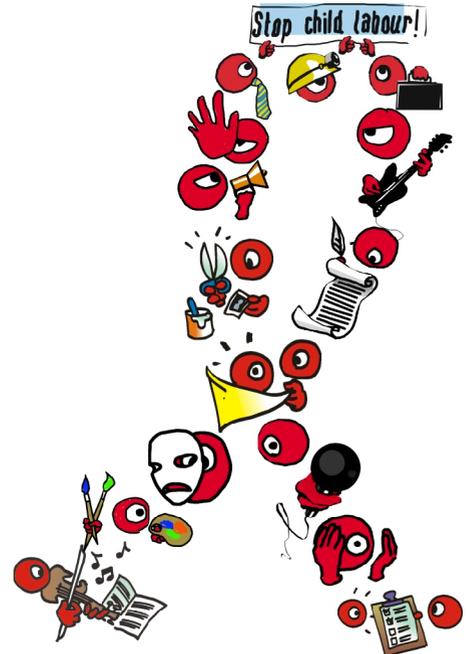


# A special module on HIV, AIDS and child labour



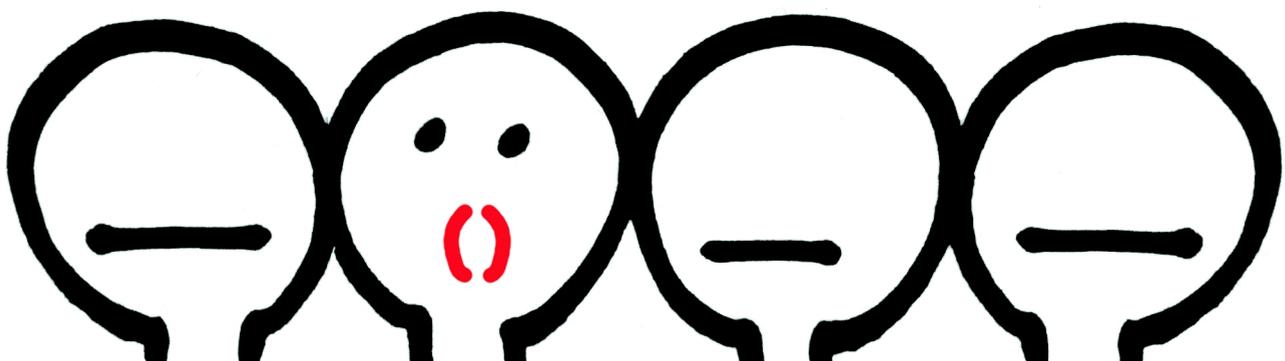
International  
Labour  
Organization



# SCREAM

Stop Child Labour

Supporting Children's Rights through Education, the Arts and the Media





The logo for CREAT (Creative Rights Education Against Child Labour) is written in a bold, black, hand-drawn, graffiti-style font. The letters are thick and interconnected, with a dynamic, slightly slanted appearance.

**Stop Child Labour**

**Supporting Children's Rights through  
Education, the Arts and the Media**

**A special module on  
HIV, AIDS and child labour**

Copyright © International Labour Organization 2007  
Reprinted 2008

Publications of the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization, on condition that the source is indicated. For rights of reproduction or translation, application should be made to the ILO Publications (Rights and Permissions), International Labour Office, CH-1211 Geneva 22, Switzerland, or by email: [pubdroit@ilo.org](mailto:pubdroit@ilo.org). The International Labour Office welcomes such applications.

Libraries, institutions and other users registered in the United Kingdom with the Copyright Licensing Agency, 90 Tottenham Court Road, London W1T 4LP [Fax: (+44) (0)20 7631 5500; email: [cla@cla.co.uk](mailto:cla@cla.co.uk)], in the United States with the Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923 [Fax: (+1) (978) 750 4470; email: [info@copyright.com](mailto:info@copyright.com)] or in other countries with associated Reproduction Rights Organizations, may make photocopies in accordance with the licences issued to them for this purpose.

---

IPEC  
*SCREAM A special module on HIV, AIDS and child labour*  
Geneva, International Labour Office, 2007

ISBN 978-92-2-119719-5 (Print)  
ISBN 978-92-2-119720-1 (Web PDF)

*ILO CIP data:*

Teaching material, child labour, HIV/AIDS, children, youth, rights of the child. 13.01.2

### Acknowledgements

Funding for this ILO publication was provided by the US Department of Labor (Project RAF/04/P57/USA) and the Government of Italy (Project INT/99/M06/ITA).

This publication does not necessarily reflect the views or policies of the United States Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the United States Government.

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

ILO publications can be obtained through major booksellers or ILO local offices in many countries, or direct from ILO Publications, International Labour Office, CH-1211 Geneva 22, Switzerland. Catalogues or lists of new publications are available free of charge from the above address, or by email: [pubvente@ilo.org](mailto:pubvente@ilo.org).

Visit our website: [www.ilo.org/publns](http://www.ilo.org/publns)

Printed in Italy  
Photocomposed by the International Training Centre of the ILO, Turin, Italy

# Contents

Preface .....	3
Acknowledgments .....	4
Foreword .....	5
How to use this module .....	6
<b>Myth or fact?</b> .....	9
Myth or fact? – Activity script .....	11
Myth or fact? – Educator’s notes .....	16
<b>Basic information HIV and AIDS</b> .....	17
Basic information HIV and AIDS – Activity script .....	19
Basic information HIV and AIDS – Educator’s notes .....	21
<b>One minute mime</b> .....	23
One minute mime – Activity script.....	25
One minute mime – Educator’s notes.....	27
<b>The image: Family profile</b> .....	29
The image: Family profile – Activity script .....	31
The image: Family profile – Educator’s notes .....	34
<b>Gender focus</b> .....	37
Gender focus – Activity script .....	39
Gender focus – Educator’s notes .....	41
<b>SCREAM flashback: Research and information, interview and survey</b> .....	45
<b>SCREAM flashback: Moving debate</b> .....	49
<b>Role-play HIV</b> .....	53
Role-play HIV – Activity script .....	55
Role-play HIV – Educator’s notes .....	57
<b>Perspectives: Artwork</b> .....	59
Perspectives: Artwork – Activity script .....	61
Perspectives: Artwork – Educator’s notes .....	63
<b>SCREAM flashback: Creative writing</b> .....	65
<b>SCREAM timeline</b> .....	67
SCREAM timeline – Activity script.....	69
SCREAM timeline – Educator’s notes.....	72

<b>Becoming agents of social change</b> .....	75
<b>Information section</b> .....	81
1) What are HIV and AIDS? .....	81
2) How do you know you are HIV positive? .....	81
3) How is HIV transmitted?.....	82
4) How can the spread of HIV be prevented?.....	83
5) Living with HIV .....	84
6) How to live positively with HIV .....	85
7) What is child labour? .....	85
8) How does HIV relate to child labour and education? .....	86
Fig 1. The relationship between HIV, AIDS and child labour .....	89
Focus Sub-Saharan Africa: The traditional extended family system.....	90
9) What can be done to eliminate HIV related child labour? .....	90
10) What can young people do in the campaign? .....	91
<b>SCREAM theatre games</b> .....	93
Appendix:	
Useful sources of information on HIV, AIDS and child labour.....	97
Feedback form .....	99

## Preface

The new ILO Global Report on Child Labour: *The end of child labour: Within reach* from the International Labour Organization (ILO) showed encouraging evidence that the total number of child labourers in the world is on the decline. Governments, employers, workers and other groups in society have been successfully saying “no” to child labour as they endeavour to provide more positive alternatives for the world’s disadvantaged children.

However, the situation for millions of children around the world is still desperate and urgent. There remain an estimated 218 million child labourers globally, 126 million of whom are working in hazardous conditions.

It is of particular concern that the HIV pandemic is becoming one of the most obstinate root causes of child labour. It exposes even more children to the hardships of child labour due to poverty, the burden of caring for family, the death of guardians, fewer teachers and discrimination.

There are no quick-fix solutions to this critical problem. Ultimately, success in efforts against HIV, AIDS and child labour requires a change in behaviour and attitudes. From the policy to the community level, we need to promote universal understanding of the virus, its transmission and its effects. We need to promote a change in attitudes towards women, masculinity and sex, and a better understanding of sexual violence, gender inequality and stigmatization as continuing causes of the spread of HIV. In addition, social protection for the millions of adults and children made vulnerable by HIV and AIDS is needed to ensure that lives are not thrown away nor childhoods lost.

Young people are an integral part of the campaign to eliminate child labour and to put a stop to the spread of HIV. Not only do young people have a right to participate in the programmes and policies that affect them, they also bring enormous potential through their diverse energy, motivation, creativity and commitment to contribute to their communities as agents of social change. This SCREAM module on HIV, AIDS and Child Labour has been created with this in mind.

Using creative, participatory teaching methods, SCREAM is an educator’s resource that aims to invest the time, attention, support and guidance in young people that they require to grow into socially conscious, responsible, motivated citizens. Through this SCREAM Module, young people will become aware of the dangers and vulnerabilities that they and their peers face and be informed about how best to respond to them. They will be empowered to do what they can in their lifetimes to make a real change in the way that the world responds to the tragedy of HIV and the child labour that comes about because of it.

The ILO’s International Programme on the Elimination of Child Labour (IPEC) along with its Programme on HIV/AIDS and the World of Work (ILO/AIDS) are working together to ensure that the links between HIV/AIDS and child labour are well understood and addressed in an integrated way. IPEC benefits from the work of ILO/AIDS in collaboration with governments, employers’ organizations, workers’ organizations and other social partners around the world to promote prevention, to combat HIV-related discrimination and to mitigate the social and economic impact.

For the sake of the world’s youth, we recommend this SCREAM module to all member States, education authorities, teachers and their organizations, employers’ and workers’ organizations, NGOs and community organizations, and to all those who interact with young people in an educational context. It is about investing in young people and empowering them to participate in the movement for positive social change.



Michele Jankanish  
Director  
International Programme on the Elimination of Child Labour (IPEC)

# Acknowledgments

Welcome to SCREAM!

Or should we say, welcome back to SCREAM, with this new Special Module on HIV, AIDS and Child Labour!

The "SCREAM: Stop Child Labour" initiative was launched by the International Labour Organization (ILO) in 2002 and has since found success with young people all around the world. SCREAM stands for "Supporting Children's Rights through Education, the Arts and the Media". It is an education and mobilization tool that is designed to achieve the meaningful participation of young people in the global campaign against child labour. This year an additional, special SCREAM module has been introduced to the pack, which focuses specifically on HIV, AIDS and Child Labour. The material is a continuation of the principles of SCREAM, utilizing participatory methodologies and the visual, literary and performing arts to provide a channel of expression for young people and encourage them to communicate effectively with the adult world. In the spirit of SCREAM, this module aims to empower young people to mobilize their peers to identify the social injustices in society and work together to make a change for the better. Indeed, in those communities around the world worst affected by HIV, where livelihoods are being lost, parents and key members of the community are dying too young and children are burdened with responsibilities beyond their years, the need for a connected, positive response from young people is greater than ever.

The HIV pandemic is both a cause and a consequence of child labour, and must be understood in the context of its impact on the lives of children. For this reason, ILO-IPEC began a unique project in 2005, combating and preventing HIV related child labour in Sub Saharan Africa with pilot action in Uganda and Zambia. The project aims to develop community-based models for assisting HIV affected boys, girls and their families through education and social protection mechanisms. Furthermore, the project is developing tools to assist policy makers, planners, partner organisations, the civil society and young people to understand HIV related child labour issues, to mainstream those issues in policies, programmes and school curricula and to change attitudes and behaviour. One of the most powerful tools developed is presented to you in this HIV, AIDS and Child Labour module of SCREAM.

The SCREAM Special module on HIV, AIDS and Child Labour has been created thanks to the energy, inspiration and hard work of a team of collaborators across the world. Primarily, I would like to sincerely thank James Lambert, a young, very talented person and the author of the module, for his inspiration and tireless efforts in its design, field testing and drafting. This shows the ability of young people to be the best agents of social change in the world. I offer special thanks to Maria Gabriella Lay, Programme Manger of the Global Campaign to Raise Awareness and Understanding on Child Labour, Geneva, for her support and guidance on this project. I also extend my gratitude to Anita Amorim, Programme Officer for Latin America and Gender AIDS focal point, Geneva, for her technical input and work on the Terms of Reference. In addition, I would like to say a big thank you to Gurchaten Sandhu and Jane Colombini in the Fundamental Principles and Rights at Work Department, Geneva, and Gilbert Sendugwa, Country Programme Coordinator for the ILO/IPEC HIV/AIDS-induced child labour project in Uganda, for their technical contribution and unending assistance. There are also a number of colleagues at the ILO without whom this project would not have been realised, thank you to Veronique Sainte Luce, Programme Officer for Anglophone Africa and Pallavi Rai, Technical Specialist, ILO AIDS, Geneva. My gratitude, too, goes to Manuel da Quinta from UNAIDS, for his generous support in providing the photographic images used, as well as to all the photographers.

I would also like to give a special thanks to the broad team of collaborators in the field-testing of the material in Uganda, Zambia and Peru. First and foremost I would like to thank Emmanuel Kamuli, not only for his coordination of the field testing in Africa, but also for his technical contribution and input into the content of the module. In Uganda, thank you to Michael Gaway, the SCREAM trainer and facilitator, and his associates, Helen Mwambu Namukoli and Timothy Mugerwa from Kololo Secondary School, Geoffrey Nsubuga, Priscilla Nabukenya and Regina Kachwano from Ugandan Youth Development Link (UYDEL). In Zambia, thank you to George Mubita, Country Programme Coordinator of the IPEC HIV/AIDS-induced Child Labour project in Zambia, Peter F. Matimba, Executive Director of the African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN)-Zambia, and Jawadu Sumaili from SCREAM-Kalingalinga. Also in Peru, a special vote of thanks to Patricia Salazar, Desiree Salazar, Gisela Reyes and Monica Negrete from the Medicos Sin Fronteras (MSF) HIV and AIDS Treatment Project in Lima for their field testing and guidance in the development of this HIV sensitive resource.

Finally, I would like to sincerely thank the young people from the Kololo Secondary School and the UYDEL group in Kampala, Uganda, the Jesus Cares Ministries (JCM) and Children in Crisis (CIC) Community Schools in Lusaka, Zambia, and the CATITTSS Clinic SCREAM club in Villa El Salvador, Lima, Peru, for their participation in the testing of the material and their contribution and feedback to the betterment of the module.



Akky de Kort

Chief Technical Advisor of the HIV/AIDS induced child labour project, ILO-IPEC

## Foreword

Since the global launch of SCREAM on 12 June 2002, the first World Day Against Child Labour, an increasing number of young people across the world have joined the global campaign to eliminate child labour. They have taken the responsibility to make a difference in their communities with high quality creative and innovative contributions. SCREAM has continued to expand and create significant offshoot initiatives, endorsed by national and local governments. The programme is now active in over 60 countries and the Education Pack has been translated into 19 languages. This special module on HIV, AIDS and Child Labour was designed as a continuation of the spirit of SCREAM. Based on the use of the arts in education, it employs a synergy of different disciplines and techniques to foster the development of informed, responsible young people who are motivated to make a difference in the world they live in and forge a brighter future for HIV and AIDS affected communities.

UNAIDS estimates that there are more than 33 million people living with HIV in the world today, approximately 2.5 million of whom were newly infected in 2007. We too often think of the HIV and AIDS pandemic as an adult crisis, but millions of children are also living with HIV, and many millions more are affected indirectly. For every parent and guardian that dies, falls ill or loses their livelihood as a result of HIV and AIDS, there are dependent children whose lives are plunged into crisis. These children are often forced to sacrifice their childhoods, fend for themselves on the street or take charge of their household; they are sometimes exploited or taken advantage of; some lose their homes, their security and their possessions on top of losing their loved ones. Every year, millions of children drop out of school in order to be able to care for family members or to find alternative sources of income. The link between HIV, AIDS and child labour is undeniable and requires urgent attention. The number of young lives shattered by HIV and AIDS is immense.

The ILO works closely with other multilateral organizations and civil society in the achievement of the Millennium Development Goals. It brings together vital allies in the fight against poverty and in the promotion of universally accessible, free and compulsory education. As a co-sponsor of the Joint UN Programme on HIV, AIDS, through the Decent Work Agenda, the ILO promotes integrated action in respect of rights, employment and social protection and mobilizes action in the world of work by strengthening the capacity of workers' and employers' organizations to sustain effective programmes. This special module on HIV, AIDS and Child Labour provides a gateway to meaningful youth participation and empowerment both in formal and non-formal education settings. Our fruitful partnership with the World Organization of the Scout Movement on this issue is harnessing the commitment and motivation of millions of scouts all over the world in order to generate support for action through a range of joint initiatives at the local level.

Today, SCREAM attracts considerable interest from NGOs, national human rights institutions, workers' organizations and teacher's training institutions committed to promoting a rights-based approach to education. It is instrumental in the implementation of the Plan of Action of the World Programme for Human Rights Education. As member of the United Nations Inter-Agency Coordinating Committee (UNIACC) on Human Rights Education in the School System, and with its unique standard-setting role, the ILO enables the focus to be placed on the development of a human and social capital encouraging young people to acquire values and principles of justice, fairness, equality and compassion, both in developing and industrialized countries.

In the global struggle against HIV and AIDS, all the partners involved must recognize the paramount role that youth has to play within local communities. In this way, team leaders can emerge from local youth groups and from within university settings in a conscious effort to improve preventive measures through awareness raising and behaviour-changing attitudes.



Maria Gabriella Lay  
Programme Manager  
"Global Campaign to Raise Awareness and  
Understanding on Child Labour"  
ILO-IPEC

## How to use this module

This special module on HIV, AIDS and Child Labour is designed to plug into the SCREAM pack for use by educators around the world. It is intended to be adaptable and appropriate for any geographical and cultural context and in any formal or informal setting.

This module is aimed particularly at adolescents reaching the threshold of adulthood; an age where they are soon to be relied upon as responsible global citizens as well as an age of acute vulnerability to the dangers of HIV, and exploitation of their rights. However, the material can also be very beneficial for a range of age groups, from the age of ten up to adult education. With younger children, the educator must take care in selecting and adapting the activities to cater for their capabilities and intellectual level.

### How the special module fits into the SCREAM Pack

The module is designed to intertwine with the fourteen modules in the original SCREAM Pack. If you have already implemented a SCREAM programme with your group, you can use this module to carry out a follow-up project with a special focus on HIV and AIDS.

If you have not yet started with SCREAM, you can factor this module into your SCREAM programme from the outset. Consult your SCREAM User's Guide to help you plan your programme using the fourteen "building block" modules and use the activities in this special module to factor in HIV/AIDS related education.

Finally, if you have come across this module but you do not have access to a SCREAM pack, or even the online version at [www.ilo.org/scream](http://www.ilo.org/scream), then you can still benefit from the material. Work through the activities in the order that they are presented and utilize the Information Section, and any other sources of information, to help you in your facilitation.

The module includes:

1. Activities that build on the original SCREAM modules with a new focus on HIV and AIDS (*Basic Information HIV and AIDS, The Image: Family Profile, Role-Play HIV*). Depending on your access to a SCREAM pack, these activities can be used either independently or alongside their associated modules in the main pack.
2. New activities that utilize participatory methodologies and the arts (*Myth or Fact, One Minute Mime, Gender Focus, Perspectives: Artwork, SCREAM Timeline*).
3. "SCREAM Flashbacks", which revisit the SCREAM modules with a brief guide of how to adapt them to the HIV topic (*Research and Information and Interview and Survey Flashback, Moving Debate Flashback, Creative Writing Flashback*). Allow the flashbacks to refer you to the original text for guidance through the activities. If you do not have access to SCREAM, you can still use the ideas and information in the flashbacks to carry out your own interpretation of the module.
4. The "Becoming Agents of Social Change" section that presents ideas for you and your group to move to the next level in their SCREAM programme and perform awareness-raising activities, utilizing their new skills and knowledge.
5. The Information Section, situated at the end of the module, which provides all the information that the educator will need on HIV, AIDS and child labour, and the relationship between them, to carry out the activities in this module.
6. A set of Family Profile Images, to be used in the Image: Family Profile activity and others.
7. A set of Discussion Images to be used in the Image Discussions activity.

## How the activities work

For the benefit of the user, each activity begins with a summary page that contains the aim, gain and timeframe of the activity, advice on what materials are needed and a step-by-step guide on how to carry it out.

The timeframe that is suggested is only a recommended timeframe, this is because it is recognized that the module will be implemented in a range of different environments, with varying class sizes and participants of various ages and abilities. To use the module properly, the educator should take the timeframe as a rough guide and plan his or her lesson according to the constraints that he or she faces.

Each section is divided into the Activity and the Educator's Notes. The Activity Script sets out the procedures that you must go through to implement the exercise. The Educator's Notes contain guidance and information for the user, for example, tips on starting a discussion or an explanation of the concept behind the activity. As the educator, you should use the two sections in tandem to plan your lesson.

## A journey of understanding

HIV and Child Labour are two gigantic subject areas, which simply cannot be covered quickly. Therefore, when planning your lessons, always be mindful of where would be a good place to stop and carry the activity over into the next session. Take your time. Prioritize making each session participatory, fun and engaging, and try not to cut lessons short due to time. Hold a running discussion with your charges throughout the programme about what they have learned, how they feel about HIV and children's rights and whether they are motivated to take responsibility for these issues in their communities.

The SCREAM programme is a learning curve that bids to educate young people and enhance their skills of expression and their knowledge of the world around them. SCREAM aims to inspire young people to step out and be part of a positive movement for change in the wider world. Therefore, the process will not be achieved overnight and needs constant support, encouragement and counselling from the educator.

The final section of the module on *Becoming Agents of Social Change* constitutes the section of the programme in which your group take their messages and their efforts out to the community. This is the focal point of the whole programme, when your young charges are empowered to become responsible citizens and try to affect the world around them with their positive messages. Use this section in conjunction with the SCREAM pack, and if you do not have access to the SCREAM pack do whatever you can with the materials, ideas and initiative that you have within your group to make an impact with your group's messages.

## The image discussions

Accompanying this module, you will find a selection of images with a discussion question below. The discussion topics touch upon a wide variety of issues relating to the HIV/AIDS debate that are relevant all over the world. One issue that must be dealt with in HIV/AIDS education is sex. Young people will find out about the world of sex somehow and it is best if they can find out the facts from a responsible and trustworthy source, in an environment where they can air their concerns, discuss them with colleagues their own age and find out the truth about difficult subjects. Sex should be a recurring, pillar subject of your SCREAM programme, and is duly addressed in this Image Discussion activity.

Because this resource will be used around the world, we cannot provide a syllabus on sex education. However, the images can be used as visual aids to spark and inspire discussions with young people on HIV, AIDS and sex topics. Take a look at the selection of photographs and discussion topics and select the ones that are appropriate for your group. Be especially selective when working with a group of younger children. You could approach the discussion as a group or in smaller sub-groups and return to this exercise as often as you like. In the future you may be able to find your own images and write your own discussion questions to tackle the areas that your group most need to focus on.

## External support

Just as in the SCREAM pack, this module relies on a synergy of different forms of artistic expression. You, as the educator, are not expected to have expertise in all of these different fields and that is why it is recommended that wherever possible you try to enlist the support of colleagues or friends who could come and lend a hand. For example you might have an associate with a particular interest in writing, painting or the theatre who could come and give some tips to your group as they take on these new and challenging forms of expression. If you are unable to get hold of external support, you will still be able to execute the activity perfectly well. Follow the guidance supplied, prepare yourself fully, and you will be more than ready to carry out the session.

If possible, you might like to seek some kind of a partnership with professional help such as child psychologists, social workers or even experienced teachers who you and your participants can turn to for support in moments of need. It may be the case that the young people in your group are living with the effects of HIV, or that someone in their family is. These individuals will be taking an important journey of discovery in their SCREAM programme and will come across some sensitive issues that could be difficult to deal with. Try to prepare yourself beforehand for these problems and arrange the psychological support on standby.

Also, try to make contact with your local medical institution that deals with people living with HIV so that you are able to offer advice to any children or families that might be suffering from problems related to the virus. It might be the case that the medical centre staff will be willing to come and address the group or school to offer them information and advice.

## Group dynamics

Think carefully about the dynamics of the young people in your group. Try to get to know your group and find out about relationships, gender mixes, personal backgrounds and so on. SCREAM is based on the principles of gender sensitivity, respect for individuals from all backgrounds, non-discrimination and, of course, maximum participation.

Most activities in this module involve breaking the group up into smaller subgroups. Think carefully about how you manage this, as it will be beneficial to maintain the same groupings throughout the whole programme, for reasons of teamwork and mutual trust. Usually a group size of four or five members is ideal so aim for that if possible. If you have a mixed gender group, try to achieve a gender balance in all your activities and encourage teamwork, respect and equality between the men, women, boys and girls.

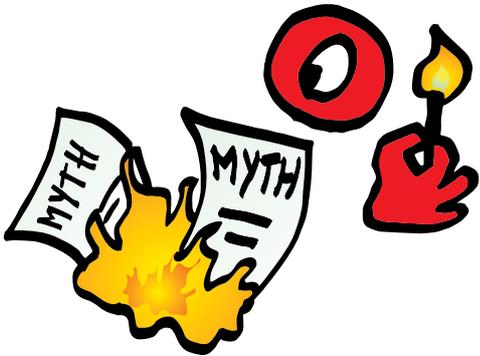
## Theatre games & energizers

A SCREAM programme must run on a constant pulse of energy and participation, and to be most effective, it must be fun. For this reason it is important to integrate energizers and theatre games periodically into the programme; before, in between or after your learning activities. This serves to keep the energy levels high, keep the concentration switched on and also lift the group's spirits following ventures into what could be some depressing and difficult subject areas.

There are a few examples of Theatre Games in the annex of this module, and you will find others in the annex of the Role-Play module of the SCREAM pack. However, an energizer simply needs to be a fun, active game that involves movement, singing, dancing or playing around. Often the best games come from the young people themselves and by all means encourage their participation in inventing, choosing and implementing the energizer games between the sessions.

So now you are ready to begin your SCREAM programme, to empower your team of young people on a journey to become responsible, effective citizens in their societies; to stand up to social injustices and to change the future of the world.

Good luck and keep on SCREAMing!!



## Myth or Fact?

### What you will need:

- ✓ A space for all the children to stand up in.
- ✓ A black/white board and chalk/markers or a large piece of paper and pens.

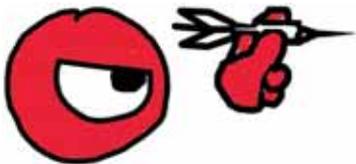


### Recommended timeframe:

20 minute sessions  
(the activity can be repeated a number of times).

### The aim of this module:

To erase some myths surrounding HIV and AIDS.



### The gain:

Group are introduced to the SCREAM programme with a fun, participatory exercise that also serves to provide some important information about HIV and AIDS.

## **Myth or Fact? – Activity summary**

### **Preparation**

- Read through the list of myths and facts and select a mixture of 15 or so that you will use in the session. Perhaps include some facts of your own.

### **Activity**

- Stand the group up in the centre of the room, facing the front.
- Read out statements one by one to the group. If they think it is a fact they jump up in the air and shout "Fact!", if they think it is a myth they bob down and touch the floor, shouting "Myth!". Everyone must move at the same time on the count of three.
- Reveal whether the statement is indeed a myth or a fact, giving reasoning.
- Interweave Fun Statements with HIV/AIDS related Statements.
- Explain and discuss the interesting facts about HIV and AIDS.

### **Final discussion**

- Ask the group to recall all the important HIV/AIDS facts and write them up on a board or large piece of paper to display at the front.

# Myth or Fact? – Activity script

## Getting started

Before beginning this activity, read through the long list of myths and facts in this module and choose a selection that you will use in this short session. Pick a handful of statements depending on the time available and the capability of your group at this early stage. Choose statements that are appropriate for the age of your group.

Start the session off by playing an energizer or theatre game with your group. Any game that gets them up on their feet, moving, singing, dancing or shouting will suffice. There are some ideas for you in the Annex.

When the group are ready to begin, move the tables and chairs to one side and ask all your charges to stand up in the middle of the room whilst you run through the rules of the activity.

- The group must stand, scattered around the room, facing the front. They must not look at each other or make a noise.
- You will call out a statement to the group and ask them to think silently for a moment whether the statement is a Myth or a Fact (False or True). On the count of three, each individual will have to make their decision.
- If the individual believes that the statement is a fact, she or he must jump up in the air and shout "Fact!", at the top of his/her voice.
- If the individual believes that the statement is a myth, she or he will bob down and touch the floor and shout "Myth!".
- If one is neutral, or cannot make up their mind, then they can stay stood.
- Every individual **must** take part and therefore on the count of three the silence will be broken by a disorderly, but fun, burst of shouts and jumps.
- After the steps have been taken, you can reveal whether the statement is indeed a myth or fact and correct those (without identifying who they were) with the true information.
- You might choose to ask one of the children who got it right to explain why the statement is true or false, or you might choose to expand upon the issue a little yourself for the group's benefit.
- Open the floor to questions about the true facts and have a quick discussion where appropriate.
- Attention **should not** be brought to who is right and who is wrong, what is important is that everyone gets involved and the truth is shared in the end.



Take the time to make a selection from the following statements to use in the exercise. Make sure to mix up the fun statements with the serious ones.



Fun Statements	
Cows eat grass.	[FACT]
The sky is green.	[MYTH]
Chickens are taller than giraffes.	[MYTH]
Milk is bad for your health. <ul style="list-style-type: none"> <li>● <i>On the contrary, milk is very good for your health, especially as a child.</i></li> </ul>	[MYTH]
Paper is made from trees.	[FACT]
Children deserve an education. <ul style="list-style-type: none"> <li>● <i>All children have the right to an education.</i></li> </ul>	[FACT]
There are more chickens in the world than human beings. <ul style="list-style-type: none"> <li>● <i>Chickens are the most populous birds on earth and their predicted population is 8 billion! There are only 6 billion human beings.</i></li> </ul>	[FACT]
The first tree was invented almost 1000 years ago in the year 1042AD. <ul style="list-style-type: none"> <li>● <i>Of course, trees have been on the earth for much longer than that.</i></li> </ul>	[MYTH]
Camels are able to fly when they are born, but lose their wings when they are between 3 and 4 months old. <ul style="list-style-type: none"> <li>● <i>Camels cannot fly. That's just silly!</i></li> </ul>	[MYTH]
English is the most popular language in the world. <ul style="list-style-type: none"> <li>● <i>It is Chinese Mandarin. Remember the population of China is approximately 1.3 billion, that is more than all the English speaking countries combined, plus those who speak English as a second language.</i></li> </ul>	[MYTH]
There are over 1800 languages spoken in Africa.	[FACT]
Football (soccer) is the best sport in the world. <ul style="list-style-type: none"> <li>● <i>Obviously, this one is open to interpretation</i></li> </ul>	[FACT/MYTH]
The strongest muscle in the human body is the tongue.	[FACT]
Children have different rights to adults. <ul style="list-style-type: none"> <li>● <i>Children's rights take into consideration that boys and girls have special needs that must be catered for, extra to their "human rights".</i></li> </ul>	[FACT]

Fun Statements	
<p>Girls are better than boys.</p> <ul style="list-style-type: none"> <li>● <i>Well, this one should split the group up.</i></li> </ul>	[...]
<p>More than 90% of the world's population have access to a telephone.</p> <ul style="list-style-type: none"> <li>● <i>In fact, more than 50% of the world's population has never even made or received a phone call.</i></li> </ul>	[MYTH]
<p>There are more children than adults living in Sub-Saharan Africa.</p> <ul style="list-style-type: none"> <li>● <i>A recent UNICEF statistic stated that 51% of the population of Sub-Saharan Africa are under 18 years of age.</i></li> </ul>	[FACT]

Serious Statements	
<b>Transmission Related</b>	
<p>The only way to get rid of HIV is to give it somebody else.</p> <ul style="list-style-type: none"> <li>● <i>Firstly, there is no known way of getting rid of HIV from the body; it stays with you for life. Secondly, giving it to somebody else has no impact on the level of HIV in your own body.</i></li> </ul>	[MYTH]
<p>Mosquitoes can spread HIV from one person to another.</p> <ul style="list-style-type: none"> <li>● <i>This is a common misconception. Mosquitoes do not transfer any blood into people when they bite, they only withdraw the blood. In the process of withdrawing the blood, the mosquito injects its saliva into its victim. However, HIV cannot be transmitted through saliva, only blood, so there is no chance of HIV being transmitted through mosquito bites. (On the other hand, the malaria infection IS carried in mosquito saliva, so this illness can be passed on by mosquitoes)</i></li> <li>● <i>Furthermore, HIV lasts for only a very short time in insects so if the blood in the mosquito's belly WAS to pass on to another human being, the virus would have already been neutralized and there would be no chance of infection.</i></li> </ul>	[MYTH]
<p>Contraceptive pills help protect the body from HIV infection during sex.</p> <ul style="list-style-type: none"> <li>● <i>Contraceptive/birth control pills do nothing to guard against HIV infection, they just work against pregnancy.</i></li> </ul>	[MYTH]
<p>Nits/head-lice can pass HIV from one person to another.</p> <ul style="list-style-type: none"> <li>● <i>HIV can be passed on ONLY through blood, sex and mother to child transmission.</i></li> </ul>	[MYTH]

<b>Serious Statements</b>	
<p>HIV cannot be passed on by kissing.</p> <ul style="list-style-type: none"> <li>● <i>The only way that the virus can be passed on is through sexual fluids, blood and mother to child transmission. HIV cannot be passed on through saliva, and therefore kissing. Having said that, if two people have open sores in their mouths when they kiss, this opens up a slight risk of infection.</i></li> </ul>	<b>[FACT]</b>
<p>Sharing toilets with somebody puts you at risk of infection.</p> <ul style="list-style-type: none"> <li>● <i>You cannot pass on the virus by using the same toilet.</i></li> </ul>	<b>[MYTH]</b>
<p>Girls are more likely to get HIV than boys.</p> <ul style="list-style-type: none"> <li>● <i>Females are thought to be three times more likely to contract HIV than males in the 10-24 age group (WHO/UNAIDS, 2004<sup>2</sup>). This is due to both physical and social factors. Boys are by no means immune to infection; they too can contract HIV through blood, unprotected sex and mother to child transmission.</i></li> </ul>	<b>[FACT]</b>
<p>Playing sports with someone who is HIV positive puts you at risk of infection.</p> <ul style="list-style-type: none"> <li>● <i>The virus can only be transmitted through bodily fluids.</i></li> </ul>	<b>[MYTH]</b>
<b>AIDS Treatment Related</b>	
<p>AIDS kills.</p>	<b>[FACT]</b>
<p>Being HIV positive means having a miserable life.</p> <ul style="list-style-type: none"> <li>● <i>Having HIV does not stop a person living happily. If an HIV patient follows his or her doctor's advice and lives healthily, s/he can lead a normal, enjoyable, meaningful life with a job, a partner, friends and children, for many years to come.</i></li> </ul>	<b>[MYTH]</b>
<p>Anti-Retroviral Therapy (ART) treatment only keeps a patient alive for two years maximum.</p> <ul style="list-style-type: none"> <li>● <i>There is no time limit on how long a person can live with HIV, a lot depends on how strong the person's immune system is, how exposed they are to other infections (such as tuberculosis) and if they lead a healthy lifestyle with a healthy diet. Even without treatment, people have been known to live fifteen years and more. With treatment, no-one knows how long a person can live happily with HIV.</i></li> </ul>	<b>[MYTH]</b>
<p>If ART drugs are not taken on time, it can stop them working.</p> <ul style="list-style-type: none"> <li>● <i>An ART treatment programme changes people's lives in that they must be very punctual in taking their tablets. If the drugs are not taken precisely according to the regime, the body begins to build up resistance to them and in the future the drugs will not work as well against the HIV.</i></li> </ul>	<b>[FACT]</b>

2 AIDS Epidemic Update 2004, WHO/UNAIDS, Geneva

<b>Serious Statements</b>	
<p>HIV can be cured by having sex with a virgin.</p> <ul style="list-style-type: none"> <li>● <i>There is no cure for HIV or AIDS at all yet. Having unprotected sex with another person will never cure the condition of the HIV positive individual, it will only put the health of his or her partner at risk.</i></li> </ul>	<b>[MYTH]</b>
<p>Antiretroviral Drugs eventually eliminate HIV from the body.</p> <ul style="list-style-type: none"> <li>● <i>Antiretrovirals do not eliminate HIV from the body, nor do they remove the risk of transmitting it to others. ART contains the virus and does not allow it to get stronger. ART allows you to live a normal life and be healthy WITH the virus in your body.</i></li> </ul>	<b>[MYTH]</b>
<b>Other</b>	
<p>The earliest symptom of AIDS is a rash that covers the person's body.</p> <ul style="list-style-type: none"> <li>● <i>There are no specific symptoms of AIDS. AIDS is a syndrome caused by HIV when the body's immune system has been weakened so much that it is vulnerable to catch all sorts of different illnesses and diseases.</i></li> </ul>	<b>[MYTH]</b>
<p>There is a cure for AIDS in European Countries, but it is not available in Africa.</p> <ul style="list-style-type: none"> <li>● <i>No cure for HIV or AIDS has yet been discovered anywhere in the world, but the HIV treatment therapy is improving all the time.</i></li> </ul>	<b>[MYTH]</b>
<p>Teaching young people about condoms and safe sex encourages them to have sex at an earlier age.</p> <ul style="list-style-type: none"> <li>● <i>UNAIDS studies have shown that this is not the case. When young people are informed about sex they tend to delay sexual activity and use a condom when they finally do have sex.</i></li> </ul>	<b>[MYTH]</b>
<p>Rape is usually carried out by a relative or friend, not a stranger.</p> <ul style="list-style-type: none"> <li>● <i>You should always try to avoid finding yourself in vulnerable situations. No matter what relationship the rapist has with the victim, it is ALWAYS sexual abuse and it is ALWAYS illegal, so do not be afraid to report it to the police.</i></li> </ul>	<b>[FACT]</b>
<p>Rape can happen to both men and women.</p> <ul style="list-style-type: none"> <li>● <i>Men and boys are also victims of rape and sexual violence, it is not only women and girls who can be victims. These men are at high risk of contracting HIV.</i></li> </ul>	<b>[FACT]</b>
<p>There are no men in my country that have sex with other men.</p> <ul style="list-style-type: none"> <li>● <i>There are homosexual and bisexual men and women all over the world who have active love lives in same sex relationships.</i></li> </ul>	<b>[MYTH]</b>
<p>Street kids are the children of prostitutes.</p> <ul style="list-style-type: none"> <li>● <i>Children who live and work on the street come from all sorts of backgrounds. Some have been forced to leave their home due to abuse, poverty or stigma and have had no choice but to find themselves on the street.</i></li> </ul>	<b>[MYTH]</b>

## Final discussion

When you believe that a fair amount of understanding has been achieved, end the activity and regroup around the front of the class to recap the facts and myths that were learned. You can ask members of your group to write the most important ones up on the board, or on a big piece of paper, to help remember them.

When questions arise, have patience and try to encourage your group to come up with the answers themselves by starting a quick discussion about the topic. Refer to the Information Section at the rear to assist you in fuelling the discussion and answering the questions.

You may follow this exercise up with the Basic Information activity to build on the interest and knowledge that has been developed.

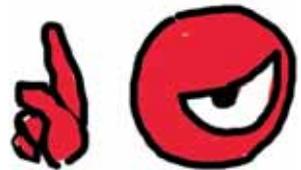


## Myth or Fact – Educator’s notes

In many ways, this module sets the tone for the programme. It is a fun, active opening exercise that blows away some of the myths and misunderstandings that surround HIV and AIDS. This is only a short exercise, but you can return to it as often as you like throughout the programme to deal with any areas of confusion.

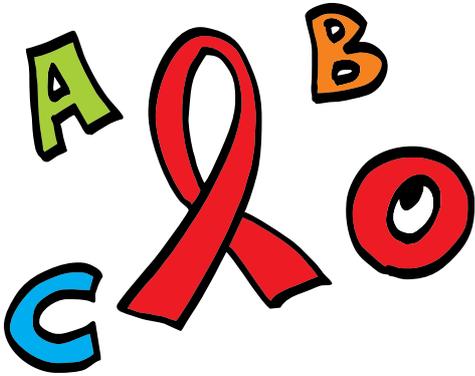
Remember, do not simply read through all the statements one by one; that would defeat the purpose of the exercise. You must keep the exercise short and spontaneous to avoid it becoming boring. Hand select a few statements that you think are appropriate for your group and play the game; you might use fifteen or so in one session. When you have the confidence to think of your own “myths and facts” to be used in the exercise then by all means use them instead!

A little later in the programme, you might ask your groups to go away to do some research, using leaflets, books or the internet, and come up with some myths and facts themselves to play their own version of the game!



### Note to user

If your group has absolutely no understanding of HIV/AIDS issues, it is better to implement the Basic Information Discussion first as an introduction. However, it is common for young people to have a sufficient knowledge of HIV and AIDS to be able to play this game straight away and benefit from it.



## Basic Information HIV and AIDS

### What you will need:

- ✓ Facts and figures contained in the Information Section of this module.
- ✓ The Basic Information module from the SCREAM Pack.
- ✓ A whiteboard/blackboard or something to write on at the front.
- ✓ Pens and paper for your groups to make notes.



### Recommended timeframe:

Two sessions of 40 minutes (80 minutes).

### The aim of this module:

To generate an initial understanding of the link between HIV, AIDS and Child Labour.



### The gain:

Introduces facts about HIV and AIDS to the group and advances their understanding of the epidemic in the context of children and child labour. Encourages communication and the sharing of information amongst peers.

## **Basic Information HIV and AIDS – Activity summary**

### **Preparation**

- Before this activity, carry out an introductory discussion on Child Labour (refer to the Basic Information module from the SCREAM pack).
- Prepare yourself to chair the discussion by studying the Information Section and any other information on HIV, AIDS and child labour.

### **Activity**

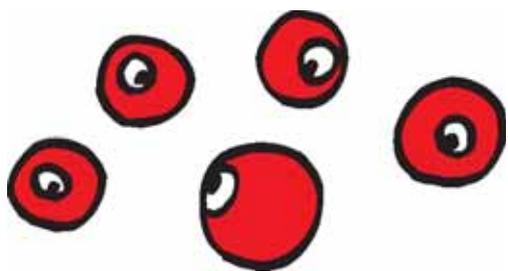
- Arrange the group into a circular formation for a lively, active discussion on HIV, AIDS and how it is related to child labour.
- *Discussion Topic 1. What are HIV and AIDS?*
  - Share existing knowledge between the group and iron out misunderstandings.
- *Discussion Topic 2. What effect does HIV have on children?*
  - Plan important points you want to raise
    1. How HIV in the family changes the role of the child.
    2. The challenges faced by children orphaned by AIDS.
    3. How children can live positively with HIV.
    4. Types of child labour that are vulnerable to HIV infection.
- Discuss worst-case and best-case scenarios.

### **Final discussion**

- End discussion on a positive tone, what can your group do about this problem?

# Basic Information HIV and AIDS – Activity script

## Getting started



In this activity we generate a lively group discussion about HIV and AIDS and how it relates to child labour.

Just as in the Basic Information module of the SCREAM pack, in which the issue of Child Labour is introduced and discussed, this activity is about the young people in your group sharing information between each other.

Your role as the facilitator is to chair the discussion, steering its course but providing minimal input yourself.

This is not a lecture. Your role is to be patient and innovative, to find ways to get your group talking and to give up the floor to them.

If there are tables and chairs in the way, move them aside. The best way to have a discussion is to sit around in a circle, where everyone can see each other's faces and hear each other's voices. You can situate yourself in the circle, the same as everybody else.

Elect a volunteer or two from the group to act as "rapporteurs" who will keep track of the discussion points either on the board or on paper as the discussion progresses. With this you can return to the most important points later.

## Discussion Topic 1. What are HIV and AIDS? (30 minutes approx)

The objective of this discussion is to get talking about HIV and AIDS, to share knowledge between each other and to get some basic facts established. That is all. You will want to read through the Information Section, and any other literature you have access to, and be sure to be informed yourself before facilitating the session.

This is an information sharing exercise, so be patient with your group and allow them to bounce comments and ideas off of each other. At the back of your mind you can remind yourself what are the key themes that are to be tackled, this will help you to keep the discussion alive.

*What effect do HIV and AIDS have on the body?*

*How is HIV transmitted?*

*What does antiretroviral therapy (ART) do?*

*How can we stop the spread of HIV?*

When you feel that a sufficient amount has been covered, or if you fear the group are becoming bored or tired, it would be counter-productive to over-labour the subject. Stop and play a game for five minutes, before carrying on with the next exercise.

## Discussion Topic 2. What effect does HIV have on children? (30 minutes)

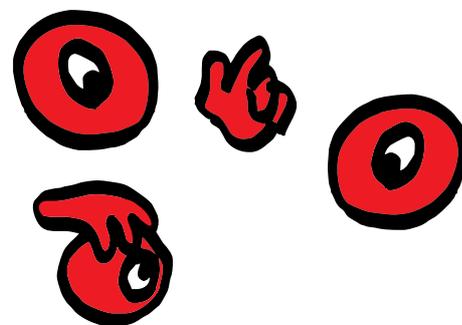
When you feel comfortable that your group have achieved a comfortable grasp of the basics of HIV and AIDS, you can shift the focus onto children. This refers not only to children who are infected with HIV themselves, but also children who are dependent on someone who is. When HIV strikes, its effects do not stop at the carrier. Repercussions are felt across a range of other individuals that are related to him or her.

*Do not RUSH explaining HIV and AIDS.*

All too often, it is the children who suffer the most from the indirect effects of HIV. When parents with HIV lose their jobs due to stigma or poor health, when parents fall sick and need a carer, when parents die, their children are the indirect victims whose lives are also turned upside down.

In a variety of ways, children can have their lives put in jeopardy by HIV. This second half of the discussion intends to shed light upon this element of the HIV debate with your group.

In the same fashion as before, begin to prompt and encourage a dialogue from your group. *"What effect does HIV have on children?". "What are the direct effects it can have? And the indirect effects?"*



*How does HIV in the family change the role of the child?*

*What does the child do if his/her parents die?*

*How might HIV lead to child labour?*

*How can a child live positively with HIV?*

Ask the groups for examples of worst case or best case scenarios of the effect HIV can have on children. *What dangers might children find themselves in? What kind of lives or habits might they fall into? And also, what is the salvation of children orphaned or made vulnerable by AIDS? What can assure them a good life despite being HIV positive, or being close to someone who is?*

This is a big subject, so do not attempt to cover it completely if the time does not allow. It is important to get the group talking, to open up some new perspectives and have the group thinking a little more deeply about the truths and effects of HIV and AIDS. You can return to the topic at a later date if the time runs out.

## Final discussion

The group may learn many new things in these discussions, or at least been allowed the opportunity to talk about them. Tell your group that they will be investigating more deeply into the real effects of HIV and child labour, and the link between them both throughout the programme.

Your group should be left considering that this is a huge and urgent problem that needs an enormous response because millions of children's lives are at stake. But it is not a lost cause. There are things that can be done to give life to those children, and there is a role that the young people in your classroom can play in order to make that happen.

To end the activity, allow the group to relax a while, to take their minds off of the difficult issues of HIV and AIDS. You might want to play another short game, or just allow them to sit and chat about anything and everything for a little while.



## Basic Information HIV and AIDS – Educator’s notes

As you get started with this discussion exercise, make sure your group are relaxed and ready. Young people must feel comfortable and at ease in order to open up and express themselves about such a taboo subject as HIV/AIDS. Once again, it is a good idea to play some energizer games to switch on their minds and wake them up.

If you have a particularly large set of young people, try to solicit some help from colleagues or perhaps some older students, that will allow you to break down the group into two or three smaller groups. A group of more than twenty/twenty-five children is not ideal as it will freeze some of the quieter individuals out of the process.

In some countries, especially in urban areas, where HIV/AIDS sensitization has been prioritized and successful, your group will already have a fair understanding of what HIV and AIDS are and what are their implications for children and child labour. In other countries, you may be the first person to talk to these individuals about HIV and AIDS. It is up to you as the educator to decide at what level it is appropriate to initiate the discussion; using the Information Section and any other literature as your source of information.

### Note to user

If possible, we recommend that you carry out the Basic Information module from the SCREAM pack before this activity, so that your group have a strong foundation of understanding child labour issues. When you and your group are accustomed to the style of teaching needed in these guided discussions you can advance into this activity, which tackles the specialist theme of HIV/AIDS.

### Part 1. What are HIV and AIDS?

Getting the discussion started can be the hardest part. It is common for young people to feel inhibited in this activity, after all, HIV and AIDS can be very emotional topics and some of your group may be touched personally. In addition, it may be the first time your group have been in an educational environment like this where they are asked to share their thoughts publicly with their peers.

Therefore you must be innovative and sensitive to get the discussion started. Ask simple leading questions to get your group speaking, *Does HIV affect men or women? Is it a serious virus? Do a lot of people have it? Is it contagious?* And build a conversation on their responses.

You could distribute small bits of paper to the group and ask them all to write down their first response. For example, ask all the young people to write *down the ways you can catch HIV or the effects it has on the body* or any questions they have about HIV or AIDS. Then collect up the answers anonymously and use them as your fuel to ignite a discussion.

If you want to take the discussion in a new direction, you can use the Information Section, or another source to lead your group down a new path. You might ask them, *“So, is there a cure for HIV or AIDS?”, How does one know if they are HIV positive? How can one protect oneself from being infected or infecting others?* And encourage the group to talk TO EACH OTHER in your presence, and find the answers themselves. This is the goal of the discussion.

You can use the information you have at hand to correct them where they go wrong and correct any misconceptions or misunderstandings that surface.

## Part 2. What effect does HIV have on children?

This second half of the discussion can be handled in exactly the same fashion as the first, but with a new focus. *What is the effect that lands on the child?*

In this section, even more than the first one, you might find that the children come up with personal testimonies of how HIV has affected them, or friends of theirs. Young people will do this as a natural mechanism of comprehending the subject, and it makes the discussion very relevant, more engaging and can also be therapeutic for those who are given the chance to express themselves and ask questions about issues that are confusing them.

Handle these situations with care. Never try to force testimonies out of your charges if they are not completely comfortable with giving them, and make sure not to allow any teasing, stigmatization or discrimination from anybody in the group over the stories told. The discussion has now entered a very sensitive realm and must be treated with the appropriate compassion. At the same time, a connection has been made and the children are learning from each other and benefiting from opening up about HIV and AIDS.



### Note to user

For young people directly or indirectly affected by HIV, this type of activity can provide them an outlet to express concerns, questions or feelings about the virus that they might never reveal in a one-on-one chat with an adult. If you can create a relaxed atmosphere with confidence and participation, these discussions can be therapeutic for young people to go through. If you can get in contact with a child psychologist or social worker, or simply someone who has experience in the field, consult them on how to deal with children who appear particularly vulnerable.



## One Minute Mime

### What you will need:

- ✓ A blackboard/whiteboard or something to write on at the front.
- ✓ Pens and paper.

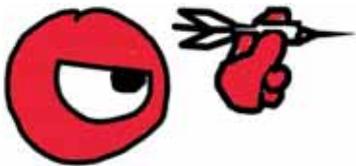


### Recommended timeframe:

40 minutes  
(20 minutes for the brainstorm, 20 minutes for the mime)

### The aim of this module:

To deepen the understanding of the effect that HIV can have on the lives of young people. To introduce the group to dramatic expression.



### The gain:

Drama used alongside the transmission of information in order to assist the understanding of the link between HIV and child labour. The group are introduced to dramatic expression as a means of education, warming them up for later dramatic performances.

## One Minute Mime – Activity summary

### Preparation

- Little is needed in preparation for this exercise. Check through the Information Section for the most important points to be raised in the brainstorm.
- Elect some volunteer rapporteurs to take notes.

### Brainstorm

- Choose a topic that you want to address (For example, How are young people affected by HIV? How does HIV lead to child labour?)
- Generate a lively brainstorm in a fixed time limit.

### One minute mime

- Take a moment to privately make a note of the best points from the brainstorm and write them on separate pieces of paper.
- Arrange your charges into small groups of 4 or 5 and hand each group a slip of paper with a point from the brainstorm on it.
- Give groups five minutes to prepare their mimes.

### Presentation

- Create a stage area for each group to perform their mime in front of their colleagues.

### Final discussion

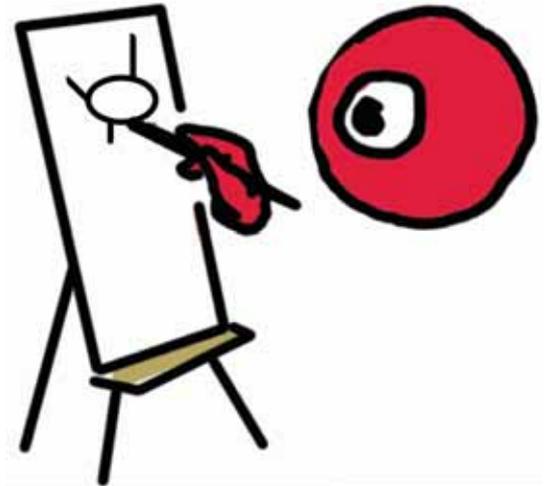
- Emphasize that we must consider the impact on young people when thinking about the HIV crisis.

## One Minute Mime – Activity script

If you have some experience of using the SCREAM pack already, you will be well acquainted with the power of drama as an educational tool. Drama is a medium through which young people can be challenged to take a hard look at difficult issues, understand them and interpret them in their own way. It provides an insight into the workings of a young person's mind, as well as a channel of communication and expression from the young actor to his or her audience.

Drama is very important to the SCREAM programme, and highly useful in any participatory education programme. Here, we use a form of role-play that enables young people to take a quick peek into the personal realities of people affected by HIV, to begin to understand their plight on a deeper level.

This activity is about brainstorming the topic and using drama to comprehend the ideas generated.



### Getting started

Gather the group around in a semi-circle where they can see the board or piece of paper at the front. Explain to the group that you will be having a brainstorming session and elect one or two volunteers from the group to be the "rapporteurs" of the brainstorm discussion.

#### A. The brainstorm

The brainstorm is intended to return to the subject areas touched upon in the Basic Information HIV and AIDS discussion, but feel free to alter the topics according to what you feel the group need to focus on.

Select the themes you want to cover and carry out a lively, fun brainstorm. Maintain a strict deadline such as 5 minutes, prompting and harrying your group into contributing their thoughts. You must create an atmosphere in which your group feel at ease to shout out any and all ideas that pop into their head and the rapporteurs must be on hand to make a note of them.

*There are no wrong answers in brainstorming.*

After the brainstorm is complete, thank your group, especially your rapporteurs, for their participation and divide your charges into smaller groups of three or four. Take a few minutes to select in private some of the best points made in the brainstorm and note them down on individual pieces of paper. Then distribute these brainstorm points out between the groups.



#### Note to user

A brainstorm is an open thinking session; a rapid, unrestricted discussion. The objective is to generate as large and diverse a stock of ideas as possible on a given topic, in a given time limit. The time limit creates a pressurized environment to which the human mind responds with a level of spontaneity and innovativeness. This environment often leads to the generation of the best thoughts and ideas.

## B. The one minute mime



Each group must prepare and perform a one minute mime (a brief, silent role-play) to convey the concept that they have on their piece of paper. For added effect, keep the papers private so that nobody knows what the other group is about to perform.

As the audience do not know the subject of the mime, they must guess what it represents based on what they see. As a strict rule, every single member of the group must be involved in the role-play, even if it is a minor role. This is a great chance to break down barriers of inhibitions and the more that everyone is involved, the less room there is for people to be worried about what others are thinking. Give the groups only a few minutes to prepare their mimes.

Following each mime performance, give the group a chance to ask questions of the actors and open a brief discussion. What was good about the performance? What might someone else have done differently? Did we understand the theme that the mime dealt with and do we have anything to say about it?

If the performing group have portrayed a particularly poignant or sensitive piece, then ask them how they felt as they put themselves into the shoes of the characters. Did the audience receive it as the actors had intended? Could we see the emotion in their eyes? The pain in their bodies? And could we identify with it, as an audience?

When the time limit is up, designate the stage area and a running order for the performances and then invite the groups one by one to perform their one minute mimes for their colleagues.

## Topics for brainstorm and one minute mime

The following broad topics can be tackled in this exercise:

### 1. General topic

Before getting started with the serious topics, it is a good idea to run through a light-hearted session on a general topic so that the groups have some fun with the activity and understand how it works. You could start with brainstorms on "famous moments in history", "funny things that have happened to me", "what people do on weekends" or "my most embarrassing moment".

### 2. How are young people affected by HIV?

Suggest early on that this topic can be divided into two components, direct effects and indirect effects. Hopefully the group will have touched upon this area in their earlier discussion and will feel at ease recapping on what they learned and exploring their ideas in more depth. See the Information Section for guidance.

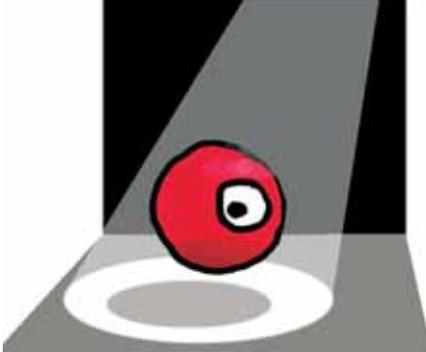


## Note to user

A mime is a dramatic piece performed with gesture, facial expression and actions rather than words. It is a silent form of role-play, where movement and acting can be permitted but the actors may not use any words or noises to express their theme.

Mime is a lot of fun to do and is great preparation for role-play proper. With the disability of silence, the actors must learn to exaggerate their facial expressions and body language to make sure that the audience can understand what they are representing.

### 3. How is HIV linked to child labour?



Encourage the group to think of all the ways that HIV could be linked to child labour. Perhaps the group will explore how children drop out of school due to stigma or to care for their parents, perhaps they will cite the exploitation of orphans or vulnerable children, or the sheer necessity for children to work due to poverty.

Don't forget to explore with your group the backward linkage that also exists. In what ways can a child labourer become infected with HIV? What types of child labour are most vulnerable to this type of infection? What types of child labour are at risk of sexual abuse, casual sex, drug taking or other activities that will put them at risk of contracting the virus?

## Final discussion

In closing, take out the brainstormers once again and recap on the main points that were brought up. Your group will now associate more clearly with the concepts on the page.

Now that we can see the effects that HIV can have on the individual, did the group know that there are around 39 million people living with HIV in the world, more than 24 million of whom are in Sub-Saharan Africa?

It is estimated that there will be 15 million children orphaned by AIDS in Sub-Saharan Africa by 2010. That is a huge number of children growing up without financial or psychological support from their parents.

The crisis that is facing the up and coming generation is almost too large to imagine. And therefore an appropriately large response to it is needed. If the world sits back and does nothing, what do your group think will be the outcome for those 15 million children?

End the discussion on a positive tone by thinking about what can be done to put a stop to the spread of HIV and the devastation it can cause.

## One Minute Mime – Educator's notes

### Brainstorming

When you look at the big blank page at the start of a brainstorming session it feels a long way from the bustling mass of ideas that you hope to have produced by the end of it. But to get started, search for the simplest answers just to set the ball rolling and get some ideas on the board.

The prerogative of a "brainstormer" is then to pick up on each spark of an idea and investigate it further in order to capture as much creativity as possible. In the brainstorm on *How young people can be affected by HIV*, as the rapporteur writes "become infected with HIV" on the board, you ask how? And surround the first point with notes on how young people can catch the virus. Then you prod your group to think about what effect each of these experiences will have on the health or emotions or behaviour of that person and make a note of all the feedback, marking "depressed", "shocked", "scared", "looking for help", for example. However, always return to the central brainstorming question so as not to digress.



Be encouraging and motivated for every point that is made and pressure your group into throwing out all the ideas they can in the time they have. A brainstorm, properly managed, can be quite fun and exhilarating for those involved.

## The one minute mime

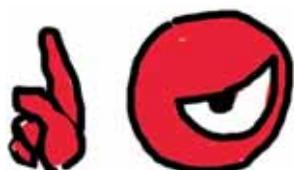
As you give the groups only a few minutes to plan their short mimes, circulate amongst them to see that they have understood the activity and are enthusiastic about it. If you have some external support in this type of fast-paced activity it would be very helpful; someone who understands the objectives of the activity and is interested in drama. Listen in to what each group is planning and chip in where necessary to congratulate the good initiatives or perhaps instigate further thought into ideas that could do with more work.

Given that they cannot make noise, you have to coach and encourage your group into using everything at their disposal to portray their characters and the situation they find themselves in. They must use their eyes, their face, their posture and their gestures. They have to think about their hair, the way they dress, the way they walk and their body language. What can they do to portray the sadness, anger, frustration, exhaustion or other emotion that defines their character? This is only a short, quick exercise, but hopefully they can begin to learn some drama skills that will be of use to them later in the Role-play activity.

Depending on the theme of the mime, the performances could lead to bursts of laughter at hilarious scenarios or alternatively, they could deal with highly emotional and sensitive issues. You must stress the need for the utmost respect for the performers and for all colleagues in the classroom; humiliation, stigma, teasing or bullying must not be tolerated in this environment. Instead, follow the performances with applause and have the performers take a bow, just like in the theatre.

To finish the module, you must pick up the energy levels once again. After touching on some depressing and perhaps emotional issues, you must put aside the negativity and play a game, sing a song, stand up and jump around for a while to re-engage with the childlike spirit.

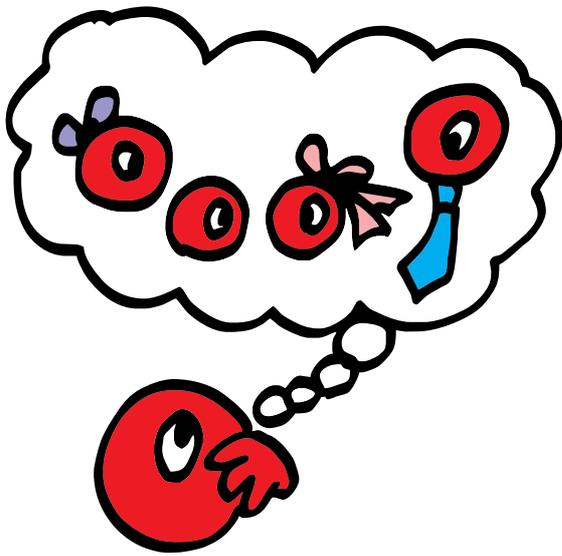
This activity is recommended to follow the Basic Information HIV and AIDS discussion, but you can use the same technique throughout the programme whenever you think it would be beneficial for the group.



### Note to user

It is important that you really know your group when approaching an expressive activity such as this. Think carefully about the way you divide up the groups and the HIV scenarios that you distribute. If you know that some individuals have been affected by HIV personally, you do not want to traumatize the individual by making him or her relive their experience.

On the other hand, if you are confident about the strength of character and psychological state of the individual, drama can often be very therapeutic for them to cope with their own traumas. These exercises allow young people to express their personal feelings and emotions under the guise of a third person in the character that they are playing. It is an outlet for that individual who might otherwise find expression extremely difficult.



## The Image: Family Profile

### What you need:

- ✓ The Family Profile Images supplied with this module.
- ✓ The Child Labour images from the SCREAM Pack
- ✓ Paper and pencils for your group to make notes.



### Recommended timeframe:

60 to 80 minutes (possibly in two sessions)

### The aim of this module:

Create an imaginary family based on a single image then consider what the emotional, physical and psychological effects on them would be if they were impacted by HIV.



### The gain:

This activity heightens the emotional awareness of the impact of HIV on a family, and in particular on the children. The images stimulate the imaginations of young people to create real-life scenarios.

## **Image: Family Profile – Activity summary**

### **Preparation**

- Refer to the Image module of the SCREAM pack for reference.
- Arrange the group into small groups of four or five individuals.

### **Creating the family profile**

- Distribute one image per group and explain to the groups that they are to “create a profile” of the family in the photograph, with a special focus on the children.
- Start with the simple profiling then move deeper into the character mindsets.

### **What if...?**

- Go through the list of hypothetical HIV scenarios and choose one to apply to each group’s family profile, according to the images they are using.
- Groups produce an account of how the members of the family, especially the children, would respond emotionally and psychologically to the scenario.

### **Presenting the profile**

- Groups present their family profiles one by one, explaining the effects of the HIV scenario.
- Hold a question and answer session about presentations.

### **Discussion**

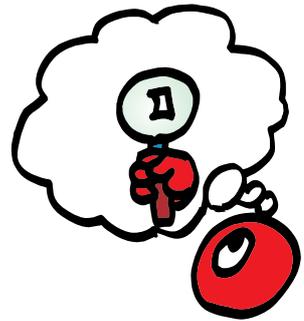
- Link discussions back into the implications for child labour.
- Re-introduce child labour images from SCREAM pack for discussion reference.

# The Image: Family Profile – Activity script



## Getting started

This activity deals with the impact that HIV can have on the family unit, with a focus on the consequences for the children.



### Note to user

This activity is closely related to the "Building a profile of a child labourer" activity in The Image Module in the SCREAM Pack. If you have a SCREAM Pack, read closely the advice, preparation guidelines, motivation and Dos and Don'ts of The Image module before applying this activity.

Divide your charges into small groups of four or five and distribute one Family Profile Image per group; you will find the set of images to choose from included with the module.

The images all represent different types of family set-up. The groups are to study these images carefully and put their heads together to create a profile of the family that they see. There is no information supplied about the family apart from what can be read into the image; so the groups must let their imaginations run wild to invent every detail about their profile family.

After the profile has been achieved, the groups are given a hypothetical scenario in which HIV strikes the family. The groups must contemplate how the family would be affected by the news.

The process of this activity is that the young people use their imagination to create a family with a home, love, problems and varying relationships – the same as any family – and then consider what impact HIV can have on that set-up, and how they deal with it.

## Part 1. Creating the family (15-20 mins)

Once the groups are assembled and have their images in front of them, distribute pens and paper and explain to them that they are to use their imaginations to "create" characters out of the faces that they see in the image; to build a profile of the family.

Building a profile means that they must create the names, characteristics, personalities and occupations of their characters. They must think about the nature of the family set-up; *how do the family get along? Who is responsible for what? Are the family close-knit or distant to each other? Loving or difficult to live with? What is the family history and what are their dreams for the future?*

Each group must discuss and brainstorm all of their ideas and write down the profile that they come up with. Some might like to accompany it with drawings, write a quick story or even prepare a short role-play that will portray what kind of family they are.

*Get inside the heads of the characters, relate to their situation.*

## Part 2. What if...? (15-20 mins)

Once you are happy that each group has completed the task and created a family out of their image, it is now time to test that family with a serious hypothetical scenario. Below is a list of "What ifs" regarding HIV. You must select a "What if?" scenario for each group, and adapt it according to the image they are using.

Obviously, you can use the same scenario more than once as its effect on the family unit will differ from one case to the next. However, you must take care to choose a viable scenario for the family profiles that have been created. If there is no father figure, for example, then do not use a "father-centred" scenario.

The scenarios that you supply are purposefully brief and ambiguous and the groups must fill in the gaps and create the stories around them.

### Hypothetical scenarios

1. The mother/father/guardian is diagnosed as HIV positive. *(the guardian in some cases could be a sibling, grandparent or other relative)*
2. The mother/father/guardian is diagnosed as HIV positive but receives lots of support and advice on what steps to take to lead a long and happy life.
3. The mother/father/guardian suddenly falls very sick, the doctor believes that s/he has advanced AIDS.
4. The son/daughter *(choose which and how many children to refer to in this scenario)* tests positive for HIV.
5. The son/daughter tests positive for HIV but receives lots of support and advice on what steps to take to lead a long and happy life.
6. The woman/man in the image is very worried about her/his HIV status following a risky sexual relationship. S/he goes for a test but is told that it is too early to get a result and must come back in 3 months time.
7. The head of the family (mum/dad/guardian) loses his/her source of income due to HIV and cannot afford to pay for food and schooling for the child(ren). *(This could occur due to the death of a spouse, stigma due to HIV, old age or another occurrence, let the group decide.)*

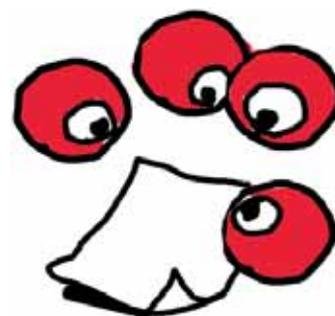
The task is now to think about how this piece of news would affect the family, bearing in mind the family profile that they have constructed. In their groups, they must discuss the emotional effects, the physical effects and what would change about their lives.

*Personalizing the issue allows the understanding of HIV to reach an emotional level.*

Will some family members suffer more than others? Will it affect boys differently to girls? Are the children's daily lives going to change? Perhaps even their personalities, attitudes or behaviour will be affected?

Perhaps the families will react in a positive way to the news, being supportive, seeking counselling and medical advice and making changes in order to cope with the condition as best they can. Remember, being HIV positive does not mean that you are about to die, people live with HIV for many, many years. Discourage your groups from being too morbid in their ideas.

Ask your group to make notes from their discussion so that they will be able to present their family profile to their colleagues when it is finished. Once again, some groups might like to express their ideas in different ways, such as creating a brainstorm, writing a story or a role-play, using art or producing a poster for the wall.



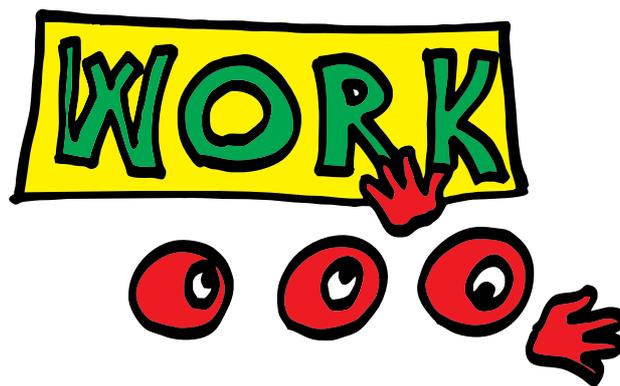
As the groups begin to work, you must circulate amongst them to keep their interest levels up, provide support, answer questions and encourage the groups to think sensitively and creatively about how the family will change following the impact of HIV.

In particular, encourage the groups to focus on the children; *how will the turn of events affect their childhoods and education? Will it force them into doing things that they shouldn't be doing, and what will be the emotional impact that this will have on them?*

## Presentation of profiles

After the groups have finished the profile and analysed the impact of the HIV scenario, the groups must now present their work to each other.

If some groups have taken the effort to prepare some kind of an original presentation then make sure that they have the opportunity to deliver it in order to encourage creativity and boost their confidence and pride in their work.



*Group work and presentation builds confidence.*

You must instil a respectful atmosphere in the group as the presentations are carried out. Encourage the groups to listen carefully to the presentations and ask questions afterwards about the characters, the relationships and the impact of HIV. If some presentations focus on a positive response to the "crisis", make sure that this scenario, especially, is explored in more detail.

## Final discussion

As the characters and families that were revealed in the presentations are discussed, try to steer the discussion to focus on the children who are affected in these scenarios. Ask the group to think of what kind of hardships the children might be going through, things they may be deprived of or even "rights" that might be abused as a result of their circumstances.

Might some of the children end up in child labour situations? If so, what kind? How will this affect their futures? Initiate a discussion with your charges about how HIV has a strong link with child labour. You can use the Information Section to guide you.

To close this activity, take your group on a recap of all the families, characters and scenarios that they have created. Referring to the characters by the names that they were given, recall the most poignant and interesting observations that were made.

## The Image: Family Profile – Educator’s notes

Now that the basic facts of HIV, AIDS and Child Labour have been introduced, this activity aims to take your group to a deeper, more emotional level of understanding.

Your group are now going to have to think very hard about the real situation that children find themselves in when HIV strikes. It might be the case that your group have never considered the impact of HIV on human lives this close up. The image serves to put a human face to the pandemic; it is a crucial moment in the programme.

If it is the case that some children in your group are living with HIV in their own family, the image also works to provide a mask for them to hide behind in expressing their own feelings and thoughts and interpreting their own personal environment. If this is the case then it is important that the group discussions and presentations are handled with care, so as not to stigmatize or disenfranchise these children. In fact, the exercises in this module should serve to increase understanding amongst all participants about the realities of HIV and thus reduce the stigma attached to it, which is borne of ignorance.



### Part 1. Creating the family

You will find the images included along with the pack. You may wish to select the ones you think are most appropriate to your group, or alternatively you could let the groups choose an image to work with themselves. The images all represent a “family unit”, although they are not all typical nuclear family units of mother, father and two children. A range of family set ups are covered, including child and grandparent headed households, which are an increasing reality in areas affected by HIV.

Once the groups are assembled and the task has been explained, begin to circulate around the groups to coach them through the exercise. They know nothing about these characters apart from what they can see and so they have to use their imaginations to create people and lives, histories and aspirations, relationships and realities for each person.

The first step is to “contextualize the family”. Start from the basics, *how many members does it have and who are they? Are there any members of the family that are not in the photo? If so, who and where are they? What are the ages of the children? Who does what in the household? Where do they live? In what kind of environment? Do they look well fed/clothed, what does this tell you?*

Encourage the groups to be humorous and enjoy the activity, perhaps introducing pets or funny quirks into the family unit for example.

Each group will have to present their family profile to their colleagues once it is done, so they think hard about what **DEFINES** their family. What are the most important aspects about them that would need to be explained when the family are presented to others?

### Note to user

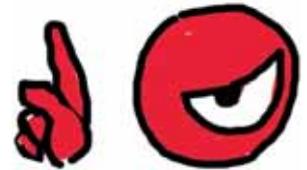
The way to combat stigma is to disseminate accurate information to all and to talk openly about the issue. This is something that can be achieved with your group in this programme and that they can become advocates for in their own lives. Encourage your group to always consider how the stigmatized individual will be feeling, to put themselves in his or her shoes. How would you feel if you were treated with discrimination and forced into hazardous situations because of a virus that you had in your body? Emphasize this practice with the group throughout the programme, as speaking openly about the subject is the first step towards eliminating stigma from society.

As you circulate around the groups, try to steer them deeper and deeper into their analysis of the family. Below are some ideas for questions that you could ask them, to stimulate their thought processes:

- Are they a happy family?
- When are they at their happiest? What do they enjoy doing?
- What problems do the family have? When are they at their unhappiest?
- Do the heads of the household get along very well? Or are they always fighting? What do they fight about?
- Has the family lost any members in the past, how do they cope with that? How did it change things?
- Do the children go to school and live healthily?
- Do they have friends? Time to play?
- Are the parents/guardians very loving and affectionate towards their children? Or are they cold and distant?
- What dreams and aspirations do the children have for the future?

Remember, you are not aiming for a list of short answers to the questions, but “a profile” of the family. You must pick and choose your own questions in order to stimulate your groups into thinking more deeply about their characters.

*Don't ask questions to set boundaries, but to open new lines of thought.*



## Note to user

You may feel that it is more beneficial to use images from a different source such as a magazine, a newspaper, a book or a poster if it strikes you as being more relevant to your domestic situation. If this is the case then feel free, the principles of this activity would still apply. Make sure to consider carefully the image you use and the hypothetical scenario that you apply to it.

## Part 2. What if...?

Some quick initiative will be required on your part to choose the most suitable hypothetical scenario for each group. Try to choose a scenario that will lead the groups into interesting and fruitful lines of thought, where they will put into practise the knowledge they have about the impact and consequences of HIV.

Once the scenarios are distributed, circulate around the groups offering support, answering questions, and coaching your charges to think hard about what the consequences of the scenario would be.

Below are some questions that might provide you with ideas of how to stimulate your group's thinking;

- What are the likely effects on the health of the person who is HIV positive? Is it likely that more members of the family will also suffer from the virus?
- What aspect of their lives is likely to change and in what way?
- Will the situation affect some children more than others? Boys more than girls? The older more than the younger? In what way?
- Will the children be worried about losing their parent(s)/guardian?
- Will they have other emotions regarding their family members? Fear? Anger? Injustice? Confusion? A burden of responsibility perhaps?
- What support will the family receive from outsiders?
- Will their impulse be to keep it a secret or to be open with their family and friends?
- What is the psychological impact on the children? Will it change the way that they behave or the way they relate to each other?
- Will there be a shift in roles and responsibilities in the house, and therefore personalities?
- What do the children in the family think the future holds in store?

- Might some of the children end up in child labour situations? What kind of work are they likely to get involved in?
- Will it mean that they can no longer go to school? What effect will that have on their lives?

Once again, do not simply read out the above questions. Use this list for inspiration but think of your own questions in response to the ideas and momentum of your groups as you circulate amongst them.

Although it is tempting to let this activity roll on and on, try to keep some element of time pressure and wrap it up before the participants become bored. A total time limit of 30-40 minutes for parts one and two of the exercise is suggested, but you can set your own time limits according to the group size and the circumstances on the day.

## Presentation

After each presentation, make a note of the names and most important details about the families so that you can recall the information at a later date. Encourage a positive discussion about each presentation and the family that it introduced, sharing ideas and experiences so that they can develop a feeling of confidence and a sense of ownership over the characters they have created. They will be returning to these characters throughout the module so it is important that they can relate to them closely.

## Final discussion

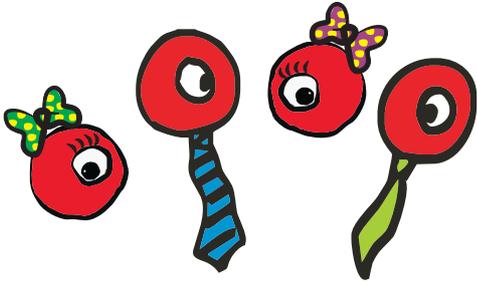
As you recap on the families created and the characters that have been discussed, move slowly around the group, demanding their eyes to follow you as you recount the poignant stories that they created.

If any of the groups have touched upon child labour as a consequence for the children in their image and you have the SCREAM pack to hand, then pull out the images of child labourers to use as visual aids. Talk about the child labourer in the image, the environment s/he works in, the kind of life s/he leads, and make the link between HIV and child labour clear.

Explain to the group that in real life, children who are left caring for sick parents and those who become orphaned by AIDS are often left in very vulnerable situations. Some are left to fend for themselves and their siblings at a very young age. Some are left without any income and have to go to work in exploitative and dangerous environments just to survive. Many of these children, especially girls, are forced into activities such as prostitution, domestic labour or other closed-door activities where they are vulnerable to extreme sexual violence. Some child labourers are therefore at risk of contracting HIV themselves, and they themselves will fall one day ill and die if they do not receive the appropriate treatment and support.

This module should not fail to strike an emotional chord with the young people in your group and it has also served to reinforce the facts that they discussed in the first activity – but now with a human face that they can relate to.

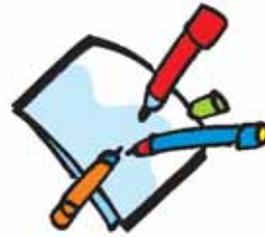
The tone of this activity can be quite depressing at times, so it's a good idea to close with a quick "decompression" session to allow the group to raise their energy levels again and reflect on what they have learned. Allow the group to engage in a general chat, expressing themselves on anything and everything that pops into their heads and allow the conversation to drift away from the extremes of HIV, AIDS and child labour. Focus on the positive things in life for five minutes. Perhaps you could also play a game to lift the group's energy before they leave.



## Gender Focus

### What you will need:

- ✓ Pens and paper/card



### Recommended timeframe:

60 minutes (or two sessions of 30 minutes)

### The aim of this module:

To take a look at how HIV impacts differently on boys and girls and to make the group think of solutions to gender issues.



### The gain:

To teach the group how to view HIV through a gender-lens and consider the importance of sexual equality and respect in society in bringing an end to the spread of the virus.

## Gender Focus – Activity summary

### Preparation

Prepare three sheets of card/paper per group with the following questions:

1. What are people's expectations for the girls?
2. What are people's expectations for the boys?
3. How are boys and girls treated differently following the impact of HIV?

### Looking at gender differences

- Distribute the three pieces of paper/card to each group and ask them to work together to brainstorm answers to the questions as comprehensively as possible.
- **In presentation**, each group presents their answers and discusses them.
- The papers/cards can be presented on the wall with their associated images.

### Gender Information Centre role-play

- Give the participants 5 minutes to think of the gender issues relating to HIV and child labour and have each individual write two down on a piece of paper.
- Split your group into two and form two circles, one inside the other. The inner circle plays the role of the Gender Information Centre and the outer circle plays the General Public.
- Perform a role-play whereby each member of the outer circle approaches their opposite member of the inner circle with their gender issues. The inner circle "advisor" must listen to the issues and respond with solutions.
- Give the groups 10 minutes to perform the role-play and then reverse the roles.

### Final discussion

- Discuss what has been covered and the problems and solutions that arose.
- Bring the discussion into the context of the group's home lives.
- Culminate in a discussion of children's rights and sexual equality in society.

# Gender Focus – Activity script

## Getting started

When dealing with child labour issues, especially in relation to HIV, we must not overlook the gender differences that characterize the distinct treatment and expectations of boys and girls.

Within the context of HIV we see gross gender discrimination against women and girls due to notions of masculinity and gender roles in society. This imbalance does not only frequently deny the girl's right to education and freedom but also creates a society in which women and girls (as well as some men and boys) find themselves highly vulnerable to violence, sexual abuse and HIV infection.

The following exercises are an attempt to explore and discuss the gender differences between boys and girls in the context of HIV. It can follow on immediately from the Image: Family Profile activity.

## Gender differences



### Group work

Divide your charges into their familiar groups and distribute three pieces of card or paper per group, with a question written on each.

1. What are people's expectations for the girls?
2. What are people's expectations for the boys?
3. How are the boys and girls treated differently following the impact of HIV?

Ask the group to consider the range of scenarios that were produced in The Image: Family Profile when each of the families had recently been hit by an HIV crisis. The task is for the groups to discuss between themselves what the distinct impacts would have been on the boys and girls in those families that were profiled.

Give them just twenty minutes to create three brainstormers in response to the three questions in as much detail as possible. They do not need to write longhand prose answers, but to jot down as many ideas as they can so that they can present their thoughts to the rest of the group.

### Presentation

Have each group stand up at the front and present the "Gender Differences" that they came up with in this HIV scenario, encouraging them to refer to the boy and girl characters by the name that they were given in the previous exercise. Ask the groups how the boy and girl would feel about their "Gender Roles" in the household. Are the expectations or the treatment fair? Would the boy and girl characters wish that things were different? In what way would they like them to be different?

### Note to user

ILO-IPEC have produced an excellent tool for facilitators, in the spirit of SCREAM, on Gender Equality and Child Labour that can be accessed online via [www.ilo.org/ipec](http://www.ilo.org/ipec). The resource contains participatory activities for educators wanting to explore the gender aspect of child labour in more depth, and a large amount of in-depth information on the topic.

If time permits, the groups can join together to make a large display version of their three brainstorming on the wall, which demonstrates the gender disparities and the different expectations for the girl and the boy in a family touched by HIV. This could be something that is later used for awareness raising by the group.

## The Gender Information Centre role-play<sup>3</sup>

Start by asking your charges to take five minutes to themselves to think about the “gender issues” or “problems” relating to HIV and Child Labour that have risen so far in the programme. Amongst their own ideas, they might recall:

- the way that girls are more likely to have to drop out of school to care for parents if they fall ill,
- how boys are more likely than girls to have to work in hazardous conditions to take over from their father if he dies,
- how boys and men are encouraged by society to have many sexual partners,
- how girls and women are oppressed in many parts of the world and are unable to ask their male sexual partner to wear a condom,
- how boys feel unable to report to the police or their families that they have been sexually abused,
- how women often feel too threatened by violence in the home to discuss condoms and reproductive health with their partners.

Ask each person to make a note of two HIV related “Gender problems” that stand out to them. Then split your group into two and form two circles, one inside the other, so that each person in the inner circle is facing someone in the outer circle. Now the two circles are going to perform a role-play.

The inner circle represents the *Gender Information Centre*, and all those in the inner circle are the “Gender Advisors” that work in the Centre. The outer circle represents the *General Public* and everyone in the outer circle is an ordinary person off the street who has come to the Gender Information Centre with a query.

The “ordinary people” in the outer circle, therefore, must approach the “advisors” in the inner circle with their gender problems. The inner circle advisors must listen to the problems and suggest some possible solutions. Give your groups 10 minutes to complete the advice session, then swap the roles around and have the outer circle play the Gender Information Centre and address the other group’s gender issues in return.

## Final discussion

Following the activities, bring the group around to discuss what they have been through. What did they learn about the gender elements of HIV? Were there some things they hadn’t realised before? How did they feel about being Gender “advisors”? Were they under qualified, or were they able to think of some solutions to the Gender problems, and if so what were they?

Close by bringing the discussion into the context of your group’s personal environments (if it hasn’t arrived there already). What are the expectations of boys and girls in the households of your group? Do boys and girls have different responsibilities? Of course, all children have equal rights, but does it feel like boys have a greater right to an education than girls? Do your group think that girls are more suited to be in the home? Or boys more ready to work in manual labour? Why do they think those opinions often exist?

In the future, you can always factor a gender perspective into the issues that you deal with in relation to HIV and children’s rights, referring back to the analysis that they have done here. You might repeat the Gender Information Centre role-play to tackle different gender topics in the future.

---

3 This is an adaptation of an activity from “*Gender equality and child labour: a participatory tool for facilitators*” (ILO, Geneva, 2004), which was taken from J.N. Pretty, I. Gujit, J. Thompson and I Scoones, “*Participatory learning and action: A trainer’s guide*” (International Institute for Environment and Development, 1995) pp. 201-202

## Gender Focus – Educator's notes

### A note on gender

It is important not to confuse Gender with Sex. Sex refers to the biological differences between the male and female that they are born with (for example, only females are able to become pregnant). Gender on the other hand refers to the differences between boys and girls that society dictates. Almost from the moment they are born, children are socialized (or moulded) into behaving like a man or a woman.

Boys and girls naturally model their behaviour on the role models that surround them and fall into the masculine or feminine space that they are taught to see for themselves in society. Boys will be less likely to cry in public, girls will be less likely to get into a fist-fight. By the same token, in environments where children are expected to work, boys will be more likely to carry out heavy manual work whilst girls will be more likely to perform domestic chores (although this is not ALWAYS the case).



### The burden of masculinity and femininity

In most cultures we have distorted notions of "masculinity" and "femininity" that have evolved over time. These gender attitudes act as a strong contributory factor to the spread of HIV as they direct us to treat males and females very differently, especially when it comes to sex.

Men are often expected by society to be dominant, possessive and aggressive, both generally and sexually. They are often encouraged by their peers to take greater risks, be they drinking, driving dangerously, taking drugs or engaging in unprotected sex with multiple partners. On the contrary, where these attitudes prevail, women are encouraged to be passive, loyal, sheltered and unassertive, both generally and sexually. The power relationship is clear and can leave females very vulnerable to abuse as they often find no support inside or outside their home. To compound this unequal power relationship, women are often economically dependent on men and often live in fear of physical and sexual violence and intimidation in the home.

This culture of abusive relationships can have a severe psychological and physical affect on its victims and is a root cause of the spread of HIV. Many women and girls (and sometimes men and boys in abusive homosexual relationships) do not have the power to say no to sex, to decide when and when not to have sex or to choose to practise safe sex. Therefore, these victims (and their babies too) are very prone to HIV infection. If a woman's male sexual partner practices sex with multiple partners outside their relationship then her vulnerability is even more pronounced. Men are usually less likely to visit a doctor and less likely to concern themselves with reproductive health<sup>4</sup>, thus they are less likely to be aware of any sexually transmitted infections they may carry.

Of course, HIV is not only transmitted between a promiscuous man and his monogamous wife, women too can be responsible for bringing HIV into a relationship if they engage in a sexual affair outside of a relationship or are a victim of rape or non-consensual sex with another man, who carries the virus.

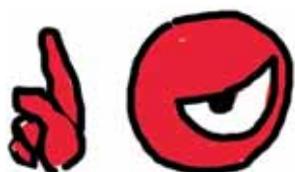
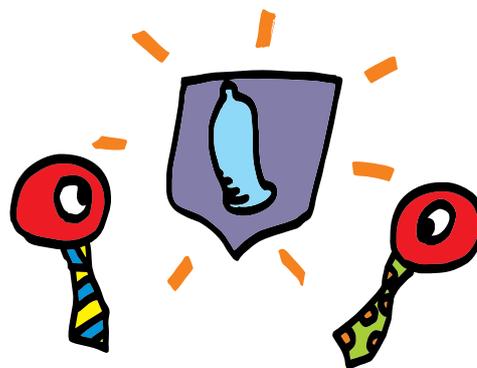
As equal members of society, in a relationship that respects each other's rights, men and women should be able to take shared decisions in their family planning and use of contraception and should not live in fear of violence. An end to physical abuse, a monogamous relationship by both partners, the use of condoms in situations of risk, and a more sensible attitude towards rearing children would greatly reduce the spread of HIV.

4 Reproductive health implies that people have a safe and satisfying sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so (WHO, 2006).

## Men who have sex with other men

Men who have sex with other men are at especially high risk of contracting the virus if they engage in a culture of casual sex and not using condoms. Condoms are traditionally seen only as contraceptive against pregnancy but ignored as the most effective barrier against sexually transmitted infections. Men who have unprotected anal or oral sex with another man are at high risk of contracting HIV through infected semen or blood.

There is also an invisible but high prevalence of non-consensual sex, or rape, between men as younger, more vulnerable males are targets of sexual violence from older, more experienced, bigger men. Condoms are rarely used in these sex acts and the victims are almost always too afraid to report them to the police for fear of stigmatization or lack of confidence that they will receive the support that they need.



## The HIV gender perspective on children

### Note to user

Gender is a vast topic that cuts across many subject areas and influences one's understanding of the world they live in. Becoming gender sensitive is a process, it cannot be rushed through, especially with adolescents and young men and women who are going through a complex period of transition in their lives.

It will take time for your group to feel comfortable discussing taboo matters, and they may initially react with sniggering and laughter but this is a classic defence mechanism of young people in awkward situations. As previously, take time to establish an open, friendly, non-pressurized atmosphere for discussion and handle such issues as sexual abuse with considered sensitivity so as not to alienate any members of your group.

Gender differences play a major role in the impact of HIV on children. When a parent falls ill with an HIV related illness, statistically it is most likely the girl who will be called upon to drop out of school and care for him or her. If the illness does not subside, it is usually the girl who will be expected to continue to lead the household, providing meals and cleaning the house. In most cultures, the girl-child almost always carries the "burden of care" and is first to lose the chance of an education.

On the other hand, the boy is likely to follow in the footsteps of his father. If his father dies, then the boys will be expected to earn money to support the family. Boys often follow in their father's footsteps, which can mean finding themselves in such hazardous work as mining, fishing or agricultural labour.

With respect to the transmission of HIV, the gender differences are even more apparent when we consider the vulnerability of children. Girls are much more likely to contract HIV than boys. They are more likely to be sexually abused or raped, they are more likely to be found in vulnerable situations behind locked doors, such as in domestic work, and as females they are physically more prone to contract the virus due to the physical characteristics of their genitalia.<sup>5</sup>

Furthermore, as a result of poverty or manipulation, girls are much more likely to find themselves forced into prostitution or sexual exploitation, putting their lives in serious risk.

<sup>5</sup> Girls and women are estimated to be three times more likely to contract HIV than males in the 10-24 age group (WHO/UNAIDS, 2004).

## Changing society's indifference

In societies with rigid norms about masculinity and femininity, girls, boys, women and men who are sexually abused will often be afraid to report it. If a girl is sexually abused, she might be too worried that she will be blamed for the affair and in many cases subject to violence or isolation as a result. If a boy is sexually abused by an older man, he is often too worried to tell anyone for fear of being rejected or castigated by his community for being "weak" or for being less of "a man". The authorities are often unresponsive to claims of rape due to their own stigmatization of the victims. Tragically, staying silent and covering up rapes and sexual violence only allows the atrocities to continue, unchecked.



Ultimately, it is not just the perpetrators of these crimes who must be held responsible, but all of us, as it is the mindset and judgement of the whole of society that determines our attitudes towards sex, women and masculinity.

In order to stop the flow of HIV, sexual practise is one component of society that needs to change and to achieve this we must achieve a paradigm shift in gender roles and gender relations in society. Women and girls must not be downtrodden and taken advantage of because of their gender. Men must not fall victim to peer pressure to be "macho", to be aggressive and to sleep with multiple partners, but must learn to respect their relationships and understand the importance of reproductive health.

The lopsided gender relationship that prevails in society is often justified with claims that the system is traditional. However, just because an opinion is traditionally held, does not mean that it is correct nor that it cannot change for the better. In order to stop HIV, attitudes towards sex and masculinity must change and it is important that your young group of boys and girls, the society of tomorrow, understand this and take it forward.

## The group work and presentations

The discussion exercise in this activity may well bring up some foolery and snide remarks between the boys and girls in your group as they approach many taboo subjects. This is not to be encouraged or engaged in by you, the educator. The important achievement is to have your group viewing child labour and HIV through a "gender lens", which means that they consider the gender context of what they are seeing. Instil in your group a sense of importance that they, as young people, hold the key to stopping the spread of HIV by changing the attitudes of society in the next generation. They must absorb this gender information, discuss it and think about it deeply until they are able to see every aspect of their lives through a gender lens and analyse the misgivings of traditional attitudes towards men and women, boys and girls.





## SCREAM Flashback: Research and Information, Interview and Survey

### What you will need:

- ✓ Pens and paper/card
- ✓ Blackboard/whiteboard and pens.
- ✓ Resource material on child labour, HIV and AIDS.

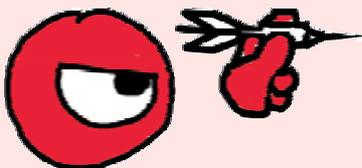


### Recommended timeframe:

Approximately 8 – 10 Teaching Sessions of 40 mins.

### The aim of this module:

Discover the facts and figures on child labour, HIV and AIDS. Learn how to research a subject in more depth. Conduct a survey or interview to find out information.

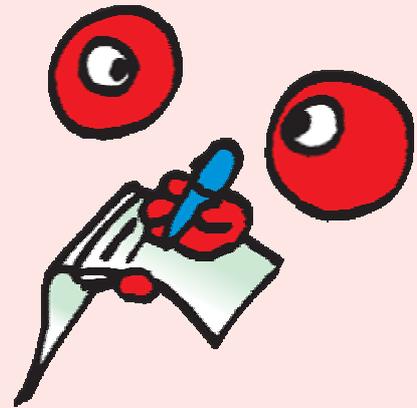


### The gain:

Promotes knowledge of HIV and AIDS in the context of children's and human rights. Nurtures a belief that if a person wants to find answers, she or he can set out to find them out.

One of the most effective ways for young people to absorb new information is to find it out for themselves. For this reason, research is a very effective method of education for young people. Two modules in the SCREAM pack place special attention on this technique, they are the Research and Information and Interview and Survey modules.

Researching does not necessarily infer libraries, journals and the internet. The process of researching is simply searching for and acquiring information to answer a given question. SCREAM wants to convey to young people that if they have a question about something important, they can go out there and find the answer. These modules are designed to develop the skills and practise necessary for them to do that.



## Research and Information

Throughout this SCREAM programme your group have gradually developed a sound understanding of the effects of HIV and Child Labour on the child. This activity challenges them to consider those effects within the framework of children's rights. By doing this we can see beyond the obvious, physical impact of HIV on individuals and families, and identify the cases where there is real injustice for the victims.

*What entitlements should children be given no matter what their background? What treatment is illegal and abusive to children? What care should they receive and what support do they deserve?* Thanks to the Convention on the Rights of a Child and other conventions, these questions are a matter of national and international law and it is important that all children know what their rights are.

The important objective of this exercise is to educate your group on the rights of the child and to help them understand those rights in the context of HIV and Child Labour.

### Image association

(Recommended timeframe: 40 mins)

The image association activity in the Research and Information module discusses the rights of the child using the photographic images that are supplied with the pack as visual aids. In the same vein, you can use the images provided in this module to discuss the rights that are jeopardised by the impact of HIV.

- Pick out some of the most important children's rights detailed in the conventions.
- Write them out in simplified language on large sheets of paper (or what is available) and post them on the walls around the room.
- Ask the groups to associate/link up these rights (or an abuse of these rights) with the images and family profiles that they have been working with. They can select the images from the front and move to place them with the appropriate rights hung around the room.
- Engage in a discussion on children's rights referring to the characters in the photographs.

*Children's rights belong to all children, they are not a privilege nor a luxury.*



### Note to user

For information on children's rights, refer to the UN Convention on the Rights of the Child in the booklet entitled "International Declarations and Conventions", found in the SCREAM pack, or online through the website of the Office of the High Commission on Human Rights ([www.ohchr.org](http://www.ohchr.org)).

Another quick activity:

(Recommended timeframe: 20 mins)

- Write the main articles from the CRC in large lettering on large sheets of paper, and cut them up like a jigsaw puzzle.
- Place the pieces in a pile on the floor and ask the groups to work together to “re-assemble the rights” by putting the articles back together in the correct order.
- If you have glue or sticky tac, ask them to make a quick display on the wall with the rights that they have put together and present them to the rest of the group.
- You could use this technique as an introduction to the image association activity above.

### **HIV, AIDS and Children’s Rights Fact Sheet**

(Recommended timeframe: 60 to 80 mins (in two sessions))

In the context of this children’s rights approach to HIV and AIDS, you can challenge the group to perform some research to find their own information. Set the task for small groups to create fact sheets or reports on HIV, AIDS, children’s rights and/or child labour.

The aim of this activity is to get your group researching. Remember, research is simply the process of acquiring information. If you have access to the internet, use the annex of the Research and Information module for hints of what sights to visit and include the UNAIDS website amongst them ([www.unaids.org](http://www.unaids.org)). Otherwise you can search libraries for fiction and non-fiction works on HIV and AIDS.

If you do not have access to the internet or libraries it does not matter. What information can you get hold of? Can your group collect old newspapers or magazines from somewhere to search for articles on the topic? Perhaps they can get hold of information leaflets or free handouts on HIV, AIDS or children’s issues from NGOs, international organizations, the Ministry of Health, Ministry of Social Affairs or other government departments that work in your locality.

Young people are also always welcome to contact the ILO office or any other UN agencies (including UNAIDS and UNICEF) when searching for information. Alternatively, you might take this opportunity to involve academic institutions in your SCREAM initiative. Perhaps the group could approach a University and ask for information from students of the school of medicine or other disciplines. They might even inspire some academic research into the local impact of HIV on child labour. This is an example of the potential multiplier effect of SCREAM, drawing other young people into the campaign who could have an important influence on awareness raising in the area.

The research may simply be a case of interviewing people who are knowledgeable on the subject (although the sources must be credible). This is all part of the process and will develop useful skills and attitudes in your group that will help them in their future campaigning and advocacy work as well as in their academic and working lives.



## Interview and Survey

(Recommended timeframe: 4-6 sessions of 40 mins)

Related closely to Research and Information, the concept behind this module speaks for itself – that is performing interviews and surveys. This module in the SCREAM pack is designed to provide all the information you will need to assist your group in asking real, valuable, current questions of the communities in which they live.

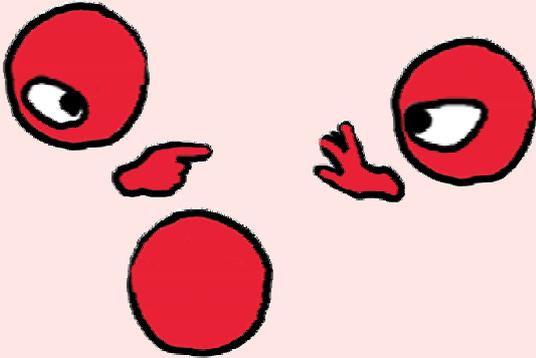


Carrying out a survey of the public is a highly beneficial process because it draws upon a range of disciplines; writing skills, communication skills, critical thinking and statistical analysis. Your participants must decide what questions they want answering, design the questionnaire or survey, take it to the streets and explain to their subjects what they are doing, then bring the results back to process and analyse them.

At the same time it is an empowering moment for the group as they can potentially discover authentic information about their community that is genuinely interesting to media sources and others. In this exercise they really are joining the campaign to eliminate child labour because they are contributing to the knowledge base on the subject.

Your young charges will surely have been building up a stock of questions about HIV, AIDS and child labour since they began the programme and now is their opportunity to go and find out some answers.

The group might also be motivated to gather more in-depth information through performing a series of one-on-one interviews with a specific target group of people (parents/guardians, teachers, employers, politicians, old people, child labourers etc.). Once again, refer to the original module to find ample guidance.



## SCREAM Flashback: Moving Debate

### What you will need:

- ✓ The Magic Microphone (A random object to be used as "microphone" for the speakers in the debate)



### Recommended timeframe:

20-40 minute sessions (the activity can be repeated a number of times)

### The aim of this module:

Hold a series of moving debates to tackle subjects relating to HIV, AIDS and child labour within the group.



### The gain:

Develops public speaking, critical thinking and communication skills.



Debate is at the root of problem solving; an integral part of the workings of the modern world. It is used in education because it challenges young people to review, research and apply the knowledge that they pick up by arguing an issue ardently one way or the other. This is a highly effective way of making the information stick for young people, as they use their own initiative to truly investigate and interpret the issue at hand.

The Debate module is designed to nurture the social and communication skills of your group, enhance their ability to logically construct and defend arguments, to speak in public and to respect other peoples opinions as well as their own.

We flash back to the Moving Debate activity featured in that module, which is a fun, lively, flexible and educational activity that can be carried out in any environment at any time.

To carry out the moving debate activity, move aside the tables and chairs and stand the group up in the middle of the room. The rules are as follows:

- The chair of the debate (you, the educator) will read out the motion of the debate.
- Those who are in agreement with the motion must move to the right hand side of the room, those in disagreement must move to the left and those undecided, or neutral, must stay in the middle.
- One can only speak if he or she is holding the "magic microphone" (which can be any silly object you can get hold of, e.g. a teddy bear, a mango, or some kind of toy microphone).
- The chair will distribute the microphone from one person to another so that they participate in the debate.
- If at any point in the debate a person is convinced by the argument from the other side, that person is free to move his or her position by walking across the room. Indeed it is the purpose of the debate to try to convince people from the other side to agree with your point of view and walk over to join you; hence "the moving debate".

When carrying out the moving debate, remember it must be a quick, sharp, lively and fun activity. Encourage movement; encourage some banter and the willing expression of opinions but also maintain respect for the opinions of others. The great thing about the moving debate is that it implies total participation, even those who are too shy to talk will still have to think about the motion, make up their mind and express their opinion with their feet.

Start the activity off with some fun, controversial statements to raise the energy levels and make sure that everyone understands how it works, and then slowly drift into more serious and challenging debating topics. You can use this exercise to tackle HIV/AIDS related topics or other important issues, such as sexual attitudes and gender equality – which are root causes of HIV transmission.

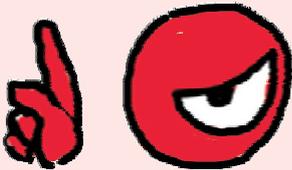
Do not "overdo" this exercise, carrying on for too long so that it becomes boring would be counter-productive. If you keep it short (20 minutes or so) and only use three or four debating topics, then you can return to it as many times as you like throughout the programme.



## Note to user

In choosing the fun and controversial topics to kick start the moving debate, think of what trivial issues would divide the group and cause some laughter. You could make up a motion about a popular pop group or a sports team that some of your group will be big fans of and the others not. You could make a gender fuelled comment that would cause discussion between the boys and the girls or some kind of negative statement about young people that will make them want to respond (e.g. young people are lazy). Think of topics that will appeal to the target audience and cause them to want to express themselves.

The following statements are ideas for **A) HIV/AIDS related** and **B) Sexual Attitudes related** debate topics that you could use in this exercise. Some of the following motions are appropriate only for older teens, especially those that touch upon sex themes. You must use your discretion to choose which motions to use with your group.



### Note to user

If you feel that it would be beneficial to use the images supplied with this module, or any other visual aids, to improve the discussion then by all means do so.

## A) HIV/AIDS related topics

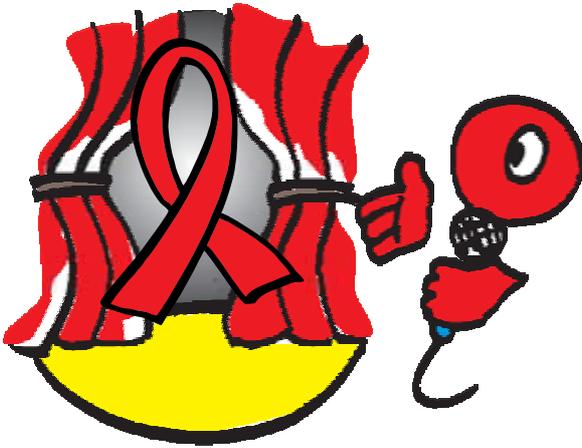
- HIV positive children should be given their own separate schools and hospitals.
- AIDS orphans should be made to go to orphanages rather than living on their own.
- Poverty is the main reason for the spread of HIV.
- It is Africa's own fault that it suffers more from HIV than any other part of the world.
- The only thing that will stop the spread of HIV is a vaccine.
- It is the eldest daughter's responsibility to drop out of school and care for her mum if she gets sick.
- Women and girls are worse affected by HIV epidemic than men and boys.

## B) Sexual attitudes related topics

- Sex should be outlawed until marriage to stop the spread of HIV.
- Wearing a condom is the man's decision.
- Young people will never be responsible in their sexual behaviour.
- Rape is as bad as murder.
- Rape does not occur within a marriage.
- HIV positive women should not have children.
- People will never feel comfortable talking openly about sex.
- Boys and Girls should be taught how to put on a condom in primary school.
- A man should have final say about decisions at home.
- Sex education in school leads to more responsible sexual behaviour in young people.
- Those who are uneducated about sex are the most likely to contract HIV.
- Girls and Women who wear lots of make up and revealing clothing are asking for trouble from men.
- It is a wife's duty to have sex with her husband when he wants it.
- Gender equality would put a stop to the spread of HIV.

*Remember these motions are designed to cause debate, they are not opinions about what the educator or the class should believe or subscribe to. In order to remain impartial when carrying out the moving debate, state that the chair can only read out the statements and provide no further explanation or input – the group must respond to the motion as it is delivered.*





## Role-Play HIV

### What you will need:

- ✓ The notes and materials prepared so far, including the Image: Family Profile work
- ✓ Pens and paper.
- ✓ Any props that are on-hand (although props are not necessary).

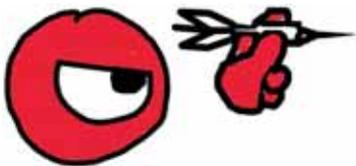


### Recommended timeframe:

Two sessions of 40 minutes (80 minutes).

### The aim of this module:

Create a role-play that portrays the link between HIV and child labour.



### The gain:

Using drama as a tool of understanding, young people explore the range of emotions and challenges that children affected by HIV are exposed to.

## **Role-Play HIV – Activity summary**

### **Preparation**

- If possible, organise some external support to assist you in this activity. Try to find someone who is very interested in drama to help out.
- Employ theatre games/energizers to raise energy levels and loosen inhibitions.
- Form groups and return to the family profile images used previously.

### **Creating a role-play**

- Groups must create a role-play that depicts “The link between HIV and child labour” using the characters they created in the family profile.
- Circulate amongst the groups to ensure they have a message, a storyline, and central characters who relate to the storyline.

### **Presentation**

- Arrange a mock theatre set-up to show the role-plays.
- Run through performances one by one.

### **Discussion**

- Follow each performance with a feedback discussion and explore how the role-plays made the group feel as an audience and as actors.
- Guide discussion to a positive angle to close. Start to think about what HIV messages the group could give to others in their community through drama.

## Role-Play HIV – Activity script



### Getting started

To start the activity, divide the young people into their familiar groups and distribute the images they have been working with so far to review their Family-Profiles. Take five minutes to recall the family members that they created, their names and their most poignant features, to re-ignite the emotions that the group had associated with their characters.

Explain that the groups will now be expanding on their characters by developing a short 3 or 4 minute role-play with them. The role-play will be entitled, **“The link between HIV and child labour”**, and must use the characters from their family profile. The rest of the story is up to them. The groups have complete control over the creativity and direction of their role-play as they work in groups to interpret the theme as freely as they wish.



Some groups might decide to portray the way that HIV can push children into child labour situations; others might like to depict how certain types of child labour can lead to HIV infection. Perhaps a group will want to portray the complete vicious cycle of HIV, AIDS and Child Labour. Advise the groups that they should not try to be too ambitious; this is just a short role-play. They should start with a core idea and core characters and develop the story around them.

### Note to user

It is very important that you take this opportunity to “test the gender lenses” of your charges. Following the Gender Focus session, emphasize the importance of thinking about how the role-play storylines affect the boys and girls in different ways and how they will demonstrate this in the performance. It may be the case that boys will have to play the roles of girls and vice versa. If this is the case, assist the groups in discussing how they can effectively understand and play their roles.

The group should split up around the room, or even spill outside if possible so that they can enjoy a bit of privacy as they brainstorm, write and rehearse their role-plays. You can begin to circulate to make sure that the task is understood and that each group has chosen a storyline that they will be able to reproduce in role-play.

If you have the opportunity of bringing in external help, such as someone who is eager or interested in the theatre, this activity is one that would really benefit from it as you could both circulate in order to pay more personal attention to each of the groups.

Try to make sure that the group stick to the time limit, although it will be common for them to over-run as they get carried away with their ideas. As you support your groups in their final preparation stages, ask them to really consider what is the point of their role-plays? What is the message they want to put across, and therefore what is the final impact that they want to leave the audience with?

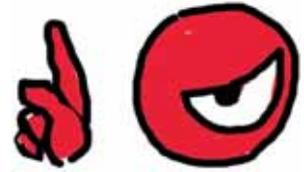
A well thought out ending makes a grand impression on the memories of the audience, rather than a role-play that just stops. If this is the first time that your group have tackled drama, prepare them for their performance by running through some of the basic drama rules:

- Speak loudly, clearly and slowly.
- Do not turn your back on the audience and make good use of props.
- All movements and gestures should be exaggerated and emphasised.
- The actors must all get into “character”. This means that they must walk, talk and behave like the character would and really enter into his or her mindset.
- Remember, you are acting for an audience. Will they follow and comprehend what is going on? Will they be moved by your performance?

## Performance

When the groups are ready to perform their role-plays, have them organize a stage area by placing the seating arrangements around an open space at one end of the room.

You must create an atmosphere of mutual respect within the group. Each performance should be followed by rapturous applause, a bow from the actors and a short feedback session on the storylines, acting or any other comments regarding each other's drama pieces. Make sure to stay in control to maintain that the comments are mature and positive and never allow feedback that will humiliate or knock the confidence of young actors (drama can be such a fragile medium of expression for some young people, that they will turn their back on it if they lose confidence.)



### Note to user

Every member of the group must take part in this exercise; it is not the time for any member of the group to sit out. If there are not enough characters in the role-play to cater for all the group members, then more characters will have to be created!

Ask the audience what impact the role-play left on them, how they felt about the characters, what did they learn (if anything) and how did it make them feel about HIV and child labour? Did it make them feel powerless or did they feel like they wanted to do something to help the child? Was this the intended effect of the group who produced the role-play?

## Final discussion

After the performances have been completed and the groups are happy with them, gather the young people round and initiate a chat about issues that were touched upon in their role-plays. What were some of the sad, emotional elements, and what were the positive, uplifting ones?

What could have been done to prevent the children in the role-plays falling into child labour? What could have been done to support the children/families that we saw? What could have been done differently in the bad scenarios, and what were the good points about the positive scenarios?

Your group have used drama today as a means of understanding an issue on a deeper level, but they have also begun to think about what are the real problems for young people and what could be the solutions. Hopefully they are developing messages and ideas that they want to share with people to make a change in people's attitudes and behaviour towards HIV and young people. If this is the case, your group are beginning to believe in the spirit of SCREAM, beginning to see themselves as agents of change, and the ideas that they are developing will come in useful later in their SCREAM awareness raising activities.

## Role-Play HIV – Educator’s notes



If you can access a SCREAM pack, and you have the time available, we recommend that you carry out The Image and Role-Play modules before attempting this activity, which is slightly more complex. Even if you do not have the time, you can refer to the Role-Play module for some very useful guidance and ideas, which adhere very well to this activity.

In the SCREAM pack, The Image and Role-Play modules work together to develop a deeper, more intimate understanding of the child labour issues by personalizing the problem. With the same principle, you can build on the Image: Family Profile activity with Role-Play HIV to achieve the same level of understanding of the vulnerabilities tied to HIV.

### Getting started

In this activity, more than any of the others, it is vital to have a session on theatre games and energizers before beginning. This time try to use games that involve role-play elements, singing or just being silly and innovative. The objective is just to put the young people’s minds at ease and make them less self-conscious about their actions and the opinions of others. As long as everyone is involved, the group should gain confidence within itself.

### Creating the role-play

As you circulate amongst the groups to assist them in putting their ideas on paper, urge them to start with just a simple thread of an idea and to build the short role-play up from there. Although it is based on quite a tragic subject, the role-play does not have to be all doom and gloom, there are different directions that it could go in.

Tell the groups that they have an opportunity in theatre to pass a message onto an attentive audience. Therefore, they must consider, what is the underlying message of their role-play? What is the sensation that they want to leave their audience with after the closing scene? Is it a tragic story, which shows the demise of a once happy child or the lonely death of a child labourer? If so, they must be aiming for the “shock-factor”, or an empathetic response from the audience that instils in them the desire to change things. In this case, explain to them that the character definition – and hence the acting – is the most important feature of their role-play. The more the audience relates to and believes in the characters, the more they will be moved by the way the character suffers (or prospers).

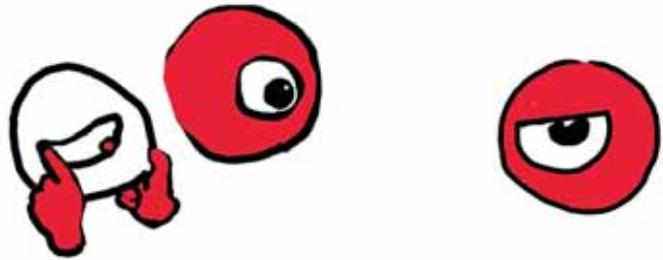
Perhaps the group will want to produce a positive role-play that educates and uplifts the audience. If it is the case that the group want to use their role-play opportunity to provide solutions to the audience rather than problems, then the story they tell becomes very important. The group need to be sure to get the facts right, and make sure that they deliver them well – if they are going to inform their captive audience on how to deal with certain situations then they only have a short amount of time to get their vital message across, so they must be prepared.

As you move around the groups, see that they make a decision on the core message of their story and stick to it. See that they have chosen the central and peripheral characters and decided what is going to happen in the role-play.

When they have achieved the “backbone” of the storyline, assist them in focusing on the character definition of each of the roles they will play. Remind them to consider the way they dress, the props they use and the body language they display. How does s/he walk, talk, respond to others? What is going on in the characters head?

Your group must also consider, what is the relationship between the characters? An audience can often learn a lot about a character by the way the other characters behave towards him/her – so it is not the sole responsibility of the main protagonist to get the message across. Will some of the characters change in the course of the story? If so, how? And how will you best portray this to the audience?

As the facilitator of this exercise you are the catalyst for the group’s enthusiasm and motivation. It is an exhausting job but the success of the programme depends upon it. It would be very useful if you could invite some external support in to assist your facilitation. An extra pair of hands would be a relief, and if you know anyone who has experience of drama, then they will be a great help in breaking down the inhibitions held by the young people in your group to the performance.



As you take your group on this journey, you must be all the things you ask of them: energetic, confident, free and expressive. You must feel their ideas and be excited by them and snowball your excitement around the room. Drama should be a fun, exciting experience and your group will need you to lead the way in making that happen.

## Final discussion

With this activity, your young charges have taken a unique plunge into understanding the potential impact of HIV on the child and the tragedy that it can bring, as well as the hope that comes with the response. This will hopefully be the closest that anyone in the group comes to that kind of shock in real life, but what is important in this module is that the group can leave informed about the dangers and vulnerabilities that come with HIV and with a passion to make a change in the way that society deals with it.

The power of drama can be strong enough to flip the switch in the minds of human beings to decide that they need to make a change, and your young group should realise that power. How do they think an external audience would respond to their role-plays? Would they be moved by it too? Later, they will hopefully develop their role-plays into public drama performances where they can exercise the powers of drama on people in their own communities.



## Perspectives: Artwork

### What you will need:

- ✓ The Image: Family Profile work.
- ✓ Large sheets of paper.
- ✓ Artistic materials. Depending on resources this activity will work with anything that is available from pencils and paper, to colouring pens, paint or even materials for a collage (see The Collage module of the SCREAM pack). Whatever your resources, it will work very well if you can adapt the principles of collage to make use of all sorts of different materials in the artwork.

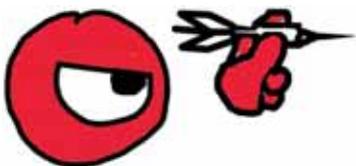


### Recommended timeframe:

60 to 90 minutes (possibly in two sessions)

### The aim of this module:

Produce a piece of abstract artwork, using whatever materials are available, on the stigma that a child affected by HIV can face.



### The gain:

The group use artistic expression as a means to understand and relate to children made vulnerable by HIV. The group is challenged to understand the roots of stigma and the damage it can do, and develop messages and ideas to reduce stigma in society.

## **Perspectives: Artwork – Activity summary**

### **Preparation**

- Return to groups and take out the family profile images. Consult with your charges whether to work individually or in small groups.
- Distribute a large sheet of paper and art materials to each group (drawing, painting, collage materials).

### **Producing the artwork**

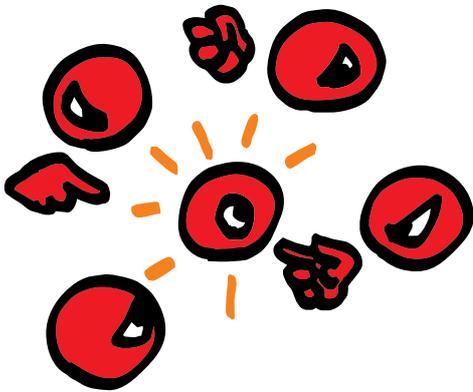
- Explain with examples the use of imagery in art and how it can be used to express abstract ideas such as thoughts, feelings, past experiences etc.
- Each group (or individual) must choose a key-child character from their family profile work and produce a piece of art that interprets the stigma that the child may face.
- The task is a two sided piece of art that demonstrates a “stigmatized” and a “non-stigmatized” perspective of that character.

### **Presentation**

- Each group/individual presents their artwork one by one.
- Work as a group to analyse and discuss each effort.

### **Discussion**

- Discuss the roots of stigma and consequences of stigma on the victim.
- Lead to a discussion on how to eliminate stigma.
- Create a public display of the artwork somewhere in the community.



## Perspectives: Artwork – Activity script

Children indirectly or directly affected by HIV often face the pressure of stigma from their families, their friends, the schooling system and the wider society. It can lead to them leaving home or dropping out of school, which often ultimately leads to child labour. For that reason this is one of the principle problem-areas that your group, through the SCREAM programme, can aim to combat.

This activity is designed to challenge your young group to understand and relate to children affected by HIV and/or child labour; to consider their lives, their circumstances and their actions from more than one perspective in order to achieve a more mature, open minded attitude towards them. Stigma is borne of ignorance and closed-mindedness. Therefore the most powerful antidote to stigma in society is to educate and raise awareness of the truth.

### Getting started

In this activity, your group will be given the chance to practise their artistic expression. They will be required to produce a two-sided piece of art, dealing with a familiar figure in the form of one of the child characters from their previous family profiles. In the artwork the groups will interpret their character from two very different perspectives, the “stigmatized” view and the “informed” view.

Consult your group to decide whether they would prefer to work in small groups of two or three (within the same groups as previously in the Family Profile activity) or work individually.

### Producing the artwork

Allocate a large sheet of paper to each group and inform them that they need to choose one of the key child characters from their family

profile exercise. If this is not possible, then ask them to think of a child who lost his or her parents to AIDS and is now in child labour. This character will be the centrepiece of their artwork.

Each group must produce a piece of art that shows two distinct perspectives of the same character, so they must split their page into two. On one side they must represent the “stigmatized” view of the child, and on the other side the “informed” or “non-stigmatized” view.

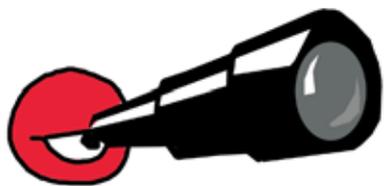
It is as if the groups will look at the child through a magic stigma-telescope. On one side of the page, they must switch on the “stigma-scope” and see the child with stigmatized vision, on the other side they must look at the child truthfully and without stigma.



### Note to user

You can approach this activity as a simple artwork exercise, or if your group are eager they could choose to produce posters of their artwork that they can put up in a public place to educate the public on HIV, AIDS and child labour.





This task is quite a challenge for young people to get their heads around. When they look through the “stigma-scope” they do not have to produce a direct, literal drawing of what they see. Instead their objective is to create an image of what makes up a stigmatized viewpoint.

The groups must think of what stigma is, what it does, in what form it is inflicted and by who. They must discuss all the things that pass through the mind of one person when he stigmatizes another. They must think of the reasons for stigma, the emotions and fears that cause it, and all of this must be represented on the stigmatized side of their artwork.

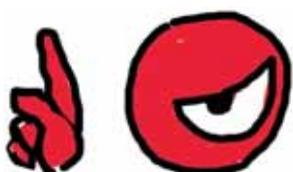
Due to the nature of this challenge, your groups will have to “think in the abstract”. When they want to illustrate the emotions, influences, experiences or memories that lead to one person stigmatizing another they will have to use imagery, colours, symbols and other abstract methods.

For example, *what colour could represent the emotion that the stigmatizing person is feeling when s/he looks at the child? What animal could represent that characteristic? Is there a weather type or an action or an object or event that could represent that idea?* This is imagery.

If we think the stigmatizing person feels fear when he looks at a child that works on the street, what images make us think of fear? Guns? Explosions? Death? Monsters with big teeth?

On the other side of the page, if the informed perspective sees the child’s true characteristics as weakness and vulnerability, then perhaps the artist would use feathers or newborn babies or nakedness, for example, in their imagery. Perhaps, the real characteristics of the child will be anger, or responsibility or a longing for his mother, then what kind of images and colours would be used to translate those feelings?

*The artists must first know what they want to say with their artwork before they know what to draw.*



In guiding your group through this activity, take your time to explain how to use imagery and perhaps draw some examples up on the board to make sure that everyone understands. Once they begin, try to leave the group as free and unrestricted as possible to encourage them to unleash their own artistic creativity on the page.

## Note to user

Give the groups a full teaching session to complete the artwork/poster and allow them to present it in the following session. There is no telling how long a group will want to complete their artworks, but encourage them to work hard on them so that they can go on public display.

## Presentation

When all the artworks are finished, the group are ready for presentation and discussion. Invite each group to come to the front in turn and explain their pieces, accounting for the imagery that they chose to use and what it represents.



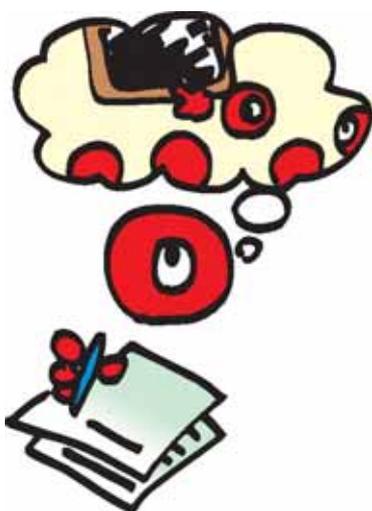
## Final discussion

In reflection on what has been achieved in this session, ask the groups to think about how it is possible to reduce stigma in society. What are the root causes of stigma, and therefore how do we address it? Your group can think of this in the context of, what could be said to the person with the “stigmatized” perspective of the child to convert his or her point of view?

Generate a positive discussion with your group on what CAN be done to overturn stigma. Encourage them to think actively about the role that they, as young people and members of society, can play in that effort. Even by producing the artwork or posters, do they think they could be contributing in some way to overcoming stigma?

After the session is over you might like to allow your groups to spend a little more time on their artwork to be able to achieve everything they want to with it. For those who are eager to produce posters and present them up on the wall in a public place, support them as much as you can. Encourage them to figure out how to go about it, to choose the venue and to ask permission to put up their posters. This too is part of the empowerment process for your group of young people, and you can be on hand to support them wherever they need your help.

They might choose to work together to create a display somewhere in the community, such as in a school, police station, market place or church, where they will be able to actively tell people what they are doing and pass on the knowledge and the messages that they have been developing.



## Perspectives: Artwork – Educator’s notes

Stigma is a sensitive and vital consideration to be taken into account in HIV, AIDS and child labour education. You cannot touch it or see it, but stigma is all around us. It is the beast that forces thousands of children into dangerous child labour every week because it shoves and bullies the most vulnerable sections of society out of their safe environments. It is also the barrier that prevents millions of young people from getting tested for HIV, knowing their status, treating it and preventing it being transferred to others.

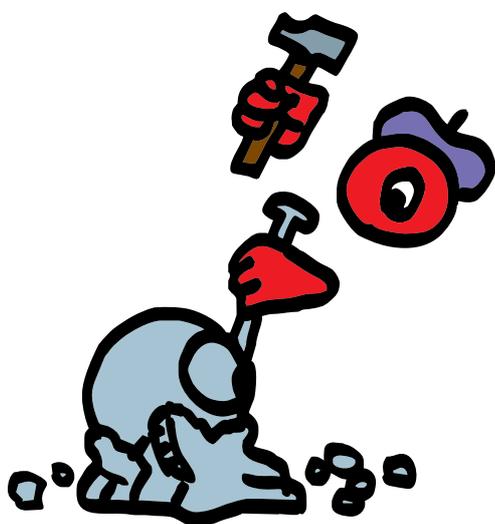
Note to the User: Stigma is very strong around HIV because of the taboo nature in which it can be passed on, through sexual transmission and drug use. To make matters worse, HIV is regularly, and incorrectly, associated with marginalized groups such as prostitutes and homosexuals, or “moral failures” such as the promiscuous or law-breakers. Society has found it easier to respond by distancing those who have the condition from those who do not; laying blame on outsiders rather than embracing the problem within society where it belongs and trying to deal with it.

The contagious and deadly nature of HIV and the panic that surrounds it, compounded by insufficient education, have made fertile ground for stigmatization of people living with HIV. Stigma comes from ignorance. This is why education is the most powerful tool to overturn the stigma and to work together towards a solution to the spread of HIV.

## Group work

Allow the group to decide whether they would feel more comfortable working in small groups or individually in this exercise. On the one hand, the security of group work can be beneficial as it allows the young minds to bounce ideas off each other and share the risk of their personal expression. On the other hand, if the group is too large, it is at risk of excluding the quieter individuals –and their creativity- from the process.

## Artwork



In this activity, your group will be using visual art to raise awareness about the danger and damage of stigma. In “raising awareness”, the medium of visual art can be such a powerful tool because it works on both the public and the personal level.

On the public level, the product of youthful artistic expression can be an evocative awareness raiser for anyone who views it because it provides a valuable insight into the thought processes of young people.

On the personal level, young people are often more able to interpret and articulate their feelings through artistic expression. Art is about asking yourself questions and coming up with the answers and in this way difficult issues can be made clear. By challenging your group to think about and portray a difficult topic, they can often raise awareness in themselves in terms of what they understand and how they feel about that topic.

In this activity, the group are challenged to look honestly at the forces behind stigma and to ask themselves why it exists. With the discussion that follows this activity, your group can hopefully begin to develop some ideas of their own on how to combat the stigma that is attached to children made vulnerable by HIV and child labour.

Encourage the groups to be as creative and outlandish as they want in interpreting their ideas. Depending on the materials that you have at your disposal, this activity could result in anything between pencil drawings to collages of different materials, the effect is the same, and the discussion that follows will be just as vital. You might like to refer to the Collage module of the SCREAM pack to pick up some ideas of how to take this activity further.

## Final discussion

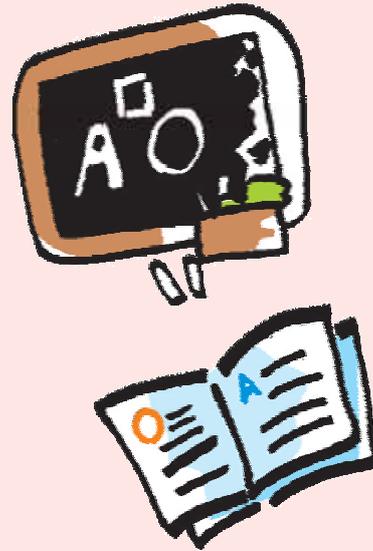
Stigma is a destructive force in society, especially when it is directed at vulnerable children, as it can push them into very dangerous situations such as life on the street, exploitative child labour or even commercial sex work. But stigma is something that CAN be beaten. Awareness raising, sensitization and education starve stigma of the ignorance that it needs to survive. Your group can be a part of the drive against stigma, no matter what their age or background, by involving themselves in campaigns and advocacy as they do in SCREAM.



## SCREAM Flashback: Creative Writing

### What you will need:

- ✓ Pens and paper/card
- ✓ Black/whiteboard and pens.
- ✓ Perhaps a book on poetry or silly rhymes.
- ✓ Perhaps musical instruments.



### Recommended timeframe:

1 – 3 teaching sessions of 40-60 mins.

### The aim of this module:

To create works of literary expression through poetry, story writing or song about child labour and HIV.



### The gain:

Develops literary and communication skills. Offers an opportunity to express innermost feelings on child labour and HIV. Supports the work of other modules such as Drama, in which a script needs to be developed.

Your goal as an educator in the SCREAM programme is to develop the understanding of children's rights issues in your group and provide them with the means to express how they feel about them. However, young people are not always immediately willing to open up and bear their souls to others at the drop of a hat. Young people need to feel comfortable and unthreatened in order to participate meaningfully; they need patience, understanding, encouragement, respect and a special effort to be made on the behalf of the adult educator to tap into their personally preferred channel of expression.

This is why SCREAM relies on a range of mediums of expression from art, to debate, to drama, discussion and writing. By introducing Creative Writing alongside the Perspectives and Role-Play activities in this module, you are hopefully enabling each member of your group to find the medium of expression that they feel most comfortable with. Some children are particularly talented at writing creatively (poems, stories, songs) and do not even know it, so you need to nurture these skills out of them as best you can. The rewards will be beautiful and will stay with that individual the rest of his or her life.

Refer back to the Creative Writing module for some techniques to encourage the literary expression of your group on the issue of HIV and child labour. You can return to the Silly Rhymes and the Four Squares exercises to work to break down the barriers of expression that exist in young people.

## Poetry and story telling

You could create some rhymes or slogans about HIV and Child Labour in a participatory group session or set the task to create a catchy chant or catchphrase that can be used for awareness raising activities. Alternatively, you could ask your charges to write a story related to the subjects that they have been exploring. Use the characters developed in the Image: Family Profile activities as a starting point.

Even children with learning disadvantages, such as dyslexia or illiteracy, can take part in all of these exercises. Rhyming, and story telling can all be achieved aurally and the children can work in groups to support each other in letting loose their creativity.

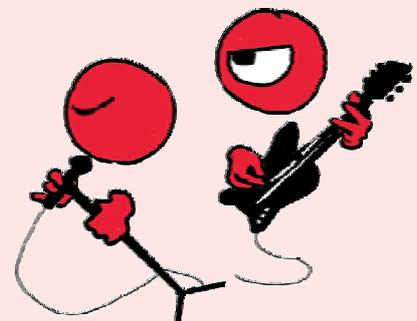
## Song

The principles of poetry and creative writing can also be taken forward into music. Would the group be interested in creating a musical piece about HIV and Child-Labour? Think how you can fuse music into your group activities. If there are any musicians in your group this is a great start, make use of them.

Discuss with your group what forms of music they are interested in, hip hop, rock, reggaeton, pop or classical music for example, and take advantage of their enthusiasm. Otherwise you might promote the local cultural style of music, with a focus on who will be the audience that the group are reaching out to.

Perhaps you could persuade a famous (or local) musician to come and assist you for the day. If the group draft their own letter of request and explain what they are doing, there is every chance that a musician would be delighted to come and help out.

Literary expression is a wonderful tool for young people, an engine for sensitizing their peers and a great compliment to the rest of the activities in this module, so try to take advantage of it. What your group achieve in developing their literary (or musical) skills will come in useful later when putting together a public drama production or other awareness raising efforts.





## SCREAM Timeline

### What you will need:

- ✓ The Family Profile Images and the work done on them previously.
- ✓ Pens, paper and a white/blackboard or equivalent.
- ✓ Lots of pieces of card or paper (different colours if possible), Sticky tac, adhesive tape, glue or pins.
- ✓ Means to make a large display version of the SCREAM Timeline,
  - Large pieces of paper and a long wall
  - A free floor space and materials to draw on the floor (chalk)
  - Sticks, rope and other objects to make a 3D display.



### Recommended timeframe:

60 to 90 minutes (in one or two sessions).

### The aim of this activity:

To produce a timeline of the life of a child made vulnerable by HIV. To discover what actions can cause turning points in his or her life.



### The gain:

The group is challenged to think about both the negative and positive scenarios that can result from the impact of HIV, and to discover what it means to handle the situation positively. The group focus on what they can do to make a positive impact. This is also a good opportunity to make an awareness raising display.

## **SCREAM Timeline – Activity summary**

### **Preparation**

- Re-assemble the groups and recall the key child characters from the family profiles.
- Prepare materials for large timeline presentation.

### **Getting started**

- Explain timeline activity with an example of your own personal timeline to explain how it is done.
- Discuss the implications of living positively and what a “positive life” means.

### **Creating the SCREAM Timeline**

- Groups use their imaginations to list the significant events of the past and present era of their character and put them in chronological order.
- Groups project to the future, creating at least two different scenarios, one positive and one negative.

### **Going large**

- When timelines are finished, work as a group to produce an extra large version of the timelines for public display.
- In presentation, each group walks along the timeline explaining the alternative futures and the “turning points” in the children’s lives.

### **Final discussion**

- Discuss the pivotal moments in the timeline, what does it take to make a change and who can make it happen.

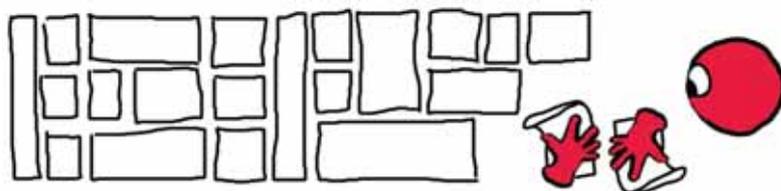
# SCREAM Timeline – Activity script

## Getting started

Take out the images that were used in the Image Family Profile Activity and reform the small groups that have been working together. Ask each group to recall the key child character that was developed in the earlier exercises.

Each group must produce an imaginary "Timeline" that logs the main events in the lives of their child character. The timeline begins with the birth of the character and makes note of each significant event in his/her lifetime up until his or her death.

## The SCREAM Timeline



### Past & present

The groups can regard the moment of the snapshot image and the hypothetical HIV scenario as the present day.

*Everything up until the present day is fact.*

*Everything from the present day onwards – that is everything in the future – is an uncertainty.*

To start with, your young participants should look to the past. Using their imaginations, they must create a list of the "significant events" in the child's life so-far, and place them in chronological order. Make sure that some kind of structured timescale has been established, such as the years of the child's life (i.e. his or her age).

Each group should start with the most obvious points in the child's history, the child's birth, the first day in school, the death of a family member or any other big crises. They should also consider other moments from the child's past that were significant to him or her, the first time s/he played music or sport, the first time she or he made some special friends, or a summer that was spent at grandma's house for example. Allow your groups a licence to be creative and humorous in this activity as they will inevitably think back to their own short life spans to conjure up ideas.

As they arrive to the present day scenario, the events surrounding the impact of HIV on the family will also be significant.

### The future

In the previous activities, each group will have already considered what the future holds for their child character. The task is now for each group to think of at least two possible future scenarios for that child, one optimistic and one pessimistic prediction of how his or her life could turn out.

*Focus on the HIV crisis and its consequence.*

## The turning point

Circulate around the room and try to make sure that each group identifies one significant turning point in the life of the child that is pivotal in determining either a positive or negative future. When there is a fork in the road (in this case a pathway to a good or bad future), there is always one turning point that determines which path an individual will take.

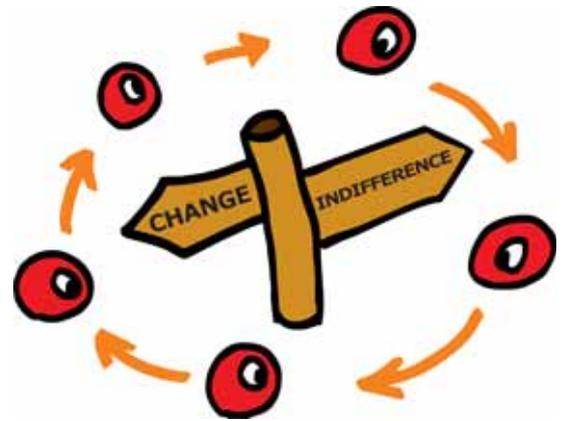
Encourage the groups to look into these turning points in more detail. As we analyse them we realise that there were other "significant events" that occurred, hidden in the timelines, that made the "pivotal moment" possible.

For example, imagine that the turning point in one child's life is when his mum gets access to free ART drugs in the village, keeping her alive and healthy to take care of her children. If that is the pivotal moment in the child's life, then who was it that brought the drugs to the village? What work was done to make the initiative possible? Was it a government-sponsored action? Was it the work of a foreign or domestic NGO?

Imagine that a child orphaned by AIDS experiences a turning point when her local school offers free education and subsidised meals to orphans and she is able to return to classes rather than going to work the streets. If so, how did this change come about? Was there a major bill passed in government? Was there support from other countries? A mass movement by the people demanding children's rights? A media campaign? In that case, each one of these can also be considered a "significant event" in the life of that child.

Simply signing a petition, joining a march, making posters, handing out flyers or informing people about children's rights, child labour, HIV or AIDS can be significant events that lead to turning points in the lives of thousands of children who would otherwise have suffered.

Give the groups a full 40 minutes to write and plot their alternative timelines.



## SCREAM Timeline II: Going large

The underlying message behind this task is an important one; it means that our actions can have an impact on the lives of others. Your group's interpretation of this theme through their timelines is a symbolic example of how the actions of your group can make a difference in the way that others think and behave. Therefore, if possible, it would be great to "go large" with the timelines and put them on public display.

Explain to your charges that they are now going to work together to produce a large version of their SCREAM timeline so that everyone can see it.

You could approach this in a variety of ways:

### i) Wall timeline

If you have a long wall and access to paper, you can make a grand display that stretches across the whole wall. Fix a timescale that will incorporate all the timelines that have been produced. Distribute pieces of paper (different colours if possible) to each of the groups so that they can stick the "significant events" onto the timescale.

### ii) On the floor

If you do not have an appropriate wall and paper at hand, why not find a large floor space (indoors or outdoors) that you can draw on. Once again, set the timescale and use markers, writings or even objects to signify the important events along the timelines.

**iii) 3D display**

If your group are particularly creative, perhaps they can think of a way to make a large, 3-dimensional timeline. This means that it is not just a drawing, but a physical structure that will display the timeline. They could use string and sticks and trees or any other materials that are available to make a striking 3D interpretation of their ideas.

**Presentation**

In presentation of their work, each group must stand up and walk along the timelines, guiding their colleagues through it visually, noting each significant event that plays a part in the life of their child character.

With each presentation, focus the group on the one influential moment that causes the fortunes of the character to flip from negative to positive. Explore these pivotal moments with your group. Were there any patterns in what they represented?

Has it led us to think of a certain group of people who have the ability to make a change in the lives of these vulnerable children? Was there one pivotal moment in one of the timelines that would have changed the fortunes of all the timeline children?

**Final discussion**

In this module we have advanced to a critical stage of thinking what could actively make a difference in the fates of children made vulnerable by HIV.

*What could your group do to become a part of the solution?*

Pick up on some of the SCREAM timeline “turning points” that your group produced and put them in the context of your own society to discuss how they could come about. What would make the authorities successfully provide free ART treatment for all, or subsidised schooling or appropriate care for AIDS orphans? What would stop the economic exploitation of vulnerable children? What would eliminate HIV stigma and discrimination from society?

In the “timeline turning points”, all roads lead back to people coming together and demanding action. If people join together, become aware and advocate a better response from their governments, communities, schools and from themselves, then this has the power to be a turning point in the lives of millions of children around the world who suffer from the effects of HIV.

Your group must understand that every effort that they make to change the attitudes and behaviour of their community can contribute towards making a real difference in people’s lives.



## SCREAM Timeline – Educator’s notes

This activity can be thought of in two distinct phases; firstly achieving the timeline and then making a public display of it. The first phase is about considering all that has been learned so far to construct a past and some alternative futures for the Family Profile character; then exploring what it is that those children need in order to make their futures bright and positive.

The purpose is to understand the turning point in these children’s lives is not just a one-off event, but an accumulation of many forces joining together to create a change. Many links down the chain, people like the young people in your group can contribute towards the life changing actions that change the fortunes of children made vulnerable by HIV and other disadvantages.

### Getting started

To explain the SCREAM timeline activity to the group so that they understand it, maybe you could draw up an example on the board of your own life. Choose a time scale, mark the year you were born on the board and point out a handful of significant events that have occurred up until the present day (make sure to toss in a couple of humorous events from your own childhood!)

Then project a possible future for yourself, outlining a couple of realistic future possibilities for your life. For you, as the teacher, to reveal yourself to your students in this manner shows a great deal of trust – and this trust shall be reciprocated by your group. The stronger the bond of trust that grows between educator and students in this participatory environment, the more comfortable and confident the students will feel to fully engage in the activities and express themselves.

### The SCREAM Timeline

As the groups get a grasp of the activity, circulate amongst them to offer some coaching. Tune into the group discussions, and nudge them to move deeper into the characters’ life and history. What were the significant events in shaping who this child is? Maybe the child had a very happy, loving life; maybe a close relative once fell very sick and it affected him or her; maybe the child’s father left the family; maybe the child was bullied or beaten up at school or at home; maybe it was the child who WAS the bully. Ask questions and encourage your groups to delve into their imaginations.

The group must also explore the events surrounding the arrival of HIV in the family. Perhaps the significant events could be when the HIV is contracted, when a family member or friend dies; perhaps when the child goes for an HIV test or when she or he drops out of school or moves home. Maybe the children had their house stolen by neighbours/landlords/relatives or were trafficked by a friend of the family to be exploited in domestic labour or prostitution, as can be the case with vulnerable AIDS orphans if they are not protected.

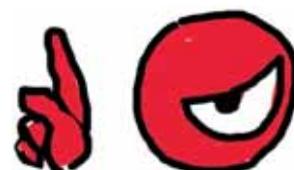
These are just a random list of examples, it is important that your groups create their own imaginary scenarios.

## SCREAM Timeline II: Going large

This visual presentation that is produced can be something for the group to be very proud of. If they feel that they want to spend some extra time making it visually appealing and stamp their own style on it, they can add artwork, colours or decorations. By all means allow them to take pride in their creativity.

This visual piece will serve as a focal point for forthcoming discussions on what is needed to turn around the negative situation that many children find themselves in. After all, this module on HIV, AIDS and Child Labour is about sensitizing people and searching for positive solutions. If this issue has touched the hearts of your group and inspired them to believe that the situation **MUST** be turned around, then at this point they need to be thinking about solutions. What can be done? How? And by whom?

If possible, place the SCREAM Timeline on permanent display somewhere where it can be seen by many people. The Timeline is quite a powerful symbol to remain in the mindset of your young group. The idea of actions or events changing the fates of vulnerable children is exactly the empowering sentiment that SCREAM wants to instil. Furthermore, it emphasizes the significance of *time*. Time is short, life is short, HIV, AIDS and Child Labour are **URGENT** issues; and we are reminded of this mantra each time that we glance up at our timeline.

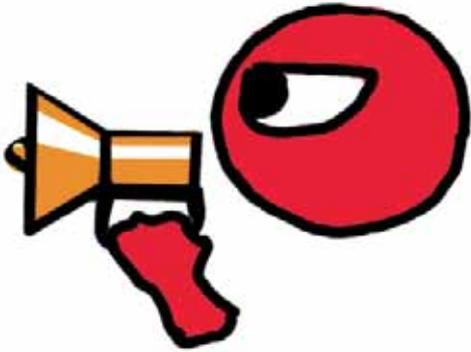


### Note to user

It is important that your group have decided upon what they understand to be a "positive" or "optimistic" outcome on their timeline, and this will take some moral guidance on your part. Obviously, deceased relatives are not going to return for example, but what would be a positive outcome for the life of a child carrying HIV or one who has lost his or her parents and family? Refer to the Information Section for notes on Living Positively with HIV.

The important thing for children is to be given the chance of a childhood, an education and the love and support that they need to develop into functional members of society. Children and adults living with HIV need access to Antiretroviral Therapy, medical and psycho-social support and a healthy lifestyle (which includes stability in income and food). Maybe you could have a brainstorm on the board to discuss what the group would define as a "positive life" before they start work on the timelines.

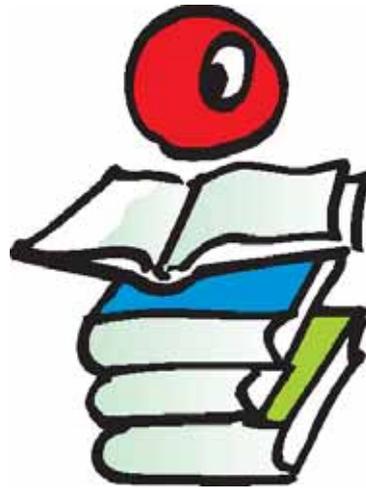




## Becoming Agents of Social Change

### What you will need:

- ✓ Your SCREAM Pack. In the absence of a SCREAM Pack, view or download the online version at [www.ilo.org/scream](http://www.ilo.org/scream).
- ✓ If it is not possible to access a SCREAM Pack, you can use the guidance in this section as inspiration for organizing awareness raising activities with your group.



### The aim of this section:

The group takes the initiative to orchestrate awareness raising and community education events about HIV, AIDS and Child Labour.



### The gain:

The group puts in motion the knowledge and skills they have acquired to become agents of social change. Confidence, self-esteem and a sense of responsibility are boosted as the young people graduate from pupils to educators of others.



## Getting started

We have now reached the crucial stage in this project where confidence is boosted, ideas are generated and motivation put in motion to take SCREAM outside of the classroom and into the community. If your group have been moved by SCREAM, mobilized and inspired, it is now time for them to really become a part of the global campaign to eliminate child labour and make a change in mindsets and attitudes in their society.

Read through the ideas below, refer to the associated modules in the SCREAM pack and discuss with your group which of the events they feel a desire to carry out.

## Utilising the work done so far

The first thing to consider is whether the work done throughout the programme is being used to its full potential. Have the group managed to organize a public display somewhere of their Perspectives artwork, their Creative Writing stories, songs or chants, or their big SCREAM Timelines? If not, then this is a great place to start. Discuss with the group where the display could be made to have maximum effect.

Perhaps your group will be inspired to be more ambitious with their efforts and produce a series of posters or leaflets explaining what they are doing. They may like to paint a large mural on an external wall. Challenge them to come up with effective ideas to get their messages out into public.

## Open SCREAM up to others

How could your group open up their activities to other young people in the community to share the education that they have benefited from? Perhaps they could organize a SCREAM programme or some one-off educational events for the children in their community.

If some individuals feel confident and motivated enough to do it, they could replicate some of the SCREAM activities for children their own age or younger, but this time as the educators. Supply them with all the materials and support that they need, this is a wonderfully empowering process for young people to become "youth leaders" in their own communities.

The group might decide that working through existing institutions is the best way to get the message out there, so they could talk to school and community leaders to try and factor SCREAM into the schooling system, youth clubs or religious meetings.

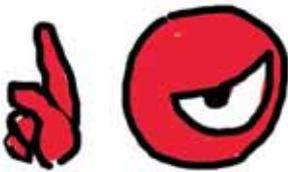
## The SCREAM Modules

This section will guide you through the modules in the SCREAM pack that you could revisit with a fresh focus laid on HIV related child labour issues. The modules featured are ones that develop the communication and campaigning skills in young people. They provide guidance and ideas on how to support your group in organizing the public events.

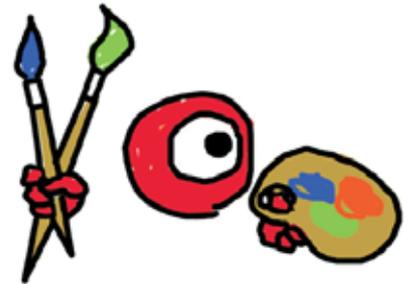
If you do not have access to the SCREAM pack, discuss the ideas below with your group to see which ideas they feel most passionately about.

## Art Competition

The Art Competition module presents a simple concept but an effective awareness raising activity for young people. Return to the module and raise the prospect with your group of **organizing a public art competition**.



Approaching the issue of HIV, AIDS, children's rights and child labour through the medium of artistic expression demands young people to think about and interpret the issue in their own way. It is a useful educational and recreational activity for young people to participate in.



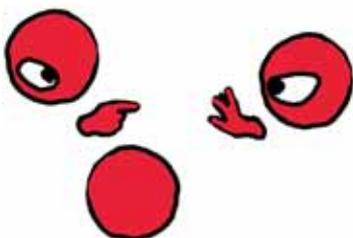
### Note to user

Assist your group to write letters and contact the local newspapers to see if they would like to cover your art competition in the press. If you approach them in a polite and professional manner, they may even provide some sponsorship to cover the small costs of the competition (paper, pencils etc.) Refer to the Media: Press module for assistance.

If the group can take it to the next level and not only participate in the activity but also open it up to the public, the level of organization needed is also a great learning experience for those involved. Firstly, it demands the development of communication, organizational and team-working skills as well as a sense of responsibility to the cause. Secondly, it allows the group to recruit more like-minded young people into their movement to join the campaign to raise awareness and understanding of these important issues.

- Brainstorm with your group what the specific theme of the competition should be within the general context of HIV, AIDS and Child Labour.
- Decide upon what type of art competition it should be. Will it be targeted at different age groups? Will it use different artistic mediums such as pencils, paint, sculpture, photography or something else?
- Divide up responsibilities and tasks between the group such as producing and disseminating the rules of the competition, publicity (posters, advertising), organizing a venue and materials (perhaps acquiring sponsorship could be another objective).
- Seek coverage in the press for the competition.
- Hold and judge the competition and hand out prizes for the winners. Make sure your group do not forget to take advantage of the occasion to disseminate information on HIV, AIDS and Child Labour.

## Debate



In the same vein as the Art Competition module, the Debate module also provides an opportunity to integrate the community into your SCREAM activities. Organizing a public debate or panel discussion is more than raising awareness; it fosters the sharing of knowledge between people, including the circulation of expert opinions on a given subject.

Once again, the group are responsible for the organization of the event right from the word go. They must consider the topics, the rules, the invited guests, a venue, publicity, the media and all the other little obstacles that will crop up. It is a great experience for young people to take this amount of responsibility over such a positive cause and see the results with their own eyes. You are there to facilitate your group in achieving this and provide guidance wherever necessary.

There are two types of debate to consider:

1. **Formal Debate** : Establish a topic for debate and put together two teams who will argue either “for” or “against” that topic. The two teams research and prepare their side of the argument (whether it is an argument that they agree with is irrelevant, they must argue their point). The teams must be careful not only to prepare their own speeches, but also to try to predict what the opposition’s argument will be so that they can beat it.

The adjudicator of the debate is responsible for maintaining order and she or he eventually chooses a winner based on who made the most compelling argument.

2. **Panel Discussion**: A panel of “experts” is invited to sit at the front and respond to questions from the chair of the discussion and sometimes the audience as well. Panellists should be chosen who have different fields of expertise and perhaps even conflicting interests on important issues. However, the discussion is not about fuelling an argument but exploring the issues and it can serve as a highly interesting and entertaining event.

If you carry out a public panel discussion as a community integration event, discuss with your group who you would invite as your special guests. You might invite a community doctor, a teacher, or social worker who has a strong knowledge of the effect of HIV on children. You may also try to invite a member of a responsible ministry in the government, a police officer who deals with street children, an organization that cares for AIDS orphans or children affected by HIV and child labour themselves. The opportunities are many; you can take this activity as far as you are able.

Remember not to lose sight of the objective of participation in this activity, even though debating teams or panels might only consist of small teams, try to find ways to make sure that the rest of the class are not left idle. You might divide up the organizational tasks or perhaps run multiple debates simultaneously so that all your charges are busy preparing at the same time.

## Creative Writing



Following the creative writing activity that is featured as a SCREAM Flashback in this special module on HIV, AIDS and Child Labour, perhaps your group would like to use their literary talent to target the community with their messages. They might choose to accompany the public art competition with an essay writing, story or poetry competition, following the same advice contained in the Art Competition module.

Perhaps it was the musical component of the Creative Writing Flashback that really appealed to your group and they believe this would have the greatest level of outreach to their peers. The youth will always be interested in music, and for that reason it is a fantastic engine for young people delivering messages to other young people. Maybe a local youth radio station would be interested in supporting your group in producing a local music or singing competition or hosting a concert on the topic of HIV and Child Labour with some celebrity guests.

Alternatively, if the group have produced some strong pieces of literary or musical expression themselves, perhaps they would like to create an album of their stories or a CD of their songs that could be distributed or sold for charity in the community.

The same obstacles of funding, materials, publicity and correspondence will arise and once again must be tackled by your group to make all of this possible. Refer to the Community Integration, the Art Competition and the Media modules for further ideas.

## Drama

The objective of the Drama module is to put on a public drama production on the theme of HIV and Child Labour for public consumption. The module is a highly practical and informative guide to assist you to facilitate this with your group. The public drama production allows your group to directly access their target audience with the messages they have been developing and to aim to strike an emotional chord with them.

Right from the spark of an idea to the logistics of the stage show, this activity holds a series of big challenges for your group in what will be an exhausting project, but the module is designed to assist you through this process with lots of advice.

Putting on a Drama production is a real step up from the Role-Play activities on many levels, and will take an enormous amount of motivation from yourself, your group, and as many hands of external support that are willing to help out. However, ultimately it is a rich and rewarding experience for your group. The drama will be a memory that they carry with them for the rest of their lives and is also their opportunity to make an impression on the mindset of people in their community. Needless to say this is yet another opportunity to involve the media in what you are doing.

If you are working in an area with a high prevalence of HIV, or some of the children in your group are living with the effects of HIV, then the Drama module must be handled extremely sensitively. As experienced in the Role-Play activity, drama can be powerfully therapeutic for young people living with such issues, and can allow them to confront their problems like no other technique. However, it is not something that can be rushed, and it takes a special amount of support on the behalf of the educator to enable them to get through it. You might once again consider a social worker or child psychologist for advice if you have access to one.

Nurture your group, build their confidence and motivation, inspire them to define the problems related with HIV and think about what they can do to be part of the solution. Let them know that they are the generation that can make a difference in the way the world handles this issue for the fate of millions of children, now and in the future. The captive audience of the theatre presents them with a chance to make a difference in people's lives, so they should rise to the challenge and take their opportunity.



## Media: Press and Media: Radio & Television



The Media section is an integral component of the SCREAM pack's structure and should be made full use of in this HIV/AIDS extension module. Do not underestimate the potential level of interest that the media might have in your project, even at the national level in newspapers, television and radio stations.

Both in countries where HIV and child labour are highly prevalent, and those where they are not, the media have a social responsibility to provide a sufficient level of coverage of these vital themes. Many media institutions are still lagging behind their responsibilities in bringing these socially imperative issues to the attention of the public, but there are very many out there who have a strong desire to fulfil their duties.

SCREAM provides child labour related news, but with a positive spin. It raises the level of awareness about the issue, bringing important facts to the fore, but under the lead of young people making a difference in their communities. Your SCREAM programme is a great story!

Perhaps if there is an interesting news item in the press on children or HIV that is causing some controversy, you can challenge your group to write letters to newspapers expressing their point of view on the issue. You can then assist your group in sending their letters to the media outlets to try to get them published. This would be a wonderful example of youth participation.

You may encourage your group to make contact with a local university, in particular with the departments of mass media, communication or journalism, to form some sort of working relationship whereby students come volunteer to educate your class on the media. In this way your group could increase the outreach of their SCREAM programme.

The two media modules provide vital information and advice on targeting the media, understanding the field and scoring an article, interview or report. They provide guidance on how to write a press release, how to behave and prepare for media interviews and how to deal with journalists and media types. This field of education is unique for young people and also empowering. Above all, it enhances their campaigning and advocacy capabilities and is another boost for their bids to become young agents of social change.



## Information Section

### 1) What are HIV and AIDS?

In our bodies we have an inbuilt “immune system”, which is a defence mechanism that guards us against illness and disease. This immune system is in our blood. We have red blood cells, which transport oxygen (air) around our body to allow us to breathe, and we have white blood cells that float around our body guarding us against infection. The white blood cells are like security guards that protect us against invaders, they locate illnesses in the body and transport “anti-bodies” to the source of infection to cure it.

HIV (Human Immunodeficiency Virus) is a virus that attacks the white blood cells in our bodies and damages or destroys them to stop them working<sup>6</sup>. Once HIV destroys one white blood cell it multiplies and spreads onto another to destroy that too. HIV is so relentless that it will not stop until our whole immune system has been beaten.

This is why HIV is a very serious virus once it enters our bodies. When HIV wears down our immune system so much, this causes a condition called AIDS (Acquired Immuno Deficiency Syndrome), which means that your immune system is too weak to protect you any more<sup>7</sup>. When you have AIDS, your body becomes very vulnerable to all sorts of diseases and infections that it would usually defend itself against. Common illnesses that attack the body in this weakened state are tuberculosis, pneumonia, forms of cancer and other opportunistic infections. Eventually, the illness becomes too much for the AIDS carrier body to cope with, and the person dies. This is how AIDS kills.

### 2) How do you know you are HIV positive?

HIV by itself is not an illness and it does not have any external symptoms. You cannot tell that someone has HIV just by looking at them and it is normal for someone to be infected with the virus for many years before any symptoms appear. The only way to find out if you are carrying HIV is to go for a blood test at your local health clinic or medical centre. There are some tests that can give you results within the hour. If the test is negative, it is usually ok to relax. If it is positive, your doctor will perform a second test to confirm your HIV status.

The test will only work if it is done later than 3 months after your body was exposed to the infection. The HIV antibodies that the blood test looks for, takes about this much time to become detectable in the blood stream. Therefore, even if your result is negative, you must return for a follow up HIV test in six months time to be sure that the first test didn't miss the virus. If not, you could be living with the virus without knowing it and passing it on to other people, which would be terrible.

<sup>6</sup> In particular, HIV attacks a certain type of white blood cell called CD4.

<sup>7</sup> AIDS is diagnosed when a person's “CD4 count” falls below a certain low level.

The sooner you know your status, the sooner you can have peace of mind about your life. If you are HIV positive, you can follow the appropriate medical advice to extend your life for as long as possible without developing AIDS. If you are negative you can count yourself lucky and make sure to take ALL the precautions to prevent yourself from contracting the virus in the future.

### 3) How is HIV transmitted?

There are lots of myths and misunderstandings about how HIV can be transmitted from one person to another. We know that HIV **CANNOT** be transmitted through everyday contact such as kissing, shaking hands, hugging, sneezing, coughing, insect bites, sharing cutlery or using the same toilet, bath or swimming pool. In fact, the **ONLY** way that HIV can be transmitted is through the transfer of infected bodily fluids. This means that the blood, breast milk, semen or vaginal fluids of one person enters the body of another.

HIV transmission therefore occurs only in three categories; Sex, Blood and Mother to Child.

#### **Sex**

- The main source of contracting HIV is sex with an infected partner. The virus is contained in our semen and vaginal fluids which makes unprotected sex with an HIV infected person highly dangerous.
- HIV can be passed from man to woman or woman to man in a heterosexual relationship through the exchange of semen or vaginal fluids or perhaps through blood.
- Women are physically more susceptible to the virus than men due to the physical nature of their genitalia. Recent research has found that male to female transmission is twice as likely in sexual intercourse than female to male (WHO/UNAIDS, 2004).
- Women are also more susceptible due to gender differences and social factors. Many women live in environments where they do not have the power to say no to sex, nor to insist on the use of a condom. Many women are sexually abused and raped by men, even if they are married to them, which makes them even more vulnerable to contract the virus.
- HIV can also be passed on through sex between a man and another man, through anal or oral sex and also through sex between a woman and another woman.

#### **Blood**

- Any manner in which HIV infected blood enters the body of an uninfected person leaves them at high risk of contracting the virus, this could be through the mouth, through an open wound, through the penis, the anus or the vagina.
- It is also possible to contract HIV from blood transfusions if the blood is infected and has not been properly screened.
- Drug users who share needles are at risk of passing on the virus as blood can be transferred between bodies if the needle is not sterilised.
- HIV can also be transmitted through sharp objects such as knives and razor blades if infected blood is on the object when it cuts another person's body.

#### **Mother to child**

- HIV can be passed on by an infected mother to her baby either before or during birth, or through breast feeding.
- Concentrations of HIV have been found in breast milk which makes breastfeeding a risky activity. The activity is particularly risky if the mother's breast has some open wounds which pass blood or pus to the baby's mouth

## 4) How can the spread of HIV be prevented?

It is possible of course to reduce the risk of contracting HIV, and this is our only hope of stopping the spread of the virus in the medium term future.

### Sex: Changing sexual behaviour

It sounds simple, but the greatest weapon we have in reducing the rate of HIV infection is to promote and maintain responsible sexual behaviour.

#### i. Respect for women

Sexual attitudes in society are predominantly controlled by men and too often women and girls find themselves at the powerless end of sexual relationships that do not respect their rights to protection or freedom. Many women have no control over their sex life and are subject to violence and rape in their homes.

Furthermore, girls and women are often denied their right to education, their roles in society placed beneath those of men and boys. Girls and women need access to an education just the same as men and boys, as a source of information for living healthily, understanding their human rights and bettering themselves as equal citizens.

In order to tackle the spread of HIV, the world needs to change attitudes towards women and girls. The youth of this generation must fight for equality between the sexes. They must fight to eradicate the intimidation, abuse and disrespect that women and girls are faced with in their marital and extra-marital lives so that we can put a stop to the unlawful and unnecessary spread of HIV.

#### ii. Don't rush into sex

The only 100% certain method of not contracting HIV through sexual intercourse is not to have sex. Young people should always respect the potential dangers of sex (early pregnancies, sexually transmitted infections and HIV) and should try to postpone having sex with a partner until they are mature enough to practice safe sex and ensure that they are not at risk of HIV infection.

Many people wait until they are married before having sex and commit themselves to each other for the rest of their lives. When two people are in a committed relationship they can both be tested for HIV in order to have peace of mind and start their lives together as they mean to go on.

#### iii. Use condoms

The most effective method of prevention for couples who do have sex is the use of condoms. Always use a condom, and use it correctly. You can never tell if a person has HIV just by looking at them, no matter how much two people trust each other, therefore in the modern world it is safer and more sensible if everyone always uses a condom as protection.

You can get hold of condoms from your health centre or pharmacy. Do not forget to read the instructions carefully as the majority of cases of condom failure result from the condom being put on badly.

An alternative to the condom is the female condom which protects women from HIV, sexually transmitted infections and pregnancy. More importantly it is under the control of the woman as to when it is used, which removes the dependency on the male to wear the condom. There is also a new potential form of contraception that is being developed by scientists called Microbicides, that will be available in the form of a gel that can be applied to the vagina by women before sex.

#### iv. Be faithful to your sexual partner

Finally, a vital factor in sexual behaviour is for men and women to always be faithful to their sexual partner. When a man or woman has any sexual relations outside of a marriage (or relationship), they put themselves at risk of contracting HIV and then giving it to their partner. They do not only put their own life in danger, but that of their partner too, and hence the wellbeing of their whole family.

These are the changes in sexual attitudes that today's young people must take forward into the future to put a stop to the spread of HIV. Don't rush into sex, be faithful with your partner, always use a condom and respect the rights of women and girls. The responsibility lies on the shoulders of young people to make a difference in their generation.

### **Blood: Take care with blood**

- Avoid sharing sharp objects such as needles, syringes or razor blades if they are not correctly sterilized.
- Make sure that blood for transfusions is screened properly, preferably from a reliable medical facility such as a hospital.

### **Mother to child: Follow the doctor's advice**

- Even with the most advanced medication, childbirth by an HIV positive mother is not without substantial risk of passing the virus onto the baby.
- However, infection from mother to an unborn child can now be controlled using Nevirapine, a therapy that has been used successfully around the world to cut the rate of Mother To Child Transmission (MTCT) of HIV. Studies have shown that with the right medication, the risk-rate of MTCT can be reduced dramatically, given that the baby is delivered by caesarean section, is not premature and that breastfeeding is avoided.
- For an HIV positive mother, breastfeeding always poses a risk of mother to child transmission of the virus. Mothers should closely consult their doctors to find the best way to reduce the risk of infection, which includes wherever possible using replacement milk (formula or donated milk) instead of breast milk. It is possible for mothers to use a mixture of breast milk and replacement milk and for the baby to avoid infection.

## **5) Living with HIV**

### **A cure for HIV or AIDS**

There is no known cure for HIV or AIDS yet. Once a person contracts HIV, it is a chronic ailment, which means that that person will live with the condition for the rest of his or her life.

### **Antiretroviral Therapy (ART)**

Treatment exists for HIV called Antiretroviral Therapy (ART), which is a combination of therapies that change the natural course of the virus, blocking it in its progress. ART does not cure the HIV but can control it as it counteracts the bad effects of the virus and prolongs the time between infection and the showing of symptoms. Therefore, as long as a person sticks to the treatment and follows the doctor's advice, he or she can live with HIV in his or her body for a long time. That person can go on to school and university, get married and grow old, living with HIV. As long as the virus is not allowed to wear down your immune system enough to advance to AIDS, you can live a normal life with it inside your body.

ART treatment does not always begin as soon as a person finds out they are infected with HIV. The doctor will advise the patient when is the best time for treatment to begin and from that point onwards, the ART drugs must be taken extremely punctually on a strict regime in order to control the virus. If a person stops taking his or her tablets, the virus figures out what the medication was doing and modifies itself to become stronger and avoid the effects of the treatment. If this happens, then ART will no longer work. Even if a person is late taking his or her tablets by 30 minutes, it reduces the effectiveness against the virus, which is highly intelligent.

Unfortunately, due to the costs and the management of these ART drugs, they are not available to all the people that need them. In some cases where they are available, the patients cannot follow the regime effectively due to poverty – as they cannot afford food and nutrition or treatment for other little illnesses that arise. Some HIV positive men and women lose their jobs due to stigma and this always makes the situation very difficult for them, and their families.

## When does one start their ART treatment?

The HIV patient does not normally start ART treatment immediately after testing positive. The doctor monitors the progress of the virus and delays treatment until the patient's immune system drops below a certain level. ART treatment is an intensive treatment that implies taking a number of tablets on a daily basis at a specific time each day. The patient will continue with the treatment until the doctor says otherwise.

## 6) How to live positively with HIV

If you are worried about having HIV, the best thing you can do is go and get tested. **KNOW YOUR HIV STATUS.** The tests are quick and painless and for those of us who get a positive result, the sooner we know about it the better so that we are not putting our own and other people's lives at risk. For those of us who test negative, we can relieve our anxiety and promise to take all the precautions possible not to risk infection again in the future.

Being diagnosed as HIV positive is something that will change a person's life drastically, but it is not the end of the world. The effect that HIV can have on us depends largely on how we respond to it. Those of us who have HIV must accept our condition and follow these guidelines to living a positive life.

- Remember, the average time for HIV to develop into AIDS in the human body is 8-10 years, and that is without treatment! Being diagnosed with HIV does not mean your living days are over.
- Seek help, information and support from your doctor or local medical institution. HIV is as much a social condition as it is medical, do not be afraid of receiving counselling from friends or professionals who want to help you understand and live with the condition. Find out if there are support groups and counselling services available to you in your area.
- Take care of our health! From now on, you must look after your body as best you can. You must try to eat well and focus on healthy foods. Proteins (fish, meat, beans) and Carbohydrates (grains, cereals, vegetables and fruits) are good for your muscles and energy. Fatty foods are bad for your health. Also, drink plenty of fluids.
- Keep fit and exercise regularly.
- If you are put on Antiretroviral Therapy by your doctor, develop a "Treatment Schedule" to be sure that you never forget when to take your medication. Engage a close friend or family member as your support person to help remind you about appointments and medication times.
- If you are not in a position to receive ART medication, due to cost or lack of availability, then you must remain positive and try to keep your body as healthy as possible. Good food and exercise are still your priorities.
- Try to make frequent visits to your doctor to monitor your health and treat opportunistic infections as soon as they arise.
- Remember that smoking, drugs and alcohol are all bad for your health and can shorten your life.
- Enjoy life and plan for the future! HIV is not the end of your life, it is a chronic condition that you will learn to live with. Smile and prioritise the positive things that you have to live for.
- Contribute to a more positive society by talking openly about HIV and AIDS and inform others of what it is and what it means.

Whether we are carriers of HIV or not, all of us in society must treat our friends, colleagues, family members and fellow citizens who are HIV positive with respect and dignity and make sure not to discriminate against or stigmatize them.

## 7) What is child labour?

A child is defined by the UN Convention on the Rights of the Child as a boy or girl below the age of 18 years. However, that is not to say that all work carried out by boys and girls below the age of 18 is classified as child labour and therefore deemed illegal under international conventions and national laws. Many consider certain domestic tasks or light work performed by boys and girls to be beneficial to their development. So how do we distinguish between what is an acceptable task for a child and what is child labour?

“Child labour” refers to work that is mentally, physically, socially or morally dangerous and harmful to the development of the child. This includes work that interferes with a child’s schooling, forcing him or her to leave school early, combine school with a heavy workload or miss school altogether.

All the countries that have ratified ILO Convention 138 consider the minimum age for child work to be 16 years or the age of finishing compulsory schooling, which could be younger. Boys and girls younger than 16 (or school-finishing age) but no younger than 12, are allowed to engage in “light work”, which is non-hazardous, no longer than 14 hours per week and not damaging to the child’s education. Children between the ages of 16 and 18 are permitted to work full time, but not in any hazardous conditions which in their nature might harm the child’s safety, health (physical or mental) and moral development.

The ILO Convention 182, ratified by more than 150 countries, outlines the Worst Forms of Child Labour and obliges states to take immediate action to eliminate child labour in its worst forms as a matter of urgency. The worst forms include child trafficking, forced and bonded labour, the use of children in armed conflict, prostitution and pornography, hazardous work and employment in other illicit activities (such as drug production/sale).

The efforts to eliminate child labour go hand in hand with the UN Convention on the Rights of the Child which entitle all boys and girls the right to an education, to protection from economic exploitation and to time for rest and leisure.

## **8) How does HIV relate to child labour and education?**

The HIV pandemic affects the lives of millions of boys and girls worldwide in different ways. Many children live with HIV, while an even larger number have been orphaned or made vulnerable by AIDS.

### **HIV and education**

Children affected by HIV suffer some of the following challenges relating to education:

- Lack of sponsorship or funds to pursue their educational dreams.
- Lack of a home in case the caregiver was renting a house or the survivors have disinherited the child.
- Stigmatisation by fellow pupils, teachers or other members of society.
- Lack of in-school support in terms of psychosocial help, counselling, materials requirements and understanding.
- Lack of nutritional supplements for the children who are directly affected by HIV.

On the other hand, it could be the teacher(s) who falls ill due to HIV or AIDS related illnesses and has to leave the school. In communities where teachers are very scarce, this can be enough to push many children out of school and into work.

### **HIV, AIDS and child labour**

- Of the estimated 39.5 million people living with HIV in 2006, around 2.3 million are thought to be children. (WHO/UNAIDS, 2006)
- 4.3 million people are thought to have been newly infected with HIV in 2006, 530,000 of whom are estimated to be children. (WHO/UNAIDS, 2006)
- However, there are an enormous number of girls, boys and adolescents who are orphaned by the deaths of their parents or guardians.
- Over 15 million AIDS orphans (children between 0-17 who have lost one or both parents) are estimated to be living in the world today (UNAIDS, 2006), 12 million of whom reside in Sub-Saharan Africa.

### Global HIV estimates, 2006

*AIDS Epidemic Update:  
Special Report on HIV/AIDS December 2006 (WHO/UNAIDS)*

Region	No. adults living with HIV	No. women living with HIV	% adults with HIV who are women	No. children with HIV (0-14)
Global	39,500,000	17,700,000	(48%)	2,300,000
Sub-Saharan Africa	24,700,000	13,300,000	(59%)	2,000,000
South and South East Asia	7,800,000	2,200,000	(29%)	170,000
Latin America	1,700,000	510,000	(31%)	32,000
Eastern Europe and Central Asia	1,700,000	510,000	(30%)	6,900
North America	1,400,000	350,000	(26%)	11,000
Western and Central Europe	740,000	210,000	(28%)	4,000
East Asia	750,000	210,000	(29%)	6,400
North Africa and Middle East	460,000	200,000	(48%)	31,000
Caribbean	250,000	120,000	(50%)	22,000
Oceania	81,000	36,000	(47%)	3,000

### AIDS deaths by region in 2005

*2006 Report on the Global AIDS Epidemic (WHO/UNAIDS)*

Region	Death in adults and children	Orphans* due to AIDS (0-17)
Global	2,800,000	15,200,000
Sub-Saharan Africa	2,000,000	12,000,000
South and South East Asia	560,000	
Latin America	59,000	
Eastern Europe and Central Asia	53,000	
North America	18,000	
Western and Central Europe	12,000	

### AIDS deaths by region in 2005

2006 Report on the Global AIDS Epidemic (WHO/UNAIDS)

Region	Death in adults and children	Orphans* due to AIDS (0-17)
East Asia	33,000	
North Africa and Middle East	37,000	
Caribbean	27,000	
Oceania	3,400	

\*(Children who have lost one or both parents)

### HIV prevalence in young men and women (aged 15 to 24) in 2005

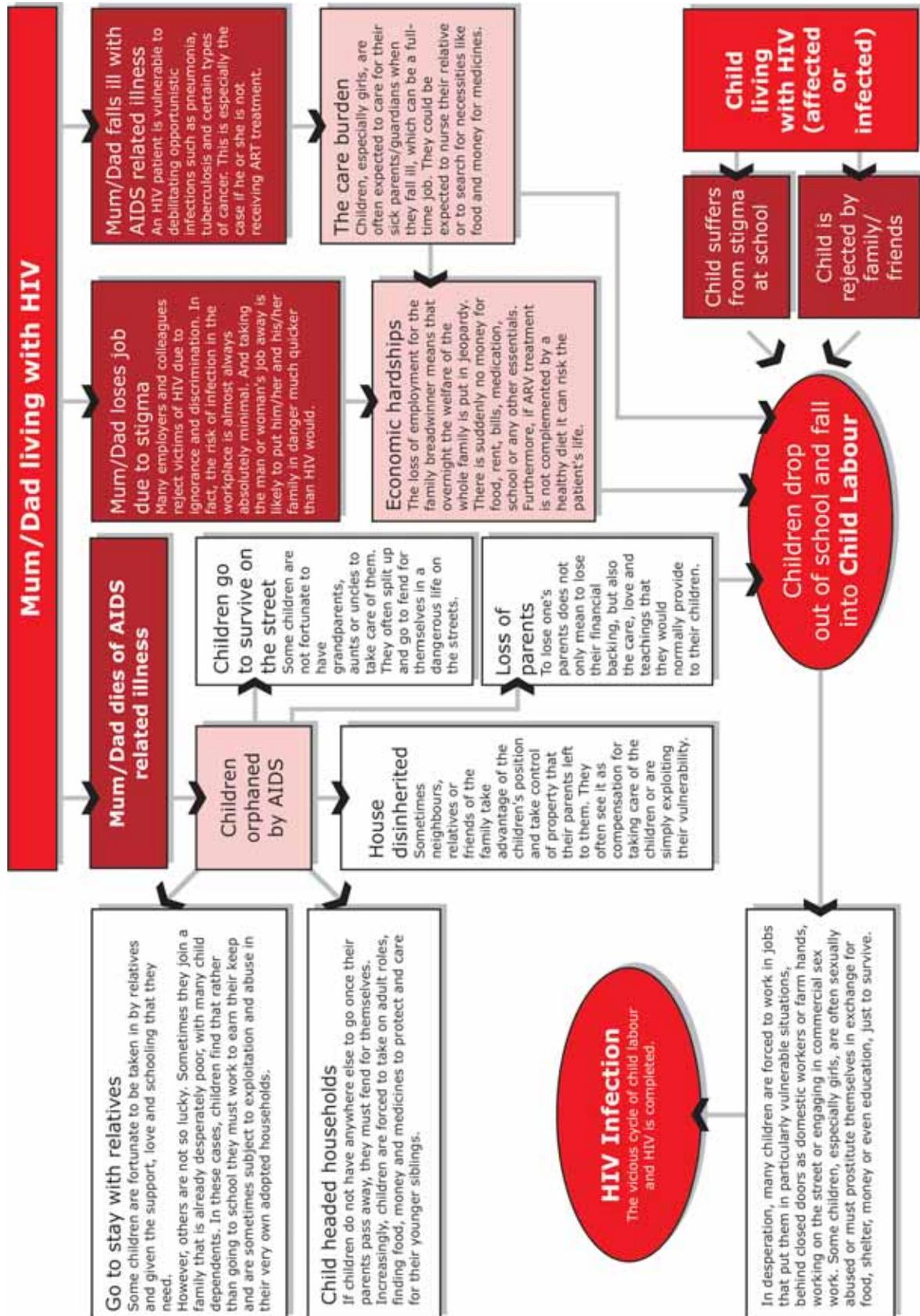
2006 Report on the Global AIDS Epidemic (WHO/UNAIDS)

Region	% young women living with HIV	% young men living with HIV
Sub-Saharan Africa	4.3	1.5
South and South East Asia	0.4	0.6
Latin America	0.3	0.5
Eastern Europe and Central Asia	0.5	0.9
East Asia	<0.1	0.1
North Africa and Middle East	0.2	0.1
Caribbean	1.6	0.7

### Child labour stats

- According to the Global Report on Child Labour 2006 (ILO-IPEC), there are an estimated 218 million child labourers below the age of 18 in the world. Of these about 166 million are aged 5-14, and approximately 52 million are aged between 15 -17 years.
- 126 million of these are working in hazardous conditions.
- There are no statistics that directly link HIV with child labour, but intuitively and qualitatively the relationship is clear.
- In Sub-Saharan Africa, the country with the deepest and most extensive AIDS pandemic, there are almost 50 million child labourers aged 14 or under. This is 26.4% of the under 15 population.
- There are also an estimated 122 million child labourers under 15 in the Asia and Pacific Region and 5.7 million in Latin America. There are a further 13.4 million in other regions.

Fig 1. The vicious cycle of HIV, AIDS and child labour



## Focus Sub-Saharan Africa: The Traditional Extended Family System

The traditional extended family system which has always been the backbone of social protection in Sub-Saharan Africa has been devastated by the effects of the AIDS pandemic.

In the past, a child belonged to the community, not the nuclear family alone. The welfare of children was the concern of the entire clan. Grandparents cared for children while their parents went to work. Uncles and aunts lived with families in such a way that it was not easy to discriminate children. When a child lost one or both of the parents, the clan could easily identify who to take care of them until they came of age.

However, the advent of HIV and AIDS and increased urbanisation in the 1980's affected many African families and communities. Many able bodied and productive members have died or remain sick for an extended period, leaving young children or aged grandparents to look after the patients and the orphans. These "carers" are in most cases too weak to adequately support the growing demands for education, shelter, clothing, medical care and other life necessities.

Urbanisation has acerbated the impact of HIV on families and communities. Unlike rural communities where most basic necessities of life are abundantly available at no or limited cost, the situation is different in urban areas. From housing to feeding, almost everything is obtained from the market. With limited income, social protection for orphans and other vulnerable groups is continually challenged.

**While HIV and urbanisation have greatly weakened the traditional social security system no viable alternative has yet evolved or been developed.**

## 9) What can be done to eliminate HIV related child labour?

The following list provides a sample of key areas for overcoming the HIV related child labour crisis. What do your group think are the ways in which **THEY** can make a difference?

### Care

- Provide free ART drugs, medical and psychological support to all those who need it.
- Provide free contraception, information and advice for all young people.
- Target children affected by HIV directly with medication, nutritional supplements and counselling.
- Promote the research into new and cheaper medication for prevention, care and cure for people living with HIV.
- Promote strong and innovative advocacy by all, at all levels, for the protection of children made vulnerable by HIV and to put a stop to the spread of the virus.

### Social protection

- Provide vulnerable children, affected and infected by HIV, with social protection when their parents fall ill, lose their jobs, or die in order to stop them falling into the trap of child labour.
- Resuscitate community level social protection strategies so that children can be integrated rather than isolated as a result of HIV.

- Provide orphanages, subsidies to families for child care, food and education support, life-skills and vocational training to orphaned children so that they are guaranteed a childhood and grow up to be productive, educated members of society.

### Education

- Extend education for all to child labourers and people living with HIV with special funding and consideration to make the system adapt to their specific needs.
- Combat the pressures to drop out of school by providing financial incentives such as free school meals, quality education and support to the families.
- Strengthen the capacity of the schooling system to cope with the numbers of children whilst providing quality education and personal attention to their pupils in order to monitor potential child labour drop outs. This implies a great investment in training teachers, providing materials and building schools.

### Monitoring

- Improve monitoring of children vulnerable to child labour as a result of HIV. Establish community child labour monitoring committees representing the schools, police, government, parents etc. who can direct the community approach to putting a stop to child labour.

### Awareness raising

- Escalate community level awareness about the problem of HIV and child labour.
- Educate and empower young people to give them responsibility to take awareness raising into their own hands.
- Fight stigma in schools, the workplace and society that is targeted at individuals infected and affected by HIV.
- Promote a change in sexual behaviour. Encourage young people to talk about sex, its dangers and safe practices, to respect women's rights to "say no to sex" and to protect their bodies and reproductive health. Promote responsible sexual behaviour and faithful relationships.
- Continuously identify and disseminate good practices on dealing with the twin challenges of HIV and child labour.
- Participate fully with young people and children in finding solutions to the crisis.
- Promote more awareness and responsibility in men for reproductive health issues; encourage men and women in a relationship to share decisions on family planning, contraception and sexual health in a relationship.
- Sensitize the community about homosexuality and what it is so that gay men and women feel free to talk openly about their lives and seek information and advice on sexual health.

## 10) What can young people do in the campaign?

The first thing that young people can do in the campaign to eliminate HIV related child labour is to be informed and not to be indifferent. This means learning about the issue, doing research, talking about it, and telling other people what they know.

First and foremost, young people must take responsibility to protect themselves. This means being aware of the dangers of unprotected sex, needle use and other forms of contracting HIV, and living their lives in a way that avoids the risk of infection.

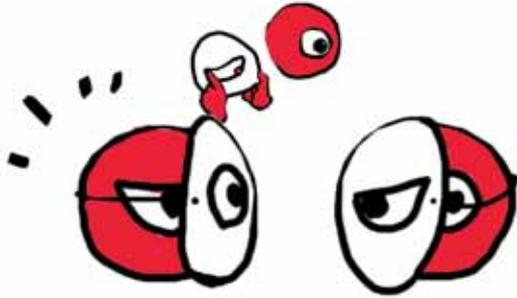
Also, young people must assume responsibility for the wellbeing of children and young people everywhere by standing up to HIV together. Young people must take it upon themselves to build a future society where HIV cannot thrive. They must demand respect for the rights of females as equal to males, including making the

decision when and when not to have sex; they must promote faithfulness in sexual relationships and the use of condom during sex, whether it is practised in heterosexual or homosexual relationships, inside or outside of marriage.

They must understand what stigma is and the damage that it can do to children and adults made vulnerable by HIV. They must comprehend HIV as a root cause of child labour and school dropout, and as a possible consequence of it too. With this comprehension, young people can provide support and empathy to the victims of HIV, and actively prevent bullying, discrimination and stigmatization of those individuals affected.

Just by being a part of SCREAM, young people are involving themselves in some way in the campaign. What can they do with the knowledge and the skills that they have picked up to make a difference in their societies? It may start with talking to a friend and escalate to public awareness raising events, community sensitization and even direct advocacy to government officials, media institutions or employers organizations.

Young people carry the potential to stop the spread of HIV and only in them can the solution be found. Society needs to invest the time and attention in young people to empower them to make a difference in their world and overcome the great threat of AIDS in their lifetimes.



## SCREAM Theatre Games

### 1. Ice-Breaker

The group stands in a circle, facing inwards. The leader will say aloud a characteristic (e.g. “all the boys” or “all those who have an older sister”), and all those people to whom the statement applies must step into the circle and walk across the middle to fill a space that has opened up on the other side. The result is that groups of people must enter the circle and move across it.

It’s not a good idea to suggest any embarrassing, demeaning or personal characteristics (such as big ears) – this game is about getting people moving and providing an opportunity for us all to get to know basic characteristics about each other.

For example you could state, All those who like football. All those who prefer books to movies. All those with a pet dog. All those who like chocolate. All the tall people. All those who are taller than the person stood opposite them. All those who are more beautiful than the person stood opposite them. All those who can dance.. etc.

A fun statement is to say something that will apply to everyone so that they all enter the circle at the same time. After a while, ask the group to come up with their own statements to find out information about each other.

### 2. Hello

Everyone stands in a circle. One person (person A) starts the game by choosing another member of the group (person B), stood across the circle and bounding over to him/her shouting at the top of his/her voice, “Hello Person B!!” (Substitute Hello with the local language/slang expression) and giving him a big hug. By the time person A arrives to hug person B, B must choose another target across the group (person C) and stroll across to her shouting hello with a big hug. The process continues as person after person crosses the circle to greet another, until everyone has been involved.

The game comes unstuck when they can’t remember the names of their new colleagues, and this is when it is at its funniest. Try to keep the game moving quickly and be as silly as possible.

### 3. Digits

Everyone stands in a circle. The simple objective is for the group to count from 1 to 20, taking it in turns to shout out the numbers. The catch is that there is no order to who shouts out which number at what time, and individuals must elect themselves randomly to be the next to contribute. However, if two people shout out a number at the same time, the group has failed and must to start again from 1.

Usually the first attempt goes ok, but then without fail individuals end up shouting out numbers at the same time. The group realise that randomly deciding who goes next without talking becomes very difficult and everyone collapses in laughter.

## 4. Popcorn

Similar to digits, in this game the group must stand in a circle. Each person chooses randomly to jump up in the air and clap, if two people jump or clap at the same time they have failed and must start again. The group must try and put together a sequence of 20 claps without clashing. The rules aren't important in this one, it's just good to get everyone jumping up and down, clapping. As the claps become more frequent and faster (encouraged by the leader) the group look like – you've guessed it – popcorn.

## 5. Group stop

Everyone mills around the room in a smallish space. Make sure not to just walk around in a circle but in all directions. Randomly and without signal, one group member chooses to stop – to freeze – and as soon as one person has stopped, everyone else must stop and freeze as soon as they notice. The last person to stop is out. The person to initiate the stopping must not attract attention to his or herself but must do it silently and subtly, the idea of the game is to make the group switch on their attentiveness.

When an individual is out, they become "spotters" for the next round, helping to spot who is the last to stop in the next round.

As the game moves on, start to impose restrictions on those playing. For example, they must cover one eye, walk backwards, frog-jump, hop on one leg etc. Until there are only two left, who are the winners.

## 6. What are you doing?

Everyone stands around in a circle. Person A volunteers to stand in the centre of the circle and starts doing a mime, for example "falling out of a plane". Then a volunteer from the circle (Person B) asks "What are you doing?!" and A answers not with what she is actually doing but with something completely different, for example "trying to catch an escaped chicken".

Person B must then replace A in the centre of the circle and perform the mime that A had stated (i.e. trying to catch the chicken"). Then, as B performs, the next volunteer shouts out "What are you doing?!" and B answers with something completely different; for example "having a fight with my mum". Once again the volunteer who asked the question, replaces the mime in the centre and performs the scenario that was stated, and the sequence continues.

This is a great warm up before role-play activities as it can lead to good dramatic expression. Otherwise it can just be a lot of fun, especially when your group make each other dance or do press-ups or something.

## 7. Pass catch

Everyone stands in a circle. Person A performs a simple mime (pulls a silly face, or does a silly action) and directs it at someone else in the group (Person B). B must then reflect the same mime right back at Person A, and then think of a new mime that he will throw across the group to Person C. Person C will once again reflect the first mime to B and come up with a new one to throw to Person D. The result is that people are throwing mime's and silly expressions across the group at each other. Lots of fun.

## 8. My Mime Your Mime

Everyone stands in a circle starts marching on the spot. Person A does a mime of anything she likes (dancing/animal impressions/facial expressions) and everyone in the circle has to copy her. The mime only lasts a few seconds, then the boy or girl to the right of Person A does a second mime and everyone in the group copies that. The responsibility of leading the mime passes around the circle until everyone has created a mime for the group to follow. Warning: this can end up like an aerobics session.

## 9. Yes lets!

Everyone mills around the room, walking in all directions. Randomly one person comes up with an idea, such as Let Frog Jump! Or Let act like monkeys! Or Let sit down! Then the group responds by shouting ES! LET ! and proceed to do the action that was suggested.

The game usually ends when some smart-alec shouts, et stop wasting our time playing this stupid game! and the group agree!

## 10. Bippety Bippety Bippety Bop

Everyone stands in a circle, facing each other. Person A volunteers and stands in the middle of the circle. S/he begins to spin round and round on the spot with an arm stretched out in a pointing position. Person A then stops and points to one person (Person B) in the circle and shouts ippety Bippety Bippety Bop!

The person she points at and the two individuals to his right and left-hand side must together create a group-mime of an elephant i.e. the middle person must be the trunk with his arm outstretched, the person to his left is the left ear (with his left arm touching his head in an arc shape), and the person to the right is the right ear (the opposite of the person to the left).

They must complete the shape immediately, and try to do it before Person A can finish saying ippety bippety bippety bop! If they succeed, the spinner must go again, revolving to stop at another set of three in the group. If they fail, the slowest of the three must enter the middle to be the spinner.

The group mime can change to anything you think of, e.g. a tiger (a claw on the left and right and a roaring mouth in the middle), or an alien (tentacles to the left and right and an alien face in the middle) or whatever. Make sure they stick to the rules and play quickly!



# Appendix:

## Useful sources of information on HIV, AIDS and child labour

### Websites to visit:

- The International Programme on the Elimination of Child Labour, look out for the section on HIV related child labour.  
 [www.ilo.org/ipec](http://www.ilo.org/ipec)
- The 12 to 12 Community Portal, the participatory online portal for active people from all walks of life working against child labour. If possible, all those who carry out SCREAM activities should try to share their experiences and find out about what their fellow campaigners around the world are doing in the campaign to eliminate child labour.  
 [www.12to12.org](http://www.12to12.org)
- The UNICEF home page on HIV, AIDS and Children and UNICEF's special youth participatory programme on HIV and AIDS.  
 [www.unicef.org/aids](http://www.unicef.org/aids)  
 [www.unicef.org/uniteforchildren](http://www.unicef.org/uniteforchildren)
- UNICEF's youth participation portal  
 [www.unicef.org/voy](http://www.unicef.org/voy)
- UNAIDS, the joint United Nations programme on HIV/AIDS, is the global authority on HIV and AIDS issues.  
 [www.unaids.org](http://www.unaids.org)

## Resources to read:

-  ILO (2006) Global Report on Child Labour: *The end of child labour: Within reach*, Geneva
-  ILO (2004) *Gender Equality and Child Labour: A participatory tool for educators*, Geneva
-  ILO (2001) *An ILO Code of Practice on HIV/AIDS and the World of Work*, Geneva
-  ILO (2002-2006) HIV/AIDS Working Papers Series, Geneva (available from [www.ilo.org/ipecc](http://www.ilo.org/ipecc) website).
-  ILO (2006) *Training Manual on Child Labour and HIV/AIDS*, Uganda city
-  UNICEF (2002) *HIV/AIDS Education: A gender perspective*, New York
-  UNICEF, UNAIDS (2005) *A Call to Action: Children, the Missing Face of AIDS*, New York.
-  UNICEF (2002) *HIV/AIDS Education: A Gender Perspective*, New York
-  IPEC (2003) *Combating Child Labour Through Education*, ILO, Geneva
-  WHO/UNAIDS (2006) *2006 Report on the Global AIDS Epidemic*, Geneva
-  WHO/UNAIDS (2006) *AIDS Epidemic Update: Special Report on HIV/AIDS*, Geneva



**Stop Child Labour**

## **Feedback Form**

In providing a truly participatory education, the educator must consistently consult his or her participants to gather their thoughts and feedback on the content and methodology used. This is a mechanism for the educator to improve his or her performance and also for the young participants to share their impressions and opinions on the SCREAM programme.

Here is an anonymous feedback form that can be copied and handed out to your group at the end of the programme (or another appropriate time) to gather their viewpoints on the programme.

### **A) The SCREAM programme**

Which activities in the SCREAM programme did you enjoy the most?

---

---

---

---

Which activities did you enjoy the least?

---

---

---

---

Which activities do you believe were most rewarding for you?  
(i.e. The activities from which you learned a lot or developed yourself the most.)

---

---

---

---

Were there any activities in which you felt that you learned nothing?)

---

---

---

---

Has the project changed your attitudes towards people living with HIV?

---

---

---

---

Has the project changed your behaviour in any way?  
(i.e. Has it changed the way you would respond to certain situations?)

---

---

---

---

Were you happy with how much you personally contributed to the group activities, could you have contributed more?

---

---

---

---

What was the most difficult thing about the SCREAM programme for you?

---

---

---

---

Did you pass on your new knowledge about HIV, AIDS and Child Labour to other people? If so, how?

---

---

---

---

How will you use what you have learned through SCREAM in the future?

---

---

---

---

Do you believe that you have the potential to change the attitudes and behaviour of other people regarding children's rights and HIV?

---

---

---

---

**B) The educator**

Is there anything the educator could have done to make the SCREAM programme better?

---

---

---

---

Was the time allocated to each of the activities appropriate?  
If not, which activities needed more or less time?

---

---

---

---

Did you feel that the method of learning was very participatory?  
(i.e. Were you involved in the learning process?)

---

---

---

---

If so, is this method of teaching more effective or less effective than the traditional ways of teaching?

---

---

---

---

Was there anything about the participatory way of learning that you think should be done in all your lessons and learning activities?

---

---

---

---



# FAMILY

## The Image Key

You will find a selection of A5 images included with this pack, they are divided in two sets. The first set (family portraits) is to be used in the Image: Family Profile activity and consequent activities. The second set is for use in the Image Discussion Activity, which is described on page 7.

This Image Key displays all these images, plus the extra images that can be found on the CD-ROM.

Image 1944 • UNAIDS/G. Pirozzi



Image C1161 • UNAIDS/B. Neeleman

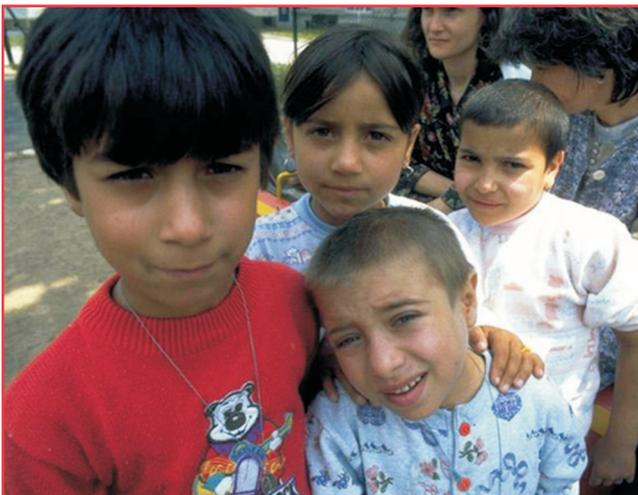


Image C1180 • UNAIDS/C. Sattlberger



Image C1748 • UNAIDS/L. Aiyarak



Image C1960 • UNAIDS/C. Sattlberger



Image C1965 • UNAIDS/C. Sattlberger



Image C2163 • UNAIDS/L. Alyanak



Image C2425 • UNAIDS/L. Taylor

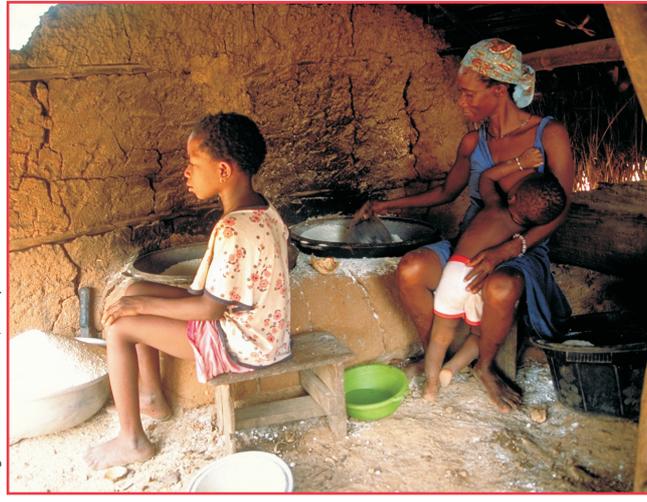


Image C2571 • UNAIDS/L. Taylor

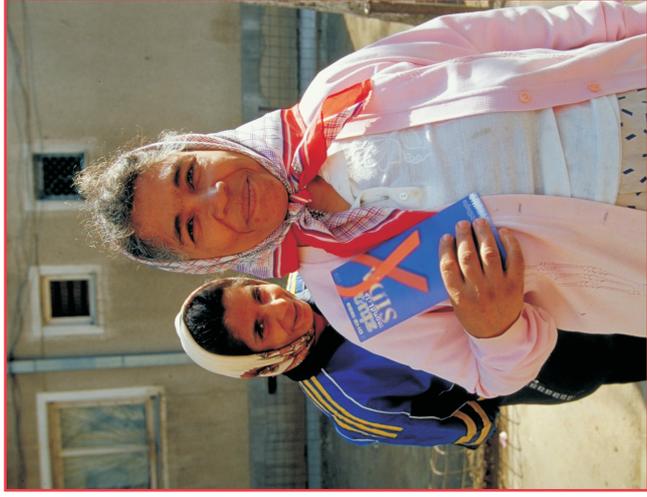


Image C2785 • UNICEF/UNAIDS/G. Prozzi



Image C2869 • UNAIDS/W. Philips



Image C2918 • UNAIDS/WHO/E. Miller



Image C2919 • UNAIDS/P. Virost



Image C3325 • WHO/UNAIDS/V. Suvorov



Image PMV407241 • UNAIDS/P. Vinct



Image 00009 • UNAIDS/P. Vinct



Image 00082 • UNAIDS



Image 00170 • UNAIDS



Image CN0034 • ILO/M. Crozet



# DISCUSSION

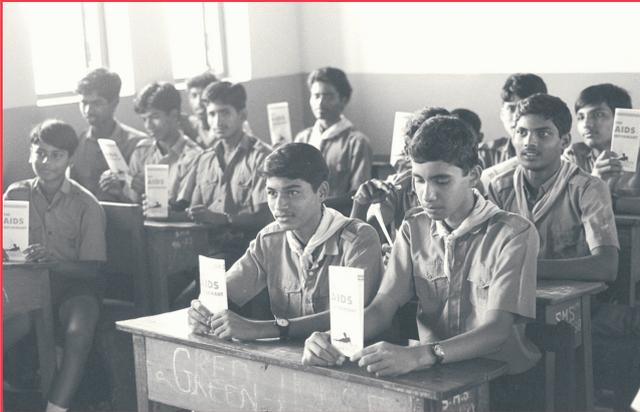


Image 1118 • UNAIDS/S., Mathey

Should we discuss sex in the classroom?

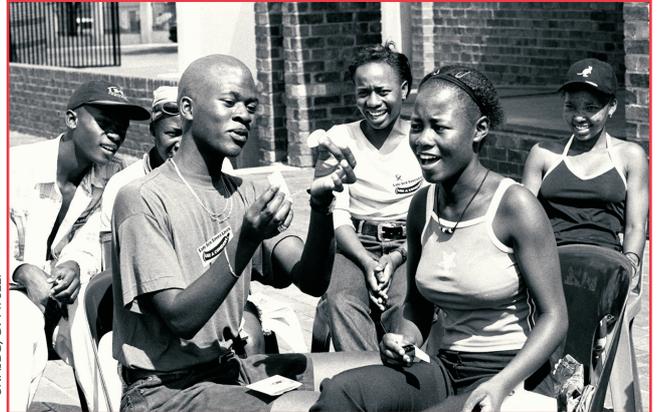


Image 1940 • UNAIDS/G., Pirozzi

Does embarrassment around the subject of sex make it harder for us to stop AIDS?



Image E0101 • ILO/J., Maillard

Is it possible to change the way people behave through education? Can you think of examples?



Image C1441 • UNAIDS/G., Pirozzi

What could YOU do to stop the spread of HIV?



Image C1891 • UNAIDS/S., Noorani

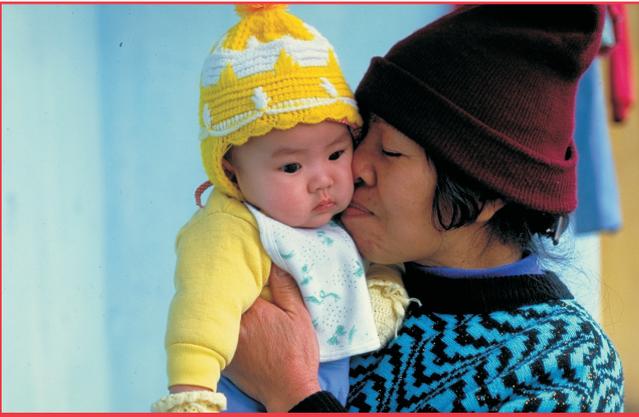
Should a person with HIV tell all his or her colleagues, friends and family?



Image C1907 • UNAIDS/S., Noorani

Should a couple (or woman) with HIV have children?

Image C2068 • UNAIDS/S. Noorani



**If you were a new mother with HIV, what would be your top five priorities in life?**

Image C2354 • UNAIDS/Betty Press



**Does sex education make us more likely to have sex at an early age?**

Image PMV407366 • UNAIDS/P. Viroc



**Why is it better to know if you have HIV than not to know?**

Image PMV407723 • UNAIDS/P. Viroc



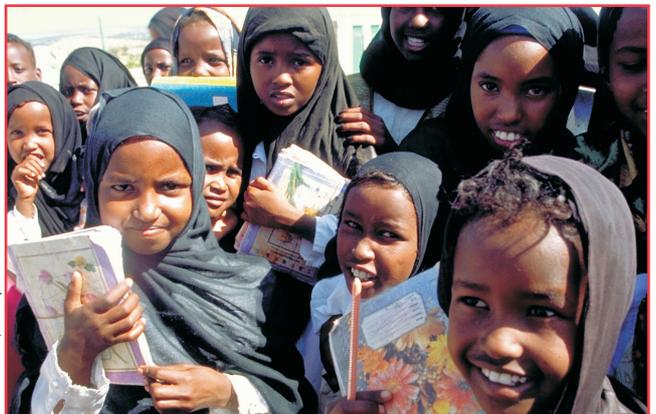
**Why are people with HIV sometimes rejected by their friends and even their families?**

Image C2559 • UNAIDS/L. Taylor



**Is it embarrassing to buy or talk about condoms?**

Image C2859 • UNAIDS/L. Taylor



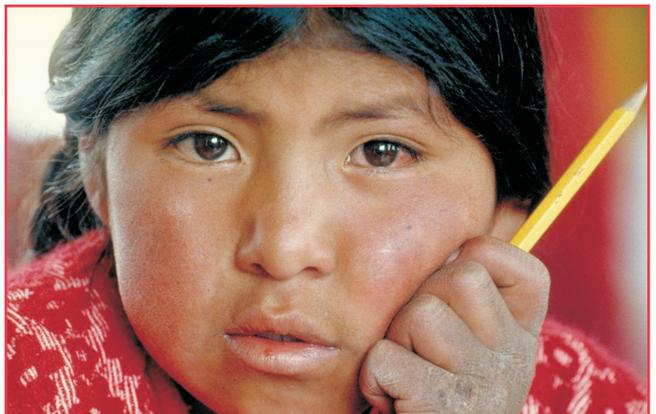
**Are these girls too young to learn about HIV and AIDS?**

Image C2865 • UNAIDS



**Can love and support make you live longer?**

Image C3185 • UNAIDS



**In your view, what is the number one reason for the spread of HIV?**

Image C3286 • UNAIDS/J. Spaul



**Why are young people at such high risk of contracting HIV and other Sexually Transmitted Infections?**

Image E4108 • ILO/M. Crozet



**Is enough being done in your country to stop AIDS and support people with HIV?**

Image PMV407827 • UNAIDS/P. Viroit



**How can you support a friend who's being made to work, even though he or she is a child?**

Image 00072 • UNAIDS/P. Viroit



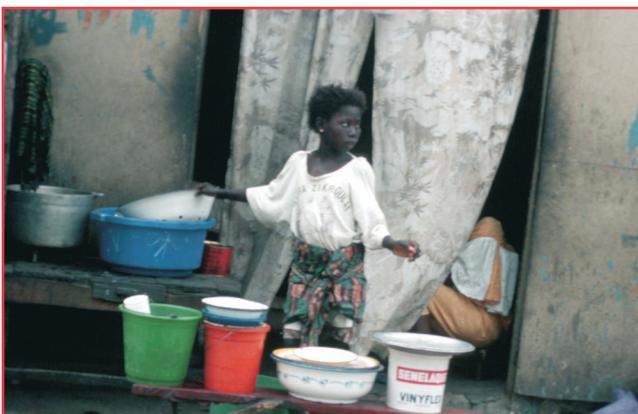
**Should Anti Retroviral Therapy be provided free to all people in the world who need it? What stops this from happening?**

Image C2891 • UNAIDS/W. Phillips



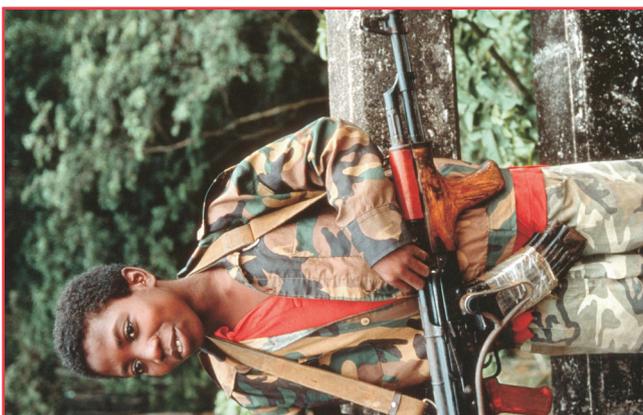
**To be able to live positively with HIV, do we need the support of other people?**

Image C0966 • ILO/J. Maillard



**What are the risky situations that children in domestic labour can find themselves in?**

Image C0897 • ILO/D. Browne



**Boys and girls caught up in conflict situations are at especially high risk from HIV. What are the reasons for this?**

Image C1683 • ILO/A. Khemka



**What types of child labour are at high risk of HIV infection?**

Image C1779 • UNAIDS/G. Pirozzi



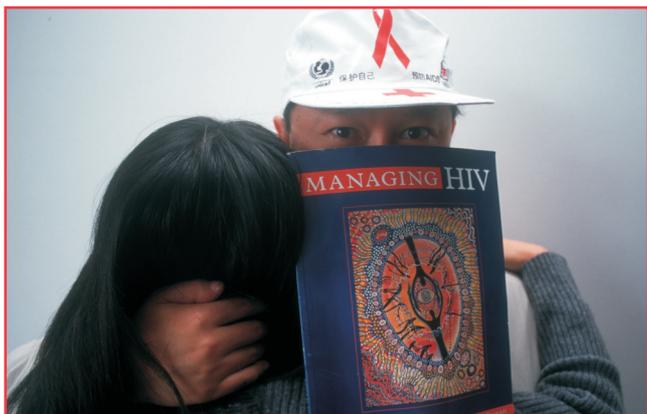
**Do women need different HIV education to men?**

Image C3002 • UNAIDS/K. Hesse



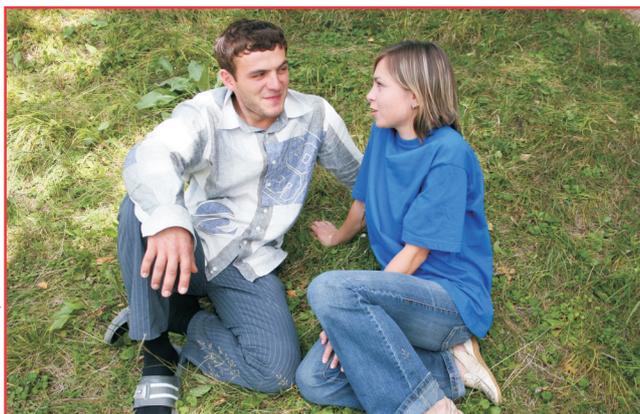
**Are condoms a man's responsibility?**

Image C3013 • UNAIDS/K. Hesse



**What does it mean to "Live Positively" with HIV?**

Image C3396 • UNAIDS/J. Spaul



**Should a young couple wait to have tests for HIV and other Sexually Transmitted Infections (STIs) before starting a sexual relationship?**

