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Title:

UNESCO

Teacher Education Manual on HIV and AIDS Prevention and Response

Philippine Pilot Version

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Foreword

HIV being one of the major programs of the United Nations [UN] System has been the focus of our UNESCO concerns. The UNESCO National Commission of the Philippines has just conducted two Philippine adaptation workshops on the UNESCO HIV Preventive Education manuals recently developed by UNESCO Jakarta and UNESCO Bangkok.

After having piloted the UNESCO Teacher Education Manual on HIV Prevention and Response in Indonesia, this will be adapted in the different Asia Pacific countries such as Nepal, Uzbekistan, Kazakhstan, Vietnam and Lao PDR.

As an educator for the past 45 years, I would like to share with you my experience in the teaching of HIV Prevention to children from 3 - 16 years old. These topics have been contextualized for our country's condition and culture: *Personal Grooming and Hygiene from Head to Toe*; *The Facts of Life for Primary School*; *From Puberty to Adolescence for Grades 4-6*; *Under the Heart is a Little Room and Puberty of Boys*; and *the High School Consumer Course on Marriage*.

Personal Grooming and Hygiene from Head to Toe is an LLSD [Lifelong Learning for Sustainable Development] course for boys and girls regarding their sexual responsibilities and correct attitude towards physical health, beauty and sacredness of the human body which should start during the first six years. For preschoolers, this would be an action lesson on personal grooming and hygiene "from head to toe", like taking a bath. The teacher demonstrates to the children the different steps in taking a bath from washing their hair, soaping their body parts to rinsing their whole body from head to toes.

The Facts of Life for Primary School & From Puberty to Adolescence for Grades 4-6. Grade schoolers with their enormous reasoning power appreciate the lesson of the powerful Human Body. There are two parts of the lesson. For Grade I-III students, their imagination can be inflamed with the "Fable of the Great River." The great nation in the story of the Great River symbolizes the Human Body. The President is the Nervous System. The Department of Communication is represented by the five sense organs - eyes, ears, nose, tongue and hands. The Department of Nutrition is the stomach, intestines and glands. The Department of Sanitation is the kidney and the parts used for excretion of waste materials, like the skin and the anus. The Department of Transportation is the Blood Vessels and the Great River is the Circulatory System. The citizens represent the cells. When the cells combine it becomes a tissue. The tissues make up organs and a group of organs make up a system. These different systems work together in perfect harmony to keep the human body healthy and strong. Later, the Grade IV to VI students can be given the advanced lesson on the various body systems since they are in the puberty stage.

Under the Heart is a Little Room and Puberty of Boys. Between 9-12 years old, the girls exhibit bodily changes into adulthood earlier than boys. They increase in height and body size. Hormones are emitted to help them become a young lady or a young man. Pimples appear and body perspiration will change, and so with the body smell. When puberty comes, it is time for parents and teachers to agree on the healthy approach to sex education and corresponding responsibility. This story of love is different for each sex, thus, boys and girls should be taught differently.

“Under the Heart is a Little Room” is a lesson for girls covering physical changes including the menstrual cycle. For the boys, Mother Nature gives the message of physical changes such as the growth of the Adam’s apple with the change in voice, circumcision [ceremony of becoming a man] and the nocturnal flow or wet dreams and the emission called semen. In life, the male and female are physically and psychologically different from each other. But, it is these differences that attract them to one another. While many boys tend to become assertive, competitive and dominant, girls are often more patient and generous. Parents and teachers should encourage the natural virtues of boys and girls.

Young Adulthood. To complete the curriculum, senior students can go through the high school consumer course on marriage. A male student is partnered with a female student with whom he does not have any emotional attachment. They pretend to become steady friends. They get engaged, plan for the wedding, look for a place to live, prepare for the coming of a baby and deal with other plans in starting a home. In the process, the students learn the cost of an engagement ring, wedding license, a condominium unit, the wedding ceremony and reception and even honeymoon packages.

The girls experience how it is to be pregnant and raise a family. The couple places an egg in a basket for nine weeks [1 week being equal to 1 month]. Everywhere the girl goes, the basket goes. This is likened to a pregnant woman who carries the baby for 9 months. If the eggs break, they find out that the expense for a miscarriage is similar to giving birth the normal way. They are appalled at the cost of delivery by cesarean section. They also get to know the difference in cost between private and government hospitals as well as lying-in clinics. At the end of the activity, the young adults realize that the heavy expenses incurred for each event in life signifies the serious responsibility a couple faces before deciding to get married.

We must condition our young to respect and be kind to each other by the right choice of community and school environment. These topics can help the teacher face the challenge of teaching HIV and AIDS to young children and touch on sensitive issues like sex, drugs and other topics considered “taboo” in our society.

This UNESCO Teacher Education Manual on HIV and AIDS Prevention and Response is specially designed for educators in the Philippines. Let us continue our mission of spreading knowledge on the issues of HIV and AIDS as part of Lifelong Learning for Sustainable Development.

Manila, 19th October 2007

Ambassador Preciosa S. Soliven, Ed.D.
Secretary-General
UNESCO National Commission of the Philippines

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
EENET	Enabling Education Network
ELIZA	Enzyme-Linked Immunosorbent Assay [test]
EFA	Education for All
FRESH	Focusing Resources on Effective School Health
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
ILFE	Inclusive, Learning-Friendly Environments
LSD	Lysergic Acid Diethylamide
MDG	Millennium Development Goals
NGO	Non-governmental Organization
PCP	Phencyclidine
PCR	Polymerase Chain Reaction [test]
PNAC	Philippine National AIDS Council
STI	Sexually Transmitted Infection
UN	United Nations
UNACOM	UNESCO National Commission
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Table of Content

Acronyms - Page 1

Introduction - Page 3

Chapter 1: Role of Teachers and School Administrators

- 1.1 - Page 5 Responsibilities of Teachers and School Administrators
- 1.2 - Page 10 Quality Education - Preparing Children and Young Adults for Life

Chapter 2: Legal and Human Perspective

- 2.1 - Page 11 Introduction
- 2.2 - Page 11 The Legal Perspective - International Conventions and Agreements and National Laws and Regulations Guaranteeing the Right of ALL Children to a Quality Education.
- 2.3 - Page 16 Right of Children to Confidentiality
- 2.4 - Page 19 Addressing Stigma and Attitudes Related to HIV and AIDS
- 2.5 - Page 19 Development of Acceptance, Empathy and Respect
- 2.6 - Page 21 Inclusion and Non-Discrimination in Schools

Chapter 3: Drug and Alcohol Abuse, Prevention, Control and Response

- 3.1 - Page 22 Introduction - Why should we Teach about Drugs in School?
- 3.2 - Page 23 Drugs
- 3.3 - Page 35 Developing Responsible Behaviour - Understanding the Consequences of Experimenting with or Using Drugs - Drug Prevention
- 3.4 - Page 40 How to Know if a Student is Using Drugs?
- 3.5 - Page 41 Responding to drug abuse - How can schools administrators and teachers intervene:

Chapter 4: Reproductive Health and Human Sexuality

- 4.1 - Page 43 Introduction - Why should We Teach about Reproductive Health and Human Sexuality in Schools?
- 4.2 - Page 44 Puberty and Adolescence
- 4.3 - Page 48 Developing Responsible Sexual Behaviour
- Understanding the Responsibilities and Consequences of Sexual Activities
- 4.4 - Page 52 Human Sexuality

Chapter 5: HIV and AIDS - Prevention, Control and Response

- 5.1 - Page 63 Introduction
- 5.2 - Page 64 What is HIV? What is AIDS?
- 5.3 - Page 69 How to Include HIV and AIDS Related Issues in Different Subject Matters
- 5.4 - Page 72 Responding to HIV and AIDS in Schools - If you Have a child Living with HIV in Your School or in Your Class What - Do You Do?

Attachments - Page 78

Reference List - Page 88

Web Sites - Page 90

Introduction

In 2006 an estimated 2.3 million children aged 0 to 15 were living with HIV and AIDS world wide, approximately 180,000 of these children were living in South and South-East Asia. The same year more than 500,000 children were infected and 380,000 died of AIDS [UNESCO, 2006, p.1].

These are staggering figures that makes an effective education sector response to HIV and AIDS imperative. HIV has arrived in our countries, our cities, our rural communities and in our schools.

More than 1,500 children [UNESCO, 2006, p.1] are infected every day many of these children live in Asia and the numbers are rising. The annual rate on new infections in South and Southeast Asia grew by 11% from 2004 to 2006 while the death rate grew by almost 16% during the same period.

By July 2007 there were a total of 2,916 registered cases of HIV in the Philippines [National Epidemiology Center - Department of Health - HIV and AIDS Registry - Monthly Update Newsletter, July 2007], while according to information from the Philippine National AIDS Council [PNAC] the actual number of HIV cases is estimated to be over 11,000. However, compared with many other countries in Southeast Asia the prevalence of HIV in the Philippines remains low with 0.03% of the population being infected [based on registered cases only].

Young people are among the most vulnerable, as according to recent studies over 20% of young Filipino adults have premarital sex, often without using protection. An increasing number of Overseas Filipino Workers [OFW] - male and female - are being infected with HIV. The prevalence of HIV is also growing among sex workers [people in prostitution] and their clients as well as among men who have sex with men [MSM] and injecting drug users [IDUs].

In July 2007 - according to the latest study conducted by the National HIV Sentinel Surveillance System [HSSS]:

- 31 new HIV cases were reported.
- Twenty seven [87%] were male and four [13%] were female.
- Median age was 33 years of age [range is from 22 to 55 years old] but the majority was in the 25-39 age range.
- Approximately 58% came from the National Capital Region [NCR].
- 87.38% were infected through sexual contact - the most common mode of transmission.
- 61.08% were infected through heterosexual contact and 26.30% through homosexual contact.
- Out of 2,916 respondents seven [2.4%] was infected with HIV through injecting drugs [IDU] and sharing needles and syringes.

The question is: What can the Philippine education sector do to prevent new infections and to support and protect children and young adults who are living with and/or affected by HIV and AIDS? The majority of new infections are either drug related or due to unsafe sex practices or a combination of both. Many students start experimenting with or using drugs as well as become sexually active during their schooling years or they develop habits and practices that may put them at risk for HIV infection later in life.

A, B, C, D and now also **E** is promoted in the Philippines; **A** for Abstinence; **B** for Be faithful; **C** for wear Condom; **D** for don't do Drugs, and now also; **E** for Education.

To prevent children and young adults from developing risk behaviors it is therefore important that universities and other teacher education institutions incorporate HIV prevention and response in all their teacher education programs. The entire education sector with

departments, local education authorities, universities and schools must respond effectively to the enormous challenge our communities are facing with an increase in HIV infections.

Discussing about HIV and AIDS with students is challenging, as it touches on sensitive issues like sex and drugs which most people find difficult to talk about. However, facing a growing global HIV epidemic, it is important that we put our sensitivities and in some cases our moral objections aside and start to teach and talk about drugs, sex as well as HIV and AIDS.

Who is this Manual for?

This Manual is primarily intended for the faculty of teacher education programs as well as their students. However the Manual will also be a useful tool for education planners, school administrators and teachers. Even if it is primarily designed for pre- and in-service teacher education programs, the Manual can also be used during the many shorter training programs and courses offered by government as well as non-government organizations.

How to use this Manual

The Pre-Program Questionnaires should be filled in by all the students at the very beginning. This will give the faculty an idea of how much the students know about HIV and AIDS and how they feel about those who are infected and/or affected.

The users of the Manual could follow the content chapter by chapter or they could focus on the parts of the Manual that are especially relevant to them. However, since most HIV infections are either drug or sex related, or a combination of both, it is important that all HIV prevention and response education programs deal with these issues comprehensively and holistically.

The activities in the Manual could be undertaken as suggested or they could be used as basis for creating discussions among the students or different activities in the manual related to the content could be developed by the faculty. Completing all the activities may be too time-consuming for many education programs. The users of this Manual should therefore choose those activities that are most relevant for their students. Some of the activities found in the beginning of the Manual could also be implemented later during the program as they are dealing with very sensitive issues and require great understanding and tact.

It would also be important to complete the Post-Program Questionnaires - which are identical with the Pre-Program Questionnaires - to help determine the increase in knowledge and understanding that has taken place after using the Manual.

Please use this Manual in connection with the many other excellent resources that are available on HIV and AIDS prevention and response, among others: Embracing Diversity UNESCO Toolkit for Creating Inclusive, Learning-Friendly Environments' and EENET Asia Newsletters. You will also find references to other documents that would help you in teaching effectively about HIV and AIDS prevention and response in your teacher education program.

Format

This Manual is printed in black and white only, except for the cover, to make it more copy friendly and provide better contrasts for readers with low vision and/or reading difficulties. The text is left aligned, another important feature in making the Manual more reader friendly, especially for faculty members and students experiencing reading and writing difficulties.

Development Team

Chapter 1:

Role of Teachers and School Administrators

“I’ve come to the frightening conclusion that I am the decisive element in the classroom. It’s my personal approach that creates the climate. It’s my daily mood that makes the weather. As a teacher, I have a tremendous power to make a child’s life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or honour, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanised or dehumanised.”

Ginnot

1.1 Responsibilities of Teachers and School Administrators

- **Public Service** - Teachers and school administrators are either government officials or serve the public in private schools and should therefore have in-depth knowledge on the latest laws and regulations regarding the rights of all children to education, care and protection.
- **Respect** - Teachers and school administrators must respect the rights and dignity of all their students, regardless of their HIV and health status, abilities, disabilities, gender, as well as social, economical, ethnic and religious backgrounds. This includes keeping education and health records confidential - respecting the privacy of all children and their parents.
- **Gender Responsive** - Teachers and school administrators should be gender responsive. They must make sure that sex and reproductive health education, drug prevention education as well as HIV prevention and response education is designed to meet the needs of both genders - considering their circumstances and sensitivities.
- **Information** - Education officials, teachers and school administrators should continuously update themselves on the latest situation and development regarding drugs, violence, sexuality, sexually transmitted infections, HIV and AIDS as well as other challenges facing children and young adults in their schools and communities.
- **Prevention** - Teachers and school administrators should include - through subject integration - relevant issues related to HIV and AIDS, drugs, reproductive health, sexuality and sexually transmitted infections [STI] at the appropriate age. This is important in order to prevent drug abuse, unplanned pregnancies, sexual abuse and harassment, sexually transmitted infections and consequently HIV infections among their students.
- **Response** - Teachers and school administrators should respond constructively to sensitive issues like drug abuse, teenage pregnancies, sexually transmitted infections and HIV infections among their students. The response must be made without any form of discrimination or abuse of the children and young adults concerned. Solutions must be found within schools and communities - expelling children and young adults for using drugs, being pregnant or being HIV positive is the worst possible response and is in most cases against the law.
- **Universal Precautions** - If medical services are done in school it is the responsibility of the school administrators and school clinic personnel to ensure that clean needles and syringes are used, among others to prevent Hepatitis and HIV infections. Gloves should be used all the time.

Children living with HIV as well as children who have family members or friends who are HIV positive or have died from AIDS face discrimination in our schools and communities. This is often due to a lack of knowledge among school administrators, teachers and other key stakeholders within the education system. Therefore to assess the level of knowledge among students in teacher education/training programs they should complete the Pre-Program HIV and AIDS Questionnaire below before they continue:

HIV Prevention and AIDS Response
Pre-Program HIV and AIDS Questionnaire

Part I - Facts

Please put an X on the letter of your answer after each number

A = Agree

D = Disagree

N = Not sure

Example:

0. AIDS means acquired immune deficiency syndrome

A	D	N
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1	HIV means human immune deficiency virus.	A	D	N
2	Sharing of needles and syringes among intravenous drug users is a risk factor for HIV.	A	D	N
3	A person can be infected with HIV through transfusion of unscreened blood.	A	D	N
4	An HIV infected [positive] person should be separated from their family to prevent HIV infection to other family members.	A	D	N
5	Sex with multiple partners can be a risk factor for HIV.	A	D	N
6	HIV weakens the body's natural defence against infections.	A	D	N
7	It's possible to get infected with HIV by drinking from the same fountain or eating from the same plate as a HIV positive person.	A	D	N
8	If you are strong and healthy, you can not get infected with HIV.	A	D	N
9	If you have tested negative for HIV once, you can never be infected with HIV.	A	D	N
10	HIV is spread by mosquito and other insect bites.	A	D	N
11	A person with HIV looks sick and weak.	A	D	N
12	At present, there is no cure for an HIV infection.	A	D	N
13	Young adults are not at risk of getting infected with HIV.	A	D	N
14	HIV is preventable.	A	D	N
15	HIV and AIDS is the same.	A	D	N
16	HIV can be passed from mother to fetus via the placenta.	A	D	N
17	Drug addiction contributes to a person's vulnerability to HIV infections.	A	D	N
18	Responsible sexual behaviour is one way to stop the spread of HIV infections.	A	D	N
19	"Window" period is when the body shows no signs of the HIV infection.	A	D	N
20	Drug abuse may contribute to an HIV infection developing into AIDS faster than it otherwise would.	A	D	N
21	Many doctors and nurses caring for AIDS patients eventually get infected.	A	D	N
22	One can get infected with HIV by hugging or shaking the hands of the HIV positive person.	A	D	N
23	Consistent use of condoms is one of the best way of preventing HIV infections.	A	D	N
24	HIV is not spread through oral sex.	A	D	N

Correct answers for Part I would be:

1 = A	7 = D	13 = D	19 = D
2 = A	8 = D	14 = A	20 = A
3 = A	9 = D	15 = D	21 = D
4 = D	10 = D	16 = A	22 = D
5 = A	11 = D	17 = A	23 = A
6 = A	12 = A	18 = A	24 = D

HIV Prevention and AIDS Response
Pre-Program HIV and AIDS Questionnaire

Part II - Attitudes

Please put an X on the number of your correct answer using the following continuum:

A = Agree D = Disagree

1	Education on HIV prevention should not be given in a school setting.	A	D
2	We should stay away from homosexuals because they are all HIV positive.	A	D
3	Persons diagnosed with HIV cannot live a normal life.	A	D
4	We should have empathy for persons with AIDS .	A	D
5	We should NOT allow HIV positive students to go to our schools.	A	D
6	Persons living with HIV should not be allowed to continue working in their jobs.	A	D
7	Persons living with HIV should have the right to remain anonymous should they choose to.	A	D
8	The government should not be burdened by caring for AIDS patients - Their families should care for them.	A	D
9	We should support activities for the benefit of persons with AIDS.	A	D
10	Members of the police and armed forces who are infected with HIV should not be allowed to continue in their position.	A	D
11	We want for the government to provide free medication to lessen the effect of the HIV infection [anti-retroviral drugs] to those who are HIV positive even if they are expensive.	A	D
12	If the parents of a child has AIDS the child should be expelled from school.	A	D
13	We should discuss HIV prevention and AIDS response with our families and friends.	A	D
14	Persons with AIDS should not be allowed to attend public gatherings.	A	D
15	We should help care for a HIV positive family member.	A	D
16	Government funds should be used for the treatment and care of AIDS patients in the Philippines.	A	D
17	Our communities are affected by problems related to HIV and AIDS.	A	D
18	Health authorities should distribute needles and syringes for free to intravenous drug users [needles and syringes exchange program] to prevent HIV infections.	A	D
19	HIV positive persons should be protected by law against discrimination in schools and at the workplace.	A	D
20	We can predict the trends of HIV and AIDS epidemic in the coming years.	A	D
21	We should not shake hands or hug people who care for persons with AIDS.	A	D
22	The government should encourage people to use condoms to prevent people from having unsafe sex.	A	D
23	HIV positive teachers should not be allowed to teach children anymore.	A	D
24	We should not discriminate against students because of their HIV status.	A	D
25	We will not allow our children to play with HIV positive children.	A	D
26	Persons with HIV should be encouraged to serve as peer educators for HIV prevention and AIDS response programs.	A	D
27	The government should not spend our tax money on information campaigns on drugs, safer sex and HIV and AIDS.	A	D
28	HIV positive children should be isolated to prevent spread of the virus.	A	D

According to the Convention on the Rights of the Child [CRC] the correct answers - showing a positive and non-discriminatory attitude for Part II - would be:

1 = D	8 = D	15 = A	22 = A
2 = D	9 = A	16 = A	23 = D
3 = D	10 = D	17 = A	24 = A
4 = A	11 = A	18 = A	25 = D
5 = D	12 = D	19 = A	26 = A
6 = D	13 = A	20 = A	27 = D
7 = A	14 = D	21 = D	28 = D

1.2 Quality Education - Preparing Children and Young Adults for Life

It is the responsibility of teachers and school administrators to offer all children in their schools and communities quality education in an inclusive and child-friendly setting. Quality education touches on all aspects of learning, development and participation. In this Manual we will focus on the aspects of quality education that specifically relates to HIV and AIDS prevention and response.

An important element of Quality Education is to prepare children and young adults for the many social, emotional and health challenges facing them in our schools and communities - among others:

- **Illegal and non-prescribed drugs** are available in our communities. Teachers and school administrators should educate children and young adults about drugs, drug prevention and the consequences of experimenting with and using drugs. Drug use and abuse increases the vulnerability for HIV infection. Young adults under the influence of alcohol and other drugs are more likely to participate in unsafe sexual practices than others. HIV infection rates among intravenous drug users are very high in many countries due to the unsafe practice of sharing needles and syringes. Furthermore, most drugs are expensive - many young drug users therefore sell sexual services to earn money for drugs, sometimes, without protection.
- **Human sexuality and reproductive health education** should be part of all quality education programs. Teaching and informing children and young adults about sex, development of sexuality and reproductive health will reduce unplanned pregnancies, sexually transmitted infections and HIV.
- **HIV and AIDS** is continuing to spread in the Philippines as well as throughout Asia and the rest of the World. Quality education systems, schools, school administrators and teachers must therefore respond to the impending epidemic by ensuring that all children and young adults, at the appropriate age, are taught comprehensively about HIV and AIDS. HIV prevention must be a part of all quality education programs.

Life skills should be incorporated into all subject matters as it will enable children and young adults to develop responsible sexual behaviors and empower them to make educated decisions regarding drugs. *"Life skills are cognitive, personal and interpersonal abilities that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with and manage their lives in a healthy and productive manner"* [UNESCO, 2006, p. 54].

Teachers should create inclusive and learning-friendly environments in their classrooms where ALL children, regardless of their HIV status, abilities, disabilities as well as social, economical, ethnic and religious backgrounds are encouraged and supported to reach their full academic, social, emotional and physical potential.

Chapter 2:

Legal and Human Perspective

2.1 Introduction

All children, including children living with HIV have the right to quality education in an inclusive and child-friendly setting together with their siblings and peers.

Many education and health officials, faculty members in basic as well as higher education institutions and school administrators lack in-depth knowledge and understanding of the legal rights of children. As a result many children living with HIV and AIDS suffer from marginalization and exclusion from schools and communities. It is therefore important that school administrators and teachers be made aware of their legal and moral obligations to secure the rights of all children, especially those vulnerable to marginalization and exclusion

- Realizing that children living with HIV are among the most vulnerable.

Information about the legal rights of all children to quality education, care and protection should be part of all teacher education and training program

2.2 The Legal Perspective - International Conventions and Agreements as well as National Laws and Regulations Guaranteeing the Right of ALL Children to a Quality Education [UNESCO, 2006a]

Many international conventions, declarations and agreements guarantee the right of all children to quality education. In spite of the fact that all countries in Asia and the Pacific are signatories to the Convention on the Rights of the Child [CRC] many national laws and regulations blatantly contradict the legal obligations of all the signatory states.

Faculty members in teacher education and training institutions, school administrators, teachers, parents and children should therefore know their legal obligations as well as their rights to ensure that schools and communities operate in accordance to the letter, and the spirit of the articles of the Convention of the Rights of the Child.

Here are some of the main international declarations, conventions and documents related to the rights of children to protections, education, health services and non-discrimination - these should be studied as part of any teacher education program:

- **Universal Declaration of Human Rights / 1948** - can be downloaded from www.un.org/Overview/rights.html - while a hard copy should be available at your nearest UN Mission.
- **Convention against Discrimination in Education / 1960** - can be downloaded from www.unesco.org/education/pdf/DISCRI_E.PDF - while a hard copy should be available at your nearest UNESCO office.
- **Convention on the Rights of the Child / 1989** - can be downloaded from www.ohchr.org/english/law/pdf/crc.pdf - while a hard copy should be available at your nearest UNICEF or Save the Children offices.

- **World Declaration on Education for All [EFA] / 1990** - can be downloaded from www.unesco.org/education/efa/ed_for_all/background/jomtjen_declaration.shtml - while a hard copy should be available at your nearest UNESCO office.
- **UN Convention on the Elimination of All Forms of Discrimination against Women / 1993** - can be downloaded from www.ohchr.org/english/law/pdf/cedaw.pdf - while a hard copy should be available at your nearest UNFPA office.
- **Salamanca Statement and Framework for Action on Special Needs Education / 1994** - can be downloaded from www.unesco.org/education/pdf/SLAMA_E.PDF - while a hard copy should be available at your nearest UNESCO office.
- **Stockholm Declaration against Commercial Sexual Exploitation of Children / 1996** - can be downloaded from http://www.ecpat.net/eng/A4A02-03_online/ENG_A4A/Appendices_1_Stockholm.pdf and - while a hardcopy may be available from your nearest UNICEF or Save the Children Office as well as through the Swedish Embassy in Manila.
- **The Dakar Framework Education for All / 2000** - can be downloaded from www.unesco.org/education/efa/ed_for_all/dakfram_eng.shtml - while a hard copy should be available at your nearest UNESCO office.
- **Millennium Development Goals / 2000** - can be downloaded from www.un.org/millenniumgoals - while a hard copy should be available at your nearest UN Mission or UNDP office.
- **UNGASS Declaration of Commitment on HIV/AIDS / 2001** - can be downloaded from www.un.org/ga/aids - while a hard copy should be available at your nearest UN Mission or UNAIDS office.
- **SEAMEO/UNESCO Bangkok Declaration / 2004** - can be downloaded from www.idp-europe.org/indonesia/bkkforum.pdf - while a hard copy should be available at your nearest UNESCO or ASEAN/SEAMEO office.
- **Recommendations of the International Symposium on Inclusion and the Removal of Barriers to Learning, Participation and Development / 2005** - can be downloaded from www.unescobkk.org/ie and www.idp-europe.org/symposium - while a hard copy should be available at the UNESCO Bangkok, IDP Norway or EENET Asia offices.
- **UNGASS Political Declaration on HIV/AIDS / 2006** - can be downloaded from http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf - while a hard copy should be available at your nearest UN Mission or UNAIDS office.
- **UN Convention on the Rights of Persons with Disabilities / 2006** - can be downloaded from www.un.org/disabilities/convention/conventionfull.shtml - while a hard copy should be available from your nearest UN mission.

There are numerous other international, regional and national conventions, commitments, laws and regulations related to the right of children to education, health services and protection, often based on the international documents listed above. It is important to note that if a specific group of children is not explicitly excluded from the right to education and/or health it has the legal right to those services.

The Philippine Government has committed to respect, protect and promote sexual and reproductive health and rights, particularly of women. This commitment also has a constitutional basis, and thus, is given binding effect by the 1987 Philippine Constitution which has declared the State's commitment to a just and dynamic social order, social justice, human rights, gender equality, health, and an integrated and comprehensive approach to health development.

The main constitutional policies related to sexual and reproduction health, are:

Article II, Sec. 9: The State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all.

Article II, Sec. 10: The State shall promote social justice in all phases of national development.

Article II, Sec. 11: The State values the dignity of every human person and guarantees full respect for human rights."

Article II, Sec. 13: The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being...

Article II, Sec. 14: The State recognizes the role of women in nation-building, and shall ensure the fundamental equality before the law of women and men.

Article II, Sec. 15: The State shall protect and promote the right to health of the people and instill health consciousness among them.

Article XIII, Sec. 11: The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly disabled, women, and children. The State shall endeavor to provide free medical care to paupers.

Article XV, Sec. 3: The State shall defend:

1. The right of spouses to found a family in accordance with their religious convictions and the demands or responsible parenthood;
2. The right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development;
3. The right of the family to a family living wage and income; and
4. The right of families or family associations to participate in the planning and implementation of policies and programs that affect them.

According to the Cairo Convention - UN Convention on the Elimination of All Forms of Discrimination against Women [1993] the Philippine government is obliged to take positive steps in advancing sexual and reproductive health and rights particularly in the following key areas:

1. (1) changing laws, policies, and attitudes that continue to inhibit the full exercise of reproductive and sexual rights, particularly of women; this will include what the Committee on the Elimination and Discrimination Against Women calls "barriers to women's access to appropriate health care," such as laws that restrict access to contraception, practices that require a spouse's consent for a woman to obtain

- contraception, discrimination in the delivery of sexual and reproductive health services, gender violence, and economic policies and programs that lead to poverty;
2. (2) enforcing gender-sensitive laws and policies, and raising awareness among boys and men of their responsibility for promoting equity and equality in relations with girls and women; this will include effective enforcement of laws against gender-based violence and those that promote women's empowerment in social, economic, cultural and political life, and education men and boys toward eliminating gender-based violence;
 3. (3) strengthening health infrastructures to make comprehensive care more widely available, and putting priority on financing for sexual and reproductive health care, as well as spending funds more efficiently and effectively.

While working in these three areas, Government, decision-makers in health care, and health service providers must not forget the three ethical principles that underpin women's sexual and reproductive health and rights, and women's human right in general: bodily integrity and self-determination, equality, and necessity of enabling conditions that take into account women's specific needs and situations.

Republic Act 8504 - Philippine AIDS Prevention and Control Act of 1998 - An act promulgating policies and prescribing measures for the prevention and control of HIV and AIDS in the Philippines, instituting a nationwide HIV and AIDS information and educational programs, establishing a comprehensive HIV and AIDS monitoring system, strengthening the Philippine National AIDS Council [PNAC] and for other purposes. Special emphasis should be placed on Article 1 Section 4 - HIV / AIDS Education in Schools.

Based on this act the Department of Education [DepEd], Commission on Higher Education [CHED] and Technical Education and Skills Development Authority [TESDA] are mandated to integrate information about HIV and AIDS in their respective curricula. Following Republic Act 8504 memoranda circulars have been issued by the departments and institutions concerned [among others educational agencies, Department of Health and Department of Labor]:

- Department of Education Circular No. 446, s. 1996
- Commission on Higher Education Memo Circular No. 16, s. 2000 and 2001
- Technical Education and Skills Development Authority / Technical Vocational Education Training [TVET] order on integration

Here are some of the other laws securing all children in the Philippines equal right to education, care and protection:

- **House Bill 2784 - Anti-Discrimination Act of 2004** [prohibiting discrimination on the basis of sexual orientation and gender identity and prohibiting penalties].
- **House Bill 4110 - The Reproductive Health Care Act of 2002**
- **Republic Act 8042 - Migrant Workers Act** - also known as “**Migrant Workers and Overseas Filipinos Act of 1995**”
- **Republic Act 9165 - Comprehensive Dangerous Drugs Act of 2002**
- **Republic Act 9208 - Anti-Human Trafficking Act of 2003**

Activity No. 1 - The Right to Education, Care and Protection

The students should look for information about the legal rights related to education and health services for children in general and for children affected by HIV in particular.

The students should search for all the relevant international, regional, national and local community documents in libraries, through information units in relevant departments, through UN agencies, international and national child rights organizations, on the internet or through any other available sources.

This activity should ideally be done in groups of three or four and presented in class for discussion. Some of the groups could focus on the legal rights to education while other could focus on the rights to health services. Each group could hold a 10 minutes presentation in class followed by discussion.

Learning outcomes:

- The legal rights of children in general to education and health services versus current practices
- The legal rights of children living with HIV to an education in their country versus current practices
- The legal obligations of the education system towards children living with HIV in their country versus current practices
- The legal rights of children living with HIV to health services versus current practices
- Which international and national declarations, conventions, agreements, laws and regulations that are available as well as those which are unavailable to the general public as well as to students in tertiary education programs
- Which international declarations, conventions and agreements have been translated into Filipino and other Philippine languages

To complete the first Activity successfully would take quite a lot of time and it would require internet access as well as some small financial resources. This is not always possible. Therefore a less time consuming and simpler alternative to this activity that could also be done by individual students - would be:

Alternative to Activity No. 1 - The Right to Education, Care and Protection

The student[s] should look for information about the legal rights related to education and health services for children in general and for children affected by HIV in particular. The student should search for all the relevant international, national, regional and local community documents in the university library.

This activity should ideally be done by individual students or by groups of three or four students. The results could be presented in class for discussion or as written reports.

[Continuing ...]

Learning outcomes:

- The legal rights of children to education and health services
- The legal rights of children living with HIV to education and health services
- The legal obligations of the educational system towards children living with HIV
- Which international and national declarations, conventions, agreements, laws and regulations that are available to students [and faculty members] in teacher education and training programs
- Which international declarations, conventions and agreements have been translated into Filipino and/or other Philippine languages

Human rights and child rights should be taught to children on all levels as part of social studies. This can be done in connection with UN and national celebration of human rights [10th December], child rights [20th November], women rights [8th March], AIDS [1st December], disabilities [3rd December], health [7th April], every third Sunday of May [candle light vigil to commemorate those who have died of AIDS], etc. Creating an interest among children in the law and in human and child rights is also an important element in human rights education and the development of democratic societies.

2.3 The Right of Children to Confidentiality

It is difficult to keep the HIV status of a pupil confidential, not sharing it with anyone, not with a teacher colleague or even a spouse. However, children living with HIV and their families have the right to confidentiality. It is their decision if, when and how to inform others about their HIV status [Nugraha, 2006].

To ensure that the right of all children to confidentiality is respected the following should be considered part of school administrators and teachers code of ethics, whether it is written and signed or not.

2.3.1 School administrators and teachers should know, understand and respect all children in their school

Children with disabilities, girls and children from income-poor families, ethnic and religious minorities, single parent families as well as children from many other backgrounds are often marginalized in or even excluded from school. The discrimination of these children would most likely increase further if they were living with and/or affected by HIV.

What does it mean to be affected by HIV? If a father, mother, brother or sister, someone else in the child's family or close friends are living with HIV the child would be affected. The child might be afraid of losing someone s/he loves and depends on, his/her friends might be afraid of playing with him/her or they might suffer other forms of discrimination - all this will affect and influence the way they learn and behave in school.

It is therefore important that school administrators and teachers create a child-friendly, inclusive and non-discriminatory environment in their schools so that all children are appreciated and respected - so that children living with HIV can disclose their HIV status without fear of discrimination, marginalization and exclusion.

If the students have little or no prior knowledge about HIV and AIDS the following activity can be completed in connection with Chapter 5.

Activity No. 2 - Empathy [45 to 60 minutes]

The students should discuss the different ways children are affected by HIV and how school administrators, teachers and communities can respond to reduce the affect for the children and families concerned.

1. What does it mean to be affected by HIV?
2. How can you detect if a child is affected by HIV?
3. How do you think teachers should respond to minimise the effect for the children involved?

This should ideally be discussed in smaller groups of three and four before presenting the results of the discussions briefly in plenary.

Learning outcomes:

- Identify different ways children can be affected by HIV
- Identify some signs that can indicate that a child may be affected by HIV
- Understand the affect this may have on the way the child learn and behave in school
- Understand the responsibility of teachers to reduce the effect HIV will have on the child's learning, development and participation

2.3.2 Equal treatment and non-discrimination of children regardless of their health and HIV status, abilities, disabilities as well as social, economic, ethnic and religious backgrounds

ALL children have the right to "*Non-discrimination - All rights apply to all children without exception. It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights.*" [UN, 1989, article 3]. It is therefore the legal and moral obligation of faculty members, school administrators and teachers to treat ALL children, including children living with HIV with dignity and respect.

Practical Activity No. 3 - Children who face discrimination [20 to 30 minutes]

The students should spend a few minutes in pairs to list as many different groups of children they can who are facing discrimination in schools and communities in their communities and provinces. This should be followed by a brief class discussion.

Learning outcomes:

- Understand the extent of discrimination facing children and young adults in schools and communities

2.3.3 Written records should be kept safe and with limited access

The safekeeping of written health, academic and other records is vital to keep sensitive information about children confidential. In many schools records are kept on desks, in open shelves, in unlocked cupboards or on computers with public access. These practices are serious violations of the right of children to privacy and may harm the interest and safety of the child. *"All actions concerning the child shall take full account of his or her best interest"* [UN, 1989, article 2].

2.3.4 It is the decision of the parents or guardian and children living with HIV if, when and how to inform others about their HIV status

In schools sensitive information about children are often shared with other children, parents, visiting delegations and even with the media. This will cause embarrassment for all children, however in case of children living with HIV it may also cause marginalization and exclusion. Therefore, only when the parents or guardians as well as the children themselves have given their consent - realizing the consequences of their decision - information about their HIV status can be shared. It is important not to encourage secrecy but to promote respect for and right to privacy of children and their families.

2.3.5 How to interact with people living with HIV

Many people are worried when interacting with colleagues and children living with HIV. If a teacher colleague or a child in our school is infected with HIV we only need to show caution and use protection when we are in contact with their blood.

It is a fact that you can not get HIV by [UNESCO, 2006a, p. 19]:

- Shaking hands
- Eating from the same plate
- Hugging
- Drinking from the same fountain
- Using the same glass
- Being a friend
- Playing together
- Learning together and going to the same school

2.4 Addressing Stigma and Attitudes Related to HIV and AIDS

Children living with HIV will often face marginalization and exclusion in our schools and communities. This is often due to a lack of knowledge and understanding among key stakeholders within the education system. *"Ending the AIDS pandemic will depend largely on changing the social norms, attitudes and behaviors that contribute to its expansion. Action against AIDS-related stigma and discrimination must be supported by top leadership and at every level of society, and must address women's empowerment, homophobia, attitudes towards sex workers and injecting drug users, and sexual norms that affect sexual behavior - including those who contribute to the low status and powerlessness of women and girls."* [UNAIDS, 2006a, p. 19]

Therefore addressing stigma and attitudes is essential in reducing the number of new HIV infections. If we wish to address this problem in our schools and communities we need to start with ourselves and ask:

- How do I feel about HIV and AIDS?
- How would I feel about working with colleagues who are HIV positive?
- How would I feel about teaching children living with HIV?
- How would I feel if my own partner or child was infected with HIV?

2.5 Development of Acceptance, Empathy and Respect

To be a good faculty member, school administrator or teacher it is essential to develop empathy - the ability to understand another persons feeling. Spreading information and knowledge about HIV and AIDS will help develop acceptance, empathy and respect for children, young adults and others living with HIV.

Information and knowledge gives us a theoretical understanding of how it is to live with HIV. However, meeting and talking with people living with HIV creates understanding on a personal level - as a result empathy, and respect will develop. Therefore involving people living with HIV and their families is essential in developing acceptance, empathy and respect for those affected and infected.

Activity No. 4 - Living with HIV [This is a very sensitive activity that could be implemented later during the program if the lecturer does not feel that the teacher students are ready.]

Divide the students into groups of five to six. The groups should search for community initiatives by activists living with and/or affected by HIV that work with awareness and information programs. The groups should invite members of these initiatives to small group discussions about how it is to live with HIV.

Each group should write a report about their discussion or interview. If any of the reports showed negative or discriminatory attitudes by the students towards people living with HIV it should be addressed with the student[s] concerned.

[Continuing ...]

This activity could be the first in a series of activities in co-operation with community initiatives and HIV and AIDS activists

Remember Privacy and Confidentiality!

We do not have the right to ask a person living with HIV how they were infected, about moral and religious issues or about life expectancy.

Learning outcomes:

- Understanding better how people living with HIV live, think and feel
- Understand that it can happen to us all, our brothers, sisters, friends, colleagues, our students and even to ourselves
- Some of the barriers people living with HIV experience in their daily lives

Here is a less time consuming and simpler alternative to this activity that could also be done by individual students:

Alternative Activity No. 4 - Living with HIV [This activity would take 3 to 4 hours and should be completed in one single session]

Show one of the many movies made about people living with HIV [or dying of AIDS]. Many of these movies are about homosexuals who are HIV positive try therefore to see beyond their sexuality and identify with the situation they are in and the discrimination they experience. Divide the students into groups of five to six and ask them to discuss about how it must be to live with HIV. They should try to imagine how it would feel if they were HIV positive, or their brother, sister, husband, wife, son, daughter or their best friend. Sum up the group discussion in plenary.

Learning outcomes:

- Understanding better how people living with HIV live, think and feel.
- Understand that it can happen to us all, our brothers, sisters, friends, colleagues, our students and even to ourselves.
- Some of the barriers people living with HIV experience in their daily lives.

The second activity can also be done with students in lower and upper-secondary schools.

2.6 Inclusion and Non-Discrimination in Schools

All children should be welcomed in the nearest community school. The community schools should be inclusive and child-friendly, embracing diversity of ethnicity, social backgrounds, religion, abilities and disabilities as well as health status, including HIV and AIDS. "... inclusive and child-friendly education should be seen as: ... A means of ensuring that all children receive quality care and education in their home communities as part of early child development, pre-school, primary and secondary education programs, particularly those who are currently excluded from mainstream education or vulnerable to marginalization and exclusion; ..." [International Symposium on Inclusion and the Removal of Barriers to Learning, Participation and Development, 2007, 2nd bulletpoint in the introduction]. Therefore, a school is not child-friendly unless ALL children, including children living with HIV are welcomed without reservations and encouraged to play and learn together with their peers in an inclusive setting.

"This means that an inclusive and child-friendly school must be not only child-centred but also child-seeking, actively looking for children of the community not in school - those with disabilities but also those speaking a different language, of a disadvantaged sex, or affected by poverty of HIV/AIDS, helping to get them enrolled, and then ensuring that they are not further excluded from learning and therefore succeed in school."

Sheldon Shaeffer [2000]

Developing inclusive and child-friendly schools is therefore an effective tool in the fight against stigma and discrimination.

Link

For more information about inclusive and child-friendly education please consult: **'Embracing Diversity - UNESCO Toolkit for Creating Inclusive, Learning-Friendly Environments'**.

Please contact your nearest UNESCO Office for a hard copy or www2.unescobkk.org/elib/publications/032revised

Chapter 3:

Drug and Alcohol Abuse, Prevention, Control and Response

3.1 Introduction - Why Should We Teach about Alcohol and Drugs in School?

Effects of illegal and non-prescribed drugs, such as impaired judgment, state of confusion, loss of self identity and hallucinations, loss of physical and mental control lead to increase vulnerability for rape, sexual abuse and HIV infection.

The total number of drug users in the world is now estimated at 185 million. Adolescence and youth is a time for experimentation and testing of boundaries, this might present a challenge for both siblings, parents and teachers on a number of issues, but it becomes dangerous when it comes to sex and drugs.

Injecting drug use has been documented in 129 countries, 79 of which also reported HIV transmission through contaminated needles, syringes and other injecting equipments [WHO/UNAIDS/UNODC, 2004]. The injecting of heroin is now a problem in over 100 countries worldwide, with an estimated 11 million people regularly injecting heroin [UNODC, 2005, p.9]; most of these countries have reported HIV infection among the injecting drug users.

Drug users, especially those who are injecting drugs [IDU] are at extreme risk for being infected with HIV. In addition to infections through sharing needles and syringes, drugs are expensive forcing many drug users to sell or exchange sex for drugs.

In **Indonesia, Nepal, Viet Nam** and parts of **China**, recent increases in HIV infection among injecting drug users appear to have spurred a subsequent increase in HIV infections among non-injectors who have unsafe sex with injecting drug users. Given the large population numbers in these countries, a continued spread of HIV among people with risk behaviors and their sex partners may result in millions of new infections.

It is estimated that the prevalence of HIV infections among injecting drug users [IDUs] in the Philippines is approximately 3% [PNAC, 2007]. It is therefore important that children and young adults in the Philippines are informed about the effects of drugs through effective drug prevention programs in schools. Young adults need to learn about the consequences of experimentation so that they can make educated choices, so that drugs will not be part of their experimentation and testing of boundaries. This is one boundary that should not be crossed.

Teaching about drugs and drug prevention as well as responding constructively to drug use in schools should be a part of our efforts to offer quality education to ALL children and young adults.

In our efforts to help children and young adults develop responsible behavior related to drugs we must look at the root causes of why young adults experiment with and use/abuse drugs.

3.2 Drugs

Drugs are substances that affect the way people feel, think, see, taste, smell, hear, or behave. A drug can be a medicine, such as morphine, or it can be an industrial product like rugby, acetone or glue. Some drugs are legally available, such as approved and prescribed medicines as well as cigarettes and alcohol - these are legally available in the Philippines - most other drugs are illegal, such as heroin and cocaine. The extent of the effect drugs have on a person's life is individual, it depends among others on their personal physical and mental health condition as well as on the kind of substance they use, the amount consumed and the method of using it.

Illegal use of drugs is a major factor in the spread of HIV infections. Shared equipment for using drugs can carry HIV and hepatitis, and drug use, including alcohol is linked with unsafe sexual activities.

People who are taking medication for an HIV infection will experience added dangers when injecting drugs - they will be less likely to take all of their medications and many street drugs may reduce the effects of HIV medications or in combination have serious side effects. Furthermore drug use will lead to a further deterioration of their general health condition which may speed up the development of AIDS.

3.2.1 Classification of Drugs

Classification	Examples
<p>Stimulant Drugs are drugs which increase alertness and physical disposition. They are called “uppers”, “pep pill” and “peppers.”</p>	<ul style="list-style-type: none"> • Cocaine also called “Peruvian Lady”, “white girl”, “flake”, “happy dust”, “nose candy”, “coke”, “C” • Crack or “crank” [smokable form of cocaine] • Amphetamines • Methamphetamines <ul style="list-style-type: none"> ◦ Ice ◦ MDMA or ecstasy (ADAM) • Caffeine • Shabu or “Ice” • “Yaba” or Crazy Drug
<p>Sedatives or Sedative-Hypnotic Drugs are drugs which may reduce anxiety and excitement. These drugs are right the opposite of stimulants. Mostly called “downers,” “barbs,” “candy,” “peanuts,” and “pinks.”</p>	<ul style="list-style-type: none"> • Barbiturates • Methaqualone • NonBarbiturate Sedative-Hypnotics • Chloral Hydrate • Meprobamate • Glutethimide [Doriden] • Benzodiazepines • Mandrax - called “ekis”, “kulit” in the Philippines.

<p>Narcotics or Opiates are drugs that relieve pain and often induce sleep. Narcotics, by definition means deadening, benumbing, stiffening for what it does: it knocks out the nervous system either partially or totally. Narcotics are also known as “stupefiers.”</p>	<ul style="list-style-type: none"> • Opium • Morphine or “Ms. Emma”, “M” • Codeine or “school boy” • Thebaine • Semisynthetic and Synthetic Narcotics [Opiates] <ul style="list-style-type: none"> ◦ Heroin ◦ Hydromorphone ◦ Oxycodone [Percodan] ◦ Etorphine and Diprenorphine ◦ Meperidine
<p>Hallucinogens are also known as psychedelic drugs which primarily affect sensation, thinking, self-awareness and emotions.</p>	<ul style="list-style-type: none"> • D-lysergic acid diethylamide [LSD] • Phenylclidine [PCP] • Peyote and Mescaline • Dimethyltryptamine [DMT] • Cohoba • Cannabis or “Marijuana”, “Mary Jane”, “MJ”, “Weed”, “Grass”, “Pot”, “Locoweed”, “Damo”, “Hay” and “Karachi”
<p>Inhalants are chemicals that produce vapors resulting in psychoactive effects.</p>	<ul style="list-style-type: none"> • Household chemicals like aerosols, airplane glue, cleaning fluids, paint thinners, rugby, acetone, • Industrial chemicals like gasoline and kerosene
<p>Over the Counter Drugs are drugs that have approval for legal purchase and use even without prescription from a doctor. They are self-prescribed and self-administered for relief of self-diagnosed illnesses.</p>	<ul style="list-style-type: none"> • Antacids • Antimicrobials • Sedatives • Analgesics • Antitussives • Antirheumatics • Laxatives • Emetics • Antihistamines • Diuretics • Antidiarrhealsidine
<p>Prescription Drugs are drugs that can only be obtained with prescription from licensed health professionals and dispensed through the registered pharmacists.</p>	<ul style="list-style-type: none"> • Antibiotics • Antivirals • Nonsteroidal Antiinflammatory Drugs [NSAIDs] • Anticonvulsants • Beta-blockers • Antidepressants
<p>Anabolic Steroids are powerful derivatives from the male hormones that produce muscle growth and can change health and behavior. These are mostly used by athletes to build muscles and thus to improve performance.</p>	<ul style="list-style-type: none"> • Anabolic steroids • Ergogenic Drugs
<p>Gateway Drugs are legal drugs that may lead the user to abuse prohibited drugs.</p>	<ul style="list-style-type: none"> • Alcohol • Cigarette

3.2.2 General effects of drugs - What drugs will do to you

- You will feel that you need the drug on a regular basis to have fun, relax or deal with problems.
- You will give up familiar activities such as sports, homework, or hobbies.
- Your attendance at school or work will change.
- Your grades and the quality of your work will suffer.
- You will do things you normally wouldn't do to get drugs, like frequently borrowing money or stealing from school, work, friends, colleagues and family.
- You will take uncharacteristic risks, such as sexually risky behavior or driving under the influence of drugs, including alcohol.
- You will experience anger outbursts, act irresponsibly and change your overall attitude.
- Your physical appearance and grooming will deteriorate - hair, skin, teeth, etc.
- You will wear sunglasses and/or long sleeve shirts when it is not really appropriate to hide needle marks on your arms, red or bloodshot eyes and dilated pupils as well as increased light sensitivity.
- You will no longer spend time with friends who don't use drugs.
- You will engage in secretive or suspicious behaviours such as frequent trips to storage rooms, restroom, basement, etc.
- You will need to use more of the drug of choice to achieve the same effects.
- You will talk about drugs all the time and pressuring others to use with you.
- You will feel exhausted, depressed, hopeless and/or suicidal.

3.2.3 Different drugs and their effect [Adapted from information issued by the California Department of Justice through StopDrugs.org]

Alcohol

Alcohol is not usually thought of as a drug - mostly because it is so common and accepted in most parts of the world. However, it is a drug, and drinking in excess is a serious problem. Alcohol has been produced for more than 12000 years. It has been speculated that many ancient farming efforts were undertaken not so much for the food they would yield but rather to create the raw materials for alcohol production [Patrick, 1952, p. 12-13]. Alcohol takes on one of three general forms: beer, wine or distilled liquor.

The effects of alcohol are:

- Mild intoxication leads to a feeling of warmth, flushed skin, impaired judgment, and decreased inhibitions - this can result in embarrassing as well as high risk behaviors such as unsafe sex or sharing needles and syringes when injecting drugs.
- Extreme intoxication can lead to coma and death.
- The effect will vary according to body size, amount consumed and time frame of consumption.
- Combining alcohol with other drugs can intensify the effects of these other drugs. Many accidental deaths have occurred after people have used alcohol combined with other drugs.
- Long-term effects of alcohol appear after repeated use over a period of many months or years. The negative physical and psychological effects of chronic abuse are many and potentially life threatening - some of these problems are heart, liver and pancreas diseases as well as ulcers and inflammation of the stomach. Other long-term effects are loss of appetite, vitamin deficiencies, infections, social problems and sexual impotence or menstrual irregularities. The risk of serious disease increases greatly with the amount of alcohol consumed over time.

- Physical and psychological addiction occurs among many drinkers. When the body has adapted to the presence of alcohol, the user will suffer difficulties in concentration and withdrawal symptoms if alcohol consumption use is stopped suddenly. Withdrawal symptoms range from jumpiness, sleeplessness, sweating, and poor appetite, to tremors, convulsions, hallucinations, and sometimes death in those with an already deteriorated physical condition. Alcohol is one of the most difficult and dangerous drugs to detoxify from after an extended period of heavy use.

LSD

LSD [Lysergic Acid Diethylamide] comes in liquid form and is applied to paper or pills and swallowed.

LSD is an extremely powerful hallucinogen that was popular in the '60s and is becoming popular once again. It is an odorless and colorless chemically manufactured drug. Street names for the drug include acid, blotter acid, microdot, and white lightning, and the street name for the duration of the hallucinogenic effect or high is called a "trip."

Because LSD is so potent, the dosage needed for a trip is incredibly small. A microscopic drop of the drug can be put on paper, small gelatin squares, or any other absorbent material and ingested. Anything that can be swallowed can be used as a carrier for LSD.

Effects:

- The hallucinogenic effect of LSD can last from two to twelve hours. During this time, judgment may be impaired, visual perception may seem distorted, and hallucinations may occur and the sense of reality may become highly distorted.
- Physical effects of LSD include dilated pupils, elevated body temperature, high blood pressure, hallucinations, and a disoriented sense of direction, distance, and time. Bad trips can result in panic, paranoia, anxiety, loss of control, confusion, and psychosis. If a child is under the influence of LSD, he or she should be closely supervised so they do not harm themselves or others.
- Lasting brain damage - one possible side effect of LSD is called a "flashback". For several years after taking the drug, the hallucinogenic effect of the drug may reappear temporarily and without warning.

Marijuana

Marijuana is sold in plastic bags or in hand rolled cigarettes known as "joints".

Following alcohol, marijuana is one of the most popular drugs with youth. It consists of the leaves, flowers, stems, and seeds of the cannabis plant, which are dried and chopped into small amounts.

Marijuana has a strong, pungent odor when smoked. Once the marijuana cigarette is partially smoked, it is often held by a small clip called a "roach clip." [Roach clips are made from many items, such as tweezers or electrical clips]. The leaves can also be smoked in small wooden pipes or water-filled pipes called "bongs". Finally, marijuana can also be blended into food, then cooked and eaten.

Items associated with marijuana includes pipes, bongs, rolling papers, plastic bags, roach clips, "stash boxes" - decorative boxes designed to conceal and store marijuana, and eye drops and breath fresheners used to cover up signs of use of the drug.

Effects:

- In low doses, marijuana can induce restlessness, a dreamy state of relaxation, red or bloodshot eyes, and increased appetite. Stronger doses can cause shifting sensory images, rapidly fluctuating emotions, a loss of self-identity, fantasies, and hallucinations or image distortions.

Cocaine

Cocaine is produced as a white chunky powder. It is sold most often in aluminum foil, plastic or paper packets, or small vials. Cocaine is usually chopped into a fine powder with a razor blade on a small mirror or some other hard surface, arranged into small rows called "lines" then quickly inhaled [or "snorted"] through the nose with a short straw or rolled up paper money. It can also be injected into the blood stream.

Items associated with inhaling cocaine include mirrors, razor blades, straws, and rolled paper money, while paraphernalia associated with injecting the drug include syringes, needles, spoons, and belts, bandanas or surgical tubing used to constrict the veins. Scales are used by dealers to weigh the drug. Sometimes other substances are used to "cut" cocaine in order to dilute the drug and increase the quantity of the drug for sale.

Effects:

- The high from a typical inhaled dose of cocaine lasts for about 20 minutes.
- During this time teenagers may appear very alert, confident, energetic, and stimulated; physical signs include dilated eyes and a runny nose, and little or no appetite.
- The high from cocaine is followed by profound depression, an intense desire for another dose of the drug, mental fatigue, restlessness, and irritability.
- An overdose of cocaine can cause extreme agitation, respiratory failure, heart failure, or death.

Crack

Crack and rock cocaine are forms of cocaine that are extremely addictive and very dangerous - crack and rock cocaine are nearly identical drugs therefore we will refer to them as crack only. Crack has become a major problem because it is inexpensive, readily available, and highly addictive. Crack comes in white to tan pellets and is sold in small vials. It is smoked in glass pipes and makes a crackling sound when it is smoked. Items associated with crack include glass pipes called "base" pipes, homemade pipes, and small vials used to store the drug.

Effects:

- Crack is absorbed into the blood stream through the lungs in just a few seconds.
- If teenagers are using crack, they will temporarily appear euphoric, extremely alert, and highly energetic. Other symptoms include dilated pupils, loss of appetite, elevated heart rate, elevated respiration rate, and higher body temperature.
- The high lasts only a few minutes, leaving an intense depression called a "crash" and an immediate desire for more of the drug.
- The severe addiction associated with crack stems not only from a desire for the euphoria of the high but a desire to escape from the "crash" following the high.
- Prolonged use of crack can cause extreme irritability, depression, paranoia, convulsions or death.

Methamphetamines

Methamphetamines and amphetamines are sold in pill or powder form, and can be swallowed, inhaled, or injected.

Methamphetamines and amphetamines are highly addictive and dangerous stimulants. Commonly referred to as uppers and speed, these drugs are sold in powder, pill, and capsule forms that can be inhaled through the nose, swallowed or injected.

The most popular of the two drugs are methamphetamines, commonly called speed, meth, crank, crystal, or crystal meth or in its smokable form, ice, glass or crystal. Methamphetamines are usually found in powder form in colors ranging from white to tan, and can be swallowed, inhaled through the nose, or injected. It is sold in small paper packets or plastic bags. The items associated with inhaling the drug are razor blades, mirrors, straws, and rolled dollar bills; the paraphernalia associated with injecting the drug include syringes, spoons, and surgical tubing, bandanas, or a belt used to constrict the vein.

Effects:

- The physical effects of methamphetamines and amphetamines are appetite loss, dilated pupils, elevated heart rate, increased respiration, and elevated body temperature. Prolonged use of these drugs can cause blurred vision, dizziness, loss of coordination, and collapse. An overdose can result in high blood pressure, fever, stroke and heart failure.

Methamphetamine - Ice

Ice is the translucent crystal, smokable form of methamphetamine. It is also commonly called glass or crystal and, like other stimulants, is highly addictive. The use of ice results in a longer, more intense high and an enhanced and more rapid onset of the negative effects of other forms of methamphetamine.

Similar in appearance to rock candy or rock salt, ice is sold in clear, heat sealed cellophane packets. It is smoked by using a bong a one-chamber pipe where the ice is heated until it turns to a gas, and then inhaled by the user.

Effects

- People using ice may experience appetite loss, dilated pupils, elevated heart rate, increased respiration, and elevated body temperature.
- Prolonged use can cause blurred vision, dizziness, loss of coordination, collapse and toxic psychosis. Prolonged use of ice will also cause damage to other organs, particularly the lungs, liver and kidneys.
- Heavy short-term or prolonged use can also cause delusional states or even a toxic psychosis similar to paranoid schizophrenia. Acute depression and fatigue may result when the use of ice is stopped. An overdose can result in high blood pressure, fever, stroke, heart failure and death.

Narcotics - Among others Heroin, Opium and Morphine

Well known for their medical use of relieving severe pain, narcotics are commonly abused as drugs because of their euphoric effect and highly addictive quality. Most of the drugs in this category are administered orally or through intramuscular injection, and can be legally obtained under medical supervision. But narcotics such as heroin, opium, morphine, and codeine are frequently sold on the illicit market to addicts.

When narcotics are regularly used, the body eventually demands more of the drug in order to achieve the same high, which is known as developing a drug tolerance.

Withdrawal symptoms such as watery eyes, runny nose, yawning and perspiration will develop only six to eight hours following the last use of the drug. Within 48 to 72 hours, more severe withdrawal symptoms may develop, including restlessness, irritability, appetite loss, tremors, stomach cramps, diarrhea, and chills alternating with excessive sweating. It may take one to two weeks for the body to return to "normal."

PCP

Phencyclidine, commonly known as PCP, is the most dangerous of the hallucinogens. It is sold on the streets under many different names that reflect its range of effects. PCP is sometimes passed off as other drugs such as mescaline, LSD, THC, or cocaine.

In its pure form, PCP is a white, crystalline powder that readily dissolves in water. Most PCP is manufactured in makeshift laboratories containing contaminants that cause the drug's color to range from tan to brown and the consistency from powder to a gummy mass. It is seen most often in powder or liquid form, and is commonly applied to dark brown cigarettes or leafy materials such as parsley, mint, oregano, marijuana, or tobacco, and then smoked.

When in its liquid form, PCP is packaged in small vials or other small glass containers.

Effects:

- People under the influence of PCP may show many of the signs of LSD use, such as appearing detached from reality or estranged from their surroundings.
- Other symptoms include rapid and involuntary eye movement, an exaggerated walk, numbness, slurred speech, blocked speech, and a loss of coordination.
- PCP is unique because of its power to produce psychosis. It can cause extraordinary strength, a sense of invulnerability, and extreme image distortion.
- The user may become violent, causing injury themselves or others.
- Although such extreme psychotic reactions are usually associated with repeated use of the drug, they have been known to occur in some cases after only one dose.
- As with LSD, people under the influence of PCP should be closely supervised so they do not harm themselves or others.
- PCP episodes, or flashbacks, may occur long after the drug has left the body.

Ecstasy

Ecstasy was first patented in Germany in 1912 as a potential appetite suppressant. In the late 1970s and early 1980s it started to be used as a psychotherapeutic drug.

Effects:

- Users can experience confusion, disorientation, anxiety, panic attacks, depression, insomnia, perceptual disorders and hallucinations, paranoia and psychosis.
- The physiological effect is similar to amphetamine and cocaine. Studies have concluded that even mild to moderate use may cause changes in the way the brain produces and distributes neuro-transmitters - the chemicals, like serotonin and dopamine, known to play a role in regulating mood, memory, appetite, sleep, aggression, sexual activity and sensitivity to pain - leading to long-term depression.

Heroin

One of the most dangerous and addictive drugs is heroin. While receiving less publicity today than newer, more popular drugs, it continues to be a major problem in many countries. Not only is heroin extremely addictive and dangerous, but addicts often resort to crimes such as burglary, grand theft, robbery, or prostitution to support their habits.

The most popular form of heroin is a dark tar-like substance called black tar, which is sold in small foil or cellophane packets or in small toy balloons.

The most common use of heroin is by injection but in its powder form it can be inhaled through the nose or smoked. Items for injecting heroin include hypodermic needles, small cotton balls used to strain the drug, and water and spoons or bottle caps used for "cooking" or liquefying the heroin. Items for inhaling or smoking heroin include razor blades, straws, rolled dollar bills, and pipes.

Effects:

- The high from the drug usually lasts from four to six hours.
- People under the influence of heroin may have constricted pupils, droopy eyelids, depression, apathy, decreased physical activity, and nausea. A frequent user may nod or appear sleepy, and repeatedly scratch or touch their face and nose.
- Larger doses of heroin may induce sleep, vomiting, and shallow breathing.
- An overdose can cause slow and shallow breathing, clammy skin, convulsions, coma, or death.

Inhalants

Anything that emits fumes or that is in an aerosol form [spray] can be inhaled to produce a high. There are many types of inhalants, including nitrous oxide [laughing gas], amyl nitrite [poppers, snappers], and butyl nitrite [rush, bolt, locker room, bullet, climax]. Also included in this group are aerosol sprays such as spray paint and cleaning fluid, and hydrocarbons such as gasoline, glue and paint thinner. The fumes from many household products can be inhaled to produce a high, such as lighter fluid, hair spray, whipped cream canisters, typewriter correction fluid, paint, and nail polish remover.

Effects - The effects depend on which type of inhalant has been used:

- Solvents and aerosol sprays decrease the heart and respiratory rates and impair judgment.
- Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine or feces.
- Other immediate effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite.
- Long-term use may result in weight loss, electrolyte imbalance, muscle fatigue, hepatitis or brain hemorrhage.
- Repeated sniffing of concentrated vapors over time can permanently damage the brain, nervous system, lungs, and nasal passages.
- Deeply inhaling vapors or using large amounts over a short period of time may result in disorientation, violent behavior, unconsciousness, or death.
- High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Depressants

Depressants are often medically prescribed by doctors to treat anxiety, tension, insomnia, muscle spasms, and irritability. However, depressants are also abused for their intoxicating effects. Depressants are produced in pill or capsule form.

Effects:

- People abuse depressants, they may appear to be in a state of intoxication much like that of alcohol, with impaired judgment, inebriation, slurred speech, and loss of motor coordination.
- Other symptoms include a weak and rapid pulse, slow or rapid but shallow breathing, and cold and clammy skin.
- The body acquires a need for increased doses of depressants in order to achieve the same high. If teenagers are unaware of this, they may increase their intake to dangerous, toxic levels in order to achieve the same intoxicating effects.
- Mixing depressants with alcohol is a particularly dangerous combination that can cause an overdose and death.
- Withdrawal from depressants can be extreme - after 24 hours without the drug, symptoms such as anxiety and agitation may develop - depending on the potency of the drug, withdrawal will peak between two and eight days, causing appetite loss, nausea, vomiting, abdominal cramps, increased heart rate, and excessive sweating.
- Some severe symptoms of withdrawal may be delirium, convulsions, and in some cases, death.

Nicotine

Tobacco is the only drug that is legally and readily available for older adolescents and adults throughout the region. The active ingredient and addictive substance in tobacco is nicotine. Tobacco is available in a number of forms including snuff, chewing tobacco, pipe tobacco, cigars and cigarettes. Tobacco is either chewed [snuff and chewing tobacco], or smoked in a pipe, cigar or cigarette.

Effects:

- Nicotine is a stimulant and smokers feel that tobacco helps relieve boredom and tiredness and also helps reduce stress and anxiety - the effects are almost
- Some people may experience nausea and dizziness when they inhale tobacco smoke for the first few times.
- Tobacco use has been conclusively linked to health problems, among others heart diseases, stroke, emphysema, blood clots, cancer, bronchitis, poor blood circulation and ulcers.
- Moderate to severe physical and physiological dependence.
- Tobacco use - because of the negative health effects outlined above - remains the leading preventable cause of death in many countries.
- The smoking or chewing of tobacco may lead to consumption of other drugs - ultimately to injecting drugs and therefore indirectly lead to possible high risk behavior and HIV infections.

Activity No. 5 - Information about different substances / drugs

To get information about the different drugs that are sold and consumed in our communities [especially among young consumers] the students should contact the nearest larger police authority. Many police stations, especially their drug departments have some drug samples available for visitors to see.

The students should be divided into groups of four or five and prepare an interview with the police officers in charge of drug prevention. They should, group after group, visit the police drug prevention unit, view their drug samples and interview them about the situation in schools and communities near their university.

The groups should write a report or an article about their visit and make a presentation in plenary [10 minutes for each group]. A police officer from the drug prevention unit should be present and select the most relevant and effective reports or article[s] for possible publication in the university newsletter or in the Enabling Education Network - EENET Asia Newsletter or their web page.

Learning outcome:

- The way different drugs look and how they are sold or consumed
- The different drugs that are sold and used in schools and among young adults in the communities near their universities
- How schools can work together with police authorities to prevent young adults from experimenting with and using drugs - information not punishment and expulsion immediate but fade quickly, which encourages continual use.

This is an activity can be used quite effectively in drug prevention efforts in schools.

3.2.4 Consequences of using drugs

Drugs have different effects and consequences for the users - psychological, physical and social. The severity of the consequences will among others depend on the nature of the drug, frequency of use, nature of addiction, the individual constitution of the drug user, the availability of rehabilitation and health services and the social network of the drug user.

Here are some of the consequences many drug users have experienced - directly or indirectly resulting from their drug use:

- Psychological consequences:
 - Depression
 - Constant anxiety
 - Hallucinations
 - Phobias
 - Tiredness
 - Loss of attention and concentration

- Paranoia
- The need for stronger drugs or higher doses
- Suicidal tendencies
- Permanent craving for drugs even during phases of recovery
- Physical consequences:
 - High blood pressure
 - Irregular heart beat
 - High temperature
 - Visual problems
 - Loss of appetite
 - Damages to the nose membrane
 - Damages to the brain
 - Damages to the kidney
 - Damages to the liver
 - Rashes and skin infections
 - Premature aging
 - Blood transmitted infections
 - Sexually transmitted infections including HIV
 - Painful withdrawal symptoms
 - Breathing problems
 - Convulsion
 - Muscle cramps
 - Flu symptoms
 - Death
- Social consequences:
 - Loss of family relationships
 - Loss of friends
 - Expulsion from school
 - Crime
 - Prostitution
 - Incarceration / Imprisonment / Death penalty [in some countries in the region]

Some people may have experimented with and used drugs without any apparent consequences. Some drug users have been able to quit, but none of them knew that before they tried drugs the first time.

Fact is that the potential consequences of experimenting with and using drugs are enormous, both for the individual drug user and their families as well as for the community.

3.2.5 Why Do Children and Young Adults Use Drugs? [UNESCAP, 2003, p. 6-5]

Many children take drugs to escape sexual, physical and verbal abuse, homelessness, hunger as well as a feeling of failure that may have been caused by the school, their peers and/or their family. Young adults use/abuse drugs for many of the same reasons. In addition the pressure from schools, society, parents and peers mixed with the insecurity of adolescence and puberty, lack of factual knowledge about drugs and the effects of drugs and insufficient life skills drive many children and young adults to behave irresponsibly and experiment with drugs.

Children and young adults take drugs for their immediate and short-term effects. Drugs may help them for a few moments to forget about their problems. Drug use and experimentation may also be influenced by a number of other factors such as:

The individual: Adolescence is a time of physical and emotional change. Young adults often feel awkward and overly self-conscious. They may feel torn between the need to conform [especially to their peers] and the urge to be different [often from their parents]. Many young adults do not have the necessary skills to deal with stress - experimenting with and using drugs may therefore be seen as a way to escape the pressures of life. They may also experiment with drugs because it is forbidden - testing boundaries - trying out something new and dangerous.

Family and friends: Children and young adults may learn about drugs from family and friends. Living in families where excessive use of alcohol and other drugs are considered a part of life - they may believe that using drugs is an accepted and normal part of growing up. In many peer-groups using and experimenting with drugs is encouraged and young adults are pressured to try drugs to fit in - peer pressure. The lack of love, care and support in many families as well as the break-up of family ties may lead a child or young adult to experiment with and/or use alcohol and drugs.

Society: Mixed messages from media, music, peers, parents, schools and work places create confusion among many young adults - they will receive messages that both encourage as well as discourage drug use. In some youth cultures drugs are trendy and some forms of music are mostly enjoyed when combined with drugs [among others acid house]. Young adults will therefore often start experimenting with drugs when they go to out and spend time with friends - without realizing the consequences and the dangers it involves.

Environmental factors: Even if many drugs are illegal they are available in most communities [and even in many schools].

It is therefore important that homes, schools and communities in close collaboration teach children and young adults to resist these influences - wherever they may come from [Page, 2004]:

- Protective Factors - Ways that a person might behave and characteristics of environment in which a person lives that promote health, safety, and/or well being.
- Resistance Skills - Skills that are used when a person wants to say NO to an action and or leave a situation.
- Resiliency - The ability to prevent or to recover, “bounce back”, and learn from misfortune, change or pressure.

Children and young adults should therefore be encouraged to develop the inner strength to make informed and wise decisions about drugs [life skills].

Activity No. 6 - Community initiatives - Drug prevention

To get 'personal' information about the effect different drugs used in our communities [especially among young school aged drug users] the students should contact some of the many community initiatives working for drug prevention.

The students should be divided into groups of four or five and prepare an interview with drug activists about the reasons children and young people have for experimenting with drugs, the failing of the education system to intervene constructively, the effect of drugs and the 'permanent' struggle with addiction.

The groups should write a report about their meeting with the drug activists and make a presentation in plenary [10 minutes for each group]. One of the drug activists should be present and select the most relevant and effective report for possible publication in the university newsletter or in the Enabling Education Network - EENET Asia Newsletter or their web page.

Learning outcomes:

- Why some children and young adults experiment with and/or use drugs
- How the education system may create, rather than prevent irresponsible behaviour - for example by not educating children and young adults about drugs [prevention] and by expelling drug users from school rather than working with rehabilitation [response]
- The effect of drugs
- The process of detoxification - the permanency of many drug addictions
- How schools together with former drug users and their community initiatives to prevent young adults from experimenting with and using drugs

3.3 Developing Responsible Behaviour - Understanding the Consequences of Experimenting with or Using Drugs - Drug Prevention

It is not enough to tell young adults to "just say no" they need to understand the consequences of experimenting with and using drugs or why they should "say no", they need learn how to make educated and healthy decisions concerning their own lives.

The development of good self esteem in children and young adults is essential in order to build the ability and strength to resist peer pressure. Self esteem can be nurtured or destroyed by teachers and schools - unhealthy academic competition between students can destroy the self esteem of those who always seem to be the las, those who always "get it wrong".

"It is important that children dare to give an answer that may be wrong. A real professional teacher will not mock and ridicule this child and will prevent the peers from doing it".

[Miriam Skjørten, 2005]

School administrators and teachers [including school counselors] should help their students develop good self esteem and a positive self-image. The development of self-improvement and independent decision-making skills as well as confidence and communication skills among children and young adults will enable them to better resist peer pressure [life skills].

Children and young adults need to learn when and how to say no. "No" can be said in different ways, but the most effective is an assertive "no". This needs to be practiced in schools and at home - ideas for how this can be done can be found in Chapter 6 Lesson No. 5.

The development of inclusive and child friendly schools is therefore essential to equip children and young adults to be able to resist peer pressure - schools where diversity is embraced and where important life skills is an integrated part of every subject matter.

3.3.1 Life skill approach

Life skills education is actually a part of any child-friendly and inclusive education; however, since it is a term that is widely known and used throughout the region - often associated with out-of-school or non-formal education programs - we have decided to list it separately.

As part of an inclusive and child-friendly education, a life skills approach will contribute to reduce the effects of: HIV and AIDS; alcohol, tobacco and other drug abuse; war and political instability; unemployment; sexual, physical and other forms of abuse and exploitation; as well as racism and other forms of discrimination.

A life skills approach is an interactive process of teaching and learning, focusing on developing knowledge, attitudes and skills that can support a positive change in habits and behavior patterns.

"Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of every day life."

[Meeks and Heit, 2004]

Based on positive experiences in drug abuse prevention, life skills approaches are also promising in strengthening protective factors, in treatment and aftercare as well as in relapse prevention.

Life skills applied to drug abuse prevention are designed to facilitate the practice and reinforcement of psychosocial skills. These skills will contribute to personal and social development, such as self-awareness, empathy, communication skills, interpersonal skills, creative and critical thinking as well as coping with emotions and stress. In drug abuse prevention as well as treatment programs, this means teaching skills and techniques in resisting and refusing drugs, critical thinking, social competence as well as communication skills.

As many people use alcohol and other drugs to cope with the stress of everyday life it is difficult to change their habits or behavior. Counseling in schools should focus on teaching young adults life skills that will help them cope with stress through other means so that they no longer feel the need for drugs. Life skills include: assertiveness, anger management, conflict resolution, time managements and stress management.

These skills [and techniques] should ideally be integrated into all mainstream pre-primary, primary and secondary education programmers. Here are some skills and techniques that can be used to resist peer pressure and help children and young adults to make wise and responsible decisions:

Responsible Decision Making Model for Health [Meeks and Heit, 2004]:

1. **Clearly describe the situation you face** - If no immediate decision is necessary, describe the situation in writing. If an immediate decision must be made, describe the situation out loud or to yourself in a few short sentences. Being able to describe a situation in your own words is the first step in clarifying the question.
2. **List possible actions that can be taken** - If no immediate action is necessary, list all options for possible action. If an immediate decision should be made, state possible actions out loud or to yourself.
3. **Share your list of possible actions to a responsible adult** - Sharing your list to a responsible adult is helpful. This person can examine your list and his/her wide range of experiences.
4. **Carefully evaluate each possible action using six criteria** - Ask each of the six questions to learn which decision is best:
 - a. Will this decision result in an action that will promote my health and the health of others?
 - b. Will this decision result in an action that will protect my safety and the safety of others?
 - c. Will this decision result in an action that will protect the laws of the community?
 - d. Will this decision result in an action that will show respect for myself and others?
 - e. Will this decision result in an action that follows the guidelines set by responsible adults such as my parents or guardians?
 - f. Will this decision result in an action that will demonstrate that I have good character?
5. **Decide which action is responsible and most appropriate** - After applying the six criteria, decide which decision meets the six criteria.
6. **Act in a responsible way and evaluate the results** - Follow through this decision with confidence.

Resistance Skills - Learning to say “NO” [Meeks and Heit, 2004]:**1. Use assertive behavior**

Assertive behavior is the honest expression of thoughts and feelings without experiencing anxiety or threatening others. When you say assertive behavior, you show that you are in control of yourself and the situation. You say “NO” clearly and firmly. As you speak, you look directly at the person[s] pressuring you. Aggressive behavior is the use of words and or actions that tend to communicate disrespect. This behavior only antagonizes others. Passive behavior is the holding back of ideas, opinions and feelings. Holding back may result in harm to you, others, or the environment.

2. Avoid saying: “NO, thank you”

There is never a need to thank a person pressuring you into doing something that may be harmful, unsafe, disrespectful and or illegal or actions that may result in disobeying your parents or displaying lack of character.

3. Use non-verbal behavior that matches verbal behavior

Non-verbal behavior is the use of body language or actions rather than words to express feelings, ideas, and opinions. Your verbal “NO” should not be confused by misleading actions.

4. Influence others to choose responsible behavior

When situation poses immediate danger, remove yourself. If no immediate danger present, try to turn to situation into a positive one. Suggest alternatives, responsible ways to behave. Being positive role model helps you feel good about yourself and helps gain respect of others.

5. Avoid being in situations in which there will be pressure to make harmful decisions

There is no reason to put your self into situations in which you will be pressured or tempted to make unwise decisions. Think ahead.

6. Avoid being with persons who choose harmful actions

Your reputation is the impression that others have of you, your decisions and your actions. Associate with persons known for their good qualities and character in order to avoid being misjudged.

7. Resist pressure to engage in illegal behavior

You have a responsibility to protect others and to protect the laws of your community. Demonstrate good character.

Activity No. 7: Life skills subject integration

How can we include life skills in different subject matters in primary and secondary education? The students should be divided into groups of four to five. They should discuss how life skills, such as; assertiveness, self-awareness, creative and critical thinking, communication skills, inter-personal skills, anger management, conflict resolution, time managements and stress management can be integrated into different subject matters.

If Embracing Diversity UNESCO Toolkit for Creating Inclusive, Learning-Friendly Environments is available for your program you should use it as reference for this activity.

The students should present their ideas to the class. The ideas should be practical, simple and effective the best ideas could be uploaded to the interactive UNESCO/EENET Asia/IDP Norway web page on good teacher education practices on HIV and AIDS www.idp-europe.org/hiv/si. School administrators, teachers, students and faculty members will log onto this page and comment on the different articles and ideas. The groups should therefore log on to this web page on a regular basis to receive input from their colleagues from throughout the region.

Remember that this exercise is not only useful for drug prevention and response but the general academic, emotional, social and physical development of children and young adults in schools.

Learning outcomes:

- How to include life skills into different subject matters such as mathematics, language, social studies, natural science, religious studies, etc.
- How to link life skills with other inclusive and child-friendly practices

3.3.2 How to create child friendly and inclusive environments that prevents drug use and respond constructively to drug abuse

At the school level, adolescents who have a positive relationship with teachers, who attend school regularly, and who do well in school are less likely to use drugs [Global Youth Network, 2002; WHO,2001].

Child-friendly and inclusive kindergartens and schools should be academically successful and at the same time focus on the emotional, social and physical development of children. This combination will equip children in their fight against negative peer pressure and high risk behaviors related to sex and drugs - during their schooling years as well as later in life. Inclusive and child-friendly schools embrace the diversity of abilities, disabilities, health status - including HIV, as well as ethnic, religious, economic and social backgrounds we find among the children in our communities - inclusive schools create winners instead of "losers".

"One of the things that have struck me is how much attention is given to repetition and how little attention is given to children's creativity, independent thinking and their emotional and social wellbeing - or short children's self-esteem. A child with good self-esteem, a child who can think and reason, a child who can be innovative and share with others will after all be the future grown-up who will be a good contributor in a democratic society."

[Miriam Skjørten, 2005]

3.4 How to Know if a Student is Using Drugs?

Some factors may predispose teenagers to drug abuse. These include a family history of substance abuse, a history of depression and low self-esteem, feelings of not fitting in, not having friends, and being outside the mainstream.

A smoking habit has at times been correlated with drug abuse. In some countries statistics have shown that adolescents and teenagers who smoke are eight times more likely to use marijuana, and twenty-two times more likely to use cocaine than other teenagers.

By knowing the specific warning signs and monitoring a teenager's behavior, we can intervene earlier if problems develop.

Here are some areas to look at that may help you to determine if a student in your school have a drug problem:

- Possible Physical Warning Signs
 - Frequent fatigue
 - Repeated health complaints
 - Change in appearance
 - Loss of weight
 - Red, bloodshot and glazed eyes
 - Frequent coughs
- Possible Emotional Warning Signs
 - Change in personality
 - Sudden mood swings and being irritable
 - Behaving irresponsibly, careless and showing poor judgment
 - Showing a general disinterest
- Interaction with friends and family - Possible Warning Signs:
 - Being negative
 - Being unfriendly
 - Starting arguments
 - Lying
 - Being evasive
 - Being secretive
 - Requesting more money
 - Stealing
 - Problems with commitments
 - Withdrawal from old friends
 - Changing appearance - dress, hair and make-up
 - Changing taste in music
 - Changing friends - making new friends with similar characteristics and appearance
 - Problems with discipline
 - Problems with the law

- Behaviour at School - Possible Warning Signs:
 - Less interested than before
 - Showing negative attitude
 - Academic performance drops [poorer grades]
 - Being more absent than before
 - Problems with discipline

None of these symptoms prove that a student in your school has a drug abuse or addiction problem - they can have many other causes. However they strongly indicate that an intervention is necessary and that the situation should be further observed and monitored.

3.5 Responding to Drug Abuse - How can Schools Administrators and Teachers Intervene:

3.5.1 Talk and discuss about drugs and drug prevention

When talking with the student concerned, school administrators and teachers should:

- Be accessible
- Be open minded
- Create an open dialogue
- Listen to what the student has to say
- Ask questions and do not judge
- Be clear in your message “Don’t use drugs”
- Create a relaxed and friendly atmosphere - this will help the student to be more open and honest.
- Seize the moment if there has been a reportage about drugs on TV, radio or in the print media use this to create a dialogue and the discussion will come up more naturally.
- Discuss peer pressure - the pressure to conform and fit in.
- Talk about ways to say no to drugs.
- Talk about different forms rehabilitation available if your student already has a drug addiction.
- Try to find out what some of the reasons are for using drugs and try to find a solution together with the student.
- Most importantly we must not expel students using.

3.5.2 Seek help

School administrators and teachers [including guidance counselors] should ideally seek expert help and advice before counseling a student using drugs - Here are some suggestions:

- Contact the nearest health station - they may know where you can get help.
- Contact a drug counselor - there are government and non-government initiatives in most towns and cities.
- Contact organizations initiated/run by recovering drug addicts - young adults who used to be on drugs would be a great help in talking with your students.
- Contact organizations initiated/run by parents of drug addicts for information about how to talk and communicate with other teachers, parents, children and young adults about drug prevention and response.

- Contact faith based organizations working with drug prevention and response programs.
- Do not contact the police about a specific student unless the student has committed theft or a violent crime. Punishment and incarceration/imprisonment is not an effective form of rehabilitation.

Activity No. 8: Interviewing former drug users

Many of us have a misconception of how and who drug addicts are. Combating our own fears and attitudes is essential if we want to communicate effectively with children and young adults about drugs. Collaborating with young recovering drug addicts is therefore very important if we want to work successfully in our schools on drug prevention and response.

The students should be divided into groups of four or five. Each group should if possible seek out a different initiative, or different individuals within one initiative if there are limited number of initiatives. The groups should visit and interview the drug activists. Together with the activists they should write a report about drug abuse, the relation between drug abuse and HIV infections and how the education sector could improve their drug prevention and response. These reports could be published on an interactive UNESCO/EENET Asia/IDP Norway web page for good teacher education practices on HIV and AIDS www.idp-europe.org/hiv-aids-eduwiki/en.

Learning outcomes:

- Realize that people using drugs are not different from anyone else
- Realize that it can happen to us all we, our brothers, sisters, friends, colleagues and our students can become victims of a drug addiction
- Understand the connection between drug use and HIV infections
- Understand the short and long term effects drugs have on a persons physical and mental health

3.5.3 Continue to observe and monitor the situation

We must trust children and young adults. BUT we must also remember that one of the consequences or effects of drug use/abuse is a change of behavior patterns - lies, deception and secrecy are part of that pattern. It is therefore important to continue to observe and monitor the situation without being overly suspicious. Mandatory, random medical tests [if these are available] may be part of a more objective monitoring process. Drug use can be detected in simple urine tests - consult a doctor or a community health clinic/centre.

Chapter 4:

Reproductive Health and Human Sexuality

4.1 Introduction - Why should We Teach about Reproductive Health and Human Sexuality in Schools?

Many adults find it difficult to discuss these issues openly with children and young adults. As a result, friends, peers, pornography, television, films, music, magazines and their own imagination become their main sources of information - often leading to unnecessary fears and possible situations of risk and vulnerability for HIV or other sexually transmitted infections [STIs]. Even if parents have the main responsibility to teach their children about reproductive health and human sexuality, schools must complement their efforts with comprehensive information and education in this regard. Schools should encourage parents to be open with their children about this important topic and if needed assist with quality education material.

It is important to realize that students can get infected with HIV as well as other sexually transmitted infections and that some young girls get pregnant while still in school. Being pregnant, young and unmarried is difficult in most countries, and cultures, the girls are often expelled from school and shunned by their families and friends. Some of these girls decide to give birth while others opt for an abortion - which is forbidden as well as socially unacceptable in the Philippines and some will even try to commit suicide. Since abortion is illegal the girls often depend on the services of underground abortion "clinics". Many of these "clinics" operate without proper medical knowledge and in unhygienic conditions. Thousands of girls from throughout Asia are physically and mentally damaged for life as a result of these procedures. Some girls even die during the abortion or get infected with HIV because the equipment used during the procedure was not sterilized properly. In some cases the embryo survives and is born with severe multiple impairments.

In spite of these harsh realities teaching about reproductive health and human sexuality is a sensitive issue for many. It raises questions and skepticism among many parents, teachers and community leaders. The perception is often that religious, cultural and moral values are challenged when we teach our children and youth about reproductive health and human sexuality. It is therefore important to understand that teaching about human sexuality is not the same as condoning irresponsible sexual behavior.

As a result of teaching about reproductive health and human sexuality "*... in eight of eleven sub-Saharan countries studied, the percentage of young adults having sex before age 15 declined and condom use increased.*" [UNAIDS, 2006, p. 3-6]. This strongly indicates that giving children and youth more objective and quality information about reproductive health and human sexuality will help them to make educated choices about their own sexual behavior. In these eight African countries provision of appropriate sex education led young adults to wait longer than previous generations to debut sexually and when they become active they were more likely to protect themselves and their partners.

Therefore to combat the AIDS epidemic and reduce HIV infections we have to coordinate our education efforts in schools, among peer groups, families and communities.

4.2 Puberty and Adolescence

4.2.1 Physical changes

The Appearance of Sexual Characteristics in Filipino Boys

[Del Mundo, Fe; Estrada, Felix A.; Ocampop, P.D. Santos; Navarro, Xerxes R., 1992]

The following table summarizes the events at each stage of development. The changes associated with puberty generally occur [gradually] between the ages of 10 and 16 years. The age of puberty can vary considerably from one boy to another.

Features	Changes	Average Age
Body Configuration	Broader shoulders than hips. The body takes on a new more muscular and angular shape under the influence of testosterone. The greatest effect can usually be seen in the upper chest and shoulder muscles. Testosterone also causes bones to lengthen, giving young adolescents a heavier bone structure and longer arms and legs.	10 - 12
Hair	Initial appearance of pubic hair	10 - 12
	Initial appearance of hair in the arm pit [axillary hair]	12 - 14
	Initial appearance of facial and body hair. The amount and distribution of hair will vary considerably from one man to the next - this is entirely normal and may have genetic tendencies.	13 - 15
Penis	Initial enlargement	9 - 13
	Rapid increase in size	11 - 13
	Males have spontaneous penis erections throughout their lives [even when they are infants]. During puberty boys tend to get erections more frequently. Erections can occur with or without any physical or sexual stimulation. While this can be very embarrassing for teenage boys, especially when it happens in public, like school, it's important to understand that it is entirely normal for this to happen and that it is not necessarily connected to thoughts about sex.	
Scrotum & testicles	Start of testicular enlargement	9 - 11
	Sagging of sac, wrinkling and corrugation	11 - 13
Breast	Hypertrophy [temporary breast growth]	12 - 14
	Disappearance of Hypertrophy	14 - 16
Voice Changes	Deepening. As a result of increased testosterone, vocal cords become longer and thicker and the voice becomes lower. While these changes are occurring the voice would at times change pitch abruptly or 'crack' which can often be very embarrassing.	12 - 14
Acne / Pimples	Appearance. Oil glands in the skin become more active - This can cause acne/pimples. Many people will have problems with acne/pimples into adulthood	13 - 15

The Appearance of Sexual Characteristics in Filipino Girls

[Del Mundo, Fe; Estrada, Felix A.; Ocampop, P.D. Santos; Navarro, Xerxes R., 1992]

The following table summarizes the events at each stage of development during puberty. The average age listed here can vary widely with about two years either side of the ones listed will usually be considered normal.

Features	Changes	Average Age
Body Configuration	Broader shoulders and broad pelvis	8 - 10
	Fat deposition	9 - 11
Hair	Initial appearance of downy pubic hair	8 - 10
	Pubic hair becomes darker and coarser	11 - 13
	Initial appearance of hair in the arm pit [axillary hair]	11 - 13
Breasts	Initial budding	9 - 11
	Pigmentation of areola [pigmented area around the nipple]	10 - 12
	Enlargement of breasts	12 - 14
Menarche	Menarche [first menstrual period] appears	11 - 13
Acne / Pimples	Appearance. Oil glands in the skin become more active - This can cause acne/pimples. Many people will have problems with acne/pimples into adulthood	12 - 14
Vaginal Canal	Appearance of thin whitish secretion	10 - 12

Activity No. 9: Remember puberty?

Remember puberty? Just a few years ago our bodies and minds went through the changes of puberty. Going back, mapping the changes that took place in our bodies may help us to better understand and communicate with young adults who are in puberty in schools.

The students should be divided into groups of five or six. The groups should ideally have both male and female members [mixed groups], however in some cultures this will not be possible and the students can be grouped based on gender. They should draw life size body maps [without clothes] of males and females to show the physical changes that occur in bodies from the onset of puberty. Technical names and exact drawings are not necessary. It is better to use the language and terms normally used when talking with each other.

Each group should put up their respective charts on a wall. The body maps should be presented while the rest of the participants go on gallery walk.

Activity No. 10 - Changes during puberty

Changes! Changes! Changes!

Having the same grouping, the students will select one facilitator, reporter and a secretary. The facilitator will manage the flow of the discussion while the secretary takes down important details that the reporter will share with the rest of the participants later on. Specifically, the discussion of the group will revolve on the following guide questions:

- ⇒ When did you first notice a physical change in your body?
- ⇒ How did you feel?
- ⇒ How did you feel about your body and your sexuality? Why?
- ⇒ Did you discuss your body and sexuality with your friends?
- ⇒ When you grew up did you ever discussed these issues with any adult? Why or why not?
- ⇒ During puberty, what questions came to your mind? Were you able to get the answers? Who did you talk to? Or how did you find out?
- ⇒ Were you curious about the changes to the body of the opposite sex? What questions came to your mind? Who did you speak with about it?
- ⇒ Did you know of any beliefs or taboos associated with these body parts? If yes, what are they? And why would there be beliefs and taboos associated with sexual body parts and sexuality?
- ⇒ How did you feel about the opposite sex? Why?

Learning outcomes:

- The human reproductive system
- The physical and biological changes that take place during puberty and adolescence
- How body mapping can be used for children and young adults in classrooms

It is important that children learn about puberty and the changes their bodies will go through before the changes [puberty] starts. This should be taught throughout primary and lower secondary school.

4.2.2 Emotional and psychological changes

As children and young adults grow up, they experience many changes, both physical and emotional. Changes to the body, in the way they behave, the way others expect them to be as well as to their interests and preoccupations. All of this is normal and part of growing up; but growing up is not easy. This is a time when there are many questions and few answers.

It is often difficult for young adults to talk about what's on their mind: Why is my body changing? Why do I get an erection? Why do I feel attracted to the opposite sex or to the same sex? It is important to realize that sexuality is important for the development of a young person into a mature adult.

Much of the confusion and anxiety experienced during adolescence and puberty is on account of ignorance and/or misinformation about sexual issues. The failure to communicate on these issues with parents and other adults results in further anxiety. Parents often leave the crucial task of talking to their children about sexuality to schools and teachers. However, not only parents but also teachers often feel uncomfortable and embarrassed discussing these issues with their students.

Parents and teachers need to encourage young adults to voice their opinions on moral issues and values by providing them with positive environments for such discussions. Adults must strive to appreciate and understand their views.

To deal with these often quite personal and sensitive issues, we need to know the facts of growing up and distinguish between myths and realities.

4.2.3 Social changes - Development of human sexuality

Parents, teachers and others who work with or take care of children need to have a basic understanding of the development of a child's sexuality from infancy to childhood and to adolescence. This will help determine when and how to start with sex education to prevent the possible development of risk behavior - this is particularly important to prevent the spread of HIV and other sexually transmitted infections.

While the vast majority of children do not become sexually active until they are adolescents or adults and may not think of themselves in sexual terms, many of the building blocks of sexual development and sexual health start developing in early childhood - these building blocks are of a physical, social as well as emotional nature.

One of the key developmental tasks faced by all children is learning how to interact with others and engage in socially appropriate behaviors.

“From birth children are considered to be social beings by nature and have an inborn potential to develop social interaction”

[Henning Rye, 2001]

These are abilities that we are not born with. Young children are developing gender identities [the realization that they are either a boy or a girl] and gender roles [adopting social characteristics typical for girls or boys]. Children are also developing their understanding of relationships and values. We generally do not think of this as sexually related but these important achievements in early child development lay the foundation for how our sexuality will develop and evolve as children become teenagers and teenagers become adults.

Parents or guardians are the first and primary sexual health educators of children. For example, infants and toddlers will typically develop their capacity to trust, their initial concepts of gender and gender relations, and their sense of basic autonomy through interaction and learning with primary caregivers.

Before and during puberty young adults will experience their first crushes and sexual attractions, romantic and sexual fantasies and dreams are frequent. Sexuality is about more than sex, it is also about emotions, beliefs, platonic relationships, intimacy and self-image. All of us have a sexuality which has been developed and influenced among others by social, cultural, religious, biological, economic and educational factors. Sexuality is a multi-faceted and a sensitive issue. It is therefore often difficult to know when and how best to address these issues. However, youth is a time for experimentation - it would therefore be wise to include some aspects of sex and sexuality both before and during adolescence and puberty.

Sex drive emerges in both boys and girls. Sex drive is an impulse related to the sexual need. It is a natural biological instinct and need. The immediate outcomes of the sex drive for the adolescent are:

- Attraction towards members of the opposite sex [for heterosexuals and bisexuals] or same sex [for homosexuals and bisexuals]
- Crushes or infatuations [can be with persons of opposite sex or same sex]
- Desire for sexual experimentation [this is critical in the context of HIV and other sexually transmitted infections]
- Need for physical contact and intense emotional relationships with peers/friends of the same or the opposite sex
- Many young adults get the need for love and touch confused with sex

4.3 Developing Responsible Sexual Behavior - Understanding the Responsibilities and Consequences of Sexual Activities

In addition to the religious, traditional and moral values that often place restriction on our sexual behavior there are also some practical consequences that should be considered.

People might agree or disagree about values but in order to develop responsible sexual behaviors the following practical consequences should be considered when interacting sexually with others.

4.3.1 Protection against Sexually Transmitted Infections [STIs]

The safest form of sex is within a monogamous [mutually faithful] relationship where both partners are HIV negative, free from sexually transmitted infections and not using drugs [sharing needles and syringes].

Safer sex includes practices that reduce the risk for contracting sexually transmitted infections, including HIV as well as pregnancies. These practices reduce contact with the partner's body fluids, including ejaculations from a man's penis [semen], vaginal fluids, blood, as well as discharges from open sores. Safer sex reduces, but does not totally eliminate, risk.

Unprotected anal and vaginal sex with an infected person carries a high risk for a transmission of the infection. Unprotected oral sex carries a lower risk, but is not risk-free. Here are some of the protections that can be used to make sex safer:

Male Condoms is usually made of latex and are worn during vaginal, oral and anal sex. Male condoms comes in different colors and sizes, some have flavors and are especially

Activity No. 11 - Empathy: Unplanned pregnancies

The students should be divided into two groups.

Group 1 should discuss the emotional, physical and social implications [for the girl and the boy and their families] of teenage pregnancies and prepare to act it out in a 10 minute role play.

Group 2 should discuss the education [school] response to teenage pregnancies both the response by most schools today as well as the ideal response - and prepare to act it out in a 10 minute role play the role plays should focus both on a constructive/positive as well as negative/destructive response to the pregnancy by the school:

- ⇒ Ideas for a constructive/positive response: How the pregnancy and the birth - with permission of the pregnant girl and her partner - can be used in biology and social science lessons. How the nurturing, feeding and taking care of the baby can help young adults in the class/school realize the enormous responsibility it is to have a child.
- ⇒ Ideas for a negative/destructive response: How the pregnant girl is expelled from school and how her partner is left without punishment by the school and maybe even 'envied' or 'praised' by his peers for having had sex and making a girl pregnant.

Practical information and data can be sought from clinics, health centers and community initiatives where young women and men seek guidance and help in case of unplanned teen pregnancies.

Learning outcomes:

- The impact that pregnancies during adolescence can have on the lives of the girl, the boy, the child and their families
- The gender dimension of teenage pregnancies The impact for the girl and her family versus the impact for the boy and his family
- The flaws in the current education sector response to teenage pregnancies and how the response could be made better, for the girl, the boy, the baby, their families and the school

4.3.3 How to talk to children about reproductive health and human sexuality - Some guiding principals for working on issues of sexuality: [UNESCAP, 2003b, p. 4-4 - 4-5]

- **Affirmative Approach to Sexuality:** Sexuality is part of everyone's life. Sexuality is complex. It can be a pleasurable, satisfying, and enriching part of life. An affirmative [means 'not denying'] approach improves sexual well-being. It is also important to emphasise the need all people have for physical and emotional closeness.
- **Diversity:** Different people [men and women, boys and girls] have different needs, identities, choices, and life circumstances. Therefore, not all people have similar sexual desires and concerns.
- **Affirmative Approach to Sexuality:** Sexuality is part of everyone's life. Sexuality is complex. It can be a pleasurable, satisfying, and enriching part of life. An affirmative [means 'not denying'] approach improves sexual well-being. It is also important to emphasize the need all people have for physical and emotional closeness.
- **Diversity:** Different people [men and women, boys and girls] have different needs, identities, choices, and life circumstances. Therefore, not all people have similar sexual desires and concerns.
- **Autonomy and Self-Determination:** Everyone [men and women, boys and girls] have the right to make their own free and informed choices about all aspects of their lives, including their sexual lives and preferences, as long as they do not harm others. It is important that men respect a "no" from a woman.
- **Gender Equity:** Programs that are based on gender equity recognize and provide for women and men, girls and boys to have equitable access to information, services and education that promote sexual well-being.
- **Responsiveness to Changing Needs:** Women's and men's needs for information and services on sexuality change over time and throughout the life cycle.
- **Prevent Violence, Exploitation and Abuse:** Violence, exploitation and abuse are often the conditions under which people, especially women and girls, experience their sexuality or initiated into sexual activity.
- **Comprehensive Understanding of Sexuality:** Programs and services must address and integrate emotional, psychosocial and cultural factors in planning and service delivery.
- **Non-Judgmental Services and Programs:** People have differing value systems and make different choices about sexuality. Providers must respect these values and refrain from judging others or imposing their own values on them.
- **Confidentiality and Privacy:** Sexuality touches upon intimate aspects of people's lives. Individuals have a right to privacy and confidentiality.
- **Cultural Sensitivity:** Cultural perceptions about issues of sexuality differ among different groups and communities. This should be recognized and respected.

- **Accessible Programs and Services:** Accessibility entails more than availability of services. It includes quality, confidentiality, staffing, and catering to a range of needs.
- **Core Values:** The basic values of choice, dignity, diversity, equality and respect underlie the concept of Human Rights. These values affirm the worth of all people. In the context of sexuality, these words have meaning as well:
 - **Choice:** Making choices about one’s sexuality freely, without coercion, and with access to comprehensive information and services, while respecting the rights of others.
 - **Dignity:** All individuals have worth, regardless of their age, caste, class, gender, orientation, preference, religion and other determinants of status.
 - **Equality:** All women and men are equally deserving of respect and dignity, and should have access to information, services, and support to attain sexual well being.
 - **Respect:** All women and men are entitled to respect and consideration despite their sexual choices and identities..
- **Religious Approach:** Inform children and young adults about different religious views on sexuality. Remember that the Philippines enjoy religious freedom and that this should be promoted and respected in schools.

4.4 Human Sexuality

4.4.1 Sex and reproductive organs as well as sexual/reproductive processes:

For Boys [Listed alphabetically] [UNESCAP, 2003a, p. 3-12]:

Ejaculation:	The release of semen from the penis caused by sexual excitement. This can occur in situations other than intercourse [oral, vaginal and anal] and masturbation or other sexual activities. It may occur at night and is commonly known as a ‘wet dream’. However, ejaculation does not occur only because of sexual dreams, a ‘wet dream’ is more accurately referred to as an “nocturnal emission” and is a natural and normal [non-sexual] occurrence.
Erection:	The process by which the penis fills with blood in response to thoughts, fantasies, temperature, touch or stimulation and grows taut.
Orgasm:	The “peak” of sexual sensation during self stimulation [masturbation] and/or sexual interaction with a sex partner. Orgasm - mostly in form of an ejaculation - can also be reached without masturbation or vaginal, oral and anal penetration.n.
Penis:	The male reproductive organ and a point of sexual stimulation.

Prostate gland:	A gland located in the male pelvis that secretes a thick, milky fluid that forms part of the semen. Semen is a milky white fluid passed out of the penis at the time of ejaculation. Semen contains sperm, secretions of prostate glands and seminal fluid.
Rectum / Anus:	Point of entry during anal intercourse and a point of sexual stimulation for many men [not only for men who have sex with men].
Scrotum:	The pouch located behind the penis that contains the testicles, provides protection to the testicles, and controls the temperature necessary for sperm production and survival.
Seminal vesicle:	A sac-like structure lying behind the bladder; secretes a thick, milky fluid called seminal fluid that forms part of the semen.
Testes:	Two round glands which descend into the scrotum following birth [or for some boys much later], produce and store sperm starting in puberty, and produce the male sex hormone testosterone.

For girls [Listed alphabetically][UNESCAP, 2003a, p. 3-13]:

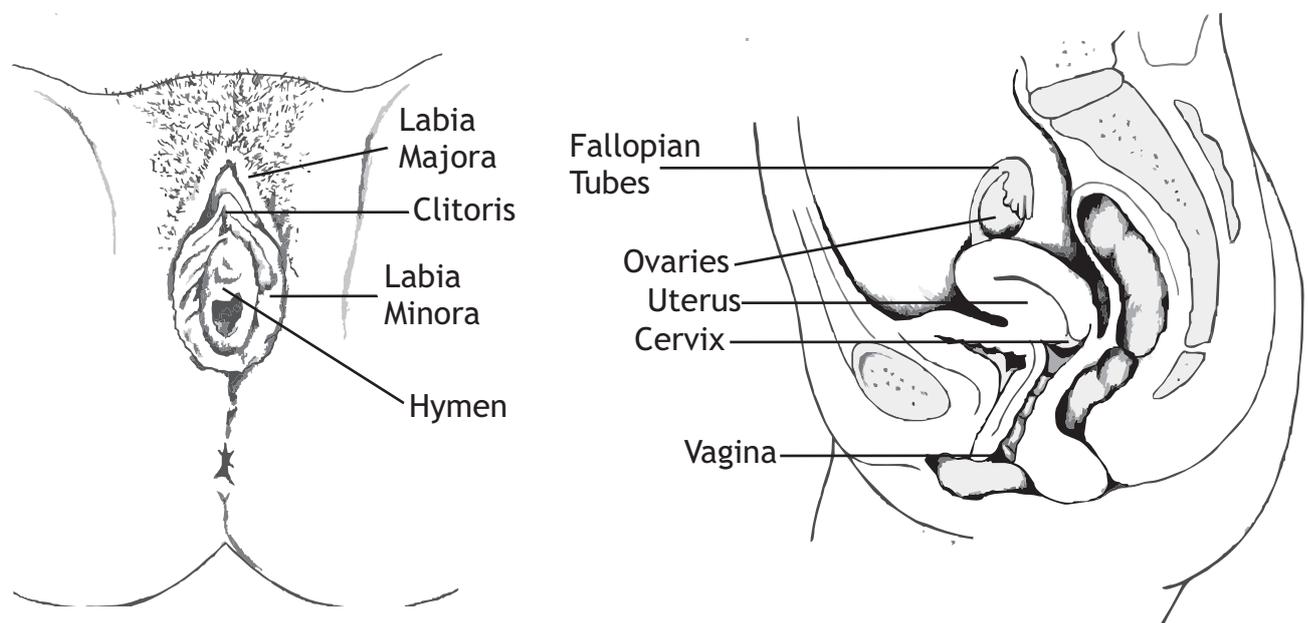
Cervix:	The mouth or opening into the uterus; protrudes into uppermost part of the vagina.
Clitoris:	A small organ located where the labia minora meet; one of the main points of sexual stimulation for the female.
Fallopian tubes:	Passageways for the egg from the ovaries to the uterus, place where fertilization occurs.
Fertilization:	The union of the sperm with the ovum that takes place in the fallopian tubes.
Hymen:	A membrane that stretched across and partially closes the vagina. Though it can tear during physical activity or sexual intercourse, in its intact state, it is closely associated with virginity. Different societies have many myths about the hymen.
Labia majora:	Two larger sets of folds on either side of the labia minora that provide protection to the clitoris, the urethral and vaginal openings.
Labia minora:	Two smaller sets of folds on either side of the vaginal opening.
Orgasm:	The peak of sexual sensation during self stimulation [masturbation] or sexual interaction with a sex partner. Orgasm can be reached without penetration.
Ovaries:	Two oval-shaped organs in the pelvic region. Produce female sex hormones, estrogen and progesterone; release of eggs starts at the time of puberty.

- Ovulation:** During ovulation, an ovary releases a mature egg which then is available for fertilization; occurs approximately 14 days before a menstrual period begins, but is frequently irregular in young girls. The first ovulation may or may not coincide with the first menstrual period; usually one egg is released every month.
- Ovum or egg:** Roughly the size of a pinhead. If the egg meets sperm, then conception occurs. If the egg is not fertilized i.e. does not encounter the sperm, then it dissolves and is discharged during menstruation.
- Pelvis:** The basin shaped bone structure provides support and protection to the internal reproductive and other organs.
- Uterus:** A pear shaped muscular organ located in the pelvic region; beginning at puberty, the lining sheds periodically [usually monthly] during menstruation; fertilized egg develops into baby here during pregnancy.
- Vagina:** Passageway extending from the uterus to the outside of the body; babies pass during delivery and menstrual fluid flows. Capable of expanding during intercourse and childbirth, it lubricates during sexual arousal.
- Vaginal opening:** Located between the urethral opening and the anus; Point of entry during sexual intercourse and point of outlet during menstruation and childbirth.

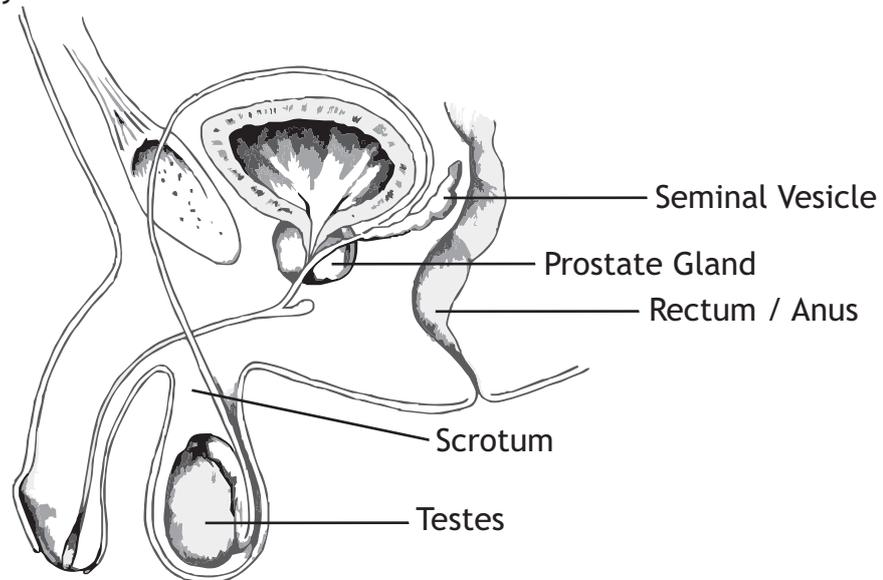
Illustrations of the Male and Female Reproductive System

[lifted from Access to Health Book by R. Donatelle; L. Davis; C. Hoover; 1988]

Female Reproductive Anatomy



Male Reproductive Anatomy

**Activity No. 12 - Talking confident about Sex and Reproductive Organs**

Terms like Ovum, Scrotum and Labia Minora may not be very effective in teaching children and young adults about sex and reproductive health. If we want to create open lines of communicate in the classroom we need to use words and terms that are more in tune with what children and young adults use when they talk about sex. Some of the words or terms might challenge our language sensitivities - But it is important that we familiarize ourselves with the vocabulary of children and young adults.

- The students should be divided into groups of four or five - the groups can be all male and female or mixed there are advanced and disadvantages for both. How the groups are composed should therefore be decided based on:
 - What would secure optimal participation from all the students
 - How the teacher would best develop courage and self confidence in talking openly about sex to others

The groups should find alternative expressions or terms for the lists of "Sex and Reproductive Organs for Boys and Girls" that would more accessible and understandable for children and young adults.

There are words or terms frequently used by children and young adults that are sexist or homophobic or rude - these should be used as examples in lessons on stigma and discrimination.

Other words or terms used by children and young adults should be incorporated into a Glossary to be used when talking about sex and reproductive health in schools..

Learning outcomes:

- Reduce the sensitivity often felt when talking about sex
- Help develop communication skills and vocabulary discussing sex and reproductive health with children and young adults

4.4.2 Sexual orientation:

The term describes the direction of a person's sexuality. The following terms are often used to describe sexual orientation;

Heterosexual [straight]: A male or a female who is sexually and emotionally attracted to another person of the opposite sex [gender].

Homosexual [gay and lesbian]: A male or female who is sexually and emotionally attracted to another person of the same sex [gender]. Male homosexual are also called gays, while female homosexuals are also called lesbians.

Bisexual [bi]: A male or female who is sexually and emotionally attracted to both sexes [genders].

Activity No. 13 - Community initiatives: Homosexuals

Homosexuals are being discriminated against in most countries. In some countries homosexual practices are punishable by law. In spite of the current climate of discrimination and persecution you may have both homosexual colleagues and pupils in your school.

Divide the students into groups of five to six. They should search for organizations and self help groups of gays and lesbians and invite these to small group discussions about how it is to grow up as a homosexual. Each of the student groups should write a report about their discussion.

The gay and lesbian activists involved should select the best and most effective report for possible publication in the university newsletter or in the Enabling Education Network - EENET Asia Newsletter or their web page. If any of the articles showed discriminatory attitudes by the students towards homosexuals people these should be addressed with the student group[s] concerned.

Remember Privacy and Confidentiality!

We do not have the right to 'out' [name, refer to by name or publish a photograph of] a gay, lesbian or a person of any other sexual orientation without their explicit [written] consent.

Learning outcomes:

- That homosexuals are not different from anyone else
- That if we are not homosexual ourselves, we will probably have a gay or lesbian relative, friend, colleague, neighbor or pupil
- Realize some of the barriers gays and lesbians experience in their daily lives

4.4.3 Sexual preference:

The term has a similar meaning to sexual orientation. It is often used by people who believe that sexuality is fluid and incorporates an element of choice. However, it is often used as a synonym for sexual orientation.

4.4.4 Sexual acts/practices:

Cultures and religions have different moral [and legal] points of views of the sexual acts described below - some are allowed while others are considered forbidden or taboo - many of these are considered to be gender bias [different/double standards for men and women]. Without approving or disapproving particular practices it is important that members of faculty of basic and higher education institutions, school administrators as well as students have knowledge about these and realize that all practices described below are common in our communities. Homosexual practices are recognized in the Philippines and discrimination based on sexual preference is prohibited.

Heterosexual Sex: Sex with a person of the opposite sex. Heterosexual sex can consist of kissing, mutual masturbation, oral and vaginal as well as anal intercourse. This often ends with the male partner discharging semen onto the female body [mouth, vagina or anus] and/or the female reaching orgasm - The highest risk of sexually transmitted infections, including HIV is when semen is discharged into the female's body without the protection of a condom.

Homosexual Sex: Sex with a person of the same sex [gender]. Homosexual sex can consist of kissing, mutual masturbation, oral and anal intercourse or vaginal play.

For male homosexuals this often ends with discharge of semen onto or into [mouth or anus] the partner's body - The highest risk of sexually transmitted infections, including HIV is when semen is discharged into the male's body [mouth or anus] without the protection of a condom. For female homosexuals this often ends with orgasm, however with much less risk of sexual transmitted infections than during heterosexual sex or male homosexual sex.

Vaginal Intercourse is when the erect penis of the male enters into the vagina of the female.

Anal Intercourse is when the erect penis enters into the anus of the male or female partner.

Oral Sex is when one person's genital or anus is in contact with the mouth of the other person.

Masturbation / Mutual Masturbation: Stimulation of the sexual organs / genitals of another person to achieve sexual pleasure - Most forms of masturbation / mutual masturbation are considered relatively safe.

Sexual Self Stimulation / Masturbation: Stimulation of the sexual organs / genitals of oneself [or another person] to achieve sexual pleasure. The use of the word masturbation usually suggests that the person is manipulating his or her own genitals [self stimulation] to the point of intense pleasure or orgasm.

According to experts, masturbation allows a healthy way to express and explore sexuality and to release sexual tension without all the associated risks of sexual intercourse:

- Masturbation or sexual self-stimulation can help relieve stress
- Reduce embarrassing spontaneous erections for teen males
- Reduce the number of wet dreams for young men

Phone Sex is sexually explicit conversations between two or more persons via telephone - especially when at least one of the participants masturbates or engages in sexual fantasies.

SMS and MMS Sex is increasingly common among young people. SMS and MMS are used to exchange nude pictures, porn videos, sexual/sex related jokes as well as to create contacts for [casual] sex dates.

Cyber Sex is sexually explicit chat - including the use of web cams [cameras] - between two or more persons via the internet [chat rooms] especially when at least one of the participants masturbates or engages in sexual fantasies / activities.

Touch: Stimulating sensual and sexual pleasure without intercourse, masturbation or oral sex. Touch also enhances sensuality by stimulating the release of endorphins, the body's mood-elevating chemicals. Caresses can reduce blood pressure and make people feel calmer and happier. The largest sexual 'organ' of a human being is the skin.

Female erogenous zones - areas that are sensitive to sensual and sexual stimulation - are [in addition to the genital areas] among others: Neck, ears, lips, scalp, breast, fingers, toes, buttocks, lower back, back of the knees, inside the arms and perineum [area between the anus and the vagina].

Male erogenous zones are [in addition to the genital areas] among others: Neck, ears, lips, scalp, chest, inner thighs, buttocks, perineum [area between the anus and the scrotum], scrotum and anus.

4.4.5 Sexual behavior / practices

Monogamy/Monogamous Sexual Behavior is the custom or condition of having only one mate during a period of time. The word monogamy comes from the Greek word "monos", which means one or alone, and the Greek word "gamos", which means marriage or union. It literally means being married to or in a committed partnership with one person - we usually apply the term monogamy to both married and unmarried heterosexual and homosexual couples where no other sex partners are involved.

Polygamy/Polygamous Sexual Behavior is the custom in some religions and cultures for men to have more than one wife within a mutually faithful relationship. We only apply the term polygamy to married or committed heterosexual couples [one husband and multiple wives] where no other sex partners are involved.

Polyandry/Polyandrous Sexual Behavior is the custom in some cultures for women to have more than one husband within a mutually faithful relationship. We only apply the term polyandry to married or committed heterosexual couples [one wife and multiple husbands] where no other sex partners are involved.

Promiscuity/Promiscuous Sexual Behavior: Having many sex partners. It refers to sexual contacts with multiple partners. Some people who are sexually promiscuous may actually be quite selective in their choice of sexual partners, while others are indiscriminate and casual in their choice of partners. Sexual promiscuity carries with it a higher risk of contracting sexually transmitted infections including HIV. Promiscuity is generally discouraged by most modern day religions.

Abstinence: Most people are sexually abstinent for parts of their adult lives - in their youth from sexual maturity to their sexual debut [through self stimulation / masturbation or with a partner], during physical and emotionally stressful parts of life [often work or relationship related], if people live in a in a non-sexual marriage or relationship, after a divorce, during separation, due to lack of suitable sexual partner or the death of a spouse or partner. Some choose to be abstinent their entire adult lives. This does not mean that people who are sexually abstinent do not have sexual desires - they merely choose to be sexually inactive. The fact that a person does not have a sex partner does not mean that s/he is abstinent.

Celibacy: A vow of celibacy is a promise not to enter into marriage and not to engage in sexual activities [including self stimulation / masturbation] or intercourse - often related to a faith based commitment. Celibacy is common in the Catholic Church as well as in monastic orders of other religions.

Men having Sex with Men [MSM] are sexually active homosexuals, bisexual men who are sexually active with other men as well as heterosexual men who have sex with other men often due to a strict separation of genders. This can be due to culture, tradition and religion or due to being physically isolated from female sex partners over longer periods of time [school, institution, work place, military service place, prison, etc.].

Sex workers: Females and males who sell or exchange sexual services. Some people choose to become sex workers while others are forced into the sex industry - it is therefore important to distinguish between these two groups. However, both groups deserve our respect and support according their individual needs and situations.

4.4.6 Sexual violence, harassment and abuse

Many children, adolescents and adults become victim of sexual violence and abuse - this can happen in homes, schools, special schools, boarding houses, on the way to/from school, at the work place and in other public areas. In addition to the physical injuries, sexual harassment, violence and abuse lead to mental trauma and in many cases to social marginalization and exclusion.

The abuse can also lead to the sexually transmitted infections, including HIV and to unwanted pregnancies. This can lead to additional persecution for 'becoming pregnant before marriage' or 'becoming pregnant with another man during marriage' even if it was the result of abuse or rape. For male rape victims [of a male rapist] admitting to the rape can lead to persecution for having 'engaged in same sex acts' even if it was forced.

In extreme cases the victims of abuse, harassment and rape, both female and male can be physically and/or legally punished [from beatings, whippings to incarceration and death] by vigilantes or a grossly unjust legal system.

4.4.7 Sexually Transmitted Infections [STIs]

All animals [even plants] that reproduce sexually develop sexually transmitted infections. They are very common among humans - up to 75 percent of sexually active women and men will have a sexually transmitted infection of some kind during their life. Unfortunately, many consider having sexually transmitted infections to be a moral issue. The stigma and shame people feel because of this may lead them to neglect taking good care of their sexual health.

People with sexually transmitted infections are at an increased risk for HIV infections - they dramatically increase the chances of transmission of HIV. People can protect themselves from HIV and other sexually transmitted infections with relevant knowledge, positive attitudes, rational decisions and responsible actions, provided there are enabling and supporting environments.

Myths versus Facts on Sexually Transmitted Infections:

Here are some of the most common misconceptions on STIs according to “Your Guide to Women’s Health” by Dr. Tracee Cornforth:

1st Myth: “I haven’t been exposed to sexually transmitted diseases because we haven’t gone all the way. We usually only kiss and touch each other - well we did have oral sex, but only once.”

Fact: There are three ways to transmit sexually transmitted infections. These ways are vaginal or anal intercourse and oral sex.

2nd Myth: “I’m protected from sexually transmitted diseases because I take the pill.”

Fact: This myth about sexually transmitted infections is probably one of the most common and dangerous misconceptions about STIs. While taking the pill decreases your risk of unplanned pregnancy drastically, when taken as directed, oral contraceptives and other birth control methods never offer protection from sexually transmitted infections.

3rd Myth: “My boyfriend has herpes but we never have sex when he has outbreaks of herpes and sores or blisters are visible. We are always careful, so I’m sure I won’t get infected with the herpes virus.”

Fact: Just because visible signs of genital herpes aren’t clearly present when you engage in sex with someone infected with herpes doesn’t mean the virus is not present and in the earliest stage of herpes outbreak. In fact, genital herpes is transmittable for several days prior to the appearance of herpes sores or blisters. While using condoms does offer almost certain protection against most STDs, the herpes virus is often present on areas of the male or female genitalia not covered by a condom, which increases your risk of getting genital herpes through skin-to-skin contact. If your partner has a history of herpes outbreaks, take care of yourself and be sure your partner is seeing a physician regularly and taking any prescribed medications. Also, make sure that s/he learns to become more aware of their body and the symptoms that often occur at the onset of each herpes outbreak.

4th Myth: “I had a sexually transmitted disease and took most of the medicine the doctor gave me, so I didn’t go back for my follow up appointment because my prescription got rid of the STI.”

Fact: The number one rule for anyone diagnosed with any type of sexually transmitted infection to take all your medication as prescribed, as well as to follow all other instructions [including follow up appointments] as directed by your health care professional. Not finishing all of your medication, exactly as prescribed, may result in the STI still being present - regardless of whether or not you have any signs or symptoms. The only way to know if the sexually transmitted infection is no longer present is to follow-up with your doctor for retesting and examination. Previously diagnosed STI patients should also be sure to always use condoms to protect themselves from, potentially fatal, sexually transmitted infections.

5th Myth: “I don’t have any of the signs or symptoms of sexually transmitted infections, so I can’t be infected.”

Fact: It isn’t uncommon for women, in particular, to have a STI without experiencing any of the common signs or symptoms. The symptoms of sexually transmitted diseases are often confused with other conditions, which results in a misdiagnosis, and delay in proper treatment.

Common sexually transmitted infections [STIs] and their symptoms:

Causative Agent: Bacteria

- | | |
|-------------------|--|
| Chancroid | <ul style="list-style-type: none"> - Ulcers - painful, multiple, soft - Painful swelling of lymph nodes [one side] <p>[curable bacterial infection]</p> |
| Chlamydia | <ul style="list-style-type: none"> - Abnormal discharge from the penis/vagina - Infertility - Bleeding/pain during intercourse - Pain while urinating <p>[curable bacterial infection]</p> |
| Gonorrhoea | <ul style="list-style-type: none"> - Thick yellow discharge from penis/vagina - Pain in urination and or during sex <p>[curable bacterial infection]</p> |
| Proctitis | <ul style="list-style-type: none"> - Itching/burning around anus - Pus/mucous discharge in stools - Mild/severe pain during bowel movement - Occasional diarrhoea or fever - 3 out of 10 men show no symptoms <p>[curable bacterial infection]</p> |
| Syphilis | <ul style="list-style-type: none"> - Hard, painless, clean, ulcer/lesion on the penis/vaginal area, inside rectum or mouth - Persistent fever and sore throat - Patches of hair loss - Rashes on palms, soles, chest and back <p>[curable bacterial infection]</p> |

- Urethritis**
- Mild/sever pain while urinating
 - Pus/mucous discharge from penis/vagina
[curable bacterial infection]
- Causatice Agent: Virus**
- Genital warts**
- External warts around anus or penis/vagina
[curable viral infection]
- Hepatitis B/C**
- Severe infection shows:
- Loss of appetite
 - Nausea/vomiting
 - Fever
 - Joint pains
 - Jaundice symptoms
 - Dark urine
 - Pain in abdomen
- [partly curable viral infection - some physical damage will remain - vaccine available]
[is not exclusively sexually transmitted]
- Herpes Genitalis**
- Multiple ulcers and shallow erosions
 - Fever
 - Difficulty in urinating
[incurable but partly treatable]
- HIV**
- Damages immune system
[incurable but partly treatable]
More information about HIV are found in chapter 5
- Causatice Agent: Parasites**
- Crabs**
- Lice in the hairy parts of the body
 - Itching mainly at night
[treatable parasitic]
- Scabies**
- Itchy red spots or rash on wrists, ankles, hands, penis/vagina, chest and back
[treatable parasitic]

Chapter 5:

HIV and AIDS - Prevention, Control and Response

5.1 Introduction

Children, young adults and adults need to understand why and how HIV and AIDS can affect them. HIV and AIDS affect all levels of societies - anyone can be infected and/or affected by HIV and AIDS regardless of their age, gender, sexual orientation, abilities, disability, ethnic and religious background as well as social and economic status. It is also important to realize that we can protect ourselves against an HIV infection.

In this chapter we will therefore discuss the basic facts about HIV and AIDS, how it is transmitted, how it is not transmitted and what behavior may put people at risk for acquiring HIV. Some of these behaviors are unsafe sex - sex without using condoms - and sharing needles and/or syringes when injecting drugs. Poor management and testing of blood reserves for transfusions in hospitals and other health facilities has also led to massive infections in countries throughout the world.

We will also discuss how we can best educate our children and youth about HIV and AIDS since many children and young adults form their sex and drug habits during their years in school. "Schools are critical for preparing the young to live in a world with AIDS and for stopping the spread of HIV." [UNESCO, 2005, p. 5]

Education is therefore one of our main weapons in the fight against HIV and AIDS - "Education has a documented impact on the pandemic ... Schools can play an active role in mitigating the spread of the disease by providing reliable information..." [UNESCO, 2005a, p. 8]. Without an increased focus on HIV prevention education and response to HIV and AIDS in schools young adults will continue to get their information from friends, the internet, music, TV and pornographic literature and movies. These sources might at times offer interesting information but they are not always accurate - sometimes even opposite of what we know are the facts. Inaccurate information can help spread HIV and AIDS while accurate information will help stop and reverse the pandemic. *"Educators play an important role as a source of accurate information and skills, as adults with whom young adults can discuss issues, as role models and mentors, and as advocates for healthy school environments. The HIV epidemic makes this role more critical. Educators need to be equipped to cope with the impact of HIV and AIDS in the classroom, including managing larger classes of mixed ages, providing support to infected and affected learners, as well as delivering HIV education"* [UNESCO, 2006b, p. 12].

It is important for all children and young adults to understand that the only way to prevent HIV infection is to avoid behaviors that put you at risk of infection, such as experimenting with and using drugs, sharing needles and having unprotected sex. However, we must not forget that poor management of blood and poor [hygiene] practices - sterilization of equipment - in hospitals and other health facilities remain another major cause for new infections.

Education [formal and non-formal programs] is a crucial factor in preventing the spread of HIV, and, given the huge numbers of deaths that may be prevented, the importance of effective education cannot be overestimated - the question is when to start and how to do it most effectively.

5.2 What is HIV? What is AIDS?

5.2.1 HIV - Human Immunodeficiency Virus

Human means that it is transmitted from one human to another.

Immunodeficiency means that it breaks down the immune system, or makes it "deficient" as a result the body cannot fight against or protect itself from diseases.

Virus means that it is a microscopic organism that causes disease in the bodies of those infected.

The virus weakens our immune system, the body's natural defenses against disease-causing organisms. A person infected with HIV can still feel and look healthy for a long period of time. He or she can continue to carry on with their education, work and other daily activities. Like other viruses, HIV is very small - too small to be seen with an ordinary microscope. It may live in the human body for years and can be transmitted to others before any symptoms appear.

As the virus slowly affects the body's defense mechanisms, the body becomes unable to fight disease and infections. To reproduce or multiply, HIV must enter a body cell, which in this case is an immune cell. The virus interferes with the cells that protect us against infections. This way HIV leaves the body poorly protected against particular types of diseases - which these immune cells normally would be able to fight off easily. Infections that develop due to the weakening of the immune system through HIV are called "opportunistic infections" - some examples are respiratory [among others Tuberculosis], gastro-intestinal [among others Isosporiasis which causes diarrhea and consequent weight loss], skin infections [Herpes among others] as well as fungus infections.

People living with HIV may not exhibit symptoms for many years and can therefore infect others without knowing it.

A person living with HIV is also referred to as HIV-positive. HIV is the virus that causes AIDS. There is currently no vaccine against HIV and no cure against AIDS.

5.2.2 AIDS - Acquired Immune Deficiency Syndrome

Acquired means that it is not a hereditary disease but the result of contact with an external source - human to human infections.

Immune means that it affects the ability to fight against diseases through attaching the immune system - the body's natural defense system which provides protection from disease-causing organisms.

Deficiency means a loss in ability to fight against diseases due to the breakdown of the immune system. It describes the lack of response by the immune system to organisms that impair the body's ability to protect it self against diseases.

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

In other words: Acquired Immune Deficiency Syndrome = **AIDS**

AIDS is caused by HIV. The virus called HIV attacks and over time, destroys the body's immune system. A person is considered to have AIDS when the virus has done enough damage to the immune system to allow infections and other diseases to develop. These infections will make the person ill and will eventually lead to his or her death.

Several factors, among others such as nutrition, health status, physical and emotional exhaustion, drug use and as the availability of antiretroviral drugs will influence the development of AIDS in those who are infected with HIV.

At present, THERE IS NO VACCINE FOR HIV AND NO CURE FOR AIDS, although vaccine materials and several drugs are being tested.

5.2.3 How is HIV detected? How is HIV spread? How is HIV not spread?

- **Tests** [<http://www.avert.org/testing.htm>]

The first type of test is the HIV antibody test. This test shows whether a person has been infected with HIV, the virus that causes AIDS. The Rapid tests are often used as an initial test. The result is known within minutes. It is relatively inexpensive but also considered to be less reliable than many other tests available on the market. The ELISA Test [Enzyme-Linked Immunosorbent Assay] can be used as an initial test or to confirm the results of the Rapid test. If the result is positive [which indicates an HIV infection] it is important to confirm the test result immediately. Should the test be negative the test should be repeated to confirm the negative test result - this is often done after three months.

The second type of test is an antigen test. Antigens are the substances found on a foreign body or germ that trigger the production of antibodies in the body. The antigen on HIV that most commonly provokes an antibody response is the protein P24. Early in the infection, P24 is produced in excess and can be detected in the blood serum by a commercial test [although as HIV becomes fully established in the body it will fade to undetectable levels]. P24 antigen tests are sometimes used to screen donated blood, but they can also be used for testing for HIV in individuals, as they can detect HIV earlier than standard antibody tests.

The third type of test is a PCR Test [Polymerase Chain Reaction test]. The whole process of extracting genetic material and testing it with a PCR Test is referred to as Nucleic Acid-amplification Testing. PCR Tests detect the genetic material of HIV itself, and can identify HIV in the blood within two or three weeks of infection.

The standard HIV test looks for antibodies in a person's blood. When HIV enters a person's body, special proteins are produced. These are called antibodies - they are the body's response to an infection. If a person has antibodies to HIV in their blood, it means they are infected with HIV. The only exception might be an HIV negative baby born to a positive mother. Babies retain their mother's antibodies for up to 18 months, so may test positive on an HIV antibody test, even if they are actually HIV negative. This is why babies born to positive mothers may receive a PCR test after birth.

- **Window Period**

This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2 - 12 weeks. In rare instances it may be longer. It is important to remember that if a person is tested for an HIV infection it is the presence of antibodies that will determine if a person is infected [HIV positive] or not [HIV negative].

If an HIV test is taken during the "window" period it will be negative since antibodies are not yet present at a detectable level. However, the infected person may still transmit HIV to others during that period.

Most people will develop detectable antibodies by 30 days after infection with HIV and nearly everyone who is infected with HIV [99%] will have a sufficient number of

antibodies to be detected by 3 months after infection.

People taking the test are therefore advised, even if the result is negative, to return for follow-up in three months. They are also encouraged to avoid unsafe sex even if they are in a monogamous relationship during these three months to avoid any possible risk for infecting their partner.

- **Why take a test?**

Many people who take an HIV test have been worrying unnecessarily about their HIV status. To get a negative result [which means they are not infected with HIV] will put their mind at rest. Should the test result be positive [which means they are infected with HIV], there are many things that can be done to help them deal with the consequences an HIV infection will have on their health [physical and mental]. A doctor can help to keep an eye on their health. Many people who test positive stay healthy for several years. However, should they fall ill, there are many drugs [among others antiretroviral drugs] that can help to slow down the virus and maintain their immune system. They will also get access to medicines to prevent and treat some of the illnesses that people living with HIV may get. They will also have access to better information as well as to trials of new drugs and treatments.

- **How HIV is not spread**

HIV is not spread through everyday play, school, work and social activities. It is not spread through casual contact with persons, or through air or water. It is also not spread by being around and making friends with a person who is HIV positive.

You can not get HIV by:

- Shaking hands
- Hugging
- Drinking from the same fountain
- Being a friend
- Playing together
- Learning together and going to the same school

“Although researchers have found HIV in the saliva of infected people, there is no evidence that the virus is spread by contact with saliva. Laboratory studies reveal that saliva has natural properties that limit the power of HIV to infect, and the amount of virus in saliva appears to be very low. Research studies of people infected with HIV have found no evidence that the virus is spread to others through saliva by kissing. The lining of the mouth, however, can be infected by HIV, and instances of HIV transmission through oral intercourse have been reported.”

[US National Institute of Allergy and Infectious Diseases / 2005]

Studies of families of people living with HIV have shown that HIV is not spread through casual contact such as the sharing of food utensils, towels and bedding, swimming pools, telephones or toilets.

HIV is not spread through mosquito bites

Probably the most common question about HIV is whether the virus spreads through mosquitoes or other blood-sucking insects. Fortunately, the answer is NO.

Here is why:

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

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

- **How is HIV spread**

HIV is spread through:

- Unsafe sex - People get infected with HIV by having unprotected sexual intercourse - vaginal or anal sex without a condom. HIV may also be transmitted through unprotected oral sex or sharing sex toys with others.
- Sharing needles and/or syringes when injecting drugs. Many people get infected with HIV by using needles or syringes used by someone who is infected.
- Transfusion of infected blood Many people have been infected when blood supply has not been managed and tested properly by hospitals, other health institutions, blood banks and laboratories.
- Sharing instruments used on someone with HIV for ear-piercing, tattoos, circumcision and other medical procedures if these instruments have not been cleaned and sterilized properly before reuse.
- Mother to child infections - A baby born to a mother infected with HIV may become infected in the womb before birth, during birth and sometimes through breastfeeding.

If a person has a sexually transmitted infection such as Syphilis, Genital Herpes, Chlamydia, Gonorrhoea, or Bacterial Vaginosis appears, they may be more susceptible to getting HIV infection during sex with infected partners.

5.2.4 Treatment for HIV - Antiretroviral drugs

[<http://www.avert.org>]

Antiretroviral drugs are the main type of treatment for HIV. It is not a cure, but it can stop people from becoming ill for many years. The treatment consists of drugs that have to be taken every day for the rest of someone's life. HIV is a virus and when it is in a cell in the body it produces new copies of itself. With these new copies or replicates, HIV can infect other previously healthy cells. This way HIV spreads quickly through the billions of cells in the body. Antiretroviral treatment for HIV infection consists of drugs which work by slowing down but not stopping the replication of HIV in the body.

Antiretroviral drugs are a combination of different drugs. Drug combinations often cause side-effects. A side-effect is when a drug has different effects on the body than those that are intended. Some people only experience mild and easily manageable side-effects. But for others the side-effects are so severe that they have to consider alternative drugs or drug combinations.

Activity No. 14 - Causes for HIV infection

HIV spread differently in different communities much depending on traditional cultures, behaviors and practices.

Divide the students into groups of five to six. The groups should search for data and information related to HIV and AIDS as well as interview community initiatives by people living with and/or affected by HIV in their areas. The main topic for the interviews should be the main causes for HIV infections in their areas.

Each of the student groups should present their findings in class and discuss it with their student colleagues. Following their discussion they should invite officials from the government health and education authorities in their areas [districts and/or provinces] to a dialogue on their policies and initiatives regarding these matters.

This activity could be one in a series of activities in co-operation with community initiatives and HIV and AIDS activists - it can therefore be coordinated with some of the other activities involving people living with and/or affected by HIV.

Remember Privacy and Confidentiality!

We do not have the right to ask a person living with HIV how they were infected, about "moral" and religious issues or about life expectancy.

Learning outcomes:

- How HIV spreads in their areas
- Availability of antiretroviral drugs in their areas, is it available for free or at an affordable price?
- The response of the local government [municipal, district or provincial] to the real issues related to the spread of HIV and AIDS
-

Activity No. 15: Test - HIV and AIDS risk behaviour

This test is on high-, low and no risk behavior related to HIV and AIDS. For each of the behaviors and practices listed below, indicate level of risk associated with it by crossing out the right answer. The three risk levels are:

NR - No Risk LR - Low Risk HR - High Risk

1. Using public toilets and washroom	NR	LR	HR
2. Touching or comforting someone with HIV and AIDS	NR	LR	HR
3. Having unprotected intercourse without using a condom	NR	LR	HR
4. Kissing	NR	LR	HR
5. Sharing needles and syringes for intravenous drug use	NR	LR	HR
6. Swimming in a pool with a person living with HIV	NR	LR	HR
7. Sharing sterile needles for ear piercing and tattooing	NR	LR	HR
8. Going to school with a child living with HIV	NR	LR	HR
9. Being bitten by a mosquito	NR	LR	HR
10. Having casual sex using a condom properly	NR	LR	HR
11. Eating food prepared by a person living with HIV	NR	LR	HR
12. Having unprotected anal sex with a female or male	NR	LR	HR
13. Unprotected sex between mutually faithful uninfected partners	NR	LR	HR
14. Mutual masturbation without using a condom	NR	LR	HR
15. Living with a person living with HIV	NR	LR	HR

The correct answers would be:

1 = NR	4 = LR	7 = NR	10 = LR	13 = NR
2 = NR	5 = HR	8 = NR	11 = NR	14 = LR
3 = HR	6 = NR	9 = NR	12 = HR	15 = NR

5.3 How to Include HIV and AIDS Related Issues in Different Subject Matters

HIV and AIDS should be included in most subject matters in primary, secondary or tertiary education. How to include HIV and AIDS related issues in different subject matters will vary according to the education, health, social conditions as well as HIV and AIDS prevalence in schools and communities. It is important to consider at what age it will be natural to start talking about HIV and AIDS in school and what language and concepts will be suitable for different age groups.

"... The inclusive and child friendly approach makes the integration of HIV prevention and AIDS response in different subject matters more effective. Including facts, concepts, problems and other relevant issues facing students, schools and communities in connection with HIV and AIDS into the new Curriculum is part of a wider national strategy to reduce the risks of HIV infections among students in schools ...

How to Integrate Issues Related to HIV and AIDS into the Curriculum?

1. Search for facts, concepts and other information on AIDS, HIV and other sexually transmitted infections [STIs] especially focusing on:
 - The connection between drugs and other forms of substance abuse with HIV and AIDS.
 - The impact of drug abuse and HIV and AIDS on the life of the children and young adults who are infected or affected.
 2. Select the content related to drugs, HIV prevention and AIDS response that can be integrated into regular lessons in different subject matters.
 3. Set the objective of teaching according to the target for each subject matter without reducing the content and message on HIV prevention and AIDS response.
 4. Adjust the content to the abilities, age and maturity of the students.
 5. Develop interesting teaching and learning activities without reducing the target for the subject matter as well as content and message on HIV prevention and AIDS response.”
- [A. Fachrany, N. Indrastuti, 2006]

Here are some ideas and suggestions for a number of subject matters:

- **First and/or national language education**
 - HIV and AIDS-related issues as topics for essays and other forms of creative writing.
 - Story telling.
 - In the book lists for students [books they must or should read during their classes] books, stories and essays on HIV and AIDS related issues could be included.
 - Drama - School theatre plays can deal with HIV and AIDS, drugs and social exclusion together with other challenging issues facing children and youth in our communities.
- **English language education**
 - If the children have access to computers with internet connection HIV and AIDS can be included in English language education as many materials are available in English only.
 - Writing essays about HIV and AIDS related issues.
 - Writing slogans related to drug prevention, safer sex and non-discrimination of children and young adults living with HIV.
 - Reading books, essays or stories about HIV and AIDS related issues.
 - If English language films are part of language education programs, which it should - films like Philadelphia could be shown on video or DVD in the classroom and linked to social studies, history and even geography.
- **Second language education [other than English]**
 - Writing essays about HIV and AIDS related issues.
 - Reading books, essays or stories about HIV and AIDS related issues.
 - Search the internet for information on HIV and AIDS related issues.
- **Social studies**
 - The effect increased mobility of people in our modern society and how this contributes to the spread of HIV.
 - Visits to hospitals, police stations and community initiatives should be part of the social studies programs for all children. These visits should also incorporate issues related to HIV and AIDS, drugs and sexuality.
 - If the schools are unable to facilitate field visits, police, medical doctors, nurses, social workers, drug counselors as well as HIV and AIDS activists should be invited to talk about their work and experiences in schools many of these institutions already have outreach programs.

- It is important that the children prepare for these sessions for example by the teacher talking about the subject and the learner doing “project works” on HIV and AIDS related

Activity No. 16: Subject integration

The students should be divided into smaller groups. Each of group should prepare separate or combined lessons plans for the three topics listed below for a small series of lessons:

- How to integrate Drug Prevention Education into a subject matter - This must be directly linked to the curriculum for primary schools.
- How to integrate HIV Prevention Education into a subject matter - This must be directly linked to the curriculum for primary schools.
- How to integrate Reproductive Health and Sex Education into a subject matter - This must be directly linked to the curriculum for primary and/or lower secondary schools.

The lessons plans should be presented in class - 10 to 15 minutes for each group followed by a discussion. Practicing teachers for the age groups concerned should ideally be present during the presentations and evaluate how relevant and practical the lesson plans are. The best lesson plans could be published on an interactive UNESCO/EENET Asia/IDP Norway web page on good teacher education practices on HIV and AIDS www.idp-europe.org/hiv-aids-eduwiki/en.n.

Learning outcome:

How Drug Prevention Education, HIV Prevention Education and Reproductive Health and Sex Education can be integrated into different subject matter

- about the safety of their children have someone to talk to and discuss this with.
- 7) **HIV positive Children** - Make sure that these and their parents are given all the support, guidance and information they need to minimize the affect of HIV on the children's academic, emotional, social and physical development.
 - 8) **HIV Prevention and Response Education** - Include issues related to HIV and AIDS into different subject matters. Make sure that all children learn how to protect themselves and others for HIV and AIDS before they reach the age where they start experimenting with sex and drugs - it should therefore start no later than in the second half of primary school and continued throughout lower and upper secondary school.
 - 9) **Universal Precautions** - The skin protects us from most infectious agents, including HIV. Simple first-aid and routine cleaning suffice when treating a person with HIV or AIDS. We should always use a barrier such as a clean cloth, gauze, plastic wrap and latex gloves between you and someone else's blood, whether you know this person is infected or not. This is called "universal precaution", when treating someone who is infected with HIV. Always wash your hands with soap and water after giving first-aid and always wear gloves.

Most of the same steps could be followed if you have children affected by HIV in your schools and classrooms.

HIV Prevention and AIDS Response
Post-Program HIV and AIDS Questionnaire

Part I - Facts

Please put an X on the letter of your answer after each number

A = Agree

D = Disagree

N = Not sure

Example:

0. AIDS means acquired immune deficiency syndrome

A	D	N
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1	HIV means human immune deficiency virus.	A	D	N
2	Sharing of needles and syringes among intravenous drug users is a risk factor for HIV.	A	D	N
3	A person can be infected with HIV through transfusion of unscreened blood.	A	D	N
4	An HIV infected [positive] person should be separated from their family to prevent HIV infection to other family members.	A	D	N
5	Sex with multiple partners can be a risk factor for HIV.	A	D	N
6	HIV weakens the body's natural defence against infections.	A	D	N
7	It's possible to get infected with HIV by drinking from the same fountain or eating from the same plate as a HIV positive person.	A	D	N
8	If you are strong and healthy, you can not get infected with HIV.	A	D	N
9	If you have tested negative for HIV once, you can never be infected with HIV.	A	D	N
10	HIV is spread by mosquito and other insect bites.	A	D	N
11	A person with HIV looks sick and weak.	A	D	N
12	At present, there is no cure for an HIV infection.	A	D	N
13	Young adults are not at risk of getting infected with HIV.	A	D	N
14	HIV is preventable.	A	D	N
15	HIV and AIDS is the same.	A	D	N
16	HIV can be passed from mother to fetus via the placenta.	A	D	N
17	Drug addiction contributes to a person's vulnerability to HIV infections.	A	D	N
18	Responsible sexual behaviour is one way to stop the spread of HIV infections.	A	D	N
19	"Window" period is when the body shows no signs of the HIV infection.	A	D	N
20	Drug abuse may contribute to an HIV infection developing into AIDS faster than it otherwise would.	A	D	N
21	Many doctors and nurses caring for AIDS patients eventually get infected.	A	D	N
22	One can get infected with HIV by hugging or shaking the hands of the HIV positive person.	A	D	N
23	Consistent use of condoms is one of the best way of preventing HIV infections.	A	D	N
24	HIV is not spread through oral sex.	A	D	N

Correct answers for Part I would be:

1 = A	7 = D	13 = D	19 = D
2 = A	8 = D	14 = A	20 = A
3 = A	9 = D	15 = D	21 = D
4 = D	10 = D	16 = A	22 = D
5 = A	11 = D	17 = A	23 = A
6 = A	12 = A	18 = A	24 = D

HIV Prevention and AIDS Response
Post-Program HIV and AIDS Questionnaire

Part II - Attitudes

Please put an X on the number of your correct answer using the following continuum:

A = Agree D = Disagree

1	Education on HIV prevention should not be given in a school setting.	A	D
2	We should stay away from homosexuals because they are all HIV positive.	A	D
3	Persons diagnosed with HIV cannot live a normal life.	A	D
4	We should have empathy for persons with AIDS .	A	D
5	We should NOT allow HIV positive students to go to our schools.	A	D
6	Persons living with HIV should not be allowed to continue working in their jobs.	A	D
7	Persons living with HIV should have the right to remain anonymous should they choose to.	A	D
8	The government should not be burdened by caring for AIDS patients - Their families should care for them.	A	D
9	We should support activities for the benefit of persons with AIDS.	A	D
10	Members of the police and armed forces who are infected with HIV should not be allowed to continue in their position.	A	D
11	We want for the government to provide free medication to lessen the effect of the HIV infection [anti-retroviral drugs] to those who are HIV positive even if they are expensive.	A	D
12	If the parents of a child has AIDS the child should be expelled from school.	A	D
13	We should discuss HIV prevention and AIDS response with our families and friends.	A	D
14	Persons with AIDS should not be allowed to attend public gatherings.	A	D
15	We should help care for a HIV positive family member.	A	D
16	Government funds should be used for the treatment and care of AIDS patients in the Philippines.	A	D
17	Our communities are affected by problems related to HIV and AIDS.	A	D
18	Health authorities should distribute needles and syringes for free to intravenous drug users [needles and syringes exchange program] to prevent HIV infections.	A	D
19	HIV positive persons should be protected by law against discrimination in schools and at the workplace.	A	D
20	We can predict the trends of HIV and AIDS epidemic in the coming years.	A	D
21	We should not shake hands or hug people who care for persons with AIDS.	A	D
22	The government should encourage people to use condoms to prevent people from having unsafe sex.	A	D
23	HIV positive teachers should not be allowed to teach children anymore.	A	D
24	We should not discriminate against students because of their HIV status.	A	D
25	We will not allow our children to play with HIV positive children.	A	D
26	Persons with HIV should be encouraged to serve as peer educators for HIV prevention and AIDS response programs.	A	D
27	The government should not spend our tax money on information campaigns on drugs, safer sex and HIV and AIDS.	A	D
28	HIV positive children should be isolated to prevent spread of the virus.	A	D

According to the Convention on the Rights of the Child [CRC] the correct answers - showing a positive and non-discriminatory attitude for Part II - would be:

1 = D	8 = D	15 = A	22 = A
2 = D	9 = A	16 = A	23 = D
3 = D	10 = D	17 = A	24 = A
4 = A	11 = A	18 = A	25 = D
5 = D	12 = D	19 = A	26 = A
6 = D	13 = A	20 = A	27 = D
7 = A	14 = D	21 = D	28 = D

Attachments: Idea for Lesson Plan

Human Immunodeficiency Virus Acquired Immune Deficiency Syndrome [AIDS]

From the Philippine Adaptation Team

Objectives:

- Define each word in the acronym HIV and AIDS
- Enumerate different ways by HIV and AIDS can be transmitted and the different ways of preventing it
- Recognize the different needs of HIV and AIDS patients: physical, psychological, emotional and spiritual

Materials:

- UNESCO Teacher Education Manual on HIV & AIDS Prevention & Response - Philippine Version, Chapter 4
- Power Point Presentation / Chart / Chalkboard, chalk, Film Viewing on Issues like unplanned pregnancies

Lesson Proper

I. Motivation

- Show a short film or pictures on issues like unplanned pregnancies, youth engaged in irresponsible sexual behavior, youth being infected with HIV. Ask them how this happened? And make them aware that in reality things like these may happen when young adults do not act responsible. Discuss with the students how young adults can learn to act responsible and make informed decisions about drugs and sexuality.

II. Presentation

- A. Activity No. 9 and 10 - Changes during puberty
- B. Discussion:
 - What is puberty?
 - What is adolescence?
 - What are the changes that occur to you physically, emotionally/psychologically and socially? [Show in a power point presentation Data on these changes]
 - Why do these changes happen?
- C. Valuing:
 - Now that you know these changes are normal, how would you treat yourself and others?
- D. Changes like those being discussed happen for a purpose. How would you act responsibly as you undergo these changes? Why is there a need to act that way?
- E. Generalization:
 - Changes in physical, emotional / psychological and social happen in adolescents which are normal but we should be responsible for our actions - so that we can avoid problems like unplanned pregnancies, sexually transmitted infections [STIs] or even HIV which is incurable and deadly.

III. Assignment:

- Research on the following:
- Reproductive organs & their functions
 - Heterosexuality, homosexuality and bisexuality

Attachments: Idea for Lesson Plan

Human Immunodeficiency Virus Acquired Immune Deficiency Syndrome

From the Philippine Adaptation Team

Objectives:

- Understand what HIV and AIDS is
- Understand how HIV is transmitted

Subject Matter:

- HIV and AIDS

Materials:

- The Manual [only to be used by the teacher]
- Picture material
- Articles about HIV and AIDS

Lesson Proper

I. Motivation - using a K-W-L chart [Know, Want to Know and Learn] - What is HIV? What is AIDS?

What do you know?	What do you want to know?	What did you learn?
<ul style="list-style-type: none"> ▪ HIV is an infection 	<ul style="list-style-type: none"> ▪ How HIV transmitted? ▪ How can we prevent and control the spread of HIV ▪ Is there a vaccine for this kind of disease 	<ul style="list-style-type: none"> ▪ From one human to another ▪ Be careful all the time ▪ At present there is no vaccine for HIV ▪ There is no cure for AIDS

II. Presentation

Picture material - It could be of a person who has AIDS [please note that it is important that the dignity of the person photographed is protected at all times]

Observe the picture and then describe.

- What can you see in the picture?
- What can you say about the picture?

III. Discussion:

HIV - means Human Immunodeficiency Virus.

Human means that it is transmitted from one human to another.

Immunodeficiency means that it breaks down the immune system of those infected or makes it “deficient” as a result the body cannot fight against or protect itself from diseases.

Virus means that it is a microscopic organism that weakens the immune system in the bodies of those who are infected - they will become much more susceptible to infections that they otherwise would [if they were HIV negative].

Why do we need to study HIV/AIDS? The children will give their opinion.

What is HIV?

- This kind of virus weakens our immune system, the body's natural defenses against causing organism.
- It is small too small to be seen with an ordinary microscope.
- It may live in the human body for years can be transmitted to others before any symptoms appear.
- As the virus slowly affects the body's disease fighting mechanisms [immune system], the body becomes unable to fight disease and infections.
- Infections that develop due to the weakening of the immune system through HIV are called "opportunistic infections" some examples are:
 - Respiratory [among others tuberculosis]
 - Gastro-intestinal [among others sopsociasis which causes diarrhea and consequent weight loss]
 - Skin infections [herpes among others as well as fungus infections]

People Living with HIV

- A person infected with HIV may not exhibit symptoms for many years and can therefore infect others without knowing it.
- A person living with HIV is also referred to as HIV positive.
- A person infected with HIV can still feel and look healthy for a long period of time.
- At your young age, do you think that you should know how HIV is spread and how it is not spread? [Children can share their ideas regarding the question]

How HIV spread through:

- Unsafe sex [with someone who is infected]
- Sharing needles and/or syringes when injecting drugs [if someone who is infected has used the same needles and/or syringes]
- Transfusion of infected blood
- Sharing instruments used on someone with HIV for ear piercing, tattoos, circumcision and other medical procedures
- Mother to child infections

How HIV is not spread

- Shaking hands
- Hugging
- Drinking from the same fountain
- Being a friend
- Playing together
- Learning together and going to the same school
- Sharing food utensils
- Mosquito bites

Treatment for HIV

- Antiretroviral drugs are the main type of treatment for HIV. It is not a cure but it can prevent people from becoming ill for many years. The treatment consists of drugs that have to be taken everyday for the rest of someone's life.

AIDS - Acquired Immune Deficiency Syndrome

AIDS is caused by HIV

At present there is NO VACCINE FOR HIV and NO CURE for AIDS, although vaccine materials and several drugs are being tested.

IV. Exercises

1. Write the meaning of the acronym word (on the board)

- | | |
|-----|-----|
| H - | A - |
| I - | I - |
| V - | D - |
| | S - |

2. Group the following activities. Put it on the correct chart if HIV can transmitted or not through:

- | | |
|----------------------------|-------------------------------|
| Shaking hands | Unsafe sex |
| Mosquito bites | Playing together |
| Sharing needles or syringe | Transfusion of infected blood |
| Sharing fool utensils | Mother to child infections |
| Being a friend | Hugging |

HIV can be transmitted	HIV cannot be transmitted

3. Generalization - What is HIV?

V. Evaluation/Formative Test

Choose the correct answer [word] from the box below:

- | | |
|---------|--|
| 1. | This kind of virus weakens our immune system. |
| 2. | It is caused by HIV. |
| 3. | What do you call to the infections that develop due to the weakening of the immune system through HIV? |
| 4. | A person living with HIV is also referred to this term. |
| 5. | This is the main type of medical treatment for HIV. |

Opportunistic HIV	infection AIDS	antiretroviral HIV-positive
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VI. Assignment

The children should do **Activity No. 15 - Test - HIV and AIDS risk behavior**

Note: The “What do you learn” in the K-W-L chart will put/write after the discussion.

Attachments: Idea for Lesson Plan

Human Immunodeficiency Virus Acquired Immune Deficiency Syndrome

From the Philippine Adaptation Team

Objectives:

- Define each word in the acronyms HIV and AIDS.
- Enumerate different ways HIV and AIDS can be transmitted and different ways of preventing and infection.
- Recognize the different needs of people living with HIV: physical, psychological, emotional and spiritual.

Value:

- Empathy and respect - Understanding the needs of people living with HIV and caring for those who have AIDS.

Subject Matter:

- Human Immunodeficiency Virus [HIV]
- Acquired Immune Deficiency Syndrome [AIDS]

References:

- Community Health Nursing Book
- Maternal and Child Health Nursing by Pilliteri

Procedure:

A. Preliminary Activities

1. Sharing Period

- What do you know about HIV or AIDS?
- If you're going to meet someone who is living with HIV [HIV positive] how would you react? What would you say? How would you show empathy and understanding?

2. Review

- How God had created us in His image
- How Jesus showed compassion to everyone he met

3. Motivation

- Share the stories of some of the brave people who have been open about their HIV status - telling the world that they are HIV positive: Dolzura Cortez, Sarah Jane Salazar and Archie [among others].

B. Presentation

1. Present the following ideas/terminologies:

- HIV is transmitted from one human to another
- Immune deficiency means it break down the immune system - which becomes deficient as a result - the body cannot fight against or protect itself from infections
- Virus microscopic organism that causes disease in the bodies of the infected person
- HIV is the virus that causes AIDS
- Acquired means it is not hereditary but the result of contact with an external source. Example: human to human infections
- Immune means that it affects the ability to fight against infections and diseases
- Deficiency means the lack of ability to fight against infections and diseases due to breakdown of the immune system
- Syndrome is a group of signs and symptoms

NOTE: AIDS is caused by HIV. The virus attacks and over the time destroys the body's immune system. There is no vaccine for HIV and no cure for AIDS.

2. Discuss the different ways HIV can be transmitted from one person to another:
 - Sharing needles and/or syringes among injecting drug users [IDUs].
 - Having unprotected sex.
 - Poor management of blood products [for blood transfusion].
 - Poor hygiene practices in hospitals and other health facilities - no proper sterilization of equipment.
 - Sharing equipment for tattooing, piercing, etc. without proper sterilization.
 - Mother to child [during pregnancy or birth].

3. Instill in the student's mind that quality formal and non-formal education about HIV transmission is crucial in preventing a further spread of the HIV epidemic.

4. Impact to the students the most important part of the discussion:
 - All people living with HIV need our empathy and understanding [regardless of how they were infected] - it can happen to us all as well as to our friends and our families.
 - People living with HIV should be encouraged and be supported in being open about their HIV status.
 - People living with HIV should be included in all activities in and out of school [non-discrimination].

5. Generalization
 - After the discussion - How are you now going to deal with a person living with HIV?
 - Should a person living with HIV be ashamed of his/her status?
 - Should a person living with HIV be discriminated against because of his/her status? [Comment: It is important to continue to create awareness among the students about HIV and that people living with HIV should not be ashamed of their HIV status and that they deserve empathy, respect and protection from discrimination, marginalization and exclusion]

C. Application

- Guided Exercise: Work in groups. Each group should formulate slogans against the discrimination of people living with HIV and if possible make posters and/or flyers.

Evaluation

Answer the following questions:

- What causes AIDS?
- Give at least 3 ways by which HIV can be transmitted.
- What is the most important way of combating HIV and AIDS?
- Can HIV be transmitted through a handshake? Why, or why not?
- As an ordinary citizen of our country, how can you help people who are living with HIV?

Assignment

- Interview at least 5 people in your neighborhood using the above question and compare it with your answers to know if they understand what HIV and AIDS is all about.

Attachments: Idea for Lesson Plan

Reproductive Health & Human Sexuality

Grade 5

From the Philippine Adaptation Team

Objectives: After the 40 minutes lesson, learners should be able to:

- Gain deeper insights and understanding on the changes that take place during puberty stage
- Show appreciation of one's gift of sexuality by respecting others sexuality (gender) and accepting the changes that occur to them & on others
- To act responsibly as they undergo changes in their puberty & adolescence stage

Materials:

- UNESCO Teacher Education Manual on HIV & AIDS Prevention & Response - Philippine Version, Chapter 4
- Power Point Presentation / Chart / Chalkboard, chalk, Film Viewing on Issues like unplanned pregnancies

Lesson Proper

I. Motivation

- Show a short film or pictures on issues like unplanned pregnancies, youth engaged in irresponsible sexual behavior, youth being infected with HIV. Ask them how this happened? And make them aware that in reality things like these may happen when young adults do not act responsible. Discuss with the students or learners how young adults can learn to act responsible and make informed decisions about drugs and sexuality.

II. Presentation

A. Activity No. 9 and 10 - Changes during puberty

B. Discussion:

- What is puberty?
- What is adolescence?
- What are the changes that occur to you physically, emotionally/psychologically and socially? [Show in a power point presentation Data on these changes]
- Why do these changes happen?

C. Valuing:

- Now that you know these changes are normal, how would you treat yourself and others?

D. Changes like those being discussed happen for a purpose. How would you act responsibly as you undergo these changes? Why is there a need to act that way?

E. Generalization:

- Changes in physical, emotional / psychological and social happen in adolescents which are normal but we should be responsible for our actions - so that we can avoid problems like unplanned pregnancies, sexually transmitted infections [STIs] or even HIV which is incurable and deadly.

III. Assignment:

Research on the following:

- Reproductive organs & their functions
- Heterosexuality, homosexuality and bisexuality

Attachments: Idea for Lesson Plan

A Faith Based Approach to Reproductive Health and Human Sexuality - Secondary Level

From the Philippine Adaptation Team
Thanks to the Concordia College and Ms. Josefina Llamas
[Adapted from their lesson plans]

Objectives:

- At the end of these lessons, the students shall have developed a deep knowledge for and the desire to maintain reproductive health and to practice the values that enhance their sexuality.
- At the end of lesson one and two, the students would have a thorough knowledge of their personalities. They would appreciate and thank the Lord for the gender/sexuality bestowed upon them.
- At the end of lesson three, the students would:
 - Realize the sanctity of sexual intercourse.
 - Realize that it takes three [3] to procreate children: father, mother and God.
- At the end of lesson four and five, the students would:
 - Realize the need to be responsible in terms of sexuality, and
 - Be understanding of people who have different sexual behaviors / standards than those promoted in these lessons
- At the end of lesson six, the students would:
 - Appreciate how much theology and philosophy safeguard happiness in terms of sexuality and relationship and in the development of responsible sexual behavior.

Introduction / Motivation

The Need to Learn about Reproductive Health and Human Sexuality

The Nature of Man/Woman

1. A physical being
 - a. The reproductive system is a part of a persons [man/woman] body or anatomy.
 - b. The body of man/woman is the Temple of the Holy Spirit.
2. An intellectual being
 - a. Man/woman must know him/herself.
 - b. Difference between ignorance and innocence - between absence of knowledge and absence of evil.
 - c. Social ills, such as unwanted pregnancies, are the results of ignorance
3. A social being
 - a. Man/Women must know him/herself
 - b. Difference between ignorance and innocence and between the absence of knowledge and absence of evil.
 - c. Unplanned pregnancies and social ills are the results of ignorance.
 - d. Positive emotional bonds and relationships is what makes life meaningful and beautiful.
 - e. Knowledge of human sexuality is a large contributory variable to the development of positive and meaningful human relationships.
4. A spiritual being
 - a. Life is sacred.
 - b. Compassion as well as personal moral and integrity is necessary for relationships to prosper.

Lesson Proper / Procedure**Lesson One** [Chapter 4.2.1 in UNESCO Teacher Education Manual for HIV and AID Prevention and Response] - **Gender Difference**

1. Data gathering from gender groups in the classroom. Topic: Changes in the anatomies of boy's and the girl's during puberty.
2. PowerPoint presentation - Tables given in Chapter 4 [pages 44-45]
 - a. Changes in the anatomy of the Filipino boy.
 - b. Changes in the anatomy of the Filipino girl.
3. Evaluation / Outputs
 - a. Quiz or reflection paper
 - b. Activity No. 10 [page 46]

Lesson Two [Chapter 4.2.2 and 4.2.3] - **Emotional and Psychological Changes**

1. Group discussion or invitation of a speaker to an open forum.
2. Reflection papers from students.
3. Teacher's evaluation or commentaries on the student's reflections.

Lesson Three [Chapter 4.3 and 4.4] - **The Development of Sexuality in Men/Boys and Women/Girls**

1. The teacher explains the involvement of all the aspects in man/woman related to sexual intercourse. Before the becoming sexually active, the following must be considered:

Factors	Organs	Aspects	Questions-Answer
Sex Drive	Sex organs	Physical	Should I? NO!
Love/Desire	Heart	Emotional	Not yet. If
Knowledge	Mind	Intellectual	Not yet. If
Moral Values	Soul	Spiritual	If married, YES!

2. The teacher focuses on:
 - a. Desire for sex must be subject to love, which must be controlled by the mind. The mind knows what the soul [what one believes] dictates.
 - b. God designed the anatomy of man and woman in such a way that the sex organ is located under the heart, which in turn is located under the mind or intellect. Note: "Heart" or "Corazon" means con razon or with reason.
 - c. Being sexually active only on a physical level [without love and reason] is not rational - it is destructive for the development of sound male and female characteristics.

Lesson Four [Chapters 4.3.1 & 4.3.2 and 4.4.4] - Sexual Intercourse and Its Consequences

1. Responsible Sexual behavior / ideal preconditions for sexual intercourse:
 - a. Legal contract and/or marriage.
 - b. Knowledge/understanding of the consequences of becoming sexually active.
 - c. Ready/prepared for parenthood.
 - d. Awareness of the need children have for loving and caring parents [male and female].
 - e. God's plan for the family.
2. Irresponsible Sexual Behavior:
 - a. Premarital sex.
 - b. Extra marital sex.
 - c. Little or no knowledge/understanding of the consequences of premarital and extra marital sex.
 - d. Dominant unfavorable consequences:
 - Sexually transmitted infections [STIs]
 - Unplanned pregnancies - becoming a parent before being emotionally, socially and economically ready to handle the responsibility of being a mother or father.
 - Denying children their right to parents who are prepared and ready to fulfill the needs and right all children have to love, care and protection.
 - Emotional anguish and trauma.
3. Activity no. 11 [page 50]

Lesson Five [Chapter 4.4.5] - Sexual Behavior / Practices

1. Recommended Behavior/practices:
 - a. Monogamy
 - b. Abstinence
 - c. Celibacy
2. Other behavior/practices:
 - a. Polygamy
 - b. Polyandry
 - c. Promiscuity
 - d. Men having sex with men [MSM]
 - e. Commercial sex work
3. Outputs: Activity No. 13 [page]

Lesson Six - Recapitulation

1. Church pronouncements on sexual behavior
2. Ethics or moral philosophy on sexual behavior

References:

- UNESCO Teacher Education Manual on HIV and AIDS Prevention and Response - Philippine Version
- Bible
- Encyclical on Populorum Progresso

Reference List

Fachrani, A., Indrastuti, Noor [2006]. Integration of HIV and AIDS into the Curriculum on District Education Unit and School Level. In: EENET Asia Newsletter [2006]. Third Issue - November 2006. <http://www.idp-europe.org/eenet>

International Symposium on Inclusion and the Removal of Barriers to Learning, Participation and Development [2005]. Recommendations. http://www.idp-europe.org/symposium/Symposium_Recommendations.pdf

Nugraha, Samuel [2006]. Fighting the Stigma and Discrimination against People infected or Affected by HIV and AIDS. In: EENET Asia Newsletter [2006]. Symposium Issue - April 2006. Page 23. Page 27. <http://www.idp-europe.org/eenet>

Patrick, Charles H. [1952] Alcohol, Culture, and Society. Durham: Duke University Press. Reprint edition by AMS Press, New York, 1970.

SEAMEO. UNESCO [2004]. Bangkok Declaration of the Southeast Asian Ministers of Education Ministerial Forum. <http://www.idp-europe.org/indonesia/bkkforum.pdf>

UN [2000]. Millennium Development Goals. <http://www.un.org/millenniumgoals/>

UN [1989]. The Convention on the Rights of the Child. <http://www.unicef.org/magic/briefing/uncorc.html>

UN [1948]. Universal Declaration of Human Rights. <http://www.un.org/Overview/rights.html>

UNAIDS [2006]. AIDS Epidemic Update: Special Report on HIV/AIDS: December 2006. Geneva: UNAIDS. http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf

UNAIDS [2006a]. 2006 Report on the global AIDS epidemic: Executive summary. Geneva: UNAIDS. http://data.unaids.org/pub/GlobalReport/2006/2006_GR-ExecutiveSummary_en.pdf

UNAIDS [2006b]. 2006 Report on the global AIDS epidemic: A UNAIDS 10th anniversary special edition. Geneva: UNAIDS. http://www.unaids.org/en/HIV_data/2006GlobalReport/

UNESCAP [2003]. Life Skills Training Guide for Young People: HIV/AIDS and Substance Use Prevention: Module 6 - Drugs and Substance Use. New York: UN. http://www.unodc.org/pdf/youthnet/tools_message_escap_mod%2006.pdf

UNESCAP [2003a]. Life Skills Training Guide for Young People: HIV/AIDS and Substance Use Prevention: Module 3: Basics of Growing up - Understanding Adolescence. New York: UN. http://www.unodc.org/pdf/youthnet/action/message/escap_peers_03.pdf

UNESCAP [2003b]. Life Skills Training Guide for Young People: HIV/AIDS and Substance Use Prevention: Module 4: Teenage Pregnancy, Sexually Transmitted Infections and HIV/AIDS. New York: UN. http://www.unodc.org/pdf/youthnet/tools_message_escap_mod%2004.pdf

UNESCO [2006]. Guidelines on Language and Content in HIV- and AIDS- Related Material. Paris: UNESCO. <http://unesdoc.unesco.org/images/0014/001447/144725e.pdf>

UNESCO [2006a]. Compendium - Conventions, Agreements and Laws Guaranteeing All Children Equal Right to Quality Education in an Inclusive Setting - An Education Sector Response to HIV and AIDS - South Asia. Bangkok: UNESCO, Braillo Norway, Save the Children Sweden, EENET and IDP Norway. <http://www.idp-europe.org/compendium/south-asia/>

UNESCO [2006b]. HIV & AIDS and Educator Development, Conduct and Support. Paris: UNESCO. <http://unesdoc.unesco.org/images/0014/001463/146308e.pdf>

UNESCO [2005]. UNESCO's Response to HIV and AIDS. Paris: UNESCO International Institute for Educational Planning. <http://unesdoc.unesco.org/images/0014/001414/141417e.pdf>

UNESCO [2005a]. EFA Global Monitoring Report 2006 - Summary. Paris: UNESCO. http://www.unesco.org/education/GMR2006/summary_eng.pdf

UNESCO [2005b]. Reducing HIV/AIDS Vulnerability among Students in the School Setting: a Teacher Training Manual. Bangkok: UNESCO. http://www2.unescobkk.org/elib/publications/hiv_aids_manual/HIV_AIDS_Manual.pdf

UNESCO [2000]. The Dakar Framework for Action. http://www.unesco.org/education/efa/ed_for_all/dakfram_eng.shtml

UNESCO [1994]. Salamanca Statement and Framework for Action on Special Needs Education. http://www.unesco.org/education/pdf/SALAMA_E.PDF

UNESCO [1990]. World Declaration on Education for All. http://www.unesco.org/education/efa/ed_for_all/background/jomtien_declarartion.shtml

UNGASS [2006]. UNGASS Political Declaration on HIV/AIDS. http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf

UNGASS [2001]. UNGASS Declaration of Commitment on HIV/AIDS. <http://www.un.org/ga/aids>

UNODC [2005]. World Drug Report 2006. Geneva: UNODC. http://www.unodc.org/unodc/en/world_drug_report.html

Web Sites

Alcohol, Peer Pressure and Underage Drinking Info for Young Teens:
<http://www.thecoolspot.gov/>

AVERT - A UK HIV and AIDS Charity: <http://www.avert.org>

Cool Nurse - Teen Health, Teen Advice: <http://www.coolnurse.com>

EENET: <http://www.eenet.org.uk>

EENET Asia Newsletter: <http://www.idp-europe.org/eenet>

Embracing Diversity - Toolkit for Creating Inclusive, Learning- Friendly Environments
English Version: <http://www2.unescobkk.org/elib/publications/032revised/index.htm>
Bahasa Indonesia Version: <http://www.idp-europe.org/toolkit>

FRESH School Health Toolkit: <http://www.unesco.org/education/fresh>

Good Teaching Practices - HIV Prevention and Response [UNESCO Bangkok, IDP Norway, EENET]: <http://www.idp-europe.org/hiv-aids-eduwiki/en>

IDP Norway: <http://www.idp-europe.org>

International Symposium on Inclusion and the Removal of Barriers to Learning, Participation and Development: <http://www.idp-europe.org/symposium>

sexualityandu.ca: <http://www.sexualityandu.ca>

StopDrugs.org: <http://www.stopdrugs.org/>

UNAIDS: <http://www.unaids.org>

UNESCO: <http://www.unesco.org>

UNESCO Bangkok: <http://www.unescobkk.org>

UNGASS: <http://www.un.org/ga>

UNODC: <http://www.unodc.org>