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BRINGING HIV AND AIDS AWARENESS HOME



ABOVE: WARREN, AGE 14, FROM UBANGO, TANZANIA, TOOK THIS PHOTO TO ILLUSTRATE HIS RESPONSE TO THE QUESTION "WHAT IS THE FUTURE OF HIV AND AIDS IN YOUR COMMUNITY?"

BELOW: A PUBLIC PRIMARY SCHOOL CLASSROOM IN DAR ES SALAAM, TANZANIA. PHOTO BY GITA JAFFE.



IMAGINE BEING 17 YEARS OLD when your father dies and then, nine months later, losing your mother as well. You are almost finished secondary school, with three younger siblings and a grandparent to care for and support. It all seems overwhelming. Magdalena George, Africa's Children-Africa's Future (AC-AF) inaugural project manager in Tanzania, dealt with this challenging reality by organizing and running her own business before and after classes. And with the help of her grandmother, she put herself and her siblings through school.

Magdalena's heroic story is ten years old, but these scenarios, once rare, have now become commonplace. It is estimated that by 2010, more than 18 million children will have lost at least one parent to HIV and AIDS.¹

In their 2007 epidemic update, UNAIDS (a joint UN program on HIV and AIDS) and the World Health Organization (WHO) reported that there are currently 33.2 million people living with HIV, of which 22.5 million live in sub-Saharan Africa; 2.5 million people were newly infected with HIV in the same year, of which 1.7 million live in sub-Saharan Africa, and 2.1 million people died worldwide of the epidemic.² All too often we read numbers, but do not think of the human lives behind the statistics. Sub-Saharan Africa is home to just over 10 percent of the world's population but over 65 percent of all of people living with HIV.³ AIDS is reversing development, eroding cultural tradition, and destroying the very fabric of family, community, socio-political institutions, and government.



EN BREF Selon le *Rapport sur l'épidémie mondiale de sida* publié en 2005 par l'ONUSIDA, dix millions de jeunes sont atteints du VIH et du SIDA à l'échelle mondiale et les jeunes de 15 à 24 ans contractent environ la moitié des nouvelles infections. Pourtant les jeunes sont rarement les destinataires de programmes de formation destinés à mieux faire connaître et comprendre le VIH et le SIDA. Mettant l'accent, d'abord, sur les besoins critiques des ménages gérés par des enfants et, ensuite, sur la nécessité de confronter l'ignorance et les connaissances erronées tant en Afrique qu'au Canada, l'organisme de jeunes Africa's Children-Africa's Future réalise plusieurs initiatives pour mieux renseigner les jeunes

THE MEDICAL ISSUES THAT ARE THE FOCUS IN MOST HIGH-INCOME COUNTRIES REVOLVE AROUND CANCER, AVIAN FLU, SARS, AND MOST RECENTLY INFLUENZA A H1N1. HIV AND AIDS HAS FALLEN OFF THE PRIORITY LIST.

The youngest members of the population are increasingly being left to cope with the situation. Many are calling them a 'lost generation'. Children are defined by their relationship or place within society, but in areas such as sub-Saharan Africa, the concept of 'child' is becoming obsolete as more and more children are fulfilling responsibilities normally defined by parental and adult structures. Skill transfer at every level has been depleted in recent years due to large-scale illness. Without 'normal' relationships between parent and child or between teacher and student, the epidemic is leaving our future leaders without adequate experience of social and professional interaction.

Over the past two decades the literature on HIV and AIDS has focused on scientific and medical narratives. Mainstream articles in the media on the symptoms of, and pharmaceutical responses to, the disease have attempted to simplify and popularize the message, leaving the public with a limited understanding since discussions of symptoms and medicines touch only a small part of the epidemic's impact. Thanks to a more recent emergence of writing about the global situation, particularly relating to the prevalence rates in sub-Saharan Africa, we are beginning to realize the social dimensions of HIV and AIDS. The impact of the disease has the potential to overshadow every medical catastrophe in history.

So what does this have to do with Canadians? Generally, when discussing the social implications of the AIDS epidemic, the media's sole attention is the international complexity of the situation and particularly the African context. Although this perspective is necessary, the one-sided narrative results in an uninformed and misguided Canadian population. As a result, our youth are becoming apathetic to a disease that is spreading throughout the world, at a time when we need to take united action.

The medical issues that are the focus in most high-income countries revolve around cancer, Avian flu, SARS, and most recently Influenza A H1N1. HIV and AIDS has fallen off the priority list. According to *The National Portrait: A Report on Governments' Responses to HIV/AIDS Epidemic in Canada*, "governments in Canada built a strong foundation for addressing both the disease and the epidemic, though commitment to doing so has faded over time as other priorities emerged."⁴ It went on to say that a renewed commitment to action through cooperative partnerships is now needed throughout Canada to effectively address the epidemic.

Canada and Canadians are not immune to HIV and AIDS. On the contrary, approximately 58,000 people were living with HIV and AIDS in Canada at the end of 2005, 30 percent of whom were unaware that they were infected. In 2005, 2,518 Canadians were diagnosed with HIV, a 13 percent increase from 2001. But these official statistics tell only a part of the story; estimates suggest that in Canada alone there are closer to 4,000 new infections annually.⁵

So, what can be done to help stop the spread of this disease? To effect change, we need to see multiple initiatives spanning multiple sectors. But as a start, emphasis must be placed on relaying appropriate and accurate information through understanding and awareness campaigns worldwide. If we are to overcome this crisis, we must empower people to take individual action. With good information we can counteract the inappropriate and incorrect 'knowledge' that is at the root of multiple myths, stereotypes, stigma, and discrimination that contribute, in part, to the spread of HIV.

I have lived and worked in sub-Saharan Africa for a good part of the last ten years. I have encountered first-hand the multiple faces of AIDS. I have attended more funerals than most people my age; I have visited schools where no teachers were present because they are dead. I have worked with children ostracized from their former friends because of parental illness – the result of behavioural misinformation run rampant. I have heard accounts of hospitals not feeding AIDS-related patients so they will die faster. I have heard of family members being hidden (essentially quarantined) because other family members feared contracting HIV by being in the same room. I have listened to girls tell stories of being raped at a young age, knowing that such torture is directly related to the myth that a man can rid himself of the disease if he sleeps with a virgin.

These are not statements of blame; they are all examples of misinformation. If a community leader hears that condoms are laced with HIV and tells three people, and those three people tell a few more people what their leader said, we see the perpetual challenge of misinformation. I had the vice-president of the largest AIDS organization in a university in East Africa tell me condoms only worked for sexual activities that lasted less than five minutes. I encountered a pharmacist telling a facilitator who was trying to purchase condoms for a training session that they didn't work – but she would sell them to him anyway.

In Canada, we view such myths from overseas as shocking or sad, though unrelated to our own reality. But we have equally shocking myths in our own backyard that are as potentially deadly, but representative of a different society. Not long ago, Canadians believed that HIV was only a homosexual disease, or that you could live forever on the AIDS drugs, so why worry? We should react to these ill-informed opinions in Canada just as we do to those in African societies; they are all the result of misinformation.

THE ACTIONS THAT MANY COMMUNITIES, IN AFRICA AND AROUND THE WORLD, HAVE ALREADY TAKEN ARE HEROIC; BUT THEY HAVE REACHED THE LIMITS OF THEIR EFFECTIVENESS. IT IS TIME TO SEARCH FOR NEW SOLUTIONS.

The 2005 *UNAIDS Report on the Global AIDS Epidemic*⁶ estimated that ten million young people are living with HIV and AIDS worldwide and that approximately half of all new infections are among 15-24 year olds. Every 15 seconds a young person in that age group is infected with HIV,⁷ yet youth are seldom the recipients of training programs to increase understanding and awareness of HIV and AIDS.

Children and youth are the future. They are also the unfortunate face of the epidemic, and they should be reflected in the pragmatic responses we choose to make in Canada, as elsewhere. In 2002, the *Canadian Youth, Sexual Health and HIV/AIDS Study (CYSHHAS)*⁸ was completed by the Council of Ministers of Education Canada, and by the Canadian Strategy on HIV/AIDS of Health Canada. The study concluded that:

- Almost one-quarter (23 percent) of Grade 9 boys and 19 percent of Grade 9 girls reported having had vaginal sexual intercourse. By Grade 11, this figure had increased to 40 percent of boys and 46 percent of girls.
- Sexually active youth are using condoms, but the proportion doing so decreases with increasing age.
- Approximately two-thirds of Grade 7 students, half of Grade 9 students, and one-third of Grade 11 students did not know that there is no cure for HIV/AIDS.

These findings suggest that there may be a false sense of complacency about the disease among today's youth.

This ignorance is deadly! But the situation is not hopeless. Steps, albeit small ones, are being taken to ensure a future where children can achieve their dreams. Margaret Meade said "never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." The actions that many communities, in Africa and around the world, have already taken are heroic; but they have reached the limits of their effectiveness. It is time to search for new solutions.

AC-AF is a youth-driven organization that focuses on children and youth worldwide and is accepting the challenge to help work with communities that have, until now, been the unsung heroes in coping with the most difficult scenarios imaginable, like Magdalena's. It is unfortunate that still today, less than 10 percent of children orphaned and made vulnerable by AIDS are receiving any public support.⁹

AC-AF has two main programs. The first is focused in Africa and responds to the critical needs of child-headed households by focusing on, strengthening, and re-directing indigenous resources through multi-faceted programming. This low-cost model utilizes self-assessments to form localized solutions for children and their communities, rather than importing them. Our holistic approach responds in the following areas: education, gender equalization, vocational skill training, psychosocial support, and the introduction of micro-credit loans and community banking to persons under the age of 18. Weighing all of these sectors equally, AC-AF recognizes that solutions must involve all areas of life if they are to be sustainable.



THIS PHOTO WAS TAKEN BY ESTHER, 17, WHO IS HEAD OF HER HOUSEHOLD AND A PARTICIPANT IN AN AC-AF PROGRAM.

On the ground, AC-AF is a community-run and empowering organization. Our work in the field is also a bridge to sharing information and building relationships for youth worldwide to learn and share the context in which each individual lives. Because it is of prime importance that, as global citizens, we are all aware of the situation, AC-AF's second program, **u+me=we**, focuses on international education and awareness. This mandate embraces working with Canadian and African youth to increase understanding and awareness of HIV and AIDS among the age group at greatest risk, while developing youth-initiated, proactive strategies.

In 2007, **u+me=we** was launched as a pilot program focusing on young people aged 12-18 from Cameroon, Canada, and Tanzania. The project was designed as a series of workshops discussing the many dimensions of HIV and AIDS. We used a series of unique participatory development games to address the global dimensions of the epidemic. Following the discussions, local artists (digital photographers) worked with the youth on the power of photographic imagery and provided an introduction to the technical aspects of photography.

The 2007 program reached 50 direct recipients and a few hundred indirect recipients. Discussing topics such as HIV and AIDS 101, Real Lives: Real Stories. Myth Busting, International Dimensions of the AIDS epidemic, and Introduction to Photography, our pilot year provided a tremendous program for youth empowerment and education, through cross-cultural learning. By 2008, **u+me=we** reached more than 1100 participants, with a concentration on youth from

the Toronto area and Dar es Salaam, Tanzania region. Our second year included two new elements, as well: examining Social Consciousness and Art, and "Say What You Mean, Mean What You Say... About HIV and AIDS", a collaboration of writing and photography pieced together to express how children and youth around the world view the epidemic.

u+me=we has already attained many of its goals, including helping youth learn and share good and useful information on HIV and AIDS, promoting the dissemination of information among peers, teaching new skills, promoting leadership among youth, introducing development issues, encouraging social activism, and emphasizing and empowering youth to believe that they can and do have a significant impact on the future of children and youth throughout the world.

The artistic components of the program have been displayed in a number of exhibits, including Contact Photography Festival (the world's largest photography festival), and the National Library in Dar es Salaam, Tanzania.

It is our hope that, with interested parties, we can encourage the dissemination of information among youth and expand our programs to provide opportunities for them to become a greater part of the solution.

Canada prides itself on being one of the top ranked countries in the world to live in. But our sense of confidence may become dangerous, as it is based on a fine line between persistent, supported, and ongoing education and ignorance. We must continue to act now, individually within our own communities as well as abroad, in order to mitigate the devastating affect of HIV and AIDS on future generations throughout the world. |

GITA JAFFE is the founder and executive director of AC-AF (Africa's Children-Africa's Future). Her dedication to community development began in Canada in 1995, and moved toward international development, specifically in relation to sub-Saharan Africa, within a few years. For more information on AC-AF or its programs, please visit www.ac-af.com

Notes

- 1 UNICEF, "Unite for Children, Unite Against AIDS." Available at <http://www.uniteforchildren.org/index.html>
- 2 UNAIDS, "UNAIDS Epidemic Update 2007." Available at <http://www.unaids.org/>
- 3 UNAIDS, "2007 & Population Reference Bureau 2007." Available at <http://www.unaids.org/>
- 4 Public Health Agency of Canada "National Portrait: A Report on Governments' Responses to HIV/AIDS Epidemic in Canada." Available at <http://www.phac-aspc.gc.ca/aids-sida/publication/nationalportrait/index.html>
- 5 Public Health Agency of Canada, "HIV/AIDS EPI Update 2007." Available at <http://www.actoronto.org>
- 6 UNAIDS, "2005 Report on the Global AIDS Epidemic." Available at <http://www.unaids.org/>
- 7 UNICEF, "Unite for Children, Unite Against AIDS." Available at <http://www.uniteforchildren.org/index.html>
- 8 Council of Ministers of Education, Canada and Canadian Strategy of HIV/AIDS (Health Canada), "The Canadian Youth, Sexual Health and HIV/AIDS Study." Available at <http://www.cmec.ca/publications/aids/>
- 9 UNICEF, "Unite for Children, Unite Against AIDS." Available at <http://www.uniteforchildren.org/index.html>



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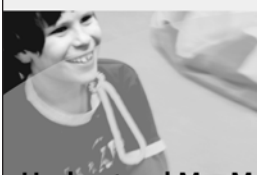
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