



MORGAN ZINTEC COLLEGE
DIPLOMA IN EDUCATION (PRIMARY)
DISTANCE EDUCATION MODULE

PROFESSIONAL STUDIES PSB

A stylized illustration of a person's head and shoulders with dark skin and black hair, wearing a red top. To the left is a green sign with a white border containing the math problem $2 + 2 = 4$.

2
 $+ 2$
 $\hline 4$

**UNIVERSITY OF ZIMBABWE DEPARTMENT OF TEACHER
EDUCATION MORGAN ZINTEC COLLEGE MODULE 01**



**HEALTH AND LIFE SKILLS EDUCATION –PROFESSIONAL STUDIES SYLLABUS
'D' (PSD)**

DIPLOMA IN EDUCATION (PRIMARY)

M. MAVIKO

S. GOROGODO

D. MEDA

Open and Distance Learning Module

EDUCATION, PROGRESS AND SELF RELIANCE

All rights of reproduction are reserved. All material published in this module is protected, covering all exclusive rights to reproduce and distribute the material. No material published here may be reproduced or stored on microfilm or electronic, optical or magnetic form without the written permission from and authorization.

©MorganZintecCollege Department of Distance Education 2018

AUTHORS:

M.L MAVHIKO

D. MEDA

S. GOROGODO

Published By:

Morgan Zintec College

Department of Distance Education

Post Office Box 1700

Acardia

Harare

E-mail:secretarymorgan@gmail.com

Co-ordinator:Mr S.V.K Dumba

Content Editor: Mr M.L Mavhiko

DEDICATION

The module is dedicated to all children in the formative years. They remain our fountain of motivation, particularly in the writing of this module. In addition, this module is dedicated to the Morgan ZINTEC college students. They have availed us the opportunity to experience the joys and challenges of academic writing. It is through authorship of this module that we have come to acquire invaluable knowledge as well as research skills.

ACKNOWLEDGEMENTS

The hard work of the Principal of Morgan ZINTEC, Mrs S Kaseke has resulted in the production and publication of this module. This module will go a long way in empowering those working with children in their formative years with the requisite knowledge, concepts and skills. The ECD Mathematics and Science section recognises the sterling work of Mr S.V.K Dumba who ensured the production of such quality work.

MODULE OVERVIEW

The module is intended to help you in the teaching of Mathematics and Science at Infant school level. The topics are arranged into units which can be easily followed. Each unit has content with relevant examples which make it easy for you to understand. For your practice some activities have been given. At the end of each chapter an assessment activity is given to measure your mastery of work covered.

CONTENTS

UNIT ONE

UNIT 1

BASIC INFORMATION ON HIV AND AIDS

PASTOR M MAVIKO

- 1.0 organisation unit
- 1.1 Introduction
- 1.2 Aims
- 1.3 Intended learning outcomes
- 1.4 Key concepts
- 1.5 Content
- 1.6 Cultural factors that promote HIV transmission
- 1.7 Other factors driving the epidemic
- 1.8 Summary
- 1.9 Conclusion
- 1.10 References
- 1.11 Glossary

UNIT 2

LIFE SKILLS

PASTOR M MAVIKO

- 2.0 organisation unit
- 2.1 Introduction
- 2.2 Aims
- 2.3 Intended outcomes
- 2.4 Key concepts
- 2.5 Skills description
- 2.6 Communicating with adolescents
- 2.7 Negotiation skills
- 2.8 Assertiveness skills
- 2.9 Conflict management skills
- 2.10 Summary
- 2.11 Conclusion

2.12 References

2.13 Glossary

UNIT 3

CAREER GUIDANCE AND COUNSELLING

GOROGODO S

3.0 organisation of the unit

3.1 Introduction

3.2 Aims

3.3 Intended learning outcomes

3.4 Key concept

3.5 Benefits of career guidance and counselling

3.6 The role of a teacher in career guidance and counselling

3.7 Summary

3.8 Conclusion

3.9 References

3.10 Further reading

3.11 Glossary

UNIT 4

INTRODUCTION TO DISASTER RISK MANAGEMENT CONCEPTS

GOROGODO S

4.0 organisation of the unit

4.1 Introduction

4.2 Aims

4.3 Intended learning outcomes

4.4 Key concepts

4.5 The disaster management cycle

4.6 Summary

4.7 Conclusion

4.8 References

4.9 Further reading

4.10 Glossary

UNIT 5

MEDA D

- 5.0 organisation of the unit
- 5.1 Introduction
- 5.2 Aims
- 5.3 Intended learning outcomes
- 5.4 Key concepts
- 5.5 Definitions of child abuse
- 5.6 Physical abuse
- 5.7 Sexual abuse f children
- 5.8 Emotional or psychological abuse
- 5.9 Neglect
- 5.10 How to deal with abused children
- 5.11 Summary
- 5.12 Conclusion
- 5.13 References
- 5.14 Further reading
- 5.15 Glossary

UNIT 6

INCLUSIVE AND QUALITY EDUCATION

MEDA D

- 6.1 Introduction
- 6.2 Aims
- 6.3 Intended learning outcomes
- 6.4 Key concepts
- 6.5 Quality education
- 6.6 Inclusive education
- 6.7 Child friendly school
- 6.8 At the level of the learner
- 6.9 At the level of the learning environment
- 6.10 Summary
- 6.11 Conclusion
- 6.12 References

6.13 Further reading

6.14 Glossary

UNIT 1

BASIC INFORMATION ON HIV AND AIDS

PASTOR M. MAVIKO

1.0 ORGANIZATION OF THE CONTENT

This unit comprises of the introduction, aims and objectives of the unit, key concepts of the topic, abbreviations, content, self-assessment questions, conclusive summary of the unit and references.

1.1 INTRODUCTION

This unit is giving you basic information on HIV and AIDS. It is not detailed but is only meant to compliment information in Insight and foresight, a copy which you already have. When you combine the information in this unit with what you have, you do not only enrich yourself, but you become an important point of call and source of updated facts and information for many of our communities. I hope this unit will create interest, cultivate positive attitude towards research and coping strategies to any life challenges you might encounter.

1.2 AIMS

1.2.1 This unit aims to: -

1.2.2 Provide basic information on HIV and AIDS;

1.2.3 Explore modes of HIV transmission;

1.2.4 Empower the student teacher with life skills that promote positive behavior change.

1.3 INTENDED LEARNING OUTCOME

By the end of this unit, you should be able to: -

1.3.1 Share up-to-date information on HIV and AIDS to others;

1.3.2 Identifying modes of HIV and AIDS transmission;

1.3.3 Suggest ways of preventing HIV and AIDS.

1.4 KEY CONCEPTS

As you go through this unit you should pay particular attention to the following concepts and acronyms

1.4.1 HIV is the virus that causes HIV infection.

1.4.2 AIDS is the most advanced stage of HIV infection.

1.4.3 HIV is spread through contact with the blood, vaginal fluids and breast milk of a person with HIV. In this century HIV is also being spread mainly by having anal or vaginal sex or sharing drug injection equipment with a person who has HIV.

1.4.4 ART (Antiretroviral therapy) is the use of HIV medicines to treat HIV or AIDS. ART is not a cure. It only lowers the concentration of HIV (also known as the viral load) in the blood stream and in body fluids. HIV medicines have to be taken every day for the rest of one`s life.

1.4.5 CD4 – white blood or T -cells which defend the body from germs and infection.

1.4.6 Viral load – the amount of virus in one`s body.

1.4.7 ARVs -ART medicines.

1.5 CONTENT

What is HIV and AIDS

1.5.1 What is HIV

HIV stands for Human Immunodeficiency Virus. It is the virus that can lead to Acquired Immunodeficiency Syndrome or AIDS, if not treated. Unlike some other viruses, the human body can`t get rid of HIV completely, even with treatment. So, once you get HIV, you have it for life. The HIV infects the human body cells and replicates (make new copies of themselves) within these cells.

HIV attacks the body`s immune system specifically the CD4 cells which help the immune system fight off the virus (germs or infections). Untreated HIV reduces the number of CD4 cells in the body making the you likely to get other infections or infection related cancers. These are called opportunistic infections. Over a period of time if you don`t get treated the virus can destroy so many T-cells that the body`s immune system becomes very weak and can`t fight off opportunistic

diseases. It is gradually these infections rather than the HIV that will kill the infected person. Their presence signal that the person has AIDS, the last stage of infection.

No effective cure currently exists. But with proper medical care, HIV can be controlled. The medicine used in treating HIV is called Antiretroviral Therapy(ART). If taken correctly, every day, this medicine can dramatically prolong life of the infected. What will be happening is that, when ART is correctly taken it stops the production of HIV, then the body immune cells are able to live longer and provide the body with protection from infections. Effective ART results in a reduction in viral load greatly reducing the risk of transmitting the virus to sexual partners. If the HIV positive partner in a couple is on ART, the likelihood of sexual transmission to the HIV negative partner can be reduced by as much as 96%. This is why it is essential that you take the exact combination and dosage of ART medicines prescribed for you by your health care provider. You should never stop or change the combination without their instruction. You also need regular medical tests, especially CD4 count, to make sure the medicines are working well for you.

It is also helpful to join a support group with other people taking ART and to disclose (tell someone that you are positive) in order to get emotional support. They can also help you take your ARVs correctly. Once you start taking ARVs, you must take them for life – every day, in the right way. Stopping and starting, even missing a few doses, causes drug resistance and is very dangerous. This is why it is also dangerous to buy unknown ARVs on the street or from flea market or to share your ARVs or take someone else's.

1.5.2 What is AIDS

AIDS is an abbreviation for Acquired Immune Deficiency Syndrome. Look carefully at the meaning of each word used in defining AIDS in order to understand what it means.

Acquired – not born with.

Immune – Body`s defense system.

Deficiency – not working properly.

Syndrome – a group of signs and symptoms.

AIDS therefore, means a group of symptoms showing that the body`s immune system and other parts of the body have been completely damaged by a collection of viruses called Human Immune Deficiency virus (HIV).

1.5.3 How is AIDS diagnosed

When the immune system is badly damaged the CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm³), you are considered to have progressed to AIDS. Or /And the person has developed certain opportunistic infections. The CD4 count of a healthy person ranges from 500 to 1,600 cell/mm³.

1.5.4 What is the difference between HIV and AIDS

HIV	AIDS
<ul style="list-style-type: none">• HIV is the virus that causes HIV infection.• HIV damages the immune system by killing CD4 cells	<ul style="list-style-type: none">• AIDS is the last stage of HIV infection• As HIV infection advances to AIDS the amount of HIV in the body increases and the number of CD4 cells decrease• HIV medicines can stop HIV infection from progressing to AIDS• Without HIV medicines, HIV advances to AIDS in about 10 to 12 years

Self-Assessment Question

What is the difference between HIV and AIDS

1.5.5 The progression of HIV infection to AIDS

Stage/Period	Duration	Description
--------------	----------	-------------

1	HIV infection		Initial infection with HIV
2	Window Period	Approximately 42 days	No signs and symptoms of disease and no detectable antibodies to HIV. An HIV antibody test will be negative although the virus is present.
3	Asymptomatic HIV	Less than 1 year to 10 – 15 years and more	Antibody tests are positive but there are no signs and symptoms of illness. This is the incubation period. It may be accompanied by glands staying swollen for a long time without other disease symptoms.
4	Symptomatic HIV	Months or years	Signs and symptoms of disease increase because HIV is damaging the immune system. They are not usually life threatening initially but become more serious and long lasting.
5	AIDS	Less than two years unless treatment is available	The terminal stage of HIV infection. Life threatening infections and cancer occur because the immune system is severely weakened and cannot cope. The patient dies when an untreatable life – threatening condition develops. Life expectancy depends on the condition that develop and the treatment available, including antiretroviral, drugs for

			opportunistic infections and holistic care, which includes good nutrition
--	--	--	---

Self-Assessment Question

How many stages are shown for the progression from HIV to AIDS? Explain each stage.

1.5.6 How is HIV transmitted

You can get or transmit HIV through body fluids such as blood, semen, rectal fluids, vaginal fluids and breast milk from a person who has HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the blood stream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis and mouth.

This means that HIV is a fragile virus which can only survive in a limited range of conditions. As mentioned above you saw that HIV can enter the body through mucous membranes, such as the mouth or vagina. HIV cannot enter the body if the skin is intact but can easily enter through an open wound. Prevention therefore involves ensuring that there is a barrier to the virus – condoms or protective means such as gloves and masks, where appropriate – and that needles and other skin piercing instruments are not contaminated.

1.5.7 HIV cannot be transmitted by casual physical contact of any kind, such as:

1.5.7.1 Kissing (there is some possibility if it is French, open mouth or wet kissing where there is bleeding gums or open wounds in the mouth)

1.5.7.2 Mosquito or insect bites

1.5.7.3 Coughing, sneezing or spitting

1.5.7.4 Sharing toilets or washing facilities

1.5.7.5 Using utensils or consuming food and drink handled by someone who is infected with HIV.

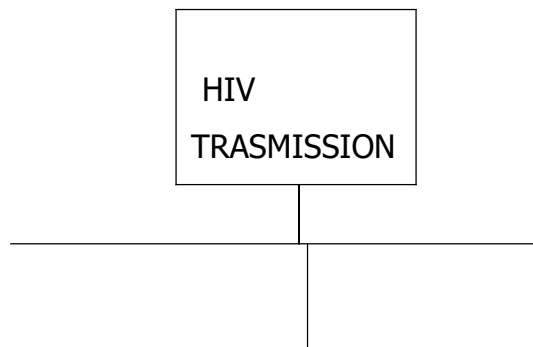
1.5.8 Routes of HIV transmission

Having anal or vaginal sex with someone who has HIV without using a condom (85% - 90%). HIV can also in this respect be transmitted through oral sex (oral ulcers, bleeding gums, genital sores and the presence of other sexually transmitted diseases increase the risk of HIV transmission through oral sex)

Mother- to- child transmission which usually happens during pregnancy, at delivery and through breast feeding (7% -10%). Mother – to- child transmission accounts for 90% of HIV and AIDS in children.

Through blood transfusion or transplants of infected organs or tissues (1% - 5%). Happens also when drug users share contaminated needles or syringes. When professionals accidentally stick themselves with needles or other sharp objects contaminated with HIV infected blood or when open cuts are exposed to contaminated blood.

1.5.9 Diagrammatic illustration of HIV transmission



SEXUAL CONTACT 90%	MOTHER TO CHILD 7%	OTHERS 1%
--------------------------	--------------------------	--------------

Self-Assessment Question

Which are possible ways of transmitting HIV?

1.6 Cultural factors that promote HIV transmission

1.6.1 Culture of silence on sex and sexuality(socialization)

1.6.2 Male dominance – condom use dilemma

1.6.3 Polygamy – legally sanctioned in Zimbabwe, allows husbands to have more than one wife. Polygamy operates to create concurrent sexual networks within marriage among multiple wives and their husband, and in addition to any extra marital sexual contacts the spouse may have. The wives are brought into the polygamous home without HIV testing and condoms are a taboo.

1.6.4 Early marriages - these severely increases young girls `vulnerability to HIV and STIs as they are exposed to unprotected sex since they cannot negotiate safe sex.

1.6.5 The value of children – Women are pressured to bear children as proof that they are not infertile. Infertility in most African cultures is regarded as a curse hence expose women to HIV and STIs.

1.6.6 Harmful cultural and traditional practices such as husband/wife inheritance, sexual cleansing and female genital cutting.

1.7 Other factors driving the epidemic

1.7.1 Gender relations - Gender inequality and gender roles encourage male promiscuity making women vulnerable to violence and restrict their ability to discuss or negotiate safe sex.

1.7.2 Poverty. Individuals from poor backgrounds are at greater risk of exposure to HIV via the economically driven adoption of risky behaviours in order to get food, shelter and clothing for themselves and their children. Talking in particular of women and young girls who engage into commercial sex for their livelihood. For men there is high unemployment and migration which promote excessive alcohol and drug abuse, which in turn block any use of HIV preventive measures.

1.7.3 Low use of condoms and incorrect or inconsistent use of condoms.

1.7.4 Migration (settlement patterns and mobility)

1.7.5 Concurrent relationships, multiple partners, polygamy and small houses.

Self-Assessment Question

Which are the key drivers in the transmission of HIV

1.8 SUMMARY

This unit covered on the basics on HIV and AIDS. You have learnt that HIV is a virus that causes HIV infection. AIDS is the most advanced stage of HIV infection. The virus is transmitted through sexual contact where there is exchange of body fluids. There is also other key driver of the epidemic such as culture, poverty, migration, multi- concurrent partnerships and many other such factor discussed in this unit.

1.9 CONCLUSION

We hope you have learnt much about HIV and AIDS, thereby closing on knowledge gaps, misconceptions and uncertainties that characterize the epidemic. Knowledge dispels fear, stigma and intolerance in schools and in the community where you are teaching. Answer the assessment questions and make sure you have understood the unit and the make further research of your own and grow as a teacher.

REFERENCES

Moyo P. H. (2001), The Bible and African culture as source in African Christian ethical decision making, DD thesis, Department of Dogmatics and Christian Ethics, University of Pretoria.

Neil Anderson et al, National Sectional Study of views on sexual violence and risk of HIV infection and AIDS among South African school pupils, British Medical Journal 329, no 7472(2004):942.

ILO programme on HIV and AIDS for labourInspectors (2015) International Labour Office, Route des Morillons 4, Geneva, Switzerland.

Thompson M.A.,et al(2012) Antiretroviral treatment of Adult HIV infection:2012 recommendations of the International Antiretroviral Society, USA Panel, Jama.

UNAIDS (Joint United Nations Global AIDS Programme). Global report: UNAIDS report on the global AIDS epidemic 2013. Accessed at www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/unaids-global-report-2013- on July 23, 2014.

GLOSSARY

Acquired immunodeficiency syndrome (AIDS) – is the most severe manifestation of infection with the human immunodeficiency virus (HIV).

Antiviral therapy(ART) – a combination of antiviral drugs that aggressively decrease and prevent HIV viral multiplication to halt the progress of HIV disease.

Viral load - is the amount of virus in the blood.

Opportunistic infection - a type of infection that occur in people with a weakened immune system.

Adherence – means taking ART treatment exactly as instructed by doctors.

T – helper cells – type of white blood cells that fights antibodies.

UNIT 2

PASTOR M. MAVIKO

LIFE SKILLS

2.0 ORGANIZATION OF THE CONTENT

This unit has the introduction, aims and intended learning outcomes key concepts, content, self-assessment questions derived from the content, a summary and a conclusion as well as a list of references use in this unit.

2.1 INTRODUCTION

You and I live in a constantly changing environment, by learning and acquiring new life skills we increase our understanding of the world around us and equip ourselves with the tools we need to live a more productive and fulfilling life. The dramatic changes in global economies and psycho-social life has to match with the transformation in technology. In order to cope with the increasing pace and change of modern life you need life skills-based education.

2.2 THE UNIT AIMS TO:

- 2.2.1** Develop an awareness of psycho-social skills needed in dealing effectively with demands and challenges of everyday life.
- 2.2.2** Develop in both boys and girls responsible and safe sexual behavior, sensitivity and equity in gender relations
- 2.2.3** Empowering girls to avoid pregnancy until they reach physical and emotional maturity.

2.3 INTENDED LEARNING OUTCOMES:

By the end of the unit you should be able to:

- 2.3.1** Define what is mean by the term life skills.
- 2.3.2** Identify at least 3 life skills.
- 2.3.3** Identify the process for making sound decisions.
- 2.3.4** Discuss reasons why people are influenced by group members.

2.3.5 Discuss how shyness can be overcome.

2.4 KEY CONCEPTS

2.4.1 Content

Defining Life Skills

Life skills are a set of human skills acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life. In other words, life skills refer to the ability for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life.

This term refers to a large group of psycho – social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life.

2.4.2 Which Skills are Life Skills?

There are many essential life skills that we may discuss here, but this unit will look at skills that address problems faced by school going children that you are teaching.

Some of the important Life Skills identified here are as follows:

- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Effective communication
- Interpersonal relationships
- Negotiation
- Conflict management
- Self-awareness
- Assertiveness
- Empathy
- Coping skills (stress, loss, abuse, trauma)

- Anger management
- Refusal

2.5 Skill description

2.5.1 Decision making:

One thing we have in common is the undeniable fact that we have all made our fair share of regrettable decisions. You can show someone who has not made a bad decision and I will show you someone who is either not being honest or someone who avoids decision making at all costs. Making sound decisions is a skill that needs to be developed in us.

The first key in understanding how to make a good and sound decision rest on the ability to choose the best alternative based on information available. The second aspect required in good decision making is the ability to clarify values and the ability to acquire information. Lastly you have to weigh the positive and negative effects of your option.

Self-Assessment Question

What are the three key points to good decision making

2.5.2 Problem Solving:

A problem is defined by the Concise Oxford Dictionary (1995) as “something hard to understand or accomplish or deal with.”

Effective problem solving usually involves identification of the problem and the nature of the problem. You have to understand the problem to the extend that you are able to define it to yourself and others as well. The next step is to compare all possible alternatives and to select the best strategy in dealing with your problem. The last thing is to implement solution to the problem.

2.5.3 Creative Thinking:

Creative thinking is the process which we use when we come up with new ideas or new ways of doing things. It is the merging of ideas which have not been

merged before resulting in, bringing into being into being something which did not exist before, either as a product, a process or a thought.

2.5.4 Critical Thinking:

Critical thinking refers to the ability to analyze information objectively and make reasonable judgment. Good critical thinkers can draw reasonable conclusions from a set of information and select between useful and less useful information, facts or detail to solve their problem or make a decision.

2.5.5 Effective Communication:

General communication

Effective communication is communication that is clearly and successfully delivered, received and understood.

Some skills associated with effective communication include:

2.5.6 Being a good listener

Using and recognizing body language and non-verbal communication. E.g. non-verbal communication, such as facing your body towards another while they are communicating and displaying a relaxed stance encourages others to communicate freely. Good communicators avoid crossing arms or diverting their eye contact while conversing with people.

Taking control of own emotions and stress

Understanding and empathizing with others.

Activity:

The following story, called "Taking granddaddy`s dollar coin" is an illustration of effective communication.

I was only five, coming from a powerful Sunday service which was morally uplifting. My granddaddy told me I could go into the kitchen and get a plate of pumpkin and round nuts. Next to the plate was a stake of hundred-dollar notes and some few coins and I took a dollar coin. When I returned my granddaddy looked at me funny

and asked me to show him my open palms. I had the coin in my right under the plate so I only held out my left. 'Show me the other hand', he said. When he saw the coin, he looked at me real sadly. He 'hugged me up' and said, 'sir you can have anything in the world that I have, but it breaks my heart that you would ever steal it'. I never stole anything again.

2.5.7 Questions:

How could you describe the way the message 'One should not steal' was communicated?

What would you have done if you were in granddaddy`s position?

Please note, granddaddy was not worried about the child`s self-esteem, nor was he so casual about the significance of theft that he made light of the incident. He did not hammer his grandson with harsh words or punishment either. Instead, he conveyed his disappointment in the context of his love and through the moral judgment that stealing is wrong. He was more concerned with him becoming good than feeling good and as a result, when the gentleman narrated the incident 50 years later, he could not help but shed tear of shame and gratitude at the same time.

2.6 COMMUNICATING WITH ADOLESCENTS

Many adults find it difficult to communicate with youth about sex and sexuality. They find it especially difficult to use sexual terms or to use the sexual slang which many youths uses. As a result, youths may be given inadequate information. It is important that anyone counseling youths becomes familiar and comfortable with the use of sexual terms and with youths` use of sexual slang. Comfort will usually develop with repeated exposure and use of the words

Activity:

Ask your class(preferably adolescent class) to list some sexual terms they use in their everyday talk. Have pupils tick words they would find difficult to talk about with

adults. Ask the pupils to explain what the words mean. Conclude the activity using the discussion questions below:

- How did you feel when I explained what to do during this activity and why?
- Are any words missing from the list?
- How would you have felt if your Head of school (father, mother, pastoretc.) had walked into the class during the activity? Why?

2.6.1 Sexual slang:

Young people often use slang terms when talking about any aspect of sexuality.

Reasons for using slang words:

- When one does not know the correct term.
- When one does not feel comfortable using the right term.
- To disguise communication so that adults will not understand them.
- To create some kind of identity.

2.6.2 Basic guidelines when communicating with the Adolescents:

- Speak frankly. Acknowledge your feelings. If you do not know the answer so, then find out.
- Give simple, direct answers you know are accurate.
- Be approachable. Do not get upset or become agitated. Keep cool.
- Let the adolescent know that no question is wrong to ask, and that even subjects that can be embarrassing are good to talk over with you.
- Respond in the same way to boys and girls when they ask questions
- Create lines of communication and keep them open.

What to do and what not to do when communicating with adolescents:

DO	AVOID
• Be truthful about what you know and what you do not know	• Giving inaccurate information (to scare them or to make them behave)

• Be professional and technically competent	• Threatening to break confidentiality 'for their own good'.
• Use words and concepts which they can understand and relate to	• Giving them only the information that you think they will understand • Using medical terms, they will not understand
• Treat them with respect in terms of how to speak and how to act	• Talk down to them, shouting, getting angry, or blaming them
• Give all the information/choices and then help them decide what to do	• Telling them what to do because you know best and they are 'young'
• Treat all adolescents equally. Be understanding and supportive even if you do not approve of their behaviour	• Being judgmental about their behaviour, showing disapproval, or imposing your own values
• Accept that they may choose to show their individuality in dress or language	• Being critical of their appearance or behavior, unless it relates to their health well- being

2.6.3 Interpersonal Skills:

These are the life skills we use every day when we communicate and interact with other people, both individually and in groups. Interpersonal skills are called people skills because they describe a person's ability to interact with other people in a positive and cooperative manner. Interpersonal skills include a variety of skills, though many are centred around communication, listening, questioning and understanding body language. These skills also include the ability to understand and manage your own and others' emotions.

Interpersonal skills are also referred to as social skills. Soft skills or people skills. These skills can improve your professional and social skills and lead to a better understanding of life and relationships.

2.6.4 What are Interpersonal skills?

- 2.6.4.1 Interpersonal skills are generally considered to include a wide range of skills, such as:
- 2.6.4.2 [Communication skills](#), which in turn covers:
- 2.6.4.3 [Verbal Communication](#) – what we say and how we say it;
- 2.6.4.4 [Non-Verbal Communication](#) – what we communicate without words, for example through body language, or tone of voice; and
- 2.6.4.5 [Listening Skills](#) – how we interpret both the verbal and non-verbal messages sent by others.
- 2.6.4.6 [Emotional intelligence](#)– being able to understand and manage your own and others' emotions.
- 2.6.4.7 [Team-working](#)– being able to work with others in groups and teams, both formal and informal.
- 2.6.4.8 [Negotiation, persuasion and influencing skills](#) – working with others to find a mutually agreeable (Win/Win) outcome. This may be considered a subset of communication, but it is often treated separately.
- 2.6.4.9 [Conflict resolution and mediation](#)– working with others to resolve interpersonal conflict and disagreements in a positive way, which again may be considered a subset of communication.
- 2.6.4.10 [Problem solving and decision-making](#) –working with others to identify, define and solve problems, which includes making decisions about the best course of action

2.7 NEGOTIATION SKILLS

Negotiation is a method by which people settle differences. It is a process by which compromise or agreement is reached while avoiding argument and dispute. Negotiation skill is also defined as the ability to resolve differences arising between you and others by talking about it and settling matters through agreement.

2.7.1 Negotiation skills involves the following:

- 2.7.1.1 Persuasion
- 2.7.1.2 Ability to assess the situation

- 2.7.1.3 Good listening skills
- 2.7.1.4 Knowledge to express one self
- 2.7.1.5 Appropriate timing
- 2.7.1.6 Observation

2.7.2 Tips for negotiation:

- 2.7.2.1 Be a good listener. Let your partner know that you hear, understand, and care about what she/he is saying and feeling.
- 2.7.2.2 Be "ask-able" - let your partner know that you are open to questions and that you won't jump on him/her or be offended by questions.
- 2.7.2.3 Be patient and remain firm in your decision that talking is important.
- 2.7.2.4 Recognize your limits. You don't have to know all the answers.
- 2.7.2.5 Understand that success in talking does not mean one person getting the other person to do something. It does mean that you have both said what you think and feel respectfully and honestly.
- 2.7.2.6 Avoid making assumptions. Ask open-ended questions to discuss.
- 2.7.2.7 Avoid judging, labeling, threatening or bribing your partner.
- 2.7.2.8 Be assertive and not aggressive.

Activity:

Ask your pupils to do a role play on an adolescent relationship, where an adolescent boy negotiates for sex from an adolescent girl.

Ask some questions such as 1` What skills were used in the negotiation?'

- 2 `What tips can you suggest to the two for a positive outcome in another negotiation?'

2.8 ASSERTIVENESS SKILLS:

Being assertive means being able to stand up for your own or other people's rights in a calm and positive way, without being either aggressive or passively accepting wrong.

WHO (2010) defines assertiveness as, standing up for your personal rights without putting down the rights of others. If you can do this you will be able to:

- Say 'No' without feeling guilty
- Disagree without becoming angry
- Ask for help when you need it
- As a result, you will feel better about yourself

As a result, you will feel better about yourself and have more honest friends and relationships. Assertive persons will respect themselves as well as others, listen and talk, express positive and negative feelings.

There are two other extreme behaviours to being assertive, these are being aggressive and passiveness.

2.8.1 Passiveness – This is giving in to the will of others and hoping to get what you want without actually having to say it.

Many people adopt a passive response because they have a strong need to be liked by others. Such people do not regard themselves as equals because they place greater weight on the rights, wishes and feelings of others. Being passive results in failure to communicate thoughts or feelings and results in people doing things they really do not want to do in the hope that they might please others. This also means that they allow others to take responsibility, to lead and make decisions for them.

2.8.2 Aggressiveness–This is expressing your feelings, opinions or desires in a way that threatens or punishes the other person. It includes insisting on your rights whilst denying the rights of others. An aggressive person on the other hand can be very dominating.

2.8.3 Self-esteem:

Self-esteem is sometimes referred to as self-worth or self-respect. It is a description of a person's overall sense of self-worth or personal value. In other words, we are saying it is how much you appreciate and like yourself. Self-esteem encompasses such things as how we perceive our personal appearance, believe, emotions, thoughts, and behaviours.

2.8.4 Importance of Self-esteem:

Motivates one to success

You believe in yourself, hence helps to build self confidence and achieve planned goals

You don't have to compare yourself to others

You act independently and assume responsibility for your actions, goals and desires

You consider yourself valuable and live for a reason

Allows you to be in control of your life and be able to do what you want. This is source of mental stability and health.

Diagram on High and Low Self-esteem

High Self – Esteem	Low Self - Esteem
<ul style="list-style-type: none">• Enthusiasm• Optimism• Ambition• Cooperation• Respect of self and others• Kindness• Accepting responsibility• Voluntarism• Confidence• Proactive	<ul style="list-style-type: none">• Pessimism• Aggressiveness• Withdrawal• Depression• Uncaring• Passive• Negative attitude• Irresponsibility• Volunteering others

Self-assessment questions

Discuss characteristics of high and low self-esteem. How can we identify these characteristics in the behavior of adolescents?

2.8.5 Conditions that contribute to low self-esteem:

Negative role models in early childhood

Expectations from parents (High and Low)

Absence of conditions outlined under high self-esteem in the above diagram.

2.8.6 Consequences of low self-esteem:

This can lead to suicide if one faces challenges and chooses not to seek help from available support systems

Vulnerability to abuse

Exposure to peer pressure

Conditions that develop a sense of high Self-esteem:

Sense of connection and relationship to others that is a feeling of belonging either to a family, friends, a group, country or locality

A sense of one`s own uniqueness and value (such as your talents, looks, or abilities). A sense that one has power to stand up for oneself and family and make choices about what happens to self and family

Positive role models to identify with in the society

Exposure to incidences that call for decision-making

2.9 Conflict management skills:

2.9.1 What is conflict?

It is friction or opposition resulting from actual or perceived differences or incompatibilities.

2.9.2 What are conflict management skills?

It is the practice of being able to handle and identify conflicts sensibly, fairly, and efficiently.

2.9.3 How does conflicts arise:

Conflicts are a normal part of any healthy relationship. After all, two people can`t be expected to agree on everything, all the time. The key is not to avoid conflicts but learning how to resolve them in a healthy way. Conflict arises from

differences, both small and large, it occurs whenever people disagree over their values.

Healthy and unhealthy ways of managing and resolving conflict	
Unhealthy responses to conflict:	Healthy responses to conflict:
An inability to recognize and respond to the things that matter to the other person	The capacity to empathize with the other person's viewpoint
Explosive, angry, hurtful, and resentful reactions	Calm, non-defensive, and respectful reactions
The withdrawal of love, resulting in rejection, isolation, shaming, and fear of abandonment	A readiness to forgive and forget, and to move past the conflict without holding resentments or anger
An inability to compromise or see the other person's side	The ability to seek compromise and avoid punishing
Feeling fearful or avoiding conflict; expecting a bad outcome	A belief that facing conflict head on is the best thing for both sides

2.9.4 Importance of life skills:

1. Help in the development of social competence and problem-solving skills, which in turn help pupils to form their own identity.
2. Promote positive social norms that have an impact on pupil's health services, school and family.

3. Helps to differentiate between hearing and listening, that's ensuring that there is less misconception or miscommunication regarding issues such as drugs, alcoholism, relationships etc.
4. Delay the onset of sexual debut
5. Delay the onset of the abuse of tobacco, alcohol etc.
6. Promote the development of positive self-esteem and anger control.
7. Empathy can help to understand and accept others who may be very different from ourselves, which can improve social interaction.
8. Self-awareness helps us to recognize when we are stressed or feel under pressure. It is also often a prerequisite for effective communication and interpersonal skills.
9. Critical thinking contributes to decision making and problem solving enabling us to explore available alternatives and various consequences of our actions or non-actions.
10. Encourages adults, especially parents, to listen and respond to young people.
11. Translating knowledge, attitudes and values into healthy behaviour.

2.10 SUMMARY

This unit on life skills is giving you guidance on how to cope with multiple life challenges in the face of a fast changing world. It explains processes of effective communication, guidelines on how to cope with stress and pressure. Assertive teenagers are more likely to prevent unwanted pregnancy and STI`s, as well as abuse. Assertiveness also help you to withstand peer pressure, negotiate and settle differences, empathise with others, recognize and cope with your emotions. With life skills your are equipped for life and these skills are unlocked by teaching and personal experiences.

2.11 CONCLUSION

In conclusion, life skills is a topic that you and all student teachers should learn about so that you boost confidence and ability to do things. Also life skills are important because they are part of being able to meet the challenges of everyday life.

REFERENCES

UNESCO,2008. An HIV and AIDS Manual for Teachers: A comprehensive coverage. Harare, UNESCO.

UNESCO,2004.Coping skills: A facilitator`s Manual. Harare, UNESCO.

UNICEF Website <http://www.unicef.org/lifeskills/index-whichskils.html>

WHO,2010. IMAI One-day Orientation on Adolescents living with HIV – Facilitator Guide. Geneva, WHO Press.

Zimbabwe National Family Planning Council,1997.Family life Education Manual. Harare, ZNFPC.

GLOSSARY

Life skills: refers to one`s ability to cope with challenges of daily life, especially skills in communication, decision making, occupational requirements and problem solving. Life skills are developed during adolescence and early adulthood.

Life skills are essential abilities one needs to effectively and productively navigate through life.

UNIT 3

CAREER GUIDANCE AND COUNSELLING

GOROGODO S

3.0 ORGANISATION OF THE CONTENT

This chapter comprises of an introduction, aims and objectives of the unit. Key concepts of the topic, content, activities for you to practice, a summary of the topic, a conclusion, a list of references and a glossary of terms used in the unit.

3.1 INTRODUCTION

This unit sets out to present a brief synthesis of the origins and development of career guidance and counselling. The optimal use of skill and abilities has historically been identified as the best and only strategy to ensure national and economic development. Calls for career guidance and counselling go as far back as the turn of the century for most countries. We must point out that in pre-colonial Africa children were taught survival skills from an early age in life. Boys would socialize with male members of the community while girls on the other hand socialised with the female members of the communities they lived with.

It was during this time of socialisation that both girls and boys learnt skills for life from the respective members of society. Post- colonial Africa saw and experienced the rise of schools that offered vocational and technical education and training. Government shifted emphasis from a purely academic focus to a vocational and career focus.

3.2 AIMS

This unit seeks to explore the background to the development of career guidance and counselling as a discipline in the schools.

3.2.1 discuss the need for career guidance and counselling in the schools

3.2.2 evaluate the benefits of career guidance and counselling to the students, parents and teachers.

3.3 OBJECTIVES

By the end of this unit we expect you to be able to :

3.3.1 Define key concepts like career guidance and career counselling in schools

3.3.2 Describe and explain the benefits of career guidance and counselling to students, parents and teachers.

3.4 KEY CONCEPTS

Career- is an occupation or a profession that usually involves special training or formal education and is considered to be a person's lifework.

3.4.1 Career Guidance

Is a process of assessing individuals to adjust to personal, social, educational and vocational needs, make possible life adjustments, find and analyse facts and make the best possible decisions (Gibson R.L et al 1990)

3.4.2 Career Counselling

Is a process that will enable an individual to know and understand himself or herself and the world of work in order to make career educational and life decisions (Mapfumo. J.S 2001)

3.4.3 Background to the development of career guidance and counselling

The educational and occupational scene is fast growing and rapidly changing everywhere. Career guidance and counselling have become increasingly more recognised and talked about because academic education has failed to thoroughly prepare the students for life. Gibson and Mitchell (2010) point out that in Education career guidance and counselling services are a means to help the students to understand their problems and solve them in their own environment. The main purpose is to help each individual student to make a satisfactory adjustment to life both socially and otherwise. This service is needed not only by the pupils or student who have behaviour problems, learning difficulties of deep seated emotional disturbances but also those deemed to be

normal. The gifted children are also in need of special help in gaining social approval and in finding suitable outlets for their energies. This career guidance and counselling is mostly offered at grade seven and secondary school levels. It is the responsibility of the respective schools to see to it that students get adequately prepared for the world of work through the introduction of vibrant guidance and counselling programs.

3.4.4 Why career guidance and counselling in schools?

Before we look at the significance of career guidance and counselling in schools let's first of all look at some examples of concerns that students bring to career guidance and counselling.

"i have no idea what i want to do with my life "

"I don't know what to major in "

"i know what i want to major in but i have no idea of what i want to do once i graduate"

" i want to know what kind of job i can get with my major"

" i don't feel like i know enough about all the different careers out there to know what i want to do "

Now the above concerns by students only point to one clear truth the importance of career guidance and counselling in schools. Career guidance and counselling is designed to prepare young people for their life after school and in the world of work. Quek (2003) states that the essence of career guidance and counselling is human development and should therefore be tailored to meet the human need. Career guidance and counselling in schools provides access to the skills and resources students need to prepare them to make choices relevant to their personal strength and interests. Career guidance and counselling helps every students to understand himself or herself, to make the most of his capabilities and interest.

The Nziramasanga Commission (1999) observed that the needs of most students were not being fully met in most schools. It then became imperative that Primary and Secondary Ministry of Education sought to undertake to identify and follow

on its role in the career guidance and counselling programmes. The commission observed that:

- a) Too many individuals are misfit in their present jobs,
- b) People are working in positions that do not match their abilities and have very little interest in what they are doing for a living.
- c) Many capable students are not aware of the possibilities in fields where they might have much potential for the success and development of the country's economy
- d) Too few students are securing experience in schools that help them to investigate a reasonable spectrum of the world of work.
- e) There is a large number of youths leaving high school without having selected an occupation area or have acquired the skills necessary to enter the world of work.
- f) An increase in unrest and crime especially among the young people.

All the above mentioned gaps noted by the Nziramasanga Commission (1999) denotes the importance of having career guidance and counselling in the schools. Now having looked at the rationale of having career guidance and counselling there is need to further describe and explain the benefits of career guidance and counselling to pupils/ students, parents and teachers.

3.5 BENEFITS OF CAREER GUIDANCE AND COUNSELLING

3.5.1 Pupils / Students

Helps determine a student's potential. There are students who are clear as to what they want to become. On the other hand there are others who are either confused or have no idea about their career preferences. Regular aptitude tests and counselling sessions conducted by career counsellors can help students in finding out the right career options and the fields that interest them. On the basis of the counselling result students make the right choice regarding what course they want to enrol into in order to accomplish their goals. Despite having a clear idea of what they want to achieve in life some students do not know the career path they need to follow to have the requisite academic qualification to join a

particular course. Career guidance and counselling can help students clear their doubts and giving cut view of what they can expect from various educational courses. Some students might also have preconceived beliefs about certain fields. Guidance and counselling also helps students overcome these by knowing the true facts.

3.5.2 Support And Motivation To The Student

Guidance and counselling also provides essential support and boosts the morale of a student by understanding the kind of requirement. Building the motivational level of a student is necessary for long term success. This aids in improving overall performance of a student. It also teaches how to expand your network which in turn enhances emotional support.

3.5.3 Benefits To Parents

Parents have daily contact with their children therefore their guidance and encouragement can make a significant difference in their children's career choices. The career and guidance and counselling programme helps to prepare parents to appreciate the challenges their children have to face in life. Gibson and Mitchell (2000) are of the opinion that if parents are exposed to what goes in schools as regards their children's career choices they will appreciate the link between academic achievement and career needs. Through guidance and counselling parents will also be able to provide to educators in advocating for their child's academic, career and personal development.

Guidance and counselling increases opportunities for parent – school interaction. It also facilitates parent access to school and community resources.

3.5.4 Benefits To Teachers

Teachers are encouraged to support the academic success of each student by making their role in guidance and counselling clearly defined. It also helps teachers to link academic work with the practical work offered at the workplace.

Self Assessment Question

1. Think back to the time you made your own career decisions. Did you need any career guidance and counselling? Did you have adequate information on which to base your decision?

Adapted from Mutswanga, Mafumbate, Marufuif, Chamiwerenowuka and Mafumbate (2010):

140) the same career?

3.6 THE ROLE OF A TEACHER IN CAREER GUIDANCE AND COUNSELLING

The first two roles are based on the relationship they build with learners. Teachers have had careers of their own. They have made decisions about whether to go to university, what subjects to study and what job to do? Their experiences are useful for young people. These things need to be presented carefully as what worked for the teacher may not work for the learner but teachers should be having career conversations.

The second role is that teachers have well developed pastoral duty. As trusted adults, young people approach with concerns and dilemmas many of which relate to future aspirations. Working through these issues with young people in ways that keep their options open is important. The third role of a teacher in career guidance and counselling is to link their subjects to the world of work for example, highlighting how a particular scientific process is used in industry can increase the perceived relevance of the curriculum. Lastly teachers can also apply their pedagogic skills to the delivery of career learning. It is a distinct area with its own knowledge base but career education can be enriched through connections with curricular and cross curricular themes such as writing and communications skills.

3.6.1 Self Assessment Question

1. In your own opinion have the recommendations of the Nziramasanga Commission on the importance of career guidance and counselling yielded any positive results in education.
2. Why is the knowledge of career guidance and counselling of importance to school going children.
3. Should parents be involved in career and guidance and counselling? how involvement benefit the school going children, the school and the world of work.
4. Examine the impact of career guidance and counselling at your

3.7 SUMMARY

Many are the demanding challenges that are faced by school based career guidance and counselling counsellors especially as they deal with pupils who come from diverse backgrounds. The light has established the common goal of career guidance and counselling being to promote employability, to support career management and personal development of social skills and to reduce dropout through activation, motivation and empowerment of pupils. Career guidance and counselling should be based on holistic approach and be regarded as a lifelong process which should recognise the needs of pupils. It should also focus not only on the pupils career development and integration into the labour market but also on their social and psychological needs and deal with them in the manner appropriate to the skills, experience and role of the counsellor and the needs and wishes of the individual

3.8 CONCLUSION

I am sure as you go through this unit you will realise that career guidance and counselling is critical in human development therefore it should be tailored to meet the human needs. It is importance to note again in this unit that career guidance and counselling should be based on a holistic approach and be regarded as life long process which should recognise the need of pupils. The roles of the teacher discussed in the unit provide a framework and should be seen as integral part of teaching something that helps include pupils potential.

REFERENCES

Coreg. G (2001)theory And Practice Of Counselling And Psychotherapy. Belmont. C.A
Vikas Publishing House.

Gibson.R.L (1990) Introduction To Guidance and Counselling . New York: Macmillan.

Mapfumo.J.S (2001) Career Guidance And Counselling In Education . Zimbabwe.

Quick. A.H (2003) Intrinsic Motivation Appraisal In Vocational Teacher Education
Towards Human Resources development Journal Of Education. Ministry Of Education,
Malasia 37, 78, 48-55

FURTHER READING

Cornier.S and Hackney (2006) Counselling Strategies And Interventions (5thed)
Noedham Height, M.A; Allyn and Beacon.

Report Of the Presidential Commission Of Inquiry Into Education And Training (1999)
Harare: Government Printers.

Tristram Hooley (2010) career Education University Of Durby.

GLOSSARY

Work skills also called job skill are the competencies that one learns to enable him or her to perform certain tasks.

Socialisation – process by which individual acquire the knowledge , language, social skills and value to conform to the norms and roles required for integration in a group, workplace or community.

Human development-a measurement of achievements by humans through advancement of knowledge, biological changes, habit formation or other criteria that displays changes over time. Understanding human development personnel, market and sell products or negotiate international trade.

A misfit- a person who is poorly adapted to a specific workplace.

UNIT FOUR

INTRODUCTION TO DISASTER RISK MANAGEMENT

CONCEPTS GOROGODO S.

4.0 ORGANISATION OF THE CONTENT

This chapter begins with an introduction, aims and objectives of the unit. The key concept of the topic, content, activities for you to practice, a summary of the topic, a conclusion, a list of references and a glossary of terms used in the unit

4.1 INTRODUCTION

This chapter is designed to introduce the subject of disaster risk management by starting with the definition of basic terms that will be used throughout the unit. The unit will go on to look at some specific disasters like cholera as a medical disaster and fire as a natural disaster or man-made disaster, regionally and globally.

4.2 AIMS

The unit aims to:

- 4.2.1 adopt the disaster management cycle that guides us as teachers when identifying problem areas from the pre-disaster period.
- 4.2.2 explore cholera and fire as disasters using the disaster management cycle.
- 4.2.3 apply the knowledge of the disaster management cycle in risk reduction.

4.3 INTENDED LEARNING OUTCOMES

By the end of this unit you should be able to:

- 4.3.2 define key terms in Disaster Risk Management Cycle.
- 4.3.3 explain each stage in Disaster Risk Management Cycle.
- 4.3.4 relate the cycle to cholera, as a medical disaster as well as fire as a natural or man-made disaster.

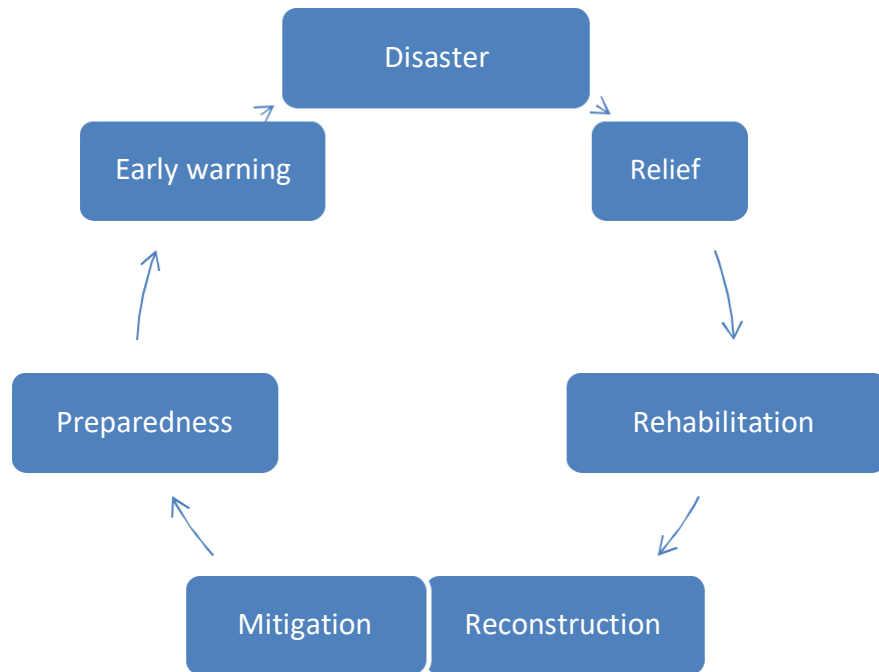
4.4 KEY CONCEPTS

- 4.4.2 Disaster - a serious event, natural or human made, sudden or progressive which disrupts the normal functioning of a society causing material or environmental losses which exceed the ability of the affected society to cope using its own resources.

- 4.4.3 Risk – the degree of negative change anticipated when hazards occur under conditions of vulnerability (hazard + vulnerability = risk).
- 4.4.4 Hazard – phenomenon that poses a threat to people, structure or economic assets and which may cause a disaster.
- 4.4.5 Vulnerability – a condition or set of conditions which reduce people's ability to prepare for, withstand or respond to a hazard.
- 4.4.6 Emergency – an embryonic disaster which if managed properly may not grow into a full disaster.
- 4.4.7 Mitigation and Prevention – activities aimed at reducing the vulnerability of populations to disasters that may occur thereby reducing the impact of disasters when they occur. The ultimate goal is to prevent disaster where possible. This is done through planning and legislative measures i.e. land use regulations, buildings codes, and public information, education and awareness campaigns.
- 4.4.8 Preparedness – measures designed to achieve rapid and effective response
i.e. -forecasting and early warning systems
-contingency plans
-stock piling of appropriate supplies
-arrangement for providing adequate funds for management, operations and training.
- 4.4.9 Response / Relief – this phase involves actions that are necessary to save lives and reduce suffering e.g. Initial assessment, search, and rescue, first aid, emergency medical assistance, restoration of emergency communication and transportation networks evacuation, provision of temporary shelter food and water.
- 4.4.10 Rehabilitation - activities that are taken to help victims return to normal life and be reintegrated into regular community functions. It includes restoration of repairable public utilities like wells, boreholes, provision of ARVs and son on.
- 4.4.11 Reconstruction – involves the activities that bring order and normalcy.

4.5 The disaster management cycle

It is a continuum that guides disaster managers when identifying problem areas from the pre-disaster managers when identifying problem areas from the pre-disaster to the post disaster period.



Adapted from a Manual for Schools- Energy Preparedness (2006).

4.5.2 Let's now look at each stage of the cycle in the context of diseases, cholera and HIV and AIDS as medical disasters/emergencies.

4.5.3 Cholera a medical emergency / disaster

4.5.3.1 It is caused by the comma-shaped bacterium called vibrio cholerae.

4.5.4 What are the early warning signs?

Cholera outbreak is said to have occurred if a single patient older than two years develops rice watery diarrhoea that may be accompanied by vomiting and leading to severe loss of body fluids. The person affected by cholera may die within a few hours if he/she does not receive medical attention quickly. The disease quickly spreads to other people through consumption of water and food in which the cholera germs have been introduced. Cholera germs are found in the stools and vomitus of a person suffering from cholera.

NB. It is important to note that at this juncture if cholera occurs within a school the risk of many pupils being affected is very high since food and other toilet

facilities are shared.

When you have detected the early warning signs the next thing according to our cycle is to design measures to achieve rapid and effective response (Preparedness).

4.5.5 Preparedness in this context involves the following:

- if there is suspicion that one has contracted the disease people should seek medical advice from doctors and nurses.
- patients may be treated with antibiotics which kill the bacteria.
- oral rehydration solution (ORS) should also be used in cases of severe diarrhoea until medical help can be obtained.
- Practice strict personal hygiene by washing your hands thoroughly with soap and water after handling faeces or articles soiled by faeces and vomitus of a person suffering from cholera.
- Faecal matter and vomitus should be carefully handled and disposed of in a toilet or buried in a pit to prevent contact with house flies.
- Soiled clothes should be sent in a tightly tied and well labelled refuse bag to the health centre where the person is going.

4.5.6 The Mitigation Stage

At this stage of the cycle we need to engage ourselves in activities aimed at reducing the vulnerability of population to cholera thereby reducing its impact when it occurs. The following are some of the mitigatory ways of handling cholera:

- water for domestic use should be fetched from protected water sources.
- water collected from unprotected sources should be boiled before being used for drinking.
- Fruits and vegetables eaten raw should be thoroughly washed and if available should be rinsed in water mixed with a recommended disinfectant for instance jik mixed with water.
- Avoid indiscriminate defecation such as defecating in the bush.
- Communal hand washing should be discouraged.

-Where a cholera outbreak has been declared, food should not be prepared and served for large gatherings especially at funerals of suspected cholera cases.

-For the long term, toilets should be built and unprotected water sources should be protected.

4.5.7 Reconstruction Stage.

In the context of cholera reconstruction will involve activities that are to do with physical reordering of the community. In this case establishment of cholera treatment units hand-washing facilities, special latrines for cholera patients.

-Health education – need to find out whether the messages were disseminated through community.

- Building of narrow – mouthed vessels with a protected dispenser.

-Improved sanitation family such as connections to a public sewer, connection to a septic tank.

Self-Assessment Question

1. Define the following terms in relation to the disaster risk management cycle.

-disaster

-risk

-hazard

-vulnerability -

emergency -

mitigation -

preparedness -

response/relief

-rehabilitation -

reconstruction

2. Relate disaster risk management cycle to cholera as medical emergency disaster.

4.5.8 Fire Hazard

4.5.8.1 What is fire?

According to the National Civil Protection Unit Manual (2006) Fire is a chemical reaction between three elements; oxygen, heat and fuel. If any of the three elements disappear the fire will disappear too.

Preparedness Measures before fire breaks out.

The best way to survive a fire is to be prepared for it.

All schools must have fire-fighting equipment e.g.

- fire extinguishers

- hose reels

- sand buckets

- fire beaters

- fire blankets

Create fire-guards around the school. Fire extinguishers and sand buckets must be placed at vantage points on the advice of firemen. Teachers must be trained by firemen on how to use them so that they impart the knowledge to their pupils.

4.5.9 Identify sources of fire

Practice regular, calm but rapid education procedures through fire drills and make sure every staff member and pupils understand them. Some institutions with specialist departments, for instance home economics, metal work may practise intra departmental fire drills. Such departments have special fires.

- Make sure there are clear escape routes at all times and exits remain accessible.

- develop an emergency alarm system and remember to consider those with hearing, visual, mental and physical impairments. Where applicable the institution may have in place both sound and flash systems and these must be explained to everybody including the community.

Every institution should have an emergency assembly area and all the staff and pupils should know how to get there.

For high rise buildings, each floor should have an identifiable floor marshal to carry out control duties during a fire emergency

Develop a fire survival awareness project for the institution, which may include posters display and fire survival demonstrations.

Every institution should have trained First Aiders to manage injuries before victims are referred to a health centre. All efforts must be made to maintain a well-stocked First Aid Kit.

In any emergency teachers are the role models for their pupils so this calls for

adequate preparedness planning and preparation.

The school should inform other pupils of the incidents in order to bring awareness and avoid recurrence.

(Adapted from Emergency Preparedness Manual 2006)

Self-Assessment Question

1. What is fire?
2. In a school setting how do we prepare ourselves for fire as a natural or man-made disaster?
3. Why should we have a trained First Aider team at a school as a measure of preparedness?

4.5.10 Preparedness measures when fire breaks out while indoors.

- Do not panic, act in a calm and collected manner.
 - Raise the alarm e.g. Shout help or use a sound or flash system.
 - Call the fire brigade/police and or local authorities.
 - Evacuate pupils from the building
 - Remember to give consideration to any handicapped staff and pupils.
 - Gather at an assembly point if safe to do so.
- Conduct a roll call in order to account for everyone.

4.5.11 **While outdoors:**

- Do not enter a building on fire to retrieve your possessions.
- Raise the alarm.
- Call the fire brigade or police.

4.6 SUMMARY

Identification of hazards and assessment of risks affecting the world are important steps in the process of reducing the impact of disasters. These steps help lay the foundation for the judicious allocation of finite resources to support mitigation initiatives.

4.7 CONCLUSION

Cholera as a medical emergency or disaster in many developing countries still reaches its victims through contaminated water sources and poor sanitation. In a school setting cholera as a medical emergency can be contained by sticking to the general principles of hygiene which include drinking water from protected sources, washing of fruits or vegetables which are eaten raw and avoiding indiscriminate defecation. In as far as fire is concerned as a natural or man-made disaster the knowledge of the elements that constitute the occurrence of fire need to be understood first. This is because fires can spread more or less rapidly depending on their causes, the nature of the material and goods alight to fire prevention installations need to be available to show preparedness. Firefighting requires that substantial means to be available at the right time and place and brought into action as quickly as possible.

REFERENCES

Emergency Preparedness: A Manual for schools and other educational institutions (2006): The National Civil Protection Unit in Zimbabwe.

Nina Lakhani (31 July 2015) Deadly Lightning in Mexico reveals plight of poorest citizens. The Guardian Retrieved 2016-03-18.

Wisner P Blaikia T Cannon and I Davis (2004) At Risk- Natural hazards peoples' vulnerability and disasters. Willshire Routledge.

Cholera – Vibrio Cholerae infection information for Public Health and Medical Professional Centres for disease control and Prevention January 6 2015.

Cholera – vibrio cholerae infections Treatment centres for Disease control and Prevention Nov 7, 2014.

GLOSSARY

Disaster management cycle is a continuum that guides disaster managers when identifying problem areas from the pre-disaster to the post-disaster.

Pathogen is a disease causing organism pollutant in fire as natural disaster – a substance that harms living organisms.

Fire drills – standard practices that are followed in dealing and preventing fire.

Fire - a chemical reaction between three elements, oxygen, heat, and fuel.

Risk – the degree of negative change anticipated when hazards occur under conditions of vulnerability (hazard+ vulnerability = risk)

FURTHER READINGS

“WHO Guidelines for cholera control”. Revised WHO 1992/CDD/SER4REV4 (1992).

WHO “Guide to Simple Sanitary measures for the control of enteric diseases” Geneva, WHO, 1994.

Manual for Laboratory investigations of acute enteric infections WHO/ CDD/83.3
Geneva, WHO, 1987.

UNIT 5

CHILD ABUSE

MEDA D.

5.0 UNIT ORGANISATION

This unit comprises of an introduction, aims, learning outcomes, key concepts, content, self-assessment questions derived from the content, a summary and a conclusion as well as a list of references used in this unit.

5.1 INTRODUCTION

This unit is giving you information on the main forms of child abuse and will offer definitions of child abuse in general and definitions of each form of abuse. It will also discuss how the form of abuse can be detected its causes, its effects and how to treat and prevent it. The final part of the unit will discuss the role of the school and the teacher in the fight to reduce abuse, report it and the steps one can take to deal with the abused child so that they will still reach their potential in spite of them having been abused.

5.1 AIMS

This chapter aims to:

- 5.1.1** Explore the main forms of child abuse, causes and how they can be detected.
- 5.1.2** Promote behaviour that prevents and reduces abuses amongst pupils.
- 5.1.3** Establish a school community partnership in prevention of child abuse.

5.2 LEARNING OUTCOMES

- 5.2.1** By the end of the unit you should be able to:
- 5.2.2** Identify the main forms of child abuse and define them.
- 5.2.3** Describe the main causes of child abuse.
- 5.2.4** Discuss how to detect the forms of abuse and their effects on children.
- 5.2.5** Suggest ways of preventing child abuse at school, in the home and in society.

5.2.6 Understand the role of the teacher and school in detecting, reporting and preventing child abuse.

5.3 KEY CONCEPTS

As you go through this unit you should pay particular attention to the following concepts:

5.3.1 Forms of child abuse.

5.3.2 Main causes of child abuse.

5.3.3 Signs of the forms of child abuse.

5.3.4 Ways of preventing child abuse.

5.3.5 Teacher's role in preventing all forms of abuse and minimizing the effects.

5.4 DEFINITIONS OF CHILD ABUSE

Child abuse or child maltreatment is the physical, sexual, or emotional maltreatment or neglect of a child or children especially by a parent or other caregiver. It may also be defined as any act or failure to act by a parent or other care givers that results in actual or potential harm to a child and can occur in a child's home, or in the organizations, schools or communities the child interacts with. It may also be defined as;

Any recent act of failure to act on the part of a parent or care taker which results in death, serious physical or emotional harm, sexual abuse or exploitation. An act or failure act which presents an imminent risk of serious harm.

From the sighted definition you as a teacher should note that child abuse may be something happening to the child or preventing a necessary happening that will cause harm to the child. This may be caused by the actions of parent, guardians, teachers, strangers and other children. It is also important to note that failure to take appropriate action results in abuse as it has damaging effects to the child.

5.4.1 Types of child abuse

There are several types of child abuse, but the core element that ties them together is the emotional effect on the child. Children need clear boundaries and knowledge that their parents or caregivers are looking out for their safety. Whatever abuse is a slap, a harsh comment, stony silence or not knowing if

there will be supper on the table tonight, the end result is a child that feels unsafe, uncared for and alone.

5.4.2 The main forms of child abuse going to be discussed are:

- Physical abuse
- Sexual abuse
- Psychological or emotional abuse
- Neglect

Although any form of child maltreatment may be found separately they often occur in coordination.

5.4.3 Why does child abuse happen?

Harm, or risk of harm to children and young people, can occur when stress, tiredness, lack of skills, information and support combine to make the pressures of caring for children overwhelming.

Some of the factors that can contribute to the likelihood of harm include:

5.4.3.1 isolation and lack of support - when there is no one, such as extended family, friends, a partner or community support to help with the demands of parenting

5.4.3.2 stress - financial pressures, job worries, medical problems or taking care of a family member with a disability can increase stress and overwhelm parents

5.4.3.3 unrealistic expectations - a lack of understanding of a child or young person's developmental stages and behaviour

5.4.3.4 lack of parenting skills - not knowing how to help children and young people learn, grow and behave in a positive way

5.4.3.5 drug and alcohol problems - addiction or substance abuse may limit a parent's ability to meet their children's needs

5.4.3.6 low self-esteem and self-confidence - sometimes insecure parents doubt their ability to meet their child's needs and do not seek help and support

5.4.3.7 Poor childhood experiences - intergenerational patterns of abuse.

The presence of one or more of these factors does not by itself prove that a child is being harmed or is at risk of harm, but it can alert you to the possibility that a child may be at risk

5.5 PHYSICAL ABUSE

5.5.1 Definition

Physical abuse is an act of another party involving contact intended to cause feelings of physical pain, injury or bodily harm. In other words, is deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. We can also define it as physical force or violence that result on bodily injury or impairment and inappropriate restraint.

The parent or care giver may not have intended to hurt the child hence the injury is not an accident. It may, however be the result of over discipline or physical punishment that is inappropriate to the child's age and physical condition.

Helpguide.org (2010) maintains that physical abuse involves physical harm or injury to the child. It may be the result of deliberate attempt to hurt the child but not always. It can also result from severe discipline such as using a belt on a child or a physical punishment that is inappropriate to the child's age and physical condition.

5.5.2 Examples of physical abuse

- String
- Punching
- Pushing, pulling
- Slapping
- Striking with an object
- Excessive pinching on the body
- Kicking
- Tripping
- Kneeling
- Strangling

- Head butting
- Drowning
- Sleep deprivation
- Exposure to heat radiation, burning
- Exposure to cold, freezing
- Placing in stress position (toed or otherwise forced)
- Cutting or expressing someone to something sharp
- Exposure to dangerous animals
- Forced food or medication
- Blinding a person or causing impairment of sight
- Biting
- Eye poking

5.5.3 Who are the perpetrators?

Perpetrators of child physical abuse may be older relatives' parents or another person and even other children.

5.5.4 What are the indicators of physical abuse?

Indicators are signs that abuse has occurred and those can be physical or behavioural. Physical-

- Sprains, dislocations, fractures or broken bones.
- Burns from cigarettes, appliances or hot water.
- Abrasions on the arms, legs or torso that resemble rope or strap marks.
- Internal; injuries evidenced by pain
- Bruises in various stages of healing
- Bilateral bruising to the arms
- Bilateral bruising of the inner thighs (many indicate sexual abuse).
- Wrap around bruises that encircle a person's arms legs, or torso may indicate that a person has been physically restrained.
- Soles of the feet, back or legs
- Sudden loss of hearing
- Undernourished dehydrated and be retarded in their development.

helpguide.org (2010) observed that physical abused children:

- show frequent injuries as explained before such as bruises, welts or cuts
- are always watchful and on " alert" as if waiting for something bad to happen
- are away from touch, flinches at sudden movement or seems afraid to go home
- wear inappropriate clothing to cover up injuries such as long-sleeved shirts on hot days

5.5.5 Behavioural indicators

Numerous or suspicious hospitalisation and history of similar injuries.

Difficult in trusting others and relationship problems

- Anger and hostility
- Self-destructive behaviours
- Problems at school
- Excessive crying
- Sleeping disruption

Victims who witness physical abuse are also more likely to be victims (often women) or perpetrators (often men) of physical abuse as adults.

Self-Assessment Questions

1. What forms of physical abuse are common in your community?
2. How can the teacher detect a physically abused child?

5.5.6 Reasons why children fail to disclose cases of physical abuse.

What you should bear in mind is that physical abuse is a traumatic experience. Children are afraid that they will not be believed. They also fear further punishment or they think that all happened because it was their fault and the perpetrators are their close relatives or guardians.

5.5.7 What the teacher can do

You as the teacher in your community can make a contribution to the fight against child physical abuse through any of the initiatives highlighted below.

- Educate family and community on children's rights.
- Report all suspected cases of child abuse to the TIC or deputy head of the head.
- Schools to provide counselling services to school pupils.
- Create a child friendly school
- Avoid beating children and seek more effective form of punishment.
- Observe and inspect children at least once a week.

Self Help Exercise

If you were a teacher in your community what course of actions would you take to fight or lessen child physical abuse?

5.5.8 Effects of physical abuse

Child physical maltreatment has negative effects on health of the child some of which are:

- Stresses that can disrupt early brain develop and harm the development of nervous and immune system.
- The school going child will miss school to allow for less pain and hiding the shame of being injured.
- Children blame themselves for receiving the abuse.
- Some children die from physical abuse.
- Fear and mistrust adults.
- The children whom are physically abused will abuse other children and when they grow up will inflict domestic violence ion their homes.

It is now up to you to choose to minimise the effect of physical abuse now that you know the many effects.

5.6 SEXUAL ABUSE OF CHILDREN

According to helpguide.org (2010),child sexual abuse is an especially complicated form of abuse because of its layers of guilt and shame. It is important to recognise that sexual abuse does not always involve body contact. News and stories of

sexual predators are scary, what is even more frightening is that sexual abuse usually occurs at the hands of someone the child knows and should be able to trust, more often close relatives. Boys and girls both suffer from sexual abuse.

5.6.1 Definitions of sexual abuse of children

According to Grosson (2008) child sexual abuse is any interaction between a child and an adult or another child in which the child is used for the sexual stimulation of the perpetrator or observer. Sexual abuse can include touching and not touching behaviours. Touching behaviours may involve touching of private parts and non-touching behaviours can include voyeurism (trying to look at a child's naked body) exhibitions or exposure to pornography.

Abusers often do not use physical force, but may use play deception, threats or other forms of coercion to engage children and maintain their silence.

Abusers frequently employ persuasive and manipulative tactics referred to as "grooming" such as buying gifts or arranging special activities which can further confuse the victim

5.6.2 Who is sexually abused?

Children at all ages, races and economic backgrounds are vulnerable to sexual abuse child abuse affects both girls and boys across all neighbourhoods and communities.

Often children born prematurely and are difficult to manage and sickly.

Handicapped and hypoactive children.

Children born as a result of unwanted pregnancies.

Under – gifted and gifted children.

5.6.3 Examples of sexual abuse

There are many types of sexual abuse including

- Unwanted touching of a child.
- Exposing a child to pornography
- Saying sexually suggestive statements.

- Sexual kissing, fondling, exposing of genitals and voyeurism, exhibitionism and up to sexual assault.
- Incest (sexual abuse by a family member)

5.6.4 Signs of sexual abuse in children

Physical indications	<ul style="list-style-type: none"> • Pain in the lower pelvis and genitals, and in the anal area • Bruises, bleeding or tears in external genital, vagina or anal area. • Swelling or red marks on the cervix, labia or perineum. • Problems with urination, especially where this accompanied by pain. • Problem in walking comfortably • Discharge from the vagina or the penis • Semen in the genital area
Changes in behaviour	<ul style="list-style-type: none"> • Repeated vaginal or urinary tract Infections in the child. • Problems with sleeping, loss of appetite. • Increased fearfulness and nightmares • Unwillingness to be alone with a previously favoured and loved adult. • Sudden fear of persons of a specific sex. • Intense fear of being left along. • Preoccupation with neatness and cleanliness • Runs away from home
Sexual behaviours	<ul style="list-style-type: none"> • Sexual games with playmates reflecting more intensity than normal exploration. • Sexual games with dolls. • Explicit drawings of either genitals or sexual acts

5.6.5 Effects of child sexual abuse

Child sexual assault can have a number of effects both physical and psychological that last both in the short and longer term.

Outlined below are some common effects which can occur as a result of childhood sexual assault.

5.6.6 Psychological effects

5.6.6.1 Fear

The offender may swear the child to secrecy and say something bad will happen if they tell. Coercion bribery or threats usually accompany sexual abuse. The child is afraid to tell because of what the consequences might be for example punishment, blame, not being believed and ultimate rejection or abandonment.

5.6.6.2 Helplessness / powerless

Children in this situation often feel that they have no control over their own lives or even over their own bodies. They feel that they have no choices available to them.

5.6.6.3 Guilt and shame

The child knows something is wrong but blames him or herself no other. The offender will often encourage the child to feel that the abuse is his or her fault as a consequence is a bad person.

5.6.6.4 Responsibility

The offender coerces the child to feel responsible for causing the abuse. The child then believes they are responsible for preserving secret in order to keep their family together and to maintain appearances at all times. The burden of this responsibility however, interferes with all normal childhood development and experiences.

5.6.6.5 Isolation

Incest victims feel different from other children. They must usually be secretive. This further isolates them from non-offending parents and brothers and sisters. This isolation often leads to the child being labelled as different a problem or in some way different from their siblings.

5.6.6.6 Anger

Children most often direct their feelings of anger in several ways.

They may more often direct it inward affirming their feelings of low self-worth or value.

5.6.6.7 Children may feel anger towards others when they believe have failed to protect them.

5.6.6.8 They may direct it outward at perceived little things.

5.6.6.9 Sadness

5.6.6.10 Children may feel grief due to a sense of loss especially if the perpetrator was loved and trusted by the child.

5.6.6.11 Other short term impacts may include

- i) Medical problems such as sexually transmitted infections, pregnancy and physical injuries.
- ii) Behavioural problems such as aggression eating and sleeping disorder, school problems and school refusal.

In the long term the child may also experience a number of effects as an adult.

These may include:

- i) Depression, anxiety, trouble in sleeping
- ii) Low self esteem
- iii) Social isolation
- iv) Relationship problems such as inability to trust, poor social skills or reluctance to disclose details about themselves.
- v) Self-destructive behaviours such as substance abuse or suicide attempts.
- vi) Eating disorders.
- vii) Sexual difficulties such as fear of sex or intimacy indiscriminate multiple sex partners or difficult in reaching orgasms.
- viii) Parenting problems such as fear of being a bad parent, or fear of abusing the child or being over protective.

5.6.7 Why sexual abuse remains hidden

There are many reasons children do not disclose being sexually abused this may be because of:

- i) Threats of bodily harm to the child and or child's family.
- ii) Fear of being removed from home.
- iii) Fear of not being believed.
- iv) Shame or guilt

If the abuser is someone the child or the cares about the child may worry about getting that person in trouble. In addition, children often believe that they sexual abuse was their own fault and may not disclose for fear of getting in trouble themselves.

Very young children may not have the language skills to communicate about the abuse or may not understand that the actions of that perpetrator are abusive particularly if the sexual abuse is made into a game.

5.6.8 What can you do if a child discloses that he or she is being or (has been) sexually abused

- i) If a child discloses abuse, it is critical to stay calm, listen carefully and NEVER blame the child,
- ii) Thank the child for telling you and reassure him or her of your support.
- iii) If you know or suspect that child is being or has been sexually abused, please contact any organisation you think can help.

5.6.9 Prevention of children from sexual abuse

- i) Always teach children accurate name of private body parts.
- ii) Avoid focusing exclusively on stranger danger keep in mind that most children are abused by someone they know and rust.
- iii) Teach children about body safety and healthy body boundaries early (in Pre School) private parts and non-touching behaviours can include voyeurism (trying to look at a child's naked body) exhibitionism or exposure to pornography.

- iv) Teach children often the difference between healthy and unhealthy touches.
- v) Reinforce the message that children always have the right to make decisions about their bodies. Empower them to say no in non-sexual ways (e.g. politely refusing hugs) and say no to touching others.
- vi) Reassure the child that they did nothing wrong. It takes a lot for a child to come forward about abuse. Reassure her or him that you take what is said seriously and that it is not the child's fault.
- vii) Safety comes first. If you feel that your safety or the safety of the child would be threatened if you try to intervene, leave it to the professionals.
- viii) You may be able to provide more support later after the initial professional intervention

5.6.10 Self-Assessment Questions

1. Why is sexual abuse not easy to report?
2. How can the teacher help the sexually abuse child?
3. How can you help make school children prevent sexual abuse?

5.7 EMOTIONAL OR PSYCHOLOGICAL ABUSE

Emotional abuse can severely damage child's mental health or social development, leaving lifelong psychological scars.

Wikipedia (2010) points out that out of all forms of abuse, emotional abuse is the hardest to identify.

5.7.1 Definitions of emotional abuse

Emotional child abuse is also sometimes termed psychological child abuse, verbal abuse or mental injury of a child.

Emotional abuse refers to behaviours that harm a child's self-worth or emotional wellbeing. Examples of emotional abuse include name calling, shunning, rejection, withholding love, destruction of personal belongings, excessive criticism and threatening. www.cdc.gov/violenceprevention.

Emotional abuse is the deprivation suffered by children when their parents or guardians do not provide opportunities for the normal experiences producing feelings of being loved, wanted, secure, emotional abuse (or psychological abuse) is a pattern of a behaviour that impairs a child's emotional development or sense of self-worth. And worthy which results in the ability to form healthy affect relations.

Emotional abuse is defined as the production of psychological and social deficits in the growth of a child as a result of behaviours such as loud shouting or yelling, course and rude attitude, inattention, harsh criticism and denigration of the child personality.

From the definitions you must note that emotional abuse damages the child's self-esteem and raises disturbing emotions in the child of anger, resentment, and confusion feeling unloved, unwanted and insecure.

5.7.2 Examples of emotional abuse are

- Yelling or shouting at the child
- Telling a child, he or she is no good, worthless, bad or a mistake
- Ignoring or rejecting a child as punishment- giving him or her the silent treatment
- Limited physical contact with the child, no hugs, kisses or other signs of affection
- Harsh criticism
- Name calling
- Degradation
- Destruction of personal belongings
- Torture
- Inappropriate or excessive demands
- Withholding communication
- Routine labelling
- Humiliation

5.7.3 Effects of emotional abuse

- Childhood emotional and sexual abuse leads to adult depressive symptoms

- Does not seem to be attached to a parent or caregiver
- Exposures to verbal abuse lead to depression.
- Anger, anxiety
- Lack of affection makes a child a serious attention seeker
- Suffer stress and trauma
- Fighting back by insulting the abuser
- Inbuilt fear
- Feeling ashamed of themselves
- Feeling guilty
- Wanting to isolate themselves
- Difficulty in forming and keeping friendships
- Distancing themselves from abuse
- Feeling rejected
- Mood swings
- Feeling threatened
- Low attention span
- Grow up to be maltreating adult
- Disrupted attachment development
- Tendency for victims to blame themselves for abuse

5.7.4 Detecting emotional abuse

Is done by watching out for the effects of emotional abuse mentioned above.
You may observe the child and then probe to find out the reason for these behaviours.

5.7.5 Perpetrators of emotional abuse

- Teachers are high on the list of people who emotionally abuse children through name calling, ridicule, labelling so you need to make an effort to desist from doing this as a teacher.
- Parents or guardians
- Other children
- Step mothers

- Step fathers

5.7.6 Prevention of emotional abuse and teacher's role

- Building every child's self esteem
- Discussing parents and other teachers
- Awareness campaigns to show effects of emotional abuse
- Avoiding being rigid and inflexible in dealing with children's misbehaviours.
- Expressing that you do not like the behaviour not say dislike children who misbehave.
- Dealing with one's anger, bitterness, disappointments so that we children as objects to take out our anger and frustrations.
- Avoiding forceful parenting.
- Teaching children conflict resolution methods of resolving conflicts at different levels and set ups.
- Avoid using sweeping statements that lay the blame on children on what they are who they are.
- Assisting orphans and the extremely poor to find donors and deal with their situations.

5.7.7 Self-Assessment Questions

1. Why is emotional abuse difficult to report?
2. What behaviours are exhibited by emotionally abused children?
3. What can be done to stop teachers verbally abusing children?

5.8 NEGLECT

5.8.1 Definitions

Neglect is the failure of a parent or guardian or other care giver to provide for the child's basic needs.

Neglect is also viewed as failure to act on the part of the parent or care taker which presents an imminent risk of harm.

Neglect may also be viewed as abandonment of parental duties.

Child neglect is the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care or supervision to the degree that the child's health safety and wellbeing are threatened.

Neglect is also a lack of attention from the people surrounding a child and non-provision of the relevant and adequate necessities for the child's survival, which would be a lacking in attention, love and nurture.

From these many and varied definitions you should be able to note that neglect is when the child is not getting adequate resources and emotional support needed for their surviving and development. The teacher will have to deal with many children with various forms of neglect as we fear the many economic hardships.

5.8.2 Examples of neglect

Neglect may be:

Physical is not providing adequate food, clothing appropriate medical care, supervision or proper weather protection (heat or cold). It may also include failure to provide appropriate

Schooling or special educational needs, allowing excessive truancies.

Medical e.g. failure to provide necessary or mental treatment

Educational e.g. failure to educate a child or attend to special education needs.

Neglect could also take the form of financial abuse by not buying the child adequate materials for survival

5.8.3 Observable sign in a neglected child

- The child is frequently absent from school.
- The child begs or steals food or money
- The child lacks needed medical and dental care.
- The child is constantly dirty.
- Lacks sufficient clothing for the weather.
- The child is frequently unsupervised or left alone or allowed to play in unsafe situations and environments.

5.8.4 Causes of neglect

- Large family size
- Children resulting from unwanted pregnancies are likely to be neglected.
- Substance abuse in parents or guardians
- Lower mother child relationships quality from physical violence during pregnancy
- Not accepting children with disabilities
- Unemployment and financial difficulties.

5.8.5 Effects of neglect

- Neglected children may experience delayed physical and psychological development
may experience poor development in attention span
- Processing speed, language
- Memory and social skills
- They have disorganised attachments
- Exhibit a need to control their environments
- May not view caregivers as source of safety
- They may exhibit aggressive and hyperactive behaviours
- They may learn to adapt to abusive and inconsistent care giver by becoming
cautious self-reliant.
- Have a more difficulty time forming and maintaining relationships such as romantic
or friendships.
- Children whom are neglected are more likely to be arrested as juveniles and as
adults.
- And are more likely to commit violence

5.8.6 Prevention of neglect

- Provision of family planning and pregnancy planning skills need to be
- Support for the poor and unemployed needed to prevent neglect of children
- Involve parents when neglect is suspected.
- Offer care and support for the children with disability.
- Network with organisations that can help.

- Liaise with social welfare departments and local churches.
- Organise fund or other resources raising for the community and the school in particular

There is a need to analyse the social and cultural inputs that may lead to neglect of children. Encourage the community responsibility to watch out for neglect and report or mobilise resources to reduce effects of neglect.

Teacher's expectations may need to be lowered to accommodate the vulnerable children in terms of uniform requirements.

Avail resources like change rooms and rooms for study in schools for the unsupervised children.

5.8.7 Self-assessment questions

1. Explain why child neglect is not always easy to spot?
2. List five ways that will help the teacher detect neglect.
3. How can the teacher improve on neglected children?

5.9 How to deal with abused children

Child abuse is a difficult subject that can be hard to accept and even harder to talk about. Just remember you can make a tremendous difference in the life of an abused child, especially if you take steps to stop the abuse early. It's your job to reassure the child and provide whatever help you can.

5.9.1 Steps in dealing with abused children

When suspecting abuse or child abuse. Teacher needs to create a conducive environment for the child so that he or she can freely talk to them without feeling threatened or pressured.

- Express your observations to the child so that she can confirm them
- Avoid denial and remain calm. However, if you display denial to the child, or show shock or disgust at what they are saying, the child may be afraid to continue and will shut down. As hard as it may be, remain as calm and reassuring as you can

- Do not interrogate. Let the child explain to you in his own words what happened, but do not interrogate the child or ask leading questions. This may confuse and cluster the children and make it harder for them to continue their story.
- Reassure the child that they did nothing wrong. It takes a lot for a child to come forward about abuse. Reassure him or her that you take what is said seriously, and that it is not the child's fault.
- Ask the child to tell you as much as she/he can of what happened / happens or why she is behaving in the manner or why she not frees when doing.
- One may only prompt when the child falters perhaps due to language or when in pain.
- Observe as the child speaks for nonverbal communication e.g. pain excitement sadness
- Offer necessary support or by showing you believe the child
After the child has spoken thank her/him for opening up to you and assure the child that you believe her.
- Ask him or her if they will be free to repeat what they have said to the next authority if they are not the perpetrator. Offer to take the child to your mentor/TIC or deputy or head.
- Ask them to tell you how they feel about the above.
- Probe how they think they can be helped ask how they have coped so far widening the child's possible base.
- ask them if they have told their parent or guardian and what happened if they have not yet the child relate why they may not tell their guardian or parent.
- Keep reassuring the child that they are not to blame for the abuse.

5.9.2 Role of the teacher in responding to abuse

The teacher plays a vital role in identifying and supporting the neglected or abused child.

5.9.3 Detection

It is often difficult to be sure when you suspect that a child may have been abused especially emotionally or sexually. If you have suspicious thoughts, based on the indicators mentioned before? It is important to act on them and try to be sure.

The first thing to do is formulating your concerns and write them down, for example behavioural signs like the fear of being touched, the child not wanting to go home etc. Discuss your concerns with the guidance teacher or school principal (depending on the school prescribed procedures). Consult a social worker in your area and decide on a plan of action, for example for you as a teacher to speak to the child or for the social worker to follow up the matter.

5.9.4 Support

There are five important messages to get across when responding to a child who has disclosed some form of abuse:

- I believe you
- I'm glad you told me
- I'm sorry this happened to you.
- It's not your fault
- We will get you some help.

5.9.5 Ten guidelines for teachers at the time of disclosure

Whether the child's disclosure is accidental or deliberate, the teacher should do the following

- Acknowledge the child's statement.
- After any kind of disclosure try not to show any shock.
- Give matter –of –fact answers
- Always speak to the child quietly and privately
- Stay calm, reassuring and non-judgemental
- Believe what the child tell you
- Do not ask why questions they sound accusatory
- Tell the child he/she is not responsible for the abuse whatever the circumstances

- Sometimes the child will want to tell everything – do not encourage or discourage this.
- Help the child by saying that you know how difficult it must be for him or her to talk about the subject.

5.10 SUMMARY

This unit examined the meaning and types of child abuse, causes and effects of child abuse on child development and learning. However, we need to bear in mind that child abuse is a crime that has no place in a society that propagates individual rights. Adequate educational input should equip adults to safeguard children against this detrimental practice. This is the joint responsibility of all individuals involved in raising children and justifies serious action.

5.11 CONCLUSION

The many forms of child abuse have been fully discussed however; you need to keep updating your information by searching the internet and eBooks for current developments. It is also hoped you will involve yourself in using assembly and other gatherings to create an awareness of child abuse.

REFERENCES

Crosson-Tower, C (2008) Understanding Child Abuse and Neglect. Boston: Pearson

The HIV and AIDS Epidemic in Zimbabwe, where are now? Where are we going? (2004) Ministry of Health and Child Welfare. National council, Zimbabwe

<http://www.helplineguide.org/mental/child-abuse.htm>

<http://en.wikipedia.org/wiki/child-abuse>

FURTHER READING

Finkelman, B. (1995) "Introduction" Child Abuse, a Multidisciplinary Survey. New York: Garland.

Journal of Child ABUSE AND Neglect Act (2010)

Ross, S. (1996). "RISK OF Physical Abuse of Spouse Abusing Parents" Child Abuse and Neglect (20):589.

GLOSSARY

UNIT SIX

INCLUSIVE AND QUALITY EDUCATION

MEDA D.

6.0 UNIT ORGANISATION

6.1 INTRODUCTION

Children face many challenges as they go about their school work and some challenges threaten the child's ability to go to school and to have meaningful learning. The teacher school and the community needs to understand these challenges and map out what to do to help the children cope with their situation and still have meaningful education.

6.2 AIMS

This unit aims to:

- 6.2.1** Promote behaviour in children and teachers that enables all children to learn and participate effectively within the main stream school system.
- 6.2.2** Explore the role of the school and the community in promoting inclusive education.
- 6.2.3** Establish a school community that is child friendly.
- 6.2.4** Promote learning environment in which all children are motivated and able to learn despite the different challenges they have.
- 6.2.5** Explore the role of the school and environment in helping challenged children.

6.3 LEARNING OUTCOMES

- 6.3.1** By the end of this unit you should be able to:
- 6.3.2** Describe some of the challenges that different pupils may face at school that hinder their learning.
- 6.3.3** Define inclusive and quality education.
- 6.3.4** Explain role of teachers in helping children in difficult circumstance.

6.4 KEY CONCEPTS

As you go through this unit you should pay particular attention to the following concepts:

6.4.1 Child friendly school

6.4.2 inclusive education

6.4.3 quality education

6.5 QUALITY EDUCATION

6.5.1 DEFINATION OF QUALITY EDUCATION

A good quality education is one that provides all learners with capabilities they require to become economically productive, develop sustainable livelihoods, contribute to peaceful and democratic societies and enhance individual well-being. The learning outcomes that are required vary according to context but at the end of the basic education cycle must include threshold levels of literacy and numeracy, basic scientific knowledge and life skills including awareness and prevention of disease. Capacity development to improve the quality of teachers and other education stakeholders is crucial throughout this process."

This term presupposes that a child will actively participate in the learning activity and achieve the set goals of each level e.g. grades 0 to 3

The child will also manage to read and write with understanding fully participate in play and all co-curricular activities.

Quality education is expected to be

- Rights based, learner centred and inclusive education
- Gender responsive
- Scientifically accurate
- Culturally sensitive
- Age specific
- Delivered in a safe and secure environment
- Focussed on and tailored to suit various vulnerable groups
- Promoting the involvement of people living with HIV and AIDS

Children may not actively participate because they have to deal with illness or death of a parent or guardian. As a teacher you should know what is happening to the child understand what they need to deal with.

Helen Jackson described children's plight by saying "the growing awareness of the desperate impact of aids on the children and on the coming "orphan generations". Children face psychological trauma as they watch their parents' severe illness and this becomes worse when their parent/s die and have little support to deal with bereavement. Their life changes as they may lose financial and emotional support and in many cases have no home to speak of.

6.6 INCLUSIVE EDUCATION

6.6.1 Definition

Inclusive education is a process of addressing and responding to diversity needs of the learners through increase in participating in learning, cultures and communities and reducing exclusion within and from education.

Mariga, McConkey, Myezwa 2014 define inclusive education as the right of children to attend school in their home community in ordinary or regular classes with peers of their own age. Therefore inclusive education is a process enabling all children to learn and participate effectively within the main stream school systems. Inclusive education does not discriminate children who have different abilities or special needs. Under an inclusive approach all learners learn together in main stream and any context they should use.

6.6.2 Characteristics of challenged children include those:

- Orphaned by the death of one parent or both
- Abandoned by parents
- Living in extreme poverty
- Living with a disability
- Affected by armed conflicts
- Abused by parents or their careers
- Malnourished due to extreme poverty
- HIV positive

- Those who are marginalised stigmatized or even discriminated against.

The list of difficulties children face is endless; the above have been selected because they leave children in dire straits. If children in these circumstances are not given special attention learning will be very minimum.

6.6.3 Disabled children

These are children that face challenges in their daily lives because they have physical disability e.g. hands and legs that do not have full function.

In school they cannot do all the things the other children can do e.g. running, writing as fast as others even playing with other children in the ground. There is a tendency for other children to single them out for ridicule labelled as "chirema" and other children may not even want to sit next to them or do activities with them.

These children will develop poor self-esteem and will not participate as they will be hurting emotionally. All children want to belong to be accepted and to be supported some in spite of their disability they can learn with others as a teacher will need to give extra support and to get the class to understand them and help them without belittling them. For specialised care you need to read on special needs education once you have identified the extent of disability. It is also important to discuss with other teachers in the school to see how they have dealt with them before.

6.6.4 Child Orphans

Orphans are children that have lost one parent or both while they are below the age of 18 years. There are however other children who are referred to as social orphans even though one or both their parents may still be alive but who have been unable to perform parental duties because of illness or acute poverty among other reasons.

The following main problems are identified by Helen Jackson [2002]; they are listed in order of importance.

- Food security: 60% of orphans are malnourished, with seasonal variation in food supply
- Lack of clothes blankets: most orphans wear rags

- Inadequate shelter
- Reduced access to education - orphaned children is reported to start school later and to be less likely to attend secondary school even where primary education is free.
- Abuse by guardians physical and verbal. Orphaned children tend to have poor clothes and do more household chores than biological children in the household.
- Lack of health care, linked to neglect by guardians: higher malnutrition higher infant mortality rate less breast feeding.
- Lack of social interaction: worst for younger children. This is a combination of withdrawal by orphans themselves after bereavement and neglect by the guardians and isolation from other children
- Verbal abuse by other children: teasing leading to stress and isolation.

Faced with such problems orphaned children have little hope at all for the future. This level of desperation and hopelessness calls for increased response to their development needs as well as learning needs in the school system the aim is to attract these orphans to attend school and ensure that they are assisted fully to participate and remain in school for longer periods to reach their full potential.

6.6.5 AIDS Child Victims

These are learners with HIV or coming from a family with one or more members have HIV. This means that they have experienced the psychological trauma of

- a) being HIV positive and being susceptible to opportunistic infection
- b) witnessing one or more parents death

They also may have increased family responsibility so they need to participate in income generating activities. As of 2002 it was noted that 10% of all orphaned children are heads of households. You may now imagine the increase in this percentage now that we are in 2018 and even more as the pandemic is spreading fast.

These children also face all the problems faced by orphans as listed above. An added challenge is stigma and discrimination as the school and community may label them AIDS children and be excluded in activities in the school and

community as they grapple with their own ill health and that of their family members.

6.6.5.1 Abused children

These may be children from any family rich or poor that are subjected to the portion of harm that results from human action that is prescribed, proximate and preventable.

Abuse can be in four general forms

6.6.5.2 Physical abuse

Children may be beaten by adults kicked, pushed into a wall
illegal corporal punishment etc. so will have bruises

6.6.5.3 Emotional abuse

Name calling, labelling, scolding

6.6.5.4 Sexual abuse

Rape, touching child's genital area incest

6.6.5.5 Neglect

Failing to give child love and care

Not giving moral support where needed

6.6.6 Children in dysfunctional families could be

- a. Living in extreme poverty because parents are unemployed and have either no or very little source of income. These could be urban based or in rural areas.
- b. Children of divorced parents now living with one parent or guardian with limited resources.
- c. Children who live with step-mothers who are abusive
- d. Children living in families with gender violence

You may know other difficult circumstances that affect children that have not been mentioned. It is good to note these down.

Self-assessment question

1. After going through this session that discusses inclusive education it is good that you take a full page and draw a child at the centre then list the many burdens that the pupils have. Use all the space around the child as you list these burdens.

2. If this child is overburdened reflect on what you as the teacher can do to lessen the effects of these burdens when the child comes to school. List at least five ways

Whatever the child's situation the teacher and the school find ways of listening to the child and guide them to find help so that the child will cope and will be able to learn effectively. Thus the school and the teacher need to be child-friendly which will be dealt with in depth below.

6.6.7 Benefits of inclusive education

1. It caters a learning environment that is child centred.
2. It enhances competence skills in teachers through collaborating in other stake holders in education.
3. Brings normalisation especially to those with disabilities.
4. All learners are valued in an inclusive education the proponents of this model see that the inclusiveness should be included in schools.
5. It teaches teachers and children to tolerate and value individual differences.
6. It provides democratic system and equal opportunities to learn to all learners.
7. It promotes growth for all without discrimination and differentiation.
8. It reduces or minimizes the restrictions imposed by the environment on the learning of children with special needs.

6.7 Child-friendly school

Children have their rights and these must be observed in the school environment. UNICEF has developed a framework for child friendly educational systems and schools that are characterized as "inclusive, healthy and protective for all children, effective with children, and involved with families and communities and children" (Shaeffer, 1999). Within this framework:

- The school is a significant personal and social environment in the lives of its students. A child-friendly school ensures every child an environment that is physically safe, emotionally secure and psychologically enabling.

- Teachers are the single most important factor in creating an effective and inclusive classroom.
- Children are natural learners, but this capacity to learn can be undermined and sometimes destroyed. A child-friendly school recognizes, encourages and supports children's growing capacities as learners by providing a school culture, teaching behaviours and curriculum content that are focused on learning and the learner.
- The ability of a school to be and to call itself child-friendly is directly linked to the support, participation and collaboration it receives from families.
- Child-friendly schools aim to develop a learning environment in which children are motivated and able to learn. Staff members are friendly and welcoming to children and attend to all their health and safety need.
- All social systems and agencies which affect children should be based on the principles of the Convention on the Rights of the Child.

Child friendly schools not only must help children realize their right to a basic education of good quality. They are also needed to do many other things, help children learn what they need to learn to face the challenges of the new century; enhance their health and well-being; guarantee them safe and protective spaces for learning, free from violence and abuse; raise teacher morale and motivation; and mobilize community support for education.

6.7.1 A child friendly school has two basic characteristics:

- It is a child seeking school by actively identifying excluded children to get them enrolled in school and included in learning, treating children as subjects with rights as duty bearers with obligations to fulfil these rights, and demonstrating, promoting, and helping to monitor the rights and well-being of all children in the community.
- It is a child centred school by acting in the best interests of the child, leading to the realisation of the child's full potential, and concerned both about the "whole" child (including her or his health, nutritional status, and well-being) and about what happens to children in their families and communities before they enter school and after they leave it.

Above all, child-friendly school must reflect an environment of good quality characterized by several essential aspects:

6.7.2 It is inclusive of children it:

- Does not exclude, discriminate, or stereotype on the basis of difference.
- Provides education that is free and compulsory, affordable and accessible, especially to families and children at risk.
- Respects diversity and ensures equality of learning for all children (e.g., girls, working children, children of ethnic minorities and affected by HIV/AIDS, children with disabilities, victims of exploitation and violence).
- Responds to diversity by meeting the differing circumstances and needs of children (e.g., based on gender, social class, ethnicity, and ability level).

6.7.3 It is effective for learning it:

- Promotes good quality teaching and learning processes with individualized instruction appropriate to each child's developmental level, abilities, and learning style and with active, cooperative, and democratic learning methods.
- Provides structured content and good quality materials and resources.
- Enhances teacher capacity, morale, commitment, status, and income and their own recognition of child rights.
- Promotes quality learning outcomes by defining and helping children learn what they need to learn and teaching them how to learn.

6.7.4 It is healthy and protective of children it:

- Ensures a healthy, hygienic, and safe learning environment, with adequate water and sanitation facilities and healthy classrooms, healthy policies and practices (e.g., a school free of drugs, corporal punishment, and harassment), and the provision of health services such as nutritional supplementation and counselling.
- Provides life skills-based health education.

- Promotes both the physical and the psycho-socio-emotional health of teachers and learners.
- Helps to defend and protect all children from abuse and harm.
- Provides positive experiences for children.

6.7.5 It is **gender-sensitive** it:

- Promotes gender equality in enrolment and achievement.
- Eliminates gender stereotypes.
- Guarantees girl-friendly facilities, curricula, textbooks, and teaching-learning processes.
- Socializes girls and boys in a non-violent environment.
- Encourages respect for each other's' rights, dignity, and equality.

6.7.6 It is **involved with children, families, and communities** it is:

Child centred promoting child participation in all aspects of school life.

Family focused working to strengthen families as the child's primary caregivers and educators and helping children, parents, and teachers establish harmonious relationships.

Community based encouraging local partnership in education, acting in the community for the sake of children, and working with other actors to ensure the fulfilment of children's' rights.

Child friendly school is a significant personal and social environment in the lives of pupils. A child friendly school ensures every child an environment that is physically safe, emotionally secure and psychologically enabling. Teachers are the single most important factor in creating an effective and inclusive classroom. The capacity of children to learn can be undermined and sometimes destroyed. A child friendly school recognises, encourages and supports children's growing capacities as learners by providing a school culture, teaching behaviours and curriculum content theatre focused on learning and the learner.

The ability of school to be and to call itself child-friendly is directly linked to the support, participation and collaboration it receives from families. Child friendly

school aim to develop learning environment which motivate children. Staff members are friendly and welcoming pupils and attend to all their health and safety needs.

Now that you have reflected on the excess baggage the child carries to school you are going to explore what needs to be done to give the child quality education in spite of his/her difficult situation which means the school the teacher and the curriculum need to address the child's many needs.

Quality education according to UNAIDS Inter Agent Task team (IATT) accepts that HIV and AIDS is significantly affecting the supply of and the demand for quality education. This is because countries heavily affected by HIV/AIDS are experiencing severe losses in their teaching force due to teacher illness and death. They care for their family or move to "greener pastures".

And at the same time children and adolescents are finding it more difficult to attend school or remain in school. There is need to still protect the quality of education at all times. All educators need to ensure that education reduces risk and vulnerability while providing all learners with education that is meaningful and this can be done at two levels.

6.8 AT THE LEVEL OF THE LEARNER

6.8.1 Seeks out learners – from households affected by various diseases through creative ways, working with them, their families and communities to support learning and fulfil the right to education

6.8.2 Acknowledges what the learner brings – to take into account the experiences of learners to enhance their own and others learning.

6.8.3 Considers the content of formal and non-formal learning – including factual and comprehensive content on HIV and AIDS that is age and sex specific, and introduced in the context of practical life skills on how to protect and respect oneself and others.

6.8.4 Enhances learning processes – with emphasis on inclusion, participation and dialogue must be avoided and addressed so it does not exclude children from AIDS-affected household from leading.

6.8.5 Provides a conducive learning environment – with the goal of ensuring safe, secure and supportive schools and other learning environments. This includes addressing all forms of violence, providing adequate hygiene and sanitation facilities, and ensuring access to health and nutrition services.

6.9 AT THE LEVEL OF THE LEARNING ENVIRONMENT.

6.9.1 Structures management and administration to support learning – through the promotion of openness and transparency to allow a dialogue on HIV and AIDS and the right of all to learn and have access to education.

6.9.2 Implements relevant and appropriate policies – that are the foundation for safe, secure and supportive learning environments and that take account of epidemic.

6.9.3 Promotes the establishment of legislation supportive to learning – through a legislative framework supporting the right to education covering all aspects of the relationship between HIV and AIDS and education.

6.9.4 Restructures resources for learning – bearing in mind the increasing demands caused by HIV and AIDS on human and financial resources to ensure the provision of education for all.

6.9.5 Measures learning outcomes – to work towards a fair system education without inadvertently discriminating against those affected by HIV and AIDS. They make very pertinent observation that education need more than ever to be attractive in order to engage learners and maintain learners in school. It also presupposes a more enhanced role of the teacher and the school. There is need to deal with the child's psychosocial needs by having counselling services within the school system and empower the teacher with referencing skills. This means teacher has to have information on where child can get help for the many presenting difficulties like helping reporting abuse to organisations that have manpower and resources to help fully eg. Child line, save the children and girl child network. To fight stigma and discrimination in the class and the school system and there is need to be aware and be involved in the community efforts e.g. local campaigns against stigma and discrimination, Zunde ramambo, government efforts to feed children at school, and NGOs

efforts to provide resources and help e.g. food, clothes, fees and legal services where necessary. You as a teacher can find out what local churches, businessmen and partners can do to lessen the plight of a child.

When teaching health and life skills topics it calls for more passion and enthusiasm from you the teacher. You can develop the correct attitudes if you make an effort to improve your own knowledge of inclusive education interventions available in Zimbabwe and in your community.

It also calls for the need to change classroom behaviours so that learner's rights are observed by not tolerating violence in learning environments in the form of bullying, verbal abuse, name-calling, sexual coercion, rape and physical harm. Target all perpetrators

- Other children
- Teachers
- Other ancillary staff

There is need to have an open learning environment where learners are free to discuss any issues with an empathetic teacher.

Self-assessment question

1. State some of the problems children with disabilities and other children with different challenges face.
2. What can be done to reduce child risk of discrimination and stigmatisation
 - a. At the learners level
 - b. At the level of the learning environment

6.9.6 ASSESSMENT

Below are some of the questions that can help you revise the chapter:

1. What are some of the challenges that pupils with difficulties may face at school that hinder them from learning?
2. Discuss the role of the teacher in helping children in difficult circumstances?
3. What can be done to promote inclusive education at your school?

6.10 SUMMARY

This unit covered the main aspects on inclusive and quality education. However as a teacher you need to bear in mind that all schools should be child friendly. This means that teachers should have knowledge on how to work with children with different challenges. Teachers should also be able to fight stigma and discrimination in the classes and the school system and there is need to be aware and involved in the community. You as a teacher can also find out what local churches and other partners are going to accommodate children with challenges in their communities.

6.11 CONCLUSION

Now that you have gone through inclusive and quality education it is hoped that as a teacher you will now enhance the school so that it will become child friendly and even the child in difficult times will be helped to reach their full potential.

REFERENCES

UNAIDS Inter Agency task team Pac on Education.

Virtual Institute for Higher Education in Africa, HIV and AIDS Education Training Module.

SAFAIDS Health Link: Child and Youth Centered approaches to HIV AND AIDS.

Ministry of Health and child Welfare National Aids Council (2004) The HIV and Aids epidemic in Zimbabwe.

Jackson Helen (2002) AIDS Africa: Continent in crisis.

Granich and Mernum J. (2001) HIV, Health and Your Community.

Jackson Helen (1992) AIDS Action Now.

FURTHER READING

Barker E. and Wang M.C. (1994) The effects of inclusion on learning.
Educational leadership

Brogan R. and Taylor S.J. (1989) Relationships with severely Disabled people.
The social construction of Humanness social problems

Silver and Larry B. (1989) The assessment of learning Disabilities. Preschool
through Adulthood, Boston, little brown

GLOSSARY

Inclusive education: Full involvement of all children in all aspects of schooling regardless of individual differences.

Child friendly school: Ensures every child an environment that is physically safe, emotionally secure and psychologically enabling.

Disabled children: These are children that face challenges in their daily lives because they have physical disability e.g. hands and legs that do not have full function.

AIDS Child Victims: These are learners with HIV or coming a family with one or more members have HIV.

Abused children: These may be children from any family rich or poor that are subjected to the portion of harm that results from human action that is prescribed, proximate and preventable.

Child Orphans: Are children that have lost one parent or both while they are below the age of 18 years.