

LESSON GUIDE

GRADE 11

What Happens When HIV Infects the Body?

Performance Objectives

Students will be able to:

- Describe the sequence of HIV infection in the body.
- Understand what different types of HIV testing measure.
- Clarify the difference between HIV and AIDS.
- Describe basic aspects of treatments for HIV infection.

Motivation

- Say, “A large number of people in New York City are infected with HIV for quite some time before finding out by taking an HIV test. Many people who discover they are HIV-positive are shocked and surprised about the fact. Why do you think that is so?” Students’ responses may include:
 - They never thought it could happen to them.
 - They couldn’t believe their partner(s) could be infected.
 - This doesn’t happen to people “like me.”
 - They didn’t believe what others had told them about taking precautions.
 - They thought they took precautions all the time.
 - They didn’t feel or look sick.

Procedure/Development

- Distribute Activity Sheet 1, “Testing Positive.” Divide class into small groups, and give each group one of the case studies. Direct students to read the case studies and answer these questions:
 1. What do these individuals need to know about HIV/AIDS transmission and treatment? What questions should they ask?
 2. What information might the family members of these individuals need to know about HIV/AIDS transmission and treatment? What questions should they ask?
 3. What do they need to know about what is happening and what might happen in their bodies? What questions should they ask?

Teacher Note: The following definitions and concepts were discussed in greater detail in Grade 10. If you require further clarification, or if students did not attend the Grade 10 sessions, please refer to the Information Sheet at the end of this lesson. If students ask about HIV testing, refer to Grade 12, Lesson 4, and to Appendix A, “Student Guide to HIV Testing,” for more information.

GRADE 11 Lesson 1

NEW YORK STATE LEARNING STANDARDS 1

SKILLS

Communication
Relationship Management
Self-Management

MATERIALS

Chalkboard/Newsprint

Activity Sheet 1:
Testing Positive

Information Sheet 1:
*Questions and Answers About
HIV and AIDS*

VOCABULARY

Antiretroviral therapy
Asymptomatic
CD4 count
Chronic
Immunostimulant
Opportunistic infection
Prophylaxis
Replication
Viral load

- Elicit responses to the questions, and write them on the board or chart. Initiate a class discussion of important concepts about HIV/AIDS, using these responses. Some new or review questions may come up. Below are some questions that students may ask, along with responses. Address any concepts that are listed below that students do not raise. Be sure to review these concepts briefly with students at an appropriate level, building on their learning in prior years' lessons.

What is HIV?

The Human Immunodeficiency Virus is a bloodborne retrovirus that damages the immune system and may eventually lead to AIDS.

What is AIDS?

A diagnosis of Acquired Immune Deficiency Syndrome is made when an individual is infected with HIV and meets certain criteria established by the Centers for Disease Control and Prevention. These criteria include specific measures of damage to the immune system, and particular diseases that occur as a result of this damage.

How does HIV infect the body? What does HIV do in the body?

HIV enters the body through the transfer of body fluids from an infected individual. The body fluids that transmit HIV include preseminal fluid, semen, vaginal fluids, blood, and breast milk.

Once inside the body, HIV tries to make copies of itself via a process called *replication*. The virus cannot do this without the help of a living cell. HIV's favorite cell is the CD4 cell, a particular type of immune system T-cell. HIV takes over the cell and uses it to reproduce thousands of copies of itself. This process is known as the HIV life cycle. Doctors and researchers are working to invent drugs that stop HIV from copying itself.

Unfortunately, when the replication process is finished, the T-cell dies but the virus does not. Since this process occurs on a huge scale with many T-cells involved, the number of T-cells in the infected person's body begins to decline. The CD4 count measures this decline. Healthy people without HIV usually have a CD4 count between 500 and 1500 cells per cubic millimeter of blood. As HIV infection progresses, the CD4 count decreases. HIV is diagnosed as AIDS once the CD4 count falls below 200 cells per mm³ (cubic millimeter) of blood. At this level of CD4 cells, the body is very susceptible to illness and infection because CD4 cells fight illnesses. Even earlier (for example, when CD4 counts are below 500), because the CD4 cells have diminished, the person with HIV is more susceptible to illnesses than normal.

How do doctors measure the phase of HIV in infected people once they have tested positive for HIV?

It is important to know how strong the immune system is because this is a major factor in deciding whether to treat the infection with drugs (and which drugs to use), or simply to monitor the person's health carefully. People with HIV are advised to see their doctors regularly even if they do not have symptoms or do not feel sick, so that the progress of the infection can be monitored through CD4 counts and viral load. These two basic types of blood tests—CD4 count and viral load—will measure the phase of HIV infection:

1. *CD4 (T-cell) counts* indicate how damaged the immune system is by showing how many CD4 cells have been destroyed, and how vulnerable the body is to infections.
2. *Viral load tests* measure the amount of actual HIV (as a "number of copies") in the blood.

What happens to someone when the T-cell, or CD4, count decreases?

Someone with HIV may feel and look fine for many years and have no symptoms at all (called the *asymptomatic* phase, even though some symptoms such as swollen glands and night sweats do often occur). As the CD4 count goes down and the body loses resistance, the person may start to have signs of HIV, such as diarrhea, fever, and weight loss, while the swollen lymph nodes and night sweats persist (these and other symptoms mark the *symptomatic* phase of HIV).

At some point, the person may get an *opportunistic infection (OI)*. These are one of a series of specific infections that sometimes strike people without HIV, but are particularly common and dangerous in people with HIV because their immune systems are damaged, and the body cannot easily fight off the infections. When there is known HIV infection plus a diagnosed opportunistic infection *or* a CD4 cell count below 200 (which means the body is very susceptible to opportunistic infections), the person is diagnosed with AIDS, the most serious phase of HIV.

What is an opportunistic infection?

Our bodies carry germs (bacteria, fungi, protozoa, and viruses) all the time. Some are always there; others are acquired at a specific time from other people, animals, or the environment. Most germs do not make us sick because our immune systems protect us. But when the immune system is weakened by HIV, these germs can cause health problems. This is why they are called opportunistic: they take advantage of the “opportunity” offered by the weakness of the immune defenses. These illnesses do not happen only to people with HIV, but they are relatively rare in those with a healthy immune system. (Opportunistic infections show up not only with HIV or AIDS, but with other conditions where the immune system is weak, such as after some cancer treatments, or after organ transplants where the immune system was weakened on purpose to help the person accept the “foreign” organ.) Some examples of opportunistic infections are Kaposi’s sarcoma, recurrent pneumonia, active tuberculosis, invasive cervical cancer, HIV-related encephalopathy, and pneumocystis pneumonia (PCP). These infections are treatable, some more successfully than others. Tuberculosis is an example of a treatable infection.

Teacher Note: Visit <http://www.cdc.gov/hiv/pubs/brochure/livingwithhiv.htm> for examples of opportunistic infections on the Centers for Disease Control and Prevention’s list of AIDS-defining illnesses. This site also provides more information about the difference between HIV and AIDS.

What are some ways to treat HIV and the conditions associated with it?

HIV is a complex disease. It attacks the immune system, can leave the body susceptible to many other diseases, and can produce symptoms such as fatigue, digestive disturbances, or depression. Different types of drugs are used to treat different aspects. The major types of treatments include:

1. **Antiretroviral therapy**, which tries to interrupt the life cycle of the virus. Drugs exist that can interrupt the process of viral replication. These are the drugs we most often see advertised in newspapers, specialized HIV-related magazines, and on public transportation. Discoveries of new antiretroviral drugs, especially since 1995, have made it possible for thousands of people with HIV to live longer and healthier lives. We can now think of HIV infection as a *chronic* or long-term disease, rather than one that is rapidly fatal, and “living with HIV” as something that people with HIV learn to do.

Unfortunately, antiretroviral drugs have disadvantages. Many have very unpleasant side effects or interact badly with other drugs, requiring a person with HIV to eat or avoid eating certain foods, and to take the drugs very consistently according to a strict schedule. Because of these side effects and interactions, people with HIV and their caregivers spend a great deal of time deciding when and if they want to start antiretroviral therapy. This decision is very personal and there is no correct answer for everybody. By 2004 there were more than 26 antiretroviral drugs on the market to fight HIV. Researchers are constantly working to find new, more effective drugs. A great deal of information about the newest antiretroviral drugs is usually available free at HIV service organizations, facilities that treat HIV/AIDS, and some drugstores. (See Appendix E.)
2. **Immunostimulants** strengthen the immune system to help fight opportunistic infections.
3. **Prophylaxis medication**. Sometimes, a person whose CD4 count falls below a certain level is given medicine to prevent some opportunistic infections.

4. *Alternative treatments* offer natural, multifaceted approaches to health and can often add to the quality of life of people with HIV infection. These treatments may be consistent with a person's culture and/or, as with massage or meditation, make someone feel better. Any alternative treatment should always be used in consultation with the healthcare provider, as some can interact with other drugs used in the treatment of HIV infection. Alternative approaches such as improved nutritional plans (including macrobiotic and vegetarian diets), exercise, stress reduction, acupuncture, yoga, massage, meditation, and avoidance of alcohol and other drugs are some treatment approaches. None have proven to be 100 percent effective.
- Review immune system compromise with the class. Say, "Imagine that two friends go out to dinner, Person A, who is HIV-negative, but who has a cold, and Person B, who has AIDS (resulting from HIV infection). What health risks does each of the two people pose to one another while they are at dinner?" ANSWER: Person B, who has AIDS, does not pose a health risk to Person A at dinner. However, Person A, who has a cold, poses a threat to Person B, whose immune system is compromised because he/she has AIDS, and may not be able to fight off the infection from Person A's cold.

Summary Activity

For a quick review at the end of the lesson, have students answer the following questions:

- How does HIV affect a person's body?
- What is the difference between HIV and AIDS?
- How long might it take from the time a person is infected with HIV to the time the person has symptoms of illness?
- What are some medicinal and alternative ways people with HIV can take care of themselves?

Assessment/Homework

Have students research basic information on four medical and alternative treatments for HIV, write a few sentences about each, and answer the following question:

If you were suggesting different kinds of treatments for consideration by someone who is HIV-positive, what would you recommend asking the doctor? Why?

Testing Positive

Dean and Carla

Dean and Carla have been together for almost three years. Shortly before Carla got pregnant, Dean began having a sexual relationship with someone he met at the gym. Dean didn't really want to lose Carla, so he ended the relationship with the person at the gym and never told Carla about it. The prenatal HIV test Carla took during this pregnancy was negative, and the baby was HIV negative. After the baby was born, Dean applied for life insurance to provide financial security for the growing family. The insurance company required that Dean consent to a blood test for the HIV antibody. The test revealed infection with HIV.

Jamie and Robert

Jamie is a new student at Forest High School who has moved three times in the last year, making it difficult to make friends at school. In the past, Jamie tried to earn the love and approval of some classmates by having sex with them. All that changed when Jamie met Robert and they fell in love. Robert told Jamie that he wanted to wait to have sex. Jamie was very happy with life until about six weeks ago when several painful genital sores developed that the doctor said were from the herpes virus. Because Jamie had an STI, the doctor recommended taking an HIV test. Robert was out in the doctor's waiting room when the doctor broke the news that the HIV test was positive.

Alex

Alex is a popular high school senior, with many friends and good grades. Alex has always liked challenges in life, and has been very involved in sports and working out. As a sophomore, Alex occasionally experimented with injecting steroids that another student was using. Close to graduation, Alex decided to pursue the opportunities and challenges of a career in the military. One of the requirements was a thorough physical examination by a military doctor, including an HIV test. Though Alex was otherwise strong and healthy, the test for HIV was positive.

Kim

Kim, who is 19, is still uncertain about many things in life. Since about the age of 15, Kim has had several different sexual partners; some have been women, a few have been men. One day, Kim's grandmother, who lived up the street, was on her way through the park and saw a health fair, including a van that advertised free HIV testing right there, with immediate results. When she got home, she suggested that "just to be on the safe side," perhaps Kim should have some of the free tests, and Kim agreed to please her. Kim's HIV test came back positive.

Questions and Answers About HIV and AIDS

What is AIDS?

AIDS stands for *Acquired Immune Deficiency Syndrome*.

Acquired refers to things that are not inherited. Diseases like the measles or chickenpox are acquired, because people do not inherit them. AIDS develops from HIV, and HIV is not hereditary; it is only transmitted from person to person by specific means. Even if a baby is born HIV-positive, it has acquired, but not inherited, the virus from its mother.

Immune is defined as protected and invulnerable. Things that are immune cannot be hurt or defeated. Our bodies have an “immune system.” Its job is to protect us by fighting diseases like colds or the flu. Sometimes, you may still get sick, but your immune system continues to fight, and you get better. The immune system creates antibodies to fight the source of disease, preventing us from getting sick all the time.

Deficiency means a shortage or not enough of something. If someone is immune deficient, the immune system is not able to fight germs and diseases the way it is supposed to. Immune deficiency make the body vulnerable to various germs and diseases.

A **syndrome** is a group of symptoms that combine to create a particular condition or disease. AIDS has a specific list of symptoms that (in addition to the presence of HIV infection) define it. This list of symptoms is compiled and reviewed regularly by the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (www.cdc.gov/hiv/pubs/brochure/livingwithhiv/htm).

So, AIDS refers to a group of symptoms from a syndrome that people get from somewhere outside themselves that weakens the body's ability to protect itself from diseases.

What is HIV?

The most important thing to remember is that people do not get AIDS; they become infected with HIV, which may or may not develop into AIDS. HIV stands for *human immunodeficiency virus*.

Human obviously refers to humans or people. HIV can infect humans but not animals. HIV does not infect mosquitoes, cats (cats do get their own acquired immune deficiency syndrome, but from a different virus), dogs, hamsters, or fish. We can only acquire HIV from other people. Evidence suggests that the first human infections came from a mutation of a virus that affected chimpanzees (SIV, simian immunodeficiency virus). Mutation means the virus changed (mutated) and evolved so it could infect humans. Now there are many strains of human immunodeficiency virus.

You have already learned how to define *immunodeficiency*. A *virus* is a microscopic organism that causes disease. Viruses cause illnesses such as measles, chickenpox, the flu, and colds.

How Is HIV Transmitted?

Performance Objectives

Students will be able to:

- Explain ways HIV can be transmitted.
- Explain ways HIV cannot be transmitted.
- List the four body fluids that transmit HIV.
- Recognize the ways HIV is most likely to be transmitted to young people and children, including infants.
- Understand that the most common ways that HIV is transmitted among young people can also put them at risk for other sexually transmitted infections.

Motivation

- Write the following on the chalkboard:
Your older sibling or friend has come home and tells you that today at work guest speakers talked about HIV/AIDS. One of the speakers has an HIV-positive child who is 14 years old.
- Ask, “How could this young person have become HIV-positive? What are all the possible ways? Are some more likely than others?” Have students brainstorm possible answers.

Procedure/Development

- Write students’ responses on the chalkboard under the heading “Ways HIV Can Be Transmitted.” Answers that students may suggest include:
 - Blood transfusions.
 - Sexual intercourse including anal, vaginal, or oral contact with a person of a different gender or of the same gender, whether voluntary or not.
 - Mother to baby, in the womb, during childbirth or via breastfeeding by an HIV-positive mother.
 - Using needles that have been used before for drug use, or other activities where needles have come into contact with bodily fluids and have not been adequately sterilized.
 - Sharing needles, syringes, or other equipment (such as filters or “cottons,” mixing containers or “cookers,” drug solutions, and water or other liquids) used to prepare drugs or other substances for injection. HIV can be transmitted because sharing these items allows blood or other body fluids from one person to be transferred to another.
 - Other activities (accidental or deliberate) that involve contact with body fluids. Rare examples might include patients getting HIV from healthcare professionals or their instruments, and healthcare professionals getting HIV from accidental needle sticks.

GRADE 11 Lesson 2

NEW YORK STATE LEARNING STANDARDS 1

SKILLS

Decision Making
Relationship Management
Self-Management

MATERIALS

Chalkboard

Activity Sheet 1:
HIV Transmission

VOCABULARY

Organ Transplant
Preseminal Fluid
Semen
Sperm Donor
Transfusion
Transmission

- Define and discuss HIV. Remind students that “HIV” stands for human immunodeficiency virus, the virus that causes AIDS. HIV breaks down the body’s immune system (the body’s natural defense system), making HIV-positive people vulnerable to dangerous and sometimes fatal illnesses, including infections, certain cancers, and neurological disorders.
- Define and discuss the word *transmission* as meaning something being passed from one person to another.
- Discuss why some infections are easy and some are hard to transmit. Ease of transmission depends on mode of transmission (e.g., airborne is generally easier to transmit than bloodborne); the condition of the person who may get the infection (i.e., a person whose immune system is already weakened by illness is more likely to catch a new illness); the strength or virulence of the infectious agent (e.g., even though both are bloodborne, Hepatitis C is easier to acquire than HIV); the dose or amount of the infectious agent transmitted; and environmental factors (e.g., sanitation, crowding, travel, uncirculated air) that may make transmission easier.

Teacher Note: Be sensitive to the fact that some students may themselves be HIV-positive, or have friends, family members, or relatives who became infected in ways you will discuss. Many young people who were infected via transmission from their mothers are now in or entering their teen years.

- Distribute the activity sheet for this lesson, and ask students to complete the first section.
- After several minutes, ask students to share their responses. Review and list responses on the board under the heading “The Body Fluids that Transmit HIV.”
- Be sure to elicit these correct responses:
 1. Blood, including menstrual blood.
 2. Semen and preseminal fluid (“pre-cum”).
 3. Vaginal fluids.
 4. Breast milk.
- Note that some other ways that HIV may be transmitted are possible (as they do involve body fluid contact), but highly unlikely. These include:
 - Blood transfusions, if received in some countries outside the U.S. (Blood donations in the U.S. are screened and tested very thoroughly, and domestic cases of HIV transmission from receiving blood are rare. It is impossible to be infected with HIV by donating blood.)
 - Receiving anonymous donated sperm. This is highly unlikely, as most sperm donations are screened, and (like blood donations), potential donors who are at high risk of being HIV-positive are generally prohibited from donating.
 - **Saliva, tears, and sweat are also body fluids. However, scientists have not found any cases where they transmitted HIV.**
- Instruct students to complete the second section of the worksheet by circling those behaviors that can put one at risk of HIV infection. After several minutes, review and list responses on the board under the heading “Risk Behaviors for HIV Infection.” Correct any misconceptions students may have about HIV transmission and risk.
- Instruct students to write the numbers from the labeled body fluids on the activity sheet next to the circled activities with which they are associated.

- Review the correct answers to the third section of the worksheet.
- Ask, “What do you notice about the relationships between body fluids and behaviors?” Elicit that body fluids can correspond to more than one behavior, and that behaviors that involve contact with body fluids are riskier than those with no contact with body fluids.

Emphasize that although any behavior or activity involving contact with these four fluids can transmit HIV, there are large differences in how likely this is to happen. These differences depend on the type of body fluid and the type of contact.

Assessment/Homework

Write a story about a week in the life of a teenager who is HIV-positive. Include at least three ways that this person avoids risk behaviors or other behaviors that could transmit HIV to another person, and how transmission is prevented.

At the beginning of a subsequent class period, have volunteers share their stories, and ask fellow students to correct any misinformation about methods of HIV transmission.

Activity Sheet 1

HIV Transmission

A person infected with HIV has the virus in his or her body fluids. In order to have the potential to transmit HIV from one person to another, infected body fluids have to get inside another person's body. If body fluids just get ONTO (not INTO) someone else's skin, they are very unlikely to cause HIV infection unless the skin is broken, cut, or irritated, because then the body fluid can penetrate through to the bloodstream. Otherwise, the skin is generally an effective barrier to HIV (and many other pathogens). Infected body fluids may also get through mucous membranes (like the lining of the vagina), especially if there are sores or irritations.

To find out how much you know about HIV transmission, take the following quiz.

Directions

1. Circle each ACTIVITY OR BEHAVIOR that could allow body fluid(s) from an infected person to enter someone else's body and cause infection.
2. Next to each circled ACTIVITY OR BEHAVIOR, write the number (or numbers) of the body fluid(s) that are associated with that behavior.

BODY FLUIDS	ACTIVITIES OR BEHAVIORS
1. Blood	___ Holding Hands ___ Sharing Needles, Syringes, or Other Injection Drug Equipment
2. Saliva	___ Breastfeeding
3. Semen	___ Hugging
4. Urine	___ Vaginal Intercourse ___ Sharing Headphones or Telephones
5. Blood Products	___ Kissing
6. Feces	___ Dancing
7. Tears	___ Oral Intercourse
8. Vaginal Fluids	___ Blood Transfusion
9. Breast Milk	___ Sharing a Sandwich ___ Anal Intercourse
10. Sweat	___ Organ Transplant
11. Preseminal Fluid	___ Sharing a Toilet
12. Vomit	___ Eating in a Restaurant
	___ Visiting a Hospital

HIV Transmission

A person infected with HIV has the virus in his or her body fluids. In order to have the potential to transmit HIV from one person to another, infected body fluids have to get inside another person's body. If body fluids just get ONTO (not INTO) someone else's skin, they are very unlikely to cause HIV infection unless the skin is broken, cut, or irritated, because then the body fluid can penetrate through to the bloodstream. Otherwise, the skin is generally an effective barrier to HIV (and many other pathogens). Infected body fluids may also get through mucous membranes (like the lining of the vagina), especially if there are sores or irritations.

To find out how much you know about HIV transmission, take the following quiz.

Directions

1. Circle each ACTIVITY OR BEHAVIOR that could allow body fluid(s) from an infected person to enter someone else's body and cause infection.
2. Next to each circled ACTIVITY OR BEHAVIOR, write the number (or numbers) of the body fluid(s) that are associated with that behavior.

BODY FLUIDS	ACTIVITIES OR BEHAVIORS
1. Blood	_____ Holding Hands <u>1,5</u> Sharing Needles, Syringes, or Other Injection Drug Equipment
2. Saliva	<u>9</u> Breastfeeding
3. Semen	_____ Hugging _____ Sharing Headphones or Telephones
4. Urine	<u>1,3,8,11</u> Vaginal Intercourse <u>1,3,6,11</u> Anal Intercourse
5. Blood Products	_____ Kissing <u>1,5</u> Organ Transplant
6. Feces	_____ Dancing _____ Sharing a Toilet
7. Tears	<u>2,3,8,11</u> Oral Intercourse _____ Eating in a Restaurant
8. Vaginal Fluids	<u>1,5</u> Blood Transfusion _____ Visiting a Hospital
9. Breast Milk	_____ Sharing a Sandwich
10. Sweat	
11. Preseminal Fluid	
12. Vomit	

SKILLS

Communication
Relationship Management
Self-Management

MATERIALS

Chalkboard

Activity Sheet 1:
Refusal Techniques

VOCABULARY

Strategies
Techniques

How Can We Avoid Behavior That Can Lead to HIV Infection?

Performance Objectives

Students will be able to:

- Develop communication techniques that will enable them to avoid a variety of behaviors that might lead to HIV infection.
- Learn a repertoire of communication skills useful in many situations, including assertiveness, limit-setting, negotiation, refusal, and stepping back.

Motivation

- Divide students into groups of three. Two will be actors in a role-play, while the third will be an observer who should take notes. Tell students they will have three minutes to role-play the following situation. Ask the observers to jot down arguments or rebuttals that seem particularly effective or noteworthy.

You and a friend are at your home. Your friend wants to go shopping and look at CDs at the store. Your friend also wants to “borrow” some money from the small “emergencies” cash your parents keep at home for you to use to fix dinner for you and your baby sister when they aren’t able to make it home on time. You have very little money of your own right now, and your parents have not given permission to use this money for anything but emergencies.

Procedure/Development

- After the role-play, ask observers to give examples of arguments or rebuttals that the actors used in the role-play. Write these on the chalkboard in two columns: one for arguments, and the other for rebuttals. An example follows:

Arguments

- “They’ll never know the difference, and you won’t need the money for weeks.”
- “You’re just chicken.”
- “If you don’t lend me the money, I’ll tell everybody about that secret you told me.”
- “Come on, you have to take some chances in life!”

Rebuttals

- “You can’t tell what will happen. I could need it to buy today’s baby food for my sister.”
 - “Come on, don’t get into name-calling.”
 - “Why are you threatening me? Is the money more important to you than our friendship?”
 - “Let’s fix a snack and just get our minds off this for a while.”
- Say, “There are many communication techniques that people can use to cope with this kind of pressure. Sometimes we just use a polite excuse (“I wish I could, but there’s not enough money left to ‘borrow’ from”), but developing other communication techniques is important so that we are prepared and not caught off guard when others try to influence us. What are some of the techniques used in these rebuttals?” Possible responses include:

TECHNIQUE	EXPLANATION	EXAMPLE
State a strong refusal.	Give a clear “no.”	“I’m not taking the money no matter how many times you ask me!”
Give a good reason.	Justify the “no.”	“If I show my parents I can’t be trusted, they will never let me anywhere near the family grocery money. Your parents would be furious if they found out from my parents that the money was taken while we were here.”
Offer an alternative.	Present a different choice.	“Let’s pool the money we do have and do something other than shopping. Or let’s wait until your parents get home and ask one of them to loan us a little.”
Step back.	“Buy time” by delaying a decision; state the need for more time to think about it.	“I need some time on this. Let’s slow down and think it through.”
Take a caring approach	Describe why the “no” is better for everyone.	“I like you too much to get you into trouble,” or “I don’t want your family to get angry with me.”

- Say, “Each technique probably has a different effect. Let’s discuss how the different effects can lead to very different outcomes.
- Split the class into small groups of no more than five. Say, “Now, in your small groups, I want you to design a scenario that you could use to teach refusal skills about sexual behavior. When you’re finished, you’ll present it to our class.” Have students design a scenario, and ask each group to present their scenario and three possible refusal techniques to the class. After each scenario is presented, ask the rest of the class to identify what the risk behavior is and to give examples of additional effective refusal techniques that would fit with the scenario.

- Ask, “Which refusal strategies or techniques would help avoid behavior that could lead to HIV infection?” Write students' responses on the board under "Avoiding Risk." Possible responses include:
 - Giving alternatives.
 - Giving reasons.
 - Taking a caring approach.
 - Taking a strong position.
 - Taking a step back.
- Ask students: “How can we apply these strategies to avoid possible HIV infection through sexual intercourse?” Come up with responses for each of the techniques. Write students' replies on the board under “Application.”

Possible responses include:

TECHNIQUE	EXPLANATION	APPLICATION
State a strong refusal.	Give a clear “no.”	“I don’t want to.” “I really don’t feel like it.” “It’s not right for me.” “I just don’t do that kind of thing.” “Stop being selfish.” “If everybody is really doing it, you’ll have no trouble finding someone else.” “Please leave.” “Please stop.” “Please don’t do that.”
Give a good reason.	Justify the “no.”	“My parents would be very disappointed in me.” “I don’t want to get that involved.” “My religion doesn’t allow that.” “I don’t like feeling pressured.” “Think about what could happen, like infections or pregnancy; it’s just too risky.” “I like you but I’m not sure we’re that close.” “I’m not sure we’re old enough for the responsibility.” “That’s just for older people.” “I’m flattered by your interest, but I’m not ready for it.” “I’m not letting you talk me into something I don’t really want.” “One thing can lead to another too easily.” “It might make me feel bad.”

TECHNIQUE	EXPLANATION	APPLICATION
Offer an alternative.	Present a different choice.	<p>"Let's go somewhere else instead."</p> <p>"Let's go to the library and work on homework instead."</p> <p>"Let's go somewhere and have a snack and talk."</p> <p>"If you want to talk more privately, send me an e-mail or call me later."</p> <p>"I know you care about me, but maybe we don't have to show it that way. Instead..."</p> <p>"Could I have a big hug instead?"</p>
Step back.	"Buy time" by delaying a decision; state the need for more time to think about it.	<p>"I need some time on this. It's a big decision."</p> <p>"I need to think about how I feel about spending time with you."</p> <p>"We need to think about what kind of relationship this is."</p> <p>"I'm not ready."</p> <p>"I need to be sure I'm comfortable with this."</p>
Take a caring approach.	Describe why the "no" is better for everyone.	<p>"I like you too much to take a chance of messing up our relationship."</p> <p>"It may not be good for us."</p> <p>"I'm not sure I'm ready for that kind of commitment."</p> <p>"There are a lot of things going around, and I care about our health and safety."</p> <p>"Neither of us is ready."</p> <p>"One thing can lead to another, and we need to be ready."</p> <p>"I care about and respect you, so please respect my choices and feelings."</p>

Assessment/Homework

Pass out the Refusal Techniques blank worksheet. Ask students to complete the activity. Read aloud the following instructions, which are also on the worksheet:

Think of a situation that you've been in, that one of your friends has been in, or that you can imagine a student your age being in, where there is pressure to engage in unwanted sexual activity. Write up the situation (without using real names), and fill in the *Refusal Techniques* worksheet with each of the different kinds of possible rebuttals for the situation that you've come up with.

Activity Sheet 1

Refusal Techniques

Think of a situation that you've been in, that one of your friends has been in, or that you can imagine a student your age being in, where there is pressure to engage in unwanted sexual activity. Write up the situation (without using real names), and fill in this Refusal Techniques worksheet with each of the different kinds of possible rebuttals for the situation that you've come up with.

SITUATION:

TECHNIQUE	EXPLANATION	APPLICATION
State a strong refusal.	Give a clear "no."	
Give a good reason.	Justify the "no."	
Offer an alternative.	Present a different choice	
Step back.	"Buy time" by delaying a decision; state the need for more time to think about it.	
Take a caring approach.	Describe why the "no" is better for everyone.	

How Can We Reduce Our Risk of Getting or Transmitting HIV Infection or Other Sexually Transmitted Infections (STIs)?

Performance Objectives

Students will be able to:

- Understand that for HIV and other sexually transmitted infections (STIs), sexual risk means putting yourself or your partner at risk for infection.
- Define “risk behavior,” and clarify how risk behaviors relate to HIV infection or infection with other STIs.
- Assess acceptable risk versus unacceptable risk.
- Understand that anyone can get or transmit HIV.
- Understand what defines the risk of transmission of HIV or other STIs in any sexual behavior.
- Understand that the same unprotected sexual act can transmit HIV or other STIs, that many STIs are more common and easier to acquire than HIV, that the presence of another STI greatly increases the risk of being infected with HIV, and that unprotected vaginal intercourse can also result in unplanned pregnancy.
- Understand how risk for sexual transmission of HIV and some other STIs can be avoided completely by abstinence, and can be reduced by use of condoms or other barriers that can prevent contact with body fluids that may be infected and that can transmit an infection.
- Understand the correct and consistent use of latex or polyurethane condoms to reduce (but not eliminate) risk of transmission of HIV or other STIs.
- Clarify their own concepts of risk and responsibility to themselves and others around sexual behavior.

GRADE 11 Lesson 4

Prevention

NEW YORK STATE LEARNING STANDARDS 1

SKILLS

Decision Making
Planning and Goal Setting
Relationship Management
Self-Management

MATERIALS

Chalkboard

VOCABULARY

Abstain
Risk
Risk Behavior
Sexually Transmitted Infection (STI)
Barrier Method
Condom

Motivation

- Ask, “How do we define *risk*?”

Answer: A risk is something that creates a likelihood that some type of harm will occur. The nature and seriousness of the harm can differ, so can the likelihood that the harm will occur.

- Say, “Some risks are totally avoidable, others are not. If a risk is not avoidable, the ‘acceptable’ level of risk depends on the nature of the harm that remains after all possible measures have been undertaken to reduce the risk.”
- Say, “For example, crossing the street in New York City can be risky business. If you cross a busy street in the crosswalk when the sign says “WALK,” there is a small risk that you might be hit by a car. If you cross when the sign says “DON’T WALK,” you have an increased risk of being struck by a passing vehicle. If you cross against the light, in the middle of the street, at night, wearing dark clothing, your risk of being injured or killed would increase with each additional factor. You also risk endangering the people in the cars who swerve to avoid hitting you.”
 - Ask, “How is it possible to *eliminate* risk of being hit by a car?” (Answer: The only way to totally eliminate the risk of ever being hit by a car is to never cross a street that has cars.)
 - Ask, “How is it possible to *reduce* risk of being hit by a car?” (Answer: When you are ready to cross the street, you follow all traffic and safety rules.)
- Ask, “What is an ‘acceptable’ level of risk?”
 - Say, “An acceptable level of risk is one that does not unreasonably endanger a person’s life or health. People’s ideas of “unreasonable” depend on their values and their decisions about what is important to them.”
- Ask, “How do we define “risk behavior”?”
 - Say, “Behavior is something people do, an activity. Risk behavior is any behavior that leads to a risk, such as a risk of transmitting HIV or another STI (generally, the same behavior carries risk of both HIV and other STI transmission, and may also include risk of pregnancy).”
- Ask, “Can anyone engage in ‘risk behavior’?”
 - Say, “Yes, it is an activity, not a characteristic of the person. People may differ in the exact types of risk behavior they are most likely to be involved in. These differences will depend on factors such as their age, gender, sexual orientation, community, family. But risk behavior is something we do, not an aspect of who we are, like our race or our gender. That means we have some control over risk, and can make some choices about risks we take and ways to protect ourselves.”
- Ask, “How can we protect ourselves from risk?”
 - Say, “There are two ways to protect ourselves from risk. One is to avoid any exposure to the risk. The other is to take some risk, but use the best available precautions to reduce it, usually by putting a barrier between ourselves and the risk.”

Procedure/Development

- Say, “We all take risks in life. Let’s divide into small groups. I will give the class a story. As a group, read the story, and then identify the risks faced by the characters. Have one group member take notes.”
- Give each group the following story:

NIKKI and JAVIER

Nikki and Javier are 17 year-old classmates who have been seeing each other for a few months. After a movie or dinner, they sometimes meet up with friends and have a few drinks before going home. The alcohol has been increasing their desire for sexual intimacy. Nikki is sure that Javier will want to have some kind of sexual activity the next time they are alone together, especially if Javier drinks beer or maybe even uses drugs with friends from the neighborhood. The only thing Nikki has ever heard Javier say about condoms is that some people don’t like using condoms. Nikki knows that lots of people use them after finding out that they or their partner have a sexually transmitted infection (STI), or to prevent getting HIV or other STIs in the first place.

Neither Nikki nor Javier has been to a doctor lately. They don’t know if either has an STI now, but Nikki had an STI in the past that she got from someone she dated before Javier. This means that they also do not know if one of them has one of the STIs that can be transmitted skin-to-skin from sores in the genital area, like human papillomavirus (HPV, or genital warts), herpes, or even syphilis. (Some of these have few symptoms at first, and the site of the infection can be outside the area covered by a condom.)

What are the risks faced by Nikki and Javier?

- With the following question, resume discussion as a whole class. Ask, “If Nikki and Javier have some type of sexual intercourse or activity, are they at risk of the sexual transmission of HIV?” List the specific risk factors that are involved for each person. Record students’ responses on the board, making sure they include the following:
 - Both Nikki and Javier do not know their own or each other’s HIV status, so both are potentially at risk for HIV infection.
 - Nikki has had an STI in the past. We don’t know whether it is a recurring or chronic STI or if it is something that was cured. Regardless, this could place Javier at risk of acquiring an STI. It also increases Nikki’s risk of HIV infection because sores/lesions from many different STIs can be entry points for the virus.
 - Both partners do not know the complete drug, STI, or sexual history of their own or one another’s previous partners, so both are at risk.
 - Unprotected sexual activity puts both at risk for bringing potentially infected body fluids of one into contact with the mucous membranes or with the body fluids that can transmit infection of the other.
 - Javier has been using drugs; if that includes injecting, especially sharing needles, syringes, or other injection equipment with an HIV-infected person, Javier and Nikki are both at risk because Javier could be HIV-infected and could pass the virus on to Nikki.
 - Both Javier and Nikki are at increased risk when they drink alcohol and/or take other drugs because drugs, including alcohol, can impair their judgment, making it more likely for them to practice risk behaviors, such as sexual intercourse without using a latex or polyurethane condom, or without using a condom correctly.
 - Even one episode of risk behavior may be enough to transmit HIV or another STI.

- Ask, “Given these facts, how would you categorize Javier and Nikki’s risk for sexual transmission of HIV if they engage in sexual activity? High, medium, or low risk?” The students should conclude that there is some risk involved in any sexual activity that brings potentially infected body fluids of one into contact with the mucous membranes or the body fluids that can transmit infection of the other.
- Ask, “Is this an ‘acceptable level of risk’ for either of them? Why?” The students should conclude: Both Nikki and Javier are at risk for HIV. This can endanger their health and lives.
- Ask, “How can Javier and Nikki eliminate or reduce their risk of HIV infection?” Answer: abstain from sexual intercourse and find other ways to express their feelings for each other (to eliminate their risk of sexual transmission of HIV). If they decide to be sexually active, use a latex or polyurethane condom correctly and consistently (to reduce risk of sexual transmission of HIV); also, they can reduce their risk by not having sex after alcohol/drug use.
- Ask, “Would it make any difference if Javier and Nikki were both men? If they were both women?” The students should conclude that some risk is involved in any contact of infected body fluids or mucous membranes (e.g., of vagina, anus/rectum, or throat) no matter who the partners are. (The exact type of risk and the likelihood of it will differ according to the activity and type of fluid involved, not by the gender of each of the two people involved.)
- Ask, “What is a condom?” Answers should include “a specific type of barrier method; a device which, if used consistently and correctly, is designed to reduce (but not eliminate) the risk of pregnancy and infection with many STIs, including HIV.”
- Ask, “What do we know about the effectiveness of condoms?” Elicit students’ answers. Fill in gaps in students’ knowledge with the following information:
 - For people who are sexually active, using condoms is the best way to prevent HIV infection. However, condoms must be used properly to protect from infection. It is therefore very important to learn when and how to put on a condom. Only FDA-approved latex or polyurethane condoms should be used.
 - Many people think they can tell if a partner has HIV. But most people who are HIV-positive do not look sick, and one in four people living with HIV in the United States today does not even know he/she is infected. Because it is not possible to tell if someone is HIV-positive just by looking at him/her, it is important to use a condom every time you have sex with someone who has not been tested in the past three months. It is also true that not everyone will report accurately about testing results or about any risk behaviors since testing. Using a condom every time protects you from infection and helps give you peace of mind.
- Ask, “What kinds of condoms are there and how are they used correctly?” Answers should include: male and female condoms; latex condoms for men and polyurethane condoms for women. (Latex is a form of rubber; polyurethane is a form of plastic.) Answers may also include: male polyurethane condoms, e.g., for those who are allergic to latex.
- There are many different types of condoms with different lubricants, tips, textures, and colors. Some are coated with a spermicide, a substance that “kills sperm” and provides additional protection against pregnancy. Condoms with the spermicide nonoxynol-9 (N-9) should not be used.
- Ask, “What does ‘correct and consistent’ condom use mean?” Make sure all answers include:
 - Consistent condom use means using a condom during every act of penile/anal, penile/vaginal, or oral/penile intercourse, from the time of erection throughout the entirety of sexual contact.

- Correct condom use for the male condom means:
 - > Making sure the condom package is not damaged or torn, and that the expiration date has not passed.
 - > Being sure that latex condoms have been stored where heat cannot damage the latex.
 - > If using a lubricant with a latex condom (which is recommended, to reduce friction and improve the likelihood of a condom’s effectiveness), use only water-based lubricants. Check the lubricant package to see if it says “water-based” or “safe to use with condoms.” Do not use oil-based lubricants, such as baby oil, Vaseline, or other petroleum jelly, as they can damage a latex condom.
 - > Never reusing condoms; use a new one for each sexual act.
 - > Following all of the manufacturer’s directions. These include:
 1. Tear the package open along the notched edge while being careful not to damage the condom. Never use a sharp object to help open the package.
 2. Pinch the tip to allow room for preseminal fluid and semen.
 3. Being sure that the condom is right-side up (tip up), roll the condom down on the erect penis to the base.
 4. Smooth out any air bubbles. Use a water-based lubricant if needed to reduce friction.
 5. When intercourse is finished, hold the base of the condom and withdraw the penis while it’s still erect.
 6. It is now safe to remove the condom.
 7. Tie a knot in the end of the condom. Discard the used condom in the trash, not in the toilet.

The **female condom** is a *polyurethane* (not latex) sheath that loosely lines the vagina and covers the outside vaginal area. It has thin, flexible rings at either end. The inner ring anchors the female condom behind the pubic bone and the outer ring lies outside of the vagina. It comes pre-lubricated (silicone-based) and can be inserted before intercourse, without an erection or male participation. The polyurethane is not compromised by oil-based lubricant or high temperatures, and proves to be stronger than latex. The female condom has been reported as having similar rates of effectiveness in preventing STIs and pregnancy as the male condom when used correctly and consistently. However, rates of correct and consistent use with the female condom appear to be lower than with the male condom. This may be due to inexperience with proper insertion and usage. It should be noted that the female condom is about five times the cost of male condoms and may not be available through all free condom programs and retail stores.

- Correct condom use for the female condom means:
 - > Practicing insertion can help users feel more comfortable and confident.
 - > Making sure the package is not damaged or torn and that the expiration date has not passed.
 - > Inserting the “female condom” before there is any contact with the penis.
 - > NOT using a male condom and female condom together; this can:
 - increase friction and reduce the effectiveness of both,
 - break down the latex because of the oil-based lubricant on the female condom, AND/OR
 - cause the condoms to stick to each other resulting in slippage/displacement.
 - > NEVER reusing a condom—male or female.
 - > Following all of the manufacturer's directions. These include:

1. Tear open the package carefully along the notched edge. Do not use anything sharp (teeth, scissors, etc.) to open it.
 2. Squeeze the inner (closed-end) ring between your thumb and forefinger (or middle finger), making it long and narrow.
 3. After finding a comfortable position for insertion (squatting, lying down, etc.), insert the inner ring into the vagina and feel it move into place.
 4. Using the index finger, push it in as far as it will go. Be sure the sheath is not twisted. The open-ended ring should rest outside of the vulva.
 5. Be careful to guide the penis into the pouch through the outer ring, not outside the condom.
 6. To remove the condom, twist the outer ring and pull it out gently.
 7. Dispose of the condom in the trash, not the toilet.
- Ask, “If Nikki and Javier decide to have sex using a latex condom, will that put them at an “acceptable” level of risk for the sexual transmission of HIV, assuming that all the other facts in their story remain the same?” Answers may include:
 - No, their health and life may still be endangered to some extent because:
 - > it is unlikely that they will use a condom correctly or consistently if they have been drinking or using drugs.
 - > a condom will not cover all areas that human papilloma virus (HPV, or genital warts), herpes, and other skin-to-skin STIs may affect. Some of these can have few or no symptoms at first. Male condoms, whether latex or polyurethane, do provide some protection for the areas covered. Yet Nikki and Javier could have an undiagnosed skin-to-skin STI. If either of them did, they could transmit it and in turn be at greater risk of HIV infection in the future because of having an STI. Female polyurethane condoms have not been as well tested as male condoms, but they do provide greater coverage of the area outside the vagina, thus offering some additional protection against the skin-to-skin STIs. Remember: NEVER use a male and female condom at the same time. The friction and the oil-based lubricant can increase the likelihood of breakage for both and the latex and polyurethane can stick together causing slippage or displacement.
 - > condoms may occasionally break.
 - Students may also correctly respond that as a drug user, Javier is at risk for the nonsexual transmission of HIV, particularly if drugs are injected, regardless of sex with Nikki.

Teacher Note: In developing the concept of “acceptable risk,” point out to students that as long as there is any possibility of STIs, including HIV, sexual intercourse (even with the correct and consistent use of a condom) is never a risk-free choice for a young person to make.

- Ask, “Is there something Nikki and Javier can do to eliminate the risk of acquiring HIV from each other sexually?” Answers should conclude:
 - The only way Nikki and Javier can eliminate the risk entirely is to abstain from sexual intercourse in any form, and express their closeness in some way that does not involve exposing each other to potentially infected body fluids (blood, semen and preseminal fluid, and vaginal fluid). This kind of abstinence is the only one hundred percent effective way to eliminate the risk of the sexual transmission of HIV.
 - Nikki and Javier can safely do other activities to express their feelings for each other. These include hugging, touching, holding each other, and kissing.

Assessment/Homework

Many sexually active young people do not realize they are putting themselves at any risk of HIV and AIDS. Have students create two poems, raps, or public service messages. The first should encourage young people to break the chain of HIV infection by abstaining from sexual intercourse (and include other options for safe intimacy with partners), and the second should review the steps for using a condom correctly and consistently for teens who are sexually active.

Prevention

NEW YORK STATE
LEARNING STANDARDS
1

SKILLS

Communication
Decision Making
Planning and Goal Setting
Relationship Management
Self-Management

MATERIALS

Chalkboard/Newsprint

Handout:

Reasons to Abstain From Sex

VOCABULARY

Abstinence
Obstacle
Peer Pressure

What Is the Role of Abstinence in Preventing Infection with HIV and Other Sexually Transmitted Infections (STIs)?

Performance Objectives

Students will be able to:

- Recognize how abstinence from sexual intercourse (specifically, behavior that can transmit HIV and other sexually transmitted infections) and abstinence from alcohol and other drug use can help to reduce the risk of infection with HIV or other STIs.
- Appreciate that there are alternative means of expressing intimacy and affection.
- Identify factors affecting personal decisions about current and possible future sexual behavior, and about alcohol and other drug use.

Motivation

- Say, “The only 100 percent effective way to prevent the transmission of HIV and other STIs is abstinence from drug use and from sexual intercourse, especially risk behavior that can transmit HIV or other STIs.” Ask students how they feel about that statement, and discuss their reactions.

Procedure/Development

Teacher Note: In formulating the definition for abstinence in the following discussion, make sure all students understand that abstinence from sex and drugs, including alcohol, requires them to delay gratification (say “no” for now or in the short term) in order to protect themselves until they are ready to make other choices about relationships, sexual behavior, use of legal drugs such as alcohol, and protection of themselves and their partners in new adult life roles.

- Ask, “What do you think ‘abstinence’ means?” Write responses on the board and use them to formulate a definition of abstinence. Possible subjective responses that students might give include:
 - Not having sexual contact of any kind.
 - Not engaging in types of sexual behavior that can bring infected body fluids into contact with a partner’s body fluids or mucous membranes.
 - Waiting until you’re married to “do it.”
 - Waiting for the right person or right relationship.

- Avoiding sexual activity with people you don't know well.
- Not “going all the way.”
- Not having vaginal (penis to vagina) or anal (penis to anus/rectum) sex.
- Not having oral (mouth to penis or vagina) sex.
- Not using drugs, including alcohol.
- Not using “hard” drugs.
- Not injecting drugs.
- Not using illegal drugs.

Teacher Note: If students do not mention drug use, introduce that topic into the discussion. Discussions of drug use should address not only alcohol and other drugs, but also tobacco. Tobacco is often a “gateway” to use of other drugs; like alcohol and other drugs; tobacco is addictive and is illegal for young people.

Note: You may wish to provide students with “The Decision-Making Process” chart that appears at the end of this lesson.

- Ask, “What are some of the characteristics and skills that a young person needs to have or to develop in order to be abstinent from sex and drugs including alcohol, particularly from behavior that could transmit HIV or other STIs?” Possible responses include:
 - Self-control.
 - Understanding oneself.
 - Understanding the nature of sexual behavior.
 - Understanding one’s own sexual interests and choices and those of others.
 - Appreciating the relationship between sexual behavior and health.
 - Ability to get information.
 - Ability to learn and interpret information.
 - Understanding the limits of risk reduction.
 - Ability to balance the risks or costs vs. benefits of behavior.
 - Communication skills.
 - Respect for the well-being and health of self and others.
 - Respect for others’ choices and values.
 - Courage (to stand up for oneself and defend decisions).
 - Wisdom (to be guided by the advice of parents, teachers, and other trusted adults).
 - Unselfishness (willing to put the best interest of others ahead of one's own wants or desires).
- Ask, “What are some reasons for abstaining from sex, especially sexual activity that can transmit HIV or other STIs? List responses on the board, perhaps putting them under the categories of “health,” “personal choices and identity,” “relationships,” and “values.” The handout on the following page indicates some possible responses:

Reasons to Abstain from Sex (Especially Sexual Behavior that Can Transmit HIV or Other STIs)

Health Reasons

- To completely avoid any possible health consequences, including HIV, STIs, unplanned pregnancy.
- There is no absolute protection from HIV, STIs, unplanned pregnancy.
- Condoms are not 100% effective against all health risks.

Personal Choices and Identity

- I feel good about myself and don't want/need to have sex.
- I'm not sure I'm ready for the kind of relationship having sex might require.
- I have a lot of other things to do.
- I don't trust my own emotions.
- I need more information before I do things.
- I'm not the kind of person who always "follows the crowd."
- I want to be able to choose to have sex when I want to, not because I feel I have to.

Relationships

- I want to know that my partner is dating me for who I am, not just for sex, and is willing to wait, or respect my choices.
- It would disappoint my family.
- I'm just having fun; I'm not that serious about my partner.
- I'm not ready for a serious relationship.
- People might talk about it.
- I don't want to take the chance that I will feel exploited or used.
- It might change the nature of our relationship.

Values

- I place a value on my body and the importance of reserving sexual intimacy for a long-term commitment such as marriage.
- It's against my religious beliefs, or those of my family.

- Emphasize that regardless of other reasons (including personal, family, and community values and beliefs), abstinence from behaviors that can transmit HIV or other STIs is the safest thing from a health standpoint, as it means abstinent individuals are not exposed to the risks of transmission.
- Say, “Let’s talk about abstaining from use of alcohol and other drugs. We usually think of drugs that are illegal, such as cocaine, marijuana, or heroin. But sometimes people misuse or overuse prescription drugs or other legal drugs for non-medical purposes. These drugs might include tranquilizers, painkillers, hormones, or steroids. Finally, alcohol and tobacco are often considered types of drugs. Although they are legal, they can have consequences for health and well-being in several ways.”
- Ask, “What are some reasons for abstaining from alcohol and other drugs?” List responses on the board, perhaps putting them under the categories of “health,” “personal choices and identity,” “relationships,” and “values.” The following box indicates some possible responses:

REASONS TO ABSTAIN FROM USING ALCOHOL OR OTHER DRUGS

Relationships and Society

- I don’t want people—especially people who are important to me, like my family and loved ones—looking down on me.
- My family would be disappointed and not trust me.
- Most drugs are illegal, and using them can have consequences that include jail time and fines.
- Since many drugs are illegal, getting and using them brings us into contact with illegal activities and sometimes violence.
- There may be other legal or educational consequences (such as arrest, school suspension).

- Ask, “Since abstaining from sexual activity and from alcohol and other drugs is the best and most successful way to prevent the spread of HIV, what keeps young people from remaining or becoming abstinent?” The following box outlines some possible responses:

Reasons Given for NOT Abstaining from Sexual Activity

- My feelings of sexual desire are strong.
- I think that everyone is sexually active.
- I am experiencing peer pressure.
- I believe that sex is fun and/or cool.
- It’s difficult to keep under control when I’m in a sexual situation.
- I don’t know about or forget about the risks associated with sexual activity.
- I think that being sexually active will show my partner how much I care about him/her.
- I want to hold on to a partner who I think might leave me if I’m not sexually active.
- I am in love.
- I want to feel good.
- I want to have a baby.
- I want to feel closeness and intimacy with someone that I care about.
- I’m lonely.
- It’s a part of growing up.
- I want to experiment and try new things.
- I want to find out more about myself sexually.
- I want to explore my own sexuality.

Reasons Given for NOT Abstaining from Alcohol and Other Drug Use

- I am curious and want to experiment.
- I believe that everyone uses drugs.
- I am experiencing peer pressure.
- Using drugs can't be as bad as some people say, or so many people wouldn't do it.
- Using is fun and cool.
- Drugs are easily and readily available.
- I can't socialize without running into drug use.
- Using makes it easier to be around people.
- I get caught up in a situation and forget about the risks.
- I'm lonely, and it's an easy way to connect with other people.
- Using is part of being an adult.
- I want to experiment.
- Using is relaxing and/or gives me energy.
- I like the effects (how I feel) when I use.
- Using makes sex a lot more fun.
- There's not much else to do around here.

- Ask, "What are the difficulties young people may face as a result of decisions based on these reasons? What are some realities young people may discover as a result of making decisions based on those reasons?"
- Ask, "What are some of the resources that would support us and our friends if we wish to remain abstinent?"
 - Family.
 - Teachers.
 - Guidance counselors.
 - Friends with same belief system.
 - Religious leaders.
 - Health Resource Room staff.
 - Staff of recreation centers or other agencies.
 - Peer leadership groups.
 - Treatment services or support groups.
 - Family service or youth-service agencies.
- Say, "Let's see how we might respond to some difficult situations."
- Ask for volunteers to improvise in the following role-playing situations, or break the students into small groups to act out the scenarios, discuss what happens, discuss their reactions, and brainstorm alternative ways of responding to the situations.

Role-Playing Situation #1 (Alcohol or Other Drug Use)

Imagine that you get together with your friend and her older sister to go to a movie. A long time ago, you and your friend decided that together, you didn't want to use any alcohol or other drugs. Your friend's older sister sometimes gets high. While waiting at the movie line, your friend's sister shows you a few bottles of wine coolers that she's going to take into the theater to have there. Act out what you would do.

Role-Playing Situation #2 (Sex)

Jamie and Sam have been dating for three months. For the past month, Jamie has been pressuring Sam to have sex, but Sam has decided to remain abstinent for many reasons including fear of contracting HIV. Sam has very strong feelings for Jamie, but feels that if Jamie continues the pressure, their relationship may be in danger of ending. Jamie knows how Sam feels about this. One person should play Sam, and the other should play Jamie. Act out how you feel they might resolve the situation.

- After each role-play, ask each character how he or she felt about the situation. Ask the audience about their reactions to the role-play.
- Ask, "What decisions that each character made did you agree with? What would you say or do differently?" List on the board the strategies the class thinks were persuasive.

Summary

- Ask, "How can refusing to drink alcohol help one avoid getting infected with HIV or some other STI?" Elicit that alcohol impairs a person's judgment and ability to make decisions not to engage in risk behaviors.
- Ask, "What can couples like Jamie and Sam do to avoid becoming infected with HIV or some other STI?" Elicit these responses:
 - Communicate their feelings and fears openly and honestly with each other.
 - Respect each other's decisions.
 - Not push the other to do something that person believes is wrong or doesn't want to do.
 - Think of other ways to express their affection for each other.

Homework

Students should choose one to three reasons from the list of reasons for not abstaining from sexual intercourse or not abstaining from substance use that might be convincing to them or their friends. Then:

- Develop a scenario with two or more characters based on those reasons. Write it up in a few sentences.
- Analyze the person's options.
- Pinpoint what makes his/her decision to abstain or not abstain difficult.
- Describe the safest desirable outcome.
- Identify the steps that needed to achieve that outcome.
- Plan the steps to achieve the desirable outcome.
- Anticipate the consequences of that plan of action, and possible responses to each consequence.

THE DECISION-MAKING PROCESS

IDENTIFY THE DECISION TO BE MADE.

LIST THE POSSIBLE CHOICES.

Option 1:

Option 2:

Option 3:

EVALUATE THE CONSEQUENCES.

	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES
Option 1:		
Option 2:		
Option 3:		

MAKE A CHOICE.

EVALUATE YOUR CHOICE.

How Can School and Community Resources Help Educate Adolescents and Their Families About HIV Infection?

Performance Objectives

Students will be able to:

- Identify at least two types of HIV/AIDS community resources.
- Identify at least two local HIV/AIDS community resources.
- List ways people can help family members or other people close to them who are living with HIV/AIDS.
- Be familiar with the school's Health Resource Room.
- Be able to locate information about at least one HIV/AIDS service organization on the Internet or in the neighborhood.
- Recognize the need for HIV/AIDS programs in their schools and in their communities.

Motivation

- Distribute Activity Sheet 1, *John's Story*. Allow five to ten minutes (depending on students' reading ability) for students to read the story.
- Have the students identify problems John and his family are facing.

Teacher Note: Be aware that many adolescents have immediate family members, extended family or friends with HIV/AIDS. Some adolescents may have HIV themselves. The following discussion should raise an awareness of the difficulties HIV-affected families are facing. The focus should be on the way the HIV/AIDS programs could address the needs of John and his family.

Procedure/Development

- Ask, "What problems are John and his family facing?" List responses on chalkboard. The list should include some from the following general categories (each of these problems may be experienced by Marie, John, or other family members):
 1. Lack of Information
 - what it means that Marie has HIV
 - how Marie may have gotten HIV
 - how being HIV-positive is different from having AIDS
 - Marie's health issues and possible future issues
 - what kind of life Marie can expect to lead with HIV

GRADE 11 Lesson 6

**NEW YORK STATE
LEARNING STANDARDS
1, 3**

SKILLS

Advocacy

Self-Management

MATERIALS

Chalkboard]

Activity Sheet 1:
John's Story

VOCABULARY

AIDS Service Organizations
(ASO)

Community-Based
Organization (CBO)

Health Resource Room

HIV/AIDS Service
Organization

Person Living With HIV/AIDS
(PLWHA)

- how will her life be different as a person living with HIV
- what the available treatments are, how they work, and how they are given
- how to find accurate information, and to ensure its accuracy
- how to find information that will help Marie take care of herself
- what risks and forms of protection exist to prevent or reduce possible transmission to others from Marie
- whether others in the family should be tested for HIV

2. Fears and Feelings

- Feeling depressed and hopeless.
- Feeling angry.
- Feeling isolated.
- Feeling afraid to tell friends and relatives.
- Fears of discrimination.
- Not knowing how to support Marie.

3. Getting Help and Services

- Where to find treatment services for Marie.
 - Not knowing what kinds of other services and resources might be helpful.
 - Finding services and resources in their home language, or from people who understand their specific circumstances, if needed.
 - Finding services and resources that are convenient for them.
 - Finding services and resources where they can protect their privacy.
 - Managing finances, insurance and medical bills, legal issues.
- Ask, “If John were a student in this school, where could he go for help at the school?” Possible answers include the guidance counselor; faculty member, Health Resource Room, HIV/AIDS team and peer leadership program.

Teacher Note: Be familiar with and share information about the location and times of the operation of the Health Resource Room in the school.

- Discuss: “Why do we have Health Resource Rooms in high schools?”
- Explain that all New York City public high schools are required to have a Health Resource Room that provides students with the opportunity to speak with an adult in a safe, confidential, familiar setting where they can receive accurate information and referrals to appropriate school resources and outside agencies. The Health Resource Room is also the site where male latex condoms are made available, along with instruction by trained staff on their correct and consistent use.
- Ask, “How can an effective educational HIV/AIDS program address the needs of John and his family?” Possible responses include:
 - It can help the family figure out what resources they might need.
 - It can provide access to school and community resources and referrals.
 - It can provide accurate and updated information on HIV/AIDS issues, such as:

- Nature of HIV/AIDS illness
 - Testing
 - Transmission and prevention
 - Counseling
 - Difference between HIV and AIDS
 - Information
 - Living with HIV/AIDS
 - Types of services and resources available
 - Types of treatment
- Ask, “What services does the community offer John and his family? Possible answers include:
 - Medical treatment for HIV
 - Education and information about HIV
 - Social services to help with the daily tasks of living with HIV (transportation, child care, counseling, mental health care, legal services)
 - Case management (coordination of services)
 - Support groups and meeting others with HIV
 - Help with practical aspects of life (such as housing, food, and nutrition)
 - Financial benefits (public assistance, food stamps, disability benefits) for those with limited resources
 - Help paying for medications
 - Involvement in helping and advocating for others with HIV
 - Services for partners and other family members of people with HIV
 - Preventing discrimination against people with HIV, whether from other people, from employers, from insurance companies, from healthcare providers, from governmental agencies, etc.
 - Say, “New York City has many resources for dealing with HIV that are funded by federal, state, and city government as well as by private sources. A major source of funding is the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, that funds care and support services for people with HIV, including outpatient health care, case management, treatment adherence support, mental health therapy and counseling, substance abuse/harm reduction services, adoption/foster care assistance, programs for continuous care for children in HIV-affected families (e.g., making sure the family has chosen someone for standby guardianship if a parent is hospitalized), nutrition, housing, transportation, client advocacy and other support services. These services are provided free by specific programs and organizations to those who cannot otherwise afford them.”
 - Say, “New York State law also protects the privacy of health information for people with HIV, and affords protection from discrimination in health care, employment, insurance, and housing for people who are living with HIV.”
 - Ask, “What kinds of places offer or refer for HIV-related services?” Services are provided through several major types of agencies, including:
 - New York City Department of Health and Mental Hygiene/New York State Department of Health. Major services are in areas of information, testing, and prevention.
 - Hospitals and clinics. Many hospitals or clinics have special clinics that provide healthcare services for people with HIV/AIDS. These often offer social and support services as well.

- Community-based organizations (CBOs). These are organizations that are not part of government or hospitals. They may use a combination of government funding, private donations, paid staff and volunteers to provide different services. Depending on the organization, CBOs may offer help with benefits, support and social services, education and information, advocacy, and other services. CBOs may be based in a religious community; some are designed for people of a particular ethnic or cultural identity (such as Latino or Asian people), language, social identity (such as gay and lesbian people), or for people with a particular need (intravenous drug users, homeless people, people in need of family services). CBOs that focus on HIV/AIDS services are usually referred to as HIV agencies or AIDS Service Organizations (ASOs).
- Ask, “How can John’s family start finding out more about the resources available to them?”
 - Call the New York City Department of Health and Mental Hygiene at 1-800-825-5448 (1-800-TALK-HIV; note that to protect privacy, the message that you get does not mention HIV); the New York State Department of Health at 800-541-AIDS (English) or 800-233-SIDA (Spanish); or the HIV/AIDS Service Administration helpline for New York City.
 - Ask Marie’s healthcare providers or see a social worker at the clinic, hospital or doctor’s office that Marie attends.
 - Call some HIV organizations for more information.
 - Look at resources online; there is a large amount of information on the Internet. To start from a reliable base, they should begin with a Web site provided by a government agency, such as the (federal) Centers for Disease Control and Prevention (www.cdc.gov), the NYS Department of Health AIDS Institute (www.hivguidelines.org), or New York City Department of Health and Mental Hygiene (<http://www.nyc.gov/html/doh/home.html>). If John and his family do not have a computer with Internet access in their home, many librarians in New York City public libraries have been specially trained to help people access HIV information privately and comfortably on the Internet at public libraries.
- Ask, “How can John and his parents help and support Marie?” Possible answers include:
 - Help Marie with her practical needs, such as: transportation, going to the clinic, finding resources, cooking, filling out forms.
 - Show her love and companionship, and assure her that she will not face the illness alone.
 - Educate themselves about HIV/AIDS, encourage her to do the same, and provide any assistance that she needs to do this.
 - Assure Marie and themselves that with the proper care and treatment, it is possible for her to live a healthy life for many years to come.
 - Encourage her and each other to make use of available services and support.
 - Help her to form a partnership with her medical care providers.
 - Recognize that Marie may go through periods of fatigue or troublesome side effects with her medications.
 - Listen to Marie as she talks through her experiences. She may have emotional ups and downs as she faces and deals with each new challenge in managing her illness. Help her plan activities to provide positive emotional experiences—outings, visits, favorite activities. Join groups (such as community support groups) that will help the family find their own answers so they can understand some of the problems Marie will face, as well as problems that they themselves will face.

Summary

- Review and summarize how the school, community, and family could work together to address the needs of John and his family.

Assessment/Homework

Teacher Note: Be aware that, because of persisting HIV stigma, many community AIDS Service Organizations (ASOs) have chosen names *without* HIV or AIDS in their titles. They have done this so that people from the community can access the services of their programs and still maintain confidentiality.

Have students research the HIV/AIDS services in their community. Students should select one specific agency (school, hospital or clinic, health department, community-based organization), find and research it by contacting the organization, and write one page about the kinds of services it offers. The student may want to visit the organization. Have the students be prepared to do a two-minute presentation on what they found out about the organization and its services, particularly how those services could be helpful to John's family.

John's Story

One day, John, a senior in high school, went to school feeling alone and confused. Marie, his 28-year-old sister, was recently admitted to the hospital because she had a persistent and severe cough. While she was being treated, the doctors suggested that she be tested for HIV, the virus that may lead to AIDS. Marie told John and their parents that she tested positive for HIV at the hospital. Looking back, Marie believes that she was infected about ten years ago, when she was a senior in high school.

Everyone at John's house was worried. John needed to talk to someone, but he was afraid to tell his friends. He wasn't sure what their reaction would be. As he walked down the hall at school, he noticed a sign on the door of the Health Resource Room. The sign said that anything said in the room would be kept confidential. Thinking, "I have nothing to lose," John entered the room.

The Health Resource Room staff helped John identify places he and his family could go for help and support. For example, he learned that there were agencies that had people on staff who could speak to his family in their home language. John started to feel better because he knew that his parents would feel comfortable speaking with someone who understood their language and culture. John found out that some of the hospitals near his home had support groups for families with members who have HIV or AIDS.

John also remembered a student in his health class who had once shared his experiences volunteering in a special HIV project through a community-based organization. John decided to look up this student and ask him a few questions.