

Grades 7 - 12



DRAFT

Tying it All Together:

HIV/AIDS Awareness & Curriculum Outcomes

ACKNOWLEDGEMENTS

This resource was created and distributed by a dedicated team of individuals, non-governmental organizations and with the guidance of two Nova Scotia government agencies.

Educational Project Direction

Coordination

Dina Desveaux, Manager, Education for Development
UNICEF Canada, ATL Region

Rena Kulczycki, Communications and Membership Assistant
Atlantic Council for International Cooperation

Contributions to the project

Fiona Talbot-Strong, Regional Program Officer, Volunteer Management & Public Engagement
Canadian Crossroads International (Atlantic)

Tara Lee, Program Coordinator
AIDS Coalition of Nova Scotia

Danita Daye
Atlantic Council for International Cooperation

Production

Tom Scanlan, Director
is five COMMUNICATIONS
Design and Layout: Gail Beglin

Editorial Team

Dina Desveaux, Manager, Education for Development
UNICEF Canada, ATL Region

Jennifer Heatley, Acting Research Officer
Nova Scotia Advisory Commission on AIDS

Larry Baxter, Chair
NS Advisory Commission on AIDS

Caroline Keenan, Manager, Education for Development
UNICEF Canada, National Region

This resource was published by UNICEF Canada's Education for Development Programme, Atlantic Region, with financial assistance from, and delivered in partnership with the Canadian International Development Agency (www.cida.gc.ca).



Canadian International
Development Agency

Agence canadienne de
développement international



Special thanks to Natalie Flinn (NS Dept of Education), Fernando Vaca (Freelance Graphic Designer) and Lisa Woolf (UNICEF Canada).

TABLE OF CONTENTS

World AIDS Day—Education Package: An Introduction to “Tying it All Together”	1
Community Awareness on HIV/AIDS: An Introduction to the “Red Ribbon Display Project”	2
Curriculum Links Outline	3
Lesson Plans & Activities	5
Tools for the Educator	52
• Teaching-Learning Activities	52
• Handling Controversial Issues	55
• Glossary of Terms	57
• HIV Transmission: A Model for Assessing Risk	66
Web Links	70
On-Line Documents	72
Feedback	73

HIV/AIDS Introductory Lessons & Activities

1. Brainstorming the Basics: What teens should know about HIV/AIDS 5
2. Stepping Out: HIV/AIDS and exclusion . . 11
3. Transmission Runaround 17
4. Simulation — HIV Spread: Risk and probability 20
5. Are you Safe? 22

HIV/AIDS — Learning more

6. Attitudes to HIV/AIDS 24
7. Current Realities, Future Possibilities . . . 27
8. Photo Gallery 35
9. A Case Study 44

HIV/AIDS Culminating Activities

10. The Power of Peer Education 46
11. Designing Media Campaigns 51

WORLD AIDS DAY — EDUCATION PACKAGE

An Introduction to “Tying it All Together”

Dear Educator,

In *Tying it All Together*, we've incorporated lesson plans and activities that would support you with the *Red Ribbon Display Project* (see page 2). Both the project and the educational package share as a main objective “to educate youth on HIV/AIDS and its human impact both locally and globally”. Included in the package, is the following:

- A guide called *Handling Controversial Issues*
- Glossary of Terms
- Model for Assessing Risk for HIV Transmission

In addition, we have:

- provided lesson overviews, debriefing and evaluation ideas, and options for follow-up and extension activities;
- provided tips for the educator where applicable; and
- identified the main **Curriculum Entry Points** (please note there are multiple cross-curricular opportunities in addition to the main ones identified).

On that last note, I would like to extend my personal thanks to Natalie Flinn, Health Education Curriculum Consultant with the Nova Scotia Department of Education for her contribution.

We welcome your feedback and encourage you to complete and submit any techniques, activities or ideas to us.

Stephen Lewis has called upon all Canadians to get involved, saying that together, we will make a difference — one at a time. The HIV/AIDS Awareness Week Planning Committee for Metro Halifax and UNICEF Canada believe that Nova Scotian youth are ready to accept this challenge.

On behalf of the HIV/AIDS Awareness Week Planning Committee for Halifax,

Thank you!

Dina Desveaux

Manager, Education for Development
UNICEF Canada, Atlantic Region

For questions or further details about the educational package, please contact:

Dina Desveaux
Tel. 1 902 422-6000 or 1 877 786-4233 (toll-free)
E-mail: ddesveaux@unicef.ca

For questions or further details regarding the Red Ribbon Project, please contact:

Nova Scotia Advisory Commission on AIDS
Tel. 1 902 424-5730
E-mail: aids@gov.ns.ca

COMMUNITY AWARENESS ON HIV/AIDS

An Introduction to the “Red Ribbon Display Project”

Dear Educator,

The HIV/AIDS Awareness Week Planning Committee for Metro Halifax¹ is hosting a unique event during the week of November 24th to December 1st, 2007 (marking National HIV/AIDS Awareness Week and World AIDS Day). This display will consist of 8000 flags that will create the image of a large AIDS ribbon (6400 white flags as background and 1600 red flags to make the red ribbon). They symbolize the numbers of deaths that occur globally from AIDS each day.

The committee has asked local schools to get involved by creating art work and messages about HIV and AIDS in their community and their view of the world. The project is supported by this educational resource which clearly identifies curriculum outcomes.

In the case of Metro Halifax, the committee has committed to delivering all the materials needed to make the flags and to also collect the completed flags.

If you are outside Metro Halifax, but would like more information on how you might go about organizing your own display or if you would like directions to visit the display with your students, please contact:

NS Advisory Commission on AIDS
Tel. 1 902 424-5730
E-mail: aids@gov.ns.ca

If you would like further ideas on how to teach about HIV/AIDS or if you would like a speaker to deliver a curriculum-linked workshop to your students, please contact:

Dina Desveaux
Manager, Education for Development
UNICEF Canada, Atlantic Region
Tel. 1 902 422-6000, or 1 877 786-4233 (toll-free)
Email: ddesveaux@unicef.ca

¹ AIDS Coalition of Nova Scotia, Art Gallery of Nova Scotia, Atlantic Centre of Excellence for Women's Health Centre, Atlantic Council for International Cooperation, Canadian Crossroads International, CanFar, Direction 180, Halifax Sexual Health Centre, Mainland Needle Exchange, NS Advisory Commission on AIDS, Nova Scotia Gambia Association, and UNICEF Canada, Atlantic Region.

Curriculum Links Outline

	INTENDED LEARNING OUTCOMES & GRADE LEVEL	RESOURCES
HIV/AIDS Introductory lessons & Activities	The first five lesson plans are intended for junior and senior high classes and introduce the topic of HIV and AIDS. "Stepping Out" goes further as it's intended to promote empathy with those who are affected with HIV/AIDS and raise awareness of inequality & stereotypes.	
Brainstorming the Basics	Students connect their prior knowledge to new and important information on HIV/AIDS. Students engage in critical thinking to deconstruct misinformation about this complex social development and personal health issue and to prepare for subsequent lessons.	<ul style="list-style-type: none"> • HIV/AIDS Quiz • UNICEF's AIDS Facts Teens Should Know • Glossary of Terms • Large sheets of paper • Coloured markers • 5 W's of HIV/AIDS
Stepping Out	To promote empathy towards all people, and especially towards people living with HIV/AIDS. Students are asked to reflect upon stereotypes and inequalities of opportunity in society generally, and more specifically with respect to HIV/AIDS education and services. <i>Recommended for Grade 8 Health Education.</i>	<ul style="list-style-type: none"> • Role cards • Situations and events sheet
Fluids Simulation	To raise awareness about the risk/probability of exposure to HIV. Recommended for Grade 7 Mathematics; also includes enhanced lesson.	<ul style="list-style-type: none"> • Test tubes or paper cups • sodium hydroxide • one drop phenolphthalein for each student
Are You Safe?	Students play a game in order to understand how HIV/AIDS is spread from person to person and how education can help curb the spread of the disease. They then examine a case study of what one community is doing to stop the spread of the disease.	<ul style="list-style-type: none"> • Two hockey nets • 2-10 soccer balls • 30 handkerchiefs or strips of cloth • The Gym or a field • <i>Rebecca's Story</i> (optional)
Attitudes to HIV/AIDS	This exercise encourages students to think about the effects of prejudice on other people's lives.	<ul style="list-style-type: none"> • Chairs in a circle • copies of "Build a Character Questionnaire" for each group • papers and pens for each group
Current Realities, Future Possibilities	Students understand how HIV/AIDS impacts different groups of people including children and youth, and think about alternative futures. Recommended for Global Geography 12.	<ul style="list-style-type: none"> • Fact Sheets • Four Different Views of the Future • Blank Card

	INTENDED LEARNING OUTCOMES & GRADE LEVEL	RESOURCES
A Photo Speaks a Million Words	Students use their knowledge of the global impact of HIV/AIDS to give life to four UNICEF photos. They use tableaux to educate their classmates about HIV/AIDS.	<ul style="list-style-type: none"> • UNICEF HIV/AIDS Photos • UNICEF HIV/AIDS Photo Captions • Chart paper • Markers
Case Study: The Cycle of AIDS in Africa	Students appreciate the relationship between poverty and HIV/AIDS, and between HIV/AIDS and development, generating connections between the many factors contributing to the HIV/AIDS pandemic in the context of sub-Saharan Africa.	<ul style="list-style-type: none"> • Factor Cards • <i>Declaration of Commitment on HIV/AIDS</i> • Loose-leaf paper
Culminating Activity: The Power of Peer Education	Students act as peer educators, using the information they have learned throughout this unit to guide them in teaching their peers about HIV/AIDS issues.	<ul style="list-style-type: none"> • Tears for Peers Versus Infection and Stigma • HIV/AIDS Activity Worksheet
Designing Media Campaigns	This activity can be used as a culminating activity: students discuss the elements of an effective media campaign, and in small groups design their own HIV/AIDS awareness campaign materials tailored to youth.	<ul style="list-style-type: none"> • Creating Effective Campaign Materials • DVD - TakingITGlobal • Peer Evaluation • TV and DVD player
Tools for the Educator	Includes a framework for teaching controversial issues, a list of entry points for HIV/AIDS lessons into the Nova Scotia curriculum, a newly revised glossary of terms based on UNAIDS' Terminology Guidelines (2007), and a Model for Assessing Risk for HIV transmission.	<ul style="list-style-type: none"> • Handling Controversial Issues • Nova Scotia Curriculum Entry Points • Glossary of Terms • Model for Assessing Risk for HIV transmission
Web Links	Links to other HIV/AIDS organizations.	
On-Line Documents	Links to reports on HIV/AIDS that are available in .PDF form on-line.	

LESSON PLAN 1

Grade 8

Brainstorming the Basics: What teens should know about HIV/AIDS

Estimated Time

One hour

Lesson Overview

Students connect their prior knowledge to new and important information on HIV/AIDS. Students engage in critical thinking to deconstruct misinformation about this complex social development and personal health issue and to prepare for subsequent lessons.

Materials

Part One:

- Handout: *HIV/AIDS Quiz*
— copy one per student.
- Handout: *UNICEF's Ten HIV/AIDS Facts Teens Should Know*
— copy one per student.
- Handout: *Glossary of Terms*
— copy one per student.

Part Two

- 1 large sheet of paper for each group of four students.
- Coloured markers — enough for each group to have two different colours.
- Handout: *5 W's of HIV/AIDS*
— copy one per student.

Nova Scotia Curriculum Connections

Grade 8 Health Education Curriculum

B3.1 Students will be expected to identify risks related precautions of being sexually active.

Also please note from Grade 11 Biology:

- “Grade 11 will require the study of the immune system including the study of HIV/AIDS...”

Procedure

Before the lesson begins, review Toolkit Part 2, “Handling Controversial Issues” found in the Tools for the Educator section immediately following the lesson plans. It is imperative that there be an appropriate environment in the classroom for discussing sensitive issues. This is both to make students comfortable with the material at hand, as well as to allow the teacher to dispel any myths that the students may have about the disease. It is important to make it clear that any and all information is welcome as long as it is sensitive to and respectful of others.

Part One

- Hand out a copy of the *HIV/AIDS Quiz* to each student and give them 5 minutes to complete the quiz quietly on their own.
- Hand out the *Glossary of Terms* and *UNICEF's Ten AIDS Facts Teens Should Know*. The answers to the quiz are found on the fact sheet along with additional information. Review the answers as a class.
- Invite the students to ask questions regarding the quiz or the AIDS Facts. Are there any other matters they feel should be addressed?
- Discuss: Do students feel that youth are properly informed about HIV/AIDS? What are some myths that they have heard? Do students feel that their risk of exposure to HIV is high?
- Explain the following background of the Facts handout to the class:

These facts were written primarily for teens living in regions that have been largely affected by HIV/AIDS including Africa, Southeast Asia, Caribbean, and Eastern

Europe and Central Asia. Many youth from these areas do not have access to HIV/AIDS information. Some have never heard of HIV/AIDS, and many have erroneous beliefs about it.

According to UNICEF, a third of the people living with HIV/AIDS are between the ages of 15-24, and half of all new infections are among people age 15-24. This translates to 7000 young people becoming HIV-positive daily, mainly in the most impoverished countries.

In Canada, approximately 55,000 people are living with HIV. While Canada does not have as high a youth infection rate as in other parts of the world where HIV/AIDS is epidemic (widespread in the general population), HIV/AIDS rates are rising in Canada and in some other industrialized countries. The increase is partly due to “AIDS Fatigue”: as the illness has been somewhat controlled and the death rate reduced through drug therapy, fears about HIV/AIDS have relaxed, along with the consistent use of protective measures such as abstinence and safe sex. The students may know young people who take risks because they can’t imagine harm will come to them. Statistics show that in Canada, youth are increasingly taking risks with unsafe sex.

- Ask the students to imagine that they live in a country where HIV/AIDS is epidemic and the life expectancy is only 35 years. Students discuss in small groups how this might affect their choices and actions.

For more information on HIV/AIDS in Canada, go to Health Canada’s website:

http://www.hc-sc.gc.ca/dc-ma/aids-sida/index_e.html

Part Two

- Inform students that over the next few lessons, the class will be learning about HIV/AIDS, particularly how it is affecting youth. HIV/AIDS organizations, UNAIDS, UNICEF and many governments are working to stop the spread of the disease, many working with young people.
- Ask the students to form groups of four and choose one student to record and one student to report during debriefing. Give each group a large sheet of paper and two different coloured markers.
- Each group brainstorms words and phrases that describe what they know about the situation of HIV/AIDS both here and around the world (10 minutes).
- Groups circle the words and phrases they believe to be FACTS in one colour and ATTITUDES in the other colour.

Debriefing and Evaluation

- During debriefing, the reporter tells the class one FACT and one ATTITUDE from their group, while the teacher scribes on the chalkboard.

- Give each student a copy of The 5 W's of HIV/AIDS. Review the handout with the class. At this point, the teacher or students can dispel any myths that were raised in the group discussions, and unresolved points noted for research.
- As a class discuss:
 - Why are some ideas considered facts and some considered attitudes?
 - How have you learned about HIV/AIDS?
 - What did you learn today?
 - What was surprising to you?
 - What would you like to learn more about?
 - What responsibilities, as young Canadians, do you have now that you have learned more about HIV/AIDS?

Follow-up

In small groups, students list five or six common misconceptions about HIV/AIDS (possibly those that arose in the lesson). Each group creates a myths/fact sheet, listing the misconceptions and then providing the correct information. These sheets can be exchanged with other groups, published in the school paper or made into posters and hung throughout the school.

Invite a healthcare professional to discuss personal health issues related to HIV/AIDS.

HIV/AIDS QUIZ

Name: _____

Circle the correct answer:

1. A treatment has been found that prevents people from dying of AIDS.
True False Not Sure
2. A healthy-looking person can have AIDS.
True False Not Sure
3. HIV is transmitted through the exchange of any HIV-infected bodily fluids. These include blood, saliva and tears.
True False Not Sure
4. Globally, heterosexual sex accounts for the main route of transmissions for new HIV infections.
True False Not Sure
5. Someone who has STIs (Sexually Transmitted Infections) has a greater risk of exposure to HIV and of transmitting their infection to others.
True False Not Sure
6. The only way to completely prevent the sexual transmission of HIV is to use a condom.
True False Not Sure
7. People who are injecting drug users or have sex with injecting drug users are at a higher risk of exposure to HIV.
True False Not Sure
8. If you suspect that you may be HIV-positive, it is possible to go for confidential counseling and testing.
True False Not Sure
9. HIV is transmitted by swimming in public pools or sitting on toilet seats.
True False Not Sure
10. People living with and affected by HIV/AIDS should be placed in isolated areas so that they do not infect others.
True False Not Sure

TEN AIDS FACTS TEENS SHOULD KNOW

HIV/AIDS Quiz Answer Sheet

UNICEF, in collaboration with other UNAIDS partners, has identified at least 10 fundamental facts about AIDS that young people have the right to know:

1. **FALSE** AIDS is caused by HIV, the Human Immunodeficiency Virus, which damages the body's defence system. People who have AIDS become weaker because their bodies lose the ability to fight all illnesses. They eventually die. At the time of publishing, there is no cure for AIDS, but there are new drug therapies for people living with HIV.
2. **FALSE** The onset of AIDS can take up to 10 years, possibly more from the time of infection with HIV. Therefore, a person living with HIV may look and feel healthy for many years, but he or she can transmit the virus to someone else. New drug therapies can help a person stay healthier for longer periods of time, but the person will still have HIV and be able to transmit HIV.
3. **FALSE** HIV is transmitted through the exchange of any HIV-infected bodily fluids. Transfer may occur during all stages of the infection/disease. The HIV virus is found in the following fluids: blood, semen (and pre-ejaculate fluid), vaginal secretions, and breast milk.
4. **TRUE** HIV is most frequently transmitted sexually. That is because fluids mix and the virus can be exchanged. For physiological reasons, girls are especially vulnerable to HIV infection.
5. **TRUE** People who have STIs (Sexually Transmitted Infections) are at greater risk of HIV infection and of transmitting their infection to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practice safer sex (non-penetrative sex or sex using a condom), and inform their partners.
6. **FALSE** The risk of sexual transmission of HIV can be reduced if people don't have sex, if partners (who are not HIV-positive) have sex only with each other or if people have safer sex—sex without penetration. The only way to completely prevent the sexual transmission of HIV is to abstain from all sexual contact.
7. **TRUE** HIV can also be transmitted when the skin is cut or pierced using non-sterile injecting equipment, needle, syringe, razorblade, knife or any other tool. People who inject themselves with drugs or have sex with drug users are at a higher risk of HIV infection. Moreover, drug-use alters people's judgment and can lead to risky sexual behaviour.
8. **TRUE** Anyone who suspects that he or she might be HIV-positive should contact a health worker or an HIV/AIDS centre in order to receive confidential counseling and testing.
9. **FALSE** HIV is not transmitted by: hugging; shaking hands; casual, everyday contact; using swimming pools or toilet seats; sharing bed linen, eating utensils or food; mosquito and other insect bites; coughing or sneezing.
10. **FALSE** Discrimination against people who are living with HIV/AIDS or anyone thought to be at risk of infection violates individual human rights and endangers public health. Everyone living with and affected by HIV/AIDS deserves compassion and support.

THE 5 W'S OF HIV/AIDS

Who?

- ✓ Close to 40 million people worldwide are living with HIV/AIDS.
- ✓ 2.3 million children under the age of 15 are living with HIV/AIDS
- ✓ 3 million people worldwide die each year from AIDS.
- ✓ Every day around the world 8,500 children and young people are infected by HIV.

What?

- ✓ Human Immunodeficiency Virus (HIV) attacks the immune system and causes Acquired Immunodeficiency Syndrome (AIDS), a chronic, progressive and fatal illness. There is no cure or vaccine.
- ✓ HIV is spread through bodily fluids mainly through unprotected sex; drug injecting with shared needles; from mother to child during pregnancy, labour or through breast-feeding; and occasionally through occupational exposure in the health care setting.

Where?

- ✓ 90% of people living with HIV are living in developing countries.
- ✓ 65% of people who live with HIV also live in sub-Saharan Africa.
- ✓ There is a recent increase in the spread of HIV in North America and Europe.

When?

- ✓ Individuals and organizations such as UNICEF, are working to help prevent the spread of HIV and to put an end to the HIV/AIDS epidemic, **NOW!**

Why?

- ✓ UNICEF contributes to a global effort to stem the tide of HIV infections.
- ✓ UNICEF's aims are to prevent the spread of HIV through the 'Four Ps':
 - Preventing infection among adolescents and young adults aged 15 to 24.
 - Preventing infection of newborns.
 - Protecting orphans and children made especially vulnerable by HIV/AIDS.
 - Providing paediatric treatment for children affected by HIV/AIDS.

LESSON PLAN 2

Grade 8

Stepping Out: HIV/AIDS and exclusion

Estimated Time

45 minutes to an hour

Lesson Overview

- To promote empathy with those who are affected with HIV/AIDS.
- To raise awareness about the inequalities of opportunity in society, with respect to HIV/AIDS education and services.
- To foster an understanding of possible personal consequences of belonging to certain social minorities or cultural groups.

Materials

- One role card per participant (adapted, if required, to your situation);
- Question sheet;
- An open space is recommended (a corridor, large room or outdoors). The lesson can be adapted to a classroom by having students stand and sit instead of stepping forward.

Nova Scotia Curriculum Connections

Grade 8 Health Education Curriculum

C5.2 Students will be expected to demonstrate empathy towards people living with HIV/AIDS

Procedure

- Explain to the participants that they are going to be asked to 'step into someone else's shoes'. They will be told who they are going to be and they will need to use their imagination to respond to questions as that person.
- Hand out the role cards at random, one to each participant. At least three participants should be handed cards that tell them to be themselves. Tell all the participants to keep their roles secret.
- Line the participants up and ask them to begin to get into their role. To help them, read out some of the following questions, pausing after each one, to give the participants time to think and build up a picture of themselves and their lives:
 - What was your childhood like? What sort of house did you live in? What kind of games did you play? What sort of work did your parents do?
 - What is your everyday life like now? Where do you socialise? What do you do in the morning, in the afternoon, in the evening?
 - What sort of lifestyle do you have? Where do you live? How much money do you earn each month? What do you do in your leisure time/ in your holidays?
 - What excites you and what are you afraid of?
- Tell the participants that you are going to read out a list of situations or events. Every time they can answer 'yes' to the statement, they should take a step forward. Otherwise, they should stay where they are and not move.
- Read out the situations one at a time. Pause for a while between statements to allow people time to step forward and to look around to take note of their positions relative to each other.
- At the end invite everyone to take note of his or her final position. Then give them a couple of minutes to come out of their role before debriefing.

Tips for the facilitator

Make sure the participants can all hear you, especially if you are working outdoors or with a large group. You may need to use co-facilitators to relay the statements.

In the imagining phase at the beginning, it is possible that some of the participants may say that they know little about the life of the character they have to act. Tell them that this does not matter and that they should use their imagination as much as possible.

The power of this activity lies in the impact of actually seeing the distance increase between the participants, especially at the end when there should be a big distance between those who stepped forward often and those who did not. To enhance the impact you should adjust the roles to reflect the reality of the children's own lives. As you do so, be sure you adapt the roles so that only a few people can take a step forward (i.e. answer yes). This also applies if you have a large group and have to devise more roles.

Debriefing and Evaluation

- Start by asking the participants about what happened and how they felt about the activity.
- Talk about the issues raised and what they have learnt:
 - How did the participants feel when they stepped forward?
 - How did they feel when they were not stepping forward?
 - Why did some people move forward and some did not?
 - For those who stepped forward often, at what point did they begin to notice that others were not moving as fast as they were?
 - Can the participants guess who was who? (Read out some of the more extreme roles).
 - How easy or difficult was it to play their role? How did they imagine what the person they were playing was like?
 - **Are they sure the information and the images they have of the characters are reliable? Or are they based on stereotypes and prejudice?**
 - Does the exercise mirror society in some way? How?
 - What are the rights some people are denied?
 - What first steps could be taken to address Social Issues around HIV/AIDS?

Follow-up

Ask students to create a survey that will reveal the knowledge that students in another grade have about HIV/AIDS.

SITUATIONS AND EVENTS

- 1 You are doing well in school because you have no home worries.
- 2 You have access to a telephone or television.
- 3 Your parents encouraged you to go to school and to get an education.
- 4 You have always felt that you were beautiful.
- 5 You have completed schooling or feel confident that you will.
- 6 You feel comfortable going to the police at all times.
- 7 You always have someone to talk to.
- 8 You have never felt discriminated against
- 9 You can see a doctor and get medicines when you need it.
- 10 You can go away on holiday once a year.
- 11 You can invite friends around at any time.
- 12 You have an interesting life and are positive about the future.
- 13 You have access to healthy food everyday.
- 14 You are not afraid of being harassed or attacked in the street.
- 15 You can afford to go to the movies once a week or more
- 16 You can fall in love with the person of your choice.
- 17 You believe everything you see on television.
- 18 You can use and benefit from the Internet.
- 19 You can easily go out with your friends.
- 20 You live in a country where your official language is spoken by most people.



ROLE CARDS

You got HIV when you were 18 years old. You had a lot of girlfriends and thought it was cool to not use condoms. At the time, you thought condoms were only for sex workers.

You are a 17-year-old exchange student from the Middle East. You grew up believing that sex before marriage was wrong. Now, you want to fit in with Canadian kids and all they seem to talk about is sex.

You dreamed of being a nurse or a teacher. Never did you imagine yourself becoming a sex worker — now, you are afraid of your manager (also called a “pimp”).

You are a disabled university student; you use a wheel chair to get about. Finally someone has shown interest in you.

You are yourself.

You are an illegal immigrant from a war-torn country. When they asked for your health card at the clinic, you got scared and ran. Now, you’re dating someone, but you’re too shy to ask whether she could get some condoms for you.

You are yourself.

You are HIV Positive and you live in a very remote village. You could lie in bed for hours screaming because the doctors told you that if you wanted medication, you would have to inject it yourself...they did not want to touch you.



ROLE CARDS

When you and your boyfriend started thinking about having sex, you went to ask your father. You thought he would be a good choice because he loves watching pornographic films and reading pornographic literature. Besides, if you asked your mother, she'd probably try to talk you out of it.

Imagine that you are your best friend.

You are a 13-year-old boy who doesn't have a lot of friends at school. The captain of the football team said that if you wanted to be in their "cool group," you would have to prove your loyalty by injecting drugs.

You are a single parent who does not have enough money to take care of your child. You must do whatever it takes to provide for your child. Now you are HIV/Positive.

You are yourself.

You are a 16-year-old girl from India soon to be married to a man you've never met. Your father told you that having unprotected sex with your husband is a sacred tradition, but your teacher said that wasn't true.

Imagine that you are your favourite Hollywood actor.

You are a 13-year-old student with learning difficulties, especially with reading comprehension. Your parents work 14 hour shifts every day and don't have enough time to read with you after school.



ROLE CARDS

You are a 17-year-old homosexual male who has been sexually active since you were 12 years old. You are too afraid to seek counselling because you know the homosexual community is not accepted.

You are 14 and male. Your mother is unemployed and drinks too much. Two months ago, you ran away. You are angry and get your revenge by abusing any women you get involved with.

You are an Asian female who lives with a foster family. Your parents both died of HIV/ AIDS, and now you feel responsible for your 3 younger brothers...you are under a lot of pressure.

You live in a rich neighbourhood. Both your parents have great jobs, but they still find time to be involved in everything that is important to you. In fact, you thought your life was perfect until your best friend told you she thought your father was having an affair.

You are a brilliant African Canadian football star. Last month, you made the cut for a top American team. You have a girlfriend you love, but you've also heard that in order to "fit in" with this team, you'll be expected to sleep around with some of the female fans.

You are a pregnant woman. You knew a long time ago that your baby's father was sleeping around, but you didn't want to admit it. You finally got enough courage to go get tested. You are HIV Positive.

LESSON PLAN 3

Grade 9

Transmission Runaround

Estimated Time

45 to 60 minutes depending on the number of statements used and the size of the group

Lesson Overview

- To assess levels of awareness of how HIV is transmitted.
- To encourage students to think about a variety of transmission routes.

Materials

- A reasonably spacious room, to allow for free movement.
- A copy of *Transmission Runaround 'Statement Sheet'* for yourself and the answer sheet.
- Two large sheets of paper clearly marked 'STRONGLY AGREE' and 'STRONGLY DISAGREE'. Pins.

Nova Scotia Curriculum Connections

Grade 8 Health Education:

- B3.1** Students will be expected to identify risks related precautions of being sexually active
- B5.2** Students will be expected to identify and practice strategies for preventing HIV/AIDS

Grade 9 Health Education:

- B3.2** Students will be expected to evaluate the safety and effectiveness of various methods of contraception

Procedure

- If not done so already, review Toolkit Part 2, "Handling Controversial Issues" found in the Tools for the Educator section immediately following the lesson plans. It is imperative that there be an appropriate environment in the classroom for discussing sensitive issues.
- Put up the 'STRONGLY AGREE' and 'STRONGLY DISAGREE' sheets on the wall at opposite ends of the room.
- Explain to the group as a whole that you will read out a series of statements, one at a time. Each person is to think about whether they agree or disagree with it, and move to the appropriate side of the room. It is all right to stay in the middle if they are uncertain.
- Read the first statement. Once everyone has moved to their chosen place, ask members to choose one person near them and discuss why they are standing where they are.
- Now ask people to choose one person standing as far away from them as possible, and to discuss the statement with them, explaining why each has chosen to be where they are.
- Repeat the procedure with as many statements as time allows.

Note: People can sometimes become quarrelsome during this exercise so you may need to intervene to settle disputes. Repeat as often as necessary that any and all information is welcome as long as it is sensitive to and respectful of others.

Debriefing

- Re-assemble as a group and, going round the group, ask each individual to identify one piece of information they are confused or unclear about. Ask members of the group to clarify the issues involved and intervene yourself where necessary.
- At the end of the exercise, it will be clear what areas of uncertainty remain. Individuals will have had a chance to think about ways of transmitting HIV, and to discuss these with other group members. It will also be clear that transmission routes for HIV are very specific e.g. It is not 'sex' that transmits the virus, but unprotected sex involving penetration.

TEACHER STATEMENT SHEET

1. You can become HIV-positive by sleeping around.
2. Injecting drugs will give you HIV.
3. You can get HIV from toilet seats.
4. If you are fit and healthy you won't become HIV-positive.
5. Married people are not at risk of exposure to HIV.
6. If you stick with one partner you won't become HIV-positive.
7. Women are safe from HIV as long as they use a contraceptive.
8. You can become HIV-positive from sharing toothbrushes.
9. If you have sex with people who look healthy, you won't become HIV-positive.
10. If you only have sex with people you know, you won't become HIV-positive.
11. Anal sex between two men is more risky than anal sex between a man and a woman.
12. You are at risk of exposure to HIV from kissing.
13. A man runs the risk of exposure to HIV if he has oral sex with a woman.
14. A woman runs the risk of exposure to HIV if she has oral sex with a man.
15. Condoms can prevent the risk of exposure to HIV.

STATEMENT "ANSWER" SHEET

1. Sleeping around is not in itself risky, but having unprotected sex with an HIV-positive person is. By using condoms properly and by avoiding sex with penetration, you can substantially reduce the risk of infection.
2. Only if the needle or syringe previously has been contaminated with HIV.
3. There are no known cases of HIV infection via toilet seats.
4. It does not matter how healthy or unhealthy you are, if you engage in risky activities you stand a chance of infection.
5. This depends on the partners involved, what they did before they met, whether either has unprotected sex outside of the marriage or injects drugs using contaminated equipment. Marriage by itself offers no guarantees of safety.
6. As for No 5.
7. Only condoms offer women protection against HIV, and even condoms cannot offer complete safety. Other forms of contraception do not offer protection from HIV.
8. There is no evidence of transmission via this route, but it is advisable not to share toothbrushes for general health reasons.
9. People living with HIV may look perfectly healthy. Looks are therefore a useless way of assessing risk.
10. Knowing someone well offers no reliable guide to whether or not they have HIV infection.
11. Anal sex is equally risky regardless of whether it takes place between two men or a man and a woman.
12. There is no evidence of transmission in this way, although kissing when there are sores or cuts in the mouth may pose some risk.
13. HIV is present in cervical and vaginal secretions as well as in (menstrual) blood, so there is the possibility of transmission this way.
14. HIV is present in semen so there is a possibility of transmission in this way.
15. Condoms used properly will help to prevent transmission of HIV from an infected partner to an uninfected partner. Condoms are not 100% safe though. Use a lubricant which is water based, as oil based lubricants can weaken the condom. When buying condoms check the 'sell by' date.

LESSON PLAN 4

Grade 7

Simulation – HIV Spread: Risk and probability

Estimated Time

45 minutes to an hour

Lesson Overview

- To raise awareness about the risk/probability of exposure to HIV.

Materials

- Test tubes (or paper cups) half filled with water for all students but one;
- One test tube half filled with sodium hydroxide;
- A drop of phenolphthalein for each test tube;
- Pieces of paper or card with different numbers on them (to represent the number of sexual partners each student would have over the course of a lifetime);
- A laboratory is recommended.

Nova Scotia Curriculum Connections

Grade 7 Mathematics Curriculum

G.2 Students will be expected to solve probability problems, using simulations and conducting experiments

Also please note from Grade 11 Biology:

“Grade 11 will require the study of the immune system including the study of HIV/AIDS...”

Procedure

- Review all safety precautions of working in a laboratory. Explain that today the students will be exploring risk & probability.
- Hand each student but one a test tube (or cup) half filled with water. The one student receives a test tube half filled with sodium hydroxide*. (No one knows who has the sodium hydroxide, which is odorless and colorless.)
- Distribute a number to each student. (These are the numbers that represent the number of sexual partners each one would have over a lifetime.)
- Explain to the students that they must exchange liquids (“bodily fluids”) with their classmates by pouring test tube fluids back and forth according with their designated number of partners. As student complete, they should return to their seats and examine their test tubes. (they will all appear the same).
- Allow 5-10 minutes for students to exchange “bodily fluids”
- Once all exchanges are complete, teacher then adds a drop of phenolphthalein in each test tube which will change the color of the fluid and indicate who has been exposed to HIV.

***Do not drink**

Debriefing and Evaluation

- Begin by asking the students if they can think of life situations in which understanding risk & probability is important.
- Explain to the students that the risks & probabilities explored in this simulation were designed to correspond with the risks and probabilities of exposure to HIV (unless their test tubes are covered with condoms).

- Discuss the results as a class. Consider how/why it is possible that a person who exchanges fluids only once might end up HIV-positive.
- Revisit any previous lessons on risk/probability, if applicable.
- Do point out that this is a simplified simulation that does not take into account the risk factor/probability of HIV infection in those people whom they exchanged fluids with.

Source: Mary Doran, High School Health Education Teacher

Follow-up or Enhanced Scenario

Consider the following:

Mario is a virgin who befriends a group of peers who are injecting drug users. He is offered to try and accepts due to peer pressure. The needle he used belongs to Veronica. Veronica has had unprotected sex with three people, all who were virgins. What is the risk factor/probability that Mario may contract HIV?

$$\begin{aligned}
 \text{HIV probability:} &= \text{Mario} + \text{Probability of people Mario has exchanged fluids with} \\
 &= 0.0017 + \{\text{Veronica's Probability}\} \\
 &= 0.0017 + \{\text{Veronica} + \text{Probability of those she exchanged with}\} \\
 &= 0.0017 + \{0.0017 + (\text{Probability of 3 sexual partners} - \text{virgins})\} \\
 &= 0.0017 + \{0.0017 + (0.0017 + 0.0017 + 0.0017)\} \\
 &= 0.0017 \times 4 \\
 &= 0.068
 \end{aligned}$$

Note: For students who are more visual, teacher could model a tree diagram for the above question.

In order to practice, have students work with a partner to create a new scenario and determine the probability of the person's risk of contracting HIV. Pairs can then exchange their scenario and work to calculate the probability. Groups should then compare answers and discuss any discrepancies.

More practice: Have students play the online game "What would you do?" on the UNICEF 'Voices of Youth' website at <http://www.unicef.org/voy/>. Tell students to click on the game "What would you do?" and to follow instructions.

After completing this simulation, lead a discussion about the game with reference to the different choices students made and the consequences their characters had to face.

Note: This lesson plan was adapted by UNICEF Canada, Education for Development managers Chrystal Deschamps, Prairies Region, and Dina Desveaux, Atlantic Region.

LESSON PLAN 5

Grade 8

Are You Safe?

Estimated Time

90 – 120 minutes (depending on whether teacher continues with case study)

Lesson Overview

Students play a game in order to understand how HIV/AIDS is spread from person to person and how education can help curb the spread of the disease. They may then examine a case study of what one community is doing to stop the spread of the disease.

Materials

Part One

- Two hockey nets (or soccer goal posts).
- 2-10 soccer balls.
- 30 handkerchiefs or strips of cloth.
- Reserve the gym or a field.

Part Two

- (see Lesson 9) Handout: *Rebecca's Story* — photocopy one per student
- Internet access (or teacher access and copies of *Convention on Rights of the Child* for student)

Nova Scotia Curriculum Connections

Grade 8 Health Education:

B5.2 Students will be expected to identify and practice strategies for preventing HIV/AIDS

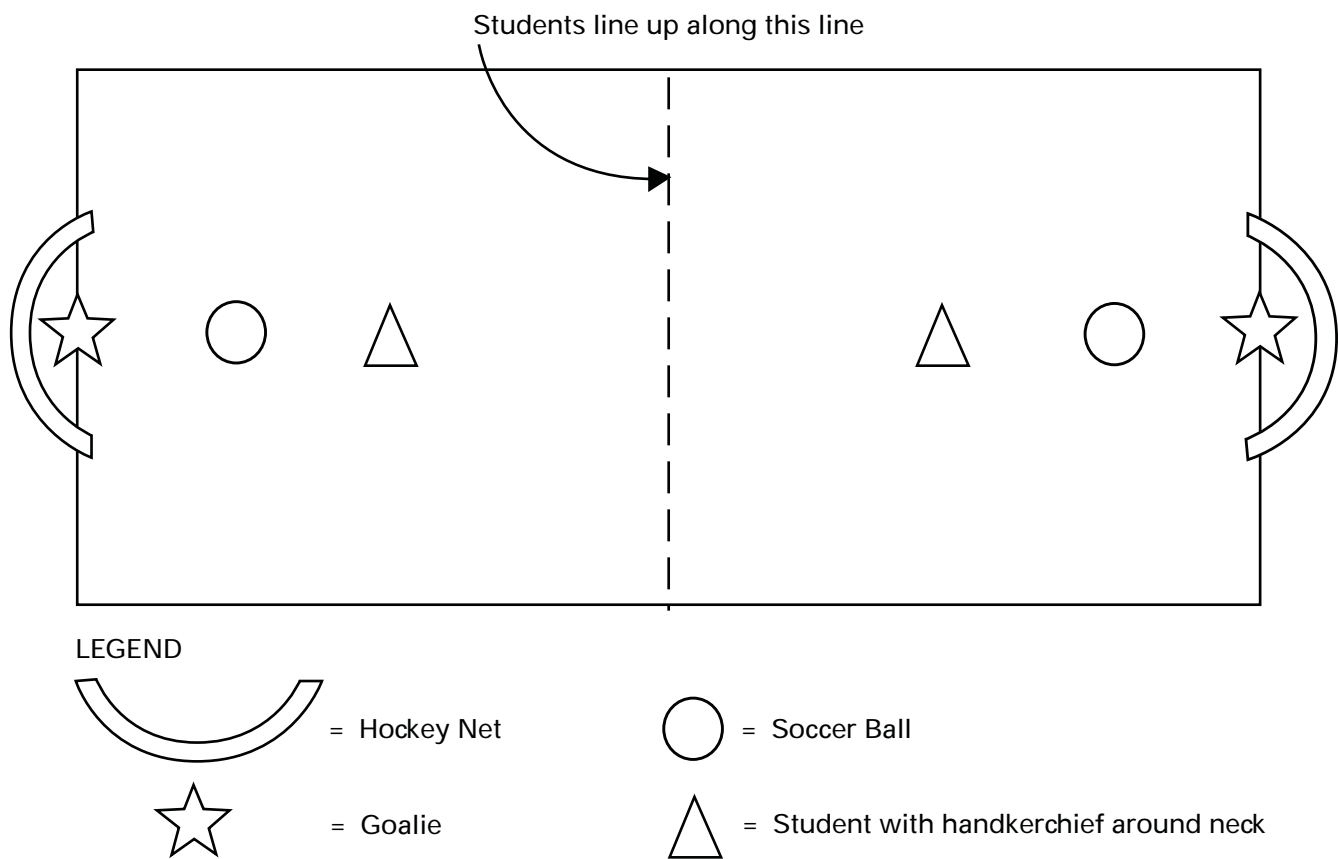
Grade 8 Social Studies:

Students will be expected to demonstrate an understanding of the rights and responsibilities of citizenship (local, national, and global)

Procedure

Part One: The Spread of HIV/AIDS

- Place a hockey net at each end of the field (or use soccer goal posts). Give vests to two students who will act as blockers. Give each student a handkerchief that they are to put in their pocket or hold in their hand. Ask two students to be 'it' and to tie their handkerchiefs around their necks.
- The object of the game is to score a goal in **either** one of the nets in order to be 'safe', before being tagged by someone with a handkerchief.
- The game begins with the two goalies standing in front of their nets and the two students with the handkerchiefs around their necks standing halfway between the net and the middle of the field. Place each ball between the goalie and the student with the handkerchief around his/her neck. The rest of the students should be lined up along the centerline facing in either direction.
- When the teacher blows the whistle the students in the middle run toward either end of the field and try to kick the soccer ball into the net. If a student succeeds, he is safe and then sits behind the net. If no goal is scored students must run back (without the ball) to the centerline before they are able to return to a net and attempt another kick.
- If a player is tagged by one of the students with a handkerchief around the neck, then she must tie her handkerchief around her neck. At this point her role changes and she now attempts to tag other students before they are able to score a goal.
- The game ends after 5 minutes or when all the students on the field have been tagged or are sitting behind one of the nets, whichever comes first.
- Debrief the exercise: explain to the students that they have just demonstrated the spread of HIV.



When the game began, the two people with handkerchiefs around their necks represented the virus. The nets represented methods of protection from HIV/AIDS (e.g. abstinence and condom use) and the soccer balls were education. The goaltenders were acting as blockers to HIV/AIDS education.

- Explain that students who finished 'safe' behind the net had been able to use their education (the ball) to protect themselves from being infected with HIV, and those who finished the game wearing handkerchiefs on their necks had been infected with the virus.
- Discuss as a class various means of avoiding HIV/AIDS infection. Teachers should consult the official curriculum recommended in their jurisdiction. What situations would block young people around the world from accessing education about HIV/AIDS? What types of blockers (societal, political, economic) did the goaltenders represent? What is being done to prevent the spread of HIV/AIDS in your community, in Canada and around the world? What more can be done?

Part Two (see lesson 9, optional)

Extension:

Play the game a second time but change the ratio of balls to handkerchief-wearers at the beginning of the game. Increase the number of soccer balls on each side to 5 in order to represent the importance/effects of education or increase the number of people wearing their handkerchiefs at the beginning of the game to ten in order to represent the current epidemic levels of people living with HIV/AIDS in regions such as sub-Saharan Africa.

LESSON PLAN 6

Grade 7, 8 & 9

Attitudes to HIV/AIDS and Talking About Prejudice

Estimated Time

About 60 - 90 minutes

Lesson Overview

- To encourage individuals to think clearly about the effects of prejudice on other people's lives.
- To encourage discussion about discrimination, prejudice and stereotyping.
- To examine the stigma and discrimination of different minority groups and negative reactions towards HIV/AIDS.

Materials

- Chairs (arranged in circles, about 4 or 5 chairs per circle)
- Copies of the 'Build a Character Questionnaire' - allow for one between 4 or 5 students.
- Paper and pens for each group member; also one large sheet of paper for each group.

Nova Scotia Curriculum Connections

Grade 7 Social Studies Curriculum:

Students will be expected to explore the general concept of empowerment

Grade 8 Health Education Curriculum:

Students will be expected to demonstrate empathy towards people living with HIV/AIDS

Grade 9 Social Studies Curriculum:

Students will be expected to demonstrate an understanding of the issues and events surrounding cross-cultural understanding at the local, regional, and global levels.

Procedure

Part One

- Ask participants to divide into groups of 4 or 5, and hand out pens and one 'Build a Character Questionnaire' to each group
- Explain that the groups will be building a character from their collective imagination. Ask groups to complete the questionnaire. Inform students that they have about 10 minutes for this. Teacher could also remind students at this time that they must work collaboratively and respectfully. Also, they must write very clearly because the characters will be read by other groups.
- After 10 minutes, ask the small groups to now imagine that their character is living with HIV and to list 10 ways in which life will be different for the character because of this. Allow 10-15 minutes for this.
- Ask for silence. Then, ask one individual to introduce the group character and someone from another group to share 2 examples of how life became different once their group character was living with HIV. Then, ask the rest of the class if anyone wants to tell the class (briefly) whether anything unexpected occurred to them and how they felt whilst doing this exercise. During this time, collect the character sheets.

Possible outcomes

- This last question could spark a lively discussion about prejudice. It can help identify any prejudiced beliefs which the group or members of the group find hard to let go of.
- If this is the case, the teacher can opt to either a) use this as a teachable moment and continue with part two later; or b) continue with part two and

inform students that more thought and discussion within groups is recommended before debating as a class.

Note: *There are lesson plans available on this topic in the links section at the end of the package.*

Part Two

- Re-distribute the character sheets to different groups and give each group a large piece of paper and some pens.
- Ask each group to read the new character and the accompanying list.
- Each group should then be asked to write a word in the centre of the large piece of paper. Half of the groups should write the word 'Prejudice' and the other half the word 'AIDS'.
- The groups are then asked to brainstorm as many words as they can which they associate with the title word. These words should be written in clusters around the title word.
- Bring the whole group back together. Those groups who were allocated the word 'AIDS' should go through the words they came up with during their brainstorm. These words should be written up clearly for all the participants to see. When this is completed, the process should be repeated for the word 'Prejudice'.
- Encourage the participants to look for any similarities and draw parallels between the two lists. Useful questions to pose might include:
 - Which groups are most likely to experience prejudice?
 - What stereotypes do people associate with HIV and AIDS and prejudice against different groups
 - What media reporting do people find helpful and unhelpful?
 - How are countries in other parts of the world portrayed in reports on HIV and AIDS?
 - What role does prejudice play in talking about HIV and AIDS?

BUILD A CHARACTER QUESTIONNAIRE

Name: _____

Age: _____ (circle) Male Female

Who does _____ live with? (parents, relations, other adults, other young people)

Who are _____'s friends? _____

Does _____ have a girl/boy friend? (circle) Yes No

If yes, what is their name? _____

Does _____ have a job? (circle) Yes No

If so, what is it doing? _____

What does _____ do during leisure time?(sport, clubs, visit friends, listen to music, spend time with family)

What is _____'s:

favourite music _____

favourite food _____

favourite TV programme _____

LESSON PLAN 7

Grade 12

Current Realities, Future Possibilities

The impact of HIV/AIDS on the world

Estimated Time

One hour

Lesson Overview

- To foster an understanding of how HIV/AIDS impacts different groups of people including children and youth.
- To foster the sharing and imaginative thinking of students — with a view at generating new ideas and visions of alternative futures while keeping the options of both the present and future generations open.

Materials

- Handout: Fact Sheets — photocopy a different Fact Sheet for each group.
- Handout: *Four Different Views of the Future cards* — photocopy one set of cards for each group.
- One blank card for each group.

Nova Scotia Curriculum Connections

Grade 12 Global Geography:

To facilitate student commitment to personal action based upon an understanding of various dimensions and perspectives of planetary stewardships.

From Unit 8, section 8.2:

“Let us all, sharing insights and informing one another’s choices, work together in broadening the options for the present generation and keeping open the options for future generations”

Procedure

- Teacher arranges class so that six groups are formed.
- Each group is given one population to focus on and is given the corresponding Fact Sheet and the Four Different Views of the Future cards.
- The students read through the Fact Sheet and answer the following questions as a group using the *Four Different Views of the Future* cards:
 - Which of the four cards describes the probable future in relation to your Fact Sheet?
 - Which of the four futures describes your preferred vision of the future? [The students may wish to use the blank card to outline the future they envision if it is different from the *Four Different Views of the Future* cards.]
- Students are then asked to make a list of 5 concrete actions that they could take as individuals or as a class to lead to that preferred future. They must then present their fact sheets, future choices and actions to their classmates.
- After the presentations, make a list on the chalkboard of each Fact Sheet and the probable and preferred future cards that were chosen.
- As a class discuss: Were there any difficulties in deciding as a group the probable and preferred futures? How do these disagreements play out on a national or global scale? What goals are similar amongst the different populations? How can we achieve our preferred futures? What challenges will we face in trying to reach our preferred future? What can young Canadians do to achieve the preferred future?

Extension:

Decide as a class which of the actions the students can do to achieve their preferred future and carry out the decision. This could be an entire class project, several group or individual projects, or a combination of all three.



FOUR DIFFERENT VIEWS OF THE FUTURE

Same As Today

I think that life in the future will be much the same as today. Not a lot will change and the problems that we will have in the world will be similar. We will solve them like we do now. We will make slow progress in prevention and treatment of HIV/AIDS and the benefits of this progress will be felt more in the industrialized world.

Technological Growth

I think that important discoveries in technology will solve many problems in the future. More money spent on science and technology will lead to major developments in prevention and treatment of HIV/AIDS. This technological growth will bring all sorts of benefits to us in the future.

Edge of Disaster

I think we are on the edge of a serious disaster and the signs of this are already around us. More and more people will be adversely affected by HIV/AIDS. Life will change greatly and nothing will ever be the same again.

A Just World

I think important changes are beginning to happen in how people think about the planet and those living on it. Taking care of other people is now becoming the most important thing. In the future all people will have equal access to health care, education and protection from diseases such as HIV/AIDS.

FACT SHEET: THE GLOBAL HIV/AIDS EPIDEMIC*

- AIDS is the number one cause of death in Africa and the fourth leading cause of death globally.
- Number of people living with HIV in 2006:
 - Total 39.5 million (34.1–47.1 million)
 - Adults 37.2 million (32.1–44.5 million)
 - Women 17.7 million (15.1–20.9 million)
- Children under 15 years 2.3 million (1.7–3.5 million)
 - People newly infected with HIV in 2006
 - Total 4.3 million (3.6–6.6 million)
 - Adults 3.8 million (3.2–5.7 million)
 - Children under 15 years 530 000 (410 000–660 000)
- Approximately 15,000 people are infected with HIV everyday, including 1,700 children under 15 and 7,000 young people between 15 and 24 years of age.
- Worldwide, most HIV-positive individuals are unaware they are infected.
- There were an estimated 2.9 million (2.5–3.5 million) AIDS-related deaths in 2006. Children under 15 years accounted for 380 000 (290 000–500 000) of these deaths
- Women comprise an increasing proportion of those living with HIV/AIDS worldwide, rising from 41% in 1997 to 45% in 2006.
- More than 95% of all HIV-infected people live in developing countries where the disease primarily affects young adults in their peak productive and reproductive years.
- The workforce of nations has been affected, weakening economies and depleting skilled workers.
- The education sector is threatened as AIDS claims the lives of thousands of teachers and schools are forced to close.
- Increasing demand for healthcare services is overwhelming the public health infrastructure in many developing countries.
- HIV/AIDS has affected life expectancy. By 2010, life expectancies in many highly affected countries could drop below 30 years, reversing steady gains over the last century.
- Most people with HIV in the developing world have limited access to treatment due to their high prices and to limited healthcare infrastructure.

*Information was obtained from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Hein Marais.

FACT SHEET: **HIV/AIDS IN AFRICA** *

- In 2006 Sub-Saharan Africa had approximately 11% of the world's population, but 63% of the world population living with HIV/AIDS.
- As of 2006, there were 24.7 million people living with HIV/AIDS in sub-Saharan Africa.
- There were 2.8 million new infections in 2006.
- Life expectancy has fallen in most southern African countries.
- Sub-Saharan Africa is home to approximately 90% of the world's HIV-infected children.
- In 2006, women account for 59% of the adults living with HIV/AIDS in sub-Saharan Africa — a greater percentage than in any other region.
- In some sub-Saharan African nations, up to a third of adults are estimated to be infected with HIV.
- By 2020, over 25% of the labour force in some sub-Saharan African countries may be lost to AIDS.
- In 2001, as many as 1 million children and young people in sub-Saharan Africa lost their teachers to AIDS.
- In some countries in Africa, healthcare systems have lost 25% of their personnel to the disease.
- South Africa has 5 million people (about one person in nine) living with HIV/AIDS — the largest number in the world.
- In sub-Saharan Africa, direct medical costs of AIDS are estimated at US\$30 per capita, while overall health budgets are less than \$10 per person.
- As a result of price reductions for some drugs, more than 10 countries in the region are now providing antiretroviral therapy to people living with HIV/AIDS.
- A study in Zambia found that in two thirds of families where the father died of AIDS, monthly disposable income fell by more than 80%.

*Information was obtained from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Hein Marais.

FACT SHEET: AIDS ORPHANS AND CHILDREN AFFECTED BY HIV/AIDS*

- AIDS has killed the mother or both parents of approximately 15 million children under the age of 18.
- The vast majority of these orphans — more than 12 million — are in sub-Saharan Africa.
- The disease orphaned some 2.3 million children in 2000 alone: one child every 14 seconds. Up to a third of those children were less than 5 years-old.
- Children orphaned by AIDS comprise the majority of orphans under the age of 15.
- Before the onset of AIDS, about 2% of all children in developing countries were orphans. By 1999, less than 2 decades into the pandemic, orphaned children in some African countries made up 10% of children.
- Despite advances in HIV treatment and access to antiretroviral drugs, the number of AIDS orphans is projected to exceed 25 million by the end of 2010.
- Typically, half of all those with HIV become infected before their 25th birthday. Many of them die from AIDS before they turn 35, leaving behind a generation of children to be raised by grandparents or siblings.
- Parents' illness and death causes extreme psychosocial distress — worsened by the pervasive stigma and shame attached to HIV/AIDS. With parents unable to work and savings spent on care, children are forced to take on the frightening adult responsibility of supporting themselves and in some cases, their younger siblings.
- The pressures of earning for and caring for parents and siblings can lead children to withdraw from school, even while their parents are living. The pressures to abandon schooling intensify when one or both parents die.
- Many children are struggling to survive on their own in child-headed households. Others have been forced to fend for themselves on the streets. Consequently, there is an increasing number of unprotected, poorly socialized and under-educated young people.
- Orphans and other affected children are more likely to be malnourished or to fall ill — and less likely to get the medical care they need. Poverty is the root cause, but neglect and discrimination by adults, in whose care they have been left, are also important factors.
- Impoverished and without parents to educate and protect them, orphans and affected children face every kind of abuse and risk, including HIV infection. Many are forced into exploitative and dangerous work — including exchanging sex for money, food, 'protection' or shelter.
- Although the orphan crisis is located mainly in Africa, countries in other regions (especially the Caribbean and Asia) are expected to experience large increases in the number of children orphaned by AIDS.

*Information was obtained from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Hein Marais.

FACT SHEET: **MOTHER-TO-CHILD TRANSMISSION OF HIV***

- Every year, more than 700,000 children under the age of 15 become HIV-positive via transmission from their parents, over 90% of them through mother-to-child transmission (MTCT).
- Without preventive interventions, approximately 35% of infants born to HIV-positive mothers contract the virus through mother-to-child transmission.
- Some 15-20% of infant infections occur in pregnancy, 50% occur during labour and delivery, while breastfeeding accounts for a further 33% of infant infections.
- Mother-to-child transmission in the developed world has been virtually eliminated thanks to effective voluntary counseling and testing, access to combination antiretroviral therapy or use of long-term regimen of MTCT prevention, safe delivery practices (including elective caesarean sections), and the widespread availability of breast milk substitutes.
- For mothers living with HIV/AIDS, especially in developing countries, the decision whether or not to breastfeed is a frightening dilemma. Infants not infected during pregnancy and childbirth, whose mothers are HIV positive, face a 10-15% chance of acquiring HIV through breastfeeding, depending on how long they are breastfed. The use of breast milk substitutes reduces this risk, but can expose infants to other dangerous health risks, including diarrhea. Many mothers in developing countries cannot afford breast milk substitutes and lack access to clean water, which is essential for their safe preparation and use.
- Pregnant women who are HIV-positive can halve the chances of passing HIV on to their babies by taking antiretroviral drugs. Treatment options include a one-month course of zidovudine (AZT) during the last weeks of pregnancy, or a single dose of nevirapine during delivery, followed by a single dose to the infant within 72 hours of birth. The single dose and follow-up can be administered for as little as \$10.
- Obstetrical procedures such as a Caesarean section may also reduce transmission but is often not feasible in many developing countries.
- The use of AZT is routine in most industrialized countries at a cost of \$1,000 per pregnancy.
- The use of AZT is prohibitive in many developing countries because of cost and logistics. The early start is a particular disadvantage since many pregnant women in developing countries do not seek or access prenatal care until the beginning of labour.
- MTCT cases in Eastern Europe and Southeast Asia appear to be increasing rapidly.

*Information was obtained from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Hein Marais.

FACT SHEET: HIV/AIDS AND YOUTH*

- Teens and young adults between the ages of 15 and 24 represent almost a third of the 39.5 million people living with HIV/AIDS.
- Of the 4.3 million people newly infected with HIV in 2006, nearly 60% were under the age of 25.
- There are almost 7,000 new HIV infections per day among 15-24 year-olds, or approximately one every 12-13 seconds.
- In countries where 15% or more of the all adults are estimated to be infected with HIV, it is projected that at least 35% of boys now aged 15 will die of AIDS.
- Approximately 77% of young people living with HIV/AIDS live in sub-Saharan Africa and approximately 15% live in the East/South Asia and Pacific region of the world.
- Awareness about HIV/AIDS is not universal amongst youth and many are still unaware of how to protect themselves or harbour misconceptions about HIV transmission.
- Most young people living with HIV do not know they are infected.
- Nearly half of all teenage girls in sub-Saharan Africa still do not know that healthy looking people can have HIV.
- In Haiti, nearly two thirds of sexually active young women aged 15-19 do not believe they are at risk of infection.
- In Mozambique, approximately 74% of young women and 62% of young men aged 15-19 cannot name a single method of protecting themselves against HIV/AIDS.
- Many sexually active young people at risk for HIV do not perceive themselves to be at risk, both in countries with very high and relatively low prevalence rates.
- The rate of new infections among girls is as much as 5 to 6 times higher than those of boys in some hard hit countries.
- Young women represent the majority of young people living with HIV/AIDS in sub-Saharan Africa and Asia.
- On average, women are infected at younger ages than men.
- Injecting drug use continues to be a risk factor for many young people, particularly in Eastern Europe, Central Asia and the Russian Federation.
- Prostitution, trafficking, child pornography and forced marriages all bring increased likelihood of HIV infection for young people.

*Information was obtained from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Hein Marais.

FACT SHEET: **CANADIANS AND HIV/AIDS***

- The first case of AIDS in Canada was reported in 1982.
- At the end of 2006, there were approximately 60,000 people living with HIV.
- The number of people diagnosed with AIDS between 1979 and 2006 was approximately 20,000.
- Approximately 200 children in Canada have AIDS, of which approximately 80% were through mother-to-child transmission
- There are approximately 4,200 new infections per year.
- Of new infections, approximately 47% were among men who have sex with men, 10% were among injecting drug users and 34% fell among heterosexual contact exposure category.
- In Canada, the proportion of new HIV cases attributed to women is increasing. In 2006, women made up 26 % of all HIV positive test reports where gender was identified compared to 22% in 1998 and just 9 % of positive tests in the years prior to 1995.
- There is a higher percentage of Aboriginal women with AIDS than in the non-Aboriginal population.
- Large metropolitan areas generally have a higher prevalence rates. For example: 5.1/10,000 for Vancouver versus 1.9/10,000 for the rest of British Columbia.
- The proportion of new HIV diagnoses has decreased among male adults who have sex with men, but has increased among those who inject drugs.
- It has been suggested that young gay men take greater sexual risks because they have not witnessed the ravages of AIDS to the same degree as the older generations, because they have not lost friends and lovers to this disease and because they believe that choosing a sexual partner as young as themselves provides protection against HIV infection.
- On 15 January 2002, HIV was added to the list of routine tests included in the medical examination that foreigners who plan on staying in Canada for 6 months or longer must undergo.

*Information was obtained from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Public Health Agency of Canada, and Hein Marais.

LESSON PLAN 8

All Grades

Photo Gallery

The Photo Gallery is provided as a supplement to the lessons. It is intended as a space to personalize the issue of HIV/AIDS by showing real people who are affected by the disease but have found strength to join the struggle to combat HIV/AIDS. The photo gallery can be incorporated in the following ways:

Sequencing — Students work with printed copies of the photos and captions and arrange them into a sequence telling a story.

5 W's — Each student chooses a photo and uses the 5 W's (who, what, when, where, why) to describe what they see.

Responsive Writing — Students choose a photo that intrigues them, and write a letter to a person in the photo, sharing their impressions of the photo and asking the person any questions they have regarding this person's experiences with HIV/AIDS.

Perspective Writing — Students choose a photo and write a descriptive piece from the perspective of a person in the photo.

Gallery Walk — The teacher posts printed copies of the photos around the classroom. Individually, students walk around the classroom with notepaper and choose one photo that corresponds with each of the 3 following feelings: intriguing, disturbing, and inspiring — writing down their thoughts as they go. Next, students choose a partner. Partners repeat the gallery walk, this time stopping to explain their chosen photos to each other. Returning to their seats, students write a short response about the activity, including one thing that they learned. Debrief as a whole class.

Note: *The teacher should consider when to share the photo captions with students, depending on when they fit logically with the selected activity(s).*

CAPTIONS



1. ZAMBIA

In the town of Kitwe, two adolescent boys — peer educators from the AIDS Information Centre, a UNICEF-supported NGO that operates throughout Zambia — perform an AIDS-awareness skit for customers at an outdoor bar where men often go to pick up women.

In Zambia, where one out of five people are HIV positive, local health educators say everyone is either affected or infected by HIV/AIDS. Virtually everyone has lost friends or relatives to AIDS. Some 360,000 children have lost at least one parent, most of them to AIDS. Many of the orphans exist at the mercy of friends or relatives. Life expectancy at birth in Zambia has dropped from 50 to 40 years since 1990, and child mortality rates are rising to levels not seen since the early 1970s, erasing a quarter-century of progress on children's health and welfare.

In the grip of this calamity and against sobering odds, some Zambians have chosen to live hopefully even as many struggle with their own poverty and difficult life circumstances. They brave a stigma by their association with AIDS and often are themselves discriminated against as they work to spare future generations from the ravages of this disease.

Credit: UNICEF/98-0916/Pirozzi

2. VIET NAM

The tiny hands of an HIV-positive baby grasps hold of a man participating a self-help group for HIV-positive adults in Ho Chi Minh City, Viet Nam.

UNICEF's cooperation programme with Viet Nam focuses on children and women in remote or otherwise marginalized communities who are hardest to reach, combining an integrated programme of health, nutrition, rural water and sanitation and education. Working with the Government, UNICEF promotes special protection and advocacy for children, particularly in the areas of street children, HIV/AIDS awareness, bilingual education for ethnic minorities and increased child participation. Programmes for women include support for income generation, literacy for rural women and the promotion of basic health and nutrition information.

Credit: UNICEF/99-0789/Lemoyne



3. ZAMBIA

In Zambia, an older man sits on a mat with his grandson in a suburb of the eastern town of Chipata. Orphaned by AIDS, the boy is now cared for by his grandfather. In populations where HIV/AIDS is epidemic, the “middle generation” of parents are dying, leaving behind the very young and the very old.

Zambia, like its neighbours in sub-Saharan Africa, is grappling to cope with the devastating impact of the HIV/AIDS pandemic. It is estimated that one in five adults in Zambia is HIV positive and that by 1997, there were already 360,000 children under the age of 15 who had lost their mother or both their parents to AIDS. The number of orphans is likely to increase as more parents fall ill and die.

A country already crippled by poverty and debt, Zambia is facing overwhelming challenges, as a generation of young people prepare to grow up without the love and support of their parents. Although the majority of orphans are still being absorbed by the extended family, the number of children living or working on the streets is estimated at more than 90,000 and growing.

UNICEF is working with the Zambian Government and non-governmental organizations to tackle the crisis. Efforts are under way to develop policies and strategies to increase the ability to cope with the disease. But preventing the further spread of HIV/AIDS and finding sustainable support for these children requires a dramatic increase in resources and political will from the international community.

Credit: UNICEF/98-0912/Giacomo Pirozzi

4. ROMANIA

In Romania, a girl receives her daily medication from a woman who assists the foster mother and father in Casa Lita, a family-style home for abandoned children who are HIV positive, near Bucharest, the capital. UNICEF supports projects that aim to fulfill every child's right to live in a family environment.

Romania continues to struggle with the effects of economic transition. Increasing poverty due to recession and sluggish economic growth have left children and families especially vulnerable. As of 1998, 23.4% of the population — and 37.6% of all children — live below the poverty line. In addition, some 100,000 Romanian children live in institutions. As part of its support to the Government's ongoing social reform efforts, particularly in the area of child protection, UNICEF is working to develop alternatives to institutional care for children. Other assistance includes training of pre-school teachers; promotion of breastfeeding; family education in early childhood care and development; and support to HIV/AIDS awareness programmes, particularly those targeting adolescents.

Credit: UNICEF/98-0868/Roger Lemoyne



5. THAILAND

A puppet show about the need for AIDS awareness, written, directed and performed by children, is presented to a class at the Pang Lao School in the northern Thai city of Chiang Rai.

By the end of 2001, 670,000 adults and children in Thailand were living with HIV/AIDS and 290,000 children under the age of 15 had been orphaned by AIDS. In that one year, there were an astonishing 55,000 deaths due to AIDS. The Thai government, together with UNICEF and NGOs, has created the HIV/AIDS education initiative, aimed at all 19 million children aged 6-19 years old. Conducting research on young people's attitudes, beliefs and behaviour — to develop appropriate educational and motivational approaches — the programme targets primary, secondary, vocational and non-formal educational groups, as well as promoting AIDS education in the workplace. UNICEF also supports community-based approaches to caring for people with AIDS.

Credit: UNICEF/990123/Giacomo Pirozzi

6. BOTSWANA

Two girls learn to count using numbered tablets, in a kindergarten class at the 'Shining Star' drop-in centre for orphaned children, in Francistown, Botswana. Behind them, a recently trained volunteer teacher, Tebogo Sekaneng, writes on a small chalkboard. Most of the children at the UNICEF-assisted centre have been orphaned by AIDS.

In 2001, despite a stable political tradition and widespread coverage of basic social services, Botswana had the fastest-growing HIV infection rate and the highest rates of HIV prevalence in the world. HIV/AIDS is now considered the single most critical challenge facing the country's 1.6 million inhabitants, half of whom are under 18 years of age. According to year 2000 statistics, while it is one of the wealthiest nations in Africa, more than 40% of Botswana's population lives below the poverty line. An alarming rise in infant and under-five mortality rates and a sharp drop in life expectancy in recent years have both been attributed to HIV/AIDS. One third to one half of pregnant women attending antenatal clinics are HIV positive, and the rate of mother-to-child transmission of HIV is estimated at 40%. More than 37,000 children under age five are HIV positive. HIV prevalence rates are highest among younger people, especially adolescents, with girls four times more at risk than boys and more likely to become infected at an earlier age. An estimated 65,000 children aged 6-12 years are orphans as a result of HIV/AIDS.

Credit: UNICEF/HQ01-0180/Giacomo Pirozzi



7. TANZANIA

A counsellor provides medicine for two girls, who are sitting with their grandmother, at a centre that offers assistance and counselling to children orphaned by AIDS and to people who are HIV positive, in Morogoro, Tanzania. The centre is run by a national NGO, the Faraja Trust. In addition to the two girls, the grandmother cares for three other grandchildren, all of whom were orphaned by AIDS.

In spite of significant gains in the previous two decades in the United Republic of Tanzania, a country of 32 million people, immunization rates for children under two years of age against the six vaccine-preventable childhood diseases declined to an average of 72 per cent by the year 2000. Malaria is the leading cause of child mortality and, combined with malnutrition, is a major cause of under-five morbidity. Added to this, some 50,000-70,000 HIV-infected children are born each year, 80 per cent of whom will likely not survive their second birthday. An estimated 800,000 children have been orphaned by AIDS, now the leading cause of adult deaths.

Given these challenges, Tanzania is one of many poorer countries that stand to benefit from the Global Alliance for Vaccines and Immunizations (GAVI). Launched on 31 January 2000, GAVI members-private businesses and foundations, United Nations agencies (UNICEF, WHO and the World Bank), governments and others-announced 'The Children's Challenge' to re-energize international commitments to immunize the world's children against common vaccine-preventable diseases and achieve a substantially increased investment in vaccine research and development for diseases such as malaria, HIV/AIDS and tuberculosis that are prevalent in poorer countries.

Credit: UNICEF/HQ00-0006/ Giacomo Pirozzi

8. MALAWI

Young volunteers at the Youth Friendly Services at the Youth Life Centre in Lilongwe, Malawi dance to a traditional Malawian dance whilst singing lyrics they created that have a strong AIDS prevention message. They will take the song and dance into communities and teach other young people how to protect themselves.

Malawi has a population of a 11.5 million people. By the end of 2001, there were 850,000 adults and children living with HIV/AIDS and during that year there were 80,000 deaths due to AIDS. More than 50% of the population is under the age of 15 and of this group there are currently 470,000 children who had been orphaned by AIDS and 65,000 who are living with HIV/AIDS.

Youthfriendly Services is a UNICEF-funded peer-to-peer AIDS project. Young people volunteer to take part, meeting to prepare songs, drama, and dances about HIV/AIDS and taking these creations out into the community to spread the message about HIV/AIDS and how to prevent it.

Credit: UNICEFUK/02/Epstein

PHOTOS



1. ZAMBIA



2. VIET NAM





3. ZAMBIA



4. ROMANIA





5. THAILAND



6. BOTSWANA





7. TANZANIA



8. MALAWI



LESSON PLAN 9

Grade 8

A Case Study: Rebecca's Story

Estimated Time

30 to 45 minutes

Lesson Overview

The students examine a case study of what one community is doing to stop the spread of the disease.

Materials

- Handout: *Rebecca's Story* – photocopy one per student.
- Internet access (or teacher access and copies of *Convention on Rights of the Child* for student)

Nova Scotia Curriculum Connections

Grade 8 Health Education:

B5.2 Students will be expected to identify and practice strategies for preventing HIV/AIDS

Grade 8 Social Studies

Students will be expected to demonstrate an understanding of the rights and responsibilities of citizenship (local, national, and global)

Procedure

- Ask the class if they are aware of the *Convention on the Rights of the Child* and whether they know what their rights are. As a class introduce: Article 13 of the *Convention on the Rights of the Child (CRC)* states, "The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice."
- Hand out a copy of *Rebecca's Story* to each student. Have students read it to themselves or read out loud with the class.
- Discuss and elicit parallels to Article 13. How does this article relate to the lessons the Malawian children received about negotiating with their peers and asserting themselves? How does it relate to educating about HIV/AIDS in general?
- Divide the class into groups of four. Students brainstorm what other articles of the CRC are being met by the HIV/AIDS education program in Malawi. How are they being met? Note: Access the full *Convention* text – go to: www.unicef.org/crc/index.html
- The groups identify which articles of the CRC are being addressed by HIV/AIDS education programmes in their school or community.
- Divide the chalkboard in half. Ask students to act as secretary and to write down the articles that the groups have identified under the two programmes.
- Compare the lists from the Malawi programme and the local programme. Are the same articles addressed? Why might the lists be different?
- Discuss with the class any children's rights that ought to be addressed by their local HIV/AIDS education programme. How could the program be changed to address these rights? Share the ideas of the class with the person who runs the programme.
- Discuss what the class could do to educate others about HIV/AIDS.
- Act on at least one of the ideas.

Rebecca's Story

Fighting HIV/AIDS in the Classroom

"Avoid sex," says 12-year-old Rebecca Abraham. "Avoid boys," adds her friend. "Don't share razor blades or needles," shouts a boy at the back.

It's 10 a.m. as the class teacher, Martha Chadzamakono, asks an excited group of 10- to 12-year-olds at the Domasi Demonstration Primary School in Zomba, Malawi, "How do you avoid HIV/AIDS?" Mrs. Chadzamakono is clearly pleased with the responses. Rebecca has another answer.

"Avoid bars and bottle stores," the young girl replies. There is no need to explain, it seems, as her classmates nod in agreement. They all know the possible consequences of hanging out in places where the use of alcohol is likely to lead to life-threatening sexual behaviour.

In twice-weekly classes like this, Malawians as young as eight years old are learning to make decisions, solve problems, negotiate with their peers and assert themselves. Ms. Chadzamakono's simple question is designed to help these youngsters reduce their vulnerability to HIV/AIDS.

In Africa, a continent devastated by HIV/AIDS, Malawi is one of the countries worst affected. Every day, an average of 267 people in the country are infected with HIV and 139 people die from AIDS related diseases. More than 300,000 people are estimated to have died of AIDS-related illnesses since the first case in Malawi was reported in 1985. Today, around 9 per cent of the 10.6 million population is believed to be infected with HIV.

Malawi's Ministry of Education, Sports and Culture and the Malawi Institute of Education, with UNICEF support, have developed a life skills curriculum that is being tested in 24 primary schools. The plan is to expand this life skills programme to all schools in Malawi.

HIV prevalence in Malawi is lowest in the 10- to 14-year age group. The hope is that in attending classes like Mrs. Chadzamakono's students will learn how to protect themselves from contracting HIV and therefore keep the infection rates low. "Their parents are happy to know that their children are being taught the truth about HIV/AIDS," said Ms. Chadzamakono.

Rebecca and her friends are learning about more than how to avoid HIV/AIDS; they are learning about gender relations and about their abilities to take control of their lives.

As Rebecca walks home from the local water-well with a 20-litre bucketful of water, she does her best to avoid eye contact with a group of local boys.

"I always go for young girls because they won't have HIV," says 18-year-old Davie. Davie's current girlfriend is only 12 and he says that they have sex about once a week. "I never use a condom because I trust my girlfriend," he explains matter-of-factly. "And if I trust her, then she should trust me."

Thanks to her life skills classes, Rebecca is clearer about the situation. "I'm not scared about getting AIDS because we are taught about HIV at school," she says. It is Rebecca's self-confidence as much as any knowledge about HIV that offers hope for Malawi's future.

LESSON PLAN 10

Grades 8, 9, 11 & 12

Culminating Activity 1: The Power of Peer Education

Estimated Time

One week (depending on the teacher and time available, actual time could look like a one-hour class to prepare, another class to practice and one class to deliver material to another class).

Lesson Overview

Students act as peer educators, using the information they have learned throughout this unit to guide them in teaching their peers about HIV/AIDS issues and promoting empathy for those who are living with HIV.

Materials

- Handout: *Tears For Peers Versus Infection And Stigma* – photocopy one per student.
- Handout: *HIV/AIDS Activity Worksheet* – photocopy one per student.

Nova Scotia Curriculum Connections

Grade 8 Health Education Curriculum
Grade 9 Social Studies Curriculum
Grade 11 Career and Life Management (CALM)
Grade 11 Biology
Grade 12 Global Geography

Note to Educator:

Governments and NGOs working to stop the spread of AIDS recognize the importance of working with young people and promoting their participation. One effective way for young people to participate in HIV prevention and care efforts is through *peer education*. HIV/AIDS peer education has proven to be extremely successful across highly infected regions in the world for the very fact that peer educators can meet young people on their own territory, speak the same language and gain young people's trust. In other words, peer education is a dialogue between equals.

Before beginning this activity, arrange with another teacher for your students to deliver their HIV/AIDS awareness activities to that teacher's class. It is important for the students to know what learning has already taken place in that class as the teacher may have used other lesson plans from this resource. [There are specific curriculum outcomes that could tailor the peer education to answer to specific criteria. For example, the students could present to a Career and Life Management (CALM) 11 class and tailor their activity to the following outcome: "Students will be expected to demonstrate strategies for dealing with personal and community health issues" or "Students will be expected to demonstrate knowledge of relationship rights and responsibilities in a variety of contexts."]

They are being infected at the greatest rate. They shoulder the greatest burden of care. They are the key to prevention, yet we continue to marginalize them, not recognizing their strengths and not building on their potential. They are young people.

Procedure

- To open the discussion of peer education, invite the students to share with the class any peer education experiences they have had either as a leader or participant. Discuss: How did it feel to learn/teach in such an environment? Do you find that learning from someone your own age made it easier to discuss certain topics?
- Give each student a copy of *Tears For Peers Versus Infection And Stigma*, and give them time to read it.

- As a class, discuss the power of peer education and the reasons for its success in relation to HIV/AIDS.
- Hand out the HIV/AIDS activity worksheet and divide the students into groups of four.
- Using the activity worksheet, each group develops a half-hour peer workshop activity on one issue surrounding HIV/AIDS. The students should draw on their notes and resources from previous lessons on HIV/AIDS. The groups may test their workshops with other groups in the class to ensure function and timing before offering the workshops in another class.
- In the following week the students deliver their education workshops to their peers in another class(es).
- After the workshops, ensure each group hands out their evaluation forms to the participants.
- Ask each student to hand in a one-page journal reflection on their peer education experience — What was successful? What were the challenges?

TEARS FOR PEERS VERSUS INFECTION AND STIGMA – ETHIOPIA



Photo: UNICEF/Ethiopia/Getachew

17 year-old Yetarik, on the right, acts with her colleague from the Tabor Wegagen Anti-AIDS Association, teaching their peers about HIV/AIDS and how to prevent it.

The tears streaming down Yetarik Millione's face are real. Seated on a wooden chair, she is the main protagonist around whom a four-member cast has developed a drama — a fictional play on the very real situations that they have each witnessed in the wake of the HIV/AIDS epidemic in Ethiopia.

Yetarik plays an HIV-positive woman who has lost both her husband and child to the epidemic. Following her eviction from the home where she got married and gave birth (due to the social stigma and discrimination surrounding persons living with HIV and women's lack of inheritance rights), she rents a small room. Yetarik is crying because the landlady, having just learnt of her character's HIV status from another tenant, has demanded that she vacate her room and find housing elsewhere.

"You know that this is a large apartment building — many people live here — families live here, children play around here. We all share the same toilet facility and kitchen. You are not fit to live with us in your condition. My home is not a rubbish dump! I want you to pack up your bags, pay the rent that you owe and leave immediately!"

Yetarik's sobbing is so vivid that people in the audience, caught up in the emotional turmoil, begin to sniff and wipe their eyes. What is remarkable is that this is just a rehearsal — a practice run for a play that the Tabor Wegagen Anti-AIDS Association will perform for the annual celebration of World AIDS Day.

"I don't have to search very far to locate the pain from where these tears flow," the 17-year-old, eighth-grader declares. "I joined this association after two close relatives, then two of my very good friends, died from this disease. I witnessed their drawn-out pain. I became a member of this association to fight HIV/AIDS because I care, because something has to be done to stop the suffering and dying."

The Tabor Wegagen Anti-AIDS Association, supported by UNICEF, was established six years ago by a group of concerned youth who came together to seek ways to teach and edify their peers about the disease that is increasingly taking a devastating toll throughout the country. Today, the association has 20 permanent members.

"It is a great association," states Yetarik. "Promoting behavioural change started with ourselves. All 20 of us decided to have ourselves tested to confirm our own status and to be an example for other youth to follow. We are grateful that all our results came back negative. The activities that we engage in through the association allow those who do not comprehend the basic facts about this epidemic to reach a firm understanding. This comprehension then empowers people to take measures to protect themselves."

Yetarik has been a member of the association for more than four years now, and over this period she has witnessed some change in the public's perception and attitude toward the epidemic. "HIV/AIDS has come knocking on everyone's door. Four years ago people would insult us when we went out to teach. Today, especially the older generation, the adults, are quiet and listen to what we have to say. With adolescents, however, it is still difficult. Young people continue to insult us — they accuse us of having AIDS and blame us for its spread. Every time I am confronted with this attitude, I know that we have to work even harder — we have to keep going so that we can get to the youth in order to prevent suffering and save lives.

"Our goal is to not only equip young people with the knowledge and skills that are needed to survive this epidemic, but also to foster a more tolerant and caring community that does not simply abandon unfortunate victims, like my character in the drama, out of ignorance and unwarranted fear. We want a society that finds the heart and compassion to take care of them and ease their suffering as much as possible.

The association has developed a series of activities designed to reach youth and the community at large. Yetarik and four other members have undergone an extensive Training-of-Trainers conducted by a local UNICEF-supported NGO working on HIV/AIDS prevention. These five trainers have gone on to teach the other members of their association to become peer educators. Each peer educator is responsible for gathering a group of 5-10 adolescents. The groups meet twice a week for two months to talk and learn about HIV/AIDS. Football matches and circus performances are created and used as an opportunity to spread awareness and teach youth about the epidemic. For the athletes and performers, the activities are an alternative to life on the streets.

Yetarik's character ends her performance by declaring her commitment to teach about the epidemic that destroyed her family and is threatening her own life. Her landlady is convinced by an activist friend of Yetarik's that neither she nor her tenants can contract the virus from her. As the imaginary curtain falls, the former adversaries are hugging. The Tabor Wegagen Anti-AIDS association has shown the way to fight stigma and discrimination.

HIV/AIDS ACTIVITY WORKSHEET

Group Name: _____

Workshop Topic: _____

The activity should take 30 minutes. Make sure that you leave enough time to answer any questions the participants may have. You will be given an extra 5 minutes at the end for the participants to fill in your evaluation form.

What information do you want the participants to learn?

How will they acquire this information? (Fill in the following chart to outline your activity.)

Directions	Time	Purpose	Materials Needed	Who's Responsibility?
Example: Seat participants in a circle and explain the exercise.	3 minutes	To familiarize the participants with the activity.	None	Cecilia
Step 1:				
Step 2:				
Step 3:				
Step 4:				
Step 5:				

Create an evaluation sheet with 2 or 3 questions to receive feedback from the participants on the success of the activity.

Question 1:

Question 2:

Question 3:

Make sure that:

- Everyone knows what he/she is responsible for doing before and during the day of the presentation.
- You run through the activity at least once to check for timing and to familiarize yourselves with what you will need to do and to explain. You may want to pair up with another group for a practice run and act as each other's participants.
- You make enough photocopies of your evaluation sheet and all necessary materials before the day of the presentation.

LESSON PLAN 11

Grades 7, 8, 9, 11 & 12

Designing Media Campaigns

Estimated Time

???

Lesson Overview:

This activity can be used as a culminating activity: students discuss the elements of an effective media campaign, and in small groups design their own HIV/AIDS awareness campaign materials tailored to youth.

Materials

- Handout: *Creating Effective Campaign Messages* – photocopy one per student.
- DVD provided (you can also order other media (videos or DVDs) free of charge from your regional UNICEF office: ddeveaux@unicef.ca for more information.
- Handout: *Peer Evaluation sheet* – photocopy one per student.
- TV and DVD player or VCR.

Nova Scotia Curriculum Outcomes

Grade 8 Health Education
Grade 9 Social Studies
Grades 7-9 Technology Education
Grade 11 Career and Life Management (CALM)
Grade 11 Biology
Grade 12 Global Geography

Preparation

Ask each student to bring to class a poster, print ad or taped commercial from a public awareness campaign in Canada (e.g. anti-smoking, breast cancer, drinking and driving, etc.).

Write an HIV/AIDS related quote on board. For example: “Prevention is the key to reducing infection rates and ultimately defeating AIDS. Interventions must be relevant to local conditions. And they must be tailored to the differences between males or females, young people living in rural or urban areas, youth in school or out of school, younger or older adolescents, and young people married or unmarried.”

— Young People and HIV/AIDS,
UNICEF Report, 2002

Procedure

- As a class, discuss the examples students brought and other public awareness campaigns that are directed at youth:
 - Who is the target audience?
 - How are the messages constructed for that audience?
 - How are these messages delivered?
 - What makes the campaign effective/ineffective?
- Explain that public awareness media campaigns have been used to prevent the spread of HIV/AIDS, with the aims of:
 - Providing critical information for prevention and the protection of young people’s personal health.
 - Overcoming prejudiced attitudes surrounding HIV/AIDS as information is brought out into the open.
- Campaigns to date have consisted of television shows, live performances at sporting events, billboard posters, stickers, banners, etc. Usually a catchy slogan is used in each campaign targeted to youth.

TOOLS FOR THE EDUCATOR

TOOLKIT PART 1

Teaching-Learning Activities

Copyright-free for educational use with credit to UNICEF Canada.

Introduction

HIV/AIDS has drastically changed the world in which all children live. It is a crisis of pandemic proportions and a violation of human rights with children and youth at its epicenter.

Consider the following regional and global estimates:

- Over 40 million people are living with HIV/AIDS (more than the entire population of Canada), of which:
 - 2.7 million are children under 15.
 - More than one-quarter (11.8 million) are young people aged 15-24.
 - Half of all new infections are among young people aged 15-24, which translates into 7000 new infections daily, or 5 new infections per minute.
- There are over 13 million children orphaned by AIDS and this number is expected to double by 2010.
- There are 55,000 people in Canada living with HIV infection (including those who have AIDS) and approximately 4,200 new infections each year.

In April of 2007, UNAIDS also released the following estimates for children under 15 living with HIV:

Sub-Saharan Africa	2 million
South and South-East Asia	170,000
East Asia	6,400
Oceania (Australia, Fiji, New Zealand, Papua, New Guinea)	3,000
Latin America	32,000
Caribbean	22,000
North Africa and the Middle East	31,000
Eastern Europe and Central Asia	6,900
Western and Central Europe	4,000
North America	11,000

HIV/AIDS is unraveling years of progress in human development. Africa is the hardest-hit region of the world. Life expectancy in some areas of sub-Saharan Africa has been cut by an average of 18-23 years. As well, the region is home to 95 per cent of children orphaned by the disease. However, HIV/AIDS is spreading rapidly in other parts of the world. Eastern Europe and Central Asia have the fastest growing HIV/AIDS epidemics. North America is experiencing rising rates, as people perceive that treatment has reduced mortality. Young people under 30 are engaging in unprotected sex in greater numbers believing that they will never be affected by HIV/AIDS. In Canada, the infection rate steadily dropped until the mid-1990s, but has begun to climb again since 1997.

As a result of HIV/AIDS many fundamental human rights are being systematically denied to millions of children around the world, threatening decades of human progress, and affecting everyone in the global community. The rights laid out in the Convention on the Rights of the Child must be enforced if the spread of AIDS among children and adolescents is to be stemmed. Children affected by HIV/AIDS are denied their rights to health, to non-discrimination, to life, survival and development and to access information and material aimed at the promotion of their social, spiritual and moral well-being and physical and mental health. HIV/AIDS also imperils children's rights to special protection and assistance by the State, to social security and to the right to be protected from economic and sexual exploitation, from illicit use of narcotic drugs and from abduction and trafficking.

UNICEF's mandate is to advocate and act for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. The HIV/AIDS pandemic presents a clear and present danger to children's rights, and to the rights of African children in particular. UNICEF's response is to keep children free of HIV at every stage in their lives – from birth to adolescence and beyond. UNICEF's four strategic priorities ('Four Ps') are:

- Prevention of mother-to-child transmission (PMTCT)
- Paediatric care and treatment
- Primary prevention (focus on the 10 million young people aged 15 to 24 infected with HIV)
- Protection for orphans and children made especially vulnerable by HIV/AIDS

(for more information on UNICEF's response, see <http://www.unicef.org/aids>)

Why Teach About HIV/AIDS?

Most school boards and ministries of education in Canada affirm the importance of teaching and learning about HIV/AIDS in the curriculum. The topic can be introduced as a personal health issue in health and science classes, and as a critical aspect of social studies and citizenship education. According to the UN Convention on the Rights of the Child, every child has a right to information, knowledge and skills in order to protect themselves against HIV/AIDS. UNICEF, UNAIDS, UNESCO and WHO have all recognized the need to involve and engage youth in the global fight against HIV/AIDS. In solidarity with youth who experience this epidemic first-hand, students have a right to know and a responsibility to take action. Teachers can engage students in understanding the issues, vocalizing their concerns and

sharing appropriate information with peers. Issues raised in discussions about HIV/AIDS are often controversial but this controversy allows students to practice their skills in active listening and conflict resolution. A guide to Handling Controversial Issues has been included in this activity file to guide teachers in setting up a classroom environment that allows for sharing and respectful discussion.

In addition to addressing provincial curriculum expectations, the lessons are intended to help students develop attitudes, skills and knowledge to act as responsible global citizens by:

- examining how HIV/AIDS is a human rights issue that negatively impacts children's survival, protection and development, and global human progress
- exploring global citizenship concepts of children's rights, interdependence, images and perceptions, social justice, and change and the future
- fostering a sense of connection between Canadian students and young people living in other parts of the world

Using These Activities

This activity file is designed for junior and high school students. It is presented as a collection of activities that may be used collectively or in parts. The activities incorporate a variety of disciplines ranging from mathematics to drama; however, the unit most closely corresponds with Health, Personal Development and Social Studies programs. Each lesson has been designed to meet provincial expectations in these areas. However, teachers are advised to consult and adhere to any related school or board policies on teaching and learning about HIV/AIDS.

The activities begin with a focus on personal health and HIV/AIDS awareness/prevention, and progress towards a global examination of the HIV/AIDS crisis. The lessons emphasize the experiences of children and youth, the causes and effects of the AIDS epidemic, and opportunities for young Canadians to participate in solutions. Classroom-ready resources accompany each lesson. A number of useful Web links and on-line documents are provided for additional information and research, as well as a glossary of HIV/AIDS-related terms. Many of the activities include variations or extensions to take students' learning further, and the Photo Gallery may be used at various points throughout the unit.

HANDLING CONTROVERSIAL ISSUES

Controversy is inevitable when dealing with global and personal health issues. Controversy in the classroom can be looked upon as a problem to be avoided or as an opportunity for communication, insight, and change. The guidelines below suggest ways in which discussion of controversial issues can be made less threatening and more educational.

An effective approach to dealing with controversial issues is to use an inductive, student-centred process with the teacher acting as facilitator. When using the following guidelines, dealing with controversial issues such as HIV/AIDS is a way to practice interpersonal conflict resolution skills and rights-respecting attitudes cultivated through the activities in this unit:

Create a safe classroom environment. Students need to feel that it is acceptable to examine complex problems for which there are no easy solutions, and that everyone's perspective will be respected.

Correct misinformation in an age-appropriate way and find out what students need to know to more fully understand the issue. Help them to research, write or talk to a person involved in the issue, invite speakers to the class, conduct surveys, or hold debates.

Be prepared to support students for whom controversial issues may raise strong feelings. Allow them to express their emotions in an appropriate way. Reassure them that many adults care about and are working on these issues, even if they do not always agree on solutions.

Decide whether it is appropriate to state a personal position. The teacher's primary focus should be on helping students develop their own response to the issue, not finding 'right' or 'wrong' answers. This may involve looking at many points of view, including those that differ from the teacher's. If a teacher decides it is appropriate to express a personal position, she should make it clear to the students that it is an opinion, not a fact or an absolute truth.

The raising of controversial issues in the classroom may prompt criticism that a particular set of values is being promoted. It can be helpful to remember that all education has to do with the transmission of certain values and can never be an entirely neutral, value-free process. Education that aims to encourage attitudes of global citizenship must deal explicitly with questions of values.

Focus on problem-solving. Once students have explored a range of options on an issue, help them determine if there is something constructive they can do about the problem in their own locality. This will encourage a sense of personal empowerment rather than discouragement or despair.

A Framework For Teaching Controversial Issues

Each of the following steps is based on an inquiry that gives students a number of ways to critically examine an issue and a sound basis for developing opinions:

- What is the issue?
 - *Identify whether the controversy is about values, information, or concepts.*
- What are the arguments?
 - *Identify the arguments that support the various positions on the issues and whether there is adequate support for the claims being made.*
- What is assumed?
 - *Identify whether the assumptions behind the argument are contrary to universally held values such as those set out in the UN Declaration of Human Rights and the Convention on the Rights of the Child, and scrutinize who is making the assumptions.*
- How are the arguments manipulated?
 - *Identify the interests of those involved and their reasons for taking a particular position and the strategies employed to manipulate their arguments.*

Guidelines based on an article by Pat Clarke, "Teaching Controversial Issues," in *Green Teacher*, Issue 31.

Adapted From: Fountain, Susan. *Education for Peace and Conflict Resolution, A Training and Curriculum Support Manual*, Education for Development, UNICEF, 1997.

GLOSSARY OF TERMS

The following glossary was derived from UNAIDS' Terminology Guidelines (2007). To view the full guide, please go to <http://www.unaids.org/DocOrder/OrderForm.aspx>, scroll down to document number CP149 and click to view in the language of your choice

The first section is a summary of preferred terminology and the pages that follow provide background for commonly used terms and abbreviations.

Please note: This list may be freely copied and reproduced provided that it is not done so for commercial gain.

Summary of preferred terminology

DO NOT USE THIS	USE THIS
HIV/AIDS	Use HIV unless specifically referring to AIDS. Examples include people living with HIV, the HIV epidemic, HIV prevalence, HIV prevention, HIV testing, HIV-related disease; AIDS diagnosis, children made vulnerable by AIDS, children orphaned by AIDS, the AIDS response. Both HIV epidemic and AIDS epidemic are acceptable.
AIDS virus	There is no "AIDS virus". The virus associated with AIDS is called the Human Immunodeficiency Virus, or HIV. Please note: the phrase HIV virus is redundant. Use HIV.
AIDS-infected	Avoid the term infected. Use person living with HIV or HIV-positive person. No one can be infected with AIDS, because it is not an infectious agent. AIDS is a surveillance definition meaning a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection from primary infection to death.
AIDS test	There is no test for AIDS. Use HIV or HIV antibody test.
AIDS sufferer or victim	The word "victim" is disempowering. Use person living with HIV. Use the term AIDS only when referring to a person with a clinical AIDS diagnosis.
AIDS patient	Use the term patient only when referring to a clinical setting. Preferred: patient with HIV-related illness.
Risk of AIDS	Use risk of HIV infection; risk of exposure to HIV.
High(er) risk groups; vulnerable groups	Key populations at higher risk (both key to the epidemic's dynamics and key to the response)

DO NOT USE THIS	USE THIS
Commercial sex work	Sex work or commercial sex or the sale of sexual services
Prostitute	Use only in respect to juvenile prostitution; otherwise use sex worker.
Intravenous drug user	Use injecting drug user. Drugs may be injected subcutaneously, intramuscularly or intravenously.
Sharing (needles, syringes)	Use non-sterile injecting equipment if referring to risk of HIV exposure; use contaminated injecting equipment if the equipment is known to contain HIV or if HIV transmission has occurred.
Fight against AIDS	Response to AIDS
Evidence-based	Evidence-informed
HIV prevalence Rates	Use HIV prevalence. The word 'rates' connotes the passage of time and should not be used here.
Acronyms and Abbreviations	Please spell out all terms in full. For example PMTCT should be prevention of mother-to-child transmission, etc.

Background for commonly used terms and abbreviations²

ABC

Prevention strategies: abstain from penetrative sexual intercourse (also used to indicate delay of sexual debut); be faithful (reduce the number of partners or have sexual relations with only one partner); condomize (use condoms consistently and correctly).

AIDS CARRIER

This term often is used to mean any person living with HIV. However, it is stigmatizing and offensive to many people living with the virus. It is also incorrect, since the agent being carried is HIV not AIDS.

AIDS or HIV-RELATED ILLNESSES

AIDS is what people die of; HIV is what they are infected with. The expression AIDS-related illness can be used if the person has an AIDS diagnosis.

AIDS VIRUS

Since AIDS is a syndrome, it is incorrect to refer to the virus as the 'AIDS virus'. HIV (the human immunodeficiency virus) is what ultimately causes AIDS (acquired immunodeficiency syndrome). In referring to the virus, write the full expression or use HIV; avoid the term HIV virus.

ART

Spell out in full, i.e. antiretroviral therapy or antiretroviral treatment.

CLIENT-INITIATED TESTING

Alternative term for voluntary counselling and testing (VCT). All HIV testing must be carried out under conditions of the 'three Cs': counselling, confidentiality and informed consent.

CONTAMINATED and NON-STERILE

Drug injecting equipment was 'contaminated' if it caused infection, that is, the equipment contained virus; 'unclean', 'dirty' or non-sterile if it carried the risk of HIV exposure: that is, it may or may not have carried the virus.

CRIS

Country Response Information System. Developed by UNAIDS, CRIS provides partners in the global response to HIV with a user-friendly system consisting of an indicator database, a programmatic database, a research inventory database and other important information. The indicator database provides countries with a tool for reporting on national follow-up to the United Nations General Assembly Special Session on HIV/AIDS (June 2001) Declaration of Commitment on HIV/AIDS. The country-level CRIS will be complemented by a Global Response Information Database (GRID), which will support strategic analysis, knowledge-based policy formulation and subsequent programming. At country and global levels a Research Inventory Database (RID) is also being developed.

DESCRIBING AIDS

AIDS is often referred to as a 'deadly, incurable disease', but this creates a lot of fear and only serves to increase stigma and discrimination. It has also been referred to as a 'manageable, chronic illness, much like hypertension or diabetes', but this may lead people to believe that it is not as serious as they thought. It is preferable to use the following description: AIDS, the acquired immunodeficiency syndrome, is a fatal disease caused by HIV, the human immunodeficiency virus. HIV destroys the body's ability to fight off infection and disease, which can ultimately lead to death. Currently, antiretroviral drugs slow down replication of the virus and can greatly enhance quality of life, but they do not eliminate HIV infection.

EPIDEMIC

In epidemiology, an epidemic is a disease that appears as new cases in a given human population (e.g. everyone in a given geographic area; a university, or similar population unit; or everyone of a certain age or sex, such as the children or women of a region) during a given period, at a rate that greatly exceeds what is 'expected' based on recent experience. Defining an epidemic is subjective, depending in part on what is 'expected'. An epidemic may be restricted to one locale (an outbreak), more general (an epidemic) or global (a pandemic). Common diseases that occur at a constant but relatively high rate in the population are said to be 'endemic'. Widely-known examples of epidemics include the plague of mediaeval Europe known as the Black Death, the Influenza Pandemic of 1918-1919, and the current HIV epidemic which is increasingly described as pandemic.

FEMINIZATION

Referring to the pandemic, feminization is now often used by UNAIDS and others to indicate the increasing impact that the HIV epidemic has on women. It is often linked to the idea that

the number of women infected has equalled, or surpassed, the figure for men. To avoid confusion, do not use 'feminization' in its primary sense in English, 'becoming more feminine'.

GAY MEN

Write 'men who have sex with men' unless individuals or groups specifically self-identify as gay. The broader community of men and women and transsexuals should be described as lesbian, gay, bisexual and transgendered—the abbreviation LGBT is often used of groups, but UNAIDS' general preference is to spell out all terms in full.

GENDER and SEX

The term 'sex' refers to biologically determined differences, whereas the term 'gender' refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments. Since many languages do not have the word gender, translators may have to consider other alternatives to distinguish between these concepts.

GLOSSARIES

The internet is a rich source of information about HIV. The following links to glossaries may be useful and are, in our view, usually clear and accurate in the information they provide (but note we cannot verify the accuracy of information on these sites and accept no responsibility for the information provided there).

<http://www.sfaf.org/glossary>

http://www.aidsinfo.nih.gov/ed_resources/glossary

<http://www.aegis.com/ni/topics/glossary>

<http://www.gmhc.org/health/glossary2.html>

HIGH-RISK GROUPS/POPULATIONS WITH HIGHER-RISK OF EXPOSURE TO HIV

These terms should be used with caution as they can increase stigma and discrimination. They may also lull people who don't identify with such groups into a false sense of security. 'High-risk group' also implies that the risk is contained within the group whereas, in fact, all social groups are interrelated.

It is often more accurate to refer directly to 'higher risk of HIV exposure', 'sex without a condom', 'unprotected sex', or 'using non-sterile injection equipment' rather than to generalize by saying 'high-risk group'. Membership of groups does not place individuals at risk, behaviours may. In the case of married and cohabiting people, particularly women, it may be the risk behaviour of the sexual partner that places them in a 'situation of risk'. There is a strong link between various kinds of mobility and heightened risk of HIV exposure, depending on the reason for mobility and the extent to which people are removed from their social context and norms.

HIV-RELATED DISEASE

Symptoms of HIV-infection may occur both at the beginning of HIV infection and after immune compromise sets in, leading to AIDS. During the initial infection with HIV, when the virus comes into contact with the mucosal surface, it finds susceptible target cells and moves to lymphoid tissue where massive production of the virus ensues. This leads to a burst of high-level viraemia (virus in the bloodstream) with wide dissemination of the virus. Some people may have flu-like symptoms at this stage but these are generally referred to as symptoms of

primary infection rather than HIV-related disease. The resulting immune response to suppress the virus is only partially successful and some virus escapes and may remain undetectable for months to years. Eventually high viral turnover leads to destruction of the immune system, sometimes referred to as advanced HIV infection. HIV disease is, therefore, characterized by a gradual deterioration of immune function. During the course of infection, crucial immune cells, called CD4+ T cells, are disabled and killed, and their numbers progressively decline.

HIV-INFECTED

As distinct from HIV-positive (which can sometimes be a false positive test result, especially in infants of up to 18 months of age), the term HIV-infected is usually used to indicate that evidence of HIV has been found via a blood or tissue test.

HIV-NEGATIVE

Showing no evidence of infection with HIV (e.g. absence of antibodies against HIV) in a blood or tissue test. Synonymous with seronegative. An HIV-negative person can be infected if he or she is in the window period between HIV exposure and detection of antibodies.

HIV-POSITIVE

Showing indications of infection with HIV (e.g. presence of antibodies against HIV) on a test of blood or tissue. Synonymous with seropositive. Test may occasionally show false positive results.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The virus that weakens the immune system, ultimately leading to AIDS. Since HIV means 'human immunodeficiency virus', it is redundant to refer to the HIV virus.

HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 (HIV-1)

The retrovirus isolated and recognized as the etiologic (i.e., causing or contributing to the cause of a disease) agent of AIDS. HIV-1 is classified as a lentivirus in a subgroup of retroviruses. Most viruses and all bacteria, plants, and animals have genetic codes made up of DNA, which uses RNA to build specific proteins. The genetic material of a retrovirus such as HIV is the RNA itself. HIV inserts its own RNA into the host cell's DNA, preventing the host cell from carrying out its natural functions and turning it into an HIV factory.

HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 (HIV-2)

A virus closely related to HIV-1 that has also been found to cause AIDS. It was first isolated in West Africa. Although HIV-1 and HIV-2 are similar in their viral structure, modes of transmission, and resulting opportunistic infections, they have differed in their geographical patterns of infection and in their propensity to progress to illness and death. Compared to HIV-1, HIV-2 is found primarily in West Africa and has a slower, less severe clinical course.

INJECTING DRUG USERS (IDUs)

This term is preferable to drug addicts or drug abusers, which are seen as derogatory and which often result in alienation rather than creating the trust and respect required when dealing with those who inject drugs. UNAIDS does not use the term 'intravenous drug users' because subcutaneous and intramuscular routes may be involved. It is preferable to spell out in full and not use the abbreviation.

MILLENNIUM DEVELOPMENT GOALS (MDGs)

Eight goals developed at the Millennium Summit in September 2000. Goal six refers specifically to AIDS but attainment of several goals is being hampered by the HIV epidemic.

<http://www.un.org/millenniumgoals/>

MSM

Abbreviation for 'men who have sex with men' or 'males who have sex with males'. This term is useful as it includes not only men who self identify as 'gay' or homosexual and have sex only with other men but also bisexual men, and heterosexual men who may, nonetheless at times have sex with other men.

<http://www.unaids.org/publications/documents/specific/men/mentue2000.pdf>

MTCT

Abbreviation for 'mother-to-child transmission' (pMTCT is the abbreviation for 'prevention of mother-to-child transmission'). Some countries prefer the term 'parent-to-child transmission' to avoid stigmatising pregnant women and to encourage male involvement in HIV prevention.

<http://www.unaids.org/publications/documents/mtct/index.html>

OPPORTUNISTIC INFECTIONS

Illnesses caused by various organisms, some of which usually do not cause disease in persons with healthy immune systems. Persons living with advanced HIV infection may suffer opportunistic infections of the lungs, brain, eyes and other organs. Opportunistic illnesses common in persons diagnosed with AIDS include *Pneumocystis carinii* pneumonia, cryptosporidiosis, histoplasmosis, other parasitic, viral and fungal infections; and some types of cancers.

ORPHANS

In the context of AIDS, it is preferable to say 'children orphaned by AIDS' or 'orphans and other children made vulnerable by AIDS'. Referring to these children as 'AIDS orphans' not only stigmatizes them, but also labels them as HIV-positive, which they may not necessarily be. Identifying a human being by his/her medical condition alone also shows a lack of respect for the individual. Contrary to traditional usage UNAIDS uses 'orphan' to describe a child that has lost either one or both parents.

PANDEMIC

A disease prevalent throughout an entire country, continent, or the whole world. Preferred usage is to write 'pandemic' when referring to global disease and to use 'epidemic' when referring to country or regional level. For simplicity, UNAIDS often uses 'epidemic', see EPIDEMIC.

PATHOGEN

An agent causing disease.

PEOPLE LIVING WITH HIV

Avoid the expression 'people living with HIV and AIDS' and the abbreviation PLWHA. With reference to those living with HIV, it is preferable to avoid certain terms: AIDS patient should only be used in a medical context (most of the time, a person with AIDS is not in the role of patient);

the term AIDS victim or AIDS sufferer implies that the individual in question is powerless, with no control over his or her life. It is preferable to use 'people living with HIV' (PLHIV), since this reflects the fact that an infected person may continue to live well and productively for many years.

Referring to people living with HIV as innocent victims (which is often used to describe HIV-positive children or people who have acquired HIV medically) wrongly implies that people infected in other ways are somehow deserving of punishment. It is preferable to use 'people living with HIV', or 'children with HIV'.

<http://www.unaids.org/publications/documents/persons/index.html>

PREVALENCE

Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults, aged 15–49 years. We do not say prevalence rates because a time period of observation is not involved. 'Prevalence' is sufficient, e.g. 'the Caribbean region, with estimated adult HIV prevalence of 2.3% in 2003, is an area to focus on in the future'. HIV prevalence can also refer to the number of people living with HIV as in 'by December 2006 an estimated 39.5 million people were living with HIV worldwide'.

PROSTITUTION

Use this term in respect to juvenile prostitution. Otherwise for people of older ages use 'commercial sex' or 'the sale of sexual services'.

PTCT

Parent-to-child transmission. A term preferred in some countries (see MTCT).

RISK

Avoid using the expressions 'groups at risk' or 'risk groups'. People with behaviours which may place them at higher risk of exposure to HIV do not necessarily identify themselves with any particular group. Risk refers to risk of exposure to HIV which may be high as a result of specific behaviours or situations. Examples of the latter include risk in discordant couples unaware of their serostatus and recipients of unscreened blood or blood products.

Behaviours, not memberships, place individuals in situations in which they may be exposed to HIV. Some populations may be at increased risk of exposure to HIV.

SAFE SEX

Use by preference the term safer sex because safe sex may imply complete safety. Sex is 100% safe from HIV transmission when both partners know their HIV-negative serostatus and neither partner is in the window period between HIV exposure and appearance of HIV antibodies detectable by the HIV test. In other circumstances, reduction in the numbers of sexual partners and correct and consistent use of male or female condoms can reduce the risk of HIV transmission. The term safer sex more accurately reflects the idea that choices can be made and behaviours adopted to reduce or minimise risk.

SEXUALLY TRANSMITTED INFECTION (STI)

Also called venereal disease (VD) (an older public health term) or sexually transmitted diseases (STDs), a term that does not convey the concept of asymptomatic sexually transmitted infections.

Sexually transmitted infections are spread by the transfer of organisms from person to person during sexual contact. In addition to the 'traditional' STIs (syphilis and gonorrhoea), the spectrum of STIs now includes HIV, which causes AIDS; Chlamydia trachomatis; human papilloma virus (HPV) which can cause cervical or anal cancer; genital herpes; chancroid; genital mycoplasmas; hepatitis B; trichomoniasis; enteric infections; and ectoparasitic diseases (i.e., diseases caused by organisms that live on the outside of the host's body). The complexity and scope of sexually transmitted infections have increased dramatically since the 1980s; more than 20 organisms and syndromes are now recognized as belonging in this category.

SEX WORKER

The term 'sex worker' is intended to be non-judgmental, focusing on the conditions under which sexual services are sold. Alternate formulations are: 'women/men/people who sell sex'. Clients of sex workers may then also be called 'men/women/people who buy sex'. The term 'commercial sex worker' is no longer used, primarily because it is considered to be saying something twice over in different words (i.e. a tautology).

STIGMA and DISCRIMINATION

As the traditional meaning of stigma is a mark or sign of disgrace or discredit, the correct term would be stigmatization and discrimination; however, 'stigma and discrimination' has been accepted in everyday speech and writing, and may be treated as plural.

TESTING

HIV testing is pivotal to both prevention and treatment interventions. The '3Cs' continue to be underpinning principles for the conduct of all HIV testing of individuals; testing must be: confidential; accompanied by counselling; only be conducted with informed consent, meaning that it is both informed and voluntary. A full policy statement is available.

<http://www.unaids.org/en/Policies/Testing/default.asp>

UN Reference Group on HIV Prevention and Care among IDU in Developing and Transitional Countries

www.idurefgroup.org

UNAIDS Reference Group on HIV and Human Rights

www.unaids.org/en/in+focus/hiv_aids_human_rights/reference+group.asp

UNAIDS Reference Group on Estimates, Modelling and Projections

www.epidem.org

UNAIDS Reference Group on Prevention

www.unaids.org

UNDP

The United Nations Development Programme, one of UNAIDS' ten Cosponsors

<http://www.undp.org/>

UNESCO

The United Nations Educational, Scientific and Cultural Organization, one of UNAIDS' ten Cosponsors

<http://www.unesco.org/>

UNFPA

The United Nations Population Fund, one of UNAIDS' ten Cosponsors

<http://www.unfpa.org/>

UNHCR

The Office of the United Nations High Commissioner for Refugees, one of UNAIDS' ten cosponsors

<http://www.unhcr.org>

UNICEF

The United Nations Children's Fund, one of UNAIDS' ten Cosponsors

<http://www.unicef.org/>

UNODC

The United Nations Office on Drugs and Crime, one of UNAIDS' ten Cosponsors

<http://www.unodc.org/odccp/index.html>

UNIVERSAL ACCESS

Commonly used is the phrase working towards achieving the goal of universal access (not capitalized) to HIV prevention, treatment, care and support. This initiative is outlined in the 2006 Political Declaration on HIV/AIDS.

http://data.unaids.org/pub/Report/2006/20060615_HLM_Political-Declaration_ARES60262_en.pdf

UNIVERSAL PRECAUTIONS

Standard infection control practices to be used universally in healthcare settings to minimize the risk of exposure to pathogens, e.g. the use of gloves, barrier clothing, masks and goggles (when anticipating splatter) to prevent exposure to tissue, blood and body fluids.

VCT

Abbreviation for 'voluntary counselling and testing'. Also known as 'client-initiated testing' in opposition to 'provider-initiated testing'. All testing should be conducted in an environment which adheres to and implements the 'Three Cs': confidentiality, informed consent, and counselling.

<http://www.unaids.org/publications/documents/health/counselling/index.html>

VERTICAL TRANSMISSION

Sometimes used to indicate transmission of a pathogen such as HIV from mother to foetus or baby during pregnancy or birth but may be used to refer to the genetic transmission of traits.

HIV Transmission: A Model for Assessing Risk

Evolution of the Model

The model of risk presented here has evolved from the earliest examples of safer sex advice. As discussed earlier, the notion of risk is qualitative; therefore, we do not have a completely objective and quantifiable way to express degrees of likelihood of HIV transmission. However, bearing these limitations in mind, the levels of risk of various activities are organized into four categories, based on the potential for transmission of HIV and the documented evidence that transmission has actually occurred. These categories of HIV transmission are no risk, negligible risk, low risk and high risk.

If these categories or levels were represented graphically on a continuous line, negligible and low risk would be much closer to the “no risk” end of the continuum. There is no “middle” level of risk. The graphic representation of the risk model appearing in this edition of the guidelines uses a curve to reflect the continuum along which risk levels occur. It is anticipated that future editions of the guidelines will continue to evolve as we learn more about HIV transmission and its social consequences. This model is not intended as a guide to risk levels for STIs other than HIV.

Conditions for HIV Transmission

It is well established within the field of HIV epidemiology that certain conditions must exist for HIV transmission to occur.

1. There must be a source of infection.

Relying on the identification of a person as a source of infection is not useful in developing prevention messages, since it is nearly impossible to tell if a person is infected by looking at them. It is more appropriate to consider the source of infection as the presence of HIV in certain body fluids, such as blood, semen, vaginal fluid or breast milk.

2. There must be a means of transmission.

The following routes of HIV transmission are well-established:

- specific types of sexual activity (sexual transmission)
- sharing used, uncleaned needles or syringes, and other situations that involve piercing of the skin (subcutaneous and per cutaneous transmission)
- mother-to-child transmission, in the uterus, during childbirth (vertical transmission) or through breast feeding.
- receiving transfusions of infected blood or blood products, transplanted organs, or donated sperm (In Canada all donated blood, organs and semen are now screened for HIV antibodies).

3. There must be a host susceptible to infection.

The virus is harmless until it finds a host or, more accurately, susceptible cells within the host's body. Every human being is considered to be a host susceptible to infection.

4. There must be an appropriate route of entry to the target cells of the body.

Infected blood, semen, vaginal fluid or breast milk must reach the HIV-susceptible cells in the blood, usually through a break in the skin, absorption through mucosal membranes (mucosa) or through some disruption to the mucosa. Mucosa are the moist surfaces of the body which line most of the body cavities and hollow internal organs such as the vagina, rectum, mouth, urethra, nose and eyelids.

5. There must be a sufficient level of virus delivered to establish infection.

Because of a higher concentration or quantity of virus, some body fluids are efficient media for transmitting HIV, while others are not. Semen, vaginal fluid, blood and breast milk are of most concern in HIV transmission. Although HIV has also been isolated in urine, saliva and tears, it is highly unlikely that it will be present in sufficient concentrations for transmission to occur (even if all other four conditions were fulfilled). Research has shown that an enzyme in saliva inhibits HIV. HIV does also not thrive in exposed environments outside the body or inside the body where there are high concentrations of acid, such as in the stomach (hydrochloric acid) or the bladder (uric acid).

HIV has been isolated in pre-ejaculatory fluid (pre-cum). Though the concentration of HIV in pre-cum is likely to be low, it cannot be discounted as a potential source of transmission. Viral load (the amount of HIV present in different body fluids and tissues) can also be a factor in transmission of HIV. The higher the viral load, the higher the risk of transmission through the exchange of these fluids.

Factors Used to Determine the Level of Risk

Potential for Transmission

In assessing potential for transmission, we consider whether or not the 5 conditions for transmission explained above are met. Because it is impossible to prove that an infection will never happen, it is important to consider the potential for transmission and weigh it against evidence of what is known to have actually occurred. For the purposes of our model we consider an activity to carry no risk only when there is no potential for transmission to occur.

Evidence of Transmission

In creating these guidelines, a review of research was carried out to examine the documented evidence of HIV transmission through specific practices. Case reports, abstracts and research reports were considered, with the greatest weight on reports from cohort studies using multivariate analysis techniques (studying a specific group of individuals over time and analysing the interaction of a number of variables). For the purpose of this model, greater emphasis is placed on what is known or proven to happen, than on what may happen in theory.

To assess the risk of HIV transmission, the potential for transmission and the evidence that transmission has occurred are both considered. Activities are then placed into one of four categories.

Categories for Assessing HIV Risk

(from Canadian AIDS Society)

1. NO RISK	
To our knowledge, none of the practices in this category have ever been demonstrated to lead to HIV infection. There is no potential for transmission since all of the basic conditions for viral transmission are not present.	
<i>Potential for transmission:</i>	None
<i>Evidence of transmission:</i>	None
<i>Examples:</i> Kissing (no blood); non-insertive masturbation; receiving unshared sex toys; contact with feces or urine (unbroken skin); injecting with unshared needles; using drugs with new pipe or straw; sadomasochistic activities (with universal precautions); tattooing, piercing, electrolysis and acupuncture with sterilized and new equipment; manicures or pedicures.	
2. NEGLIGIBLE RISK	
All of the practices assigned to this risk level present a potential for HIV transmission because they involve an exchange of body fluids, such as semen (including pre-cum), vaginal fluid, blood or breast milk. However, the amounts, conditions and media of exchange are such that the efficiency of HIV transmission appears to be greatly diminished. There are no confirmed reports of infection from these activities.	
<i>Potential for transmission:</i>	Yes
<i>Evidence of transmission:</i>	None
<i>Examples:</i> Receiving fellatio or cunnilingus; performing fellatio or cunnilingus with barrier; anilingus; fingering; fisting; using shared sex toys with a condom; using disinfected sex toys; sadomasochistic activities; contact with feces or urine (on broken skin); vulva-to-vulva rubbing; docking; taking breast milk into the mouth; using drugs with shared pipe or straw; tattooing, piercing, electrolysis and acupuncture with shared equipment; fighting; sharing toothbrushes and razors.	
3. LOW RISK	
All of the practices assigned this risk level present a potential for HIV transmission because they involve an exchange of body fluids such as semen (including pre-cum), vaginal fluid, blood or breast milk. There are also a few reports of infection attributed to these activities (usually through individual case studies or anecdotal reports, and usually under certain identifiable conditions).	
<i>Potential for transmission:</i>	Yes
<i>Evidence of transmission:</i>	Yes (under certain conditions)
<i>Examples:</i> Kissing (with exchange of blood); performing fellatio or cunnilingus without barrier; intercourse (penile-anal or penile-vaginal) with barrier; injecting with cleaned needles; tattooing with non-professional equipment; taking blood in the mouth; occupational exposure.	

4. HIGH RISK

All of the practices assigned this risk level present a potential for HIV transmission because they involve an exchange of body fluids, such as semen (including precum), vaginal fluid, blood or breast milk. In addition, a significant number of scientific studies have repeatedly associated the activities with HIV infection. Even when the exact mechanism of transmission is not completely clear, the results of such studies conclude that activities in this category are high risk.

Potential for transmission: Yes

Evidence of transmission: Yes

Examples: Penile-anal or penile-vaginal intercourse without condom; receiving shared sex toys; injecting with shared needles.

Web Links

This following list of links below was updated by Dina Desveaux, Education for Development Manager with UNICEF, Atlantic Region. The views expressed in non-UNICEF sites are those of the authors and do not necessarily reflect the policies or views of UNICEF.

Red Ribbon Display

“Make Way for the Living” – a 5 minute presentation on the Red Ribbon Display.
<http://video.google.ca/videoplay?docid=7093238088394021182>

Key Information on HIV/AIDS

UNAIDS – joint United Nations and UNICEF program on HIV/AIDS – AIDS epidemic updates, human rights, global fund to fight AIDS, and information on UN Special Session on HIV/AIDS.

<http://www.unaids.org/>

Facts for Life – information on HIV/AIDS.

<http://www.unicef.org/fff/11/>

The Progress of Nations 2000 – commentaries, statistics, profiles, opinion polls, and an interactive quiz.

<http://www.unicef.org/pon00/contents.htm>

AIDSchannel.org – updated information about HIV/AIDS with excellent links to other Web sites.

<http://www.aidschannel.org>

AIDS Economics – information from the World Bank.

<http://www.worldbank.org/aids-econ/>

AIDS Education Global Information System – daily updates on HIV/AIDS information.

<http://www.aegis.com>

Canadian HIV/AIDS Legal Network – information on HIV/AIDS education, and laws surrounding HIV/AIDS.

<http://www.aidslaw.ca/>

Canadian International Development Agency – information on HIV/AIDS as a global issue.

<http://www.acdi-cida.gc.ca/CIDAWEB/acdicida.nsf/En/JUD-111810358-LAH>

Health Canada – information on HIV/AIDS in Canada.

http://www.hc-sc.gc.ca/dc-ma/aids-sida/index_e.html

Interagency Coalition on AIDS Development (ICAD) – Canadian connection to world AIDS issues, publications, youth links.

<http://www.icad-cisd.com/>

International Council of AIDS Services Organizations - a global network of non-Governmental and community-based organizations – reports of activities, AIDS documents and statements, information on AIDS conferences, and information about vaccines.

<http://www.icaso.org/>

Kaiser Network: Health Policy as it Happens – daily HIV/AIDS reports.

<http://www.kaisernetwork.org>

The Body: An AIDS and HIV Information Resource – a plethora of information surrounding HIV/AIDS including: treatments, policy and activism, and a question and answer forum.
<http://www.thebody.org/>

World Health Organization – information for teachers on STIs, resource list.
http://www.wpro.who.int/sites/hsi/universal_access/

United Nations – details of the Millennium Development Goals
www.un.org/millenniumgoals

Sites for and about youth

Voices of Youth – UNICEF's gender and HIV/AIDS discussion forum for youth.
http://www.unicef.org/voy/explore/aids/explore_aids.php

Advocates for Youth – youth rights, youth hotlines, youth/peer education, pamphlets, and informative topics and issues.
<http://www.advocatesforyouth.org/>

Focus On Young Adults – monthly update, young adult health, publications, guides and tools, and links.
<http://www.pathfind.org/focus.htm>

Staying Alive – multi-tiered campaign to promote awareness about and prevention of HIV/AIDS in the international youth community.
http://www.staying-alive.org/en/resources/resources_home

WhatUDo – a source of information on HIV/AIDS for youth.
<http://whatudo.org/>

YouthAIDS - Through theatre, media, music, fashion and sport YouthAIDS promotes decreased sexual activity, protected safer sex and abstinence.
<http://www.youthaids.org/>

Global Youth Coalition on hiv/aids
<http://www.youthaidscoalition.org/>

Resources/Ideas on Advocacy and Campaigning

World AIDS Day – information on World AIDS Day (1st December annually) and issues surrounding AIDS.
<http://www.worldaidsday.org>

Unite for Children Campaign – resources for youth
<http://www.unicef.ca/portal/SmartDefault.aspx?at=1692>
(or call Cheri Cole at UNICEF, Atlantic Region 902-422-6000; toll free 1-877-786-4233)

Soul City – a multi-media health project in South Africa – focus is on television, radio, print, campaigns, adult education, and life skills.
<http://www.soulcity.org.za>

Africa Alive – includes educational, skill-building activities
<http://www.africaalive.org>

Signs of Hope – Steps for Change – Downloadable HIV/AIDS-related resource includes a CD-Rom and posters.
http://www.e-alliance.ch/ns_cdrom.jsp

On-line Documents

UNICEF Reports on HIV/AIDS: These reports are sources of information, personal stories, maps, photos and solutions for student research. However, teachers are advised to consult their official curriculum guidelines and adhere to any related school or board policies on teaching and learning about HIV/AIDS.

The views expressed in non-UNICEF sites are those of the authors and do not necessarily reflect the policies or views of UNICEF.

UNAIDS. HIV Data and Epidemic update. 2006
http://www.unaids.org/en/HIV_data/

UNAIDS. UNAIDS'S Terminology Guidelines. 2007
http://www.unaids.org/pub/Manual/2007/20070328_unaids_terminology_guide_en.pdf

UNICEF. The State of the World's Children 2007.
<http://www.unicef.org/publications/index.html>

UNICEF. Enhanced Protection for Children Affected by AIDS
http://www.unicef.org/publications/index_39192.html

Public Health Agency of Canada. HIV-AIDS: Reports and Publications.
<http://www.phac-aspc.gc.ca/aids-sida/publication/index.html#surveillance>

Supplementary Teaching Resource

To inquire about supplementary teaching resources from UNICEF Canada, please contact Dina Desveaux, Manager, Education for Development at ddesveaux@unicef.ca

You may also go to UNICEF's shop for educational resources:

<https://www.shopunicef.ca/cmo/Portal/Portal.aspx?CD=8C75B9066E97&MN=C9B21F651BD5>
(check out "Asmina's Story" under the magazine section and "Our Stories/Our Songs" or "The Heaven Shop" under the book section (both come with teaching guides).

Feedback

Please Share with Us

Everything we have shared in *Tying it All Together* is due to years of research both by us and supporting organizations, also by visiting schools and classrooms, and interacting with educators. We would like to take this last opportunity to thank all the educators for their contributions to bring each child the opportunity to grow and learn in a safe place.

Please continue sharing with us your ideas, your techniques, your ideas for improvement and your strategies.

Send to:

Dina Desveaux
Manager, Education for Development
UNICEF Canada, Atlantic Region
11 Thornhill Drive, Suite 103
Dartmouth, NS B3B 1R9

Toll free: 1-877-786-4233

E-mail: ddesveaux@unicef.ca

Thank you for sharing and enhancing our profession.