asian Ministers of Education Organization. The mission of SEAMEO TROPMED is to promote health and to prevent or control diseases, thus improving the living conditions of people through relevant programmes and services. One specific objective is to develop the capacity of individuals and institutions in delivering quality healthcare. The Network operates through the Regional Centre for Community Nutrition in Indonesia; Regional Centre for Microbiology, Parasitology and Entomology in Malaysia; Regional Centre for Public Health in the Philippines and Regional Centre for Tropical Medicine in Thailand. These Regional Centres are affiliated with academic and research institutions which provide the physical facilities, faculty and technical support staff in respective Member Countries. SEAMEO TROPMED is unique insofar as no other similar organization exists in the developing world that serves as a focal point in higher education and research, maximizing the benefits to be gained from North-South and South-South collaborative efforts.

Programmes and activities of the Network are managed by the Secretary-General/Coordinator and Assistant Coordinator for Programme at the following address:

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UNESCO PROAP

The United Nations Educational, Scientific and Cultural Organization, Principal Regional Office for Asia and the Pacific (UNESCO PROAP), in partnership with SEAMEO TROPMED, has undertaken the preparation of this Training of Trainers Manual which was evaluated by international experts and pilot-tested by prospective end-users. This 'generic' manual is for adaptation to suit the requirements and cultural sensitivities of respective countries while addressing the needs of classroom teachers for an appropriate HIV/AIDS preventive education material in the school setting.

To date, the Manual has been translated into Chinese, Lao, Thai and Urdu. The Hindi, Sinhala and Bahasa Indonesia versions will be available by 2001. Training has already taken place in the aforementioned countries while the English version was used in a recent workshop conducted in Southern Philippines. Meanwhile, requests for copies have been received from the following: the Literacy Section Education Sector; the Focal Point for HIV/AIDS at the Science Sector; the Preventive Education Unit Sector; the IIEP, IBE and UIE; UNAIDS in Geneva; countries in Africa namely Kenya, Uganda, Zimbabwe and Botswana; and Latin America - Brazil and the Dominican Republic.

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