



*A culturally-based program to reduce
sexual risk behavior among Latino youth*

FACILITATOR CURRICULUM

SECOND EDITION

Antonia M. Villarruel, PhD, RN, FAAN

Loretta S. Jemmott, PhD, RN, FAAN

John B. Jemmott, III, PhD



Advancing Science
Reducing Risk
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The original implementation research was conducted by Dr. Antonia M. Villarruel, University of Michigan School of Nursing (Principal Investigator), and Dr. John B. Jemmott III, Annenberg School of Communication and Dr. Loretta S. Jemmott, School of Nursing at the University of Pennsylvania (Co-Investigators) and supported by the National Institute for Nursing Research, a division of the National Institutes of Health (Grant Number NR04855). The research outcomes are published in:

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- Denver Area Youth Services (DAYS), Denver, CO



Cuídate

Credits

DVDs

¡Cuídate!

Select Media, Inc.

Condom Use Animation

Select Media, Inc.

Demasiado Joven

The National Campaign to Prevent Teen and Unplanned Pregnancy

Sofia and Miguel

Select Media, Inc.

The Subject is: Puberty - Change is Normal - Safer Sex Version (available separately)

Select Media, Inc.

The Subject Is: HIV - Safer Sex Version (available separately)

Select Media, Inc.



About the Developers and Researchers

Antonia M. Villarruel Ph.D., R.N., FAAN is Professor and Nola J. Pender Collegiate Chair and the Associate Dean for Research and Scholarship at The University of Michigan School of Nursing. She has a Master's Degree from the University of Pennsylvania and a PhD from Wayne State University. She has an extensive background in health promotion and health disparities research and practice, specifically with Latino populations. Her research focuses on the development and testing of culturally and linguistically appropriate interventions to reduce HIV sexual risk among Mexican and Latino youth. Dr. Villarruel has been the PI and Co-I of several NIH and CDC funded studies. She is widely published in national and international peer reviewed journals as well as in book chapters. Recognized for ability to blend scholarship with community practice, Dr. Villarruel has assumed leadership roles in many national and local organizations. She is the past president and founding member of the National Coalition of Ethnic Minority Nursing Associations and past president of the National Association of Hispanic Nurses. She has served on the HRSA/CDC HIV/STD Advisory Council and as a charter member of the Secretary of the Department of Health and Human Services' Advisory Council on Minority Health and Health Disparities. She has received numerous honors and awards including induction into the Michigan Nurses Hall of Fame, and the Trailblazer Award from the National Black Nurses Association. She is a member of the Institute of Medicine and a Fellow in the American Academy of Nursing.

Loretta Sweet Jemmott, Ph.D., R.N., FAAN is a Professor and Director of the Center for Urban Health Research at the University of Pennsylvania's School of Nursing. She is also the co-chair of the Behavior and Social Science Core of Penn's Center for AIDS Research. Dr. Jemmott holds a Bachelors and Masters degree in Nursing, and a Ph.D. in Education, specializing in Human Sexuality Education. For over 25 years, she has designed curricula and implemented various programs for adolescents to reduce STD and pregnancy risk behaviors. Since 1987, she has conducted a series of National Institute of Health-funded randomized controlled trials to develop and evaluate theory based, developmentally appropriate, behavioral interventions aimed at increasing safer sex, including abstinence behaviors among inner-city minority youth in various clinics, schools, and community settings. She has



published over 56 peer-reviewed articles, books, and chapters on this topic. Recognized nationally and internationally as a leader in HIV prevention research with adolescents, she has also been involved in international dissemination activities, including the tailoring and training of educators on evidenced-based HIV risk reduction curricula for implementation across the country and around the world, including Jamaica, Mexico, Puerto Rico, Botswana, and South Africa. Dr. Jemmott has received numerous prestigious awards for significant contributions to the profession of nursing and education, to the field of HIV prevention research, and to the community. Such awards include the Congressional Merit Award and election into the Institute of Medicine, an honor accorded to very few nurses. She is also a Fellow in the American Academy of Nursing. She has served on the National Institute for Nursing Research's Advisory Council, the New Jersey Governor's AIDS Advisory Board, where she co-chaired the Education and Prevention Committee, and the Public Policy Committee for the American Foundation for AIDS Research.

John B. Jemmott III, Ph.D. received his Ph.D. in Social Psychology from the Department of Psychology and Social Relations, Harvard University. After serving as a psychology professor at Princeton University for 18 years, he joined the faculty of the University of Pennsylvania, where he is currently the Kenneth B. Clark Professor of Communication Research in the Annenberg School for Communication and Director of the Center for Health Behavior and Communication in the Annenberg Public Policy Center. Throughout his career, Dr. Jemmott has conducted research on the psychological aspects of physical health. Since 1987, his research has centered on HIV sexual risk reduction among adolescents. Recognized nationally and internationally as a leader in HIV prevention research with adolescents, he has published over 60 articles and book chapters and has received numerous grants from the National Institutes of Health to support his research. Dr. Jemmott has served as a consultant on several research review committees, including the Behavioral Medicine Study Section, the AIDS and Immunology Research Review Committee, and the Office of AIDS Research Advisory Council of National Institutes of Health. Dr. Jemmott is an elected member of the Academy of Behavioral Medicine Research and the Society of Experimental Social Psychology, and a Fellow of the American Psychological Association and the Society for Behavioral Medicine.



Disclaimers

Regarding the Use of STD and STI

For the purposes of this intervention and its target audience, we have chosen to use the term sexually transmitted diseases, or STDs, rather than sexually transmitted infections (STIs) throughout the curriculum, supplementary materials and DVDs.

Regarding Latex Allergies and Condoms

Throughout this curriculum the importance of effective and consistent use of latex condoms is mentioned as an important strategy for reducing the risk of STD transmission. The facilitator should note that some individuals may have a latex allergy or develop awareness of a latex allergy in the future. It is appropriate to consistently remind participants that polyurethane condoms are an effective alternative to latex condoms if allergies are present. Both are significantly more effective than animal skin condoms like lambskin, which are not considered to be an effective barrier for many STDs.

Medical Accuracy

All medical accuracy recommendations made by the Office of Adolescent Health for *Cuidate!* have been implemented in this edition.



Introduction to Second Edition

We have released a Second Edition of *¡Cuídate!* in response to requests for additional content and material from those who are using *¡Cuídate!* in the field. Specifically, we have added content related to pregnancy, birth control methods and STDs. We developed a new video – *Sophia and Miguel* – to demonstrate condom negotiation skills, added additional resources for discussing puberty, and provided supplemental information. We have also included the film *Demasiado Joven*, which addresses the struggles teenagers often experience when faced with parenthood.

This addition of materials is consistent with the Core Elements and Key Characteristics of *¡Cuídate!* Please note that what you include (e.g. a puberty module/activity) and the level of detail you include (e.g. details related to contraceptive methods) will be determined by the age and sexual experience of the adolescents. For example, adolescents who are younger may need to know more about puberty and anatomy before understanding pregnancy. Older adolescents and those that are sexually experienced may need more information about types of birth control and the advantages and disadvantages of each. You can determine what you need by piloting the curriculum with your adolescents and obtaining consultation from parents, adolescents and others in the community. Remember, knowledge alone is not sufficient to change behavior. Importantly, the emphasis of *¡Cuídate!* is providing adolescents with the skills and confidence (efficacy) needed to reduce sexual risk behavior.

We hope what we are providing meets the needs of the youth you serve. We look forward to hearing from you!

Antonia M. Villarruel, PhD, FAAN
Associate Dean for Research and Global Affairs
Professor & Nola J. Pender Collegiate Chair
University of Michigan
School of Nursing



Welcome to ¡Cuídate!

Welcome to ¡Cuídate!—The word ¡Cuídate! means “take care of yourself,” which is the theme of this culturally-based program designed to reduce the risk of HIV, STDs and unplanned pregnancy. This program is an adaptation of the Be Proud! Be Responsible! program. Today all teens, including Latinos, face many health risks related to sexual behavior, such as pregnancy and sexually transmitted diseases (STDs) including HIV. ¡Cuídate! helps Latino youth develop the knowledge, attitudes, and skills to reduce their risk for HIV. The program emphasizes risk reduction strategies such as sexual abstinence and condom use through activities that allow youth to:

- Acquire correct and reliable information about pregnancy, risk and disease.
- Develop attitudes that support safe decision-making.
- Build skills to be able to abstain from sex and use condoms.
- Reinforce confidence in their ability to practice safer sex.

By using the ¡Cuídate! program, you will be able to help teens develop the knowledge, attitudes, and skills to act in ways that will support good health and protect them from serious risks related to sexual behavior.

¡Cuídate! is unique because it addresses cultural beliefs related to sexual risk behaviors that are common among many Latino subgroups. Specifically, ¡Cuídate! includes cultural beliefs related to abstinence and condom use. Program activities show these attitudes and beliefs in a positive way. Aspects of Latino culture, such as familialism and gender-role expectations, including machismo, are also built into the program. These values are used to show abstinence and condom use as culturally acceptable and effective ways to avoid unplanned pregnancy or STDs, including HIV.

1 Jemmott, L. S., Jemmott, J. B. III & McCaffree, K. (1995). *Be Proud! Be Responsible! Strategies to empower youth to reduce their risk for AIDS*. New York: Select Media Publications.



Format of the ¡Cuídate! Facilitator's Curriculum

The ¡Cuídate! program is divided into six 1-hour modules each set up with the same format. To help you get the most out of the information offered to you and help you use it effectively, you should become familiar with the basic layout of the modules.

Below is an outline of the curriculum modules followed by a brief explanation of the meaning or purpose of each item. This will help you know how to use the curriculum effectively.

Module Outline

- Goals
- Preview
- Objectives
- Strategies/Methods
- Materials Needed
- Time Required
- Rationale for each activity
- Procedures and detailed Facilitator Notes
- Small-Group Activities
- Curriculum Materials

Goals—Outlines the aim of each module.

Preview—Provides a brief description of what will take place in the module.

Objectives—Provides a description of what participants should learn in the module.

Strategies/Methods—Refers to activities developed to achieve the goals and objectives. This may include such things as viewing a video, listening to a mini-lecture or brainstorming activities.

Materials Needed—Provides a detailed list of everything you will need for the session.



Goals

The ¡Cuídate! program has three primary goals. They are to:

1. Influence attitudes, behavioral and normative beliefs, and self-efficacy regarding pregnancy, STD and HIV risk-reduction behaviors, specifically abstinence and condom use, incorporating the theme of ¡Cuídate!—taking care of oneself, one's partner, one's family, and community.
2. Highlight cultural values that support safer sex, and reframe cultural values that are perceived as barriers to safer sex.
3. Emphasize how cultural values influence attitudes and beliefs in ways that affect pregnancy, STD and HIV risk-associated sexual behavior.

Scientific studies have proven that, if used correctly, ¡Cuídate! can successfully achieve all of these goals.

The focus of ¡Cuídate! is to increase each participant's skill level and self-efficacy in communicating and negotiating with sexual partners about abstinence and condom use. The program also helps teens develop the technical skills they need for correct condom use. ¡Cuídate! provides important information about the causes, diagnosis, transmission, and prevention of STDs for Latino youth, in addition to pregnancy prevention.

How to Use this Curriculum

For you, the facilitator, this curriculum is the most essential piece of the program. Besides developer-certified training, it contains all the information you will need to be successful with the ¡Cuídate! program. For that reason, it is critical that you read and understand the entire curriculum.

The ¡Cuídate! program includes learning activities such as small group discussions, videos, games, demonstrations, and role-plays. Activities are designed to help teens acquire the skills they need to negotiate and practice abstinence and condom use. These activities make teens aware of how choices about their sexual behavior can affect their health. The activities show how safer sexual behavior can help avoid pregnancy and STDs, like HIV.



Time Required—This is the amount of time required for each activity in the module. This will be an important guide for you to be able to complete all module activities within the allotted time

Please note that these times are only a guide. You may find that some activities require more time while others might be completed in a shorter amount of time.

Rationale—This section provides an explanation of the activity and how it fits with the goals and objectives of the program.

Procedures and detailed **Facilitator Notes**—This section includes detailed scripts and numbered actions for each module. What the facilitator should do is numbered. What the facilitator should say is contained within a box. The script will be a valuable guide of what to say until you become comfortable with the program content. An example is shown here.

Example

1. Introduce the activity by saying:

At the beginning and end of each session, we will participate in an activity called the **Talking Circle**. The **Talking Circle** is our chance to share our thoughts and feelings about certain topics with the rest of the group.

In addition, special **Facilitator Notes** are contained within shaded boxes throughout the curriculum. These notes provide the facilitator with background information or teaching suggestions. While all facilitators should have a working knowledge of the concepts in the curriculum, it is still a good idea for them to become familiar with the content. This way they will not miss any information.

Small-Group Activities—These activities are contained in all sessions. They are designed to build skills that are critical to the curriculum.

Curriculum Materials—All the materials needed to teach a module are contained within that particular module. Copies of handouts and worksheets with appropriate facilitator responses are included in the modules. Blank handouts that you can copy are found on the accompanying CD of Materials.



¡Cuídate! uses the following materials at various points in the curriculum. Use this checklist to prepare for your teaching. Some of the items will need to be prepared prior to beginning the sessions, others will be developed as part of the process, and others are included in the implementation kit or come with the facilitator's curriculum.

Materials Needed (Not Included In Implementation Kit)

Television and DVD player with good speakers
Chalkboard/Newsprint
Chalk/Markers
Pencils/Pens
Masking Tape
Name Tags
Clock
Tokens (such as pennies or paper clips) for lotería
Music Player
Lubricated latex condoms (Two for each pair of participants, plus demonstration condoms)
Paper towels
Lubricant (water-soluble such as K-Y jelly)
Penis models
Disposable wipes (for hand washing)
Paper Bag (for condom disposal)

Pre-labeled newsprints:

Group Rules

How to Prevent Pregnancy

How

Why you should avoid STDs

Cultural Pride

Ways to Increase Spontaneity

Condoms Can Make Sex Fun and Pleasurable

Latino Families

- *What Latino Men Are Like* (written on the left side)
- *What Latino Women Are Like* (written on the right side)

Excuses



Materials Included In Implementation Kit

Copy of the **¡Cuídate!** curriculum

Posters:

¡Cuídate! Logo Poster

Birth Control Methods Poster

Ways to Prevent Pregnancy Poster

HIV/AIDS Poster

STDs Poster

Cultural Values Poster

Lotería Playing Boards

Role-play Guidelines Poster

S.T.O.P. Poster

S.T.O.P. Observation Checklist Poster

Safer Sex Jeopardy Game Board

Anatomy Key Words Poster

Female Anatomy Reproductive Poster

Male Reproductive Anatomy Poster

Cards:

Pregnancy Cards

A Romance Card

Attitudinal Statements Cards

Lotería Cards

¿Quién Es Más Macho?—¿Quién Es Más Mujer? Cards

Safety, Caution, Danger Cards

Condom Line-Up Cards

Role-play A, Slowing it Down

Role-play B, The Party

Role-play Cards (C–J)

Worksheets and Handouts:

Myths and Facts Handout

A Romance Worksheet

Lyrics to Tito Puro Machito and Con Una Nada Más (English and Spanish)

S.T.O.P. Observation Checklist Worksheet

Female Reproductive Anatomy Handout

Male Reproductive Anatomy Handout

Signs:

Agree/Disagree signs

Safety, Caution, Danger Signs

DVDs:

¡Cuídate!

Condom Use Animation

Demasiado Joven

Sofia and Miguel

Available Separately:

The Subject Is: Puberty - Change is Normal - Safer Sex Version

The Subject Is: HIV - Safer Sex Version



Program Strategies

¡Cuídate! uses several teaching strategies to increase knowledge, attitudes, and skills needed to promote abstinence and condom use. Some of these are described below.

Modeling

Modeling is the process of setting an example for others through your own behavior. Remember that YOU are an important role model—someone that participants will relate to and respect. When you treat others with respect, listen to their questions, and show positive attitudes toward health behaviors, participants will learn from you.

Role-playing

Role-playing is a process where participants have an opportunity to practice the skills they learn in the group sessions. Role-playing activities generally involve several steps.

1. Volunteers or participants you select act out scenarios.
2. The facilitator acts as the Director—setting the stage and supporting the actors.
3. Group members observe and provide feedback.

As the facilitator, you should be sure that the participants understand their role. You should also encourage them to act like the characters. Facilitators, and in some cases group members, can act as “coaches” by giving suggestions if needed. The facilitator might pose questions to be sure that the actors think through all of their possible options.

Performance Feedback

Participants will be asked to demonstrate a number of skills in the group, such as role-playing situations. It is important that you, the facilitator, give feedback in a way that supports the participant. You should highlight correct information or strategies stated by participants. You should also correct misinformation and, when needed, give participants alternative actions or behaviors that they could use.

Here are some guidelines for performance feedback:

1. Provide reinforcement for trying. Reinforcement can include praise, compliments and support.
2. Acknowledge positive behaviors or good aspects of the performance first. Highlight aspects of the performance that were done correctly.
3. Provide reinforcement at the earliest and appropriate opportunity after the desired behavior.
4. Feedback may be positive or negative—but it should always be constructive.

Don't determine a performance to be wrong. Rather look for different approaches that are consistent with the skills taught.

Example

- “You showed us one way; what would be another way?”

Interactive Activities and Competitive Games

These activities provide an opportunity to practice the knowledge and skills presented in the curriculum. People learn in a variety of ways. Adolescents learn through fun, interactive, and competitive activities. We have included these throughout the curriculum.

Over-learning

Over-learning involves teaching a skill many times and in different ways. The following are examples of strategies for over-learning:

- Modeling
- Role-plays
- Observation by participants through videos or role-plays
- Information read by participants from a poster
- Skills practiced in small group sessions
- Skills practiced in real-life settings, such as role-plays



Teaching Strategies

Whether you are a new facilitator or have taught teens in the past, it is always useful to have successful strategies for teaching. Below you will find some tips for working with teens that will help you make this program the best it can be if you review them before you begin the program.

Maintain a Supportive Environment

At the start of the program, you will need to create group trust. Group trust supports and promotes learning, and a genuine sharing of ideas, attitudes and behaviors. Your behavior and attitudes will be vital in creating trust. Participants should feel your excitement, friendliness, interest, warmth, patience, sincerity, and support. You will help participants show the same support and build trust in and for each other. You will need to help redirect behavior that is not supportive and model behavior that builds trust.

Group Dynamics

Group dynamics refers to how the teens relate to you and one another. You should be aware of the dynamics within your group throughout the program. Encouraging positive group dynamics may require you to:

1. Provide feedback to participants.

Example

- “That’s a very good point.”

2. Ask for feedback from the group about what you or others have said.

Example

- “How many of you have wondered about that same question?”

3. Create a safe environment.

Example

- “Let’s all remember the group rule—what we say here stays here.”

4. Encourage everyone to participate.

Example

- “I see a puzzled look on your face, Carlos. What are you thinking about?”

5. Moderate overly enthusiastic participants.

Example

- “Carmen, I love your energy! Let’s hear from others and then we’ll come back to you.”

6. Respond to criticism.

Example

- “I’m glad you brought that up. I’d like to see if others are feeling the same way.”

7. Clarify comments.

Example

- “I’m not sure I understand what you meant. Did you mean . . .”

8. Recall feelings, ideas, or opinions or questions.

Example

- “Earlier you said that . . .”

Topic Maintenance (Task or Content-Oriented) Behavior

The ¡Cuídate! program is made up of many topic areas and activities. It is important to help teens stay focused. It is also important to move easily between topics. To keep the participants on task you may:

1. Introduce a new topic and bridge it to the topic before it.

Example

- “Earlier we reviewed condom skills. Now we will have the chance to use the information we covered in talking about strategies to use condoms with your partner. . .”

2. Provide necessary information.

Example

- “It is very important that everyone understands the behaviors that put an individual at risk for contracting HIV: vaginal, oral, and anal sex, and sharing needles.”

3. Give instructions for an activity.

Example

- “After the video, we will be discussing what you thought.”



4. Stimulate discussion.

Example

- “What did you learn from doing that activity?”

5. Bring the discussion back to the topic at hand.

Example

- “That question is important, but for now, let’s focus on . . . I will answer it when we are done.”

Then, don’t forget to answer it!

6. Bring closure to an activity or a section of the program.

Example

- “If there are no more questions or comments about this activity let’s move on.”

Tips for Teaching Adolescents

While teens and youth may seem like adults, they are still growing and developing in many ways. They do not process information the same way as adults. They need concrete examples that relate to what they know and how they live.

Teens are still deciding who they are and what they believe, especially about sensitive topics like sexual behavior. It may be hard for them to talk about what they are thinking and feeling with their peers. For these reasons, teens may need more explanation or practice with certain topics and support for sharing and participating in the group. ¡Cuídate! is designed for teens. Below are some more tips to help you successfully implement this program.

1. **Be positive about the program and the participants.** The participants will feel your enthusiasm and confidence. This helps to build a supportive and inclusive learning environment.
2. **Treat participants with respect and listen to their comments and questions.** Adolescents have a lot to teach each other and you.
3. **Remember that you are the adult.** You are in charge of the program. You will need to be firm and will need to set limits for yourself and the participants. For example, it is *not* appropriate for you to share your past sexual experiences. You might respond: “I don’t talk about private matters.”
4. **Be friendly and approachable.** Let your group know you care about them and that they can trust you to talk about their questions, feelings, and concerns.

5. **Keeping the attention and interest of participants is one of the most difficult challenges when working with teens.** The good news is that a lot of time and effort has been taken to prepare enjoyable and motivating activities for this program. These activities have been proven to capture the interest of teens. You may want to personalize the material even further, perhaps by providing local examples or relevant current events. The important thing is to be prepared and keep up with the fast pace of the program.
6. **Participants will look up to you.** They will learn much more from your actions than from what you say. The way you handle yourself during the session and in the community is important. How comfortable you are presenting information will greatly determine the success of the program. You play a very large role in helping participants to understand how to protect themselves from getting HIV, and how to take the necessary steps to protect themselves in the future.
7. **Finally, adolescents will have many questions about HIV and AIDS and its transmission.** Adolescents may fixate on small details of HIV transmission when trying to rationalize their own risky behavior. While they may ask, do not attempt to assess an adolescent's risk from past sexual experiences. As a facilitator, you will probably be asked new and surprising questions every time you present the program. We do not expect you to know the answers to every question (some questions may not have a definite answer). You should, however, be prepared to respond to these types of questions. Here are some tips about how to respond to unexpected questions:
 - a. Stick to the facts. Many factors come into play when discussing HIV transmission and infection. Refer to the *HIV/AIDS* poster and repeat what fluids transmit HIV and how they enter the body. Reiterate that using better precautions and safety measures can reduce risky situations in the future.

Example

- “Let’s look at the *HIV/AIDS* poster to find an answer.”
- b. If you do not know the answer to a question, say so.

Example

- “That’s a good question. I am not sure of the answer. Let me look into it and get back to you. I want to make sure I give you the right information.”

Provide them with the information as soon as possible.



- c. Do not laugh at any question—no matter how outrageous it may seem. Many adolescents believe things about HIV that are not true. You are in an important position to correct these misunderstandings and provide accurate information.

Example

- “Thank you for bringing that up. Many others have asked me the same question.” or “That is a common myth. Let’s talk about what is true about HIV.”

- d. Have information readily available about where participants can go for further information, counseling, and testing.

As a facilitator, you will be working on two levels at all times—delivering the program content while paying attention to the process. For example, during small group discussions, you will need to move among the various groups to see whether participants are discussing the questions you wish discussed (content). You also need to make sure everyone is participating (process).

You will need to be flexible. Each group is different. The same activity may have different processes and outcomes with different groups. You can help participants identify, analyze, and generalize from what happened—whatever that might be.

Strategies to Stay within Time Limits

Each activity in the curriculum has been designed to be completed in a certain amount of time. Suggested times are provided for you at the start of each activity. While these limits are just a guide, you should make every attempt to stay within this time frame in order to complete the entire module within the 1-hour time limit. In order to stay on track, here are some tips for staying within time limits.

1. Keep a clock where you can see it. At the start of each activity determine when the activity should be completed, and keep an eye on the time.
2. Have a person from your agency signal when you have only 5 minutes remaining in an activity.
3. Stay concise and make sure that you cover all important aspects of an activity before telling stories or providing more detailed information that is not part of the curriculum.
4. Become familiar and comfortable with the content, format, and materials of the **Facilitator’s Curriculum** before you implement the program. This will greatly reduce any time that you will have to spend searching for materials or activity instructions.



MODULE

1

Introduction and Overview

Goals

The goals of this module are to:

- Increase participants' comfort about participating in this program.
- Provide participants with an overview of the program.
- Increase participants' knowledge about pregnancy, pregnancy prevention, and the transmission and prevention of STDs and HIV.

Module Preview:

The first module: 1) informs participants about the program; 2) promotes a learning environment that is respectful, comfortable, and productive; and 3) provides factual information about pregnancy, STDs and HIV.

Learning Objectives:

After completing this module, participants will be able to:

- Identify guidelines that will help to create a safe and comfortable environment for learning and sharing.
- Understand how pregnancy occurs.
- Identify methods of pregnancy prevention.
- Identify correct information about the causes, prevention and treatment of STDs and HIV infection.

☐ STRATEGIES/METHODS:

- ☐ Brainstorming
- ☐ Talking Circle
- ☐ Facilitator mini-lecture
- ☐ Group discussion
- ☐ Music (optional)

☐ MATERIALS NEEDED:

- ☐ Clock
- ☐ Pencils & Markers
- ☐ Masking Tape
- ☐ Newsprint
- ☐ Name Tags
- ☐ Pre-labeled newsprints:
 - ☐ *Group Rules*
 - ☐ *How to Prevent Pregnancy*
 - ☐ *How*
 - ☐ *Why you should avoid STDs*
- ☐ Posters:
 - ☐ *HIV/AIDS*
 - ☐ *STDs*
 - ☐ *Ways to Prevent Pregnancy*
 - ☐ *Birth Control Methods*
 - ☐ *¡Cuídate! Logo*
- ☐ *Pregnancy Cards*
- ☐ **PREPARATION NEEDED**
 - ☐ Hang newsprint



FACILITATOR'S NOTE

Facilitator should label the newsprint for activities in each session before each session begins.

TOTAL INSTRUCTION TIME:

60 minutes

Activity

Time Needed

A. Conocimiento (<i>Getting to Know You</i>)	5 min
B. Talking Circle	10 min
C. Creating Group Rules	10 min
D. ¡Cuidate! Logo	5 min
E. Discussing Pregnancy	15 min
F. Discussing STDs and HIV	15 min

Activity A • Conocimiento (Getting to Know You)



Rationale:

Introducing participants to one another will reduce nervousness, increase enthusiasm and participation in the program, and build group cohesion. Reviewing the origin of names will create a sense of cultural pride and unity.

Procedure

1. Introduce yourself by stating your name and why you decided to get involved with this program and teach young people about pregnancy, STDs and HIV.
2. Introduce the program by saying,

Welcome to ¡Cuídate! Today we will talk about pregnancy, STDs and HIV—all of which are having a devastating impact on youth—particularly Latino youth. I am concerned about the things teenagers do that place them at risk for unintended pregnancy, STDs and HIV.

This is why the program is designed to teach specific information about ways to reduce your sexual risk. There is still no cure for AIDS, but HIV infection is definitely preventable, as are other STDs and unintended pregnancies. Many youth, including Latino youth, aren't concerned about becoming pregnant and don't believe they are at risk for STDs and HIV infection, so they don't protect themselves. During this program we will learn about pregnancy, STDs and HIV to make sure we have correct information. We will talk about our feelings and beliefs about these topics and what we must do to protect ourselves and others. We will learn specific skills to keep us safe and, just as important, we will do this through fun learning activities such as role-plays and games.

☐ MATERIALS NEEDED:

- ☐ Name tags
- ☐ Markers

TIME:

5 minutes



FACILITATOR'S NOTE

Introducing yourself first is a way to model the activity. This activity is important because it establishes a sense of personal pride. Make sure that everyone listens to each other's story and that each participant gives all of the information.

Today, we will focus on how our culture affects our decisions about safer sex, and what that means about pregnancy, STDs and HIV. You will learn information about pregnancy, STDs and HIV, and the skills and strategies that will help to protect you from all three.

3. Have each participant introduce themselves to the group. Say:

Now you will have the chance to introduce yourselves to the group. As you know, many of our names have special meanings. One at a time, please tell us your name, how you were named or who you were named after, your age, what country your family is from, and your reason for being here. I'll start.

4. Introduce the title of the program,

The title and the theme of our program is ¡Cuídate! Have you ever heard this word before? What does it mean when someone says "*cuídate*"?

Answers may include:

- be careful, watch out, caution, I care about you.

¡Cuídate! means take care of yourself, so it is a word you will hear a lot because we want you to be safe and responsible. By taking care of yourself, we also mean taking care of your family and your community. You will be able to take care of everyone once you take care of yourself.

5. Continue the overview of the program by saying the following,

Let's begin by talking about why the program was developed. This program was developed because we want you to know that making careful and informed decisions about having sex at your age helps you live a longer, healthier and happier life. So the purpose of our program is to help young Latinos make responsible choices and protect themselves from pregnancy and STDs, like HIV.

Today, and for the rest of the program we will be together in this group. You will see DVDs, play games and talk about ways to take care of yourself.

To make this more interactive and fun, we invite everyone to participate in our discussions and activities. We want this to be a fun experience for all of us!

Does anyone have any questions?



Activity B • Talking Circle

☐ **MATERIALS NEEDED:**

None

TIME:

10 minutes

Rationale:

Opening and closing each session with the **Talking Circle** provides an opportunity to share feelings or thoughts about topics discussed that day. This activity also builds group cohesion and participation.

Procedure

1. Have the participants move their chairs into a closer circle.
2. Introduce the activity by saying,

The Talking Circle is our chance to share our thoughts and feelings around session topics with the rest of the group.

In the Talking Circle, we ask that you talk only during your time. This will allow each person to have an equal opportunity to share. If you do not want to share, that is ok. Just say, “pass”, and the next person will have a chance to speak.

I will go first and lead the discussion. The person on my left will go next and so on until everyone has had a chance to talk. Let’s use the Talking Circle to talk about how we hope this program will help us take care of ourselves.

Let’s begin by saying our name again and how we hope this program will help us.

3. Model this by beginning with yourself,

My name is _____.

I am _____. (E.g.: Puerto Rican, Columbian, Peruvian, etc.)

One thing I like about being Latino is:

Answers can include:

- I can speak two languages, family pride, family from Puerto Rico. (These are only some examples and other answers may be given.)

One way I hope this program will help me is to
_____.

Answers can include:

- learn my peers' attitudes about condoms, learn from others about how to reduce my risk of STDs like HIV., learn ways to convince my partner to use condoms. (These are only some examples and other answers may be given.)

4. When the last person is finished say the following,

Thank you for sharing. During the program, we will get to know more about each other and what is important to us as Latinos. We will also learn how to take care of ourselves and those we care about. The talking circle is now over but will be used again at the end of the session.

FACILITATOR'S NOTE

The talking circle is a very important activity that is included at the start and end of each day. If you have decided to implement the program over more than two days, do not forget to add the talking circle activity accordingly.



Activity C • Creating Group Rules

☐ **MATERIALS NEEDED:**

- ☐ Pre-labeled Newsprint
 - ☐ *Group Rules*
- ☐ Markers
- ☐ Masking Tape

TIME:

10 minutes

Rationale:

Group rules help participants feel more secure in a group setting and help facilitators provide structure when discussions become emotional. Developing group rules together builds cohesion and provides greater likelihood that the rules will be followed.

Procedure

1. Hang pre-labeled newsprint entitled, *Group Rules*.
2. Begin this activity by saying:

During this program we are going to talk about important information about preventing pregnancy and STDs, having sex and using condoms. We know sometimes these are hard things to talk about—so we will try to make it fun. At times we will be talking about our friends, our community, our families, and ourselves.

In new settings like this, it is important to establish a set of group rules that we all can agree to follow during our time together.

It may be difficult to discuss personal things in a group especially when you may not know everyone. That's why it is important to agree that the personal issues that are discussed in this room are kept confidential—or between us. We want to build *confianza*, or trust. You can share the factual information you learn here with your friends, family and community, and I want you to, but personal information about people in this group should not be shared with anyone outside this room.

Also, when you share in this group, please share only your own experiences. If you must share someone else's story, keep it completely anonymous and don't mention their name or their specific relationship to you. For example if you tell us "My sister had an STD", and people here know who your sister is, you just shared information about her that she may not want people to know. Let's show respect for our partners, family, friends and other peers even if they are not here by keeping their confidentiality, too.

Can everyone agree with this rule?

3. If everyone agrees, write **Confidentiality/Confianza** on the newsprint.
4. Then say,

Another rule I would like to add to the list as we go over things today is that we realize everybody in this room is different and has had different experiences. So it is important that we show respect or *respeto* for each other. How do we show this respect?

5. Allow participants time to respond to the question. If they have trouble answering or they have not included key examples, give the examples of **Respeto** listed below.

Ways to Demonstrate Respeto (Respect)

Have one person talk at a time. Allowing one person to talk at a time, not interrupting each other, paying attention, and listening to each other are all ways to show respect.

Don't use put-downs. If someone says something that you disagree with, it would be against the group rules to say, "that's stupid," or "you're wrong." Instead you can say, "I don't agree" or "I have a different opinion." If you have a different idea, belief, or attitude, you can share it with them.



6. After listening to responses, say the following,

Does everyone agree to be respectful of differences and not use put down statements?

7. Write **Respeto/Respectful of Differences** and **No Put Downs** on the newsprint.
8. Ask the participants,

Are there any other group rules that you can think of that will make you feel more comfortable during our time together?

9. If they have trouble coming up with additional rules, propose the group rules listed in the following box.

Other Rules May Include

Be supportive of each other: We will be discussing important and sometimes personal information about risky behaviors and making the best choices. At times you may talk about yourselves, your peers, and your partners. So it is important that we support each other by respecting the group rules.

Use "I" statements, or, "state how you feel." When we talk about personal subjects, we sometimes make guesses about how others feel. In this group, it is important to talk about how YOU feel, think or act and not about how you think "everyone in this group" or "all your friends" feel, think or act.

Everyone must participate. Everyone has something valuable to say.

Ask any questions you like.

Turn off cell phones or pagers. Cell phones and pagers can be a distraction. So please, respect each other and turn them off.

10. Once the list is complete, re-read the list and ask all group members to say that they will agree to follow the group rules.
11. Say to the participants,

These **Group Rules** will be posted throughout the day and for the remainder of the program. Anytime anyone of us feels that someone is breaking a rule, we can ask that person to remember the group rules. All of us have the right to state when we feel uncomfortable.

I am excited and feel that we can work well together and respect each other by following our group rules. I look forward to working with this group.

12. Hang the **Group Rules** on the wall where it will not be in the way, but easily viewed by the group.

FACILITATOR'S NOTE

The **Group Rules** should be posted during each module that the group meets.



Activity D • ¡Cuídate! Logo

☐ MATERIALS NEEDED:

- ☐ ¡Cuídate! Logo Poster

TIME:

5 minutes

Rationale:

Learning about the symbolism behind the *¡Cuídate! Logo* will help provide the participants with a sense of unity and cohesion. It also introduces the idea that being a proud Latina/o means protecting oneself and behaving responsibly.

Procedure

1. Post the *¡Cuídate! Logo* where all participants can see it.
2. Introduce the explanation of the *¡Cuídate! Logo* by saying,

As we mentioned earlier, our program is called *¡Cuídate!* As you can see here, we have a special logo. Before I tell you about the logo – what do you see and think of when you see it?

3. Point to the logo, wait for response, then say.

Thanks for your answers. Let me tell you about the logo.

The logo and color scheme were carefully chosen and stand for the meaning and purpose of this program. There are three pieces to the logo: the sun, the rays of the sun, and a circle of hands. We have also chosen special colors for our logo - red and orange.

In the logo, the sun at the center symbolizes the importance of sustaining life. The sun is a symbol important to many Latino cultures. Just as the sun sustains life on earth, this program will help you sustain healthier lives. Because of its round shape, the sun also symbolizes the wholeness and unity of Latino families and communities.

FACILITATOR'S NOTE

You have the option of choosing to use music as an activity to introduce the topic of safer sex to adolescents instead of the *¡Cuídate! Logo*. You will find instructions for the optional music activity at the back of the curriculum. If you choose to use music, you can find examples of songs and instructions for obtaining music in the Appendices of this manual.



Each red and orange ray of the sun signifies an action that can be taken—by males and females—to protect themselves, their families and their communities from STDs, HIV, and unintended pregnancies.

The colors are important, too. Red represents passion, strength and danger—the passion to fight disease, the strength to protect ourselves and our families and the dangers of risky sexual behavior. Red is also the color of the AIDS ribbon, an internationally recognized symbol of AIDS awareness.

Orange represents warmth, vibrancy and energy—the warmth needed to accept each other and feel comfortable in the program setting, the vibrancy to join in the fight against STDs, HIV and unintended pregnancy, and the energy to be an active and consistent participant throughout the program. The color orange also signifies health, a key concept in the ¡Cuidate! program.

Finally, the hands represent community, harmony, acceptance, and unity. The right hand is also a symbol of the life force.

FACILITATOR'S NOTE

Participants will come up with many meanings for each symbol and color in the logo. When you are discussing the meaning of the logo, relate their responses back to the meaning of the program.

4. Summarize by saying,

I hope that you have a better understanding now of what our logo means. These symbols all represent the need to work together to overcome high rates of unintended pregnancy and STDs among Latinos. By being a part of this program you are taking an important step in helping to accomplish this goal.



Activity E • Discussing Pregnancy

☐ MATERIALS NEEDED:

- ☐ *Pregnancy Cards*
- ☐ Pre-labeled Newsprint:
 - ☐ *How to Prevent Pregnancy*
- ☐ Poster:
 - ☐ *Ways to Prevent Pregnancy*
 - ☐ *Birth Control Methods*
- ☐ Markers

TIME:

15 minutes

Rationale:

Learning basic information regarding pregnancy and pregnancy prevention will provide a foundation from which to work on attitudes and behaviors later in the program. Reviewing and discussing the various forms of birth control methods will enhance participants' knowledge and empower them to make informed choices about obtaining birth control now or in the future.

Procedure

1. Introduce the activity with the following (*Pregnancy Activity* is optional.)

In this activity we're going to learn about how pregnancy happens. Can anyone tell me what two things need to come together for a pregnancy to occur?

Answer:

- Sperm from a male connects with an egg from a female.

Exactly. Refer to the *Pregnancy Cards*. On these cards are the steps that it takes for a pregnancy to occur. One set is what happens in the male body with the sperm, and the other set it what happens in the female body with the egg. In a moment I will divide you into 2 teams, and each team will get one set of the cards. You will line up the cards in the order it take for pregnancy to happen. We'll see how fast you can line up the cards. Are there any questions before we begin?

2. Divide the group into two teams and give each team one set of the cards. Ask them to line up in order as quickly as possible and end with the two teams facing each other, holding the cards for everyone to see.

3. Once both teams have lined up in what they think is the correct order, begin with one side and talk through the order of the steps, answering any questions and correcting any misinformation or misplacement as you go. Then continue with the other side.
4. Once you have gone through all the steps of pregnancy, continue with the following:

Now that we know how pregnancy happens, how can you keep pregnancy from happening?

5. Then explain the following:

Based on what we know about pregnancy, there are two ways to prevent a pregnancy. One is to keep the sperm from reaching the egg. All methods of birth control that do that are called barrier methods. The other way is to keep the egg from releasing. We can do this by changing the amount of hormones that cause the egg to release. These methods are called hormonal methods.

6. Ask the participants to go through each method that they came up with and state whether they think it is a barrier method or a hormonal method. As you go through each method, explain how it works using the information below. You may display the **Birth Control Methods** poster to help the participants follow along.

FACILITATOR'S NOTE

Allow participants to respond. Write their answers on the newsprint entitled **How to Prevent Pregnancy**. Refer to the **Ways to Prevent Pregnancy** Poster.

Answers should include:

- Male Condoms
- Female Condoms
- Birth control pills, patch and ring
- IUD
- Depo-Provera (the shot)
- Diaphragm
- Cervical Cap
- Implanon
- Abstinence



FACILITATOR'S NOTE

Hormones:

Chemicals produced by glands in the body and circulated in the bloodstream. Hormones control the actions of certain cells or organs.

FACILITATOR'S NOTE

The amount of detail presented will depend on who is in your group. Older and sexually active adolescents might need more information; those who are younger and not sexually active may only need an overview.

Abstinence (Barrier)

Abstinence means not having vaginal, anal or oral sex. The safest and most effective way to prevent pregnancy. Sperm is blocked from reaching the egg by space, bodies and clothing. It's important to use another method in case you decide to have sex in order to be able to protect yourself from pregnancy and STDs, including HIV.

Effectiveness: 100% effective against pregnancy and STDs

Condoms (Barrier)

There are several types of condoms, some are made of latex, others of polyurethane and others of natural skins. A condom is a soft, tight fitting cover that rolls down over the penis. It should be put on once the penis is erect but before there is any sexual contact. The condom is then removed after ejaculation, away from the partner, to make sure that the semen does not get near the partner.

Condoms are most often made out of latex. If a person is allergic to latex, there are two other kinds of condoms which can be used. One is the polyurethane condom, which is a man-made material, and, like latex condoms, helps protect against HIV and other STDs. They do slip and break more than latex condoms and cost a bit more, but they protect as well as latex condoms. The other kind of non-latex condom is a natural skin condom, like lambskin, however these condoms are not considered to be an effective barrier for many STDs.

Effectiveness: Perfect—98%; Typical—82%

Female Condom (Barrier)

The female condom is a soft, loose-fitting polyurethane cover that lines the vagina.

The female condom can be inserted right before sex, or up to eight hours ahead of time.

The female condom is made of polyurethane, a material that is strong and unlikely to rip or tear during use, or cause allergic reactions.

The female and male condoms—made of latex or polyurethane—are the only methods of birth control that reduce the risk of STDs, including HIV. The following hormonal methods of birth control only help to prevent pregnancy. Condoms are also one of the only methods that can be accessed without a prescription from a health care provider.

Effectiveness: Perfect—95%%; Typical—79%



FACILITATOR'S NOTE

Depending on the group of adolescents, you may want to add these additional points:

- One pill must be taken each day at about the same time of day.
- When you start the pill, you must use a back-up method for the first 7 days to prevent pregnancy.
- If you miss a day, you must take two pills the next day.
- If you miss more than one day, you must use a back-up method for 7 days to prevent pregnancy. You should also talk to your doctor about finishing the rest of your pack of pills.

IUD (Both Barrier and Hormonal)

An IUD, or Intra-Uterine Device, is a small T-shaped piece of plastic and metal that is put into the female's uterus by a health care provider. It keeps sperm from reaching the egg by making it hard for sperm to live in the uterus. Some IUDs also give off hormones.

There are 2 kinds of IUDs in the US.

- The ParaGard is a non-hormonal IUD that releases a small amount of copper and creates an environment in the uterus that makes it very hard for sperm to live and for fertilized eggs to attach to the wall of the uterus, which is necessary for a pregnancy to occur. ParaGard reduces the risk of pregnancy for 5-10 years.
- Effectiveness: Perfect—99.4%; Typical—99.2%
- The Mirena does the same thing, but it also releases hormones which stop your body from releasing eggs. Mirena reduces the risk of pregnancy for 10 years.
- Effectiveness: Perfect—99.8%; Typical—99.8%

Neither method is effective against STDs, so your partner must also use a latex condom.

Birth Control Pills (Hormonal)

This method is not effective against STDs or HIV, so your partner must also use a latex or polyurethane condom.

Never use another person's birth control pills (even your mother's or sister's). A doctor or nurse must prescribe the birth control pills that are safe for you to take.

Effectiveness: Perfect—99.7%; Typical—91%

Birth Control Patch and Ring (Hormonal)

The patch and the ring work the same way as the pill. With the patch the hormones get absorbed through your skin and with the ring they are absorbed directly into your cervix.

The patch is a small, band-aid like sticker that you wear on your back, your hip, or your butt and change once a week for 3 weeks, and then the fourth week you don't wear it and get your period.

The ring is a small flexible ring that you insert into your vagina. It sits just below your cervix. Once you insert it, you leave it in for 3 weeks, and then take it out for a week to have your period.

This method is not effective against STDs or HIV, so your partner must also use a latex or polyurethane condom.

Effectiveness: Perfect—99.7%; Typical—91%

Depo-Provera Shots (Hormonal)

Women who use Depo-Provera receive hormonal shots every 3 months.

Depo-Provera is very effective at preventing pregnancy.

If a woman uses Depo-Provera, her partner must also use a latex condom to help prevent STDs, including HIV infection.

Effectiveness: Perfect—99.8%; Typical—94%



Implanon (Hormonal)

Implanon is a thin stick about the size of a cardboard match that is placed under a woman's skin in her upper arm and releases hormones to prevent your body from releasing eggs.

It can be used for up to 3 years.

This method is not effective against STDs or HIV, so your partner must also use a latex or polyurethane condom.

Effectiveness: Perfect—99.95%; Typical—99.95%

Diaphragm and Cervical Cap (Barrier)

Your doctor or nurse will fit you with a shallow latex cup (diaphragm) or a thimble-shaped latex cap (cervical cap). They will also show you how to cover your diaphragm or cap with spermicide and put it in your vagina before intercourse to keep sperm from joining the egg.

This method is not effective against STDs or HIV, so your partner must also use a latex or polyurethane condom.

Effectiveness: Perfect—94%; Typical—88%

Fertility Awareness

Fertility awareness means keeping track of your fertile times in order to have more control over whether or not you get pregnant.

This method is not effective against STDs or HIV, so your partner must also use a latex or polyurethane condom.

Effectiveness: Perfect—95%; Typical—76%

Pregnancy Cards

Male	Female
Erection	Egg ripens
Intercourse	Uterus prepares for fertilized egg by building a soft lining of tissue. If a pregnancy does not occur, this lining sheds, causing menstruation.
Ejaculation: Sperm releases from the penis into the vaginal canal	Ovulation: Egg releases from the ovary
Sperm travels up the vaginal canal through the cervix	Egg travels to the fallopian tube
Sperm reaches the uterus and travels up into the fallopian tube	Intercourse*
Sperm meets the egg and fertilization occurs	Egg meets sperm and fertilization occurs
Sperm and egg become zygote	Egg and sperm become zygote
Zygote travels down the fallopian tube	Zygote travels down the fallopian tube
Zygote reaches the uterus	Zygote reaches the uterus
Zygote attaches to the wall of the uterus	Zygote attaches to the wall of the uterus
Female is pregnant	Female is pregnant

FACILITATOR'S NOTE

*Intercourse can occur any time during the cycle, before or after ovulation, for pregnancy to occur. Correct placement of this card in the line-up can be anywhere before "Egg meets sperm and fertilization occurs"



Ways to Prevent Pregnancy Chart

WAYS TO PREVENT PREGNANCY	HOW IT WORKS	WHEN TO USE	DOES IT HELP PROTECT YOU FROM HIV/STDS?	HOW YOU CAN GET IT
Abstinence	Barrier	Anytime you're thinking about having sex	Yes	N/A
Fertility Awareness	Barrier	Anytime you're thinking about having sex	No	N/A
Latex Condom	Barrier	Use a new condom each time you have sex	Yes	Drugstore/ clinic
Female Condom	Barrier	Before sex or up to 8 hours ahead of time	Yes	Drugstore/ clinic
Diaphragm/ Cervical Cap	Barrier	Before sex or up to 8 hours ahead of time	No	Health care provider
IUD	Barrier (some give out hormones)	Once it's put in your uterus, it protects against pregnancy for 5 to 10 years	No	Health care provider
DepoProvera shot	Hormonal	You must get a shot every three months	No	Health care Provider
Birth control pills	Hormonal	You must take the pill every day.	No	Health care provider
Patch	Hormonal	Change every 3 weeks	No	Health care provider
Nuvaring	Hormonal	Change every 3 weeks	No	Health care provider
Implanon	Hormonal	Once inserted, good for 3 years	No	Health care provider



FACILITATOR'S COPY

Birth Control Methods

Abstinence (Barrier) The safest and most effective pregnancy prevention.
Have a backup method in case you decide to stop using abstinence

Condoms (Barrier) **Male Condom:** Latex or polyurethane cover that rolls down over the penis.
Female Condom: Polyurethane cover that lines the vagina.
Condoms are THE ONLY method of birth control that helps protect against STDs including HIV.
Condoms are one of the only methods that can be accessed without a doctor's prescription.

IUD (Both Barrier and Hormonal)

Small T-shaped piece of plastic and metal that is inserted into the female's uterus.

ParaGard (Barrier) Creates an environment in the uterus that makes it very hard for sperm to survive and for fertilized eggs to attach to the wall of the uterus
Lasts for 10 years. (Mirena also releases hormones and lasts for 5 years).

Birth Control Pill, Patch and Ring (Hormonal)

The Pill One pill must be taken each day at about the same time of day.

The Patch A small sticker that you wear on either your back, your hip, or your butt
Change once a week for 3 weeks

The Ring A small flexible ring that you insert into your vagina.
Sits just below your cervix
Once you insert it, you leave it in for 3 weeks,

Depo-Provera Shots (Hormonal) 1 shot every 3 months.

Implanon (Hormonal) A thin stick placed under the skin of your upper arm
It can be used for up to 3 years.

Diaphragm and Cervical Cap (Barrier) **Diaphragm:** A shallow latex cup
Cervical Cap: A thimble-shaped latex cap
You insert either one into your vagina before intercourse and it covers the cervix

Fertility Awareness Methods Keeping track of your fertile times gives you more control over whether or not you get pregnant.

If you are or are considering becoming sexually active you should go to a health provider to discuss which method or combination of methods is right for you.



Activity F • Discussing STDs and HIV

☐ **MATERIALS NEEDED:**

- ☐ Pencils
- ☐ Posters:
 - ☐ *HIV/AIDS*
 - ☐ *STDs*
- ☐ Pre-labeled newsprint:
 - ☐ *How*
 - ☐ *Why You Should Avoid STDs*
- ☐ Markers
- ☐ Masking tape

TIME:

15 minutes

Rationale:

Learning basic information regarding STDs, HIV and AIDS will provide a foundation from which to work on attitudes and behaviors later in the program.

Procedure

1. Begin this activity by hanging the *STDs* poster up. Use the newsprint to cover the poster so only the letters “S, T, D” are revealed.

Sexually Transmitted Disease

Chlamydia
Gonorrhea
Syphilis
Genital Warts
Herpes
HIV
Trichomoniasis
Hepatitis B

2. Then say,

Now we are going to talk about STDs. First, I want you to tell me what the letters S, T, and D stand for.

Answer:

- Sexually Transmitted Diseases

3. Next, ask the group to brainstorm all of the STDs they know.

4. Afterwards, uncover the poster and read the STDs they did not mention.
5. Unfold the pre-labeled newsprint entitled “How” and say to the group,

As you can see there are a lot of different STDs. How do you think people get STDs?

6. List the answers on the newsprint as the group responds.
7. Next, review their answers and add anything that is missing.

Be sure their answers include:

- Vaginal intercourse (a man’s penis in a woman’s vagina)
- Oral sex (a person’s mouth on another person’s genitals)
- Anal sex (a man’s penis in another person’s anus)
- Mother to child (during pregnancy, birth, or through breast feeding)
- Sharing Needles
- ‘Skin to skin’ contact from sores/ulcers or infected skin that looks normal

8. Next ask,

Who can get an STD?

Answer:

- anyone who engages in risky sexual behaviors

9. Let the participants answer.



10. Then say,

That's right, anyone can get an STD if they engage in certain behaviors. Sexually transmitted diseases are spread primarily through sexual contact. Teens and young people are affected by sexually transmitted diseases more than any other age group. In 2011 about 60% of chlamydia cases occurred in people 24 or younger.*

11. Ask the participants,

What do you think are some of the symptoms of sexually transmitted diseases?

Answer should include:

- Burning when urinating
- Sores, blisters, warts, or pimples near the genitals or mouth
- Unusual discharge from penis or vagina
- Rash or itching in the genital area
- Frequent urination
- Stomach pain
- No Symptoms

12. Then ask,

How can you reduce your risk of getting an STD?

Answers should include:

- Use a latex or polyurethane condom every time you have vaginal, oral, or anal sex.
- Abstain from vaginal, oral, and anal sex.

* Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2011. Atlanta: U.S. Department of Health and Human Services; 2012. pg 14.

13. Then say,

We know how STDs are transmitted. We know signs and symptoms that can show we have an STD. We know some STDs don't have symptoms. We know how to avoid getting an STD. But why would we want to avoid getting an STD?

Let's brainstorm "Why You Should Avoid STDs" by thinking of some of the things that can happen to your body, how you feel, both now and in the future.

14. List the group's responses on the newsprint. Encourage all participants to respond.

Answers should include:

- Increased risk of getting HIV
- Death (syphilis, AIDS)
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)
- Brain damage (syphilis, AIDS)
- Cervical cancer (certain strains of HPV)
- Pelvic Inflammatory Disease (gonorrhea, chlamydia)
- Infertility (gonorrhea, chlamydia)
- Ectopic pregnancy (gonorrhea, chlamydia)
- Chronic pelvic pain (from PID)
- Liver disease (hepatitis B)
- Child born with an STD or birth defects (blindness, brain damage, death)
- Embarrassment
- Odor and discharge
- Loss of relationship



15. Next ask,

Can all STDs be cured?

16. Wait for participants to respond.

Answer:

- No

17. Then say,

STDs fall into two categories: those that are caused by bacteria or parasites and those that are caused by a virus. STDs caused by bacteria or parasites are curable. These STDs include chlamydia, gonorrhea, trichomoniasis and syphilis.

The STDs caused by a virus are not curable. You can take medicine to help you feel better, but it won't eliminate the virus. These viral STDs include HPV (Genital Warts), Herpes, HIV and Hepatitis B.

18. Now say the following,

There are four important facts about STDs that I want to point out:

1. STDs increase the chances of spreading and catching HIV and other STDs during sexually risky activities. STDs sometimes cause blisters or sores on or around the genitals. During sex, bacteria or viruses can enter the body through openings, like cuts, and infect the person with HIV or other STDs.
2. Often a person who has an STD will not have any symptoms. This means that the person may not even know he or she has an STD. It also means that if you do not notice any sores, blisters, or pimples in a partner's genital area, the person may still have an STD.

3. STDs can hurt women more than men. If a woman has sex with an infected man, she is twice as likely to get an STD than if a man has sex with an infected woman. Women also have more consequences of STDs than men do. These include pelvic inflammatory disease, ectopic pregnancy, cervical cancer, chronic pelvic pain, and transmission of the STD to her baby while she is pregnant.

4. Some STDs cannot be cured.

19. Process this activity with the following questions:

How can you tell if someone has an STD?

Answers should include:

- Often you cannot tell.
- You may see sores blisters, warts, or pimples near their genital area.

Review the following,

Now you know the basic information you need to avoid getting an STD. Remember how STDs are transmitted, how to avoid or protect against them, why you would want to avoid them, what can happen if you get infected, and what signs and symptoms to look for on your partner. If you are ever concerned about having an STD it is very important that you go to the doctor or clinic.

Remember, you can avoid STDs by using a condom every time you have vaginal, oral, or anal sex.

20. Continue by saying:

I'd like to talk more now about one STD in particular, and that is HIV. HIV is a special STD because it is deadly and cannot be cured.



FACILITATOR'S NOTE

Listed here are questions about the HIV poster and the answers. Use the information below to discuss the poster. Ask participants the questions and wait for a response.

FACILITATOR'S NOTE

When discussing latex condoms, it is important to point out the difference between lubricated and non-lubricated condoms. While lubricated latex condoms are best for vaginal and anal sex, non-lubricated condoms are recommended for oral sex because many people do not like the taste of the lubrication. If only lubricated condoms are available, then they should be used during oral sex. The lubrication can be wiped off the condom after putting it on the penis and before inserting it into the mouth.

21. Refer to the *HIV* poster and read the following questions and answers. Start by saying,

Let's spend a little time talking about HIV and AIDS by addressing some key questions:

What is HIV?

HIV or Human Immunodeficiency Virus is the virus that causes AIDS. The virus is most commonly transmitted from person to person through the exchange of bodily fluids during sex, pregnancy, breast-feeding, and injection drug use with someone who is infected.

What is AIDS?

A virus called HIV causes Acquired Immune Deficiency Syndrome, or AIDS. By the time someone develops AIDS, the HIV virus has severely damaged the body's immune system. People with AIDS get very sick from viruses and bacteria that wouldn't normally harm someone with a properly functioning immune system. While it can take up to 10 years for signs of AIDS to show up after becoming infected with HIV, an infected person can pass the virus to someone even if they don't yet have AIDS.

Through what four common body fluids is HIV transmitted?

Blood, semen, vaginal secretions and breast milk.

What are some common body fluids through which HIV is not transmitted?

Tears, saliva, sweat and urine.

How do you get HIV?

Sharing needles with someone who is infected; unprotected vaginal, oral, or anal sex with someone who is infected (without a latex/polyurethane condom); during birth; and breast-feeding from an infected woman.



How can you reduce your risk of HIV?

Abstinence (not having oral, anal or vaginal sex), being faithful to only one partner and your partner being faithful to you, not sharing needles, and using latex condoms every time you have oral, anal or vaginal sex.

What three sexual practices put you at risk for HIV?

Unprotected oral sex, anal sex and vaginal sex.

22. Ask the following questions:

Throughout the program you will hear me use the words "safer sex." **What does safer sex mean to you?**

Answers should include:

- Safer sex is using a latex or polyurethane condom correctly every time you have sex. By sex we mean vaginal sex (penis and vagina), oral sex (penis and mouth; vagina and mouth), and anal sex (penis and anus). Some teens try anal sex because they think it decreases the chance of becoming pregnant. Anal sex or oral sex is not safer sex. In fact, anal sex is the riskiest behavior for getting HIV or other STDs. You should always use a latex or polyurethane condom if you decide to engage in any sexual behavior. And remember, abstinence is the best form of protection from STDs like HIV and pregnancy.

Why is it important that Latino adolescents learn about HIV?

- Answers should include: to keep ourselves healthy, to keep our families and community healthy, so that we can reach our goals and dreams.

FACILITATOR'S NOTE

Condoms are most often made out of latex. If a person is allergic to latex, polyurethane condoms may be used. Polyurethane is a synthetic material, like latex, that helps protect against HIV and other STDs. As noted earlier, they do have higher slippage and breakage rates when compared with latex condoms and cost a bit more, but they protect against pregnancy at a rate similar to latex condoms. A third kind of condom is a natural membrane condom, however these condoms allow the transmission of certain STDs so they are not recommended.



FACILITATOR'S NOTE

Remind participants that this program focuses on sexual behaviors that can cause HIV infection. Acknowledge that the risk of infection from blood transfusions is nearly nonexistent now, but that many people were infected before 1985 when blood banks did not routinely screen donations. Also acknowledge that HIV infection can be contracted at birth, but that early detection and medication can decrease the risk of infection to the baby.

23. Ask the following questions,

There are some terms that you may hear when people talk about HIV such as immune system and antibodies. People also talk about how HIV affects their body. Let's review these terms so that you know what they mean.

What is the immune system?

Answer:

- The immune system is a group of cells that protect the body from pathogens like bacteria and viruses, which cause diseases and make people sick. When the immune system is healthy, white blood cells patrol the body and attack anything that should not be there. However, when the immune system is compromised, white blood cells are not able to fight off bacteria and viruses very well.

What are antibodies?

Answer:

- Antibodies are proteins produced by white blood cells in response to perceived threats to the body. Usually antibodies defend against illness and infection, but this is not the case with HIV. As white blood cells produce antibodies to defend against a specific strain of HIV, the virus quickly mutates into a strain that isn't as affected by the now outdated antibodies. HIV can mutate faster than white blood cells can create new antibodies. This is one reason the body can't fight off HIV.¹

1. <http://www.stanford.edu/group/virus/retro/2004ahmed/immune%20responses.htm>

What happens when someone gets HIV?

Answer:

- After entering the body, the virus infects and eventually destroys certain cells in the immune system (T-cells, macrophages and glial cells). In addition to destroying them outright, HIV also causes the body's own immune system to attack the infected cells. Without these cells, the body's immune system cannot function properly. Eventually, HIV can infect organs (like the lungs) throughout the body. AIDS is the late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS. This is because of 10 'highly active' combinations of medications that were introduced in the mid 1990s. Meanwhile, they may be free of symptoms or have some symptoms like weight loss and diarrhea. Some people may also have high fevers, be tired all the time, or have night sweats. Once people develop AIDS, they often contract illnesses, called opportunistic infections, that healthy people wouldn't get.

24. Ask the participants,

Do you think you are at risk for HIV infection?

Key point:

- Everyone who is sexually active or uses injection drugs is at risk and needs to protect themselves and their partners

What could you do to reduce your risk of HIV?

Key points:

- Not have sex
- Be faithful with one uninfected partner who is also faithful to you



- Use latex condoms every time you have sex
- Don't share needles
- The only way to know if someone has HIV is through a test, so get tested and have your partner get tested

What happens to your goals and dreams if you become infected with an STD like HIV?

Key point:

- It makes it harder to achieve your dreams

If you became infected with HIV, how would it affect your family and community?

Key point:

- HIV affects more than just the person; think about how it would affect your family [familismo, comunidad]

25. Say the following,

You now have the basic facts on HIV transmission and infection. This information will go a long way to help keep you, your family and your community from becoming infected with HIV.

Don't worry, we don't expect you to remember everything you learned right away. You'll hear more about it later and have a chance to clear up any myths or misinformation you may have come across.

26. Review by asking the following question,

Are Latino adolescents at risk for getting infected with HIV? Why or why not?

27. Elicit responses from the group.



28. State the following,

Anyone can get an HIV infection, including Latinos. So you need to take responsibility for caring for yourself and preventing this disease. Remember, if you have sex, you need to use latex condoms every time. Teens who use condoms every time they have sex are caring for themselves, their partners, and their families. Remember: ¡Cuídate!

How can you reduce the spread of HIV in your community or family?

Key point:

- Share what you have learned here about how to help prevent HIV and tell others about how to protect themselves and others.

29. Elicit responses from the group.

30. Summarize by saying,

Young people make important decisions that affect their lives and the lives of others everyday. These decisions should be based on respecting yourself and caring for yourself as well as respecting and caring for your family. Decisions you make today will affect your life, your family and your community in the future. Learning how to care for ourselves and our families is very important.

Use the information that you learn here today to protect and care for yourself and your family.



FACILITATOR'S COPY

HIV/AIDS

What is HIV?

HIV or Human Immunodeficiency Virus is the virus that causes AIDS. The virus is most commonly transmitted from person to person through the exchange of bodily fluids during sex, pregnancy, breast-feeding, and injection drug use with someone who is infected.

What is AIDS?

Acquired Immune Deficiency Syndrome also known as AIDS is caused by a virus called HIV. By the time someone develops AIDS, the HIV virus has damaged the body's defenses or immune system. People with AIDS get very sick from common viruses, parasites, and bacteria called opportunistic infections. While it usually takes about 10 years for signs to develop after becoming infected with HIV, you can pass the virus to someone even if you don't have AIDS.

Through what four common body fluids is HIV transmitted?

Blood, semen, vaginal secretions and breast milk.

Through what common body fluids is HIV not transmitted?

Tears, saliva, sweat and urine.

How do you get HIV?

Sharing needles and/or works with an infected person; unprotected* vaginal, oral or anal sex with an infected person; during birth; and breast-feeding from an infected woman.

How can you prevent HIV?

Abstinence (avoiding any sexual activity that mixes blood, semen and vaginal secretions), be faithful with only one uninfected partner who is also faithful to you, use latex condoms every time you have sex, and no sharing IV needles and works.

What 3 sexual practices put you at risk for HIV?

Unprotected oral sex, anal sex and vaginal sex.

**Unprotected sex means vaginal, oral or anal sex without using a condom.*

It is important to get routine STD screenings, learn your HIV status, and be sure you have gotten important immunizations. The CDC recommends both males and females get the HPV vaccine.



MODULE

2

Building Knowledge About Pregnancy, STDs and HIV

Goals:

The goal of this module is to:

- Identify Latino cultural values.
- Recognize how Latino cultural values can support participants' ability to protect themselves and their community from unintended pregnancy, STDs and HIV.
- Examine participants' attitudes and beliefs about sexual risk behaviors.
- Increase participants' knowledge about pregnancy, and the infection, transmission, causes, and prevention of STDs and HIV.

Module Preview:

The second module 1) affirms positive feelings about being Latino; 2) promotes the goal of protecting participants and their community from HIV; 3) provides correct information about the causes, transmission, and prevention of STDs, including HIV; 4) addresses and clarifies myths about pregnancy, STDs and HIV infection and prevention; and 5) reinforces participants' knowledge about safer-sex behaviors.

☐ STRATEGIES/METHODS:

- ☐ Group discussion
- ☐ Facilitator mini lecture
- ☐ Video viewing

☐ MATERIALS NEEDED:

- ☐ Masking tape
- ☐ TV/DVD Player
- ☐ DVD: *¡Cuídate!*
- ☐ *Myths and Facts* Handout
- ☐ Pencils
- ☐ Markers
- ☐ *Agree/Disagree* Signs
- ☐ Newsprint
- ☐ Posters:
 - ☐ *HIV/AIDS*
 - ☐ *STDs*
 - ☐ *Cultural Values*
- ☐ Pre-labeled newsprints:
 - ☐ *Group Rules*
 - ☐ *Latino Families*
 - *What Latino Men Are Like* (written on the left side)
 - *What Latino Women Are Like* (written on the right side)



Learning Objectives:

After completing this module, participants will be able to:

- Develop and strengthen Latino cultural pride.
- Identify Latino cultural values and associated behaviors.
- Examine personal and cultural beliefs about HIV-risk behaviors and vulnerability to HIV infection.
- Recognize that safer sex behaviors, specifically abstinence, being faithful to one partner, and condom use are consistent with Latino cultural values.
- Identify correct information regarding the transmission, causes and prevention of HIV infection.
- Differentiate myths from facts about pregnancy, STDs and HIV.

TOTAL INSTRUCTION TIME:

60 minutes

Activity

Time Needed

- | | |
|---|--------|
| A. What it Means to Be Latino/Latina Overview . . . | 5 min |
| B. Cultural Values | 10 min |
| C. What Latinos Think About Unplanned
Pregnancy, STDs, HIV and Safer Sex | 10 min |
| D. View DVD, ¡ <i>Cuídate!</i> | 15 min |
| E. Myths and Facts Game | 20 min |

Activity A • What it Means to be Latino/Latina — Overview



Rationale:

Identifying Latino cultural values and associated behaviors will assist participants in generating cultural pride and guidelines for safer-sex behaviors.

Procedure

1. Say the following,

Now that we have some basic information about pregnancy, STDs and HIV, I want to talk about being Latino and how we can use who we are to make healthy choices about sex. Earlier, we talked about being Latino. What were some of the responses that people gave?

Does anyone have anything to add?

2. Say the following,

In the media, we see many faces and images of Latinos and Latino culture. When we see Latinos in the movies, television, magazines or on the radio. What are they doing or saying? What types of roles do Latino actors play? (Answers may include: housekeepers, drug dealers, not leading roles, illegal, dedicated to their families.)

3. Elicit responses from the group.
4. Ask the following question,

When you see or hear Latinos in the movies, television, magazines or on the radio, how do these images make you feel?

☐ MATERIALS NEEDED:

None

TIME:

5 minutes



Answers may include:

- Embarrassed, proud

5. Say the following,

The images that we see in the media and the movies about Latino people are only half of the picture. Let's look at the other half of the picture.

Who are we? What are some things about Latinos that are not seen in the media or that the media rarely shows about us?

Answers may include:

- We're hardworking, we care about our families, we are smart and educated

6. Summarize by saying,

Sometimes the media shows both good and bad things about being Latino. Some of the bad things may even be true. But that is not the whole picture. There are many good things about being Latino. We can have strong family values. We can speak two languages. We are a growing presence in the US. We are hardworking people who have the ability to take care of our family and community.

In taking care of ourselves, we will protect our family and our community from unintended pregnancies and STDs, including HIV. Throughout this program, we will learn the facts about unintended pregnancy, STDs and HIV and how to care for ourselves, our family and our community to help prevent all three. Remember: ¡Cuídate!



Activity B • Cultural Values

Rationale:

Learning about cultural values is important because cultural values influence safer-sex behaviors.

Procedure

1. Hang poster entitled *Cultural Values* and pre-labeled newsprint *Latino Families*
2. Introduce the activity,

In this activity, we are going to talk about specific Latino cultural values. We will also discuss how Latino culture may influence safer sex behaviors and decisions.

The things that we say, do, act and wear are guided by our culture. For example, age is a culture. Because of your age, you are all part of the adolescent culture. The way you dress, the things that you say, and the music that you listen to are all part of the adolescent culture. My dress, the music that I listen to and the things that I say are different because I am in a different age and culture.

Because you are Latino, you are probably part of the Latino culture, such as special ways of celebrating holidays, and different holidays to celebrate (for example, Cinco de Mayo, Nochebuena (Christmas Eve), El Día de Reyes (Feast of the 3 Kings), Fiestas Patronales (Feasts of Patron Saints)), and special foods and special music that may or may not be shared by other groups.

☐ MATERIALS NEEDED:

- ☐ *Cultural Values* Poster
- ☐ Pre-labeled newsprint
 - ☐ *Latino Families*
 - *What Latino Men Are Like* (written on the left side)
 - *What Latino Women Are Like* (written on the right side)

TIME:

10 minutes



3. Refer to the *Cultural Values* poster, and then say,

Cultural values are spoken and unspoken rules that guide how people think and act.

For example, as Americans we consider freedom and individual rights to be important. As Latinos we share a number of values also.

4. Then say:

Let's start by talking about who is in a family or who are people that we consider family?

Answers should include:

- parents, siblings, grandparents, godparents, aunts, uncles, and good friends

How do you show that you are a family? What are some of the things you do as a family?

Answers should include:

- we eat together, watch out for each other, do things together, have fun together

Your answers show that Latinos have the value of *familismo*.

5. Refer to the poster *Cultural Values* and read the definition of *familismo*.
6. Say the following:

Another important value for Latinos is *respeto* or respect. Can anyone tell me what *respeto* means? (Wait for responses then read the definition on the *Cultural Values* poster.)

Respeto means respect for others—especially those in authority—such as teachers—and those who are older. It means having respect for family and community, respect for yourself, and treating all people like they matter.

7. Then ask:

Do you have some example of how you show respect to members of your family?

Answers should include:

- listening to your parents; asking for “la bendición” or blessing from your parents or grandparents; not yelling, screaming, or calling people names; and listening to family members who are older than you

Who are the people—in your family or others—that you most respect? (*Wait for responses.*)

Good answers.

8. Refer to the newsprint **Latino Families** with two columns: **What Latino Men Are Like** and **What Latino Women Are Like**.

Now we are going to talk about values that guide how Latino men and women are supposed to act. To help us think about this, tell me what are typical things that men do—or are—within a family? (*Write answers on the newsprint.*)

Answers should include:

- strong, in charge, makes decisions, provider, speaks for the family.

Some of these things refer to what we call machismo.



9. Read out loud the definition of ***machismo*** from the ***Cultural Values*** poster.

10. Ask the following question,

How does machismo or being macho affect safer-sex decisions?

Answers should include:

- A man may not use condoms because he is macho, a Latino man can sleep around with many women, or being macho can mean protecting one's family and relationship from STDs like HIV, or protecting one's partner from unintended pregnancy.

11. Then say:

Good answers. Let's talk about women. What are typical things women do—or are—within a family? (*Write answers on the newsprint.*)

Responses should include:

- cooks and cleans, cares for kids, listens to her husband, puts family first

Some of the responses refer to what we call ***marianismo***.

12. Read out loud the definition of ***marianismo*** from the ***Cultural Values*** poster:

13. Ask the following question,

How could marianismo affect safer-sex decisions?

Answers should include:

- a woman may not be able to say no to sex without a condom, a Latina may not ask her man to use a condom, or it can influence her in a positive way allowing her to protect the family and suggest that a man use a condom during sex

14. Ask the following question,

Now that we have talked about values that guide what Latino men and women do, can you tell me if you have heard these sayings from your family?

“Como Dios quiera” [It is God’s will]

“Qué sea lo que Dios quiera” [What happens, happens, or lit., let it be as God wants.]

“Ya no está en mis manos.” [It is out of my hands]

This is called ***fatalismo*** (point to the ***Cultural Values*** poster).

Fatalismo (or ***fate***) means or includes: “It is God’s will”, “What is going to happen will happen”, “It is out of my hands.”

Fatalismo also influences our decisions. For example, if we have the attitude “what happens, happens,” it is harder for us to believe or do anything that might prevent something bad from happening. In thinking about protecting ourselves or our partners from unintended pregnancies, STDs or HIV, this could be a problem.



15. Summarize by saying

While values are not strict rules, they do influence how and why we make certain decisions. They also influence how we behave and how we care for ourselves and others. The specific Latino cultural values that we talked about today: familismo, respeto, machismo, marianismo, and fatalismo may guide us in how we think and what we do in sexual situations, as well as how we think about protecting ourselves from pregnancy and STDs, including HIV. We'll talk about this more throughout the program.



FACILITATOR'S COPY

Cultural Values

Familismo

- Loyalty to family
- Family is a source of support, you can count on family
- Protection of one's family
- Recognition that one's behavior affects and reflects on the family
- Family means more than just mom, dad and siblings, but includes extended family (including godparents, padrinos/compadres)

Respeto (Respect)

- Respect for others, especially those in authority, like teachers
- Respect for those who are older
- Respect for family and community
- Respect for self
- Treat all people like they matter

Machismo

- Machismo means a man who is strong, in charge, can do what he wants with whomever he wants
- Makes decisions for others
- Protects his family, is courageous, respects others, provides for his family
- Treats his wife and children with respect, and is responsible for his family and community

Marianismo

- A woman who doesn't have sex until marriage
- Cares for her family first
- Faithful to her partner
- Devoted to home and family
- Strong, faithful, and leaves decision-making to the man

Fatalismo (Fate)

- **Includes the belief that:**
 - "It is God's will"
 - "What is going to happen will happen"
 - "Que sea lo que Dios quiera"
 - "It is out of my hands"



Activity C • What Latinos Think About Unplanned Pregnancy, STDs, HIV and Safer Sex

☐ **MATERIALS NEEDED:**

- ☐ Masking Tape
- ☐ *Agree/Disagree* signs

TIME:

10 minutes

Rationale:

Examining personal and cultural beliefs about sexual-risk behaviors and safer-sex behaviors begins the process of helping young people perceive their vulnerability to HIV infection. It provides an opportunity to understand that certain attitudes and beliefs can keep people from using safe behaviors and making good choices.

Procedure

1. Tape the *Agree* sign on one side of the room and the *Disagree* sign on the other side of the room.
2. Begin this activity by saying,

We are going to continue our discussion about safer sex.

3. Introduce the next activity by saying,

There are no right or wrong answers in this activity. We simply want to know what you think, so be as honest as you can. You will decide whether you agree or disagree with a statement that I will read.

4. Read the following directions:

- I will read some statements and will ask if you agree or disagree with them.
- After I read each statement, go and stand under the *Agree* sign if you agree or stand under the *Disagree* sign if you do not agree with the statement.
- You must choose one or the other, whichever is closest to how you feel and think.
- I am going to ask each of you why you agreed or disagreed with the statement.
- Please stand.

5. Read the following statements one at time. Wait for participants to stand under the *Agree* or *Disagree* signs. After each statement, ask participants why they agreed or disagreed with the statement.

FACILITATOR'S NOTE

Once participants hear the rationale for standing under another sign, they may change their position. Try to ask these participants why they originally agreed or disagreed with the statement and why they changed their mind.



Attitudinal Statements

- Getting pregnant is something that just happens, no matter what you do to prevent it.
- Wearing condoms is not macho.
- Women should decide if they are going to use birth control—it's their body.
- It is not right for Latinas to carry condoms
- Nothing can protect you from HIV. If you are Latino you are just going to get it.
- It is the man's responsibility to make decisions about sex and condoms.
- Getting HIV/STD/pregnant will affect the entire family.
- Abstinence is a good thing for Latino men.
- Abstinence is a good thing for Latinas.
- Getting pregnant will prevent you from reaching your future goals.

6. Then say,

Thank you for sharing your opinions with the rest of the group. Please return to your seats.

7. Summarize by saying,

As we can see by this activity, people have different opinions about sex, pregnancy, STDs, HIV, abstinence, and condoms. These beliefs or feelings can prevent someone from making sexually-healthy choices, even when they have a lot of knowledge and skills about the risks, safer sex and condom use.

However, there are some facts that we can agree on: pregnancy is caused by sperm from a male reaching an egg in a female. STDs can be transmitted through sexual activity, including genital contact.

Some STDs, primarily bacterial STDs, are curable, while others, primarily viral STDs, are only treatable. HIV is found in blood, semen, vaginal secretions, and breast milk. People can get HIV by sharing contaminated needles or having sex with an infected person. There are things you can do to make sure you don't get pregnant until you are ready and to prevent STDs like HIV. Remember: ¡Cuídate!



Activity D • View DVD, ¡Cuídate!

☐ MATERIALS NEEDED

- ☐ DVD: ¡Cuídate!
- ☐ TV/DVD player

TIME

15 minutes

Rationale

Learning about safer sex and HIV from peer role-models can encourage teens to believe that HIV is a serious problem for them and that they need to protect themselves. Reinforcing information with a video is one way to increase learning. Teens learn quickly through music videos and other media programs.

For those looking for an alternative activity on HIV accompanied by a DVD, please refer to Appendix A: *The Subject Is: HIV DVD and Discussion*.

Procedure

1. Introduce the DVD:

Now we will continue to learn more about safer sex and HIV and how it affects young Latinos. We are going to watch a DVD about HIV. The Latino youth in the DVD discuss ways people can get HIV, STDs unplanned pregnancies and the ways you can protect yourself and others from them. We'll discuss the DVD after we've watched it.

2. Show the DVD (approximately 5 minutes).
3. After the DVD, ask the following questions. Allow participants time to answer the questions.

What were some of the messages about pregnancy, STDs and HIV that you heard in the DVD?

Possible Answers

- Be careful if you decide to have sex; talk to your partner before you have sex; know how to protect yourself and your partner; you could get pregnant, an STDs or HIV if you have unprotected sex.

4. Then say:

Great! We heard some important facts about HIV and AIDS. Let's review some of these. You can refer to the *HIV poster*. *[Point to the poster.]*

What is HIV?

Possible Answers

- Human Immunodeficiency Virus; the virus that causes AIDS

Who can get STDs like HIV?

Possible Answers

- Anyone; it is what you do (e.g., sex with multiple partners) or don't do (not using a condom) that puts you at risk for STDs like HIV

Name two behaviors that increase your risk of getting STDs and HIV.

Possible Answers

- Unprotected vaginal, oral, or anal sex; sharing used needles when doing drugs, getting tattoos, or piercings.

5. Continue by saying:

Good job! Can you tell if someone is infected with and STDs or HIV by looking at them?

Answer

- No.

**FACILITATOR'S NOTE:**

Although no cases of HIV transmission from tattooing or body piercing have been reported, these activities do pose a potential risk. Only sterile equipment should be used for this reason.

FACILITATOR'S NOTE

Home HIV tests can be bought in many drug stores. The most recent tests (such as OraQuick®) are very accurate and do not require a blood sample, however, they can be expensive.

How do you know if you or someone you know is infected with an STD or HIV?

Answer

- Getting tested is the only way to know for sure if you are infected with the HIV virus or another STD.

Where can you get tested?

Possible Answers

- Local health department, free screening clinics, doctor's office, other agencies in your local community [name a couple], home HIV tests

Can someone tell me how HIV tests are done? What happens when a person gets an HIV test?

Possible Answers

- a blood test or by putting a cotton swab in your mouth by your cheek

Most tests check for HIV antibodies in either blood or oral fluids. There is also a urine test, but it is not as accurate as the blood and oral fluid tests. If HIV antibodies are found, it means the virus is in the body.

What about STD tests?

Possible Answers

- either a vaginal swab, specimen collection form urethra, an examination, urinating in a cup or a blood test.



6. Then say:

Because you can't tell if someone has an STD like HIV, it's important to protect yourself and your partner. What did the students in the DVD say are some ways to protect ourselves from getting HIV?

Possible Answers

- Don't have sex (abstinence); use a latex condom every time you have sex; use a latex condom if you are on the pill or using birth control; don't share needles; have sex with only one partner

Remember that not having sex (abstinence) is the best way to protect yourself from getting pregnant, or an STD like HIV. When you choose abstinence as a way to protect yourself from HIV—you are also protecting yourself from getting pregnant or from getting other STDs. When you choose to use a latex condom, which are highly effective at preventing HIV infection, you are also reducing your risk of getting pregnant or getting other STDs.

What are some things you heard in the DVD or that you think can happen to you if you don't protect yourself or your partner?

Possible Answers

- You can get pregnant; you can get HIV; you can get an STD; makes it harder to reach your dreams; may hurt your family or parents

At the end of the DVD, we saw that getting pregnant or getting an STD can be life-changing. What do you think are some ways that getting pregnant can change your life? What are some ways that getting an STD like HIV can change your life? *[Wait for responses.]*

FACILITATOR'S NOTE

Remember, the virus is not known to be transmitted through saliva or oral fluids, but HIV antibodies can be detected there. HIV tests check for antibodies, not the virus itself.



Good answers. Getting pregnant or getting HIV is a big deal. Both of these will change your life. For example, while there are many treatments and new medicines that help people with HIV and AIDS live longer and healthier lives these treatments are expensive, and these people still suffer from many health problems. Having to take care of a baby as a teenager is not easy either. Teen mothers might have to drop out of school to care for their child.

7. Next say:

In the DVD, you heard the phrase “ready for sex”. What are some of the things that you should consider to help you decide if you are “ready” for sex?

Possible Answers

- If you know this is the right decision for you—now and in the future; if you can talk to your partner about sex, before you have sex; if you know how to protect yourself and your partner from the consequences of having sex—like getting pregnant, an STD or HIV

That’s right! Many times in the movies, on TV, and in DVDs, sex looks like it ‘just happens’. As we heard in the DVD, sex doesn’t just happen. Being ready for sex means there is a lot to know and think about before deciding if and when to have sex. You shouldn’t have sex until you are ready—and until you decide.



8. Summarize by saying:

People's attitudes about sex and HIV are based on what they know and what they hear from others. It's important that we know the facts so we can protect ourselves. So far we have learned that we can protect ourselves and loved ones from HIV by not having sex. We can also protect ourselves—if we decide to have sex. Deciding if, when, and with whom to have sex are important decisions. Take the time to think about this and talk to your parents or an adult you trust about sex and about protecting yourself. If you are not ready for sex then wait! Remember ¡Cuídate! means taking care of yourself and your partner, being careful, and being in control. We will show you how to do all these things in the following sessions.

FACILITATOR'S NOTE

If there is time and the group is interested, you can play the video again. This will serve as a way to further reinforce the discussion and the messages in the video.



Activity E • Myths and Facts Game

☐ **MATERIALS NEEDED:**

- ☐ *Myths and Facts* Handout
- ☐ *HIV/AIDS* Poster
- ☐ *STDs* Poster
- ☐ Newsprint
- ☐ Pencils
- ☐ Marker
- ☐ Masking tape

TIME:

20 minutes

Rationale:

Distinguishing between myths and facts about pregnancy, STDs and HIV provides an opportunity for participants to learn the correct information about HIV infection and protection.

Procedure

1. Introduce this activity by saying,

To review the information we just learned, we will play a game called **Myths and Facts**. Can someone tell me what a myth is or give me an example?

Suggested answer:

- A myth is something that is false but believed to be true. Examples: You won't get pregnant if you have sex while standing, oral/anal sex isn't really sex.
- A fact is a statement that is true, and based on evidence.

This game will help you learn more facts about pregnancy, STDs and HIV, and more ways to prevent getting all three. Since there are a lot of myths going around about these topics, it is important that we know the facts.

First, I will divide you into two teams. I will give the *Myths/Facts* handout to each team. Your team will have **5 minutes** to complete the handout. Once you have finished it, the game will begin. I will go over the answers and give your team **1 point** for every correct answer. The team that has the most points wins the game.

2. Divide the group into two teams. Make sure that persons in each team are sitting close together.
3. Give a **Myths and Facts** Handout to each member of each team.
4. Say the following,

Now that you each have the **Myths and Facts** Handout, work together as a team to decide if the statements are myths or facts. Write “**M**” next to the statements you think are myths and write “**F**” next to the statements you think are facts. Try to get the entire team to agree on the answer.

Once you finish the handout, each team will have a chance to give an answer. When it is your turn, one person from your team will say whether the statement is a **Myth** or a **Fact** and explain why.

You will have **5 minutes** to finish the handout. Are you ready? OK, **START!**

5. Give the teams **5 minutes** to complete the handout. While they are working, make two columns on a clean sheet of newsprint and write **Team A** on one half and **Team B** on the other half.
6. After the **5 minutes** are over, assign each team a name (**Team A** or **Team B**).
7. Say the following,

Each time your team’s turn comes up, a different person must answer the question. Make sure that everyone on the team gets a chance to answer.

Okay: **Team A**, you are first. Who is going to give the first answer? [Read the first statement] Is the statement a **Myth** or a **Fact**? Why?

FACILITATOR’S NOTE

Below is an example of how to do this part of the activity section

- Read a statement to a team such as,
You can get HIV from shaking hands with a person who is HIV positive.
- Ask,
Is that a fact or a myth?
The team answers,
That is a myth.
- Ask one person on the team,
Why is the statement a myth? *Wait for a response.*
- Refer to the **HIV** poster to explain the answer



FACILITATOR'S NOTE

This activity is very important because it dispels some of the myths that youth have about pregnancy, STDs and HIV. If a team gets a statement incorrect, state and explain the correct answer, or give the other team the chance to give and explain the correct answer. Refer back to the posters when necessary. It is important that the entire group pays attention during this activity.

8. If the Team gives the correct answer, give a more thorough explanation of why the answer is a myth or a fact and give the team 1 point. If the answer is incorrect, correct the answer and give a thorough explanation of the answer.

9. Rotate the statements back and forth between the two teams. Make sure you are giving points.

10. Summarize the game by saying:

Both teams did a great job. It shows that everyone was listening to the facts that were discussed earlier. Because both teams did a good job, both teams are winners. Give yourselves a round of applause.

Remember, it is important to have correct information about safer sex so that you can take care of yourself, your family and your community.
¡Cuídate!



FACILITATOR'S COPY

MYTHS and FACTS

- | | |
|---|---|
| 1. AIDS makes you unable to fight off diseases. | FACT. AIDS weakens the immune system and therefore the body cannot make itself well. |
| 2. AIDS is caused by a virus. | FACT. The virus is called HIV. |
| 3. If you hug someone with an STD you could get that STD. | MYTH. You cannot contract any STD from hugging someone. |
| 4. Anyone can get an STD. | FACT. Anyone exposed to infected blood, semen, breast milk, or vaginal secretions can get HIV, and anyone who has sexual contact with someone who has an STD can get that STD. Behavior, such as unprotected sex and sharing needles and works puts you at risk. |
| 5. All STDs can be cured. | MYTH. STDs caused by bacteria can be cured - such as chlamydia, gonorrhea, and syphilis. STDs caused by viruses cannot be cured, such as herpes and HIV. While treatments can help people with AIDS live longer, they do not get rid of all of the symptoms and, most times, treatments have side effects. But all STDs including HIV are preventable. It is important to get tested for STDs including HIV if you are sexually active. It is important to get treatment right away if you have a STD. Some of the damage done before treatment may not be able to be undone/reversed. |
| 6. HIV can be spread by using someone's personal things (like a comb or hairbrush) or sitting on a toilet seat. | MYTH. There is no exchange of infected body fluids and HIV cannot survive outside of the body. |
| 7. If a pregnant woman is HIV-positive, there is a chance it may be passed on to her unborn baby. | FACT. The virus can be passed from mother to child during pregnancy, or through the exchange of blood between mother and baby during birth. Medicines taken by the mother during pregnancy, birth and given to the baby after birth can prevent HIV transmission to the baby. That is why if you are pregnant, knowing your HIV status and getting prenatal care is so important. |



- | | |
|--|--|
| 8. Having AIDS makes you more likely to get other diseases and opportunistic infections. | FACT. The immune system is not working properly and cannot provide protection from diseases. |
| 9. You can tell by looking whether someone is HIV positive. | MYTH. HIV is a virus that affects the immune system. The immune system is inside the body. You cannot tell by looking at someone whether or not they are infected with HIV. This is why people who are infected with HIV often do not know that they are infected. The only way to be sure that you, or your partner, do not have HIV is to get tested. |
| 10. Condoms are effective in preventing pregnancy, STDs, and HIV infection. | FACT. When used consistently and correctly, latex and polyurethane condoms are highly effective at preventing the transmission of HIV. They can also reduce the risk of getting other STDs and getting pregnant. |
| 11. You can get pregnant the first time you have sex. | FACT. Pregnancy can occur any time sperm comes in contact with an egg, even the first time you have sex. |
| 12. You increase your chance of getting HIV if you have sex with many people. | FACT. Sleeping with many people puts you at increased risk of getting HIV because every time you have sex you are having sex with all of the people your partner had sex with. |
| 13. HIV is present in semen, blood, vaginal secretions, and breast milk of HIV infected individuals. | FACT. These are the four common bodily fluids in which HIV can exist and be transmitted. |
| 14. If you give blood you are at risk for getting HIV. | MYTH. There is no chance of contracting HIV from donating blood. |
| 15. Lesbians (women who have sex with women only) don't have to worry about HIV infection. | MYTH. Anyone participating in risky sexual behaviors is at risk for contracting HIV. |
| 16. An HIV-infected mother can infect her child through breast milk. | FACT. There is enough of the virus present in breast milk to pass it from mother to child. |

**Cuideate MYTHS and FACTS, CONTINUED**

17. Birth control pills can prevent STDs.

MYTH. When taken properly, birth control pills can significantly reduce the risk of pregnancy.

18. You cannot get pregnant if you have sex standing up.

MYTH. Pregnancy can occur from sex in any position.

19. If you have only 1 boyfriend or girlfriend you are 100 percent safe from STDs.

MYTH. Both partners must commit to having sex only with each other and both partners must not have STDs. This is a big commitment. The only way to know for sure that you are reducing your risk of HIV, STDs and pregnancy is to use a condom correctly every time you have sex.

20. If you kiss someone with HIV on the cheek, you can get the virus.

MYTH. There is no exchange of infected bodily fluids, although HIV has been found in saliva, and cases of HIV transmission via "French kissing", though rare, do happen.

21. Having unprotected sex with someone who is HIV positive is one way of getting the virus.

FACT. If someone has unprotected sex with a person who is HIV positive, they are at high risk of contracting the virus.

22. You can get HIV by sharing a needle with someone who is infected.

FACT. Because of the exchange of bodily fluids, sharing needles and/or with someone who is infected is a sure way to become infected with the virus.

23. Only gay men who have anal sex can get HIV.

MYTH. Anal sex is a behavior that places people at very high risk for HIV infection. Anyone who has unprotected anal sex is at risk, not just gay men.

24. Withdrawal (pulling out) is an effective form of birth control and STD protection.

MYTH. Withdrawal is very hard to use as birth control because it is hard to tell when ejaculation will occur, especially for teens. In addition, pre-cum or pre-ejaculate can transmit STDs, including HIV.¹

¹ <<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0528a11.htm>>



25. It is safe to have anal sex because it does not lead to pregnancy.

FACT/MYTH. It is true that you will not get pregnant if you have anal sex. But anal sex, especially unprotected anal sex, is one of the riskiest sexual practices. The skin around the anus has a lot of blood vessels and is very thin and sensitive. Small tears in the anus often occur during anal sex. All these factors make it easier for HIV to spread.

26. Having unprotected oral sex (your mouth on your partner's penis/vagina) increases your chances of getting STDs like HIV.

FACT. The virus is present in vaginal fluids and semen, therefore unprotected oral sex is a risky sex practice. While scientific evidence shows that the risk of transmitting HIV by oral sex is low, the risk of transmitting other bacteria and STDs this way is higher.

27. Douching helps prevent pregnancy.

MYTH. Douching actually pushes sperm up farther into the vagina and makes pregnancy more likely. In addition, it can cause vaginal irritation, as vaginas are naturally self-cleaning.

28. Abstinence is the only 100% sure way of avoiding pregnancy and sexual STDs infection.

FACT. Abstinence is the surest way of preventing pregnancy and the sexual transmission of HIV and STDs.

29. Only the receiver of anal sex (penis in anus) is at risk for contracting HIV.

MYTH. Both the giver and receiver of anal sex are at risk for contracting HIV and other STDs.

30. There is no "safe" time in a female's cycle when she cannot get pregnant.

FACT. Pregnancy can occur at any time during a female's cycle, even when she is menstruating (on her period).



MODULE

3

Understanding Vulnerability to Pregnancy, STDs and HIV Infection

Goals

The goals of this module are to:

- Increase participants' perceived vulnerability to pregnancy, STDs and HIV infection.
- Increase participants' knowledge about behaviors that place them at risk for pregnancy and HIV infection and other STDs.
- Increase participants' understanding of how safer sexual behaviors are consistent with Latino cultural values.
- Introduce participants to negotiation and communication skills needed to engage in safer sex behaviors.

Module Preview

The third module: 1) explores attitudes about responsibilities and personal perception of vulnerability; 2) details the challenges and realities of teen parenting; 3) provides an opportunity for participants to practice negotiation and refusal skills; 4) promotes the ways in which Latino cultural values can bolster safer-sex behaviors; and 5) reviews information covered in previous modules

Learning Objectives

After completing this module, participants will be able to:

- Recognize their vulnerability to pregnancy and STDs.
- Recognize which personal behaviors can increase their vulnerability and risk for pregnancy and STD/HIV infection and how it happens.
- Understand how Latino cultural values support safe-sex behaviors.
- Recognize how negotiation and communication skills can support safer sex behaviors.

☐ STRATEGIES/METHODS

- ☐ Group discussion
- ☐ Game
- ☐ Talking Circle

☐ MATERIALS NEEDED

- ☐ *Attitudinal Statements* cards
- ☐ Masking tape
- ☐ *Cultural Values* poster
- ☐ *A Romance* card
- ☐ *A Romance* worksheet
- ☐ Pencils
- ☐ Tokens (such as pennies or paper clips) for *lotería*
- ☐ *Lotería* cards
- ☐ *Lotería* playing boards
- ☐ DVD, *Demasiado Joven*
- ☐ Television and DVD Player with good speakers



☐ **PREPARATION NEEDED**

- ☐ Hang newsprint
- ☐ Hang/post *Group Rules*
- ☐ Hang *Cultural Values* poster
- ☐ Prepare *Attitudinal Statement* cards
- ☐ Cue DVD

TOTAL INSTRUCTION TIME:

60 minutes

Activity

Time Needed

- A. Acknowledging the Risk of Unplanned Pregnancy, STDs and Safer Sex 5 min
- B. View DVD, *Demasiado Joven* 10 min
- C. A Romance 15 min
- D. Latino Cultural Attitudes and Safer Sex 15 min
- E. La Lotería 15 min

Activity A • Acknowledging the Risk of Unplanned Pregnancy, STDs and Safer Sex



Rationale

Acknowledging the threat of pregnancy and STD/HIV infection among their peers and in their communities will help teens increase their personal perception of vulnerability.

Procedure

1. Ask the following question:

Do you think that you should be concerned about pregnancy and STD/HIV infection? Why or why not?

2. Allow participants to respond.
3. If participants don't mention any of the following, point out these issues:

- HIV can be passed in the same way as other STDs. If you have an STD you increase your chances of getting HIV. If you have HIV, you increase your chances of getting STDs
- HIV is infecting more people in the inner cities than in other areas.
- More teens are becoming infected with HIV now than ever before.
- Latino teens are at a comparatively high risk of contracting HIV.
- Teenage pregnancy is of great concern in the Latino community.
- Getting pregnant (or getting someone pregnant) can make it harder to reach your goals and dreams.

☐ MATERIALS NEEDED

None

TIME

5 minutes



4. Emphasize the following:

As you can see, adolescents, including Latinos, are at high risk for getting pregnant, and also for getting STDs and HIV. We all need to take care of ourselves and others and make the best decisions we can—including decisions about sex. Remember, pregnancy isn't a disease, but you want to make sure you only get pregnant when you are ready. No surprises! Also remember that HIV can affect anyone. Not just gay people, poor people, or drug users. It's not who you are (rich, poor, gay, straight, black, white, brown) but what you do (unprotected sex, sharing needles) that puts you at risk.

You can reduce your risk of pregnancy, HIV and STDs by knowing the facts and making careful and responsible choices if you decide to engage in sexual behavior. Though there is still no cure for HIV, it is preventable. The more you know, the better prepared you will be to prevent infection and unplanned pregnancy for yourself and your partner. Remember, anyone who engages in risky behavior is at risk for an unplanned pregnancy, and an STD like HIV.

5. Ask the following question:

How do people get infected with HIV?

6. Allow participants to respond. If they don't mention any of the following, make these points:

People get infected with HIV by:

- Having unprotected oral, anal or vaginal sex (without a condom) with an infected person.
- Sharing needles and works.
- In some cases, women pass the virus to a baby during pregnancy, delivery, or through breast milk.
- Any instance of exposure to HIV infected blood.

7. Explain the following:

Because there is always a chance you can get pregnant or get an STD when you have sex, it is a smart idea to not have sex (oral, anal, vaginal)—or in other words, to remain abstinent. If you do decide to have sex, you must correctly use a latex or polyurethane condom every time you have sex in order to reduce your risk STDs and unplanned pregnancy.

Many people are afraid to ask their sex partners to use condoms, believing it will drive them away, make them angry, or even make them violent. Many people deny that STD/HIV infection is a personal, family or community issue. Until one of these affects them or someone they know, they often avoid taking responsibility for their decisions and actions about sex. They do not protect themselves or their partners. Let's think about these statements and discuss who is responsible for each behavior.

FACILITATOR'S NOTE

This activity is meant to explore attitudes about responsibility for safer sexual behaviors. You can get individual or group answers to the statements. You can see if there is agreement or disagreement in the group. You might ask participants to give reasons why if there is time and as a way to make the session interactive.



8. Introduce the activity by saying:

Listen to the following statements and raise your hand to indicate who in a relationship you believe should be responsible for each behavior. The choices are: you, your partner, both of you, or neither of you. *[Repeat choices after each statement as needed.]* Who is responsible for . . .

- deciding whether to abstain from sex?
- starting a discussion about sexual and drug use history?
- planning ahead and buying condoms before sex?
- making sure condoms are used every time you have sex?
- deciding whether to use a method of birth control?
- deciding what type of birth control method to use?
- deciding when and if to have a baby?

9. Emphasize the following:

In any relationship, it is both partners' responsibility to be equally involved in making safer sex decisions. Each partner is ultimately responsible for his or her own safety and protection and has the right to make personal choices about their own sexual health. When both partners are involved in sexual decision-making, each has control over personal behaviors and is less likely to participate in risky behavior.

I know many Latinos who think men should make all of the decisions; but when it comes to pregnancy, STDs and HIV infection, women also need to take responsibility for protecting themselves and their family.

Both partners have a responsibility to protect themselves, their partner, and their relationship.

Activity B • View DVD, *Demasiado Joven*



Rationale:

Learning about the realities of pregnancy from Latino teens can help participants/teens understand the realities of raising a child as a teen.

Procedure:

1. Introduce the DVD:

We are now going to learn more about teenage pregnancy and how it affects the Latino population by watching a DVD called *Demasiado Joven*. In this video, we'll hear teenage Latino parents talk frankly about the realities and challenges of raising a child as a teen parent.

2. Show the DVD (5:21 minutes)
3. After the DVD, ask the following questions. Allow the participants time to answer the questions.

Did any of the facts in the film surprise you? If so, which ones? Why?

Why do you think so many Latina teens in the United States get pregnant?

How might some teens' thoughts about parenthood differ from the reality of being a teen parent?

When Nancy, one of the teen moms in the film, said that her teacher was disappointed in her when she found out she was pregnant because she had always been such a good student, how did that make you feel? Think what it would be like to finish high school and take care of a baby? What would your life be like? How would it be different than it is now?

☐ MATERIALS NEEDED

- ☐ DVD, *Demasiado Joven*
- ☐ Television and DVD Player with good speakers

TIME

10 Minutes



Miguel, the teen dad in the film, talked about the importance of guys taking a role in reducing teen pregnancy. What are some ways guys can show responsibility when it comes to sex and preventing pregnancy? How would you respond if someone said being worried about birth control or using condoms was not a macho thing to do?

Thinking about the value, familismo, how does having a baby affect other family members? (grandparents, brothers, sisters)

What advice would you give other teens to help keep them from getting pregnant or getting someone pregnant?

4. Summarize by saying:

Good answers! Getting pregnant really is a big deal. The media may make having a baby look fun, but as we saw in the video, it is very challenging. While many times, as Latinos, we can count on our families for support, our actions do affect our families, and how we will be able to take care of ourselves and our families in the future.

Remember, Latinas have the highest teen pregnancy and birth rates of any group in the US.¹ However, teenage pregnancy is 100% preventable if you practice abstinence. If you choose to have sex, remember the values of machismo and **marianismo** that we discussed earlier. Latino teens who are sexually active should take responsibility for themselves and their families. This means thinking about the right time to have a baby and taking care to use condoms every time you have sex to reduce the risk of getting an STD like HIV.

¹Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011.

Activity C • A Romance

Rationale

This activity provides participants with an opportunity to practice negotiation and refusal skills in preparation for role-playing more realistic scenarios.

Procedure

1. Introduce the activity by saying:

In this activity, you will have the chance to use all of the information that you learned so far in this program. I want you to think back to when we discussed cultural values and safer sex information. I am going to hand out a story about two teens. Their names are Damaris and Enrique. We'll read the story together.

When we finish reading the story, please answer the questions at the end of the story. Then we will come back as a group and discuss your answers. Let's take about 5 minutes to answer the questions on your handout.

2. Distribute the *A Romance* worksheet to the group.
3. Read the story aloud to the group—or have volunteers read parts of the story.
4. Ask the participants to complete the handout. Inform them that they have **5 minutes** to complete it.
5. When the **5 minutes** are up, ask for volunteers to read the questions and share their answers.
6. Make sure everyone has a chance to share their answers.

☐ MATERIALS NEEDED

- ☐ *A Romance* card
- ☐ *A Romance* worksheet
- ☐ Pencils

TIME

15 minutes



7. Summarize this activity by saying:

Being in a relationship can be very hard. Making healthy sexual decisions and talking to your partner about your decision takes a lot of hard work and communication. The caring thing to do is to protect yourself and your partner. You don't want to get pregnant, or get an STD like HIV, so talk to your partner about being safe. Remember: ¡Cuídate!

A Romance

Damaris and Enrique are in the 10th grade and have been going out for three months. They spend a lot of time together and are in love with each other.

At the beginning, they decided they wouldn't have sex without using condoms. They haven't talked about it a lot but Damaris believes it's important to use condoms. Damaris thinks she is in love with Enrique, but she worries about pregnancy and getting an STD like HIV. Enrique knows and respects Damaris' feelings but still thinks that macho men don't use condoms.

They haven't actually had sex but they do kiss and touch each other a lot and have gotten close to having sex. Lately, Enrique has been hearing that many of his friends are having sex and most don't use condoms. Enrique is mad, he wants to have sex and he doesn't want to use condoms.

Enrique has been putting some pressure on Damaris to have sex; and they've started talking about it more. On one hand, he respects Damaris' feelings and doesn't want to talk her into doing something she doesn't want to do. On the other hand, he doesn't want to keep waiting. "Real men don't wait forever to have sex." Their relationship has become a little tense. They argue more and Enrique is talking more to other girls and spending less time with Damaris.

Damaris doesn't want to lose Enrique. She talked to her friends and they said, "So what's the big deal? Having sex isn't that big a thing. You know guys don't like condoms, get on the pill." Damaris knows that the pill won't protect her from an STD like HIV. She trusts Enrique but wants to protect herself. She thinks to herself, "Maybe condoms aren't all that important." She wishes she could talk to her mother about it, but she knows her mom would say "**¡Cuídate!**" but what would that mean in this case? So Damaris feels alone and doesn't know what to do. She still wants Enrique to use condoms.

Damaris and Enrique are still dating. One Saturday night, after the movie, they decide to go back to Damaris' house to talk. When they get there around ten o'clock, they find out that Damaris' parents have gone to a party and won't be back until much later. So Damaris and Enrique are alone in the house.

A Romance • Damaris and Enrique Possible Responses

Directions: After reading the story of Damaris and Enrique, answer the questions.

Describe one important reason that Damaris might not want to have sex without using condoms.

Possible Answer

- She does not want to get pregnant or get an STD like HIV.

Describe two things that Damaris can say to Enrique to get him to use condoms.

Possible Answers

- “I care about you and I want to help protect us both from getting pregnant, or getting an STD like HIV.”
- “We can enjoy sex more if we don’t have to worry about STDs, HIV and pregnancy.”

Describe one reason why Enrique may say he doesn’t want to use condoms.

Possible Answers

- He thinks none of his friends use condoms.
- He won’t be able to feel anything with a condom on.

Describe one way that Latino culture can interfere with Enrique using condoms.

Possible Answers

- The belief that macho men don’t use condoms; the belief that women should let men decide about when to have sex and about using condoms.

Describe one way that Latino culture can support condom use.

Possible Answers

- Being macho means that you help protect yourself and your partner by using condoms.

Describe one reason that YOU might give to your boyfriend/girlfriend for using condoms.

Possible Answers

- “I don’t want to take chances. I don’t want to get pregnant/get you pregnant.”

Describe two things that YOU can say or do to get your boyfriend/girlfriend to use condoms.

Possible Answers

- “I care about you and I care about us. I want to make sure we are keeping each other safe.”

Activity D • Latino Cultural Attitudes and Safer Sex



Rationale

Discussing cultural attitudes and their relationship to both risky and protective sexual decision-making provides a context from which to make safer sex decisions.

Procedure

1. Explain the following information:

In this next activity, we will look at how Latino cultural values [Point to *Cultural Values poster*.] influence our attitudes about safer sex.

2. Divide the group into pairs or sets of three. Hand out **two Attitudinal Statement** cards to each group and give the following directions:

There are statements about safer sex on these cards. Discuss each statement with your partner(s) and decide if you agree or disagree with the statement and why. If you and your partner(s) disagree, try to work out your disagreement.

When all of the groups are finished, I will ask one person from each group to stand and read one of the statements aloud. Then, I would like this person to say whether they agreed or disagreed with the statement and talk about how the statement is consistent with the Latino cultural values we talked about before. You can look at the poster [Point to *Cultural Values poster*.] to help you out.

You will have **5 minutes** to discuss your statements in your group.

☐ MATERIALS NEEDED

- ☐ *Attitudinal Statements* cards
- ☐ Masking tape
- ☐ *Cultural Values* poster

TIME

15 minutes

FACILITATOR'S NOTE

This activity is meant to show how Latino cultural values can support safer sex behavior. If participants have trouble, refer to the *Cultural Values* poster as well as other responses from the group to make the points found in the answer key.



FACILITATOR'S NOTE

Here is an example of how to do this activity

- One person should read the statement aloud.

Men who are macho don't wear condoms

- Then ask,

Do you agree or disagree with the statement? Why?
[Wait for a response.]

- Then ask,

Is the statement consistent with the Latino cultural values we talked about earlier? How? [Wait for a response.]

- Then ask,

Which cultural term does your statement reflect?
[Wait for a response.]

- Then ask,

How can we change your statement into a message that could prevent unsafe sex in your community?

3. Give the groups 5 minutes to discuss their statements.
4. When all of the groups have finished, choose one group at a time to stand and discuss each of their statements with the larger group.
5. Ask first if they agree or disagree with the statement. Then ask the following questions:

- Is the statement consistent with the Latino values that we talked about earlier? How so or why not?
- Which cultural term does your statement reflect? How?
- How can we change your statement into a message that could reduce unplanned pregnancy, STD's or HIV in your community?

6. Summarize by saying:

Great job! In this activity you saw how Latino cultural values can be used to support safer sex behavior. We also looked at how Latino cultural values may influence attitudes about pregnancy, STDs, HIV and safer sex.



FACILITATOR ANSWER KEY

Attitudinal Statements

Men who are macho don't wear condoms.

Suggested Answer Disagree. Being macho means taking responsibility to protect yourself and your family.

Cultural Value This refers to the cultural value of *machismo*.

Change Statement Men who are macho wear condoms.

When people say "no" to sex (especially girls), they don't really mean it.

Suggested Answer Disagree. NO means 'no'. Sometimes we send mixed messages. We need to be sure that what we mean is consistent with what we do.

Cultural Value This refers to the cultural value of *respeto* (respect).

Change Statement We need to respect people's choices and wishes.

Practicing abstinence (not having vaginal, oral, or anal sex) is a way to protect yourself from unwanted pregnancy and STDs like HIV.

Suggested Answer Agree. Abstinence is the surest way to prevent pregnancy and sexually transmitted diseases.

Cultural Value This refers to the cultural values of *marianismo* and *machismo*.

Change Statement Agree.

Women who carry condoms and use birth control are easy.

Suggested Answer Disagree. Women who carry condoms are taking responsibility for themselves and their family. By taking responsibility for your actions, you can help prevent pregnancy, STDs and HIV

Cultural Value This refers to the cultural values of *machismo* and *marianismo* where men are responsible for decisions relating to sexual matters.

Change Statement It is both the responsibility of the man and the woman to make sure each is protected.



Men who are macho need to have sex with more than one woman because they have stronger sexual urges.

Suggested Answer Disagree. Having sex with multiple women does not prove one's manliness.

Cultural Value This refers to the cultural value of *machismo*.

Change Statement Machismo is also defined by the respect one has for family and for partners.

Your parents would be upset if they found out you were carrying condoms.

Suggested Answer Disagree. Parents care about their children's future.

Cultural Value This refers to the cultural value of *familismo*.

Change Statement Parents are glad that their children are being responsible and are helping to protect themselves from STDs like HIV and unplanned pregnancy.

It is more difficult for men to accept wearing a condom. They think that women don't enjoy sex as much, so it doesn't matter to them what it feels like.

Suggested Answer Disagree. Women and men both enjoy sex.

Cultural Value This refers to the cultural values of *machismo* and *marianismo*.

Change Statement Both men and women can enjoy sex by using a condom and knowing that they have a reduced risk of pregnancy, HIV and other STDs.

Good girls don't plan to have sex.

Suggested Answer Disagree. Sex rarely just happens. Adolescents who know that they will have sex should be sure that they carry and use condoms.

Cultural Value This refers to the cultural values of *familismo* and *marianismo*.

Change Statement Being "good" means taking care of yourself and your partner. Protecting one's self and family from disease is an important value related to *familismo*. Additionally, planning to have sex can represent the responsibility and respect you have for your family. By planning, you can make sure that you have the proper protection available when you need it.

**Men are the ones who should decide if condoms should be used.**

Suggested Answer Disagree. It is the responsibility of both men and women to decide when and how to protect themselves.

Cultural Value This refers to the cultural values of *machismo* and *marianismo*.

Change Statement Men and women should decide together to use condoms.

In a relationship, only the woman is expected to be faithful to a man.

Suggested Answer Disagree. Men are also responsible for being faithful.

Cultural Value This refers to the cultural values of *machismo* and *marianismo*.

Change Statement Both partners should come to an agreement about the status of their relationship and whether or not to remain faithful to each other.

Abstinence is good for women but not for men.

Suggested Answer Disagree: Abstinence (not having vaginal, oral or anal sex) is the surest way to prevent unplanned pregnancy and STDs, including HIV, whether you're a man or a woman.

Cultural Value This refers to the cultural values of *marianismo* and *machismo*.

Change Statement Abstinence protects both men and women from STDs and unplanned pregnancy.

There's nothing you can do to prevent pregnancy, STDs or HIV. What happens is going to happen.

Suggested Answer Disagree: By taking responsibility for your actions, you can prevent pregnancy, STDs and HIV

Cultural Value This refers to the cultural value of *fatalism*.

Change Statement By being abstinent, you can prevent unplanned pregnancies, STDs, and HIV. If you decide to have sex, using birth control AND condoms can help prevent unplanned pregnancies, STDs, and HIV.



FACILITATOR COPY

Attitudinal Statements, *continued*

Getting someone pregnant is proof that a man is macho.

Suggested Answer Disagree: Being macho is more than showing you can get someone pregnant.

Cultural Value This refers to the cultural value of machismo.

Change Statement For both men and women, having a child and being a mother or father is a significant life event. However, pregnancies should only occur when parents have the means to support the child as well as to accomplish their own goals and dreams.

It doesn't make sense to use condoms for oral sex. The risk for getting something is so low. Nothing's going to happen.

Suggested Answer Disagree: Engaging in unprotected oral sex does put you and your partner at risk for contracting HIV and other STDs

Cultural Value This refers to the cultural values of fatalism.

Change Statement You have a lot of control in preventing HIV and other STDs. By being responsible and using condoms every time you engage in oral sex, you can help prevent STDs, and HIV.

Guys who don't have sex are wimpy, or not cool enough to get girls

Suggested Answer Disagree: Many guys choose to practice abstinence because they know it is the best/most effective method in preventing HIV, STDs and pregnancy.

Cultural Value This refers to the cultural values of machismo and respeto.

Change Statement Men who choose abstinence are macho because they have respect for themselves

Activity E • La Lotería

Rationale

This activity is a way to review and reinforce the salient information covered in the previous modules. It also allows you to end the module with a fun and high-energy activity.

Procedure

1. Say the following:

Now we are going to play a fun game that will review all of the information that we have learned so far. The name of the game is *La Lotería*. There are no teams for this game, you are on your own!!

I am going to give out the *Lotería* playing boards and tokens to the entire group.

2. Distribute the *Lotería* playing boards and the tokens to everyone.
3. Explain the rules of the game to the participants:

I will pick one *Lotería* card, read the saying on the card, and show it to everyone. Then, you will see if you have the same picture on your playing board.

If you have the picture on your playing board, put a token over the picture.

Next, I will ask, "What does this picture have to do with HIV infection?" If you have the picture on your *Lotería* playing board, raise your hand. I will choose someone to answer the question.

I will then pick another card, read it and ask the same question.

☐ MATERIALS NEEDED

- ☐ Tokens (such as pennies or paper clips) for *lotería*
- ☐ *Lotería* cards
- ☐ *Lotería* playing boards

TIME

15 minutes

FACILITATOR'S NOTE

La Lotería is similar to Bingo.



If you have tokens on 5 pictures across a row, down a column, or diagonally, then you win. We will continue to play the game until we have 1 winner.

Let's get started.

4. Pick a card, read the saying aloud to the entire group, and show it to the entire group.
5. Ask whoever has the picture on their *Lotería* game board to raise their hand.
6. Then ask the group:

What does this picture have to do with safer sex?

Choose only one participant who raised their hand to answer the question.

7. Make sure all participants who have the picture on their *Lotería* game board place a token over the picture.
8. Continue to do this until you have one winner.
NOTE: You can play until there is a second winner if there is time.
9. Summarize by saying:

That was great! You really remembered a lot of information. It is important that you understand that unintended pregnancy, STDs and HIV are affecting our community. However, we can prevent them. Remember to use all of the strategies that you learned in this program. Also remember to take care of yourself, your family and your community.
¡Cuídate!



MODULE

4

Attitudes and Beliefs About Pregnancy, STDs, HIV and Safer Sex

Goals

The goals of this module are to:

- Increase participants' perceptions of vulnerability to pregnancy, STDs and HIV.
- Examine cultural and personal attitudes and beliefs about pregnancy, STDs, HIV and safer sex.
- Recognize attitudes and behaviors that place adolescents at risk for unplanned pregnancy, STDs and HIV.
- Reinforce knowledge about pregnancy, STDs and HIV.

Module Preview

The fourth module: 1) explores notions of gender through demonstrating the ways that Latino culture supports safer-sex behaviors; 2) uses music to reinforce HIV prevention; 3) examines personal beliefs about sexual risk behaviors and safer-sex behaviors; and 4) identifies risk level for sexual and non-sexual behaviors.

Learning Objectives

After completing this module, participants will be able to:

- Identify their personal and cultural attitudes towards sexual behavior.
- Identify attitudes and behaviors that increase their risk for engaging in unsafe sex.
- Recognize influences (cultural and personal) that support safer sex behaviors.
- Recall correct information concerning pregnancy, STDs and HIV.

☐ STRATEGIES/METHODS

- ☐ Music
- ☐ Group discussion
- ☐ Decision-making and problem-solving exercises
- ☐ Role-plays
- ☐ Talking Circle

☐ MATERIALS NEEDED

- ☐ *Group Rules* newsprint
- ☐ *Cultural Pride* newsprint
- ☐ *Cultural Values* poster
- ☐ Music Player
- ☐ Music, *Tito Puro Machito* and *Con Una Nada Más*
- ☐ Words to *Tito Puro Machito* and *Con Una Nada Más* (English and Spanish)
- ☐ *¿Quién Es Más Macho?—¿Quién Es Más Mujer?* cards
- ☐ *HIV/AIDS* poster
- ☐ Masking tape
- ☐ *Agree / Disagree* signs
- ☐ *Safety, Caution, Danger* cards
- ☐ *Safety, Caution, Danger* risk signs



☐ **PREPARATION NEEDED**

- ☐ Hang newsprint
- ☐ Post *Group Rules*, *Cultural Values* poster, *Cultural Pride* newsprint
- ☐ Check the music player and be sure the music is ready for playing.

TOTAL INSTRUCTION TIME:

60 minutes

Activity

Time Needed

- | | |
|---|--------|
| A. ¿Quién Es Más Macho? ¿Quién Es Más Mujer? | 15 min |
| B. Music and Discussion | 15 min |
| C. Adolescent Vulnerability to Unplanned
Pregnancy, STDs and HIV | 15 min |
| D. La Zona Peligrosa (The Danger Zone) | 15 min |

Activity A • ¿Quién Es Más Macho? ¿Quién Es Más Mujer?



Rationale

Rehearsal in solving sexual risk-related problems builds self-efficacy and participants' ability to safely resolve risky situations and behaviors.

Procedure

1. Introduce this activity by saying;

You have learned a lot of information about unplanned pregnancy, STDs and HIV, and you are now the experts. In this activity, you will use the safer-sex information that you have learned so far to help give advice to the teens in the scenarios.

2. Explain the following

I will give everyone a card that has four statements on it. I will ask you to read a statement about one person on the handout and decide if that person is using behaviors that will help reduce the risk of him or her from getting HIV. If that person is not using safer-sex behaviors, you will also decide how to get them to use safer-sex behaviors. In other words, how can the person be more *macho* or *mujer*? I will choose a volunteer to stand, read one statement from their handout and tell us what they think. Your answers may be based on practicing abstinence or using condoms. Remember to base your answer on one of the *Latino Cultural Values* [point to *Cultural Values* poster.] We will go around the room more than once to give everyone several chances to tell us what they think.

☐ MATERIALS NEEDED

- ☐ ¿Quién Es Más Macho?—¿Quién Es Más Mujer? cards
- ☐ Cultural Values poster
- ☐ HIV/AIDS poster

TIME

15 minutes

FACILITATOR'S NOTE

This activity focuses on the positive and more respectful definitions of *macho*, *machismo* and *marianismo*. In this activity, *macho* and *mujer* mean more responsible. There are four statements on each handout. The statements are similar for males and females to illustrate that both have the same responsibility for sexual decision making. The purpose is to demonstrate that Latino culture supports safer-sex behavior.



3. Give out the statements.
4. Have each person read one statement on their handout. Ask the person who reads the statement to answer the following questions. They can ask the group for help as needed:

Is the person using behaviors that will reduce their risk of HIV/STDs? Are they being *macho/mujer*?

If they are not using safer-sex behaviors what do they need to do to help protect themselves and their partner from getting pregnant an STD or HIV? In other words, what can they do to be *macho/mujer*?

5. Go around the room to allow each person to read and respond to a statement. You should go around at least twice or more if there is time. Once you are finished summarize by saying:

Great, you have learned how to be responsible and use safer-sex behaviors. You have also learned that being *macho* and *mujer* means making decisions to help protect you—and all those you care about—from unplanned pregnancy, STDs and HIV. Now you are ready to teach your family and community about abstinence and safer sex.

¿Quién Es Más Macho? ¿Quién Es Más Mujer?

Louis • who gets angry when his girlfriend asks him to use a condom when they have sex.

Anna • who gets angry when her boyfriend asks her to use a condom when they have sex.

Ricardo • who doesn't want to use a condom when he has sex with his girlfriend but does so because she asks him to use one.

María • who doesn't want to use a condom when she has sex with her boyfriend because she loves him, but does so because he asks her to use one.

Possible Answers

- **Louis** and **Anna** are NOT showing respect to their partners by getting angry (*respeto*). They can be more *macho* and *mujer* by recognizing that they need to take responsibility by using condoms to protect themselves and their partners.

- **Maria** and **Ricardo** are both being responsible. They are showing respect to themselves and their partners by using condoms (*respeto*). **Ricardo** and **Maria** are being responsible by protecting themselves, their families, and their community by using condoms when they have sex (*marianismo, machismo, familismo*).



¿Quién Es Más Macho? ¿Quién Es Más Mujer?

Diego • who has unprotected sex with many girls because “he has the need” and doesn’t worry about getting girls pregnant, or getting STDs or HIV.

Jesusita • who has unprotected sex with many boys because “she has the need” and doesn’t worry about getting pregnant, or getting STDs or HIV.

Ramón • who wants to have sex only when he gets married.

Ramóna • who wants to have sex only when she gets married.

Possible Answers

- **Diego** and **Jesusita** are not being responsible. They are not showing respect to themselves or to others in their communities (*respeto*). They are only thinking about what they want and not thinking about the consequences. To be more macho and mujer they need to take responsibility for protecting themselves and others from unplanned pregnancy, STDs and HIV. They can do this by using condoms and being faithful to one partner (*machismo, marianismo, familismo*). If they don’t start acting in a more responsible way they could easily fall prey to an STD or pregnancy.

- **Ramón** and **Ramóna** are showing responsibility by deciding to wait to have sex until they are married. They are also showing respect for themselves and their families (*respeto*). **Ramón** is being strong and in charge so he can protect himself, his family, and his community (*machismo, familismo*). By waiting to have sex, **Ramóna** is showing that she cares about her home and family (*marianismo, familismo*).

¿Quién Es Más Macho? ¿Quién Es Más Mujer?

Carlos • who has unprotected sex with his girlfriend and says he is faithful to her, but is having unprotected sex with other girls.

Carmen • who says she is faithful to her boyfriend and therefore doesn't use condoms.

Héctor • who has unprotected sex with his girlfriend, but says that it's okay because she is on the pill, so he won't get her pregnant.

Hemma • who says she is faithful to her boyfriend and therefore does not use condoms because she is on the pill.

Possible Answers

- **Carlos** is not macho. His behavior is not respectful to his girlfriend because he is not faithful and does not use condoms (*respeto*). He is putting himself and others at risk for getting STDs or HIV by having unprotected sex. **Carlos** could be more macho by being faithful to one partner and using condoms to help protect himself and others from STDs and HIV (*machismo*).
- Although **Carmen** is faithful to her boyfriend, she is not showing respect for herself because she doesn't use condoms (*respeto*). It could be that **Carmen's** boyfriend is not faithful to her. **Carmen** could be more responsible and help protect herself from STDs by using condoms (*marianismo*).
- **Héctor** and **Hemma** are not being responsible. While being on the pill might help protect against pregnancy, it will not protect either of them from getting STDs, including HIV. **Héctor** could be more macho and help protect himself and his girlfriend from STDs by using condoms (*machismo*). Using condoms also shows that **Héctor** has respect for himself, his partner, his family, and his community (*respeto*). **Hemma** could also show more responsibility by using a condom. This would show that she wants to protect her home and family (*marianismo*). Also, using a condom would show that **Hemma** has respect for herself and her partner (*respeto*).



¿Quién Es Más Macho? ¿Quién Es Más Mujer?

Víctor • who says he is not responsible for what he does or doesn't do when he's out with girls and has had a few beers or is high.

Clara • who drinks alcohol and smokes marijuana and often ends up sleeping with men she doesn't know and doesn't use condoms.

Miguel • who doesn't drink because alcohol was the reason why he once slept with a woman that he didn't know. He doesn't remember if he used a condom.

Mara • who doesn't drink a lot at parties and always carries a condom with her.

Possible Answers

- **Víctor** is not macho. He is saying that when he drinks and gets high his behavior is "out of his hands" (*fatalismo*). **Victor** could be more macho by taking responsibility to help protect himself and others (*machismo*). He could do this by not drinking or getting high. That way he would be able to make safer decisions about what he does when he's out with girls.
- **Clara** is not showing respect for herself, her family, or community. She is putting herself and her partners at risk by being with many partners and not using condoms. **Clara** could be more respectful and reduce her risk for STDs and pregnancy by being faithful to one partner and using condoms when she has sex. **Clara** could be more responsible by recognizing that she can take control of her actions and help protect herself and others from getting STDs and HIV (*marianismo*).
- Although **Miguel** was irresponsible in the past, now he is showing respect for himself and others by not drinking alcohol (*respeto*). **Miguel** does not want to be in the same situation that previously put him at risk for getting HIV or another STD. By not drinking alcohol, he is protecting himself, his family, and his community from getting STDs and HIV (*machismo*).
- **Mara** is showing responsibility by drinking responsibly and carrying a condom. She is showing respect to herself and others by protecting herself, staying in control, and having a condom available (*respeto, marianismo*).

¿Quién Es Más Macho? ¿Quién Es Más Mujer?

Juan • who never seeks help or advice from anyone because he thinks he should make his own mistakes and figure things out for himself.

Jennifer • who talks to her older cousin and sisters about her concerns about STDs and sex.

Alejandro • who stops when his partners ask him to stop.

Alejandra • who insists on having sex, even if boys say no or ask her to stop.

Possible Answers

- **Juan** is not being macho. He is not being strong or in charge. **Juan** can be more macho by informing himself about sex, pregnancy, STDs and HIV and seeking help or advice from family members or other people he trusts (*machismo*, *familismo*). Asking advice or seeking help from others is a way for **Juan** to respect himself and others (*respeto*).
- **Jennifer** is being responsible by referring to her family as a source of information and support (*familismo*). **Jennifer** is showing her strength and care of her family by informing herself about pregnancy, STDs and sex (*marianismo*).
- **Alejandro** is showing respect to his partners by stopping when girls ask him to stop (*respeto*). No means no! Forcing someone to have sex is rape.
- **Alejandra** is not showing respect to her partners by insisting on having sex (*respeto*). No means no! Forcing someone to have sex is rape. She could show more respect for herself by stopping when her partners ask her to stop (*respeto*).



¿Quién Es Más Macho? ¿Quién Es Más Mujer?

Goyo • who doesn't stop when girls say no because they never mean it anyway. He never uses condoms.

Beatriz • who doesn't stop when boys say no because they never mean it anyway and never asks them to use condoms.

Tomás • who only goes out with younger girls because they are easy to impress, they never say 'no' and he can convince them to have sex without using condoms.

Tomasita • who only goes out with older guys because they will "take care" of her and she can trust what they tell her to do, such as not using condoms.

Possible Answers

- **Goyo** and **Beatriz** are not being responsible. No means no! Forcing someone to have sex is rape. They are not showing respect to themselves or their partners by not stopping when they are asked (**respeto**). **Goyo** can be more macho by stopping when girls ask him to stop (**respeto**). He can also be more macho by taking responsibility for helping to protect himself and his partners by using condoms (**machismo**). **Beatriz** could be more respectful by stopping when asked. She could also be more responsible by using condoms to help protect herself and her partners (**marianismo**).
- **Tomás** is not macho. He is not protecting himself or his partners from pregnancy, STDs and HIV. **Tomás** could be more macho by using condoms every time he has sex and by forming real relationships with girls closer to his age whom he respects. Protecting himself and his partners shows respect (**respeto**). It also shows that he is confident, strong, and cares enough to protect himself and others (**machismo**).
- **Tomasita** is not respecting herself or her partner by not using condoms (**respeto**). She could be more responsible by using condoms herself instead of assuming that her partner will do it for her (**marianismo**).

¿Quién Es Más Macho? ¿Quién Es Más Mujer?

Horacio • who brags about how many people he has had sex with and how he never wears condoms.

Imelda • who only has unprotected sex with her partners when she feels that she truly loves them.

Ricardo • who doesn't want to use a condom when he has sex with his boyfriend, but does so because his boyfriend asks him to use one.

Anna • who drinks alcohol and smokes marijuana and often ends up sleeping with other women whom she doesn't know and she rarely, if ever, protects herself from HIV or other STDs.

Possible Answers

- **Horacio** is not macho. He is not helping to protect himself or his partners from HIV (*machismo*). **Horacio** could be more macho by being faithful to only one partner and using condoms every time he has sex.
- **Imelda** is not respecting herself or her partners by not using condoms (*respeto*). **Imelda** could be more responsible by using condoms every time she has sex (*marianismo*). Also, just because **Imelda** may be in love and faithful to her partner, does not mean that they are in love with or faithful to her.
- **Ricardo** is showing respect by using a condom (*respeto*). He is macho because he is taking responsibility for protecting his partner. **Ricardo** is showing responsibility by protecting himself, his boyfriend, his family and his community because he uses a condom when he has sex. (*machismo, familismo*).
- **Anna** is not showing respect for herself, her family, or community. She is putting herself at risk by being with many partners and not protecting herself. **Anna** could be more responsible and reduce her risk for getting STDs by being faithful to one partner and using protection. Anna could also be more responsible by recognizing that she can take control of her actions and help protect herself and others from getting STDs and HIV (*marianismo*).



Activity B • Music and Discussion

☐ MATERIALS NEEDED

- ☐ Music Player
- ☐ Music, *Tito Puro Machito* and *Con Una Nada Más*
- ☐ Words to *Tito Puro Machito* and *Con Una Nada Más* (English and Spanish)

TIME

15 minutes

Rationale

Reinforcing information about HIV, risk levels, cultural attitudes about risk behavior, and condom use through audio presentations can promote further group discussion.

Procedure

1. Introduce the song:

For the next activity, I will play a song called, *Tito Puro Machito*. This song is about Tito, a young man who has unprotected sex with many women and gets HIV.

Listen closely to Tito's messages. When the music is over, we will talk about Tito and some of the messages about HIV that we heard.

I will hand out the words to the song in both Spanish and English so that you can follow along.

2. Give each participant a copy of the song lyrics.
3. When the music is over, ask the following questions:

How did Tito place himself at risk for getting HIV?

Answers should include:

- He thought he was too macho, which meant sleeping with as many women as possible without wearing condoms.

Do you know some people who thinks and acts like Tito?



What put the women in the song at risk for HIV?
How?

Answers should include:

- They weren't being cautious, they didn't know about HIV, and they didn't have the skills to protect themselves.

What is the advice that Tito gives?

Answers should include:

- Protect yourself—¡Cuídate!

4. Summarize:

The decisions that Tito and his partners made put them at risk for passing HIV from one person to another. If Tito were truly a machito, he would have taken care of himself, his partners and his community. He would have reduced his risk for HIV infection.

5. Introduce the next song by saying:

We will now listen to another song called *Con Una Nada Más* (With Only One Person).

6. Play the music.

7. After the song is complete, ask the following questions:

What was the message in this song?

Answers should include:

- The importance of trust and using condoms to reduce the risk of transmitting HIV from one person to another.

FACILITATOR'S NOTE

This song was written at the beginning of the AIDS epidemic. It is important to point out that the song was written to make people pay attention to the risk of HIV/AIDS. AIDS is the late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live longer—even decades—with HIV before they develop AIDS. While current medications can dramatically improve the health of people living with HIV, existing treatments need to be taken daily for the rest of a person's life, need to be carefully monitored, and come with costs and potential side effects.



Why is it important to be with only one person?

Answers should include

- Decreases your risk of getting HIV
- Decreases the risk of passing HIV to others
- Decreases your chances of getting other STDs

What should you do to reduce your risk of HIV and other STDs, as well as pregnancy?

Answers should include:

- Discuss using condoms, abstain from having sex, use a condom if you choose to have sex.

Who is affected by your sexual decisions?

Answers should include:

- Yourself, your partner, your family and your community.

8. Summarize by saying:

In the two songs, you heard about behaviors that can increase your risk for contracting HIV and other STDs. You also heard how important it is to avoid these risks by protecting yourself, your partner, your family and your community from getting HIV. You also heard about things you could do to protect yourself.

For example, you can abstain from sex; you can be faithful with only one uninfected partner, and you can use condoms every time you have sex. Of course, the best way to protect yourself from getting pregnant, STDs or HIV is abstaining from sex. If you decide to have sex, then use condoms every time.

Remember: ¡Cuídate!

Tito Puro Machito

(Español)

Tito Puro Machito
Tenía todo a su favor
Jóven, buen forma, buen tipo
Tremendo castigador

Tito Puro Machito
A las chicas acechaba A cualquiera
derretía Con una sola mirada

Tito Puro Machito
Sin pensar las enredaba Meter mano era
su orgullo Ser bien macho le gustaba

Tito Puro Machito
La sorpresa que se dió Cuando en busca
de placeres Vino el SIDA y lo agarró

Tito Puro Machito
Dijo no, no puede ser
Que el amor que a mi me llegue
Por estar con una mujer

Tito Puro Machito
Bien rebelde sentenció
Yo no me quedo con esto
A muchas me llevo yo

Tito Puro Machito
Ricas, pobres acechaba Con su lagaiz y
dulzura Sin piedad las condenaba

Tito Puro Machito
Su conciencia le decía
Que como Dios es justicia
Muy pronto lo pagaría

Tito Puro Machito
Cuando su tiempo llegó
Pidiendo perdón al cielo El murió

Tito Puro Machito
El ejemplo que señala Cuando te
enfrentes al SIDA (mi pana) Tu vida no
vale nada

¡Cuídate!
Óyeme ¡Cuídate!
Que el tiburón del SIDA Ronda por cada
esquina
¡Cuídate!

¡Cuídate!
Óyeme ¡Cuídate!
Tenía todo en su favor
Joven, guapo y jugetón
¡Cuídate!
Óyeme ¡Cuídate!
A todas los conquistaba
Ser bien macho le gustaba
¡Cuídate!

¡Cuídate!
Óyeme ¡Cuídate!
Que cambio tuvo su vida
Cuando supo que era SIDA

¡Cuídate!
Óyeme ¡Cuídate!
Lo que a Tito le sucedió
Pues SIDA
Oye mi hermano no juegues con tu vida

¡Cuídate!
Óyeme ¡Cuídate!
Que el tiburón del SIDA
Ronda por cada esquina
¡Cuídate!

—Ruben Blades, 1992

Tito Puro Machito (English)

Tito Puro Machito
Had the world in his hand
Young and handsome, a HOT guy
That made him a ladies' man

Tito Puro Machito
Had an eye for the girls
Melted all the hearts
With a single look

Tito Puro Machito
The girls all fell for his charm
Fulfilling his pride
Being macho he thought was no harm

Tito Puro Machito
A surprise was in store for him
When looking for sexual pleasures AIDS
came in

Tito Puro Machito
"No this cannot be," he said
"It's too much pleasure"
When we are in bed

Tito Puro Machito
Being rebellious he decided
"I'm not going to keep this disease
to myself"
and I'll still sleep with many girls"

Tito Puro Machito
Rich girls, poor girls he enchanted
With his charm and sweetness
Without mercy he condemned

Tito Puro Machito
His conscience spoke
Because God is justice
The consequences would do him in

Tito Puro Machito
When his time came
As he begged the Lord for forgiveness
_____ he died

Tito Puro Machito
The example shows us
When you come face to face with AIDS
(my friend) Your life is worth nothing

Protect yourself
Listen to me, Protect yourself
AIDS is a shark
That looms in every corner
Protect yourself

Protect yourself
Listen to me, Protect yourself
He had everything in the world
Young, handsome, but was a major
player

Protect yourself
Listen to me, Protect yourself
He swept them all off their feet
Being macho was his feat Protect
yourself

Protect yourself
Listen to me, Protect yourself
How his life changed
When he found out he had AIDS

Protect yourself
Listen to me, Protect yourself
Look at what happened to Tito
It was AIDS
Listen my brother don't PLAY with
your life

Protect yourself
Listen to me, Protect yourself
AIDS is a shark
That looms in every corner
Protect yourself

—Ruben Blades, 1992

Con Una Nada Más

(Español)

Coro

Con una nada más (2X)
Con una sola pareja del SIDA te salvarás
Con una nada más (2X)
Nadie que tenga el SIDA a tu
cama llegará

Hay miles contagiados
No saben que lo están
No les des tus caricias a esa plaga mortal
Si te quema el deseo mucho más
gozarás
Sabiendo con seguro con una nada más

Coro

Cuida bien tu pareja. ámalala
de verdad
Se fiel a los principios de amor
y fidelidad
Oye bien mi consejo
No te arrepentirás
Te salvarás del SIDA
Con una nada más

Coro

Recuerda tu familia
te quieren de verdad
Ellos no se merecen
Tanta infelicidad
Si te llama la carne
Gózala de verdad
Compartiendo tu cuerpo
Con una nada más
Oye
Con una nada más

Coro

Honra bien tu pareja
Y su fidelidad
Mira que se merece
Ser una nada más
Limita tus caricias
Goza tu vida más
Escapate del SIDA con una nada más
Con una nada más (3X)
[Y te repito
Que lo hagas con una nada más]
Con una nada más (6X)
Con una sola pareja del SIDA te salvarás

—Ruben Blades, 1992

With Only One Person (English)

Refrain

With only one person (2x)
With only one partner you can protect
yourself from AIDS
With only one person (2x)
No one with AIDS will ever reach
your bed

Thousands are infected
And they don't know that they are
Don't give your affection to a deadly
disease
If the passion strikes your joy will be
more
Knowing that you have been safe having
been with only one

Refrain

Take good care of your partner
Love them for real
Be loyal to love
And to your partner
Listen to my advice
You won't be sorry
To protect yourself from AIDS
With only one

Refrain

Remember your family
They truly love you
They don't deserve
So much unhappiness
If you have the urge
Truly enjoy it
Sharing your body
With only one
Listen
With only one

Refrain

Honor your partner
And its loyalty
See they deserve to be the only one
Don't be flirtatious
You will enjoy your life more
Protect yourself from AIDS by staying
with only one
With only one (3x)
[I repeat / Do it with only one]
With only one (6x)
With only one partner you will be saved
from having AIDS

—Ruben Blades, 1992

Activity C • Adolescent Vulnerability to Unplanned Pregnancy, STDs and HIV

Rationale

Examining personal and cultural beliefs about sexual risk behaviors and safer sex behaviors begins the process of helping young people perceive their vulnerability to unplanned pregnancies, STDs and HIV infection. It also provides an opportunity to understand that certain attitudes and beliefs can keep people from protecting themselves and being responsible.

Procedure

1. Tape the **Agree** sign on one side of the room and the **Disagree** sign on the other side of the room.
2. Begin this activity by saying:

We are going to continue our discussion about unplanned pregnancy, STDs and HIV and talk about our beliefs about safer sex.

3. Introduce the next activity by saying:

This activity is like the **Agree/Disagree** activity we did before. I will read a statement to you.

After I read each statement, go and stand under the **Agree** sign if you agree or stand under the **Disagree** sign if you do not agree with the statement.

You must choose one or the other, whichever is closest to how you feel.

I am going to ask each of you why you agreed or disagreed with the statement.

Now I want everyone to stand.

☐ MATERIALS NEEDED

- ☐ Masking tape
- ☐ **Agree/Disagree** signs

TIME

15 minutes

FACILITATOR'S NOTE

Support the statements that support abstinence or condom use and reframe those responses that do not support them. Be careful to support persons who seem to be in the minority on a certain issue. Refer to the **Group Rules** newsprint to give the participants structure if needed.



4. Read the following statements one at time:

FACILITATOR'S NOTE

It is important to start asking for responses from the group with the wrong answer. (These less desirable answers are noted in italics after relevant statements; three statements are neutral.) This provides the opportunity to refute the wrong answer and for peers to positively influence attitude and behavioral change. Be sure to ask participants with the correct response to respond last, so that these answers will conclude the discussion.

Vulnerability Statements

- Latinos can get HIV if they have sex. (disagree)
- I worry more about pregnancy than HIV.
- If I ask my boyfriend/girlfriend to use a condom, they might leave me.
- If you trust your boyfriend/girlfriend, you don't need to use a condom. (agree)
- If you love your boyfriend/girlfriend, you don't need to worry about getting pregnant. (agree)
- My boyfriend/girlfriend and I promised to be true to each other, so we don't need to use condoms. (agree)
- My girlfriend and I use the pill; we won't get any STDs, including HIV. (agree)
- If I have a baby, it won't affect my plans for the future. (agree)
- If I have a baby, I know I can depend on my family for help.

5. Summarize by saying:

Great, everyone take their seat. This activity showed us that we have different feelings about sexual risk. Sometimes our feelings can prevent us from taking care of ourselves and protecting ourselves.

Remember the facts (refer to *HIV/AIDS* poster): HIV is found in blood, semen, vaginal secretions, and breast milk. You can get HIV if you have sex with someone who has HIV. You cannot tell if someone has HIV by looking at them. You can get HIV from sharing needles with someone who has HIV.

STDs are transmitted by semen, vaginal secretions, and sometimes just by skin-to-skin contact. You can get STDs from unprotected sex. You cannot tell if someone has an STD by looking at them, even by looking at their genitals, as many STDs don't always have symptoms.

Pregnancy happens when sperm from a male meets the egg inside of a female. You can get pregnant or get someone pregnant through unprotected sex. While having a baby can be a wonderful thing, if it happens without planning or when you are young, you and your family will face some challenges that make it hard for you to reach your goals and fulfill your dreams.

Remember: ¡Cuídate!



Activity D • La Zona Peligrosa (The Danger Zone)

- ☐ **MATERIALS NEEDED**
- ☐ *Safety, Caution, Danger* cards
- ☐ *Safety, Caution, Danger* risk signs
- ☐ Masking tape

TIME

15 minutes

FACILITATOR'S NOTE

It is important in this activity that all cards be taped to the wall and are visible. Make a long loop of tape with the sticky side facing out. Stick the loop on the wall and place cards to the sticky side of the tape that is facing you.

Rationale

Actively identifying the risk level for a variety of sexual and non-sexual behaviors allows participants to internalize the information and facilitates learning.

Procedure

1. Tape the *Safety, Caution, Danger* risk signs on the wall or blackboard like the diagram below.

Safety Zone



Caution Zone



Danger Zone



2. Introduce the activity by saying the following:

Now we are going to play a game that helps us look at behaviors that put us at risk for pregnancy, STD and HIV.

Usually teens feel pretty sure that they won't ever get an STD or HIV and don't worry about whether or not they get pregnant or get someone pregnant. That's why it's so important to talk about the actions teens take that put them at risk.

So now, we're going to look at some possible behaviors that could either keep teens safe or put them at risk.

The goal is for you to decide which behaviors could put you, your family or your community at risk and which ones won't.

3. Divide the group into two teams.
4. Split the set of *Safety, Caution, Danger* cards in half and give one half to one team and the other half to the other team.
5. Explain the following directions,

Each card that I am going to hand out has a behavior on it. As a team you are to decide how risky each behavior is and place the card under the sign that best describes that behavior. When you have placed all of your cards under a sign, take your seats. We will then go over the cards to see if they were placed under the right signs. You will have **10 minutes** to do this activity.

Let's go over each sign.

Danger Zone means behaviors involve the exchange or sharing of blood, semen or vaginal secretions or other fluids that can transmit HIV, the virus that causes AIDS, can transmit another STD and/or can result in pregnancy.

Caution Zone means behaviors are barrier-protected activities, for example, using latex condoms.

Safety Zone means behaviors that involve no exchange of blood, semen, or vaginal secretions or other bodily fluids and pose no risk of pregnancy or transmitting HIV or other STDs.

6. Give the groups **10 minutes** to place their cards under the correct sign.



7. Starting with the cards under the **Danger Zone** sign, do the following:

a. Read the behavior.

b. Ask the group:

“Do you think this is the right place?” If yes go to step C. If no, ask “Why”? Then ask “Where do you think it should be? Why?” Move the card to the Zone that the group suggests.

c. Move on to the next behavior under the **Danger Zone** sign.

8. When you are finished with all of the behavior cards under the **Danger Zone** sign, move on to the behavior cards under the **Caution Zone** sign.

9. Do the following [Same as in step 7]:

a. Read the behavior.

b. Ask the group:

“Do you think this is the right place?” If yes go to step C. If no, ask “Why”? Then ask “Where do you think it should be? Why?” Move the card to the Zone that the group suggests.

c. Move on to the next behavior under the **Caution Zone** sign.



10. When you are finished with all of the behavior cards under the **Caution Zone** Behavior sign, move on to the behavior cards under the **Safety Zone** Behavior sign. [Same as in step 7].

a. Read the behavior.

b. Ask the group:

“Do you think this is the right place?” If yes go to step C. If no, ask “Why”? Then ask “Where do you think it should be? Why?” Move the card to the Zone that the group suggests.

FACILITATOR'S NOTE

Remind participants that behaviors in the **Caution Zone** and **Safety Zone** can lead to behaviors in the **Danger Zone**.

11. Explain the following:

Having sex with only one person (monogamy) can be either High, Low or No-risk depending on whether both partners have been tested for HIV and are not infected, are virgins, are faithful to their partner, and never use needles and works.

No sex is safe sex. Protected sex is safer but it still carries some risk. However, that risk can be greatly reduced by appropriate condom use.

12. Summarize by saying:

In order for you to help protect yourself from pregnancy, STDs and HIV infection, it is important to know which behaviors are safe and which ones put you in danger. Remember that safe behaviors often lead to more dangerous ones. By knowing which behaviors are dangerous you can take care of your partner, your family and your community.



La Zona Peligrosa Answer Key

Danger Zone

- Vaginal sex without a condom
- Oral sex on a guy without a condom
- Sharing IV drug needles and syringes
- Having sex with multiple partners and not using condoms
- Anal sex without a condom
- Having sex with a person who shoots IV drugs without using a condom
- Withdrawal before ejaculation
- Having sex with a person who is having unprotected sex with other people

Caution Zone

- Vaginal sex with a condom
- Oral sex on a guy with a condom
- Sharing IV drug needles and syringes and cleaning them with bleach
- Doing IV drugs and not sharing needles and syringes
- Having sex with multiple partners and consistently using a condom
- Both partners having sex with only each other (monogamy) and both not having the HIV virus
- Anal sex with a condom
- Having sex with a person who shoots IV drugs and using a condom

Safety Zone

- Dry kissing
- Romantic conversation
- Sharing eating utensils with someone who has AIDS
- Wet kissing
- Massage
- Virgin status (never had sex)
- Sexual fantasy
- Touching someone who has AIDS
- Flirting
- Body rubbing/grinding
- Hugging
- Abstinence (but not a virgin)
- Manual sexual stimulation of yourself



MODULE

5

Building Condom-Use Skills

Goals

The goals of this module are to:

- Increase participants' understanding of barriers to condom use.
- Give them strategies for reducing those barriers.
- Increase participants' skills and knowledge of how to use condoms effectively and correctly.
- Recognize that the correct use of condoms is a responsible behavior, and that they are helping to protect themselves, their partners, and their family.

Module Preview

The fifth module: 1) builds knowledge, skills and positive attitudes about condoms; 2) identifies strategies for making condoms more fun; and 3) explores barriers to condom use.

Learning Objectives

By the end of this module, the participants will be able to:

- Explain the importance of caring about careful sexual decision-making.
- Identify barriers to using condoms and other safer sex behaviors.
- Identify strategies for practicing safer sex behaviors.
- Identify ways to make condoms a more pleasurable part of the sexual experience.
- Explain how condoms can reduce the risk of HIV, STDs and unwanted pregnancy.
- List and demonstrate the correct steps to using a condom.

☐ STRATEGIES/METHODS

- ☐ Group discussion
- ☐ Skill practice
- ☐ Brainstorming

☐ MATERIALS NEEDED

- ☐ Newsprint
- ☐ Markers
- ☐ Lubricated latex condoms (Two for each pair of participants, plus demonstration condoms)
- ☐ Paper towels
- ☐ Lubricant (water-soluble such as K-Y jelly)
- ☐ Penis models
- ☐ Disposable wipes (for hand washing)
- ☐ Paper Bag (for condom disposal)
- ☐ Masking tape
- ☐ DVD Player
- ☐ Pre-labeled newsprints:
 - ☐ *Ways to Increase Spontaneity*
 - ☐ *Condoms Can Make Sex Fun and Pleasurable*
- ☐ *Condom Line-Up* cards
- ☐ *Condom Use Animation* DVD



☐ **PREPARATION NEEDED**

- ☐ Hang newsprint
- ☐ Hang/post *Group Rules*
- ☐ Prepare newsprints

TOTAL INSTRUCTION TIME:

60 minutes

Activity

Time Needed

- | | |
|--|--------|
| A. Discussing Condoms | 5 min |
| B. Condom-Use Skills | 20 min |
| C. Overcoming Barriers to Condom Use | 20 min |
| D. What Gets in the Way of Caring Behavior | 5 min |
| E. Condom Line-Up | 10 min |

Activity A • Discussing Condoms

Rationale

Because condom use is not openly discussed in the media, classrooms, or in most homes, teenagers need to be taught how to use a condom correctly to be able to reduce their risk for pregnancy, STDs and HIV infection.

Procedure

1. Introduce the discussion of condoms:

In this next activity, we will be discussing how latex condoms can reduce your risk of pregnancy, STDs and HIV. We want you to know the facts about condoms and how they can help protect both you and your partner. I am not showing you how to use condoms so you will have sex. I am showing you how to use condoms so you can care for yourself, your partner, and your family.

While some of you may not need this information now, you may need it sometime in the future when, and if, you do decide to have sex. Additionally, you will be able to provide factual information to friends and family that are having sex or thinking about having sex in the future. Thinking about it in advance will help you care for and protect yourself when the time arises. Individual values vary. Some people do not believe in using condoms; others do not object. Your beliefs and values will become an important part of your decision-making.

2. Write the group definition on the newsprint.
3. Ask participants to define “latex condoms.”
4. Write the group definition on the newsprint.

☐ MATERIALS NEEDED

- ☐ Newsprint
- ☐ Markers

TIME

5 minutes



5. Ask participants:

What are some other names for condoms? Let's see how many names we can come up with.

Answers may include

- rubber, raincoat, balloon, bag, sock, loveglove, Trojans, jimmyhartz

6. Write answers on newsprint. When the list is complete, highlight any of the more unusual or colorful names, as well as those that may have been around for a long time.

7. Summarize by saying:

We can see that condoms have a lot of different names. No matter what you call them, make sure you have them with you and use them when you need them. Also, make sure the condoms are latex condoms, or polyurethane if you're allergic to latex. Only latex or polyurethane condoms will help provide protection from STDs like HIV. Natural membrane or lambskin condoms will not.

Activity B • Condom-Use Skills

Rationale

When participants become comfortable touching condoms and practice using them correctly in a safe setting, it increases the likelihood that they will use them correctly in their personal lives and feel proud and responsible in doing it.

Procedure

1. Explain that you want participants to become comfortable handling condoms:
2. Give each participant an unopened condom package.
3. Demonstrate your comfort with condoms by doing and saying the following:
4. Then do and say the following:

- [Open package.] I'm looking for the tab or small cut here so I don't tear the condom when I open it.
- [Take the condom out of the package.]
- [Roll the condom down over just two fingers to show that it can fit small penises as well as large. Put it on over your hand and pull it up your arm.] See how strong it is and see how it can be stretched to fit over my arm. Sometimes guys will say that they are too big for a condom. If a condom can fit over my arm, I bet it can fit any guy!

5. Then ask:

How do they feel to you?

Answers may include

- they feel messy, they feel strong, they stretch.

What do you think makes condoms work?

☐ MATERIALS NEEDED

- ☐ Lubricated latex condoms (Two for each pair of participants, plus demonstration condoms)
- ☐ Paper towels
- ☐ Lubricant (water-soluble such as K-Y jelly)
- ☐ Penis models
- ☐ Disposable wipes (for hand washing)

TIME

20 minutes

FACILITATOR'S NOTE

It is important to note that some people are allergic to latex and cannot use latex condoms. For those who are allergic to latex, polyurethane condoms are recommended. These condoms (e.g., Trojan Supra(c), Durex Avanti(c), the female condom) are just as effective as latex condoms, but may require additional lubrication because they are not as stretchy as latex. Lambskin condoms are not recommended as an alternative to latex condoms. While they help protect against pregnancy, they do not offer good protection against STDs like latex or polyurethane condoms.



FACILITATOR'S NOTE

Some religions and individuals do not believe in condom use. Therefore, it is important to acknowledge this and make sure that participants are aware of the activities they will engage in during this module. Remember that the purpose is to teach the facts about condom use, not to determine whether or not a specific individual should use them.

FACILITATOR'S NOTE

To engage the participants, have one of the participants volunteer to read the steps as you do the condom demonstration. Also be sensitive to the comfort level of your participants during this activity. Participants who are very uncomfortable with the demonstration should not be required to actively participate.

6. Then say:

Now I'm going to show you how to correctly use condoms. I'm going to use this penis model to show you.

7. Demonstrate correct condom use while explaining the steps to the participants.

Steps for Effective Latex-Condom Use

- Be sure the condom is made of latex or polyurethane.
- Check the expiration date.
- Squeeze the package a little to make sure that there is air in the package and that it has not been punctured.
- Open the package, being careful not to tear the latex condom. Squeeze a few drops (1/2 tsp.) of lubricant into the tip of the condom.
- Hold the condom by the last 1/2 inch at the tip, making sure to squeeze out any air. Leaving a space at the tip will help the condom from breaking by creating a space for ejaculation.
- Put the condom on when the penis is erect and before any contact between the penis and the partner's genitals, mouth or anus. Pre-ejaculate, which may contain sperm, can get into the vagina even before intercourse occurs.
- Put the condom on the tip of the penis.
- A man who is not circumcised should pull back his foreskin before putting on the condom.
- A man who is not circumcised and cannot pull back his foreskin can place the condom over the foreskin.

continued next page

Steps for Effective Latex-Condom Use (continued)

- Unroll the condom down the shaft to the base of the penis. Smooth out any extra air. Apply lubricant on the outside of the condom, if desired. If you cannot unroll it or have it on the wrong side, you must use a new condom.
- Check during intercourse to make sure the condom is not slipping.
- Withdraw (pull out the penis) slowly after climax (ejaculation). Hold the condom firmly by the rim at the base. Withdraw while penis is still erect.
- Remove the condom by rolling it off. Do this well away from your partner's body.
- Discard the condom. Wrap it in tissue and throw it away. Do not flush condoms down the toilet. They can clog plumbing.
- Never reuse a condom. It will not work if you use it a second time. If you want to have sex again, always use a new condom.
- Never double up and use two condoms at one time. The friction between the two condoms will make them likely to break.

FACILITATOR'S NOTE

If the condom tears on your nails or jewelry, use the opportunity to emphasize the importance of being careful about sharp objects. Use humor and allow them to be nervous and silly. Handle the condoms with confidence and comfort. Do not appear worried about mess or stickiness. Demonstrate on both your hand and the penis model.

8. Reiterate this essential information:

There are a few more things I want to tell you about lubricants.

- Some condoms are lubricated already. For those that aren't, lubricant helps the condom go more smoothly into the anus or the vagina. This also helps to prevent the condom from breaking.
- Do not use any oil-based lubricants, such as Vaseline, lotion, or Massage oil. Oil-based lubricants make latex condoms break more easily and trap bacteria to the skin. Use only water-based solutions, such as K-Y Jelly.



- Do not use spermicidal lubricants. The chemicals in these lubricants dry out the skin and cause cracking, which can be a portal for HIV.
- Don't expose latex condoms to heat. Condoms can be damaged by heat in as little as 24 hours. This means you should not store condoms in your wallet, back pocket or car glove compartment.
- Throw away unused latex condoms once the expiration date passes.

9. Display lubricant.

10. Give each participant (or pair of participants) another latex condom and lubricant and say:

Now it's your turn to practice putting on a condom correctly. I want each of you to try. I will help you out. Remember—condoms can only work if they're used correctly!

11. Each participant should practice putting latex condoms on the penis model. Walk around the room and watch each participant individually to make sure they are doing it properly. If working in pairs, participants may alternate reading the condom use steps and practicing on the penis model.

12. Allow participants to wash their hands.

13. When all have returned, review tips for effective latex-condom application. Say the following:

You all did great! Here are just a few things to review:

- A man who is not circumcised should pull back his foreskin before putting on the condom.
- A man who is not circumcised and cannot pull back his foreskin can place the condom over the foreskin.
- Leave a half inch of space at the end of the condom if there is not a special tip.

- Using a water-based lubricant increases the pleasure for both partners and decreases the chance of breakage.
- Put a latex condom on after a man is erect and before any contact.
- Hold the condom on by the rim at the base after intercourse and then withdraw carefully while still erect.
- Be sure to use latex or polyurethane condoms, not lambskin.

14. Summarize by reviewing and emphasizing the following:

We know that using latex condoms makes sex safer. Latex condoms help to protect both partners from pregnancy and most sexually transmitted diseases, including HIV. To obtain these benefits, however, you must choose latex or polyurethane condoms and use them correctly every time you have sex. In some cases, you may have to overcome your partner's discomfort about using condoms. However, if you choose to have vaginal, anal, or oral sex, using a latex or polyurethane condom is an important step to staying safe. Remember: ¡Cuídate!



Activity C • Overcoming Barriers to Condom Use

☐ MATERIALS NEEDED

- ☐ Newsprint
- ☐ Markers
- ☐ Masking tape
- ☐ Pre-labeled newsprints:
 - ☐ *Ways to increase spontaneity*
 - ☐ *Condoms Can Make Sex Fun and Pleasurable*

TIME

20 minutes

FACILITATOR'S NOTE

The use of brainstorming in this activity allows you to determine the level of knowledge and sophistication the participants already have. You are introducing the need for this information. The participants provide most of the actual information. In this case, brainstorming also provides an opportunity for humor to reduce discomfort that you or your participants may have with this activity.

Rationale

Helping participants to see how they can make condom use fun and pleasurable for themselves and their partners encourages consistent condom use and creates a sense of pride and responsibility. Changing negative statements about condoms into positive ones may reinforce the need to use condoms correctly and consistently, as well as build self-efficacy. This activity also sets the foundation for role-playing and building caring and careful decision-making skills.

Procedure

1. Say the following:

In the next activity, we are going to brainstorm ways to increase condom use spontaneity. We are focusing on latex and polyurethane condoms because only condoms made of these materials reduce the risk of both unplanned pregnancy and STDs, especially HIV infection.

But first, what does *spontaneity* mean?

2. Elicit responses from the group, then explain the definition.

Spontaneous means *on the spur of the moment*. For condom use, *spontaneity* means having condoms available so when there is a sudden urge to have sex, there is a latex condom nearby. Therefore condoms should be a part of sex. You should always be prepared!

Now let's get back to the activity. Let's brainstorm ways to increase spontaneity with regard to latex condom use. How can you make sure condoms are used even if you aren't planning to have sex?

3. Write their responses on the newsprint:

Examples should include

- Talk to your partner about using condoms before you have sex
- Make sure you have latex condoms close by before you get romantic
- Make condom use sexy and romantic
- Know how to properly use condoms

4. Say the following:

Now that you know of some things to do so you can use condoms, let's look at important reasons to use condoms and barriers to not using them. Pros are reasons why people use condoms. Cons are reasons why people do not use condoms. In this activity you will brainstorm a list of the pros and cons to using condoms.

5. Divide the group in half.

6. Give each group a piece of newsprint and a marker, and ask them to choose someone to take notes.

7. Ask the first group:

Your group will be the pros. Please have someone in your group write the word "Pros" at the top of the paper and write down what your group says.

Your group will brainstorm all the positive things people might say about using latex condoms.



8. Ask the second group to label their newsprint, “Cons” and say the following:

Your group will be the cons. Please have someone write the word “Cons” at the top of the paper and write down what your group says.

Your group will have to brainstorm all of the negative things people might say about using condoms.

9. As you observe the group making the pros list, make sure the list includes the following answers: highly effective against HIV; reduces the risk of other STDs and pregnancy; makes you feel safe; helps us worry less; shows you care; easy to get without going to a doctor; no side effects; makes erection last longer; feel macho by helping to protect your partner; good for your family.
10. Also separately observe the group making the cons list.

Make sure the list includes answers such as: condoms ruin the mood, they are too messy, sex doesn’t feel as good with condoms, using condoms means you don’t trust your partner, condoms are not fun and are unnecessary for oral sex.

11. When the groups are finished, have them post their newsprint on the wall.
12. Then ask:

I need someone from the pros group to read what’s on your list.

13. Then say:

Great! Now I need someone from the cons group to read what’s on your list.

14. Explain the following:

Great job! Now let's see if we can change each **Con** into a **Pro**. *[Demonstrate by reading one **Con** and turning it into a **Pro**.]*

Example:

- **Con:** Condoms are expensive.
- **Pro:** Condoms are cheaper than having a baby and cheaper than medications for STDs or HIV. There are places you can get condoms for free.

15. Using the round-robin format, ask a volunteer to change a con into a pro. When they are successful with changing the cons into pros, put a check mark next to the con, which will indicate that the con has been changed into a pro.

16. After completing the list, ask the following questions:

- Were the pros realistic?
- Were the cons realistic?
- What made it hard or easy to change the cons into pros?
- How will this activity help you in your real life?
- What may stop you from changing cons into pros in your personal life?

17. Summarize by saying:

Great job! Turning barriers to using condoms into reasons to use condoms will help you take care of yourself and respect yourself by helping to protect you and your partner from pregnancy and STDs like HIV. You should use condoms if you are going to have sex.



FACILITATOR'S NOTE

As you discuss strategies to make condom use more fun, emphasize that you are not endorsing sexual activity between teenagers.

18. Hang up the newsprint entitled, *Condoms Can Make Sex Fun and Pleasurable*.

For the last part of this activity I will read you a statement. Your job will be to complete the statement. I will write your responses on the newsprint. Use all of the condom information that we went over today. This will help you review the information and remember it for the future.

The statement is:

- Condoms can make sex more fun by . . .

19. Write responses on newsprint.
20. Review the responses with the group.
21. Add the following ideas to the brainstorm list, if they weren't mentioned by participants.

Additional Ideas for Completing the Statement

- Use extra lubrication
- Use latex condoms as a method of foreplay
- Use different colors and types/textures (some are ribbed)
- Tell your partner how using a condom can make a man's erection last longer
- Have your partner put the condom on
- Have a sense of humor—be silly—make jokes
- Hide them on your body and ask your partner to find them
- Use flavored condoms and lubricants if you're going to have oral sex

Additional Ideas for Completing the Statement, continued

- Giftwrap them and give them to your partner
- Tease each other manually while putting on the latex condom
- Put the lubricant on the tip of the penis to increase sensitivity for men or use pre-lubricated latex condoms
- Have fun putting them on your partner—pretend you are different people or in different situations.
- Men can put them on and practice manual sexual stimulation with the condom on.

22. Ask the following questions:

Do you feel you could use a latex condom if you needed to?

Will you use a latex condom the first or next time you have sex?

23. Summarize by saying:

If you decide to have sex, using condoms is very important. They will help protect you from getting an STDs like HIV, or from getting pregnant. Condoms come in different textures, colors, and flavors. Remember: It doesn't matter as long as the condom is made of latex or polyurethane. Help protect yourself, your girlfriend or boyfriend and use condoms. Remember: ¡Cuídate!



Activity D • What Gets in the Way of Caring Behavior

☐ MATERIALS NEEDED

None

TIME

5 minutes

Rationale

Making participants more aware of the various things that get in the way of engaging in safer sex behaviors, particularly the use of drugs and alcohol and their choice of sexual partner, will allow them to develop strategies to deal with or avoid obstacles to condom use, and to engage in caring and careful sexual behavior.

Procedure

1. Introduce the activity by saying:

In this activity we will discuss some things that may prevent us from using condoms. These are called barriers. We will also talk about the solutions to such barriers. Remember, it is important to use condoms if you are going to have sex.

2. Brainstorm responses to the following questions (sample answers are provided):

I am going to ask a few questions and I want you to answer them.

What are some of the barriers to condom use or other forms of latex protection?

Answers

- Price/too expensive, embarrassment, dependent on partner to get condoms, social stigma, lack of trust, guilt, lack of availability, lack of privacy in the store.

What are some solutions to these barriers?

Answers

- There are places like health centers where you can get free condoms.
- It is each partner's responsibility to protect themselves and each other.

How would you respond if your partner said "no" to using condoms?

Answer

- Postpone sex until you both agree to use them.

Do you need to use condoms even if you are involved with only one person?

Answer

- Yes, even if you believe that neither you nor your partner has ever had sex with anyone else, injected drugs or shared needles or works, or had any other possible exposure to STDs like HIV.

How do alcohol and drugs affect your decisions?

Answer

- Alcohol and drugs affect a person's ability to think about what they are doing. They cloud judgment, and people make decisions and do things that they would not normally do. Emphasize: You should avoid alcohol and other drugs that keep you from making wise and safe decisions about sex.



3. Summarize by saying:

Remember it is important to care for and protect yourself, your family and your community from unplanned pregnancy, STDs and HIV infection. You should:

- Practice safer sex and use condoms.
- Talk to your partner about unplanned pregnancy, HIV and STDs.
- Do not share needles or works.
- Keep a supply of condoms on hand.
- Get used to using condoms, so they are natural and fun.
- Don't use alcohol or other drugs that affect judgment.

Activity E • Condom Line-Up

Rationale

Increasing participants' ability to use condoms correctly will ensure that they will use them properly if the need arises.

Procedure

1. Introduce the *Condom Use Animation* DVD by saying:

We are about to see a brief animation which reviews how to correctly put on a condom. The information presented in it will be helpful throughout the rest of this activity, and as soon as we're done watching it, we'll have a chance to practice what we've learned together as a group.

2. Show the DVD.
3. When the DVD is over, shuffle the *Condom Line-Up* cards and say,

This activity is a condom-use review. The steps to putting on a condom are on these cards. Your job is to work as a team and put the cards in the correct order.

4. Ask the following question:

Can someone tell me what a couple should do before they get ready to buy latex condoms?

Answer should include

- Discuss safer sex and agree to have sex.

☐ MATERIALS NEEDED

- ☐ *Condom Line-Up* Cards
- ☐ *Condom Use Animation* DVD
- ☐ DVD Player

TIME

10 minutes



FACILITATOR'S NOTE

The **relaxation** card can go throughout the whole process to show that it should be a continuous part of the process. The second **loss of erection** card can go anywhere to show that this can happen at any time throughout the process. The **washing up** card should occur before any sexual contact and again after intercourse.

5. Place the cards on the ledge of the chalkboard, on a long table or on the floor and explain the following:

As a group, your job is to put the cards in the correct order in 2 minutes. Once you are finished we will discuss whether or not the cards are in the right order.

6. When the group is finished, ask:

Are you sure this is right? Do you want to make any changes?

7. When the order is correct, according to the participants, review the steps:

- Decide to engage in intercourse
- Talk about safer sex
- Buy condoms and check expiration date
- Sexual arousal
- Erection
- Carefully remove condom from package
- Dab lubricant on penis or inside condom
- Squeeze any air out of condom
- Leave a half inch of space at the end of the condom if there is not a special tip
- Roll condom on
- Intercourse
- Orgasm (ejaculation)
- Hold onto the rim of condom at the base of the penis and withdraw the penis immediately after ejaculation
- Remove and discard condom
- Loss of erection (2 cards)
- Relaxation
- Washing up (2 cards)

8. Leave the cards in the order that the participants placed them. They are needed for the next discussion.

FACILITATOR'S NOTE

Note that these questions are geared toward male– female or heterosexual partners. Encourage participants to discuss these issues in the context of same-sex partners.



9. Ask the following questions to continue the condom-use discussion:

You did a good job with the *Condom Line-Up* cards. Now I am going to ask you some questions about condom use.

Q What parts of this process involves males only?

A *Erection, withdrawal, and loss of erection.*

Q Which parts involve a partner?

A *Discussing sex, sexual arousal, roll condom on, intercourse, orgasm, hold onto rim, and relaxation.*

Q If a man lost his erection after putting on a condom and before intercourse, what could the couple do?

A *Continue stimulating one another, relax and enjoy the moment, wait a while and start foreplay again using the condom as part of the play. Emphasize that this will probably happen to most males at some point in their lives.*

Q It is often said that condoms lessen sexual pleasure. Which part of the process feels the same whether or not a condom is used?

A *Sexual arousal, erection, withdrawal, orgasm/ ejaculation, and relaxation.*

Q Most people don't know that condoms can be a pleasant part of the experience with each other because using them is so new. How can people make condoms feel good and be fun?

A *Have your partner stimulate you and/or roll a condom on, put lubricant inside to make them feel wet, use colored or decorated latex condoms.*

10. Summarize by saying:

It is important to know the correct way to put on a condom. Knowing and practicing how to correctly put on a condom will increase your confidence and comfort level in using condoms. If you are comfortable putting on a condom, you will use them more often. Whether you are abstaining from sex or are sexually active, caring for yourself and your partner means knowing exactly how to protect yourselves from getting an STD or having an unwanted pregnancy. Remember that abstinence is the only 100% effective way to protect yourself, but if you decide to have sex, please remember to use a latex condom every time.



MODULE

6

Building Negotiation and Refusal Skills

Goals

The goals of this module are to:

- Increase participants' ability to make safe and responsible sexual decisions.
- Increase participants' communication and negotiation skills.
- Develop skills to deal with situations that place them at risk for unsafe sexual behaviors.
- Build negotiation and refusal skills.
- Review and reinforce HIV, STD and pregnancy facts and skills learned during the previous modules of this program.

Module Preview:

The sixth module: 1) examines excuses partners give for not using condoms; 2) builds partner negotiation skills; 3) allows participants to rehearse condom or abstinence negotiation; 4) builds self-efficacy by receiving feedback during the role-plays; 5) reviews all safer-sex topics previously covered; and 6) reinforces program messages while offering participants a final chance to review what they learned.

Learning Objectives

After completing this module, participants will be able to:

- Explain the importance of caring for themselves and responsible sexual decision-making.
- Identify barriers to practicing abstinence and using condoms.
- Negotiate condom use or abstinence in sexual relationships.
- Describe strategies for reducing barriers to safer sex behaviors.

☐ STRATEGIES/METHODS

- ☐ Facilitator mini-lecture
- ☐ Role-playing
- ☐ Group discussion
- ☐ Skill games
- ☐ Talking Circle

☐ MATERIALS NEEDED

- ☐ Pre-labeled Newsprint
 - ☐ *Excuses*
- ☐ Posters:
 - ☐ *Cultural Values* Poster
 - ☐ *S.T.O.P.* Poster
 - ☐ *S.T.O.P. Observation Checklist* Poster
 - ☐ *Role-play Guidelines* Poster
 - ☐ *Safer Sex Jeopardy Game Board*



☐ **MATERIALS NEEDED (CONTINUED)**

- ☐ Newsprint
- ☐ Markers
- ☐ Masking Tape
- ☐ Television and DVD Player with good speakers
- ☐ *S.T.O.P. Observation Checklist Worksheet*
- ☐ *Role-play A, Slowing it Down*
- ☐ *Role-play B, The Party*
- ☐ *Role-play Cards (A– J)*
- ☐ *Sofia and Miguel* DVD (Running Time: 9:00 minutes)

☐ **PREPARATION NEEDED**

- ☐ Post *Group Rules*
- ☐ Hang posters
 - ☐ *Cultural Values* poster
 - ☐ *Role-play Guidelines* poster
 - ☐ *S.T.O.P.* poster
- ☐ Assemble *Role-play* cards
- ☐ Prepare newsprints
- ☐ Cue DVD

TOTAL INSTRUCTION TIME:

60 minutes

Activity

Time Needed

- A. *No Hay Razón* (There Is No Reason) 10 min
- B. Introduction to the S.T.O.P. Technique and
Sofia and Miguel DVD and Discussion. 20 min
- C. S.T.O.P. Technique and Role-plays 15 min
- D. Safer Sex Jeopardy Game 10 min
- E. Talking Circle 5 min

Activity A • *No Hay Razón* (There Is No Reason)



Rationale

Participants need to examine the excuses sexual partners give for not wanting to use condoms. Practicing what to say in this situation enables them to successfully negotiate with a partner if necessary.

Procedure

1. Introduce the activity by saying:

In a previous activity, you built condom use skills and ways to overcome barriers to condom use. In our session together this time, we're going to practice and strengthen our ability to negotiate safer-sex.

Sometimes our partners may give us an excuse for not wanting to use condoms. It is important that we practice how to respond to some of these common excuses. So now we will practice how to respond to excuses our partners may use for not wanting to use condoms.

What are some excuses your partner may give for not wanting to use a condom?

Excuses could include the following

- It is the man's responsibility to decide to use condoms.
- Condoms aren't natural and they don't feel as good as the real thing.
- Only easy girls carry condoms.
- Real men, or men who are macho, don't use condoms.
- It is the girl's responsibility to protect herself from getting pregnant or an STD.

☐ MATERIALS NEEDED

- ☐ Pre-labeled Newsprint
 - ☐ *Excuses*
- ☐ *Cultural Values* Poster
- ☐ Markers
- ☐ Masking Tape

TIME

10 minutes



2. Write responses on the newsprint.
3. Ask participants to respond to each excuse by saying the following:

Okay, here is your list of the excuses you may hear from your partner for not wanting to use a condom. What could you say to your sex partner who said the following? "I don't want to use condoms because . . . *[Read one of the excuses.]*" Remember to use some of the cultural messages that we discussed earlier *[Point to Cultural Values poster to respond to the excuse not to use condoms.]*

4. Demonstrate by reading one excuse that is listed on the newsprint and giving a positive response.
5. Then read each excuse and call on a volunteer to respond to them. Use the following statement as a guide:

What could you say to your sex partner who said the following? "I don't want to use condoms because... *[Read one of the excuses.]*"

6. When the group has finished, continue by saying:

I have some more excuses. This time I am going to be the partner. I'm going to say the following statements and I want you to convince me to use a latex condom or not to have sex.

Excuses and Responses

Breaking-the-Mood Excuses

<i>Excuse</i>	Condoms kill the mood for sex.
<i>Response</i>	Only if you let them. With a little imagination, latex condoms can actually make it better. Let me show you that it doesn't have to kill the mood.

Sexual-Enjoyment Excuses

<i>Excuse</i>	Condoms don't feel as good as the real thing. They aren't natural.
<i>Response</i>	Today's thin latex condoms feel really natural. Putting a drop of lubricant inside the tip of the latex condom gives extra feeling.
<i>Excuse</i>	Sex isn't as good. I can't feel much with a condom on.
<i>Response</i>	There is plenty of feeling left and I would not feel comfortable without a latex condom on.
<i>Excuse</i>	I don't want to use condoms for oral sex. I don't like the way latex tastes.
<i>Response</i>	There are all kinds of flavored condoms and lubricants.
<i>Excuse</i>	Condoms are messy and smell funny.
<i>Response</i>	Sex is even messier!
<i>Excuse</i>	Condoms are unnatural and turn me off.
<i>Response</i>	I know how to turn you back on.
<i>Excuse</i>	When I stop to put it on, I'll lose my erection.
<i>Response</i>	Don't worry; I'll help you get it back.
<i>Excuse</i>	Let's do it just this once without a condom.
<i>Response</i>	Once is all it takes to get a disease or get pregnant.

Contraception Excuses

<i>Excuse</i>	Why do I need to use latex condoms if I'm/you're taking the pill?
<i>Response</i>	Because the pill does not protect against STDs, including HIV, but latex condoms do. Because we've had sex with other people, either of us could have an STD and not even know it! Let's get tested at a free clinic and in the meantime use latex condoms every time we have sex.



Excuses and Responses, *continued*

Relationship/Trust Excuses

<i>Excuse</i>	People who use latex condoms don't trust each other.
<i>Response</i>	It's not a matter of trust. It is a matter of protecting yourself and your partner from STDs and pregnancy. In fact, both partners share a responsibility for having and using condoms—whether they trust each other or not.
<i>Excuse</i>	I love you. Would I give you an infection?
<i>Response</i>	Not on purpose, but many people don't know when they are infected with an STD. Sometimes STDs are asymptomatic (don't show symptoms) but they can still be passed to a sexual partner even though there are no symptoms.
<i>Excuse</i>	But we've been having sex without a condom for a while.
<i>Response</i>	I know, but we could enjoy each other a lot more if we did not have to worry about STDs or pregnancy.

Diseases-and-Health Excuses

<i>Excuse</i>	Condoms are for people with diseases. Do I look sick to you?
<i>Response</i>	You can't tell by looking at someone if she or he has an STD. A person can look and feel healthy—and still be infected and contagious.
<i>Excuse</i>	I know I am disease-free. I have not had sex with anyone in months.
<i>Response</i>	As far as I know, I'm clean too. But either of us could have an infection and not know it. We should get tested at a free clinic and use condoms just in case we're infected.
<i>Excuse</i>	You don't need to use anything for oral sex. Oral sex isn't even really sex.
<i>Response</i>	There is a risk for contracting an STD like HIV from oral sex. We have to use a condom to reduce our risk of STDs.

Lack-of-a-Condom Excuses

<i>Excuse</i>	I don't have a condom with me.
<i>Response</i>	We can satisfy each other without having sex or we can go to the store and buy some.

7. Summarize:

This activity is good practice for responding to excuses your partner may give for not wanting to use a condom. Your responses were very good.

In the next activity you will get more practice communicating effectively by doing role-plays.



Activity B • Introduction to the S.T.O.P. Technique and *Sofia and Miguel* DVD and Discussion

☐ MATERIALS NEEDED

- ☐ *S.T.O.P.* Poster
- ☐ *S.T.O.P. Observation Checklist* Worksheet
- ☐ *Sofia and Miguel* DVD
- ☐ Television and DVD player

TIME

20 minutes

Rationale

Providing participants with strategies and role-play opportunities for negotiating safer sex practices with their partners, including latex-condom use and abstinence, builds skills and self-efficacy.

Procedure

1. Put the *S.T.O.P.* poster on the wall.
2. Explain the following information:

Knowing and understanding what is best for you and your health and doing something about it can be two different things. Even though latex condoms and abstinence help prevent pregnancy and STDs like HIV, starting to talk with your partner about using condoms or abstaining from sex can be really hard. Talking with your partner about your decision to use condoms can help protect you and your partner, as well as the relationship.

In an earlier activity you replied to your partner's excuses for not wanting to use condoms by stating the first responses that came to your mind. In this activity, you are going to practice all the skills that you have learned in this program. You will get a chance to role-play negotiating safer sex with friends and partners.



During the role-plays, you will use a strategy called the S.T.O.P. technique. S.T.O.P. is a four-step plan for talking to your partner about condom use or abstinence without getting into an argument or fight. Even though condom use and abstinence may be hard to talk about, it's important, and using the S.T.O.P. technique can help. Remember the four steps because you will need to use them in your role-play activities.

3. Go over each step of the S.T.O.P. technique, using the *S.T.O.P. Observation Checklist* with the participants.

S.T.O.P. Technique • FACILITATOR COPY

S
T

SAY NO to Unsafe Behavior

Refuse to engage in unsafe behavior.

T

TALK it Out

Talking openly about each other's feelings helps the relationship grow and eases any tensions that may have developed.

O

OFFER Explanations

Offer a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevents him or her from reacting in a negative way.

P

PROVIDE Alternatives

Providing safe alternatives or choices and other strategies shows that you still care about the person and want to be close and have a relationship with him/her.

FACILITATOR'S NOTE

This activity requires energy and feeling. Read the characteristics and examples for each letter (step). After you read the step and its definition, read the characteristics and examples. For example, read the S and its definition from the *S.T.O.P.* poster. Then read the characteristics and model the examples. You can also have participants model the example. Repeat this process until you have read all steps of the S.T.O.P. technique.



SAY NO to Unsafe Behavior.

Refuse to engage in unsafe behavior.

Characteristics

- Use the word “NO”
- Use body language that reinforces the message:
 - use a strong and firm tone
 - maintain a serious expression
 - look directly at the person and make eye contact
 - stand straight and tall
 - use hand and body gestures that stress the point
 - avoid sending mixed signals

Examples

- No! I don't want to have sex (or share needles) with you.
- No! I don't want to touch you there.
- No! I won't have sex without a condom.
- No! Not at this point in the relationship.

TALK It Out.

Talking openly about each other's feelings helps the relationship grow and eases any tensions that may have developed.

Characteristics

- Talk about your feelings
- Be direct and honest
- Be firm and certain about what you say
- Use "I" statements as much as possible

Examples

- I feel that using a condom is safer and more responsible.
- I feel close to you already. We don't have to have sex.
- I feel that you are pressuring me. People who love each other don't pressure them do things they don't want to do. If you keep it up, I'm leaving.
- I would feel a lot safer if we used condoms.
- We both have goals that we want to achieve. If we don't protect ourselves now it could prevent us from accomplishing our goals in the future.



OFFER Explanations.

Offer a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevents him or her from reacting in a negative way.

Characteristics

- Explain why
- Give reasons

Examples

- I want to use a condom every time I have sex.
- No, I won't risk my future goals by having unprotected sex.
- Condoms help prevent unplanned pregnancy, STDs and HIV infection.
- I am not ready to be a parent yet.

PROVIDE Alternatives.

Providing safe alternatives or choices and other strategies shows that you still care about the person and want to be close and have a relationship with him/her.

Characteristics

- Provide different, safe behaviors
- Suggest other activities

Examples

- OK, but only if we use a condom.
- Let's do other things besides sex.
- Let's hug, talk, and kiss, but not have sex.
- Let's go to a friend's house.
- We could go out to eat.
- It's a beautiful day, let's go outside for a walk instead.

4. Then say:

These are all the steps. You can use them in any order but you must use them ALL. For example, a person may say NO first, then provide alternatives, then talk it out, and then offer explanations. The sequence of the steps does not matter as long as all four steps are used during the role-play conversations.



5. Introduce the *Sofia and Miguel* film by saying,

We are going to see a film about two people who are trying to deal with how to handle their sexual relationship. In this role-play, the young woman wants to use condoms and the young man does not. Watch what happens, and take note of how they handle the situation, the things they say, how they say them, and be alert to Sofia's strategies. Use the *S.T.O.P. Observer Checklist* poster to critique their interactions.

6. Show the film.
7. Review the DVD using the *S.T.O.P. Observation Checklist* poster.
8. Process the activity by discussing the following questions,

Did Sofia use the S.T.O.P. Refusal and Negotiation Skills we talked about before? How?

Did she say no?

Did they talk it out?

Did she offer an explanation?

Did she provide alternatives?

Did you think that she had any difficulties? If so, what?

What were Miguel's concerns about using a condom?

What did she say to respond to Miguel's statements and concerns?

Was she ready to walk away from the relationship, if necessary?

Do you think you could do that?

How could it have been handled differently?



9. Summarize as follows,

You did a good job applying the S.T.O.P technique to the video we saw. It looks like you are all ready for the role-plays we will be doing shortly!



Activity C • S.T.O.P. Technique and Role-plays

☐ MATERIALS NEEDED

- ☐ S.T.O.P. Poster
- ☐ S.T.O.P. Observation Checklist Poster
- ☐ S.T.O.P. Observation Checklist Worksheet
- ☐ Role-play Guidelines Poster
- ☐ Role-play A, *Slowing it Down*
- ☐ Role-play B, *The Party*
- ☐ Role-play cards (C–J)
- ☐ Role-play Guidelines poster

TIME

15 minutes

Rationale

Providing participants with strategies and role-play opportunities for negotiating safer sex practices with their partners, builds skills and self-efficacy.

Procedure

1. Explain the following:

Now we're going to practice using S.T.O.P. in these next few role-plays. But first let me explain what "role-play" means.

2. Define role-playing:

Role-playing is a way that can help you learn what it feels like to be someone else or to practice how to handle a situation that is new, difficult, or stressful. You should do your best to feel, sound, and behave like the person whose role you are assigned to play. Role-playing is a lot like acting, but the situations are more realistic and you are trying to behave in a way that will help you and everyone else learn. It is important to follow guidelines when you do role-plays. Let's look at the poster. (Refer to *Role-play Guidelines* poster.)

3. Post the *Role-play Guidelines* poster and go over each step.

Role-play Guidelines

- Read your role carefully and think about how that person would really behave.
- Do your best to stay in role through the whole role-play.
- Don't let comments and laughter bother you.
- Really try to feel and act like the person you are playing.
- Relax and have fun with this activity.

FACILITATOR'S NOTE

In this activity consider playing the role of Person 2 yourself. This way you can correctly model the S.T.O.P. technique.

4. Say the following:

Sometimes in a relationship, people don't always agree on what they want to do about sex. One person may want to have sex and another may not, or one person may want to use condoms and the other may not.

Let's see what can happen when two people that are going out have different feelings about what they want. Now I need the 2 volunteers to read this role-play to the group.



5. Distribute the *S.T.O.P. Observation Checklist* worksheet and say:

Use this checklist as you watch each other complete the role-plays. This checklist will help you see if they are using all four of the **S.T.O.P.** steps. Use the numbers at the top of the page (1–4) as a guide for rating how well the actors used each step. If the actor didn't demonstrate the skill at all, give a 1. If the skill needs to be strengthened, give a 2. If the actor did a good job demonstrating the skill, give a 3. And if the actor did an excellent job demonstrating the skill, give a 4. The letters at the top of the columns identify the role-plays we will be completing. Although there are two people performing the role-play, the person whose behavior you will be rating is the one negotiating safer sex with their friend or sexual partner.

6. Ask for 2 volunteers to read the *Slowing It Down* role-play. *[If only one person volunteers, then you be Person 1 and let the volunteer be Person 2]*
7. Read the applicable setting aloud for the group.
8. Instruct participants to begin the role-play.
9. When the volunteers are finished reading the role-play, have the participants record their observations on the *S.T.O.P. Observation Checklist*.

10. Ask the following questions as a guide for the **S.T.O.P. Observation Checklist**:

- Did Person 2 use the S.T.O.P. technique?
- Did Person 2 say NO? How would you rate Person 2?
- Did Person 2 offer explanations? How would you rate Person 2?
- Did Person 2 provide alternatives? How would you rate Person 2?
- Did Person 2 talk it out? How would you rate Person 2?

11. After the participants have recorded their observations, ask the following questions:

- What, if any, difficulty did Person 2 have using the refusal strategies or saying NO?
- What were Person 1's concerns?
- Do you think you could do what Person 2 did?
- How might you have handled it differently?
- What Latino cultural value is being shown here?



12. Now, say the following:

That was great. The next role-play is a little different. In this one, the responses for Person 2 are blank. How do you think this person should respond? Think about it and write in a response for Person 2.

Have Person 2 behave or provide answers that are like the Latino cultural values we have talked about on this poster [point to the *Cultural Values* poster.] and make sure Person 2 uses the S.T.O.P. technique.

This role-play is called *The Party!* When everyone is done, I will ask for 2 volunteers; one to be Person 1 and the other to be Person 2. The volunteer for Person 2 will read what they wrote. Remember that Person 2 should use the S.T.O.P. technique. We will rate Person 2 when we are finished.

I will give you 5 minutes to write your responses.

13. Give *The Party!* role-play handout to all of the participants and read *The Setting* to the group.
14. Give them 5 minutes to fill in the dialogue for Person 2.
15. When the 5 minutes are up, ask for two volunteers. One person will read Person 1 and the other will read the Person 2 dialogue that they wrote.
16. When they are finished reading the role-play, have the participants record their observations on the *S.T.O.P. Observation Checklist*.

17. Ask the following questions as a guide for the **S.T.O.P. Observation Checklist**:

- Did Person 2 use the S.T.O.P. technique?
- Did Person 2 say NO? How would you rate Person 2?
- Did Person 2 offer explanations? How would you rate Person 2?
- Did Person 2 provide alternatives? How would you rate Person 2?
- Did Person 2 talk it out? How would you rate Person 2?

18. After the participants have recorded their observations, ask the following questions:

- What, if any, difficulty did Person 2 have using the refusal strategies or saying NO?
- What were Person 2's partner's concerns?
- Do you think you could do that?
- How might you have handled it differently?
- What Latino cultural value is being shown here?

19. If there is time, allow 2 or 3 participants to read their responses for Person 2. Do not rate them on the **S.T.O.P. Observation Checklist**:

20. Summarize by saying:

You all did a great job with both of the role-plays. You learned a lot of information and you are using it to negotiate safer sex decisions. In the next activity, you will have more time to practice role-plays.



S.T.O.P. Observation Checklist

SCORING

1 = Not demonstrated

2 = Skill needs strengthening

3 = Good use of skill

4 = Excellent use of skill

Observation Checklist

STEPS

ROLE-PLAYS

A B C D E F G H I J

SAY No

Refuse to engage in unsafe behavior.
Be careful not to do this in a negative way.

TALK it Out

When partners share their thoughts and feelings, they can agree on behaviors that work for both of them.

OFFER Explanations

Provide a clear explanation of why you want to be safe. This will help prevent a negative response from your partner.

PROVIDE Alternatives

Provide alternatives to unsafe behavior.
Show your partner that you would still like to be intimate, as long as it's safe.

If you can't get your partner to listen to you, be prepared to remove yourself from a potentially unsafe situation. LEAVE!!

Slowing It Down • Role-play A

The Setting

You and your partner have been seeing each other for 2 months. In the beginning you kissed a little and touched. Today is your partner's birthday and you are alone at your house. After the gifts are opened, you begin kissing and touching and it feels really good. Your partner wants to have sex with you, but you still are not ready to have sex.

Person 1 Why are you stopping now?

Person 2 This feels good, but let's not have sex now.

Person 1 This is a special occasion. It isn't my birthday everyday.

Person 2 Yeah, I know, but I am just not ready to have sex with you.

Person 1 It will be fun. I will make sure that you enjoy it. Plus it would be a great birthday gift.

Person 2 Maybe some day I will want to have sex. But no, not tonight. Besides, I already gave you all your gifts.

Person 1 There's no reason to wait. It will mean even more now. What difference does it make if we do it now or wait till later?

Person 2 I want to wait until I am ready. I want to make sure that we don't get pregnant or get an STD like HIV.

Person 1 We won't get an STD. I will protect us, plus all of our friends are having sex. Don't you love me?

Person 2 I love you, but I want us to wait until later.

Person 1 *[Fill in the blank.]*



The Party • Role-play B

The Setting

You are at a party with someone you have gone out with a few times. The party is at a house and the parents are not at home. Some kids are drinking and some couples are leaving together—maybe to have sex. You don't want to because you don't have condoms.

Person 1 It's too crowded in here. Let's get out of here so we can be alone.

Person 2

Person 1 I want to be alone with you, let's find an empty room.

Person 2

Person 1 C'mon, I just want to be alone with you and maybe do a little something. Let's get out of here.

Person 2

Person 1 We don't need condoms. We won't get pregnant. Don't spoil this mood.

Person 2

Person 1 If I'd known you'd be like this, I wouldn't have come here with you.

Person 2

Person 1 I guess I don't have much choice. Thanks for wanting to protect me.

21. Continue by saying

We are now going to do some role-plays similar to those we just did. Try to include everything we talked about in this program, especially the strategies for using condoms and making them fun and pleasurable. Be creative and supportive in your role-play and avoid blaming. Use some important things about yourself, such as how important you are to your family, friends and partner. Think about your plans and goals for your future, and remember that you want to make careful safer sex decisions.

This time you will have to create the entire role by yourself. I will hand out the role-play cards and read them to you. You will have to take your role and act it out. The rest of the group will use the **S.T.O.P. Observation Checklist** to record your use of the S.T.O.P. technique. Remember the **Role-play Guidelines** and the **Cultural Values**. Can I have 2 volunteers for the first role-play?

[If you only have 1 volunteer, you can play the other Person. Play the role of the person that has to use the S.T.O.P. technique.]

FACILITATOR'S NOTE

The role-plays do not have to be done in order. Pick the role-plays that address some of the issues that came up during the program. Follow steps 2 through 5 with each role-play. Each role-play has a summary that follows. Read the correct summary to the group. Within the time frame of this activity, try and give everyone a chance to participate in a role-play.



FACILITATOR'S NOTE

Repeat this process after each role-play. When role-plays have been completed, read the summary statement at the end of this activity.

Your job is to be sure that important issues are addressed and that participants feel that they can effectively use their skills. Provide suggestions and help as needed. You can change names, situations, and even the genders in the role-plays. Do not allow disagreement to continue too long or for anti-condom roles to win.

Ideally, every participant should have a chance to act out a role. You can hand out role-plays all at once or work with 2 volunteers at a time. If there is extra time, you might repeat the role-plays showing alternatives, or play the role with one of the players so you can model the behavior. Participants should practice communicating even when the situation is difficult.

22. Give the 2 volunteers a role-play. Read the role-play to the entire group.
23. Give them 3 minutes to finish the role-play.
24. At the end of each role-play, have participants record their observations of the actor who is doing the negotiating on the checklist.
25. Ask the following questions as a guide for the **S.T.O.P. Observation Checklist**:

- Did the person use the S.T.O.P. technique?
- Did the person say NO? How would you rate the person?
- Did the person offer explanations? How would you rate the person?
- Did the person provide alternatives? How would you rate the person?
- Did the person talk it out? How would you rate the person?

26. After participants have recorded their observations, ask the following questions:

- *[Ask the role-players.]* How did you feel about the situations that you were in?
- *[Ask the group.]* Do you think this situation was realistic? *[If it is not realistic to them, encourage them to talk about what would be more realistic and how they would practice safer sex in that situation.]*
- How was safer sex considered?
- Was there poor communication or any misunderstanding?
- How else might the situation be handled?

Role-play C

The Setting

The goal of this role-play is for Elena to stand her ground and convince Alonso that it is still important to use condoms even if she is taking birth control pills. Even though she is on the pill, Elena can still decide to not have sex at all or to leave the relationship if Alonso does not respect her wishes. You are to observe Elena using the S.T.O.P. technique.

Alonso You have been dating Elena for 3 months and the two of you have decided to have sex. Elena is very cautious and has already started taking birth control pills. You and Elena have made plans to meet at her house tonight because her parents will not be home. Your plan is to have sex tonight and you are excited because you do not need to worry about using protection because Elena is on the pill.

Elena Your parents are not going to be home tonight, so you have invited your boyfriend, Alonso, to come over. You and Alonso have discussed having sex and you know he is expecting that you will have sex tonight. You would like to have sex but you want to use a condom. You know that Alonso thinks he does not have to use a condom because you are taking birth control pills. You are concerned because you want to use condoms and you are afraid that Alonso won't agree.

27. Summarize Role-play C by saying:

The pill and other methods of birth control help prevent pregnancy but they do not protect you from HIV or sexually transmitted diseases. A latex condom, if used correctly every time you have sex, reduces the risk of becoming infected with HIV and STDs. Elena is not ready to have a child and does not want to risk her health. In this case Elena is showing she cares about herself and her partner.



Role-play D • **NOTE: This can also be a same-sex scenario.**

The Setting

The goal of the role-play is for Melania to convince Manuel that the risk of HIV and STDs can be reduced by using a condom every time they have sex. Melania wants Manuel to use a condom when they have sex. Melania thinks that if Manuel doesn't want to use a condom, there are other safer activities, like kissing and touching, that they might try instead. You are to observe Melania using the S.T.O.P. technique.

Manuel You want to have sex with your girlfriend, Melania. You do not know a lot about HIV, but have heard that you can get the virus from kissing and sitting on toilet seats. You and Melania have already kissed, so you do not feel that you are putting yourself at any more risk by having unprotected sex with her. You feel that fate will decide if you get the virus. If you're going to get it—you're going to get it—no matter what you do.

Melania You want to have sex with Manuel, but only if you use a condom. You feel that you must talk to Manuel about HIV and how you can reduce your risk. You also want to suggest other things you can do together that feel good—like kissing and touching. You think these things will put you at less risk for HIV.

FACILITATOR'S NOTE

This is one of the role-plays where not all of the S.T.O.P. steps may be used. It is important for adolescents to get support for safer sex decisions.

28. Summarize Role-play D:

Some people do not know all the facts about how HIV is transmitted. Knowing how HIV is transmitted is important because it can help you to protect yourself and your partner. Melania knows that HIV is transmitted by sexual intercourse. To help prevent infection she wants to use a condom every time she has sex. She also knows that fooling around, when there is no exchange of semen or vaginal fluids, can be safer. You can reduce your risk of HIV and STDs if you know how to protect yourself.

Role-play E • **NOTE: This can also be a same-sex scenario.**

The Setting

The goal of this role-play is for Rita to refuse to have sex with Oscar. You are to observe Rita using the S.T.O.P. technique.

Oscar You have just met Rita while dancing at a popular nightclub. She is pretty and seems nice. Rita seems like she is into you and would be willing to come back to your house. You come to the club almost every weekend and always find a girl to take home. You had a few drinks before you came to the club and kept on drinking when you got there. When the club closes, you ask Rita if she wants to come over and hang-out. She says 'yes'. You are hoping you will also get her to say yes to having sex.

Rita You have just met Oscar while dancing at a popular nightclub. This is your first time at the club and Oscar shows you around. He asked you to come over to his house so that you could talk and hang-out. You said 'yes'. You want to get to know him better. You think for a minute that he may want to have sex, but then decide that he can't expect you to have sex with him on the first night. You may want to kiss him, but you do not want to have sex. When you get to Oscar's house, and begin to 'make-out' you realize that he wants to have sex with you.

29. Summarize Role-play E:

Rita did not use good judgment by going home with Oscar. This put her in an unsafe situation. It is important to be clear about what you expect and what your partner expects before you are in a situation where talking is difficult. For example, be clear that you want to talk, hang out, or make out. Be very clear that you don't want to have sex or you will have sex only if you use condoms. Think about this before you get in situations (like being alone, being with someone if you or they have been drinking) where it is difficult to say no.

FACILITATOR'S NOTE

This is one of the role- plays where not all of the S.T.O.P. steps may be used. It is important for adolescents to get support for safer sex decisions.



Role-play F

The Setting

The goal of this role-play is for Victor to convince Sylvia that it is O.K. to wait to have sex. He wants to do other things that feel good that do not put them at risk for pregnancy. Victor can decide not to have sex at all or to leave the relationship if Sylvia does not respect his wishes. You are to observe Victor using the S.T.O.P. technique.

Sylvia You have been dating Victor for several months and you feel like it is time for you to have sex. You love him and think that if you have sex, that means he loves you too and will stay with you. Your friends say, "it's time." Because of this you are thinking about breaking up with Victor if he is not willing to have sex with you really soon.

Victor You have been dating Sylvia for several months and really like her. You know that she wants to have sex, but you are still not ready. You want to go to college and don't want to commit to a relationship. You certainly don't want to get her pregnant or get an STD, like HIV. You enjoy the kissing and making out—but don't want to have sex. There is the possibility that Sylvia may break up with you if you do not have sex with her. You do not want to lose her, but you really do not want to have sex.

FACILITATOR'S NOTE

This is one of the role-plays where not all of the S.T.O.P. steps may be used. Remember, it is important for females to be involved in safer sex negotiation with their partner.

30. Summarize Role-play F:

Having sex or not having sex is a big decision. You have to think about what will happen to your relationship, your dreams, and your future. An unplanned pregnancy or an STD, like HIV, will affect your present and future. Leaving a relationship can also be hard. You need to decide what's important for you. Learn how to talk to your partner about what's important to you—and know how to protect yourself and each other.

Role-play G • **NOTE: This can also be an opposite sex scenario.**

The Setting

The goal of this role-play is for Alex to convince Mark of the many good reasons to use condoms when having sex. Alex can decide to not have sex at all or to leave the relationship if Mark does not respect his wishes. You are to observe Alex using the S.T.O.P. technique.

Mark You have been in a relationship with Alex for about a month. You have never used condoms with Alex or with any of your past partners. You are completely faithful to Alex and feel that there is no reason to start using condoms. You noticed that Alex has been less into having sex lately and you found an unopened box of condoms in the drawer. You are worried that s/he may not trust you. You don't want to use condoms and don't feel there is any reason why you should need to use them.

Alex You have been in a relationship with Mark for about a month. You have been having unprotected sex throughout your entire relationship. You recently cheated on Mark and are scared about getting an STD or an HIV from the person with whom you had sex. You want to begin using condoms with Mark to protect yourself and him. You are not sure how Mark will react because you have never wanted to use condoms in the past.

31. Summarize Role-play G:

Having sex with only one partner can help prevent becoming infected with HIV or an STD as long as you are both uninfected and are having sex with only each other. If you have sex with more than one partner it is even more important for you to use condoms correctly every time you have sex. It's not only a matter of trust—it's a matter of protecting yourself and your partner. Using condoms is a way to show you care.

FACILITATOR'S NOTE

This is one of the role-plays where not all of the S.T.O.P. steps may be used. Remember, you can change the scenarios to be of the same-sex (male or female) or opposite sex.



Role-play H

Setting

The goal of this role-play is for Ciro to stand his ground and convince Rima that it is important to use condoms. Ciro can decide to not have sex or to leave the relationship if Rima does not respect his wishes. You are to observe Ciro using the S.T.O.P. technique.

Rima You have been dating Ciro for almost a year. You really love him and want to spend the rest of your life with him. Tonight you have your one-year anniversary as girlfriend and boyfriend. After the date, you plan to go back to his place and have sex. You not only want to have sex with him, but you want to try and have a baby with him. You do not want to use condoms because you want to try to get pregnant. You are not sure what Ciro will think about this, but you are pretty sure you can convince him to have unprotected sex with you.

Ciro You and Rima have been dating for about a year. You are excited for your one-year anniversary and for your date. You know that Rima wants to come back to your place after the date and have sex. You are excited to have sex, but you want to be safe about it. Rima does not seem very happy when you stop on the way home to buy condoms and you decide that the two of you need to talk.

FACILITATOR'S NOTE

This is one of the role-plays where not all of the S.T.O.P. steps may be used. Remember, it is important for females to be involved in safer sex negotiation with their partner.

32. Summarize Role-play H:

In this case both people wanted to have sexual intercourse. Ciro is not ready for the responsibilities of having a child and has decided to use a condom. He is showing he cares for Rima by not putting her at risk for HIV, STDs, or pregnancy. He does not want the relationship to be affected by having unprotected intercourse. Remember—not having sex and wanting to protect each other—is a way to show you care about each other.

Role-play I • **NOTE: This can also be a same-sex scenario**

The Setting

The goal of this role-play is for Arturo to convince Mikaela that because she has been drinking, she can't make good decisions about sex. Arturo must succeed at having Mikaela agree to stop trying to have sex or he must leave. You are to observe Arturo using the S.T.O.P. technique.

Mikaela Your parents are out of town and you decide to have a party. Some of your friends come over and bring alcohol. You weren't planning on drinking, but your friends tell you that they would be offended if you didn't drink because it is their gift to you for having them over. You drink a little too much. You notice that one of your friends has come over to your house. You have always liked him and think he's cute, so you take him to your room. You think this would be a good time to have sex with him. You remember that you don't have any condoms. You hope he has one, but if he doesn't, you want to have sex anyway.

Arturo Your friend Mikaela invited you to her house for a party. You like Mikaela. When you got there, you noticed that she had been drinking. Later in the night she asked you to go to her room with her and you agreed. You want to have sex with her, but neither of you has a condom. She is very persistent about having sex, and said you can use the pull-out method since neither of you has condoms. You still don't feel right about having sex with Mikaela when she has been drinking, especially without protection.

33. Summarize Role-play I:

Alcohol and drugs—affect the decisions you and your partner make about sex! Arturo knew that and showed that s/he respected Mikaela by not having sex with her. Be careful to not place yourself in situations where it is hard for you to make decisions and protect yourself and your partner. Mikaela was lucky to have a friend like Arturo who was not willing to place either of them in danger of getting pregnant or an STD.



Role-play J

Setting

The goal of this role-play is for Yadira to convince Javier to use condoms because he has put himself at risk for HIV and other STDs since he has had unprotected oral sex in the past. Observe Yadira using the S.T.O.P. technique.

Yadira You have never had sex of any kind before Javier. Since Javier told you he was a virgin too, you didn't use condoms. Later, Javier mentioned that while he had not had vaginal sex before, he did have oral sex with three other girls before he met you. He did not use condoms with any of them. With this new information about Javier's sexual history, you are concerned about the possibility of STDs like HIV. You want to want to start using condoms with him but you're worried he's going to be upset.

Javier Your girlfriend, Yadira, wants to start using condoms. You don't think condoms are necessary. She was a virgin when you met and you never had vaginal intercourse before Yadira. You did have oral sex with three other girls before Yadira, but you don't consider oral sex to be sex. You also don't think there's any harm or danger in having unprotected oral sex. She's making a big deal about nothing.

FACILITATOR'S NOTE

This is one of the role-plays where not all of the S.T.O.P. steps may be used. Remember, it is important for females to be involved in safer sex negotiation with their partner.

34. Summarize Role-play J:

Even though some people may not consider oral sex to be "real sex," it IS a sexual act which can CAN put you at risk for HIV and other STDs. During oral sex, there is exposure to semen, vaginal secretions and in some cases, blood—all of which can pass an STD or HIV from one person to another. If you're going to be sexually active, it is important to use condoms every time you have any kind of sex—oral, anal or vaginal. It's also important to talk to your partner about their sexual history so you can protect yourself.



35. Summarize the role-play activity by saying:

You all did a great job. In doing these role-plays, we had an opportunity to experience potentially dangerous situations by acting these situations out in the safety of the group. Now that you have excellent skills and have had lots of practice, you can make sure that you engage in safer sex behaviors in real life. By knowing and practicing these skills you will be able to take care of yourself, your family, and your community. Remember: ¡Cuídate!



Activity D • Safer Sex Jeopardy Game

- ☐ **MATERIALS NEEDED**
- ☐ *Safer Sex Jeopardy Game* board
- ☐ Newsprint
- ☐ Markers

TIME

10 minutes

Rationale

Safer Sex Jeopardy is designed to reinforce and facilitate discussion on issues related to safer sex. The game asks questions about safer sex issues and the teams compete to answer the questions correctly. After each answer, discussion about the topic should be encouraged. Some of the questions may have multiple answers (which can be pointed out) and the facilitator may elaborate upon any of the answers.

Procedure

1. Post the *Safer Sex Jeopardy Game* poster and newsprint to keep score. Say:

Now we're going to play a game. This game is played like the television version of Jeopardy. Like the game show, the questions in each category vary in difficulty: the easiest questions have a value of \$100, while the most difficult have a value of \$500. There are also bonus questions worth \$600 in each category. In the game show contestants are given answers and must come up with questions, however for this activity you will be given questions and will respond with the answers.

2. Divide the group into two teams and choose a team to begin the game. Encourage participants to create a team name.
3. Say:

The first team selects a category and a difficulty level. If the first team gets the question right, the other team gets to select the next category and difficulty level.

FACILITATOR'S NOTE

Use blank self-stick notes to cover the categories and points once they have been chosen and answered correctly.

4. Continue giving the following instructions:

If a team gives a wrong answer, the other team gets to choose the next question and dollar amount, too. Teams take turns with questions regardless of the right or wrong answer.

5. At the end of the game, total the score and declare a winner.
6. Summarize by saying:

Great job! You all have remembered a lot of the information that we have reviewed in the program; therefore, everyone is a winner. Remember to use this information in the future and share it with your family and friends. Does anyone have any questions about any of the material we have learned during our time together?

Safer Sex Jeopardy Game

HIV/STD FACTS	Prevention	Transmission	Condoms	Condom-Use Knowledge
\$100	\$100	\$100	\$100	\$100
\$200	\$200	\$200	\$200	\$200
\$300	\$300	\$300	\$300	\$300
\$400	\$400	\$400	\$400	\$400
\$500	\$500	\$500	\$500	\$500
\$600	\$600	\$600	\$600	\$600

Safer Sex Jeopardy Answer Key

For each category below, we provided an extra question for a higher point value (\$600). Use the extra questions to break ties. Choose one question for each point value.

Question

Answer

HIV/STD FACTS

\$100	What Does “AIDS” Stand For?	Acquired Immune Deficiency Syndrome.
\$200	What is HIV?	The virus that causes AIDS.
\$300	Who can get HIV?	Anyone—people are not high-risk, their behaviors are.
\$400	What system does HIV affect?	The immune system.
\$500	What happens to a person with HIV that usually does not happen to people with a healthy immune system?	They acquire certain rare diseases and infections.
\$600 (extra)	How long can someone be infected with HIV before they start to show the symptoms of AIDS?	If the person is being treated for HIV, it can take decades before having symptoms of AIDS.

Prevention

\$100	What are two ways to help prevent STD/HIV transmission?	Sexual abstinence, condom use, not sharing needles and works, and mutual monogamy with an uninfected partner are valid answers.
\$200	What is the only sure protection against STDs, HIV and pregnancy?	Abstinence.
\$300	What is the method that reduces the risk of STDs and pregnancy?	A latex or polyurethane condom.
\$400	What 2 high-risk behaviors are associated with HIV transmission?	Unprotected sex (vaginal, oral, or anal) and sharing needles and works.
\$500	What are some safer sexual behaviors (that won’t transmit STD/HIV or cause pregnancy)?	Kissing, massage, manual sexual stimulation, fantasy.
\$600 (extra)	What are a few methods that can help prevent pregnancy?	Male condoms, female condoms, the pill, implanon, put down all the methods that were described earlier.

Safer Sex Jeopardy Answer Key, continued

	Question	Answer
Transmission		
\$100	In what 4 ways can HIV be transmitted?	Exposure to infected blood, unprotected sex, sharing needles or works, mom to baby during pregnancy, birth or breastfeeding.
\$200	What the two basic types of STDs?	Viral and bacterial
\$300	What are 3 of 4 bodily fluids that transmit HIV?	Blood, semen, vaginal secretions, or breast milk are valid answers.
\$400	How do most children with HIV get infected?	From mother to baby in the womb or during birth or breastfeeding.
\$500	What are 4 body fluids that DO NOT transmit HIV?	Tears, sweat, saliva, and urine.
\$600 (extra)	Why is sexual abstinence the best protection against sexually-transmitted HIV?	There is a 0% chance of getting HIV.
Condoms		
\$100	What is the material that condoms should be made of to help protect against STDs or HIV infection?	Latex or polyurethane.
\$200	What substance can be used with condoms to make them feel more pleasurable?	Water-based lubricant.
\$300	What is the type of lubricant you should never use with condoms and why?	Oil based lubricants, such as Vaseline or baby oil, because they make holes in the condoms.
\$400	When is the best time to talk to your partner about condoms?	In the beginning of the relationship, before sex begins.
\$500	Are condoms safe to use within three weeks of their expiration date?	No, condoms are never safe to use after their expiration date.
\$600 (extra)	What three things can you do to make condoms more fun and pleasurable?	Use extra lubricant, use them as a form of foreplay, put them on for your partner, act silly when putting them on, and make up sexual fantasies when using them.

Safer Sex Jeopardy Answer Key, continued

	Question	Answer
Condom-Use Knowledge		
\$100	Why can't condoms be reused?	Once the condom has been exposed to semen or vaginal fluids, it does not offer protection for a second use.
\$200	Why should the penis be erect (hard) when the condom is put on it?	Because it cannot be completely rolled down a soft (or flaccid) penis.
\$300	Why should the condom be placed on the penis before any genital contact?	Pre-cum or pre-ejaculate can get into the vagina even before intercourse occurs.
\$400	Why should some space be left at the tip of the condom when a condom is placed on the penis?	It helps prevent the condom from breaking by creating a reservoir for the semen/ejaculate.
\$500	How should a condom be removed after sexual intercourse?	After withdrawing or pulling out the penis slowly after climax (ejaculation), hold the condom firmly by the rim at the base. Remove the condom from the penis by rolling it off away from your partner's body. Roll it slowly to the tip of the penis, remove it carefully and throw it in the trash (not the toilet, because it can clog the plumbing).
\$600 (extra)	What can happen if you carry condoms in a hot or warm place like your pocket?	The heat from your body can damage condoms within 24 hours.

Activity E • Talking Circle

Rationale

Closing each day with the **Talking Circle** encourages each participant to feel like an important contributor to the group, giving everyone an opportunity to express his/her own thoughts and feelings.

Procedure

1. Have the participants move their chairs into a closer circle.
2. Introduce the activity by saying:

We have reached the end of the program so it is time to do the **Talking Circle**. Remember, the Talking Circle is used to share your thoughts and feelings.

Recall that when we are in the **Talking Circle**, we ask that you only speak if it is your turn. When you are done speaking, the person on your left will have their turn. If you do not wish to speak, you may say, "I pass," and then the next person can speak. I will go first and talk about the one thing that I learned during this program and the one thing I will do to help prevent HIV, STDs or teen pregnancy in my community.

3. Model this by beginning with yourself:

The one thing that I learned while in this program was...

The one thing that I will do to reduce the risk of pregnancy, HIV and STDs in my community is...

☐ MATERIALS NEEDED

None

TIME

5 minutes



4. When the last person is finished say the following:

That was great. We learned a lot of information about Latino culture, unplanned pregnancy, STDs, HIV and how to protect ourselves, our family, and our community. It was a pleasure having you in this program. Remember: the information that you learned during this program and use it to protect yourself, your friends, your family, and your community. Remember, ¡Cuídate!



Cuideate

APPENDIX A

Optional Activities

Understanding Reproductive Anatomy

Rationale

This activity increases participants' knowledge about male and female reproductive anatomy.

Procedure

1. Tape the *Male Reproductive Anatomy* poster, *Female Reproductive Anatomy* poster, and *Anatomy Key Words* poster to the wall.
2. Say the following,

In order to understand STD, HIV and pregnancy information, it is important that you know the names and functions of the body parts that we will be referring to. They are called the female reproductive anatomy and the male reproductive anatomy.

- I will hand out two worksheets. One worksheet shows the male reproductive anatomy, and the other worksheet shows the female reproductive anatomy.
- The worksheets are the same as the posters (refer to the *Male* and *Female Reproductive Anatomy* posters)
- You will work in two separate teams.
- Each team will have to identify as many parts of the male and female reproductive anatomy as they can in the time allotted.

☐ MATERIALS NEEDED

- ☐ Pencils
- ☐ Handouts:
 - ☐ *Male Reproductive Anatomy* Handout
 - ☐ *Female Reproductive Anatomy* Handout
- ☐ Posters:
 - ☐ *Male Reproductive Anatomy* Poster
 - ☐ *Female Anatomy Reproductive* Poster
 - ☐ *Anatomy Key Words* Poster
 - ☐ *Glossary of Terms for Male and Female Reproductive Anatomy* (included in module)
 - ☐ *Male Reproductive Anatomy Answer Key* (included in module)
 - ☐ *Female Reproductive Anatomy Answer Key* (included in module)
- ☐ Television and DVD Player with good speakers
- ☐ DVD: *The Subject is: Puberty - Change is Normal* - Safer Sex Version
- ☐ Masking Tape

TIME

30 minutes



FACILITATOR'S NOTE

There should be no more than 5-6 people per team, so if the group size is larger than 1-12, separate into 3 or more teams.

FACILITATOR'S NOTE

The answer key and glossary of terms are at the end of this activity.

- You should select one person who will write the names of the reproductive anatomy body parts next to that part (refer to the Key Words poster). For example, what is the name of letter A? (Answer: Pituitary Gland)
- You will have 5 minutes to complete the worksheets.

3. Give the participants 5 minutes to complete the worksheets.
4. After 5 minutes, or when the teams are finished say the following,

Great, you did a good job at filling out what you could! In a few minutes, we are going to watch a video clip about reproductive health. By the end of the video, you should have the answers to the anatomy parts that you were not able to identify. Pay close attention not just to the anatomy parts, but also pay attention to their functions.

5. Show the DVD entitled *The Subject Is: Puberty - Change is Normal*.
6. When the video has ended, give the teams another minute or so to fill in the remainder of the anatomy parts.
7. Then say the following,

We will start with the male reproductive anatomy. Beginning with Team A, what is the correct name for letter A?

8. Allow Team A to answer.

9. Then do the following:

- Congratulate the team if the answer is correct.
- Correct the team if the answer is incorrect.
- Ask the team to name the function of the body part.
- Correct and add information from the Glossary of Terms.
- Move on to the next letter and next team.
[Example: Ask Team B what the correct name for letter B is.]
- Continue until entire sheet is complete.
- Repeat the same process for the Female Reproductive Anatomy worksheet.

10. Ask the following processing questions,

Which is easier - to identify the body parts of males or of females?

Why?

Why might girls not know all the female parts?

Why might boys not know male parts?

What is the difference between semen and sperm?

(Refer to Glossary of Terms Male Reproductive System).



11. Summarize the activity by saying,

You will be learning important information about STDs, HIV, and pregnancy prevention, so it is important that you know where your body parts are and what they do. Knowing your body and taking care of it is the proud and responsible thing to do.



FACILITATOR'S COPY

Anatomy Key Words

Male

- Pituitary Gland
- Penis
- Scrotum
- Testicles (Testes)
- Bladder
- Urethra

Female

- Pituitary Gland
- Vagina
- Uterus
- Cervix
- Fallopian Tubes
- Ovaries
- Vulva

Glossary of Terms

MALE REPRODUCTIVE ANATOMY

Pituitary Gland is the gland located at the base of the brain that secretes the hormones that initiate puberty.

Bladder is the organ located in the pelvis that holds urine that is filtered by the kidneys.

Penis is the male organ containing three, tube shaped masses of erectile tissue. These tissues fill with blood to cause the penis to become erect/hard. The penis also contains the male urethral tube, which carries urine and sperm out of the body.

Urethra is a narrow tube that carries both urine and semen out of the body. The urethral opening is located at the tip of the penis.

Testicles (or Testes) are the two round glands that lower into the scrotum following birth. The testicles make sperm, and also make the male sex hormone, testosterone.

Scrotum is the pouch located behind the penis that contains the testicles. This pouch provides protection to the testicles, and controls temperature necessary for sperm production and survival.

FACILITATOR'S NOTE

In addition, you may want to discuss the following terms with the participants.

Sperm is the male sex cell. It has a shape similar to a tadpole and is too small to be seen without a microscope. Sperm cells are released from the penis before and during ejaculation, and may survive in the fallopian tubes for as long as 7 days. Sperm production sufficient for fertilization is usually reached during the mid-teens.

Semen is the fluid emitted from the penis. Semen consists of sperm cells and fluid produced by certain male glands, including the prostate gland.

Prostate Gland is located in the pelvis. This gland secretes a thin, milky white fluid that forms part of semen. The prostate gland fluid helps the movement of sperm.

Anus is the opening at the end of the rectum (the end part of the large intestine) through which waste leaves the body.

Glossary of Terms, continued

FEMALE REPRODUCTIVE ANATOMY

Pituitary Gland is the gland located at the base of the brain that secretes the hormones that initiate puberty.

Uterus is a pear-shaped muscular organ located in the pelvic region. The lining of the uterus is shed during menstruation. A baby develops within the uterus during pregnancy.

Ovaries are the two, oval shaped structures located in the female's pelvis. At birth, the female's ovaries contain 300,000 to 500,000 egg cells. The egg cells mature and are released from the ovaries from puberty through menopause. The ovaries also produce the female sex hormones, estrogen and progesterone.

Fallopian Tubes are the passageways for the eggs between the ovaries and the uterus. Fertilization occurs in the fallopian tubes.

Cervix is the mouth of the uterus that protrudes into the uppermost part of the vagina.

Vagina is the passageway extending from the uterus to the outside of the body. This is the canal through which a baby is born and through which menstrual fluid leaves the body. Sexual intercourse takes place in the vagina.

Vulva is the external female genitalia, including the clitoris, the labia majora and labia minora, urethral opening, and vaginal opening.

FACILITATOR'S NOTE

In addition, you may want to discuss the following terms with the participants.

Anus is the opening at the end of the rectum (the end part of the large intestine) through which waste leaves the body.

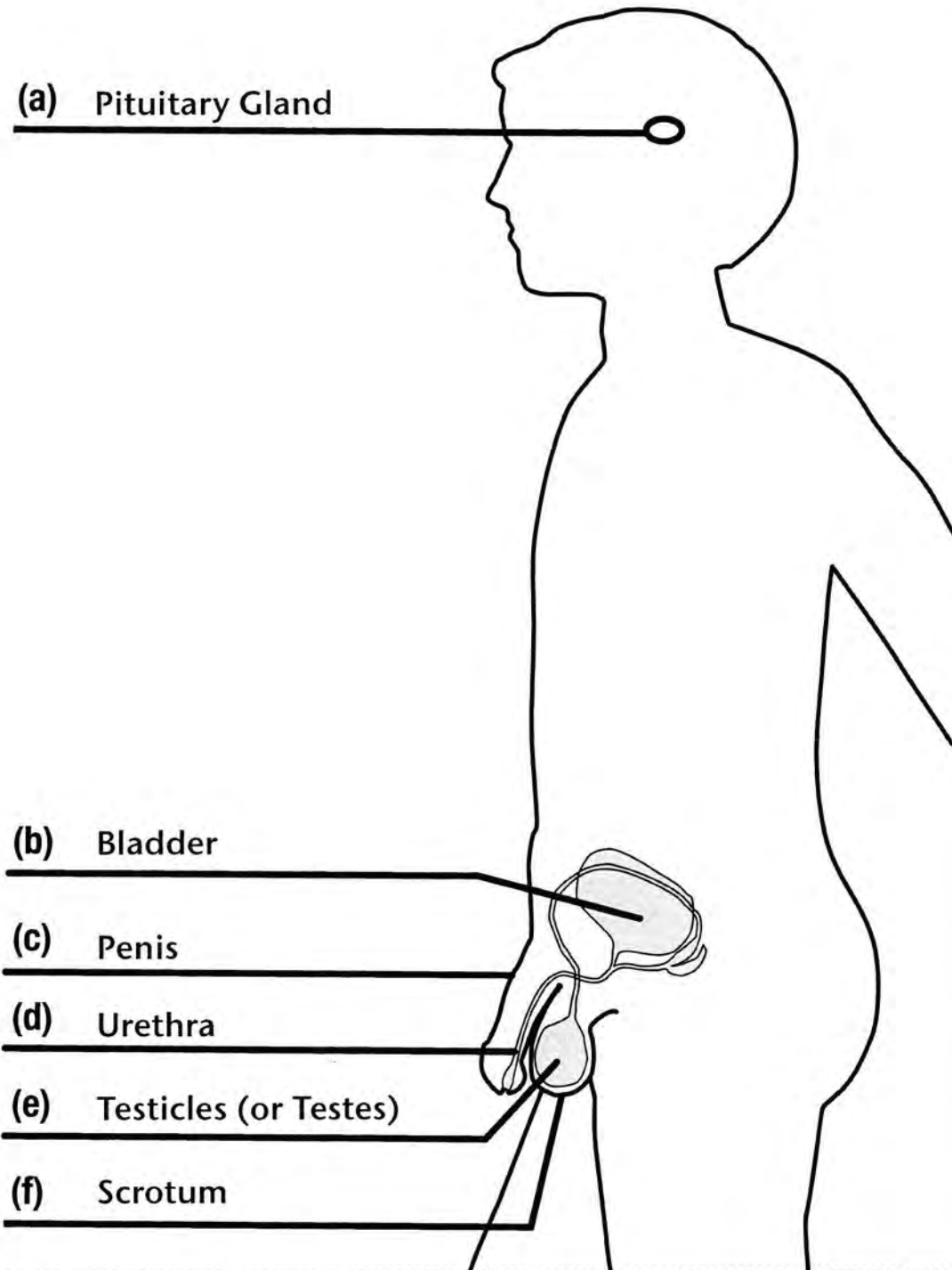
Clitoris is the small structure located above the urethral opening at the point where the labia meet. Like the penis, it is composed of erectile tissue that fills with blood when sexually excited.

Ovum (egg) is the female sex cell. It is about the size of a pinhead. If not fertilized, the egg will dissolve and be absorbed by the body. If more than one egg is released, multiple births may result.



FACILITATOR'S COPY

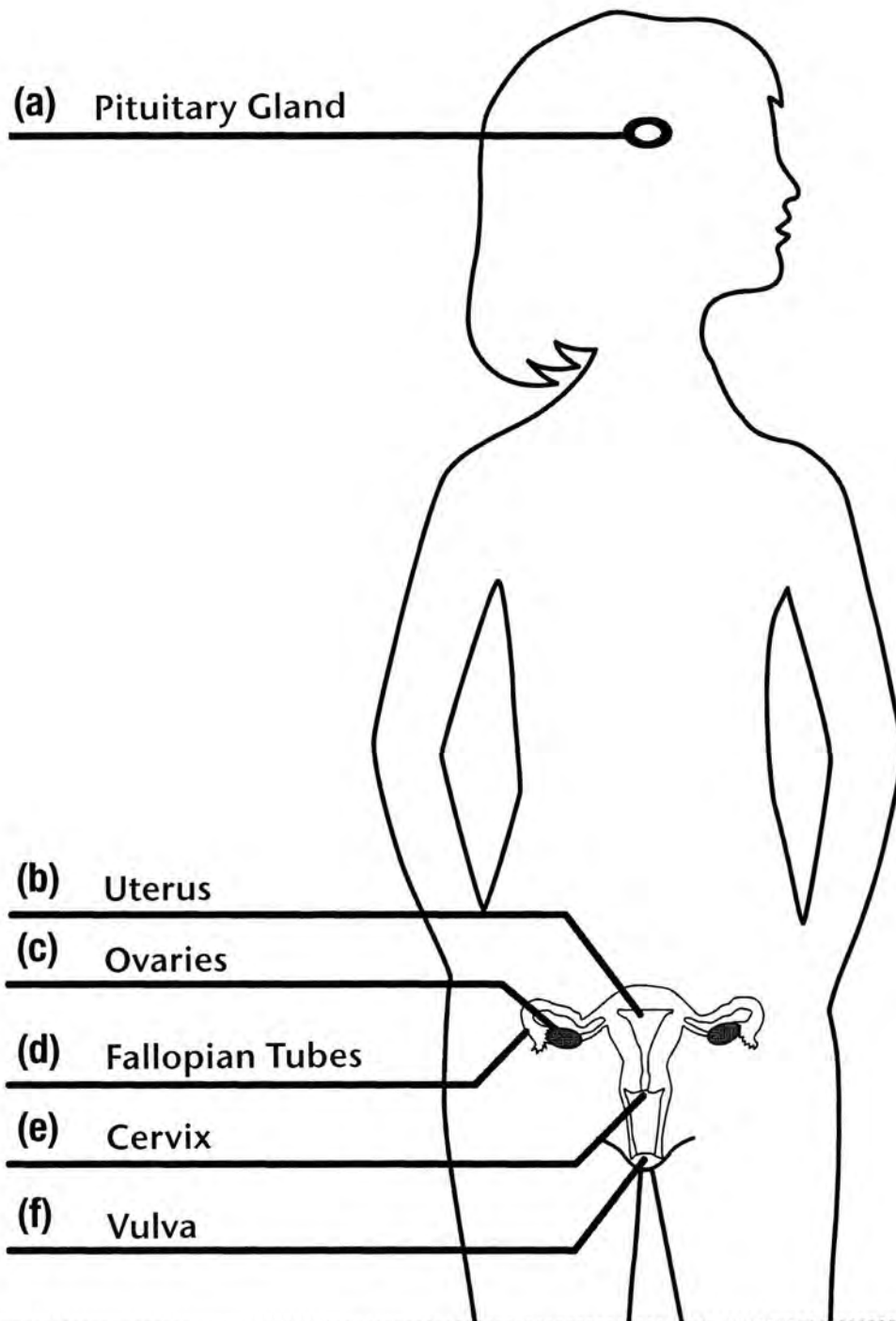
Male Reproductive Anatomy





FACILITATOR'S COPY

Female Reproductive Anatomy





Optional Activities

The Subject Is: HIV: DVD and Discussion

☐ **MATERIALS**

- ☐ Television and DVD Player with good speakers
- ☐ DVD: *The Subject Is: HIV*

TIME

25 minutes

Rationale

Reinforcing information via a motivating DVD increases the possibility of reaching more teens who learn quickly through music DVDs and other television programs.

Procedure

1. Introduce the DVD by saying,

This DVD, *HIV*, will discuss HIV/AIDS, what it is, how you can get it, and how to help prevent infection. Afterwards, we will discuss the DVD. Pay close attention to messages about how hard it is to become infected with HIV, about injection drug use, and about condom use.

2. Show the DVD.
3. After the DVD, ask the participants to brainstorm answers to the following questions:

What did they mean when they said “you can’t get HIV from things you share?”

Answer:

- You can’t get it from casual contact (e.g., combs, toilet seats, telephones, eating after someone).

What was the message about condoms in the DVD?

Answer:

- Use condoms every time you have anal, oral, or vaginal sex.

What was the message about needle sharing?

Answer:

- Do not share needles or works.

What were the messages discussed between the girls in the library?

Answers:

- Don't have sex before you are ready.
- Don't let anyone pressure you to have sex.
- If you have sex, you must use a latex (or polyurethane) condom.

What were the messages discussed between the guys in biology class?

Answer:

- It's important to talk with your partner about using protection.
- If a guy respects himself and his partner, he will use a condom.
- Not having sex is a good way to avoid pregnancy, STDs, and HIV.

4. Summarize this activity by saying,

You did a great job answering those questions and remembering the important messages in the DVD.

HIV infection can happen to anyone who engages in risk behaviors. The choice is yours. We want you to make proud and responsible choices, so if you choose to have sex, choose to use a latex (or polyurethane) condom.



Optional Activities

Choosing Music

Using music as part of the ¡Cuídate! curriculum can be a good way to introduce the topic of HIV to adolescents. Music can be used to set the cultural tone. It can also be used to get the HIV message across to adolescents in a fun way that is relevant to them.

We have provided a few examples of songs that you can use in the curriculum. However, you can choose any music that you think will best fit your situation and the adolescents you are working with.

Artist La Charanga Habanera
Album *Tremendo Delirio*
Track Mi amor ¡Cuídate! Usa Condón.

Artist Papa Levántate
Album *Tomalacate*
Track Practicar sexo

Artist Def Con Dos
Album *Dogmatofia*
Track Don Condón

Artists Celso Piña y su Ronda Bogotá
Album *12 grandes exitos Vol.1*
Track La china y el pelón

Artist La Sonora Dinamita
Album *32 Cañonazos de la Sonora Dinamita*
Track #32, #16, #13

Artist Los Reyes del Camino
Album *La Gran Noticia*
Track La Gran Noticia



APPENDIX

B

Background Supplemental Information

There may be times when you are implementing this curriculum that you may need some background information to help you teach a given topic. Therefore, the authors decided to include supplemental information to assist you in this process. This section covers the supplemental background information topics: sexually transmitted diseases, contraceptives, and drugs and alcohol. This information is not to be taken as an in-depth review. If you need more information, please contact your Department of Health or the CDC website.



SEXUALLY TRANSMITTED DISEASES (STDs)

WHAT IS AN STD?

Sexually Transmitted Disease (STD) is a term used to categorize a group of infections typically transmitted through vaginal, oral, or anal sex although some STDs are transmitted by skin-to-skin contact, contact with infected skin, infectious sores, or mucosal surfaces. You may have also heard the older term VD (Venereal Disease) to refer to an STD. STDs are caused by viruses, bacteria or parasites. Typically, STDs caused by bacteria or parasites can be cured while those caused by viruses cannot be cured. However, all types can be treated and prevented. The CDC recommends annual screenings for sexually active men and women 25 and younger.

*The following information was gathered from the US Centers for Disease Control and Prevention, <www.CDC.org>.

TYPES OF STDs

CHLAMYDIA

Organism: Caused by a **bacterium** called *Chlamydia trachomatis*

How Transmitted: Vaginal, oral or anal sex. Chlamydia can also be spread from an infected woman to her baby during childbirth.

Symptoms: Most infected people have no symptoms. Even when it causes no symptoms, chlamydia can damage a woman's reproductive organs. When they do occur, symptoms may include:

Females – Abnormal vaginal discharge, and/or burning and pain during urination

Males – Watery white discharge from penis, burning and/or pain during urination and uncommonly, testicular swelling

However, most people with chlamydia do not have any symptoms.

Complications: Chlamydia increases chances of getting HIV if exposed and increases infectiousness if HIV positive



Females – If left untreated, can cause pelvic inflammatory disease (PID), ectopic pregnancy and infertility. **About 10-15% of women with untreated chlamydia get pelvic inflammatory disease (PID).** A pregnant woman with chlamydia can also give the infection to her fetus, which can cause premature birth, miscarriage, or intrauterine death. In newborns, it can also cause low birth weight, pneumonia, and/or conjunctivitis (an eye infection).

Males – If left untreated, infection can spread from the urethra to the testicles, causing swelling, tenderness, and even sterility. It can also lead to a more widespread infection that includes conjunctivitis (eye infection) or arthritis, and skin lesions.

Diagnosis: Must have a test to know you are infected. The test may consist of a swab of vaginal/penile tissue or a urine test. Generally the CDC recommends annual testing for those who are sexually active and more frequent testing for those with multiple sex partners.

Treatment: Easily treated with a 7-day course of antibiotics. A person with chlamydia is also tested for gonorrhea since these infections can coexist. The partner(s) of the infected person must also be treated. Once treated, a person is cured. However, a person can be reinfected if exposed to chlamydia again.

Condom Effectiveness: Latex condoms, when used consistently and correctly, reduce the risk of transmission of Chlamydia.

SYPHILIS

Organism: Caused by a **bacterium** called *Treponema pallidum*

How Transmitted: Direct contact with sores mainly through unprotected sex

Symptoms: **Females and Males** – Symptoms occur in three stages.

First Stage – Symptoms include the appearance of a

single sore called a chancre and swelling of the lymph nodes near the groin. The sore usually is small, round, and painless. It lasts around 3-6 weeks and heals on its own.

Second Stage – 6-12 weeks after being infected, the second stage of syphilis begins. Symptoms include the appearance of a red, bumpy, scaly, non-itchy rash. The rash may come and go and includes spots on the palms of the hands and soles of the feet. On the face, the rash may look like acne. Large, raised, gray or white lesions may develop in warm, moist areas such as the mouth, underarm or groin region. Other symptoms of secondary syphilis include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. This stage lasts from weeks to a year.

Latent Stage – After the second stage, most people who are untreated enter the latent stage. This stage has no symptoms and may last a lifetime.

Third Stage – About 15% of people who have not been treated for syphilis develop late stage syphilis, which can appear 10-30 years after infection began. Symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. In the late stages of syphilis, the disease damages the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. This damage can result in death.

Complications: A pregnant woman with syphilis can pass the disease to her unborn baby. Babies born with syphilis can have many health problems. This may lead to low birth weight, premature delivery or even having a stillbirth (a baby born dead). To protect their babies, pregnant women should be tested for syphilis regularly during the pregnancy and at delivery and receive immediate treatment, if positive.

Syphilis increases the risk of transmitting and acquiring HIV.



Diagnosis: Must be tested to know if you have the infection.

Treatment: Syphilis is simple to cure with appropriate antibiotics from a physician. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.

Condom Effectiveness: Consistent and correct use of latex condoms reduces the risk of syphilis only when the infected area or site of potential exposure is protected.

GONORRHEA

Organism: Caused by a **bacterium** called *Neisseria gonorrhoeae*

How Transmitted: Gonorrhea is transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected partner. Ejaculation does not have to occur for gonorrhea to be transmitted or acquired. Gonorrhea can also be spread perinatally from mother to baby during childbirth.

People who have had gonorrhea and received treatment may be reinfected if they have sexual contact with a person infected with gonorrhea.

Symptoms: Many men with gonorrhea are asymptomatic. When present, signs and symptoms of urethral infection in males include dysuria or a white, yellow, or green urethral discharge that usually appears one to fourteen days after infection. In cases where urethral infection is complicated by epididymitis, men with gonorrhea may also complain of testicular or scrotal pain.

Most women with gonorrhea are asymptomatic. Even when a woman has symptoms, they are often so mild and nonspecific that they are mistaken for a bladder or vaginal infection. The initial symptoms and signs in women include dysuria, increased vaginal discharge, or vaginal bleeding between periods. Women with gonorrhea are at risk of developing serious complications from the infection, regardless of the presence or severity



of symptoms.

Symptoms of rectal infection in both men and women may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Rectal infection also may be asymptomatic.

Pharyngeal infection may cause a sore throat, but usually is asymptomatic.

Complication: **Females** – Gonorrhea can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). The symptoms may be quite mild or can be very severe and can include abdominal pain and fever. PID can lead to internal abscesses and chronic pelvic pain. PID can also damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy.

Males – In men, gonorrhea may be complicated by epididymitis. In rare cases, this may lead to infertility.

If left untreated, gonorrhea can also spread to the blood and cause disseminated gonococcal infection (DGI). DGI is usually characterized by arthritis, tenosynovitis, and/or dermatitis. This condition can be life threatening.

Gonorrhea increases the risk of transmitting and acquiring HIV.

Diagnosis: Any sexually active person can be infected with gonorrhea. Anyone with genital symptoms such as discharge, burning during urination, unusual sores, or rash should stop having sex and see a health care provider immediately.

Treatment: Gonorrhea can be cured with the right treatment. CDC now recommends dual therapy (i.e. using two drugs) for the treatment of gonorrhea. It is important to take all of the medication prescribed to cure gonorrhea. Medication for gonorrhea should not be shared with anyone. Although medication will stop the infection, it will not repair any permanent damage done by the disease. Antimicrobial resistance in gonorrhea is

of increasing concern, and successful treatment of gonorrhea is becoming more difficult 21. If a person's symptoms continue for more than a few days after receiving treatment, he or she should return to a health care provider to be reevaluated.

Condom Effectiveness: Latex condoms, when used consistently and correctly, reduce the risk of transmission of Gonorrhea.

HERPES

Organism: Caused by a **virus** called *herpes simplex virus (HSV)*. There are two types:

- HSV Type 1: Considered oral herpes
- HSV Type 2: Considered genital herpes

Either type 1 or type 2 can cause a herpes infection in the mouth, eyes, vagina, penis or anal area.

How Transmitted: Infections are transmitted through contact with lesions, mucosal surfaces, genital secretions, or oral secretions. HSV-1 and HSV-2 can also be shed from skin that looks normal. In persons with asymptomatic HSV-2 infections, genital HSV shedding occurs on 10% of days, and on most of those days the person has no signs or symptoms. [4] Generally, a person can only get HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. Transmission most commonly occurs from an infected partner who does not have a visible sore and may not know that he or she is infected.

Symptoms: Most individuals infected with HSV-1 or HSV-2 experience either no symptoms or have very mild symptoms that go unnoticed or are mistaken for another skin condition. Because of this, most people infected with HSV-2 are not aware of their infection. When symptoms do occur, they typically appear as one or more blisters on or around the genitals, rectum or mouth. The blisters break and leave painful sores that may take two to four weeks to heal.



Experiencing these symptoms is sometimes referred to as having an “outbreak.” The first time someone has an outbreak they may also experience flu-like symptoms such as fever, body aches and swollen glands.

Repeat outbreaks of genital herpes are common, in particular during the first year of infection. Symptoms of repeat outbreaks are typically shorter in duration and less severe than the first outbreak of genital herpes. Although the infection can stay in the body indefinitely, the number of outbreaks tends to decrease over a period of years.

Complication: It is crucial that pregnant women infected with HSV-1 or HSV-2 go to prenatal care visits and tell their doctor if they have ever experienced any symptoms of, been exposed to, or been diagnosed with genital herpes. Sometimes genital herpes infection can lead to miscarriage or premature birth. Herpes infection can be passed from mother to child resulting in a potentially fatal infection (neonatal herpes). It is important that women avoid contracting herpes during pregnancy.

A woman with genital herpes may be offered antiviral medication from 36 weeks gestation through delivery to reduce the risk of an outbreak. At the time of delivery a woman with genital herpes should undergo careful examination. If herpes symptoms are present at delivery, a cesarean delivery (also called a ‘C-section’) is usually performed.

Herpes increases the risk of transmitting and acquiring HIV.

Diagnosis: Health care providers can diagnose genital herpes by visual inspection if the outbreak is typical. Providers can also take a sample from the sore(s) and test it. Sometimes, HSV infections can be diagnosed between outbreaks with a blood test. A person should discuss such testing options with their health care provider.

Treatment: **There is no treatment that can cure herpes.** Antiviral medications can, however, prevent or shorten

outbreaks during the period of time the person takes the medication. In addition, daily suppressive therapy (i.e., daily use of antiviral medication) for herpes can reduce the likelihood of transmission to partners.

Condom Effectiveness: Consistent and correct use of latex condoms reduces the risk of genital herpes only when the infected area or site of potential exposure is protected.

HPV

Organism: Caused by a **virus** called human papillomavirus that affects the skin or mucous membranes

How Transmitted: HPV is passed on through genital contact, most often during vaginal and anal sex. HPV may also be passed on during oral sex and genital-to-genital contact. HPV can be passed on between straight and same-sex partners—even when the infected person has no signs or symptoms.

Most infected persons do not realize they are infected, or that they are passing HPV on to a sex partner. A person can still have HPV, even if years have passed since he or she has had sexual contact with an infected person. It is also possible to get more than one type of HPV.

Complications: Most people with HPV never develop symptoms or health problems. Most HPV infections (90%) go away by themselves within two years. But, sometimes, HPV infections will persist and can cause a variety of serious health problems. Health problems that can be caused by HPV include:

- Genital warts (warts on the genital areas);
- Recurrent respiratory papillomatosis (RRP), a rare condition in which warts grow in the throat;
- Cervical cancer, cancer on a woman's cervix; and
- Other, less common, but serious cancers, including genital cancers (cancer of the vulva, vagina, penis,



or anus), and a type of head and neck cancer called oropharyngeal cancer (cancer in the back of throat, including the base of the tongue and tonsils).

In rare circumstances, a pregnant woman with genital HPV can pass the HPV on to her baby during delivery.

Symptoms: **Genital warts** usually appear as a small bump or group of bumps in the genital area. They can be small or large, raised or flat, or shaped like a cauliflower. Healthcare providers can usually diagnose warts by looking at the genital area. Warts can appear within weeks or months after sexual contact with an infected partner—even if the infected partner has no signs of genital warts. If left untreated, genital warts might go away, remain unchanged, or increase in size or number. The types of HPV that can cause genital warts are not the same as the types of HPV that can cause cancers.

Cervical cancer usually does not cause symptoms until it is quite advanced. For this reason, it is important for women to get regular screening for cervical cancer. Screening tests can find early signs of disease so that problems can be treated early, before they ever turn into cancer.

Other cancers caused by HPV might not have signs or symptoms until they are advanced and hard to treat. Other HPV-associated cancers include some cancers of the vulva, vagina, penis, anus, and oropharynx.

RRP is a condition in which warts grow in the throat. RRP can occur in children (juvenile-onset) and adults (adult-onset). These growths can sometimes block the airway, causing a hoarse voice or trouble breathing.

Diagnosis: HPV tests are available to help screen women aged 30 years and older for cervical cancer. These HPV tests are not recommended to screen men, adolescents, or women under the age of 30 years. There is no general HPV test for men or women to check one's overall "HPV status." Also, there is not an approved HPV test to find

HPV in the mouth or throat.

Treatment: There is no treatment for the virus itself, but there are treatments for the health problems that HPV can cause:

- **Genital warts** can be removed with treatments applied by the provider or the person himself/herself. No one treatment is better than another. Some people choose not to treat warts, but to see if they disappear on their own. If left untreated, genital warts may go away, stay the same, or grow in size or number.
- **Cervical cancer** is most treatable when it is diagnosed and treated early. Women who get routine Pap tests and follow up as needed can identify problems before cancer develops. Prevention is always better than treatment. For more information visit www.cancer.org.
- **Other HPV-related cancers** are also more treatable when diagnosed and treated early. For more information visit www.cancer.org.
- **Recurrent respiratory papillomatosis (RRP)** can be treated with surgery or medicines. Curing RRP can sometimes require many treatments or surgeries over a period of years.

Prevention: There are different prevention strategies for different health problems caused by HPV. HPV vaccines can prevent many diseases and cancers caused by HPV. In addition to vaccination, there are other ways to lower the risk of health problems caused by HPV.

- A person can lower their risk of
- Cervical cancer by getting routine screening if they are a woman aged 21–65 years (and following up on any abnormal results);
- Oropharyngeal cancers by avoiding tobacco and limiting alcohol intake; and



- Genital warts by using condoms all the time and the right way.

Condom Effectiveness: Genital ulcer diseases and HPV infections can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Consistent and correct use of latex condoms reduces the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. Condom use may reduce the risk for HPV infection and HPV-associated diseases (e.g., genital warts and cervical cancer).

Trichomoniasis

Organism: Caused by a **single-cell protozoan parasite** called *Trichomonas vaginalis*

How Transmitted: The parasite is passed from an infected person to an uninfected person during sex. In women, the most commonly infected part of the body is the lower genital tract (vulva, vagina, or urethra), and in men, the most commonly infected body part is the inside of the penis (urethra). During sex, the parasite is usually transmitted from a penis to a vagina, or from a vagina to a penis, but it can also be passed from a vagina to another vagina. It is not common for the parasite to infect other body parts, like the hands, mouth, or anus. It is unclear why some people with the infection get symptoms while others do not, but it probably depends on factors like the person's age and overall health. Infected people without symptoms can still pass the infection on to others.

Symptoms: About 70% of infected people do not have any signs or symptoms. When trichomoniasis does cause symptoms, they can range from mild irritation to severe inflammation. Some people with symptoms get them within 5 to 28 days after being infected, but others do not develop symptoms until much later. Symptoms can come and go.

Men with trichomoniasis may feel itching or irritation inside the penis, burning after urination or ejaculation, or some discharge from the penis.

Women with trichomoniasis may notice itching, burning, redness or soreness of the genitals, discomfort with urination, or a thin discharge with an unusual smell that can be clear, white, yellowish, or greenish.

Having trichomoniasis can make it feel unpleasant to have sex. Without treatment, the infection can last for months or even years.

Complications: Trichomoniasis can increase the risk of getting or spreading other sexually transmitted infections. For example, trichomoniasis can cause genital inflammation that makes it easier to get infected with the HIV virus, or to pass the HIV virus on to a sex partner.

Pregnant women with trichomoniasis are more likely to have their babies too early (pre-term delivery). Also, babies born to infected mothers are more likely to have an officially low birth weight (less than 5.5 pounds).

Trichomoniasis increases the risk of transmitting and acquiring HIV.

Diagnosis: It is not possible to diagnose trichomoniasis based on symptoms alone. For both men and women, your primary care doctor or another trusted health care provider must do a check and a laboratory test to diagnose trichomoniasis.

Treatment: Trichomoniasis can be cured with a single dose of prescription antibiotic medication (either metronidazole or tinidazole), pills which can be taken by mouth. It is okay for pregnant women to take this medication. Some people who drink alcohol within 24 hours after taking this kind of antibiotic can have uncomfortable side effects.

People who have been treated for trichomoniasis can get it again. About 1 in 5 people get infected again within



3 months after treatment. To avoid getting reinfected, make sure that all of your sex partners get treated too, and wait to have sex again until all of your symptoms go away (about a week). Get checked again if your symptoms come back.

Condom Effectiveness: Latex condoms, when used consistently and correctly, reduce the risk of transmission of Trichomoniasis.

HEPATITIS B

Organism: Caused by a **virus** called *Hepatitis B Virus (HBV)*

How Transmitted: Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person; sharing needles, syringes, or other injection drug equipment; or from an infected mother to her baby at birth.

Symptoms: Many people with Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood.

If symptoms occur with acute infection, they usually appear within 3 months of exposure and can last anywhere from 2–12 weeks. Symptoms of chronic Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they often are a sign of advanced liver disease.

Symptoms for both acute and chronic Hepatitis B can include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, grey-colored stools, dark urine, joint pain, jaundice

Complications: When first infected, a person can develop an “acute” infection, which can range in severity from a very mild

illness with few or no symptoms to a serious condition requiring hospitalization. Acute Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a “chronic,” or lifelong, illness. Chronic Hepatitis B refers to the illness that occurs when the Hepatitis B virus remains in a person’s body. Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and even liver cancer.

Diagnosis: Hepatitis B is diagnosed with specific blood tests that are not part of blood work typically done during regular physical exams.

Treatment: For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. Those living with chronic Hepatitis B are evaluated for liver problems and monitored on a regular basis. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Several new treatments are available that can significantly improve health and delay or reverse the effects of liver disease.

Condom Effectiveness: Latex condoms, when used consistently and correctly, reduce the risk of transmission of Hepatitis B.

HIV

Organism: Caused by a **virus** called *human immunodeficiency virus* that damages a person’s body by destroying specific blood cells, called CD4+ T-cells, which are crucial to helping the body fight diseases.

How Transmitted: HIV is primarily spread by unprotected anal or vaginal sex. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than anal or vaginal sex. It can also be spread by sharing needles,



syringes, or from a mother to her child during pregnancy birth or breast-feeding.

Symptoms: Within a few weeks of being infected with HIV, some people develop flu-like symptoms that last for a week or two, but others have no symptoms at all. People living with HIV may appear and feel healthy for several years. However, even if they feel healthy, HIV is still affecting their bodies.

Complications: HIV infection, if left untreated with anti-retroviral drugs, can lead to AIDS (acquired immunodeficiency syndrome). HIV infection weakens the immune system, making an infected person highly susceptible to a number of bacterial, viral, fungal and parasitic infections. It can also make an infected person more susceptible to certain types of cancers.

Infections can include:

- Pneumonia, tuberculosis, viral hepatitis, herpes simplex virus, human papillomavirus, meningitis, and non-Hodgkin's lymphoma.

Diagnosis: The most commonly used HIV tests detect HIV antibodies, the substances the body creates in response to becoming infected with HIV. There are tests that look for HIV's genetic material or proteins directly; these may also be used to find out if someone has been infected with HIV.

It can take some time for the immune system to produce enough antibodies for the antibody test to detect, and this "window period" between infection with HIV and the ability to detect it with antibody tests can vary from person to person. During this time, HIV viral load and the likelihood of transmitting the virus to sex or needle-sharing partners may be very high. Most people will develop detectable antibodies that can be detected by the most commonly used tests in the United States within 2 to 8 weeks (the average is 25 days) of their infection. Ninety-seven percent (97%) of persons will develop detectable antibodies in the first 3 months. Even so, there is a small

chance that some individuals will take longer to develop detectable antibodies. Therefore, a person should consider a follow-up test more than three months after their last potential exposure to HIV. In extremely rare cases, it can take up to 6 months to develop antibodies to HIV.

Conventional HIV tests are sent to a laboratory for testing, and it can take a week or two before the test results are available. There are also rapid HIV tests available that can give results in as little as 20 minutes. A positive HIV test result means that a person may have been infected with HIV. All positive HIV test results, regardless of whether they are from rapid or conventional tests, must be verified by a second “confirmatory” HIV test.

Treatment: There is no cure for HIV/AIDS. All people with HIV should be seen on a regular basis by a health care provider experienced with treating HIV infection. Many people with HIV, including those who feel healthy, can benefit greatly from current medications used to treat HIV infection. These medications can limit or slow down the destruction of the immune system, improve the health of people living with HIV, and may reduce their ability to transmit HIV. Untreated early HIV infection is also associated with many diseases including cardiovascular disease, kidney disease, liver disease, and cancer. Support services are also available to many people with HIV. These services can help people cope with their diagnosis, reduce risk behavior, and find needed services.

Condom Effectiveness: Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV.



IMPORTANT POINTS TO MAKE ABOUT STDs:

- You cannot tell by just looking at someone if they have an STD.
- For some of the most common STDs (Chlamydia, Gonorrhea, HPV), many people never have any symptoms.
- Some people with STDs never got treated because they did not have symptoms or the symptoms disappeared. Therefore, these people were never cured and may have passed the infection to others.
- Washing, urinating, or douching does not prevent STDs.
- You can get an STD again, and again.
- You can get an STD if you have sex only once.
- Once you are infected with a viral STD such as Herpes or HPV, you are always infected – there is no cure.
- If you have been sexually active and have not used condoms you need to get tested for STDs, even if you have no symptoms.
- If you are given medicine for an STD be sure to take all of it as recommended by your doctor, even if symptoms improve or go away. If you stop taking your medicine before the disease is completely wiped out, it can come back stronger and resistant to the medicine.
- Even though it may be hard, it is very important to inform your sexual partners—including past partners—if you find out you have an STD. By doing so you protect yourself from reinfection, your partners from the ill-effects of undiagnosed STDs and your community from becoming more infected.

Contraceptives

Latex condoms are only one of many birth control methods that exist. However, they are the only method that are highly effectively in reducing the risk of HIV and other STDs if used consistently and correctly. Other methods of protection, detailed below, can only reduce the risk of pregnancy.

Adolescents can obtain two types of contraceptive methods: Prescribed methods, the ones you have to get from a health care provider, or over-the-counter methods, the ones you can get from the store without a prescription. Contraceptives can also be described as: hormonal methods (birth control pills and Depo-Provera) and barrier methods (condoms and diaphragms). Please note that only condoms can reduce the risk of STDs. Other methods only reduce the risk of pregnancy and should be combined with condoms.

All effectiveness percentages in this section were taken from:

Trussell J. Contraceptive Efficacy. In: Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar M. Contraceptive Technology: Twentieth Revised Edition. New York NY: Ardent Media, 2011. <<http://www.contraceptivetechnology.org/CTFailureTable.pdf>>



OVER-THE-COUNTER CONTRACEPTIVES

CONDOMS

Condoms are a thin latex or polyurethane sheath that covers the penis during sex and prevents the release of sperm into a woman's vagina. Condoms are the only contraceptive method that also reduces the risk of contracting STDs.

Effectiveness

- Condoms are 98% effective in preventing pregnancy with perfect use and 82% effective with typical use.

Advantages

- Easy to find at drugstores or supermarkets
- Very affordable, or even free from certain clinics and community organizations.
- Can be used in foreplay
- Reduces the risk of STDs.

Disadvantages

- Some people are allergic to latex. Polyurethane condoms should be used in this case
- Mistakes are often made in condom use. e.g., putting the condom on upside down, not rolling it down the whole way, using a condom with oil-based lubricant, etc. This significantly lowers their effectiveness.
- Condoms must be remembered and used at every occurrence of intercourse and are therefore easier to forget than the more long-lasting methods.
- Some people may be embarrassed to obtain or carry condoms or may believe their partners will be angry if they use them.



SPERMICIDE

Spermicides—contraceptive foam, cream, jelly, film, or suppository—are inserted deep into the vagina shortly before intercourse to keep sperm from joining egg. Spermicides immobilize sperm and dissolve in the vagina.

Effectiveness

- Spermicide is 82% effective in preventing pregnancy with perfect use and 72% effective with typical use. Not effective against STDs.

Advantages

- Easy to buy in drugstores, supermarkets, etc.
- Insertion may be part of sex play.
- May decrease risk of some STDs, such as Gonorrhea and Chlamydia.

Disadvantages

- Can be messy.
- May irritate vagina or penis and cause allergic reactions.
- May increase risk of HIV.
- May increase risk of UTIs (Urinary Tract Infections).



PREScribed CONTRACEPTIVES

The Pill

A pill that uses a combination of 2 hormones—estrogen and progestin—to stop the ovaries from releasing eggs (mini-pills only contain progestin). It also thickens the cervical mucus, which keeps the sperm from getting to the egg.

- Only combination pills prevent the release of eggs.
- Both combination and mini-pills thicken cervical mucous to keep sperm from joining egg.
- Both types also may prevent fertilized egg from implanting in uterus.

Effectiveness

- 99.7% effective in preventing pregnancy with perfect use, 91% effective with typical use. **Not effective against STDs.**

Advantages

- Nothing to put in place before intercourse.
- Periods become more regular.
- Less menstrual cramping, acne, iron deficiency anemia, premenstrual tension, menstrual flow, and rheumatoid arthritis.
- Decreased risk of ovarian and endometrial cancers, colon cancer, pelvic inflammatory disease, non-cancerous breast tumors, ovarian cysts, osteoporosis (thinning of the bones), and tubal pregnancy.

Disadvantages

- Must be taken daily or not effective.
- Rare but serious health risks, including: blood clots, heart attack, and stroke. Women who are over 35 and smoke are at greater risk.
- Side effects include temporary irregular bleeding, loss of monthly bleeding, weight gain or loss, depression, nausea, breast tenderness, and other discomforts.

The Shot (e.g. DEPO-PROVERA)

A shot of the hormone progestin in your arm or buttock every twelve weeks will:

- Prevent release of an egg.
- Thicken cervical mucus to keep sperm from joining egg.
- Prevent fertilized egg from implanting in uterus.

Effectiveness

- 99.8% effective in preventing pregnancy with perfect use and 94% effective with typical use. Not effective against STDs.

Advantages

- Protects against pregnancy for twelve weeks (3 months).
- Reduces menstrual cramps, menstrual bleeding, and ovarian cysts.
- Decreased risk of Pelvic Inflammatory Disease and ectopic pregnancies.
- No daily pill to remember.
- Nothing to put in place.
- Can be used while breastfeeding (starting six weeks after delivery).
- Can be used by some women who cannot take the Pill.
- Decreased risk of uterine cancer.

Disadvantages

- Side effects may include irregular bleeding for the first several months, then possible loss of monthly period; increased appetite; weight gain; headaches; acne; depression; abdominal pain; and increased or decreased sex drive.
- Side effects cannot be reversed until medication wears off (up to twelve weeks)
- May cause delay in getting pregnant after shots are stopped (average delay, 10 months)



The Diaphragm

The diaphragm is a shallow latex cup. A clinician will explain how to coat the diaphragm with spermicide and put it in the vagina to keep sperm from joining egg.

Effectiveness

- Diaphragm: 94% effective in preventing pregnancy with perfect use and 88% effective with typical use. Not effective against STDs.
- Advantages
- No medicinal or hormonal side effects.
- Can last several years.
- Both can be inserted up to 6 hours before intercourse. Diaphragm can remain in place for up to 24 hours. Cervical cap can remain in place for up to 48 hours.

Disadvantages

- Can be messy.
- May cause allergic reactions to latex or spermicide.
- Cannot use during vaginal bleeding.
- May increase the risk of urinary tract infection (UTIs).
- Diaphragm may increase risk of toxic shock syndrome (TSS) if used for long periods or during period.

Birth Control Patch and Ring

The Patch (e.g., Ortho Evra) and the Ring (e.g., NuvaRing) work the same way as the pill, except that instead of swallowing the hormones, with the Patch they get absorbed through the skin and with the Ring they are absorbed directly into the cervix.

Effectiveness

- The Patch is a small, band-aid like sticker worn on either the back, the hip or the butt and change once a week for 3 weeks. It is left off the 4th week to allow a period to occur.
- The patch is 99.7% effective in preventing pregnancy with perfect use and 91% effective with typical use. Not effective against STDs.
- The Ring is a small flexible ring that is inserted into the vagina. It sits just below the cervix. Once it is inserted, it remains in for 3 weeks. It is then taken out the 4th week to allow a period to occur.
- The ring is 99.7% effective in preventing pregnancy with perfect use and 91% effective with typical use. Not effective against STDs.

Advantages

- Easier to remember than the pill or condoms
- Extremely effective when used correctly

Disadvantages

- Less effective in women who weigh more than 198 pounds.
- If a woman uses the Patch or the Ring, her partner must also use a latex condom to prevent STDs, including HIV infection.



IUD (e.g. Mirena, ParaGard)

It is a small T-shaped piece of plastic and metal that is inserted into the female's uterus. It keeps sperm from reaching the egg by creating an environment in the uterus that is inhospitable to sperm. Some IUDs also release hormones. There are 2 kinds of IUDs in the US.

Effectiveness

- More than 99% effective in preventing pregnancy with both perfect and typical use. Not effective against STDs.
- ParaGard protects against pregnancy for up to 10 years.
- Mirena protects against pregnancy for up to 5 years.

Advantages

- Extremely effective in reducing the risk of pregnancy.

Disadvantages

- It must be inserted by a health care professional.
- When the body is first adjusting to the IUD, periods might be heavier or more painful. Neither method is effective against STDs, so latex condoms must also be used.

The implant (e.g. implanon)

Implanon is a thin stick about the size of a cardboard match that is placed under the skin of the upper arm and releases hormones to prevent the body from releasing eggs. It can cause periods to be irregular or stop.

Effectiveness

- Implanon is 99.95% effective in preventing pregnancy with both perfect and typical use. Not effective against STDs.

Advantages

- It can be used while breastfeeding.
- Extremely effective in reducing the risk of pregnancy.
- It can be used for up to 3 years.

Disadvantages

- It must be inserted by a health care professional.

OTHER METHODS

Fertility Awareness Method

Fertility awareness means keeping track of a woman's fertile times in order to have more control over whether or not she gets pregnant.

Effectiveness

- The fertility awareness method is 95% effective with perfect use and 76% effective with typical use. Not effective against STDs.

Advantages

- Nothing to buy
- Does not require a doctor's prescription

Disadvantages

- Can be confusing and difficult to do correctly
- Does not work as well for women with irregular fertility cycles

For more detailed information on this method visit:

<<http://www.womenshealth.gov/pregnancy/before-you-get-pregnant/trying-to-conceive.cfm>>



APPENDIX

C

Tips for Effectively Managing Groups

Group management problems exist when one or more group members exhibit behaviors that interfere with, inhibit, deflect from, or slow down the procedures or goals of the group. Some behaviors occur very rarely, others with greater frequency. The following suggestions for dealing with group management problems will usually suffice, but even skilled facilitators must deal with new challenges from time to time as they arise. Most methods for reducing group management problems are only a temporary bridge between initial participant resistance and the point in the process at which the participant regards his or her participation to be useful, valuable, and personally relevant. The following list identifies common management problems in adolescent groups and possible strategies for preventing and dealing with these problems.



Types of Group Management Problems

INACTIVITY

Minimal Participation

Participants seldom volunteer a comment, provide only brief answers, and, in general, leave facilitators feeling as though they are struggling to keep the group on task.

Apathy

Apathy is a more extreme form of minimal participation. Almost everything the facilitator does to direct, enliven, or activate the group is met with disinterest, lack of spontaneity, and little if any progress toward group goals.

Falling Asleep

Participants are so uninvolved that they fall asleep. Before assuming this is due to lack of interest, inquire into the cause of the fatigue. Lack of sleep, and physical illness are both possible reasons.

Excessive Restlessness

This is an extreme, physical form of hyperactivity. Participants fidget while sitting, rock their chairs, get up and pace, or display other nonverbal, verbal, gestural, or postural signs of restlessness. Such behavior is often accompanied by digression, monopolizing, or interrupting behavior.

ACTIVE RESISTANCE

Participation, But Not as Instructed

Participants are off target. They might be trying to role-play, serve as co-actor, give accurate feedback, or engage in other tasks, but their own personal agendas or misperceptions interfere, and they wander off course to irrelevant topics.

Passive-Aggressive Isolation

Instead of participating as instructed, participants actively go off task and raise personal agendas. Passive-aggressive isolation is the purposeful, intentional withholding of appropriate participation and involvement.

Negativism

Participants signal overtly, by word and action, the wish to avoid participation in the group. They openly refuse to role-play, provide feedback, or complete homework assignments. They also might not come to sessions, come late to sessions, or walk out in the middle of a session.

Disruptiveness

This includes displays of behaviors more extreme than negativism that are intended to interfere with the learning process. Examples include openly ridiculing the facilitator or other participants or distracting nonverbal behaviors such as gestures, movements, or noises.



HYPERACTIVITY

Digression

Participants act out repetitive and strongly motivated attempts to move away from the purposes and procedures. In some cases, the participants are feeling some emotion, such as anger or anxiety or despair, and are determined to express it. In other cases, activities set off associations, which the participants want to present and discuss. Digression is often characterized by jumping out of role in the role-play. Rather than merely wandering off track, the participants drive the train off its intended course.

Monopolizing

This includes subtle and not so subtle efforts by participants to get more than a fair share of time during a session. Examples include long monologues, unnecessary requests by participants to repeat role-plays, elaborate feedback, and attention-seeking efforts to remain onstage.

Interruption

Interruption is similar to monopolizing, but more intrusive and insistent. Interruption involves breaking into a modeling display, role-play, or feedback period with comments, questions, suggestions, observations, or other statements. An interruption might be assertive or angry, take the form of making faces or excessive humor, or be presented benevolently as a helper.

Strategies for Reducing Group Management Problems

SIMPLIFICATION METHODS

Reward Minimal Participant Accomplishment

This is a process similar to shaping. Rather than responding positively to participants only when they enact a complete and accurate role-play, reward them for lesser, but still successful accomplishments, such as the correct portrayal of only one or two behavioral steps. In extreme examples, merely paying attention to someone else's role-play could be the accomplishment.

Shorten the Task

Ask less of the participants by shortening the exercise or role-play.

Have the Participant Read a Prepared Script

This approach removes from participants the burden of figuring out what to say and eases getting in front of the group and acting out the skill. As with all simplification methods, using a prepared script should be a temporary device, used to move participants in the direction of role-playing without assistance.

Have the Participant Play the Scripted Role First

Let participants who are uncomfortable with performing in front of their peers play the scripted role-play first. This accustoms them to going before the group and speaking because the spotlight is mostly on someone else. This method should be used temporarily. Before moving on to the next skill, all participants should play the main actor using the particular skill.



ELICITATION OF RESPONSE METHODS

Call for Volunteers

In the early stages, facilitators often elicit participation. The least directive way is calling for volunteers.

Introduce Topics for Discussion

Calling for volunteers in a highly apathetic group may yield no response. Under this circumstance, introduce discussion topics that appear especially relevant to the needs, concerns, aspirations, and skill deficiencies of the particular participants.

Call on a Specific Participant

This is a more active and directive facilitator intervention. It is often useful to select a participant whose attentiveness, facial expression, eye contact, or other nonverbal signal communicates potential involvement and interest.

Prompt and Coach Participant

The facilitator takes on the role of coach or prompter and feeds role-play lines to a participant or carefully directs the group's discussion. The most direct way involves a facilitator standing behind the participant during a role-play and whispering statements that represent each behavioral step for the participant to say out loud.

THREAT REDUCTION METHODS

Employ Additional Live Modeling by the Group Facilitator

The facilitator demonstrates a skill repeatedly. Such facilitator behavior makes it easier for the participants to get up and risk less-than-perfect performances in an effort to learn the skill. Such additional live modeling also proves useful to those participants who have difficulty role-playing because of cognitive inadequacies.

Postpone the Participant's Role-Playing Until Last

A participant unwilling to participate is not required to role-play until both the facilitator's live modeling and role-playing by all other participants are completed. However, no participant should be excused completely from practicing that skill. To do so would run counter to the purpose of the group.

Provide the Participant with Direct Reassurance

In case of participant reluctance to role-play, the following steps might be used as a guide for providing encouragement.

- **Step 1:** Offer resistant participants the opportunity to explain their reluctance to role-play and listen non-defensively.
- **Step 2:** Express your understanding of the resistant participant's feelings.
- **Step 3:** If appropriate, respond that the participant's view is a viable alternative.
- **Step 4:** Present your own view in greater detail, with both supporting reasons and probable outcomes.
- **Step 5:** Express the appropriateness of delaying a resolution.
- **Step 6:** Urge the participant to try to role-play the given behavioral steps.



METHODS FOR TERMINATING INAPPROPRIATE RESPONSES

Urge Participants to Remain on Task

Bring the participants back on track gently, but firmly. Do this by pointing out to participants what they are doing incorrectly and reminding them of the target behaviors.

Ignore Participant Behavior

Inappropriate behaviors can be terminated by ignoring them. This withdrawal of reinforcement, which leads to the extinction process, is best applied to behaviors that the group can tolerate while still remaining on task as the process is taking place. Deal with behaviors that are more disruptive or dangerous to the group's functioning more directly.

Interrupt Ongoing Participant Behavior

Interrupt ongoing participant behavior when other methods fail. Do it firmly, unequivocally, and with the clear message that the group has its tasks. It might require removing participants from groups for a period of time.



FAQ and Glossary

ANSWERS TO COMMON HIV/STD and PREGNANCY QUESTIONS ASKED BY ADOLESCENTS

QUESTIONS ABOUT HIV/AIDS

1. Does AIDS affect people of all races?

Yes. Anyone, regardless of race, can acquire HIV if the individual participates in risky sexual or needle-sharing behaviors with an infected person.

2. What causes AIDS?

AIDS is the end result of an infection caused by a virus called the human immunodeficiency virus (HIV).

3. Can people of all ages get HIV?

Yes. Persons of all ages can acquire the virus if exposed by risky behaviors. Even children can get the virus. The majority of infected children acquired the virus from an infected mother during pregnancy or childbirth. Others acquired the virus during breast-feeding. Some children became infected from blood transfusions prior to the screening of blood.

4. Is HIV infection transmitted like other diseases?

HIV infection is not like communicable diseases such as the cold, flu, or measles, that can be passed through casual contact like sneezing, coughing, or sharing eating utensils. No cases have been established where HIV was passed by those means.



5. Can you carry the virus and not develop AIDS?

Yes. Worldwide there are some people who are infected with HIV and have not developed AIDS. Many people who are HIV positive do not know they are infected. Persons with the virus can transmit it to others even if they don't have any symptoms.

6. How does HIV break down the immune system?

Scientists know that the virus destroys the white blood cells of the immune system. White blood cells consist of T-cells and B-cells and protect a person from disease. Some T-cells, also called helper cells, or CD-4 cells, help the B-cells produce antibodies against invading disease-causing organisms. When HIV enters the body, it infects/destroys the helper (CD-4) cells. When you lose CD-4 cells, your immune system breaks down and it becomes difficult to fight infections/diseases.

7. How contagious is the AIDS virus?

In comparison to other communicable diseases, HIV infection is much less contagious than germs of the common cold, flu, measles, and tuberculosis. These diseases can spread through the air, whereas HIV is only spread through body fluids.

8. Can you get HIV from casual contact?

No one should be afraid of becoming infected through casual contact. Transmission of the virus takes place during behaviors in which certain bodily fluids are exchanged, including semen, vaginal secretions, blood, or breastmilk.

People can, for example, work with others, attend school and public events, eat at restaurants, and be around members of high-risk groups without the fear of getting HIV. Persons caring for another family member who has AIDS are also not at increased risk for contracting the virus. Children attending school with another student who is HIV positive are not at increased risk for becoming infected.

9. Can you get HIV from kissing?

You cannot get HIV from a kiss on the cheek or a closed mouth kiss. There are extremely rare cases of HIV being transmitted via deep “French” kissing but in each case, infected blood was exchanged due to bleeding gums or sores in the mouth. Because of this remote risk, it is recommended that individuals who are HIV-infected avoid deep, open-mouth “French” kissing with a non-infected partner, as there is a potential risk of transferring infected blood.

10. What can an individual do to keep from getting HIV?

Persons can reduce their risk of contracting HIV by practicing responsible behavior as it relates to sexual expression and drug abuse. Responsible sexual precautions include 1) sexual abstinence, 2) sexual fidelity, 3) avoiding exchange of body fluids by using a condom, 4) avoiding sexual partners who are engaged in risky behaviors, and 5) getting tested. These precautions can also reduce the risk of contracting other STDs. Responsible behavior regarding drug abuse includes abstaining from using drugs at the most and avoiding sharing needles and syringes at the very least.

11. Can AIDS be cured?

Currently, there are no drugs available that will completely destroy HIV or restore the immune system. There are, however, a series of antiretroviral drugs that help control HIV replication and immune system damage. The drawbacks are that many medications (called cocktails) must often be taken several times a day and that they often have unpleasant side effects, such as rash, diarrhea, liver and kidney damage, and nerve problems. One of the older drugs, AZT, is recommended for pregnant women in order to decrease HIV transmission to the fetus.



12. What is being done for people who develop AIDS?

Persons living with AIDS need both medical and social support services to help them cope and live with their condition. These types of assistance are increasingly becoming available, although there is more that can be done. Also, family members need support. Legal efforts are being pursued to protect the rights of persons living with HIV and AIDS.

13. Is there a vaccine for HIV infection?

No. Scientists are working to develop a vaccine, but a solution appears to be many years away.

14. Should a student with AIDS be allowed in school?

Yes. A student living with HIV or AIDS poses no risk to other students. However, there may be times when the person with AIDS might not be able to attend school because of his or her weakened condition.

15. Should persons with AIDS be banned from public events, schools and jobs?

No. Since the AIDS virus cannot be passed by casual contact, there is no reason why a person living with AIDS should be kept from being a participating member of a community.

16. Can HIV be transmitted during oral sex?

Yes. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than anal or vaginal sex. The vagina, anus, and mouth are lined with sensitive tissues called mucous membranes, which can come in contact with blood, semen, or vaginal fluids during all types of intercourse. The virus can enter an uninfected person's bloodstream through tiny tears in the mucous membranes that occurred during sex or were there beforehand. These tears can be very small, existing without any pain or visible blood to act as a warning sign.

The safest option is to practice sexual abstinence. If that's not your choice, then knowing your partner well enough to communicate openly with each other about diseases and precautions lessens your risk. Males should use a new latex condom every time they have sex, including oral sex. Each partner can also get tested for STDs, including HIV, before sex is initiated.

17. Is it possible to have HIV and not have any visible symptoms? If so, how can I know if my partner is infected?

Yes, it is possible that a person can have HIV and not have symptoms. One way to find out if your partner is infected is by asking. The foundation of love and responsible sex is good communication. An open and honest discussion with someone you know and trust will probably result in the truth. But remember, a partner might not know that he or she has an STD. (It can take anywhere from a few months to several years for HIV to develop into AIDS, with the median time being 11 years.) If you are concerned that your partner might have HIV, you and your partner may want to be tested for HIV just to be sure.



18. How effective are condoms in preventing the transmission of HIV and STDs?

HIV: Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

Other Diseases transmitted by genital secretions, including Gonorrhea, Chlamydia, and Trichomoniasis: Latex condoms, when used consistently and correctly, reduce the risk of transmission of STDs such as gonorrhea, chlamydia, and trichomoniasis.

Genital ulcer diseases and HPV infections: Genital ulcer diseases and HPV infections can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Consistent and correct use of latex condoms reduces the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. Condom use may reduce the risk for HPV infection and HPV-associated diseases (e.g., genital warts and cervical cancer).

Proper use of condoms means:

- Using latex or polyurethane condoms, not lambskin.
- Using fresh condoms that have been stored in a cool, dark place (not a wallet or a glove compartment).
- Handling them carefully, avoiding damage from rings and fingernails, and keeping them rolled up until use.
- Putting the condom on as soon as erection is achieved.
- Leaving some room at the tip of the condom when it is put on.
- When a lubricant is desired, using only water-based lubricants such as K-Y Jelly®.

19. Isn't AIDS a gay disease?

No. AIDS, a result of the HIV infection, is caused by a virus (HIV). Anyone can get HIV through the exchange of blood, vaginal fluid, or breastmilk with an infected person. Like anyone else, men who have sex with men are at higher risk only if they engage in activities that include the exchange of these fluids.

20. Why are injectable drug users at high risk for getting AIDS?

AIDS, a result of HIV infection, is caused by a virus (HIV). Injectable drug users who share needles and works with others have an increased risk of getting this virus because drops of blood from one person can cling to the needle or works. When shooting up, infected blood can pass HIV directly into the bloodstream of another person.

21. Are Hispanics and African Americans more likely to get AIDS than other ethnic groups? Are mostly African Americans and Hispanics getting AIDS?

Although HIV infection affects us all, the number of AIDS cases among Hispanics and African Americans is disproportionately higher than that of the general population. The reasons for this difference are linked to socioeconomic factors (e.g., level of education, income, access to health care, etc.) and not to racial factors.

22. If I am HIV-positive or am at risk for HIV infection, whom should I tell?

Telling someone you have HIV isn't easy. Consider telling your doctors, dentist, dental hygienist, and be sure to tell your sex partners (past, present, and future). If you share needles and syringes, also tell these partners.

23. Can I get AIDS from kissing on the cheek?

Kissing on the cheek is very safe. The HIV virus is only found in minimal amounts in saliva if at all. Even then, skin is sufficient to prevent infection.



24. Can I get infected with HIV by someone who performs oral sex on me?

Yes, it is possible for either partner to become infected with HIV through performing or receiving oral sex, though it is a less common mode of transmission than other sexual behaviors (anal and vaginal sex). There have been a few cases of HIV transmission from performing oral sex on a person infected with HIV. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex.

25. Is vaginal sex dangerous? If I have only vaginal sex, can I get infected with HIV?

HIV is caused by a virus, and if a person has the virus, vaginal sex puts that person's partner at risk for HIV infection. Many women have gotten the virus from their infected male partners during vaginal sex. Many men have been infected by their female partners during vaginal sex as well. Couples should use condoms every time they have sex. Though condoms sometimes break, they greatly lower the chances of HIV transmission from one partner to another.

26. How can vaginal sex cause HIV infection in women?

AIDS is caused by a virus called HIV. A woman can get HIV from vaginal sex if her partner is infected. The walls of the vagina are surrounded by blood vessels. HIV infected semen can enter the woman's body, usually through tiny cuts and tears in the walls of the vagina that the woman might not even know about.

27. Can I get HIV from anal sex?

Yes. In fact anal sex is an even higher risk than vaginal sex. Generally, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and contains many blood vessels. However, the person who inserts his penis is also at risk if his partner is infected because HIV can enter through his penis.



28. If I just fool around, can I get AIDS?

It depends what you do. You can get HIV, the virus that causes AIDS, if the blood, semen, or vaginal fluid of an infected person enters your bloodstream in some way.

29. What sexual activities are safe?

Safer sexual activities include the following:

- No sex – oral, anal, or vaginal
- Sex between two mutually monogamous, uninfected partners who do not share needles or syringes with anyone
- Body rubbing/massaging, mutual masturbation (caution: effective against HIV and some other STDs as long as bodily fluids are not exchanged. You could still get some STDs. Herpes and syphilis are primarily transmitted through skin to skin contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/secretions.)
- Massaging one's own genitals, self-masturbation
- Kissing and other activities that do not include touching the penis, vagina, or rectum

**30. Can a woman get AIDS from having sex with a man?
Can a man get AIDS from having sex with a woman?**

Yes. AIDS is a result of HIV infection, which is caused by a virus. Either a woman or a man can become infected during oral, vaginal, or anal sex if the partner is HIV positive.

31. Can lesbians develop AIDS?

The CDC reports that it “appears to be a rare occurrence. However, there are case reports of female-to-female transmission of HIV.” Like anyone else infected with HIV, any infected woman who has sex with other women can infect her partner(s) during sex if certain bodily fluids are exchanged.



32. If I pick my sexual partner carefully, am I safe?

You can't tell by looking or asking questions whether or not someone has HIV.

33. How can someone get infected with HIV from a needle?

Because the virus, HIV, can be spread through blood-to-blood contact, the person using a contaminated needle or syringe is at high risk of becoming HIV infected. A contaminated needle can carry the virus directly into the bloodstream. This includes needles used for body piercing and tattooing as well.

34. My teammates and I use needles to take steroids. I share needles only with my friends. Can I get HIV?

Yes. If any of your friends or teammates has HIV and you share needles and syringes with them, you could become infected. Remember, it isn't just the type of drug that the needle is used for; it is the behavior that creates the risk. Also, you can't tell by the way someone looks whether that person has HIV or not.

35. What drugs are associated with getting HIV?

The use of alcohol, cocaine, crack, heroin, and amphetamines is associated with the transmission of HIV, the virus that causes AIDS. These drugs affect people's judgment and may lead to high-risk activities such as having unprotected sex or sharing needles for any purpose.

36. Why is crack associated with AIDS?

Crack is a form of cocaine that is smoked. People who use it have a higher risk of becoming infected with HIV because of activities associated with crack culture and because it reduces a person's decision-making skills.

37. Can I get HIV from someone's saliva?

There are no documented cases of saliva transmitting HIV, the virus that causes AIDS. While there is a theoretical possibility of spreading HIV by saliva, research suggests that it is highly unlikely.

38. What if someone with AIDS bites me? Will I get AIDS?

It's rare, but in 1997, someone in the United States became infected from a bite by an HIV infected person. The potential for transmission exists if the skin is broken and blood is exchanged.

39. Can I get HIV infection from the tears of someone with AIDS?

No. There is no evidence that anyone in the United States has become infected with the virus from touching the tears of an infected person.

QUESTIONS ABOUT SEXUALLY TRANSMITTED DISEASES

40. I'm a teenager, I'm not at risk for getting an STD, right?

Wrong. An estimated 8,300 young people aged 13–24 years in the 40 states reporting to CDC had HIV infection in 2009. Nearly half of the 19 million new STDs each year are among young people aged 15–24 years. There are other STDs out there besides HIV, and they are on the rise among teens. They include chlamydia, gonorrhea, syphilis, herpes and human papillomavirus (HPV), which causes genital warts and can lead to cervical cancer or other less common but serious cancers.



41. Can you get an STD from a public restroom?

This is not very likely. Most STDs are only transmitted during sexual contact, either by skin-to-skin contact or through body fluid exchange. Crabs, or pubic lice, may be transmitted through sexual contact, sleeping in infected bedding, and sharing infected clothing. Lice cannot survive away from the human body for longer than 24 hours, so contracting pubic lice from a toilet seat is unlikely.

42. Can I get HIV or another STD from getting a tattoo or through body piercing?

There can be a risk for HIV or another blood-borne infection (like hepatitis B or C) if the instruments used for piercing or tattooing are not properly sterilized or disinfected between clients. Any instrument used to pierce or cut the skin should only be used once and thrown away, or thoroughly cleaned and sterilized before it is used again. Ask the staff at the parlor about their equipment. They will show you what precautions they use.

43. Can I get an STD from kissing?

This is possible but not very common. If your partner's mouth is infected with an STD, then he or she may be able to pass that infection to your mouth during a kiss. Fever blisters and cold sores can be passed through a kiss if your partner is infected. Blood-borne infections like HIV or hepatitis B or C can only be passed through kissing if there is an exchange of infected blood. If your partner has an infection in his or her genital area, then kissing on the mouth will not transmit the infection.

44. Can I get an STD from oral sex?

Yes. During oral sex, there is skin-to-skin contact and bodily fluid exchange, so it is important to use latex or polyurethane condoms.

45. Why don't teenagers who are having sex use condoms?

They may:

- Be embarrassed about buying or getting condoms.
- Feel peer/date pressure.
- Use alcohol and drugs, which limits their judgments.
- Have a lack of knowledge.
- Believe using birth control pills is enough protection.
- Be embarrassed about asking questions.
- Not think about it ahead of time.

46. How do I get tested for an STD?

There are different tests for each of the different STDs. Some STDs are hard to test for if you do not have any symptoms. Some STDs can be identified through a simple blood test or a urine test; others can only be detected through culturing body fluid from the penis, vagina or open sore on the body. If you go in for testing, it is important to ask your health care provider which tests will be done and which will not. Sometimes, weeks or months need to pass to give your body enough time to develop antibodies that will show up in a test.

47. Where do I go to get tested?

Your local health department, community clinic, private doctor or Planned Parenthood are all good locations to check out for STD testing. The CDC National STD and AIDS Hotlines can look up free or low cost clinics in your area that do STD testing. You can call them at 1 (800) 227-8922 or 1 (800) 232-4636, seven days a week, 24 hours a day.



48. What's the difference between confidential and anonymous testing?

All medical care that you receive should be confidential. This means that the information you discuss with your health care providers must stay in your files at the clinic and not be released to anyone without your permission. Anonymous testing is when your name is not associated with the test or the results in any way. You are given a number or code word to identify yourself during testing and when receiving results. This is no longer widely available.

49. Do my parents have to find out if I get tested for STDs and HIV?

This varies from state to state. In some states, clinics will see you without your parents' permission and in others they will not. If you are concerned about this, call the clinic before you go. Ask if you need to bring your parent along for permission and what information the clinic will share with them. This way you know what to expect ahead of time.

50. What are the common symptoms of STDs?

STDs can cause physical symptoms like bumps or sores on the skin, discharge, pain or burning during urination (peeing), or symptoms like the flu. Some STDs do not cause any symptoms at all.

51. Can I have an STD and not know it?

Yes. STDs can take weeks, months, or even years before symptoms show. Some people never develop any symptoms for some STDs. However, STDs can still be transmitted whether or not the person has symptoms.

52. How do I know if my partner is infected?

The simple answer is that you may not know your partner is infected unless he or she knows and tells you, or they get tested and show you their results.

QUESTIONS ABOUT PREGNANCY

53. Can you get pregnant by kissing?

No. The only way a woman can get pregnant is if sperm cells enter her vagina, and fertilize one of her egg cells. This usually happens during vaginal sex, but can also happen if a man ejaculates near the entrance to the vagina, but not inside it, or if sperm is introduced into the vagina by hand.

54. Can a boy get a girl pregnant if he has not had a wet dream?

Yes. A boy can get a girl pregnant whenever he is able to have an ejaculation. Even if a boy has never had a wet dream, he may have sperm cells in his testicles.

55. If a girl misses her period, is she definitely pregnant?

Certainly not. When girls first start having periods they often have irregular cycles and may even skip a month from time to time. However, if a girl has had sexual intercourse and she misses a period, she could be pregnant. She should then see a doctor right away.

56. Can a girl get pregnant if she has sex standing up?

Yes. Sperm does not care what position you are in. Any time semen comes in contact with the vagina a girl may get pregnant. There are no exceptions to that rule. There are no safe positions or safe times for having sex without risking pregnancy.

57. Can a girl get pregnant the first time she has sex?

Of course she can! It happens every day, much to the surprise and disappointment of many young girls.

58. Can a girl get pregnant from swallowing semen?

No. The only way a girl can get pregnant is if sperm cells enter her vagina, usually during sexual intercourse, and fertilize one of her egg cells.



59. Can douching after intercourse prevent pregnancy?

No. Douching will not prevent pregnancy; it only pushes the sperm up the vagina increasing the chance of pregnancy. Douching may also cause irritation and lead to infection.

60. Is withdrawal (pulling the penis out of the vagina before the man ejaculates or cums) a good way to avoid pregnancy?

No. This is the way many teenage girls get pregnant.

61. Can Vaseline prevent pregnancy?

No. Vaseline does not contain anything to kill sperm, so it is not a contraceptive. Also, Vaseline collects bacteria, is thick and greasy, and is hard to wash off.

Glossary

ABSTINENCE: Not having sexual intercourse, whether oral, anal, or vaginal; being celibate.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS): A result of infection with the human immunodeficiency virus (HIV) in which the immune system is not able to effectively fight infection. A person is diagnosed with AIDS when his or her CD4 count drops below a certain level or one or more AIDS-defining illnesses develop.

AIDS: See *acquired immune deficiency syndrome*.

ANAL SEX (ALSO ANAL INTERCOURSE): Inserting the penis into the anus of the sexual partner.

ANONYMOUS TESTING: Testing done with no identifying information recorded. Only the person tested can obtain the results.

ANTIBODY: A substance in the blood formed to combat invading disease agents such as viruses, bacteria, fungi, and parasites.

ANTIBODY-NEGATIVE TEST RESULT: A test result in which no signs of antibodies to HIV are detected; either the person does not have HIV, or the person has recently become infected with HIV and does not yet have detectable antibodies.

ANTIBODY-POSITIVE TEST RESULT: A test result in which antibodies to HIV are detected in the blood, oral fluid or urine; the person is assumed to be infected with HIV if both the ELISA and Western Blot tests show positive results.

ANUS: The opening of the rectum that controls the release of waste (feces) from the body.

BISEXUAL: A person who is sexually attracted to people of the same sex and of the opposite sex (both-sex orientation).

BLOOD-BORNE DISEASE: Disease agents, for example HIV infection and hepatitis B, that are carried in and transmitted through the bloodstream.

BODY FLUIDS: Fluids that the body makes such as tears, saliva, sweat, blood, vaginal fluid, semen, and breastmilk.

CASUAL CONTACT: Ordinary social contact; for example, kissing on the cheek, shaking hands, and using a telephone, toilet, or swimming pool. Not a means of spreading HIV. Diseases such as the common cold or flu can be spread in this manner.

CASUAL TRANSMISSION: Transmitting (spreading) an infection or disease through casual contact. Not a means of transmitting HIV.

CENTERS FOR THE DISEASE CONTROL AND PREVENTION (CDC): Federal health agency that is part of the U.S. Department of Health and Human Services which provides national health and safety guidelines and statistical data on HIV infection, AIDS, and other diseases.

Glossary, continued

CONDOM: A sheath made of latex, polyurethane, or lamb intestine that fits over the erect penis; when used correctly, latex condoms are highly effective against HIV transmission and can also reduce the risk of transmitting other STDs. Lambskin condoms should never be used because they do not protect against HIV transmission.

CONFIDENTIAL TESTING: Testing in which test results are linked to a person's name and recorded in medical files. State laws limit who can have access to the results and under what conditions they can gain access.

CONTAMINATED NEEDLES: Needles that have been used by an HIV-infected person and have not been properly cleaned. HIV transmission is possible if the needles are shared. Any needle that has already been used is likely to be contaminated with something.

CRACK: A form of cocaine that is smoked.

CUNNILINGUS: Mouth-to-vagina sex. See *oral sex*.

DISINFECTANT: A chemical that destroys agents; for example, liquid chlorine bleach can be used to clean needles and syringes.

DRY KISS: One that does not involve mouth-to-mouth or open-mouth contact; examples include social kissing and kissing on the cheek.

EJACULATE: To eject semen from the penis during orgasm.

EJACULATION: The spontaneous discharge of semen during orgasm.

EPIDEMIC: A rapidly spreading disease affecting a large number of people in a population.

EXPOSURE TO HIV: Occurs during an exchange of bodily fluids with someone infected with HIV. It can lead to possible HIV transmission.

FELLATIO: Mouth-to-penis sex. See *oral sex*.

FEMALE CONDOM: A soft, loose fitting polyurethane sheath providing a physical barrier that lines the vagina and reduces the risk of HIV transmission.

FRENCH KISS: See *open-mouth kiss*.

GENITAL CONTACT: Contact between the sexual organs of two people.

HETEROSEXUAL: Being romantically or sexually attracted to people of the opposite sex. Also, having sexual partners of the opposite sex.

HIV: See *human immunodeficiency virus*.

HOMOSEXUAL: Being romantically or sexually attracted to people of the same sex. Also, having sexual partners of one's own sex.

Glossary, continued

HUMAN IMMUNODEFICIENCY VIRUS (HIV): The virus that causes AIDS and destroys the body's immune system, making it susceptible to life-threatening opportunistic infections or rare cancers.

IMMUNE: Resistant to a particular infection or toxin owing to the presence of specific antibodies

IMMUNE SYSTEM: A variety of cells and substances within the body that fight disease agents such as viruses, bacteria, parasites, and fungi.

INCIDENCE: The number of new cases of a disease over a period of time.

INCUBATION: The period of time from the point of infection to the onset of symptoms.

INFECTION: Invasion of the body by a disease agent.

LESBIAN: A woman who is romantically or sexually attracted to women and whose sexual partners are women. See *homosexual*.

LUBRICANT: Something wet and slippery, used to reduce friction during sex. A person can put it on the outside of a condom or inside a woman's vagina or person's anus during sex. This can keep a condom from getting dry and breaking. There are two kinds of lubricants: water-based and oil-based. A water-based lubricant is recommended because oil-based lubricants can create holes in condoms.

MASTURBATION: Massaging one's own genitals for sexual stimulation.

MONOGAMY: Having sex with only one person. This can prevent STDs if two people test negative for infections before they initiate sex, and then agree to have sex with only each other. Some people interpret monogamy as having sex with one and only one person at a time. Therefore they end up having many partners one after another and are at risk for STDs if each new partner is not tested and treated for STDs first.

MUTUAL MASTURBATION: Massaging each other's genitals for sexual stimulation. See *masturbation*.

NON-LUBRICATED CONDOM: A condom that is packaged without a lubricant. It is very dry and seems like it has chalk on it. However, it is safe for people to put in their mouths during oral sex. A person can cut it along the side and then cut off the tip to make a square of latex. This square is then a moisture barrier to be used over an anus or vagina during oral sex. Non-lubricated condoms are highly effective against HIV transmission and can also reduce the risk of transmitting other STDs.

NONOXYNOL-9: A chemical used in some contraceptive creams, foams, and jellies that kills sperm. Nonoxynol-9 can irritate the lining of the vagina and rectum increasing susceptibility to contracting HIV if exposed.

Glossary, continued

OIL-BASED LUBRICANT: A lubricant made from something that has oil in it. The oil can eat holes in a latex condom when people use it during sex. Then germs that cause STDs, including HIV, can go through these holes and enter people's bodies. Vaseline, mineral oil, and lotions are some examples of oil-based lubricants.

OPEN-MOUTH KISS: One that involves tongue-to-tongue contact.

ORAL SEX (ORAL INTERCOURSE): Contact of the mouth or tongue with a partner's penis, vagina, or anus.

PENIS: The male sexual organ.

POLYURETHANE CONDOMS: Research continues on the effectiveness of polyurethane. Latex condoms continue to be recommended as the most effective barrier.

POSITIVE TEST RESULT: Findings that show the presence of antibodies; the person tested is assumed to be infected with HIV and able to infect others.

PREGNANCY: The time from when the sperm and egg fuse and implant into the uterus, until birth. This takes about 9 months.

A woman can get pregnant even if:

- She is having her period.
- She hasn't had her first period yet.
- She is under 12 years of age.
- It is her first time.
- She does not have an orgasm.
- She does not have vaginal intercourse very often.
- A man pulls his penis out of her vagina before he ejaculates.
- Her partner only touches the outside of her vagina with his penis.
- She urinates right after sex.
- She douches with anything.
- She jumps up and down after sex.

PRE-SEMINAL FLUID: A few drops of semen that leak out of the penis just before a man ejaculates. It can transmit STDs.

Glossary, continued

PUBERTY: The process by which a child becomes physically and sexually mature. Hormones cause these changes. It doesn't happen to everyone at the same time. For a girl it begins to happen between ages 8-14. Her breasts grow larger, and she begins menstruating. In a boy puberty starts around 12 years old. His penis and testicles grow and develop. His voice also starts to change. Both boys and girls begin to grow pubic hair. They may also grow hair on other parts of their body. These changes are usually finished by age 20. It is also a time during which feelings about self, family, or other people change. Moods and emotions change too. It can be a very confusing and frustrating time.

PULLING OUT: When a man removes his penis from someone's vagina, anus, or mouth before he ejaculates. It does not prevent the spread of STDs, and it will not prevent a woman from getting pregnant. Pulling out is another term for withdrawal.

RECTUM: The last portion of the digestive tract, just above the anus.

RISK BEHAVIOR: An activity that puts a person at increased risk for HIV, STDs or pregnancy.

SAFER SEX: Sexual practices that involve no exchange of blood, semen, or vaginal fluid.

SALIVA: The fluid produced in the mouth.

SEMEN: Whitish fluid ejaculated from the penis during orgasm that contains sperm from the testes and fluid secreted from several glands to nourish and protect the sperm.

SEX (SEXUAL INTERCOURSE): Genital contact between individual; contact with vagina, penis, or anus.

SEXUAL ORIENTATION: The attraction people feel for, or the erotic relationship they develop, with other people of the same sex, the opposite sex, or of both sexes.

SEXUALLY TRANSMITTED DISEASE (STD): A disease that is transmitted through genital contact during sex. Gonorrhea, syphilis, herpes, HIV, chlamydia, and hepatitis B are all examples of STDs.

SPERMICIDE: A chemical that kills sperm on contact, such as nonoxynol-9. Spermicide can also come in the form of a foam, cream, film suppository, or jelly.

STD: See *sexually transmitted disease*.

SYNDROME: A group of related symptoms or diseases.

T-CELL: A type of white blood cell essential to the body's immune system. It helps regulate the immune system and control B-cell and macrophage functions. It is attacked by HIV.

TRANSFUSION (BLOOD): The act of receiving blood intravenously.

VACCINE: A substance made from modified or denatured bacteria or viruses that produces immunity to that particular disease.