



Talking with Kids about AIDS

A Program for Parents and Other Adults Who Care

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The companion volume to this teaching guide is *Talking with Kids about AIDS, Resource Manual*.

* * * *

This book is dedicated to Kathy Keris and Chris Gaillardet.

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Why has Cornell Cooperative Extension developed an AIDS education project?

AIDS (Acquired Immune Deficiency Syndrome) will present a wide range of challenges to people during the 1990s. AIDS is caused by infection with HIV (Human Immunodeficiency Virus). People can learn to protect themselves from becoming infected with HIV, and because prevention of HIV infection is the only reliable way to stop the AIDS epidemic, prevention education will play a vital role in our response to AIDS.

The Talking with Kids about AIDS program was developed by Cornell Cooperative Extension and was first piloted in New York State. Prevention education programs are especially important in New York State because New York has more residents who have been diagnosed with AIDS than any other state in the United States. In fact, New York has more residents who have been diagnosed with AIDS than any country in the world other than the United States, although at least 159 countries already report citizens suffering from AIDS. According to state health department estimates, as many as 500,000 New Yorkers may already be infected with Human Immunodeficiency Virus. That is approximately one person out of every thirty-five residents of New York!

What do these numbers mean in human terms? They mean that in the coming years most of us will in some way be personally affected by the HIV epidemic. Most of us will know someone, work with someone, love someone, be related to someone, or *be* someone who has AIDS or HIV infection.

The AIDS crisis has generated many new services that provide prevention education. Existing service and information providers have mobilized to furnish AIDS awareness and prevention information to their constituencies. Cornell Cooperative Extension has a long history of helping individuals and communities to put research-based knowledge to work and a strong track record in working with young people, parents, and others who care about young persons. The Parent AIDS Education Project was developed as one way the Cooperative Extension network could mobilize its abilities to help cope with the AIDS crisis.

Contents of the Teaching Guide and the Resource Manual

The *Talking with Kids about AIDS Teaching Guide* is a resource for conducting programs for the Parent AIDS Education Project. The Introduction places the project in context and describes its goals, rationales, and philosophy.

Each of the following three chapters is a step-by-step teaching guide for the facilitator. They explain the activities and objectives and the teaching techniques used to conduct small groups who are learning about AIDS, communication techniques, risk assessment, and risk-reduction skills.

The *Resource Manual*, a companion volume to the *Teaching Guide*, provides the background information you need for conducting the Talking with Kids about AIDS program. Chapter 1, "What is AIDS?" provides specific facts about AIDS and HIV transmission and describes risk-reduction methods. Chapter 2, "How to Talk to Kids about AIDS," presents ideas on communicating about AIDS and risk reduction with young people of various ages. Chapter 3, "Risk and Change," introduces ways of talking about and practicing risk reduction. The last section lists resources for more

information on AIDS and AIDS services. At the end of the manual, you will find a glossary of important terms.

How to use the Resource Kit

Read through this introduction. Then *carefully* read the chapters, "What is AIDS?" "How to Talk to Kids about AIDS," and "Risk and Change." Jot down any questions or comments you may have about this information. Then review the chapters outlining group sessions and teaching plans. You will practice these skills during your training as a volunteer.

Does AIDS Hurt? provides specific information on talking with young children about AIDS and HIV. Please read chapters 1 through 6 and chapters 12 and 13 carefully. They provide key information you will need for this program. The Cornell Cooperative Extension fact sheet series, "Resources for Parents and Others Who Care about Children," provides additional information on the growth and development of young people. The Center for Population Options fact sheet, "Adolescents, AIDS, and the Human Immunodeficiency Virus," provides specific information on risks young people may face for HIV infection.

Communication for Empowerment provides important information on group facilitation, logistics, and activities. Review this book carefully. You will have opportunities to discuss these materials and skills during your volunteer training.

Goals and objectives

The **goal** of the Parent AIDS Education Project is to save lives by reducing the spread of Human Immunodeficiency Virus (HIV), the virus associated with AIDS.

In the absence of a cure for AIDS or any technique for removing HIV from a person's system once infection has occurred, education promoting AIDS awareness and prevention is the most effective means of stopping the epidemic. The Parent AIDS Education Project has developed an educational program addressed to parents and other adults who care about and work closely with young people. As these adults understand key facts about AIDS and HIV and develop their own

skills as AIDS awareness educators, they will become increasingly effective in communicating information about AIDS and HIV prevention to young people. They will also become able to assess and reduce their own risks of sexual, drug-related, and work-related exposure to HIV.

Objectives of the Parent AIDS Education Project are closely related to its goal of using adult education to reduce the spread of HIV in our communities. Principal objectives of the project are

- *to increase participants' knowledge about AIDS and HIV transmission;*
- *to increase participants' coping skills in relation to how AIDS is affecting their lives, their children's lives, and the life of their communities;*
- *to motivate participants to reduce their own risk of HIV infection;*
- *to encourage participants to communicate with young people about HIV/AIDS;*
- *to support participants' ability to respond compassionately to persons living with HIV or AIDS;*
- *to increase participants' ability to complement school-based AIDS programs by providing opportunities for discussion and additional learning about AIDS at home and in the community;*
- *to enhance participants' skills as teachers and role models for young people in relation to AIDS awareness, HIV-prevention skills, and responding compassionately to people living with HIV or AIDS;*
- *to increase participants' skills as advocates for development of accurate AIDS education programs and services in their communities; and*
- *to maintain participants' membership in the Parent AIDS Education Program network through ongoing community activities and volunteer educational opportunities.*

Limitations of the program

While we're talking about the program's goals and objectives, it also seems important to state what the Parent AIDS Education Project does not seek to accomplish. While more intensive than many education programs, our curriculum cannot possibly teach everything there is to know about AIDS. It *will* help people to grasp key facts about AIDS and will present resources for further learning. Similarly, the program will present key skills in adult-child communication and will provide practice in communicating with young people about AIDS and HIV, with a focus on risk reduction.

This short program will address some, but not all, of the issues and concerns adults and young people face in relation to drug use, sexuality, and talking with one another. The program will address values and how parents may choose to talk with young people about values; it will not promote or impose a set of values. The role of the program is to provide resources in all of these sensitive areas. It is our hope that adult participants will leave the program better able to work at developing responses to these issues with and for the young people in their lives.

Why parents?

Parents, and other adults who care about young people, are in a unique position regarding AIDS education. In New York State and many other areas, the vast majority of persons diagnosed with AIDS are age 20 through 40. Many of the people who have been directly hurt by the first wave of the HIV epidemic are mothers, fathers, godparents, and other important people in children's lives. Even more people from this generation have known someone or had a loved one who became infected with HIV. These demographic facts alone make it vital that educational programs address the special needs of adults in their 20s, 30s, and 40s. Further, people in this age group make up the majority of parents and caregivers of school age and teenage children. Their care and day-to-day contact

with young persons make these people especially powerful role models and teachers.

AIDS and HIV infection are topics that many parents and youth workers find difficult to discuss. AIDS education involves talking about sexuality, drug use, and infectious illnesses. Discussions may include frank talk about topics that are considered taboo or very personal, such as condoms, homosexuality, the specifics of anal, vaginal, or oral intercourse, one's own sexual history, death and dying. Conversations between adults and young persons on such sensitive topics are always challenging. They may be even harder when parents feel they could have been at risk for HIV infection at some point in their lives or when someone they know has AIDS or HIV.

Talking about HIV risk reduction may also present difficult ethical issues: How do I tell my child how to keep safe from HIV infection while doing something I hope that he or she will not do? How do I state my own values? How do I make sure that I communicate *enough* accurate information so that my child is not at risk, in a way that my child will take seriously?

AIDS awareness and HIV prevention education cannot take place in a vacuum. The Parent AIDS Education Project was developed in New York State during the late 1980s, when as many as 500,000 New Yorkers (more than 2 percent of the state's total population) were already infected with HIV. Approximately 20 New York residents were being diagnosed with AIDS each day! AIDS education was critical if we were to cope with this situation and reduce the spread of HIV in years to come. In this context the project began working to develop a powerful adult education program. The program

- takes into account the real impact of AIDS and HIV on adult participants' lives;
- works with participants to transform this personal AIDS awareness into increasingly effective youth education skills;
- helps participants to articulate their own values regarding AIDS risk reduction so that these values inform and add power to their conversations with young people about AIDS and HIV prevention;

- encourages participants to practice telling young people about AIDS and HIV prevention, so that these difficult but important conversations happen more and more readily.

During the 1980s, New York State mandated school-based AIDS education. Many workplaces and community organizations also provide educational programs on AIDS. Relatively few programs directly address AIDS information to adults in terms of their important roles as caregivers and teachers of children and young people. Also, programs addressed to parents have tended to impart information about reducing their children's future risk for HIV infection without allowing time for participants to explore the current impact of AIDS on their own, their children's, and their communities' lives. Effective AIDS education must go deeper. The Parent AIDS Education Project seeks to involve participants more deeply in the AIDS education process by

- *offering a multisession, discussion-based curriculum* in which emphasis is on increasing, clarifying, and applying participants' knowledge about AIDS prevention;
- *encouraging small groups* and meetings located in homes and community centers;
- *encouraging access to groups* by provision of child care, transportation assistance, and group leaders who are peers of group participants;
- *emphasizing adult learning principles* such as challenging participants to take responsibility for their own learning, affirming the competence of participants, and focusing the information presented so that it is relevant to day-to-day needs and concerns of participants; and
- *tailoring sessions to specific group circumstances*, such as including specific information on the local impact of AIDS and focusing parent-child communication exercises on the age group of the young people group members work with most frequently.

Why kids?

Children and young persons are concerned about AIDS. It is a major element of the world that they are inheriting. It will potentially transform their views on sexuality, health, life, and death. It may transform their communities. It may have a direct impact on their families and loved ones. Young people are hungry to understand more about this disease and to learn ways they can live well and fully in a world where AIDS is a possibility.

Further, kids are at risk for HIV transmission. Repeated surveys demonstrate that a large majority of Americans engage in sexual intercourse while in their teens. This is true of all kinds of teenagers—inner city, rural, suburban, all from a wide variety of cultures and religions.

The majority of these teenagers do not use condoms consistently when they have intercourse. Rising rates of unplanned pregnancy and of sexually transmitted diseases such as syphilis and gonorrhea among teens document the real and potential risk of HIV infection to sexually active youth. If HIV is present in a sexually active teen population today, it is spreading. To make this risk very graphic: Any young woman who becomes pregnant also potentially is at risk of HIV infection.

A significant number of young persons use injectable drugs and may share needles. Needle-sharing during the injection of psychoactive drugs, steroids, or insulin can transmit HIV. Tattooing and ear-piercing may also involve shared needles.

Misinformation or confusing information presents an additional dimension of risk for HIV infection. Confusion arises when discussions focus on risk groups rather than on risk activities. The practice of labeling some persons (gay men/"faggots," IV drug users/"junkies," people who "sleep around") as especially at risk for AIDS may put teens at risk, for they usually view persons with such labels as "somebody else."

Teens are in the process of developing their own unique sense of self. Labels themselves may be threatening to young people's developing sense of identity. For example, a young man who has male lovers may not view himself as "gay." A young woman in her third

long-term (six-month) steady relationship may view herself and her partner as "monogamous." An eighth grader who "skin pops" drugs knows that "IV drug user" means someone else. Young people must be told directly and concretely that they are at risk. Hearing that AIDS mostly affects members of high-risk groups may offer teens an easy out when it comes to personal risk assessment. It may make AIDS into "someone else's disease," and leave the young person still willing to act in ways that might transmit HIV.

While educational campaigns among gay and bisexual men have resulted in reduced sexual transmission of HIV and decreasing rates of other sexually transmitted diseases, campaigns addressed to young persons have not yet succeeded. Parents and other adults in close day-to-day contact with young people may be in the best position to understand young people's concerns and their risks for HIV infection, and they may be the most effective teachers of personal risk assessment and HIV prevention skills.

The final reason for a program encouraging adults to teach young people about AIDS is a positive one. When information is presented in the right manner at the right time, young people are often enthusiastic learners. They can adapt to new information and they can change their activities.

It is vital that young people get direct, specific information about activities that could put them at risk for HIV infection. We hope this book will help adults to learn to understand the age-specific learning abilities of children, the risk-reduction skills children may need, and the techniques for helping children to learn these skills.

Teaching philosophy

The Parent AIDS Education Project's approach assumes that AIDS has already had some impact on the lives of many people participating in this program. The program assumes that participants have special skills and insights regarding their children and that participants can develop creative ways of presenting appropriate AIDS education to their children. Also, although there are sources of misinformation, participants probably

already know a great deal about AIDS and HIV transmission. Through their caring and contact with young people, each participant is potentially a very influential AIDS educator. The program was developed to build on these strengths.

People need more than just facts, however, to carry out HIV prevention and AIDS information sharing in their lives. The program will help participants to work as a group to clarify any confusion they have felt about AIDS and to learn to offer AIDS information to young persons in increasingly effective ways. The group will act as a small “society” in which members will be encouraged to develop their skills in HIV prevention. This approach will assist participants to carry their new skills into day-to-day conversations and activities.

Program leaders act as facilitators and resource persons, helping participants to build their skills, confidence, and competence in relation to teaching children key facts about AIDS and HIV. Neither program leaders nor program participants need to become AIDS experts to be effective AIDS educators. It is important, though, that leaders and participants learn key facts about AIDS and be aware of sources of more information and services.

The Parent AIDS Education Project has been developed in the context of a number of Cornell Cooperative Extension programs that address and build upon participants’ strengths to act effectively for change within their households, communities, and world. Participants in this program can make a difference. They can cope more effectively with the impact of AIDS on their communities. They can learn HIV prevention skills, and they can teach these skills to young people. They can have an impact upon the depth of AIDS information and HIV prevention education their children receive in schools. Their work will help to reduce the spread of HIV and possibly save the lives of people they love.

Content and format of the sessions

The “Talking with Kids about AIDS” program, as presented to parent groups, is divided into three sessions, two to three hours in duration. With some

adjustment of activities, it can also be presented as one day-long workshop. Each session begins with a warm welcome and a review of the logistical arrangements, general agenda, and objectives for the meeting. In the second and third sessions, the first learning activity is a review of the “Challenge” or homework from the previous session. Each session presents a planned sequence of exercises and activities designed to accomplish the session’s learning objectives. The first two sessions end with the Challenge activity to be done outside the workshop. Each session closes with an evaluation of the day’s activities.

Each of the three sessions has a specific set of learning objectives. Objectives are spelled out in the teaching plan and shared with participants. Activities designed to help participants accomplish these objectives include brainstorming, round-robins, card-sorting and problem-solving exercises, breakout groups, general discussions, and other exercises. A good resource for the facilitator on the logistics and rules for various types of exercises can be found in the booklet, *Communication for Empowerment*.

A step-by-step guide for each group meeting is included in the chapter describing the session. This guide suggests what the facilitator should say to introduce each session and each activity, gives very specific directions for the exercises, and gives suggestions on timing the various parts of the activities. The guide is directed toward the newest facilitators and is a reliable tool for carrying out a successful session. As the facilitator becomes more experienced, the guide will serve as an outline to refer back to rather than strict instructions for what to say or do. In any case, the sequence of activities should be followed because each exercise builds on the material previously learned by the participants.

Information about the assumptions, resources, objectives, and preparation for each session is included in the teaching guide. These will help the facilitator understand exactly what learning is to take place during the session. For example, “Assumptions of the Session” states the teaching and learning philosophy upon which that particular session is based. The “Session Objectives” give the overall learning objec-

tives of the session. The “Exercise Objectives” tell what each activity or exercise is designed to achieve.

Finally, the “Preparation for the Session” and the “Resources for Session” help the facilitator to be thoroughly prepared to present the material. The guide gives a list of materials and a suggested room set-up. Reading material included in the resource kit will also be indicated.

Following the curriculum

Two vital elements of the Parent AIDS Education Program are 1) its respect for the strengths and competence of program participants, and 2) its clear focus on AIDS awareness and HIV prevention skills. For the program to keep its clear emphasis on AIDS and HIV information, it is important that facilitators follow the curriculum closely, without adding other teaching agendas. This approach will also help to demonstrate respect for the values of group participants, rather than assuming that participants share the facilitator’s values and views on life.

It is sometimes tempting to try to cover a wide range of health-related topics in the context of HIV education, and there are many important topics related to sexual health and drug use. This program, however, requires that educators concentrate on HIV prevention information. One reason for this is the confusion people already may experience when they think about how HIV is and isn’t transmitted. This curriculum has included specific information on HIV transmission and much opportunity for discussion. It is important that you, as a facilitator, be able to follow the curriculum and explain clearly and objectively which behaviors put participants at risk for HIV infection and which do not.

This program tries to use explicit language when describing risk for HIV transmission and specific prevention techniques. Vague phrases such as “sharing of bodily fluids” and “sexual contact” often leave people confused. Saying “IV drug abuse” when what puts people at risk for HIV infection is sharing needles and syringes is also confusing. “Unprotected intercourse” may be a meaningless phrase when condom

use has not been explained. It is important that you be clear and specific in explaining what the risks are. The guide provides model phrases for you, and your volunteer training sessions will help you become increasingly comfortable with using frank and explicit language. You may want to practice using frank language by brainstorming a list of euphemisms or vague words about sex and drug use, then translating them into concrete language.

Who will come to the group sessions?

This program is for adults who care about, teach, work with, and are role models to children and teens. These adults may include parents, youth workers, guardians, aunts and uncles, big brothers and sisters, grandparents, and teachers. Possible organizations that could generate group members include workplaces, classes in schools or day care centers, clinics, churches and temples, community centers, unions, youth bureaus, local AIDS organizations, home and school associations, neighborhood associations, family planning associations, AA/NA/Alanon/recovery groups, tenants groups or housing associations. Think of a list for your own community. Brainstorm with other members of your team.

It may be especially effective to set up groups for people who already have some areas of affinity: teen-aged mothers, parents of fourth-graders at Central Elementary, single mothers, divorced dads, parents of teens living on the 500 block of Cleveland Street, your friends, youth workers. As a facilitator, you may choose to tailor the curriculum to focus on special needs of people in these groups.

Part of your role as a member of the Parent AIDS Education project will be to organize and facilitate these small group sessions. Your willingness to organize groups among people you know, work with, or live near is important if the project is to reach the most people in the most effective way. Each of us has our own circle of affiliation—the people we know, talk to, work beside, and care about. It may feel risky to talk about AIDS to friends and coworkers, yet it may be an opportunity for you to offer them information that

literally may be lifesaving! Through your willingness to organize group discussions among people you know, you may also act as a role model and help them to take the risk of sharing AIDS awareness information with their children and other young people in your community. Be creative: Think of your many connections and of the many people you might help to understand AIDS prevention better!

How to plan and organize the sessions

Before you are ready to conduct the sessions, you will need to

- read this teaching guide and the resource manual thoroughly.
- attend a training program designed for volunteer educators.
- read supplemental materials in the program kit thoroughly. These materials include a book on talking with young children about AIDS/HIV called *Does AIDS Hurt?* and a book on organizing and facilitating groups called *Communication for Empowerment*.

After doing the background reading, attending the training sessions, and meeting with your team, you are ready to start planning to conduct a workshop series. You will need to

- pair up with another volunteer to plan and teach the series.
- decide on an audience for the current series.
- schedule three two- to three-hour meetings or one day-long meeting at a time and location that will be accessible to people in your audience (see *Communication for Empowerment*).
- get a commitment from seven to twelve people to attend the scheduled series.
- ask each of these people to try to bring a friend along to the series.
- arrange for child care and transportation if needed (see "Not another meeting!" and other

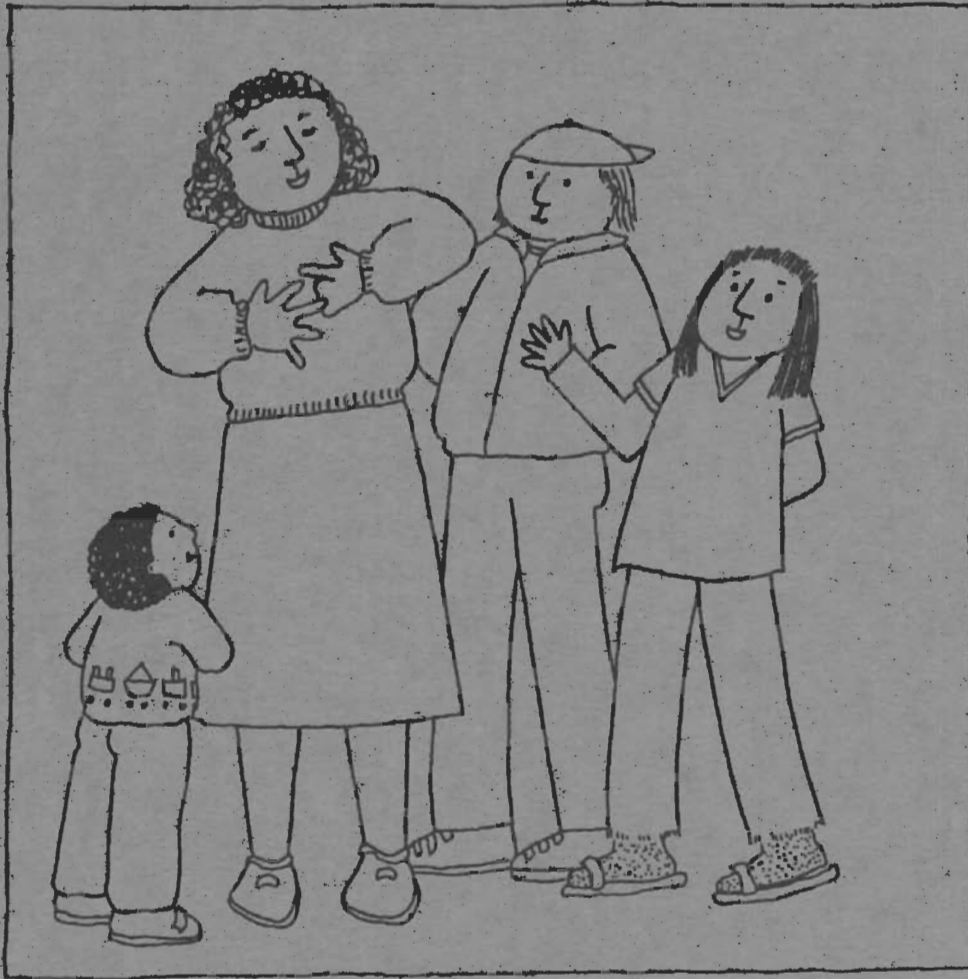
sections of *Communication for Empowerment*). Schedule on-site child care to continue for 30–45 minutes after the meeting ends to allow parents of small children time for conversation after the meeting if they wish.

- arrange for refreshments (nice for 2-hour meetings; necessary for day-long meetings).
- duplicate the handouts you need.
- prepare other resource materials.
- ask for help from your teaching partner, your volunteer group, or Cooperative Extension staff in any areas where you need it.

Thank you for your participation in this project! If you have comments or questions regarding any part of this manual, please send them to:

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GROUP SESSION ONE



Explaining AIDS and HIV

Introduction to Session One

The first session of this workshop concentrates on basic facts about AIDS and HIV infection. It contains activities that clarify how HIV is and is not transmitted.

Because people learn most effectively when the information presented is directly related to their day-to-day lives, the first objective of the session is to challenge participants to see how AIDS is of concern to them. The session begins with an "AIDS Lifeline" exercise, which encourages participants to become aware of the past, current, and future impact of AIDS on their lives and on their communities.

In addition to increasing participants' knowledge about AIDS, Session One provides activities that support and develop their roles as teachers of prevention skills to young people. Participants develop a list of the facts they feel young people should learn about AIDS. The Challenge presented at the end of the session encourages participants to have an initial conversation about AIDS and HIV with their own children or other children.

Session One also contains a pretest, which is used to prompt a discussion of facts and misconceptions about AIDS/HIV.

Session One preparation

Meet with your partner to review curriculum and to clarify who is responsible for what tasks.

Arrive at the meeting place 30–45 minutes before the scheduled start of meeting to set up the room and to greet people as they arrive.

Bring along the following materials

For each participant

Brochure: "How to Talk to Your Children about AIDS"

Pretest: Myths and Facts about AIDS

Sheet: "Basics about AIDS and HIV"

"Kids in My Life" brainstorming fact sheet

local resource list for

community information

pencils and blank paper

pocket folders

name tags

newsprint for drawing a "Lifeline"

For workshop leader

agenda written on newsprint

blank newsprint

newsprint with the Challenge written on it

refreshments

card set for "What do we know about HIV transmission" activity

masking tape

markers

more pencils and blank paper

a large envelope for pretests

Set up chairs in a circle. Hang up agenda in front of Challenge sheet. Set up refreshments and a place for making name tags. If you haven't arranged them beforehand, put brochures, pretests, pencils, and blank papers into folders for each participant.

Assumptions of the session

This session assumes that participants already have useful knowledge about AIDS and HIV prevention. It also assumes that this information may be mingled with misconceptions. Participants may feel confused or overloaded with seemingly contradictory facts about AIDS drawn from the media or from peers. The session attempts to affirm participants' knowledge base and to provide them with a framework for putting their knowledge to work to promote risk reduction within their own lives.

A second assumption of the session is that AIDS has had some impact on the lives of participants. Participants or their loved ones may have some risk for HIV infection or may otherwise note the impact of the HIV epidemic on their community.

A third assumption is that participants have specific insights into the best ways to teach their children about AIDS and HIV risk reduction, both in terms of translating AIDS information into the family's value system and in terms of understanding their children's unique style of learning.

For background, be sure to read carefully Chapter 1 of the *Resource Manual*, "What is AIDS?" Skim Chapter 2, "How to Talk to Kids about AIDS," and Chapter 3, "Risk and Change." *Communication for Empowerment* provides specific group facilitation information. It is important that you understand the facts about HIV and prevention before you conduct your training sessions.

Session One objectives

- ① Participants will become familiar with key facts about AIDS and HIV infection.
- ② Participants will be able to explain why AIDS is a concern for them and their community.
- ③ Participants will be able to explain how HIV is and is not transmitted.
- ④ Participants will be able to identify ways in which AIDS/HIV may affect them as parents, guardians, youth workers, and so on.
- ⑤ Participants will be able to state several strengths that they have as teachers of young people.
- ⑥ Participants will begin to explore their role as AIDS/HIV prevention teachers of young people.

Session One exercise objectives

Kids in my life - Participants will become aware of their individual and collective ability to reach many young people with HIV prevention information. This is an empowering exercise.

AIDS Lifeline and Feeling Circle - Participants will be able to explain why AIDS is a concern to them and their community: Connects the AIDS epidemic directly to their own lives.

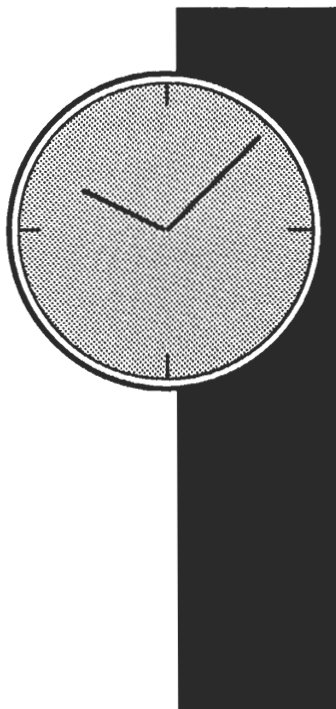
Myths and facts about AIDS - Participants will become familiar with key facts about AIDS and HIV infection: Corrects misinformation and confusion about AIDS and HIV.

What do we know about HIV transmission? - Participants will be able to explain how HIV is and isn't transmitted: Builds confidence in their knowledge about AIDS and gives practice in evaluating risks.

What do kids need to know about AIDS/HIV? - Participants will explore their role as AIDS/HIV prevention teachers of young people: Provides opportunity to outline information they want to impart to young people.

One strength I have is . . . - Participants can state their strengths as teachers of young people: Builds confidence in ability to teach and influence behavior of young people.

Tell your child . . . - Provides a safe beginning point in role of teacher of young people. Connects Session One to Session Two.



Agenda for Session One

Welcome	
Introductions and expectations	<i>20 minutes</i>
Brainstorm exercise: Kids in my life	<i>10 minutes</i>
Exercises: AIDS Lifeline and Feeling Circle	<i>30 minutes</i>
Pretest: Myths and facts about AIDS	<i>30 minutes</i>
Break	<i>15 minutes</i>
Exercise: What do we know about HIV transmission?	<i>30 minutes</i>
Brainstorm: What do kids need to know about AIDS?	<i>30 minutes</i>
Round-robin: One strength I have is . . .	<i>5 minutes</i>
Challenge for next week	<i>5 minutes</i>
Evaluation	<i>5 minutes</i>
Total time for session:	<i>3 hours</i>

Session One activities: Instructions for facilitators

Welcome

Greet participants as they arrive. Introduce yourself, learn their names. Give each participant a name tag (if you're using them) and a folder containing the brochure "How to Talk with Your Children about AIDS," a resource list for local AIDS information and support services, "The Basics about AIDS/HIV," and the pretest "Myths and facts about AIDS," as well as a pencil and some blank paper.

At the scheduled beginning time, **welcome people** and thank them for their participation.

Introductions and expectations

Introduce your personal interest in teaching about AIDS, and the overall goals of the series:

- To save lives by reducing the spread of HIV
- To build upon people's love for their kids and their skills as teachers so that they can teach kids about AIDS prevention

Review the key topics for the three sessions: learning about AIDS, learning about risk reduction, and communicating with kids about this information.

Point out where the refreshments and rest rooms are and tell people how long child care will continue.

Point out that the next two sessions will be held at the same time and location, and that child care (transportation assistance, refreshments, etc.) will be provided again.

Explain the ground rules of the group: "You are all here to learn and to solve problems. You may talk about some very personal and sensitive subjects, and it is important to always listen to one another and to treat one another with respect. It is very important that information and feelings that people share in this group be kept confidential. In other words, anything personal that someone says to the group shouldn't be talked about outside the group. Does the group agree to these ground rules?"

Review objectives and agenda for today's session:

"Today, we'll discuss some key facts about AIDS and how it affects us and our communities. We'll learn how the virus that causes AIDS is and isn't spread, and what people can do to avoid getting infected. We'll talk about what kids need to learn about AIDS and how we can help to teach them. The pamphlets I gave you cover a lot of this material and give you the names and phone numbers of local groups that can provide more information. Let's start by introducing ourselves and telling why we're here."

Ask people to give their names and a brief introduction. After greeting everyone warmly, move on to the Brainstorm exercise.



Brainstorm exercise: Kids in my life

Ask participants to use the brainstorming scratch sheet to determine the number of kids they have at home or with whom they have regular contact. Give the group about two or three minutes to complete the sheet. Conduct a round-robin exercise and record the numbers on a sheet of newsprint labeled with the same categories. Assign one person to use a calculator and add up the numbers. Say to the group, "This is a very powerful group! All together we have the ability to influence and educate _____ young people about HIV prevention. Think about how many other young people these kids know."

This is a good way to get the group to think about their potential influence and how they might be able to reach more kids. It is a nonthreatening, brief, warm-up exercise that sets the stage for communication with kids.

Brainstorming scratch sheet: Kids in my life

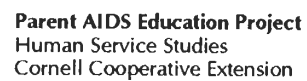
At home

In my extended family of relatives and friends

In my community

At work

"No two people have the same AIDS Lifeline. We all have thoughts and experiences we can share."





Exercise: AIDS Lifeline*

Introduce the AIDS Lifeline exercise by stating that, in some way, AIDS has already had an impact on our lives. Go on to say, "This Lifeline exercise will help us examine the ways we are already living with AIDS so that we can understand how we can best teach young people how to live in a world where AIDS is a possibility."

Show sample lifelines. Ask people to relax and think about the series of questions, which you then read, leaving some silence after each one so that people can think about it.

When did you first hear about AIDS? What do you remember about your reaction?

Who did you first talk to about AIDS?

How have you learned about AIDS?

When did you first feel affected by AIDS personally? How did you react? How would you react now?

How is AIDS affecting your personal life in your community now?

How is AIDS affecting the lives of young people and children that you know? How are they reacting to it?

In what ways do you think AIDS may affect your life in the future? How do you think you may react?

*Adapted from "Working with Uncertainty: A Handbook for Those Involved in Training on HIV and AIDS," by Hilary Dixon and Peter Gordon, Family Planning Association Education Unit, 1987.

Then instruct participants:

"Take a moment to draw your AIDS lifeline on paper. The starting point of the lifeline can be anything you choose—your birth, the birth of your child, hearing about AIDS for the first time. You can draw any events or feelings in your life related to AIDS or HIV in any way you choose." The trainer may model this exercise by beginning to work on his or her own lifeline.

Take a few moments to draw the lifelines. Say to the group, "Now, find someone in the group to talk to about your two lifelines for the next few minutes. Make sure you each get a chance to talk. This is also a time when each of you can practice listening carefully and supportively to what someone else is saying."

After four or five minutes, ask partners to make sure that the second person takes some time to talk, if only one has talked so far.

After 10 minutes, draw the group back together.

Focus the discussion by using questions such as:

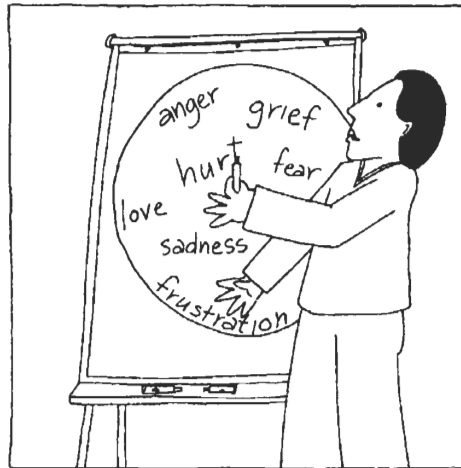
- Were there any feelings or experiences in your lifeline that your partner shared?
- What differences in experiences did you and your partner discover?
- Were you at all surprised by your own AIDS lifeline?
- How has AIDS changed your life and life in this community?

Continue this discussion for 10 to 15 minutes. Ask participants to keep their AIDS Lifelines in their resource folders. Introduce the Feeling Circle if you are going to use it.



Exercise: Feeling Circle

The Feeling Circle is a good icebreaker for groups where participants do not know each other. It feels safe. The Feeling Circle can be used as an introductory exercise replacing Lifeline; as a processing tool after Lifeline; or as an initial affective exercise with Lifeline somewhere else in the workshop schedule.



Draw a large circle on newsprint. Ask participants what feelings come to them when they talk about AIDS. To use the exercise as a processing tool, ask the group, "What feelings did the Lifeline exercise bring up for you?" Write down key words in the circle. Affirm the feelings expressed. When the circle is full of words, briefly review the wide variety of feelings AIDS brings up for people.

Pretest: Myths and Facts about AIDS

Introduce the Myths and Facts pretest.

Ask participants to take the Myths and Facts sheet out of their resource folders, and to spend a few minutes checking the answers they believe are true.

Explain that everyone knows a lot about AIDS, but also that there is a lot of misinformation around and people may feel confused.

Ask permission to keep copies of their pretests so that you can learn where people know correct facts and where people are confused, in order to plan other workshops.

After everyone has finished writing, pass around an envelope and ask people to put their tests in it.

Then initiate a discussion of the information.

Read each question out loud and ask people to say their answers out loud.

Discuss only those questions where participants expressed confusion or misinformation.

Congratulate participants as a group on what they already know.

Myths and Facts about AIDS

For each of these statements, circle "true" if you agree, "false" if you disagree, and "?" if you are unsure.

- | | | | |
|---|-------------|--------------|----------|
| 1. AIDS stands for Acquired Immune Deficiency Syndrome. | True | False | ? |
| 2. Infection with Human Immunodeficiency Virus (HIV) can lead to AIDS. | True | False | ? |
| 3. Blood, semen, and vaginal secretions from persons with HIV infection contain the virus. | True | False | ? |
| 4. People most often become infected with HIV by having sexual intercourse or sharing hypodermic needles with a person who already has the virus. | True | False | ? |
| 5. You can't get HIV from shaking hands, hugging, eating in restaurants, sharing dishes, or going swimming with someone who has AIDS. | True | False | ? |
| 6. A few people have gotten HIV from touching the tears or saliva of a person with AIDS. | True | False | ? |
| 7. You can tell someone has HIV by how they look. | True | False | ? |
| 8. Someone can be infected with HIV and not know it. | True | False | ? |
| 9. The HIV antibody test tells you whether or not you have AIDS. | True | False | ? |
| 10. Everyone who has HIV will get AIDS within two years. | True | False | ? |
| 11. Only IV drug users and gay men get AIDS. | True | False | ? |
| 12. Women can become infected with HIV if they have vaginal intercourse with a man who has HIV. | True | False | ? |
| 13. A woman with HIV can pass the virus to her baby before it is born. | True | False | ? |
| 14. Many children and teenagers could get HIV because they have sexual intercourse or shoot drugs. | True | False | ? |
| 15. Young people share needles for other purposes than shooting IV drugs, and this may be risky. | True | False | ? |
| 16. People can learn to keep from getting HIV. | True | False | ? |
| 17. New York State has more residents who have been diagnosed with AIDS than any other state in the country. | True | False | ? |

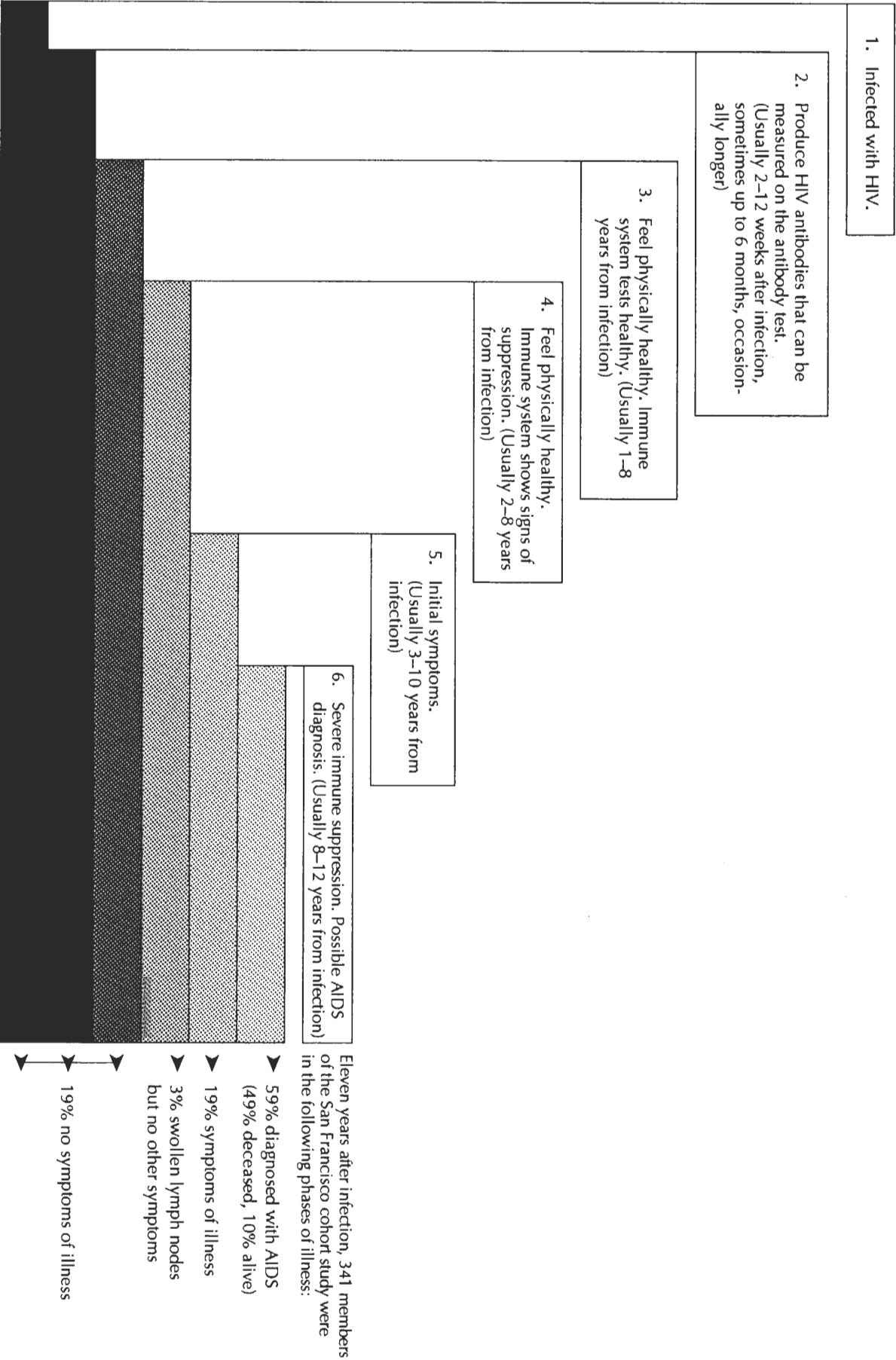
Myths and Facts about AIDS, Part 2

Please circle the correct answers to these questions.

1. What are some symptoms of AIDS or HIV disease?
 - a. Having a fever that lasts a month.
 - b. Losing one-tenth of your body weight without trying.
 - c. Having diarrhea that won't go away.
 - d. Sweating at night so much that your bedclothes are wet.
 - e. Having a dry cough and feeling short of breath.
 - f. Having "thrush" and/or vaginal yeast infections.
 - g. Losing your senses of direction and balance.
 - h. Having swollen lymph nodes (glands) for months.
 - i. All of the above.
2. How many people in the United States had been diagnosed with AIDS by December 31, 1992?
 - a. 1,000,000-1,500,000
 - b. 200,000-500,000
 - c. 253,448
 - d. 50,985
3. How many people in New York State had been diagnosed with AIDS by December 31, 1992?
 - a. 1,000,000-1,500,000
 - b. 200,000-500,000
 - c. 253,448
 - d. 50,985
4. How many U.S. residents probably are already infected with HIV?
 - a. 1,000,000-1,500,000
 - b. 200,000-500,000
 - c. 253,448
 - d. 50,985
5. How many New York State residents probably are already infected with HIV?
 - a. 1,000,000-1,500,000
 - b. 200,000-500,000
 - c. 50,985
 - d. 253,448
 - e. 1 to 3 percent
 - f. answers b and e
6. According to the World Health Organization, how many people worldwide probably become newly infected with HIV every day?
 - a. 1,000,000-1,500,000
 - b. 40,000-80,000
 - c. 5,000-6,000
 - d. None
7. What are some ways to reduce or eliminate sexual spread of HIV?
 - a. Abstinence from vaginal, anal, or oral intercourse.
 - b. Uninfected partners practicing monogamy.
 - c. Using latex condoms correctly during intercourse.
 - d. Practicing nonpenetrative sex.
 - e. All of the above.
8. How can someone keep hypodermic needles from transmitting HIV?
 - a. Not injecting drugs.
 - b. Not sharing hypodermic needles and syringes, ever.
 - c. Cleaning needles and works with bleach before using.
 - d. Using only sterile needles & works.
 - e. All of the above.

The Continuum of HIV Infection and HIV Disease

Parent AIDS Education Project
Human Service Studies
Cornell Cooperative Extension







Myths and Facts about AIDS: Facilitator's key to information

1. **True.** *Acquired* means something people get, not something that they are born with. *Immune* refers to the immune system, the body's defense against diseases. *Deficiency* means that something is lacking—in this case, the immune system isn't working effectively. *Syndrome* means a combination of signs and symptoms, rather than one specific type of illness.
2. **True.** HIV infects important cells (T-4 Lymphocytes, also called Helper T cells) in the body's immune system and injures them. Over time, there are fewer working Helper T cells and the immune system can't protect the body effectively. When there are very few T cells left, the person may be diagnosed with AIDS, which means they have gotten serious diseases their immune system would have fought off if it was working effectively.
3. **True.** Blood, semen, and vaginal secretions from a person with the virus contain HIV. When the blood, semen, or vaginal secretions with HIV in it gets into another person's bloodstream or on their mucous membranes (inside the vagina, rectum, eyes, mouth and nose) the other person may get infected.
4. **True.** Most people who have HIV or AIDS caught the virus by having vaginal, anal, or oral sexual intercourse with someone already infected. Or else they shared injection needles with someone who had the virus.
5. **True.** HIV cannot be transmitted by these kinds of casual contact. Even the closer nonsexual contact that families have has not ever spread the virus.
6. **False.** No one has ever become infected with HIV by touching the tears, saliva, or sweat of a person who had the virus.
7. **False.** People with HIV do not look any particular way. They are just people.
8. **True.** Because people with HIV may not experience any symptoms at all, they may not suspect they have the virus.
9. **False.** This test only tells a person whether or not they have been infected with the virus. They may or may not develop symptoms of AIDS.
10. **False.** No one knows whether someone who has HIV will or will not develop AIDS. The average time between infection with HIV and symptoms of AIDS appears to be around 9 years.
11. **False.** Anyone (men, women, Asian, Hispanic, white, African-American, gay, heterosexual, born in the United States or elsewhere) can get HIV through sexual intercourse or needle-sharing.
12. **True.** Most young women with HIV were infected when they had vaginal intercourse with an infected man.
13. **True.** About one-third of babies born to women with HIV develop AIDS.
14. **True.** Most young people in America have had sexual intercourse before they are twenty. Many young people experiment with drugs and may share needles.
15. **True.** Sharing insulin needles, steroid needles, tattoo needles, skin-popping needles, or needles for earpiercing may be risky.
16. **True.** People can learn to reduce or eliminate risks of becoming infected with HIV. There are lots of success stories.
17. **True.** Almost one-fourth of U.S. residents diagnosed with AIDS live in New York State.

Answers to Part 2 of Myths and Facts about AIDS

1. **i.** All of the above
2. **c.** - 253,448
3. **d.** - 50,985
4. **a.** - 1,000,000–1,500,000
5. **f.** - 200,000–500,000 or 1–3 percent of the population
6. **c.** - 5,000–6,000
7. **e.** - All of the above are effective ways to prevent sexual transmission of HIV.
8. **e.** - All of the above are effective ways to prevent HIV transmission through needle-sharing.



Exercise: What do we know about HIV transmission?*

Introduce "What do we know about HIV transmission?" as a way to expand on this discussion and to build on the knowledge the group already has.

Briefly review how HIV is transmitted: Blood, semen, or vaginal secretions from a person with HIV contain the virus. These body fluids may have enough virus in them to cause infection if they get into someone else's bloodstream or on their mucous membranes (inside the vagina, rectum, nose, eyes, mouth). Reinforce the point that HIV is a weak virus, hard to acquire and easy to kill.

Start by placing three pieces of newsprint on the floor labeled "SOME RISK," "NEED MORE INFORMATION," and "NO RISK."

Hand out the set of cards face down and ask each person to pick a few cards until all are passed out. Instruct the group to figure out whether or not the virus could be transmitted by the activities the cards describe. Ask them to place each card where they think it belongs. When all the cards are placed, review the placements with the whole group. Ask participants if there are activities they are particularly concerned about that they may want to add to the cards. Quickly make cards for these and give them to participants to sort into the correct categories. Come to a consensus that all the cards are placed correctly. Provide any factual information needed to correct the placement of cards.

Read the resource chapter "What Is AIDS?" to refresh your ability to explain why tears are not something to worry about. Be prepared to hear that mosquitoes transmit HIV and to explain that this is untrue. Discuss the realistic level of risk in each situation where there is disagreement. If more fear is expressed about a situation than is realistic, ask the group to come up with the

worst possible scenario for it, in which the factors necessary for transmission of HIV would be present. For example, having the group describe concrete ways someone might get HIV from a toilet seat makes it clear how unreasonable it is to expect that this might happen in the real world. Work to reach consensus within the group regarding all the cards. Do not at this time distinguish between levels of risk. If there is any risk at all involved in an activity, put the card into the "Some Risk" pile.

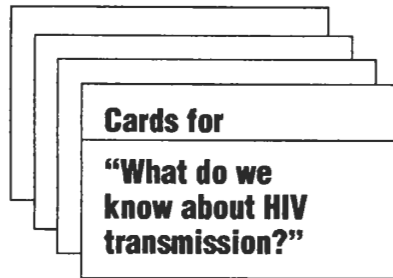
When the group has agreed on all the cards, move on to step two: Now sort the cards on "Some Risk" into three new categories. Place three new newsprint sheets labeled "High Risk," "Moderate Risk," and "Low Risk" on the floor. Define the terms by telling participants that in "High Risk" activities, blood, semen, or vaginal secretions from one person *will* come in contact with another person's mucus membranes or bloodstream (for example, vaginal intercourse without a condom). In "Low Risk" activities, this is still possible, but unlikely (for example, vaginal intercourse using a latex condom correctly).

The goal of the final sort is to end up with basic agreements that show understanding of the key facts of HIV transmission. It is neither necessary nor possible to list all activities in an exact continuum from least risky to most risky. Human behavior and sexuality have many variables that can not be reflected by the cards used in this exercise.

You might want to finish up this exercise by having the group talk about ways to reduce or eliminate the risks in activities sorted onto the "High Risk" pile. Tell them that they will have an opportunity to make new cards to add to the "No Risk" pile during the safer sex section of Safety Skills in the next workshop session.

Congratulate the group on its level of awareness and knowledge.

*Adapted from "Working with Uncertainty: A Handbook for Those Involved in Training on HIV and AIDS," by Hilary Dixon and Peter Gordon, Family Planning Association Education Unit, 1987.



- * Deep Kissing
- * Receiving a Blood Transfusion
- * Masturbating Oneself
- * Hugging
- * Giving First Aid
- * Vaginal Intercourse without a Condom
- * Anal Intercourse without a Condom
- * Vaginal Intercourse Using a Latex Condom Correctly
- * Anal Intercourse Using a Latex Condom Correctly
- * Being Sneezed On
- * Sharing Needles
- * Using Heroin
- * Insect Bites
- * Swimming at a Park
- * Vaginal Intercourse Using a “Natural” Condom
- * Oral Sex on a Man without a Condom
- Smoking Crack in a Crack House and Wanting to Get More
- Getting Drunk and Picking Up a Stranger
- * A Man and a Woman Having Sex
- * Two Women Having Sex
- * Two Men Having Sex
- * A Married Couple Having Sex
- * Masturbating One’s Partner
- Smoking Crack Alone in Your Room and Staying There
- Sharing a Toothbrush
- Having a Cavity Filled
- * Sharing School Books
- * Using Insulin
- * Sharing a Drinking Glass
- * Using a Sterile Needle and Syringe to Inject Heroin
- * Cleaning Dirty Works with Chlorine Bleach, Then Using Them to Inject Heroin
- Interviewing Someone Who Has Shot Drugs I.V.
- Sharing a Bath Towel and Wash Cloth
- Spilling a Urine Sample on Your Knee
- Sharing a Toilet
- * Two Uninfected People Having Intercourse without a Condom
- Giving a Massage
- * Donating Blood
- Watching Partner Masturbate
- Giving Someone a Ride to the Doctor’s Office
- Sharing a Razor
- Having a Kidney Transplant
- Delivering a Baby
- * Oral-Anal Sex (Kissing the Anus) Using a Latex Barrier
- * Oral Sex on a Woman Using a Latex Barrier
- * Oral Intercourse on a Man Using a Latex Condom
- * Sharing a Syringe to Inject Insulin
- * Sharing Works to Inject Heroin I.V.
- * Sharing a Syringe to Inject Steroids
- * Oral Sex on a Woman without a Latex Barrier
- Getting Tattooed
- Piercing Ears
- Using Semen for Artificial Insemination
- * Being Heterosexual
- * Being Homosexual/Gay/Lesbian

Selecting cards

We recommend that you make cards for all the starred (*) activities. Make cards for some of the other activities if you want or make cards tailored to concerns in your group or community.



What do we know about HIV transmission: Facilitator's key

For information on how HIV can be transmitted, read the chapter, "What Is AIDS?" in the *Resource Manual*. Situations not specifically discussed there are covered here.

Deep Kissing (No risk)

No one has become infected with HIV by kissing a person who has the virus. Deep kissing raises the issue of saliva. Scientists have been able to isolate HIV in some samples of saliva from people who are infected. Very little virus has been found in the saliva and much of it has been broken pieces of virus, unable to cause infection even if it got into someone's bloodstream.

Receiving a Blood Transfusion (Some risk—low)

All donated blood has been carefully screened for HIV antibody since mid-1985. The *Journal of the American Medical Association* reports the incidence of HIV in donated blood to be 1:39,000.

Masturbating Oneself (No risk)

Hugging (No risk)

Giving First Aid (Need more information)

If a first responder is splashed with blood in the face or eyes or accidentally stuck by a needle or other object that has infected blood on it, the person risks becoming infected. The Centers for Disease Control suggests that the likelihood of becoming infected after this kind of accidental exposure to HIV is about 1 in 200. Mouth-to-mouth resuscitation normally does not involve exposure to the patient's blood. Most first responders are now given equipment that prevents any exposure to blood during mouth-to-mouth resuscitation.

Vaginal Intercourse without a Condom

(Some risk—high)

See "What Is AIDS?" chapter in the *Resource Manual*.

Anal Intercourse without a Condom (Some risk—high)

See "What Is AIDS?" chapter in the *Resource Manual*.

Vaginal Intercourse Using a Latex Condom Correctly

(Some risk—low)

If the condom is used correctly from start to finish, the risk is low. *Consumer Reports* tested condoms and found American-made name-brand latex condoms to be 97–99 percent effective. See "What Is AIDS?" chapter.

Anal Intercourse Using a Latex Condom Correctly

(Some risk—low)

If the condom is used correctly from start to finish, the risk is low. *Consumer Reports* tested condoms and found American-made name-brand condoms to be 97–99 percent effective. See "What Is AIDS?" chapter.

Being Sneezed On (No risk)

HIV can't be spread this way, though colds can.

Sharing Needles (Some risk—high)

Sharing needles is a very efficient way to transmit HIV. See "What Is AIDS?" chapter.

Using Heroin (Need more information)

If needle and works aren't shared, there is no risk. It is the shared equipment, not the type of drug, that presents danger of HIV infection.

Insect Bites (No risk)

In Central Africa, where there are many biting insects, babies whose mothers have HIV, children who have received blood transfusions for malaria, and sexually active people are infected with HIV. Other people are also bitten by insects, but do not have HIV.

Using Insulin (Need more information)

No risk unless the needle and syringe are shared. If they are shared, then it is risky.

Getting Tattooed (Need more information)

No risk unless the tattooing needle is shared. But in some situations—prisons, for example—many people may share one unsterilized needle. This is risky.

Piercing Ears (Need more information)

No risk unless the needle is shared.

Swimming at a Park (No risk)

Vaginal Intercourse Using a “Natural” Condom

(Some risk—high)

Natural condoms are not an effective barrier. They are made of sheep intestine lining, which has pores large enough to allow HIV to pass through.

Oral Sex on a Man without a Condom

(Some risk—moderate to high)

If pre-ejaculate or semen containing HIV enters the mouth, the virus can infect the cells of the mucous membrane lining the mouth whether or not there are cuts, sores, or abrasions.

Smoking Crack in a Crack House and Wanting to Get More (Need more information)

Smoking crack does not transmit HIV. It does impair judgment, however, which may lead to risky behavior. Sometimes risky sexual favors may be traded for the drug.

Getting Drunk and Picking Up a Stranger

(Need more information)

The potential for HIV transmission depends upon what one does with the stranger. Being drunk may make people less apt to use safety precautions or make good decisions.

Two Women Having Sex (Need more information)

The potential for HIV transmission depends upon how they have sex.

Two Men Having Sex (Need more information)

The potential for HIV transmission depends upon how they have sex.

A Man and a Woman Having Sex

(Need more information)

The potential for HIV transmission depends upon how they have sex.

A Married Couple Having Sex

(Need more information)

Marriage does not ensure monogamy and one partner could have become infected with HIV by someone else before or during the marriage through sexual or nonsexual routes.

Masturbating One’s Partner (No risk/low risk depending on situation described by participants)

The only way masturbating one’s partner could transmit HIV would be if there were cuts on the hand that was masturbating and semen or vaginal secretions entered the bloodstream through the cuts.

Smoking Crack Alone in Your Room and Staying There (No risk)

You cannot give HIV to yourself.

Sharing a Toothbrush (Some risk—low)

Blood could remain on the toothbrush.

Having a Cavity Filled (Some risk—low)

Dental work does not spread the HIV virus unless both the patient and the dentist get injured with the same implement.

Sharing School Books (No risk)

HIV does not live on objects like books.

Sharing a Drinking Glass (No risk)

Saliva does not transmit the virus from person to person.

Using a Sterile Needle and Syringe to Inject Heroin (No risk)

If the needle and works are sterile, there is no way the virus could be spread.

Cleaning Dirty Works with Chlorine Bleach, Then Using Them to Inject Heroin (No risk)

The 2+2 method kills HIV and cleans out the needle and syringe.

Interviewing Someone Who Has Shot Drugs I.V.

(No risk)

You cannot get HIV from talking to someone.

Sharing a Bath Towel and Wash Cloth (No risk)

HIV cannot live on objects like towels and washcloths.

Spilling a Urine Sample on Your Knee (No risk)

Urine does not contain HIV unless it has visible blood in it.

Sharing a Toilet (No risk)

Two Uninfected People Having Intercourse without a Condom (No risk)

If neither partner has been infected with HIV, unprotected intercourse will not transmit the virus.

Giving a Massage (No risk)

You cannot get HIV through touch.

Donating Blood (No risk)

Sterile hypodermic equipment is consistently used to draw donated blood in the United States.

Watching Partner Masturbate (No risk)

Giving Someone a Ride to the Doctor's Office (No risk)

Sharing a Razor (Some risk—low)

If cuts are made while shaving on someone who is HIV positive and another person immediately afterward uses the same razor, the infected blood could enter any cuts on the second person and transmit the virus.

Having a Kidney Transplant (Some risk—low)

People who donate organs for transplants are tested for HIV so this kind of transmission is very unlikely.

Delivering a Baby (Some risk—low)

If the mother is infected with HIV, and the person delivering the baby does not wear protective gloves and gear, there is a possibility that HIV could be transmitted.

Oral-Anal Sex ("Rimming" Or Kissing the Anus) Using a Latex Barrier (Some risk—low)

It is extremely unlikely that the latex barrier would tear. If it did, however, and if the anus and mouth both had cuts in them, it is conceivable that HIV could be transmitted.

Oral Sex on a Woman without a Latex Barrier

(Some risk—moderate to high)

HIV in vaginal secretions or menstrual blood could enter the bloodstream through small cuts on the lips. HIV could also pass through the mucous membrane lining the mouth and infect the individual whether or not cuts, sores or abrasions are present.

Oral Sex on a Woman Using a Latex Barrier

(Some risk—low)

If the latex barrier tore or was displaced, then there is a possibility that HIV could be transmitted.

Oral Sex on a Man Using a Latex Condom

(Some risk—low)

If the man ejaculates in his partner's mouth, and if the barrier breaks, then there is a possibility that HIV could be transmitted.

Sharing a Syringe to Inject Insulin

(Some risk—high)

Hypodermic equipment used for any injections, subcutaneous or intravenous, may contain blood and should not be shared.

Sharing "Works" to Inject Heroin I.V.

(Some risk—high)

"Works," hypodermic equipment including needles and syringes, should never be shared. If they are shared, they should be cleaned using bleach and water (as in the 2+2 method).

Sharing a Syringe to Inject Steroids

(Some risk—high)

The syringe should be cleaned after use and never shared.

Using Semen for Artificial Insemination

(Some risk—low)

Several women became infected after being artificially inseminated with semen containing HIV. Sperm banks now test semen donors for HIV.

Being Heterosexual/Homosexual/Gay/Lesbian/etc.

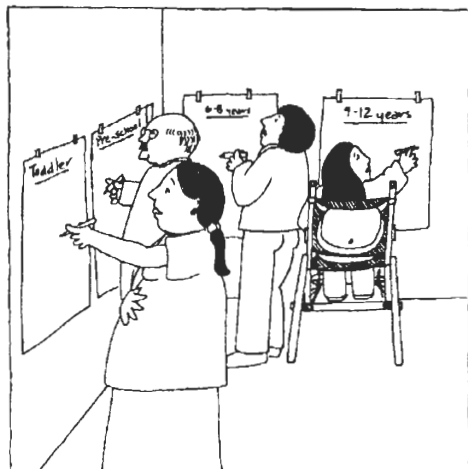
(No risk)

It is not who a person is, but what a person does, that leads to HIV infection.



Brainstorm exercise: What do kids need to know about AIDS?

Introduce the exercise by stating, "A main goal of the workshop is for participants to teach young people about AIDS. The risks for HIV infection and the information that kids need to know are different for different age groups, so we are going to outline this information by age groups."



Instructions

Ask participants to use a magic marker and to walk around and write on each sheet how kids are at risk for the infection at ages indicated and what they need to know to prevent HIV infection at those ages.

Allow 10 to 15 minutes. Ask participants to not discuss their responses until later.

After everyone has had a chance to write on the sheets, reconvene the

group. Explain that as a group you will all identify how young people are at risk for HIV infection and what they need to know at various ages to prevent infection.

When beginning each sheet, ask the group to summarize (brainstorm) the major developmental characteristics of the age group. Read off the list and invite additions and deletions. Fill in any key information that participants do not provide. (See the pamphlet, "How to Talk to Your Children about AIDS," and the Age Group Charts following this exercise and in the *Resource Manual* for details of age group characteristics and summaries of what kids need to know.)

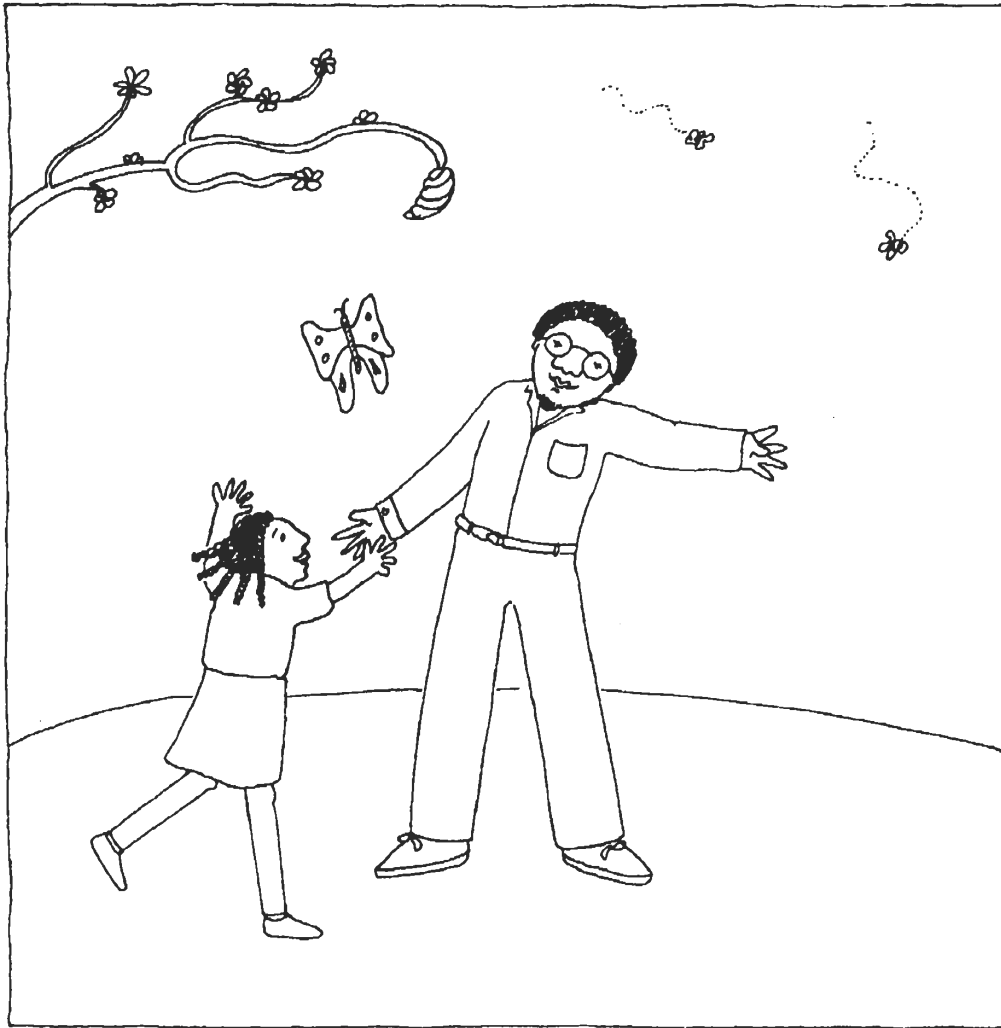
Move on to the second half of the sheet and review items that participants listed under "What do kids need to know?" Start by saying, "HIV prevention means knowing more than just the facts. It includes the three elements: knowledge, skills, and feelings. Knowledge is basic information and facts. Skills are what you know how to do. Feelings influence what you do and how you learn. HIV prevention education for a young child begins in subtle ways and continues until we provide very specific transmission and prevention information by the age of puberty."

When assisting the group with lists they have made, clarify and add items as appropriate. Keep discussion brief since you could easily spend another hour on it. Then move on to the next sheet. Review all the sheets in the same way.

Conclude by summarizing the overall points and comments made by the group and compliment them on how much they already know. Ask for feedback on the activity. For example, ask, "Did anything from the lists surprise you or give you new ideas?" Remind the group that the key information on age groups needs is in the pamphlet, "How to Talk to Your Children about AIDS," and in the *Resource Manual*. It is also summarized in the Age Group Charts.

Preparation before session

Prepare six large newsprint sheets to place on the walls or table tops. At the top of each sheet write, "How are kids at risk for HIV infection? Ages." Include the following age groups: Infant-3 years, 4-6 years, 7-10 years, 11-13 years, 14-18 years. In the middle of the sheet write, "What do kids need to know?" Tape the sheets to a flat surface (wall or table—not on the floor, if possible).

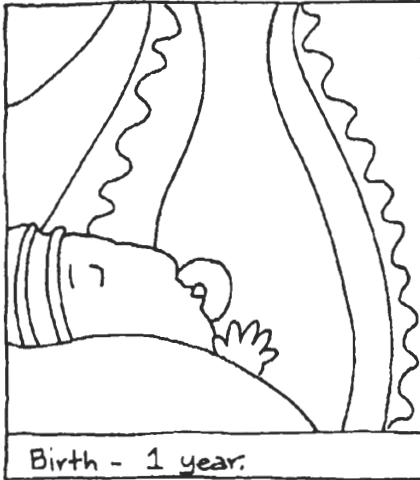


Age Group Charts

While each child is unique, children in a particular age group share many growth and development characteristics. Children face different potential risks for HIV infection at different ages. The following charts outline some ways adults can help children of various ages to keep healthy and prevent HIV transmission.

Infants

(Birth to one year)



Growth and development of Infants

A baby's first year is a time of rapid growth and change. A baby discovers and explores its own body and its immediate world. Newborn babies can move their arms and legs around in the air, but they can't hold up their heads or sit up or stand up—gravity is too much for them. Babies develop their sense of balance and become stronger as the months go by. They become able to hold up their heads, sit up, creep, crawl, and stand. During the first year, the baby develops a sense of trust that its mother, father, or primary caregiver will meet its needs for food, comfort, dryness, cuddling. Infants experiment with conversational sounds and may even say a few words by the end of the first year. They delight in simple play.

How Infants may be at risk for HIV Infection

A woman with HIV infection may transmit the virus to her baby during pregnancy or childbirth. Most babies with HIV became infected this way.

A baby may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

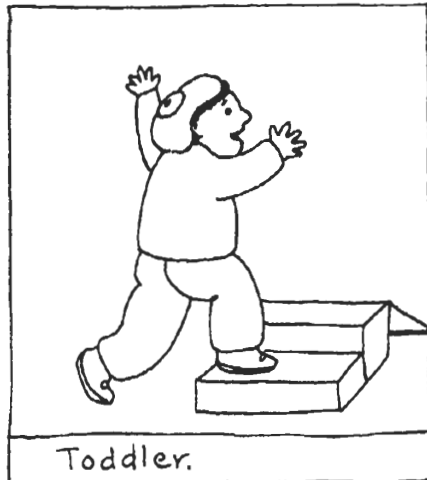
A few babies worldwide became infected with HIV after drinking breast milk from a woman with HIV infection. Women with HIV need to have this information if they are considering breast-feeding.

Simple things adults can do to promote Infants' health

Infants are dependent upon adults. Adults anticipate and respond to a baby's basic needs for food, comfort, dry diapers, cuddling. This helps the baby to grow and to stay healthy. It also helps the baby to develop a sense of trust. Adults are responsible for keeping the environment safe for babies. Falls, drowning, and suffocation are big risks for babies and can usually be prevented by simple "childproofing" measures. Adults can encourage a baby's discovery of its immediate world. Mobiles, bright forms, faces of loved ones, peek-a-boo games are full of visual discoveries for a baby. Babies discover their own bodies while bathing, waving their arms and legs in the air and tasting their fingers and toes. Normal babies experience different growth patterns and behaviors—each baby is a unique individual. Even with babies, adults can use the correct terms and talk about all body parts. This will help to build a foundation for teaching about sexuality and health later. Adults need to understand that erections are normal for baby boys and that discovery of the genitals is a natural part of learning about and exploring the body.

Toddlers

(one to three years)



Growth and development of toddlers

Toddlers are always in motion. They learn by taste, touch and sight. Toddlers may have wide and sudden mood swings. They develop increasing mobility first standing and walking, then running, jumping, climbing stairs. They move quickly and do things on impulse.

Toddlers use one word, then multiword statements. They build a sense of grammar and a big 900-word vocabulary by the age of three (including “me,” “mine,” and “no”). Desire for exploration and independence appears. Toddlers show interest in using things such as plates, spoons, toilets.

They play beside, not with, peers. Toddlers like rituals, such as the same food in the same spot on the same dish.

Toddlers show interest in the differences between male and female bodies and express the interest by doing things such as following men to the bathroom and touching women’s breasts.

How toddlers may be at risk for HIV

A woman with HIV infection may transmit the virus to her baby during pregnancy or childbirth. Most toddlers with HIV became infected this way.

A toddler may have become infected after receiving transfusions or blood products containing HIV. This

is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

A few toddlers worldwide became infected with HIV after drinking breast milk from a woman with HIV infection. Women with HIV need to have this information if they are considering breast-feeding.

Toddlers are often victims of sexual abuse, which can result in HIV transmission.

Simple things adults can do to promote toddlers’ health

Toddlers are dependent on adults. Adults need to provide toddlers with a safe, supportive environment for growth. If you have a toddler in your life, here are some ways you can promote their health and safety now and build a foundation for their future health.

- Recognize the toddler’s process of learning by imitation, play, taste, touch, exploration.
- Teach toddlers simple self-care, health and safety skills (dressing, brushing own teeth, resting if tired).
- Teach toddlers that pills are not candy, but always keep medicines in childproof bottles.
- Teach toddlers correct names for all body parts.
- Answer the toddler’s questions about sex or AIDS simply and concretely. The toddler won’t understand abstract details about AIDS or adult sexual behaviors.
- Support the toddler’s sense of competence in exploring the immediate world, and provide a safe, reliable point of return.
- Use “do’s” instead of “don’ts” when you want to change a toddler’s behavior (for example, try saying “Keep your applesauce in your bowl, Tommy” rather than “Stop putting that applesauce on the cat right this minute, Tommy!”).
- Begin to teach toddlers about privacy—that some activities such as bathing, using the toilet, or touching own genitals are private, and that adults sometimes need private time.
- Toddlers are especially vulnerable to ear and respiratory infections and to accidents.

Preschoolers

(Four to five years)



The preschooler's increasing competence means expanding horizons to explore. Preschoolers spend hours in imitative play (such as playing house). Lack of full coordination may lead four-year-olds to talk too loud or squeeze the cat too hard. Five-year-olds probably can "fine tune" their behavior to adult tastes, accept simple responsibilities, take care of many of their daily needs such as dressing (but wait a while before expecting the child to tie shoelaces). Preschoolers are active learners and gain knowledge by doing, not by verbal explanations. They start to identify with adults rather than simply relying on adults.

How preschoolers may be at risk for HIV

A woman with HIV infection may transmit the virus to her baby during pregnancy or childbirth. Because of improved care, these babies are living longer, healthier lives.

A preschooler may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

A few children worldwide became infected with HIV after drinking breast milk from a woman with HIV

infection. Women with HIV need to have this information if they are considering breast-feeding.

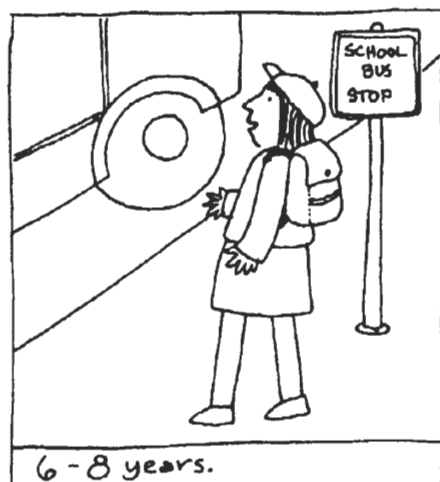
Preschoolers are often victims of sexual abuse, which can result in HIV transmission.

Simple things adults can do to promote preschoolers' health

- Support the preschooler's basic self-care skills.
- Teach preschoolers basic "street safety"—how to cross the street, never to talk to or go with strangers, own name and address and phone number.
- Teach preschoolers never to take drugs or medicines without your approval (and don't give children alcohol or any other "recreational" drug).
- Keep the home environment childproof by keeping objects such as knives and household chemicals out of reach.
- Help preschoolers to continue learning social limits (for example, being touched by adults in sexual or painful ways is something to refuse and report to another, trusted adult).
- Answer questions about AIDS and sex directly, simply, and concretely.
- Coloring books or drawing pictures may be useful in helping preschoolers to understand basic information about AIDS and other topics.
- Use concrete situations such as a cold or a cut finger to explain how germs cause sickness.
- Support the child's vocabulary-building—a five-year-old probably knows about 2000 words!
- Recognize that "playing doctor" is normal as preschoolers explore their own bodies and become curious about friends' bodies.
- Keep offering comfort, love, and a safe, accepting place to be.

Young school-aged children

(Six to eight years)



Growth and development of young school-aged children

Children of this age experience slower growth and change than younger and older children.

They begin to think about issues such as life, death, sickness, religion, and sexual relationships. They probably have heard about AIDS. The early-school-aged child may have projects or near-obsessive hobbies. They may see things as absolutely right or absolutely wrong. The child may become a commuter between home and school daily. At this age, the child becomes very interested in taking part in "adult" projects (cooking, building, sports).

The school-aged child develops a sense of mastery over more and more components of culture and society.

How six-to-eight-year-olds may be at risk for HIV

A woman with HIV infection may transmit the virus to her baby during pregnancy or childbirth. Because of improved care, these babies are living longer, healthier lives.

A young child may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood

donations began to be screened for HIV antibody in 1985.

A few children worldwide became infected with HIV after drinking breast milk from a woman with HIV infection. Women with HIV need to have this information if they are considering breast-feeding.

Young children are often victims of sexual abuse, which can result in HIV transmission.

School-aged children could risk HIV infection during play that involves sharing needles or other implements (such as becoming blood brothers).

School-aged children sometimes use injectable drugs and could risk HIV infection by sharing needles and syringes. Diabetic kids need to learn never to share needles and syringes and always to dispose of used injection equipment properly.

Simple things adults can do to promote kids' health

Answer the child's questions about AIDS and emphasize that people don't get AIDS as a punishment for being bad. The child may express fears about AIDS and need reassurance.

- Support the child's sense of productivity by encouraging and praising activities, projects, school work, sharing in adult tasks.
- Support the child's positive sense of sexuality, privacy needs, physical competence.
- Encourage the child to refuse and report abuse or sexual abuse
- Encourage the child to refuse alcohol and non-medicinal drugs, whether offered at school, at home, or on the streets.
- Build the foundation of knowledge the child needs for puberty. Teach the child basic facts about human reproduction and sexuality. The child's curiosity about intimate objects such as condoms and sanitary napkins may be a good starting point for talks.
- Encourage the child's school to provide accurate AIDS awareness education.

Preteens

(Nine to twelve years)



Growth and development of preteens

This age brings another period of rapid physical growth and change. This leads to strong concern with bodies, appearance, being “normal,” as well as intense curiosity about sex. In some children of this age, hormones leading to puberty are already at work. The development of secondary sexual characteristics (such as swelling breasts, growth of pubic and underarm hair, broadening hips, deepening voice) begin as kids stand on the threshold of adolescence. Girls may grow and develop sexually faster than boys. Gay and lesbian people often recognize their sexual orientation at this age and may experience tremendous fear, confusion, and isolation in a heterosexual world. Peer groups become very important. Kids test out values learned at home in the context of their peer groups. Preteens experience powerful social pressures for conformity.

How preteens may be at risk for HIV

A child may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

Children are often victims of sexual abuse, which can result in HIV transmission.

Kids could risk HIV infection during play that involves sharing needles or other implements (such as becoming blood brothers).

Kids sometimes use injectable drugs and could risk HIV infection by sharing needles and syringes. Diabetic kids need to learn never to share needles and syringes and always to dispose of used injection equipment properly.

Sexual intercourse and sexual experimentation may place kids at risk of HIV transmission. Kids may trade sex for food, money, drugs, or shelter.

Simple things adults can do to promote kids' health

Recognize that preteens stand on a threshold—sometimes they are children, sometimes they are adolescents.

- Preteens are curious about sex, need accurate information, and can understand that sexual intercourse has consequences including HIV infection and pregnancy.
- Teach preteens about menstruation, condoms, reproductive health, HIV/STD prevention, sexual decision making.
- Consider teaching your child specifics about condom use and needle safety—it won't push them to try sex or drugs and may help protect their life. Preteens can grasp a full explanation of HIV transmission and prevention.
- Remember that our culture puts special pressures on preteens as their bodies, hormones, and emotions go through tremendous changes. Now is a time to share your values concerning sexual relationships, substance abuse, and other issues in two-way talks with your child. Listen to your child as well as telling them your thoughts.
- Encourage your child to stay free of alcohol and drug use, and act as a positive role model.
- Encourage your child's school to offer accurate AIDS-awareness and HIV-prevention information to each grade level.

Teens

(Thirteen to eighteen)



Growth and development of teenagers

"Adolescence" is derived from a Latin word for "coming to maturity." Puberty begins with a growth spurt and changes in hormonal activity. It ends in sexual and reproductive maturity. Where adolescence ends and adulthood begins depends on social and legal norms as well as individual physical and emotional factors. Adolescents in American society struggle to lay down the foundation for their adult identities. Because our society supports the isolation of teens from adults and the separation of teen culture from adult culture, this struggle for identity is often stormy. It may involve a variety of risk-taking behaviors. Teens may take chances with sex, drugs, high-speed driving, robbery. Sometimes, teens separate themselves from home and family by running away. They may run away to escape physically abusive situations. Adolescence also involves a search for intimacy. Some teens even try to become pregnant so their intimacy needs will be met: "The baby will be one person who really loves me." Teens may experience their first successes with adult roles and tasks (e.g., having a job).

How teens may be at risk for HIV

A teenager may have become infected after receiving transfusions or blood products containing HIV. This is rare in the United States since blood donations began to be screened for HIV antibody in 1985.

Teenagers are often victims of sexual abuse, which can result in HIV transmission.

Kids could risk HIV infection during play that involves sharing needles or other implements (such as becoming blood brothers).

Kids sometimes use injectable drugs and could risk HIV infection by sharing needles and syringes. Diabetic kids need to learn never to share needles and syringes and always to dispose of used injection equipment properly.

Sexual intercourse and sexual experimentation may place kids at risk of HIV transmission. Kids may trade sex for food, money, drugs, or shelter.

Simple things adults can do to promote teens' health

- Contrary to the popular fear, teens do not stop talking or listening to adults. Giving lectures, however, rarely works with teens.
- Remember to really listen to your teenager; often adults do only one fifth of the talking in an effective conversation with a teenager.
- Try to break down the isolation of teens from adults by "mentoring" teens—teaching them skills, sharing your values and thoughts, asking about their own values and thoughts.
- Teach teens complete and accurate information about sexuality, HIV transmission and prevention, HIV-safe sexual behaviors. Teens are able to learn and understand the wide range of HIV/AIDS information available to adults.
- Encourage schools to provide complete and accurate HIV/AIDS education programs. Accompany teens to panel discussions that include young people with HIV/AIDS.
- Recognize the turmoil teens in our society confront as they build their identities. Remind them frequently of their strengths and abilities. Catch teens doing things right more often than you criticize them for doing something wrong.
- Support teens in recognizing and confronting sexual abuse or exploitation.
- Encourage teens to stay free of substance abuse.
- And remember to tell teens as well as young children that you love them.

Round-robin: One strength I have is . . .

Next, using a new sheet for recording, ask members of the group to go around the circle and name one strength they have in relation to teaching kids about AIDS. If people are not responding, prompt the group by naming one simple strength you have.

Challenge: Tell your child . . .

Announce that the group will meet again next week (give time, location, and a number to call if anyone wants to talk about something before that session). Ask if there are any pressing questions that need to be discussed right now. Say that you now have a challenge for everyone in the group. Show the sheet of newsprint with the Challenge on it. Ask participants to tell their child (or children) that they are "taking a class about AIDS" and learning lots of things. Then they should ask their children what they have learned about AIDS and what questions they still have. Tell the group that next week participants will be able to talk with one another about these conversations and learn more about how to teach their kids about AIDS.

Evaluation

Ask participants to say what was useful to them about this session, what could have been better, and what they hope will be included next time. Write their comments on newsprint.

Thank participants. Congratulate them on their knowledge and skills. Tell them you look forward to seeing them again next time.

GROUP SESSION TWO



Risks and Changes

Introduction to Session Two

This second session concentrates on risk reduction. The session begins with feedback on the Challenge from the first session in which parents were instructed, "Tell your child that you are taking a class on AIDS." Sufficient time for reporting the participants' experiences, feelings, and children's reactions is included at the beginning of this session.

After reporting on the Challenge, the material presented in this segment examines the specific risks of HIV infection that young people face. Exercises are used that allow participants to practice answers to information-seeking questions from young people. These exercises give adults the opportunity to review what they know, to give accurate answers, and to practice using frank, correct sexual terms or drug-related language.

The session then moves from the relatively safe information-giving process to examining how people respond to risks and how they might respond to the need for change in their lives. The group will participate in listing what kinds of factors support behavior change.

The group then learns about and practices specific risk-reduction skills, including effective condom use and needle safety.

The Challenge presented at the end of the session provides participants with the opportunity to relate concepts about risk, risk reduction, and change to their own lives by adding to the AIDS Lifeline developed in the first session. The major point in this session is that we all may be at risk and now is the time to do a risk assessment. At the end of the session, the participants will be left with the challenge to do a personal and family risk assessment. This is a personal challenge that will require private time to process. The next session will start with a discussion of this Challenge.

Session Two Preparation

Meet with your partner to review the curriculum and to clarify who is responsible for what tasks.

Arrive at the meeting place 30 minutes before scheduled start of meeting to set up room and to greet people as they arrive.

Bring along the following materials:

For each participant

name tags
condom-use illustration
needle-safety illustration
two or three condoms

For workshop leader

agenda written on newsprint
blank newsprint
cards with Carousel questions on them
newsprint with the Challenge written on it
refreshments
masking tape
pencils and blank paper
box of nonlubricated condoms
spermicide with nonoxynol-9
water-based lubricant
needle-cleaning kit
syringe (without needle)

Set up chairs in a circle. Hang up agenda in front of Challenge sheet. Set up refreshments and place for making name tags.

Assumptions of the session

Session Two assumes that effective AIDS education must at some point hit home with the twin realizations that risk behavior is a personal issue and that behavioral changes may be necessary in one's own family. A parent who has absorbed these messages will approach AIDS education with more urgency and directness.

A second assumption is that parents need time and safety to move from the informational learning stage to the stage of promoting behavioral change.

A third assumption is that parents already have models in their own lives of how to deal with the risk of making changes.

Resources for the session

Review Chapter 1 of the *Resource Manual*, "What is AIDS?" Read Chapter 3, "Risk and Change," carefully, looking for models of how HIV risk assessment and risk reduction might happen. Skim Chapter 2, "How to Talk to Kids about AIDS."

Session Two objectives

- ① Participants will become more aware of how young people may be at risk for AIDS/HIV.
- ② Participants will become more comfortable discussing sensitive topics, such as sexuality and drug use, with young people.
- ③ Participants will identify the components of risk-taking behavior.
- ④ Participants will identify aspects of situations that support risk-reducing choices.
- ⑤ Participants will identify risk taking in their own lives.
- ⑥ Participants will become aware of how they made changes in their own lives.
- ⑦ Participants will learn and practice specific HIV risk-reduction skills.
- ⑧ Participants will begin a personal and family risk-assessment process.

Session Two exercise objectives

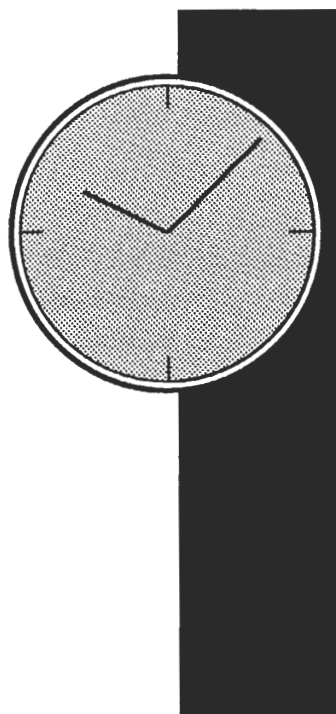
Triads - Report on the Challenge, "Tell your child . . ." Provides a supportive environment to discuss participants' first attempts to use skills and information learned during the first workshop. Provides a bridge to the second session.

Carousel - Participants will become more comfortable discussing sensitive topics such as sexuality and drug use with young people. Provides a review of risk-assessment and risk-reduction information. Gives practice in talking with young people, providing them with accurate information in a manner they understand and using frank language.

"I took a risk when . . ." - Participants will identify the components of risk-taking behavior. Provides a safe environment in which to examine risk in one's own life. Participants will identify aspects of situations that support risk-reducing choices.

Safety Skills - Exploration and discussion of correct condom use, safer sex, and needle safety introduces participants to specific HIV risk-reduction skills.

Personal Risk Assessment - Encourages participants to let HIV information hit home, to personalize the presence of risks, and to build confidence in their ability to make changes in their lives and behaviors.



Agenda for Session Two

Welcome

Triads: Report on Challenge experiences *15 minutes*

Review of Session Two objectives
and agenda *5 minutes*

Exercises: Carousel *30 minutes*

Exercises: "I took a risk when . . ." *20 minutes*

Workshop: Safety Skills *40 minutes*

Challenge for next week *5 minutes*

Evaluation *5 minutes*

Total time for session: *2 hours*

Session Two activities: Instructions for facilitators

Welcome

Greet participants as they arrive. If you're using name tags, give one to each participant.

At the scheduled beginning time, **welcome people back**: "This is the second in a series of three classes. In the first class we discussed key facts about AIDS and HIV. This week, we'll talk about risks people take and ways we can help young people to take fewer risks with HIV infection. Next week, we'll work even more on ways to teach children what they need to learn about AIDS, HIV, and keeping safe."

Point out where the refreshments and rest rooms are. Tell people how long child care will continue.

Review the ground rules of the group (confidentiality, listening, supporting).

Ask participants if there is anything from last week's session that they feel confused about and respond to their questions.

Ask participants to break into groups of three to talk about the Challenge from last week. How did the conversations with kids about AIDS go? What kinds of questions did their kids have about AIDS? After ten minutes, ask participants to rejoin the larger group.

Review the Session Two agenda and objectives: "The focus of today's session is on reducing the risk of getting HIV infection. We will practice answering some questions that children might ask and we will talk about risk in our own lives and families. We will also practice some very basic skills that will help us to avoid HIV infection. During this session, try to think about what kinds of risks you and your own family have faced and the kinds of changes you might want to make to reduce health risks in the future."



Exercise: Carousel*



Introduce the Carousel exercise as a way to practice working with young people to reduce risks. Select the question list that best suits the age group(s) of your participants' children.

Ask participants to count off. Have the people with even numbers stand in a circle facing outward. Have the people with odd numbers stand facing them. Give cards with questions on them to people in the outside circle.

Tell participants to ask the question of the person standing opposite them. Remind the participants to use correct, explicit language and to avoid euphemisms in their responses.

Allow three minutes for the people on the inside circle to respond, then allow two minutes for the people on the outside circle to give feedback on the responses—how they felt and was the answer effective. Then, have the people on the outside circle move one person to the right and ask their questions again. Again, allow three minutes for the response, and a couple minutes for feedback. (If there is time, you may repeat this.) Then, collect the question cards from the people with odd numbers, shuffle the cards, and give them to the people with even numbers. Have them ask their questions, receive responses, and give feedback at least twice.

Then call the group back together to review the experience. Make a list of what responses were helpful and unhelpful. Make a list of what elements were difficult to answer and what elements people felt they responded to effectively. End after listing what people felt they did well.

*Adapted from "Working with Uncertainty: A Handbook for Those Involved in Training on HIV and AIDS," by Hilary Dixon and Peter Gordon, Family Planning Association Education Unit, 1987.

Carousel question mix 1**(Young Children)**

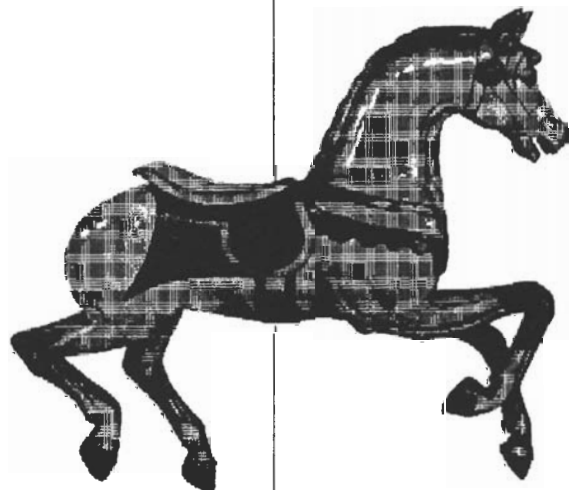
1. Am I going to die of AIDS?
2. What is a germ?
3. How do people get AIDS?
4. What does "sex" mean?
5. How do children get AIDS? What happens to them then?
6. When I go to the doctor, won't I get AIDS from the needles?

(Teens and Preteens Who Aren't Sexually Active)

1. Why shouldn't I use drugs? You drink wine and beer!
2. What does safe sex mean?
3. Did you wait until you were married?
4. How long does it take for someone to get AIDS if they got the virus when they were my age?

(Sexually Active Teenagers)

1. If I carry condoms, won't my boyfriend think that I'm sleeping with other boys?
2. If the condom breaks, what should we do?
3. I don't know exactly how to start a conversation about safe sex. What should I say exactly?
4. Can kids go anonymously to a test center if they think they could have HIV?



Carousel question mix 2**(Young Children)**

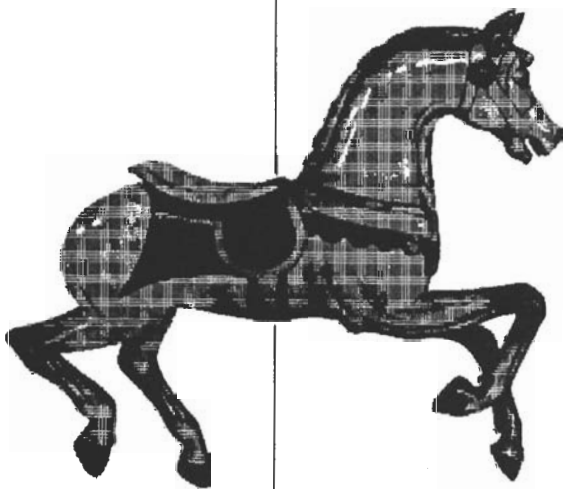
1. Can my dog get AIDS when he marries other dogs?
2. How can people make sure that they don't get AIDS?
3. If you go out with him, will you get AIDS?
4. What does "gay" mean?
5. What are these (condoms)? I found them in the drawer in Suzie's room (23-year-old cousin).

(Teens and Preteens Who Aren't Sexually Active)

1. Is it okay not to have sex? It sounds pretty scary!
2. What is a condom?
3. Why don't they just lock up everybody who has AIDS?
4. How does someone know if they are gay?

(Sexually Active Teenagers)

1. Is it okay not to have sex at all? I don't enjoy it very much.
2. My friends aren't getting AIDS and they've been having sex for two or three years. Why should I worry about it?
3. If someone thinks they are infected because of what they already did, what should they do now?
4. If someone is pregnant, they could have gotten HIV, right?
5. A person is straight if they have sex with someone of the opposite sex, right? It doesn't matter if they have sort of a crush on their best friend, does it?



Carousel question mix 3

(Young Children)

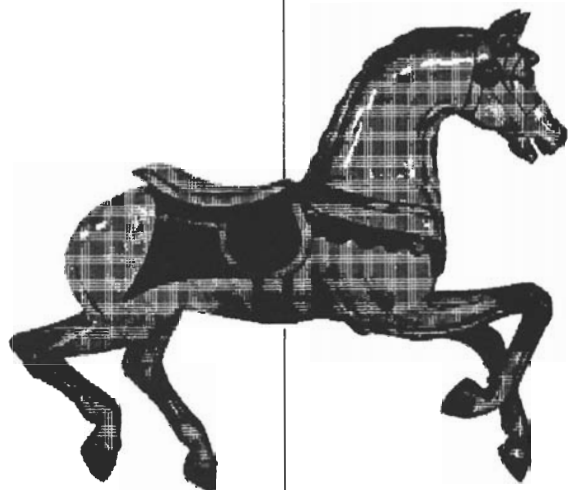
1. Jack is always putting girl's clothes on from the dress-up box. Will he be gay?
2. Why can't they make people with AIDS get better?
3. How can you catch a cold from someone who sneezes on you, but you can't catch AIDS. Aren't they both from viruses?
4. If Daddy has AIDS, how can we visit him? Won't we get sick?
5. Why do people who do drugs get AIDS?
6. Why does blood stay under my skin?

(Teens and Preteens Who Aren't Sexually Active)

1. How come men get AIDS and women only carry the virus?
2. So it's alright to have sexual intercourse as long as you use a condom?
3. How do people know when they are gay?
4. Can I go to that party at Julie's house?

(Sexually Active Teenagers)

1. Can you get infected the first time you sleep with someone?
2. Is there anything you can use instead of a condom, in an emergency?
3. If I go to a clinic, will they ask me a lot of questions about what I do with my boyfriend?
4. If I don't do the things that gay people do, then I won't get infected, right?





Exercise: I took a risk when. . .

Introduce the "I took a risk when" exercise.

Ask each participant to take out a piece of paper and pen for the exercise or pass out these materials.

Say: "Each of us has probably risked our own health at some point. Looking at ways we've taken health risks may help us to understand how young people may come to risk their health. It may help us to be more effective at teaching young people about ways they can stop risking HIV infection."

Pause.

"Think about the questions I ask. This is private, and you won't have to tell anyone details of risks you've taken, unless you choose to."

"Think about a time you did something that you knew was risky to your own health or the health of another person."

Pause.

What information did you have about the risks involved at that time?

What control did you have over the situation? In what ways did you feel you didn't have control?

What did you need to make the change from a health-risk behavior to a healthy behavior?

"Now think about a health risk that you are taking right now. It should be something that you would like to change or something that is recommended that you change to improve or protect your good health. Maybe you are thinking about a different risk than you focused on before or maybe it is the same risk."

Pause.

How difficult is it for you to make this change in your life: Write down "Easy," "Hard," or "Extremely Difficult."

What are the things that prevent you from making this change right now, right away, today?

Write these things down in a list. You do not have to use whole sentences, just key words that will help you remember each item.

What would help or motivate you to make this change right now? Write these down in a list next to the first list.

When everyone is through writing, begin a discussion about the answers. Using a large piece of newsprint, make two columns. Label one, *Prevents Change*, and the other, *Supports Change*. Solicit items from the group for each column.

Many of the items the participants will offer will appear on the lists of others, so ask, "How many people had '_____' on their lists?" Also, some items will appear in both columns; for example, "other people I know are doing it" might be in the *Prevent* column or in the *Support* column. Point this out to the group.

Relate the lists to HIV infection prevention: People need information, support, and resources to make key changes in their lives. Change itself almost always feels risky. There is a sense of losing something and moving toward a future that is somewhat unknown. As you discuss change, bring out these points with the group.

End the discussion by suggesting, "Young people are experiencing these same problems in making changes. To adopt HIV prevention behaviors they will need information, support, resources."



Workshop: Safety Skills

Introduce the mini-workshop on safety skills by providing a brief review of material already covered. The Myths and Facts about AIDS discussion during the first meeting covered a variety of ways that people can prevent HIV infection. For example, sexual transmission of HIV can be reduced or eliminated by

- 1) abstinence from vaginal, anal, and oral intercourse,
- 2) practice of monogamy by uninfected partners,
- 3) using latex condoms correctly during intercourse, and
- 4) practicing nonpenetrative sex.

Injection equipment will not transmit HIV if people

- 1) use only sterile needles and works,
- 2) never share hypodermic equipment with anyone, or
- 3) always clean shared hypodermic equipment with bleach and water before using it.

People determine what form of prevention they wish to practice based on their individual and community beliefs, values, and norms. People may choose to abstain completely from activities that can transmit HIV, or they may choose to reduce the likelihood of HIV transmission by practicing safety skills. Sometimes, very specific risk-reduction norms are followed by large numbers of people. For example, the universal precautions that health care workers are required by law to practice involve a number of specific safety skills: wearing latex gloves to keep from touching blood and

other possibly infectious body fluids, disposing of used needles and sharp equipment in hard plastic containers, not recapping needles, and so forth. Sometimes prevention practices involve very personal decisions. Discussions about abstinence, condom use, needle cleaning, and other aspects of prevention education may involve strong emotions. The safety skills workshop teaches correct condom use, needle cleaning, and other specific safety precautions. The discussions might cover personal thoughts and feelings on condom use, needle cleaning, needle exchange and drug rehabilitation programs, safer sex, abstinence, and a wide variety of topics. Each participant will gain specific information on how latex barriers block the transmission of HIV and how the 2+2 needle-cleaning process reduces infections spread by sharing needles and works. Each participant could be in a position to teach or tell someone else about these methods—and sometimes safety skills are lifesaving skills. Demonstrating or talking about safety skills may be a way of starting a conversation about prevention that can cover a wide range of ways people can reduce or eliminate their risk for HIV infection.

Safer Sex (*optional exercise*): Safer sex means that semen, vaginal secretions, menstrual blood, and blood from one partner do not contact the mucous membranes or get inside the body of the other partner. Remind people about the card game exercise on HIV transmission. Pass out 3 x 5 cards and ask everyone to write down one *safe* sexual activity on a card. Collect the cards, read them aloud, and discuss how sexually active young people might view safer sexual practices. How do young people view abstinence? Condom use?

Condom Demonstration: Pass out copies of the condom-use illustration and distribute two or three nonlubricated latex condoms to each person in the group. Demonstrate and explain:

- opening the package
- leaving some space at the tip of the condom for ejaculate (or point out the receptacle tip)
- squeezing air out of the tip of the condom to reduce the chance of breakage
- unrolling the condom over your fingers to show that it only unrolls one way; if the condom doesn't unroll, it's upside down
- removing the condom from your fingers
- tying off the end of the condom so it can't be reused
- disposing of the condom

Explain that uncircumcised men will need to retract the foreskin of the penis when putting on condoms.

Ask participants to take turns putting a condom on another participant's fingers. Answer any questions. To demonstrate that condoms do not block sensation, ask participants to pretend they are blowing out birthday candles and to blow on the fingers covered by the condom. Can they feel their breath? Ask participants to place their hands around the fingers that are covered by a condom. Can they feel whether hands and fingers are warm or cold?

Next, explain the correct use of water-based lubricants and spermicides. It is important to use lubricants during vaginal and anal intercourse. They help to keep the condom from breaking and also reduce cuts and tears to the mucous membranes. Explain that only water-based lubricants (such as K-Y Jelly) should be used. Oil-based lubricants (such as Vaseline or hand lotion) damage latex condoms. Nonoxynol-9, a spermicide that kills HIV, is contained in some lubricants. A small dab of this spermicide, or another water-based lubricant, can be placed in the tip of the condom. Lubricants containing Nonoxynol-9 can be used on the outside of the condom during vaginal intercourse, if the woman doesn't experience any irritation from the spermicide. If she experiences irritation, plain,

nonspermicidal lubricants are best. Plain lubricants should be used on the outside of the condom during anal intercourse and during vaginal intercourse during pregnancy. No lubricants are needed on the outside of the condom during oral intercourse.

Open a new condom and demonstrate placing a dab of spermicidal lubricant in the tip of it before unrolling it. Next demonstrate placing water-based lubricant on the outside of the condom. Point out that prelubricated condoms, some containing Nonoxynol-9 and some containing plain water-based lubricants, are also available.

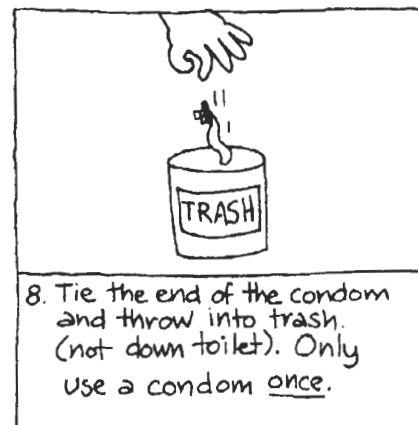
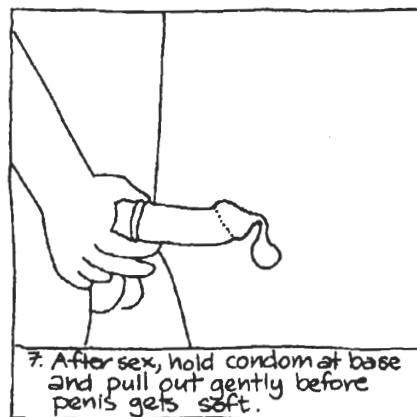
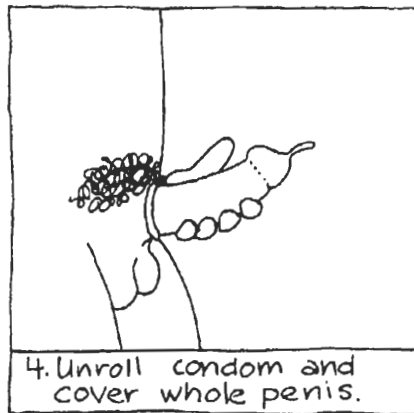
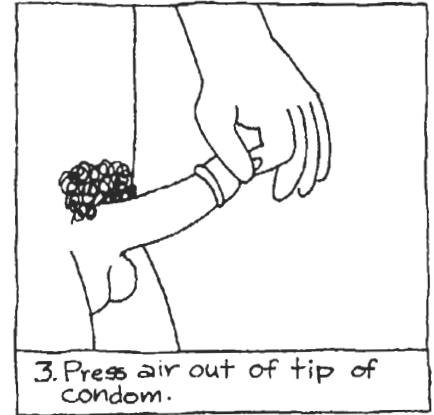
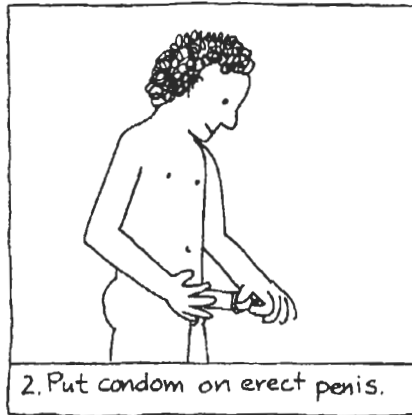
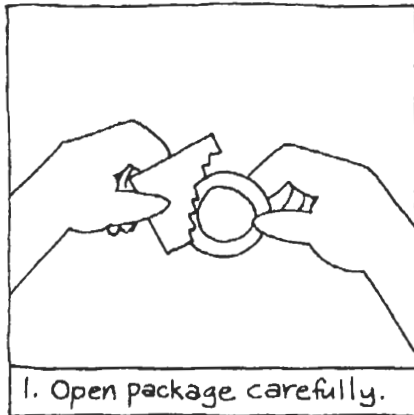
To demonstrate the effect of oil-based lubricants, conduct a small experiment. Blow up two nonlubricated condoms and tie them shut. Put Vaseline on one and K-Y Jelly on the other. Continue the workshop, then come back to them. The condom with Vaseline will break much more easily than the one covered with a water-based lubricant.

Try to have a wide assortment of condoms for your demonstration and discuss places that sell or give away condoms in the local community. While conducting the condom demonstration, it's important to acknowledge directly that people may feel uncomfortable touching or talking about condoms. Encourage open sharing of thoughts and feelings. Especially encourage men in the group to share their thoughts about buying and carrying condoms as youths and to imagine how they might reduce feelings of embarrassment for their own children. If some members don't want to participate in the demonstration, that is okay.

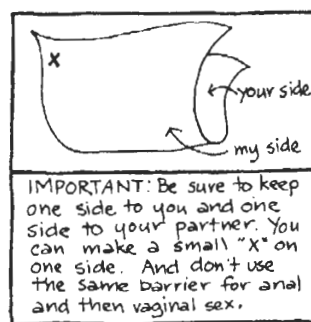
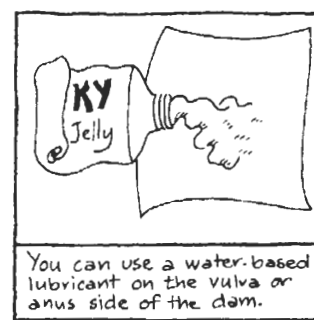
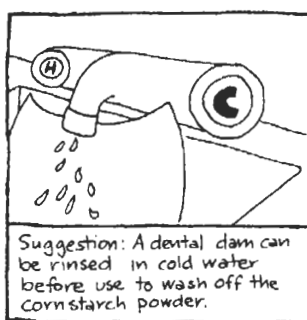
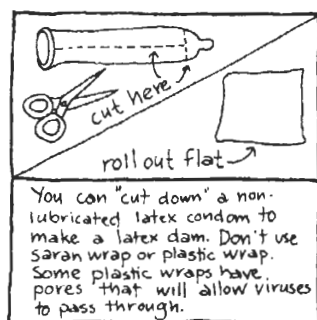
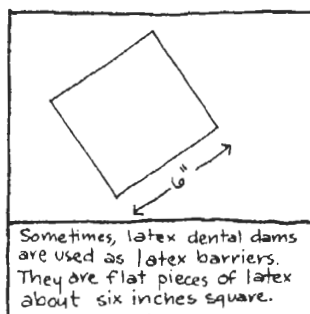
Some groups wish to discuss ways to begin discussions of correct condom usage at home or ways to encourage sexually active young people to use condoms.

Here are some ideas generated by past groups:

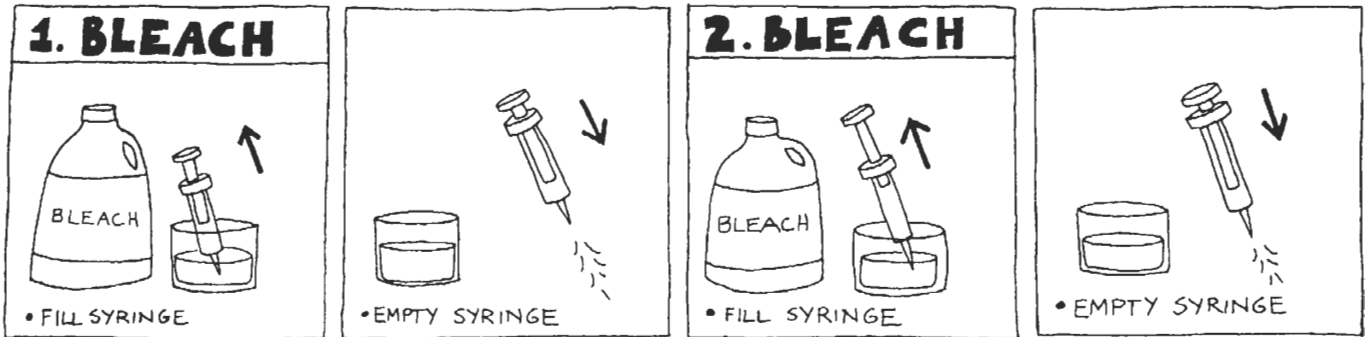
- Let condoms be in plain sight along with other personal care products.
- Give condoms as gifts to sexually active teens.
- Take condoms home from the workshop and use them as conversation starters. Ask a young person to observe and critique a method of teaching about correct condom use.



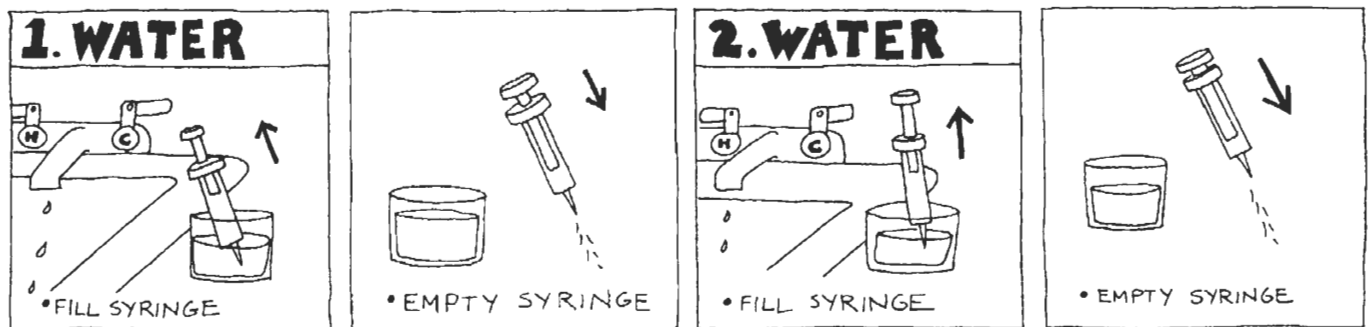
Latex barriers may be used during oral-vaginal or oral-anal sex. They reduce risk of HIV infection because they keep vaginal secretions or blood from entering the mouth.



So far, there have been no clinical studies to test the effectiveness of dental dams or latex barriers in reducing the risk of HIV transmission.



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2+2 method

Dental Dams/Latex Barriers: Dental dams (square pieces of latex developed for use in dentistry) are used as barriers between the mouth and the vulva or the anus during oral sex so that no vaginal secretions, blood, or other body fluids enter into the partner's mouth. HIV has been transmitted through oral/vaginal contact in some cases. Hepatitis A has often been transmitted during "rimming" (oral contact with the anus). Latex barriers can reduce these risks. Review the handout on using latex barriers. Pass around a dental dam. Also, demonstrate cutting a nonlubricated condom open so that it forms a latex rectangle. One or both partners can hold the latex barrier in place during sex.

Female Condom/Intravaginal Pouch: The intravaginal pouch fits inside a woman's vagina during intercourse. It is a latex pouch with a ring holding it in place near the cervix and another ring on the outside of the vulva. It is another effective barrier method for preventing exposure to HIV during intercourse. Pass around an intravaginal pouch so that participants can examine it.

Remind the group that birth control pills and IUDs may actually increase the chances of HIV transmission during vaginal intercourse with an infected man.

Needle Cleaning/2+2 Method: Point out to the group that drug use may sometimes be even more difficult to discuss openly than sexuality. HIV is easily transmitted from person to person when needles and syringes are shared. Waiting lists for drug treatment programs are currently very long, so learning and teaching the 2+2 method of needle cleaning is important.

First, show the group a syringe and teach them the names for different parts of the syringe: the needle, the bore (the hole inside the needle), the barrel with amounts marked on the outside, and the plunger. Also show the group a spoon and a small piece of cotton. Explain that the specific kind of hypodermic equip-

ment, the type of drugs, and the usual way of injecting drugs varies a great deal from person to person and from community to community, so this will be a general description. When a person is going to inject drugs intravenously, they purchase and mix the drugs, sometimes using a metal spoon and a lighter to heat the mixture. The mixture is drawn up into the syringe, sometimes strained through a small piece of cotton. The person locates a vein, puts the needle into the vein, draws back a little bit to make sure that the location is correct (this brings a small amount of blood into the syringe), and then injects the drug. Sometimes, blood is drawn back into the syringe and then reinjected to flush out the last of the drug. If the hypodermic equipment is shared, blood from one user is easily injected into the veins of another user, frequently transmitting HIV.

Next, demonstrate the 2+2 method. Pour chlorine bleach into one cup and clean water into another cup. Draw bleach up into the barrel of the syringe once, then squirt it out; then draw up bleach again and squirt it out. Afterward, draw up water into the barrel and squirt it out twice. Rinse the spoon or cooker in the bleach and then in the water. Throw out the cotton.

Encourage participants to examine the hypodermic equipment, practice cleaning it with bleach and water, and ask questions. Facilitate a brief discussion of participants' thoughts and feelings on injectable drugs and needle cleaning. Participants may wish to discuss actual situations in their communities in which young people may share injection needles. If organizations in the community distribute needle-cleaning kits, pass kits around so that participants can examine them.

After the Safety Skills workshop, tell participants that the group will meet again next week (give time, location, and a phone number for someone they can call if they want to talk about anything before that session). Ask if there are any pressing questions that need to be discussed.

Challenge

Tell people that you now have another Challenge for them. Show the sheet of newsprint with the challenge written on it. Tell the group that one of the most important things about keeping safe from HIV is being realistic about whether we or our families may be at risk. Once we understand any current or future risks for HIV infection, we can make clearer choices about putting our safety skills to work.

Ask the group to use the AIDS Lifeline page they saved from the first session to represent risks they, or people they love, may be taking, and to represent a timeline for making changes so that they will keep safe. Emphasize that this is a very hard challenge and that it will probably involve each of them thinking about it privately. Next week there will be time to talk about it with the group if they choose. Some participants use the questionnaire "Looking at your own risks" (below) as a resource for thinking about this challenge.

Remind the group of the local resource list. This includes phone numbers of places that can give them more information or that could answer questions or just talk with them about their concerns.

Evaluation

Evaluate today's session. Using newsprint, ask participants what was useful to them about this session, what could have been better, and what they hope will be included next time.

Thank participants. Congratulate them on being a good group and tell them you look forward to seeing them again next week.

Personal Questions: Looking at your own risks

This questionnaire is meant for you to answer privately. It may help you assess your risk of having been exposed to HIV. It can't tell you whether you have contracted HIV. Its purpose is to make you aware of any potential risks you may be taking.

You will *not* be asked to hand in this questionnaire. Please answer as many of the questions as honestly as you can. Some program participants have asked for extra questionnaires to share with members of their families.

Each question has a point value shown at the left in parentheses. You will add up the points from your responses to learn your risk score. Remember, a high score does not mean you have contracted HIV. And a low score doesn't guarantee you haven't. You may want to talk to a doctor or health counselor about any concerns you have after doing the questionnaire.

1. In the past twelve years I have had sex with
 - (0) ____ no one
 - (1) ____ one person
 - (2) ____ 2-4 people
 - (3) ____ 5-9 people
 - (6) ____ 10 or more people
2. During the past three years (check up to two answers that most apply to you),
 - (0) ____ I have been celibate (not sexually active).
 - (1) ____ I have been in a steady sexual relationship or marriage that I believe is monogamous.
 - (3) ____ I have been in a sexual relationship in which I have been monogamous but my partner may not have been.
 - (5) ____ I have had multiple sexual relationships with partners pretty well known to me.
 - (10) ____ I have had multiple sexual relationships with partners I don't know well.
3. My sexual activities during the past three years include (check all that apply to you):
 - (5) ____ unprotected (no condom) oral, vaginal or anal intercourse
 - (2) ____ oral, vaginal or anal intercourse using condoms or latex barriers.
 - (0) ____ kissing, massage, masturbation.
 - (0) ____ celibacy (not sexually active).
4. Question for men only: In the past twelve years, I have had unprotected (no condom) anal intercourse with another man.
 - (20) ____ Yes.
 - (0) ____ No.
5. The following best describes my discussions about HIV/AIDS with my present partner or partners during the past three years (check the one that most applies to you today):
 - (25) ____ I know my partner may be at risk for HIV infection. We've discussed that, but we continue to practice unsafe sex.
 - (20) ____ I suspect a partner may be at risk for HIV, but we haven't discussed it.
 - (4) ____ I've discussed HIV/AIDS with my current partner and there are no evident risks, but I haven't looked into the past.
 - (2) ____ I have discussed HIV/AIDS with my current partner and past partners; I am not aware of any risks.
 - (1) ____ I have discussed HIV/AIDS with my current partner and past partners and we have consistently practiced safer sex.
 - (0) ____ I have been celibate (not sexually active).

6. The following best describes my drug use (check any that apply):
- (25) ____ I have shared needles to inject drugs in the past five years.
- (20) ____ I gave up sharing needles to inject drugs five years or more ago.
- (6) ____ My use of alcohol or drugs (crack, cocaine, amyl or butyl nitrite, marijuana, quaaludes, amphetamines, or other substances) sometimes leads me to have sexual encounters I'd like to forget about.
- (0) ____ I have not used recreational drugs.
7. The following best describes my current attitude toward HIV/AIDS (check one):
- (5) ____ Even though I take some risks, I really don't think I could ever get it.
- (3) ____ I believe anyone can get it from sexual intercourse or sharing needles, but I still don't want to think about it or to try to reduce my risk.
- (1) ____ I am trying to learn about risk reduction and discuss the subject with male and female friends.
- (0) ____ I am consistently practicing safe behaviors.
8. I received transfusions of blood or blood products prior to March 1985.
- (5) ____ Yes.
- (0) ____ No.
9. I have experienced a needlestick injury or have been splashed in the eyes or mouth with blood during the course of my work.
- (5) ____ Yes.
- (0) ____ No.

To determine your score, add up the numbers beside each answer checked.

My score is _____



KEY

25 or more: Possibly high risk. Your past or present behaviors may have put you at high risk for HIV infection. Consider making changes that would lower your risk. You may wish to talk to a counselor to learn more about reducing your risk behaviors. You may want to consider getting an HIV antibody test.

15 - 24: Moderate risk. Some of your past or current behaviors may have put you at risk for HIV infection. Consider making changes that could lower your risk. Learn how to avoid HIV infection through a workshop, counselor, or literature.

14 or less: Relatively low risk. You should continue to monitor your risks carefully and make sure your partner understands reducing risk for HIV infection.

GROUP SESSION THREE



Talking with Kids about AIDS and HIV

Introduction to Session Three

The first activity of this session is a discussion of last week's Challenge (a personal and family risk assessment and risk-reduction plan) in groups of three. The relatively small size of these groups will provide participants with time and safety to share their concerns and plans if they so choose. The individual work of assessing risk and planning change on a personal and family level will increase participants' perception of the need for developing a specific plan for talking with their children.

The skill-building component of this final session focuses on communication. Effective communication strategies are spelled out and explored. Exercises provide participants with practice in using those skills in talking to kids about HIV risk reduction.

Much of Session Three focuses on the development of a specific plan by each participant for talking with their children about AIDS and HIV risk reduction. These plans are shared with members of the group. The completed plans will assist group members with the closure process as the workshop series ends. Additional community activities related to AIDS in which group members can participate will be discussed.

Post-test and evaluation materials are integrated into a general discussion of future plans around AIDS awareness and HIV risk-reduction activities.

Session Three Preparation

Meet with your partner to review the curriculum and to clarify who is responsible for what tasks.

Arrive at the meeting place 30 minutes before the scheduled start of meeting to set up the room and to greet people as they arrive.

Bring along the following materials:

For each participant

name tags
communication skills handout
strength bombardment sheets
strength affirmation stickers
post-test and evaluation forms
pencils
cards

For workshop leader

agenda written on newsprint
blank newsprint
newsprint with "A-I-D-S-stands for..." written on it
refreshments
masking tape
pencils and blank paper

Set up chairs in a circle. Hang up agenda. Set up refreshments and place for making name tags.

Assumptions of the session

One assumption of this session is that participants will feel enough safety in the group and competency in relation to AIDS information to carry out the personal and family risk assessment and risk-reduction planning spelled out in the Challenge exercise.

Another assumption is that the Challenge process will increase participants' motivation to talk with their children about AIDS and HIV risk reduction.

A further assumption is that parent education about AIDS, already difficult because of the sensitive topics of sexuality and drugs, may be further complicated by the challenges of parent-child communication. Participants must feel enough support from the group and from the facilitator to take on these multiple challenges.

This workshop series poses many risks and challenges to participants, including self-assessment and family assessment regarding risk of HIV infection or participation in unsafe behaviors, challenges to change behaviors, and the possibility of disclosure of personal information to other group members. A final assumption is that learning accomplished in this environment will promote behavioral change more than purely cognitive learning.

Resources for the session

Read carefully Chapter 2, "How to Talk to Kids about AIDS," in the *Resource Manual*. Also read the book, *Does AIDS Hurt?* Review Chapter 1 of the *Resource Manual*, "What is AIDS?" if you feel at all unclear about basic information. Review the general and local resource lists.

Session Three objectives

- ① Participants will practice personal and family HIV risk-assessment skills.
- ② Participants will experience peer support for their risk-assessment and risk-reduction efforts.
- ③ Participants will understand that they are able to value and communicate with the young people in their lives consistently, even though they may not consistently approve of what the young people are doing.
- ④ Participants will practice supporting young people in learning to reduce their risk of HIV infection.
- ⑤ Participants will experience the relationship between feeling valued and enhanced self-esteem.
- ⑥ Participants will explore adult-child communication techniques that support the child's self-esteem and encourage risk-reducing choices.
- ⑦ Participants will develop a specific plan for talking with their children about HIV and AIDS.

Session Three exercise objectives

Challenge discussion - Participants will practice and share personal and family HIV risk-assessment skills. Participants will experience peer support for their risk-assessment and risk-reduction efforts. Bridge between Session Two and Session Three.

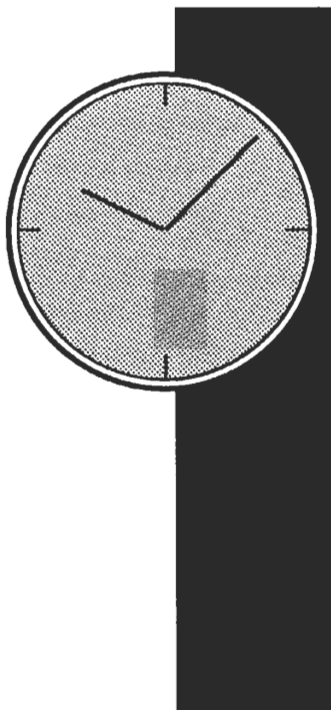
Kids share when . . . - Participants will consider their children's communication style and optimal situations for talking with them about AIDS and HIV.

Strength bombardment - Participants will experience the relationship between feeling valued and enhanced self-esteem.

Triad: Conversations with kids about risks and choices - Participants will practice adult/child communication techniques that support the child's self-esteem and encourage risk-reducing choices. Participants will practice supporting young people in learning to reduce their risk of HIV infection. Participants will understand that they are able to value and communicate with their children consistently, even when they may not consistently understand or approve of what their children are doing.

A-I-D-S stands for . . . key elements of discussing AIDS with kids - Participants will learn word associations that help them remember when and how they can talk with their kids about AIDS.

Plans for talking with kids - Participants will develop a specific plan for talking with their children about AIDS and HIV. Participants will learn alternate plans and approaches by sharing their ideas with one another. Participants will feel encouraged to carry out their plans after leaving the workshop.



Agenda for Session Three

Check-in	<i>5 minutes</i>
Discussion of Challenge	<i>15 minutes</i>
Communicating positively	<i>5 minutes</i>
Brainstorm: Kids share when . . .	<i>5 minutes</i>
Exercises: Strength bombardment	<i>25 minutes</i>
Roleplay: Risk and choice conversations	<i>20 minutes</i>
Brainstorm: A-I-D-S stands for . . .	<i>5 minutes</i>
Triads: Plans for talking to kids	<i>20 minutes</i>
Round-robin: One good thing about my plan is . . .	<i>5 minutes</i>
Post-test	<i>5 minutes</i>
Evaluation and "where to from here?"	<i>10 minutes</i>
Total time for session:	<i>2 hours</i>

Session Three activities: Instructions for facilitators

Greet participants as they arrive. If you're using name tags, give one to each participant (you may not need them by the third week).

At the scheduled beginning time, **welcome people back**.

Say: "This is the last in a series of three classes. The first class talked about key facts on AIDS and HIV. Next we talked about risks people take and ways we can help young people to take fewer risks with HIV infection. This week we'll work even more on ways to teach kids what they need to learn about AIDS, HIV, and keeping safe."

Point out where the refreshments and rest rooms are and tell the group how long child care will continue.

Review the ground rules of the group (confidentiality, listening, supporting).

Ask participants if there is anything from last week's session that they feel confused about and, respond to their questions.

Challenge discussion

Ask participants to break into groups of three to talk about the Challenge from last week. Suggest focus questions:

How did it feel to each person to deliberately think about personal or family risks for HIV infection?

What Safety Skills did they think might be useful?

What timelines did they develop for making changes?

What supports do they need to encourage these changes?

After ten minutes, ask participants to rejoin the larger group.

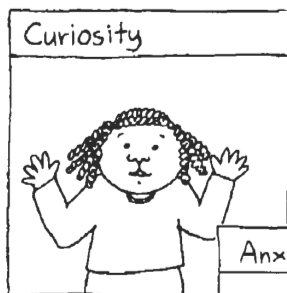
Review today's agenda and objectives.

Say: "We have been focusing on HIV and risk reduction. Today we are going to focus on our children—how to talk to them and how to help them reduce risk. This will involve reviewing some good communication skills." Go over the handout on communicating positively.

Communicating positively with kids about AIDS and HIV

Kinds of questions*

When children ask questions about AIDS, it is important to understand the meaning behind their questions:



1. Information-seeking and general curiosity

Fairly straight forward questions based on the natural curiosity of children.

Example: How do people get AIDS?



2. Anxiety for personal welfare

Questions based on anxiety with the intent of finding out if they are at risk themselves.

Example: Can you get AIDS from kissing?



3. Anxiety for the welfare of parents, siblings or other relatives, and friends.

Questions, sometimes quite direct, based on kids' knowledge about adult behaviors that kids know may be connected to HIV infection.

Example: Is it okay for my daddy to have sex?



4. Solution-seeking

Based on kids trying to come up with solutions to a fatal disease.

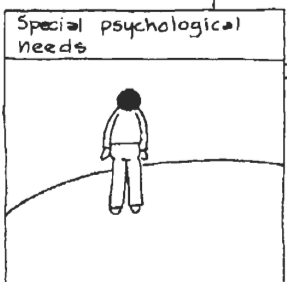
Example: Can we give somebody with AIDS new blood?



5. Seeking reactions from adults

Based on children's sensitivity to adult feeling about AIDS, these type of questions are asked to see how the adult will handle a difficult or embarrassing question. Answer calmly, factually, in an honest, matter-of-fact style.

Example: Did you have sex before you got married?



6. Special psychological needs

Intense preoccupation of a child with AIDS or another issue. If excessive concern persists, seek counseling.

Example: Without any apparent reason your son has been asking questions about AIDS three or four times a day for over a month.

Guide to answering questions**1. Try to understand the meaning behind the question.**

See above.

2. Answer it now, rather than later.

Example: Your child interrupts you while you are watching your favorite television program with a question about AIDS. Answer the question. Don't say, "Not now, I'm busy."

3. Answer calmly, in matter-of-fact manner.

Example: Your child says in an accusatory tone, "You're going to get AIDS if you keep going to all those meetings on sex". You answer concerns calmly and directly by explaining that you can't get AIDS by talking with people or going to meetings. You may want to explain (again) how AIDS is transmitted. You also may address the real problem of attending a lot of meetings lately.

4. Admit it if you do not know the answer to a question.

Example: Your child asks you where HIV came from. You admit that you don't know. You look it up the next day and find out that nobody else knows either.

5. Find out new facts and get back to the child with an answer later.

Example: The next evening you report back to your child that there are lots of ideas about where HIV came from, but none of the ideas has been proven yet.

6. Answer questions in a way that is appropriate to the age and sophistication level of the child.

Example: Your kindergartner asks you "What's AIDS?" You tell him it is a serious disease that some people get. You add that it is a hard disease to get, so he doesn't have to worry about getting AIDS.

7. Answer questions honestly and concisely.

Example: Your child asks you if a family member, Uncle Dan, has AIDS. You say, that Uncle Dan has an infection that leads to AIDS in many people. You can also say that you don't know yet whether Uncle Dan will get AIDS. Right now he is healthy and the doctors are giving him medicine to keep him healthy.

8. Check to see if the child understands the answer.

Ask the child to answer a question for you to check his understanding of the information.

Example: "Now you can tell me, does Uncle Dan have AIDS?" If the child can tell you the information in her own words, she has probably understood what you said.

Listening

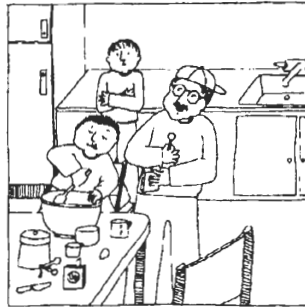
Above all, listen to your child. The less you talk, the more you may learn. Listen for the meaning behind the questions they ask. You need to understand exactly what young people are concerned about before you can address their questions. Too often young people accuse adults of not listening; too often they are right.

Listening includes watching for nonverbal cues, and asking for clarification when you don't quite understand. It means quieting down that part of our brains that always debates with the person who is speaking. Really listening is one way to show young people that you care.



A-I-D-S

Here is an easy way to remember key elements in talking with young people about AIDS. The letters A-I-D-S can stand for more than Acquired Immune Deficiency Syndrome. When you're thinking about talking with kids about AIDS:



- A** stands for Appropriate time — a planned talk or a special, “teachable moment”
- I** stands for Information — when you’re not sure of the facts, it stands for “I don’t know.”
- D** stands for Discussion — talking to and really listening to your child
- S** stands for Supporting your child’s self esteem!

The “teachable moment”

Try to find natural opportunities to bring up the topic of AIDS. For example:

During a general conversation about a related topic. Place AIDS information in the context of a conversation about health, sexuality, or things that frighten people—death, substance abuse, and so on. Reinforce family values at the time to place AIDS information in a more comprehensive context for the child.

Right after a television broadcast or newspaper article on AIDS. Show your willingness to discuss AIDS or any other topic in an open manner. Ask your child what he knows about AIDS and if he has any questions.

When you overhear a conversation or game about AIDS among children. Listen for the child’s feelings about AIDS. Correct any misinformation and lower the child’s anxiety about AIDS. Reinforce the values of compassion and respect for others and explain prejudice and harassment as unacceptable ways to deal with a disease and illness.

When children overhear an adult conversation about AIDS, you may want to discuss the topic with your children later to clarify the information or concerns for them.



Brainstorm: Kids share when...

Say to the participants, “Let’s consider under what circumstances kids share their thoughts and feelings with us. We will make a list of the times and situations where, in our experience, kids are most likely to talk about what’s on their minds.”

List responses on newsprint. Focus on the *circumstances* that motivate the child to share thoughts and feelings, rather than the content of what is shared. For example, the list might read: bedtime, when my child is scared, when she is excited about something, bathtime, after dinner while we’re doing dishes, in the car during a long drive, and so forth. Pause at the end and ask participants to think about how they recognize these good times for conversation and to think about the kind of feedback kids give them when meaningful conversations take place.



Exercise: Strength Bombardment

Introduce the Strength Bombardment exercise. Say to the participants, “Young people often give adults very clear feedback on what kinds of communication styles and techniques work and don’t work. Think about their comments when a talk isn’t going smoothly: ‘You never listen to me.’ ‘Can’t you do anything but lecture?’ This exercise is a way to practice and develop some skills in telling kids that you’ve caught them doing something *right!* Positive feedback and affirmation feel good to kids and adults alike and often are the very things that keep discussions of difficult topics moving in a constructive direction.”

Give each participant one success-list sheet, one set of stickers, and one pattern (bulls-eye or heart-shaped or human body-shaped pattern are available). Explain the procedure.

Each person writes down three successes they experienced when they were at the different ages listed on the sheet. These can be big successes or little successes. They should be things that people feel good about.

Working in groups of three, one person tells their abbreviated life story to the partners. The storyteller focuses on the successes that he or she listed, talking about each briefly.

After each success has been explained, the other partners will compliment the person on that success. Then the partners will write a keyword on a sticker representing a personal trait that the achievement represented and place the sticker on the pattern. Each partner will take a turn telling their achievement and getting rewarded with positive feedback.

For example, if the participant lists an achievement, “completed college while a single parent,” the trait symbolized on the sticker might be “goal-oriented” or “commitment” or “staying power.”

Draw group back together. Ask participants to discuss how it felt to receive positive feedback on their achievements. In closing, tell the group that this is a light, fun activity that helps people to experience how good it feels to be told they have done something right. This positive style can be used effectively in talking with young people, even when the conversation is about difficult or personal topics.

Strength Bombardment List

List three successes you've had during each time period.

Before the age of 5

- 1.
- 2.
- 3.

Before the age of 12

- 1.
- 2.
- 3.

Before the age of 20

- 1.
- 2.
- 3.

Before the age of 35

- 1.
- 2.
- 3.

During the last year

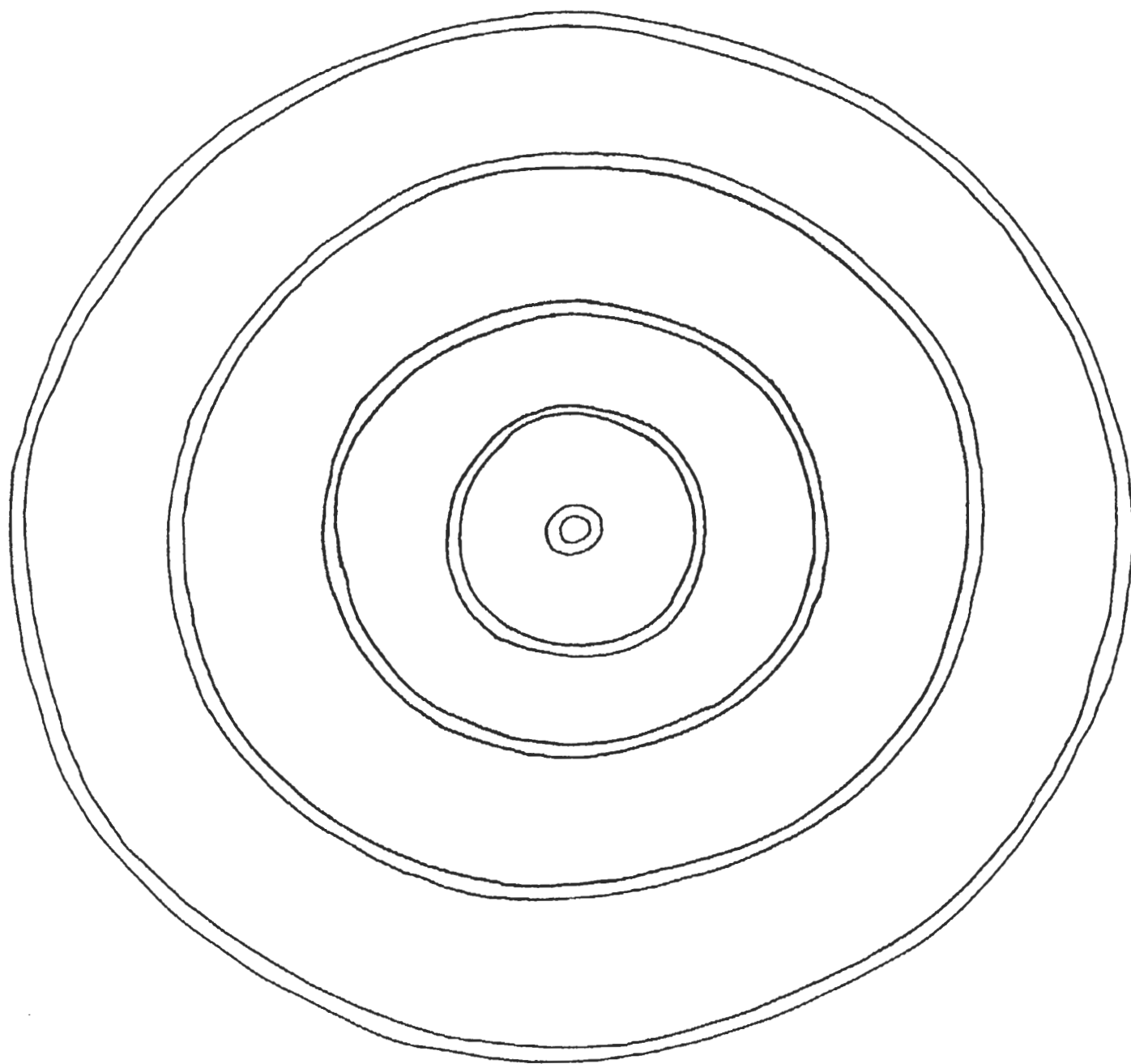
- 1.
- 2.
- 3.

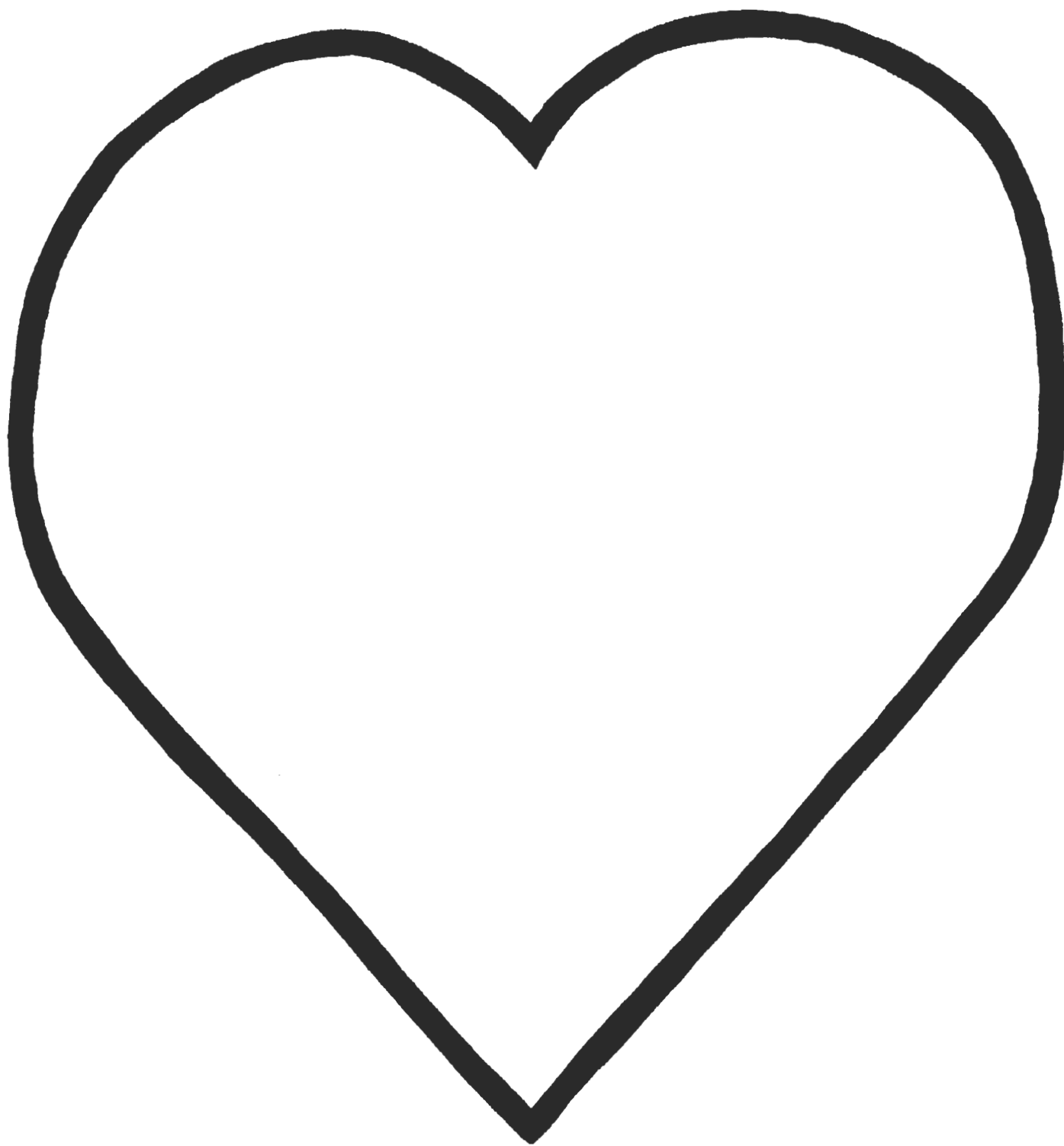
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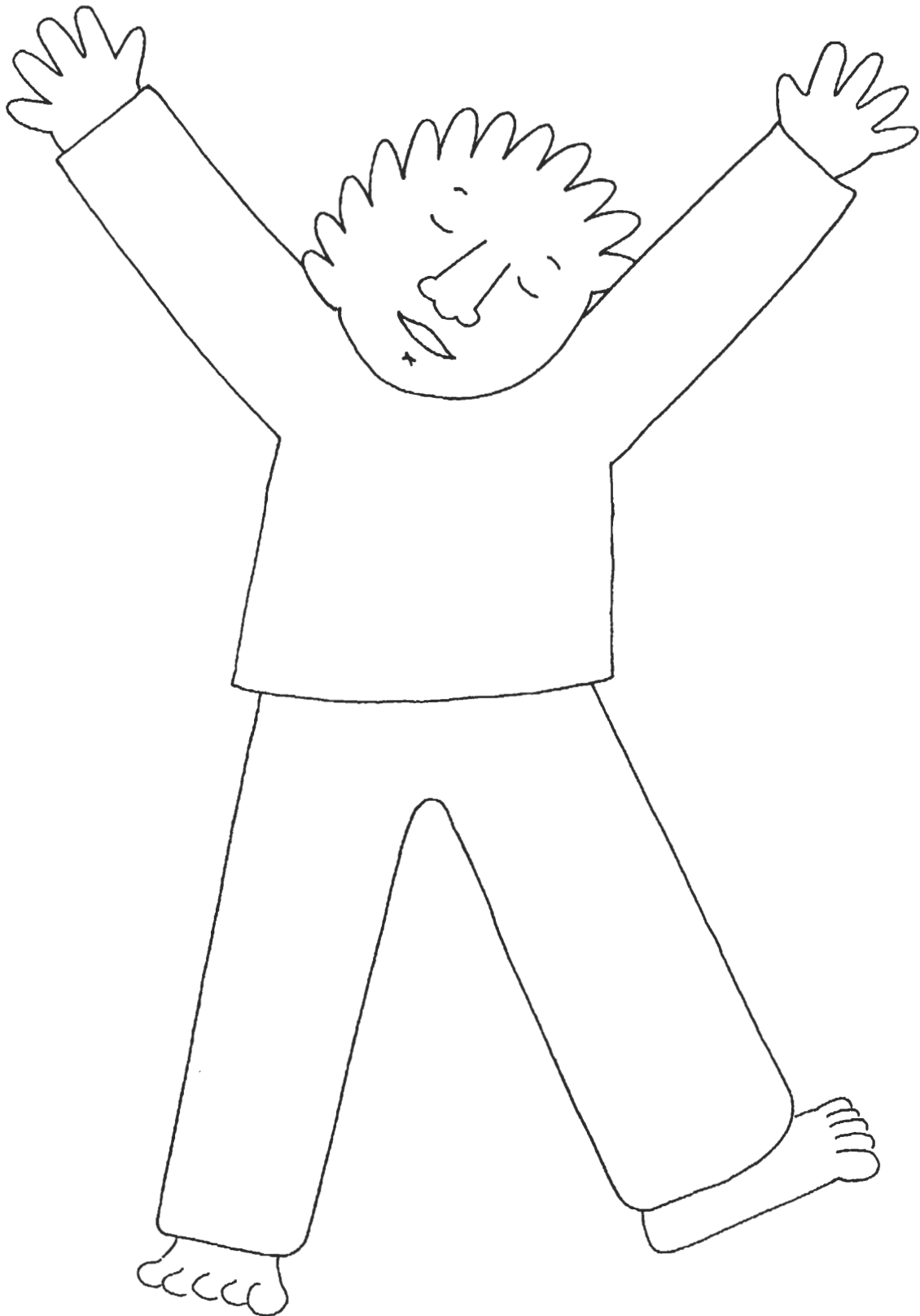
- 1.
- 2.
- 3.

During the last week

- 1.
- 2.
- 3.







Roleplays

Conversations with kids about risks and choices

Tell the group that this roleplay will involve several skills that participants have: their knowledge of HIV safety skills, their knowledge of their children, and the reality that children do not always do things that are consistent with adults' values. Each of the three people in the group takes turns so that each person experiences three roles: a young person, an adult who cares about that young person, and an observer. Each role has different responsibilities to fulfill.

The "young person" gets to set the stage. This person is to describe a risk/choice situation that a young person or child they care about may face; the situation they choose may be in conflict with adult values. These situations may or may not directly involve risks of HIV infection. They then act out the role of that young person.

The "adult" models responses to the young person, using positive communication techniques and correct information about AIDS and safety skills.

The "observer" keeps quiet during the roleplay and watches the other two actors. During discussion of the roleplay, the observer helps the young person and the adult to share their experiences of what communication techniques worked well or less well.

Allow time for participants to roleplay and briefly discuss three situations. Allow about five minutes for each situation. Each participant should take a turn in each role.

Bring the group together for a brief discussion of what they felt and learned during this exercise.



Brainstorm: A-I-D-S stands for . . . key elements in discussing AIDS with kids

Show the group four newsprint sheets with the following phrases printed on them:

- A** stands for Appropriate time:
Planned conversation or teachable moment
- I** stands for Information. Sometimes it stands for "I don't know, I'll find out."
- D** stands for Discussion
- S** stands for Supporting self-esteem

Tell the group that this exercise provides an easy set of associations for thinking about the important parts of talking with their kids about AIDS. AIDS doesn't have to stand for only Acquired Immune Deficiency Syndrome. It can also stand for other things, such as these key parts of communicating with kids about AIDS!

Tell the group that next they will be making a specific plan for talking with their kids about AIDS. That plan will need to cover all of these things.

First, the group should brainstorm a few examples of each element.

List the ideas on each sheet of newsprint and leave the newsprint up on the wall while the group works on its plans. Tell them they can use these ideas as guides when doing their plans.

Plans for talking with kids

Ask the group to break into triads. Make sure that each person has a pencil and paper. Instruct people to work on their own for a few minutes to think about and represent on paper a plan for talking with their child or children about AIDS and HIV risk reduction. Each plan should include a time and place that would be good for having the conversation; ideas about information that they especially want to cover in the conversation; ideas about what topics and values they want to share and discuss with their child; and three specific ways they can support their child's sense of self-esteem before, during and after the conversation. After about ten minutes, ask each person to spend a minute telling their small group about the plan, and then a minute listening to the group's feedback, suggestions, and praise. Draw the whole group back together and spend about five minutes sharing ideas and insights on plans for conversations.

Round-robin: One good thing about my plan

Do a quick round-robin, asking each participant to say, "One good thing about my plan is...." This will provide some closure on the exercise, and begin to provide closure for the group. Give participants permission to pass and encourage them to think about what they are going to say first so they will be able to listen to others.

Post-test

Introduce the post-test and evaluation by saying that it will be a help to the AIDS education project if we can understand what people learn during these sessions, what people's feelings about the sessions are, and what we need to teach more clearly. Pass out the post-test and ask the group to spend a few minutes filling it out. Pass around an envelope for the post-test papers. Review the answers and ask if anyone has any questions.

Post-test: HIV/AIDS Prevention Facts

Please circle the correct answers to these questions.

1. Circle the four types of body fluids that *most often* carry HIV from an infected person to an uninfected person:
 - blood
 - vaginal secretions
 - stomach acids
 - sweat
 - breast milk
 - spit/saliva
 - tears
 - semen
 - postnasal drip
2. On average, how long after people become infected with HIV do they become sick with AIDS?
 - a. exactly six months
 - b. eight to ten years
 - c. about two years
3. People with HIV can pass the virus to other people
 - a. from the time they are first infected.
 - b. only after they develop AIDS.
4. It is not who a person is, but what a person does that puts a person at risk of HIV infection.
 - a. This statement is true.
 - b. This statement is false.
5. What are some symptoms of AIDS or HIV disease?
 - a. Having a fever that lasts a month.
 - b. Losing one-tenth of your body weight without trying.
 - c. Having diarrhea that won't go away.
 - d. Sweating so much at night that the bedclothes are wet.
 - e. Having a dry cough and feeling short of breath.
 - f. Having "thrush" and/or vaginal yeast infections.
 - g. Losing your senses of direction and balance.
 - h. Having swollen lymph nodes (glands) for months.
 - i. All of the above.
6. If a person has HIV, AIDS, or any of these symptoms, it is important to go to a doctor or clinic for help.
 - a. This statement is true.
 - b. This statement is false.
7. What are some ways to reduce or eliminate sexual spread of HIV?
 - a. Abstinence from vaginal, anal, or oral intercourse.
 - b. Uninfected partners practicing monogamy.
 - c. Using latex condoms correctly during intercourse.
 - d. Practicing nonpenetrative sex.
 - e. All of the above.
8. How can someone keep hypodermic needles from transmitting HIV?
 - a. Not injecting drugs.
 - b. Not sharing hypodermic needles and syringes, ever.
 - c. Cleaning needles and works with bleach before using.
 - d. Using only sterile needles and syringes.
 - e. All of the above.

**Facilitator's Key to Post-test:
HIV/AIDS Prevention Facts**

1. Blood, semen, and vaginal secretions are the body fluids that most often carry HIV from an infected person to an uninfected person. Babies can become infected after being breastfed by a woman with HIV.
2. **b.** eight to ten years
3. **a.** from the time they are first infected
4. **a.** This statement is true.
5. **i.** All of the above.
6. **a.** This statement is true.
7. **e.** All of the above.
8. **e.** All of the above.

Evaluation and closing

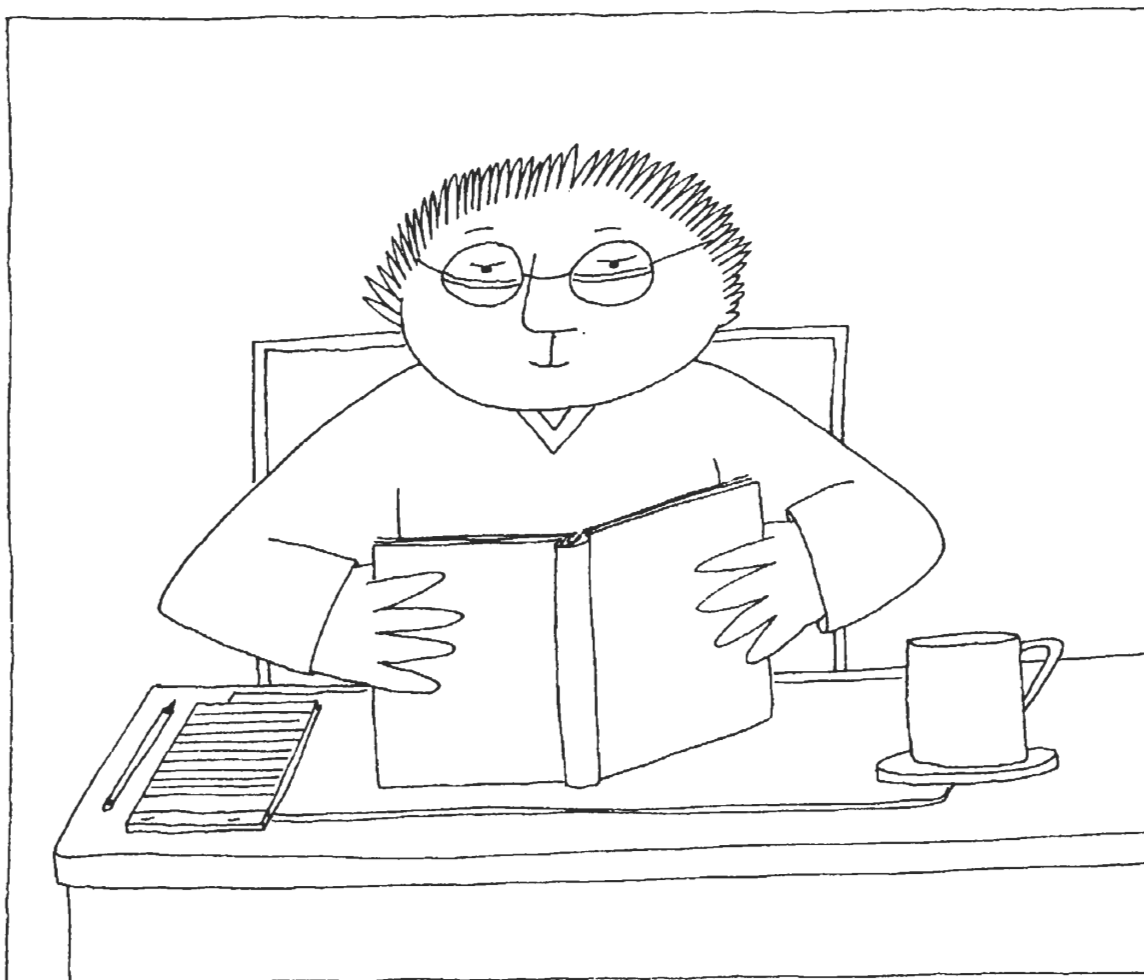
Evaluate today's session and the series as a whole. Using newsprint, ask participants what was useful to them about this session and what could have been better. Ask them what they would like to see included in a series that might be offered for other people.

Tell the group that the program will sponsor follow-up activities for them and for their children about AIDS education. Ask the group to think of ways they might want to work on AIDS education in the future. Review the local resource list for sources of more information, support, and volunteer opportunities.

Closing circle: Ask each person to describe one thing they have enjoyed about the group and working with other members.

Thank participants. Congratulate them on being a good group and tell them you look forward to seeing them again at other AIDS education events. Let them know you are pleased that they are so interested in teaching young people about AIDS and safety skills, because their efforts are important.

GLOSSARY



This glossary provides definitions for words that are commonly used when HIV and AIDS are discussed. Some terms that are rarely used anymore because they are potentially misleading, such as "high-risk group," are defined because they are found in earlier literature about AIDS.

AIDS (Acquired Immune Deficiency Syndrome)

A condition caused by infection with Human Immunodeficiency Virus (HIV). HIV injures cells in the immune system. This impairs the body's ability to fight disease. People with AIDS are susceptible to a wide range of unusual and potentially life-threatening diseases and infections. These diseases can often be treated, but there is not yet a successful treatment for the underlying immune deficiency caused by the virus.

Antibodies

These are proteins that the body makes to attack foreign organisms and toxins. Foreign organisms and toxins are called antigens. They circulate in the blood. Antibodies are usually effective in removing antigens from the body. In infection by some organisms such as HIV, however, the antibodies do not get rid of the antigen. They only mark its presence. When found in the blood, these "marker" antibodies indicate that infection by HIV has occurred.

Antigen

Any substance—such as bacteria, virus particles, or some toxins—that stimulates the body to produce antibodies. HIV is an antigen.

Antigen Screens

Blood tests that are designed to detect the antigen instead of antibodies produced in response to the antigen. There are several types of HIV antigen screens.

ARC (AIDS Related Complex)

This term refers to the condition of immunosuppression caused by HIV infection. General symptoms of HIV disease are present, but none of the formal indicators of AIDS (such as specific opportunistic infections) are present. This term is now being replaced by PGL (Persistent Generalized Lymphadenopathy).

Asymptomatic

Having no signs and symptoms of illness. People can have HIV infection and be asymptomatic.

Body Fluids

Any fluids made by the body. The only body fluids that are able to carry HIV into another person's system and cause infection are blood, semen, vaginal secretions, menstrual blood, breast milk, and body cavity fluids

derived from blood such as cerebrospinal fluid, peritoneal fluid, amniotic fluid, etc. In talking about HIV infection, it is more effective to say "blood," "semen," or "vaginal secretions" than to use the general term "body fluids."

Candida

A yeast organism that lives in people's intestines. It can begin to grow in other parts of the body if a person is immunosuppressed. When Candida infects the mouth or esophagus, it is sometimes called "thrush." When Candida infects a woman's vagina and vulva, it is often called a "yeast infection."

CDC (Centers for Disease Control)

A federal health agency that is a branch of the U.S. Department of Health and Human Services Public Health Service. The CDC provides national health and safety guidelines and statistical data on AIDS/HIV and other diseases and health conditions.

CNS (Central Nervous System)

The CNS is made up of the brain and spinal cord. HIV has been found in the fluid surrounding the CNS and is believed to cause symptoms such as loss of coordination and balance, headaches, dementia, loss of recent memory and problem-solving abilities, and loss of hearing, speech and visual abilities. HIV is able to directly infect nerves and apparently does so in the CNS. Not all viruses are able to enter or infect the CNS, but HIV can.

Co-factor

A situation or activity that may increase a person's risk for progressing from asymptomatic HIV infection to symptomatic disease and AIDS. Examples of possible co-factors are other infections, drug and alcohol use, homelessness, poor nutrition, genetic factors, other systemic diseases, stress, surgery, or trauma.

ELISA Test

A blood test that detects the presence of antibodies to a specific antigen. An ELISA test is used to screen blood samples for the presence of antibodies to HIV. The test discovers HIV infection, not the symptoms of AIDS. The test is used for screening blood supplies and for seroprevalence studies. Sometimes it is employed in

specific health care and diagnostic situations. If the ELISA test for HIV antibody comes back positive (detects antibodies), a confirmatory test is then done on the blood sample (see "Western Blot.")

Epidemiology

The study of how diseases are spread.

False Negative

An incorrect test result that indicates that no HIV antibodies are present when in fact infection has occurred.

False Positive

An incorrect test result that indicates that antibodies are present when in fact there are none.

Hemophilia

An inherited condition in which a person's blood fails to clot effectively. Hemophiliacs often receive treatments with a blood product called Factor VIII. This puts clotting factors from other people's blood into their blood so that their blood clots effectively. Factor VIII is made from the combined blood of many individuals. Many hemophiliacs became infected with HIV when they were treated with clotting factor containing the virus. All clotting factor made in the United States is now heat-treated to kill the virus.

High-Risk Behavior

A term used to describe activities that increase a person's risk of transmitting or becoming infected with HIV. Examples of high-risk behaviors include oral, vaginal, or anal intercourse without a condom, sharing injection needles, and so on. These are also often referred to as "unsafe" activities.

High-Risk Groups

This is an old and potentially misleading term. It refers to groups in which epidemiological evidence indicates that more people have been infected with HIV. In prevention, it is important to stress high-risk behaviors rather than high-risk groups. It is not groups but behaviors that transmit HIV.

HIV (Human Immunodeficiency Virus)

Infection with HIV injures the immune system, causing AIDS. This standard name was officially chosen in

August 1986 to avoid confusion after different researchers in different countries gave the virus different names. You may see the virus referred to as HTLV-III (Human T-Cell Lymphotropic Virus Type Three), LAV (Lymphadenopathy Associated Virus), or ARV (AIDS-Related Virus) in old literature.

Incubation Period

The time it takes for symptoms of a disease to develop after infection. The incubation period in AIDS can vary from several months to many years. The average incubation period is believed to be about nine years.

KS (Kaposi's Sarcoma)

Many people with AIDS experience this cancer of the connective tissues in blood vessels. Pink, brown, or purple blotches on the skin may be a symptom of KS. KS lesions sometimes occur inside the body in lymph nodes, the intestinal tract, and the lungs.

Leukocytes

Commonly called white blood cells, leukocytes play a major role in fighting disease. Lymphocytes are one subcategory of leukocytes. The two types of white blood cells often discussed in relation to AIDS are T-cells and B-cells.

Lymphadenopathy

Swollen lymph nodes.

Lymphocytes

White blood cells found in the lymph nodes and bone marrow. Lymphocytes are divided into two groups: B-lymphocytes, which produce antibodies, and T-lymphocytes, which are involved in directing the immune response.

Nonoxynol-9

A spermicide that has been demonstrated to kill HIV during laboratory tests. Sometimes it causes irritation and inflammation of mucous membranes.

Opportunistic Infections

Infections caused by organisms that do not normally cause disease in people whose immune systems are intact. In New York State, the most common opportunistic infections indicating that someone has AIDS are PCP (Pneumocystis Carinii Pneumonia), Esophageal

candidiasis, Cryptococcal meningitis, Mycobacterium avium complex, Toxoplasmosis, and CMV (Cytomegalovirus).

Oral Sex

Sexual activity in which the mouth of one person comes into contact with another person's penis, vulva, or anus.

PGL (Persistent Generalized Lymphadenopathy)

A phase of HIV disease in which people experience chronic swollen lymph nodes in several areas of their body. Generalized symptoms of HIV disease might also be present, but no major opportunistic infections have occurred because the immune system is still functioning relatively effectively. This phase of HIV disease has sometimes been called ARC.

PWA (Person with AIDS)

The PWA Coalition explains why many people living with AIDS prefer this term: "We challenge the label *victim*, which implies defeat, and we are only occasionally *patients*. We are people with AIDS."

Retrovirus

A type of virus that is able to insert its genetic material into a host cell's DNA. Retrovirus infections had not been found in human beings until recently. HIV is a retrovirus.

Risk Reduction

The process of adopting behaviors that reduce the likelihood that an individual will be exposed to HIV.

Safer Sex

Sexual activities that are not likely to transmit HIV. Safer sex involves sexual expressions in which partners make sure that blood, semen, vaginal mucus, and menstrual blood from one person do not come into contact with the other person's bloodstream or mucous membranes (vulva, vagina, rectum, mouth, nose).

Safety Skills

Risk reduction methods. Safer sex, not sharing needles, cleaning needles, and practicing universal precautions at work are all safety skills.

Seronegative

Testing negative for HIV antibodies (antibodies are not detected).

Seropositive

Testing positive for HIV antibodies (antibodies are detected).

Seroprevalence

The rate of seropositivity in a defined population. Suggests the rate of HIV infection for that population.

Spermicide

A contraceptive that works by killing sperm in semen. Some spermicides, such as nonoxynol-9, have also been demonstrated to kill HIV in laboratory tests.

T cell

One type of white blood cell. One type of T cell (T-4 Lymphocytes, also called Helper T cells) is especially apt to be infected by HIV. By injuring and destroying these cells, HIV damages the overall ability of the immune system to fight disease.

Treatment

There is no known way to remove HIV from the body once a person has been infected, or to cure AIDS by restoring all the abilities of the immune system after it has been damaged. However, many drugs and treatments are being used in experimental trials to determine how well they work against HIV infection and opportunistic diseases. Treatments fall into several categories: Antiviral treatments focus on destroying or inactivating HIV. Immunosupportive treatments attempt to rebuild or boost the immune system. There are also drugs used to treat or control the opportunistic infections and cancers that people with AIDS experience. Often all these types of treatment are used in combination.

Unsafe Sex

See "High-Risk Behavior."

Western Blot

A blood test used to detect antibodies to HIV. In New York State, this test is used to confirm the results of all positive ELISA tests. Their combined accuracy is 99 percent.

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