

# BE PROUD! BE RESPONSIBLE!

FACILITATOR CURRICULUM

**An Evidence-Based Intervention  
to Empower Youth to Reduce  
Their Risk of HIV**

FIFTH EDITION

Loretta Sweet Jemmott, PhD, RN, FAAN

John B. Jemmott, III, PhD

Konstance A. McCaffree, PhD



Advancing Science  
Reducing Risk  
Improving Lives



ETR (Education, Training and Research) is a nonprofit organization committed to providing science-based innovative solutions in health and education designed to achieve transformative change in individuals, families and communities. We invite health professionals, educators and consumers to learn more about our high-quality programs, publications and applied research, evaluation and professional development services by contacting us at 100 Enterprise Way, Suite G300, Scotts Valley, CA 95066, 1-800-321-4407, [www.etr.org](http://www.etr.org).

© 2016 Fifth Edition. All rights reserved.

Published by ETR Associates, 100 Enterprise Way, Suite G300, Scotts Valley, CA 95066-3248.

Printed in the United States of America.

Title No. A433-16

ISBN 978-1-56071-931-1

This curriculum was developed, pilot-tested, implemented and evaluated in studies funded by the American Foundation of AIDS Research (1988–1989) and the National Institute of Child Health and Human Development (1988–1992) under grant number R01/HD 24921 and the National Institute of Mental Health.

This publication was made possible by grant number U63/CCU 106174-04 from the U.S. Centers for Disease Control and Prevention, Division of Adolescent School Health. Its contents are solely the responsibility of the authors and do not necessarily represent the office views of the U.S. Centers for Disease Control and Prevention.



## ETR Associates End User License Agreement

PLEASE READ THIS AGREEMENT CAREFULLY. THIS END USER LICENSE AGREEMENT ("AGREEMENT") IS BETWEEN EDUCATION TRAINING AND RESEARCH ASSOCIATES, INC. (THE "COMPANY") AND THE PERSON/ORGANIZATION WHO PURCHASES / OPENS THIS PACKAGE OR USES THE MATERIAL WHICH ACCOMPANIES THIS AGREEMENT (THE "USER"). THIS AGREEMENT GIVES A USER THE RIGHT TO ACCESS AND USE THE COMPANY'S PRODUCTS AND SERVICES ("PRODUCTS") LICENSED FROM THE COMPANY PURSUANT TO A LICENSE AGREEMENT, CONTRACT, SALES OR PURCHASE ORDER, INVOICE OR CREDIT CARD PURCHASE ("LICENSE CONTRACT"). THE COMPANY IS WILLING TO GRANT A USER THE RIGHT TO ACCESS AND USE THE COMPANY'S PRODUCTS ONLY IF THE USER ACCEPTS ALL OF THE TERMS OF THIS AGREEMENT, AND PAYS OR HAS PAID THE COMPANY THE FULL PRICE (TO INCLUDE ALL APPLICABLE TAXES AND FEES) PURSUANT TO THE LICENSE CONTRACT. BY PURCHASING THE PRODUCTS AND AGREEING BY SIGNATURE, BY USE OF PRODUCTS OR BY "CLICK THROUGH" THE USER ACKNOWLEDGES THAT USER HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY IT. IF THE USER DOES NOT AGREE TO ALL OF THE TERMS IN THIS AGREEMENT, THE USER SHOULD NOT ACCESS OR OTHERWISE UTILIZE THE PRODUCTS BECAUSE NO LICENSE SHALL HAVE BEEN GRANTED THERETO.

**1. LICENSE.** In consideration of the payment of the amount agreed to in the License Agreement Contract for the right to use Company's Products, and the User's adherence to all provisions of this Agreement, the Company grants the User a personal, non-exclusive, non-transferable license to access and use the Company's Products covered hereunder for educational purposes described in the License Agreement Contract in the United States of America, its territories and possessions.

**2. RESTRICTIONS.** User may not use, copy, modify or transfer the Products to others, in whole or in part, except as expressly provided in this Agreement. User may not create a derivative work based on the Products. The Products contain trade secrets and method patents of the Company, and the User may not reverse engineer, disassemble, decompile, adapt, modify or translate the Products, or otherwise attempt to derive its source code or the source code through which the Products are accessed, or authorize any third-party to do any of the foregoing. The license granted hereunder is personal to the User, and any attempt by the User to transfer any of the rights, duties or obligations hereunder shall terminate this Agreement and be void. The User may not rent, lease, loan, resell, or distribute the Products or any part thereof in any way including, but not limited to, making the Products available to others via shared access to a single computer, a computer network, or by mobile device, digitally or by sharing access information, which includes the User's Username and Password.

**3. OWNERSHIP.** The Company's Products are the property of the Company, and subject to applicable patent, copyright, trade secrets, trademarks and other proprietary rights. The Products are licensed, not sold, to the User for use only under the terms of this Agreement, and the Company reserves all rights not expressly granted to the User.

**4. TERM.** This Agreement and license granted herein will terminate at the end of 7 years from the date of purchase.

**5. TERMINATION.** This Agreement will terminate immediately if the User breaches any term of this Agreement. Further, in the event of a termination or expiration of any agreement between the Company and a third-party content provider or licensor of all or a part of the Products, the User's right to access and use the Products may also terminate or expire without prior notice to User.

**6. CONTENT MAINTAINED BY THE COMPANY.** User acknowledges and understands that: (a) the Company may, from time to time, elect to update the Products, but the Company does not warrant or guarantee that any Products or other information accessed through the Company's website(s) will be updated at any time during the term of this Agreement; and (b) the Company does not recommend, warrant or guarantee the use or performance of any third-party product or service described in the Products or elsewhere in the Company's website(s), nor is the Company responsible for malfunction of such products or services due to errors in the Products, the User's negligence or otherwise. User agrees to seek additional information on any third-party product or service from the respective third party.

**7. WARRANTY DISCLAIMER.** EXCEPT AS EXPRESSLY PROVIDED HEREIN, THE COMPANY'S PRODUCTS ARE PROVIDED "AS IS" AND THE COMPANY MAKES NO REPRESENTATIONS OR WARRANTIES. THE COMPANY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, OF ANY KIND, FOR THE PRODUCTS AND ANY OTHER MATERIAL PROVIDED TO USER BY THE COMPANY, INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, AND NON-INFRINGEMENT OF THIRD PARTY RIGHTS. THE COMPANY DOES NOT WARRANT THAT THE PRODUCTS ARE ERROR-FREE, THAT THEIR OPERATION WILL BE UNINTERRUPTED, OR THAT PRODUCTS WILL MEET ANY PARTICULAR USER REQUIREMENTS. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE COMPANY MAKES NO WARRANTY, AND PROVIDES NO ASSURANCE, THAT THE PRODUCTS WILL MEET CERTIFICATION REQUIREMENTS OF ANY REGULATORY AUTHORITY OR OTHER ASSOCIATION LICENSING AGENCY, WITHIN OR OUTSIDE OF THE UNITED STATES.

**8. LIMITATION OF LIABILITY.** Except as specifically provided herein, neither the Company, its affiliates, agents, authors, or licensors, if any, shall be liable for any claim, demand or action arising out of, or relating to, the User's use of the Products or the Company's performance of (or failure to perform) any obligation under this Agreement or for special, incidental or consequential damages, including, without limitation, damages due to lost revenues or profits, business interruption, or other damages caused by User's inability to use the Products, even if the Company, its affiliates, agents, or licensors have been advised of the possibility of such loss or damages, and whether or not such loss or damages is or are foreseeable.

**9. EXPORT LAW.** The Company's Products are subject to U.S. export control laws and may be subject to export or import regulations in other countries. Unless in compliance with applicable law and specifically authorized in writing by the Company prior to any Product access, the User shall not export the Products under any circumstances whatsoever. In any case, the User will indemnify and hold the Company harmless from any and all claims, losses, liabilities, damages, fines, penalties, costs and expenses (including reasonable attorneys' fees) arising from, or relating to, any breach by the User of the User's obligations under this section.

**10. GOVERNING LAW, JURISDICTION AND VENUE.** This Agreement shall for all purposes be governed by and interpreted in accordance with the laws of the State of California as those laws are applied to contracts entered into, and to be performed entirely in California. Any legal suit, action or proceeding arising out of, or relating to this Agreement, shall be commenced in a federal court in California or in state court in California, and each party hereto irrevocably submits to the personal and exclusive jurisdiction and venue of any such court in any such suit, action or proceeding and waives any right which it may have to transfer or change the venue of any such suit, action or proceeding, except that in connection with any suit, action or proceeding commenced in a state court, each party retains the right to remove such suit, action or proceeding to federal court to the extent permissible. The United Nations Convention on Contracts for the International Sale of Goods is specifically excluded from application to this Agreement.

**11. ATTORNEY FEES.** If any legal action or proceeding is brought for the enforcement of this Agreement or arises from the alleged breach, dispute, default or misrepresentation in connection with any of the provisions of this Agreement, the prevailing party or parties shall be entitled to recover reasonable attorneys' fees and other costs incurred as a result of such legal action or proceeding.

**12. WAIVER.** No failure to enforce any term of this Agreement shall constitute a waiver of such term in the future unless such waiver so provides by its terms.

**13. ASSIGNMENT.** Neither this Agreement nor any of the User's rights or obligations hereunder may be assigned by the User in whole or in part without the prior written approval of the Company. Any other attempted assignment shall be null and void.

**14. SEVERABILITY.** If any part of this Agreement is for any reason found to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions of this Agreement shall not be affected and same shall remain in effect.

**15. COMPLETE AGREEMENT.** This Agreement is the complete and exclusive statement of the agreement between the Company and the User with respect to its subject matter, and supersedes and voids any proposal or prior agreement, oral or written, and any other communications between the parties in relation to its subject matter. No waiver, alteration or modification of this Agreement shall be valid unless made in writing and signed by a corporate officer of the Company.



[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[



# TABLE OF CONTENTS

<b>Acknowledgments</b> .....	<b>vii</b>
------------------------------	------------

## FACILITATOR'S GUIDE

<b>Introduction</b> .....	<b>1</b>
<b>Overview of the Curriculum</b> .....	<b>3</b>
Unique Features of the Curriculum .....	4
Theoretical Framework .....	5
Underlying Principles .....	7
<b>Facilitator Information</b> .....	<b>11</b>
Using the Curriculum .....	11
Teaching Strategies .....	19

## CURRICULUM

<b>Module 1: Introduction to HIV and AIDS</b> .....	<b>27</b>
<b>Module 2: Building Knowledge About HIV</b> .....	<b>47</b>
<b>Module 3: Understanding Vulnerability to HIV Infection</b> .....	<b>59</b>
<b>Module 4: Attitudes and Beliefs About HIV, AIDS and Safer Sex</b> .....	<b>75</b>
<b>Module 5: Building Condom Use Skills</b> .....	<b>89</b>
<b>Module 6: Building Negotiation and Refusal Skills</b> .....	<b>113</b>

## APPENDIXES

<b>Appendix A: Optional Activities</b> .....	<b>155</b>
Additional Roleplay Situations/Safer Sex .....	157
Discussing Injection Drug Use and Needle Sharing .....	161
Basics of Sexual Response .....	164
HIV/STD Jeopardy .....	167
HIV/STD Survivor .....	173
Puberty and Adolescent Sexual Development Discussion .....	180
Healthy Relationships .....	186
Is Sexting OK? .....	191
Myths and Facts About Sexuality .....	196
Understanding Messages About Sex .....	205
Birth Control Methods Demonstration .....	209



<b>Appendix B: Supplemental Background Information . . . . .</b>	<b>219</b>
Information About HIV . . . . .	220
Sexually Transmitted Diseases (STD) . . . . .	228
Contraceptive Methods . . . . .	238
Drugs and Their Effect on Sexual Responsibility . . . . .	249
<b>Appendix C: Group Management Problems and Strategies . . . . .</b>	<b>259</b>
<b>Appendix D: Supporting a Trauma-Informed Approach to Sexuality Education . . . . .</b>	<b>265</b>
<b>Appendix E: FAQ/Glossary . . . . .</b>	<b>269</b>



# ACKNOWLEDGMENTS

***Be Proud! Be Responsible! An Evidence-Based Intervention to Empower Youth to Reduce Their Risk of HIV*** was developed by Dr. Loretta Sweet Jemmott and Dr. Konstance A. McCaffree and evaluated by Dr. John B. Jemmott, III, with the assistance of Dr. Geoffrey Fong. These researchers are committed to assuring that young people grow and live long, healthy, and productive lives. They designed and evaluated ***Be Proud! Be Responsible!*** in the hope of touching the lives of adolescents and reducing their risk of acquiring HIV.

This curriculum was originally designed to reduce the risk of sexually transmitted HIV infection among African-American male adolescents and was developed, pilot tested, implemented and funded by the American Foundation for AIDS Research (AmFAR). In a controlled randomized research study, the curriculum was found to be successful in reducing risky sexual attitudes and behaviors. Since then, it has been modified and re-evaluated in a randomized research study of inner-city junior high school students through funding by the National Institute for Child Health and Human Development. This second study demonstrated effectiveness in reducing risky sexual attitudes among both male and female participants. Eventually, the curriculum was adapted for use with in- and out-of-school youth with funds from AmFar and the State of New Jersey Department of Health. At each stage of evaluation, the curriculum was found to be successful in reducing the high-risk behaviors of study participants.

Based upon this success, ***Be Proud! Be Responsible!*** was selected by the Centers for Disease Control and Prevention's Division of Adolescent and School Health (DASH) to be included in DASH's Research-to-Classrooms program for disseminating effective HIV prevention curricula to schools and communities throughout the United States.



Special gratitude is extended to all of the educators, facilitators, research assistants, and community-based agencies that participated in this project. In particular, special thanks is extended to the following people:

Male Adolescent Project

Dr. Leonard Johnson and staff  
Spruce Medical Center

Dr. James Gardner, Principal  
West Philadelphia High School

Dionne Latham, B.A.  
Research Assistant  
Princeton University

The Junior High School Project, The In-School and Out-of-School Youth Project, those who participated in the preparation of a roleplay negotiation DVD, and the staff at the Urban League/Trenton Central High School-Based Youth Services Program

Paul P. Pintella, President  
Trenton Urban League

Virginia Euell, Director  
Trenton Urban League  
School-Based Youth Services Program

Trenton Board of Education

Charles Ramsey, Principal  
Trenton Central High School

AIDS educators on the project:  
Abdul Baker, Melda Grant,  
Monique Howard, and Renee Ingram



*All who worked hard to prepare for the training and the editing of the curriculum*

Rhonda Wise, B.A.  
Princeton University

Cornelia Hatten, B.A.  
Columbia University

Monique Howard, MPH  
Urban League of Metropolitan Trenton

Education Development Center, Inc.  
Phyllis Scattergood, Project Director  
Mary Kriener, Technical Assistance Specialist  
Daphne Northrop, Co-editor  
Jennifer Roscoe, Book Designer  
Jeannine Merrigan, Graphic Designer

Veronica Catan, PhD  
Columbia University

Susan Wooley, PhD  
Centers for Disease Control and Prevention

Mary Doyen, Executive Director  
Rocky Mountain Center for Health Promotion and Education

Acknowledgment is given to Jacob J. van den Berg, Cecilia Cancellaro and Taylor Barnette for their expertise and care in editing, revising and updating the curriculum

Finally, a special thank you to all of the young people who participated in the project and whose lives we had the opportunity to touch.



1

Chemical structure of a polyimide segment, showing a repeating unit with a central benzene ring and two imide rings.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125  
126  
127  
128  
129  
130  
131  
132  
133  
134  
135  
136  
137  
138  
139  
140  
141  
142  
143  
144  
145  
146  
147  
148  
149  
150  
151  
152  
153  
154  
155  
156  
157  
158  
159  
160  
161  
162  
163  
164  
165  
166  
167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177  
178  
179  
180  
181  
182  
183  
184  
185  
186  
187  
188  
189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200  
201  
202  
203  
204  
205  
206  
207  
208  
209  
210  
211  
212  
213  
214  
215  
216  
217  
218  
219  
220  
221  
222  
223  
224  
225  
226  
227  
228  
229  
230  
231  
232  
233  
234  
235  
236  
237  
238  
239  
240  
241  
242  
243  
244  
245  
246  
247  
248  
249  
250  
251  
252  
253  
254  
255  
256  
257  
258  
259  
260  
261  
262  
263  
264  
265  
266  
267  
268  
269  
270  
271  
272  
273  
274  
275  
276  
277  
278  
279  
280  
281  
282  
283  
284  
285  
286  
287  
288  
289  
290  
291  
292  
293  
294  
295  
296  
297  
298  
299  
300  
301  
302  
303  
304  
305  
306  
307  
308  
309  
310  
311  
312  
313  
314  
315  
316  
317  
318  
319  
320  
321  
322  
323  
324  
325  
326  
327  
328  
329  
330  
331  
332  
333  
334  
335  
336  
337  
338  
339  
340  
341  
342  
343  
344  
345  
346  
347  
348  
349  
350  
351  
352  
353  
354  
355  
356  
357  
358  
359  
360  
361  
362  
363  
364  
365  
366  
367  
368  
369  
370  
371  
372  
373  
374  
375  
376  
377  
378  
379  
380  
381  
382  
383  
384  
385  
386  
387  
388  
389  
390  
391  
392  
393  
394  
395  
396  
397  
398  
399  
400  
401  
402  
403  
404  
405  
406  
407  
408  
409  
410  
411  
412  
413  
414  
415  
416  
417  
418  
419  
420  
421  
422  
423  
424  
425  
426  
427  
428  
429  
430  
431  
432  
433  
434  
435  
436  
437  
438  
439  
440  
441  
442  
443  
444  
445  
446  
447  
448  
449  
450  
451  
452  
453  
454  
455  
456  
457  
458  
459  
460  
461  
462  
463  
464  
465  
466  
467  
468  
469  
470  
471  
472  
473  
474  
475  
476  
477  
478  
479  
480  
481  
482  
483  
484  
485  
486  
487  
488  
489  
490  
491  
492  
493  
494  
495  
496  
497  
498  
499  
500  
501  
502  
503  
504  
505  
506  
507  
508  
509  
510  
511  
512  
513  
514  
515  
516  
517  
518  
519  
520  
521  
522  
523  
524  
525  
526  
527  
528  
529  
530  
531  
532  
533  
534  
535  
536  
537  
538  
539  
540  
541  
542  
543  
544  
545  
546  
547  
548  
549  
550  
551  
552  
553  
554  
555  
556  
557  
558  
559  
560  
561  
562  
563  
564  
565  
566  
567  
568  
569  
570  
571  
572  
573  
574  
575  
576  
577  
578  
579  
580  
581  
582  
583  
584  
585  
586  
587  
588  
589  
590  
591  
592  
593  
594  
595  
596  
597  
598  
599  
600  
601  
602  
603  
604  
605  
606  
607  
608  
609  
610  
611  
612  
613  
614  
615  
616  
617  
618  
619  
620  
621  
622  
623  
624  
625  
626  
627  
628  
629  
630  
631  
632  
633  
634  
635  
636  
637  
638  
639  
640  
641  
642  
643  
644  
645  
646  
647  
648  
649  
650  
651  
652  
653  
654  
655  
656  
657  
658  
659  
660  
661  
662  
663  
664  
665  
666  
667  
668  
669  
670  
671  
672  
673  
674  
675  
676  
677  
678  
679  
680  
681  
682  
683  
684  
685  
686  
687  
688  
689  
690  
691  
692  
693  
694  
695  
696  
697  
698  
699  
700  
701  
702  
703  
704  
705  
706  
707  
708  
709  
710  
711  
712  
713  
714  
715  
716  
717  
718  
719  
720  
721  
722  
723  
724  
725  
726  
727  
728  
729  
730  
731  
732  
733  
734  
735  
736  
737  
738  
739  
740  
741  
742  
743  
744  
745  
746  
747  
748  
749  
750  
751  
752  
753  
754  
755  
756  
757  
758  
759  
760  
761  
762  
763  
764  
765  
766  
767  
768  
769  
770  
771  
772  
773  
774  
775  
776  
777  
778  
779  
780  
781  
782  
783  
784  
785  
786  
787  
788  
789  
790  
791  
792  
793  
794  
795  
796  
797  
798  
799  
800  
801  
802  
803  
804  
805  
806  
807  
808  
809  
810  
811  
812  
813  
814  
815  
816  
817  
818  
819  
820  
821  
822  
823  
824  
825  
826  
827  
828  
829  
830  
831  
832  
833  
834  
835  
836  
837  
838  
839  
840  
84

Figure 1

1

1000

1

1

100

7

1

1

1000

1

1

f

1000



## ABOUT THE DEVELOPERS AND RESEARCHERS

**Loretta Sweet Jemmott, PhD, RN, 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 bachelor's and master's degree in nursing, and a PhD 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 abstinence and safer sex 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 dissemination, 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, PhD**, received his PhD 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 the 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.

**Konstance McCaffree, PhD, CSE**, is an associate adjunct professor at Widener University in the Center For Education's Program in Human Sexuality. She is a certified sexuality educator and has been a classroom teacher in the public schools for over 30 years. Dr. McCaffree has taught human sexuality to both elementary and secondary students. Dr. McCaffree served on the Board of Directors of the Sexuality Information and Education Council of the United States (SIECUS) and The Society for the Scientific Study of Sexuality (SSSS) and is active in the American Association of Sexuality Educators Counselors and Therapists (AASECT), serving as the Chair of the Sexuality Education Certification Committee, which establishes standards in sexuality education. Dr. McCaffree conducts workshops nationally and internationally to assist educators and health professionals with their facilitation of sexuality education. In recent years, she has developed curricula and implemented training programs in South Africa, Zambia, Nigeria and the Philippines. She has also been involved with various research projects developing curricula aimed at reducing the risk of HIV/AIDS, sexually transmitted infections, unplanned pregnancy and other health and social problems among teenagers and adults.

**Geoffrey T. Fong, PhD**, has held faculty positions at Northwestern University and Princeton University, and is currently Associate Professor of Psychology at the University of Waterloo, Ontario, Canada, and Research Collaborator at Princeton University. He has been a CIC-Lilly Foundation Minority Graduate Fellow and is currently a member of the AIDS and Immunology Research Review Committee of the National Institute of Mental Health. Dr. Fong has conducted research in judgment and decision making, errors and biases in reasoning, social cognition, psychology and law, and in several domains of health psychology, including evaluation of interventions designed to reduce HIV risk behaviors among inner-city adolescents, non-adherence to health-related advice, and the effects of alcohol on health-related decisions and judgments.



# **BE PROUD! BE RESPONSIBLE!**

FACILITATOR CURRICULUM

Facilitator's Guide

FIFTH EDITION



[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[



# INTRODUCTION

***Be Proud! Be Responsible!*** is designed to give adolescents the tools they need to reduce their risk of HIV, the virus that causes AIDS. The goal is to increase knowledge and perception of personal vulnerability, develop positive attitudes toward safer sex, and build the skills and confidence needed to abstain successfully or to use safer sex practices willingly and effectively if they choose to be sexually active.

Although most adolescents are aware of HIV and AIDS, many continue to participate in behaviors that place them at risk for HIV. Since HIV is preventable, it may be possible to reduce the risk of HIV among adolescents by identifying the key HIV risk-associated behaviors in this population, the intervention-sensitive conceptual variables that determine those behaviors, and the most effective behavior-change intervention strategies.

The following patterns have been noted among those at risk for HIV infection:

- ▶ Although many adolescents know a fair amount about HIV and AIDS, they often do not know how to apply safer sex practices or might not be motivated to apply them.
- ▶ Adolescents often tend to feel they are invulnerable to HIV infection.
- ▶ Many adolescents fail to use condoms.
- ▶ Adolescents' concerns about effects of condoms on sexual enjoyment can be a barrier to condom use.
- ▶ Many adolescents do not know how to use condoms correctly.
- ▶ Many adolescents lack skills in negotiating condom use or abstinence.
- ▶ Some adolescents may identify themselves as heterosexual, but engage in same-gender sexual activity.
- ▶ Characteristics such as being depressed, psychologically distressed, or experiencing stressful life events may increase the likelihood of engaging in unsafe sex practices.
- ▶ Alcohol and other drug use interferes with judgment and reduces self-control in sexual situations.



Motivating people to change risky behavior can be difficult. The model of human behavior used in this curriculum grows out of Social Cognitive Theory, the Theory of Reasoned Action, and the Theory of Planned Behavior, and the intervention reflects a cognitive-behavioral approach. To help young people adopt behaviors that reduce their risks, the following key elements are addressed:

1. Information essential to understanding the issues surrounding HIV infection and AIDS.
2. The perception of invulnerability to HIV infection.
3. Attitudes and beliefs that facilitate participating in HIV risk-associated behaviors.
4. Cognitive skills to analyze the behaviors or situations that put people at risk.
5. Negotiation/refusal skills needed to reduce risk for HIV infection.
6. Technical skills to use condoms correctly.
7. A sense of self-efficacy, or the belief that one can engage in the desired behaviors.
8. The sense of pride and responsibility in acquiring and demonstrating HIV-preventive behaviors.

Effective HIV education can make a critical difference in young people's lives. The curriculum is intended to delay initiation of sex among sexually inexperienced youth, to reduce unprotected sex among sexually active youth, and to help young people make proud and responsible decisions about their sexual behaviors. The facilitator's ability to deliver the information and conduct the exercises contained in this manual will determine the success of the curriculum, so please take the time to carefully read and understand the basic principles, key elements and content of each session. Our collective efforts can make a critical difference in the lives of the young people, help them protect themselves and empower them to make proud and responsible decisions.



# OVERVIEW OF THE CURRICULUM

***Be Proud! Be Responsible!*** is a six-part curriculum that provides adolescents with the knowledge, motivation, and skills necessary to change their behaviors in ways that will reduce their risk of contracting HIV and other sexually transmitted diseases. To change behavior, adolescents need not only information and a perception of personal vulnerability, but also the skills and the confidence in their ability to act safely. The curriculum consists of six 50-minute modules, which can be presented over 1 to 6 days, and include the following:

- ▶ Module 1: Introduction to HIV and AIDS
- ▶ Module 2: Building Knowledge About HIV
- ▶ Module 3: Understanding Vulnerability to HIV Infection
- ▶ Module 4: Attitudes and Beliefs About HIV, AIDS and Safer Sex
- ▶ Module 5: Building Condom Use Skills
- ▶ Module 6: Building Negotiation and Refusal Skills

The first page of each module explains the goals, objectives, activities and materials needed. Each module contains various activities that serve as the vehicle for instruction throughout the curriculum. Reduced images of handouts, facilitator materials and posters are included at the end of each module for reference. Keeping to the schedule provided for modules and activities will increase the participants' ability to master the material. Additional activities included in Appendix A provide opportunities for extending modules or addressing particular needs of some groups. Please note that these activities were not part of the original curriculum included in the research evaluation.

The ***Be Proud! Be Responsible!*** curriculum was designed to be used with small groups ranging from 6 to 12 participants, but it has been implemented in settings with larger numbers of participants as well. The curriculum can be implemented in various community settings, including schools or youth-serving agencies. Based on the structure of the agency or classes within the school, HIV educators have implemented the curriculum in one of four ways:

- ▶ 6 days at approximately 1 hour per day.
- ▶ 3 days at approximately 2 hours per day.
- ▶ 2 days of approximately 3 hours per day.



- ▶ 1 day (Saturday) for approximately 5 hours, plus time for serving lunch and snacks.

Some activities may lend themselves to in-depth group discussions that take longer than the recommended amount of time. Therefore, you may wish to allow more time for covering the information. Be encouraged to use whatever time is necessary to meet participants' needs and reinforce the message.



## Unique Features of the Curriculum

Three overriding themes provide the **Be Proud! Be Responsible!** curriculum with a unique approach that has proved to be successful in urban environments.

### THE SENSE-OF-COMMUNITY APPROACH

A unique feature of this curriculum is its strong sense-of-community approach. It emphasizes how HIV infection and AIDS has affected many communities and discusses the importance of protecting the community as a motive to change individual risky behaviors. This theme is different from traditional HIV/AIDS curricula that focus on individuals' knowledge, attitudes and risk behaviors. **Be Proud! Be Responsible!** focuses on participants' needs to adopt responsible and safer sexual behaviors to prevent the sexual transmission of HIV, not only for the sake of themselves, but for the sake of their families, sexual partners, children and community.

### THE ROLE OF SEXUAL RESPONSIBILITY AND ACCOUNTABILITY

Personal responsibility or accountability regarding sexual behavior is something adolescents need to be taught. Participants will learn that becoming sexually active is a choice every person makes at some point in his or her life. This choice should be based upon how individuals feel about themselves, their partners and the consequences of active sexual relations, such as STDs, including HIV, or unplanned pregnancy. Participants will investigate what constitutes sexual responsibility, such as abstinence or condom use during sexual intercourse, and will learn to make responsible decisions regarding their sexual behavior.

### THE ROLE OF PRIDE IN MAKING SAFER SEXUAL CHOICES

Adolescence can be a difficult period of development. Adolescents are often faced with confusion, mixed emotions and uncertainty. They are bombarded with sexual messages from various sources, including the media, popular music and their peer group. They are



often pressured to be sexually active. They struggle with issues of self-esteem, self-respect and self-pride. Because of this, it is extremely important that they learn to feel good about themselves, their decisions, and their behaviors. **Be Proud! Be Responsible!** addresses these feelings by emphasizing that it can feel good to make proud and responsible safer sexual choices. As adolescents complete the curriculum, their sense of pride, self-confidence, self-satisfaction and self-respect is encouraged and reinforced during the roleplays and other skill-building activities that focus on HIV prevention.

## Theoretical Framework

Infection with the human immunodeficiency virus (HIV) is associated with behaviors that facilitate the exchange of specific bodily fluids: blood, semen, vaginal secretions, rectal fluids and breast milk. One important way to curb the HIV epidemic is for people to modify their behavior in ways that reduce their risk of infection. The important question is how to induce changes in risk-associated behavior.

**Be Proud! Be Responsible!** draws upon three theories: Social Cognitive Theory (Bandura, 1986, 1989), the Theory of Reasoned Action (Fishbein, 1980), and its extension, the Theory of Planned Behavior (Ajzen, 1985). These theories have been shown to be of great value to understanding a wide range of health-related behaviors.

There are two major concepts included in these theories: (1) self-efficacy or perceived behavioral control beliefs, which are defined as a person's confidence in his or her ability to take part in the behavior, i.e., use a condom; and (2) outcome expectancies or behavioral beliefs, which are beliefs about the consequences of the behavior. Experience shows us that all of the outcome expectancies, or behavioral beliefs, below are critically important to change behavior:

- ▶ **Prevention Belief:** The belief that behaving in a specific manner will prevent a negative outcome. An example of such an outcome expectancy is the belief that the effective use of latex (or polyurethane/polyisoprene) condoms can reduce the risk of sexually transmitted HIV infection.
- ▶ **Hedonistic Belief:** Beliefs influenced by personal satisfaction and gratification. People engage in sexual activities for a variety of reasons, including sexual enjoyment. Hedonistic considerations may influence key outcome expectancies during sexual experiences. For example, many people believe that condoms reduce physical sensations during sexual activity or ruin the mood and, therefore, are less likely to use condoms during sexual intercourse.



- ▶ **Partner-Reaction Belief:** The third type of belief influencing outcome expectancies is an individual's perception of a partner's attitudes about engaging in particular safer sex practices. For example, the belief that one's sexual partner will react negatively to the use of condoms may prevent a person from suggesting condom use during sexual intercourse.

Also emphasized in the Social Cognitive Theory and the Theory of Planned Behavior is the importance of skills and self-efficacy to perform a behavior. Perceived self-efficacy, defined as confidence in one's ability to perform a given behavior required to produce desired outcomes, has been shown to affect: (1) whether people consider changing their behavior, (2) the degree of effort they invest in changing, and (3) the long-term maintenance of behavioral change (Bandura, 1986, 1989; O'Leary, 1985). In addition, studies suggest that perceived self-efficacy is also important to HIV risk behavior change (e.g., Jemmott and Jemmott, 1992; Jemmott et al. 1992; O'Leary et al. 1991; Valdiserri et al. 1989; Brafford and Beck 1991).

According to these theories, beliefs about the consequences of behavior and perceptions of self-efficacy are the key determinants of effective behavior change. For example, perceptions of efficacy to negotiate condom use with a partner, expectations of positive outcomes of condom use (e.g., preventing HIV infection), and few expectations of negative outcomes of condom use (e.g., reduced pleasure, negative partner response) all contribute to using condoms. Based on these conclusions, the following model for understanding people's reactions was created and adhered to during the development of **Be Proud! Be Responsible!**

## A MODEL FOR UNDERSTANDING ADOLESCENT BEHAVIOR

### **Adolescents will adopt and maintain proud and responsible safer sexual behavior if...**

- ▶ They expect something positive to come as a result of their behavior.
- ▶ Something positive does in fact result from their behavior.
- ▶ The positive result occurs often.



## **People will behave effectively in their own interests if...**

- ▶ They have the skills to behave in a safe manner.
- ▶ They have the opportunities to learn skills in many ways, including through observation, imitation, and practice.
- ▶ They believe they have effective tools and can use them effectively.
- ▶ These new skills and behaviors fit into the environment in which they live and the environment supports them.



## **Underlying Principles**

Based on Social Cognitive Theory, individual behavior change related to prevention of HIV infection requires that all of the following principles be understood. Each of these principles is addressed repeatedly in the curriculum. The terms shown in parentheses following each principle explain how these principles relate to the theory and how they are used in the curriculum.

### **PRINCIPLE 1: Everyone is vulnerable to HIV infection and AIDS (personal risk)**

Many adolescents hold the belief that they are invulnerable to health risks, including HIV infection. This belief is a deterrent to safer sex practices. Adolescents avoid behaviors only if they believe that they are vulnerable to the outcomes of those behaviors. Most current health behavior theories agree that perception of personal risk and vulnerability are necessary prerequisites for health behavior change (Emmons et al. 1986). One of the goals of this curriculum is to increase participants' perception of personal vulnerability to HIV infection.

### **PRINCIPLE 2: There are consequences to HIV infection (illness outcomes)**

Not only must adolescents believe that they can become infected with HIV, but they must also recognize the severity of HIV infection. In the United States, knowledge about HIV infection is generally high. Also, most people are aware that HIV infection can lead to AIDS, that it is incurable, that treatment can help people with HIV remain healthy longer, but that when people develop AIDS they will eventually become quite ill. The curriculum repeats these points to ensure that all participants are aware of these basic facts.



### **PRINCIPLE 3: Safer sex will prevent HIV infection (prevention beliefs)**

Even if adolescents believe that they are at risk for HIV infection, they will not change their behavior unless they also believe that these changes will reduce their risk. For example, adolescents must believe that condoms used during intercourse will effectively prevent the transmission of the virus, that a condom is unlikely to break. If they believe that behavior change will prevent them from HIV infection, then they are likely to make the changes. Believing that HIV can be prevented also will make adolescents react less fearfully to the information about the disease and the fact that sexual activity can put them at risk. If HIV infection can indeed be prevented, then there is nothing to fear.

*NOTE: Facilitators need to be sensitive to the possibility that some participants in the group might be HIV positive or might have relatives or friends who are HIV positive. Prevention responsibility includes taking the steps necessary to prevent transmitting the virus to someone else, as well as protecting oneself from infection.*

### **PRINCIPLE 4: Condoms don't ruin the mood and are acceptable (hedonistic beliefs)**

One of the main reasons adolescents do not use condoms is because they believe that condoms interfere with sexual pleasure. Many adolescents believe that "condoms ruin the mood," "condoms are not natural," or "sex does not feel as good when a condom is used." If sexually active adolescents believe that condoms ruin sexual enjoyment, they are less likely to use condoms during sexual intercourse. In order for a curriculum to effectively reduce adolescent risk of HIV infection, it must dispel beliefs that condoms interfere with sexual pleasure.

### **PRINCIPLE 5: Using condoms correctly is easy: "I can do it" (self-efficacy; condom skill)**

Many adolescents find it difficult to obtain condoms and use them correctly — to put them on gracefully without interrupting sexual activity and to take them off correctly. This curriculum provides necessary skills by letting participants handle condoms and practice working with condoms, using a penis model or their fingers as props.



**PRINCIPLE 6: Getting your partner to cooperate in using condoms or abstaining from sex is easy: “I can do it” (self-efficacy; negotiation)**

Practicing safer sex, including abstinence, is something that cannot be done without the cooperation of one’s partner. Unfortunately, mutual agreement and cooperation can be difficult to attain. Many partners will resist on any of several grounds. For example, attempts to use condoms might be seen by a partner as a sign of unfaithfulness, illness, or distrust. Condoms also might be thought to diminish the pleasure of a sexual experience. When working with young people, facilitators need to be sensitive to participants’ fears and to their desires to keep their partners’ interest and avoid conflict. At the same time, they need to practice responding to partner objections tactfully and effectively. This curriculum will provide such opportunities, through the use of roleplays and other exercises.

**PRINCIPLE 7: Not having sex while under the influence of alcohol or other drugs is easy: “I can do it” (self-efficacy; self-control)**

Drug use plays a major role in increasing risk for HIV infection for two reasons: (1) because sharing drug injection equipment (works) is an important mode of transmission, and (2) because individuals under the influence of alcohol and other psychoactive drugs are more likely to engage in risky sexual behavior than individuals who are able to recognize the impending risk. Young people need to know not to share injectable drug paraphernalia. They also need to understand how alcohol and other drug use can lead to poor judgment and unprotected sex. Most important, they need the skills to reduce such risk behaviors. This curriculum teaches these skills.

**PRINCIPLE 8: Controlling sexual arousal when no condom is available is easy: “I can do it” (self-efficacy; self-control)**

There are times when young people are sexually aroused and want to have sex, yet no condom is available. It is at that moment that young people should say, “Let’s stop and not have sex until a condom is available.” However, this is very difficult to do. It is crucial that young people control sexual arousal and urges and negotiate not engaging in unprotected sex. The negotiation skills needed for not having sex without a condom while both partners are sexually aroused are addressed in this curriculum.



[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[



## FACILITATOR INFORMATION

The ***Be Proud! Be Responsible!*** curriculum involves a series of learning activities, such as films, small-group discussion, games and roleplaying. Activities are designed to help participants recognize when faulty reasoning and decision making can increase their risks for HIV infection. The activities also will help young people understand how participating in unsafe sexual activity can have negative consequences. They will engage in activities to increase comfort with condom use and to address concerns about negative effects of condoms on sexual enjoyment and spontaneity.

Participants will handle condoms and learn the correct steps involved in using a condom. They will view entertaining, educational and culturally relevant DVDs depicting teens in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about HIV infection, risky sexual behavior and prevention skills. Participants will also take part in a variety of roleplay situations that provide them opportunities to use and practice the skills of negotiating condom use, delaying sexual involvement and abstinence, and will receive feedback during and after each roleplay activity. Closure activities review information in fun and interactive ways.

### Using the Curriculum

The ***Be Proud! Be Responsible!*** curriculum consists of six 50-minute modules that contain various activities. Many of the modules incorporate handouts or student workbooks, supplemental information and posters that promote interactive participation. These materials are provided in the curriculum activity kit. Prior to implementing the curriculum, facilitators should have carefully read and digested module instructions to gain an overall sense of the flow and order of the scheduled activities. Facilitators may wish to add time to some of the modules, if possible, to allow for further discussion of DVDs and other activities, or to extend and reinforce the skills practice.

When preparing for each module, the following suggestions might be helpful.

1. Review the instructions in advance.
2. As you become familiar with what you are to say and feel comfortable with the material, use your own words rather than those that are provided.



3. Use the Materials Needed section to check that you have the necessary equipment and materials.
4. Review the supplemental background information provided in Appendix B to refresh your knowledge of HIV and other STDs. Information on contraceptive methods and the effects of alcohol and other drugs is also provided to help facilitators respond to participant questions.
5. Relax, be enthusiastic and be supportive.

## MODULE OVERVIEW

As mentioned in the Introduction, the overall goal of **Be Proud! Be Responsible!** is to reduce unprotected sex among sexually active youth; to delay initiation of sex among sexually inexperienced youth; and to help youth make proud and responsible sexual decisions. Each module builds upon this broad goal in the following ways.

### MODULE 1: Introduction to HIV and AIDS

The first module: (1) informs participants about the program; (2) helps them become comfortable, cohesive, and productive in groups; (3) generates enthusiasm about being proud and responsible decision makers; (4) promotes the goal of protecting themselves and their community; and (5) gives them factual information about HIV and AIDS.

### MODULE 2: Building Knowledge About HIV and AIDS

The second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; and (2) reinforces knowledge about safer sex behaviors.

### MODULE 3: Understanding Vulnerability to HIV Infection

The third module: (1) helps participants realize that they are vulnerable to HIV infection; (2) examines who is responsible for safer sex behavior; (3) examines various opinions about HIV and safer sex behaviors; (4) clarifies the risk level for a variety of behaviors; and (5) helps participants identify their personal level of risk for HIV infection.

### MODULE 4: Attitudes and Beliefs About HIV, AIDS and Safer Sex

The fourth module: (1) highlights the impact of attitudes and beliefs on risky sexual behavior;



(2) weakens negative beliefs and attitudes that foster risky sexual behaviors; (3) builds participants' sense of responsibility for reducing the risk of HIV infection; and (4) reinforces their knowledge about safer sex behaviors.

## **MODULE 5: Building Condom Use Skills**

The fifth module: (1) reinforces pride and responsibility in avoiding HIV risk-associated behaviors; (2) assesses barriers to condom use while providing strategies to reduce these barriers; (3) examines the relationship of attitudes and condom use behaviors; (4) reinforces knowledge, comfort and skills on how to use condoms correctly and how to make them fun and pleasurable; and (5) reinforces participants' understanding of the consequences of unprotected sex.

## **MODULE 6: Building Negotiation and Refusal Skills**

The sixth module: (1) increases participants' motivation to practice safer sex, including abstinence; (2) builds skills to negotiate safer sex, including abstinence; (3) allows them to rehearse skills and to receive performance feedback; (4) builds skills and self-efficacy regarding safer sex practices; (5) gives participants opportunities to review the factual information learned; and (6) reinforces participants' sense of pride in making responsible safer sex decisions.

## **MODULE FORMAT**

The modules follow a simple, easy-to-use format. The first page of each module explains the goals, objectives, materials needed and activities. The very first activity of each module helps ease participants into the discussion about the module's subject and reviews information from the previous module. The warm-up should be kept brief and informal. A series of activities that serve as the mode of instruction then follow.

Each module provides the following information:

- ▶ **Goals** — Serves as a reference point for what participants should learn.
- ▶ **Module Preview** — Provides a brief description of what will take place in each module.
- ▶ **Learning Objectives** — Provides measurable objectives to help evaluate participants' success with completing a given activity.
- ▶ **Strategies/Methods** — Identifies teaching strategies utilized in the activities.
- ▶ **Materials Needed** — Identifies equipment and materials needed for each activity.



- ▶ **Preparation Needed** — Identifies any preparation needed prior to the start of the module.
- ▶ **Total Instruction Time** — Establishes the time allotted for each activity. NOTE: Some activities might foster active discussion and require more time.
- ▶ **Procedures** — Provides one or more group activities with instructions for implementing them. These exercises build intervention skills and are the central focus of the curriculum. Instructions for each activity include the rationale for the activity, necessary preparation, time recommendation, and step-by-step procedures for completing the activity. Procedural instructions include suggestions for introducing the subject matter, sample dialogue to use with participants, and special notes for the facilitator.

Sample dialogue is set off from the regular instructions in dialogue boxes. Although it is not necessary to follow the sample dialogue verbatim, facilitators should try to maintain the tone and content. Some facilitators who choose to follow the script find that memorizing the information works best for them. Participants probably will be more attentive if they do not think the facilitator is reading to them. Here is an example of a dialogue box.

**1. Introduce the activity by saying,**



**We are going to do a brainstorming activity. What I'd like you to do is ...**

- ▶ **Facilitator's Notes** — These appear at different points in the curriculum to provide background information or special teaching suggestions. These notes appear in a special box, as the following example.

### **FACILITATOR'S NOTE**

Only four of the key words identified on the poster are used in this activity. You may extend the activity by providing participants with the definitions of the other terms and reviewing their meanings. Another option is to have the participants research the meanings of the words and how they relate to HIV infection and AIDS.

## **ESTABLISHING GROUP AGREEMENTS**

The opening module is designed to create a safe, nurturing, nonthreatening environment for participants; stimulate their interest in the process and the group; and give them more detailed information than they may have previously heard about the program. The group agreements that will govern participation in the group should be developed during the opening module. This presentation should permit and encourage group discussion to give members a sense of participation in the group's decision making. Members should be encouraged to accept and



abide by the standards they agree upon and seek to alter those they wish to change. This is also a good time to provide reassurance to group members about concerns they might have, such as confidentiality, embarrassment and fear of active participation. The facilitator's behavior with and reactions to the participants can go a long way toward encouraging a cohesive group.

## **General Tips for Improving Group Cohesion and Performance**

The following tips can help with group cohesion.

- ▶ Frequently reward positive behaviors (i.e., during demonstrations or roleplays).
- ▶ Be supportive.
- ▶ Give compliments.
- ▶ Be nonjudgmental.
- ▶ Respect participants' feelings and boundaries.
- ▶ Model appropriate assertive behavior.
- ▶ Be firm when necessary.
- ▶ Demonstrate concepts and examples when possible.
- ▶ Share appropriate personal experiences.
- ▶ Keep the language simple.
- ▶ Encourage group members to share their experiences at their own pace.
- ▶ Build on strengths.
- ▶ Listen.
- ▶ Let group members react, think and analyze.
- ▶ Be flexible.
- ▶ Be patient with the process and try different approaches until you find one that works.
- ▶ Be clear about your expectations for how group members treat each other and how they participate.
- ▶ Encourage self-disclosure through reinforcement and accepting group members regardless of the feelings and content expressed while demonstrating respect for individual needs.
- ▶ Demonstrate acceptance and respect for all participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation or gender identity.



## ADAPTING THIS PROGRAM FOR YOUR POPULATION

Program facilitators are encouraged to make minor adaptations (also referred to as “green light” adaptations) to optimize the program for the young people receiving it. Such adaptations are intended to help tailor the curriculum to the needs of participating youth. Examples of minor adaptations include updating statistics and changing the names or editing the language or scenarios in roleplays to better reflect your youth population.

It’s recommended that facilitators work with a small group of youth to review the roleplays and other activities and suggest minor changes to increase relevance before implementation. Other allowable enhancements include teaching reproductive health lessons before starting the program, and adding lessons before or after the curriculum lessons to address additional sexual health issues, such as dating violence or electronic dating aggression.

It is also acceptable to add time to the modules when needed to ensure that all the relevant content can be covered. Lengthening sessions can allow more time for review of previous lessons, discussion, questions, roleplay practice, personalization, DVD viewing and other activities. This adaptation may increase effectiveness.

Adaptations such as re-ordering the curriculum lessons or inserting additional content into the middle of the program are considered “yellow light” adaptations because they can have an impact on program flow and effectiveness. It’s best to discuss these kinds of changes with the program developers first.

Major changes (also referred to as “red light” adaptations) are discouraged and may significantly affect and alter program effectiveness. Examples of major changes include dropping entire activities or lessons, or altering the key messages of the program.

Adaptation guidelines for evidence-based curricula can be found at [www.etr.org/ebi](http://www.etr.org/ebi) and include additional examples of green-, yellow- and red-light adaptations.

Researchers and organizations interested in making significant adaptations to this curriculum for use in an evaluation are asked to contact ETR for support and permission first. Such adaptations might include combining the curriculum with another evidence-based program or adding a new element or component.



## PREPARING TO TEACH

***Be Proud! Be Responsible!*** uses the following materials at various points in the curriculum. Use this checklist to prepare for teaching the program. Some of the items will need to be prepared prior to beginning the modules; others will be developed as part of the process.

### **MATERIALS NEEDED (Not included in Implementation Kit)**

Pencils/pens (enough for each participant)  
Markers  
Masking tape  
Newsprint  
Index cards  
Monitor and device for showing DVDs  
Condoms (one per participant or pair plus demonstration condoms)  
Water-based lubricant  
Penis models  
Paper bag  
Paper towels

### **PRE-LABELED NEWSPRINT**

*Group Agreements*  
*Facts About HIV*  
*The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and Koko*  
*Ways to Increase Spontaneity*  
*Condoms Could Make Sex More Fun by...*  
*Condoms Would NOT Spoil the Mood if...*  
*Pros*  
*Cons*  
*Excuses Sexual Partners Give*



## **MATERIALS INCLUDED IN IMPLEMENTATION KIT**

### **Cards**

*Risk Behavior cards*

*The Hard Way character cards*

*Condom Line-Up cards*

### **Posters**

*HIV/AIDS Review*

*Key Words*

*Agree/Disagree signs*

*Risk Continuum signs*

*SWAT*

*Negotiation and Refusal Skills Charts (1A, 1B, 2, 3 & 4)*

*Observer Checklist*

*Roleplay Guidelines*

*TREO (optional)*

### **Handouts or Student Workbook Pages**

*HIV/AIDS: Myth and Fact?*

*Calling Koko Caller (1–6)*

*Observer Checklist*

*Roleplay A: Jamie and Taylor*

*Roleplay B: Lamont and Reggie*

*Roleplay C: Loretta and Mo*

*Roleplay D: Keesha and Maurice*

*Roleplay E: Clayton and Robin*

*Roleplay F: Lee and Jayden*

*Roleplay G: Alex and Marta*

*Roleplay H: Charlie and Shel*

### **DVDs**

*The Subject Is HIV*

*The Hard Way*

*Nicole's Choice*

*Wrap It Up: Condom Negotiation and Condom Use Animation*





## Teaching Strategies

***Be Proud! Be Responsible!*** uses several key strategies to facilitate behavioral change. These strategies include the following:

### Modeling

The facilitator sets an example of appropriate behaviors for others. When participants see the facilitator modeling a behavior, whether putting a condom on a model smoothly or thinking of a good response for negotiating condom use, they will learn from the experience.

### Roleplaying

Participants act out situations by assuming assigned roles. This gives participants opportunities to practice skills. You can ask for volunteers or assign group members to act out situations.

Situations are provided on the roleplay handouts or participants may draw upon their own experiences. In such cases, remind participants about respecting other people's privacy and maintaining confidentiality. Roleplaying follows these rules:

1. The facilitator acts as the director of the scene and determines who plays which part.
2. The facilitator tells actors their roles and asks them to play the characters realistically, to stay in role until instructed to stop, and not to resolve the conflict immediately. The main actor reviews the instructions for the behavioral steps.
3. The facilitator asks the remaining participants (the audience) to observe the interaction, watching for subtle messages including eye contact and body language.
4. The facilitator lets the actors play the scene. The main actor should use the behavioral steps the group has learned. All the actors should think through all possible options. This is the main purpose of roleplaying.
5. The facilitator helps, coaches and encourages the main actor to keep the roleplaying going according to the behavioral steps. Participants who break role and begin to explain their behavior or make observer-like comments should be reminded to get back into the role and explain later. Roleplays that go astray from the behavioral steps should be stopped, redirected and then restarted.
6. The facilitator asks the audience for suggestions about other ways to play the scene.

Allow as many participants as possible an opportunity to play the role of the main actor.



Although the behavioral steps of each roleplay in an activity remain the same, the actual content should change from roleplay to roleplay.

Role reversal can also be used in this curriculum. When roleplaying, participants occasionally have difficulty perceiving their co-actors' viewpoint. In such cases, having actors exchange roles and resume the roleplay can help. At times, the facilitator can assume the co-actor role and give participants the opportunity to handle reactions not otherwise roleplayed.

In addition, during the roleplay practice, participants may roleplay sexual pressure situations with someone of a different or the same gender. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It's important to address this situation directly and proactively.

### **Here are some tips:**

- ▶ Explain the situation in a matter-of-fact way. Let participants know that they may be doing the roleplays with someone of a different or the same gender.
- ▶ Emphasize that they are playing roles. Doing the roleplay to practice the skill doesn't say anything about the sexual orientation of the people doing the roleplay or mean that anyone is expressing a real-life attraction toward the other person in the roleplay.
- ▶ Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and negotiate condom use to protect themselves. This will help ensure that they all get the most out of the roleplay activities.

### **Performance Feedback**

A brief feedback period following a roleplay lets the main actor know how well he or she followed the behavioral steps. During feedback, the co-actors, audience and facilitator share reactions to the performance. Co-actors share their reactions first. Next, observers comment on the roleplay, the strategies and information shared, and other relevant aspects. Finally, the facilitator offers comments on the roleplay and provides reinforcement (praise, encouragement) for adherence to the steps.

The main actor should wait until everyone has commented before responding. When providing reinforcement, follow these guidelines.

1. Vary the content of the reinforcements offered; for example, praise particular aspects of the performance, such as tone of voice, posture and phrasing.



2. Provide reinforcement in an amount consistent with the quality of the performance.
3. Provide reinforcement for effort whenever the roleplay departs significantly from the behavioral steps.
4. Provide reinforcement for an individual participant's improvement over previous performances.
5. Provide reinforcement to the co-actors for being helpful and cooperative.

In all aspects of feedback, maintain the behavioral focus. The facilitator's comments and those of participants should address the presence or absence of specific, concrete behaviors and not take the form of broad generalities. Feedback should always be constructive, regardless of whether praising or correcting a behavior. Phrase corrections positively and follow up with an explanation of how a particular portrayal might be improved. At minimum, a "poor" performance can be praised as "a good effort" at the same time that it is being critiqued for weaknesses. When possible, participants should have the opportunity to do the roleplay again after receiving corrective feedback.

Be flexible when critiquing roleplays. Because a primary goal of this curriculum is skill flexibility, roleplay enactments that depart somewhat from the behavioral steps might not be wrong. That is, a different approach to the skill might, in fact, work in some situations. Stress, however, that participants are learning a specific approach that they can add to their repertoire of skill behaviors.

## **Overlearning**

Training in a skill beyond what is necessary to produce initial changes in behavior often is referred to as overlearning. The methods that are used in this curriculum to teach skills include:

- ▶ modeling
- ▶ repeated role playing by participants
- ▶ performance feedback by actors, observers and facilitators
- ▶ practicing skills in real-life settings one or more times as part of between-group assignments



## **Working with Small Groups**

The curriculum was designed for small groups ranging from 6 to 12 participants. It has been implemented, however, in large-group settings with adaptation. In such instances, divide the participants into groups of 6 to 8 for some activities, then bring the small groups together to share their discussions and results. Small-group work is preferable for a number of reasons.

- ▶ Group members observe others struggling with the same issues, which counteracts feelings of isolation.
- ▶ Peer influence encourages safer sex behaviors and peaceful resolution of conflict.
- ▶ Group support can enhance self-esteem and self-efficacy.
- ▶ Observing others learning new skills increases the acquisition of new skills through vicarious learning.
- ▶ The presence of others while practicing a skill tends to improve performance through immediate feedback.
- ▶ Group interaction in a participatory, nonjudgmental way promotes a strong emotional experience that facilitates learning and motivation.
- ▶ Group members are provided more opportunities to practice skills.

## **Handouts / Student Workbooks**

Handouts provided for participants include quiz questions, worksheets for small-group work and roleplay materials. These can be copied beforehand and distributed during each activity, or participants can be given Student Workbooks during the first session. The workbook contains all the needed handouts and worksheets for the curriculum activities.



## References

- Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl and J. Beckmann (Eds.), *Action-control: From cognition to behavior*, pp. 11–39. Heidelberg: Springer.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1989). Perceived self-efficacy. In V. M. Mays, G. W. Albee, and S. F. Schenider (Eds.), *Primary prevention of AIDS: Psychological approaches*. Newbury Park, CA: Sage.
- Brafford, L. J., and Beck, K. H. (1991). Development and validation of a condom self-efficacy scale for college students." *Journal of American College Health*, 39: 219–225.
- Centers for Disease Control and Prevention. (1993). *HIV/AIDS Surveillance*. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Services.
- Emmons, C., Joseph, J. G., Kessler, R. C., Wortman, C. B., Montgomery, S. B., and Ostrow, D. G. (1986). Psychosocial predictors of reported behavior change in homosexual men at risk for AIDS. *Health Education Quarterly*, 13: 331–345.
- Fishbein, M. (1982). Social psychological analysis of smoking behavior. In J.R. Eiser (Eds.), *Social psychology and behavioral medicine*, pp. 179–197. New York: Wiley.
- Jemmott, J. B., III, and Jemmott, L. S. (1994). Interventions for adolescents in community settings. in R. J. DiClemente and J. L. Peterson (Eds.) *Preventing AIDS: Theories and methods of behavioral interventions*. New York: Plenum Press.
- Jemmott, L. S., and Jemmott, J. B., III. (1992). Increasing condom-use intentions among sexually active inner-city adolescent women: Effects of an AIDS prevention program. *Nursing Research*, 41: 273–278.
- Jemmott, J. B., III, Jemmott, L. S., and Fong, G. T. (1992). Reductions in HIV risk-associated sexual behaviors among black male adolescents: Effects of an AIDS prevention intervention. *American Journal of Public Health*, 82: 372–377.
- Jemmott, J. B., III, Jemmott, L. S., Spears, H., Hewitt, N., and Cruz-Collins, M. (1992). AIDS information, self-efficacy, hedonistic expectancies, and condom-use intentions: Testing the information alone hypothesis." *Journal of Adolescent Health*, 13: 512–519.
- O'Leary, A. (1985). Self-efficacy and health. *Behavioral Research and Therapy*, 23: 437–451.
- O'Leary, A., Goodhart, F., Jemmott, L. S., and Boccher-Lattimore, D. (1992). Predictors of safer sex on the college campus: A social cognitive theory analysis." *Journal of American College Health*, 40: 254–263.
- Siegel, K., and Gibson, W. C. (1988). Barriers to the modification of sexual behavior among heterosexuals at risk for acquired immunodeficiency syndrome." *New York State Journal of Medicine*, 88 (2): 66–70.
- Valdiserri, R. O., Lyter, D. W., Leviton, L. C., Callahan, C. M., Kingsley, L. A., and Rinaldo, C. R. (1989). AIDS prevention in homosexual and bisexual men: Results of a randomized trial evaluating two risk-reduction interventions. *AIDS*, 3: 21–26.



[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[



# **BE PROUD! BE RESPONSIBLE!**

FACILITATOR CURRICULUM

Curriculum

FIFTH EDITION



[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[



## INTRODUCTION TO HIV AND AIDS

### OVERVIEW

#### Goals

The goals of this module are to:

- ▶ Increase participants' comfort about participating in the program.
- ▶ Provide participants with an overview of the curriculum.
- ▶ Increase participants' knowledge about transmission and prevention of HIV.
- ▶ Increase participants' confidence about making proud and responsible decisions about protecting themselves and their community from HIV.
- ▶ Examine attitudes and beliefs about HIV risk behaviors.

#### Module Preview

The first module: (1) informs participants about the program; (2) helps them become comfortable, cohesive and productive in groups; (3) generates enthusiasm about being proud and responsible decision makers; (4) promotes the goal of protecting themselves and their community; and (5) gives them factual information about HIV and AIDS.

#### Learning Objectives

After completing this module, participants will be able to:

- ▶ Formulate a list of group rules that will facilitate discussion of HIV and sexual behaviors.
- ▶ Identify why it is important for youth to learn about HIV prevention strategies.
- ▶ Identify what it means to be proud and responsible.
- ▶ Identify what it means to protect oneself and one's community.
- ▶ Identify and distinguish myth from fact regarding the causes, transmission and prevention of HIV infection.



## Strategies/Methods

- ▶ Brainstorming
- ▶ Mini-lecture
- ▶ Group discussion
- ▶ DVD viewing

## Materials Needed

- ▶ Pencils/pens
- ▶ Markers
- ▶ Newsprint
- ▶ Masking tape
- ▶ *Key Words* poster
- ▶ *HIV/AIDS Review* poster
- ▶ DVD: *The Subject Is HIV*
- ▶ Monitor and DVD player
- ▶ *Agree/Disagree* signs

## Preparation Needed

- ▶ Display the *Key Words* and *HIV/AIDS Review* posters.
- ▶ Hang newsprint.
- ▶ Review the information about HIV in Appendix B.

**Instructional Time** 50 minutes

## Activity

## Minutes Needed

A. Program Introduction and Overview . . . . .	10
B. Group Introduction . . . . .	5
C. Creating Group Agreements . . . . .	10
D. Discussing HIV and AIDS . . . . .	15
E. What I Think about HIV, AIDS and Safer Sex . . . . .	10



## ACTIVITY

# A

## PROGRAM INTRODUCTION AND OVERVIEW

### PREPARING FOR THE ACTIVITY

#### Rationale

To provide participants with a general overview of the program and foster excitement and enthusiasm about their participation.

#### Materials Needed

- Newsprint

### PROCEDURE

10

MINUTES

1. Welcome the participants and introduce yourself, including your reasons for wanting to teach young people about HIV.
2. Present the purpose, overview and format of the program.



This program is called ***Be Proud! Be Responsible!*** In this program, we will talk about HIV and AIDS, and you will learn what you can do to protect yourselves. This program focuses on knowledge, attitudes and prevention skills related to HIV and other sexually transmitted diseases, or STDs. It also focuses on relationship issues, sexual behavior, decision making and negotiating in difficult situations. It is designed to teach you how to reduce your risk of getting infected with HIV, the virus that causes AIDS.

Although HIV and other STDs can be prevented, many young people don't take precautions because they don't believe they are at risk. Anyone can get HIV from having unprotected intercourse with a partner who has it, or from sharing needles to inject drugs or for any other reason. Each of us must take responsibility for infection prevention.

3. Write the words "Be Proud! Be Responsible!" on the board or newsprint.
4. Open discussion by saying,





The title of this program is "Be Proud! Be Responsible!" What does it mean to be "proud"? What does it mean to be "responsible"?

5. Have participants brainstorm answers to these questions. Make sure their responses include:



To be proud means to feel happy and pleased about something you've done or accomplished, to feel that you have lived up to your expectations, or behaved according to your own or community values. It means being secure and confident; having self-worth, integrity and dignity; and valuing yourself.

To be responsible means being dependable, dedicated, reliable, committed, truthful, and trustworthy.

6. Ask the participants,



What are examples of proud and responsible behavior?

7. Explain,



Proud and responsible behavior includes: protecting yourself by using a condom during sexual intercourse; abstaining from sexual behavior when no condom is available; not using alcohol and other drugs; abstaining from sex altogether, if that is your choice; talking with friends, partners and family members about risk behaviors and encouraging them to protect themselves.

8. Ask the participants,



What are the benefits of being proud and responsible and making responsible safer sex decisions? What does a person gain by being proud and responsible?



**Make sure answers include:**

- Feel better about yourself.
- Have healthier relationships.
- Stay out of trouble.
- Accomplish your goals.
- Make people feel proud of you.
- Reduce your risk of HIV and other STDs.
- Have a healthier body.
- Stay in school.
- Feel like you are helping your loved ones and your community.

**9. Ask the participants,**



**Can teens get HIV?**


**10. Summarize,**




**Everyone is vulnerable to HIV infection, including teens. Since teens are one of the populations in the United States at risk, they need to take some of the responsibility for preventing HIV. This program has been developed to build your knowledge and skills so you can protect yourselves and others against HIV infection. If people have sex, the proud and responsible thing to do is to use latex condoms. People who are allergic to latex can use condoms made of polyurethane (plastic) or polyisoprene (synthetic rubber) instead. People who engage in responsible behavior feel proud of helping to protect themselves, their sexual partners, families and communities.**



10. Initiate class discussion by asking participants what they believe they can do in their social group or community to stop the spread of HIV. Allow the group to generate responses. Summarize the discussion by explaining,

 You need to remember yourself and your people; love yourself and love your people; protect yourself and protect your people. Use this love as a guide to your actions and decisions and as an important strategy for preventing the spread of HIV.

11. Write on the board or newsprint, "Respect Ourselves, Protect Ourselves." Ask participants what this statement means. Allow the group to generate responses. Then explain,

 "Respect Ourselves, Protect Ourselves" is the motto chosen to help young people look at themselves and their community and to take responsibility for changing risk behaviors. Young people must make numerous social and personal decisions daily. These choices should be based on respecting yourself and protecting yourself as well as respecting and protecting your communities. In making these choices you learn that self-worth is important to your well-being and that today's choices will impact your life and your community in the future. Respecting and protecting yourselves is a powerful guideline that can remind us all of the importance of taking care of ourselves and those around us.

We know that some young people have been sexually abused, and they didn't get to make a choice. Youth who have survived something like that can use that inner strength in the future to choose when they do and don't want to have sex and to always protect themselves and their partners from HIV and other STDs.

### **FACILITATOR'S NOTE**

During this and all discussions of making responsible choices, be sure to keep in mind that not all adolescent sexual activity is voluntary. Young people who have suffered coercion and sexual abuse should never be made to feel they were at fault or responsible for not abstaining or protecting themselves.



## ACTIVITY

# B

## GROUP INTRODUCTION

### PREPARING FOR THE ACTIVITY

#### Rationale

Reviewing names and introducing group members to one another will reduce nervousness and increase enthusiasm for the program, which should encourage group cohesion.

#### Materials Needed

- ▶ None

### FACILITATOR'S NOTE

Use this activity for participants who are not already familiar with one another.

5

MINUTES

## PROCEDURE

1. Ask participants to introduce themselves. Ask them to give their name, age, grade in school, and why they decided to attend this program.
2. Introduce yourself more thoroughly. Describe your interests and work with teens, your background, and why you decided to facilitate this program.



## ACTIVITY

# C

## CREATING GROUP AGREEMENTS

### PREPARING FOR THE ACTIVITY

### PROCEDURE

10

MINUTES


#### Rationale

Group agreements increase trust among group participants and help facilitators provide structure when discussions become difficult or awkward. Developing guidelines as a group builds cohesion and increases the likelihood that the agreements will be followed.

#### Materials Needed

- ▶ Pre-labeled newsprint:
  - » *Group Agreements*
- ▶ Markers
- ▶ Masking tape

1. Begin this activity by unfolding the pre-labeled newsprint titled *Group Agreements* and saying,

 We're going to be talking about sexuality, HIV and AIDS—topics that sometimes can cause people to feel nervous or uncomfortable. What guidelines or agreements could we put in place to help make sure that everyone in the group feels safe, comfortable and able to participate?

2. Have participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the newsprint titled *Group Agreements*.
3. After they have generated some ideas, use the list below to add to or revise their suggestions so that their list of agreements includes the items below. Ask them to include any other agreements that would help them feel more comfortable and safe in the group. Be sure to cover confidentiality, right to pass and respecting diversity.

#### GROUP AGREEMENTS AND GUIDELINE SUGGESTIONS

**Confidentiality:** When people share private information in this group, it should be kept private. If, for example, someone shares about crying because of hurt feelings, it would be a violation of the group agreements to discuss or joke about this with

(continued)



*(continued)*

someone outside the group. We will not talk about any personal information we hear in this group outside of this group. There is one exception. If any of you tell me something that might cause you or someone else harm, I will have to tell someone for safety reasons—for example, if you told me you were going to hurt yourself or someone else, or if someone talks about being abused in any way. Please know that it is important to tell and to get help if you or someone else is being harmed. I encourage you to talk to me before or after the session, or to talk with another trusted adult outside of this group.

**No put-downs:** Show respect for others, even if you disagree with them. If someone says something that you disagree with, it would be a violation of the group to say, “That’s stupid” or “You’re wrong.” Instead, say that you have a different idea and share it. All questions are important. There is no such thing as a “silly question.”

**Be supportive of each other:** We will be discussing important and sometimes personal information about making choices and risky behaviors. At times you may talk about yourself, your peers and your partners. Everyone in this room is different and has had different experiences. It is important that we respect these differences by not laughing at anyone or making put-down statements.

**Use “I statements”:** When we talk about personal subjects, we sometimes make assumptions 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 “all teens” or “all your friends” feel, think or act.

**Right to pass:** Sometimes when talking about subjects such as sexuality, someone might not want to talk or might have an uncomfortable feeling or memory. If you ever feel like being quiet or not sharing, it’s OK to just listen. If I call on you or someone asks you a question, you can say, “I pass.” Always take care of yourself. All group members have the right not to respond to any question they do not wish to address.

**Step up, step back:** If you tend to talk a lot in groups, step back sometimes so others can talk. If you tend to be very quiet, step up.

**Dealing with discomfort:** Sometimes certain conversations or topics can bring up uncomfortable feelings for people. If anything makes you feel uncomfortable during our sessions, let me know. If you need to step outside for a few minutes, we can arrange that. Also it’s OK to distract yourself by doodling or using another strategy that helps you feel comfortable. Please

*(continued)*



(continued)


come to me with any issues or concerns you have. If I can't help, I can connect you with people or resources that can help.

**Respect diversity:** Let's keep in mind that there's diversity in society and in this group. Individuals come from different family backgrounds, different racial and cultural groups, and different living situations. Some young people have already had romantic relationships; others aren't even thinking about it. Some have had sexual intercourse. Some have had sex because they chose to; others may have had sex against their will. Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender. All of these differences make us unique. Regardless of how you see yourself, your background, previous relationships or experience, each of you has a place in this group. This will be a safe space for everyone.

Other agreements you should include if participants do not mention them:

- Listen to others.
- Don't interrupt.
- Allow everyone to participate.

4. Ask participants if they have any other suggestions they would like to add.
5. Once the list is complete, re-read each agreement and ask all group members to nod and say that they agree to follow that guideline.
6. Summarize this activity by saying,

 You did a great job of generating a good list of group agreements for us to follow as we work together. This list will stay up on the wall today and throughout the program.

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

### FACILITATOR'S NOTE

Be sure to post the group agreements throughout all the sessions of the program.



## ACTIVITY

# D

## DISCUSSING HIV AND AIDS

### PREPARING FOR THE ACTIVITY

#### Rationale

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

#### Materials Needed

- ▶ DVD: *The Subject Is HIV*
- ▶ Monitor and DVD player
- ▶ *Key Words* poster
- ▶ *HIV/AIDS Review* poster

#### Preparation

- ▶ Review the information about HIV in Appendix B.

### PROCEDURE

15

MINUTES

1. Show the first 45 seconds of the DVD *The Subject Is HIV* as a way to introduce the topic and stimulate thinking about what participants already know about HIV and AIDS.
2. At the conclusion of the video clip say,



Today, we're going to begin talking about HIV and AIDS. It will be a chance for you to review what you may already know and to learn more.

3. Then, direct participants' attention to the *Key Words* poster. Ask for volunteers to answer the following questions. Allow participants the opportunity to explore the answers and provide them with correct information when necessary. Discuss their answers thoroughly.

#### FACILITATOR'S NOTE

Only four of the key words identified on the *Key Words* poster must be used in this next activity—*HIV*, *AIDS*, *Immune System* and *HIV Test*. You may want to extend the activity by providing participants with the definitions of the other terms and reviewing their meanings. Another option is to have the participants research the meanings of the words and how they relate to HIV infection and AIDS. Possible discussion questions and answers are supplied.





## KEY WORDS POSTER – QUESTIONS & ANSWERS

### What is HIV?

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS (acquired immunodeficiency syndrome). People who have HIV in their bodies are said to have HIV or to be HIV positive.

HIV damages the body's immune system, which normally protects the body from disease. The immune system becomes weaker until it can no longer fight off different types of infections.

There is no cure for HIV, but treatments can be started while the person still feels healthy. With these medicines, people with HIV can lead longer and healthier lives than ever before.

### What is AIDS?

AIDS stands for acquired immunodeficiency syndrome. AIDS is the stage of HIV when the immune system has become very weak and damaged. When this happens, other diseases and infections can enter the body, including rare types of pneumonia, yeast infections, cancers and brain infections. These are called "opportunistic infections" because they take advantage of the weakened immune system.

### How is AIDS different from HIV?

HIV is the virus that enters the body and damages the immune system. People can live with HIV for years without getting sick. They may look and feel healthy and may not even know they have the virus. People who are taking medicine to treat HIV may be in this stage for several decades, although they can still transmit HIV to others.

AIDS is the condition that develops as a result of the damage done to the immune system. As the amount of virus in the body starts to go up and the CD4 cell count begins to go down, the person may begin to have symptoms. A person with HIV is diagnosed as having AIDS when the CD4 count drops below a certain level, or when certain opportunistic infections develop.

*(continued)*



(continued)

### **What is the immune system?**

The immune system is a collection of cells and chemicals that protect the body against anything foreign (such as disease agents or pathogens) that can make people sick. When the system works as it should, white blood cells patrol the body and attack many organisms that should not be there.

### **What is the test for HIV?**

The most common type of HIV test looks for HIV antibodies in the body by testing blood or saliva. (Note: Be sure to clarify that HIV is not spread through saliva.) Antibodies are proteins the body makes in response to a virus. If a person has antibodies for HIV, he or she has HIV and can pass the virus to other people.

There is also an HIV test that looks for antigens. An antigen is a protein that produces antibodies. HIV antigens can be detected very soon after infection (1-3 weeks) by testing the blood. These tests are more expensive and are not typically used for routine HIV testing. If a person has antigens for HIV, he or she has HIV and can pass the virus to other people.

The PCR (*polymerase chain reaction*) tests blood for the genetic material of HIV. Blood supplies in most developed countries are screened for HIV using PCR tests. PCR tests are also used to measure viral loads for people who are HIV positive. If a person has HIV genetic material, he or she has HIV and can pass the virus to other people.

## **ADDITIONAL QUESTIONS**

### **What is the window period?**

The “window period” is the length of time between when a person first gets HIV and when an HIV test can begin to detect signs of the virus in the body. It can be from 2 weeks to 6 months long, depending on what type of test is done. During the window period, even before they know they are infected, people can transmit HIV to others.

### **Why is early treatment so important?**

There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. If people with HIV remain in medical care and continue to take the medicines to keep low viral loads, they can live long, healthy lives.

(continued)



(continued)

### **Why is it important to use latex condoms?**

A condom is a sheath that covers the penis and acts as a barrier to keep semen from entering a partner's vagina, mouth or anus during sex. Most condoms are made of latex (rubber). People who are allergic to latex can use condoms made of polyurethane (plastic) or polyisoprene (synthetic rubber). These types of condoms offer protection from HIV. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Most condoms found in the store are latex, but it's important to check to make sure. Be sure to read the labels if you're allergic to latex and use a polyurethane or polyisoprene condom instead.

4. Direct participants' attention to the *HIV/AIDS Review* poster and ask the following questions,



## **HIV/AIDS REVIEW POSTER – QUESTIONS AND ANSWERS**

### **How do people get HIV?**

- **Through sex.** Anyone who has unprotected vaginal or anal sex with someone who has HIV can get HIV. There is also some risk of transmission through oral sex, but it is much lower.
- **By sharing needles** for injecting drugs, vitamins, steroids or hormones, or for tattooing, piercing or any other reason.
- **From mother to child either before or during birth.** In a few cases HIV has been passed from mother to child through breastfeeding. A pregnant woman with HIV can take medicines to greatly lower the risk of her baby being born with HIV.

### **What common body fluids can transmit HIV?**

HIV is found in the blood, semen, and vaginal and rectal fluids of someone with HIV. It is passed from person to person through these body fluids.

### **How is HIV not transmitted?**

HIV is not transmitted by casual, day-to-day contact between people. It is not transmitted through the air. It must get inside the body to infect a person.

(continued)



*(continued)*

People can't get HIV from:

- touching, coughing or sneezing
- toilet seats, eating utensils, swimming pools, water fountains, door knobs or phones
- casual contact such as hugging, dry kissing or sharing food
- donating blood
- tears, saliva, sweat or urine
- mosquitoes or other insects

### **Who is at risk?**

It is what people do, not who they are, that puts them at risk for HIV.

People are at risk for HIV if:

- They have sex with someone who's had other partners.
- They have sex without using a latex condom or other protection.
- They share needles or syringes to inject drugs, or had sex with someone who has.
- They share needles or other sharp objects for tattooing, piercing or any other reason.

### **How can you prevent HIV?**

- **Don't have sex.** This includes vaginal, anal and oral sex.
- **Never inject drugs or share needles** for any reason.

### **How can you reduce your risk of HIV?**

- **Use a latex condom each and every time** for vaginal, anal or oral sex. People who are allergic to latex can use polyurethane or polyisoprene condoms.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STD.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors.
- **Get tested for HIV.** Be sure any sex partner has been tested before having sex.

*(continued)*



(continued)

- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

### FACILITATOR'S NOTE

The sharing of needles for injection drug use is a major mode of HIV transmission and is emphasized in this curriculum. You might also wish to mention that the sharing of needles for any purpose carries a potential risk. This includes needles used for body piercing (ears, noses, navels, nipples) and tattooing.

5. Ask,



Knowing what you know now, do you think you are at risk for HIV infection?

6. Summarize by saying:



Many people do not believe they are at risk for HIV. But anyone who participates in the risk behaviors we've been discussing could be exposed to and get HIV.

Now you know the basics about HIV infection and AIDS. These are facts that can help you make proud and responsible choices that will decrease your risk.



## ACTIVITY

# E

## WHAT I THINK ABOUT HIV, AIDS AND SAFER SEX

### PREPARING FOR THE ACTIVITY

#### Rationale

Examining attitudes and beliefs about HIV risk behaviors and safer sex behaviors begins the process of helping participants perceive their vulnerability to HIV infection.

#### Materials Needed

- ▶ Agree/ Disagree signs

### PROCEDURE


10

MINUTES

#### FACILITATOR'S NOTE

Safer sex is defined as taking appropriate measures to decrease the likelihood of exchanging certain bodily fluids, including blood, semen, vaginal secretions and rectal fluids. Such measures include decreasing incidences of vaginal, oral and/or anal sex, practicing mutual monogamy, and using latex or polyurethane/polyisoprene barriers whenever engaging in sexual intercourse.

1. Post the *Agree* and *Disagree* signs on the wall on opposite sides of the room.
2. Read the following directions:

 I will read some statements and ask, "Agree or disagree?" After I read each statement, stand under the *Agree* sign if you agree with the statement, or the *Disagree* sign if you do not agree with it.

3. Ask participants to stand.
4. Read the agree/disagree statements one at a time and ask participants to decide if they agree or disagree with the statement and to go stand under the appropriate sign.
5. After each statement, ask participants on each side to say why they agreed or disagreed with the statement.




## **FACILITATOR'S NOTE:**

During the activity, bolster the attitudes supportive of abstinence, condom use and safer sex. Be careful to protect participants who seem to be in the minority on a certain issue. Refer to the group agreements to give the participants structure if they become unruly.

- You can tell by looking that a person is healthy and not infected with HIV.
- It is very difficult to tell a partner that you want to be abstinent.
- It is very difficult to ask a sexual partner to use a condom.
- People don't like using condoms.
- People don't need to worry about getting HIV when they know a sexual partner very well.
- People don't use condoms because they don't know how.
- People who want to avoid HIV should abstain from having sex.
- People who decide to be sexually active can help protect themselves by practicing safer sex.
- Most people are afraid to talk to their partners about HIV.

6. Give the participants a chance to switch their position after discussion of each statement.
7. Thank the participants for sharing their opinions. Have them return to their seats.
8. Summarize by saying,

 This activity showed us that different people could have different opinions and beliefs. You may have a different opinion about abstinence, HIV and condoms than your friends or partners. But the facts about HIV remain the same, and there are some things we can agree on. HIV and other STDs are transmitted sexually, usually through blood, semen, and vaginal or rectal fluids. HIV can also be passed by sharing needles to inject drugs or for any other reason. To protect yourself, avoid sharing needles and either abstain from having sex, or use a latex or polyurethane/polyisoprene condom or

*(continued)*



*(continued)*

dental dam every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STD transmission.

We'll be learning more about HIV and how you can protect yourself from infection. During this time, we will use games, discussion, other activities and videos to spark discussion and learn new information and skills.



## HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

**KEY WORDS**

**HIV:**  
**Human Immunodeficiency Virus**

**AIDS:**  
**Acquired Immunodeficiency Syndrome**

**Immune System**

**HIV Test**

**Latex Condoms**

**Window Period**

**Treatment**

© 2016 ETR ETR Associates. All rights reserved. AA4316-031216

**BE PROUD!  
BE RESPONSIBLE!**

Poster

**HIV/AIDS REVIEW**

**How do people get HIV? (3 ways)**

**What common body fluids can transmit HIV?**

**How is HIV not transmitted?**

**Who is at risk?**

**How can you prevent HIV?**

**How can you reduce your risk of HIV?**

© 2016 ETR ETR Associates. All rights reserved. AA4316-031216

**BE PROUD!  
BE RESPONSIBLE!**

Poster

**AGREE**

© 2016 ETR ETR Associates. All rights reserved. AA4316-031216

**BE PROUD!  
BE RESPONSIBLE!**

Poster

**DISAGREE**

© 2016 ETR ETR Associates. All rights reserved. AA4316-031216

**BE PROUD!  
BE RESPONSIBLE!**

Poster



## BUILDING KNOWLEDGE ABOUT HIV

### OVERVIEW

#### Goals

The goal of this module is to increase participants' knowledge about HIV infection, transmission, causes and prevention.

#### Module Preview

The second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; and (2) reinforces participants' knowledge about safer sex behaviors.

#### Learning Objectives

After completing this module, participants will be able to:

- ▶ Identify why it is important to learn about HIV prevention strategies.
- ▶ Differentiate myths from facts about HIV and AIDS.
- ▶ Identify the correct information regarding the transmission, causes, and prevention of HIV infection.

#### Strategies/Methods

- ▶ Class discussion
- ▶ Mini-lecture
- ▶ DVD viewing

#### Materials Needed

- ▶ *Group Agreements*
- ▶ *Key Words* poster



- ▶ *HIV/AIDS Review poster*
- ▶ Masking tape
- ▶ Monitor and DVD player
- ▶ DVD: *The Subject Is HIV*
- ▶ *HIV/AIDS: Myth or Fact?* handout
- ▶ Pencils/pens

## Preparation Needed

- ▶ Hang the posters and *Group Agreements*.
- ▶ Make sure *The Subject Is HIV* DVD is set up and ready to play.
- ▶ Review the information about HIV in Appendix B.

## Instructional Time 50 minutes

(Note: Facilitators may wish to extend the time to allow more thorough discussion of the DVD.)

Activity	Minutes Needed
A. Introduction and Overview. . . . .	2
B. The Subject Is HIV . . . . .	24
C. Myths and Facts About HIV and AIDS . . . . .	24



## ACTIVITY

# A

## INTRODUCTION AND OVERVIEW

### PREPARING FOR THE ACTIVITY

#### Rationale

Reviewing the message of the program increases participants' excitement and enthusiasm for the curriculum and provides an opportunity to address concerns or questions.

#### Materials Needed

- ▶ None

### PROCEDURE

2

MINUTES

1. Remind participants that the first two modules are devoted to learning the facts about HIV and AIDS. Ask participants if they have any concerns, thoughts or feelings regarding the last module.
2. Ask participants if they remember the behaviors which transmit HIV from person to person.



## ACTIVITY

# B

## THE SUBJECT IS HIV

### PREPARING FOR THE ACTIVITY

#### Rationale

Learning about 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 via a motivating video has the possibility of reaching more teens who learn quickly through music videos and other television programs.

#### Materials Needed

- ▶ DVD: *The Subject Is HIV*
- ▶ Monitor and DVD player


(Note: Allow more time for discussion of the DVD, if possible, to help participants personalize the information and to answer any questions they may have.)

### PROCEDURE

**24**

MINUTES

1. Introduce the DVD by saying,


 This DVD, *The Subject Is HIV*, will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterwards we will discuss the DVD. Pay close attention to messages about how people can and cannot become infected with HIV, about injection drug use and about condom use.

2. Show the DVD, which is 18 minutes long.

#### FACILITATOR'S NOTE

Try to involve everyone in the following discussion. Give each participant a chance to express some thoughts and feelings about the video.

3. At the end of 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 HIV from casual contact (e.g., combs, toilet seats, telephones, eating after someone).

 What was the message about condoms in the DVD?



**Answer:**

- Use latex or polyurethane/polyisoprene 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?**

**Answer:**

- 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/polyisoprene) 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, HIV and other STDs.

**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 risky behaviors. The choice is yours. I want you to make proud and responsible choices, so if you choose to have sex, choose to use a latex (or polyurethane/polyisoprene) condom.**

**FACILITATOR'S NOTE**

Some statistics have changed since the video was produced. In 2014, youth ages 13 to 24 accounted for an estimated 22% of new HIV infections in the United States. The most recent data on young people and HIV can be found at: [www.cdc.gov/hiv/group/age/youth/index.html](http://www.cdc.gov/hiv/group/age/youth/index.html)



## ACTIVITY

# C

## MYTHS AND FACTS ABOUT HIV

### PREPARING FOR THE ACTIVITY

### PROCEDURE

24

MINUTES

#### Rationale

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

#### Materials Needed

- ▶ *HIV/AIDS: Myth or Fact?* handout
- ▶ *HIV/AIDS Review* poster
- ▶ *Key Words* poster
- ▶ Pre-labeled newsprint:
  - » *Facts About HIV*
- ▶ Markers

#### 1. Explain the following information:



Since there are a lot of myths circulating about HIV and AIDS, it is important to know the facts. The next activity is going to help with that. I will give you a worksheet about HIV/AIDS and you will have to determine whether the statements are myths or facts. A myth is something that is false and a fact is something that is true.

#### 2. Distribute the *HIV/AIDS: Myth or Fact?* handout or have participants turn to it in their workbooks. Have them work independently to complete it by deciding whether each statement is a myth or a fact. Tell participants to be prepared to provide reasons for their answers.

#### FACILITATOR'S NOTE:

The size of your group will determine the best way to use this activity. If you have a small number of participants, conduct the activity and discussion with the full group. In larger groups, separate the participants into small groups of five or six and have each group discuss and draw conclusions about each statement. Then bring the small groups back together and allow each group to share their conclusions. Use this activity to teach participants the correct answers. Note whether the statements are facts or myths and explain why. Use the information provided after each statement to further process and discuss participants' responses.



3. Post the newsprint titled *Facts About HIV*.
4. Read each of the *Myths/Facts Statements* to the group. After individual participants say whether a statement is a myth or a fact and why, ask the group if they agree or disagree and why. Write the correct Fact answer on the newsprint.

### **FACILITATOR'S NOTE:**

One strategy for this activity is to use a rapid-fire round-robin format. It makes the game go faster, is more fun, and gives all of the participants a chance to contribute.

5. Support the explanation or correct it, then give a more thorough explanation of why the answer is a myth or a fact. After the list of fact statements is completed, ask the group if there are any questions about the information covered.

#### **Example**

- Read a statement such as, "You can get HIV from shaking hands with a person who is HIV positive."
- Ask, "Is that a fact or a myth?" Someone answers, "That is a myth."
- Ask that person, "Why?"
- Ask if the group agrees with the answer and why.
- Ask, "How does a person get HIV?" Refer to the *HIV/AIDS Review* poster questions.
- Ask, "Where is HIV found?" Refer to the *HIV/AIDS Review* poster.

6. Summarize by saying:



Good job. It is important to have accurate information so that you can use that information to protect yourself.



## MYTHS/FACTS STATEMENTS

1. **AIDS is a medical condition in which your body cannot fight off diseases.**

### **FACT**

HIV weakens the immune system. AIDS is the stage of HIV when the immune system has become very weak and damaged. When this happens, other diseases and infections can more easily enter the body.

2. **AIDS is caused by a virus.**

### **FACT**

AIDS is caused by HIV, the human immunodeficiency virus.

3. **If you hug someone with AIDS you can get HIV.**

### **MYTH**

HIV is not passed by casual, everyday contact. It is only passed through infected body fluids, including blood, semen, vaginal secretions and rectal fluids.

4. **Anyone can get HIV.**

### **FACT**

Anyone who has unprotected sex or shares needles or other injection equipment with someone with HIV is at risk. It's what people do, not who they are, that puts them at risk for HIV.

5. **AIDS can be cured.**

### **MYTH**

There is no cure for HIV or AIDS, although medical care and treatment can help people with HIV keep their viral load low so they can live long, healthy lives.

6. **HIV can be spread by using someone's personal belongings such as a comb or hairbrush.**

### **MYTH**

HIV is only spread through an exchange of certain body fluids, including blood, semen, vaginal secretions or rectal fluids.

7. **If a pregnant woman is HIV positive, there is a chance the virus may be passed to her unborn baby.**

### **FACT**

A pregnant woman can pass HIV to the fetus before birth or to a newborn baby through breastfeeding. But she can take medicines to greatly lower the risk of the baby being born with HIV.

8. **You can tell by looking whether someone is HIV positive.**

### **MYTH**

Many people with HIV look and feel healthy for years. They may not even know they have the virus.

9. **Condoms are 100 percent effective against the transmission of HIV.**

### **MYTH**

If used properly, latex condoms are highly effective against most STDs, including HIV. However, condoms can sometimes slip or break, and people don't always use them correctly. The only 100 percent effective way to avoid HIV is to abstain from sexual intercourse (vaginal, anal and oral) and to never share needles for any reason.

10. **You increase your chance of getting HIV if you have sex with many people.**

### **FACT**

The more partners a person has, the higher the chances that one of those partners will have been exposed to HIV and could pass it on. People with multiple partners should use latex or polyurethane/polyisoprene condoms every time with every partner to help reduce their risk.

*(continued)*



- 11. HIV is mainly present in semen, blood, vaginal secretions, rectal fluids and breast milk.**

**FACT**

These are the main body fluids that can transmit HIV.

- 12. If you give blood you are at risk for getting HIV.**

**MYTH**

There is no risk of getting HIV from giving blood. New needles and equipment are used for each donor.

- 13. You can catch HIV from a toilet seat.**

**MYTH**

HIV is not passed through the air or by touching objects.

- 14. Lesbians don't have to worry about HIV infection.**

**MYTH**

There are no documented cases of woman-to-woman transmission of HIV, where unprotected sex was the only risk factor. But, like anyone else with HIV, any infected woman who has sex with other women can infect her partner(s) during sex if certain bodily fluids are exchanged.

- 15. An HIV-infected mother can infect her child through breastfeeding.**

**FACT**

There are some cases in which HIV was passed from an infected mother to her baby through breastfeeding.

- 16. Birth control pills can prevent the transmission of HIV.**

**MYTH**

The birth control pill offers very effective protection from unplanned pregnancy, but the pill and other hormonal contraceptive methods do not protect a person from HIV or other STDs. People who use the pill for birth control should still use latex or polyurethane/polyisoprene condoms to protect themselves and their partners from HIV and other STDs.

- 17. Monogamy is 100 percent safe.**

**MYTH**

Theoretically, having sex with only one uninfected partner who only has sex with you will protect a person from HIV. Both partners need to be tested before they have sex to be sure they are HIV negative, and neither person can ever share needles or have sex with anyone else. But partners are not always faithful or may not know they have HIV. Abstinence—not having sex—is the only 100 percent safe way to prevent HIV transmission.

- 18. If you kiss someone with HIV you will get the virus.**

**MYTH**

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-positive avoid deep, open-mouth "French" kissing with a non-infected partner, as there is a potential risk of transferring infected blood.

*(continued)*



**19. Having unprotected sex with someone who is HIV positive is one way of getting it.**

**FACT**

This includes vaginal, anal and oral sex. Any form of sex in which blood, semen, vaginal or rectal fluids are exchanged poses a risk of HIV infection.

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

**FACT**

Because the virus can be spread through blood-to-blood contact, the person using a contaminated needle or syringe is at high risk of getting HIV. A contaminated needle can carry the virus directly into the bloodstream. This includes needles used for body piercing and tattooing as well.

**21. Only gay men are vulnerable to getting HIV.**

**MYTH**

Anyone can get HIV through the exchange of blood, semen, vaginal or rectal fluids 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.

**22. Injection drug users are at high risk for HIV.**

**FACT**

Injection drug users who share needles and works with others have an increased risk of getting HIV 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.

**23. Having anal sex increases your chances of getting HIV.**

**FACT**

If either partner is infected with HIV, the other partner can be infected during anal 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 the penis is also at risk if the partner is infected because HIV can enter through sores or abrasions on the penis. If people are going to engage in anal sex, using a condom can help reduce their risk of getting HIV or other STDs, but it is still considered a risky behavior.

**24. Unprotected oral sex (mouth on a partner's penis, vagina or anus) increases a person's chances of getting HIV.**

**FACT**

The vagina, anus and mouth are lined with sensitive tissues called mucous membranes, which can come in contact with blood, semen, vaginal secretions or rectal 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 that were there beforehand. These tears can be very small, existing without any pain or visible blood to act as a warning sign.

**25. Abstinence is the only way of preventing the sexual transmission of HIV 100 percent of the time.**

**FACT**

Choosing not to have sexual intercourse, (oral, anal or vaginal) is the only sure way to completely avoid any risk of being exposed to HIV.



## HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

**KEY WORDS**

**HIV:**  
**Human Immunodeficiency Virus**

**AIDS:**  
**Acquired Immunodeficiency Syndrome**

**Immune System**

**HIV Test**

**Latex Condoms**

**Window Period**

**Treatment**

**BE PROUD!  
BE RESPONSIBLE!**

© 2016 ETR Associates. All rights reserved. A44116 01216

Poster

**HIV/AIDS REVIEW**

**How do people get HIV? (3 ways)**

**What common body fluids can transmit HIV?**

**How is HIV not transmitted?**

**Who is at risk?**

**How can you prevent HIV?**

**How can you reduce your risk of HIV?**

**BE PROUD!  
BE RESPONSIBLE!**

© 2016 ETR Associates. All rights reserved. A44116 01216

Poster

**HIV/AIDS: Myth or Fact?**

HANDOUT

Instructions: Read each statement and circle whether it is a myth or a fact.

1. AIDS is a medical condition in which your body cannot fight off diseases.  
MYTH    FACT
2. AIDS is caused by a virus.  
MYTH    FACT
3. If you hug someone with AIDS you can get HIV.  
MYTH    FACT
4. Anyone can get HIV.  
MYTH    FACT
5. AIDS can be cured.  
MYTH    FACT
6. HIV can be spread by using someone's personal belongings such as a comb or hairbrush.  
MYTH    FACT
7. If a pregnant woman is HIV positive, there is a chance the virus may be passed to her unborn baby.  
MYTH    FACT
8. You can tell by looking whether someone is HIV positive.  
MYTH    FACT
9. Condoms are 100 percent effective against the transmission of HIV.  
MYTH    FACT
10. You increase your chance of getting HIV if you have sex with many people.  
MYTH    FACT
11. HIV is mainly present in semen, blood, vaginal secretions, rectal fluids and breast milk.  
MYTH    FACT
12. If you give blood you are at risk for getting HIV.  
MYTH    FACT
13. You can catch HIV from a toilet seat.  
MYTH    FACT

STUDENT WORKBOOK

1

Handout/Student Workbook



[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[



## UNDERSTANDING VULNERABILITY TO HIV INFECTION

### OVERVIEW

#### Goals

The goals of this module are to:

- ▶ Increase participants' perceived vulnerability to HIV infection.
- ▶ Increase participants' knowledge about which behaviors place them at various levels of risk for HIV infection and other sexually transmitted diseases.
- ▶ Increase participants' understanding of their responsibility for safer sexual behavior.

#### Module Preview

The third module: (1) helps participants realize that they are vulnerable to HIV infection; (2) examines who is responsible for safer sex behavior; (3) examines various opinions about HIV and safer sex behaviors; (4) clarifies the risk level for a variety of behaviors; and (5) helps participants identify their personal level of risk for HIV infection.

#### Learning Objectives

After completing this module, participants will be able to:

- ▶ Identify which of their own behaviors increases their vulnerability and risk for HIV infection.
- ▶ Identify how easily HIV is transmitted and how it feels to be at risk for HIV infection and other STDs.
- ▶ Correctly identify which behaviors are some risk, high risk and no risk for contracting HIV.
- ▶ Recall correct information concerning HIV/AIDS.
- ▶ Identify their responsibility in making safer sex choices.



## Strategies/Methods

- ▶ Mini-lecture
- ▶ Class discussion
- ▶ Game
- ▶ DVD viewing

## Materials Needed

- ▶ *Key Words* poster
- ▶ *HIV/AIDS Review* poster
- ▶ *Group Agreements*
- ▶ Masking tape
- ▶ Monitor and DVD player
- ▶ DVD: *Nicole's Choice*
- ▶ Index cards for "The Transmission Game" pre-labeled with "A," "C," "O," "U" or "D"
- ▶ *Risk Continuum* signs
- ▶ *Risk Behavior* cards

## Preparation Needed

- ▶ Hang the posters and *Group Agreements*.
- ▶ Make sure the *Nicole's Choice* DVD is set up and ready to play.
- ▶ Label the index cards for the game. For a group of 6–8, one person will have a "D" card, one person will have a "C" card, one person will have an "A" card and the rest will have "U" cards. Increase the number of "C," "A" and "U" cards in this approximate ratio for larger groups.
- ▶ Divide the *Risk Behavior* cards into two separate stacks. Use different colored markers or stick-on dots to mark and differentiate the cards in each stack.
- ▶ Review the information about sexually transmitted diseases in Appendix B.

## Instructional Time 50 minutes

(Note: Facilitators may wish to extend the time to allow more thorough discussion of the DVD.)

## Activity

## Minutes Needed

A. Acknowledging the Threat of HIV and AIDS . . . . .	5
B. <i>Nicole's Choice</i> DVD and Discussion . . . . .	20
C. The Transmission Game . . . . .	15
D. HIV Risk Continuum . . . . .	10



## ACTIVITY

# A

## ACKNOWLEDGING THE THREAT OF HIV AND AIDS

### PREPARING FOR THE ACTIVITY

#### Rationale

Acknowledging the threat of HIV infection among their peers and in their communities helps teens increase their personal perception of vulnerability.

#### Materials Needed


- ▶ None

### PROCEDURE

5

MINUTES


1. Ask participants whether they think they should be concerned about HIV and AIDS. Ask them why or why not.
2. Explain the following information:

 Young people are at risk for HIV. In 2014, youth ages 13 to 24 accounted for an estimated 22% of new HIV infections in the United States.

Although there is still no cure for HIV or AIDS, it is preventable. The more you know about HIV, the better prepared you are to protect yourself from infection. Remember, anyone who engages in risky behaviors is at risk for infection with HIV.


*Note:* The most recent data on young people and HIV can be found at [www.cdc.gov/hiv/group/age/youth/index.html](http://www.cdc.gov/hiv/group/age/youth/index.html)

3. Review how people get HIV.

-  • They have unprotected sex (vaginal, anal, oral) with an infected partner.
- They share needles or works.
- Women pass the virus to a fetus during pregnancy or to an infant through breast milk.



4. Explain:

 The only way to protect yourself from HIV is to practice abstinence or safer sex. But acknowledging the threat of HIV and demanding abstinence or the use of latex condoms or barriers often creates stress in a relationship. Many people feel afraid to ask their partners to abstain or use condoms—they think it will drive them away, make them angry, or even make them violent. Many people deny that HIV infection is a personal or family issue. Until HIV affects them or someone they know, they often avoid taking responsibility for their decisions and actions concerning sex and protecting themselves.

5. To clarify responsibilities for safer sex, ask participants to listen to the following statements and raise their hands to indicate who in a relationship they believe should be responsible for each behavior—you, your partner, both partners equally, or neither. Ask:

 Who is responsible for ...

- Deciding whether to abstain from intercourse?
- Starting a discussion about sexual and drug use history?
- Planning ahead and buying condoms before intercourse?
- Making sure condoms are used at each act of intercourse?

6. Emphasize that in all relationships both partners have the right and the responsibility to be equally involved. Partners are ultimately responsible for their own safety and protection and have the right to make personal choices. When both partners are involved in the decision making, each has control over personal behaviors and is less likely to take advantage of the other.

### **FACILITATOR'S NOTE**

Again, be aware that not all adolescent sexual activity is voluntary. Acknowledge that youth who have been sexually abused didn't get to make a choice in those circumstances, but have the right to make their own choices to protect themselves from HIV and other STD in the future.



## ACTIVITY

# B

## NICOLE'S CHOICE DVD AND DISCUSSION

### PREPARING FOR THE ACTIVITY

### PROCEDURE

20

MINUTES

#### Rationale

By using a realistic scenario, this DVD helps participants understand the importance of protecting themselves against HIV and other STD infection each time they engage in sexual intercourse.

#### Materials Needed


- ▶ Monitor and DVD player
- ▶ DVD: *Nicole's Choice*

#### Preparation

- ▶ Review the information about STDs in Appendix B.

(Note: Allow more time for discussion of the DVD, if possible, to help participants personalize the information and to answer any questions they may have about STDs.)

#### 1. Introduce the activity.

 You've been learning the facts about HIV. We're going to take a closer look at some of the behaviors that put young people at risk for HIV and other STDs.

#### 2. Ask participants,


 Why do people have sex without condoms?

#### Reasons might include:

- They don't like the way condoms feel.
- They don't have any.
- They worry that their partners will think they are sleeping with other people.
- They believe they have nothing to worry about and that the people they have sex with would not have HIV or another STD.
- Condoms are too much trouble.
- Condoms cost too much.




3. Introduce the DVD by saying,

 In this video you will see a young woman who is dealing with the consequences of her sexual behavior. As you watch, think about the reasons she is in her situation, how she deals with the issues she faces and how you would handle them.

4. Show the DVD, which is 15 minutes long.

5. Discuss feelings and reactions to the DVD. Ask,

-  • How do you feel about what happened to Nicole?
- Why is Nicole in this situation?
  - How would you feel if something like this happened to you?


6. Discuss the different choices Nicole could have made when she was with Miguel at the beginning of the video.

-  • What options did Nicole have when she was with Miguel?

**Options include:**


- She could have said no to having sex.
- She could have asked him to use a condom.
- She could have stopped and gone to the store to get condoms, if they didn't have one.
- She could have gone ahead and had unprotected sex.

7. Ask,

-  • Why do you think Nicole didn't ask Miguel to use a condom?
- What happened because they didn't use a condom?
  - How would you feel if you had to go to the STD clinic?
  - Can you get HIV the same way you get other STDs?



**8. After getting some answers from the group, ask,**

 **What messages about sexual partners did you receive from the video?**

**Answers:**

- You expose yourself not only to your partner, but also to all of your partner's partners. Any one of these people could have an STD and pass it to others.
- It is important for both individuals to get tested.
- It is important to use condoms every time you have sex.
- It is important for partners to be honest with each other about their sexual history and HIV/STD risks.


**9. If it is relevant for your participants, discuss the issue of older/younger partners, by saying,**

 **Were Nicole and her partners around the same age?**

**How would the situation change if Miguel was 2 or 3 years older than Nicole? What if he was 4 or 5 years older? What if she was in eighth grade and he was in twelfth?**

**Do you think it would have been even harder for her to insist on using a condom?**

**10. Summarize by saying,**

 **If you engage in unprotected sex you are putting yourself at risk for sexually transmitted diseases, including HIV. Nicole had an STD that was curable, but other young people haven't been so lucky. Only you can decide to protect your future and your health by using protection every time you have vaginal, anal or oral sex.**



## ACTIVITY

# C

## THE TRANSMISSION GAME

### PREPARING FOR THE ACTIVITY

#### Rationale

Participation in an exercise that highlights how easy it is to get STDs breaks down participants' feelings of invulnerability, and increases their motivation to practice safer sex.

#### Materials Needed

- ▶ Lettered index cards (A, C, O, U, D)
- ▶ Pencils/pens

### PROCEDURE

15

MINUTES

1. Ask the rhetorical question,



**Who gets HIV? Don't answer. Just think about it.**  
**We are going to participate in an activity that will help us answer this question.**

#### FACILITATOR'S NOTE

This activity illustrates how easy it is to transmit an STD, including HIV, if people have intercourse without using protection. This is a fun, engaging activity, but it can also be sensitive. Some participants might be HIV positive or have family members who are, others might worry about being wrongly identified as HIV positive. Remind participants that the activity is not intended to identify anyone personally and that it is strictly an exercise. Make sure no one is stigmatized by the activity.

2. Distribute the lettered cards and pencils/pens so that only one person has a "D," one or two people have a "C," "O" and "A," and the rest get a "U." If there are fewer than five participants, eliminate the "O" card. If the group is large, give 5 to 10 people "U" cards. **DO NOT** tell participants what the letters mean at this time.

A = Abstinence

C = Condoms

O = Outercourse

U = Unprotected Sex (oral, anal, or vaginal sex without a condom)

D = Disease (STD/HIV)



3. Give the following instructions:

- Listen carefully so you don't miss anything.
- Write your name on the side of the index card that has the letter on it.
- Stand and mingle (walk around) with others in the group until I say "stop."
- Pair off with the person standing closest to you.
- I will read you an incomplete sentence.
- You and your partner will each complete the sentence and discuss why you feel that way.
- When I call time (after 30 seconds to 1 minute), you will sign each other's card on the side without the letter on it. Return the card to the original owner.
- Then you'll move around the room again until I say "stop" and you will pair up with a new partner.
- We will keep doing this until you've had five brief discussions.


4. Read five of the following unfinished sentences, following the procedure you just described.

**UNFINISHED SENTENCES**


- The most important thing for teens to know about HIV is...
- Practicing sexual abstinence to avoid HIV is ...
- If I had a condom in my pocket or purse, my partner would think...
- I could convince my partner to use a condom if I...
- You can make using condoms fun by...
- If I asked whether my partner was having sex with other people, the response might be...
- If I asked my partner to use a condom, the response would be...
- People do not like to use condoms because...



5. When five unfinished sentences have been discussed, ask all participants to have a seat.
6. Use the process below to discuss the activity. Say,

-  • This has been an exercise involving “verbal intercourse,” but we’re going to pretend that each conversation was an act of “sexual intercourse.”
- Look at your cards. The letters on the cards represent something in this exercise.
- Will the person with the “D” card, please stand. For the purposes of this activity only, you have HIV or another STD, and anyone whose name is on your card could have it too.
- (To the person with the “D”): Read the names on the back of your card. Everyone whose name is read, please stand.

7. After the people whose names were called are standing. Say,

-  • If you have a “C” on your card, that means you correctly used a latex condom to reduce your risk, and so you can sit back down.
- If you have an “A” on your card, that means you insisted on abstinence and refused to engage in sexual intercourse or any type of skin-to-skin genital contact, so you can sit back down. Abstinence is the 100% sure way to protect yourself.
- If you have an “O” on your card, you may sit down because you had outercourse (did different sexual pleasurable things without having intercourse, such as masturbation, massage or body rubbing with clothes on). *(Note: Explain that while HIV cannot be transmitted by skin-to-skin contact, there are some STDs that can, such as herpes, syphilis and HPV. Outercourse is only a safer sex behavior for these STDs if there is no skin-to-skin genital contact or genital touching.)*
- If you have a “U” on your card, you must remain standing because you took a chance and engaged in unprotected sexual intercourse and now you are possibly infected with HIV.



8. If the group is large, ask each of the people still standing, one at a time, to read the names on their cards. Use the same process to find out the total number of people who got “infected” during this activity. Repeat the steps as needed to emphasize individual vulnerability.
9. Count the number of people standing and ask the group to consider what would happen if they each continued to have unprotected sex with new partners.
10. Ask the standing people to sit down.
11. Ask the person with the “D” card,



How did it feel to imagine you had been infected with an STD?

12. Ask the people with the “U” cards,



How did you feel about possibly being infected?

13. Ask the people with the “A,” “C” and “O” cards,



How did you feel when you got to sit down because you had protected yourself?


14. Review the modes of HIV transmission.




- Having unprotected vaginal, anal or oral sex
- Sharing needles or works to inject drugs or for any other reason
- Mother to fetus during pregnancy or to newborn through breastfeeding



15. Take the cards back and formally remove the disease from the person with the "D" card to avoid any future stigma by saying,

 This was just a game. So \_\_\_\_\_ (name of person with "D" card)  
I take this card and the disease back from you.

16. Summarize the activity by saying:

 Even though this was just a game, it is meant to model how fast and easily an STD such as HIV can spread. I want to emphasize that HIV and other STDs are not spread through casual contact, such as talking to someone, shaking hands with someone, or sharing a pencil, as we imagined in this exercise. The best way to not get infected through sexual contact is to abstain from sex. People who choose to have sex can lower their risk if they use a latex (or polyurethane/polyisoprene) condom every time they engage in vaginal, anal or oral sex.



## ACTIVITY

# D

## HIV RISK CONTINUUM

### PREPARING FOR THE ACTIVITY

#### Rationale

Actively identifying the HIV risk posed by a variety of sexual and nonsexual behaviors allows participants to internalize the information and facilitates learning.

#### Materials Needed

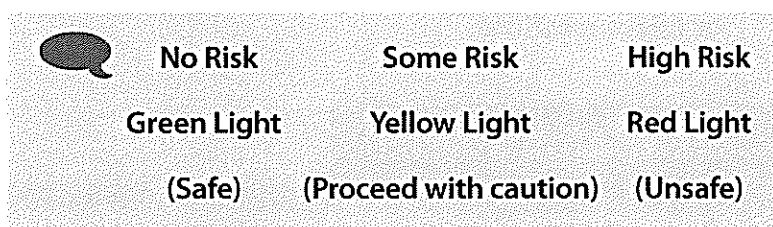
- ▶ Risk Continuum signs
- ▶ Risk Behavior cards
- ▶ Masking tape

### PROCEDURE


10

MINUTES

1. Tape the *Risk Continuum* signs on the wall or board like the diagram below.



2. Divide the group into two teams.
3. Hand one set of cards and tape to teach team. Then explain the directions.

 Each card contains a behavior. With your team, place each card under the heading that you feel identifies the level of risk for HIV infection the behavior represents.

**High-Risk/Red-Light Behaviors** involve the exchange of blood, semen, vaginal secretions or rectal fluids and can transmit HIV.

**Some Risk/Yellow-Light Behaviors** involve a barrier such as a condom or dental dam (latex sheath or cover), but they are activities during which exchange of blood, semen, vaginal secretions or rectal fluids might create some danger of transmitting HIV.

(continued)



(continued)

**No Risk/Green-Light Behaviors** involve no exchange of blood, semen, vaginal secretions or rectal fluids and thus pose no risk of transmitting HIV.


The term “sex” on these cards means oral, anal and/or vaginal intercourse.

4. Give the teams a few minutes to place their cards in the correct category.
5. Have participants sit down. Review each behavior to see if the team placed it under the correct risk category. Use this opportunity to clarify any misinformation or misconceptions.

### **FACILITATOR'S NOTE:**

*Risk Behavior* cards may be placed between categories because High, Some and No Risk represent a continuum and some behaviors do not fall solely within any one category.

6. Summarize by saying:

 To protect yourself from HIV infection, it is important to know which behaviors are safe and which are risky. Knowing what is safe and what you should avoid will help you make proud and responsible choices, and the choices you make affect not only you but your family, peers and community. Each one of you is a worthwhile and unique individual with a future to strive toward. Making informed and healthy decisions now will allow you to reach your future goals.

Remember, it's not who you are but what you do that puts you at risk for HIV and other STDs. So be proud and responsible and always use latex (or polyurethane/polyisoprene) condoms and/or dental dams if you have any kind of sexual intercourse—oral, anal or vaginal.



## RISK BEHAVIORS

Vaginal sex without a condom-----	Red Light
Dry kissing-----	Green Light
Having protected sex with a person who is having sex with other people -----	Yellow Light
Romantic conversation-----	Green Light
Oral stimulation of the penis without a condom -----	Yellow/Red Light
Sharing eating utensils with someone who has HIV-----	Green Light
Sharing needles and syringes -----	Red Light
Anal sex with a condom* -----	Yellow/Red Light
Self-masturbation-----	Green Light
Mutual masturbation -----	Yellow/Green Light
<i>(Green for HIV. There are some STDs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)</i>	
Practicing abstinence -----	Green Light
Vaginal sex with a condom-----	Yellow Light
Massage-----	Green Light
Having sex with multiple partners without using a condom -----	Red Light
Oral stimulation of the vulva (female genitals) with a dental dam (latex barrier) -----	Yellow Light
Anal sex without a condom *-----	Red Light
Having protected sex with multiple partners -----	Yellow Light
Having sex without using a condom with a person who injects drugs -----	Red Light
Sexual fantasy-----	Green Light
Touching someone who has HIV -----	Green Light
Flirting-----	Green Light
Body rubbing/grinding (with clothes on) -----	Green Light
Hugging -----	Green Light
Having sex with only one person (monogamous) -----	Green/Yellow/Red Light
<i>(Green if both virgins; Yellow if not virgins and use condoms; Red if not virgins and don't use condoms.)</i>	

\* Anal sex is a very risky behavior. It is a high risk/red light behavior without a condom. With a condom, it is still more risky than vaginal sex—somewhere between yellow and red. For safety reasons, it's best to avoid anal sex. However, if people are going to engage in anal sex, using a condom can reduce their risk of getting HIV or other STDs.



## HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

KEY WORDS

HIV:  
Human Immunodeficiency Virus

AIDS:  
Acquired Immunodeficiency Syndrome

Immune System

HIV Test

Latex Condoms

Window Period

Treatment

BE PROUD!  
BE RESPONSIBLE!

© 2016 ETR ETR Associates. All rights reserved. A44136-021216

Poster

HIV/AIDS REVIEW

How do people get HIV? (3 ways)

What common body fluids can transmit HIV?

How is HIV *not* transmitted?

Who is at risk?

How can you prevent HIV?

How can you reduce your risk of HIV?

BE PROUD!  
BE RESPONSIBLE!

© 2016 ETR ETR Associates. All rights reserved. A44136-021216

Poster

RISK CONTINUUM

HIGH RISK

RED LIGHT

(UNSAFE)

BE PROUD!  
BE RESPONSIBLE!

© 2016 ETR ETR Associates. All rights reserved. A44136-021216

Posters (3 total)

Risk Behavior Cards

VAGINAL SEX  
WITHOUT A CONDOM

BE PROUD!  
BE RESPONSIBLE!

© 2016 ETR ETR Associates. All rights reserved. A44136-021216

Cards (24 total)



# MODULE

# 4

## ATTITUDES AND BELIEFS ABOUT HIV, AIDS AND SAFER SEX

### OVERVIEW

#### Goals

The goals of this module are to:

- ▶ Increase participants' perceived vulnerability to HIV.
- ▶ Examine attitudes and beliefs about HIV, AIDS and safer sex.
- ▶ Confront stereotypes about who becomes infected with HIV and learn more about how people can and cannot become infected.
- ▶ Reinforce knowledge about HIV and AIDS.

#### Module Preview

The fourth module: (1) highlights the impact of attitudes and beliefs on risky sexual behavior; (2) weakens negative beliefs and attitudes that foster risky sexual behaviors; (3) builds participants' sense of responsibility for reducing the risk of HIV infection; and (4) reinforces their knowledge about safer sex behaviors.

#### Learning Objectives

After completing this module, participants will be able to:

- ▶ Identify their attitudes toward risky sexual behavior.
- ▶ Describe the impact of problematic attitudes on risky sexual behavior.
- ▶ Problem solve for risky sexual behavior situations.
- ▶ Recall correct information concerning HIV.



## Strategies/Methods

- ▶ DVD viewing
- ▶ Class discussion
- ▶ Decision-making and problem-solving exercises
- ▶ Roleplays

## Materials Needed

- ▶ Key Words poster
- ▶ HIV/AIDS Review poster
- ▶ Group Agreements
- ▶ Masking tape
- ▶ Monitor and DVD player
- ▶ DVD: *The Hard Way*
- ▶ Pre-labeled newsprint:
  - » Kenrick, Miguel, Renee, Mom, Dad and Koko
- ▶ *The Hard Way* character cards
- ▶ *Calling Koko Callers* 1–6 handouts or student workbooks

## Preparation Needed

- ▶ Hang the posters and *Group Agreements*.
- ▶ Make sure the *The Hard Way* DVD is set up and ready to play.

## Instructional Time 50 minutes

(Note: Facilitators may wish to extend the time to allow more thorough discussion of the DVD.)

## Activity

## Minutes Needed

- |  |    |
|--|----|
| A. <i>The Hard Way</i> DVD and Discussion. . . . . | 35 |
| B. <i>Calling Koko</i> . . . . .                   | 15 |



## ACTIVITY

# A

## THE HARD WAY DVD AND DISCUSSION

### PREPARING FOR THE ACTIVITY

#### Rationale

Reinforcing information about HIV, AIDS, risk levels and condom use through DVD presentations can promote further group discussion and enhance learning.

#### Materials Needed

- ▶ Monitor and DVD player
- ▶ DVD: *The Hard Way*
- ▶ Pre-labeled newsprint:
  - » Kenrick, Miguel, Renee, Mom, Dad and Koko
- ▶ Masking tape
- ▶ Markers
- ▶ *The Hard Way* character cards


(Note: Allow more time for discussion of the DVD, if possible.)

### PROCEDURE


35

MINUTES

1. Introduce the video.

 Sexually active young people are at risk for HIV infection. The DVD titled *The Hard Way* is about young people. This DVD discusses what AIDS is, the ways people get HIV and the ways to prevent infection.

2. If you haven't done so already, write the names of the characters on newsprint (Kenrick, Miguel, Renee, Mom, Dad and Koko).
3. Divide the group into 6 teams. Hand out a character card to each team. Explain the activity.

 The cards you have just received have the name of one of the main characters in the video. While you watch the DVD, pay close attention to the person on your card. Watch what this person says and how this person thinks and acts. Also, notice anything that changes the person's thinking during the course of the video.

4. Start the DVD, which is 18 minutes long.



5. When the video has ended, spend about 10 minutes discussing the various characters. Pace yourself. Plan to spend about 2 minutes on each character.



Let's talk about the characters in this video. I would like the group with Kenrick's card to go first.

How would you describe Kenrick?

What behaviors placed Kenrick at risk for HIV? *(Be sure the issue of number of partners gets addressed.)*

Now let's talk about Miguel.

Those of you with Miguel's card, what behaviors placed him at risk? *(Be sure number of partners gets addressed.)*

Why didn't Miguel use condoms?

Now let's talk about Miguel's partner, Renee.

What form of protection does Renee choose to use?

Those of you with Renee's card, why do you think Renee chose to use birth control pills instead of condoms as her form of protection?

Does this make sense? Do you think that using the pill is OK if you are sleeping with only one person? Why or why not?

Those of you with the Dad card, what do you think about the way the dad talked to Kenrick?

Those of you with the Mom card, what do you think about the conversation between Kenrick and his mom?

How is Kenrick's conversation with his dad different from the one with his mom?

What adults have ever talked to you about condoms or safer sex? How do your parents, guardians or other caring adults deal with the issue?

Where would you turn for support and advice about relationships, sex and using protection?

7. Spend the next 10 minutes discussing Koko's message, HIV testing and relationships. Begin the discussion by saying,





Now let's talk about Koko. What was her message in the video?

What do you think it would be like to get tested?

Why is it important to get tested?

Now let's discuss the types of relationships in this video. Kenrick had multiple partners whereas Miguel had a steady girlfriend. How do you negotiate condom use when

- You have more than one partner?
- You have a steady partner?
- When you have a new partner ?

Which one—with more than one partner, a steady partner or a new partner—is easier or harder, and why?

Now let's talk about friendship and conversations people have with their friends about being safe and using condoms. Do you think that Kenrick and Miguel had talked about using condoms enough? What else could they have said to each other? What would you say to your friends? What would you want your friends to say to you?

**8. Summarize the activity by saying,**



The characters in this video had to make decisions about whether to have sexual intercourse and whether to use condoms to protect themselves. What is the most important message you're taking away from the DVD and our discussion?

I hope you're walking away with the message that HIV can still be a risk even in a monogamous relationship.

As you make these decisions in your life, remember that abstinence is the 100% surest way to avoid an unplanned pregnancy and sexual transmission of HIV and other STDs. If you choose to have sex, it's important to use condoms correctly and consistently every time. If you've had unprotected sexual intercourse in the past, you can get tested and then use protection correctly in the future. It's the proud and responsible thing to do!



## ACTIVITY

# B

## CALLING KOKO

### PREPARING FOR THE ACTIVITY

#### Rationale

Practicing solving HIV-related problems builds self-efficacy and participants' ability to safely resolve risky situations and behaviors.

#### Materials Needed

- ▶ *Calling Koko Caller*  
1 – 6 handouts
- ▶ Pencils/pens

### PROCEDURE

**15**

MINUTES

#### FACILITATOR'S NOTE

You may want to choose the caller scripts to use with your group. You have only 15 minutes, so you want to make sure you have enough time to read and discuss each call that you assign to participants. If your participants resist getting into pairs, do the activity in the large group. Read the first caller script and ask group members to give ideas for the kind of advice Koko should give the caller. Then choose someone to play the role of Koko giving the caller advice. You play the role of the caller. Sit with your chairs back to back for the roleplay. Continue with the other caller scripts you've chosen.

1. Introduce this activity by saying:




Based on what you have learned so far, you will give advice to someone who has questions or concerns about HIV, AIDS or safer sex. In this activity, you will take the role of Koko, the expert on HIV, AIDS and condoms, who has an HIV Information Hotline for teenagers called Calling Koko. You will provide the solution to the concerns of one of these callers.

2. Divide the participants into pairs or small groups. Have each group choose someone to take notes, who will write down the group's solution.



3. Distribute the *Calling Koko* handouts or have participants turn to these sheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)
4. Explain the following,


 You will discuss, decide on and then write down the advice you would give to the caller. At the end of this activity, you will share the advice with the rest of us. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices.

5. Give the groups 5 minutes to discuss and come up with their advice.
6. Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice.
7. Using the following suggested responses, discuss any points that participants do not come up with themselves.

#### **FACILITATOR'S NOTE**

Suggested responses are provided. Participants' answers do not have to match the suggested responses word for word to be considered correct. However, in the large-group discussion, it is important to make sure that the points in each box get discussed. You may want to read the suggested responses as a review before going on to the next caller.

8. Summarize by saying,

 This activity allowed you to be the experts. You got to problem solve and show what you've learned so far. It also gave you a chance to help others make proud and responsible decisions. Even though it is often much easier to give advice than to follow it, with practice you'll discover that you can do both, give proud and responsible advice and follow it to help protect yourself from HIV and other STDs.



## MAIN POINTS TO COVER:

- The surest protection is abstinence.
- If you choose to have sex, you must use a latex condom.
- Don't share needles or works.

## CALLER 1

---

Koko,

I've heard that young people are at risk for HIV and the number of HIV cases among young people is growing. I don't want to take any chances of getting HIV. What's the surest way I can protect myself?

- No-Chance Charlie

## SUGGESTED RESPONSE TO CALLER 1

Every time you engage in a behavior that involves an exchange of body fluids you take a chance of getting HIV. The surest way NOT to get HIV is not to have sex—this includes vaginal, oral or anal sex—and not to share needles or works. If you do decide to have sex, use a latex barrier such as a condom or a dental dam (a flat, square piece of latex) every time you engage in a sexual behavior that involves an exchange of body fluids. Protecting yourself and your partner is the proud and responsible thing to do.



## MAIN POINTS TO COVER:

- Commitment in a relationship is not always an effective form of protection.
- Safer sex will reduce your risks of HIV and other STDs.
- Talk to your partner about condoms.
- Use latex condoms every time you have sex.

## CALLER 2

---

Koko,

Because of all the publicity about HIV, I've become very afraid of getting infected. My partner and I have sex only with each other and we don't use drugs. We don't have to worry about getting HIV, do we?

- *Monogamous Monique*

## SUGGESTED RESPONSE TO CALLER 2

If you and your partner have never had vaginal, oral or anal sex with anyone else, and never used injection drugs or shared needles of any kind, the chances are that neither of you has HIV.

However, even in a trusting relationship, you should practice safer sex to prevent any future possibility of infection. Using condoms reduces your risk of getting an STD, including HIV.

Talk it over with your partner and use a latex (or polyurethane/polyisoprene) condom if you have vaginal, oral or anal sex.



## MAIN POINTS TO COVER:

- Get tested for HIV now, and again in 6 months.
- If the test is positive, seek medical help immediately.
- Avoid future risk of infection by using a latex condom every time you have vaginal, oral or anal sex.

## CALLER 3

---

Hi Koko,

Five months ago, I had sex with someone for the first time. We didn't use condoms. I didn't really enjoy it, and he never even called me again. Now I have a new boyfriend and he wants me to have sex, too. Is it possible that I might have been exposed to HIV when I did it before? Now, I'm anxious that I might be infected with HIV. What do I tell my boyfriend? What should I do?

- *Anxious Alex*

## SUGGESTED RESPONSE TO CALLER 3

Yes, it is possible that you could have been exposed to HIV. There is no way of knowing for sure without being tested. The most common type of HIV test looks for HIV antibodies, which may take up to 6 months to show up on the test. You should get tested soon, and then again 6 months later. If both of those tests are negative, then you can feel safe that you did not get infected with HIV from having unprotected sex that time. If you are HIV positive, seek medical help right away and alert all the sexual partners you've had who might have been infected.

It also sounds like you wish you had made a different choice 5 months ago. It's OK if you want to choose not to have sex right now. Abstinence is the surest way to protect yourself from HIV and other STD. If you do decide to have sex, be proud and responsible and talk to your boyfriend about condoms. Tell him it is important that you use condoms if you have sex. Let him know that you're really afraid of getting HIV, and what would happen if either of you got infected. If he cares about the relationship, he will understand that being abstinent or using condoms is the right thing to do.



## MAIN POINTS TO COVER:

- Oral sex can transmit STDs, including HIV.
- Practicing safer sex can protect you against pregnancy, HIV and other STDs.
- Other things can lead to intimacy and orgasm without risking getting pregnant, or infected with HIV or another STD.

## CALLER 4

---

Koko,

I am 16 and my girlfriend and I have never had vaginal sex. We do other things, though, including oral sex. Before, we just wanted to make sure that she didn't get pregnant. We had never really thought about infections like HIV. Now I hear that other people my age are getting sexually transmitted diseases. Is oral sex safe? How do we protect ourselves from STDs?

- Careful Carlos

### SUGGESTED RESPONSE TO CALLER 4

ALL STDs, including HIV, can be transmitted during oral sex, whether it's performed on a man or a woman. Anyone who performs oral sex on a man should have the man wear a nonlubricated latex condom every time. When performing oral sex on a woman, you can protect yourself and your partner by placing a dental dam or latex barrier, such as a nonlubricated condom cut to make a square, over the vulva (the entire outer region of the vagina, including the clitoris and the vaginal opening).

From what you've told me, you already know there are other things that people can do for physical intimacy, or even sexual orgasm, that will not lead to pregnancy or transmission of disease. You and your girlfriend would be proud and responsible if you practiced safer sex by using latex (or polyurethane/polyisoprene) condoms and a dental dam when you have oral sex. In addition, if you choose to have vaginal or anal sex, use a condom. That's the proud and responsible thing to do.



## MAIN POINTS TO COVER:

- You can't tell if a person has HIV by looking.
- Look for a relationship, not a sexual partner.
- If you decide to have sex, use a latex condom every time.

## CALLER 5

---

What's up, Koko,

I recently found out that a friend of mine is HIV positive and that she's had the virus for years. She's smart, fun to be around, and has only had sex with two guys her whole life. Now I'm afraid to be with anyone because if someone like her can get HIV, how can I know who's safe and who isn't? If she has HIV, then anyone could! I'm scared to date! What should I do?

- *Distraught Dana*

## SUGGESTED RESPONSE TO CALLER 5

You are right to feel cautious about having sex. You can't look at people and tell whether or not they have an STD. Take time to get to know a person as a friend before you decide to have sex. You can always decide to wait to have sex. If you decided to have sex, your best combination strategy is safer sex and time. Take the time to really get to know your potential partner. Then, use a latex (or polyurethane/polyisoprene) condom correctly and consistently every time if you decide to have vaginal, oral or anal sex.



## MAIN POINTS TO COVER:

- People cannot give consent when they are drunk or high.
- Get tested for pregnancy, STDs and HIV.
- Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making, and you may end up doing things that you regret.
- Use latex condoms if you decide to have sex.

## CALLER 6

Koko,

I'm a senior this year and plan to go to college, but I did something the other night that was really stupid. I went to a party. I had a couple of beers and then somebody handed me a joint. Everyone else was smoking too. It was powerful stuff! I had never used drugs before. The next thing I knew I was in the bedroom with this basketball player I kind of had a thing for. We ended up having sex, and I don't even know if we used protection, because I was so high that I forgot to ask. I heard he does this type of thing a lot. Now he barely even speaks to me. I'm afraid that I could have gotten pregnant or gotten infected with an STD like HIV. What should I do?

- *Regretful Rihanna*

### SUGGESTED RESPONSE TO CALLER 6

You sound like a smart person who's in a tough situation. Alcohol and other drugs can lower your inhibitions and cause you to make unhealthy choices, especially when it comes to sex. Also, when people are drunk or high they can't fully give consent for sexual activity. Everybody has the right to say when they want or don't want to engage in sexual behaviors. If you ever find yourself in a position where you were pushed or forced to do something you didn't really want to do, it's important to talk to a parent, counselor or other trusted adult.

Go right away to your local reproductive health clinic and get emergency contraception (EC) to prevent a possible pregnancy. They can also test you for STDs. Make sure you go to the clinic right away. You have up to 5 days after unprotected sex to use EC, but the sooner, the better.

If you may have been exposed to HIV, immediately contact a doctor about post-exposure prophylaxis (PEP). These medications may be able to prevent the virus from infecting the body if taken immediately after exposure (within 72 hours).

Don't blame yourself. And, in the future, be sure to choose sexual partners you feel comfortable communicating with, who will respect what you want and don't want, and who will share the responsibility for using protection.



## HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

**KEY WORDS**

**HIV:**  
**Human Immunodeficiency Virus**

**AIDS:**  
**Acquired Immunodeficiency Syndrome**

**Immune System**

**HIV Test**

**Latex Condoms**

**Window Period**

**Treatment**

© 2016 ETR Associates. All rights reserved. A44116-01216

**BE PROUD!**  
**BE RESPONSIBLE!**

Poster

**HIV/AIDS REVIEW**

**How do people get HIV? (3 ways)**

**What common body fluids can transmit HIV?**

**How is HIV not transmitted?**

**Who is at risk?**

**How can you prevent HIV?**

**How can you reduce your risk of HIV?**

© 2016 ETR Associates. All rights reserved. A44116-01216

**BE PROUD!**  
**BE RESPONSIBLE!**

Poster

**The Hard Way Character Cards**

KENRICK

© 2016 ETR Associates. All rights reserved. A44116-01216

**BE PROUD!**  
**BE RESPONSIBLE!**

Cards (6 total)

Calling Koko Caller 1

HANDOUT

Based on what you've learned so far, what advice would you give someone who has questions or concerns about HIV, AIDS and condoms?

In this activity, you will take the role of Koko, who has an HIV Information Hotline for teenagers called, "Calling Koko." Discuss, decide on and write down the advice you would give to the caller. Encourage the caller to make a proud and responsible choice.

**Koko,**

I've heard that young people are at risk for HIV and the number of HIV cases among young people is growing. I don't want to take any chances of getting HIV. What's the surest way I can protect myself?

- No-Chance Charlie

**KOKO'S RESPONSE TO CALLER 1:**

---

---

---

---

---

---

---

---

© ETR Associates

STUDENT WORKBOOK 1

Handouts/Student Workbook (6 total)



**BUILDING CONDOM USE SKILLS****OVERVIEW****Goals**

The goals of this module are to:

- ▶ Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers.
- ▶ Increase participants' skills and knowledge on how to use condoms effectively and correctly and how to make their use fun and pleasurable.
- ▶ Increase pride and responsibility in knowing how to use condoms correctly.

**Module Preview**

The fifth module: (1) reinforces pride and responsibility in avoiding HIV risk-associated behaviors; (2) assesses barriers to condom use while providing strategies to reduce these barriers; (3) examines the relationship of attitudes and condom use behaviors; (4) reinforces knowledge, comfort and skills on how to use condoms correctly and how to make them fun and pleasurable; and (5) reinforces participants' understanding of the consequences of unprotected sex.

**Learning Objectives**

After completing this module, participants will be able to:

- ▶ Explain the importance of proud and responsible 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 prevent HIV, STDs, and unplanned pregnancy.
- ▶ List the correct steps to using a condom and demonstrate those steps.



## Strategies/Methods

- Class discussion
- Skill practice
- Brainstorming
- *Optional:* DVD viewing

## Materials Needed

- *Steps for Using a Condom poster*
- *Group Agreements*
- Lubricated condoms (one for every participant or pair of participants, plus demonstration condoms)
- Water-based lubricant
- Penis models
- Small paper bag (to dispose of condoms)
- Paper towels
- Pre-labeled newsprint:
  - » Ways to increase spontaneity...
  - » Condoms could make sex more fun by...
  - » Condoms would not ruin the mood if we...
- *Condom Line-Up cards*
- Markers
- Masking tape
- *Optional:*
  - » DVD: *Condom Use Animation*
  - » Monitor and DVD player

## Preparation Needed

- Hang the posters and *Group Agreements*.
- *Optional:* Make sure the *Condom Use Animation* DVD is set up and ready to play.

**Instructional Time** 50 minutes



## Activity

## Minutes Needed

A. Introduction and Overview . . . . .	2
B. Discussing Condoms and Condom Use Skills . . . . .	15
C. How to Make Condoms Fun and Pleasurable . . . . .	10
D. What Gets in the Way of Proud and Responsible Sexual Behavior? . . . . .	3
E. Barriers to Condom Use . . . . .	10
F. Condom Line-Up . . . . .	10



## ACTIVITY

# A

## INTRODUCTION AND OVERVIEW

### PREPARING FOR THE ACTIVITY

### PROCEDURE

2

MINUTES


#### Rationale

Reviewing the message of the program increases participants' excitement and enthusiasm for the curriculum and addresses any concerns or questions.


#### Materials Needed

- ▶ None

1. Open the module by saying,

 We've discussed some of the knowledge and skills that go into protecting yourselves and others against HIV infection. Today we are going to focus on how to use condoms correctly and how to talk to a partner about condoms or abstaining from sex. Before we start, are there any thoughts, feelings, reactions or questions?

2. Review how people can become infected with HIV.

 People get HIV by:

- Having unprotected sex (vaginal, anal, oral) with an infected partner.
- Sharing needles for injecting drugs, or any other reason.
- Mother passing it to the fetus during pregnancy or to newborn through breastfeeding.



## ACTIVITY

# B

## DISCUSSING CONDOMS AND CONDOM USE SKILLS

### PREPARING FOR THE ACTIVITY

#### Rationale

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants will be more likely to use them consistently and correctly in their personal lives and feel proud and responsible in doing so.

#### Materials Needed

- ▶ *Steps for Using a Condom* poster
- ▶ Lubricated condoms (one per participant or pair of participants, plus demonstration condoms)
- ▶ Lubricant
- ▶ Penis model(s)
- ▶ Paper towels
- ▶ Markers
- ▶ Masking tape
- ▶ Small paper bag (to dispose of condoms)

### PROCEDURE


15

MINUTES

#### FACILITATOR'S NOTE

Some religions and/or individuals do not believe in condom use. Therefore, it is important to acknowledge that and make sure that participants are aware that discussing condoms and condom use skills are the focus of this activity. The purpose is to teach the facts about condom use, not to determine whether or not a specific individual should use them.

1. Clarify the purpose of the activity by saying,

 This activity is designed to show you how to use condoms correctly and to have you practice condom use skills. However, I'm not assuming that any of you are having sexual intercourse and I'm not encouraging you to do so. Having this knowledge and these skills will prepare you to make proud and responsible decisions if and when the need arises.

Some people don't believe in using condoms because it may be against their religion; other people have no beliefs against it. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.



2. Ask participants,


 What is a condom?

Write the group definition on the board or newsprint.


**Sample Definition:**

A thin latex (rubber) sheath that slips snugly over an erect penis and keeps sperm from entering the vagina, mouth, or anus during ejaculation. Latex or polyurethane/polyisoprene condoms help prevent pregnancy, HIV and other STDs.

3. Ask participants to brainstorm all the types (brands/names) of condoms that they can think of, including slang terms for condoms. Write their answers on the board or newsprint.
4. 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. Participants may mention rubber, jimmy hat, raincoat, glove, sock, Trojan, Lifestyle, flavored, etc.
5. Summarize by saying,

 We are going to be learning a great deal about condoms. No matter what name you call them or which type you prefer, I hope you make sure that you have them with you when you need them. And make sure they are made of latex (or polyurethane/polyisoprene).

6. Explain that you want participants to become comfortable handling condoms.

 Now we are going to learn how to use condoms correctly. Many of you may have never seen or touched a condom up close. We're going to practice using condoms so that you will know what they feel like and how to use them when you are ready.

Just as a person might need time to adjust to wearing a new pair of shoes or glasses, using a condom requires getting used to new sensations.



7. Give each participant an unopened condom package and ask them to open the package, carefully remove the condom, and unroll it.

### **FACILITATOR'S NOTE**

While participants open the packages and begin exploring the condoms, model your comfort with the condoms. Open a package, take the condom out. Put it on over your hand and pull it up your arm, showing them how strong it is and how it can accommodate any sized penis. If it 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 penis model.

8. Encourage participants to discuss how the condoms feel and what makes them effective.
9. Referring to the *Steps for Using a Condom* poster, demonstrate correct condom use while explaining the steps.

### **FACILITATOR'S NOTE**

The ideal way to demonstrate the proper way to use a condom is to use a plastic or wooden model of a penis. If an appropriate model is not available, demonstrate by using your fingers. Also be sensitive to the comfort level of your participants during this activity.



### **STEPS FOR USING A CONDOM**

1. Check the expiration date and make sure the condoms are latex or polyurethane/polyisoprene.
2. Open the package carefully to avoid tearing.
3. Make sure condom is on the proper side to roll down correctly.
4. Pinch the tip of the condom to create space (1/2 inch) for semen.
5. Squeeze a few drops of water-based lubricant inside the tip.
6. Continuing to squeeze the tip, roll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
7. Check during intercourse to make sure the condom isn't slipping.


(continued)



*(continued)*

8. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
9. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.

**10. Reiterate this essential information,**

-  Condoms can stretch to fit different-sized penises comfortably.
- Condoms may break if you use Vaseline®, lotion or grease. Use only non-oil-based lubrication or water-based lubricants (e.g., K-Y Jelly® or Astroglide®).
- Don't expose condoms to heat, including body heat. You can keep a condom in your pocket, but ONLY for short periods of time.
- Throw away unused condoms once the expiration date passes.

**11. Give each participant (or pair of participants) a condom and lubricant and let them practice putting condoms on a penis model. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.**

**FACILITATOR'S NOTE**

There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants don't want to practice, allow them to pass. For some youth, especially those who have been sexually abused, it could be overwhelming to have to handle a penis model. Never push a young person to participate. Show empathy and check back in with them later to see how they're feeling. Not very many youth ask to pass. Most that do change their minds and decide to practice using a condom before the activity ends.

12. Collect the condoms and packaging in the paper bag.
13. Give participants paper towels to wipe their hands.
14. Encourage participants to discuss how using condoms correctly protects against STDs and HIV and how condoms are only as effective as the people who use them.



**15. Review tips for effective condom application.**

- Leave a space at the end for semen when rolling the condom down.
- Water-based lubricant can increase the pleasure for both partners and decrease chance of breakage.
- Put a condom on before any contact.
- Hold the condom on by the rim at the base after intercourse and withdraw the penis carefully while it's still erect.
- Be sure to use latex, polyurethane or polyisoprene condoms, not lambskin.

**FACILITATOR'S NOTE**

In addition to latex condoms, polyurethane or polyisoprene condoms may also be used. Polyurethane is the material in female condoms and some male condoms. People who are allergic to latex can use these types of condoms instead of latex. However, the important point to emphasize is that lambskin condoms should never be used because they do not protect against HIV.

**16. Summarize by reviewing and emphasizing the following:**

To protect yourself and your partner from sexually transmitted diseases, including HIV infection, you should:

- Use a latex (or polyurethane/polyisoprene) condom every time you have sex.
- Keep a supply of condoms on hand.
- Get used to condoms, so they are natural and fun.
- Talk to your partner about using condoms.
- Refrain from using alcohol or drugs because they affect your judgment.

Condoms make sense. Condoms help to protect both partners from pregnancy and STDs, including HIV during vaginal, oral, or anal intercourse. However, you must use them correctly every time you have vaginal, oral, or anal intercourse.



## ACTIVITY

# C

## HOW TO MAKE CONDOMS FUN AND PLEASURABLE

### PREPARING FOR THE ACTIVITY

### PROCEDURE

10

MINUTES

#### Rationale

Helping participants 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.

#### Materials Needed

- ▶ Pre-labeled newsprint:
  - » *Ways to Increase Spontaneity*
  - » *Condoms could make sex more fun by...*
  - » *Condoms would not ruin the mood if...*
- ▶ Markers

1. Introduce this activity by saying,



People often say that sex doesn't feel as good with a condom but we're going to talk about ways to make the experience more pleasurable.

Remember, I'm not assuming that you're having sex and I'm not encouraging you to have sex. This is information some of you will use right away and others can tuck it away for future reference.

2. Invite participants to brainstorm ways to increase spontaneity and the likelihood that they'll use condoms. Write answers on the pre-labeled newsprint.

#### FACILITATOR'S NOTE

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





### Examples of ways to increase spontaneity:

- Make sure you have condoms before you get romantic.
- Store condoms under mattress.
- Eroticize condom use with partner.
- Have condoms close by to eliminate fumbling.
- Prepare condom in advance.

3. Now ask participants to suggest ways to make condom use fun and pleasurable by finishing these sentences.



I will read two statements and ask you to say whatever comes to mind. I will write your responses down. We will discuss the responses at the end.

Condoms could make sex more fun by ...

Condoms would not ruin the mood if we ...

4. Write responses on the pre-labeled newsprint.
5. Review the responses. Emphasize positive feelings about condoms.

### FACILITATOR'S NOTE

Emphasize strategies for making condom use more pleasurable. Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense.

Students should be reminded that only condoms consisting of latex (or, if allergic to latex, polyurethane or polyisoprene) can help protect against STDs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STD.

Though different colors and textures may be appealing, glow in the dark condoms should not be used. They are only gag gifts.

As you discuss strategies to make condom use more pleasurable, emphasize that you are not endorsing sexual activity among teenagers.



6. Add the following ideas to the brainstorm lists, if they weren't mentioned by participants.



### **ADDITIONAL IDEAS**

- Use extra lubrication.
- Use condoms as a method of foreplay.
- Use different colors and types/textures (some have ribs on them).
- Think up a sexual fantasy using condoms.
- Tell your partner how using a condom can make a man last longer.
- Have the partner put the condom on.
- Act sexy/sensual when putting condoms on.
- Have a sense of humor—be silly—make jokes.
- Hide the packaged condom on your body and ask your partner to find it.
- Wrap them as a present and give them to your partner before a romantic dinner.
- Tease each other manually while putting on the condom.
- Put lubricant on tip of penis to increase sensitivity or use pre-lubricated condoms.
- Have fun putting them on your partner—pretend you are different people or in different situations.
- Use flavored condoms for oral play.

7. Ask participants:




Do you feel prepared to use a condom if you have sex?

Will you use one?



8. Summarize by saying:

 Once you and a partner agree to use condoms, do something positive and fun. Go to the clinic or store together. Get lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you'll use all of those condoms can be a turn on.

Remember, the proud and responsible thing to do is to always use latex or polyurethane/polyisoprene condoms if you have sex.



## ACTIVITY

# D

## WHAT GETS IN THE WAY OF PROUD AND RESPONSIBLE SEXUAL BEHAVIOR?

### PREPARING FOR THE ACTIVITY

#### Rationale

Making participants more aware of the various things that get in the way of engaging in safer sex behaviors, particularly the use of alcohol and drugs and their choice of sexual partner, will allow them to develop strategies to deal with or avoid obstacles to condom use and engage in proud and responsible sexual behaviors.

#### Materials Needed

- ▶ None

### PROCEDURE

3

MINUTES

#### FACILITATOR'S NOTE

While doing this activity, you might also bring up the issue of dental dams and find out if the reasons for not using dental dams are similar to those for not using condoms.

1. **Brainstorm responses to the following questions. (Sample answers are provided.)**



What are some of the barriers to using condoms or other forms of latex protection?

#### Examples:

- Expense
- Social issues, such as embarrassment, dependent on partner to get condoms, social stigma, lack of trust, guilt
- Lack of availability
- Lack of privacy in a store

What if your partner says no to using condoms?

*(Postpone having sex until you both agree to use them.)*

Do you need to use condoms even if you are involved with only one person?

*(Yes, even if you believe that neither you nor your partner has ever had sex with anyone else, injected drugs, shared needles or works, or had any other possible exposure to HIV.)*

*(continued)*



*(continued)*

**How do alcohol and drugs affect your decisions?**

*(Alcohol and drugs affect people's ability to think about what they are doing. Drugs cloud judgment, and people may make decisions and do things that they would not normally do. Emphasize that young people should avoid using alcohol and other drugs that keep them from making wise sexual decisions.)*

**2. In summary, explain the following:**



**To protect yourself and your partner against HIV infection:**

- Don't have sexual intercourse (vaginal, anal or oral) and never share needles for any reason.

**If you choose to have sex:**

- Practice safer sex and use condoms and other protection every time.
- Talk to a partner about HIV.
- Never share needles or works.
- Choose sexual activities other than intercourse.
- Keep a supply of condoms on hand.
- Get used to condoms, so they are natural and fun.
- Don't use alcohol or other drugs that affect judgment.



## ACTIVITY

# E

## BARRIERS TO CONDOM USE

### PREPARING FOR THE ACTIVITY

### PROCEDURE

10

MINUTES


#### Rationale

Adding skills to participants' knowledge—by making 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 roleplaying and building proud and responsible decision-making skills.

#### Materials Needed

- ▶ Pre-labeled newsprint:
  - » *Pros*
  - » *Cons*
- ▶ Markers
- ▶ Masking tape

#### 1. Begin by saying:

 We are focusing on condoms because condoms help prevent STDs, especially HIV infection. This activity will help you use condoms if you choose to have sex. There are many reasons people do or do not use condoms. The reasons people do use condoms are pros and the reasons people don't use condoms are cons or barriers to condom use.

#### 2. Display the two sheets of newsprint labeled *Pros* and *Cons*.

#### 3. Ask participants to brainstorm all of the positive reasons for using condoms—*Pros*—and list their answers on the newsprint.

##### Make sure the list includes:

- Condoms can help prevent HIV, other STDs and pregnancy.
- Condoms can help you feel safer and worry less.
- Condoms show you care about your partner.
- Condoms are easy to get.
- Condoms can make an erection last longer.




4. Ask participants to brainstorm all of the reasons people don't use condoms—Cons or barriers to condom use—and list their answers on the newsprint.

**Make sure the list includes:**

- Condoms are not available
- Think condoms ruin the mood and pleasure
- Using another form of birth control
- Think condoms don't feel natural
- Condoms cost too much
- Don't know where to get free condoms
- Partner doesn't want to use condoms
- Embarrassed to bring up the subject
- Parents might find them
- Embarrassed to go to the store to buy them
- Want to show they trust a partner

5. Explain the following,

 Since you are proud and responsible young people who respect yourselves and want to protect yourselves, let's now change these cons into pros.

6. Demonstrate by reading one of their cons/barriers and turning it into a pro.


 **Example**

**Con:** Condoms don't feel natural.

**Pro:** Having an STD won't feel natural either.



7. Give each participant a chance to change a con into a pro.
8. Cross each con off the list as it is changed into a pro.
9. Summarize as follows,

 Good job. As you can see, we've changed all the Cons to Pros. There are really no cons to using condoms. Remember, no matter what excuse a partner gives you for not using a condom, you need to be prepared to give a response that helps you make the proud choice of using a new condom every time you have sex.



## ACTIVITY

# F

## CONDOM LINE-UP

### PREPARING FOR THE ACTIVITY

#### Rationale

Practicing putting the Condom Line-Up cards in the correct order reinforces knowledge, ability, and confidence to use condoms correctly.

#### Materials Needed

- ▶ Condom Line-Up cards
- ▶ Optional:
  - » DVD: *Condom Use Animation*
  - » Monitor and DVD player

### PROCEDURE

10

MINUTES

1. Tell participants that the group is going to review condom use by putting in correct order all the steps involved in putting on a condom.
2. Depending on the group size choose one of the following ways to use the cards.

#### Option 1

- Shuffle the *Condom Line-Up* cards. Pass out cards to participants and ask them to stand. The rest of the group acts as an audience.
- Explain to the standing group,



These cards represent steps in proper condom use. Your task is to put them in the correct order. You have 1 minute.


- When this task is completed, ask the group members if they are satisfied with the order. If not, give them a moment to make adjustments.
- Now ask the audience if they have any further adjustments to make. If so, make those adjustments.

#### Option 2

- Shuffle the *Condom Line-Up* cards and then place them on the ledge of the board or tack/tape them to the wall.



- Explain to the whole group,

 These cards represent steps in proper condom use. Your task is to put them in the correct order. You have 1 minute to study them.

- Ask for volunteers to help put the cards in the proper order. Allow as many participants as possible to join in.
  - Ask if there are any final adjustments and allow them to be made.
3. When the group has decided how to place the cards, verify the correct order or ask questions to prompt movement to the correct order. When the order is correct, review the steps:

### **ORDER OF CONDOM LINE-UP CARDS**

1. Get condoms and check expiration date
2. Sexual arousal (hug, cuddle, kiss, massage)
3. Erection
4. Carefully remove condom from package
5. Dab water-based lubricant on penis or inside condom
6. Squeeze out any air from tip of condom and leave room for ejaculation
7. Roll condom on
8. Intercourse
9. Orgasm (ejaculation)
10. Hold onto the rim of condom and withdraw the penis
11. Remove and discard condom
12. Loss of erection
13. Relaxation

### **FACILITATOR'S NOTE**

Steps 5 and 6 could be reversed and still be correct. Relaxation can occur at any point throughout the process, and should be a continuous part of the process. Loss of erection can also happen at any time throughout the process.




4. Use the following discussion questions to stimulate discussion and positive attitudes toward condom use. Say,

 Which steps in this process can involve a partner?

**Answers:**

- Sexual arousal, rolling condom on, intercourse, orgasm, holding onto rim, removing condom, and relaxation. A partner (of any gender) can also get or buy condoms and have them ready.

 If a male loses his erection after putting on a condom and before intercourse, what could the couple do?


**Answers:**

- This will happen to most males at some point in their lives. Have partner take off condom, continue playing and stimulating one another, relax, and enjoy the fun. After a while, put a new condom on as part of the play.

 Which part of this process feels the same whether or not a condom is used?

**Answers:**

- Sexual arousal, erection, withdrawal, orgasm/ejaculation and relaxation.


 Sometimes people don't know that condoms can be a pleasant part of the sexual experience because using them is so new. How can people make condoms feel good and be fun?

**Answers:**


- Have your partner play with you and/or roll a condom on, put lubricant inside the tip and on the outside to increase wetness, try different brands and kinds to find the ones that feel best.



5. Summarize by saying,

 You did a great job lining up the condom cards and discussing the correct steps of condom use. Remember and practice these steps so that you can make the proud choice and use condoms correctly every time if you've decided to have sex.

6. *Optional:* Introduce the *Condom Use Animation* DVD by saying,

 This DVD shows a brief animation of how to correctly put on a condom. It will remind you of the steps you just reviewed.

7. Show the DVD, which is 2 minutes long.



## STEPS FOR USING A CONDOM

- 1 Check the expiration date and make sure the condoms are latex or polyurethane/polyisoprene.
- 2 Open the package carefully to avoid tearing.
- 3 Make sure condom is on the proper side to roll down correctly.
- 4 Pinch the tip of the condom to create space (½ inch) for semen.
- 5 Squeeze a few drops of water-based lubricant inside the tip.
- 6 Continuing to squeeze the tip, roll the condom down to the base of the penis.
- 7 Check during intercourse to make sure the condom isn't slipping.
- 8 Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
- 9 Roll off the condom away from your partner. Wrap in tissue and throw it away. **Do not re-use.**

BE PROUD!  
BE RESPONSIBLE!

© 2016 ETR Associates. All rights reserved. A4436-021216

Poster

## Condom Line-Up Cards

**GET CONDOMS AND CHECK  
EXPIRATION DATE**

BE PROUD!  
BE RESPONSIBLE!

© 2016 ETR Associates. All rights reserved. A4436-021216

Cards (13 total)



[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[

[



## BUILDING NEGOTIATION AND REFUSAL SKILLS

### OVERVIEW

#### Goals

The goals of this module are to:

- ▶ Increase participants' communication and negotiation skills and enhance their ability to resist situations that place them at risk for contracting an STD, including HIV.
- ▶ Increase a sense of pride and responsibility in demonstrating negotiation and refusal skills.
- ▶ Review and reinforce HIV facts and skills learned during the six modules of this program.

#### Module Preview

The sixth module: (1) increases participants' motivation to practice safer sex, including condom use and abstinence; (2) builds skills to negotiate safer sex, including condom use and abstinence; (3) allows them to rehearse skills and to receive performance feedback; (4) builds skills and self-efficacy regarding safer sex practices; (5) gives participants opportunities to review the factual information learned; and (6) reinforces participants' sense of pride in making safer sex decisions.

#### Learning Objectives

After completing this module, participants will be able to:

- ▶ Explain the importance of proud and responsible sexual decision making.
- ▶ Identify barriers to using condoms and other safer sex behaviors.
- ▶ Negotiate condom use or abstinence in sexual relationships.
- ▶ Describe strategies for reducing barriers to safer sex behaviors.



## Strategies/Methods

- ▶ Mini-lecture
- ▶ Roleplaying
- ▶ Group discussion
- ▶ Skill games
- ▶ *Optional:* DVD viewing

## Materials Needed

- ▶ *Group Agreements*
- ▶ Masking tape
- ▶ Markers
- ▶ Pre-labeled newsprint:
  - » *Excuses Sexual Partners Give*
- ▶ SWAT poster
- ▶ *Observer Checklist* poster
- ▶ *Negotiation and Refusal Skills Charts* (1A, 1B, 2, 3 & 4)
- ▶ *Roleplay Guidelines* poster
- ▶ Handouts or student workbooks:
  - » *Observer Checklist*
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Lamont and Reggie*
  - » *Roleplay C: Loretta and Mo*
  - » *Roleplay D: Keesha and Maurice*
  - » *Roleplay E: Clayton and Robin*
  - » *Roleplay F: Lee and Jayden*
  - » *Roleplay G: Alex and Marta*
  - » *Roleplay H: Charlie and Shel*
- ▶ *Optional:*
  - » DVD: *Wrap It Up: Condom Negotiation*
  - » Monitor and DVD player



## Preparation Needed

- ▶ Hang the posters and *Group Agreements*.
- ▶ *Optional:* Make sure the *Wrap It Up: Condom Negotiation* DVD is set up and ready to play.

## Instructional Time 50 minutes

(Note: Facilitators may wish to extend this module over two sessions to allow further practice in the SWAT technique and roleplaying, and for viewing the optional DVD.)

Activity	Minutes Needed
A. Introduction and Overview. . . . .	2
B. "What to Say if My Partner Says..." . . . . .	10
C. Using the SWAT Technique . . . . .	10
D. Practicing Negotiation and Refusal Skills Through Roleplaying. . . . .	15
E. Talking with Partners About Condom Use or Abstinence . . . . .	3
F. The AIDS Basketball Game . . . . .	10



## ACTIVITY

# A

## INTRODUCTION AND OVERVIEW

### PREPARING FOR THE ACTIVITY

### PROCEDURE

2

MINUTES


#### Rationale

Reviewing the message of the program increases participants' excitement and enthusiasm for the curriculum and addresses any concerns or questions.

#### Materials Needed

- ▶ None

1. Open the module by saying,

 Today we are going to continue to focus on the HIV-prevention skills of negotiating condom use or abstaining from having sex. Are there any thoughts, feelings, reactions or questions on how to use condoms or how to make condom use fun and pleasurable?

2. Briefly answer any questions participants may have.



## ACTIVITY

# B

## “WHAT TO SAY IF MY PARTNER SAYS...”

### PREPARING FOR THE ACTIVITY

#### Rationale

Participants need to examine the excuses sexual partners give for not wanting to use condoms. Practicing what to say if a partner has excuses for not wanting to use a condom better prepares them if the time comes to negotiate with a partner.

#### Materials Needed

- ▶ Pre-labeled newsprint:
  - » *Excuses Sexual Partners Give*
- ▶ Markers

### PROCEDURE

10

MINUTES

1. Ask participants to brainstorm excuses sexual partners give for not wanting to use a condom. Write responses on the newsprint.

2. Ask participants to respond to each excuse,



Now let's see if we can change each excuse for not wanting to use a condom into a good reason to use a condom. In other words, what could you say to a potential sexual partner who said the following?

3. Demonstrate by reading one excuse that is listed on the newsprint and giving a positive response.



#### EXAMPLE


**Excuse:** I don't like the way condoms feel.

**Response:** I can show you how to make them feel much better.

4. Then read each excuse and call on volunteers to respond to them.



5. When the group has finished, continue by saying,

 I am going to read some more excuses, and I want you to convince me to use a condom or not to have sex.

### FACILITATOR'S NOTE

As you read the list of excuses, only read those that were not discussed by the group already. After the participants respond, read the provided response as an alternative.

#### BREAKING THE MOOD EXCUSES

**Excuse:** Condoms kill the mood for sex.

**Response:** Only if you let them. With a little imagination, condoms can actually make it better.

OR

**Response:** Let me show you that it doesn't have to kill the mood.

#### SEXUAL ENJOYMENT EXCUSES

**Excuse:** Condoms don't feel as good as the real thing. They aren't natural.

**Response:** Today's thin latex condoms feel really natural. Putting a drop of lubricant inside the tip of the condom might give extra feeling.

**Excuse:** Sex isn't as good. I can't feel much with a condom on.

**Response:** There is plenty of feeling left and I would feel unsafe without a condom. If I don't feel safer, I can't enjoy our sex.

**Excuse:** Condoms are messy and smell funny.

**Response:** But with a condom we will be safer. Condoms aren't any messier or smellier than sex.

*(continued)*



(continued)

**Excuse:** Condoms are unnatural and turn me off.

**Response:** There's nothing natural about getting a disease either. Getting sick is a turn-off.

Or

**Response:** I know how to turn you back on.

**Excuse:** When I stop to put it on, I'll lose my erection.

**Response:** Don't worry, I'll help you get it back.

**Excuse:** Let's do it just this once without a condom.

**Response:** Once is all it takes to get a disease or get pregnant.



## OTHER CONTRACEPTION EXCUSES

**Excuse:** Why do we need to use condoms if we're using the pill?

**Response:** The pill doesn't help protect us from STDs, including HIV, but condoms do.



## RELATIONSHIP/TRUST EXCUSES

**Excuse:** People who use condoms don't trust each other.

**Response:** It's not a matter of trust. It is a matter of caring for yourself and the person you are with. In fact, both partners share a responsibility for having and using condoms—whether they trust each other or not.

**Excuse:** I love you. Would I give you an infection?

**Response:** Not intentionally. But most people don't know when they are infected with an STD.

**Excuse:** But we've been having sex without condoms for a while.

**Response:** I know, but we could enjoy each other a lot more if I did not have to worry. And I wouldn't worry if we used condoms.





## DISEASES AND HEALTH EXCUSES

**Excuse:** Condoms are for people with diseases. Do I look sick to you?

**Response:** Unfortunately you can't tell if people have an STD by looking. A person can look and feel healthy—and still be infected.

**Excuse:** I know I am disease free. I have not had sex with anyone in months.

**Response:** As far as I know, I'm free of disease too. But either of us could have an infection from a previous relationship and not know it.



## NOT HAVING A CONDOM EXCUSES

**Excuse:** I don't have a condom with me.

**Response:** Then let's satisfy each other without having intercourse.

OR

**Response:** Let's wait and have sex another time when we do have a condom.

OR

**Response:** Let's go to the store and buy some together.

6. Summarize the activity by saying,



Those were great responses. We will be using this information later when we practice roleplaying. Remember, regardless of what excuse your partner gives, you need to be prepared to give a response that helps make the proud choice of using a new latex (or polyurethane/polyisoprene) condom (and/or dental dam) every time you have sex.



## ACTIVITY

# C

## USING THE SWAT TECHNIQUE

### PREPARING FOR THE ACTIVITY

### PROCEDURE

10

MINUTES

#### Rationale

To provide participants with strategies necessary for negotiating safer sex practices, including condom use, with their partners. A DVD clip with a realistic scenario helps participants understand the importance of refusal and negotiation skills.

#### Materials Needed

- ▶ Posters:
  - » SWAT
  - » *Negotiation and Refusal Skills Charts* (1A, 1B, 2, 3 & 4)
  - » *Observer Checklist*
- ▶ Optional:
  - » DVD: *Wrap It Up: Condom Negotiation*
  - » Monitor and DVD player

(Note: Allow more time, if possible, to practice the SWAT technique and to view the DVD.)

#### FACILITATOR'S NOTE

##### Refusal Skills and Consent

Refusal skills are a key component of many evidence-based programs designed to reduce pregnancy, HIV and other STD among youth. Programs provide instruction and practice in delivering effective refusals, and programs including refusal skills have been shown to reduce sexual risk behaviors and increase their chances of avoiding unwanted sexual pressures.


At the same time, ideas and concepts around consent are evolving. Some institutions have adopted policies that emphasize affirmative consent, or "yes means yes," and are moving away from a "no means no" perspective. This affirmative consent approach encourages partners to communicate openly about their wishes and boundaries, both prior to and during sexual interactions. It emphasizes the risks to both parties when partners pressure each other and the responsibility of both parties to respect the other's limits.

When teaching refusal skills and evaluating the effectiveness of students' demonstration of those skills, it is important to affirm the value that no person who experiences sexual pressure, harassment or assault is to blame for being the target of those behaviors. Clear, assertive refusals can be encouraged, while also making sure youth understand that no one "deserves" to be pressured if a NO is unclear.

Instruction on boundaries and respecting another person's NO—both verbal and nonverbal—regardless of perceived clarity can be included to help young people understand the two-way nature of consent, and the importance of honest and respectful communication between friends and potential partners. This would be considered a "green-light" adaptation and can help optimize the success of the skill-building around refusals.



1. Begin the activity by saying,

 Knowing what is best for you and your health and doing something about it can be two different things. Even though condom use can prevent the transmission of STDs, including HIV infection, raising the subject can be difficult. However, it is very important that you talk with your partner about condoms and safer sex. An open and honest discussion can both protect you and correct some common misunderstandings.

In the previous activity you responded to possible excuses for not using condoms by stating the first responses and reactions that came to your mind. In this next activity, we are going to practice our skills in negotiating safer sex with friends and partners. You will be performing roleplays that will give you an opportunity to practice handling a variety of situations.

During the roleplays, you will be using a skill called the SWAT technique. It is a four-step strategy for negotiating safer sex with a partner without blaming, arguing or getting into a fight. Let's review the steps of the SWAT technique.

2. Display the SWAT poster, and go over each step of the SWAT technique with participants, using the following information. Then use the *Refusal and Negotiation Skills Charts* to further discuss each step of the SWAT technique. Examples can be used to promote participants' understanding of each step. Invite participants to contribute answers as well.

## **SWAT**

### **S = Say "NO"**

Refuse the unsafe behavior.

### **W = Explain why**

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 negative reactions.

### **A = Provide alternatives**

Provide safe alternatives to show that you still want to be intimate and have a relationship with this person, as long as it can be safe.

(continued)



(continued)

### **T = Talk it out**

Talk openly about each other's feelings to help the relationship grow and ease any tension that may have developed.

3. Read each characteristic on the *How to Say "NO" Effectively* chart (Chart 1A).

## **NEGOTIATION AND REFUSAL SKILLS – CHART 1A**

### **How to say "NO" effectively**

#### **Characteristics**

- Use and repeat the word "no" often.
- Send a strong nonverbal "no" with your body language, e.g., use hand and body gestures to emphasize the point.
- Project a strong, business-like tone of voice.
- Look directly at the person's face and eyes.
- Stand straight and tall.
- Use a serious facial expression.
- Don't send mixed signals.

4. Demonstrate how to use those characteristics by modeling the first example from the *Examples of a Strong "NO"* chart (Chart 1B). Model by showing the participants how to read the example with an assertive voice and body language. Then go around the room and have each participant read an example aloud.

## **NEGOTIATION AND REFUSAL SKILLS – CHART 1B**

### **Examples of a strong "NO"**

#### **Examples**

- No! I'm not ready to have sex yet!
- No! I won't have sex without a condom!
- No! I don't want to touch you there!


(continued)



(continued)

- No! Stop touching me like that!
- No! Stop trying to unbutton my pants.
- No! I'm not going to have sex with you!
- No! I really mean 'NO'!
- No! I want to protect myself. We have to use a condom.

5. **Show Negotiation and Refusal Skills Chart 2—Explain Why.** Review this step of the SWAT technique, then go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage participants to make up their own examples as well.

 **Explain Why—Give Clear Reasons to Support Your Choice** is the “W” part of the SWAT technique. In this step you explain your reason for saying “NO.” You can ask yourself, “Why do I want to be safe?” and then base your answer on that. The chart shows examples of explanations you might offer for why you are saying no to unsafe sex.

We will go around the group and I would like each of you to read aloud an example of an explanation that you can offer to a partner. When you give the explanation, say it like you really mean it.

## **NEGOTIATION AND REFUSAL SKILLS – CHART 2**

### **Explain why**

Give clear reasons to support your choice.

#### **Examples**

- I want to protect myself with a condom every time I have sex.
- No, I won't risk my future goals by having unprotected sex.
- Condoms help prevent unplanned pregnancy, and STDs or HIV infection.
- I am not ready to be a parent yet.



6. Then follow the same procedure with *Negotiation and Refusal Skills Chart 3—Provide Alternatives*. Review this step of the SWAT technique, then go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage participants to make up their own examples as well.



Providing safe alternatives and other strategies shows that you still want to be intimate and have a relationship with this person. The chart gives examples of alternative actions you might provide instead of having sex. Once again, we will go around the group, and I would like each of you to read aloud an example of an alternative action statement. When you say the statement, say it like you really mean it.



### **NEGOTIATION AND REFUSAL SKILLS – CHART 3**

#### **Provide alternatives**


Suggest another action.

#### **Examples**

- Let's go buy some condoms right now.
- Let's get out of the bedroom. It makes me feel uncomfortable.
- If you're willing to use a condom, then we can have sex.
- Let's do something else that will feel good for both of us, since we don't have a condom.
- Let's go get something to eat.
- Let's go see a movie.

7. Now follow the same procedure with *Negotiation and Refusal Skills Chart 4—Talk It Out*. Review this step of the SWAT technique, then go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage participants to make up their own examples as well.




 Talking openly about each other's feelings helps the relationship grow and eases any tensions that may have developed. Communicate your feelings and be direct and honest. These are examples of how you might discuss your feelings about practicing safer sex. We will go around the group and I would like each of you to read aloud an example of a talk it out statement. When you say the statement, say it like you really mean it.


### **FACILITATOR'S NOTE**

Be sure that participants understand that when using the SWAT technique, some people may use all of the steps in the order listed on the poster, from S to W to A to T. Others may go back and forth using the four steps in a different order. For example, a person may say "NO" first, then give alternatives, then talk it out, and then explain why. The sequence of the steps does not matter as long as all four steps are used during the roleplay conversations.

8. Display the *Observer Checklist* poster and review each item to ensure participants understand it.


 Soon, you'll be observing and practicing the SWAT technique in some roleplays. We will use this checklist to determine if all of the SWAT steps are being used. Although there will be two people performing each roleplay, the person whose behavior you will be observing is the one who is negotiating safer sex with the friend or sexual partner.

9. *Optional:* If you have additional time available, introduce the *Wrap It Up* DVD clip by saying,


 We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, 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 and how they say them, and be alert to the strategies she uses to convince him to use condoms.



10. Show the DVD, which is 6 minutes long.
11. Review the video using the *Observer Checklist*.
12. Process this activity by discussing the following questions,

- 
- Did the young woman use the SWAT Refusal and Negotiation Skills we talked about? How?
  - Did she say no?
  - Did she offer an explanation?
  - Did she provide alternatives?
  - Did they talk it out?
  - Did you think that she had any difficulty? If so, what?
  - What were his concerns about using a condom?
  - What did she say to respond to his statements and concerns?
  - Was she ready to walk away from the relationship, if necessary?
  - Do you think that you could do that?
  - How could it have been handled differently?

13. Summarize as follows,



Good job. It sounds like you are ready for the roleplays we will be doing shortly that will give you a chance to practice the four-step SWAT technique.



## ACTIVITY

# D

## PRACTICING NEGOTIATION AND REFUSAL SKILLS THROUGH ROLEPLAYS

### PREPARING FOR THE ACTIVITY

#### Rationale

This activity allows participants guided practice for negotiating condom use with a partner in a controlled and safe environment. This practice increases their skills and feelings of confidence about condom negotiation and the likelihood that they will use these negotiation skills in real-life situations. Those not participating directly in the roleplay have the opportunity to identify helpful strategies and coach those in the roleplay.

#### Materials Needed

- ▶ Posters:
  - » SWAT
  - » *Negotiation and Refusal Skills Charts* (1A, 1B, 2, 3 & 4)
  - » *Observer Checklist*
  - » *Roleplay Guidelines*
- ▶ Roleplay handouts A–H
- ▶ *Observer Checklist* handout

(Note: Allow more time for roleplay practice, if possible.)

### PROCEDURE

15

MINUTES

#### FACILITATOR'S NOTE

There are three ways to do the roleplays in groups, depending on participants' maturity, numbers and ability to work together. If the group is mature enough, use Option 2 which involves more participants and gives them all practice with the skills. If there is a discipline problem or participants can't be left on their own, then use Options 1 or 3.

**Option 1:** Choose one pair, read the situation to the players, and have them act out the conversation in front of the class, while the audience observes and takes note on the Observer Checklist. After the roleplay, the observers will comment on what they saw happening and suggest how things might have worked better. Let different participant pairs do each of the roleplays.

**Option 2:** Pair all participants and give each pair a roleplay to practice, all at the same time. Circulate while pairs are practicing to observe and offer feedback. Afterward, have volunteers demonstrate their roleplays for the whole group to observe. Encourage observers to discuss what happened and discuss what the players thought should have happened.

**Option 3:** Break the participants into two teams. One member of each team will act in the roleplay. Set up each roleplay by reading the situation. Encourage the members of the team to "coach" their team members on how to respond. Then have the actors practice the roleplay situation while the whole group observes and gives feedback.

During the roleplay practice, participants may roleplay sexual pressure situations with someone of a different or the same gender. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming.

(continued)




*(continued)*

It's important to address this situation directly and proactively.


**Here are some tips:**

- Explain the situation in a matter-of-fact way. Let participants know that they may be doing the roleplays with someone of a different or the same gender.
- Emphasize that they are playing roles. Doing the roleplay to practice the skill doesn't say anything about the sexual orientation of the people doing the roleplay or mean that anyone is expressing a real-life attraction toward the other person in the roleplay.
- Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and negotiate condom use to protect themselves. This will help ensure that they all get the most out of the roleplay activities.

**1. Introduce the roleplaying activity,**

 Now, I would like you to do some roleplays similar to the one we saw in the video clip. Try to incorporate everything we talked about in this course and use it in your roleplay, especially the strategies for using condoms and making them fun and pleasurable. Be creative, knowledgeable and supportive in your approach, and avoid blaming. Incorporate some important things, such as how you want to respect and protect yourself and your partner, that you have plans and goals for your future, and that you want to make proud and responsible safer sex decisions.

**2. Define roleplaying,**

 Roleplaying is a technique 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. Roleplaying 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 try to follow some guidelines when you do roleplays.



3. Post the *Roleplay Guidelines* poster and go over each step.



### ROLEPLAY GUIDELINES

- Read your role carefully and think about how that person would really behave.
- Do your best to stay in character through the whole roleplay.
- Don't let comments and laughter distract you.
- Really try to feel and act like the person you are playing.
- Try things that you might not do ordinarily, just to see how it feels.
- Use SWAT:
  - » Say no; repeat it; use strong body language.
  - » Explain why you don't want to engage in unsafe behavior.
  - » Provide alternatives.
  - » Talk it out.

4. Distribute the *Observer Checklist* handout or have participants turn to it in their workbooks and explain the following,




This checklist will be used to critique the following roleplays just like we have been using the *Observer Checklist* poster. Put a "Y" in the box for each skill you see demonstrated in each roleplay and an "N" in the box for each skill that is NOT demonstrated.

5. Begin by modeling what roleplaying is. If you don't have a co-facilitator, choose a group member to model Roleplay A with you (preferably someone who was identified in advance). You should play the role of Jamie, the person being pressured. The participant should play the role of Taylor. Give the participant the Roleplay A handout and a minute to think about the role.
6. Put two chairs in the middle of the group, angled toward each other and facing the *Negotiation and Refusal Skills Charts*.
7. Remind observers to use their *Observer Checklists* to critique Jamie.



8. Start by saying,

 The rest of you can coach us if we get stuck in the roleplay. Remember that no one says ALL the right things in every conversation. But we can always go back to our partners and say more about thoughts and feelings another time.

9. Read aloud the scenarios for both characters, then perform the roleplay.

### **ROLEPLAY A**

**Theme:** Loss of trust and sexual pleasure through condom use

**Observe:** Jamie Using SWAT

*(JAMIE and TAYLOR talking)*

#### **Jamie**

You and your sexual partner (Taylor) are in your partner's living room with the lights down low and things are starting to get physical. You are trying to tell Taylor that you want to use protection, and Taylor is beginning to get angry. Taylor doesn't think sex will feel as good and does not want to use protection. But you want to use protection because you respect yourself. Your health is important to you and you want to protect yourself because you are worth it!

***Your task is to convince Taylor that sex can be just as pleasurable with condoms/dental dams.***

#### **Taylor**

You and your partner (Jamie) are at your place and things are getting very intimate. Jamie is starting to talk about using protection and you are getting angry. Does Jamie think you have been sleeping around? You don't think using protection feels good and truly believe it will ruin the mood.

***Your task is to convince Jamie to have sex without protection.***

10. Review participants' responses on the *Observer Checklist* by going over each item on the checklist. Encourage everyone, including the actors, to give input. Ask,





- Did Jamie use the SWAT technique?
- Did Jamie say no?
- Did Jamie explain why?
- Did Jamie provide alternatives?
- Did they talk it out?
- What could Jamie have done differently?

**11. Continue to process the roleplay using the following questions,**



- What methods/strategies did Jamie use to get the message across?
- Actors, what pressures were your characters feeling?
- Were there any misunderstandings or breakdowns in communication?
- Did these characters seem realistic to you?
- How would you have handled the situation differently?

**12. Summarize Roleplay A by saying,**



Condoms don't have to ruin sex. There are different techniques that can make condom use pleasurable and fun. It is important to talk about condom use ahead of time, before any touching or kissing begins. People have expectations in certain situations. If something happens that you don't like, tell your partner.

**13. Distribute or assign Roleplays B, C, D, E, F, G and/or H to participants, and have them practice using the option you have chosen based on the needs of your group. At the end of or during each roleplay, have participants and/or observers record their observations on the *Observer Checklist*. Remind them to evaluate the person who is refusing unprotected sex or negotiating safer sex. Use the checklist to review and critique the roleplay practice.**





- Did the person use the SWAT technique?
- Did the person say no?
- Did the person explain why?
- Did the person provide alternatives?
- Did they talk it out?
- What could the person have done differently?

**14. Debrief by asking the following,**



**Ask the role players:**

- How did you feel about the situations that you were in?
- What pressures were your characters feeling?

**Ask the group:**

- Were there any misunderstandings or breakdowns in communication?
- Would anyone have handled this situation differently?
- Did the roleplay seem realistic to you? (If not, encourage them to talk about what would be more realistic and how they would negotiate safer sex in that situation.)

**15. Summarize each of the roleplays using the notes provided. Repeat some of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways.**

**FACILITATOR'S NOTE**

The different roleplays focus on negotiating either safer sex or abstinence. You can assign the ones most relevant for your group. The facilitator's job is to be sure that important issues are addressed and that participants feel that they can effectively use their skills. Give suggestions and help as they need it. Do not allow disagreement to continue too long or for anti-condom roles to win.

You may wish to have participants replay the roleplay again, having the audience help out, or play one of the roles yourself in order to show alternatives. What is important is

*(continued)*




*(continued)*

that participants practice communicating even when the situation is difficult. In real life, one of the hardest things to do is to fully explain yourself and be understood.

Participants can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the participants.

**16. Summarize by saying,**

 **Wow! You have really learned a lot in this program! In doing these roleplays, you had an opportunity to practice negotiating risky situations by roleplaying in the safety of this room. Your roleplays show that you have picked up quite a few skills and have given you some practice to help you engage in proud and responsible sexual behaviors in real life. Knowing and practicing these skills will empower you to always respect and protect yourselves and your families, friends and community.**

**It doesn't matter if a relationship is between a man and a woman, two women or two men. All couples have to communicate and negotiate. And all couples who have decided to have sex must take steps to avoid negative consequences, regardless of their sexual orientation. In a healthy relationship and when you really care about your partner, it's usually easier to talk about safer sex. It's important to choose relationships where both parties care about each other's goals, health and values.**

**Remember to be proud and be responsible, because the choices that you make now will determine your ability to reach your goals for the future!**



## **ROLEPLAY B Lamont and Reggie**

The goal of this roleplay is for Lamont to persuade Reggie not to have sex or to wait until sober before getting involved in a sexual relationship. Observe Lamont's use of the SWAT technique.

### **Lamont**

- You are at a party with your best friend, Reggie.
- You see that Reggie is high or drunk and is getting ready to have risky sex.
- You know that Reggie doesn't have any condoms.
- You know Reggie's had too much to drink to ask if a partner has a condom.
- Your task is to persuade Reggie to wait and be sober before getting involved in a sexual relationship.

### **Reggie**

- You have been drinking at a party and flirting with someone.
- You can tell the person wants to have sex with you.
- You really want to have sex too.
- You don't have condoms with you.
- Lamont suggests that you wait until you are more clearheaded before you have sex.

### **Facilitator: Summarize Roleplay B by saying,**

If you are out of control or a friend is, get help. Alcohol is a drug, and, like other drugs, it decreases your inhibitions and can make you do risky things, such as having sex without condoms, which puts you at risk for getting HIV or another STD.





## **ROLEPLAY C   Loretta and Mo**

The goal of this roleplay is for Loretta to encourage Mo not to have sex without a condom. Observe Loretta's use of the SWAT technique.

### **Loretta**

- Your close friend Mo is about to go to bed with a new guy.
- Mo isn't concerned about using condoms with him.
- Mo doesn't think the guy will want to use a condom.
- Your task is to encourage Mo to use a condom.

### **Mo**

- You have just started dating a new guy.
- You really like him and think this might be serious.
- You have decided to have sex with him.
- You are afraid to discuss condoms because you think he might dump you if you suggest using them.

**Facilitator: Summarize Roleplay C by saying,**

If you value and care about your close friend, you should help Mo make safer decisions. You could even teach your friend how to make condoms pleasurable.



## **ROLEPLAY D Keesha and Maurice**

The goal of this roleplay is for Keesha to convince Maurice that it is OK for them to stay together and abstain from sex or that it is OK for her to not be in a relationship. Observe Keesha's use of the SWAT technique.

### **Keesha**

- You and your boyfriend, Maurice, have been dating for 3 months.
- You know that he wants to have sex with you.
- You are aware that unprotected sex is one of the ways people get HIV, the virus that causes AIDS.
- You've learned about safer sex, but think that abstinence—not having sex—is the best choice for you right now.
- You have a goal to go to college.
- You care deeply for Maurice and are afraid of losing him.
- Your task is to negotiate practicing abstinence with Maurice.

### **Maurice**

- You have a new girlfriend, Keesha, and would like to have sex with her.
- All of your friends are having sex and they are pressuring you to start having sex with Keesha.
- You have been sexually active before, but know that Keesha has not.
- In the past, you did not use condoms consistently.
- You want Keesha to get on the pill so you don't have to worry about pregnancy.

### **Facilitator: Summarize Roleplay D by saying,**

Abstinence is the only 100 percent effective way to reduce your risk of HIV, other STDs and unplanned pregnancy. For some people, it is also a way to respect themselves and their partners. Having goals and respecting yourself is important, and the proud and responsible thing is to make decisions that support your goals and feelings. Sometimes people worry that practicing abstinence may mean they risk losing a partner. But a partner who truly cares will respect your decisions. If someone keeps pressuring you to do something you've decided not to do, it may be time to find another partner. Decisions about sex are very personal and important, so make the right choice for you.





## **ROLEPLAY E Clayton and Robin**

The goal of this roleplay is for Clayton to convince Robin to use condoms. Observe Clayton using the SWAT technique.

### **Clayton**

- You are going out with Robin and want to talk about using condoms.
- You are concerned about HIV, other STDs and pregnancy and want to use a condom.
- You know Robin has had other boyfriends and you want to protect yourself.
- You also don't want to lose Robin.
- You are afraid that you may offend Robin but you decide to explain that you want to use condoms.

### **Robin**

- Your partner, Clayton, just suggested that you start using condoms.
- You are on the pill for birth control, so you think Clayton must think you have an STD if he is afraid to have sex with you without a condom.
- You also wonder if Clayton has been sleeping with someone else and is afraid he might give you something.

### **Facilitator: Summarize Roleplay E by saying,**

Some people are offended when a partner wants them to use condoms. However, most times the partner is not being offensive, but caring. Remember, the pill is effective for preventing pregnancy, but doesn't help protect you from HIV or other STDs. The proud and responsible thing is to use latex (or polyurethane/polyisoprene) condoms if you have sex, even if you are on the pill.



## **ROLEPLAY F** Lee and Jayden

The goal of this roleplay is for Lee to convince Jayden to use a condom and that condoms can be fun and pleasurable. Observe Lee using the SWAT technique.

### **Lee**

- You and your partner, Jayden, have been sexually active for a while without using condoms.
- You have just completed a program called *Be Proud! Be Responsible!*
- You've been thinking about Jayden's past sexual life and your own past sexual life, and have decided that now you want to use condoms.
- You know that Jayden is stubborn and gets jealous very easily.
- You are afraid to say that you are concerned about HIV because Jayden might believe you are cheating or even go find a new partner.
- You want to convince Jayden to use condoms.

### **Jayden**

- You have never used a condom and don't want to.
- You have been having sex with Lee for a while now and haven't used protection before.
- You believe that if people suddenly want to use a condom they must be cheating.
- You also believe that condoms are not natural and sex won't feel as good if you use them.

### **Facilitator: Summarize Roleplay F by saying,**

Condoms don't make a person weak. They don't have to ruin sex. There are different techniques that can make using condoms pleasurable and fun. The bottom line is for you to take responsibility, and be comfortable and confident in your choice to be safer.





## **ROLEPLAY G Alex and Marta**

The goal of this roleplay is for Alex to negotiate abstinence with Marta successfully. Observe Alex using the SWAT technique.

### **Alex**

- You and Marta have been seeing one another for a while.
- You really don't feel ready for sex yet.
- The two of you are going to Marta's house to be alone. No one else is going to be there.
- You start talking about having sex.
- You still don't want to have sex and tell Marta this.

### **Marta**

- You and Alex have been seeing one another for a while.
- You've been fooling around but haven't had intercourse.
- You're ready for sex and are hoping it works out tonight since the two of you are going to your house to be alone.
- You bring up the subject of having sex.

### **Facilitator: Summarize Roleplay G by saying,**

The decision to abstain from sex until you are ready shows that you are being proud and responsible. It doesn't matter how long you've been seeing someone, if you don't feel ready for sex, you do not have to do it. It's OK to discuss your decision to not have sex with your partner and explain why you made that decision.





## **ROLEPLAY H Charlie and Shel**

The goal of this roleplay is for Charlie to abstain from sex with Shel. You are to observe Charlie using the SWAT technique.

### **Charlie**

- You know that many friends your age are having sex.
- Shel has been pressuring you to have sex.
- Shel is older and much more experienced than you are.
- You are scared and don't want to have sex.
- You want to talk to Shel about this instead of just avoiding it and acting like your friends.

### **Shel**

- Charlie has been acting funny every time you start going further sexually when you are together.
- To you sex is fun.
- Sex would establish the two of you as a real couple.
- You are going to be alone with Charlie and want to convince Charlie to have sex.

### **Facilitator: Summarize Roleplay H by saying,**

It's OK to choose not to be sexually active. All young people are not having sex. Sometimes, when a partner is older or more experienced, there can be more pressure to have sex. The proud and responsible thing is to remember that it's always better to take your time and get to know your partner, and to not have sex before you're ready. When and if you do decide to have sex, protect each other by using condoms.



## ACTIVITY

# E

## TALKING WITH PARTNERS ABOUT CONDOM USE OR ABSTINENCE

### PREPARING FOR THE ACTIVITY

#### Rationale

This activity gives participants tips and encouragement for applying the communication and negotiation skills that have been learned thus far, with the hope of ensuring that the knowledge and skills will be translated into behavior.

#### Materials Needed


- ▶ None

### PROCEDURE


3

MINUTES

1. Remind participants that using condoms is an expression of responsibility and of pride in your own decisions.


 There is no doubt that using condoms is a good idea because they make sex safer. Condoms help to protect both partners from unplanned pregnancy and sexually transmitted diseases, including HIV infection. To obtain these benefits, you must choose good-quality latex or polyurethane/polyisoprene condoms and use them correctly and consistently. In some cases you may have to overcome a partner's reluctance to use them. However, if you choose to have vaginal, anal or oral sex, using condoms is the first and most important step in protecting yourself.

2. Reinforce the importance of talking to a partner.


 Knowing what is best for your health and doing something about it can be two different things. Even bringing up the subject can be hard. However, it is very important that you talk with a potential partner about condoms and safer sex. An open, honest discussion can correct misunderstandings.



**3. Provide suggestions for talking to a partner about using condoms.**

-  • Think about what you want to say ahead of time. Sort out your own feelings about using condoms before you talk with a partner.
- Choose a time to talk before that first intimate moment. Getting things straight before you make love means that you will both be prepared and relaxed.
- Decide how you want to start the conversation. You might say, "I need to talk with you about something that is important for both of us." Or, "I've been hearing a lot lately about safer sex. Have you ever tried condoms?" Or, "I feel kind of embarrassed, but I care too much about you not to talk about this."
- The best time to discuss condom use is before you begin to have a sexual relationship. You must discuss it before engaging in genital stimulation or touching.
- Remember to talk about how condoms are fun and pleasurable.
- Once you both agree to use condoms, do something positive and fun. Go to the store together. Buy different types and colors, but always make sure that they are latex, polyurethane or polyisoprene. Plan a special day when you can experiment.

**4. Explain that to avoid becoming infected with HIV, a person should:**

-  • Abstain from sex.
- Use a latex (or polyurethane/polyisoprene) condom for every act of vaginal, anal or oral intercourse, if sexually active.
- Talk to partner(s) about HIV and AIDS.
- Talk to a partner about condoms before having sex.
- Ask potential sexual partners about their sexual and drug use history.



5. Emphasize ways to practice safer sex by saying:



Be proud and be responsible; protect yourself and your partner by:

- Using a latex (or polyurethane/polyisoprene) condom every time you have sex, or choose sexual activities that do not pose a risk of HIV or other STD transmission.
- Keeping a supply of condoms on hand.
- Getting used to condoms, so they are natural and fun.
- Not using alcohol or other drugs to get in the mood for sex.

6. Provide a summary statement of the program.



We have covered a lot of information in this program. We started by acknowledging that HIV has had a negative impact on many people, including young people. We've discussed ways to prevent HIV from affecting us, our partners, our families, and our communities. If we choose to be proud and be responsible, we won't use alcohol or mind-altering drugs; we will avoid behaviors that can pass HIV, such as sharing needles; and we will abstain from sexual intercourse or use condoms every time we have sex.



## ACTIVITY

# F

## THE AIDS BASKETBALL GAME\*

### PREPARING FOR THE ACTIVITY

### PROCEDURE

10

MINUTES


#### Rationale

This activity is a way to review and reinforce the information about HIV prevention covered in this program. It also allows you to end the module with a fun and high-energy activity.

#### Materials Needed


- ▶ AIDS Basketball question sheet
- ▶ Newsprint
- ▶ Markers for keeping score

#### 1. Introduce the next activity by saying:

 We are going to play a game called "AIDS Basketball" that will review everything that you've learned about HIV and AIDS.

#### 2. Divide the group into two teams.

#### 3. Start by giving the rules:

-  • Each team will get the chance to answer a question.
- The team member responsible for answering the question will rotate so that each team member gets a turn.
- The other team members can help, but the answer must be given within 10 seconds.
- Only correct answers earn points. Correct answers are worth two or three points.
- The team members answering the question can choose whether they want a two- or three-point question.
- If the answer is incorrect or not given in time, I will give the correct answer, and the other team will get a foul shot (a one-point question).

(continued)

\* AIDS: What Young Adults Should Know, 2nd ed., by William L. Yarber. Adapted with permission from the Association for the Advancement of Health Education.



(continued)


- If someone answers out of turn, the interrupter's team receives a foul. The other team then gets a chance to answer a one-point foul shot question.

4. Keep score (or ask a participant to keep score) on the board or on newsprint.
5. Appoint someone or yourself to keep track of the 10 second window to answer questions.

### FACILITATOR'S NOTE

If no one is given a foul shot, use the foul questions in the game for one point each. You may be able to create other situations that result in foul shots being awarded.

6. Determine how long the game will last before beginning it. Announce the time limit to the participants. For example, the game could be considered over when everyone on each side has been asked a question, when a pre-determined number of questions have been asked, or when all the questions have been used. The game goes quickly and is stimulating.
7. Use the questions that follow for the game. Correct answers for True and False questions are in parentheses.
8. At the end of the game, total the team scores and declare a winning team.
9. Summarize by saying,

 **WOW!** What a game! You all remembered a lot of information. We have come to the end of the *Be Proud! Be Responsible!* program. I hope you enjoyed it and learned a lot. Remember to use all the things you know and the strategies you learned to make proud and responsible choices.



# AIDS BASKETBALL QUESTIONS AND ANSWERS

---

Use the following questions for scoring during the game. If true/false questions are answered incorrectly, have the opponent explain why the answer was incorrect to earn the points. Correct answers for true/false questions are indicated in parentheses.

## TWO-POINT QUESTIONS

1. **What does AIDS stand for?**
  - ▶ Acquired immunodeficiency syndrome
2. **What causes AIDS?**
  - ▶ HIV, the human immunodeficiency virus
3. **Which body system does HIV damage?**
  - ▶ Immune system
4. **What happens to a person with AIDS that usually does not happen to people with a healthy immune system?**
  - ▶ They get certain rare diseases called opportunistic infections.
5. **Name three of the body fluids through which HIV is transmitted?**
  - ▶ Semen, vaginal secretions, rectal fluids, blood and breast milk (any 3)
6. **What are the most common ways HIV is transmitted?**
  - ▶ Unprotected sexual contact and exchange of blood
7. **What drug-related behavior allows the exchange of blood?**
  - ▶ Sharing needles or works
8. **How do most children get infected with HIV?**
  - ▶ From their infected mothers during pregnancy, at birth, or through breastfeeding
9. **(True) or False. Anyone who has unprotected sex or shares needles can get HIV.**
10. **(True) or False. Anal sex increases your chances of getting HIV.**
11. **True or (False). There is now a cure for AIDS.**
12. **(True) or False. Oral sex without using a condom or dental dam increases the chance of getting HIV.**



13. True or (False). You can catch HIV like you catch a cold, because HIV can be carried in the air.

### THREE-POINT QUESTIONS

14. What are two ways of reducing your risk of HIV?

- ▶ Abstinence
- ▶ Practicing safer sex
- ▶ Not sharing needles or works

15. Name three ways HIV is passed.

- ▶ During unprotected sex (sex without a condom)
- ▶ By sharing needles and syringes
- ▶ From an infected woman to her fetus or newborn child

16. Name three types of sexual practices in which HIV can be passed.

- ▶ Anal sex
- ▶ Vaginal sex
- ▶ Oral sex

17. Name two ways to help prevent sexual transmission of HIV.

- ▶ No unprotected anal, oral or vaginal sex.
- ▶ No sharing of needles or works.

18. True or (False). Using Vaseline as a lubricant when you have sex lowers the chance of getting HIV.

19. (True) or False. People without any symptoms can have HIV and pass it to a sexual partner.

20. Name three sexual behaviors that do not involve any exposure to body fluids that can carry HIV. (Any 3)

- |            |                  |                    |
|------------|------------------|--------------------|
| ▶ Hugging  | ▶ Masturbation   | ▶ Romantic talking |
| ▶ Massage  | ▶ Sexual fantasy | ▶ Cuddling         |
| ▶ Touching | ▶ Grinding       |                    |



## FOUL SHOOTING QUESTIONS (ONE POINT)

**21. Yes or No. Which of these can transmit HIV?**

Stress	no
Sharing needles with someone who is HIV positive	yes
Touching someone who has HIV	no
Using the same fork as someone who is HIV positive	no
Using someone's comb	no
Being around someone with AIDS	no

**22. (True) or False. People can have HIV and give it to others even if they do not look or feel sick.**

**23. True or (False). You cannot get HIV from sex if you have sex with only one person during your whole life.**

**24. True or (False). People infected with HIV through injecting drugs are not likely to pass the virus to sex partners unless the partner also injects drugs.**



## SWAT

### S = Say "NO"

Refuse the unsafe behavior.

### W = Explain why

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 negative reactions.

### A = Provide alternatives

Provide safe alternatives to show that you still want to be intimate and have a relationship with this person, as long as it can be safe.

### T = Talk it out

Talk openly about each other's feelings to help the relationship grow and ease any tension.

© 2016 ETR Associates. All rights reserved. A44116-021215

BE PROUD!  
BE RESPONSIBLE!

Poster

## NEGOTIATION AND REFUSAL SKILLS – CHART 1A

### How to say "NO" effectively

#### Characteristics

- ▶ Use and repeat the word "no" often.
- ▶ Send a strong nonverbal "no" with your body language, e.g., use hand and body gestures to emphasize the point.
- ▶ Project a strong, serious tone of voice.
- ▶ Look directly at the person's face and eyes.
- ▶ Stand straight and tall.
- ▶ Use a serious facial expression.
- ▶ Don't send mixed signals.

© 2016 ETR Associates. All rights reserved. A44116-021215

BE PROUD!  
BE RESPONSIBLE!

Poster

## NEGOTIATION AND REFUSAL SKILLS – CHART 1B

### Examples of a strong "NO"

#### Examples

- ▶ No! I'm not ready to have sex yet!
- ▶ No! I won't have sex without a condom!
- ▶ No! I don't want to touch you there!
- ▶ No! Stop touching me like that!
- ▶ No! Stop trying to unbutton my pants!
- ▶ No! I'm not going to have sex with you!
- ▶ No! I really mean "NO"!
- ▶ No! I want to protect myself. We have to use a condom.

© 2016 ETR Associates. All rights reserved. A44116-021215

BE PROUD!  
BE RESPONSIBLE!

Poster

## NEGOTIATION AND REFUSAL SKILLS – CHART 2

### Explain why

Give clear reasons to support your choice.

#### Examples

- ▶ I want to protect myself with a condom every time I have sex.
- ▶ No, I won't risk my future goals by having unprotected sex.
- ▶ Condoms help prevent unplanned pregnancy, and STDs or HIV infection.
- ▶ I am not ready to be a parent yet.

© 2016 ETR Associates. All rights reserved. A44116-021215

BE PROUD!  
BE RESPONSIBLE!

Poster



## HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

### NEGOTIATION AND REFUSAL SKILLS – CHART 3

#### Provide alternatives

Suggest another action.

##### Examples

- ▶ Let's go buy some condoms right now.
- ▶ Let's get out of the bedroom. It makes me feel uncomfortable.
- ▶ If you're willing to use a condom, then we can have sex.
- ▶ Let's do something else that will feel good for both of us, since we don't have a condom.
- ▶ Let's go get something to eat.
- ▶ Let's go see a movie.

© 2016 ETR Associates. All rights reserved. AA4136-01216

BE PROUD!  
BE RESPONSIBLE!

Poster

### NEGOTIATION AND REFUSAL SKILLS – CHART 4

#### Talk it out

Discuss your feelings.

##### Examples

- ▶ I feel like you don't really care about me when you pressure me like this.
- ▶ I'm not ready to have a baby. I would feel better if we use a condom.
- ▶ I'm glad you agreed to use condoms. I feel like you really care about me.
- ▶ You really turn me on when you touch me, but I won't have sexual intercourse without a condom.
- ▶ If you can't respect my feelings, then I'm prepared to end this relationship.
- ▶ Our future goals and dreams are more important than a moment of unsafe pleasure, so I'm glad we decided to use condoms.

© 2016 ETR Associates. All rights reserved. AA4136-01216

BE PROUD!  
BE RESPONSIBLE!

Poster

### OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

#### SKILLS

#### PRESENT?

#### S Said "NO"

- |  |     |
|--|-----|
| ▶ Refused to engage in unsafe behavior | Y/N |
| ▶ Repeated refusal                     | Y/N |
| ▶ Body language said "NO"              | Y/N |

#### W Explained why

- |                      |     |
|----------------------|-----|
| ▶ Gave clear reasons | Y/N |
|----------------------|-----|

#### A Provided alternatives

- |                                 |     |
|---------------------------------|-----|
| ▶ Suggested alternative actions | Y/N |
|---------------------------------|-----|

#### T Talked it out

- |  |     |
|--|-----|
| ▶ Discussed feelings and used language that protected the relationship | Y/N |
|--|-----|

Seemed prepared to leave a potentially unsafe situation	Y/N
---	-----

© 2016 ETR Associates. All rights reserved. AA4136-01216

BE PROUD!  
BE RESPONSIBLE!

Poster

### ROLEPLAY GUIDELINES

- ▶ Read your role carefully and think about how that person would really behave.
- ▶ Do your best to stay in character through the whole roleplay.
- ▶ Don't let comments and laughter distract you.
- ▶ Really try to feel and act like the person you are playing.
- ▶ Try things that you might not do ordinarily, just to see how it feels.
- ▶ Use SWAT:
  - » **Say NO.** Repeat it. Use strong body language.
  - » Explain **why** you don't want to engage in unsafe behavior.
  - » Provide **alternatives**.
  - » **Talk it out.**

© 2016 ETR Associates. All rights reserved. AA4136-01216

BE PROUD!  
BE RESPONSIBLE!

Poster



## HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

**Observer Checklist**

HANDOUT

For each roleplay, place a "Y" in the box for each skill you see demonstrated in the roleplay and an "N" for each skill that is *NOT* demonstrated.

SKILL	ROLEPLAY							
	A	B	C	D	E	F	G	H
<b>S - Said "NO"</b>								
• Refused to engage in unsafe behavior								
• Repeated refusal								
• Body language said "NO"								
<b>W - Explained why</b>								
• Gave clear reasons								
<b>A - Provided alternatives</b>								
• Suggested alternative actions								
<b>T - Talked it out</b>								
• Discussed feelings and used language that protected the relationship								
Seemed prepared to leave a potentially unsafe situation								

STUDENT WORKBOOK

Handout/Student Workbook

**Roleplay A: Jamie and Taylor**

The goal of this roleplay is for Jamie to persuade Taylor to use condoms and that sex can be just as pleasurable with protection.

Observe Jamie's use of the SWAT technique.

**JAMIE**

- You and your sexual partner (Taylor) are in your partner's living room with the lights down low and things are starting to get physical.
- You are trying to tell Taylor that you want to use protection, and Taylor is beginning to get angry.
- Taylor doesn't think sex will feel as good and does not want to use protection. But you want to use protection because you respect yourself.
- Your health is important to you and you want to protect yourself because you are worth it!

*Your task is to convince Taylor that sex can be just as pleasurable with condoms or other protection.*

**TAYLOR**

- You and your partner (Jamie) are at your place and things are getting very intimate.
- Jamie is starting to talk about using protection and you are getting angry, because you wonder if Jamie thinks you have been sleeping around.
- You don't think using protection feels good and truly believe it will ruin the mood.

STUDENT WORKBOOK

Roleplays A-H (8 total)/Student Workbook