

## Preventing HIV: Curriculum Activities that Support the Use of HIV Positive Speakers

### What We Know Works

Using HIV + speakers in classrooms has proven to be a powerful educational intervention for influencing protective attitudes, knowledge and behavior among youth. They are known to have had the following impact on students:

- Increased empathy for people with HIV
- Increased perception of risk
- Increased belief that they can prevent getting HIV
- Decreased fear and prejudice against people with HIV
- Decreased perception that HIV is visible or that it only occurs in certain groups

A teacher can strengthen this impact by leading HIV prevention activities before and after the speaker's visit. Making sure that the class has received some basic HIV and sexual health knowledge before the speaker arrives will give students a better understanding of the details described in the speaker's story and help them to avoid irrational fear of the speaker while recognizing how courageous it is for that person to share her/his story in front of an unknown audience.

Students who participate in HIV prevention activities based on prevention science have reduced their risk by:

- delaying initiation of first sexual intercourse
- returning to abstinence
- not having unprotected sex
- having mutually monogamous relationships
- decreasing the number of sex partners
- negotiating condom use
- using male condoms
- using female condoms

- being tested
- learning test results
- repeating testing (*Compendium of HIV Prevention Interventions*, 1998)

The activities presented here, which are intended for use before or after a speaker's visit, are designed to augment your HIV prevention efforts. They address factors that research has shown to be linked to safer behaviors. These factors are:

- Knowledge: basic factual information about getting the disease and how to protect oneself from it
- Perceived risk: a feeling of vulnerability to a health problem
- Perceived consequences: What one believes will happen, whether positive or negative, as a result of performing a new behavior
- Self efficacy: belief or confidence that one can achieve a particular behavior
- Perceived social norms: what a person believes the people important to him/her want him/her to do

## Overview of Prevention Activities

The prevention activities described below help to accomplish goals that are effective in promoting abstinence and/or safer sexual practices. They may be used before and after the speaker visit and should be chosen based on their audience and suitability to the setting.

**Communication/Risk Ice Breaker activities:** set tone; establish the leader as "sensitive" and the place as safe and comfortable enough to address real concerns; increase comfort in communicating about sensitive issues; begin to build connections between students.

### a. Find Someone Who

An interactive activity where each participant is given an assignment to get all of the questions on her paper signed with a yes answer; the questions can range from personal (knows someone who hasn't started their period yet) to less personal (knows someone who has a terminal illness.) The exercise is then processed with questions that reveal our discomfort with communicating about sexuality, how certain topics are more taboo than others, and stressing how it gets easier to talk and ask questions about sexuality with practice.

**b. Agreements/Classroom Guidelines**

Review the list of factors that you feel are critical for establishing an effective and respectful climate in your setting.

**HIV Transmission information activities:** provide knowledge of HIV transmission routes in order to realistically assess risk and choose abstinence; helps broaden understanding of harm reduction principles for safer sex, including testing.

**a. Brief lecture about fluids, portals of entry and their relative risk**

Students see and hear about the risky fluids and portals of entry associated with HIV, in order of risk.

**b. HIV Transmission Routes Match Up**

Make cards, using one word per card (taken from the list at the end of this section) and distribute. Participants are asked to make a body fluid/body opening pair with someone else. They are then asked to examine the “match” they have made between body opening and body fluid and discuss whether this match could transmit HIV. In each case where the match could lead to HIV transmission or infection, participants are asked how the risk can be eliminated or reduced. (Answer: By not engaging in the behavior, by abstaining, etc.) The cards will read: blood; semen; vaginal fluids; breast milk; tears; urine; saliva; sweat; mouth; penis; ear; navel; vagina; anus; skin cut or rash; intact skin.

**c. STD Handshake (and other simulations)**

Participants simulate various epidemiologic trends by various means: shaking hands with several people and signing representing unprotected sex and disease spread for instance. Participants then stand to represent those infected, impregnated, etc. This activity is followed by a discussion focused on not only routes of transmission but an exploration of who is responsible.

**d. Information gathering in groups (Core Concepts, Communication Skills)**

Participants are given basic information about STD's or definitions of addiction or other defined condition.. They are then assigned to a group that has information on each condition (symptoms, treatments, complications, mode of transmission or characteristics of addiction, dependence, etc... The groups decide which category the characteristics belong to after debate and discussion between them. Someone then presents each disease with the appropriate description cards for symptoms, treatments, etc.

**Sexual Anatomy activities:** provide essential information about sexual health and background for understanding HIV

**a. Anatomy Myth and Fact Pairs**

Participants are given a set of cards with either a question or answer and then have to find their match. They then talk to each other about the pair and how this issue relates to HIV risk and sexual health.

**b. Anatomy Definitions**

Participants each get a set of cards with the names and descriptions of male and female reproductive anatomy. They name and match the definitions and then identify how this organ relates to HIV risk and prevention.

**c. Constructing a Male and Female Model**

Participants in small groups get all the materials and directions (e.g. clay and diagrams of male and female anatomy) needed to construct a model of the female and/or male internal reproductive systems. Once constructed, each group answers questions about HIV risk and anatomy using the model.

**Prevention Technology activities:** allows participants to become familiar with various prevention techniques, including abstinence and HIV testing; helps participants to identify a risk reduction option that will fit into their life; helps participants determine the difference between pregnancy and STD prevention

**a. HIV Transmission Routes Match Up**

Participants are asked to take a card that has either a fluid or opening on it, find another with the opposite of theirs and discuss what the risk behavior is and how someone might do it more safely. See b. item in previous section.

**b. The Prevention Kit**

Participants put all prevention methods in the three piles that describe its effectiveness for: Contraception Only, STD Prevention Only and Both. Participants then brainstorm possible prevention methods for individual case studies.

**c. Risk Reduction Continuum**

After explaining the HIV prevention methods, participants put risk continuum behaviors on a continuum from low to high risk. Students then discuss the issues of when risk begins, and what individuals are willing to risk and what are they not.

**Prevention Integration Activities:** provide an opportunity to become more comfortable and confident in using a prevention method; provide a chance to mentally rehearse a successful experience using a prevention device and overcome the complex barriers to prevention.

**a. HIV Risk Assessment**

Participants privately fill out the HIV Risk Assessment, which consists of risky attitudes and/or behaviors (e.g. “unable to speak up in a relationship, etc.”) in order to assess their risk status.

**b. Resources**

With various case studies and a resource list, students decide where the various young people could go for help.

**c. Assertiveness in Sexual Situations**

The leader defines the terms passive, assertive, and aggressive and then directs a script with clues to each kind of communication behavior. Participants share their tendencies in relationships and identify any situation in which they may be more assertive. Students then make their own scripts using various techniques (partially scripted role plays, improvisational role plays, script writing, directing two others, etc..)

**d. Overcoming Obstacles to Prevention**

Participants are asked to choose or write an obstacle that might get in the way of moving toward abstinence or another safer sex goal. They then share with another person what their unique barrier is and what they could do to counteract it.

**e. Role Model Stories**

The facilitator shares a role model story with the class. A role model story describes someone in similar life situations as the students, who has chosen a safer sex or abstinence behavior. The story describes the safer behavior they have chosen in detail, the factors that led to that decision, and the positive consequences that have resulted from it.

**f. Values Stories**

Participants, after hearing a story about characters who have to make values decisions, ranks the characters by who is most liked, most responsible, etc.. They argue their positions individually or in groups for consensus.

### **g. Case Studies**

Participants get examples of situations where they must decide all the possible options for those individuals: birth control, STD prevention, refusal, etc....

### **h. Speak Outs**

Participants are asked to express their opinion or facts they know about an issue in various ways: walk around and teach all the people they by simply telling the facts in so many minutes, displaying their opinion or message on a banner or poster and holding it up for others to see.

### **i. Predicting Consequences**

In a brainstorm format, give participants in large group, small groups, or individually the challenge of listing all the possible things that could happen if the characters in the given example were to follow through with the risk example: running through a red light, having intercourse without any birth control or STD protection,

### **j. Social Pressure Continuum**

For various protective behaviors that involve others' cooperation (declining or refusing sexual activity, negotiating safer sex, refusing drugs, etc.) with cards that describe various relationships (new boyfriend, old boyfriend, stranger, friend, etc.), participants will put in order on a risk continuum from no or low to high risk. Risk can be discussed to include emotional, social and physical factors.

### **k. Condom Line Up**

Participants, by consensus, put steps to using a condom in order so that it is effectively used. The whole group does a progressive "rehearsal" for effective use by describing successful use in detail.