

## Health Resource Centers

The Family Planning Council continues to coordinate, the teen pregnancy prevention program. *Pregnancy, It's No! For Me!* This program includes monthly activities designed by the Health Resource Centers (HRCs) staff to support youth development and reinforce the abstinence message to the students in 13 Philadelphia high schools. Each Health Resource Center is connected to a local health care provider that provides youth friendly services. The HRCs provide an environment where education and interventions are available to assist students in making healthy choices around postponing sexual activity.

### 2010-2011 Schools HRCs:

Current schools and their supporting community partners are as follows:

- **Ben Franklin High School** (St. Christopher's Hospital for Children)
- **Central High School** (Albert Einstein Medical Center)
- **Edison High School** (St. Christopher's Hospital for Children)
- **Germantown High School** (Albert Einstein Medical Center)
- **Martin Luther King Jr. High School** (Albert Einstein Medical Center)
- **Northeast High School** (Planned Parenthood of Southeastern PA)
- **Overbrook High School** (Planned Parenthood of Southeastern PA)
- **Roxborough High School** (Albert Einstein Medical Center)
- **South Philadelphia High School** (Urban Solutions)
- **Strawberry Mansion High School** (Planned Parenthood of Southeastern PA)
- **University City High School** (Children's Hospital of Philadelphia)
- **West Philadelphia High School** (Children's Hospital of Philadelphia)
- **Young Women's Leadership Academy at Rhoads High School** (St. Christopher's)



*Scope and Sequence*

# Scope and Sequence K-12

## Human Growth and Sexuality

Kindergarten

Kindergarten	
<p><b>Human Growth and Sexuality</b></p> <ul style="list-style-type: none"> <li>◆ Relationships</li> <li>➤ Life cycles</li> <li>● My body</li> </ul> <p><b>Decision-making, Growth and Development</b></p> <p><b>Essential Questions:</b> Who is my family and how do we care for each other? How are all people the same?</p>	<ul style="list-style-type: none"> <li>◆ Recognize roles and responsibilities of various family members (3.A)</li> <li>◆ Identify ways in which a parent or care giver can meet the needs of the child (3.C)</li> <li>➤ Identify physical similarities between males and females (3.B)</li> <li>◆ Identify major body parts and organs (heart, lungs, brain, stomach) and where they are located (1.A)</li> </ul>
<p>Tell about families including some history about cultural background using story-telling or webs</p> <ul style="list-style-type: none"> <li>◆ Tell, write or illustrate how parents or care-givers meet your basic needs (food, clothing, shelter)</li> <li>➤ Create a picture of yourself, using a variety of materials (cottonballs, straws, yarn, glue, colored paper, scissors, etc) Then, working in groups, discuss the physical similarities between boys and girls, and share with classmates</li> <li>● Trace, in small groups, a student body on paper and label or draw the major body organs. Using a computer program such as "Kid Pix" students can draw and label body organs</li> </ul>	

1<sup>st</sup> Grade

<p><b>Human Growth and Sexuality</b></p> <ul style="list-style-type: none"> <li>◆ Relationships</li> <li>➤ Life cycles</li> <li>◆ My body</li> </ul> <p><b>Decision-making, Growth and Development</b></p> <p><b>Essential Questions:</b> Are all families alike? How is my phase in life different from my teacher? What happens to food after you put it in your mouth?</p>	<ul style="list-style-type: none"> <li>◆ Identify that there are different kinds of families (3.G)</li> <li>◆ Know variety of roles individuals have with in families (3.H)</li> <li>➤ Understand major phases of life (infancy, child., adol., adult) (3.A)</li> <li>● Recognize major body organs, and where they are located (1.A)</li> </ul>	<p>Draw a picture (using a computer program such as Kidpix, or crayons and paper) of someone in your family and what they do in your house. Share your pictures and thoughts with the class.</p> <ul style="list-style-type: none"> <li>➤ Collect pictures of family or caregivers from different stages of life (if student has no pictures they may draw them). Construct a timeline sequentially ordering the stages of life. Present to class for discussion</li> <li>● Work in groups and develop a graphic organizer (web, chart) to identify various body parts. Demonstrate to the class where the body parts are located.</li> <li>● Using the outline of the body, glue everyday items on to portray the digestive system, ie: bag (stomach), tube (esophagus), yarn (intestines)</li> </ul>
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2<sup>nd</sup> Grade

<p><b>Human Growth and Sexuality</b></p> <ul style="list-style-type: none"> <li>◆ Relationships</li> <li>➤ Life cycles</li> <li>● My body</li> </ul> <p><b>Growth and Development</b></p> <p><b>Essential Questions:</b> How are people alike and different? How is the life cycle of a seed similar to the life cycle of humans? What do we do to keep our heart healthy?</p>	<ul style="list-style-type: none"> <li>◆ Identify similarities and differences between males and females (3.C)</li> <li>➤ Understand about conception, pregnancy and childbirth (3.A)</li> <li>➤ Understand how the circulatory system works (3.E)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Draw pictures on the computer (KidPix) of girls and boys. Make a class mural from the pictures. Discuss some likenesses and differences among males and females. Reflect through journal writing</li> <li>➤ Plant flower seeds and watch as the flower grows. Teacher will make analogy to the development of a person. Create a log, keeping track of how the seed develops</li> <li>● Draw a picture of a heart and divide it into 4 parts. In each part, students will draw a picture of something they do to keep their heart and blood vessels healthy. Share and present to the class</li> </ul>
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3<sup>rd</sup> Grade

<p><b>Human Growth and Sexuality</b></p> <ul style="list-style-type: none"> <li>◆ Relationships</li> <li>➤ Life cycles</li> <li>● My body</li> </ul> <p><b>Decision-Making, Growth and Development</b></p> <p><b>Essential Questions:</b> What special activities do we share with our families? How is your ability to play a sport affected by your age? What impact does the skeletal, muscular and nervous system have on your ability to play a sport?</p>	<ul style="list-style-type: none"> <li>◆ Recognize that families depend on each other</li> <li>➤ Recognize body changes, physical uniqueness and age stages (3.B)</li> <li>➤ Identify physical similarities and differences among people in a variety</li> </ul>	<ul style="list-style-type: none"> <li>◆ Role-play scenarios involving a family decision. On the computer, students generate a list of responsibilities of various family members. Share with the class for a cooperative group discussion. Reflect through journal writing</li> <li>➤ Discuss in cooperative groups, with a teacher as a</li> </ul>
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		<p>of communities and cultures (3.D)</p> <ul style="list-style-type: none"> <li>➤ Recognize the skeletal system and location of bones (1.D)</li> <li>➤ Recognize the muscular system in connection with the skeletal system</li> <li>➤ Identify the nervous system</li> </ul>	<p>facilitator, how a person changes through the years. Have students cut out pictures of people at different stages of life, beginning with infancy, moving to childhood, adolescence and adulthood. Students match pictures to specific stages of life. They will create a list comparing and contrasting the similarities and differences between the stages. Present to class for discussion.</p> <p>Reflect in journal</p> <ul style="list-style-type: none"> <li>• Identify the major bones inside the body. After reviewing the location of different bones inside the body, play a game similar to "Simon Says" (touch your tibia, touch your radius). In a cooperative class discussion about taking care of your bones, indicate that proper nutrition is essential to bone growth</li> <li>• Using material (cloth, stockings, gauze) attach to a model or drawing of a skeleton to depict muscles</li> <li>• The nervous system is the body system that controls all the messages inside the body. To sensitize students to people with neurological impairments, have students wear a mitten and try to button their shirt. Then have them walk around the room with a book between their knees. Generate additional activities to simulate what it might feel like to move around for a person with cerebral palsy. In large groups, brainstorm and plan possible solutions to help a child with a physical disability who might be in class. Keep ideas in a portfolio</li> <li>• With a family member or caregiver, create a growth chart of your height and weight to keep at home. Collect data and record findings in personal health journal</li> </ul>
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4<sup>th</sup> Grade

<p>Human Growth and Sexuality</p> <p><i>Decision-Making, Growth and Development</i></p>	<ul style="list-style-type: none"> <li>◆ Relationships             <ul style="list-style-type: none"> <li>➤ Life cycles</li> <li>• My body</li> </ul> </li> </ul> <p>Essential Questions:                  What responsibilities do fourth graders have?                  Does everyone change at the same time?</p>	<ul style="list-style-type: none"> <li>◆ Understand the importance of positive parenting skills (3.C)</li> <li>◆ Recognize the responsibilities and importance of various family members (3.E)</li> <li>◆ Recognize how media and culture have an effect on gender roles (3.B)             <ul style="list-style-type: none"> <li>➤ Recognize as one grows, the body changes (3.A)</li> <li>➤ Identify the major body organs and where they are located (1.C)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ Create a skit involving a family decision and share for class discussion</li> <li>◆ Interview grandparents, parents, or caregivers and create a timeline of pictures from birth to present</li> <li>◆ Discuss gender roles in cartoons, movies, computer games, and children's toys in cooperative groups. Reflect through journal writing</li> <li>◆ Create a class mural illustrating positive characteristics of each student             <ul style="list-style-type: none"> <li>➤ Sequence a series of photographs from birth to present, illustrating positive parenting skills</li> <li>➤ Create a story and orally present the history of their families ethnic and cultural background</li> </ul> </li> <li>• Label the parts of the circulatory, digestive, and respiratory systems. Research the harmful effects of tobacco and alcohol on these body systems. Present the information for class discussion</li> </ul>
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5<sup>th</sup> Grade

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<p><b>Human Growth and Sexuality</b></p> <p><i>Decision-Making, Safety, Growth and Development</i></p>	<ul style="list-style-type: none"> <li>◆ Major organs and systems</li> <li>◆ Structure, function and care of body systems</li> <li>➤ Importance of parents and families</li> <li>➤ Heredity and genetics</li> <li>➤ Puberty-male and female changes</li> <li>➤ Reproductive system</li> </ul> <p>Essential Questions: What is a body? How and why am I changing?</p>	<ul style="list-style-type: none"> <li>◆ Identify organs and functions of 7 body systems and discuss ways to keep each healthy (1.A)</li> <li>➤ Identify qualities of healthy/supportive relationships (2.H) (5.D)</li> <li>➤ Identify roles and responsibilities of a parent (3.A)</li> <li>➤ Understand how heredity and genetics affect growth and development and risk of disease (3.D)</li> <li>➤ Know indicators of physical, mental, emotional and social health during puberty (3.E)</li> <li>➤ Understand death or loss and the emotions involved (3.F)</li> <li>➤ Identify traditional and non-traditional roles, beliefs and behaviors related to gender and expression of sexuality (3.G)</li> <li>➤ Recognize importance of peer groups for teens (3.H)</li> <li>➤ Recognize how media influences gender role (3.I)</li> <li>➤ Define abstinence for adolescents (3.J)</li> <li>➤ Understand the process of the menstrual cycle and ovulation as it relates to conception (3.L)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Divide class into 7 body system groups to record a CD "My Body's Greatest Hits" Write a song for each system that gives facts about the system, tips for care, etc. Name the group appropriately (e.g. The Big Pumper and the Vessels)</li> <li>➤ Generate "To Do" lists for love of parents, friends, significant others, pets, and other family members</li> <li>➤ Generate lists of stories, books, songs, movies, and TV shows students know deal with death or loss. Write about the message conveyed and how it made one feel</li> <li>➤ Explore the Internet to discover various customs and cultural beliefs related to gender. In small groups, identify magazine advertisements and discuss how the images influence the reader, E.G. "I like this because..."</li> <li>➤ Create a list for each of the following types of parent responsibility: Financial, social/family, emotional, physical. Discuss the list with class and generate a master list</li> <li>➤ Create an imaginary friend who has all the qualities of supportiveness. Cut images out of magazines to describe and design a composite picture and share with class</li> </ul>
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6<sup>th</sup> Grade

<p><b>Human Growth and Sexuality</b></p> <p><i>Decision Making, Safety, Growth and Development</i></p>	<ul style="list-style-type: none"> <li>◆ Digestion</li> <li>◆ Body systems working together</li> <li>◆ Puberty</li> <li>◆ Abstinence</li> <li>◆ Reproduction</li> </ul> <p>Essential Questions: How do all the parts of the body work together? Why is abstinence the best choice for teens?</p>	<ul style="list-style-type: none"> <li>➤ Be able to describe digestion and the digestive system (1.C)</li> <li>➤ Know how body systems work and influence each other (1.D)</li> <li>➤ Understand why abstinence is the safest behavior for preventing STD/HIV and pregnancy (2.F)</li> <li>➤ Describe the elements of a healthy relationship (2.M)</li> <li>➤ Identify physical, emotional and social changes associated with puberty (3.C)</li> <li>➤ Understand fertilization and the birth process (3.I)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Working in pairs, students will use overlapping Venn Diagrams to describe how and where all 7 (respiratory, circulatory, nervous, digestive, immune, skeletal, muscular) system interact and influence each other and how healthy decisions can keep systems healthy</li> <li>➤ Read the Surgeon General's Report. Design a P.S.A. addressing the health issues presented</li> <li>➤ Students will create a "Health Behavior Contract" identifying a Life Skill, the effect of the Skill on health, My Plan to Develop Skill, Facts I Learned by Working on my Plan, and How My Plan Worked evaluation</li> <li>◆ Do a family intake history. Have the class graph the results and discuss implications</li> <li>◆ Read about various funeral and mourning ceremonies among different cultures. Compare and contrast the similarities and differences</li> </ul>
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7<sup>th</sup> Grade

<p><b>Human Growth and Sexuality</b></p> <p><i>Decision Making, Growth and Development</i></p>	<ul style="list-style-type: none"> <li>◆ Conception and gestation</li> <li>◆ Avoiding pregnancy</li> <li>◆ Risk behaviors and pregnancy</li> <li>➤ Changing roles in relationships</li> <li>➤ Maintaining positive relationships</li> <li>➤ Safe dating practices</li> </ul> <p>Essential Questions : What do teens need to know about sexuality? Why does maternal health matter? Relationships; what works, what doesn't and why?</p>	<ul style="list-style-type: none"> <li>◆ Identify interactions of 7 body systems and ways health of one system affects health of another system and how whole system interaction relates to being a healthy person. (1.A)</li> <li>◆ Describe fertilization, gestation and the importance of mother's health during that time. (3.C)</li> <li>➤ Be able to identify rites of passage in</li> </ul>	<ul style="list-style-type: none"> <li>◆ Examine the influences of a specific health decision on the 7 body systems using a graphic organizer</li> <li>◆ Create a model of the body systems using everyday items. Create a second model showing the impact of poor health on system(s)</li> <li>➤ Bring in a 5 lb. Sack of flour/sugar and for one week Pretend it is a child. In the parent role, provide 24-hour care. Keep a journal of experiences</li> <li>➤ Have a prenatal care nurse come to discuss importance of nutrition and care. Brainstorm effects of health choices on fetal development and on the mother</li> <li>➤ Create an information campaign for peers to prevent HIV/STD's. Assign groups to different mediums (video, skit, poster, music) Emphasize the importance of abstinence and good communication</li> <li>➤ Create an Intimacy Scale to identify range of behaviors from non-intimate to intimate (e.g. handshake, kissing, french kissing). Identify which behaviors are risky or not risky for HIV/STD and pregnancy prevention</li> <li>➤ Design a "Personal Ad" to present one's self and identify qualities sought in a person for a relationship with as a teenager. Project what would be in a similar ad when one is 25 years old</li> <li>➤ Describe living hardships that teens may experience as a result of parenting responsibilities</li> </ul>
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		<p>various cultures (3.B)</p> <ul style="list-style-type: none"> <li>➤ Recognize that male and female roles have been redefined over time (3.D)</li> <li>➤ Know skills for building and maintaining positive interpersonal relationships. (3.E)</li> <li>➤ Identify safe dating practices for teens. (3.F)</li> <li>➤ Identify ways to prevent HIV/STD's and pregnancy. (3.J)</li> </ul>	
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8<sup>th</sup> Grade

<p><b>Human Growth and Sexuality</b></p> <ul style="list-style-type: none"> <li>◆ Media influences on adolescence</li> <li>◆ Pressures to be sexually active</li> <li>◆ Relationship building</li> <li>◆ Changing bodies, changing minds</li> <li>◆ Refusal and resistance skills</li> </ul> <p><b>Essential Questions:</b> What is healthy sexuality?</p>	<ul style="list-style-type: none"> <li>◆ Understand that individual growth and development is influenced by many factors (3.C)</li> <li>◆ Know that sexual identity is influenced by many factors including psychological, physical, social, cultural, and emotional factors (3.D)</li> <li>◆ Know that abstinence from sexual intercourse is a healthy, safe and responsible decision for adolescents (3.E)</li> <li>◆ Understand there are skills and knowledge necessary to make responsible decisions regarding pregnancy prevention (3.F)</li> <li>◆ Describe physiological and emotional changes that occur during pregnancy (3.I)</li> <li>◆ Understand the differences between gender, sex, sexual orientation and gender roles (3M)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Demonstrate refusal skills as they relate to drug, alcohol and tobacco use or sexual decision making</li> <li>◆ Research and prepare a presentation about gender roles</li> <li>◆ Create a collage from magazines and other media showing how adolescence is portrayed by the media</li> <li>◆ Compare a growth chart from elementary school and describe physical and emotional changes in a journal</li> <li>◆ List the benefits of sexual abstinence for teens</li> <li>◆ Demonstrate assertive and refusal skills and apply to situations involving pressure to be sexually active</li> </ul>
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High School

<p><b>Human Growth and Sexuality</b></p> <ul style="list-style-type: none"> <li>• Gender respect</li> <li>• Sexual identity</li> <li>• Healthy relationships: family, friends, romantic, intimate</li> <li>• Appropriate behavior in dating relations</li> <li>• Love and infatuation</li> <li>• Sexual responsibility/sexual decisions</li> <li>• Media's influence on sexual activity</li> </ul>	<p>Examine the effects of health behavior on body systems (9-10, 1.A)</p> <ul style="list-style-type: none"> <li>• Analyze roles and responsibilities of parenting, examine the parenting roles across the lifespan, examine expectations and responsibilities of parenting, explain cultural differences in roles and responsibilities of parenting (FCS) (9-10,1.E)</li> <li>• Select toys that promote positive aspects of child development for the appropriate stage of development (FCS) (9-10,1.M)</li> </ul>	<p>Provide the procedures to conduct breast self-examination and testicular self-examination for a class demonstration.</p> <ul style="list-style-type: none"> <li>• Demonstrate skills required to conduct a breast self-examination and a testicular self-examination in accordance with the recommendations from the American Cancer Society.</li> <li>• Discuss why practicing sexual abstinence is a responsible decision for teens. Identify "ways to say no."</li> <li>• Create a concept web of society's expectations of adolescents as compared to young adults.</li> <li>• Research and present findings on barrier protection and other contraceptive methods. Correlate the findings with current statistics on HIV/STD's and unintended pregnancy.</li> </ul>
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| <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Abstinence</li> <li>• Methods for pregnancy and STD prevention</li> <li>• Coping with family changes</li> <li>• Roles and responsibilities of parenting</li> <li>• Using support systems</li> </ul> | <ul style="list-style-type: none"> <li>• Evaluate health and safety hazards at each stage of child development (FCS) (9-10.2.C)</li> <li>• Explain the difference between adolescence and young adulthood (9-10.3.A)</li> <li>• Identify the responsibilities involved in developing and maintaining healthful family relationships and friendships, including intimate and romantic friendships (9-10.3.B)</li> <li>• Communicate the importance of practicing abstinence and know other methods to avoid pregnancy and STD's (9-10.3.E)</li> <li>• Explain fetal development from conception, through pregnancy and birth. Explain the importance of prenatal care, including proper nutrition and the avoidance of tobacco, alcohol, and other drugs in promoting the health for both mother and baby (9-10.3.F)</li> <li>• Explain the significance of genetics and its role in fetal development (9-10.3.G)</li> <li>• Analyze principles of child growth and development (FCS) (9-10.3.H)</li> <li>• Analyze physical, intellectual, and social/emotional development in relation to theories of child development (FCS) (9-10.3.J)</li> <li>• Evaluate and analyze practices that optimize the development of a child such as intellectual stimulation, safe environment, nurturing caregivers, proper nutrition, verbal ability, and a feeling of security and love (FCS) (9-10.3.J)</li> <li>• Explain the influences of family life cycle stages on the needs of families and communities (FCS)(9-10.5.F)</li> <li>• Analyze current issues in health and safety affecting children at each stage of child development (including issues such as childhood vaccinations, toy safety, transportation safety, circumcision, and nutrition.) (FCS) (11-12, 2.A)</li> <li>• Understand the challenges and responsibilities of parenthood. (11-12, 3.B)</li> <li>• Analyze current research regarding existing theories on child development and its impact on parenting (e.g., Piaget, Erikson, finding versus new brain development research) (FCS) (11-12, 3.C)</li> </ul> | <ul style="list-style-type: none"> <li>• Using song lyrics, current literature, popular movies, or television shows describe how interpersonal relationships are portrayed. What are the underlying messages about male/female relationships, sexuality, marriage, and family.</li> <li>• Interview a pediatrician concerning the importance of stimulation and affection on growth and development of infants. Report on effects of deprived stimulation on children.</li> <li>• Demonstrate skills required to conduct a breast self-examination and a self testicular examination in accordance with the recommendations from the American Cancer Society.</li> <li>• Become a parent for a week. Use a make-believe baby to practice responsibility. Keep a journal or log of experiences.</li> <li>• Role-play parent/child relationship in various situations.</li> </ul> |
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## **HIV Prevention Education**

In an effort to standardize HIV Prevention Education in the School District of Philadelphia, the following unit has been produced for grades 9-12 to ensure that all students receive the same basic information in order to prevent HIV infection.

This information has been aligned with the Health Education Scope & Sequence and the local, state and national Health Education Standards.

Also included are vocabulary, activities, resources, a sample letter to parents and a pre-post test.

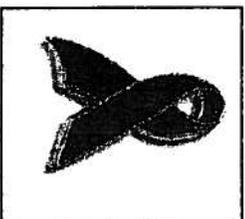


# HIV Prevention Education:

Grades: 9-12

The student will demonstrate knowledge of:

- The facts about HIV/ AIDS
- Prevention of HIV / AIDS
- Medical testing for HIV / AIDS
- Psychosocial aspects of HIV / AIDS
- Societal issues of HIV / AIDS
- Community resources
- Glossary of HIV related terms



Note: Refer to K-8 for foundation

LESSONS	LOCAL STANDARD	PA STANDARD	NATIONAL STANDARD
<p><b>#1-2: HIV / AIDS Facts</b></p> <p>The teacher will conduct lecture, discussion and activities on:</p> <ul style="list-style-type: none"> <li>○ What is HIV?</li> <li>○ Myths about HIV / AIDS, casual contact</li> <li>○ HIV transmission</li> <li>○ The role of alcohol and drugs</li> <li>○ Signs and symptoms</li> <li>○ HIV progression to AIDS</li> <li>○ National &amp; Global facts</li> </ul>	<p>#3 Growth &amp; Development</p>	<p>10.1 Concepts of Health</p>	<p>1.12.5 1.12.8 1.12.9 2.12.2 2.12.8 7.12.2 8.12.2</p>

# HIV 101

## **Lesson 1 - 2: HIV / AIDS Facts**

Because many adolescents tend to think they are invincible, this belief may cause them to engage in risky behaviors, delay HIV testing, and if they test positive, delay or refuse treatment.

Human Immunodeficiency Virus (HIV) is the virus that breaks down a person's immune system causing one to be susceptible to a variety of illnesses that may be very serious and often life threatening.

The virus attacks the white blood cells called CD4+ T cells of the immune system rendering the T cells helpless in the immune response to illnesses and opportunistic infections. A person's immune system is no longer able to fight off the many germs and pathogens that a normal person comes in contact with daily and does not get sick.

HIV can be found in blood, semen, vaginal fluids, and breast milk. It does not live in saliva, tears, urine or perspiration.

## **Transmission:**

HIV is not easily transmitted. One cannot get it through casual contact that is, holding hands, shaking hands, sneezing, coughing, swimming pools, sharing school supplies or household utensils, hugging an infected person, sitting next to someone, insects, pets, etc.

HIV is transmitted by:

- Unprotected intercourse (anal, vaginal or oral) with an infected person.
- Sharing needles through injecting drugs, hormones and steroids, tattoos, body piercing, scarification, or branding.
- Mother to unborn child before and during birth and breast feeding.
- Occupational exposure: needle stick
- Use of alcohol, drugs and other mind altering substances that impair judgment.

### **Early signs and symptoms (may include):\***

- Fever – may lasts days / weeks
- Night sweats – profuse sweating during night requiring changing of night clothes and bedding
- Diarrhea – lasting for a period of time for no reason
- Weight loss – rapid loss of body mass
- Swollen lymph glands – in the neck armpits, or groin; often painful, needing excision by a provider
- Extreme fatigue – tiredness not due to physical activity
- Dry cough – not related to a cold, flu or smoking
- Thrush – white spots in mouth, throat
- Skin rash – red / purplish blotches or bumps

\*Note: appearance of the above signs and symptoms don't necessarily mean one is HIV infected. See a professional for testing and diagnosis.

It may take many years for a person to start showing any signs or symptoms. During these times one can still infect others.

**AIDS** is Acquired Immune Deficiency Syndrome: It is the result of HIV infection. Person has a CD4+ T cell count of 200 or less or HIV+ person with an AIDS defining illness, such as an opportunistic infection or certain cancers.



LESSON	LOCAL STANDARD	PA STANDARD	NATIONAL STANDARD
<p><b>#3: <i>Medical Testing and treatment for HIV</i></b></p> <p>The teacher will conduct lecture, discussion and activities on:</p> <ul style="list-style-type: none"> <li>○ What is a HIV test?</li> <li>○ Types of HIV tests</li> <li>○ Confidential vs. anonymous testing</li> <li>○ Importance of pre and post test counseling</li> <li>○ Partner notification</li> </ul>	<p>#1 Decision Making #4 Accessing Information and Services</p>	<p>10.2 Healthful Living 10.3 Safety &amp; Injury Prevention</p>	<p>1.12.6 2.12.6 2.12.10 3.12.1 3.12.4 4.12.4 5.12.2 6.12.2 6.12.4</p>

## Lesson 3: Medical testing & treatment for HIV / AIDS

**Diagnosis / Testing:** there are specific providers and tests that can determine whether or not one is HIV infected.

- Testing is anonymous or confidential.
  - Anonymous testing means only demographic information is collected, age, sex, zip code, race. There several anonymous tests sites located in Philadelphia. The local health center may have specific days and times when anonymous testing is conducted. Call the Choice Hotline at 215-985-3300 for information.
  - Confidential testing means all personal information and demographic information are required. This is the type of testing done by most physicians, hospitals and clinics. Please discuss this when you make an appointment.
  - Once a person is diagnosed HIV infected her / his name is reported to the PA state Department of Public Health.
- Types of HIV tests: may detect HIV antibodies, antigens, or RNA (genetics).
  - Blood Antibody HIV Tests: detects HIV antibodies in the bloodstream. The most common used are the ELISA, EIA and Western Blot. The Western Blot confirms the ELISA / EIA tests. The results are received one – two weeks later.

- Rapid Test: produces results quickly, usually in 10 minutes. This is only an ELISA test. If the result is positive, other confirmatory tests must be done.
- Oral Antibody Tests: oral testing is done on samples of mucous from inside of the cheeks and gums to detect the presence of HIV antibodies, not the virus itself.
- If antibodies are found in a person then s/he is determined to be HIV positive. HIV people can then receive treatment for HIV, learn about staying healthy, and about notifying partners of possible exposure to HIV.
- On the other hand, a person's body may not have produced (at this time) enough antibodies for one's immune system to respond, and a person may test negative. This is called the window period: the time between exposure to HIV and the production of measurable antibodies to HIV. This period is usually between 2-12 weeks.
- If one has been engaging in risky behaviors then the counselor will advise the person to be tested again at a future date, usually within 3 months.

## **Treatment for HIV / AIDS:**

- There is no cure for HIV / AIDS, but medical treatment can slow down the virus.
- Once in care, a person benefits from comprehensive, high quality services, including social and medical treatment.
- Medications work to keep the immune system working and treat AIDS related illnesses. Often, a combination of drugs is prescribed to suppress the virus.
- There may be severe side effects associated with the use of antiviral drugs.
- Drugs that fight the infections associated with AIDS have improved and prolonged the lives of HIV infected people by preventing or treating many conditions.
- Although several HIV vaccines are being tested, none has been approved.



LESSON	LOCAL STANDARD	PA STANDARD	NATIONAL STANDARD
<p><b>#4: <i>Prevention of HIV/AIDS</i></b></p> <p>The teacher will conduct lecture, discussion and activities on:</p> <ul style="list-style-type: none"> <li>○ Abstinence</li> <li>○ Risky behaviors</li> <li>○ Decision making</li> <li>○ Communication skills</li> <li>○ Self management and planning, including use of condoms</li> <li>○ Universal precautions</li> <li>○ Role of dating, violence and alcohol on transmission</li> </ul>	<p>#1 Decision Making #2 Apply Safety Behaviors #5 Health Advocacy</p>	<p>10.1 Concepts of Health 10.2 Healthful Living 10.3 Safety and Injury Prevention</p>	<p>1.12.7 1.12.8 1.12.9 4.12.1 4.12.2 4.12.3 5.12.1- 5.12.7 6.12.1 6.12.3 7.12.3</p>

## **Lesson 4: Prevention of HIV / AIDS**

### Prevention of HIV / AIDS:

- Abstinence from sexual activity.
- Abstinence from sharing needles.
- Practice monogamy.
- Practice safer sex.
- Use of condoms greatly reduces the risk of HIV / STIs and unintended pregnancy.
- Use universal precautions
- Abstinence from alcohol, drugs and other mind altering substances

Abstinence is the only 100% effective way to prevent one from possible exposure to HIV / STI and pregnancy. It means setting goals and making plans for your immediate future, making a decision and sticking to it, and learning how to communicate your feelings. Just because you've been dating for a while doesn't mean that you must have sex. There are many things a couple can do together to show that they care and are an "item."

It's just as important to know to limit the number of partners one has as well as to practice safer sex. Condoms, if used correctly are 98.9 % effective; they are not effective against Herpes. One must take the time be educated about the use of barriers and the consequences of thinking that you can't get an infection or become pregnant. Knowing what to do and what to use is both partners' responsibility. No one should try to force you

to do anything you don't want to do, or make you feel bad for sticking to a decision to abstain.

Using drugs, alcohol and other mind altering substances can impair one's judgment. When under the influence one tends not to think clearly and may be easily persuaded to engage in risky behaviors, i.e. having sex, driving without a seat belt, etc. It is also important to make sure friends, peers, or buddies watch out for one another. One level-head in a group can help to keep friends from driving drunk, being raped, over-dosing, or getting pregnant.

Learning what to do when an emergency arises is also important. Whether at a party, on the practice field, at a game, or just hanging out with friends it is important to know what to do to assist someone. Practicing universal precautions takes the guess out of deciding who may have some infection that could potentially be passed on. Wearing gloves, protective goggles, an apron, mouth shield and other protective gear / barrier can reduce one's exposure to infections. Emergency medical providers, nurses, doctors, police, athletic coaches, many health and physical education teachers are trained in providing care in an emergency. It is important that youth learn what to do as well. Peer educators, students in the Fire Academy, Red Cross Club members, some athletes, and Red Cross youth volunteers are willing to provide education to classes in their schools to help students recognize and respond to an emergency.



LESSON	LOCAL STANDARD	PA STANDARD	NATIONAL STANDARD
<p><b>#5: <i>Psychological aspects of HIV / AIDS</i></b>            The teacher will conduct lecture, discussion and activities on:</p> <ul style="list-style-type: none"> <li>○ Impact of HIV AIDS on the individual and family</li> <li>○ Disclosure of HIV status</li> <li>○ Feelings of loss, depression, grief, anger, coping with HIV status</li> <li>○ Ways to assist an HIV positive person – local, national, global</li> <li>○ Discrimination against a HIV positive person – national, global</li> <li>○ The impact of STIs</li> <li>○ Cultural issues, national &amp; global issues</li> </ul>	<p>#1 Decision Making            #2 Apply Safety Behaviors            #5 Health Advocacy</p>	<p>10.1 Concepts of Health            10.2 Healthful Living</p>	<p>2.12.7            4.12.3            4.12.4            5.12.2            6.12.1-            6.12.4</p>

## **Lesson 5: Psychological aspects of HIV / AIDS**

- A person newly diagnosed with HIV may experience feelings of anger, fear, embarrassment, doom, gloom, and grief. Some become withdrawn and depressed, isolating themselves from family, friends and colleagues.
- Sometimes people in the community (of a family with a member who's infected) are not supportive and treat everyone in the family as if they were infected by publicly slandering and isolating the family. It is also against the law to disclose someone's medical information without prior consent from the party involved.
- It is against the law to discriminate against anyone due to an illness. The *American with Disabilities Act* prohibits discrimination in housing, employment, medical and social services against someone with HIV.
- An infected person must decide how and when to disclose to one's partner(s) via the medical provider or the local health department's partner notification program. It is important that partners know that they have been exposed to HIV so they can be tested and get treated if infected. It is one's responsibility to

inform all sexual partners of HIV status, as well it is important for a person to ask a potential partner.

- Any person seeking evaluation and treatment for sexually transmitted infections (STIs) should also be counseled and encouraged to be tested for HIV.

- Parents and HIV positive children determine who and when to disclose to school personnel. There is no “right to know.”

- If a HIV positive person is experiencing symptoms then s/he may need to have a support system available to help with transportation, household chores, legal issues, and other concerns that may arise due to treatment side effects.

- **Support Groups:**

- One can find support, education and counseling by joining a support group for HIV positive individuals.

- Physicians and social workers can usually provide a patient with information regarding the meeting schedule and facilitator’s name and telephone number.

- Support groups offer members the opportunity to share feelings, educate one another on existing drugs and treatment management, clinical trials and other research, and plan outings and other social activities as a group.

- One's religious affiliation, cultural practices / beliefs and ethnicity and upbringing often affect a person's decisions on disclosure, medical treatment and relationships. Medical providers, social service agencies and school district employees must be sensitive to the person's belief system when providing services, counseling and education.
- **Ways to assist persons with HIV/ AIDS:**
  - Hold a health fair that includes HIV / AIDS prevention agencies.
  - Invite a person living with HIV/AIDS to speak to your church, synagogue, civic or community group.
  - Participate in the local AIDS Walk.
  - Attend appointments and programs (if invited) with a HIV+ person.
  - Participate in AIDS Awareness programs in school and community.
  - Be welcoming and find ways to give a personal touch.
  - Offer to assist person with chores.
  - Volunteer in local AIDS Service Organizations (ASOs).
  - Learn the facts about HIV.



LESSON	LOCAL STANDARD	PA STANDARD	NATIONAL STANDARD
<p># 6: <i>Community resources</i></p> <p>The teacher will conduct lecture, discussion and activities on:</p> <ul style="list-style-type: none"><li>○ Testing sites</li><li>○ Health information -- web sites</li><li>○ Youth friendly agencies</li><li>○ Support groups</li></ul>	<p>#1 Decision Making Apply Safety Behaviors</p> <p>#4 Accessing Information &amp; Services</p> <p>#5 Health advocacy</p>	<p>10.2 Healthful Living</p> <p>10.3 Safety &amp; Injury Prevention</p>	<p>3.12.1</p> <p>3.12.2</p> <p>3.12.3</p> <p>3.12.4</p> <p>3.12.5</p> <p>5.12.4</p>

## **Lesson 6: Community resources:**

### **o Testing sites:**

Many places offer HIV testing: Health Department clinics, doctors' offices, hospitals, and sites specifically set up to provide HIV Testing.

Counselors on the CHOICE Hotline at 215-985-3300 provide information on the location of test sites in the Philadelphia area. Services are provided in English or Spanish.

### **o Youth friendly agencies:**

- GALAEI
- YO-ACCAP
- YHEP
- Colours
- The ATTIC
- Mazzoni Center
- Family Planning Clinics
- City of Philadelphia Public Health Clinics

- **Support groups:**
  - Children's Hospital of Philadelphia Department of Special Immunology
  - St. Christopher's Hospital Department of Immunology
- **Health information –web sites:**
  - **National Institute of Allergy and Infectious Diseases (NIAID)**  
Office of Communications & Public Liaison  
6610 Rockledge Drive, MSC6612  
Bethesda, MD 20892-6612  
Phone: 301-496-5717  
<http://www.niaid.nih.gov/>
  - **CDC National Prevention Information Network (NPIN)**  
National Center for HIV, STD and TB Prevention  
P. O. Box 6003  
Rockville, MD 20849-6003  
Toll-Free: 1-800-458-5231  
Fax: 1-888-282-7681  
TTY: 1-800-243-7012  
<http://www.cdcnpi.n.org/>
  - **CDC's Division of Adolescent School Health (DASH)**  
<http://www.cdc.gov/HealthyYouth/index.htm>  
(800-232-4636)  
[cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)  
TTY: 888-232-6348

- **National Pediatrics AIDS Network**  
P. O. Box 1032  
Boulder, CO 80306  
Toll-Free: 1-800-646-1001  
<http://www.npan.org/>
- **SIECUS**  
130 West 42nd Street, Suite 350  
New York, NY 10036-7802  
Phone: 212/819-9770  
Fax: 212/819-9776
- **AACO: AIDS Activities Coordinating Office of the Philadelphia Department of Health:** AACO administers federal, state and city funded HIV/AIDS programs in Philadelphia through collaborative service contracts with community-based organizations. In addition, AACO coordinates HIV/AIDS planning and policy activities throughout the PDPH; conducts AIDS surveillance activities in accordance with federal, state and county laws and requirements; oversees PDPH epidemiological activities related to HIV/AIDS, including publication of surveillance reports; and conducts HIV/AIDS education and training for professional, civic and community groups. [www.phila.gov/health/units/aaco/](http://www.phila.gov/health/units/aaco/)

- **AIDS Law Project of Pennsylvania:** Service primarily by telephone. A non-profit, public interest law firm providing free legal services statewide to people with HIV/AIDS and others affected by the epidemic. Each year, the AIDS Law Project receives about 1,700 calls for assistance at its home office in Philadelphia. The AIDS Law Project also educates the public about HIV/AIDS-related legal issues, and works at local, state and national levels to achieve fair laws and policies. (215) 587-9377 [www.aidslawpa.org/](http://www.aidslawpa.org/)
- **Advocates for Youth:** [www.advocatesforyouth.org](http://www.advocatesforyouth.org) Programs, resources, and news related to teens
- **Action AIDS:** Advocacy, case management and referral, practical assistance of volunteer buddies, support groups, consumer feedback group, psychological counseling, Immediate Seating, job training and counseling, educational programs - including safer sex workshops and AIDS Update forums. (215) 981-0088 <http://www.actionaids.org>



**Some activities and other information can be found in the following texts / curricula:**

ETR Associates: <http://pub.etr.org/>

**Abstinence Pick and Choose Activities (Gr. 7-12)**

- Includes 40 Abstinence Activities
- Enhances students' self-esteem
- Builds interpersonal skills
- Develops decision-making skills
- Teaches valuable life-planning skills
- Includes background information, step-by-step procedures and student activity sheets

Meeks Heit, *A Teens Guide to Sexuality*, pages 80-119

Schoeberlein, *Everybody: Preventing HIV and Other Sexually Transmitted Diseases Among Young Teens*, page 13

SIECUS, *Filling The Gaps: Hard to Teach Topics in Sexuality Education*

Abstinence	pages: 3-16
Diversity	pages: 46-47, 50-52, 53-54
Safer Sex	pages: 85-105
Sexuality and Society	pages: 158-159

# HIV/AIDS among Youth

Young people in the United States are at persistent risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Continual HIV prevention outreach and education efforts, including programs on abstinence and on delaying the initiation of sex, are required as new generations replace the generations that benefited from earlier prevention strategies. Unless otherwise noted, this fact sheet defines youth, or young people, as persons who are 13–24 years of age.

## STATISTICS

### HIV/AIDS in 2004

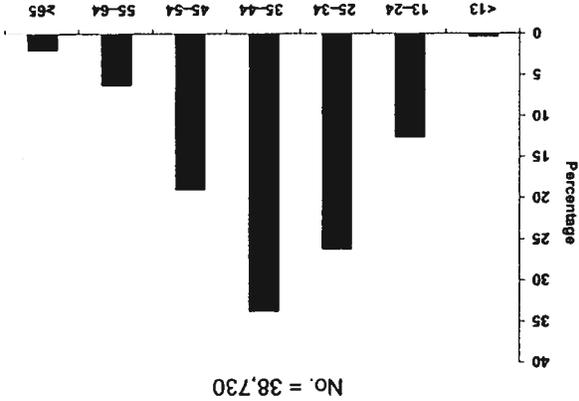
The following are based on data from the 35 areas with long-term, confidential name-based HIV reporting.\*

- An estimated 4,883 young people received a diagnosis of HIV infection or AIDS, representing about 13% of the persons given a diagnosis during that year [1].
- HIV infection progressed to AIDS more slowly among young people than among all persons with a diagnosis of HIV infection. The following are the proportions of persons in whom HIV infection did not progress to AIDS within 12 months after diagnosis of HIV infection:
  - 81% of persons aged 15–24
  - 70% of persons aged 13–14
  - 61% of all persons
- African Americans were disproportionately affected by HIV infection, accounting for 55% of

\* See box on page 5 for a list of the 35 areas.

- Young men who have sex with men (MSM), especially those of minority races or ethnicities, were at high risk for HIV infection. In the 7 cities that participated in CDC's Young Men's Survey during 1994–1998, 14% of African American MSM and 7% of Hispanic MSM aged 15–22 were infected with HIV [3].
- During 2001–2004, in the 33 states with long-term, confidential name-based HIV reporting, 62% of the 17,824 persons 13–24 years of age given a diagnoses of HIV/AIDS were males, and 38% were females.

### Age of persons with HIV infection or AIDS diagnosed during 2004



Note: Based on data from 35 areas with long-term, confidential name-based HIV reporting.

### AIDS in 2004

- An estimated 2,174 young people received a diagnosis of AIDS (5.1% of the estimated total

June 2006

1-800-CDC-INFO (232-4636)  
In English, en Español  
24 Hours/Day  
cdcinfo@cdc.gov  
http://www.cdc.gov/hiv



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of 42,514 AIDS diagnoses), and 232 young people with AIDS died [1].

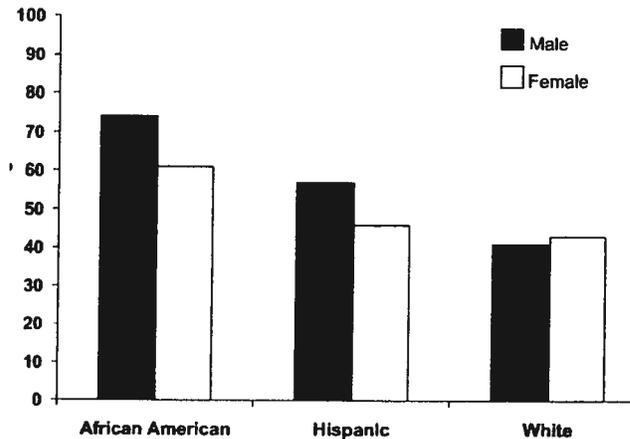
- An estimated 7,761 young people were living with AIDS, a 42% increase since 2000, when 5,457 young people were living with AIDS [1].
- Young people for whom AIDS was diagnosed during 1996–2004 lived longer than persons with AIDS in any other age group except those younger than 13 years. Nine years after receiving a diagnosis of AIDS, 76% of those aged 13–24 were alive, compared with
  - 81% of those younger than age 13
  - 74% of those aged 25–34
  - 70% of those aged 35–44
  - 63% of those aged 45–54
  - 53% of those aged 55 and older [1].
- Since the beginning of the epidemic, an estimated 40,059 young people in the United States had received a diagnosis of AIDS, and an estimated 10,129 young people with AIDS had died. They accounted for about 4% of the estimated total of 944,306 AIDS diagnoses and 2% of the 529,113 deaths of people with AIDS [1].

## RISK FACTORS AND BARRIERS TO PREVENTION

### Sexual Risk Factors

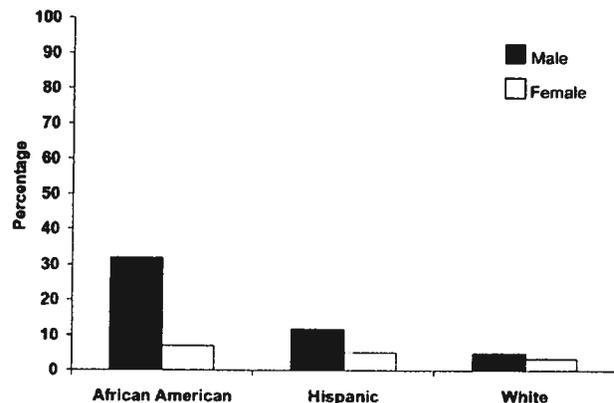
**Early age at sexual initiation.** According to CDC's Youth Risk Behavioral Survey (YRBS), many young people begin having sexual intercourse at early ages: 47% of high school students have had sexual intercourse, and 7.4% of them reported first sexual intercourse before age 13 [4]. HIV/AIDS education needs to take place at correspondingly young ages, before young people engage in sexual behaviors that put them at risk for HIV infection.

### High school students reporting ever having had sexual intercourse, 2003



Source: CDC's Youth Risk Behavioral Survey, 2003. (See reference 4.)

### High school students reporting sexual intercourse for the first time before age 13, 2003



Source: CDC's Youth Risk Behavioral Survey, 2003. (See reference 4.)

**Heterosexual transmission.** Young women, especially those of minority races or ethnicities, are increasingly at risk for HIV infection through heterosexual contact. According to data from a CDC study of HIV prevalence among disadvantaged youth during the early to mid-1990s, the rate of HIV prevalence among young women aged 16–21 was 50% higher than the rate among young men in that age group [5]. African American women in this study were 7 times

as likely as white women and 8 times as likely as Hispanic women to be HIV-positive. Young women are at risk for sexually transmitted HIV for several reasons, including biologic vulnerability, lack of recognition of their partners' risk factors, inequality in relationships, and having sex with older men who are more likely to be infected with HIV.

**MSM.** Young MSM are at high risk for HIV infection, but their risk factors and the prevention barriers they face differ from those of persons who become infected through heterosexual contact. According to a CDC study of 5,589 MSM, 55% of young men (aged 15–22) did not let other people know they were sexually attracted to men [6]. MSM who do not disclose their sexual orientation are less likely to seek HIV testing, so if they become infected, they are less likely to know it. Further, because MSM who do not disclose their sexual orientation are likely to have 1 or more female sex partners, MSM who become infected may transmit the virus to women as well as to men. In a small study of African American MSM college students and nonstudents in North Carolina, the participants had sexual risk factors for HIV infection, and 20% had a female sex partner during the preceding 12 months [7].

**Sexually transmitted diseases (STDs).** The presence of an STD greatly increases a person's likelihood of acquiring or transmitting HIV [8]. Some of the highest STD rates in the country are those among young people, especially young people of minority races and ethnicities [9].

### **Substance Use**

Young people in the United States use alcohol, tobacco, and other drugs at high rates [10]. Both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [11]. Runaways and other homeless young people are at high risk for HIV infection if they are exchanging sex for drugs or money.

### **Lack of Awareness**

Research has shown that a large proportion of young people are not concerned about becoming infected with HIV [12]. Adolescents need accurate, age-appropriate information about HIV infection and AIDS, including how to talk with their parents or other trusted adults about HIV and AIDS, how to reduce or eliminate risk factors, how to talk with a potential partner about risk factors, where to get tested for HIV, how to use a condom correctly. Information should also include the concept that abstinence is the only 100% effective way to avoid infection.

### **Poverty and Out-of-School Youth**

Nearly 1 in 4 African Americans and 1 in 5 Hispanics live in poverty [13]. The socioeconomic problems associated with poverty, including lack of access to high-quality health care, can directly or indirectly increase the risk for HIV infection [14]. Young people who have dropped out of school are more likely to become sexually active at younger ages and to fail to use contraception [15].

### **The Coming of Age of HIV-Positive Children**

Many young people who contracted HIV through perinatal transmission are facing decisions about becoming sexually active. They will require ongoing counseling and prevention education to ensure that they do not transmit HIV.

## **PREVENTION**

In the United States, the annual number of new HIV infections has declined from a peak of more than 150,000 in the mid-1980s and has stabilized since the late 1990s at approximately 40,000. Populations of minority races or ethnicities are disproportionately affected by the HIV epidemic. To reduce further the incidence of HIV, CDC announced a new initiative, Advancing HIV Prevention ([http://www.cdc.gov/hiv/topics/prev\\_prog/AHP](http://www.cdc.gov/hiv/topics/prev_prog/AHP)), in 2003. This initiative comprises

## HIV/AIDS AMONG YOUTH

4 strategies: making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infections outside medical settings, preventing new infections by working with HIV-infected persons and their partners, and further decreasing perinatal HIV transmission.

Through the Minority AIDS Initiative (<http://www.cdc.gov/programs/hiv08.htm>), CDC explores ways to reduce health disparities in communities made up of persons of minority races or ethnicities who are at high risk for HIV. These funds are used to address the high-priority HIV prevention needs in such communities.

CDC provides 9 awards to community-based organizations (CBOs) that focus primarily on youth and provides indirect funding through state, territorial, and local health departments to organizations serving youth. Of these 9 awards, 5 are focused on African Americans, 3 on Hispanics, 1 on Asians and Pacific Islanders, and 1 on whites. The following are some CDC-tested prevention programs that state and local health departments and CBOs can provide for youth.

- Teens Linked to Care is focused on young people aged 13–29 who are living with HIV.
- Street Smart is an HIV/AIDS and STD prevention program for runaway and homeless youth.
- PROMISE (Peers Reaching Out and Modeling Intervention Strategies for HIV/AIDS Risk Reduction in their Community) is a community-level HIV prevention intervention that relies on role-model stories and peers from the community.
- Adult Identity Mentoring project, which encourages students to articulate personal goals and then teaches them the skills required to achieve those goals, can be effective in helping at-risk youth delay the initiation of sex [16].

CDC research has shown that early, clear parent-child communication regarding values and expectations about sex is an important step in

helping adolescents delay sexual initiation and make responsible decisions about sexual behaviors later in life. Parents are in a unique position to engage their children in conversations about HIV, STD, and teen pregnancy prevention because the conversations can be ongoing and timely [17].

Schools also can be important partners for reaching youth before high-risk behaviors are established, as evidenced by the YRBS finding that 88% of high school students in the United States reported having been taught about AIDS or HIV infection in school.

Overall, a multifaceted approach to HIV/AIDS prevention, which includes individual, peer, familial, school, church, and community programs, is necessary to reduce the incidence of HIV/AIDS in young people. For Guidelines for Effective School Health Education to Prevent the Spread of AIDS, visit <http://www.cdc.gov/HealthyYouth/sexualbehaviors/guidelines/guidelines.htm>.

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## Understanding HIV and AIDS Data

**AIDS surveillance:** Through a uniform system, CDC receives reports of AIDS cases from all US states and territories. Since the beginning of the epidemic, these data have been used to monitor trends because they are representative of all areas. The data are statistically adjusted for reporting delays and for the redistribution of cases initially reported without risk factors. As treatment has become more available, trends in new AIDS diagnoses no longer accurately represent trends in new HIV infections; these data now represent persons who are tested late in the course of HIV infection, who have limited access to care, or in whom treatment has failed.

**HIV surveillance:** Monitoring trends in the HIV epidemic today requires collecting information on HIV cases that have not progressed to AIDS. Areas with confidential name-based HIV infection reporting requirements use the same uniform system for data collection on HIV cases as for AIDS cases. A total of 35 areas—the US Virgin Islands, Guam, and 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming)—have collected these data for at least 5 years, providing sufficient data to monitor HIV trends and to estimate risk behaviors for HIV infection. Recently, 9 additional areas have begun confidential name-based HIV surveillance, and data from these areas will be included in coming years.

**HIV/AIDS:** This term includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS.

For more information . . .

**CDC HIV/AIDS**  
<http://www.cdc.gov/hiv>  
 CDC HIV/AIDS resources

**CDC-INFO**  
 1-800-232-4636  
 Information about personal risk and where to get an HIV test

**CDC National HIV Testing Resources**  
<http://www.hivtest.org>  
 Location of HIV testing sites

**CDC National Prevention Information Network (NPIN)**  
 1-800-458-5231  
<http://www.cdcpin.org>  
 CDC resources, technical assistance, and publications

**AIDSinfo**  
 1-800-448-0440  
<http://www.aidsinfo.nih.gov>  
 Resources on HIV/AIDS treatment and clinical trials



## **HIV / AIDS Glossary**

## HIV/AIDS Glossary

-  **Antibody:** An infection-fighting protein molecule in blood or body fluid that attaches to, neutralizes, and helps destroy bacteria, viruses or other harmful toxins (*antigens*). Antibodies, known generally as immunoglobulins, are made by white blood cells in response to foreign substance. Each specific antibody binds only to the specific antigen that stimulated its production.
-  **Antiretroviral:** A substance used against retroviruses such as HIV.
-  **Antiviral:** A drug that works against viruses or suppresses their replication.
-  **Asymptomatic:** Without symptoms. Usually used in AIDS literature to describe a person who has a positive reaction to one of several tests for HIV antibodies, but who shows no clinical symptoms of the disease.
-  **Body Fluids:** Any fluid in the human body, such as blood, urine, saliva, sputum (spit), tears, semen, mother's milk, or vaginal secretions. Only blood, semen, mother's milk and vaginal secretions have been linked directly to the transmission of the HIV virus
-  **CD4 Cell Count:** A type of cell also known as "helper" T-cells, which help by mobilizing your immune defense when your body has an infection.
-  **Centers for Disease Control and Prevention (CDC):** A Public Health Service Agency responsible for assessing the status and characteristics of the AIDS epidemic and the prevalence of HIV infections. CDC supports the design, implementation and evaluation of prevention activities, and maintain various HIV/ AIDS information services, such as the CDC National AIDS Clearinghouse.
-  **Combination Therapy:** Two or more HIV medications used together to achieve optimal results in controlling HIV infection.

- ⦿ Diagnosis:** The determination of the presence of a specific disease or infection, usually accomplished by evaluating clinical symptoms and laboratory tests.
- ⦿ Disease Progression:** The further development of a disease in a person. Often it means the disease is getting worse.
- ⦿ Early intervention:** Starting HIV treatment earlier rather than later in the course of the disease.
- ⦿ ELISA (enzyme-linked immunosorbent assay):** The ELISA (also sometimes called the EIA) is almost always the first test performed to determine if someone is HIV-positive; it is inexpensive and very sensitive to detecting the presence of HIV antibodies. In most cases, a blood sample is tested, but other types of ELISAs that use saliva and urine have also been developed. HIV ELISA tests are designed for the greatest sensitivity, which means it is designed to detect all persons with HIV antibodies and may also detect other proteins that are similar to HIV antibodies (*called a false positive*). A positive HIV ELISA test must be confirmed by a second, more specific test such as an HIV Western Blot to be certain that it is a true HIV infection.
- ⦿ HAART:** Stand for Highly Active Antiretroviral Treatment. HAART is defined as treatment with at least three active antiretroviral medications (*ARV's*), typically two nucleoside or nucleotide reverse transcriptase inhibitors (*NRTI's*) plus a non-nucleotide reverse transcriptase inhibitor (*NNRTI*) or a protease inhibitor (*PI*) or another NRTI called abacavir (*Ziagen*). HAART is often called the drug “cocktail” or triple-therapy.
- ⦿ Helper T-cell:** lymphocyte bearing the CD4 marker. Helper T-cells are the chief regulatory cells of the immune response. They are responsible for many immune response. They are responsible for many immune system functions, including turning antibody production on and off, and are the main target of HIV infection.
- ⦿ Human Immunodeficiency Virus (HIV):** The virus that causes AIDS. If left untreated, HIV infection damages a person’s immune system and can progress to AIDS.
- ⦿ Immune Deficiency:** A breakdown or inability of certain parts of the immune system to function, thus making a person susceptible to diseases (or opportunistic infections) that they would ordinarily not develop.

-  **Immune Response:** The activity of the immune system against foreign substances.
-  **Immune System:** The body's natural defense mechanism against foreign substances.
-  **Mutation:** In HIV, a mutation refers to a changed form of the virus that occurs when HIV does not reproduce itself properly. This may result in HIV that is resistant to (cannot be controlled by) certain medications.
-  **Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI):** A class of HIV medications that share structural characteristics of naturally occurring nucleosides and inhibit, or help to slow down, HIV multiplication by interfering with the reverse transcriptase enzyme.
-  **Opportunistic Infection:** An illness caused by an organism that usually does not cause disease in a person with a normal immune system. People with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes and other organs.
-  **Retrovirus:** HIV and other viruses that carry their genetic material in the form of RNA and that have the enzyme reverse transcriptase. Like all viruses, HIV can replicate only inside cells, commandeering the cell's machinery to reproduce. Like other viruses, HIV uses the enzyme called reverse transcriptase to convert its RNA into DNA, which is then integrated into the host cell DNA.
-  **Safer sex:** Safer sex is any sex where you choose behaviours that make it less likely you will get an infection. Although safer sex may mean protecting yourself and your partner(s) from the exchange of body fluids, it really means any changes you make in your sexual activities to protect each other. Honest communication is the key to safer sex.
-  **Sexually Transmitted Disease (STD):** Also called venereal disease. A contagious disease usually acquired by sexual intercourse or genital contact. Historically, the five venereal diseases were: gonorrhoea, syphilis, chancroid, granuloma inguinale and lymphogranuloma venereum. To these have been added scabies, herpes genitalis and anorectal herpes and warts, pediculosis, trichomoniasis, genital candidiasis, molluscum contagiosum, nonspecific urethritis, chlamydial infections, cytomegalovirus and AIDS.

 **Side Effects:** Any undesired actions or effects of a drug treatment. Negative or adverse effects may include headache, nausea, hair loss, skin irritation, or other physical problems. Experimental drugs must be evaluated for both immediate and long-term side effects.

 **T Cells:** A thymus derived white blood cell that participates in a variety of cell-mediated immune reactions. Three fundamentally different types of T cells are recognized: helper, killer, and suppressor (each has many subdivisions). T lymphocytes are CD3+ and can be separated into CD4+ T helper cells and the CD8+ cytotoxic/suppressor cells.

 **Transmission:** The process by which HIV is spread or transmitted, from one person to another. HIV is spread most commonly by sexual contact with an infected partner. HIV is also spread through contact with infected blood, most often by sharing of drug needles with minute quantities of blood containing the virus.

 **Undetectable:** When HIV is still present in the blood, but at such low levels that it can not be detected using existing viral load tests.

 **Viral Load:** The amount of HIV in a sample of blood. Viral blood testing measures the amount of HIV in one milliliter of a person's blood.

 **Virus:** An extremely small germ that reproduces within living cells of the organism it infects.

 **Western Blot:** A blood test to detect antibodies to several specific components of a virus such as HIV. This test is most often used to confirm a positive ELISA.

 **Window Period:** The “window period” is period between an exposure and the time it can take to develop antibodies. If you take a HIV test during the “window period” the results may not be a true reflection of your HIV status.



**State Board of Education Pennsylvania  
Regulations  
4.29**

# **State Board of Education of Pennsylvania**

## **Regulations**

### **§ 4.29. HIV/AIDS and other life-threatening and communicable diseases.**

- (a) Instruction regarding prevention of human immunodeficiency virus (HIV) infection/ acquired immunodeficiency syndrome (AIDS) and other life-threatening and communicable diseases shall be given for primary, intermediate, middle school and high school education and shall follow the requirements of subsections (b) and (c).
- (b) Educational materials and instruction shall be determined by the local school district and be appropriate to the age group being taught. The program of instruction shall include information about the nature of the diseases, treatments and cures, methods of transmission, and how infection can be prevented. The school district may omit instruction in the elementary grades on transmission of disease through sexual activity. Programs discussing transmission through sexual activity shall stress that abstinence from sexual activity is the only completely reliable means of preventing sexual transmission. Programs shall stress that avoidance of illegal drug use is the only completely reliable means of preventing transmission of disease through shared drug paraphernalia.
- (c) A school district (including charter schools) shall excuse a pupil from HIV/AIDS instruction when the instruction conflicts with the religious beliefs or principles of the pupil or parent or guardian of the pupil and when excusal is requested in writing. Prior to the commencement of instruction, a school district shall publicize **WHAT THE REGULATIONS ARE...**



## **Sample letter to parents**

# Sample Letter Notifying Parents about HIV / AIDS Prevention Education (for high schools)

Dear Parent or Guardian:

HIV/AIDS is one of the most serious health problems Americans have ever faced. It has no cure, and education is the only way we can help our students protect themselves from the spread of HIV, the virus that causes AIDS.

Our school will begin to teach your child about HIV (Human immunodeficiency virus) /Acquired Immune Deficiency Syndrome (AIDS). The Pennsylvania Education Department and the School District of Philadelphia have mandated that HIV/AIDS education be provided for all students in Kindergarten through Grade 12. This mandate states that HIV/AIDS instruction must be age-appropriate and address the nature of the disease, the methods of transmission, and methods of prevention. Abstinence from alcohol and other drug use and sexual intercourse is emphasized as the most appropriate and effective method of prevention for students. Lessons focus on developing an understanding of communicable diseases, ways to live a healthy life, and how to identify community resources that can help enhance the quality of life.

State Regulations require that all students attend lessons on the nature of the disease and methods of transmission. However, parents or legal guardians have the right to ask that their child not participate in the lessons dealing with methods of prevention. These lessons are labeled "Prevention." Parents or legal guardians who do make such a request must file with the principal of their child's school a written request that the child not receive such instruction, and assure that the pupil will receive such instruction at home.

Encourage your child to speak with you about HIV/AIDS. You might wish to point out newspaper or magazine articles about HIV/AIDS issues that you can discuss together. Or you and your child might watch television programs about HIV/AIDS together. Doing so can help you reinforce your child's awareness of how HIV is transmitted, and present opportunities for you and your child to discuss how abstaining from sexual intercourse and alcohol and other drug use is the most appropriate and effective way for children to protect their health and their futures.

We welcome your involvement at school. For example, parents are needed on high school HIV/AIDS teams and to coordinate Home & School Council presentations about HIV/AIDS. Speak to your child's teacher, or me about how you can support HIV/AIDS lessons.

If you have any questions regarding this program or would like to review HIV/AIDS curriculum materials, please do not hesitate to call.

Sincerely,

Principal

# Activities

# REASONS WHY TEENS HAVE OR DO NOT HAVE SEXUAL INTERCOURSE

Adapted by Evelyn Rosskamm Shalom, M.A.

## RATIONALE

This activity will help participants identify reasons that both males and females decide to have—or not to have—sexual intercourse. It will also encourage them to think about their own motivations for participating in sexual behaviors.

## AUDIENCE

Junior and senior high school

## TIME

One class period

## GOALS

To help participants:

- Explore the reasons why teens have—and do not have—sexual intercourse
- Think about their own decision-making
- Acknowledge important reasons for teens not to have sexual intercourse

## MATERIALS

- Large pieces of newsprint labeled ahead of time with the following:

Reasons Why Teen Boys Have Sexual Intercourse

Reasons Why Teen Girls Have Sexual Intercourse

Reasons Why Teen Boys Do Not Have Sexual Intercourse

Reasons Why Teen Girls Do Not Have Sexual Intercourse

- Markers
- Masking tape

## PROCEDURE

- 1 Introduce the activity by stating that the decision to have—or not to have—sexual intercourse is complicated and often involves many factors even though many people do not always consciously consider those factors.
- 2 Divide the participants into four groups. If the group size is larger, add two more groups. They will discuss “Reasons Adults Think Boys Should Be Abstinent,” and “Reasons Adults Think Girls Should Be Abstinent.”
- 3 Give each group newsprint with one of the titles written on it. Provide each group with a marker. Have each group select a recorder. Make certain that the recorder understands she or he must write whatever is said by a group member, no editorial privileges. Tell the group it does not have to agree on all suggestions, and that brainstorming permits all ideas. Allow the groups to brainstorm as many reasons as possible. Have the recorder write them down on newsprint as the group says them. (15–20 minutes)
- 4 Bring the groups back together. Ask each group to tape newsprint to the wall. Ask one person from each group (preferably not the recorder) to read his or her group’s list aloud to the class. After each list is read aloud, allow participants to ask questions for clarification. Delay general discussion until all lists are read.

5 Proceed with the following questions:

- What reasons on the list surprise you?
- What do the lists have in common?
- How are the lists different?
- What types of comments are only on the female lists? Male lists?
- Is sexual pleasure on both lists of reasons that teens have sexual intercourse? Why or why not?
- Is fear of disease on both lists of reasons that teens do not have sexual intercourse? Why or why not?
- Is fear of pregnancy on both lists of reasons that teens do not have sexual intercourse? Why or why not?
- What reasons from these lists are in the best interests of health?
- What reasons might put someone at risk for pregnancy, sexually transmitted diseases, or emotional stress?
- Which of these reasons would young people think about before having sexual intercourse?
- Which reasons would young people consider to be more or less important?
- What reasons are most important to *you*?
- How would *you* share your reasons with a person you are dating?

## Teaching Abstinence as a Part of Comprehensive Sex Education: What Is Abstinence?

**Purpose:** Participants will define abstinence and identify skills to make sexual abstinence work.

**Planning Notes:** Abstinence is the only 100 percent effective method for avoiding unwanted pregnancy and sexually transmitted infections, including HIV. Teens—especially young teens—should be encouraged to delay sexual initiation. Educators should acknowledge the importance of abstinence and provide youth with the knowledge, attitudes, and skills necessary to make abstinence work. Educators should also plan lessons to discuss other areas of reproductive and sexual health, including contraceptive technology. Even youth who pledge to remain abstinent need information about contraception and condoms to help them prevent unwanted pregnancy, HIV and other STDs when they do become sexually active. Research indicates that information about contraception does not increase sexual activity nor hasten the onset of sexual initiation in teens.

**Materials:** Newsprint and markers, or chalk and board.

**Time:** 50 minutes

**Procedure:**

1. Introduce the activity by pointing out that failure to make good decisions about sex is one of the reasons teens can become infected with HIV, other STDs and/or experience an unplanned pregnancy. Explain that one decision teens can make about sex is to not have it—to abstain until they are older.
2. Pin up two different newsprint sheets with the word "Abstinence" written on each one.
3. Ask teens to define abstinence. Write their responses on one of the newsprint sheets. If the youth do not make the following points, make them yourself:
  - a. Abstinence is a deliberate decision to avoid something. People choose to abstain from many different things, such as sweets, meat, candy, tobacco products, voting, alcohol and/or other drugs, and/or sexual activities.
  - b. People choose to abstain for many different reasons, such as health (avoiding sweets or fat), personal religious beliefs (avoiding meat, alcohol), commitment to a cause or person (abstaining from voting and/or participating in some behaviors), fear (of punishment, of negative consequences), and disinterest.
  - c. People define sexual abstinence in many different ways. For one person, it may mean no physical contact with potential partners—no kissing, no holding hands. For another, it may mean abstaining from one particular behavior, such as avoiding vaginal intercourse. For the purpose of this exercise, abstinence should mean having no sexual intercourse: vaginal, oral, and/or anal.
4. Split the class into four groups give the groups 15 minutes to list and discuss at least ten reasons why teens might decide to not have sex.
5. Once the groups have completed their list, ask them to share the reasons they have listed with the rest of the class. Record the reasons on a master list using the second newsprint sheet. Teens should have identified some of the following, if not add them to the list:
  - a. Religious beliefs, personal beliefs, not ready for sex, want to wait until married, want to wait until out of high school, risk of pregnancy, risk of STDs, don't want to jeopardize goals, relationship with parents, not in love, peer pressure, not interested .
6. Ask the class to discuss the reasons listed. Ask the teens to evaluate if each reason is a "good" or "bad" reason in their opinion to choose abstinence. Validate that people have different reasons for choosing abstinence and that each should be valued and respected.
7. Explain to the group that abstinence is only 100 percent effective if used consistently and correctly. Ask teens what they think you mean by that statement.
8. Conclude with the following discussion:
  - a. Given what we learned today, do you think that there are some good reasons to choose abstinence from sexual intercourse?
  - b. Is it difficult to stick to the decision not to have sex? What are some things people can do to help themselves follow through with that decision?
  - c. What can you do to help your friends if they choose to be abstinent?

Adapted from *Life Planning Education*, a comprehensive sex education curriculum. Washington, DC: Advocates for Youth, in press.

# SO WHAT'S AN ABSTINENCE ANYWAY?

By Fran Basche and Anne Terrell

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## RATIONALE

This activity helps participants think about what it takes to make abstinence work—and what they would need to do if they were going to choose abstinence as the way to protect themselves from unwanted consequences of sexual intercourse.

## AUDIENCE

Junior and senior high school

## TIME

One class period

## GOALS

To help participants:

- Define abstinence
- Identify what makes abstinence work and identify the factors that can cause abstinence “user failures”
- Identify how the decision to be abstinent can be affected by changes in behavior or attitude

## MATERIALS

- A clear, hard, plastic ball or heart that can be opened. These are often used for ornaments and are commonly found in craft stores during the holiday season.
- Slips of brightly colored paper (approximately three-quarters of an inch wide and three inches long)
- Newsprint and markers, or chalkboard and chalk

## PROCEDURE

**1** Introduce the term *abstinence*. Ask participants: “What is the best method to use to make sure you don’t get pregnant/cause a pregnancy or get an STD.” Participants will probably answer, “Abstinence.” Make certain someone in the group says that abstinence is 100 percent effective. Otherwise, say it yourself.

**2** Discuss the meaning of sexual abstinence. Include the following points and questions:

- Abstinence is a conscious decision to avoid certain activities or behaviors.
- What kinds of things do people usually abstain from? (sweets, alcohol, voting, sexual contact, and drugs)
- Why do people abstain? (to make a point, to protect their health, because of religious values, to avoid negative consequences, because they are not interested in the activity)
- Different people have different definitions of sexual abstinence. For some, it may mean no sexual contact. For others, it may mean no penetration or only “lower-risk” behaviors.
- Explain that, for the purpose of this exercise, you’d like to define *abstinence* as not having any type of intercourse: vaginal, anal, or oral.

**3** Ask the group about the effectiveness of abstinence in preventing pregnancy. Explain contraceptive effectiveness rates. Discuss “typical” and “perfect” user rates. Tell participants abstinence is 100 percent effective if used perfectly every time. Ask what happens if it’s not used perfectly every time. Explain that all methods have failure rates that are usually based on “human error.” People forget to take pills, don’t use a spermicide with a condom, or use a condom incorrectly, causing it to break. Vows of abstinence can also “break” if not used consistently.

Tell participants that they must know what contraceptives are and how they work if they are going to learn how to use them effectively. Many people have seen a condom or a pack of pills. Ask participants:

- Has anyone seen an “abstinence?”
- What does it look like?
- How does it work?

**4** Show the empty abstinence ball or heart. Say, “I have an abstinence here” or “It’s hard to talk about something that you can’t see, so I brought one.” (If your

abstinence is heart-shaped, remind the group that abstinence doesn't have to mean lack of love, intimacy, romance, sensuality, or eroticism.)

Say, "As you can see, this abstinence is empty. An *empty* abstinence is like any empty promise. It doesn't work very well."

**5** What makes sexual abstinence work? Have participants think of things that make abstinence work. Ask each to give one idea that makes abstinence work. Then ask each to go to the front of the room and write her or his idea on a colored slip of paper, and put it into the ball. Ask the participants to say what they wrote as you write the items on the chalk board or newsprint. Talk about each item and how it contributes to effectiveness.

Concepts may include:

- talking to each other
- self-control
- commitment
- ability to identify sexual situations
- partner cooperation
- knowledge of consequences
- information
- belief that pregnancy and/or infection is possible
- assertiveness
- awareness of personal values
- a positive vision for the future
- shared values
- self-esteem
- alternatives

**6** Have a volunteer come to the front of the room and remove one slip from the ball. Have them read it aloud. Ask what would happen if you had all the other items except that one. Do the same for a few of the other items. You may discuss such subjects as: "Suppose you couldn't identify possible sexual situations?" "Suppose you didn't have information you needed?" "Suppose you didn't think you could get infected?" "Suppose you and your partner have different definitions of abstinence?"

Discuss other factors that might cause abstinence to fail. These might include alcohol/drug use, peer pressure, threat, or force. Explain that deciding to use "an abstinence" is similar to deciding to use any contraceptive or safer sex method. Questions to consider include:

- How comfortable would you feel using it?
- How would your partner (or future partner) feel about using it?
- What are the possible side effects?

- Will you use it every time you need it?
- What are some alternatives?

**7** Ask for ways to make abstinence work. Ask participants: "If you choose abstinence as your contraceptive or safer sex method, how can you make sure it works?" Stress the following:

- Don't leave your abstinence at home, or in your health class, or in your church, synagogue, or mosque. Keep it with you at all times. Pills won't prevent a pregnancy if you forget to take them every day; condoms can't protect you from an STD if you don't have them with you or you don't use them. Abstinence won't work if you don't use it.
- Take out your "abstinence" every once in a while and think about it to reaffirm your commitment. Review your reasons for choosing abstinence. How well is it working? What are the strong points? The weak points?
- Decide when and under what circumstance you will cease to abstain. This could include when you reach a certain age or when you are in a long-term committed relationship or marriage.
- If you decide abstinence is no longer the right choice for you, you need to choose another method to protect yourself from unwanted pregnancy and STDs.

## DISCUSSION QUESTIONS

- In what ways was this activity useful to you?
- What did you learn from our discussion?
- How confident do you feel about your own skills for practicing abstinence?
- How is abstinence a skill that people might practice at different points in the life cycle?

## OTHER OPTIONS

Educators can use this activity with parents/guardians to show how parents/guardians can talk to their teenagers about postponing sexual involvement.

They can use a similar activity to talk about other abstract ideas such as self-esteem or love. They should have participants write all the things that a person needs in order to have self-esteem or a good relationship. They should discuss how missing items might affect the concept.

## Password

**Purpose:** To introduce vocabulary about HIV and AIDS and to present methods for seeking additional information about HIV.

**Materials:** A copy of the *HIV/AIDS Vocabulary List* handout for each TAP member, 5 x 7 index cards, pamphlets on HIV, and contact information national and local hotlines and health departments.

**Time:** 45 minutes

**Planning Notes:** Write one word from the *HIV/AIDS Vocabulary List* on each index card. Select some or all of the words on the list to use in the game, adding others as appropriate.

**Procedure:** Ask for an even number of volunteers (eight to 16). Have each volunteer bring his/her chair and align the chairs so that the volunteers face each other in pairs. For example, if there are 10 volunteers, have one row of five facing another row of five to create five teams of two each.

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1. Tell participants that they will be doing an exercise that is similar to the old TV game show, *Password*. You will hold up a card with a word on it so that only one member of one team will be able to see the word. Half the participants will have their backs to you. The team member who can see the word must think of a **one-word** clue that will enable his/her partner to guess the word on the card. (For example, if the word is *homosexual*, the clue could be *gay*.) The partner has only **one chance** to guess the correct word. If he/she does not guess correctly, you will move on to the next team and again hold up the same card with the same word. Encourage participants to use slang terms to help their partners.
2. Proceed down the row until someone gives the correct answer. If either the clue giver or the one guessing takes too long, say the team has lost its chance and move on down the row. Participants may pass, but encourage everyone to participate even if they are unsure what the word means. This game is fun, and people can have a good time using some of the slang words they know.
3. Proceed on in this fashion, but give everyone a chance to be the clue giver and the one who guesses the word. This will mean that you will alternate the sides on which you hold up a new card.
4. After a team has guessed the word correctly, ask all the TAP members to participate in explaining what the word means and why it is an issue in HIV/STD prevention.
5. Play the game for about 30 minutes and then process this activity by discussing how these words relate to HIV/AIDS and how the epidemic almost has a **language of its own**. Some of the most interesting words to process will be ones like *fear* and *loneliness* because they often bring up interesting discussions. You may also want to point out that we have many slang words for our sexual organs and sexual body parts, but few for other body parts—such as *elbow*—with which we are more comfortable.
6. Give each TAP member a copy of the *HIV/AIDS Vocabulary List* handout to keep. Go over the vocabulary quickly and ask youth to make note of any questions raised by any word(s) on the list. Suggest that they leave questions about particular words in the Suggestion Box for discussion at the beginning of the next session.

Reprinted from *Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV/STD Infection*. Washington, DC: Advocates for Youth, © 2002.

## **The M&M Game**

(adapted from the "About Your Sexuality" curriculum)

**Objective:** To use as an icebreaker for a lesson on STIs and HIV/AIDS. Upon completion, participants should be able to demonstrate a clear understanding of the definition of "sexual contact," modes of transmission, risk factors and risk reduction, and the differences between bacterial and viral infections.

**Time:** From 15 to 45 minutes, depending on length of post-activity discussion

### **Materials:**

- One 3x5 index card
- Pencil
- Paper Plate
- Brown Lunch Sack
- Plain or Peanut M&Ms (approximately 1 lb. of each for 15 participants)

### **Preparation:**

Separate candy into color groups, and put approximately 20-30 of the same color pieces in a bag for **each** participant so that each player begins the game with only one color of M&Ms. (BONUS: You won't use the blue or brown peanut ones, so you can eat those while you work!)

### **Code:**

- Plain Brown = Health (either treatment or abstinence)
- Plain Blue = Condoms or Dental Dams
- Plain Green = Trichomoniasis
- Plain Yellow = Gonorrhea
- Plain Red = Chlamydia
- Plain Orange = Syphilis
- Peanut Green = HIV
- Peanut Red = Hepatitis B
- Peanut Orange = Herpes
- Peanut Yellow = HPV

(Note that bacterial infections are represented by plain M&Ms and viral infections are represented by peanut M&Ms.)

### **Beginning the Game:**

Announce that you want to start out with a game as a way of learning one another's name, and to help the group start sharing in a fun way. Distribute a 3x5 card and pencil to each person. Paraphrase this introduction:

I have just given you a card and pencil. In a moment I am going to give you a paper sack containing M&Ms, but you can't eat them yet. When I say "Go", try to get as many signatures of the other participants on your card and exchange M&Ms before I call time. (Depending on size of group, allow 2 to 3 min.) Go up to anyone in the group and ask them to sign your card, then place 1, 2 or 3 M&Ms in each other's sack. Don't tell how many M&Ms you are giving each other and don't pay attention to the color of the M&Ms.

### **Processing the Game:**

Have them return to their seats, and remind them not to eat the M&Ms yet. Ask:

- Who has more than 5 signatures?
- Who has the most?
- Who has the least?
- What felt more important, getting the signature or the candy?

Distribute the paper plates and have each participant separate their candy into groups.

Explain that each signature represents a sexual contact and the M&Ms represent aspects of sexually transmitted infections.

Tell what each color represented. Maybe write it on the board, or have a chart prepared. Discuss what their cards and M&Ms represent in this situation.

### **Possible Discussion Questions:**

- Does sexual contact just mean sexual intercourse?
- What does this tell us about transmission of STIs?
- After a person is treated for an STI, can they get it or another one again?
- Do more partners = higher risk?
- Can someone have an STI and not know it?
- What lessens or eliminates risk?
- Does treatment mean cured?
- What is the difference between bacterial and viral STIs?

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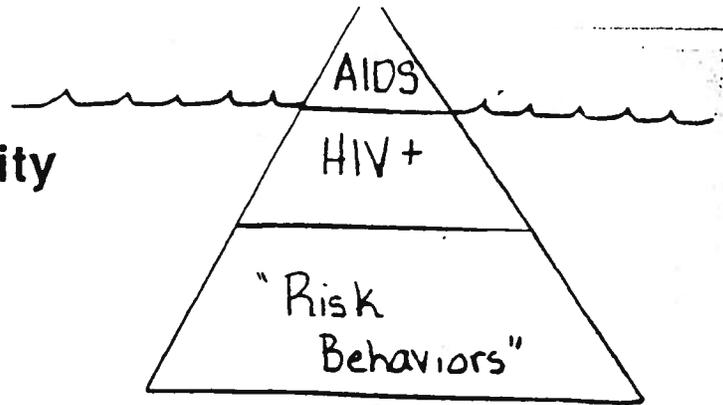
*Linda DeZwarte Carter, Regional Educator  
Planned Parenthood of Greater Iowa  
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# UNIT: Human Sexuality

ACTIVITY: "STD pyramid"

GRADE: Middle School - Adult

TIME: 15-20 minutes



**OBJECTIVE:** The students will learn how quickly and unknowingly STD/AIDs can be transmitted.

**MATERIALS:** Each person receives a card face down on their desk. The card has on it one of the following statements. (Do NOT show anyone your card!):

**GIVE A COMPLIMENT TO AND:**

- A-shake hands w/ 4 people.....AIDS (2 cards)
- G-shake hands w/ 4 people.....Condom (2 cards)
- Don't shake hands w/ anyone.....Abstinence (2 cards)
- Shake hands w/ as many people as you can.....Sexually Promiscuous (2 cards)
- Shake hands w/ 4 people.....(rest of class)
- Shake hands w/ one person.....Monogomy (2 cards)

**INSTRUCTIONS:**

1. Explain to the class that they each have a card on their desk. When the teacher says go they are to read the card and NOT let anyone see it, and do the activity on the card. When they are done they sit down.
2. The teacher than gives a lesson/lecture on STDs/AIDS.
3. At the end of the lesson/lecture explain that you CAN NOT get an STD/AIDS through a hand shake BUT we are going to pretend that you can for the next 10 minutes. Look at your card and if you have an A on your card, YOU have AIDS. Every time you shook hands with someone YOU have them the HIV virus. Would those people that shook hands with an "A" person stand up. Now if you shook hands with the people standing up you have to potential to be infected, too. So they stand up , etc.
4. Ask the students who have the "A" how they feel about having it or giving it to someone. Ask those how they feel, etc.
5. The person with the "G" had a glove on (a condom). Ask them NOW how they feel knowing that they had "safer" sex.
6. Ask the person who had stayed abstinent how they addressed the peer pressure to shake hands and if they did not shake hands how they feel about the fact that they were not infected.
7. Talk about monogomy, promiscuity, condom use, abstinence, etc. as these behaviors pertain to the transmission of the HIV virus.

## HIV Transmission Game

**Purpose:** To increase awareness of how quickly HIV and other STDs can be spread and how they can be stopped and to illustrate effects of peer pressure

**Materials:** Hershey's *Hugs & Kisses*, Hershey's *Almond Kisses*, index cards, pens/pencils, and a small brown paper bag for each TAP member

**Time:** 30 minutes

### Planning notes:

- In each participant's bag (except one) place a mixture of approximately 10 to 12 *Hugs & Kisses* and one marked or unmarked index card. In one participant's bag put 10 to 12 *Almond Kisses* (instead of *Hugs & Kisses*) and an unmarked index card. Put a star (\*) on the bottom of the bag with *Almond Kisses*.
- Mark the bottom corner of two index cards with a small "C." Place each card in a different bag with *Hugs & Kisses*.
- Mark two other index cards with a small "IC." Place each card in a different bag with *Hugs & Kisses*.
- Write on a fifth index card: *Do not participate. When asked, tell anyone who wants to exchange candy, 'I do not want to exchange hugs and kisses.'* Place the card in a bag with *Hugs & Kisses* and put an "A" on the bottom of the bag.
- Write on two separate index cards: *Do not participate with anyone other than your partner. When asked, tell anyone (other than your partner) who wants to exchange candy, 'I do not want to exchange hugs and kisses with anyone other than my partner.'* Place each card in a different bag with *Hugs & Kisses* and put an "M" on the bottom of each bag. Give these two bags to the two participants who are willing to sit in the front of room.
- Do not place any of the seven, marked cards in with the bag with *Almond Kisses*.

### Procedure:

1. Ask for two participants who are willing to be partners and to sit in the front of the room throughout the entire exercise. Give each of these two participants a bag marked with an "M."
2. Hand out the other bags to the remaining participants. Explain that each participant is receiving a bag with Hershey's *Kisses* and an index card. Ask each participant to pull the card out of his/her bag and follow the instructions on it (if there are any) and to keep secret any instructions on his/her card.
3. Tell the participants that they are to exchange candy and that they should write on their index cards the name of everyone with whom they exchange candy.
4. Give participants about five minutes to exchange candy and to write down names. Then, have everyone return to his/her seat.
5. Find out who got the most signatures.
6. Ask the one person whose bag has a star (\*) on the bottom to stand up. Explain that this was the person who started out with *Almond Kisses* and that, for the purposes of this exercise, the *Almond Kisses* represent HIV infection.
7. Then, ask anyone who has an *Almond Kiss* in his or her bag to stand up. Explain that, because they exchanged *Hugs & Kisses* for *Almond Kisses*, they, too, have are infected with HIV.
8. Ask everyone who is still seated to check their index cards for the name of anyone who is standing. Ask participants to stand up if they see the name of someone who is standing on their index cards. Continue to ask participants to stand until everyone except the three participants with the "M" and the "A" on the bottom of their bags are standing.
9. Ask the participants with "C" written on their cards to sit down. Explain that the "C" means they always used condoms or clean needles and protected themselves from HIV infection. They are *not* infected with HIV.
10. Ask the people with "IC" written on their cards to sit down. Then, ask them to stand right back up. Explain that these people used condoms and/or clean needles each time, but they used them incorrectly. They are infected with HIV.
11. Explain to the participants that this activity contains an error because someone might have received an *Almond Kiss* (HIV infection) and then given it away again. By contrast, you cannot give away HIV. Once you have it, you can share it with others; but, you can never get rid of it yourself.
12. Remind participants that this is a game. No one can become infected with HIV because he/she eats a particular kind of food nor by sharing or exchanging food.

### Discussion Questions:

1. Did anyone notice anyone who did not stand up? Introduce the "abstinent" participant and the "monogamous" partners. Ask them how they felt not playing. How did the others feel when these people refused to exchange candy with them?
2. Why is it difficult not to participate when everyone else is participating?
3. How did the person with the *Almond Kisses* (HIV infection) feel?
4. The one person whose bag had a star did not know he/she was "infected" with HIV. How could we have known ahead of time?

Reprinted from *Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV/STD Infection*. Washington, DC: Advocates for Youth, © 2002.

UNIT: Human Sexuality

ACTIVITY: "Risky Business"

GRADE LEVEL: High School-Adult

TIME: 15-20 minutes

OBJECTIVE: To help students identify the knowledge or lack of knowledge in AIDS/HIV transmission education and to encourage peer education/discussion in the process.

MATERIAL: Students are to pair up in groups of two. Each group of two receives an envelope with the eighteen risk behaviors on eighteen individual sheets of paper.

INSTRUCTIONS:

1. At the beginning or end of an AIDS/HIV education unit use this activity.
2. Each student is to sit next to another student. They should have a flat surface on which to work.
3. Each pair is to have an envelope with eighteen sheets of paper. Each sheet of paper has one risky or unrisky behavior for the transmission of the HIV virus.
4. The team of two students will have 10 minutes to arrange the eighteen cards from highest risk of HIV transmission to lowest risk of HIV transmission.
5. After 10 minutes students compare their sequence with one or two other teams.
6. The teacher gives the sequence answers and discussions can begin with the class as to why one behavior may or may not be riskier than another

# "RISKY BEHAVIORS LIST FOR THE TRANSMISSION OF H.I.V."

## **LOWEST RISK:**

1. **Abstinence**
2. **Donating blood**
3. **Self-Masterbation**
4. **Massage**
5. **Hugging**
6. **Dry Kissing**
7. **Deep Wet Kissing**
8. **Mutual-Masterbation**
9. **Cleaning blood spill w/o gloves**
10. **Unprotected ORAL sex**
11. **Breastfeeding by HIV positive mother to her infant**
12. **Tattooing w/ shared needle**
13. **Ear piercing w/ shared needle**
14. **VAGINAL intercourse WITH CONDOM using spermicide  
with internal ejaculation**
15. **ANAL intercourse with internal ejaculation WITH condom  
using spermicide**
16. **VAGINAL intercourse with internal ejaculation WITHOUT  
condom or spermicide**
17. **Sharing hypodermic needles with someone**
18. **ANAL intercourse with internal ejaculation WITHOUT  
condom or spermicide**

## **HIGHEST RISK**



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## LEARNING ACTIVITY

### Condom Wise

This learning activity is designed for 14- to 18-year-olds. Youth participating in this activity should have been given basic information about condoms and other birth control methods.



#### Objectives

1. To establish a group norm that using condoms is the recommended choice for sexually active youth.
2. To encourage youth who are surrounded by negative condom use norms to stay committed to their positive attitudes about condom use.
3. To introduce the concept of committing to use condoms for at least the first six months of a sexual relationship.

#### Time

30 to 45 Minutes

#### Materials

- Three placards reading: "Yes," "No," and "Depends"
- Paper and pencil for each youth

#### Procedure

##### I. Introduce The Activity:

Tell students that now that they have learned about condoms, it is time to apply what they know to decisions about when to use condoms. Tell them that they will be asked their opinions about whether or not a "case study couple" should use condoms. Let them know that their answers will be private unless they feel comfortable sharing with the group.

**II. Present Case Study and Questions:**

- A. Pass out paper and pencils. Ask youth to make a column of numbers on the left-hand side of the page, from one to six.
- B. Read the description of the case study couple below:

Jared and Maria have been together for several months. They don't know about each other's sexual histories, but both assume the other has never had sex (or at least unprotected sex) with anyone else. Recently, their kissing sessions have gotten more "involved." They haven't talked about it yet, but they are both interested in having sex — sexual intercourse that is.

- C. Read the questions below and ask the youth to answer each question by writing either "yes," "no," or "depends" on their paper next to the number for each question. Warn them that they may not use all six numbers. Tell them that if they choose "depends," they must write a brief explanation about why they chose that response.
  1. Do you recommend Jared and Maria use condoms?
  2. Here is some new information about the couple: One of them has had unprotected sex with three other people, one of these three people is known for "getting around," or having sex with a lot of people. Do you recommend Jared and Maria use condoms?
  3. Here is some new information about the couple: Jared and Maria decide to get tested for STIs including HIV. Since the window period for knowing if you have HIV (the time it takes for HIV antibodies to develop in response to HIV in the body) is six months, the clinic counselor recommends that Jared and Maria either do not have sex OR that they use condoms every time they have sex for six months. After that time, they can be retested and will know for sure whether or not they are infected with HIV.

Do you recommend Jared and Maria use condoms?

Explain to the youth that clinic educators are recommending that any sexually active couple, teen or adult, commit to using condoms for at least the first six months of their sexual relationship. This trend of making six-month condom commitments has three real benefits:

- It reduces a couple's chances of having unprotected sex.
- It allows time for complete and accurate HIV testing.
- It relieves the couple of the task of researching other contraceptive options until their relationship is established.

4. Here is the last prepared question (a repeat of the first question):

Jared and Maria have been together for several months. They don't know about each other's sexual histories, but both assume the other has never had sex (or at least unprotected sex) with anyone else. Recently, their kissing sessions have gotten more "involved." They haven't talked about it yet, but each of them is interested in having sex (intercourse). Do you recommend Jared and Maria use condoms?

5. (Optional): Allow a youth to add or change the details of the Jared and Maria Story. Then ask the group if they recommend that Jared and Maria use condoms.
6. (Optional): Repeat Step #5 with another youth.

### III. Have Youth Choose Their Corners:

Hang the "Yes," "Depends," and "No" placards in three corners of the room. Let the youth know that you will ask the questions again, and they are invited to stand in the corner of the room that corresponds with their answer. Once in their corners, ask two to three youth from each corner to share why they are in that corner.

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**Educators' Note:** If a large portion of the group is uncomfortable doing this part of the activity, collect the answer sheets discretely. Shuffle the sheets and pass them out to youth. Instruct youth to stand in the corners that correspond to the answers on the sheets they were given. This way all answers will be shared but in an anonymous and less embarrassing way.

#### IV. **Lead Large Group Discussion:**

Have the youth return to their seats. Choosing from the following questions, lead a discussion about what they learned from the activity.

- A. What did you learn from this activity?
- B. Did seeing other teens' opinions about condom use change your opinion? Explain.
- C. What did the majority of the group think Jared and Maria should do in Question #4 (the repeat of Question #1)?
- D. How does it feel to agree with the majority of the group? How does it feel to disagree with the majority of the group?

Follow up with one of these two types of responses:

**For a condom supportive group:**

Explain that when our attitudes and opinions are consistent with those of our peers, it can be easier to do what we feel is right. Reflect back that the wisdom of this group was to recommend condom use. So remember when you hear negative things about using condoms, your peers recommend that sexually active youth should use condoms.

-- OR --

**For a condom negative group:** Explain that having a "minority opinion" about condom use can sometimes make it hard to stick to your opinion. You can gain support by hanging out with friends who share your opinion, avoid getting romantically involved with someone who does not share your opinion, and remind

yourself using self-talk why you believe what you do.

- E. If you had a friend who told you he or she was going to have sex with someone, would you feel comfortable sharing your opinion? Explain.
- F. Under what circumstances should sexually active couples use condoms?
- G. What do you think about the "committing to condoms for six months" trend?
- H. When should a couple not use condoms?

## Summary and Closure

- I. Thank the youth for participating in the activity.
- II. Summarize the condom supportive messages and other important points that arose during the activity or discussion, which may include:
  - Condoms protect against pregnancy, STIs and HIV.
  - The trend of new couples committing to condoms for six months is becoming a more common practice for youth and adults.
  - Condom use was recommended by the majority of the group.
  - When one's beliefs are consistent with the social norm, it is easier to act on them.

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# JACK'S STORY WORKSHEET

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Jack is thinking to himself “this party is dead” when his friends Ray and Steven arrive. As they talk, Jack looks up and sees three girls walk in the door. Jack recognizes one—that really cute girl he sees at the bus stop in front of his home. Someone told him her name is Diane. Jack smiles to himself, “Yes, finally a chance to meet her.” Then he freezes, thinking, “But how am I going to do it without looking stupid?”

**Think of two ways Jack might meet Diane.**

1. \_\_\_\_\_
2. \_\_\_\_\_

Jack sees Diane walk over by herself to get some soda. All of a sudden, he feels nervous and his stomach tenses up. He almost goes up to her but chickens out. Later he sees her standing by herself. This time he takes a deep breath, walks up to her, and says,

“ \_\_\_\_\_ ”

**What are two ways that Jack might know that Diane is interested in him?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**What are two ways that Jack might know that Diane is NOT interested in him?**

1. \_\_\_\_\_
2. \_\_\_\_\_

The next week, Jack stops to talk with Diane at the bus stop. Jack thinks how great it would be to ask Diane out, but he isn't sure if she likes him. He asks some friends if she is going out with anyone. They say she isn't.

Finally, Jack decides to ask Diane out. One day Jack sees Diane and tells her about a picnic his neighbors are having. He feels a knot in his stomach but asks, “Do you wanna go?” Diane says “Sure, that would be great.”

At the picnic, Jack is nervous. They have a lot to talk about, but sometimes there are long silences. Jack thinks, “I'm not sure if she's just shy or bored or doesn't like me.” But she seems to be having a good time. As they walk home, Jack thinks how much he likes Diane and how great it would be to kiss her. But he isn't sure how she would react.

**What are two signs that might show Jack that Diane was ready to kiss him?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**What are two signs that might show Jack that Diane was not ready to kiss him?**

1. \_\_\_\_\_
2. \_\_\_\_\_

Jack and Diane start spending a lot more time together. He likes it that he can just be himself with her. She is the first girl he can talk to about real stuff—like his problems with his Dad and how he feels about his brother's death last year.

One night Jack and Diane go to a movie and he remembers how great it is to kiss Diane. After the movie, Jack and Diane are kissing on the couch at Diane's home. Jack feels himself get aroused. He tries to go further, but Diane tells him no.

**What are two things Jack can do in this situation?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**What are two signs that might show that Diane wants Jack to go further?**

1. \_\_\_\_\_
2. \_\_\_\_\_

One time after work, Jack has a huge fight with his Mom. He is really upset and decides to go over to Diane's home. As he tells her about the fight, she starts touching him and kissing him. Jack isn't in the mood to be sexual but doesn't know what to do. He doesn't want Diane to think he doesn't like her, and he worries, "Boys are supposed to always want it."

**What are two things Jack can do in this situation?**

1. \_\_\_\_\_
2. \_\_\_\_\_

Jack's friend, Keith, is always talking about how many girls he's had. Jack wonders what Keith would say if he knew he and Diane have not had intercourse. He thinks a lot about intercourse with Diane, but doesn't want to pressure her. Maybe she isn't ready. Or maybe she is and he isn't. He wonders if he can talk to her about it.

**What can Jack do in this situation?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**How can Jack start a conversation with Diane about having intercourse?** \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

When Jack brings it up, Diane seems surprised, but she says she is glad he said something because she had been thinking about it too. She says that she doesn't want to rush into it because they haven't known each other very long. Jack is disappointed but starts thinking of other ways they can be close sexually.

**What are two ways Jack and Diane can be sexual without having intercourse?**

1. \_\_\_\_\_
2. \_\_\_\_\_

One afternoon, Jack and Diane are at his home, kissing in his room. Jack is very turned on and moves his hand to unbutton and remove Diane's blouse like he has done before. Diane mumbles "no" and pushes his hand away. Jack feels confused and angry. He wonders, "What's the problem. We've done this before. Why is she saying 'no' now?"

**What are two things Jack can do in this situation?**

1. \_\_\_\_\_
2. \_\_\_\_\_

When Jack makes a move, and Diane tells him to stop, he feels rejected. He is tired of always being the one that makes the move and wishes Diane would sometimes take the lead.

**How can Jack let Diane know his feelings?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A few weeks later, Jack's parents are away. Jack says, "I'm so turned on. Let's do it." Diane says she thinks she wants to, but isn't sure.

**What are two things Jack and Diane need to talk about before deciding to have intercourse?**

1. \_\_\_\_\_
2. \_\_\_\_\_

# DIANE'S STORY WORKSHEET

As Diane walks to the party with Karen and Lisa, she wonders who is going to be there. They walk in and Diane looks around. She sees her cousin and his girlfriend and then she sees that guy, Jack, who lives near the bus stop. She notices him there and thinks he is cute but figures he is older so he probably won't be interested in her. She really wants to meet him but doesn't know how.

**What are two ways Diane might meet Jack?**

1. \_\_\_\_\_
2. \_\_\_\_\_

Diane leaves her friends and walks by Jack hoping to meet him, but gets real nervous and doesn't say anything. Later that night she decides that she will go up to him and say something. **She plans to say—**

“ \_\_\_\_\_ ”

**What are two ways Diane might know that Jack is interested in her?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**What are two ways Diane might know that Jack is not interested in her?**

1. \_\_\_\_\_
2. \_\_\_\_\_

A few times the next week, Jack and Diane talk at the bus stop. Diane hopes that Jack will ask her out. But, when he doesn't, she wonders if she should ask him out. She knows that some guys don't like it when a girl is "forward." **What can she do?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How could she ask Jack out?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The first time Diane and Jack go on a date, she is nervous. She wonders if Jack thinks she is boring or immature. After all, she is younger. But it seems like he is having a good time. On the way home, Diane thinks she really likes Jack and hopes he'll kiss her. She wonders what he would think if she leaned over and kissed him.

**What are two ways Diane can deal with this situation?**

1. \_\_\_\_\_
2. \_\_\_\_\_

Diane and Jack start spending a lot of time together. She likes to be with him. He doesn't act like some of the other guys she has dated. He talks about real things like his relationships with his family. He listens when she speaks—like she has something important to say.

One night on the way home from a movie, Diane is thinking how nice it is to kiss Jack. When they get back to her home, they kiss on the couch. Diane is really enjoying kissing and feels tingling all over her body. Jack tries to go further, but Diane isn't sure she wants to move beyond kissing.

**What are two things Diane can do in this situation?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**What are two ways that Diane might show Jack that it would be Okay for them to go further?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**What are two ways that Diane might show Jack that it would not be Okay for them to go further?**

1. \_\_\_\_\_
2. \_\_\_\_\_

Afterward, Diane thinks that she needs to decide ahead of time just how far she and Jack should go. She thinks, "Girls are supposed to set limits because boys always want sex."

**How do you feel about this attitude?** \_\_\_\_\_

One day, Jack comes over to Diane's home and seems a little down. Diane has been thinking about Jack all day and can't wait to be close to him. When Jack starts to talk about an argument he just had with his Mom, she doesn't feel like listening. She says, "Shhh," and starts to kiss him on the neck, lips, and face. Jack lets her for a few minutes then says, "Diane, I'm just not in the mood!" She feels hurt and embarrassed.

**What are two things Diane could do in this situation?**

1. \_\_\_\_\_
2. \_\_\_\_\_

Diane is thinking a lot about intercourse. She has daydreamed about what it would be like. Diane feels torn. She really wants to, but she's also scared. Suppose it hurts. Suppose Jack breaks up with her. Suppose she gets pregnant.

**What can Diane do in this situation?** \_\_\_\_\_

Diane decides that she will talk to Jack about intercourse. She is nervous because she doesn't know how he will react.

**How can Diane start a conversation with Jack about having intercourse?** \_\_\_\_\_

When Diane brings it up, Jack seems surprised, but says, "I've wanted to talk with you about this, too." He says it seems like she is not sure she is ready, and he doesn't want to push her. They both agree that they will wait until they know each other better. Diane thinks about how much she likes being with Jack and wonders about other ways they can be close sexually.

**What are two ways Diane could be sexual with Jack without having intercourse?**

1. \_\_\_\_\_

2. \_\_\_\_\_

One afternoon, Diane and Jack are back at his home. They are kissing in his room. Jack seems to be very turned on. Jack moves his hand to unbutton and remove Diane's blouse like he has done before. Diane doesn't feel like taking her shirt off with Jack right now, so she whispers "no" and pushes his hand away. Jack looks confused and angry. Diane feels guilty because they have done this before, but she doesn't feel like it right now.

**What are two things Diane can do in this situation?**

1. \_\_\_\_\_

2. \_\_\_\_\_

One summer evening, Jack's parents are away. Jack says, "We're both so turned on. Let's do it." Diane says, "I want to, but let's make sure we're careful."

**What are two things Diane and Jack might want to talk about before having intercourse?**

1. \_\_\_\_\_

2. \_\_\_\_\_

## **PERFORMANCE TASK**

### **STD Brochure**

Your task is to create an informational brochure for young people on the symptoms, prevention, and treatment of THREE of the following sexually transmitted diseases: HIV/AIDS, genital herpes, gonorrhea, human papilloma virus, or chlamydia.

### **Research**

Look in the library or on the Internet for information about the THREE diseases you choose.

Also, talk to health-care professionals (physicians, nurses, a local medical clinic). Keep careful notes about where you get your information (book titles, Web addresses, names and office addresses, etc.). For each disease, find out the following:

- How the disease is contracted
- Common misconceptions about how the disease is contracted
- The signs and symptoms of the disease
- How the disease is treated
- The possible consequences of leaving the disease untreated
- Ways to avoid contracting the disease
- Where to get help if one suspects he/she or someone he/she knows has the disease
- An explanation of the type of help each resource you identify provides

### **Brochure**

Create a brochure that describes the information you collected about the THREE diseases you chose.

The brochure is going to be used by people your age, so make it clear and understandable. Your brochure will be mostly written, but you may use pictures and/or diagrams. If you do, please be respectful of the fact that some images may be disturbing or offensive to some people.

At the end of the brochure, provide an annotated bibliography of the information sources you used in doing your research. This means citing each source, whether it was a book, Web site, person or organization, and describing the kind of information each source provided.

### **Answers will be scored on the following:**

1. How completely and correctly you demonstrate an understanding of health concepts.
2. How well you identify appropriate health resources, products, or services and provide reasons for using the source.

**HIV & AIDS**  
**Pre – Post Quiz**

# HIV & AIDS

## Pre – Post Quiz

**1. Does HIV only affect gay people?**

- a. Yes
- b. No
- c. Only gay men
- d. Only gay women

**2. How can you tell if somebody has HIV or AIDS?**

- a. Because of the way they act
- b. They look tired and ill
- c. There is no easy way to tell

**3. Can you get AIDS from sharing the cup of an infected person?**

- a. Yes
- b. No
- c. Only if you don't wash the cup

**4. What are the specific symptoms of AIDS?**

- a. There are no specific symptoms
- b. A rash from head to toe
- c. You start to look very tired

**5. What is HIV?**

- a. A virus
- b. A bacterium
- c. A fungus

**6. Can insects transmit HIV?**

- a. Only mosquitoes
- b. Yes
- c. No

**7. What does STD stand for?**

- a. Sexually Transmitted Disease
- b. Special Treatment Doctor
- c. Standard Transmission Deficiency

**08. Is there a cure for AIDS?**

- a. Yes
- b. No
- c. Only available on prescription

**09. When is World AIDS Day held?**

- a. 1st January
- b. 1st December
- c. 1st June

**10. Is there a difference between HIV and AIDS?**

- a. Yes, HIV is the virus that causes AIDS
- b. No, HIV and AIDS are the same thing
- c. Yes, AIDS is the virus that causes HIV

**11. Is it possible to lower the risk of an HIV positive woman infecting her baby?**

- a. Yes, the risk can be made much lower
- b. No, not at all
- c. Only very slightly

**12. What type of virus is HIV?**

- a. An Indovirus
- b. A Retrovirus
- c. An Apexvirus
- d. An Embo-protein Virus

**13. Which normally rare cancer is often associated with AIDS?**

- a. Squamous Cell Carcinoma
- b. Mesothelioma
- c. Kaposi's Sarcoma
- d. Canada

**14. What does the standard HIV test identify?**

- a. RNA Strands
- b. T-Cell Count
- c. Antibodies

**15. If an HIV+ person has a CD4 cell count of 200 or less, what does this mean?**

- a. Their immune system is very healthy
- b. They no longer have HIV
- c. They should probably stop antiretroviral treatment
- d. They will die within a week

**16. How do most people become infected with HIV?**

- a. Unsafe sex
- b. Injecting drugs
- c. Blood transfusions

**17. What is the World AIDS Day international symbol of AIDS awareness?**

- a. A red ribbon
- b. A white ribbon
- c. A pink ribbon
- d. A black ribbon
- e. A white swan

**18. How can a person become infected with HIV?**

- a. Being sneezed on by an infected person
- b. Holding hands with an infected person
- c. Both of these
- d. Neither of these

**19. Which gives best protection against HIV?**

- a. Spermicidal Jelly
- b. Condoms
- c. The contraceptive pill
- d. Abstinence

**20. What is AIDS caused by?**

- a. Pollution
- b. Homosexuality
- c. A virus
- d. Dirty water

**21. Which people can't be infected with HIV?**

- a. Gay men
- b. Heterosexuals
- c. Lesbians
- d. Children
- e. Married people
- f. No-one

**22. What is the only female-controlled method of HIV prevention currently available?**

- a. Microbicides
- b. Condoms
- c. The pill

**23. Can someone who abstains from sex until marriage get HIV?**

- a. No
- b. Yes
- c. Not if they stay faithful

**24. Contraceptive pills are widely available for which people?**

- a. Women
- b. Men
- c. Both men and women

**25. What can the contraceptive pill protect a woman from?**

- a. Pregnancy
- b. HIV
- c. Herpes

**26. A woman who is breastfeeding can pass on HIV to her baby through breast milk.**

- a. True
- b. False
- c. Only true if she has AIDS

**27. How can you see easily that a man has AIDS?**

- a. He carries a card
- b. He can't have children
- c. There is no easy way to see

**28. The best way to protect against HIV transmission during sex is to use...**

- a. a condom
- b. the contraceptive pill
- c. the coil (IUD)
- d. the rhythm method

**29. Globally, most women become infected with HIV through...**

- a. Childbirth
- b. Blood transfusions
- c. Unprotected heterosexual sex
- d. Sex with other women
- e. Injecting drugs with dirty needles

**30. On average how long do you wait to know if you have HIV?**

- a. Take your body up to 3 months to develop detectable signs of HIV
- b. It takes 1 week after infection
- c. It takes 9 months

**31. If you have another STI your chances of getting HIV through sex**

- a. Stays the same
- b. Is higher
- c. Is lower

**32. Sharing needles to inject drugs is safe when**

- a. Only share with girlfriend or boyfriend
- b. Only inject steroids
- c. It is never safe

**33. Universal precautions do not include**

- a. Wearing gloves
- b. Treating all bodily fluids as if it contains HIV
- c. Putting in ear plugs
- d. Wearing face masks or shield

**34. Things a newly diagnosed person should do**

- a. Seek medical attention
- b. Disclose to sex or needle sharing partners
- c. Tell your employer or teacher
- d. All the above
- e. A and B
- f. A and C
- f. None of the above

**35. Ways not to assist a person with HIV / AIDS include**

- a. Participating in AIDS Awareness programs
- b. Learn the facts about HIV / AIDS
- c. Tell your classmates and teachers
- d. All of the above
- e. None of the above
- f. A and B
- g. A. and C

**36. Risky behaviors include**

- a. Driving without a seat belt
- b. Unprotected sexual intercourse
- c. Sharing needles to inject steroids
- d. Sniffing glue
- e. All of the above
- f. None of the above

**37. If the father is HIV positive, but the mother is not – then the unborn child will be HIV positive, too.**

- a. Yes
- b. No
- c. Sometimes

07-08 HSPESA

jrp

**HIV & AIDS**  
**Pre – Post Quiz**  
**Answer key**

# HIV & AIDS

## Pre – Post Quiz Answers

1. Does HIV only affect gay people?
  - a. Yes
  - b. No**
  - c. Only gay men
  - d. Only gay women
  
2. How can you tell if somebody has HIV or AIDS?
  - a. Because of the way they act
  - b. They look tired and ill
  - c. There is no easy way to tell**
  
3. Can you get AIDS from sharing the cup of an infected person?
  - a. Yes
  - b. No**
  - c. Only if you don't wash the cup
  
4. What are the specific symptoms of AIDS?
  - a. There are no specific symptoms**
  - b. A rash from head to toe
  - c. You start to look very tired
  
5. What is HIV?
  - a. A virus**
  - b. A bacterium
  - c. A fungus
  
6. Can insects transmit HIV?
  - a. Only mosquitoes
  - b. Yes
  - c. No**
  
7. What does STD stand for?
  - a. Sexually Transmitted Disease**
  - b. Special Treatment Doctor
  - c. Standard Transmission Deficiency

**08. Is there a cure for AIDS?**

- a. Yes
- b. No**
- c. Only available on prescription

**09. When is World AIDS Day held?**

- a. 1st January
- b. 1st December**
- c. 1st June

**10. Is there a difference between HIV and AIDS?**

- a. Yes, HIV is the virus that causes AIDS**
- b. No, HIV and AIDS are the same thing
- c. Yes, AIDS is the virus that causes HIV

**11. Is it possible to lower the risk of an HIV positive woman infecting her baby?**

- a. Yes, the risk can be made much lower**
- b. No, not at all
- c. Only very slightly

**12. What type of virus is HIV?**

- a. An Indovirus
- b. A Retrovirus**
- c. An Apexvirus
- d. An Embo-protein Virus

**13. Which normally rare cancer is often associated with AIDS?**

- a. Squamous Cell Carcinoma
- b. Mesothelioma
- c. Kaposi's Sarcoma**
- d. Canada

**14. What does the standard HIV test identify?**

- a. RNA Strands
- b. T-Cell Count
- c. Antibodies**

**15. If an HIV+ person has a CD4 cell count of 200 or less, what does this mean?**

- a. Their immune system is very healthy
- b. They no longer have HIV**
- c. They should probably stop antiretroviral treatment
- d. They will die within a week

**16. How do most people become infected with HIV?**

- a. Unsafe sex**
- b. Injecting drugs
- c. Blood transfusions

**17. What is the World AIDS Day international symbol of AIDS awareness?**

- a. A red ribbon**
- b. A white ribbon
- c. A pink ribbon
- d. A black ribbon
- e. A white swan

**18. How can a person become infected with HIV?**

- a. Being sneezed on by an infected person
- b. Holding hands with an infected person
- c. Both of these
- d. Neither of these**

**19. Which gives best protection against HIV?**

- a. Spermicidal Jelly
- b. Condoms
- c. The contraceptive pill
- d. Abstinence**

**20. What is AIDS caused by?**

- a. Pollution
- b. Homosexuality
- c. A virus**
- d. Dirty water

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