

strength to strength

An educational resource about how young people in Malawi and Romania are facing the challenges of HIV and AIDS.

This resource supports curricula in grades 9–12 social studies courses.



Introduction

In the *Strength to Strength* video, three teenagers from Romania and two young people from Malawi talk about the effects of AIDS on their lives. Georgiana, Claudiu, Mihai and Kunthata are all living with HIV or AIDS. Yosofati does not have the virus himself, but his parents are infected. Each youth has faced stigma, discrimination and questions about the future. A few have experienced declining health and serious illness. Yet each is determined to fight prejudice, to educate peers about the disease and to try to live a healthy life.

The activities in this study guide are designed to help Canadian students further understand the challenges faced by the youth living with or affected by HIV and AIDS. They are intended to provide facts and knowledge, to draw out opinions and perspectives and to provoke discussion. They introduce child rights and attempt to take youth deeper into the challenges of stigma and discrimination faced by youth living with

HIV and AIDS. In the final activity, students consider a social action they could take to join the global fight against HIV and AIDS.

Through the *Strength to Strength* video and study guide, students will:

- identify how young people are living positively with HIV in different parts of the world (specifically Malawi and Romania)
- describe the effects of HIV and AIDS on the lives of young people, their families and communities
- explore the stigma and discrimination faced by young people living with HIV and AIDS
- describe the significance of child rights (outlined in the Convention on the Rights of the Child) to children and youth affected by HIV and AIDS
- identify and assess a social action to reduce stigma, promote human rights and make a difference for young people living with HIV and AIDS

Using the video/DVD

IMPORTANT—Please read

The *Strength to Strength* video has been made with the consent of the young people and families involved. To respect the conditions agreed to with them, **World Vision must insist that you refrain from using any information or images of the young people outside your classroom**, e.g., on a school website or in printed materials that leave the classroom. Thank you for respecting the privacy of the individuals involved.

World Vision Canada is grateful to Development Education of World Vision New Zealand for allowing these resources to be adapted for Canadian use.

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Using this Guide

Suggested audience

The *Strength to Strength* video is appropriate for high school audiences (grades 9–12). This video and resource fulfills curriculum expectations in Canadian civics, politics, history, geography and other social science courses.

The language used in this guide reflects a classroom setting, but many activities are suitable for less formal settings. An optional Christian activity is included as an appendix.

Materials needed

Television and DVD player, photocopied handouts, paper and pens, world map (optional), dictionaries, markers and chart paper or bristol board.

Leader preparation

View the video and review the activities. While the lessons can be taught in sequence, it is possible to do fewer activities based on time availability and class objectives.

Time required

Allow for approximately 40 to 50 minutes to complete each activity.





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HIV and AIDS Facts and Opinions

Do your students know the facts about HIV and AIDS? Have they formed opinions on this topic? This interactive activity will reveal what your students know and think about HIV and AIDS.

Students will

- increase their knowledge and understanding of HIV and AIDS
- consider their own opinions and attitudes about people affected by AIDS
- learn to differentiate between facts and opinions

Preparation

- clear a space in the classroom where students can move around and form a line
- create four signs with chart paper or bristol board that read TRUE, FALSE, STRONGLY AGREE and STRONGLY DISAGREE
- photocopy a class set of the HIV and AIDS Fact sheet (pp. 12–13) and the HIV and AIDS Opinion sheet (p. 14)
- review the responses on each sheet

INSTRUCTIONS

Tell students that this is an interactive activity with two parts. The first part will test their knowledge of HIV and AIDS. The second part will give them an opportunity to express their opinions about HIV and AIDS by placing themselves along a human continuum.

Post the TRUE and FALSE signs at opposite ends of the classroom with space in between for students to move around. Read the first statement from the HIV and AIDS Fact sheet and have students move to either the true or the false sides of the classroom depending on their answer. After each student has chosen his or her position, read the answer aloud. Repeat this with the remaining facts.

Replace the TRUE and FALSE signs with STRONGLY

AGREE and STRONGLY DISAGREE signs and tell students that the next part of the activity requires them to consider their opinions on a number of statements relating to HIV and AIDS. Point out that they can place themselves anywhere along the invisible continuum, depending on the extent to which they agree or disagree with the statement read.

Tell students that the midpoint can be for students who haven't yet formed an opinion on an issue or have reasons to both agree and disagree with an opinion statement.

Pose the first statement from the HIV and AIDS Opinion sheet. Once students have chosen a place along the continuum, ask a few of them at different positions to explain their opinions on this issue. Repeat the activity with each of the remaining opinion statements. Note that the responses to the opinion statements are only guidelines to help generate discussion. Draw on your own knowledge, examples and questions to further deepen the discussion.

When you have finished this activity, ask students to return to their seats. Provide each student with a copy of the fact and opinion sheets for their reference during and after the discussion.

Discuss the activity based on the following questions:

1. What is the difference between a fact and an opinion? (*A fact is a piece of objective information. An opinion is a subjective view, judgment or appraisal of information.*) Can one be based on the other?
2. Where do you get your facts and knowledge about HIV and AIDS from?
3. What influences your opinions on issues relating to HIV and AIDS? Were you influenced by where your friends stood along the continuum?
4. Why is it helpful to have additional knowledge and facts on a subject like HIV and AIDS before forming opinions?
5. What did you learn in this lesson that you would like to have more information on?

Introduction to Rights and Showing the Video

This activity introduces students to the UN Convention on the Rights of the Child (UN CRC) and its relevance to HIV and AIDS. Students view the video and engage with youths affected by the virus in Malawi and Romania.

Students will

- learn about the connection between rights and HIV and AIDS
- describe the effects of HIV and AIDS on young people and their families
- develop an understanding of the fears and uncertainties of youths infected with HIV

Preparation

- preview the *Strength to Strength* video (20 minutes) and cue it for student viewing
- read the background information on child rights (see p. 16)
- photocopy a class set of A Summary of the UN Convention on the Rights of the Child (p. 17)
- photocopy a class set of the Rights Continuum worksheet (see p. 18)
- world map (optional)

BEFORE VIEWING

Lead a brief introductory discussion with the class based on the following questions: What are rights and responsibilities? What does it mean to have a right fully met, partially met or unmet? What is the UN Convention on the Rights of the Child? Refer to the background information on child rights.

Distribute copies of the summary. Explain that these rights are *universal* rights, but that many are only partially met, or are completely denied to children and youth. Ask students to read the articles on the hand-out and circle the ones they think might be denied to children and youth who are HIV-positive or have been

affected by HIV and AIDS. Remind them that when one right is denied to a child, others often follow.

Provide each student with a copy of the Rights Continuum worksheet. Ask each student to mark his or her own initials at the appropriate place on each rights continuum. Instruct students to do the same for two of the youths featured in the video while viewing; they should mark a *K* for Kunthata and a *C* for Claudiu.

VIEWING

Introduce the video by telling students that it tells the stories of two youths from Malawi affected by AIDS, and three young people living with HIV in Romania. Point out Malawi and Romania on a world map (optional).

View the video together.

AFTER VIEWING

Give students an opportunity to complete their worksheets if they have not already done so. Instruct students to keep them to use with the activity in the next lesson.

Discuss the students' observations and opinions on the topics raised by the video, using the suggested questions below.

1. What, if anything, surprised you about the experiences of these youths?
2. How do the experiences of the Malawian youths affected by HIV and AIDS compare with those of the Romanian youths? How are they similar? How are they different?
3. Did your opinions about HIV and AIDS change as a result of watching the video? If so, on which topics? Why?
4. Why do you think some of the youths have decided not to tell their friends that they are HIV-positive?
5. What would be your biggest fear if you found out you were HIV-positive? Would you tell your friends?

Rights Reality Check

In this activity, students explore how the fulfilment of rights for an individual relates to the social and economic conditions of that person's country.

Students will

- discuss the degree to which rights are met in their own lives compared with the lives of two individuals in the video
- consider the extent to which rights are met for an individual in relation to conditions in that person's country

Preparation

- photocopy Rights Reality Check handout (p. 19; one per pair)
- photocopy Country Fact Files (pp. 21–22; one per pair)

Ask students to take out their Rights Continuum worksheets completed during the previous lesson. Distribute copies of the Rights Reality Check handout and have students work in pairs to complete the handout.

Explain that Step 1 involves a discussion about the four continua they completed while viewing the video. Step 2 involves comparing their marks on the continua with statistics and information provided for Malawi and Romania in Country Fact Files.

Distribute copies of the Country Fact Files sheet to each pair and instruct them to write their answers on a separate sheet of paper.

EXTENSION

Using school library resources and the Internet, have students complete a fact file for Canada and fill in the far-right column on the Country Fact Files sheet. Provide them with the following helpful Web sites to get them started:

- Statistics Canada (www.statcan.ca)
- CIA Fact Book (www.cia.gov/cia/publications/fact-book/index.html)
- UNAIDS country reports (www.unaids.org)



Stigma Story Rotation

Students learn how youths with HIV and AIDS go on living their lives and fighting for justice despite the stigma and discrimination they experience.

Students will

- create definitions for words associated with HIV and AIDS
- consider how the words *stigma*, *discrimination*, *rights*, *justice* and *determination* relate to people featured in the video

Preparation

- gather 10 sheets of chart paper, markers and five dictionaries
- make three photocopies each of the stories in Five Stories of Affected Youth (pp. 23–27)

INSTRUCTIONS

Divide the class into five groups and give each group two pieces of chart paper and markers. Assign each group one of the following words: STIGMA, DISCRIMINATION, RIGHTS, JUSTICE, DETERMINATION.

Instruct the groups to come up with a definition for their words, then look up the word in the dictionary to compare the accuracy of their made-up definitions. Emphasize that definitions must be written in the students' own words and not simply copied from the dictionary. Once each group has agreed on a definition, have them write their word and definition at the top of one of their sheets of chart paper.

Provide each group with three copies of only one of the stories in Five Stories of Affected Youth (each group should have a different one). Ask students to read them together within their groups.

Based on the information provided in the story, have the groups write a few phrases or sentences on their chart paper about how the person in their story has been affected by what the word

describes. Groups should include the name of the person beside the phrase. For example, if the word is DISCRIMINATION, the group with the story about Georgiana might write: Georgiana has not told close friends she is HIV-positive; she's afraid they will treat her differently and stop talking to her.

When students have finished writing a few phrases on their chart paper, have each group pass its story to the group to its right. Students within groups should read the new story together and repeat the fourth step.

Students continue rotating stories until each group has read all five stories and written something about each of the five affected youths on their chart paper.

Have each group reconsider the definitions they wrote at the top of their chart paper in light of the phrases and words they added from the stories. Using a different-coloured marker, have them circle words on the chart paper that add new meaning to their original definitions.

Post completed sheets of chart paper and have each group present their original definition and added phrases to the class. Ask each group if their understanding of the word and definition changed as a result of reading Stories of Affected Youth.



Social Action Paper

HIV and AIDS can be discouraging without learning about social actions that make a difference. In this activity, students write a one- to two-page reflection paper on a topic related to HIV and AIDS, and write about a concrete social action they could take to fight the disease.

Students will

- consider their roles in the global fight against HIV and AIDS
- identify and assess a social action to reduce stigma, promote human rights and make a difference for young people living with HIV and AIDS

Preparation

- set a deadline for completed papers and write this on the Social Action Paper Guidelines handout (p. 28)

- photocopy a class set of the Social Action Paper Guidelines
- photocopy a class set of the Social Action Paper Rubric (p. 30)

INSTRUCTIONS

Distribute copies of the Social Action Paper Guidelines and Rubric and go through the instructions and expectations as outlined therein.

EXTENSION

Collate the social action ideas presented in the completed papers and provide a full list to the class. Discuss the potential results of an entire class or school doing an action compared to one individual. Choose an action to do together as a class and find ways for each student to get involved in the planning, organization, research, implementation or follow-up to the action.



God's Welcoming Banquet Table (Optional Christian Activity)

Participants will

- experience thoughts and feelings that come with privilege, subordination and exclusion
- explore what Jesus taught about inclusion, humility and welcoming people who are marginalized

Preparation

Read Luke 14:7–23 and the “Setting the Context” section below. Review the instructions for the activity; prepare drinks and snacks if desired.

Setting the Context

In the gospels of Luke and Matthew, Jesus tells a parable about a man who gives a feast and sends out his servant to invite guests. When all of the usual guests decline, the man tells his servant to bring back whom ever he can find. People of all classes, sexes and ranks are invited to the banquet. This is not a usual dinner party! God's banquet table is open to anyone who will accept the invitation.

Instructions for the Activity

Divide the participants into three groups. Identify each group with red, green and blue dots.

Ask the blue group to stand together with their noses touching one wall. Tell them that they are not going to be participating in this activity.

Inform the red group that they may do whatever they want during this activity. Provide them with comfortable chairs, drinks and snacks. Tell them that they can give orders to the green group, which must listen to their instructions and do what they ask (for example, doing 10 push-ups, fanning them with cool air, massaging their feet). The greens must do what the reds tell them to do (within the bounds of safety and reason).

Optional: After a few minutes, stop and change the roles around. The blues now serve the greens, and the reds face the wall. Then hold a third round so that each group has a chance to experience privilege, subordination and exclusion. (Note: Participants will experience stronger feelings to fuel the discussion if they do not switch roles, but switching may be necessary if some participants are quite sensitive or are likely to take this activity personally. Use your discretion as a leader based on your knowledge of the group.)

Debrief the activity based on the following questions:

1. At the beginning of the activity, how would you describe the role of each group? (Reds were in a position of privilege, greens were subordinate and blues were excluded.)



2. Ask members from each group to describe how it felt to be in their positions. Give each person a chance to talk about what happened during the game and how he or she felt at different points in the game.
 3. Ask members of the green group to explain why they followed the orders of the red group (they may say because these were the instructions for the game). Ask participants what they think might have happened if the greens did not follow the orders from the reds. What would have been the consequences?
 4. Ask participants to explain why they all followed the rules of the game. Why did reds accept their position of privilege? Why did greens obey orders from the reds? Why did blues remain with their noses against the wall? Have them consider why they accepted the rules of the game as outlined by the leader. What would have happened if they did not?
 5. Ask participants to consider what Jesus' message might be for each of these groups.
3. In this parable, which groups does Jesus suggest are excluded from society? (*The poor, the crippled, the lame and the blind.*) Which groups are excluded in our world today? (*E.g., people with AIDS, people with disabilities, the poor, the elderly, the homeless.*)
 4. Which groups had power and privilege in this parable? (*Pharisees and other Jewish authorities.*) Which groups have privilege in our world today? (*E.g., English-speaking people, citizens of wealthy countries, people with knowledge, education and opportunities.*)
 5. If we belong to a group with privilege, what are some practical things we can do to humble ourselves? How can we welcome people who sit on the margins of society?
 6. What is the main image of inclusion that Jesus gives us in this parable? (*The image of everyone sitting at the same level at a banquet table and sharing a meal together.*)

Making the Biblical Connection

Read together Luke 14:7–14 and invite discussion on this parable based on the following questions:

1. What was Jesus' main message in this parable? (See verse 11.)
2. Who was Jesus speaking to? (*Pharisees and their*

Closing Prayer

In closing, pray for the groups that sit on the margins of society. Ask God for forgiveness for the sins of domination and exclusion. Ask God to open the eyes of each member of your group to the inequalities in society and to give each person the wisdom and courage to work for the change God desires. Pray that Christians all over the world will prepare a welcoming banquet table where everyone can sit as equals and share a meal together.



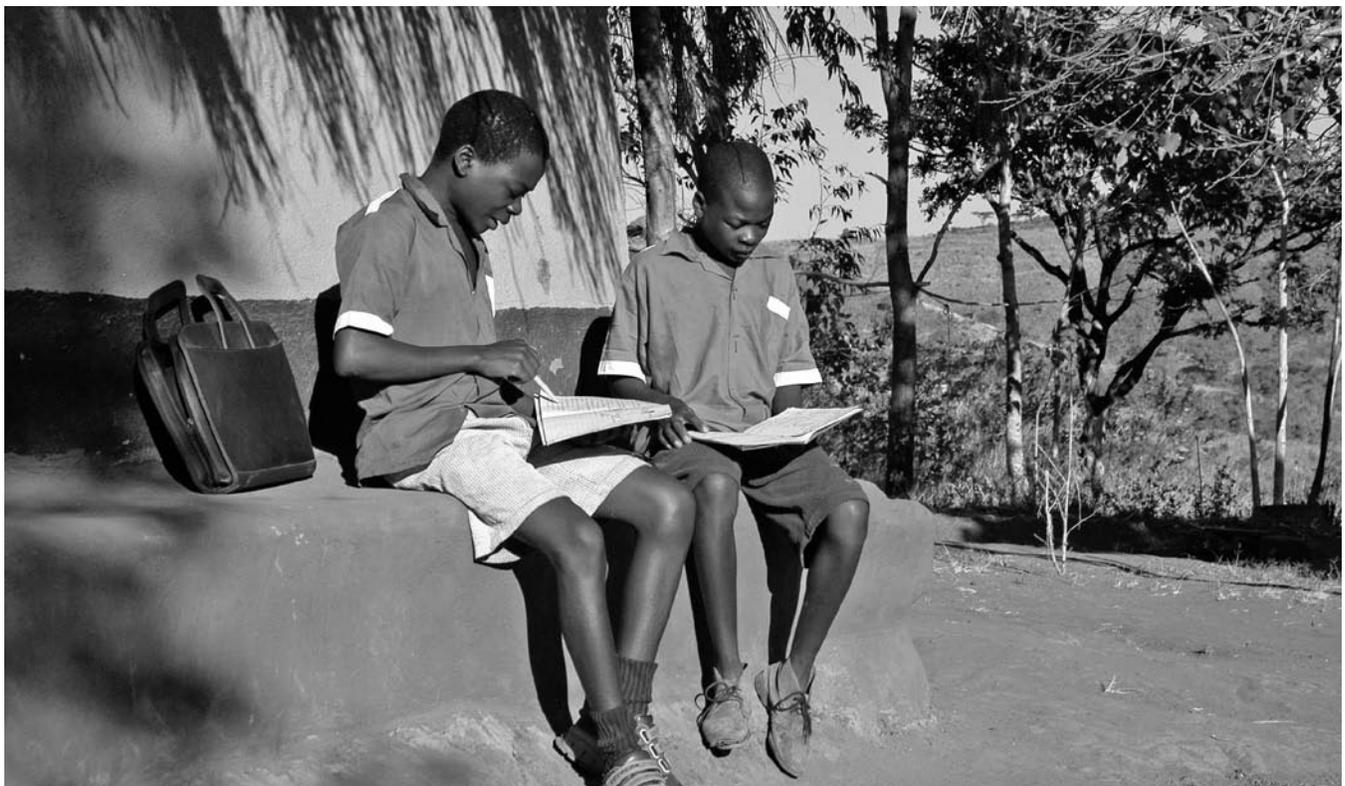
HIV and AIDS Fact Sheet

FACTS – TRUE OR FALSE?	ANSWERS
1. AIDS is caused by HIV.	TRUE AIDS is caused by the human immunodeficiency virus, which damages the body's defence system; when the immune system has been damaged, a person loses the ability to fight diseases.
2. You can tell if someone has HIV just by looking at them.	FALSE HIV is a hidden virus. People with HIV may look healthy and normal, but they will still be able to transmit the virus to someone else.
3. HIV always develops into AIDS within one to two years.	FALSE From the time of HIV infection, the onset of AIDS varies for each person, but it can take up to 10 years. A person infected with HIV may look and feel healthy for many years, but he or she can still transmit the virus to someone else.
4. There is no cure for AIDS.	TRUE The treatment that exists for AIDS (antiretroviral drugs) only helps to prolong life; it cannot get rid of AIDS.
5. HIV can be transmitted from a mother to a child through breast milk.	TRUE HIV can be carried in any bodily fluids. Sexual intercourse and contaminated needles are the most common forms of transmission. HIV is not transmitted through hugging, shaking hands, coughing, sneezing, using the same toilet seat or through insect bites.
6. In Canada, the HIV infection rate is on the rise.	TRUE Between the years 2000 and 2004, the HIV infection rate rose by 20 per cent in Canada, ¹ the estimated number of HIV cases is 58,000 (as of 2004). HIV is increasing among Canadian youth.
7. In Canada, HIV and AIDS are only found within the homosexual community.	FALSE Of all HIV diagnoses in Canada, 30 per cent are a result of heterosexual transmission. ²

¹ UNAIDS, *AIDS epidemic update: December 2005, North America, Western and Central Europe*, www.unaids.org.

² *AIDS epidemic update, North America*, www.unaids.org.

FACTS – TRUE OR FALSE?	ANSWERS
8. The number of people infected with HIV worldwide is higher than the population of Canada.	<p>TRUE</p> <p>There are currently 40.3 million people infected worldwide (the population of Canada is approximately 33 million).</p>
9. India has the highest number of HIV infected people in the world.	<p>TRUE</p> <p>In 2006, 5.7 million people in India have HIV, compared with 5.5 million in South Africa;³ sub-Saharan Africa has been devastated by AIDS because of the high infection rates—many countries in this region have rates between 25 and 30 per cent.</p>
10. People living with AIDS are taking action and fighting back.	<p>TRUE</p> <p>Countless people are responding by mobilizing community resources to educate about HIV and AIDS, provide care for people affected by HIV and AIDS, and advocate for the resources and support they require to fight the disease.</p>



³ Ramesh, Randeep, "HIV will cost India billions," *The Guardian*, Friday, July 21, 2006.

HIV and AIDS Opinion Sheet

OPINION STATEMENTS	POSSIBLE RESPONSES
1. People with HIV should always tell their sexual partners.	Most people would agree with this. In 2003, a man was convicted by the Supreme Court of Canada for attempted aggravated assault for not disclosing his HIV-positive status to his partner, who later discovered she was infected. This case shows that there is a legal obligation in Canada to reveal an HIV-positive status to sexual partners. How easy would this be? At what point on a date or in a relationship should people tell their partners?
2. Youth with HIV should tell their classmates and teacher.	Why? The risk of transmission in the classroom or at school is very low. What would be the social implications for the person with HIV? Does the person with HIV have the right to keep his or her status secret from anyone who is not at risk of contracting it?
3. If someone has HIV or AIDS, it's that person's own fault because he or she should have been more careful.	Babies and children who have contracted HIV from their mothers are obviously innocent. Is a woman who contracts HIV from her husband at fault? Is a teenager who is pressured into sex at fault? Is a rape victim at fault? Even if someone is careless, should that individual be punished for his or her carelessness in this way? Blame is not helpful and often feeds the stigma and discrimination that people with HIV experience.
4. HIV and AIDS is not my problem and taking action is not my responsibility.	HIV and AIDS is a global pandemic that affects everyone, either directly or indirectly. If you are not directly affected, you might decide to look the other way and not respond. But consider this: if Canada had the infection rate of South Africa, where one in four people you know would be infected, wouldn't you want the world to respond? Wouldn't you want others to stand with your country in solidarity and call for adequate health care, access to drugs and the right to participate fully in society for those infected?
5. If a friend told you that he or she was HIV-positive, you wouldn't act any differently toward that friend (be honest!).	This depends on how much knowledge you have about HIV and on your attitude toward people who have it. How would you want your friends to act if you were HIV-positive?
6. Condoms should be more easily available in schools.	This is a controversial topic. What is the policy at your school? Do you think condom availability at schools gives teens the message that sexual intercourse at a young age is okay? Do you think religious objections to condom distribution in schools should be respected?

OPINION STATEMENTS	POSSIBLE RESPONSES
<p>7. Canada is helping people with HIV and AIDS in developing countries get the anti-retroviral drugs they need.</p>	<p>In May 2004, the federal government passed a bill to make generic drugs (which are much less expensive than brand names) available to developing countries. This law was considered a breakthrough for people with HIV and AIDS who need affordable treatment. Canada was the first country to implement this law. However, as of August 2006, not a single pill has gone out of Canada under this legislation due to the cumbersome process for implementing this law.⁴ Canadians must ensure that this law and process are amended to benefit those who need these life-saving drugs.</p>



⁴ Hall, Joseph, "Canada Breaks AIDS Pledge," *The Toronto Star*, Thursday, August 3, 2006.

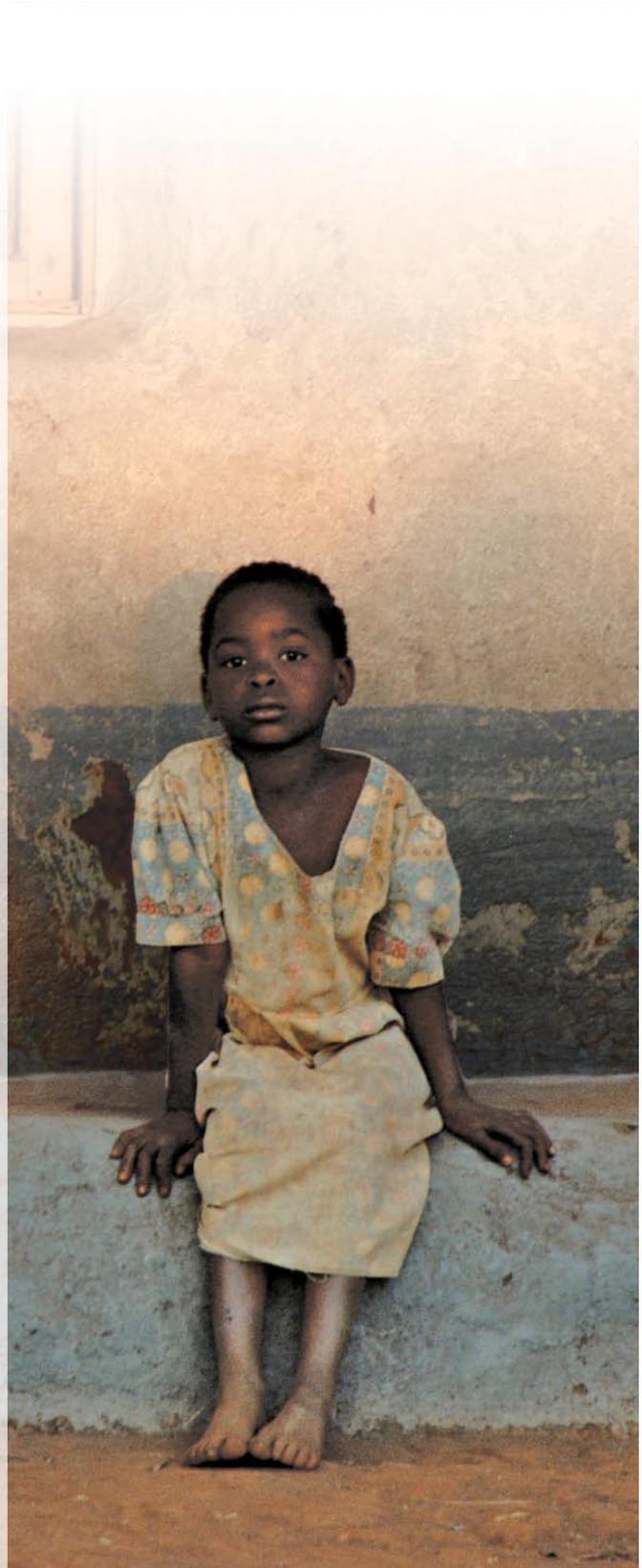
Background Information on Child Rights

Rights are universal principles and standards that apply equally to every human being. The United Nations Convention on the Rights of the Child (UN CRC) stipulates that the rights it enshrines apply to all children equally regardless of race, color, gender, caste, class, language, religion, place of birth or any other factor. According to the UN CRC, a child is a person under 18 years of age.

Each of us has the responsibility to ensure that child rights are fully met for children around the world. This is particularly important for vulnerable groups such as youth living with HIV and children orphaned by AIDS. The UN CRC is an instrument for holding governments and other decision-makers accountable and responsible for their decisions that affect these groups. The UN CRC was adopted in 1989. 191 member states of the UN are party to it. Canada signed the UN CRC in 1990, and ratified it in 1991.

Rights are interdependent and interrelated. When one right is denied to a child, other rights often follow. For example, a youth infected with HIV who is denied the right to the best health care available might also be denied the right to an education, the right to have fun and play and ultimately the right to life. Conversely, a youth with HIV who is receiving the health care and anti-retroviral treatment he or she is entitled to, will be more likely to have other rights met as well.

For the full text of the UN CRC, visit the Web site of the Office of the UN High Commissioner for Human Rights: www.ohchr.org/english/law/crc.htm.



A Summary of the UN Convention on the Rights of the Child

Instructions: Read the articles below and circle the ones that are often denied to children and youths who are HIV-positive or have been affected by HIV and AIDS in some way (e.g., children orphaned by AIDS).

EVERY CHILD HAS:

1. The right to express our opinions about things that affect us personally.
2. The right not to be tortured, or treated or punished in a cruel, unkind or humiliating way.
3. The right, if we belong to a minority group, to have our own culture, practise our own religion and speak our own language.
4. The right to meet together with other children or teenagers and to join and set up clubs, groups and associations.
5. The right to be protected from abuse of any kind.
6. The right to the best health care available.
7. The right to benefit from money given by the government to parents and guardians to help them raise children.
8. The right, if disabled, to special care and training that will help us lead a dignified, independent and active life.
9. The right to privacy.
10. The right to an identity, name and nationality.
11. The right to freely communicate our views to others through various media (e.g., letters, posters, petitions, artwork).
12. The right to access information and ideas from a wide variety of sources but also to be protected from information that could harm us.
13. The right not to be exploited for purposes of money making (e.g., doing dangerous work or working long hours for little pay).
14. The right of child refugees and of children deprived of their families to special assistance and protection.
15. The right to an education that considers our real needs and develops all our talents and abilities.
16. The right to living standards and conditions that enable us to grow and mature (e.g., enough food, warm clothing, money, good housing).
17. The right to be protected from drugs.
18. The right to life.
19. The right to have fun, to play and to join in leisure and cultural activities.
20. The right to be protected from bad treatment by parents and others responsible for us.
21. The right to our own thoughts and beliefs and, if religious, to practise our faith.
22. The right not to be recruited into the armed forces or to fight in wars.
23. The right to live with our parents or, if they are separated, to see both parents regularly unless it is not in our best interest.
24. The right to an education in which we learn how to live in a spirit of understanding, peace, tolerance, equality, friendship and respect for human rights and the natural environment.

Adapted from “Children’s Rights Hoopla” from *In the Global Classroom 2* by Graham Pike and David Selby.
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Rights Continuum Worksheet

Student Name: _____

Before Viewing: Put your initials at the appropriate place on each rights continuum.

While Viewing: Kunthata and Claudiu are two of the youths featured in the video. While viewing the video, determine where they fit on each continuum, and mark a *K* for Kunthata and a *C* for Claudiu on each one.

Every child and youth has...

The right to living standards and conditions that enable them to grow and mature.

Right not met

Right partially met

Right fully met

The right to an education.

Right not met

Right partially met

Right fully met

The right to the best health care available.

Right not met

Right partially met

Right fully met

The right to life.

Right not met

Right partially met

Right fully met

Rights Reality Check Worksheet

Names: _____ and _____.

Step 1. Work with a partner to compare responses on the Rights Continuum worksheet. Choose one continuum on which you and your partner gave different responses, and answer the questions below.

1. On which continuum were your responses different from those of your partner?

2. Explain your reasons for each of your responses to your partner.

3. Are you, Kunthata and Claudiu at different places on this continuum? Why or why not?

4. How does being HIV-positive affect where people fall on this continuum?

5. How does poverty affect where people fall on this continuum?

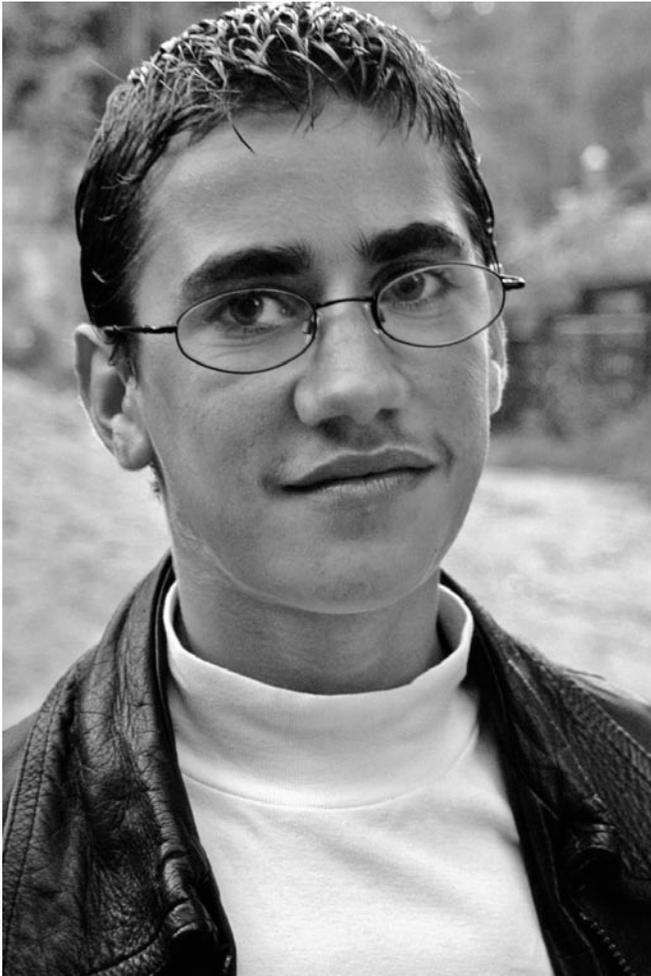
6. For those who do not have this right fully met, what could be done to change this?

7. Whose responsibility is it to ensure that this right is met?

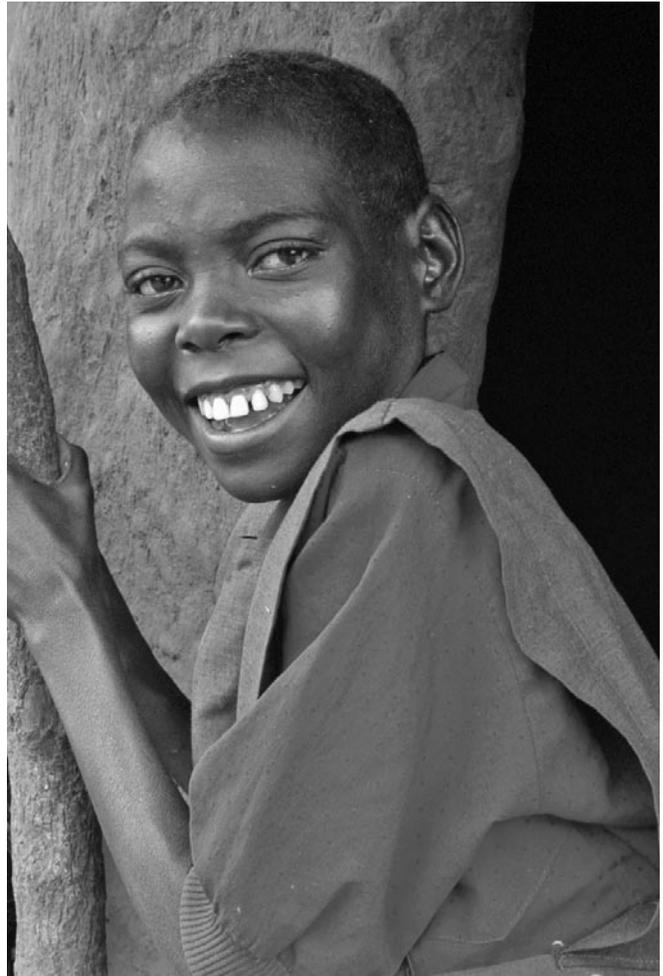
Step 2. Study the Country Fact Files provided for Malawi and Romania and answer the questions below about Kunthata and Claudiu on a separate sheet of paper. Use statistics from the tables in your responses. Write at least one paragraph per question.

1. Do Kunthata and Claudiu have adequate living standards and conditions? Why or why not? How do their living standards compare with their own country's statistics?
2. Is the right to an education being met for Kunthata and Claudiu? Compare education enrolment and literacy rates between Malawi and Romania.
3. Describe the health care that Kunthata and Claudiu are receiving. Consider the health care available in each of their countries. Is the right to the best health care available being fully met for both of them? Why or why not?
4. What does it mean to have a "right to life"? What are the chances that Kunthata and Claudiu will live to an old age? How does this compare with life expectancy in their countries?

Claudiu

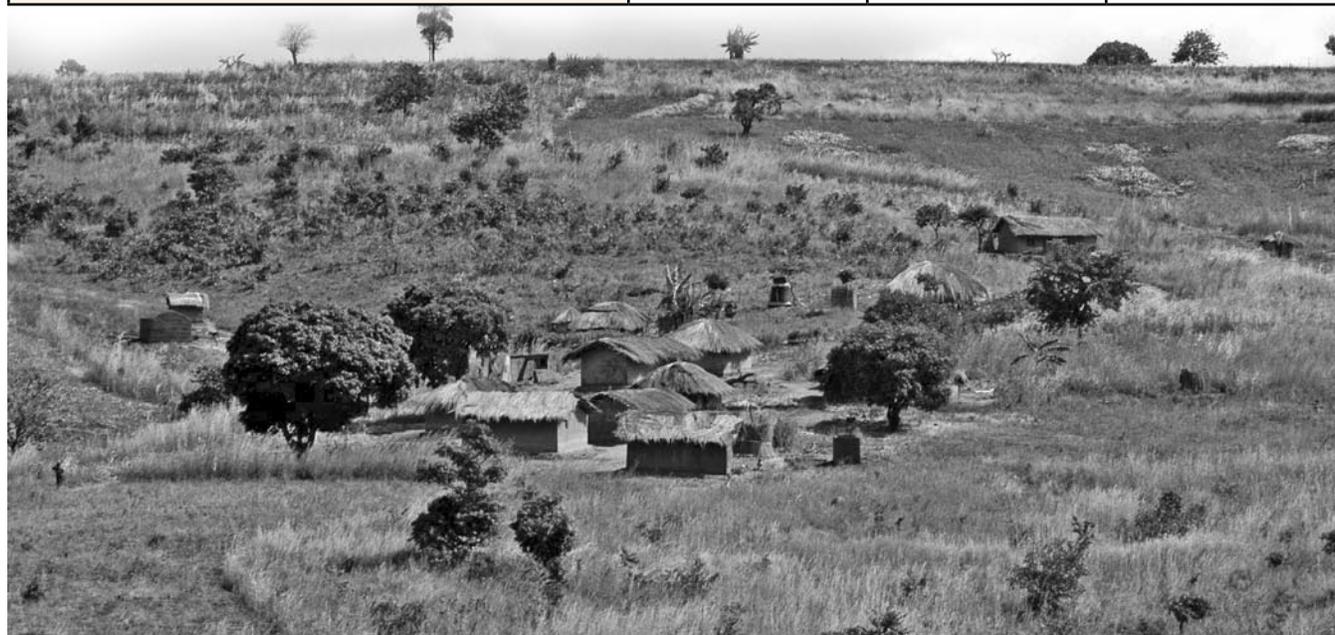


Kunthata



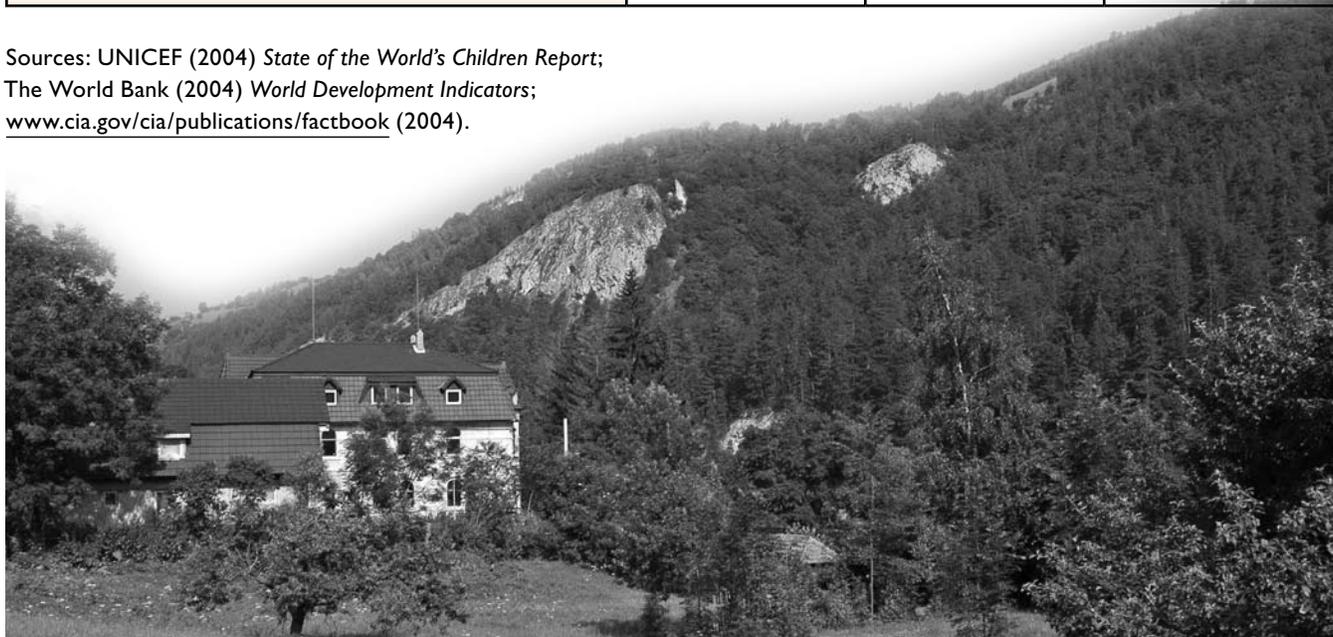
Country Fact Files

	MALAWI	ROMANIA	CANADA
Demographics			
Population (2002)	11,900,000	22,400,000	
Birth rate per 1,000 people (2002)	45	10	
Death rate per 1,000 people (2002)	24	13	
Population under 18 (2002)	6,232,000 (52.3% of total population)	4,832,000 (21.5% of total population)	
General health			
Life expectancy at birth	38 years (2002) 40 years (1970)	71 years (2002) 68 years (1970)	
Infant mortality rate per 1,000 people (2002)	114	19	
Number of people per doctor (1995–2002)	20,000	530	
Hospital beds per 1,000 people (1995–2002)	1.3	7.5	
Population using adequate sanitation facilities (2000)	96% urban 70% rural	86% urban 10% rural	



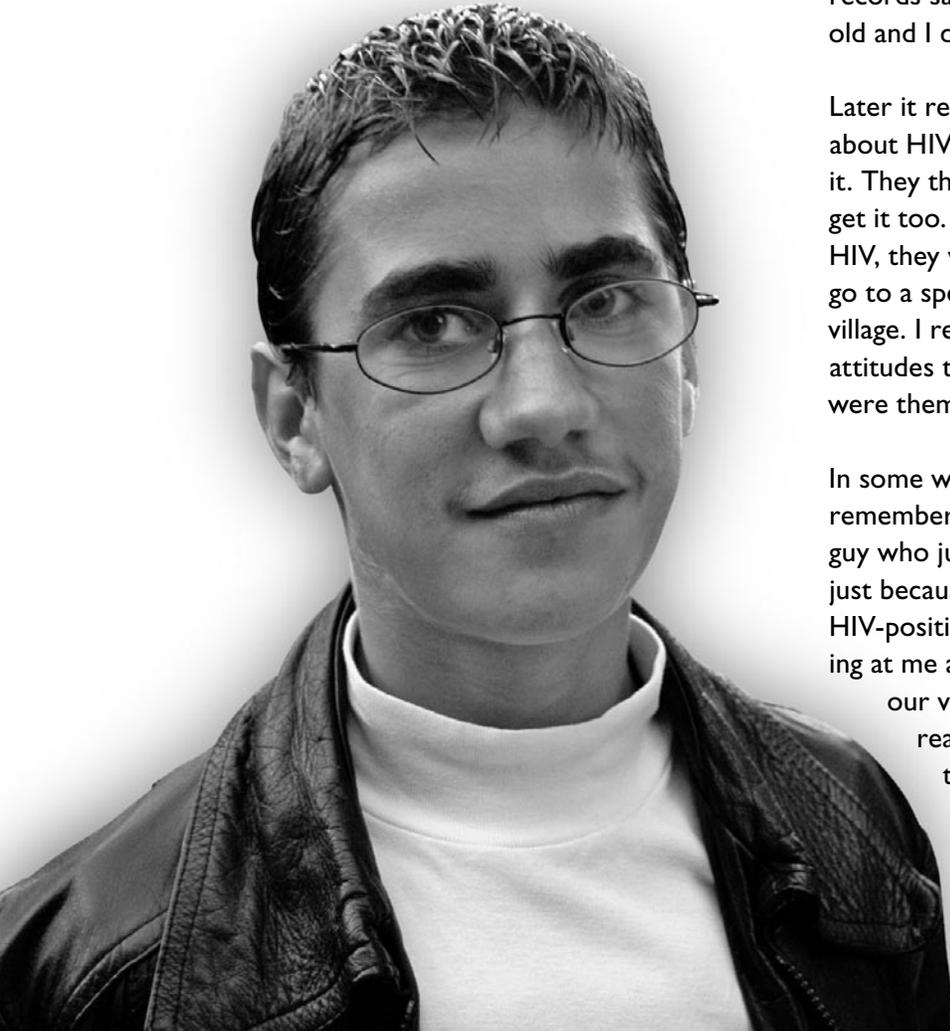
	MALAWI	ROMANIA	CANADA
Economy			
GNI per capita (country income per person in 2002)	US\$160	US\$1,850	
Population living on less than \$1 a day (1990-2001)	42%	2%	
Central government expenditure allocation (1992–2001)	health 7% education 12%	health 14% education 10%	
HIV and AIDS statistics			
Adult (15–49) HIV prevalence rate (2001)	15%	<0.1%	
Estimated number of people living with HIV or AIDS (2001)	785,000 (adults) 65,000 (children)	2,500 (adults) 4,000 (children)	
Children (0–14 years) orphaned by AIDS (2001)	468,000		
Education			
Net primary school attendance (1992–2001)	77%	96%	
Secondary school enrolment ratio (1997–2000)	41% male 31% female	82% male 83% female	
Adult literacy rate (2000)	75% male 47% female	99% male 97% female	

Sources: UNICEF (2004) *State of the World's Children Report*;
The World Bank (2004) *World Development Indicators*;
www.cia.gov/cia/publications/factbook (2004).



Five Stories of Affected Youth

CLAUDIU: Prejudice forced me out of school



MY NAME IS CLAUDIU. I like to play football and I love the Internet. When I was a baby I had some liver problems and doctors got my mother to agree to a blood transfusion. Nobody checked that the blood they gave me was okay and I got infected with HIV. When my mom found out she freaked out and didn't want to tell me. But years later I went for a medical

and the nurse handed me my records by mistake. The records said I was HIV-positive. I was only eight years old and I didn't really take it in.

Later it really hit me. Back then people got scared about HIV and AIDS because they didn't understand it. They thought that if I was around them they would get it too. When people found out at school I had HIV, they wanted to throw me out. I had to leave and go to a special school, which is a long way from my village. I remember crying a lot because of people's attitudes towards me, but I'm over it now. Maybe if I were them I would have behaved the same way.

In some ways I think things are getting better. I remember when I was in first grade there was one guy who just used to mock and beat me every day—just because I had HIV. Then it turned out he was HIV-positive too! Now he's really sorry about laughing at me and we're good friends. Other people in our village are also changing—maybe because I'm really lively and I like to talk to people. Slowly they're starting to like me.

But I feel weak at the moment and in the last few years I've lost a lot of weight. I enjoy soccer but I play in goal because I get exhausted if I'm running around. I was in hospital recently—my face was covered with disgusting sores and blisters. The food in the hospital was horrible so mom brought me extra food from home.

I don't like to think about the future too much. Sure, I'm afraid of death, but then I'm conscious we all have to die one day.

KUNTHATA: Trying to make a difference



THINGS ARE NOT GOOD FOR ME RIGHT NOW.

I have frequent malaria, headaches, sores all over my body and diarrhea. But the real problem is that I have AIDS. My father and mother also had AIDS and I watched them both die.

Now I live with my grandmother, Lydia. She is poor but she does her best to look after me. She takes me

to hospital when I get really bad and also cooks for me and washes my clothes. I love her dearly. It's hard for her because she is old. If things were different, my family would be looking after her in old age. So I think it's important to do my bit to help her and bring in some money to keep us both going. Although I'm often sick, some days I feel as strong as anyone and that's when I really try to make a difference.

One thing that really excites me is my cooking business. I put maize flour and mashed bananas in a pot, then I roast them in oil and take them to school to sell. On a good day I can sell 50 banana doughnuts; I use the money to buy groceries and more ingredients for my cooking.

When I am well, school is the thing I enjoy most. My favourite subject is math and I love to play netball during breaks. [Netball is similar to basketball.] I am keen to learn everything that I can. My greatest ambition is to become a doctor. After seeing my mother and father get sick and being so sick myself, I think it would be so good to treat sick people. To make a sick person well again would be the most wonderful thing any person could do.

I love school but some people at school talk about me. They keep asking, "Why is she always looking so sick?" Someone will say I have diarrhea and then they are rude to me.

At times like this I feel like giving up. It makes me feel I can have no future. I get very frightened because of my sickness and think I am going to die.

GEORGIANA: Never mock those in difficult situations



GREETINGS. MY NAME IS GEORGIANA. I remember the day I found out I was infected with HIV. I hadn't been feeling well, so I went along to the hospital. The doctor was puzzled and said she wanted to

do some tests. I went back a few days later and she told me I was infected with HIV, from a hospital needle when I was just a baby. I was devastated. I used to have this feeling I would always be a healthy, happy, normal person. But there in the hospital my whole world fell apart.

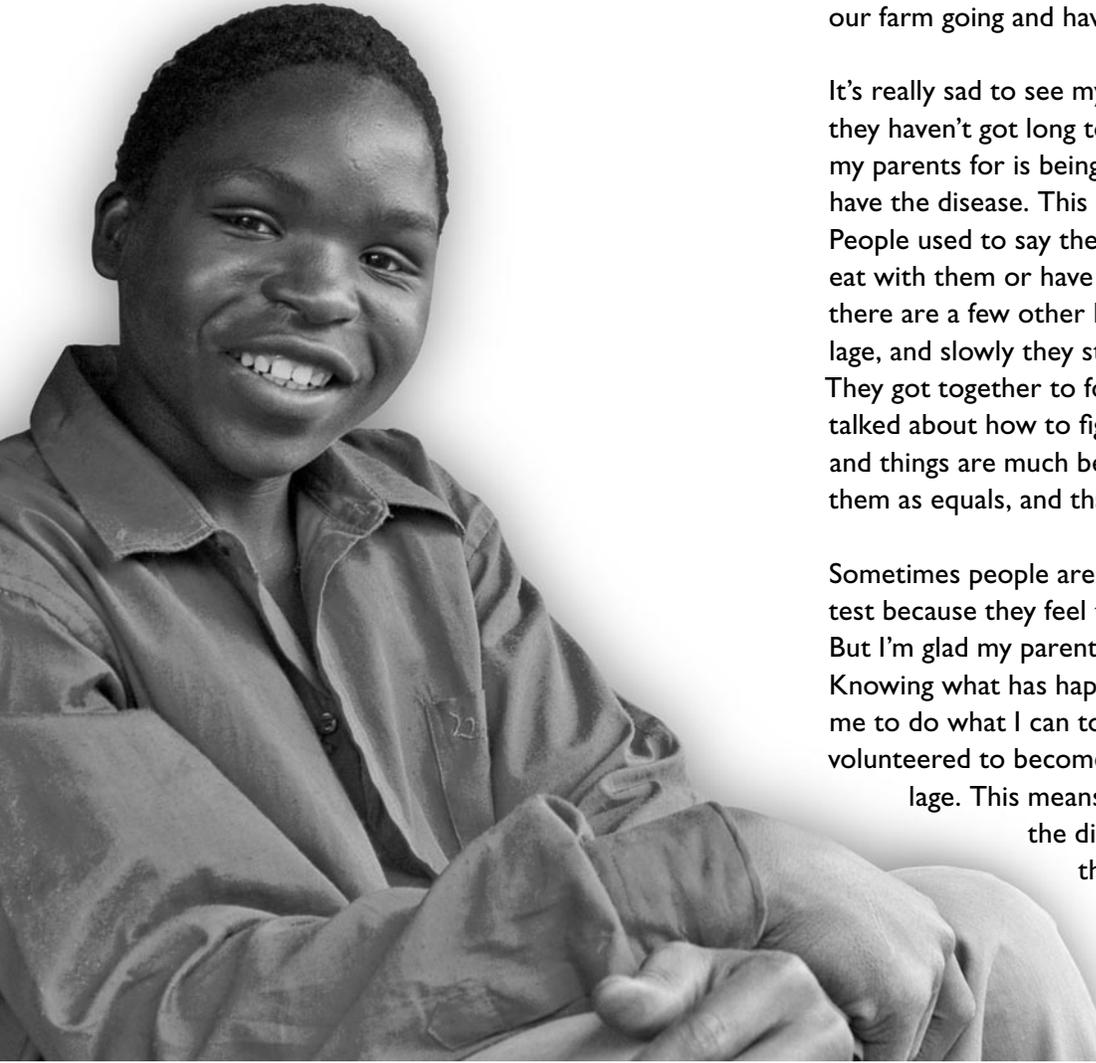
One of the hardest things is being too scared to tell people about my condition. I've seen the negative reactions towards people who have AIDS. People are so ignorant. At school they tell mean jokes and invent silly stories about the virus. I find this sort of talk really disturbing. It's bad enough to have to suffer a disease like AIDS; then people through their ignorance make it a lot worse. It's really taught me a lesson: never laugh at or mock people who are in difficult situations. I'm even reluctant to tell my close friends I have the disease. They might pretend to continue to accept me at first, but after a while, I'm worried they will drift away.

So I try as best I can to live a normal life. I love dancing and I like to watch the latest dance moves on MTV. My other great hobby is cooking—my specialties are soups and cakes. I'm always keen to find new recipes and sometimes I invent some of my own. I also like to write poetry. I write about joy and sadness and falling in love.

I used to dream a lot about falling in love and having children. Now I'll never have a family without problems.

But I can't allow myself to feel sorry for myself. I basically have to take my treatment and go on living.

YOSOFATI: Honesty is the best policy



HELLO. MY NAME IS YOSOFATI and I've been asked to talk about AIDS. I've got to know quite a bit about the disease because both my mother and father are HIV-positive. Both of them get sick often and they can't do as much work as they used to. That puts

pressure on me and my brothers and sisters. We all need to do what we can to help out so we can keep our farm going and have enough to eat.

It's really sad to see my parents get sick, and I know they haven't got long to live. But one thing I respect my parents for is being open about the fact they have the disease. This has cost them a lot sometimes. People used to say they were sinners and refused to eat with them or have anything to do with them. But there are a few other HIV-positive people in our village, and slowly they started to be open about it, too. They got together to form a support group. They talked about how to fight prejudice and discrimination and things are much better now. Today people treat them as equals, and that is real progress.

Sometimes people are scared to even get an AIDS test because they feel they can't cope if it's bad news. But I'm glad my parents had the courage to do it. Knowing what has happened to them has inspired me to do what I can to stop the spread of AIDS. I volunteered to become a "peer educator" in my village. This means I talk to young people about the disease and how to make sure they don't get infected. The most important thing I tell them is not to sleep around. If they do they will get infected for sure. They will have no future.

AIDS is a terrible thing, but we must not allow ourselves to get so frightened by it that we don't face up to reality. If we know what we are dealing with, we can fight it and overcome it.

OLIPA: Courage can change a community



When Olipa was a teenager, an older man forced himself on her and left her pregnant with a son, Francis. The man returned years later, only to abuse and impregnate her again. That time he also gave Olipa HIV. Francis, now 7, does not have HIV; but 2-year-old Miriam, Olipa's daughter, is HIV-positive.

After Miriam's birth, Olipa took stock: she was sick with a deadly virus that her baby daughter had also contracted. In all likelihood her son would face life as an orphan. Olipa made a choice to live despite HIV, to spend nearly every moment of her precious time on things that matter.

Olipa asked World Vision staff to train her and help her start a support group, Nthondo People Living with HIV and AIDS. Now she encourages people to go for a blood test so that if they're infected, they can plan for the future.

Olipa leads the group's advocacy work. She explains to anyone who will listen—outside bars, in churches, in schools—about how serious HIV is, and how to avoid its spread. "We who are HIV-positive have more impact than others who try to spread the same message," she explains, "because when people see us, they cannot deny the virus is real."

OLIPA IS 24 YEARS OLD AND HAS HIV. But she refuses to be beaten by this virus. Culturally, Malawians avoid talking about illness and death. They are much less likely to admit to having a virus that's predominantly transmitted by sex because of the stigma it carries. As a result, many Malawians never get a blood test, even when it's available. Not Olipa. She knows her HIV status and now has a goal: a community where people with HIV can live free of stigma and discrimination.

Olipa sees small changes taking place in her community. More people in Nthondo are going for testing. Her church congregation is changing its attitude toward HIV sufferers and reaching out with compassion rather than discrimination. Her church now provides care for the sick and for children orphaned by AIDS. Olipa has been accepted into her church's Women's Guild. Through courage and determination, Olipa is moving closer toward her goal of a community free of stigma and discrimination.

Social Action Paper Guidelines

1. Read the quotes and action ideas provided below.
2. Research background to these and/or other social actions using the Web sites provided or your own sources.
3. Write a one- to two-page paper discussing one of the quotes and one social action that you would like to take. Explain why you chose that action, what steps you would take to carry it out and what the short- and long-term results could be.
4. The deadline for the completed paper is _____.

Quotes

- ⦿ “It’s better to light one candle, than to curse the darkness.” —Chinese proverb
- ⦿ “AIDS is no longer just a disease. It’s a human rights issue.” —Nelson Mandela
- ⦿ “I am only one, but still, I am one. I cannot do everything but I can do something. And, because I cannot do everything, I will not refuse to do something that I can do.” —Helen Keller
- ⦿ “Truthfully, when I see what we can accomplish with money on the ground, it’s the only time in my life I have wished I was Bill Gates.” —Stephen Lewis
- ⦿ “Never doubt that a small group of thoughtful committed citizens can change the world—indeed it is the only thing that ever does.” —Margaret Meade
- ⦿ “It is often easier to become outraged by injustice half a world away than by oppression and discrimination half a block from home.” —Carl T. Rowan
- ⦿ “...In the ruthless world of AIDS, there is no us and them... And in that world silence is death.”
—Kofi Annan
- ⦿ “We can do no great things, only small things with great love.” —Mother Teresa

Action Ideas

- ⦿ Organize events on World AIDS Day (Dec.1) or Human Rights Day (Dec. 10)
- ⦿ Invite a guest speaker to talk about AIDS at your school
- ⦿ Become informed about AIDS in Canada and inform others
- ⦿ Volunteer for an organization that fights AIDS globally and promotes human rights
- ⦿ Organize an HIV and AIDS awareness campaign at your school
- ⦿ Write a letter to your local Member of Parliament about the issue and what should be done
- ⦿ Raise money for an organization that fights AIDS and promotes human rights
- ⦿ Organize a petition or sign and promote one organized by someone else

Web sites for Youth on HIV and AIDS

- Advocates for Youth (www.advocatesforyouth.org)
- UNICEF Voices of Youth (www.unicef.org/voy)
- Staying-alive.org (www.staying-alive.org)
- Global Movement for Children (www.gmfc.org)
- Stephen Lewis Foundation (www.stephenlewisfoundation.org)
- YouthandHIV.org coalition (www.youthandhiv.org)
- Global Youth Coalition on HIV/AIDS (www.youthaidscoalition.org)
- World Vision Canada youth page (www.worldvision.ca/youth)



Social Action Paper Rubric

Criteria	Level 1	Level 2	Level 3	Level 4
Knowledge/ Understanding -understanding of topic -accuracy and thoroughness of information	Demonstrates limited understanding of quote and social action; information about social action is not accurate or thorough	Demonstrates partial understanding of quote and social action; information about social action is at times accurate and thorough	Demonstrates understanding of quote and social action; information about social action is mostly accurate and thorough	Demonstrates full understanding of quote and social action; information about social action is accurate and thorough
Thinking/Inquiry -questioning and research skills	Shows no evidence of questioning; does not demonstrate research of any kind; sources are not cited at all	Shows evidence of limited questioning; demonstrates research on one Web site; sources are not cited properly or at all	Shows evidence of good questioning; demonstrates research on two or three Web sites; some sources are cited properly	Shows evidence of excellent questioning; demonstrates research on four or more Web sites; sources are cited properly
Communication -writing skills -organization of information	Demonstrates poor grammar, spelling and sentence structure; information is poorly organized	Demonstrates satisfactory grammar, spelling and sentence structure; information is partially organized	Demonstrates good grammar, spelling and sentence structure; information is organized	Demonstrates excellent grammar, spelling and sentence structure; information is well organized
Application/ Making Connections -incorporation of previous knowledge -extension to personal life	Incorporates no previous knowledge of HIV and AIDS; makes no connection to personal life, interests or passions	Incorporates little previous knowledge of HIV and AIDS; makes a limited connection to personal life, interests or passions	Incorporates some previous knowledge of HIV and AIDS; makes a connection to personal life, interests or passions	Effectively draws on previous knowledge of HIV and AIDS; makes a clear connection to personal life, interests or passions
Overall level:				
Comments:				

Strength to Strength

We want to hear from you! Your feedback on this video and study guide is important, as we constantly strive to measure impact and improve our resources. Please take the time to fill out this feedback form and fax or mail it to us. You can also send comments or lesson suggestions to global_ed@worldvision.ca.

1. How did you learn about this resource? _____

2. Who did you use the resource with? _____

3. What was your objective(s)? _____

4. Please rate the effectiveness of this resource in helping you to meet your objectives.

Not effective	1	2	3	4	Very Effective
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments _____

5. Please evaluate the resource according to the following criteria.

	Poor	1	2	3	4	Excellent
Overall quality of the resource		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clarity of the facilitator instructions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breadth and depth of subject matter covered		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effectiveness of format/layout		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments _____

6. What did you find most useful? _____

7. What did you find least useful? _____

8. Please comment on the impact(s) you perceived from using this resource (e.g., changed attitudes, actions taken by your group or yourself). _____

Please send this form, along with any comments, to
 Education and Public Engagement, World Vision Canada, 1 World Drive, Mississauga, ON L5T 2Y4
 or fax to (905) 696-2166. Thank you!

About World Vision

World Vision is a Christian relief, development and advocacy organization dedicated to working with children, families and communities to overcome poverty and injustice. As followers of Jesus, we are motivated by God's love to serve all people regardless of race, religion, gender or ethnicity.

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World Vision educational videos, publications and classroom activities are available to help Canadians develop a greater understanding of global issues and take action for positive change.

For more information on resources and programs, visit worldvision.ca/resources or contact us at:

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