



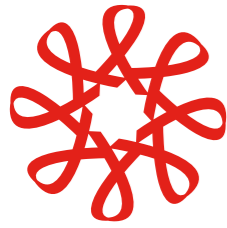
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**Positive Women**

# HIV and AIDS Education in Schools



**A Resource for New Zealand Educators**



## ABOUT THIS BOOKLET

The following publication has been adapted from “Preventing HIV/AIDS in schools” by the International Academy of Education, 2002.

In 2006 the New Zealand Education Review Office (ERO) conducted an evaluation of the quality of sexuality education programmes in Years 7 to 13 in 100 primary, intermediate and secondary schools. This evaluation found that the majority of sexuality education programmes were not meeting students’ learning needs effectively and therefore many teenagers have incomplete or inaccurate knowledge about safe sex practices. The role of the Education Review Office is to improve the quality of education through review and evaluation, therefore the findings of their reports will be integrated into this booklet. Thus, the purpose of the following amended document is to provide New Zealand secondary school teachers with a guide for implementing HIV prevention and awareness education in schools.

**Produced By:**

Positive Women Inc, New Zealand

**Funded By:**

J R McKenzie Trust

**Adapted By:**

Courtney Marsh, Jason McCartney & Louise Smith  
Third year Nursing Students from School of Nursing,  
University of Auckland, New Zealand

**Original Authors:**

Jenny Nyirenda & Inon Schenker

**Designed By:**

CENTRALSTATION

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## PREFACE



**The following is a statement from the Former Minister of Health, Hon. Annette King regarding the burden of HIV and AIDS in New Zealand. It has been included as it emphasises the need for further HIV and AIDS education as a mode for primary intervention:**

“As the world enters the third decade of the AIDS epidemic it is timely to review and update our response to HIV/AIDS in New Zealand. The need for this was signalled in phase one of the Sexual and Reproductive Health Strategy released in 2001. New Zealand has been relatively successful in containing the HIV/AIDS epidemic, but that is no reason for complacency. In this third decade we are seeing the devastating effect HIV/AIDS can have on a country’s economic and social fabric if they are not contained. As a country with a relatively small population New Zealand is vulnerable...

...New Zealand must sustain a long-term public health approach to the HIV epidemic that puts primary prevention at its centre. We must maintain and strengthen our efforts to reduce the risk, vulnerability and impact of the epidemic on the communities most at risk of HIV infection. Governments must continue to ensure they provide strong leadership in the management of the epidemic. We must strengthen and build on our partnerships with the community based organisations that are best placed to improve the sexual and reproductive health outcomes of the communities with which they work...

...While we have been successful in our efforts to contain the epidemic in New Zealand, where HIV is concerned we cannot afford to let our guard down. We must maintain and strengthen our efforts to combat this disease because although there is no cure and no biological vaccine, prevention is entirely possible.

**Hon. Annette King,**  
Former Minister of Health

Taken from the HIV/AIDS Action Plan: Sexual and Reproductive Health Strategy 2003.

## 1. INTRODUCTION

The human immunodeficiency virus (HIV) is the virus that causes the acquired immune deficiency syndrome (AIDS), a pandemic that is spreading around the world, infecting to date approximately 33 million individuals worldwide (World Health Organisation, 2007). In New Zealand there were a reported 184 new HIV infections in 2008, which brings the total number of HIV infected people to approximately 1600 (AIDS New Zealand, 2008).

This booklet is aimed at providing teachers and other possible ‘HIV educators’ with guidance on how to develop and implement an effective school-based programme for education on HIV and AIDS awareness and prevention. It focuses on different methods of teaching HIV and AIDS curricula within the classroom.

Schools are key settings for educating young people about HIV and AIDS, for halting the further spread of the HIV infection and reducing stigma. Success in carrying out this function depends upon teaching children and young adults in time to reinforce positive health behaviours and attitudes and alter the behaviours that place young people at risk. Secondary schools reach adolescents between the ages of 13 and 18 (years 9 to 13), and have excellent resources for delivering effective education: skilled teachers; an interactive educational process that occurs over time; a variety of learning opportunities, materials and methods; and the ability to involve parents in their children’s learning.

In combating HIV infection, stigma and discrimination, the crucial responsibility of schools is to teach young people how to avoid either contracting the infection or transmitting it to others and to serve as a catalyst for the development of HIV-related policies that are based on the

most current scientific knowledge about HIV and AIDS. In doing so, schools have the opportunity to make important improvements in the quality of health education provided to young people worldwide as a step towards improving global health.

A new initiative, Focusing Resources on Effective School Health (FRESH), launched at the World Education Forum in Dakar, Senegal (April 2000), and sponsored by the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO) and the World Bank, signals the commitment of these agencies to assist national governments to implement school-based health programmes in efficient, realistic and results-oriented ways. The FRESH framework is based on agreement among the four collaborating agencies. Their belief is that there is a core group of cost-effective activities which, when implemented together, provide a sound basis and point of departure for intensified and joint action to make schools more healthy for children, children more able to learn, and Education for All more likely to be achieved. The Education for All initiative was launched in Jomtien, Thailand, in March 1990. With respect to the growing HIV epidemic, the four pillars of the FRESH approach are:

- Clear school health policies on HIV and AIDS discrimination
- A healthy environment
- Skills-based education for the prevention of HIV
- School-based counselling and student clubs for HIV prevention.

The vast experience gained internationally over the last decade and a half in developing and teaching diverse programmes and curricula to educate schoolchildren on HIV prevention has yielded a well-established set of essential considerations for effective school-based HIV awareness and prevention curricula. They are the core concepts of this booklet.

Implementing effective HIV and AIDS education can also have a dramatic impact on the incidence of sexually transmitted infections (STI).

The term 'HIV educator' used in this book does not refer solely to schoolteachers. On the contrary, we believe the task of educating school students on HIV awareness and prevention could be effectively performed by professionals from diverse sectors (e.g. teachers, social workers, nurses, counsellors, medical students, etc.). It is essential that they be well-trained, committed, and in possession of good communication skills and a desire to integrate HIV and AIDS education in their teaching. The list of suggested readings at the end of this booklet could assist teachers and other HIV educators in gaining access to up-to-date data, existing policies and curricula, teaching aids and sample evaluation questionnaires.

**Schools are key settings for educating young people about HIV and AIDS, for halting the further spread of the HIV infection and reducing stigma.**



## 2. PROFESSIONALLY TRAINED AND ACTIVELY INVOLVED EDUCATORS

### Become an effective 'HIV educator' by acquiring the appropriate skills and teaching methods

Effective teaching methods employed in educating about HIV awareness and prevention differ from more traditional subject areas. New Zealand secondary school teachers need to learn additional skills, instructional methods and models, and perhaps change some of their old ways of teaching in order to effectively deliver school-based HIV and AIDS education using many different channels.

Implementing HIV and AIDS education programmes is similar to the introduction of any innovation within the school. Teachers may feel threatened, tested, concerned and uncomfortable in this new role. Beyond mastering new teaching techniques, they must, both as teachers and as individuals, deal with and overcome their own social feelings of discomfort, as well as their biases and prejudices. For educators to be able to teach human sexuality and HIV awareness and prevention to adolescents comfortably and competently, it is necessary they be well trained, otherwise they will be at a disadvantage in providing accurate and meaningful information. Subject knowledge, skills and confidence are the most important factors in delivering good health education programmes.

HIV prevention and anti-discrimination are complex issues. It has been found that teachers who are initially reluctant to teach HIV prevention in a way that encouraged student participation overcame this hurdle during training sessions. To further illustrate the need for training and flexibility and to offer some guidelines, several merits of effective HIV educators were offered by students interviewed on this matter. These merits include:

- Good rapport and communication with pupils
- Ability to conduct open, frank discussions
- Ability to identify with students and show sensitivity
- Having respect for students and showing confidence in them
- Awareness of one's own sexuality and that of others
- A wealth of knowledge on HIV and AIDS
- Openness
- Sincerity
- A sense of humour

HIV education can begin at teacher-training institutions, then can be followed up by professional development sessions, and can be further focused on particular groups within the education sector. Through their own efforts, teachers can also scale up their awareness of HIV and therefore their effectiveness as HIV prevention educators.

### QUICK REFERENCE

- Acquire the most up-to-date, relevant information on HIV, its modes of transmission and prevention, and the social consequences of the disease.
- Address the human rights dimensions of HIV and AIDS:
- Reduce discrimination against those who are infected or ill;
- Create supportive environments for affected staff and students and make them feel included;
- Understand your own attitudes, values and behaviours relating to HIV and AIDS and develop confidence in the messages you wish to convey to your students.
- Identify and respond effectively to the learning needs of students, appropriate to their understanding and life experiences.
- Discuss teaching methods with one or more colleagues within the school; a team is always better than working alone.

### 3. EDUCATIONAL CONTENT

#### Develop a holistic and accurate knowledge base of HIV and AIDS

All teachers must pay careful attention to the content of all of their teaching sessions in order to acquire the best learning outcomes from those being taught. It is important for secondary school teachers to create a safe environment with their students before implementing HIV education. It is only when students feel safe in expressing their views and ideas without being judged that they will learn and fully comprehend the content taught. The following chapter can be utilised in conjunction with chapter 11 (Monitoring and Evaluation) in order to assess the effectiveness of the teaching sessions conducted. Both chapters will aid secondary school teachers within New Zealand to provide a holistic approach when teaching HIV prevention to the youth of New Zealand.

The content of the educational sessions provided by the secondary school teachers must aim to appreciate the multi-factorial effects of HIV and AIDS on the lives of those affected. Careful consideration is to be aimed at providing correct and scientifically proven information regarding HIV and AIDS. It must be noted that several myths exist surrounding HIV transmission and these must be demystified in order to promote awareness and reduce stigma and prejudice.

#### QUICK REFERENCE

- Provide statistics surrounding the prevalence of those diagnosed and living with HIV and AIDS to emphasise the importance of the burden of HIV and AIDS around the world and in New Zealand.
- Describe the structure of the virus itself, including the replication process, the body's response and the timing between infection and symptoms.
- Make clear the difference between HIV and AIDS.
- Clearly and accurately describe transmission methods with particular attention to myths surrounding HIV transmission.
- Give an overview of available treatments for HIV and AIDS.
- Discuss the societal impacts including the stigma associated with HIV and AIDS in the wider community.
- Go over the history of HIV and AIDS to provide context to its widespread prevalence.
- Finally, undertake a question and answer section allowing students to explore their views on the content taught and to further cement their learning.

### 4. ESTABLISH PARTNERSHIPS

#### Develop partnerships within your school and with the community

Developing partnerships with others within the school environment (e.g. other teachers, school nurses, and counsellors) facilitates better diffusion of your innovative lessons and ensures their sustainability.

A team of people, working together in a co-ordinated manner, could develop and monitor policies and activities related to HIV and AIDS education within the school, thus lending strength and support to the individuals conducting awareness and prevention education in the classroom. This team could include diverse members of the community, such as teachers, health providers, social workers, counsellors and parents. The team should also be actively interested, committed and well-trained in HIV awareness and prevention education in schools.

School-based HIV and AIDS education should focus on the specific student population of each school,

while maintaining close links with their parents and the wider community. These links allow for the strengthening of protective influences on young people from both the school and the home. Parent Teacher Associations can act as a bridge between the school and parents to ensure they receive information on the topics their children will be studying. This also provides an avenue for parents to provide suggestions and raise any concerns they may have. They also help teachers gain support for introducing and sustaining HIV awareness and prevention education in schools.

Community-based organizations such as Family Planning Association, Positive Women Inc. Body Positive and The New Zealand AIDS Foundation could provide support, up-to-date information and practical assistance to school-based initiatives on education for HIV awareness and prevention. Outside providers promote students' networking and give students' information on where they can go to get support outside the school.

#### QUICK REFERENCE

- Develop a partnership with at least one more person within your school. Teamwork is recommended.
- Find out about organizations and services involved with HIV awareness and prevention and care in your community. Meet with their representatives and learn how they can support you with information, teaching aids and other resources. (refer to suggested resources at the end of this booklet)
- Use the resources and references offered in this booklet to develop a clear statement and work plan to be shared and discussed with your colleagues, school supervisors and community leaders.
- Involve the parents and, if possible, other sectors in the community. Holding separate teaching and learning activities for parents may enhance their communication with their children on HIV awareness and prevention.
- Through participatory teaching, messages on HIV awareness and prevention can be brought to the home by students. Develop 'take home' information cards and letters, and suggest that parents talk to their children about HIV and AIDS.

## 5. UTILIZE INNOVATIVE METHODS OF TEACHING

### Use participatory methods that encourage active learning

Providing New Zealand secondary school students with information on HIV and preventing its transmission, is essential for them to develop meaningful attitudes and learn the necessary skills to help them stay uninfected and reduce stigma. In order for HIV education to achieve its goals students must play an active role in the learning process.

For school-based HIV and AIDS education to be effective in New Zealand, it must not be based on a one-time, quick-fix approach. Experience with successful programmes suggests that spending at least four hours in the classroom over a period of time is essential to achieve even a minimal impact on students' knowledge, attitudes and behaviour-changing intentions; subsequently, ten to fourteen sessions will provide better results.

Education for HIV awareness and prevention cannot be taught effectively if it is surrounded by fear and uncertainty. These fears, attitudes, feelings and anxieties may inhibit students' learning. To curb this problem, interactive strategies can be used to promote active participation. These strategies have proved effective in facilitating learning in all domains, as well as in encouraging changes toward desirable behaviour. They also help students to explore their feelings and gain insight into their own attitudes, values and perceptions.

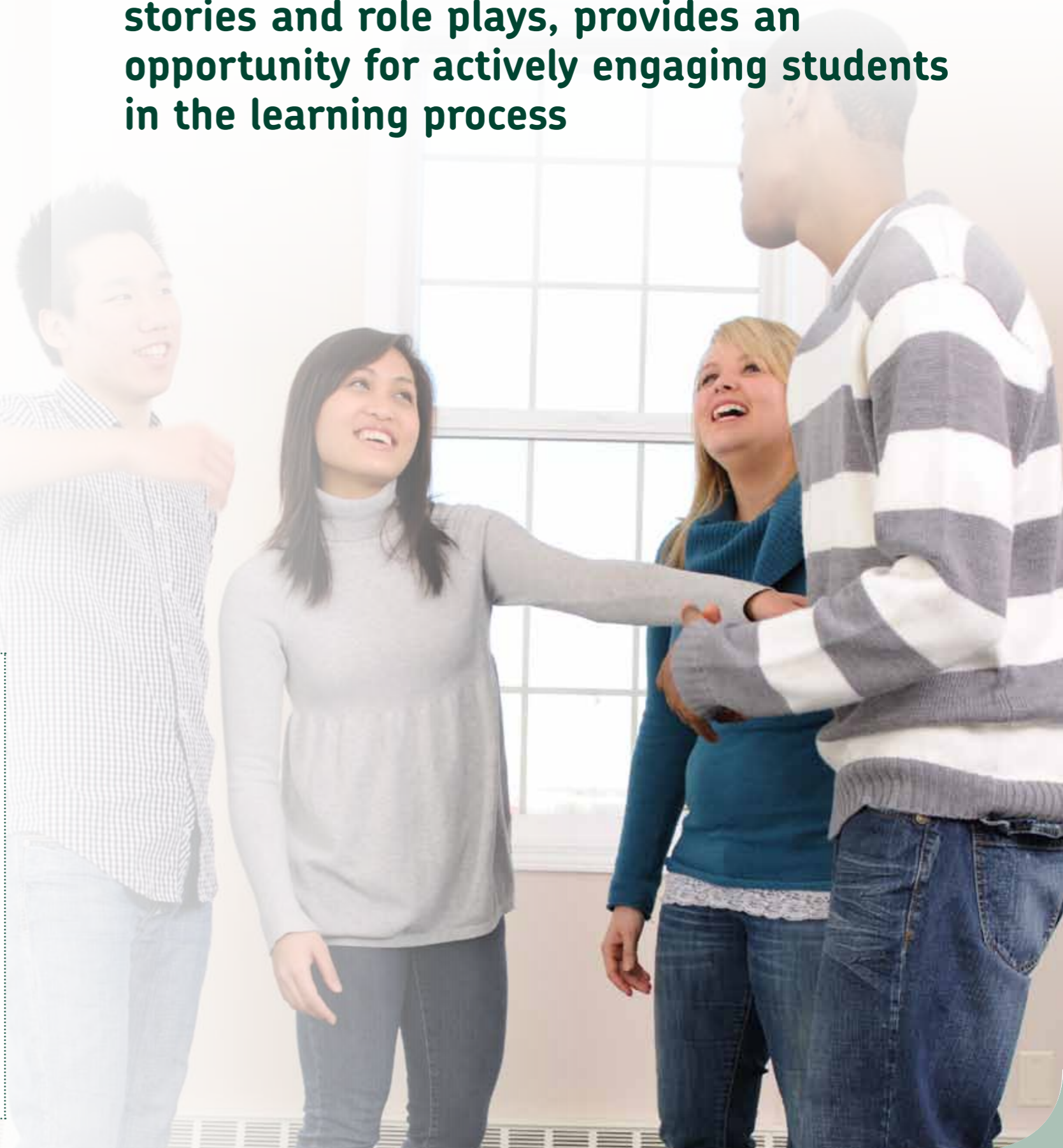
Classes on HIV and AIDS should be recognized as different. Applying a multimedia approach including stories, role plays, lectures from outside providers such as public health nurses and HIV support networks, providing an opportunity for actively engaging students in the learning process. Other useful media that may contribute to innovative teaching on this subject include video presentations, research on the Internet, visits to hospitals and health care facilities, and classroom discussions and debates.

Interactive teaching and learning methods that are skill-based have been shown to be more successful in helping students develop the abilities for adaptive and positive behaviour that enables them to deal effectively with the demands and challenges of HIV awareness and prevention.

### ✓ QUICK REFERENCE

- ✓ Use a range of materials and resources that are appropriate and relevant to the ages and abilities of the students in the classroom.
- ✓ Avoid lecturing your students; have them play an active role in class. Involve students in a range of activities including individual, paired, small group, or whole class activities.
- ✓ Help your students become your partners in seeking information, analyzing and discussing the epidemic and ways to prevent infection and reduce stigma. Encourage questions, discussion and the fostering of new ideas.
- ✓ Promote attitudes of respect for each other – modelled by teachers and evident amongst the students.

## Applying a multimedia approach, including stories and role plays, provides an opportunity for actively engaging students in the learning process



## 6. INTRODUCE OPEN COMMUNICATION

### Encourage discussion on controversial issues

Teaching HIV prevention and anti-discrimination presents several challenges for educators. A primary challenge involves the ability to openly discuss controversial issues with students in the classroom. Educators who feel comfortable with their sexuality, who adhere to human rights values and who respect their students are more successful when discussing important controversial issues relating to HIV and AIDS, such as the disclosure of HIV status, pre-marital sex, homosexuality and drug use.

The 'S' factors—shame, silence and stigma—are among the basic reasons behind continued HIV and AIDS fears leading to denial, blame and discrimination, thereby delaying positive action. New Zealand secondary school teachers must recognise these factors in their community in order to address them in class. Development of an open and honest atmosphere and a caring relationship between teacher and student is critical to HIV education.

Good communication skills allow HIV educators to examine various behavioural options in front of their students and to discuss them in a respectful and candid manner. A supportive school environment will help students to develop good relationships with others, work in cooperative ways and participate appropriately and responsibly.

Recent studies have shown that sex education programmes do not lead to earlier or increased sexual activity among young people. On the contrary, school-based interventions are an effective way to reduce risk behaviours associated with HIV and STI among adolescents. Talking openly about HIV in class also means helping adolescents not to feel left out or out of step with their peers if they are resisting pressure or do not engage in risk taking behaviour, even if some of their peers do.

### QUICK REFERENCE

- ✓ **Prepare yourself to openly discuss sensitive issues in the classroom. Define and explain them, looking into the pros and cons, and also discuss them with colleagues.**
- ✓ **Actively develop and maintain a culture of respect for others.**
- ✓ **Emphasise the importance of the sensitive nature of the topic and the subsequent importance of maintaining confidentiality and privacy.**
- ✓ **With the students, develop a set of guidelines related to confidentiality and discrimination, to be upheld during and after the HIV education sessions.**
- ✓ **In dealing with sexuality and HIV prevention, you may wish to consider several options:**
  - **Abstinence from sexual intercourse**
  - **Monogamy**
  - **Non-penetrative sex**
  - **Safe-sex (condom use) including barrier protection**
- ✓ **In dealing with substance use and HIV prevention, you may wish to consider these options:**
  - **Abstinence from substance use**
  - **Non-sharing of intravenous needles**
  - **Thorough sterilization and one-time use of needles.**





## 7. MIXED-GENDER APPROACHES

### Adapt teaching methods to both male and female students

Often schools will provide separate sex education classes to boys and girls; however, this should not be encouraged in HIV and AIDS education. Recent studies provide little evidence to support the contention that sexual health and HIV education promote promiscuity. Of 68 reviewed reports, 27 reported that HIV and sex education neither increased nor decreased sexual activity, and 22 showed either a delay in the onset of sexual activity, or a reduced number of sexual partners or reduced STI rates (Grunseit, 1997). Also, teaching HIV prevention to boys and girls together will encourage them to talk about HIV and sexuality among themselves and establish social norms (Wash & Bibace, 1990).

New Zealand HIV statistics show that an increasing proportion of new infections are between heterosexual individuals. The commonly held stereotype that HIV only occurs in gay men can be dispelled by approaching the subject in a mixed gender setting whilst accurately educating on the differing methods of transmission.

Using a developmental framework, HIV education curricula can be structured around ways children of different ages comprehend the definition, cause, treatment and consequences of infection. The emphasis in older children (year 7-13) could be on strategies for HIV awareness and prevention. Information from NZ curriculum regarding content of HIV and AIDS education for this age group indicates an emphasis on relationships and societal issues. When discussing prevention of HIV, ample time should be devoted to refusal skills that may protect young people from unwanted sexual relationships.

### QUICK REFERENCE

- Address the needs of both boys and girls, and promote teaching about HIV to gender-mixed groups.
- Obtain accurate and up-to-date information about HIV transmission.
- Talk about both male and female condoms.
- Relate teaching to the existing balance of power between boys and girls, and strengthen the girls' refusal and negotiation skills.
- Carefully present scenarios with explicit situations to enhance young people's refusal and negotiation skills.

## 8. DEALING WITH CULTURALLY SENSITIVE CONTENT

### Meet the needs of diverse groups of students

The New Zealand student population is diverse. In order for programmes to effectively encompass this diversity, teachers need to tailor programmes for these students, and be able to teach all students in their class, regardless of student and/or teacher background. The Principles of the Treaty of Waitangi must be integrated into the appropriate implementation of sexuality and HIV education in schools.

### The New Zealand Guidelines for Cultural Safety, 2005 states that 'Culture' refers to the beliefs and practices common to any particular group of people" which includes:

- age or generation
- gender
- sexual orientation
- occupation and socioeconomic status
- ethnic origin or migrant experience
- religious or spiritual belief
- disability

All New Zealand secondary school teachers should take community norms and values into consideration when developing awareness and prevention strategies. Awareness and prevention programmes developed locally are often more effective, as they incorporate local traditions, methods of teaching and jargon. Working closely with both the target group of young people as well as members of the community during the development, planning, implementation, evaluation and redesigning of HIV and AIDS education curricula can give students a broader perspective. The intention is to help them assume ownership of the HIV problem and solutions to it. In addition, paying attention to the norms, values and traditions of the target population will allow for wider distribution of the messages. Speakers from culturally diverse backgrounds or cultural advisors should be utilised as students are often more receptive to a person with similar values and beliefs.

There are various organisations that are geared towards providing culturally specific advice and support to individuals with different cultural needs. Organisations such as the INA (Maori, Indigenous and South Pacific) HIV/AIDS Foundation provide support to Maori and Pacific people living in New Zealand.

### QUICK REFERENCE

- Set down the knowledge, attitudes, beliefs, values, skills and services in your own community that positively or negatively influence behaviours and conditions most relevant to HIV and STI's.
- Provide concrete examples from your own culture when discussing HIV prevention with students. Provide additional lessons for international students and use relevant examples to illustrate different cultural perspectives.
- Utilise community services which are specific to various cultures which students can access outside the classroom if they require further guidance.
- Provide specific direction to students with disabilities that help them build a sense of self-worth and the skills to maintain their personal safety.

## 9. THE VALUE OF PEER-BASED SUPPORT

### Reinforce local values and attitudes about unprotected sexual behaviour and introduce peer education

Local attitudes and behaviours' are important influences on the development of young people within New Zealand. If the community emphasises and supports healthier behaviour, then the likelihood of maintaining such behaviour increases. Community pressure can effectively guide a person's decision to act in a given way, and group support is necessary to reinforce and maintain responsible actions.

By making use of social influences, the social consensus model, peer education and small-group discussions, desirable group values and norms can be learned within New Zealand youth. Given the nature of HIV and the controversy surrounding its discussion, HIV education and intervention could be helped along by reaching out to a wider audience. This may lead to a healthier attitude towards HIV and AIDS and sexual behaviour in the communities where young people must live. Research taken from a survey of thirty-seven successful approaches to AIDS prevention in the United States of America shows that providing unique forums for open discussions and the exchange of health-promoting information encourages the creation of group norms that support safer sex and the prevention of drug use.

Such discussions give participants increased control over the prevention and de-stigmatisation of HIV and also may reduce the belief that one is alone in one's beliefs or experiences (Janz & Zimmerman, 1996). It was shown that teachers are able to create a safe environment for children and adolescents to engage in candid discussions, which get children involved, instead of having them listen passively to a lecture.

Furthermore, having the students educate one another about HIV also works well. Trained peer counsellors can serve as role models in reducing misconceptions about HIV risk and initiating discussion about preventive behaviour. Peer educators, therefore, can be effective messengers of HIV and AIDS education and effectively contribute to HIV awareness in the student population, provided that they are carefully selected and properly trained.



### ✓ QUICK REFERENCE

- ✓ Develop a safe space for open discussions in class. Encourage students' to support each other in learning about HIV prevention, and talking about risk taking.
- ✓ Acknowledge the existence of group norms, and try to influence their direction in support of effective strategies for safer sex and the prevention of HIV and drug use.
- ✓ Use your leadership to involve positive peers as HIV educators, side by side with your teaching.
- ✓ Set up a student-centred pathway of self-referral – If students did not want to talk to teachers initially they could use student peer mediators.

## 10. SKILL-BASED EDUCATION

### Teach life skills as a component of HIV awareness and prevention

In addition to giving accurate information and knowledge, and dispelling fears and misconceptions about HIV and AIDS, education curricula should provide learners with problem-solving, decision-making, communication, refusal and negotiating skills, as well as skills that help them avoid alcohol and drugs use. Specific skills, such as conflict management and the ability to successfully refuse sex, need greater attention and inclusion. Developing self-sufficiency may help New Zealand youth to become motivated to act in healthier ways.

Educational and behavioural research has shown that having the students participate in role-playing that demonstrates healthy ways of living will help them to sustain these behaviours throughout their lives, and that often our behaviours are reinforced by observing the positive and negative consequences of others' actions. Co-operative group work in class adds to the students' understanding of the norms and values of others. Peers have the power to influence and help maintain positive behaviour. When students work with their peers in appropriate settings, they can often guide one another toward healthier, more positive behaviours, such as abstaining from or delaying sexual intercourse, using condoms, and saying no to alcohol and drugs.

The effectiveness of skill-based education for HIV awareness and prevention is tied to three factors:

- Addressing the developmental (physical, emotional and cognitive) stages that young people pass through and the skills they need as they move toward adulthood;
- Participatory and interactive academic methods; Use of culturally relevant and gender-sensitive learning activities within a safe and open environment;
- For changes in attitudes and behaviour to occur, New Zealand students' first need to have sufficient knowledge, and develop attitudes derived from that knowledge, so that they can move in a direction that leads them to positive and healthy decisions and attitudes throughout their lives.

**When students work with their peers in appropriate settings, they can often guide one another toward healthier, more positive behaviours.**

### ✓ QUICK REFERENCE

- ✓ Promote skills-based education targeting:
- ✓ Life skills (negotiation, assertiveness, refusal, communication)
- ✓ Cognitive skills (problem solving, critical thinking, decision making)
- ✓ Coping skills (stress management, increasing internal locus of control)
- ✓ Practical skills (using a condom)



# 11. MONITORING AND EVALUATION

## Evaluate and monitor your own progress and that of your students

Questions dealing with the evaluation of school-based HIV awareness and prevention programmes have only recently been taken into serious consideration. In past years, these questions were either not asked or were considered less important in the mission to tackle a dramatic world pandemic. Today we better understand the need to include monitoring and evaluation as an integral part of the planning of any educational HIV intervention.

The individual teacher providing education about HIV awareness and prevention in his or her school could perform monitoring and evaluating tasks that will enable them to measure the success of HIV and AIDS instruction in the classroom. He or she can also monitor progress either in individual classes or in the entire school. This information is valuable in determining the effectiveness of the current curriculum and in planning for better methods of action for the future.

Summary or outcome evaluation is difficult in any programme aimed at behavioural and attitudinal changes. It takes many years to determine the success of health education programmes; furthermore, it is almost impossible to control the variables in the situation that may make it difficult to evaluate the level of success. Current research, however, indicates that not only are evaluation and monitoring achievable goals, but that they should also be a regular part of the development of any intervention aimed at protecting students from contracting HIV and reducing stigma.

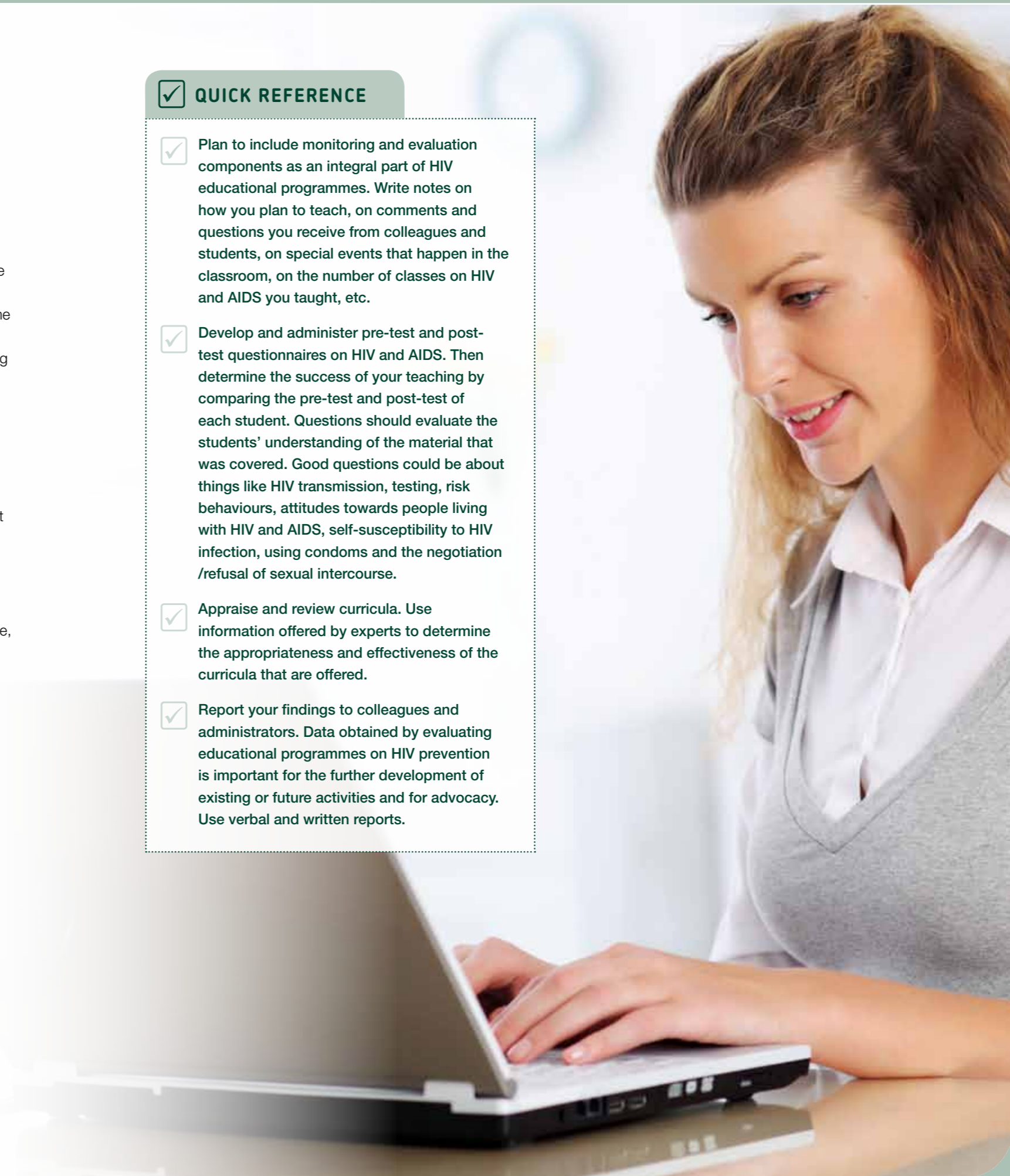
School teachers can estimate their success rate with HIV and AIDS education in the classroom by developing and administering pre-tests and post-tests that compare the behaviours, skills, attitudes and knowledge of the same student before and after the programme. Documenting

the changes that occurred in these areas within the classes that received instruction on HIV awareness and prevention can help to determine which programmes are more effective and should be used in the future. This kind of appraisal helps to ensure that teachers and schools know that the curricula they offer to students are delivered in the most effective, appropriate, up-to-date and politically correct manner possible, while, at the same time, respecting community values in the educational content. This appraisal process could check the following points about a given curriculum:

- The effectiveness of the curriculum in addressing the specific needs of the students;
- The comprehensiveness and quality of the curriculum's components (instructional principles, functional knowledge, societal attitudes, involvement of parents and guardians, skills and duration);
- The degree of reliability between the curriculum and its application in the classroom;
- The impact of the curriculum on student's knowledge, attitudes and behaviour.

## QUICK REFERENCE

- ✓ Plan to include monitoring and evaluation components as an integral part of HIV educational programmes. Write notes on how you plan to teach, on comments and questions you receive from colleagues and students, on special events that happen in the classroom, on the number of classes on HIV and AIDS you taught, etc.
- ✓ Develop and administer pre-test and post-test questionnaires on HIV and AIDS. Then determine the success of your teaching by comparing the pre-test and post-test of each student. Questions should evaluate the students' understanding of the material that was covered. Good questions could be about things like HIV transmission, testing, risk behaviours, attitudes towards people living with HIV and AIDS, self-susceptibility to HIV infection, using condoms and the negotiation /refusal of sexual intercourse.
- ✓ Appraise and review curricula. Use information offered by experts to determine the appropriateness and effectiveness of the curricula that are offered.
- ✓ Report your findings to colleagues and administrators. Data obtained by evaluating educational programmes on HIV prevention is important for the further development of existing or future activities and for advocacy. Use verbal and written reports.



## 12. CONCLUSIONS

Skills-based education for HIV and AIDS awareness and prevention does not hasten the onset of intercourse, does not increase the frequency of intercourse, and does not increase a participant's number of sexual partners. Rather, education can help young people stay abstinent for as long as possible, reduce the frequency of intercourse, reduce the number of sexual partners and acquire some life skills. It can also increase condom and/or contraceptive use.

For effective use of such curricula in New Zealand schools, teachers need to be well equipped, motivated and skilled, and they must act upon a number of specific principles outlined in this booklet.

Several international movements and agencies, such as those promoting education for all and a culture of peace, can provide strategic frameworks and partnerships with which local, national and international commitment can be transformed into effective action to improve the capacity of schools to provide education for HIV prevention and de-stigmatisation.

Reversing the course of the HIV and AIDS epidemic and eliminating stigma and discrimination is a goal for the education sector, acting in partnership with other sectors (e.g. health). For the individual teachers engaged in teaching about HIV awareness and prevention, this is a long-term, continuous task in which the reward for success is saving lives, changing attitudes and reducing stigma and discrimination.



## 13. NEW ZEALAND CONTACT DETAILS FOR NETWORKS INVOLVED IN HIV AWARENESS, PREVENTION AND SUPPORT

### **Positive Women Incorporated. New Zealand Support for Women and Families living with HIV and HIV Awareness Education**

1/3 Poynton Terrace, Newton, Auckland 1010  
Phone: 09 309 1858  
Freephone: 0800 769 848  
Email: [positivewomen@extra.co.nz](mailto:positivewomen@extra.co.nz)  
Website: [www.positivewomen.org.nz](http://www.positivewomen.org.nz)

### **Absolutely Positively Positive Web based community support**

Website: [www.app.org.nz](http://www.app.org.nz)

### **Body Positive New Zealand Support for People living with HIV**

P O Box 68 766 Newton, Auckland  
Phone: 09 309 3989 Fax: 09 309 3981  
Email: [office@bodypositive.org.nz](mailto:office@bodypositive.org.nz)  
Website: [www.bodypositive.org.nz](http://www.bodypositive.org.nz)

### **INA Maori, Indigenous and South Pacific HIV/AIDS Foundation HIV Support and Education for Maori, Indigenous and South Pacific peoples**

24 Goodwin Street, Tirau 3410  
Phone: 07883 9084 Mobile: 027 299 1535  
Email: [inaf@ihug.co.nz](mailto:inaf@ihug.co.nz)  
[www.ina.maori.nz](http://www.ina.maori.nz)

### **New Zealand AIDS Foundation HIV Education and Prevention for at Risk Groups**

P O Box 6663, Wellesley Street, Auckland  
Phone: 09 303 3124 Fax: 09 309 3149  
Email: [contact@nzaf.org.nz](mailto:contact@nzaf.org.nz)  
Website: [www.nzaf.org.nz](http://www.nzaf.org.nz)

### **Northland AIDS Network**

P O Box 1778, Whangerei  
Phone: 0800 0140 626436

## 14. WEB RESOURCES

Positive Women Inc: [www.positivewomen.org.nz](http://www.positivewomen.org.nz)

Absolutely Positively Positive: [www.app.org.nz](http://www.app.org.nz)

Auckland Sexual Health Service: [www.ashs.org.nz](http://www.ashs.org.nz)

Body Positive Inc: [www.bodypositive.org.nz](http://www.bodypositive.org.nz)

Family Planning Association: [www.familyplanning.org.nz](http://www.familyplanning.org.nz)

Ministry of Education, New Zealand: [www.minedu.govt.nz](http://www.minedu.govt.nz)

Ministry of Health, New Zealand: [www.moh.govt.nz](http://www.moh.govt.nz)

New Zealand AIDS Foundation: [www.nzaf.org.nz](http://www.nzaf.org.nz)

Treaty of Waitangi: [www.waitangi-tribunal.govt.nz](http://www.waitangi-tribunal.govt.nz)

The Body: The Complete HIV and AIDS resource:  
[www.thebody.com](http://www.thebody.com)

Education International: [www.ei-ie.org](http://www.ei-ie.org)

ERIC database. The ERIC database is the world's largest source of educational information. The database contains more than 850,000 abstracts of documents and journal articles on education research and practice:  
[www.ericae.net/](http://www.ericae.net/)

International Bureau of Education: [www.ibe.unesco.org](http://www.ibe.unesco.org)

International Institute for Educational Planning:  
[www.unesco.org/iiep](http://www.unesco.org/iiep)

MEDLINE—The world's largest source of medical references, abstracts and journal articles on medicine research and practice: [www.nlm.nih.gov](http://www.nlm.nih.gov) Academy for Educational Development, independent non-profit service organization committed to addressing human development needs in the United States and throughout the world: [www.aed.org](http://www.aed.org)

United Nations Children's Fund: [www.unicef.org](http://www.unicef.org)

United Nations Development Programme:  
[www.undp.org](http://www.undp.org)

United Nations Educational, Scientific and Cultural Organization: [www.unesco.org](http://www.unesco.org)

United Nations High Commissioner for Human Rights:  
[www.unhchr.ch](http://www.unhchr.ch)

United Nations High Commissioner for Refugees:  
[www.unhcr.ch/cgi-bin/texis/vtx/home](http://www.unhcr.ch/cgi-bin/texis/vtx/home)

United Nations International Drug Control Programme:  
[www.undcp.org](http://www.undcp.org)

United Nations Organization: [www.un.org](http://www.un.org)

UNAIDS, Secretariat: [www.UNAIDS.org](http://www.UNAIDS.org)

World Education Forum (WEF), Dakar, Senegal, 26-28 April 2000: [www.unesco.org/education/efa/index.shtml](http://www.unesco.org/education/efa/index.shtml)

World Health Organization: [www.who.int](http://www.who.int)

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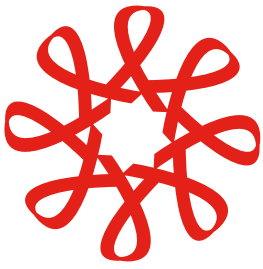
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**Positive Women**

**POSITIVE WOMEN INC**  
**1/3 POYNTON TERRACE, NEWTON, AUCKLAND 1010**  
**PHONE: (09) 309 1858**  
**FREE PHONE: 0800 POZTIV (0800 769 848)**  
**EMAIL: [positive\\_women@xtra.co.nz](mailto:positive_women@xtra.co.nz)**  
**WEB: [www.positivewomen.org.nz](http://www.positivewomen.org.nz)**



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