



A Speaker's Guide

Centre canadien
d'information
sur le VIH/sida

Association canadienne de santé publique
Des services digne de confiance



Canadian HIV/AIDS
Information Centre

Canadian Public Health Association
The services you can trust

Stigma and discrimination are major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking information, treatment and support, or from acknowledging their HIV status.

One way that we can work on eliminating stigma and discrimination is by a process known as social marketing. It's similar to traditional marketing (commercials to sell retail products) except we are "selling" changes in behaviour, and instead of a cash price, the "cost" to the consumer is the work/inconvenience of doing something a new way. The other major difference from traditional marketing is that social marketing does not benefit the seller. Instead, the marketing benefits the person who "buys" the "product", with better health and/or an improved society.

Social marketing seeks to influence people's behaviour, not to benefit the marketer, but to benefit the target audience and general society.

The 2004 HIV/AIDS Social Marketing Campaign gives us the opportunity to capture the public's attention and deepen their understanding of the cause and the work we do, and why they are important. It also gives us the chance to set targets for behaviour change (reducing/eliminating discriminatory behaviours, for example) and evaluating our work to measure the success of the campaign.

This document, along with its companion materials (available at www.doyou.cpha.ca) will provide you with the tools and resources to implement a campaign within your own community. With this presentation and accompanying PowerPoint presentation (which can be printed on overhead transparencies if desired), you will be able to deliver a powerful and compelling presentation, with minimal preparation.

This presentation will help you bring the Social Marketing Campaign message to our target at-risk populations: Canadian youth and women.

This document is part of a series of [Canadian HIV/AIDS Social Marketing Campaign \(SMC\)](#) resource materials produced by the [Canadian HIV/AIDS Information Centre](#), a program of the [Canadian Public Health Association](#).

Production of this publication has been made possible through a financial contribution from [Health Canada](#). The views expressed herein do not necessarily represent the official policies of Health Canada.

Copies of this and other materials are available online at www.aidssida.cpha.ca. Reproduction for non-commercial use is encouraged, providing source is cited. Reproduction for commercial use is not permitted without written permission from the Canadian Public Health Association.

For information about other SMC resources, contact the Canadian HIV/AIDS Information Centre at: 400-1565 Carling Avenue, Ottawa, ON K1Z 8R1. Toll-free: 1-877-999-7740. Tel.: (613) 725-3434. Fax: (613) 725-1205. Email: aidssida@cpha.ca

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Planning Your Presentation – Resources

This document has been created to be used by anyone who wishes to help with *reducing and eliminating HIV/AIDS-related stigma and discrimination*. You do not need any special training – this document contains everything you need to quickly and easily plan and conduct a presentation:

- Speaker's checklist
- Presentation script
- PowerPoint presentation (available to download at www.doyou.cpha.ca)
- Reproducible welcome and direction signs for the event
- Reproducible flyers
- Public Service Announcement template
- Email Advisory template

When you make a presentation on this topic, it will be supported and reinforced by a multi-faceted campaign running across the country from November 2004 onward. In addition to the promotional materials included in this document, there are a number of resources designed to help you plan and promote your presentation. You can order these by calling 1-877-999-7740 or visiting our web site at www.doyou.cpha.ca and downloading materials of your choice.

Community Action Toolkit: A comprehensive reference booklet with all the advice and information you need to successfully run a social marketing campaign in your community.

Campaign print resources: A series of posters, condom holders and other print material. Developed and refined by community-level experts, these have been professionally designed and printed. These are available free of charge.

Promotional resources: Designed to complement the print resources, these items can be ordered at cost. The product line was not confirmed at time of writing, so be sure to check the web site!

Video: A 30-second professional video (available in both French and English) has been produced, and will be aired nationwide during the months of November and December, and periodically afterward. It is also available to download and view from our web site.

Media: A background information package will be sent to media across Canada, to ensure they have the latest statistics and information. The Canadian Public Health Association will be directing media inquiries to front-line workers in the appropriate communities. You will find a lot of information on working with the media in the Community Action Toolkit (see above). In addition, the Canadian Public Health Association is prepared to assist you in assembling a detailed list of media in your community. For more details, call 1-877-999-7740, or email to doyou-etvous@cpha.ca.

Planning Your Presentation – Scheduling and Promotion

Timing

The presentation will take about twenty minutes to present. You may allocate as much time as you wish for a question-and-answer session – and be prepared to facilitate a discussion!

Audience

The 2004 Social Marketing Campaign is aimed at youth and women. The materials are particularly well suited to these target audiences, but will also be appropriate for members of the general public. Exercise your own best judgment about appropriate age groups after you have read and absorbed the content and language of the presentation. The presentation has not been written to accommodate the needs of young/elementary school-aged children.

Scheduling your presentations

In your role as speaker, you may want to explore the following venues to see if they would include your presentation in one of their group meetings, or as part of their continuing education services:

- Women's service organizations (i.e. Kinettes, IODE, sorority alumnae groups)
- Women's religious groups (contact places of worship in your community)
- Youth organizations (i.e. Girl Guides, Boy Scouts, YM/YWCA, Boys & Girls Club, Jaycees, Cadets)
- Schools (high schools, universities & colleges, adult continuing education, private schools)
- Parenting groups
- Community groups, recreation centres, penal institutions
- Businesses, health care facilities.

If a group is unable to host the presentation, ask if they would help you by promoting the event once you have booked it into an alternate location.

Getting people to attend

Start your promotion at least three weeks before the scheduled presentation date.

- Place flyers (included in this document on [page 30](#)) in prominent locations in the community, such as grocery stores, places of worship, libraries and community centres.
- Ask the organization hosting your presentation to send out advisories (included in this document on [page 29](#)) through their email lists and newsletters.
- Check with local media – especially radio, newspapers and cable – to see if they would air or print a public service announcement (included in this document on [page 28](#)).

Planning Your Presentation – Checklists

Event Checklist

- This document
- CD with copy of video public service announcement (downloaded from www.doyou.cpha.ca)
- CD player and television or computer and monitor
- Printed direction and welcome signs (see [pages 24-26](#))

If using overheads

- Transparencies of overheads (download and printed from the PowerPoint presentation at www.doyou.cpha.ca)
- Overhead projector

If using PowerPoint

- Computer and projector
- Disk with PowerPoint presentation (downloaded from www.doyou.cpha.ca)

Optional

- Nametags
- Condom holder handouts or other promotional/informative handouts (free; order from www.doyou.cpha.ca)
- Bottled water
- Wristwatch to monitor time

Presentation Script

(As participants arrive, welcome each individually and offer nametags. Before you start your presentation, review pertinent housekeeping information, such as location of restrooms and water fountains, smoking policies, and ask your audience to turn off the ring tones of their cell phones and beepers.)

(slide 1)

Good morning/afternoon/evening. I'm glad to see each one of you here, because today we're going to talk about something that almost no one is willing to discuss. The topic of HIV is still taboo in Canada – just like cancer was fifty years ago. And just like cancer, HIV is still killing Canadians – not just gay men, but heterosexual men and women too. What's more, Canada is still a place of widespread HIV- and AIDS-related stigma and discrimination.

You may think that discrimination hasn't affected you personally – but it's time to re-evaluate that attitude. In a society where discrimination exists, people are afraid to mention their HIV status. That could mean that your partner is afraid to tell you that he or she is HIV positive, afraid to insist on using a condom – and you could become infected. People living with HIV find that discrimination keeps them from seeking care and treatment – and their health problems will eventually place a greater workload and economic strain on the health care system.

There is so much more to this stigma and discrimination – and we'll explore *all* of it. But first, I'd like to introduce myself. My name is _____, and I'm a _____ (social worker, teacher, family member of a person living with HIV). I came here today to speak with you because _____ (I've learned first hand how devastating stigma and discrimination are to people living with HIV...or...I believe that every Canadian has the right to freedom from stigma and discrimination, and that includes people living with HIV...or...*personal reason*).

(slide 2)

Some of you may recall the mood in Canada in the 1980s, when AIDS became a big media topic. Sexually active people were terrified of the infection. Many cruel jokes were aimed at homosexual men, who were seen as the only ones getting HIV at the time.

Images of dying, skeletal faces were on our TV screens and in the newspapers. Many people felt that AIDS was the result of disgusting behaviour and lifestyle choices, and that people living with HIV somehow *deserved* their fate. This laid the foundation for the ongoing HIV-related stigma and discrimination that persist in our society today.

(slide 3)

As the years passed, people's attitudes changed. They became aware of the many ways that the infection was transmitted. More important, the introduction of "HIV drug cocktails" – a very poor name for that drug therapy, but we'll get to that later – extended life expectancy for people living with HIV. Because of this, Canadians now see HIV as a chronic, instead of a terminal, illness. Now that it is seen as chronic, there is less public concern about getting HIV. People may not take precautions like using condoms – and that is one reason that infection rates are rising. All Canadians should be concerned about a higher infection rate.

Here are some numbers that may surprise you:

(slide 4)

At the end of 2003, there were as many as 42 million people in the world living with HIV. UNAIDS counted up to 18 million children who were orphaned because of HIV and AIDS.

Right now, fifty-six thousand (56,000) Canadians are infected with HIV. That's one out of every 567 people in our country. To put it another way, imagine Toronto's SkyDome stadium at capacity – there would be 89 people in the crowd living with

HIV.

Of those fifty-six thousand with HIV, it is estimated that there are seventeen thousand (17,000) who are unaware that they are infected. That means they aren't seeking care or treatment, and they may be infecting other people, because they may not be thinking about the risks.

In 2001 and 2002, there was a seventeen percent (17%) increase in the number of new HIV infections in our country, an alarming rise in the number of people becoming infected.

Among the Aboriginal population, studies show a ninety-one percent (91%) increase in infections from 1996 to 1999. Although that rate declined in 2000 and 2001, since 2002 it has once again been rising sharply.

(slide 5)

With these numbers, it's clear that HIV is still a major health issue in Canada. A serious problem is complacency; many Canadians feel that because their lifestyle does not include risky behaviour, they will never be affected. But HIV plays a big role in our society, and it *will* affect you.

Think about the growing infection rates, and what that will do to our health and social service systems. Consider the impact of an expanding patient population, and how the tragedy of HIV infection is likely to make a personal impact on each of your lives – if it hasn't already.

I think we all recognize the impact of the HIV crisis. The reality is that it doesn't have to be this way! Everyone here today can either make a change, or influence a change. And the first item on our agenda has to be changing the reality of HIV-related stigma and discrimination.

I'm going to give you the tools to combat discrimination – and knowledge is the first step. Let's call this HIV 101.

(slide 6)

HIV stands for Human Immunodeficiency Virus. It's a specific type of virus called a retrovirus that attacks the human body's immune system. People infected by HIV are called HIV-positive. An HIV-positive person can live for many years feeling perfectly healthy, with no symptoms – but is still able to pass the virus to others through body fluids. HIV infects and destroys the blood cells that keep the immune

system working. During this stage of the illness, the body's weakened immune system leaves the person vulnerable to many other illnesses – called opportunistic infections, such as cancers, pneumonia or tuberculosis. These can eventually cause death.

(slide 7)

When the immune system can no longer fight off infections, the person is diagnosed with Acquired Immunodeficiency Syndrome, commonly referred to as AIDS.

Where did AIDS come from? While there are many theories about the origin of the virus, there is no answer. Today, no one knows the exact source of HIV. The first scientific proof of the virus was found in a blood sample taken in 1959 from a man who died in the Democratic Republic of Congo.

A lot of HIV-related discrimination is caused by irrational fear of the virus. Knowing exactly how it is transmitted can help people overcome that fear. This can be the beginning of breaking down the barriers of stigma and discrimination.

(slide 8)

HIV is found in four human body fluids: blood, semen, vaginal fluid, and breast

milk. Experts are confident that saliva *does not* transmit the virus, which makes kissing – even "deep" or "French" kissing – a relatively low-risk activity.

You can be infected with HIV when one of these four body fluids comes in direct contact with your bloodstream. Here is a list of activities that experts agree could place you at higher risk for HIV infection:

(slide 9)

- Having unprotected sex (which means no condom) – either vaginal or anal – with a partner who is HIV positive, or whose HIV status you don't know.
- Sharing needles or any equipment for injecting drugs such as cocaine, heroin or steroids, with another person who is HIV positive or whose HIV status you don't know. This is true even if there is no blood visible.
- Using unsterilized, used needles, equipment or ink for tattooing, skin piercing or acupuncture.

There are other activities which can transmit the virus. These are classified as "lower risk":

(slide 10)

- Having unprotected oral sex with a partner who is HIV positive, or whose HIV status you don't know – either giving or receiving the stimulation.
- Sharing sex toys with a partner who is HIV positive, or whose HIV status you don't know.

- In addition, an HIV-positive woman can pass the virus to her baby during pregnancy, birth or during breastfeeding.

(slide 11)

During risky activities, using alcohol, drugs or other mind-altering substances increases your risk of being infected with HIV. That's because they can change your perception and ability to make rational decisions about personal safety. You may not make the same decisions that you would when you are sober and alert.

Misconceptions about HIV treatment also become a problem – mostly because of the effectiveness of today's prescription drugs. The media has nicknamed current medications "HIV cocktails", which gives them a bit of a glamorous reputation. The word "cocktail" is associated with social relaxation and enjoyment – but these cocktails are anything but that. Instead, they are extremely toxic chemotherapy, and the side effects can be brutal. These treatments do work, and people are living longer with HIV. The result is a public perception that HIV is no longer a terminal disease, but rather a chronic condition that is easily treated with those infamous "HIV cocktails".

Is it any wonder that Canadians are not as fearful of HIV as they were in the 1980s?

If people don't see a serious health risk, then they're not as likely to take precautions against becoming infected.

Now you have a good basic understanding of how the virus is transmitted, and what the risks are. The biggest, most important fact – the one I need you to take away from today's presentation and share with friends and family – is this: people contract HIV because of their actions, because of WHAT THEY DO. Sometimes, what causes transmission of the virus is a deliberate choice, sometimes it's a consequence of a risky behaviour, sometimes it's completely unintentional.

(slide 12)

HIV does not care who you are, or how you live your life. Check this out (gesture to the screen) – do you see yourself up there? Anyone can be at risk of contracting the virus.

(Speaker may pause for a few moments to allow the audience to read and absorb the information from this slide)

There is no vaccine, and there is no natural immunity. No one asks to become infected with the virus. HIV doesn't care who you are – the only thing that matters

is what you do. Once we can accept that a person is not infected with HIV by choice, we can begin to break down the cycle of judging and blaming, which leads to stigma and discrimination.

It's also important to know that there are many activities that are risk-free. You

CANNOT contract HIV by:

(slide 13)

- Casual everyday contact such as working, attending school or recreational events.
- Shaking hands, hugging, kissing: these contacts are perfectly safe because there is no contact with body fluids.
- Coughs and sneezes have no ability to spread the virus – remember, it only lives in the four body fluids we just mentioned: semen, vaginal fluid, blood, and breast milk.
- Giving blood is perfectly safe because only brand-new, sterilized equipment is used.
- You cannot get HIV from swimming in public pools or using public toilet seats, because the virus cannot survive for long enough outside of the human body.
- Sharing eating utensils, water fountains, drinking glasses or cups is no risk, because saliva cannot transmit the virus, and there is no contact with other body fluids.
- Mosquito bites, other insect bites, or contact with animals also poses no risk, because HIV can only survive inside the human body. If an insect bit an HIV-positive person, the virus would not survive in the insect long enough to be transmitted to another person.

There are also safer sexual practices which pose no risk of transmitting the virus:

(slide 14)

- Fantasizing – and this can be a solo activity or shared.
- Holding hands – it's still a romantic classic!
- Phone sex is totally risk-free.
- Bubble baths and massage are not only relaxing, but a good way of sharing intimacy with a partner.
- Cybersex is another risk-free activity, as is hugging your partner.
- Mutual masturbation is also risk-free – provided you keep your hands to yourself! That's because once you touch your partner's genitals, the risk goes up to the low risk level.
- Finally, watching erotic videos can be another risk-free source of stimulation for you alone, or with a partner.

This is just a brief overview – or HIV 101 – but these are the essential facts about the risks of HIV transmission. With this understanding, let's take a look at the issues of stigma and discrimination.

(slide 15)

Stigma and discrimination are strong words, and they represent very deep and painful attitudes towards some people in our society.

(reading from slide) Stigma is applied to a feature or characteristic of a person or a group of people in order to discredit, devalue or reject the individual or the group.

Stigmatization means focusing on someone's physical traits or behaviour, then judging them as bad, wrong or of no value. Stigmatization is harmful. It often makes people feel shameful, deviant, discredited or penalized.

(slide 16)

Let's look to our own lives in Canada. What types of people face discrimination? You're probably familiar with the stigma attached to a person who is overweight.

Perhaps you've overheard jokes or cruel comments about a person based on their body size. Media advertisements regularly show thin or underweight women as being sexually attractive – and society has picked up on this ideal for physical attractiveness. Based on this artificial standard of body size, there is a stigma attached to being overweight.

Stigma can be attached to visible things, such as physical appearance, ethnic origin – as well as invisible things like religion and politics. I'm sure we can all

think of other examples of people who face discrimination in our society. People living with HIV face the same fate.

(slide 17)

Discrimination usually goes along with stigmatization. Discrimination is treating someone differently or unfairly based on the stigma attached to a trait or characteristic of that person.

Some people discriminate against people living with HIV by saying, "They got AIDS because of who they are, and they deserve it." They may see HIV as a legitimate consequence or punishment for their actions.

We like to think of our country as free from prejudice, treating all Canadians equally. The truth – and it's not very pretty – is that discrimination still exists in Canada. It's illegal, but it goes on all the time.

(slide 18)

Today's society has, at least on the surface, taken strides toward reducing discrimination. People don't hurl vicious insults and force a person living with HIV to leave town. But a subtle discrimination remains, and it holds the same destructive results as in the past. While at one time an HIV-positive individual

might have been fired outright, now that person might be laid off or pressured to the point of quitting.

Facing this discrimination on a daily basis can cause the person with HIV to lose his or her job. Relationships may fail, with partners leaving because of discrimination. It can even be challenging to find adequate housing, because some landlords refuse to rent to HIV-positive people.

(slide 19)

The effects of stigma and discrimination form the foundation of the current HIV crisis.

Stigma and discrimination interfere with attempts at prevention. People may not ask for information about the disease for fear of being labeled as HIV positive. An infected person may not insist on safety precautions because they're afraid of their partners' and friends' reactions to the news of their HIV status.

Fear of facing the stigma can keep people who suspect they may be infected from seeing a doctor and asking to be tested. That fear of revealing his or her HIV status

can even keep a person from obtaining basic medical care, counseling, and assistance finding much-needed housing and food.

The stigma attached to HIV may extend into the next generation, placing an emotional burden on children who may also be trying to cope with the reality of their parent having a terminal illness.

The HIV-related stigma and discrimination are universal: every person living with HIV – as well as their family and friends – will likely have to deal with the destructive nature of discrimination.

(slide 20)

Twenty years after HIV and AIDS first made headlines in Canada, we have learned that some of the worst things about the virus are the stigma and discrimination that patients face.

Freedom from discrimination is a fundamental human right. Highlighting HIV-related stigma and discrimination reminds us of our rights and responsibilities as members of our community.

(slide 21)

So, what can you do? You *can* help in the struggle against HIV-related stigma and discrimination. You've been handed some very powerful tools today – the basic facts about HIV and risks of becoming infected. You now know that many activities are risk-free.

Take a close look at your own thoughts and feelings. Think about your life – have you ever acted in a discriminatory way? Have you ever deliberately treated someone differently because that person had – or might have had – HIV? Or stood by and did nothing while someone else discriminated?

(slide 22)

If you have, then the single most important thing you can do is to change your attitudes and beliefs. You may be only one out of 32 million Canadians – but with *each* change in opinion, *each* time these facts are passed on to others, then our country changes, and for the better.

There's more you can do – right here in your own community. You can volunteer _____ (insert details of your organization or event).

Keep your eyes open in your community for any stigma and discrimination. Stand

up for what is right. A gentle reminder to someone about inappropriate comments can be very effective. So can letters to the editor that spread the word about HIV-related stigma and discrimination. With your participation, we'll all be doing our part to reduce the isolation and barriers suffered by people living with HIV.

Thank you to every one of you for your time and attention here today. If anyone would like to remain for an informal discussion, I'd be pleased to answer any questions you may have.

Thanks again to our hosts (insert name of organization) for their kind support.

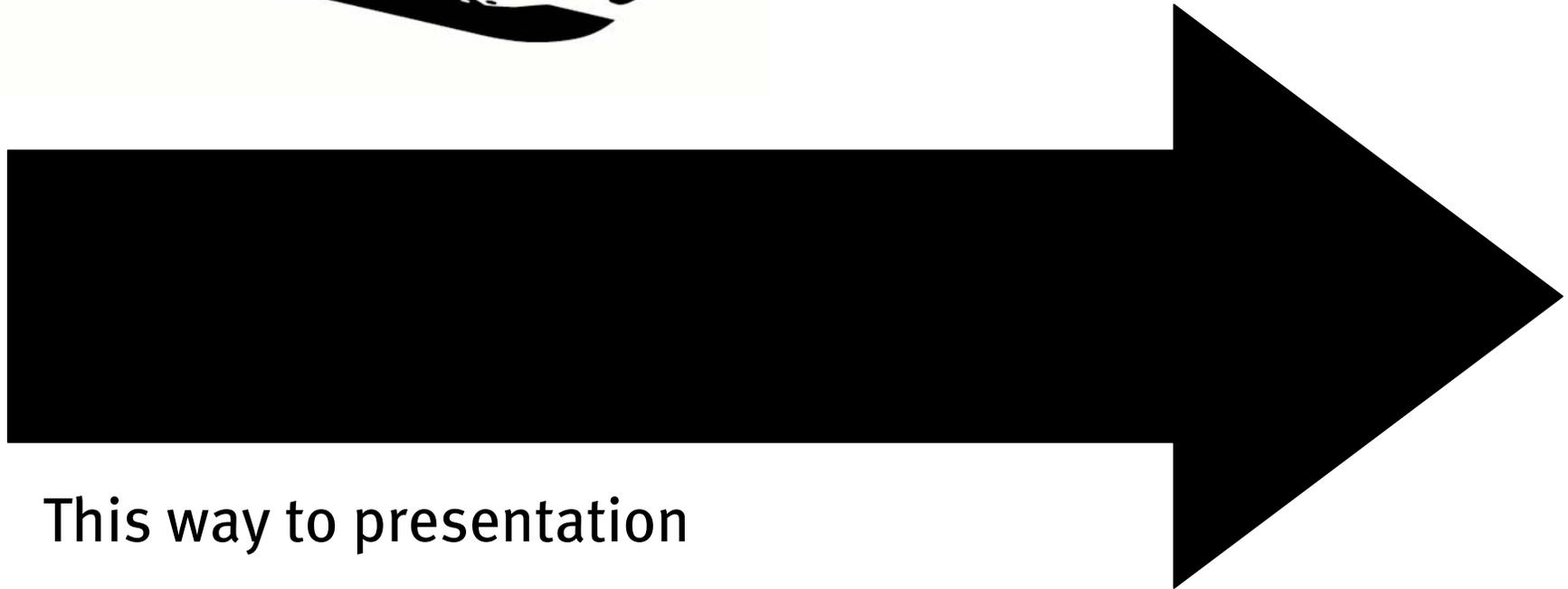
HIV DOES NOT DISCRIMINATE
DO YOU?

A presentation by

(insert speaker's
name and organization)
(insert location/floor/room number)
(insert time of presentation)



This way to presentation



This way to presentation

PUBLIC SERVICE ANNOUNCEMENT

Start Date: (insert month, day, year)
End Date: (insert month, day year)

30-second announcement

ANNOUNCER

For people living with HIV, the worst symptom is often the stigma and discrimination. The (insert name of host organization) invites you to join them on (insert date of event) at (insert time of event) to learn the real facts about HIV. You'll find out how putting an end to stigma and discrimination are key to stopping the spread of HIV. For more information, contact the (insert name of your organization) at (insert contact phone number).

Script prepared by: (insert your name)
(insert your organization)
(insert your daytime telephone number)



Advisory (template for email/newsletters)

Subject Line: Putting an end to discrimination

Every so often, an event takes place that has the potential to touch your life – or change someone else's.

Please mark your calendar for (insert month, day, year), because you won't want to miss the presentation "HIV DOES NOT DISCRIMINATE – DO YOU?"

(Insert name of host organization) has invited (insert name of speaker) from (name of speaker's organization) to talk about the impact that stigma and discrimination has on the estimated 56,000 Canadians who are living with HIV.

He/she has some startling statistics to share with us, and a lot of up-to-the minute research that debunks a lot of the myths about HIV and AIDS.

Seats are limited; to reserve yours, please contact (insert name of host organization) at (insert host organization's daytime telephone number). For more details, you can contact (insert name of speaker) directly at (insert speaker's daytime telephone number).

Fighting HIV-related Stigma and Discrimination In Our Community

On (insert presentation date and time), join (insert speaker's name)
at the (insert event location).

We'll unravel some of the mystery surrounding HIV, and find
out ways to help end the stigma and discrimination.

(optional: insert details of any "incentives" to attend such as free
child care, refreshments, meet a local celebrity)

