UNIT 9  ROLE, FUNCTION AND RESPONSIBILITY OF TEACHER

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9.1 INTRODUCTION

Many of us have fairly good idea about the importance of a teacher’s role and functions in academic institutions. The traditional role of the teacher has undergone a considerable change and innumerable responsibilities have been entrusted to him/her. It is beyond doubt that you have a more varied role to play than was probably the case earlier. In the present situation, teachers are all the more important in prevention, transmission and control of the many of social, physical and emotional illness such as situation of HIV/AIDS is alarming in India. Nearly 3.96 to 4.58 million people are infected with HIV in India, a number that is second highest in the world. Of the total AIDS cases in India 35% are aged 15-29 years. Everyday approximately 1500 people become infected with HIV and of them young people below 25 years account for over 50%. Ironically 90 percent of the infected people themselves are not aware of their HIV status and may therefore be transmitting the virus to partners unknowingly. In light of above, it is not surprising that the teachers role in prevention of transmission of HIV/AIDS is currently receiving a lot of attention in India. In this context, it becomes relevant for us to discuss a few basic questions. What are the basic ideas that we Indians have to aspire to? What role does the teacher and education have to play in this regard? What are the basic methods of testing of HIV/AIDS?
In this unit, we will provide you with a deeper understandings of meaning of HIV/AIDS, functions of teachers in terms of social, moral, economic, emotional and educational facets and its linkage with development of curricula and role in development of school health policies.

### 9.2 OBJECTIVES

After going through this unit, you will be able to:

- differentiate between HIV/AIDS/STIs;
- explain why teachers focus efforts in schools to address HIV/AIDS?
- describe how HIV is transmitted and role of teachers in prevention of transmission of HIV/AIDS?
- describe different HIV tests and the conditions in which one should go for testing; and
- list different roles of teachers in the pro and post HIV transmission phase

### 9.3 WHY TEACHERS SHOULD FOCUS EFFORTS IN SCHOOLS TO ADDRESS HIV AND AIDS?

AIDS is as much about social and political phenomenon as it is about biological and medical concern. AIDS is no longer restricted to specific regions in the world or individuals with high-risk behaviour rather it can infect affect housewives, fetus, children, youth, rich, poor i.e. any body and anywhere.

The number of HIV infected persons is steadily increasing in India.

Young people are comparatively more vulnerable to HIV than old people, because of its mode of transmission and the biological basis of sexuality and reproduction. The social impact on these adds do the vulnerability primarily because of social norms and attitudes; ideologies and taboos; unemployment and poverty; behaviour and inexperience, ignorance and myths.

Under the current situation, young people are at the center of the epidemic and if remained unchecked would engulf the major and most vibrant human resource of the country. The behaviour they adopt now and they probably maintain throughout their sexual lives would determine the course of the epidemic for decades to come.

Schools are a strategic point of intersection between efforts to achieve universal, basic education despite rising prevalence of HIV and the increasing population living with AIDS and efforts to reduce HIV prevalence through prevention education. Efforts to achieve the desired outcomes in each of these areas must therefore go forward together. Schools, with their unparalleled access to a population that is critical to reach, their trained teacher and their links to the families and communities they serve, help the community in disseminating HIV prevention education.

Teachers have the opportunity to reach children and young people with HIV and AIDS prevention interventions before many are sexually active. They can do this in three ways by:

(i) providing HIV/AIDS-related knowledge and skills to all young people, including those at special risk;
(ii) linking young people to relevant health services; and

(iii) supporting activities that reduce overall vulnerability to HIV infection, for example, by ensuring protective school environments; or by reaching out to girls, young people who use drugs, young migrants, refugees and asylum seekers, and young people whose economic circumstances cause them to exchange sex for money, drugs or material benefits.

In addition, teachers in schools provide a channel to the community to introduce HIV prevention efforts and advocate for policies that reduce discrimination.

Such teacher guided programmes in many countries have proven that well implemented HIV prevention programmes can reduce risk by delaying the age of first sex, increasing condom use, reducing the number of sexual partners, promoting the early treatment of sexually transmitted infections (STIs), promoting access to voluntary and confidential counseling and testing, and reducing other forms of risky behaviour such as drug use, and injecting drug use in particular.

Comprehensive school health, hygiene, nutrition programmes and counseling by teachers are key to realizing that hope. Such programmes are more valuable in addressing HIV/AIDS than specific HIV/AIDS interventions delivered in isolation. As health outcomes and risk behaviours often share the same root causes and tend to cluster, comprehensive teacher guided programmes can help to address a range of health and social issues, and the factors and conditions that affect them.

Enhancing overall health and nutritional status is an important way to reduce vulnerability to HIV/AIDS, and sustain the health of those already infected.

**Check Your Progress**

**Notes:**

a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1. How can teachers use HIV prevention interventions among children and young people?

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**9.4 WHY ARE TEACHERS SO IMPORTANT?**

Infection with the Human Immunodeficiency Virus (HIV) and the Acquired Immuno Deficiency Syndrome (AIDS) represent urgent worldwide problems with broad social, cultural, economic, political, ethical and legal dimensions and impact.

Today a substantial proportion of the people in low and medium income countries of the world are between the ages of five and eighteen years. A large number of them are in school systems or are in communication with those who are social science experts, information, values and skills conveyed in schools by teachers have a considerable impact on the lives of these young people. Active involvement of teachers through their representative organizations in planning, implementing and evaluating (in cooperation with health, communication and social science
experts) school health promotion programmes to deal with issues of AIDS and other sexually transmitted diseases (STD) is a necessity if knowledge is to be increased and risk behaviours reduced among young people. In addition, their involvement is critical in initiatives to combat ignorance and to prevent discrimination against both their colleagues and who are HIV-infected.

9.4.1 Important Functions of Teachers in School

Teachers play important functions in variety of social, cultural, emotional and educational field, which are as follows:

- Act as a powerful agent who help in achievement of purposeful living for every individual in society;
- Young people need to be taught basic values to live and it is the teachers' responsibility to provide these;
- Teachers in school are role models. They provide love, nurturing and care equally to all children, thus ensuring a healthier development;
- Provide information, education, counselling and clinical services that help young people to become more responsible;
- The most important determinant of success of an educational programme like Adolescence Education (AE) is the teacher;
- Even when the elements of AE are integrated in the syllabi, the teacher has an important role in explaining the content effectively. Most of the elements of AE are very sensitive, delicate and value-laden. Interaction with students on these elements requires adopting a holistic approach;
- As educator, a teacher can contribute to development of their students' self esteem and positive body;
- Teachers create a supportive school environment, which is very important. The human factor is personified in the teacher;
- A teacher can make a class an interactive place where students can freely ask questions;
- A teacher can make use of the morning assembly to tackle a variety of issues forcing uncomfortable social and sexual issues into the public domain so that young people are able to talk about it without constraint;
- A teacher can encourage adolescents to become sexually responsible adults by changing attitudes and developing rational behaviour among learners;
- Teachers can protect them from sexual exploitation or sexual abuses;
- Teacher can promote links with health services to meet the health needs of adolescents;
- As a respected and knowledgeable person in the community, a teacher can influence others and mobilize support for adolescent health programs;
- There are limited facilities for adolescents at the community health centers/primary health centers. Information of these services can be provided by teachers to adolescents in schools.
9.4.2 Educational Functions of a Teacher

Teachers give students the tools to make responsible choices about behaviour. Given that young people may become sexually active and/or attracted to risk behaviours such as drug injection at an early age. Education programmes created by teachers include discussion of appropriate options for risk reduction.

Involvement of teachers representative organizations in programme development is critical to ensure that the needs of students are met by educational programmes meaningful to their lives. Such programmes have also to be responded to appropriately by teachers with the full support of educational authorities, parents and the community at large. Teachers provide adolescents with the knowledge of male and female genital organs, changes in the human body upon attainment of puberty, hormonal changes and their effects, knowledge about sex, HIV/AIDS, causes and effects along with the global situation of the HIV/AIDS epidemic. The teachers provide the information with facts and figures which help the student to take decisive actions.

What is HIV/AIDS?

The term “HIV” stands for Human Immunodeficiency Virus. This virus weakens the body’s immune system, the system responsible for defending the body from diseases. Although an HIV infection cannot be cured, it can be treated with a combination of medicines called ‘Anti Retrovirals’ (ARVs).

An HIV-positive person (i.e. someone living with HIV infection) can live for many years without major health problems. However, gradually HIV can weaken the immune system so severely that it cannot fight diseases, and the HIV-positive person may eventually develop AIDS - Acquired Immuno Deficiency Syndrome.

AIDS is a syndrome. In other words, it may be a collection of one or more (common and rare) illnesses that are specifically associated with a deficient immune system. They are often referred to as ‘AIDS-defining illnesses’.

HIV and AIDS do not mean the same thing.

- HIV is the virus that weakens the immune system.
- AIDS is the syndrome that results from a very weak immune system.

The lack of information and/or misinformation about HIV and AIDS, in particular about modes of transmission of HIV, fuel a great deal of prejudice, causing individuals to fear contact with people living with HIV - whether those are strangers, members of their community, friends or relatives.

The stigma and discrimination attached to HIV and those living with it, not only raise questions of human rights, but they also discourage people from being tested and knowing their HIV status. This contributes to the spread of the virus, and delays treatment that can reduce the suffering of persons living with HIV and AIDS.

What are STIs?

Sexually Transmitted Infections, or “STIs”, is a general term for infectious diseases that are spread through sexual contact. HIV/AIDS can be regarded as an STI. Other major STIs are syphilis, gonorrhoea and chlamydia. Worldwide, the highest rates of STIs are usually found in the 20-24 age group, followed by the 15-19 age group.
STIs spread rapidly, in great part because the majority of infections either do not produce any symptoms or signs, especially in females, or produce symptoms so mild that they are often disregarded. Some STI symptoms even disappear over time, creating the false impression that the disease, too, has disappeared. Finally, many adolescents do not know the difference between normal and abnormal conditions and therefore do not know when to seek medical care. Even when they suspect they have an infection, many young people do not seek the medical care they need. This is especially true when services are too far away or too expensive, or when teens fear they will be judged, punished or exposed.

Over 100 million new sexually transmitted infections, excluding HIV, occur each year among young people under 25 years of age. STIs greatly facilitate HIV transmission between sexual partners, so treating and preventing them is an important step in breaking the HIV chain of infection.

9.4.3 Social Functions of a Teacher

A teacher has a dynamic function in society. In relation to HIV infection and AIDS, these functions include the following aspects:

1. Promotion of the knowledge of HIV/AIDS among students, adults, parents, rural mass, urban population etc.

2. Teachers can also promote the basic knowledge of prevention of transmission of HIV/AIDS.

3. Teachers has to be part of the adult education programmes organized to educate adults, boys and girls who have not had an opportunity to go to school.

4. Teachers in schools can give right guidance to the students as regards sexual behaviour, drug abuse, other modes of transmission of HIV/AIDS, instill confidence and trust in them, dispel their doubts, inform about various testing methods, counselling etc; as most people are short of knowledge on these issues.

5. Teachers should also not let any discrimination be practiced against anyone found to be HIV positive.

6. Teachers in the community act as model and mentors, young children try to imitate them due to their trust in them. Parents therefore want a teacher to avoid any behaviour that might be bad for children to imitate.

Teachers, therefore have to play the role of a guide, philosopher, counsellor and role model.

It is evident that the expectations of the community from a teacher, especially for HIV/AIDS are manifold. The teacher's functions therefore is multifunctional. It is obvious that to carry out above functions in the community, a teacher has to have attributes like:

- Being loving to people;
- Being empathetic and patient;
- Being a good listener;
- Being non-judgmental with others especially with children;
- Upholding social values through their own.
Check Your Progress

Notes: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

2. Describe functions of a teacher in relation to HIV infection and AIDS.

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9.4.4 Economic Functions of a Teacher

Poverty is said to be a curse. Low earnings lead to low intake of food, low calories, poor health, poor purchasing power for all those benefits, which are made available by the economic system. Poverty leads to poor education. Poor health, sanitation and environment lead to proliferation of cases of HIV/AIDS. It also leads to lack of access to medical facilities and ignorance. These result in very poor health of the deprived sections making the figures of HIV infected persons to go up.

Economic deprivation leads many underprivileged girls and boys to adopt the easy path of earning money through activities such as prostitution, drug abuse, drug trafficking etc. This also results in the increased incidence of HIV infection in the youth.

In the above circumstances, teachers have a very vital function. Teachers can study the psychology of such persons and guide them about the ill effects of their activities.

Teachers can give them free education on HIV/AIDS, its causes and ill effects. Teacher can also show them the alternative and respectful means of earning. Teachers can help them to understand the advantages of having monogamy and avoid sex with multiple partners or with a person having multiple partners to avoid the risk of contracting the virus infection. Teachers can also enlighten them with the transmission of HIV virus through used syringes and needles. Teachers can also educate them of various modes of transmission of HIV through blood transfusion, cuts, incisions etc.

Teachers can also help by giving information about getting themselves tested for HIV in various government run health dispensaries. Teachers can therefore provide a link between the community and these institutions.

For those who are economically poor, teachers are like Gods who help them to get educated, give a patient listening and show them the right path without gaining any monetary benefits for self.

9.4.5 Emotional Functions of a Teacher

Emotional functions of the teacher for prevention of HIV/AIDS and also when a person is found infected by HIV virus, are quite different from the other functions described so far. Emotional functions include a patient listening, counseling, making no discrimination, giving equal opportunities to even the infected persons; keeping their identities hidden, showing them the right paths for getting tested and subsequent treatment.
In the above circumstances, the teacher acts as an emotional counsellor. Here either
the student approaches the teacher when he/she has a problem, which cannot be
solved by self, or the teacher senses, the problem and offers help to the student to
solve the problem.

Teachers as a counsellor address not only problems related to school, studies etc
but also those related to friends, family, health etc.

In order to resolve the emotional issues the most important attribute of a teacher is
his/her sensitivity in identifying students with problems. This is because, in a school
set up, students seldom approach teachers with their problems to get any help, as
they are apprehensive about disclosing the intimate nature of the problems. It is
only with the serious efforts that a sensitive teacher after identifying a student
with some emotional problem can establish rapport with him/her and make him/
her come out with the problem that he/she is confronted with. After having
understood the nature of the problem, the function of the teacher is to help a
student realize his/her potential to solve it. Counseling works on the principle that
every individual, if guided properly, can realize the strength of self to solve problems
of self. Hence, a teacher does not have always to give solutions. What he can do is
to make clear the different paths to solving the problem and in the process makes
a student move forward in solving the problem. To accomplish above acts, a teacher
should have the following attributes of being:

- A keen observer
- Sensitive
- Empathetic (being able to see the problem from student’s perspective)
- Objective

Apart from all these, being loving and friendly to win the confidence of students
so that they would open up is also an attribute in a teacher.

9.5 ROLE OF A TEACHER

The primary role of a teacher is to help individuals adopt behaviour and create
conditions that boosts up their confidence and leads to healthy living. A teacher
should be prepared to help students acquire the knowledge, attitudes and skills,
which are needed to make informed decisions and practice healthy behaviour. With
regard to HIV and AIDS, education can help individuals develop life saving skills.
It can teach people how to prevent HIV infections and how to care for HIV positive
families and friends. It is the key to reducing HIV/AIDS related stigma and
discrimination.

Well implemented roles of teacher have been shown to reduce key HIV/AIDS
risks, particularly when they go beyond the provision of information to help young
people develop attitudes and skills needed to make and maintain positive choices
with regard to health. For example, psycho-social and inter personal skills can
enable young people to make informed decisions, be assertive, set goals, negotiate
and develop other competencies to help them lead a healthy and productive life.

9.5.1 In Prevention of Transmission of HIV

To date, epidemiological studies from throughout the world have documented that
the Human Immuno Deficiency Virus (HIV) is transmitted in only three ways:

1. Sexual intercourse (heterosexual or homosexual) with an HIV-infected person
2. Exposure to HIV-infected human tissues, such as blood, blood products, or donated organs and semen (Exposure to blood principally involves the transfusion of HIV-infected blood or the use of HIV-contaminated syringes and needles and other unsterilized skin piercing instruments);

3. From infected woman to foetus or infant before, during or shortly after birth (perinatal transmission).

HIV is not transmitted by casual person-to-person contact in any setting, including the school setting.

HIV infection and AIDS are global problems. At any point in time, the majority of HIV-infected persons feel and appear well; over time, they may develop AIDS or other HIV-related conditions or they may remain asymptomatic. A large percentage of the estimated 5-10 million HIV-infected persons worldwide are in their early twenties and many of them are likely to have acquired their first HIV infections before the age of 18. Therefore, the implications of HIV/AIDS in school settings should be thoroughly understood by students and parents, and comprehensive discussion of modes of transmission and behaviours to reduce risk of infection should be implemented by teachers as part of the national AIDS prevention and control programmes in every country.

It is important that everyone involved in school settings understands and communicates to others that ordinary contact between students, between teachers, between student and teacher, and between teacher and student does not involve a risk of acquiring or transmitting HIV. The primary risk behaviours that lead to HIV infection in students between the ages of five and eighteen years are the same as those, for adults: sexual intercourse, contact with the bloodstream by HIV-contaminated unsterilized skin piercing instrument (usually needles but also instruments for scarification, etc.) and, in countries where the screening of blood for HIV antibodies is not yet routine, or by blood transfusions.

In the above context, a teacher has a very dynamic role in the school in prevention of transmission of HIV/AIDS by keeping the students well informed about the various ‘No risk’ and ‘High-risk’ behaviours, so that further spread of HIV can be prevented. The teachers may discuss with students a strategy to prevent the further spread of HIV in the community; each option has its own strengths and limitations.

No Risk or Safe Behaviours

1. Responsible sexual behaviour
   
a) Abstinence from sexual intercourse before marriage is a ‘no risk behaviour. In this context, the traditional value of ‘no sex’ before marriage is important to stress. Students may be encouraged to discuss the significance of this traditional value in the contemporary situations. Abstinence is a responsible behaviour and students need to discuss the reasons or observing abstinence and learn how to restrict pressure to have sex.

b) Monogamy or sex with one uninfected faithful partner is another ‘no risk’ behaviour. In this context, it is important to note that this is in consonance with the Indian value, which discourages pre-marital and extra-marital sex.

c) Use of condoms

d) Non-penetrative sex

2. Not sharing needles/syringes and using sterilized/disposable needles and syringes for all purposes.
3. Ensuring that one accepts HIV free syringe/blood transfusion, if and when necessary.

4. There is considerable evidence to show what HIV is not transmitted by -insects, food, water, sneezing, coughing, toilets and bathroom facilities, urine, swimming pools, sweat, tears, shared eating, shaking hands, kissing and hugging, sitting in same class and canteen, sharing the same machines, bites by insects, mosquitoes, bed bugs, etc. and drinking utensils or other items such as protective clothing, telephones, shared toys, books, furniture or athletic clothing.

High Risk Or Unsafe Behaviours

The following behaviours carry the risk of HIV infection and AIDS:

1. Sharing un-sterilized needles and syringes.
2. Multiple sex partners.
3. Accepting untested blood transfusion.
4. Having sex with a person who has multiple sex partners.

9.5.2 In Providing Knowledge of Different Tests and Testing of HIV/AIDS

While traditionally psychologists, social workers and doctors have served as counsellors, it is important to explore the role of teacher as educator for HIV testing with young students as a teacher can gain trust and confidence of students. A teacher can explain properly:

- What is HIV testing?
- Different types of HIV tests
- How do these test work?
- What does it mean if the test is positive?

What is HIV testing?

HIV testing is done to determine whether or not the person is infected with the Human Immuno Deficiency Virus (HIV), which causes AIDS. These tests look for antibodies to HIV. Antibodies are proteins induced by the immune systems to fight against germs. They are generally specific for each organism and so their detection shows indirectly that the infection is present.

Different types of HIV testing?

The most common HIV test is spot test that produces results within 5 minutes with one drop of blood. Other tests include viral load test, though less readily available, can reveal the presence of HIV in the blood with in 3 to 5 days of initial exposure, as well as highly accurate saliva tests that are near equivalent to blood tests in determining HIV antibody status.

How do these tests work?

HIV testing looks for antibodies in the person's blood. When the HIV enters a person's body, a special chemical (antibody) is produced. Antibodies are produced in the body as the body's response to an infection. The only way to know for certainty if antibodies are present in the body is to have a special blood test, the HIV antibody test. If a person develops antibodies to HIV in his or her blood, it
HIV Transmission and Testing

means (she/he) has been infected with HIV and will have a positive test result. It means the infected person can pass the virus to others. HIV antibodies can usually be found in the blood within 12 weeks after infection with HIV. In rare cases, it can take up to six months. A positive test does not necessarily mean a person has AIDS nor does it indicate when she/he might develop AIDS. The immune system produces these antibodies to fight HIV, but development of anti-bodies against HIV takes place mostly between 6 weeks to 3 months after infection called the 'Window period'. During this period, test results do not show positive for HIV though the person is infected.

What does it mean if the test is positive?

Positive test result means that you have HIV antibodies and are probably infected with HIV. Many people who test positive stay healthy for several years. If test of a person is negative and the person has not been exposed to HIV for last three months then he/she is not infected with HIV.

Check Your Progress

Notes: a) Use the space provided for your answer.
     b) Check your answer with those provided at the end of this unit.

3. How can teacher help in prevention of HIV and AIDS?

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9.6 RESPONSIBILITIES OF A TEACHER

9.6.1 In Pre and Post Transmission of HIV

Teachers in schools have wider responsibility in pre and post transmission of HIV/AIDS than simply giving lectures, providing counselling and guidance to the young boys and girls, parents, friends and relatives. Teachers can promote various health services by adopting the following core components and practices:

1. School health policies
2. Ensuring safe water, sanitation and a healthy environment
3. Skills based health education
4. School based health services

1. School Health Policies

Teachers develop and monitor supportive HIV/STI related school policies, which are important in designing effective HIV/STI interventions. Teachers in schools guide the planning: implementation and evaluation of efforts to promote health, prevent HIV/STI and eliminate HIV/AIDS related discrimination. While planning for the school health policies by teachers, they should emphasize the following areas:
- Human rights, including the rights to education, non-discrimination, confidentiality, protection of employment and protection from exploitation and abuse.

- Access to school by students and school workers living with HIV including those with AIDS.

- Pre and in service teacher training.

- Community/parent participation.

- Content of curricula and extra-curricular activities.

- Links with health services capable of providing diagnosis and treatment of STI for young people as well the means of protection against unwanted pregnancies and HIV/STIs, including contraceptives and condoms.

- Policies should conform to national and local standards and be adapted to the needs, concerns, norms and values of the local population.

- HIV/STI training for all school personnel.

- Co-ordination between health and education authorities at local and district levels in planning and implementing HIV/STI interventions in schools.

- Policies for students and school personnel that support privacy, attendance, employment and infection control.

- Policies that support HIV/STI prevention and other health interventions for all levels of schooling, starting in the earliest grade and continuing through the last

- Designation of a school-level coordinator with responsibility and authority to deal with health issues and concerns.

- Policies ensuring that school staff know and follow universal first care precautions and emergency response procedures.

- Policies about curricula content, including sensitive issues like safe sex, birth control, family planning, sexual harassment and sexual orientation.

- A code of professional ethics that protects students, teachers and staff from sexual harassment and abuse.

- Ensure that there is no discrimination against students, teachers or others school staff living with or affected by HIV

- There should be no denial of education to students or employment to teachers just because they are HIV positive. Such discrimination is a violation of human rights and it contributes to the spread of the epidemic by making people afraid to get tested or disclose their HIV status.

- The confidentiality and privacy of HIV positive persons should be guaranteed.

- Full attendance and equitable, safe and humane treatment for students and school personnel with HIV/STI is paramount.

- Decisions about the educational and working environment such as use of special aids or efforts made to accommodate persons with HIV should be documented.
HIV Transmission and Testing

- Any special services that should be provided to assist those with limited strength or whose illness hampers their educational and/or working performance.

- Policies and procedures on intervention and prevention of harassment in order to promote an environment that fosters respect and compassion as well as social growth for all students and school personnel.

- HIV related disability definitions should conform to prevailing laws, wherever applicable.

- Requirements and procedures established through collective bargaining must be respected.

Such policies help ensure the social, emotional and physical well-being of HIV positive students and school personnel. This allows people living with HIV to continue to contribute their productive capacity to the education of students and HIV infected or affected students to continue to come to school to learn. By serving all people equitably, the school promotes understanding, respect and compassion among the students, staff and the community at large.

2. Water, sanitation and the environment

Physical environment

Teachers must ensure provision of safe drinking water and sanitation facilities, which are essential steps to provide a healthy physical environment. Diarrhoeal diseases, worm infestations and other water and sanitation related diseases undermine children's health, well-being and learning abilities. Attendance suffers when children are sick and serious. Prolonged illness can cause children to have to repeat or to drop out altogether. The lack of private toilet facilities in many schools is known to contribute to high dropout rates among girls, particularly at puberty when they begin to menstruate. Just being in school is, in itself, a powerful defense against HIV/AIDS. Young people who drop out become more vulnerable to HIV infection and a range of other health risks including unwanted pregnancy and alcohol and drug use. Thus efforts to make the physical environment safe and sanitary are very important.

Psycho-social Environment

Embarrassment, fear and taboo surrounding sexuality in general and HIV/AIDS in particular, complicate efforts to ensure that young people have the factual information and necessary skills to protect themselves and others from infection with HIV. HIV/AIDS related stigma and discrimination discourage individuals from being tested for HIV, disclosing their HIV status and receiving care and treatment. This results in increased suffering and contributes to the spread of the HIV. The psycho-social environment provided by the teachers in school can do a great deal to counter misinformation and prejudice. In an atmosphere where all students and school personnel feel accepted, respected and protected, when these values are regularly displayed and reinforced, the fear and misinformation that fuels discrimination can be reduced.

Support: The teachers in school give HIV infected and affected individuals an assurance of their legal and human rights.

Teacher as role models Teachers play an important role as adult models and mentors. By their example and attitude, they can demonstrate that practice of stigma and discrimination are negative behaviours. For example, a teacher might openly hug an HIV-positive student upon his or her return to the classroom after
hospitalization, teachers living with HIV have had a profound impact in correcting misunderstandings and in promoting solidarity. All school personnel can model respect and compassion for those infected or affected by this disease.

**Peer reinforcement** Students along with teachers can provide positive reinforcement to their peers by engaging in activities to combat stigma and discrimination and by encouraging and supporting each other to make and carry out decisions to prevent themselves and others from contracting HIV and other STIs.

3. **Skills Based Health Education**

The primary goal of the skills based health education is to help individuals adopt behaviours and create conditions that encourage and lead to health. Teachers help the students to acquire the knowledge, attitudes and skills, which are needed to make informed decisions and practice healthy behaviours. Teachers can help individuals develop life-saving skills. Skills thus developed can teach people how to care for HIV-positive family and friends and it is the key to reducing HIV/AIDS related stigma and discrimination.

Well implemented school based HIV prevention programmes by teachers have shown to reduce key HIV/AIDS risks, particularly when they go beyond the provision of information to help young people develop attitudes and skills needed to make and maintain positive choices with regard to health. For example, psychosocial and interpersonal skills can enable young people to make informed decisions, be assertive, set goals, negotiate and develop other competencies to help them lead a healthy and productive life. Skills based curricula should target behaviours directly related to HIV prevention; generic life skills programs that are not attached to specific outcomes have failed to show positive results.

**Choosing educational options**

Education about HIV and STI prevention and sexual behaviour poses a major dilemma for any teacher, a dilemma fuelled by public pressures and the different beliefs and values of government, religions and parents.

As teachers in schools try to determine the most appropriate focus for HIV and STI education, the following options may be considered and discussed with parents, students and members of the Community Advisory Committee. As a strategy to prevent the further spread of HIV in the community, each option has its own strengths and limitations. The options are:

- Abstinence from sexual intercourse
- Non-penetrative sex
- Condom use
- Monogamy with an uninfected partner
- Abstinence from substance use

If teachers choose to help students recognize all the options for prevention, they can teach them to select options that correspond to their own standards, lifestyle, age and personal situation. Some options will only be realistic for older students. If teachers choose to promote only one option they are likely to fail to provide a viable option for a significant proportion of students. A combination of options is clearly a more complete and potentially effective approach.

The main goals of teachers in HIV prevention is to help students adopt attitudes and behaviours that reduce their risk of infection with HIV and eliminate discrimination against those living with or affected by HIV or AIDS. Therefore, it
is important to clearly identify the behaviours and conditions that lead to these outcomes.

4. School Health Services

Schools can be efficient settings through which to deliver simple and safe health services, such as school feeding and nutrition programs, de-worming programmes, life saving immunizations and monitoring of children’s basic health and development. Specific to HIV prevention and AIDS care services, schools can also facilitate access to youth friendly reproductive and sexual health services, especially early and effective care of STI (which can reduce risk of HIV transmission), reproductive health services, counselling, access to male and female condoms, HIV care and treatment, treatment of opportunistic infections such as tuberculosis and voluntary and confidential counselling and testing, a service which has triggered many young people to adopt safer sexual practices.

Enhancing overall health and nutritional status is an important way to reduce vulnerability to HIV/AIDS and sustain the health of those already infected. The benefits are not limited to health but have been shown to improve students’ enrollment and retention rates and learning outcomes. While schools and education systems can not be solely responsible for providing such services, they can network more effectively to facilitate their access, through strong links with local health centers and other community resources.

Where resources are available and especially in areas where the number of children and young people who are affected by AIDS-related illnesses, death and stigma is high or growing, school health services should be augmented with activities that respond to HIV/AIDS/STI related needs and concerns.

Check Your Progress

Notes: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

4. What is the aim of skills based health education?

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9.6.2 In Testing of HIV

A teacher can suggest the conditions in which one should go for testing. Major and minor signs of HIV/AIDS are:

a) Prolonged, unexplained fatigue;

b) Swollen glands (lymph nodes);

c) Fever lasting more than 10 days;

d) Chills;

e) Mouth lesions, swollen gums;

f) Sore throat;
g) Shortness of breath;

h) Skin lesions;

i) Un-intentional weight loss; and

j) General discomfort or uneasiness (malaise).

- A teacher can also give information about the place where one can get tested. It is important to seek testing at a place that also provides counselling about HIV and AIDS. Counsellors can answer questions about high-risk behaviours and suggest ways through which the participant can protect himself and others in future.

- Teachers can also help the students create interest and understanding of causes of HIV and its prevention through various activities in the class room situation.

Activity

Title: AIDS transmission

Abstract

This activity can be done easily in a classroom setting. The materials are readily available and are safe for students to handle. Role playing is involved and every student takes an active part, it’s FUN! This is the best way to introduce such a sensitive/vital issue in a non-embarrassing way and still get the message across. The HIV virus is transmitted by sharing body fluids, there are specific high risk behaviours, and what you choose to do is the greatest determining factor in whether or not you contract the disease. There is a concern that has been expressed by teachers that this subject needs to be dealt with in such way that all students can feel comfortable. In some schools there may be HIV positive students and many students may have personal experience with friends and relatives who are HIV positive.

Time required

One or more, 45-minute periods depending on how much discussion you choose to include.

Preparation of materials

There are many different ways of setting up this activity.

The Simple Test Tube Method

1. Set up a test tube rack containing the same number of test tubes as the number of students in the class.

2. Fill one test tube with a solution of sodium chloride. This solution does not need to be saturated, but the teacher should test the solution to make sure it produces a positive reaction after 5-8 transfers.

3. This test tube represents the body fluids of an HIV infected person.

4. Fill the other test tubes with distilled water (the chlorine in tap water reacts with the indicator, silver nitrate, giving a false positive).

5. Prepare a dropping bottle of silver nitrate solution to serve as the HIV test.

6. Care must be taken when using silver nitrate.

7. Make a mental note of who picks up the ‘special’ test tube when the game begins.
8. Make sure that the person who gets the ‘special’ test tube has a behaviour card that promotes the spread of HIV virus.

9. Share students ‘body fluids’ by pouring some liquid from their test tube into the test tube of the person with whom they are sharing ‘body fluids’. The other person will pour some of his liquid back into the test tube of the first person.

10. Make up a set of role cards (3 × 5 cards each identifying the behavioural role that will be assumed by a participant) so that each student has one card. Students are not told who ‘has’ the HIV virus (sodium chloride solution).

AIDS testing

1. Allow sufficient time for the exchange.

2. Test each student by adding a drop of silver nitrate to each test tube.

3. The teacher will assume the role of the doctor and administer an AIDS test to each student at the end of the activity.

4. The Doctor may wear a lab coat, rubber gloves, and a stethoscope.

5. A white precipitate indicates a positive test; no precipitate is a negative test. (Note: Other solutions may be used.)

   a) Phenolphthalein in place of sodium chloride and sodium hydroxide in place of silver nitrate.

   b) A glucose solution in the ‘HIV positive’ test tube (test with Benedict’s solution).

Class discussion

After getting results from the ‘HIV test’, students then identify high-risk behaviours and try to figure out lines of transmission.

The chart in the student handout should be reproduced on the chalkboard.

Determine the numbers of students for each behavioural role and the number of ‘HIV Positive’ students for each behavioural role.

The students then can assign risk for each behaviour.

The students can do an epidemiological study to trace the route of infection back to the original source.

Class discussion topics may include:

* How does the virus spread?
* Who is at risk?
* Who is not at risk?
* What can we do to protect ourselves?
* How can we get this message to others?

A teacher’s Comment

I recently did this activity with my Biology class under the unit on blood. I judged it to be a great success. I haven’t received any complaints from irate parents, but
just to be safe I discussed what I intended to do with my principal ahead of time, and she approved wholeheartedly. No moral judgments, no lectures - just information and the opportunity to ask questions. “So far I’ve only received very positive feedback from students”.

Suggestion

Repeat the activity the next day till the students get acquainted with the HIV transmission and testing phenomenon.

Rules of the activity

1. Each student gets a test vial half filled with fluid. The fluid represents body fluids (for example, blood, semen, or vaginal secretions). One of the vials contains the ‘HIV virus’ (sodium chloride) and the rest contain distilled water.

2. A role card is attached to each vial. This identifies a behavioural role (telling when and with whom you can exchange body fluids).

3. When you exchange body fluids, use your pipet to remove some of your fluid and deposit in the vial of the other person. You should receive back an equal amount of their fluid.

4. You can exchange fluids only if the exchange is in keeping with your behavioural role, as stated on your role card.

5. After a short period of time of exchanging fluids, it will be time to ‘get tested for HIV’. The teacher will assume the role of a doctor who will administer an ‘AIDS test’ to each student.

Analysis

1. Did you test positive for HIV?

2. What was your behavioural role?

3. Were you able to trace the route of infection back to its original source?

4. Describe the method you used to trace the route of infection.

5. From the class data fill in the following table as a feedback of understanding of subject and determine the risk for each of the roles.

<table>
<thead>
<tr>
<th>Student No</th>
<th>Behaviour as per role card</th>
<th>Root of infection</th>
<th>How can it be prevented</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Describe one other role you feel should be added to the list of roles ‘played’. This AIDS Transmission Simulation.

7. Describe one way this activity could be modified to reflect more accurately today’s society?

8. What did you learn from this activity?
9.7 LET US SUM UP

HIV infection is a problem of the young adults with more than 40 percent of the patients under 25 years of age. Adolescence is a period of great physical, mental and emotional turmoil, and the teenagers, in search of their identity, very often start experimenting with the intravenous drugs or sex, both making them vulnerable to contracting HIV. Many adolescents are less likely to be aware of HIV/AIDS and the modes of its spread. Since prevention is the key to AIDS control, empowerment of the youth with knowledge about no risk and high risk behaviour and its ominous relation with HIV is a most effective tool to contain the pandemic. Planning an appropriate HIV awareness programme for a specific target group as relevant to its needs can be designed only after determining the existing knowledge, belief, attitude and practice pattern of that particular group.

Trained teachers provide HIV/AIDS prevention interventions through knowledge, skills, linkage to relevant health services and other supporting activities such as guidance, counselling, preventing any discrimination, keeping the identity hidden of the infected person, giving information about testing facilities and symptoms for getting tested besides, interaction with the young adults to evolve solutions of the problems hidden within them. Teachers have a major responsibility in not only disseminating the information, providing guidance and counselling but also adopting the core components and practices such as school health policies, water, sanitation and the environment, skills based health education and school based health services. These measures by teachers help the society in a big way in both phases pre and post transmission of HIV.

9.8 UNIT-END EXERCISES

1. List a few activities of a teacher in HIV prevention and testing
   a) as an educator,
   b) as a counsellor,
   c) as a community participant.

2. Compare the characteristic features of a teacher with that of a doctor in providing information, prevention and testing of HIV transmission.

9.9 POINTS FOR DISCUSSION

To be taken up in counselling sessions and in peer groups.

1. What are the specific competencies required of a teacher for performing the role as instructor, counsellor, community participant, social reformer in disseminating knowledge on HIV/AIDS and STI. How can a teacher help in transmission and prevention, various tests of HIV, testing facilities and interlinking the various health services.

9.10 SUGGESTED READINGS

AIDS Education in School A Training Package, National Council for Educational Research and Training (NCERT), New Delhi and NACO: New Delhi, India.


http://www.un.org.in
http://www.ilo.org.in
http://www.naco.nic.in
http://www.un.org
http://www.indexstockimagery.com
http://www.unaids.org
http://www.unaids.org.in
http://www.unodc.org.in
http://www.undp.org
http://www.unfpa.org.in
http://www.unicef.org.in
http://www.who.org.in
1. Teachers can provide knowledge related to HIV and AIDS and life skills to their students as well as they can carry out supportive activities like counselling young girls and boys about hazards of drug abuse and ensuring protective school environment.

2. i) Teachers provide knowledge to the students about HIV and AIDS.
   
   ii) They have to guide students as regards sexual behaviour, drug abuse and other modes of transmission of HIV/AIDS, iii) Teachers have to act as role model to the students and avoid any behaviour that might be bad for their students.

3. Teacher has a dynamic role in school in prevention of transmission of HIV/AIDS by keeping the students well informed about the various 'No risk' and 'High risk' behaviour so that further spread of HIV can be prevented. Teacher has also to make his students aware of various techniques and tests that are conducted to diagnose HIV and AIDS.

4. The main aim of skills based education is to create conditions and adoption of behaviours that lead to good health. Teachers help to develop attitudes and skills among individuals that promote "No risk" behaviour in, them and help them to adopt healthy life style.