TRAINING MANUAL
For the management of HIV and AIDS in early childhood institutions
Training Manual
for the Management of HIV and AIDS
in Early Childhood Institutions

Prepared for the Ministry of Education
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The Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) comprise a health social issue that concerns everyone. As in other work and social settings where people interact, teachers and caregivers in early childhood institutions (ECIs) are also very likely to encounter persons who might be living with, or affected by HIV and AIDS. Given the special needs of the early childhood period of development, and the fear and ignorance that remain to be conquered about HIV and AIDS, teachers and caregivers in ECIs require the kind of learning environment that will enable them to be optimally sensitive and supportive to the children in their charge.

In addition to their varied roles in shaping young children to be ready for formal learning, early childhood teachers and caregivers are also opinion makers in the communities where they work and live. They should therefore be seen as key stakeholders in building constituencies of care that will work in transforming attitudes and behaviours, towards affected children and families so that they in turn can make healthy adaptations for the best quality of life that is possible and to effectively manage HIV and AIDS in early childhood.

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glossary of terms</strong></td>
<td>Page iii - v</td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>Page vi - viii</td>
</tr>
<tr>
<td><strong>Module 1: Getting started</strong></td>
<td>Page 1 - 12</td>
</tr>
<tr>
<td>Topic 1: Workers in Early Childhood Institutions as adult learners</td>
<td></td>
</tr>
<tr>
<td>Topic 2: Principles of adult learning</td>
<td></td>
</tr>
<tr>
<td>Topic 3: Characteristics of adult learners</td>
<td></td>
</tr>
<tr>
<td>Topic 4: Role and responsibility of the facilitator in adult learning</td>
<td></td>
</tr>
<tr>
<td>Topic 5: Vulnerability and perception of risk</td>
<td></td>
</tr>
<tr>
<td><strong>Module 2: HIV and AIDS</strong></td>
<td>Page 13 - 28</td>
</tr>
<tr>
<td>Topic 1: What are HIV and AIDS?</td>
<td></td>
</tr>
<tr>
<td>Topic 2: How is the HIV virus transmitted/not transmitted?</td>
<td></td>
</tr>
<tr>
<td>Topic 3: Who is vulnerable to HIV infection?</td>
<td></td>
</tr>
<tr>
<td>Topic 4: The treatment of HIV and AIDS</td>
<td></td>
</tr>
<tr>
<td><strong>Module 3: HIV and AIDS in early childhood – issues and challenges</strong></td>
<td>Page 29 - 42</td>
</tr>
<tr>
<td>Topic 1: The impact of HIV and AIDS in the early childhood period</td>
<td></td>
</tr>
<tr>
<td>Topic 2: Stigmatization and discrimination</td>
<td></td>
</tr>
<tr>
<td>Topic 3: Confidentiality &amp; disclosure</td>
<td></td>
</tr>
<tr>
<td>Topic 4: Ethical issues in managing HIV and AIDS in ECIs</td>
<td></td>
</tr>
<tr>
<td><strong>Module 4: Managing the solutions</strong></td>
<td>Page 43 - 52</td>
</tr>
<tr>
<td>Topic 1: The safe environment</td>
<td></td>
</tr>
<tr>
<td>Topic 2: HIV prevention education for the early childhood years</td>
<td></td>
</tr>
<tr>
<td>Topic 3: Psychosocial responses to children living with and affected by HIV and AIDS</td>
<td></td>
</tr>
<tr>
<td>Topic 4: Tips for managing the solutions</td>
<td></td>
</tr>
<tr>
<td><strong>Module 5:</strong></td>
<td>Page 53 - 64</td>
</tr>
<tr>
<td>Topic 1: Relevant international/regional conventions/policies/requirements</td>
<td></td>
</tr>
<tr>
<td>Topic 2: The Early Childhood Commission</td>
<td></td>
</tr>
<tr>
<td>Topic 3: The Ministry of Education’s National Policy for HIV and AIDS Management in Schools</td>
<td></td>
</tr>
<tr>
<td><strong>Module 6: HIV, AIDS &amp; the ECI practitioner/caregiver</strong></td>
<td>Page 65 - 70</td>
</tr>
<tr>
<td>Topic 1: Prevention education for caregivers and practitioners in ECIs</td>
<td></td>
</tr>
<tr>
<td>Topic 2: Rights and obligations of caregivers and practitioners</td>
<td></td>
</tr>
<tr>
<td>Topic 3: Applying the lessons learned</td>
<td></td>
</tr>
<tr>
<td><strong>Appendices</strong></td>
<td>Page 71 - 95</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>Page 96 - 97</td>
</tr>
</tbody>
</table>
**AIDS Acquired Immune Deficiency Syndrome**
Acquired Immune Deficiency Syndrome (AIDS) is not inherited but acquired. It is caused by the Human Immunodeficiency Virus (HIV) which affects the immune system of humans, causing it to fail, thereby leading to life-threatening health conditions.

**ARV Antiretroviral**
These are treatments that suppress or stop retroviruses such as HIV. Retroviruses are so named because they carry their genetic information in the form of Ribonucleic acid (RNA) rather than Deoxyribonucleic acid (DNA).

**Bi-sexuality**
This refers to sexual behavior with, or physical attraction to both male and female, or is used to describe a type of sexual orientation.

**Body fluids**
Fluids produced by the body. Body fluids that are responsible for the transmission of HIV are blood, semen, vaginal fluid or secretions, breast milk, amniotic fluid, pre-ejaculate. HIV is not transmitted through body fluids such as saliva, sweat, tears and urine.

**Dementia**
The progressive decline in how the mind works due to damage or disease in the body beyond what might be expected from normal aging. In the later stages of the condition, affected persons may not know what day of the week, day of the month, what year it is, or even where they are. They may not know who they are or able to recognize others around them. There is no cure for dementia but it is treatable.

**Discrimination**
Treating an individual or group, with prejudice.

**ECC Early Childhood Commission**
The Early Childhood Commission is an agency of the Ministry of Education, established by the Early Childhood Commission Act of 2003. Using an integrated approach, the Commission, brings under one umbrella, all the policies and standards pertaining to early childhood development.

**ECIs Early Childhood Institutions**
Institutions where early childhood education is delivered. These include community-operated basic schools, government infant schools, and infant departments of primary and all-age schools and kindergarten departments of privately owned preparatory schools.

**EDUCAIDS**
EDUCAIDS -the Global Initiative on Education and HIV & AIDS led by UNESCO. It seeks to promote, develop and support comprehensive education sector responses to HIV and AIDS. EDUCAIDS has two primary goals:
- To prevent the spread of HIV through education
- To protect the core functions of the education system from the worst effects of the epidemic.
GLOSSARY OF TERMS

Emaciation
Emaciation occurs when an organism loses substantial amounts of much needed fat and often muscle tissue, making that organism look extremely thin. The cause of emaciation is a lack of nutrients from starvation or disease.

Heterosexual
Heterosexuality refers to a type of sexual orientation and behaviour where there is attraction to people of the opposite sex.

HIV or Human Immunodeficiency Virus
A blood-borne micro organism that is a member of the retrovirus family

HIV positive
Showing indications of infection with HIV on a test of blood or tissue. The test may occasionally show false positive results.

HIV negative
Showing no evidence of infection with HIV on a test of blood or tissue. The test may occasionally show false negative results.

Immune system
This is the body’s defense against disease. It is made up of cells, proteins, tissues and organs that act together to defend the body against invading viruses, bacteria or fungi, that may cause disease.

Homosexual
Homosexuality refers to attraction and/or sexual behaviour between people of the same sex, or to a sexual orientation.

Lymphocytes
A lymphocyte is a type of white blood cell and is part of the body’s immune system. Lymphocytes play a necessary role in the body’s defense against infections.

Malignant neoplasm
A cancerous tumor that tends to spread to other parts of the body.

MSM - Men having sex with men
This refers to any man who has sex with a man, whether he is gay, bisexual or heterosexual.

MTCT - Mother To Child Transmission
Mother-to-child transmission (MTCT) is when an HIV positive woman passes the virus to her baby. This can occur during pregnancy, labour and delivery, or breastfeeding

Mucus Membrane
A wet thin tissue found in certain openings of the body; for example the mouth, eyes, nose, vagina, rectum, and the opening of the penis.
GLOSSARY OF TERMS

**Opportunistic infection**
An opportunistic infection is an infectious illness that occurs because of a weakened immune system.

**PCP Pneumocystis carinii pneumonia**
Pneumocystis pneumonia (PCP) is a form of pneumonia caused by a yeast-like fungus found in the lungs of many people. It is one cause of death for people with AIDS.

**Safer sex**
Safer sex means taking precautions that can keep you from getting a sexually transmitted infection (STI), or from giving an STI to a sexual partner.

**Self perception**
This is an awareness of the characteristics that constitute one’s self, self knowledge.

**Stigma**
An undesirable or discrediting attribute that a person or a group bears that results in the reduction of that person’s or group’s status in the eyes of society.

**T cells**
T cells belong to a group of white blood cells known as lymphocytes, and play a central role in defending the body from infections. The level of T cells in the blood of persons with HIV provides vital information about the condition of the individual’s immune system so appropriate dosages of medication can be prescribed.

**Sexually Transmitted Infections (STI)**
Sexually transmitted infections (STIs), are infections spread through person to person sexual contact. Examples of STIs include genital herpes, genital warts, HIV, Chlamydia, gonorrhea, syphilis hepatitis B and C.

**UNCRC - United Nations Convention on the Rights of the Child**
The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people (aged 17 and under) a comprehensive set of rights.

**UNESCO - United Nations Educational Scientific and Cultural Organization**
United Nations Educational Scientific and Cultural Organization is a specialized agency of the United Nations. Its stated purpose is to contribute to peace and security by promoting international collaboration through education, science and culture in order to further universal respect for justice, the rule of law, human rights and fundamental freedoms.

**Universal precautions (UP)**
A set of precautions taken when providing first aid or health care to prevent the transmission of blood borne infections. Under UP, all persons are considered potentially infectious and are therefore treated in the same manner whether they are HIV positive or negative.

**Viral load**
The amount of a specific virus e.g. HIV, that is present in the bloodstream. This measurement helps in treatment decisions and to monitor the efficacy of treatment.
Background to the Manual

In 2006, the Ministry of Education (MOE) Jamaica implemented a multifaceted approach in its HIV Prevention and Control programme for educators and other sector workers in the field of education. This programme is a 5-year thrust that forms part of the National Strategic Plan/Policy for HIV and AIDS Management in Schools. It addresses the critical areas of: ongoing training and sensitization of personnel with respect to HIV and AIDS issues; the production of age-appropriate material for use in the programme; and the implementation of strategies to affect behaviour change.

Jamaica has had great success in reducing paediatric HIV infections and death from AIDS related illnesses. It is the Caribbean territory designated to participate in the UNAIDS global initiative on education, EDUCAIDS. This initiative seeks to support the government through the MOE, in implementing a comprehensive scaled-up programme on HIV and AIDS.

The MOE thought it prudent to implement in the programme, a particular focus on the early childhood education sector. With approximately 2,500 early childhood institutions and 6,000 early childhood practitioners, Jamaica is making up ground in its response to the identified need for the management of HIV and AIDS in schools, in order to ensure promotion of respect for the rights and dignity of students and educators living with and affected by HIV and AIDS.

Decades of meaningful work led by Jamaican education and health professionals have culminated in legislative and institutional frameworks which demand and support high standards for early childhood institutions to consistently provide young children with learning experiences that are well-structured, nurturing and enriching. Such quality experiences during the early years, a time when the fundamental structures of the brain are being established, contribute to a healthy society by shaping individuals' capabilities throughout life. The commissioning of this manual to serve the training needs of the early childhood sector therefore demonstrates ongoing commitment on the part of the Ministry of Education to actively respond to HIV and AIDS. It also indicates the Ministry's recognition of the role it must play in the overall National Strategic Plan. The manual is intended to close the information gap about HIV and AIDS at this critically important period of life, the early childhood years.

The Scope of the Manual

This Manual is designed to be used to guide the conduct of a 6-day Trainer of Trainers workshop for approximately 20 participants. It is primarily instructor-led but may be used for self-paced learning by persons in the early childhood field. Early Childhood Education Officers and Health Promotion Education Officers will use the material and exercises to design training workshops for early childhood educators, basic-school teachers, and caregivers in day care facilities with a view to enabling them to develop a better understanding of how to competently deal with HIV and AIDS in early childhood.
The Scope of the Manual (cont’d)

It must be acknowledged that early childhood caregivers and practitioners are opinion shapers in their communities. Against this background, and with caregivers’ and practitioners’ increased knowledge and understanding of HIV and AIDS added to their knowledge of community culture and practices, the scope of this Manual can be extended to serve the training needs of community based organizations, religious leaders and community workers. The material it contains can help to support community initiatives that educate, support and facilitate the adoption of more enlightened perspectives on the psychosocial needs of young children who are affected by HIV and AIDS.

The Manual may also be adapted by experienced educators to provide higher level training to community service practitioners and non-governmental agencies.

The Assumptions of the Manual

The Manual assumes that the training facilitator has prior in-depth knowledge of: (a) early childhood development; (b) the importance of an optimal quality early childhood learning environment; and (c) the impact of methods of teaching and interacting on early childhood development.

The Manual further assumes that there might be scheduling constraints and as such, the training may have to be delivered in segments over an extended period of time instead of (ideally) at one concentrated period.

In either event, it is assumed that there will be planned follow-up to monitor the application of learning and to pursue the necessary supports for the expected learning outcomes.

The Format of the Manual

The content of this manual is presented in 6 modules with interrelated themes on HIV and AIDS and its impact on the early childhood education and development environment. Each module consists of 3 – 5 topics, each of which addresses an area that is pertinent to the management of HIV and AIDS in early childhood institutions.

Each module is arranged according to the following format:

1. Introduction to the module
2. Learning outcomes for the module
3. Topics to be covered and learning outcomes for each topic
4. Materials required
5. Handouts
6. Delivery method
7. Facilitator notes to strengthen a trainer’s knowledge base and to guide further reading
8. Discussion guide for processing participants’ feedback with key terms and questions

For each session there will be notes to guide facilitators in their reflection and preparation. These facilitator notes are not meant to be exhaustive, but will provide guidance on:
(a) preparing handouts, power point presentations and mini lectures;
(b) suggested methods of delivery for each session; and
(c) processing feedback from participants with a view to assessing how much they have learned in the context of the identified learning outcomes. A list of references and internet sources is included for further reading and research.

For greater convenience in preparing photocopies and to update this manual as new knowledge is available, handouts and samples of learning activities are placed in the Appendix in the same order as the module sequence.

**The Goal of the Manual**

To equip early childhood educators, practitioners and caregivers with the skills to teach and cope with HIV and AIDS in early childhood institutions and communities. The following performance outcomes will measure the progress towards achievement of this goal:

1. The users of this manual will successfully engage groups of adult learners, through discussion and exchange, around the subject of the management of HIV and AIDS in early childhood institutions. This will be done in a participatory adult learning environment which is respectful, supportive, stimulating and highly interactive.

2. The participants in the training sessions will demonstrate knowledge and skills in providing the best possible services to meet the learning and psychosocial needs of children in the early childhood years, who are living with or affected by HIV and AIDS.

3. As key community stakeholders, early childhood practitioners and caregivers will use their increased capacity to lead and support changes in attitudes and behaviour towards young children living with HIV and AIDS, in the communities of which they are a part.
Module 1
Getting Started: Facilitator Preparation Guidelines
Module 1: Getting Started

Introduction

An effective training programme is designed to address the needs of the intended participants. This training programme for the management of HIV and AIDS in early childhood institutions (ECIs) is designed for the adult learner, and is intended to be delivered using the methodology that addresses the needs of the adult learner. The aim is that, by learning and applying the principles of adult learning, participants in the training sessions will be enabled to take a more informed, confident approach to their jobs as early childhood practitioners, educators and caregivers.

Module 1 consists of 5 topics with facilitator notes for each and a self check activity for facilitators to rate their attitude and knowledge before they embark in the training activities. The topics are:

1. Understanding Workers in Early Childhood Institutions as Adult Learners
2. Principles of Adult Learning
3. Characteristics of Adult Learners
4. Role and Responsibility of the Facilitator in Adult Learning
5. Vulnerability and Perception of Risk

Module 1 is directed at individuals who will plan and deliver the content of this manual. Facilitators should interact with participants in a manner that reflects their knowledge about how adults learn and what roles the facilitator should play in order to effectively deliver service in the organizations and communities of which they are a part. The module is largely a self-paced learning guide to assist the facilitator in preparing to collaborate with, and to support the independence, self directedness and the motivation of adult participants.

Learning Outcomes for Module 1

At the end of this module a facilitator should be able to:
1. Identify nine principles of adult learning
2. Identify the characteristics of adult learners
3. Identify the roles of an effective facilitator
4. Compare the characteristics of a poor and a good trainer
5. Clearly articulate his/her own perception of his/her vulnerability and level of risk to HIV.
6. Write a plan of action to use this knowledge in training sessions
In order for children to have a good quality childhood, they need to be loved and nurtured in ways that respect their rights as children. They also need to be supported in ways that enable them to grow into independent and capable adults.

People who work in early childhood institutions work to engage and lead children in learning experiences and activities that prepare them for schooling. They are the first formal teachers that children will meet, outside of the home. It is very important that these ‘early childhood workers’ be properly and effectively prepared for the significant role they play.

Adult learners have needs that demand a special approach. Failure to interact appropriately with adults in a learning situation can defeat the purpose of the training and be a source of frustration for both facilitator and learner. The learner may just tune out or reject what is being taught.

Adult learning is geared towards self development. Learning begins from within the individual and happens at a different rate for each person. Adults cannot be forced, but rather, must feel ready to learn. They want to enjoy learning, and to be recognized and praised for what they achieve in the process.

To be effective, the facilitator should adopt an approach that is respectful, understanding and fair. He/she should:

a) be an enthusiastic guide in the learning process
b) think carefully about his/her own attitudes, motivation, values and beliefs about adults in a learning situation
c) take steps to address any gaps or deficits in his/her own attitude, knowledge and facilitation skills.

Having read the above, reflect on your own feelings about teaching adults and write down your own attitudes, motivation and beliefs.
"Tell me… I forget. Show me….I remember….Involve me…I understand.”

*Ancient proverb*

The following mnemonic and table RAMP2FAME (Kroehnert, 1999) summarizes the principles of adult learning in the table below. Use it to help you understand and remember.

<table>
<thead>
<tr>
<th>Element</th>
<th>Explanation</th>
<th>Factors to be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Recency</td>
<td>The last thing learned is what we remember best</td>
</tr>
<tr>
<td>A</td>
<td>Appropriateness</td>
<td>Information, examples, teaching aids must be appropriate to the needs of the participants</td>
</tr>
<tr>
<td>M</td>
<td>Motivation</td>
<td>Adult learners must be ready to learn and have a reason to learn</td>
</tr>
<tr>
<td>P</td>
<td>Primacy</td>
<td>First impressions matter. What is learned first is learned best</td>
</tr>
<tr>
<td>2</td>
<td>2-way communication</td>
<td>Talk with and not to the participants</td>
</tr>
<tr>
<td>F</td>
<td>Feedback</td>
<td>This helps to ensure that facilitator and learner are on the same page and have a good idea of how well they are doing</td>
</tr>
</tbody>
</table>
### Module 1: Getting Started

#### Topic 2: Principles of Adult Learning

<table>
<thead>
<tr>
<th>Element</th>
<th>Explanation</th>
<th>Factors to be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Active Learning</td>
<td>Adults learn more by doing</td>
<td>Include practical exercises so participants can apply what they have learnt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People learn best by doing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t have participants sitting for too long without an activity or questions</td>
</tr>
<tr>
<td><strong>M</strong> Multi-sense learning</td>
<td>Learning is more effective when participants use as many of their 5 senses as possible</td>
<td>Plan training sessions so the participants have opportunity to use all their senses because learning takes place when the learners’ senses are stimulated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Be mindful of participants with disabilities</td>
</tr>
<tr>
<td><strong>E</strong> Exercise</td>
<td>Repeating helps participants to remember</td>
<td>Ask frequent questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have participants perform the activity and not just write notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Summarize frequently, and especially at the end</td>
</tr>
</tbody>
</table>

*Source: Adapted from: Kroehnert, Gary. (1999) Basic Training for Trainers.*
MODULE 1: GETTING STARTED

Topic 2: Principles of Adult Learning

Self Check Activity

Now write down what you have learned about the principles of adult learning.
The following are the main characteristics of adult learners. They should be carefully noted.

- They vary in age, ability, background and personal goals
- They come with previous knowledge, experience and expertise about a range of things. This is their foundation and a very important resource which must not be devalued or ignored
- As individuals, they have personal values, opinions and skills
- They need to be ready to learn
- Adults decide what is important to learn at a particular time and phase of life
- They need to see the relevance of learning something new
- They want to enjoy the learning process
- They have competing demands on their time
- They might have doubts and anxieties about their ability to learn new things
- They need to have useful indicators to let them know how they are progressing in the learning environment

In your own words, say what you understand by the ‘characteristics of adult learners’. Describe some of these characteristics.
Topic 4: Role and Responsibilities of the Facilitator in Adult Learning

Facilitator Notes

Topic 4 provides information on the role of the facilitator, the responsibilities of the facilitator, and the characteristics of good trainers and poor trainers, in the context of the adult learning environment. The information is intended to help facilitators better understand their role as trainers, and the methodologies they need to employ in order to be effective.

The Role Of The Facilitator

The role that the training facilitator plays will depend on (a) what is being taught, and (b) how the teaching will be done. Some of the roles that a facilitator will be required to play are listed in the table below.

<table>
<thead>
<tr>
<th>Role of the facilitator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert</td>
<td>Gives information about the subject to an audience</td>
</tr>
<tr>
<td>Planning</td>
<td>Designs and make plans for the learning experience and the learning environment</td>
</tr>
<tr>
<td>Instructing</td>
<td>Guides or directs the learning situation and gives instructions about what to do</td>
</tr>
<tr>
<td>Facilitating</td>
<td>Responds to needs, provide support &amp; guidance</td>
</tr>
<tr>
<td>A resource person</td>
<td>Provides material and information to participants</td>
</tr>
<tr>
<td>Co-learner</td>
<td>Learns alongside the participant and plans the learning goals with them</td>
</tr>
</tbody>
</table>

Responsibilities Of The Facilitator

The facilitator in the context of adult learning has the responsibility to:

- Ensure that both the physical and psychological environments are suitable for adult learning, and support the motivation of the participants
- Anticipate that there will be the need for managing conflict, as there will be differing viewpoints, opinions and values among the participants
- Manage participants’ expectations about the training
- Research and prepare the material that will capture participants’ attention and stimulate their curiosity
- Use participants’ feedback as a guide for making modifications
- Guide the discussion and exchange of thoughts and ideas among participants
### Topic 4: Role and Responsibilities of the Facilitator in Adult Learning

**Self Check Activity**

- Which of these roles do you think you would play very well and why?
- What areas do you think you need to work at strengthening?
- Where will you seek help if this becomes necessary?

#### Trainer Characteristics

<table>
<thead>
<tr>
<th>Poor trainer</th>
<th>Good trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaks in a monotone</td>
<td>Good inflection</td>
</tr>
<tr>
<td>Annoyed, exasperated</td>
<td>Unruffled tone of voice</td>
</tr>
<tr>
<td>No eye contact</td>
<td>Good eye contact</td>
</tr>
<tr>
<td>Doesn’t know the material</td>
<td>Solid knowledge, credibility in the area</td>
</tr>
<tr>
<td>Disorganized/unprepared</td>
<td>Organized and prepared</td>
</tr>
<tr>
<td>Critical</td>
<td>Understanding and attentive</td>
</tr>
<tr>
<td>Know –it- all</td>
<td>Willing to share knowledge</td>
</tr>
<tr>
<td>Apathetic, indifferent, uninterested, unconcerned</td>
<td>Enthusiastic, excited about the topic</td>
</tr>
<tr>
<td>Dwells on personal experiences</td>
<td>Authenticates material with experiences that have practical applications</td>
</tr>
<tr>
<td>Defensive, intolerant</td>
<td>Receptive to questions, listens to the whole question before answering</td>
</tr>
<tr>
<td>Says things in the same way, repeatedly</td>
<td>Flexible, willing to stop and find a new approach</td>
</tr>
<tr>
<td>Lacks presentation skills</td>
<td>Good presentation skills</td>
</tr>
<tr>
<td>Can’t deal with surprise hurdles</td>
<td>Handles the unexpected, calmly and efficiently</td>
</tr>
<tr>
<td>Can’t gauge the mood of the room</td>
<td>Sensitive to the mood of the room</td>
</tr>
<tr>
<td>Unprofessional appearance, poor attitude</td>
<td>Professional appearance in clothes, body language, attitude and self confidence</td>
</tr>
<tr>
<td>No sense of humor</td>
<td>Has a sense of humour and can make us laugh in the first few minutes. Make sure that the humour is not negative or sarcastic</td>
</tr>
<tr>
<td>Too proper, stiff</td>
<td>Likes to have fun</td>
</tr>
</tbody>
</table>

Internet source: [http://www.inquiry.net/adult/training/characteristics.htm](http://www.inquiry.net/adult/training/characteristics.htm)  
Accessed 22/5/09
Self Check Activity

1. Which of the poor trainer characteristics do you see in yourself?
2. Which of the good trainer characteristics do you see in yourself?
In this section, the term ‘perception of risk’ refers to the way in which an individual thinks about his/her own HIV status.

One’s perceived vulnerability to HIV refers to one’s feelings of personal control over becoming infected with HIV and includes thoughts and feelings about:
- getting raped
- unsafe dental work
- unsafe medical practice
- work-related risks to medical personnel e.g. accidental lacerations, punctures or blood splashes
- unsafe blood transfusion

The seriousness of HIV and AIDS can give rise to such thoughts as ‘It can’t happen to me.’ It is therefore an essential part of workshop preparation for the facilitator to reflect on whether or not he/she perceives himself/herself to be vulnerable or at risk.

In assessing your personal risk, some pertinent considerations for you, the facilitator, include:
- your sexual history and practices
- whether or not you have ever been tested for HIV
- whether you have a steady or non-steady intimate relationship
- your partner’s sexual behaviour
- whether you think that you and your sexual partner are at low risk for HIV infection
- whether or not you are having unprotected sex with an infected partner or a partner whose HIV status is not known
- whether or not you inject drugs
- whether or not you have any relatives or friends who have died of an AIDS-related illness
- your willingness to know your HIV status

How we see our own level of risk of contracting the virus, predicts the precautions that we will take to change our behaviour from taking sexual risks to practicing safer sex. (Becker 1974) (Bandura 1977) (Fishbein & Ajzen 1975)

The issue of HIV and AIDS involves issues of sexual intercourse and reproduction of the species as the very foundation of human interaction. This topic is therefore highly sensitive and the trainer/facilitator must take time to reflect on his/her personal beliefs in order to ensure that these beliefs do not colour how he/she behaves in the training environment, and also to ensure that he/she is able to maintain a focus on the management of HIV and AIDS in early childhood institutions (ECIs), in the best interest of the children.

To a large extent, the approach that trainers/facilitators take is based on personal beliefs about HIV and AIDS. Their beliefs will influence their perception, the judgments they make, how they behave and ultimately how they work to help adult learners acquire knowledge and skills to serve children living with or affected by HIV and AIDS.
Having got this far in your preparation to deliver training in the management of HIV and AIDS in ECIs, take some time to reflect on the 10 questions in the table below to assess your own readiness for this important task. You should give yourself one point for each ‘yes’ answer. If your ‘no’ answers are more than three, spend some more time in self reflection and preparation before proceeding to the next topic.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have you identified the strengths that you bring to the training of early childhood educators, practitioners and caregivers?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Do you know how you learn best? Is it by observation, reading and discussion, or hands-on involvement?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Have you taken enough time to prepare and do you feel that your knowledge is adequate?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Have you identified what are the areas of working with adult learners in which you would like to experience growth and development?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Have you reflected on how you feel about children in ECIs with HIV and AIDS?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Are you quite clear about your own attitude and values with regard to HIV and AIDS?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Have you thought about what you know about the culture and attitudes towards HIV and AIDS in ECIs?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Do you feel sure that you are clear about the current facts about HIV and AIDS in children? These will affect how you attain your goals for the training.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Do you know about the relevant institutions, regulations and policies that provide guidance and information about children living with and affected by HIV and AIDS?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Can you find enough support and expert guidance in your department/division/region to deliver the best training possible? If not, what will you do?</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Are you aware of and confident in using appropriate and sensitive language in talking about HIV and AIDS?</td>
<td></td>
</tr>
</tbody>
</table>

**Your score**

“HIV is not about what you are but what you do.”
Author unknown

Early childhood practitioners, educators and caregivers have the critical role of shaping the development of a young child who is living with and affected by HIV and AIDS and must do this in collaboration with his/her parents or a caregiver. Being knowledgeable and confident about managing HIV and AIDS will go a far way in reassuring parents that their child is safe in an ECI.

The sphere of influence of these practitioners, educators and caregivers often extends to home and community, therefore they are an increasingly important resource in meeting challenges and helping to find effective ways of serving the children through responding not only to their physical needs, but also holistically, to their spiritual, mental, emotional, psychological and social needs.

Module 2 is designed to answer some common questions about HIV and AIDS, and to provide early childhood practitioners, educators and caregivers with accurate knowledge about it, in order to alleviate the fears that surround this illness. Be aware that some groups of learners may need to spend more time in particular areas in order to confront and challenge certain assumptions they hold, and for reflecting on a personal agenda for successful behaviour change.

The module has 4 topics, namely:

1. What are HIV and AIDS?
2. How is HIV transmitted/not transmitted?
3. Who is vulnerable to HIV infection?
4. The treatment of HIV and AIDS.

At the end of this module, early childhood practitioners, educators and caregivers will be able to:
1. Act in a confident manner in their everyday dealings with children who are living with and affected by HIV and AIDS.
2. Apply skills and knowledge about HIV and AIDS to keep early childhood institutions safe for all children.
MODULE 2: HIV and AIDS

Topic 1: What are HIV and AIDS?

Learning Outcomes

At the end of this session participants should be able to:
1. Explain the meanings of HIV and AIDS
2. Describe how HIV is transmitted
3. Identify the function of the body’s immune system
4. Identify risk factors for contracting the virus
5. Clarify how HIV is not contracted
6. Differentiate myths and facts about the transmission of HIV
7. Identify what is involved in the treatment of AIDS
8. Evaluate their knowledge and feelings about HIV and AIDS in light of new information
9. Identify changes in personal attitudes, beliefs and feelings about HIV and AIDS
10. Reflect on personal decisions to find out about their HIV status

Materials and Advance Preparation

- Check that the training venue and room set-up are appropriate and comfortable
- Ensure adequate copies of handouts
- Prepare a brief presentation on HIV and AIDS, not exceeding 15 minutes, using information from the facilitator notes as well as independent reading
- Contact a resource person to provide information and further clarification as needed
- Ensure any audio-visual equipment to be used is in place and is working satisfactorily
- Ensure adequate supplies of flip chart paper & markers
- Prepare folded pieces of paper, approximately, 2 x 2 inches. Mark some with a ‘C’ and leave some blank

Handouts

1. How do you feel?
2. Pre and post tests
MODULE 2: HIV and AIDS

Topic 1: What are HIV and AIDS?

Method of Delivery

- Introduce the topic and learning outcomes, and give an overview of what participants may expect in the session.
- Invite participants to share personal experience about the following:
  - When was the first time they heard about HIV and AIDS?
  - What was their reaction, how did they feel about it?
  - Do they know anyone who has HIV, or who has died of an AIDS-related illness? If so, how did they react to that person?
- Distribute Pre and Post tests and allow 10 minutes to complete this activity individually.
- Distribute the pieces of folded paper to participants.
- Instruct all participants to move about the room; instruct some to socialize and invite the persons with whom they speak to sign their paper. Others will be instructed to only move about but not to converse with anyone. Allow 2 minutes for this activity before doing a quick survey of those with signed papers.
- State that the participants with papers marked with the letter ‘C’ were persons who practiced safe sex by using a condom and those who did not, had abstained from having sex.
- Prepare a presentation, not exceeding 15 minutes, on HIV and AIDS, using the information from the facilitator notes as well as independent reading. You may consider inviting a guest presenter who has expert knowledge about HIV and AIDS to answer technical questions that arise.
- Distribute How do you feel? handout and invite feedback.

Key Terms

HIV, AIDS, blood-borne infections, immune system, opportunistic infections

Facilitator Notes

HIV is an acronym that means Human Immunodeficiency Virus. It is an infection caused by a virus, which is an extremely small organism. It was detected in Jamaica in 1982. It can enter the body through the lining of the vagina, vulva, penis, rectum or mouth, through unprotected sexual activity or directly into the bloodstream, by sharing contaminated needles to inject drugs.

Viruses can be food-borne, air-borne, water-borne, soil-borne, insect-borne or blood borne. HIV is one of those viruses that is blood-borne. It is carried in the blood of infected persons. It can only survive and multiply itself within living cells of the body.

When HIV enters the body it causes serious harm to the body’s immune system, and gradually destroys the body’s ability to fight off infections.
The immune system can be considered as the body’s security force. It comprises chemicals, cells, and tissues in the body which work together to protect it from harmful invading organisms that may cause sickness. The immune system can tell the difference between what belongs in the body and what does not. When the immune system detects something that does not belong in the body, such as viruses, harmful bacteria, fungi or parasites, it tries to destroy and remove them in order to keep the body healthy.

This function of destroying and removing is carried out by special types of white blood cells known as lymphocytes. They work to defend the body from infectious illnesses. There are different types of lymphocytes in the blood. Among these is a type known as T cells. The T cell is also known as a type of ‘helper’ cell.

The doctor is able to know how susceptible the body is to infections by measuring the level of the helper cells in the blood at any given time. A low level of helper cells is a sign that the immune system is weakening in the fight to protect the body from blood borne infections, such as the HIV virus, and steps must be taken to re-build the levels of helper cells in the blood.

The following are the 2 main reasons why blood tests are very important in tracking the health of individuals who are infected with HIV:

1. When the level of their ‘helper cells’ falls and the amount of HIV rises above a certain level, then the doctor is able to make an informed decision about what steps to take about treatment, at a particular point in time.
2. The infected individual can make better decisions on how to manage his/her health and comply with taking the medications that the doctor prescribes.

When the immune system is weakened by HIV, the infected person can develop one or more opportunistic infections. As the name suggests, opportunistic infections are infections that take advantage of a weakened immune system. Recent information reveals that there are about twenty-five (25) opportunistic infections. Examples of these are tuberculosis (TB), pneumonia and some cancers. Fortunately, important medical advances have been made so, with early testing and treatment, persons with HIV can live in better health for a considerably longer time.

What is AIDS?

AIDS is an acronym that means Acquired Immune Deficiency Syndrome. It is caused by HIV and is the most serious stage of this infection.

Acquired means that AIDS is not in a person’s genes but is an illness that he or she gets.

Immune deficiency means that the immune system lacks the strength to defend the body from invading organisms that lead to illness. The term syndrome refers to a set of symptoms.

The Centers for Disease Control (USA) informs that an AIDS diagnosis is made when there are a variety of symptoms, from a range of infections present in a person’s body. These are detected by specific findings in blood tests which show the level of T (helper) cells being below the normal range.
MODULE 2: HIV and AIDS

Topic 1: What are HIV and AIDS?

The amount of these cells that is expected in one cubic millilitres of blood is between 500 to 1,800, per cubic milliliter of blood. A diagnosis of AIDS is made if (a) someone is HIV positive (b) their T cell count is below 200 cubic millilitres of blood (c) there are other illnesses such as tuberculosis and pneumocystis carinii pneumonia (PCP) (See www.cdc.gov)

AIDS is diagnosed in the following ways:

1. Blood tests that show significant reduction in the amount of certain types of blood cells (T cells) that are supposed to protect the body from infections.
2. Increased susceptibility to opportunistic infections and certain forms of cancer (malignant neoplasms).
3. Some outward signs such as emaciation and dementia.
MODULE 2: HIV and AIDS

Topic 2: How is HIV Transmitted/Not Transmitted?

Learning Outcomes

At the end of this session, participants should be able to:
1. Identify the ways in which HIV is transmitted
2. Identify the ways in which HIV is not transmitted
3. Differentiate myths and facts about the transmission of HIV

Materials and Advance Preparation

- Ensure that the training venue and room set up is appropriate and comfortable
- Ensure adequate copies of the Mini quiz - How easy is it to become infected with HIV?
- Flip chart paper
- Markers
- Masking tape
- Prepare a 5-minute presentation from facilitator notes and independent reading
- Ensure any audio visual equipment being used, is set up and working satisfactorily

Method of Delivery

- Introduce the topic and learning outcomes, and give an overview of what participants may expect in the session
- Invite sharing about what they know, or have heard about contracting HIV
- Distribute the mini quiz and allow 10 minutes to complete it
- Facilitate feedback about the responses to the quiz
- Place participants in groups not exceeding 7 persons
- Distribute case studies and allow 15 minutes for group discussion
- Facilitate plenary discussion
- Facilitate feedback

Key Terms

Values, attitudes, death, opportunistic infections, immune system, helper cells, Acquired Immune Deficiency Syndrome, MTCT, failure to thrive, sexual fluids, infections that are carried around in the blood, myths
A lot of mystery and questions still surround HIV and there are many myths about how this virus is transmitted.

You cannot contract HIV unless infected blood or body fluid gets inside your body.

The virus itself is carried in the blood and it is easily destroyed once it is outside the human body. If a child were to bite another child, the limited amount of the virus in saliva would be of no consequence.

HIV cannot be transmitted by:

- sharing a drinking glass, cup, fork, clothing with someone who has HIV or AIDS
- touching or playing with someone who has HIV or AIDS
- being bitten by mosquitoes or any other insect
- swimming in the same pool with someone who has HIV or AIDS
- hugging someone with HIV
- sitting on toilet seats
- giving blood
- from faeces, urine, sweat, saliva or vomit, unless they have blood in them

HIV is an infection that is transmitted by blood. It is not spread easily because it has to get past the body’s defenses, which include unbroken skin, and saliva.

This virus can only be passed on to another person when infected blood, semen or vaginal secretions come in contact with broken skin or mucus membrane of an uninfected person. According to the Centers for Disease Control (CDC), tests have shown that there is a very small amount of HIV in the saliva of an infected person, but it is not enough to be a cause for concern as there is no evidence of anyone becoming infected by this route.

If a pregnant woman is infected with HIV, she can pass the virus on to her baby during pregnancy, delivery or by breastfeeding. However, the risk of mother-to-child transmission (MTCT) is significantly lower if the mother is on anti retroviral medication (ARV).

When HIV enters the body, the infection goes through basically 4 stages, before AIDS develops:

1. Firstly, before the body’s immune system can respond, HIV infects cells and multiplies itself in the bloodstream. At this stage the individual is not having any ill effects and therefore does not yet know that he/she has contracted this virus.
2. Secondly, the body responds to HIV by making antibodies to fight off the virus. This is the stage at which the individual moves from being HIV negative and becomes HIV positive.
3. Thirdly, the body enters a no-symptom stage. The individual still has the virus but he/she cannot yet feel the damage that it is causing.
4. Fourthly, the body enters a symptom stage where it develops the symptoms of certain infections.

Note: It can take a long time for a person who is infected with HIV to develop AIDS while others may develop it within a matter of months.

**How is HIV not transmitted?**

**Mini quiz: How easy is it to become infected with HIV?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission of HIV can only occur if someone is exposed to blood, semen, vaginal fluid or breast milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You can become infected from having sex only once with an infected person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once you are infected, you can infect others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Many people are not aware that they are infected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The only way to know if you are HIV negative is to get tested</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>It is possible to find HIV in urine, tears and saliva of an infected person but the evidence show that the level is negligible</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>You would have to swallow several pints of saliva to become infected with HIV by kissing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A woman with HIV cannot have children without infecting them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV is spread by needles left in seat cushions</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>You can contract HIV by hugging and kissing someone who is infected with the virus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You can become infected by sharing eating utensils, bathroom facilities and clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you are uninfected, abstinence is the only way to be absolutely sure of not being infected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only an act of anal intercourse between gay men can lead to HIV</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HIV is commonly transmitted heterosexually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV affects only homosexual men, sex workers and drug users</td>
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<td></td>
</tr>
</tbody>
</table>
**Topic 2: How is HIV Transmitted/Not Transmitted?**

- In order to get individuals to change, they must first recognize that they are susceptible.
- If people deny their own level of risk as well as the possibility that they might be infected, what does this mean for the children who they serve on a daily basis?
- Whether HIV positive or not, what would changing behavior entail?
- What do you think makes people susceptible to HIV?
- What kinds of skills do you think are necessary to deal with HIV and AIDS in children?
- What would you consider to be the correct attitude to HIV and AIDS in children?
Topic 3: Who Is Vulnerable To HIV Infection?

**Learning Outcomes**

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

1. Differentiate factors that make adults and children in early childhood vulnerable to contracting HIV.
2. Identify and explain 3 key messages about vulnerability to contracting HIV.

**Materials and Advance Preparation**

- Ensure that the training venue and room set up are appropriate and comfortable.
- Flip chart or white board
- Markers
- Masking tape

**Method of Delivery**

- Introduce the topic and objectives and give an overview of what participants may expect from the session
- Write VULNERABILITY FACTORS as a heading on the white board or flip chart and give examples such as drug addition, sex work, poverty etc.
- Invite participation in creating a list of factors
- Identify and discuss how/if these fall into categories e.g. social factors, background factors etc.
- Invite sharing about the impact such categories have on managing HIV and AIDS in ECIs
- Invite sharing about what helps and what hinders improvement

**Key Terms**

Vulnerability, contributing factors, safer sex, intravenous drug users, sex workers, condom

**Facilitator Notes**

Certain life situations and ways of behaving can make individuals vulnerable to contracting HIV. For example:

- People who have unsafe sex i.e. not using a condom at each act of sexual intercourse
- People who have many sex partners e.g. sex workers
MODULE 2: HIV and AIDS

Topic 3: Who Is Vulnerable To HIV Infection?

- People who share the needles that they use to inject drugs
- A person who is high on drugs and may forget to use protection during sex
- Health workers who accidentally get stuck by needles or other sharp instruments while attending to persons with HIV or handling blood that is contaminated with the virus
- Babies born to mothers who have HIV
- Children who are sexually abused
- Children who live on the streets

Discussion Guide

Key questions

- Can HIV live outside of the body?
- What is the immune system?
- What are helper cells?
- Under what conditions does HIV multiply itself?
- When do people get AIDS?
- What if anything has changed about how you perceive AIDS?
MODULE 2: HIV and AIDS

Topic 4: The Treatment of HIV and AIDS

Learning Outcomes

At the end of this session, participants should be able to:
1. Identify current modes of treatment for HIV and AIDS
2. List 10 things to know about nutrition and medications for children with HIV and AIDS
3. Identify myths about the treatment of HIV and AIDS

Materials and Advance Preparation

- Ensure that the training venue and room set up are appropriate and comfortable
- Prepare signs marked Agree, Disagree, Don’t know

Handouts

1. Things to know about medication for children living with HIV and AIDS

Key Terms

- Introduce the topic and objectives and give an overview of what participants may expect from the session
- Place the prepared signs on the floor or walls in an area of the room
- Read the following statements and instruct participants to stand by one of the signs that reflect their position about the statements in the table below:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current drugs to treat HIV and AIDS are so strong that you can stop taking them for a while with no problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having sex with a virgin can cure a STI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS is a death sentence</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

- Discuss the positions that they have taken and why.
- Distribute handout and invite feedback on any changes in the positions that they would take and why.
As ECI personnel will attest, when children start attending school, it is not uncommon for them to get repeated colds, ear and sinus infections. This is because a child’s immune system is immature and so is different from that of an adult’s. Because HIV damages their immune system, this means that children with HIV can suffer serious ill effects of the normal childhood infections such as chicken pox.

No cure for HIV or AIDS has yet been found although there are vaccines that are being tested. The course of HIV infection is not easy to predict because while some infected adults and children live healthy lives for many years, others get very ill within a matter of months.

In recent times, the treatment of HIV has undergone significant advances. This is due to a type of medication called anti retrovirals (ARV). These medications have made a significant difference in the lives of HIV positive adults and children. They are more easily available and can be had at government health facilities at no cost.

Anti retroviral medications work by preventing HIV from copying itself and damaging the immune system. There are other medications that are prescribed to treat opportunistic infections. Examples include antibiotics and anti fungal drugs.

Helping children to stay healthy is a goal of ECIs so nutrition and medication go hand in hand for children living with HIV and AIDS. Except in residential child care facilities, it is unlikely that ECI personnel will have to administer ARV medications as these are usually given outside of school hours. Nevertheless, it is important for ECI personnel to have some basic knowledge about ARV medications.

Medication for HIV works in the following 4 ways:
1. To reduce the amount of HIV that is in the blood
2. To decrease and control the virus itself so that it cannot destroy the child’s immune system
3. To prevent the infections that result from a weakened immune system as a result of HIV
4. To treat the problems caused by HIV

The treatment of children with HIV is complicated and they must be monitored regularly to make sure that medications are (a) working well (b) not causing any harmful side effects and (c) nutrition is adequate to support the effectiveness of the medications.

If necessary, the doctor will change the kind of treatment and tailor the medications to the needs of the child.

Module 2: HIV and AIDS

Topic 4: The Treatment of HIV and AIDS

Discussion Guide

- Why is the treatment of HIV and AIDS in children complicated?
- What are the benefits of close monitoring of a child’s mood, behaviour, performance, nutrition?
- The Role of the ECI and HIV medications.
Module 3

HIV and AIDS in Early Childhood: Issues and Challenges
Caring for children with HIV in ECIs comes with many challenges for early childhood practitioners, educators and caregivers who must in turn challenge their own fears, ignorance and prejudices in order to become better advocates for children who are living with HIV and AIDS.

The purpose of Module 3 is to provide necessary information for personnel working in ECIs to enable them to better understand children living with HIV and AIDS and how these affect all areas of the children’s development.

Module 3 has four topics, namely:
1. The Impact of HIV and AIDS in the Early Childhood Period
2. Stigma and Discrimination
3. Confidentiality and Disclosure
4. Ethical Considerations for ECIs

By the end of this module, practitioners, educators and caregivers will:
1. have gained knowledge and experienced reduction in their own fears about HIV and AIDS
2. be able to communicate more effectively about how the virus is transmitted
3. be a source of support for children in their care who are living with and affected by HIV, and those who have developed AIDS.
MODULE 3: HIV and AIDS In Early Childhood

Topic 1: The impact of HIV and AIDS in the early childhood period

Learning Outcomes

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

• Describe the impact that HIV has on children who are living with this infection
• Recognize that the effects of common childhood illnesses are greater in children who are HIV positive
• Recognize the need for a prompt response for medical treatment for children who are HIV positive
• Describe the emotional needs of children who are HIV positive
• Describe emotional needs of children who are affected by HIV and AIDS
• Identify practical ways in which to serve children living with and affected by HIV and AIDS

Materials and Advance Preparation

✓ Ensure that the training venue and room set up are appropriate and comfortable
✓ Flip chart sheets
✓ Markers
✓ Masking tape or push pins
✓ Obtain and preview a copy of the DVD entitled ‘Corey’s Story’
✓ Ensure audio-visual equipment to be used is in place and working satisfactorily
✓ Pieces of 3x8 inch pieces of paper, allow 3 for each participant
✓ Prepare a six-minute presentation from the facilitator notes and independent reading
✓ Check to find out the latest figures on children, 0 – 8 years, who are infected by HIV and AIDS in Jamaica, and globally. (e.g. UNAIDS (2008) Report on the Global Epidemic)

Method of Delivery

• Introduce the topic and objectives and give an overview of what participants may expect from the session
• Invite participants to form groups not exceeding 7 persons each
• Distribute flip chart sheets and markers to each group and instruct them to discuss and document, based on their knowledge and experience, (a) what they understand by the term, ‘early childhood development’ (b) the goals of early childhood institutions, (c) the unique and special features of this period of life, and (d) what they see as challenges for children with HIV and AIDS in ECIs
• Allow 15 minutes for this activity then invite groups to share. Facilitate feedback. Use tape or push pins to display the group worksheets
• State that children respond best when their caregivers use definite techniques and activities that are designed to encourage and stimulate their progress to the next level of development. Invite feedback
• Show DVD - ‘Corey’s Story’
• Invite participants to share their fears/concerns about serving children with HIV
MODULE 3: HIV and AIDS IN EARLY CHILDHOOD

Topic 1: The impact of HIV and AIDS in the early childhood period

- Distribute 3 pieces of 3x8 inch paper with a marker to each participant and instruct them to think about activities/strategies that should be used to serve and promote physical, emotional and cognitive development in children of the early childhood years, who are affected by HIV and AIDS. On each piece of paper, each participant should write one activity or strategy for each domain of early childhood development, to be displayed as reference. Invite participants to place each card under the appropriate domain heading
- Facilitate discussion on the placement, and the rationale for their choices
- Invite participants to brainstorm the term, ‘equitable service for children with HIV’
- Summarize the brainstorm by presenting the definition you have written
- Invite participants to identify and discuss in their groups, what they perceive as obstacles or impediments to equitable service in ECIs for children living with and affected by HIV and AIDS, and their recommendations for addressing these
- Allow each group to present in turn, and facilitate feedback

Key Terms

Early childhood development, special needs children, chronic infection, equitable service, a child-centered approach, self esteem in early childhood.

Facilitator Notes

Early childhood spans the period of 0 to 8 years of age. These years are critical because they comprise the period of the most rapid development. It is a time when children are learning through play, exploration and by using their imagination. They need to be allowed to do so in an environment that is nurturing and that provides appropriate stimulation. They need the kind of environment that provides opportunities for them to explore their world, to play, to exercise their bodies and to learn how to get along with others.

During these early years, children are progressing through sequences of growth that are identifiable as developmental milestones. These transitions take place physically, emotionally and cognitively, preparing them for (a) learning in formal schooling (b) learning how to interact appropriately with others and (c) learning to have a positive view of themselves.

To meet the development needs of their young charges, teachers and caregivers must build their own capacity for creativity and should perform their roles and duties with enthusiasm and integrity at all times.

It is possible that early childhood institutions (ECIs) may have served children who are living with HIV. Whether this is so or not, they should anticipate doing so. It is mandated that such children cannot be excluded and if they are well enough, they are entitled to participate in the institution’s programmes. It is very important to note also, that people who work in ECIs may also be infected with HIV and know it, but some may not be aware of their HIV status.
Children living with HIV usually have one or both parents with the virus which was transmitted through Mother to Child Transmission (MTCT). Other ways through which children contract the virus are from (a) having been sexually abused by someone who is HIV positive and (b) unsafe medical practices. It is important to note that there is now little risk of contracting HIV from a blood transfusion due to routine screening and monitoring of supplies of blood.

Most children who are infected with HIV do not look ill and their parents may not disclose their status because of the fear of stigma and rejection. Therefore the best way to protect children in ECIs is to presume that there are children who are HIV positive, in the institution. If such an approach is taken, then there is no need for additional or different procedures when handling the care of a child with HIV.

HIV affects children’s physical growth, psychological development and their emotional well being.

In the normal course of events, as children start attending nursery or basic school, they seem to get colds, sinusitis and ear infections repeatedly. This is because a child’s immune system is different from that of an adult’s. It can be considered immature as it is gradually building resistance to fight off infections and disease. Because HIV damages the immune system, an HIV positive child cannot fight off childhood infections e.g. chicken pox. Therefore such infections could have a more serious effect than they would on a child who is HIV negative.

Children infected with HIV:
- Very likely became infected through MTCT or through having been sexually abused by an infected person
- May not know their HIV status
- May suffer rejection and discrimination because of their HIV status
- May have low self esteem
- May have suffered through the illness of or loss of a parent or both parents
- Will get ill and may die if they do not receive treatment
- Need to be hugged and loved like other children
- Need good nutrition
- Need support to adhere to their medication regimen
- May suffer side effects from their medication
- Need careful attention paid to their general hygiene
- Need to be listened to
- Need to be encouraged to name and talk about their feelings to a trusted adult or child health specialist
- Need to be protected from childhood infections e.g. chicken pox
- Need to play and do activities so they can:
  - Have fun
  - Exercise their bodies
  - Build their gross and fine motor skills
  - Build their hand eye coordination
  - Explore their imagination
  - Express themselves with creativity
  - Make friends
  - Learn to get along with others
Common medical problems in children infected by HIV include:
1. Swollen glands (Wax & canal): this is very common
2. Ear infection: the child may have itching and/or pain in the ear
3. Thrush: this is a thick white coating on the tongue and the inside of the mouth. This is very common in the first six months of a baby’s life. If oral thrush is severe, eating regular food may be uncomfortable or painful
4. Sinus infections: these are common and give the most problem in HIV positive children
5. Skin rashes: these may occur all over the body
6. Diarrhoea (running belly): this is common and usually very serious
7. Pneumonia: this is a very bad cough or cold with yellow or green spit
8. Failure to thrive: the child may not seem to be growing (striving)
9. Slow physical development: the child may learn to sit up, walk or crawl later than other children at the same age

Source: CHARIES, My Child: Caring for Children with HIV: A parent Handbook on Child Health

Children living with AIDS:
- May not be able to attend school
- May be very weak and unable to take part in activities
- May not know what is wrong with them, the reason they are sick and have to take medications
- May feel afraid that they will die
- Need to be held, hugged, rocked and loved like other children
- May need help from a child mental health specialist to address their issues of fear, anger, grief and loss.

Children affected by HIV or AIDS:
- May not have HIV
- May feel afraid
- May feel isolated
- Need to be held, hugged, rocked and loved like other children
- May be/feel stressed/depressed/neglected because of pressures on the family caused by the illness
- May experience rejection because of their connection with someone with HIV or AIDS
- Need to be listened to
- Need to be encouraged to name and talk about their feelings
- May have suffered through the illness of or from the loss of a parent, both parents, or a close family member
- May need the services of a child health specialist to deal with emotional problems
- May be experiencing stigma and discrimination because the community in which they are being raised stigmatizes and discriminates against people who are living with AIDS
- Need to play and do activities so they can:
  - Have fun
  - Relieve their stress
  - Exercise their bodies
  - Build their gross and fine motor skills
  - Build their hand eye coordination
  - Explore their imagination
MODULE 3: HIV and AIDS IN EARLY CHILDHOOD

Topic 1: The impact of HIV and AIDS in the early childhood period

- Express themselves with creativity
- Make friends
- Learn to get along with others

Discussion Guide

- Normal childhood needs
- When sickness becomes an impediment in an ECI
- Adherence to a medication regimen
- Special needs of children who experience pain/discomfort in eating
MODULE 3: HIV and AIDS IN EARLY CHILDHOOD

Topic 2: Stigma and Discrimination

Learning Outcomes

At the end of this session, participants will be able to:
1. Define stigma
2. Define and identify stigma and discrimination that is associated with children living with HIV and AIDS
3. Examine the impact that the stigma of HIV and AIDS has on ECIs
4. Explain what is meant by the terms confidentiality and disclosure
5. Discuss guidelines for dealing with stigma, confidentiality and disclosure effectively in ECIs

Materials and Advance Preparation

- Check that the training venue and room set up are appropriate and comfortable
- Write the definitions of stigma, discrimination, confidentiality and disclosure on flip chart paper
- Paste 2 sheets of flip chart paper, end to end, and draw a tree trunk and limbs on this paper
- Prepare 20 – 25 individual, 5-inch leaf-shaped pieces of paper and the same number of root-shaped pieces of paper
- Costumes and props (relevant to ECIs) for role play

Method of Delivery

- Introduce the topic and objectives and give an overview of what participants may expect from the session
- Facilitate brainstorming of the definitions of stigma, confidentiality and disclosure
- Write the responses on flip chart paper or white board and summarize the brainstorm by presenting the prepared definitions. (See Glossary)
- Divide the participants into 2 groups. Call one group leaves and the other roots
- Distribute the leaf and root-shaped pieces of paper
- Instruct the Leaves group to brainstorm a list of consequences of HIV stigma, from their perspective, and write each item on a leaf
- Instruct the Roots group to brainstorm and make a list of the causes of HIV stigma, from their perspective, and write each item on a root
- Encourage the Leaves group to think of consequences on different levels.
- Encourage the Roots group to go as deep as they can to explore the underlying causes of stigma

**Facilitator Notes**

In the early years of the disease, AIDS was thought to affect only homosexual men, sex workers and intravenous drug users. Unfortunately, these are groups of persons that society stigmatizes very strongly and some persons want nothing to do with them.

However, in the case of children, there is a perception that they are ‘innocent victims’ and as such may not experience the level of stigma and discrimination as that faced by adults who are HIV positive. Adults who are HIV positive become so primarily as a result of engaging in risky behaviour and are thought to ‘deserve what they got’. No one should be mistreated because they are living with HIV or AIDS. We should instead treat others as we would like to be treated.

Parker and Aggleton (2002) define stigma as “a social process that involves identifying and using differences between groups of people to create and legitimize social hierarchies and inequalities.” Stigma therefore creates obstacles for persons who are infected as they may be reluctant or afraid to seek the services and treatment that they need. In the case of pregnant women who are HIV positive, stigma undermines the prevention efforts when such women do not get access to, or use of services that can prevent mother-to-child transmission (MTCT) of HIV.

When people are discriminated against they are not treated fairly. Discrimination is a result of what we believe about other people who we perceive as different, and who we dislike for varying reasons. This is then manifested in certain actions, attitudes and behaviours towards such persons or groups of persons.

Examples of discrimination include (a) blaming people who are HIV positive (b) treating a child badly because his/her parent or family member is a sex worker, homosexual, drug addict and (c) telling others, who do not need to know, about someone’s HIV positive status (d) denying admission to school based on his/her status, or perceived status.

**What causes stigma and discrimination related to HIV and AIDS?**

1. Lack of knowledge about HIV and AIDS
2. Fear of catching HIV
3. Judgment of people’s lifestyle
MODULE 3: HIV and AIDS IN EARLY CHILDHOOD

**Topic 2: Stigma and Discrimination**

**Discussion Guide**

- Stigmatizing attitudes and behaviour that people display and why
- How are children with HIV stigmatized?
- How do stigma and discrimination affect children in ECIs?
- Correcting stigma and discrimination in ECIs
- How might the perception of children as ‘innocent victims’ fuel discrimination?
MODULE 3: HIV and AIDS IN EARLY CHILDHOOD

Topic 3: Confidentiality and Disclosure

Learning Outcomes

At the end of this session, participants should be able to:
1. Define confidentiality
2. Define disclosure
3. Differentiate between a need to know and a desire to know
4. Identify and discuss the implications of these issues for the management of HIV and AIDS in ECIs.

Materials and Advance Preparation

- Check that the training venue and room set up are appropriate and comfortable
- Write the definitions of confidentiality and disclosure on flip chart paper
- Ensure adequate copies of case study for group work

Handouts

1. Case study on Confidentiality and Disclosure

Method of Delivery

- Consider inviting a resource person who will address any technical issues/questions that may arise.
- Introduce the topic and objectives and give an overview of what participants may expect from the session
- Invite sharing on views about confidentiality and disclosure about children with HIV and AIDS
- Ask about participants’ experiences (if any) about confidentiality and disclosure
- Invite participants to form groups not exceeding 7 persons and distribute case study. Allow 15 minutes for discussion
- Facilitate discussion on each group’s findings and presentation.

Key Terms

Confidentiality, secrecy, disclosure, isolation, consequences for relationships, accessing care and services, stress, coping, support, appropriate services
MODULE 3: HIV and AIDS IN EARLY CHILDHOOD

Topic 3: Confidentiality & Disclosure

Being HIV positive is associated with crime, (use of illegal drugs), poor moral judgment (sex work and homosexuality) and the disease of AIDS, which many people view as a death sentence. Because HIV and AIDS are surrounded by stigma and discrimination there is a lot of secrecy connected to them.

Disclosure occurs when HIV is connected to a medical diagnosis and poses a serious problem for those infected and affected. On the one hand, they need to disclose their status in order to get medical care and other services, but on the other hand, they risk being stigmatized if they disclose. Very often persons will experience more stigma than assistance.

Except for young children’s tendency to share secrets with best friends, children generally have little or no control over who knows, when they know, what they know and if they know about their HIV positive status.

It can be several years from the time a child is diagnosed as having HIV, to the time he/she develops AIDS. This span of time gives parents a chance to conceal a child’s condition, which might be related to their own HIV status.

The term confidentiality as it pertains to HIV and AIDS, refers to an ethical principle whereby a health professional keeps information about an individual’s HIV status private. There are limits as to how, and when this information can be told to a third party, including if the patient gives his/her permission to disclose it. When people are fearful and unsure about how confidentiality will be handled, they may (a) avoid seeking care (b) not return for care or (c) avoid being tested. This has many negative consequences for persons living with and affected by HIV.

Confidentiality also extends to any person to whom someone living with HIV discloses his/her HIV status. Unless that person gives permission for his/her status to be made known to other specific individuals, the person who has been confided in is bound to treat the knowledge with privacy.

Discussion Guide

- Types of responses to a child with HIV or AIDS
- Making choices about disclosure
- What is the basis for disclosing a child’s HIV status?
- Granting access to personal and private information through disclosure
- Balancing the fear of negative consequences with the need for care and service
Learning Outcomes

At the end of this session, participants should be able to:
1. Identify ethical issues concerning children with HIV and AIDS in ECIs
2. Outline an ethical framework for the management of HIV and AIDS in ECIs
3. Prepare a presentation, not exceeding 10 minutes, on equitable service in the management of HIV and AIDS in ECIs

Materials and Advance Preparation

- Check that the training venue and room set up are appropriate and comfortable
- Flip chart
- Makers
- Masking tape
- Write definition of ethics on flip chart

Method of Delivery

- Introduce the topic and give an overview of what participants may expect from the session
- Facilitate feedback on the definition of ethics presented
- Invite sharing about ethical issues relevant to HIV and AIDS in ECIs
- List the key points on flip chart and display for reference
- Invite participants to form groups not exceeding 7 persons
- Instruct participants to select one issue that is identified by key points in the list that was created
- Check to see that there is no overlap of issues chosen by the groups
- Instruct the groups to refer to the definition and key points and prepare a 3-minute presentation. Allow 20 minutes for this activity
- Facilitate feedback after each presentation

Key Terms

Equitable access, rights, culture, fairness, HIV infection, AIDS, empathy, morally just, organization and administration of ECI.
**Facilitator Notes**

*Ethics* is a philosophical term that can be defined as doing the right thing, because it is the right thing to do, in spite of one’s personal feelings.

Ethics involve well-based standards of right and wrong that set out what we should do with respect to rights, responsibilities, fairness, and what will benefit the society as a whole. Examples of these standards are, the right to privacy, and the right to freedom from injury.

Well-based standards are necessary because our feelings, laws and customs can deviate from what is ethical.

Young children have the ability to bounce back from adverse circumstances. They are predictive of the quality of the country’s human capital. Therefore services in ECIs to children with HIV and AIDS should be given within a rights-based context in order to ensure the most advantageous environment for the children’s development.

**Discussion Guide**

- Following one’s own feelings
- What is the basis for Ethics in the management of HIV and AIDS in ECIs?
Module 4
Managing the Solutions
Module 4: Managing the Solutions

Introduction

The purpose of the module is to strengthen the practical and interpersonal skills of adults and children for managing HIV and AIDS in early childhood institutions (ECIs). The module consists of 4 topics, namely:

1. The safe environment
2. HIV prevention education for the early childhood years
3. Psychosocial responses to children living with and affected by HIV and AIDS
4. Tips for managing the solutions

Handouts and learning activities are placed in the Appendix.

During the early childhood years, children are at the same time inherently resilient and vulnerable. They have a natural inclination to create meaning in their world and a capacity to learn through activities that instill lessons, not only in their brain but in their muscles as well. Such attributes provide a foundation for them to develop empathy and learn ways of keeping themselves safe. However, this should be taught in ways that are not fear-based.

For the purpose of this module, we will give special attention to Standards 6 - Health and 7 – Nutrition in the Early Childhood Commission’s Standards for the Operation, Management and Administration of Early Childhood Institutions

Learning Outcomes

At the end of this module participants will:

- Have a sound understanding about the required elements of a safe environment in ECIs
- Rate their skills and attitudes to designing age-appropriate ways of teaching children to behave in a safe way in incidents/accidents where there is blood
MODULE 4: MANAGING THE SOLUTIONS

Topic 1: The safe environment

Learning Outcomes

At the end of this session, participants should be able to:
1. Identify and discuss what elements make up a safe ECI environment
2. Define universal precautions
3. Discuss how to respond to incidents that involve blood in the ECI environment
4. Identify materials and activities to teach HIV health and safety in a child-friendly way
5. Outline a safety management plan for HIV and AIDS in ECIs

Materials and Advance Preparation

- Ensure that the training venue and room set-up is appropriate and comfortable
- Consider inviting a resource person who will address any technical issues/questions that may arise
- Number of participants
- Ensure adequate copies of activity sheets for group work
- Prepare a presentation, not exceeding 7 minutes, about universal precautions from facilitator notes and independent reading
- White board and eraser
- Flip chart
- Markers
- Prepare a display with the following items:
  - Water for hand washing
  - Soap
  - Absorbent paper towels
  - Condom
  - Apron
  - Disposable gloves - for use when cleaning blood
  - Plastic garbage bag
  - Bleach or disinfectant - to clean and disinfect floors, tables, desks and other surfaces
  - Hydrogen peroxide - for cleaning cuts and scrapes
  - Cotton - for cleaning cuts and scrapes
  - Gauze- for covering cuts and scrapes
  - Calamine lotion- for relieving itching
  - Panadol in liquid and tablet form - to reduce fever and pain

Handouts

Universal Precautions
How to Clean Up Accidents Where There is Blood/body fluids
Topic 1: The safe environment

**Method of Delivery**

- Introduce the topic and objectives and give an overview of what participants may expect for the session
- Invite participants to brainstorm what constitutes a safe environment in an ECI
- Facilitate discussion on the brainstorm
- State that knowledge provides protection from HIV
- Deliver presentation on universal precautions
- Distribute handout on universal precautions
- Facilitate feedback on presentation and handout
- Invite volunteer(s) to demonstrate proper hand washing techniques
- Invite participants to form groups, not exceeding 7 persons
- Distribute flip chart paper and markers to each group
- Instruct the groups to view the display of items and prepare an outline for teaching HIV health and safety in an ECI. They may use the activity sheets to assist. Allow 30 minutes.
- Allow each group 5 minutes to present their outlines
- Facilitate feedback after each group presentation

**Key Terms**

Universal precautions, child friendly, safety skills, blood

**Facilitator Notes**

*Universal precautions* are a set of safety measures that are to be taken when providing first aid or health care, so that there is no need for isolation precautions with blood and body fluids. They involve the use of protective barriers such as gloves and aprons to reduce the exposure of a caregiver’s skin or mucus membrane to potentially infectious body fluids.

Universal precautions are designed to prevent the transmission of blood borne pathogens such as the hepatitis B virus and the human immunodeficiency virus (HIV).

Universal precautions apply to blood and other body fluids that contain visible blood such as semen and vaginal secretions. They do not apply to faeces, urine, nasal secretions, sweat, vomit and saliva (spit), except when blood is visible in any of these.

Universal precautions must always be applied when it is difficult to identify the particular body fluid or when blood can be seen in a body fluid.
MODULE 4: MANAGING THE SOLUTIONS

Topic 1: The safe environment

At-school/playground incident with blood

- Have someone get the safety kit
- Reassure the injured child and ensure he/she is safe and comfortable
- Reassure the other children and ensure they are safe
- Put on disposable gloves
- Clean the scrape/cut with cotton and hydrogen peroxide
- Cover with gauze and secure with a strip of plaster tape
- Dispose of gloves in the plastic bag. Never re-use discarded gloves
- Wash hands thoroughly for 5 minutes with soap and water. Rinse under running water and dry hands.
- Investigate the background of the incident and take action as required by the regulations of the ECI
- Complete any necessary reports or documentation

What should be done when cleaning up after an accident/incident with blood/body fluids?

- Put on disposable gloves
- Wipe up blood or body fluids with absorbent paper towels
- Place contaminated paper in a plastic garbage bag
- Clean and rinse the area with disinfectant
- Mix 1 ounce of bleach in 9 ounces of tap water and use this to wipe any surfaces where blood was spilled
- Dispose of any cloths, paper that were used, in the plastic bag
- Remove gloves last and dispose of these in the plastic bag. Do not re-use gloves.
- Tie the plastic bag securely
- Dispose of bag according to the ECI instructions
- Wash hands thoroughly for 5 minutes with soap and water
- Rinse under running water and dry hands.

Sources:  
http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html Accessed 20/5/09
http://www.healthservices.unwaterloo.ca/occupationalhealth/universalprecautions.html
Accessed 20/5/09

Discussion Guide

Do universal precautions apply in ECI settings?
When should universal precautions not apply to workers in ECI settings?
MODULE 4: MANAGING THE SOLUTIONS

Topic 2: Prevention education for the early childhood years

**Learning Outcomes**

At the end of this session participants should be able to:
1. Teach universal precautions in a child-friendly way by integrating it with other hygiene practices that are not fear based
2. Teach children health promoting activities using songs, movement and drawings
3. Facilitate learning activities about helping children to show love to others and to self

**Materials and Advance Preparation**

- Ensure that the training venue and room set up is appropriate and comfortable
- Consider inviting a resource person to provide guidance and expert advice
- Pieces of blank paper, 3 x 8 inches
- Assorted markers
- Masking tape or push pins
- Flip chart
- Empty egg cartons to represent teeth for teeth brushing activity
- Toothbrushes
- Materials for making puppets
- Prepare storytelling outline
- Adequate water for hand washing
- Soap
- Absorbent paper towels for drying hands
- Display kit/package containing the following items:
  - Band-Aids
  - Cotton swabs
  - Hydrogen peroxide for cleaning wounds & scrapes,
  - Bleach
  - Gloves
  - Water for hand washing
  - Plastic bags for disposing waste

**Method of Delivery**

- Introduce the topic and give an overview of what participants may expect for the session
- Distribute 2 pieces of paper to each participant and ask them to write, from personal experience, two things that children have said about HIV and AIDS
- Use tape or pins to display these in groups under the headings negative and positive
- Invite participants to share their knowledge and experience about how children learn in the early childhood years
- Write the key points on the white board or flip chart
MODULE 4: MANAGING THE SOLUTIONS

Topic 2: Prevention education for the early childhood years

- Invite sharing about the best ways to teach young children about HIV and AIDS
- Invite participants to form groups not exceeding 7 persons
- Instruct as follows and allow 1 hour for this activity:
  - Group 1 to develop a story from the story telling sheet
  - Group 2 to design a learning activity for presentation, using movement and song to teach hand washing, teeth cleaning
  - Group 3 to design a learning activity for presentation using song and drawing, to teach showing love to classmates and self
- Allow each group 15 minutes to present
- Facilitate feedback after each presentation

Fear-based, universal precautions, developmental level, age-appropriate behaviour, health, empathy for children with HIV and AIDS, weakened immune system, helper cells.

Facilitator Notes

Storytelling and other teaching/learning activities can be used to (a) educate children about HIV and AIDS (b) teach young children to support and care about others and themselves. Use stories from books or make up stories to fit the themes. Change the stories to suit the age group of the children. Music, movement and drawing are effective ways of facilitating expression of feelings that they may not be able to put into words. Design a safety drill to teach children what they should do if someone is bleeding and if they get blood on his/her own hands (See activity sheet in Appendices)

Discussion Guide

The effectiveness of learning activities that address misunderstandings about HIV
Attitudes towards and feelings about children living with HIV
What does a child-friendly version of universal precautions look like?
MODULE 4: MANAGING THE SOLUTIONS

Topic 3: Psychosocial responses to HIV and AIDS

Learning Outcomes

At the end of this session, participants should be able to:
1. Define the psychosocial support
2. Allow and support a child’s grief processes

Materials and Advance Preparation

- Consider inviting a resource person to address issues that require more expert knowledge
- Ensure that the training venue and room set up is appropriate and comfortable
- Ensure adequate copies of handouts
- White board or flip chart
- Prepare cards with the first name of each person (if this is known) in the group
- Masking tape
- Markers

Handouts

- Stages of Children’s Grief
- How do you feel? Activity sheets
- Communicating Without Words activity sheet

Method of Delivery

- Introduce the topic and give an overview of what participants may expect for the session
- Invite sharing about experiences with bereaved children
- Ask how would they recognize when a child in an ECI is grieving, depressed, stressed
- Brainstorm the psychosocial effects of HIV and AIDS
- Discuss the brainstorm and highlight the key points raised
- Ask participants to rate their own skills and training needs to address children’s psychosocial needs in the ECI setting
- Invite participants to form groups not exceeding 7 persons
- Distribute copies of handouts How do you feel?, Stages of Children’s Grief and Communicating Without Words activity sheet
- Instruct them to prepare a 10 minute interactive presentation on the psychosocial needs of children with HIV and AIDS. Allow 20 minutes
- Facilitate feedback after each group’s presentation
Children are individuals; they each respond differently and have different psychological needs. The way in which children are raised affects their potential in life. Like other children, those who are living with or affected by HIV and AIDS have specific needs. These include:

- love and affection
- stable care
- good nutrition
- a stimulating environment
- access to preventive and curative health services
- protection from injury

Caring for children who are living with or affected by HIV and AIDS should take a holistic approach as a strategy, by combining the administering of anti retroviral (ARV) drugs with the provision of psychosocial support.

Psychosocial support can be defined as a dynamic process of meeting social, emotional, mental and spiritual needs because these are essential elements of successful development.

**Illness:** Children who have HIV may experience frequent illness from opportunistic infections or have an ill parent.

**Death:** When children develop AIDS, they may become preoccupied with dying. The death of a parent threatens his/her entire world.

**Grief & loss:** The way a child grieves depends on his/her stage of development and the type of loss.

What factors affect a child’s grief?
Psychosocial support for children in ECIs, living with and affected by HIV and AIDS
MODULE 4: MANAGING THE SOLUTIONS

Topic 4: HIV and AIDS - ECI Managing the solutions

Learning Outcomes

At the end of this session, participants should be able to:
1. List problems and recommendations for solutions to managing HIV and AIDS in ECIs
2. Teach children empathy
3. Teach children what to do about blood
4. Teach children to name & manage Feelings (Drawing to music)

Materials and Advance Preparation

- Ensure that the training venue and room set-up is appropriate and comfortable
- Ensure adequate copies of How do you feel? handout
- Select age-appropriate safety activities/drills for classroom, playground and field trips
- Prepare a display of several types of different coloured play dough. Add scent to some, sand, sawdust, rice to others
- Copies of Raising Emotionally Smart Children

Handouts

- Building empathy: What if you had HIV or AIDS?

Method of Delivery

- Introduce the topic and objectives and give an overview of what participants may expect for the session
- Use How Do You Feel? handout to help participants focus on feelings and invite sharing about how/if they would use it to help children to focus on identifying and naming their feelings about children who are different, sick etc.
- Brainstorm what is unique about teaching empathy to children in ECIs
- Invite participants to examine the play dough display and state that using play dough is a good way to vent mad, sad, scared or glad feelings as the children feel different textures and describe how the play dough feels, in their own words
- Invite participants to form groups not exceeding 7 persons. Allow 30 minutes for this activity.
  - Group 1 will design an age-appropriate activity to teach children what to do about blood, by integrating this theme with health and hygiene practices
  - Group 2 will design an age-appropriate activity to teach children about empathy and how to identify and name feelings
  - Group 3 will observe the groups in action and prepare a report on each
- Group 3 will present their reports in plenary
- Facilitate feedback
Module 5

The Context: Legal Framework, Policies and Procedures
Introduction

Jamaica does not exist in isolation from other parts of the world. We are part of what is now being described as the ‘global village’. There is a sense in which technology has brought the different countries in the world closer to each other, and what happens in one country inevitably has an impact on what happens in another country. We cannot escape having to relate to each other. Not only is Jamaica a part of the wider world, but closer home, our country is an important part of the Caribbean region. Jamaica must therefore consider what is happening globally and regionally as we seek to address our own problems.

The purpose of this module is to create for participants – early childhood educators, basic school teachers and caregivers in day care facilities – a strong sense of the context that demanded the development of this manual for the sensitizing and training of all early childhood workers in the management of HIV and AIDS in all types of early childhood facilities. Participants will be guided into an understanding of the relevant international and regional policies, and the Jamaican legislation, standards, policies and procedures that led to the development of this manual.

The module consists of 3 topics, namely:
1. Relevant International/Regional Conventions/Policies/Requirements
2. The Early Childhood Commission
3. The Ministry of Education’s National Policy for HIV and AIDS Management in Schools

Learning Outcomes

At the end of this module participants should be able to demonstrate an understanding of:
- The concept of rights and obligations
- The relevant international and regional policies
- The Early Childhood Commission and its role and responsibilities, including the legal framework of the Commission regarding early childhood institutions
- The Ministry of Education’s School Policy for the Management of HIV and AIDS
Module 5: The Context - Legal Framework, Policies & Procedures

Topic 1: Relevant International and Regional Conventions/Policies

Under this topic, participants will be guided into an examination of the United Nations (UN) Convention on the Rights of the Child, the International Labour Organization (ILO) code of practice on HIV and AIDS and the World of Work, and the HIV and AIDS workplace policy for the education sector in the Caribbean. These conventions/policies are a part of international and regional events that led to the development of this manual.

Learning Outcomes

At the end of this session, participants should be able to:
- Explain the convention and policies identified
- Identify the relevance of the convention and the policies to the Jamaican scenario
- Explain the meaning of rights and obligations

Materials and Advance Preparation

- Consider inviting a representative of the Office of the Children’s Advocate to be a guest presenter
- Check that the training venue and room set up are appropriate and comfortable
- Ensure adequate copies of Handouts
- Ensure any audio-visual equipment to be used is in place and is working satisfactorily
- Flip chart paper & markers
- Prepare a brief presentation on the convention and the policies, using facilitator notes and independent reading

Handouts

- Principles of the declaration of the Rights of the Child
- Key principles of the ILO Code of Practice on HIV and AIDS and the World of Work
- Key areas of action covered by the HIV and AIDS Workplace Policy for the Education Sector in the Caribbean

Method of Delivery

- Introduce the topic and give an overview of what participants may expect from the session
- Introduce the guest presenter
- Distribute handouts
- Facilitate feedback and moderate question and answer period
The word ‘convention’ as used here means a general agreement by the majority concerning an accepted standard of behaviour. In this context, it is an agreement between different countries in the world.

The Convention on the Rights of the Child is therefore “a universally agreed set of non-negotiable standards and obligations. These basic standards—also called human rights—set minimum entitlements and freedoms that should be respected by governments. They are founded on respect for the dignity and worth of each individual, regardless of race, colour, gender, language, religion, opinions, origins, wealth, birth status or ability and therefore apply to every human being everywhere. With these rights comes the obligation on both governments and individuals not to infringe on the parallel rights of others. These standards are both interdependent and indivisible; we cannot ensure some rights without—or at the expense of—other rights.”

The Convention on the Rights of the Child is the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political and social rights. In 1989, world leaders decided that children needed a special convention just for them because people under 18 years old often need special care and protection that adults do not. The leaders also wanted to make sure that the world recognized that children have human rights too.

The UN Convention on the Rights of the Child recognizes four categories of Rights, namely: survival rights; development rights; protection rights; and participation rights. Every right spelled out in the Convention is inherent to the human dignity and harmonious development of every child. The Convention protects children’s rights by setting standards in health care; education and; legal, civil and social services.

By agreeing to undertake the obligations of the Convention (by ratifying or acceding to it), national governments have committed themselves to protecting and ensuring children’s rights and they have agreed to hold themselves accountable for this commitment before the international community. States that have signed showing their acceptance of the Convention are obliged to develop and undertake all actions and policies in the light of the best interests of the child.

In 1991, Jamaica became a signatory to the UN Convention on the Rights of the Child. Jamaica is therefore obligated to take all actions necessary in the interest of the child and to protect the rights of the child.
ILO Code of Practice on HIV and AIDS and the World of Work

The International Labour Organization (ILO) has stated that “the HIV and AIDS epidemic is now a global crisis, and constitutes one of the most formidable challenges to development and social progress.”

In different countries of the world, HIV and AIDS pose a major threat in the world of work, affecting the most productive segment of the labour force, reducing earnings, reducing productivity, and costing businesses large sums of money. In addition, HIV and AIDS are affecting fundamental rights of workers, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV and AIDS. Vulnerable groups, including women and children are greatly affected.

This is why the ILO is committed to making a strong statement through a code of practice on HIV and AIDS and the world of work. The Code of Practice to which we refer came into being in June 2001. It covers key principles, such as the recognition of HIV and AIDS as a workplace issue, non-discrimination in employment, gender equality, screening and confidentiality, social dialogue, prevention, care and support, as the basis for addressing the epidemic in the workplace. The Code should be instrumental in helping to prevent the spread of the epidemic, reduce the effects of the epidemic on workers and their families, and provide social protection to help cope with the disease.

This Code came into being as a result of collaboration and co-operation between the ILO and its international partners. It provides invaluable practical guidance to policy-makers, employers’ and workers’ organizations and other persons involved in formulating and implementing appropriate workplace policies, and prevention and care programmes. The Code of Practice also gives guidance in the establishment of strategies to address workers in the informal sector.

An HIV and AIDS Workplace Policy for the Education Sector in the Caribbean

HIV and AIDS is an issue for all education institutions/schools, not only because the virus affects employees and students, but also because the education institution/school can play a vital role in limiting the spread and effects of the infection. The education institution/school should be involved in teaching employees and students about HIV and AIDS, in shaping attitudes to HIV, AIDS and people living with HIV, in building skills for reducing the risk of HIV, in promoting care, and in opposing stigmatization.

In this context, ILO and UNESCO collaborated on the development of an HIV and AIDS Workplace Policy for the Education Sector in the Caribbean. This policy is based on the ILO Code of Practice examined earlier, and the policy includes key concepts and principles of the ILO Code of Practice. The policy was carefully reviewed and modified by representatives of Ministries of Education and Labour, teacher trade unions, private employers and National AIDS Councils/Commissions from five Caribbean countries during a workshop held in Jamaica in September 2005. Barbados, Belize, Guyana, Jamaica, and Trinidad and Tobago were the countries involved.
Topic 1: Relevant International and Regional Conventions/Policies

The purpose of the policy is to provide a framework for addressing HIV and AIDS as a workplace issue in education sector institutions and services. The policy should be used by individual Caribbean countries as the basis for the development of their national policies, and as the basis of policy for individual education and training institutions at all levels: early childhood, primary, secondary, tertiary, and technical/vocational.

The policy covers the following key areas of action:
• prevention of HIV;
• elimination of stigma and discrimination on the basis of real or perceived HIV status;
• care, treatment and support of staff and students who are infected with and/or affected by HIV and AIDS;
• management of the impact of HIV and AIDS in educational institutions; and
• safe, healthy and non-violent work and study environments.

Discussion Guide

Have participants identify the similarities in the convention and policies examined. How have they influenced the developments in Jamaica?
MODULE 5: THE CONTEXT - LEGAL FRAMEWORK, POLICIES & PROCEDURES

Topic 2: The Early Childhood Commission - Roles and Responsibilities

Learning Outcomes

By the end of this session, participants should be able to:

• Demonstrate an understanding of the role and function of the Early Childhood Commission (ECC)
• Identify the connection between the Early Childhood Commission and the convention/policies examined earlier in this module
• Demonstrate an understanding of the Legal Framework of the Early Childhood Commission regarding early childhood institutions
• Identify the connection between the Early Childhood Commission and the training of early childhood workers in the management of HIV and AIDS

Materials and Advance Preparation

✔ Consider having a guest speaker from the Early Childhood Commission
✔ Check that the training venue and room set up are appropriate and comfortable
✔ Ensure adequate copies of Handouts
✔ Ensure any audio-visual equipment to be used is in place and is working satisfactorily
✔ Flip chart paper & markers

Handouts

1. Duties of the ECC
2. Requirements under Standard 6, ECC standards for the Operation, Management and Administration of Early Childhood Institutions
3. Requirements under Standard 9, ECC standards for the Operation, Management and Administration of Early Childhood Institutions

Method of Delivery

• Introduce the topic and give an overview of what participants may expect from the session
• Introduce the guest presenter
• Distribute handouts
• Facilitate feedback and moderate question and answer period
In its efforts to meet its obligation to uphold and protect the “Rights of the Child”, the government of Jamaica has put certain laws in place with a view to ensuring that all Jamaican children have access to quality early childhood development programmes so that they can become healthy, well-balanced adults and self-sufficient citizens. These laws were passed to guide early childhood development in Jamaica.

The Early Childhood Commission Act (2003) set up a special body, the Early Childhood Commission (ECC) with responsibility for the co-ordination of all early childhood activities, and the development of appropriate plans and programmes for the entire early childhood sector. One important function of the ECC is the supervision and regulation of early childhood institutions (ECIs) to make sure they are efficiently run and meet the health and development needs of children.

In 2005, The Early Childhood Act and the Early Childhood Regulations were put in place, describing the requirements that an ECI must meet in order to be registered by the ECC as a legally operating ECI. The aim is to ensure that all ECIs provide appropriate services for the children. The Early Childhood Act and Regulations are legal documents containing the LAWS that govern the operations of ECIs. In order to ensure that the public can understand what is required under the law, the ECC has developed a detailed document called, Policies and Standards for the Operation, Management and Administration of Early Childhood Institutions. In effect, the document interprets the law and makes its requirements clear to the early childhood provider/practitioner.

There are 12 categories of standards for the operation of ECIs, namely:
1. Staffing
2. Developmental and Educational programmes
3. Interactions and Relationships with Children
4. Physical Environment
5. Indoor and Outdoor Equipment, Furnishing and Supplies
6. Health
7. Nutrition
8. Safety
9. Child Rights, Protection and Equality
10. Interactions with Parents and Community Members
11. Administration
12. Finance
For each standard there is a statement that describes what the standard is trying to achieve, and clearly outlines the criteria by which the standard will be assessed. Some of the criteria are set out in the law and others are voluntary. Those criteria that are required under the law must be in place for the ECI to be registered/approved. The ECC is responsible for the monitoring of all standards/criteria, whether voluntary or mandatory.

For purposes of this exercise, we will give some special attention to **Standard 6 - Health**, and **Standard 9 - Child Rights, Protection and Equality**.

**Discussion Guide**

**Equality**

Relevance of Standard 6 & 9 to the management of HIV and AIDS in ECIs
Learning Outcomes

At the end of this session, participants should be able to:
- Discuss the legal and policy frameworks of the MOE, for managing HIV and AIDS in schools
- Identify and discuss areas of inclusion and exclusion for ECIs

Materials and Advance Preparation

- Consider inviting a resource person who will address any technical issues/questions that may arise
- Check that the training venue and room set up are appropriate and comfortable
- Ensure adequate copies of Handouts
- Ensure any audio-visual equipment to be used is in place and is working satisfactorily
- Ensure adequate supplies of flip chart paper & markers
- Prepare a presentation, not exceeding 10 minutes, from the facilitator notes and independent reading

Handouts

1. Objectives of The National Policy for HIV and AIDS Management in Schools
2. Statements of Intent

Method of Delivery

- Introduce the topic and give an overview of what participants may expect from the session
- Introduce the resource person
- Deliver 10 minute presentation
- Distribute handout
- Facilitate feedback on presentation

Key Terms

National policy, HIV and AIDS, reduce vulnerability of children.
The National Policy for HIV and AIDS Management in Schools seeks to ensure that children infected and affected by HIV and AIDS have access to education, and that schools deliver HIV and AIDS and family life education to reduce young people’s vulnerability to HIV infection. The goal of this policy is to promote effective prevention and care within the context of the educational system. We will look at the National Policy from two perspectives, that of the legal framework as well as the policy framework.

The Legal Framework

The Attorney General reviewed existing laws and made recommendations regarding the development of new legislation to address issues raised by the AIDS epidemic in Jamaica. These recommendations also serve as the legal framework for the development of the policy for the management of HIV and AIDS in schools. The Attorney General’s recommendations are as follows:

1. Care must be taken to balance the rights of the individuals with those of society, as well as the rights of the infected with those of the uninfected;
2. Maximum confidentiality and protection of information related to the HIV status of an individual is an essential public health measure. The issue of clear and specific guidelines with respect to confidentiality, notification, discrimination and laboratory testing, and the responsibility of the relevant agency is necessary;
3. Students infected with HIV should not be excluded from institutions of learning on the basis of their HIV status. Nor should persons be suspended, expelled or dismissed on account of their HIV status or that of a relative;
4. HIV is a communicable disease, but there is no evidence that HIV can be transmitted through casual contact. Therefore, there are no grounds for exclusion of a child or an adult living with HIV or AIDS from attending school;
5. The Public Health Act speaks of communicable diseases as being infectious by nature. The Education Regulations, “1980” regulation 31(1) which stipulates that “students shall be excluded from attending a public educational institution during any period in which he is known to be suffering from a communicable disease or infestation”, must be interpreted in light of the definition of the Public Health Act and the scientific evidence concerning the specific ways in which HIV is transmitted;
6. The spirit of the Education Act seeks to ensure that students benefit from their educational experience to their full capacity;
7. Parents, guardians or other relatives cannot be compelled to disclose information regarding the HIV status of an individual. Where the status is known, the institution is obliged to protect that information. However, where it becomes necessary to ascertain the status of an individual to secure treatment, application may be made to the Ministry of Education under Section 24 of the Education Act;
8. Exclusion of, or imposition of restriction on an infected individual is justified only where that person poses a significant health risk.
Topic 3: The MOE’s National Policy for HIV and AIDS Management in Schools

The Policy Framework

The Ministry of Education acknowledges the seriousness of the HIV and AIDS epidemic and, recognizing that international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic, commits to minimizing the social, economic and developmental consequences of HIV and AIDS to the education system, and to providing leadership in the implementation of an HIV and AIDS policy. This policy applies to all educational institutions.

In all instances, this policy should be interpreted to ensure respect for the rights and dignity of students and school personnel with HIV and AIDS, as well as all other members of the institution’s community.

The objectives of the policy are to:
• highlight the existence of the HIV and AIDS epidemic in Jamaica and in particular the education system;
• provide guidelines for institutions on the treatment of students and school personnel infected with HIV;
• promote the use of universal precautions in all potentially infectious situations;
• ensure the provision of systematic and consistent information and educational material on HIV and AIDS to students and school personnel throughout the system;
• reduce the spread of HIV infection; and
• instil non-discriminatory attitudes towards persons with HIV and AIDS.

Adapted: HIV and AIDS Workplace Policy for the Education Sector in the Caribbean (Page 6)

Key Terms

The MOE’s national policy
Early childhood education.
Inclusion/exclusion elements for ECI
Module 6

HIV, AIDS & ECIs: Applying the lessons for the way forward
Introduction

The purpose of this module is to enable ECI personnel to integrate the knowledge and skills gained from experiencing the sessions in this manual, to be critically self aware of how they may equip themselves to become more effective as service providers in ECIs.

An important indicator will be the extent to which participants will apply the knowledge and skills as advocates in support of young children, their families and communities that are affected by HIV and AIDS.

This module is unique in that it is the participants who will be the presenters. It is expected that the activities, handouts, the recall of the discussions along with independent research will be used in developing their presentation. They will be able to share and use their presentations as future reference. Depending on the group size and/or preference, the participants may choose which or all of the assignments they will do.

The module has 3 topics and is highly participatory. Each topic represents a one-day small group assignment:
1. Prevention education for educators, practitioners and caregivers in ECIs
2. The rights and obligations of educators, practitioners and caregivers in ECIs
3. Applying the lessons learned

A HIV and AIDS pre/post test should be administered so participants may rank their knowledge about HIV and AIDS and note any change in feelings and attitudes with respect to these illnesses.

Invite participants to draft a personal action plan to apply what they have learned about managing HIV and AIDS in their institutions.

Learning Outcomes

Early childhood practitioners, educators, and caregivers confidently carrying out their jobs, with acquired knowledge about how HIV is transmitted/not transmitted, and what services and treatment are available to manage the course of the infection.

Early childhood educators, practitioners and caregivers using practical knowledge and tools to assure that a child’s rights are protected as well as his/her need for a safe environment in ECI.

Early childhood educators, practitioners and caregivers educating their peers on the need for successfully managing HIV and AIDS in ECIs.
Group assignment # 1

1. Define prevention education as it relates to early childhood practitioners, educators and caregivers, serving children living with and affected by HIV and AIDS.

2. Design a half-day training workshop to target a group of regional colleagues. Include a 10-minute presentation. Prepare at least one visual.

3. State the learning outcomes for the session and clarify indicators for monitoring and evaluation.

Key Terms

List of key terms to focus on in preparing the presentation

- Prevention education for early childhood practitioners, educators and caregivers
- Self care
- Testing
- Universal precautions
- Indicators for monitoring and evaluation
- Sustaining the change
- Accountability
- Privacy
- Early childhood regulations and standards
- Policy and legal frameworks
- ILO
Module 6: HIV, AIDS & ECIs: Applying the lessons for the way forward

Topic 2: Rights and obligations of caregivers and practitioners

Group assignment # 2:

Prepare a matrix to show the rights and responsibilities of early childhood practitioners, educators and caregivers (some of whom are aware of their HIV status) in the management of HIV and AIDS in early childhood institutions. The matrix should clearly identify the who, where, why, when of these rights and obligations.

Using the matrix prepare a 20-minute presentation to students of early childhood development. You may select the level of the students.

Key Terms

List of key terms to focus on in preparing the presentation

- MOE policy
- HIV status
- Confidentiality and disclosure
- Safer sex
- Testing
- Anti Retro Virals
- Immune system
Group assignment #3:

“It is at the community level that the outcomes of the battle against AIDS will be decided ……. Local capacity for prevention, care and support efforts need to be recognized, affirmed and strengthened.”

UNAIDS

Using the above quote as a theme, design and prepare a community education programme to support families and young children who are living with and affected by HIV and AIDS. Compile a list of agencies that provide information and support for communities.

**Key Terms**

**List of key terms to focus on in preparing the presentation**

- Stigma and discrimination
- Children and families
- Development
- Living with/infected by HIV and AIDS
- Affected by HIV and AIDS
- Where to go for help
- Sustainability
- Behaviour change
Appendices
<table>
<thead>
<tr>
<th>Element</th>
<th>Explanation</th>
<th>Factors to be considered</th>
</tr>
</thead>
</table>
| **R**  | Recency | The last thing learned is what we remember best. | Keep sessions short and re-cap often.  
Always highlight the key points at the end of a session. |
| **A**  | Appropriateness | Information, examples, teaching aids must be appropriate to the needs of the participants. | They need to know why they need to learn something.  
Use illustrations and examples that they are familiar with. |
| **M**  | Motivation | Adult learners must be ready to learn and have a reason to learn. | The material must be meaningful to them.  
Participant & trainer must be motivated.  
Make graduated linkages with what they already know with what they are expected to learn in the training. |
| **P**  | Primacy | First impressions matter.  
What is learned first is learned best. | Include the key points early.  
Make the presentation interesting by including important information early.  
If they are required to do an activity, check to make sure they get it right the first time. |
| **2**  | 2-way communication | Talk with & not to the participants | Check that your body language matches what you are saying.  
Plan for the session to be interactive. |
| **F**  | Feedback | This helps to ensure that facilitator and learner are on the same page and have a good idea of how well they are doing. | Check for feedback often.  
Give feedback on participant’s performance as soon as possible.  
Feedback is both positive and negative.  
Praise is positive reinforcement so use genuine praise generously. |
<table>
<thead>
<tr>
<th>Element</th>
<th>Explanation</th>
<th>Factors to be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Active Learning</td>
<td>Include practical exercises so participants can apply what they have learnt.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People learn best by doing.</td>
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<td></td>
<td></td>
<td>Don’t have participants sitting for too long without an activity or questions.</td>
</tr>
<tr>
<td>M</td>
<td>Multi-sense learning</td>
<td>Plan training sessions so the participants have opportunity to use all their senses because learning takes place when the learners’ senses are stimulated.</td>
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<td></td>
<td></td>
<td>Be mindful of participants with disabilities.</td>
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<tr>
<td>E</td>
<td>Exercise</td>
<td>Ask frequent questions.</td>
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<td></td>
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<td>Have participants perform the activity and not just write notes.</td>
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<td>Summarize frequently, and especially at the end.</td>
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Handout - Topic 1

PRE/POST TEST

Section 1: HIV and AIDS Knowledge

Below are some statements about AIDS. For each question, check against the answer you think is correct. If you don't know the answer, check next to Don't Know.

1. A person can get HIV by sharing a glass of water with someone who has HIV.
   1. True ○ 2. False ○ 3. Don’t Know ○

2. A pregnant woman with HIV can give the virus to her unborn baby.
   1. True ○ 2. False ○ 3. Don’t Know ○

3. Using a latex condom can lower a person’s chance of getting HIV.
   1. True ○ 2. False ○ 3. Don’t Know ○

4. A person with HIV can look and feel healthy.
   1. True ○ 2. False ○ 3. Don’t Know ○

5. A person can get HIV even if she or he has sex with another person only one time.
   1. True ○ 2. False ○ 3. Don’t Know ○

6. A person can get HIV by giving blood.
   1. True ○ 2. False ○ 3. Don’t Know ○

7. Having sex with more than one partner can increase a person’s chance of being infected with HIV.
   1. True ○ 2. False ○ 3. Don’t Know ○

8. Testing for HIV one week after having sex will tell a person if he or she has HIV.
   1. True ○ 2. False ○ 3. Don’t Know ○

9. HIV and AIDS are the same thing.
   1. True ○ 2. False ○ 3. Don’t Know ○

10. Using two condoms at the same time is better than using one.
    1. True ○ 2. False ○ 3. Don’t Know ○

1 Used with the permission of the Department of Psychiatry and Community Health, University of the West Indies, Mona Campus
Section 2: Attitudes

This section helps us to understand different attitudes. Please CIRCLE the answer category that best describes your response.

11. It is okay to promote masturbation as a safer sex method.

12. Commercial sex work should not be regarded as an illegal activity.

13. Homosexuality is a deviant behavior that should not be tolerated.

14. An employer has the right to be informed of the HIV status of any employee.

15. It is all right for teenagers to have sexual intercourse before they’re married if they are in love.

16. All human beings deserve respect without regards to their sexual orientation.
Section 3: Situations

The next statements give you different scenarios; please CIRCLE the answer category that best describes how you would feel in these circumstances.

Very Confident - 1    Somewhat confident - 2    Not at all confident - 3    No answer - 4

17. Some of your friends are drinking (or using drugs) and are pressuring you to join them. If you didn’t want to join your friends in drinking (using drugs), how confident are you that you could refuse?

1 2 3 4

18. Your partner really wants to have sex with you. If you didn’t want to have sex with your partner, how confident are you that you could refuse?

1 2 3 4

19. You and your partner decide that you want to have sex. You have talked about using condoms. If you wanted to use a condom, how confident are you that you could buy them?

1 2 3 4

20. You are going out with someone and you like each other very much. Your partner wants to have sex without a condom. If you want to use a condom, how confident are you that you could ask him/her to use one?

1 2 3 4
## How do you feel?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking to people who are HIV-positive or have AIDS is difficult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with AIDS should not have sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children who are HIV-positive should not be allowed to play with other children</td>
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<td></td>
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<tr>
<td>Parents who contract HIV or have AIDS are careless and promiscuous people</td>
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<tr>
<td>I would not be comfortable having a child with HIV in my class/institution</td>
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<tr>
<td>I would not be comfortable having a person with HIV and AIDS hold my child</td>
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<tr>
<td>I would feel comfortable caring for a child whose parent is a sex worker (prostitute)</td>
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<tr>
<td>People with HIV and AIDS should be quarantined</td>
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<tr>
<td>I would feel more comfortable caring for someone with AIDS who got the illness from a blood transfusion than a homosexual with AIDS</td>
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</tbody>
</table>

*Adapted: Peer Educator Training workshop training manual. Used with permission of the Department of Community Health and Psychiatry University of the West Indies Mona.*
APPENDIX FOR MODULE 2

Case Studies: Handout - Topic 2

Case study

Your only son is quite the ladies man. He is very handsome, has a good job, enjoys a hectic social life and is very popular among his many male and female friends. You have spoken to him on many occasions about being careful to always practice safe sex but each time he just gives you a hug and tells you not to worry because “everything cool Mommy.”

Over the past year he has been spending a lot of time with a particular woman and you have heard that it is suspected that her husband died of AIDS. Lately you notice that your son does not have his usual big appetite, he has lost a lot of weight and can’t seem to get rid of a bad cough even after several months of your motherly care. He recently informed you that you are about to become a grandmother. This should be happy news but you can’t seem to shake a very worried feeling.

Case study

Four-year old Jamal is in your class. You observe many differences about him, he appears very small for his age, seems to prefer being by himself a lot, and does not show much enthusiasm for class activities. You point out to his aunt, who seems to be his main caregiver, that Jamal is not enjoying pre-school as expected and recommend that she take him to the clinic for a check up. Jamal’s aunt breaks down in tears and discloses that she has already done this and was told that he is failing to thrive because he is HIV positive.

She tells you she is having trouble coping because her sister, who is Jamal’s mother, has had a serious substance abuse problem for over five years and has been living on the streets with Jamal. Three months ago she took Jamal to live with her when she learned of his HIV status. His mother did not get any ante natal care during her pregnancy and Jamal had not been getting any ARV medications while he was with his mother.

She told you that she was afraid to say anything before as she was afraid that Jamal would not be accepted to attend your school if his status was known.

Case study

It is being rumored that lately, one of your co-workers “looks like somebody who has AIDS.” You don’t notice any significant changes but think that she does not seem as outgoing as she used to be.

Over lunch one day she offers you some of her tripe and beans, which everybody knows is your favourite dish. You accept and tell her that you’ll have it later. You notice that you feel nervous and think about how you can dispose of the food as soon as possible.

Recently you have been wondering if you and your new partner should go and get tested for HIV as there have been a few times that you did not use a condom. You feel confused and afraid.
### Mini quiz:
**How easy is it to become infected with HIV?**

<table>
<thead>
<tr>
<th>Mini quiz: How easy is it to become infected with HIV?</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission of HIV can only occur if someone is exposed to blood, semen, vaginal fluid or breast milk</td>
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<tr>
<td>You can become infected from having sex only once with an infected person</td>
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<tr>
<td>Once you are infected, you can infect others</td>
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<tr>
<td>Many people are not aware that they are infected.</td>
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<tr>
<td>The only way to know if you are HIV negative is to get tested.</td>
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<tr>
<td>It is possible to find HIV in urine, tears and saliva of an infected, but the evidence shows that the level is negligible.</td>
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<tr>
<td>You would have to swallow several pints of saliva to become infected with HIV by kissing.</td>
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<tr>
<td>A woman with HIV cannot have children without infecting them</td>
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<tr>
<td>HIV is spread by needles left in seat cushions</td>
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<tr>
<td>You can contract HIV by hugging and kissing someone who is infected with the virus</td>
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<tr>
<td>You can become infected by sharing eating utensils, bathroom facilities and clothing.</td>
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<tr>
<td>If you are uninfected, abstinence is the only way to be absolutely sure of not being infected.</td>
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<tr>
<td>Only an act of anal intercourse between gay men can lead to HIV</td>
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<tr>
<td>HIV is commonly transmitted heterosexually.</td>
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<tr>
<td>HIV affects only homosexual men, sex workers and drug users.</td>
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</tbody>
</table>
APPENDIX FOR MODULE 2

Case Study: Handout - Topic 3

Confidentiality and Disclosure

Jerrianna teaches first grade at a school that is located in the community where she was born and raised. She has been married for 10 years and was recently diagnosed HIV positive after she was contacted by a HIV investigator at the community clinic. She is terrified that her husband will leave her and take the children.

A year ago she had gone through a difficult time in her marriage and had separated. During that period, she had a brief affair with someone who she learned has AIDS.

She did not want to tell her husband about this when they reconciled and now she cannot bring herself to tell. She feels desperate and finds herself hoping that he will also test positive so he will never have to find out about her affair and leave her.

Instructions

• Identify risks of disclosure
• Identify who needs to know
• What would/should you do if you were in Jerrianna’s position?
• What is your advice to Jerrianna?
Things to know about medication for children living with HIV and AIDS

- Some children will be taking ARV as well as other medications.
- ARV and other medications need to change as the child grows.
- All medications need to be taken regularly and in prescribed ways if they are to work properly.
- Some medications need to be:
  - Stored in the fridge
  - Taken on an empty stomach, that is, one hour before eating or two hours after eating
  - Taken at a specified time apart from each other
  - Interact with each other and one might stop the other from working and increase the risk of side effects
  - Taken with food
  - Have an unpleasant taste
  - May have side effects which make a child feel ill
- Some children who are living with HIV and AIDS:
  - May find it hard to remember to take their medicine.
  - May not wish to take their medications in public.
APPENDIX FOR MODULE 3

Activity Sheet - Topic 2

Role plays: HIV and AIDS in early childhood: Issues and challenges

Role play

You are a teacher at the Sunsea Early Childhood Centre in your community. One afternoon, a caregiver tells you that she found 7-year old Tamikie eating her lunch in the toilet. When asked her why she did this, Tamikie told her that she eats there everyday now to get away from the other children because they call her ‘HIV girl’.

Instructions:
1. Identify and discuss group members’ thoughts, feelings and responses to this case
2. From your knowledge, identify any red flags in this case
3. Design a plan of action to help Tamikie
4. Identify and discuss what type of support the ECI staff will need to provide effective and equitable service to Tamikie and why.

Role play

Your student, 6-year old Jabario lost his mother, who died from AIDS-related pneumonia, six months ago. His father has been in and out of hospital. Jabario is being looked after by his aunt Rachelle, a single parent of four. She has come under pressure to move out of the community because the community members want nothing to do with any ‘AIDS people’ there. Her salary is small and she is having a difficult time in providing for her own children plus Jabario, who she sees as a burden, but can’t bring herself to turn him out because of her love for her brother. Rachelle told you this in confidence and when you ask if Jabario has been tested for HIV, she tells you that she does not know and is afraid to find out.

You have noticed that since his mother’s death, Jabario seems to have lost interest in school activities, he plays by himself a lot and it seems that he does not like to be hugged or touched.

Instructions:
1. Identify and discuss group members’ thoughts, feelings and responses to this case
2. From your knowledge, identify any red flags in this case
3. Design a plan of action to help Jabario
4. Identify and discuss what type of support the ECI staff will need to provide effective and equitable service to Jabario and why.
Universal Precautions to Prevent the transmission of HIV

Universal precautions (UP) are designed to protect people from infections that are spread by blood and certain body fluids.

Observing UP ensures that all children are treated equally and children in turn can learn that prevention measures are easy and are something that they can expect.

UP ensures a safe environment for children and staff of ECIs

Standard precautions

- Do not make direct contact with any person’s blood or body fluids.
- Wear gloves when attending to someone who is bleeding or when cleaning up blood.
- Dispose of gloves after use.
- If a child is bleeding, use the nearest available cloth or towel as a barrier to stop the bleeding as quickly as possible by applying pressure over the area.
- Help the injured child to wash the wound in clean water and antiseptic if available.
- Cover wounds with a waterproof dressing or plaster. Keep all wounds, sores or bruises covered at all times.
- Wash hands or other skin surfaces that became exposed to blood or body fluids immediately and thoroughly.
- Wash any surfaces where blood might have dripped or splashed with bleach and water (1 part bleach to 9 parts water).
- Place any cloths that became bloody in the appropriate disposal receptacle.
- Wash hands immediately after removing gloves.

Accessed 7/7/09 http://www.unesco.org/education/fresh

**APPENDIX FOR MODULE 4**

**Activity Sheet - Topic 2**

1. **Teaching children and ECI staff what to do about blood**

   Explain to the children that this is an activity about safety and it is to practice what to do in case someone gets hurt and is bleeding.
   - Design an age-appropriate safety activity around the following statements:
     - Do not touch anyone’s blood.
     - Do not touch someone if they are bleeding.
     - If they see someone bleeding, they must call an adult (That adult must model correct behaviour by putting on gloves or using the nearest available towel or cloth as a barrier before touching the person who is bleeding).

   Band aids have 2 jobs:
   - Keep a wound clean
   - Keep the blood off other people and surfaces

2. **What the teacher/caregiver should do if blood gets on a child.**

   Right away, have someone take the child and supervise them as they wash the area off thoroughly with soap and water. The person supervising the washing should put on gloves before touching a bleeding person.
**Drawing**
- Keeping myself clean

**Materials**
- Clean and Dirty Hands
- Paper
- Marker
- Washable paint
- Paint brushes

1. Draw two large hands or trace your own hands on pieces of paper. Put the papers on the easel
2. Discuss the kinds of dirt that children might have on their hands
3. Challenge the children to visit the easel and paint one dirty hand and one clean hand

*Source: Backer, Barbara p. 332*

**Finger play for teaching dental hygiene**

**My Toothbrush**
I have a little toothbrush
*(use pointer finger)*
I hold it very tight
*(make hand into a fist)*
I brush my teeth each morning
And then again at night
*(pretend to brush teeth)*

**Music: Brushing Teeth**
*(Sing to the tune of Mulberry Bush)*
This is the way we brush our teeth,
Brush our teeth, brush our teeth
This is the way we brush our teeth,
So early in the morning

**Making toothpaste**
- 4 teaspoons of baking soda
- 1 teaspoon salt
- 1 tablespoon water
- Place ingredients in individual, clean plastic bags
- Add a drop of food colouring, flavouring extract e.g. peppermint, mint, orange
- Distribute so the children can make their own toothpaste.

**Music: Clean Teeth**
*(Sing to the tune of Row, Row, Row Your Boat)*
Brush, brush, brush your teeth
Brush them every day.
We put some toothpaste on our brush
To help stop tooth decay
**APPENDIX FOR MODULE 4**

**Activity Sheet - Topic 3**

**A self selected activity**
- **Drawing to music**

- Play various types of music, including jazz, classical, reggae, gospel, and appropriate dancehall. Let the children draw during this period. Point out that different tunes and melodies might make us feel a certain way.


**Hugging Day**

- Tell children today is hugging day
- Give each child a gentle hug and encourage the children to give gentle hugs to each other
- Talk about Hugging Day and how it is time to hug the people we care for
- Discuss how we show our love by treating each other kindly and gently
- Remind the children that not everyone likes to be hugged and touched and it is important to ask before you hug a friend

*Source: Backer, Barbara pp 54*

**Communicating without words**

- Show the children how to give tiny hugs by hooking their own index finger around the index finger of another. Both children squeeze their fingers for a tiny hug.
- To quiet the group, give a tiny hug to a child then place your hugging finger across your mouth to signal the need to be quiet.
- Ask that child to give a tiny hug and then a quiet signal to three people within reach. Each child who is hugged passes it on to others until they are all quiet.
- Practice this a few times each day to remind the children of the procedure.

*Source: Backer, Barbara p. 56*
Hugs on the ceiling

Materials

- Large piece of paper to be used as a mural
- Masking tape
- Markers
- Ask children to draw pictures of people and things that they like to hug
- They can draw these in any direction
- Make loops of masking tape with the sticky side out
- Stick these to the back of their pictures and attach to the mural
- Attach the mural flat against the ceiling so can see while lying on their backs looking up

*Source: Backer, Barbara p. 55*
**APPENDIX FOR MODULE 4**

**Handout/Activity Sheet - Topic 3**

**The Stages of Children’s Grief**

**Disorganization** – The initial expression of grief in children ranges from regression, temper tantrums and exaggerated fears in younger children, to physical symptoms, lack of concentration and mood swings in older children. The disorganization of early grief is a true crisis for children, but parents and loved ones can help the child through this stage.

**Transition** – Feelings of hopelessness, helplessness, and despair follow stress and chaotic behaviours of the disorganization stage. Many children will exhibit true depression. More common are symptoms of withdrawal, aggression and giving up in school.

**Reorganization** – When painful feelings are expressed their emotional energy wanes, and detachment becomes possible. During this stage, children have more energy and motivation for moving forward to a positive resolution of their grief.

Children need help through the difficult times of grieving as the emotions that come with the reminders of their loss; they are not able to understand their emotions as an adult would. A grieving child may regress to an earlier developmental stage. Below is a list of ways that children express grief at different developmental stages.

- Bedwetting
- Thumb sucking
- Clinging to adults
- Excessive crying
- Exaggerated fears
- Temper tantrums
- Stubbornness
- Regression

**Source:** [http://childparenting.about.com/cs/emotionalhealth/a/childgreif.htm](http://childparenting.about.com/cs/emotionalhealth/a/childgreif.htm) Accessed 7/6/09
Building empathy: What if you had HIV or AIDS?

1. If you were infected with HIV, would you want to know?
2. What would motivate you to want to know?
3. If you were told you had HIV, in what ways would it change your life?
4. If you were told you had HIV, who would you want to keep this information from. Why?
5. How would you feel if other people spread this information about you without your knowledge or consent?
6. What would happen to your job if your employer and co-workers found out that you were infected?
7. If you were infected with HIV, how would you want to be treated by others?
8. If your child or a loved one had HIV, how would you want them to be treated?

Storytelling

(As told by a young child who is HIV positive)
Kuluiea is my friend. Yesterday I hurt my leg while I was running and she helped me. My teacher and the doctor at the clinic told me that if I get a scrape or a cut at school, I must use something to cover it up and go to a big person right away and they will help me.

(As told by Kuluiea, friend of the child with HIV)
My teacher told me that I can be Moreana’s friend and I will not get HIV from her. I cannot get HIV from sharing food. I cannot get HIV from hugging someone who is HIV positive. I asked the nurse at the clinic if this is true and she said yes. My teacher is very smart.
Key principles of the ILO code of practice on HIV and AIDS and the world of work

1. Recognition of HIV and AIDS as a workplace issue
HIV and AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

2. Non-discrimination
In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV and AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV and AIDS inhibits efforts aimed at promoting HIV and AIDS prevention.

3. Gender equality
The gender dimensions of HIV and AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV and AIDS.

4. Healthy work environment
The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155). A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers in light of their state of physical and mental health.

5. Social dialogue
The successful implementation of an HIV and AIDS policy and programme requires co-operation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV and AIDS.

6. Screening for purposes of exclusion from employment or work processes
HIV and AIDS screening should not be required of job applicants or persons in employment.

7. Confidentiality
There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. Access to personal data relating to a worker’s HIV status should be bound by the rules of confidentiality consistent with the ILO’s code of practice on the protection of workers’ personal data, 1997.
8. **Continuation of employment relationship**
HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work.

9. **Prevention**
HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive. Prevention can be furthered through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment. The social partners are in a unique position to promote prevention efforts particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors.

10. **Care and support**
Solidarity, care and support should guide the response to HIV and AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependants in access to and receipt of benefits from statutory social security programmes and occupational schemes.

*Adapted from the ILO code of practice on HIV and AIDS and the world of work*
APPENDIX FOR MODULE 5

Handout - Topic 1

Principles of the Declaration of the Rights of the Child

Principle 1
The child shall enjoy all the rights set forth in this Declaration. Every child, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

Principle 2
The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.

Principle 3
The child shall be entitled from his birth to a name and a nationality.

Principle 4
The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

Principle 5
The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

Principle 6
The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of State and other assistance towards the maintenance of children of large families is desirable.

Principle 7
The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture and enable him, on a basis of equal opportunity, to develop his abilities, his individual judgment, and his sense of moral and social responsibility, and to become a useful member of society. The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents. The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities, shall endeavour to promote the enjoyment of this right.
Principle 8
The child shall in all circumstances be among the first to receive protection and relief.

Principle 9
The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form. The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

Principle 10
The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

Extract from document produced by:
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Handout - Topic 3

STATEMENTS OF INTENT

1. Non-Discrimination and Equality
2. HIV and AIDS Testing, Admission and Appointment
3. Attendance at Institutions by Students with HIV and AIDS
4. Disclosure and Confidentiality
5. Education on HIV and AIDS
6. A Safe Institutional Environment
7. Prevention Measures Related to Play and Sport
8. Refusal to Study with or Teach a Student with HIV and AIDS, or to Work with or be Taught by an Educator with HIV and AIDS

Source: The Jamaica National Policy for the Management of HIV and AIDS in schools
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Raising Emotionally Smart Children: A Training Manual
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ELECTRONIC SOURCES

http://www.usaids.gov/our_work/global.health/aids/countries/lac/jamaica_profile

http://www.cdc.gov

http://www.unicef.org

http://www.nacjamaica.com


http://www.aidsinfo.nih.gov/other/factsheets

http://www.who.int/topics/hiv_aids/en/

http://www.ovcsupport.net/sw2355.asp
TO THE USERS OF THIS MANUAL

The members of the Guidance and Counselling Unit hope you found this manual useful. We ask that you help us by taking the time to complete this sheet and return it to us at:

National Co-ordinator, HIV and AIDS Education
Guidance and Counselling Unit
Caenwood Centre
37 Arnold Road, Kingston 5.

Your specific suggestions for improving the manual are most welcome.

Please feel free to share your experiences by using the reverse side of this page, as this will be of great help in improving the manual.

The area/zone in which I work is: ___________________________________________  ____________________

What I like about the manual: ________________________________________________________________
___________________________________________________________________________________________

What I did not like about the manual: _________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

My general reaction to the manual: ___________________________________________________________
___________________________________________________________________________________________

I used this manual in: _______________________________________________________________________

Other types of training materials that I used were: ______________________________________________