

cause effect

4 STORIES ON HIV & AIDS



CONCERN
worldwide

HIV AND AIDS ARE

100%

PREVENTABLE

WITH EDUCATION

AWARENESS

& UNDERSTANDING

WE CAN MAKE

IT HAPPEN.

IT STARTS

HERE...

INTRODUCTION

HIV is 100 per cent preventable. It is a startling fact and yet since its first diagnosis in the mid 1980s it has led to the death of millions of people and untold suffering for millions more worldwide. There is still no known cure for HIV and AIDS but with increased access to treatment along with efforts to raise awareness about prevention the 'tide' of HIV and AIDS appears to be receding.

The fact remains however that the vast majority of people contracting HIV and AIDS continue to live in the developing world, particularly in Sub Saharan Africa and South East Asia. Concern Worldwide's HIV and AIDS programmes in these regions have sought to raise awareness about the issue, particularly in the areas of education, prevention, access to treatment and combatting stigma and discrimination.

HIV and AIDS in the classroom

Concern has produced 'Cause and Effect' to promote awareness and discussion of four key areas related to HIV and AIDS; prevention and testing, stigma, access to treatment and positive living.

Prior to developing the resource we consulted with a cross section of students and teachers from around the country. Teacher's informed us that HIV and AIDS education in Ireland can be taught (but in many instances is not) in any one of six subject areas CSPE, SPHE, Religion, Geography, Home Economics or Science often times dealing with just one particular aspect of the issue.

This resource has been developed for Transition Year TY students firstly because offers the space and opportunity for indepth engagment of issues such as HIV and AIDS and secondly because we believe students are old enough and mature enough to research, debate and even take action on the issue among their peers or in the wider global community.

The Spoken Word

The starting point for this resource is the accompanying video made up of four separate 'chapter' headings: Prevention and Testing, Access to Treatment, Stigma and Positive Living. Each of the video clips is approximately three to four minutes long and presents each story through The Spoken Word (the 'narrator' speaks the action that is taking place on screen).

After having viewed the video (sometimes two or three times) teachers are encouraged to allow the time and space for students to unpick the messages and deeper meanings conveyed in each story. The backdrop to each story is universal. The stories while filmed in Ireland represent anywhere in the world where people suffer from stigma because of HIV and AIDS or do not have access to treatment or are unaware of its causes and effects.

We hope that by using Cause and Effect students will not only be better informed about all aspects of HIV and AIDS but will become passionate advocates for its eradication.

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**"WE CAN END THIS PANDEMIC.
WE CAN BEAT THIS DISEASE.
WE CAN WIN THIS FIGHT.
WE JUST HAVE TO KEEP AT IT,
STEADY, PERSISTENT, TODAY,
TOMORROW, EVERY DAY
UNTIL WE GET TO ZERO"**

Barack Obama
US President, 2012

A QUICK QUIZ BEFORE YOU START

**THIS QUIZ IS NOT A TEST,
IT IS JUST TO GET A SENSE OF
YOUR CURRENT KNOWLEDGE
OF HIV AND AIDS BEFORE
STARTING THIS RESOURCE.**

01 WHAT DOES 'AIDS' STAND FOR?

A: _____
I: _____
D: _____
S: _____

02 WHAT IS THE DIFFERENCE BETWEEN HIV AND AIDS?

- HIV is a virus and AIDS is a bacterial disease
- HIV is the virus that causes AIDS
- There is no difference between HIV and AIDS

03 HOW CAN YOU TELL IF SOMEBODY HAS HIV OR AIDS?

- Because of the way they act
- They look tired and ill
- There is no easy way to tell

04 HIV CAN BE PASSED FROM ONE PERSON TO ANOTHER... TICK ALL THAT APPLY

- By unprotected sex
- By sharing a toothbrush
- From mother to child during pregnancy
- By mosquitoes
- By hugging or kissing
- By sharing a drinking cup or cutlery
- By sharing needles
- Through breast milk
- By swimming in the same pool
- By coughing or sneezing
- By being best friends
- By untested blood transfusion

05 THERE IS A CURE FOR AIDS

- True
- False

06 PEOPLE WITH HIV IN THE DEVELOPING WORLD DON'T USUALLY LIVE AS LONG AS PEOPLE WITH HIV ELSEWHERE

- True
- False

07 ACCORDING TO THE UNITED NATIONS HOW MANY PEOPLE WERE LIVING WITH HIV IN 2011?

- 4 million
- 15 million
- 34 million
- 48 million

HIV AND AIDS QUICK FACTS

STUDENT HANDOUT



WHAT IS HIV?

HIV stands for Human Immunodeficiency Virus. It was first discovered in the 1980s following numerous deaths associated with weakened immune systems and multiple opportunistic infections such as pneumonia, TB or hepatitis.

HIV attacks the body's immune system by killing the CD4 cells that are created to fight infections in the body. Eventually, the immune system is damaged to such an extent that it is too weak to fight off infections. An HIV infected person is thus more vulnerable to developing serious infections and contracting illnesses than a person with a healthier immune system.

There are no specific symptoms that are associated with HIV and it may be many years before a person with HIV becomes aware of their status. However, discovering HIV in its early stage can help people stay healthy and reduces their chance of infecting others. While there is no cure for HIV, medication can be taken to assist in suppressing the virus and ensure an HIV+ person lives a longer, productive and healthy life.

HOW IT IS TRANSMITTED?

There are a number of modes of transmission by which HIV infects a person, all of which are preventable. They include unprotected sexual activities, sharing injecting equipment, contaminated blood transfusions, during pregnancy, birth and breastfeeding. **HIV cannot be passed by any other means including holding someone's hand, a toilet seat, kissing, sneezing or sharing cutlery.**

WHAT IS AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. No one actually 'gets' AIDS, they get HIV; AIDS can develop at a later stage. HIV causes AIDS which describes the condition where a person's immune system is so weak that multiple infections threaten their life. Some of these infections and diseases can include cancer, tuberculosis and/or pneumonia.

Co-infection is a term used to describe the condition of an HIV+ person being infected with a commonly associated disease such as Tuberculosis (TB) or hepatitis. While these diseases can affect many people, people living with HIV are often more susceptible. This is because the immune system of a person with HIV is likely to be compromised and thus less able to fight off infections. In some cases the additional infection interacts with the HIV virus (such as in the case of TB) and can lead to a further decrease in CD4 cells and an increase in the virus in the body.

"AIDS WILL NOT END OF ITS OWN ACCORD IN THE FORESEEABLE FUTURE, BUT IT IS POSSIBLE TO SEE A ROUTE THAT CAN LEAD US TO ENDING THE EPIDEMIC."

**UN Secretary-General,
Ban Ki-moon, 2012**

GLOBAL SITUATION

Over the past 30 years HIV and AIDS treatment has progressed immensely. While a cure continues to remain elusive, treatment is the cornerstone of survival for many living with HIV and AIDS. However, in many respects HIV and AIDS is a two sided coin, the developed world where access to early and affordable treatment has slashed death rates and extended life for many in need, and the developing world, where access to treatment is not possible for many. Gradually, though, things are changing.

Globally, as well as nationally, there are issues associated with accessing treatment. In many contexts the cost attached to antiretroviral therapy (ART) excludes millions of the poor from accessing these life-saving drugs. Only ten years ago less than 3 per cent of those in need were able to access treatment. **According to a 2011 report by UNAIDS and the World Health Organization, deaths from HIV and AIDS-related illnesses has decreased by 21 per cent since 2005.** While in recent years the number of people eligible for ART that can obtain it has increased substantially, 46 per cent of eligible people living with HIV and AIDS in low-and middle-income countries are unable to access treatment.

SITUATION IN IRELAND

According to the Health Service Executive (HSE) 320 people in Ireland were newly diagnosed with HIV in 2011, of these 28 were in the 15-24 year age bracket.

There were 46 new AIDS diagnoses reported in 2011. Of these, 33 were simultaneously diagnosed with an AIDS defining illness at the time of their HIV diagnosis, due to late testing. There were seven deaths in Ireland among AIDS cases reported in 2011.

Since the early 1980's 6287 people have been diagnosed with HIV in Ireland but this number does not represent the number of people living with HIV in Ireland, as it does not take factors such as death and migration into account. The number of people living with HIV in Ireland is not really known.

FACT:

46% OF ELIGIBLE PEOPLE LIVING WITH HIV AND AIDS IN LOW-AND MIDDLE-INCOME COUNTRIES ARE UNABLE TO ACCESS TREATMENT. UNAIDS 2012



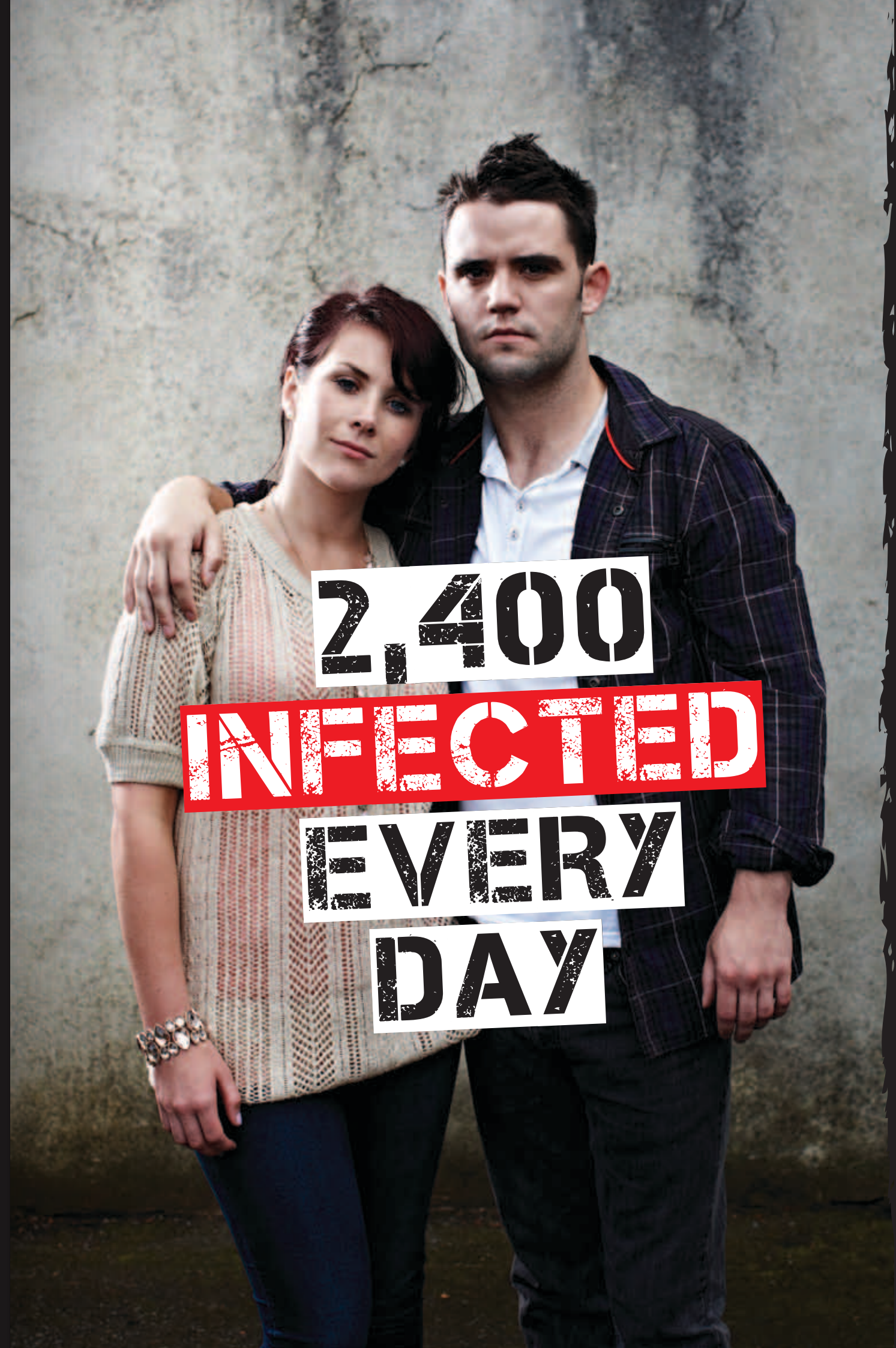
STORY 1

**PREVENTION
& TESTING**

FACT:

**40% OF NEW ADULT
HIV INFECTIONS ARE
15-24 YEAR OLDS:
2,400 EVERY DAY**

THE ANNUAL RATE OF NEW HIV INFECTIONS
AMONG ADULTS GLOBALLY HAS REMAINED
AT 2.2 MILLION SINCE 2009, LARGELY DUE TO
AWARENESS AND PREVENTION PROGRAMMES.
Young women have a higher infection rate than their male
counterparts and account for 63% of all young people
living with HIV.



2,400

INFECTED

EVERY

DAY

STORY 1

PREVENTION & TESTING

TEACHERS' GUIDE



AFTER THIS SECTION STUDENTS SHOULD BE ABLE TO:

- > Distinguish between facts and misinformation about HIV and AIDS.
- > Understand the ways that HIV can be transmitted from one person to another.
- > Recognize ways to protect themselves from becoming infected with HIV.
- > Recognise high risk behaviour and how to negotiate safe behaviour.

BEHIND THE VIDEO

Our first video, prevention and testing, focuses on the consequences of risky behaviour by introducing a fun loving couple and showing how one night changed their lives completely.

At one stage you see our lead character thinking about his actions. Once he finds out that he is HIV+ he has to break the news to his girlfriend. As he is the first to be tested, neither of them know whether she had HIV and passed it on to him or whether he had HIV and she may have caught it.

BEHIND THE STORY

Words from the poet "A friend of mine said in conversation 'One in flight is worth two in sight', it got me thinking about how people will try to clutch at straws or find meaning in superstitions We will try and use any angle to find a prevention for our sorrow."

You can stand around and hope for sorrow to fly away, the single magpie to fly away, but it is just wishful thinking. Hoping to be lucky and stay safe while taking part in high risk behaviour is ludicrous. This poem looks at how people react how we need to take responsibility for our high risk behaviour, how we can cure ignorance and the need to think during moments of desire."

VIEW THE VIDEO AND DISCUSS

Have students discuss a broad range of 'high risk behaviours' and talk about the possible consequences.

How many times did the couple have the opportunity to make different, safe choices?

What were those choices?

Why is using protection so important?

Take the video a step further by having student's analyse the spoken word section on the student handout. Ask students what word choices stand out to them? What do the word choices contribute to the meaning? What questions does the section raise? What does the section say to them? Do they like it? Why or why not?

FACT:

2.5 MILLION PEOPLE WERE NEWLY INFECTED WITH HIV IN 2011...WHILE AIDS CLAIMED THE LIVES OF 1.7 MILLION MORE. [UNAIDS 2012](#)

STORY 1

PREVENTION & TESTING

STUDENT HANDOUT



The annual rate of new HIV infections among adults globally has remained at 2.2 million since 2009 largely due to awareness and prevention programmes. Young people aged between 15-24 years accounted for 40 per cent of all new adult infections in 2011 with an estimated 2,400 young people infected every day.

Young women have a higher infection rate than their male counterparts and account for 63 per cent of all young people living with HIV.

Behaviour change is an essential aspect of any prevention programme. Adoption of non-risky behaviour reduces the possible risk of contracting HIV and many other communicable infections and diseases.

Behaviour however is complex and is influenced by multiple factors including personal, religious, and societal attitudes and beliefs.

High risk behaviour is most prevalent in 15-24 year olds. As many would say, you are in your prime, exploring life and the world around you. This age group often become sexually active, test the limits of their drinking abilities and some experiment with drugs. Peer pressure, alcohol and drugs can all affect your judgement.

Intravenous drug use increases the chance of contracting HIV particularly if a drug user shares needles with others. Some countries, like Canada, have set up needle exchange programs which help to reduce the risk of HIV and hepatitis transmissions by increasing access to sterile needles and syringes, and removing used needles from circulation.

You can't tell a person's history by looking at them. In fact millions of people are estimated to be living with HIV without even knowing it. By being aware of how HIV and AIDS is transmitted you are protecting yourself and others and reducing the risk of spreading the epidemic.

WORDS FROM THE VIDEO

“How do you understand
When you've not been taught
How do you discover
When it ought to be right
To uncover these myths

How do you stop the incurable
Incredibly durable
But completely preventable
How can we justify
High risk behaviour
Change the taste
Blend a brand new flavour
It's so testing this
It's detestable this
And yet there's a preventable saviour”

HIV PREVENTATIVE METHODS INCLUDE:

- > Abstaining from sexual relations until in a monogamous relationship
- > Fidelity to your partner
- > Correct and consistent use of male and female condoms
- > Using clean needles in syringes and not sharing needles
- > Screening donated bloods

FACT:

FROM THE BEGINNING OF THE EPIDEMIC, MORE THAN 60 MILLION PEOPLE HAVE BEEN INFECTED WITH HIV AND NEARLY 30 MILLION PEOPLE HAVE DIED OF HIV-RELATED CAUSES.

THESE STATISTICS ARE SO OVERWHELMING IT IS EASY TO FORGET THAT EACH ONE HAS A PERSONAL STORY, WITH FAMILY AND FRIENDS WHOSE LIVES ARE DRAMATICALLY AFFECTED BY THEIR DIAGNOSIS.

It's completely normal to get nervous, scared or even a little paranoid when you think you've put yourself at risk of HIV. The one way to find out for sure whether you have HIV is to get tested. Although some people feel symptoms when they've been newly infected with HIV, most people don't. That's one reason why HIV continues to spread throughout the world. Testing is one of the best forms of preventing the spread of HIV as knowing your own status can ensure that others do not become infected.

With regular testing, once a person's HIV status is known they can adopt safer behaviours to ensure it is not passed onto another person. In other words, if everyone knows their status and those with HIV prevent the spread of it, HIV can be eradicated altogether. That's why it's so important for everybody to get tested regularly for HIV. Though unfortunately testing in developing countries, especially in rural areas is not often accessible, affordable or even available.

WHAT IS IT LIKE TO GET TESTED?

The test is confidential. If you are HIV+ only the clinic or hospital will have your details and cannot give them to anyone else without your consent. An HIV test usually involves taking a small amount of blood from your arm. The test looks for antibodies to HIV in your blood. It can take up to three months for your body to produce enough HIV antibodies to give a positive test result, in very rare cases it can take six months to show up.

WHERE DO I GET TESTED?

In Ireland testing takes place at medical clinics dealing with sexually transmitted infections (STI). Testing is free at all STI/GUM clinics, and it usually takes two weeks before you can collect your results. Please visit dublinAIDSalliance.ie for a full list of testing clinics around Ireland.



STORY 1

ACTIVITY A:

FACTS & MYTHS ABOUT AIDS

OBJECTIVES

- > To distinguish between facts and myths about HIV and AIDS.

STEPS

- > On a large sheet of paper or black board create three columns with the headings 'Agree' 'Disagree' and 'Don't know' Hand out 3 post-it notes to each student and ask them to write on each one a statement they have heard about HIV or AIDS. Remind them that this does not need to be something they agree with.
- > Collect the post-its and ask the class to work together to reach agreement about which column each statement should be placed, ignoring any duplicates. Ask the students why they made the choices they did.
- > Facilitate a discussion on issues raised by where the statements were placed.

MATERIALS

Post-it notes. Large sheet of paper or black board.

TIME

20-35 minutes depending on the size of the group.

STORY 1

ACTIVITY 3:

HIV TRANSMISSION

OBJECTIVES

- > To help students understand the ways that HIV can be transmitted from one person to another.
- > To help students understand how HIV can spread rapidly.
- > To help students recognise ways to prevent the spread of HIV.

STEPS

- > Give a card to each student in the room. Ask students to sign their name in the top right-hand corner of the card and keep track of their card throughout this activity. Ask students to walk around the room signing each other's card. After about five to ten minutes ask the students to return to their seats.
- > Inform the group that this is an exercise to demonstrate how quickly HIV can spread within a community. Ask the students how HIV is spread. Acknowledge that HIV cannot be passed from casual contact. However, for the purposes of this exercise, you will say that signing each other's cards represents having sex with another person.
- > Ask the students to look at their cards and see if there is a blue dot on their card and if so to stand up. Remind the group that the person who is chosen to have HIV is not really infected, but instead is being used in this activity to make a point.
- > Make the point that you cannot tell if someone has HIV simply looking at the person. Most people who are infected with HIV do not show any visible signs or symptoms. In fact, many individuals with HIV do not even know that they are infected.
- > Ask the student with the blue card to state the names of people on their card. Ask students to stand up when called. Note that all of those standing could now be infected with HIV. Ask those standing to share the names of those whom signed their cards.

MATERIALS

Cards (or pieces of paper) Prepare enough small cards to distribute to all the students. Mark the cards as follows: 1 card with a blue dot (if possible give this card to a confident student) 1/3 of the remaining cards with a yellow dot 1/3 of the cards with a green dot. Leave 1/3 of the cards blank. Pencils or pens.

TIME

30 minutes.

STEPS CONTINUED

- > Ask students to stand up when called. Continue to do this activity until all of the students are standing. If a person's name is called more than once, remind the students that this signifies a higher chance of infection. Remind students that not every time a person has one act of unprotected sex with an infected person, the virus is passed, but the chances are high.
- > Explain that in a world of unprotected sex, HIV can spread very quickly through the social networks of a community. Introduce the idea of prevention. Ask students to see if they have a green dot on their card. Inform the group that every person with a green dot on their card said "No" to sex and, therefore, is not infected with HIV. Those with a green dot may sit down.
- > Inform the group that those with a yellow dot on their card used a condom consistently and correctly every time they had sex and, therefore, were protected from HIV. Ask students with a yellow dot on their card to sit down. Inform the group that those still standing did not say "No" to sex, did not use a condom, and, therefore, put themselves at risk and could be infected with HIV.

DISCUSSION QUESTIONS

- > How does this exercise help explain how HIV can spread so quickly in a community?
- > Did anyone realize that he or she was infected before passing on HIV to someone else?
- > Does anyone think in real life that HIV is often passed from one person to another without someone realizing that he or she is infected? Why is this?

STORY 1 ACTIVITY C: NEGOTIATING SAFE SEX

OBJECTIVES

- > Help students deal with peer pressure related to sexual matters.

STEPS

- > Remind the class that the age of consent is seventeen in Ireland; you are not encouraging them to become sexually active. The aim of this activity is to help them become more aware of how HIV and AIDS is transmitted and negotiate safe sex, including abstaining.
- > Divide the group into eight groups and hand out the scenario cards. Ask students to prepare a quick role-play to show the whole group how to negotiate safer practices. Give them 5 minutes to discuss their card before bringing the class together and asking every group to have 2 students act out the scenario card. Take a few minutes to discuss each role-play before moving on to the next one.

MATERIALS

Role play scenarios.

TIME

20-25 minutes.

ROLE PLAY

Scenario 1: Couple are talking about having sex for the first time. The girl brings out a packet of condoms.

Scenario 2: Mick is at a party with his girlfriend, Jill. Jill is getting tipsy and pressuring Mick to have sex, but Mick believes in waiting until marriage.

Scenario 3: Kim was born HIV+ Her boyfriend knows this but keeps nagging at her that he is tired of using condoms and since she takes her medication regularly the risk is lower. Kim is sticking her ground and will not sleep with him without a condom.

Scenario 4: Couple just spent the day learning about HIV and AIDS. Though neither of them wants to be the one to bring up the subject, they both want to start using condoms and try to raise their concerns.

Scenario 5: Couple have been having unprotected sex for years but the boyfriend is worried about his girlfriend's recent unfaithfulness and wants to use a condom.

Scenario 6: Claire has just turned 21 and is scared that she will lose her boyfriend if she does not sleep with him; she knows that he has had partners before her. Claire wants to make sure she is safe but she has always been taught that using a condom was a sin.

Scenario 7: John is heading to his girlfriend's for a sleep over and stops at the pharmacy to pick up condoms. He walks in and notices that the cashier is a nosy neighbour. He is very uncomfortable buying from her but knows it is the only open pharmacy.

Scenario 8: Siobhan is very close to her swimming coach Liam and often stays late to help him clear up the gear. One night while practicing late Liam corners Siobhan in the locker room. Siobhan, cornered with no one around knows that the only way she can safely get away is to talk her way out of the situation.



STORY 2

STIGMA

FACT:

**STIGMA & DISCRIMINATION
ASSOCIATED WITH HIV
& AIDS IS AS
DEVASTATING AS
THE ILLNESS.**

HIV and AIDS does not stigmatise, people do. Fear, ignorance, myths, misinformation all contribute to stigma. STIGMA AND DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV AND THOSE MOST AT RISK OF CONTRACTING IT HAVE FUELLED THE EPIDEMIC.

Stigma and discrimination create barriers to preventing the spread of HIV. Eradicating stigma is therefore essential for bringing about a sustainable, positive change in the course of the epidemic.



**STIGMATISE
DISCRIMINATE**

STORY 2

STIGMA

TEACHERS' GUIDE



AFTER THIS SECTION STUDENTS SHOULD BE ABLE TO:

- > Understand how stigma affects an individual's ability to disclose their status to their loved ones and their community.
- > Recall the multitude of laws which discriminate against individuals and are a breach of human rights.

BEHIND THE VIDEO

A person wakes up and carries out his morning ritual before deciding what mask he will wear to hide a secret. This poem uses the device of a caterpillar and the concept of metamorphosis to invite the listener to see HIV and those suffering with HIV differently. In nature we know that the caterpillar goes through metamorphosis and becomes a butterfly. Our poem asks us to assist the metamorphosis through acceptance and understanding of people living with HIV, to allow or help them become butterflies.

Often times people living with HIV only ever communicate what they are going through to one or two other people, choosing to hide this information from others by wearing a metaphorical mask. In this piece we watch some of the morning ritual of one such person. A young man, not dissimilar to any other deciding which mask he needs to wear for the day.

BEHIND THE STORY

Words from the poet "I wanted to use the idea of two very contrasting animals reflecting the perceptions we have of people. There is an obvious ploy in using the scorpion (the potential poison) but the caterpillar and butterfly better capture and juxtapose the struggle of someone living with HIV. There is internal conflict, a changing of state and being, yet there is still an inherent beauty and a need for acceptance of what is to be."



VIEW THE VIDEO AND DISCUSS

How do you think the character feels about having to wear a mask before leaving his home (cocoon)?

What is he hiding? Why does he feel he needs to hide things in order to be accepted by others?

Do you believe the scorpion or the butterfly symbolizes an individual with HIV better?

Why do you think a butterfly was chosen to symbolize the individual?

What do the words "34 million camouflaged caterpillars" signify?

Take the video a step further by having student's analyse the spoken word section on the student handout. Ask students what words stand out to them? How do the words contribute to the meaning? What questions does the section raise? What does the section say to them? Do they like it? Why or why not?



STORY 2
STIGMA
 STUDENT HANDOUT



"AIDS IS A WAR AGAINST HUMANITY. WE NEED TO BREAK THE SILENCE, BANISH THE STIGMA AND DISCRIMINATION AND ENSURE TOTAL INCLUSIVENESS WITHIN THE STRUGGLE AGAINST AIDS. IF WE DISCARD THE PEOPLE LIVING WITH HIV AND AIDS, WE CAN NO LONGER CALL OURSELVES HUMAN."

Nelson Mandela, former South African President

HIV and AIDS does not stigmatise, people do. Fear, ignorance, myths, misinformation all contribute to stigma. Stigma and discrimination create barriers to preventing the spread of HIV. Eradicating stigma is therefore essential for bringing about a sustainable, positive change in the course of the epidemic.

There are a number of issues that can be attributed to stigma but essentially it comes down to a lack of sufficient knowledge of HIV and AIDS, modes of transmission and beliefs about people infected.

Discriminatory attitudes towards people living with HIV can discourage people from seeking testing or treatment. This results in people living with HIV not being able to manage the disease due to fear of disclosure or not knowing their status due to fear of testing.

HIV infects and affects all people without consideration of wealth, sexuality, gender or race. While many countries have laws and regulations that protect the rights of people living with HIV and AIDS, many other countries limit their rights, which is not only discriminatory but also fuels the stigma of people living with HIV. Some countries refuse entry to people living with HIV and other countries deport people testing positive for HIV. Stigma creates a world of silence. Individuals find it is safer to live in silence.

WORDS FROM VIDEO

"So why do I feel like this, for what, why now?
 Sentenced to silence
 Solitude penance
 Imprisoned by ignorance
 It's hard to disclose
 Those of you listening
 Offer me a new beginning
 I find it hard
 It's hard to speak
 To seek help
 Truth a virus hasn't discrimination
 34 million
 Camouflaged caterpillars worldwide
 In this equation
 That's a lot to hide
 That's a lot hiding"

FACT:

MORE THAN 90% OF GOVERNMENTS REPORTED THAT THEY ADDRESS STIGMA AND DISCRIMINATION IN THEIR HIV PROGRAMMES, HOWEVER, LESS THAN 50% COSTED OR BUDGETED SUCH PROGRAMMES. UNAIDS 2010

STIGMA:

A mark of disgrace associated with a particular circumstance, quality or person.

SELF-STIGMA:

Can take the form of blaming oneself, often with feelings of shame and unworthiness.

FELT-STIGMA:

Are perceptions and feelings towards people that are believed to be different.

DISCRIMINATION:

Make an unjust distinction in the treatment of different categories of people, especially on the grounds of race, sex, or age. (Concise Oxford Dictionary)

STIGMA: A STORY FROM INDIA

Lobha and her husband were living in Delhi where he was working as a labourer. When he became unwell they could not afford to take him to the doctor so they returned to Orissa to get help from his family.

He was diagnosed with TB and both Lobha and her husband had their blood tested. Lobha had to find out that she and her husband were HIV+ from gossip in the village. Her result had been given to the eldest brother of the family, she was just told what not to do; don't sleep with your husband; don't cut vegetables with a knife. The family separated everything in the house: sheets, utensils, food, everything.

The family started to force them out saying that they brought the disease on themselves and could not infect the rest of the family. Four months before her husband died they were moved to the cowshed on the property. It was winter and there were no walls. "We were cold but my mother in law would not let us into the house. After he died I begged them to help me but they shut the door claiming I would also die within the year and my son was cursed."



STORY 2

ACTIVITY A:

BARRIERS TO DISCLOSING HIV STATUS

OBJECTIVES

- > To show students how stigma affects an individual's ability to disclose their status to their loved ones and their community.
- > To challenge students perceptions of people with HIV and AIDS.
- > To build empathy for HIV+ people.

STEPS

- > Ask the class to discuss in pairs what would stop a person from telling their friends, family, partners and employers about being HIV+. Go round asking each pair to finish the sentence 'One thing that may prevent a person from disclosing their HIV status could be...'.
> Divide students into groups of four, give each group two scenario cards and ask them to consider what might prevent the person from disclosing their HIV status.
- > Ask each group to read out their cards and explain their answers.
- > Ask for some quick ideas about how people could make it easier for their characters to talk about their HIV status. List the ideas on the whiteboard.
- > Take it a step further: Write a letter on behalf of the character explaining what they need from the people in their lives to make it safe to disclose their status.

MATERIALS

Pens/Pencils and Paper. Barriers to Disclosing HIV Status Scenario Cards.

TIME

20-35 minutes.

STORY 2

ACTIVITY A:

BARRIERS TO DISCLOSING HIV STATUS

SCENARIO CARDS



AOIFE:

Aoife is missing school because of illness and doctor appointments. Her teacher knows and has been helping her keep up to date with work. She hasn't told any of her friends she has HIV+ and they keep asking why she's off school.

What do you think is preventing Aoife from telling her friends while she is comfortable with her teacher knowing?

AJAY:

Ajay had been studying hard for many years to become a teacher. He had just been offered a teaching position in Mumbai, India when a rumour started in his neighbourhood that he was HIV+. Ajay turned down the teaching position and moved to a smaller village to work as a school secretary.

Why do you think Ajay moved and turned down his dream job instead of disclosing his HIV status?

LILY:

Lily was diagnosed HIV+ a couple of months ago. She is 20 years old and doesn't know exactly how or when she got the virus as she has never had any distinctive symptoms however she has suspicions it was passed on to her by her first boyfriend when she was 15. She has been with her current partner for over 3 years and because they have always used protection, he is still testing negative. Her partner has been great support but she has not told her parents yet.

Why do you think Lily is hiding her status from her parents?

DALILA:

After being sick for months Dalila was tested in a Kenyan clinic and diagnosed with HIV last year. She knows her husband is aware that he has HIV, though they do not discuss it. Although she assumes he was the one who infected her, when he asked why she had been sick she lied that she had a miscarriage.

Why do you believe Dalila and her husband cannot admit to each other that they are HIV+?

JENNIFER:

Jennifer is fifteen and although she has spent her whole life in and out of hospitals she was only told she had a weak immune system. Her adoptive parents hand Jennifer medication every day. In her teen years she became very curious and asked her adoptive parents if she had HIV but they changed the subject.

Why do you think Jennifer's parents did not tell her she has HIV?

PEDRO:

Pedro is often late for school because his mum isn't well and he has to help her take her tablets. His teachers keep getting mad at him for being late and his constant excuses.

Why do you think Pedro would rather be punished at school than disclose that his mum is HIV+?

DEIRDRE:

Deirdre found out she had HIV when she became pregnant at 16. She had only been with her first boyfriend for 6 months, he didn't know he was HIV+ and they never used a condom. Deirdre has told everyone she is pregnant but is still hiding her HIV status.

Why do you think Deirdre is not disclosing the full story?

PIM:

Pim is 15 and HIV+. She recently became famous after winning a beauty contest in Bangkok, Thailand. Her fear of the local community's reaction to her HIV status is keeping Pim out of school. After six months of taking antiretroviral medicine she is well enough to study again but she does not wish to go back to school as she would be kept back a year and have to explain her absence.

Why do you think Pim believes keeping her secret is more important than her education?

STORY 2

ACTIVITY 3:

DISCRIMINATION AROUND THE WORLD

OBJECTIVES

- > To help students recognise the many laws which discriminate against people with HIV and AIDS.
- > To show students how certain groups are stereotyped as being high risk.
- > To begin the discussion on how punitive laws could easily discourage people from getting tested and accessing care for fear of being detained or arrested.

STEPS

- > Have students work in groups or as a full class to make educated guesses as to which country highlighted on the map fits with each discrimination card.
- > This exercise is not about having the right answers right away but to help students explore laws which discriminate and how these laws restrict travel and employment for HIV+ individuals.
- > If students are a bit stuck give them some of the following hints:
 1. One of the largest countries in the world.
 2. Narrow down the possibilities by thinking which highlighted countries have vast migrant workers.
 3. Remember that EU countries are not allowed to discriminate against EU countries therefore must be in the EU.
 4. A developed world country.
 5. Ask them if they have seen any big news articles on students being turned away.
 6. As law is focused just on hotel and tourism must be a big tourist destination.
 7. Remind them that the card mentions that access to treatment is a challenge for many in this country.
 8. Although the ban was lifted in 2009, did not come into full affect until January 2010. If still stuck ask students where the 2012 AIDS Conference was held.
 9. Four of these countries are neighbouring countries.

MATERIALS

Map of the world provided
Discriminations Cards.
(see map, inside back cover)

TIME

Depends on the depth of discussion.

DISCUSSION QUESTIONS

- > Why do you think these laws came into effect?
- > How do you believe these laws would affect an individual with HIV?
- > How would you feel if this law was imposed on you?
- > Do you agree or disagree with this law?

TEACHERS ANSWERS

1. Russia
2. Malaysia
3. Germany: Federal States of Bavaria, Saxony and New Brandenburg
4. Norway
5. UK latest example Hersey's Case
6. North Sumatra, Indonesia
7. Sierra Leone
8. USA
9. Oman, Sudan, United Arab Emirates, Yemen, Brunei

STORY 2

ACTIVITY 3:

DISCRIMINATION AROUND THE WORLD

DISCRIMINATION CARDS



01 Foreign students and employees will be deported if found to be HIV+ Multiple entry visa and stays of more than three months require a negative HIV test result.

02 Migrant workers who want to work in this country must first perform an HIV test with a negative result in their home country and then another one in the host country before work permit is granted. If HIV+ they will be deported.

03 Mandatory HIV tests targeting migrants and asylum seekers but not EU citizens.

04 In this country there is no distinction between penalties for HIV exposure or transmission. By placing the burden on HIV+ individuals to both disclose HIV status and insist on condom use, the law essentially criminalises all unprotected sex by HIV+ individuals even if their partner has been informed of their status and consents.

05 A high profile case in this country highlighted how children at primary and secondary level were being turned away from school, in contravention of anti-discrimination laws

06 In this country a new bylaw has just been put in place which contains an obligation for workers of hotels and other entertainment centres to undergo periodic medical check-ups. Medical check-ups for other citizens, including civil servants, however, are not regulated in the bylaw.

07 In this country a mother can be criminally charged if she does not take steps to prevent HIV transmission to her baby, including taking antiretroviral drugs during pregnancy and using formula instead of breastfeeding. Although access to these drugs is a challenge.

08 This country banned entry for HIV+ individuals until January 2010.

09 Five countries that ban entry for HIV positive individuals.

STORY 2

ACTIVITY C:

IMPACT OF PREJUDICE & DISCRIMINATION

OBJECTIVES

- > To emphasise the negative impact prejudice and discrimination has on HIV+ individuals and society as a whole.
- > To give students strength and ability to stand up against discrimination.
- > To show students how they can create change in their community by stamping out stigma.

STEPS

- > Hand out the student worksheet and divide the class into groups of four.
- > Have students in their groups work through the rumours, their impact and how they can change the situation. Walk around the class providing assistance to each group. If a group is well ahead of the others get them to think of other possible rumours that may occur from stereotypes of HIV.
- > Once you see most of the groups have worked through the four rumours bring the class back together and discuss their answers.

MATERIALS

Prejudice and discrimination worksheet
Pens/Pencils. (see worksheet page 32)

TIME

20-30 minutes.

Raise any of the following if not raised by the students:

Image	Effects/Impact	How to Change
A: Dangerous: they can infect other people through touch.	Isolated, excluded and "quarantined".	Educate people about HIV transmission so they stop fearing casual contact.
B: Promiscuous. Careless/reckless.	Judged, blamed, and condemned by society.	Advocate need to avoid high risk behaviour. Infection from sex can occur after multiple partners or just one.
C: Drug user who brought it on themselves.	Continued drug use, perhaps leading to overdose.	Educate society on addiction Access and support during rehab.
D: Useless. No longer productive. Waiting to die. Burden.	Treated as no longer able to contribute to society.	Educate society that HIV is not a death sentence. HIV+ individuals can fully contribute. Empower HIV+ individuals to lead full, active lives.

STORY 2

ACTIVITY C:

IMPACT OF PREJUDICE & DISCRIMINATION AROUND THE WORLD

STUDENT WORKSHEET

A new student, Ruth has just started school, a rumour has already gone around school that she is HIV+ and your group of friends have taken it upon themselves to add to the rumours.

FRIEND-A:

Spreads fear around the school 'don't sit by Ruth. She will sneeze.

FRIEND-B:

Caught a boy she liked talking to Ruth so tells everyone "Ruth is easy. I heard that Ruth was kicked out of her last school after she infected the whole Rugby team."

FRIEND-C:

"It's her own fault. Look at how skinny she is. She must be a druggie."

FRIEND-D:

"She shouldn't even be in school. She is going to die soon, why is she wasting our time by asking questions in class?"

You like Ruth and can see the impact each rumour has on her. You can also imagine what effects similar rumours and misconceptions have on the 34 million with HIV around the world. You are determined to change your friends' views. If you were Ruth how would each rumour affect you? How can you go about changing their perceptions?

Image	Effects/Impact	How to Change
A: Dangerous: they can infect other people through touch.	Isolated, excluded and "quarantined".	Educate people about HIV transmission so they stop fearing casual contact.
B:		
C:		
D:		

"ALLOWING STIGMA, DISCRIMINATION, CRIMINALIZATION, GENDER INEQUITY AND VIOLENCE AGAINST WOMEN AND GIRLS TO CONTINUE IS TANTAMOUNT TO DECIDING TO PERPETUATE HIV"

Michel Sidibé
UNAIDS Director

STORY 3

**ACCESS TO
TREATMENT**

FACT:

**46% OF THOSE IN NEED
OF TREATMENT IN LOW
INCOME COUNTRIES
DO NOT HAVE
ACCESS.**

Only ten years ago LESS THAN 3% OF THOSE
IN NEED WERE ABLE TO ACCESS TREATMENT.
ALTHOUGH IN RECENT YEARS THE NUMBER OF
PEOPLE OBTAINING ANTIRETROVIRAL DRUGS
HAS INCREASED SUBSTANTIALLY.



STORY 3

ACCESS TO TREATMENT

TEACHERS' GUIDE



AFTER THIS SECTION STUDENTS SHOULD BE ABLE TO:

- > Understand access to treatment is a global problem.
- > Have a grasp on various hurdles in access to treatment.
- > Have a basic knowledge of the Millennium Development goals with a focus on goal six.

BEHIND THE VIDEO

The piece is alternately set in a HIV and AIDS support centre and an unidentified maze like structure filled with hallways and doors through which the main character travels.

She is trying to gain access to treatment but every door is closed to her, representing the difficulties that people living with HIV encounter as they attempt to access treatment.

BEHIND THE STORY

Words from the poet "This poem is largely comprised by the real life experiences I had speaking to HIV+ individuals in Ireland. It is the poem that means the most to me predominantly because I was emotionally affected from the moments I spent with these wonderful people. I hope their bravery and honesty comes across in this poem."



VIEW THE VIDEO AND DISCUSS

What do the closed doors represent?

Why is she banging on doors?

What is the significance of each sign on the door?

What is meant by 'giving the kiss of life to others when you have already exhaled'?

Do you think there is a difference between accessing treatment in Ireland compared with the developing world? Why?

Take the video a step further by having student's analyse the spoken word section on the student handout. Ask students what words stand out to them? How do those words contribute to the meaning? What questions does the section raise? Do they like it? Why or why not?



STORY 3

ACCESS TO TREATMENT

STUDENT HANDOUT



Only ten years ago less than 3 per cent of those in need were able to access treatment. Although in recent years the number of people obtaining antiretroviral drugs has increased substantially, 46 per cent of eligible people living with HIV and AIDS in low-and middle-income countries are still unable to access treatment. Yet at the 2012 International AIDS Conference in Washington D.C., the Gates foundation claimed that lifesaving HIV treatment can be provided to someone in need for less than 80 cents per day.

ANTIRETROVIRAL THERAPY (ART)

ART is the treatment of HIV with antiretroviral drugs. While the drugs do not kill the virus they do slow it down from making more copies of the virus, allowing the immune system to recover. While ART is lifesaving it is also expensive therefore access to treatment is often difficult in low-income countries where poverty, availability and quality health systems deny people living with HIV access to ART.

Taking two or more antiretroviral **drugs** at a time is called combination therapy. If only one drug is taken, HIV quickly becomes resistant to it and the drug stops working. Taking two or more antiretroviral at the same time vastly reduces the rate at which resistance develops, making treatment more effective in the long term.

Most people living with HIV in the developing world still have very limited access to antiretroviral treatment and often only receive treatment for the diseases that occur as a result of a weakened immune system. Such treatment has only short-term benefits because it does not address the underlying immune deficiency itself.

TREATMENT IS PREVENTION

ART not only enables a person to continue to lead a quality, productive life it also lowers the viral count within the body thus lowering the risk of transmitting HIV to an uninfected partner. Pregnant women with HIV take ART to reduce the risk of transmission of the HIV virus from mother to child during childbirth and while breastfeeding.

FACT:

FEWER PEOPLE ARE DYING FROM AIDS-RELATED ILLNESSES AND BEING INFECTED WITH THE HIV VIRUS THAN AT ANY TIME IN THE LAST DECADE, BUT MORE PROGRESS IS NEEDED IN PREVENTION, TESTING AND TREATMENT. UNAIDS 2011

WORDS FROM THE VIDEO

**"When love is dangerous
Some take
Some give
Some got what they ought not
Her first child taught her she had HIV
Her first moment of joy
another decoy"**

ART treatment is contributing to the accelerated decline in new HIV infections worldwide. UNAIDS data suggests the number of new HIV infections is 30 per cent to 50 per cent lower than it would have been in the absence of ART treatment (UNAIDS 2011).

GLOBAL INEQUALITIES

While much work has been done over the past number of years with resources and leadership there continues to be serious inequalities across the globe relating to access to HIV services as well as treatment and information about HIV. Depending on where a person lives ('developing' or 'developed' world, in a city or in a rural area), what gender a person is, how much money a person has, all fuel inequalities related to HIV treatment.

Many believe that the end of the AIDS epidemic is in sight. With scientific developments that will allow millions to be treated and prevent the spread of infection an AIDS free generation is achievable, but delegates at the 2012 International Aids Conference in Washington D.C. heard that poverty, gender inequality, homophobia, prejudice and funding shortages still put millions more at risk.

POVERTY & HIV

Poverty fuels HIV and AIDS. People living in poverty often with little access to formal education and adequate health services, particularly in the developing world, are at a much higher risk of contracting the virus. Once HIV+ they are also much less likely to receive and be able to pay for the treatment they need.

The majority of people living with HIV are between 15 and 45 years old – the most economically productive age group. AIDS has forced many people to leave their jobs, causing economic hardship for both individuals and industries. Being poor and ill together perpetuate the cyclical nature of poverty contributing to the increasing difficulty of raising one's income and escaping the clutches of poverty.

CHILDREN & HIV

Currently there are 3.4 million children under the age of 15 living with HIV and it is estimated that more than 16 million children under 18 have been orphaned by AIDS. Around 14.8 million of these children live in Sub-Saharan Africa.

Children who have a family member living with HIV, or who are themselves living with HIV may frequently be stigmatised and discriminated by friends, neighbours, and even teachers. While access to education is one of our most basic human rights not all children may have such opportunities. In some cases teachers, due to lack of knowledge about HIV, may refuse to teach children who are HIV+. In other cases, after paying for ART for a person living with HIV, a household may not be able to afford the school fees, books or uniforms. In many cases HIV+ children are kept out of school as the family does not believe they have a future and their education would be a waste of money, especially when money is scarce.

"I AM UNABLE TO THINK OF ANYTHING, AS LONG AS I LIVE LONG ENOUGH TO SEE MY CHILDREN OLD ENOUGH TO EARN. MY CHILDREN ARE TOO YOUNG FOR ME TO DIE NOW."

Milee, HIV+ woman in Orissa India



"WHEN I WENT TO SCHOOL, I SAT SEPARATELY FROM THE OTHER CHILDREN, IN THE LAST MAT. I SAT ALONE. THE OTHER CHILDREN WANTED TO BE WITH ME, BUT THE TEACHER WOULD TELL THEM NOT TO PLAY WITH ME. SHE SAID, 'THIS DISEASE WILL SPREAD TO YOU ALSO, SO DO NOT PLAY WITH HER.'"

10 year-old HIV-positive girl, orphaned by AIDS, with no access to antiretroviral treatment, Ariyalar, Tamil Nadu, India, November 2003

ACCESS TO HIV AND AIDS TREATMENT IS A HUMAN RIGHT

Health, as per international declarations, is a recognised human right, as is the right to life, and thus access to medicines to treat illness must support this right.

While for a number of years following the development of ART there were issues around providing treatment for people living in low-income countries due to high cost of the drugs and international patent rights, these issues have now largely been resolved with access to ART gradually increasing year-on-year.

WHAT IS CONCERN WORLDWIDE DOING?

Concern has three main approaches to tackling the impact of HIV and AIDS:

- > We raise awareness to prevent the spread of HIV. We do this by supporting positive behaviour among people living with HIV or AIDS, and by educating community members and healthcare staff.
- > We aim to increase access to effective care and treatment for people living with HIV or AIDS. This involves reducing ignorance, stigma and other barriers to HIV testing. We broaden the availability and uptake of antiretroviral therapy. We seek to increase its effectiveness by improving awareness of the importance of diet and drug regimes. Alongside this, we offer psychosocial support and healthcare for impacted populations.
- > In poor countries, families affected by HIV and AIDS are often among the most vulnerable members of society. We improve the lives of people directly affected by HIV and AIDS by seeking to ensure that they have adequate food and income. We also secure education for children who are orphans or vulnerable because of AIDS.

WORDS FROM VIDEO

“The melody changes
 The tones of being alone
 reverberate
 Unable to use the medicine
 because of the perceived sin
 The thoughts of letting him win
 The acceptance of what
 was brought
 Makes the room spin
 The skylight shatters
 All those things that are meant
 to matter go blue
 And I sink into the depths of her
 A fear of drowning yet we go deeper
 Refusing the oxygen we need
 And our held breath
 Won't sustain us for long
 And this song says something
 is wrong
 What is brave?
 Brave for me is waking up every
 morning and looking prejudice
 in the eye
 Being warm in a cold system
 Giving the kiss of life to others
 When you have already exhaled”

CONCERN'S RESPONSE TO HIV AND AIDS, 2011

46,165

Our HIV and AIDS programme benefited 46,165 people by providing education, care and support.

REDUCING STIGMA

We expanded our HIV and AIDS programme from 23 villages to 75. HIV discussions in these communities are now viewed as relevant to all members of the community, rather than just for those living with the condition.

ADVOCACY

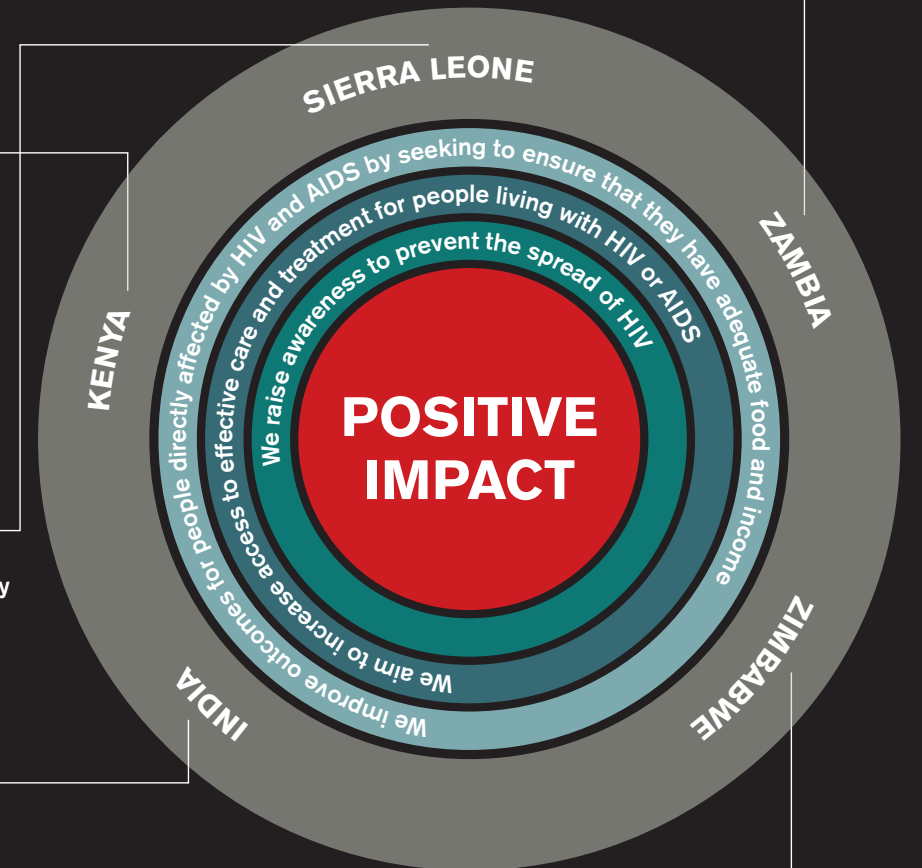
We helped campaign successfully for a change to the new national HIV and AIDS act.

47,300

Our HIV and AIDS prevention, care and support programme, which is run with four partners, reached 47,300 individuals.

21,021

The number of people who received voluntary HIV counselling and testing through our HIV and AIDS programme, enabling them to make informed decisions in a supportive environment.



STORY 3

ACCESS TO TREATMENT

MILLENNIUM DEVELOPMENT GOALS STUDENT HANDOUT



On 6th September 2000, 189 heads of state and governments met at the United Nations headquarters in New York. At this meeting, the Millennium Development Goals (MDG) were adopted. These 8 goals are seen as key to freeing some of the world's poorest people from the dehumanizing conditions of extreme poverty.

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV and AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

GOAL 6. COMBAT HIV AND AIDS, MALARIA, AND OTHER DISEASES

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV and AIDS.

Indicators:

- > The spread of HIV appears to have stabilized in most regions, and more people are surviving longer
- > Many young people still lack the knowledge to protect themselves against HIV
- > Empowering women through AIDS education is indeed possible, as a number of countries have shown
- > In sub-Saharan Africa, knowledge of HIV increases with wealth and among those living in urban areas
- > Disparities are found in condom use by women and men and among those from the richest and poorest households
- > Condom use during high-risk sex is gaining acceptance in some countries and is one facet of effective HIV prevention
- > Mounting evidence shows a link between gender-based violence and HIV
- > Children orphaned by AIDS suffer more than the loss of parents

FACT:

THERE ARE ABOUT 9 MILLION PEOPLE LIVING WITH HIV STILL IN NEED OF TREATMENT WHO DO NOT HAVE ACCESS
UNAIDS 2012

How Target 6.A will be measured:

- > HIV prevalence among population aged 15-24 years
- > Condom use at last high-risk sex
- > Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS
- > Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Target 6.B: Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it.

Indicators:

- > The rate of new HIV infections continues to outstrip the expansion of treatment
- > Expanded treatment for HIV-positive women also safeguards their newborns

How Target 6.B will be measured:

- > Proportion of population with advanced HIV infection with access to antiretroviral drugs

STORY 3

ACTIVITY A:

REGIONAL HIV STATISTICS

OBJECTIVES

- > To help students learn about the scale of the HIV and AIDS epidemic on a global scale.
- > Highlight the impact and affect of HIV and AIDS particularly relating to children.

STEPS

- > Have students work in groups or as a full class to make educated guesses as to which region highlighted on the map fits with each regional statistic card.
- > If students are stuck ask them to look at how many people are living with HIV versus the AIDS related deaths. If the death toll is high would this be a country with good or poor health care
- > Once the task is complete and all statistics cards have been placed, take the answers below and move incorrect cards to the right region.

TEACHERS ANSWERS (DATA FROM UNAIDS 2012)

- 1. SUB-SAHARAN AFRICA**
People living with HIV: 23,500,000
AIDS related deaths: 1,200,000
AIDS Orphans: 14,800,000
- 2. EAST ASIA**
People living with HIV: 830,000
AIDS related deaths: 60,000
AIDS Orphans: 52,000
- 3. OCEANIA**
People living with HIV: 53,000
AIDS related deaths: 1,300
AIDS Orphans: 6,300
- 4. SOUTH & SOUTH EAST ASIA**
People living with HIV: 4,200,000
AIDS related deaths: 270,000
AIDS Orphans: 1,000,000

- 5. EASTERN EUROPE & CENTRAL ASIA**
People living with HIV: 1,500,000
AIDS related deaths: 90,000
AIDS Orphans: 73,000
- 6. WESTERN & CENTRAL EUROPE**
People living with HIV: 860,000
AIDS related deaths: 9,300
AIDS Orphans: 26,000
- 7. MIDDLE EAST & NORTH AFRICA**
People living with HIV: 330,000
AIDS related deaths: 25,000
AIDS Orphans: 96,000
- 8. NORTH AMERICA**
People living with HIV: 1,400,000
AIDS related deaths: 20,000
AIDS Orphans: 140,000

MATERIALS

Map provided. Regional HIV statistics cards. (see map inside back cover)

TIME

20-30 minutes.

DISCUSSION QUESTIONS

- > Did any of the statistics surprise you?
- > How do you think HIV affects each regions health care system?
- > What impact does HIV have on a nation's work force?
- > How do you think each region handles the thousands of orphans?

STORY 3

ACTIVITY A:

REGIONAL HIV STATISTICS

STATISTIC CARDS



01 People living with HIV: 23,500,000 AIDS related deaths: 1,200,000 AIDS Orphans: 14,800,000	02 People living with HIV: 830,000 AIDS related deaths: 60,000 AIDS Orphans: 52,000
03 People living with HIV: 53,000 AIDS related deaths: 1,300 AIDS Orphans: 6,300	04 People living with HIV: 4,200,000 AIDS related deaths: 270,000 AIDS Orphans: 1,000,000
05 People living with HIV: 1,500,000 AIDS related deaths: 90,000 AIDS Orphans: 73,000	06 People living with HIV: 860,000 AIDS related deaths: 9,300 AIDS Orphans: 26,000
07 People living with HIV: 330,000 AIDS related deaths: 25,000 AIDS Orphans: 96,000	08 People living with HIV: 1,400,000 AIDS related deaths: 20,000 AIDS Orphans: 140,000
09 People living with HIV: 230,000 AIDS related deaths: 10,000 AIDS Orphans: 140,000	10 People living with HIV: 1,400,000 AIDS related deaths: 57,000 AIDS Orphans: 240,000

STORY 3

ACTIVITY 3:

HURDLES IN ACCESS TO TREATMENT

OBJECTIVES

- > To emphasise that access to treatment is a global problem.
- > To demonstrate that obstacles to treatment are caused by both a lack of finance and geography (where a person lives).

STEPS

- > Divide the class into six groups. Give each group a character card and the access to treatment worksheet.
- > Ask students to picture their character and anticipate how the obstacle would not only affect themselves but also their families. Ask them to think of characters financial status, ability to read, type of transportation their character would use to get to the clinic, and access to childcare if they have dependents. Ask students to add other hurdles that they believe the character may face, for example stigma from family.
- > Remind them to refer to the regional statistics activity and handouts from this section along with stigma, prevention and testing.
- > Bring the class together and ask each group to pick a spokesperson for their character. Have the spokesperson read out their character and give a quick overview of how each hurdle affects their character and their community.

MATERIALS

Character Cards. Access to treatment Worksheet. Pens or pencils.
(see worksheet page 48)

TIME

Give each group 15 minutes to discuss than bring the class back together.

DISCUSSION QUESTIONS

- > Which characters are affected the most by the hurdles?
- > Are the hurdles harder depending on rural vs urban, developed vs developing countries, rich vs poor?

STORY 3

ACTIVITY 3:

HURDLES IN ACCESS TO TREATMENT

CHARACTER CARDS



AGE-2:

Gender: Female
Occupation: Student, parents work for Dublin AIDS Alliance
Nationality: Irish
Residence: Urban Dun Laoghaire, Co Dublin
Dependents: 0

AGE-32:

Gender: Female
Occupation: Asylum seeker, not permitted to work
Nationality: Somalian
Residence: Rural, Ballyhaunis, Co Meath
Dependents: 0 She is currently pregnant
Husband is HIV+

AGE-46:

Gender: Male
Occupation: Unemployed, Heroin Addict
Nationality: Irish
Residence: Rural Belmullet, Co Mayo
Dependents: 0

AGE-12:

Gender: Female
Occupation: Caretaker
Nationality: Haitian
Residence: Urban Saint Mar, Haiti
Dependents: Takes care of 4 younger siblings, HIV status of siblings is unknown

AGE-30:

Gender: Male
Occupation: Bank Manager
Nationality: South African
Residence: Urban Johannesburg
Dependents: 2 Children and wife are HIV+

AGE-38:

Gender: Male
Occupation: Teacher
Nationality: Pakistani
Residence: Urban Multan, Pakistan
Dependents: 3, Wife is HIV+ and children are HIV+

STORY 3

ACTIVITY B:

HURDLES IN ACCESS TO TREATMENT

WORKSHEET

 <p>NO CASH NO ACCESS</p>	
 <p>NEAREST CLINIC 35km</p>	
 <p>OPENING HOURS REFLECT FUNDING</p>	
 <p>LOCATION DETERMINES SURVIVAL RATE</p>	

STORY 3

ACTIVITY C:

MILLENNIUM DEVELOPMENT GOALS

OBJECTIVES

- > To help students learn about the Millennium Development Goals specifically MDG 6.
- > Students will gain insight into the challenges of creating a HIV and AIDS awareness and prevention programme.

STEPS

- > Inform students that they have been given €10 million to work towards achievement of MDG 6 in Mozambique.
- > Ask students to research the current situation in Mozambique and work together to brainstorm possible ways to meet the indicators of target 6.A and 6.B through prevention or treatment programmes.

If students are stuck direct them to www.unaids.org and www.un.org/millenniumgoals

MATERIALS

Millennium Development Goals Handout.
Pens or pencils. Computer with internet access. (see handout page 38)

TIME

Full class plus 'homework'.

STORY 4

POSITIVE LIVING

FACT:

**TREATMENT +
SUPPORT + RESPECT =
LIVING POSITIVELY**

Being diagnosed with HIV is often accompanied with a multitude of feelings: fear, grief, denial, loneliness, depression, anger and anxiety. HOWEVER, IT IS NOT THE DEATH SENTENCE IT ONCE APPEARED TO BE.



STORY 4

POSITIVE LIVING

TEACHERS' GUIDE



AFTER THIS SECTION STUDENTS SHOULD BE ABLE TO:

- > Grasp the social, cultural and economic impact of HIV.
- > Know more about awareness and prevention campaigns around the world.
- > Understand the need for support and healthy living.
- > Have the basic knowledge to support a friend or family member with HIV.

BEHIND THE VIDEO

Positive Living brings the story of all our characters to a conclusion with a somewhat ceremonial release of their past in the form of a gathering and lantern lighting. The piece should communicate that although our characters have gone on a journey in which they have contracted and are now living with HIV, this is not the end, there is a whole world and a future ahead of them.

The change from darkness to an open air environment ideally reflects the darkness of the journey that those who have newly contracted HIV must go on before accepting their condition and moving forward with their lives. The releasing of the lanterns is a symbolic moment representing a departure from the obvious negativity surrounding the subject and should allow the viewer the opportunity to reflect on what they have seen and heard. Our wish is that we come away from this piece and the project as a whole with the understanding that contracting HIV is not the end but a beginning.

BEHIND THE STORY

Words from the poet "The underlying theme is sublimation; this refers to repression but also the changing between elemental states (Ice to water to steam). I used this idea of different states to represent the different stages that are essential for positive living."

ICE

The first state is ICE and represents the way a person may feel after first being diagnosed with HIV: they may feel that life has gone out of them, that HIV is a death sentence, that the world has suddenly gone very cold and that they will be outcast and rejected.

VIEW THE VIDEO AND DISCUSS

What does the lighting of the lanterns signify?

What does the gathering together in the field symbolise?

What do you believe each elemental state symbolises?

Take the video a step further by having students analyse the spoken word section on the student handout. Ask students what words stand out to them? How do the words contribute to the meaning? What questions does the section raise? What does the section say to them? Do they like it? Why or why not?

WATER

The second state is WATER and represents the realisation that for many with access to treatment and a caring circle of support HIV is not a death sentence and that people with HIV are able to lead 'normal', healthy lives... and like anyone else can enjoy family life, hold down a job and participate in their community.

STEAM

The third state is STEAM and represents the dreams, hopes and aspirations that all of us have, whether living in the 'developed' or 'developing' world, whether man or women, rich or poor, HIV+ or negative. In the video the lighting and releasing of the lamps signifies that by working together our hope for a HIV and AIDS free world will become a reality.



STORY 4

POSITIVE LIVING

STUDENT HANDOUT



Being diagnosed with HIV is often accompanied with a multitude of feelings: fear, grief, denial, loneliness, depression, anger and anxiety. However, it is not the death sentence it once appeared to be. Science has come a long way over the past thirty years and much is now known about the HIV virus, resulting in prolonging of life, through a healthy lifestyle, and the drugs that suppress the HIV virus allowing the body's immune system to gain strength.

Life still goes on after diagnosis. Living with HIV does not mean that you cannot live a normal life. A person living with HIV can still get married, work and have children. Therefore, living with HIV is about positive living (a healthy attitude + a healthy diet + the right choices = a healthy life) as much as it is about living positively with HIV.

Treatment of HIV is one of the primary means of ensuring a healthy, productive and long life. Treatment does not only refer to taking medication, it also includes looking after your body and eating healthily.

Treatment of HIV through antiretroviral therapy, as with many pharmaceutical treatments, can lead to side-effects. These side-effects (such as tiredness, rashes, headaches, dizziness, vomiting and diarrhoea) can, and often do, take their toll and thus people taking ART may also seek out complimentary therapies as a means of easing effects and reducing possible stress. Eating healthily and exercising regularly can assist in mitigating possible side effects.

EXERCISE & HEALTHY EATING

Regular exercise is essential for staying healthy. Exercise increases your energy, your mood, reduces stress levels and improves your sleep patterns. For people living with HIV exercise helps the body fight off the virus and mitigate against the side-effects of antiretroviral therapy.

A healthy nutrient-rich diet is essential as the immune system fights of the HIV virus it uses up more energy than it would typically use. Also, the virus may make it more difficult for the body to absorb nutrients as the virus takes hold. Even when taking antiretroviral drugs the body requires a nutritious diet to ensure it stays healthy and to stave off possible side-effects of the drugs.

In the developing world getting three meals a day, let alone three healthy nutrient-rich meals and access to clean water is a commodity denied to millions of people.

"WE ARE NOT VICTIMS, WE ARE NOT PATIENTS, AND WE ARE NOT SUFFERERS. THESE NAMES ARE BOTH DEROGATORY AND DISEMPOWERING. WE ARE PEOPLE LIVING WITH HIV. WE LAUGH, WE CRY, WE DANCE, WE SING, WE PLAY, WE ARGUE, WE PAY TAX, WE ARE PARENTS, AND CHILDREN. WE BELONG TO FAMILIES. WE ARE ALL IN COMMUNITIES. ABOVE ALL THESE THINGS WE ARE PART OF HUMAN NATURE. THAT IS THE SECOND CHALLENGE: DE-STIGMATIZING OURSELVES AND HIV AND AIDS."

Thanduxolo Doro, speaking at the First National Summit for People Living with HIV and AIDS, South Africa, October 2002. Source: SafAIDS.

SUPPORT GROUPS

Positive living is also being able to live a life without the stress of stigma and discrimination and with the support of family, friends and their community.

Support is extremely important. Through support groups individuals not only get emotional support but also get information on their treatment, side effects, their rights, and are able to get answers to specific questions. Across the globe there are peer support groups and online support groups. The majority of online support groups such as thebody.com (the complete HIV and AIDS resource) and community.poziam.com (a social network for support, education & sharing experiences about living with HIV and AIDS) have online forums where you can post any question and experts as well as individuals in similar situations can give you advice.

Open Heart House is Ireland's largest peer support network of HIV+ people, providing a wide range of programmes and services to support their members as they continue the journey to empowerment and face the challenges of living with HIV. www.openhearthouse.ie

In India Concern's programme supports treatment adherence by providing an outreach programme. This reduces the workload of the HIV centre, which in turn increases the centre's efficiency and enables the centre to provide services to new clients.

HOW TO SUPPORT A FRIEND OR FAMILY MEMBER WITH HIV

While it is difficult to come to terms with a friend or family member's recent diagnosis of HIV it is more difficult for the person themselves to deal with it.

The best way of supporting a person living with HIV is to provide emotional support. Avoiding the issue will not help and can in fact do a great deal of damage as the person will feel even more isolated and alone.

HERE'S HOW YOU CAN HELP: INFORM

Yourself and others about the facts of HIV and AIDS, and ways to prevent the virus.

SUPPORT

Organizations like Concern Worldwide who work to end the prevalence of HIV and AIDS around the world.

VOLUNTEER

Your time and energy with an organization that supports the reduction of HIV and AIDS through education, emergency relief, and community awareness.

CONTACT

Community leaders, schools, and friends to raise awareness of the issue and to get people talking about prevention.

CONNECT

With organizations and groups within your own community that are concerned about MDG 6.

TALK

About HIV and AIDS with friends and family, and the measures one must take to prevent the virus and ways to help those who are living with the virus today.

ORGANISE

Awareness-raising or fundraising events within your own community.



STORY 4

ACTIVITY A:

BECOME THE POET: POSITIVE LIVING SPOKEN WORD

OBJECTIVES

- > To emphasise the need for support and healthy living.
- > To look at living positively from different angles.

STEPS

- > Task students to create their own spoken word piece for an HIV awareness programme on positive living. Their spoken word piece could take on the perspective of one person's story, an HIV support group or could be completely abstract.

The only main guidelines the students should be given are to include the following key messages (please put on flip chart or board).

- > No longer a death sentence, Life expectancy
- > Adherence to medical regime
- > Diet & exercise
- > Importance of early testing
- > Emotional and social support

MATERIALS

Pens/Pencils. Paper. Key messages (please put on flip chart or board)

TIME

20-30 minutes.

STORY 4

ACTIVITY 3:

THE SOCIAL, CULTURAL & ECONOMIC IMPACT OF HIV

OBJECTIVES

- > To help students understand the social, cultural and economic impact of HIV.
- > To educate students on awareness and prevention campaigns around the world.
- > To improve research and presentation skills.

STEPS

- > Form groups of 5 or 6 students and allocate each group a different country where HIV has had a significant impact. Have the students examine how HIV impacts in a number of different ways depending on the social, economic and cultural factors.
- > Suggestions for countries with interesting HIV campaigns are: South Africa, Brazil, Russia, Nigeria and Zimbabwe.
- > After allocating countries to the students ask them to consider the following questions: (student worksheet included)
 1. How many adults and children are infected? How has this changed over time?
 2. What is the impact of HIV on people of your age in that country? Look at the numbers affected (e.g. with a family member infected) as well as infected.
 3. What kind of awareness and prevention campaigns has the country run? Think about who the campaigns target, what they are recommending (abstinence, condom use, stopping sharing needles?) and if there is enough funding?
 4. Is HIV and AIDS taught in schools?
 5. Has the country's prevention efforts changed over time, what effect has this had?
 6. What sort of myths and misinformation about HIV are common? What problems do these cause?
- > Ask students to keep a log of their searches and the origins of sources to enable presentations to include references. Once the research is completed students can:
 - > feedback to the rest of the class
 - > run a lesson for peers
 - > lead a school or class assembly
 - > prepare a display for the school, local library or community centre

MATERIALS

The social, cultural and economic impact of HIV Student Worksheet. Computers with Internet access. (see worksheet page 58)

TIME

More than one class will also need out of class time for research.

STORY 4

ACTIVITY 3:

THE SOCIAL, CULTURAL & ECONOMIC IMPACT OF HIV

WORKSHEET

1. How many adults and children are infected? How has this changed over time?
2. What is the impact of HIV on people of your age in that country? Look at the numbers affected (e.g. with a family member infected) as well as infected.
3. What kind of awareness and prevention campaigns has the country run? Think about whom the campaigns target, what they are recommending (abstinence, condom use, stopping sharing needles?) Is there enough funding for prevention?
4. Is HIV and AIDS taught in schools?
5. Has the country's prevention efforts changed over time, what effect has this had?
6. What sort of myths and misinformation about HIV are common? What problems do these causes?

Use the following websites to get you started:

- > unaids.org
- > aidsinfoonline.org
- > aidsalliance.org
- > avert.org
- > globalhealth.org
- > aidsresearch.org
- > amfar.org
- > who.int
- > unesco.org

Make sure to keep a log of your searches and the origins of sources.

STORY 4

ACTIVITY C:

DEBATE IT

OBJECTIVES

- > To encourage students to debate where scarce financial resources should be best spent; on treatment or prevention.
- > To look at the full global picture of HIV and AIDS.
- > To improve research and public speaking skills.

STEPS

- > Ask for four student volunteers then divide the remaining class in half giving one side prevention and the other side treatment. Three of the volunteer students are to adjudicate (see marking sheet on page 61). The remaining student is to be the timekeeper.
- > Have each group pick four speakers for their debates team. Hand out the 'debate it' card relevant to their side of the motion. Have the remaining student help their team's four speakers prepare their speech by pulling facts from the handouts and guidance from the 'debate it' card. Notify the class that each speaker will get 2 minutes for their speech and rebuttal then give the class 20 minutes to write their speeches.
- > Call the class together and call the speakers to the front of the class. Pre-warn the speakers that the timekeeper will tap a pen on a glass (or ring a bell if available) at 1.30 minutes and again at 2 minutes, ask the timekeeper to demonstrate, every speaker who goes over 2 minutes will be deducted a point.
- > Let one of the prevention speakers go, then treatment then back to prevention until every speaker has had a chance to state their points.
- > Have the adjudicators mark each speaker. After the debate, ask the timekeeper to notify the adjudicators which students went past the 2 minute mark. Have adjudicators retreat to the back of the class to add up their marks and announce the team with the highest marks.

MATERIALS

'Debate it' cards. A glass and pen or bell for timekeeper. Three Marking sheets (see cards & marking sheet page 60)

TIME

30-35 minutes.

STORY 4

ACTIVITY C:

DEBATE IT

CARDS



PREVENTION

Those in favour of placing HIV and AIDS funding heavily on prevention argue that:

- > On a population level, treatment is pointless without preventing further spread of the disease.
- > Preventing the transmission of the virus will save money and time in the long-run.
- > HIV and AIDS is related to all areas of development, including food insecurity, poverty, gender-based violence, education, health services, and economic growth. Preventing the spread of HIV and AIDS is crucial in solving these pressing development issues.

TREATMENT

Those in favour of placing HIV and AIDS funding heavily on treatment argue that:

- > The budget should be spent on finding a cure for the 34 million people already infected.
- > Must cure the people with the disease first, then worry about subsequent incidence.
- > We are in a state of emergency – must treat first before offering prevention measures.
- > Those people with HIV and AIDS need our help immediately, so funding should go towards them.

STORY 4

ACTIVITY C:

DEBATE IT

MARKING CARD

	Prevention Speaker R1	Prevention Speaker R2	Prevention Speaker R3	Prevention Speaker R4	Treatment Speaker R1	Treatment Speaker R2	Treatment Speaker R3	Treatment Speaker R4
Content	/10	/10	/10	/10	/10	/10	/10	/10
Delivery	/10	/10	/10	/10	/10	/10	/10	/10
Rebuttal	/10	/10	/10	/10	/10	/10	/10	/10
Deducted marks for overtime								
Total	/30	/30	/30	/30	/30	/30	/30	/30

TAKE ACTION

The remaining activities in this section are geared toward having the students take action on HIV and AIDS awareness as a personal, community and global issue. If you need any assistance please do not hesitate to contact us at: resources@concern.net

EDUCATE YOUR PEERS:

Create your own HIV awareness campaign, once you have your slogan and key messages create posters and leaflets to display and hand out around the school.

WANT TO TAKE IT A STEP FURTHER?

Start a peer education programme about HIV and AIDS in your school or local community.

EDUCATE YOUR COMMUNITY:

Write an article or letter to the editor of the local newspaper or school newspaper; include statistics about the prevalence of HIV and AIDS in Ireland. Contact community leaders, schools, and friends to raise awareness of the issue and to get people talking about prevention.

CONTACT CONCERN TO SEE HOW YOU CAN SUPPORT THE ORGANISATION'S WORK IN COMBATTING HIV AND AIDS IN THE DEVELOPING WORLD:

Log on to Concern's websites to read about our HIV and AIDS work in the developing world concern.net

WANT TO BE MORE HANDS ON?

Dublin AIDS Alliance requires volunteers for large fundraising initiatives and events, or you can create your own event for Dublin AIDS Alliance or Concern Worldwide.

A QUICK QUIZ EVALUATION

BEFORE ENGAGING WITH THIS RESOURCE WE ASKED YOU TO TAKE A SHORT QUIZ TO TEST YOUR KNOWLEDGE OF HIV, NOW IT'S TIME TO SEE HOW MUCH YOU HAVE LEARNED.

01 WHAT IS THE DIFFERENCE BETWEEN HIV AND AIDS?

- HIV is a virus and AIDS is a bacterial disease
- HIV is the virus that causes AIDS
- There is no difference between HIV and AIDS

02 HIV CAN BE PASSED FROM ONE PERSON TO ANOTHER...TICK ALL THAT APPLY

- By unprotected sex
- By sharing a toothbrush
- From mother to child during pregnancy
- By mosquitoes
- By hugging or kissing
- By sharing a drinking cup or cutlery
- By sharing needles
- Through breast milk
- By swimming in the same pool
- By coughing or sneezing
- By being best friends
- By **untested** blood transfusion

03 ONCE SOMEONE HAS HIV THERE IS LITTLE THAT CAN BE DONE TO HELP THEM

- True
- False

04 PEOPLE WITH HIV IN THE DEVELOPING WORLD DON'T USUALLY LIVE AS LONG AS PEOPLE WITH HIV ELSEWHERE

- True
- False

05 ACCORDING TO UNAIDS REPORT HOW MANY PEOPLE WERE LIVING WITH HIV IN 2011

- 32 million
- 34 million
- 36 million
- 38 million

06 HIGH RISK BEHAVIOUR INCLUDES TICK ALL THAT APPLY

- Having unprotected sex
- Sharing a toothbrush
- Hugging or kissing
- Sharing a drinking cup or cutlery
- Sharing needles
- Untested blood transfusion

07 THE SAME ANTIVIRAL DRUGS ARE AVAILABLE AROUND THE GLOBE

- True
- False

08 15-24 YEAR OLDS ACCOUNTED FOR HOW MANY NEW ADULT INFECTIONS

- 78%
- 20%
- 40%
- 52%

09 WHICH OF THE FOLLOWING MILLENNIUM DEVELOPMENT GOALS IS DEDICATED TO COMBATING HIV AND AIDS?

- MDG 2
- MDG 4
- MDG 6

10 WHICH OF THE FOLLOWING BIRTH CONTROL METHODS POTENTIALLY OFFERS PROTECTION AGAINST HIV?

- Contraceptive pills
- Condoms
- The pull out method
- The rhythm method of birth control

STORY 1

PREVENTION & TESTING

THE STORY

One in flight
Is worth two in sight

That's an old myth
An old wives tale
Something just rehashed to regale
But maybe there's a truth
In it

How do you stop the inevitable
Something ghostly
Mostly invisible
Unthinkable intangible indivisible
An idea
A molecule
The shit they don't teach in school

How do you stop fear?

How do you react at first contact
In close proximity
Approximately all of us
Don't think
Don't blink
Not realising
You're on the brink

How do you stop
How do you stop
How do you learn
To unyearn
How do you feel
When there is so much pressure
And yeah sure
You know it all

But it's one for sorrow
Two for joy
Only with this one
There's no room to be coy

How do you understand
When you've not been taught
How do you discover
When it ought to be right
To uncover these myths

How do you stop the incurable
Incredibly durable
But completely preventable
How can we justify
High risk behaviour
Change the taste
Blend a brand new flavour
It's so testing this
It's detestable this
And yet there's a preventable savour

It's no new social debate
It's about your character not a status update
So best hear this reverberate

'cause when you're caught there pants down
Doing your exploring
It's just one action and no restoring

This epoch is leaving with aftershock
And that one magpie
Might not take flight
And
It's just one for sorrow

STORY 2

STIGMA

THE STORY

I am not a scorpion
Though there's a sting in my tail
It's not my curse
It's society's fail

So we're so similar
Infected affected
In different ways
But I'm the camouflaged caterpillar
Bloods boiling ablaze

Cocooned
Marooned
Disenfranchised lost
Making arduous efforts
To metamorphose
At what cost

I have one question for you
Do you consider yourself
Lucky or invincible?
Actions aren't subliminal
Because natures' a bitch
and man's just a glitch
Adapt or perish, is natures imperative.
It's up to you to find the narrative
On that path you want to live.

I am not the scorpion
Not here to sting
Just a caterpillar
Preparing for wings

So we're so similar
Got goals
Ambition, hate authority
Want the majority
Kick a ball, drink cans
Fight at home
Weekend plans
Underage parents
Got kids in prams
Have a heart
Want to cry
Need love tender
Don't know why
Computer games
Internet
Social network heavy pet
Back of the class
Homework due up
Dog ate it again
What the f...
Original sin
Knows it all
3 and in
On the ball
Gets around
Takes what you get
Got too much
Got regret

So why do I feel like this, for what, why now?
Sentenced to silence
Solitude penance
Imprisoned by ignorance

It's hard to disclose
Those of you listening
Offer me a new beginning

I find it hard
It's hard to speak
To seek help
Caterpillars aren't weak
They're nature's freaks
Mimic and tweak
They don't choose
To change
To grow butterfly wings
Yet in some way we all wish to fly
Avoid
Dance free from the pit falls
That map out natures existence
I am not a scorpion
See my wings

You think:
Junkie, homo, African or Asian
No not this Caucasian
Truth a virus hasn't discrimination
34 million
Camouflaged caterpillars worldwide
In this equation
That's a lot to hide
That's a lot hiding

STORY 3

ACCESS TO TREATMENT

THE STORY

Her heart opened
Singing with the purity of birdsong
In a room where too many truths
had been spilt
Too many tears sung
Verse and chorus
Where no ones' won

The small room lighten by a skylight off
Dorset st
Almost the only escape for prayers
Rising flying with the many melodies
The colour of the room escapes me
It doesn't matter
But I am thinking blue
Or some other hue of forgetfulness

She sits there
Picking at an unhealed wound
Covered over with tatooes
And too many taboos

She sings again
I shake
I want to hug
But sometimes distance is the kindest thing
Despite the questioning
Despite the unanswers
Despite the betrayal
Despite me not knowing
Never knowing
Pretending to understand
Applying empathy
Nodding my head
'sure yeah... go on'

What is your favourite colour I ask?
Something more and less personal
Something real to me
Something I can understand
Fleshing her out

At what point do we have the right to know
things about people?
When does that release happen?
I don't know her and yet I ask...

How did it happen?

She knows we are here for this
We're prepared for the violence
As much as you can
She says as much
As she can
She says...

I think what is courage?
I think, no I know she is my hero
She speaks of the birds and bees
The hawk and the honey
That time aged 14
Wanting to impress
Wanting to be accepted
Wanting to please
All too much
Too much violence
Violation
When love is dangerous

Some take
Some give
Some got what they aught not

Her first child taught her she had hiv
Her first moment of joy another decoy

And now when going for testing in
St. James hospital
No surprise she seeks disguise
Going only on the same days the addicted
and the convicted
A place not for her
But a place of camouflage
A hidden face

The melody changes
The tones of being alone reverberate
Unable to use the medicine because of the
perceived sin
The thoughts of letting him win
The acceptance of what was brought
Makes the room spin
The skylight shatters
All those things that are meant to matter
go blue
And I sink into the depths of her
A fear of drowning yet we go deeper
Refusing the oxygen we need
And our held breath
Won't sustain us for long
And this song says something is wrong

What is brave?
Brave for me is waking up every morning
and looking prejudice in the eye
Being warm in a cold system
Giving the kiss of life to others
When you have already exhaled

STORY 4

POSITIVE LIVING

THE STORY

Three changing states
Carrying different weights

1. When it's basic... habitual

It's solid
Cold as ice
Within touching distance
At a glance
You know its weight
It's measured
Controlled
Confined
Defined
It's basic linear existence
Affirmation
Sublimation
It's tough and bendable
At your mercy untransendable
It's life expectancy
It's what you detect
And see
It's what determines you
And we
It's testing
It's a choice of ingesting
It's reliance
It's regime
It's cold hard clean
It's visible
It's what needs to be done
It's the hold on
Head up
Free for all
Humdrum
It's essential to move on

To heat up
To become

2. When it moves... it's you

To melt
To Liquid
To burns like acid
To shift, and shape
REM flicker dilate
Resonate
It moulds
Holds weightlessness
Sunk titans

Like no business
It's visible
Drowning is not an option
When already breathless
Bereft of this
Life is less
It is your face
It is your face
Smiling
It is perfect timing
Stars aligning
You can sense it
If devoid at all
This emotional support
Precipitation raises us all
Plugs in electrifies us all
A mains network applies
Install
The H2O dissolves
Solves woe
If shared
Droplets disperse volumes
Blooms to a boiling point
Taps that tipping point
Almost ghostly heavenly anoint

3. When it's heals... it's ancestors

It's vaporization
Condensation,
Gets deep down
Soul search excavation
Boiling reaction
No matter of factin'
It's a fact of matter
A fact of life
Philosophical
Fragments of hope
Objects to cope
To cause rebirth and rejoice
A sibling's voice
It is the glue
The decider
It's in you
Reminder
Positively and positivity
Can coincide here
It's so obvious
Its genius
And requires no fuss
Don't make me spell it out
Tell and shout
There's so much there that it is
So there's so much there for us
It's the thoughts of sharing
Re-engaging
Accepting
Lightening a load
Reaching out
Lifting up
Setting free
Sparking a flame
To burn shame

A QUICK QUIZ

BEFORE YOU START

TEACHERS' ANSWERS

01 WHAT DOES 'AIDS' STAND FOR?

Acquired Immune Deficiency Syndrome

02 WHAT IS THE DIFFERENCE BETWEEN HIV AND AIDS?

HIV is the virus that causes AIDS

03 HOW CAN YOU TELL IF SOMEBODY HAS HIV OR AIDS?

There is no easy way to tell

04 HIV CAN BE PASSED FROM ONE PERSON TO ANOTHER... TICK ALL THAT APPLY

- By unprotected sex
- From mother to child during pregnancy
- By sharing needles
- Through breast milk
- By **untested** blood transfusion

05 THERE IS A CURE FOR AIDS

False

06 PEOPLE WITH HIV IN THE DEVELOPING WORLD DON'T USUALLY LIVE AS LONG AS PEOPLE WITH HIV ELSEWHERE

True

07 ACCORDING TO THE UNITED NATIONS HOW MANY PEOPLE WERE LIVING WITH HIV IN 2011?

34 million

A QUICK QUIZ

EVALUATION

TEACHERS' ANSWERS

01 WHAT IS THE DIFFERENCE BETWEEN HIV AND AIDS?

HIV is the virus that causes AIDS

02 HIV CAN BE PASSED FROM ONE PERSON TO ANOTHER... TICK ALL THAT APPLY

- By unprotected sex
- From mother to child during pregnancy
- By sharing needles
- Through breast milk
- By blood transfusion

03 ONCE SOMEONE HAS HIV THERE IS LITTLE THAT CAN BE DONE TO HELP THEM

False

04 PEOPLE WITH HIV IN THE DEVELOPING WORLD DON'T USUALLY LIVE AS LONG AS PEOPLE WITH HIV ELSEWHERE

True

05 ACCORDING TO UNAIDS REPORT HOW MANY PEOPLE WERE LIVING WITH HIV IN 2011?

34 million

06 HIGH RISK BEHAVIOUR INCLUDES TICK ALL THAT APPLY

- Having unprotected sex
- Sharing needles
- Untested blood transfusion

07 THE SAME ANTIVIRAL DRUGS ARE AVAILABLE AROUND THE GLOBE

False

08 15-24 YEAR OLDS ACCOUNTED FOR HOW MANY NEW ADULT INFECTIONS

40%

09 WHICH OF THE FOLLOWING MILLENNIUM DEVELOPMENT GOALS IS DEDICATED TO COMBATING HIV AND AIDS?

MDG 6

10 WHICH OF THE FOLLOWING BIRTH CONTROL METHODS POTENTIALLY OFFERS PROTECTION AGAINST HIV?

Condoms

GLOSSARY OF KEY TERMS

Acute HIV Infection:

Early stage of HIV infection that extends approximately 2 to 4 weeks from initial infection until the body produces enough HIV antibodies to be detected by an HIV antibody test. Because the virus is replicating rapidly, HIV is highly infectious during this stage of infection.

Adherence:

Taking medications exactly as prescribed. Poor adherence to an HIV treatment regimen increases the risk for developing drug-resistant HIV and virologic failure.

Adjuvant:

A substance added to a drug to enhance the effects of the drug. Adjuvant also refers to a substance added to a vaccine to boost the body's immune response to the vaccine.

AIDS:

Stands for Acquired Immune Deficiency Syndrome.

Antibody:

A protein produced by B lymphocytes (B cells) in response to an antigen. Antibodies bind to and help destroy antigens.

Antigen:

Any substance that is foreign to the body and triggers an immune response. Antigens include bacteria, viruses, and allergens, such as pollen.

Antiretroviral Therapy (ART):

The recommended treatment for HIV infection. Antiretroviral therapy (ART) involves using a combination of three or more antiretroviral (ARV) drugs from at least two different HIV drug classes to prevent HIV from replicating antiretroviral drugs.

CD4 cells:

Are 'helper' cells which organise the immune system's response to bacteria, fungi and viruses. HIV is able to attach itself to the CD4 molecule, allowing the virus to enter and infect these cells. Even while a person with HIV feels well and has no symptoms, billions of CD4 cells are infected by HIV and are destroyed each day, and billions more CD4 cells are produced to replace them.

Co-infection:

Is a term used to describe the condition of an HIV+ person being infected with a commonly associated disease such as Tuberculosis (TB) or hepatitis.

HIV:

Is a retrovirus that occurs as two types: HIV-1 and HIV-2. Both types are transmitted through direct contact with HIV-infected body fluids, such as blood, semen, and genital secretions, or from an HIV-infected mother to her child during pregnancy, birth, or breastfeeding (through breast milk).

REFERENCES & FURTHER READING

IRISH AGENCIES

Dublin AIDS Alliance www.dublinaidssalliance.ie

Works to improve conditions for people living with, or affected by, HIV and AIDS and Hepatitis. Services include support, counselling outreach, advocacy and mediation, as well as the provision of HIV, STI, and drug use information. All services are free of charge.

ACET, Dublin www.acet.ie

Voluntary organisation working as a Christian response to HIV and the related issues of sexual health and drug dependency. ACET provides Education, Training and Community Care services.

Open Heart House, Dublin www.openhearthouse.ie

Provides peer support for people living with HIV and a range of services including holistic therapies and a meals programme.

AIDS WEST, Galway www.aidswest.ie

Helpline +353 (0)91 562213

Offers care and support to those affected by HIV and AIDS, also offers information and education on all aspects of sexual health.

Red Ribbon Project, Limerick www.redribbonproject.com

Helpline +353 (0)61 316661

The Red Ribbon Project is an organisation working in the area of Sexual Health Promotion, HIV, and STI Prevention, and Support Services in counties Clare, Limerick, and Tipperary North.

Sexual Health Centre, Cork www.sexualhealthcentre.com

Provides a wide range of sexual health promotion and HIV support services.

Irish Health www.irishhealth.com

Ireland's independent health website, designed to offer users a comprehensive yet easy to use online source of medical and healthcare information and up-to-the-minute health news.

REFERENCES & FURTHER READING

INTERNATIONAL AGENCIES

European Centre for Disease Prevention and Control (ECDC)
www.ecdc.europa.eu

ECDC's mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases.

UNAIDS www.unaids.org

Joint United Nations Programme on HIV/AIDS, is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Best resource for data. Annual overviews of global epidemic and data tables by region and country

National AIDS Trust (NAT) www.HIVaware.org.uk

UK's leading charity dedicated to transforming society's response to HIV.

AIDSinfo, www.aidsinfo.nih.gov

A service of the U.S. Department of Health and Human Services, offers access to approved HIV and AIDS medical practice guidelines, HIV treatment and prevention clinical trials, and resource.

AVERT www.avert.org.

International HIV and AIDS charity, based in the UK, working to avert HIV and AIDS worldwide, through education, treatment and care.

World AIDS Campaign www.wordaidscampaign.org

International campaign to ensure that governments and policy makers meet the HIV targets they set, the commitments they made, and mobilize the necessary resources for a world where people do not die of AIDS and opportunistic infections like TB.

TEACHING RESOURCES

National Youth Council Ireland www.youthdeved.ie

Filling the Gaps: Hard to Teach Topics in Sexuality Education. Sexuality Information and Education Council of the United States www.hawaii.edu/hivandaids

One Man Can: Working with Men and Boys to Reduce the Spread and Impact of HIV and AIDS Sonke Gender Justice Network www.genderjustice.org.za

Men As Partners A Program for Supplementing the Training of Life Skills Educators, EngenderHealth, Inc. www.engenderhealth.org

HIV and AIDS Stigma Resource Pack siyam'kela project www.csa.za.org/resources

REFERENCES & FURTHER READING

Global HIV/AIDS Response Epidemic Update and Health Sector Progress Towards Universal Access Progress Report 2011:

World health Organization, UNAIDS and UNICEF www.who.int/hiv

HIV in Ireland 2011 Report: HSE Health Protection Surveillance Centre (HPSC) www.hpsc.ie

Unveiling the Truth Shedding Light on HIV Stigma and Discrimination:

A report from the XVI International AIDS Conference, Toronto, Canada. August 2006

State of the AIDS Response OUTLOOK: Looks at HIV Prevention and Treatment as it explores the state of the AIDS response in 2010. UNAIDS

Glossary of HIV/AIDS-Related Terms AIDS Info: U.S. Government Source for HIV/AIDS Medical Practice Guidelines, Clinical Trials, and Other Research Information October 2011 7th edition.

HIV/AIDS & Human Rights in a Nutshell: A quick and useful guide for action, as well as a framework to carry HIV/AIDS and Human Rights actions forward Program on International Health and Human Rights: François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health and the International Council of AIDS Service Organizations (ICASO) December 2004.

AIDS in the Twenty-first Century, Disease and Globalization:

Tony Barnett & Alan Whiteside 2002.

Fear & Hope: Concern Worldwide India, 2008

The Politics of Prevention, A global Crisis in AIDS and Education:

Tania Boler & David Archer Actionaid 2008.


Righting Stigma: Exploring a Rights-based approach to addressing Stigma: Frans Viljoen (editor) AIDS and Human Rights Research Unit, University of Pretoria, 2005.


This is what has happened... HIV and AIDS, women and vulnerability in Zambia: Compiled and edited by Valerie Duffy and Ciara Regan.

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