

FIRST NATIONS YOUTH HIV/AIDS

EDUCATION MANUAL



ASSEMBLY OF FIRST NATIONS
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BEATING THE CHALLENGE:

The medicine drum is referred to as a healing drum. The teachings we receive from our elders about the medicine or healing drum is their gift to us. Their teachings, guidance, and wisdom are also gifts to us. It's their way of showing us how much they care for us. Their wisdom not only teaches us the importance of using knowledge well, but also provides us with a sense of well-being and enables us to maintain good health.

As we enter into the twenty-first century, and the next stage of our maturity, our elders encourage us to take care and be aware of certain things so we can stay in good health. For example, we are encouraged to learn as much as possible about harmful diseases, especially diseases which have no known cure such as AIDS. AIDS stands for Acquired Immuno-deficiency syndrome.

It is believed that AIDS is caused by a prolonged infection with HIV which stands for Human Immunodeficiency Virus. HIV can damage the immune system which is the body's defence against disease.

This disease is deadly so we need to learn about it. This requires us to ask questions. The more we know about AIDS will help us to prevent its spread. Our elders encourage us to challenge this harmful disease by learning more about it because knowledge in this area is vital to our survival.

Acknowledgements to:

Ms Ellen Nowgesic

WHY A TRAINING MANUAL FOR ABORIGINAL HIV/AIDS FACILITATORS?

Over the past five hundred years, the Aboriginal people of this land have been subjected to major epidemics of various diseases and viruses that were brought to Turtle Island by the newcomers who came to settle on our lands. As a consequence, many of our nations were either completely annihilated or vastly reduced in number. These diseases were unknown to our traditional healers and medicine people who were not able to deal with the magnitude of the epidemics. In the past century, cures and methods of prevention were eventually found for many of these diseases, thereby stabilizing the devastation of our populations.

As we now move towards full control of our lives, particularly in the health area, we must ensure that our people have full access to all information about HIV/AIDS. Effective HIV/AIDS education and prevention programs in Aboriginal communities is one of the top issues that must be dealt with by the Aboriginal leadership.

With this awareness we must and we can prevent a widespread epidemic.

The recommendations of the Ontario First Nations AIDS and Healthy Lifestyle Survey outline a first step for Aboriginal communities in developing effective education and prevention programs. Although there is still much to be learned about the extent of the impact of the HIV/AIDS virus in Aboriginal people, immediate steps can be taken..... (Gordon B. Peters, Ontario Regional Chief, Ontario First Nations AIDS and Healthy Lifestyle Survey)

THE ONTARIO FIRST NATIONS AIDS AND HEALTHY LIFESTYLE SURVEY

This report was published in 1993, following extensive research and survey amongst 658 on-reserve participants from eleven First Nations, varying in size, geographical location, remoteness and language spoken. A minimum of forty interviews were selected from each community. Within each community equal numbers of males and females were selected and the sample was stratified into four age groups (15-19, 20-29, 30-39, 40 and older).

The interviews were designed to be administered face to face, with the use of an answer booklet for sensitive, highly personal questions. All interviewers spoke and read English, and if required would translate into the appropriate First Nation language as they conducted the interview. Languages used were English, Cree, and Ojibway.

For questions about sexual behavior, respondents were offered a choice of technical (polite) or common (street) wording. For some respondents, use of street terminology helped to clarify the terms used.

Approximately 25% of men interviewed, and 45% of women interviewed reported that they had been told by a health care professional within the past twelve months that they should improve their diet.

In the month prior to the interview, use of at least one of five substances on at least one occasion was reported by 17.4% of the population. Alcohol and drug use may have been "under-reported" because "dry" communities were included.

40% of men interviewed and approximately 20% of women interviewed admitted to two or more sexual partners within the past year, 29.8% reported to have had no sex in the past year. While 13.3% reported practicing protected sex only, 44.8% admitted to having protected and sometimes unprotected sex, and an additional 12.1% admit to having unprotected sex only.

17.3% reported they had not heard of AIDS, with a higher portion of females having heard of AIDS. It was mostly younger people who had heard of the disease, AIDS, with knowledge of the disease decreasing with increasing age. Of those who had heard of AIDS, the average knowledge score was 14.8 out of a maximum of 20.

Respondents believed that AIDS was relevant to the community and felt that the community should take care of members living with AIDS but felt they would be more likely to "tolerate" them, or ignore them. The majority of respondents (57% felt that people living with AIDS should not be isolated, although older respondents were slightly less likely to respond this way. There was strong agreement (99%) that AIDS education should be provided for students and the community at large.

Not all participants admitted to having been tested for HIV antibodies, but of those interviewed, 212 admit to having tested positive. These numbers tell us that we may have approximately 755 people on reserves in Ontario who are people living with HIV or AIDS.

In Third World countries such as Africa, the numbers of people living with HIV and AIDS is growing at a tremendous rate. This is largely because of the poverty, poor sanitation, bad water supply, poor nutrition and lack of medical services. In these countries, even with the knowledge of AIDS, they do not have the financial means to provide treatment for HIV, resulting in multitudes of deaths daily.

Our Aboriginal communities have been compared to Third World countries because of the poverty, poor sanitation, bad water supply, and poor nutrition many of our people on reserve and in urban settings, live with.

It is not known how many Aboriginal people living on and off reserves in Canada, have tested positive or who have HIV/AIDS. We can assume the numbers are high and will continue to grow. For these reasons, we feel it is necessary to educate our people about HIV/AIDS.

It is only with education that we can begin to prevent the continuing spread of this epidemic amongst the Anishnawbe.

A number of our people who have tested positive feel, or have been told that they cannot go home, lack proper medical treatment and support, and are dying alone, on the streets or in shelters.

No community is immune. Eventually, this epidemic WILL strike all of our communities. We must do our part to educate our people so that first, we can help prevent the spread of this disease amongst our people, and second, we can help open the minds and the hearts of our people so that when a loved one tests positive, he or she can continue to receive the love and support he or she needs to survive. We must educate ALL our people: our children, our youth, our adults, our Elders, our CHR'S, and our NAADAP workers.

HIV/AIDS DOES NOT DISCRIMINATE. WE ARE ALL AFFECTED.

HOW TO APPROACH THIS MANUAL:

With the information overload that we all face daily, we suggest that you find a relaxing and quiet location to review and study this information, in your preparation for facilitating the sharing of information presented to you on HIV/AIDS.

FACILITATOR'S GUIDE:

Introduction:

With this manual you will have various **choices** for teaching First Nations students at the primary and intermediate level about HIV/AIDS and related issues. Even though some students may have knowledge of the "facts" there continues to be a fear and anxiety as well as ignorance about the disease and the numerous social issues raised by the mention of HIV/AIDS, and how it will affect their lives.

We have been living with AIDS since 1981, when we began to hear about cases of rare cancers and illnesses in people whose immune systems were nearly destroyed. As a society, we live with the impact that AIDS (a result of HIV infection) has on public health, medical care, law, government, employment and the aboriginal communities in general. As individuals, we live with the impact that it has on our personal lives - on family, friends, and ourselves. Although medical treatments improve, experts believe that a cure or vaccine is still years away. If we are to limit the spread of HIV infection, including AIDS, it is clear that we must educate people.

The goals of the Aboriginal People Affected by HIV/AIDS Education Course are-

- To help prevent the spread of HIV infection in our communities.
- To help Aboriginal people respond in reasonable ways to HIV infection itself as well as to Aboriginal people who have it.

Aboriginal HIV/AIDS Educators who accurately present the facts about HIV infection in their communities make a significant contribution to public understanding. Some research shows that people who don't know the facts are more likely to respond emotionally than are those who do know the facts. By training to be a HIV/AIDS Educator, you are helping to meet the challenge of this health crisis. By educating our people, you are helping to prevent the spread of this epidemic further amongst our people.

This introduces you to the HIV/AIDS Educator course and training materials by covering: the purposes of this course, the importance of a non-judgmental perspective on the facts, the course design, the responsibilities of Aboriginal HIV/AIDS Educators, and the significance of the words used in HIV/AIDS Education.

("Living with AIDS" implies that AIDS (a result of HIV infection) is not going to disappear very soon; it can also mean that people can live in spite of AIDS. The phrase has both optimistic and pessimistic implications.)

The Educator course furthers the goals of prevention and reasonable response by training people like you to serve as Educators for our Aboriginal communities. The training equips you with the basic skills necessary to give HIV/AIDS community presentations lasting 1 hour, 90 minutes or 2 hours.

This HIV/AIDS Educator course prepares you to -

- Give the basic facts about HIV infection, including AIDS, accurately. It does not make you an expert. You are expected to continue learning after you complete this course.
- Respond appropriately to challenging questions from an audience.

- Feel more comfortable talking about facts related to sensitive topics like sex and sexuality and drugs and drug use. It does not make you an expert on these sensitive topics. You are expected to continue learning about them after you complete the course.
- Present the facts sensitively to Aboriginal people of all ages, on and off reserves.
- Present the facts without letting your personal values, attitudes and beliefs get in the way.

Presenting the facts about HIV infection without letting your personal feelings get in the way is an essential skill for HIV/AIDS Educators. Talking about HIV infection means sharing facts related to sex and sexuality, drugs and drug use, and death and dying. Everyone, including educators and people attending community presentations, has strong personal feelings about these topics. Since a goal of community education is to increase understanding of facts, an educator must be able to talk about the facts without sharing his or her personal feelings. An educator presents facts, not attitudes.

A Few Key Points Are:

- HIV infection includes more than AIDS.
- You CAN protect yourself.
- If you don't have unprotected sex or share needles with an infected partner, you greatly reduce your risk.
- You CANNOT get HIV/AIDS through casual contact.
- You CANNOT get HIV/AIDS from giving blood.

Upon completion of this course, Facilitators will:

Be thoroughly familiar with the contents of this manual. Be able to answer audience questions accurately and in a non-judgemental and culturally sensitive way. Know HIV/AIDS resources in your community. Have the opportunity of participating in HIV/AIDS updates offered by the Speakers' Bureau.

A final point to consider here is the special significance of some words in HIV/AIDS education. There are several instances where saying the right word increases public understanding - When you present the facts, be careful to use words in the ways suggested in the manual.

You may have already noticed that this manual refers to "HIV/AIDS education", "HIV", and "HIV infection", in addition to "AIDS". Although the public is more familiar with "AIDS", current efforts like this training try to make clear that HIV (human immunodeficiency virus) is the virus that causes what is known as HIV infection. AIDS is the result of HIV infection. These distinctions help to emphasize the potential for more effective prevention by pointing out that there are specific ways to prevent the spread of

the virus and that people who are infected with HIV but have not developed AIDS can still infect other people.

As education efforts like this one are successful in spreading the facts, more people will use the terms correctly. To provide transition, some topics are referred to as "HIV/AIDS". "HIV/AIDS" combines the more correct use of "HIV" and the more commonly understood "AIDS". Transition to a more correct use is also provided

Questions reflect the current common use of "AIDS" and the answers distinguish between the proper use of "HIV" and "AIDS".

Another instance where words are important is in referring to how people have sex. Throughout the manual, the informal term, "having sex" is used instead of the more precise "having sexual intercourse".

Also, the terms used to describe different kinds of sex are an attempt to avoid labels that sometimes confuse the factual point to be made. Referring to "men who have sex with men" or "two spirited men". for example, simply describes behavior instead of categorizing people. Not using the label of "gay" or "homosexual", makes it possible for some men who have sex with other men but do not consider themselves homosexual to understand that the information pertains to them, too. The use of labels like "homosexual", lesbian", or "heterosexual" in the manual is restricted to very specific places where it is appropriate. Otherwise you will see the term, "Two Spirited Person" used.

This Teacher's Guide can assist teachers to implement the lessons in a manner consistent with the cultural sensitivities of the First Nations context in which they work.

While numerous suggestions are offered here, a major assumption is that teachers know their students and their context best, and will use the curriculum creatively to provide learning appropriate to their circumstances.

The curriculum is flexible enough to provide use through the years, and in face of new information constantly arising in the struggle against the HIVirus and the search for a cure for AIDS.

A word to teachers who lack knowledge in the subject area: you are less likely to feel intimidated if you assume the role of facilitator of Teaming rather than expert on HIV/AIDS. By making early contact with health professionals and knowledgeable community workers, Elders, and HIV/AIDS resource people and organizations, you will be providing a genuine service to yourself as well as to your students.

CURRICULUM GOALS, APPROACHES AND DESIGN OBJECTIVES

The *goals* of the HIV/AIDS curriculum are to help First Nations secondary students:

- to raise their consciousness to facts and issues surrounding HIV/AIDS in a culturally sensitive way
- to reduce fearful, ignorant attitudes surrounding those infected with HIV/AIDS
- to emphasize wellness, and to encourage choices which will prevent them from contracting HIV/AIDS or other sexually transmitted diseases.

Objectives are listed for each of the 12 Foundation Lessons. The design of this curriculum is intended to assist teachers to meet their students' needs in several major ways:

- by providing introductory lessons on HIV/AIDS for students who lack basic knowledge through a six week unit containing 12 Foundation Lessons
- by providing a Research Project Unit for students at a more advanced level of their understanding of HIV/AIDS and important issues and attitudes which surround it
- by providing implementation resources or convenient order forms for resources where it has not been possible to supply them here.

A major purpose is to open dialogue on HIV/AIDS with First Nations students in a culturally relevant manner. The units can be modified for use at the secondary level grades or for adults. The curriculum developers have had in mind students who are adolescents and statistically likely soon to become (or have already become) sexually active.

The recommended approaches encourage:

- holism (interconnecting mind, body, spirit and feelings; connecting student, family, school, and community; and interrelating school subject areas).
- the building of self-esteem based on respect for self and others.
- an emphasis on raising questions and decision making.
- a research/project orientation.
- student-centered learning.

Providing guidance for these approaches is a major concern of this Teacher's Guide. Individual lessons in the 12 Foundation Lessons provide additional ideas and information.

CURRICULUM OVERVIEW

The HIV/AIDS curriculum consists of several components, including:

- this Teacher's Guide
- a six-week introductory unit of 12 Foundation Lessons
- a Research Project Unit for students who have mastered basic knowledge (includes an outline for an introductory workshop to the Unit)

- a student made video So ... What's to Talk About?
- a pre-test/post-test (with answer sheet)
- an annotated resource list of videos and materials

In recognition of the fact that student knowledge of HIV/AIDS varies, two major approaches are offered here:

- Foundation Lessons for teachers who judge that their students lack introductory information about the disease and issues surrounding HIV/AIDS
- a research project approach for subsequent years. This flexible unit offers choices for teachers who would like (1) to offer students more control over their learning, or (2) to provide greater emphasis or currency to certain issues, or (3) to facilitate a broader community based approach to learning. A detailed introductory workshop is included.

CONCEPTS

In this section, nine guiding concepts are suggested as a framework for the curriculum model:

- (1) What is cultural sensitivity?
- (2) Holistic learning and teaching
- (3) The Talking Circle: a climate for non-threatening, nonjudgmental discussion,
- (4) Provision for student ownership,
- (5) Community and cultural relevance,
- (6) Attention to attitudes and feelings,
- (7) Factual information on HIV/AIDS,
- (8) Teaching controversial material,
- (9) Facilitation of behavior change.

Concept 1: What is Cultural Sensitivity?

Although this is not the place for a lengthy discussion of the topic, some basic understandings may prove useful to teachers. Three basic concepts are provided here (1) content issues, (2) process issues, and (3) storytelling as an example of a culturally sensitive, holistic teaching approach which unifies the content and process. Holistic Teaching and Learning is explored, and several other culturally related concepts.

Content issues:

Cultural content may relate to specific topics, for example: Haida art, Aboriginal land claims, Salish weaving, Okanagan language.

Cultural *sensitivity in regard to content* involves such concepts as:

- accuracy of information, regional variations, etc.
- ownership rights to songs, stories, crests, and other cultural “property”
- correct (and respectful) pronunciation of words in the language of the culture
- inclusion of *values* appropriate to the culture
- involvement of culturally knowledgeable people where possible.

Although the HIV/AIDS unit is not based on a First Nations topic per se, content concerns have been addressed by using videos which feature First Nations people expressing their own points of view, and by providing information which is relevant to First Nations, or that points the way to finding such information.

Throughout the lessons, many recommendations are made to *involve First Nations* people of the community to ensure that the *values* reflected are representative of the Aboriginal community. Many topics are suggested for student research which can provide relevancy and connectivity to the local culture.

Process issues:

Process refers to *how* the material is taught/learned, and particularly as it applies in the First Nations context. The holistic approach is the recommended. Culturally sensitive activities relating to process are emphasized within the individual lessons in the curriculum. Because of its potential to provide an appropriate process, the *project approach* has been recommended. Other examples of relevant *process*, such as the Talking Circle, are outlined later.

An example of a First Nations approach which synthesizes content and process for teaching and learning holistically is *storytelling*.

The importance of the story form to First Nations cultures is of great significance. Stories contain images and messages which vividly convey values. They do so often with humor and in perhaps the most enjoyable of all "teaching" methods--is there anyone who doesn't love to hear a good story? Themes, characters, settings, and values portrayed in the stories are interrelated in subtle and sophisticated ways, and can be seen as the culture in microcosm.

Since she could remember, the young girl had been filled with many stories from her grandmother. Stories of the ancient past. Stories from another time, another world of existence. Stories of great courage, of transformation and trickery. Stories of great tragedies and struggles. Stories of grief and loss and resilience of a people who survived one of the most difficult environments for existence. Tales of wit and humor. She watched now as her grandmother took another sip of tea and lay back against the grub box. The spirit was charged and there was that familiar anticipation of another of these

recollections. She leaned forward to listen ever more intently She was being prepared for the future. Her mind was being taught to think on all levels and trained to understand things mentally but also emotionally and spiritually. Each concept of the stories was being heard by her heart. (Louise Propheit-Leblanc)

For a long time the traditional stories of our Ancestors were put to “sleep” (as the Sto:lo Elders have said), and not considered as important tools for learning. Our stories have undergone major transformations from the Aboriginal Language to English; and from the oral delivery to the print and visual media. Often the humor and depth of meaning has been lessened, especially with the language differences. Despite the major problems of these transformations, many of the stories and essence have survived and we are fortunate to be able to hear and read about the voices of Aboriginal storytellers today. Today many more Aboriginal people are becoming involved in reactivating the use and the form of storytelling in various media.

Life experience stories are also being recognized as important ways to pass on cultural teachings and knowledge, and to give listeners hints on becoming good human beings. People who share these stories have usually experienced various hardships and want others to learn from their experiences—a common traditional practice.

"You got three ears you know. Two on the side of your head and one in your heart. Make sure you always use that one too!" Louise Propheit-Leblanc

With stories we have learned that it is important to be able to have enough patience to listen with "three ears," to go away and think deeply about the meanings of the story. My friend Richard Wagamese said we need to "take the story away and find our own truth in it." With story work we have learned that it is important to understand the metaphors and symbolism used in the stories. Traditional Aboriginal stories contain many symbolic forms such as the use of the number four (four seasons, phases of life, cardinal directions), the circle, and particular animals (such as the rabbit, which may have powers like a medicine person).

We have also learned how important it is to hear a story over and over again. As the listener-learner ages, new layers of meaning are uncovered.

A story or a combination of stories can help us to focus on particular areas. Just as each person has a place around the circle, each story can contribute to the circle of wholeness.

This approach can work very well to convey some of the major concepts implicit in HIV/AIDS teaching and teaming.

Concept 2: Holistic Learning and Teaching

A fundamental view of holism is that which sees all things as being connected to the whole. The opposite of holism is fragmentation and isolation.

Many First Nations groups use the circle to symbolize holism. The circle perimeter contains the parts which comprise the whole-sometimes the parts are seen as (interconnected) segments, sometimes as circles within circles. To provide a convenient representation of holism for teaching and learning, the circle can show segments containing aspects of learning that are interrelated in the teaching design. The sacred number four provides useful quadrants for the circle to illustrate:

- the *intellectual* (mind, academic, mental, thinking)
- the *spiritual* (metaphysical values/practices, the “meaning of life,” connections to nature)
- the emotional (feelings)
- the physical (also recreational, social, behavior, “action,” body)

Rather than thinking of these as rigidly defined categories, consider them as ideas for *helping us to keep our lives in balance*, and planes on which we are all connected-to ourselves, to one another, to the earth, and to the universe.

Similar graphic portrayals could be used to illustrate a desirable interconnectedness of subjects in a curriculum. “Language Arts” is itself a holistic rubric containing reading, writing, speaking, and listening; grammar, spelling, and various linguistic concerns-all of which could be shown as related segments of the language circle. Similarly, the curriculum at any grade level could show all the courses as connected parts of the whole body of study.

Other designs use a series of concentric circles to show, for example, that the learner is at the center of the learning, and is connected to family, community, nation, and so on.

Holistic education provides a mental framework to assist teachers to interconnect aspects within a subject area, to connect one subject to another (themes, for example), and to provide a web of connections to help the learner make other critical connections between self, family, school and community.

In addition to this simple and accessible view of holistic education, other considerations are beginning to be articulated.

A more academic view sees holistic education as a way to create change through relating informational content to a transformational process. Briefly, in this view:

- *information* is communicated, leading to
- *dialogue* about the information which accesses

- *feelings* leading to
- *prexis* (reflection and action) leading to (possible)
- *transformation* (self-initiated change)

In this paradigm, the teacher *facilitates dialogue to elicit feelings as well as factual information*. (So George is HIV positive, you say. How does that make you feel, Helen?) (*not* what do you *think* about that, Helen.)

The idea is *to move beyond facts, and to connect emotional response to learning*, particularly self learning. Feelings can then assist in directing actions (transformation/change). (So if that's the way you *feel*, what might you *do* to help George understand you care about him?)

Some would argue that holistic education is equally concerned with inward explorations as outward discoveries. We learn about the world, in this view, in order to learn about ourselves, and to establish inward harmony and balance.

The role of the teacher in the holistic process is to facilitate the integration of the elements of holism.

Although integrating a fragmented curriculum is perhaps one place to start, the larger goal is to help students get in touch with and (re)discover their connections to self, family, community, and nation. Many students have a diminished view of their personal worth. Perhaps the most significant contribution a teacher can make is to provide the kind of supportive feedback that enhances the Trainer's perception of self. In effect, *caring* facilitates *wellness*; *wellness* facilitates *caring*, and these two interrelated concepts epitomize holism.

We recognize that bringing the mind, the spiritual, the emotional, and the physical realms together in mutualistic harmony is challenging to say the least. Holism is a goal which we advocate because there is so much healing to be done in Aboriginal families and communities as a result of assimilationist assaults on our cultures.

Holism as we understand it is the essence of a traditional way of life. If we are to become whole, healthy people and Nations, then we must address the mind/spiritual/ emotional/physical development and interactions. The process of addressing wholeness can vary and is as important as knowing the parts. Sometimes one area needs more attention than others. Sometimes some areas converge for particular reasons, other times they do not.

The important consideration is knowing the parts and working at bringing them together for wellness. The essence of the facilitating process involved is captured by the concepts of *genuineness and caring*.

Possible ways of facilitating the HIV/AIDS Curriculum:

An introductory framework for holism could use the following questions or guiding comments.

- Mind (thinking). What have I learned? What can I imagine? What do I think?
- Spiritual (metaphysical values everything has a spirit - a being. In Aboriginal stories there are numerous transformations (such as people turning into rocks or animals and vice versa) which show inter-relatedness and which acknowledge that each thing has a spirit. What is my relationship with the Creator? (or to life, or the universe, or whatever name or religion is appropriate to the school context)
- Emotional (feelings) What do I feel? What do my feelings tell me?
- Physical (body and behavior/action) How can I take good care of my body? What will I start, stop, and/or continue to do?

Plan each lesson in relation to the whole. Being aware of process as well as content are a must to accomplish holistic goals, all the while relating one to the other.

Organize the HIV/AIDS section in relationship with the other subjects, and relate it to the contact of the family life education, sexuality education, and healthy lifestyles education.

Show and involve the community in the lesson and other project activities.

Concept 3: The Talking Circle and Climate for Discussion

In an article from the Seasons Newsletter "Beyond AIDS 101: The Health Educator's Perspective," Earl Pike, an HIV/AIDS consultant, looks at what is important from a student's perspective:

What works from the student's perspective? I, as a student, need to feel some confidence that the person who is trying to reach me, or change my behavior, knows what he or she is talking about. If their facts are confusing or contradictory, that person loses credibility in my eyes. I also need the educator to meet me on my terms, willing to enter my world, with its language, customs, and styles; rather than automatically expecting me to see things their way. If I am 15 years old and reveal that I am in love with my boyfriend or girlfriend, only to have the educator smirk and refer to it as "puppy love," then I will shut him or her out, because they don't understand me.

I would need to trust the educator, believing that she or he cares about my well-being *as a person*. If I think that he or she is only talking to me because they have to, as a job responsibility, then I will come to think that they don't see me as unique with my own needs and fears, and I will therefore be less likely to listen. And finally, if I sense that the educator has some hidden values or agendas for me and my life, and they aren't being open about those, I will

probably feel confused and judged. For example, if I perceive that the educator thinks I'm a terrible person because I shoot drugs, I am going to reject them as much as they reject me.

The need for the establishment of a trusting, open climate free from moral judgments is essential to the kind of communication desirable between HIV/AIDS educators and their students, and amongst the student groups themselves.

The Talking Circle is recommended as a teaching strategy consistent with First Nations values. The circle is a powerful symbol of connectivity and completeness. The circle is the earth, the sky, the sun, the moon, the tipi, the seasons, the cycle of life.

The Talking Circle has long been a place where everyone is equal, where all can have a say. It is a healing circle where the heart can be unburdened, and words of consolation can be freely spoken. In many First Nations contexts today, the Talking Circle concept is used mainly for emotional healing purposes, although the Circle is not exclusively for this purpose.

In the classroom Talking Circle, students can learn to listen respectfully, and to express their ideas (if the right climate prevails) without fear of ridicule. Since silence and long pauses carry different messages in different cultures, it could be very helpful to include an Elder or others knowledgeable in cultural ways to facilitate the introduction and use of Talking Circles in the classroom.

A talking stick, feather, or a stone can be held by the speaker to signal that it is she or he who now has the right to speak, and the others have the responsibility to listen. Often these objects are reminders of our connection to the land and to respectful cultural values. Students who may ordinarily interrupt or demand inordinate attention can learn to listen respectfully until it is their fair turn to speak. Those who may not normally participate may overcome their reticence in the safety of the respectful Talking Circle.

Usually what is said is left at the Talking Circle or absorbed by the object passed around. In this way, students learn not to "spread rumors" about what was said.

It is in the Talking Circle that students can develop confidence in presenting their views, exchanging ideas, examining concepts, raising questions, and exploring ideas. Discussion as a teaching strategy is emphasized throughout the curriculum, and additional ideas are presented in the rationale for Lesson Two of the 12 Foundation Lessons.

Learning to respect and appreciate differences between individuals and groups is a legitimate and necessary classroom activity. The Talking Circle provides an appropriate framework for those lessons.

Possible ways of facilitating the HIV/AIDS Curriculum:

- The students, teacher, cultural teacher should decide upon the purposes and names of the Talking Circle. The ways (norms, rules, cultural practices) of listening and speaking, need to be agreed upon and developed.
- Many Talking Circles begin with a prayer, drum song, or “opening words” to create the readiness for the work of the circle. Many of our Elders say these thoughts help “to clear the mind, open the heart, and connect us with each other and the Creator.”
- Individual students of the same classroom or from another grade could learn to become facilitators of the Talking Circle discussion.
- Because many students may not have discussed issues relating to sexuality with anyone in the past, an open climate for such discussion may result in the sharing of information that leaves such students vulnerable to ridicule or which alerts the teacher to implications of sexual abuse, etc. Teacher intervention may be required. Know your school procedures and politics.

Concept 4: Student Ownership

Although many opportunities have been provided throughout this curriculum to encourage student involvement in the learning process, teachers will find many other ways to provide student ownership of their learning.

Discovery learning, creative approaches, and a project emphasis all lend themselves to a high degree of participation and ownership, and can also lead to increased cultural relevance, to building self-esteem, and to other desirable areas of student growth.

Many of these same activities also challenge the higher intellectual abilities (analysis, synthesis, evaluation), provide opportunity for creativity, leadership and social interaction, and require students to take responsibility for their teaming.

Examples of such approaches include school and community awareness activities such as the production of a video or newsletter, poster contests, school or community surveys, student-arranged guest speaker series, and the like.

The teacher's role is facilitative, leading brainstorming and planning sessions in the earlier stages, providing encouragement always, and advice when asked.

Possible ways of facilitating the HIV/AIDS Curriculum:

- While the project approach is a most productive way of providing student ownership, considerable pre-planning and on-going organization is required, both by teacher and students.

- Many students are over ambitious when it comes to launching a project which they have initiated. Teachers can help students develop responsibility for ownership by offering a few questions about timeliness, scope, and other realities. Teachers can also help students derive learning from their projects later by asking what they have learned from the project process, and what they would do differently next time.

Concept 5: Community and Cultural Relevance

Many band schools across Canada have been founded and administered through the 1972 Indian Control of Indian Education Policy, which was also sanctioned by Indian and Northern Affairs Canada. This educational policy is based on the two fundamental principles of local control and parental responsibility. Cultural curriculum and curriculum which is adaptable to the local community students' needs and interests are advocated. The employment of First Nations teachers, and a program of cultural awareness activities for non-Native teachers are recommended.

The philosophical statement of the Indian Control of Indian Education Policy emphasizes the importance of education to promote self-esteem through cultural knowledge and pride:

In Indian tradition each adult is personally responsible for each child, to see that he learns all he needs to know in order to live a good life We ... want our children to learn that happiness and satisfaction come from:

- pride in one's self,
- understanding one's fellowmen, and,
- living in harmony with nature.

We want education to give our children the knowledge to understand and be proud of themselves and the knowledge to understand the world around them. (National Indian Brotherhood, 1972)

Embedding cultural values into education is also emphasized:

We want education to provide the setting in which our children can develop the fundamental attitudes and values which have an honored place in Indian tradition and culture We believe that if an Indian child is fully aware of the important Indian values he will have reason to be proud of our race and of himself as an Indian.

Many of the traditional values have been eroded as a result of residential schools, sexual abuse, family violence and other influences that have disrupted First Nations family structures.

As a result, in many communities an environment has resulted that represses ease of self-exploration on many different levels-spiritually, emotionally, mentally, and physically. Family life education may not be carried out in many homes, and many students have a current lack of knowledge about body parts and functions, and of sexual matters. These basics are essential to an understanding of STDs and HIV/AIDS.

There can be no doubt that schools have a critical role to play in family life education. Students need to know about their bodies, about sexuality, about assertiveness in order to protect themselves. They also need to understand why this knowledge is important, and to develop a comfort level in discussing matters that for many may be emotionally challenging. The development of self-esteem is related to these understandings.

Possible ways of facilitating the HIV/AIDS Curriculum:

- Building self-esteem through cultural understanding is advocated by numerous AIDS educators. If self-esteem is developed through cultural knowledge and values, then an individual will more likely practice respect (an essential value) for his or her body and toward others. In relation to HIV/AIDS, the individual would be encouraged to respect his or her body by not practicing high risk sexual behaviors. Nurturing sexual attitudes and behaviors could be further developed through cultural teachings. Cultural values could also be used for problem-solving and decision-making skills regarding sexuality issues. For example, students could be encouraged to find out from Elders what traditional practices have to teach us about sexuality issues.
- Control as power to make decisions and direct the implementation of HIV/AIDS curricula, and *responsibility* to assist teachers become informed and involved with the students' learning are essential activities for the local community education authority and parents/community members.
- The local education authority must approve the HIV/AIDS curriculum. An advisory committee comprised of health workers, teachers, parents, Elders, youth, etc. could be very helpful as a support system for implementation. This committee could recommend the priority strategies or goals, and deal with issues or problems that arise. The curriculum should have information for parents and community members.
- The teaching methods should be appropriate, not contradictory, to cultural ways of teaching and learning.
- Students can be encouraged to interact with the community cultural and health resource people through the teaching/learning activities. They can also become aware of the various health resources and organizations that provide information and services on HIV/AIDS. Strategies for doing so are outlined in some of the lessons in the curriculum.

Concept 6: *Attitudes and Feelings*

In Alaska an AIDS/STD educator who makes presentations to school students, found that the students were informed about HIV/AIDS and its transmission. However, many have the common concern that information is not enough to change behavior.

The youth, though, are the biggest challenge, partly because of their youth. “Most kids feel like, ‘It’s not going to happen to me.’ They place themselves in a category of being immortal.”

The youth expressed a desire to discuss their emotions regarding sexual relationships and other sexual issues. Peer pressure, homophobia, fear of rejection, shame, and embarrassment need to be talked about. Youth need to learn and practice communication and negotiation skills. Their attitudes and feelings towards people living with HIV/AIDS must be addressed. First Nations communities must prepare for the time when our people return “home” to die.

The holistic approach emphasizes the expression of feelings as one aspect of wellness. **Educators are encouraged to move away from the inclination to emphasize only facts about HIV/AIDS. This is done by also asking about feelings, and moving towards topics concerning attitudes and issues about HIV/AIDS, while placing the discussion in a context of the four interacting realms of holistic learning. By doing so, they will be helping their students to grow emotionally.**

Possible ways of facilitating the HIV/AIDS Curriculum:

- How attitudes towards sexuality issues are formed and influenced can be included in the teaching/learning strategies. For example, influences from the media, history, religion, culture, and society could be examined through research projects.
- Students need to have an atmosphere where they can express their feelings without fear of retribution. The teacher must be able to discuss students’ concerns and questions frankly.
- Case studies and simulation activities where students can practice communication skills and discuss pertinent attitude and feeling problems are appropriate learning strategies.
- Videos which have youth discussing their questions and concerns are good stimulators for discussion.

Concept 7: *Factual Information on HIV/AIDS*

At the *Second Canadian Conference on AIDS and Related Issues in the Aboriginal Community*, Dr. Michael Monture stated that information “needs to come from a credible source, in straight forward and clear language. It needs to be specific, factual, culturally relevant, age appropriate and provided in a non-threatening atmosphere.”

Each provincial Ministry of Education in Canada and federal government health department has ample types of information on HIV/AIDS. The Joint National Committee on Aboriginal AIDS Education Prevention, and a few First Nations communities and organizations have produced printed information, reports, posters, and videos for First Nations people. The United States also has resource directories with information designated for First Nations people. Clearly, there is abundant factual information available. *How it is used* within an educational setting is the critical consideration, and a concern dealt with in this curriculum.

The Ontario Ministry of Education teaching document Education About AIDS links AIDS information with information on the reproductive system and sexually transmitted diseases (STDs).

People often take the health of their reproductive systems for granted. It is important to know as much as possible about the reproductive systems in order to maintain good health and to prevent infections. Often the problems of the reproductive systems have no symptoms; when symptoms do appear, people leave them untreated. This attitude towards health can be dangerous.

It is suggested that education about AIDS and other STDs be placed in the context of reproductive health within a unit of study on sexuality.

The special threat to health now posed by AIDS requires that the disease be incorporated into the context of STD prevention and that STDs be presented in the context of sexual health. This broader spectrum of disease prevention is vital to individual and collective health.

This approach of linking HIV/AIDS information within the context of reproductive systems and related information is highly recommended. But the linkage is dependent on basic knowledge of the body, established through programs which may need to be developed in many First Nations schools.

Possible ways of facilitating the HIV/AIDS Curriculum:

- The readability level, age/grade appropriateness, and cultural appropriateness need to be approved by the local education authority or advisory committee. Such activities give the communities a sense of ownership through meaningful involvement to provide service.
- Even though the teacher has appropriate factual information, the assistance of a health specialist is essential (unless the teacher is knowledgeable about physiology and sexually transmitted diseases) to ensure that needed areas are addressed appropriately. The linking of HIV/AIDS information within the context of other information about the reproductive system is recommended.

- Students should be taught how to assess the accuracy of HIV/AIDS information that they are exposed to. Statistics identifying high risk groups, in particular First Nations, are prevalent in the media and “scientific” studies. Students should discuss and learn about the related historical, social, economic and health reasons for this designation; otherwise they may feel stigmatized and shameful.
- The information may need to be presented in the Native language of the community. Direct translation from the English language into the Native language may not be viable or culturally appropriate. The community Native language speakers and health workers would need to work together to present the information in a culturally appropriate and content-correct way.

Concept 8: *Teaching Controversial Material*

While it is true that the general topic of HIV/AIDS is surrounded by numerous controversial issues, clearly education presently remains the greatest hope for preventing the spread of this deadly disease. The virus does not discriminate in terms of gender, religion, sexual orientation, age or race. The false sense of security of those who still think of AIDS as a “2-Spirited disease” or a , “white, male disease” must be dispelled.

Education about HIV/AIDS often cannot be separated from sexist and homophobic attitudes. Educators can play a leadership role by encouraging principles of debate, balanced discussion and critical thinking; understanding and identifying bias, prejudice, and discrimination; and the acceptability of diverse points of view to help young learners reflect on their own values, informed choices, and decision making.

Some of these topics are addressed in this curriculum, and provide an opportunity for educators to open a dialogue with their students (and the community) on some important issues. A framework for such discussions can be provided by a question such as: **What kind of world do we want to live in?**

Where deeply held beliefs are in open conflict, an opportunity exists for responsible, facilitated discussion. At the classroom level, such discussion should be guided in accordance with an agreed upon set of guidelines for a safe environment that every classroom might establish early in the year, preferably through consensus.

Such guidelines could include:

- respectful listening (no interrupting)
- respectful speaking (no sarcasm, profanity, name calling)
- respect for the right to differing opinions and beliefs
- the right to speak without fear of intimidation and so on.

The facilitative role calls for a cool head and an even hand-fairness, balanced judgment-so that all sides may be heard.

It may become clear that the discussion should be delayed to a later date and reconvened as a debate, panel discussion, or referred to an invited "expert."

Not all topics are suitable for classroom discussion, and teacher judgment is necessary. A frank, honest teacher opinion is always in order, as is the I-don't-know, how can-we-find-out? approach.

For further information on managing controversial issues, see the Canadian Association of Principals' AIDS: Preparing Your School and Community (available free from the Canadian Public Health Association Clearinghouse-see Resources Section), or the Teacher's Guide for the National Film Board's First Nations: The Circle Unbroken video series (contact your local NFB outlet or toll free 1-800-661-9867).

The recommended teacher role is that of a *facilitator of learning*. As such, the facilitator may choose to act as impartial mediator when controversy is apparent.

Possible ways of facilitating the HIV/AIDS Curriculum:

- Consider the formation of a Talking Circle as an integral part of your teaching/learning strategy.
- Ensure that discussion guidelines have been established prior to embarking on controversial issues in class.
- Informed parents are usually supportive parents. A meeting with parents prior to launching the HIV/AIDS unit will likely pay great dividends.
- Plan your unit jointly with Community Health Representatives (CHRs) or others who can offer expertise in controversial issues in class.
- Realize that deeply held beliefs will not change quickly.
- Believe in the "rightness" of open, responsible discussion.

Concept 9: *Behavior Change*

The central issue for HIV/AIDS education programs for youth is the high risk behaviors- unprotected sex, multiple partners, sharing of intravenous needles, use of alcohol and drugs (which impair judgment)- that spread the AIDS virus. What should be-critical in any HIV/AIDS curriculum for youth, therefore, is the development of awareness of these behaviors and of their safer alternatives-prevention through knowledge.

For those who may already engage risky behaviors, change to safer behaviors will more likely occur if students feel at ease with all the implications of the change rather than feeling bullied or driven by guilt. Some consideration of strategies follows.

Possible ways of facilitating the HIV/AIDS Curriculum:

Listed are a few critical considerations for developing HIV/AIDS education to influence student behavior.

- The motivators and out comes for behavior change should be meaningful or important to the student and as accessible and real as possible, rather than emphasizing the possible consequences “ten years from now.” For example, if students are concerned about ‘looking good’ or ‘being cool’ then the emphasis should be on healthy lifestyles and condom use as ‘cool’ behaviors, which will later become norms of behavior.
- Behavior change should be kept as simple and uncomplicated as possible with time allotted for processing behavior change (actions, attitudes, and feelings). For example, just suggesting condom use is not enough. This behavior change involves acquiring them, talking to their partner about their use, properly storing and using them. These steps need to be built into the educational program.
- Positive aspects of behavior change should be emphasized.
- Educators should maintain a respectful approach to the sensitivities of sexuality. Issues regarding sexuality cannot be treated exclusively in an objective or clinical manner.
- Clarity of information is essential. Implicit negative messages or terminology should be avoided. For example, referring to babies with AIDS as “innocent victims” implies that those who transmitted the HIV infection are “guilty” or “bad” people.
- The language and teaching/learning strategies should match the intended audience or target group.

The educator who establishes the kind of rapport we envisage as being essential to a successful HIV/AIDS education program, also establishes himself or herself as a pivotal counseling figure in a very significant field of interest to young people.

We believe that the educator can provide an extremely useful role by helping the concerned student make the transition to community services rather than personally becoming over-involved with individual situations. *Providing information to the group, and listening to and informally assessing the needs of individuals is most appropriate. Acting as a pseudo health professional usually is not.*

One desirable program goal would be to encourage the students to research community resources, and role play a visit to their doctor, health clinic, to seek advice or information.

SUBJECT INTEGRATION SUGGESTIONS

The holistic approach encourages many forms of connections. This section offers suggestions for teachers to work together so that the HIV/AIDS topic can be well integrated across the curriculum.

HEALTH/PERSONAL DEVELOPMENT

The HIV/AIDS unit should ideally be embedded in health/personal development/family life studies. Topics about where reference to HIV/AIDS is relevant and fitting. These include:

- sexuality issues (from body parts and functions to gender roles and expressions)
- disease-its causes, prevention, control (especially STDs)
- the immune system
- nutrition, and its broad implications for wellness
- emotional wellness, self-esteem, respect for body
- assertiveness and wellness
- holistic wellness healthy lifestyles

ENGLISH/LANGUAGE ARTS

Appropriate topics include:

- applied reading, listening, writing, and speaking skills
- critical thinking issues
 - facts vs. opinions
 - persuasion, coercion, bias, etc.
 - debating and its rules
 - criticism
 - books, stories, plays, poetry
 - videos, TV, movies
- research skills:
 - library skills
 - narrowing a topic
 - report writing, oral reports, etc.
- journal writing
- letter writing
 - for information
 - invitations to speakers, etc.
 - thank you notes
- school newspaper
 - reporting
 - editing
- personal writing
 - poems
 - essays
 - dramatic scripts
 - stories
 - life experience stories

- literature
 - First Nations writings about HIV/AIDS
 - general literature on the topic

SCIENCE

- the immune system and how it works
- viruses and what they are and do
- the AIDS virus: how a retrovirus works
- the scientific challenges in the HIV/AIDS battle

FINE ARTS

Art, drama, dance, and music can readily accommodate studies related to HIV/AIDS, from creative production through to performance. Plays for radio, stage, and video production can incorporate many of the fine arts in collaboration.

- posters, advertising for related events
- script writing
- performance
- video and theater production skills
- scenery and props
- interpretive dancing
- musical accompaniments, song writing

HISTORY

- the history of HIV/AIDS
- other devastating diseases and their effects on First Nations communities
- important people associated with HIV/AIDS

SOCIAL STUDIES

- map work: the geography of AIDS
- statistics and demographics
- newspaper clippings current events (TV, etc.)

MATHEMATICS

- graphs and charts of AIDS-related statistics
- percentages
- mathematical projections

PHYSICAL EDUCATION

- Physical activity and wellness.

CULTURALLY SENSITIVE RESEARCH OUTLINE

This outline has been prepared for teacher-use with students and appears again both in the 12 Foundation Lessons and in the Research Project Unit, where it can be photocopied and distributed to students.

Considerations for Planning and Doing Research:*Framing the Research Question*

- **What** is the purpose of this research? (Why is it important? What benefit will it have to me/school/community?)

Getting the Research Information

- **How** was serious inquiry about a topic (research) traditionally/culturally practiced?
- **How** will I gather the information? **What** kind of research techniques will I use? (i.e. identify and examine historical, written and oral sources; interviews, questionnaires) **Where** can I find this information? **Who** can I ask? **Why** is this the most appropriate method to use?

Analyzing the Information/Conclusions

- **What** will I do with the information? If I use an interview or questionnaire, **how** will I summarize the major themes and messages?
- **What** have I learned from my research gathering?

Re-presentation of research findings

- **Who** must I check back with (all the people I interviewed) to ensure that I have correctly portrayed their ideas/knowledge?
- **How** will I tell/share this information with my class/school/community? (Oral or written report, video, play, poster, panel discussion, debate, ???)

Ethical Considerations

Respect

- **How** can I do respectful research so people are not hurt? (respect for people, respect for cultural knowledge)
- What are the cultural protocols/practices that I should follow? (a certain way of asking for help, giving a gift, following a traditional practice)
- **ETHICS CHECK:** Have I been respectful in my treatment of people and their feelings, and in following cultural practices?

Confidentiality

- **What** material must be kept confidential? (People have a right to feel that their identity will be kept anonymous if they so wish. Their information will be shared with others; but connecting their statements to their name will not be done unless they agree.)
- **ETHICS CHECK:** Have I given assurances to people that their identity will be kept anonymous if they so wish? Have I kept my word?

Verifying information

- **Who** should verify my work? (It is important that the information people have provided especially through interviews is presented accurately. These people may also want to add or change information once they see it in print. It is therefore essential to verify your work with everyone whose information you use.)
- **ETHICS CHECK:** Have I brought the printed information from my analysis back to the people who told it to me for their approval?

A useful way to raise questions is to apply the following.

Who? What? When? Where? Why? and How?

STEPS TO IMPLEMENTATION

Preplanning well before teaching begins

Order resources needed

Organize/meet with school/community advisory committee as needed.

Familiarize yourself with this curriculum.

Check resources needed against local resources.

Decide whether the unit will be integrated with other subjects, and if so, plan with other subject teachers.

Determine time frame within your schedule for the year.

Choose either 12 Foundation Lessons or Research Project approach (may need pre-test results for this decision. Pretest can be administered in isolation well before Unit begins.

View student made video So ... What's to Talk About?

Familiarize yourself with procedures and policies in regard to revelations of sexual abuse, etc.

Just prior to teaching

Determine dates for speakers, etc., if 12 Foundation Lessons approach is chosen.

Prepare implementation workshop if Project Unit chosen

Possible ways of facilitating the HIV/AIDS Curriculum:

- Some schools may already have established an Advisory Committee which could assume that role for this curriculum. If not, formation of such a committee is recommended (parents, Health Resource Worker, Elder, Home School Coordinator, HIV/AIDS worker, etc.)
- There may be some advantages to designating one person in your school/district as the HIV/AIDS education coordinator who will assume responsibilities for local implementation workshops, to develop resources, and to serve as your school' representative on local HIV/AIDS committees, etc..

- Additional meetings early on will likely be needed if teachers choose to integrate several subjects using a “theme approach” for the study of HIV/AIDS. Other meetings or workshops may be indicated to meet teachers’ own needs for comfort in discussing HIV/AIDS facts and issues.
- A community-wide HIV/AIDS awareness week will require an additional commitment of time for pre-planning.
- Implementation will be simpler if videos are readily available as a school or District resource rather than through borrowing from a distant agency. A small annual budget for purchase of these materials will be found to be worthwhile.
- Consider holding an in-service workshop for implementation. Include advisory committee and interested others.

12 FOUNDATION LESSONS - OVERVIEW

INTRODUCTION

This section contains 12 Foundation Lessons for teachers who choose to provide basic understandings of HIV/AIDS, its prevention, and some attitudinal considerations arising from HIV/AIDS issues. The emphasis is communicated by the unit subtitle, *Informing Myself, Informing Others*.

NOTE: For teachers who assess that their students already have a good grasp of the material covered in these 12 Foundation Lessons, an advanced approach is outlined as a (possible) six week unit of study (see Research Project section).

The 12 lessons may alternatively be considered as topics from which the teacher may wish to pick and choose, expand or omit. Material is available for considerably more than 12 lessons.

Further, the first several lessons could be used as readiness for the Research Project unit, if that is appropriate for your class.

The Teacher's Guide of this manual outlines major considerations for the teaching of this Unit, and teachers are strongly urged to familiarize themselves with that information before implementing the lessons.

SOME CONSIDERATIONS TO NOTE

- Additional resources are required to teach the lessons in this Unit. These are outlined at the beginning of the Resources Section of this manual, and order forms are included which need only your name and address before being mailed off. This should be a priority if you will be using these lessons.
- The first order form requests resources from the National AIDS Clearinghouse, including A Resource Manual for AIDS.
- Educators which contains many learning activities which can be used to supplement and enrich these 12 Foundation Lessons. Especially useful may be the material provided on sexual stereotyping and homosexuality and AIDS. Many reference books are cited.
- Similarly, the Resources Section of this manual refers to lessons prepared by the BC Ministry of Education for teaching about STDs and AIDS, the social impact of HIV/AIDS, and some related topics as part of the Learning for Living modules. These, too, may be used as readiness lessons, or to extend and enrich your HIV/AIDS unit.

- While for first year teachers in particular all of this information may be challenging to some degree, it may help to keep in mind that it will be necessary for all schools to develop ongoing strategies to teach about HIV and AIDS for years to come. This first time through will be as much (or more) a learning experience for teachers as it is for students, and will help define a plan that best meets the needs of your students, school and community.
- May we reinforce here the idea that you need not be an expert in HIV/AIDS in order to facilitate the learning of your students. You have your own expertise. By all means involve your local health professionals' expertise at all levels of the delivery of this Unit to your students.
- Teachers who have incorporated holistic teaching methods, Talking Circles (see Teacher's Guide), and ongoing assertiveness training lessons prior to the teaching of this Unit will be at an advantage.

DESCRIPTION OF THE 12 FOUNDATION LESSONS

As has been stated, teachers may find it more helpful to think of the Unit in terms of topics rather than lessons. The lessons have been prepared so that they are flexible enough to be taught in any of the grades, and many can be adapted fairly easily for use with younger or older learners.

While most of the lessons are teachable within a normal class period of 45 minutes or so, the length of the lesson will vary depending on the local situation. Some students may require either more or less time for the various lessons. In fact, some of the lessons may need to be presented as two or more individual lessons. Many choices are offered for local adaptation.

A six week unit with two lessons per week was the initial goal, but teachers may decide to offer daily lessons, or spread them out across several months.

Two major options are available at each teacher's discretion. These are:

- to offer the 12 lessons as an independent unit, preferably as part of an ongoing Health or Family Life subject area
- or, to broaden the scope and interrelate several other subject areas (English/Language Arts, Art, Science, for example.)

Most lessons are adaptable to either option.

Resources for each lesson are indicated, but to repeat, some of these must be ordered well in advance. (See Resources Section of this manual.)

A special note about Lesson Three:

A choice of two similar lessons is available for Lesson Three. There are several reasons for providing this choice. Both alternatives have the same objectives, and use a video to prepare students for Lesson Four, a presentation by a Person With AIDS.

Lesson Three (A) uses the video *Her Giveaway: A Spiritual Journey with AIDS*. While this would be our preference, the video must be ordered from Minnesota and is fairly expensive (about \$140 Canadian). It is, however, a First Nations video, and is holistic in its orientation. Another consideration is that if a Person With AIDS is not available to speak to your class (for Lesson Four), this video can serve as a substitution for that lesson.

Lesson Three (B) uses a Canadian video, *Talking About AIDS* which has an appealing format for teenagers, using rap music and upbeat messages. It costs under \$40, and has a toll free ordering number. It is highly recommended.

More information on both videos is found in the introduction to the Resources Section, and order forms for them follow a little later in that section.

As a further introduction to the 12 Foundation Lessons, four additional considerations follow.,

Scope: Age/grade differentiation

Students at any age will have varying degrees of knowledge about HIV/AIDS, as will teachers. However, teachers are cautioned not to take student knowledge for granted, since myths and stereotypes are prevalent, and often confuse the facts. For that reason alone, teachers are urged to ensure that the content of the 12 lessons is adequately covered.

The difference in approach for different age/grade levels should be determined by student needs in terms of:

- topics for study (do students have a sound understanding of their body parts and functions? of STDs? of the HIVirus? of AIDS and how it is and isn't spread? etc.)
- complexity of the related activities

- facilitated discussions as appropriate to the needs, ages, interests of the students

Each teacher has a unique style of teaching and particular insight into individual student's needs. These factors will likely determine what and how a topic is taught, and how the offered lessons are adapted for local use. The provision of choice (videos and materials, lesson activities, extension activities, subject integration possibilities, etc.) has been our best response to age/grade differences.

Sequence

An empathy arising from the situations faced by those who are touched by the disease will more likely lead students to want to understand more about the disease than would a sequence which begins by emphasizing disease rather than people. The 12 lessons have been sequenced with an intent to stimulate early interest in the topic through emphasizing situations which create empathy. Students and teachers may feel more comfortable dealing with impersonal "facts," but we urge teachers to emphasize attitudes, feelings, and behaviors to help students personalize this important learning.

Depth

While the 12 Foundation Lessons have been provided as an introduction to the study of HIV/AIDS and related issues, additional choices can be made locally determined by:

Time: the 12 lessons contain numerous suggestions for extension exercises, so that instead of a six week unit, several additional weeks could be added. Further, many lessons can easily be expanded to two or more lessons.

Interest: time permitting, the several topics explored in these lessons could be explored in considerably more depth than at the introductory level offered here. This is particularly true for areas such as assertiveness training, building self esteem, and exploring numerous issues relating to sexuality and wellness, in addition to facts about HIV/AIDS.

Subject Integration:

While the 12 Foundation Lessons can stand on their own as an introduction to HIV/AIDS, some teachers may prefer to integrate the unit with other subjects-English, Science, Drama, Art, and so on, using a "themes" approach.

In some schools at some grade levels, subject integration is simplified by the fact that one teacher teaches several or all subjects. Other situations will require more discussion and planning.

A "themes" approach is a much more holistic way to present learning than is teaching of subjects and topics in isolation. The guiding principle remains that while content is essential, the process of learning is at least as important. The teacher is the mediator of content and process and the balanced learning which can result.

12 FOUNDATION LESSONS OVERVIEW

	TOPIC	ACTIVITY
1	Project overview	Overview and Pre-test
2.	Climate for learning	video Kecia, with holistic response sheet
3.	Feelings and HIV/AIDS	personal boundaries
4.	Telling their own story	PWA presentation
5.	Informing myself	Research Project introduction
6.	The immune system	video and information sheets
7.	Respecting your body	video and Public Health presentation on condoms
8.	Assertiveness	trigger video and assertiveness training
9.	Community wellness	trigger video and wellness activity
10.	Informing others	Project presentations
11.	Informing others	Project presentations
12.	Unit summary	video AIDS: New Facts of Life

AN UNWELCOME VISITOR

When the frosts were unlocked from the hillsides there came into one of the villages of the red man a mild and quiet old man whom none of them had ever seen before. He stood beside the field where the young men played at their games, and when some of the fathers approached to bid him welcome to their village and wigwams they saw that his body was covered with sores, and they made excuses to turn aside that they might not meet him. When none went to him and called him brother, he turned to the village and walked slowly from door to door of the wigwams. The women saw him and as he approached to their doors they covered their children's faces that they might not see his features, and wished in their hearts that he would not enter. When the little man read their thoughts, with saddened eyes and heavy steps he would turn away and seek another habitation, were he would again see that he was not welcome and turn his weary footsteps from the door. When he had visited all the wigwams in the village without finding a welcome in any, he went suddenly to the forest and they saw him no more.

The next day he appeared in another village, where the same weary round of the day before brought him no shelter. For many days thereafter he went from village to village, and, though he spoke to no one, he knew that their hearts were not open to him and that they shuddered at his coming.

Finally there remained but two more villages to visit and he feared that he should find none who would bid him enter their homes that they might minister to his wants. At last, however, as he approached a humble cabin his eyes brightened, for he read in the heart of the woman who saw him coming that she had taken pity on his forlorn condition and that here hospitality would overcome the dread his appearance caused. Said the woman: "Thou art welcome, my brother, for thou art a stranger." Then said the strange man: "Peace to my sister's house and happiness to her husband."

Then the women spread a couch of soft furs at one side of the wigwam and bade the stranger lie down; and when she had done so she asked him how she should minister to his wants. Then the strange man said: "Listen, my sister: Thou of all thy race hast had in thy heart pity and love for a suffering and friendless creature that have led thee to give him shelter in thy house. Know then, my sister, that thy name shall henceforth be great.

Many wonders shall be taught thee, and thy sons will be made chiefs and thy daughters princesses. I am Quarara, and bear messages from the Great Spirit."

Then Quarara described to the women a plant which she went forth into the forest and procured. She returned to the hut and prepared it as he bade her, and when it was administered to him he recovered from his sickness and the sores left him.

Quarara remained at the women's wigwam many moons and brought upon himself all manner of fevers, plagues and diseases, and for each one he described the medicine root or herb that would perform its cure. These the woman found in the forest and brought to him, and he made it plain how they should be prepared to do the will of the Great Spirit and defeat the evil spirits and witches that plagued his people.

Then said the strange man, Quarara, to her: "Thou, Oh! Sister, knowest now that the Great Spirit would have thee teach his children freely. Thou hast been patient and kind and thy heart is filled with gentleness. The sons that shall be born to thee shall be called Sagawahs, the healers, and thou and thy family shall be remembered throughout all generations."

Quarara then brought upon himself the fatal disease, for which there is no remedy, and returned to his home with the Great Spirit.

LESSON ONE: HIV/AIDS Unit Overview

Key Concept: Holistic learning

Brief Holistic Overview (and Pre-test)

Resources Needed

- Introductory story (see Facilitator Prep below)
- The "Holistic Wellness Circle" handout
- Vivid Impressions sheet (blackliner at end of lesson). Pre-test questionnaires (see blackliner in Resources Section of this manual; answer key follows)

Objectives

- To provide a story-based introduction to holistic learning about HIV/AIDS and issues raised by the disease.
- To review the holistic concept of learning, and of wellness
- To pre-test student knowledge and attitudes about the disease. (This may be done at an earlier or later session.)

Rationale

Traditional First Nations teaching and learning is often based on storytelling. Because life experience and traditional stories can contain information for the emotions and the spirit as well as for the mind, the approach is holistic in nature. Furthermore, stories have a universal appeal, and can be a most pleasant way for students to engage in the learning process.

Facilitator Preparation

- Our suggestion would be for the teacher to use a story of his or her own, drawn from personal experience. The purpose is to reach students at an emotional and/or spiritual level, as well as at the intellectual level. A further purpose is to explain in simple terms the connectivity between the physical, intellectual, spiritual and emotional realms as a concept of holistic wellness.

A most important concept to be communicated to students is that it is not only an understanding of the disease elements that is important. Critical to their understanding is the *impact* of AIDS on human lives in terms of their physical, intellectual, spiritual and emotional well-being. The well-being of each individual affects their family, friends, and community. We can speak in terms of a healthy community just as we can of a healthy individual.

Your own life experience story will be the most effective introduction to these concepts. Most students welcome opportunities to hear their teachers share personal insights, and "reveal" their own humanity. Here is an opportunity for connecting in this personal way with your students.

To help you get started, think of a phrase such as:

Last night as I was watching the news...

I got a phone call the other day...

I got to thinking last night about how precious life really is...

You know, my little girl is four years old, and last night when I heard another story about AIDS, I just sat there for awhile thinking about her future...

- Prepare class copies of the Holistic Wellness Circle.
- Prepare class copies of Vivid Impressions sheet.
- Draw a Holistic Wellness Circle on flip chart paper or chalkboard.
- Prepare class copies of pre-test questionnaire from blackliner (found in Resources Section) if testing is to take place at the end of this lesson.

Procedure

Part One

- Form Talking Circle.
- (Open with a drum song, or other appropriate traditional way.)
- When students are settled, tell your life experience story.
- When you have finished, and followed up your story as seems appropriate (perhaps ask if any students have related experiences they would like to share), let the students know that they will be starting a six week unit of study about HIV/AIDS.
- Tell students the Unit is called Informing Myself, Informing Others. Take a moment to explore the message of that title. (Explain that in many First Nations cultures, an important value is sharing with your community what you have learned.)
- Inform students that they will be seeing some videos, having some guest speakers, and working on a simple (small group?) research project (of their choice) the results of which they will share with the class and perhaps the community. Give a few examples, if you like—a class survey, interviewing Elders, evaluating videos or newspaper stories, etc. Suggest students give thought to what they might like to find out about in regard to HIV/AIDS, attitudes about it, etc.
- Take some time to discuss the visit of a Person With AIDS in Lesson Four (begin to think about questions they would like to ask, how to provide a welcoming atmosphere, etc.), and the Research Project they will begin in Lesson Five. Ask students to look for newspaper and other clippings, and to bring these to school. Let them know that you will provide more details as you go along, or hand out an overview of the Unit if you prefer.

Part Two

- Tell students that there is a basic concept called "Holistic Wellness," and that they are going to do a brief exercise so they can understand more about holistic concepts.
- Distribute the holistic Wellness Circle graphic. Explain that the circle represents connection between our mind-spirit-emotions-body, and that what affects one affects them all.
- To help students understand these relationships, ask them to write in the segment of their choice the following words:

math
 love
 hunger
 music
 dancing
 eating
 homework
 happiness
 crying
 AIDS

- Ask a volunteer to come up and write any three words on the flip chart graphic you've drawn. Ask if anyone has placed the words differently. Ask why students placed words where they did. Go on with a few more words, ending with the word AIDS.
- Explore ideas by asking what can we learn from this exercise to help us understand holism?, or make the point that our experiences do not happen in Isolation from our total mind-body-feelings spirit-what happens in ones realm affects the others-thinking about wellness should be done is "holistically" to consider all of the realms together. The holistic view is the way many First Nations people have traditionally "seen" the world.
- Explain that there are many examples of the concept of holism (e.g., how a football team works together, how all things in a forest are interrelated, how the body parts function as a whole unit, how all the parts of a stereo system operate together to play music, etc.). (What happens if one "part" breaks down?)
- Explain that your opening story also touched on holistic principles: since what happens to one can influence a whole family, community, or like AIDS, the whole world. Explain that the HIV/AIDS Unit will use the, holistic learning approach, which is equally concerned with feelings as with facts, since learning about HIV/AIDS involves not only knowledge of the disease, but examining the spiritual, emotional, physical and intellectual impact of the disease.

- Tell students you will now distribute a sheet which will help them to practice thinking holistically. Distribute Medicine Wheel sheet, and explain how it is to be used. Then ask students to write briefly about their impressions of holistic wellness. Take the remaining minutes to allow students who want to share their impressions in the circle to do so.
- If you are now going to pre-test, let students know that you want to find out what they already know about HIV/AIDS. Let them know you would appreciate frank responses, and that you will keep the information they share with you confidential.)
- Close the circle with a moment of silence to send strength to all those touched by HIV/AIDS.

Part Three

- Distribute and supervise the pre-test questionnaire if you will be using it at this time.

Extension

- Take students for a walk in the forest to explore holistic principles.
- Ask for volunteers to design a graphic to explain holism for display in the classroom.
- Take many opportunities to explore feelings in relationship to learning activities.
- Invite an Elder to the classroom to discuss traditional ways of viewing the world holistically.

“Then I was standing on the highest mountain of them all, and round about beneath me was the whole hoop of the world. And while I stood there I saw more than I can tell and I understood more than I saw; for I was seeing in the spirit, and the shape of all shapes as they must live together like one being. And I saw that the sacred hoop of my people was one of many hoops that made one circle, wide as daylight and as starlight, and in the center grew one mighty flowering tree to shelter all the children of one mother and one father. And I saw that it was holy.”

Black Elk

The Medicine Wheel

This is an ancient symbol used by almost all the First Nation Peoples of Turtle Island. There are many different ways that this basic concept is expressed: the four grandfathers, the four winds, the four cardinal directions, and many other relationships that can be expressed in sets of four. Just like a mirror can be used to see things not normally visible (e.g. behind us or around a corner), the medicine wheel can be used to help us see or understand things we can't quite see or understand because they are ideas and not physical objects.

The medicine wheel teaches us that the four symbolic races are all part of the same human family. All are brothers and sisters living on the same Mother Earth (Red, Yellow, Black, White). She teaches us that the four elements, each so distinctive and powerful, are all part of the physical world. All must be respected equally for their gift of life (Earth, Air, Water, Fire). We also have four aspects of nature: the physical, the mental, the emotional, and the spiritual. Each of these aspects must be equally developed in a healthy, well-balanced individual through the development and use of will power.

The Sacred Tree

Symbols such as the Sacred Tree express and represent meaning. Meaning helps to provide purpose and understanding in the lives of human beings. Symbols can be found on the walls of the first caves of human existence and have guided us to the far reaches of space in our attempts to understand life's meaning. Through the experience of human consciousness, symbols are eternally giving birth to new understandings of the essence of life as it emerges, ever elusive, out of the unknown mist of creation. Symbols thus create an ever increasing awareness of the ongoing flow of life and give meaning to each sunrise and more meaning to each sunset.

Meaning is important for the health, well-being and wholeness of individuals and communities. The presence of symbols in a community, as well as the living out of a belief in these symbols in a community, is a measurement of the health and energies present in the community. Indeed, to live without symbols is to experience existence far short of our limited capacity as human beings. Thus every rebirth of the life and purpose of a people is accompanied by the revitalization of that people's symbols.

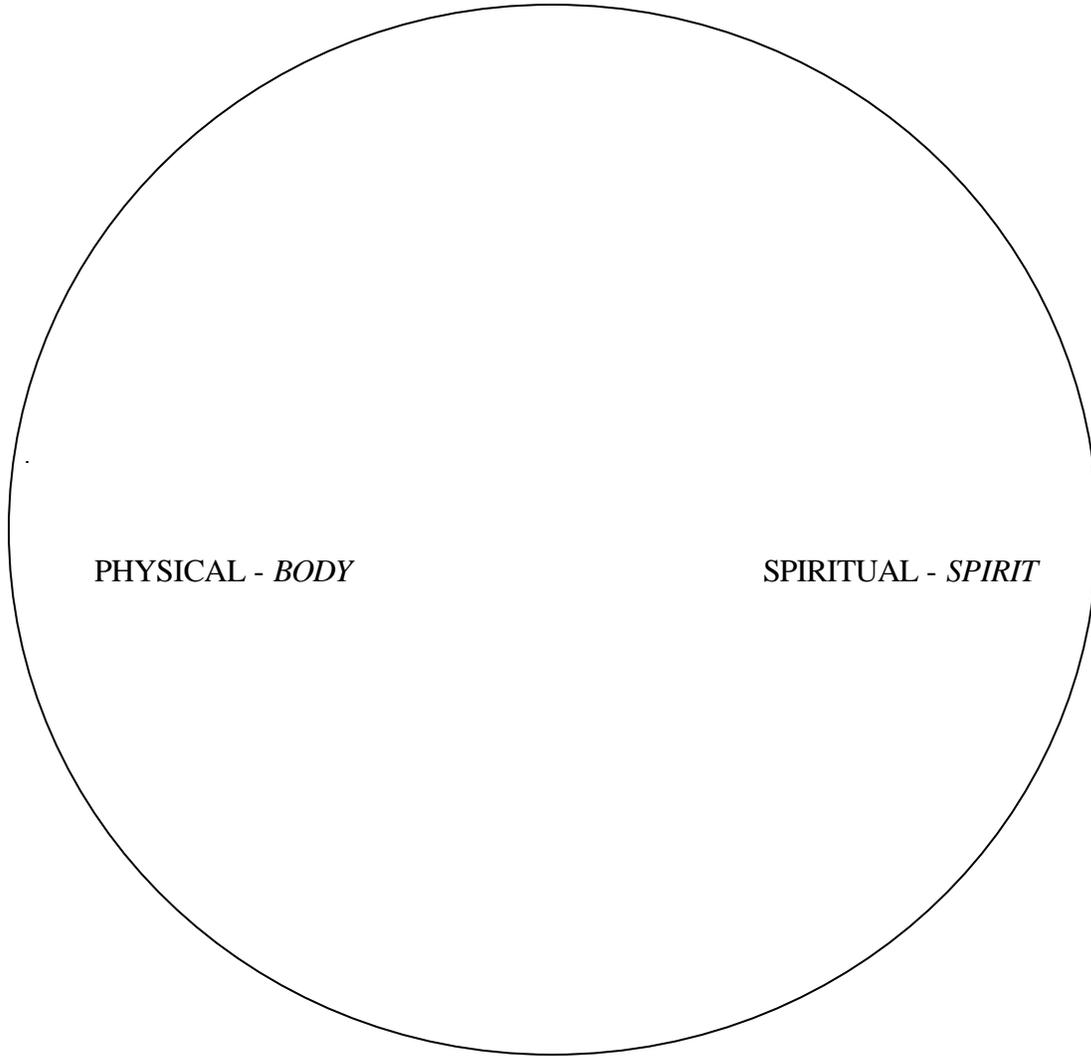
The Sacred Tree represents life, cycles of time, the earth, and the universe. The meanings of the Sacred Tree reflect the teachings of the medicine wheel. The center of this medicine wheel is the symbolic center of creation and of the tribe. This meaning is reflected in a song which is sung on behalf of the Sacred Tree chosen for the sun dance.

I am standing
In a sacred way
At the earth's center
Beheld by the people,
Seeing the tribe
Gathered around me.

Lamedeer

The Medicine Wheel

INTELLECTUAL - *MIND*



PHYSICAL - *BODY*

SPIRITUAL - *SPIRIT*

EMOTIONAL - *FEELING*

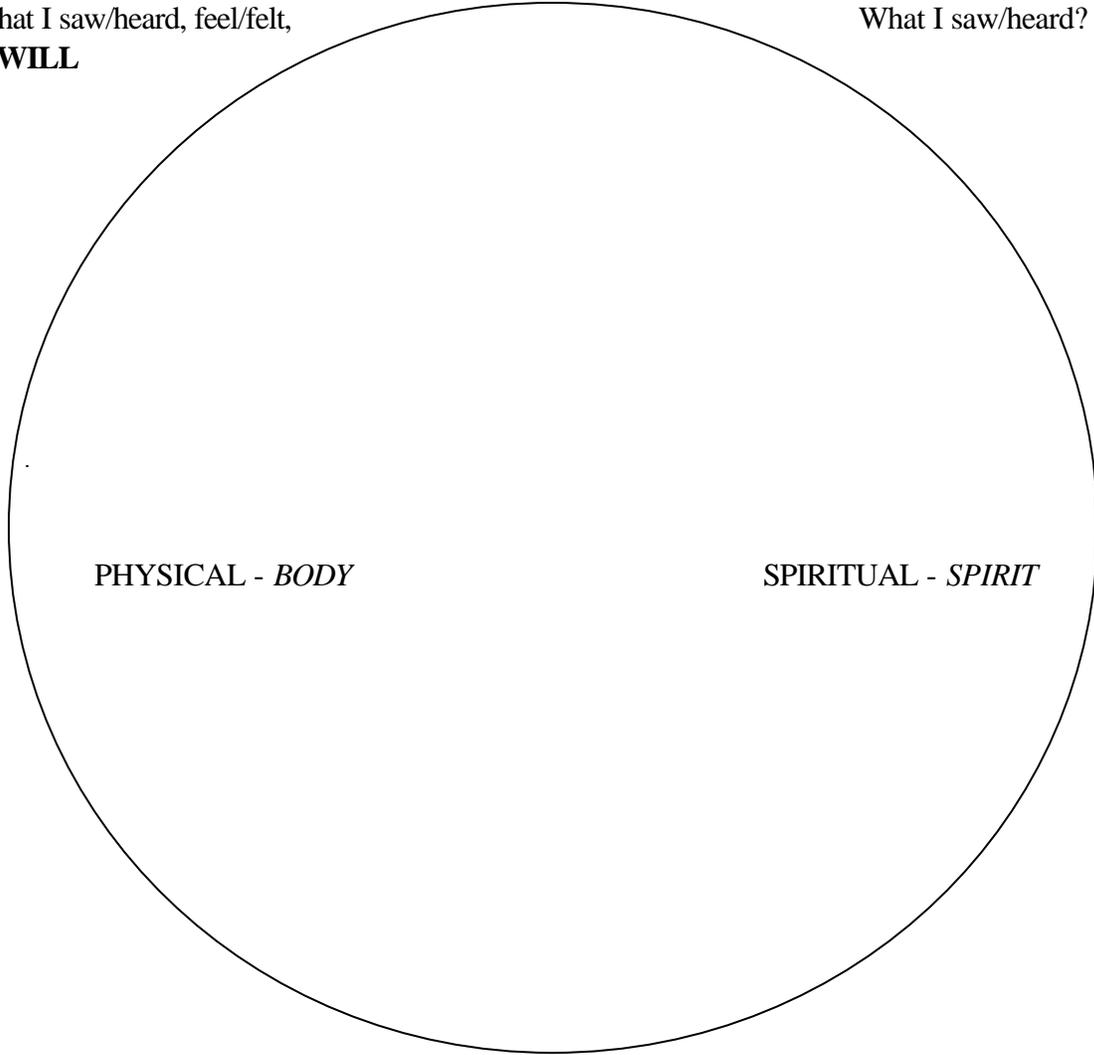
The Medicine Wheel

INTELLECTUAL - *MIND*

As a result of what I saw/heard, feel/felt,
think/thought, **I WILL**

- a) start
- b) stop
- c) continue to:

What I saw/heard?



PHYSICAL - *BODY*

SPIRITUAL - *SPIRIT*

What I think/thought?

What I feel/felt?

EMOTIONAL - *FEELING*

THE FORBIDDEN MOUNTAIN

In the hilly region north of Red Lake there lived an Indian trapper by the name of Grey Beaver. Grey Beaver had three grandsons, Stone, Water and Sky, who were strong of limb and proving to be excellent hunters, but they were scornful of the old ways of the Ojibways.

On cold winter nights when the old trapper filled the little cabin with the stories and legends of their ancestors, his grandsons made fun of them, laughed contemptuously and called him a foolish old man. This was a very rude thing to do, for among the Indians it is the law that elders must be treated with great respect.

One day, Grey Beaver asked his grandsons to travel with him to Indian Lake for an important meeting. In the traditional wigwam the Medicine Man was to perform the sacred rites of the Ojibways, foretell the future and give advice to those who needed it. This ceremony was known among the Ojibways as jeesekum, or the Shaking Tent ceremony.

Hearing this, the three brothers laughed once more. It was not for them to believe in such nonsense -they would much rather go hunting in the forest than listen to the rumblings of an old Medicine Man!

Grey Beaver travelled to Indian Lake alone. He paddled his birch-bark canoe with a heavy heart, for he had a distinct premonition that something evil was about to happen.

Meanwhile, the three brothers travelled for two days, but could not find any game. They fished, but caught nothing. They found their bad luck very strange, for usually the land around them abounded with game and the lakes and rivers teemed with fish.

On the third day, when their food was nearly finished, they approached a huge mountain rising sheer out of the forest. So high was its peak that it was enveloped in a blanket of cloud. Stone, Water and Sky knew from their grandfather's stories that this was the forbidden mountain which no Indian must climb. At its summit, according to the legend, there was a large nest which belonged to an evil Thunderbird, who did much harm to the Indians.

Needless to say, Stone, Water and Sky paid no attention to their grandfather's story. They did not believe in Thunderbirds, and although the mountain looked dark and forbidding in the leaden sky, by now they were getting very hungry, and they hoped to find some game among its numerous rocks and caves.

So they climbed for most of the day, but still they did not see any game. Dusk was falling when at last they climbed over the last few boulders and reached the peak. Weak with hunger and exhaustion, they peered over the top.

To their joy, they saw a young woman with raven-black hair and dark shining eyes sitting in front of a fire. All around her were huge rocks and tree trunks arranged in a perfect circle.

They introduced themselves and asked for food and permission to rest in front of the fire. The woman made room for them and gave them each two blue eggs to appease their hunger and some refreshing red juice to drink. So they ate their eggs and drank their juice, and when they looked up, the woman was no longer to be seen.

In her place was a huge thunderbird, screeching fearfully, with piercing rays of light flashing from its eyes. Terrified, they could not stand to look at it, so they turned away. To their horror, they found that they themselves were slowly becoming Thunderbirds. They no longer had feet and legs: the wicked sharp claws and horny legs of the Thunderbird had replaced them.

The Thunderbird, with blinding light flashing all around it, addressed the three boys in these words:

"In three days and three nights you will become full Thunderbirds. Then we will fly together to Kukukus Lake where the Indians have a large store of tobacco, and we will destroy it." There was a loud clap of thunder, and the Thunderbird was gone.

While this evil sorcery was taking place, Grey Beaver was sitting in front of the sacred tent at Indian Lake. In a loud and plaintive voice, he asked the Medicine Man to explain his forebodings.

There was a long silence. Then the tent began to shudder and rattle violently as all the spirits of the forest - bears, serpents and animals - and the great Water God Mishipeshu gathered in the tent to sing, talk and give their opinions.

Through his interpreter Mikkinuuk, the Turtle, the Medicine Man soon learned of the Thunderbird's sorcery, and he told Grey Beaver what had happened to his three grandsons.

Stricken with grief, Grey Beaver implored the old Medicine Man to help him. Once more there was silence inside the tent. Then it shook and rattled once more as all the creatures of the forest and the great Water God Mishipeshu gave their advice and opinions.

As the shaking subsided, the Medicine Man gave Grey Beaver three medicine arrows dipped in the sacred red onaman sand. The onaman sand had supernatural powers because, according to tradition, it was coloured scarlet by the blood of a sacred white beaver which was killed by a Thunderbird.

"Tonight, when the moon is full, you will fire these three medicine arrows in the direction of the Forbidden Mountain, and then all will be well," said the Medicine Man.

Grey Beaver did as he was told. When the moon was full, he quickly strung his bow and sent off one medicine arrow after another towards the Forbidden Mountain.

As soon as he did so, Stone, Water and Sky experienced gripping cramps in their bellies, and were violently sick. They vomited and vomited until nothing was left of the blue eggs and the red juice given to them by the Thunderbird Woman. The ugly horny legs and sharp claws of the Thunderbird disappeared, and they were relieved and happy as their human legs and feet once more took form.

Quickly they made their escape from the nest of the Thunderbird Woman. When they reached their cabin, Grey Beaver was sitting in front of the fire, as if nothing had happened. The three brothers, feeling very ashamed of themselves, sat beside him in silence.

From that time on, they treated their grandfather and their tribal traditions with great respect, and as the years passed, they themselves earned the respect of the Ojibways.

LESSON TWO:*Setting the Climate for HIV/AIDS*

Key Concept: Processing information holistically

Major Activity: Video: Kecia: Words to Live By or choice of videos

Resources Needed

1. Video Kecia: Words to Live By (24 min) or other video selection.
2. Medicine Wheel sheet found at end of this lesson.

Objectives

1. Set climate for the Unit through establishing empathy, personalizing, and safe discussion.
2. Reinforce holistic learning principles through use of Vivid Impressions sheet.

Rationale

This lesson is built on several concepts. One of these is to reinforce learning holistically, and in particular, to emphasize learning connected with feelings. The storytelling approach to learning used through the video medium. A second concept involves the establishment or reinforcement of a learning environment where students feel safe to discuss their feelings and opinions. This lesson is sequenced early in order to establish at the beginning of the Unit an empathy with those who have HIV or AIDS, to establish that HIV/AIDS is affecting First Nations, and to provide some motivation for students to want to find out more about the disease and about related issues which are relevant to their communities.

Discussion:

- is expressive: people express their feelings and thoughts.
- is informative: information is exchanged in discussion.
- is legitimating: by exclusion of topics or in the manner in which a topic is dealt with, attitudes about what is "acceptable" or "standard" are formed.
- is challenging: students, teachers, school boards, and parents were challenged in to discuss things with which they were uncomfortable.
- is healing: the Talking Circles are the formal example of healing discussion, but face-to-face interaction in a group, handled according to principles of respect and individual autonomy, can be healing. When participants say that students need a place to talk about the issues that confront them, it is the concept of wellness they anticipate.

- is evaluative: the feedback provided by discussion allows teachers to estimate how well they have communicated.
- is synthetic: in discussion, concepts and information are synthesized. That aspect has a central place in this unit, as the import and meaning of other activities (e.g., videos, PWA visits, research, etc.) are found in the discussions that precede and follow the activities. Discussion is where you put it all together.
- is revealing: as exemplified in the participants' discussion of the holistic approach, there is a question about how much we teach by doing and being and how well that fits with talking and objectifying.

Facilitator Preparation

- Preview the video.
- Photocopy class set of Vivid Impressions sheets from blackliner at end of this lesson.
- Prepare an alternative focus question if desired.

Procedure

- Introduce video very briefly. Then, present focus question (perhaps on blackboard) such as: As you watch the video, think about this: What can we learn from Kecia's story?
- Show video: 24 minutes
- Following video, distribute Vivid Impressions sheet, and ask students to write a few words in each segment (5 minutes?)
- Form Talking Circle, and invite students to share their reaction comments. Discuss all four sections. If needed, return to introductory question (e.g., What can we learn from Kecia's story?) Let the discussion take its course.
- Summarize (emphasize Kecia's courage, her contribution to her community).
- Close the Talking Circle with a moment of silence to send good thoughts to Kecia and all others touched by HIV/AIDS.

Extension

- Journal writing: invite students to consider writing more about their thoughts and feelings in their journal.
- Invite students to consider writing a supportive letter to Kecia Larkin, c/o Gryphon Productions, PO Box 53505, 984 West Broadway, Vancouver, BC V5Z 4M6.
- Ask if anyone wants to sign out the video to show family or friends.

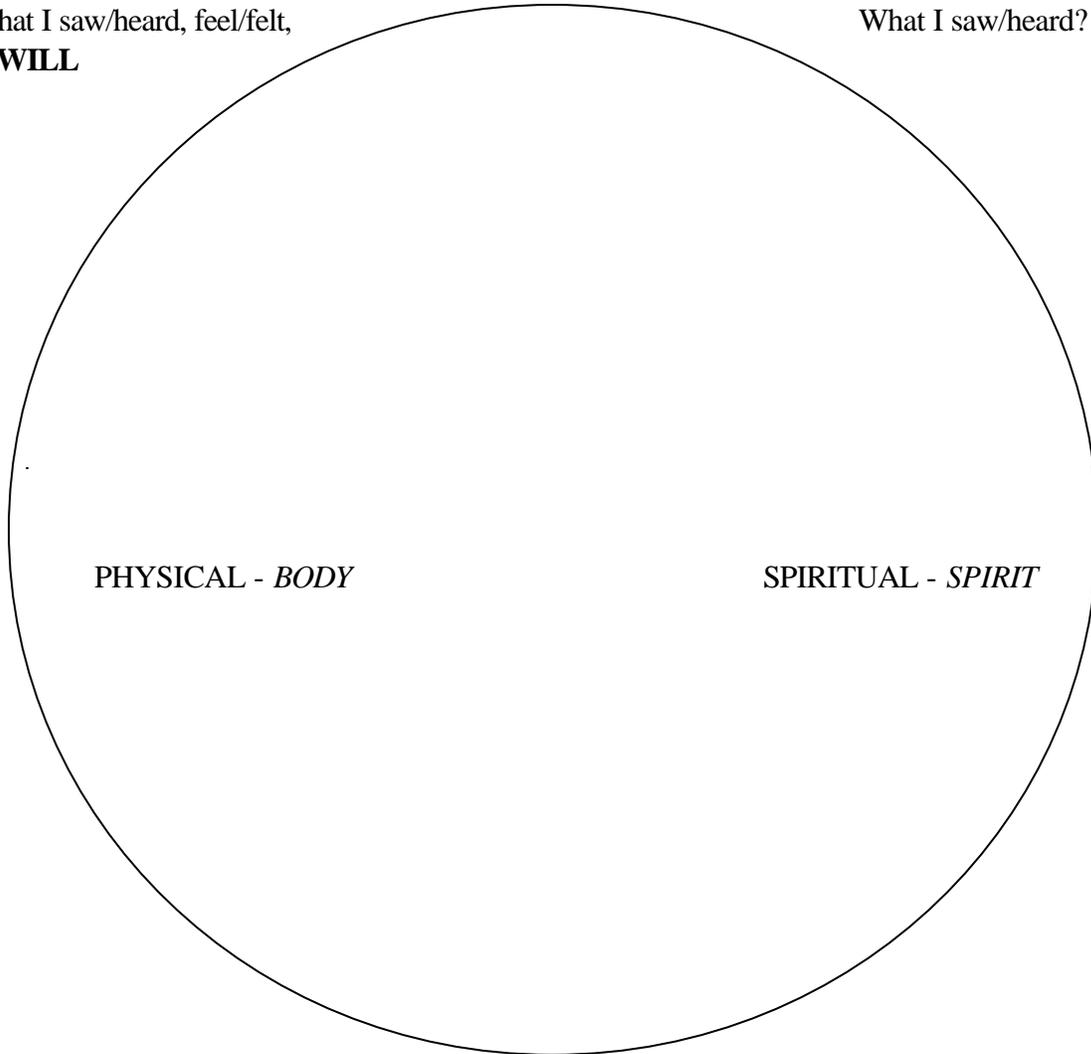
The Medicine Wheel

INTELLECTUAL - *MIND*

As a result of what I saw/heard, feel/felt,
think/thought, **I WILL**

- a) start
- b) stop
- c) continue to:

What I saw/heard?



PHYSICAL - *BODY*

SPIRITUAL - *SPIRIT*

What I think/thought?

What I feel/felt?

EMOTIONAL - *FEELING*

HOW THE BEAVER GOT ITS FLAT TAIL

Cree-Ojibway

Wee-so-ki-jac was tall, strong, and wise.

One time he was lifting rocks by a beaver dam when he dropped one. The rock fell on a beaver's tail. It's tail was smashed flat like a pancake.

Wee-so-ki-jac tried to console the beaver by saying, "Your tail will always be flat for a purpose, to warn the others when danger is near."

So, from that day to now, beavers have strong, flat tails, for warning each other when danger is near.

Genevieve Beardy - Bearskin

LESSON THREE (A):*A Spiritual Journey with AIDS*

An alternative lesson depending on video choice

Key Concepts: Personalizing HIV/AIDS; respectful interactions

Major Activities: video, Her Giveaway - A Spiritual Journey with AIDS; preparing for a PWA presentation

NOTE: Two similar lessons are offered here to provide a choice between video resources. Although the two videos are very different in format and style, both have much to offer in helping students to learn more about AIDS, to help them to empathize with those who have contracted the disease, and to prepare intellectually, emotionally and spiritually for Lesson Four, the Person With AIDS presentation.

Further, this lesson Three (A) could be used as a substitution for Lesson Four if a speaker is not available.

Resources Needed

- Video Her Giveaway: A Spiritual Journey with AIDS (25 minutes)
- Medicine Wheel sheet (blackliner at end of lesson).

Objectives

This lesson continues to build on the concepts of the previous lesson (which should be reviewed).

- To reinforce holistic ways of thinking
- To assist students to understand and personalize the spiritual and other impacts of HIV/AIDS on one's life.
- To establish an advance climate of respect for the upcoming Person With AIDS presentation (see Lesson 4).
- To establish respectful guidelines for discussion (of controversial issues).

Rationale

This lesson extends concepts established in the previous lesson, the rationale for which should be reviewed. This lesson also uses the storytelling approach through the video medium,

ASSEMBLY OF FIRST NATIONS FIRST NATIONS YOUTH HIV/AIDS EDUCATION MANUAL
reinforces the concept of respectful interactions, and serves to prepare students for the following
lesson which is a presentation made by a Person With AIDS.

Established respectful discussion guidelines can contribute to greater openness to promote understanding of sexuality issues and other controversial issues associated with HIV/AIDS.

Facilitator Preparation

- Preview video Her Giveaway.
- Make class copies of blackliner (found at end of this lesson).

Procedure

Part One

Explain that the video the students are about to see is about an Ojibwa woman, Carol Lafavor, who tells her own story about HIV/AIDS. Ask students to think about what they are watching by providing one or more focusing questions: e.g., two things to think about as you watch the film:

- What does Carol Lafavor mean when she says that AIDS has become a gift for her?
- What can we learn from her story? (intellectual, spiritual, emotional, physical learning's)
- Write these two focusing questions on flip chart or chalkboard.
- Show video (25 minutes).
- Discuss the first focusing question briefly as a group: The gift of the Spiritual Journey, (learning to appreciate all the little things with those you care about).
- Have students form small groups (3 - 4 students per group) to address the second focusing question, using the Medicine Wheel.
- After 5-10 minutes, reassemble, and facilitate discussion on student learning's. (Some may want to talk about the myths and facts presented about AIDS, others may want to explore the more emotional, physical or spiritual areas raised in the video. Facilitate discussion to address all areas.)

Part Two

- Mention that next lesson a presentation will be made to the class by a Person With Aids. Ask students to suggest guidelines to provide a respectful climate for the PWA presentation, or review those established: (e.g., respectful discussion means not interrupting another speaker, respecting the rights of others to believe differently from you, maintaining respectful speech- "hurtful words" are not respectful, 'scaring words" are- what is said in the circle remains in the circle, there is room in the circle for all, etc.).
- Close lesson by distributing Medicine Wheel sheet, and ask students to complete these. If time permits, share in Talking Circle.

Extension

- Have students write in their journals what impact HIV/AIDS could have in their own lives, and, for example, what they might have to give up.
- Ask students if anyone would like to sign out the video to share with family or friends.
- Work with students to plan a potluck lunch for the PWA presentation next lesson.
- Ask a student to review the video for the class/school newsletter.
- Have students make a poster with Talking Circle Rules (as established by the class) to be posted in the classroom.

LESSON THREE (B):*Talking About AIDS*

An alternative lesson to Three (A) depending on video choice

Key Concepts: Personalizing HIV/AIDS; respectful interactions

Major Activities: video Talking About AIDS; preparing for PWA presentation

Resources Needed

- Video Talking About AIDS (25 minutes)
- Medicine Wheel sheet.

Objectives

- This lesson continues to build on the concepts of the previous lesson (which should be reviewed).
- To reinforce holistic ways of thinking
- To assist students to understand and personalize the impacts of HIV/AIDS on one's life.
- To establish an advance climate of respect for the upcoming Person With AIDS presentation.
- To establish respectful guidelines for discussion (of controversial issues).

Rationale

This lesson extends concepts established in the previous lesson, the rationale for which should be reviewed. This lesson also reinforces the concept of respectful interactions, and serves to prepare students for the following lesson which is a presentation made by a Person With AIDS. Established respectful discussion guidelines can contribute to greater openness to promote understanding of sexuality issues and other controversial issues associated with HIV/AIDS.

Facilitator Preparation

Preview video Talking About AIDS.

Make class copies of Medicine Wheel (found at end of this lesson).

*Procedure***Part One**

Explain that the video the students are about to see will help them prepare for the presentation by a Person With AIDS who will speak to them during the next HIV/AIDS class.

Ask students to think about two things as they watch the video

- why has the Person With AIDS in the video come to speak with the students?
- what is the most important "message" of the video?
- Write these two focusing questions on flip chart or chalkboard.
- Show video (25 minutes).
- Discuss the first focusing question briefly as a group. Have students form small groups (3 - 4 students per group) to address the second focusing question.
- After 5-7 minutes, reassemble, and facilitate discussion on student learning's.

Part Two

Mention that next lesson a presentation will be made to the class by a Person With Aids. Ask students to suggest guidelines to provide a respectful climate for the PWA presentation, or review those established: (e.g., respectful discussion means not interrupting another speaker, respecting the rights of others to believe differently from you, maintaining respectful speech- "hurtful words" are not respectful, "caring words" are-what is said in the circle remains in the circle, etc.). You might also begin this part of the lesson by quoting the PWA who spoke in the video who said: "I'm not here to have you pass judgment on me."

Close lesson by distributing Medicine Wheel sheet, and ask students to complete these. If time permits, share in Talking Circle.

Extension

- Have students write in their journals what impact HIV/AIDS could have in their own lives, and, for example, what they might have to give up.
- Ask students if anyone would like to sign out the video to take it home to share with family or friends.
- Work with students to plan a potluck lunch for the PWA presentation next lesson.
- Ask a student to review the video for the class/school newsletter.

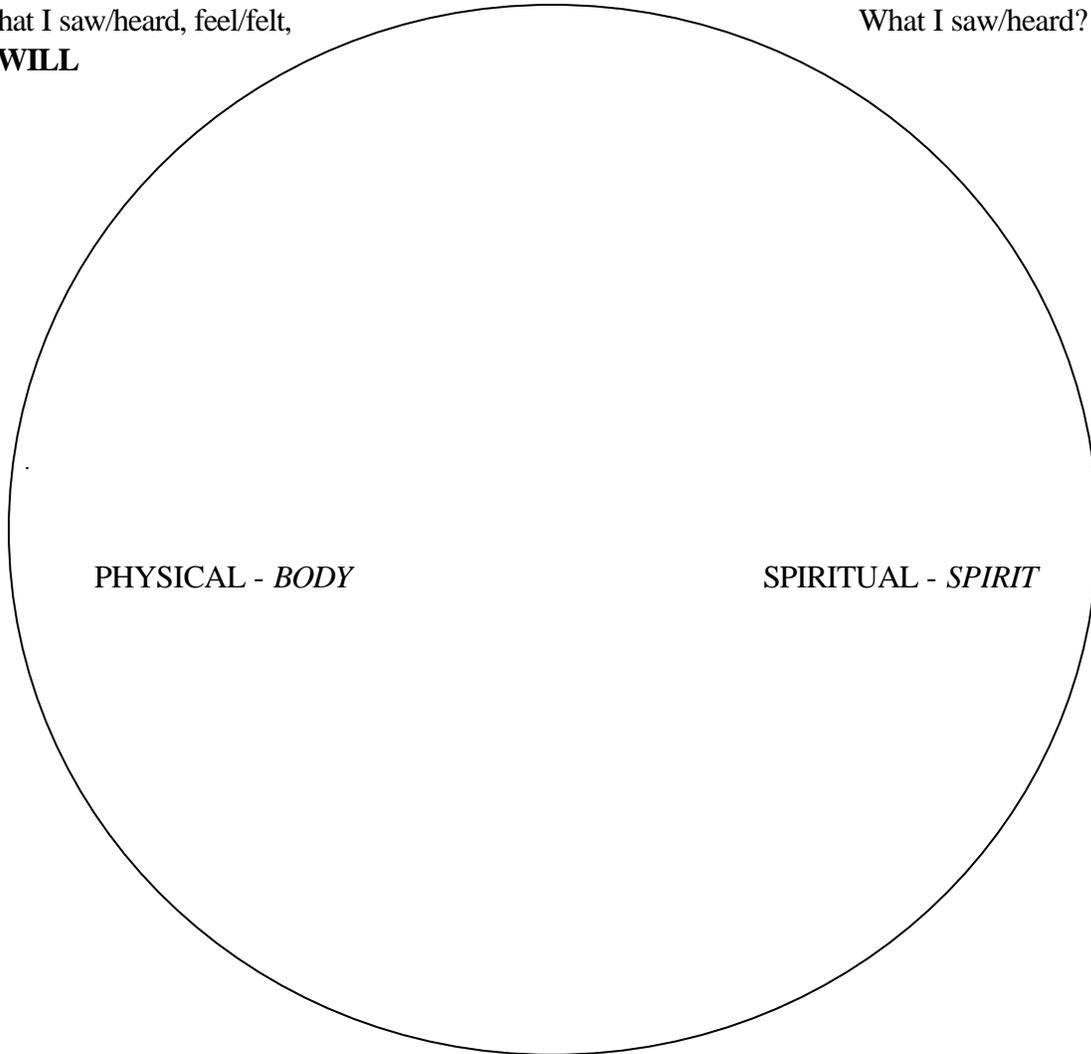
The Medicine Wheel

INTELLECTUAL - *MIND*

As a result of what I saw/heard, feel/felt,
think/thought, **I WILL**

- a) start
- b) stop
- c) continue to:

What I saw/heard?



PHYSICAL - *BODY*

SPIRITUAL - *SPIRIT*

What I think/thought?

What I feel/felt?

EMOTIONAL - *FEELING*

THE LEGEND OF THE LOVERS

Pearl Wilson

There were once two people who lived in a small village. The two were a beautiful young girl and a brave. The maiden was called Morning-Glory and the brave was called White-Feather.

White-Feather fell in love with Morning-Glory, when he was quite young. When they were sixteen years old the two were to be married by the Indian fashion, which usually never lasts.

As time went on Morning-Glory was growing impatient with White-feather who didn't really like work. He would be at home waiting for Morning-Glory when she came home from work.

One day he had brought her to a place in Saanich to pick berries and there they weren't getting along too well. For about two years the young maiden wondered why she was putting up with White-Feather, not working all the time.

One day he had brought her to a place in Saanich to pick berries and there they weren't getting along too well. For about two years the young maiden wondered why she was putting up with White-Feather, not working all the time.

One day, when Morning-Glory was out washing their clothing, she found a handkerchief all wrapped up in the young brave's pocket. She opened it and found part of an animal's tail, and strands of her long hair in a small bundle. This made Morning-Glory very curious, so in the later afternoon she took it to her parents, who knew many of the Indian ways.

Her mother told her of how a man used this animal's tail to keep the girl he was in love with. After Morning-Glory was through listening to her mother she began to wonder. When she got home she talked to White-Feather about the animal's tail and told him that she didn't realise how much he loved her. Soon White-Feather went hunting. He was happy to know that Morning-Glory knew he really loved her and he did all he could to please her.

LESSON FOUR:*Telling Their Own Story*

Key Concept: AIDS Has a Face

Major Activity: PWA presentation

Resources Needed:

A Person With AIDS (HIV positive) resource speaker (Alternatively, the video Her Giveaway: A Spiritual Journey with AIDS or the relevant segment of AIDS: The New Facts of Life can be used to precede a facilitated discussion.)

Objectives:

- Humanizing HIV/AIDS by having students interact with a Person With Aids (preferably a First Nations person).
- De-myth any notion that HIV infection is not a concern for First Nations peoples.
- Personalize the effects of this infectious disease on individual students' spiritual, emotional, physical and intellectual health by listening to PWA.

Rationale

The most highly rated of the field tested lessons was the classroom visit from an HIV positive person. This kind of interaction, and particularly with a First Nations speaker, leads to immediate personalizing of the issues for most First Nations students. When emotions are touched, an important dimension is added to learning that is not approached by strictly intellectual learning. As a result, students who have been stimulated emotionally will often raise questions pertinent to their own interests, and be well motivated to seek out answers.

The PWA visit is a time to ask about the feelings and preconceptions that students have: "Are you feeling this in your heart or because someone told you to feel this way; is this the stuff you bring in from town, your home, the playground, your peers, or is it your own feeling?" The PWA visit is a place for students to become aware of their own feelings and to differentiate between their own responses and the way they believe that someone else has told them to feel.

Facilitator Preparation:

- If needed, discuss budget with administration in advance of making commitment to the speaker.

- Contact local Health Clinic or AIDS organization about availability of a speaker. Healing Our Spirit is a First Nations organization in Vancouver that may be able to assist you (call 604-879-0906). AIDS Vancouver has a Speaker's Bureau (call 604-893-2210). AIDS Vancouver Island (toll free 1-800-665-2437) also has a Speaker's Bureau. You may be aware of other local resources.
- Provide pertinent information about the class (ages, numbers, etc.), and timelines (e.g., 5 min intro, 35 min talk, 20 min for questions?), preferred date and time, purpose in having the speaker, previous information provided students both on HIV/AIDS and the role of the speaker, etc.
- Be certain to ask about speaker's background or experience with AIDS-related issues, prior speaking experience with students, how they usually set up presentation, comfort level in discussing intimate matters (how did you get AIDS, are you 2-Spirited?), what are-the main points they want to make in the presentation, and so on.
- Some PWAs have considerable experience making presentations, others will appreciate discussing some guidelines with you-or a list of questions the class may have drawn up ahead of time. Is one of the issues to be addressed that of homophobia? Have you held discussions with your class on this and related issues? It would be helpful if your invited speaker had some of this background. It is recommended that the structure of the presentation be discussed beforehand.
- Discuss financial arrangements: travel and honorarium, billet or accommodation if needed, etc.
- Inquire about special needs (wheelchair access, dietary considerations, etc.)
- Confirm with a follow-up letter with a copy to the administration.
- Have a backup plan (video?, next lesson?) since some PWAs have unpredictable bad days and may have to cancel at the last minute.
- Provide a warm, welcoming atmosphere.
- Arrange beforehand for a student to introduce and/or thank the speaker.

Procedure:

- Set up a Talking Circle, and have student or yourself introduce the person by the name they would like you to use. (Introduce students individually by name.)
- If appropriate, have a drum welcome song. Provide adequate time for the resource speaker to present.
- Encourage resource speakers to alert students to possible sources of information, resources.
- Close with a thank you (Group signed card, balloon, bouquet, hamper of dried meat or fish, and jam, etc.)
- After speaker leaves, you may want to debrief, or close with an appropriate Talking Circle closure activity, vivid impressions sheet, etc.

Extension:

- A class thank you note to the speaker.
- Journal entry about the experience (Reflections, or I wish I had asked about ...)
- Video tape the presentation if the speaker has agreed beforehand.
- To encourage Elder and student interaction, invite an Elder to introduce the resource speaker and perform a traditional welcoming activity.
- To stimulate community involvement, decide as a class if this is a presentation which parents/guardians can attend as members of the audience. If so, inform the speaker at the time of invitation.
- To emphasize community-based study, introduce the lesson with some statistical information related to reported cases of HIV infection in the First Nations population. Provide some information about First Nations organizations and resources re: HIV/AIDS.
- To emphasize First Nations cultural knowledge, consider locating resource speakers who are being treated with traditional healing practices or a combination of Western and traditional healing practices. To strengthen First Nations language revitalization efforts, locate a resource speaker who can present in the First Nations language of the community, and if needed, an interpreter or bilingual presentation.

TSONOQUA

Kenneth Charlie - Told by an elder

The worst of my days came when my grandfather, who at the age of one hundred and twelve lay on his death bed, suffering in agony from the pain in his old bones. It was a frightening day for everyone in our family. He told us of the visions that appeared to him while he awaited his death. Strange happenings that no one would believe.

He experienced these visions in his mind, for his old age had damaged his eyesight. As he explained these visions his words cut deep into my heart, to remain forever. I will never forget his words. He could hardly speak as he told us of these visions. He told us that there were spirits in the room but we could not hear or see them. "They are in here talking to me all the time," he said weakly, "But you have been unable to see them. Soon they will come to claim my spirit."

I could not bear the sadness of this moment, so I left my grandmother with him, alone in his room. I was not long out of the room when my grandmother came to me and told me that he wanted to see me in private.

Why would my grandfather want to see me in private? Would I be the one to inherit the strange powers that he had? Would I be able to do the work he had done? Or would I even have the

power to heal the ill person? All these questions flashed through my mind as I walked slowly over to his bedside.

But these questions were answered when I stood next to his bed. For I saw him remove the Tsonoqua which was the source of power for my grandfather. It was made up of dried deer hooves. This necklace had powers which enabled my grandfather to heal ill persons.

I remember one time when my grandfather and other tribesmen had just arrived back in camp from a long fishing trip. My grandfather, not having very good meals on his trip, went to feast with the small group of men that he had with him. They gathered around the table quietly. After they had finished their meal they would tell the story of their journey over the rough seas, and speak of all the dangers that they had encountered.

My grandfather was not destined to get far in his speech, for just as he started he was interrupted by a crying woman with a baby in her arms. Sobbing loudly, she slowly opened the blanket and revealed the burnt-up body of her only child. The baby had been scorched by his grandmother's campfire.

She took the child to my grandfather to heal it, so it could live once again with its mother. My grandfather hesitating, took the child in his arms after a while, and walked to the Big House. Here I would witness whether or not the Tsonoqua did work. I watched him as he worked and talked to the spirits so that they could help him. This went on until the sun was ready to set. The door opened and my grandfather stepped out with a weary look and walked over to the mother. He told her that her child awaited her. This is one instance that I witnessed many years ago. Now my grandfather is old and weak.

Too much absorbed in thought I barely realized that he was slipping the Tsonoqua around my neck. He was telling me to carry on the work and not to fail to pass it on when my time comes or all the powers will be lost. I accepted the Tsonoqua with a fear that made me shake all over. With all the strength my grandfather had, he buckled the Tsonoqua on me. Finally he took his last breath and died with a weary smile on his face. By now the good spirit would have left my grandfather and entered into me.

LESSON FIVE:

HIV/AIDS: Informing Myself 1

Key Concept: Research approach to learning

Major Activity: Project Discussion

Resources Needed:

- Culturally Sensitive Research Outline (blackliner at end of lesson).
- Any HIV/AIDS related pamphlets, posters, newspaper clippings, magazine articles, surveys, reports, statistics, videos etc. to provide a springboard for student generated surveys, or related projects. (See Resources Section of this manual.)

Objectives:

- To introduce students to simple research approaches, question raising, and accessing information.
- To assist students to organize information into a written or oral report.
- To instill ideas of cultural sensitivity into research activities.

Rationale:

First Nations students will need to be familiar with the civic and educational roles and responsibilities of researcher and participant in order to actively participate as members of self-governing communities. Thus, First Nations students require guided experience in the processes of conducting research and planning and completing self-initiated projects which are community based. Such projects require culturally-sensitive and ethical foundations.

This brief research project forms an introduction for subsequent years of the research project approach to learning about HIV/AIDS. This can be seen as a practice run, and can provide valuable learning for subsequent research project work.

Facilitator Preparation:

- Prepare copies for each student of Culturally Sensitive Research Outline (blackliner at end of lesson).
- Have numerous HIV/AIDS related pamphlets and materials available.
- You may wish to draw up a list of projects and assign to groups. You know your students well. This method will help (1) ensure that major topics are covered, and (2) avoid the major problem of over ambitious projects in the limited time frame.

Examples of topics could include:

- questions arising from PWA presentation to be researched
- a survey of attitudes in the class (about their level of embarrassment discussing condoms?)
- a school wide survey about HIV/AIDS basic knowledge
- a community survey of HIV/AIDS support facilities and services
- asking Elders about
- traditional ways to learn about preparing for
- adulthood, respect for the body
- traditional ways of treating sexual diseases traditional stories concerned with wellness traditional attitudes about virginity, premarital sex, sexual diseases, etc.
- traditional "wellness" songs, dances, and other cultural practices.
- for some students, it may be more appropriate to assign topics relating to HIV/AIDS basic knowledge, what it is, how it's spread, how it is not spread, and so on.
- You may wish to review the Research Projects section of this manual for additional strategies and guidelines.

Procedure:

- Explain to class that as part of the HIV/AIDS unit, they will be doing small group (or individual) research projects. Relate this project to the Unit sub-title of Informing Myself, Informing Others, and of the First Nations value of sharing with and returning learning to the community.
- Explain that since some/many/all students will be doing research involving discussions in the community, they must know some guidelines for doing this respectfully.
- Distribute the Culturally Sensitive Research Outline (blackliner at end of lesson), and take several minutes to "walk through it" with students, answering questions as they arise.
- Depending on your preferred approach, either specify the small groups and assign research topics, or brainstorm/plan with the group (in which case you may need considerably more time for this lesson).
- Determine timelines. Will class time be available for additional planning and research? Let students know that they will be making presentations to the class (10 minute limit?) as Lessons 10 and 11 of the unit. Give the dates of those presentations.
- If possible, integrate at least some of the project work with other subject areas to provide additional time.
- Ask class to think about whether they would like their parents or other guests to attend their presentation.
- Stress the need for students to keep their projects relatively simple.
- Check for understanding.

Extension:

- Numerous suggestions are made in the Research Project Unit, but the caution here is that this initial project should be kept simple, unless time permits a more complex project approach.
- Consider video taping presentations to show to other classes, or to the community.
- Numerous opportunities exist for integrating the research project with other subjects (English, science, art, theater arts, etc.).

CULTURALLY SENSITIVE RESEARCH OUTLINE:

Here is a brief approach to thinking about culturally sensitive research. A decision to do some research means not only thinking about the topic, but also about the sensitivities of people who are the "subjects" of the research. This approach includes both areas of consideration through asking yourself a series of questions. You might want to add other questions to the suggested ones.

Considerations for Planning and Doing Research:*Framing the Research Question*

- What is the purpose of this research? (Why is it important? What benefit will it have to me/school/community?)

Getting the Research Information

- How was serious inquiry (research) about a topic traditionally/culturally practiced?
- How will I gather the information? What kind of research techniques will I use? (i.e. identify and examine historical, written and oral sources; interviews, questionnaires) Where can I find this information? Who can I ask? Why is this the most appropriate method to use?

Analyzing the Information/Conclusions

- What will I do with the information? If I use an interview or questionnaire, how will I summarize the major themes and messages?
- What have I learned from my research gathering?

Re-presentation of research findings

- Who must I check back with (all the people I interviewed) to ensure that I have correctly portrayed their ideas/knowledge?

- How will I tell/share this information with my class/school/community? (Oral or written report, video, play, poster, panel discussion, debate, ???)

Ethical Considerations

- Respect
- How can I do respectful research so people are not hurt? (respect for people, respect for cultural knowledge)
- What are the cultural protocols/practices that I should follow? (a certain way of asking for help, giving a gift, following a traditional practice)

ETHICS CHECK:

- Have I been respectful in my treatment of people and their feelings, and in-following cultural practices.
- Confidentiality
- What material must be kept confidential? (People have a right to feel that their identity will be kept anonymous if they so wish. Their information will be shared with others; but connecting their statements to their name will not be done unless they agree.)

ETHICS CHECK:

- Have I given assurances to people that their identity will be kept anonymous if so wish?
Have I kept my word?
- Verifying information.
- Who should verify my work? (It is important that the information people have provided especially through interviews is presented accurately. These people may also want to add or change information once they see it in print. It is therefore essential to verify your work with everyone whose information you use.)

ETHICS CHECK:

- Have I brought the printed information from my analysis back to the people who told it to me for their approval?

You may always ask questions by asking: Who? What? Where? Why? and How?.

THE INDIAN DOCTOR WHO BEAT THE MONSTER

Told by - Charlie Mack

A group of people living in a village were troubled because, whenever any of them went for a walk, they wouldn't come back. There was something mysterious about the people always disappearing.

A monster who ate only human beings lived nearby. He would take people into his house, eat them, and leave the bones in a special place close by. All the bones were left in the same place. This went on for a long time. No one knew what was happening to the people.

One of the young men from this village decided to train to be an Indian doctor. He trained for a long time. When the young man came back from his training he said, "I have had a vision. I think there is a monster here who is the cause of our people's disappearing." "Well, if you are going to be an Indian doctor, why don't you sing like one? You must have a song of your own," he was told. "I am not going to sing," he replied, "I have been dreaming and have received power. I received KAY-malch-tin [crystal] as my power. It is a strong, invisible material, which you can see only if you have power."

One day when this same young man was out looking around, he was caught by the monster, who took him home and killed him. The monster's habit was to wait a day before eating his victims.

Actually, the trained man couldn't be killed, but the monster, believing that he had killed him, left him there and went out looking for more people. The monster thought that someone with power must be around, as he couldn't control how he usually caught people.

Usually when he entered his house the monster would yell, "Close the door! Close the door!" The door would close, hiding the house from view. But this time when he entered the house and yelled, "Close the door! Close the door!" the door wouldn't close. The young man had control of the door. The monster tried and tried to close it, but he couldn't. He kept hollering, "Close the door! Close the door!" The mysterious power was propped up against the door so that he couldn't shut it. The monster thought that this power must be KAY-malch-lin. He couldn't see what was keeping the door from closing and was worried that he had met someone with greater power than himself.

The young man said, "I am a man of power. I have trained for a long time to get even with you. I am going to bring all these people to life." He gathered up some of the bones, jumped over them, and brought them to life. He went to all the piles of bones, jumping over them and bringing the people back to life. The people revived and told the man where they came from, but the lazy ones took their time getting up after the man had jumped over them. They scratched their heads and got up slowly (that is why some lazy people act that way today).

All the bones came to life again. The young man told the people, "I am happy that all of you have come to life again and that you know where you came from. Now you can all return home."

LESSON SIX:*Informing Myself 2: The Immune System*

Key Concept: Immune System and HIV Virus Information

Major Activity: Video and information presentation

NOTE:

This lesson has been included to provide material about the Immune system and the HIVirus. It might better be offered as part of a more fully developed science unit or health unit offered simultaneously with the HIV/AIDS Unit. Since many students do not have this basic knowledge, it is provided here for optional inclusion in this unit. Teachers may wish to have a health professional or knowledgeable science teacher co-teach this lesson.

Resources Needed:

Class Immune System handout (blackliners at end of this lesson)

Video AIDS: The New Facts of Life (virus section only) or alternative virus video of your choice

- Vivid Impressions handout (blackliner at end of lesson)

Objectives:

- To provide students with a basic understanding of the body's system of fighting disease.
- To provide some additional information about the nature of viral diseases, and specifically, the HIVirus.
- To increase student motivation to understand the nature of their own "wellness" so they can understand how to maintain it.

Rationale:

In order for students to understand the nature of AIDS, they must have a basic appreciation of both how their immune system works, and how the HIVirus defeats it. Such an appreciation is aimed at increasing student proactive behaviors to guard against contracting the HIVirus.

Facilitator Preparation:

- Decide whether you would prefer to have material co-presented by health worker or science teacher, and if so, make those arrangements in advance.
- Prepare class presentation based on the video and handout material.
- Preview video and set machine at beginning of relevant segment on the immune system.
- Photocopy class set of blackliners (provided at end of this lesson).
- Make overheads or charts from provided blackliners.)

Procedure:

- Open the discussion about the body's mechanisms to fight off disease (the immune system) by asking class what they know about the immune system and how it works to kill disease germs.
- Explain that you are going to show a brief video clip to explain the unusual relationship between the immune system and the HIVirus.
- Show video segment (if video not available, move to handout material).
- Call for questions to determine level of understanding (perhaps show this brief video segment again).
- Distribute the handout to each student, and simply go through it methodically, checking for degree of understanding, but not dwelling unduly on cell-type details.
- Emphasize the difference between ordinary disease germs which are attacked by the immune system, and the special nature of the HIVirus which attacks the immune system.

Emphasize several understandings, (some of which are not included in the material provided) such as:

- the HIVirus can hide in the immune system for many years
- when it is hidden, it can still be spread to other people even though there are no outward signs of infection
- as the T4 Helpers die, the body lacks resistance to ordinary diseases, and at a certain stage, infection(s) begins which then brings on the final stage known as AIDS.
- Inform students that there is much still not known about this complex virus, and that researchers are having great difficulty finding a way for the body to kill the virus once it enters the system. At present, there is no cure.

Ask students why they think this knowledge about the immune system and the HIV/Virus is important for them to understand.

- Follow-up by having students complete the Medicine Wheel sheet (blackliner provided at end of lesson).
- (Form Talking Circle) and discuss their responses.
- Summary and closure.

Extension:

- No material has been offered here in regard to the advanced concept of the HIVirus as a "retro virus." Depending on time, student interest and available resources, this is an intriguing aspect of the nature of this virus which deserves fuller exploration. The concept involves some understanding of DNA. Advanced science students might take this on as a research project.
- Students could create wall charts and posters depicting the virus and the immune system cells.
- The virus action sequences lend themselves to portrayal through performance skits as a way of increasing student understanding.

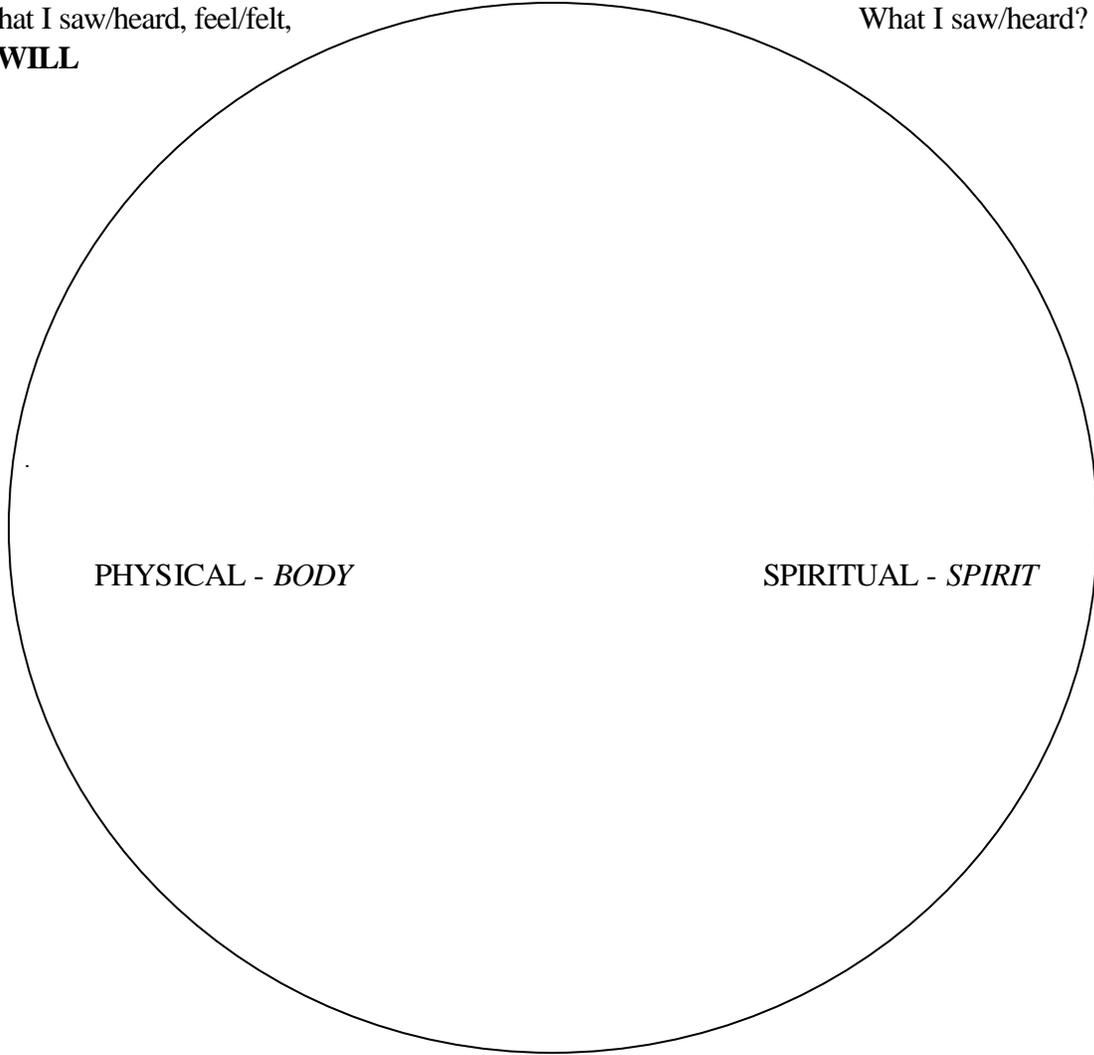
The Medicine Wheel

INTELLECTUAL - *MIND*

As a result of what I saw/heard, feel/felt,
think/thought, **I WILL**

- a) start
- b) stop
- c) continue to:

What I saw/heard?



PHYSICAL - *BODY*

SPIRITUAL - *SPIRIT*

What I think/thought?

What I feel/felt?

EMOTIONAL - *FEELING*

THE INDIAN DOCTOR WHO MADE FIRE

Told by - Slim Jackson

A trapper was up in the Bridge River District, in what is now called the "Moha" area. The people knew that he had only a certain amount of time to be there, for he had told them when he would be returning. They waited, but he didn't return, so they informed the chief, who said that he would send up two men to search for the trapper. The people picked the two men and the chief told them to take their own food and blankets. Whatever they found, they were to report.

There were a lot of volunteers, but only two men could be sent. On the second day, the two men were up in the Moha area. Neither of them had an axe; they had only knives. Finally they found the trapper dead, and wondered what they could do. "Nothing," said one of the men, "we were sent out here to find out that night, they camped in the same place as the previous night and then returned home in the morning.

The chief held a meeting in a big underground house. He wanted volunteers to bring the trapper home. The two men who had gone up the valley told the people what they had seen and what they knew of the trapper.

The chief said, "Now that you have heard the report, I want to know who volunteers." The chief had a piece of string on which each volunteer tied a knot. More and more knots were tied on the string. "It doesn't matter how many volunteers we have, the more the better. We have to break the trail and do other things on the way up. Some young people should go ahead and make camp. Each volunteer must take his own food and blankets. Don't share food; if someone doesn't take enough food, he will have to go short. The volunteers got up to the Horseshoe Bend and started up the mountain. They hadn't gone far when it started to snow. It was the middle of winter. The blizzard got so bad that they couldn't go further, so the leader said, "We will go down to the valley and follow the creek. It will be safer and easier going." It was colder as they got closer to the creek. "This is as far as we can, go. We should try and make a fire." They picked out a place where there was a big snag.

In the old days our people made fire by rubbing two sticks together to make a spark. But on this particular day the wind was so fierce that they couldn't get a spark. It was impossible to make a fire, although they tried every way they knew. "We must have a fire," the leader said, "We will burn that stump. We must use the power of an Indian doctor." He went around and asked some of the men if they could do it. "No, I couldn't do that," each of them answered.

The leader asked Toh-MA, a strong young man, what he could do. They knew that he was a great Indian doctor (my great-grandfather, Tli-QUAI, was there; he was only about 18 years old at this time). The leader said to Toh-AfA, "You are the strongest man here; take pity on the people." Toh-MA didn't say anything for awhile. "Alright," he finally replied, "you people keep away from the stump; don't go near it! Don't say anything or make any noise! Do as I tell you!" The leader told the people to do as Toh-MA requested. Toli-MA started to perform. He danced around and then kicked the stump. He danced around a few more times to frighten the stump. The second time that he danced around the stump, the storm stopped; there was no more snow or wind in the immediate area. Toh-MA kicked the stump again and smoke came out of it. As he danced around it, singing, the fourth time, the stump exploded into fire. The people felt the explosion when he kicked the stump. He continued to dance around it a few more times. "Now you can warm yourselves," he told the people. The stump kept burning all night.

The next morning, they started up the mountain to where the dead trapper was. The people asked the leader, "What are we going to do with him?" "Get a long pole and put it in front of him. Tie the trapper onto the pole from head to foot. We will have to take turns carrying him down the mountain; when we get to a rough place, two men will have to carry each end," was the reply.

They started down the mountain and camped in the same place as the previous night. The people asked the leader where they should leave the corpse. "Take it down past the camp and leave it off the path until morning," he told them. There were still smouldering embers in the stump that Toh-MA, the Indian doctor, had lit, so they had a fire all night. The next day they arrived home with the corpse.

LESSON SEVEN:*Respecting and Protecting Your Body*

(may require more than one lesson)

Key Concept: Preventing AIDS

Major Activity: Guest speaker: Demo of condoms, and discussion of high risk behaviors.

Resources Needed:

- It is highly recommended that this lesson be taught by a knowledgeable Health Resource person unless the teacher has specific training in this area. The speaker will likely have a presentation prepared, but this should be clarified. The lesson offered here can serve as an alternative.
- The video AIDS: The Now Facts of Life contains a segment explaining use of condoms, and an animated illustration of correct application to penis.
- The Video (So ... What's to Talk About?) contains two segments (the third and fourth segments) where some issues regarding condom use are raised. These might be used to introduce an additional lesson on respecting and protecting the body.
- Class set of the Health and Welfare Canada pamphlet STD which can be distributed before lesson. (See AIDS Clearinghouse order form in Resources Section).

Objectives:

- To emphasize respect for one's body as a major preventive objective.
- To emphasize sexual abstinence as a legitimate choice.
- To inform students who choose to be sexually active that the condom can be used during sexual intercourse to reduce the transmission of the HIVirus and other sexually-transmitted diseases, as well as reducing the chances of pregnancy.
- To demonstrate the correct application of condoms. To ensure students are familiar with high risk behaviors.

Rationale:

Prevention strategies in the face of HIV/AIDS are required for people of all nations. Condom use has been one method favored to reduce the risk of HIV infection for sexually active persons. The promotion of the use of condoms in this lesson should in no way be assumed to be a promotion of sexual activity. Abstinence is the most certain preventive measure, but for students who are already sexually active, education for prevention is imperative. Key to prevention is respect for the body.

This lesson has been sequenced to follow both the personalizing expected in the first four lessons, and the more factual presentations in lessons 5 and 6. The reasoning behind the sequence is that students will more likely heed the message of a need for protection if they have an emotional and intellectual understanding of the risks involved.

Because of the importance of developing strong values of respect for the body, an understanding of the, importance of protection and the nature of the risks involved, two lessons may be required to cover the basics of the topic.

Facilitator Preparation:

- Contact Health Resource person to discuss the nature of the lesson, and similar details as those outlined in Lesson 4 (PWA presentation).
- Preview recommended video segment in AIDS: The New Facts of Life if this is going to be shown.
- Preview the third and fourth segments of the Video So... What's to Talk About?, for possible inclusion in an extended lesson or lessons.
- Review STD pamphlet (obtained in advance, listed in Resources Section of this manual). Consider creating a short glossary of terms if you think this would be a useful addition to the lesson for your students. The STD booklet uses many names for diseases and sexually-related terminology.

Procedure:

- Review with students the objectives of this lesson as stated above. Perhaps list on flip chart or chalkboard.
- Review or introduce methods of transmission of sexually transmitted diseases (STD pamphlet page)
- Stress the nature of high risk behaviors (STD pamphlet).
- If no Resource Person is available, and you are making the condom presentation yourself, explain that one objective of the lesson is the correct application and use of the condom. Reiterate that students should not feel pressured to engage in sexual activities, that abstinence remains the only certain way to prevent spread of the HIVirus, but that all of the students will eventually become sexually active, and that prevention education is essential these days.
- Tell the students that the video you are going to show them shows proper application of the condom, and to do so, cartoon drawings have been used. While feelings of some embarrassment are natural, so is the male body natural, and so is sexuality. Show the relevant segment of the video AIDS: The New Facts of Life.

You may want to review the following steps to describe the correct way to use a condom:

- do not use Vaseline (or other oil-based lubricants such as lotion) with the condom as this can weaken the latex rubber
- do not keep condoms in wallets or pockets as this can cause wear
- always use a latex condom
- you may want to have sex several times in one night, and must be protected each time by using a new condom each time. No protection, no sex.
- ensure that the penis does not touch the female genitalia prior to being covered with a condom as vaginal fluid and/or small amounts of semen could pass on infection
- if there are any sores on or around the penis or female sexual parts, do not have sex
- open the condom package, or have package pre-opened to not interrupt the mood of lovemaking
- avoid tearing the condom with jewelry or fingernails
- gently expel the air in the tip of the condom by squeezing the tip of the condom. Entrapped air may cause the condom to break during sexual intercourse
- place the condom on the erect penis and roll carefully to the base of the penis
- leave room at the tip of the condom to provide room for the condom to hold the semen
- after ejaculation, hold the base of the condom, withdraw from the vagina or anus carefully to ensure that semen does not spill out
- withdraw immediately after ejaculation
- take condom off penis while penis is still somewhat firm so that ejaculate doesn't leak out
- remove the condom and dispose of in the garbage rather than flushing down the toilet, as this can plug up the pipes
- never ever reuse a condom

Provide a question and answer time.

In an extended or second lesson, you may wish to facilitate discussion on issues surrounding the use of protection, and issues of respect for the body. This discussion could be introduced by showing the last

Close with a Talking Circle, response journals, or a response/reaction sheet.

Extension:

- To facilitate community and student interaction, invite a Community Health Representative (CHR) who has experience in condom demonstrations to discuss and demonstrate condom use.

- The Canadian Public Health Association's A Resource Manual for AIDS Educators (see Resources Section) contains a related lesson entitled How Safe Are Your Sexual Behaviors.
- Encourage students to acquaint themselves with condom availability in their community.

COYOTE AND THE SKUNK

One day a coyote was trotting along in the hot sun. It was near a place called Crystal Mountain. The coyote was suffering from the heat. He looked up at the sky; there was not a speck of cloud in it.

"I'm being suffocated," the coyote complained. "I wish a - little cloud would appear to shade me as I trot along."

Instantly, a little cloud appeared. However, it was not large enough to do much good.

"I wish a much larger cloud would appear," the coyote said. "I wish there would be a little breeze to cool me."

The larger cloud appeared, and a breeze cooled the coyote; but he still was too warm,

"I wish it would cloud up everywhere, he said, "so there'd be no sunshine at all. And I wish a cool breeze would sweep across the whole earth."

When that wish was granted, the coyote was pleased. He decided to try another wish. This time he wished for a few drops of rain, and these fell immediately. He asked for more, enough to moisten his hair, and this also came to pass.

"Now, I wish a gentle shower would come and wet the earth," the coyote said, "so that the soles of my feet would be cooled."

Again, his wish was granted.

His feet felt better, but he wanted the wet sand to ooze up between his toes; so this desire was granted also.

His next wish was that the rain would cause water to come up to his ankles, and this happened quickly.

"Now," he said, "let the water rise up to my knees."

The rain came down even harder and soon water was up to his knees as he trotted along.

Then the coyote decided he wanted even more water.

"I wish it would rain so hard that the water would come up to my belly," he said. And, after that happened, he wished for the water to rise until only his backbone was visible.

By that time it had become a real flood. Water was running very rapidly down all the washes.

The coyote said, "I wish to float down the stream in the flood waters to a place near some animal homes, like prairie dog towns, or to some other place where there are many small animals I can catch for food."

Then the water rose beneath him and he was carried swiftly downstream. Suddenly the water swirled him, with sticks and brush, onto a sandbar and left him there.

He lay there, resting, while the storm passed over, and suddenly he heard a strange noise. He thought it sounded like a ladle (dipper) rattling in a water jug. Looking around, he saw a skunk coming down to the water carrying a jug and a ladle with which to fill the jug.

"Hey, cousin," he called.

The skunk looked all around but did not see the coyote. Four times the coyote called before the skunk saw him drying his hair among the sticks and brush on the sandbar.

"Cousin," said the coyote, "will you get four clubs? Cut some sticks from the brush, then bury them beneath me. There are plenty of small animals around here. We can have a fine feast if you do as I tell you. After you get the clubs, go shake the grasses and get some seeds. Bring them here and sprinkle them around my mouth and nose, and other body openings, to make it seem that I am dead. Then call the animals to come and celebrate my death, and we'll kill a lot of them and roast them."

The skunk went to work and did as the coyote had told him.

"Now go home and spread the news," said the coyote. "Tell all your friends and neighbors that the hated one is dead. Tell them you have seen him; then get them to dance around me. When they begin dancing we'll take advantage of them."

The skunk hurried home and began telling everyone the coyote was dead. Some of the rabbits, prairie dogs, rats and mice would not believe it.

"It's a trick," they said. "Coyote can't be killed."

"Come, I'll show you. I have seen him," the skunk said, lying in the arroyo. See for yourselves."

Jackrabbit was the first to investigate. But he was afraid he ran past the spot so swiftly that he didn't see coyote. Cottontail went next, but he saw some weeds to nibble and forgot what he started out to do. He returned, saying that was no dead coyote around.

The other animals told the prairie dog to go next. When he got to the edge of the wash he saw the water and wouldn't try to cross it; so he reported there was no dead coyote around there.

"Well, let's all go together," the skunk said. "I know where he is. We'll put on a big dance around him and rejoice that he is dead."

So they all started out. The skunk led the way. The jackrabbits and the cottontails, the prairie dogs and the rats and the little mice followed.

"Now form four circles around him," the skunk told when they had looked at the seemingly dead coyote. "The animals will be on the inside, then the next biggest and then with the jackrabbits in the outer circle."

The skunk was following the coyote's instructions. When the animals began dancing and celebrating excitedly, the skunk was to spray his smell into the air. When it fell, the spray would blind the little animals and he and the coyote would kill them with the four hidden clubs.

The small animals began dancing with joy around the coyote, and, when they were all excited, skunk shouted, "Oh, look up into the sky. What a beautiful bird is flying above us."

They all looked up. Then the falling spray dropped into their eyes and blinded them.

While they were crying in pain, Coyote jumped up. He quickly took a hidden club and handed another to the skunk. Between them they soon killed most of the little animals.

When that was finished the coyote said, "Now, Cousin, you go build a fire over there near the shade, and I'll bring the animals. We'll roast them in a pit."

The skunk went out to gather wood for a fire, and soon he had a good blaze going. Then he dug a pit, and he and the Coyote put the animals into it and covered them with the hot coals.

With that finished, Coyote began to figure a way to trick the skunk out of his portion of the meat.

"While we're waiting for the meat to roast, why don't we have a foot race?" he asked.

"Oh, no," the skunk objected. "I can't run fast. I have short legs."

"Yes, that's true," said the coyote. "So I'll make you a proposition. I'll stay and watch the fire while you get a good head start. We'll run a long race around Crystal Mountain."

The skunk knew the coyote was trying to trick him. He never could run around that big mountain. But he pretended to believe the coyote, and meanwhile he was thinking up a good scheme.

"I'll do it," he said, and he started out.

He decided to take his time, go over the nearest ridge, out of sight of the coyote, and then find a hiding place.

"When coyote comes along," he told himself, "I'll just let him go by. Then I'll come back, and I'll dig up the meat and eat my share and his too."

When he got on the other side of the ridge he found an abandoned badger hole. Crawling into it, he hid the entrance with a tumbleweed. Then he waited for Coyote.

In a little while along came Coyote. He had tied a cedarbark torch to his tail and was setting everything afire as he ran. The flame touched the tumbleweed over the badger hole and burned it in a flash, but Coyote did not see Skunk peering out at him.

As soon as Coyote ran by, the skunk climbed out and trotted back to the roasting pit. Quickly, he dug up the nicely roasted meat and carried it up among the rocks. Then he took the tails from four of the prairie dogs and buried them in the ashes, so that Coyote would see them and think the meat was still in the pit. After that, he returned to the rocks and began feasting.

Coyote came dashing back, ran around the fire four times, then lay down in the moist earth in the shade and began rubbing wet sand on his chest. And all the while he was mumbling to himself.

"I wonder where that silly skunk is. I wonder if he really tried to run around the mountain. I wonder if he got lost and never will find his way back."

All this amused him. He was still a little out of breath from his run, and he was overheated because of the torch, but he smelled roasted meat; so he got up and began digging in the ashes.

He pulled out one prairie dog tail and threw it away, saying, "This is no good."

Then, one after the other, he pulled the other three tails out of the ashes. Then he began to suspect something, and he the ashes fly right and left as he dug for the meat.

When he discovered there was no meat left in the pit, he began looking for skunk tracks. They led him to the rocks. He looked up and saw the skunk sitting there, gorging on roasted meat.

"Cousin," he begged, "Please throw me some meat. I'm starving and very tired."

At first, the skunk paid no attention to him; but, after skunk threw him a bone. This happened four times before coyote finally gave up and went slinking away.

LESSON EIGHT:*Assertive Behavior and Wellness*

Key Concept: Feelings and Sexual Decision-Making

Major Activity: Learning to Say NO

NOTE:

A single lesson in assertiveness training cannot be expected to provide the knowledge, confidence, and practiced skills that many students may need to be effectively assertive. This lesson is included as an indicator of the importance of assertiveness to self-protection in the age of AIDS. Skill building is needed, as is an understanding of what influences people's abilities to act assertively (e.g., how do male/ female interactions affect assertive behavior?)

If assertiveness training is already an established offering in your school, this lesson may be omitted or used to review established teachings.

Resources Needed:

- Trigger Video So... What's to Talk About
- Handout "Being Assertive"

Medicine Wheel handout (blackliner at end of lesson)

Objectives:

- To emphasize that communication skills can be used effectively to make safe and respectful decisions about sexual intercourse.
- To assist students to decide whether or not they will engage in sexual activity, including sexual intercourse.
- To practice dialog strategies which can encourage talk with partners about sexual activity and condom usage before deciding to have sexual intercourse.
- To practice effectively "asking for what you want and saying no to what you don't want" (assertive behaviors).

Rationale:

Pressured situations can lead to unwanted and unsafe sexual activities. Students need strategies built on assertiveness skills which empower and enable self-determination in a variety of daily life situations, including the possibility of sexual intercourse.

Facilitator Preparation:

- Preview the first segment of the Trigger Video So ... What's to Talk About?
- Prepare class copies of "Being Assertive" handout (blackliner at end of this lesson). NOTE: This material was prepared by the Canadian Public Health Association, and was taken from their A Resource Manual for AIDS Educators. If you have the video Talking About AIDS, you will find assertiveness material in the student Guide for that video (see Resources Section of this manual for order forms).
- Prepare some questions based on the segments you choose to lead class discussion-e.g., how would you have handled that situation? Can you identify from the video some examples of (1) manipulation (2) aggressiveness (3) passiveness (4) assertiveness?
- Consider using role playing to illustrate the four ways of responding.

Procedure:

- Explain to class the nature and importance of today's lesson (see Rationale above).
- Distribute the handout "Being Assertive."
- Read aloud or have student read aloud, stopping to reinforce, take questions, ask for examples, clarify etc. (5-10 minutes or so). Emphasize the four basic ways of interacting. Check for understanding.
- Tell class that you will show a video which was made by First Nations students in Vancouver to help open discussions about issues, and that they should watch for and try to identify the four basic interactions (aggressiveness, etc.) in the segment.
- Show video, stopping at end of the segment to discuss the interactions, and to discuss alternatives that could have been chosen.
- Because the video segment contains numerous examples of the four basic ways of interacting, students may want to see the segment again, stopped at appropriate places to discuss manipulative, aggressive, and passive interactions and what alternatives could be used.

Distribute Medicine Wheel sheet; have students complete.

- Form Talking Circle. De-brief reaction sheet. Discuss the video in terms of feelings and emotions the segment aroused. (Time permitting, ask students to share assertive ways they did or did not handle situations in their own lives. Facilitate discussion.)
- Close circle with a minute or so of silence to meditate on the meanings of the lesson.

Extension:

- Form small groups to role-play assertive responses (or create your own scenarios and role-play them).
- Assign each role-playing group an interactive style (aggressiveness, passiveness, manipulation) and ask them to create a scenario which must be responded to in assertive style by one of the other groups.
- Video tape some of the scenarios as chosen by the class.
- Show the tape to other classes, to the community as part of an assertiveness or AIDS awareness program.

BEING ASSERTIVE:

NOTE: This material was adapted from material prepared by the Canadian Public Health Association, and was taken from their A Resource Manual for AIDS Educators.

Often the difficult part of being assertive is to find the words to express yourself. The following suggestions provide a number of ways you can ask for or refuse something in an assertive manner.

People interact with others in four basic ways: by being passive, by being aggressive, by being manipulative and by being assertive.

AGGRESSIVENESS: Taking what you want, threatening or forcing a person to give you something, or saying "no" in a way that puts the other person down or violates his or her rights.

PASSIVENESS: Not speaking up when you'd like something, or giving in and saying "yes" when you don't really want to, in order to be liked or not to hurt the other person's feelings.

MANIPULATION: Getting what you want or turning someone down in a dishonest way, or doing something for somebody only so they'll do what you want.

ASSERTIVENESS: Asking openly for what you want or giving people an honest no" to things you don't want. It means not using other people and not letting yourself be used either.

THE ASSERTIVE WAY To ASK:

The way to be assertive in asking for something is to be direct and honest. If you don't ask, others will not be able to read your mind. If you ask in an aggressive or manipulative way, you will make them resent you.

Here are four steps in asking for something in an assertive manner.

- State a fact, feeling or problem. (e.g., We have been going together for three months, and..., or I care for you very much, and.... or It bothers me when.... or I get in trouble when..., etc.)
- Describe what you would like. (e.g., I would like to... If they say no, ask for a second chance. (e.g., I understand. What about.... or I'm glad you told me that. Could we try.... etc.)
- If they say no again, accept it graciously. (OK. Thanks anyway.)

THE ASSERTIVE WAY TO REFUSE:

The way to be assertive when refusing a request is also direct and honest. Here are four steps in refusing a request in an assertive manner.

- Say something caring. (e.g., It's nice of you to offer, but...
- Say no. (No.)
- State your reasons. (I've decided to.... or I'm not going to.... etc.)
- Suggest an alternative (optional). (e.g., How would you like to...,or How about.... or Why not.... etc.)

(Suggest situations and responses that are familiar to you. Create and role play some scenarios to practice assertive responses. Practice with your friends. This is an important skill for all to develop.)

COYOTE AND THE WOMEN

Once there was a woman who never had been married. She lived with her four brothers. All day she made baskets. When it was time for the brothers to come from their hunting trips, she set out food she had cooked for them.

One day, while her four brothers were hunting, Coyote came to her house. "I want to marry you," he told her. "You'd have to kill the giant, Yeitso, before I'd marry you, she said, feeling certain he couldn't do it.

The coyote ran off to the place where the Yeitso lived. With his magic tricks he broke off one of the giant's legs. He came back carrying the leg.

"See, I have killed the Yeitso," he lied. "Now I can marry you." The woman still did not like the idea. "I'll have to kill you four times, before I can marry you," she said, thinking this would discourage him.

But Coyote knew a magic way to protect his life. He could hide his heart at the end of his tail and each time he was killed he had only to get his heart to start living again. "Go ahead," he said, "start killing me."

The woman killed him once and he came right back to life, After she had killed him three more times, and he still came back to life, she married him.

That night nothing was cooked for supper for her brothers. "Why haven't you cooked something for us to eat?" the boys asked her, starting to build a fire.

The woman didn't answer; so Coyote came out of the place where he had been hiding and told them he had married their sister. "So now I'm your brother-in-law," he told them.

After that they all went out and built a new hogan. Coyote and the woman lived in it.

The next day the brothers went to hunt deer, antelope and mountain sheep. They crept up on the animals, killed and skinned them. Then they wrapped the meat in a sheepskin and made it light with their own secret magic.

"We have some good meat here," they told Coyote. "Take it to your wife, but don't open the package until you get home."

Coyote promised, and then he took the package and hurried over the hill. As soon as he knew the brothers couldn't see him, he broke his promise and opened the-package. Then the meat became so heavy -he no longer could carry it.

He left it and went to a place nearby, where some spiders were living. He knew they had wanted to marry the sister of the four brothers, and he wanted to brag because he had married her.

"I've married that woman you wanted to marry," he called to them. "Of course, no decent-looking woman would want to marry anyone as ugly as you are." This made the spiders very angry. They began to hate him and to think up ways to kill him. "You're a nuisance. Go home," they said.

"We'll talk to him while you make traps for him," some of them told the others, after he had been told four times to go away.

The others hurried out and made four traps with their sticky webs. Then they came back and said, "Now let's kill him with sticks."

They all armed themselves with sticks and ran after Coyote. He got tangled up in the first web, but got-out. The second web held until the spiders got close, then he escaped from it, too. He ran through the third trap, also, but he could not kick loose from the fourth one; so the spiders beat him to death with their sticks.

When the brothers came home that evening the sister said, "Where is my husband?" "I don't know," the oldest brother said. "We killed a mountain sheep and sent the meat home with him."

The sister didn't believe the story. "Maybe you killed him because you hated him," she said.

Then she turned into a bear and ran out into the forest, looking for him. When she went to the east she grew two sharp fangs, and when she went to the south, she grew two more sharp fangs. After she went to the west she had six sharp teeth, and after she had completed the circle by going to the north of the earth's surface, she had a whole set of eight fangs.

The brothers were afraid of her. The sacred wind had told them she meant to kill all of them; so they put the fourth brother in the fireplace and covered him with earth and ashes, and the rest of them went away, trying to escape. One of them went east, one south and one west. The fourth brother, who was to have gone north, was buried in the fireplace.

The bear, who had been their sister, hunted them down. One by one, she found them and killed them. After she had eaten all of them she returned home and began searching for the fourth brother.

The sacred wind had told him she would look for him and that she-wanted to kill him, as she had the others. But the wind also had given him Coyote's secret about hiding the heart, and-it had told him where his sister would hide her heart so that she could come back to life, if killed.

When she dug in the fireplace and found the fourth brother she pretended to be glad to see him. "Come," she said. "Let me look at your head to see if you have any lice."

The brother knew what she intended to do. "Let's go outside," he said.

He knelt where he could see her shadow while she looked in his hair. Each time she opened her mouth to bite him, he moved quickly and said, "What's the matter?" "Nothing," the bear woman said. "I was just looking for lice."

The fourth time she opened her mouth to bite him in the neck, he said, "What are you trying to do?"

"I'm just yawning," she said, but he knew she meant to kill him. Jumping out of her lap, he ran to the place where the sacred voice had told him the woman's heart would be buried.

Quickly he fitted an arrow to his bow and shot the heart, which he could see pulsing and throbbing in its hiding place at the foot of the tree.

The bear woman, not able to restore her life, fell dead.

The young man then cut up her body and threw parts of it to the four directions, scattering the remainder.

"Be useful to human beings as food plants," the brother told the parts.

Some of them turned into pifion trees, full of nuts. Some of them became yucca plants. And all became useful food for human beings for all time.

LESSON NINE:*Community Wellness**Key Concept:* Holistic learning*Major Activity:* Trigger Video: So ... What's to Talk About? and follow-up discussion*Resources Needed:*

- Trigger Video So ... What's to Talk About (segment two).
- Graphic The Holistic Community (blackliner at end of lesson).
- Medicine Wheel response sheet (blackliner at end of lesson).

Objectives:

- To open discussions about the concept of the holistic community.
- To examine issues surrounding HIV/AIDS and how they affect families and communities.
- To consider how issues concerned with community "hurts" rely on "healing" actions to resolve them.

Rationale:

As the reality of HIV/AIDS increasingly impacts on our lives, and those of our families and communities, some disturbing issues are raised which challenge family and community values. These issues will not simply go away. Students need to open discussion on ways in which they, their families and community can examine the values and priorities which are at issue so that community wellness can thrive.

Facilitator Preparation:

- Preview the second segment (basketball) of the Trigger Video So ... What's to Talk About You may want to jot down major issues as you see them to help facilitate the follow-up discussion. Some of these include:
 - the issue of "returning home to die"
 - the issue of death and grieving
 - the issue of family/community support or lack of it
 - the issue of value clash and the emotional turmoil it can create
 - ambivalent or conflicting feelings
 - Prepare class copies of the Holistic Community blackliner.

- You may prefer an Elder or Community Health Resource person to co-facilitate this lesson with you, and should make arrangements in advance.
- Your role as facilitator is to keep the discussion optimistic. Problems happen. People who work together can bring healing, and truly responsible members of families and communities are healers, not hurters. Everyone can choose to be a healer rather than a hurter.
- This lesson may well serve as a springboard for culturally sensitive research for the HIV/Unit in subsequent years.

Procedure:

Introduce the topic by asking students to try to define "community." Take only a minute or two.

- Distribute copies of the Holistic Community graphic. Help students to understand the interconnections between the "parts" of the community.
- Tell students that one traditional First Nations value is There is room In the circle for all. Write that statement on flip chart or chalkboard.
- Help students to understand that communities are much like families in that issues come and go which cause tension and distress. That everyone in the family has a role in the healing process when there has been hurting. (Ask for concrete examples.)
- Ask students to consider that we always have a choice, and that to care rather than to hurt someone is basically a choice which defines what kind of a person we choose to be-a "care-giver" or a "hurtgiver."
- Tell students they are going to form discussion groups after watching the video to consider some of the issues the video raises.
- Show video segment.

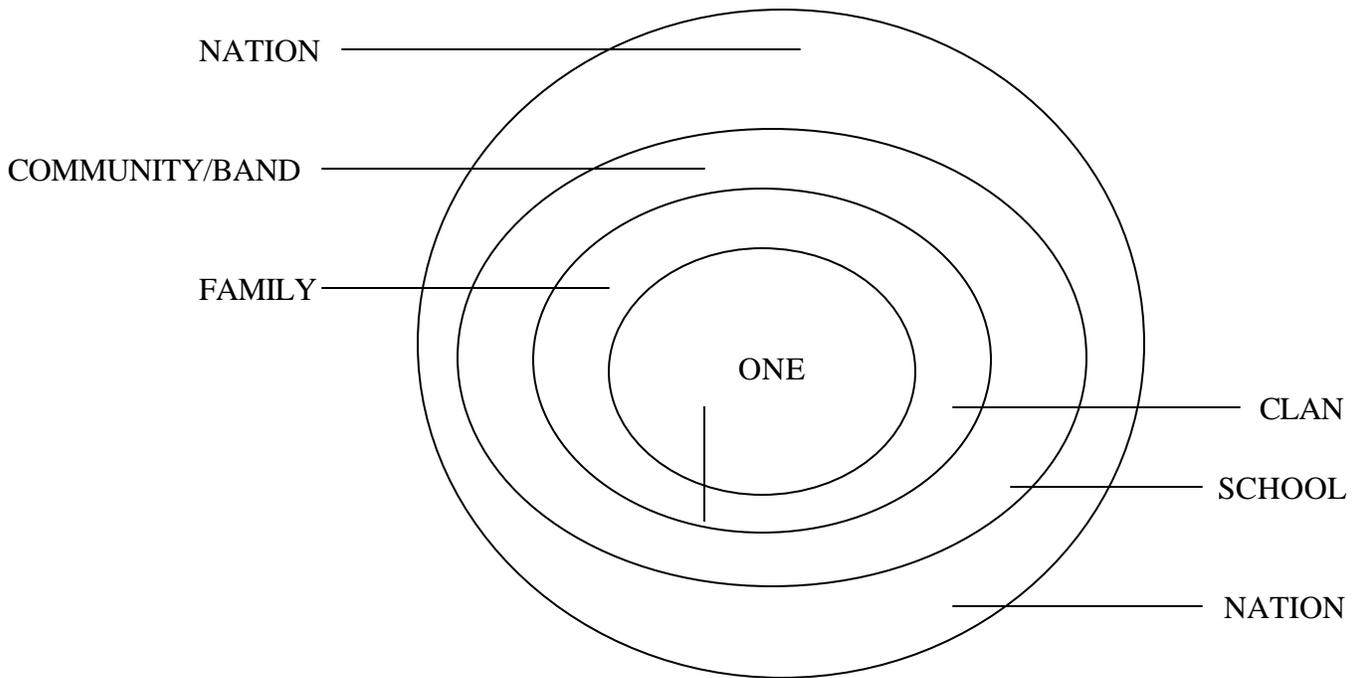
Form small groups, and ask each group to consider the video in terms of the Holistic Community graphic. Ask each group to decide what issues are at the heart of the video to list two or three of these, and to be prepared to discuss:

- why they think these are issues
- what has caused them to become issues, and what can be done about it (to heal the hurts, or avoid them in the first place) to make room in the circle for all.
- List these items on a flip chart or chalkboard.
- Facilitate the discussion. Remind, if need be, of word choice (it is a choice to use caring or hurting words).
- At end of discussion, have students complete a Medicine Wheel reaction sheet.
- Complete lesson with a Talking Circle to debrief Medicine Wheel.
- Close with a minute's reflection on the role each one plays in the Holistic Community.

Extension:

- Consider inviting an Elder or other community member who has experience with healing circles to help facilitate this lesson.
- Have student groups prepare dialogues to provide alternative responses to those of the sister in the video, and present these to the class.
- Video tape these scenarios.

THE HOLISTIC COMMUNITY



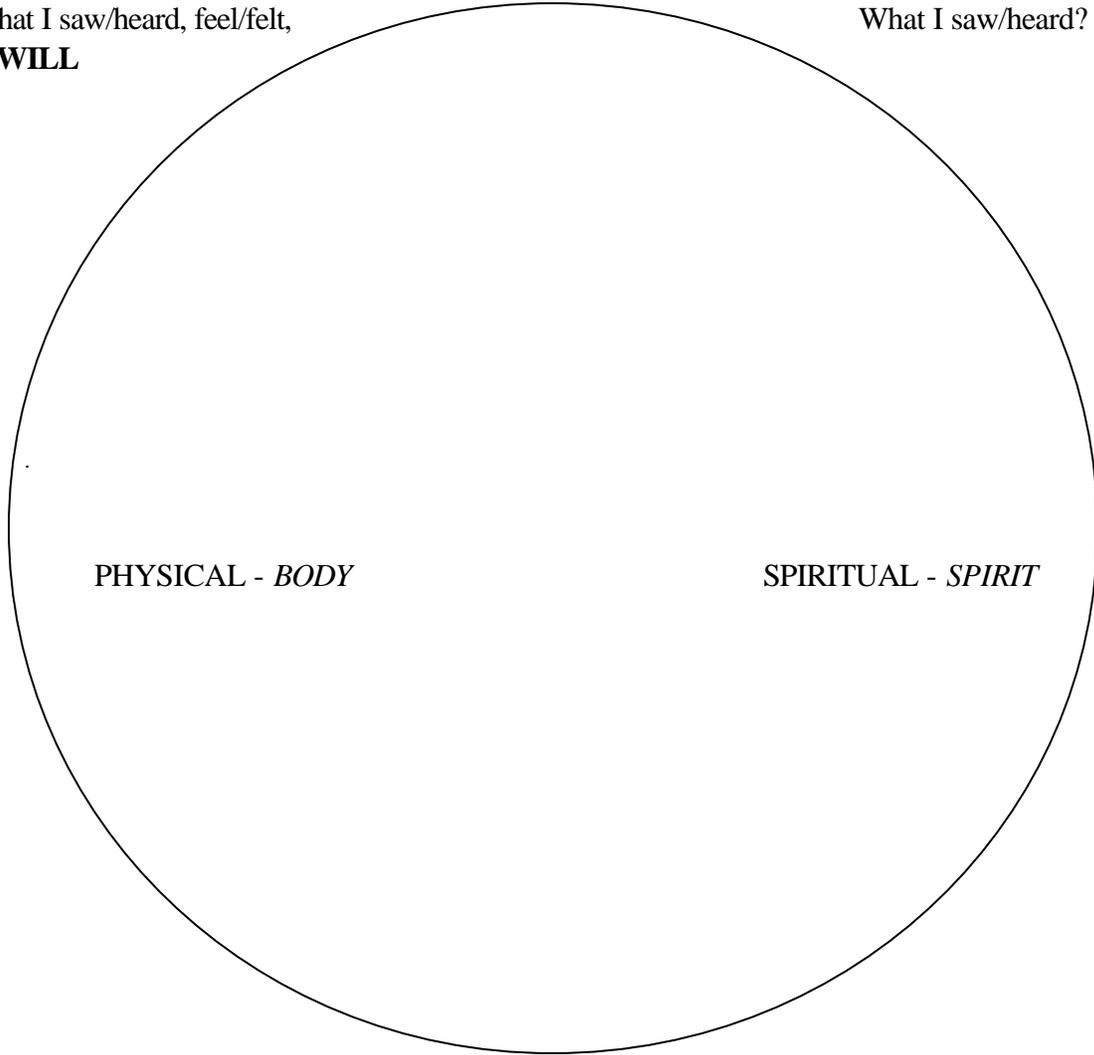
THE MEDICINE WHEEL

INTELLECTUAL - *MIND*

As a result of what I saw/heard, feel/felt,
think/thought, **I WILL**

- a) start
- b) stop
- c) continue to:

What I saw/heard?



PHYSICAL - *BODY*

SPIRITUAL - *SPIRIT*

What I think/thought?

What I feel/felt?

EMOTIONAL - *FEELING*

LESSONS TEN AND ELEVEN:*Informing Others*

Key Concept: Research Project - Presentations

Major Activity: Group presentations

Resources Needed: Student projects.

Objectives:

- To present to others (classmates, other students or community groups) the results of the Research Project begun in Lesson Five.
- To increase understanding of HIV/AIDS and related issues through sharing the results of culturally sensitive research.
- To provide practice in public speaking.

Rationale:

- A major cultural value in First Nations communities is to strengthen the community by contributing to it. Giving back learning what has been gained in the form of a presentation to others conforms with these values and traditions. The sub-title of this curriculum *Informing Myself, Informing Others* is based on this concept.
- These two lessons provide the development of additional useful skills in sharing publicly through oral presentation. Everyone is both a teacher and a learner, and this public presentation reinforces this dual concept by allowing students to teach what they have learned.

Facilitator Preparation:

- Facilitator should be familiar with group projects, and check them carefully to ensure that information provided about HIV/AIDS is factually correct.
- Arrange presentations to provide for variety or complementary sessions over the two periods.
- If it has been decided that guests will be present, introductions and acknowledgments may be in order.
- If evaluation of presentations is desired, some preparations may be needed, especially if these are peer evaluated.
- Other guidelines should be established - order of presentations, time limits, format, etc.-in advance of the presentations.
- Student observers could be reminded of their role as respectful, active listeners.

Procedure:

- Follow pre-determined format and sequence of presentations.
- Allow some time after each presentation for questions.
- Provide generous positive feedback.

Extension:

- To encourage community connections, perhaps the presentations could be video taped for presentation to other classes, on community network TV, or for student home showing.
- Consider as a class whether you want to invite parents or other guests.
- Consider as a class the possibility of making a school wide or community-wide presentation.
- Consider organizing the student reports into a class newsletter for community distribution.

LESSON TWELVE:*Unit Summary*

Key Concept: Summary Presentation

Major Activity: Video AIDS: The New Facts of Life and follow-up discussion

(Post-test optional or at later date)

Resources Needed:

- Video AIDS: The New Facts of Life (available from Canadian Public Health Association.).
- A post-test may follow, or be used at a later date. (Re test using same questionnaire used for Lesson 1 pretest.)
- Medicine Wheel handout (blackliner end of lesson).

Objectives:

- To review and reinforce basic HIV/AIDS information.
- To test for learning gains made in Unit.

Rationale:

A summary review reinforces major learning's at the end of a learning unit. The recommended video contains a fairly comprehensive review with a format that is interesting to students, and contains a segment in which a young First Nations male infected with the HIVirus talks about his situation.

Facilitator Preparation:

- Preview the video (28 minutes) and read accompanying teacher's guide.
- Make copies of the post-test questionnaire if it is to be used.

Procedure:

- Inform students that this is the final class in the HIV/AIDS unit, and that you will be showing a video by way of review (OPTIONAL: and that a post-test questionnaire will follow).
- Since the video is divided into segments, each with its own short true or false test sections, teachers may choose (1) to stop the video to take questions or reinforce the learning or (2) simply show it without pause, and hold discussion following the showing.

- Explain to students which method you are using. To help students focus, you may want to set a guiding thought/question, such as: Look for information/attitudes/concerns in the video which you think need promoting in our community or
- Decide whether you would recommend this video to a family member or friend, and tell us your reasons.
- Show the video (28 minutes).
- In the remaining 15 minutes, provide follow-up with a Medicine Wheel form (blackliner at end of lesson) followed by debriefing, and responses to the guiding though question (#4 above).
- Alternatively, form a Talking Circle, and lead a discussion on issues raised by the video or by the students.
- Emphasize feelings and reactions. Ask how students would deal with situations presented, and the reasons for their answers.
- Close the Talking Circle with a moment of silence in which thoughts are sent to help those who are suffering, and help direct all to the path of wellness.
(Distribute and supervise post-test questionnaire.)

Extension:

- Have a student or students prepare and “teach” this lesson.
- Ask if anyone would like to sign out the video to share with friends and family.
- Go around the Talking Circle to bring closure to the Unit asking each in turn to express their feelings about what they have learned or in what ways they think the unit will affect their future behavior.
- Have someone compose and sing a wellness song.

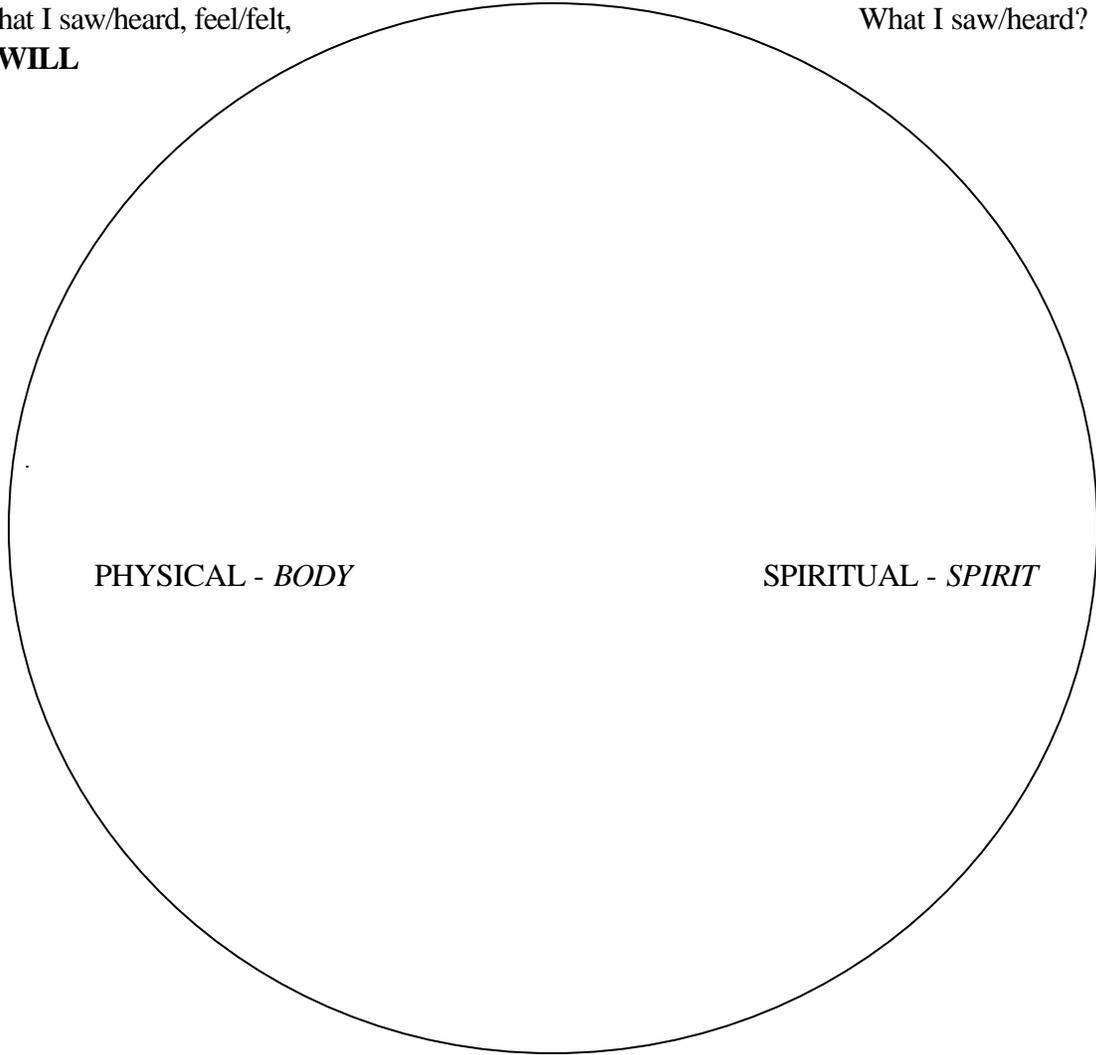
THE MEDICINE WHEEL

INTELLECTUAL - *MIND*

As a result of what I saw/heard, feel/felt,
think/thought, **I WILL**

- a) start
- b) stop
- c) continue to:

What I saw/heard?



PHYSICAL - *BODY*

SPIRITUAL - *SPIRIT*

What I think/thought?

What I feel/felt?

EMOTIONAL - *FEELING*

USING A PROJECT APPROACH IN A FIRST NATIONS CLASSROOM

The section is organized as follows: definition, relevance, characteristics and procedural suggestions.

DEFINITION:

The term project refers to an approach where students, singly or in groups, are coached and assisted to create a researched production like a class newspaper, pamphlet, art display, theatrical performance, public debate, etc. In the First Nations community, it is observed that First Nations people have used the project approach for education. For example:

[each season had its own projects. Whether it was the gathering of food and its preservation, building shelter, hunting trips, or ceremonials, children were part of the planning, preparation, participation and completion of such activities.

The careful use of the project approach can enable participants to understand that they have something of value to provide classroom and community learning. The project approach also provides opportunities for holistic learning, the location of accurate knowledge, patience, perseverance, persistence, collaboration and compassionate respect for members of the community who are ill.

RELEVANCE:

First Nations Freedom Curriculum (1992) developers state that project work is appropriate for a variety of reasons such as developing students confidence in their decision-making, nurturing self-confidence and self-esteem, collaborating and developing thinking skills in a holistic manner.

Further, projects can be a means for "First Nations students to explore contemporary and traditional ways of gaining understanding" through the use of varied research methods. It is strongly recommended that a project approach be used. Students with no prior knowledge of HIV/AIDS will benefit from this approach only after completing foundation lessons.

In addition, the project approach is relevant for students when they have opportunities to develop the following skills:

- Decision-making enables students to listen to and consider the opinions of all participants and then support consensually-made decisions.

- Planning teaches goal setting, locating necessary resources, materials and background information and team work.
- Task management requires problem-solving, troubleshooting, respectful collaboration, initiative and responsibility.
- Evaluation and re-evaluation throughout project development encourages realistic reappraisal of goal setting and facilitates identifying and understanding the strengths of group work.
- Follow-through encourages personal commitment to a project's goals until the project is complete.

CHARACTERISTICS OF PROJECTS:

The project method can be characterized in the following way: topic focused, research oriented, audience conscious, timed, evaluated and culturally-based.

Topic Focused:

A project approach allows students, individually or in groups, to focus their study on a topic of interest within a wider field of study; the project is characterized as "an extended investigation of a topic that is of interest to participating children and judged worthy of attention by their teachers". Students might, for example, examine natural and herbal treatments being used experimentally to treat people living with AIDS, or look at the related social, spiritual, political and economic costs of this illness to First Nations communities.

The identification of a topic which is not too small or too overwhelming requires practice with topic identification. A novice will require adequate direction, time and encouragement to select a single topic from a wide-open field. For example, the temptation to choose the topic Acquired Immunodeficiency Syndrome may result when the individual is unaware of the, literally, hundreds of topics within this area of social and medical research. Beginners may, initially, benefit from assigned topics or group brainstorming of topics, followed by discussing the characteristics of manageable and do-able projects. The overly ambitious project can become a project which "simply means that adults have to take over in order to carry it through thereby defeating the purpose".

Teacher guidance in topic selection can help in two ways. Firstly, assistance can reduce the likelihood of choosing projects which are beyond the limits of available resources (time, research materials, financial, etc.). Secondly, focus can reduce the likelihood of a project becoming one where parents or guardians become the real project participants, or precipitates the teacher taking over "in order to perfect a performance or production of a student project".

Research Oriented:

Basic research skills are a must. Library use, information location, research design, project management, notemaking, drafting and composition and graphic, visual, dramatic and print presentation skills are needed. The role of the teacher shifts from that of a lecturer to that of a facilitator who assists with management of the learning experience.

Research will often evolve into interdisciplinary studies. For example, the development of an AIDS Talkback Hour on a local radio station will involve skills and knowledge from what are normally considered independent subjects areas, including language arts, health, drama, technology, media arts, etc.

Audience Conscious:

Another characteristic of the project approach is that learners are aware that they are creating a product to be shared with other members of their classroom or local community. Their work becomes a gift to be shared with other community members. The creative project is one which is capable of moving "us in some personal way" and moving an audience. Such educational activity is often honored and witnessed in activities like career or science fairs, gallery displays or dramatic performances open to selected or all community members.

A philosophical foundation is that students develop project assignments, which contribute to community well-being. Thus, project participants need to identify an intended audience for their projects. For example, students working on a photographic exhibit will also need to locate a viewing area, secure permission for a public exhibition and get permission from individuals who are photographed or videotaped for public display.

Timed:

Timing and timelines are another characteristic of a project approach. Projects come with varied timetables: long-term projects which may last a grading period or even a semester; short-term projects; and individual projects. Teachers act as positive guides ensuring that the project research and development is not delayed until the week (or night!) before the due date.

Timelines that identify the completion of key phases of research and production need to be developed to assist with visualization and successful completion of the research and presentation. Projects can be excellent methods to teach or illustrate the concepts of patience, procrastination and perseverance in that each of these elements are characteristically evident as projects progress.

Evaluation:

Evaluation criteria and strategies are needed. These should be developed at the beginning of the projects. A checklist clearly outlining how projects are to be evaluated can be developed between the teacher and students. These criteria should relate to more than content and presentation. For example, specific, measurable objectives for skill development can relate to use of a video recorder, development of an annotated bibliography or calligraphy.

Teachers need to be aware that just doing activities will not ensure learning and that the learning objectives will be met. The project approach suggests a very active role for the teacher and requires opportunities for participants to check in with the teacher for feedback and to practice self-evaluation. Topic selection should involve some level of risk-taking, but that the teacher needs to encourage students to choose a project they can finish and one that the teacher is qualified to evaluate.

Cultural Understanding and Preservation Is Key Projects in First Nations classrooms are an excellent opportunity to strengthen cultural awareness. The projects should relate directly to understanding First Nations culture, tradition, spiritual strengths, language and traditional research methods. Topic selection, research orientation and audience consideration should highlight traditional cultural teachings, perspectives and issues. Some ways to stress cultural knowledge include Elder involvement, location of First Nations perspectives related to the content (print or media or resource speakers), role models, texts, etc.

PROCEDURAL SUGGESTIONS:

In this final section, suggestions and cautions are briefly described.

Research Project Approach:

Specific directions for staging an Elders' Day, producing a video and developing a peer counseling program are outlined with step-by-step procedures.

Role of the Teacher:

Children who want to know, and know what it is they want to know, are easy to teach. However, not all novice project participants will have a clear focus. In the initial stages of using a project approach, the teacher must be as supportive and positive as possible. The teacher must also ensure that adequate background knowledge of the topic is presented in many ways to meet the different learning styles of any community of learners. When a project approach is used, teachers must find time to schedule lessons and project exploration periods.

Teachers should never assume that students have adequate inquiry, decision-making, collaboration, self-evaluation, information processing or other skills, thereby leaving nothing to chance. Teachers need to actively instruct students on the specific skills related to accurate and complete research. Students may need to know how to synthesize information rather than randomly copying chunks of text into a report. Production skills quite often need to be taught. For example, a photo display may require that students be taught the proper way to use a camera and/or develop pictures.

Teachers involve community members in positive ways which use their knowledge -traditional and contemporary - to create a cultural awareness of the topic. Secondly that t teachers establish a cultural way of learning for students where they have time and space to gain from their experience and mistakes, but also know that the teacher will support them when and if needed. Finally, teachers need to cooperatively plan with colleagues in order to pool resources, strategies and knowledge.

Research Project Approach:

Teacher Preparation:

Students need to develop ownership of their projects. However, there are several phases of the project approach where teachers can help. These include the following activities and considerations:

- identify community and cultural attitudes to minimize unintended disrespect.
- identify and include traditional research methods.
- team plan to locate interdisciplinary possibilities and team teach where possible.
- anticipate problems and have alternatives available.
- network and use community resources.
- develop holistic lesson plans which include emotional, physical, spiritual and cognitive domains.
- order resources (AV, resource speakers, field trip arrangements, etc.) well in advance.
- inform and team plan with the librarian well in advance.
- prepare to explain the benefits of an HIV/AIDS study and the project approach.
- inform colleagues, parents, guardians, administration and community members as to the purpose and nature of this HIV/AIDS study.
- as part of the project planning with the students, consider how the end products can best be shared- with other members of the class, parents, the school, and the community- through oral reports, dramatizations, an information day, open house, etc.

Evaluation:

Teachers need to evaluate projects on the basis of process, changes in attitudes, collaboration and specific subject area skills or knowledge requirements.

For example, anecdotal records can be kept by the teachers and students to illustrate participants' gains related to goal setting, democratic decision-making, initiative, library skills, etc. Opportunities for self-evaluation and feedback need to be included. Project logs and journals can also be used to track student enjoyment and difficulties.

Assignments can be developed to measure skills in a variety of areas: library use, bibliography, paragraph writing, dramatic performance, production skills (booklets, use of the photocopier, etc.), graphic effectiveness, vocabulary development, computer skills (word processing, data base management), etc.

Some Words of Caution:

Information about sexuality and birth control: In some communities, there is concern that the school will teach children to experiment with sexuality before they are ready. Others may fear that teaching about sexuality outside of the religious values of the community may conflict if safer sex strategies are presented. The teacher should discuss thoroughly the implications of such project plans and the curriculum unit related to HIV/AIDS awareness. Consult with the local parents/guardians' council and other community members (Elders, teachers, etc.).

More than a written assignment: thinking of a project as only the written outcome of a study leads to a narrow and unsatisfactory approach to what should be a broad learning experience. To develop a production rather than a written (or copied!) report will require greater assistance with establishing goals, objectives, action plans, time lines, resources and other tasks related to project completion. Without these skills in practice-and resources available-students may fall back on the old stand-by of writing a paper.

All learning is academically based: some of the most important learning available among First Nations people eludes the academic approach to research, and both teachers and learners need to discover, investigate and employ traditional research methods. They recommend that students need to:

- gain understanding through oral, observation and participation methods.
- comprehend that certain learning need not be recorded in a written or visual form.
- understand that Elder involvement may require non-western approaches to resource speaker visits.
- integrate personal learning in a holistic fashion.
- seek the deeper meaning of oral or written messages.
- practice reflective thought and intuitive reflection to prompt personally relevant insights without being dependent on the teacher for the right answer .

Thus, research procedures need to include Euro-derived and traditional methods of research. Over reliance on one methodology may hinder cultural awareness or reduce opportunities to develop a bi-cultural awareness and understanding.

Conclusion:

This section has provided a brief overview about the nature and use of the project approach in the First Nations classroom. Use of the project approach is a learning experience for everyone and promotes learner autonomy, self-determination and provides avenues to explore issues of personal relevance.

CULTURALLY SENSITIVE RESEARCH OUTLINE:

Here is a brief approach to thinking about culturally sensitive research. A decision to do some research means not only thinking about the topic, but also about the sensitivities of people who are the "subjects" of the research. This approach includes both areas of consideration through asking yourself a series of questions. You might want to add other questions to the suggested ones.

Considerations for Planning and Doing Research:

Framing the Research Question:

- What is the purpose of this research? (Why is it important? What benefit will it have to me/school/community?)

Getting the Research Information:

- How was serious inquiry (research) about a topic traditionally/culturally practiced?
- How will I gather the information? What kind of research techniques will I use? (i.e. identify and examine historical, written and oral sources; interviews, questionnaires) Where can I find this information? Who can I ask? Why is this the most appropriate method to use?

Analyzing the Information/Conclusions:

- What will I do with the information? If I use an interview or questionnaire, how will I summarize the major themes and messages?
- What have I learned from my research gathering?

Re-presentation of research findings:

- Who must I check back with (all the people I interviewed) to ensure that I have correctly portrayed their ideas/knowledge?
- How will I tell/share this information with my class/school/community? (Oral or written report, video, play, poster, panel discussion, debate,- ???)

Research Project Workshop:*Ethical Considerations.**Respect:*

- How can I do respectful research so people are not hurt? (respect for people, respect for cultural knowledge)
- What are the cultural protocols/practices that I should follow? (a certain way of asking for help, giving a gift, following a traditional practice)

ETHICS CHECK: Have I been respectful in my treatment of people and their feelings, and in following cultural practices?

Confidentiality:

- What material must be kept confidential? (People have a right to feel that their identity will be kept anonymous if they so wish. Their information will be shared with others; but connecting their statements to their name will not be done unless they agree.)

ETHICS CHECK: Have I given assurances to people that their identity will be kept anonymous if they so wish? Have I kept my word?

Verifying information:

Who should verify my work? (It is important that the information people have provided especially through interviews is presented accurately. These people may also want to add or change information once they see it in print. It is therefore essential to verify your work with everyone whose information you use.)

ETHICS CHECK: Have I brought the printed information from my analysis back to the people who told it to me for their approval?

PROJECT IDEA BANK FOR INFORMING MYSELF, INFORMING OTHERS

Twelve research project ideas are outlined here as suggestions to generate Ideas. This is followed by a list of other project ideas to stimulate thinking.

HIV/AIDS Information Project (Class, small group, or individual project) (fairly easy project). To increase our knowledge of HIV/AIDS, we will examine _ (number) pamphlets, brochures and videos. The purpose of our examination will be to compile information about (any or all of).

- What is AIDS?
- What is the HIVirus? (or virus vs. bacteria information; the retrovirus)
- How is AIDS spread? (and contributing factors: e.g., alcohol)
- How can AIDS be prevented?
- What are "high risk" behaviors?
- What are some of the facts about AIDS and HIV?
- What are some of the myths about AIDS and HIV?
- What should our community know about HIV/AIDS?
- Body parts, reproduction system, STDs
- The immune system, how it works

After we have finished our research reading, we will combine our findings into a newsletter that we will publish for our school.

Our first draft of the newsletter stories will be ready by (date). We will have the newsletter ready for final printing by (date).

HIV/AIDS Awareness Display (Class project) (fairly easy project) In order to increase awareness about HIV/AIDS in our First Nations community, we will create informational displays about HIV/AIDS related topics (history, the HIV antibody test, symptoms, HIV/AIDS resource organizations and services, treatments, the nature of the retrovirus, etc.).

We will request assistance from (number) community members to ensure accuracy of our information. We will consult with our Elders to ensure inclusion of cultural knowledge and sensitivity.

Our display(s) will be ready for public presentation at (location) on (dates) subject to confirmation of approval from the appropriate administration authorities.

Street Theater Public Education Tactic (fairly easy project) In order to increase community awareness about health risks of HIV infection and prevention strategies, we will thoroughly research the topic and prepare brief scripted performances (mime, juggling, songs, etc.).

We will locate and analyze factual background material to convey essential information to reduce risk of HIV infection in the First Nations community. We will make props, rehearse and complete all necessary preparations.

We will be ready to perform publicly by (date) at (location).

We will keep a production response journal to assist with our self-evaluation of this project and to provide information for the next group of novice street performers.

Community Survey (medium challenge project) Our group will survey parents of students in our school to find answers to the following four questions:

- Would it be useful for our community to hold an Awareness Week on HIV/AIDS?
- If yes, what suggestions would you have for activities?
- If no, what are your reasons?
- Would you volunteer to help in some way?

We will analyze the responses and prepare a report on our findings by (date). We will ask the local paper to publish our report.

(Caution to teacher. Check for feelings as this project progresses. Projects such as this need careful teacher monitoring to see how students are reacting to possible negative reactions from their interviewees. You know your students and your community. Perhaps some role playing in advance will prepare students for handling strong reactions.)

Media Watch (medium challenge project): Our group will prepare a report on the positive and negative messages about safer sex practices in prime time television programs.

We are concerned that many teenagers are getting the wrong messages from television programs. We will try to provide proof by listing examples of both kinds of messages (e.g., how often are safer sex messages evident, including: saying no, abstinence, using condoms against how often non-protected and unsafe sex practices are evident or implied.)

Our group will watch and analyze (number of hours) of television programming. We will compile our data into a report which we will publish in the newspaper, and a copy to the manager of each of the channels we watch.

We will finish collecting the data by (date) and prepare the final report by (date).

Art Project (medium challenge project): The four members in our group will prepare a cartoon type booklet to explain the dangers of HIV/AIDS so anyone can understand it.

We will do research with the Elders and get the right information about how to show respect for your body and not do anything to harm it. Then we'll make a story and tell the story with drawings like cartoons or comics.

Resource Bank (medium challenge project): In order to develop a current information resource bank for our library/ community, our group will locate HIV/AIDS-related articles in newspapers and magazines with particular reference to First Nations people and their perspectives.

.(An annotated bibliography will be prepared using the data base on our school computer.)

Copies of articles will be classified according to categories developed to identify the main idea of the article (history, treatment, survey, discovery, prevention, economic issues, racism, homophobia, ethical issues, etc.)

The articles will be mounted on cardstock, labeled, and cross-referenced for easy access to facilitate research. We will work with the librarian (or an AIDS organization volunteer, etc.) to develop this community resource bank.

We will have this resource bank assembled and available by (date) at (location).

Traditional Teachings About Sexual Behavior (fairly challenging project)

We will interview Elders in our community to find out about traditional teachings about "coming of age," and related issues and behavior about respecting our bodies. We will use the idea of the "holistic wellness circle" to find out how teachings addressed the mind, spirit, emotions, and the body.

We will work with the Elders to determine appropriate questions and categories, such as: what was taught (mind, body, spirit, emotions), by whom, when; etc.

- storytelling (mind, body, spirit, emotions) to teach about how girls were prepared to become women, and boys to become men,
- what ceremonies or activities (mind, body, spirit, emotions) were involved,
- how sexual diseases were controlled (mind, body, spirit, emotions),
- what controls (mind, body, spirit, emotions) were used to prevent abuse, and so on.

We will (record, videotape) these sessions, and prepare a (circle chart showing mind-body-spirit-emotions approaches, written report, play, newspaper-type report, videotape, radio-type interview) presentation of our findings by (date).

Science Project (fairly challenging project): We will find information on how the HIVirus works, and why it is so difficult to find a cure for this disease.

We will illustrate -our report with drawings of the virus and of the immune system. We will make our report available in the library for anyone who wants to read it.

Our first draft will be ready for proofreading by (date), and the final report will be ready by (date).

Our Language Is a Gift from the Creator (challenging project) In order to assist with language revitalization efforts and to promote community wide education about and awareness of the potential crisis of HIV infection, our group will locate, read, and analyze the contents of (number) pamphlets related to HIV/AIDS. We will work with a Language Elder to interpret and translate key terms, definitions and concepts into the First Language of this community.

Our pamphlets will be bilingual, and contain graphics to assist those who have a limited reading vocabulary.

After checking for factual accuracy and language accuracy, we will make our pamphlet available to our community, and at various public outlets where permission is granted (Health Center, Post Office, Community Hall, etc.)

Draft available by (date). Final version completed by (date).

Human Rights and HIV/AIDS (challenging project): In order to develop awareness of the human rights and respect each HIV/AIDS person deserves, we will investigate issues of prejudice and discrimination which have surfaced with the advent of AIDS.

We will locate life experience stories (print, A/V, personal) to collect information about discrimination job loss, banned from school, rejected by community, homophobia, etc.), and how these people dealt with the discrimination.

We will also meet with Elders, an AIDS organization member, lawyer, and caregiver to collect additional information on this area of human rights.

From the stories we have collected, we will develop a set of principles to remind us of the respectful behaviors and attitudes required to keep our community in harmony and not in hysteria. We will have these principles available by (date) for proof reading. We will prepare these principles (in bilingual form) in a form in which they can be available to our community (pamphlet, newsletter, newspaper story, video tape for cable, etc.).

We will call our report "Room in the Circle for All."

Draft available by (date). Final version completed by (date).

Fictional Diary (challenging project): To summarize our research about the history, symptoms, transmission, treatment, prevention, and search for a cure for HIV/AIDS, we will create a fictionalized diary which spans 1982-to present. The fictionalized diary will be of a (male, female) medical researcher from our Nation who is studying the HIVirus. The researcher has a (brother, sister) who is HIV positive. Both the researcher and the (brother, sister) have read many newspaper and magazine articles, and have kept a bibliography of their reading.

We will share this diary which we will prepare on the word processor, and arrange for its display and circulation in the school library. (There will also be illustrations.)

Our fictionalized diary will be available in draft form by (date) for proofreading. The final copy will be ready by (date) for the library.

TOPIC SUGGESTIONS FOR HIV/AIDS RESEARCH PROJECT

There are many possibilities for research through reading or interviewing people. Here are some ideas to get you thinking.

It could be that your project will take the form of a play or other artistic work. You will still want to do some research to make certain that your facts are accurate.

Report on sources of accurate, current information on HIV/AIDS:

- in your school
- in your community
- in your province
- in Canada

Report on information about HIV/AIDS:

- in Aboriginal communities
- in BC.
- in Canada
- in the world

Personal interviews/surveys: (e.g., regarding attitudes about HIV/AIDS)

- fellow students: younger, older
- teachers
- parents
- elders
- public health people
- church people, etc.

- Interview/survey topics could include:
 - best approaches to AIDS education, awareness
 - best approaches to HIV/AIDS prevention
 - attitudes about condom use, safer sex
 - free condoms in schools
 - 2-Spirited peoples
 - PWAs (persons with AIDS)
 - HIV positive students allowed to attend school?
 - HIV+ teachers allowed to teach?
 - the willingness/openness of people to discuss:
 - sexual issues
 - homosexuality
 - HIV/AIDS
 - use of condoms
 - awareness about HIV/AIDS: what it is, who can get it, how, etc.
 - community responsibilities to Persons With Aids, acceptance, etc.

Availability of HIV/AIDS services in your community

- information sources about HIV/AIDS
- availability of free condoms?
- counseling services
- support services for HIV+ people
- treatment services, home care (nursing, medical)
- HIV: what it is, how it is contracted, how it is not contracted
- What is the difference between HIV and AIDS?
- The body's immune system: what it is, how it works

- Viruses and retro viruses
- Nutrition and HIV
- The connection between alcohol and HIV transmission
- The connection between needle drugs and HIV transmission
- Information about STDs (sexually transmitted diseases)
- Historic effects of epidemic diseases in First Nations communities
- HIV/AIDS Videos: rate their effectiveness

Newspaper coverage of HIV/AIDS:

- attitudes, bias, First Nations coverage
- statistics
- new information about the disease
- promising research developments
- drugs that are being used
- human interest stories
- Television coverage of HIV/AIDS
- Connections between racism and HIV/AIDS attitudes
- Traditional cultural approaches to "coming of age" education
- The geography of HIV/AIDS: AIDS in the world (map work)
- The history of HIV/AIDS: where, when, how did it start?
- The language of HIV/AIDS: a vocabulary project
- Personal interview with a person who is HIV+ (tape, video, or written report)
- Poster series to promote HIV/AIDS awareness
- A bulletin board display
- A library display of books, pamphlets, posters

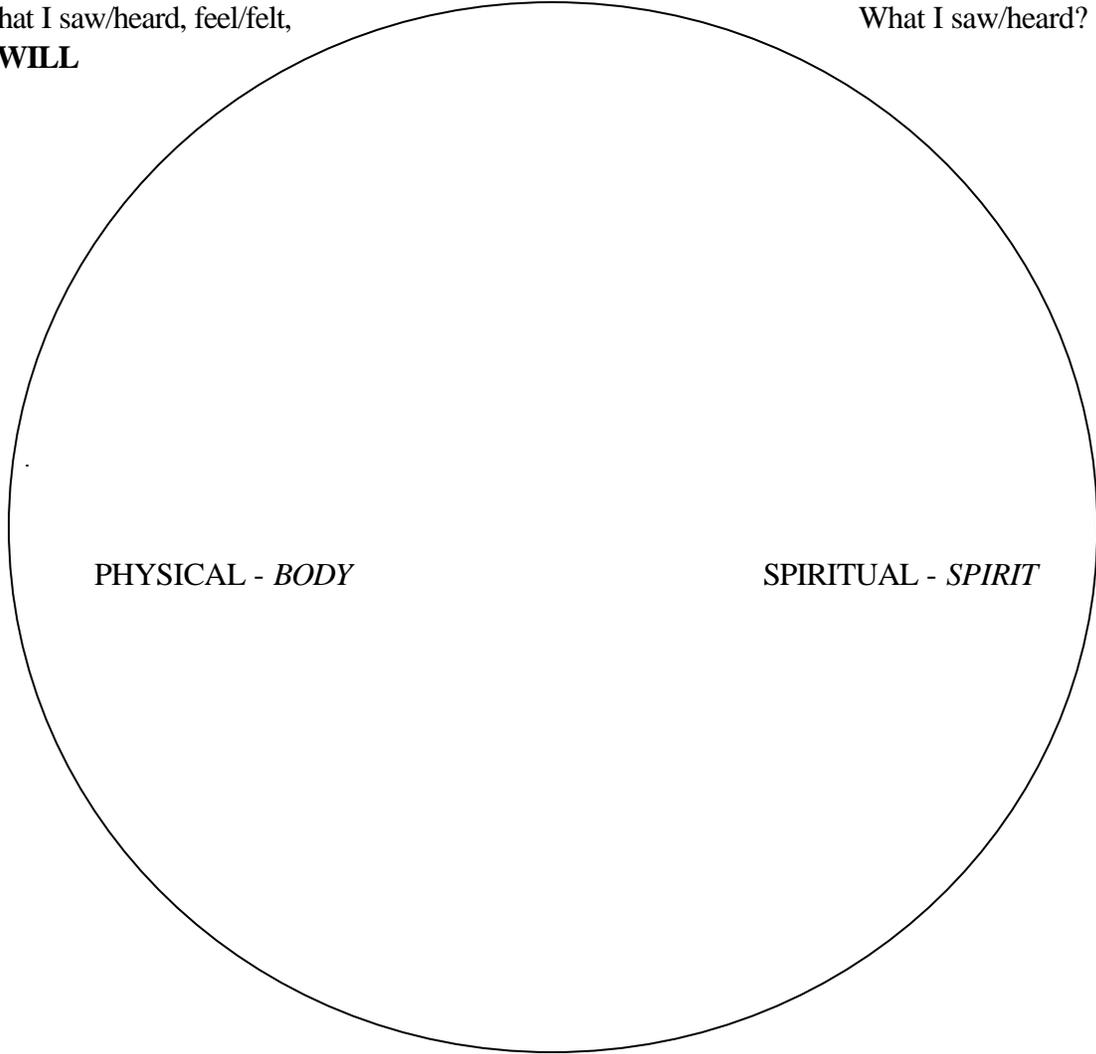
THE MEDICINE WHEEL

INTELLECTUAL - *MIND*

As a result of what I saw/heard, feel/felt,
think/thought, **I WILL**

- a) start
- b) stop
- c) continue to:

What I saw/heard?



PHYSICAL - *BODY*

SPIRITUAL - *SPIRIT*

What I think/thought?

What I feel/felt?

EMOTIONAL - *FEELING*

RESOURCES:

OVERVIEW:

Following this brief introductory section, this Resources section is divided into three sub-sections:

- pre-test/post-test (with answer sheet)
- annotated video and pamphlet lists
- suggested books on the topic of HIV/AIDS

RESOURCES:

- The student-made video, *So ... What's to Talk About?* This resource is used in Lessons Eight and Nine of the 12 Foundation Lessons to "Trigger" discussions about topics relevant to students. The video consists of four scenarios depicting situations chosen by the students as relevant and important to them. The video can also be used as a model of a project students can undertake themselves.
- Two pamphlets from Health and Welfare Canada (*We need to know about AIDS, and STD: Sexually Transmitted Diseases*) for teacher use. They are brief and to the point, and a good starting point for both teacher and student information about the disease. (They are available from the National AIDS Clearinghouse).

ADDITIONAL VIDEOS:

Three videos in addition to the video *So ... What's to Talk About* are required for the 12 Foundation Lessons in this curriculum. These are:

Kecia: Words to Live By (distributed earlier to all First Nations Bands in Canada). For users of this curriculum who do not have a copy of the video available locally, *Kecia: Words to Live By* can be purchased from Gryphon Productions Ltd., (see order form later in this section). *Kecia Larkin* is a young First Nations woman who speaks from the heart. Her story is used in Lesson Two of the 12 Foundation Lessons to help set the climate for the Unit. (Cost: \$175.20 including taxes and mailing.)

AIDS: The Now Facts of Life (available from National AIDS Clearinghouse). This is one of the better videos available covering major essential topics and is highly recommended for secondary students. It is one of the few videos that illustrates how the virus works, and also, through animation, shows how to put on a condom. Lesson 12 of the 12 Foundation Lessons uses this video to provide a summary of the Unit.

A choice is offered for the third required video:

- Her Giveaway.- A Spiritual Journey with AIDS (available from Minnesota American Indian AIDS Task Force). In this video, Carol Lafavor, an Ojibwa woman, tells her story. The video is used as one alternative for Lesson Three of the 12 Foundation Lessons. More suitable for older students. In favor of this choice is the First Nations holistic content. Furthermore, it would be an appropriate video to use if it is not possible to have a Person With AIDS to make a presentation to the class. Against it is the price and possible time delay in ordering from the US.
- Talking About AIDS (available from L M Media Marketing, order form in this section) is A health and Welfare Canada video with a multi-racial (but not First Nations) cast and contemporary format aimed at teenagers. It is the other alternative video for Lesson Three. In favor of this choice is the upbeat approach and variety of information in the video.
- We suggest that schools having financial resources to order all four videos do so. All of them can be used In a variety of ways to Increase understanding of AIDS, to develop empathy for those who have contracted the disease, and to serve as resources for project work of various kinds.

If these videos are not available locally, we suggest you order now so that they can be previewed before you begin the Unit.

OTHER MATERIALS:

Because you will want to have many pamphlets and other materials available for your students, we have prepared additional order forms in this section for that purpose. We suggest you send for them now, or have students write away for them if you prefer.

Several resources are presently available for teachers needing introductory level resources. Several suggestions follow.

The BC Ministry of Education has prepared curricular materials for teaching about STD'S, AIDS and related topics as outlined in the Ministry's curriculum guide for Family Life Education Learning for Living: Family - Graduation. These materials should already be available in your school or District.

Contact your local Public Health representative to find out what materials are available locally- videos, pamphlets, posters, free condoms, etc. Make this contact early, since you may want other assistance in planning or presenting your unit.

Have someone in your school serve as coordinator for HIV/AIDS teaching and resources. Centralize the tasks involved through this person.

If you have someone on staff who is familiar with computer networking, ask that person to search for electronic bulletin boards or the Internet for information on HIV/AIDS. Teach the students how to access this source.

Collect newspaper clippings and magazine articles. Centralize in the library.

Tape relevant television programs and add to your resource bank.

Check with your local library branch for materials, or inter-library loans. Similarly, with community college library.

Some suggested books are listed towards the end of this section. Duthie's in Vancouver is a reliable source (telephone toll-free 1-800-663-1174).

ASSEMBLY OF FIRST NATIONS FIRST NATIONS YOUTH HIV/AIDS EDUCATION MANUAL
HIV/AIDS CURRICULUM PRETEST / POST-TEST

TO THE TEACHER

The questionnaire which follows can be used both as a pre-test and a post-test to provide you with some sense of (1) your students' knowledge about HIV/AIDS and (2) some of their attitudes about some issues raised by the disease. The test can be split to reflect these two purposes. The knowledge questions can be graded, while the attitude questions (from # 54 onwards) cannot, but can guide your choice of content emphasis and approach.

Teachers interested more in students' factual knowledge may choose to use only the first 53 questions. The opinion/attitude questions could be omitted or tested at a separate sitting.

(Note that four questions within the first section should not be counted for establishing a graded mark, since these reflect opinions and attitudes. These are questions 5, 6, 37, and 42.)

The word questionnaire has been used here in an attempt to displace test fears. Some teachers will use it as a questionnaire rather than a test, and find other ways to evaluate their teaching unit.

Full permission is granted to photocopy the questionnaire and to modify it to conform with local needs and sensitivities.

HIV/AIDS CURRICULUM:

Student HIV/AIDS Questionnaire

Dear Student,

This questionnaire asks what you now know about HIV/AIDS, and about some of your thinking about HIV/AIDS, people with the disease, and so on. The care you take in answering will be very helpful because your answers will help your teacher get an accurate picture of what students know and don't know, and what they want to know about HIV/AIDS.

DIRECTIONS:

- It would be most helpful if you answer every question, but you can refuse to answer any or all of them.
- Answer questions as honestly as possible. Don't give answers that you think will please or impress your teacher. Just tell us your own truth.
- You can be certain that your teacher will respect the confidentiality of your answers and will not discuss answers in a way that is meant to embarrass you or any class members.

HIV/AIDS QUESTIONNAIRE:

NAME:

DATE:

Please answer the following questions briefly:

- 1) What do the letters AIDS stand for?
- 2) What do the letters HIV stand for?
- 3) What is the difference between HIV and AIDS?
- 4) How can you tell if a person has HIV infection?
- 5) Where would you go to get advice or help about sexual matters?
- 6) What, if any, has been your personal experience with someone with HIV/AIDS?
- 7) What is the purpose of the immune system?
- 8) The common name for the most important kind of cells in your immune system:
- 9) Where is the AIDS virus primarily found in the body?
- 10) What IS a virus?
- 11) List three ways in which a person can get HIV or AIDS.
- 12) Name 5 ways to reduce risk of getting HIV/AIDS:

- 13) How is the risk of getting AIDS linked to drinking alcohol?
 - 14) What does a test for HIV look for?
 - 15) What does a positive HIV test mean?
 - 16) What does a negative HIV test mean?
 - 17) Explain how someone who tests negative could still be infected with the virus.
- Please read the following statements carefully. Indicate your answer by circling:... True, False, or Don't Know.
- 18) T F D Abstaining from (not having) sexual intercourse is one of the most effective ways to avoid being infected with HIV.
 - 19) T F D When a person has AIDS, his or her body cannot defend itself from infections.
 - 20) T F D A person can get the same sexually transmitted disease more than once.
 - 21) T F D AIDS can be cured if treated early.
 - 22) T F D If a pregnant woman has HIV or AIDS, there is a chance it may harm her unborn baby.
 - 23) T F D A person can get AIDS/HIV infection from sharing needles used to inject (shoot up) drugs.
 - 24) T F D Many people with sexually transmitted diseases do not have signs and symptoms.
 - 25) T F D AIDS can be easily spread by using someone's personal belongings, like a comb or hairbrush.
 - 26) T F D An experienced person can look at someone and tell if he or she is infected with the virus that causes AIDS.
 - 27) T F D It is not possible to become infected with HIV by having sexual intercourse only once.

- 28) T F D A condom, when used properly, provides 1 00 percent protection against sexually transmitted diseases.
- 29) T F D A vaccine is available to protect people from HIV infection.
- 30) T F D A person can be infected with HIV for ten or more years without developing AIDS.
- 31) T F D You can get HIV/AIDS by shaking hands with someone who has it.
- 32) T F D A person can be infected with HIV by giving blood.
- 33) T F D Ear piercing and tattooing are possible ways of becoming infected with HIV.
- 34) T F D Most people who are infected with HIV have AIDS.
- 35) T F D A person can get HIV/AIDS by being bitten by a mosquito.
- 36) T F D A person can avoid getting HIV/AIDS by exercising regularly.
- 37) T F D If I found out someone I loved had AIDS, I would disown them.
- 38) T F D Some untreated sexually transmitted diseases can cause sterility (the inability to have children) in females.
- 39) T F D The risk of HIV infection is higher with vaginal sex than with anal (bum) sex.
- 40) T F D Lambskin (natural) condoms are better than latex ones in preventing HIV infection and AIDS.
- 41) T F D A person can get HIV/AIDS infection from using public toilets.
- 42) T F D People who get AIDS really deserve it.
- 43) T F D Sexually transmitted diseases among teenagers are rare.
- 44) T F D Going to the bathroom after having sex helps to reduce the risk of acquiring HIV/AIDS.

45) T F D

A condom should fit snugly against the end of the penis.

- 46) T F D Vaseline should never be used as a lubricant with a condom.
- 47) T F D If a test for HIV antibodies gives a positive result, it means that the person whose blood was tested is infected.
- 48) T F D A person can catch HIV/AIDS by holding hands with someone who has it.
- 49) T F D A person can easily catch HIV/AIDS by kissing someone who has it.
- 50) T F D It is possible to be infected with HIV but have a negative antibody test.
- 51) T F D If a person has a sexually transmitted disease, his or her chances of being infected with HIV are increased.
- 52) T F D Most of the world's population infected with HIV/AIDS are gay.
- 53) T F D Masturbation is one example of safer sex.

Please read the following statements carefully. Indicate the extent to which you agree or disagree with each statement by circling the corresponding number:

1 = Strongly agree

2 = Agree

3 = Undecided

4 = Disagree

5 = Strongly disagree

- 54) 1 2 3 4 5 I like myself.
- 55) 1 2 3 4 5 I can talk about sex with my close friends.
- 56) 1 2 3 4 5 I can easily and firmly say "no" to having sex.
- 57) 1 2 3 4 5 I know how to put on a condom.
- 58) 1 2 3 4 5 I can talk to my father (or other male family member) about sexual matters.
- 59) 1 2 3 4 5 I would change how I look if I could.
- 60) 1 2 3 4 5 AIDS is a punishment sent from God.
- 61) 1 2 3 4 5 I worry about becoming infected with HIV.
- 62) 1 2 3 4 5 I would have sexual intercourse with a partner who refused to use a condom.
- 63) 1 2 3 4 5 I am too shy to make a lot of friends.
- 64) 1 2 3 4 5 If my partner wanted to have sexual intercourse before I was ready, I would refuse.
- 65) 1 2 3 4 5 When I have a problem, I ask one or both of my parent(s) or guardian(s) for help.
- 66) 1 2 3 4 5 Thinking about my own behavior, my risk of becoming infected with HIV is high.

67) 1 2 3 4 5 If my school or community had special activities to promote healthy lifestyles, (like activities with no alcohol, drugs or sex) I would join.

- 68) 1 2 3 4 5 If I had a sexually transmitted disease, I would inform my sexual partner.
- 69) 1 2 3 4 5 I have confidence in myself.
- 70) 1 2 3 4 5 Students living with HIV/AIDS should be allowed to attend regular school classes.
- 71) 1 2 3 4 5 My friends feel that using a condom would spoil the enjoyment of having sexual intercourse.
- 72) 1 2 3 4 5 I would give my partner alcohol or another drug to increase the chance of having sexual intercourse.
- 73) 1 2 3 4 5 I often wish I were someone else.
- 74) 1 2 3 4 5 Thinking about my own behavior, my risk of getting a sexually transmitted disease is low.
- 75) 1 2 3 4 5 I plan to use condoms with my sexual partner(s).
- 76) 1 2 3 4 5 Making sure a condom is available is the responsibility of both partners.
- 77) 1 2 3 4 5 I have no one to talk to about sexual matters.
- 78) 1 2 3 4 5 I expect to use cannabis (marijuana or hashish) in the future.
- 79) 1 2 3 4 5 AIDS is only a homosexual issue.
- 80) 1 2 3 4 5 I plan to wait until I get married to have sexual intercourse.
- 81) 1 2 3 4 5 I would be embarrassed to ask for condoms in a store.
- 82) 1 2 3 4 5 I think learning about HIV/AIDS at school is a good idea.
- 83) 1 2 3 4 5 There is little I can do to protect myself from sexually transmitted diseases.
- 84) 1 2 3 4 5 I would be embarrassed to tell my partner that I am not willing to have sexual intercourse unless we use a condom.

85) 12 3 4 5

I ask at least one of my parent(s) or guardian(s) for advice on serious matters.

- 86) 1 2 3 4 5 Before considering sex, I intend to talk with my partner about his or her past sexual experiences.
- 87) 1 2 3 4 5 If I chose to, I could abstain from (not have) sexual intercourse.
- 88) 1 2 3 4 5 I can talk to my mother (or other female family member) about sexual matters.
- 89) 1 2 3 4 5 I would be embarrassed about watching my partner put on a condom or about putting on a condom in front of my partner.
- 90) 1 2 3 4 5 If my friends were drinking alcohol at a party, they would expect me to drink too.
- 91) 1 2 3 4 5 My friends make fun of others who want to use condoms.
- 92) 1 2 3 4 5 I would like to learn more about cultural teachings to help guide my sexual behavior and attitudes.
- 93) 1 2 3 4 5 Only certain types of people develop HIV/AIDS.
- 94) 1 2 3 4 5 I would talk with a partner about whether to have sexual intercourse.
- 95) 1 2 3 4 5 My friends would support me if I decided not to have sex until I was ready.
- 96) 1 2 3 4 5 Before having sexual intercourse I plan to ask my sexual partner about using a condom.
- 97) 1 2 3 4 5 I would be able to ask my sexual partner to express affection in ways other than by having sexual intercourse.
- 98) 1 2 3 4 5 I worry about getting a sexually transmitted disease.
- 99) 1 2 3 4 5 I would not touch or kiss a person I knew had HIV/AIDS.
- 100) 1 2 3 4 5 My partner's past sexual experience is none of my business.

Check here if you would like a private consultation with:

your teacher

school nurse

On the following blank page, if you would like to make some confidential comments to your teacher that you might feel shy about, write them now.

CONFIDENTIAL COMMENTS TO MY TEACHER

ANSWER KEY

NOTE: ANSWERS FOR NUMBERS 1 - 53 ONLY, SINCE REMAINING QUESTIONS ARE VALUES QUESTIONS

HIV/AIDS TEST ANSWERS

NAME: -Answer Key

DATE:

Please answer the following questions briefly:

- 1) What do the letters AIDS stand for?

Acquired Immunodeficiency Syndrome

- 2) What do the letters HIV stand for?

Human Immunodeficiency Virus

- 3) What is the difference between HIV and AIDS?

HIV is the virus, AIDS is the disease-is the simplest answer. More technically, AIDS is the term given to the stage when opportunistic diseases set in after the HIVirus has attacked the immune system to the extent that the body can no longer fight off diseases. HIV is the virus itself. (So, strictly speaking, it is not the virus itself that kills people, but by overwhelming the immune system, it prepares the way for other diseases which the body can no longer fight off. These are the so-called "opportunistic" diseases which ultimately cause death.) People who have been infected by the HIVirus can be relatively healthy for many years (average approximately is 10 years) before the immune system becomes so damaged that the person develops full blown AIDS.

- 4) How can you tell if a person has HIV infection?

By blood tests. By testing for antibodies for the HIVirus. An answer such as "you can't tell" is also acceptable, since after infection it takes the human immune system from 4 weeks to 4 months to produce antibodies, which is what the blood tests look for. During that early period, the infected person can pass along the virus to others, and a blood test may not reveal that he or she is infected. (Some sources say 6 weeks to 6 months.)

- 5) Where would you go to get advice or help about sexual matters?

No marks if no answer. One mark for each reasonable response.

- 6) What, if any, has been your personal experience with someone with HIV/AIDS?

No marks for this question, Information given here may alert you to special sensitivities if student has family member or friend who has been affected by HIV/AIDS

- 7) What is the purpose of the immune system?

To protect the body from disease.

- 8) The common name for the most important kind of cells in your immune system:

White blood cells. (White blood cells are made up of several different groups of cells including three of the major families of immune cells: macrophages, T cells, and B cells.)

- 9) Where is the AIDS virus primarily found in the body?

In the blood (also found in fluids associated with sex). (Many students think erroneously it is found only in sexual organs.) Other body fluids such as saliva, tears, sweat appear to carry inconsequential amounts, although breast milk may have more.

- 10) What IS a virus?

A germ (a disease germ, a microbe, a microscopic organism that causes disease). A virus can only reproduce by entering a living cell and using the cell's resources for reproducing itself.

- 11) List three ways in which a person can get HIV or AIDS.

- 1) through (unprotected, high risk) sexual activity
- 2) through shared use of infected needles (shooting up, tattooing, ear-piercing; also blood ceremonials)
- 3) unborn child through HIV positive mother
- 4) artificial insemination with sperm from an infected donor

High risk activities include: more than one sexual partner, not using a condom (whether for anal or vaginal sex), sex with a new partner, sex with a partner who uses intravenous drugs, sex with a prostitute (either male or female).

- 12) Name 5 ways to reduce risk of getting HIV/AIDS:

- (1) use a condom
- (2) abstinence from sex
- (3) no high risk sexual activities
- (4) monogamous (single) (uninfected) sex partner
- (5) never share needles
- (6) avoid use of drugs and alcohol which could impair your judgment

(7) other reasonable answers, but not homophobic or "AIDS myths" answers.

- 13) How is the risk of getting AIDS linked to drinking alcohol?

Impairs your judgment (decision making skills, lowers resistance to temptation, etc.)

- 14) What does a test for HIV look for?

Antibodies for the HIVirus. The point is that the test does not look for the microscopic virus itself, but tries to establish its presence by looking for the antibodies developed by the immune system to fight the virus. As stated above, it takes 4 weeks to 4 months for those antibodies to be produced. (Students may not understand the concept of antibodies.)

- 15) What does a positive HIV test mean?

The tested person has been infected by the HIVirus. (There can, of course be false positives.)

- 16) What does a negative HIV test mean?

The tested person has not developed antibodies to the HIVirus (but could still be infected if he or she has engaged in high risk activities.)

- 17) Explain how someone who tests negative could still be infected with the virus.

Since it usually takes from 4 weeks to 4 months for the antibodies to develop after infection, a person can test negative for several months even though carrying the virus (some sources say 6 weeks to 6 months).

Please read the following statements carefully. Indicate your answer by circling:...
True, False, or Don't Know.

- 18) **T F D** Abstaining from (not having) sexual intercourse is one of the most effective ways to avoid being infected with HIV.
- 19) **T F D** When a person has AIDS, his or her body cannot defend itself from infections.
- 20) **T F D** A person can get the same sexually transmitted disease more than once.
- 21) **T F D** AIDS can be cured if treated early.
- 22) **T F D** If a pregnant woman has HIV or AIDS, there is a chance it may harm her unborn baby.

- 23) **T F D** A person can get AIDS/HIV infection from sharing needles used to inject (shoot up) drugs.
- 24) **T F D** Many people with sexually transmitted diseases do not have signs and symptoms.
- 25) **T F D** AIDS can be easily spread by using someone's personal belongings, like a comb or hairbrush.
- 26) **T F D** An experienced person can look at someone and tell if he or she is infected with the virus that causes AIDS.
- 27) **T F D** It is not possible to become infected with HIV by having sexual intercourse only once.
- 28) **T F D** A condom, when used properly, provides 100 percent protection against sexually transmitted diseases.
- 29) **T F D** A vaccine is available to protect people from HIV infection.
- 30) **T F D** A person can be infected with HIV for ten or more years without developing AIDS.
- 31) **T F D** You can get HIV/AIDS by shaking hands with someone who has it.
- 32) **T F D** A person can be infected with HIV by giving blood.
- 33) **T F D** Ear piercing and tattooing are possible ways of becoming infected with HIV.
- 34) **T F D** Most people who are infected with HIV have AIDS.
- 35) **T F D** A person can get HIV/AIDS by being bitten by a mosquito.
- 36) **T F D** A person can avoid getting HIV/AIDS by exercising regularly.
- 37) **T F D** If I found out someone I loved had AIDS, I would disown them. (**Values**)
- 38) **T F D** Some untreated sexually transmitted diseases can cause sterility (the inability to have children) in females.
- 39) **T F D** The risk of HIV infection is higher with vaginal sex than with anal sex.

- 40) **T F D** Lambskin (natural) condoms are better than latex ones in preventing HIV infection and AIDS.
- 41) **T F D** A person can get HIV/AIDS infection from using public toilets.
- 42) **T F D** People who get AIDS really deserve it. (**Values**)
- 43) **T F D** Sexually transmitted diseases among teenagers are rare.
- 44) **T F D** Going to the bathroom after having sex helps to reduce the risk of acquiring HIV/AIDS.
- 45) **T F D** A condom should fit snugly against the end of the penis.
- 46) **T F D** Vaseline should never be used as a lubricant with a condom.
- 47) **T F D** If a test for HIV antibodies gives a positive result, it means that the person whose blood was tested is infected.
- 48) **T F D** A person can catch HIV/AIDS by holding hands with someone who has it.
- 49) **T F D** A person can easily catch HIV/AIDS by kissing someone who has it.
- 50) **T F D** It is possible to be infected with HIV but have a negative antibody test.
- 51) **T F D** If a person has a sexually transmitted disease, his or her chances of being infected with HIV are increased.
- 52) **T F D** Most of the world's population infected with HIV/AIDS are gay.
- 53) **T F D** Masturbation is one example of safer sex.

ANNOTATED RESOURCE LISTS:**VIDEOS, GUIDES, REPORTS, BROCHURES:**

The following *videos* have been reviewed with considerations for their use with First Nations students. Videos listed here are available for loan from **PARC (Pacific Aids Resource Center)**, 1107 Seymour Street, Vancouver, BC, V6B 5S8
Tel. (604) 893-2270, FAX (604) 893-221 1.

A Chance For a Change

AIDS Education (3) 7-9

AIDS: The Disease That We Know (filmstrip and cassettes)

AIDS: The New Facts of Life

David's Song: American Indian Teens & AIDS

Her Giveaway: A Spiritual Journey With AIDS

Kecia: Words to Live By

Keewaywin

Nature of Things With David Suzuki: AIDS

NIBO APINEWIN (Deadly Disease)

STD Street Smarts

Talking About AIDS

Young People and AIDS

National AIDS Clearinghouse, 400-1565 Carling Avenue, Ottawa, Ontario, K1Z 8R1
Tel. (613) 725-3434, Fax. (613) 725-1205

AIDS Street Talk, Canadian Public Health Association (1990)

En Vie! Sante et Bien-etre social, Canada 1989

Karate kids (Inuktitut), Street kids International, 1989

Le Sida et le milieu de travail, Assoc. canadienne de sante publique, 1988

Sida et les jeunes, Sante et Bien-etre social Canada, 1989

Sida: faut que j' t'en parle. Sante Canada, 1989

Assembly of First Nations, 1 Nicholas Street, Ottawa, Ontario K1N 7B7
Tel: (613) 241-6789, Fax: (613) 241-5808, E-Mail Address: www.afn.ca

First Nations Youth HIV/AIDS Education Manual, 1998 on Web Page of AFN.

HIV/AIDS Resource Guide, 1998

Native and AIDS, 24 Hrs. Program, 1989

Healthy Communities ... A Newfoundland Perspective, 1989

Kecia - Words to Live By, 1991

AIDS Street Talk

Chance for Change, AIDS, 1990

**Department of Newbrunswick Education
Instructional Resources.**

Protection against Infection: Immune System and AIDS, 1981 (7017505, VH)

Reason to Live: A Special Report, 1987 (701317, VB)

Coping with Stress, 1980 (203741,16)

When Children Grieve, 1987 (701873,VB)

Drugs and AIDS: Getting the Message Out, (702411)

AIDS: The New Facts of Life, (702420)

AIDS: The challenge to Health Care Professionals, (702411)

AIDS: The disease and What We Know, 1986 (702390)

AIDS: The Workplace Facts, 1988 (702376)

One of Our Own, 1988 (800023)

Thumbs Up For Kids, AIDS Education, (702500)

A chance For Change, (702975)

Kecia - Words to Live By, (703148)

National Film Board

Feeling Yes, Feeling No

No More Secrets

The Best Kept Secret

NNADAP RESOURCE CENTER

P.O. BOX 876, Kahnawake, Quebec, J0L 1B0

Tel: (514) 638-3199, Fax: (514) 635-1019

AIDS!, 1987

AIDS, Alert

AIDS Movie

AIDS Quarterly

ASSEMBLY OF FIRST NATIONS
AIDS - A Family Experience

FIRST NATIONS YOUTH HIV/AIDS EDUCATION MANUAL

AIDS - Changing the Rules

AIDS - Issues for Healthcare Workers

Chance for Change, 1990

Coming Out of the Shadows, 1993

Immune System and AIDS

KECIA - Words to Live By

Lets Talk About AIDS

National AIDS Awareness Test

Surgeon General's Interview with Teenagers on AIDS

You Can't Catch AIDS By "----"

National AIDS Clearinghouse - GUIDES:

Canadian AIDS news = SIDA: realities. (4-16)

Canadian HIV/AIDS newsletter directory (10895)

National AIDS Clearinghouse catalogue (13683)

International AIDS Clearinghouse catalogue (4-39)

Quarterly surveillance update: AIDS in Canada (4-8)

savoir faire: hiv prevention news (4-91)

Video and audio: Loans guide (7672)

1996 AIDS awareness campaign resource guide (13446)

AIDS Community Action Program: funding guidelines (13838)

AIDS - proofing your kids: a step-by-step guide (6324)

Canadian guidelines for sexual health education (13570)

Comprehensive guide for the care of persons with HIV disease:

Module 1: adults, men, women and adolescents (13827)

Module 2: infants, children and youth (11059)

Module 3: nursing care (11899)

Module 4: palliative care (12013)

Module 5: managing your health: a guide for people living with HIV or AIDS.

Module 6: psychosocial issues

Counseling guidelines for HIV testing (12119)

Cour sure le sida/VIH: la societe et l'ecole, partenaires dans l'eleaboration des politiques (4318)

- Grief HIV and AIDS: a personal manual for comfort guidance and information (12649)
- A Guide for voluntary human service organizations (4787)
- Guidelines for counseling persons who have had an occupational exposure to human immunodeficiency virus and public health service statement on management of occupational exposure to human immunodeficiency virus, including considerations regarding zidovudine postexposure use. (6517)
- A Hands on guide to planning and evaluation: how to plan and evaluate programs in community-based organizations. (13668)
- Healthy eating makes a difference: a food resource book for people living with HIV (13647)
- HIV/AIDS health promotion field guide (13226)
- HIV positive peers as treatment information counselors: training manual and organizational resource (12948)
- HIV/AIDS education for nurses: practice issues and curriculum guidelines (11802)
- Learning about AIDS: student booklet (13645)
- Learning about AIDS: teacher's guide (5206)
- Learning together about HIV: a resource for caregivers and people living with HIV (12772)
- The Living Resource (12773)
- Living with dying: dying at home (13419)
- PHA drop-in center manual (13461)
- Practice guidelines for obstetrical & gynaecological care of women living with HIV (10712)
- Protease inhibitors: a new family of drugs for the treatment of HIV infection: what they are, who they work, when to use them (13462)
- Recommendations for prevention of HIV transmission in health care settings (16)
- Taking care of your self: HIV and self care (13734)
- Train the trainer: instructor guide (12564)
- AIDS: the new facts of life: video and teacher's guide (4-122)
- La Chanson de Superman (4-118)
- Condom and pill campaign (4-121)
- Are you at risk (13252)
 - From your doctor (13250)
 - It takes two: condom and pill (13441)
- HIV/AIDS and child care: (4-116)
- Facilitator's guide (12704)
 - Fact Book (12705)
 - Resource sheet (12706)
 - Universal precautions to prevent transmission of blood-borne diseases (12829)
- Learning to Care (4-119)
- Song of Superman (4-117)

REPORTS:

- Building Bridges: responding to HIV/AIDS in Ethnocultural and Aboriginal Communities: conference proceedings (14247)
 Canada youth & AIDS study (467)
 A Community-based discussion paper on: the social, moral, ethical and legal implications of conducting blind HIV seroprevalence studies in aboriginal communities (14285)
 Directives applicable aux programmes et services de la DGSM en matière de VIH et de sida (12660)
 Final program: XI International Conference on AIDS: one world: one hope (14067)
 Ontario Aboriginal HIV/AIDS Strategy (14282)
 Ontario First Nations and Healthy Lifestyles Survey (6859)
 Second national workshop on HIV, alcohol and other drug use: proceedings: Edmonton, Alberta (12708)
 Street youth and AIDS (131)
 Women and HIV National Workshop (13182)

BROCHURES:

- Canada ... together against AIDS (13848)
 Canadian AIDS Society (12985)
 Facts about AIDS and street youth (388)
 Les femmes et le VIH/sida (12825)
 Getting High: getting hot: staying safe: get to know more about drugs, alcohol, sex and HIV/AIDS (13449)
 HIV/AIDS and aboriginal people in Canada (14041)
 HIV/AIDS discrimination: it's against the law (12784)
 HIV/AIDS epidemiology among aboriginal people in Canada (14284)
 HIV and TB (11155), Cree (11465), Ojibway (11466)
 Homophobia is everyone's problem... and it can affect the spread of HIV/AIDS (13673)
 Living with HIV and dementia: a guide for the extended family (13960)
 National AIDS Clearinghouse: the national reference, referral, networking and distribution center on AIDS education (10956)
 National AIDS Strategy: fact sheet: goals and themes (10806)
 Sex drugs and HIV: Canadian medical education: responding to diversity: (14040)
 Something everyone should know: you too can get HIV/AIDS: the truth is out there (14287)
 Transgendered people and HIV/AIDS: an introduction to transgendered people's health concerns regarding HIV and AIDS: (13971)
 Voices of Positive Women: advice and information for women living with HIV/AIDS: HIV, pregnancy and our children (12698)
 Women and AIDS: choices for women in the age of AIDS (12064)

2-Spirited People of the 1st Nations

4th Floor, 14 College Street

Toronto, Ontario

M5G 1K2

Tel: (416) 944-9300

Fax: (416) 944-8381

We Are Apart of a Tradition – A Guide on Two-Spirited People for First Nations

Communities, by Gilbert Deschamps

2 Spirits

Spirits and the Flesh – Glade Day Book Store, 598 Young Street, Toronto, ON M4Y 1Z3 Tel:

(416) 961-4161

Za-geh-do-win

Information Clearing House

P.O. Box 40

Whitefish Lake First Nation

Naughton, Ontario

P0M 2M0

Tel: (705) 692-0420

Fax: (705) 692-9039

Toll Free: (800) 669-2538

E-Mail: manotnan@cyberbeach.net

Website: www.anishinabek.ca/zagehdowin

Native Americans and HIV/AIDS: A Guide to Selected Resources

CDC National AIDS Clearinghouse

Tel: 1-800-458-5231

Fax: 1-301-519-6616

E-Mail: aidsinfo@cdnac.org