



# “My Big Story Book – Learners & Teachers Tell their Stories on Living Positively with HIV”

A PRACTICAL GUIDE FOR TEACHERS




United Nations  
Educational, Scientific and  
Cultural Organization



A UNAIDS Initiative led by UNESCO  
**EDUCAIDS**  
Towards A Comprehensive  
Education Sector Response







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# Acknowledgments

This project was implemented using a multifaceted approach to strengthen the quality and impact of HIV and AIDS education within the ESA region. The approach uses the PhotoVoice methodology, a participatory approach used in social development which empowers project beneficiaries to document their personal experiences through photographs and written testimonies. The photographs and testimonies depicted in this booklet were provided by a group of young people and teachers from four countries, based on two themes related to HIV and AIDS: “Young people, sexuality and HIV” and “Let’s listen to students and teachers affected by HIV and AIDS”.

The testimonies and pictures were compiled in 2011, in a report titled ‘Building Knowledge, Skills and Hope: HIV and AIDS Education for African Children’, funded by the Virginio Bruni Tedeschi Foundation. The project was coordinated by Mr Matthias Lansard, Project Coordinator (UNESCO Windhoek), supported by the National Programme Officers in four countries, namely: Mr Jose Novais Felix for Angola, Mr Lethola Mafisa for Lesotho, Mr Havelinus Shemuketa for Namibia, and Mr Tsini Mkhathshwa for Swaziland. Technical support was also provided by Mr Christophe Cornu, EDUCAIDS Support Team Leader (Section on HIV and AIDS, Education Sector, UNESCO Paris) and Dr Patricia Machawira, the Regional AIDS Advisor for Eastern and Southern Africa.

Following on the success of the PhotoVoice activity, this booklet has been developed to be disseminated and used as a powerful learning tool in schools and communities, using the selected visual materials based on the PhotoVoice photos and texts.

The development of this booklet would not have been a success without the contributions of the following UNESCO National Program Officers; Aina Heita from Namibia, Jane Kamau from Kenya, Charles Draecabo from Uganda, Martin Mosima from Botswana and Edwin Simelane from Swaziland, under the guidance of the UNESCO Regional Support team for Eastern and Southern Africa Dr Patricia Machawira, the Regional AIDS Advisor, Matthias Lansard, the Project Coordinator and Victoria Kisaakye Kanobe, the Regional Program Officer for HIV and Health.

This booklet has been developed to become an inspiration to young people and teachers in eastern and southern Africa, to be used for advocacy and to sensitise the rest of society, including decision-makers; and to potentially influence policy and inspire change in addressing the high levels of stigma and discrimination experienced by people living with HIV or affected by HIV and AIDS.



# Key Terms to Remember

**Disclosure of HIV Status:** Disclosure involves informing another person or persons of one's HIV positive status. The selection of the person one discloses to is based on levels of trust, comfort and confidence that they will support you. Disclosure may be confidential (to a friend, a relative, workmate or health care provider – also called partial disclosure, or public, complete and open testimony of HIV positive status. Disclosure should be voluntary.

**Facilitators and Facilitation :** A facilitator is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. Some facilitator tools try to assist a group to achieve consensus on any disagreements that pre-exist and guide them towards a specific action. "My Big Story Book – Learners & Teachers Share their Stories about Living Positively with HIV" is one such facilitation tool. A facilitator's job is to support everyone to do their best in thinking and practice. To do this, the facilitator encourages full participation, promotes mutual understanding and shared responsibility.

**HIV-related Stigma and Discrimination:** HIV-related stigma is when someone holds a negative opinion or attitude towards another person, because they either know or suspect that the other person is HIV positive or is related to, or somehow linked to a person who is living with HIV (PLHIV). HIV-related discrimination happens when a person who has stigmatizing thoughts and opinions acts out these thoughts, for instance by ignoring the person, or by verbally, physically or emotionally abusing or harming someone they suspect to be HIV positive or related to someone who is HIV positive.

**Living Positively with HIV:** This means firstly, knowing one's HIV status; this can only happen by taking an HIV test. HIV testing includes receiving counseling both before taking the HIV test and afterwards, when receiving HIV test results. Having tested positive for HIV, living positively means having a positive attitude towards living with HIV; taking good care of your health; adhering to medication; ensuring one does not pass the virus on to anyone else; and seeking information and on how to prevent re-infection.

**Self stigma:** This is internalised stigma, that someone who is HIV positive feels for themselves. It destroys their self esteem; they believe they are 'not good enough'. Feelings of shame and guilt often come with self stigma, when a person believes they have broken some unwritten code about what it means to be a full member of society. When experiencing self stigma a person sometimes adopts an attitude of 'Why try?'; this is usually because the experience of social stigma has been so hurtful.



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# Introduction: About this Users Guide

This Users Guide and the main document “My Big Story Book – Learners & Teachers Share their Stories about Living Positively with HIV”, hereafter referred to simply as My Big Story Book, are together part of what is called PhotoVoice, a methodology of sharing and learning developed by UNESCO to enhance the PhotoVoice approach facilitates creative learning and sharing by utilising real life stories, unique photos and scenarios from the lives of children living with, or affected by HIV in different communities. This section assists you to make the best use of this Guide.

## Why was this Guide developed?

It has been developed to give users of My Big Story Book, ideas on how to creatively and effectively use it. The Book will be introduced in more detail in Section 1 below.

## Who is this Guide for?

This Guide has been developed for all teachers, and supporters of learners and children in-school, who may either be infected with or affected by HIV. It can also be used by older children who are working with younger children in school settings, supporting them to cope with the effects of HIV, either in school, in their homes or in their communities. Learners ranging from age 7 – 17 years of age will benefit from My Big Story Book and therefore this Guide is relevant for anyone teaching or working with learners in this age group in schools.

Although the primary purpose of My Big Story Book is to build knowledge and skills among in-school learners, the concept of using photos, real life testimonies and activities can also be used with out-of-school learners.

If you have an opportunity to reach children and young people through your church or social circles, you are encouraged to use My Big Story Book with them as well.





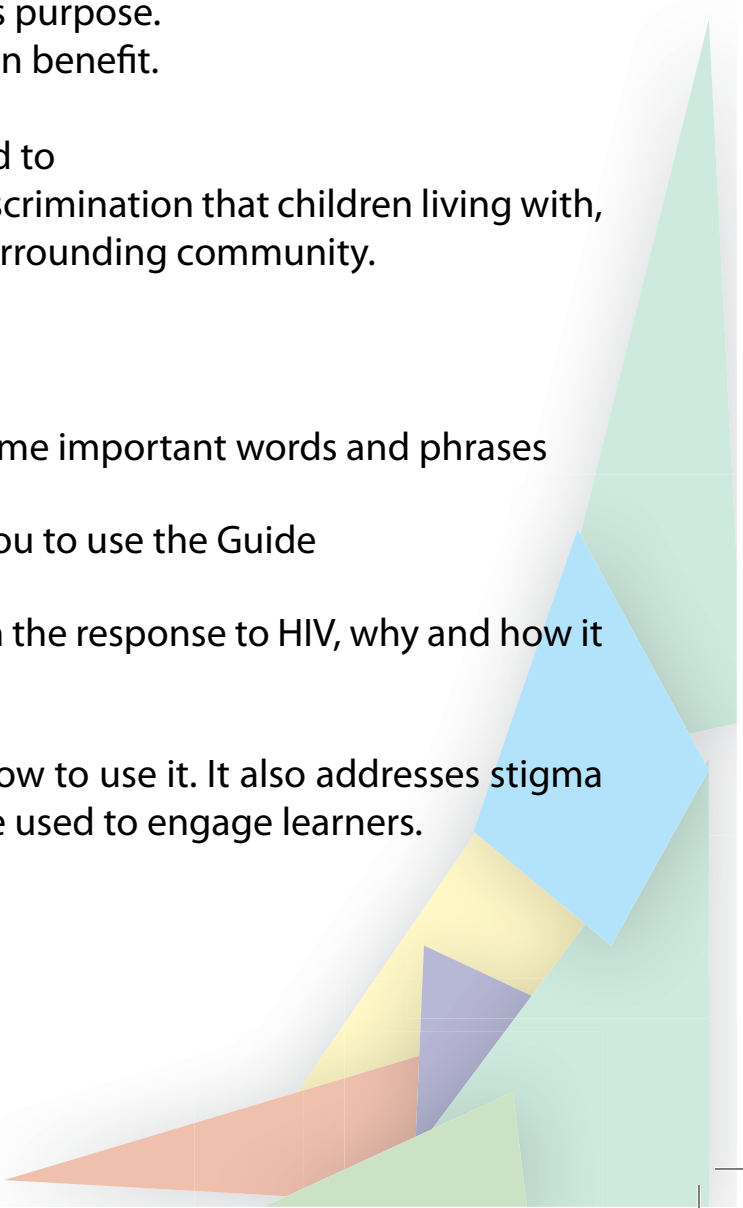
## How can this Guide be used?


Before starting to use this Guide, it is advisable to go through the My Big Story Book and familiarise yourself with its contents. See more on what the story book is about in Section 1. You may use then use this Users Guide to help you develop lesson plans and activities for the learners you are working with. You may also adapt the suggested lesson plans and activities in Section 3 to suit the specific age groups of learners with whom you are working.

By using this Guide you will be able to

- Gain a better understanding of the contents of the My Big Story Book and its purpose.
- Appreciate the reasons why My Big Story Book was developed and who it can benefit.
- Identify different creative ways of using My Big Story Book in your setting.
- Utilise the suggested lesson plans and activities and adapt them as you need to
- Play an important role in promoting prevention of HIV-related stigma and discrimination that children living with, or affected by, HIV face - or may face - within the school environment and surrounding community.

This Users Guide comprises the following:

- **A Terms to Remember section** which offers definitions and meanings of some important words and phrases
  - **Introduction** - The section you are currently reading, and which will assist you to use the Guide
  - **Section 1** - Describes what the My Big Story Book is about, how it can help in the response to HIV, why and how it was developed and for whom it was developed.
  - **Section 2** - Familiarises you with My Big Story Book and gives you tips on how to use it. It also addresses stigma and discrimination and shares some fun (edutaining) ways in which it can be used to engage learners.
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- **Section 3** - Outlines samples of lesson plans and activities that you may use or adapt to suit different age groups as you use My Big Story Book. It includes sections addressing: disclosure; caring for one another; taking action; addressing stigma and discrimination; and working with the community/caregivers/guardians and parents. This section outlines various teaching methods that are effective in encouraging introspection, changing perceptions and value systems, promoting positive and supportive attitudes, strengthening critical thinking skills and self-efficacy, particularly through the use of participatory and interactive techniques, with concrete examples on how to use My Big Story Book to that end.
  - **Section 4** - Stimulates you to think outside the box and explore different ways of promoting zero-tolerance to HIV-related stigma and discrimination, both in-school and in communities.
  - **The final section** of this Guide provides you with some additional information and facts related to HIV and related key issues relevant for the well-being and development of children and adolescents in a socially healthy environment.

Enjoy using this exciting tool and share it with other teachers and persons who are passionate about the welfare and development of children living with or affected by HIV.

We encourage you to share your experiences in using My Big Story Book with the National Program Officer within the UNESCO Country Office; visit this website: <http://www.unesco.org/new/en/bfc/all-offices/> for contact details.



# Section 1: What is 'My Big Story Book – Learners and Teachers Share their Stories about Living Positively with HIV'?

This section introduces you to My Big Story Book so that you can apply this Users Guide effectively, together with the book. It would be useful to have a copy of My Big Story Book at hand for reference while going over this section.

## 1.1 About My Big Story Book


My Big Story Book is a compilation of 12 photos and testimonies gathered in 2010 from female and male learners aged 12 – 23 years, and teachers living with or affected by HIV — in Angola, Namibia, Lesotho, and Swaziland — four countries currently experiencing high HIV prevalence, as is the case in the sub-Saharan Africa region as a whole. Together, these testimonies and photos apply the 'PhotoVoice' approach to engage learners in the prevention of HIV-related stigma and discrimination, with the help of skilled and knowledgeable teachers. More details can be found on this link, [www.unesco.org/bpi/pdf/hivaids\\_ed\\_africa\\_en.pdf](http://www.unesco.org/bpi/pdf/hivaids_ed_africa_en.pdf)

## 1.2 Why Was My Big Story Book Developed?

The use of audio and visual media to relay HIV-related rights and development related messages and human interest stories, is one of the most effective means of encouraging behaviour, attitude and perception changes around HIV in both individuals and communities. Photos and testimonies are powerful HIV prevention and impact reduction methods in the African context; especially when engaging with children and young people.

My Big Story Book and this Users Guide have been produced primarily to:

- Share the human face of HIV and how it is affecting children and young people.
- Support learners and teachers to break the silence around HIV and the related stigma and discrimination experienced.
- Encourage learners, educators and teachers to correct misconceptions and myths commonly linked to HIV, within the school and community setting.

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- Promote a supportive environment for open dialogue, respect, compassion and support for those living with or affected by HIV, in their schools and communities.
  - Inspire teachers to 'go the extra mile' in responding to HIV and building a conducive safe space for learners and teachers who are living with or affected by HIV.


Where high levels of HIV-related stigma and discrimination are present, few adults – let alone children and young people – are willing to talk freely and openly about HIV or their HIV status. As a result many continue to live in silence, isolation and pain within affected households. Another consequence of this silence is the limited perception of risk by young people in such settings. Beliefs such as, 'It cannot happen to me', 'HIV only affects bad people', or 'After all there is a treatment available for HIV, so why should I care?', emerge, reversing HIV prevention and support efforts.

By bringing these testimonies of learners and teachers affected by HIV into the classroom through My Big Story Book, a strong opportunity presents itself to challenge young people's levels of understanding and perception of risk and to strengthen their critical thinking and resilience skills to, not only prevent HIV infection, — but if living with HIV— to cope with it. My Big Story Book is a good entry point to: instil values and principles within learning areas such as human rights, compassion, tolerance and respect and how to identify and cope with situations of vulnerability. Thus it contributes to building a supportive and inclusive learning environment.

### 1.3 How Was My Big Story Book Developed?

The unique photos and moving real-life testimonies were developed through participatory and hands-on activities, applying the PhotoVoice methodology and involving the following simple steps:

- Photo-making: learners were given cameras to take photos (after obtaining consent where necessary) of any activity they feel comfortable in, that either reflects their personal condition, their experiences as living with or affected by HIV, and communicates their feelings or the messages they want to put across to others in their community.
- Testimony-sharing: the same learners were encouraged to write down short statements on their feelings and experiences around two main themes: "Young people, sexuality and HIV", and "Let's listen to students and teachers affected by HIV". These testimonies accompany the photos in My Big Story Book.



This methodology proved to be particularly effective when working with learners and teachers affected by HIV. Since they experience stigma and discrimination on a daily basis and have thus been deeply affected in different ways, including their performance in school and in their social lives, rights to leisure, play and access to services; through the documentation of their stories, they had an opportunity to raise their voices and contribute in their own special way to the alleviation of HIV-related stigma and discrimination.

To ensure this process was ethically sound, consent was obtained from all the children and their carers/guardians/parents and teachers, who were involved in the generation of the photos and testimonies, using the UNESCO consent form. Details can be accessed on <http://www.unesco.org/most/ethissj.htm>

#### 1.4 Who Is My Big Story Book For?

My Big Story Book was designed mainly for primary and secondary school teachers, and community educators who engage with children and young people aged from 12-23 years of age. It has been designed for teachers who are open and willing to adopt the HIV response agenda within the school environment and learning curriculum in an innovative and effective manner.

My Big Story Book was also developed to support a secondary target group that includes:

- Community workers, groups and organizations working towards HIV prevention, child and youth development.
- Teen-clubs, peer support structures, self-help groups and associations of people living with HIV, who are keen to work with learners and educators to promote safer spaces in schools for infected and affected learners.



## 1.5 How Useful is My Big Story Book for Schools and Communities?

My Big Story Book has been designed to be used in many different ways, including as an:

- **Edutaining learning and sharing tool:** My Big Story Book provides teaching and learning support material for learners and educators. Its format is big enough to allow photos to be seen from the back of a classroom; the pages are spiral bound, showing on one side, a photo that can be placed in front of a group of learners, and on the other, the corresponding testimony - facing the educator or facilitator, as appropriate. It also has a solid base so that it can stand on its own, on the teacher's table for instance, as an independent flipchart. The style of My Big Story Book addresses two important aspects of effective learning that are difficult to integrate into teaching practice and often neglected, but which are critical to effective HIV prevention and behaviour change communication strategies. These are: 'learning to be' and 'learning to live together'.
- **Advocacy and awareness raising tool:** My Big Story Book can also be used in response to a particular situation or event occurring in the school or community at a particular time (e.g. a learner being bullied or alienated by their peers), on special commemorations (e.g. AIDS awareness week, World AIDS Day, Human Rights Day, etc.), as well as throughout the year, to support the delivery of regular life-skills or related lessons.





# Section 2: Getting Ready to Use My Big Story Book – Learners & Teachers Share their Stories about Living Positively with HIV'

This section shares tips on how you may simply and effectively use My Big Story Book in your setting. Before starting, it is important to remember that the main focus of using this methodology is to counter HIV-related stigma and discrimination that prevent learners and other children and young people infected and affected by HIV from experiencing a full life within their educational, social and home environments.

HIV-related stigma is when someone holds a negative opinion or attitude towards another person because they either know or suspect that the other person is HIV positive or related/linked to a person living with HIV. HIV-related discrimination occurs when a person who has stigmatising thoughts and opinions, acts out these negative thoughts through their behaviour; such as ignoring, verbally, physically or emotionally abusing or harming PLHIV, persons suspected to be HIV positive or who are related to a PLHIV.

## 2.1 Five Steps to Knowing My Big Story Book

You can use the following five steps to better understand My Big Story Book, and adapt them as you like.

**Step 1:** If you have not done so yet, go through My Big Story Book, spending time on each photo and its corresponding testimony, paying particular attention to the messages they convey.

**Step 2:** Think of the subject(s) you are delivering as part of the curriculum you teach and of the learning objectives (in terms of competencies and topics) that you are to cover for the different age groups you are teaching. Think especially of competencies that one would not necessarily refer to as 'academic skills', and which would belong to the following dimensions of learning: 'learning to be' or 'learning to live together' (in addition to 'learning to do' and 'learning to know'). Consider how the issues of HIV-related stigma and discrimination may best relate to these learning objectives and link them back to the book.



**Step 3:** Now go through My Big Story Book once more, and consider how the photos and testimonies could be used to introduce or illustrate your lessons, as a way to incorporate HIV-related stigma and discrimination into your teaching plan, for the age group you are teaching. There are a few examples on the next page.



**Step 4:** Start to create your own examples of which photos and testimonies in My Big Story Book would suit your learners' ages and interest them most, like the one shown above.

**Step 5:** As you keep thinking about how you can use the photos and testimonies (Step 4), start writing ideas that come to your mind on a note pad or sheet of paper as they arise (self-brainstorm). Keep the note pad or sheet of paper ready to hand over a few days or weeks and keep writing down your ideas before you begin to develop your lesson plan. When you are setting your lesson plans, return to your notes and select ideas you can utilise practically.




**Photo no. 4 features a red ribbon** - the symbol which is commonly used to represent HIV - while the testimony explains why the author took that picture. These can be used to, for instance:

- » Introduce a session on HIV, e.g. by asking “Do you know what this symbol represents?”, “Have you ever seen it?”, “Why do you think people use this symbol?”, “What does it call for?”, etc.
- » Illustrate with a session on symbols and their interpretation, e.g. road signs, flags, etc.



**Photo no. 7 shows an adolescent girl hiding her face**, while her testimony reveals how sad and isolated she feels due to other people's lack of knowledge on HIV and their stigmatizing attitudes. This can be used to:

- » Introduce a session on stigma and discrimination, by asking questions like “How does she feel?”, “Why do you think she is feeling like that?”, “What do you think people do to her?”, “Why do you think they do so?”, “Can you think of other reasons why people can be mean to someone?”, “Can you recall a situation where you have been bad towards someone?”, “Would you feel the same way if you were her?”, “What would you do in her situation”, etc.
- » Illustrate a session on self-esteem (Note: it can be useful here to compare with the photo and testimony No. 6, which shows someone in the same situation but who has a higher level of self-esteem, and has decided as a result to take a photo of her ‘mentor’ instead of herself).



**Photo no. 11 represents men drinking at a shebeen.** The corresponding testimony points to the facts that alcohol can affect parenting and increase young people's vulnerability to HIV. This can be used to:

- » Introduce a session on rights and responsibilities, or on traditional gender norms
- » Illustrate a session on alcohol and substance abuse and discussion on how they may increase risks of exposure to HIV infection .



## 2.2 Facilitation Tips for Teachers and Educators

A good educator is expected to help learners perform and grow academically in a safe and healthy environment to prepare them for the world of work, but also to prepare them as citizens to fulfil their rights, responsibilities and aspirations in today's society. This requires learners to acquire the right degree of knowledge and skills and also to shape the right values, behaviours and attitudes.

This can be challenging for some educators, as they are required to play a different role to that of providing information to the class in a lecture and following it up with questions to see if learners have understood. It is now well known that just 'lecturing' about good values, attitudes and behaviours is not enough. Being told that something is wrong is rarely convincing enough for someone not to do it, unless one really understands why and identifies good motives for not doing it. Thus, learners need to be encouraged to discover those motives for themselves and to shape their own value systems. The most effective way of doing this is to engage them in interactive and participatory sessions that strengthen their critical thinking skills. For this type of learning, more than a lecturer, learners need a facilitator.

**A good facilitator supports everyone (in this case, learners in the class you are teaching) to do their best in thinking and practice. To do this, the facilitator encourages full participation, promotes mutual understanding and nurtures shared responsibility – making the process of discussion, sharing, learning and deciding on action an easy one.**

A good educator can also be a good facilitator. A facilitator has two essential roles. To:

- Encourage the participation of learners, helping them to work well together and ensuring that they are safe and comfortable; and
- Introduce participatory activities to achieve the objectives of the lesson. This includes providing information and guidance and being open to hearing all opinions and thoughts.

Our attitudes towards learners affects the way they respond to our lessons. If we behave in a bossy, critical or disrespectful way, they may stop thinking for themselves or refuse to listen to our ideas. If we treat our learners as emerging young adults, by drawing out their own ideas, they will do their own thinking and learning and use it to make decisions or solve problems.



## Some Tips for Educators/Teachers to Become Good Facilitators

### DO!

- Ensure that everyone feels comfortable and gets a chance to participate and share their thoughts, especially those who are usually shy or tend not to perform well in school.
- Use a wide range of strategies to engage learners.
- Respect that younger people have ideas, different opinions, experiences and abilities.
- Listen to their concerns with respect and take them seriously.
- Accept that they have a right to participate in decisions that affect their lives.
- Help them to think, decide, plan and act - with the support of others, where necessary.
- Help them to trust their own ideas and abilities.
- Encourage them to take risks in their thinking, be unafraid to make mistakes and to learn from them.
- Encourage various perspectives in analysing problems and suggesting possible positions.
- Support them to reflect, discuss and think critically about their own lives, and the world around them.
- Be tolerant, patient and supportive.
- Remain open-minded.
- Identify positive aspects in what each learner shares or presents.
- Encourage mutual respect between learners during the session.

### DON'T!

- See yourself as the expert, the only person with ideas and experience.
- Try to solve problems and make decisions for learners without their inputs, or without giving them enough time to consult among themselves and brainstorm solutions.
- Criticise, condemn or make fun of their ideas.
- Show exceptional attention or approval for one or more learners.
- Make them dependent on your advice.
- Talk too much and not give them a chance to express themselves.

## 2.3 Having Fun as you Facilitate – Some Interactive Methods to Use

My Big Story Book has been designed as a visual support material and teaching aid. It has a format large enough to be used in a classroom or a group setting, and is flexible for use in various interactive teaching and learning methods. Remember that using a number of different methods enables you to reach a wider range of learners and keeps them engaged.

The following are some commonly used methods that have been proven to work in stimulating learners' interest and participation. They are accompanied by concrete examples on how to use My Big Story Book, to either introduce or support an activity.

### Energizers:

These are brief group activities (often no longer than 10-15 minutes) designed to promote positive feelings about the group, create closeness between the learners and with the educators/facilitators and bring some laughter and light-heartedness into the session. Energizers focus the energy of the group and can be used to generate new ideas by supporting creative thinking. They are particularly helpful at the start of a session to shift the direction of conversation, or break the monotony of a session and revive learners. Some examples of energizers include: icebreakers, name games, songs, and physical exercises.

**Example:** You can use any photo in My Big Story Book to start a session.

Ask: "What do you see on this picture?" or "Why do you think someone took this picture?" or "If you were to give a title to this picture, what would it be?". Preferably choose a photo that corresponds to a testimony you intend to use in your lesson.

Give time to every individual who wishes to participate or contribute to do so: remember, it is supposed to be fun and to promote creativity. When concluding the energizer and starting your lesson, you can ask someone to read the testimony and then proceed with the rest of the session.

### Discussion triggers:

These activities raise issues and shape questions for students to explore further. They are generally most effective at the beginning of a lesson. Some examples include: brainstorming, case studies, questions or statements used to prompt written responses, agree/disagree exercises, problem-posing, and readings.

**Example:** You can use photo and testimony no. 8 - Brainstorm on what the photo represents and ask someone to read the testimony out loud. Collectively identify the main problem and message of the testimony (which is that even though treatment (antiretroviral medicine or ARVs) exists to prolong the lives of PLHIV, many people still refuse to take an HIV test or to access treatment because of stigma and discrimination. As a result they get very sick and pass away). This can be useful for introducing a session on why PLHIV are stigmatized, and clarifying myths and misconceptions about HIV .



### Creative play:

Creative activities keep learners motivated and engaged, stimulating new thought processes and ideas. They also encourage learners who learn and communicate best in these modes to take part in a way that is meaningful and suits how they can express themselves. Some examples include: games, role playing and theatre/drama, poetry and creative writing.

**Example:** You can use photo and testimony no. 6 - Brainstorm on what the photo represents and ask someone to read the testimony out loud. Then ask learners to go into pairs to play a situation where someone has to disclose his or her HIV status to a relative, a friend, someone he or she is dating, or to a teacher. One has to find a suitable way to disclose, the other has to react. After 5 minutes, reverse the roles. You may invite a pair to do the same in front of the rest of the class, to generate good ideas and stimulate reactions from the group. This is a good activity to address fears of disclosure and the causes of these fears (e.g. rejection, discrimination, lack of knowledge)

### Group discussions:

Learners need the chance to express themselves, to be heard and to hear others. This helps them to develop their verbal and listening skills. It also gives them an opportunity to refine their thinking skills and to expand their ideas and knowledge. You can use such activities to give everyone a chance to participate and to encourage the adoption of commonly agreed values and culture. Some examples of group discussion types include: informal dialogues, panel discussions and debates.

**Example:** You can use photo and testimony no. 5 - Which calls for young people to take action in their school to protect young people from HIV. Divide the class into small groups of up to four participants, asking each group to discuss what action or project they would like to organize at school in that regard. This activity can be useful to close a session or set of sessions on HIV.



### Participatory reflection and analysis:

Divide your class into working groups to solve problems, to build group unity and collective critical thinking, based on consultation and sharing of ideas.

**Example:** You can use photo and testimony no. 11 - Brainstorm with learners on the testimony and what the photo represents. This can be useful to introduce discussions on how alcohol abuse increases the risk of exposure to HIV infection.

Make up a short case study: e.g. "It is late in the evening, and a young girl passes by the three males on the picture. The men approach her and start to touch her inappropriately."

Divide learners into groups and assign different tasks to each group to identify and discuss the various options e.g. Group 1: What should the girl do?; Group 2: If witnessed this event, what should you do? ; Group 3: Your friend has been raped by the three males and comes to you for help. What should you do? ; Group 4: The girl realizes that after that event she is now pregnant and infected with HIV – what would you advise her to do?

Give each group time to deliberate and ask one member of each group to summarize the discussions to the rest of the class.

### Personal reflection:

These activities help students gain insight into their own experiences. They foster maturity and judgment. They may open the door to new attitudes and behaviours. Some examples include: keeping a journal or Memory Book, values clarification, and creative arts projects.

**Example:** You can use photo and testimony no. 3 - Having brainstormed with the class on what the photo represents, and after reading the testimony:

**Ask:** "Why do you think the author took this picture?"

**Response:** The road represents his life. Life, as a road, is always challenging with many turns. Every turn can represent a significant event, an important choice or difficult decision you have made at particular point in time, or someone you have come across who made a difference in your life.

You can ask learners to draw their own road and for each turn, to write the corresponding event, decision, person who has had an impact on their own life so far. Ask for volunteers to share their contribution with the rest of the group. This activity is mainly to help learners realize that the decisions and choices we make can change our entire lives, in the same way as someone to whom we may turn for advice, or an event (e.g. where we deliberately expose ourselves to a risk and where this risk materializes). You can conclude by brainstorming on (or asking learners to write examples of) how a decision, a person or an event can expose someone to the risk of HIV infection.



### Other tools for the participatory classroom:

Other engaging activities include group and individual goal-setting; assigning participation roles to manage the classroom (reporter of the day, quote reader); and reviewing what was learned.

**Example:** Use photo and testimony no. 2 - To close a lesson or a set of sessions on HIV. Having brainstormed with the class on what the photo represents and having read the testimony, which urges young people to protect themselves and others from HIV infection, you can ask learners (individually or in small groups) to brainstorm on what they should do to achieve those goals. You might want to separate males and females into two groups and consolidate their contributions at the end. You can also ask them to assume, for the purposes of this exercise, that none of them knows his or her HIV status so that HIV testing comes into play, as a reminder of the importance of knowing one's status.







# S

## ection 3: Let's Get Started Lesson Plans and Activities

### 3.1 Preparing the Classroom – a Conducive Learning Environment for All Learners

Beyond our attitudes as a teacher, it is the learning environment as a whole that needs to be supportive; to encourage learners to participate, feel involved, listened to, comfortable and safe from ridicule, especially when they take risks with new ideas. You can boost class involvement by using activities that promote respect and team building, and by spreading leadership opportunities.

It is also important to ensure the safety and privacy of learners. Ask students to respect each other's privacy and remind them not to disclose information that they feel should be kept private. Make certain that they understand their right not to participate if doing so makes them uncomfortable. Consider how learners might intimidate or abuse others after leaving a classroom in which sensitive topics have been discussed. In this respect, it is useful to start developing, with learners, their own guidelines for a respectful and supportive classroom environment – which can be referred to as 'class rules'

### 3.2 Proposed Lesson Plans and Activities using My Big Story Book

This section offers you samples of lesson plans and activities you can use or adapt to suit your learning sessions and the age groups you are working with. A total of five lesson plan samples are outlined below, and will support you to build improved appreciation and behaviour change related to preventing HIV-related stigma and discrimination among learners.

The lesson plans can be delivered within the course of a 5-day week, taking about 45 minutes to 1.5 hours per lesson per day. They may be spread over a period of a few weeks, or used to commemorate special days such as 'World AIDS Day' on 1st December, 'Human Rights Day' on 10th December, 'International Day of the African Child' on 16th June, and any other national day for children and young people, or related to health or HIV.

The lesson plans have the following focus areas:

- Lesson Plan 1:** Understanding HIV-related Stigma and Discrimination
- Lesson Plan 2:** Disclosure and Overcoming HIV-related Stigma and Discrimination
- Lesson Plan 3:** Caring for One Another
- Lesson Plan 4:** Taking Action – Becoming a Champion of Change
- Lesson Plan 5:** Engaging Others Outside the School – Together We Make a Bigger Difference!

Particular attention should be paid to the specific age group(s) of learners you are working with. You may adapt the proposed content and methods in the sample lesson plans to best suit their capacities and needs. Take some time to prepare and adapt your lessons, as well as to rehearse or test some activities with friends or colleagues before the actual lesson. Prepare some simple definitions of terms such as: human rights, stigma and discrimination, etc. which will be referred to commonly throughout the learning sessions; either write them on the chalk board, or stick them up on the wall for all the learners to refer to during the lesson.

Most importantly - approach each lesson with enthusiasm and anticipation of a positive outcome and exciting learning!



# Lesson Plans



## Lesson Plan 1: Understanding HIV-related Stigma and Discrimination

**Objective:** To enable learners to identify stigmatizing and discriminatory attitudes and to relate those to the principles of human rights

Proposed Photo and Testimony: No. 1 in My Big Story Book (Kehtsiwe, 14 year-old girl)

**“I am living with HIV and have been on antiretroviral treatment since 2002. I got sick early in my childhood.**

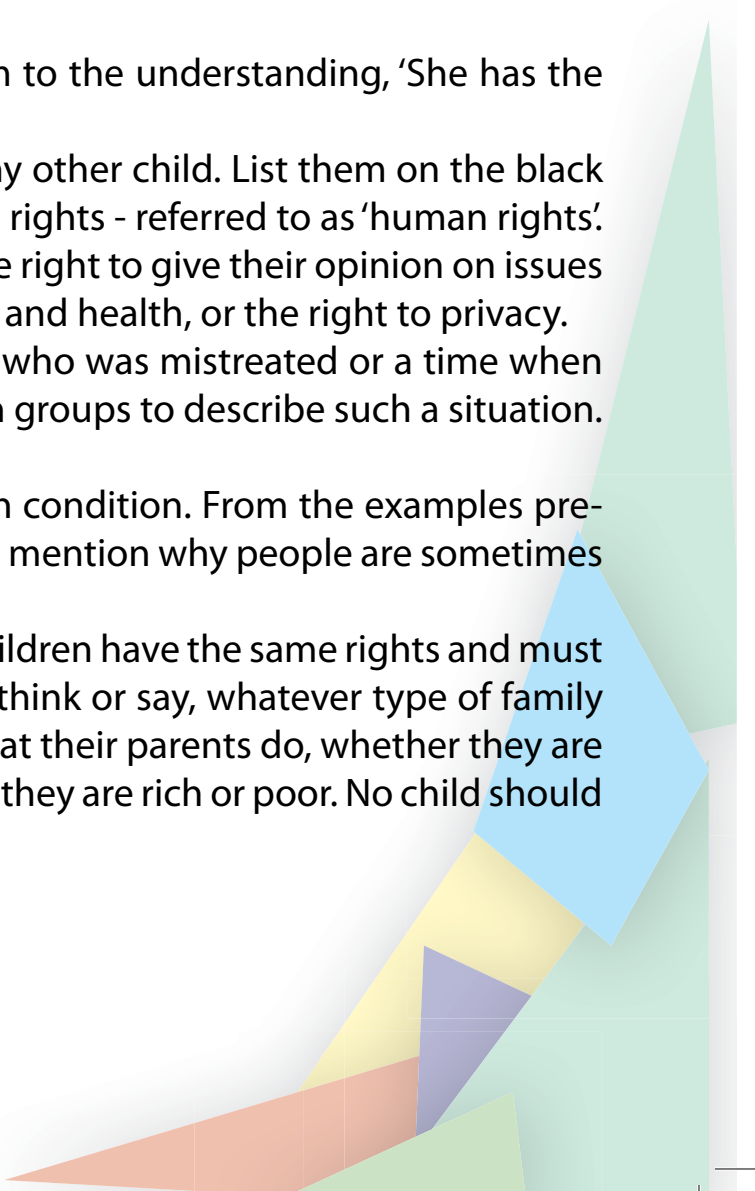
**At school, I faced challenges of being stigmatized and discriminated against by my teacher. She told other children not to play with me and also told me in the face that she was ‘tired of teaching a sick child’. I confronted her and told her that I could not change the situation. She then accepted my situation and wrote a note to apologize to my mother. I pray that other children never get to experience such injustice.**

**I aspire to be surgeon; I already perform operations on frogs.”**





## Instructions for no. 1:

1. Show the photograph to learners. Ask them what they see and what it makes them think of. What emotions and feelings do they get from the picture?
  2. Explain that the person who took this picture - a young girl named Kehtsiwe - could not play with other kids for some time; ask them if they can think of any reason why.
  3. Read the testimony (or ask someone to read it); Ask why Kehtsiwe could not play with other kids. Ask what they think about Kehtsiwe's teacher attitude.
  4. Ask if there is any real difference between Kehtsiwe and the other kids. Guide them to the understanding, 'She has the same right to play as anyone else'.
  5. Encourage learners to think of any other right Kehtsiwe should be entitled to like any other child. List them on the black board. Then you can explain that all children/adults in the world are entitled to basic rights - referred to as 'human rights'. These include for children, for example, the right to play, the right to go to school, the right to give their opinion on issues that affect them, the right to be protected from any form of violence, the right to life and health, or the right to privacy.
  6. Ask learners to think of (or write, or draw) a situation where they knew of someone who was mistreated or a time when they treated someone else badly. If you have time, ask them to prepare short plays in groups to describe such a situation. Ask volunteers to share with the class.
  7. Emphasise that in Kehtsiwe's story, she was treated differently because of her health condition. From the examples presented by learners under step 6, and other examples they can think of, ask learners to mention why people are sometimes treated differently.
  8. Conclude by saying that according to the Convention on the Rights of the Child, all children have the same rights and must be treated in the same way, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or illness, or whether they are rich or poor. No child should be treated unfairly on any basis.
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## Lesson Plan 2 a: Disclosure and Overcoming HIV-Related Stigma and Discrimination



**Objectives:** To enable learners to identify the main causes of stigmatizing and discriminatory attitudes; to value knowledge, and to reflect on peer pressure and social and cultural norms

To enable learners to appreciate that there are always other people experiencing a similar problem and to identify who to turn to for help and guidance

Proposed Photo and Testimony: No. 7 in My Big Story Book (Rosalina, 15-year old girl)

**“One day, my parents appeared on TV giving testimonies about their HIV status.**

**Since then, my neighbors and classmates have been treating me differently, most of the time neglecting me or being mean to me.**

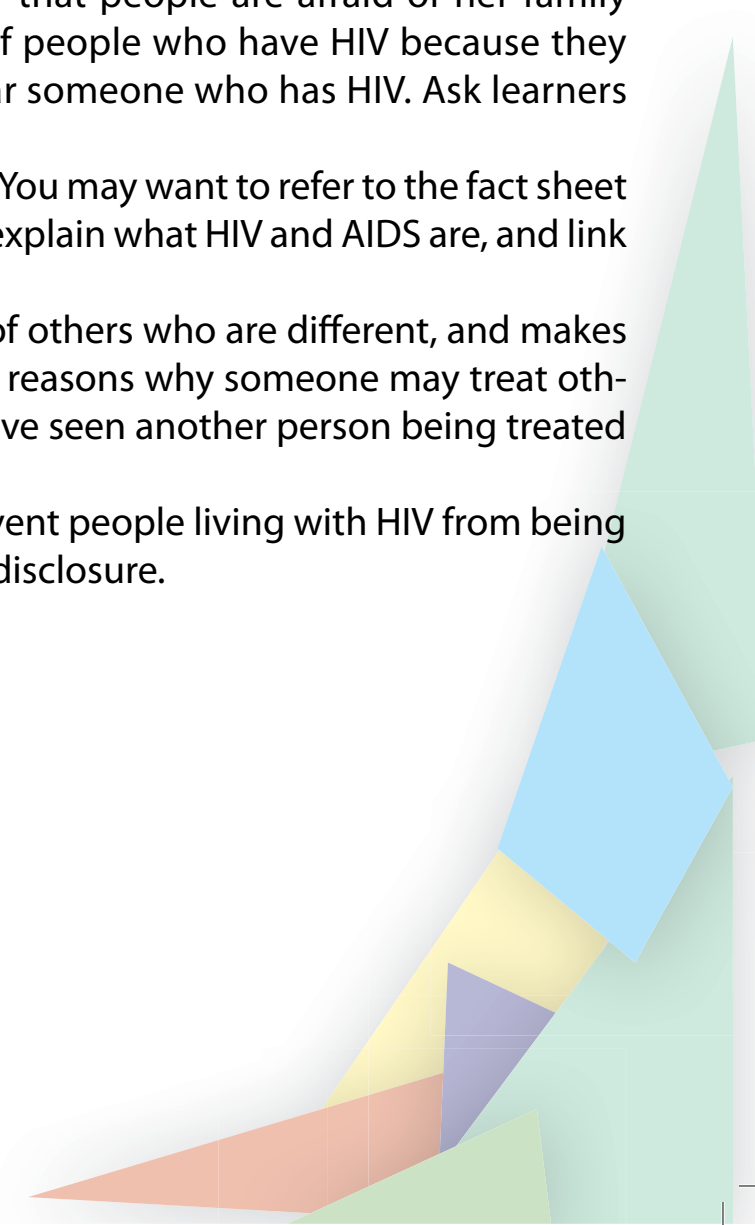
**This situation makes me sad. I am isolated, and ashamed to look at people.**

**Since my school has started a project for adolescents to learn more about HIV and AIDS, people have started to realize that HIV is not a beast with seven heads, and that people living with HIV are not monsters...**

**But I am often feeling sad and rejected still!!!”**



## Instructions for no. 7:

1. Ask learners to remember what Kehtsiwe's story was all about and what they learned during that lesson. Show Photograph no. 7 to learners. Ask them what they see and what it makes them think and feel. What are the emotions in this picture?
  2. Explain that the person who took this picture - a girl named Rosalina - is sad and feels rejected and lonely. Ask them if they can think of any reason why.
  3. Read the testimony and ask why people reject Rosalina. Guide them to identify that people are afraid of her family because her parents have HIV. Continue by saying that some people are afraid of people who have HIV because they do not know what HIV is. They think that they can be infected just by staying near someone who has HIV. Ask learners if they think this is true.
  4. Ask learners how someone can be infected by HIV or initiate a quiz on this question. You may want to refer to the fact sheet on HIV in Section 5 of this Guide, as well as to common myths and misconceptions; explain what HIV and AIDS are, and link this with ways to avoid HIV infection.
  5. Reiterate that lack of knowledge is usually the main reason why people are afraid of others who are different, and makes them be unfair and hurt or harm others. Ask learners if they can think of any other reasons why someone may treat others differently. Is there any situation where they have been unfair themselves, or have seen another person being treated badly or unfairly?
  6. End the session by brainstorming with the learners about what can be done to prevent people living with HIV from being in the situation Rosalina is in (sad, rejected etc.). Steer learners to begin discussing disclosure.
  7. Discuss self stigma with the learners as you end this session.
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## Lesson Plan 2 b: Disclosure and Overcoming HIV-related Stigma and Discrimination

**Objectives:** To enable learners to identify the main causes of stigmatizing and discriminatory attitudes, to value knowledge and to reflect on peer pressure and social and cultural norms.

To enable learners to appreciate that there are always other people experiencing a similar problem and to identify who to turn to for help and guidance

Proposed Photo and Testimony: No. 6 in My Big Story Book (Welile)

**“This is my teacher!**

**She is also HIV positive, like me.**

**She made my life easier by disclosing her status to us in class.**

**She has restored my self-esteem.**

**I just love her.**

**She is my pillar.”**





## Instructions for no 6:

1. Read (or ask someone to read) the testimony for no. 6 first and hide the photo. Ask learners if they can guess what the photo represents ('this is my teacher, she is HIV positive like me!'). Ask them to imagine what Welile's teacher looks like and how she might be feeling. Then show the photo and ask what emotions they see and feel from the picture? Encourage discussion, then have everyone acknowledging that she does not look sick and looks healthy. Share with the learners that one can never tell if someone has HIV by just looking at him or her. HIV is inside the body, mainly in the blood, and someone who looks healthy can actually have HIV. This is why many people think they don't have HIV just because they look beautiful and healthy. But the only way to know if you have HIV is to take an HIV test.
2. Divide the class into small groups, and ask each group to compare Welile's situation with Rosalina's. Ask each group to identify commonalities and differences between the two testimonies. Give them a few minutes to discuss. Then reconvene and ask each group to share their findings. Welile and Rosalina are both affected by HIV. Welile seems to be happy and to feel good, while Rosalina seems to be sad, alone and felt rejected. Welile found someone who has the same problem and with whom she can talk about it (her teacher), while Rosalina is all alone.
3. Ask learners what lesson they have learnt from this comparison (it is never good to stay alone with your problem, and finding and talking to someone who shares the same problems can make you feel really good and help you a lot).
4. Reconvene learners in small groups and ask each group to first: identify five problems that young people can have (other than HIV) and secondly: identify how they think they can respond to each problem, including with the help of someone if necessary. Then ask each group to share with the class. For this activity, you can also divide groups by sex, asking girls to identify problems and responses that girls of their age commonly face. Do the same for boys.
5. Ask all learners what they would advise Rosalina to do, or what they could do to help her if Rosalina was their friend (you can also give this instruction as a homework and collect papers on the following day). Ask the learners to share any place, group or institution they know in the community where they could take or refer Rosalina to, for PLHIV support and counselling.



### Lesson Plan 3: Caring for One Another

**Objective:** To enable learners to identify behaviours that are safe for them and others, to realize how they can contribute to breaking the chain of HIV infection, and to set goals for themselves.

Proposed Photo and Testimony: No. 2 in My Big Story Book  
(Peete, 23 yr old young male)

**“Sometimes when I think back on my life, I realize that I did not have enough knowledge on HIV to take care of myself.**

**My young friends remind me that life should be enjoyed, and yet I worry that unless they are protected from contracting HIV they will soon have the virus like me and may not enjoy life as they do now.**

**They deserve to be happy and live their life with no worries. I believe that they should be adequately prepared now at a very early age so that they will grow into young adults competent enough to take care of themselves and protect others from HIV”**

## Instructions for no 2:

1. Show Photo No. 2 to learners. Ask them what they see and what the photo makes them think about. What emotions can they see and feel in the picture? Can they guess what the message could be about, in relation to HIV?
2. Read the corresponding testimony (or ask someone to read it). Ask learners the main message that Peete is trying to convey (if young people don't take care of themselves and protect others from HIV, many more will soon be infected with HIV like him, and may not enjoy life anymore as much as they do now). Initiate discussions in small groups, of the implications or consequences if one is infected with HIV and why, as a result, one may not 'enjoy life anymore as much as he or she used to'. Share each group's ideas with the class, and remember to refer to, for example, ARVs as a lifelong treatment for HIV, stigma and discrimination, etc.)
3. Ask how HIV is transmitted and ways they can protect themselves and others from HIV infection
4. Game:

Round 1: Give the learners each a piece of paper. They have 10 minutes to try to have short conversations with each other – just one person at a time - and persuade the people they like to sign their paper. Before the session, identify two of the learners and tell them not to ask for anyone's signature. They should not reveal this fact to the group. After ten minutes ask the learners to show their papers. Now explain that if the signatures on the paper were sexual contacts, only those learners with no signatures on their papers would be safe from HIV infection. Those with many signatures could all be infected with HIV by now.

Round 2: Give all learners a small folded piece of paper each (most of them have nothing written on them, but one or two have 'I abstain from sex', one or two have, 'I use a condom', and one or two have 'I take contraceptive pills'. Prepare these in advance. The learners should not open their papers until you tell them to do so.

Again the learners should talk to each other briefly and write their signatures on each other's paper - this time everyone signs once they have talked with another learner. Now ask learners who have something written on their paper to read it aloud. The ones with 'abstain' and 'condom' break the chain of HIV transmission (the ones with 'contraceptive pills' do not break the chain). Count with the learners how many individuals have been protected from HIV infection because they have the signatures of those who use condoms and who abstain.

Help the learners appreciate that their own choices and behaviours can make a difference, for themselves and others. Knowing one's HIV status in the first place – by taking a HIV test – is a critical decision that everyone needs to take to protect themselves and others.
5. Ask learners to take a few minutes to write on a piece of paper: (i) the goals they want to set for their life, and (ii) behaviours they need to adopt to stay healthy, to remain safe from HIV infection (or re-infection if they are already living with HIV), and to protect others.



## Lesson Plan 4: Taking Action – Becoming Champions of Change

**Objective:** To enable learners to work collectively to achieve a common goal.

Proposed Photos and Testimonies: No. 5 (Cristovao) and No. 12 (Sondu) in My Big Story Book

**“My parents and two of my brothers are HIV positive. Very soon, as a result of their health condition, our income started to decrease and I went to a community school.**

**I remember doing several activities that were addressing HIV and AIDS while there. But now that I am in a public school, I don’t hear about HIV and AIDS anymore, apart from biology lessons... It would be good for all schools to speak not only about HIV and AIDS but also about other sexually transmitted diseases.**

**I would like to join a group of activists in my school so that we can do more to fight the spread of HIV with my friends and help protect young people.”**

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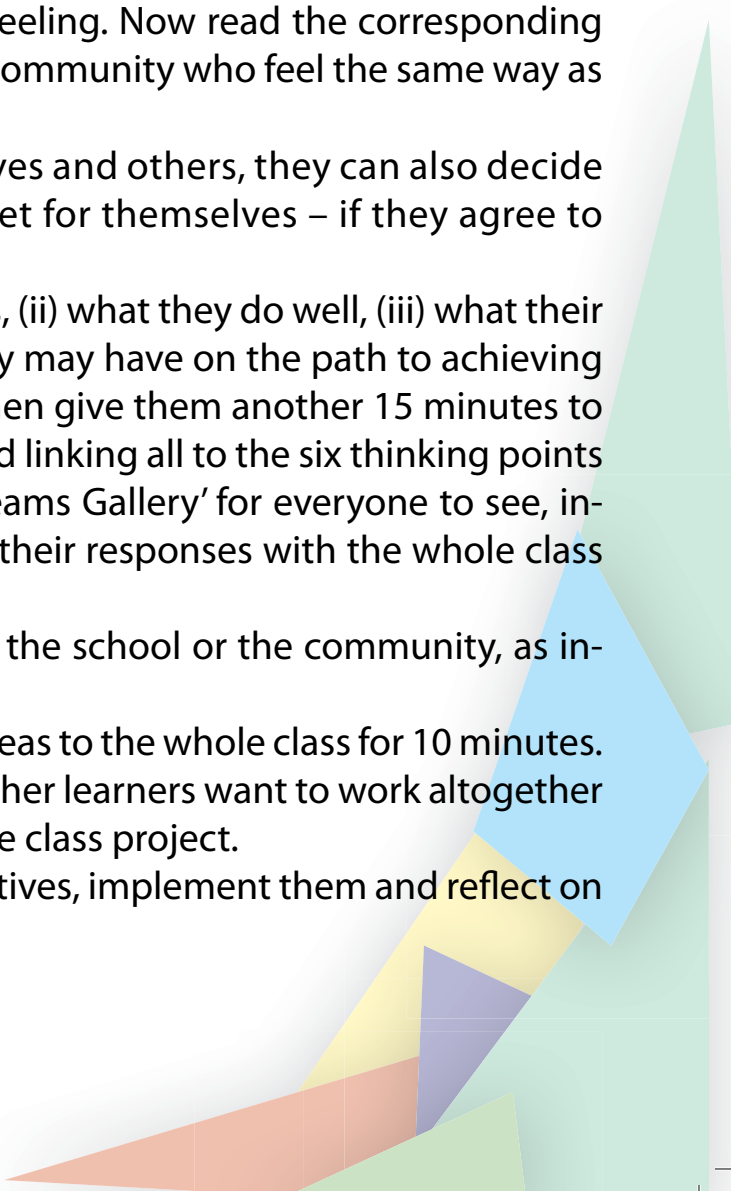
**“I remember being the first teacher to openly disclose my HIV positive status at national level.**

**This was not easy for me and my family, but it was really important for me to start doing so, so that others can follow.**

**Today, as an active member of a Teachers Union, I am trying to transform schools - our workplace - into a space that facilitates universal access to HIV prevention, treatment, care and support, and actively promotes voluntary testing for HIV.”**



## Instructions no 5 and no 12:

1. Divide the learners into groups of not more than six learners per group – if the group is too large, the quieter learners may not speak out. Show photos no. 5 and no. 12 to the learners. Indicate that both are living with HIV and share the same objective.
  2. Before the testimonies are read out, ask the groups what emotions they are picking up from the pictures. How is Cristovao different from Sondu? Encourage the groups to consider these emotions and their reasons for feeling this way. Ask the group to go further and suggest what could be done to improve how Cristovao is feeling. Now read the corresponding testimonies (or ask two learners to read them). Are there young people in their own community who feel the same way as Cristovao?
  3. Explain that as much as learners' decisions and choices are important for themselves and others, they can also decide to work together to achieve a similar goal to the one that Sondu and Cristovao set for themselves – if they agree to give it a try.
  4. Ask the learners to take 15 minutes to think about (i) what they like about themselves, (ii) what they do well, (iii) what their dreams are, (iv) how they will achieve their dreams, (v) what possible challenges they may have on the path to achieving their dreams and (vi) what support systems would they establish or turn towards. Then give them another 15 minutes to share their "I Can Achieve My Dreams" journey, using pictures and creative writing and linking all to the six thinking points above. They can then stick these up on the classroom wall as an 'Achieving Our Dreams Gallery' for everyone to see, including other learners and educators in the school. You can ask volunteers to share their responses with the whole class to inspire others.
  5. Ask the groups to brainstorm on activities they would like to initiate as a project in the school or the community, as inspired by Sondu's and Cristovao's stories.
  6. After 25-30 minutes of group work, allow each group to present their thoughts and ideas to the whole class for 10 minutes. Encourage comments and ideas as each group presents. At the end, brainstorm whether learners want to work altogether on the same initiative, keep them separate, or merge some groups and ideas into one class project.
  7. After this session, try to allocate some time to help learners work on their group initiatives, implement them and reflect on their potential impact in helping the learners arise as Champions of Change.
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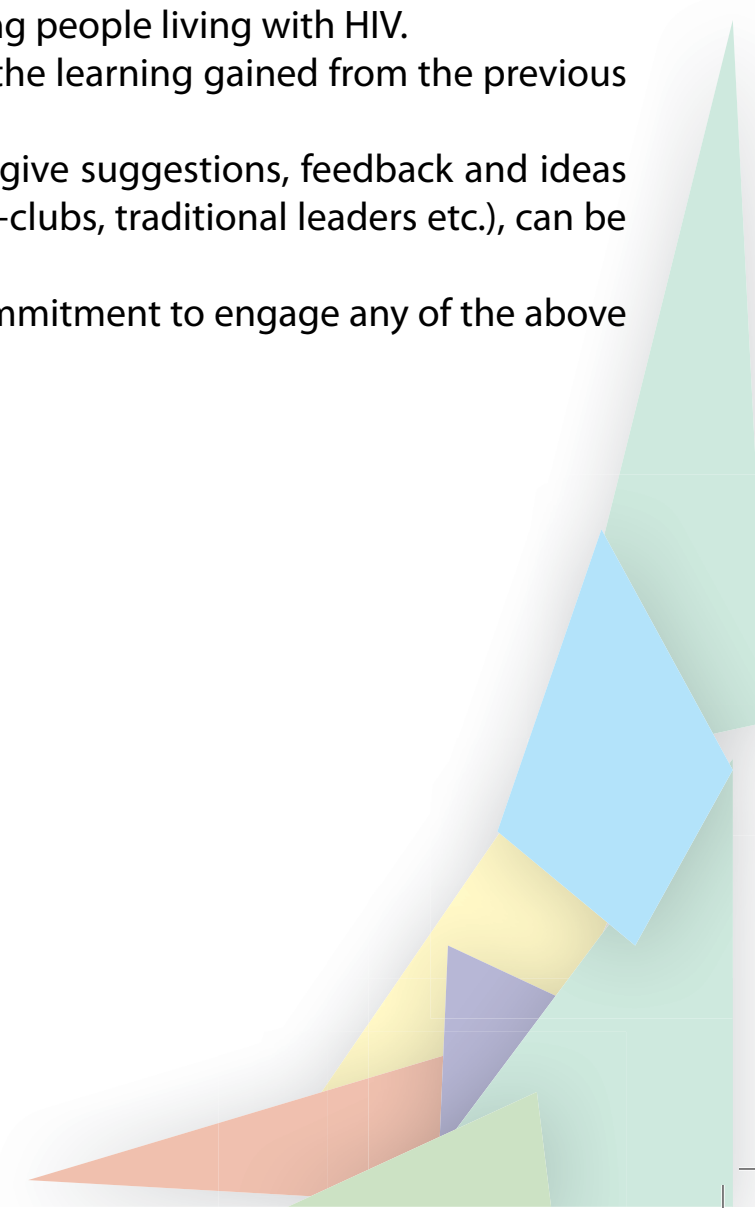


## Lesson Plan 5: Engaging Others Outside the School – Together We Can Make a Big Difference!

**Objective:** To enable learners to think about how to engage others, such as PLHV groups, parents, youth groups outside the school, to work collectively to achieve the common goal of ending HIV-related stigma and discrimination in the community



## Instructions:

1. Ask the learners to brainstorm on which out-of-school groups, individuals, community members and bodies can support PLHIV - especially young people living with HIV. List at least five different possibilities, e.g. parents/caregivers; traditional leaders; health care workers; PLHIV groups; youth coalitions or teen clubs, etc.
  2. Divide the learners into five groups and ask each group to choose one of the out-of-school community groups identified above and develop a role play showing how the community group can: (i) contribute to preventing HIV-related stigma and discrimination; and (ii) provide support for PLHIV, especially children and young people living with HIV.
  3. Give the learners 20 minutes to prepare their role plays. Remind them to draw on the learning gained from the previous lessons, working on My Big Story Book.
  4. Each group is then given five minutes to share their role play. Other learners can give suggestions, feedback and ideas on how best the community groups represented in the role plays (caregivers, teen-clubs, traditional leaders etc.), can be engaged in the response to HIV.
  5. Agree on a simple action plan with the learners, where each learner makes one commitment to engage any of the above identified community groups as Champions of Change
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# S ection 4: How Else Can We Stop HIV-related Stigma and Discrimination?

This section outlines good practices in the field of HIV-related stigma and discrimination identified in southern Africa over the past few years, through operational research interventions initiated by UNESCO. They particularly target educational settings including learners and educators affected by HIV. These experiences may provide useful ideas for educators and other users who are willing to 'go the extra mile' in addressing stigma and discrimination associated with HIV in their community, beyond the use of My Big Story Book.

## 4.1 Organizing 'Positive Speaking' Interventions

'Positive Speaking' refers here to people who are openly living with HIV. They can be invited as external facilitators to share their experience and personal testimony with a class, or with a group of young people in any other setting (e.g. HIV and AIDS club).

These interventions have proved to be particularly effective with young people, in that they are given a chance - sometimes for the first time in their lives - to interact with someone whom they know is living with HIV. Young people usually react very positively to such interventions which appear to be particularly innovative in the southern African context. What they tend to appreciate most is that, for once, they are not given a lecture by someone who places strong emphasis on concepts and theories, but instead are exposed to someone who has a direct and personal experience of HIV. It is this that makes the session particularly concrete and meaningful to young people.

These interventions encourage dialogue and participation and usually represent a unique opportunity for learners affected by HIV to seek guidance and support in situations where they sometimes don't know where to turn for help. It is common for learners to approach the 'Positive Speaker' individually after the session, expressing an urgent need for assistance. The 'Positive Speakers' are usually affiliated to a local association or national network of PLHIV and can respond to the needs of children and adolescents, including making use of relevant referral systems.

There are a few tips for organizing such an intervention on the following page.




## Tips for organising Poitive Speaking events:

- Contact the nearest local association of PLHIV to discuss the possibility of them facilitating such sessions. If they cannot do so for some reason, they will certainly call on someone who can help. Moreover, they represent a useful partner to whom to refer young people living with HIV, should any disclose his or her HIV status to you and need individual guidance and psychosocial support. Such support is often available through local peer-support groups.
- Try to identify speakers who are young adults and can somehow represent the 'big brother' or 'big sister' for the audience being considered – not too young, as this might present some level of discomfort, nor too advanced in age - so that young people can easily relate to them.
- It seems to be easier when two facilitators have been identified to work in pairs (ideally one male and one female), so that they can support each other when interacting with the young people and bring different perspectives through their respective personal testimonies and experiences.
- As much as possible, organize this intervention during school hours, so that it can benefit as many learners and teachers as possible. Allocate between 1-2 hours so that learners can make the most of this opportunity.
- You may remain in the space allocated for the intervention but it is advisable that you keep silent and sit at the back or on the side, so that learners 'forget' your presence and feel more comfortable asking questions and interacting with the 'Positive Speaker'.

## 4.2 Organizing PhotoVoice Related Activities

The PhotoVoice methodology has been the basis for the interventions that generated the photos and corresponding testimonies from teachers and learners affected by HIV included in 'My Big Story Book'. The use of art is known to be particularly effective in offering alternative communication methods in situations where individuals have difficulty in expressing themselves and conveying certain messages, or to help them talk about sensitive issues. This principle underpins the PhotoVoice approach.



The strength of the PhotoVoice methodology relies mainly on:

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- i. The power that images can have to communicate complex messages in ways that are more effective, appealing and accessible to various audiences; and
  - ii. The role that arts in general, and photo-taking in particular, can play in fostering creativity and actively engaging learners in an empowering process that supports them to take action.

This methodology proved particularly effective in documenting the testimonies of teachers and learners affected by HIV, in contexts where high level of stigma and discrimination still prevail, but it can also be applied to other sensitive issues or used with other groups. The methodology could also be used with, for example, survivors of violence or sexual minorities, or to address issues and topics such as death or child abuse. In one country, the PhotoVoice methodology has been successfully used to document youth perceptions of sexuality. Consider using drawing or painting, instead of photos in resource constrained settings.

Should you be willing to initiate a PhotoVoice activity that engages young people or adults affected by HIV and AIDS on issues related to stigma and discrimination in your school or community, the following tips and advice may be helpful.

1. **Consider the best possible entry points and platforms for introducing the activity and engaging young people and adults affected by HIV.** In this respect, a school may not be the best place to start with. Indeed, the high level of confidentiality with respect to learners' HIV status makes their identification potentially difficult in this setting, unless it is done through, for example, an HIV club or support group attached to the school. Consider approaching a local association of PLHIV or a local peer-support group, through which you may be able to identify learners and teachers affected by HIV who are likely to be more comfortable with that process and more inclined to participate in a PhotoVoice activity.
2. **Introduce the intervention to participants as an activity through which they can have fun, get a chance to share their own stories or convey their messages to the wider community, and make their own contribution in addressing stigma and discrimination in a way which is fully respectful of their privacy and their right to remain anonymous.** It is important that participants feel comfortable with the process, are fully involved in the preparation and planning of the activity, and are clear on what to expect as an end result, which might take the form of a local exhibition, for instance. Also respect also the right of a participant to decide not to engage in the process, or to withdraw at any stage of the activity.

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3. **Secure written authorizations from parents or legal guardians for young people who haven't reached the age of legal consent.** This is critical and might require some additional interaction with parents so that they understand the activity, feel reassured about the process and the potential implications for their child, and support their child through the activity.
  4. **Start with brainstorming sessions and individual exercises** encouraging participants to (i) reflect on their experience and condition, (ii) identify and write key messages they want to put across, or parts of their personal story which they would like to share, and (iii) think of photos they could take to illustrate those messages.
  5. **Provide participants with some basic training on photo-taking techniques.** Beyond the use of a camera, it is also about what makes a photo interesting and powerful, or otherwise. For example, avoiding taking pictures of someone's face, or of someone who is just standing in front of the camera, as these rarely convey any message. Good photos will ideally 'tell a story', illustrate feelings or thoughts, or show a specific situation.
  6. **Give participants some time to take their own photos to accompany their text(s).**
  7. **Select texts and photos together, and involve participants in the selection process.**
  8. **Organize printing and layout of the texts and photos,** and plan the community exhibition around key messages or themes.
  9. **Make sure participants are happy with the final product before staging the exhibition.**
  10. **While the exhibition will generally be open to the public, ensure that you invite local leaders and personalities.** They will be motivated to play their important role in the community by supporting efforts towards addressing HIV-related stigma and discrimination
  11. **You can also use the opportunity of the local exhibition to organize some public debates on the issues, and to facilitate access to appropriate information and services.**
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# R esources: Some More Information for You

You may refer to these resources when designing your lesson plans and sharing facts and definitions with learners during the lessons using My Big Story Book.

## (a) HIV and AIDS

### **What is the difference between HIV and AIDS?**


HIV (human immunodeficiency virus) is a virus that attacks and breaks down a person's defense (immune) system. When the immune system becomes weak from HIV, the body can no longer fight off illness and may develop serious, often life-threatening, infections and cancers. This condition is known as AIDS (acquired immune deficiency syndrome). People with HIV may also be diagnosed with AIDS if their blood tests show that the cells that fight diseases (CD4 cells) have fallen below a certain number in the blood.

### **How is HIV transmitted?**

HIV is present in the body fluids of persons infected with the virus. A person who is HIV-positive can pass the virus on to others through semen (including the pre-ejaculate), vaginal secretions, breastmilk, or blood.

The virus is most commonly transmitted through the exchange of semen and vaginal secretions during unprotected sex. HIV is transmitted not only through vaginal or anal sex between a man and a woman; it can also be transmitted through anal sex between two men. Having a sexually transmitted infection increases the risk of acquiring or passing HIV during sex. HIV can also be passed from an HIV-positive mother to her baby during pregnancy, delivery, or breastfeeding. This is the second most common means of transmission. HIV can also be passed to others by receiving a transfusion of infected blood, by sharing injection needles with an infected individual for drug or steroid use, and through sharing instruments for body piercing, or tattooing. Oral sex also carries some risk for HIV transmission.

Although using contaminated instruments during manicures, pedicures or shaving may carry a risk of infection, HIV transmission through these routes is highly unlikely. However, sharing contaminated razor blades carries a higher risk of infection.



HIV cannot be transmitted by touching, kissing, sneezing, coughing, or by sharing food, drink, or utensils, or through everyday contact at work, school, or home. It is not transmitted by using swimming pools, public toilets, or through insect bites. HIV cannot be transmitted by saliva, tears or sweat. Urine and faeces do not transmit HIV unless they contain blood.

### How can HIV be prevented?

Currently no vaccine or cure for HIV has been developed, so prevention is essential.

**Sexual transmission** - Can be prevented by using male or female condoms correctly for every instance of intercourse, whether oral or anal. Abstaining from sexual intercourse is also effective. Another approach to prevention is to confine oneself to a single sex partner, that is, to be in a mutually faithful or monogamous relationship, with a partner you know is HIV negative. This approach works only if both partners are truly monogamous and if both partners are HIV negative. Unfortunately, many people are unaware that they — or their partner — are already infected with HIV; the only way to be certain is to have an HIV test.

Moreover, no one can guarantee that his or her partner will never have another sex partner. For this reason, the 'be faithful' approach carries risks for many people. For men, circumcision offers some protection against HIV but it does not eliminate the risk of infection. For women there are no direct benefits of male circumcision (apart from reduction in rates of HPV – human papilloma virus or genital warts, which carry a risk of cervical cancer later). Therefore, circumcised males should still use condoms.

**Mother-to-child transmission** - Pregnant women should always be tested for HIV, ideally, together with their partners. Couples should always use condoms when having sex throughout pregnancy and breastfeeding. HIV-positive pregnant women can take preventive medicines to reduce the chances that their baby will be infected with HIV during pregnancy and birth. Transmission of the virus from mother to child can also occur after delivery, during breastfeeding. HIV-positive mothers must seek the advice of a health care provider in order to prevent transmission of HIV during pregnancy and delivery, and also to learn about exclusive breastfeeding for their newborn for the first six months.

**Sharing needles** - Transmission through sharing a contaminated needle can also be prevented by using only new or sterile needles for all injections or skin piercings.

### Can HIV infection be cured or treated?

HIV infection cannot yet be cured but it can be treated. The current treatment for HIV is called antiretroviral therapy (ART). ART is a combination of antiretroviral medicines (ARVs) that reduce the level of HIV in the blood and slow down the destruction of the immune system. ART has improved the quality and length of life for individuals with HIV. A stronger immune system reduces illness and death due to AIDS, the most advanced stage of HIV. Not all people respond equally to the drugs. Without treatment, however, a person infected with HIV generally progresses to AIDS within one to ten years of becoming infected. Without treatment, a person with AIDS may live less than a year.

### How can a person know if he or she (or his or her sex partner) has HIV?

The only way to know if you have been infected with HIV is to take an **HIV test**. You can only know if your sex partner is HIV-positive if he or she takes an HIV test and shares the result with you. Millions of people who are HIV-positive feel and look completely healthy, have no symptoms, and have no idea that they are passing the virus to others.

The HIV test detects special cells (called HIV antibodies) that are present if a person is infected. Tests can usually detect HIV antibodies within six to eight weeks of exposure. In rare cases, it may take as long as six months for the antibodies to reach a level where they can be detected by a test.

A positive HIV test means that the person has HIV antibodies and is infected with the virus. If the first test is positive, a second, different test is conducted to confirm the results.

A negative HIV test means that the person is not infected with HIV. It may mean that he or she is infected but has not yet made enough HIV antibodies to test positive (called being in the 'window period'). Someone who tests HIV-negative but suspects that he or she has recently been exposed to the virus should take the test again in a few months.

### Why should people be tested for HIV?

Being tested for HIV is important for many reasons. Obtaining a negative test result can bring enormous relief. It can also encourage that person to practice safer sexual behaviour in the future. Testing HIV-positive allows a person to begin to seek care and treatment. Treatment improves the quality of life and significantly prolongs the life of an HIV-positive person, as well as reducing the likelihood that they will transmit HIV to their sex partners. Those who are tested can also inform and protect their sex partners. For a woman who is — or would like to become — pregnant, knowing her HIV status is important so that she can take action to reduce the risk of transmission to her baby by using prevention of mother-to-child transmission (PMTCT) services.



### What support do people living with HIV need?

When people find out that they are HIV-positive, they may feel frightened, confused and depressed. Being infected with HIV is life-changing and it takes time to adjust to the knowledge. People living with HIV need a strong emotional support system which may include parents, their spouse or partner, other family members, friends, counselors, social workers, other people living with HIV, or religious or spiritual leaders. They need to find a doctor who is caring, respectful and knowledgeable about HIV, and to have access to medical treatment when they need it. They need to learn as much as possible about HIV, and how to protect their own health and that of their sex partners. To stay as healthy as possible they need to eat well, exercise regularly, rest adequately, avoid smoking, drinking too much alcohol, and using recreational drugs. Most important, by always practicing safe sex, they can protect themselves from reinfection, from other sexually transmitted infections and avoid infecting others with HIV.

### (b) Sexually Transmitted Infections (STIs)

#### What are sexually transmitted infections?

Sexually transmitted infections (STIs) are infections passed on primarily through sexual contact, including vaginal, oral, and anal intercourse. A variety of different organisms may cause an STI (see following chart). Certain parasites such as pubic lice and scabies also may be transmitted by sexual contact. STIs are part of a broader group of infections known as reproductive tract infections, or RTIs.

#### Are these infections transmitted only through sex?

Some STIs can be transmitted by skin-to-skin contact. Some are transmitted through the exchange of bodily fluids. Some can be passed to a baby before it is born, during childbirth or via breastfeeding.

#### What are the consequences of STIs?

STIs can have serious health consequences for men and women (see following chart). Many common STIs are difficult to detect in women, however, and some have more serious consequences for women than for men. For example, the spread of chlamydia or gonorrhoea to the upper reproductive organs is a common cause of infertility in women. Infection with certain STIs increases the likelihood of acquiring or transmitting HIV infection. Some, but not all, STIs are curable. Others, such as HIV and genital herpes, are not. Early treatment eliminates or reduces the consequences of most STIs.



## How can people prevent acquiring or transmitting STIs?

- Find out if you have an STI by being tested by a health care provider.
- If you have an STI, get treatment and notify all of your recent sex partners, so that they can also be tested.
- Find out whether your partner has an STI, and if so, make sure that he or she is tested and treated.
- Talk with your partner about ways to be sexually intimate that do not involve the risk of transmitting an infection.
- Use male or female condoms correctly and consistently and avoid sexual contact that allows transmission of an infection. Condoms protect against most STIs (including HIV). They do not protect against all STIs.
- Obtain a vaccination for those STIs that can be prevented. At present, vaccines exist for hepatitis B and HPV.

## When should a person have an STI test?

A person is at risk of acquiring an STI and should be tested if he or she has one or more of the following:

- had unprotected sex;
- symptoms of an STI;
- a sex partner who has an STI, or who has signs of an STI;
- more than one sexual partner;
- a new partner in the past three months;
- a partner who has or may have other sex partners; and
- a partner who lives elsewhere or travels often.

Early testing is important. A person diagnosed with an STI can obtain treatment and help their recent partners to be tested as well. A couple should not resume sexual activity until both partners have been tested and have completed any necessary treatment. Because some STIs do not show up in test results right away, a repeat test may be necessary.



STI	Symptoms for women	Symptoms for men	Can it be cured ?	Is there a vaccine?
Chancroid	Painful sores on the genitals; swollen Women are often asymptomatic	lymph nodes	Yes	No
Chlamydia	Most women are asymptomatic. Women who do have symptoms might have abnormal vaginal discharge or a burning sensation when urinating	Often asymptomatic. Men with symptoms have a pus-like discharge from their penis or burning sensation when urinating.	Yes. Left untreated, it can lead to pelvic inflammatory disease (PID) among women which may lead to infertility. Complications among men are rare.	No
Gonorrhea	Most women are asymptomatic; abnormal vaginal discharge or burning sensation when urinating.	Men often experience discharge or burning when urinating. Some men have no symptoms.	Yes left untreated, it can lead to PID among women, and may lead to infertility among both women and men.	No
Hepatitis B	Some people experience flu-like symptoms, jaundice and dark coloured urine; others experience no symptoms		Although no medicine has been found that cures hepatitis B, in many cases the body clears the infection by itself. Occasionally it develops into chronic liver illness. Small children and infants are at a much greater risk of becoming chronically infected.	No
Herpes (herpes simplex virus)	Recurrent episodes of painful sores on genitals on anus.		No, but symptoms can be controlled through treatment.	No
HIV (human Innunodeficiency virus)	HIV generally has no symptoms in the early stages. HIV usually leads to AIDS. People with AIDS may suffer various infections, cancers, and other life threatening ailments.		No, AIDS is a chronic ultimately fatal disease, but treatment (antiretroviral therapy) dramatically slow the progress of the disease	No

STI	Symptoms for women	Symptoms for men	Can it be cured ?	Is there a vaccine?
Human papilloma virus (HPV)	HPV can be asymptomatic. Some strains cause genital warts.		No, but symptoms can be controlled through treatment. Some strains can develop into cervical cancer among women.	Yes. The vaccine prevents strains causing most cervical cancers and genital warts.
Syphilis	Begins with one or more painless sores on the genitals, rectum or mouth. The second stage may produce skin rashes, lesions on mucus membranes, fever, and malaise. The latent stage when these symptoms go away.		Yes, if treated in its early stages. Without treatment, infection remains in the body. The late stage of syphilis includes damage to internal organs and can be fatal.	No
Trichomoniasis (trichomonas or trich)	Women may experience frothy, yellow green vaginal discharge with a strong odor. May also cause itching or discomfort during intercourse and urination.	Men are usually asymptomatic; sometimes mild discharge or slight burning with urination or ejaculation.	Yes	No







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