



Unit 12 HIV/AIDS—Lesson 1 The *Real* Picture

Contributor

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Unit Objective

Through various activities and literary experiences, students begin to understand the breadth of the AIDS epidemic in sub Saharan Africa and other regions of the world. Knowledge and awareness of the issue will be the platform from which personal attitudes and perspectives can morph into action. This unit will culminate with a challenge where students will send a message to the larger youth audience. The Society's four A's—Achievement, Autonomy, Attachment and Altruism—become a lived experience.

Lesson 1 The *Real* Picture

Lesson Objective

Through experimentation, discussion, watching a video and personal reflection, students will begin to get a clear picture of the pandemic that is HIV/AIDS.

Time

This lesson will take approximately four to six hours to complete depending on the extension activities chosen.

 **Materials** (list materials, handout titles and overhead titles) Texts and websites are listed under Supplementary Resources.

- Graph paper
- Computer with Internet access
- Student Handout 1 “HIV/AIDS Facts and Myths”
- Teacher Handout “Answers to Facts and Myths”
- Felts
- Chart paper
- TV/DVD/VCR
- Movie: *And the Band Played On*
- Test tubes (one per student)
- Test tube racks (enough to store class set of test tubes)

- Phenolphthalein (chemical indicator—ask the science teacher)
- Sodium Hydroxide (ask the science teacher)

Getting Started

Knowledge Now

Student Handout “HIV/AIDS Facts and Myths” (attached student and teacher handouts)

Note: The teacher should peruse this list and decide what should be included and (possibly) what should not be included. Attending to school culture and community beliefs/values is tantamount.

- With a partner students will discuss each statement and come to consensus on whether it is fact (F) or myth (M)—approximately 10 to 15 minutes
- Large group—Each statement will be examined a second time as a whole group. Students can discuss their understandings and come to a large group consensus for each statement. It is critical that the teacher *does not* influence the students. Students will take on the role of self-directed learners throughout this unit.
- Although the teacher has the answers, students will revisit the facts and myths at the end of the unit thereby having the opportunity to review their findings and discoveries about HIV/AIDS.

Engaging Interest

Video (or DVD) *And the Band Played On* (2 hours 30 minutes)

This movie tells the story of the discovery of the AIDS epidemic and the political infighting of the scientific community hampering the early fight with it. It spans the early days in 1978 when numerous San Francisco gays began dying from unknown causes to the identification of the HIV virus.

In 1980, thousands of Americans were under siege by an unknown virus, destined to attack whomever it wished in a vicious, unbelievable way. The response from the government was to ignore it, the response from the primary community it attacked was denial, and the response from the doctors was puzzlement and wonder. This mix led to the deaths of thousands, and eventually millions of people, who were unwittingly victims in this plague that still sweeps the world. *And the Band Played On* marks the early struggles in this monumental epic, and the politics that all too effectively wiped out these victims.

Note: Teachers should view this video prior to showing it to the class. Although the rating is PG 13, this movie has very strong content. A letter to parents and a discussion with school administration is encouraged.

Learning Activities

Activity 1—Personal Reflection

- Each student will reflect (either in written or symbolic form) on the following:
 - Discuss the notion of fear of the unknown and the human condition. Why is it sometimes easier to ignore the obvious than it is to dialogue openly? What happens when we base our knowledge on presumptions and hearsay? Use examples from the movie *And the Band Played On* and from two other sources (history, current events, literature or personal experience).
 - Students will share their ideas with a partner (identified by the teacher) and then with the larger class.

Note: Students should begin to understand that fear may really be the result of ignorance and could lead to discrimination, prejudice and even violence. Knowledge and dialogue are key elements to solving problems. This could lead to a class discussion about historical atrocities including the holocaust, terrorism and the pros/cons of globalism. Teachers should be prepared to take the path chosen by students.

Activity 2—Experiment

Students are given very little information before this activity. Why? Students will be asked to reflect upon the process and the outcomes after the experiment is complete.

This lesson is closely tied with Health Theme V—Human Sexuality. Prior to this lesson, students will have discussed various topics for Theme V including choices. The choice students are faced with is abstinence while the other is protection through awareness and knowledge.

Instructions

1. Each student (except one) is given one small test tube half filled with water.
2. One student is given a half full test tube containing sodium hydroxide. Every school science lab will (should) have this chemical base. Its appearance is similar to water: no smell, no colour.

Note: Test tubes should be marked 1 to ?? (Number of students in the class) with masking tape and a felt. No one except the teacher will know what the test tubes hold. Remind students that just like a science experiment, the same rules apply in this situation—no ingestion, be very careful.

3. Each student is asked to pick a number from 1 to 10. Numbers can be used more than once.
4. In a random (but careful) fashion each student will exchange bodily fluids—the number that they chose earlier will be the number of partners they will have over their lifetime. Students should NOT be made aware of this at this time. Person A will pour half of his or her bodily fluid into their partner's test tube. After ten seconds (time needed to mix the contents) person B will pour half of his or her bodily fluid back into his or her partner's test tube.
5. Repeat Step 4 until everyone has reached their chosen number.
6. Once all students have fulfilled their quota, the teacher will place two drops of phenolphthalein (chemical indicator) into each student's test tube. Students will observe the contents of each test tube to see whether there is a change in the liquid from clear to pink. A pink hue represents HIV/AIDS.
7. Personal reflection—give students ten minutes to jot down their thoughts concerning this experiment. This can be very effective because, even if students chose the number 1, may still have contacted the deadly virus that is HIV/AIDS.

Assessment/Analysis

- Through a large class discussion, students will discuss their initial reaction(s) to the experiment. Could this experiment have turned out differently? Discuss.

Activities for Extension and/or Integration

- Students will share the results of the experiment with their parents. Creating dialogue about HIV/AIDS among family members may create questions and may also clarify assumptions.

Subject and Level Learner Outcomes for Subject and Level

English Language Arts

1.1 Discover and Explore

- extend understanding by taking different points of view when rereading and reflecting on oral, print and other media texts
- develop and extend understanding by expressing and responding to ideas on the same topic, in a variety of forms of oral, print and other media texts

1.2 Clarify and Extend

- integrate own perspectives and interpretations with new understandings developed through discussing and through experiencing a variety of oral, print and other media texts

2.2 Respond to Texts

- analyze how the choices and motives of characters portrayed in oral, print and other media texts provide insight into those of self and others
- relate the themes, emotions and experiences portrayed in oral, print and other media texts to issues of personal interest or significance

3.1 Plan and Focus

- synthesize ideas and information from a variety of sources to develop own opinions, points of view and general impressions

3.3 Organize, Record and Evaluate

- reflect on new understanding and its value to self and others

5.2 Work Within a Group

- contribute to group efforts to reach consensus or conclusions, by engaging in dialogue to understand the ideas and viewpoints of others

Social Studies

9.1.3 appreciate how emerging issues impact quality of life, citizenship and identity in Canada

9.S.5 demonstrate skills of cooperation, conflict resolution and consensus building:

- demonstrate a positive attitude regarding the needs and perspectives of others

9.S.8 demonstrate skills of oral, written and visual literacy:

- communicate in a persuasive and engaging manner through speeches, multimedia presentations, written and oral reports, taking particular audiences and purposes into consideration
- listen to others in order to understand their perspectives

Health

Specific Outcomes

W-9.3 apply coping strategies when experiencing different rates of physical, emotional, sexual and social development; for example, positive self-talk

W-9.8 develop strategies to promote harm reduction/risk management; for example, differentiate between choosing personal challenges or acting impulsively, encourage others to evaluate risks

W-9.12 determine “safer” sex practices; for example, communicate with partner, maintain abstinence, limit partners, access/use condoms/contraceptives properly

W-9.14 develop strategies that address factors to prevent or reduce sexual risk; for example, abstain from drugs and alcohol, date in groups, use assertive behaviour

R-9.9 evaluate group effectiveness, and generate strategies to improve group effectiveness; for example, develop skills in facilitating discussions or meetings

Safe and Caring Topics and Concepts

Living Respectfully

- Identifying the impact of listening on communication
- Working cooperatively in groups
- Respecting and appreciating others' ideas, insights, solutions and contributions
- Understanding how violence affects individuals and communities
- Recognizing that violence is learned and can be unlearned
- Examining ways that injustice affects people

Developing Self-Esteem

- Recognizing that each person's perspective in a conflict may be different but valid
- Communicating thoughts and feelings

Respecting Diversity and Preventing Prejudice

- Stereotypes limit our perception and understanding of other people
- Examining how stereotypes and prejudice keep us from resolving conflicts
- Stereotyping leads to prejudice, discrimination and conflict

Teaching Strategies

Go to www.sacsc.ca	Cooperative Learning	Inquiry Learning	Direct Instruction
Click on Resources, Strategies for strategy descriptions	<ul style="list-style-type: none"> • Think-pair-share 	<ul style="list-style-type: none"> • Experiment/lab 	<ul style="list-style-type: none"> • Video/DVD <i>And the Band Played On</i>

Generalization and Transfer	Peer Teaching	Empathy/Affective Education	General Teaching Activities/Ideas
<ul style="list-style-type: none"> • Role play 		<ul style="list-style-type: none"> • Journal–personal reflections 	

Supplementary Resources

- Ellis, D. 2005. *Our Stories, Our Songs: African Children Talk About AIDS*. Markham, On: Fitzhenry & Whiteside. ISBN 1-55041-913-7
- www.infoplease.com/ipa/A0800505.html HIV/AIDS by World Region
- www.ainembabazi.org/index.html Ainembabazi AIDS
- www.acdi-cida.gc.ca/index-e.htm CIDA site
- www.stophiv.com/facts_myths/myths.html Stop HIV.com
- www.learnitliveit.org/english/hiv_aid_information4.asp Learn It Live It—HIV/AIDS Information

HIV/AIDS Facts and Myths

- _____ **You can tell by looking at someone whether or not he or she has HIV or AIDS.**
- _____ **People who have HIV get sick quickly.**
- _____ **Having just one partner at a time protects you from HIV.**
- _____ **HIV does not go through unbroken skin.**
- _____ **A person has to have a lot of sex partners to be at risk for HIV.**
- _____ **AIDS can be cured.**
- _____ **Mosquitoes transmit HIV.**
- _____ **HIV is the same as AIDS.**
- _____ **HIV only affects gay men and drug users.**
- _____ **If both people in a relationship have HIV, using a condom is not required.**
- _____ **People over fifty don't get HIV.**
- _____ **People infected with HIV cannot have children.**
- _____ **There is no need for a condom for oral sex.**
- _____ **A family doctor can treat HIV.**
- _____ **Those diagnosed with HIV/AIDS will die after a short period of time.**
- _____ **If you already have HIV, you can just pop a few pills (drug cocktails) and the symptoms will just go away.**
- _____ **Education, condoms or abstinence from sex is all it takes to stop the spread of AIDS/STDS.**
- _____ **The number of people who are infected with HIV is going down.**
- _____ **Vaccination can protect people from HIV infection.**
- _____ **Taking birth control pills can protect a woman from getting HIV.**
- _____ **You can get HIV from a toilet seat.**

- _____ **Most people who get infected with HIV become seriously ill within three years.**
- _____ **HIV is the virus that causes AIDS.**
- _____ **You can get HIV, by drinking from a glass used by someone who has HIV.**
- _____ **HIV is spread by kissing.**
- _____ **You can get HIV from giving blood.**
- _____ **Someone who has HIV, but looks and feels healthy can still infect other people.**
- _____ **Drinking alcohol can increase the risk of getting HIV.**
- _____ **Sharing needles to inject drugs can spread HIV.**
- _____ **Using a latex condom during sex can reduce the risk of getting HIV.**
- _____ **Only people in poor countries get AIDS.**
- _____ **Incidence of AIDS in youth will decrease if we just increase knowledge and awareness.**
- _____ **Developed countries are shipping AIDS drugs to developing countries.**

Answers to *Facts AND Myths*

You can tell by looking at someone whether or not he or she has HIV or AIDS.

Myth. A person who looks healthy could be infected because visible signs of the virus may not appear for ten years.

People who have HIV get sick quickly.

Myth. People with HIV can stay healthy for many years

Having just one partner at a time protects you from HIV.

Myth. Anyone can be infected. Even if you have only one partner, that person can be infected.

HIV does not go through unbroken skin.

Fact. The virus does not pass through unbroken skin.

A person has to have a lot of sex partners to be at risk for HIV.

Myth. It only takes one partner with HIV for you to become infected.

AIDS can be cured.

Myth. There is no cure for AIDS, but there are treatments that improve quality of life and increase the time people live after they are diagnosed with AIDS. In the late 1980s, the expected life span following full-blown AIDS was only two years. Now it is four years because of new kinds of drug treatments.

Mosquitoes transmit HIV.

Myth. Mosquitoes do not transmit HIV. Worldwide, there has never been a documented case of HIV infection from a mosquito bite. HIV doesn't survive in mosquitoes and other insects and therefore cannot be transmitted to another person through an insect bite. If a mosquito bite could transmit HIV, then lots of people would be infected who haven't engaged in risky behaviour.

HIV is the same as AIDS.

Myth. In fact this couldn't be further from the truth. HIV is a virus and AIDS is a collection of illnesses. Knowing the difference between the two is a very important part of understanding both.

HIV only affects gay men and drug users.

Myth. In fact, HIV can infect anyone. Babies, women, seniors over fifty, teens, blacks, whites and Hispanics. At risk behaviour can lead to infection in anyone.

If both people in a relationship have HIV, using a condom is not required.

Myth. Experts are seeing more and more incidences of re-infection, making HIV treatment even more difficult

People over 50 don't get HIV.

Myth. In fact, people over 50 make up a rapidly growing segment of the HIV population.

People infected with HIV cannot have children.

Myth. Women living with HIV can and do have families. While certain steps and precautions have to be taken, women can now have the families they have always dreamed about.

We don't need a condom for oral sex.

Myth. Again, untrue and a very dangerous myth. Condoms must be used each and every sexual encounter—vaginal, anal and oral.

My family doctor can treat my HIV.

Myth. Experts believe that given the complexities of HIV care, only HIV specialists should manage a patient's care.

Those diagnosed with HIV/AIDS will die after a short period of time.

Myth. In fact people are living with HIV longer today than ever before. Meds, treatment programs and a better understanding of HIV allows those infected to live normal, healthy, productive lives.

If you already have HIV, you can just pop a few pills (drug cocktails) and the symptoms will just go away.

Myth. The drug cocktails do help a lot of people, but they don't work for everyone. And they don't work if you don't take them EXACTLY as prescribed. A person must take many pills every day, in order for them to work. Forgetting to take one's medication can quickly lead to drug resistance. And these drugs have a lot of side effects that can make you sick. We are already starting to see drug treatment failures in some people who are taking drug cocktails.

Education, condoms or abstinence from sex is all it takes to stop the spread of AIDS/STDs.

Myth. All the education and condoms in the world won't protect you if you're drunk or high on drugs. When drunk from alcohol or high on drugs (like crank, speed, pot, cocaine, and so on), people put themselves at risk for HIV and sexually transmitted diseases. Persons under the influence of alcohol and other recreational drugs are more likely to have sex, to use condoms less often or use them correctly. So even if a person knows all about HIV/STD prevention, all that education will be worthless if they get drunk or high from other recreational drugs.

The number of people who are infected with HIV is going down.

Myth. The number of people who are infected with HIV is going up. What has been going down is the number of new cases of AIDS in the USA and the death rate due to AIDS in *developed* nations. In *developing* nations (such as those found in Africa and Asia), both the number of new cases of AIDS and the number of deaths due to AIDS are still increasing.

There is no vaccination for HIV/AIDS infection.

Fact. Drugs called antiretrovirals (ARVs) have proved to be very effective at treating symptoms and prolonging life for people with AIDS, but they are NOT a cure.

Taking birth control pills can protect a woman from getting HIV.

Myth

You can get HIV from a toilet seat.

Myth.

Most people who get infected with HIV become seriously ill within three years.

Myth. People are living with HIV longer than ever before. Medication, treatment programs and a better understanding of HIV allow those infected to live normal, healthy, productive lives.

HIV is the virus that causes AIDS.

Fact. HIV is a type of virus called a retrovirus. It leads to AIDS but it may take years for someone with HIV to develop AIDS.

You can get HIV by drinking from a glass used by someone who has HIV.

Myth.

HIV is spread by kissing.

Myth.

You can get HIV from giving blood.

Myth.

Someone who has HIV but looks and feels healthy can still infect other people.

Fact. Many people living with HIV do not know their HIV status. Others that know may not be willing to admit it to their friends or partners.

Drinking alcohol can increase the risk of getting HIV.

Fact.

Sharing needles to inject drugs can spread HIV.

Fact.

Using a latex condom during sex can reduce the risk of getting HIV.

Fact.

Only people in poor countries get AIDS

Myth. There are over one million people in North America living with AIDS. Many of them are children and youth. Many more have HIV, which has not developed into AIDS and may not be aware of their HIV status.

Incidence of AIDS in youth will decrease if we just increase knowledge and awareness.

Myth. Experience shows that *information is not enough*. Young people also need life skills such as decision making, communication and negotiation. They need to understand the concepts of risk behaviour. Students need to understand the consequences of unprotected sex and the consequences of using alcohol and drugs. They also need to know where to go for services and help. AIDS education should cover all these aspects.

Developed countries are shipping AIDS drugs to developing countries.

Myth. Only a tiny portion of the 6 million people in poor countries that need the AIDS drugs are actually receiving treatment.