

LESSON GUIDE

GRADE 7

How Does HIV Impair the Immune System?

Performance Objectives

Students will be able to:

- Describe how the immune system responds to HIV.
- Clarify the difference between HIV and AIDS.

Do Now

Define briefly: *defense, deficiency, immune system.*

Teacher Note: Answers to the “Do Now:”

Defense – self-protective reaction.

Deficiency – a shortage; lack of something necessary.

Immune system – a set of defenses within the body that protects against disease.

Teacher Note: If students need to review the immune system you may want to distribute the Example Illustrations 1 or 2, “How the Immune System Works.” It may be helpful to make an overhead transparency.

Motivation

- Ask, “How many of you had a cold last year? How long did it take you to get better?”
- Say, “Most people need only a week for their immune systems to get rid of the germs responsible for the sneezing, coughing, and tiredness that come from a cold. During this time the immune system builds defenses that eventually rid the body of the infection.”

Procedure/Development

- Ask, “What would happen to you if you had no immune system, but you got sick?” Answer: If you had no immune system, your body could not fight off the germs that cause colds or other diseases. If you got a cold, your body would not be able to fight the infection, and you would not get better for a long time, if at all.
- Say, “Germs are also called *pathogens*.”
- Ask, “What are some types of pathogens?” Answer: Viruses (very tiny infectious agents that make copies of themselves within the cells of the body they invade), bacteria (single-celled organisms), fungi (a class of vegetable organisms that has been on the earth a long time), and parasites like worms and protozoa (a group of one-celled animals, most of which live in water).
- Ask, “Can you think of some diseases caused by these pathogens?” Answers may include:
Viruses cause colds, flu, chickenpox, hepatitis, and measles.

GRADE 7 Lesson 1

NEW YORK STATE LEARNING STANDARDS 1

SKILLS

Self-Management

MATERIALS

Chalkboard or Newsprint

Example Illustrations 1, 2:
How the Immune System Works

VOCABULARY

Antigen

B-Cell

Bacteria

Fungi

CD4 Count

Lymphokines

Macrophage

Opportunistic Diseases

Pathogen

Parasite

Protozoa

Replication

T-Cell

Bacteria cause strep throat, pneumonia, tetanus, and gonorrhea.

Fungi cause athlete's foot and ringworm.

Parasites:

- *Protozoa* cause malaria and amoebic dysentery.
- *Worms*, for example, hookworm and tapeworm.

Teacher Note: Refer to Example Illustration 1 “How the Immune System Works.”

- Say, “There are various ways the immune system functions. It has:
 - Barriers like skin.
 - Innate or inborn immune responses (for example, stomach acid kills lots of pathogens).
 - A special response for each invader and uses that response the next time it encounters the invader.”
- Say, “If a pathogen gets into the body, this is how a healthy immune system works:
 1. When an invader enters the body, it gets engulfed by macrophages (meaning ‘big eater’—macrophages are big cells that protect against infection) that are close to the skin or mucous membranes.
 2. The macrophage breaks down the pathogen and reveals its *antigens*. Each invader has its own antigens which act as an ‘identification card’ for the immune system to recognize. The *Helper T-cell* (also called CD4 cell) reads and recognizes the antigen. The Helper T-cell sends a message out to the *B-cells* and to other cells, by releasing *lymphokines*, to come help to destroy the invader, directing the immune system.
 3. The activated B-cells produce millions of *antibodies*. The antibodies will outnumber the invaders and help get rid of them by attaching themselves to specific antigens and then allowing both themselves and the antigens to be eliminated. Antibodies and antigens fit together like a lock and a key. For example, a measles antibody will only attach itself to a measles virus.
 4. Once an antibody has ‘caught’ an invader, a signal is sent to the macrophages and to other cells (like T-cells) that it is ready to be eaten or destroyed with its capture. When a macrophage gets the message, it comes along and eats the antibody-antigen complex, ridding your body of the pathogen or invader.”
- Say, “By the time you feel miserable with a cold, the virus that caused it is already under attack by macrophages, T-cells, and B-cells. The B-cells have a memory, so that if that very same virus enters the body again, the B-cells will send out already made antibodies to help identify it and help lots of the cells of the immune system to destroy it.”
- Ask, “How many of you have heard of HIV?”
- Ask, “What does HIV stand for?”

Answer: Human Immunodeficiency Virus. HIV is a virus that infects only humans. It weakens the immune system and can lead to the development of AIDS.
- Ask, “What happens when HIV infects the body?”
- Say, “The process of HIV infection is as follows:
 1. A person is exposed to HIV.
 2. The virus enters the body and attacks the CD4 cell, also called the Helper T-cell.
 3. The virus enters the Helper T-cells (and uses them to multiply or make copies of itself). This process is called *replication*.

4. When the virus is finished using the Helper T-cell to copy itself, the T-cell may die. The virus may make many copies and burst out of the cell, or the cell is identified as infected, and is destroyed by the immune system. Because the Helper T-cell signals other cells what to do—make antibodies, attack HIV—as the Helper T-cells die off, the immune system doesn't work as well.
 5. As HIV infection progresses in the body, the number of CD4 cells (CD4 C) decreases. Healthy individuals have a CD4 count between 500 and 1500 cells per drop of blood. As the CD4 count gets lower, the person with HIV may be more likely to become ill.
 6. As the CD4 count continues to decrease, the body becomes susceptible to *opportunistic diseases*. These are illnesses that normally do not occur in people with healthy immune systems. They are called opportunistic because they take advantage of the opportunity presented to them by the weakened immune system of the person with HIV."
- Ask, "How is HIV (Human Immunodeficiency Virus) different from a virus that causes the common cold?"

Possible Answers: A cold virus is airborne and easy to catch—the body can fight off the cold within days or weeks. HIV is bloodborne and harder to get. HIV infects some cells of the immune system. HIV stays in the body and doesn't completely go away. HIV has longer lasting and much more serious effects. Tell the class that the transmission of HIV (how the virus is passed from one person to another) will be covered in another lesson.

- Ask, "How many of you have heard of AIDS?"
- Ask, "What does AIDS stand for?"

Answer: Acquired Immune Deficiency Syndrome. Explain that the last two steps in the process we just learned are crucial in defining AIDS. A person, already infected with HIV, is said to have AIDS when the CD4 count falls below 200 cells and/or the person has one or more of the opportunistic infections on a special list created by the Centers for Disease Control and Prevention. AIDS, then, is not a specific disease but rather a specific group of related bodily symptoms and health problems with HIV as the underlying cause.

Teacher Note: The list of illnesses and opportunistic infections associated with AIDS can be found at <http://www.cdc.gov> with a description of each illness.

- Ask, "What is the difference between HIV and AIDS?"

Explain that HIV is the virus that can lead to AIDS. AIDS is an advanced phase of HIV infection.

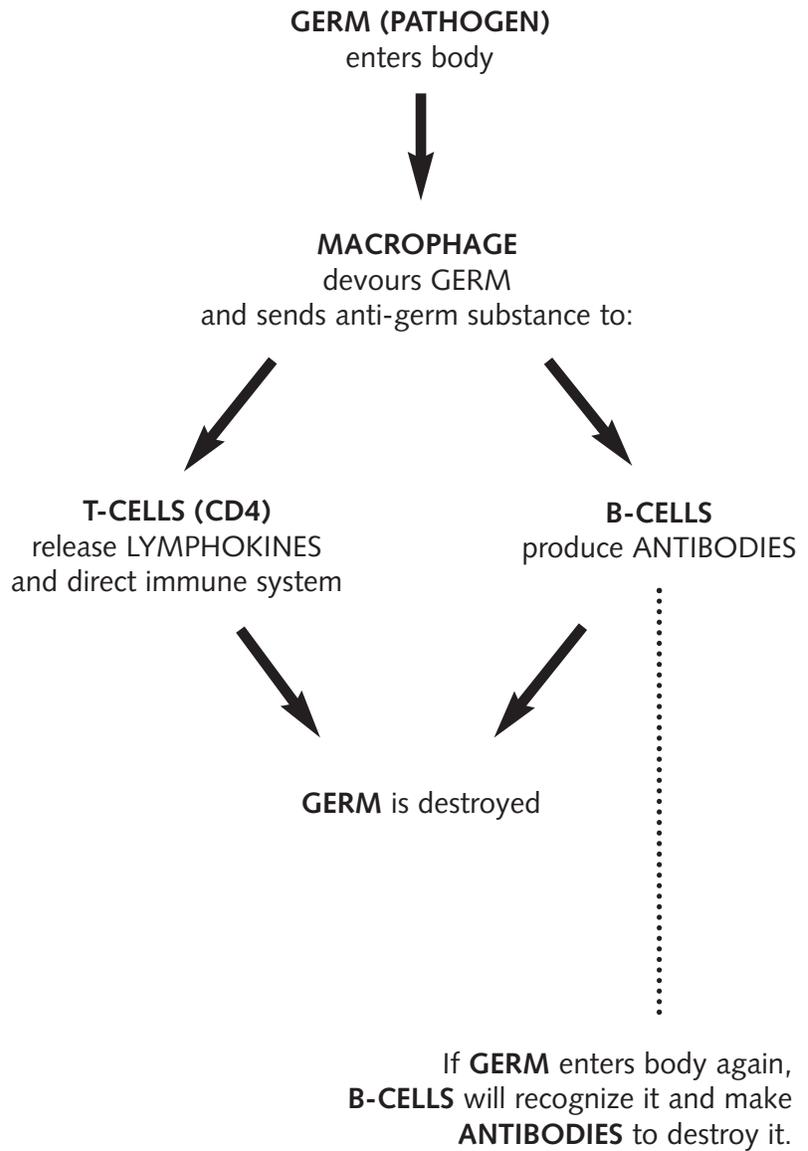
Homework

Ask your parents or other adults who are responsible for you to show you your record of immunizations. Make a list of all the vaccines, when you had them, and the diseases they prevent. If you do not have a record of immunizations, your doctor or clinic may have it, and you can ask about it next time you have an appointment.

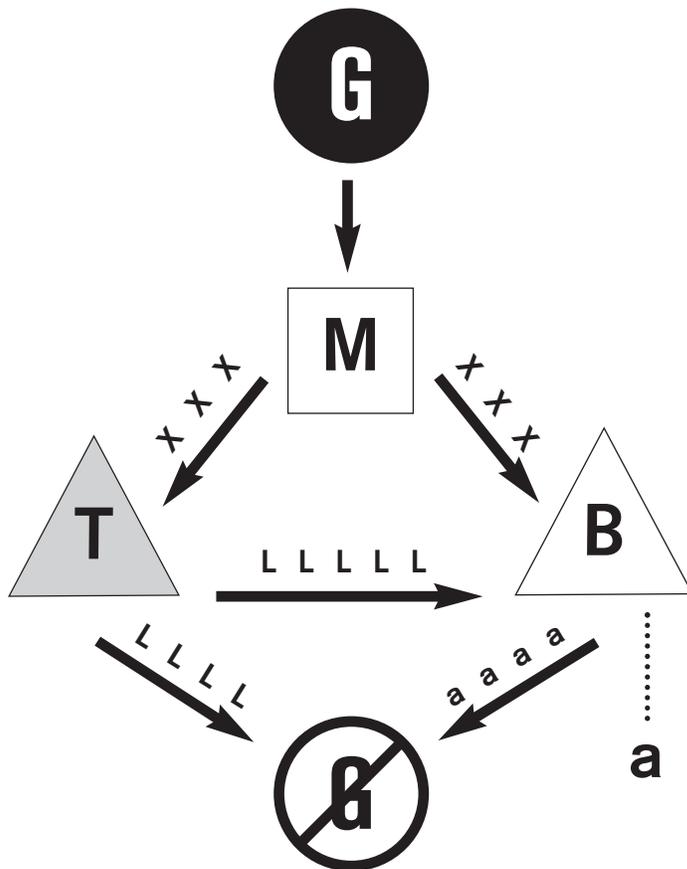
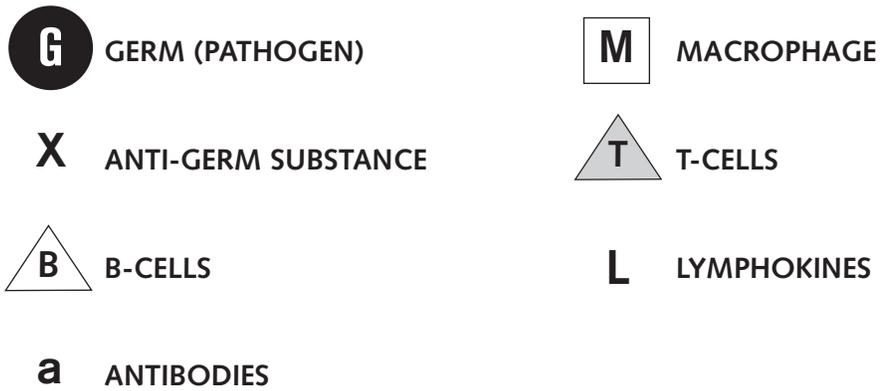
Students who do not have their records should access the New York City Department of Health and Mental Hygiene Web site or call 212-676-2323 to obtain their immunization record from the Citywide Immunization Registry.

Example Illustration 1

How the Immune System Works



How the Immune System Works



Example Illustration 2

SKILLS

Decision Making
Relationship Management
Self-Management

MATERIALS

Activity Sheet 1:
"Some People Say..."
Chalkboard or Newsprint

VOCABULARY

Antiretroviral Therapy
Cervical Cells
Cervix
Mucous Membrane
People Living with HIV/AIDS
(PLWHA)
Perinatal
Preseminal Fluid
Sexually Transmitted Infections
(STIs)
Theoretical
Transmission

How Is HIV Transmitted?

Performance Objectives

Students will be able to:

- Define transmission and identify how HIV is transmitted.
- Identify the body fluids that can transmit HIV from an infected person to an uninfected person.
- Understand that anyone who practices risk behaviors can become infected with HIV, regardless of age, race or ethnicity, gender, or sexual orientation/identify, economic status, country of origin, etc.

Motivation

- Provide students with the following basic information regarding the current state of the epidemic.*

The U.S. Centers for Disease Control and Prevention and Kaiser Family Foundation Data as of December 2004:

- The CDC estimates that 524,060 Americans (including 86,697 New Yorkers) have died of AIDS since it was first identified in the United States. An estimated 850,000-950,000 are currently living with HIV/AIDS.
- It is estimated that at least 50 percent of new HIV infections in the United States are among people under the age of 25, most of whom are infected through sexual activity.
- Since 1986, New York City has had the highest cumulative number of AIDS cases in the United States. New York City has had almost three times the number of AIDS cases as Los Angeles, the second hardest hit city in the U.S.
- As of December 2004, New York City had 94,495 people living with HIV/AIDS, the highest number of AIDS cases of any city in the United States.
- The New York City Department of Health and Mental Hygiene estimates that in New York City one out of four HIV-positive people do not know that they are infected.

Global Effects:

- UNAIDS estimates that at the end of 2004, 39 million people were living with HIV, 10 million of whom were 15-24 years old. Globally, 4.8 million new HIV cases were reported.
- Ask, "Why is it essential that people your age learn about HIV and AIDS?"

Students' answers may include:

- "If we are educated now about HIV/AIDS, we can take steps to prevent HIV transmission."
- "HIV/AIDS is a public health crisis that affects everyone."

* For updated statistics, go to the Kaiser Family Foundation <http://www.statehealthfacts.org>. You can also visit the Web sites of UNAIDS (www.unaids.org), which advocates for global action on HIV/AIDS, of New York City (www.nyc.gov). Through that Web site, you can also access the New York City Department of Health and Mental Hygiene.

- “Learning about how HIV is transmitted may encourage young people to abstain from drug use and sexual intercourse.”
- “If young people do not choose to abstain, they will understand the importance of taking precautions to help prevent transmission, including practicing safer sex and avoiding the sharing of dirty needles/works if injecting drugs.”
- “There is a lot of misinformation about HIV/AIDS. People need to know the facts.”
- “Understanding HIV/AIDS and how HIV is transmitted helps young people to be more compassionate and less prejudiced towards people living with HIV/AIDS.”

Procedure/Development

- Ask students to define the term *transmission*.

Answer: When something is passed from one person to another, such as a message, illness, germs, etc.

- Say, “Remember, HIV is *not* spread through casual contact (for example, touching) but through specific bodily fluids that are capable of carrying the virus.

Teacher Note: To initiate discussion on defining casual contact, ask:

- Can HIV be transmitted by shaking hands?
- Can HIV be transmitted by sharing a meal or a drink?
- Can HIV be passed from one person to another during a hug?
- Can HIV be transmitted by using the same bathroom as a person who has the virus?
- Can one get HIV from swimming with infected people?
- Can HIV be transmitted through insect bites?

Make sure students understand that the answer to each question is *No*. Ask students what other things they have heard about ways that people can become infected with HIV. Correct any myths or misconceptions.

- Ask, “What have you heard *are* some ways HIV can be transmitted?” Be sure to correct misconceptions.

Possible answers include:

1. Unprotected sexual intercourse with an infected person.
2. Sharing needles/syringes/works/skin-popping equipment during injection drug use with an infected person.
3. From an infected woman to a baby during pregnancy, birth, or breastfeeding.*
4. Blood transfusions.*

- Ask, “What do all these have in common?”

Answer: They all involve the transfer of certain HIV-infected *body fluids* from one person to another.

- Ask, “Which body fluids may be transferred during each of these modes of transmission?”

Answers, respectively:

1. Semen, preseminal fluid (“pre-cum”), vaginal fluids, and/or blood.
2. Blood.
3. Blood, vaginal fluids, breast milk.
4. Blood.

* These methods of transmission are increasingly rare as discussed later in the lesson.

Teacher Note: Saliva, tears, and sweat do *not* contain amounts of HIV large enough to transmit the virus.

- Say, “Let’s make a list of body fluids where HIV is present.”
Students’ answers should include: blood, semen, preseminal fluid (“pre-cum”), vaginal fluids, menstrual blood, breast milk.
- Say, “Let’s clarify the meaning of these terms, specifically:
Semen – the fluid, which contains sperm, that is ejaculated from the penis during sexual activity and orgasm.
Preseminal fluid – the small amount of clear fluid that appears at the tip of the penis when it becomes erect prior to orgasm.
Vaginal fluids – the natural wetness, also called secretions, in a woman’s genitals.
Menstrual blood – blood that leaves the body through the vagina during a woman’s menstrual period.
Breast milk – the nutritious fluid produced by a mother for feeding her baby.

Teacher Note: Many students use other terms to describe these body fluids and other matters relating to sexuality. As with all HIV/AIDS education, it is important that students understand the terms used in the classroom, use them correctly, and relate them to their own experience and language. If students use different terms to refer to body fluids, make sure they understand the relationship between both sets of terms. Encourage students to use the correct terminology.

If students seem uncomfortable during discussion of body fluids and HIV transmission, acknowledge that such a response is natural. Because we do not often discuss such matters in public, it is understandable that some people may feel embarrassed. Nevertheless, it is important to know the facts.

- Ask, “How is HIV transmitted from one person to another if these [point to list] are the only body fluids in which HIV is found in an infected individual?”
- Write on the chalkboard or newsprint: “Sexual Intercourse or Sexual Activity.” Have students define these terms.

Teacher Note: HIV can be transmitted through unprotected vaginal, oral, or anal intercourse. This curriculum guide recommends that in Grades 7 and 8, teachers should mention types of sexual intercourse in response to students’ questions. (In Grades 9-12, the teacher should initiate such discussion.) The following information can help you to respond if students ask questions.

HIV can be transmitted through unprotected vaginal, oral, and anal intercourse with a person who is infected. When sexual intercourse is not clearly defined to include oral and anal, people may fail to recognize their risk and not take appropriate action to protect themselves or others. In New York State, a person under 17 years of age is incapable of giving legal consent. Vaginal, oral, or anal intercourse with a person less than 17 years of age and to whom the actor is not married constitutes a crime in this state.

- Say, “During unprotected sexual intercourse, infection can be transmitted or contracted by anyone regardless of age, race or ethnicity, sexual orientation/identity, gender, gender identity, country of origin or economic status.”

Teacher Note: If students ask about methods of *prevention*, tell them that you will discuss methods of prevention in detail during the course of these HIV/AIDS lessons.

- Say, “In addition to presenting a risk of HIV infection, sexual intercourse can also lead to infection with other sexually transmitted infections (STIs).”
- Ask, “Can you name some sexually transmitted infections?”
Answers: Some of the most common are gonorrhea, syphilis, chlamydia, herpes, human papillomavirus (HPV or genital warts).
- Say, “Young people ages 15 to 24 account for only 25 percent of the sexually active population in the United States, but accounted for 48 percent of all sexually transmitted infections (STIs) in the United States in 2000. STIs are more common among sexually active adolescents than among sexually active people in any other age group.

Teacher Note: Adolescents may be more likely than adults to become infected when exposed to HIV and certain STIs such as chlamydia and human papillomavirus (HPV) because their reproductive tracts are not fully mature.

A female adolescent’s reproductive system requires five to seven years to mature fully after her first menstrual period. During this developmental phase, she may be more susceptible to infection from HIV or other STIs. As she goes through puberty, the cells on her cervix shift. (The cervix is the structure that connects the vagina and the uterus.) In the immature adolescent, cervical cells that are more vulnerable to infection are located toward the outside of the cervix (toward the vagina), where they are exposed to male genital contact during sexual intercourse. Over time, these cells gradually shift to the inner portion of the cervix (toward the uterus), so they are no longer exposed during sexual intercourse. Also, immature vaginal walls are thinner and secrete less fluid than later in development, so they are more vulnerable to tearing and abrasions. In the fully mature woman, thicker vaginal walls and heavier concentrations of vaginal and cervical fluids offer greater protection against the passage of bacteria or viruses through the mucous membrane that lines the vagina.

- Say, “A person with an STI is more susceptible to HIV infection because sores, rashes, etc., may provide routes through which HIV can be transmitted and reach the bloodstream.”
- Ask, “What is the only 100 percent effective way to avoid sexual transmission of HIV?”
Answer: Abstinence from sexual intercourse.
- Write on the chalkboard/newsprint: “Sharing needles/syringes/works/skin-popping equipment.”
- Say, “This refers to needles and other items that people share for injecting drugs, including steroids, or any other purpose. Sharing needles/syringes/works/skin-popping equipment that have not been properly sterilized is considered a highly efficient mode of transmission because it involves blood-to-blood contact. Even microscopic quantities of blood may remain in the needle, syringe, etc., and can then enter the bloodstream of the next user.”
- Write on the chalkboard/newsprint: “Blood transfusion.”
- Say, “This mode of transmission is highly unlikely but not impossible. Since 1985, donated blood in the United States has been tested for HIV antibodies. Any blood found to contain HIV antibodies is not used, and the possibility of receiving HIV-infected blood is remote. Most blood used for transfusions in the United States is free of HIV. In addition to testing donated blood for HIV antibodies, potential donors are screened and those engaging in behaviors considered high risk for HIV infection are discouraged from donating. Other countries may not have rules about blood donation that are as strict.”

- Say, “It is important to distinguish between *receiving* a blood transfusion and *donating* blood. Donating blood is 100 percent safe. It is also important to know that donors whose blood is found to be infected are asked to return to the blood center to discuss results of tests that were conducted on their blood. As with all other HIV testing in New York State, the person receives counseling about the diagnosis of HIV from trained counselors and is referred for treatment.

Teacher Note: Some students may say that healthcare providers have to be careful. Explain: “Doctors, nurses, dentists, technicians, and other healthcare workers are required to use ‘universal precautions.’ Universal precautions—sterilizing equipment, using masks, gloves, and disposable equipment, disposing of syringes and other sharp equipment properly—are designed to protect the patient and the healthcare worker from transmission of any *infectious* disease, including HIV. That’s why they are called ‘universal.’”

- Write on the chalkboard: “Woman to fetus or newborn (*perinatal* transmission).”
If a pregnant woman is found to be HIV-positive, she will be put on special anti-HIV medications during part of her pregnancy and delivery; special procedures will be used during delivery (for example, washing the birth canal), and the newborn will be given medications during the first few weeks of life. As a result, a dramatic reduction has been made in the number of cases of perinatal transmission of HIV. In New York City in 1990, there were 321 cases of perinatal transmission, but under the new guidelines in 2003 there were only five cases.¹
HIV is found in breast milk and can be transmitted from an HIV-positive woman to her child through breastfeeding. HIV-positive mothers are therefore encouraged *not* to breastfeed.
- Say, “Now that we have learned about how HIV is transmitted, can you tell me who is at greatest risk of HIV infection?”
Answer: *Anyone who practices risk behaviors* can become infected with HIV, regardless of age, race, economic status, country of origin, gender, gender identity, or sexual orientation/identity. If people do not practice risk behaviors, they greatly reduce their chances of being at risk of HIV infection.

Homework

Give students Activity Sheet 1, “Some People Say.” Have them answer the questions. Make sure you review the answers at the beginning of the next class.

¹ Pediatric and Adolescent HIV/AIDS Surveillance Update (December 2004).

“Some People Say...”

Directions

Below are things that “some people say” about HIV/AIDS. Circle “T” if you think it is true and “F” if you think it is false.

1. Some people say that only gay and bisexual men are likely to be infected with HIV. True or false? Why? **T** **F**
2. Some people say that only people with multiple sexual partners are likely to be infected with HIV. True or false? Why? **T** **F**
3. Some people say that you can get HIV from donating blood. True or false? Why? **T** **F**
4. Some people say that drug use can make people vulnerable to HIV infection when they share needles/syringes/works/skin-popping equipment. True or false? Why? **T** **F**
5. Some people say that you can catch HIV by sharing a drink with someone who has HIV. True or false? Why? **T** **F**
6. Some people say that having other sexually transmitted infections (STIs) can make it more likely that you’ll get HIV. True or false? Why? **T** **F**

Activity Sheet 1 (continued)

7. Some people say that using a latex or polyurethane condom when having sexual intercourse reduces the risk of getting HIV if your partner is infected. True or false? Why? **T F**
8. Some people say you can tell if someone has HIV by looking at him or her. True or false? Why? **T F**
9. Some people say you can get HIV from insect bites. True or false? Why? **T F**
10. Some people say that tears transmit HIV. True or false? Why? **T F**
11. Some people say it is rare to get HIV from a blood transfusion. True or false? Why? **T F**
12. Some people say the risk of HIV transmission from a healthcare provider (doctor, dentist, nurse, technician) is small. True or false? Why? **T F**

Answers to “Some People Say...”

1. Q. Some people say that only gay and bisexual men are likely to be infected with HIV. True or false? Why?

A. False. Worldwide, the HIV/AIDS epidemic has primarily been spread through heterosexual intercourse although in the U.S. the epidemic first took hold among gay and bisexual men. Here and abroad the virus has also stricken a great many injection drug users, their male and female sexual partners, and their babies. At this point, there is also a rising spread among heterosexuals, non-drug users, adolescents, and adults alike. HIV's rule is: it's what you do, not who you are. That means that HIV does not discriminate—it will infect anyone of any race, religion, age, gender, or sexual orientation—if that person engages in a risk behavior, such as sharing needles/syringes/works/skin-popping equipment for drug injection.
2. Q. Some people say that only people with multiple sexual partners are likely to be infected with HIV. True or false? Why?

A. False. Anyone who has engaged in unprotected sexual intercourse with an infected person, or who has engaged in sharing needles/syringes/works/skin-popping equipment, or who has been the sexual partner of someone who has engaged in these behaviors may be infected. However, it is true that having multiple partners increases risk, because it increases the odds of being with someone who is HIV-positive.
3. Q. Some people say that you can get HIV from donating blood. True or false? Why?

A. False. Sterile, disposable equipment is used each time blood is drawn, and is then discarded.
4. Q. Some people say that drug use can make people vulnerable to HIV infection when they share needles/syringes/works/skin-popping equipment. True or false? Why?

A. True. Sharing needles/syringes/works/skin-popping equipment is the most direct drug-related route to HIV infection.
5. Q. Some people say that you can catch HIV by sharing a drink with someone who has HIV. True or false? Why?

A. False. There is no exchange of the body fluids that transmit HIV by sharing a drink. There is no documentation of HIV transmission through casual contact.
6. Q. Some people say that having other sexually transmitted infections (STIs) can make it more likely that you'll get HIV. True or false? Why?

A. True. Certain STIs cause genital sores or rashes that make it easier for HIV to enter the bloodstream. However, sores or cuts need not be present for HIV infection to occur since HIV can be transmitted directly into the bloodstream through the mucous membranes that line the mouth, vagina, and rectum.

7. Q. Some people say that using a latex or polyurethane condom when having sexual intercourse reduces the risk of getting HIV if your partner is infected. True or false? Why?
- A. True. The correct and consistent use of latex or polyurethane condoms during sexual activity will greatly reduce the risk of sexual transmission of HIV.
8. Q. Some people say you can tell if someone has HIV by looking at him or her. True or false? Why?
- A. False. A person can be infected with HIV but look and feel healthy. While some people infected with HIV get some symptoms of disease within a year or two, many remain relatively symptom-free for as long as ten years or more. Anyone infected with HIV can transmit HIV throughout the course of the illness.
9. Q. Some people say you can get HIV from insect bites. True or false? Why?
- A. False. Mosquitoes and other insects do not ingest enough blood to spread HIV and do not spread blood to people they subsequently bite. HIV is *human* immunodeficiency virus. HIV does not infect insects such as mosquitoes.
10. Q. Some people say that tears transmit HIV. True or false? Why?
- A. False. There is not enough HIV in tears to transmit it. In the epidemic to date, no case of transmission through tears has ever been documented.
11. Q. Some people say it is rare to get HIV from a blood transfusion. True or false? Why?
- A. True. Today, the blood-testing process in the U.S. is very careful. The chances of anyone becoming infected from a blood transfusion are remote. Since 1985, the hospital blood supply in New York City has been screened carefully for HIV using HIV antibody tests. In 1999, additional screening for the presence of the actual virus in blood was put into place. Still, some people who are scheduled for elective surgery choose to donate their own blood so that they can receive it if a transfusion should be necessary during their operation.
12. Q. Some people say the risk of HIV transmission from a healthcare provider (doctor, dentist, nurse, and technician) to a patient is small. True or false? Why?
- A. True. The risk of becoming infected from contact with an HIV-positive healthcare provider is indeed remote. The Centers for Disease Control and Prevention (CDC) have recommended the use of universal precautions by healthcare providers to minimize the risk of transmitting many infectious diseases, including hepatitis and HIV. The risk of transmission from patient to healthcare provider is far greater than from provider to patient.

How Can Abstaining from Alcohol and Other Drugs Prevent HIV Infection?

Performance Objectives

Students will be able to:

- Understand that alcohol and other drug use may lead to unsafe sexual behaviors.
- Understand that sharing needles/syringes/works for drugs, including steroids, or for other purposes can result in HIV and other disease transmission.
- Respond assertively in order to be able to resist peer pressure.

Do Now

Have the students define the following terms:

injection drug use *peer pressure* *risk*
peer *rebuttal* *transmission*

Teacher Note: Depending on the level of the students and the time available, you may wish to have students select only two or three terms to define in the “Do Now.”

Answers to the “Do Now:”

Injection drug use – use of drugs injected into a vein, muscle, or under the skin, by means of a needle/syringe.

Peer – an individual of the same age or status as oneself.

Peer pressure – the strong influence, expressed verbally or nonverbally, of others in one’s age group.

Rebuttal – an effective answer to a persuasive question.

Risk – a chance of danger, loss, or defeat.

Transmission – the passing of infectious agents from one person to another.

Motivation

- Review the “Some People Say...” homework activity from the previous lesson.
- Say, “We have already learned that sharing needles, syringes, works, and skin-popping equipment for injecting drugs can cause HIV and other diseases to be transmitted. How do you think using non-injected drugs and alcohol can indirectly lead to transmission?”

Answer: Alcohol and other drugs can impair people’s ability to make sound, well-thought-out decisions, so they are more likely to engage in high-risk behaviors that can lead to the transmission of HIV and other diseases.

GRADE 7 Lesson 3

Prevention

**NEW YORK STATE
LEARNING STANDARDS
1, 2**

SKILLS

Communication

Decision Making

Self-Management

MATERIALS

Activity Sheet 1:

*Drug, Alcohol, and Steroid Risk
...and Rebuttal*

Newsprint/Chalkboard

VOCABULARY

Hormones

Injection Drug Use

Peer

Peer Pressure

Rebuttal

Risk

Steroid

Transmission

Teacher Note: Young people often underestimate alcohol’s potential for adversely affecting one’s judgment and health. It is important to emphasize to students that alcohol is a drug. By impairing one’s judgment, it can lead to risk behaviors that can result in HIV or another sexually transmitted infection.

- Ask, “What are some drugs that some young people use?”
List students’ answers on the newsprint. Make sure the list includes alcohol, marijuana, crack, tobacco (nicotine), etc.
- Ask, “Which of these drugs impair judgment?”
Answer: All, with the exception of tobacco. (However, tobacco is known as a “gateway drug,” meaning that young people who smoke cigarettes may be more likely to try other drugs, too.)
- Ask, “What kinds of alcoholic beverages do people drink?”
Answer: Beer, wine, wine coolers, whiskey, mixed drinks, such as piña coladas, margaritas, daiquiris.
- Ask, “Which of these drinks can affect judgment?”
Answer: All.
- Say, “Let’s talk about some common beliefs people have about alcohol; tell me whether these are myths or facts.”
 - “Wine coolers can’t get you drunk.”
Answer: Myth.
 - “One drink is okay and doesn’t really affect you.”
Answer: Myth.
 - “Beer has less alcohol, so it is less intoxicating.”
Answer: Myth. It does have less alcohol, but is often served in larger quantities; when this is the case, it is just as intoxicating as other forms of alcohol. In fact, the amount of alcohol in a can of beer, a glass of wine, or a shot of straight liquor is about the same.
 - “Alcohol is not a drug.”
Answer: Myth. It is the most commonly used “drug” in the United States. Although it *is* legal for people age 21 and over in New York and other states, alcohol is still a drug and a powerful one.
- Ask, “Besides impairing judgment and the ability to make good decisions, what are some of the other effects of alcohol?”
Answers:
 - Alcohol impairs coordination (one “walks funny,” can’t drive safely).
 - Alcohol impairs speech (one “talks funny” and cannot express oneself clearly).
 - Alcohol poisoning, which can be fatal, can result from excessive drinking, including binge drinking.
 - Alcohol over a sustained period of time can injure the liver and other body systems.

- Ask, “How can alcohol and other drugs put people at risk of infection from HIV and other STIs?”
Answer: There are two ways:
 - One is that injected drug use can lead to using the same needles/syringes or other equipment (filters, mixing containers, water) that someone else used to inject drugs. There is risk even if drugs are not injected into a vein, but into a muscle or skin, because traces of infected blood can still make their way into the body. These risks exist in any injection with a non-sterile syringe, even if it is of substances we do not usually think of as drugs. These may include steroids, hormones, and vitamins.
 - The second way is by affecting thought processes and feelings and judgment in a way that could lead to other risk behaviors.
- Say, “Today we will have the opportunity to develop and practice some of the skills necessary to abstain from using alcohol and other drugs.”
- Divide the class into five small groups. Appoint a leader and recorder for each group or have each group select its own leader and recorder. Distribute Activity Sheet 1, “Drug, Alcohol, and Steroid Risk... and Rebuttal.” Assign each group six statements that attempt to persuade someone to use alcohol or other drugs (persuasive statements) and have them prepare one or more rebuttals for each statement. Explain that a rebuttal is an effective response that explains why that person has chosen not to engage in such behavior. The recorder writes down the group’s rebuttals.
- Have the class form a circle. Have the recorder from the first group read one of the “persuasive statements,” then ask classmates from another group for a rebuttal. After the second group has responded, have the first group’s recorder state the rebuttal that group wrote. Discuss the rebuttals: how they were similar, how they were different, what did or did not make them effective. Continue until all statements and rebuttals have been completed (or as many as possible, depending on the time available).
- Ask, “How can practicing rebutting persuasive statements help you?”
Answer: Practicing responses can help one become more confident and assertive, feel more prepared for situations one might encounter, and feel more in control.
- Ask, “How can you practice rebutting persuasive statements?”
Answer: You can do on your own, or with someone to whom you are close, just what we did in class. The more you practice before a situation arises, the better prepared you’ll be.

Homework

Write at least four other persuasive statements people might use to try to convince you to use alcohol or other drugs and an effective rebuttal for each statement.

* See “How to Organize into Groups” in Appendix B, “Classroom Guides.”

Drug, Alcohol, and Steroid Risk... and Rebuttal

Directions

Develop effective rebuttals to the following persuasive statements.

1. Grow up! Take a drink!

2. You don't become an alcoholic from one little drink.

3. Just try a sip.

4. Come on. You can't know whether you like alcohol unless you try it.

5. People like you better if you join them for a drink.

6. It's just a beer—no hard stuff.

7. Don't you trust me? I'm not going to get you drunk.

8. Drinking is the best way to have a good time.

Activity Sheet 1 (continued)

9. Let's see who can drink more, you or me.

10. I dare you to drink the whole bottle!

11. Drugs give you a great high. You should try them at least once.

12. Drugs take you into a whole other world!

13. Try it! You'll like it!

14. Just try it. You won't get addicted.

15. If you're my friend, you'll join me.

16. You won't get HIV. Don't worry.

Activity Sheet 1 (continued)

17. How do you know you don't want drugs if you haven't tried any?

18. Come on! It's just marijuana!

19. You're a strong person. You can keep yourself from being addicted.

20. They're just pills. Don't be a wimp. Try them!

21. Hey, your parents used this stuff too!

22. If you want to be a good athlete, you have to use steroids.

23. If you want to compete, you have to do what your competitors do—take steroids.

24. Won't your family be proud if you're a terrific athlete?

Activity Sheet 1 (continued)

25. If you take steroids, you show you really want our team to win.

26. Injecting steroids isn't the same as injecting drugs.

27. Here, just use my needle.

28. I take steroids, and look at me. Don't you want to look good?

29. Take a chance! Maybe steroids won't cause problems for you.

30. Sure, steroids might cause health problems in the future—but don't you want to be a success now?

31. By the time we reach our twenties, there will probably be a cure for any health problems we get.

32. HIV? It can't happen to us!

Prevention

NEW YORK STATE
LEARNING STANDARDS
1, 2

SKILLS

Self-Management

MATERIALS

Chalkboard/Newsprint

VOCABULARY

Barrier

Condom

Sexual Abstinence

How Can We Protect Ourselves from Sexual Transmission of HIV and Other STIs?

Performance Objectives

Students will be able to:

- Explain the risk factors for infection by HIV and other STIs in sexual activities.
- Describe ways to avoid or reduce the risk of infection by HIV and other STIs.

Do Now

Have the students define:

abstinence *sexual abstinence*

risk *transmission*

Teacher Note: Answers to the “Do Now:”

Abstinence – refraining from an activity or behavior.

Risk – a chance of danger, loss, or defeat.

Transmission – the passing of something from one person to another.

Sexual abstinence – refraining from sexual intercourse.

Motivation

- Ask, “How many of you ride a bicycle? Did you ever notice that some people ride a bike without wearing a bike helmet and others *do* wear helmets? Assuming for a moment that both groups of people can afford to buy a bike helmet, on what other basis are they making the decision?” Answer: They weigh the perceived advantages of wearing a helmet—“The helmet will protect me against head injuries if I fall”—against the perceived disadvantages—“I am more comfortable not wearing a helmet, and my friends don’t wear helmets.”
- Say, “Sometimes people’s peers may try to pressure them into doing something that may be unhealthy or even dangerous.”

Teacher Note: HIV can be transmitted through vaginal, oral, or anal intercourse. This curriculum guide recommends that in Grades 7 and 8, teachers should mention types of sexual intercourse in response to students' questions. (In Grades 9-12, the teacher should initiate such discussion.) The following information can help you to respond if students ask questions:

HIV can be transmitted through vaginal, oral, and anal intercourse with a person who is infected. When sexual intercourse is not clearly defined to include oral and anal, people may fail to recognize their risk and not take appropriate action to protect themselves or others. In New York State, a person under 17 years of age is incapable of giving legal consent. Vaginal, oral, or anal intercourse with a person less than 17 years of age and to whom the actor is not married constitutes a crime in this state.

Procedure/Development

- Ask, "What are some things people can do to eliminate or reduce the risk of infection, through sexual intercourse, of HIV and other STIs?"
Answers: Abstain from sexual intercourse; use latex or polyurethane condoms as a barrier.
- Ask, "Which of these options completely eliminates the risk of sexual transmission?"
Answer: Abstaining from sexual intercourse.
- Ask, "Which of these options reduces the risk of sexual transmission?"
Answer: Correctly and consistently using a latex or polyurethane condom.

Teacher Note: Scientists have more data on the effect of latex condoms in reducing the risk of HIV/STIs and pregnancy. However, polyurethane condoms are also a choice for the small proportion of the population that is allergic to latex. Lambskin condoms are least effective since they contain pores (tiny holes).

Teacher Note: Make sure students understand that although properly used latex or polyurethane condoms can help reduce the risk of HIV transmission (see following information), abstaining from sexual intercourse is the only 100 percent effective method of preventing sexual transmission. Stress that many people are not tested for HIV/STIs, and the best, most appropriate choice for young people is abstinence.

- Ask, "What are some things people do that increase the risk of infection from HIV and other STIs?"
Answers:
 - Having sexual intercourse without using a condom, or using a condom that is not latex or polyurethane, or using a latex or polyurethane condom incorrectly or inconsistently.
 - Using the same needles/syringes or other equipment for injection of drugs, including steroids.
 - Using drugs, including alcohol, that can impair judgment and lead to risk behaviors that could result in infection from HIV and other STIs.
- Say, "Our focus today is on reducing the risk of sexual transmission."
- Ask, "What is a barrier?" Answer: An obstacle that separates two things or prevents access.
- Ask, "What is a condom?" Answer: A sheath that fits over the erect penis; semen goes into the reservoir, the space at the tip of the condom.
- Ask, "How do condoms help prevent transmission of HIV and other STIs?"
Answer: As a barrier method, condoms are used to prevent semen and preseminal fluid ("pre-cum") from entering the partner's body and to prevent the partner's body fluids from entering the penis through the urethra. Condoms help prevent pregnancy as well as transmission of HIV and other STIs.

Teacher Note: Abstinence from sexual intercourse is discussed and emphasized throughout the curriculum. It is also important for students to know the facts about condoms so that they can make informed choices that help lead to a healthier life.

- Say, “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. Lambskin condoms should never be used as the skin has tiny pores through which body fluids can travel, which increases the possibility of infection of either partner by HIV or other STIs. “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 do not even know that they are infected. Because it is not possible to tell if someone is HIV-positive just by looking at him or 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. Yet it is also true that not everyone will report accurately about testing results or about any risk behaviors since testing occurred. Using condoms every time protects you from infection and helps give you peace of mind.”
- Ask, “Why do condoms sometimes fail?” Answer: When people use condoms incorrectly, they sometimes fail. These are some of the ways that people use condoms incorrectly:
 - Improperly putting on or removing a condom.
 - Using an oil-based lubricant, which damages latex condoms, instead of a water-based lubricant.
 - Using a lambskin condom instead of a latex or polyurethane one.
 - Having inadequately lubricated intercourse, especially anal, during which friction can stress and break the condom.
 - Inadvertently tearing the condom on fingernails or jewelry or when opening the packet.
 - Using a condom that has been stored near a heat source (greater than 80°F).
 - Using a condom after the expiration date on the packet.
 - Reusing a condom.
 - Using a condom from a broken packet.

Teacher Note: In the 1990s, it was recommended that foams, gels, lubricants, or creams with nonoxynol-9 (N-9) be used with condoms. N-9 is a spermicide that helps prevent pregnancy and has some protective action against the germs that cause some sexually transmitted infections. In vitro (test tube) studies had suggested that N-9 had some effect on HIV. Large scale in vivo studies (studying people who used N-9) demonstrated that frequent use of N-9 irritated sensitive membranes (such as in the rectum and vagina) and actually created a “port of entry” for HIV. Similarly, use of the contraceptive sponge was found to make small scratches that could facilitate infection with HIV. *For this reason, the CDC no longer recommends the use of condoms with nonoxynol-9 as an effective method of HIV prevention.*

- Ask, “What are the health risks of abstaining from sexual intercourse?” Answer: None.
- Ask, “What are some advantages of abstaining from sexual intercourse?” Students' responses may include:
 - One can focus energy on achieving other goals.
 - One can avoid the emotional stress that may accompany sexual intercourse.
 - One can avoid the risk of infection from HIV and other STIs.
 - One can avoid pregnancy and its associated consequences.

Teacher Note: If time permits, or as an activity during another class period, review the step-by-step method of making decisions:

- (1) State the problem.
- (2) List alternative solutions.
- (3) List the pros and cons of each possible choice.
- (4) Make a decision.
- (5) Evaluate the outcome.

As a class, apply the method to decision making about risk behaviors.

Role-playing risk-related scenarios is also an effective strategy and helps build important coping skills. (See Appendix B, “Classroom Guides.”)

Homework

Make a list of ways a young person can maintain the decision to abstain from sexual intercourse. Students’ responses may include:

- Focus energy on achieving other goals.
- Be with people who respect you and your decisions.
- Socialize with groups of people who support your values.
- Only be alone with a date with whom you have discussed your choice to abstain from sexual intercourse and whom you trust.
- Practice effective rebuttals to peer pressure.

Prevention

NEW YORK STATE
LEARNING STANDARDS
1, 2

SKILLS

Communication
Relationship Management
Self-Management

MATERIALS

Newsprint/Chalkboard

VOCABULARY

Affection
Confidences
Infatuation
Nonsexual Romance
Sexual Health

How Can People Express Love and Affection and Be Sexually Abstinent?

Performance Objectives

Students will be able to:

- Describe how people express their love to significant people in their lives.
- Describe how a couple can express affection and have fun together while being sexually abstinent.
- Identify resources in their community that can help them enjoy friendships in nonsexual ways.

Do Now

Have the students define:

affection *infatuation* *romance* *sexual health*
confidences *nonsexual* *sexual abstinence*

Teacher Note: Answers to “Do Now:”

Affection – fond or tender feeling.

Confidences – secrets someone trusts to someone else.

Infatuation – a feeling of foolish or extravagant love or admiration.

Nonsexual – not involving sex or gender.

Romance – a relationship characterized by feelings or fantasies of ardent love.

Sexual abstinence – abstaining from sexual intercourse.

Sexual health – well-being of one’s reproductive organs.

Motivation

- Ask, “What are some ways we can show love and affection in our families?” List students’ answers on the newsprint. The following examples show how the resulting chart may evolve.

Teacher Note: HIV can be transmitted through vaginal, oral, or anal intercourse. This curriculum guide recommends that in Grades 7 and 8, teachers should mention types of sexual intercourse in response to students' questions. (In Grades 9-12, the teacher should initiate such discussion.) The following information can help you to respond if students ask questions.

HIV can be transmitted through vaginal, oral, and anal intercourse with a person who is infected. When sexual intercourse is not clearly defined to include oral and anal, people may fail to recognize their risk and not take appropriate action to protect themselves or others. In New York State, a person under 17 years of age is incapable of giving legal consent. Vaginal, oral, or anal intercourse with a person less than 17 years of age and to whom the actor is not married constitutes a crime in this state.

PEOPLE WE LOVE: HOW WE MAKE THEM AWARE OF OUR LOVE

Parents, Guardians, and Other Care-giving Adults

- Tell them you appreciate and love them.
- Communicate and cooperate with them.
- Help them (e.g., do errands, help clean the home, do dishes, and other chores).
- Give flowers or other gifts you make or buy.

Younger Brothers and Sisters

- Tell them you appreciate and love them.
- Show them how to do things.
- Praise them when they do well.
- Encourage them to make healthy choices, e.g., abstain from alcohol and other drugs, attend school, wear a bike helmet, wear a seat belt in a car, abstain from sexual intercourse.

- Ask, "What are some of the ways friends show love and affection for each other?" Continue the chart by writing students' responses on the newsprint. Note that, as additional ideas are expressed, some may also apply to the categories above, and some of the above ideas may also apply to the following categories:

Friends

- Be loyal and trustworthy.
- Show concern.
- Spend time together.
- Listen to each other's problems.
- Encourage them to make healthy choices, (e.g., abstain from alcohol and other drugs, attend school, wear a seat belt in a car, abstain from sexual intercourse.)
- Go places together.
- Do favors for each other.
- Remember each other's birthdays.
- Keep confidences.

- Ask, "What are some of the ways people your age who are dating or seeing each other in a relationship show affection and love for one another?"

Teacher Note: Remind students that not all people date opposite sex partners. Some people who are lesbian, gay, bisexual, or transgender (LGBT) might date people of the same sex.

- Check off those items on the above lists that apply also to couples. Students may also list such items as:

Boyfriend/Girlfriend

- Be supportive of each other's goals.
- “Be there” when needed, and feel you can express your own needs too.
- Go out together.

- Ask, “What is the difference between a relationship with a friend and a dating relationship?”
Answer: A dating relationship may include feelings of romance, physical attraction, chemistry, or emotional intimacy.

Procedure/Development

- Ask, “How can couples who are dating make each other aware of their affection and feelings while abstaining from sexual intercourse?” List students’ answers on the newsprint, noting that many of the ways should be similar to how friends show their love for one another: by being loyal and trustworthy, by showing concern, by spending time with each other, listening, etc.
- Elicit from students how a couple can express their love without having sexual intercourse: kissing, hugging, holding hands, or walking arm-in-arm. Maintaining respect for a partner's decision to be abstinent is also a way of showing love.
- Ask, “What are some reasons that some young people choose to have sexual intercourse?” Students’ answers may include:
 - They feel adventurous.
 - They are infatuated or think they are in love.
 - They feel curious.
 - They want to feel connected to their partner.
 - They are alone and unsupervised, start “fooling around,” and get carried away.
 - They want to impress their friends.
 - They feel pressured to show their love to their boyfriend/girlfriend.
 - They feel lonely.
- Have students discuss the pros and cons of these reasons.
- Say, “Researchers show that in the U.S. sexually transmitted infections (STIs) among teens are of epidemic proportions and that there are about a million teen pregnancies per year. Abstaining from sexual intercourse helps safeguard sexual health.”
- Ask, “Let’s do a quick review: what are the names of some STIs?” Answer: HIV/AIDS, gonorrhea, syphilis, chlamydia, and herpes.
- Ask, “What are some ways of effectively responding to someone who wants to pressure you into sexual activities?” Students’ answers may include:
 - Do not be alone with that person.

- State your feelings directly and openly.
- Be *specific* about what you will and will *not* do. ("Let's just hold hands now, that's all.")
- Remember that facial expressions, eye contact, body language, tone of voice, and choice of words convey messages. Make sure that body language is consistent with one's words.
- If you are still pressured, leave.

Teacher Note: When possible, have students “practice” responding assertively to pressure by having them do role-plays or give assertive answers (rebuttals) to persuasive lines. (See “How to Process Role-Plays” in Appendix B, “Classroom Guides.”)

It may be helpful to have students practice the following ways to say “no”:

- Just plain “no!” (A strong statement all by itself, especially if you don't let yourself get drawn into a discussion of why you said no).
 - No with a reason. (“No. Taking drugs is unhealthy.”)
 - No with a feeling. (“No. I don't like the idea of taking drugs.”)
 - No with an alternative. (“No. Let's go to the movies instead.”)
 - No with caring. (“No. I don't want either of us to take health risks.”)
 - No and go. (“No. I'm going home now.”)
- Say, “Let's review ways that a couple who are dating can express their love for each other and not have sexual intercourse.”

Students' answers may include:

- Set limits (e.g., holding hands).
- Spend time together doing activities you both enjoy, such as swimming, movies, etc., with friends in a group.
- Write poems or letters to each other.

Homework

- Imagine a couple who are dating. They decide to abstain from sexual intercourse. Research fun and interesting places they can go and things they can do. Resources:
 - Daily and weekly newspapers and magazines.
 - Bulletin boards.
 - Library.
 - Museums.
 - Movies.
 - The Internet.
 - Events information hotlines.
 - Youth centers.

Teacher Note: Have students research and create a bulletin board display or poster that describes things a couple can do (especially free or low-cost) on a date. Include information numbers, addresses, etc.

- Alternate assignment: have students write a short story about a couple who practices abstinence and the activities they do.

SKILLS

Communication
Relationship Management

MATERIALS

Newsprint/Chalkboard

VOCABULARY

Communicate
Media
Sexuality
Values

What Makes Parents/Guardians/ Caregivers Important Sexuality Educators in a Young Person's Life?

Performance Objectives

Students will be able to:

- Describe how parents/guardians/caregivers communicate values about sexuality.
- Identify techniques for effective communication with parents/guardians/caregivers.
- Produce a values survey that will facilitate communication with parents/guardians/caregivers.

Do Now

Have students define: *communicate, sexuality, values.*

Teacher Note: Answer to “Do Now:”

Communicate – to exchange information or opinions.

Sexuality – pertaining to people’s identities as men or women, as participants in relationships, as members of society.

Values – cherished beliefs.

Motivation

- Ask, “Where do young people get their information about sexuality?” List students’ responses on the newsprint, e.g.: peers; teachers; media, including TV, movies, radio, Internet, newspapers, magazines; religion; etc. Mention parents/guardians/caregivers if the students do not.
- Ask, “What problems might exist when young people receive information from TV, friends, movies, radio, and magazines?”
Answers: Information may be incorrect or misleading. Because sex is often used to entice viewers or to sell products, the risks and responsibilities associated with sexual behaviors are often not addressed. Neither are the real-life concerns that people have about relationships.

- Ask, “Why is it said that parents/guardians/caregivers are children's primary sexuality educators, even if they never talk about sex?” Possible answers include:
 - These are the adults with whom children often have the most contact.
 - These adults are teachers by example.
 - These adults verbally or nonverbally communicate attitudes.
 - These adults teach the skills for communicating about sex, about decision making, and about values when they talk about sex openly and honestly.
 - These adults teach how not to communicate about sex, about decision making, and about values when they don't talk about sex openly and honestly.
- Ask, “Why *do* some parents/guardians/caregivers talk with their children about sex openly and honestly?” Students may respond:
 - They want to help their children.
 - They want to give their children guidelines, so they can make healthy and responsible choices.
 - They want to protect their children.
 - They want their children to do the right thing.
- Ask, “Why *don't* some parents/guardians/caregivers talk with their children about sex openly and honestly? Or not at all? Students may respond:
 - They may be embarrassed.
 - They may be afraid that they don't have all the answers.
 - They may not want to give their children ideas.
 - They may think children don't need the information until they are older and/or married.
 - They may be perpetuating the lack of communication they had as children.
- Ask, “Why don't some young people talk to their parents/guardians/caregivers about sex?” Students may respond:
 - They may be embarrassed.
 - They may find it difficult to imagine that the adults are sexual.
 - They may not be aware of what they *might need to know*.
 - They may believe parents/guardians/caregivers do not have the information about sexuality.
 - They may not regard their parents/guardians/caregivers as appropriate sexual role models, e.g., if these adults have multiple partners, are unhappy with their partner choices, are abusive or neglectful, etc.
 - They may have experienced abuse and/or may not feel safe in discussing sexual issues.

Teacher Note: As you know, not all home environments are safe for young people to initiate discussions of sex; be aware that if a student is experiencing or is at risk of sexual abuse, this lesson may produce feelings of anxiety, distress, or vulnerability.

IMPORTANT NOTE: Teachers are mandated reporters of child abuse, including sexual abuse. If you suspect that a student is experiencing abuse or neglect, report it immediately to your guidance counselor, social worker, or principal, who is required to report the suspected abuse to the New York Statewide Central Register Child Abuse and Maltreatment Hotline (1-800-342-3720).

Procedure/Development

- Ask, “What are some ways young people can begin a conversation with their parents/guardians/caregivers about sex?” Students may respond:
 - Share an article from a newspaper or magazine and ask for parents’/caregivers’ reactions.
 - Watch a TV movie or show dealing with issues of sexuality and discuss the story.
 - Tell parents/caregivers something about HIV/AIDS that you learned in school. Ask for their opinions.
 - Share a problem a friend may be having that has to do with sex or sexuality and ask the parent/guardian/caregiver for advice.
 - Ask about what things were like when they were growing up: was sex talked about as much as it is today?
 - Point out an ad that uses sex to sell a product and ask how parents/guardians/caregivers feel about it.
 - Listen together to a song or watch a music video that has strong attitudes toward sex and ask your parents’/guardians’/caregivers’ reactions.
 - Have a friend ask them for advice with a problem.
 - Say you are taking a survey on attitudes about sex and sexuality.
 - Ask them if they have spoken yet about sex with a younger or older brother or sister.
 - Ask them, “How do you feel about teenage pregnancy?”
 - Ask them, “How do you feel about how the HIV/AIDS epidemic affects youth?”
- Say, “However you begin such a conversation, remember that it may be as difficult for your parent/guardian/caregiver as it is for you. Try to make the conversation a comfortable experience for everyone.”
- Ask, “How can a young person keep the conversation going?” Students may respond:
 - “And then what?”
 - “Tell me more.”
 - “Please keep talking.”
 - “I don't understand.”
 - “Can you explain that?”
 - Repeat what parents said: “So you're saying that ...”

Do not put down parents with such remarks as:

- “Boy, that's dumb!”
- “You're so old-fashioned.”
- “No wonder we don't understand each other.”

Do not cut off conversation with such comments as:

- “You just don't trust me.”
- “You think I'm a baby!”
- “I'm more grown-up than you think.”

Other suggestions:

- Don't interrupt.
- Do not let their answers anger you.
- Keep lines of communication open.

Homework

Students should either:

Initiate a conversation about HIV/AIDS, or about sexuality and values, with a parent/guardian/care-giver, as discussed in class, and write a brief description of the conversation.

Or:

Bring in a newspaper or a magazine article about HIV/AIDS that they think would be a good conversation starter and write a brief description of why they chose it.