

Session  
**1**

# Understanding HIV & AIDS

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This session dispels stereotypes about who gets HIV. It offers information about HIV transmission in general and its link to drug use.

## Objectives

### Participants will

- Explain how HIV and AIDS are affecting the African-American community.
- Show that they know how HIV is—and is not—transmitted.
- Identify the levels of risk associated with a variety of behaviors.
- Recognize the important role they can play in helping stop HIV in their community.

## Suggested Time

2 hours

# Session 1 at a Glance

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<b>Activities</b>	<b>Purpose</b>	<b>Materials</b>
<b>1 Introduction to B.A.R.T.</b>	Gives participants a chance to get to know each other, build trust in the group, share personal experiences, and become familiar with the B.A.R.T. program.	
<b>2 Who Is at Risk for HIV and Why?</b>	Clarifies that it's not who people are but what they do that puts them at risk for HIV.	<b>Handouts 1.1–1.4</b>
<b>3 Introduction to HIV Terms</b>	Presents accurate definitions of many scientific and medical terms concerning HIV.	<b>Master 1.5</b>
<b>4 Facts and Myths</b>	Separates facts from commonly held but untrue beliefs about HIV.	
<b>5 Deciding Your Level of Risk</b>	Helps participants understand the degree of risk involved in particular behaviors.	<b>Handout 1.6, colored chalk</b>
<b>6 Spreading the Word</b>	Shows participants how they can use their new knowledge about HIV to influence others in a positive way.	
<b>Wrap-Up</b>	Sums up lessons learned and previews the next session.	

## Materials Checklist

- Participant list, sign-in sheet and pencils
- Colored chalk or markers (red, yellow and green), chalkboard or newsprint, and an eraser
- How HIV/AIDS is Affecting the African-American Community** (Handout 1.1), copy 1 for each participant
- State Population by Ethnic Group** (Handout 1.2), copy 1 for each participant
- State AIDS Cases by Ethnic Group** (Handout 1.3), copy 1 for each participant
- Teens and AIDS** (Handout 1.4), copy 1 for each participant
- Master 1.5**, make 1 copy and cut into strips
- Creating Your Own (Private) Traffic Light** (Handout 1.6), copy 1 for each participant

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## Preparation

- Prepare Handouts 1.2 and 1.3. (See How to Use B.A.R.T. for specifics about the data you'll need.)
- Practice using terms commonly used by adolescents to describe sexual behavior. Co-leaders can work together to brainstorm a list of words and terms, then use them until you develop familiarity and high comfort level. You want to be able to use the words in a calm, self-confident manner and have your body language and expressions convey that you're at ease.

***Note:** The language used by teens can change quickly and co-leaders may not know all of the words in current use. The "Find a Common Language" activity in this session will help you become familiar with the current expressions among the youth in your group.*

- Be ready to share some of your own personal experiences about friends who have HIV or AIDS. Think ahead of time about what information you'd be willing to share with the group. If you have no experiences to share it's OK to say so. Whatever your personal experience may be, it's essential to be honest with the participants.
- Telephone participants to let them know you're looking forward to seeing them and remind them of the date and time of the session. Help them arrange transportation if needed.

## Planning Ahead for Session 2

- Arrange for use of a television monitor and VCR.
- Preview the *Seriously Fresh* video.

**Activity 1**

# Introduction to B.A.R.T.

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This activity gives participants a chance to get to know each other, build trust in the group, share personal experiences, and become familiar with the B.A.R.T. program.

## Getting to Know Each Other

Introduce yourself and your co-leader to the group. Use a getting-to-know-you activity you regularly use, or go around the room and ask participants to introduce themselves.

- Tell us your name, your age, your school, and what you would like to get out of these sessions.

## What Is B.A.R.T.?

**Explain that today's session will provide a brief overview of what lies ahead in B.A.R.T.**

- Over the next few weeks, you will learn accurate information about HIV and AIDS, including how HIV is and is not transmitted.
- We'll agree on the words we're going to use to discuss sex.
- You'll learn and practice skills that can help you avoid putting yourself at risk for getting infected with HIV. **You'll learn:**
  - Ways to express what you will and won't do in a sexual situation.
  - How to feel comfortable saying NO to drugs or sex.
  - Ways to negotiate with a partner to stay safe if you decide to have sex.
  - How to make choices you can live with.
- You'll learn how to share accurate information about HIV with others and help stop HIV here in your community.

**Briefly describe what the 8 B.A.R.T. sessions will cover.**

- Session 1: Understanding HIV & AIDS
- Session 2: Making Sexual Decisions & Understanding Your Values
- Session 3: Developing & Using Condom Skills
- Session 4: Learning Assertive Communication Skills
- Session 5: Practicing Assertive Communication Skills
- Session 6: Personalizing the Risks
- Session 7: Spreading the Word
- Session 8: Taking B.A.R.T. with You

## Activity 1

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### Set Groundrules

Tell participants that it's important to develop groundrules everyone can agree to follow throughout the sessions. Explain that as leaders, you want to help everyone feel comfortable and safe.

- What would make you feel comfortable talking about HIV, sex, and drugs in a group setting?

**Write participants' suggestions for groundrules on the board or newsprint. Add these points if the group doesn't volunteer them:**

- Don't discuss outside this group any *personal* information that other participants share with the group during sessions.
- Feel free to share *factual* information about HIV and AIDS with friends and family, but don't share any private, personal information about individuals.
- Value all questions. Don't judge others by what they say or the questions they ask.
- Respect others' opinions and different points of view.

Ask participants what *confidentiality* means to them. Once you have a common understanding, go around the room and ask each participant by name to agree verbally, in his or her own words, not to discuss outside the group any personal information other people may share during the sessions. Explain that they will be encouraged to share what they are learning about HIV and how to protect themselves, but they are making a "verbal contract" not to gossip or discuss any personal information people share within the group.

**After all of the participants have agreed, co-leaders need to affirm the contract, too.**

- We agree to this contract, too. We will not tell your parents or anyone else the personal details people share here.
- The only exception is that the law requires us to report sexual or physical abuse and any threats of harm to yourselves or others.

*(continued)*

**Activity 1** *(continued)*

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**Find a Common Language**

***Note:** Leaders who have used B.A.R.T. report that this exercise, in which participants list different words they use or hear others use to talk about sex, can be an important turning point in the group. Open use and acceptance of usually forbidden words makes it clear to participants that B.A.R.T. will be different than other HIV prevention classes.*

*This activity is a way to create a sense of comfort and belonging within the group. But this comfort needs to begin with the leaders. It's important for you to be able to easily say the words that describe sex and to convey comfort and confidence through your body language and expressions. This activity will help you become familiar with the terms and language used by the youth in your group.*

*This activity can be difficult. Participants may try to disrupt the group by making jokes or trying to shock you. Keep a straight face. The more at ease you are with the language, the easier it will be for participants to talk about the issues.*

Introduce and explain the activity. **Use your own words to convey the following ideas:**

- People use different words to talk about sex. Throughout the program the leaders will use sexually explicit language and terms.
- By adopting and accepting a shared language in the group, we'll know exactly what is being discussed, and the leaders will be able to interpret questions accurately.
- Some participants may feel uncomfortable with this. Sex is a difficult subject to talk about. It's OK to feel embarrassed. Most people aren't used to being in a group and hearing or using words that describe sex. If we use them at all, it's usually only with people we really trust and not in a group setting. It's very common to feel uncomfortable at first.
- The intent is not to embarrass or offend anyone, but to use words that everyone will understand.

## Activity 1

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- People won't always admit in front of their peers that they don't understand an unfamiliar word. Slang terms can vary from school to school, from one group to another, and between communities; we'll choose the words that seem most accepted by the group.

Ask participants to share different words they've heard people use to talk about sex. If necessary, prompt responses by asking for words for specific parts of the body, sexual acts and birth control. Repeat each word or phrase, calmly write it on the board, and agree together on a definition for it.

### Share Personal Experiences

If you or your co-leader can, share what you did or how you felt when you learned that a family, friend or coworker had HIV. Describe how you dealt with the news. The group will benefit most from open and honest recollections. It's important to discuss your experience genuinely.

Remind the group about the groundrules—the contract about confidentiality they have made with each other. Ask participants if they have any questions or comments.

Ask if anyone else has had an experience concerning someone who has HIV. Invite participants to talk about the experience. If a participant talks about a family member, ask how other family members reacted. If a participant talks about a classmate, ask how other classmates reacted. Allow several participants to share their experiences.

#### **Make these points in your own words:**

- These are very personal and difficult stories.
- We'll be talking about who is at risk for HIV infection and why. It's important to know the facts so we can protect ourselves and others.

## Activity 2

# Who Is at Risk for HIV and Why?

This activity clarifies that it's not who people are but what they do that puts them at risk for HIV.

## What Are HIV and AIDS?

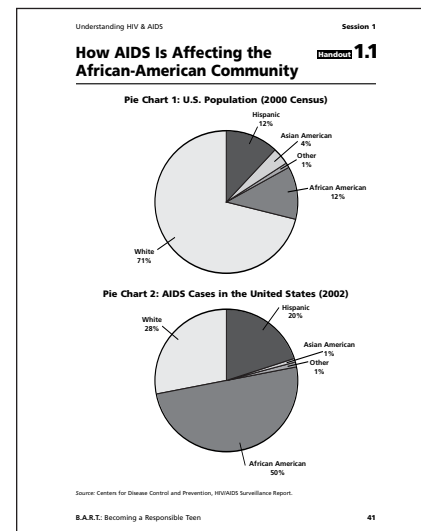
Briefly define HIV and AIDS:

- The letters H.I.V. stand for Human Immunodeficiency Virus.
- HIV can infect people who engage in the behaviors that allow the virus to be transmitted from one person to another.
- The virus attacks and infects cells in the immune system that help the body fight infections.
- The letters A.I.D.S. stand for Acquired Immune Deficiency Syndrome.
- AIDS is the stage when HIV has damaged the immune system so that the body can no longer fight infections and cancers.
- These infections and cancers can make people who have AIDS very sick.

## Who's at Risk?

Begin a discussion about who is at risk for HIV based on the following facts:

- Many people think that HIV affects only certain groups of people, such as gay white men or people who use injection drugs.
- *Anyone* who shares needles or has unprotected sex (sex without a condom) that involves the exchange of semen, blood or vaginal fluids is at risk for HIV.
- Babies can be infected at birth or through breastfeeding if the mother has HIV.



### Handout 1.1

Distribute **How AIDS Is Affecting the African-American Community** (Handout 1.1). **Help participants interpret the charts:**

- A pie chart is a graphic representation of the percentage of different parts that make up the whole. The pieces of the pie added together total 100 percent.

## Activity 2

- The top circle shows that in the year 2000 census the African-American population in the United States was 12 percent of the total population. This chart shows the relative size of each ethnic group.
- The bottom circle shows the ethnic groups of the people who were diagnosed with AIDS in 2002.

**Note:** In discussing the impact of AIDS on African Americans, be careful not to reinforce stereotypes suggesting that people from certain places are more likely to have HIV. The important point is that anyone who practices unsafe behaviors is at risk for HIV.

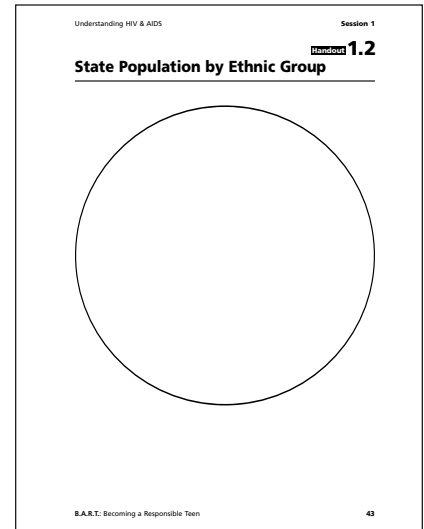
Discuss the pie charts. **Ask participants:**

- What percent of the people in the United States who were diagnosed with AIDS in 2002 were African American? (Answer: 50% of AIDS cases in 2002 were among African Americans.)
- What do these two pie charts together say about the problem of AIDS among African Americans in this county?
- Are there more AIDS cases among African Americans than you'd expect, given their percentage of the total U.S. population? Why do you think that's true?

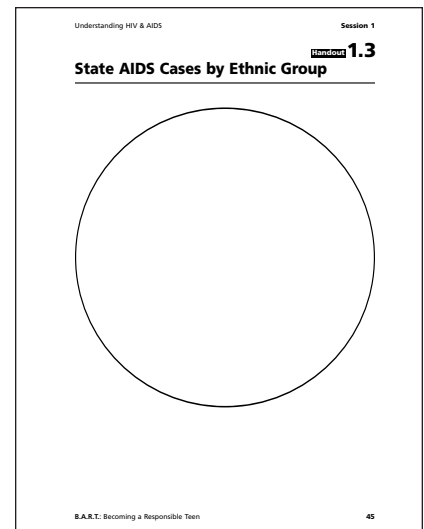
Distribute **State Population by Ethnic Group** (Handout 1.2), and **State AIDS Cases by Ethnic Group** (Handout 1.3). **Ask participants:**

- What percent of the population of our state is African American?
- What percent of AIDS cases in our state are among African Americans?

(continued)



Handout 1.2



Handout 1.3

## Activity 2 *(continued)*

- What do you think this means for us? What is the impact of AIDS on African Americans in our state and in our community?

Distribute **Teens and AIDS** (Handout 1.4).

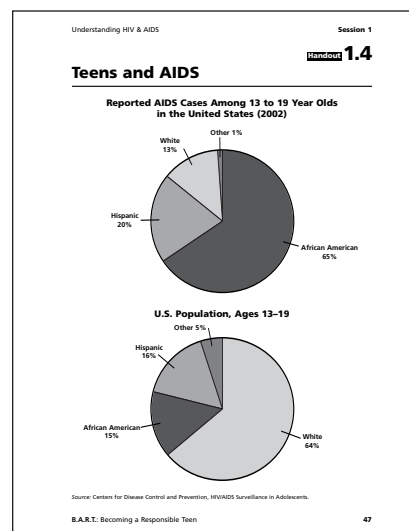
### Explain:

- Over half of the new HIV diagnoses in the U.S. are among African Americans. This means that, over time, the number of African Americans who have AIDS will grow larger.
- More and more young people are testing HIV positive and developing AIDS. Many of these teens and young adults are African American.
- While the number of teens who actually have AIDS is small, many more teens have HIV and have not yet developed AIDS.
- Young people in their 20s who have AIDS were most likely infected as teenagers.

**Note:** If you can find data, prepare handouts or share statistics on HIV infection rates by ethnic group and AIDS cases among 13 to 19 year olds in your state.

Ask participants why they think African Americans appear to be at higher risk for HIV infection. Emphasize that there is a serious health problem, but that it's easy to jump to the wrong conclusions. **If participants don't volunteer all of the following points, bring them out in the discussion:**

- It's not being African American that puts someone at risk. People are at risk for HIV because of their behaviors—because of what they *do*.
- Poverty and racism also play a part. African American who are poor face health risks because they may not have access to health care, or the care they receive may be of lower quality.



**Handout 1.4**

## Activity 2

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- Even when they're not poor, African American patients don't always have a good relationship with their health care providers. There may be barriers that affect communication or attitudes that create a lack of trust. When this is the case, both patients and providers might not feel they can discuss sensitive topics.

### Strengths for Prevention

**Explain that, in spite of the challenges, there is some good news.**

- HIV can be prevented.
- Young African Americans can help prevent HIV in their communities.
- Some research finds that African-American teens use condoms more frequently than white or Hispanic teens.\*
- The African-American community also has powerful traditions that can help in efforts to prevent HIV.

Explain that the Kwanzaa celebration was created in 1966 by Dr. Maulana “Ron” Karenga. The 7 principles of Nguzo Saba, which are celebrated during Kwanzaa from December 26 through January 1, form a unique African-American value system that can guide attitudes and actions all year.

Ask participants if they know and can describe some of the principles.

**Call on volunteers to share what they know, and review the 7 principles of Nguzo Saba:**

- **Umoja (Unity)**—to work toward the highest degree of unity in the family, the community, the nation and the race.
- **Kujichagulia (Self-Determination)**—to define ourselves, decide who we will be, speak up for ourselves, believe in ourselves, be strong in mind and body, and do those things that will strengthen us, not destroy us.
- **Ujima (Collective Work and Responsibility)**—To build our community together and keep it strong, look out for one another, and make our sisters' and brothers' problems our problems and solve them together.

(continued)

\*Centers for Disease Control and Prevention. 2004. Youth Risk Behavior Surveillance—United States, 2003. *Morbidity and Mortality Weekly Report* 53 (SS 02): 1-96.

## Activity 2 *(continued)*

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- **Ujamaa (Cooperative Economics)**—To build and maintain our own stores, shops, factories and other businesses and benefit from them together.
- **Nia (Purpose)**—To make our collective vocation the building and developing of our community in order to restore people to their traditional greatness.
- **Kuumba (Creativity)**—To do whatever we can to leave our community more beautiful and beneficial than it was when we came into it.
- **Imani (Faith)**—To believe with all our hearts in our people, our parents, our teachers, our leaders, and the righteousness and victory of our struggle.\*

Ask participants to suggest which of the principles, in particular, deserve special attention in preventing HIV. **Be sure they mention the following 3 ideas:**

- **Kujichagulia (Self-Determination)** can be interpreted to mean, “Believe in yourself, believe your body and spirit are worth taking care of, take good care of your health, and don’t do anything that will destroy you.” It’s a principle that values making the effort to stay safe from HIV. The practices learned in B.A.R.T. put into action the Nguzo Saba principle of taking responsibility.
- **Ujima (Collective Work and Responsibility)** can be interpreted to mean, “Part of strengthening our community is to look out for the health of one another. Don’t just be out for a good time for yourself at any cost. Make sure you’re taking care of the well-being of friends and partners, and take time to ‘spread the word’ about HIV prevention to family members and friends in the wider community.”
- **Nia (Purpose)** can be interpreted to mean, “African Americans, individually and collectively, must do whatever they can to prevent HIV in our whole community.”

\*Adapted from Karenga, M. 1989. *The African American Holiday of Kwanzaa: A Celebration of Family, Community, and Culture*. Los Angeles: University of Sankore Press.

## Activity 2

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Ask why these principles are important for HIV prevention. Discuss participants' ideas. **Be sure they bring up the following points:**

- The principles remind people that they can make choices and have some control over what happens.
- The principles express the importance of taking personal responsibility and taking responsibility for the larger African-American community. These two kinds of responsibility are at the heart of preventing HIV infection and are what B.A.R.T. emphasizes.

Ask participants what they can do to prevent the spread of HIV infection in the community. Praise them for their responses. **Be sure they include these 3 main ideas:**

- Learn the important facts.
- Practice the skills to keep yourself safe.
- Help families and friends by providing them with the facts and supporting them in practicing safe behaviors.

Emphasize the fact that it's what people *do*, not who they are, that puts them at risk for HIV infection. Explain that now participants will discuss some scientific and medical terms, then start to look at what people can *do* to prevent HIV and keep themselves, their friends, and their partners safe.

## Activity 3

# Introduction to HIV Terms

This activity presents accurate definitions of many scientific and medical terms concerning HIV.

## Define Key Terms

Distribute **Definitions** strips (Master 1.5) to participants and allow a few minutes for reading. Then discuss the terms one at a time.

Say one of the terms and ask the person who has the definition to read it. Ask other volunteers to describe the term using their own words to determine whether they understand the definition. Answer any questions before moving on to the next definition.

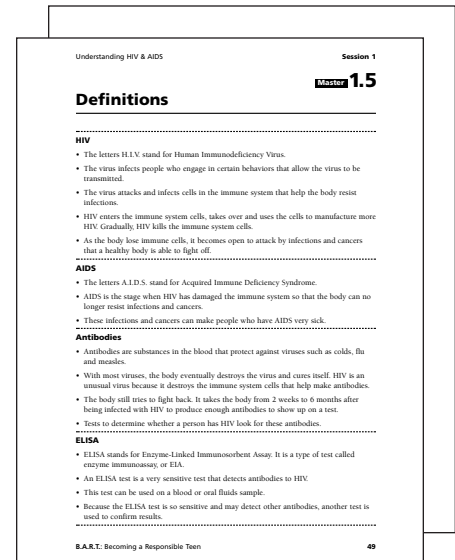
**Be sure to review and/or cover the following points.**

### HIV:

- The letters H.I.V. stand for Human Immunodeficiency Virus.
- HIV can infect people who engage in the behaviors that allow the virus to be transmitted from one person to another.
- The virus attacks and infects cells in the immune system that help the body resist infections.
- HIV enters the immune system cells, takes over and uses the cells to manufacture more HIV. Gradually, HIV kills the immune system cells.
- As the body loses immune cells, it becomes open to attack by infections and cancers that a healthy body is able to fight off.

### AIDS:

- The letters A.I.D.S. stand for Acquired Immune Deficiency Syndrome.
- AIDS is the stage when HIV has damaged the immune system so much that the body can no longer resist infections and cancers.
- These infections and cancers can make people who have AIDS very sick.



Master 1.5

## Activity 3

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### Antibodies:

- Antibodies are substances in the blood that protect people against viruses such as colds, flu and measles.
- With most viruses, the body eventually destroys the virus and cures itself. HIV is an unusual virus because it destroys the immune system cells that help make antibodies.
- The body still tries to fight back. It takes the body from 2 weeks to 6 months after being infected with HIV to produce enough antibodies to show up on a test.
- Tests to determine whether a person has HIV look for these antibodies.

*Note:* Participants may question how oral fluids can be tested for HIV since they've been told that the virus can't be transmitted through saliva. Be sure to explain that the tests for HIV look for antibodies to the virus, not HIV itself. Saliva does not transmit HIV, but will contain HIV antibodies if the person has HIV.

### ELISA:

- ELISA stands for Enzyme-Linked Immunosorbent Assay. It is a type of test called enzyme immunoassay, or EIA.
- An ELISA test is a very sensitive test that detects antibodies to HIV.
- This test can be used on a blood or oral fluids sample.
- Because the ELISA test is so sensitive and may detect other antibodies, another test is used to confirm positive results.

### Western blot test:

- This test is used to check the accuracy of the ELISA test when 2 or more ELISAs have detected HIV antibodies.
- It is very accurate. A positive Western blot means that HIV antibodies are present.
- Positive results on both tests indicate that a person has HIV.
- Neither test detects the virus itself. Instead, the tests detect antibodies in the blood.

(continued)

**Activity 3** *(continued)*

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- The health department or a doctor can perform both tests by drawing a small blood or oral fluids sample.
- Test results are usually available in 2 to 4 weeks.

**Rapid testing:**

- A rapid test can be used to detect HIV antibodies. Results are available in a few minutes.
- The rapid test can be used on a blood or oral fluids sample.
- As with other HIV tests, positive results must be tested a second time. Results of the second test can take up to 2 weeks.

**Anonymous testing:**

- At some test sites, a person can get tested for HIV antibodies without giving his or her name. The test site assigns a random identification number, so test results are not linked to a name. The person gives the number to get the results.
- Total numbers of positive results, but no names, will be reported to the state health department.

**Confidential testing:**

- This means the person getting tested gives his or her name to the testing site. Test results are linked to the person's name.
- Only a few people specified by state confidentiality laws or through a signed permission will know who has positive test results.
- Positive tests, with both names and results, may be reported to the state health department.

**Home testing:**

- A home test kit can be purchased over the counter. It involves submitting a dried blood sample by mail to a laboratory.
- People can call a toll-free telephone number for results, posttest counseling, and medical referrals if necessary.

## Activity 3

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### Treatment:

- New treatments for HIV are being developed, tested and approved all the time. Treatment plans usually involve taking several different kinds of medicines at the same time.
- There are 3 main types of medicines. Each has different treatment goals:
  - Some drugs slow the increase of HIV in the body after a person is infected. These drugs don't kill HIV, but they help protect the immune system and increase the person's chances of staying healthy for a longer time. Many of these drugs have been approved by the government.
  - Some drugs may make the immune system stronger. These drugs may also control the spread of HIV, but many of them are still being tested, so no one really knows how well they might work.
  - Some drugs prevent or treat other infections and diseases that people get because HIV has affected their immune system's ability to fight off disease. People with HIV are more likely to get sick when the immune system becomes weak. These drugs help slow or stop these "opportunistic infections."
- Many of the drugs used to treat HIV have side effects that can make the person feel sick.
- HIV medicines can be complicated to take. People may need to eat certain foods or at certain times to help the medicine work. The different medicines have to be taken several times a day and it's very important not to miss a dose. If a person misses doses, the medicine may stop working because HIV becomes "resistant" to it.
- HIV medicines are expensive.
- Treatment is not a cure. Medicines can help people stay healthy longer, but they can't change the ultimate outcome.

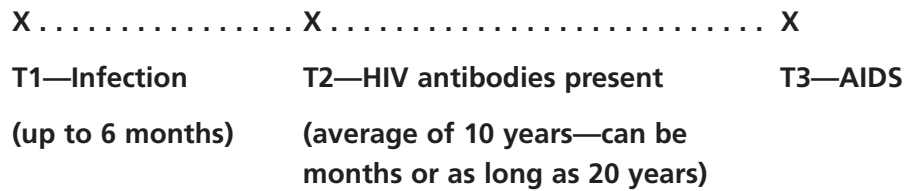
*(continued)*

**Activity 3** *(continued)*

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**HIV Progression and Incubation**

Draw this timeline on the board:



**Explain the timeline:**

- Time 1 (T1) is when a person first becomes infected.
- T2 is when an infected person develops HIV antibodies. HIV tests detect the antibodies rather than the virus itself.
- T3 is when a person develops AIDS.

**Ask participants:**

- Where on the timeline do you think HIV tests are able to detect antibodies? (*Answer: HIV tests are able to detect HIV antibodies at T2.*)

**Explain the window period:**

- The **window period** is between the time a person first gets HIV (T1) and the time when an HIV test can begin to detect antibodies (T2).
- It can be from 2 weeks to 6 months long, but is usually about 3 months.
- During the window period, even before they know they are infected, people can transmit HIV to others.

Ask a volunteer to go to the board and circle the window period on the timeline.

**Explain the incubation period:**

- The **incubation period** is the time between getting HIV and developing AIDS (the time between T1 and T3).
- This period can last from a few months to as long as 20 years. The average incubation period is 10 years.

## Activity 3

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- Even though people with HIV often look relatively healthy during the incubation period, they can still give the virus to others if they engage in unprotected sex, share needles or give birth to a child. (HIV can be passed from a mother to her baby during pregnancy or childbirth, and/or through breast milk).

Ask for a volunteer to circle the incubation period on the timeline.

Explain that people with HIV may not know they are infected. **Ask the following questions to connect these waiting periods with risky behavior:**

- *If I go out tonight and have unprotected sex or share needles, when will a test show whether I have HIV? (Answer: 2 weeks to 6 months.)*
- *If I get a negative test result, does that guarantee that I don't have HIV? (Answer: Remember the window period between infection and production of antibodies. You could be sure you didn't have HIV only if you hadn't engaged in any risky behaviors in the 6 months before you got tested.)*
- *How soon would a test result show whether I had HIV? (Answer: You could have a positive test as soon as 2 weeks after risky behavior if you developed antibodies this quickly. Most people develop antibodies within 3 months and almost everybody develops antibodies by 6 months.)*

Encourage participants to ask questions they may have.

### How You **Can** and **Can't** Get HIV

Ask participants to volunteer to explain what they know about how a person can get HIV. **Ask:**

- How do people get infected with HIV?

**Note:** *If participants are uncomfortable with the discussion of sexual activities or make derogatory remarks about specific sexual practices, refocus the discussion. **Some points to make:***

- *There is a variety in what people do sexually. The point of our discussion isn't to judge people, but to recognize that certain sexual behaviors put people at risk.*

(continued)

**Activity 3** *(continued)*

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- *Both gay and straight couples engage in anal sex. The point is not whether they are gay or straight but that anal sex is a high-risk behavior.*
- *Let's remember the groundrules. Show respect for everyone and don't judge the choices others make.*

**Be sure the following information is included in the discussion about how HIV is transmitted:**

- HIV is transmitted through the exchange of only 4 body fluids:
  - semen and pre-ejaculatory fluid
  - vaginal and cervical secretions
  - blood
  - breast milk
- HIV is transmitted during unprotected vaginal, anal or oral sexual intercourse in which body fluids are exchanged with someone who has HIV. It only takes one exposure to HIV through an exchange of body fluids for a person to become infected. Exposure doesn't always result in infection, but the risk of getting HIV increases with the number of times a person is exposed.
- HIV is transmitted by sharing a needle that was used by someone who has HIV. This includes needles used for injecting steroids, heroin and other drugs. Needles used for tattoos and ear and body piercing could also transmit HIV.
  - You can't tell by looking at a needle whether it's clean or was used by someone else.
  - Any reused needle could still have blood on it. If the blood contains HIV, it can infect the next user.
- Alcohol and other drugs, such as marijuana, crack or cocaine, add to the risk of getting HIV because they impair judgment. Using drugs increases the chance that a person will do something he or she might not agree to with a clear head.

## Activity 3

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- HIV can be transmitted from a woman to her baby during pregnancy, in childbirth or through breastfeeding.
  - A baby born to a mother with HIV can test positive for HIV because the baby has its mother's antibodies at birth.
  - Babies with HIV will develop their own antibodies in their first 9 to 18 months.
  - The more advanced the mother's HIV, the greater the chance that the baby will have HIV.
  - A woman with HIV can take medicines to greatly lower the risk to her baby.
- There is a *very low* risk of getting HIV from receiving a blood transfusions in the United States.
  - Since 1985, all donated blood is tested for HIV.
  - In the United States no one can get HIV from giving blood. Fresh (sterile) needles are used for each blood donor.
  - People who donate blood shouldn't engage in activities that put them at risk for HIV infection. If a person donates blood between the time of infection and when there are detectable HIV antibodies (the window period), then the donated blood could be infected and not be caught by the antibody tests.

**Ask participants to list some ways HIV is *not* transmitted:**

- HIV is *not* spread through coughing, sneezing, touching, social kissing on the lips or cheek, toilet seats or casual contact with someone who has HIV. HIV can't pass through unbroken skin.
- HIV is *not* spread by mosquitoes. HIV doesn't survive in mosquitoes and other insects and therefore cannot be transmitted to another person. There are no documented cases of HIV infection caused by a mosquito bite.

(continued)

**Activity 3** *(continued)*

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**Avoiding Infection**

Discuss how people can protect themselves from HIV. Ask volunteers to describe how people can avoid infection or lower their risk. **Be sure these points are covered:**

- Abstinence (not having sex) and never sharing needles are the best ways to avoid HIV.
- People who are sexually active should use a latex condom or a latex barrier when engaging in any type of sex (vaginal, oral or anal). Condoms are also available in polyurethane for people who may be allergic to latex. Lambskin condoms do not offer protection because they have small holes (pores) that let the virus pass through. We will learn more about using condoms later.
- Female condoms, made of polyurethane, offer women some advantage as they can insert them themselves, rather than asking a male partner to wear a condom; female condoms should not be used at the same time as male condoms.
- Never share needles for injecting drugs, tattooing, or piercing ears or other body parts.
- Don't use alcohol or other drugs, such as marijuana, crack or cocaine. These drugs can impair judgment and increase the chances of your doing something you might not agree to with a clear head.

Explain that in the next activity participants will have a chance to show what they've learned and distinguish facts from myths.

**Activity 4**

# Facts and Myths

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This activity separates facts from commonly held but untrue beliefs about HIV.

## Dispel Myths

### Introduce the activity:

- A lot of people say things about HIV that aren't true. We'll review some of the most common myths about HIV.
- The word *myth* means something that isn't true.

Divide the group into 2 teams. Ask each team to give itself a name. Draw 2 columns on the board or newsprint and write the name of a team at the top of each. Explain that you're going to read some statements aloud. The first team that correctly identifies whether the statement is a fact or a myth and explains why will get a point.

***Note:** When a team identifies the statement as a fact or myth, be sure they explain why. Allow participants to explain as much as they can in their own words. If an explanation is incorrect or reflects misunderstanding, ask the other team to suggest an answer. If participants give a partial explanation, praise what they've done and see if anyone else on that team can add to the answer. If not, ask the other team to respond. Give a team 1 point for the correct answer, 1 point for the correct explanation, and 1 point for each supporting fact.*

*The amount of structure you'll need to do this activity will depend on the group. If it's a rowdy group, ask participants to raise their hands before answering. Otherwise, participants can just call out answers.*

### Read each statement below:

- You can tell by the way people look whether or not they have HIV. (**Myth.** A person who has HIV can look healthy.)
- During anal intercourse, only the person on the receiving end is at risk. (**Myth.** The tissue and blood vessels that line the rectum are easily torn during anal sex, which can allow HIV to enter. Body fluids also can pass through very small abrasions on a man's penis. Anal sex is risky for both partners.)
- People who get HIV become sick right away. (**Myth.** People with HIV can stay healthy for many years.)

(continued)

**Activity 4** *(continued)*

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- Having just one boyfriend or girlfriend at a time protects you from HIV. (**Myth.** Anyone can be infected.)
- If a man pulls out before “cumming” (ejaculating), then having unprotected sex is safe. (**Myth.** This is an old-fashioned, unreliable form of birth control. Even if the man pulls out, both partners can still be exposed to HIV. Pre-ejaculatory fluid of a man with HIV contains the virus, and the cervical secretions of a woman with HIV also contain the virus.)
- HIV doesn’t go through unbroken skin. (**Fact.** HIV does not pass through unbroken skin.)
- A person has to have a lot of sex partners to be at risk for HIV. (**Myth.** It only takes having unprotected sex once with one partner who has HIV to become infected.)
- AIDS can be cured. (**Myth.** There is no cure for AIDS, although there are treatments that can improve quality of life and help people live longer.)
- Mosquitoes can transmit HIV. (**Myth.** HIV doesn’t survive in mosquitoes and other insects and therefore can’t be transmitted to another person through an insect bite.)

Congratulate members of the winning team and acknowledge all participants for how much they’ve learned.

Ask participants if there are other myths they have heard about HIV that weren’t covered by the statements in the game. Allow volunteers to share any of these, being sure to have them identify why the statement is a myth. Correct any misinformation as necessary.

Tell participants that in the next activity, they’ll think about what they’ve learned in terms of their own lives.

**Activity 5****Deciding Your Level of Risk**

This activity helps participants understand the degree of risk involved in particular behaviors.

**Knowing the Risks**

***Note:** HIV risks vary. The type of HIV risk-related activity (e.g., using condoms or sharing needles) is important. Other factors that influence level of risk include the number of exposures to HIV, the number of sexual partners, and the strain of the virus.*

*To help make information manageable and useful to participants, B.A.R.T. uses 3 categories of risk: High Risk, Some Risk and No Risk. Try to present the idea that risk exists along a continuum, and is affected by a number of factors.*

*Because adolescents respond well when you give them time to analyze the facts for themselves and tend to respond poorly to “dos,” “don’ts,” and “shoulds,” focus on the behaviors themselves, rather than what participants should or shouldn’t do.*

Draw a stoplight on the board or newsprint, using red, yellow and green chalk or markers. Explain that red stands for risky behavior, yellow for some risk, green for safe. **Tell participants:**

- The risk of getting HIV is influenced by the number of exposures you’ve had, the number of sexual partners you’ve had, and the strain of the virus itself.
- The *behaviors* that put you at risk are the essential part—and the part that’s the most within your control.

One at a time, read each of the behaviors aloud and ask participants whether it is very risky, somewhat risky or safe. When the group agrees, write the behavior on the board or newsprint using the appropriate color. Be sure to ask them to explain why they are assigning the behavior to that category. If participants do not correctly identify a level of risk, ask questions to prompt a correct response.

**Behaviors—High Risk, Some Risk, or No Risk?**

- Holding hands (*Answer: No risk*)
- Vaginal intercourse without a condom (*Answer: High risk*)
- Cuddling (*Answer: No risk*)

(continued)

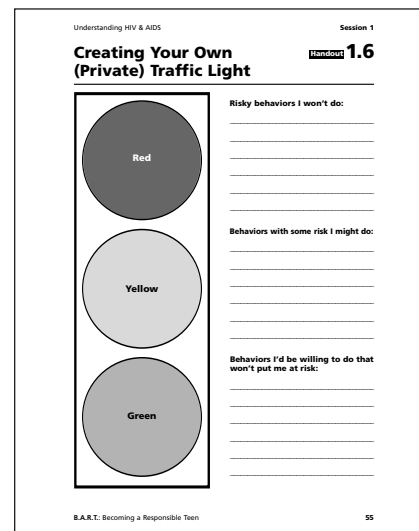
**Activity 5** *(continued)*

- Anal intercourse without a condom (*Answer: High risk*)
- Intercourse without a condom between two people who have tested negative for HIV, are in a long-term, committed relationship, do not have any other partners, and do not share needles (*Answer: Some risk, but very low*)
- Sharing needles for ear piercing (*Answer: Some risk*)
- Masturbating (*Answer: No risk*)
- Sharing needles to inject drugs (*Answer: High risk*)
- Receiving a blood transfusion (*Answer: Some risk, but very low*)
- Oral intercourse without a condom or latex barrier (*Answer: Some risk*)
- Rubbing against another person who has no open sores, with no exchange of body fluids (*Answer: No risk*)
- French (deep) kissing (*Answer: Some risk, but very low*)
- Breastfeeding a baby by a mother with HIV (*Answer: Some risk*)
- Correctly using a latex condom and a water-based lubricant every time a person has intercourse (*Answer: Some risk*)
- Using a latex condom with Vaseline® every time a person has intercourse (*Answer: High risk*)

Invite participants to name other behaviors they wonder about and classify these behaviors according to the risk.

**Making Decisions**

Distribute **Creating Your Own (Private) Traffic Light** (Handout 1.6). Give participants a few minutes to read the directions. Explain that you won't collect the papers. The handouts are for their private, individual use to help them identify their own acceptable level of risk.



**Handout 1.6**

## Activity 5

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### Make the following points:

- Each person has to decide his or her own personal limits. Teachers, parents and other adults can tell you what is and isn't safe, but you have to decide for yourself how much risk you're willing to take.
- You can't change the level of risk for a behavior. You can decide what you want to do about it.
- Privately, think about your own acceptable level of risk. By each part of the traffic light, write the risky behaviors you won't do (red), behaviors with some risk you might be willing to do in some cases (yellow), and behaviors you are willing to do that won't put you at any risk (green).
- These are very personal decisions and everyone's answers are confidential. Please don't look at each other's papers.

Allow 5 minutes for participants to complete the handout.

Read the lists of behaviors in each of the categories on the board: risky, some risk, and no risk. Ask participants to think about how these facts fit with their own private traffic light.

### Conclude by saying:

- Remember, risk-taking decisions are very personal.
- People can change their decisions. They may have one limit in some situations and another limit in others.
- In future sessions you'll have a chance to build on your decisions, so hold on to your traffic light.

## Activity 6

# Spreading the Word

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Participants learn how they can use their new knowledge about HIV to influence others in a positive way.

### Passing Information Along

**Introduce the activity:**

- As a result of what you've learned today, you probably know more now about HIV than most of your friends, teachers, and maybe even your parents. You are in a position to give people information that could change or save their lives.
- Not everyone will be interested in hearing about HIV. Some may not respond at first. But you can make a difference, and that difference can help others make their own decisions. It's like dropping a pebble in water and watching the ripples. Your influence could grow and the information you share might even save someone's life.

On the board or newsprint, draw a series of concentric circles or ripples. Continue until you have filled the space with circles. **Say:**

- The small inner circle represents each of you; the next circle represents 2 or 3 of your friends or family members you talk to about HIV. Each additional circle represents people who learned about HIV indirectly from you.
- One way you can begin to make these ripples happen is to correct misinformation (myths) you might hear from others about HIV.

Ask the group for examples of HIV myths they've heard from friends or family members. Then ask them for responses to correct each myth. This will reinforce what participants have learned and also model some ways to begin sharing what they have learned with others, strengthening and reinforcing the sharing process.

# Wrap-Up

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**Remind participants about next week's session:**

- Be on time next week. We've got a terrific video and we'd hate for anyone to miss it.

Wait with participants until everyone leaves or is picked up from the session. Speak with each parent, grandparent or guardian who comes and tell them that you're glad their son or daughter is in the group and that you are looking forward to seeing him or her in the next session. Remind them of the date and time of the next session.

Before the next session, call all the participants to say you're glad they came and to remind them of the next session. Check that they have transportation or help them make arrangements.

*“Not to know is bad; not to wish to know is worse.”*

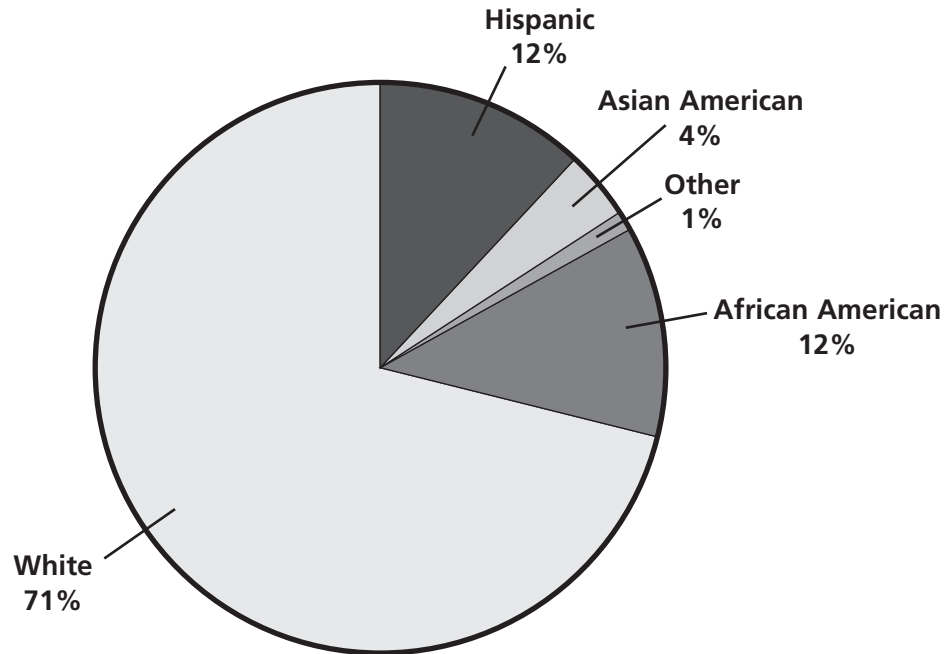
*—Nigeria\**

\*African proverbs taken from: *African Proverbs*. 1985. Compiled by Charlotte and Wolf Leslau. Used by permission of Peter Pauper Press, White Plains, New York.

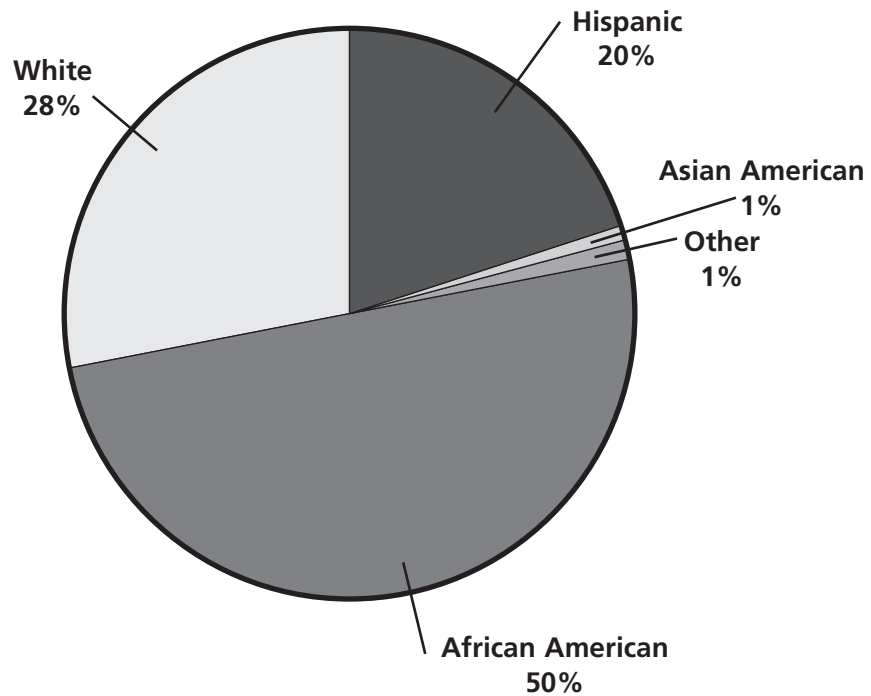
# How AIDS Is Affecting the African-American Community

## Handout 1.1

**Pie Chart 1: U.S. Population (2000 Census)**



**Pie Chart 2: AIDS Cases in the United States (2002)**

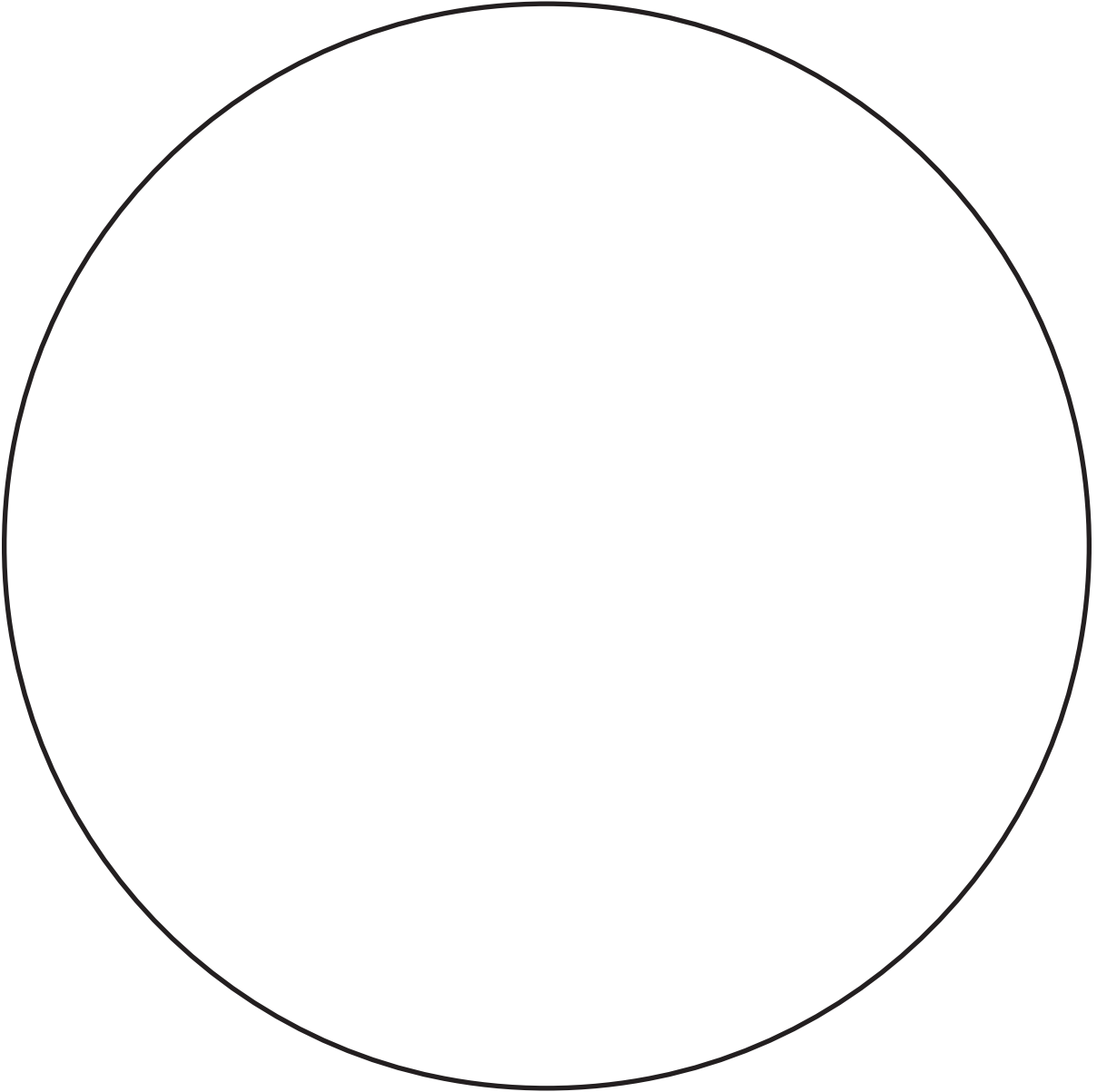


Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report.

**Handout 1.2**

# State Population by Ethnic Group

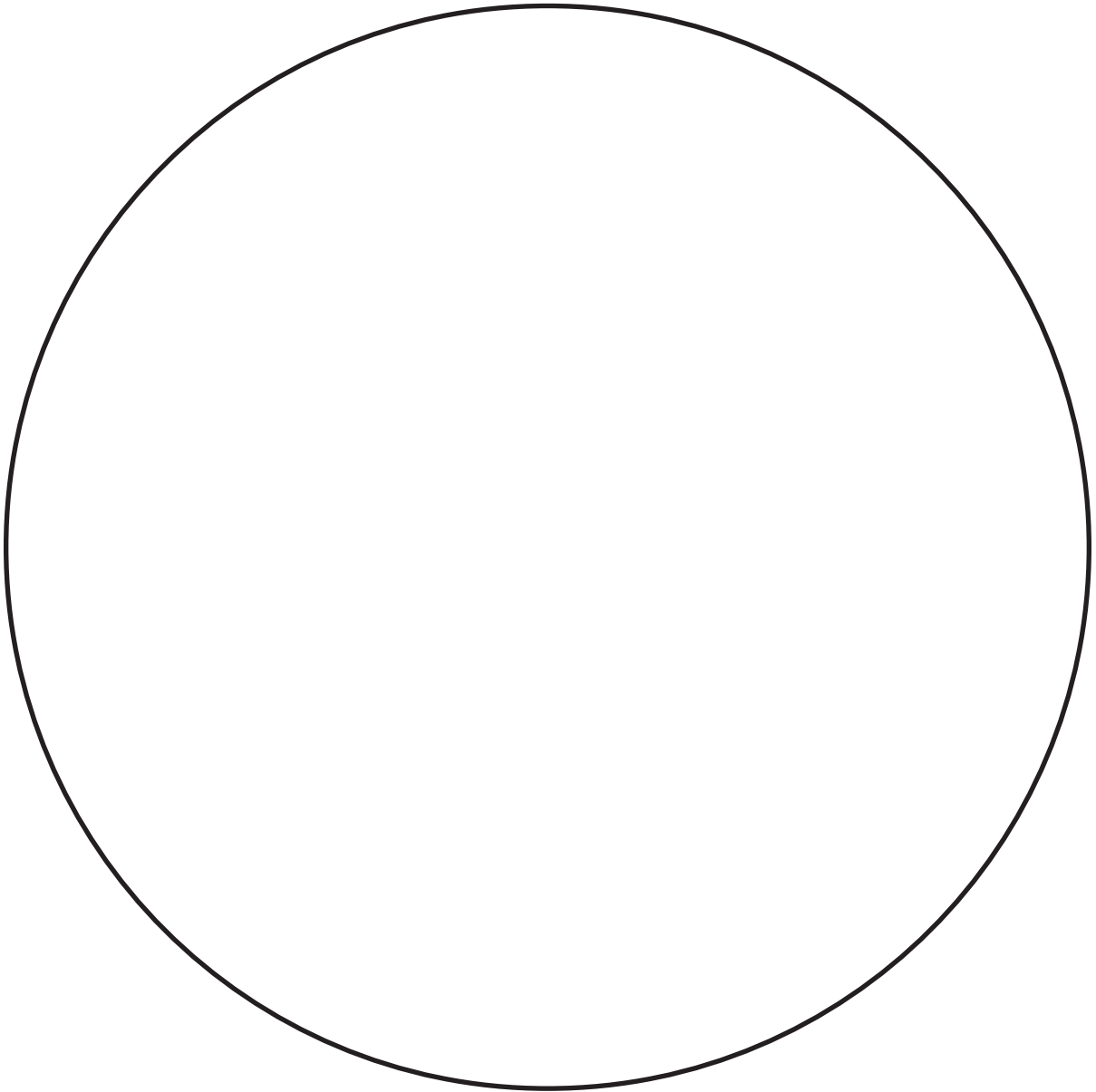
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**Handout 1.3**

# State AIDS Cases by Ethnic Group

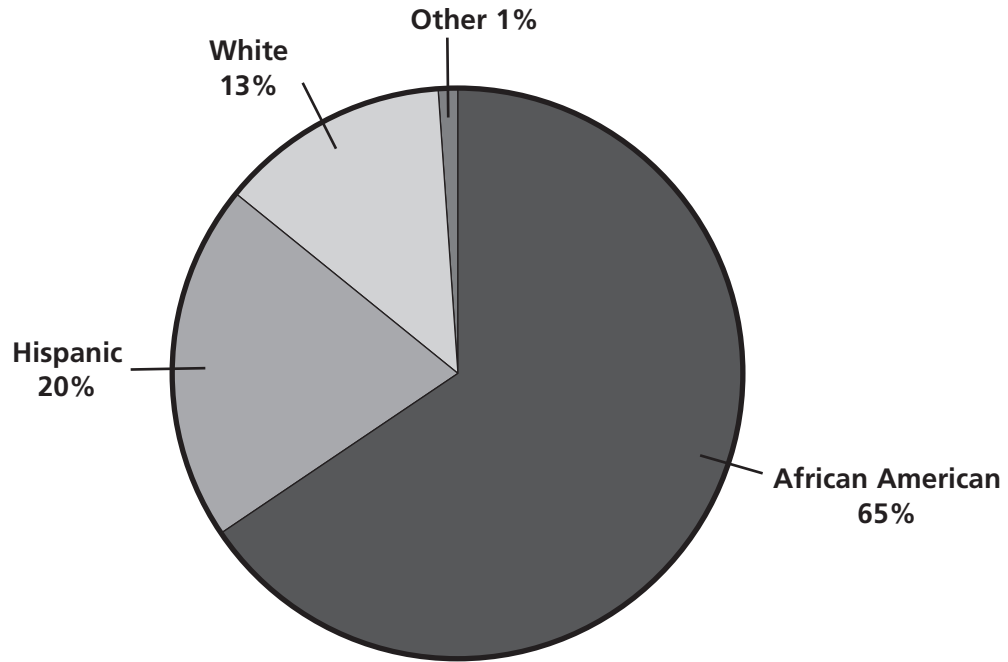
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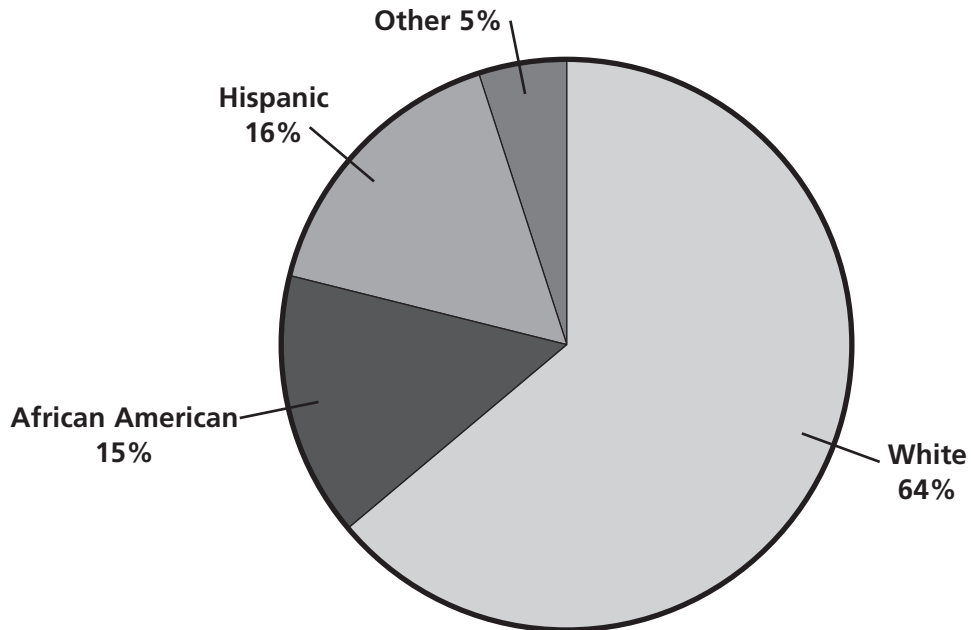
# Teens and AIDS

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**Reported AIDS Cases Among 13 to 19 Year Olds in the United States (2002)**



**U.S. Population, Ages 13-19**



Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance in Adolescents.

# Definitions

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## HIV

- The letters H.I.V. stand for Human Immunodeficiency Virus.
  - HIV can infect people who engage in the behaviors that allow the virus to be transmitted from one person to another.
  - The virus attacks and infects cells in the immune system that help the body resist infections.
  - HIV enters the immune system cells, takes over and uses the cells to manufacture more HIV. Gradually, HIV kills the immune system cells.
  - As the body lose immune cells, it becomes open to attack by infections and cancers that a healthy body is able to fight off.
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## AIDS

- The letters A.I.D.S. stand for Acquired Immune Deficiency Syndrome.
  - AIDS is the stage when HIV has damaged the immune system so much that the body can no longer resist infections and cancers.
  - These infections and cancers can make people who have AIDS very sick.
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## Antibodies

- Antibodies are substances in the blood that protect people against viruses such as colds, flu and measles.
  - With most viruses, the body eventually destroys the virus and cures itself. HIV is an unusual virus because it destroys the immune system cells that help make antibodies.
  - The body still tries to fight back. It takes the body from 2 weeks to 6 months after being infected with HIV to produce enough antibodies to show up on a test.
  - Tests to determine whether a person has HIV look for these antibodies.
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## ELISA

- ELISA stands for Enzyme-Linked Immunosorbent Assay. It is a type of test called enzyme immunoassay, or EIA.
  - An ELISA test is a very sensitive test that detects antibodies to HIV.
  - This test can be used on a blood or oral fluids sample.
  - Because the ELISA test is so sensitive and may detect other antibodies, another test is used to confirm results.
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## Definitions *(continued)*

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### Western blot test

- This test is used to check the accuracy of the ELISA test when 2 or more ELISAs have detected HIV antibodies.
- It is very accurate. A positive Western blot means that HIV antibodies are present.
- Positive results on both tests indicate that a person has HIV.
- Neither test detects the virus itself. Instead, the tests detect antibodies in the blood.
- The health department or a doctor can perform both tests by drawing a small blood or oral fluids sample.
- Test results are usually available in 2 to 4 weeks.

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### Rapid testing

- A rapid test can be used to detect HIV antibodies. Results are available in a few minutes.
- The rapid test can be used on a blood or oral fluids sample.
- As with other HIV tests, positive results must be tested a second time. Results of the second test can take up to 2 weeks.

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### Anonymous testing

- At some test sites, a person can get tested for HIV antibodies without giving his or her name. The test site assigns a random identification number, so test results are not linked to a name. The person gives the number to get the results.
- Total numbers of positive results, but no names, may be reported to the state health department.

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### Confidential testing

- This means the person getting tested gives his or her name to the testing site. Test results are linked to the person's name.
- Only a few people specified by state confidentiality laws or through a signed permission, will know who has positive test results.
- Positive tests, with both names and results, may be reported to the state health department.

*(continued)*

# Definitions *(continued)*

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## Home testing

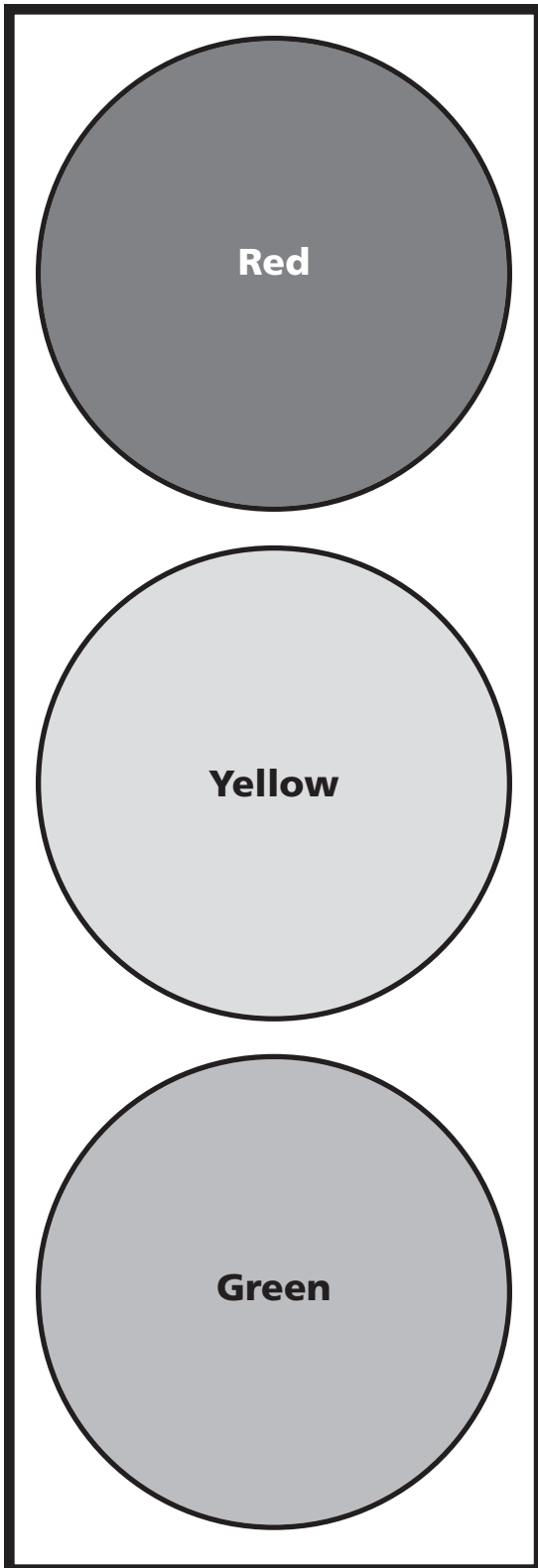
- A home test kit can be purchased over the counter. It involves submitting a dried blood sample by mail to a laboratory.
  - People can call a toll-free telephone number for results, posttest counseling, and medical referrals if necessary.
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## Treatment

- New treatments for HIV are being developed, tested and approved all the time. Treatment plans usually involve taking several different kinds of medicines at the same time.
  - There are 3 main types of medicines. Each has different treatment goals:
    - Some drugs slow the increase of HIV in the body after a person is infected. These drugs don't kill HIV, but they help protect the immune system and increase the person's chances of staying healthy for a longer time. Many of these drugs have been approved by the government.
    - Some drugs may make the immune system stronger. These drugs may also control the spread of HIV, but many of them are still being tested, so no one really knows how well they might work.
    - Some drugs prevent or treat other infections and diseases that people get because HIV has affected their immune system's ability to fight off disease. People with HIV are more likely to get sick when the immune system becomes weak. These drugs help slow or stop these "opportunistic infections."
  - Many of the drugs used to treat HIV have side effects that can make the person feel sick.
  - HIV medicines can be complicated to take. People may need to eat certain foods or at certain times to help the medicine work. The different medicines have to be taken several times a day and it's very important not to miss a dose. If a person misses doses, the medicine may stop working because HIV becomes "resistant" to it.
  - HIV medicines are expensive.
  - Treatment is not a cure. Medicines can help people stay healthy longer, but they can't change the ultimate outcome.
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# Creating Your Own (Private) Traffic Light

## Handout 1.6



**Risky behaviors I won't do:**

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**Behaviors with some risk I might do:**

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**Behaviors I'd be willing to do that won't put me at risk:**

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