

Formation of Proximal Attitude Towards People Living with HIV in the Education System of the Russian Federation

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The article presents the results of a study of the attitude towards people living with HIV among students, their parents, and teachers and shows the necessity of forming positive attitude towards people living with HIV in the education system. This direction is regarded as a necessary line of preventive education. The article substantiates the necessity of organizing psychological and pedagogical support for preventive education and presents a description of the model of such support at educational institutions and the results of its testing.

Key words : HIV infection, socially significant diseases, attitude towards people living with HIV, proximity of personality, preventive education.

The need to form positive attitude towards people living with HIV is determined by the incidence of socially significant diseases¹, the most dangerous of which is the HIV infection. According to statistics, about 60 million people in the world have been infected with HIV, of which: 25 million have died and 35 million (approximately every hundredth inhabitant of the planet) are living with HIV infection².

In Russia, the number of infected people reaches 860,000; most of them are young people under 30 years of age. In 37 regions of the Russian Federation, the number of HIV-infected people has exceeded 1,000 people, the leaders are: the Sverdlovsk, Samara, Irkutsk, and Moscow regions,

Moscow, and St. Petersburg. According to statistics, the majority of HIV-infected people are quite well-off people: employees of banks, large enterprises, business owners, government officials, etc.³.

Today, according to UNESCO, thousands of students study in the education system, who one way or another are affected by HIV/AIDS⁴.

In 2011-2014, a series of studies was conducted regarding the effectiveness of preventive education at educational institutions, and for the entire period more than 2,000 people took part in them.

Our studies indicate that all subjects of the preventive impact (students, their parents, and teachers) have a fear of contact with HIV-positive people. During a survey conducted in the study of the modern preventive education at educational institutions of the Russian Federation (with the help of the author's set of diagnostic materials), it

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was suggested to evaluate the possibility of individual contacts with HIV-positive people (at educational institutions and other public places). The study involved 122 students, 146 parents of the students, and 78 specialists of educational institutions in Moscow, the Samara and Perm regions aged 13-17 years (2011-2012). Most students expressed sympathy (100%), pity (91.6%), and compassion (95.1%) to this category of people. However, for example, only 9.8% of students agreed to eat in the public canteen together with an HIV-infected person. Parents said that they could communicate/work with a person living with HIV (84.9% of respondents), however, 94.5% of them, if they knew that there is a student whose parents are living with HIV among the classmates of their child, would forbid to communicate with him. The survey of teachers showed that most of them consider it appropriate to disclose the HIV status of a person to avoid infection (32.1%), to make the relationship between people more open (29.5%), and to know how to behave in such a group (23.1%).

A content analysis of essays on the topic "HIV-infected among us" showed that when describing the HIV/AIDS problem, the subjects of prevention education mainly use such categorical concepts as: "AIDS", "A fear of infection", "Drugs", "People are to blame", "Unprotected sex", "Syringes" and others. At that, the following concepts have the leading positions: "A fear of infection" (average rank – 2.7), "Drugs" (average rank – 4.0), "Unprotected sex" (average rank – 4.7) (Table 1).

These results may indicate that the majority of respondents associate HIV infection primarily with deviant behavior. Hence, the negative attitude towards people living with HIV occurs, because the study subjects blamed these people themselves for the infection.

In the process of studying the attitude of the subjects of preventive education towards HIV/AIDS problem and people living with HIV, we discovered significant correlations between mono/polynational environment and attitude towards people living with HIV ($p < 0.01$), mono/polynational environment and motivation to participate in events organized within the framework of preventive education ($p < 0.01$) and an inverse correlation between mono/polynational environment and

involvement in the educational preventive process ($p < 0.01$). Also, links between HIV awareness and attitude towards people living with HIV were discovered ($p < 0.01$). Correlations between the motivation to participate in prevention activities and attitude towards people living with HIV were discovered at the level of medium significance ($p < 0.05$) (Table 2).

Methodology

These data suggest that in rural areas dominated by a single ethnic and religious environment, people are less tolerant towards people living with HIV. With increasing awareness among the subjects of the preventive activity, the attitude towards people living with HIV changes. These aspects need to be considered in the implementation of preventive educational activities.

Despite a well-developed legal framework aimed at preventing any forms of discrimination against people living with HIV (PLHIV), including in the education system, there are instances of stigma and negative attitude towards people living with HIV infection⁵⁻¹³. Therefore, we consider the formation of positive attitude towards people living with HIV as a necessary area of preventive education, which is compulsory for educational organizations in Russia¹ and is a provision of all people with the learning opportunity to enhance the knowledge, skills, and abilities, change their social values and attitudes^{14, 15}, which can limit the dissemination of the HIV infection.

In the scientific literature, positive attitude often is designated with the *tolerance* term. Analysis of the *tolerance* definition shows that the meaning given by different authors to the terms *tolerance*, *tolerant attitude* is close to the term *accept* and is not a search for interaction with others, but is of forced nature, thus, representing certain detachment from a particular person, in relation to who he exercises those qualities.

For the most accurate reflection of the concept of positive attitude towards HIV-positive people, we use the term *proximity* (from the *Latin*. proximum - neighbor, proximalis - close). In the scientific literature, the term is sometimes used as a synonym for the word *closeness*. In medicine, the term *proximal* is used to refer to a location close to the center or the midline of a body. The term *proximity* is also found in sociology and means the process of recognition of friends^{16, 17}.

In the formation of positive attitudes towards people affected by the HIV epidemic, proximity is considered by us as a property of a person to easily recognize another person as a “friend”, to seek to understand and bring him into the fold, as well as the willingness to provide assistance to him, if necessary¹⁷.

Russia has accumulated a lot of experience in the study of the formation of positive attitude towards people and tolerance, associated primarily with the study of inter-ethnic relations. In determining the criteria of proximal attitude, we rely on the developed criteria for positive attitude described by Soldatova G.U., Shaygerova L.A., Sharova O.D.)¹⁸ – equality; mutual respect of the members of a group or community, goodwill; equal opportunity to participate in all areas of life; coverage with the events of a public nature; cooperation and solidarity in solving common problems; positive vocabulary, etc.[18, p.112].

As the proximity levels we understand the relevant psychological characteristics of a person, which are defined by researchers for tolerance [18]:

- a) *Low level* is associated with high values of neuroticism and high level of emotional exhaustion, as well as the frequent use of avoidance coping, but low-reflexivity and fidelity, low total internality, self-regulation, and introversion [18];
- b) *Medium level* has medium values for all selected variables: fidelity, emotional exhaustion, reflexivity, internality, but low values of self-regulation, avoidance coping, and extraversion [18];
- c) *High level* is characterized by a high degree of reflexivity and fidelity (consciousness), high self-control, a high degree of internality, low levels of neuroticism and emotional exhaustion, as well as the choice of the coping strategy of avoidance¹⁸.

In 2011-2013, we conducted a survey of practitioners. It included over 200 teachers, psychologists, social workers, and representatives of governmental and non-governmental organizations working on HIV prevention in the education system. One of the issues was the need to include in HIV prevention programs such an activity as formation of positive attitude towards people living with HIV. The majority of respondents

(98.3%) reported that need.

In 2011-2012, in addition to the UNESCO program “Education for All” in order to ensure equal access to training and education of vulnerable children, we developed with the support of the UNESCO Office in Moscow the Guidelines on the implementation of the policy on HIV infection in the education system of the Russian Federation¹⁹. We also participated in the development of regional Practical guidelines for the implementation of the policy on HIV in the education systems of Eastern Europe and Central Asia countries [4, p.56]. In developing the Guidelines, we proceeded from the fact that education as a process of training and upbringing is an important and effective tool for HIV prevention. Education contributes to knowledge accumulation, skills development, and the formation of motivation necessary to abandon the behaviors associated with a risk for health and well-being, positive attitude towards people living with HIV. When organizing the activity, we primarily rely on the basic principles laid down in the fundamental international documents regarding human rights and HIV infection: the principle of HIV and AIDS recognition as an issue affecting the education system; the principle of respect for human rights and non-discrimination; the principle of gender equality; the principle of universal access to prevention, treatment, care, and support; the principle of creating a safe and supportive environment at the place of study and work; the principle of confidentiality.

It is possible to take into account the psychological features of all subjects of preventive education as much as possible through arranging the process of special psychological and pedagogical support²⁰.

The psychological and pedagogical support of the preventive education can be represented with an activity including arrangement of psychological and pedagogical conditions for the successful acquisition of knowledge and skills by the subjects of the preventive interaction; arrangement of the psychological and pedagogical process, during which they receive self-esteem and recognize their abilities, completely resolve or reduce the severity of psychological problems, and optimization of the psychological state of the person²¹.

In order to organize this process, we developed and tested a Model of psychological and pedagogical support of students' personality development in the process of preventive education.

In the *Model*, psychological and pedagogical support is represented as an integral part of the preventive education, which is represented as a single system including different levels and organizations involved in its implementation. Accordingly, for the development of the psychological and pedagogical support of students' personality development in the process of preventive education, a harmony in activities of all its members is required. This can be achieved through social partnership between various organizations involved in the process of preventive education for children. *Externally*, the design of psychological and pedagogical support will be successful in case of creating a comprehensive system of inter-agency cooperation. The position of studying the space that contributes to the socialization of a person and strengthening of socio-economic relations defining the features of the social and cultural infrastructure allows creating a regional preventive educational space as a whole. At the *local* level, the inter-agency cooperation in the implementation of preventive education should be implemented within the framework of coordination of educational, medical, and social welfare institutions and institutions of public order, on the one hand, in order to meet the needs of students in the medical, psychological, and social assistance in cases of health disorders and social alienation, and, on the other hand, in order to develop effective measures to improve the system of health preservation and socialization of young people, preventing them from socially significant diseases. Within the framework of arrangement of inter-agency cooperation, one should take into account the diversity of functional relations and their mutual practicability. Implementation of such social partnership allows increasing the role of the prevention activity through the creation of supporting preventive educational environment that provides personal development of students and their protection against socially significant diseases.

The structural components of the Model are the axiological component; the substantial

component; the technological component; and the 'evaluation and results' component.

The subjects of interaction within the psychological and pedagogical support of students' personality development in the process of preventive education are:

- a) The target groups of students: students who are apparently healthy; students of at-risk groups; students living with HIV (and/or contacting HIV-infected relatives);
- b) The target groups of parents: parents of apparently healthy students; parents of students of at-risk groups; families affected by the HIV problem;
- c) The target groups of specialists: specialists of the psychological and pedagogical service of educational institutions, administration, teachers, and other specialists involved in preventive education.

The Axiological component includes description of the purpose and objectives of the psychological and pedagogical support of students' personality development in the process of preventive education.

We consider the process of optimization and adaptation of preventive education by means of psychological and pedagogical support taking into account the psychological characteristics of the target groups and conditions for implementation of preventive interaction as the goals of psychological and pedagogical support of students' personality development in the process of preventive education.

The objectives of the psychological and pedagogical support of students' personality development in the process of preventive education are:

- a) The process of transformation of the preventive educational activities in an equitable process, which has all the attributes of a joint activity;
- b) Actualization of the priority of needs, goals, and values of the personality of a student upon the condition of the maximum consideration of individual, subjective, and personal features of the target groups;
- c) Promotion of formation and development of the personality potential, self-determination, self-actualization, and self-

- fulfillment of students, adequate self-esteem, and positive mindset;
- d) Training in modulation of negative emotions, stress coping, methods of adequate emotional and behavioral responses to provide for the mental and psychological health of children, psychoemotional well-being;
 - e) Optimization of the process of communication, development of forms of constructive interaction in a group, comprehension skills, self-support and support of another person, development of personality proximity;
 - f) Development of cognitive and creative motivation.

The basic approaches that act as the fundamental ones at implementation of the Model of psychological and pedagogical support of students' personality development in the process of preventive education are the systematic, comprehensive, competence-based, and person-oriented approaches. The systematic approach to psychological and pedagogical support of preventive education involves consideration of this process as an integrated system. In this case, we proceed from the understanding of the system of psychological and pedagogical influence, which includes consideration of the process of preventive education in unity with the environment taking into account the hierarchical structure of the model and the relationship of its individual components with each other. Based on the comprehensive approach, the objectives are achieved by various means and technologies using the psychological, educational, medical, sociological, and other aspects. The competency-based approach is used to define a set of necessary competencies of specialists involved in the process of preventive education. The need to consider the peculiar features of the target groups determined the use of the person-oriented approach.

The development and implementation of the model of psychological and pedagogical support of students' personality development in the process of preventive education are based on both the *general principles* (the axiological, scientific, systematic principles, the principles of strategic integrity, legitimacy, complexity, ensuring the sovereign human rights) and the *special*

principles (of personal responsibility, confidentiality, readiness to interact with HIV-infected, individualization, and personal adequacy, multidimensionality, variability and diversity of the instruments of preventive education and psychological and pedagogical support).

The substantial component of the Model includes description of the directions and mechanism of psychological and pedagogical support of students' personality development in the process of preventive education.

We have identified the following key areas of psychological and pedagogical support:

- 1) By the activity subjects:
 - a) The target groups of students;
 - b) The target groups of parents;
 - c) The target groups of specialists;
- 2) By the levels of influence:
 - a) The cognitive component;
 - b) The motivational component;
 - c) The behavioral component;
- 3) By the content:
 - a) Formation of responsible behavior, orientation to a healthy lifestyle;
 - b) Orientation to the issues of socially significant diseases, including HIV infection;
 - c) Prevention of risky behavior, additional work with young people at risk (teenagers with deviant behavior, teenagers who are in difficult situations, etc.);
 - d) Formation of positive attitude towards people living with HIV;
- 4) By activities:
 - a) The diagnostic activity;
 - b) The correction and development activity;
 - c) The analytical activity;
 - d) The advisory and educational activity;
 - e) The organizational and methodical activity.

We distinguish the following elements of the mechanism of implementation of the Model of psychological and pedagogical support of students' personality development in the process of preventive education: a) corrective and preventive individual and group work with the subjects of preventive interaction; b) expert and analytical support of preventive education, including development, adaptation, or modification of previously developed specialized educational

HIV/AIDS prevention programs and their methodological support; c) organization of improvement of psychological and pedagogical competency of specialists involved in the process of preventive education, including through implementation of supervision, workshops, seminars, and other educational events; d) evaluation and monitoring of the effectiveness of preventive education based on modern scientific methods; e) establishment of psychological and pedagogical atmosphere supporting the preventive environment.

The *technological component* of the developed model of psychological and pedagogical support of students' personality development in the process of preventive education contains a list of recommended methods and particular technologies. We identified the following main organizational forms of psychological and pedagogical technologies: the interactive, training, and design technology. At the same time, the traditional forms – consultations, discussions, briefings, trainings, workshops, etc. – can be combined with interactive and design forms, including the use of information and communication technologies.

The *'evaluation and results' component* of the model of psychological and pedagogical support of students' personality development in the process of preventive education contains description of the expected results and their evaluation.

The following criteria are considered as the criteria of effectiveness of psychological and pedagogical support of students' personality development in the process of preventive education: the methodology of the ways and the psychological and pedagogical conditions of its implementation: *organizational* (systematic planned activity), *scientific and methodological* (availability of a methodological base and psychological and pedagogical competency of specialists), *personality-related* (motivation and involvement in the preventive process; the psychological state of the participants; proximity to people living with HIV; the opportunity for the subjects of preventive interaction to choose the spheres of activity and communication within the space of free time, etc.).

When implementing the model of

psychological and pedagogical support of students' personality development in the process of preventive education, an important aspect is the *consideration and minimization of pedagogical risks*.

We have identified the following potential risks for the psychological and pedagogical support of students' personality development in the process of preventive education:

- 1) the strategic risk characterizing the innovative activity of specialists, depending on the assigned preventive tasks;
- 2) the risk of mismatch associated with the divergence between the requirements to specialists implementing preventive education and its psychological and pedagogical support by the management structures, and capabilities to meet them;
- 3) the physical risk of exposure to diseases of students, the risk of causing them bodily and other injuries, of obtaining various complexes: shyness, aggressiveness, disability, etc.;
- 4) the dispositional risk as a degree of match or mismatch of goals, objectives, expectations and demands of specialists involved in the prevention activity with the group goals, capabilities, and the mission of the teaching staff;
- 5) the risk of inconsistency as the level of preparedness of a specialist to perform his professional activity in accordance with the norms and standards accepted in the society;
- 6) the risk of inaction as the human desire for conformity, obedience to group influence or pressure;
- 7) the technological risk, which is associated with errors in the selection of techniques, technologies, methods, etc. by specialists.
- 8) personal risks – those related to the personality of the impact subjects.

In our study, accounting personnel risks associated primarily with the existing uncertainty of the pedagogical situation, the necessity of choosing, the probability and effectiveness of the selected options based on the correlation with the strategic objectives is a necessity in the implementation of the psychological and pedagogical support of personality development

in the process of preventive education.

A specialist must be able to consider and evaluate:

- a) The probability of obtaining the desired or undesired results (success or failure);
- b) The probability of deviation from the chosen educational goal;
- c) Possible beneficial and adverse effects of his actions on the participants in the educational process, including the specialists themselves.

The components of personal risk of specialists can include:

- a) the extent of awareness of the need to implementing and participating in preventive educational activities;
- b) motivation;
- c) determination;
- d) professional style;
- e) style of behavior in a conflict situation;
- f) attitude to the national policy, within the framework of which the activity is implemented;
- g) relations with the administration and co-workers (in terms of information exchange and integration of efforts of all specialists);
- h) scientific decency and honesty of the specialist;
- i) commitment to professional and personal development.

The components of physical risk of an educator according to the proposed logic are the health of the specialist; incidence of chronic diseases; individual psychophysiological features, etc.

At the practical implementation of the model of psychological and pedagogical support of students' personality development in the process of preventive education, the distortion of its logic can also lead to a negative impact on students being active participants in the preventive interaction.

We identified the following personal risks of students:

- a) derangement of communication processes;
- b) proneness to conflict;
- c) anxiety;
- d) shyness;
- e) aggressiveness;
- f) deviant tendencies in behavior;

- g) a disclosed HIV status.

The components of the physical risk of students include to our opinion: disabilities; incidence of certain chronic diseases; depressive state and malaise caused by long loads and stresses, etc.

The technology risk of a teacher is characterized by justification of the choice of a particular technique, adequate regional, ethnic, age, and other peculiar features of the audience. The technological risk depends on the intellectual and methodical activity of a teacher, on the atmosphere and traditions of the particular pedagogical system of an educational organization.

The general measures for minimization of pedagogical risks of the developed model are the generally accepted ways of this process:

1. Compensation of risks (prediction of possible negative influence of the environment, monitoring of socio-economic and legal environment, creation of a system of alternatives).
2. Distribution of risks (distribution of responsibilities between the participants, distribution of risks over time).
3. Avoidance of risks (rejection of unreliable partners, risky projects, and inefficient technologies).

RESULTS

The developed Model was tested at the premises of educational organizations in three regions of Russia in 2013-2014. Implementation of psychological and pedagogical support of students' personality development in the process of preventive education was approved by: 68.4% of managers, teachers, and specialists of educational institutions (including psychologists, health workers), 72.2% of parents, and 87.3% of students.

A notable fact is that psychological and pedagogical support influenced on the change in attitude of all subjects of preventive education to people living with HIV. An analysis of essays of students of educational institutions implementing the Model showed that students involved in the psychological and pedagogical support express more positive attitude to people living with HIV. Their statement contained no fear of

communication with HIV-positive people. For example, Marina L. wrote: "... I used to think that HIV infection is the plague of our time, from which we must isolate ourselves. If I wrote this work in the past year, I would have written that these people should be isolated, kept in hospitals, and not allowed close to ordinary people. This year, we attended classes, at which we were told not only about HIV transmission and how to protect ourselves, but also about HIV-infected people and their problems. And also, that it is not necessary to be afraid to communicate with them, as many are. The fear makes us blind. It is the fear that motivates people when they insult and despise people living with HIV. In the classroom that we visited, I met wonderful people; they were not from our school. As part of the training, very interesting people came to us: doctors who spoke about the impact of HIV on the organism, other professionals, as well as young people from some volunteer organization. And at the end of the course, one of them said that he was HIV positive ... All were very surprised, and I realized, having faced this problem so close, that I should not be afraid of it, I just have to follow certain precautions and that's all. They are the same people. And most importantly – they are not afraid of the problem, they struggle, live, and are worth respect!...". Students express their position on the need to organize special care for HIV-infected. For example, Alex B. wrote: "... The population is very illiterate in this domain. All are frightened, but in fact, if people know and observe the precautions, they will be in no danger... And HIV-positive people will feel better. They will understand that people are not afraid of them, do not avoid them, and that they are just like everyone else. I believe sincerely that everyone should help

these people. But they should not express pity, which is not necessary in this case, it only diminishes ... The main thing is to let these people understand that they are like everybody else, because they can even give birth to healthy children. They can be useful for the mankind, because some of them may be worthy and very talented people, and it is important not to miss them, at the right time help manage and recognize the problem, get used to it, and continue to live..."

DISCUSSION

The specialists who participated in its testing determined the following difficulties of implementation of the model of psychological and pedagogical support in the process of preventive education:

- a) lack of competent specialists: noted by 35.6% of managers and teachers of educational institutions;
- b) workload of the psychological and pedagogical services: noted by 27.5% of specialists;
- c) a large number of additional sessions with parents, which makes it difficult for them to attend all events (due to the high occupancy of the parents) – noted for 56.3% of the parents;
- d) workload of students during unsociable hours, which includes visiting additional education institutions, various interest groups, sports sections, electives, training courses at universities, etc., which entails missing classes;
- e) a large number of additional classes with students, increasing the academic workload,

Table 1. The ranking results for categorical concepts used by the subjects of preventive impact with regard to the HIV/AIDS problem (N = 218, 2014) (abstract)

Content	Students	Parents	Teachers	The average rank
AIDS	1	1	1	1.0
Plague of the 21st century	5	11	8	8.0
Killer	9	5	3	5.7
A fear of infection	2	2	4	2.7
People are to blame	3	4	6	4.3
Unprotected sex	6	3	5	4.7
Drugs	4	6	2	4.0
Syringes	7	8	7	7.3

Table 2. Correlations between mono/polyconfessional environment, HIV awareness, and motivation and inclusion in the prevention process (Pearson's r , $N = 248$, 2013-2014)

	Mono/ polynational environment	Mono/ polycon- fessional environment	Type of settlement (rural/urban)	HIV awareness	Care of one's own health	Attitude towards people living with HIV	Motivation to participation	Involvement in the prevention process
Mono/polyconfessional environment	,809**	,809**	,665**	,385**	,281*	,476**	,814**	-,545**
Mono/polyconfessional environment		,665**	,822**	,362**	,432**	,588**	,628**	-,339**
Type of settlement (rural/urban)			,385**	,548**	,392**	,716**	,483**	-,163
HIV awareness				,362**	,196	,511**	,207	-,163
Care of one's own health					,432**	,497**	,097	-,021
Attitude towards people living with HIV						,588**	,275*	-,147
Motivation to participation							,275*	-,577**
Involvement in the prevention process								

**, Correlation is significant at the level of 0.01 (bidirectional).

*, Correlation is significant at the level of 0.05 (bidirectional).

especially in high school (noted by 63.4% of teachers, 56.8% of parents, 23.2% of students);

- f) lack of support and assistance by the managers, including specialists of the governing bodies in the education system of the Russian Federation – this was noted by 68.3% of managers and 48.7% of teachers;

However, there were very proactive participants among all the target groups who after the training participated in identification of psychological problems of other participants (12.3% of teachers, 7.4% of parents, and 34.5% of students).

CONCLUSION

Thus, the formation of proximity to people living with HIV is one of the priorities of preventive education. Changing the behavior of target groups through preventive education should contribute to creating a comfortable and supportive environment for education and parenting of all categories of students (including those affected by HIV). In this case, we consider the personality proximity as a necessary part of the competence of students in the field of preventive education. Our research has shown that psychological and pedagogical support greatly increases the effectiveness of preventive education and promotes the formation of proximity of the prevention subjects.

REFERENCES

1. Resolution of the Government of the Russian Federation "On approval of the list of socially significant diseases and the list of diseases that pose a danger to the public" of 01.12.2004 #715.
2. Socially significant diseases and diseases that pose a danger to the public. Date Views 20.01.2015 www.zdrav.ru/articles/practice/detail.php?ID=77442.
3. Party morale against AIDS. Date Views 15.01.2015 www.hbr-russia.ru/biznes-i-obshchestvo/fenomeny/a14943/#.
4. Training, support and protection of students and educators living with HIV or affected by the epidemic of HIV infection, Moscow: UNESCO, 2011; 56.

5. Azarova, A., Education in the field of human rights in Russia, including education on HIV/AIDS prevention: an analytical report. Moscow: the Moscow School of Human Rights, 2008; 454.
6. Plushch, I., Organization of activities for the prevention of psychoactive substance abuse in an educational institution. Novosibirsk, 2004; 212.
7. Pokrovsky, V., HIV infection and its impact on human life. Moscow, 2008; 146.
8. Gurvich, I., Preventive work with minors in difficult situations. St. Petersburg: the Publishing House of the St. Petersburg State University, 2006; 134.
9. Shipitsina, L., HIV/AIDS prevention among minors in the educational environment. St. Petersburg, 2006; 208.
10. Semikin, G., A. Kiselev and G. Mysina, Problems of prevention of risky (addictive) behavior of youth and health-saving technologies in the educational environment. Moscow: the Publishing House of the Moscow Bauman State Technical University, 2005; 345.
11. Stavropolskaya, L., Organizational and methodological support of dispensary work among HIV-infected pregnant women and children, thesis of Candidate of Medical Sciences, "Kazan State Medical University, Federal Agency for Health and Social Development", Kazan, 2008; 107.
12. The UNESCO strategy for education in the field of HIV/AIDS prevention. Date Views 20.01.2015 www.ibe.unesco.org/AIDS/doc/strategiya.
13. Sheregi, F., Problems of formation of tolerant attitude towards HIV-positive in the educational environment: Sociological analysis. Moscow: the Center for Social Forecasting, 2005; 88.
14. Sinyagina, N. and T. Bogacheva, Technology to improve the competence of educators in the formation of the value of health. Bulletin of Education. *Topical Annex*, 2011; **2**: 40-51.
15. Sinyagina, N. and I. Kuznetsova, How to maintain and improve the health of a student: psychological patterns and exercises. *Moscow: Vlados*, 2004; 161.
16. Boyd, R. and P. Richerson, The issues of the tribal social instinct evolution. (translated by Fialkovsky, Z., edited by A. Protopopova). Date Views 17.01.2015 www.ethology.ru/library/?id=299; 1999.
17. Reifschneider, T., Proximity of a person in the formation of positive attitudes towards people living with HIV as a psychological phenomenon. *Fundamental Research*, 2014; **1**: 160-164.
18. Soldatov, G., L. Shaygerova and O. Sharova, Live in peace with oneself and with others. Tolerance training for teenagers. (2nd ed). Moscow: Genesis, 2001; 112.
19. Rayfshnayder, T. and N. Zaitseva, Training, support and protection of students and educators living with HIV or affected by the epidemic of HIV infection, 2011. Guidelines on the implementation of the HIV-related policy in the education system of the Russian Federation. Date Views 21.01.2015 www.cipv.ru/images/all1/pdf_2012/HIV_Russia_2013.pdf; 2012.
20. UNAIDS. AIDS epidemic update, Date Views 21.01.2015 www.unaids.org/sites/default/files/media_asset/jc1700_epi_update_2009_en_0.pdf; 2009.
21. Schwille, J. and M. Debele, Global perspectives on teacher learning, improving policy and practice. Paris, UNESCO: 2007; 320.