
Learning Unit 10: Aids education for school children

**GUIDANCE TRACK
ONLY**

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Introduction

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It is important that our children learn about Aids from a young age. But we must keep in mind that children go through cognitive, social, emotional and other development phases and that education should always be appropriate to the development phase of any specific child. For example, it is useless to try to convince a four-year-old child that they should regularly wash the puppy's water bowl by explaining the presence of water-borne bacteria and how they may cause the puppy to get sick. A small child cannot conceptualise small unseen pathogens and how they may cause disease because they can't see them and don't understand the basics of cause and effect. It would be far better to merely explain to the small child that dirty water bowls and sickness are "associated", without trying to explain the mechanism of how bacteria cause illness. Even small children can understand associations even though they cannot yet grasp cause and effect.



This learning unit will deal with how children develop and how their Aids education should be adapted to their development phases. The purpose is to ensure that Aids education is aimed at addressing the specific issues of children and has the maximum effect on them.

Key questions

Use the following questions as pointers to ensure that you retain your focus on the important issues in this learning unit:

- How are learners and teachers influenced by HIV and Aids?
- What are the requirements and basic building blocks for HIV, STI and TB education?
- How should middle-childhood development inform teaching in the foundation and intermediate school phases?
- How should adolescent development inform teaching in the senior and further education school phases?
- How can we support adolescent learners with HIV in our schools?

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Key concepts

While working your way through this learning unit, look out for the following key concepts. Make sure that, after you have completed this learning unit, you know what they refer to and how they are used (or look up their definitions in the glossary):

Multiple classification	Foundation school phase
Hierarchical classification	Intermediate school phase
Middle-childhood development phase	Senior school phase
Adolescent development phase	Further education school phase

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Learners, teachers and HIV

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How are children and teachers influenced by the HIV and Aids pandemic?
“Surely children, especially young children, should not be burdened with Aids? Our children live a clean life”.



The above view is often the unspoken assumption of many parents and teachers. Unfortunately, there is nothing further from the truth. Children, especially in Africa, are constantly **confronted** with HIV and sex from a very early age. To think that smaller children know nothing about sex is extremely naïve. Not only are they often confronted with sex within their communities, but they are also bombarded with sex through the mass media and the internet if they have access to these forms of media. Children therefore need to be knowledgeable about HIV, Aids and STIs from a very early age. They further need to be made aware of TB (tuberculosis) from an early age. Schools should also give special attention to adolescents who are HIV positive – many children who were born with HIV have now reached adolescence.

Study



Prescribed book: p. 252-253

Introduction: When reading this introduction, take a moment and contemplate the importance of our children and how easy it sometimes is for a community to neglect their children or speak about a “lost generation”. Can we afford to give up so easily?

Section 10.1: Learners, teachers and HIV: Aids statistics are about people – people who are confronted with HIV every day of their lives. Children are often the most vulnerable, while teachers are one of the groups most severely influenced. Make sure you grasp the extent to which our education systems are in trouble.

The Department of Health recommends that sexuality education should be introduced to children at around 12 years. How does the Department of Health define ‘sexuality education’? What does the Department of Basic Education mean when they talk about an ‘Integrated Strategy on HIV, STIs and TB’?

To what extent is your local school influenced by the Aids epidemic? To answer this question is often difficult because of confidentiality issues and denial by school authorities to acknowledge the problem. The possible influence of Aids on schools can often be assessed indirectly by looking at absenteeism among children and teachers and, if possible, the reasons for this. The number of orphans in a school may also be an indication of Aids deaths within the community. If you are involved in your local school, see if you can arrange an interview with the school principal and ask him or her about absenteeism and orphans within the school and to what extent he or she attributes these factors to Aids.

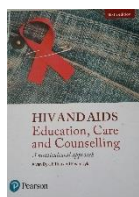
Isn't it shocking to realise the extent to which children and teachers have to deal with Aids issues every day? This fact has changed and will drastically change the childhood years of our children. The only thing we can do is to arm them with the necessary knowledge, skills and attitudes to empower them to protect themselves and to handle the pandemic responsibly and humanely. [\[NEXT\]](#)

The requirements for HIV, STI and TB education

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In the previous section we agreed that children (and teachers) are directly influenced by the Aids epidemic and that it is therefore imperative to teach them about HIV and Aids, other STIs and TB - both from an ethical and human rights point of view (the right to knowledge). This section deals with basic requirements and building blocks of HIV, STI and TB education programmes for children, that is, **how** and **when** HIV, STIs and TB education in the school should take place and **by whom** it should be delivered. We further stress the point that all proper education should deal with three basic components: knowledge, attitudes/values and life skills.

Study



Prescribed book: pp. 253-258

Section 10.2: Basic requirements for integrated Aids education. Practice has shown that there are certain preferred ways of dealing with HIV, STI and TB education in schools. Exactly how should it be done? Who should be involved? Here is a convenient summary for you of all the basic requirements. Don't miss the Enrichment box on 'Life skills and life orientation as offered in South African Schools'.

Section 10.3: Building blocks for successful HIV, STI and TB education. Pay special attention to how knowledge, but also values, norms, attitudes and skills, should be part of any good education programme. Note that we no longer only focus on HIV and Aids education in schools. Programmes should offer an integrated strategy on HIV, STIs and TB to present a holistic response for learners and educators in the school system.

As emphasised previously, when devising an HIV, STI and TB education programme, mere transfer of knowledge (content-driven education) it is not sufficient. Changing behaviour and attitudes should be the ultimate outcome or goal, and this can be achieved only with a holistic and integrated approach in which emotional impact, applicability, ethical aspects and skills all play an integral part.

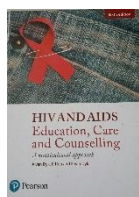
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Middle childhood and HIV, STI and TB education

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So far we have not paid any attention to how education programmes should be adapted to and made appropriate for the different development phases of children. As argued earlier, it is not appropriate to treat children (especially young ones) as if they have the cognitive, emotional, social and other abilities of an adult. Our next question is therefore: How does HIV, STI and TB education pan out in practice? In this section we deal with the middle childhood years, which include the two school phases known as the foundation school phase (6–9 years) and the intermediate school phase (10–12 years).

Study



Prescribed book: pp. 258-283

Section 10.4: The middle childhood years. Ensure that you read this section with the intention of using it as the broader theoretical background to the next two sections (i.e. the foundation and intermediate school phases). Cognitive, emotional, social, moral, sexual and self-concept development in the middle-childhood years will be discussed, as well as the development of general skills. Give special attention to Jensen's cultural-developmental approach to moral psychology and her three types of ethics. Also study the section on 'Cultural differences in self-concept'.

Section 10.5: Aids education and life-skills training in the foundation phase. Think about this section as the practical application of the theory of middle childhood years with regard to HIV, STI and TB education in the foundation phase. Ensure that you appreciate the fact that, in the foundation phase, children are still very young and limited in their abilities. This does not, however, imply that they should be kept in the dark about HIV, STIs and TB.

Section 10.6: Aids education and life-skills training in the intermediate phase. Imagine Aids education as a ladder of increasing abstraction, more complex life skills and emotionally more demanding expectations. The intermediate phase is but the second step in the process. The challenge is to neither give too much, nor too little. Remember there are still two more steps to go.

Although there is a logical progression in complexity and abstraction from one development phase to the next, it may be useful to summarise the development phases and how they inform HIV, STI and TB education in a more visual way. In the activity below, we suggest that you use a table to do this, but if you prefer you can also construct a mind map or use more visual techniques (pictures and graphics) to present the information.

ACTIVITY 10.1 – A SUMMARY OF MIDDLE CHILDHOOD

This activity provides you with the opportunity to summarise the various aspects of the development of children in the middle childhood phase. Go to [Activity 10.1](#).

Feedback: Isn't it fascinating to discover how children develop and how this influences their cognitive, emotional and social capabilities? This makes us realise that children are not small adults, but that their educational needs differ from those of adults. This is especially true when educating children about Aids.

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Adolescent development and HIV, STI and TB education

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In the adolescent phase, children can increasingly **understand and handle** the social and emotional aspects of HIV, STIs and TB. Education will therefore focus more on causes, symptoms, prevention and ethical and moral aspects.



Study



Prescribed book: pp. 283-291

Section 10.7: The adolescent years. Now we have reached the last two steps on the ladder towards a comprehensive Aids education.

- It is in the adolescent years that the basis for scientific thinking and individualised moral principles should be established and a positive self-image built.
- The development characteristics of the adolescent are discussed in terms of cognitive, emotional, moral, social, sexual, identity and self-concept development.
- Give attention to cultural differences in the development of adolescents (e.g. development of the self and moral development.)
- Make sure that you understand the behavioural and structural factors that make adolescents vulnerable to HIV ('Adolescents and HIV')

The application of the developmental phases of adolescents to Aids education in the senior and further education phases is discussed in the next two sections.

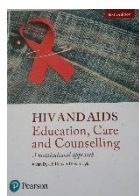
- **STUDY TIP:** Remember, the more you relate or associate facts with each other, the better you will remember them.

ACTIVITY 10.2 – A SUMMARY OF ADOLESCENCE

Make a summary of development in the adolescent years. Go to [Activity 10.2](#).

Feedback: Use this table when you prepare for the examinations.


Study



Prescribed book: pp. 291-305

Section 10.8: Aids education and life orientation in the senior phase. Focus on how the older child has now developed. They now:

- have a more complex understanding of consequences
- expect a direct and frank approach, but not an overly abstract discussion about Aids
- have to deal with confusion and stress – it is the beginning of a turbulent

	<p>period in the child's development</p> <ul style="list-style-type: none"> • can handle more complex and multi-dimensional teaching strategies <p>Section 10.9: Aids education and life orientation in the further education phase. Make sure that you don't miss the enrichment block advising you how to use practical activities which will help learners to obtain knowledge and build attitudes and values.</p> <ul style="list-style-type: none"> • Did you grasp the important fact that adolescents in the further education phase now have the ability to plan ahead, which is often a deterrent to unsafe behaviour? • Also make sure that you appreciate the role that conspiracy theories play at this stage. <p>Go to http://goo.gl/XhZbLz to watch a video on "Working with vulnerable adolescents in South Africa to prevent HIV/Aids infection".</p> <p>Section 10.10: Learners living with HIV in school. It is currently a national priority for the Departments of Health and Education to address the specific needs of perinatally HIV-infected adolescents (infected through MTCT) as well as the needs of adolescents who became infected through sex (behaviourally).</p>	
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General comment

In the adolescent years, Aids education becomes even more important because many children become sexually active during these years. In contrast to the middle childhood years, **sexual education is now of prime importance.**

Did you appreciate the fact that the cognitive abilities of adolescents have now reached the stage where the educator can increasingly talk about cause and effect and ways of prevention within a scientific framework? The fact that adolescents depend largely on their peer group for information is also an important consideration when devising adolescent education programmes. Wherever possible, peer group education should be part of an adolescent HIV, STI and TB education programme.

Did you know that The Child Care Act states that a girl child of 12 years or older may ask for oral contraceptives to prevent pregnancy without her parents' permission? And that a child over the age of 12 years can ask for condoms at a clinic or family planning centre without parental consent? Go to the website of the Department of Social Justice: <http://goo.gl/vzCAIV> and download the Children's Act (at the bottom of the page) to learn more about legal issues and children.

ACTIVITY 10.3 – THE CHILDREN WHO “FALL THROUGH THE CRACKS”

Read the extract in Steinberg’s book *Three-letter plague* (p 23) about children who “fall through the cracks”. Go to [Activity 10.3](#).

You are now finished with this learning unit. Click on [Assessment](#) to do some self-assessment questions.

Assessment

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Study reflection

After completing Learning Unit 10 (Aids education for school children), you should have acquired the following knowledge and understanding and be able to:

- implement the basic requirements and building blocks of any Aids education programme
- tabulate the different development phases and indicate how they should inform Aids education programmes

Self-Assessment 10



Now is the time to pause briefly and assess whether you have acquired the necessary knowledge and skills. Click on the link [Self-Assessment 10](#) to do a few questions on this learning unit.

You are now finished with the assessment. Go to Learning Unit 11.

APPENDICES

- Activities
- Self-assessments
- Glossary

ACTIVITY 10.1: A SUMMARY OF MIDDLE CHILDHOOD

Foundation school phase

The following table is an example of how you can summarise the information about the development of children in the middle childhood years and how it impacts on HIV, STI and TB education in the foundation school phase. (Note that the table below provides only a minimum amount of information which you need to expand.) We suggest that you make your own table and include enough spaces to fill in all the necessary information.

Use your prescribed book to expand on the cryptic details in the table about middle childhood development (left column). Then, fill in more details of how these may influence children's perceptions about disease (second column) and how they should influence Aids education (third column).

Middle childhood development	Foundation school phase	
	Perceptions about illness	AIDS education
Cognitive		
Egocentric	Group unrelated facts together - own subjective point of view	Concrete examples, e.g. not all thin men have Aids
Concrete	Focus on external	Concrete knowledge on how to avoid HIV infection, e.g. avoid blood
Inability to classify	No cause and effect No interest in symptoms	No specifics about causes, symptoms and prevention of HIV infection
Emotional		
Fear	Overwhelming fear: Feel vulnerable and helpless	Reassurance and eradication of irrational fears
Social		
Peer group influence	Friends influence perceptions	Reassurance and concrete knowledge

Prejudice	Association between similar people and similar diseases	Adults' own attitudes and manner of communication important
Moral		
Rules and punishment	See disease as punishment	HIV-positive people are not bad
Sexual		
Curiosity	Don't understand link between sex and STIs	No formal sex education, but answer questions and give practical advice on how to avoid molestation
Self-concept		Positive self-concept to make healthy life choices
General		Teach to help in small ways at home

Intermediate school phase

Use the skills you obtained by completing the table about the foundation phase and fill in as many details as possible in the table below. Please note that the intermediate school phase still falls within the middle childhood development phase. The left column will therefore be mostly the same as that in the table about the foundation phase. The information in columns 2 and 3 will, however, differ to some extent from that in the foundation phase, because the children are further developed in their cognitive, emotional and other abilities.

Middle childhood development	Intermediate school phase	
	Perceptions about illness	Aids education
Cognitive		
Egocentric		
Concrete		
Inability to classify		
Emotional		
Fear		

Social		
Peer group influence		
Prejudice		
Moral		
Rules and punishment		
Sexual		
Curiosity		
Self-concept		
General		

[\[FEEDBACK\]](#)

FEEDBACK 10.1

Use these tables when you prepare for the examinations.

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ACTIVITY 10.2: A SUMMARY OF ADOLESCENCE

Spend half an hour summarising the details of the adolescent years by filling in the tables below. You will be well rewarded in terms of understanding and remembering the details. You can also use the table later, when you devise an Aids education programme, to check that it is appropriate for the development phases of the children you may be teaching. (Adolescence can be divided into the senior school phase (first table) and further educational school phase (second table)).

Senior school phase

Adolescent	Senior school phase	
	Perceptions about illness	Aids education
Cognitive		
Abstract/operational thinking		
Capacity for decision-making		
Scientific thinking		
Egocentricity (imaginary audience & personal fable)		
Emotional		
Anxiety, guilt, embarrassment		
Social		
Peer group important source of information		
Conformity		
Moral		
Personal value system Principled moral reasoning		

Sexual		
Large role in relationships		
Identity development and self-concept		

Further education school phase

Adolescent	Further education school phase	
	Perceptions about illness	HIV and Aids education
Cognitive		
Abstract/operational thinking		
Capacity for decision-making		
Scientific thinking		
Egocentricity (imaginary audience & personal fable)		
Emotional		
Anxiety, guilt, embarrassment		
Social		
Peer group important source of information		
Conformity		
Moral		
Personal value system Principled moral reasoning		
Sexual		

Large role in relationships		
Identity development and self-concept		

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ACTIVITY 10.3 – THE CHILDREN WHO “FALL THROUGH THE CRACKS”

Read the following extract from Steinberg’s book *Three-letter plague* (p. 23) and answer the questions that follow. This extract is about Sizwe’s friend Jake:

It is into this life that Jake makes his entrance. He does not go to school, but he sometimes arrives outside Sizwe’s classroom unannounced. He is there waiting when the school day ends. Jake and Sizwe spend the afternoons and the early evenings hunting for girls. Jake arrives at school prepared; he has done sufficient reconnaissance to keep them busy the rest of the day and night.

This extract from the book makes us think about the children who don’t go to school, who don’t have the opportunity to learn about Aids in a formal education setting: the children in the rural areas, who have to work in the fields, or look after the goats and cattle; the children in our cities, living on the streets and sleeping on a piece of cardboard at night. What about all these children, the children who fall through the cracks of the education system?

- See if you can identify an NGO working in your community with street children (e.g. the Red Cross, the Salvation Army). Phone them and make an appointment to go and visit them.
- Ask them about their programme: Where do they get funds? What services do they provide to the children (e.g. food, shelter, informal education)?
- Also ask them what they do in terms of Aids education.
- If at all possible, volunteer your services to help them with Aids education or to devise an education programme for them.

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SELF-ASSESSMENT 10

1. What are the building blocks for successful Aids education?

- (1) Knowledge
- (2) Attitudes
- (3) Values
- (4) Skills
- (5) All of the above

2. Name five life skills that children should develop to help them to make the right choices in life.

3. Complete the following sentence: The young child, aged may still use egocentric and thinking.

4. How do children in the foundation phase perceive illness?

5. Which age group is most prone to the acquisition of myths?

- (1) Adolescents
- (2) Between the ages of 7 and 8 years
- (3) Young adults in the FET phase
- (4) Between the ages of 10 and 12 years

6. Which factors, according to Thom et al. (2005), influence adolescents' moral development?

[\[FEEDBACK\]](#)

FEEDBACK 10

Feedback Question 1

The correct answer is alternative 5, namely “all of the above” which are: knowledge, attitudes, values and skills.

Feedback Question 2

The skills are: self-awareness, critical thinking, problem-solving, assertiveness and negotiation skills. (Note that there are many more skills listed in your prescribed book.)

Feedback Question 3

The sentence should read: The young child, aged six to seven years may still use egocentric and magical thinking.

Feedback Question 4

Children in the foundation phase do not really understand what illness is and they tend to focus on external, observable events.

Feedback Question 5

The correct answer is alternative 4. Children between 10 and 12 years are most prone to the acquisition of myths.

Feedback Question 6

The factors are: cognition, parental attitudes and actions, peer interaction and religion.

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Multiple classification

Refers to the ability of a child to classify objects on the basis of more than one criterion simultaneously. Children usually develop the ability of multiple classification between the ages of 9 to 12 years old.

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Hierarchical classification

Implies class inclusion – which means that a person has the ability to understand that a subclass is always smaller than the more general overall class in which the subclass is included. Children usually develop the ability of hierarchical classification between the ages of 9 to 12 years old.

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Middle-childhood developmental phase

The middle childhood years stretch from about 5 or 7 years to 12 years. Children in the foundation school phase as well as in the intermediate school phase fall into this category (middle-childhood).

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Adolescent development phase

The adolescent years stretch from about 12 or 13 years to about 18 or 19. Children in the senior school phase, as well as in the further education and training phase (FET), fall into this category (adolescence).

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Foundation school phase

The grade 1 to grade 3 child (about 7 to 9 years old) is in the foundation school phase and is in the early stage of the middle childhood years.

[\[BACK\]](#)

Intermediate school phase

The grade 4 to grade 6 child (about 10 to 12 years old) is in the intermediate school phase and is in the later stage of the middle childhood years.

[\[BACK\]](#)

Senior school phase

The grade 7 to 9 adolescent (13 to 15 years old) is in the senior school phase and is in the early adolescent stage.

[\[BACK\]](#)

Further education school phase

The grade 10 to 12 adolescent (16 to 19 years old) is in the further education and training (FET) phase.

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