

CHAPTER 9: SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS

The HIV/AIDS epidemic is having a devastating effect on young adults in most countries, directly and indirectly. Partly for this reason, there is a growing recognition that many young people are sexually active and need sexuality education. Although HIV rightly captures a lot of our attention, teaching about other STIs is also crucial. Many STIs are more widespread than HIV/AIDS and have serious health consequences, including increasing one's vulnerability to HIV infection.

Adolescents are at particularly high risk for acquiring an STI or HIV for a number of reasons. They may not have the knowledge or skills to make good decisions and stick to them; they may not have a realistic sense of their own vulnerability and therefore take risks; and they are in a phase of life when they are likely to be starting new relationships. Biologically, women are more vulnerable to STIs and HIV, and young women are at even greater physical risk because their cervixes are not mature. Sexuality educators need to ensure that young people have full and accurate information about STIs and HIV/AIDS and the skills to protect themselves now and in the future.

Teaching Tips

- In most places, particularly where HIV/AIDS has been widespread for many years, participants will already have heard a lot about it. Find out what your participants believe and make sure that their information is correct.
- Many of your participants will have been personally affected by HIV/AIDS in their families and communities. Be sensitive. Address this directly by teaching about the effects of the epidemic on individuals, families, and communities, and the importance of preventing or opposing discrimination and violence.
- STIs and HIV/AIDS are transmitted primarily through shared sexual behaviors and shared needles. Make sure you are prepared to talk about these issues directly, openly, and nonjudgmentally with your participants.
- Gather information on STIs and HIV/AIDS in your country, including rates of infection, particularly among adolescents. Some information should be available from the ministry of health or the local World Health Organization or UNFPA office. The data are often not very accurate, but they will give you an idea of teens' risk level. Also gather information about clinics where adolescents can get diagnosis, treatment, and advice on STIs. If possible, get pamphlets about STIs and HIV/AIDS.
- New information about STIs and HIV/AIDS is being gathered all the time. Update your information as much as possible. Different sources may give different assessments; for example, there is still debate about the risk of HIV transmission through oral sex at this writing. Note, however, that oral sex does carry a risk of acquiring other STIs.
- Adapt recommendations for prevention to what is available where you live. For example, if lubricants are not commonly available for purchase, you can suggest alternatives like saliva or egg whites. Be sure participants know not to use oil-based lubricants with condoms.

Content Considerations

- Gather knowledge about the epidemiology and disease progression in your country and include this information in your sessions when appropriate. Some issues vary greatly by culture and country, such as the extent of drug-resistant strains of STIs and HIV; the availability and cost of different treatment drugs; the most common types of opportunistic infections; the extent to which the blood supply is screened; and ways HIV may be transmitted through cultural practices (such as the practices of barbers, manicurists, and pedicurists; traditional cutting; or tattooing).
- Do not focus too much on the signs and symptoms of STIs, as in more than half of all cases (and more so in women than in men), the infected person has no symptoms. Emphasize that anyone who has had unprotected sex should see a health care provider, as he or she could have an STI and not know it.
- Out of shame and embarrassment, people often try to treat themselves if an STI is suspected. Strongly discourage this. If the person has symptoms, he or she should go to a health care provider immediately.
- Provide accurate and balanced information. Do not exaggerate risk levels or omit them as a way to encourage behaviors that you consider preferable.
- Aim to develop an appropriate level of concern without creating excessive fear.
- Explore how gender stereotypes about female sexuality can make women more vulnerable to infection, and strategize about ways to change that on an individual and societal level. Discuss rights: girls and women need to be free from discrimination, coercion, and violence in order to protect themselves.
- Since condom use is so essential for participants' future reproductive health, each student should have the opportunity to practice putting a condom on a model (bananas and cucumbers work well) and removing it. You may be able to get free condoms or even anatomical models from a clinic or supplier for educational purposes.
- Address the complexities and difficulties of protecting oneself from HIV/AIDS. For example, discuss why asking for a partner's prior sexual history is not enough (they might lie about it); why relying on monogamy for protection is problematic (because a partner may not be faithful); why some men who identify as heterosexual have relations with other men and keep it secret.
- Help participants develop an understanding of AIDS as a disease. Encourage participants to be compassionate, avoid blaming others, and work to end stigma and discrimination.
- Stories are powerful ways to teach students about the reality of living with HIV and the need for compassion, as well as the risks of HIV. If possible, invite people living with HIV/AIDS as guest speakers, or use true stories or videos if they are available.
- Learn about the politics of the HIV/AIDS epidemic in your country before teaching so that you are aware of controversies and issues. Have participants discuss different viewpoints on these topics.

SELECTED LESSON PLAN 9.1: STD PREVENTION

SOURCE

“STD Prevention,” *Our Whole Lives: Sexuality Education for Grades 7–9*, by Pamela M. Wilson. Boston: Unitarian Universalist Association, 1999. Reprinted by permission of the Unitarian Universalist Association. www.uua.org

Suitable for ages 12 to 18

Summary

This lesson is an engaging and fun way for participants to personalize HIV/STI risk, access correct information, and learn how to use condoms—all essential to increasing their ability and motivation to prevent infection. The session begins with a letter in which a young person is told that he or she has been exposed to the HIV virus; participants explore how they would react. Because many young people already have quite a bit of information about STIs and HIV/AIDS, a game is used to review and increase their knowledge. Participants go through an “obstacle course” to test the strength and sensitivity of condoms and practice putting them on, a clever way to challenge two common excuses for not using them: that men can’t feel anything and that they break easily.

Teaching Notes

- Participants should already know basic information about STIs and HIV/AIDS.
- The condom obstacle course requires a lot of materials and set-up, but this activity is strongly recommended because of the importance of condom use in prevention.
- The STD Game is modeled after the American TV show *Jeopardy!* In this game, participants are given the answer and have to respond with the correct question. Read the instructions carefully if this is confusing.
- When preparing the game board, write the money amount on one side of the paper, and the clue for the participants on the other side.
- To bring out key points at the end of the STD Game, ask: “What did you learn or remember doing this activity?” “What information about STIs and HIV/AIDS do you think is the most important for teenagers to know? What about for adults?”
- Read over step 2 of the Condom Obstacle Course and adapt it to your local situation. If you do not have dental dams, talk about latex barriers made out of condoms for oral sex with women instead.
- Only two of the original three stations are included in our excerpt of the Condom Obstacle Course. Develop your own station 3 to address a concern especially relevant or common to your participant group.

Adapting the Lesson

- Adapt the letter to fit your context.
- For the STD Game, change the amounts to your local currency. Review all of the clues and answers and make sure they are relevant and cover the main points you want to emphasize. For example, change the second and fourth questions under STDs. Make sure the harder questions are worth more money.

Session Plan

R&R

10 Minutes

1. Reentry

Welcome participants and help them reenter by asking the following questions:

- What's new in your life? What's going on that you'd like to bring up with the group?
- What's been in the news about STDs or AIDS since our last session?

2. Question Box

Answer questions from the Question Box.

3. Reading

Read the following letter that a young person received from a former partner.

Hi Kim,

How are you? I know I promised to write when we left camp last summer, but somehow I never did. Sorry.

I have something important to tell you. I just tested HIV-positive. I don't know whether I was infected while we were together or not. I hope not, but you've got to get tested right away. If you test positive, you've got to start HIV/AIDS counseling right away, too. There are lots of people who can help.

I really hope I didn't give you HIV. I really hope you're luckier than I am. Good luck.

Jody

Discuss the reading by asking the following questions:

- How would you feel if you got a letter like this?
- What would you do?
- How would you feel if you had to write a letter like this?

THE STD GAME

30 Minutes

1. Invite participants to join you in a quiz game to review some facts about HIV/AIDS and other STDs. Go over the following rules with the group:

- There will be two teams. Each team will select a spokesperson, who will have a sound signal [bell, whistle, rattle, etc.].
- When a team member knows the answer, he or she touches the spokesperson's right or left shoulder.
 - The spokesperson sounds the team's noisemaker.
 - The spokesperson has 10 [or 5] seconds to answer the question. This time allows the team member to tell the spokesperson the answer.
 - The spokesperson must give the correct answer in the form of a question or the answer will be considered incorrect. The other team will then have 10 seconds to answer the question correctly.

- The team that answers correctly is awarded the money and selects the next category and amount.
- The Risky Behaviors category should be answered “*What is No Risk or Low Risk or High Risk.*” You must remember the “*What is...*” to be credited for a correct answer.

2. Give the following examples to make sure everyone understands how the game is played.

Answer: It is the acronym for infections or diseases spread through sexual activity.

Question: What is an STD?

Answer from the

Risky Behaviors Category: Living in a home with an HIV-infected person.

Question: What is “No Risk?”

Tell participants that unless the answer says someone is uninfected, they have to assume there could be an infection.

3. Form two teams and start the game. When participants have selected a category and an amount, remove the construction paper cover and read the answer. If the question asked in response to the answer is correct, hand the team the cover so they can keep track of their money. If a team answers incorrectly, take money away from them and give the other team a chance to answer. At the end of the game, have teams tally their scores and name the winning team.

4. After the game, lead a discussion with the following questions:

- How did you like this game?
- How much did it really help you learn about or reinforce your knowledge of HIV and sexuality?

CONDOM OBSTACLE COURSE

35 Minutes

1. Ask participants to brainstorm all the reasons why young people don't use condoms or latex barriers every time they have intercourse. List the responses, which may include:

- It's like taking a shower with a raincoat on. It's not real—you can't feel anything.
- No need to use a condom—the sexual partner was too young, too sweet, too clean, or too smart to have a sexually transmitted disease.
- The male thinks his penis is too big. Condoms won't fit.
- You only need to use a condom with a new partner or someone who has sex with a lot of people.
- It's embarrassing or difficult to get condoms.
- Somebody is watching out for me. I'm not dead yet so I've got somebody protecting me.
- I'm going to die of something, so if it's AIDS, that's the way it is.
- Condoms are too hard to use.
- A latex barrier to use on a female (dental dam) is too difficult to find, and you can't feel anything.

2. After you have a sizable list, ask participants how many have ever heard of a dental dam. Ask, "What protection can a partner use when having oral sex with a woman?" [Dental dam.] Display a dental dam and explain that (1) it works a lot like a condom and (2) it serves as a barrier to keep one person's fluids from entering the partner's mouth or body. Now ask, "What might keep people from using a dental dam?" [Answers may include: people don't know where to get them; you can't feel anything, etc.] Explain that instead of a dental dam, one can use a condom cut into a square to serve as a barrier. Demonstrate how to cut a condom into a square. Pass the dental dam and condom square around the group and address any questions participants have.

3. Tell the group that you have set up an obstacle course to help them overcome three of the obstacles they have listed. Explain that participants will work in small groups (of two to five) to move around to the different stations. At each station, they will test a different aspect of the condom or latex barrier.

4. Divide participants into three groups and assign each group their first station. Give the following instructions:

- You will visit three stations to learn various things about condoms/dental dams.
- When you arrive at a station, read the instructions and follow them. Work together as a group to complete your tasks.
- When I call time, move to the next station.

5. Have participants begin the Condom Obstacle Course. At approximately five-minute intervals, signal the groups to move to the next station. Direct this process so that each group moves to a new station at every interval. Ideally, one coleader will visit the different groups and assist them as needed while the other coleader staffs station three and assistants staff stations one and two.

6. After youth have visited all three stations, ask for a volunteer to demonstrate the correct use of a condom using the penis model. Coach the volunteer, as appropriate. Lead a brief discussion with the following questions:

- What was this activity like for you?
- What did you learn about condoms/dental dams today?
- What about some of the other obstacles you mentioned earlier? Is it really possible to determine if a partner has a disease? [Emphasize that it really is *not* possible to know for sure. Even the nicest, sweetest, smartest, calmest partner may be infected. That person could have had intercourse only once in their life and be infected. If a person has *ever* had unprotected intercourse or *ever* used IV drugs he or she is at risk. The best advice is to *always* be protected.]
- How confident do you feel about your ability to use condoms/dental dams in the correct way? How easy do you think it would be to follow these steps in the heat of passion?
- How would being high or drunk affect someone's ability to use a condom or latex barrier correctly?

Leader Resource 43

SESSION TWENTY-FOUR

GAME ANSWERS

Signs and Symptoms of STDs

- \$10 If a person experiences this sensation while urinating, it can be a symptom of an STD. (What is a *burning sensation*? or What is *pain*?)
- \$20 If these appear on the genitals, it's a sign of herpes. (What are *blisters*, *lesions*, or *ulcers*?)
- \$30 Symptoms such as weight loss, fatigue, night sweats, purple lesions on the skin, rare pneumonia, and other rare opportunistic diseases can lead to a diagnosis of this disease. (What is *AIDS*?)
- \$40 When it comes to signs and symptoms of gonorrhea, most women and some men have this experience (What is *no signs or symptoms*? or What is *nothing*?)
- \$50 It is because of this fact that many women do not see signs or symptoms of STD infections. (What is *having reproductive organs that are internal*?)
- \$60 If a woman notices that this has become heavy, thickened or clumpy, or foul-smelling, it is a sign of infection. (What is *vaginal discharge*?)
- \$80 This is the best first response to any sign or symptom of an STD. (What is *going to a clinic or doctor*?)
- \$100 This painless sore can be a symptom of syphilis. (What is a *chancre*?)

HIV/AIDS

- \$10 It is the virus that causes AIDS. (What is *HIV*?)
- \$20 It is what the acronym AIDS stands for. (What is *Acquired Immune Deficiency Syndrome*?)
- \$30 Unprotected sexual intercourse of any kind and sharing needles for any purpose are the two main ways this is passed. (What is *HIV*? or What is *the AIDS virus*? NOT What is *AIDS*?)
- \$40 Has caused more deaths than the Korean War, the Vietnam War, and the Persian Gulf War. (What is *AIDS*?)

- \$50 Teenagers and young heterosexual women are the two groups experiencing the fastest growth in this area. (What is *being infected with HIV*? or What is *being diagnosed with AIDS*?)
- \$60 The material used in barriers that are effective in the prevention of the spread of HIV. (What is *latex*? or What is *polyurethane*?)
- \$80 The name of the cells that the HIV virus destroys. (What are *T cells*? or What are *CD4 cells*?)
- \$100 A disease that would not normally harm a healthy immune system. (What is *an opportunistic disease*?)

Risky Behaviors

- \$10 Open mouth/deep kissing with an uninfected person. (What is *No Risk*?)
- \$20 Unprotected vaginal intercourse. (What is *High Risk*?)
- \$30 Bringing a partner to orgasm with hand stimulation. (What is *Low Risk*?)
- \$40 Unprotected anal intercourse. (What is *High Risk*?)
- \$50 Touching one's own genitals for sexual pleasure. (What is *No Risk*?)
- \$60 Sharing needles for tattooing or ear piercing. (What is *High Risk*?)
- \$80 Drug use. (What is *High Risk*? [due to impaired decision making])
- \$100 Giving blood or having a blood test (including an HIV test.) (What is *No Risk*?)

Sexually Transmitted Diseases

- \$10 Diseases that are passed from person to person through sexual contact. (What are *STDs*?)
- \$20 Is sometimes called "clap" or "drip" and occurs in both males and females. (What is *gonorrhea*?)
- \$30 A virus that causes sores or blisters that appear on the genitals of both males and females. (What is *herpes*?)
- \$40 The most common STD in the United States. It can cause sterility in both males and females. It can be treated and cured. (What is *chlamydia*?)

- \$50 This STD has three stages. An early symptom is a painless sore called a chancre that usually goes away on its own, but that does not mean the disease is gone. (What is *syphilis*?)
- \$60 A virus that produces warts on the genitals. (What is *genital warts* or *HPV*?)
- \$80 Genital warts, herpes, and HIV/AIDS are caused by this kind of organism. (What is *a virus*?)
- \$100 STDs caused by viruses have this characteristic in common. (What is *no cure*?)

Forms of Protection

- \$10 It is the most effective method of birth control and disease prevention. (What is *abstinence*?)
- \$20 It is an object that can be used to place a barrier over the vulva during sexual contact. (What is *a dental dam*? or What is *a condom that has been cut and opened into a square*?)
- \$30 This should be checked for before a condom is used. (What is *the expiration date*? or What is *latex* or *type of condom*? or What is *lubrication with nonoxynol-9*? or What are *rips or tears*?)
- \$40 The substance found on some condoms that kills sperm. (What is *a spermicide*? or What is *nonoxynol-9*?)
- \$50 Condoms, female condoms, and dental dams are all called this. (What is *a latex or polyurethane barrier*?)
- \$60 Foams, creams, and jellies used for birth and disease control contain this substance. (What is *a spermicide*? or What is *nonoxynol-9*?)
- \$80 A polyurethane sheath with flexible rings at each end that keep sperm from entering the vagina. (What is *a vaginal pouch* or *female condom*?)
- \$100 Condoms should not be used with lubricants that contain this substance. (What is *petroleum*?)

Leader Resource 44

SESSION TWENTY-FOUR

GAME BOARD

	<i>Signs and Symptoms</i>	<i>HIV/AIDS</i>	<i>Risky Behaviors</i>	<i>Sexually Transmitted Diseases</i>	<i>Forms of Protection</i>
\$10					
\$20					
\$30					
\$40					
\$50					
\$60					
\$80					
\$100					

Leader Resource 45

SESSION TWENTY-FOUR

STATION SET-UP

How to create stations for the Condom Obstacle Course.

Station One

Obstacle to overcome: You can't feel anything if you use a condom.

At this station, place a feather and a selection of condoms and post the following instructions:

1. With the help of a team member, place a condom on your fist. BEWARE OF SHARP FINGERNAILS!
2. Close your eyes and ask a teammate to touch your fist with his or her finger. Can you feel the person's finger touching you?
3. Close your eyes and ask a teammate to touch your fist with the feather. Can you feel it? Have your teammate blow air on your fist. Can you feel it?
4. How thick do you think the condom is now?

Station Two

Obstacle to overcome: Condom is too small to fit.

Place a measuring tape and a selection of condoms at this station. Post the following instructions and questions:

1. Stretch the condom as big as you can without breaking it. You can pull it with your hands or feet or blow it up.
2. Measure the condom when it is fully stretched.
3. How big around did the condom get?
4. How long did the condom get?
5. What happened to the condom when it was stretched?

SELECTED LESSON PLAN 9.2: NEGOTIATING RISK REDUCTION

SOURCE

“Negotiating Risk Reduction,” *Filling the Gaps: Hard to Teach Topics in Sexuality Education*, Sexuality Information and Education Council of the United States (SIECUS), New York, 1998. Reprinted with permission of SIECUS. 130 West 42nd Street, Suite 350. New York, NY 10036. www.siecus.org

Suitable for ages 15 to 18

Summary

This activity uses role playing to develop participants’ communication skills in implementing their decisions about sexual activity. The lesson plan includes different strategies for risk reduction and avoiding pregnancy. It doesn’t assume that everyone will make the same choices. Groups of three create three role plays in which they negotiate abstinence, condom use, and another form of contraception. Each group performs their best role play and then discusses how convincing it was and how it could be improved, which gives adolescents a chance to practice this crucial skill and exchange ideas. A concluding discussion brings out their feelings about the activity and ways to handle discord about risk reduction within a couple. The lesson emphasizes the importance of good communication and respect and normalizes these strategies for reducing risk.

Teaching Notes

- Tell participants that in developing their role plays, they should also strive to maintain a positive relationship with their partner during the negotiation.
- To begin the discussion, ask participants how they felt about the activity and what they found difficult.

Adapting the Lesson

- Use small pieces of paper instead of index cards.

NEGOTIATING RISK REDUCTION

Adapted and reprinted with permission from Carol Hunter-Geboy, *Life Planning Education*, Advocates for Youth.
For information about this and other related materials, call 202/347-5700.

RATIONALE

The purpose of this activity is to practice communicating comfortably and effectively about risk reduction.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Practice communicating about risk reduction

MATERIALS

- One index card for each participant. Write *abstinence* on a third of the cards, *condom* on another third, and *condom and another form of contraception* on the remaining third.
- Make packets of cards containing one of each, to distribute to small groups in Step 2.

PROCEDURE

- 1 Tell participants that while knowing about the risks of unprotected sexual intercourse is important, the essential thing is to be able to do what is necessary to avoid those risks when with a sexual partner. Explain that this activity will help them practice the important skill of communicating with their partner, the first step in negotiating risk reduction.
- 2 Divide participants into groups of three and distribute the packets of index cards. Ask each participant to take one index card. Then, go over the following instructions:
 - Create three role-play presentations, one for each word on your index cards. In each, one person will bring up the subject of sexual risks with another group member and say she or he wants to use the method listed on the card. The goal of this role play is

for one actor to convince the other actor to agree to practice the assigned method of risk reduction.

- While two group members act as characters, the third member should act as “coach.” The coach will make suggestions to help the actors role-play and comment on whether the approach they are using is convincing. Take turns being the coach.
 - Once the group has finished their role play, they should pick the most convincing presentation to perform for the entire group.
- 3 Tell participants they have 30 minutes to work together and create three role-play presentations. Give lots of encouragement and assist with the coaching if needed.
 - 4 After 30 minutes, ask a group to volunteer to present first. After leading the group in a round of applause, ask the audience to provide feedback on the role play, using the following questions:
 - How realistic was this role play? Why?
 - Which character was more convincing? Why?
 - What other approaches would have been effective?
 - 5 Continue with additional role plays in the same fashion. Challenge teens to redo any role play they feel they could make stronger after the group provides feedback on it.
 - 6 When every group has had an opportunity to present, conclude the activity using the following questions:
 - How did it feel to try and convince someone else to go along with your assigned method of risk reduction? How did it feel to have someone else try to convince you? Do you think these feelings are pretty common for teenagers dealing with these issues?
 - What are effective ways for a couple to discuss abstinence? The use of condoms? The use of condoms and another method of contraception?
 - What should a person do if their partner will not agree to their chosen method of risk reduction?