

Teacher's Guide

Children: The Missing Face of AIDS DVD

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Teacher Resource Guide

Children: The Missing Face of AIDS

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Teacher Resource Guide

Children: The Missing Face of AIDS

"Education is the most powerful weapon which you can use to change the world."
Nelson Mandela

Description

This resource guide has been developed to provide teachers with an introductory package of classroom-ready resources related to UNICEF Canada's documentary production *Children: The Missing Face of AIDS*. HIV is an extremely significant health, development and social concern around the world. Its prevention is a priority identified in the United Nations Millennium Development Goals (MDGs). Children are among the most vulnerable to the disease and they are being threatened as never before. AIDS is not just a human health concern in developing countries – it is an issue that challenges global human welfare, economic advancement and productivity. This resource guide will help teachers inform their students about the health, economic and social dimensions of HIV and AIDS and point to positive, responsive action.

Possible Curriculum Links

In Ontario schools, discussion of HIV and AIDS is usually introduced in grade seven or eight healthy living classes where students learn about the transmission and symptoms of sexually transmitted diseases. The film *Children: The Missing Face of AIDS* does not deal explicitly with the biology of the infection, but rather, talks about the many social impacts that HIV and AIDS have on communities and, specifically on children. It also discusses the ways in which children's rights have been affected by the epidemic. To that end, the curriculum connections in this package can be extended to include many other subject areas. While not all areas of interest /curriculum expectations will be directly addressed by the film itself, the issues presented may serve as launching points for further discussion related to specific expectations or may provide true-to-life examples for a specific expectation.

Some suggested (not an exhaustive list) curriculum links are provided below:

| Grade/Subject | Expectations |
|--|--|
| Grade 7 – Healthy Living | <ul style="list-style-type: none"> Identify the methods of transmission and the symptoms of sexually transmitted diseases (STDs) and ways to prevent them; |
| Grade 8 – Healthy Living | <ul style="list-style-type: none"> Identify symptoms, methods of transmission, prevention, and high-risk behaviours related to common STDs like HIV/AIDS; |
| Grade 8 – Geography | <ul style="list-style-type: none"> Identify and explain the factors affecting population distribution; |
| Individual and Family Living HIF10 HIF 20 | <ul style="list-style-type: none"> Analyze the impact of gender roles within families; Compare various personal, societal, and cultural beliefs about individuals and the functions of families; Compare family forms, relationship patterns, child-rearing patterns, and division of labour in several cultures, and historical periods using information sources. |

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| Living and Working with Children HPW3C | <ul style="list-style-type: none"> Propose solutions to problems that are detrimental to the healthy development of children; Explain the influence of war, famine, overcrowding, poverty, child labour, and malnutrition on the lives of children. Demonstrate an understanding of the universal rights of children (e.g., the right to food, shelter, safety, a peaceful existence); Demonstrate an understanding of circumstances that lead to patterns of violence towards children |
| Managing Personal and Family Resources H1R3C | <ul style="list-style-type: none"> Identify resources that influence the wealth or poverty of communities and nations (e.g., natural resources, agricultural yield, education); Explain the impact that the availability of these resources has on family life. |
| Living Spaces and Shelter HLS3O | <ul style="list-style-type: none"> Describe the consequences of unsolved housing problems (e.g., poor plumbing, inadequate heating and insulation). |
| Parenting HPC3O | <ul style="list-style-type: none"> Demonstrate an understanding of the universal belief in the importance of play in the lives of children based in part on observations and interactions in practical settings; Compare and contrast cultural expectations for male and female children; |
| Introduction Anthropology Psychology, and Sociology HSP3M | <ul style="list-style-type: none"> Analyse the psychological and sociological impact of changes in education on individuals, groups, and communities; Demonstrate an understanding of discrimination and exclusion in social relationships, from the perspectives of anthropology, psychology, and sociology; |
| Issues in Human Growth and Development HHG4M | <ul style="list-style-type: none"> Demonstrate an understanding of the effects that various economic, political, and social factors (e.g., poor nutrition, low birth weight, illiteracy, technological change) can have on human development; Identify and evaluate ways to prevent these factors from negatively affecting human growth and development; Demonstrate an understanding of the long-term benefits of early child development and parenting programs on the economic health and well-being of a nation; |
| Food and Nutrition Sciences HFA4M | <ul style="list-style-type: none"> Identify the social conditions that contribute to the incidence of illness and disease (e.g., improper nutrition, the pressure of daily living, stress); Describe the effects of various economic factors on food production and supply (e.g., standards of living, poverty, personal and family incomes, employment and unemployment); Investigate the extent of hunger in the world today and present the results of their investigation; |
| Challenge and Change in | <ul style="list-style-type: none"> Discuss cultural, psychological, and sociological barriers to accessing health care; |

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| Society HSB4M | <ul style="list-style-type: none"> Assess the role of stereotyping as a barrier to full participation in society; |
| Individuals and Families in a Diverse Society HHS4M | <ul style="list-style-type: none"> Summarize the impact of economic and political instability (including war) and migration on child development and socialization |
| Canadian and World Issues: Canadian and Geographic Analysis CGW4U | <ul style="list-style-type: none"> Analyse problems of hunger and poverty in selected countries and explain how certain practices may aggravate the problem; Explain the relevance to their own lives of the work on poverty, disease, and the environment done by governmental and non-governmental organizations; |
| World Geography: Human Patterns and Interaction CGU4U | <ul style="list-style-type: none"> Analyse the effects of international aid on developing countries; |
| World History Since 1900: Global and Regional Perspectives CHT3O | <ul style="list-style-type: none"> Describe factors that have interfered with individual and group rights since the beginning of the twentieth century; Describe changes that have occurred since the beginning of the twentieth century in the structure of the family and the role of the individual within the family; |
| World History: The West and the World CHY4U | <ul style="list-style-type: none"> Describe the methods and impact of individuals, groups, and international organizations that have facilitated the advancement of human rights and/or social justice; Assess the factors that have hindered the advancement of human rights; Describe how family structures and the gender roles within them have changed or why they have remained stable in various societies throughout the world; |
| Science SNC3E | <ul style="list-style-type: none"> Identify the causes, effects, and treatments of common diseases associated with the immune system (e.g., AIDS); Gather, integrate, and interpret information from print and electronic sources on a related health topic, and report the findings; Describe how bacteria, protists, viruses and fungi cause diseases in humans and how they are useful; |
| Science SNC4M | <ul style="list-style-type: none"> Describe the modes of transmission of diseases, including those that are insect-borne, airborne, water-borne, sexually transmitted, and food borne; |
| Biology SBI3C | <ul style="list-style-type: none"> Evaluate the impact of viral, bacterial, and fungal infections on the health of host organisms, and on humans in particular; |

Resource Overview

The activities in this package are intended to support the short film, *Children: The Missing Face of AIDS*, but can be easily modified for use without the film. Activities in this resource include those related to:

- basic human rights (including children's rights);
- the common misconceptions about HIV and AIDS;
- a day in the life of a child-headed household in Rwanda; and
- a call to action to encourage the active participation and response of students

Summary of Film - *Children: The Missing Face of AIDS*

The film profiles a day in the life of a young Rwandan girl, Nyirsabimana, who has been orphaned by AIDS and is now caring for her five younger siblings alone. She shares her perspectives about HIV and AIDS, about stigma in the community, about working for food for her siblings and about the help that she receives from a UNICEF-sponsored community programme. The film is appropriate for students aged 12 years and older, runs approximately 18 minutes and is available in both English and French.

Lesson 1 – Human Rights and Misconceptions about HIV and AIDS

Established Learning Goals

- To foster a basic understanding of human rights (focusing on children's rights under the United Nations Convention on the Rights of the Child) and to develop a sense of differentiation between rights, wants, and needs
- To encourage students to examine and challenge their preconceptions about HIV and AIDS and stereotypes about those affected by either.

Assessment Evidence

- Students will be able to identify basic human rights.
- Students will be able to challenge their previously-held misconceptions about HIV and AIDS using relevant and appropriate statistics and references.
- Students will gain an understanding of the impact that stereotypes have on their understanding of the world.

Teacher Background Information

10 Basic Facts About HIV and AIDS (www.unicef.org)

1. **AIDS (acquired immune deficiency syndrome) is caused by HIV (human immunodeficiency virus).** The virus damages the body's immune system and causes people infected with the virus to become weaker as their bodies lose the ability to fight off other illnesses. There is no cure for HIV.
2. **The onset of AIDS can take up to ten years from the time a person contract HIV.** A person living with HIV may look and feel healthy for many years, but he or

she can still transmit the virus to someone else. New medicines can help a person stay healthier for longer periods of time, but the person is still HIV positive and is thus able to transmit the virus.

3. **HIV is transmitted through the exchange of any HIV-infected bodily fluids.** Transfer may occur during all stages of HIV and AIDS. HIV is found in the following fluids: blood, semen (and pre-ejaculated fluid), vaginal secretions and breast milk.
4. **HIV is most frequently transmitted through sex.** This is because fluids mix and the virus can be exchanged, especially where there are tears in vaginal or anal tissue, wounds or other sexually-transmitted infections (STIs). Girls are especially vulnerable to HIV because their vaginal membranes are thinner and more susceptible to infection than those of mature women.
5. **People who have STIs are at greater risk of HIV infection and of transmitting the virus to others.** People with STIs should seek prompt treatment, avoid sexual intercourse, practice safer sex (sex using a condom) and inform their partners.
6. **The risk of sexual transmission of HIV can be reduced** if people do not have sex, if uninfected partners have sex only with each other or if people have safer sex by using a condom. The only way to prevent the sexual transmission of HIV is by abstaining from all sexual contact.
7. **HIV can also be transmitted when the skin is cut or pierced by non-sterile injecting equipment, a syringe, razorblade, knife or any other tool. Injection drug users and their sexual partners are at higher risk of HIV infection.** Moreover, drug use alters people's judgment and can lead to risky sexual behaviour, such as not using condoms.
8. Anyone who suspects that he or she might have been infected with HIV should **contact a health worker** or an HIV centre in order to receive confidential counseling and testing. It is your right. (Article 24 of the Convention on the Rights of the Child). If seeking testing, ask the health provider about the relevant privacy and confidentiality legislation that applies in your province.
9. **HIV is not transmitted by everyday contact.** HIV is not transmitted by: hugging, shaking hands or other casual, everyday contact; using swimming pools or toilet seats; sharing bed linens, eating utensils or food; mosquito and other insect bites; coughing, or sneezing.
10. Discriminating against people living with HIV or anyone thought to be at risk of infection **violates individual human rights and endangers public health.** Everyone living with HIV or who has been affected by AIDS deserves compassion and support. (Article 2 of the Convention on the Rights of the Child).

Quick Facts and Statistics about HIV and AIDS

(A full global summary of the epidemic can be found in Appendix 1. For the full report see: http://www.unaids.org/en/HIV_data/epi2006/default.asp).

- There are an estimated 39.5 million people living with HIV globally.
- In 2006, there were approximately 4.6 million new HIV infections around the world and 2.9 million deaths (380 000 of which were children under the age of 15).
- Every day, there are approximately 1,450 new HIV infections in children under the age of 15, mostly from mother-to-child transmission.
- Every day, more than 6,000 young people aged 15 to 25 contract HIV.
- Children under the age of 15 account for 1 in 7 global AIDS-related deaths and 1 in 8 new global HIV infections.
- A child under the age of 15 dies of HIV-related illness every minute of every single day.
- When families and communities are compromised by HIV and AIDS, it is children who are the most affected.
- Approximately 15 million children have been orphaned by AIDS in sub-Saharan Africa alone.
- There is still much stigma surrounding HIV and AIDS around the world. Family members are ostracized, children are denied access to schooling and many people have been killed or assaulted as a result of being HIV-positive. For fear of being treated this way, many people choose not to find out their HIV status, making accessing timely treatment difficult and increasing the difficulty of accessing accurate estimates of global HIV and AIDS prevalence.
- HIV and AIDS impact all areas of development:
 - school systems and the supply of teachers are disrupted
 - sick and dying adults may leave farms and livestock unattended, causing a deepening of poverty and food insecurity
 - community support networks fall apart when many adults in the community are living with HIV
 - sick and dying adults cannot work so children are often pulled out of school to care for families and to assist with income-production
 - children are forced to head households and care for younger siblings in many parts of the world
 -

UNICEF's *Unite for Children, Unite Against AIDS* campaign works to ease the burden of HIV and AIDS on children and to raise the profile of children on the agenda. This campaign provides a child-focused framework for making a real difference in the lives of children living with HIV and affected by AIDS through the '4 Ps':

- preventing Mother-to-Child transmission of HIV
- providing paediatric treatments for children living with HIV
- preventing HIV infection among young people
- protecting and supporting children affected by AIDS

For more information about this campaign and tools for action, please visit:

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

Planning Notes

- Order and preview a copy of UNICEF Canada's film, *Children: The Missing Face of AIDS*. The DVD can be ordered from:
<https://www.shopunicef.ca/cmo/Portal/Portal.aspx?CD=94D14C1182CD&MN=C9B21F651BD5>
- Copy and cut Rights Cards from (Black Line Master) **BLM 1 – Rights Cards** for Activity 1 (one set per group of four students)
- Prepare and mount signs for Activity 2 – Corners
- Prepare student copies of:
 - **BLM 3 – Student Reflection: The Ticket Out**
 - **BLM 4 _ Student Assignment: A Week in My Life**
 - **Appendix 2 – The UN Convention on the Rights of the Child**

Lesson Overview

- Teaching/Learning Strategies
 - Activity 1 – Journey to a New Planet (teaching about human rights)
 - Activity 2 – Corners: Stereotypes and Preconceptions about HIV and AIDS
 - Activity 3 – Student Reflection: The Ticket Out
 - Activity 4 – Student Assignment: A Week in My Life

Lesson 1 Teaching/Learning Strategies

1. **Activity 1: Journey to a New Planet** (teaching about human rights) (
 - i. Divide students into groups of four.
 - ii. Distribute one set of Rights Cards from BLM 1 to each group of students.
 - iii. Tell students that they have been chosen to represent Earth on a new planet. They will be setting up a new society on the new planet with their group of four (they are the only people on the new planet). Mission control (i.e. the teacher) wants them to have all of the things that they need and want in order to live and grow on the new planet, but space is limited so they must choose just 16 things to take (the group must agree on the 16 items).
 - A. *Give students time to choose their 16 items from their stack of rights cards.*
 - iv. Announce to the groups that you have found extra space on the spaceship and that they are allowed to bring four more items with them. They can choose the four remaining cards or identify four other items, using the blank cards provided, they would like that are not included in the cards.
 - A. *Give students time to identify their four items.*
 - v. Announce that space is getting restricted on their space crafts and they can only take 14 items with them. They all must agree on the 14.
 - A. *Give the students time to pare down their items to 14. (Some students may need a time limit here.)*

- vi. Announce to students that there is now an emergency on board the space craft and that space is extremely limited! They can only take 10 items with them to the new planet!
 - A. *Give the students time to finalize their pile of 10. They must agree on the final 10.*
- vii. Discuss the following questions with the students:
 - A. Look at the pile of items you kept and the pile of items that you discarded.
 - 1. What word can you use to describe the pile you kept?
(NEEDS)
 - 2. What word can you use to describe the pile you discarded?
(mostly WANTS but some may be NEEDS)
 - B. What is the difference between WANTS and NEEDS?
 - C. Did your group have any disagreements about what items to discard? Which ones and why?
 - D. What are some of the things that you WANT in real life? What are some of the things that you NEED? (*food, water, protection, medicine, health care etc.*)
 - E. Do you have everything you WANT? Do you have everything you NEED? Why or why not?
 - F. Do WANTS differ for different people? Why or why not?
 - G. Do NEEDS differ for different people? Why or why not?
 - H. Do all people in Canada have everything they need? Do all people in other countries have everything they need?
- viii. Explain to your students that people's most basic needs, that is, those things necessary to survive, develop, be safe, and participate in their communities, are often referred to as **RIGHTS. Rights are those things that all people should have or be able to do.**
- ix. Distribute copies of the UN Convention on the Rights of the Child (in child-friendly language) (see appendix 2).
 - A. Ask students to have a look at the Convention and identify any articles that surprise them.
 - B. Emphasize that the articles of the Convention apply to all children under the age of 18, without discrimination. To be really effective, countries agreed to change or make new laws to ensure these rights for their youngest citizens. The articles (rights) and related laws and rules in our society are supposed to be applied with the best interest of the child in mind. (*For example, if a parent is abusing a child, the PROTECTION of the child is in its best interest over being cared for by a PARENT so the child may be moved out of the home.*)
 - C. *For more information about the Convention, see www.unicef.org/crc/*

2. Activity 2: Corners – Stereotypes and Preconceptions about HIV and AIDS

- i. Prepare two large signs. One of the signs should say TRUE, the other should say FALSE. Tape these signs to opposite corners of your classroom.
- ii. Ask all students to stand in the centre of the room and tell them that they are going to be learning about HIV and AIDS.

- iii. Read a statement about HIV and AIDS out loud to the students (as listed in **BLM 2 – Statements about HIV and AIDS**).
 - iv. Ask students to silently decide if they think the statement is TRUE or FALSE. Ask them to then silently move to the corresponding corner of the room. Students who are uncertain may stay standing in the middle of the room.
 - v. Ask students why they think the statement is TRUE or FALSE. Share the correct answer with students. Refer to BLM 2 for correct answers and additional information.
 - vi. Repeat the process for each statement.
 - vii. **Variation:** *This activity could also be modified so that each individual student responds at their desk and on paper to the statements. The same discussion could follow but this might be a method better suited to a group that would not feel comfortable identifying their own preconceptions publicly.*
 - viii. Once students have returned to their seats, ask them: Where do the images and ideas that you have about HIV and AIDS come from?
- 3. Activity 3: Student Reflection: The Ticket Out**
- i. Distribute **BLM 3 – Student Reflection: The Ticket Out**.
 - ii. Ask students to quietly and individually reflect on some of the preconceptions and stereotypes they held or hold about HIV and AIDS and people infected by the disease.
 - iii. Students may refer to the resource material in the classroom to help them with their reflections.
- 4. Activity 4 (possible homework assignment): A Week in My Life**
- i. Distribute **BLM 4 – A Week in My Life** to each student and ask them to fill the chart in with as much detail as possible about the activities in which they participate during a typical week.

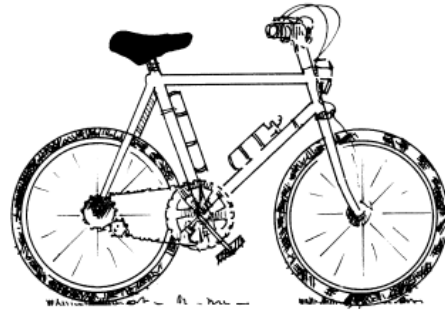
BLM 1

Rights Cards

Copy and cut one set per group of students



Health care



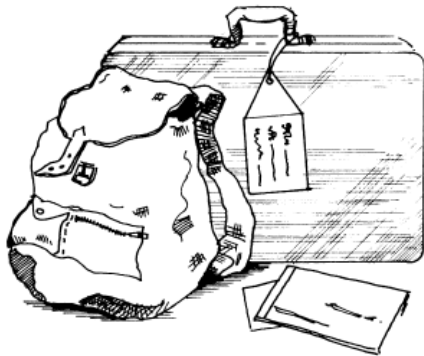
A bicycle



Decent shelter



Clothes in the latest style



Holiday trips



Nutritious food



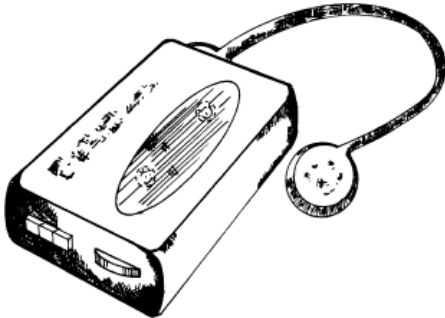
Protection from abuse and neglect



Education



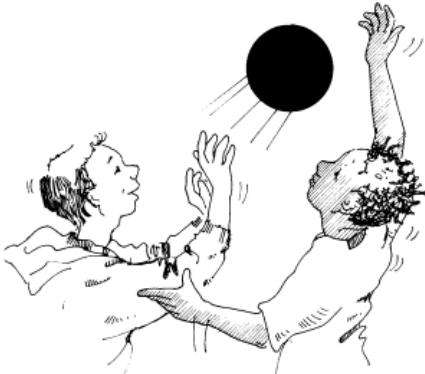
Clean air



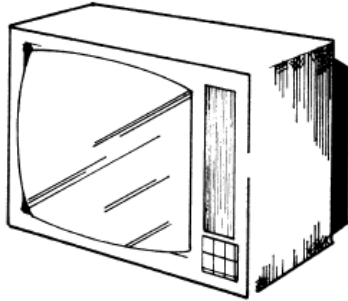
A personal stereo



Fast food



Playgrounds and recreation



A television set



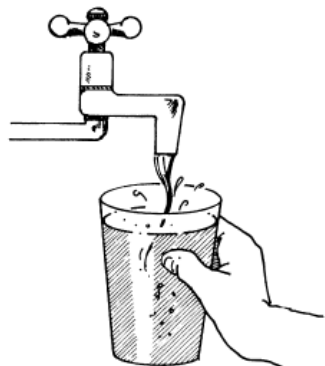
Opportunities to practise your own culture, language and religion



Opportunities to share opinions



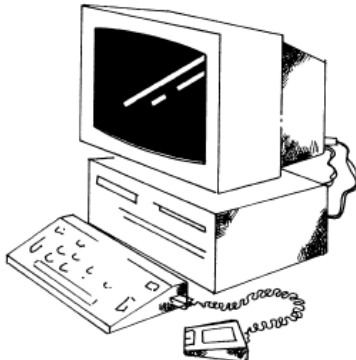
Money to spend as you like



Clean water



Your own bedroom



A personal computer



Fair treatment and non-discrimination

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BLM 2**Statements about HIV/AIDS**

Read each statement to the class and ask students to either silently or through the CORNERS activity, identify whether they believe the statement to be TRUE or FALSE.

| Statement | Answer and Support Information |
|--|---|
| <p>1. A healthy looking person can have HIV.</p> | <p>TRUE</p> <p>A healthy looking person can have HIV for many years before they get sick, especially if they take treatments to keep their immune system strong. There is no way of knowing whether someone is infected just by looking at them. Someone you meet at work, at school, in a sports stadium, in a bar or on the street could be HIV positive and look completely healthy. Even though they may be HIV positive and look healthy, they can still spread the virus to other people. People living with HIV are part of society and have the same rights as everyone else. With proper access to medication, they can continue their lives and do their jobs as well as they did before contracting the virus. They can look and feel perfectly healthy for a long time. People living with HIV should be treated just like anyone else. If you know that someone is HIV positive, you should treat them with the same respect, dignity, love and support that you would show other people. Being HIV positive is not something to be ashamed of.</p> |
| <p>2. HIV can be spread by sharing cups and glasses.</p> | <p>FALSE</p> <p>HIV is transmitted through the exchange of bodily fluids including blood, semen (and pre-ejaculated fluid), vaginal secretions and breast milk – this means that the virus CANNOT be passed to another person through casual contact like hugging, shaking hands, using public swimming pools, using public toilet seats, sneezing, coughing, mosquito bites, or by sharing bed linens, eating utensils and food. Transfer may occur during all stages of the infection or disease.</p> |
| <p>3. Most HIV infections are a result of heterosexual sex.</p> | <p>TRUE</p> <p>While the face of HIV varies from one region of the world to another, on a global scale, most new HIV infections are a result of heterosexual sex.</p> |

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| <p>4. HIV and AIDS are not problems in Canada.</p> | <p>FALSE</p> <p>While the scope of the epidemic in Canada does not compare to the overwhelming magnitude in other parts of the world, at the end of 2005, approximately 58,000 Canadians were living with HIV/AIDS (UNAIDS 2006 epidemic update). This number represents a 16 per cent increase over 2002 estimates. It is also estimated that there were between 2,300 and 4,500 new HIV infections in 2005. While in other parts of the world, most new infections are among young women, men who have sex with men represent the majority (46 per cent) of new infections in Canada. The remainder of these infections were due to unprotected heterosexual intercourse (37 per cent) and use of contaminated injecting equipment (14 per cent). Researchers estimate that 27 per cent of that number are unaware that they are HIV positive.</p> <p>Because of social and economic factors, Aboriginal Canadians are disproportionately affected by HIV and AIDS with three times more Aboriginal peoples living with HIV than non-Aboriginals.. For more information about HIV and AIDS and Canada's Aboriginal people, please see page 55 of UNAIDS' 2006 AIDS Epidemic Update at http://www.unaids.org/en/HIV_data/epi2006/default.asp.</p> <p>Recent Canadian data can also be accessed through the Public Health Agency of Canada at: www.phac-aspc.gc.ca/publicat/epiu-aepi/epi-06/pdf/epi06_e.pdf.</p> |
| <p>5. HIV and AIDS are the same thing.</p> | <p>FALSE</p> <p>HIV (human immunodeficiency virus) is the virus that causes AIDS (acquired immune deficiency syndrome). A person can become HIV positive (have contracted the virus) through the exchange of bodily fluid with an HIV-positive person. Transfer may occur during all stages of HIV or AIDS. HIV is found in blood, semen (and pre-ejaculated fluid), vaginal secretions and breast milk. Infection can therefore result from unprotected sex (anal, oral or vaginal), use of non-sterile drug equipment, Mother to Child transmission during pregnancy, birth and breastfeeding, and, to a lesser degree now that most donated blood is screened, through blood transfusions.</p> <p>HIV attacks cells of the human immune system, making it difficult for the body to fight off other infections. Once the virus has damaged immune cells to the point where the body cannot fight infections any more (and the body is prone to opportunistic infections – infections to which a healthy body is typically immune), that individual has AIDS – the most advanced form of HIV infection.</p> |

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| <p>6. There is a cure for AIDS.</p> | <p>FALSE</p> <p>While it may take 10 to 15 years for a person living with HIV to develop AIDS, there is no cure and the disease is fatal. Antiretroviral drugs (ARVs) can slow the development of the disease even more, which, in countries like Canada, allows people who are HIV positive to live longer and healthier lives. But ARVs are not a cure and many come with their own debilitating side effects. Millions of people around the world who need ARVs the most, including children, do not have access to affordable and sustainable doses of these drugs and the disease therefore progresses much more quickly.</p> |
| <p>7. Girls are more likely to get HIV because they are weaker.</p> | <p>TRUE and FALSE</p> <p>Girls, especially young girls, are more likely to get HIV because of how their bodies are made - their vaginal tissue is more likely to be damaged during intercourse, providing the virus an entry-route to the blood stream - NOT because they are weaker. Girls are at very high risk of HIV infection. This is especially true in sub-Saharan Africa, the region of the world where HIV prevalence is greatest. In this region, more than two thirds of newly infections among 15 to 24 year olds affect females.</p> <ul style="list-style-type: none"> • For adolescents between the ages of 15 and 19, in worst-affected areas there are five or six girls living with HIV for every one boy. This pattern – indicating ‘age mixing’ or sex between older men and younger women is also seen in other regions around the world. Even marriage, particularly for very young women, guarantees no protection from infection. Evidence also suggests that a large share of new HIV infections are due to gender-based violence in homes, schools, the workplace and other social arenas. Forced or coerced sex renders a woman even more vulnerable to infection (because of the associated violence), and the younger she is, the more likely it is that she will contract HIV. Children who have been orphaned are especially vulnerable to physical abuse by adults as they often lack adult care and support. • The face of poverty around the world is typically that of a woman, and usually a woman with children. Grinding poverty, along with a lack of education and reproductive health resources in some parts of the world, increase the chances that girls and women will be forced to sell sexual services (as a very last resort) as their only economic option. ‘Survival sex’ has become a reality for some young women, where sex is traded for basic needs like food, water and shelter. <p>Conflicts, and the resulting violence and poverty, exacerbate human rights abuses as communities disintegrate and basic social services are destroyed. Rape has become a weapon of war and women and children are often exposed to sexual violence in crowded, unsafe camps for refugees or displaced persons. (www.unicef.org/aids/index_hiv_aids_girls_women.html)</p> |

| | |
|--|--|
| 8. People got AIDS by having sexual relations with monkeys. | FALSE <p>The most widely accepted theory about how came to be does involve monkeys but specifically involves a monkey virus known as SIV (simian immunodeficiency virus) that somehow made it into the blood of humans. Viruses can jump between species (an example of a zoonosis) – and a virus that causes relatively few or mild symptoms in their original hosts can often evolve into something quite deadly (as is the case with HIV) in the new host. The theory suggests that while killing, skinning or preparing a monkey for food, a human might have cut themselves thus allowing monkey blood, including the virus, to enter their system.</p> |
| 9. You can get HIV from mosquitoes. | FALSE <p>When you get bitten by a mosquito, they inject saliva (not their own but another person's or animal's blood) into your skin as a lubricant so they can feed more efficiently. Further, HIV does not survive or reproduce inside mosquitoes (like malaria which IS transmitted through the saliva of some mosquitoes) and therefore cannot be transmitted from a human to another by a mosquito. Some people fear that there is a risk of HIV infection if infected blood is left on the mouthparts of a mosquito. This is not a risk because people living with HIV do not have consistently high levels of HIV in their blood streams, the surfaces of insect mouth parts only keep very small amounts of blood, and biting insects do not usually travel from one person to the next immediately after a blood meal. Instead, they typically find a resting place to digest their meal.</p> |
| 10. Birth control pills prevent HIV infection. | FALSE <p>Birth control pills do not prevent HIV infection; they help to prevent pregnancy but do not protect individuals against HIV or other sexually transmitted infections (STIs). You can reduce your chance of contracting HIV infection through sexual intercourse by using condoms.</p> |

BLM 3

Student Reflection – The Ticket Out

After you have completed the preconception activity, reflect on the following questions. Completion of this sheet is your **TICKET OUT** to the next activity.

1. Describe some of the preconceptions that you had about HIV and AIDS before this activity. You may also have some other ideas that were not identified during the activity. Record those here as well.
2. What did you learn today that showed you that some of your preconceptions were incorrect?
3. Why is it so important to have accurate information about issues like HIV and AIDS?
4. What is the point of getting tested for HIV if there is no cure?
5. How would you suggest to your partner that they get tested for HIV without upsetting them?

Lesson 2 – Children: The Missing Face of AIDS

Established Learning Goals

- To encourage an understanding of the many social impacts of HIV and AIDS, especially those related to children, and how basic human rights are impacted by HIV and AIDS
- To gain an appreciation for the lives of children affected by HIV and AIDS, and specifically those who have been orphaned and are heading households with younger siblings
- To see that there is hope in the context of HIV and AIDS and that students' actions can make a difference in the world

Assessment Evidence

- Students will be able to describe some of the key social issues associated with HIV and AIDS in Rwanda.
- Students will be able to suggest ways in which they can help in the fight against HIV and AIDS.

Teacher Background Information

The film *Children: The Missing Face of AIDS* was produced in 2005 by UNICEF Canada staff and follows the life of an 18 year-old Rwandan woman named Nyirsabimana. Nyirsabimana lost both parents when she was 12 and now cares for her five younger siblings. The film describes a day in her life as she leads this household of children.

Rwanda still struggles with the lingering effects of the 1994 genocide. There are an estimated 810,000 children who have been orphaned by AIDS, a high proportion of whom live in child-headed households (approximately 100,000). Children represent more than half of Rwanda's population. Rwanda is the most densely-populated country in Africa and, as a result, natural resources are scarce.

The primary causes of death in Rwanda are malaria, diarrhoea, respiratory infections and AIDS. Infant and maternal death rates are among the highest in the world and nearly 25 per cent of all children are affected by malnutrition. Rwandan children living with HIV have very little access to antiretroviral treatment. For more information about Rwanda, please see: www.unicef.org/infobycountry/rwanda.html.

Planning Notes

- Prepare TV, DVD or LCD projector to view *Children: The Missing Face of AIDS* from UNICEF Canada.
- Prepare student copies of **BLM 5 – Anticipation Chart**.
- Students will need Internet access for the culminating activity or paper copies of UNICEF's document: http://www.uniteforchildren.org/files/U77HIV_letter.pdf

Teaching/Learning Strategies

1. Collect or review together **BLM 4 – A Week in My Life**. Share key events that seem to be common to all students (*i.e. showering, school, watching TV, etc.*)
 - o This homework assignment is revisited immediately after viewing the film.
2. Before viewing the film, divide students into groups of four and distribute **BLM 5 – Anticipation Chart** to each group. Ask them to complete the chart as a group. You may opt to have groups share their ideas before viewing the film.
3. Watch the film *Children: The Missing Face of AIDS* (approximately 18 minutes).
4. After viewing the film, facilitate a class discussion about the themes highlighted on the anticipation chart. How were they actually portrayed in the film?
5. Ask the class the following questions (you may wish to record answers somewhere public like the chalk board or on chart paper):
 - a) How do you feel after watching this film?
 - b) What did you learn from this film? Identify at least two things that you learned that were new to you.
 - c) What elements did the filmmakers use to help create this feeling?
 - d) Why is this type of film important?
 - e) Where should this film be shown? Who should see it?
 - f) Look at your homework piece about **A Week in My Life**. How does this compare to Nyirsabimana's current life?
 - g) Look at your copy of the UN Convention on the Rights of the Child. Recall your learning from last class related to human rights. What basic rights are being denied Nyirsabimana and her siblings as a result of losing their parents to HIV and AIDS?
Some possibilities:
 1. Article 7 – you have the right to live with your parents or with a family who cares for you.
 2. Article 18 – you have the right to be raised by your parent(s) if possible.
 3. Article 24 - you have the right to the best health care possible, safe water to drink nutritious food, a clean and safe environment and information to help you stay well.
 4. Article 27 – you have the right to food clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged or prevented from doing many of the things other kids can do.
 5. Article 28 – you have the right to a good quality education. You should be encouraged to go to school to the highest level you can.
 6. Article 31 – you have the right to play and rest.

6. Culminating Activity – Call to Action: What Students Can Do

- a) Ask students to access the following document via Internet or through paper copy:
<http://www.uniteforchildren.org/youth/index.html>
 - b) Distribute **BLM 6 - A Call to Action – Children: The Missing Face of AIDS**. This call to action can be completed individually or in smaller groups. The call to action (as outlined in BLM 6) is described below.
 - c) Provide students with time to research their data and materials for their awareness campaign (as described on BLM 6). A full evaluation rubric for the campaign has been provided here for your use.
-

Call to Action: What Students Can Do

UNICEF is the world's leading authority on children and is working hard to alleviate the impact that HIV and AIDS are having on children around the world. Examine the document *Unite for Children, Unite Against AIDS – A Call to Action, Children the Missing Face of AIDS* found at: <http://www.uniteforchildren.org/youth/index.html>

- a) This global campaign aims to reduce the impact of HIV and AIDS on children. UNICEF has identified the 'four Ps' as part of this campaign. What are the 'four Ps'?
 - b) Choose one of the 'Four Ps' that resonates with you and your learning from today's film. Do further research on this topic.
 - c) Design and implement a school-based awareness, advocacy or fundraising campaign focused on this theme. (For example, if you are interested in paediatric treatments, you could develop an awareness and fundraising campaign for your school announcements that highlights the need for child-appropriate formulations of AIDS medications.)
 - Your campaign should:
 - i. Make use of more than one medium, ie, print and video;
 - ii. Have a clear message to send to your school community;
 - iii. Be implemented within your school community;
 - iv. Be creative to get as much response as possible; and
 - v. Be tied to solid research and data approved by the UN.
-

BLM 5

Anticipation Chart

Before viewing the film: *Children – The Missing Face of AIDS*, write down your predictions about how you think each of the following will be portrayed in the film:

1. **Women**

2. **Men**

3. **Africa**

4. **Medicine or Health Care**

5. **Parents**

6. **Children**

7. **International Development or Aid Organizations**

8. **Other Countries**

9. Consider the words **SUFFERING** and **HOPE**. Circle the word that you think will more accurately describe the film and explain your reasoning.

BLM 6**A Call to Action – *Children: The Missing Face of AIDS***

1. Two things that shocked me during the film *Children: The Missing Face of AIDS* were:
 - i. _____
 - ii. _____

2. Three ways that I think I could make a difference based on what I learned today:
 - i. _____
 - ii. _____
 - iii. _____

3. UNICEF is the world's leading authority on children and is working hard to alleviate the impact that HIV and AIDS are having on children around the world. Examine the document *Unite for Children, Unite Against AIDS – A Call to Action, Children the Missing Face of AIDS* found at: <http://www.uniteforchildren.org/youth/index.html>
 - d) This global campaign aims to reduce the impact of HIV and AIDS on children. UNICEF has identified 'Four Ps' as part of this campaign. What are the 'Four Ps'?

 - e) Choose one of the 'Four Ps' that resonates with you and what you learned from today's video. Do further research on this topic.
 - f) Design and implement a school-based awareness, advocacy, or fundraising campaign focused on this theme. (For example, if you are interested in paediatric treatments, you could develop an awareness and fundraising campaign for your school announcements that highlights the need for child-appropriate formulations of AIDS medications.)
 - Your campaign should:
 - i. Make use of more than one medium, ie. print and video;
 - ii. Have a clear message to send to your school community;
 - iii. Be implemented within your school community;
 - iv. Be creative to get as much response as possible; and
 - v. Be tied to solid research and data approved by the UN.

Assessment/Evaluation Rubric – Call to Action Campaign

| Categories/ Criteria | Level 1 (50-59 per cent) | Level 2 (60-69 per cent) | Level 3 (70-79 per cent) | Level 4 (80-89 per cent) |
|---|---|---|--|--|
| Scope of campaign | The campaign scope is trivial. | The scope of the campaign is limited to one type of medium. | The campaign makes an attempt to use more than one type of medium. | The campaign is extensive and makes use of several types of medium. |
| Messaging of campaign | The main message of the campaign is difficult to identify. | Some attempt at a clear campaign message has been made but it remains vague. | The campaign message is clear. | The campaign message is clear and linked to further action. |
| Implementation of campaign | The campaign is not implemented. | The campaign is implemented but not completely. | The campaign is implemented successfully. | The campaign is implemented with great success and has a noticeable impact on the school community. |
| Creativity used in campaign | Creativity used in the campaign is extremely limited. | There is some attempt at creativity but its value is lost in an ineffective campaign. | The campaign makes good use of creativity. | The campaign is extremely creative and the creativity contributes to the overall impact and success of the campaign. |
| Link to further research and data in campaign | The campaign and its messaging are not tied to current UN findings and stats. | The campaign is linked to a minimal amount of current UN findings and data. | The campaign is linked to significant findings and data from the UN. | The campaign makes extensive and creative use of UN findings and data to support its messaging. |

Resources

Canadian International Development Agency (CIDA) - HIV/AIDS

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

Health Canada - HIV and AIDS

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

Public Health Agency of Canada – Canada epidemic update

http://www.phac-aspc.gc.ca/publicat/epiu-aepi/epi-06/pdf/epi06_e.pdf

UNAIDS

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

UNICEF – Country Information: Rwanda

<http://www.unicef.org/infobycountry/rwanda.html>

UNICEF Unite for Children Unite Against AIDS

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

UNICEF Voices of Youth – HIV/AIDS

http://www.unicef.org/voy/explore/aids/explore_aids.php

UN Millennium Development Goals

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

World Health Organization – HIV Infection

http://www.who.int/topics/hiv_infections/en/

Other

Game: What would you do?

An interactive game about youth decision-making related to HIV/AIDS.

http://www.unicef.org/voy/explore/aids/explore_1360.html

Youth photo essays about HIV/AIDS

http://www.unicef.org/voy/explore/aids/explore_178.html

Appendix 1

Global summary of the AIDS epidemic December 2006

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) |

AIDS deaths in 2006

| | |
|-------------------------|--------------------------------------|
| Total | 2.9 million (2.5–3.5 million) |
| Adults | 2.6 million (2.2–3.0 million) |
| Children under 15 years | 380 000 (290 000–500 000) |

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

INTRODUCTION | 2006 AIDS EPIDEMIC UPDATE

| Regional HIV and AIDS statistics and feature, 2004 and 2006 | | | | |
|---|--------------------------------------|---|-----------------------|------------------------------------|
| | Adults and children living with HIV | Adults and children newly infected with HIV | Adult prevalence (%)* | Adult and child deaths due to AIDS |
| Sub-Saharan Africa | | | | |
| 2006 | 24.7 million [21.8–27.7 million] | 2.8 million [2.4–3.2 million] | 5.9% [5.2%–6.7%] | 2.1 million [1.8–2.4 million] |
| 2004 | 23.6 million [20.9–26.4 million] | 2.6 million [2.2–2.9 million] | 6.0% [5.3%–6.8%] | 1.9 million [1.7–2.3 million] |
| Middle East and North Africa | | | | |
| 2006 | 460 000 [270 000–760 000] | 68 000 [41 000–220 000] | 0.2% [0.1%–0.3%] | 36 000 [20 000–60 000] |
| 2004 | 400 000 [230 000–650 000] | 59 000 [34 000–170 000] | 0.2% [0.1%–0.3%] | 33 000 [18 000–55 000] |
| South and South-East Asia | | | | |
| 2006 | 7.8 million [5.2–12.0 million] | 860 000 [550 000–2.3 million] | 0.6% [0.4%–1.0%] | 590 000 [390 000–850 000] |
| 2004 | 7.2 million [4.8–11.2 million] | 770 000 [480 000–2.1 million] | 0.6% [0.4%–1.0%] | 510 000 [330 000–740 000] |
| East Asia | | | | |
| 2006 | 750 000 [460 000–1.2 million] | 100 000 [56 000–300 000] | 0.1% [<0.2%] | 43 000 [26 000–64 000] |
| 2004 | 620 000 [380 000–1.0 million] | 90 000 [50 000–270 000] | 0.1% [<0.2%] | 33 000 [20 000–49 000] |
| Oceania | | | | |
| 2006 | 81 000 [50 000–170 000] | 7100 [3400–54 000] | 0.4% [0.2%–0.9%] | 4000 [2300–6600] |
| 2004 | 72 000 [44 000–150 000] | 8000 [3900–61 000] | 0.3% [0.2%–0.8%] | 2900 [1600–4600] |
| Latin America | | | | |
| 2006 | 1.7 million [1.3–2.5 million] | 140 000 [100 000–410 000] | 0.5% [0.4%–1.2%] | 65 000 [51 000–84 000] |
| 2004 | 1.5 million [1.2–2.2 million] | 130 000 [100 000–320 000] | 0.5% [0.4%–0.7%] | 53 000 [41 000–69 000] |
| Caribbean | | | | |
| 2006 | 250 000 [190 000–320 000] | 27 000 [20 000–41 000] | 1.2% [0.9%–1.7%] | 19 000 [14 000–25 000] |
| 2004 | 240 000 [180 000–300 000] | 25 000 [19 000–35 000] | 1.1% [0.9%–1.5%] | 21 000 [15 000–28 000] |
| Eastern Europe and Central Asia | | | | |
| 2006 | 1.7 million [1.2–2.6 million] | 270 000 [170 000–820 000] | 0.9% [0.6%–1.4%] | 84 000 [58 000–120 000] |
| 2004 | 1.4 million [950 000–2.1 million] | 160 000 [110 000–470 000] | 0.7% [0.5%–1.1%] | 48 000 [34 000–66 000] |
| Western and Central Europe | | | | |
| 2006 | 740 000 [580 000–970 000] | 22 000 [18 000–33 000] | 0.3% [0.2%–0.4%] | 12 000 [<15,000] |
| 2004 | 700 000 [550 000–920 000] | 22 000 [18 000–33 000] | 0.3% [0.2%–0.4%] | 12 000 [<15 000] |
| North America | | | | |
| 2006 | 1.4 million [880 000–2.2 million] | 43 000 [34 000–65 000] | 0.8% [0.6%–1.1%] | 18 000 [11 000–26 000] |
| 2004 | 1.2 million [710 000–1.9 million] | 43 000 [34 000–65 000] | 0.7% [0.4%–1.0%] | 18 000 [11 000–26 000] |
| TOTAL | | | | |
| 2006 | 39.5 million [34.1–47.1 million] | 4.3 million [3.6–6.6 million] | 1.0% [0.9%–1.2%] | 2.9 million [2.5–3.5 million] |
| 2004 | 36.9 million [31.9–43.8 million] | 3.9 million [3.3–5.8 million] | 1.0% [0.8%–1.2%] | 2.7 million [2.3–3.2 million] |

Table 1

Appendix 2



UN CONVENTION ON THE RIGHTS OF THE CHILD

A summary (unofficial text) of the articles of the 1989 Convention on the Rights of the Child. For the full, official text, see: www.unicef.ca (Global Schoolhouse, Children's Rights Section) or www.unicef.org/crc/fulltext.htm.

Article 1

Everyone under 18 has these rights.

Article 2

All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3

All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

Article 4

The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

Article 5

Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

Article 6

You have the right to be alive.

Article 7

You have the right to a name, and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

Article 8

You have the right to an identity – an official record of who you are. No one should take this away from you.

Article 9

You have the right to live with your parent(s), unless it is bad for you. You have the right to live with a family who cares for you.

Article 10

If you live in a different country than your parents do, you have the right to be together in the same place.

Article 11

You have the right to be protected from kidnapping.

Article 12

You have the right to give your opinion, and for adults to listen and take it seriously.

Article 13

You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

Article 14

You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

Article 15

You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.

Article 16

You have the right to privacy.

Article 17

You have the right to get information that is important to your well-being, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

Article 18

You have the right to be raised by your parent(s) if possible.

Article 19

You have the right to be protected from being hurt and mistreated, in body or mind.

Article 20

You have the right to special care and help if you cannot live with your parents.

Article 21

You have the right to care and protection if you are adopted or in foster care.

Article 22

You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

Article 23

You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

Article 24

You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Article 25

If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

Article 26

You have the right to help from the government if you are poor or in need.

Article 27

You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

Article 28

You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

Article 29

Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

Article 30

You have the right to practice your own culture, language and religion – or any you choose. Minority and indigenous groups need special protection of this right.

Article 31

You have the right to play and rest.

Article 32

You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.

Article 33

You have the right to protection from harmful drugs and from the drug trade.

Article 34*

You have the right to be free from sexual abuse.

Article 35

No one is allowed to kidnap or sell you.

Article 36

You have the right to protection from any kind of exploitation (being taken advantage of).

Article 37

No one is allowed to punish you in a cruel or harmful way.

Article 38*

You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

Article 39

You have the right to help if you've been hurt, neglected or badly treated.

Article 40

You have the right to legal help and fair treatment in the justice system that respects your rights.

Article 41

If the laws of your country provide better protection of your rights than the articles in this Convention, those laws should apply.

Article 42

You have the right to know your rights! Adults should know about these rights and help you learn about them, too.

Article 43 to 54

These articles explain how governments and international organizations like UNICEF will work to ensure children are protected with their rights.

**There is an Optional Protocol on this article.*

Glossary

AIDS

Acquired Immune Deficiency Syndrome. The syndrome caused by HIV or the advanced stage of HIV infection. People with AIDS have a severely compromised immune system and are therefore susceptible to certain infections that a healthy immune system can usually fight off.

ARVs

Antiretrovirals. A class of drugs used to treat the HIV retrovirus.

CRC

United Nations Convention on the Rights of the Child.

HIV

Human Immunodeficiency Virus. The virus that causes AIDS and attacks cells of the human immune system.

Opportunistic Infections

Those types of infections that can infect a person with HIV because their immune system has been compromised. A healthy immune system can usually fight off these infections. Some examples include: Kaposi's sarcoma, TB, herpes simplex and bacterial pneumonia.

SIV

Simian immunodeficiency virus. A type of retrovirus found in primates thought to be the virus that "jumped" to human hosts resulting in HIV.

STIs

Sexually Transmitted Infections. There are many types including, but not limited to: genital herpes, Chlamydia, HIV, syphilis, etc.

Virus

A very small micro-organism that cannot grow or divide without the machinery of a living cell. Viruses invade living cells and use the cells' machinery to reproduce.

WHO

World Health Organization.

Zoonosis

Any infectious disease that can be transmitted from other animals to humans.