



Grade 9
English Language Arts, Social Studies, Health

Developing
Self-Esteem

Living
Respectfully

Respecting
Diversity

Preventing
Prejudice

Unit 12 HIV/AIDS—Lesson 2 Status of the World

Contributor

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Unit Objective

Through a variety of activities and literary experiences, students begin to understand the breadth of the AIDS epidemic in sub-Saharan Africa and other regions of the world. Knowledge and awareness of the issue will be the platform from which personal attitudes and perspectives can morph into action. This unit will culminate with a challenge where students will send a message to the larger youth audience. The Society's 4As - Achievement, Autonomy, Attachment and Altruism – become a lived experience.

Lesson 2 Status of the World

Lesson Objective

An online search of the World Health Organization UNAIDS (see url under *Supplementary Resources*), will bring to light the statistics for AIDS including Adults & children living with HIV, Orphans due to AIDS, and Adult & child deaths due to AIDS. Students will create a graph highlighting world statistics.

Time

This lesson will take approximately 3 hours to complete depending on time spent on the Activities for Extension.

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

- Grid/Chart paper
- felts
- Computer with internet access
- Wall size laminated World Map (if possible)
- Student Handout 1: Understanding AIDS

Getting Started

Knowledge Now

- Three-Step Interview

In pairs, have students create questions about HIV/AIDS. They should reverse roles and then join with another pair to share all of their questions and answers/hypotheses. This strategy allows students the opportunity to contribute to the group, to work with others and to initiate and answer questions in a non-threatening environment. Asking questions is the platform for learning – where students take the lead.

Engaging Interest

- The teacher will choose three personal narratives of orphaned African children whose parents died of HIV/AIDS. Read these excerpts to the students. Using Deborah Ellis' book *Our Stories, Our Songs: African Children Talk about AIDS* (see Supplementary Resources), students will begin to understand the seriousness of this virus and its far reaching effects.
- *What is the fallout for the children left behind?* Personal reflection/journaling

Learning Activities

Jigsaw Activity - Each student will receive a copy of Handout 1: Understanding AIDS (see attached)

The teacher (always remembering to ensure that students have the opportunity to work with the diverse group) places students into *groups of 4*. This is the HOME Group. Each person in the HOME group is ultimately *responsible for learning and teaching a different* topic to other members of that group. The topics include *The Beginning; Destruction of the Immune System; Transmission; and Pandemic* (see Handout 1). The overall topic is divided into as many sections as there are members in the HOME group. EXPERT groups comprise of students who are responsible for the same topic.

Step 1

- Students become individually familiar with their own "expert" topic

Step 2

- Students meet with the EXPERT group (students who are responsible for the same topic) to double-check their understandings and to create a plan for teaching their own HOME groups.

Step 3

After meeting and planning with the expert group, students return HOME to take turns teaching each other the material. All "expert" input is required to successfully complete the group project.

Activity 2 – Statistics and World Status

HIV/AIDS – Data Collection

- Divide students into 8 groups each representing one region: Sub-Saharan Africa; East Asia; Oceania; Eastern Europe and Central Asia; North Africa and Middle East; North America, Western and Central Europe; Caribbean; and Latin America
- Instruct students to go to the UNAIDS website (see URL under Supplementary Resources) and click on HIV Data
 - Click on *2006 Report on the AIDS Epidemic*
 - Scroll down to *Annex 2: HIV/AIDS estimates and data 2005*
- Each group will be responsible for collecting the following data for Year 2003 and Year 2005:
 - *Estimated people living with HIV/AIDS*
 - Adults (15+)
 - Women (15+)

- Children (0 – 14)
- *AIDS Deaths*
- Deaths in adults and children
- *Orphans due to AIDS (0 – 17)*
- After compiling data, students will come to a consensus on how to represent the information in graph form (should be a large wall graph for effect). What type of graph should they use? (pictograph; bar; line) Should each region be colour coded for easy identification?
- Complete the graph

Note: This may be a good opportunity for the teacher to review graphing requirements. The teacher must ensure that *all* students are involved in the creation of this class visual. Students should lead planning, organizing and carrying through.

Assessment/Analysis

- What percent of the world total for AIDS deaths is from Sub – Saharan Africa? What percent is from North America? How do these two statistics compare?
- What percent of the world total for Adults and Children living with AIDS is from Sub-Saharan Africa?
- What percent of the world’s population is living with HIV/AIDS?
- How do you feel about these numbers? What do they tell you? Students reflect on what they have discovered via paper and pen

Application

- Students will complete individual graphs of the data and discuss the results with their parents.

Activities for Extension and/or Integration

- Using a large laminated World Map, students identify the regions and the countries where HIV/AIDS is a central issue.
- Collage – students create a visual depicting ‘luck-of-the-draw’ where life in North America is contrasted with life in Sub-Saharan Africa.
- Poetry – students write a free-verse poem from the perspective of an orphaned African child due to HIV/AIDS.
- AIDS Portfolio – In this ongoing activity, students keep track of their knowledge acquisition. This portfolio can be divided into different sections including *AIDS Facts; Personal Reflections; People and Places; Sources of Information (NGOs, websites, literature etc.)*

Subject and Level Learner Outcomes for Subject and Level

Go to http://www.learning.gov.ab.ca/k_12/curriculum/bySubject/ Click on this lesson’s subject and level. List the specific outcomes that this lesson addresses.

English Language Arts

1.1 Discover and Explore

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

1.2 Clarify and Extend

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

2.2 Respond to Texts

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

3.1 Plan and Focus

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

3.3 Organize, Record and Evaluate

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

5.2 Work within a Group

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

Social Studies

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

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

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

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

Safe and Caring Topics and Concepts

Go to < <http://www.sacsc.ca/lessons/lessonplans/> > Click on **Topics and Concepts** and select those that apply to this lesson or unit plan.

Living Respectfully

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

Developing Self-Esteem

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

Respecting Diversity and Preventing Prejudice

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

Teaching Strategies

Go to < <http://www.sacsc.ca/lessons/introduction/default.asp> > Click on **Strategies** and select those that apply to this lesson or unit plan. List each under the appropriate heading.

	Cooperative Learning	Inquiry Learning	Direct Instruction
Go to http://www.sacsc.ca/Resources_Strategies.htm	<ul style="list-style-type: none"> • Three-Step Interview • Jigsaw Activity 	<ul style="list-style-type: none"> • Data collection; research 	

Generalization and Transfer	Peer Teaching	Empathy/Affective Education	General Teaching Activities/Ideas
<ul style="list-style-type: none"> • Literature • Fine Arts: Collage 		<ul style="list-style-type: none"> • Journaling/Reflective writing 	

Supplementary Resources

List texts (provide complete bibliography), websites and other sources that support this unit plan.

- Ellis, Deborah. *Our Stories, Our Songs: African Children Talk about AIDS*. (2005); Markham, Ontario. Fitzhenry and Whiteside. ISBN 1-55041-913-7
- <http://www.infoplease.com/ipa/A0800505.html> HIV/AIDS by World Region
- <http://www.ainembabazi.org/index.html> Ainembabazi AIDS
- <http://www.acdi-cida.gc.ca/index-e.htm> CIDA site
- http://www.stophiv.com/facts_myths/myths.html Stop HIV.com
- <http://www.unaids.org> Uniting the World Against AIDS
- http://www.learnitliveit.org/english/hiv_aid_information4.asp Learn It Live It – HIV/AIDS Information
- <http://www.aegis.com> AIDS Education Global Information System

Understanding AIDS

The Beginning

Acquired Immune Deficiency Syndrome, or AIDS, was first reported in mid-1981 in the United States; it is believed to have originated in Sub-Saharan Africa. The human immunodeficiency virus (HIV) that causes AIDS was identified in 1983, and by 1985 tests to detect the virus were available. The credit for discovering the AIDS virus is jointly shared by Dr. Robert Gallo, a researcher at the National Cancer Institute, and Luc Montagnier of the Pasteur Institute, France.

A positive HIV test result does not mean that a person has AIDS. A physician using certain clinical criteria (e.g., AIDS indicator illnesses) makes a diagnosis of AIDS.

Infection with HIV can weaken the immune system to the point that it has difficulty fighting off certain infections. These types of infections are known as "opportunistic" infections because they take the opportunity a weakened immune system gives to cause illness.

Destruction of Immune System

A fatal and incurable disease caused by HIV AIDS attacks and destroys the immune system, gradually leaving the individual defenseless against illnesses that lead to death. These illnesses are referred to as "opportunistic" infections or diseases such as pneumonia and (a type of) skin cancer. Other opportunistic infections include unusually severe infections with yeast, cytomegalovirus, herpes virus, and parasites. Milder infections with these organisms do not suggest immune deficiencies. Symptoms of full-blown AIDS include a persistent cough, fever, and difficulty in breathing. Multiple purplish blotches and bumps on the skin may indicate Kaposi's sarcoma (skin cancer). The virus can also cause brain damage.

People infected with the virus can have a wide range of symptoms—from none to mild to severe. At least a fourth to a half of those infected with HIV will develop AIDS within four to ten years. Many experts think the percentage will grow much higher.

Today there are medical treatments that can slow down the rate at which HIV weakens the immune system. Other treatments can prevent or cure some of the illnesses associated with

AIDS. As with other diseases, early detection offers more options for treatment and preventative care.

Transmission

Although the first reported cases involved homosexual men in Los Angeles who were infected through sexual contact, the principal mode of transmission throughout the world is through the exchange of bodily fluids during heterosexual intercourse. According to the World Health Organization, extensive spread of HIV appears to have begun in the late 1970s and early 1980s. It spread in men and women with multiple sexual partners in East and Central Africa and among homosexual and bisexual men in certain urban areas of the Americas, Australasia, and Western Europe.

In addition to sexual contact, AIDS has been spread by intravenous drug users sharing infected hypodermic needles. The virus can also be passed on through transfused blood or its components. It may also be transmitted from infected mother to infant before, during, or shortly after birth.

Two major types of HIV have been recognized, HIV-1 and HIV-2. HIV-1 is the dominant type worldwide. HIV-2 is found principally in West Africa but cases have been reported in East Africa, Europe, Asia, and Latin America. There are at least ten different genetic subtypes of HIV-1, but their biological and epidemiological significance is unclear at present. Both HIV-1 and HIV-2 are transmitted in the same ways.

Pandemic

With no cure at present, prudence could save thousands of people who have yet to be exposed to the virus. Use of condoms lessens the possibility of transmission as does the elimination of sharing hypodermic needles. The fate of many will depend less on science than on the ability of large numbers of human beings to change their behavior in the face of growing danger.

The introduction of highly active antiretroviral therapy in 1996 was a turning point for those with access to sophisticated health-care systems. Although they cannot cure HIV/AIDS, antiretrovirals (ARVs) and their use in combination “cocktails” have dramatically reduced

mortality and morbidity; these cocktails have prolonged and improved the lives of sufferers. However, 95% of people with HIV/AIDS live in developing countries, where access to these medicines remains unacceptably limited and the costs prohibitively expensive. Progress has recently been made in India, however, as Indian pharmaceutical companies are producing generic versions of ARVs and selling them for less than \$1 a day. Officials estimate that about 12,000 Indians are currently taking such medications. Another obstacle is that not everyone can tolerate the potent medications and their side effects. Doctors are also reporting a significant increase of patients with drug-resistant HIV strains. Some 100 separate drugs are either in use or being tested for use against AIDS. Meanwhile, HIV has been spreading, with rising rates of infection in Eastern Europe, Russia, China, and Southeast Asia, prompting some scientists to grimly warn that the epidemic has only just begun.

On a global scale, men make up the majority of people living with HIV. However, in sub-Saharan Africa, women and girls account for about 57% of adults living with HIV. In the Caribbean, the figure hovers around 49%. The number of women living with HIV continues to increase in Eastern Europe, Asia, and Latin America.

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