



TEACHER TOOLKIT

TakingITGlobal 
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PROJECT PARTNERS
TakingITGlobal
TeenNet
Gendering Adolescent AIDS Prevention



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TIG Xpress HIV / AIDS Teacher Toolkit

Prepared by:

Luke Walker, TakingITGlobal
Charlotte Lombardo, TeenNet
June Larkin, GAAP
Claudia Mitchell, GAAP
Mwansa Njelesani, TakingITGlobal
Martin Wong, TakingITGlobal

Designed by:

Jarra McGrath, TakingITGlobal

Thanks to:

Esther Tharao, Women's Health in Women's Hands

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About the Partners



TakingITGlobal (TIG) is an international organization led by youth and empowered by technology, providing youth around the world with the information they need to understand global issues, and opportunities to create change and interact with other cultures.



TeenNet Research aims to generate new knowledge and develop practical tools for engaging youth in health promotion and advocacy using interactive technology. TeenNet is based in the Department of Public Health Sciences at the University of Toronto.



Gendering Adolescent AIDS Prevention (GAAP) Project includes a team of researchers (faculty and graduate students), educators and youth activists in Canada and South Africa interested in participatory approaches to working with young people to develop innovative gender-sensitive HIV prevention programs.

Introduction

TIG Xpress–HIV/AIDS is a new kind of HIV/AIDS education tool for Canadian youth. Instead of approaching the topic from the perspective of physical health, this toolkit will equip teachers with facts and tools to help their students understand the local and global development issues which drive the HIV pandemic.

About the Project

TIG Xpress–HIV/AIDS combines art-based approaches and development education with the latest research on effective approaches to HIV/AIDS education. The project draws on TakingITGlobal's experience engaging young people in global issues using technology, TeenNet's experience with the Photovoice methodology, and GAAP's exciting research on HIV/AIDS education.

The cornerstone of the project is a technique called Photovoice, which involves putting cameras in the hands of community members to allow them to explore a particular theme or issue. The *TIG Xpress* toolkit features photography by young people from Canada and South Africa, with a focus on HIV and global development issues. These photographs have been added to a global image repository on the TakingITGlobal.org site—a repository that will grow as your students contribute their own images and discussion.

Why Photovoice & HIV/AIDS?

There is increasing recognition that unless youth are given more opportunity to participate in dialogue about their own health, HIV prevention programs are doomed to fail. Photovoice is a creative way to involve youth in HIV/AIDS education. Through Photovoice, youth can become the producers, rather than consumers, of messages related to HIV and AIDS. In this toolkit Photovoice is used as an approach for engaging students in the production of images and discussions that situate HIV/AIDS in a development education framework.

Who Can Use this Toolkit?

This toolkit has been designed for educators in a number of different subject areas, from the social studies to visual art to language arts, who are interested in introducing social and development issues to their students. We have tried to make the process as simple as possible, making it as accessible to educators with very little knowledge on the topic of HIV as possible. We have provided extensive background information and links to external resources, to help both educators and students through the learning process.

HIV/AIDS & Development Education

HIV/AIDS is fast becoming a global crisis with young people emerging as one of the most affected groups (InterAction, 2002; UNAIDS, 2004). While anyone can contract HIV, the spread of the disease is driven by poverty, racism, gender inequality and other forms of social marginalization. The rates of infection are highest in the developing world where a lack of health facilities and other basic services make it difficult to cope with the pandemic (InterAction, 2002). Sub-Saharan African is the hardest hit: two thirds of all people living with HIV live in southern Africa.

In this resource, we examine HIV/AIDS from a development education perspective. The goal of development is “to bring about sustained improvement in the well-being of the individual and to bestow benefits on all” (The International Development Strategy for the Second Development Decade, cited in Open Gates Cooperation Circle, 1975, p. 1). This means prioritizing the needs of those who are most disadvantaged, in our own community and across the globe. Development education plays a key role in helping students develop the skills, knowledge and values necessary for life in our global society.

Toolkit Goals & Objectives

The goal of this toolkit is to allow students and teachers in Canada and elsewhere to engage in an open, constructive dialogue on the global development issues surrounding HIV/AIDS. In order to facilitate this process, this guide contains:

- Background information for both students and teachers on the individual and global issues that drive the disease
- A framework for discussion, with a focus on five key global development issues related to HIV/AIDS: gender, poverty, migration, access to treatment and stigma.
- Photos by youth in Canada and South Africa exploring these five key development issues
- Case studies to inspire action and to emphasize the constructive role Canadians are playing in the pandemic

Structure

As you work through this teacher’s guide, you will find that the curriculum is split into three modules: Understanding, Voice, and Action.

- *Module 1: Understanding* focuses on conveying the facts and issues regarding the global implications of HIV/AIDS, using photographs created by young people from Canada and South Africa to inspire discussion. This module includes a background paper on HIV/AIDS and development education for teachers, two lesson plans and

Introduction

handouts for students.

- *Module 2: Voice* takes you and your students through the process of creating and analyzing your own photographs on global development issues and HIV/AIDS
- *Module 3: Action* provides case studies and examples of how young Canadians have been involved in the fight against the pandemic.

While any of these modules can be used as stand alone units, we recommend working through Module 1, to ensure that all students are on a level playing field in terms of knowledge and understanding of the issues—the module is designed to be interesting and thought-provoking even for knowledgeable individuals. Module 2, which focuses on the creation of images, is powerful but need not be completed if access to cameras or time is limited. Module 3 focuses on moving students to action in their local and global communities.

Links to the Ontario Curriculum

TIG Xpress has been developed in an attempt to fit into a broad array of courses across the country. In Ontario, TIG Xpress can fit within:

- Grade 12—Canadian and World Geography (CGW 4U) – Unit 1: Introduction: Study Issues; Unit 3: Challenges to Diversity
- Grade 12—Challenge and Change in Society (HSB 4M) – Unit 4: How and Why are Societies World wide Changing
- Grade 12—Individuals and Families in a Diverse Society (HHS 4M) – Unit 2: Individuals in a Diverse Society
- Grade 11—Health for Life (PPZ 30) – Unit 4: Detect and Protect; Unit 5: Health Surrounds You
- Grade 10—Civics (CHV 20) – Unit 3: Globalization
- Grade 10—Healthy Active Living Education (PPL 20) – Unit 3: Healthy Living
- Grade 9—Healthy Active Living (PPL 10) – Unit 3: Healthy Living

Visit <http://www.tiged.org/tigxpress> for specific links.

TIGed Collaborations: Enhancing the Student Experience

At the end of each module, you will find instructions for a collaborative extension using TakingITGlobal's TIGed virtual classroom system. To sign up for access to TIGed, visit the TIG Xpress home page, www.tiged.org/tigxpress, and click on "Set up a TIGed virtual classroom". This will lead you through the process of creating a school and teacher account in our system.

Important note:

As you search for your school in Step 2 of the process, you may find that it has already been "claimed." This means that another teacher from your school has already signed up for TIGed. You will need to retrieve a registration code from your school's TIGed administrator—a process that can be completed automatically through the site.

This process will give you limited access to TIGed, allowing you to work only with TIG Xpress and the other free content we've created with partners such as TeenNet. For full access to TIGed, go to <http://www.tiged.org> and learn how to upgrade your account.

If you already have a TIGed account, you can skip these steps, and simply create a new classroom with "TIG Xpress" set as the thematic content.

For help using TIGed, visit <http://www.tiged.org>.

Module 1: Understanding

Goals

To promote knowledge and understanding of HIV/AIDS from a development education perspective, by exploring social inequalities and their relationship to HIV vulnerability, using photography by young people from Canada and South Africa.

Structure of Module 1

Lesson 1: HIV/AIDS & Development Education

Page 10

- Background Paper for Teachers
- Key Terms and Concepts
- Lesson Plan

Lesson 2: Photo Analysis, Development & HIV/AIDS

Page 16

- Background Paper for Teachers
- Key Terms and Concepts
- Lesson Plan

Handouts for Lessons 1 & 2

Page 26

- Handout 1: Map of global HIV statistics
- Handout 2: Chart outlining individual and social factors of HIV risk
- Handout 3-7: Pictures and captions on the five development themes
 - Handout 3: Migration
 - Handout 4: Poverty
 - Handout 5: Gender
 - Handout 6: Stigma
 - Handout 7: Access to Treatment
- Handout 8: Photo discussion questions
- Handout 9: Hopeful photos

Lesson 1: HIV/AIDS & Development Education

Background Paper for Teachers

This background paper features an introduction, terms and concepts for exploring HIV/AIDS through the approach of development education. Development education is an educational response to issues of human rights, justice and world citizenship. In development education the focus is on the voices of those excluded from an equal share in global prosperity (Development Education Ireland). This includes the perspectives of those disadvantaged in our own community because development education recognizes the links between the lives of people across the world and the ways we are all dependent on each other (Cumbria Development Education Centre, UK, cited in Chavin, 2004).

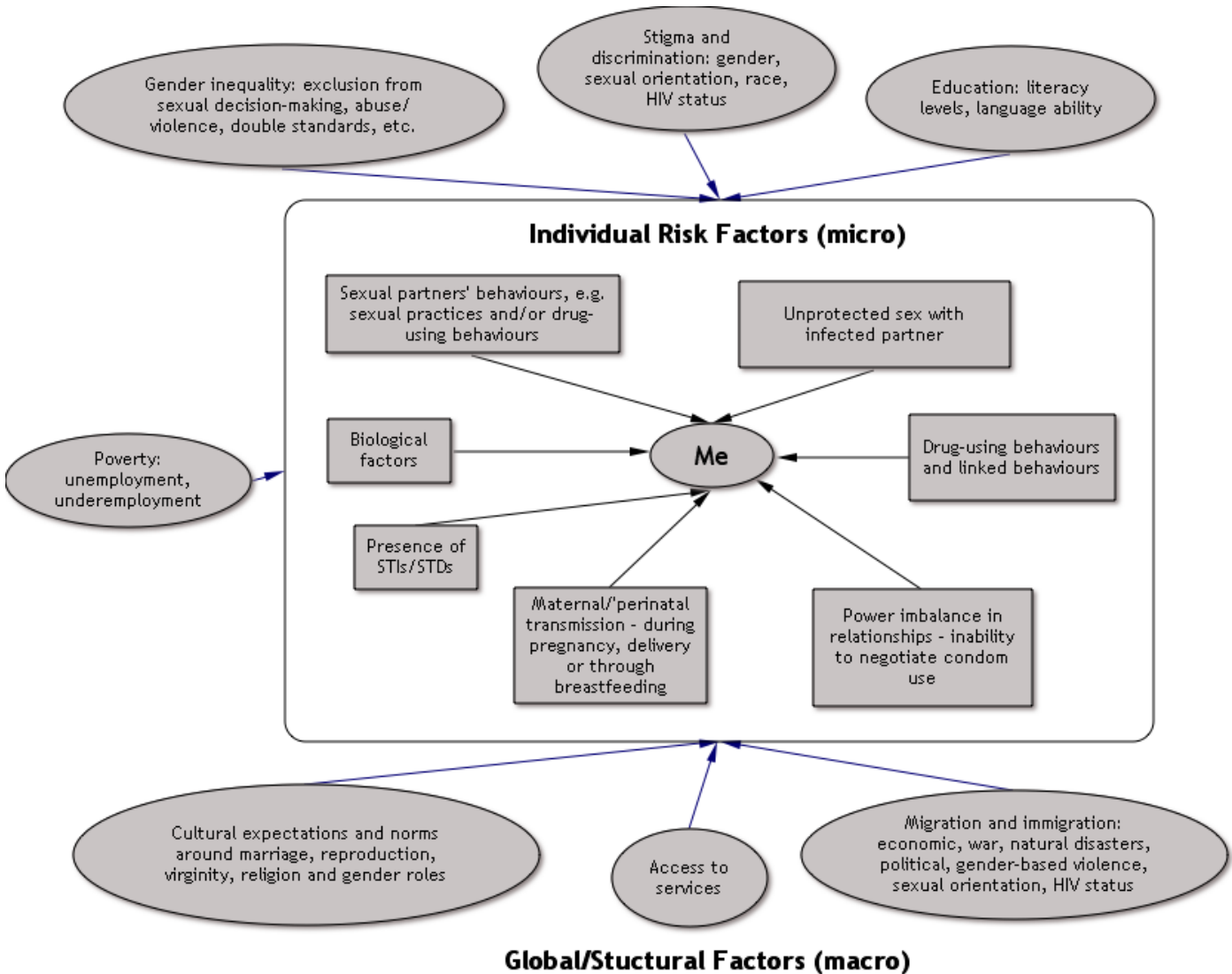
According to Global Link, the aim of development education is “to promote awareness and understanding of global issues and to empower people to take positive action for justice, development and sustainability” (<http://www.globallink.org.uk>, cited in Small, 2002). Thinking about HIV/AIDS in a development education framework requires us to do more than identify the problems that have heightened HIV risk in the developing world. We also need to understand how inequality operates as the root cause of underdevelopment. The fast pace of globalization is increasing inequalities around the world through processes that prioritize business and profit over social services. Cuts to health care in many countries, the loss of jobs as corporations move around the world in search of cheap labour, the forced migration of people who have been displaced from their land, and the lack of universal access to affordable treatment are just some of the factors that create conditions of HIV risk across the globe, particularly in the developing world. To understand the AIDS pandemic we need to think beyond individual sex practices to consider this larger global picture.

Development education helps us to understand why some people are more vulnerable to HIV infection than others. Common descriptions of HIV focus on individual concepts of risk, such as personal sexual practices, but this is only part of the story. A development education approach to HIV/AIDS involves examining the ways that broad social factors limit the choices available to different people.

The following chart illustrates the roles that various individual and social factors play in increasing an individual’s vulnerability to HIV/AIDS. A full-page printable version of the chart is also included in the handout section of this module (Handout #2).

Module 1: Understanding

Lesson 1



Individual Risk Factors

- Unprotected sex with an infected partner
- Sexual partners' behaviour
- Biological factors
- Presence of STIs
- Maternal/perinatal transmission
- Power imbalance in relationships
- Drug using behaviour

Social Factors

- Gender inequality
- Stigma and discrimination
- Education
- Poverty
- Violence against women and girls
- Racism
- Psycho-social cultural norms
- Access to services
- Migration and immigration
- War

Lesson 1

Module 1: Understanding

In this chart, we see that individual behaviours such as unsafe sex, drug use, and the presence of sexually transmitted infections (STIs) are only one part of the larger picture of risk. Social factors, such as gender violence, racism, poverty, war and other forms of conflict and inequity, also play a crucial role. A development education framework encourages students to think about HIV risk in this broader global context.

HIV/AIDS has seriously hindered progress in developing countries, particularly in regard to poverty reduction, health care, education and agricultural production. The growing number of orphans in southern Africa is a new form of injustice created by AIDS (UNAIDS, 2005). But HIV/AIDS is not confined to the developing world. Although the Canadian HIV infection is nowhere near the epidemic proportion of sub-Saharan Africa, the number of reported HIV infections is on the rise, particularly in women and some marginalized populations (Health Canada, 2005). For example, the infection rates of Aboriginal people are much higher than the general population, a situation that can be attributed to extreme poverty due to a legacy of colonialism. These are local development issues that must also be considered in development education.

With a broader analysis of risk, youth can begin to engage in AIDS activism that works for change at the structural level, such as lobbying the government, speaking up against violence, participating in anti-poverty campaigns and so on. This integration of education with action is the ultimate goal of development education (see Oxford Development Education Centre, atschool.educweb.co.uk/rmext05/#Education, cited in Chavin, 2004, <http://www.deved.org>).

Module 1: Understanding

Lesson 1

Key Terms & Concepts

HIV & AIDS: Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system. A person infected with HIV can live for years without developing any symptoms. After a period of time (the average, assuming no treatment, is ten years), the virus can cause enough damage to the immune system that an individual can get very ill. When the symptoms caused by HIV reach a certain level of severity (the exact definition varies by country), a person is said to have Acquired Immune Deficiency Syndrome (AIDS).

HIV vulnerability refers to a measure of how much control an individual has over the risk level they face in relation to contracting HIV. Social factors, such as gender and poverty, affect the kinds of decisions available to an individual or group, and in turn influence their ability to control behaviours and/or situations in which there is a risk of HIV infection (Adapted from DePauw).

Inequity refers to injustice or unfairness experienced by specific groups of people because of prejudice and discriminatory attitudes related to social factors such as race, gender or sexual orientation.

Globalization is the process in which economic, financial, technical and cultural transactions between different countries throughout the world are increasingly interconnected.

You can find more information about many HIV-related terms at:
<http://youth.aids2006.org/en/informed/glossary.html>

Lesson 1

Module 1: Understanding

Lesson Plan

Learning Objectives:

Students will have the opportunity to:

- Explore social factors that increase individuals' and groups' risk of contracting HIV
- Learn about the local and global impacts of the disease
- Work with the terms: HIV & AIDS, HIV Vulnerability, Inequity, Globalization

Handouts:

- Maps of global statistics of HIV infection rates (Handout #1)
- Chart on individual and social factors of HIV risk (Handout #2)

Time Frame: 1-2 classes

Lesson Outline

1. Begin by orienting students to the global picture of HIV, using Handout #1 which provides statistics on the worldwide rates of HIV infection. Use these numbers to explore with your students which parts of the world are most affected by HIV, and why. In your discussion introduce the students to the terms "HIV/AIDS", "HIV vulnerability", "Inequity", and "Globalization".

Take care to ensure that your discussion of HIV and inequity is not limited to the developing world. Emphasize that HIV affects all world regions, and that disadvantaged groups in the developed world are also at an increased risk for HIV infection. People move around the world, and the borders of countries are somewhat artificial.

Questions for Discussion:

- What is the difference between HIV and AIDS?
- Which groups and parts of the world are more affected by HIV/AIDS?
- What is HIV vulnerability?
- How do inequity and globalization contribute to HIV vulnerability?
- Name and describe different social factors that affect HIV vulnerability

You may wish to set these questions as discussion threads in your TIGed virtual classroom.

2. Provide students with Handout #2, on the individual and social factors that contribute to HIV vulnerability. Use the chart as an outline to frame and reiterate the discussion on HIV vulnerability, by highlighting the various social factors and their relationship to the risk of contracting HIV. Add to the list any new ideas or factors that your students come up with.

Module 1: Understanding

Lesson 1

Evaluation

Written Reflection

Ask students to write a one-page reflection or blog (Assignment 1.1) on HIV, inequity and vulnerability, using the following guidelines:

- Define HIV vulnerability.
- Identify a social factor that impacts on HIV vulnerability.
- Discuss how this factor increases HIV risk for particular groups of people or regions of the world.
- Suggest strategies for addressing this social factor in order to reduce HIV risk.

Participation Grade

Students can be assigned a participation grade for their contributions to the group discussion.

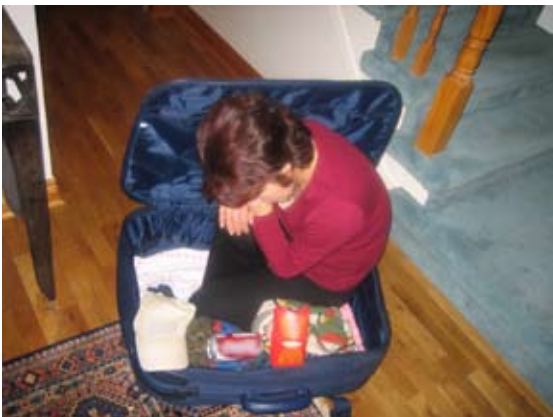
Lesson 2: Photoanalysis, Development & HIV/AIDS

Background Paper for Teachers

This lesson plan is based upon photos taken by youth in both Canada and South Africa, which address five key development issues related to HIV/AIDS: migration, poverty, gender inequality, stigma and access to treatment. In this background paper we provide an overview of each of these five issues. In class students will work with these issues using the photographs and captions which are included as handouts in the lesson plan. At the end of the backgrounder is a list of terms and concepts students should learn through the photoanalysis.

Migration

There is a strong link between migration and HIV risk. This includes people migrating across countries, people migrating to or from rural to urban areas within countries and people migrating to different areas within a city. Young people who move away from their homes to study or to seek work are also a migrating population. While being a migrant is not itself a risk factor, in some situations, the conditions that force people to migrate and the process of migration can increase HIV vulnerability.



...globalization is not simply about the free movement of goods and objects but forced migration of people as well

In many areas of the world, increasing poverty and rising unemployment are forcing people to migrate. In South Africa, men in rural areas often travel to the gold mines for employment where they are housed in hostels away from their wives and families. The living conditions are crowded with no privacy. In these conditions, a thriving sex trade has developed where poor women sell sex to the migrant workers. This is a situation of high HIV risk for the miners, the sex workers and the wives to whom the workers return.

Environmental disasters such as flooding and famine are also forcing people to leave their homes. In some cases, such disasters are due to development projects that are driven by large corporations. For example, the flooding of the Yangtze River for the construction of the Three Gorges Dam in China will force at least three million people to find new homes. Warfare is also a migrating factor. People who live in conflict zones are often forced to flee for their own safety. Many refugees and migrants come to Canada.

In situations of forced migration, people can face poverty, violence, isolation and social

Module 1: Understanding

Lesson 2

instability. These circumstances can make it difficult for people to negotiate safe sex. Many mobile populations have no access to education, health or social services because national health care plans often exclude migrants from service delivery. These conditions can further increase vulnerability to HIV/AIDS. Of course, migration can be a positive experience for those who choose to relocate to situations that will improve their life circumstances. Many people, however, are forced to leave their homes with little hope for a better future. In these cases, HIV risk becomes a hazard of the migration process.

Poverty

Living in poverty is a key factor causing individuals and communities to be vulnerable to HIV infection. In situations of poverty, immediate survival needs, not future health risks, become the priority. The need to focus on basic needs may overshadow the need to negotiate safer sex behaviours. To cope with poverty individuals may engage in commercial sex work or unsafe sexual relations for survival.

The lack of affordable health care can increase the risk of HIV infection. Developing countries with international monetary fund loans have often been forced to institute structural adjustment programs, which has led to cuts in publicly funded social services such as education and health. In Canada the push for the privatization of health care may create a two-tier system where those who can pay get easier access to services and better care. People living with HIV are at risk for having their disease progress more quickly when they cannot afford good medical treatment.

Economically, HIV/AIDS has had a huge impact on households in the developing world, in particular. The loss of labour due to illness and death means fewer farmers to grow food to sustain families. In AIDS affected households, food consumption can drop as much as 40 percent, leaving children at high risk for malnutrition (UNICEF and UNAIDS, 1999). As caregivers die from HIV/AIDS, many children are forced to move into households where economic survival is already an on-going struggle. Eight out of ten children orphaned by HIV/AIDS live in sub-Saharan Africa, a region already dealing with extreme poverty (InterAction, 2006).

People diagnosed with HIV may also face barriers when trying to establish and maintain economic security. For example, many people living with HIV/AIDS have a difficult time keeping a job due to stigma about their HIV status or because they need time off to deal



Can the problem of poor health and HIV/AIDS be adequately addressed without tackling the underlying issue of poverty?

with their illness. In South Africa, many children in AIDS-affected families have been forced to drop out of school to take care of their families. Without education the future looks grim for these children who may be trapped in a life of poverty.

Gender

Around the world, the rates of HIV infection in women are increasing. According to UNAIDS, in 2005, 17.5 million women were living with HIV. This number is one million more than in 2003. In several countries in southern African, more than three quarters of young people living with AIDS are women (UNAIDS, 2005). As women are the primary caregivers in household units, higher rates of female infection are leading to family breakdown.

More than four-fifths of all HIV-infected women contract the virus through heterosexual intercourse. The risk of HIV infection during unprotected vaginal intercourse is as much as 2-4 times higher for women. Semen infected with HIV contains a higher concentration of the virus than female sexual secretions so a single episode of unprotected intercourse is riskier for women than for men.



Women's biological susceptibility to AIDS is increased by social and economic inequality. Within the global economy women are more impoverished than men. Poor women worldwide have less access to medical services because they lack the finances to buy quality health care. This is particularly the case in the developing world, where structural adjustment programs have been imposed by the World Bank as a condition of loans provided to poor countries. These programs require countries to cut social services, including health care. This has serious repercussions for poor women who already have limited access to medical services and must also bear the burden of caring for sick family members. In Canada, the threat of privatized health care is posing a danger for low-income women who will not have the money to pay for services.

A lack of economic resources can force women into survival sex where condom use is difficult to negotiate. Women who are economically dependent on a male partner may find it difficult to demand safer sex for fear of being abandoned or abused. Sexual violence against women and girls increases their chance of becoming infected with HIV.

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Lesson 2

In the age of AIDS, the growing demand for low-risk sexual partners has led to increased child exploitation and a rise in the number of HIV infected girls. The double standard of male and female sexuality in many cultures is also a risk factor for women and girls. While men are expected to be sexually aggressive, women's sexual expression is often restricted. In these situations, demanding that a male partner use a condom may be perceived as unfeminine. All of these factors illustrate the way gender inequality operates as an HIV risk factor for women and girls.

In the context of HIV/AIDS, the rights of women and young girls need special attention (UNAIDS, 2005). HIV prevention programs need to occur alongside other efforts such as poverty reduction, increased access to health care, and initiatives to reduce violence against women. Men and boys must also be included in prevention activities. Societal norms about masculinity need to be challenged if men are to change the kind of behaviour that puts themselves and their sexual partners at risk. In southern Africa, there has been some success in running HIV prevention programs for boys and men through sport clubs and activities. Women and men must be equally engaged if HIV prevention programs are to have a long-term impact in curbing the disease.

Stigma

HIV stigma is one of the greatest obstacles to effective HIV prevention (UNAIDS, 2005). Stigma leads to shaming, prejudice, and discrimination directed at people who are, or are perceived to be, infected with HIV. HIV-related stigma occurs across the world and is triggered by a lack of understanding of the disease, myths about the way it is transmitted, sexual taboos, and fears related to illness and death (UNAIDS, 2002). The impact of stigma may be greatest in the developing world where infection rates are highest and medical treatment is not always available. Common examples of stigma include being rejected by families and friends, experiencing discrimination when trying to find a job or housing, and being treated in an abusive and demeaning way. Stigmatization is a serious problem for groups of people categorized as risk populations and blamed for the spread of the disease. This kind of thinking ignores the fact that HIV/AIDS is a growing pandemic that can affect anyone and deflects attention from the larger structural issues that create conditions of HIV risk.



People living with HIV/AIDS face many stigmas and discriminations.

Research has shown that HIV/AIDS stigma can have a variety of negative effects. For some individuals not knowing one's HIV status is far preferable to being tested because of the fear of discrimination. When people are afraid of being stigmatized, they may be less likely to reveal their HIV status and to seek health care.

Lesson 2

Module 1: Understanding

They may also receive lower quality health care and little social support from family, peers and community. The stigma and discrimination associated with AIDS can have powerful psychological consequences for how people with HIV/AIDS come to see themselves. Stigma can lead to feelings of depression, despair and, in extreme cases, suicide. Eliminating HIV-related stigma will help to break the silence around HIV/AIDS and make it easier to have open discussions on how best to respond to the disease.

Access to Treatment

The experiences of people living with HIV vary greatly across different communities and parts of the world. Multinational drug companies are largely concerned with drug



He is given more pills to tackle the side effects of the medication. So many pills. Pills to subside the disease yet the pills make him sick.

patents and profit margins, resulting in high prices and limited distribution of HIV medications. As a result, epidemic countries in the developing world do not have the same access to life-prolonging HIV medications as richer countries where infection rates are lower. Although treatment coverage is improving in some regions of the world, the response does not match the pace of the disease. By mid-2005, only one in ten Africans and one in seven Asians were receiving the antiretroviral treatment they needed (UNAIDS, 2005). In 2005 alone, 2.4 million adults and children died of AIDS-related illnesses, in most cases, because they were unable to access life saving antiretroviral drugs (Inter-Action, 2006). Even in wealthy countries, lack of subsidized health care can greatly limit access and affordability of HIV medications.

Lack of access to treatment increases the impact of HIV on communities, contributes to a sense of powerlessness in fighting the disease, and decreases the incentive for people to get tested for AIDS. On the other hand, the availability of antiretroviral therapy can lead to an increase in voluntary HIV testing and counselling and can increase openness about the disease. The results of a study conducted after the introduction of an antiretroviral program in South Africa showed a higher

condom use, a greater willingness to join AIDS clubs, and more interest in HIV testing than other sites surveyed where treatment was not available (WHO, 2003, cited in UNAIDS, 2005). The downside of more accessible treatment in wealthier countries is a false sense of security and an increase in unsafe sexual behaviour. Even when treatment is available, HIV medications are challenging to take due to their undesirable side effects. There is a strong need to improve our understanding of treatment needs and challenges and to continue to lobby for universal access to antiretroviral therapy.

Module 1: Understanding

Lesson 2

Key Terms & Concepts

Structural adjustment refers to changes in the organization and orientation of an economy, which are considered necessary to become more competitive in the world economy. Structural adjustment policies often require nations to change their economic strategies to prioritize the repayment of international loans over other needs such as health care or education.

Human migration denotes any movement by humans from one locality to another, often over long distances or in large groups.

Survival sex refers to the use of sex to meet one's basic needs. It may include the exchange of sex for money or sex may be used as a way to sustain a relationship that provides access to the basics of life.

Transnational refers to the movement of goods, people, and ideas across national borders, such that the rigid boundaries that define the nation state become more flexible.

Transnational corporations, also referred to as multinational corporations, are large companies that operate in a number of countries.

You can find more information about many HIV-related terms at:
<http://youth.aids2006.org/en/informed/glossary.html>

Lesson Plan

Learning Objectives:

Students will have the opportunity to:

- Learn about social inequalities that contribute to HIV vulnerability
- Analyze global development issues represented in photographs
- Work with the terms structural adjustment, human migration, survival sex, transnational, transnational corporations
- Discuss five global development issues related to HIV/AIDS: migration, poverty, gender, access to treatment and stigma using photography by youth in Canada and South Africa

Handouts:

This lesson plan uses photography by youth in Canada and South Africa. Full page colour versions of the photos and captions are grouped by theme according to the handout numbers below. Printable versions and a PowerPoint presentation containing all of the photos and captions is also available at the TIG Xpress site, <http://www.tiged.org/tigxpress>

1. Photographs and captions:

- Handout #3 - Migration
- Handout #4 - Poverty
- Handout #5 - Gender
- Handout #6 - Stigma
- Handout # 7 - Access to Treatment

2. Photo Discussion questions (Handout #8)

Time Frame: 1-2 classes

Lesson Outline:

1. In the large group ask students to brainstorm factors that can contribute to HIV risk. This is a recap of the information from the introductory lesson
2. Introduce the five key terms: gender, poverty, migration, stigma and access to treatment.
3. Divide students into five groups. Assign each group one of the five themes. Provide the group with the photos that deal with their particular theme (Handouts #3-7).
4. Students work in their small groups to analyze their photos and theme using the discussion questions provided below and in Handout #8.

Module 1: Understanding

Lesson 2

Photo Discussion Questions:

Migration

- What is migration?
- What are some of the causes of forced migration for people in both the developed and the developing world?
- How is migration connected to HIV risk?
- In what way is the connection between migration and HIV risk a social justice issue?

Poverty

- What is the relationship between HIV risk and poverty?
- How does HIV/AIDS affect households in hard hit regions in the developing world?
- Why does HIV/AIDS have such a tragic affect on children?
- What is the connection between structural adjustment programs, health care and HIV/AIDS?
- How can poverty make it more difficult to deal with HIV and AIDS?

Gender

- Why is HIV/AIDS a gender issue?
- What factors contribute to the higher infection rates in women?
- What is the impact of high female infection rates on the family structure in countries like South Africa?
- How have structural adjustment programs affected women's access to health care in the developing world?
- How do notions of masculinity and femininity contribute to HIV risk?
- What kinds of gender equality initiatives could reduce HIV risk for girls/women?

Stigma

- Where does HIV-related stigma come from?
- Why is stigma an obstacle to HIV prevention?
- How does stigma impact on an individual's experience of living with HIV?
- How does stigma increase the risk of contracting HIV?
- What are some strategies for reducing HIV-related stigma?

Access to Treatment

- Why does access to antiretroviral therapy vary across world the world?
- How is increased access to antiretroviral therapy a prevention strategy for those who are not yet infected with the disease?
- Why is access to HIV treatment a development issue?
- How can we advocate for equal access to HIV treatment across the world?

5. Students report back to the large group on their responses to the discussion questions. The teacher can use the information from the backgrounder to pose questions, add information and facilitate discussion that will deepen the students understanding of the issues raised in the photos.
6. **Wrap-Up: Messages of Hope**
To avoid a sense of disempowerment while exploring inequities, it is also important to highlight the desire and capacities that exist to combat the HIV epidemic. Handout #9 features photos that communicate messages of hope. Show these to your students and encourage them to come up with their own messages of hope.

Extension: TIGed

Assumption: You have set up your TIGed class as outlined in the overview of this guide, and all students are signed up and properly registered.

Your students can share their opinions on the photos directly with the creators, and with the community of other youth and students using the TIG Xpress project. To do so:

- In your TIG Xpress class, activate Assignment 1.2: Responding
- Ask your students to log into TIGed and follow bookmark 1.1 to the global TIG Xpress gallery.
- Ask them to leave comments/discussion points on at least three of the photographs in this collection. Make sure they select “Assignment 1.2” when submitting each comment, so that you can easily mark and respond to their work.

Their comments will feed into a global dialogue on the issues.

Other exercises:

- Set up a group blogging exercise, focused on one or more of the topics.
- Collaborate! Using TIGed’s collaborative tools, find another class working on Module 1 and begin a collaboration. Select *TIG Xpress—HIV/AIDS* as the thematic content for the collaboration to ensure that all relevant assignments and discussion threads are pre-loaded. See <http://www.tiged.org> for help with TIGed’s collaboration features.

Module 1: Understanding

Lesson 2

Evaluation

Peer Interviews

In pairs, students gain feedback about the activity and then report back to the class as a whole. Students should ask each other the following questions:

- Which part of this activity was most engaging for you?
- Which part was most difficult?
- What would you do differently?
- What are three things you learned in this activity?

Written Reflection/Journaling

Students can maintain project journals in written format, or online through the TIGed website. Below are some suggested questions for students to answer in their journal entries:

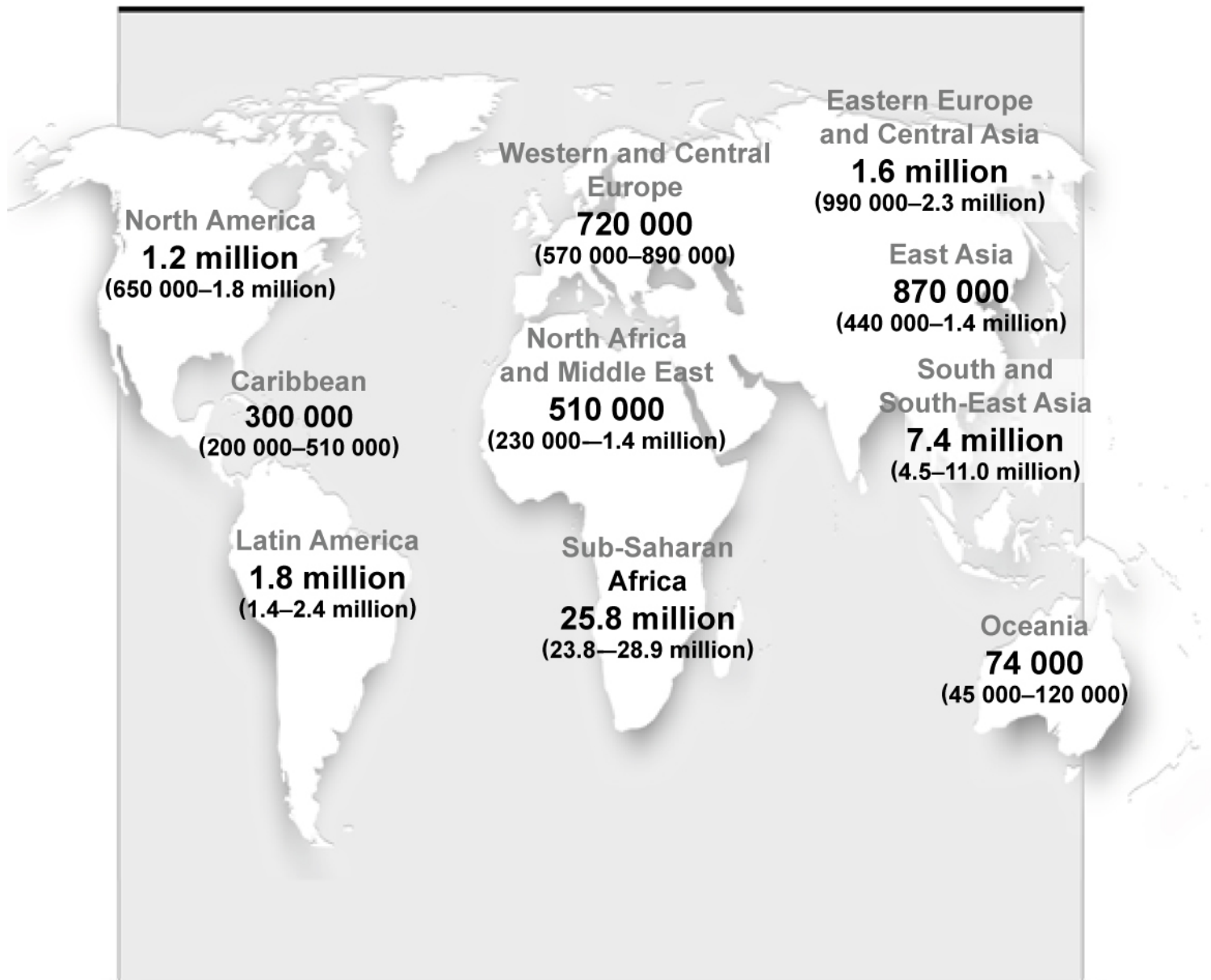
- Please describe something you learned from this activity
- Which photos were most striking/interesting? Why?
- Did the photos help you to better understand the concepts? Why or why not?
- If you were grading yourself on participation in this activity, what grade would you give and why?

Students can answer these questions through TIGed's blog system by selecting "Assignment 1.3" from the list of options as they submit their blog entry.

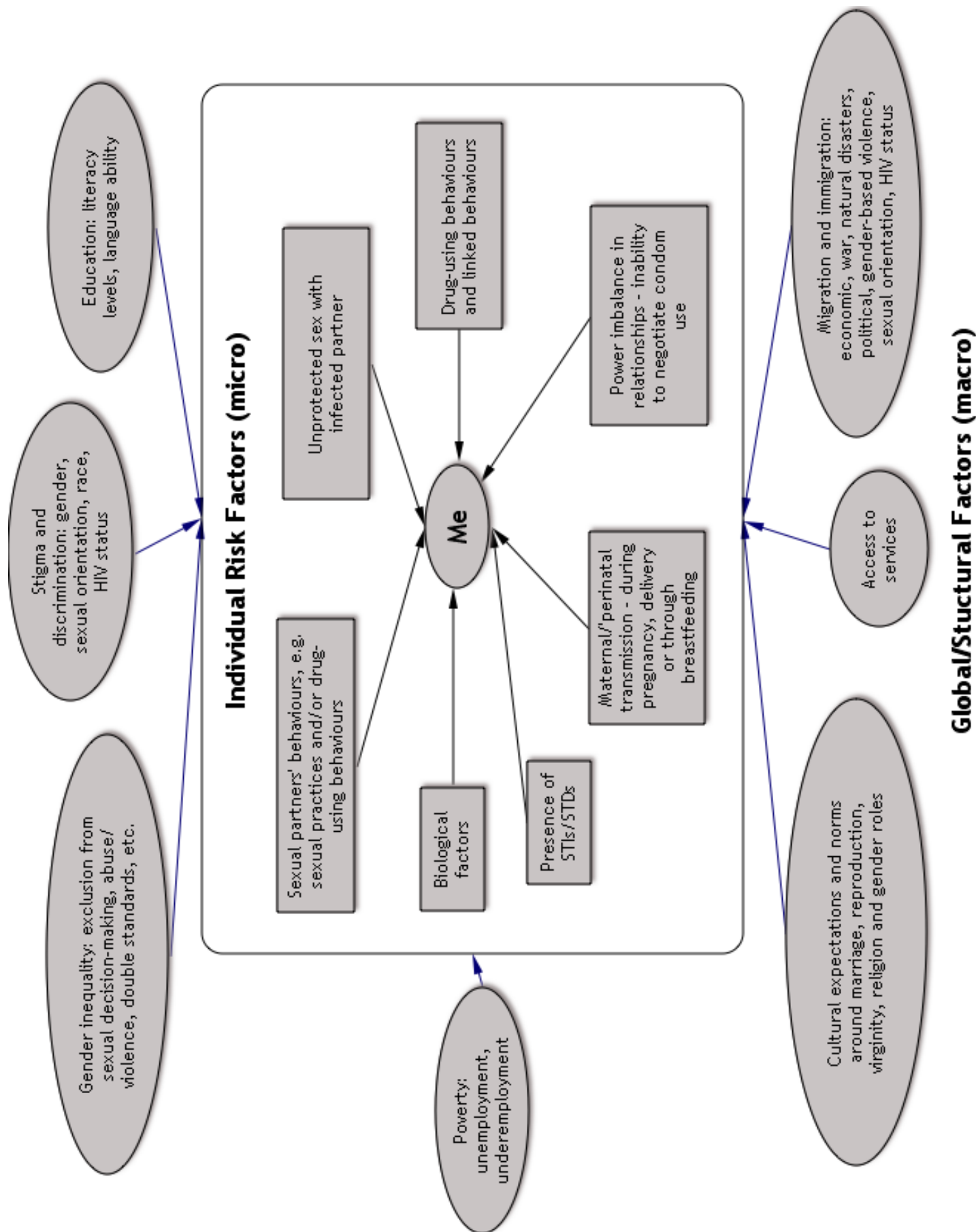
TIGed Extension Activities

Assign students a grade for any TIGed extension activities that they complete, such as leaving a comment in the global gallery, or taking part in a group blogging exercise.

ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH HIV IN 2005



Total: 40.3 (36.7–45.3) million

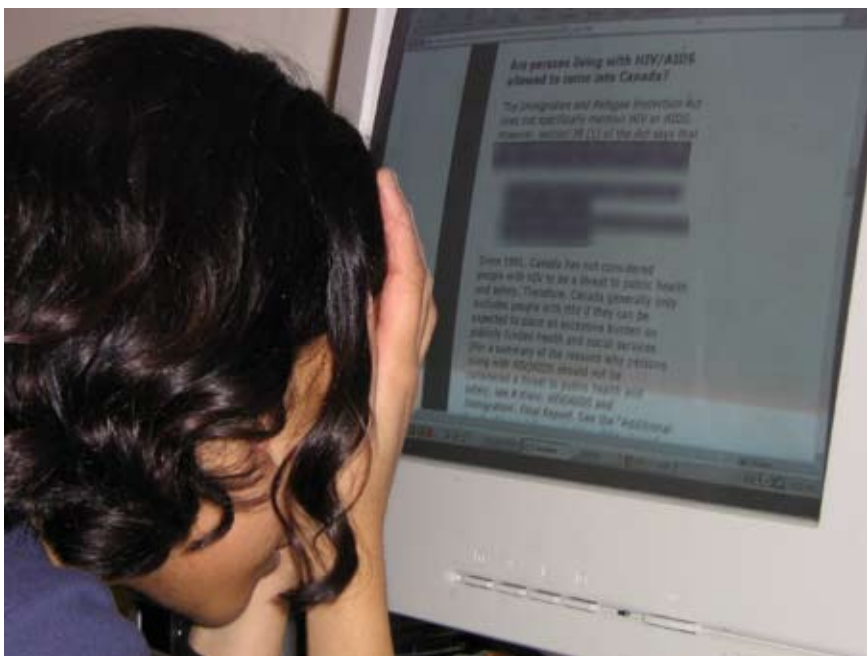




Globalization & AIDS: Movement of Whom?

Economic globalization is often defined as the free movement of goods and objects around the globe. By placing the woman in a suitcase that carries products of major transnational companies as well, this picture conveys the message that globalization is not simply about the free movement of goods and objects, but forced movement (migration) of people as well. The transfer of major corporations and factories to developing countries results in loss of local jobs, often held by women, and aggravates the pre-existing high levels of poverty in these countries. Increased poverty becomes a major contributing factor to HIV/AIDS

vulnerability, particularly among women. These conditions force many women to leave their homes in the hope of providing a healthier and better life for themselves and their families. The sad and bent-down sitting position of the woman in the picture makes it clear though that the decision for to migrate is more the result of unjust global forces than her free and deliberate choice. Being placed and moved in the suitcase like an object reflects the woman's lack of control over her financial, physical, and emotional life (e.g. forced unemployment, HIV/AIDS vulnerability, and forced migration).



A young South Asian woman is researching immigration laws on a Canadian web site. The highlighted text emphasizes the discriminatory language and practices of Canadian immigration policies. The woman's position and the angled profile of her mouth and hands communicate her despair. International regulation takes place around HIV/AIDS, and borders "tighten and whiten" against HIV/AIDS-affected migrants.



Poverty Relates to AIDS: Society Must Help Her

AIDS is a disease that affects the young people and adults. This picture helps to open your minds about how AIDS and poverty relate. This girl's father died two days after she was born and her mother has just passed away last year. Since she has no guardian or a home, she has become a victim of poverty and become a street kid. Her state or condition says it's all about her health. She is searching for food in the bin. In the background there are neighbours but the thing is that there is not one of them who is showing any concern for her.



Who has Access to Health Care?

The wallet scenario, symbolized by the condoms, health card and a bill represents access to health insurance in industrialized nations that have higher levels of sex education and safety network in place.

Regardless of the above, the public still faces the prospects of a two-tiered health care system in which the rich will have access to quality care while those living in poverty would have to contend with a substandard public health care. Health care, like other social programs, is threatened with spending cuts. As a result, HIV/AIDS is common within vulnerable sections of society.



Economic factors can force people into prostitution and lead to HIV/AIDS infection. Unemployment can lead to poverty. Lack of money and proper medication is causing poor health care. HIV/AIDS is so bad because people don't have the finances. That is why there is dark and light in the picture.



This picture shows a Middle Eastern woman who tries to reach condoms that are placed out of the bars, beyond her reach. The bars are intended to symbolize women’s lack of access to condoms and their inability to persuade their partners to use condoms due to traditional cultural norms around issues of female sexuality. The woman is in a prison-like situation. This illustrates the situation of women who live under fundamentally religious governments where having discussions around issues of meaningful and empowering sexuality are totally stigmatized and banned in the public sphere. This kind of stigmatization leads to ignorance of HIV/AIDS problems. The cultural, political and legal restrictions women face for asserting control over their lives make them particularly vulnerable to HIV/AIDS. Despite all these barriers, by showing the woman reaching out, the picture challenges the stereotypical images of Middle Eastern women as being passive and submissive and points to the reality of their daily life which is defined by resistance to restrictive cultural and political norms.

Note that fundamentalist governments and approaches are not limited to certain world areas. Consider whether the approaches to combating HIV/AIDS of various world governments are as progressive as their policy in other areas.



Barbie: Don't Put me in a Box

The Barbie in the box and the collage behind it represents my gender and sexuality. I feel like I’m put in a box by society’s views and assumptions. What’s your box? How does being put in a box affect your vulnerabilities dealing with everyday life and initiating safer sex? How does the labelling of people affect their lives? How can we regain power identifying ourselves without outside forces constricting us? How can we find this power and express it in our relationships to communicate openly?



This image symbolizes a wedding, a girl getting married. The scene I have in mind is that she is joining her husband in Canada. This is an arranged marriage. Is she questioning the partner she is joining here in Canada? In the process of immigration sponsorship she will get tested. Because her future is in Canada, is it assumed that he is immune?



The photo shows a young man cut off from all communication and marginalized by the community—similar to the stigma and discriminations that can be faced by people with HIV/AIDS. Individuals who come across people with HIV/AIDS are often ignorant about the disease and rather than facing their ignorance, they tend to express it verbally or through body language that negatively impacts on people with HIV.



These two are partners. One is telling the other that he's infected with HIV. The lady discriminates against her partner by telling him "You've got HIV. You better stay out of my way and don't even touch me."



Today, poor people within developing countries, and marginalized immigrants within developed countries become more and more prone to HIV/AIDS due to poverty and lack of access to proper health care. Many of them go untreated because of lacking access to antiretroviral medication and medical care. Their life is characterized by struggling against not just the disease HIV/AIDS but also against the hierarchical and unjust global structure of our world. HIV/AIDS is itself one symptom of this major disease that appears along with poverty, social injustice and gender inequalities. This picture aims at delivering these messages through picturing a woman at a bottom of global hierarchy who hopes to receive aid and treatment. Her closed fist intends to symbolize her struggle not only against HIV/AIDS but also against social injustices and global disparities that contribute to HIV/AIDS.



Daniel takes medication daily. I asked him what else he needs everyday. He said a toilet. He uses the washroom quite frequently due to the side effects of his pills. He is given more pills to tackle the side effects of the medication. So many pills. Pills to subside the disease yet the pills make him sick. He dislikes putting so many toxins in his body.

Migration

- What is migration?
- What are some of the causes of forced migration for people in the developing world?
- How is migration connected to HIV risk?
- In what way is the connection between migration and HIV risk a social justice issue?

Poverty

- What is the relationship between HIV risk and poverty?
- How does HIV/AIDS affect households in hard hit regions in the developing world?
- Why does HIV/AIDS have such a tragic affect on children?
- What is the connection between structural adjustment programs, health care and HIV/AIDS?
- How can poverty make it more difficult to deal with HIV and AIDS?

Gender

- Why is HIV/AIDS a gender issue?
- What factors contribute to the higher infection rates in women?
- What is the impact of high female infection rates on the family structure in countries like South Africa?
- How have structural adjustment programs affected women's access to health care in the developing world?
- How do notions of masculinity and femininity contribute to HIV risk?
- What kinds of gender equality initiatives could reduce HIV risk for girls/women?

Stigma

- Where does HIV-related stigma come from?
- Why is stigma an obstacle to HIV prevention?
- How does stigma impact on an individual's experience of living with HIV?
- How does stigma increase the risk of contracting HIV?
- What are some strategies for reducing HIV-related stigma?

Access to Treatment

- Why does access to antiretroviral therapy vary across world the world?
- How is increased access to antiretroviral therapy a prevention strategy for those who are not yet infected with the disease?
- Why is access to HIV treatment a development issue?
- How can we advocate for equal access to HIV treatment across the world?

Messages of Hope

In this toolkit, images of poverty, stigma, gender inequality and other inequities remind us of the deep roots of HIV vulnerability that vary for individual youth. But there are also messages of hope. One of these hopeful messages is represented in the slogan “I am a Future Leader,” photographed on the back of a T-shirt of one of our South African photographers:



I passed these three trees every day during early autumn and noticed that one was still green, one was yellow, and one was red. Every autumn they must go through this process. It is a part of life. Just as trees get old, so do we. We all have made decisions that we are glad we made, and we all have made decisions that we wish we could change. Life is about living with the consequences of your previous decisions. For some people, being HIV+ is a consequence of a previous decision. This picture shows however, that what matters in life is how you deal with your consequences. When trees age, they show brilliantly coloured leaves. People with HIV can still do many great things with their lives.



Module 2: Voice

Goals

To engage students in creating their own photographs exploring HIV/AIDS and development issues.

Structure of Module 2

Lesson 3: Photovoice and HIV/AIDS

Page 36

- Background Paper for Teachers
- Lesson Plan

Lesson 3: Photovoice and HIV/AIDS

Background Paper for Teachers

Photovoice emphasizes the use of cameras as a “voice” to explore a particular issue, with the idea that some things are more effectively explored visually than through words. Photovoice is a process for ‘accessing’ the voices of groups who are often marginalized. It involves participants taking visual images and accompanying them with stories that promote and inspire action for social change.

Photovoice works well with students because it is:

- Action-oriented
- Entertaining and engaging
- Media oriented (works with technology)
- Skills-oriented

The methodology of Photovoice involves giving students cheap or disposable cameras, and asking them to explore specific topics, such as: ‘challenges and solutions in addressing HIV and AIDS.’

Once pictures have been taken, students select the photographs they consider to be most interesting or significant. They may choose the photographs that they feel best reflect the theme or issue they are exploring, or simply the ones they like best.

The next step is to contextualize the work by telling stories about the picture’s meaning. One guideline for creating the stories is captured in the SHOWED acronym.

The SHOWED Model

What do we SEE or how do we name this problem?

What is really HAPPENING?

How does this story relate to OUR lives?

WHY does this problem or strength exist? What are the root causes?

How might we become EMPOWERED now that we better understand the problem?

What can we DO about it?

The SHOWED acronym is a useful tool as it helps get at the root causes of the issues under discussion, and promotes empowerment and action-oriented next steps. For this reason, SHOWED is also a useful tool for doing development education. In this module we provide a lesson plan for doing a student photovoice workshop on development issues and HIV/AIDS.

Module 2: Voice

Lesson 3

Sample of the **SHOWED** Process

The following example, taken from a Photovoice project on smoking, illustrates how to use the SHOWED questions to help students identify and reflect on the issues represented in their photos.

What do you SEE here?

This picture is of cigarette butts. There is a garbage can right beside but people are still throwing their butts on the ground.

What is really HAPPENING here?

There is a bench by the can and people are too lazy to get up to throw away their cigarettes. This shows that people do not have concern or respect for the park and the community around them.



How does this relate to OUR lives?

The littering of cigarettes contributes to the pollution of the park, making it less attractive. It takes away a place that is supposed to be for the community to enjoy, making it more of a dump.

WHY does this problem or strength exist?

Maybe because the place is already run down and polluted, people don't feel the need to keep it clean or looking good. In general it seems to me there is a lack of pride and connection to the community. Maybe people don't feel very connected to the space because they do not feel like it belongs to them.

How can we become EMPOWERED now that we better understand the problem?

We can start organizing to do things that take inspire more pride and ownership in community spaces.

What can we DO about it?

First off, we could organize a clean up crew to go around and clean the pollution and litter out of the park, to make it more attractive to play in. We could also organize to make the park more of a community space, maybe by starting a community art project or putting up a basketball net. We could organize community events in the park like picnics and concerts.

The SHOWED acronym is a useful tool as it helps get at the root causes of the issues under discussion, and promotes empowerment and action-oriented next steps. For this reason, SHOWED is also a useful tool for doing development education. In this module we provide a lesson plan for doing a student photovoice workshop on development issues and HIV/AIDS.

Lesson Plan*Learning Objectives:*

Students will have the opportunity to:

- Identify and express themselves on issues related to the HIV/AIDS pandemic
- Use photography to explore social issues
- Analyze their own and other peoples' photographs
- Relate pictures to global issues
- Express their own thoughts through pictures and themes

Materials:

- Cameras (ideally one camera per student)
- Exhibit materials (frames, bulletin board, etc.)
- Computers with Internet access (optional)

Time-frame: Varied (maximum 1 week to complete project)

Lesson Outline:

1. Introduce the concept and goals of Photovoice.
2. If you have just completed Module 1, invite students to brainstorm on what they have just learned about HIV/AIDS. If you have not completed Module 1, show students some examples from the photos taken by Canadian and South African youth (Handouts #3-7 from Module 1). Discuss the kinds of messages about HIV/AIDS relayed through the photos. Orient students to the development education focus of this project, using the chart on individual and global HIV risk factors (Handout #5). Invite students to represent their own understanding of this knowledge through Photovoice.
3. Taking the pictures
Provide students with cheap/disposable cameras, or ask them to bring their own. You may work with one camera per student, or divide students into "picture-taking teams" of two or three people. While highlighting HIV and inequities, it is also useful to encourage students to take at least one hopeful photo, so that the discussion balances the positive action and responses to these issues against the negative impact of the HIV/AIDS pandemic.
4. Discussion on Ethical Considerations
Discuss the need to obtain consent before taking someone's picture. Anyone portrayed in the photos must understand the nature of the project and consent to

Module 2: Voice

Lesson 3

the use of their image, particularly given that your students may be sharing their photos with students, teachers, and others from around the world. Keep written consent on file. A draft consent form is provided in Handout #10 (check with your school to see if there is a standard media release form). Verify that students have obtained consent from anyone appearing in their photos before they are displayed to others, or uploaded to the TIG Xpress image repository.

If consent is not obtained, there are two options:

- Obscuring the non-consenting individuals using image editing software; or
- Cropping the picture in a way that makes the non-consenting individuals unidentifiable.

We recommend these two techniques only if your student is not able to ask for consent (large groups, 'action' photos, etc.). If the subject specifically declines to consent, students should look for another subject or rethink their concept for the photo.

5. Selecting Pictures to Discuss and Analyze

Once the pictures have been taken and developed, have each participant select two to four pictures that they want to analyze. Remind participants that they will be asked to show the pictures to others and describe them in depth, so they should choose pictures that they are comfortable sharing and talking about.

6. Telling the Story of the Pictures

In order to share their pictures with others, students must tell the stories of their work by writing captions for each picture. Ask them to write about what is happening in the picture, why they took the picture and what it means to them. You can use the SHOWED questions as guidelines for writing the captions (as described on p. 36).

Once students have written their captions, each photo essay (picture + caption) should be presented to the whole class. Engage the class in a group discussion about each photo essay (you may want to use the SHOWED questions again to guide this discussion). Focus the group discussion on bringing out new and in-depth analysis into the different pictures and issues represented.

Tip: No Cameras

If you're working in a situation without access to cameras, you can still proceed with step 6. Your students can draw from pictures developed by other students at <http://www.tiged.org/tigxpress>, or from TIG's Global Gallery. Be sure that they share their outcomes back to gallery as a comment!

Evaluation

Assign a grade based on the quality of each student's reflections and analysis in their photographs and captions. You can also assign a participation grade based on their contributions to the picture-taking and group discussions.

Extension : Communicating & Celebrating the Project

The issues, themes, and messages that emerge from the Photovoice process should be shared with others, in particular, community members and key decision-makers.

One exciting way to share your work is by posting it to the TIG Xpress image repository at <http://www.tiged.org/tigxpress> (your students will need free TakingITGlobal memberships to participate). The image repository allows young people from around the world to post and comment on each other's photos, resulting in a powerful tool for global awareness and education on HIV/AIDS.

Note: *Be sensitive to privacy concerns*

This is a potentially controversial topic, and students may not want their work shown publicly. In our exhibits, we separate names from photographs, acknowledging all photographers on a master list, but not on their individual pictures. You may consider only using first names, or just grouping all photos as the collective work of your class/group.

You may also want to stage exhibits or community forums, to publicly recognize and celebrate the work, and raise awareness about the issues represented. The results of our initial TIG Xpress workshops have been displayed at conferences in Canada, South Africa and Namibia, as well as at the International AIDS Conference in Toronto.

Photovoice results can also be used as a springboard for developing community action projects. For more on taking action on the issues identified, see Module 3: Action.

To develop a photo exhibit:

- Finalize all students' photos and narratives. Ensure your students are aware that their work will be shown publicly!
- Print all photos—you may be able to do this in your school with photo paper, or find someone who will donate their services or provide a discount, if you explain the nature of your project.
- Secure a space in your school or a public area in your community to display the photographs. Design the layout of your exhibit appropriately. Include a curator's statement explaining the purpose of the project—we have provided a draft at <http://www.tiged.org/tigxpress>.

Invite the public! Celebrate your students' work, but also ensure that you are helping your audience learn about the issues.

Module 3: Action

Goals

To provide students with the tools, resources, and knowledge necessary to create action plans around HIV/AIDS.

Structure of Module 3

Lesson 4: Planning Your Action

- Background paper
- Lesson Plan

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Additional Resources

TakingITGlobal HIV/AIDS Youth Guide to Action

Available at <http://www.tiged.org/tigxpress>

The TakingITGlobal HIV/AIDS Youth Guide to Action (referred to throughout this module as “the Guide”) is a workbook-formatted tool to help young people identify gaps in their knowledge about HIV/AIDS, find their specific action areas of interest, and develop and realize actions plans.

The Guide is the cornerstone of this module—please take a moment to download and read it.

Lesson 4: Planning Your Action

Background Paper for Teachers

“Young people are assets in the fight against HIV/AIDS, and their voices must be heard. When young people are able to identify the main issues of concern to them and are empowered to develop, implement and manage youth-owned strategies to address those issues, real change will take place.”

~ Alex McClelland, Young Person Living with HIV/AIDS and Youth Programme Coordinator, XVI International AIDS Conference

According to UNAIDS, 39 million people are living with HIV around the world, and people under the age of 25 account for over half of all new infections (UNAIDS, 2006). Globally, 1.4% of men and 3.8% of women aged 15-24 are infected with HIV (ibid), with 10,000 new HIV infections occurring every day, worldwide, in 2005 (UNAIDS, UNFPA and UNIFEM 2004).

HIV/AIDS: The Context in Canada & South Africa

Each country or region has a different context for HIV/AIDS and the issues that surround its spread. Being aware of this context is essential, and will help make action more effective.

Canada—In Canada, HIV/AIDS is spreading due to high-risk behaviours such as unsafe sex and injection drug use. Despite the information and services available, infection rates continue to increase. At the end of 2002, Health Canada’s Centre for Infectious Disease Prevention and Control estimated that 56,000 people were living with HIV infection (Public Health Agency of Canada, 2003)—more than ever before. The number of reported new annual HIV infections has risen by 20% in the past five years (UNAIDS, 2005).

There is an increasingly false sense of complacency and misinformation regarding HIV/AIDS amongst Canadian youth today. Two-thirds of Grade 7 students and half of Grade 9 students in Canada do not know that there is no cure for HIV/AIDS (Council of Ministers of Education of Canada, 2002). Adolescents in 1989 were generally more knowledgeable about HIV/AIDS transmission and protection than today’s youth. For example, 83% of Grade 7 students in 1989 knew that sharing drug needles increases risk of HIV/AIDS, compared to 62% of Grade 7s in 2002. Similarly, the proportions of students who knew that multiple sexual partners increases risk of HIV/AIDS, and that using condoms can help to reduce the risk were lower in 2002 than in 1989.

Module 3: Action

Lesson 4

South Africa—South Africa has the world's highest number of people living with HIV/AIDS. In 2006, an estimated 5.5 million people, or 18.8% of the population, are living with the disease (UNAIDS, 2006). The combination of the high prevalence and low access to treatment means that average life expectancy in South Africa will fall from 60 years to 40 by 2008 (CIDA, 2006).

As your students will have discovered through *Module 1: Understanding*, poverty is both a cause and a consequence of this epidemic in South Africa, and is interwoven with the issues of migration, stigma, gender and access to treatment. While the same factors are in play in the Canadian context, their roots and impacts are much different in South Africa.

For example, one of the impacts of such a high prevalence, and low level of treatment, of the disease is a huge number of children orphaned due to HIV/AIDS. The disease has resulted in approximately 1.2 million orphans in South Africa (UNAIDS, 2006), which has pushed many children further into poverty, and also drastically changed the role of the grandmother in that society. For more information, visit web sites like Grandmothers Against Poverty & AIDS (<http://www.gapa.org.za/>).

For more complete contexts, see the *TakingITGlobal HIV/AIDS Youth Guide to Action*, pages 64-68.

For more contextual information on Canada, South Africa, and other countries, visit:

CIDA—The Canadian International Development Agency
<http://www.cida-acdi.gc.ca>

UNAIDS—The Joint United Nations Programme on HIV/AIDS
<http://www.unaids.org>

How are young people taking action?

Trevor Sylvain is a student at Canterbury High School, Ottawa. With the help of his peers, he made a film entitled "28 Short Takes on AIDS". The film focused on 28 people in recognition of the 28 years since the (estimated) first AIDS infection. See page 38 of the *Guide to Action* for more information on Trevor.

The Coming of Age Project and the Youth Strengthening Circle were new opportunities for Aboriginal youth to learn more about HIV/AIDS prevention. Learn more about why *Melanie Rivers* stresses the importance of having culturally relevant programs on page 31 of the *Guide to Action*.

While based in Vancouver, *Ivy Vuu* was involved in Forum Theatre on Sexual Health, aimed at young immigrants. During Forum Theatre, audience members become part of the performance. This process led to a productive discussion on healthy sexuality in first generation immigrant youth. Learn more on page 55 of the *Guide to Action*.

There are a number of Canadian and international youth-led and youth-focused groups working on the issues related to HIV/AIDS. Some of the key groups in which your students can become involved are:

- The Global Youth Coalition on HIV/AIDS (<http://www.youthaidscoalition.org>)
- Students Against Global AIDS (<http://www.treatthepeople.com/>)
- Advocates for Youth (<http://www.advocatesforyouth.org/>)

A comprehensive list can be found on pages 71-76 of the *Guide to Action*. More information about these and other youth-focused organizations can be found at <http://www.takingitglobal.org>.

These groups are active in everything from on-the-ground support for those affected by HIV/AIDS, to education and prevention strategies, to advocacy at the international level. Young people played a major role at the XVI International AIDS Conference, held in Toronto in August, 2006. Over 1,000 young delegates from around the world attended the conference as delegates, presenters, and activists. The Toronto Youth Force, a coalition of youth-focused ASOs (AIDS Service Organizations) including TakingITGlobal, coordinated youth involvement in the planning process and organized the Youth Pavilion, a hub and showcase for youth activity at the conference itself.

To find out more about the impact young people had at the conference, go to <http://youth.aids2006.org>.

Module 3: Action

Lesson 4

TakingITGlobal's Action Model

The preceding section introduced some of examples of youth action on the issue of HIV/AIDS. Your students can get involved in almost any way imaginable. The TakingITGlobal HIV/AIDS Youth Guide to Action is meant to be a tool to help them harness their imagination and turn their ideas into tangible results. The Guide, which is presented in workbook format, is based on TIG's action model:



Using the TakingITGlobal HIV/AIDS Youth Guide to Action in Your Class

The Guide is structured to flow logically from a point of very little to know knowledge about HIV/AIDS to a relatively well-developed action plan. The key sections, which roughly mirror our action model, are:

- Get Inspired
- Get Informed
- Get Focused
- Get Connected
- Get Moving
- Have a Lasting Impact

The lesson plan on the next page will help you guide your class through the Guide. Working in small groups, with an eye to grouping students who are more knowledgeable about or interested in the topic of HIV/AIDS, tends to yield better results than individual work, and the lesson plan has been structured to support this.

A few notes:

The TakingITGlobal HIV/AIDS Youth Guide to Action was designed to help young people move themselves from an initial interest in HIV/AIDS to an actionable plan with tangible outcomes. In a classroom setting, not every student will find that HIV/AIDS is their passion—and that's ok!

After working through the guide, if students find that their action plans lead them to another development issue, they can turn to TakingITGlobal.org for support, assistance, and mentorship from our community of youth leaders, who a wide array of social issues, in over 200 countries and territories around the world.

The other important thing to remind your students is that not every action plan has to lead to the startup of an organization or project. In fact, we hope that they don't! There are already many excellent projects in Canada, South Africa, and around the world, and an action plan that leads your students to supporting or participating in one of these exciting organizations, rather than duplicating an already existing initiative, can help build efficiencies that are often lacking in the youth engagement sphere.

Module 3: Action

Lesson 4

Lesson Plan

Learning Objectives:

Students will have the opportunity to:

- Identify and express themselves on issues related to the HIV/AIDS pandemic
- Analyze the context that is driving the HIV/AIDS epidemic in Canada and South Africa
- Research and compare opportunities for service learning and social action locally or globally
- Develop, present and enact action plans

Materials:

- TakingITGlobal HIV/AIDS Youth Guide to Action (<http://www.tiged.org/tigxpress>)
- Flip charts or white boards for mind maps
- Internet access for action plan research

Time-frame: 2 classes to work through guide; 1-2 classes to present action plans.

Lesson Outline:

Session 1

1. Introduce the Guide to students.
2. If you have just completed Module 1 and/or 2, invite students to brainstorm on what they have just learned about HIV/AIDS. If you have not completed Module 1, show students some examples from the photos taken by Canadian and South African youth (Handouts #3-7 from Module 1). Orient students to the development education focus of this project, using the chart on individual and global HIV risk factors (Handout #5) and the context provided in the background paper of this module and in the Guide.
3. Get Inspired (page 8):
Work through examples of youth action provided. If the prompts provided for student response are not appropriate for your setting, have students respond to questions such as:
 - Which of the youth stories outlined inspired you most to take action on HIV/AIDS?
 - If you had the option of joining any of the action projects outlined in this section, which would you choose? Why? What would you contribute?

Students can share these responses in class, or on their TIGed blog, if you have set up the thematic classroom.

For more information on Mind Maps, visit:

http://en.wikipedia.org/wiki/Mind_map

4. Get Informed (page 14):
 - a) As a class or in small groups, have students create a mind map of students' knowledge, after completing Module 1 and/or 2, about HIV/AIDS. Take this opportunity to dispel any remaining myths, misconceptions or misinformation.
 - b) Review the questions on pages 18-20 of the Guide with students. Ask students to answer all questions. Assign "HIV/AIDS in Your Community" (mini-survey on myths about HIV) to be completed outside of class, if appropriate. Students should share results in the following session, as a lead-in to discussions about developing action plans.

Session 2

5. Get Focused (page 22):
 - a) Discuss results of mini-survey. What results did students have in common? What knowledge gaps exist in their communities? Tell students that part of taking action is inspiring, informing and involving those around them—how does this relate to their survey results?
 - b) Ask students to brainstorm about their passions using questions on pages 24-25 of the Guide as a blueprint. Once complete, create a second mind map, as a class or in small groups about the various ways students/young people can take action. Discuss the results, and some of the barriers that young people might face in implementing these plans. Be sure to talk about the importance of leadership skills, and ask students to work through pages 26-27 of the Guide, which help them reflect on their own leadership abilities.
 - c) Introduce the culminating project, an action plan. Students should prepare a presentation about the HIV/AIDS-related action plan of their choice using the remainder (pages 26-43) of the Guide as a template. Small groups are preferable for this particular assignment. Students need not actually enact their plan, simply present it—it should, however, be realistic!

Action Plan Suggestions

- Groups should work through the exercises of the guide in order, beginning with the "Leverage a Team" exercise on page 28, which will serve as a introduction to the group work to come.
- Depending on your class' experience with group work and research projects, you might want to set mini-deadlines and have groups submit their process work at various stages.
- Although students do not necessarily need to enact their plans, they will be more likely to follow through on a well-developed plan, so encourage them to be as detailed and realistic as possible!
- Encourage students to use TakingITGlobal.org as a resource in their action planning.

Module 3: Action

Lesson 4

On the site, they can find relevant youth networks and existing action projects, examples of other project ideas young people have undertaken, and contacts they can leverage should they decide to implement their plan.

- Students should present or submit their reasoning and thought processes, not just a finalized plan.

Evaluation

The action plan, or some variant of it, serves as a good culminating project and assessment tool for this module. Evaluation plans can be presented orally or submitted in writing,

If you opt not to complete the cumulative project, you can have students hand in completed Guides to Action, or design a quiz on the context of HIV/AIDS in Canada and South Africa, and key action priorities.

Extension: TakingITGlobal.org & TIGed

TakingITGlobal.org is an excellent tool for students interested in realizing their action plans. Participating in the community (which is freely accessible) gives them the ability to connect with other young leaders on the issue of HIV/AIDS, with resources that can inform and guide their action, and with organizations and opportunities for support and assistance.

To join, direct your students to <http://www.takingitglobal.org>. Logical starting points include:

- Posting their action plans as projects, giving them access to web space and project planning tools to help promote their projects
- Searching for organizations, members, or discussion boards relating to their action areas
- Searching for events and financial opportunities that could serve as launching points for their projects

If you have set up the TIG Xpress-HIV/AIDS virtual classroom on TIGed, you can take advantage of it for posting and sharing student action plans. Your students can upload their text in the Student Writing or Blog section, or can record an audio blog of their presentation and upload it in the Blog section. Your students can also mark contributions to other parts of the site (such as TIG Project pages) as submissions to your classroom, giving you full access to anything they post.

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