1  Lead-in
- Show Ss the map and tell them that it is connected with a certain illness. Ask them what illness it is and what they know about it. If the map is not enough, show them photos of Princess Diana and Nelson Mandela.
- Make sure that Ss know how to pronounce HIV (as an abbreviation) and AIDS (as a word). Tell Ss that the lesson will be about AIDS myths and the problems that people living with AIDS face in their everyday lives.
- Hand out questions “Can you get HIV/AIDS by...?” in order to find out how much Ss know about how to get HIV. Ask Ss to answer each question YES or NO. After they have finished, discuss the correct answers.
You can tell Ss that in 2006 people in the EU were asked these questions and the percentage of answers yes/possibly was the following:
- d) 24%/30%; e) 15%/27%; f) 30%/13%; g) 13%/26%; h) 12%/25%; i) 7%/17%; j) 5%/13%; and k) 5%/9% (Eurobarometr – AIDS Prevention, 2006).
Emphasise that these results show that there are still myths about catching HIV/AIDS and people therefore often fear those who are infected.
- Give Ss the following quotations and ask them if they agree with them or not. Ask what stigma means.

“HIV does not make people dangerous to know, so you can shake their hands and give them a hug: Heaven knows they need it.”

Princess Diana

“Many people suffering from AIDS and not killed by the disease itself are killed by the stigma surrounding everybody who has HIV/AIDS.”

Nelson Mandela

Stigma = [singular, U] a strong feeling in society that a type of behaviour is shameful.

2  Reading activity
- Tell Ss that they are going to read about how HIV/AIDS influences people’s lives. Distribute the reading texts (p. S2) – one for each student. Tell Ss to read the text and when they are finished to think about suitable headings for each paragraph. Highlight that the first one has already been done for them.
- When Ss have finished, ask them to form pairs and check if their headings are similar or the same. If not, let them explain to each other why they have different suggestions.
- Discuss the Heading as a class. If there are different opinions, ask Ss to explain why they have chosen the headings they have.
- Distribute Question sheets (p. S4) – one for every pair. Each pairs gets a different question sheet (A – E) if possible. Ask Ss to find answers for the questions. Check the answers as a class.

3  Discussion
Class discussion of findings.

4  Speaking
- Mingling activity. Distribute HIV/AIDS myths and facts cards (p. S5). Every S should get at least one. Ask them not to show their cards to the other Ss. Make sure that Ss understand that myth implies something untrue, commonly and mistakenly believed.
- Ask Ss to stand up and mingle. The task is to find out what Ss know about HIV/AIDS. Ss form pairs. The first S reads the sentence to the other S in the pair who says whether it is true or not. If it is a myth, they have to explain why. For each correct answer and explanation, the student gets a point. Students should count their points. If the explanation is not correct, the S with the
correct answer needs to say why. After both Ss have shared the information. They swap cards and find another person to form a pair. You can set a time limit.
• When finished, ask Ss about the points. You may announce the winner. If Ss are shy to share their results, use a scale instead of asking for concrete numbers.

5 Homework
The students ask people they know about the Facts and Myths. In the following lesson, gather the data and produce a chart.

6 Variations

A. Reading activity – Bigger groups (10+ people)
• Ask Ss to form five groups. Distribute the paragraph 1 to each group. Tell Ss to read it and when they are finished, ask them to suggest what the whole text will be about. (People living with HIV/AIDS and their problems)
• Distribute the five paragraphs (2 – 6) to the groups of students. Ask each group to read the text carefully so that they are prepared to answer the questions of the other groups after they finish reading. Highlight that each group has a different part of the text, which means that each group will get different information from the reading.
• Distribute the Question sheets A – E, one for every group. Tell Ss that the task is to find the answers by asking their classmates. One person from each group remains seated with the text, and answers the questions. The other members of the team divide the questions among themselves, then go around the class, ask the seated people and try to find the answers.
• If there are just 2 people in each team, distribute the whole question sheets. If there are more than two, you may consider cutting up the question sheets so that each member of the team who will go out and ask has got a part of the Qs with own questions. The first team to have all the answers is the winner.

B. Only 45 mins available
• Do the lead-in.
• Instead of the reading the text give Ss just this quotation from the text:
   “My mother-in-law has kept everything separate for me – my glass, my plate – they never discriminated like this with their son. They used to eat together with him. For me, it’s don’t do this or don’t touch that and even if I use a bucket to bathe, they yell – ‘wash it, wash it’. They really harass me. I wouldn’t wish this situation on anybody. But what can I do? Even my parents and brother do not want me back.”

   HIV-positive woman, aged 23, India.

• Tell Ss to read it and then ask for their reactions Are you surprised or not? Do you agree with such a behaviour? Ask Ss if they can think of any other examples of what problems HIV infected people have to face in the society. Ss can do this first in pairs or small groups and only then as a class.
• Do the mingling activity. Set a time limit or you can influence the time necessary for completing the task by the number of cards you give to each student.
CAN YOU GET HIV/AIDS BY

a) being injected with a needle used by someone who has AIDS or who is HIV positive?
b) receiving blood from someone who has AIDS or who is HIV positive?
c) having sex without protection with someone who has AIDS or who is HIV positive?
d) kissing someone on the mouth who has AIDS or who is HIV positive?
e) drinking from a glass which has just been used by someone who has AIDS or who is HIV positive?
f) giving blood?
g) sitting on a toilet seat which used by someone who has AIDS or who is HIV positive?
h) taking care of someone who has AIDS or who is HIV positive?
i) eating a meal prepared by someone who has AIDS or who is HIV positive?
j) touching objects touched by someone who has AIDS or who is HIV positive?
k) shaking hands with someone who has AIDS or who is HIV positive?

CAN YOU GET HIV/AIDS BY

a) being injected with a needle used by someone who has AIDS or who is HIV positive?
b) receiving blood from someone who has AIDS or who is HIV positive?
c) having sex without protection with someone who has AIDS or who is HIV positive?
d) kissing someone on the mouth who has AIDS or who is HIV positive?
e) drinking from a glass which has just been used by someone who has AIDS or who is HIV positive?
f) giving blood?
g) sitting on a toilet seat which used by someone who has AIDS or who is HIV positive?
h) taking care of someone who has AIDS or who is HIV positive?
i) eating a meal prepared by someone who has AIDS or who is HIV positive?
j) touching objects touched by someone who has AIDS or who is HIV positive?
k) shaking hands with someone who has AIDS or who is HIV positive?
WHY IS THERE STIGMA RELATED TO HIV AND AIDS?

At the end of the year 2007, there were 33.2 million people living with HIV on this planet. In many societies these people are often seen as shameful. This infection is often associated with minority groups or with homosexuality. Also, in some societies HIV/AIDS is seen as the result of personal irresponsibility. Sometimes, HIV and AIDS are believed to bring shame upon the family or community.

The impact of HIV/AIDS on women is particularly alarming. In many developing countries, women are often economically, culturally and socially disadvantaged and lack equal access to treatment, financial support and education. Furthermore, men are likely to be ‘excused’ for their behaviour causing the infection, whereas women are not.

“My mother-in-law tells everybody, ‘Because of her, my son got this disease. My son is a simple, as good as gold, but she brought him this disease.’”

HIV-positive woman, aged 26, India.

In India, for example, the husbands who infected their wives may leave infected women. Rejection by wider family members is also common. In some African countries, women, whose husbands die from AIDS-related illnesses, are blamed for their deaths.

In the majority of developing countries, the family plays an important role in providing support and care for their members living with HIV/AIDS. However, not all family responses are positive. Infected members of the family can find themselves stigmatised and discriminated even within their own home.

“My mother-in-law has kept everything separate for me – my glass, my plate – they never discriminated like this with their son. They used to eat together with him. For me, it’s don’t do this or don’t touch that and even if I use a bucket to bathe, they yell – ‘wash it, wash it’. They really harass me. I wouldn’t wish this situation on anybody. But what can I do? Even my parents and brother do not want me back.”

HIV-positive woman, aged 23, India.

Even though HIV is not transmitted in the majority of work places, the risk of transmission is used by numerous employers as a reason to terminate or refuse employment. There is also evidence that if people living with HIV/AIDS speak openly about their infection at work, they may experience stigmatisation and discrimination by others.

“Nobody will come near me or eat with me in the canteen – nobody wants to work with me. I am an outcast here.”

HIV-positive man, aged 27, India.

People are also stigmatised and discriminated against by health care systems. A survey carried out in 2002, among some 1,000 physicians, nurses and midwives in four Nigerian states, revealed disturbing findings. One in 10 doctors and nurses refused to take care of an HIV/AIDS patient or denied their admission to hospital. 20% of them felt that people infected with HIV/AIDS had behaved immorally and deserved their fate. Many doctors and nurses fear exposure to HIV due to the lack of protective equipment.

HIV-related stigma and discrimination are enormous barriers to fighting the HIV and AIDS epidemic effectively. Fear of discrimination often prevents people from seeking treatment or from admitting their HIV status publicly. HIV-positive people may be turned away from health-care services, employment, be refused entry to a foreign country. In some cases, they might be rejected by their families, friends and colleagues. Fighting the stigma and discrimination is the first step to take.
WHY IS THERE STIGMA RELATED TO HIV AND AIDS?

At the end of the year 2007, there were 33.2 million people living with HIV on this planet. In many societies these people are often seen as shameful. This infection is often associated with minority groups or with homosexuality. Also, in some societies HIV/AIDS is seen as the result of personal irresponsibility. Sometimes, HIV and AIDS are believed to bring shame upon the family or community.

The impact of HIV/AIDS on women is particularly alarming. In many developing countries, women are often economically, culturally and socially disadvantaged and lack equal access to treatment, financial support and education. Furthermore, men are likely to be ‘excused’ for their behaviour causing the infection, whereas women are not.

“My mother-in-law tells everybody, ‘Because of her, my son got this disease. My son is a simple, as good as gold, but she brought him this disease.’”

HIV-positive woman, aged 26, India.

In India, for example, the husbands who infected their wives may leave infected women. Rejection by wider family members is also common. In some African countries, women, whose husbands die from AIDS-related illnesses, are blamed for their deaths.

People are also stigmatised and discriminated against by health care systems. A survey carried out in 2002, among some 1,000 physicians, nurses and midwives in four Nigerian states, revealed disturbing findings. One in 10 doctors and nurses refused to take care of an HIV/AIDS patient or denied their admission to hospital. 20% of them felt that people infected with HIV/AIDS had behaved immorally and deserved their fate. Many doctors and nurses fear exposure to HIV due to the lack of protective equipment.

In the majority of developing countries, the family plays an important role in providing support and care for their members living with HIV/AIDS. However, not all family responses are positive. Infected members of the family can find themselves stigmatised and discriminated even within their own home.

“My mother-in-law has kept everything separate for me – my glass, my plate – they never discriminated like this with their son. They used to eat together with him. For me, it’s don’t do this or don’t touch that and even if I use a bucket to bathe, they yell – ‘wash it, wash it’. They really harass me.

I wouldn’t wish this situation on anybody. But what can I do? Even my parents and brother do not want me back.”

HIV-positive woman, aged 23, India.

HIV-related stigma and discrimination are enormous barriers to fighting the HIV and AIDS epidemic effectively. Fear of discrimination often prevents people from seeking treatment or from admitting their HIV status publicly. HIV-positive people may be turned away from health-care services, employment, be refused entry to a foreign country. In some cases, they might be rejected by their families, friends and colleagues. Fighting the stigma and discrimination is the first step to take.

Even though HIV is not transmitted in the majority of workplaces, the risk of transmission is used by numerous employers as a reason to terminate or refuse employment. There is also evidence that if people living with HIV/AIDS speak openly about their infection at work, they may experience stigmatisation and discrimination by others.

“Nobody will come near me or eat with me in the canteen – nobody wants to work with me. I am an outcast here.”

HIV-positive man, aged 27, India.
Question Sheet A
1. Who is more likely to be excused for causing infection, men or women?
2. Which of these things are forms of harassment:
   a. eating together
   b. keeping plates of infected people separate
   c. rejecting your brother or sister
3. What proportion of Nigerian medical staff refused to treat HIV patients?
4. What don’t a lot of HIV positive people do because they fear discrimination?
5. Do people suffer stigmatisation even within their own families?
6. Does it ever happen that doctors and nurses refuse to treat HIV patients?

Question Sheet B
1. Do women and men have the same access to treatment and support?
2. Is HIV typically transmitted at work?
3. What do doctors and nurses need so that they feel safe when treating HIV patients?
4. Who is more likely to be excused for causing infection, men or women?
5. Which of these things are forms of harassment:
   a. eating together
   b. keeping plates of infected people separate
   c. rejecting your brother or sister
6. What proportion of Nigerian medical staff refused to treat HIV patients?

Question Sheet C
1. What do Indian men tend to do when their wives infect them?
2. Why don’t people usually speak of their HIV status at work?
3. Does the stigma that HIV positive people face create barriers to fighting the epidemic in general?
4. Do men and women have the same access to treatment and support?
5. Is HIV typically transmitted at work?
6. What do doctors and nurses need so that they feel safe when treating HIV patients?

Question Sheet D
1. Who typically cares for people infected with HIV in developing countries?
2. Is the risk of transmission used as an excuse not to give someone a job?
3. Can HIV positive people be refused entry to some countries?
4. What do Indian men tend to do when their wives infect them?
5. Why don’t people usually speak of their HIV status at work?
6. Does the stigma that HIV positive people face create barriers to fighting the epidemic in general?

Question Sheet E
1. Do people suffer stigmatisation even within their own families?
2. Does it ever happen that doctors and nurses refuse to treat HIV patients?
3. What don’t a lot of HIV positive people do?
4. Who typically cares for people infected with HIV in developing countries?
5. Is the risk of transmission used as an excuse not to give someone a job?
6. Can HIV positive people be refused entry to some countries?
## HIV/AIDS Myths and Facts Cards:

### HIV or AIDS can be cured
**Myth:** There is no cure for HIV or AIDS and there are no vaccines to prevent HIV infection.

### Someone who has HIV, but looks and feels healthy can still infect other people
**Fact:** It doesn’t matter at all what a person looks like. The only important thing is whether they are infected or not.

### Mosquitoes can transmit HIV/AIDS
**Myth:** Only people can spread the virus. Mosquitoes do not inject the blood of other people they have bitten into new people they bite.

### Even though a pregnant woman is HIV positive, there is a chance that the baby will be healthy
**Fact:** If there are good hygiene standards during the delivery of a baby, and the mother takes anti-HIV medicine, it is possible that the baby will be born and stay HIV negative.

### AIDS is mostly an African problem
**Myth:** Out of the 42 million people around the world who live with HIV/AIDS, 70% are in sub-Saharan Africa. But AIDS is not only an African problem. It is spreading most quickly in Eastern Europe and Central Asia.

### HIV/AIDS is such a problem in Africa because Africans are hypersexual
**Myth:** There is no evidence to support this claim but it is a popular stereotype among people in the Western world. There are many reasons why HIV/AIDS spreads quickly in Africa including poverty, lack of adequate health care, civil wars, low status of women, or lack of education and preventive campaigns.

### To stop the spread of HIV, people just need to give up promiscuous sex and drug use
**Myth:** No. Economic insecurity, gender and racial inequalities, labour migration, and armed conflict all limit people’s ability to avoid exposure to the virus.

### Money for AIDS in developing countries goes into the pockets of corrupt officials
**Myth:** Corruption exists in countries throughout the world. But it should not slow donor contributions. Many countries with long histories of corruption have established successful HIV/AIDS programs; examples include Thailand, Uganda, and Brazil.

### The best way to control AIDS in the developing world is through prevention. Costly treatment should wait until prevention programs have been fully funded
**Myth:** Prevention and treatment should have equal roles in the fight against HIV/AIDS. The impact of prevention programmes is limited. Furthermore, even a very successful prevention program cannot fully stop the spread of the virus in high-prevalence countries.

### An HIV vaccine will soon be available, and this will solve the AIDS crisis
**Myth:** A vaccine will not solve the AIDS crisis. The pace of HIV vaccine research is slow because there is not enough money put into the development of such a vaccine. Lack of coordination among researching groups makes the problem worse.

### HIV infected people are mostly gay men and drug users
**Myth:** Anyone, anywhere, can become infected with HIV.

### You still can transmit the virus to others while you are undergoing anti-HIV therapy
**Fact:** AIDS is not flu. There’s no medicine to cure the illness.

### Even if you are tested negative for HIV, you can still be infected
**Fact:** It may take up to 3 months before the body starts to react and the HIV is found by a test.

### Having sex with a virgin will cure HIV
**Myth:** Of course not, but this is a widespread belief in many parts of sub-Saharan Africa which results in many young girls being forced to have sex with HIV positive men. These children then become infected and may spread the illness further.

### Even though HIV/AIDS cannot be cured, there is medicine available for HIV positive people
**Fact:** There is medicine called “antiretroviral drugs” which are used to slow down the reproduction of HIV in the body. It means that it takes more time for AIDS to develop, and this is why an HIV positive person can live longer.