

Teacher Lesson Plan

HIV MYTHS, STIGMA & AWARENESS

INTRODUCTION

HIV awareness and stigma around infection is still a major global issue. This lesson aims to improve student awareness by increasing knowledge and understanding with a picture aided quiz followed by an activity about infection based on experiential active learning and finally engaging in a discussion about HIV issues from both a South African and a UK perspective in order to widen understanding of different cultures.

Age Group: GCSE / KS4		Time: 60-70 minutes
Aim: To raise awareness of challenges surrounding HIV in South Africa and to relate this to the UK as well.		Success Criteria: ALL Will be able to identify and discuss basic truths and myths surrounding HIV. MOST Will be able to discuss issues faced by individuals with HIV in developing countries. SOME Will be able to debate the ethical issues surrounding testing and seeking help in traditional and religious communities.
Objectives: <ul style="list-style-type: none"> For pupils to gain an understanding of common misconceptions in relation to HIV in order to reduce stigma. To create discussion in the class about being in the position of a person with HIV and the ethics of HIV testing without consent. To inform opinion and debate about the challenges of HIV in both an overseas and UK context. 		Resources: <ul style="list-style-type: none"> HIV myth buster quiz PowerPoint Page 16: Resource cards on Global Perspective of HIV issues Page 8: Worksheet Page 10: Teacher instructions for Wildfire Handshake game
Activities: <ul style="list-style-type: none"> Starter activity mind map True or False myth buster Quiz Wildfire Handshake game Discussing the Global Perspective 	Timing: <ul style="list-style-type: none"> 10 20 20 20 	Other/additional material: <ul style="list-style-type: none"> Short film on HIV/AIDS stigma '<i>Undefeated</i>' Cartoon about HIV diagnosis reaction over the last five decades Further information on HIV and STIs

CURRICULUM LINKS

SCOTLAND

EXPERIENCES AND OUTCOMES - IN BECOMING A RESPONSIBLE CITIZEN:

Social Studies:

“Develop my understanding of my own values, beliefs and cultures and those of others”

“Develop informed, ethical views of complex issues”

Literacy:

“Extend and enrich my vocabulary through listening, talking, watching and reading”

Health and well-being:

“Develop my self-awareness, self-worth and respect for others”

“Acknowledge diversity and understand that it is everyone’s responsibility to challenge discrimination”

“I know how to access services, information and support if my sexual health and well being is at risk. I am aware of my rights in relation to sexual health including my right to confidentiality “

ENGLAND

English:

“Pupils should be taught to understand and use the conventions for discussion and debate”

Citizenship KS3/4:

“Equip pupils with the skills and knowledge to explore political and social issues critically”

“Develop an interest in, and commitment to, participation in volunteering as well as other forms of responsible activity, that they will take with them into adulthood”

“Debate and evaluate viewpoints, present reasoned arguments and take informed action”

PSHE:

2nd core theme: **Relationships** – respect for equality and diversity.

3rd core theme: **Living in the wider world** – encompasses issues of rights and responsibilities and active citizenship.

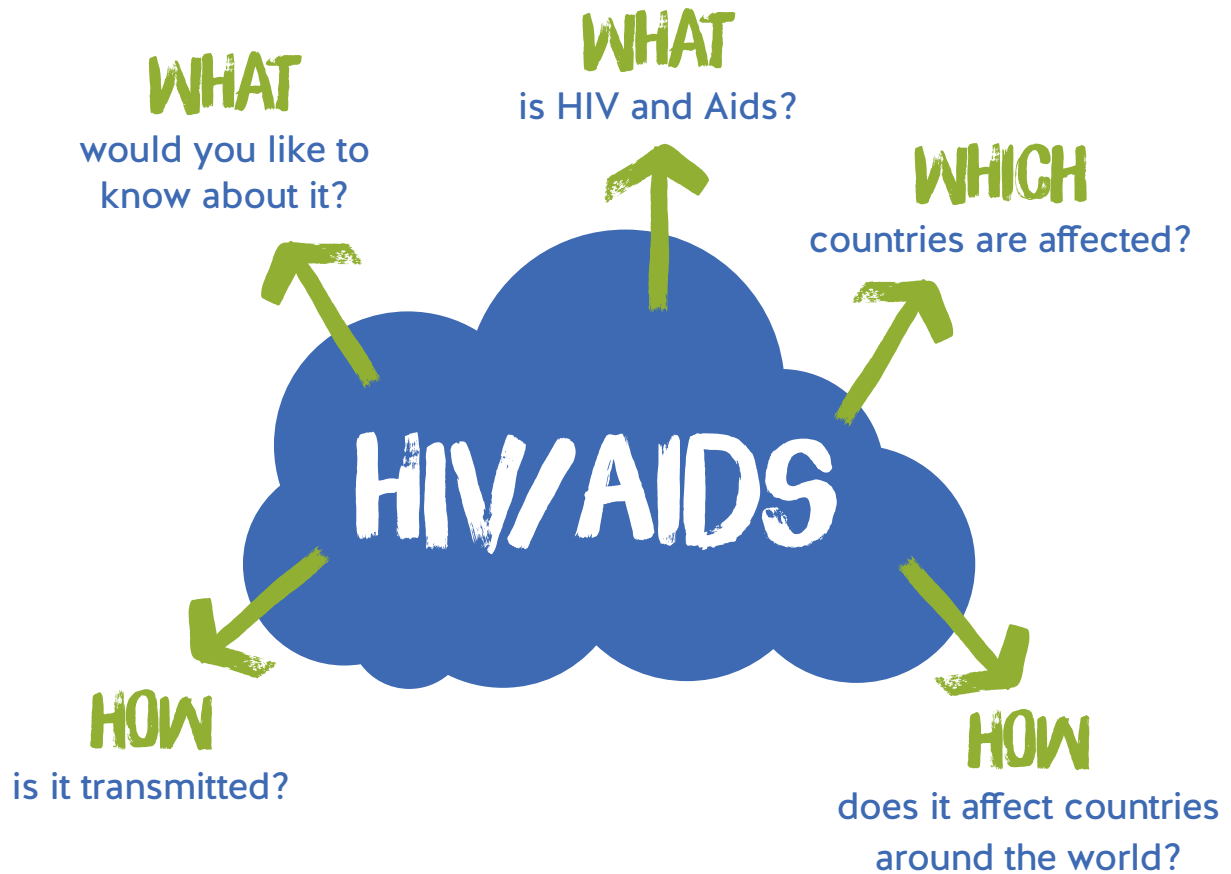
WALES

English Oracy:

“Identify key points and follow up ideas through question and comment, developing response to others in order to learn through talk. Experiencing and responding to a variety of stimuli and ideas: visual, audio and written”

Baccalaureate Advanced level - Personal and Social Education:

The DIARY component – positive relationships, healthy lifestyles and sexual health, contemporary issues and challenges facing society, and intercultural understanding.



STARTER ACTIVITY MIND MAP

Discussion about what they know already. Make two mind maps on the board, one of what the class knows and the other of what they do not know or would like to know.

This diagram can be revisited during the summary in order to demonstrate learning. The idea is that at the start of the lesson there will be more questions than answers and that by the end of the session the opposite is the case.

Prompt questions could include: What is it? Where is it occurring? How is it transmitted from person to person? When did it start? What would you still like to know?

Looking at the map of HIV prevalence: What grabs your attention about these numbers? What areas are surprising? Prompts could include the heavily unbalanced distribution of infection in sub Saharan Africa, or the low rate of deaths per people living with HIV in North America relative to the rest of the world.

DEFINITIONS/FACTS

STI	Sexually Transmitted Infection
HIV	Human Immunodeficiency Virus. (HIV is the virus)
AIDS	Acquired Immune Deficiency Syndrome. (AIDS is the disease caused by the HIV virus)

What is the difference between HIV and AIDS?

When someone is described as living with HIV, they have the HIV virus in their body. A person is considered to have developed AIDS when the immune system is so weak it can no longer fight off a range of diseases with which it would normally cope.

TRUE OR FALSE MYTH BUSTER QUIZ

Open the PowerPoint quiz and go through the questions that address myths over how HIV can be spread. Have the students split up into teams of four or five. At the end tally how many the students got correct. Which answers surprised them? Now refer back to the mind map, is there any incorrect information? Any answers to questions? Show the 2 minute video on HIV transmission in the slides to widen understanding

HIV can be passed through sweat	False	It is a common misconception to believe that HIV can be spread via all bodily fluids; this is not the case, HIV is only present in bodily fluids such as blood, semen, vaginal fluid and minimally in breast milk.
HIV can be transmitted by sharing drinks glasses	False	
HIV can be spread by reusing and sharing needles	True	
HIV can be transmitted by mosquitos like Malaria	False	
Coughs and sneezes can spread HIV	False	
HIV can be passed through breast milk	True	

You can only spread HIV among gay men and IV drug users	False	Transmission of HIV can be spread by blood to blood contact (sharing of needles) and ANY kind of unprotected sex. It is also possible to spread HIV whilst on treatment, the risk is reduced but the virus is still present.
If I'm receiving treatment I can't pass on the virus	False	
HIV can be spread through unprotected sex	True	

If I'm HIV positive and pregnant, my child will be born HIV positive

False

If appropriate treatment is taken compliantly throughout pregnancy and a 'safe' birth is carried out (c-section) it is highly possible for a baby to be born HIV negative. In the UK today there is less than a 1% chance of an HIV positive mother passing HIV on to her child if the right steps are taken.

It can take up to 10 years for symptoms to appear

True

If an individual remains fit and healthy they can be asymptomatic for as long as 10 years. At the early stages of infection a person often develops flu like symptoms.

WILDFIRE HANDSHAKE GAME

Game is to emphasise the transmission of HIV, the feelings associated with infection and to generate discussion about how this can be prevented. See page 10 for detailed teacher instructions on how to facilitate the game.



DISCUSSING THE GLOBAL PERSPECTIVE

On the following page are a few of the barriers to tackling HIV/AIDS that Helen experienced during her time working in South Africa. Print out and cut up the resource cards on page 16 and have the students work in groups to rank these issues in order of what they feel is most important. Have them feedback on the reasons for their decisions. The purpose of asking the group to rank the cards is to elicit opinion and discussion amongst the group as there is no definitive ranking or answer.

After the South African context, ask the group to relate these challenges to the UK- would the challenge be different in any way here? (e.g. Britain has higher levels of literacy and numeracy than South Africa). Then have them rank the cards again, this time from the perspective of HIV in the UK. What are the similarities and differences?

Access to medication

This is dealt with by certain missionary hospitals by running outreach clinics, where a team is responsible to taking ARV medication from the hospital out in to the community to ensure those even in the most rural areas are able to adhere to their treatment.

Cultural norms, values and religion

In certain areas of the world, strict religious and cultural values may act as a barrier to an individual receiving ARV treatment, which is still in some parts known as 'Western interference'. A big part of HIV prevention is using condoms as means of contraception; this obviously has some opposition from a religious perspective.

Gender issues

Psychological as well as physical issues as if a woman was diagnosed, this may tell her that her husband has been cheating, she would in some cases be beaten for accusing him of this and also have to deal with the psychological and physical trauma of being diagnosed with HIV. The very issue of a woman's status and ability to make her own decisions about her body and sexual relationships is a difficult one.

Conflicting views

This is usually among families/clans, the chief or leader of the clan would tend to have a very traditional view on HIV as a 'dirty' disease and western medicine is 'poison'. Therefore those who go off and seek help from clinics/hospitals risk being outcast from their community.

Illiteracy and innumeracy

Sometimes patients rely on how pills look to know which ones to take and when, but the same drug may come in a round pink pill or a square white one so this causes problems.

Not recognising importance of taking medication well

Education is the key factor to this, sadly, the majority of adults in poorer parts of the world have had little to no formal education.

Sex education

This is deemed a very taboo subject in many countries.

SUMMARY

Now refer back to the two initial mind maps.

What questions have they now learned the answers to? Try to write the answers they've learned alongside the questions in a different colour. Also get them to add in any additional things they've learned in a different colour and things they would still like to learn more about.

Summarise and reinforce Take Home messages on slide.

OTHER / ADDITIONAL MATERIAL

- **Undefeated** is an award winning 20 minute film from UK Charity 'Body and Soul' on the stigma of HIV/AIDS in the UK:

<http://www.lifeinmyshoes.org/#!undefeated>

- This is part of a comprehensive Education pack which uses film created by young people living with HIV, to engage students in themes around HIV, stigma, being different and empathy.

<http://www.lifeinmyshoes.org>

- HIV Transmission cartoon videos:

<http://www.bodyandsoulcharity.org/the-factory/films/#s1>

<http://www.bodyandsoulcharity.org/the-factory/films/#s3>

- An excellent cartoon on a series of reactions to HIV diagnosis over the last few decades:

<http://www.hivaware.org.uk/downloads/timeline-comics.pdf>

- Further information on HIV

<http://www.aidsmap.com/>

<http://www.hivaware.org.uk/>

- Further information on STDs provided by **Advocates for Youth**:

<http://www.advocatesforyouth.org/storage/advfy/documents/stis.pdf>

- Advice on teaching HIV/AIDS:

<http://www.advocatesforyouth.org/storage/advfy/documents/hivtips.pdf>

- Public Health England Government report on HIV 2014:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377194/2014_PHE_HIV_annual_report_19_11_2014.pdf

Worksheet

HIV MYTHS, STIGMA & AWARENESS

What is your pre-existing knowledge of HIV and what questions do you have about it?

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Quiz questions	Answer (please tick)				y/n
HIV can be passed through sweat	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
HIV can be transmitted by sharing drinks glasses	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
HIV can be spread by reusing and sharing needles	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
HIV can be transmitted by mosquitos like Malaria	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
Coughs and sneezes can spread HIV	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
HIV can be passed through breast milk	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
You can only spread HIV among gay men and IV drug users	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
If I'm receiving treatment I can't pass on the virus	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
HIV can be spread through unprotected sex	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
If I'm HIV positive and pregnant, my child will be born HIV positive	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
It can take up to 10 years for symptoms to appear	True	<input type="checkbox"/>	False	<input type="checkbox"/>	<input type="checkbox"/>
				Total	<input type="checkbox"/>

Which answer surprised you most and why?

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What did you think the main point of the wildfire handshake activity was?

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What do you think is the biggest issue surrounding HIV in South Africa and why?

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What do you think is the biggest issue surrounding HIV in the UK and why?

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What questions from your initial spider diagram have you now learned the answer to and what other information have you learned?

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Teacher Instructions

WILDFIRE HANDSHAKE GAME



1. EXPLAIN THE OBJECTIVES

Briefly outline the objectives of the session to the participants, and in particular, explain that the exercise is designed to make participants experience the feelings associated with HIV infection.

Confidentiality in relation to all aspects of HIV infection is extremely important. Participants must be reminded that the need for confidentiality extends to this exercise and that there must be a mutual trust within the group for people to feel that they can be open in the exercise. They must respect, as confidential, any personal information which becomes known during the exercise.

2. DEMONSTRATE THE PROCEDURE THAT WILL BE FOLLOWED: SYMBOLIC HANDSHAKING

Ask participants to put down anything they are holding and to stand in a circle facing inward. Instruct two participants to shake hands. Tell him or her and the rest of the group that for this exercise, a handshake is equivalent to having unprotected sexual intercourse.

While still holding the participant's hand, explain that we need some mechanism to indicate personal exposure to HIV and a light scratch on the palm of the hand during the handshake is the chosen method. Stress that a scratch on the palm indicates that the person has had unprotected penetrative intercourse with someone who has had intercourse with an infected person.

It does not necessarily mean that the person is infected since the virus is not transmitted during every act of unprotected intercourse.

Demonstrate the hand scratch to the person with whom you are shaking hands and display it to all the other participants

Stop your handshake. Tell everyone that this was only a demonstration and that no-one, at this stage, has been exposed to HIV in the exercise.

Ask people to shake hands gently since, for many the thought of having unprotected intercourse is difficult.

3. SELECT A PARTICIPANT TO BE HIV-INFECTED

Tell the group that you will shortly ask them all to close their eyes and that you will then walk around the circle several times during which you will touch one person on the shoulder. For the course of the exercise, the touched person will be HIV infected.

The person whose shoulder you touch is not to tell any other group member. However, he or she will scratch the palm of every person's hand shaken during the exercise.

Tell the group that if, during the course of the exercise, any of them is scratched on the palm, that person must then scratch the palms of other people he or she shakes hands with. Remind people every time they shake hands they are having unprotected sexual intercourse.

Walk around the group and lightly touch someone on the shoulder.

4. PARTICIPANTS EXPERIENCE THE INVISIBILITY OF INFECTION: PARTICIPANTS TRY TO IDENTIFY THE HIV INFECTED PERSON.

After touching a single person, ask the participants to open their eyes and see if they can identify the person in the group who is HIV infected. Bring out the point that one cannot tell if a person is infected by looking at him or her.

Briefly discuss with the group how they felt as you walked around the circle. You should concentrate on facilitating the group to provide answers and information rather than giving it yourself.

Bring out the point that even in a game, people are fearful of being HIV infected and do not want to be touched.

5. SEXUAL NETWORKING IS DEMONSTRATED: PARTICIPANTS BEGIN TO SHAKE HANDS WITH ONE ANOTHER.

Remind participants that there is one person HIV infected for the exercise. Tell them that as the game begins this person will scratch the palms of those with whom he or she shakes hands. Those whose palms are scratched then scratch the palms of all the hands they shake after they are scratched. Stipulate the maximum number of handshakes per participant:

***10 to 15 participants, up to 3 hand-shakes per person;
15 to 25 participants, up to 4 hand-shakes per person;***

Ask everyone to participate.

Step out of the circle and ask the participants to begin shaking hands with whomever they wish up to the stipulated number.

6. THE RANDOMNESS OF EXPOSURE TO HIV IS DEMONSTRATED: AFTER HAND-SHAKING STOPS, FORM PARTICIPANTS INTO TWO GROUPS, THOSE WHOSE HANDS WERE SCRATCHED AND THOSE WHOSE HANDS WERE NOT SCRATCHED.

When the hand-shaking stops, step back into the centre of the circle. Ask all those who had their hands scratched during the course of the exercise and the person who had his or her shoulder touched at the beginning to step into the middle of the circle. Ask the others to return to the outer seats.

Get the group to discuss what it is like to be in either position, those on the outside first, followed by those on the inner circle.

These are some of the possible questions you could ask to generate thought, discussion and the examination of issues.

Outer circle	How was your behaviour different from that of the people in the inner circle?
Outer circle	How did you end up in the outer circle while the others are in the inner circle?
Outer circle	How do you feel about the people in the inner circle?
Inner Circle	What are you thinking now that you realize it is possible that you are infected?
Inner Circle	What are you feeling now that you realize it is possible that you are infected?
Inner Circle	Would you tell anyone you may be infected? Whom?
Inner Circle	Would you tell your sexual partner(s) you may be infected?
Inner Circle	What support would you need at this stage? To whom will you turn? If to no-one, why not?
Outer circle	Will you continue having unprotected sexual intercourse?
Inner Circle	Will you continue having unprotected sexual intercourse?
Outer circle	Would you have intercourse again with a person in the inner circle?

Remember, if necessary, to remind everyone in the inner circle that they have been exposed to the virus but it is not yet known if transmission has taken place.

At some stage during the discussion, participants may ask about the possibility of an HIV antibody test.

Reassure them that voluntary and confidential testing with counseling is available.

7. KNOWLEDGE OF ONE'S HIV STATUS: VOLUNTARY AND CONFIDENTIAL TESTING WITH COUNSELLING.

Offer the test, discuss the testing procedure, and the meaning of positive and negative results. If a particular person says that he or she would not want to be tested, the facilitator should explore the reasons for this decision. The person could be asked:

- You are possibly infected. Do you have all the information you require to decide what you are going to do in light of this?
- Are you going to ensure that no-one else is put at risk from your behaviour?
- What support will you need to sustain your behaviour?

The person should then be asked to move to the outer ring.

Ask people in the outer circle what choice they could have made and why?

Then shuffle the test result envelopes and pass them out to those in the inner circle, asking participants not to open their envelopes but to hold them. This symbolizes the waiting time between taking the test and getting the results. Refer to the usual waiting period for results in the country where the workshop is being held and get the group to discuss the issues involved. The Facilitator may use questions such as:

- What does it feel like to be waiting for your result?
- What support would you need during this period?
- Would you tell anyone you had taken the test? Whom?
- Would you continue with unprotected sexual intercourse? Why/why not?
- Would you be able to concentrate fully at work and/or home?

8. TESTING WITHOUT CONSENT

Before asking those in the inner circle to open their envelopes, give envelopes to a number of the women on the outer circle telling them that they are pregnant and have been tested without their knowledge or consent. Give envelopes to a smaller number of men telling them that they were tested without their knowledge or consent while being treated for TB or a sexually transmitted infection or when they joined the military.

Explore with each of these persons how he or she feels about having been tested without consent. Then ask that the envelopes be opened.

9. DEVELOPING STRATEGIES TO LIVE WITH THE NEWS THAT ONE IS NOT INFECTED

Ask each person his or her test result.

Discuss with each person with a negative result what impact this has had on her or him. The Facilitator may use questions such as:

- How does it feel to get a negative result?
- Are you going to change your behaviour in order to remain uninfected?
- Do you have all the information you require about safe sexual practices?
- Where would you get further information?
- What support will you need to sustain your safe behaviour?

The facilitator should discuss the window period for HIV antibody testing and the need for a follow up test if people have unprotected penetrative intercourse during the previous three months.

Ask those with a negative result to replace their cards in their envelopes and to pass them back to the Facilitator. Then ask them to join the outer circle.

10. DEVELOPING STRATEGIES TO LIVE WITH THE NEWS THAT ONE IS HIV INFECTED.

Each person with a positive result should now be encouraged to discuss his or her reactions. The Facilitator could ask questions such as:

- What thoughts crossed your mind when you received your result?
- What is your immediate reaction to the result?
- What support do you need?
- Will you tell people your result?
- How do you think they will react?
- Will you tell your spouse/partner/sexual partners?
- Will you tell your children?
- Will you tell your work colleagues? Employer?
- What support do you need for all this?
- Do you want to have children? How will this test result affect that?

The positive aspects of knowing one's infection status should be discussed: the possibility of making changes in lifestyle to remain healthy, the possibility of planning for one's future and that of one's children, the diagnosis and treatment of opportunistic infections.

The difference between being infected and having an HIV related illness, including AIDS, should be made clear. There should be some discussion of how to handle disclosing one's infection status and the possible consequences of disclosure.

When the discussion has covered all of the concerns, ask the positive result participants to place their results in the envelopes. Take the envelopes back one by one reminding the participants that this has been an exercise only and as they pass the envelope to you they also pass back the virus.

As you take back the envelopes, ask each participant to stand and step out of the inner circle. Ask them how they feel and whether they need any help. Then ask them to move to the outer circle. At This point it may be a good idea to discuss if anyone knows how we test for HIV and where you can go to get a HIV test.

Most HIV tests involve taking a blood sample which is then sent off to a laboratory for testing, but you can also get rapid tests which use a finger-prick or saliva sample.

Where can I get an HIV test? You can get a test at your local sexual health clinic. You can find your local clinic here www.fpa.org.uk/findaclinic. You should also be able to get an HIV test when you visit your GP, and they are also increasingly available in community settings (for example in pharmacies or provided by charities, such as **Terrence Higgins Trust**). You can now also order home-sampling kits.

For more information see: <http://www.hivaware.org.uk/do-i-have-hiv/testing.php>

11. DEVELOPING STRATEGIES FOR LIVING WITH THE VIRUS IN OUR MIDST.

After everyone has moved to the outer circle, ask all participants to stand in a circle again. The Facilitator should briefly explore with the participants some strategies for living with the virus in our midst. Questions could include:

- **Do you think we can peacefully co-exist with this virus, live with it in our midst without being infected?**
- **How can you help members of your family or friends to protect themselves from this virus?**

Then ask each participant to reflect on the exercise and say a word or name or colour to express his or her feelings or thoughts.

Emphasise that the exercise is now over. At the end, participants often feel like giving each other some kind of support: a word, a smile, a touch, a hug.

A break, preferably a meal break, must be taken after this exercise to give participants time to think about the exercise and how it affected them and to talk to others or the Facilitator about it. The Facilitator should be aware that the exercise can deeply affect participants and he or she should be sensitive to this in the following hours and days.

GENDER ISSUES

Psychological as well as physical issues as if a woman was diagnosed, this may tell her that her husband has been cheating, she would in some cases be beaten for accusing him of this and also have to deal with the psychological and physical trauma of being diagnosed with HIV. The very issue of a woman's status and ability to make her own decisions about her body and sexual relationships is a difficult one.

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ACCESS TO MEDICATION

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CONFLICTING VIEWS

This is usually among families/clans, the chief or leader of the clan would tend to have a very traditional view on HIV as a 'dirty' disease and western medicine is 'poison'. Therefore those who go off and seek help from clinics/hospitals risk being outcast from their community.

HIV MYTHS, STIGMA & AWARENESS

CULTURAL NORMS, VALUES & RELIGION

In certain areas of the world, strict religious and cultural values may act as a barrier to an individual receiving ARV treatment, which is still in some parts known as 'Western interference'. A big part of HIV prevention is using condoms as means of contraception; this obviously has some opposition from a religious perspective.

HIV MYTHS, STIGMA & AWARENESS

NOT RECOGNISING IMPORTANCE OF TAKING MEDICATION WELL

Education is the key factor to this, sadly, the majority of adults in poorer parts of the world have had little to no formal education.

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SEX EDUCATION

This is deemed a very taboo subject in many countries.

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ILLITERACY AND INNUMERACY

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