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## **Incorporating HIV/AIDS Information into the Health Curriculum**

In 1988, at the request of Cardinal Bernardin, Sr. Anne Leonard, CND wrote: *A Christian Response: AIDS Curriculum for Elementary Schools and Religious Education Programs*. In 2003 *Awareness, Prevention, Compassion: A HIV/AIDS Curriculum Guide for Catholic Schools (K-12)* updated the content.

Although education and prevention efforts have resulted in behavioral changes for many individuals, studies find that high-risk behaviors continue. Early and ongoing education, emphasizing the Catholic Church's teaching of respect for one's own body as well as accurate, age appropriate knowledge about the disease, offers the best possibility for decreasing risk behaviors leading to HIV infection. A non-judgmental compassionate attitude toward those who are HIV affected is essential.

Parents are the child's primary teacher. HIV must encompass more than an isolated class or unit of learning. The parents' knowledge of the curriculum content gives them an opportunity to reinforce information the child receives in the classroom.

Primary school content relating to HIV focuses on general concepts of health and staying well and following Jesus' example of compassion toward others including those who are ill or "different." Young children have many misconceptions about illness and have a rudimentary understanding of the internal arrangement or working of their bodies. A common belief is that illness is a punishment for being "bad." Children apply their own personal experience to illness in general. A five to eight year old child can begin to learn good health habits including never to touch another's blood and to always call an adult when a playground or classroom injury occurs. HIV would be addressed as it arises from the child's experience. If it does arise, transmission of the infection is not the emphasis. The intent is to alleviate fears the child might have about becoming infected personally as well as fear of persons the child might know who are infected with HIV.

Middle school content continues to stress information about health and disease, the role of microorganisms in causing disease, and the prevention of infection. There are definitions and distinguishing characteristics of HIV and AIDS, as well as age appropriate facts about transmission. The Church's teaching about HIV prevention is introduced. Accurate information about the effect of HIV on the body is given. Compassion toward those with HIV infection is emphasized throughout the discussions, as well as the global implications of the HIV pandemic.

About half of all new HIV infections occur among persons between 13 and 24 years of age, and are most often related to drug use and sexual activity. Most secular groups advocate both condom use and needle exchange as integral to HIV transmission prevention. As stated by Kenneth R. Overberg, S.J. in his article “What Does the Church Say About HIV/AIDS?”, the Church’s teachings have not supported these practices, arguing that they send the wrong message about sex and drugs and may ultimately lead to the increased spread of HIV. The statements recommend education and treatment for changing behavior.”

Junior and senior high school students need in-depth information about HIV and its prevention. They also should have knowledge of personal risk behaviors and techniques to avoid these behaviors, as well as knowledge and integration of the Church’s teaching about HIV prevention through abstinence from risk behaviors. Compassion toward those affected by HIV and the impact of the disease worldwide should receive continued emphasis.

### **Goals of HIV Education in this Curriculum**

1. Students will verbalize an age-appropriate understanding of how HIV is and is not transmitted.
2. Students will understand the tradition and teaching of the Catholic Church in relation to HIV prevention. They will appreciate and integrate abstinence from risk behaviors (sexual intercourse and illegal drug use) as essential aspects of Catholic teaching.
3. Students will exhibit a consistently non-judgmental and compassionate attitude toward persons infected with HIV.
4. Students will appreciate the implications of HIV as a world wide pandemic.

## STANDARD PRECAUTIONS IN THE CLASSROOM

*There are concepts about contagious disease prevention that students in all grades can and should learn. The first and most important is that any person is potentially contagious. Age, sex, race, ethnic background, economic status and even the appearance of good health are not viable predictors of a person's actual state of health.*

Each classroom is a place to model, teach and practice safe contagion prevention habits.

**Teachers, coaches, and other school personnel must model correct contagion prevention behavior at all times.** A Standard Precaution plan known to all staff must be in place. The location of supplies (gloves, paper towels, bleach solution) should be convenient and known to all staff.

**Students should not share items, which could transmit disease.** This includes any item that has been in someone's mouth, such as toys that have been mouthed, drinking glasses, juice/soda cans, straws, eating utensils, pencils, pens, towels, lipstick, chapstick, or toothbrushes. Skin infections, including pediculosis (lice) transmission, can be limited by keeping coats and other clothing separate, not sharing hats and combs, and removing costume hats and masks from dress-up areas.

**Students should learn how to dispose of their own hazardous waste.** Throwing their own tissues into the trash, rather than leaving them for someone else to pick up, is a start. Doing the same with used bandaids is even more important. Taking care of one's own eating utensils in the lunch room and picking up one's dirty towels in the locker room also contribute to a contagion-free school environment. Students should be encouraged to dispose of their own used tampons and sanitary napkins correctly (wrapped in several layers of paper towels) and to immediately report blood-contaminated surfaces in restrooms. An adult should wear gloves to clean a blood spill with paper towels and a 10 % bleach solution.

**Students can learn to attend to their own first aid needs.** For minor cuts students can use an article of clothing or gauze pad to stop their own bleeding. Even younger children can, with supervision, wash and apply bandages to their playground scrapes. Older students can be taught to help a peer with a nosebleed by helping him/her tip head backward, helping him/her pinch own nose, and providing tissue for the affected student to use. Students need to know that individuals who administer first aid must wear gloves and handle medical supplies carefully. Younger children should be instructed to always call an adult when blood is present.

**Students should learn how to dispose of sharp items.** Broken glass or other sharp objects should not be handled with bare hands. Sharp objects must be disposed of in a solid container specifically marked for that purpose. Putting sharp objects into paper or plastic bags or regular wastebaskets could cause an injury to someone else.

**Students should learn how to safely handle litter of other people. Do not pick up body waste litter with bare hands.** Such litter includes used napkins, toilet paper, sanitary napkins, tampons, and band-aids. Wearing gloves insures against needless contagion risk. When gloves are not available, placing a barrier between the litter and one's hands (a wad of paper towels, two plastic bags, for example) can reduce the spread of germs.

**Students should know that if they have a bleeding accident during play (example: playground, gymnasium...), they must stop playing.** An adult should clean and bandage the student's bleeding injury and remove any bloody clothing before the student returns to the play situation. (Although the risk of HIV infection during sports participation is low, hepatitis B infection is also transmitted by blood. Many athletic conferences have specific rules regarding competition following a bleeding incident. The American Academy of Pediatrics provides guidelines in *Pediatrics*, 1999, 104(6), 1400-1403.)

Adapted from "*Educating Children and Youth to Prevent Contagious Disease*", Susan J. Grosse, 1999, National Parent Information Network, ERIC Clearinghouse on Teaching and Teacher Education

## ACTIVITIES AND EXERCISES

#1 -

Ask each student to write a statement he/she has heard about HIV/AIDS on a slip of paper. The student may write something he/she knows to be true, false or uncertain. Gather and redistribute the papers so each student has another's statement, which is then read aloud and discussed. The purpose of the exercise is to emphasize facts and clarify misconceptions, myths or falsehoods while preserving the anonymity of the writer.

#2 -

Ask the students to think about the first time they had contact with a person with HIV/AIDS. Briefly describe the situation/event:

- \* How old were you?
- \* What were your feelings?
- \* What were your thoughts?

What have you heard adults say about those who have HIV/AIDS?

- \* What were the adjectives used?
- \* What were the attitudes conveyed?

As you have grown older what messages do you receive from the larger community about persons with HIV/AIDS?

How do you and your peers talk about persons with HIV/AIDS?

- \* What were the adjectives used?
- \* What were the attitudes conveyed?
- \* How does this reinforce or contradict your own personal thoughts and feelings?

What experiences and learning have you had that would make it difficult for you to interact with persons with HIV/AIDS?

What experiences and learning would help you in these interactions?

## TEACHING CHILDREN ABOUT MEDICINES

### **Grades K – 1**

Medicine is taken for a special reason and only taken from a trusted adult.

Medicine is not candy and should not be called candy.

Whether a medicine is helpful has no relationship to its size, color, or taste.

Why it is important to take medicine when it is necessary.

### **Grades 2 – 5**

How do medicines work? Where does the medicine go in the body?

How does a doctor know a medicine works?

Why there are different medicines for different illnesses?

Why the same medicine can be used for different illnesses?

Sometimes more than one medicine must be taken for an illness.

Why you should never take another person's medicine?

How to ask questions of health professionals about medicines?

How to read labels on medicine bottles?

Differences between prescription and over the counter medicines. Differences between licit and illicit ("good" and "bad") drugs.

### **Grades 6 – 8**

Differences between prescription and OTC (over the counter) medicines.

Meaning of dependency and addiction.

How medicines are made.

Why medicines come in different forms.

The importance of a time schedule when taking medicine.

Why a person might have to adhere to a special diet when taking certain medicines.

Potential for drug interactions with other medicines and some foods.

Lack of a relationship between the efficacy of a medicine and its source or price.

Difference between generic and name brand medicines.

Difference between medicines, botanicals/herbals, and homeopathics.

How to select an appropriate OTC medicine.

Adapted from *A Guide to Developing and Evaluating Medicine Education Programs and Materials for Children and Adolescents*, 1999.

## References

Committee on Pediatric AIDS, *HIV/AIDS Education in Schools*, [Pediatrics](#), 101:5, May 1998, 933-935. Abstract at [www.pediatrics.aapublications.org](http://www.pediatrics.aapublications.org)

Diocese of Joliet, *Choosing Wisely: HIV/AIDS Education Resource*, 2000.

Flynn, Eileen, *Teaching About AIDS*, Sheed & Ward, 1988.  
(Content is old but contains some good ideas for activities.)

Gross, Susan J., *Education Children and Youth to Prevent Contagious Disease*, 1999.  
[www.ericdigests.org](http://www.ericdigests.org)

Hart, Sura and Kindle Hodson, Victoria, *The Compassionate Classroom: Relationship Based Teaching and Learning*, 2004

Keenan, J.F., ed., *Catholic Ethicists on HIV/AIDS Prevention*, Continuum, 2000.

Leonard, Sr. Anne, CND, *A Christian Response: AIDS Curriculum*, Archdiocese of Chicago, 1988.

Lloyd-Kolkin, Donna and Hunter, Lisa, *Comprehensive School Health Sourcebook*, 1990.

National Parent Teacher Association, *Six Things to Know About HIV/AIDS*, 2009. [www.pta.org](http://www.pta.org)

Overberg, Kenneth J., S.J., *AIDS, Ethics and Religion: Embracing a World of Suffering*, Orbis Books, 1994.

Overberg, Kenneth J., S.J., *What Does the Church Say About HIV/AIDS?*, 1991. [www.ncan.org](http://www.ncan.org) (Click HIV/Ministry Resources)

Roman Catholic Bishops of New York State, *A Catholic Framework of Understanding: HIV/AIDS Education*, 1988.

Rosenburg, Marshall, *Nonviolent Communication: A Language of Life*, 2<sup>nd</sup> edition, 2003.

Tonks, Douglas, *Teaching AIDS*, Routledge, New York, 1996.

U.S. Catholic Bishops, "The Many Faces of AIDS: A Gospel Response", [uscbb.org](http://uscbb.org).

## **BOOKS FOR CHILDREN ABOUT DISABILITIES AND ILLNESS**

Berger, Melvin, *Germs Make Me Sick!*, 1995. How the body fights back when germs invade.

Exley, Helen, *What It's Like to Be Me*, 1984. Disabled children from over the world tell about themselves. Illustrated with the children's drawings.

Gainer, Cindy, *I'm Like You, You're Like Me: A Child's Book About Understanding and Celebrating Each Other*, 1998. General disabilities.

Heelan, Jamee Riggio, *Rolling Along: The Story of Taylor and His Wheelchair*, 2000.

Holcomb, Nan, *Danny and the Merry-Go-Round*, 1987. Cerebral palsy is not contagious.

Schweir, Karen M., *Keith Edward's Different Day: Different is Just Different*, 1992.

A five-year-old meets a woman in a wheelchair and others different from himself.

Scott, Sharon, *Not Better, Not Worse, Just Different*, 1992. Teaching 5 to 10 year olds to be kind to one another.

## **BOOKS ABOUT HIV/AIDS**

NOTE: Books with early publication dates, 1980s and early to mid 1990s, have been included because the stories they tell remain relevant. Be aware of changes in disease prognosis and treatment that have occurred.

Channing L. Bete Co., Inc. Publications:

*About HIV and AIDS* – recommended for 9-10 year olds

*The HIV Facts* – recommended for 9-11 year olds

*Let's Talk About HIV and AIDS* – recommended for 11-12 year olds

*What's Up With HIV and AIDS* – recommended for 12-14 year olds

Girard, Linda W., *Alex, The Kid with AIDS*, 1991. A 4<sup>th</sup> grader with AIDS takes advantage of being sick until he and others learn that AIDS is an issue, not an excuse. Addresses common fears about casual contact with infected persons.

Greenberg, Laura, *AIDS: How It Works In the Body*, 1992.

Hausherr, Rosemarie, *Children and the AIDS Virus*, 1989. Explains in simple terms what HIV/AIDS is, how it affects the immune system and how it can and cannot be transmitted. Subtext for adults. Photos of real people.

Hyde, Margaret O. and Forsyth, Elizabeth H., *Know About AIDS*, 3<sup>rd</sup> edition, 1994.

Kittredge, Mary, ed., *Teens With AIDS Speak Out*, 1991. Non-fiction for adolescents by adolescents who are living with HIV/AIDS. Personal stories good for discussion with Junior/Senior High School youth and for their personal reading. Also contains definitions, background, resources and suggestions for further reading.

Merrifield, Margaret, *Come Sit By Me*, 1998. An educational storybook about HIV/AIDS for young children and their parents.

Verniero, Joan C., *You Can Call Me Willy: A Story for Children About AIDS*, 1995.  
An eight-year-old with AIDS shares her life.

Weiner, L.S., Best, A., and Pizzo, P.A. compilers, forward by Robert Coles, *Be A Friend: Children who Live with HIV Speak*, 1994. Children of mothers with HIV, siblings with HIV, and children living with HIV use words and drawings to process the disease.

Wolf, Bernard, *HIV Positive*, 1997. A 29-year-old mother of two with HIV.

(More books about HIV/AIDS and illness and disabilities in general can be found by exploring the Chicago Public Library online catalog.)

## ORGANIZATIONS, AGENCIES AND WEB SITES

### AIDS/HIV Sources:

Maryknoll Office for Global Concerns  
[www.maryknollogc.org/social/hiv-aids](http://www.maryknollogc.org/social/hiv-aids)

National Catholic AIDS Network (no longer exists as an organization but the website lists books and links to other sites)  
[www.ncan.org](http://www.ncan.org)

Catholic Relief Services [www.crs.org](http://www.crs.org) - search “How We Serve”

Catholic Charities [www.catholiccharities.net](http://www.catholiccharities.net)  
Chicago: 651 W. Lake Street  
Chicago, IL 60661  
312-948-6500  
Lake County: 671 S. Lewis Ave.  
Waukegan, IL 60085  
847-782-4000

Chicago Department of Public Health  
[www.CityofChicago.org/Health](http://www.CityofChicago.org/Health)  
HIV/AIDS Surveillance Program  
333 S. State Street, Room 2151  
Educational Materials 312-413-1852  
Public Policy and Programs 312-747-9812

Kaiser Family Foundation (information about HIV/AIDS: global, U.S., youth; prevention, public education, resources, treatment and care (Kaiser Daily US Report)  
[www.kff.org](http://www.kff.org)

Southeastern Conference of Catholic AIDS Ministers – SECCAM (National organization which strives to support Catholic AIDS ministers and their efforts to strengthen the pastoral response to the reemerging AIDS crisis in the U.S.)  
[www.seccam.org](http://www.seccam.org)

US Conference of Catholic Bishops – USCCB (Global initiatives, HIV/AIDS awareness in African American, Latino and Hispanic communities, youth and minorities; World AIDS Day; response to legislation) [www.USCCB.org](http://www.USCCB.org) – search AIDS

### General Health Sources:

American Dental Association [www.ada.org](http://www.ada.org)

American Diabetes Association [www.diabetes.org](http://www.diabetes.org)

American Lung Association [www.lungusa.org](http://www.lungusa.org)

Band-Aides and Blackboards (information on chronic illness for children, youth, parents, teachers, kids’ viewpoints, diversity, acceptance, more – click on Site Map)  
[www.lehman.cuny.edu/faculty/jfleitas/bandaides](http://www.lehman.cuny.edu/faculty/jfleitas/bandaides)

Be Real Teens (drug prevention for Illinois 10-14 year olds)  
[www.berealteens.com](http://www.berealteens.com)

Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)

Center for Health and Health Care in Schools  
[www.healthinschools.org](http://www.healthinschools.org)

Chicago Department of Public Health  
[www.CityofChicago.org/Health](http://www.CityofChicago.org/Health)

Children's Defense Fund [www.childrensdefense.org](http://www.childrensdefense.org)

Dietary Guidelines for Americans  
[www.health.gov/dietaryguidelines](http://www.health.gov/dietaryguidelines)

Dole 5 A Day [www.dole5aday.com](http://www.dole5aday.com)

Facts Encyclopedia – Health and Medicine  
[www.ref.desk.com/health](http://www.ref.desk.com/health)

Food and Nutrition Information Center [www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)

4 Girls Health (health issues for 10-16 year old girls)  
[www.4girls.gov](http://www.4girls.gov)

GREAT Program (gang resistance education and training)  
[www.great-online.org](http://www.great-online.org)

Harvard Medical School Consumer Health Information  
[www.intelihealth.com](http://www.intelihealth.com)

Health Assessments and Calculators [www.HealthStatus.com](http://www.HealthStatus.com)

Healthfinder [www.healthfinder.gov](http://www.healthfinder.gov)

Healthy People 2010 [www.healthypeople.gov](http://www.healthypeople.gov)

Illinois Poison Center [www.mchc.org/ipc](http://www.mchc.org/ipc)

Kids Health [www.kidshealth.org](http://www.kidshealth.org)

Medline Plus [www.medlineplus.gov](http://www.medlineplus.gov)

Parents of Kids With Infectious Diseases (diseases, immunizations, infection protection, infectious disease workshop) [www.pkids.org](http://www.pkids.org)

Project Reality (abstinence education) [www.ampartnership.org](http://www.ampartnership.org)

School Network for Absenteeism Prevention [www.itsasnap.org](http://www.itsasnap.org)

US Department of Health and Human Services (pages for kids, parents, teachers) [www.hhs.gov/kids](http://www.hhs.gov/kids)

Wake Forest University Medical Center (click on Health Information) [www.besthealth.com](http://www.besthealth.com)

WebMD [www.webmd.com](http://www.webmd.com)

## Glossary of HIV/AIDS Related Terms

**AIDS** – Acquired Immunodeficiency Syndrome – an infectious disease characterized by failure of the *immune system* and caused by HIV. AIDS and HIV are not the same thing. AIDS is the latest stage of the illness resulting from infections with HIV. It is characterized by *opportunistic infections* or a *T-Cell* count of less than 200.

**Bacterial Infection** – state in which part of the body is invaded by bacteria and they have caused an infection. Chlamydia, gonorrhea, and syphilis are all bacterial sexually transmitted infections.

**Body fluids** – the various liquids found in the human body such as blood, breast milk, cervical secretions, saliva, semen, sputum, sweat, tears, urine, and vaginal secretions. Only blood, breast milk, semen, and vaginal secretions have been found to contain concentrations of HIV high enough to infect another person. Saliva, sweat, tears and urine have not been shown to transmit HIV.

**Condom** – a flexible shield made of latex or lambskin that is placed over the penis during sex to prevent pregnancy or *sexually transmitted diseases*. Correct use of condoms during intercourse may reduce but will not eliminate the spread of HIV and other *sexually transmitted diseases*. Condoms can fail: No condom or contraceptive is effective 100% of the time. The only absolute way to prevent pregnancy and sexually transmitted diseases is not to have sex.

**Fungal Infection** – the state or condition in which the body, or a part of it, is infected by a fungus (groups of plants including molds, yeasts, mildew, and mushrooms). *Trichomonas* is a fungal sexually transmitted disease.

**Hepatitis A, B & C**- Inflammation of the liver caused by a variety of agents, including viral infections, bacterial invasions, and physical or chemical agents. Hepatitis A can be transmitted during eating, drinking or sexual activity. Hepatitis B & C can be transmitted by blood, sharing needles, or sexual activity. All three are incurable viruses that can be managed with treatment. Long-term consequences include liver cancer.

**HIV** – Human Immunodeficiency Virus – the virus that causes AIDS by attacking the body's *immune system* and causing the body to be unable to defend itself against illnesses and infections. It is transmitted by direct contact with the body fluids (blood, semen, vaginal secretions, and breast milk) of an infected person.

**HIV Positive** – a person who has HIV and has had a test to show the presence of the virus or its antibodies.

**HIV Negative** – a person who does not have HIV and has had a test to indicate the lack of the virus or its antibodies.

**HPV** – Human Papilloma Virus – a viral sexually transmitted disease that can be transmitted by skin contact with an infected person. *Genital Warts, infertility, and cervical cancer* result from HPV and there are no effective treatments against this virus.

**Immune system** – the elaborate defense system of the body that fights illness and consists of many different types of blood cells. HIV destroys a person's immune system leaving them open to other infections that the body is unable to fight.

**Infected Person** – a person who has been infected with HIV or another sexually transmitted disease.

**Mucous Membranes** – the surface tissue lining various structures of the body that come into contact with the air, such as the mouth, nose, nipples, urethra, anus, vulva, and tip of the penis.

**Opportunistic Infections** – any number of rare bacterial, fungal, protozoal, and viral infections that can be caused by common microorganisms in the environment, but that only cause disease with person's living with HIV. The most common opportunistic infections in cases of HIV affect the lungs, skin, gastrointestinal tract, lymph nodes, eyes, and the brain. It is the opportunistic infections that cause death in persons living with AIDS.

**Seroconversion** – the process by which a person's antibody status converts from being negative to positive. After *transmission* of HIV, it takes several months for the *immune system* to create antibodies that will show the presence of the virus in a test.

**T-Cell** – (CD4 cell) – T-cells are essential elements in cellular immunity against viruses, parasites, fungi, and malignant cells. They may be reduced or rendered ineffective by HIV. A person with HIV infection and less than 200 T-cells per cubic millimeter of blood is diagnosed as having *AIDS*.

**Transmitted** (transmission) – passing a virus or other infection from one person to another.

**Unprotected Sex** – sexual intercourse without the use of a condom or other prophylactic or *contraceptive device*. Be careful with the use of this term. Condoms and other *prophylactic* devices do not offer full protection against STDs, pregnancy, or HIV.

**Viral** – cause by a virus.

Resources: most of these definitions were taken from *The AIDS Dictionary* by Sarah Barbara Watstein, © 1998.