

Working
group **4**

GUIDELINES CONCERNING THE CONTENTS

PARTICIPANTS TO THE WORKING GROUP

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The underlying philosophy of HIV/AIDS education is to help street children develop a healthy attitude towards themselves, others and the environment, and to steer them away from self-destructive behavior. Thus, the contents of an HIV/AIDS education curriculum must be designed specifically for them. Contents must take into account the following global objectives:

- to bring about behavior change through the reconstruction of healthy attitudes in street children towards themselves, others and their social environment,
- to help street children identify and understand the very real risk of being infected, as well as the hidden dangers of their particular situation in addition to the consequences of being infected by the virus,
- to encourage these children to find effective ways to deal with these risks and problems and to help them develop coping mechanisms.

1 THE CONTENTS

Information, Education and Communication (IEC), is often presented as a magic way to change street children's behavior in matters of prevention, including HIV/AIDS prevention. But IEC relies not only on a capacity to dialogue and solve conflicts, but also on a special talent to explain difficult concepts such as sexuality, emotional relationships and risky behaviors. It is one thing to train facilitators in the above-mentioned techniques and still another to design and develop appropriate materials to support the program.

The following are some questions we should take into consideration in designing the contents:

- What shall we tell the children and how should we tell it in order to raise their awareness of HIV/AIDS?
- Should HIV/AIDS be a topic on its own or should it be part of a broader approach?

- Do we have the time and is it necessary to address a broad set of concepts or should we get to the essentials as soon as possible? In other words, do we have to concentrate on HIV/AIDS or can we dedicate time to talking about the body, changes at puberty, emotional relationships and hygiene?
- Once the strategy has been defined, how do we go about designing the contents?
- Should we design a single module or a set of modules?
- Should we prioritize information?
- What type of materials shall we use? Should the materials be printed although most children are illiterate? Illustrations/pictures and posters? Should they be original or imported? Audiovisuals?
- Do we have to think of specific materials for facilitators and other materials for the children themselves to keep and distribute for instance?
- What is the purpose of the materials? To inform or to help stimulate debate among the group?
- Are these materials specific to the needs of street children or can they be adapted or taken from materials used in a formal school setting?

All these questions are difficult to answer. What we need are guidelines that will help the different actors think while they are creating the contents materials.

2 THE CHALLENGING FACTS FOR CONTENTS AND METHODOLOGY DESIGN

In dealing with street children, we have to keep in mind that they are free as birds. They fly away whenever they choose. Unless they are involved in something acceptable to them, something which arouses their curiosity, delivers fun and pleasure through competition and rewards, they will not stay. Fun activities, competitions and rewards almost always meet the needs of children. Such activities can help us keep their attention and can encourage them to stay with us for longer than the standard academic lesson. Recreational activities (sports activities, games and festivals), educational events (vocational training courses), and venues and events for social integration (hostels, canteens, drop-in centers, open-houses, excursions and camps) are among the suggested ways to engage with street children in order to better understand the environment they live in.

When street children come to us, at a safe place off the streets to join our HIV/AIDS prevention campaign, we cannot be sure of their motives. Are they genuinely interested in learning about HIV/AIDS, talking about sex and sexuality, and learning how to use and dispose of condoms correctly as can be expected in a normal classroom situation, or do they have other reasons for being there? Until we know more, it is impractical to immediately apply the standard series of HIV/AIDS education lessons from the formal education curriculum to raise awareness. We must first build trust so that we can learn more about their reality and respond more effectively.

For HIV/AIDS prevention to be successful with street children, the contents must be redesigned to allow for greater flexibility. The one-stop service strategy should be applied and the most crucial prevention messages should be effectively communicated and transferred in a single session since there are no guarantees a child will come back.

Approaches and techniques must also be chosen to suit the lifestyles and immediate needs of the children. Prevention messages and knowledge should be transferred through activities which are fun and offer immediate rewards and recognition for participation. The opportunity to win and receive rewards or recognition can be motivational for them and may even encourage them to come back. This in turn will allow us to introduce further lessons in the future, which in this context should be an immediate future, not far away.

3 MORE POINTS TO CONSIDER

In planning HIV/AIDS materials for street children, our major concerns are to decide:

- **What** information the children need and **what** are the issues to deal with?
- **How** to communicate and transfer the necessary knowledge promoting healthy values and lifestyles?
- **What** information should come first and what later?
- **How** to gain and maintain the children's trust and attention?

There are three things children need to understand in order to be able to choose a non-risk action of their own:

- Firstly, they need to know exactly what kind of problem situation they are exposed to in order to believe that they are at risk, as well as the facts about HIV/AIDS.
- Secondly, they have to have a thorough understanding of themselves as youths and the possible consequences of their way of living as street children. They need to learn about being a youth, about changes at puberty, adolescence and sexuality and about being an adult and having a family. This can help the children think twice before taking risks.
- Thirdly, they need to know how to make wiser choices, where they may need to change their behavior patterns. By examining the available alternatives, they have an opportunity to learn to create their own alternatives and have a chance to practice making choices. Emphasis should be placed on the connection between today's choices and the consequences or results that will follow in the future. This will enable them to choose better alternatives.

It is also important that the curriculum offers users many possibilities for situational adaptation and adjustment as necessary. The user should be able to select and reassemble materials to suit an individual group of children in a particular setting. The contents and activities should respond directly to the children's needs and expectations. Only by having such materials can the special nature of each group of street children be taken into consideration.

Essential topics in HIV/AIDS education**A. Knowledge about HIV/AIDS**

1. The virus and how it works in the human body - How the HIV virus weakens the body?
2. How the virus passes from one person to another through infected blood and body fluids?
3. Sex and drug injection as the major routes of transmission.
4. Safe situations/dispelling the myths (people cannot get infected through mosquito bites, touching, hugging, kissing, living in the same house and eating together with infected persons, etc.).
5. What happens to a person after he/she develops first symptoms?
6. Understanding that HIV positive people can be any healthy looking person.

B. Knowledge about themselves

1. Definition of 'street children' - Who can be called street children?
2. The differences between children and adults.
3. What experiences and hardships children may encounter on the streets?

4. What dangers they may face?
5. What things or situations street children are running away from?
6. Differences and similarities between life on the streets and life at home.
7. What alternatives are there for street children other than life on the street?
8. Differences between the lives of boys and girls on the street.
9. How children can tell when they are growing up into adolescence and puberty?
10. Physical and mental changes to be coped with during that period.
11. The basic needs of youth.
12. How children can balance the influence of family and peers?

C. Understanding of sex and sexuality

1. What do they think about sex and sexuality?
2. People's need to love and be loved.
3. Love and affection as the basis for a strong family.
4. The connection between intercourse, Sexually Transmitted Diseases (STDs) and pregnancy.
5. STDs - The causes - How we can tell if someone is carrying an STDs.
6. Where people with an STD can go for help?
7. How the transmission of STDs and pregnancy can be avoided?
8. The impact of intercourse on future plans.
9. Disadvantages for a teenager having a child.
10. Birth control and contraception methods.
11. Abortion - What should be considered.
12. Some of the bad consequences of sex on the street.

D. Prevention measures and responsible behavior

1. Delaying sexual intercourse saves millions of problems.
2. Promiscuity - The more sexual partners, the higher the risk.
3. Use of condoms to prevent pregnancy.
4. Use of condoms for protection - To prevent transmission of infection.
5. The risks of having multiple partners.
6. The dangers of sharing needles.

4 SUGGESTED METHODOLOGY/APPROACH

Children in difficult circumstances, especially street children, are different from school students in many ways. They have already broken away from the rules of society. They are not likely to be submissive to any rules and regulations set by an organization. The underlying reason might be that they do not trust anybody, except those who share the same corner of life with them. To try to put them in an organized group or a classroom will undoubtedly be very difficult, if not impossible. Using the right approach and finding appropriate 'venues' which will help keep the children's attention and interest longer, or at least will encourage them to come back, is therefore a major challenge.

It is advisable that the approaches used should be interesting and attractive to them. Activities should primarily respond to the needs of these children. They should be practical, but at the same time amusing and preferably have immediate rewards for participation. The program should be activity-based incorporating key knowledge and messages. The lessons should focus on the senses - seeing, feeling and understanding.

In terms of practicality, we have to bear in mind that by nature these children are used to live in situations where self-discipline does not apply. Consequently, complicated rules for games and activities might be off putting. In designing learning activities therefore, it is important to ensure that any rules are 'soft', simple and easy to follow to make the children feel at ease.

For the purpose of rehabilitation, bringing these children back into the family and society, it is equally important to create a strong sense of community to help them restore their feeling of trust in people. Attempts should be made to involve a wide range of community members: parents, policemen, doctors, health personnel and businessmen in the program at the right moments and in a suitable manner.

4 SUGGESTED LEARNING ENVIRONMENTS AND ACTIVITIES

For such a program to be effective for street children, it should be activity-based and taught in an informal and easy-going manner to ensure a friendly and supportive learning environment. Children should be encouraged to build their knowledge and pull out the important messages for themselves with the help of support materials and facilitators' guidance.

Feasts and competitions as reward platforms for participatory learning activities

Teatime story (reward based)

The teatime session starts with a reward for participation without any demand for action or competition on the part of the children. Drop-in centers or open houses could schedule a program offering refreshments to their street children visitors. This could act as a platform for the children to learn about themselves and others and to learn to follow some simple social rules. The pleasurable and rewarding atmosphere established during the refreshments could help to put the children in a relaxed frame of mind, leaving them more open to learning new knowledge and developing new attitudes. In this easy-going atmosphere, they can listen and respond more freely. They are free to express themselves and share their experiences about their private lives, their peers, their fears, their likes and dislikes.

Programs of this kind can be best used to introduce some serious HIV/AIDS education topics in open discussions. Teenage pregnancy, drug injection and the spread of HIV/AIDS, AIDS and homosexuality, being HIV positive and even the proper use and disposal of condoms can be included as possible learning topics. One of the advantages of this strategy is that children are relaxed and feel free to come back again. It is not unreasonable to expect that some will recruit their friends to join the program in the future. It gives us the chance to introduce further lessons to them and their friends in the future.

One product, one reward

A marketing and promotion technique can be used to keep the children tied to the immediate goal and could also motivate them to come back. The children could be asked to use their imagination to produce/create a piece of work to reflect the topics assigned to HIV/AIDS education. The outputs can include drawings, short stories, inventions, craft objects, slogans, tricks and even objects for collection. The only rule for children to qualify for the rewards is that they must verbally explain the value of the product and explain how it is created. The underlying principle of the activity is to provide an opportunity for the children to demonstrate their skills and self-understanding. The rewards used can be T-shirts, clean clothing and shoes, which they need most for day-to-day living as street children.

General competitions and contests

In these events, street children will be invited to participate in competitions and contests related to HIV/AIDS prevention education. Drawing, painting, story telling, singing, dancing as well as other skills could be effective activities.

A. Fun and games platform

In practice, there are two ways to contact and work with street children. Either we reach out to them on the street or we recruit them to a special place off the street. Games and fun-based activities apply to both situations.

It is important to note that games needing a large number of players in a team are less practical for street children. Also, games that apply sophisticated and strict rules cannot serve the purpose. The rules of the game should be simple, flexible, and easy to follow. The incorporated learning activities should be fun.

Activities that can be considered

Role plays

To demonstrate how HIV/AIDS and STDs can be prevented and how they can ruin a child's life.

Fault finding games

Where children are asked to find some missing part(s) of information or to identify information that does not fit the given situation. The aim is to help them recognize true information and misinformation.

Practical skills training

As a back up activity providing the chance to learn and practice individual skills or play games to prove self value. Karaoke, conjuring tricks, playing with a yoyo, juggling, and rope jumping can be powerful incentives. In such activities HIV/AIDS messages can be introduced as a prerequisite of training.

Guessing the number game

Children learn to guess the birthday of other people correctly by using a few cards containing different sets of numbers. This activity can be used as an entry point leading children to further discussion. The aim is to demonstrate that not having enough information can lead us to make the wrong assumptions and draw the wrong conclusions about people. This links to information promoting the use of condoms for protection, especially with people we do not really know.

Games and quizzes

Including games that provide participants with an opportunity to handle condoms and learn the proper way to use them. Some games could help children understand the circumstances behind the spread of HIV/AIDS and the risk of HIV infection through sex and drug injecting. Quizzes can help children distinguish between the myths and facts about HIV/AIDS, to understand how people get infected and learn how to prevent it. Quizzes also provide training in logical thinking and making wise decisions.

B. Excursions and camps

Excursions and camps are an expensive approach for HIV/AIDS prevention but can provide an ideal platform for preventive education activities with street children. In such settings, groups of children are bound together by the common objective of the program. They have to live together, work and play together, share skills and experiences amongst themselves. During the excursions or camps, it is important to allow enough time for more comprehensive HIV/AIDS education curriculum to be introduced. Furthermore, the camp rules can help familiarize children with self-discipline which is an underlying factor influencing children's choice of behavior. Other life skills can be integrated to help sustain the impact of the camp experience.

C. Vocational training

1. Existing HIV/AIDS educational materials

In HIV/AIDS education, a large number of support materials have already been produced and disseminated. Some of these are imported materials. The materials vary in quality and trainers or users will have to be selective.

The existing material supports can be found in a range of formats:

- Printed materials such as posters, charts, pictures, drawings, brochures, workbooks, cartoons and comic strips.
- Audio visual materials such as radio and television materials, songs and music, puppets, theatre and movies and audio/video tapes.
- Game kits, interactive e-learning lessons.
- Models of the human body.
- Scientific equipment and tools for experimentation or demonstration.
- Sets of support materials specially designed for HIV/AIDS lessons with specific groups. This may include scientific bags or science boxes (les malles scientifiques) containing sets of equipment, tools books, pictures, posters and charts.

2. Material supports suggested for street children

As most street children either can not or do not like to read, the materials used should demand less reading efforts and should not be too sophisticated. In addition, they should be easy to handle, easy to use and easy to understand. Too sophisticated and expensive science tools and equipment may not be attractive for these children. The following materials are considered effective if used properly:

a. Audio visuals

Stories or plays recorded in the form of audio or video cassette tapes to convey prevention messages. These stories and plays can be based on case studies with street children or HIV/AIDS victims or could highlight one point of view from discussions or interviews, which have been carefully reconstructed to give a specific lesson. These materials can be used to arouse discussion around the subject or at any part of the lessons.

b. Posters

Colorful posters can effectively draw the attention of both children and adults. Users should however keep in mind that a poster is a tool borrowed from the business sector where it is normally used to introduce new products. The basic idea is to use it a communicative tool to disseminate information and convey a single message to the target group. It can be either fact or fiction. Posters used for training purposes can be effective but must be designed carefully.

c. Pictures and drawings

Pictures or drawings can be a very practical means to draw the attention of street children. They usually tell more of a story than a poster and some of the pictures convey more than one message.

d. Models

In many situations, trainers or teachers use models of human bodies to support lessons on drug abuse prevention and HIV/AIDS education lessons. They help make visible the function of organs inside the body. Models work well with school children but with street children the situation might not be the same.

e. Workbook

In the case of literate children, a workbook can be provided for them to record their activities, visits, and commitments they make with trainers or a particular center. They can use them to draw and write in, and to produce work for competitions and so on. They can also record other information, for example, the numbers of places or people they might like or would like to contact.

Example of an HIV/AIDS education model: the first fundamental module for use with street children

I. The core's contents

A. HIV/AIDS

1. *Why are people afraid of the virus?*

- The virus weakens the immune system of our body. The virus kills and paralyzes more and more white blood cells in the body. It gets inside the white blood cells and reproduces more virus cells. When we lose more and more white blood cells, our body loses the ability to fight common infections and diseases.
- To begin with, the infected person often does not realize they have been infected. Since they look healthy until they begin to develop the symptoms or until they have their blood tested for HIV they do not know they have been infected. In the meantime, they may spread the virus to other people.
- The virus spreads rapidly and without being noticed.
- HIV/AIDS can never be cured.

2. *How can the virus get in to our body?*

- The virus cells reside in the body fluids of the persons. They pass from one person to another by the direct exchange of blood, semen and vaginal secretions through bruises and cuts in the skin.
- Men, women, young boys and girls become infected mostly through unprotected sex.
- Those who share the same needle for narcotic drug injection and tattooing can also share the virus.

3. *The myths: How HIV is not transmitted*

- The virus does not transmit through air by coughing and sneezing.
- The virus does not transmit through food and water. People can not get infected by sharing clothes, plates, cups and eating utensils.
- Hugging, shaking hands, touching and kissing do not lead to infection.
- HIV can not pass through sweat and tears.
- Insects such as mosquitoes, flies and fleas can not pass the virus from one person to another.

4. *How to stay uninfected?*

- Reduce chances of being infected by abstinence from drug injection and abuse.
- Avoid risky sexual practices, for example, having sex with multiple partners and particularly strangers.
- Avoid direct exchange of body fluids especially unprotected sex and needle sharing to reduce risk.
- Protect oneself and ones partner by using a condom.

B. Sex and sexuality

1. *Human body and gender stereotype*

- Changes at puberty.
- Family, sex and pregnancy.
- Dangers of abortion.
- Masculinity and femininity.

2. *Sexual health and hygiene*

- Sexually transmitted diseases.
- Benefits of using a condom.

- Where to get condoms.
- How to use and dispose of condoms.
- Where to go for treatment of STDs.

3. *Support materials*

The materials for this module could be arranged in a ready to use package comprising the following:

- **Flip charts:** A4 pictures and posters showing what the virus looks like, human reproductive organs, STDs and different stages of AIDS symptoms printed on cardboard and bound together with plastic or metal string book binders in a way that each page can be flipped open easily.
- **Posters:** Anatomy posters triple the size of the flip charts showing parts of the human body, male and female reproductive organs, contraceptive devices and pregnancy and how a baby is born.
- **Brochures:** Brochures with colorful drawings and pictures can be used to: explain/demonstrate how the immune system works, show what T cells look like, examine where the virus goes after entering the body, explain how the virus attacks the T cells and what happens to the T cells after being attacked, and demonstrate how the virus reproduces itself within the T cell.
- **Case sheets:** A case study sheet can be in written format or illustration telling about HIV/AIDS related problems to be used for discussion. Examples of choice and non-risk behavior can also be used.
- **Workbook:** A handy sized notebook with blank pages to draw or write in can be a valuable object for children. It primarily creates a sense of ownership and belonging in them which many might long for.

II. The Approach

- In a small group, the children take it in turns to talk about their experience, their health and share ideas on where they think they can go if they get sick. They can talk about themselves or their friends. The learning activities might include ice-breaking games, story telling, quizzes or role-plays.
- HIV/AIDS education topics selected from the core set of items for discussion at the appropriate time. Case sheets, flip charts or brochures can be used for this purpose.
- Use the flip charts to help children visualize the HIV/AIDS and STDs problem.
- Use brochures to confirm the children's understanding and the need to prevent infection.
- Use the problem situations introduced in the case sheets for follow up discussion to identify a better solution and recognize the wiser choice.
- Ask the children to keep any brochures they like. The give away tactic is expected to have a multiplier affect amongst their friends.
- For children who have returned for multiple visits, it is worth letting them take with them a set of colorful flipcharts to show to their friends. The flipcharts will help them perform the role on informal peer educator to raise awareness of the problem amongst their friends.

FOR FURTHER REQUEST

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The ideas expressed in this publication are the results of a working group and, therefore, only reflect the participants' opinion.

The following **six groups** were formed for the international seminar 'Protecting the rights of street children: combating HIV/AIDS and discrimination':

- 1. Pre-intervention study**
- 2. Advocacy** (in french)
- 3. Listening and teaching skills for educators** (in french)
- 4. Contents**
- 5. Provision of care and support for HIV infected street children** (in french)
- 6. Getting children off the street** (in french)

The six guidelines are available on the website www.paueducation.com/sida