

Drinking from the Well

A GLOBAL HEALTH AND JUSTICE
RESOURCE FOR YOUTH WORKERS



Introduction



Welcome to 'Drinking from the Well – A Global Health and Justice Resource for Youth Workers', an education pack exploring the link between poverty, injustice and health around the world. The pack is aimed at youth workers, youth leaders, peer educators and others working with young people. By taking part in the activities in the pack, young people can learn to reflect on their own attitudes to health, to consider the many dimensions of health and well-being and to examine factors such as poverty, access to education, healthcare, family and social networks, which impact on the health of people and societies at a local and global level. The pack takes a broad view of health, from physical, mental, spiritual and emotional well-being to sexual, social and environmental health.

'Drinking from the Well' is divided into three sections. The first section introduces the idea of health and allows young people to identify their experiences and understandings of being healthy. Section two addresses the links between health and justice. Section three comprises activities specifically related to the global health targets contained within the Millennium Development Goals.

The resource contains activities, facts and statistics, case studies, information sources and action ideas to support youth leaders and workers to engage young people in learning and action for local and global change. Activities include simulation games, role plays, art work, stories, ranking exercises, quizzes and group tasks. 'Drinking from the Well' also includes a photo pack of 10 photographs depicting scenes relating to health and well-being from around the world, from sanitation and environmental health to emotional health and nutrition. The resource contains ideas on how to use these photos in creative ways in order to stimulate reflection, discussion and new ways of looking at global justice issues.

How to use the education resource

You can start with the first activity and work your way through the pack. More realistically, you can pick and choose the activities which are most appropriate for your group. The age-range for each activity is intended only as a guide. Use your judgement to decide if the activity is suitable for your group. A number of activities have different parts, some of which might suit younger age groups while the other part might be used with older age groups.

Throughout the pack, the expressions 'developing countries' and 'poor countries' are used. If the group you work with is more comfortable with the terms 'Third World' or 'Majority World', insert these instead. The same applies to 'developed world' and 'rich countries'.

National Youth Development Education Programme

The National Youth Development Education Programme (NYDEP) is a partnership between the National Youth Council of Ireland and Irish Aid. The programme aims to integrate development education into the core programmes of youth organisations through training, programme support and the provision of resources. NYDEP co-ordinates One World Week, a week of youth led awareness raising, education and action that takes place throughout Ireland during the third week in November every year.



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Useful Addresses

National Youth Development Education Programme

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www.developmenteducation.ie

Development Education Unit

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ActionAid Ireland

Unity Buildings, 16/17 Lr.
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Web: www.actionaidireland.org

Concern

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Web: www.concern.net

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Bóthar

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Email: info@bothar.ie
Web: www.bothar.ie

Oxfam Ireland

9 Burgh Quay, Dublin 2
Tel: 353 1 672 7662
Email: oxireland@oxfam.ie
Web: www.oxfam.org

52-54 Dublin Road,
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Email: oxfam@oxfamni.org.uk

Plan Ireland

126 Lower Baggot Street
Dublin 2
Tel: 353 1 659 9601
Email: info@plan.ie
Web: www.plan.ie

Save the Children (Northern Ireland)

Northern Ireland Council Office,
Popper House,
15 Richmond Park, Finaghy,
Belfast BT10 0HB
Tel: 028 90620000
Email: c.patterson@scfuk.org.uk
W: www.savethechildren.org.uk

Self Help Development International

Hacketstown, Co. Carlow
Tel: 059 6471175
Email: info@shdi.org
Web: www.shdi.org

80:20 Educating and Acting for a Better World

St. Cronan's Boys National
School, Vevay Road, Bray, Co.
Wicklow
Tel: 01 2860487
Email: info@8020.ie
Web: www.8020.ie

Trócaire

Maynooth, Co. Kildare
Tel: 353 1 629 3333
Email: info@trocaire.ie
Web: www.trocaire.org

Trócaire Resource Centre
12 Cathedral Street, Dublin 1
Tel: 353 1 874 3875
Email: info@cs.trocaire.org

50 King Street, Belfast BT1 6AD
Tel: 028 90808030
Email: info@bl.trocaire.org

9 Cook Street, Cork
Tel: 353 21 427 5622
Email: info@ck.trocaire.org

Centre for Global Education

9 University Street
Belfast BT71FY
Tel: 028 90241879
Email: info@cge.uk.com
Web: www.centreforglobaleducation.com

Galway One World Centre

Top Floor, the Halls, Quay Street,
Galway
Tel: 353 91 530590
Email: info@galwayowc.org
Web: www.galwayowc.org

Kerry Action for Development Education

11 Denny Street, Tralee, Co.
Kerry
Tel: 066 7181358
Email: kade@eircom.net
Web: www.kade.ie

Ógra Chorcaí Resource Centre

20 St. Patrick's Hill, Cork
Tel: 021 4502112
Email:
ograchorcaitld@eircom.net

Waterford One World Centre

18 Parnell Street, Waterford
Tel: 051 873064
Email: info@waterfordoneworld-centre.com
Web: www.waterfordoneworld-centre.com

Amnesty International Irish Section

48 Fleet Street, Dublin 2
Tel: 353 1 677 6361
Email: info@amnesty.ie
Web: www.amnesty.ie

Banúlacht: Women in Ireland for Development

175a Phibsborough Road,
Phibsborough, Dublin 7
Tel: 01 8827390
Email: info@banulacht.ie

Comhlámh

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Tel: 01 4783490
Email: info@comhlamh.org
Web: www.comhlamh.org

Further Information Websites

www.developmenteducation.ie
www.campaignforeducation.org
www.globallinks.org.uk
www.unaids.org
www.unicef.org/voy
www.globaldimension.org.uk
www.takingitglobal.org
www.who.in
www.un.org/waterforlifedecade

Resources

NYCI (2004). Chilled Out Not Worn Out: Young People around the World Beating Stress
– activities and information on education, sexual health and workers' rights globally

Concern and Dublin AIDS Alliance (2004). Positive Youth. HIV and Aids Education.
– a video and education pack that highlights HIV and AIDS education in Ireland and Zambia.

Council of Europe (2002). Compass. A Manual on Human Rights Education Training with Young People.
– activities and information on education, sexual health and workers' rights.

NYCI (2004). Spiced Up – Resource Book for Working with Young Women
– activities and information dealing with gender issues including health

Oxfam International (2006). In the Public Interest: Health, education and water and sanitation for all.

Save the Children (2002). HIV and Conflict: A double emergency.

Taking IT Global (2006). HIV/AIDS: Youth Guide to Action.

Unicef (2006). The State of the World's Children: Excluded and Invisible.

To obtain these resources, see the useful addresses section.

Tips for Using Photos



PHOTO CAPTIONS

1. Young IDP in the Aceh Jaya camp where Concern is working on sanitation. Banda Aceh, Indonesia. (© Karen Davies, 2005)
2. A boy at work in a local market and workshop in Asmara, Eritrea (Patsy Toland, Self-Help International, 2004)
3. Children in the Philippines educate each other on the importance of hygiene (Plan Ireland, 2004)
4. Footballers from the Champion of Eastern Amputee Team and the Strikers of Western Amputee Team meet for a match at the Mandela Football Pitch, Freetown, Sierra Leone (Fredrick Haumann, © Panos Pictures)
5. 'Father's Embrace' (© Julien Bahel, 2006)
6. Young men play football in front of a ditch filled with burning oil in Mosul, Iraq (Martin Adler © Panos Pictures, 2003)
7. Samé and Sié with the hens they care for at their school in Burkina Faso (Bóthar, 2004)
8. Young People in Kenya take action on HIV/AIDS (Plan Ireland, 2004)
9. 'Enjoying the Surf – CYC adventure group in action' (Catholic Youth Care, 2005)
10. A young girl washes her feet at a tap stand in Samahani, Indonesia (Concern, 2005)

The 10 photos contained in this education resource can be used in a wide variety of ways. Throughout the pack, the photos are incorporated into a range of activities that encourage young people to explore global justice issues. Remember that each person will see something different in a photo, so encourage debate and expression.

Below are some ways to use the photos:

- Use each photo as the starting point for a story
- In groups, develop a drama with the photos as a starting point and encourage the 'audience' to ask questions of the characters
- Recreate the photos using freeze-frame
- Use the photos to highlight each of the Millennium Development Goals
- Use the photos in combination with photos from other photo-packs, newspapers, magazines and the Internet to highlight similarities and differences between issues for young people at a local and global level

Whichever method you choose, some questions that might help you when using the photos are:

- What is happening in this photograph? Where might it be located?
- Do you think there is some injustice taking place, if so what?
- What questions would you like to ask the people in the photograph?
- Does the photograph suggest that any change might be needed? If so what kind of change and who should be responsible?

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SECTION 1 WHAT IS HEALTH?

ACTIVITY ONE

I Feel Healthy...



Aim

to examine what health means to young people

Age

6 years and older

Time

15 minutes

Materials

Ball or other small object (option 1), set of health statements, photo pack

Note to Leader

In option 1, depending on the size of your group you could do three rounds using each statement for one of the rounds. In option 2, highlight that all the statements could contribute to a broad definition of health.

What to do

Option 1

Stand or sit in a circle. The ball gets thrown from one person to another across the circle. The person who gets the ball has to complete one of the following statements:

- I feel healthy when...
- To stay healthy I need...
- I become unhealthy when...

They then throw the ball again. Keep playing until everyone has joined in. Take a note of the ideas generated by the game and see if the group can agree a common definition of health.

Option 2

Break into small groups. Give each group a set of the health statements. Ask the groups to rank the statements from the one(s) they most agree with to the one(s) they least agree with. Allow 10 minutes for this. Get feedback from each group on their top two and bottom two statements. Ask if there was agreement. See if the group can come up with a common definition of health.

Alternatively, write the health statements on sheets of paper and stick them around the walls. Ask the participants to move to the statement that most reflects their understanding of health. Ask a selection of participants to justify their choices and see if any of the others will join them as a result. If some statements are left unchosen, ask the group why not. Again, see if the group can come up with a common definition of health.

Option 3

Explain that you have a selection of photos focusing on health for young people around the world. Hold up the photos, one at a time, and brainstorm with the group on what comes to mind. Note down all the ideas and see if the group can come up with a common definition of health.

ACTIVITY ONE

I Feel Healthy...



WARM UP Catch

Mark out a square, 12ft by 12ft approximately, using masking tape. Mark two lines from one end of the square to the other about 3 feet in from each side. Ask for two volunteers who stand in the two side areas as catchers. The other participants line up behind one another with their hands on the shoulders of the person in front as crossers. They have to move from one side of the square to the other without being caught. The catchers have to try and catch them without stepping out of their zone. If they are caught they join the catcher and help catch the others. Explain that whichever side ends up with the most people is the winner.

HEALTH STATEMENTS

I am healthy when...

■ I am not ill

■ I have enough money to buy the things I need

■ I feel that my opinions are valued

■ I live in a clean environment

■ I don't feel frustrated or stressed

■ I am loved by my family

■ I am respected in the community

■ I can play with my friends

■ I have my own space

■ I am protected from violence



ACTIVITY TWO

Health Box



Aim

to highlight the conditions necessary in order for people to be healthy

Age

10 years and older

Time

25 minutes

Materials

empty boxes, a variety of objects to represent different dimensions of health (see note to leader)

Note to Leader

Possible items to include are: pencil (education); coin or purse (money); water bottle (clean water); toilet roll (sanitation); apple (healthy food); id card (identity); a ball (leisure); sticking plaster (healthcare); piece of white cloth (peace); CD (creativity/expression).

What to do

Begin with a brainstorm on the word 'health'.

Before the activity, fill a box with items that represent what people need in order to be healthy. Show the box to each group and allow them 15 seconds to memorise the contents. Explain that they are not allowed write down any of the items. Now ask them to discuss in their groups what the items were and what they might represent. When the groups have their lists, ask them to prioritise which items are important for a healthy life. Get the top three priorities from each group. In the large group, ask if there was agreement about what the items in the box represented. What was similar or different about the priorities of the different groups? Do young people have access to these items in Ireland and in the Developing World?

Alternatively, give each group a box and ask them to fill it with items that represent what people need in order to be healthy. Groups can be as creative as they like. Collect the boxes and give each group another's box.

Source: Oxfam International (2005).

ACTIVITY THREE

Mapping Health



Aim

to highlight the impacts and influences on different aspects of health

Age

10 years and older

Time

30 minutes

Materials

large roll of paper, or flipcharts taped together (large enough for 1 person to lie on), markers and scissors

Note to Leader

Choose the dimensions of health that will best suit your group. Some possible effects and influences (both positive and negative) on health are given in the table.

What to do

Begin by asking what it means to be healthy. Note down the ideas. Explain that health is not just the absence of disease but has different dimensions that include physical, mental, emotional, social, sexual, environmental and spiritual elements which have an impact on us in our lives.

Break into small groups and each group makes a body map on a large sheet of paper. Allow 10 minutes for this. When the outline of the person has been created, each group chooses one of the elements they will explore and this becomes the theme of their body map.

On the inside of the body, they write or draw how this aspect of their health is expressed both positively and negatively. On the outside they write or draw all of the things that they think are external influences on their chosen element of health.

When all of the body maps are finished, hang them on the wall as a viewing gallery and ask the groups to look at what the other groups have done and identify any similarities.

In the large group, discuss:

- Do you see anything that is very interesting/surprising?
- Are the external influences positive or negative?
- Do you think they are the same for people living in the developing world, why and how?
- Is this fair for young people?
- What can we do about it?

ACTIVITY THREE

Mapping Health



HEALTH IMPACTS AND INFLUENCES

Dimension	Impact	Influence
Physical	Illness, injury Concentration Energy levels	Poverty, access to healthcare, diet, exercise, housing, conflict
Mental	Feel good about ourselves Relate well to others Depression, irritability, anxiety	Relationships with family/friends Level of participation Home/youth work environment
Emotional	Feelings such as happiness, sadness, anger, fear	Relationships with family/friends Being listened to Level of security
Environmental	Illness, depression Compassion for others	Access to facilities Community/youth work environment Level of pollution
Social	Compassion for others Diversity valued Feeling listened to	Level of participation Access to facilities and services Social and family networks
Sexual	Relationship with others Confidence Illness, stigma/discrimination	Family, peers, teachers/ youth workers Media, access to information Culture
Spiritual	Sense of well being/peace Level of stress Compassion for others	Faith Community Creative activities

WARM UP Face Off

Divide the group into 2 teams, they line up face to face with the opposite team and shoulder to shoulder with the person beside them. One team must pass the object behind their backs while the other team claps their hands and counts to 30 out loud. When the team counting reaches 30, the other team must stop passing the object. It is then the task of the group who were counting to guess who holds the object. If they get it wrong, the same team goes again, if they guess correctly the object passes to the other team.

ACTIVITY FOUR

Health Bands



Aim

to identify the conditions necessary for people to be healthy

Age

8 years and older

Time

30 minutes

Materials

strips of card or paper for head bands, set of health cards

What to do

In advance of the activity make a head band out of paper for each participant. Cut a slot in each for the health cards. Cut out the health cards, making extra copies if necessary, so that there is one for each participant.

Explain that the cards represent things people need in order to be healthy. Each participant can see everyone else's card but not their own which they have to guess. They do this by asking other participants to mime what is on their card. When everyone has guessed what is on their card, collect the cards, shuffle and have a second round.

In the large group brainstorm on the conditions necessary in order to be healthy. Ask if it was difficult to guess what was on the cards. Were any of the participants surprised by what was on their cards? In a country like Ireland, what is most important in order to be healthy? What about in the poorest countries of Africa, Asia or Latin America?

Note to Leader

Depending on the age group you work with, you should change the cards as appropriate.

Action

Using local contacts or the useful contact section in the pack, invite guest speakers from a local health service provider and from a development agency involved in health work overseas to talk about the conditions necessary for people to be healthy and what people can do, and are doing, about it.

HEALTH AND JUSTICE IN IRELAND

Nearly one in ten Irish children live in consistent poverty, while one in four live in relative poverty. Poverty damages children's health and can have detrimental, lifelong effects.

Healthy life expectancy in Ireland is 77 years.

The life expectancy of Travellers is around 10-12 years lower than the general population. The mortality rate for Traveller children, up to the age of 10, is 10 times that for the population as a whole. Only 3% of Travellers are aged over 65 compared to 11% for the settled population.

On average 39% of people surveyed in 2003 identified financial problems as the greatest factor in preventing them from improving their health.

People on lower income in Ireland are 6 times more likely to be hospitalized for mental illness than people on higher incomes.

Source: Public Health Alliance Ireland (2004). Health in Ireland – an Unequal State.

ACTIVITY FOUR

Health Bands



CARDS

Clean water

A warm coat in the
winter time

A basic education

Proper toilets

Supply of fuel for
cooking and warmth

Being listened to

Eating healthy food

Protection from conflict
and violence

Having a name

Growing your own
food

Access to doctors and
medicine when sick

Freedom to express
yourself

A roof over your head

Being loved by family
or friends

Your own space

HEALTH AND JUSTICE GLOBALLY

There are approximately 6.4 billion people in the world, with nearly 5.2 billion living in developing countries.

More than 1 billion people live on less than \$1 per day and almost 3 billion people live on less than \$2 per day.

Nearly one in six children in sub-Saharan Africa die before their fifth birthday, compared with one in 150 in richer countries. Two thirds of these children die of preventable diseases such as diarrhoea, pneumonia, malaria or measles.

More than 1 billion people do not have access to safe drinking water and 4000 children die every day from a lack of safe drinking water.

There are approximately 40 million people living with HIV/AIDS, with 90% living in the Developing World.

Pregnancy and childbirth are the leading causes of death and disease in women of childbearing age in the Developing World.

ACTIVITY FIVE

Picture of Health

Aim

to highlight health issues for young people around the world

Age

6 years and older

Time

15-45 minutes

Materials

photo pack, art materials

Action

Display the posters in a public place such as a parish centre, supermarket, library or youth centre.

Note to Leader

Either use all the photos or select enough for the number of groups. Encourage at least one of the groups to use a photograph from Ireland.

What to do

Option 1 (15 minutes)

Choose a photo. Everyone sits in a circle. Explain that the group is going to tell a story. The first person gives a line of the story and it passes on to the next person who gives the next line. From time to time ask questions like 'how does s/he feel? Or 'what effect did it have?' to steer the story towards health issues. Keep going until everyone has contributed. For younger age groups, you may need to ask more questions to keep the story going.

Option 2 (45 mins)

Break into groups. Ask each group, to list in two minutes as many words as they can associated with health. Get feedback from the groups on how many words they come up with.

Spread out a selection of the photos on the floor. Explain that the groups should choose a photo that highlights an aspect of health for young people. Allow 5 minutes for this. Share out the paper and art materials. Ask the groups to discuss what is happening in the photo. Who is involved? Where is the photo taken? After 5 minutes, ask the groups to design a poster that highlights the particular issue they have chosen. They have 20 minutes to do this.

The groups present their photo and the poster, giving a brief description of each. Display the posters on the walls.

In the large group, discuss if the issues raised are specific to particular groups in society or to particular countries or regions of the world. Which of the health issues are common to young people around the world?

Alternatively, the groups could develop a short drama around their photo. This could be frozen at a key moment, recreating the photo. The others can ask the characters questions.

ACTIVITY SIX

That's the Spirit!



Aim

to explore what contributes to spiritual health

Age

10 years and older

Time

40 minutes

Materials

Blindfolds, ball of wool, A4 sheets, blu-tack or masking tape

Note to Leader

In part 1, it may be helpful to agree a definition of spiritual health with the group. For example, spiritual health 'is a person's capacity and means to deal with and explain life's issues which have no obvious explanation. It is also the means by which a person conducts life and defines life goals.'

Maurice Feldman – in: National Youth Council of Ireland (2004). *Spiced Up: A Resource Book for Working with Young Women*.

Action

Design a survey to find out which of these activities people in your local community do.

What to do

Part 1 (15 minutes)

Ask for a volunteer. The other participants are blindfolded. Explain that each person will be given a piece of wool and has to hold it with both hands, not letting go. Pass out the ball of wool at random, over heads, through legs and crossing itself until everyone has hold of it. The volunteer has to direct the group to unravel the wool and then join the two ends. S/he is not allowed touch the participants or the wool.

When they have completed the task, remove the blindfolds and bring the group together. Ask how they feel having completed the task. What helped or hindered completing the task? In real life, in what ways do we depend on or support others?

Ask if the group has heard of the UN Convention on the Rights of the Child. It was adopted in 1989 and ratified by Ireland in 1990. Explain that at the start of the convention it states that children should be brought up in the spirit of peace, dignity, tolerance, freedom, equality and solidarity. These are values which contribute to a person's spiritual health.

Part 2 (25 minutes)

Write the statements on separate A4 sheets and stick on the wall all around the room. Bring everyone together in the centre of the room and explain that you are going to look at activities in daily life that promote spiritual health. Ask the participants to move to the activity that they feel most contributes to promoting spiritual health. Only three people are allowed at any poster, so if necessary choose the next most important activity.

When the participants have chosen, ask a selection of people why they have chosen a particular activity. If there were any posters that nobody moved to, ask why. Now ask the newly formed groups to imagine young people from other parts of the world or different cultures. Do you think they would choose similar or different activities?

ACTIVITY SIX

That's the Spirit!



STATEMENTS

- Giving to charity
- Participating in a global justice campaign
- Visiting an elderly relative or neighbour
- Reading a book or listening to inspiring music
- Going for a walk in the countryside
- Praying at night
- Practicing yoga or meditation
- Participating in a religious service
- Being active in youth work
- Having a weekend or summer job
- Voting in an election
- Spending time with friends or family
- Being part of a team
- Watching television
- Eating fresh food
- Enjoying your own company

WARM UP **Banyoka**

This game was played by the Bemba tribe who lived in what is now both Zambia and the southern part of the Democratic Republic of Congo. Banyoka means “the snakes”. Choose a play area that is a bit of an obstacle course. If playing indoors, you can create an obstacle course using toys, pillows, boxes, and cartons. The players divide into

two groups, each group having at least six players. Each group becomes a “Snake” by the players sitting one behind the other on the ground, legs spread and hands placed on the shoulders of the player in front, or arms wrapped around the waist. Each snake moves forward by the players swaying their bodies back and forth. The snake can sing a

song. The object of the snake is to reach a designated finish line first. But the real fun of the game is to manoeuvre around and over the obstacles while remaining connected to each other. Alternatively, the game can be played with one snake. The competitive aspect is gone, replaced by a follow-the-leader quality.

Source: Hopson, Dr. Darlene Powell, Hopson, Dr. Derek S., and Clavin, Thomas. “Juba This and Juba That” Simmon and Schuster, 1996. p. 20

SECTION 2 **HEALTH AND JUSTICE**

ACTIVITY SEVEN

Balloon Busters

Aim

To highlight issues affecting young people's health in Ireland and the Developing World.

Age

10 years and older

Time

30 minutes

Materials

Balloons, statements (cut in two)

Note to Leader

If you have a large group, you can add in your own statements using facts from this pack. If you are working with younger age groups, use simpler statements.

What to do

Copy the statements and cut in two as indicated. Either beforehand or with the group, insert one half of each statement into a balloon so that there is a balloon for each participant.

Mark a start and finish line at the ends of the room. Break into two teams and ask for a captain from each team. The teams line up facing one another between the start and finish line. When the leader says go, the captains pass the balloons, one at a time to the first person in the line. Without using their hands, the teams have to pass the balloons down the line and deposit them at the far end. If a balloon is dropped, the leader has to bring it back to the start. The first team to get all their balloons over the finish line are the winners.

Each participant takes one balloon and bursts it, taking the piece of paper from inside. The participants must find the person that holds the second part of their statement. Ask the pairs to read out their statements.

As a large group, rank the statements from very important health issue to not so important. Ask if any of the issues are only relevant to developing countries or to Ireland. What health issues are in common?



ACTIVITY SEVEN

Balloon Busters

STATEMENTS

Healthy life expectancy is 39 in Africa

compared to 66 in the Developed World

The amount of aid spent by rich countries on health each year is the same as

the amount spent on ice cream in Europe

Control of food production by a few global corporations

squeezes out small producers and reduces access to healthy, nutritious food

To cover the cost of going to the doctor in Ethiopia

many poor families have to sell their belongings, borrow money or take their children out of school

For every extra year that a girl spends in school in developing countries,

the risk of her contracting HIV decreases by up to 10%

As a result of wars between 1991 and 2003

almost 500,000 children died due to lack of food, clean water or medicines

Up to one-third of global disease

is caused by environmental factors, such as polluted water and air

Nearly one in six children in sub-Saharan Africa die before their fifth birthday

compared with one in 150 in richer countries.

90 % of people living with HIV/AIDS

live in the Developing World

Most people with a disability in the Developing World

do not have access to adequate healthcare

Healthy Steps



Aim

to highlight the injustice that exists related to health around the world

Age

8 years and older

Time

20-30 minutes

Materials

Role cards for participants and statements for the leader

What to do

Option 1

Give each participant a role card. Everyone lines up at the end of the room. Explain that you will read a series of statements. If they think a statement applies to their character, they take a giant step forward. If it does not apply to them, they stay where they are.

After one person has reached the end of the room or you run out of statements, stop the game and ask people to stay in their place and look around them at where other people are standing. Ask the person at the front who their character is. How do they feel about the progress they made? What helped or hampered them? Now ask some of the other participants toward the back of the group who they were and how they felt about where they ended up.

Are health inequalities limited to poor countries? In Ireland, what groups in society have unequal access to healthcare and good health (see fact box on page 7). Ask if it is fair that some people are more likely to be healthy than others. If it is unfair, what can be done to change this?

Option 2

Give participants a photograph from the photo pack instead of a role card. Do the activity as above but this time the participant decides by using their interpretation of the photo they have, if they can move or not. Debrief using the same method as above.

STATEMENTS

- I can go to school
- My family can buy medicine if I get ill
- I get support when I am feeling sad
- I am happy
- I can go to a doctor if I need to
- I can get information about my health when I need it
- I feel free to express my beliefs
- If I want a drink of water, I just turn on the tap
- I am protected from violence and conflict
- I can play with other young people when I like
- There is a local youth club that I can attend
- I can change the world



ROLE CARDS

Sami

I live with my brother in Burkina Faso. I attend a local primary school where we learn to care for chickens so that we have food.

Denise

I live with my parents and my younger sister on a halting site in Dublin. I go to a local school. Sometimes some people bully me and call me names. I don't feel happy then.

Mita

I am from Indonesia. I live in a refugee camp with my family. I would like to be able to go home some day but my father is worried for our safety.

Sheku

I am from Sierra Leone. I lost one of my legs when I stepped on a landmine near my home. I try to stay active by playing football with friends.

Yonas

I am from Eritrea. I work in a local market where we turn scrap metal into useful items such as kettles, pots and tools. I see other young people going to school and I'd like the chance myself.

Eunice

I come from the Philippines. I go to the local primary school with a lot of other kids. In class we learn about the importance of personal hygiene.

Martin

I live in Kenya. There are many people here who are HIV+ and others who have AIDS. A group of us came together to take action about discrimination.

Omar

I come from Iraq. I don't go to school anymore. To pass time I usually play football with my friends, but because of the war it isn't always safe to be near the oil fields.

Johnny

I'm from Ireland. I am a member of my local youth club. We do a lot of fun activities, especially outdoor pursuits when the weather is good – things like surfing, rock climbing and kayaking.

Nadia

I live in Indonesia. I enjoy playing with other children and helping my family. When I want to wash myself I go to one of the new water taps.

ACTIVITY NINE

Health Slam



Aim

to provide a space for participants to explore justice issues related to health in developed and developing countries

Age

10 years and older

Time

1 hour (or a series of shorter sessions)

Materials

photo pack, paper and pens, music/video recorder (optional)

What to do

Option 1

Brainstorm all the words that people think of related to health, (positive/negative/associated). Keep them visible on a flipchart. Split the large group into smaller groups of four or five. Each group chooses a region of the world such as Europe, Asia, North America, South America, Middle East, Africa and Australia. Alternatively, they can choose a particular country. Ask them to use the brainstorm words to create a story about young people (or a particular young person) in that place. Explain that they will present their story to the large group using rap, rhyme, spoken word (poem), dancing or another creative way.

Option 2

Split the large group into smaller groups, allow each group to choose a photo, ask them to think about what is happening there and to create a short story about it. This can be creatively expressed using rap, rhyme, rhythm or drawing.

Note to Leader

If you have a map of the world, ask the groups to identify the regions or countries they choose.

Let the group decide how long they need to perform it to the other groups. If you have the time you could have a rap off, where the 'audience' decides who has the best rap.

SLAM EXAMPLE

Ya know health to me, it should be free!

Free to fly just like a bee, bizzin and buzzin, now that's for me!

And what about the other's? We can't close the shutters.

They should have the same as me, it's the same One World, so
its all about WE!!!

ACTIVITY TEN

What's in an Image?



Aim

to explore the influence that images have on young people's understanding of health

Age

10 years and older

Time

45 minutes

Materials

old magazines/newspapers, markers, art materials

What to do

Begin with a brainstorm on 'health in Ireland'. What images spring to mind? Repeat for 'health in Africa'. Were the images the same or different?

Form small groups. Give each group a sheet of flipchart paper and a selection of old magazines and newspapers. Explain that they are to make a collage on the theme of 'young people's health in Ireland and in the Developing World'. They have 25 minutes to complete the collage. The collages are displayed around the room. Each group briefly introduces their collage.

In the large group, ask what the main health issues for young people were that they identified. How similar or different were the health images from Ireland and the Developing World? What was surprising or interesting about the images in the newspapers or magazines?

Action

Over the course of a day or a week, monitor the images, linked to health, used in newspapers and on television. Make a short presentation on your findings.

ACTIVITY ELEVEN

Ad Nauseum



Aim

to explore the ways that health issues can be promoted with young people

Age

10 years and older

Time

40 minutes

Materials

Paper and art materials (optional)

What to do

Brainstorm on popular ads that participants have seen on TV, on posters or heard on the radio. What jingles or slogans do they use? Write up all the suggestions.

Form small groups and explain that each group is an advertising company that is being hired to create an advert highlighting a global health issue. They have 20 minutes to create a short ad for TV, radio or poster. Suggest that rather than creating the ad from scratch, they should play around with an existing ad in their chosen format. The groups present back their ads and the other groups give their ad a score out of 10.

In the large group, ask how young people learn about health issues. What influences their decisions around health issues? What approaches would be most effective to promote the importance of health issues in young people's lives? Are these approaches the same in Ireland as in developing countries? What other approaches would you use in developing countries?

ACTIVITY TWELVE

World Cup Quiz



Aim

to compare health statistics for countries that competed in the Fifa 2006 World Cup.

Age

10 years and older

Time

40 minutes

Materials

set of A, B, C cards for each group, copy of health quiz questions

Note to Leader

For a comprehensive comparison of the teams that participated in the World Cup, visit www.whoshouldicheerfor.com

What to do

Break into pairs or small groups. Ask each group to make a list of all the countries that took part in the 2006 World Cup. Allow two minutes for this. Get feedback from all the groups. If you have a map of the world, get the groups to identify each country on it.

Hand out the A, B, C sheets to each group. Explain that you are going to have a quiz. Each group chooses a team that took part in the World Cup, but encourage them to choose teams from different regions of the world – for example, Europe, Africa, Latin America, North America. Ask for one group to volunteer to be Ireland.

Begin the quiz. Explain that it is multiple-choice. Allow the groups 1 minute to think about the answer and then to place the correct answer – A, B or C – face down in front of them. Note down the answers of each country. After each round of 4 questions, read out the correct answers.

Now ask each country to nominate somebody for the face-off. The volunteers step forward and have to guess how well they did compared to the other teams. The volunteer who thinks their team has the lowest score has 15 seconds to shout 'bank'. The team who 'banks' gets 0 points but can take part in the next round. The other teams get a point for each correct answer. If nobody shouts 'bank', the team with the lowest score misses the next round. After all four rounds add up the scores and declare a winner.

In the large group, ask which countries did well and which didn't do so well. How did the result of the quiz compare to the result of the World Cup? What did the group learn from the quiz questions? What was surprising or interesting about the comparisons between the countries? What other links are there between sport and health?

Links between Sport and Health

- Exercise and play can have a significant positive impact on health and quality of life.
- Young people who are active in sport are less likely to adopt behaviours that could damage health.
- Sport provides a platform for young people to learn and share information about health.



THE QUESTIONS*

Round 1

Which of the following countries did not take part in World Cup 2006?

- A. Ghana
- B. Ireland**
- C. Australia

Abidjan is the capital of which country?

- A. England
- B. Ivory Coast**
- C. Ghana

Each year the Ivory Coast spends €150 million on healthcare. The amount it spends on debt repayments is?

- A. €100 million
- B. €250 million
- C. €450 million**

Which of these countries has the largest external debt?

- A. Brazil
- B. Argentina
- C. Ghana**

Round 2

Which country has the lowest life expectancy?

- A. Ghana
- B. Italy
- C. Ivory Coast**

Who has the highest life expectancy?

- A. Australia**
- B. Germany
- C. Ireland

After the USA, who burns the most coal, oil and gas per person?

- A. Ireland
- B. Germany
- C. Australia**

Who burns the least coal, oil and gas per person?

- A. Ivory Coast**
- B. England
- C. Brazil

Round 3

What is the UN target for overseas aid as a percentage of national wealth?

- A. 0.7%**
- B. 25%
- C. 2%

Who gives the least amount of overseas aid per person?

- A. Ireland
- B. Italy****
- C. USA

Who spends the most on health?

- A. England
- B. Argentina
- C. Germany**

Which of the following countries spends less on healthcare?

- A. Australia
- B. Argentina
- C. Brazil**

Round 4

Which of the following countries has the highest military spending?

- A. USA**
- B. Ivory Coast
- C. Argentina

Who spends the least of their income on the military?

- A. England
- B. Ghana**
- C. Brazil

Which of the following countries spends more on the military than on healthcare?

- A. USA
- B. Ivory Coast**
- C. Australia

Italy has 606 doctors for every 100,000 people. In Ivory Coast and Ghana the figure is?

- A. 52
- B. 113
- C. 9**

*Source: www.whoshouldicheerfor.com

**Italy spends 0.15% – that's just 1.5 cent out of €10 – of national income on overseas aid.

ACTIVITY THIRTEEN

Scoring Goals



Aim

to highlight the Millennium Development Goals

Age

10 years and older

Time

20 – 30 minutes

Materials

chairs/cushions/boxes to mark the health issues/MDGs, labels, ball

Action Idea

One major way that the Government can show its commitment to achieving the MDGs is to make sure Ireland fulfils its obligation to spend 0.7% of national wealth on overseas aid. The Irish Government has committed to reaching this target by 2012. Contact your local TD to ask what the position of their party is on the 0.7% target. Ask them how much of the overseas aid target they think should be spent on health. Tell them that any future Government should introduce legislation that binds them to achieving the target. For contact details on your local TDs, contact www.rte.ie/news/oireachtas

What to do

Option 1

Mark out your pitch with a goal at each end. Use chairs or other suitable objects to create obstacles in front of the goals. These represent global health issues that have to be overcome. Each obstacle should be labelled with the health issue on one side and the relevant Millennium Development Goal on the other.

Form two teams and explain that you are going to play a game of crab football. Players sit on the ground and move around using their hands and feet. The object of the game is to put the ball in the opposition goal. They can use any part of their body to score except their hands or arms. Each time they score a goal, one of the obstacles in front of the opposition goal is removed. A person from the scoring team reads out the associated MDG. Keep playing until all the obstacles have been removed.

Alternatively, players can be joined together, as in a 3 legged race. This adds an extra level of difficulty in trying to score goals.

In the large group ask the following:

- Was it difficult to get a goal with the obstacles in the way?
- Which of the health issues were relevant to developing countries and which were relevant to Ireland?
- What action could we take to try and achieve/highlight these goals?

Option 2

If you do water sports in a swimming pool, you could run the same activity using floating objects to represent the relevant health issues/MDGs. Again, each time a goal is scored, one of the objects can be removed. This variation was suggested by Ballyfermot Youth Service who developed it as part of a programme exploring the MDGs.

ACTIVITY THIRTEEN

Scoring Goals



MILLENNIUM DEVELOPMENT GOALS

These are a set of Goals, which aim to combat hunger and poverty and improve education and health, especially for women, and protect the environment by 2015. The Goals were adopted by all the countries of the UN in 2000. Ireland was one of the first countries to sign up to the Goals.

Goals

- 1. Eradicate extreme poverty and hunger**
- 2. Achieve universal primary education**
- 3. Promote gender equality and empower women (includes the target of achieving gender equality at all levels of education by 2005)**
- 4. Reduce child mortality**
- 5. Improve maternal health**
- 6. Combat HIV/AIDS, malaria and other diseases**
- 7. Ensure environmental sustainability (including access to safe drinking water)**
- 8. Develop a global partnership for development (including dealing comprehensively with developing countries' debt problems)**

All the Goals are equally important and they are all interrelated.

Progress has been made on achieving the Goals in some parts of the world, but other areas, particularly in sub-Saharan Africa, are falling behind.

For many people in the world, life conditions are worse than they were at the beginning of the 1990s.

If we continue at the current rate of progress, hunger and poverty will not be halved in Africa until 2147.

Source: Trócaire (2003). Keep Our Word campaign; Dóchas (2004). It's Time to Deliver on Overseas Aid.

ACTIVITY FOURTEEN

A Woman's World?



Aim

to investigate health issues for girls and women around the world

Age

12 years and older

Time

45 minutes

Materials

flipchart paper, markers, set of role cards

Note to Leader

Choose role cards that are appropriate to the age of your group and the ethos of your organisation.

When using the role card on female genital cutting, you may want to have a discussion about the practice.*

Action Idea

March 8th is International Women's Day. Organise an activity or event and invite a guest speaker to raise awareness in your community about women's health issues around the world.

*Female genital cutting (FGC) is the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-health related reasons. It is often performed by traditional practitioners, including midwives and barbers, without anaesthetic, using scissors, razor blades or broken glass. These unhygienic methods of FGC also put girls at greater risk of contracting HIV.

What to do

Tape some flipchart sheets together and stick them on the wall. Hand out markers and ask the group to write or draw examples or ideas on the theme 'health issues for young people around the world'. Allow 5 minutes for this. Now ask whether any of the issues identified affect girls and women particularly. Highlight these issues.

Form groups of four or five people. Read out the following: 'You work for Global News Network (GNN), a large media corporation with both radio and TV stations. You have been asked to prepare a three minute report to be broadcast as part of a primetime news programme highlighting health issues for girls and women. It is up to you who you talk to and how you want to put the report together.' Give each group a role card. Allow 20 minutes to read the cards and develop the report. Each group then does a presentation to the large group. Participants should play the different roles, as well as the reporter.

In the large group, discuss the issues raised by the reports. Ask if the issues are specific to particular countries or regions of the world. Which of the issues presents the biggest risk to the health of girls and women? Why? What needs to happen to reduce the health risk for girls and women?

ROLE CARDS

Education and Health

Anna is ten and comes from Honduras in Central America. Before she can even think about going to school she has to collect water from the well, firewood for cooking and then help her mother and older sister prepare breakfast for her father and brother. After school she has to clean the house and help with dinner. She is always tired at school and has little time to study. Anna's mother was sick last year and the hospital bills meant that they couldn't afford to send all three children to school. Anna's parents felt that it was most important that their son got an education, so her older sister now stays at home. The way work is divided in the household is one of many obstacles to girls getting an education. Anna knows that if girls get an education, they themselves, their families and communities will be healthier.

Based on: Education International (2003). A Fair Chance: Attaining Gender Equality in Basic Education by 2005.



ROLE CARDS

Maternal Health

Gladys is nineteen and lives in southern Ghana. She is pregnant with her first child. The local clinic closed down due to a lack of trained staff so she will rely on her family when she is due to give birth. A neighbour of hers died last year while giving birth and Gladys is scared. She doesn't think it's fair that a woman is 100 times more likely to die during childbirth in Ghana compared to women in a country like Ireland. Pregnancy and childbirth are still the leading causes of death and disease in women of childbearing age in developing countries.

Female Genital Cutting

Aicha is 14 years old. She lives in Mali in West Africa. Three years ago, she underwent female genital cutting (FGC) as part of a traditional 'initiation' ceremony in her village. The pain was unbearable and she tried to block out the memory of it. Now however her parents want to perform FGC on her younger sister Aminata and the terrible memories are coming back. Aicha thinks it's an abuse of children's and women's rights to be protected from harm. After the ceremony she was sick for weeks and might have died. Her younger sister is looking forward to the ceremony because her older sister and all the other girls get it done and she couldn't bear to be different. Also, her parents and other villagers strongly support it. Her father says that it is an important cultural tradition, done to satisfy their ancestors, while her mother says it brings respect to the girls. Aicha knows that there are organisations working in Mali who are trying to encourage communities to abandon the practice but will it come in time to help her younger sister? Based on: Plan (2006). Tradition and Rights: Female genital cutting in West Africa.

Health and HIV/AIDS

Goretti is 18. She comes from Burundi. She left school because she lost her father and had no money. She is HIV Positive and has a two year old child. She says 'any girls and young women are forced to sell themselves to survive. They don't have a choice. They go into bars and clubs and pick up men – truck drivers, soldiers – anyone with money. The girls who do this are 14 years and over, mainly poor girls and girls displaced by war. It is consensual. We are not taken by force. To prevent the spread of HIV, girls should have a source of income. This way we'd have money to live and care for our children.' She says she would prefer to trade vegetables, rice, beans, tomatoes and oil instead of going to the bars and clubs. But to be able to trade, she needs a place to live and some money. Overall Goretti thinks that HIV/AIDS is the main problem facing Burundi and that war is the cause. Source: Save the Children (2002). HIV and Conflict: A double emergency.

Bullying

Sinéad is fifteen and moved with her family to Drogheda last year. She's studying for her Junior Certificate. At her old school she got on well and had friends. However, girls at her new school have started a whispering campaign about her, saying things like she's fat and a loser. Nobody wants to sit beside her and she feels alone. Her grades have started to suffer. She has started looking at herself in the mirror and wondering if she really is fat. Sometimes she thinks she'd do anything to get in their good books, maybe try to deflect their attention onto another girl.

Food for Thought



Aim

that the group understands the links between food, hunger and poverty around the world

Age

8 years and older

Time

45 minutes

Materials

set of facts cut out, copies of case study

What to do

Part 1 (10 minutes)

Begin by asking why people eat. What different types of food are there? Brainstorm what food the group eats each day – for breakfast, lunch and dinner, and of course snacks. Now ask where the ingredients come from. Possible examples are wheat from Ukraine, oranges from Spain or Morocco, beans from Peru, coffee from Colombia or Kenya, bananas from Costa Rica or Ghana, cocoa (for chocolate) from West Africa.

Part 2 (15 minutes)

In advance of the session, make copies of the facts about food and nutrition and cut them out. Hide the facts around the room so that there is one fact per person. All the participants look for the facts. When everybody has found a fact, ask the participants to form small groups. The participants share their facts and discuss the impact on young people.

Action

Get a selection of garden pots and ask the young people in your group to decorate them with words or images with a message about the link between healthy eating and global justice. (use acrylic paint for the best effect) In their pots, plant seeds of an edible plant such as apples or tomatoes. Display the pots in your youth club or community centre or use them to take part in the OXFAM garden campaign 'Can you grow for Africa?'. For information visit www.OxfamIreland.org/OxfamGarden

FOOD AND NUTRITION FACTS

- The richest fifth of the world's people consume 45% of the world's meat and fish, while the poorest fifth consume just 5%
- 852 million people across the world suffer from hunger. Of these 815 million are in the Developing World.
- Six million children under the age of 5 die each year due to malnutrition
- For people at the greatest risk from hunger, their diets lack starchy staple foods such as potatoes, rice and wheat that provide energy.
- Even where people have access to staple foods they often lack a variety of other foods that make up a nutritious diet such as meat, fish, oils, dairy products, vegetables and fruit that provide protein, fat and nutrients as well as energy.
- Some people have no land to grow food because the land is used to grow crops for export.
- If there is a war, food cannot be grown because it is not safe for people to work in the fields or if they are taking part in the war they are not at home to farm the land.
- Illness and disease leads to families being unable to farm their land and they don't have the money to buy food.

ACTIVITY FIFTEEN

Food for Thought



Note to Leader

Goal 1 of the Millennium Development Goals calls for the elimination of extreme poverty and hunger. Specifically it says that by 2015, the proportion of people who suffer from hunger will be halved.

General Questions

- Is there enough food for all the people in the world?
- If there is enough food, then why do some people go hungry?

Part 3 (20 minutes)

CHILDREN PROMOTING NUTRITION IN BURKINA FASO

Sami and Sié are brothers. They live with their families in Djarkadougou, a village of 1500 people in Burkina Faso. They are from the Djan group, the smallest ethnic group in Burkina Faso. The local people are small farmers, living in mud houses and using hands tools to cultivate their lands. They grow sorghum and millet to eat, while they grow crops such as cotton and groundnut (peanuts) to sell so that they can buy essential items. However the price they get for these crops has fallen. As a result, poverty levels are very high and families often don't have enough to eat. Less than one in four children get to go to school and for those that do, a single classroom may contain more than 100 students for only one teacher. For children who don't go to school, they stay at home to help their parents with farm work, or around the house.

Sami and Sié go to the local school. Together with Bóthar, an Irish NGO, and ASUDEC, a local NGO, the school has started a poultry project for the students. The children have rotas to feed and water the birds, collect the eggs and keep the specially-constructed hen-houses clean. Once the older children become used to caring for the birds they are permitted to take some of them home, where they train their own parents in their care. This improves the nutrition of their families by providing them with meat and eggs. It also to help generate extra income for the families as extra eggs can be sold in the market.

In groups, hand out copies of Sami and Sié's story. Ask for a volunteer in each group to read the story to the rest of the group. Why do families in Djarkadougou often not have enough to eat? What are Sami and Sié doing about it? How do you think it makes them feel? What does the future hold for Sami, Sié and their family?

If you have time, hand out paper and art materials and ask the participants to draw a picture based on the story. Ask for volunteers to show their pictures. Alternatively, develop a short drama to highlight the story.



Aim

that participants understand the impact of HIV/AIDS on the health and well-being of young people

Age

13 years and older

Time

40 minutes

Materials

sets of impact cards, sets of role cards, flipchart, markers, blue-tack or sellotape

What to do

Break into groups of four. Hand out set of cards on the impact of HIV/AIDS to each group. Explain that the cards describe the impact of HIV/AIDS on the health and well-being of young people. In groups, ask participants to rank the cards from biggest impact to least impact. Get feedback from the groups. Get agreement on the five biggest impacts for young people. Write down the top five on large sheets. Stick these up on the wall.

Give each group a set of role cards. If possible, use different coloured paper for each set or mark them A, B, C and so on. Allow the group ten minutes to discuss them. For each character stick the card on the poster which they feel will have the biggest impact on them. When all the cards are up, see if there was agreement between the groups. If not, why?

In a large group discuss:

- What were the similarities and differences between the impact of HIV/AIDS on young people in poor countries and young people in richer countries?
- What needs to be done to improve the health and wellbeing of these people?
- Who has the power to take action to improve the health and wellbeing of these young people?
- What can we do?

Alternatively simplify the case studies and turn the impact cards into statements and do it as a Giant Steps activity.

Action

Dance4Life actively inspires young people to take the lead in pushing back HIV/AIDS and to become leaders instead of targets. Young people in many countries worldwide, including South Africa, Indonesia, the Netherlands, Russia and Germany have participated and by 2012 the aim is to have at least one million young people around the world involved.

The first ever Irish pilot takes place in the run up to World AIDS Day on 1 December 2006. If you are interested in becoming involved in Dance4Life, email Kgriffin@ifpa.ie or visit www.Dance4Life.com.





IMPACT CARDS

I get sick more often and miss a lot of school

I want to have a boy/girlfriend, like my other friends, but I'm too scared to tell someone

I can't afford the drugs that I need to remain healthy

Many of the teachers in my school are sick or have died of AIDS or are absent to take care of sick relatives. There is no one to replace the doctors and nurses who are sick or have died of AIDS

I don't get enough food to eat because there are so few people to grow it

My parents are too sick to work, so we have very little money

I end up spending most of my time caring for my sick brothers/sisters/parents

I often feel stressed, lonely, sad or angry

I get bullied by other young people because I am HIV positive

I have had to drop out of school to get a job in order to support my family

Because my parents and many of my aunts and uncles have died of AIDS, I have not had the opportunity to learn their traditional farming skills

ROLE CARDS



Maria

I live in London and found out that I was HIV positive when I was 9. When my doctor told me I felt both sad and angry but I was glad that she told me the truth. I take 15 tablets a day; some are the size of a 2p coin. They are difficult to take but I've got used to it. Even if I get the flu I have to be admitted to hospital because it could lead to something like a chest infection. I've learnt to live with my illness but now and again I do get down about it.*

Julia

I am 13 and live in South Africa. I have attended my local school since I was 5 and I like it very much. However over the last five years, 4 of the teachers in my school have died from AIDS and they are finding it difficult to replace them. Because of this the number of students in my class has grown and there are not enough teachers to have classes everyday.

Kate

I found out that I was HIV positive 3 years ago. I was put on medication shortly after I was diagnosed and I now look as healthy as any of my friends. Having HIV has changed my life but I think I'm a better person than before. I have travelled a lot and I am now training to be a computer programmer. I sometimes feel sad about my illness but I feel optimistic about the future.*

Paul

I was 14 when my uncle died of AIDS. When a youth leader asked me how my uncle had died, I smiled cheerfully and said "I don't really know". Inside however I felt really sad and angry and I had to fight to stop the tears. Deep down I felt that I couldn't tell anyone that he had died of AIDS. I think that children have a right to know about a relative's illness but that they need help to understand it and not feel afraid or sad.*

Ben

I thought that HIV and AIDS would never affect me. However when I was 19, my partner Dave told me that he had full blown AIDS. I did not get the disease but I have learnt how to protect myself from it and to treat people who have HIV with respect.*

Lena

I live in Addis Ababa in Ethiopia. Both my parents have died of AIDS. I have had to leave school and get a job as a domestic worker to help feed my brothers and sisters. I work long hours and my employers will not allow me to join a union. I tried to change jobs, but my employer refused to let me go.

Justina

When my mother became very ill with AIDS, I would help her to have a bath, eat, go to the toilet and do her hair. When she was in hospital, I took her breakfast in the morning at 7.30am and then left for school at 8.15am. When I came home from school my sister and brother would be waiting for me in the house. I made dinner for everyone and then took dinner to Mum in hospital.*

Yoweri

I am a 12 year old Ugandan boy. A lot of people in my village are living with, or have died of, AIDS. I take part in dramas and classes at my local church to teach me and the other young people in the village about the risk of AIDS. We also learn about how important it is to care for those in the community who are sick and to treat them with respect.

Kaliamani

I am 13 years old. I come from Mumbai in India. I live with my mother and three younger brothers in a slum shack. My mother has AIDS. Two of my brothers are HIV positive. I do the washing, caring and cooking for my family, while my mother works as a rag-picker. She doesn't get paid much but it helps us to buy food. My mother does not get medicine for her illness and I know she worries what will happen to me after she dies. I will probably pick rags like my mother or get married as soon as possible.**

Mint

I am 10 years old and I live in Thailand. I have HIV. I used to get upset at school because the older children would mock me and tell the others not to play with me. This has got better recently as people are learning more about the disease. My mother and I both go to the local hospital for treatment and we get free drugs specially made for our disease. This means that my mother is well enough to get a job.**

Charles

I live in the Chongwe region of Zambia. Both my parents died from AIDS so my grandmother takes care of me and my five brothers and sisters. Money is tight so I had to leave school to work on a local farm. A few months ago a volunteer from a local community centre began coming to our home to support the family. This has made things a bit easier. They also gave us food and seeds to plant so I am hoping to return to school soon. When I have the time, I like to take part in football matches with other young people in my village.

ACTIVITY SEVENTEEN

Water Water Everywhere?



Aim

to interactively explore the use we make of water in our everyday lives and how it is unequally distributed

Age

6 years and older

Time

30 minutes

Materials

sheets of paper/card, markers, water, plastic cup

What to do

Part 1

On a large sheet of flipchart paper, draw some clouds. Brainstorm with your group all of the words they think of when they hear the word 'water' and write them into the clouds.

Cut the card into the shape of raindrops and give one to each person. Ask them to think of all of the reasons why water is so important and to write one reason on each card. Collect the cards and explain that they are the rain drops falling from the clouds. Remember to make them large enough so that everybody can see them. Group similar reasons together and ask which ones are related to health. Possible reasons are: to clean yourself, to wash your clothes, for crops and animals, to prepare food and drinks, to cool you down, to swim in, for animals and plants to live in, to wash down food.

Part 2

Ask the group to sit or kneel in a circle. The person who has the water in front of them pours it into the hands of the person on the left. That person then must pass the water into the hands of the next person and so on. The objective is to ensure there is enough water left in the hands to reach the first person again.

As a variation, use a plastic cup with some holes in the bottom. The cup is passed around the circle to see how many people it can pass before it is empty. You could also form two teams and have a competition between them to see who ends up with the most water.

Discuss what happened. How did it feel to lose so much water? In Ireland, how is water lost? What about in developing countries? Read out the facts about water around the world. Ask if any of the facts surprise, interest or anger the group. Why?

WATER FACTS

- 2005-2015 is the UN Decade of Water for Life.
- If all the earth's water could fit in a 5 litre container, just over 1 tablespoon full would be drinkable.
- Worldwide, more than 1.5 billion people do not have access to a safe and adequate water supply.
- Poor people in the Developing World pay on average 12 times more per litre of water than people connected to a town supply – they use less water, much of which is dirty and contaminated.
- 4000 children die every day from a lack of safe drinking water.

Visit www.un.org/waterforlifedecade

ACTIVITY EIGHTEEN

Photo Opportunity

Aim

that young people identify actions to promote global health

Age

10 years and over

Time

30 minutes

Materials

Photo pack, flipchart paper and markers

Note to Leader

2015 is the year that world leaders set as a target for achieving the Millennium Development Goals. For a description of the MDGs, see activity thirteen.

What to do

Break into groups of four. Lay out the photos on the floor or a table. Each group chooses a photo. Ask them to talk within their group about who is in the photo and what is going on. Give each group a marker and a sheet of flipchart paper. Ask them to draw a large V on the paper and to stick the photo below it.

On the top left of the V, the groups write 'probable future 2015' and draw or write all the things they think are likely to happen to the person/people in the photo.

On the top right of the V, write 'preferred future 2015' and draw or write what they would like to happen to the person/people by the year 2015.

In the middle of the V the groups draw or write what things need to happen in order for the person or people to move from their probable to their preferred future.

Stick the posters on the wall with the photos below them. Each group briefly describes their photo and poster.

In the large group, ask about the changes that were needed to move from the probable to the preferred future. Of the changes suggested, ask which ones young people themselves can take action on.



















