

HIV/AIDS AND YOUTH: INTERNATIONAL ISSUES THE GAME

According to UNAIDS, young people between the ages of 15 and 24 make up nearly 60% of new HIV infections worldwide. The majority of these infections occur among youth in developing countries. As a result of the epidemic, efforts are being made to raise awareness among people of all ages around the world. As one method of raising awareness of issues related to HIV/AIDS and youth in developing countries, I have designed a question-and-answer game for people of all ages. This format has proven to be an ideal learning tool for people of all ages. It can be used to spread a great deal of information in a limited time, relaying it in a way that is interactive, entertaining and facilitates discussion.

You have been given a list of questions relating to HIV/AIDS and youth in developing countries. Each of these questions belongs to one of five categories: "Around the World," "Battle of the Sexes," "The Way We Were," "Actions and Reactions," and "Transmissions." The easiest way to prepare these questions for the game is to paste each question to a question card and write the category on the back. When you are ready to play, place the groups of cards with the category side up on the table in front of you.

This game requires a minimum of six people, and could be played with as many as thirty people. Participants are divided into several groups; about 4-5 people per group is ideal. If participants do not know each other, give them a few minutes to introduce themselves. Give them a few more minutes to make up a name for their team – this will strengthen the team and provide the opportunity for a few laughs.

Once the teams are set, the game may begin. Put the team names on a flip chart so that you can record points. Ask the first group to pick a category and read them the appropriate question. Give them thirty seconds to come up with an answer. If they answer correctly, they get the points. If they answer incorrectly, you can pass it on to the next group if it is a multiple choice question. If it is a true or false question, then nobody gets the points. Then ask the next group to pick a category...and so on until all of the questions have been answered. The team with the most points wins – a little prize is a good idea!

Many of the questions have answers that require an explanation or additional information. When this is the case, overheads make a great visual aid, keeping attention focused on the important issues. I have included some possible overheads with the questions, but you might want to make more, depending on the knowledge level of your audience.

While this game is intended to make learning enjoyable, it is important to remember that the issues are quite serious. Participants will enjoy the game and have some laughs, but remember to take a serious tone at times, especially when elaborating on answers, so that the point of the game is not missed.

There has been a lot of great feedback about this game, so I hope that you enjoy it and find it useful!

INSTRUCTIONS FOR PRINTING QUESTION CARDS: Pages 2 through 8 can be printed on Avery Name Badge Inserts 05392 stock or a similar product (3" wide X 4" tall), preferably on a colour printer. If you do not have access to Avery Name Badge Inserts, these pages can also be printed on either plain bond or card stock and you should cut along the "gold coloured" lines to create your index cards. Pages 9 through 21 should be either printed on acetates, or on plain bond and copied onto acetates (for overheads).

TRANSMISSIONS

1. In Costa Rica and Mexico the primary route of HIV transmission is through injection drug use.

- (a) True
(b) **False**

(Men who have sex with men)

TRANSMISSIONS

2. The mode of transmission fuelling the epidemic in China is heterosexual intercourse.

- (a) True
(b) **False**

OVERHEAD

(In China the HIV/AIDS epidemic is fuelled by injection drug use. There are an estimated 3 million injection drug users in China. 45% of them share needles. Of all new infections in China, 65%-75% are caused by using dirty needles.)

TRANSMISSIONS

3. Romania is home to 50% of all paediatric cases in Europe.

- (a) **True**
(b) False

(Romania has one of the highest rates of paediatric AIDS in the world.)

TRANSMISSIONS

4. The predominant mode of HIV transmission in India is through the mother to the child.

- (a) True
(b) **False**

(80.86% of transmission is through heterosexual intercourse)

TRANSMISSIONS

5. In Jamaica, mother-to-child transmission of HIV (during pregnancy, delivery, or through breast milk) is a growing issue. Two infants are born with HIV:

- (a) every day
(b) **every week**
(c) every month
(d) every year

AROUND THE WORLD

6. World-wide, everyday _____ young people between the ages of 15 and 24 contract HIV.

- (a) 100
(b) 1,000
(c) 1 500
(d) **7,000**

OVERHEAD

AROUND THE WORLD

7. It has been estimated that nearly 20 million youth under the age of 18 live or work on the streets in urban areas.

- (a) True
- (b) False**

OVERHEAD

(It is estimated that nearly 100 million children under the age of 18 live or work on the streets.)

DISCUSSION

(Ways in which these children become more vulnerable to infection: sex work, drug use, lack of education, lack of safe products, low self-esteem, sex at young ages)

AROUND THE WORLD

8. World-wide, at least 50% of adolescents have had sex by the age of 16.

- (a) True**
- (b) False

(In Dar es Salaam (Tanzania) 60% of boys and 35% of girls reported having sexual intercourse by the age of 13.)

AROUND THE WORLD

9. Half of all infections world-wide occur among:

- (a) women in Africa**
- (b) Injection drug users
- (c) Infants in Africa
- (d) Men who have sex with Men

AROUND THE WORLD

10. Since the start of the epidemic, approximately 6 million children under 15 years of age have lost their mother or both parents to AIDS.

- (a) True
- (b) False**

(There are more than 13.2 million orphans in the world. 95% of them live in Africa.)

AROUND THE WORLD

11. HIV infection rates are falling in Latin America and the Caribbean.

- (a) True
- (b) False**

AROUND THE WORLD

12. Outside of Africa, the region with the highest infection rates is:

- (a) Eastern Europe
- (b) Southeast Asia
- (c) The Caribbean**
- (d) Latin America

AROUND THE WORLD

13. In Jamaica since 1995 the number of reported new infections in adolescents has:

- (a) been reduced by half
- (b) remained the same
- (c) **doubled**
- (d) tripled

AROUND THE WORLD

14. In the year 2000 new HIV infections world-wide were estimated at 3.8 million cases. This reflects:

- (a) **A decline from 1999 figures**
- (b) An increase from 1999 figures

(In 1999 there were 4.0 million cases of HIV. This could mean that our prevention projects are working; it could also mean that the majority of people in “at-risk” groups have already become infected in the twenty years of this disease.)

ACTIONS AND REACTIONS

15.

DISCUSSION

What are some ways in which the epidemic has affected the education system in Africa?

OVERHEAD

(Death of potential students; loss of students who cannot afford school as a result of lost income by a parents' death; Loss of students who must work for survival; teachers look to young students for sexual relations; death of teachers: i.e. In the first 10 months of 1998 Zambia lost 1,300 teachers – equivalent to two-thirds of the new teachers trained by the country each year.)

ACTIONS AND REACTIONS

16. Which of the following are accurate statements about the current epidemic in Uganda:

- (a) The country has strong prevention programmes in place in rural and urban areas
- (b) The prevalence rate was down from 18% in the early 1990's to 8% in 1999
- (c) The percentage of teenage girls in Uganda who have used condoms tripled between 1994-1997
- (d) **All of the above**

ACTIONS AND REACTIONS

17. Condom promotion has not proven to be an effective prevention technique in Africa.

- (a) True
- (b) **False**

OVERHEAD

(When matched with accessibility, condom promotion is an effective technique in many countries around the world. For example, since condom promotion has been introduced in Ethiopia, condom sales have increased from 3 million pieces in 1991 to 20 million pieces in 1996.)

ACTIONS AND REACTIONS

18. A UNAIDS/WHO study has shown that sexual health education programmes encourage sexual experimentation in youth.

- (a) True
- (b) **False**

ACTIONS AND REACTIONS

19. In many countries, the pandemic is causing an unequal distribution of the population. World-wide, what percentage of HIV/AIDS cases are concentrated in people in their prime productive and reproductive ages (15-49)?

- (a) 10-20%
- (b) 30-50%
- (c) 60-80%**
- (d) 90-100%

ACTIONS AND REACTIONS

20. What are some of the consequences of this problem?

(Child and grandparent-headed households; inability to generate an income for basic necessities; decrease in education levels of youth as they drop out of school and work / become caregivers; lack of role models; increased poverty and inadequate health care; economic crisis situation with high turnover rates; lack of skilled labour and lower productivity)

ACTIONS AND REACTIONS

21. In the year 2000 what did the Zimbabwean government implement to address the problem of funding for HIV/AIDS initiatives?

- (a) An AIDS Levy – tax from Zimbabwe citizens**
- (b) A report requesting US \$1 billion from the international community
- (c) Fines for those found to be practising high-risk activities
- (d) Nothing – they have actually cut funding

OVERHEAD

(AIDS Levy: it was started in January 2000 by the Minister of finance. The levy is an income tax that is taken monthly out of salaries (3% of income a year). So far, they've accumulated tens of millions of zim dollars. The money is administered through the National AIDS Council. The District AIDS Action Committees have complete control over who gets the money.)

THE WAY WE WERE

22. As a result of AIDS, the life expectancy in Zimbabwe has dropped from 65 to:

- (a) 43**
- (b) 50
- (c) 57
- (d) 63

THE WAY WE WERE

23. The first decrease in HIV prevalence among young pregnant women occurred in the period 1991-1993 in which developing country:

- (a) Haiti
- (b) India
- (c) Uganda**
- (d) Mexico

THE WAY WE WERE

24. . In 1997 Brazil became the first developing country to:

- (a) legalize homosexuality
- (b) provide antiretroviral therapy through its public health system**
- (c) distribute condoms to school children aged 15 and above
- (d) to provide counselling for HIV-positive youth

THE WAY WE WERE

25. By 1985 at least one case of HIV/AIDS had been reported in all continents.

- (a) True
- (b) False

BATTLE OF THE SEXES

26. According to the UN Eastern Caribbean Theme Group on HIV/AIDS, what percentage of males consistently use condoms in Barbados and Eastern Caribbean countries?

- (a) less than 35%
- (b) almost 50%
- (c) over 55%
- (d) almost 85%

BATTLE OF THE SEXES

27. According to the UN Eastern Caribbean Theme Group on HIV/AIDS, what percentage of males consistently use condoms in Barbados and Eastern Caribbean countries?

- (a) less than 35%
- (b) almost 50%
- (c) over 55%
- (d) almost 85%

BATTLE OF THE SEXES

28. HIV prevalence is higher among Jamaican boys ages 15-19 than among Jamaican girls in the same age group.

- (a) True
- (b) False

(Infection rates for girls 15-19 are three times higher than that of boys)

BATTLE OF THE SEXES

29. When people infected with HIV are diagnosed and treated in the early stages of their illness, fatality rates are reduced.

- (a) True
- (b) False

(As it stands in Jamaica, two-thirds of people living with HIV/AIDS are not seen until the end stages of their illness, contributing to a mortality rate of over 60%)

BATTLE OF THE SEXES

30. Biological, cultural and economic factors make girls and young more vulnerable to HIV/AIDS.

- (a) True
- (b) False

OVERHEAD *DISCUSSION

List some ways in which females are more vulnerable to HIV/AIDS.

(Domestic violence, incest, rape, transactional sex, inequality, cultural customs. i.e. In Zambia, 16% of girls 15-19 are infected, compared with 1% of boys)

BATTLE OF THE SEXES

31. . World-wide, 1 in every 4 people living with HIV/AIDS today is a young man under the age of 25. What are some factors that might account for this figure?

OVERHEAD

(cultural beliefs and expectations, harmful concepts of masculinity, decreased likelihood of seeking health care, migration for work, men having sex with men/women, injection drug use, prison systems, male violence)

EXTRA QUESTIONS

32. . In developing countries nearly 30% of all new HIV infections occur among adolescents aged 15 to 24.

- (a) True
- (b) False

(Up to 60% of all new infections occur among adolescents. The ratio is 2:1 female/male)

EXTRA QUESTIONS

33. 70% of all adults and 80% of all children with HIV live in:

- (a) Southeast Asia
- (b) **Sub-Saharan Africa**
- (c) Caribbean
- (d) Latin America

EXTRA QUESTIONS

34. . Which of the following is a significant social barrier to AIDS prevention with youth in Zimbabwe:

- (a) The degeneration of traditional roles
- (b) The lack of approachability of healthcare professionals
- (c) Childhood sexual abuse and gender inequality
- (d) **All of the above**

EXTRA QUESTIONS

35. It is important that HIV/AIDS education:

- (a) Provides women and girls with the skills to negotiate safer sex
- (b) Includes boys and men in prevention strategies
- (c) Informs people of where to go for further support, information and resources
- (d) **All of the above**

Worldwide, every day **7,000** young people between the ages of 15 and 24 become infected with HIV.

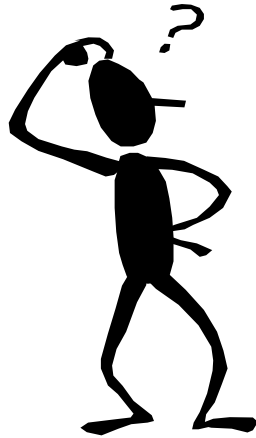
That's 6 young people **every minute**

300 young people **every hour**

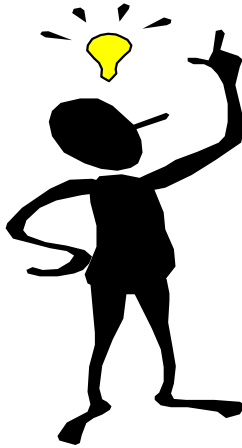
___ new infections during the course of our workshop

Nearly **3 million** youth under 25 in the year 2000

A total of **10.3 million** HIV+ youth in our world



In the year 2000, the Zimbabwean government introduced the implementation of an **AIDS Levy**. The Levy consisted of **3% of income tax** from Zimbabwe citizens, and has been put towards the funding of **AIDS education programmes** throughout rural and urban Zimbabwe.



60-80% of HIV infections occur in people between the ages of 15 and 49. What are some of the consequences of this problem?

***Child and grandparent-headed households**

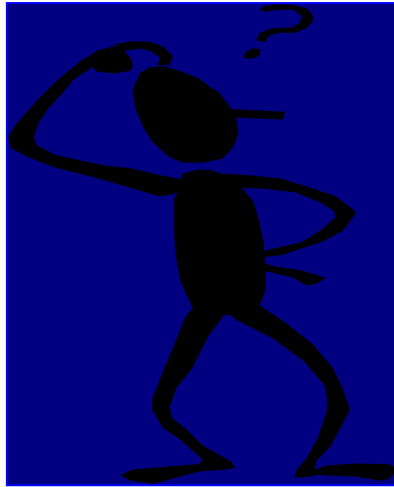
***Inability to generate income for basic necessities**

***Decrease in education levels of youth as they drop out of school for work and/or to become caregivers**

***Lack of role models**

***Increased poverty**

***Inadequate healthcare**



***Lack of skilled labour and lower productivity**

One in four cases of HIV/AIDS is a male under the age of 25. Some factors that make young men vulnerable to infection:

- **Cultural beliefs and expectations**
- **Harmful concepts of masculinity**
- **Decreased likelihood of seeking health care**
- **Migration for work**
- **Prison systems**
- **Male violence (including rape)**



In China, the HIV/AIDS epidemic is fuelled by **injection drug use.**

There are an estimated **3 million** injection drug users in China.

45% of them share needles.

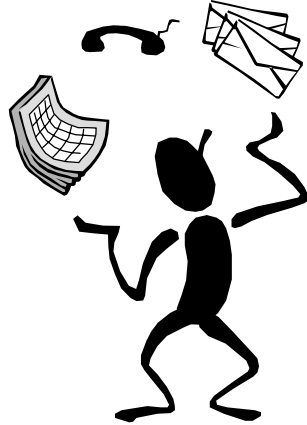
Of all new infections in China, **65-75% are caused by using dirty needles.**



When matched with **accessibility**, condom promotion has been proven to be an **effective prevention technique** all over the world.

For example:

Since condom promotion was introduced in Ethiopia, condom sales have increased from 3 million pieces in 1991 to 20 million pieces in 1996😊



Effects of the HIV/AIDS epidemic on education:

- **Death of potential students**
- **Loss of students who can't afford school**
- **Loss of students who must work for survival**
- **Teachers look to young virgin students for sexual relations**
- **Death of teachers**
 - **In the first 10 months of 1998 Zambia lost 1,300 teachers – equivalent to two-thirds of the new teachers trained by the country each year**



100 million youth under the age of 18 live or work on the streets.

Extra vulnerabilities of these children include:

- **Sex work**
- **Drug use**
- **Lack of education**
- **Lack of access to condoms and clean needles**
- **Low self-esteem**
- **Grim perspective of future**
- **Sexual intercourse at young ages**



Girls and young women are **biologically, socially** and **economically** more vulnerable to HIV infection.

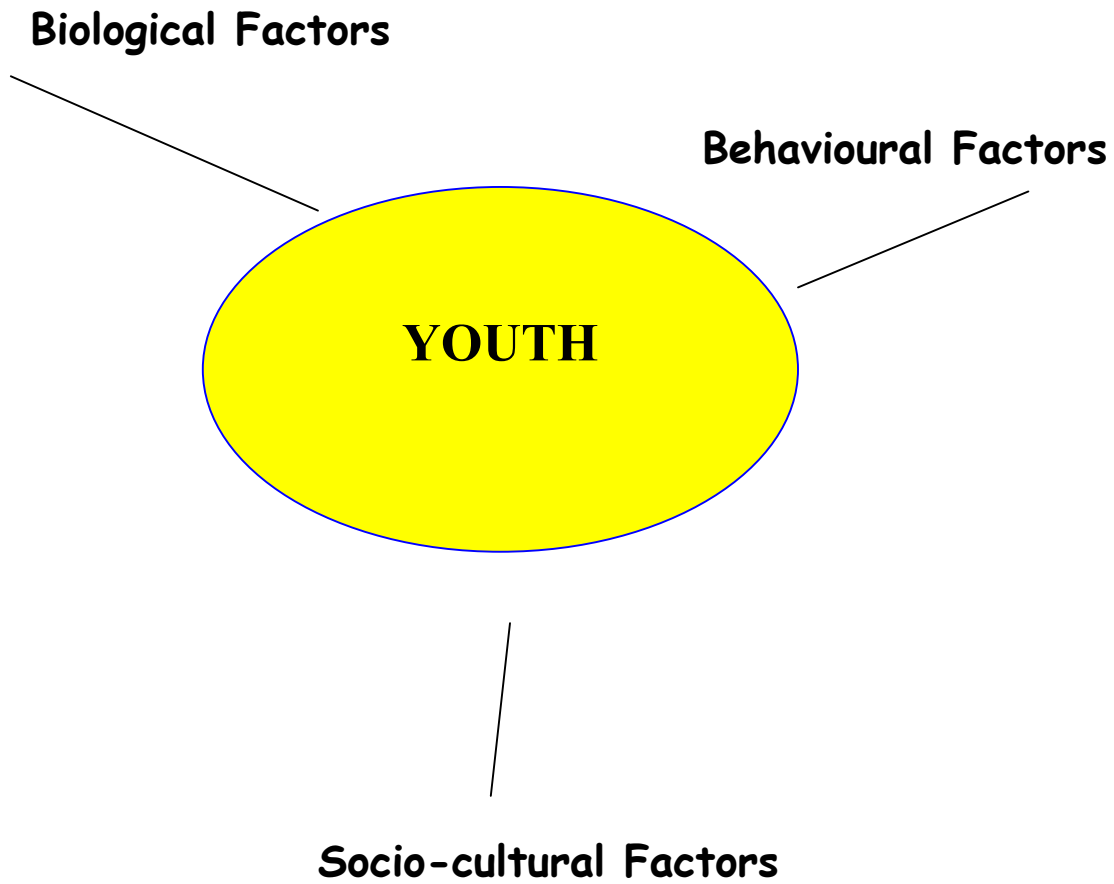
Because of their physiology, girls are up to **four times** more likely to get HIV from men than men are from women.

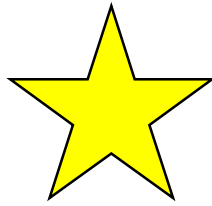
In sub-Saharan Africa, the rates of infection in girls 15-19 are between 5 and 6 times **higher** than in men of the same age.

Factors influencing the vulnerability of girls and young women:

- ◇ Their **immature reproductive systems** are physically more fragile, increasing exposure to the virus
- ◇ The presence of **untreated STI's** are particularly prevalent in young women, and is a high-risk factor for HIV
- ◇ Girls are being initiated into sex at very young ages, often by **older men** who believe that young girls are safe partners
- ◇ It is difficult for many girls to refuse **unwanted sex** or to insist upon condom use
- ◇ Girls are frequent victims of **sexual abuse** and violence, including prostitution

Why are Youth Vulnerable to HIV/AIDS?



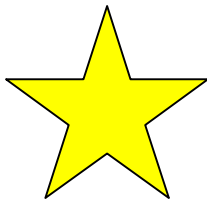


Youth are vulnerable to HIV Infection because:

- * Their **reproductive and immune systems** are often immature, making them vulnerable to sexually transmitted infections
- * They are often subjected to **poverty and homelessness** which in turn might be associated with sexual abuse and trading sex for money or goods
- * There is often a great lack of **youth-friendly services** for reproductive health and the treatment of STI's
- * Climates of **rapid urbanization, civil war and political conflict** often foster risky behaviour and/or sexual abuse
- * There is often **limited access to information** about sexual health, safe sex, risky behaviour and traditional practices that facilitate infection
- * Myths about youth (i.e. "Having sex with a virgin will cure HIV/AIDS")
- * Orphans face discrimination and economic concerns

WHAT CAN WE DO?

- ✓ Involve youth in planning, implementing and evaluating HIV/AIDS prevention and care programmes
- ✓ Empower girls and young women to control their own sexuality
- ✓ Provide comprehensive sexual and reproductive health information, education and services to young people, both in and out of school, before and after they become sexually active
- ✓ Ensure wide access to male and female condoms and promote their use
- ✓ Recognize the role played by poverty and deprivation in the spread of sexually transmitted infections
- ✓ Ensure that pregnant women living with HIV/AIDS receive access to antiretrovirals
- ✓ Counter the shame, stigma, discrimination and silence around sexuality and HIV/AIDS
- ✓ Protect and promote the sexual and reproductive rights of all young people



😊GET INVOLVED!😊

