The training component of TAP is divided into twelve sessions arranged so that the information and the development of skills build upon previous material. If the planned TAP program will have meetings lasting three hours or longer, participating youth will be able to complete more than one session in one meeting.

Training can be accomplished in a variety of schedules. One good way to train youth is to start with a two- to three-day retreat – and then plan and implement the activities in weekly meetings. Another viable strategy is to accomplish one session every week for twelve weeks.

**Goals of TAP Training**

TAP has the overall goal to promote positive changes in youth’s norms related to sexual behavior to prevent infection with HIV and other STIs. TAP works to achieve this goal through peer education to

1. Encourage all teens to make safe and responsible decisions about when it is right for them to have sexual intercourse.
2. Encourage sexually active teens to practice safer sexual behaviors, including correct and consistent use of condoms.
3. Encourage sexually active teens to limit the numbers of their sexual partners.

Additional goals include reducing or preventing injected drug use and increasing compassion for people infected with HIV or living with AIDS.

In order to achieve these goals, the training focuses on giving TAP members activities and exercises that provide information and build skills. In addition to its overall goal, TAP training has five supporting goals for participating youth:

1. **Encourage youth to delay the initiation of sexual intercourse until it is right for them.**

   In the era of HIV, an excellent prevention strategy is to encourage teenagers to delay first sexual intercourse until it is right for them. Programs working with younger adolescents will find this goal workable while those working with older youth, many of whom are already having sexual intercourse, will not. Younger teens may have neither the cognitive nor the emotional maturity to handle the implications of sexual relationships. All teens need skills in communication, making decisions, and setting goals to help them defer sexual intercourse until they are emotionally mature and able to understand the potential consequences of sexual intercourse. Moreover, youth need to learn about options for sexual expression other than sexual intercourse.

   Adults and youth planning the program must also understand that some of the youth that are having sexual intercourse have not chosen to initiate these activities. In other words, they have been forced or coerced to participate in sexual intercourse. These youth need support in making decisions, setting limits, and using contraception as well as in getting protection and services in regard to the abuse they have received.

2. **Encourage teens who are having any type of sexual intercourse to practice safer sexual behaviors, including correct and consistent condom use.**

   When any young person has sexual intercourse, he/she should use condoms correctly and consistently. Teens need education about condoms, including where to obtain them and how to use them. Correct, consistent condom use will help teens prevent pregnancies and the spread of STIs, including HIV infection.
3. Encourage sexually active teens to limit the number of their sexual partners.

Teens need to understand that the serial monogamy practiced by many sexually active teens is not the same as the committed monogamous relationship that prevention experts recommend. Few teens are ready or able to enter a lifelong, committed, monogamous relationship, and teens need to practice safer sex by using condoms consistently and correctly with each and every sexual partner. Limiting the number of their sexual partners also reduces their sexual risk.

4. Eliminate misinformation about HIV/STI and promote compassion for people living with HIV or AIDS.

Teenagers often lack specific knowledge about AIDS and the transmission of HIV. Communities and school districts continue to confront unfounded fears about HIV infection and AIDS. Misinformation causes family and friends to shun people living with AIDS as well as the people who care for them. Education reduces these fears by providing factual information about the disease and helps foster compassion for people living with HIV or AIDS. TAP also gives youth the accurate knowledge they need to become good peer educators.

5. Promote adolescents’ understanding about the associations between drug use and sexual risk-taking behaviors and encourage teens to abstain from injection drug use.

All HIV/STI prevention programs should warn teens about the potential effects of using drugs such as alcohol, marijuana, and especially injection drugs. The widespread use of alcohol by young teens indicates that teens need to learn about the effects and health consequences of alcohol use, binge drinking, and alcoholism. Teens need opportunities to practice refusal skills. Youth need to understand that risk behaviors— including unprotected sexual intercourse and drug use—are often reported by the same youth, not necessarily as cause and effect, but as associated risk behaviors. Youth should understand that alcohol and other drugs might impair their ability to make good decisions in sexual situations. Teens need to know that some drugs may suppress the immune system and that sharing any kind of needle puts them at great risk of becoming infected with HIV.

6. Finally, TAP builds a sense of empowerment in participating youth and assists TAP members to gain the skills they need to educate their peers.

When given freedom and support, the TAP members will develop innovative and creative approaches to educating their peers. With support from the TAP coordinator, the youth will brainstorm activities and develop those that will work with their peers to reduce fear and misinformation, encourage delay in the initiation of sexual intercourse, promote condom use among teens who are having sexual intercourse, and deter injection drug use. TAP members will put their ideas into action after the training.

Training Objectives

The training objectives for TAP members will include those defined by the individual TAP program. Training objectives will also include the following:

- Increasing knowledge and eliminating misinformation about human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) and acquired immune deficiency syndrome (AIDS)
- Identifying ways to prevent transmission of HIV, including
  - Abstaining from sexual intercourse
  - Abstaining from injection drug use
  - Adopting safer sex behaviors, including consistent and correct condom use
- Developing compassion for people living with HIV/AIDS
- Increasing skills in communication and resistance to peer pressure
- Developing skills at making decisions
Developing leadership skills, such as in planning and leading programs, public speaking, and facilitating group discussions.

Identifying resources for additional information about HIV and STIs.

Key Concepts for the Training

Key concepts emphasized during the training of TAP members include:

- **Everyone** who engages in unsafe sexual intercourse or injection drug use is at risk of infection with HIV or other STIs.
- No one becomes infected with HIV through casual contact, such as touching or sharing food with someone with AIDS or by using telephones, restrooms, or swimming pools that someone with AIDS has also used.
- Teen can virtually eliminate their chance of becoming infected with HIV by abstaining from unprotected sexual intercourse and from injection drug use.
- Teens need skills to resist negative peer pressure.
- Teens who choose to have sexual intercourse should use condoms consistently and correctly at every act of sexual intercourse. These teens should also know alternative ways to express affection and sexuality.
- Teens can effectively reach their peers with HIV/STI prevention education.
- Youth and the TAP coordinator must work together in partnership to design a successful TAP program.

An overview of the TAP training and a sample timeline for training follows here. Then the 28 training activities, divided into 12 sessions follow. (Some sessions last 120 minutes; some last 90 minutes.) Chapter VI includes activities to support and stimulate the peer educators as they plan their campaign activities for their peers.
## Training Overview

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<th>Purpose</th>
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<td>Find Someone Who …</td>
<td>Learning about one another</td>
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<td>Activity B</td>
<td>Introduction to TAP</td>
<td>Understanding the program</td>
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<td>Identifying personal skills, abilities, and interests and building self-esteem</td>
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<td>Identifying personal values and building comfort with different values</td>
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<td>Question Cards – Preparation</td>
<td>Identifying information needs around HIV/AIDS</td>
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<td>Learning sources of information about HIV/AIDS</td>
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<td>HIV Transmission Game</td>
<td>Learning about HIV transmission and clarifying values</td>
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<td>Activity B</td>
<td>Circles of Sexuality</td>
<td>Understanding the breadth of human sexual expression</td>
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<tr>
<td>Activity C</td>
<td>Rating Behaviors</td>
<td>Learning about risk reduction behaviors</td>
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<td>Activity A</td>
<td>Password</td>
<td>Becoming comfortable with HIV/AIDS language</td>
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<td>Clarifying personal &amp; community values</td>
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<td>Activity B</td>
<td>STI Basketball</td>
<td>Gaining knowledge of STIs</td>
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<td>Activity B</td>
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<td>Exploring the consequences of devaluing diversity</td>
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<td>Activity C</td>
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<td>Learning about barriers to condom use</td>
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<tr>
<td>Activity A</td>
<td>Condom Hunt – Discussion</td>
<td>Identifying barriers &amp; access to condom acquisition</td>
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<td>Activity B</td>
<td>Condom Card Lineup</td>
<td>Understanding skills related to condom use</td>
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<tr>
<td>Activity C</td>
<td>HIV/STI Interview – Homework</td>
<td>Developing education skills and clarifying values related to HIV</td>
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<td>HIV/STI Interview – Discussion</td>
<td>Understanding community awareness and values related to HIV</td>
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<tr>
<td>Activity B</td>
<td>Role Plays</td>
<td>Understanding how others feel; to practice risk reduction skills</td>
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<td>Session 10</td>
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<td>Activity A</td>
<td>Have You Weighed Your Options?</td>
<td>Practicing risk reduction and decision-making skills</td>
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<td>Activity B</td>
<td>Intoxicated Barbie</td>
<td>Developing alcohol awareness</td>
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<tr>
<td>Activity C</td>
<td>Planning for a Panel of PLWHs/PLWAs</td>
<td>Developing skills in conducting educational activities</td>
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<td>Activity A</td>
<td>Panel of PLWHs/PLWAs</td>
<td>Exploring personal &amp; community values; developing compassion for PLWA, PLWH</td>
</tr>
<tr>
<td>Activity B</td>
<td>Assertive Communication</td>
<td>Developing understanding and skills in assertive communication</td>
</tr>
<tr>
<td>Activity B</td>
<td>Post-test</td>
<td>Getting evaluation data</td>
</tr>
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</table>
Sample Timeline for Training TAP Members: Full School Year

<table>
<thead>
<tr>
<th>Date/Session</th>
<th>Allowed Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late spring or late summer before the new school year begins</td>
<td>45 minutes for each presentation and Q &amp; A</td>
<td>Presentation to PTA and to student body</td>
</tr>
<tr>
<td>September 5</td>
<td>Two weeks</td>
<td>Distribute information packets &amp; permission slips to interested students</td>
</tr>
<tr>
<td>September 12 to 19</td>
<td>One week</td>
<td>Interviews &amp; recruitment of TAP members</td>
</tr>
<tr>
<td>September 19 / Session 1</td>
<td>120 minutes</td>
<td>Activity A. Find Someone Who</td>
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<tr>
<td></td>
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<td>Activity B. Introduction to TAP</td>
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<tr>
<td></td>
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<td>Activity C. Pretest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activity D. Video about HIV/AIDS</td>
</tr>
<tr>
<td></td>
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<td>Activity E. TAP Contract</td>
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<td></td>
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<td>Activity F. TAP Ground Rules</td>
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<td></td>
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<td>Activity G. Tee Shirt Symbols – Homework</td>
</tr>
<tr>
<td>September 26 / Session 2</td>
<td>120 minutes</td>
<td>Activity A. Tee Shirt Symbols – Discussion</td>
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<td>Activity B. Values Clarification</td>
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<td></td>
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<td>Activity C. Question Cards – Preparation</td>
</tr>
<tr>
<td>October 3 / Session 3</td>
<td>90 minutes</td>
<td>Activity A. Question Cards</td>
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<tr>
<td></td>
<td></td>
<td>Activity B. News about HIV and other STIs</td>
</tr>
<tr>
<td>October 10 / Session 4</td>
<td>120 minutes</td>
<td>Activity A. HIV Transmission Game</td>
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<td>Activity B. Circles of Sexuality</td>
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<td></td>
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<td>Activity C. Rating Behaviors</td>
</tr>
<tr>
<td>October 17 / Session 5</td>
<td>110 minutes</td>
<td>Activity A. Password</td>
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<td></td>
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<td>Activity B. Defining Sexual Abstinence</td>
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<tr>
<td>October 24 / Session 6</td>
<td>120 minutes</td>
<td>Activity A. Reproduction 101</td>
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<tr>
<td></td>
<td></td>
<td>Activity B. STI Basketball</td>
</tr>
<tr>
<td>October 31 / Session 7</td>
<td>120 minutes</td>
<td>Activity A. ABC Diversity</td>
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<tr>
<td></td>
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<td>Activity B. Definition of Culture</td>
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<tr>
<td></td>
<td></td>
<td>Activity C. Condom Hunt – Homework</td>
</tr>
<tr>
<td>November 7 / Session 8</td>
<td>90 minutes</td>
<td>Activity A. Condom Hunt – Discussion</td>
</tr>
<tr>
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<td></td>
<td>Activity B. Condom Card Lineup</td>
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<tr>
<td></td>
<td></td>
<td>Activity C. HIV/STI Interview – Homework</td>
</tr>
<tr>
<td>November 14 / Session 9</td>
<td>90 minutes</td>
<td>Activity A. HIV/STI Interview – Discussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activity B. Role Plays</td>
</tr>
<tr>
<td>November 21 / Session 10</td>
<td>120 minutes</td>
<td>Activity A. Have You Weighed Your Options?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activity B. Intoxicated Barbie</td>
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<td></td>
<td></td>
<td>Activity C. Planning for a Panel of PWLHs/PLWAAs</td>
</tr>
<tr>
<td>November 29 / Session 11**</td>
<td>90 minutes</td>
<td>Activity A. Panel of PWLHs/PLWAAs</td>
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<tr>
<td>December 5 / Session 12</td>
<td>90 minutes</td>
<td>Activity A. Assertive Communication</td>
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<td></td>
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<td>Activity B. Post–test</td>
</tr>
</tbody>
</table>
** By this time in the training, the peer educators should have begun to work on their campaign to educate their peers. The leader may want to begin interspersing the activities in Chapter VI (listed in the next chart as Sessions 13 through 16) with the remaining training sessions.

### Sample Timeline for TAP Members Developing Activities to Educate Their Peers: School Year

<table>
<thead>
<tr>
<th>Date / Session</th>
<th>Time Needed</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 3 / Session 13</td>
<td>90 minutes</td>
<td>Activity A. Chocolate Bar Exercise</td>
</tr>
<tr>
<td>January 10 / Session 14</td>
<td>120 minutes</td>
<td>Activity A. Prevention Messages</td>
</tr>
<tr>
<td>January 17 / Session 15</td>
<td>50 minutes</td>
<td>Activity A. Social Marketing</td>
</tr>
<tr>
<td>January 24 / Session 16</td>
<td>90 minutes</td>
<td>Activity A. Develop Working Groups and a Play</td>
</tr>
<tr>
<td>February, March, April, and May / Regular meetings</td>
<td>120 minutes</td>
<td>Sessions planning, preparing, and implementing activities</td>
</tr>
</tbody>
</table>

Training Youth to be Peer Educators

By this time in the training, the peer educators should have begun to work on their campaign to educate their peers. The leader may want to begin interspersing the activities in Chapter VI (listed in the next chart as Sessions 13 through 16) with the remaining training sessions.
Session 1, Activity A

Find Someone Who...

**Purpose:** To introduce TAP members to each other

**Materials:** A copy of the handout, *Find Someone Who*, for each TAP member.

**Time:** 20 minutes

**Procedure:** Distribute the handout and ask the youth to stand up, move around, and introduce themselves to each other. The goal of this activity is to find someone who will answer yes to each question on the handout. Instruct the teens to ask the person who answers yes to place her/his signature beside the question. Ask members to collect as many signatures as possible in 10 minutes. After 10 minutes, ask the group to be seated. Conclude, for not more than 10 minutes, with the discussion questions below.

**Discussion Questions:**

1. How do you feel about being in this group?
2. Were any questions hard to ask? If so, which ones? Why?
3. Does this exercise say something about our society? What do you think it says?
4. Did anyone find a person who has had similar experiences? Very different experiences?
Find Someone Who...

1. Has one or more older siblings?
2. Has participated in a marathon?
3. Has trouble saying *no* to friends?
4. Loves one special person?
5. Has a parent whose work requires travel?
6. Has a stepparent?
7. Likes your favorite musician?
8. Works or has worked as a volunteer?
9. Works or has worked for pay?
10. Loves to play sports?
11. Has a teenage friend who is a parent?
12. Shares your interest in a particular subject?
13. Has experienced a broken home?
14. Lives with extended family (including aunts, uncles, grandparents, or other relatives)?
15. Has a nightly curfew?
16. Has cared for a child under two?
17. Knows someone with HIV or AIDS?
18. Knows what he/she wants to do one day?
19. Has a pet or pets?
20. Participates in a community youth group?
Introduction to TAP

Purpose: To give the TAP members a clear understanding of the TAP program

Time: 10 minutes

Planning Notes: Review the first chapter of this manual for help in introducing TAP to the group. This activity will set a positive tone and should help to build group spirit.

Procedure: Welcome everyone to the TAP program. Introduce yourself and your role in the project. State the goals of TAP. Emphasize the importance of the TAP members’ full participation and their unique role in the development of educational activities.
Training Youth to be Peer Educators

Session 1, Activity C

Pretest

Purpose: To gather baseline information on TAP members’ knowledge, attitudes, and behaviors related to HIV and AIDS. (Evaluators will compare this baseline data to data from a post-test at the end of the training.)

Materials: A copy of the TAP Evaluation Survey: Pretest handout for each TAP member and a closed box with a slot in which teens can drop their pretests

Time: 20 minutes

Planning Notes: Prior to this session, the coordinator should have read and understood Chapter VII of this guide. Read the enclosed pretest carefully and make sure it will match your program’s stated objectives. If not, revise the pretest or prepare another pretest that will get at the information you need for evaluating the success of the TAP program. Prepare a closed box with a slot through which the youth can drop their completed pretests. The TAP coordinator will administer the pretest to the TAP group at the first meeting of the new TAP members. Each pretest should be labeled pretest.

Procedure: Tell the group that no one needs to put his/her name on this test and that all answers will be kept confidential. The TAP coordinator will use the information from the pretest to assess the effectiveness of the TAP program, not the knowledge of the individual TAP members.

After the pretests have been completed and collected, correct them using the answer key in the appendix, and compare the knowledge of the TAP group to that of the control group. The knowledge levels of the two groups should be similar. However, the TAP coordinator will find it useful to note any areas in which the TAP group had difficulties and to stress these areas during training.
TAP Evaluation Survey: Pretest

HIV and AIDS as well as other STIs are serious problems in the United States. We want to find the best ways to teach youth about HIV/STIs. This survey will help us understand what you know and how you feel about HIV and AIDS. Your answers are important. Please answer each question carefully and honestly. Please note that, in this survey, *having sex* means making love, doing it, or having sexual intercourse. *Having sex* means having vaginal, oral, and/or anal intercourse.

Write your answers directly on this survey. Please, do NOT put them on another sheet of paper. Do NOT write your name on this survey. Your answers will be kept confidential, and no one will know how you answered this survey. You will have 15 minutes for this pretest. When you are finished, please come up and put the survey in this box. Remember NOT to write your name on the survey.

Thank you for your help.

**Please mark your answers with a check mark or an answer in the appropriate space on the left.**

1. Are you male or female?
   - ___ female
   - ___ male

2. How old are you?
   - ___ years old

3. What is your race?
   - ___ Asian/Pacific Islander
   - ___ Black/African-American
   - ___ Hispanic
   - ___ Native American
   - ___ White (non-Hispanic)
   - ___ Other (please specify)

   **Please circle your response on the right.**

4. Can a person get HIV (the virus that causes AIDS) from any of the following?
   - a. Going to school with a student who has AIDS or HIV
   - b. Kissing someone who has AIDS or HIV
   - c. Sharing needles or “works” with someone who has AIDS or HIV
   - d. Sharing needles to pierce ears, take steroids, or get tattoos with someone who has AIDS or HIV
   - e. Having sex without a condom with someone who has AIDS or HIV
   - f. Being bitten by mosquitoes or other insects
   - g. Giving blood at a hospital, blood bank or the Red Cross
   - h. Swimming in a pool with a person who has AIDS or HIV

   **YES**  **NO**
Training Youth to be Peer Educators

5. You can protect yourself from becoming infected with HIV. TRUE FALSE
6. You can tell if a person is infected with HIV by looking at him/her. TRUE FALSE
7. Any person who has HIV can give HIV to someone else if the two people have sexual intercourse without using a condom. TRUE FALSE
8. HIV can be given to others by someone who is infected but doesn’t know he/she is infected. TRUE FALSE
9. There is a cure for HIV and AIDS. TRUE FALSE
10. Having HIV infection is the same thing as having AIDS. TRUE FALSE
11. Not having sex can protect you from being infected with HIV. TRUE FALSE
12. Many people who have HIV infection are not sick with AIDS. TRUE FALSE

Please circle the number that best shows how strongly you agree or disagree with the following statements.

1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strongly Disagree

13. I would be willing to be in a class with a student who has AIDS or is infected with HIV. 1 2 3 4 5
14. I would stop being friends with someone because he or she has AIDS. 1 2 3 4 5
15. I think people with AIDS deserve what is happening to them. 1 2 3 4 5
16. I am afraid that someday I could get AIDS. 1 2 3 4 5
17. I think I can protect myself from infection with HIV and from AIDS. 1 2 3 4 5

Please write in your answers below. Note that in Question 18, you have a choice – either to write in your answers or to select from the multiple choice answers that follow.

18. List three ways to protect yourself from becoming infected with HIV, the virus that causes AIDS.
   a. ___________________________________________________________________________________
   b. ___________________________________________________________________________________
   c. ___________________________________________________________________________________

OR

Which of the following are effective ways to protect yourself from being infected with HIV? Circle all that apply.

a. Sexual abstinence (not having sexual intercourse)  f. Not using a public toilet
b. Not sharing needles for any reason  g. Not using a public swimming pool
c. Not kissing  h. Using a latex condom for every act of sexual
d. Not giving blood (for transfusions)  i. Avoiding people with HIV infection and AIDS.
e. Not receiving blood (for transfusions)  

19. List three ways that HIV is passed from one person to another.
   a. ________________________________________________________________________________
   b. ________________________________________________________________________________
   c. ________________________________________________________________________________
Video about HIV/AIDS

Purpose: To provide introductory information about HIV/STI prevention so everyone begins the program with a similar base of information.

Materials: A VCR and an HIV/STI prevention video that promotes peer education. (One recommended video is *In Our Own Words* or contact Advocates for Youth at 202.347.5700 or at info@advocatesforyouth.org and request the most recent *Resources for Educators*.)

Time: 30 minutes

Planning Notes: Preview the chosen video before showing it to the group and ensure that it fits the group’s needs. Be prepared to answer questions that the video may bring up.

Procedure: Show the video and facilitate the ensuing discussion.

Discussion Questions:

1. What did you learn from the young people in the video?
2. What messages made sense to you?
3. How do you feel after watching the video?
4. How do you think your friends would react to this video?
5. What did you like about the video?
6. What did you not like about the video?
TAP Contract

**Purpose:** To establish mutual expectations for all TAP members and a basis for teamwork

**Materials:** A copy of the handout, TAP Contract, for each TAP member

**Time:** 15 minutes

**Planning Notes:** Before presenting the contract to the full group, work with two or three leaders from the group to develop a version of the contract that is likely to work for the group. Review the revised contract and be prepared to discuss it with the entire group.

**Procedure:** Pass out the contract to each TAP member. Explain that this is an agreement between each TAP member and the TAP coordinator in which each makes a formal commitment to the TAP program and to the TAP group.

- Ask each member to read the contract.
- After everyone has read it, ask if anyone has any questions, comments, or suggestions about the contract.
- Discuss and change the contract so that it better fits the needs of the group.
- After all changes have been made, have each person sign and return the contract. The TAP coordinator then signs each contract, makes a copy for program records, and returns his/her copy to each member at the next session.
TAP Contract

The TAP member agrees to the following:
1. I will attend all regularly scheduled sessions.
2. I will be on time for each session and bring the materials needed.
3. I will visit other places for arranged engagements.
4. I will participate to the fullest in each session.
5. I will serve as a resource to the school or agency for presentations that will help train new peer educators.
6. I will not discuss the personal information I learn about other TAP members or that other youth confide to me because I am a peer educator. If I have a question about something someone has told me in confidence, I will discuss it with the TAP coordinator without disclosing the identity of the person who told me.
7. I will talk about the program and what the program has taught me with newspapers, radio, and/or TV representatives who express an interest in the program.
8. I will learn with an open mind and respect the ideas of others, even if they are different from my own.
9. I will discuss problems, concerns, suggestions, or questions about the program with the TAP coordinator.

The TAP coordinator agrees to the following:
1. I will provide factual information and helpful exercises on HIV/STI prevention education, sexuality education, and pregnancy prevention.
2. I will be on time for each session and bring the materials required for the activities.
3. I will work to make each session interesting.
4. I will respect the feelings of each member of the group.
5. I will respect the integrity of the group and the group’s decisions.
6. I will maintain confidentiality about personal information pertaining to TAP members. If I learn something that I am required by law to report (such as that a TAP member has been injured or abused by someone), I will explain that to the youth.
7. I will answer questions as honestly as possible.
8. I will fairly and honestly evaluate the participation of each TAP member.

My signature below affirms that I understand and agree to the conditions listed above.

_________________________________________  _______________________________________
TAP Member TAP Coordinator

_________________________________________  _______________________________________
Date Date
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Session 1, Activity F

TAP Ground Rules

Purpose: To establish an agreed-upon code of behavior for the group so each member feels safe and able to rely on others in the group.

Materials: Newsprint, markers, tape, and a suggestion/comment box.

Time: 20 minutes

Planning Notes: Review the recommended ground rules given below.

Procedure: Explain to the TAP members that, because they will be discussing sensitive issues, the group should agree to a number of ground rules. Ask the TAP members to come up with their own list of the ground rules that they will agree to observe. List those ground rules on newsprint. Ask youth for clarification when needed to be sure that everyone understands all the ideas. Suggest any of the listed recommended ground rules that you think should also be on the list. Keep this list on newsprint and in the room throughout all sessions of the training and refer to it when people are not adhering to the agreed-upon rules. Eventually, the TAP members will begin to remind each other when some behavior breaks the rules and is counterproductive to the group process.

Recommended Ground Rules:

1. **Respect** — Give undivided attention to the person who has the floor.

2. **Confidentiality** — What we share in this group will remain in this group.

3. **Openness** — We will be as open and honest as possible, but we won’t disclose or discuss others’ (family, neighbors, friends) personal or private issues or lives. It is okay to discuss situations as general examples, but we won’t use names or other identification. For example, we won’t say, “My older sister did …”

4. **Nonjudgmental Approach** — We can disagree with another person’s point of view or behavior without judging or putting him/her down.

5. **Sensitivity to Diversity** — We will remember that members in the group may differ in cultural background and/or sexual orientation. We will be careful about making insensitive or careless remarks.

6. **Right to Pass** — It is always okay to pass, to say I’d rather not do this activity or I don’t want to answer that question.

7. **Anonymity** — It is okay to ask a question anonymously (using the suggestion or comment box), and the coordinator will respond to all questions.

8. **Acceptance** — It is okay to feel uncomfortable. Even adults feel uncomfortable when they talk about sensitive and personal topics, including HIV and sexuality.

9. **Have a Good Time** — A TAP program is also about coming together as a community and enjoying working with each other.
Tee Shirt Symbols – Homework

**Purpose:**
To identify and demonstrate personal strengths, interests, and skills

**Materials:**
A copy of the handout, Tee Shirt Symbol, for each TAP member

**Time:**
5 minutes to introduce the homework

**Procedure:**
Explain that throughout history people have used shields and banners to express their power and strength. Now people wear tee shirts and other clothing with signs and symbols to display membership in a group and individual values and beliefs.

For homework, ask the TAP members to design tee shirts that illustrate their own individual strengths and skills. Ask the young people to give examples of their strengths and skills. Distribute copies of the handout and instruct teens to draw a design, symbol, or picture to answer some or all of the questions on the top of the handout and to symbolize something personal. Ask them to bring their tee shirt designs to the next meeting.

Conclude the session by providing an overview of the next session and by telling TAP members when and where it will take place.
Tee Shirt Symbols

What or whom do you value most in your life? What three things do you do well? What would you like most to be remembered for? What is one important thing you have done in your life? What do your friends really like about you?
Session 2, Activity A

Tee Shirt Symbols – Discussion

Purpose: To display and discuss personal strengths and learn the strengths of other TAP members

Materials: Tape to hang tee shirt designs

Time: 30 minutes

Procedure: Begin the session by hanging all the tee shirt designs in the group’s meeting space. Give the group a few minutes to look at all the designs. Conclude the activity with the discussion questions below. If the meeting space is not a place where the tee shirt designs can continue to hang, be sure to return them to the youth at the end of the session.

Discussion Questions:

1. What was it like to think of positive, important things about yourself and share them with others?
2. What is one thing you learned about yourself as you did this?
3. What is one thing you learned about someone else in the group?
4. Did you expect to see major differences in tee shirts designs by participants’ gender, race/ethnicity, age, or sexual orientation? If so, what differences did you expect? Did you see any of those differences?
5. For those who had a hard time, why was this exercise difficult?
6. How do you think this exercise relates to HIV/STI prevention and peer education?
Values Clarification

**Purpose:** To encourage teens to clarify and explore their personal attitudes and values and to become comfortable with listening to and understanding opinions different from their own.

**Materials:** A copy of the Leader’s Resource #1, *Training Tips*, and #2, *Value Statements*, newsprint and markers and the Ground Rules that the group agreed on in Session One.

**Time:** 80 minutes

**Planning Notes:** Values education consists of four important steps in helping youth to:

- Identify their values
- Feel comfortable sharing their values publicly
- Behave in ways that are consistent with their values
- Respect others’ values.

The activities in this session provide opportunities for young people to identify their values and to share them with their peers. This is a very important activity, so allow time for adequate processing.

Values education can be a sensitive area in which to work with anyone of any age. As young people express their values and learn about those of others, they may feel some anxiety or discomfort, and they will look to the TAP coordinator for support. Remind the youth about the ground rules established by the group in Session One. These rules should be prominently posted where everyone can see them. Be sure to reemphasize that the ground rules exist for all group activities, especially the following:

- Participants have the right to pass on any activity or part of an activity
- It is okay to disagree with someone but not to judge or put them down.

See the Leader’s Resource, *Training Tips*, for guidance in leading this exercise.

**Procedure:** This activity will give the youth a chance not only to express their individual values but also to discuss the relative merits of different values. You might mention that people who value something and feel good about what they believe, are usually comfortable telling other people what they value and normally act according to their values. They do as they say.

1. Explain to the group that in this activity they will be asked to express their feelings about particular values.

2. Designate three areas of the room to be called agree, unsure, and disagree. You may want
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to put up signs to indicate the areas.

3. Explain to the group that you are going to read several value statements. As you read each one, you want them to think very carefully about how they feel about each statement and then move to a section of the room, depending on whether they agree, disagree, or are unsure about that value.

4. Let them know that you will ask for volunteers to describe how they feel about each statement, since one characteristic of a value is that a person can tell others about it. Emphasize that there are no right or wrong answers, only opinions. Everyone has a right to express his or her opinion, and no one will put down another for having a different value. Be sure to mention that participants have the right to pass if they would rather not take a stand on a particular value. Also point out that passing is not the same as being unsure. Let everyone know also that she/he can change a stand on any particular value at any time.

5. Ask everyone to return to their seats. Conclude with the Discussion Questions below.

Discussion Questions:

1. What did you learn about yourself and others?

2. Was it hard to express disagreement with another person’s value(s)? Why or why not?

3. Were there times when you felt uncomfortable or unsafe? What helped you stand by your values at that time?

4. Were there any times when you felt unable to stand for your values? When and why do you think that was so?

5. What would support people at times when they feel unable to stand up for a value they believe in?
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Session 2, Activity B,
Leader’s Resource #1

Training Tips

Pay special attention when teens express an unpopular or minority position and support the youth’s willingness to stand up for those values by moving to stand beside the teens and praising them for taking a stand with which others disagree.

Clarify universal core values that are summed up in the ground rules. For example, everyone has value. Discrimination is always wrong. No one should ever be forced to do or say something against his/her own will. Honesty is important.

If no one supports an important position that embodies core values, it is your role as coordinator to present that position convincingly. For example if the entire group disagrees with a position that people living with AIDS should always be covered by health care insurance and should be protected by law against discrimination, you might ask, “Why would some people feel very strongly that people living with AIDS should not be discriminated against?” Then, give answers if the teens do not. For example, you might say, Caring for the sick and injured is an important part of the responsibilities of society. Most religions strongly support caring for people who are ill or injured or who can’t protect themselves.

It is important for the facilitator to remain neutral. When appropriate, you might express your personal values, but stress to the group that they are your own values and are not the only or necessarily even the common point of view. Remind TAP members that values are individual and that no particular value is the only one.

If this session gets out of hand, remind TAP members that the purpose of the exercise is to explore their own values and to become comfortable listening and understanding values and opinions that differ from their own. The purpose is not to divide the group or to convince others of the rightness of particular values. Remind them again of the ground rule about respecting other people’s opinions and of the core values that underlie the Ground Rules.
Value Statements

Here is the list of value statements. If you only have one hour, pick six or seven statements you think will be the most important for the group to discuss.

1. A cure for AIDS and an HIV prevention vaccine should be high priorities for the government.
2. Sexual intercourse is appropriate only between married people.
3. Birth control should be available to teens without parental consent.
5. It should be a crime for anyone infected with HIV to have sexual intercourse without telling her/his sexual partner.
6. Youth should be taught about low risk alternatives to sexual intercourse, including mutual masturbation.
7. People should be taught about using condoms for protection from HIV infection.
8. Injection drug users should be given clean needles to prevent the spread of HIV.
9. People living with HIV infection and/or AIDS should be entitled to health insurance.
10. Postponing sexual intercourse is the only message we should give teens about sexual behavior.
11. The government should tell the truth about the HIV epidemic.
12. Sexuality education should be a parent’s responsibility.
13. A gay, lesbian, or bisexual teenager should be allowed to take a date of the same sex to the prom.
14. When a man and a woman have sexual intercourse, contraception should be the woman’s responsibility.
15. A young woman who carries condoms or has them readily available is easy.
16. A young man who carries condoms or has them readily available is easy.
17. A young woman walking alone at night in tight sexy clothing is asking to be raped.
18. An HIV-positive athlete should not be allowed to participate in contact sports such as soccer, basketball, or hockey.
19. People living with HIV infection or AIDS should be allowed to work in restaurants and prepare food.
20. People with sexually transmitted infections, including HIV, shouldn’t be allowed to use public swimming pools and water fountains.
Question Cards – Preparation

Purpose: To allow participants to ask questions about HIV/AIDS
Materials: Suggestion/comment box, index cards, and pens/pencils
Time: 10 minutes
Planning Notes: Most teenagers have heard a great deal about HIV/AIDS, but many are confused by misinformation about transmission. Many teens do not believe that HIV will affect them. Others believe they cannot avoid HIV infection. Either attitude apparently encourages teens to engage in risk behaviors. In fact, studies show that many teens take sexual risks.

Procedure:

1. Acknowledge that teens already know much of the information about HIV and AIDS, but say that this is an opportunity to clarify any questions and eliminate confusion.
2. Give each participant an index card and ask her/him to write down one or more questions about HIV/AIDS on one side of the card. Teens should not write their names on the cards.
3. Ask the teens to put their cards in the suggestion box. Say that using a suggestion/comment box is a good way to enable teens to bring up issues that are important to them but are embarrassing to ask about publicly.
4. Tell TAP members that you will review the cards and bring the answers to all the questions at the next meeting.
Session 3, Activity A

Question Cards

Purpose: To provide basic information about HIV/AIDS
Materials: A copy of the handout, HIV/AIDS Summary, for each TAP member
Time: 60 minutes

Planning Notes: Be prepared with current HIV facts and information as well as with answers to the questions written on the index cards at the last session. The HIV/AIDS Summary handout will provide a start. However, for current statistics about the cumulative number of AIDS cases, total deaths of persons with AIDS, and numbers of people known to be infected with HIV, contact your local or state health department. Or contact the Centers for Disease Control & Prevention’s National Prevention Information Network at 1.800.458.5231 or online at http://www.cdcnpin.org. See the Appendix for additional sources of information.

Resources within the community can help with answers to questions that make you uncomfortable. The American Red Cross and most community-based AIDS service organizations have speakers and trainers available who can come and answer youth’s questions. Be sure to inform the guest speaker beforehand that the youth already have questions and that you only want him/her to come and answer them. The Centers for Disease Control & Prevention also offers classroom calls, putting an HIV expert on speakerphone to answer young people’s questions.

Procedure:

1. Use the question cards from Session 2, Activity C. Read the questions out loud to the group, one by one.
2. Allow the group to discuss each question and assist the discussion by providing facts and correcting misconceptions as the need arises. Conclude with the Discussion Points below.
3. At the end of the session, give each TAP member a copy of the HIV/AIDS Summary handout to keep for reference.

Discussion Questions:

1. What did you learn that surprised you?
2. What did you learn that will impel you to action? What sort of action?
3. How easy do you think it could be to correct someone else’s misinformation about HIV/AIDS? What could make it hard to correct misinformation?
HIV/AIDS Summary

The virus that causes AIDS is called human immunodeficiency virus (HIV). People who are infected with this virus may have no symptoms and not be sick, yet they can still infect others through having unprotected sexual intercourse or by sharing needles. You cannot tell if someone is infected with HIV by looking at him or her. People who become infected with HIV will eventually develop AIDS. This can take as long as 10 years or more. Without anti-retroviral therapy, some people develop AIDS in as few as two or three years or less.

AIDS is an acronym for acquired immunodeficiency syndrome. A syndrome is a group of symptoms, which is why AIDS doesn’t make everyone sick in the same way. There are basically four different types of illnesses that people may suffer when they have AIDS – cancers, fungal infections, pneumonia, and viral infections. The illnesses that people frequently get when they are sick with AIDS are very uncommon in people with healthy immune systems. HIV changes the immune system, allowing these illnesses to develop.

AIDS is a very serious health problem in the United States. Well over one million people in the United States are now living with AIDS or have died from AIDS. For current statistics, contact the Centers for Disease Control & Prevention’s National Prevention Information Network at 1.800.458.5231 or online at http://www.cdcnpin.org.

There is no cure for HIV, nor is there a vaccine that provides effective protection against the virus. Currently, a number of medications delay the onset of AIDS. However, none of them cure HIV or AIDS. In addition, several vaccines are in testing phases. However, none of them have yet proven successful.

HIV Transmission
The most common ways that HIV is transmitted from one person to another include:
1. Unprotected oral, vaginal, or anal sexual intercourse with a person infected with HIV
2. Needles or injection equipment shared with an HIV infected person for injection drug use or for other reasons, such as tattooing, ear-piercing, and steroid injections
3. To a child from an HIV-infected pregnant woman during pregnancy or childbirth or through breastfeeding after birth.

Prior to 1985, some people were exposed to HIV through receiving a transfusion of contaminated blood. Since then, all donated blood in the United States is carefully tested for HIV, and now only a small number of people receiving transfusions will be at risk of infection. Some risk remains due to the time period – or window – between actual infection and the point at which antibodies develop and are detectable in the blood. No one can become infected with HIV by giving blood.

Testing
There is no test for AIDS. There is a test to see if someone has developed antibodies to HIV in his/her body. If she/he tests negative for the antibodies, she/he is said to be HIV seronegative. People who are HIV seronegative and later test positive for the antibodies are said to have seroconverted. If he/she tests positive for antibodies to HIV, he/she is said to be HIV seropositive.
People who test seronegative for HIV may have the virus, but their immune systems may not yet have developed antibodies. Doctors estimate that the time from infection with the virus to antibody development may range from two to six weeks, and, in very rare circumstances, may take up to six months. This concept is complicated but important because it demonstrates how difficult it is to know if a partner is infected.

Being HIV seropositive is different from having AIDS. We do not yet know how many people who are infected with HIV will become sick with AIDS. Some experts think all people infected with HIV will eventually become sick with AIDS. For those who are HIV seropositive, there are anti-retroviral drugs, such as AZT, DDI, and protease inhibitors, which will prolong their lives. Medical treatments for HIV infected individuals may eventually change HIV from an acute, fatal disease to a chronic one. This means that instead of always dying from AIDS, in the future, HIV-infected people may continue to live with HIV infection and need to keep taking medication to prevent the virus from causing enough damage to the immune system to permit onset of AIDS.

Casual Contact

HIV is not transmitted through casual contact, such as touching someone with AIDS, sharing food or utensils, swimming in pools or using hot tubs or public toilets and showers. No known case exists of HIV transmitted by casual contact. Mosquitoes do not transmit HIV.

Protection

Teenagers can protect themselves from HIV infection by not injecting drugs and by abstaining from sexual intercourse or by practicing safer sex when they have any type of sexual intercourse – oral, vaginal, or anal. Safer sex involves correctly using condoms or other barrier protection (such as latex or plastic dental dams) during every act of sexual intercourse. Almost everyone who is currently uninfected with HIV can remain uninfected! Teens can protect themselves against HIV infection!

Teens and AIDS

While reported cases of AIDS among teenagers are less than one percent of all reported cases of AIDS, considerably more than one percent of teens are infected with HIV. Approximately 17 percent of all reported cases of AIDS occur in people who are ages 20 to 29. Since the time between infection with HIV to the development of AIDS is as much as 10 years, many of these youth were infected during their teen years.

While some teens are HIV infected, too many are not protecting themselves from infection with HIV and other STIs. Each year, approximately 800,000 U.S. teens become pregnant and teens experience nearly four million cases of STI. Most of these teens are also at risk of HIV infection. Among teens who are engaging in sexual intercourse, relatively few use any type of contraceptive consistently, and – among those who use contraception – even fewer use condoms.

Although anyone can become infected with HIV, certain populations show higher rates of infection. Statistics show that young men who have sex with men and young women of color are currently the two U.S. population groups with the highest rates of sexual risk-taking behavior and, thus, at high risk of HIV infection. It is important for the TAP members to remember these populations when designing a prevention program.
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Session 3, Activity B

News About HIV/AIDS and Other STIs

**Purpose:**
To help teens identify and keep up with information on HIV/AIDS and other STIs

**Materials:**
Newspapers, magazines, and TV and radio schedules

**Time:**
30 minutes

**Procedure:**
During the TAP program, ask the group members to watch for media coverage on HIV/AIDS and other STIs. Develop and maintain a bulletin board of recent articles on HIV, AIDS, and other STIs. Discuss what teens find in the day’s articles or news stories – either at the beginning of each session or at specified sessions. (Throughout the remainder of the training timeline, some sessions relatively shorter, allowing time for discussion of the news.) Use the discussion points below. Suggest that teens call a local or national AIDS hotline if they need help understanding the news articles or bulletins.

**Discussion Questions:**

1. Does the story have new information about transmission or prevention? Does it have new information about vulnerable groups? What is the new information?
2. Does the information change our basic prevention message(s)?
3. Did the story contain misinformation? What was it?
4. Does the article use correct terminology? If not, what incorrect terminology was used and what terms should have been used?
5. How reliable is media coverage on HIV/AIDS and other STIs?

**Optional Activities:**

2. Assign the group to watch an upcoming television special on HIV/AIDS or STIs. Discuss the special and its message.
3. Start each discussion with a question. For example, what news have you read or heard about this past week (today) about HIV/AIDS and other STIs?
4. The group may wish to develop its own newsletter on HIV/STIs or think of other ways to share information with other teens in the community.
HIV Transmission Game*

Purpose: To increase awareness of how quickly HIV and other STIs can be spread and how they can be stopped and to illustrate effects of peer pressure.

Materials: Hershey’s Hugs & Kisses, Hershey’s Almond Kisses, index cards, pens/pencils, and a small brown paper bag for each TAP member.

Time: 30 minutes.

Planning notes: In each participant’s bag (except one) place a mixture of approximately 10 to 12 Hugs & Kisses and one marked or unmarked index card. In one participant’s bag put 10 to 12 Almond Kisses (instead of Hugs & Kisses) and an unmarked index card. Put a star (*) on the bottom of the bag with Almond Kisses.

- Mark the bottom corner of two index cards with a small “C.” Place each card in a different bag with Hugs & Kisses.
- Mark two other index cards with a small “IC.” Place each card in a different bag with Hugs & Kisses.
- Write on a fifth index card: Do not participate. When asked, tell anyone who wants to exchange candy, ‘I do not want to exchange hugs and kisses.’ Place the card in a bag with Hugs & Kisses and put an “A” on the bottom of the bag.
- Write on two separate index cards: Do not participate with anyone other than your partner. When asked, tell anyone (other than your partner) who wants to exchange candy, ‘I do not want to exchange hugs and kisses with anyone other than my partner.’ Place each card in a different bag with Hugs & Kisses and put an “M” on the bottom of each bag. Give these two bags to the two participants who are willing to sit in the front of room.
- Do not place any of the seven marked cards in the bag with Almond Kisses.

Procedure:

1. Ask for two participants who are willing to be partners and to sit in the front of the room throughout the entire exercise. Give each of these two participants a bag marked with an “M.”
2. Hand out the other bags to the remaining participants. Explain that each participant is receiving a bag with Hershey’s Kisses and an index card. Ask each participant to pull the card out of his/her bag and follow the instructions on it (if there are any) and to keep secret any instructions on his/her card.
3. Tell the participants that they are to exchange candy and that they should write down the name of everyone with whom they exchange candy.
4. Give participants about five minutes to exchange candy and to write down names. Then, have everyone return to his/her seat.
5. Find out who got the most signatures.
6. Ask the one person whose bag has a star (*) on the bottom to stand up. Explain that this was
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the person who started out with *Almond Kisses* and that, for the purposes of this exercise, the *Almond Kisses* represent HIV infection.

7. Then, ask anyone who has an *Almond Kiss* in his or her bag to stand up. Explain that, because they exchanged *Hugs & Kisses for Almond Kisses*, they, too, are infected with HIV.

8. Ask everyone who is still seated to check their index cards for the name of anyone who is standing. Ask participants to stand up if they see the name of someone who is standing on their index cards. Continue to ask participants to stand until everyone except the three participants with the “M” and the “A” on the bottom of their bags are standing.

9. Ask the participants with “C” written on their cards to sit down. Explain that the “C” means they always used condoms or clean needles and protected themselves from HIV infection. They are not infected with HIV.

10. Ask the people with “IC” written on their cards to sit down. Then, ask them to stand right back up. Explain that these people used condoms and/or clean needles each time, but they used them incorrectly. They are infected with HIV.

11. Explain to the participants that this activity contains an error because someone might have received an *Almond Kiss* (HIV infection) and then given it away again. By contrast, you cannot give away HIV. Once you have it, you can share it with others; but, you can never get rid of it yourself.

12. Remind participants that this is a game. No one can become infected with HIV because he/she eats a particular kind of food nor by sharing or exchanging food.

**Discussion Questions:**

1. Did anyone notice anyone who did not stand up? Introduce the “abstinent” participant and the “monogamous” partners. Ask them how they felt not playing. How did the others feel when these people refused to exchange candy with them?

2. Why is it difficult not to participate when everyone else is participating?

3. How did the person with the *Almond Kisses* (HIV infection) feel?

4. The one person whose bag had a star did not know he/she was “infected” with HIV. How could we have known ahead of time?

*Adapted with permission from the Planned Parenthood of Maryland STARS program ©1991.*
The Circles of Human Sexuality

Purpose: To develop and understand a broad definition of sexuality

Materials: Newsprint and markers, board and chalk, Leader’s Resources on Circles of Sexuality and Sexual Development through the Life Cycle; one copy of the handout, Circles of Sexuality, for each participant; pens or pencils

Time: 45 minutes

Planning Notes: Review the Leader’s Resource, Circles of Sexuality, and draw a large version of it on newsprint or the board.

Procedure:

1. Explain that when many people see the words “sex” or “sexuality,” they most often think of sexual intercourse. Others also think of other kinds of physical sexual activities. Tell the group that sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who every person is. It includes all the feelings, thoughts, and behaviors of being female or male, being attracted and attractive to others, and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.

2. Write sexuality on the board and draw a box around the letters s-e-x. Point out that s, e, and x are only three of the letters in the word sexuality.

3. Display the five circles of sexuality and give each teen a handout. Explain that this way of looking at human sexuality breaks it down into five different components: sensuality, intimacy, identity, behavior and reproduction, and sexualization. Everything related to human sexuality will fit in one of these circles.

4. Beginning with the circle labeled sensuality, explain each circle briefly. Take five minutes to read the definition of the circle aloud, point out its elements, and ask for examples of behaviors that would fit in the circle. Write the examples in the circle and ask participants to write them on their handouts. Continue with each circle until you have explained each component of sexuality.

5. Ask if anyone has any questions. Then conclude the activity using the discussion questions below.

Discussion Questions:

1. Which of the five sexuality circles feels most familiar? Least familiar? Why do you think that is so?

2. Is there any part of these five circles that you never before thought of as sexual? Please explain.

3. Which circle is most important for teens to know about? Least important? Why?

4. Which circle would you feel interested in discussing with your parent(s)?

5. Which circle would you feel interested in talking about with someone you are dating?

Circles of Sexuality

- **SENSUALITY** – Awareness, acceptance of, and comfort with one's own body; physiological and psychological enjoyment of one's own body and the bodies of others; awareness and enjoyment of the world as experienced through the five senses – touch, taste, feel, sight, and hearing.

- **INTIMACY** – The ability and need to experience emotional closeness to another human being and to have it returned.

- **SEXUALITY and REPRODUCTION** – Attitudes and behaviors related to producing children; care and maintenance of the genitalia and reproductive organs; health consequences of sexual behavior.

- **SEXUALIZATION** – The use of sexuality to influence, control, or manipulate others.

- **SENSUALITY** – Experience of Sexual & Sensual Pleasure, Skin Hunger, Physical Attraction, Fantasy.

- **INTIMACY** – Caring, Sharing, Loving & Liking, Taking Risks, Being Vulnerable.

- **SEXUALITY** – Factual Information, Feelings & Attitudes, Sexual Intercourse, Physiology & Anatomy of the Reproductive Organs, Sexual Reproduction.

- **SEXUALIZATION** – Flirting / Seduction, Sexual Harassment, Withholding Sex to Punish Partner, Rape, Incest.

- **SEXUALITY** – Gender Identity, Gender Role, Sexual Orientation, Gender Bias.

- **SENSUALITY** – Body Image, Experience of Sexual & Sensual Pleasure, Skin Hunger, Physical Attraction, Fantasy.

- **INTIMACY** – Caring, Sharing, Loving & Liking, Taking Risks, Being Vulnerable.

- **SEXUALITY** – Factual Information, Feelings & Attitudes, Sexual Intercourse, Physiology & Anatomy of the Reproductive Organs, Sexual Reproduction.

- **SEXUALIZATION** – Flirting / Seduction, Sexual Harassment, Withholding Sex to Punish Partner, Rape, Incest.

- **SEXUALITY** – Gender Identity, Gender Role, Sexual Orientation, Gender Bias.

- **SENSUALITY** – Body Image, Experience of Sexual & Sensual Pleasure, Skin Hunger, Physical Attraction, Fantasy.
An Explanation of the Circles of Sexuality

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviors associated with being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Circle #1 – Sensuality

Sensuality is awareness and feeling about your own body and other people’s bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behavior in several ways.

- **Body image** – Feeling attractive and proud of one’s own body and the way it functions influences many aspects of life. Adolescents often choose media personalities as the standard for how they should look, so they are often disappointed by what they see in the mirror. They may be especially dissatisfied when the mainstream media does not portray or does not positively portray physical characteristics the teens see in the mirror, such as color of skin, type or hair, shape of eyes, height, or body shape.

- **Experiencing pleasure and release from sexual tension** – Sensuality allows a person to experience pleasure when certain parts of the body are touched and as the culmination of the sexual response cycles with a partner. People also experience sensual pleasure from taste, touch, sight, hearing, and smell as part of being alive.

- **Satisfying skin hunger** – The need to be touched and held by others in loving, caring ways is often referred to as skin hunger. Adolescents typically receive considerably less touch from their parents than do younger children. Many teens satisfy their skin hunger through close physical contact with peers. Sexual intercourse may sometimes result from a teen’s need to be held, rather than from sexual desire.

- **Feeling physical attraction for another person** – The center of sensuality and attraction to others is not in the genitals (despite all the jokes). The center of sensuality and attraction to others is in the brain, humans’ most important “sex organ.” The unexplained mechanism responsible for sexual attraction rests in the brain, not in the genitalia.

- **Fantasy** – The brain also gives people the capacity to have fantasies about sexual behaviors and experiences. Adolescents often need help understanding that sexual fantasy is normal and that one does not have to act upon sexual fantasies.

Circle #2 – Sexual Intimacy

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include

- **Sharing** – Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness.

- **Caring** – Caring about others means feeling their joy and their pain. It means being open to emotions that may not be comfortable or convenient. Nevertheless, an intimate relationship is possible only when we care.

- **Liking or loving another person** – Having emotional attachment or connection to others is a manifestation of intimacy.

- **Emotional risk-taking** – To have true intimacy with others, a person must open up and share feelings and
personal information. Sharing personal thoughts and feelings with someone else is risky, because the other person may not feel the same way. But it is not possible to be really close with another person without being honest and open with her/him.

● **Vulnerability** – To have intimacy means that we share and care, like or love, and take emotional risks. That makes us vulnerable – the person with whom we share, about whom we care, and whom we like or love, has the power to hurt us emotionally. Intimacy requires vulnerability, on the part of each person in the relationship.

**Circle #3 – Sexual Identity**

Sexual identity is a person’s understanding of who she/he is sexually, including the sense of being male or of being female. Sexual identity consists of three “interlocking pieces” that, together, affect how each person sees him/herself. Each “piece” is important.

● **Gender identity** – Knowing whether one is male or female. Most young children determine their own gender identity by age two. Sometime, a person’s biological gender is not the same as his/her gender identity – this is called being transgender.

● **Gender role** – Identifying actions and/or behaviors for each gender. Some things are determined by the way male and female bodies are built or function. For example, only women menstruate and only men produce sperm. Other gender roles are culturally determined. In the United States, it is generally considered appropriate for only women to wear dresses to work in the business world. In other cultures, men may wear skirt-like outfits everywhere.

There are many “rules” about what men and women can/should do that have nothing to do with the way their bodies are built or function. This aspect of sexuality is especially important for young adolescents to understand, since peer, parent, and cultural pressures to be “masculine” or “feminine” increase during the adolescent years. Both young men and young women need help sorting out how perceptions about gender roles affect whether they feel encouraged or discouraged in their choices about relationships, leisure activities, education, and career.

Gender bias means holding stereotyped opinions about people according to their gender. Gender bias might include believing that women are less intelligent or less capable than men, that men suffer from “testosterone poisoning,” that men cannot raise children without the help of women, that women cannot be analytical, that men cannot be sensitive. Many times, people hold fast to these stereotyped opinions without giving rational thought to the subject of gender.

● **Sexual orientation** – Whether a person’s primary attraction is to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality) defines his/her sexual orientation. Sexual orientation begins to emerge by adolescence although many gay and lesbian youth say they knew they felt same sex attraction by age 10 or 11. Between three and 10 percent of the general population is probably exclusively homosexual in orientation. Perhaps another 10 percent of the general population feel attracted to both genders.

Heterosexual, gay, lesbian, and bisexual youth can all experience same-gender sexual attraction and/or activity around puberty. Such behavior, including sexual play with same-gender peers, crushes on same-gender adults, or sexual fantasies about same-gender people are normal for pre-teens and young teens and are not necessarily related to sexual orientation.

Negative social messages and homophobia in the wider U.S. culture can mean that young adolescents who are experiencing sexual attraction to and romantic feelings for someone of their own gender need support so they can clarify their feelings and accept their sexuality.
Circle #4

Reproduction and Sexual Health - These are a person’s capacity to reproduce and the behaviors and attitudes that make sexual relationships healthy and enjoyable.

● **Factual information about reproduction** – Is necessary so youth will understand how male and female reproductive systems function and how conception and/or STI occur. Adolescents often have inadequate information about their own and/or their partner’s body. Teens need this information so they can make informed decisions about sexual expression and protect their health. Youth need to understand anatomy and physiology because every adolescent needs the knowledge and understanding to help him/her appreciate the ways in which his/her body functions.

● **Feelings and attitudes** – Are wide-ranging when it comes to sexual expression and reproduction and to sexual health-related topics such as STI, HIV and AIDS, contraceptive use, abortion, pregnancy, and childbirth.

● **Sexual intercourse** – Is one of the most common behaviors among humans. Sexual intercourse is a behavior that may produce sexual pleasure that often culminates in orgasm in females and in males. Sexual intercourse may also result in pregnancy and/or STIs. In programs for youth, discussion of sexual intercourse is often limited to the bare mention of male-female (penile-vaginal) intercourse. However, youth need accurate information about three types of sexual intercourse – vaginal, oral, and anal intercourse.

● **Reproductive and sexual anatomy** – The male and female body and the ways in which they actually function is a part of sexual health. Youth can learn to protect their reproductive and sexual health. This means that teens need information about all the effective methods of contraception currently available, how they work, where to obtain them, their effectiveness, and their side effects. This means that youth also need to know how to use latex condoms to prevent STI. Even if youth are not currently engaging in sexual intercourse, they probably will do so at some point in the future. They must know how to prevent pregnancy and/or disease.

Finally, youth also need to know that traditional methods of preventing pregnancy (that may be common in that particular community and/or culture) may be ineffective in preventing pregnancy and may, depending on the method, even increase susceptibility to STIs. The leader will need to determine what those traditional methods are, their effectiveness, and their side effects before he/she can discuss traditional methods of contraception in a culturally appropriate and informative way.

● **Sexual reproduction** – The actual processes of conception, pregnancy, delivery, and recovery following childbirth are important parts of sexuality. Youth need information about sexual reproduction – the process whereby two different individuals each contribute half of the genetic material to their child. The child is, therefore, not identical to either parent. [Asexual reproduction is a process whereby simple one-celled organisms reproduce by splitting, creating two separate one-celled organisms identical to the original [female] organism before it split.] Too many programs focus exclusively on sexual reproduction when providing sexuality education and ignore all the other aspects of human sexuality.

Circle #5 - Sexualization

Sexualization is that aspect of sexuality in which people behave sexually to influence, manipulate, or control other people. Often called the “shadowy” side of human sexuality, sexualization spans behaviors that range from the relatively harmless to the sadistically violent, cruel, and criminal. These sexual behaviors include flirting, seduction, withholding sex from an intimate partner to punish her/him or to get something, sexual harassment, sexual abuse, and rape. Teens need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.
Training Youth to be Peer Educators

- **Flirting** – Is a relatively harmless sexualization behavior. Nevertheless, it is usually an attempt to manipulate someone else, and it can cause the person manipulated to feel hurt, humiliation, and shame.

- **Seduction** – Is a more harmful behavior. It always implies manipulating someone else, usually so that other person will have sexual intercourse with the seducer. The seducer is using the person seduced for his/her own sexual gratification.

- **Sexual harassment** – Is an illegal behavior. Sexual harassment means harassing someone else because of her/his gender. It could mean making personal, embarrassing remarks about someone’s appearance, especially characteristics associated with sexual maturity, such as the size of a woman’s breasts or of a man’s testicles and penis. It could mean unwanted touching, such as hugging a subordinate or patting someone’s bottom. It could mean demands by a teacher, supervisor, or other person in authority for sexual intercourse in exchange for grades, promotion, hiring, raises, etc. All these behaviors are manipulative. The laws of the United States provide protection against sexual harassment. Youth should know that they the right to file a complaint with appropriate authorities if they are sexually harassed and that others may complain of their behavior if they sexually harass someone else.

- **Rape** – Means coercing or forcing someone else to have genital contact with another. Rape can include forced petting as well as forced sexual intercourse. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that arouse fear in the person raped. Youth need to know that rape is always illegal and always cruel. Youth should know that they are legally entitled to the protection of the criminal justice system if they are the victims of rape and that they may be prosecuted if they force anyone else to have sexual intercourse with them for any reason. Refusing to accept no and forcing the other person to have sexual intercourse always means rape.

- **Incest** – Means forcing sexual contact on any minor who is related to the perpetrator by birth or marriage. Incest is always illegal and is extremely cruel because it betrays the trust that children and youth give to their families. Moreover, because the older person knows that incest is illegal and tries to hide the crime, he/she often blames the child/youth. The triple burden of forced sexual contact, betrayed trust, and self-blame makes incest particularly damaging to survivors of incest.

Sexual Development through the Life Cycle

Many people cannot imagine that everyone – babies, children, teens, adults, and the elderly – are sexual beings. Some believe that sexual activity is reserved for early and middle adulthood. Teens often feel that adults are too old for sexual intercourse. Sexuality, though, is much more than sexual intercourse and humans are sexual beings throughout life.

- **Sexuality in infants and toddlers** – Children are sexual even before birth. Males can have erections while still in the uterus, and some boys are born with an erection. Infants touch and rub their genitals because it provides pleasure. Little boys and girls can experience orgasm from masturbation although boys will not ejaculate until puberty. By about age two, children know their own gender. They are aware of differences in the genitals of males and females and in how males and females urinate.

- **Sexuality in children ages three to seven** – Preschool children are interested in everything about their world, including sexuality. They may practice urinating in different positions. They are highly affectionate and enjoy hugging other children and adults. They begin to be more social and may imitate adult social and sexual behaviors, such as holding hands and kissing. Many young children play “doctor” during this stage, looking at other children’s genitals and showing theirs. This is normal curiosity. By age five or six, most children become more modest and private about dressing and bathing.

Children of this age are aware of marriage and understand living together, based on their family experience. They may role-play about being married or having a partner while they “play house.” Most young children talk about marrying and/or living with a person they love when they get older. School-age children may play sexual games with friends of their same sex, touching each other’s genitals and/or masturbating together. Most sex play at this age happens because of curiosity.

- **Sexuality in preadolescent youth ages eight to 12** – Puberty, the time when the body matures, begins between the ages of nine and 12 for most children. Girls begin to grow breast buds and public hair as early as nine or 10. Boys’ development of penis and testicles usually begins between 10 and 11. Children become more self-conscious about their bodies at this age and often feel uncomfortable undressing in front of others, even a same-sex parent.

Masturbation increases during these years. Preadolescent boys and girls do not usually have much sexual experience, but they often have many questions. They usually have heard about sexual intercourse, petting, oral sex, and anal sex, homosexuality, rape and incest, and they want to know more about all these things. The idea of actually having sexual intercourse, however, is unpleasant to most preadolescent boys and girls.

Same-gender sexual behavior is common at this age. Boys and girls tend to play with friends of the same gender and are likely to explore sexuality with them. Masturbating together and looking at or caressing each other’s genitals is common among preadolescent boys and girls. Such same-gender sexual behavior is unrelated to a child’s sexual orientation.

Some group dating occurs at this age. Preadolescents may attend parties that have guests of both genders, and they may dance and play kissing games. By age 12 or 13, some young adolescents may pair off and begin dating and/or “making out.” In some urban areas, preadolescent boys seek out situations in which they experience vaginal intercourse. Young women are usually older when they begin voluntary sexual intercourse.
Training Youth to be Peer Educators

However, many very young teens practice sexual behaviors other than vaginal intercourse, such as petting to orgasm and oral intercourse.

- **Sexuality in adolescent youth (ages 13 to 19)** – Once youth have reached puberty and beyond, they experience increased interest in romantic and sexual relationships and in genital sex behaviors. As youth mature, they experience strong emotional attachments to romantic partners and find it natural to express their feelings within sexual relationships. There is no way to predict how a particular teenager will act sexually. Overall, most adolescents explore relationships with one another, fall in and out of love, and participate in sexual intercourse before the age of 20.

- **Adult sexuality** – Adult sexual behaviors are extremely varied and, in most cases, remain part of an adult’s life until death. At around age 50, women experience menopause, which affects their sexuality in that their ovaries no longer release eggs and their bodies no longer produce estrogen. They may experience several physical changes. Vaginal walls become thinner and vaginal intercourse may be painful as there is less vaginal lubrication and the entrance to the vagina becomes smaller. Many women use estrogen replacement therapy to relieve physical and emotional side effects of menopause. Use of vaginal lubricants can also make vaginal intercourse easier. Most women are able to have pleasurable sexual intercourse and to experience orgasm for their entire lives.

  Adult men also experience some changes in their sexuality, but not at such a predictable time as with menopause in women. Men’s testicles slow testosterone production after age 25 or so. Erections may occur more slowly once testosterone production slows. Men also become less able to have another erection after an orgasm and may take up to 24 hours to achieve and sustain another erection. The amount of semen released during ejaculation also decreases, but men are capable of fathering a baby even when they are in their 80’s and 90’s. Some older men develop an enlarged or cancerous prostate gland. If the doctors deem it necessary to remove the prostate gland, a man’s ability to have an erection or an orgasm is normally unaffected. Recently, Viagra has become available to help older men achieve and maintain erections.

  Although adult men and women go through some sexual changes as they age, they do not lose their desire or their ability for sexual expression. Even among the very old, the need for touch and intimacy remains, although the desire and ability to have sexual intercourse may lessen.
Circles of Sexuality

**SENSUALITY** – Awareness, acceptance of, and comfort with one’s own body; physiological and psychological enjoyment of one’s own body and the bodies of others; awareness and enjoyment of the world as experienced through the five senses – touch, taste, feel, sight, and hearing.

**SEXUALIZATION** – The use of sexuality to influence, control, or manipulate others.

**SEXUAL HEALTH and REPRODUCTION** – Attitudes and behaviors related to producing children; care and maintenance of the genitalia and reproductive organs; health consequences of sexual behavior.

**INTIMACY** – The ability and need to experience emotional closeness to another human being and to have it returned.

**SENSUALITY**
- Body Image
- Experience of Sexual & Sensual Pleasure
- Skin Hunger
- Physical Attraction
- Fantasy

**SEXUALIZATION**
- Flirting / Seduction
- Sexual Harassment
- Withholding Sex to Punish Partner
- Rape
- Incest

**SEXUAL HEALTH and REPRODUCTION**
- Factual Information
- Feelings & Attitudes
- Sexual Intercourse
  - Physiology & Anatomy of the Reproductive Organs
  - Sexual Reproduction

**INTIMACY**
- Caring
- Sharing
- Loving & Liking
- Taking Risks
- Being Vulnerable

**SEXUAL IDENTITY** – A sense of who one is sexually, including a sense of maleness or femaleness.

**SENSUALITY**
- Caring
- Sharing
- Loving & Liking
- Taking Risks
- Being Vulnerable

**SEXUALIZATION**
- Factual Information
- Feelings & Attitudes
- Sexual Intercourse
  - Physiology & Anatomy of the Reproductive Organs
  - Sexual Reproduction

**SEXUAL IDENTITY**
- Gender Identity
- Gender Role
- Sexual Orientation
- Gender Bias

**SENSUALITY**
- Body Image
- Experience of Sexual & Sensual Pleasure
- Skin Hunger
- Physical Attraction
- Fantasy

**SEXUAL IDENTITY** – A sense of who one is sexually, including a sense of maleness or femaleness.
Training Youth to be Peer Educators

Session 4, Activity C

Rating Behaviors**

Purpose: To help identify means of HIV transmission and those behaviors that are safer

Materials: A copy of the Leader’s Resource, Rating Behaviors

Time: 30 minutes

Planning Notes: Review the Rating Behaviors Leader’s Resource. Prepare three signs that say Definitely a Risk, Probably Not a Risk, and Definitely Not a Risk. Place the signs in three different places on the room’s walls

Procedure: Tell the TAP members that this exercise will help them understand which behaviors place people at risk for HIV/STI and which behaviors do not. Read a behavior from the list in the leader’s resource and ask the youth to stand near the sign that reflects what they believe. After each behavior, discuss the following points:

1. Why is this behavior risky or not risky?
2. How do we know that casual contact does not spread HIV/STIs?
3. What behaviors still need additional research? If a risk is uncertain, how can a person decide about that behavior?
4. How can teens prevent transmission?
5. Conclude with the Discussion Points below.

Discussion Points:

1. How do you feel about risky, risk-free, and low risk behavior?
2. How important do you feel it might be to change the focus on a teen’s sexual behavior from one that focuses on sexual intercourse to one that focuses on sexual expression? Why?
3. What impact could this have on activities you design for your peers?

Optional Activities:

Have the group brainstorm a list of safe and safer sex guidelines for teenagers. Remember to emphasize the broad nature of sexuality as discussed in Circles of Sexuality. Examples of risk-free activities include talking, touching, massaging, and dancing. Low-risk activities include, among others, deep kissing and using a condom during vaginal intercourse. For more information on the broad nature of sexuality, see the Leader’s Resource #1 from the previous activity, Circles of Sexuality.
### Rating Behaviors **

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definitely a Risk</th>
<th>Probably Not a Risk</th>
<th>Definitely Not a Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No sexual intercourse</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sharing needles in using injection drugs</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sexual intercourse without using condoms</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Kissing</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Receiving a blood transfusion today</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donating blood</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using a public toilet</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using a public telephone</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shaking hands with a person living with AIDS</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hugging a person living with AIDS</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being coughed on by a person infected with HIV</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going to school with a person who lives with AIDS</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being born to a mother with HIV</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being bitten by a mosquito</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming in a pool</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing a toothbrush</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing needles for ear piercing or home tattoos</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual intercourse with proper use of a latex condom</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Adapted with permission from *Educator’s Guide to HIV/AIDS and Other STDs* © 2000. Available from Health Education Consultants, 1284 Manor Park, Lakewood OH 44107 or e-mail drssroka@aol.com.
Password

Purpose: To introduce vocabulary about HIV and AIDS and to present methods for seeking additional information about HIV.

Materials: A copy of the HIV/AIDS Vocabulary List handout for each TAP member, 5 x 7 index cards, pamphlets on HIV, and contact information national and local hotlines and health departments.

Time: 45 minutes

Planning notes: Write one word from the HIV/AIDS Vocabulary List on each index card. Select some or all of the words on the list to use in the game, adding others as appropriate.

Procedure:

1. Tell participants that they will be doing an exercise that is similar to the old TV game show, Password. You will hold up a card with a word on it so that only one member of one team will be able to see the word. Half the participants will have their backs to you. The team member who can see the word must think of a one-word clue that will enable his/her partner to guess the word on the card. (For example, if the word is homosexual, the clue could be gay.) The partner has only one chance to guess the correct word. If he/she does not guess correctly, you will move on to the next team and again hold up the same card with the same word. Encourage participants to use slang terms to help their partners.

2. Proceed down the row until someone gives the correct answer. If either the clue giver or the one guessing takes too long, say the team has lost its chance and move on down the row. Participants may pass, but encourage everyone to participate even if they are unsure what the word means. This game is fun, and people can have a good time using some of the slang words they know.

3. Proceed on in this fashion, but give everyone a chance to be the clue giver and the one who guesses the word. This will mean that you will alternate the sides on which you hold up a new card.

4. After a team has guessed the word correctly, ask all the TAP members to participate in explaining what the word means and why it is an issue in HIV/AIDS prevention.

5. Play the game for about 30 minutes and then process this activity by discussing how these words relate to HIV/AIDS and how the epidemic almost has a language of its own. Some of the most interesting words to process will be ones like fear and loneliness because they often bring up interesting discussions. You may also want to point out that we have many slang words for our sexual organs and sexual body parts, but few for other body parts – such as elbow – with which we are more comfortable.

6. Give each TAP member a copy of the HIV/AIDS Vocabulary List handout to keep. Go over the vocabulary quickly and ask youth to make note of any questions raised by any word(s) on the list. Suggest that they leave questions about particular words in the Suggestion Box for discussion at the beginning of the next session.
# HIV/AIDS Vocabulary List

<table>
<thead>
<tr>
<th>WORD</th>
<th>Relevance to HIV/STI Prevention Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>See Sexual abstinence.</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome; a collection of illnesses which signal that one’s immune system has been damaged or suppressed by HIV infection</td>
</tr>
<tr>
<td>Anonymous testing</td>
<td>Testing in which no name is asked or given so that no one knows the identity of the person being tested.</td>
</tr>
<tr>
<td>Antibody</td>
<td>A specialized cell found in the blood that attacks and kills or attempts to kill a specific bacteria or virus.</td>
</tr>
<tr>
<td>Anus</td>
<td>The anus can be easily bruised or injured during anal intercourse, thus providing an easy route for HIV transmission if the intercourse is unprotected.</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>Showing no outward sign of infection, not feeling sick.</td>
</tr>
<tr>
<td>AZT</td>
<td>Zidovudine, a medicine which helps the body strengthen the immune system and can improve the health of a person infected with HIV and/or living with AIDS</td>
</tr>
<tr>
<td>Baby</td>
<td>An HIV infected pregnant woman can transmit HIV to her fetus before its birth and to her infant(s) during birth or in breastfeeding. Not all babies born to HIV-positive mothers will be HIV infected. When the mothers take medication, such as AZT, the virus is passed on to the baby only about 10 percent of the time.</td>
</tr>
<tr>
<td>Bisexual</td>
<td>Physical and romantic attraction to people of each gender.</td>
</tr>
<tr>
<td>Blood</td>
<td>Blood can transmit HIV. The Food and Drug Administration, a government organization, works with blood banks to ensure that the blood used in hospitals and other medical situations is safe.</td>
</tr>
<tr>
<td>CD4</td>
<td>One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell; CD4 molecules are present on CD4 cells (helper t-lymphocytes), which play an important role in fighting infections (foreign bodies).</td>
</tr>
<tr>
<td>CDC</td>
<td>The Centers for Disease Control and Prevention (CDC) is the U.S. government agency primarily tasked to respond to the HIV/AIDS epidemic in the United States.</td>
</tr>
<tr>
<td>Clitoris</td>
<td>The part of the female genitalia that provides pleasure and that can be stimulated without having sexual intercourse.</td>
</tr>
<tr>
<td>Communication</td>
<td>Good communication is necessary in order to negotiate sexual abstinence or condom use between romantic/sexual partners.</td>
</tr>
<tr>
<td>Condom</td>
<td>Latex condoms, used consistently and correctly, can prevent the transmission of HIV.</td>
</tr>
<tr>
<td>Confidential testing</td>
<td>Testing in which people must give a name but the information is kept secret (confidential).</td>
</tr>
</tbody>
</table>
Training Youth to be Peer Educators

Death
AIDS is fatal.

Drunk
Judgment and coordination decrease when one is drunk. A drunken person may have difficulty making healthy decisions about sexual behaviors and may have difficulty in correctly using a condom.

ELISA test
Enzyme-linked immunosorbent assay—a commonly used test used to detect the presence or absence of HIV antibodies in the blood; a positive ELISA test result is indicative of HIV infection and must be confirmed by another, different test—a western blot.

Epidemic
The spread of an infectious disease to many people in a population or geographic area.

Erection
When the penis fills with blood and becomes hard, this is called an erection. It is time to put on a latex condom if having sexual intercourse.

Fear
People often fear people with AIDS because they don’t understand how HIV is transmitted. Sometimes, fear of getting the virus may act as a positive catalyst for safer behavior; at other times it does not.

Friend
People with AIDS need friends.

HAART
Highly active anti-retroviral therapy—aggressive anti-HIV treatment, usually including a combination of protease and reverse transcriptase inhibitors, whose purpose is to reduce viral load to undetectable levels; also referred to as drug cocktails.

Helper t-lymphocytes
These cells play an important role in fighting infections by attacking and killing foreign bodies (such as bacteria and viruses) in the blood stream. See also CD4 for method by which HIV invades these cells.

Heterosexual
Physical and romantic attraction to people of the opposite gender.

HIV
Human immunodeficiency virus—the virus shown to cause AIDS.

HIV infection
Infection with the human immunodeficiency virus which may or may not make the infected person feel or be sick.

HIV negative
HIV negative (HIV-) means that a person’s blood is not producing antibodies to human immunodeficiency virus (HIV). A person whose blood is producing antibodies to HIV is HIV-positive (HIV+).

HIV positive
HIV-positive (HIV+) means that an individual has tested positive for HIV antibodies—white blood cells that are created by an individual’s immune system because of the presence of HIV. Those not showing HIV antibodies are HIV negative (HIV-).

Homosexual
Physical and romantic attraction to people of the same gender.

Immune system
A system in the body that fights and kills bacteria, viruses, and foreign cells and which is weakened by HIV.

Infectious disease
A disease that is caused by infection; HIV is caused by infection with a virus, the human immunodeficiency virus.

Injection drug use
Taking drugs for non-medical purposes by injecting them under the skin or into a vein with a needle and syringe; using needles that have previously been used by other people can transmit HIV.
| Kaposi’s sarcoma | A type of cancer once commonly found only in older men and now frequently seen in people infected with HIV. |
| Loneliness | Lonely people sometimes engage in sexual risk-taking behavior. |
| Lubrication | For greater comfort during sexual intercourse, latex condoms should be used with a water-soluble lubricant, such as KY jelly. Oil-based lubricants, such as Vaseline or hand cream, should not be used with latex condoms because oil destroys latex. |
| Marriage | Waiting until marriage to have sexual intercourse is a value held by some people and some religions. |
| Masturbation | Masturbation – gentle rubbing of the genitals by oneself or with another individual (mutual masturbation) – is one way to release sexual tension without having sexual intercourse. |
| Nonoxynol-9 | Nonoxynol-9 (N-9) is a spermicide, an agent that kills sperm. The CDC reports that in important research with commercial sex workers, N-9 did not prevent HIV transmission and may have caused more transmission of HIV. Women who used N-9 frequently had more vaginal lesions, which might have facilitated the transmission of HIV. **N-9 should not be recommended as an effective means of HIV prevention.** |
| Opportunistic conditions | Infections or cancers that normally occur only in someone who has a weakened immune system due to AIDS, cancer, chemotherapy, or immunosuppressive drugs. Kaposi’s sarcoma and pneumocystis carini pneumonia are examples of an opportunistic cancer and an opportunistic infection, respectively. |
| Pneumocystis carini | A type of pneumonia caused by a bacterium that is present in all lungs but which can make a person very sick when she or he has a weakened immune system. |
| Penis | The part of the male genitalia that provides pleasure; it can be stimulated without having sexual intercourse. Males should use a latex condom over the erect penis during oral, vaginal, and/or anal intercourse. |
| Pill | Oral contraception (“the pill”) is an effective form of birth control, but it provides no protection against HIV. Latex condoms must be used during sexual intercourse to prevent HIV/STI. |
| PLWA (PLWH) | Person living with AIDS, or person living with HIV. |
| Protease | An enzyme that triggers the breakdown of proteins; HIV’s protease allows the virus to multiply within the body. |
| Protease inhibitor | A drug that binds to HIV protease and blocks it from working, preventing the production of new, functional viral particles. |
| Relationships | In healthy romantic relationships, both partners can communicate clearly about their needs, including their sexual desires and limits. |
| Respect | Having respect for one’s romantic partner means listening, communicating, and trusting each other, all of which are necessary to negotiate abstinence or condom use. Having respect for oneself means saying clearly what one wants and needs. |
**Retrovirus**
The type of virus that stores its genetic information in a single-stranded RNA molecule, instead of in double-stranded DNA; HIV is a retrovirus. After a retrovirus enters a cell, it constructs DNA versions of its genes using a special enzyme called reverse transcriptase. In this way, the retrovirus’ genetic material becomes part of the cell.

**Reverse transcriptase**
A viral enzyme that constructs DNA from an RNA template – an essential step in the life cycle of a retrovirus such as HIV.

**Safer sex**
A commonly used term describing sexual practices which minimize the exchange of blood, semen, and vaginal fluids.

**Semen**
Semen is the fluid ejaculated by a male at orgasm. Semen carries sperm and also HIV when the male is HIV infected. Semen can transmit HIV.

**Seroconversion**
Development of detectable antibodies to HIV in the blood as a result of infection with HIV; it normally takes several weeks to several months for antibodies to the virus to appear after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

**Sexual abstinence**
Ablstinence from sexual intercourse – at this time and/or in this relationship – is the best way to protect oneself from the sexual transmission of HIV.

**Status**
Whether one is or is not infected with HIV or other STIs; awareness of whether one is infected with HIV and/or other STIs.

**STD**
Sexually transmitted disease, another commonly used acronym for STI.

**STI**
Sexually transmitted infection, another commonly used acronym for STD.

**Trust**
Trusting that sexual partners will tell the truth about past behaviors and/or HIV/STI status may not always be safe. Trusting that sexual partners always know the truth about HIV/STI status is also not always safe.

**Undetectable**
Status of some PLWHs whose viral level has dropped so much that the virus is undetectable in their blood; the person is still living with HIV (like Magic Johnson, for example).

**Vagina**
The vagina has membranes that can absorb HIV during penile-vaginal intercourse. The vagina also secretes fluids that can transmit HIV if the woman is HIV-infected.

**Victim**
The word victim (as in “AIDS victim” or “innocent victim”) is a word that many people with HIV/AIDS find demeaning. More acceptable terms are PLWH for Person Living with HIV and PLWA for Person Living with AIDS.

**Viral load**
The amount of HIV per unit of blood plasma; used as a predictor of disease progression; see also retrovirus.

**Western blot**
A test for detecting antibodies to HIV in the blood, it is commonly used to verify positive ELISA tests. A western blot is more reliable than the ELISA, but it is more costly and difficult to perform. All positive HIV antibody tests should be confirmed with a western blot test.
Defining Sexual Abstinence

**Purpose:** To assist individuals to develop individual definitions of abstinence, based on individual, family and community value systems

**Materials:** Newsprint and markers

**Time:** 50 minutes

**Planning notes:** Before the session begins, prepare newsprint listing the behaviors from *Defining Sexual Abstinence* Leader’s Resource #1. See the additional Leader’s Resource, *User’s Guide to Sexual Abstinence*, for ideas that you may want to share with TAP members after they have done this exercise.

**Procedure:**
1. Brainstorm with the entire group for a definition of sexual abstinence, writing down ideas as they are expressed. Do not attempt to edit or to limit these ideas.
2. Have the group count off to form small groups of three to six people, depending on group size. When the groups are formed, give each group five minutes to come up with its own definition of sexual abstinence.
3. After five minutes, display the list of behaviors.
4. Ask the small groups to work through the list of behaviors and decide (as a group) which behaviors are consistent with their group’s definition of sexual abstinence. Say they will have 15 minutes to do this.
5. Have each group report back its definition, what the group discussed, and which behaviors are consistent with its definition of abstinence.
6. Facilitate the discussions. Explain that the purpose of the exercise is to help young people develop their own, individual definitions of sexual abstinence and be able to communicate that definition to a romantic or sexual partner. Discuss the points in the *User’s Guide to Sexual Abstinence*. 
Defining Sexual Abstinence

Which of the following behaviors are consistent with sexual abstinence?

- Kissing with mouth closed
- Holding hands
- Hugging with hands on each other's back
- Flirting using the eyes only
- Open mouth kissing (French kissing)
- Touching each other's lower body with clothes on
- Mouth contact with partner's breasts
- Hugging with hands on each other's buttocks
- Hands on one another's genitals
- Masturbation
- Mutual masturbation
- Reading/viewing erotica (anything that turns you on)
- Oral intercourse
- Vaginal intercourse
- Anal intercourse
- Cybersex
A User’s Guide to Sexual Abstinence

- Sexual abstinence means different things to different people.
- Sexuality and sexual feelings are normal. How we choose to express and not express those feelings is a personal decision. What is right for me may not be right for you.
- Sexual abstinence, like contraception, is only effective when it is used correctly and consistently.
- To be sexually abstinent is a decision that has to be made by each individual. Sexual abstinence cannot effectively be imposed on others.
- To have sexual intercourse or to be sexually abstinent is a decision that each individual makes repeatedly throughout life. In other words, to have sexual intercourse or to be sexually abstinent is not a permanent, one-time decision.
- Sexual abstinence requires planning, commitment, and skill in being assertive.
- Sexual abstinence is an option that can be used at any time.
- Knowledge of contraceptive options and how to protect oneself is helpful for when a person decides it is right for her/him to engage in sexual intercourse.
- Sometimes, a person who intends to abstain from sexual intercourse is forced or pressured into unwanted sexual activity.
Training Youth to be Peer Educators

Session 6, Activity A

Reproduction 101

Purpose: To increase knowledge of the male and female genitalia and reproductive systems

Materials: A copy of the Female Genitals, Female Reproductive Organs, and Male Genitals and Reproductive Organs handouts for each TAP member, enlarged illustrations of each handout, a copy of Anatomy and Physiology of Reproduction Leader’s Resource, stapler, and pens/pencils

Time: 45 minutes

Planning Notes: Prepare enlarged illustrations of the male and female genitals and reproductive organs for use in Step 4. If you have an overhead projector, you can create transparencies from the handouts. Review the Anatomy and Physiology of Reproduction Leader’s Resource until you feel comfortable with the material. You do not have to be an expert on human reproduction to conduct this activity, but you need to be comfortable with the terminology, such as penis, vagina, anus, and sexual intercourse.

Collate and staple the three handouts to create packets for each participant.

Procedure:

1. Explain to the teens that you are going to give them a quiz to see how much they actually know about the female and male reproductive systems. Explain that no one will be graded on this quiz and that its purpose is to help the participants. Ask the group to work together in pairs. Go over the instructions for the activity:
   ● Fill in the blanks on all three handouts with the correct name of each body part.
   ● Do not worry about spelling.
   ● If you do not know the correct (medical) term for a body part, use the word(s) you know.

2. Give each TAP member a packet of handouts and tell the group to begin working.

3. After most of the teens have finished, display the enlarged illustration of the Female Genitals handout. Add any missing information from the Leader’s Resource. Be sure the following points are made:
   ● Explain that vulva is the correct term for the female external genitals, even though it is not a familiar term to most people, including adults. Point out that some people believe harmful and negative myths about the female vulva – such as that it is dirty or ugly – and emphasize that these myths are not true. The vulva is a normal, healthy part of the female body, just like the penis and scrotum are normal, healthy parts of the male body.
   ● Go over the individual parts of the vulva, labeling and explaining each. Point out the following:
     ♦ The clitoris is a highly sensitive part of a female’s body. Its function is to provide sexual pleasure.
     ♦ The vulva has two openings, each with its own function – the opening to the vagina and the opening to the urethra.
Training Youth to be Peer Educators

- The anus is not part of the vulva.
- A female can see this part of her body by holding a hand mirror between her legs.

4. Display the enlarged illustration of the *Female Reproductive Organs* handout. Ask for a volunteer to explain the female reproductive process, beginning with ovulation and ending with the menstrual period. Ask the group to assist if the volunteer runs into difficulty. Add any missing information from the Leader’s Resource. Be sure to following points are made:

- When she is born, a female has thousands of egg cells in her ovaries. Together, these egg cells are called ova; one egg is called an ovum.
- During the years that females menstruate, they release only a small percentage of their ova.
- During puberty, a female’s ovaries begin to release one ovum each month. Once that process has begun, a female is capable of becoming pregnant any time she has vaginal intercourse with a male partner.
- Conception occurs when a sperm cell fertilizes the ovum after it has left the ovary.

5. Display the enlarged illustration of the *Male Genitals and Reproductive Organs* handout. Ask for a second volunteer to explain the male reproductive process, beginning with sperm production and ending with ejaculation. Add any missing information from the Leader’s Resource. Be sure to following points are made:

- A male is born with two round glands, called testicles, located in the lower part of his body, near his penis.
- The penis is a highly sensitive part of a male’s body, especially the head of the penis, called the glans.
- The penis has one opening that performs more than one function – release of urine or release of sperm in seminal fluid.
- At maturity a male’s testicles begin to produce and store millions of sperm cells.
- Sperm cells can only be produced at 96.6 degrees – two degrees below normal body temperature. The scrotum acts like a temperature gauge and draws the testicles closer to the body when it is cold or drops the testicles further from the body when it is hot to keep them at the right temperature for sperm production and storage.
- When a male ejaculates after his testicles have begun producing sperm, millions of sperm cells are released from his penis, along with other fluids.
- If ejaculation occurs inside a female’s vagina or near its opening, sperm can swim up into the female’s Fallopian tubes. If there is an ovum in the Fallopian tube, conception occurs when the sperm fertilizes the egg cell.

Discussion Questions:

1. Which parts of the male and female anatomy are the same or similar? (Possible answers: Both have a urethra and an anus; the clitoris and the glans are similar because they contain many nerve endings and are highly sensitive.)

2. Why do males generally feel more comfortable than females about their genitals? (Possible answer: Males can see their genitals and are taught to touch and handle their penis to urinate. Females cannot easily see their genitals and are often discouraged from touching them.)
3. Why is it important to feel comfortable touching your own genitals? (Possible answers: (a) Genitals are sources of erotic pleasure, and masturbation is a risk-free way of expressing and experiencing one’s sexuality. (b) Males need to touch their testicles to feel for lumps that might be a sign of testicular cancer. (c) Females use tampons. (d) For both sexes, some methods of contraception require touching the genitals.)

4. Why is it important for teens to understand exactly how and when conception occurs? (Possible answers: (a) It is always important for teens to know how their bodies function, and how they can stay healthy and (b) Knowing exactly how and when conception occurs is necessary so that teens know how to prevent pregnancy, by abstaining from vaginal intercourse or by using effective contraception.)

5. Remembering the Circles of Sexuality exercise, which aspects of sexuality and sexual expression are ignored or excluded if one focuses only on genitalia and reproduction? What implications does this narrowed focus have for HIV prevention education?
Female Genitals

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________

(not part of the genitals)
Female Reproductive Organs

1. ________________ __________________
2. ________________ __________________
3. ________________ __________________
4. ________________ __________________
5. ________________ __________________
Male Genitals

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
Male Reproductive Organs

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________
Anatomy and Physiology of Reproduction

Female Genitals

1. Vulva
2. Labia majora (outer lips)
3. Clitoris
4. Opening to the urethra
5. Labia minora (inner lips)
6. Opening to the vagina
7. Anus (not part of the genitals)

Female Reproductive Organs

1. Fallopian Tubes
2. Ovaries
3. Uterus (womb)
4. Cervix
5. Vagina

Male Genitals

1. Penis
2. Scrotum
3. Foreskin
4. Glans
5. Opening to the urethra

Male Reproductive Organs

1. Vas deferens
2. Epididymis
3. Prostate gland
4. Seminal vesicles
5. Urethra
6. Testis
Session 6, Activity B

STI Basketball

Purpose: To provide information about STIs, how they are contracted and how they affect health

Materials: Leader’s Resource, STI Facts: True or False; container; prizes (optional)

Time: 45 minutes

Planning Notes: Invite a practitioner from a local STI or health clinic to co-lead this session with you and to provide an opportunity for teens to become familiar with information about the clinic. Knowing a friendly face at a local clinic may make it easier for teens to go there when they need health services. Duplicate the Leader’s Resource, then cut the copy into strips that contain the statements only. (They are the sentences in boldface.) Fold the strips before placing them in a container for steps 5, 6, and 7. Obtain pamphlets on STIs from a local health department or a family planning clinic. Display the pamphlets and information from the clinic in a prominent area of the room.

Procedure:

1. Tell teens that it is important for them to know the risks of sexually transmitted infections and to know that using latex condoms can help reduce that risk. Equally important, teens need to know more about STIs, how they are spread, and how to identify them.

2. Divide into four teams and have each team move to one corner of the room.

3. Tell teens that their team will play against the others in a game that is scored like basketball. The team with the most points wins. Go over instructions for the game.
   - Each team will draw a statement about STIs. The team must decide whether the statement is true or false.
   - If the answer is correct, the team will get two points. If the team can also explain why the answer is correct, it gets another point (like the extra point for a successful basket from the free throw line.)
   - If the team cannot explain the answer, another team can try for the extra point.

4. Have someone from the first team draw a statement and confer with his/her team members to decide whether it is true or false. Ask the team member who drew the statement to declare what the team has agreed – The statement is true or the statement is false.

5. Ask the team to explain the statement and award an extra point if the explanation is correct. If not, allow any other team to try for the extra point. You can award more than one extra point. Use your judgment to determine if a team provides useful information.

6. As the game progresses, use the Leader’s Resource to add any additional information about the statements. Make sure to keep an accurate score.

7. When all the statements have been addressed, announce first, second, third, and fourth places and give out prizes, if you have them.

8. Conclude the activity using the Discussion Questions below.
Training Youth to be Peer Educators

Discussion Questions:

1. What are the signs and symptoms of STIs? [Answers include: redness or soreness of the genitals, pain when urinating (mostly among males); strong-smelling or cloudy urine; unusual discharge from the penis or vagina; sores or blisters on or around the genitals, mouth, or anus; a sexual partner with symptoms.]

2. What are the most effective ways to avoid STIs [Answers include: 1) abstaining from vaginal, anal, and oral intercourse and 2) using latex condoms every time you have any kind of sexual intercourse.]

3. What three things should you do if you are worried that you have been infected with an STI? [Answers include: 1) seek medical testing and treatment right away, 2) inform your sexual partner(s), and 3) abstain from sexual contact until there is no evidence of infection.]

4. How could you bring up using condoms if you were about to have sexual intercourse with a partner you care about? How would you feel if your partner brought up condom use when the two of you were about to have sexual intercourse? What would you say to him/her?

5. What would be most difficult about having an STI?

6. Men who have sex with men can use condoms to protect themselves and their partners from most STIs. What can women who have sex with women use? [Answer: barriers, such as squares of latex called dental dams, latex condoms which have been cut open, or plastic wrap to cover the vulva and form a barrier so body fluids cannot be exchanged.]

STI Facts: True or False?

1. A person can always tell if she/he has an STI.
   False. People can and do have STIs without having any symptoms. Women often have STIs without symptoms because their reproductive organs are internal. However, men infected with some STIs, such as chlamydia, also may have no symptoms. People infected with HIV, the virus that causes AIDS, generally have no symptoms for some time, even years, after infection.

2. With appropriate medical treatment, all STIs, except HIV, can be cured.
   False. Herpes and human papillomavirus (genital warts) are STIs caused by viruses. Neither can be cured at the present time.

3. Condoms are the most effective safeguard against the spread of STIs.
   False. Abstinence from sexual intercourse is the best way to prevent the spread of STIs. Condoms are the next best thing, but only complete sexual abstinence is 100 percent effective. Remember, however, that some STIs can be spread by sexual behaviors other than sexual intercourse when the infected area is exposed and touched. For example, if genital warts infect the groin area, infection can spread to a partner whose groin area came into contact with the infected area. Or, if one person has herpes sores and a partner touches those sores, then touches his/her own mouth, eyes, groin, or anus, herpes can infect those areas on the previously uninfected partner.

4. Using latex condoms will help prevent the spread of STIs.
   True. Latex condoms can help prevent the spread of most STIs when the condoms are used correctly and consistently. Latex condoms are not 100 percent effective because
   ● They break occasionally or come off during sexual intercourse.
   ● Condoms will not protect against infection from genital warts that grow on areas of the genitalia and groin that are not covered by the condom.
   Lambskin condoms are ineffective and should not be used at all.

5. The organisms that cause STIs can only enter the body through a woman’s vagina or a man’s penis.
   False. STI bacteria and STI viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth, and, in some cases, the eyes. HIV can also enter the body when injected into the bloodstream from shared IV drug needles, or when an open wound comes into contact with infected blood.

6. Women who have regular Pap smears will also find out at that time if they have an STI.
   False. The Pap smear is a test specifically for cancer and/or pre-cancerous conditions of the cervix. It may occasionally detect herpes infection, but it will not indicate the presence of other STIs. A woman who thinks she may have been exposed to an STI must be honest with her health practitioner and ask for STI tests.

7. Teens can receive testing and treatment for STIs without parents being notified.
   True. In every state, teens can receive confidential testing and treatment for STIs in STI and other public health clinics. In many states, confidential testing and treatment for STIs is available for youth as young as 12 years old, although some states limit confidential testing and treatment for STIs to those above age 14 or 15.
Confidential means that no one other than the teen and his/her health care provider may find out about the testing and treatment. Many community health clinics provide STI tests and treatment at no cost or for a very small fee to adolescents and other patients who cannot pay.

8. You cannot contract an STI by masturbating by yourself or by holding hands, talking, walking, or dancing with a partner.

True. STIs are only spread by close sexual contact with an infected person. Anyone can also be infected with HIV by sharing needles or “works” with an infected person for injection drug use.

9. STIs are a new medical problem.

False. STIs have existed since people began recording their history. There is evidence of medical damage caused by STIs in ancient writings, art, and skeletal remains. Writers of the Old Testament, Egyptian writers from the time of the pharaohs, and the famous Greek physician Hippocrates all mention symptoms of diseases and suffering caused by what we know today to have been STIs. Researchers and physicians began to find cures for most STIs during the 20th century. However, some STIs, such as herpes and genital warts, still cannot be cured.

10. STIs can cause major health problems, and some STIs may cause conditions that result in death.

True. HIV infection, which can be spread through sexual contact, injures the immune system until AIDS (acquired immunodeficiency syndrome) results. AIDS is fatal. Genital warts may be related to cervical cancer, which, if not treated, may become invasive and result in women’s dying. Genital herpes can blind and otherwise injure babies born when infected women have open herpes lesions. Some STIs, such as gonorrhea and chlamydia, can cause pelvic inflammatory disease (PID). If untreated, PID may cause sterility, heart disease, and/or death. Untreated syphilis can result in brain damage and death in infected people and, when infants are born to infected women, syphilis can cause severe retardation in the infants.

11. Only people who have vaginal, anal, or oral intercourse can be infected with an STI.

False. Infants can contract some STIs, such as and HIV infection and herpes, during pregnancy and/or birth. Also, some STIs, as we have noted before, can be spread by close sexual contact that does not include vaginal, anal, or oral intercourse.

12. It does not hurt to delay STI testing and treatment after you think you have been infected.

False. Once an STI infects a person, it begins damaging his/her health. If someone waits weeks or months before getting tested and beginning treatment, his/her health may be permanently damaged. Treatment may be unable to reverse this damage. In addition, the infected person can spread STI to sexual partners.

13. Even if a woman is using oral contraceptives, she and her sexual partner should use latex condoms or dental dams to protect against infection with STIs, including HIV.

True. Oral contraceptives do not protect against STI, so a condom or other barrier protection, such as a dental dam, is still necessary for protection against STIs, including HIV.

14. Washing the genitals immediately after having sexual intercourse may help prevent some STIs.

True. Personal cleanliness alone cannot prevent STIs, but washing away a partner’s body fluids right after sexual intercourse may be somewhat helpful. Washing will not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis, or vagina.
15. It is possible to get some STIs from kissing.

   True. It is rare; but it is possible to be infected with syphilis through kissing if the infected person has chancres (small sores) in or around the mouth. Herpes can also be spread by kissing if a person has herpes lesions around the mouth.

16. Oral intercourse is a safe way to have sexual intercourse if you do not want to get a disease.

   False. It is possible to be infected with HIV, gonorrhea, syphilis, and herpes from oral intercourse.

17. People usually know they have an STI within two to five days after being infected.

   False. Many people never have symptoms, and others may not have symptoms for weeks or years after being infected. HIV infection may not show symptoms for years, but the infected person is capable of infecting others during that time.

18. The most important thing to do if you suspect you have been infected by an STI is to inform your sexual partner(s).

   False. The most important thing to do is to seek immediate testing and get treatment if the test results are positive (meaning you have an STI). Symptoms of an STI may never appear or may disappear after a short time, but the infection remains in the body. She/he can suffer serious physical damage and continue to infect others. Once an STI is confirmed and treatment is begun, the infected person or a health practitioner can inform sexual partners. In the meantime, it is important for the infected person to abstain from any sexual contact.

ABC Diversity

**Purpose:** To understand the implications of stereotyped thinking and challenge stereotyped attitudes

**Materials:** Newsprint, markers, one index card for each participant, container (such as a paper bag, shoe box, or hat), and pens/pencils

**Time:** 45 minutes

**Planning Notes:** Consider that most, if not all, people have prejudiced attitudes and most have participated in discriminatory actions, even if that only meant laughing at someone else’s racist or sexist joke. Because racism is a highly volatile topic, you may choose to focus on another “ism,” such as sexism (gender bias), ageism (discrimination based on age), or heterosexism (discrimination that assumes heterosexuality is or should be the sexual orientation of all people). However, if racism is or could be a serious issue for TAP members, you may want to address it directly now. If you feel that you need help, see the Appendix for organizations that may be able to provide outside expertise in addressing racism and/or homophobia. Be open to the experiences and perceptions of the group and allow the discussion to go in the direction it needs. If issues regarding racism do not surface, do not feel that you must bring racism up. However, if group members wish to discuss experiences of racism, be prepared to help them articulate their feelings in a constructive way. For more information about culture see Chapter IV, Selecting and Training Staff and Recruiting TAP Members. Alternatively, read Advocates for Youth’s Leader’s Guide to Building Cultural Competency, review Chapter IV, or refer to the Appendix for organizations focusing on specific communities.

On two pieces of newsprint, prepare a very large illustration with four boxes. In the upper left-hand box write, *Names I’ve been called.* In the upper right-hand box write, *Names I’ve called others.* In the lower left-hand box write, *A time when I was treated unfairly.* In the lower right-hand box write, *A time when I was unfair to others.*

For step 10, create a newsprint of the *ABC’s of Diversity* as outlined below:

- **A** = Attitude (prejudice)
- **B** = Behavior (discrimination)
- **C** = Consequences (physical, emotional, or economic injury)

**Procedure:**

1. Remind participants that stereotyped thinking forces others into a rigid mold and ignores the fact that everyone is first an individual, and second a member of many groups. For example, the TAP members belong to the TAP group. They each have an ethnic heritage. They are members of a local community. They reside in the U.S. and are citizens of the U.S. or of another country. They are male or female. They may belong to a particular religious faith, be members of a particular club, be part of a group that shares a particular experience. But, stereotyped attitudes ignore the breadth and depth of people’s lives and focuses illogically on just one attribute. Explain that this activity will demonstrate the harm of stereotypes.
2. Distribute index cards and display the illustrations you have drawn. Have participants draw a vertical line on each side of their index cards so they have four sections – two on each side of the card. Have participants label each of the four sections.

3. Review the four spaces in the illustration and explain that you will collect the cards and read responses anonymously, so no one will know who wrote anything. Emphasize that honesty is important. Encourage youth to write down real experiences even if they are angry or embarrassed about them. Encourage them to be as honest as possible. After each instruction allow participants time to write responses:
   - On one half of one side of the card, write names that you have been called because of your age, racial or ethnic background, physical characteristics, religion, sexual orientation (or presumed sexual orientation), or any other characteristic or group membership.
   - On the other half, write names you have called other people for similar reasons.
   - On one half of the opposite side of the card, describe a time you were treated unfairly because of a particular characteristic such as race, religion, age, and so on.
   - In the last space, describe a time when you treated someone unfairly for similar reasons.

4. Allow time for everyone to finish, then collect the cards, putting them in a container.

5. Draw cards at random and read aloud the responses for the first box. Ask someone to write the responses on the large illustration as you read. If he/she runs out of room, then just read quickly through the remaining cards so that everyone can hear the names that other members of the group have been called. Do not comment on the names at this point.

6. Repeat the process for the other three boxes, again without comment.

7. Ask the group to look at the large list of names and examples of unfair treatment. Ask for volunteers who have been called names or treated unfairly and are willing to talk about their experiences. Help them focus on the feelings they had when being discriminated against.

8. Then encourage everyone to talk about times when they called someone names or treated another unfairly.

9. Write the term prejudice on the newsprint or the board and ask for a definition from the group. Work to get something similar to the following:
   **Prejudice:** a certain attitude, usually negative, toward a particular group or member of that group. Prejudice is usually toward strangers, who may have a different appearance.

   The word comes from the Latin word for prejudge. Prejudice happens whenever we prejudge others because of race, religion, age, gender, physical size or appearance, occupation, social class, sexual orientation, and so on. Prejudice happens whenever we decide how we feel about others before we know them.

10. Write the term discrimination on newsprint and ask for a definition from the group. Work to achieve a definition that is similar to the following:
   **Discrimination:** different, usually unfair, treatment of a group or member of that group, because of prejudiced feelings about them.

   The word comes from the Latin word for divide. Discrimination happens whenever we divide or separate people into groups (physically or in our minds) and treat one group unfairly or unequally because of our prejudices about their race, religion, age, gender, physical size
or appearance, occupation, social class, sexual orientation, and so on. Discrimination divides people on the basis of unfair and inaccurate attitudes – prejudice.

11. Display the ABC’s of Diversity newsprint. Clarify what each letter represents. Ask the group for examples of prejudiced attitudes, unfair behaviors, and negative consequences that they have observed or experienced. Emphasize that there are always consequences when a person is treated with prejudice or discrimination. The consequences can be emotional, such as hurt feelings or anger, or they can be physical or material, such as giving up on a job or punching someone.

12. Process the activity using the Discussion Points below.

**Discussion Points:**

1. How does it feel to talk about prejudice?

2. Look back at the names that people said they have been called. How might they have felt when called those names?

3. What do you think about people who call others names or treat others unfairly? Do the people who feel prejudice and who discriminate against others experience any negative consequences? If so, what? Possible answers include:
   - Today, laws exist against most forms of discrimination, and anyone accused of discrimination against others in the work place can be sued.
   - Laws cannot govern how people feel; so there are no laws about feeling prejudice.
   - Prejudiced people lose opportunities to know and enjoy many other people and other cultures.

4. What is the difference between prejudice and discrimination? A possible answer is: Prejudice is having an negative attitude about someone; discrimination is behaving in an unfair way toward someone.

5. Looking at the list that the group has created, it is probably obvious that some people in this group have suffered from prejudice and discrimination. However, it is possible that everyone in the room has suffered from prejudice and discrimination at some time, although probably not to an equal degree. What can you do to change that? Possible answers include:
   - Apologize to anyone in the group that you have felt prejudiced about or acted unfairly toward.
   - Make a vow that you won’t hold prejudiced feelings or participate in discriminatory actions.
   - Get to know one another better.
   - Promise that you will refuse to tolerate prejudice or discrimination when they occur.
### Definition of Culture

**Purpose:** To explore the ways in which our culture values similarities and devalues differences among people and to discuss implications in HIV/STI prevention efforts for youth of color and lesbian, gay, bisexual and transgender youth.

**Materials:** Newsprint and markers; Ground Rules (from session one) displayed where all can see them.

**Time:** 30 minutes

**Planning:** Go over the examples given in #7 below. Do you see anything that may spark a vigorous discussion or that may bring up feelings of distress and/or anger? Depending on time, you may want to use those examples only or to skip them. If you use them, be prepared to facilitate the discussion according to the ground rules agreed upon by the group in Session One. Remind everyone of the ground rules as often as necessary.

**Procedure:**

1. Ask participants to break into groups of about five each. Give each group a piece of newsprint and markers.
2. Ask the groups to designate a recorder and reporter.
3. The recorder writes the words Ignore, Copy, and Destroy on the top of the newsprint.
4. Tell participants that this exercise is based on the work of Audre Lorde, an African American, lesbian, feminist writer and activist. According to Audre Lorde, people devalue differences in three ways. The first is by ignoring differences that exist and stressing similarities. The second is by copying traits of another group. The third approach is by destroying the differences altogether.
5. Ask the groups to spend about 10 minutes brainstorming the ways in which this culture devalues differences by ignoring efforts to debase a culture or by ignoring the differences between cultures, by copying and subtly changing in ways that obliterate the original, or by outright destruction.
6. Give a couple of examples to illustrate the purpose of the exercise, if needed. (Examples are listed in item #7.)
7. Ask each group to summarize the group discussion. If time permits, read the following statements aloud and ask the group to label them accordingly:
   - A. Mother tells a child, Do not stare at that handicapped person. (ignore)
   - B. Rock and roll comes from jazz and blues. (copy)
   - C. A white woman says to a black friend, You don’t even seem like you are black. (ignore)
   - D. Sports teams have names that devalue, such as the Redskins. (ignore)
   - E. By 1982, approximately 24 percent of African-American women, 35 percent of Puerto Rican women, and 42 percent of Native American women had been sterilized, compared to 15 percent of white women. (destroy)
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F. The federal government generally closes for Christian holidays but not for Jewish, Islamic, or Buddhist holidays. (ignore)

G. In the Tuskegee syphilis study, African-American men in a control group did not receive treatment for syphilis. (destroy)

H. A white youth wears imitation Native American jewelry. (copy)

I. Young women of color are often encouraged to use long-acting methods of contraception, like Depo Provera and Norplant, rather than short-term methods of contraception, like the pill or condoms. (destroy)

J. Throughout much of U.S. history, Native Americans were forbidden or prevented from using their languages, practicing native religious rituals, and following cultural practices intrinsic to their way of life. (destroy)

K. Many programs for youth pretend that all youth are heterosexual. (ignore)

Discussion Questions:

1. What types of patterns do we see related to differences among us?

2. What are some of the subtle and/or blatant institutional and individual manifestations of prejudice and discrimination?

3. How might these patterns be manifested in HIV/STI prevention programs for young women of color? For gay, lesbian, bisexual or transgender youth?

4. How can program planners value diversity in more equitable ways?
Condom Hunt – Homework

**Purpose:** To provide young people with the opportunity to obtain a condom without pressure; to develop a list of accessible places where teens can obtain condoms; to help teens develop ease and skill around condom acquisition.

**Materials:** A copy of the *Condom Hunt Survey* handout for each TAP member.

**Time:** 15 minutes (to introduce the activity)

**Planning Notes:** Decide whether you want teens to obtain condoms and to complete the survey in writing or only to complete the survey.

**Procedure:**

1. Distribute the condom survey worksheet to each teen. Ask the teens to complete the condom survey. Discuss what each question means, and ask them to return the completed worksheet for Session 8.
2. For comfort, teens might want to work in pairs. If so, ask each teen to survey a different store, so that the pairs will visit two stores and each member of the pair will take responsibility for filling out the survey on one of the two stores.
3. Ask the teens to go to a drug store, grocery store, or convenience store and purchase a package of condoms. The teens could purchase the condoms in the same store they survey. Stress that condoms should be latex and may be lubricated but preferably not with a spermicide containing nonoxynol-9.
4. Explain that many communities have health departments and community clinics and free clinics that distribute condoms without charge. However, this exercise will help teens identify barriers that teens in the community face in acquiring condoms. That is why you want them to purchase condoms. Be sure to tell the teens that no one is assuming that they are having sex or need condoms now. Rather this assignment will help TAP members to feel more comfortable obtaining condoms in the future and could enable them to help friends in need of condoms.
5. Give out the location or phone number of local resources could help teens obtain free condoms.
# Condom Hunt Survey

Name of Store ___________________________ Type of Store (pharmacy, convenience, etc) _________________

Address __________________________________________________________ Date completed ___________

Store hours________________________________________________________ Time entered store_________

Name of TAP Member _________________________________________________

### Access

1. Are there any signs in the store to identify location of condoms and/or over-the-counter contraceptives?
   
   - Yes (Go next to question 1a.) ____
   - No (Go next to question 2.) ____

   a. If yes, what does the sign say? __________________________________________________________

   b. Time it took to find sign: _______________________________________________________________

   c. Are all the contraceptives & condoms in one place? Yes____ No ____

2. If there is no sign, what method(s) did you find first:

   a. Time it took to find the method: __________________________________________________________

   b. Are all contraceptives and condoms in one place?  Yes____ No ____

### Employee Interaction

3. Ask *Can you please tell me where the condoms are?* Note the response that you receive:

   Employee: Male____ Female____

   Response to teen’s question was: Positive ____ Negative____ Neutral____

### Location

4. Where were the condoms located? (Check all that apply)

   - ____ behind the pharmacy counter
   - ____ behind the checkout counter
   - ____ with feminine hygiene products
   - ____ in the family planning (contraceptives) section
   - ____ by the pharmacy counter
   - ____ by the checkout counter
   - ____ with men’s personal hygiene products
   - ____ Other:
Selection

5. Where are the other contraceptive methods located? (Check all that apply.)
   ___ behind the pharmacy counter
   ___ with feminine hygiene products
   ___ by the pharmacy counter
   ___ with men’s personal hygiene products
   ___ behind the checkout counter
   ___ in the family planning (contraceptive) section
   ___ by the checkout counter
   ___ Other: ________________________________________________

6. Does the store have the following kinds of condoms?
   Latex, Lubricated: Yes____ No____ Don’t Know ____
   Latex, Non-Lubricated: Yes____ No____ Don’t Know ____
   Polyurethane (Avanti-brand): Yes____ No____ Don’t Know ____
   Female condoms: Yes____ No____ Don’t Know ____

7. What is the lowest price for one package of three lubricated condoms?
   Price: __________ Brand: __________

8. Is the lubricant near the condoms? Yes No Don’t Know

9. Does the store have the following kinds of contraceptive (family planning) methods?
   Foam: Yes____ No____ Don’t Know ____
   Jelly: Yes____ No____ Don’t Know ____
   Cream: Yes____ No____ Don’t Know ____
   Sponges: Yes____ No____ Don’t Know ____
   Suppositories: Yes____ No____ Don’t Know ____

10. Do they have pamphlets or information on HIV/AIDS and other STIs in the store?
    Yes (If YES, take a sample with you): _____ No: _____. Remember to label the sample with the name
    of the store where you got it.

    Time Out Of Store: ____________________________________________
Condom Hunt — Discussion

Purpose: To discuss the Condom Hunt – Homework activity and process reactions to the experience; to develop a list of accessible places where teens can obtain condoms; to help teens develop the skills to protect themselves

Time: 45 minutes

Procedure: Ask TAP members the following questions to explore their feelings, attitudes, and experiences related to this homework assignment. Ask the TAP members to share their stories of finding condoms.

Discussion Questions?
1. Where did you go?
2. Where did you find the condoms in the store? How did you feel about purchasing or just looking for a condom?
3. Which stores displayed condoms so they were accessible? How much did the condoms cost?
   When everyone has contributed to the discussion of the above questions, continue with those below.
4. What feelings did you experience when looking for and/or purchasing condoms?
5. Were the experiences of the young men and women different? Is it as okay for a young woman to buy condoms as for a young man?
6. How will you feel about purchasing condoms in the future?
7. Did you discuss the assignment with family members? What types of reactions did they have?

Optional Activities:
1. Show the film Condom Sense. This lighthearted look at condoms is appropriate for older teens. 25 minutes. Available from Perennial Education Films, Inc., at 1.800.323.9084.
2. Have teens research local drug stores on the accessibility of condoms. Send them to numerous outlets to conduct the research using the Condom Hunt Survey handout. Assist them in compiling and publicizing the results.
3. Form teams to survey a number of stores on the availability and accessibility of all over-the-counter contraceptives. Offer a prize or special privilege to the team which finds the best bargain or the nicest store or which surveys the largest number of stores.
Condom Card Lineup

**Purpose:** To provide young people with knowledge about the correct use of condoms and comfort in using words related to condom use.

**Materials:** A copy of the 18 Steps to Using a Condom Leader’s Resource, large poster board cards, and markers.

**Time:** 30 minutes

**Planning Notes:** Have agency or board clearance/permission before conducting this exercise. If you do not receive clearance or permission, do not conduct this activity. If you decide that a condom demonstration is appropriate but you feel uncomfortable doing it, invite a speaker from a local agency to lead this session.

Write each step of condom use on a separate large card, one card for each step. There are 18 steps in all. If there are more cards than participants, omit steps seven through 13 to get the same number of cards as participants.

**Procedure:**

1. Explain that you have prepared cards for all participants and that each card lists a different step in the process of using condoms.

2. Mix the cards up and pass them out to participants. Ask them, as a group, to arrange themselves in order so that their cards give steps in the process of using a condom correctly. [They will come to you for assistance, stating that there are repeated cards. Do not give them any assistance. Remind them to put themselves in order.]

3. After the participants have established an order, have the entire group read through the steps. Everyone must become comfortable in saying words like condom, penis, erection, ejaculation, etc.

4. Process the activity, using the Discussion Questions below.

**Discussion Questions:**

1. Ask each participant, in order, to explain why he or she thinks his or her card belongs in that place. Then ask if there are other places in line that the card could be placed that would also be correct.

2. What happened as the group worked?

3. Why were there cards saying lose erection and try again?

4. Was anyone uncomfortable saying some of these words out loud? Which words?

5. Why were people uncomfortable? Do they feel more comfortable now?

6. What kind of message is sent when educators are uncomfortable with words?

7. What steps are missing (e.g., check expiration date)?

**Optional Activity:**

Conduct a condom demonstration using a penis model and real condoms. If time permits, ask the youth if any of them would like to practice giving a condom demonstration, using the model and real condoms.
18 Steps to Using a Condom

1. Discuss safer sex.
2. Buy latex condoms (not lambskin).
3. Open condom package. (Don’t use teeth.)
4. When penis is erect …
5. Squeeze tip of condom and place on head of penis.
6. Hold tip of condom and unroll until penis is completely covered.
7. Lose erection — remove condom.
8. Relax!
9. Try again.
10. Open condom package. (Don’t use teeth.)
11. When penis is erect …
12. Squeeze tip of condom and place on head of penis.
13. Hold tip of condom and unroll until penis is completely covered.
14. After ejaculation, while penis is still erect …
15. Hold condom at base of penis.
16. Carefully remove condom without spilling any semen.
17. Wrap condom in tissue and throw away. (Don’t flush condom down toilet.)
18. Relax! (This step can be placed at any point in the process, and multiple cards can be made for it.)
HIV/STI Interview – Homework

Purpose: To provide young people with the opportunity to practice communicating about HIV/STI, correcting misinformation, and teaching new information

Materials: A copy of the handout, *HIV/STI Interview Questions*, for each TAP member

Time: 10 minutes (to introduce the activity)

Procedure: Explain the assignment – to interview someone each TAP member feels comfortable communicating with about HIV/STI. The interview will help them practice communicating about the subject. Allow one or two youth to role-play approaching someone and explaining to the interviewee the purpose of the interview.
HIV/STI Interview Questions

Do you have about 15 minutes to discuss a very important topic with me? We are studying HIV/STI prevention in our school youth program. I have a homework assignment to interview someone about HIV/STI. I would like to ask you some questions, if you don’t mind.

Name _____________________________________________________________________________

Relationship to Teen __________________________________________________________________ Date ________________

1. Have you heard of HIV or AIDS? Yes ____ No ____

2. Have you heard of STIs? Yes ____ No ____

3. If yes, when and where did you first hear of HIV, AIDS, or STIs?

4. What do the letters AIDS stand for? What do the letters HIV stand for? What do the letters STI stand for?

5. How big a problem do you think HIV/STI is in our community?

6. How do you think people get HIV, the virus that causes AIDS?

7. Would you share a can of soda with a person living with HIV or AIDS?

8. How do you think people protect themselves against the spread of HIV?

9. What is the difference between living AIDS and being infected with HIV?

10. Do you worry about getting HIV, the virus that causes AIDS?

11. Where would you go to get more information about HIV/STI prevention?

12. Do you have some ideas for creating a program to prevent HIV/STI transmission among teenagers? What are they?

Note: Remember to thank the person for the time she/he gave you. You might also ask if he/she would like to know what you have learned about HIV. This is a good opportunity to clear up misinformation and ease the possible anxieties of someone close to you.
HIV/STI Interview – Discussion

Purpose: To provide young people with the opportunity to practice communicating about HIV/STI, to correct misinformation and teach new information

Materials: A copy of the handout, HIV/STI Interview Questions from the previous session

Time: 30 minutes

Planning Notes: Be prepared for only a few of the TAP members to complete the assignment. If this happens, first discuss the experiences of those who completed the assignment, noting discussion points below, and make note of any questions that were difficult for them to answer. Then plan to break the entire group into pairs and have them interview each other, asking the questions on the sheet. Ask the youth to add questions during the interview.

Procedure:

Begin the session by discussing the following points with those who conducted the interview.

1. How did the individuals choose the people they interviewed?
2. What feelings did the interviewee have during the interview? How do you know? Did he/she say so?
3. Were some questions more difficult to ask than others?
4. Did the interviewee have any misinformation about HIV/STI? Did you correct the misinformation? How did that feel?

Break the group into pairs to interview each other. Give approximately five minutes per interview. Ask the interviewers to try to stump the interviewee with questions he/she can’t answer and to note which questions are difficult to answer. Bring the group back together to discuss questions that were difficult to answer and demonstrate the best way to answer them.
Session 9, Activity B

Role-Plays

Purpose: To provide teens with the opportunity to practice communicating about HIV/STI prevention and to practice skills related to resisting peer pressure and making decisions.


Time: 60 minutes

Planning Notes: Review the Practice Role-Plays Leader’s Resource. Alter any or all of the role plays so they will fit the experiences and needs of TAP members. Make sure that the role-plays are appropriate to the cultures, language (including slang), and environment of youth in your group. You might also consider changing the names of the characters to work better with the young people involved in your program. For example, if you are working with Southeast Asian youth, use names that are common among those youth. Or, let the TAP members come up with their own scenarios related to risk behavior. Help them develop the scenarios to make them realistic. Allow additional time (as much as 20 minutes) for youth to devise and write down their scenarios.

Procedure:

Explain that role-playing is an educational technique that allows people to take on the role of another person. They practice feeling, talking, and acting like someone else. Role-playing helps the players to increase their empathy for others and allows the audience to observe how people actually deal with difficult situations.

Ask for volunteers from the group to play the roles in the scenarios. Give the role-play situations to the volunteers. Tell the volunteers that the role-plays must end with positive and realistic behavior for protection against HIV. Allow them about 10 minutes to read over the situation, assume their roles, and work out the role-play. Visit with each group and discuss their ideas for the role-play. Help them with the ideas if necessary.

Ask the first group to act out their situation for a few minutes. Then use the discussion questions to go over that role-play with the entire group. Repeat this procedure for all of the assigned role-play situations, discussing the points that follow this section, as appropriate, after each scenario. Or, you may conduct some discussions where all the young women answer the questions while the young men listen and then all the young men answer while the young women listen. This is a good way for each gender to hear the other’s point of view.

For Role-Play B, pay careful attention to the issue of homophobia. Be prepared for homophobic reactions and know how to counter them. As the leader, you have a responsibility to firmly refuse to tolerate homophobia. But more, if anyone in the group is gay, whether or not he/she has come out to the group, this young person may find discussion of this role-play very difficult if it is not facilitated constructively by the coordinator.
Discussion Questions:

To be answered between each role-play:

1. How do the characters in this role-play feel about themselves? Which characters are more likable?
2. Is there another way that the situation could have been handled?
3. Who is being affected by the decisions in the role-play? Was everyone considered as the character made the decision?

To be answered after all of the role-plays are finished:

1. Which of the situations were the easiest? The most difficult?
2. How would it be to deal with these situations in real life?
3. What skills or information do you need in order to protect yourself against HIV/STI? How could you practice those skills?

Optional Activities:

If a video camera is available, consider taping the role-plays. Ask teens to comment on non-verbal as well as verbal messages.

More than one group can be assigned the same role-play. Then after each one has been performed, the discussion can focus on the dilemmas, options chosen, and different outcomes.
Practice Role-Plays

Role-Play A: One Male Actor and One Female Actor

Scene: Angie, age 14, and Tony, age 16, have been dating each other exclusively for four months. Neither of them has had sexual intercourse, although they are both beginning to think about it. Tony has been getting a lot of pressure from his friends to do it and begins to try to talk Angie into having sexual intercourse, but she hasn’t made up her mind yet. There has been no discussion about condoms, but Angie doesn’t want to get pregnant and knows that if they do have sex, they should use something. They are at Tony’s house, and his parents are out. Tony offers Angie a drink from his parents’ whiskey supply. He has plans for the evening. They’re sitting on the couch when Tony gets up to mix two drinks and …

Discussion Questions:
1. What influenced Angie’s decision about whether or not to have sexual intercourse?
2. Do you think alcohol use influenced her decision?
3. Why did Tony pressure her? Do you think he cares about her?
4. If a friend was in a similar situation as Tony, what advice would you give him? What advice would you give Angie? How would you discuss STIs, HIV, and pregnancy?

Role-Play B: Two Male Actors and One Female Actor

Scene: Kelly, Lashawn, and David are close friends. The prom is coming up, and Lashawn and David are talking excitedly about their plans. Kelly says she isn’t going (she is a lesbian and isn’t interested in bringing a guy to the dance). Her friends ask her why she isn’t planning to go.

Discussion Questions:
1. Would it be difficult for Kelly to tell her friends she is a lesbian?
2. What other types of activities at school or in the community might make gay or lesbian youth feel excluded?
3. Are teens supportive of their gay friends? Of gay youth in general?
4. How can myths and fears about homosexuality be reduced?

Role-Play C: Two Male Actors

Scene: Carlos and Darrel are having a discussion after school. Darrel is planning to have sex with his girlfriend, Yvonne, for the first time this weekend. She has gone on the pill. Carlos is encouraging him to buy condoms, but Darrel says he doesn’t need to because Yvonne is using the pill.

Discussion Questions:
1. How do you think Darrel is feeling? Yvonne? How does Carlos view each of them?
2. Why should teens on the pill also use condoms?
3. Is encouragement the same as pressure? Where do you draw the line and why?
4. Do many young men think like Darrel? How can they be encouraged to use condoms?
5. What role should Yvonne play in a discussion of condom use?

Role-Play D: Four Male or Females Actors

Scene
The teens are in a kitchen at a party. The parents are not at home. Pat takes out some crack and a pipe, asking, “Anyone got a light? Come on, don’t be shy, this party is just starting.”

Actors

1. Pat – Gets acceptable grades and is popular. Isn’t sure what she/he will do after high school.
2. Lee – Shy, just moved to the neighborhood. Used drugs, but has vowed to stop now that he/she lives in a new place.
4. Robin – Plays some sports with Chris, studies and hopes to go to college. Hasn’t tried drugs or alcohol and sometimes feels like the only one who hasn’t.

Discussion Questions:

1. What might make each character say yes? Or say no?
2. Would this be different if it were heroin and a syringe or would it be the same?
3. If you never knew Pat used drugs, how would you feel if she/he offered it to you?
4. HIV isn’t spread by smoking crack or sharing a pipe, so how could smoking crack put one of these characters at risk for HIV?

Role-Play E: Two Female Actors

Scene
Anna, age 16, is dating an older guy named Steven, age 21, whom she doesn’t know very well but likes a lot. They started having sexual intercourse last week and didn’t use a condom or any other form of contraception. Her friend, Julie, age 16, is afraid the man might be using injection drugs and is worried that Anna may be exposing herself to both pregnancy and HIV. She says, “You’ve got to tell him to use a condom.”

Discussion Questions:

1. How important is it for Anna to find out about her boyfriend’s past and present – both about his sexual history and his drug use?
2. Why might someone not tell the truth about what they’ve done in the past – both sexually and about drug use? Would loving someone change this?
3. What might make it difficult for Anna to discuss using a condom with her boyfriend?
4. What should Anna do if her boyfriend says he doesn’t like condoms?
5. How did you feel about what Julie was saying to Anna?
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Role-Play F: One Male and One Female Actor

Scene
Maria decides to talk to Luis about using condoms. They are on their way back from a rock concert and are talking about their relationship. Maria decides that now is the time to bring up the issue of condoms …

Discussion Questions:
1. How did Maria feel about bringing up the subject of condoms?
2. How did Luis feel about her bringing up the subject?
3. How will this affect the future of their relationship?
4. What are Luis’ responsibilities towards Maria? And what are Maria’s responsibilities towards Luis?
5. Describe times or ways that might make the discussion easier.
6. What are Maria’s choices if Luis refuses to use condoms?

Role-Play G: One Male and One Female Actor

Scene
Sara, age 16, and Mark, age 16, have been dating each other exclusively for six months. They have been having sexual intercourse for two months. They have always used a condom. They are at Mark’s house, and his parents are out. Mark has forgotten condoms but wants to have sexual intercourse. They’re sitting on the couch, watching a movie and …

Discussion Questions:
1. What are the issues to be considered in making the decision?
2. Whose responsibility is it to assure that condoms are available?
3. Should Sara and Mark take a chance just this once? What could be good and bad from each person’s point of view? What might the risks be?
4. When does a relationship become a long-term mutually monogamous one? How can you tell if your partner is monogamous? How can someone know if their partner is infected with HIV?
5. What does serial monogamy mean in terms of HIV/STI? Is it an effective safer sex strategy?

Role-Play H: One Male and One Female Actor

Scene
Ben has recently learned he is seropositive for HIV. He goes to a party where he is attracted to Terry. The attraction is mutual, and Terry asks Ben if they can kiss.

Discussion Questions:
1. What should Ben do?
2. What would it be like to tell someone you are seropositive for HIV?
3. What activities could Ben and Terry safely engage in?
4. What difference would it make if Terry were male? Female?
Session 10, Activity A

Have You Weighed Your Options?

**Purpose:**
To allow teens to evaluate the reasons why a teenager would or would not choose to have sexual intercourse or use drugs, including alcohol.

**Materials:**
Newsprint and markers, tape, and a copy of the Leader’s Resource, *Have You Weighed Your Options?*

**Time:**
60 to 75 minutes

**Procedure:**
Introduce this activity by pointing out that failure to make healthy decisions about sexual intercourse and/or drug use (including alcohol) is one of the reasons why teens can be infected with HIV or other STIs and/or experience an unplanned pregnancy. In order to work effectively as peer leaders and educators, youth need to understand why teens have unprotected sexual intercourse and why they experiment with drugs, including alcohol. It also important for the youth to evaluate their own behaviors, since they will be role models for other youth.

1. Tape up four different newsprint sheets with *Yes to Sexual Intercourse, No to Sexual Intercourse, Yes to Drugs,* and *No to Drugs*.

2. Split the TAP group into four teams and assign each subgroup to one of the sheets of newsprint. Have each group brainstorm and write down on the newsprint reasons why a teen would make the decision listed there.

3. After five minutes have the teams rotate to another newsprint. Repeat until each team has been to all four pieces of newsprint.

4. After each team has worked with all four sheets of newsprint, ask everyone to reassemble as one group.

5. Ask the teens to evaluate the lists. Is the reason a good one or a poor one? How do they know? Is the decision the result of a problem or situation? How do these reasons affect what type of educational approach the TAP group will take to try to influence the decisions that their friends make?

6. If you think that the youth have overlooked an important reason, ask them at this time if they think teens might have that reason for choosing a particular option. If they agree, add it to the list.

7. Process the activity using the Discussion Questions below.

**Discussion Questions:**

1. Do pressures influence our decisions to have or not to have sexual intercourse? What are they? (Possible answers might include but are not limited to: sex drive, media messages, wanting to be grown up, little information from parents and other adults about sex, curiosity, lack of assertiveness skills, wanting intimacy and closeness, desire to express love.)

2. Do pressures influence our decisions to use drugs and alcohol? What are they? (Possible answers include but are not limited to: the need to fit in, curiosity, escapism, and addiction, like the taste, like the feeling.)
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3. Is it difficult to stick to a decision not to have sexual intercourse at this time or not to use drugs? What can someone do to support that decision?

4. If a person decides to have sexual intercourse, what does he/she need to know/do in order to be responsible?

5. Is responsible drug use a possibility? How can you tell if a friend is just having a good time or is really dependent upon a drug?
Have You Weighed Your Options?**

### Why Some Teens Have Sexual Intercourse
1. Pressure from peers
2. To communicate warm, loving feelings
3. To keep from being lonely
4. To get affection
5. To show independence and adulthood
6. To hold on to a relationship
7. To become a parent
8. To satisfy curiosity
9. Pressure from partner
10. To have fun
11. To experience pleasure
12. To experience a sense of closeness

### Why Some Teens Don’t Have Sexual Intercourse
1. Violates religious beliefs
2. Violates personal beliefs
3. Not ready
4. Risk of pregnancy
5. Risk of STIs
6. Don’t want to jeopardize goals
7. Relationship with parents
8. Not in love
9. Not interested

### Why Some Teens Experiment with Drugs
1. Pressure from peers
2. Stress
3. Loneliness
4. To feel comfortable socially
5. To show independence and adulthood
6. To hold on to a relationship
7. To escape from difficult situations
8. To satisfy curiosity
9. Like the taste
10. Like the feeling of being high

### Why Some Don’t Experiment with Drugs
1. Violates religious beliefs
2. Violates personal beliefs
3. No need for them
4. Risk of losing control
5. Witnessed addiction
6. Family member has problem with drugs or alcohol
7. Doesn’t want to jeopardize goals
8. Relationship with parents
9. Not interested

** Note to leader: The lists of possible answers are not exhaustive or meant to exclude other ideas. These are just some of the reasons that the youth may suggest.
Intoxicated Barbie

Purpose: To help participants understand how alcohol consumption may lower the likelihood that a couple will successfully practice safer sex and how alcohol consumption affects the motor skills that are needed to put on a condom.

Materials: One Barbie doll (in bathing suit) with dress and shoes, two pair of durable plastic gloves (not surgical thin ones), two pair of goggles (gray, if possible), two plastic freezer bags (in case one breaks), and petroleum jelly, such as Vaseline®.

Time: 30 minutes

Planning Notes: Place Barbie (dressed in a bathing suit), along with her dress and shoes in a plastic freezer bag and seal the bag.

Procedure:

1. Tell the group that putting on a condom requires fine motor skills and that alcohol consumption affects those skills. Say that you are going to simulate the effects of alcohol on fine motor skills.

2. Ask for three pairs of volunteers. Explain that, for the purpose of this exercise, each pair will represent a couple. Explain to the first couple that they will have had one alcoholic drink. They must take Barbie out of the bag and dress her in 60 seconds. They may communicate with each other while doing this.

3. After 60 seconds ask the group whether the couple was successful in completing the task.

4. Undress Barbie again, leaving on the bathing suit, and place her and her clothes and shoes back in the plastic freezer bag. Explain to the second couple that they must also dress Barbie, but for the purpose of this exercise, they will have had two to three alcoholic drinks. Therefore, each must wear one glove and goggles to represent the impairment they would suffer from consuming this much alcohol. They may communicate with each other while performing the task.

5. After 60 seconds ask the group whether the couple successfully completed the task.

6. Undress Barbie again, leaving on the bathing suit, and place Barbie and her clothes and shoes in the plastic freezer bag. The third couple, like the previous couples, must get Barbie and her clothes out of the bag and dress her in 60 seconds. For the purposes of this exercise, however, this couple is drunk. They are not allowed to talk to each other since people who are drunk are not known for the clarity of their communication. Each must wear gloves as well as goggles frosted with Vaseline, to indicate impaired vision.

7. After 60 seconds ask the group if the couple successfully completed the task.

Discussion Questions:

1. Ask each couple how it felt to try to dress Barbie under those conditions.

2. What difficulties were caused by having to wear gloves and goggles?

3. How did not being able to communicate affect the third couple’s ability to dress Barbie?
4. How might this exercise relate to putting on condoms?
5. As people consume more alcohol, will they be likely to search for a condom, put one on, and/or be able to communicate their difficulties?
6. Aside from its effect on motor skills, how might alcohol consumption affect people’s motivation to make good decisions about protection?
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Session 10, Activity C

Planning for a Panel of People Living with HIV or AIDS

Purpose: To help teens develop compassion for people with living with HIV or AIDS, and to reduce fears of casual contact with someone infected with HIV

Materials: Suggestion/comment box

Time: 10 minutes

Planning Notes: Having an individual face for the HIV/AIDS epidemic will help the TAP members deal with their fears and misconceptions about the epidemic. Teens need to understand that AIDS is a fatal disease with no known cure. People living with HIV or AIDS (PLWHs/PLWAs) are often highly successful in educating young people, and many of them want to do this. They dramatically portray the reality of living with AIDS and help break through the teenager’s belief in his/her own invincibility. It is important that teens develop compassion, rather than fear, for people living with HIV or AIDS.

Invite a person living with HIV or AIDS to come speak with the TAP members. Over 240 AIDS service networks exist which can help you locate PLWHs/PLWAs who want to speak to audiences. Or contact a local AIDS service organization; ask for the Speakers’ Bureau. The National Association of People With AIDS (202.898.0401 or www.napwa.org) can also help direct you.

Procedure:

Prior to the visit, review with the group the evidence that casual contact is not a source of transmission. Discuss and reassure the group about any fears or concerns they may feel before the visit. Also, review the TAP ground rules and remind the group members to follow them while the PLWA or PLWH is visiting.

Ask each teen to think of three issues that he or she would like to learn more about from the PLWHs/PLWAs. Remind the youth about the suggestion/comment box for this pre-session so they can ask questions anonymously. You want this session to address all concerns the teens may have but are afraid or hesitant to voice. In some communities, fear and misinformation remain high, and, as a result, parents may not want their child to meet PLWHs/PLWAs. A permission slip may be needed for this session to avoid any potential conflict. A sample Permission Slip follows as a Leader’s Resource. The Permission Slip is also included in the Appendix. The TAP coordinator should consider inviting parents to the program as well. Parents who attend may become strong advocates for this program.
Permission Slip

Dear Parent(s) or Guardian,

The youth participating in the TAP peer education program will host a person living with HIV or AIDS (PLWH/PLWA) in the next session. We take this opportunity to have you share any concerns you might have concerning the actual disease and invite you to attend with your young person.

Please sign and return by ____________.

(date)

Thank You,

__________________________
TAP Coordinator

__________________________ has my permission to attend the session with PLWA/PLWH.

(name of participant)

__________________________ does not have permission to attend the session at this time.

(name of participant)

Please call me at the following number (____) ________________ between the hours of ____________ so we can discuss my concerns.

I will also attend ________________________ the session.

(your name)

__________________________
Signature of Parent/Guardian
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Session 11, Activity A

Panel of PLWHs/PLWAs

Purpose: To help teens develop compassion for people with living with HIV or AIDS, and to reduce fears of casual contact with someone who is infected with HIV

Time: 120 minutes

Planning Notes: Make sure that the room is set up to ensure that everyone is comfortable and can see and hear the speaker. Also make sure that the speaker is comfortable and can see, hear, and respond to the audience. This may mean bringing in a podium or a table and chair and a microphone for the speaker, arranging a larger room to accommodate parents as well as youth, and making sure there are enough chairs for all the audience.

Procedure:

Allow ample time for this presentation and its processing.

1. Ask the PLWH/PLWA to share his or her story with the group and ask him or her to leave time for questions and answers. Tell him/her that you will end the session and free him/her to leave after no more than 90 minutes.

2. After the guest speaker has finished, thank him/her and escort him/her out. Ask the youth and their guests to stretch, get water, etc., while you escort the guest speaker. Ask them to be ready to discuss what they have learned as soon as you return.

3. Encourage TAP members and their parents/other guests to process what they heard using the Discussion Questions below.

Discussion Questions:

1. What did you learn that you didn’t know before?
2. How did this presentation make you feel about PLWA/PLWHs?
3. What do you think we, as a society, can do to ease the situation of PLWA/PLWHs?
4. What do you think you can do to ease their situation?
5. How will what you have learned affect your work as peer educators? As parents?

Optional Activities:

1. If it is difficult to identify a speaker living with HIV or AIDS, use a video to personalize the issue. For information on current, recommended videos, see the Appendix.

2. Have the telephone number of a local AIDS service organization for teens who want to do volunteer work.
Session 12, Activity A

Assertive Communication

Purpose: To learn the difference between assertive, aggressive, and passive communication behavior

Materials: Newsprint and markers, scrap paper, and pens/pencils

Time: 45 minutes

Planning notes: In teaching youth to be assertive, educators also need to teach them to assess situations and consider their personal safety. In some situations, being assertive can be dangerous. For example, if someone has a weapon, has been drinking or taking drugs, or is extremely angry, being assertive may not be wise or safe.

When you introduce the topic of assertiveness, keep in mind that communicating assertively, especially for women, is not considered the norm in some cultures. Cultural attitudes regarding assertiveness will vary among the TAP members. Some teens will come from families in which they have been taught that speaking up for oneself is inappropriate and that refusing a request, especially from an adult male, is inappropriate.

While you do not want to encourage teens to communicate regularly in a way that could have unpleasant consequences for them in their cultural and family circles, all participants need to understand that there are certain situations in which assertive behavior will yield positive results. For example, youth benefit when they resist pressure from romantic partners or peers to have sexual intercourse, use alcohol or other drugs, join a gang, or fail in school. Not only do youth act positively in their own behalf in such circumstances, but also they will succeed in resisting pressure to do something they did not want to do or that was bad for them.

Assertive, aggressive, and passive forms of communication are defined culturally and regionally. For example, African American assertiveness is sometimes perceived as aggressive communication from outside the African American culture. But within that culture, it is a positive, healthy form of communication.

Write three questions on newsprint for use in step 4:
1. How will Geneva feel?
2. How will the two young women feel?
3. What is the worst possible outcome?

Procedure: Tell the group that one way to make communication more effective is to choose the appropriate kind of communication in difficult situations. Read the following scenario aloud:

*Geneva has been standing in line for over two hours to buy a concert ticket. The rule is, one person, one ticket. Her feet are killing her now, and she knows that she is in trouble with her mom, who expected her home before now. But there are only five people left in front of her, and she is sure that she will get a ticket. Out of nowhere, two young women from school walk up, make a big deal about meeting up with their friend who just happens to be standing in front of Geneva, and take places in line in front of her. What do you think Geneva should do?*
1. Have participants write one sentence describing what Geneva should do in this situation.

2. Allow about three minutes, then ask participants to form three groups based on the following criteria:

   Group 1: All who wrote something that reflects a belief that Geneva should stand there and not say anything to the two young women, move to this end of the room.

   Group 2: All who wrote something that reflects a belief that Geneva should feel angry and express that anger directly and loudly to the two young women, please move to that end of the room.

   Group 3: All who wrote something that reflects a belief that Geneva should speak up and calmly tell the two young women to go to the back of the line, form a group in the middle.

3. Once the three groups have formed, display the three questions you have prepared and go over instructions for the remainder of the activity.

   Ask each group to discuss the answers to the following questions:

   A. How will Geneva feel after making the response that you chose?

   B. How do you think the two young women who butted in line will feel if Geneva responds as you thought she should?

   C. What is the worst thing that could happen if Geneva responds like you wanted her to do? What is the best thing that could happen if Geneva responds like you wanted her to do?

   (Note: if there is only one person standing in a position, join that person to form a group and discuss the questions with her or him.)

4. Allow five minutes for discussion, then ask everyone to return to the large group.

5. Ask one participant from each group to share group responses to the questions. Record the major points in three separate columns on board or newsprint.

6. Write the terms Assertive, Aggressive, and Passive on the board or newsprint. Ask the group to match each term to the list of outcomes for the responses.

7. Review Geneva’s choices for action one more time and illustrate why assertiveness is usually the best solution for a situation like this.

   Passive response: Communicating passively means not expressing your own needs and feelings, or expressing them so weakly that they are not heard and will not be addressed.

   If Geneva behaves passively, by standing in line and not saying anything, she will probably feel angry with the young women and with herself for not saying anything. If the ticket office runs out of tickets before she gets to the head of the line, she will be furious and might blow up at the young women after it is too late to change the situation.

   *A passive response is not usually in your best interest,* because it allows other people to violate your rights. Yet there are times when being passive is the most appropriate response. It is important to assess whether a situation is dangerous and choose the response most likely to keep you safe.

   Aggressive response: Communicating aggressively means asking for what you want and saying how you feel offensively—in a threatening, sarcastic, humiliating way.
If Geneva calls the young women names or threatens them, she may feel strong for a moment, but there is no guarantee that she will get the young women to leave. More importantly, the young women and their friend may also respond aggressively through a verbal or physical attack on Geneva.

An aggressive response is not usually in your best interest, because it often causes hostility and leads to increased conflict.

Assertive response: Communicating assertively means asking for what you want or saying how you feel in an honest and respectful way that does not infringe on another person’s safety or well-being or put the other person down.

If Geneva tells the young women that they need to go to the end of the line because other people have been waiting, she will not put the young women down, but merely state the facts of the situation. She can feel proud for standing up for her rights. At the same time, other people in line will probably support her statement. While there is a good chance that the young women will feel embarrassed and move, there is also a chance that they will ignore Geneva, and her needs will not be met.

An assertive response is almost always in your best interest, since it is your best chance of getting what you want without offending the other person(s). However, being assertive can be inappropriate at times. If tempers are high, if people have been using alcohol or other drugs, if people have weapons or if you are in an unsafe place, being assertive may not be the safest choice.

Discussion Questions:

1. What are some ways that Geneva could have let the young women know how she felt without being directly aggressive or assertive? (Possible answers include but are not limited to: talking sarcastically under her breath; using body language that communicates her disgust and frustration; telling the person behind her how stupid the young women were, but loudly enough so that they could overhear and so on. Behaviors like these are called passive-aggressive behaviors. They are aggressive, but indirect. They do not necessarily get you what you want and they often make the other person(s) angry.)

2. Can you think of circumstances where passive communication may be in your best interest, even though your needs may not be met?

3. Have you behaved aggressively in a situation? How did it work out? How would things have been different if you had chosen an assertive response?

4. Have you behaved assertively in a situation? How did it work out? What would a passive response have been in that situation? An aggressive response?

5. When is it easier, and when is it more difficult, to be assertive? Give examples.

6. Is there a current situation where you need to act assertively and have not yet done so? What will you do?

7. Does communicating assertively always guarantee that you will get your needs and/or wants met? (Possible answer: No line of communication will always get you what you want or need, but communicating assertively does guarantee that you will feel proud of standing up for yourself.)

8. Have you heard of people getting a negative reaction for speaking assertively? Explain.
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Session 12, Activity B

Post-test

Purpose: To gather information on trained TAP members’ knowledge, attitudes, and behaviors related to HIV and AIDS. (Evaluators will compare this data to data from the pretest at the beginning of the training and to data from a control group to assess how well the program has met its training objectives.)

Materials: A copy of the TAP Evaluation Survey: Post-test handout for each TAP member and a closed box with a slot in which teens can drop their post-tests

Time: 20 minutes

Planning Notes: This post-test will allow you to measure increases in knowledge and positive changes in attitudes among TAP members since their training began. Results will measure the success of TAP training for the peer educators, not the achievements of the peer educators themselves. Prior to this session, the coordinator should have read and understood Chapter VII of this guide. Use the suggestion box or other a closed box with a slot through which the youth can drop their completed post-tests. Each post-test should be labeled post-test.

Procedure:

Tell the group that no one needs to put his/her name on this test and that all answers will be kept confidential. The TAP coordinator will use the information from the pretest and post-test to assess the effectiveness of the TAP program, not the knowledge of the individual TAP members. After the post-tests have been completed and collected, correct them using the answer key in the Appendix, and compare the knowledge of the TAP group to that of the control group. The knowledge levels of the two groups should no longer be similar. However, the TAP coordinator will find it useful to note any areas in which the TAP members had difficulties. The coordinator may want to schedule one or more post-training review sessions during which, he/she can stress areas in which TAP members had difficulties.
TAP Evaluation Survey: Post-test

This survey will help us understand what you have learned and how you feel about HIV and AIDS. Your answers are important in helping us assess the quality of the TAP program. Please answer each question carefully and honestly. Please note that, in this survey, having sex means making love, doing it, or having sexual intercourse. Having sex means having vaginal, oral, and/or anal intercourse.

Write your answers directly on this survey. Please, do NOT put them on another sheet of paper. Do NOT write your name on this survey. Your answers will be kept secret, and no one will know how you answered this survey. You will have 15 minutes for this post-test. When you are finished, please come up and put your test sheet in this box. Remember NOT to write your name on the test sheet.

Thank you for your help.

Please mark your answers with a check mark or an answer in the appropriate space on the left.

1. Are you male or female?
   ____ female
   ____ male

2. How old are you?
   ____ years old

3. What is your race?
   ____ Asian/Pacific Islander
   ____ Black/African-American
   ____ Hispanic
   ____ Native American
   ____ White (non-Hispanic)
   ____ Other (please specify)

Please circle your response on the right.

4. Can a person get HIV (the virus that causes AIDS) from any of the following?
   a. Going to school with a student who has AIDS or HIV
      Yes____ No____
   b. Kissing someone who has AIDS or HIV
      Yes____ No____
   c. Sharing needles or “works” with someone who has AIDS or HIV
      Yes____ No____
   d. Sharing needles to pierce ears, take steroids, or get tattoos with
      someone who has AIDS or HIV
      Yes____ No____
   e. Having sex without a condom with someone who has AIDS or HIV
      Yes____ No____
   f. Being bitten by mosquitoes or other insects
      Yes____ No____
   g. Giving blood at a hospital, blood bank or the Red Cross
      Yes____ No____
   h. Swimming in a pool with a person who has AIDS or HIV
      Yes____ No____
5. You can protect yourself from becoming infected with HIV.  TRUE ____  FALSE____

6. You can tell if a person is infected with HIV by looking at him/her.  TRUE ____  FALSE____

7. Any person who has HIV can give HIV to someone else if they have sexual intercourse without using a condom.  TRUE ____  FALSE____

8. HIV can be given to others by someone who is infected but doesn’t know it.  TRUE ____  FALSE____

9. There is a cure for HIV and AIDS.  TRUE ____  FALSE____

10. Having HIV infection is the same thing as having AIDS.  TRUE ____  FALSE____

11. Not having sex can protect you from being infected with HIV.  TRUE ____  FALSE____

12. Many people who have HIV infection are not sick with AIDS.  TRUE ____  FALSE____

Please circle the number that best shows how strongly you agree or disagree with the following statements.
1=Strongly Agree  2=Agree  3=Neutral  4=Disagree  5=Strongly Disagree

13. I would be willing to be in a class with a student who has AIDS or is infected with HIV.  1 2 3 4 5

14. I would stop being friends with someone because he or she has AIDS.  1 2 3 4 5

15. I think people with AIDS deserve what is happening to them.  1 2 3 4 5

16. I am afraid that someday I could get AIDS.  1 2 3 4 5

17. I think I can protect myself from infection with HIV and from AIDS.  1 2 3 4 5

Please write in your answers below. Note that in Question 18, you have a choice – either to write in your answers or to select from the multiple choice answers that follow.

18. List three ways to protect yourself from becoming infected with HIV, the virus that causes AIDS.
   a. ____________________________________________________________________________________
   b. ____________________________________________________________________________________
   c. ____________________________________________________________________________________
   OR
Which of the following are effective ways to protect yourself from being infected with HIV? Circle all that apply.

   a. Sexual abstinence (not having sexual intercourse)
   b. Not sharing needles for any reason
   c. Not kissing
   d. Not giving blood (for transfusions)
   e. Not receiving blood (for transfusions)
   f. Not using a public toilet
   g. Not using a public swimming pool
   h. Using a latex condom for every act of sexual intercourse
   i. Avoiding people with HIV infection and AIDS.

19. List three ways that HIV is passed from one person to another.

   a. ____________________________________________
   b. ____________________________________________
   c. ____________________________________________