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HIV and AIDS Curriculum for Adolescents in Nyumbani Village, Kenya

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Abstract

HIV and AIDS Curriculum for Adolescents in Nyumbani Village, Kenya

By Meghan Duffy

Nyumbani Village, a community located in Kitui County, 180 km East of Nairobi, Kenya, was established by the Children of God Relief Institute in 2006 as a practical and sustainable way to provide a home for over 1,000 children and adolescents orphaned by HIV and AIDS and over 150 senior adults whose adult children had died of AIDS-related causes. However, despite the fact that the Village was created for children and adolescents orphaned by the HIV and AIDS epidemic, many students lack correct and comprehensive information about HIV and AIDS that could assist to alleviate stigma and discrimination. This special studies project develops a curriculum to enhance the HIV and AIDS education the Lawson Secondary School (Form 1-Form 4) and Polytechnic Trade School students currently receive thereby reducing stigma and improving the medication adherence of the adolescents who are HIV-positive. A needs assessment conducted at the Village in the summer of 2013 utilized key informant interviews with staff and focus group discussions with students to generate data on student and staff needs. A thorough review of interactive, faith, and evidence-based HIV and AIDS curricula targeting adolescents as well as participatory learning methods grounded in social cognitive theory informed the design of the curriculum which consists of three modules (10 sessions). The modules include goals and objectives, interactive activities, additional resources, short films, and an evaluation survey. They will be delivered over school breaks when the children are present in the Village but unengaged in other activities. This project provides insight into gaps in the HIV and AIDS-related education of the students in Nyumbani Village, while providing a unique curriculum that draws on interactive, faith, and evidence-based HIV and AIDS curricula to address identified needs in the manner identified as most appropriate by staff and students.

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Chapter I: Introduction

1.1 Introduction and Rationale

HIV is one of the greatest public health challenges confronting the people of Kenya. The adult HIV prevalence in Kenya is 6.2% (UNAIDS, 2012). HIV prevalence peaked at 13.4% in 2000 and decreased steadily thereafter to the current rate of 6.2% due to an increase in education, expansion of antiretroviral therapy, and high death rates (NASCOP, 2006 & UNAIDS, 2012). As of December 2011, 1.6 million people in Kenya were living with HIV. In that same year, an estimated 49,126 people died of AIDS-related causes (NASCOP, 2011).

The high death rates due to HIV and AIDS have taken a toll on the children of Kenya. In 2011, an estimated 1.3 million children from birth to age 17 lost one or both parents to AIDS (UNAIDS, 2012). In response to this daunting reality, many religious organizations have intervened. Churches play a key role in providing education and healthcare systems across the African continent. Faith groups provide an average of 40% of the healthcare in African countries (some estimates are as high as 70%), particularly in those rural areas where HIV infection rates are highest (Tearfund, 2006 & World Health Organization, 2007). Kenya is no exception. According to a systematic review and meta-analysis conducted in 2012, the percentage of hospitals in Kenya owned by faith-based organizations (FBOs) is estimated as 16.5–28% while the percentage of health facilities in Kenya owned by FBOs is 12.5% (Kagawa et al., 2012). Altogether, it is estimated that one third of the health and education infrastructure is run by FBOs (Pan African Christian AIDS Network, 2001).

This presence can be accounted for in several ways. First, in contrast to the secularized society of many Western countries, faith is a huge part of the daily lives of many Africans. According to scholar Geoff Foster (2005), there are an estimated 2 million faith congregations in

Africa. Churches can reach even the most remote villages, positioning them in a unique way to respond to the needs of the people. Some of the largest dioceses cover 100 plus churches (Foster, 2004). This reach often extends beyond that of governments and non-governmental organizations (NGOs). Consequently, the potential for networking and disseminating information is great. Church-established structures provide channels for communication and appropriately funneling resources. Secondly, most faith-based organizations see their role as serving the community out of a sense of duty and compassion that is theologically mandated. For example, many Christian faith-based organizations pay particular attention to the sick and needy, the underprivileged, the widow and orphan—the very people who are most vulnerable in the face of the pandemic—because various Bible passages such as James 1: 27 & James 2: 15-17 expressly state to do so (Foster, 2005). Therefore, often when other civil society groups and external donors grow weary and leave, churches remain.

One such organization driven by a biblical mandate is The Children of God Relief Institute (COGRI). It was established in 1991 by Father Angelo D' Agostino, S.J., M.D., psychiatrist and Jesuit Priest, and Sr. Mary Owens, IBVM, to provide care and support to both HIV infected and affected orphans. Its vision is: "Sustainable communities for children infected and affected by the HIV pandemic inspired by Christian compassion" (www. nyumbani.org).

Over the twenty years since its foundation, COGRI has expanded into four programs. The first is Nyumbani Children's Home in Karen, Nairobi, founded in 1992. The second is the Lea Toto community care based program founded in 1998 in the informal settlements surrounding the city of Nairobi. The third is Nyumbani Diagnostic Laboratory also founded in 1998 to offer specialized HIV services. The last is Nyumbani Village founded in 2006 (www. nyumbani.org).

Nyumbani Village was created to serve as a practical and sustainable way to assist a portion of the children and their grandparents who were left homeless due to the decimation of the wage-earning adult generation of Kenyans. The Village was founded and created on 1,000 acres of land in a remote section of Kenya called Kwa Vonza, Kitui County, Eastern Province, located 180km East of Nairobi. The Village is designed to provide homes (there are currently 100) for 1,000 children and adolescents orphaned by HIV and AIDS and over 150 senior adults whose adult children died of AIDS-related causes. The Villages consists of three schools (Hotcourses Primary School, Lawson Secondary School and Polytechnic Trade School); a medical clinic where the children who are HIV-positive (roughly 10% of the children) receive antiretroviral treatment; a worship center (where Roman Catholic services are held every Sunday and at various times throughout the week); and other community buildings (www. nyumbani.org).

Religious organizations such as COGRI have been instrumental in fighting the HIV epidemic. However, Kenya's struggle is far from over. The number of people living with HIV continues to increase, as new infections continue and effective treatments help those who are infected maintain good health and live long lives. Furthermore, in other sub-Saharan Africa countries, progress against HIV has sometimes been followed by a resurgence of the epidemic, underscoring the critical importance of continuous vigilance (NASCOP, 2011). Vigilance is contingent on understanding the current situation in Kenya.

Kenya's epidemic has been categorized as generalized, meaning that HIV affects all sectors of the population. However, HIV prevalence tends to differ according to location, gender, and age (Avert, 2012). Sexual transmission is the primary driver of Kenya's epidemic. Heterosexual transmission within a union or primary partnership accounts for an estimated 44%

of new infections (NASCOP, 2011). Among adults living with HIV, women represent 58% of prevalent infections. The large number of sexually acquired HIV infections among women has given rise to substantial transmission to newborns, with an estimated 12,894 neonates and infants in Kenya being infected in 2011 despite the increase in services to prevent mother-to-child HIV transmission (NASCOP, 2011).

Considering the epidemic in Kenya is generalized, relatively low levels of sexual risk behavior carry a substantial likelihood of contracting HIV. Among adult participants in the 2003 Demographic and Health Survey who said they had "no risk" for HIV, nearly 1 in 20 (4.6%) were HIV-infected (Montana et al., 2007).

HIV and AIDS education is therefore, an essential part of HIV prevention. In Kenya, AIDS education is part of the curriculum in both primary and secondary schools (NASCOP, 2006) and for a number of years Kenya has delivered educational campaigns to raise nationwide awareness of the issue. As a result, awareness about HIV and AIDS in Kenya is high. However, the specifics of the disease remain foggy in the minds of many students (NASCOP, 2010). This may be due to the logistical complexity of fully implementing the recommended curriculum. One study of 21 primary and 9 secondary schools highlighted the difficulties. Some of these included: insufficient time, lack of teacher training and support, and reluctance by parents and the Ministry of Education to talk openly about sex and condoms (NASCOP, 2010).

Studies have also shown that although people are aware of the basic facts about HIV and AIDS, many do not have the more in-depth knowledge that could allay fears and reduce information-based stigma (International Treatment and Preparedness Coalition, 2007). Unfortunately, many people living with the virus continue to confront stigma and discrimination on a regular basis. Studies have also shown that this stigma leaves men, women, and children

feeling isolated and neglected. Over 16% of people living with HIV in Kenya have reported feeling suicidal (UNAIDS, 2007). Furthermore, HIV-related stigma inhibits open discussion of the epidemic and fear of discrimination or disapproval may deter individuals from seeking the services they need (NASCOP, 2010). HIV-related social stigma is, therefore, an urgent issue that needs to be addressed through more in-depth information.

1.2 Problem Statement

Regrettably Nyumbani Village is no exception. Within the confines of the Village, many key informants asserted that stigma persists due to a lack of information. Patrick Mulei, a social worker in the Village, stated: "I think the issue of stigma needs to be addressed because some children know that such and such is HIV-positive and maybe we don't need to share a basin so they start: 'No you won't use my cup- you are positive.' And those words now affect the infected child. Mostly what we deal with is stigma. Stigma needs to be dealt with." When probed regarding how stigma could be addressed, Patrick responded: "I think to fight stigma the information first should start from do the children really know what is HIV. They have to get education first. What is HIV? How is it transmitted?" His opinion was reiterated by many other key informants who asserted that the children need to learn the details of HIV including: transmission, prevention (particularly abstinence), the stages of virus progression, and how the antiretroviral medication (ARVs) administered to people who are HIV-positive assist their immune system to fight the disease.

Providing more information may also serve to improve the ARV adherence of the children and adolescents who are HIV-positive. Several staff explained that adherence is a problem in the village. This may be due to the fact that children who are HIV-positive avoid

taking their medication in an attempt to normalize themselves and avoid stigmatization. It may also be due to the fact that the children do not understand the importance of taking the medication. The Nyumbani Clinic Officer, Carol Mwende, asserted: "Most of them don't know exactly what HIV is. They know they have some kind of condition- some kind of special medication they need to take every day to not get sick. Ok, we teach them they have to take medication every day so they do not get infections like diarrhea, TB, stuff like that, but most of them don't know what exactly is their problem."

Furthermore, some children may not properly adhere to their medication because they inaccurately believe they are destined to a premature death. Ms. Mwende explained that around the age of ten: "They will start throwing away pills, being funny, missing classes in the name of they are sick. They are not sick. They feel like- even if I am going to school, is it going to help me?" These despondent attitudes can jeopardize the futures of the adolescents who are HIV-positive. With more information the children and adolescents may come to understand that if they take their medication consistently and correctly they have many years of healthy life ahead of them. Conversations with successful men and women living with HIV and AIDS in the community (as many key informants suggested) may also help the students recognize their promising prospects.

However, without an understanding of at least the basics of antiretroviral medication it is unsurprising that they do not grasp the gravity of adhering to their treatment regimen. This is particularly worrisome because a lack of medication adherence can have severe consequences for the children and adolescents such as drug resistance and debilitating sickness. Ms. Mwende explained that there have been several such situations in the Village where children who have not adhered to their medication deteriorated rapidly.

Furthermore, the needs assessment data reveal that many of the children and adolescents who are HIV-negative (but have lost their parents to HIV and AIDS) are aware of HIV and AIDS, yet do not understand the specifics of the virus. A majority of the students who were surveyed could define the acronyms HIV and AIDS, but very few Polytechnic Trade School students or Lawson Secondary School Form 1 students (the United States equivalent of freshman year high school students), or Form 3 students (the United States equivalent of junior year high school students), who were surveyed could identify four modes of transmission or three means of prevention. Furthermore, many students expressed the desire to learn more about prevention and transmission as well as how to interact appropriately with their peers who are HIV-positive. One Form 3 student wrote: "I would like to know more about the HIV and AIDS so as to know how to relate with those who are positively infected." It is important that the students learn the information concerning HIV and AIDS that they desire especially because, as explained above, the epidemic in Kenya is generalized. This means that relatively low levels of sexual risk behavior results in increased likelihood of contracting HIV. If the children do not have a thorough understanding of HIV and AIDS, not only will stigma persist within the village, but once the adolescents leave the village at the age of eighteen, they may be unaware of how to fully protect themselves against the disease. If this is the case, they will be at increased risk of contracting HIV and/or transmitting HIV, thereby perpetuating the epidemic. The perpetuation of HIV has an impact on the greater Kenyan population. According to the National AIDS and STI Control Program (2011) although the HIV prevalence has decreased in recent years, if Kenya does not remain vigilant, there is liable to be a resurgence of the disease.

1.3 Purpose Statement

The purpose of this special studies project is to develop an interactive and faith-based HIV and AIDS curriculum that draws on components of evidence-based interventions to provide Lawson Secondary School students (Form 1 to Form 4) and Polytechnic Trade School students in Nyumbani Village with the additional HIV and AIDS information they need in the manner in which they would like to receive it. Staff will implement the curriculum during school breaks (April, August, December) when the students are present in the Village but unengaged in other activities.

1.4 Objectives

Objective one:

Evaluate the need for additional HIV and AIDS information and identify the specific learning priorities of staff and students in the Village through a community needs assessment involving 25 key informant interviews and 3 focus group discussions.

Objective two:

Conduct a literature review of relevant HIV and AIDS curricula that are interactive, target adolescents who are HIV-positive and HIV-negative and represent one or more of the following:

- International focus (or adaptation of US-based curricula for the African context)
- Evidence-based
- Faith-based

Objective three:

Create a curriculum for Nyumbani Village based on the analyzed needs assessment data, incorporating identified HIV and AIDS curricula, and informed by participatory learning methods grounded in Social Cognitive Theory (Bandura, 1986).

Objective four:

Ensure the curriculum is logistically implementable based on the analyzed data garnered from the needs assessment.

1.5 Significance Statement

Additional HIV and AIDS information presented in an interactive, faith-based manner and tailored to the specific needs of Nyumbani Village, will engage the children and effectively help them understand the intricacies of the disease. This in-depth knowledge will contribute to lowering HIV-related stigma in the Village. As a result, the adolescents who are HIV-positive will experience less stigma. This decrease in stigma, in addition to further information, may increase medication adherence and motivation of the adolescents who are HIV-positive. Furthermore, all the adolescents will be better informed when they leave the Village and re-enter Kenyan society at the age of eighteen. They will, therefore, be better equipped to protect themselves and others against the generalized HIV and AIDS epidemic in Kenya.

1.6 Definition of Terms

- *Children of God Relief Institute (COGRI)*: provides care and support to both HIV-infected and affected orphans through four Nyumbani programs.
- *Discrimination:* the practice of unfairly treating a person or group of people differently from other people or groups of people (Merriam-Webster, 2014).
- *Drug Adherence:* the act of taking the prescribed dose of medicine at the correct time each day (Merriam-Webster, 2014).
- *Evidence-Based curricula:* curricula that have been proven through rigorous evaluation to reduce risk, underlying behavioral risks, and associated risk factors (U.S Department of Health and Human Resources, 2014).
- *Faith-Based Curricula:* curricula that are influenced by stated religious or spiritual beliefs.
- *Faith-Based Organization (FBO):* An organization that is influenced by stated religious or spiritual beliefs in its mission, history, and/or work (U.S. PEPFAR, 2013).
- *Stigma:* the phenomenon whereby an individual with an attribute that is deeply discredited by his/her society is rejected as a result of that attribute; a process by which the reaction of others spoils normal identity (Goffman, 1963).

Chapter II: Needs Assessment Methods and Results

2.1 Introduction

The main purpose of this special studies project is to develop an interactive, faith-based HIV and AIDS curriculum that draws on components of evidence-based interventions to use with adolescent students in Nyumbani Village. Two principal methodologies were used to inform its creation.

First, a needs assessment involving interviews with key staff members and focus group discussions with adolescent students was undertaken in the summer of 2013 in Nyumbani Village, Kitui County, Kenya. The data gathered from this assessment helped identify unmet educational needs of the students concerning HIV and AIDS as well as the best ways to address those needs. The data and the methods associated with their collection informed thematic content, logistical structure, and delivery techniques of the curriculum. The second methodology applied was the utilization of learning methods grounded in health behavior theory to formulate the design of the curriculum. Findings of the needs assessment as well as participatory learning methods based on Social Cognitive Theory (SCT) combine to inform the creation of the curriculum to be used in Nyumbani Village.

2.2 Needs Assessment Methods

Study Description and Purpose

The purpose of this needs assessment was threefold: to assess staff and student satisfaction with the HIV and AIDS education the students currently receive, to identify gaps in the HIV and AIDS education the students currently receive, and to ascertain how the staff and students would like to receive additional information (if identified as necessary).

Key Informant Interview Methods

Recruitment Procedure:

Upon arrival in the Village, I spent several weeks familiarizing myself with the day-to-day operations of Village life and integrating myself into the community. Through this process I was able to identify key staff in every sector of the Village including health, counseling,

education (Hotcourses Primary School, Lawson Secondary School and Polytechnic Trade School) and religious who were the most influential in the community, knowledgeable regarding the students' HIV and AIDS education, and motivated to see the children and adolescents flourish. The long process of familiarization and integration provided the necessary space and time for the staff to become comfortable with my presence in the Village thereby ensuring that they were able to openly express their opinions regarding the students' HIV and AIDS education. By the end of my two months in the Village I had conducted twenty-five key informant interviews with the following personnel:

- Director
- Two nurses
- Two counselors
- Three principles (Hotcourses, Lawson, and Polytechnic)
- Seven Social Workers
- Five teachers (two Hotcourses, two Lawson, one Polytechnic)
- Five religious leaders (priest, brother and three sisters, who are also teachers)

Interview Tool:

The key informant interview tool was created on site in Nyumbani Village once the composition of the Village was thoroughly understood. It was developed with the assistance of Karen Andes, a Global Health professor at Rollins School of Public Health, who has many years of qualitative research experience in developing countries. Upon completion, the Director of the Village, Nicholas Msyano, reviewed the tool to ensure cultural sensitivity and appropriateness. The final draft of the interview tool can be found in Appendix A. Each interview was conducted

in a private space so that the staff members felt comfortable sharing their thoughts and opinions. Each interview began with warm-up questions regarding the position of the respective member of staff. It then transitioned into the core of the material with questions regarding where the students currently receive HIV and AIDS information, what the students learn, and the perceived adequacy of this information. If the interviewee noted a need for additional information (as was the case in all but one interview), the interview concluded with questions regarding where and how the students might best receive additional HIV and AIDS information. I asked questions in an open-ended manner whenever possible to ensure the responses were participant-driven rather than researcher-imposed.

Data Analysis:

All interviews were recorded and detailed notes were taken upon listening to the interviews several times. The ten most informative interviews (rich in identification of the gaps in the student's HIV and AIDS education as well as helpful suggestions for developing a HIV and AIDS curriculum) were transcribed. MaxQDA, a software program designed for computer-assisted qualitative data analysis, was used to analyze this data and extract the most pertinent and informative themes. The rest of the interviews were analyzed using classic content analysis. Classic content analysis focuses on counting the frequency of certain occurrences, actions or issues.

Focus Group Discussion Methods:

Recruitment Procedure:

During my first several weeks in Nyumbani Village I developed relationships with the students in Hotcourses Primary School (Class 7 and Class 8), Lawson Secondary School (Form 1 through Form 4), and Polytechnic Trade School by teaching English lessons to Class 7 students, holding a weekly club for Form 1 girls, teaching Life Skills lessons to Form 3 students, playing basketball and volleyball with Polytechnic students, and simply being present and participating in many activities from school debates to church services. Due to my rapport with the students, they were comfortable with my presence and were able to provide their thoughts and opinions uninhibitedly. I requested that the professors of Form 1, Form 3, and Polytechnic students (as I had spent the most time with the students in these classes) randomly select ten students of mixed ages (from 14 -18 years of age) and gender (5 boys and 5 girls) to participate in a focus group discussion on HIV and AIDS. I am uncertain if the selection was indeed random. I am inclined to believe that the superior students from each class were selected; therefore the student's HIV and AIDS knowledge may be overestimated. By the end of my two months in the Village I had conducted three focus group discussions with the following groups of students:

- Lawson High School Form 1
- Lawson High School Form 3
- Polytechnic Trade School

Interview Tool:

Similar to the key informant interview tool, the focus group discussion tool was created on site in Nyumbani Village once the composition of the Village was thoroughly understood. It

was also developed with the assistance of Karen Andes and upon completion Nicholas Msyano, the Director of the Village, reviewed it to ensure cultural sensitivity and appropriateness. The final draft of the interview tool can be found in Appendix B. The interviews were conducted in a private space (two were conducted in the unoccupied library and one in an unoccupied classroom) without the presence of teachers or staff so that the students felt comfortable sharing their thoughts and opinions. Each focus group discussion began with a snack, introductions, and a mapping activity as a warm-up. The students were then split into two groups of five (seven students were split into groups of four and three in the case of the Polytechnic students who were unable to procure the requested number of students to participate) and each group was provided a map of the village. The students were first asked to mark on the map the places they currently receive HIV and AIDS information. After five minutes or so they were then asked to mark on the map the places they would like to receive HIV and AIDS information. After they had concluded this activity, they were asked to verbally share which places they marked and why. The map used in the mapping activity can be found in Appendix C. The discussion continued with questions concerning the information the students received at the places they marked on the map. The students were asked if the information they received was sufficient. All of them said that is was not and were, therefore, asked to explain what else they would like to learn, where they would like to learn it, and how they would like to learn additional HIV and AIDS information. I asked questions in an open-ended manner whenever possible to ensure the responses were participant-driven rather than researcher-imposed. The discussion concluded with a short survey of the HIV and AIDS knowledge of each student regarding specific HIV and AIDS information. The survey can be found in Appendix D.

Data Analysis:

All focus group discussions were recorded and detailed notes were taken upon listening to the discussions several times. The three focus group discussions were transcribed. MaxQDA was used to analyze this data and extract the most pertinent and informative themes. The close-ended survey questions were analyzed by manually calculating response frequencies and percentages to each question. The open-ended survey questions were analyzed using classic content analysis. Classic content analysis focuses on counting the frequency of certain responses, questions, and ideas.

Institutional Review Board (IRB) Approval

As this project consisted of a needs assessment at the request of Nyumbani Village, it was not considered human subject research, and Emory IRB approval was not required.

2.3 Needs Assessment Results

Key Informant Interview Data Analysis

The key informant interview analysis yielded insightful results that will be described below and organized into three broad categories according to the manner in which they were discussed during the interviews. First, an analysis of the HIV and AIDS education the students receive at Nyumbani Village will be presented. This will be followed by an analysis of the informants' opinions concerning how the HIV and AIDS education needs should be met. Lastly, an analysis of the informants' ideas regarding the logistical implementation of the curriculum will be addressed.

HIV and AIDS Education Assessment

All of my key informants expressed the need for additional HIV and AIDS information. Carol Mwende, the head nurse, phrased it nicely. She stated: "Always information is power. You need to keep on giving them information." Nicholas Msyano, the Director of the Village, succinctly asserted: "More information is always good." One of the most frequently cited reasons for why more information is necessary is that the children forget so they need to be constantly reminded. Nicholas explained: "You know you forget. They sometimes forget there is HIV and then it is like when you are reminded it is like-- oh it is still there. That can prevent a lot." A second, frequently cited reason that the children need additional information concerning HIV and AIDS was so that the communities to which they return when they leave the Village will benefit from their knowledge. Furthermore, several informants expressed concern that if the HIV and AIDS epidemic is ignored there will be a resurgence of the disease. Lastly, several informants expressed fear in the community as a reason that more HIV and AIDS information is necessary. Patrick Mulei, a social worker in the Village cited above, stated: "Most children are not aware whether-- they still fear the disease which has claimed most of their parents' lives."

When asked what information concerning HIV and AIDS in particular the children need to learn, many informants responded that the stigma in the community must be addressed. Nicholas stated: "They also need more exposure to avoid stigma. Yes. Some think once you have HIV/AIDS it is the end of you – it is death. It is like death sentence. That needs to be more emphasized so people are not so afraid to talk about it and so they don't see those with it as walking dead." Patrick also expressed concerns about stigma. He stated: "I think the issue of stigma needs to be addressed because some children know that such and such is HIV-positive and maybe we don't need to share a basin so they start: 'No you won't use my cup- you are

positive.' And those words now affect the infected child. Mostly what we deal with is stigma. Stigma needs to be dealt with."

When probed regarding how stigma should be addressed, Patrick responded: "I think to fight stigma the information first should start from do the children really know what is HIV. They have to get education first. What is HIV? How is it transmitted?" His opinion was reiterated by many others who asserted that the children need to learn the details of HIV including how it is transmitted, how it is prevented (particularly abstinence), the stages of virus progression, and how the medications (ARVs) administered to people who are HIV-positive assist their immune system to fight the disease.

Ways to Meet HIV and AIDS Education Needs

When asked how the additional HIV and AIDS information should be delivered to the adolescents, it was unanimous that an interactive and "youth-friendly" (as Michael George, the director of the Polytechnic, stated) approach needed to be utilized. Mr. Evans, a Form 4 biology teacher stated: "The students, to my opinion, they should not take this information for succeeding in exam, because that is how I see them, that they study information concerning AIDS for their exams and not for real life."

When probed he asserted that role plays or films may be the means to help them learn the HIV and AIDS information for real life because, as he stated: "after the play they would see by themselves how it goes and then they can respond to what they have seen." Br. Matthew re-iterated the importance of "passing the message" through performance so their minds are not full but "empty cups to be filled." Several informants also mentioned having People Living with HIV (PLHIV) speak to the children provided they are successful men and women in the

community. Br. Matthew said that this would inspire the children to know it is possible to live well as individuals who are HIV-positive.

When probed concerning how to deliver the message of abstinence to the children in a way that they would understand, several informants provided useful ideas. Mr. Evans stated: "We allow students to access all the information…the advantages and the disadvantages, then towards the end we advocate for abstinence. By so doing they will have access to the information, and they will make individual decisions now that they are mature students."

Patrick and Lillian Muthui, the counselor, likewise advocated for providing the students all the information, but then encouraging abstinence. Lillian explained her rationale for this approach in the following manner: "If we don't tell them—we don't speak to them about this information you have got the social media and they have access to that so it is better when they learn it from us instead of learning from their peers or social media because they'll go and practice not knowing the risks that will come out of that."

Sr. Francisca provided useful examples of how to cloak the message of abstinence in religious terms. She stated: "Religion tells us that we have to wait, that we have to abstain until we have the right partners…our bodies are the temples of the Holy Spirit." She also tries to explain to them that if they mix education and sex then they run the risk of ruining their bright futures "full of hope."

Logistics

There was a general consensus on most aspects of implementation of the HIV/AIDS curriculum. Almost all of the key informants agreed that provision of additional HIV/AIDS information was a collective responsibility. Carol Mwende stated: "For a healthy society or

community it is a collective responsibility for everyone. You can't say it is for teachers alone or for the clinic or counselors or social workers. I think everyone should be involved in this." Similarly Lillian stated: "I will call it a collective responsibility for each and everybody in the village because these children are growing without a mother, without father, without an elder, without an elder sister or brother so I would call upon a collective responsibility for each and everybody to act as a role model to these children giving information so they can make informed decisions and choices."

Michael George, the Director of Polytechnic, was of the same opinion, but he also pointed out that there should be a few people in each department to champion the additional information. He stated: "It is our whole responsibility- it is a collective responsibility that we need to work together. I'm of the opinion that we identify a few stars in different departments to champion that to make it more effective."

Concerning the age of implementation there was less general consensus about at the exact age at which additional information should be provided. Some thought that at age ten the children should receive additional HIV and AIDS information because the HIV status of the children is disclosed at that age. However, others thought that the children are not developmentally mature enough to understand additional information until secondary school. Nevertheless, there was agreement that the children should be divided according to their age groups, and the information should be tailored to each group.

Lastly, it was surprisingly unproblematic to reach a consensus concerning the appropriate time for implementation of the curriculum. Most agreed that three times a year during the holidays was most appropriate. The rationale behind this decision was that the students' school programs should not be interrupted, but the information must be delivered continuously so as not

to be forgotten. Furthermore, it was acknowledged by several teachers that during school breaks the children might be getting into trouble unless their time is otherwise occupied. Teacher Lillian helped me identify the exact months the students are on vacation (April, August, December) and would be available for sessions. A handful of informants also identified the social hall as the best place to gather the students provided they were grouped by age.

All of the key informants were eager to assist and appreciative of my efforts. Several offered to support me in any way necessary and several others emphasized that this endeavor must not end when I leave the Village as many other efforts do. Br. Matthew thanked me profusely and Nicholas assured me that the curriculum would be very useful. He stated: "We have so many teenagers. How aware are they about HIV and AIDS? And that applies to other communities. So whatever you come up with will be very useful and that will feed into what the government is trying to do- what the world is trying to do."

Focus Group Discussion Data Analysis

The focus group discussion analysis also produced noteworthy results that will be described below organized into three broad categories according to the manner in which they were communicated during the discussions. First, the analysis of the HIV and AIDS education the students receive at Nyumbani Village will be presented. This will be followed by an analysis of the students' opinions concerning how their HIV and AIDS education needs should be met. Lastly, an analysis of the students' ideas regarding the logistical implementation of the curriculum will be addressed.

HIV and AIDS Education Assessment

All the students expressed emphatic interest in learning more about HIV and AIDS that ranged from "We want to learn more!" to "As much as possible!" The Form 3 students were continuously plying me with questions during the discussion. I encouraged the questions but postponed responding to them until the end of the discussion. Such questions included: "Would you mind telling us according to you what you are saying in your country or according to whatever you have learned what you came across about the origin of HIV and AIDS?" and "Will it come to a point where the ARVs will suppress the infection or they (someone who currently is infected) will get AIDS?" The Form 1 students also had many questions that ranged from wanting to know: "How to live with those people living with HIV and AIDS" to "How to prevent HIV." A Form 1 boy also requested to know: "What nutrients those people [who are infected] can take?" The Polytechnic students were more timid but eventually opened up with questions such as: "What are the causes of it?" and "How am I supposed to live with it while I am infected?"

Ways to Meet HIV and AIDS Education Needs

Concerning the means by which additional information should be delivered, all the students expressed excitement about the prospect of incorporating visuals such as films and activities into additional HIV and AIDS sessions. Polytechnic students suggested the use of films portraying people living with HIV and AIDS so they could learn what normal HIV positive people look like. Form 3 students suggested inviting PLHIV to speak with them provided they were able to freely express themselves.

Logistics

The discussion of the mapping activity revealed that the students desired to receive the information from a wide variety of people from counselors (Lillian Muthui in particular) to the nurses, religious sisters and brothers, teachers, guest speakers and social workers provided the men and women were "Open and willing to talk" as an energetic Form 3 girl asserted.

Likewise, the students agree that they want to receive more information from a wide variety of locations including: Social Hall, clinic, schools, convent, chaplains house, staff clusters, and administrative offices.

Regarding the age at which they would like to learn additional information, I received a wide variety of opinions. However, several Form 3 students were certain that they were not ready for the material until Lawson Secondary School. One Form 3 boy stated: "When we are in primary we don't even know what that means and we are not interested in listening to it, but now that we have advanced in education to know more about it we will be very curious to get more information about it."

Concerning when additional information should be provided there were also a wide variety of opinions. However, several Polytechnic and Form 3 students agreed that during school breaks was the best time. One bright young woman from Polytechnic stated: "We can get the lesson during vacation because you know it is the time we are idle. Many children they are idle."

Focus Group Discussion Survey Data Analysis

The survey compilation illuminates exactly what the students do and do not know concerning HIV and AIDS as well as some of the information they would like to know that they

articulated in the Ideas and Suggestions section of the survey. The survey questions are included in Appendix D.

Polytechnic Survey Compilation

The majority of students (50% or more) were only able to define the most common means of HIV transmission (question number five) correctly. Only one student was able to list four modes of transmission and no students were able to list three means of prevention. Only two students could define abstinence and no student could define fidelity. However, a majority of the students were able to answer the true and false questions correctly excluding number 17 (which asked whether it is true or false that when used consistently and correctly condoms can prevent HIV from spreading) and number 20 (which asked whether it is true or false that if a HIV-positive mother is taking medication then transmission of HIV from mother to child can be prevented). Polytechnic students wanted to know more about prevention as well as what medicine a person who is HIV-positive can take. Additional questions included: "How did this HIV come and get in Kenya" and "Does it have a cure?"

Form 1 Survey Compilation

A majority of the students could define the acronym HIV and AIDS. However, only one student could list four modes of transmission and only two students were able to list three modes of prevention. Similar to the Polytechnic students, a majority knew that sexual intercourse is the main way that HIV is transmitted. Furthermore, a handful of students could define abstinence, but not a single student could define fidelity. The majority of students were able to answer the true and false questions correctly excluding question 20 (which asked whether it is true or false

that if a HIV-positive mother is taking medication then transmission of HIV from mother to child can be prevented). Seven Form 1 students listed prevention as something they would like to know more about, five students wanted to know more about transmission, six students wanted to know more about what foods a person who is HIV-positive should eat and nine students wanted to know more about how to live with people with HIV (PLHIV) in general. Other questions included: "Between using condoms and abstaining, which is the best way to prevent HIV?" and "After sexual intercourse how does it [HIV] spread in the body?" It is apparent from the survey compilation that the students are concerned with knowing more about the facts regarding HIV so that they can protect themselves from contracting HIV as well as so that they can care for their brothers and sisters who are HIV-positive.

Form 3 Survey Compilation

Similar to the Form 1 students, a majority of the Form 3 students could define the acronym HIV and AIDS correctly (allowing for incorrect spelling). However, only four students could list three modes of transmission and only two students could list three modes of prevention. All students knew that sexual intercourse was the primary way that HIV is transmitted. A majority of students could define abstinence, but only one could define fidelity. The majority of the students were also able to answer the true and false questions correctly excluding question twenty. Similar as well to the Form 1 students, the Form 3 students wanted to learn more about the spread and prevention of HIV in addition to how to live with PLHIV. One student wrote: "I would like to know more about the HIV/AIDS so as to know how to relate with those who are positively infected." Furthermore, they were very curious about the origin of HIV. Six out of the ten students requested more information on that topic. Other questions included: "What is the

maximum number of years one can live after contracting HIV/AIDS?" and "Can one marry and reproduce if he/she has the disease without transmitting to the partner?" and "Is there any cure for HIV and AIDS?"

Key Informant Interviews and Focus Group Discussion Overlap

Altogether the staff and students were in agreement that additional HIV and AIDS information is necessary. Furthermore, both the staff and students would like additional information concerning transmission and prevention of HIV and AIDS as well as how to interact with people living with HIV (which may indirectly address the issue of stigma raised by many key informants). Furthermore, both staff and students requested that information be delivered interactively through the use of plays, films, role-plays, guest speakers (particularly PLHIV), demonstrations, etc.

Logistically, key informants and students agreed that information should be delivered by a wide variety of presenters, to groups of students divided by age when the students were otherwise unoccupied over the school breaks.

2.4 Theoretical Framework

Introduction

In order to best deliver the HIV and AIDS information the students need as well as the manner in which they would like to receive it, participatory learning methods grounded in Social Cognitive Theory (SCT) will be utilized.

Participatory Learning Methods

Participatory learning methods help facilitate learning with a holistic, life-skills approach. They replicate the natural processes by which children learn behavior: observation, social interactions, modeling, and practice. Researchers assert that if young people can practice skills in the safety of a classroom, it is much more likely they will be able to use them in other situations both, in and outside of school (WHO, 2003). In addition, learning cooperatively with peers helps develop pro-social behaviors and change the peer environment to support positive health behaviors (Wodarski et al., 1997).

Participatory learning also utilizes the experience, opinions, and knowledge of students. Students learn from one another and come to appreciate one another's similarities and differences. Studies have shown that participatory learning is the most effective method for developing the knowledge, attitudes, and skills that enable students to make healthy choices and have positive health outcomes (Wilson et al., 1992).

The specific advantages of active participatory teaching and learning methods include the following (Tobler, N., 1998 & Kirby et al., 2005):

- Promote cooperation
- Enhance self-esteem through peer and facilitator recognition
- Enable relationship development
- Promote listening and communication skills
- Facilitate coping with sensitive issues
- Promote tolerance and understanding of individuals and their needs
- Encourage innovation and creativity

Participatory teaching methods that will be utilized include:

- Class discussions
- Demonstrations
- Role plays
- Educational games and simulations
- Case studies
- Storytelling
- Audio and visual activities
- Song
- Surveys

Social Cognitive Theory

The participatory learning methods used in this curriculum are grounded in Social Cognitive Theory (SCT) developed by Albert Bandura (1977 & 1986). SCT is one of the most frequently used and robust health behavior theories. It explores the reciprocal interactions of people and their environments, and the psychosocial determinants of health behavior. SCT describes a dynamic, ongoing change process that is encouraged or discouraged by an individual's cognitive capability (ability to think, reason, imagine, etc.) as well as environmental factors and social interactions (NIH, 2005).

SCT evolved from research on Social Learning Theory (SLT), which asserts that people learn not only from their own experiences, but also by observing the actions of others and the benefits of those actions. Bandura updated SLT by adding the concept of self-efficacy (belief in one's ability to take action and overcome barriers) and renaming it SCT. SCT includes many constructs—integrating concepts of processes from cognitive, behaviorist, and emotional models

of behavior change. A particularly useful construct to the formation of the curriculum is that of behavioral capability, which asserts that, a person must first have the appropriate knowledge in order to perform a behavior. The curriculum equips the students with this knowledge. A second useful construct is observational learning (modeling) which asserts that behavioral acquisition occurs by watching the actions and outcomes of others behaviors. This can be reinforced through participatory learning methods such as role-plays and storytelling such as those included in the curriculum. Both behavioral capability and observational learning will also help the students to develop self-efficacy, an essential component of behavior change (NIH, 2005).

2.5 Summary and Relevance

The curriculum of Nyumbani Village is informed by a combination of needs assessment results, participatory learning methods and health behavior theory. While the needs assessment data has limitations and is not generalizable to other populations, it provides valuable information for the creation of a curriculum to meet the needs of the students within the Village. The particular health behavior theory, Social Cognitive Theory, provides the rationale behind the design (incorporation of participatory learning methods) of the curriculum itself. The combination of the two methodologies results in a useful curriculum that will meet the needs of the staff and students in Nyumbani Village.

Chapter III: Literature Review

3.1 Introduction

Before embarking upon the creation of a curriculum to meet the needs expressed by the staff and students during the key informant interviews and focus group discussions, I conducted

a thorough assessment of existing curricula. My intention was not to reinvent what has already been created, but rather to utilize what exists and has been proven effective whenever possible. A plethora of HIV and AIDS curriculum developed for a wide variety of audiences (from adult drug users to adolescents living on the street) currently exist. I wanted to explore this pool of resources to see which applied to the specific needs of Nyumbani Village. I began with a search of the evidence-based HIV Behavioral Interventions (EBIs) compendium compiled by the Centers for Disease Control and Prevention (CDC) as well as a compendium of HIV Prevention Behavioral Interventions compiled by Danya International (a global leader in health and education technology-enabled solutions) in collaboration with the CDC. Lastly, I reviewed the HIV prevention curricula and education materials of the Interagency Youth Working Group, which compiles resources from a wide variety of leading organizations including Family Health International (FHI), World Health Organization (WHO), Population Council, and United Nations Children Fund (UNICEF) among others. This initial review of HIV and AIDS curricula encompassed more than 200+ curricula. However, I soon thereafter narrowed my search to HIV and AIDS curricula and sexual and reproductive health curricula that included sessions specifically on HIV and AIDS and targeted both adolescents living with HIV (ALHIV) and adolescents who are HIV-negative as well as utilized participatory learning methods. I paid particular attention to those curricula that were evidence-based, developed or piloted in international contexts, faith-based or a combination of the three. However, as I will explain later in this chapter, I was unable to find a single curriculum that possessed all three characteristics. This narrowing of my search significantly reduced the number of curricula left to explore. The following is a brief summary of the thirty-two curricula that remained after my search was

narrowed. For each curriculum I will describe the intention, audience, content, utility, and limitations.

I begin with a review of the evidence-based curricula, transition to the evidence-based curricula for ALHIV and continue with a review of curricula for ALHIV in a domestic setting that are not evidence-based. I will then describe the curricula for ALHIV in an international setting followed by the curricula created for all youth in an international setting. Next I will describe the faith-based curricula developed or piloted in an international setting and transition to the faith-based curricula developed domestically (in the United States). I will conclude with a review of two curricula that were developed domestically, but provide applicable ideas. The last portion of the literature review will be an overview of the limitations of the existing curricula in terms of meeting the specific, unique needs of Nyumbani Village, as well as an explanation of how this special studies curriculum will fill that gap.

3.2 Evidence-Based Curricula

Becoming a Responsible Teen (BART)

This curriculum is intended to reduce risky sexual behaviors and improve safer sex skills among African American adolescents ages 5-15. It provides information on HIV and related risk behaviors as well as the importance of abstinence and risk reduction through a variety of discussions, games, videos, presentations, demonstrations, and role-plays. Several interactive sessions included in BART supply useful fodder for the development of sessions in the Nyumbani HIV and AIDS curriculum. Furthermore, BART is one of only a handful of evidence-based curricula in circulation. An evaluation study revealed that a significantly lower percentage of intervention youth reported being sexually active compared to comparison youth at the

12month follow-up ($p < .05$). However, the curriculum is limited for our intents and purposes in that the target audience is African American youth. Therefore, it is unknown if sessions will be similarly effective in an African context (Lawrence, J., 2005).

Focus on Youth (FOY) with ImPACT

This curriculum is intended to reduce substance and sex risk behaviors of low-income, urban African America youth. It provides information on abstinence and safe sex, drugs, alcohol, HIV and AIDS, STDs, and contraception through the use of games, discussions, homework, and videos. FOY is also an evidence-based curriculum. At the 6-month follow-up, youth receiving the FOY + ImPACT intervention who were sexually active at baseline reported significantly lower rates of sexual intercourse ($p = .05$) and unprotected sex ($p = .005$) than youth in the FOY only comparison group. Similar to the *BART* curriculum, FOY has limited relevance for our intents and purposes in that the target audience is African American youth. Therefore, it is uncertain if similar sessions will be successful in an African context (Education Training and Research & CDC, 2005).

Street Smart

This curriculum is intended to eliminate or reduce sex risk behaviors of high-risk youth. It provides information on basics about HIV/STI risk, assessing personal risk, avoiding sexual risk, the correct use of male and female condoms, the effects of substance use on sexual control and judgment, identifying and managing triggers for unsafe sex, and problem solving through the use of games, exercises, role-playing, videos and workshops. Street Smart is an evidence-based curriculum. Among female youth, intervention participants reported significantly fewer

unprotected sex acts than control participants at 21 months after the intervention ($p = .018$). Street Smart is limited in that the target audience is youth who have demonstrated risky behaviors in the past (high-risk). This profile does not pertain to most Nyumbani adolescents. Furthermore, it has not been evaluated in an African context (Leonard et al., 2007).

3.3 Evidence-Based Curricula for Adolescents Living with HIV

Together Learning Choices (TLC)

This curriculum is intended to promote the positive health behaviors of adolescents who are living with HIV (ALHIV). It provides information on coping with one's seropositive status, addressing issues of disclosure, and helping youth to implement new daily routines to stay healthy and actively participate in health care decisions. ALHIV learn to identify their risk behavior triggers and modify their patterns of substance use as well as increase self-efficacy related to condom use and negotiation skills through role-play, video, exercises, and goal setting. It is the only curriculum for ALHIV that is evidence-based. It uses cognitive-behavioral strategies to change behavior. TLC participants were significantly more likely to report no sexual risk pattern (no sex or 100% condom use) than control participants ($p < .05$) at 3 months post-intervention. Furthermore, the TLC participants reported significantly lower percentages of unprotected vaginal and anal sex acts with HIV-negative partners than the control group ($p < .05$) at 3 months post-intervention. TLC is limited in that it addresses only ALHIV so it is unknown if the same strategies are effective when addressing a mixed group of HIV-positive and HIV-negative adolescents. Furthermore, the curriculum is intended for small, closed groups. However, some of the activities are adaptable to the Nyumbani setting and provide insight into the best

procedures for sensitively addressing challenges faced by HIV-positive youth (Rotheram-Borus et al., 2000).

3.4 Curricula for Adolescents Living with HIV

Teen Talk: Living with HIV

This guide is intended to assist ALHIV make informed, intentional decisions. It provides information concerning sex, emotions, the future and social situations as well as information concerning whom to approach for additional information. The question and answer format of the guide is useful in helping to understand the possible questions of ALHIV in Nyumbani Village. However, it is limited in that the audience of this guide is American teenagers; therefore, some of the issues that apply to Americans may not apply to Kenyans (Wiener et al., 2004).

3.5 International Curricula for Adolescents Living with HIV

Botswana Teen Club

The intention of the curriculum is to empower ALHIV to build positive relationships, improve their self-esteem, and acquire life skills through peer mentorship, adult role-modeling and structured activities. It includes several useful sessions concerning love, sex and dating, relationships and stigma. Furthermore, as it was developed in Botswana it is more contextually relevant to Kenya as well as specifically relevant to the ALHIV who have markedly different needs that should be addressed (as this curriculum demonstrates). It is limited in that, like the other curricula for ALHA, it provides no guidance on how to sensitively present HIV/AIDS information to a group which is composed of adolescents who are HIV-positive and adolescents who are HIV-negative while meeting the needs of both (Baylor International Pediatric AIDS Initiative, 2012).

Malawi Teen Club

This document aims to provide content for Teen Club sessions and serve as a resource and reference for health care workers and community groups on issues that are relevant to ALHIV. It provides information related to key issues for ALHIV including: disclosure, adherence, sexual and reproductive health, stigma, emotional health and life skills. It will be useful in that it was created in response to the growing need for adolescent-focused services for adolescents living with HIV in Lilongwe, Malawi. However, it is more didactic and less interactive than other curricula (Baylor International Pediatric AIDS Initiative, 2012).

Positive Living for a Brighter Future

The goal of the curriculum is to improve sexual safety by identifying risky settings, enhance communication and negotiation skills and encourage positive living practices such as adherence and disclosure among ALHIV ages 13-17. Interactive activities, games, and other fun exercises have been built into the curriculum to motivate adolescent participation. In addition, the three modes of learning: auditory, visual, and practice opportunity, have been incorporated. The manual was adapted for use in Kenya and Uganda by a team of program and field experts. Therefore, the curriculum contains cultural references, examples, and stories specific to the two settings. For this reason it is ideal for Nyumbani Village. However, it is strongly suggested that the curriculum be followed in order and in entirety, which is not feasible (Institute of Tropical Medicine et al., 2000).

Teen Talk: A Guide for Positive Living

This guide is similar to the Teen Talk listed above for ALHIV in the United States. This guide is also intended to assist ALHIV make informed, intentional decisions by covering a wide variety of material applicable to ALHIV from drug adherence to properly dealing with emotions. The guide will be particularly useful because this more recent version of Teen Talk was developed in Botswana. Therefore, it is more relevant to the adolescents in Nyumbani Village. However, it is limited in that the messages are tailored specifically to ALHIV and not intended for groups composed of both adolescents who are HIV-positive and HIV-negative adolescents (Baylor International Pediatric AIDS Initiative, 2009).

3.6 International Curricula

Act, Learn and Teach

This curriculum is intended to raise community awareness about HIV and AIDS. It provides information on respecting cultural norms and values, and creating and executing a community-specific play to raise awareness about HIV and AIDS. It also provides helpful resources about theater, youth participation, and group activities. The audience is youth groups or community theater organizations. It was helpful in the generation of ideas for role-play activities used in the curriculum. It is tailored to youth in Africa, which is an additional bonus. However, it lacks technical information (Myers, L., 2005).

Adolescent Girls Empowerment Program (AGEP)

This curriculum aims to build social, health, and economic assets of young, Zambian women ages 10-19. The young women are taught health information, life skills, and finances as

well as provided opportunities to build strong relationships with other girls in their community. Several of the HIV and AIDS modules contain useful ideas for the Nyumbani curriculum such as including myths and facts regarding HIV transmission as an interactive game. Furthermore, AGEP provides valuable facilitator information immediately preceding each activity. Lastly, the Zambian context in which this curriculum was created has parallels to that of Kenya. However, this curriculum is limited in that it only pertains to young women and excludes young men who may have different needs that are not addressed (Population Council, 2013).

Participatory Learning Activities

This curriculum is designed to prevent HIV infection and related discrimination by assisting adults and adolescents develop skills relevant to HIV and AIDS prevention through participatory learning activities. This curriculum is useful in that it targets adult and adolescent audiences simultaneously. Furthermore, it is the result of the collaboration of many African teachers sharing their ideas and resources concerning best practices. However, it is limited in that the information is presented didactically and does not incorporate Christian principles that would resound with the staff and students in Nyumbani Village (Education International and World Health Organization, 2004).

Sexuality and Life Skills

This curriculum is designed to equip adolescents with knowledge, positive attitudes and skills to enjoy sexual and reproductive health through the use of participatory activities. This curriculum is particularly useful in that it is explicit about its theoretical underpinnings. Furthermore, several sessions advocate for abstinence but also provide the information that youth

need to protect themselves if they do not choose abstinence. This is an approach that was identified as important during the needs assessment. However, the curriculum lacks the Christian rationale for the importance of abstinence that will be important to use in the context of Nyumbani (Alliance Regional Youth Programme, 2008).

Chill Club

This curriculum is intended to encourage dialogue among students, teachers, and parents on issues related to the reproductive health of adolescents ages 10-14. It provides information on gender, reproductive health, preventive behaviors, sexually transmitted infections, HIV and AIDS, abstinence, gender violence, decision-making, and communication skills. The HIV and AIDS modules are useful because they provide information specifically concerning the epidemic in Kenya. However, many of the activities are similar to activities better described elsewhere (Population Services International, 2005).

Go Girls!

This curriculum is intended to provide a safe and fun learning experience where girls aged 13-17 are equipped with life skills and knowledge to help maintain a happy and healthy life, stay in or return to school, and feel empowered to protect themselves from HIV/AIDS. This curriculum includes many interactive, creative activities that serve as templates for the Nyumbani curriculum (in particular those on communication). Furthermore, the layout is simple, aesthetically pleasing and easily understandable. The limitation is that the intended audience is restricted to young women. However, some of the activities may apply to both genders (Ramsey et al., 2011).

Helping Pupils to Stay Safe

This curriculum is intended to improve communication on HIV and AIDS with young people in grades 5-7. This curriculum is unique in that it was created in Uganda without assistance from outside donors. Furthermore, it has an entire chapter dedicated to assessing when ethics, morals, and cultural values are helpful and when they are harmful in the context of the HIV and AIDS epidemic. This curriculum provides valuable insight into teaching methods that may have contributed to Uganda's success in responding to HIV and AIDS (Presidential Initiative on AIDS Strategy for Communication to Youth, 2003).

It's All One Curriculum

This curriculum presents a unified approach to sexuality, gender, HIV, and human rights education. It does so through in-depth information on each of these topics in Part 1 of the manual and interactive activities on each of these topics in Part 2 of the manual. Furthermore, it provides extensive background information on the participatory approaches utilized in the manual. The segments on HIV and AIDS are not as in-depth as elsewhere, but nonetheless, it supplies great supplemental information and activities concerning the importance of building skills to resist peer pressure to engage in risky behaviors. These will be referenced in the appendices (Earle et al., 2009).

Learning for Life

This curriculum is designed to help teachers address themes relating to HIV and AIDS with their students. It provides information on life skills to protect against HIV and support those

in their schools and communities who are living with HIV through appropriate activities and lesson plan templates. This curriculum builds on the experience and materials of a WHO training of 200,000 teachers in over 17 countries. The activities pertaining to stigma and discrimination are carefully and sensitively crafted in an exemplary manner. Furthermore, this curriculum includes beneficial facilitator resources at the beginning of the manual. However, many of the activities require significant amounts of time to implement properly, which unfortunately is not available in Nyumbani (Pulizzi et al., 2009).

Life Skills

The Life Skills program is a comprehensive behavior change approach for adolescents that concentrates on the development of the skills needed to implement a wide variety of information concerning everything from HIV and AIDS and STIs to reproductive health. The Life Skills approach is interactive, using role plays, games, puzzles, group discussions, and a variety of other techniques to keep the participants involved in the sessions. Additionally, it addresses the important related issues of empowering girls and guiding boys towards new values. This curriculum is an excellent resource and provides many useful activities specifically pertaining to HIV and AIDS. Furthermore, it includes detailed explanations and activities concerning how to cultivate behavior change in relation to HIV and AIDS. However, it has limitations in that it has not been evaluated for its effectiveness nor does it incorporate Christian principles (Peace Corps, 2001).

Maisha Bora: Empowering Africa's Young People

This manual is designed to positively reform the attitudes of adolescents and effect behavior change by providing knowledge of sexual health, HIV and AIDS, and other STIs as

well as developing skills. It includes a useful activity on the phases of HIV progression. However, many of the other activities in this manual are more thoroughly described elsewhere (International Youth Foundation, 2005).

Our Future

This curriculum is intended to "protect young people in grades 8-9 from sickness and death by providing full information about sexuality." In the lessons they learn about STIs, HIV and AIDS, friendship, love, being a male or a female, how to say "No" to sex, ways to avoid pregnancy and how to protect oneself from sexual abuse. The manual is simple and interactive. Many of the lessons are short and easily implementable. Furthermore, they are written from the perspective of youth, which may be attractive to the students at Nyumbani. It also includes take home activities and exercises that could be used to spark dialogue. However, a limitation of the curriculum is its neglect of appropriate space and time for the more in-depth conversations necessary considering the sensitive subjects that are broached (International HIV/AIDS Alliance, 2007).

Stepping Stones

Stepping Stones is a training package that aims to enable individuals, their peers and their communities (ages not specified) to change their behavior by providing information on HIV and AIDS, communication, and relationship skills. The training package provides useful information about HIV and AIDS and the manner in which it should be presented. However, some of the information may be too explicit for younger audiences. Furthermore, it is highly encouraged that the curriculum be followed in its entirety, which is not feasible given the time constraints of the Village (Welbourn, A., 1995).

Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum

This curriculum is the second edition of this Kenya Adolescent Reproductive Health curriculum, entitled Tuko Pamoja (We Are Together). It is intended to delay sexual debut, promote reproductive health, and equip adolescents ages 10-19 with life skills. It provides information on sexuality, reproductive health, and HIV in a participatory manner. It also includes facilitation resources that will be useful to the facilitators in Nyumbani Village. Furthermore, it was developed specifically in Kenya by some of the leading organizations in the field such as PATH, USAID and Population Council. However, unfortunately the effectiveness of the curriculum has not been assessed (Behague et al., 2006).

Working with Young Women

This curriculum intends to promote young women's awareness about gender inequities, rights and health as well as to help young women develop skills so that they are empowered in many spheres of their lives. The curriculum includes several emotive stories of women living with AIDS that serve as story-telling templates for the curriculum. However, *Working with Young Women* is limited in that it does not address the concerns of young men and their role in promoting gender equality (Ricardo et al, 2008).

Young Men and HIV Prevention

This tool kit is designed to assist program planners, health providers, peer educators, advocates and others who work with and/or for young people on issues related to gender equity, health and HIV and AIDS to design, implement, and evaluate HIV prevention activities which incorporate a gender perspective and engage young men and relevant stakeholders. This

curriculum is unique in that it addresses young men specifically whereas most resources address young women. It also provides extensive theoretical background information. However, it lacks interactive materials (Ricardo et al, 2007).

3.7 International and Faith-Based Curricula

Choose Life

The Choose Life curriculum intends to assist youth ages 15 and older make wise choices, especially in the areas of relationships and sexuality. The guide provides detailed lesson plans for 12 interactive learning sessions. The session on abstinence is useful for our purposes as it utilizes bible passages in its affirmation of the importance of abstinence until marriage. However, the session on HIV is not sensitive to a mixed audience of HIV-positive and HIV-negative students and includes some information that might be offensive to ALHIV (Vuuren, L., 2005).

Family Life Education: A Handbook for Adults

This curriculum is designed to assist adults in providing correct life-skills information to adolescents. It encourages open discussion about sexuality, reproductive health, and HIV in the context of faith communities. The curriculum provides a template for how to provide factual information while simultaneously incorporating Christian values. For this reason, it was a useful resource. However, this curriculum is more didactic than participatory (Pribila, M., 2008).

Family Life Education: Teaching Youth

This curriculum is intended to assist church organizations build the knowledge, attitudes, and skills of young people ages 10 to 16 related to reproductive health and HIV/AIDS. The incorporation of bible passages throughout the sessions is a characteristic of the curriculum that

is replicated in the Nyumbani curriculum. Furthermore, *Family Life Education* was developed in Namibia so the material will be more applicable to the Kenyan adolescents than those curricula developed outside of Africa. A limitation of the curriculum is its simplicity. The adolescents in Nyumbani Village need more than the basic information that is provided. Moreover, like the other faith-based curricula, this curriculum has not been evaluated for effectiveness (Schueller, 2006).

My Life Starting Now: Knowledge and Skills for Young Adolescents

This curriculum is intended to promote discussions and explore critical life skills for young people especially in the early years of adolescence (11-15) through role-play, case studies, games, stories, quizzes, Bible study, and artwork. It is part of a larger toolkit designed by church leaders to enable pastors, priests, religious sisters and brothers, lay church leaders and their congregations to "reflect on and understand the spiritual, theological, ethical, health, social and practical implications of the HIV epidemic and the Christian call to respond with compassion" (Steinitz et al, 2010, p. 2). The participatory approach that engages faith communities in teaching and learning about HIV/AIDS was valuable in the development of the Nyumbani curriculum. Furthermore, *My Life Starting Now* was developed specifically in Kenya; hence activities speak not only to the faith context but to the cultural context as well. I will rely heavily on this curriculum. However, unfortunately it has not been rigorously evaluated for its effectiveness so it must be balanced with activities from the evidence-based curricula (Steinitz et al, 2010).

3.8 Faith-Based Curricula

Youth Ministry in the Age of AIDS

This curriculum is intended to create a safe environment for honest discussions about sex and sexuality with adolescent boys and girls aged 10-16. The curriculum provides accurate HIV prevention information as well as engages the youth in issues of faith and moral decision-making. The curriculum can be adjusted in light of time constraints, which was helpful for Nyumbani adaptation needs. However, activities that apply to youth in the United States may not apply to Kenyan youth (Payne, 2009).

3.9 Domestic (U.S.) Curricula

Fresh

This tool is a resource package. It is intended to assist curriculum planners design locally adapted HIV/AIDS education programs for students' aged 12-16. A teacher's guide contains information about HIV/AIDS. A handbook for students contains activities aimed at increasing knowledge, developing skills, positive attitudes, and motivation. Lastly, a handbook for curriculum planners outlines the main steps in curriculum planning. The curriculum contains valuable background information as well as persuasive arguments for the importance of providing HIV and AIDS education. However, many of the activities are duplications of activities found elsewhere (UNESCO & WHO, 1994).

Promoting Partner Reduction

This curriculum is intended to help young people understand and avoid HIV risks from multiple partnerships. It addresses key issues related to HIV and multiple partnerships and is designed to motivate young people to change their high-risk behaviors through its participatory and evidence-informed approach. It goes beyond the message of "avoid multiple partners to protect oneself from HIV" and encourages participants to think about: the reasons young people name for having multiple partnerships, different patterns of multiple partnerships, and the impact that such partnerships have on the entire community. For these reasons, many of the activities were useful. As a supplement it is ideal. However, it only addresses the issue of multiple partnerships so it cannot be used in isolation (Kirby et al., 2005).

3.10 Summary and Relevance

Altogether the curricula listed above provide a plethora of valuable information and useful activities that are incorporated into the Nyumbani Village HIV/AIDS curriculum. However, no single curriculum exists that meets the unique needs of the Village for several reasons. First of all, there is no curriculum that considerately addresses both adolescents who are HIV-positive and adolescents who are HIV-negative simultaneously. Therefore, it was necessary to piece together activities from curricula developed specifically for ALHIV with activities from curricula developed for adolescents who are HIV-negative. Secondly, no curriculum exists that is evidence-based and developed internationally. Given the difficulties of evaluating programs in international settings (ethical and otherwise), very few evidence-based international tools exist. Therefore, it was necessary to use curricula that have been evaluated domestically in conjunction with curricula that have been developed and piloted internationally (preferably in sub-Saharan

Africa) in an attempt to produce a curriculum that is based on effective public health principles while sensitive to the cultural context of Kenya. Last and certainly not least, no curriculum exists that is both evidence-based and faith-based. It is often a challenge to find tools that have been rigorously evaluated from a public health perspective but also address the religious and spiritual needs of communities (in particular African) that are steeped in Christianity such as Nyumbani Village. A curriculum that does not utilize the religious language with which the students and staff at Nyumbani are familiar will not be as successful as one that does. Therefore, in this curriculum I reconciled two competing moral frameworks both of which desire to achieve the same objective—prevention of HIV. According to Jarrett Zygon, author of a piece entitled, *Morality and HIV/AIDS: a Comparison of Russian Orthodox Church and Secular NGO Approaches*, the moral framework from which many secular NGOs and public health professionals operate is one of human rights while that of religious institutions, such as Nyumbani, is one of Christianity (2009). I assist the moral frameworks to speak to one another instead of past one another by balancing sessions and activities from the curricula that are evidence-based and proven effective with sessions and activities from faith-based curricula that present similar material in a religious language that the students and staff will find compelling.

The curriculum that I developed is distinct in that it is derived from evidence-based, internationally based, and faith-based curricula (pooling the best of all the curricula listed above), creating a unique combination of participatory sessions compassionately addressing both adolescents who are HIV-positive and adolescents who are HIV-negative simultaneously. It is, therefore, best suited to address the identified needs of adolescents in Nyumbani Village.

Chapter IV: Discussion and Recommendations

4.1 Introduction

In order to better understand the limitations and implications of this special studies project, the final chapter focuses on these topics in addition to recommendations for program implementation and evaluation. In doing so, this chapter provides a roadmap for future HIV/AIDS education with adolescents in Nyumbani Village.

4.2 Program Limitations and Implications

Limitations of Needs Assessment

There were several limitations of the data collection process, which may impact programmatic results. First of all, the respondents were chosen by convenience sampling rather than random selection. This hinders generalizability to all the students and staff in the Village. Yet, due to the convenience sampling utilized it is likely that the brightest and most engaged students in the Village were selected. Therefore, student knowledge of HIV may be overestimated. Furthermore, the staff sampled were the most involved and engaged staff in the Village so it is likely that they were more eager for the students to learn more about HIV and AIDS than the average staff member. Therefore, it is important that the staff members interviewed are those that lead the project forward and motivate others. More details on this process are provided below under recommendations.

A second limitation was the lack of pilot testing of the data collection instruments. In the initial interviews and focus group discussion, some questions were confusing to staff and students. Piloting the tools would have been useful to refine the instruments before they were utilized in the field. However, minor changes in wording and format were made after the initial

interviews and focus group discussion in order to clarify misunderstandings. The tools included in the appendices reflect the final iterations.

A third limitation in the data collection process worth mentioning is language barriers. Although the staff and students speak commendable English, it is not their native language and sometimes not even their second or third language. It was apparent that many staff and students did not feel most comfortable speaking or expressing their opinions on personal issues in English. On several occasions the students would break into KiKamba before they would admonish one another to speak English or I would sensitively request them to do so. For future research, it may be beneficial to utilize the assistance of a translator (preferably from outside the Village) for at least the students so that the conversations are richer in detail.

Fourth, reporting bias must be acknowledged as a limitation. The staff and students may have been inclined to tell me what they thought I wanted to hear in regards to the lack of HIV and AIDS information in the Village and the necessity for additional information. I did my best to convince them that I desired their honest opinions and that I was indifferent one way or the other to the nature of their responses. However, the success of my efforts to effectively convince them of my neutrality is unknown. In attempt to compensate for the reporting bias, I did not begin the interviews until the staff and students were comfortable with my presence in the Village. Furthermore, I asked questions in an open-ended manner whenever possible to ensure the responses were participant-driven rather than researcher-imposed. Lastly, I interviewed a wide range of staff and students in attempt to unearth differing opinions if they existed.

Curriculum Limitations

Due to the busy schedules of the staff and students, delivery of the sessions to Form 1 and Form 2 on one day, Form 3 and Form 4 students a second day, and Polytechnic students a third day over school break was identified as most feasible. Unfortunately, these groups are sizeable. There are roughly 150 Form 1 and Form 2 students, 100 Form 3 and Form 4 students, and 70 Polytechnic students. Participatory learning methods were incorporated into the curriculum as much as possible given the limitation of the large size of the group that is not particularly conducive to such methods. Furthermore, the ages of the students range from 14 to 21. Form 1 students alone comprise an age range from 14-18 due to the variation in ages at which the adolescents arrived in the Village (some with little to no education). Adequately addressing the developmental needs of this wide variety of ages is a formidable challenge. Ideally, the students would be separated into smaller groups so that more in-depth discussions and activities, which focus on building skills (necessary to avoid high-risk behaviors), could be tailored to specific ages and developmental needs. However, it was deemed by staff to be logistically impossible to do so. Therefore, the curriculum includes additional information and skill-building activities in the appendices that the students and teachers will hopefully utilize when viable. Moreover, as outlined below, further discussion in small groups such as the Girls Club will be highly encouraged.

Lastly, it is necessary to acknowledge that the entire spectrum of sexual and reproductive health (from the reproductive system to the gamut of contraception options) would preferably be addressed in conjunction with the HIV and AIDS information provided. The adolescents in the Village have most likely begun to sexually experiment. However, given the reticence of the leadership in the Village to address sexuality directly and openly, it is currently impossible to do

so in this curriculum. Therefore, including appendices in conjunction with manuals that contain more explicit information will surreptitiously enable the students to access additional necessary information.

General Limitations

The research conducted, and the curriculum that was produced as a result of it, are not generalizable. The interview tools, data collection, data analysis, and curriculum development were tailored to the needs of the Village and can, therefore, not be generalized to other communities.

Curriculum Implications

This curriculum fills an unmet need, expressed by both the staff and students, for more education about HIV and AIDS. Moreover, it does so in a way that the staff and students identified as most effective.

The curriculum is the product of a unique combination of the strongest components of many curricula. No other HIV and AIDS curriculum exists that is interactive, faith-based, draws on evidence-based curricula, is developed for an international context, and is intended for a mixed group of adolescents who are HIV-positive and adolescents who are HIV-negative. Not only is it rare that a curriculum simultaneously, sensitively address the needs of a adolescents who are HIV-positive and adolescents who are HIV-negative, but as discussed in the literature review, very rarely do evidence-based curricula utilize the language of faith that is an essential component of the fabric of many communities, particularly those on the continent of Africa. The rhetoric of faith resounds with many communities especially due to the pervasive presence of

faith-based organizations (which provide many essential services as detailed in the introduction). Therefore, if applied properly, it could effectively relay health information. However, unfortunately it is usually not. As Jarrett Zygon astutely observed in his piece *Morality and HIV/AIDS: a Comparison of Russian Orthodox Church and Secular NGO Approaches,* faith based organizations and public health organizations often speak past one another. This curriculum attempts to coalesce the two approaches by drawing on evidence-based curricula that have been rigorously tested and proven effective in the field and concurrently utilizing the explanations for sound public health practices that are cloaked in the language of faith.

Lastly, the curriculum targets the overall behavioral goals and objectives outlined in the curriculum by means of the specific, more concrete learning goals and objectives outlined for each session. The overall behavioral goals and objectives are as follows:

Curriculum Goal:

- Lawson Secondary School (Form 1 to Form 4) and Polytechnic Trade School students in Nyumbani Village will learn correct and comprehensive information about HIV and AIDS thereby decreasing stigma and increasing medication adherence.

Curriculum Objectives:

- Provide students with correct and comprehensive HIV and AIDS information in an interactive manner that will assist them in absorbing the information.
- Provide students a comfortable space to ask questions about HIV and AIDS they might not otherwise have the opportunity to ask.
- Provide additional resources for the staff to utilize if desired.

4.3 Recommendations

Curriculum Implementation

Throughout the entire process, I have been in close contact with several of my key informants in the Village. I have sent them drafts on various occasions and received their feedback. They are eager to obtain the finished product. Several of these contacts will spearhead the implementation of the curriculum over school breaks as specified. It is most likely that the counselor, Lillian Muthui will take the lead. However, Br. Matthew, Carol Mwende (the head nurse), and Patrick Mulei (a social worker with extensive HIV and AIDS education) have all agreed to attend the sessions in order to support the process and respond to questions as necessary. I am hopeful that many teachers will attend as well so that they learn the information if it was formerly unknown and so they can support the continued education of the students concerning the subject matter. I will strongly recommend their presence to the Director Nicholas Msyano.

The curriculum was developed to be as simple and easily implementable as possible taking into account all of the logistical constraints (concerning time and resources) of the Village. I realize personnel are busy and work long hours. Therefore, it was necessary to develop a curriculum that staff could pick up, read, and implement with little outside research or preparation.

A hard copy of the curriculum and supporting materials (which include a CD, DVD and flash drive that contain a soft copy of the curriculum, additional resource manuals, music, and short Global Dialogues films) will be sent with the Emory Graduate Student Interns who will be conducting their practicum at Nyumbani Village summer 2014.

Small Groups

During my summer practicum in the Village I began a Girls Group with Form 1 students and Polytechnic students. We met once a week for an hour to develop the skills and self-efficacy necessary for sustained behavior change according to the social cognitive behavior change theory briefly outlined in the methodology section. This group continues to meet once a week under the guidance of a dedicated staff member and an American volunteer. I will strongly advocate that this group not only persists but also expands to include other classes (Form 2- 4) as well as young men. Developing skills such as communication and self-esteem and discussing more sensitive personal issues is best accomplished in small groups. For this reason, I began the Girls Group with only a small number of young women in the Village. It is also for this reason that many skill-building activities and some of the more sensitive issues (such as stigma and discrimination) are addressed in the appendices of the curriculum. It is my hope that the resources in the appendices will be explored in smaller groups more conducive to building skills and sharing stories and experiences.

Curriculum Evaluation

It is also my hope that the pre and post curriculum survey included in the appendix of the curriculum is utilized in order to verify if the curriculum sessions are effectively teaching the students the HIV and AIDS information that they desire to learn. The survey should be distributed to the 2014 Form 1 students, who did not participate in the original survey or any of the focus group discussions, before and after the curriculum sessions. If the curriculum is effective, then the students will be able to respond correctly to more of the questions post-curriculum than pre-curriculum. If the curriculum is not effective and there is no apparent change

in the knowledge of the students before and after implementation of the curriculum then a second round of qualitative data collection may be necessary to assess the reasons underpinning its failure. This is a possible research endeavor for an Emory Graduate Student Intern in the future.

Program Ownership

Lastly, and most importantly, it is my hope that the staff at Nyumbani Village will take ownership of this curriculum and run with it in the direction that they deem most appropriate. I hope that they modify the sessions (inserting KiKamba explanations where necessary) and utilize the additional resources to meet their particular needs and preferences. I engaged the staff and students in the curriculum development process as much as possible from start to finish in order to ensure that it meets the majority of their needs. However, the distance separating us was a barrier to collaboration. Ideally, I could have remained in the Village for a longer period of time in order to work hand in hand with the staff and students at every step of the way. However, I am confident that the staff and students will be able to use what has been developed and adapt it further to best suit their learning.

4.4 Conclusions

This curriculum delivers in-depth information about HIV and AIDS in a way that will engage the students and help to reduce stigma resulting from a lack of information. Consequently, the children who are HIV-positive should experience less stigma. This decrease in stigma and increase in information may improve medication adherence and motivation for the HIV-positive students to invest in their futures. Furthermore, all the adolescents will be better informed when they leave the Village and re-enter Kenyan society at the age of eighteen. They

will have increased behavioral capability and self-efficacy that was developed through participatory learning such as modeling (and additional skills building in small groups). The students will, therefore, be better equipped to protect themselves and others against the generalized HIV and AIDS epidemic in Kenya.

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Needs Assessment Appendices

Appendix A: Key Informant Interview Tool

In-Depth Interview Guide

Meghan Duffy

Research Question: What are the HIV and AIDS education needs of Nyumbani Village?

Study Design:

I will be conducting twenty-five key informant interviews in order to understand the current HIV and AIDS education that the students receive and garner opinions concerning this HIV and AIDS education. If the need is expressed for additional HIV and AIDS information, I will inquire into what the staff feel is necessary for the students to learn as well as how best to impart this information (both logistically and otherwise). I will conduct key informant interviews with all of the pertinent staff: program manager- 1, counselors- 2, nurses- 2, principles- 3, clergy- 5 (1 priest, 1 brother and 3 sisters), social workers- 6, home care director- 1 as well as with the pertinent teachers of the HIV and AIDS curriculum at all levels (seventh, eighth, high school and polytechnic teachers) as indicated by the principle- 5. Lastly, I will conduct FGDs with several groups of students from the primary, high school and polytechnic schools (once they are more comfortable with my presence).

Objectives:

- Understand the current HIV and AIDS education the students receive in Nyumbani Village.
- Understand the HIV and AIDS education that is desired.
- If the need is expressed, assess the best way (where, when, by whom and how often) to deliver additional HIV and AIDS information.

Domains:

- Current position in Nyumbani
- HIV and AIDS education assessment
- Ways to meet the HIV and AIDS education needs

Introduction:
Welcome. Karibo. Thank you for very much for participating in this interview. Asante sana. First, I wanted to make sure it was ok if I record this interview in order to remember all of your ideas. Second, I would like to give you more information about the intention of this interview (and my research here in the Village) before we begin.

This interview is being conducted in order to better understand the HIV and AIDS education that the students at Nyumbani Village currently receive as well as assess the need for additional HIV and AIDS education.

If the need is expressed, the information gathered from the interview will be used to assist in the development of a HIV and AIDS curriculum to be used in the future. Is that ok? Do you have any questions for me before we begin?

Warm-up Questions:

Position at Nyumbani

- *Please tell me your name and your position at Nyumbani.*
    - Where do you work?
    - What do you do on a daily basis?
    - What age is the majority of the children with whom you work?

Key Questions:

HIV and AIDS Education Assessment

- *Please tell me about your understanding of the current HIV and AIDS education the children receive at Nyumbani/Lawson/Hotcourses (depending).*
    - What information is taught?
    - Where is it taught?
        - What classes?
    - Who teaches it?
    - How often is it taught?

- *What do you think of the current HIV and AIDS education?*
    - Is it sufficient? Why or why not?

- *Do the children need more HIV and AIDS information? Why?*

- *What information do the children need to learn more about? Why?*
    - Transmission?
    - Scientific facts?
    - The current epidemic in Kenya?
    - Prevention?
    - The role of the church in HIV prevention?
    - Abstinence?
    - Building life skills such as self-esteem and confidence to help prevent HIV and AIDS?
    - A combination of the above?
    - Others?

<u>Ways to Meet HIV and AIDS Education Needs</u>

- *Who is best to teach additional HIV and AIDS information? Why?*
    - Counselors?
    - Social Workers?
    - Nurses?
    - Teachers?
    - Volunteers?
    - Religious?

- *In what class should the children be taught additional HIV and AIDS information? Why?*
    - Primary?
    - Secondary?
    - Polytechnic?

- *Where should children be taught additional information? Why?*
    - Clinic?
    - Primary?
    - Secondary?
    - Polytechnic?
    - Clubs?

- *How often should children be taught additional information? Why?*
    - Once a year?
    - Once a month?
    - Once a week?
    - Before reintegration?

- *What is the best way to teach additional information?*
    - Role-plays?
    - Films?
    - Speakers?

- *Is there anything that should NOT be discussed given the age of the students or constraints of the Village? Why?*
    - Condoms?
    - Contraception?

Closing Questions/Cool Down:

- Do you have any other ideas about how to teach information that will be well received by the students?
- Do you have any other ideas about developing a useful HIV and AIDS curriculum that can be implemented in the future?
- Do you have any other suggestions?

Appendix B: Focus Group Discussion Tool

Focus Group Discussion
Meghan Duffy

Research Question (Focus Group Discussion): What are the general thoughts and feelings towards the HIV and AIDS education that the students at Nyumbani village receive?

Study Design:
Knowing that many students may not feel comfortable speaking directly to a researcher about HIV and AIDS, three focus groups will be used (two from secondary and polytechnic schools) in order to understand the current HIV and AIDS education that the students receive as well as garner opinions concerning this HIV and AIDS education. If the need is expressed for additional information, I will inquire into what the students would like to learn as well as how they would like to do so (both logistically and otherwise). The focus groups will each consist of 7-10 students aged 14-18 and will be gender balanced. The discussions will supplement the qualitative data acquired from the key informant interviews.

Objectives:
- Understand the current HIV and AIDS education the students receive in Nyumbani Village.
- Understand the HIV and AIDS education that is desired.
- If the need is expressed, assess the best way (where, when, by whom, and how often) to deliver additional HIV and AIDS information.

Domains:
- HIV and AIDS education assessment
- Ways to meet the HIV and AIDS education needs

Introduction:
Welcome. Thank you for participating in this discussion. Before we begin I'd like to give you some more information about what we are doing today. This discussion is intended to assist in understanding the current HIV and AIDS education of you the students at Nyumbani Village, as well as learn what information you would like to learn and how you would like to learn it.

If the need is expressed, the information gathered from the discussion will be used to assist in the development of a HIV and AIDS curriculum to be used in the future.

I want you to be aware that everything that is discussed during this time is confidential. Any questions? Please talk one at a time so I can record all your ideas.

Warm-up Activity:

- Introduce self and favorite activity.
- Distribute maps

- *Please mark on the map where you get information about HIV and AIDS.* ***10min.***
    - Clinic?
    - Social Hall?
    - Staff Clusters?

- *Can you please explain the places that you marked on the map? Where are the places that you get information about HIV and AIDS?*
    - Are the places adequate?
    - How often do you get this information?

- *Who gives you the information at these places?*
    - Counselor?
    - Teachers?
    - Volunteers?

- *Thank you for sharing. Will you now please mark on the map with a star the places you would like to get more information on HIV and AIDS.* ***5min.***
    - Clinic?
    - Social Hall?
    - Staff Clusters?

- *Where are the places you would like to get more information about HIV and AIDS?*
    - Clinic?
    - Social Hall?
    - Staff Clusters?

- *Who at these places would you like to give you the information?*
    - Counselor?
    - Teachers?
    - Volunteers?

- *Thank you for sharing.*

Key Questions:

<u>HIV and AIDS Education Assessment</u>

- *What HIV and AIDS information do you learn?*
    - Transmission?
    - Prevention?
    - Scientific facts?
    - The current epidemic in Kenya?

- *Would you like to learn more about HIV and AIDS? Why?*

- *What would you like to learn more about? Why?*
    - Transmission?
    - Prevention?
    - Scientific facts?
    - The current epidemic in Kenya?

Ways to Meet HIV and AIDS Education Needs

- *Who would be best to teach you more HIV and AIDS information? Why?*
    - Counselors?
    - Social Workers?
    - Nurses?
    - Teachers?
    - Volunteers?
    - Religious?

- *In what class (at what age) should you learn additional information? Why?*
    - Hotcourses?
    - Lawson?

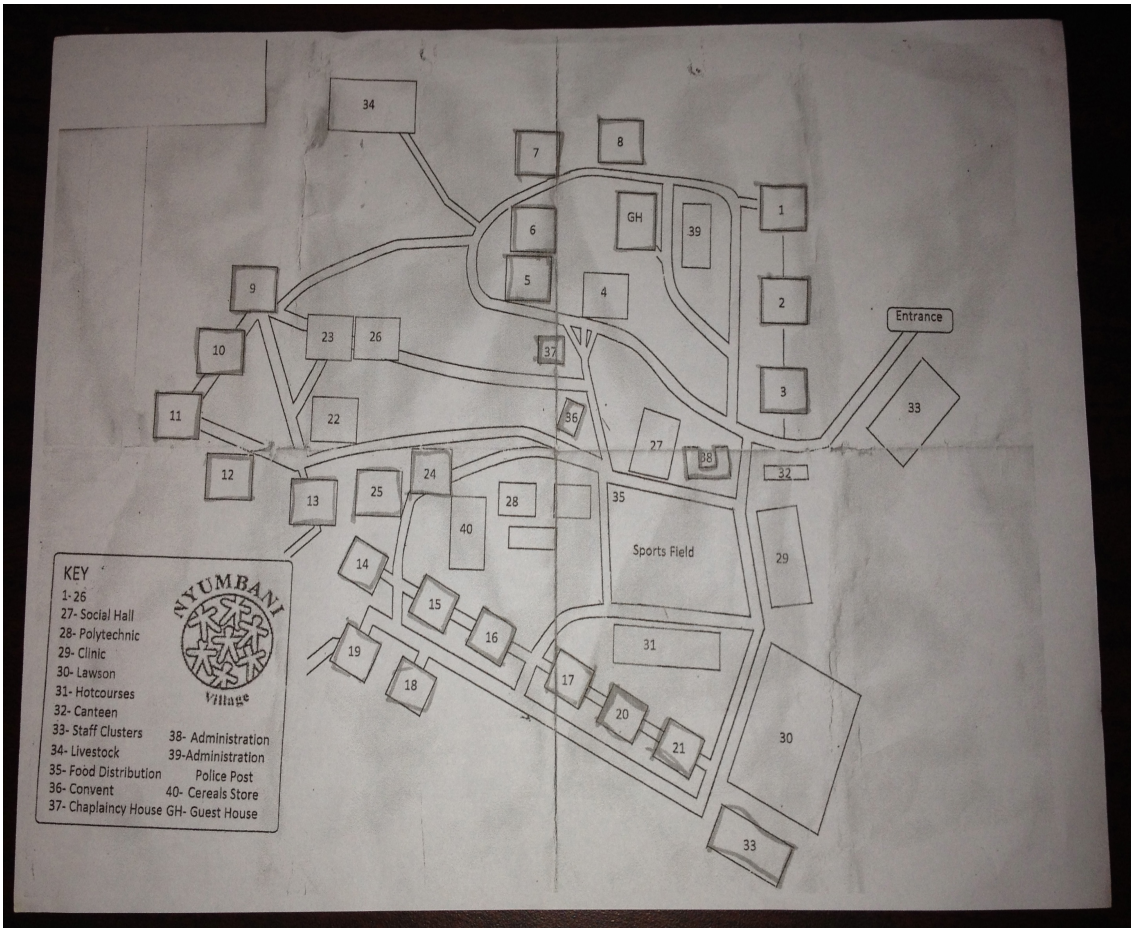
- *How often would you like to learn additional information? Why?*
    - Once a year?
    - Once a month?
    - Once a week?

- *How would you like to learn the additional information?*
    - Role-plays?
    - Films?
    - Activities?

Closing Questions/ Cool Down:

- Is there any other information you would like to learn?

Appendix C: Map Activity Tool



Appendix D: HIV and AIDS Survey

Short Answer:
1. What does HIV stand for?

2. What does AIDS stand for?

3. What are four ways that HIV is transmitted (spreads)?

4. What is the name for the medication that HIV+ people need to take?

5. What is the most common way that HIV is transmitted (spread)?

6. What are three ways that the spread of HIV can be prevented (stopped)?

7. What is abstinence?

8. What is fidelity?

True or False:
9. I can tell someone has HIV by looking at them.

10. I can contract (get) HIV by sharing food with someone who is HIV+.

11. Mosquitoes transmit (spread) HIV.

12. There is a cure for HIV.

13. HIV and AIDS is the same thing.

14. You will die immediately if you have HIV.

15. Condoms contain HIV.

16. HIV is spread by witchcraft.

17. When used consistently and correctly condoms can prevent HIV from spreading.

18. Abstinence is the most effective way to ensure that you will not contract HIV from your partner.

19. Babies can contract HIV from their mother if their mother is HIV+.

20. If a HIV+ mother is taking medication then the transmission of HIV from mother to child can be prevented (stopped).

Ideas and Suggestions: What would you like to learn about HIV and AIDS?

Let's Learn About HIV and AIDS!

Nyumbani Village Curriculum

Acknowledgements

Thank you to the staff and students of Nyumbani Village for welcoming me into your hearts and homes and helping to make this curriculum a reality.

Nimuvea! Asante Sana!

Table of Contents

1. Curriculum Goals and Objectives

Goal:

- To teach Lawson Secondary School (Form 1 to Form 4) and Polytechnic Trade School students in Nyumbani Village correct and comprehensive information about HIV and AIDS, thereby decreasing stigma and increasing medication adherence.

Objectives:

- Provide students with correct and comprehensive HIV and AIDS information in an interactive manner that will build knowledge capacity and improve self-efficacy.

- Provide students a comfortable space to ask questions about HIV and AIDS they might not otherwise have the opportunity to ask.

- Provide additional resources for the staff to utilize if desired.

2. How to Use this Curriculum

- Let's Learn about HIV and AIDS! Nyumbani Village Curriculum has three modules.
    - One module will be delivered over each holiday break.
        - (April, August, December)
        - The students should be separated into three groups:
            - 1st group = Form 1 and Form 2
            - 2nd group = Form 3 and Form 4
            - 3rd group = Polytechnic
- The curriculum implementation begins with a thirty-minute introduction to lay the ground rules.
- Module 1 and 3 are composed of three sessions and module 2 is composed of four sessions (**10 sessions total**). Every module includes an introduction, and a conclusion.
    - Each introduction is fifteen minutes in length.
    - Each session is thirty minutes in length.
    - Each conclusion is fifteen minutes in length.
- The sessions provide simple and clear ways of presenting the HIV and AIDS information.

- **The sessions are outlined as follows:**

  - Session Title
  - Session Goal
  - Learning Objectives
  - Materials
  - Introduction
  - Step by Step Lesson Plan
  - Conclusion

Note: These appear in a box at the beginning of each session. The facilitator should read the information before the session to familiarize him or herself with what the session entails.

- Additional facilitator tips are included in the appendices.
  - It is recommended that the facilitator read these before the first session.

- Additional activities and resources are also included in the appendices.
  - These activities are recommended for small groups of students and can be tailored as necessary.

Materials Needed:

1. A chalkboard and chalk are needed for most sessions.
2. Several sessions require additional materials (listed under materials).
3. It is important that you review the materials necessary for each session in the module before you begin so you will be prepared.

3. Facilitator Notes

Guidelines for Leading the Sessions:

- Remember you are there for the youth and the issues that concern them. Do not give orders or force your opinion.
- Be flexible if it seems like more time and attention needs to be given to certain topics.
- Feel free to translate into local language if necessary to ensure the material is understood.
- Listen first. Ask questions before you tell answers.
- Create an atmosphere of openness and trust where students will feel comfortable asking questions and expressing their opinions.
- Create an atmosphere of excitement where students will feel eager to learn.
- It is ok to not have all the answers. If a student asks a question to which you do not know the answer, write it down and get back to the student with the correct information later.

Things to Remember:

1. **Reflect on your own life**: Seek to be a positive example for youth.
2. **Be prepared**: Give yourself adequate time. Be familiar with the lessons for the module of the day. Follow the script provided but be natural (don't read it word for word).
3. **Keep up the energy**: The flow should be fast-paced to keep the students engaged.
4. **Encourage participation**: Ask questions and involve as many students as possible.
5. **Show respect**: Listen to the questions, ideas, and contributions of the students without judgment.
6. **Be consistent and fair**: Show equal love and respect to all the students.
7. **Encourage and praise**: Even when the students' answers may not be correct, thank them for trying.
8. **Be humble:** Let the students know you are learning from them as well.
9. **Make learning fun:** Have a sense of humor and make the sessions fun and exciting so that the students are engaged.
10. **Teach from your heart:** Students will know if you are being sincere.



*See additional resources appendices for more tips on how to be a good facilitator.

4. Icon Key

Each session offers a combination of the following Icons:

 = Length of each session

 = Goals and objectives

 = Materials for each session

 = Notes for the facilitator (to follow and not read out loud)

 = Information for the facilitator to write on the board

 = A question for the facilitator to ask

 = Interactive activity

 = Discussion with friend sitting nearby or in small groups

 = Bible passage

 = The question box

Curriculum Introduction
(30 minutes)

Goal: To create a positive learning environment.

Objectives:

- ✓ Students are able to define the intention of the HIV and AIDS sessions.
- ✓ Students are able to list three ground rules for the sessions.

Materials:

- ✓ Chalk board
- ✓ Chalk

Play music! The music is ideally a song about loving one another because "We are one body in Christ."

- An example song is included in the additional appendices.

- **Welcome!** We are glad that you are here with us to spend a couple hours learning about HIV and AIDS.

- Many of you already know the information that we will be discussing today so we hope that you will participate a lot.

- We tried to make these sessions as fun and interesting as possible.
  - We hope you enjoy them!

- Before we begin we want to establish a few ground rules to ensure that our time together is fun and productive.

What do you think should be the rules for these sessions?


Write their ideas on the board.

1. Raise your hand if you would like to speak.
2. Share your thoughts and feelings openly.
3. Respect everyone's ideas.
4. No question is stupid so feel free to ask questions at any time.
5. Treat each other like sisters and brothers of God.
6. Do not laugh at your peers.
7. Listen to what your peers say.
8. No talking when others are talking.
9. Insults are not allowed.
10. Be kind and give support.


The above are examples of some rules it is good to include.

- Thank you for these great ideas!

- If we follow these ground rules I know we will have a wonderful learning experience.

- Now we are ready to begin!

Module 1

Time Allocation
Introduction: 15 minutes
Session 1: 30 minutes
Session 2: 30 minutes
Session 3: 30 minutes
Conclusion: 15 minutes
Total: 2 hours

Introduction (15 minutes)

- Today we will have three sessions that will cover:
  - What is HIV and what is AIDS.
  - What HIV does in the body.
  - Where HIV began and how much HIV is in Kenya.

- Please think of questions for us!

Session 1: What is HIV? What is AIDS? (30 minutes)

Goal: Students will understand background HIV and AIDS information.

Objectives:

- ✓ Students will be able to define the acronyms HIV and AIDS.
- ✓ Students will be able to explain the meaning of the acronyms HIV and AIDS.
- ✓ Students will be able to define immune system.
- ✓ Students will be able to describe the difference between HIV and AIDS.

Materials:

- ✓ Chalk board
- ✓ Chalk

 Write on board

- What is HIV?

H
I
V

- What is AIDS?

A
I
D
S

 Please turn to the person next to you and discuss.

 Allow the students a few moments to discuss.

 Write answers on board.

Human
Immunodeficiency
Virus

Acquired
Immuno-
Deficiency
Syndrome

- What do these acronyms mean? Let's start with AIDS.

 Read these very slowly so the students understand each part of the word.

Acquired Immuno- Deficiency Syndrome

- **Acquired** means to get something.
- **Immuno** refers to the body's immune system, which provides protection from disease.
- **Deficiency** means a weakness or lack of something.
- **Syndrome** is a group of signs and symptoms of diseases.

➢ If we put it all together, we learn that AIDS is a group of diseases that a person gets because his or her immune system is weak and unable to protect him or her from diseases.

Human Immunodeficiency Virus

- **Human** means it is only found in humans.
- **Immunodeficiency** means it weakens the immune system (which provides protection from disease).
- **Virus** is a type of germ.

➢ If we put it all together we learn that a person with HIV has a virus that makes the immune system weak and unable to protect him or her from diseases.

- As you can tell HIV and AIDS are not the same, but many people confuse the two.
    - If you have **HIV**, you have the virus in your body that is making your immune system weak.
    - **AIDS** is the group of diseases that infect your body as a result of becoming infected with the HIV virus, which weakens the immune system so much that the body is unable to protect itself from these common diseases such as a cold.
- A person can have **HIV** for a long time before developing **AIDS**.
    - We will explain this more in the next sessions.

Does anyone have any questions about what we have learned so far?

Give them time to think. Answer the questions as best you can. If you do not know the answer, inform them that you will provide more information later. When all questions have been answered, proceed.

Session 2: What does HIV do in the body?
(30 minutes)

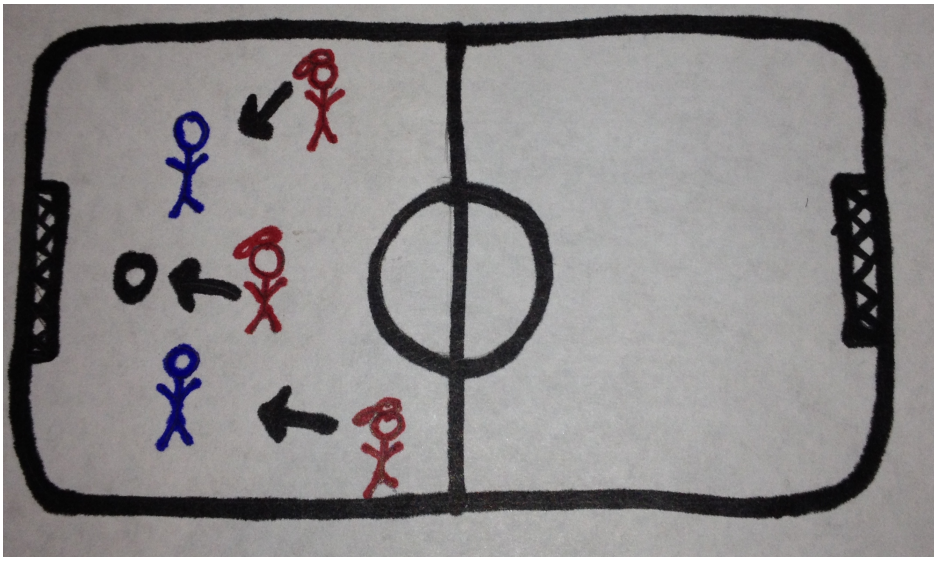
Goal: Students will understand how HIV operates in the body.

Objectives:
- ✓ Students will be able to explain how HIV weakens the immune system.
- ✓ Students will be able to define opportunistic infections.
- ✓ Students will be able to list two opportunistic infections.

Materials:
- ✓ Chalk board
- ✓ Chalk

- Now that we know what HIV and AIDS are, what exactly does HIV do in the body?

Draw the picture below on board. Feel free to draw it ahead of time or draw it as you explain what each part represents.



- The **goal** represents the **body.**

- The **defense (without hats)** represents the **CD4 cells (white blood cells)** of the immune system.
    - The defense protects the goal just as the CD4 cells protect the body.

- The **offense (wearing hats)** represents the **virus** that attacks the CD4 cells.
    - The offense attacks the defense just as the virus attacks the CD4 cells.

- The **offensive player with the ball** represents **opportunistic infections.**
    - **Opportunistic infections** are diseases such as the common cold and tuberculosis.
        - The player with the ball takes the opportunity to score on the goal when there are no defenders just as opportunistic infections take the opportunity to attack the body when the CD4 cells are weak or not present.

- When the **offense** injures enough **defenders** it is easy for the **player with the ball** to score on **goal** just as when the **HIV virus** injures enough **CD4 cells** it is easy for **opportunistic infections** to attack the **body** and make it sick.

 Does anyone have any questions about this explanation?

 Give them time to think. Answer the questions as best you can.

 What are some more examples of opportunistic infections?

Please turn to the person sitting next to you and discuss.

List these on the board

- Cold
- Malaria
- Tuberculosis
- Diarrhea
- Almost any disease could be listed here.

- Thank you. These are all good answers.

- So let's review!

  - When a person with HIV becomes sick it is because they have lots of opportunistic infections attacking their weak immune system.

  - When they become so weak that there is lots of virus and very few CD4 cells to protect them, it is said that they have AIDS.

  - However a person can live many years of a happy, healthy life with HIV if they take medicine and care for themselves.

  - We will talk about this next time we meet.

* See Module 1 appendices for an additional immune system activity and HIV development information.

Session 3: Where did HIV begin? How much HIV is in Kenya?
(30 minutes)

Goal: The students will learn a theory of the origin of HIV and the prevalence of HIV in Kenya.

Objectives

- ✓ Students will be able to describe a theory of the origin of HIV.
- ✓ Students will be able to define prevalence.
- ✓ Students will be able to state the prevalence of HIV in Kenya.

Materials:

- ✓ Chalk board
- ✓ Chalk
- ✓ Question box

So now we know what HIV and AIDS are and what HIV does in the body, where did the virus come from?

Please turn to the person sitting next to you and discuss.

- The most common theory is that when humans killed and ate chimpanzees the virus was spread to them.

- Normally a human's immune system would have fought off the virus found in chimpanzees but on a few occasions it may have changed itself inside the human body and become HIV.

- From several hunters it may have spread throughout many populations and countries.

How many people are living with HIV in Kenya? Another way to say this is what is the **prevalence** of HIV in Kenya?

Please turn to the person sitting next to you and discuss.

Allow the students a few moments to discuss.

Write this on the board.

- The adult HIV **prevalence** in Kenya is **6.2%** (UNAIDS, 2012).

What does this mean?

- It means that **out of every 100 adults** (between the ages of 15 and 49) who live in Kenya, about **6 people** are living with the HIV virus.
- A total of **1.6 million people** out of the 43 million people who live in Kenya have HIV (NASCOP, 2011).
- Fewer people in Kenya are infected with HIV each year because people now have the information they need to protect themselves.
- There are also more people on medicine that help them live long, healthy and happy lives and not spread the virus.
    - We will discuss more about this medicine the next time we meet.

*See Module 1 appendices for additional HIV statistics specific to Kenya.

Closing (15 minutes)

Does anyone have questions about what we have discussed so far?

Give them time to think! Answer the questions as best you can. If it is something that will be covered in a later session, tell them to write down their question because it will be discussed later. When all the questions have been answered, proceed.

Introduce the **question box**.

- If you think of a question later then you can put it in this question box that will be at the back of the room every time we have these sessions.
- All questions are anonymous (we will not know who asks them) so feel free to ask whatever questions you may have.
- Thank you for being here with us today.
- We hope you learned some new, helpful information!

Play music on way out.

Module 2

Time Allocation
Introduction: 15 minutes
Session 4: 30 minutes
Session 5: 30 minutes
Session 6: 30 minutes
Session 7: 30 minutes
Conclusion: 15 minutes
Total: 2 hours 30 minutes

Play music!

Introduction (15 minutes)

- **Welcome!** Thank you for joining us for the second module of HIV and AIDS information.

- Last time we learned:
  - What is HIV and what is AIDS.
  - What HIV does in the body.
  - Where HIV began and how much HIV is in Kenya.

- Today we will learn:
  - How HIV spreads from person to person.
  - How we can stop HIV from spreading.

Session 4: How is HIV spread?
(30 minutes)

Goal: Students will understand how HIV is spread.

Objectives:

- ✓ Students will be able to list the four types of body fluids where HIV lives.
- ✓ Students will be able to list three primary ways HIV is spread.
- ✓ Students will be able to identify the most common way HIV is spread.

Materials:

- ✓ Chalk
- ✓ Chalkboard
- ✓ 5 Glasses half full of water
- ✓ Nescafe
- ✓ Spoon

- Before we learn how HIV spreads we need to know the **four** body fluids where the virus likes to live.

In what body fluids do you think the virus likes to live?

Please turn to the person next to you and discuss.

Allow the students a few moments to discuss.

Write the answers on the board.

- Blood
- Semen
- Vaginal fluids
- Breast milk

Make sure the above responses are listed.

- Before we move on, I would like to define semen and vaginal fluids.
  - **Semen** is the fluid that a man ejaculates when he is sexually excited.
  - **Vaginal fluids** are the fluids that a woman releases when she is sexually excited.

Now I would like to do an activity to demonstrate the amount of virus that lives in each of these liquids in the body.

The 4 glasses should be lined up on a table in front of the room so that all students can see.

- Imagine that this Nescafe is HIV, and the water is the body fluids.

- We will start with **breast milk**.
  - Only a little bit of the virus lives in breast milk so I will add only a bit of Nescafe to this glass.

Stir up the Nescafe after you add it to the glass of water. You may want to hold up the glass for all the students to see the color of the water.

- Next is **vaginal fluid.**
  - More of the virus likes to live in vaginal fluids so I will add a whole teaspoon of Nescafe to this glass of water that represents vaginal fluids.

- Next is **semen.**
  - The virus also likes to live in semen so I will add a whole teaspoon of Nescafe to this glass of water that represents semen.

- Last is **blood.**
  - The virus really likes to live in blood so I will add a teaspoon and a half of Nescafe to this glass of water that represents blood.

After you stir up the Nescafe, the water in this glass should be distinctly darker than the water in the other glasses.

- This is a visual way of demonstrating where the virus likes to live.

- Now that we know the body fluids where HIV likes to live, let's talk about how these fluids might enter the body.

Please turn to the person next to you and discuss.

Allow the students a few moments to discuss.

Write their answers on the board.

1. Unprotected sexual intercourse
2. Blood to blood contact including:
   - -Cuts
   - -Transfusions
   - -Non-sterilized razors and other instruments
3. Mother to child transmission
   - -During pregnancy
   - -During childbirth
   - -While the mother is breastfeeding

Make sure the above responses are listed.

- Thank you for your responses. You are very smart!

What is the **most common way that HIV is spread**?

Please tell the person sitting next to you.

- **Sexual intercourse** is the most common way that HIV is spread.

 Did anyone wonder why kissing is not on the list?

- It is because HIV does not live in saliva.
    - However, if both people who are kissing have open sores in their mouths than there is a small possibility of blood-to-blood contact and HIV transmission.

 Now I would like to play a quick game with everyone.

- Please raise your hand if you think mosquitos **can** spread HIV.

 Provide a few minutes for the students to think.

- Please raise your hand if you think mosquitos **cannot** spread HIV.

 Provide a few minutes for the students to think.

- Mosquitos **CANNOT** spread HIV because the virus only lives in humans. It needs white blood cells found in blood, vaginal fluids, semen and breast milk as we discussed.

- Please raise your hand if you think sharing food or utensils **can** spread HIV.

 Provide a few minutes for the students to think.

- Please raise your hand if you think sharing food or utensils **cannot** spread HIV.

 Provide a few minutes for them to think.

- Sharing food or utensils **CANNOT** spread HIV because the HIV virus does not live in saliva.

- Very good. Thank you for participating in the game.

Session 5: How is HIV prevented? (30 minutes)

Goal: Students will understand how HIV is prevented.

Objectives:
- ✓ Students will be able to list four ways that HIV is prevented.
- ✓ Students will be able to identify the best way to prevent HIV.

Materials:
- ✓ Chalk
- ✓ Chalkboard

- Now that we know how HIV spreads let's talk about how can we prevent it from spreading.

Please turn to the person next to you and discuss.

Allow the students a few moments to discuss.

Write the answers on the board.

1. Condoms
2. Abstinence
3. Fidelity/Faithfulness
4. HIV-positive mothers and their babies can take special medicine
5. Sterilize sharp objects
6. Clean blood transfusions

Make sure all of the above responses are on the board.

- Thank you for your responses. You are very smart!

- I would like to discuss a couple ways to prevent HIV that were mentioned (or that I added).

- First we will discuss **fidelity**.
    - **Fidelity** means being faithful.
    - In a relationship, this means having sex with only one partner.

Please discuss with the person next to you some good reasons for being faithful and some challenges to being faithful.

Allow the students a few moments to discuss.

- One reason you may have mentioned that fidelity is **good** is because if your partner is uninfected and you are uninfected there will be no possibility of getting HIV.

Feel free to add a **few** of the students' responses (such as building trust) here!

- One reason you may have mentioned that fidelity is **challenging** is because sometimes we are pressured to have sex with people other than our partners.
    - We will discuss how to resist this pressure more next session.

- Next we will discuss **condoms.**
    - **Condoms** are a thin rubber covering that a man wears on his penis during sex in order to prevent the spread of HIV or to prevent a woman from becoming pregnant.

Please discuss with the person next to you what are some good reasons and some challenges to using condoms.

Allow the students a few moments to discuss.

- One reason you may have mentioned that condoms are **good** is because if condoms are used **correctly every time** a person has sex they are effective in preventing HIV.
- Another reason you may have mentioned that condoms are **good** is because they allow an HIV-positive person to have sex with his/her husband or wife without transmitting HIV.
- One reason you may have mentioned that condoms are **challenging** is because sometimes they are not used correctly and HIV is still spread.

- Next we will discuss **abstinence**.
    - **Abstinence** means choosing not to have sex.
        - We will discuss reasons for abstaining in the next session.

- Lastly, I would like to mention that HIV-positive mothers who know they are HIV-positive can take special medicine so their babies do not get the HIV virus.
    - If the women have their babies at a hospital the doctors will know how to take good care of the mother and the baby.

* See Module 2 appendices for additional information and activities.

Session 6: What is abstinence? Why should I be abstinent? (30 minutes)

Goal: To understand what abstinence is and why it is important.

Objectives:
- ✓ Students will be able to define abstinence.
- ✓ Students will be able to list five advantages of abstinence.
- ✓ Students will be able to identify three challenges to being abstinent.

Materials:
- ✓ Chalk
- ✓ Chalkboard
- ✓ Question box

- Thank you for all your great participation. Now we would like to spend some time discussing **abstinence**.

Write the definition on the board.

- **Abstinence** is choosing not to have sexual intercourse.

Please discuss with the person next to you some of the reasons we might choose to be abstinent until marriage.

Allow the students a few moments to discuss.

 List some of their responses on the board.

1. Will not have stress
2. Can focus on education
3. Will not get HIV
4. Will have a better future
5. Will not get pregnant
6. A partner that loves you will wait for you to be ready
7. Can enjoy your youth more
8. Shows respect for your body
9. Shows respect for the bodies of others
10. Can build strong relationships without sex

 The responses should include those listed above.

- Great! Thank you for all your wonderful responses.
    - I think many of you mentioned some very important reasons for being abstinent.

- Sex is **beautiful**. It is a **sacred gift** from God. It allows us to express our love for one another and bring children into the world.

- Therefore, it is important that you wait to share it with the person you love when you are married.

- Otherwise sex can complicate our relationships, as you will hear in the short stories we will read in just a moment.

 Choose two or three people to read the story of Mary and Mark who were not abstinent. You can hand them the manual or make a copy of the story listed in the resource section.

- Mary and Mark met in Form 2 at a friend's house. They thought each other were attractive and decided to have sex soon into the relationship because they were curious. They were happy at first but soon they started fighting over stupid things. Mary would get cross at Mark when he would talk to other girls and Mark would get mad at Mary when she was too busy to spend time with him. Their relationship was difficult, and they were both distracted from their studies. Mark got poor grades that semester. Mary began to worry about what would happen if she became pregnant. She knew being pregnant would mean that she would have to stop her studies altogether so she could prepare for the baby. She wanted to talk to Mark about this, but he did not seem to care. Mary decided to end their relationship. Both of their feelings were hurt, and they no longer speak to one another.

- Thank you for reading

Choose two or three people to read the story of Julie and Joe who were abstinent.

- Julie and Joe met in Form 2 at a friend's house. They thought each other were attractive, and they began to spend time together doing things that they both enjoyed doing such as reading and playing volleyball. They became very good friends, and they felt happy around one another. Julie and Joe both wanted to go to University after high school so they decided they needed to focus on their studies and not get distracted. They knew it was best to wait to have sex until they were more prepared for the consequences such as a baby and a more serious relationship. They are still very good friends.

- Thank you for reading.

- No need to answer out loud, but please think to yourselves about which relationship you would rather be in.

Would you rather be Mary and Mark who decided to have sex and had a stressful relationship that ended or Joe and Julie who decided to wait to have sex and now are still good friends?

- I would like to emphasize that we should respect our bodies because they are the **temples of the Holy Spirit**.

Have a volunteer read the bible passage below. It is included in the Module 2 appendices as well.

1 Corinthians 6:19-20

- Flee from sexual immorality. Every other sin a person commits is outside the body, but the sexually immoral person sins against his own body. Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own for you were bought with a price. Therefore glorify God with your bodies.

What does this passage mean?

- I think it means that we need to take care of our bodies and the bodies of others because they are gifts from God.

- Please think quietly to yourself about how you can take care of your body and the bodies of others.

- Now that we have discussed some of the reasons to be abstinent until marriage, I would like to discuss some of the challenges of being abstinent.

Please discuss with your friend next to you some of the challenges of being abstinent.

Allow the students a few moments to discuss.

List some of their responses on the board.

1. Curiosity
2. Pressure from boyfriend or girlfriend to have sex
3. Pressure from friends to have sex
4. Sexual desires

The responses might include those listed above.

- Thank you very much for your honest responses!

- Now that we know some of the challenges of being abstinent, we can work on building skills that can help us to overcome some of these challenges.

- One of these skills is communication.

- It is a very important skill we will learn about in the next lesson.

Session 7: What is communication? How do I communicate? (30 minutes)

Goal: To understand three communication techniques and how to use assertive communication.

Objectives:
- ✓ Students will be able to list three communication techniques.
- ✓ Students will be able to make an assertive statement.

Materials:
- ✓ Chalk
- ✓ Chalkboard
- ✓ Question box

What is communication?

Please turn to the person next to you and discuss.

Allow the students a few moments to discuss.

Write their answers on the board.

1. Sharing ideas
2. Talking to friends
3. Expressing feelings
4. Giving directions
5. To share. It is the art of sharing ideas, thoughts and feelings.

Make sure you write number five on the board if a student has not already stated it.

- Thank you for your great responses!

- Unfortunately communication is not always easy.

Let's play a game so you understand exactly what I mean.

Please turn to the person on your right and convince him or her that chipatis are better than mandazis using only the word No.

Give them several minutes to struggle through this.

Please turn to the person on your left and convince him or her that chipatis are better than mandazis using only the word Yes.

- That was quite challenging!
    - You had to use body language and laughter to express your feelings.
- It is much easier when we can use all of our words, but communication is still sometimes challenging.

- Now I am going to demonstrate three communication techniques.
    - Then we will discuss which technique is best.

Demonstrate the three communication techniques with another facilitator (or have two students assist).

First model **weak (or passive) communication** by not looking at the other facilitator and quietly saying:

- It sure would be nice if someone would help me with this task because I will not be able to do it on my own.

Next model **aggressive communication** by staring at the other facilitator, getting close to him or her and loudly saying:

- You better help me with this task or I'll hold you responsible for what happens if I do not get it done!

Lastly model **strong (or assertive) communication** by looking the other facilitator in the eyes and calmly saying:

- I think you have a lot of experience with this task. Would you please help me with this sometime today?

Which way that I communicated was most likely to get the other facilitator to help me?

- Which way that I communicated was least likely to get the other facilitator to help me?

Please turn to the person next to you and discuss.

Allow the students a few moments to discuss.

- Very good. The last way that I communicated was most likely to get the other facilitator to help me. I spoke calmly and confidently and looked him/her in the eyes to communicate exactly what I wanted and why.

- Now I would like to discuss the three types of communication we demonstrated in the role-play.

 Write on the board the three types of communication.

1. **Weak/Passive communication**: delivering a message without expressing your true thoughts and feelings; staying silent.

2. **Aggressive communication**: delivering a message forcefully without thinking of the other person's feelings; expressing yourself in an argumentative manner.

3. **Strong/Assertive communication**: delivering a message by honestly expressing your thought and feelings; direct and clear with respect.

- There are times when aggressive or weak communication is appropriate, but most often we want to communicate assertively.

- Now we will discuss the steps to delivering an assertive message.

 Write the four steps on the board.

1. **I feel…**
    - Step 1: You should express the emotion that you are experiencing.
2. **When you…**
    - Step 2: You should state what the other person did to cause you to feel that emotion. It is not about blaming but expressing your feelings.
3. **Because…**
    - Step 3: You explain why the action caused you to feel the emotion.
4. **And I would like/need/want…**
    - Step 4: You explain what you would like to have happen in order to feel better.

- Here is an **example**:

    1. **I feel** hurt
    2. **When you** tease me for not having a boyfriend or girlfriend
    3. **Because** I am too busy with my studies right now,
    4. **And I would like** you to respect my decision.

There are more examples in the appendices. Also feel free to use examples that you think are more relevant to the students.

Now let's practice!

Please turn to the person next to you and discuss how you would assertively communicate in the situation I will write on the board.

Write the situation on the board.

- Someone has been pressuring you to be his or her boyfriend or girlfriend, but you do not like how this person treats you, and you want to refuse.

There are more situations included in the appendices. Also feel free to use situations that you think are more relevant to the students.

Ask for students to share in front of the class if they feel comfortable.

- Thank you for your great participation. It is often challenging to assertively communicate our feelings, but it is important that we do.

- That is why we must start practicing today!

- There are many more activities to help us practice communication as well as build other skills that we need to overcome the challenges of being abstinent.

- Please ask me or your teachers to share some of these with you!

The appendices include several more activities to help the students build skills (such as communication, peer pressure resistance and self-esteem).

*The activities in this lesson are based on the Go Girls! manual activities.

Closing (15 minutes)

 Does anyone have questions for us today?

 Give them time to think! Answer the questions as best you can. If it is something that will be covered in a later session, tell them to write down their question because it will be discussed later. When all the questions have been answered, proceed.

- Thanks for joining us again. We look forward to seeing you the next time!

 Remind them about the question box.

- Remember that we have the question box in the back.
    - We are trying to incorporate your questions into the sessions.
    - If you think of a question later then you can put it in the question box at the back of the room.

- Thank you for being here with us today. We look forward to the next module that we will have over next school break.

 Play music on way out.

Module 3

Time Allocation
Introduction: 15 minutes
Session 8: 30 minutes
Session 9: 30 minutes
Session 10: 30 minutes
Conclusion: 15 minutes
Total: 2 hours

Play music!

Introduction (15 minutes)

- **Welcome!** Thank you for joining us for the last module of HIV and AIDS information.

- Last week we learned:
  - How HIV spreads from person to person.
  - How we can stop HIV from spreading.

- This week we will learn:
  - Who is at risk of getting HIV.
  - What we can do if we have HIV.
  - How we can help people who are HIV-positive.

Session 8: Who is at risk of getting HIV? (30 minutes)

Goal: Students will understand that everyone is at risk of contracting HIV.

Objectives:

- ✓ Students will be able to assert that all people are at risk of contracting HIV.
- ✓ Students will be able to assert that because we are all at risk, we must protect ourselves in the ways we discussed last session.

Materials:

- ✓ Chalk
- ✓ Chalkboard

- We have talked a lot about how HIV spreads and how we can protect ourselves from HIV.
- Now we will discuss who is at risk for getting HIV.

Please turn to the person next to you and discuss.

Allow the students a few moments to discuss.

Write the answers on the board

- Black people
- White people
- Rich people
- Poor people
- Everyone

List all of their answers on the board.

Let's play a game!

- Raise your hand if you think that **poor people** are more at risk for getting HIV.

Provide a few minutes for the students to think.

- Raise your hand if you think that **rich people** are more at risk for getting HIV.

Provide a few minutes for the students to think.

- Raise your hand if you think that **everyone** is at risk for getting HIV.

Provide a few minutes for the students to think.

- The reality is that **we are all at risk of getting HIV**!
    - Whether we are rich or poor, young or old, black or white we can get HIV if we do not protect ourselves in the ways that we discussed last session.

You can have the students review some of the ways that were discussed last session if time allows.

* See Module 3 appendices for a risk activity.

Session 9: How can a person with HIV live healthy? (30 minutes)

Goal: Students will understand that there are many ways a HIV-positive person can live healthy.

Objectives:
- ✓ Students will be able to list four ways a person with HIV can live healthy.
- ✓ Students will be able to name the medication that HIV-positive people can take.

Materials:
- ✓ Chalk
- ✓ Chalkboard

The next two sessions may be particularly difficult for the HIV-positive students so make sure that you are being sensitive to their feelings.

- As we discussed, everyone is at risk for getting HIV. The virus may infect anyone.
- So what can I do if I have or get HIV? What can a person do to remain healthy and happy if the virus is in his or her body?

Please turn to the person next to you and discuss.

Allow the students a few moments to discuss.

 Write the student's ideas on the board

- Take medicine if prescribed by the doctor
- Eat healthy food
- Exercise regularly
- Get plenty of rest
- Stay away from drugs and alcohol

 Make sure the above responses are listed.

- Just like anyone else a person with HIV needs to eat nutritious foods, exercise, and rest.
    - It is particularly important for people with HIV to do these things because their immune systems are fighting the virus so their bodies need lots of energy.

 What is the name of the medicines that HIV-positive people can take?

 Write on board

A
R
V
S

 Please turn to the person next to you and discuss what these letters stand for.

 Allow the students a few moments to discuss.

 Write on the board

- **AntiRetroViralS (ARVS):** The medicines that are prescribed for those who have tested HIV-positive.

- They are given when there is a lot of virus in the body and few CD4 cells of the immune system that protect the body.

- The medicines help the immune system fight the virus by forming a coat around the CD4 cells that does not allow the virus to enter the cells and kill them.

- The virus needs the CD4 cells to copy itself and make more virus.

- By coating the CD4 cell the medicine keeps the immune system strong and the amount of virus in the body low.

- A person with the virus can continue to live **healthy and happy** for many years if he or she takes medication.

- A person with HIV can have children who are not born with HIV if he or she takes medication.

- A person with HIV can even have a husband or wife who does not have HIV if he or she takes medication so that the amount of virus in his or her body is so low that it cannot spread.

    - A doctor can help the person with HIV track the amount of virus in his or her body through special tests.

- Remember, in order to stay healthy it is **VERY IMPORTANT** the person with HIV takes his or her medication **every day** at the **same time** or the virus in the body can increase.

 Let's play a game!

- Raise your hand if you think ARVs **can cure** a person of HIV?

 Provide the students a few minutes to think.

- Raise your hand if you think ARVs **cannot cure** HIV?

 Provide the students a few minutes to think.

- Unfortunately there is still **no cure for HIV** because it is a very tricky virus that changes all the time to confuse the body.

    - Scientists all over the world are working hard to find a cure so hopefully one day soon they will find one.

    - Perhaps some of you can be the scientists who discover the cure!

Session 10: What can we do for people who are HIV-positive? (30 minutes)

Goal: Students will understand the importance of helping one another.

Objectives:

- ✓ Students will be able to list five ways that we can help one another stay healthy.

Materials:

- ✓ Chalk
- ✓ Chalkboard

- Now that we know people who have HIV can live long, healthy and happy lives, what can we do to help?

- First I would like you to listen to this Bible passage that reminds us that we are all one body in Christ.

Have a volunteer read the bible passage below. The following Bible passages are included in the Module 3 appendices.

Romans 12:5

➢ We being many are one body in Christ, and every one members one of another.

What can we do to help our brothers and sisters in Christ?

Please turn to the person next to you and discuss some things we can do to assist **any** person who is sick and needs our help.

 Allow the students a few moments to discuss.

 Write their ideas on the board.

1. Remind them to take medication.
2. Help them to eat nutritious foods.
3. Love them!
4. If they are feeling weak one day, assist them with their chores.
5. Give them encouragement and support.

- Thank you! Those are all very good ideas.

- Now I would like to discuss why we should help one another.

 Have a volunteer read the bible passage below.

 **Matthew 25: 35-40**

➢ 'For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.'

Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?'

The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.'

- I would like you to reflect on this passage for a moment quietly to yourselves.

 What does this mean for us here in the Village?

 Allow the students several minutes to think quietly to themselves.

- I think it means that we need to assist one another because whatever we do for one another we do for Christ. And of course we want to help Christ!

- Now I would like you to listen to a third bible passage.

 Have a volunteer read the bible passage below.

 **Luke 10:27**

- You must love the Lord your God with all your heart, all your soul, all your strength, and all your mind. And Love your neighbor as yourself.

 What does it mean to **love your neighbor as yourself**?

 Allow the students several minutes to think quietly to themselves.

 If you loved your neighbor as yourself, would you tease him or her or would you say kind words to him or her?

If you loved your neighbor as yourself, would you let him or her suffer on his or her own or would you care for your neighbor when he or she was sick?

Allow the students several minutes to think quietly to themselves.

- If I loved my neighbor as myself I would treat my neighbor with **kindness** just as I treat myself with kindness and as I want others to treat me.

- I would care for my neighbor when my neighbor was sick in whatever way that I could.

- If we follow these Bible passages by treating our brothers and sisters in the Village as we would treat Christ and loving our neighbors in the Village as we love ourselves, then the Village will be a **happy** and **healthy** place to live.

What do you think? Can we do it?

- I think we can!!!

* See Module 3 Appendices for additional information on stigma and discrimination as well as hosting a speaker who is living with HIV.

Closing (15 minutes)

 Does anyone have any questions?

- Remember we are always here to speak with you if you need us.
  - **Our doors are always open.**

- Thank you all very much for the time and attention you have provided us!

- We hope that you have learned a few things about HIV and AIDS.

- If you are interested in learning more, please ask your teachers for more information.

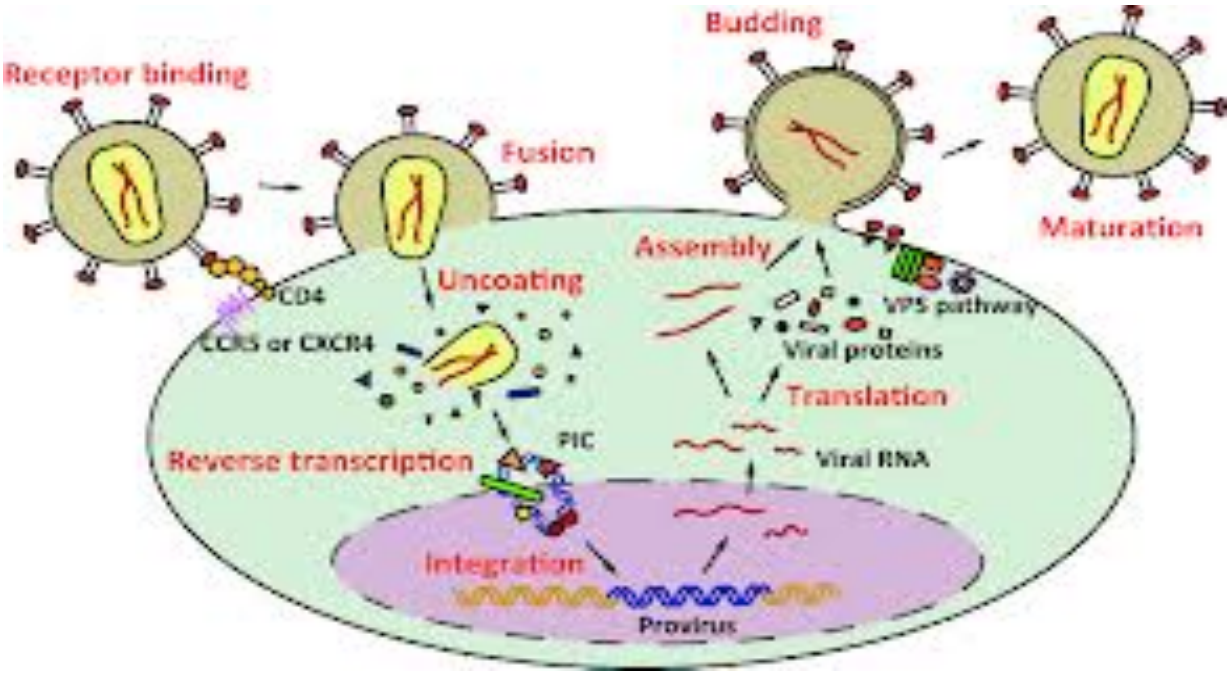
- There are activities and resources available to help you practice the material that you learned during these sessions as well as learn additional information about HIV and AIDS.

 Play music on way out.

APPENDICES

MODULE 1 APPENDICES

HIV Replication



- **Receptor Binding:**
  - HIV enters the cell by binding to the CD4 receptor and a co-receptor (CCR5 or CXCR4).

- **Fusion:**
  - The cell and virus membranes fuse (join) together.

- **Uncoating:**
  - After entering the cell, the virus releases its parts (such as RNA and virus proteins) into the CD4 cell.

- **Reverse Transcription:**
  - The parts create virus DNA (called PIC).

- **Integration:**
  - The virus DNA is able to integrate (combine) with the DNA of the CD4 cell.

- **Translation:**
  - The virus combined with the CD4 cell is called provirus. It serves as a model to make virus RNA.

- **Assembly:**
  - This virus RNA is then assembled (put together) to make a new virus.

- **Budding:**
  - The virus slowly forms.

- **Maturation:**
  - When the virus is fully formed and can survive on its own, it is released.

- **Spread:**
  - The virus will then attack other CD4 cells, and the process will begin again.
    - The virus continues to multiply and the CD4 cells continue to die.

Important Definitions:

Co-receptor (CCR5 or CXCR4)- protein molecules on the surface of the CD4 cell that bind to the protein of HIV and help the entry of the virus into the cell.

Ribonucleic Acid (RNA)- a nucleic acid that differs from DNA in that it contains ribose and uracil as structural components.

Deoxyribonucleic acid (DNA)- a nucleic acid that contains the molecular basis of heredity for all known living organisms and some viruses.

Preintegration complex (PIC)- a combination of virus RNA and proteins as well as some host proteins. It assists integration into the DNA of the CD4 cell.

Virus RNA- a virus that uses RNA as its genetic material.

HIV Timeline

X.....X.....X
T1= Infection **T2**= HIV antibodies present **T3**= AIDS

- **T1** is when a person first becomes infected.
- **T2** is when an infected person develops HIV **antibodies**.
    - **Antibodies** are substances in the blood made by the CD4 cell that protect people against viruses such as colds and the flu.
        - The antibodies usually destroy most viruses.
        - However the antibodies are not strong enough to kill HIV.
    - HIV tests detect the antibodies rather than the virus itself.
        - It takes the body from 2 to 6 weeks after being infected with HIV to produce enough antibodies to show up on a test.
- **T3** is when a person develops AIDS.

Window period:

- The time between when a person first gets infected (T1) and the time when an HIV test can begin to detect antibodies (T2).
    - It can be from 2 weeks to 6 months long but it is usually about 3 months.
    - During the window period, even before a person knows he or she is infected, he or she can transmit the virus to others.
        - **Most spread of HIV occurs during this time**.

Incubation period:

- The time between getting HIV (T1) and developing AIDS (T3).
    - This period can last from a few months to as long as 30 years or more (if a person takes care of him or herself in the ways we discussed and takes medication).

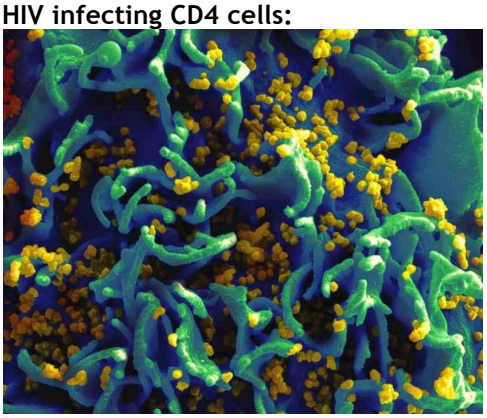
Stages of HIV

- **Acute Infection:**
  - During this time, large amounts of the virus are being produced in your body.
  - **Symptoms:**
    - Most people develop severe flu-like symptoms such as vomiting and drowsiness.

- **Clinical Latency:**
  - During this stage of the disease, HIV reproduces at very low levels although it is still active.
  - **Symptoms:**
    - Most people do not have symptoms during this stage.
    - With proper treatment people may live in this stage for several decades.
    - Without treatment, this period lasts an average of 10 years, but some people move through this stage slower or faster than others.

- **AIDS:**
  - As the number of a person's CD4 cells in the body decrease to below 200 cells/mm3 (because they are killed by the HIV virus), a person is considered to have AIDS.
  - **Symptoms:**
    - With treatment a person can return to the clinically latent stage.
    - Without treatment people have the symptoms of the opportunistic infection that they get.
      - For example: Tuberculosis symptoms such as a cough and night sweats or cholera symptoms such as severe diarrhea and weight loss.

HIV infecting CD4 cells:



*npr.org

Lions and Elephants Game

- Ask for **one volunteer**.
  - This person is the **baby elephant**.
    - Have the volunteer stand in the front of the room.

- Ask for **six more volunteers**.
  - These volunteers are the **adult elephants**.
    - Their job is to protect the baby elephant.
    - They should form a circle and join hands around the baby elephant.

- Now ask for **four or five more volunteers.**
  - These people are the **lions**.
    - Their job is to attack (pinch) the baby elephant.

- When the facilitator says "Go!" the lions should try to attack.
  - Let this continue for a few minutes until the baby elephant has at least one contact from a lion (but the baby should not be hurt).

- Now ask the following questions (the volunteers should remain where they are).

  - **Ask:** What does the **baby elephant** represent?
    - **Answer:** The baby elephant represents the **human body**.

  - **Ask:** What do the **adult elephants** represent?
    - **Answer:** The adult elephants represent the **immune system.**
    - **Explain:** Their job is to protect the baby elephant just as the immune system protects the body from invading diseases.

- **Ask:** What do the **lions** represent?
  - **Answer:** The lions represent the **diseases, illnesses and infections** that attack a person's body.
  - **Explain:** These diseases such as tuberculosis and malaria diarrhea and cholera may attack the body.
    - *The facilitator should touch the volunteer lions one by one as he or she says the names of diseases.*

- **Ask:** Are they able to kill the body?
  - **Answer:** No.
  - **Explain:**
    - Diseases attack the immune system every day, but the immune system (adult elephants) is able to fight them off and protect the body.
    - The immune system might get sick (such as the one pinch the baby elephant may have suffered) but it does not die because the immune system is strong.
    - However, suppose I am HIV. I come to this body (the baby elephant) and I attack and kill the immune system.
    - *The facilitator should ask all but two volunteer elephants to sit down.*

- **Ask:** Now will the baby elephant be protected? Will the human body be safe with the immune system gone?
  - **Answer:** No it will not!
  - **Explain:**
    - HIV has killed the immune system. This lack of immune system makes it possible for opportunistic infections— diseases like tuberculosis, diarrhea and so forth to actually kill the person rather than just make the person sick.
    - *The facilitator should ask the lion volunteers to try to pinch the baby elephant on the world "Go!" The lions are easily able to get to the baby elephant this time.*

UNAIDS

Kenya HIV and AIDS Statistics (2012)

- **Number of people living with HIV:** 1,600,000
- **Adults aged 15 to 49 prevalence rate:** 6.2%
- **Adults aged 15 and up living with HIV:** 1,400,000
- **Women aged 15 and up living with HIV**: 820,000
- **Children aged 0 to 14 living with HIV**: 200,000
- **Deaths due to AIDS**: 57,000
- **Orphans due to AIDS aged 0 to 17**: 1,000,000

MODULE 2
APPENDICES

The Virus Game

- At the beginning of the game inform the participants:
  - They live in a community where there is a fatal disease called the “Virus Z” disease.
  - The only way to become infected by Virus Z is by shaking hands with someone who is already infected with the virus.
  - The virus cannot be spread any other way.

- Give all but three participants pieces of folded paper
  - **One person** will have a **Z** on their piece of paper.
  - **Three people** will have a **shield** on their piece of paper.

- Tell participants to not open the sheets of paper until instructed.

- Tell the participants to move about the room, greet people, and shake hands with **three people**.
  - They must remember with whom they shook hands.

- The participants who did not receive pieces of paper can greet people but **cannot shake hands with anyone**.

- After everyone has shaken hands with three people and returned to their seats, have the students open the pieces of paper.

- Ask the person with the **Z** on his or her piece of paper to stand up.
  - Explain that this person is carrying the **Virus Z**.

- Ask all the **people who shook hands with the person standing** to also stand up.
  - Explain that these people were infected with the Virus Z as well.

- Ask all the people with the **shield** on their pieces of paper to stand up.
    - Tell these people to sit down because they were protected from Virus Z.

- Ask all the people who **did not shake hands with anyone** to stand up.
    - Tell all these people to sit down because they did not cross paths with anyone who had Virus Z.

- Now ask **all the people who shook hands with anyone standing** to stand up.
    - Explain that Virus Z may also have infected these people.

- Ask the group to look at how many people who are standing who might be infected with Virus Z.

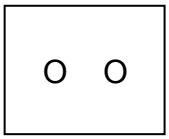
- Explain to the group that **this illustrates how quickly a virus such as HIV, can spread from just one person.**

- **Ask**: How is Virus Z in the game is similar to HIV?
    - **Answers:**
        - In this game handshaking mimics engaging in unprotected sexual intercourse or sharing cutting objects.
        - If you use condoms (the shield) or abstain from those behaviors (don't shake hands) you will not get the virus.

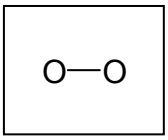
- **Ask:** How is Virus Z in the game different from HIV?
    - **Answer:**
        - Shaking hands does **NOT** spread HIV.

Concurrency Web

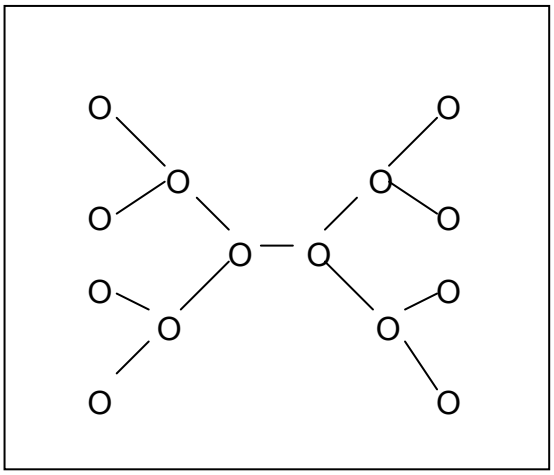
- Draw **two circles** on the chalkboard.



- Explain that each of the circles represents **an adolescent that has sex**.
- Draw a line connecting the two circles to represent them having sex.



- Explain that each adolescent has sex with two other people.
- Connect the original two circles to two circles each.
- Explain that each of those four new partners has sex with two more people.
- Connect all four circles to two more circles.



- Ask for volunteers to continue making and connecting circles in the same way.

- **Explain:**
    - Every time a person has sex, he/she is not just having sex with one person.
    - In a way he/she is having sex with everybody that his/her partner and his /her partner's partners had sex with.
    - The person is having sex with everyone on the board.
    - He/she does not know whether the other people have been practicing safe sex behaviors.
    - This means he/she is at **risk** of getting HIV.
    - It is important to keep this in mind when deciding whether to have sex or who to have sex with.

- **Ask:**
    - What is one thing you can do to protect yourself if you do have sex with someone?

- **Answers:**
    - Fidelity to one, uninfected partner.
    - Abstinence.
    - Condoms.

The Risk Game

- Divide the blackboard into **three sections**:
  - 1 section says **high risk= UNSAFE behaviors**
  - 1 section says **low risk= BE CAUTIOUS behaviors**
  - 1 sections says **no risk= SAFE behaviors**

- Now read the behaviors listed below one by one in a random order.

- After reading each behavior, ask a volunteer to write the behavior on the blackboard in the section where he or she thinks the behavior belongs.

- After reading the entire list give the students an opportunity to change the section in which the behaviors were written if they think they are incorrectly placed.

- When everyone is finished making changes discuss each behavior one by one.
  - Put the behaviors in the appropriate section if they are incorrect.
  - Make sure to explain why each behavior is in each section.

No Risk=SAFE

Abstinence
Shaking hands
Hugging
Masturbation
Mosquito bites
Sharing clothes
Sharing meals
Sharing a toilet
Dry kissing

Low Risk=BE CAUTIOUS

Wet (deep) kissing on the mouth
Sexual intercourse using a condom
Helping someone who is bleeding

High Risk=UNSAFE

Having many sexual partners
Sexual intercourse without using a condom
Sharing sharp cutting objects that have not been sterilized

Relationship Stories

- Mary and Mark met in Form 2 at a friend's house. They thought each other were attractive and decided to have sex soon into the relationship because they were curious. They were happy at first but soon they started fighting over stupid things. Mary would get mad at Mark when he would talk to other girls and Mark would get cross at Mary when she was too busy to spend time with him. Their relationship was difficult, and they were both distracted from their studies. Mark got poor grades that semester. Mary began to worry about what would happen if she became pregnant. She knew being pregnant would mean that she would have to stop her studies altogether so she could prepare for the baby. She wanted to talk to Mark about this, but he did not seem to care. Mary decided to end their relationship. Both of their feelings were hurt, and they no longer speak to one another.

- Julie and Joe met in Form 2 at a friend's house. They thought each other were attractive, and they began to spend time together doing things that they both enjoyed doing such as reading and playing volleyball. They became very good friends, and they felt happy around one another. Julie and Joe both wanted to go to University after high school so they decided they needed to focus on their studies and not get distracted. They knew it was best to wait to have sex until they were more prepared for the consequences such as a baby and a more serious relationship. They are still very good friends.

Important Bible Passage

1 Corinthians 6:19-20 (New International Version)

- Flee from sexual immorality. Every other sin a person commits is outside the body, but the sexually immoral person sins against his own body. Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own for you were bought with a price. Therefore glorify God with your bodies.

Assertive Statement Examples

1. I feel hurt…
2. When you call me a baby…
3. Because I do not want to cheat on tests…
4. And I would like for you to respect my decision to use my own intelligence.

1. I feel frightened…
2. When you get so close to me…
3. Because it is threatening…
4. And I need you to keep more distance.

1. **I feel** sad…
2. **When you** tell me I am stupid…
3. **Because** you think that I spend too much time studying…
4. **And I need** you to support my decision to take my education seriously.

Situation Examples

- Someone you do not know offers you a ride.
- Your friend teases you for having old clothes.
- Your friend wants you to do his/her homework for him/her.
- Your friend wants you to help him/her with his/her test when the teacher is not looking.
- The boy or girl you like asks you to join him/her for a walk late at night when you should be in bed.
- An older man/woman tells you if join him/her at his house alone, he/she will buy you something special.
- A friend wants you to steal something from your grandparent for him/her.

Communication Techniques

Our communication is **weak** when we:

- Do not stand up for ourselves.
- Do what others want although we feel it is wrong.
- Remain silent even when we disagree or feel unhappy about something.
- Say “sorry” when we have no reason to be sorry.
- Hide our feelings.
- Do not start something new because we are worried we might fail.
- Allow others to make our decisions for us.
- Follow the crowd and give in to peer pressure.

Our communication is **assertive** when we:

- Stand up for ourselves without putting others down.
- Respect ourselves and the other person.
- State our thoughts and feelings clearly and honestly.
- Stick to our values and principles.
- Match our words to our body language.
- Act confident but respectful.
- Accept praise and feel good about ourselves.
- Accept suggestions for making ourselves better.
- Say no without feeling bad.
- Disagree without getting angry.

Our communication is **aggressive** when we:

- Take action with no thought for the other person.
- Say we will do something bad to a person to get what we want.
- Put ourselves first even though others lose.
- Make demands without listening to other people’s ideas and needs.
- Became angry quickly when others disagree with us.
- Physically force people to do what we want.
- Make people feel they need to defend themselves.
- Insult people to make ourselves feel better.

Five Steps to Resist Peer Pressure

- Explain that we will be talking about **Five Steps** to follow in the face of negative peer pressure.

- Start by asking the students to think about one good habit or behavior they want to maintain despite negative peer pressure to do the opposite.
    - Tell them we'll call this their **HEALTHY DECISION**.

- Now ask for one volunteer who is willing to answer some questions about the Healthy Decision he or she selected.

- Inform the students that we will be using the volunteer's Healthy Decision as an example when we go through the Steps, but everyone can and should contribute to the discussion.

- Write the Five Steps below on the blackboard before the session begins (you do not need to write the questions, but you can if you would like).

- Discuss each of the Five Steps by asking the volunteer the Questions on the left.

Five Steps	Questions
1. Explain why your Healthy Decision is important.	-What is your Healthy Decision? -How will the Healthy Decision help you achieve your goals in the future?
2. Identify the pressures that try to pull you away from your Healthy Decision.	-What people or situations try to pull you away from your Healthy Decision? -Are there situations that may involve peer pressure that try to pull you away from your Healthy Decision?
3. Make a plan for how to stick to your Healthy Decision and use it.	-How can you avoid or turn away from the people and messages that try to pull you away from your Healthy Decision? -What actions can you take that will make it easier to maintain your Healthy Decision Ex: Like-minded friends or a mentor
4. Practice your assertive communication skills to fight off challenges.	-What are some ways that you can assertively communicate your decision to stick with your Healthy Decision? -Who can give you emotional support for your decision?
5. Be proud of yourself for doing as well as you have!	-Be PROUD of yourself that you have made and kept your healthy decision in the face of peer pressure. Pat yourself on the back! Well done!

Best Response Game

- Communicating effectively and thinking critically are important components to managing a good relationship.

- The **Best Response Game** has proven an effective tool to help participants practice thinking and communicating under a pressure situation.

- This game provides a lively forum to practice the skills young people will need to delay sex.

Instructions

- Divide into small groups.

- Ask for a few volunteers to serve as the team of judges.

- Ask the teams to create names for themselves and write the name of each team on the blackboard.

- Inform the students that developing life skills such as good communication and resisting peer pressure is important.
    - These skills teach us how to get out of such situations without doing what we do not want to do.

- This exercise is a way to practice these skills and have fun at the same time.

- Inform the participants that peer pressure idea of peer pressure, which is one of the most difficult issues for young people to overcome.

- When peer pressure comes from a boyfriend or girlfriend in a relationship, it can be even more difficult to resist.

- Explain that you have collected a list of different “pressure lines” that a person might try to use to get you to do something you do not want to do (including having sex).

How the game works:

- Read one of the “pressure lines.”

- The teams have five minutes to come up with the best response to the “pressure line.”
    - Ask the students: What would you say to refuse if someone used this line on you?

- The team should agree on the best response and write their idea on a small slip of paper.

- You will time the groups and call out stop when the time is up.

- Collect the slips of paper and read them aloud to the whole group.
    - Keep it lively and fun! Give the slips of paper to the team of judges.

- The judges will have two minutes to choose the winner.

- The judges should award two points to the winning team and zero points to the other groups.

- Write the points on the scoreboard and then repeat the process with the next pressure line.

- When the lines are exhausted or people are looking as though they have had enough, tally up the scores and announce the winner.
    - Give a small prize if you want!

Pressure Lines (for the facilitator to read):

1. “All your friends do it. Why not you?”
2. “You are such a child. When will you grow up?”
3. “No one will find out. I promise.”
4. “If you do this for me, I will buy something nice for you.”
5. “Don’t worry- nothing will go wrong. I promise.”
6. “You owe me. Look at all the nice things I have bought for you.”
7. “I know you want to—you’re just afraid.”
8. “If you don’t, I will find someone who will.”
9. “Aren’t you curious?”
10. “If you truly love me, you will have sex with me.”
11. “I love you, and I will always take care of you.”
12. “We will get married one day. Why not just this once?”
13. “You can’t get pregnant if you have sex only one time!”
14. “Boys have to have sex or they get sick.”
15. “Our relationship will be much better if we do this.”

* Feel free to add ones that are more appropriate.

My Goals!

1. Ask the students to think of a career goal they would like to achieve.

2. Give each student a piece of paper. Ask them to draw or write the career goal on the right side of the piece of paper.

3. On the left side of the paper ask the students to write his or her name and draw a picture of him or herself.

4. Next ask the student to draw a path connecting him or herself on the left with the career goal on the right.

5. Explain that now each student has a career goal in mind it is time to discuss what will be on the path to help him or her get to that career goal.

6. On the path, have the students draw or write:

    - Stops along the path he or she needs to make to get there.
        - Possible stops may include:
            - Primary School
            - Secondary School
            - University
            - Seminary
            - Training Institute
            - Bigger Village
            - Big City
            - Airplane

    - The people along the way that will help them reach their goals.
        - Possible people may include:
            - Teachers
            - Grandparents
            - Mentors
            - Religious Brothers/Sisters

7. Now have the students consider some of the roadblocks along the path that may prevent them from getting to their career goal.

8. Have the students list or draw these on the back of the paper.
    - Possible roadblocks include:
        - Pregnancy
        - HIV
        - Drugs and alcohol
        - Negative influences

9. Discuss with the students how they can overcome some of these roadblocks.

- Have the students draw or write how they will overcome these roadblocks along the side of their path.
    - Possible answers include:
        - Prayer
        - Good friends
        - Teachers
        - Commitment
        - Strength
        - Education
        - Communication

10. Explain to the students that it is **important** to recognize what may be blocking their paths so they can avoid these and/or create plans to get around them.

www.googleimages.com

*Have them present their goals to the larger groups!

A Pat on the Back

1. Give one sheet of paper, a pencil, and something to attach the paper (tape) to each participant.

2. Explain that we are all friends, and we all have positive things that we would like to say to each other, but sometimes we forget to tell each other the good things. This exercise gives us an opportunity to share these things with one another and have fun doing it!

3. Instruct the participants to write their names on an upper corner of their papers and to make some symbol that represents them in the center. They could trace their hand, draw a star, heart, or sun – anything that represents them. Next, they should attach their papers to their backs.

4. Think about the different people in the room. What positive words would you use to describe each person? What happy message would you like to give to different people in the room? Tell the participants that when you say, "Go!" they should move around and write one (or two) word(s) on each other's papers.

5. When most seem to have finished, say, "Stop!" and let the participants remove their papers from their backs. There should be a great deal of joy and laughter as people see the positive feelings other have for them!

Tips:

- You can make this session longer and more powerful by having the participants stand up, one by one, and read out what their cards say about them.
- For example, "My name is _____, and I am beautiful, powerful, smart, dynamic, strong, a true leader."
- This can be a powerful reinforcement to self-esteem, as the students "own" the statements by reading them aloud and sharing them with the group.

Note:

- It is important to avoid having anyone write negative or embarrassing comments on the cards.
- You should be monitoring for this.

Skill Building Activities

- Below is a list of some skills building activities (and the resource manuals where they can be found) to supplement those included in the appendices.

Communication Skills

- Communication
  - Tuko Pamoja p. 36
- Did I say that? Different styles of communication
  - Its All One p. 104
- Passive, Assertive, Aggressive
  - AGEP p. 130
- Communication Skills
  - Life Skills p. 109
- Speak Up! Communicating with other
  - Go Girls! P. 27

Decision Skills

- Making Decisions
  - Sexuality and Life Skills p. 54
- Making Decisions for Me
  - Family Life Education p. 23
- Carrying out a difficult decision
  - Its All One p. 122
- Making Good Decisions
  - AGEP p.146

Relationship Skills

- Healthy Relationships
  - Tuko Pamoja p. 32
- Friendship between boys and girls
  - Sexuality and Life Skills p. 44
- Friendships between boys and girls
  - Our Future p. 64
- What is love?
  - Life Skills p. 193

Self-Esteem Skills

- Do we have self-esteem?
  - Life Skills p.196
- Self-Esteem
  - Tuko Pamoja p.65
- Valuing me
  - Family Life Education p. 23
- Rank your values
  - Focus on Youth p. 70
- Goal setting
  - Focus on Youth p.210

MODULE 3
APPENDICES

Stigma and Discrimination

What is stigma?

- Stigma is viewing people negatively and not valuing them.
- Stigma creates or reinforces inequalities among individuals and usually leads to discrimination.

Why are people stigmatized?

- People may be stigmatized for many reasons such as race, gender, age, disability, religion or illness.

What is discrimination?

- Discrimination is any type of action based on stigma that violates an individual's rights.

Causes of stigma and discrimination:

- Stigma and discrimination usually result from a lack of understanding and fear.
- Unfortunately, we often fear things we do not know.

Consequences of stigma and discrimination:

- Deny others their human rights (to work, education, health care, etc.)
- Worsen inequalities and differences
- Hurt feelings
- Ruin lives

Prevention of stigma and discrimination:

- We need to have **complete information** before we make decisions about something or someone.
    - We can learn about what we do not know.
    - We can teach others what they do not know.
- As we discussed in the sessions, we should love others as we love ourselves.
- If we do this then we would value and respect the human rights of all people.
- After all, we are one body in Christ.

Sharing Experiences of Discrimination

- **Divide students into pairs.**

- Ask the pairs to tell each other about:

    - A time when they were discriminated against.
    - How they felt.
    - How they reacted to the discrimination.

- In the **big group** ask the pairs to share their feelings and reactions to being discriminated.

- **Split into pairs again.**

- This time ask the pairs to tell each other about:

    - An incident when they discriminated against someone.
    - How they felt.
    - Why they discriminated.
    - How the other person may have felt.
    - How the other person reacted to the discrimination.

- In the **big group**, ask the pairs to share the reasons why they discriminated against someone and how the other person reacted.

- Ask the **big group** what their experience can teach us about discrimination.
    - What are some causes of discrimination?
    - What are some consequences of discrimination?

- **Split into pairs one last time.**

- Ask the pairs to tell each other about:
    - How they might behave differently in similar situations to the ones they described earlier.

- In the **big group** ask the pairs to share how they may deal with stigma and discrimination in the future.

Crossing the Line

- Divide the room in half using a piece of string or chalk.
- Have all the students stand on the same side of the room.
- Ask the students the questions listed below one at a time.
- Request that the students cross the line to the other side of the room if the question applies to them.
- After you ask each question, allow time for the students to walk across the line to the other side of the room if the question applies.
- After enough time has been allowed after each question, have all the students return to the same side of the room and ask the next question.
- After all the questions have been asked, discuss with the students:
    - How did they feel when they were teased?
    - How did they feel when they crossed the line?
- **Explain**:
    - This activity shows us that we have all experienced stigma and discrimination at one time or another.
    - This activity reminds us that it feels bad to be discriminated against.
- **Emphasize:**
    - If they do not like the feeling of being discriminated against they should not discriminate others.
    - They should treat everyone like Christ.
    - After all, we are all one body in Christ.
- **Ask:**
    - What can you do to assist those who are discriminated against in the future?

List of questions:

- Have you ever been teased for being stupid?
- Have you ever been teased for being skinny/fat?
- Have you ever been ignored by your friends?
- Have you ever been teased for being poor?
- Have you ever been teased for the way you looked or dressed?

*Feel free to add others you think may apply to the students!

Speaker Living with HIV

- Explain that the discussion may be difficult for some to participate in due to the sensitive nature of the topic.

- Introduce the speaker.
  - The speaker should be someone that is comfortable speaking about his/her status
  - The speaker should be someone who is healthy and doing well in life (financially stable, supportive family and friends, etc.) so that the HIV-positive students are encouraged about their futures.

- Have him or her talk to the group for 30 minutes.

- Allow for a few questions from the group.

- If there are no questions, prompt the discussion by ask the speaker several questions concerning:
  - How he or she remains healthy.
  - How he/she deals with stigma or discrimination.
  - Any advice or recommendations he/she has for the students.

Working with HIV-Positive Speakers

- Meeting and hearing the personal story of a person with HIV often has a profound impact on young people.
- Speakers are likely to be most effective when they resemble the group in some way—especially when they are young and have a clear understanding of the how youth understand the world.
- When the speaker tells his or her personal story, group members can begin to identify with the speaker's appearance, feelings and values.
- Speakers help to put a human face on HIV, touching young people on a personal and emotional level and making the risks real to them.
- Furthermore, a HIV-positive speaker who is doing well in life will provide the HIV-positive students with encouragement and hope concerning their futures.

Finding a Speaker:

- Contact local HIV agencies for help in finding a speaker.
- Many areas have organized speakers' bureaus that provide single speakers or panel discussions for classrooms, youth programs, and other groups.
- Most speakers are trained to reinforce basic information about HIV transmission and prevention and to deal with lifestyle issues in a manner that does not advocate particular sexual attitudes and practices.
- Ask the speakers' bureaus about their policies, training and experience to be sure they are a good match for Nyumbani.

Interview questions for prospective speakers (to see if they are a good match):

- Would you please share your experience in telling your personal story in a group setting?
- Have you ever shared your story with a youth audience before?
- What do you do to remain healthy?
- What are your goals for the future?
- What are 3 or 4 key messages you feel are important to convey to youth about HIV?

Preparing for the Speaker:

- **Make arrangements in advance**. Make arrangements for scheduling the guest speaker 1-2 weeks before you would like them to speak. Find out what the process is to request a speaker and be sure you allow enough time to follow through.

- **Review policies and procedures.** Be sure to review any policies of Nyumbani that may limit the speaker's responses or remarks to student questions. Be sure to inform the speaker of these restrictions.

- **Inform the speaker.** Let the speaker know what information the group has covered in the sessions and briefly discuss the proposed content you would like them to address (ie: living healthy and happy with HIV) and length of the presentation.
    - You might suggest that the speaker plan to spend the first half of the time sharing his or her experience with HIV and leave the remaining time for questions.

Topics the Speaker Can Cover:

Most speakers will address some or all of the following issues:

- **Finding out they had HIV**. Speakers may share the events leading up to their diagnosis and their thoughts and feelings at learning they had HIV.

- **The impact of HIV on their lives.** Speakers can discuss the impact of HIV on their daily lives, including personal relationships, health, and long-term goals. They may also describe treatment regimes and the importance of adherence.

- **Living happy and healthy with HIV.** It is important that the speaker address how he or she lives a happy and fulfilling life as a person who is HIV-positive.

- **Prevention messages.** Throughout their presentations most trained speakers include prevention messages based on their personal stories. They may share what they would have done different knowing there was a risk of getting HIV and encourage the listeners to protect themselves.

- **Questions and Answers.** This is a good time for the students to have their questions and concerns answered openly and honestly by someone who truly understands.

Important Bible Passages

Romans 12:5 (New International Version)

- We being many are one body in Christ, and every one members one of another.

Matthew 25: 35-40 (New International Version)

- 'For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.'
  Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?'

  The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.'

Luke 10:27 (New International Version)

- You must love the Lord your God with all your heart, all your soul, all your strength, and all your mind. And Love your neighbor as yourself.

ADDITIONAL RESOURCES

Sexually Transmitted Infections (STIs)

What are STIs?

- Sexually Transmitted Infections are infections transmitted by having unprotected sex with an infected partner.
- They affect the sexual organs and genital areas.

Who gets STIs?

- Anyone who has unprotected sexual intercourse is at risk of getting an STI.

What do STIs do in the body?

- They infect the sexual organs causing irritation and sores.
- Continual or repeated infections may lead to inability to have children and/or death.

How would I know if I have a STI?

- If you have had unprotected sex and/or have the symptoms of a STI then you may have an STI.
- A medical practitioner should examine you.

What are the symptoms of a STI?

- Painful urination, itching in genitals, unusual or bad smelling liquid coming from the penis or vagina, sores, blisters, rashes or warts on or around the penis or vagina.
- However, some STIs have no symptoms so it is important to be careful.
- Symptoms of several common STIs are included in the following table.

Is there a cure for STIs?

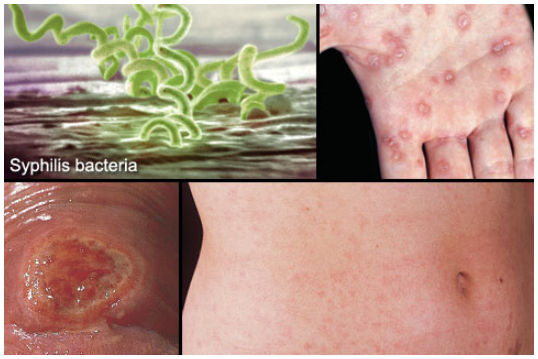
- Most of the STIs are curable, particularly if they are diagnosed and treated early.
- However, if they are diagnosed and treated late, affects may be permanent.

Are there untreatable STIs?

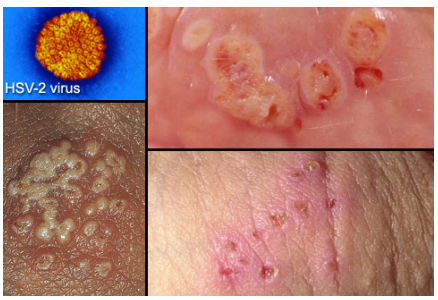
- Some STIs are difficult to treat, such as Herpes.
- Others are treatable but cannot be cured, such as HIV.

What puts me at risk of getting a STI?

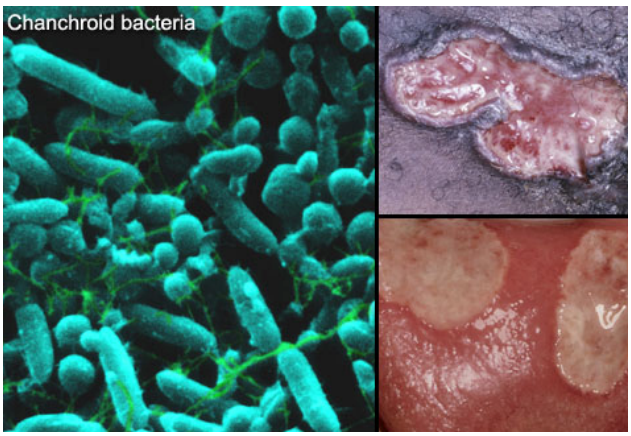
- Unprotected sex.
- Having unprotected sex with multiple partners.
- Having unprotected sex with a partner who has multiple partners.



Syphilis



Herpes Simplex



Chancroid

*webMD

Common Sexually Transmitted Infections Table

STI	Symptoms	Consequences
Gonorrhea	• Yellow, green, or white discharge • Burning sensation when urinating • Symptoms appear 2-14 days after infection	• Causes blindness in newborn babies • Swelling on the testicles • Inflammation of the cervix
Syphilis	• Painless sores on the penis or vagina (go away without treatment) • Fever for a few days • A rash that does not itch • Swollen glands • Weak body • Symptoms appear 10-90 days after infection	• If syphilis is untreated the bacteria continue to damage the heart, brain and other organs causing serious illness and death • Babies can be born with syphilis
Herpes Simplex or Herpes 2	• Small painful blisters on genitals or mouth • Fever and headache • Body tiredness/body aches	• The virus lives in the body for life • Symptoms recur under stress • The person may infect their partner and unborn baby
Chancroid	• Inflammation of lymph glands and the groin • Painful sores on penis or vagina • Symptoms appear 3-5 days after exposure	• If chancroid is not treated with antibiotics it can cause deep sores and scars
Chlamydia	• Discharge from the penis • Swelling in the testicles • Pain in the lower abdomen • Chills • Fevers	• Can cause infertility in both men and women

NOTE: Having a STI increases the risk of getting HIV because virus can be spread easily when there are open sores on the genital areas.

Nutrition Information

- We need to eat foods that give us **energy, vitamins and minerals** for our bodies to stay **healthy and strong**.
    - This is especially important for adolescents living with HIV because their bodies are fighting the virus.
    - They need **additional** energy, vitamins, and minerals.
- Below are some guidelines to help us eat the foods our bodies need.
- Foods are divided into six groups (+water) according to the nutrients (protein, fat, fiber, carbohydrates, vitamins, and minerals) they provide for our bodies.
- The food groups are:
    - Fats, Oils and Sweets Group
    - Milk, Yogurt and Cheese Group
    - Meat and Beans Group
    - Fruit Group
    - Vegetable Group
    - Grain Group
    - +Water Group
- The food pyramid below shows the amount of each group our bodies should get every day.

Food Pyramid

1. Fats, Oils and Sweets Group:
Fats are a rich source of energy. However, our bodies only need these in small quantities.

2. Milk, Yogurt, and Cheese Group:
Milk, yogurt and cheese are great sources of calcium and protein. Our bodies need two servings of this group a day. A serving is equivalent to 1 cup of milk.

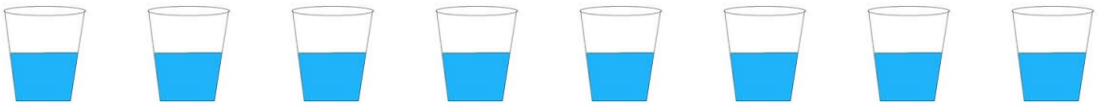
3. Meat and Beans Group:
Meat, chicken, and fish provide protein, Vitamin B and iron. Dried beans, eggs and nuts also provide protein as well as a lot of vitamins and minerals. Our bodies need about two servings of this group a day. One serving is equal to 2-4 ounces of meat.

4. Fruit Group:
Fruits and fruit juices are rich in Vitamin A, Vitamin C and Potassium. Our bodies need at least two servings of these a day. A serving is equal to one apple, one orange or one banana.

5. Vegetable Group:
Vegetables are rich in Vitamin A, Vitamin C, Folic Acid, Iron and Magnesium. Vegetables contain a lot of fiber. All of the vegetables have different nutrients so it is important to eat a variety of vegetables. Our bodies need at least three servings a day. One serving is equal to 1 cup of raw vegetables or half a cup of cooked vegetables.

6. Grains Group:
Chipati, rice, and ugali provide carbohydrates that we need for energy. They are also a good source of fiber. Our bodies need six servings a day. One serving is equal to half a cup of cooked rice or ugali.

+ Water Group:
Our bodies are composed of mostly water. Therefore, it is important that we replenish them regularly. We should drink at least eight cups of water a day.



**Remember that when we are active (moving a lot playing sports and walking) we need to eat more of each group so that we have more energy!

- Below is a table that lists some nutrients that are important for our bodies, the foods that contain these nutrients, and the consequences of not having enough of these nutrients in our bodies.

Important Nutrients Table

Nutrient	Importance	Source	Too Little?
Calcium	• Maintain healthy bones. • Strengthen muscles	• Milk • Cheese • Green vegetables	• Weak bones
Carbohydrates	• Principal source of energy	• Grains • Ugali • Potatoes • Fruit	• Dehydration • Low energy
Fiber	• Good digestion	• Fruit • Vegetables • Grains	• Obesity • Diabetes
Folic Acid	• Use proteins to help body • Form red blood cells	• Sukuma Wiki • Beans • Citrus Fruits	• Problems with cell division that results in the poor development of babies
Iodine	• Create hormones for the regulation of cell growth and activity	• Iodized salt • Saltwater fish • Seafood	• Prevents brain growth and development • Goiters
Iron	• Transports Oxygen	• Meat • Chicken	• Anemia
Magnesium	• Maintain the function of the immune system	• Beans, • Sukama Wiki • Nuts	• Hypertension • Personality changes
Lipids	• Store energy • Digestion • Vision • Membrane construction	• Fat • Oil • Butter	• Lack of energy • Digestion problems • Vision problems
Potassium	• Maintains blood pressure • Maintains the nervous system • Maintains muscle functions	• Bananas • Fruit • Vegetables • Meat • Grains	• Weak muscles • Nausea
Protein	• Builds muscles, bones and skin • Creates hormones and antibodies.	• Meat • Milk • Eggs • Beans • Githeri	• Diminishes growth • Lose muscle tissue

Vitamin A	• Vision	• Eggs • Liver • Green vegetables • Orange/red fruits	• Vision problems
Vitamin B-12	• Maintains the nervous system • Forms red blood cells	• Meat • Chicken • Fish	• Depression • Cerebral problems
Vitamin B-6	• Forms red blood cells • Releases energy from proteins and lipids	• Chicken • Fish • Pork • Bananas	• Problems with the nervous system • Anemia
Vitamin C	• Builds connective tissue and hormones	• Citrus fruits • Tomatoes • Potatoes • Green peppers	• Scurvy
Vitamin D	• Uses calcium to form strong bones	• Sun exposure	• Bone disease

- As you can tell from the chart, it is important we eat a wide variety of fruits and vegetables so we get all the nutrients (protein, fat, fiber, carbohydrates, vitamins and minerals) we need for our bodies to stay healthy and strong.

- A colorful plate (like a rainbow) is always best!

Nutrition Jeopardy

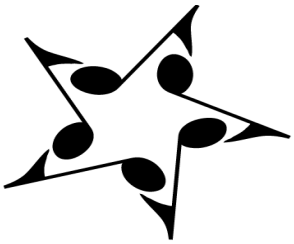
- Divide the group into two teams.
- There are four categories of questions and each question is worth 1-4 points.
- The first group should choose the category and the point value.
- The facilitator reads the corresponding question.
- The first team to raise their hands answers the question (it is a good idea to select someone as the judge of this).
    - If the team answers correctly, they receive the points.
    - If the team answers incorrectly, the other team has the opportunity to answer the question and receive the points.
- The team that responds correctly should choose the next category and point value.
- The game continues in this manner until all the questions have been asked and answered.
- The group that has the most points wins.

Food Pyramid	Nutrition and Sports	Healthy Bones	Fun Facts
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4

* = Correct answer!

Food Pyramid	Nutrition and Sports	Healthy Bones	Fun Facts
Q: Which is the food group that you find at the bottom of the pyramid because you need more of this group than the others? A: a) Fruit Group b) Milk Group c) Grain Group*	Q: You need a lot of this before, during and after you exercise. A: a) Water* b) Vitamin C c) Potassium	Q: Your bones need this mineral to grow and be strong. A: a) Iron b) Calcium* c) Zinc	Q: This food is rich in potassium, fiber and Vitamin C. A: a) Chipati b) Banana* c) Cake
Q: Which is the food group that helps maintain strong bones and teeth because it contains calcium and Vitamin D? A: a) Milk Group* b) Vegetable Group c) Meat Group	Q: If you are training for an important soccer game, you should eat this: A: a) Only ugali b) Many foods* c) Beans	Q: What is the number of bones in your body? A: a) 78 b) 130 c) 200+*	Q: This carbohydrate gives your body energy to work and play. A: a) Beef b) Apple c) Rice*
Q: Eggs belong to what group? A: a) Milk Group b) Grains Group c) Meat Group*	Q: The best food to eat right before a game is: A: a) Fruit* b) Salt c) Sweets	Q: Choose the foods that are rich in calcium. A: a) Sukama and milk* b) Cookies and ugali c) Fish and bananas	Q: If you do not eat meat, you need to eat more of this to get the protein and iron you need. A: a) Bread b) Corn c) Beans and githeri*
Q: What is the reason that proteins are an important part of your diet? A: a) Build muscle* b) Maintain health c) Fight against disease	Q: To be a good athlete you should do this: A: a) Do not eat meat b) Include lipids in your daily diet.* c) Eat little food	Q: If you do not eat enough calcium or do enough exercises when you are young, you can get this when you are older: A: a) Osteoporosis* b) Anemia c) Poor vision	Q: If your cuts take a long time to heal, you can eat oranges in order to get more of this nutrient: A: a) Vitamin C* b) Vitamin B c) Magnesium

We are One



Though we are many we are one body,
We are on Body in Christ

(Repeat 4 times)

One faith in the Lord Jesus Christ binding us together in one cause
One hope in the One God
One Father over all

Zulu Version

Though we are many we are one body
We are one Body in Christ

(Repeat 2 times)

Afrikans Version

Though we are many we are one body
We are one Body in Christ

(Repeat 2 times)

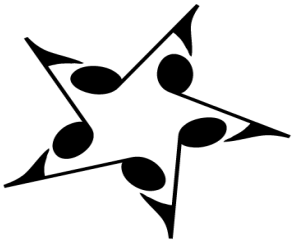
One faith in the Lord Jesus Christ binding us together in one cause
One hope in the One God
One Father over all

Spanish Version

Though we are many we are one body
We are one Body in Christ

(Repeat 3 times)

We are One



Refrain
We are one body, one body in Christ;
and we do not stand alone.
We are one body, one body in Christ;
and he came that we might have life.

1. When you eat my body and you drink my blood,
I will live in you and you will live in my love.
When you eat my body and you drink my blood,
I will live in you and you will live in my love.

2. Can you hear them crying, can you feel their pain?
Will you feed my hungry, will you help my lame?
See the unborn baby, the forgotten one,
they are not forsaken, they are not unloved.

3. I am the Way, the Truth, the Life, I am the Final Sacrifice,
I am the Way, the Truth, the Life;
he who believes in me will have eternal life.
I am the Way, the Truth, the Life, I am the Final Sacrifice,
I am the Way, the Truth, the Life;
he who believes in me will have eternal life.

4. I have come, your Savior, that you might have life,
through the tears and sorrow, through the toils and strife.
Listen when I call you, for I know your need,
come to me, your shepherd, for my flock I feed.

Refrain:
We are one body, one body in Christ;
and we do not stand alone.
We are one body, one body in Christ;
and he came that we might have life.
(Sing twice)

5. At the name of Jesus ev'ry knee shall bend;
Jesus is the Lord and he will come again.
At the name of Jesus ev'ry knee shall bend;
Jesus is the Lord and he will come again.

6. On the rock of Peter, see my Church I build.
Come receive my spirit, with my gifts be filled.
For you are my body, you're my hands and feet.
Speak my word of life to ev'ryone you meet.

Refrain
We are one body, one body in Christ;
and we do not stand alone.
We are one body, one body in Christ;
and he came that we might have life.
(Sing twice)

**Both these songs are included on the CD and flash.

Global Dialogues Films

1. Aids Stigma must stop!

Synopsis: This film emphasizes the importance of ending AIDS stigma. The film stars rapper Didier Awadi.
Link: http://www.youtube.com/watch?v=bW3MpVCR1Kg

2. The Reasons for a Smile (HIV-positive living)

Synopsis: This innovative, uplifting film takes us on a journey along the path of a person living with HIV: from fear and emptiness to the decision to live positively and on to unshakable optimism and love of life. The film stars four individuals who play a key role in responding to the epidemic in Burkina Faso.
Link:
http://www.youtube.com/watch?v=TmSVfYUkHso&index=2&list=PLF72CCC63B450D6AB

3. A Love Story

Synopsis: A film about ARV treatment adherence. For many different reasons, a woman wants to give up and stop her antiretroviral treatment. It is up to her husband to come up with the right arguments to convince her to stay the course.
Link: http://www.youtube.com/watch?v=K22kGvbjaR0&list=PLF72CCC63B450D6AB

4. A Family's Love vs. AIDS

Synopsis: Cheikh's favourite uncle, Ali, is very ill and comes to live with him and his family. Ali has AIDS and has been thrown out of his home because his neighbors imagine that they can catch HIV through everyday exchanges with him. Cheikh learns that his own presence, respect and affection can help Ali fight his illness.
Link: http://www.youtube.com/watch?v=m5L9XvsHm6E

5. Love and HIV: 'The Heart of the Matter'

Synopsis: This is the story of two young people in love. As individuals and as a couple, how will they deal with the fact that one of them is living with HIV? What is, after all, the heart of the matter?
Link: http://www.youtube.com/watch?v=MXuRrkg90A0

6. Children and Aids: ‘Never Alone’

Synopsis: What would your family do if a young nephew were about to become an orphan? Little Sam is struggling to understand what happened to his dad, why his mom is so sick, and why his aunt keeps telling him she will always be there for him.
Link: http://www.youtube.com/watch?v=ijOFV-mz1o0

7. Stand up to sexual pressure!

Synopsis: In this film Aliou has bought his girlfriend Nancy a new dress, which she eagerly tries on. Meanwhile, thinking that Nancy will reward his generosity, he surreptitiously arms himself with a condom. But Aliou hasn't reckoned with Nancy's reaction or her resolve to stick to her own AIDS prevention strategy: abstinence before the wedding and being faithful after it.
Link: http://www.youtube.com/watch?v=6TTmTGGaKi0

8. Under Pressure

Synopsis: The story: Amaka is ridiculed by a group of girls at her school because she doesn’t yet have a mobile phone. She faces her a hard choice when the smooth-talking, forty-something Nico offers his help.
Link: http://www.youtube.com/watch?v=fqhIDpiq9Hg

9. Sexually Transmitted Marks

Synopsis: After school one day, in two neighboring classrooms, parallel stories are unfolding. How far will teachers and students go in their efforts to adjust marks through seduction? Will they succeed?
Link: http://www.youtube.com/watch?v=_4DmUjr6tio

10. Miss Nobody

Synopsis: The story: Mr. Wallace has grown rich "by eating AIDS money like a famished crocodile". He thinks that he's untouchable and that a group of young people who are trying to shine a spotlight on his corrupt ways are nothing but "a bunch of nobodies". Wallace is about to learn that, in today's social-media world, the Nobodies have power, too.
Link: http://www.youtube.com/watch?v=ER3U8vtO074&list=PL241B41BCA3862154

**All of these films can be viewed at the listed Internet links. They are also included on the CD.

Global Dialogues Example Film Discussion Guide

- Please watch the films before presenting them to the class.

- Please consider the content and develop several questions that you could discuss with the group before and after the film.

- Below is an example of a discussion you may want to have with the group before and after watching the Global Dialogues Film entitled Under Pressure.

Under Pressure:

- Before the film, ask the students to:
    - Think of a time you were pressured by your friends to do something that you know you should not do.
        - What did you do?
        - What did you say?
    - Now let's watch what happens when Amaka is in a difficult peer pressure situation.

- After the film discuss with the students:
    - Why were Amaka's friends teasing her?
    - What happened to Amaka's friend, Tanya, which made her cry?
        - Why?
    - What did Amaka decide at the end of the film?
        - Why?
    - What would have happened if she decided differently?
    - What would you have done in Amaka's position?

Facilitator Tips

Ways to Encourage Participation

- Many young people are accustomed to classroom-type lectures in which the teacher is the expert and the learners are the recipients.
- Participatory activities might limit their willingness to fully participate in discussions and other activities.
- The following tips can encourage participation:
- **Nonverbal encouragement:**
    - **Eye contact:** Be attentive in making eye contact with all learners.
    - **Head nodding:** Nod your head to show understanding and to encourage learners to continue.
    - **Posture:** Avoid defensive postures, such as folded arms.
    - **Body movement:** Move toward people to draw them into discussion. Avoid distracting movements such as too much walking or pacing.
    - **Smile:** Concentrate on smiling to encourage and relax the group.
    - **Verbal encouragement:**
        - **Praise and encourage:**
            - "I'm glad you brought that up!"
            - "Tell me more."
            - "Good point. Who else has an idea?"
            - "I would like to hear what you think about…"
        - **Use ideas suggested by students:**
            - "To build on your point, Mary…"
            - "As Fatima mentioned earlier…"
        - **Acknowledge feelings by using statements that communicate acceptance and allow students to clarify their feelings:**
            - "I sense that you are upset by what I just said."
            - "You seem to feel strongly about this issue. Can you explain?"

The Art of Asking Questions

- The ability to ask meaningful questions that stimulate discussion, and relate the objectives for the learning session, is an important skill for a facilitator.

- Effective, stimulating questions are **open-ended** and usually start with "what" and "how."

- Questions that start with "why" may put learners on the defensive.

- There are **four types of questions**:

1. **Close-ended questions**:
   - Solicit yes or no responses or very short answers.
     - Ex: How old are you?

2. **Leading questions**:
   - Lead the respondent to say what they think you want them to say and not what they really think or feel.
     - Ex: Isn't it normal for boys to hide their emotions?

3. **Open-ended questions**:
   - Solicit more information.
     - Ex: What are some times you have felt sad?

4. **Probing questions**:
   - Solicit more in-depth information and encourage in-depth thinking.
     - Ex: Can you tell me more about how you feel?

- **Open-ended** and **probing questions** are usually **BEST**!

- **A facilitator asks questions in order to:**
    - Verify the learners understanding of the topic.
    - Clarify a point or reinforce essential points.
    - Stimulate student's thinking.
    - Encourage group participation and maintain interest and attention.
    - Assist students to review topics/concepts they may have not yet mastered.
    - Draw relationships between classroom learning and application to real life situations.

- The purpose of asking questions is not to interrogate.

- Questions are directed at the students and therefore the facilitator should not jump to answer the question.
    - Even when faced with some silence, the facilitator should be patient and remain silent for at least **10-15 seconds**.
    - It is likely that someone will break the silence and attempt to answer the question.

- **The facilitator should ask questions:**
    - **During the introduction of the lesson**
        - To help the learners make connections between the content of the lesson and their own experience/learning needs.
    - **Throughout the session**
        - To encourage participation.
    - **At the end of the session**
        - To draw conclusions and applications of the learning process.

Responding to Students' Questions

- In participatory learning, students should be **encouraged to ask questions**.

- It is important for the facilitator to keep the following principles in mind when responding to questions:

    - **Listen carefully** to understand the purpose of the question.

    - Do not answer too quickly.
        - Take a moment to reflect on your answer.

    - Ask the question in a different way to be sure you understood it.

    - Thank the person for asking the question.

    - Choose words carefully and think about the impact they might have on the individual.

    - Never belittle or embarrass someone for asking a question.

    - If you do not know the answer, admit it, and promise to look for more information.

    - Ask a student, or the group, to respond to the question or to give their point of view.

    - Make an effort to ask questions from all parts of the group (right, left, center).

Responding to Students' Responses

- Once the facilitator asks a question, it is important to listen to the responses carefully.

- There are four types of responses that a facilitator can expect:

1. **Correct response:**
   - Repeat the student's response to positively reinforce it and ensure that everyone has heard the response.
   - Comment positively on the response to encourage other students to respond.

2. **Partially correct response:**
   - Compliment the student for the correct part, and then reformulate the rest of the question to the same student or someone else.
   - Could ask: "Would anyone like to add more information?"

3. **Incorrect Response:**
   - Indicate in a constructive way that the response is not quite correct and reformulate the question to put the students back on track.

4. **A response that adds a rich but unexpected idea:**
   - Thank the student and recognize his/her idea.

How to Deal with Difficult Behaviors

- Every group has people with **many personalities** who behave in different ways.

- Some of these behaviors may disrupt the learning process.

- How to deal with a few of these behaviors is listed below.

1. **Talkative:** Has something to say about everything. Always volunteers to be group leader, answer questions and offer suggestions.

    - **Say:** I appreciate your comments but let's hear from other people.
    - **Say:** In order to stay on schedule, lets discuss this after class.

2. **Clueless:** Seems to have no idea what is going on; misunderstands the question or topic.

    - **Say:** Something I said must have led you off track. What I was trying to say is…

3. **Rambling:** Talks about things that do not relate the topic. Differs from clueless because he or she knows what is going on but prefers to follow his or her own agenda.

    - **Say:** I don't understand. How does this relate to what we are talking about?

4. **Hostile:** Acts and says things to challenge and argue. Questions the facilitator's knowledge.

    - **Say:** I understand and appreciate your point of view. What do some of the rest of you think?
        - Note: Allow others to exert peer pressure on this individual.

5. **Stubborn:** Refuses to see anyone else's point of view.

    - **Say:** I appreciate your point of view but for the sake of the group we need to move on. We can talk about this more later.

6. **Silent:** Seems attentive and alert, but will not comment or answer questions.

    - **Say:** I know you have some experience in this area. We would love to hear your thoughts on this.
        - Note: Small groups often help shy participants.

7. **Know-it-all:** Views self as authority on every subject and pretends to know more than the group and facilitator.

    - **Say:** That is one point of view. However, there are other ways of looking at it.
        - Note: Do not let annoyance be apparent.

8. **Class clown:** Makes a joke out of everything and tries to get attention.

    - **Say:** We all enjoy a little fun, but right now let's get serious and focus on the topic.

9. **Negative:** Complains about everything and may frown, keep arms crossed and look away.

    - **Say:** I understand your point. What suggestions do you have to improve the situation?

10. **Indifferent:** Makes no attempt to contribute or participate. May engage in activities separate from the group.

    - **Say:** I know you have some experience in this area, please tell us about it.
        - Note: Similar to the shy personality.

Manual Resources Included

Evidence-based Curricula

- Focus on Youth (FOY) with ImPACT

International Curricula for Adolescents Living with HIV

- Positive Living for a Brighter Future
- Teen Talk: A Guide for Positive Living

International Curricula

- Act, Learn and Teach
- Adolescent Girls Empowerment Program (AGEP)
- Sexuality and Life Skills
- Chill Club
- Go Girls!
- It's All One Curriculum
- Learning for Life
- Life Skills
- Maisha Bora: Empowering Africa's Young People
- Our Future
- Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum

International and Faith-based Curricula

- Choose Life
- Family Life Education: Teaching Youth

Domestic Curricula

- Promoting Partner Reduction

Manual Resources Synopses

Evidence-Based Curricula

Focus on Youth (FOY) with ImPACT

This curriculum is intended to reduce substance and sex risk behaviors of low-income, urban African America youth. It provides information on abstinence and safe sex, drugs, alcohol, HIV and AIDS, STDs, and contraception through the use of games, discussions, homework, and videos. FOY is also an evidence-based curriculum. Similar to the BART *curriculum, FOY is limited for our intents and purposes in that the target audience is African American youth in the United States. Therefore, it is uncertain if similar sessions will be successful in an African context*.

International Curricula for Adolescents Living with HIV

Positive Living for a Brighter Future

The goal of the curriculum is to improve sexual safety by identifying risky settings, enhance communication and negotiation skills and encourage positive living practices such as adherence and disclosure among ALHIV ages 13-17. Interactive activities, games and other fun exercises have been built into the curriculum to motivate adolescent participation. In addition, the three modes of learning: auditory, visual, and practice opportunity, have all been incorporated. The manual was adapted for use in Kenya and Uganda by a team of program and field experts. Therefore, the curriculum contains cultural references, examples, and stories specific to the two settings. For this reason it is ideal for Nyumbani Village. However, it is strongly suggested that the curriculum be followed in order and in entirety, which is not feasible.

Teen Talk: A Guide for Positive Living

This guide is similar to the Teen Talk listed above for ALHIV in the United States. This guide is also intended to assist ALHIV make informed, intentional decisions by covering a wide variety of material applicable to ALHIV from drug adherence to properly dealing with emotions. The guide will be particularly useful because this more recent version of Teen Talk was developed in Botswana. Therefore, it is more relevant to the adolescents in Nyumbani Village. However, it is limited in that the messages are tailored specifically to ALHIV and not intended for groups composed of both adolescents who are HIV-positive and adolescents who are HIV-negative.

International Curricula

Act, Learn and Teach

This curriculum is intended to raise community awareness about HIV and AIDS. It provides information on respecting cultural norms and values, and creating and executing community-specific plays to raise awareness about HIV and AIDS. It also provides helpful resources about theater, youth participation, and group activities. The audience is youth groups or community theater organizations. It was helpful in the generation of ideas for role-play activities used in the curriculum. It is tailored to youth in Africa, which is an additional bonus. However, it is lacking in technical information.

Adolescent Girls Empowerment Program (AGEP)

This curriculum aims to build social, health and economic assets of young, Zambian women ages 10-19. The young women are taught health information, life skills and finances as well as provided opportunities to build strong relationships with other girls in their community. Several of the HIV and AIDS modules contain useful ideas for the Nyumbani curriculum such as including myths and facts regarding HIV transmission as an interactive game. Furthermore, AGEP provides valuable facilitator information immediately preceding each activity. Lastly, the Zambian context in which this curriculum was created has parallels to that of Kenya. However, this curriculum is limited in that it only pertains to young women and excludes young men who may have different needs that are not addressed.

Sexuality and Life Skills

This curriculum is designed to equip adolescents with knowledge, positive attitudes and skills to enjoy sexual and reproductive health through the use of participatory activities. This curriculum is particularly useful in that it is explicit about its theoretical underpinnings. Furthermore, several sessions advocate for abstinence but also provide the information that youth need to protect themselves if they do not choose abstinence. This is an approach that was identified as important during the needs assessment. However, the curriculum lacks the Christian rationale for the importance of abstinence that will be important to use in the context of Nyumbani.

Chill Club

This curriculum is intended to encourage dialogue among students, teachers, and parents on issues related to adolescent reproductive health of adolescents ages 10-14. It provides information on gender, reproductive health, preventive behaviors, sexually transmitted infections, HIV and AIDS, abstinence, gender violence, decision making and communication skills. The HIV and AIDS modules are useful because they provide information specifically concerning the epidemic in Kenya. However, many of the activities are similar to activities better described elsewhere.

Go Girls!

This curriculum is intended to provide a safe and fun learning experience where girls aged 13-17 are equipped with life skills and knowledge to help maintain a happy and healthy life, stay in or return to school, and feel empowered to protect themselves from HIV/AIDS. This curriculum includes many interactive, creative activities that serve as templates for the Nyumbani curriculum. Furthermore, the layout is simple, aesthetically pleasing and easily understandable. The limitation is that the intended audience is restricted to young women. However, some of the activities may apply to both genders.

It's All One Curriculum

This curriculum presents a unified approach to sexuality, gender, HIV, and human rights education. It does so through in-depth information on each of these topics in Part 1 of the manual and interactive activities on each of these topics in Part 2 of the manual. Furthermore, it provides extensive background information on the participatory approaches utilized in the manuals. The segments on HIV and AIDS are not as in-depth as elsewhere, but nonetheless, it supplies great supplemental information and activities particularly concerning the importance of building skills to resist peer pressure to engage in risky behaviors. These will be referenced in the appendices.

Learning for Life

This curriculum is designed to help teachers address themes relating to HIV and AIDS with their students. It provides information on life skills to protect against HIV and support those in their schools and communities who are living with HIV through appropriate activities and lesson plan templates. This curriculum builds on the experience and materials of a WHO training of 200,000 teachers in over 17 countries. The activities pertaining to stigma and discrimination are carefully and sensitively crafted in an exemplary manner. Furthermore, this curriculum includes beneficial facilitator resources at the beginning of the manual. However, many of the activities require significant amounts of time to implement properly, which unfortunately we will not have in Nyumbani.

Life Skills

The Life Skills program is a comprehensive behavior change approach for adolescents that concentrates on the development of the skills needed to implement a wide variety of information concerning everything from HIV and AIDS and STIs to reproductive health. The Life Skills approach is interactive, using role plays, games, puzzles, group discussions, and a variety of other techniques to keep the participants involved in the sessions. Additionally, it addresses the important related issues of empowering girls and guiding boys towards new values. This curriculum is an excellent resource and provides many useful activities specifically pertaining to HIV and AIDS. Furthermore, it includes detailed explanations and activities concerning how to cultivate behavior change in relation to HIV and AIDS. However, it is limited in that it has not been evaluated for its effectiveness nor does it incorporate Christian principles.

Maisha Bora: Empowering Africa's Young People

This manual is designed to positively reform the attitudes of adolescents and effect behavior change by providing knowledge of sexual health, HIV and AIDS, and other STIs as well as developing skills. It includes a useful activity on the phases of HIV progression. However, many of the other activities in this manual are those that are more thoroughly described elsewhere.

Our Future

This curriculum is intended to protect young people in grades 8-9 from sickness and death by providing full information about sexuality. In the lessons they learn about STIs, HIV and AIDS, friendship, love, being a male or a female, how to say "No" to sex, ways to avoid pregnancy and how to protect oneself from sexual abuse. The manual is simple and interactive. Many of the lessons are short and easily implementable. Furthermore, they are written from the perspective of youth, which may be attractive to the students at Nyumbani. It also includes take home activities and exercises that could be used to spark dialogue. However, a limitation of the curriculum is its' neglect of appropriate space and time for the more in-depth conversations necessary considering the sensitive subjects that are broached.

Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum

This curriculum is the second edition of this Kenya Adolescent Reproductive Health curriculum, entitled Tuko Pamoja (We Are Together). It is intended to delay sexual debut, promote reproductive health, and equip adolescents ages 10-19 with life skills. It provides information on sexuality, reproductive health, and HIV in a participatory manner. It also includes facilitation resources that will be useful to the facilitators in Nyumbani Village. Furthermore, it was developed specifically in Kenya by some of the leading organizations in the field such as PATH, USAID and Population Council. However, unfortunately the effectiveness of the curriculum has not been assessed.

International Faith-Based Curricula

Choose Life

This curriculum intends to assist youth ages 15 and older make wise choices, especially in the areas of relationships and sexuality. The guide provides detailed lesson plans for 12 interactive learning sessions. The session on abstinence is useful as it utilizes bible passages in its affirmation of the importance of abstinence until marriage. However, the session on HIV is not sensitive to a mixed audience of both students who are HIV-positive and students who are HIV-negative. It includes some information that might be offensive to ALHIV.

Family Life Education: Teaching Youth

This curriculum is intended to assist church organizations build the knowledge, attitudes, and skills of young people ages 10 to 16 related to reproductive health and HIV/AIDS. The incorporation of bible passages throughout the sessions is a characteristic of the curriculum that is replicated in the Nyumbani curriculum. Furthermore, *Family Life Education* was developed in Namibia so the material will be more applicable to the Kenyan adolescents than those curricula developed elsewhere. A limitation of the curriculum is its simplicity. The adolescents in Nyumbani Village need more than the basic information that is provided. Moreover, like the other faith-based curricula, this curriculum has not been evaluated for effectiveness.

Domestic Curricula

Promoting Partner Reduction

This curriculum is intended to help young people understand and avoid HIV risks from multiple partnerships. It addresses key issues related to HIV and multiple partnerships and is designed to motivate young-people to change their high-risk behaviors through its participatory and evidence-informed approach. It goes beyond the message of “avoid multiple partners to protect oneself from HIV” and encourages participants to think about: the reasons young people name for having multiple partnerships, different patterns of multiple partnerships, and the impact that such partnerships have on the entire community. For these reasons, many of the activities were useful. As a supplement it is ideal. However, it only addresses the issue of multiple partnerships so it cannot be used in isolation.

Pre and Post Curriculum Survey

AGE: _____

GENDER: _____

HIV and AIDS Background Information		
Question		**Answer**
1.	What do the letters HIV stand for?	
2.	What do the letters AIDS stand for?	
3.	What is one theory to explain the origin of HIV?	
4.	How does HIV weaken the body?	

HIV and AIDS Transmission and Prevention Information		
Question		**Answer**
5.	What are three modes of transmission?	1. 2. 3.
6.	What are three modes of prevention?	1. 2. 3.
7.	What is sexual abstinence?	
8.	What are two advantages of remaining abstinent until marriage?	1. 2.

Care of Adolescents Living with HIV and AIDS Information		
Question		**Answer**
9.	Who is at risk of contracting HIV?	
10.	What is the name of the medicine that people who are HIV-positive can take?	
11.	How do the medicines for people who are HIV-positive help the body fight HIV?	
12.	What are two things a person who is HIV-positive can do to live healthy?	1. 2.

HIV and AIDS Myths and Misconceptions		
Question		**Answer: CIRCLE ONE**
13.	Is HIV spread by withcraft?	Yes No
14.	Is HIV spread by mosquitos?	Yes No
15.	Is there a cure for HIV/AIDS?	Yes No
16.	Is death immediate if you have HIV?	Yes No
17.	Is HIV and AIDS the same thing?	Yes No
18.	Do condoms contain HIV?	Yes No