

# **LESSON GUIDE**

## **GRADE 8**

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# How Does HIV Affect the Immune System?

## Performance Objectives

Students will be able to:

- Describe how HIV impairs the immune system.
- Clarify the difference between HIV and AIDS.
- Explain why it is important to avoid HIV infection.

## Do Now

Have students define: *deficiency, opportunity, susceptible*.

**Teacher Note:** Answers to “Do Now:”

**Deficiency** – a shortage; lack of something necessary.

**Opportunity** – a favorable combination of circumstances, time, and place (e.g., a pathogen may have the opportunity to cause illness when it infects an individual at the time when that person’s immune system is deficient).

**Susceptible** – having little resistance to illness.

## Motivation

- Review the components and functions of the immune system. Have students brainstorm words or phrases that relate to the immune system. Refer to Grade 7, Lesson 1, “Example Illustrations 1 and 2: How the Immune System Works.”

## Procedure/Development

- Say, “HIV stands for Human Immunodeficiency Virus: a virus that damages the immune system of an infected individual, making it deficient, or weak. When a person has HIV, he or she is called ‘HIV-positive.’

“HIV attacks the very cells that should be attacking the virus, T-cells (like the CD4 cells [Helper T-cells] ). Since the Helper T-cells serve as master control of the immune system, over time HIV will weaken the immune system by eliminating and disabling these T-cells.

“In turn, other immune system cells, such as B-cells, Killer T-cells and macrophages, cannot fulfill their functions in protecting us specifically from HIV. An immune system that has been weakened by HIV is called *deficient*. When the immune system is deficient, pathogens (germs) that would ordinarily be destroyed by the immune system now have an opportunity to cause serious or fatal infections. These are called opportunistic infections, because they take the opportunity presented by the weakened immune system to harm the body.

## GRADE 8 Lesson 1

### NEW YORK STATE LEARNING STANDARDS 1

#### SKILLS

Communication

Self-Management

#### MATERIALS

Newsprint

#### VOCABULARY

AIDS

Antibodies

Antigen

Asymptomatic

B-cells

Body System

CD4 Cells

Deficiency

HIV

Immune System

Macrophage

Mucous Membranes

Opportunistic Infection

Opportunity

Organs

Pathogen

Susceptible

T-Cells

**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.

“HIV can lead to AIDS: Acquired Immune Deficiency Syndrome. To ‘acquire’ means to ‘get’ something someone is not born with; we’ve just discussed immune deficiency; and ‘syndrome’ means a group of related signs, symptoms, and health problems (e.g., opportunistic infections to which people with HIV/AIDS are susceptible) with one underlying cause.

“One way we measure the effects of HIV is by checking how many CD4 (Helper T-cells) a person has; this is called the CD4 Count. In individuals with healthy immune systems there are usually 500-1500 CD4 cells per cubic millimeter (about a drop) of blood.

“When there is a 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.”

- Say, “The systems of the body can be compared to the parts of a car: each system, or part, has its own job to do. HIV infection can lead to impairment of the immune system, particularly the adaptive immune function, thereby making one vulnerable to (or more likely to have) problems affecting one or more body systems.”
- Ask, “Can you name other body systems that HIV infection can affect?”

**Teacher Note:** Depending on the level of your students, you may wish to discuss only the body systems, and not the specific diseases.

Possible answers could include:

- *Respiratory system* – pneumonia such as *pneumocystis pneumonia* (PCP), tuberculosis.
- *Gastrointestinal system* – diarrhea, wasting.
- *Skin* – Kaposi’s sarcoma.
- *Reproductive system* – recurrent vaginal yeast infections, cervical cancer.
- *Nervous system* – meningitis, dementia.
- Ask, “How does skin protect people from HIV?”  
Answer: The skin does a good job as a wall against HIV—unless there is a cut, rash, or sore, or if the skin is punctured, such as with a needle during injected drug use.

**Teacher Note:** You may also wish to inform students that the mucous membranes that line the mouth or the body openings of the genitals or anus may *not* act as a wall; intact mucous membranes retard the transmission of HIV, but are not a guarantee, since HIV may pass through cuts or tears of the oral, vaginal, or rectal mucosa.

- Ask, “How does HIV infect the body?”
- Write: “HIV INFECTION OCCURS WHEN HIV ENTERS THE BODY; HIV IMPAIRS THE IMMUNE SYSTEM.”

**Teacher Note:** If students ask questions about HIV transmission or prevention, tell them that these topics will be discussed in later lessons, and keep the focus on this lesson only.

- Write: “A PERSON CAN BE INFECTED WITH HIV FOR YEARS AND NOT KNOW IT.”
- Ask, “How can a person be infected for so long and not know?”

Answer: Some individuals get infected with a powerful strain of the virus, which weakens the immune system quickly. In others, HIV can take a long time to have negative effects on the immune system. Some individuals are able to fight back against the virus longer than others. Common symptoms during the first four to five years of HIV infection include swollen glands, night sweats, and fatigue, symptoms that may not be noticed very much, even by the person with HIV in this relatively *asymptomatic phase* of HIV. On average, for the next four to five years (*symptomatic phase*), some new symptoms may occur, such as weight loss or diarrhea and a tendency to get common illnesses like colds more easily. If HIV infection is untreated, it is about ten years, on average, before progression to AIDS and the more serious illnesses of that phase occur. Many people who are infected do not know they have been infected unless they have had a test that reveals HIV antibodies. In fact, in the first decade of 2000, it was estimated that 25 percent of people with HIV in the United States were untested.

- Write: “ANYONE WITH HIV CAN INFECT OTHER PEOPLE THROUGH RISK BEHAVIORS, EVEN IF THE INFECTED INDIVIDUAL FEELS HEALTHY.”

**Teacher Note:** The next lesson provides further information about risk behaviors that can lead to HIV transmission.

- Ask, “Why is HIV more difficult to prevent than some other illnesses?”  
Answer: “HIV is infectious throughout its entire course. In every phase of illness, the person with HIV could transmit HIV infection to others. Not all infectious diseases are like this. Most people don’t know for a long time that they are infected. Once a person is diagnosed, he or she would know to take steps to get treatment, to adopt good health practices, and to avoid infecting others.”
- Write: “THERE IS NO KNOWN VACCINE OR CURE FOR HIV INFECTION.”
- Ask, “Until a vaccine and a cure are found, what should people concentrate on most?”  
Answer: Preventing transmission and infection.

## Assessment

Have students write a fact sheet explaining at least three ways that HIV infection can affect the body. Also, explain the difference between HIV and AIDS.

**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.

SKILLS

Relationship Management  
Self-Management

MATERIALS

Newsprint

VOCABULARY

Antiretroviral Therapy  
Epidemic  
Pandemic  
Perinatal Transmission  
Theoretical  
Window Period

# How is HIV Transmitted?

**Teacher Note:** Depending on the level of your class and the time available, you may wish to teach this lesson over two class periods.

## Performance Objectives

Students will be able to:

- Understand that a virus, HIV, can lead to AIDS.
- Identify which body fluids can transmit HIV from an infected person to an uninfected person.
- Understand that it is the exposure to body fluids containing HIV that make certain activities risky.
- Identify activities and behaviors through which HIV can be transmitted.
- Explain the “window period” for HIV antibodies and its implications for HIV antibody testing.
- Understand that anyone who engages in risk behavior can become infected with HIV, regardless of age, race, gender, sexual orientation/identity, country of origin, or economic status.

## Do Now

Write the following on newsprint:

“Define: *epidemic*, *pandemic*, *transmission*.”

**Teacher Note:** Answers to “Do Now:”

*Epidemic* – An outbreak of an infectious disease that spreads widely and rapidly.

*Pandemic* – A widespread outbreak of an infectious disease affecting a large part of the population worldwide.

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

## Motivation

- Ask, “What do young people need to learn about HIV and AIDS?” Students’ answers may include:
  - How people get infected/How HIV is transmitted. (Have students explain how they defined the word transmission in “Do Now.”)
  - How people can prevent infection and reduce the risk of transmission.
  - That HIV/AIDS is a public health crisis that affects everyone. (Have students explain how they defined the words *epidemic* and *pandemic*.)

- There is a lot of misinformation about HIV/AIDS. People need to know the facts.
- Understanding about HIV, including how HIV is transmitted, helps young people to be more compassionate and less prejudiced toward people living with HIV/AIDS (PLWHA).

## Procedure/Development

- Ask, “What does HIV stand for?”  
Answer: Human Immunodeficiency Virus.
- Ask, “Can people get HIV by standing next to someone who is infected? By eating together? By touching or hugging that person?”  
Answer: No. HIV is *not* spread through casual contact.
- Ask, “Why is HIV *not* spread through casual contact?”  
Answer: HIV is not an *airborne* disease.
- Ask, “If HIV is not airborne, how does HIV get transmitted?”  
Answer: Body fluids containing the virus have to enter one's body. This happens when certain fluids (see below) from an infected person's body enter another person's body.
- Ask, “Which body fluids from an infected person may contain HIV?”  
Students' answers should include the following (write them on the newsprint):

blood	preseminal fluid	menstrual blood
semen	vaginal fluids	breast milk

**Teacher Note:** Although HIV has been found in lesser concentrations in other body fluids such as saliva (see below), in the body fluids listed above HIV is present in sufficient concentrations to cause infection if such fluids from a person who is infected with HIV enter another person's body.

- Say, “Let's be sure we all know the meaning of these terms.”  
Semen – the fluid, which contains sperm, that is ejaculated from the penis during sexual activity and orgasm.  
Preseminal fluid (“pre-cum”) – the small amount of clear fluid that appears at the tip of the penis when it become 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 secreted by a mother for feeding her baby.

**Teacher Note:** Many students use other terms to describe these body fluids and other matters related 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.

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.

**Teacher Note:** Make sure students' focus remains on the *proven* modes of transmission through blood, semen, preseminal fluid, vaginal fluids, and breast milk.

**Teacher Note:** The Centers for Disease Control and Prevention documented one case of transmission of HIV through deep kissing. However, both persons had severe gum disease accompanied by bleeding. This case illustrates the need for sound principles about transmission and common sense.

- Ask, "What are some behaviors that can increase one's risk of getting HIV?" Students will probably respond, "Unprotected sexual intercourse and sharing needles/syringes for drug injection."
- Say, "Behaviors that increase one's risk of HIV infection or other health problems are called 'risk behaviors.'" Write on newsprint: "RISK BEHAVIORS."
- Ask, "Why can unprotected sexual intercourse be a risk behavior?" Answer: Infected semen, preseminal fluid ("pre-cum"), vaginal fluids, or blood can be exchanged.
- Say, "During sexual intercourse, infection can be transmitted or contracted by a man or a woman regardless of race or ethnicity, sexual orientation/identity, or economic status. Also, sexual partners may be unaware that small scratches, internal tearing and/or bleeding occurred. If small scratches, internal tearing, or bleeding occurs during sexual activity, the risk of HIV transmission is increased."

**Teacher Note:** Individuals may be unaware of cuts, abrasions, or ulcers of the vulva, vagina, penis, anus, rectum, or mouth; such cuts, abrasions or ulcers increase the risk of contracting or transmitting HIV.

**Teacher Note:** Sexual intercourse includes vaginal/penile, anal/penile, oral/penile, and oral/vaginal intercourse. Although each of these carries some risk, by far the riskiest is anal/penile intercourse. It is not clear whether it is due to the nature of the cellular lining in the rectum or because of the high risk for abrasions—however, we do know that anal sex presents the highest risk for HIV transmission. Young and older women are especially at risk for transmission of HIV through vaginal intercourse—the former because their cervixes are not yet fully developed (see next note), and the latter, after menopause, because of changes such as drying of the vaginal lining making it easier for irritations to occur. Young women and young men who have sex with men are now among the fastest growing groups for new cases of HIV.

**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.

- Ask, “What is the only 100 percent effective way to avoid sexual transmission of HIV or other STIs?”  
Answer: Abstinence from sexual intercourse.
- Ask: “How can people reduce the risk of the sexual transmission of HIV and other STIs?”  
Answer: The risk of sexual transmission of HIV and other STIs can be reduced through the correct and consistent use of the appropriate barrier method of protection, i.e., FDA-approved latex or polyurethane condoms. This is called protected sexual activity.
- 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 STIs?”  
Answers: Gonorrhea, syphilis, chlamydia, herpes, human papillomavirus (HPV), etc.
- 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.”  
“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.”

**Teacher Note:** You can explain that female adolescents’ reproductive systems require five to seven years after their first menstrual period to mature fully. During this developmental phase, the female reproductive system may be especially susceptible to HIV/STI infection. As a teenage female 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 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 may offer protection against the passage of bacteria or viruses through the mucous membrane that lines the vagina.

- Say, “A person with an STI may be more susceptible to HIV infection because sores, rashes, etc., may provide routes through which HIV can reach the bloodstream.”

**Teacher Note: Important:** Tell students that in a later lesson you will discuss how to reduce the risk of sexual transmission of HIV.

- Ask, “In what other ways can HIV be transmitted?”  
Write responses on newsprint. Make sure they include the following:
  - *Sharing needles/syringes/works/skin-popping equipment:* This refers to those used for injecting drugs, including steroids. Explain that sharing these items, when they are not properly sterilized, is considered a 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.  
  
Some people need to inject medicine, such as insulin for diabetics. They always need to use sterile needles and equipment and never share them.

\* Source: Weinstock, H.; Berman, S. and Cates, W. “Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates, 2000. *Perspectives on Sexual and Reproductive Health*, V 36, No. 1, Jan/Feb 2004.

- *Blood transfusion*: Explain that this mode of transmission is highly unlikely but not impossible. Since 1985, blood in the United States has been tested for HIV antibodies. Any blood found to contain them is not used. 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, “Once exposed to HIV, the body usually produces HIV antibodies in 3 to 12 weeks. The time between exposure to the production of antibodies is known as the *window period*. The most common HIV test checks for the presence of HIV antibodies. A person who is infected with HIV will test negative for HIV antibodies during the window period, even though he or she is capable of transmitting the virus to others. Therefore, if someone were to donate blood during the window period, the blood would test negative for HIV, even though it was not. Since 1999, many blood banks are now screening blood using tests that test directly for the virus HIV as well as for antibodies to HIV.”
- Ask, “Why is it important for people *not* to use blood donations as a means of HIV antibody testing? Answer: Doing so increases the risk that infected blood may slip into the blood supply if a donor, who suspects that she or he may have been infected, donates blood during the window period.
- Ask, “Can HIV be transmitted through other medical procedures? Surgery? Dental procedures?” Answer: Some students may say that healthcare providers have to be careful.
- Explain by saying, “Doctors, nurses, dentists, technicians, and other healthcare workers are required to use ‘universal precautions.’ Universal precautions—sterilizing equipment, using disposable equipment, disposing of syringes and other sharp equipment properly, washing hands, wearing masks/gloves, etc.—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 newsprint: *Woman to baby (perinatal) transmission*: In the second decade of the epidemic, one of the greatest advances in the prevention of HIV transmission was made. We have ways of greatly reducing the chances that an HIV-positive pregnant woman will transmit HIV to her child. 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/months 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. HIV can be found in breast milk and an HIV-positive woman can transmit HIV to her child through breastfeeding; therefore, HIV-positive mothers are encouraged to use formula for their babies.
- Say, “Now that we have learned about how HIV is transmitted, can you tell me who is at risk of HIV infection?” Answer: *Anyone who practices risk behavior* can become infected with HIV, regardless of age, race or ethnicity, economic status, country of origin, gender, or sexual orientation/identity.

## Homework

- Have students read Appendix A, “Student Guide to HIV Antibody Testing,” then answer the following questions:
  1. What are some reasons people decide to get HIV antibody testing, which reveals infection with HIV?
  2. Why do some people decide not to get tested for HIV infection?
  3. Often people get tested because they have engaged in behaviors that may transmit HIV. List these behaviors.
  4. Do you think HIV testing should be mandatory (required) for everyone? Clearly explain the reasons for your answer.
  5. What are some statements you could make to persuade someone who has engaged in risk behavior to get tested for HIV?

## Additional Research Project (Optional)

Have students locate, summarize, and be prepared to discuss a newspaper or magazine article on one of the following topics:

- Babies/children with HIV/AIDS.
- HIV/AIDS among injection drug users.
- HIV/AIDS research in the United States.
- Community-based organizations, healthcare professionals, and other caregivers who work with people with HIV/AIDS.
- Major infections to which people with HIV or people with AIDS are particularly vulnerable.
- A child with HIV or AIDS attending school.
- The United States Surgeon General’s report on HIV/AIDS.
- The United States Centers for Disease Control and Prevention (CDC) reports on HIV/AIDS.
- The United Nations report on the global effects of the epidemic.
- How an individual or community has responded to the HIV/AIDS crisis and helped to control the spread of HIV.

## Prevention

NEW YORK STATE  
LEARNING STANDARDS  
1

### SKILLS

Communication  
Decision Making  
Relationship Management  
Self-Management

### MATERIALS

Chalkboard/Newsprint

### VOCABULARY

Abstinence  
Blackout  
Bloodborne  
Dependency  
Drug-Treatment Program  
Experimentation  
Impaired Judgment  
Inhibition  
Injection Drug Use  
Needle/Syringe/Works/  
Skin-Popping Equipment  
Preoccupation  
Self-Control  
Steroid  
Suppression  
(of Immune System)

# How Can Abstaining from Alcohol and Other Drugs Prevent HIV Transmission?

## Performance Objectives

Students will be able to:

- Understand that sharing needles/syringes and other equipment used for injecting or skin-popping can cause transmission of HIV.
- Understand that alcohol and other drug use may lead to unsafe sexual behavior, sharing of needles/syringes/works/skin-popping equipment, and HIV/STI infection.
- Understand the stages of alcohol and other drug use and corresponding risks of HIV/STI infection.

## Do Now

Write on the chalkboard/newsprint:

- *What kind of medical injections do some people receive? What do these injections do?*
- *Should people receiving medical injections be concerned about contracting HIV? Why or why not?*

### Teacher Note: Answers to “Do Now:”

- *What kind of medical injections do some people receive? What are these injections for?*

Answers include: Insulin (diabetes), penicillin (to treat bacterial infections); flu shots (to prevent influenza); immunizations (to prevent other specific diseases); some treatments for Hepatitis or HIV; prescribed hormones or vitamins.

- *Should people receiving medical injections be concerned about contracting HIV? Why or why not?*

Answer: No. Doctors and nurses in the U.S. use disposable needles and syringes. People who administer their own injections get prescriptions for sterile, disposable syringes. In addition, New York State law now allows people over 18 to purchase up to ten (sterile, disposable) syringes at a registered pharmacy, *without* a prescription.

## Motivation

Discuss the answers to “Do Now.”

- Ask, “Why are so many people who inject drugs infected with HIV?” Answer: One way people get HIV is by sharing needles, syringes, works (such as “cottons” or filters, “cookers” or mixing containers, drug solutions and water or other liquids), or skin-popping equipment during drug use. An infected person's blood can get into these items, and HIV, Hepatitis, and other bloodborne

disease-causing organisms can be passed on to the next user. Drug injection also often transmits other bloodborne infections such as Hepatitis C and Hepatitis B, as well as other skin and muscle infections.

**Teacher Note:** Studies have documented that HIV transmission can occur through sharing of drug equipment used by injectors (cotton, cookers, water, drug solution) infected with HIV, as well as sharing “dirty” needles. If two injectors have drawn up drug solution from the same source, even a “clean” needle can transmit HIV. There may be some “backwash” of infected blood into the drug solution if someone had drawn up drug solution twice, for example. The next person who drew up from the drug solution—even if they used a clean syringe—could draw up infected blood along with the drug.

The term “sharps” has also been mentioned to expand thinking to razors, pins, scissors, etc.—anything that can draw blood. The CDC has documented one or two cases of household transmission of HIV involving sharps. The real danger of sharps, however, is for Hepatitis B and C. These two bloodborne viruses are much easier to get than HIV. In fact, sharing of straws for “snorting” is a risk factor for Hepatitis C.

In New York, transmission by injection drug users has been dramatically reduced by fostering the use of clean drug equipment through needle exchange programs and now through legalized exchange at pharmacies (ESAP).

**Teacher Note:** Also use the term *injection* drug use rather than the common term *intravenous* drug use, because *injection* is a more inclusive term that covers skin-popping, intravenous injection, and intramuscular injection.

- Ask, “Is injecting the only way drugs can lead to HIV infection?”  
Answer: No.
- Ask, “What other ways of taking drugs can lead to HIV infection?”  
Answer: Using alcohol and other non-injected drugs such as crack or marijuana could indirectly lead to HIV. Such drugs can impair judgment and make it difficult to avoid other ways in which HIV is transmitted. In addition, use of some drugs may eventually progress to injecting them, which is a direct way that HIV can be transmitted.

**Teacher Note:** Young people often underestimate alcohol’s potential for adversely affecting their judgment and health. It is important to emphasize to students that even though alcohol is legal for people who are of legal drinking age, alcohol is a drug. By impairing one’s judgment, it can lead to risk behaviors that can result in HIV/STI infection.

- Ask, “What kinds of alcoholic beverages do people drink?”  
Possible answers: Beer, wine, wine coolers, whiskey, rum, gin, and vodka.
- Ask, “Which of these drinks can affect a person’s judgment?”  
Answer: *All* can impair a person’s judgment and ability to make healthy and responsible decisions. Alcohol also affects a person’s reaction time and coordination.

## Procedure/Development

- Say, “Let’s figure out which situation puts a person at risk of HIV infection:
  - Person A injects heroin five times.
  - Person B injects heroin one time.
  - Person C gets drunk four times and has unprotected sexual intercourse each time.
  - Person D gets drunk once and has unprotected sexual intercourse.”

Answer: All of the situations present a risk of infection. Engaging in a risk behavior even once can result in HIV infection.

**Teacher Note:** You may wish to flip a coin to show the probability that eventually it will land on a certain side. Alternatively, you can use a deck of cards to demonstrate the probability that eventually a card of a certain suit (hearts, spades, clubs, or diamonds) will be selected.

- Say, “Let us create a chart on the chalkboard/newsprint and examine how injected drugs and non-injected drugs and alcohol can put people at risk of HIV. We will call these reasons ‘risk factors.’”
- Ask students for risk factors and write them in Column 1 on the left. If they do not list the following, make sure they do so. Then discuss to which of the three columns the risk factors apply. The completed chart should look something like this:

**HOW INJECTED DRUGS, NON-INJECTED DRUGS, AND ALCOHOL CAN LEAD TO HIV INFECTION**

RISK FACTORS	Injected Drugs	Non-injected Drugs	Alcohol
Sharing needles, syringes, works, and/or skin-popping equipment during injection of drugs, including steroids.	X		
Impaired judgment and/or ability to communicate/negotiate with partner.	X	X	X
Decision to have unprotected sexual intercourse.	X	X	X
Lowered inhibition + less self-control = greater chance of risk behaviors.	X	X	X
Blackouts = possibility of loss of control that may lead to having unprotected sexual intercourse.	X	X	X
Suppression of the immune system = greater chance of infection.	X	X	X
Being with peers who engage in high-risk behavior may subject a person to negative peer pressure to join in this behavior.	X	X	X

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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.

### Teacher Note:

**Supplemental, Optional Activity:** To enhance students' understanding of drug/alcohol use, you may wish to use the following activity.

- Ask: "How does a person who experiments with alcohol or other drugs progress to becoming an alcoholic or drug addicted?"

Draw a "Stages of Alcohol or Other Drug Use" line on the chalkboard. Have students brainstorm the different categories (levels) of drug use, from zero use (abstinence) to addiction (dependency). Write their answers on the chalkboard so the chart looks like the one on the following page.

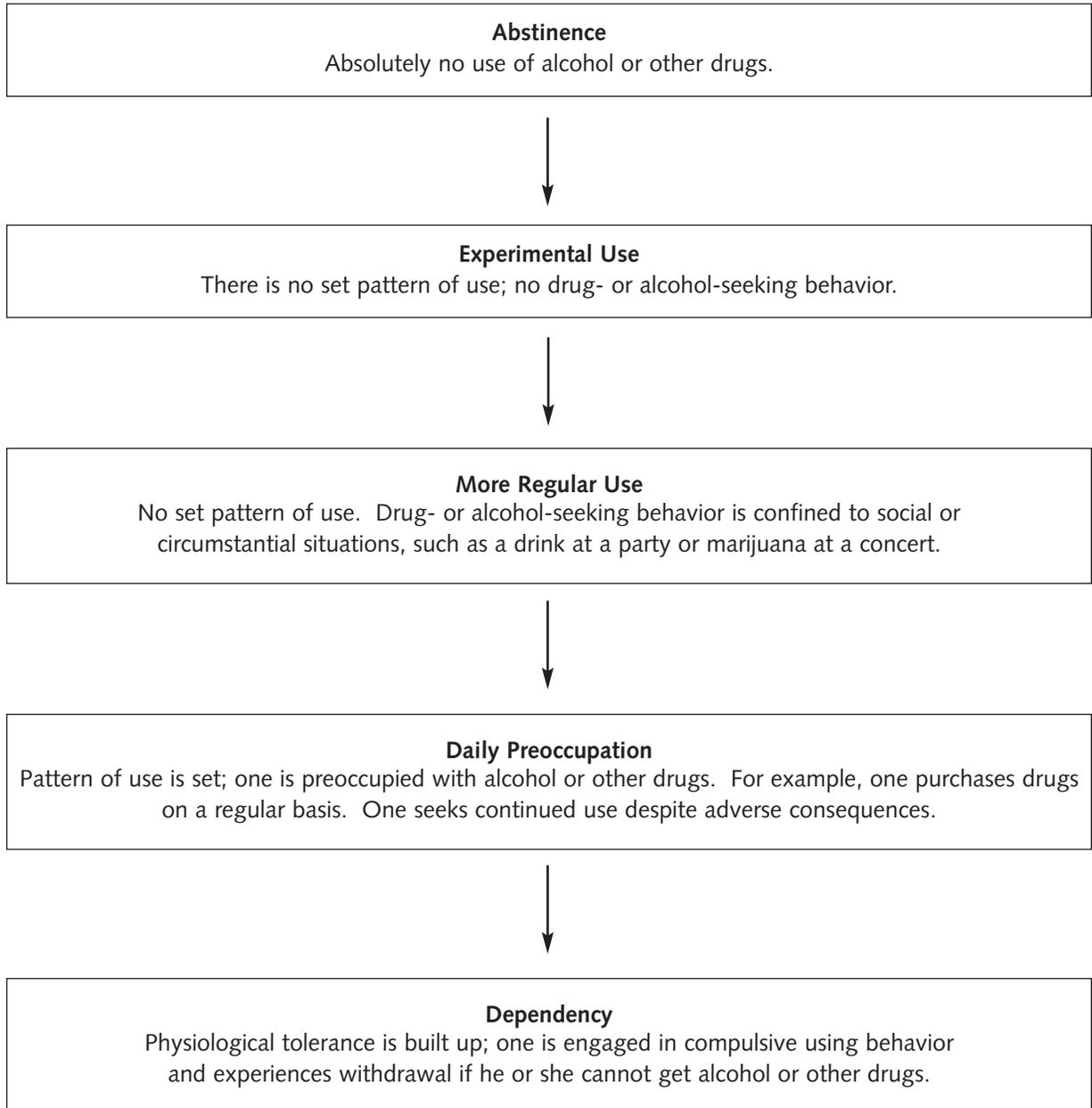
- Ask, "Why is abstinence from alcohol and other drugs a safer choice?"  
Answer: No matter how often a person uses alcohol or other drugs, it only takes one exposure to HIV/STIs to become infected.
- Ask, "What are some ways that people who use alcohol or other drugs can work toward returning to abstinence?"
  - Get help from family, teachers, school counselors, substance abuse prevention and intervention specialists, and/or medical caregivers.
  - Attend support groups.
  - Enroll in an alcohol/drug treatment program.
- Ask, "What makes abstinence from drugs, including alcohol, safer?" List answers on the chalkboard/newsprint.  
Answers may include that a person:
  - Can think clearly (judgment is not impaired).
  - Can communicate clearly.
  - Is less likely to be talked into risk behaviors.
  - Avoids risks of sharing needle/syringe/works/skin-popping equipment.

### Assessment/Homework

- Ask students to create posters that show the link between alcohol/other drugs and the risk of HIV/STI infection. Posters should include the names and phone numbers of at least two community-based service organizations to which young people can turn for help with alcohol and other drug use.  
Posters may advise young people to:
  - Abstain from alcohol and drug use.
  - If one is using alcohol or other drugs, enter a treatment program or, at a minimum, reduce the frequency of one's use.
  - Support organizations like Alcoholics Anonymous or Narcotics Anonymous.
  - Spend time with people who also abstain from alcohol and other drugs.
  - Abstain from sexual intercourse.
  - If one does have sexual intercourse, use a latex or polyurethane condom every time.

## Stages of Alcohol or Other Drug Use

THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEFINES THE STAGES OF ALCOHOL AND OTHER DRUG USE AS FOLLOWS:



*Drugs such as alcohol, marijuana, tobacco, and some pills are sometimes referred to as “gateway drugs,” because some believe that they may lead to use of hard drugs such as crack, other cocaine, PCP, crystal methamphetamine, and heroin.*

# How Can People Distinguish Among the Desires for Emotional Intimacy, Physical Intimacy, and Sexual Intercourse?

## Performance Objectives

Students will be able to:

- Understand the fundamental human need for emotional intimacy.
- Understand that one can be emotionally intimate with another person without having sexual intercourse.
- Contrast the desire for physical intimacy and the desire for sexual intercourse.
- Distinguish between the desire for sexual intercourse and the decision to act upon that desire.
- Define *abstinence*.
- Understand the benefits of abstaining from sexual intercourse.

## Do Now

Write on the chalkboard/newsprint:

Define: *intimacy*, *sexual abstinence*, *sexual intercourse*.

**Teacher Note:** Answers to “Do Now:”

*Intimacy* – closeness.

*Emotional intimacy* – feeling close and trusting.

*Physical intimacy* – physical expression of closeness, e.g., hugs; not necessarily sexual or including sexual intercourse.

*Sexual abstinence* – refraining from sexual intercourse.

*Sexual intercourse* – see Appendix D, “Teacher’s Glossary.”

**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.

## GRADE 8 Lesson 4

## Prevention

### NEW YORK STATE LEARNING STANDARDS 1

#### SKILLS

Communication  
Decision Making  
Relationship Management  
Self-Management

#### MATERIALS

Chalkboard/Newsprint

#### VOCABULARY

Intimacy  
Promiscuous  
Sexual Abstinence  
Sexual Intimacy

## Motivation

- Ask, “How many of you have a close friend?”
- Ask, “Why is it important to be close with another person? How does it affect your life?”  
Students’ responses may include:
  - You have someone who understands you.
  - You have someone to whom you don’t have to be afraid to show your feelings.
  - You have someone you can count on.
  - You have someone with whom you can be honest and who is honest with you.
  - You have someone with whom you can think aloud and share ideas.
  - You have someone to go to when things are rough.
- Have students review their definitions from “Do Now.” Help them distinguish between emotional intimacy and physical intimacy.

## Procedure/Development

- Ask, “Why do some young people have sexual intercourse?”  
Students’ responses may include:
  - Sexual intercourse can be an expression of love.
  - Young people may feel pressured to have sexual intercourse.
  - Young people may be curious and want to experiment.
- Ask, “How can sexual intercourse affect a young person’s life?”  
Students’ responses may include:
  - One may feel sexual intercourse expresses physical and/or emotional intimacy.
  - One may contract HIV or another STI.
  - Sexual intercourse may cause pregnancy.
  - One may experience negative judgment by peers (e.g., name calling: “loose,” “easy,” “promiscuous”).
- Ask, “Some people seem to use sexual intercourse as a substitute for emotional intimacy. Why?”  
Students’ responses may include:
  - They don’t know other ways to show feelings. They’re afraid to share feelings.
  - They fear that if someone really got to know them they would not love them. They think having sexual intimacy will prove they are grown up.
  - This is what young people see in the media.
- Ask, “How can a person have an emotionally intimate relationship with someone without having sexual intercourse?”  
Students may respond that a couple can:
  - Talk.                      – Do fun things together.
  - Share.                     – Write letters, poems, or songs to each other.

**Teacher Note:** You may wish to have students create a poster that incorporates their responses.

- Ask, “What happens if a couple is emotionally intimate, feels the desire for sexual intercourse, but one member of the couple wants to be sexually abstinent?”

Make sure that students’ responses include the following point:

- The couple will naturally have the desire for emotional intimacy and for touch. By discussing the situation of one or both desiring genital contact, they can continue to be abstinent, but increase their emotional intimacy by facing the situation together. Failing to discuss it can promote misunderstandings and may lead to a sexual experience that will leave neither of them happy.

**Teacher Note:** This explicit “setting of limits” may be quite unfamiliar to students—as it is even to many adults. Discuss how the HIV/AIDS epidemic has highlighted the need for people to make and articulate clear decisions about their desired level of sexual activity.

## Homework

- Choose a TV show and describe how one couple’s emotional and physical relationship is portrayed.

## Follow-Up Activities

Choose one or more of the following:

- Risk behavior role-plays: Using brainstorming techniques, have students describe risk scenarios. Then have student volunteers role-play and find ways to resolve the scenarios. You might suggest scenarios such as being asked to drive with someone who is not sober, being offered alcohol or other drugs, or being invited to an unsupervised party. (See “How to Process Role-Plays” in Appendix B of this guide.)
- Critique a book about HIV/AIDS. Have groups of students review books, articles, or pamphlets on HIV/AIDS for teenagers. (Books, articles, and pamphlets should be in the library.)
- Watch an approved video about HIV/AIDS. Have the class review and discuss one or more videos on HIV/AIDS made for teenagers. (A list of approved films is available from the New York City Department of Education’s Office of Health Education and Family Living.)
- Have students write a letter to a government official or to a friend regarding concerns about the HIV/AIDS epidemic.

## Assessment

- Have students make a plan of ten things they (or a friend) could do on a date that would be intimate, but not involve sexual intimacy.

## Prevention

NEW YORK STATE  
LEARNING STANDARDS  
1

### SKILLS

Decision Making  
Relationship Management  
Self-Management

### MATERIALS

Chalkboard/Newsprint

### VOCABULARY

Barrier  
Condom  
Monogamous

# How Can One Prevent Sexual Transmission of HIV?

## Performance Objectives

Students will be able to:

- Understand that abstaining from sexual intercourse is the only 100 percent effective method of preventing sexual transmission of HIV and other STIs, as well as pregnancy.
- Understand that, even if one has already had sexual intercourse, it is never too late to start protecting oneself and one's sexual partner by abstaining from sexual intercourse or by practicing a risk-reduction method.
- Understand that when latex or polyurethane condoms are used correctly and consistently, they will reduce but not eliminate the chance of transmission of HIV or other STIs, or causing pregnancy.
- Understand that sexual intercourse *without* a condom presents a much higher risk of causing sexual transmission of HIV or other STIs than does sexual intercourse *with* correct use of a latex or polyurethane condom.
- Understand the factors that affect condom effectiveness or failure.

## Do Now

Review what has been learned about the sexual transmission of HIV:

- Ask, "How can HIV be transmitted sexually?"  
Answer: HIV is present in an infected person's blood and semen/preseminal fluid ("pre-cum") or vaginal fluids. Sexual intercourse could provide an opportunity for infected fluids to enter an uninfected person's body, resulting in HIV infection.

**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.

- Ask, "What is the best protection against sexual transmission of HIV?"  
Answer: Abstaining from sexual intercourse is the best protection.

## Motivation

- Ask, “Why is abstaining from sexual intercourse the best protection against the sexual transmission of HIV?”  
Students’ responses may include:
  - Abstaining from sexual intercourse prevents another person’s body fluids from entering one’s body and possibly causing HIV infection.
  - It is not possible to tell by looking at a person if he or she is infected with HIV. For some people infected with HIV, symptoms of disease appear in a year or so after infection, but many people with HIV may remain symptom-free for as long as 10 years or more. Unless a person has been appropriately tested and re-tested for HIV, and reports the test results reliably, it is not safe to assume that a person is uninfected.
- Say, “One can’t always know whether a person, or that person’s previous partner(s), engaged in such risk behaviors as having sexual intercourse or sharing needles/syringes/works/skin-popping equipment with an infected person. Abstaining from sexual intercourse enables one to have a close relationship with a person without worrying about whether he or she is infected.”
  - Abstaining from sexual intercourse prevents pregnancy and transmission of other sexually transmitted infections (STIs) as well as HIV. Having another STI increases the risk of becoming infected with HIV.
- Ask, “If you had a friend who decided to have sexual intercourse, what would you say to persuade your friend to wait?”  
Students’ answers may include:
  - “Why rush to have sexual intercourse? There are many advantages to abstaining.”
  - “If you have sexual intercourse, you might be at risk of HIV infection or other STIs or pregnancy.”
  - “If you wait to have sexual intercourse, you will feel freer, free from having to worry about the consequences of sexually transmitted infections and pregnancy, free to grow and develop without the burdens of those concerns.”
  - “Wait until you are older and ready to enter in a committed, long-term, mutually monogamous relationship.”

**Teacher Note:** Make sure students know the meaning of monogamous: to have sexual relations with only one person by mutual agreement.

- “Discuss with your parents, a teacher or counselor, or another trusted adult the decision about whether to have sex. Take the time to make the right decision.”
- Ask, “If you could not persuade your friend to abstain from sexual intercourse, how would you suggest your friend reduce the risks for infection of HIV or other STIs associated with having sexual intercourse?”

**Teacher Note:** Students will probably respond that they would advise their friend to use a condom. The remainder of this lesson regards the importance of correct and consistent condom use.

- Say, “If and when a person decides to have sexual intercourse, he or she must learn the correct way to use condoms.”
- Ask, “What is a condom?”  
Answer: A condom is a covering, or sheath, that fits over the erect penis. Semen goes into the reservoir or space at the tip of the condom.
- Say, “A condom is called a *barrier method* of protection.”

- Say, “Define *barrier*.” Answer: An obstacle that separates two things or prevents access.
- Ask students for examples of barriers.  
Examples may include:
  - Skin is a barrier that helps keep pathogens from entering the body and causing disease.
  - Doctors, nurses, and dentists wear masks and latex gloves as barriers during examinations, procedures, and surgery.
- Ask, “Why is a condom called a *barrier method*?”  
Answer: It holds the semen/preseminal fluid (“pre-cum”) and prevents partners’ body fluids from coming into contact.
- Say, “The goal of HIV prevention is to keep one person’s potentially infected fluids from entering another person’s body. Abstaining from sexual intercourse and drug use accomplishes this; a condom can be effective in doing this—or it may not be effective, depending on whether the right kind of condom is used, and on whether the condom is used correctly.”
- Ask, “What are condoms made of?”  
Answer: Condoms may be made of latex, polyurethane, or lambskin.
- Ask, “Which of these is more effective?”  
Answer: HIV can pass through lambskin condoms, and therefore they should not be used. HIV is highly unlikely to pass through latex condoms, so they are much more effective. Polyurethane condoms are an option, but scientists have done the most tests on latex condoms. People should use latex condoms manufactured in the United States, because they are safety tested.
- Ask, “Assuming that a latex condom is not defective, it still might fail if it is not used correctly, especially by people who do not have experience in how to use a condom correctly. Adolescents may not be regular, experienced, and knowledgeable condom users; therefore, their failure rate may be higher than that of adults.
- Say, “If a condom is not used correctly, it can break, tear, leak, or slip off. If any of these things happen, the condom no longer functions as a barrier. It is important for anyone who uses a condom to understand that condom failure can occur if:
  - A lambskin instead of an FDA-approved latex or polyurethane condom is used.
  - The condom tears on fingernails or jewelry or when the packet is opened.
  - The condom has been stored near a heat source (over 80°F).
  - The condom has been used after the expiration date on the package.
  - The condom is reused (a new condom must be used each time, and never reused).
  - The condom is put on after preseminal fluid (“pre-cum”), which may contain sperm, HIV, or other STI-causing agents, has already been in contact with the partner.
  - One or both partners have used alcohol or other drugs, and are unable to coordinate using the condom correctly.
  - A condom from a broken packet is used.
  - Intercourse is physically stressful and there is not enough lubrication, thereby causing a condom to break.
  - An oil-based lubricant (such as Vaseline or baby oil) is used instead of a water-based lubricant; oil-based lubricants can destroy latex.”
- Say, “A condom may not offer full protection against HIV transmission if either partner has a lesion (associated with an STI or otherwise), that is on an area not covered by the condom.”

- Say, “Use of water-based lubricants with condoms is important. They reduce friction, so they may help prevent a condom from breaking. Some spermicides (products that kill sperm) used to be recommended to help also prevent pregnancy, but studies showed overuse actually led to irritations and helped HIV transmission. Water-based lubricants without spermicide are recommended now.”
- 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.”

- Say, “Correctly used latex or polyurethane condoms reduce but do not eliminate the risk. Abstaining from sexual intercourse is clearly the safest choice.”

## Summary

Have students briefly list the most important things they learned from today's lesson.

## Homework

Have students develop a persuasive argument, including five reasons that young people might use against having unprotected sexual intercourse.

## Prevention

NEW YORK STATE  
LEARNING STANDARDS  
1

### SKILLS

Communication  
Decision Making  
Self-Management

### MATERIALS

**Activity Sheet 1:**  
*We Can Stop HIV/AIDS*  
Chalkboard/ Newsprint

Optional Materials:  
Lyrics, Print or Other Ads  
(See "Procedure/Development")

### VOCABULARY

Behaviors  
High-Risk  
Media  
Provocative

# What Role Can Each Person Take in Preventing the Spread of HIV Infection?

## Performance Objectives

Students will, with respect to themselves and others, be able to:

- Identify high-risk behaviors in which HIV infection could occur.
- Identify situations in which high-risk behaviors could occur.
- Identify the consequences of high-risk behaviors.
- Identify the characteristics of abstinent behavior.
- Learn how students can help stop the HIV/AIDS epidemic.

**Teacher Note:** This lesson may be taught over several class periods, or may be adapted as time limits require. This lesson requires some advance preparation with regard to bringing into class examples of how the media use sex to sell products. See activities under "Procedure/ Development."

## Do Now

Have students define: *media, provocative*.

**Teacher Note:** Answers to the "Do Now:"

*Media* – channels of communication, e.g., Internet, TV, radio, newspapers, magazines, books, movies, etc.

*Provocative* – exciting or arousing.

Tell students that these definitions will be referred to later in the lesson.

Write on the chalkboard/newsprint: "HIGH RISK"

Say, "Let's list some high-risk behaviors and situations in which HIV infection could occur. Why are they considered high-risk?"

- Have students discuss their answers regarding high-risk behaviors and situations. Write their answers on the chalkboard/newsprint, creating a chart that will look like this:

**BEHAVIORS AND SITUATIONS THAT CAN LEAD TO HIV INFECTION**

BEHAVIOR/SITUATION	WHY IT'S HIGH RISK
Sharing needles, syringes, works (including cotton, drug solution, etc.), skin-popping equipment for injection of drugs or other substances, including steroids or hormones.	HIV-infected blood from one person may remain on the needle, in the syringe, etc., and enter the body of the next person.
Having sexual intercourse without effective use of a latex or polyurethane condom.	If a latex or polyurethane condom is not used, or if it breaks or leaks, HIV-infected preseminal fluid, semen, vaginal fluids, or blood could enter one's body.
Having unprotected sexual intercourse while having a sexually transmitted infection (STI) or with someone who has an STI.	Some STIs produce sores or lesions, sometimes very small, which may increase the chance that HIV could enter one's body.
Using alcohol or other drugs.	Alcohol and other drugs, including marijuana, can impair judgment, causing one to engage in a high-risk behavior that can lead to transmission of HIV or other STIs.
Having unprotected sexual intercourse with multiple partners.	The greater the number of one's sexual partners, the greater the odds of being with someone who is infected with HIV or another STI.

- Say, “*Even one time* of engaging in a high-risk behavior, such as sexual intercourse with an HIV-infected person, puts one at risk.”

**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:

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## Motivation

- Write in large capital letters on the chalkboard/newsprint:

**WE CAN HELP PREVENT HIV INFECTION AND AIDS!**

- Ask, “How can young people help others to prevent HIV/AIDS?”  
Students’ responses may include:
  - By helping to give others accurate information about HIV/AIDS.
  - By being a role model for abstinence from all high-risk behaviors.
  - By encouraging students who are having sexual intercourse to stop. Help them think through the advantages of abstinence. Unfortunately, some young people believe that once they have had sexual intercourse, they no longer have the option to abstain. Students must understand that abstinence is always an option. Having been sexually active in the past does not deprive one of the right or opportunity to make different sexual decisions now and/or in the future. At the same time, individuals who decide to become abstinent must take responsibility for past sexual decisions. They must acknowledge the possibility that they may have placed themselves at risk of causing pregnancy or becoming pregnant or contracting a sexually transmitted infection such as HIV. One cannot be a “virgin” again, but it is never too late to apply what one has learned and to make the safest and most developmentally appropriate choice, which is abstinence.
  - By encouraging people to recognize that abstinence from sexual intercourse, alcohol, and other mind-altering drugs is the most effective way to protect against HIV infection.
  - By educating people about the fact that if they *do* have sexual intercourse, they can reduce but not eliminate their risk of HIV infection by using latex (or polyurethane if allergic to latex) condoms correctly each time, *and* by reducing their number of sexual partners.
  - By encouraging people who *do* use drugs to refrain from sharing needles/syringes and other injection equipment (cotton, drug solution, cookers, water) or skin-popping equipment and to enter a drug-treatment program.

## Procedure/Development

- Ask, “Why do some young people have sex or use alcohol or other drugs, two activities that put them at risk?”  
Students’ answers should include:
  - They think the behaviors seem exciting.
  - They think the behaviors will make them feel grown up.
  - They are bored.
  - They feel unhappy.
  - They feel alone.
  - They are influenced by the attitude of sexual conquest in the media.
  - They want to prove their feelings to their partner and/or friends.
  - They think the behaviors feel good.
  - They want to escape.
  - They feel confused.
  - They feel peer pressure.
  - They feel good in the moment, regardless of the consequences.

- Ask, “How do the media affect young people's decisions regarding high-risk behavior?”

**Teacher Note:** You and/or students may wish to bring in magazine or newspaper advertisements, lyrics from popular music, and videotapes or written descriptions of television commercials that use sexual images, innuendo, or situations to sell products.

In addition, for in-class discussion, if time permits, or as a homework assignment, choose two of the following categories: family, friends, school, religion. Ask: “How do these affect young people’s decisions regarding high-risk behaviors?”

- Ask, “Why do you think people urge others to experiment with risk behavior?”  
Answers: They want company; they like to feel powerful enough to influence someone else, etc.

## Summary

- Ask, “How can we prevent ourselves from becoming infected with HIV?”  
Students’ answers should include:
  - By deciding in advance not to have sex, and sticking to that decision.
  - By avoiding alcohol and other drug use.
  - By being aware that, since alcohol and other drug use may lead one to have unprotected sex, it is especially important to avoid alcohol and other drug use in situations where we are likely to make decisions about sex.
  - By thinking about the consequences of what you do before you do it.
  - By avoiding people, places, and things that may lead to high-risk behaviors (alcohol and other drugs, sexually provocative situations, friends who engage in high-risk behaviors).
  - By being aware of the risks of sexual intercourse and by limiting any sexual activities to those that do not involve the exchange of blood, preseminal fluid (“pre-cum”), semen, or vaginal fluids.
  - By seeking treatment for use of alcohol and other drugs.
- Say, “Sometimes it can be hard to say ‘no’ to risk behaviors or situations. Let's brainstorm some ways of saying ‘no.’”  
Students’ responses should include:
  - Just plain “No.” (A strong statement all by itself, but don’t let yourself get drawn into arguments about 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 get in trouble.”)
  - “No” and go. (“No. I’m going home now.”)

## Assessment

- Have students suggest scenarios in which one person must say “no” to another. Then have students role-play the scenarios, practicing the various ways of saying no.” (See “How to Process Role-Plays” in Appendix B, “Classroom Guides.”)
- Ask, “What are examples of things that can make it hard to say ‘no’?”

**Teacher Note:** Be sure to discuss conflicting feelings, e.g., the knowledge that one *should* say “no” versus the *reluctance to confront* others or to be different.

- Have students brainstorm ways to counteract the feelings that make it hard to say “No.” Make sure answers include:
  - If one fears losing friends by declining to participate in risk behaviors, one solution may be to limit the circumstances in which one will get together with those friends.
  - Another problem may be that one is not used to saying “no.” It is important to plan in advance how to say no and to practice how one will say it.

## Homework

- Distribute Activity Sheet 1, “We Can Help Stop HIV / AIDS,” and ask the students to write what they think is an effective way of saying “no” to each high-risk behavior.

## We Can Help Stop HIV/AIDS

### Directions

Write what you believe would be an effective way of saying “no” to each of these invitations to high-risk behaviors or situations.

1. Come over to my house. My parents are out and I just got an X-rated video.

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2. Come on, have a drink. It will make you feel good and help you to relax.

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3. This stuff will make you feel like you're special!

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4. What's the matter? What are you waiting for? Everybody else is doing it!

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5. You would if you loved me. Don't hurt my feelings.

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