KNOW

HIV/STD PREVENTION CURRICULUM

HIGH SCHOOL

Dr. Terry Bergeson
State Superintendent of
Public Instruction

2006-2007

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High School—Literature Supplements

Introduction

The **Human Immunodeficiency Virus (HIV)** was first identified in the United States in 1981. The impact of this relatively new disease has been dramatic, especially on the young. The Centers for Disease Control and Prevention (CDC) estimates that in the United States, approximately 40,000 persons become infected with HIV each year. (In Washington State, 18 percent of reported HIV infections, diagnosed between 1998 and 2004 among persons under 25 years of age, were attributed to heterosexual contact.) As of December 2004, 944,305 AIDS diagnoses had been reported to the CDC with an estimated 529,113 deaths including 523,598 adults and 5,515 adolescents and children under age 13. Today, experts estimate that between 1,039,000 and 1,185,000 million—or approximately one in every 261 Americans—are living with HIV. According to the UNAIDS (the United Nations) in 2004, young people between the ages of 15 and 24 are the most threatened, globally accounting for half of all new cases of HIV.

The alarmingly high rates for **sexually transmitted diseases (STDs)**, other than HIV among youth, testify to their behaviors that also place them at risk for HIV and AIDS. Sometimes called a "**hidden epidemic**," STDs frequently have no symptoms—thus, many more people are infected than know it. Approximately 65 million people are living with an incurable STD and an additional 15 million people become infected with an STD each year—*one quarter of them teenagers*. Teens are at high behavioral risk for acquiring one of the 25 diseases transmittable by sexual activity because they, along with young adults, are more likely to have multiple sex partners, to choose partners older than themselves (if female), and to engage in unprotected sex. Also, young women are more biologically susceptible to Chlamydia, gonorrhea and HIV, and infection with some STDs can lead to pelvic infections, infertility, and cancer. *["Tracking the Hidden Epidemics: Trends in STDs in the United States 2000," CDC.]*

In spite of the intensive medical and scientific research efforts to find a cure and/or a vaccine for HIV infection, education remains the only available means to stem the spread of this disease. Failure to succeed in this endeavor has unthinkable consequences for the future of this nation and, indeed, for the world. Responsibility for this effort must be shared by all those who have access to and influence on youth.

Although not solely responsible for responding to this threat, educators must provide leadership and expertise. The 1988 Washington State Legislature recognized the unique position of schools with the passage of the AIDS Omnibus Act (pages 3-4). This act mandates AIDS prevention education be provided yearly for all common school students in Grades 5–12.

Introduction
(continued)

School districts have three options for selecting their HIV/AIDS prevention program:

1. Adopt the state model *KNOW HIV/STD Prevention Curriculum* developed by the Office of Superintendent of Public Instruction (OSPI).

2. Adopt a program listed as a model curriculum previously approved for medical accuracy by the Washington State Department of Health (DOH) Office on HIV/AIDS.

3. Develop a district curriculum that has been reviewed by the DOH Office on HIV/AIDS and certified as medically accurate.

In addition to HIV education, school districts are also required to provide instruction about other sexually transmitted diseases and their prevention. Effective HIV/AIDS prevention education also should be a part of a **comprehensive health education** program. The Washington State Governor's Task Force on AIDS and the President's Commission on HIV Infection have recommended that HIV/AIDS education be integrated into a K–12 comprehensive health education program that develops wellness-oriented beliefs and effective decision-making skills to avoid risky behaviors.

This document provides school districts with resources to assist in identifying and/or developing an effective HIV/AIDS and other STDs prevention program for their students. Included in the OSPI-developed *KNOW HIV/STD Prevention Curriculum*, are HIV/AIDS prevention materials and considerations for teacher selection and training as well as parent and community involvement.

The AIDS Omnibus Act

The AIDS Omnibus Act (RCW 28A.230.070), which mandated the development of this curriculum, provided specific considerations for school districts in implementing an AIDS prevention program:

> *Information directed to the public which provides education regarding any sexually transmitted disease and which is written, published, distributed, or used by any public entity shall give emphasis to the importance of sexual abstinence, sexual fidelity, and avoidance of substance abuse in controlling disease.*
>
> *Material directed to children in grades kindergarten through twelve which provides education regarding any sexually transmitted disease shall give emphasis to the importance of sexual abstinence outside lawful marriage and avoidance of substance abuse in controlling disease.*
>
> *Locally-elected school directors have a significant role in adopting a program of AIDS prevention education in their district.*
>
> *Beginning no later than the fifth grade, students shall receive yearly instruction in the life-threatening dangers of acquired immunodeficiency syndrome, its spread, and its prevention.*

Each school district board of directors shall adopt an HIV/AIDS prevention education program which is developed in consultation with teachers, administrators, parents, and other community members including, but not limited to, persons from medical, public health, and mental health organizations and agencies.

The materials developed for use in the AIDS education program must be either:

1. Model curricula and resources available from OSPI.

2. Developed by the school district and approved for medical accuracy by the DOH Office on HIV/AIDS. If a district develops its own HIV/AIDS prevention curricula, the district shall submit to the DOH Office on HIV/AIDS a copy of its curricula and an affidavit of medical accuracy stating that the material has been compared to the model curricula for medical accuracy and that in the opinion of the district, the materials are medically accurate. After submission of these materials to the DOH Office on HIV/AIDS, the district may use the materials until the approval procedure by the DOH Office on HIV/AIDS has been completed.

The AIDS Omnibus Act
(continued)

Model curricula and other resources from OSPI shall be made available through its clearinghouse for educational information. OSPI, with the assistance of the DOH Office on HIV/AIDS, shall update AIDS education curriculum material as newly discovered medical facts make it necessary. The clearinghouse will also make available materials developed by local school districts that have been approved by the DOH Office on HIV/AIDS.

The curriculum for AIDS prevention shall be designed to teach students which behaviors place a person (dangerously) at risk for HIV infection and methods to avoid such risk. At least, the following is to be included:

- The dangers of drug abuse, especially that involving the use of hypodermic needles.
- The dangers of sexual intercourse, with or without condoms.

The AIDS prevention education program shall stress that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact. It shall also teach that condoms and other artificial means of birth control are not a certain means of preventing the spread of HIV/AIDS and that reliance on condoms puts a person at risk for exposure to the disease.

Each school district shall, at least one month before teaching AIDS prevention education in any classroom, conduct at least one presentation concerning the curricula and materials that will be used for AIDS education during weekend and evening hours for the parents and guardians of students. Parents are to be notified of the presentation and that the materials are available for inspection.

No student may be required to participate in AIDS prevention education if the student's parent or guardian, having attended one of the district presentations, objects in writing to such participation.

[The provisions outlined above became effective July 1, 1988.]

Note: As with all school district curricula, HIV/AIDS prevention instructional materials also must be reviewed by the school district instructional materials committee for bias as provided in the Basic Education Law (RCW 28A.150.240), the Instructional Materials Law (RCW 28A.320.230), and the Sex Equity Law (RCW 28A.640.010).

About the
KNOW HIV/STD Prevention Curriculum

This model HIV/STD prevention curriculum is designed to meet the requirements of the AIDS Omnibus Act (RCW 28A.230.070) and requirements for instruction about sexually transmitted diseases (RCW 28A.230.020). The curriculum provides learning opportunities intended to facilitate the acquisition of knowledge about certain diseases and how our bodies work to prevent and attack illness, the development of positive attitudes to avoid risks, and skill-building activities that, when presented in combination, have been shown to support avoidance of health risk behaviors.

The high school *KNOW HIV/STD Prevention Curriculum* includes lesson plans designed to fit into a variety of content areas including health education, literature, social studies, and general education courses. Each of the units includes teacher background materials and lesson plans–specific to each grade level–black and white masters for student handouts and transparencies, lesson objectives, activities, and recommendations for supporting videos (not required).

For ordering information go to the
KNOW HIV/STD Prevention Curriculum Order Form (page 51)

This model curriculum has been reviewed by the Washington State Department of Health (DOH) Office on HIV/AIDS and approved for medical accuracy, as required by Washington State law.

The *KNOW* curriculum has been revised periodically since its creation in response to the passage of the AIDS Omnibus Act, using the following steps in program evaluation:

* Surveys of teachers in Washington State who have used the curriculum, soliciting their recommendations for revision.

* Focus groups with adolescents from several school districts from around the state to glean student opinions regarding effective HIV/STD instruction.

* Review of the curriculum and recommended revisions by various health education experts from across the state, including content specialists with the Washington State Department of Health (DOH).

About the
KNOW HIV/STD Prevention Curriculum
(continued)

In 1987, the International Society for AIDS Education was founded following the First International Conference on AIDS Education. A significant recommendation for AIDS education in schools was that it should be mandated by state boards of education. *[As previously noted, in Washington State the mandate actually came from the state legislature.]*

Additional recommendations from this conference on AIDS were:

- AIDS education should be part of a carefully planned comprehensive school health education curriculum.
- AIDS education should be based on goals and objectives that focus on prevention behaviors.
- AIDS education should focus on specific skills that empower individuals to take responsibility for health.
- School districts should develop a plan to build community support and participation for AIDS education.
- Evaluation is a key component of effective HIV/AIDS education programs and should be included to demonstrate achievement of outcomes or need for revision.

[First International Conference on AIDS Education, Columbia, South Carolina, July 31–August 1, 1987].

Numerous health education specialists have contributed to the development and revision of this curriculum, taking into account emerging information on HIV/STDs and Hepatitis as well as the most effective ways to teach about these topics.

The result is a program that:

1) Reflects current research regarding effective health education to support healthy behaviors,
2) Considers the risks for sexually transmitted diseases other than HIV that occur at alarming levels among Washington State adolescents,
3) Provides increased opportunities for parents to talk about these issues with their children.
4) Utilizes experiential and other highly effective instructional methods that prepare students to make healthy decisions.
5) Fits with the essential academic learning requirements in health and fitness.
6) Includes varied and appropriate assessment tools.

The *KNOW HIV/STD Prevention Curriculum* provides an instructional resource for teachers to meet Washington State Health and Fitness Essential Academic Learning Requirements (EALRs):

2. **The Student acquires the knowledge and skills necessary to maintain a healthy life: Recognize patterns of growth and development, reduce health risks, and live safely.**

   To meet this standard the student will:

   2.1 Recognize patterns of growth and development.

   2.2 Understand the concept of control and prevention of disease.

   2.3 Acquire skills to live safely and reduce health risks.

3. **The student analyzes and evaluates the impact of real-life influences on health.**

   To meet this standard the student will:

   3.1 Understand how environmental factors affect one's health (air, water, noise, chemicals).

   3.2 Gather and analyze health information.

   3.3 Use social skills to promote health and safety in a variety of situations.

   3.4 Understand how emotions influence decision making.

Based on Research of Effective Programs

Dr. Douglas Kirby, a Senior Research Scientist at Education, Training, Research (ETR) Associates, conducted a review of sex education programs that have been rigorously evaluated using quantitative research and shown to be effective in reducing risk-taking behaviors. In his recent landmark review of teenage pregnancy prevention programs, Dr. Kirby identified ten common characteristics of these types of programs.

The *KNOW HIV/STD Prevention Curriculum* provides learning opportunities that are reflected in the characteristics found in effective programs. Additional information on Dr. Kirby's findings may be found in the OSPI/Washington State Department of Health (DOH) *Guidelines for Sexual Health and Disease Prevention* at *www.k12.wa.us/curriculuminstruct/healthfitness.*

Staff Selection and Preparation for HIV/STD Education

Staff Selection

Teachers and/or support staff who will present HIV/STD curriculum must feel adequately prepared and confident with the subject matter to ensure student comfort and learning. Team teaching or utilizing outside resources, such as health department personnel, counselors, or school nurses may be appropriate choices for any classroom teacher who may not yet feel adequately prepared to present HIV/STD materials. On the other hand, students report that they prefer to learn about these subjects from their regular classroom teachers, so teachers are encouraged to seek the necessary support and training to make this possible.

Before teaching about HIV/STDs, educators should:

- Have examined their own attitudes about sexuality and AIDS so that they send conscious and knowledgeable messages to students.
- Have knowledge of accurate and detailed information about HIV, STDs, and Hepatitis B and Hepatitis C.
- Have the concrete social and communication skills needed to effectively teach the HIV/STD curriculum.
- Be comfortable with the subject matter.
- Understand the pressures students must cope with in today's complex society.
- Value the rights and dignity of all human beings affected by HIV and other STDs.
- Have a desire and be willing to teach an HIV/STD curriculum.

Inservice Training*

Training teachers to teach HIV/STD prevention education requires a carefully developed comprehensive program.

Effective inservice for HIV/STD prevention education should include:

- Accurate and detailed information about HIV and other STDs and an opportunity for participants to process this information in ways that alleviate their personal fears of exposure to HIV.

- Opportunities to meet and talk with persons who are infected with HIV.

Inservice Training*

(continued)

- An examination of the sensitive and controversial issues involved in teaching about HIV and other STDs, including an opportunity for participants to look at their own attitudes about sexuality and HIV.

- Classroom strategies and activities, including models for integrating HIV/STD education into comprehensive units on health and family and consumer sciences education, as well as other program areas in which HIV/STD education will be provided, such as biology, life science, social studies, and even English.

- Research findings that identify the components of instructional programs found to support youth in choosing healthful behaviors.

Information about HIV and STDs changes frequently. Thus, teachers are encouraged to avail themselves of updated information through newsletters, websites, and inservice trainings provided by national, state, and local health and education agencies.

[*This section contributed by Jane Gutting, Ph.D.]

Student Considerations in Selecting and Implementing an HIV/STD Curriculum

Student Preparation

Consideration must be given to prior knowledge and understanding that students will need for the lessons to be presented effectively.

- *HIV/STD education is most effective within the context of comprehensive health education.*
- *Elementary level students need to have an understanding of the reproductive system and its function as well as information about communicable and non-communicable disease.*
- *For upper level students, some lesson plans may be based on the expectation that students have received prior instruction on HIV and STDs.*

Student Developmental Needs in HIV/STD Education

The sensitive issues surrounding HIV and STDs include drug and alcohol use, sexuality, feelings and decisions, grief and loss, understanding risk and non-risk, and tolerance.

The selection or development of a program for HIV/STD prevention must include consideration of the emotional developmental age of students to whom it is to be presented. The following is a review of student development characteristics and corresponding appropriate approaches to HIV/STD education as presented by the National Coalition of Advocates for Students (NCAS).* *(Information regarding the developmental needs of K-4 students is provided for districts offering K-12 programs.)*

Developmental Characteristics of Students in Kindergarten–Grade 3 (K–3)

Students are likely to be:

- Egocentric.
- Developing some independence from parents and gradually orienting toward peers.
- Relating to their bodies/exhibiting curiosity about body parts.
- Highly competitive and capable of unkindness to each other.
- Able to understand information if it relates to their own experiences.

Approaches to HIV Education for Grades K–3

The primary goal is to allay children's fears of HIV and AIDS and to establish a foundation for more detailed discussion of sexuality and health at the 5th grade level.

- Information about HIV and AIDS should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles, and different types of families.

- Children should be encouraged to feel positively about their bodies, to know their body parts, and to know the differences between girls and boys. Teachers should answer their questions about how babies are developed and born.

- AIDS should be defined simply as a very serious disease that affects some adults and teenagers. Students should be told that young children rarely get it and that they do not need to worry about playing with children whose parents have HIV or AIDS or playing with those few children who do have the disease.

- Children should be cautioned never to play with hypodermic syringes or needles–found on playgrounds or elsewhere–and to avoid contact with other people's blood.

- Children should be taught to get help when a friend is injured and to avoid direct contact with blood from the wounds of a peer.

- Children should be taught assertiveness about refusing unwanted touch by others, including family members.

Developmental Characteristics of Students in Grades 4–5

Students are likely to be:

- Aware of sexual feelings and desires either in themselves or in others and may be confused about them.
- Increasingly sensitive to peer pressure.
- Exploring sex roles
- In different stages of pre-puberty and early puberty and usually very interested in learning about sexuality and human relationships.
- Quite comfortable discussing human sexuality.
- Confused between fact and fantasy (between hypothesis and reality).
- Able to internalize rules and know what is right or wrong according to those rules.

Approaches to HIV Education for Grades 4–5

It is appropriate to use the same approach as for Grades K–3 with an increased emphasis on:

- Affirming that bodies have natural sexual feelings.
- Helping children examine and affirm their own family values.

Teachers of 4th and 5th graders should:

- Continue providing basic information about human sexuality and helping children understand puberty and the changes in their bodies.
- Be prepared to answer questions about AIDS and HIV prevention.

Developmental Characteristics of Students in Grades 6–9

Students are likely to be:

- Engaged in a search for identity (including sexual identity), asking, "Who am I? Am I normal?" and very centered on self.
- Influenced by peer attitudes.
- Concerned about and experimenting with relationships between boys and girls.
- Concerned about the confusing sexual feelings many of them will have experienced.
- Worried about the changes in their bodies.
- Able to understand that behavior has consequences, but may not believe the consequences could happen to them.
- Fearful of asking questions about sex that might make them appear uninformed.

Developmental Characteristics of Students in Grades 10–12

Students are likely to be:

- Still struggling for a sense of personal identity, especially those who are confused about their sexual identities.
- Thinking that they "know it all."
- Seeking greater independence from parents.
- Open to information provided by trusted adults.
- Thinking about establishing more permanent relationships near the end of this period.
- Experiencing an illusion of immortality.
- Sexually active.

Approaches to HIV Education for Grades 6–12

The primary goal is to teach students to protect themselves and others from infection with the Human Immunodeficiency Virus (HIV).

- Students should learn information on the HIV disease process, transmission, and prevention.
- HIV/AIDS issues should be made as real as possible without overly frightening students. Movies about or classroom visits from people with HIV/AIDS have helped students in some schools overcome their denial of the disease and give HIV a human face.
- The focus should be on healthy behaviors rather than on the medical aspects of the disease.
- Students should examine and affirm their own values.
- Students should rehearse making responsible decisions about sex, including responses to risky situations.
- Students should know they have a right to abstain from sexual intercourse or to postpone becoming sexually active. They should be helped to develop the skills to assert this right.
- Students should know that forced sex is never justified or legal.
- It must not be assumed that all students will choose abstinence.
- Information about HIV should be presented in the context of other STDs.
- It is important to be honest and to provide information in a straightforward manner. Be explicit. Use simple, clear words. Explain in detail. Use examples.
- Sexual vocabulary may be connected with slang, if necessary, to be certain students understand the lesson.
- It is important to be non-threatening and to work toward alleviating anxiety.
- Students should be given the opportunity to ask questions anonymously.
- Students must know where in their community they may go for information and resources for sexual health.
- Discussion of dating relationships can provide opportunities to teach decision-making skills. Students should be helped to think through how to make responsible decisions about sex before questions arise in a dating context.

*Adapted from *Criteria for Evaluating an AIDS Curriculum* with permission from the National Coalition of Advocates for Students (NCAS).

Other Considerations in Selecting and Implementing an HIV/STD Curriculum

An effective HIV/STD prevention program must go beyond increasing student knowledge and aim toward affecting health behaviors. Such a program must include instructional methods that will affect attitudes and beliefs as well as those skills needed to select and carry out healthy behaviors. The *KNOW HIV/STD Prevention Curriculum* includes such opportunities.

Teaching about HIV/STDs is often enhanced by:

- Movies and other visual aids.
- Role-plays and other participatory exercises.
- Same-gender groupings (to encourage more candid discussion) followed by sharing in a mixed-gender group (to increase comfort level in discussing sexual subjects with members of the other gender).
- Involvement of students in planning and teaching.
- Peer education programs that can provide a venue to continued risk prevention messages beyond the classroom.

HIV/ STD education also should include:

- Discussion of critical social issues raised by the AIDS epidemic such as protecting the public health without endangering individual liberties.
- Resources to help students find answers to detailed medical questions.
- Skills that will enable them to continue to evaluate the AIDS crisis.

Skills are learned best through repeated practice and reinforcement. Thus, teachers are strongly encouraged to review decision-making and refusal skills steps addressed in other health programs such as drug and alcohol prevention and to help students learn how to transfer those skills to situations related specifically to sexual behaviors.

Providing HIV education yearly can present some challenges in identifying appropriate classes in the school program at some grade levels. This is particularly true at the secondary level. However, comprehensive health education spans nearly all the curricular disciplines and *KNOW* curriculum lessons have been designed to address many essential learning requirements. Upper grade lessons include suggestions about appropriateness to particular subject area courses such as language arts and social studies.

Community and Parent Involvement

The AIDS Omnibus Act provides that each school board of directors adopt an HIV prevention education program in consultation with teachers, administrators, parents, and selected community members.

Selection of a curriculum should include:

1. Consideration of the variety of families and the socioeconomic and ethnic cultures and values represented in the school and community.
2. Research indicating the kinds of programs which support the adoption of healthy behaviors.
3. The needs of students for effective HIV/STD prevention education.

Regional AIDS Service Networks

The AIDS Omnibus Act provided for an Office on HIV/AIDS. The DOH Office on HIV/AIDS is responsible for a statewide network that serves the community's need to respond to the risk of HIV infection within the state. Six regional service centers have been identified. School districts can look to these regional centers for support and resources for their HIV/AIDS program. (A list of the six regional centers is located on page 50.)

Parent Preview of Curriculum Lessons

Encouraging parent and community involvement can facilitate the smooth implementation of a sensitive program such as HIV/STD prevention education. The unknown always heightens fear and suspicion. A well-planned curriculum presentation to parents may dispel perceptual concerns about the impact of new materials on their children.

The AIDS Omnibus Act *requires that a parent preview meeting be held at least one month prior to classroom presentations*. After having attended such a meeting, parents may sign a request that their child not be required to attend the classroom presentation on HIV infection. The act also requires that the parent meeting be held during evening or weekend hours.

This requirement has been interpreted to mean that a single meeting which best meets the needs of the community should be scheduled. However, districts may elect to provide more than one opportunity for parents to preview the HIV curriculum if there appears to be a need. Video recording of the parent meeting may be an additional means of addressing the needs of those parents unable to attend.

Parent Preview of Curriculum Lessons
(continued)

The AIDS Omnibus Act also requires that parents and guardians be notified of the preview meeting and the availability of curricula and materials for inspection. A suggested letter to parents announcing the curriculum preview meeting is provided on the following page. A separate sample form for parents to request exclusion of their child from the HIV/AIDS program is also provided.

NOTE: *The exclusion request form should not be included in the announcement letter since parents are required to preview materials prior to requesting that their child be excluded.*

Many parents lack information on HIV/AIDS or have misinformation. A review of basic HIV information should be provided prior to previewing the district's curriculum. It may be helpful to have an HIV educator from your local health department at the meeting to assist in answering questions regarding current HIV/AIDS information.

Also, support materials for parents may include information on HIV and STDs, which are available from the Washington State Department of Health. *[Go to www.doh.wa.gov/cfh/STD/publications.htm or call 360/236-3460.]*

Strengthening family communications about sexual health issues is critical to affecting student health behaviors. Thus, many opportunities for parents to be involved in the HIV/STD prevention program have been included in selected lessons of the *KNOW.* Schools adopting other programs may want to add these parent/home activities if similar opportunities are not included.

Curriculum Selection Committees

Curriculum selection committees are most successful, and controversy is minimized, when they reflect the makeup of the community and the parents in the school district including economic status, cultural/ethnic representation, levels of education, as well as differing beliefs. Accomplishing this diverse representation may require active recruitment of those who are less likely to volunteer for such committees and scheduling meetings at times convenient for parents who work during the day.

The curriculum selection process should follow the current district policy. Also, involving students in this process increases the likelihood that the materials selected will be effective with youth.

Handling Controversy

Objections to curricula can occur even with the most carefully selected programs. Responses to curriculum objections should be handled promptly and directly and following the usual district policy for such concerns.

The following steps can be helpful:

- Identify a specific district representative to respond to inquiries regarding a curriculum complaint.
- Clarify the nature of the complaint.
- Determine whether the person making the complaint is responding to accurate information about the program or from a misunderstanding about what is actually being provided.
- Request a written description of what part of the curriculum is objectionable and why.
- Keep teachers and other affected staff informed about what is occurring.
- Keep a written record of all procedures and meetings that occur in response to curriculum objections.

Final resolution of objections to district programs should take into account:

- The need of students for accurate information that is culturally and developmentally appropriate.
- Research about proven methods of instruction.
- The beliefs of the majority of parents of students for whom the program is intended.

Prevention is the best antidote to controversy. By involving a representative group of parents and community members in the selection of curricula and being well-prepared to address concerns when they arise, a school district can successfully weather challenges to effective HIV/STD education.

Suggested Letter to Parents/Legal Guardian

(Date)

NOTICE OF PARENT PREVIEW MEETING
ON HIV/AIDS PREVENTION EDUCATION PROGRAM

Dear Parent/Legal Guardian:

In response to the growing threat of HIV to our population, the 1988 Washington State Legislature mandated that a program of prevention education be presented to students yearly beginning with the fifth grade. The (_____) School District has adopted an appropriate program for HIV/AIDS prevention education with the advice of educators, parents, and community members.

A meeting will be held on (day of week) of (month, day, year) from (time) to (time) at (place) to provide parents an opportunity to preview the HIV prevention education program. All student instructional materials will be available for your inspection. This will also enable you and your child to have some meaningful family discussions both before and after the classroom presentation.

Following a preview of the materials, parents who wish to have their child excused from participation in the HIV/AIDS prevention program may sign a release form. *State law provides that a parent or guardian must attend such a meeting before they can have their child or legal ward excused from participation in the HIV prevention program.*

We look forward to seeing you and discussing this important topic with you.

Sincerely,

(School Principal)
or
(District Superintendent)

Suggested Request Form to Excuse Student

_____School District

Request to Excuse Student from HIV Prevention Education

I have attended the school district's presentation of the HIV prevention education program for my child's (or legal ward's) grade level.

I object to the participation of my child (or legal ward) in the HIV prevention education program and request that he/she be excused from participation in the _____ grade presentation.

* I understand that the HIV epidemic presents a serious threat to the general population, particularly to youth, and I have been offered resources to present information to my son or daughter at home.

_____

Name of Child/Legal Ward

_____

Signature of Parent/Legal Guardian

Date_____

* *Optional. (This is to encourage parents to follow-up at home with those students not receiving information at school.)*

To The Teacher

The *KNOW HIV/STD Prevention Curriculum* was developed to provide effective learning experiences for your students to reduce their risk of HIV, STDs, and Hepatitis infection. In this section, we address some of the special issues related to teaching about HIV/STDs and Hepatitis and suggest some additional resources to support your teaching of these important topics.

Teacher Preparation

Teaching a subject that addresses sensitive issues involving sexuality, substance abuse, communicable disease, death, and family/community values requires considerable skill and preparation. This is particularly true with HIV/STD education in which education is the only means of prevention, and where misinformation has had such a negative effect on appropriate response to these diseases.

In this curriculum guide, background information on HIV, STDs, and Hepatitis is provided that can be valuable to teachers of all grade levels. Teachers should have a thorough understanding of these diseases even if some of the background information will not be addressed at the grade level he or she will teach.

Most teachers report that they received insufficient pre-service training on how to teach about sexuality and substance use, especially as they relate to HIV, STDs, and Hepatitis education. Also, information about these topics changes frequently. For this reason, we encourage you to update your knowledge and skills, as needed, by seeking appropriate inservice training and by utilizing other sources of information such as websites and newsletters from health and education agencies.

SPECIAL NOTE:

See **Teacher Background Information,** *Staff Selection and Preparation for HIV/STD Education*, pages 8-9, for more on teacher preparation and training.

Lesson Plan Format

The *Overview . . . Objectives . . . Activities . . .* format for lesson plans has been shown to be helpful for teachers in preparing for and implementing the lesson plans. Each lesson plan includes an overview of the lesson, a list of learning objectives and activities, the advance preparation required, materials and equipment list, and a step-by-step description of the lesson.

The writers also considered your needs as a teacher to have lesson plans that contain all, or nearly all, of the materials necessary to require minimum preparation time. Lesson plans appear on colored paper; materials to be duplicated for students or parents appear on white paper. Lessons and all related materials are individually titled and labeled by grade and lesson number in the lower right hand corner of the page for quick reference. Each grade level includes an overview preceding the lesson plans, which can be copied for use at parent meetings or for administrative purposes.

Community and Student Considerations

Presentation of the lessons may be adjusted to the needs of the community and students. Some grade levels may require prior learning experiences. RCW 28A.230.020 requires that all STDs presented to public school children *shall give emphasis to the importance of sexual abstinence outside lawful marriage and avoidance of substance abuse in controlling disease.* Classroom instructors should be mindful of presenting abstinence as a desirable decision for youth and the only 100 percent safe choice.

Teaching about Sensitive Subjects

Health education has a distinctive place in the school curriculum. Few instructional programs are specifically intended to directly affect student behaviors or to discuss more sensitive aspects of personal beliefs and decision making. The effectiveness of such instruction will rely, in part, on the cultural relevance of the information and form of teaching strategies used.

Individual, family, and community values also play a role and must be given due respect at the same time all student's needs for accurate health information should be met. Teachers should assume, for example, that they very likely have students in their classes who identify as gay, lesbian, bisexual or "questioning" their sexual orientation. Use of gender neutral terms such as "partner" rather than "girlfriend or boyfriend" will encourage those students to identify with the prevention messages being presented.

HIV/STDs and Hepatitis education offers some distinct challenges for teachers. Many resources are available to assist you, including the websites and resources listed throughout this document.

Establishing Ground Rules*

A safe and mutually supportive classroom environment needs to be established at the beginning of instruction about HIV /STD and Hepatitis prevention to help provide a comfortable atmosphere for discussing sensitive issues. **Ground rules** are a set of agreements, or explicit group norms, about how a group will operate to protect both individual and group rights.

These may be established in a number of different ways:

- The entire class can brainstorm a list of ground rules together.
- Small groups can be assigned the task of developing a list of four to six rules each, and then these can be compiled, identifying ones repeated by several groups.
- You can suggest a few ground rules as examples and ask the students to complete the list.

Once a list of ground rules has been developed:

- The group should agree to abide by these ground rules.
- The ground rules should then be posted as a reminder throughout the subsequent lessons.
- When violations occur, students should be reminded about the agreed upon ground rules.

Ground rules might include (but not be limited to):

- No put downs or name calling.
- Everyone has the right to "pass" on any question or activity.
- All questions are OK (if respectfully presented).
- No personal questions or stories.
- No talking about class member's comments outside of class.
- Speak for yourself, using "I" statements.
- Show respect for the opinions of others even if you disagree.
- Use correct terminology rather than slang terms.
- If a problem arises, tell the teacher.
- Accurately represent to parents what the class is about (don't sensationalize).
- Listen to each other and allow everyone to speak.

When students are involved in the development of class ground rules, they feel more "ownership" and are more likely to follow them. Establishing such guidelines ahead of the lessons helps to prevent group process issues, protect individuals from disrespectful comments or actions, and make it easier to correct violations when they occur.

** This section was adapted from **Teaching About Sexuality and HIV: Principles and Methods for Effective Education,** by Evonne Hedgepeth and Joan Helmich, NYU Press.*

Teaching about Abstinence

State law requires that discussion of abstinence from sexual activity be promoted as the only 100 percent way to prevent HIV. Giving a positive abstinence message is especially important if condoms are also discussed as a possible prevention method.

Most parents would agree the safest choice for adolescents, in light of the risks for HIV, STDs, Hepatitis C, and pregnancy is to wait until reaching adulthood before having sexual intercourse. Educators also recognize that knowledge alone is rarely the single factor affecting health behaviors.

Effective health instruction must go beyond information about disease facts and provide instruction that affects student's attitudes and beliefs. Not surprisingly, teenagers don't readily accept admonishments from adults to just say "no" to sex at a time in their lives when peer relationships are increasingly influential.

Student Views on Abstinence

An adolescent may not view abstinence as desirable if she/he falsely believes that she/he is the only one not having sex. Therefore, it is important that students be made aware that while 50 percent of high school youth report in surveys that they are having sex, the other 50 percent are not. They must understand that not having sex at their age does not make them abnormal or strange.

Saying "no" to peers and love interests often is difficult for adolescents. Thus, students want to know (and need to practice) ways of avoiding risky situations and behaviors without losing their friend or relationship. Experiences such as writing and practicing what to do in difficult situations can prepare a student to respond confidently when problems arise on a date or at a party.

Different Meanings of "Abstinence" and "Virginity"

Adults also need to recognize that the term *abstinence* can have different meanings for youth. For some it means the complete absence of any touch of oneself or others for sexual arousal or gratification. For others it refers only to avoidance of penetrative intercourse. Too many youth consider anal intercourse (a high risk for HIV transmission) to be an acceptable alternative to vaginal intercourse because they believe it preserves their "virginity."

Teaching about Abstinence
(continued)

Parents and students should be encouraged to clarify what abstinence means to them and determine how this will influence their decisions and actions. Abstinence should not be equated with virginity. Once a person has had sexual intercourse, she/he is no longer considered a "virgin." However, one can choose to practice abstinence at any point in their life. (In fact, most adults choose or practice abstinence at various times in their lives, often because they determine it is best for their current circumstances.)

For many teens, adult advice to "wait to have sexual intercourse" is preferable to the phrase "remain abstinent until marriage." Students should be encouraged to discuss these concepts and their own personal values with their parents or other trusted adults.

However adolescents feel about the term *abstinence*, they should know and believe *they can make a choice not to have sex at anytime with anyone*. Ultimately, it is their choice. They must believe that they have the skills to communicate that decision and that they expect that their decision will be accepted. Teachers also should emphasize that forced sex is illegal and never acceptable.

Abstinence, or waiting to have sex, should be presented as a positive health choice made by most teens. It also should be presented in a manner that avoids denigrating students who may be having sex.

Multiple Needs Call for Multiple Messages

The *KNOW* curriculum is a disease prevention program that encourages use of all protective strategies known to be effective. Abstinence (when interpreted as the avoidance of all risky sexual and drug-use behavior) is 100 percent effective for the prevention of sexual transmission of HIV and other STDs. The correct and consistent use of latex condoms by those who are sexually active *significantly reduces* the risk for infection even though–just like bicycle helmets and vaccinations–they do not provide 100 percent protection at all times. Because students will make their own health choices (some not to adult's liking), both messages are important to a comprehensive, effective disease prevention program.

FOR MORE INFORMATION ON TEACHING ABOUT ABSTINENCE,
VISIT Public Health Seattle/King County HEALTH EDUCATOR'S TOOLBOX
http://www.caps.ucsf.edu/abstinence.html

Using Role-Play as a Teaching Strategy

Some lesson plans in the *KNOW HIV/STD Prevention Curriculum* utilize role-plays as a teaching strategy to help students develop the skills needed to enact health-protecting decisions. The opportunity to practice saying "no" or to change an unsafe situation to a safe one is very important to student success in actual life settings.

Role-playing can be uncomfortable for teachers and students who have not previously used this method of learning. The concept can be introduced safely by clearly setting ground rules for the class. Agreed-upon ground rules should be posted for easy reference, and students should be reminded of these, as necessary.

Fully scripted role-plays may be written for students to merely act out without the need to be spontaneous. Less scripting and more student-generated scenarios can follow that will probably more closely reflect actual situations for themselves and their peers. The cultural diversity of students in the classroom can also be reflected through student-scripted role-plays.

Small group practices are less threatening and provide more opportunity for each student to learn the effective communication techniques needed to say "no" or create a safer situation.

The teacher should first model the role-playing technique with a student who is comfortable participating in such an activity. Skill in the modeling is less important than providing the opportunity for students to observe the process, consider what their own responses might be, recognize that it is natural to feel awkward in such situations, and be safe in taking a chance to participate themselves.

Discomfort with role-playing is often the result of not wanting to be identified with the character or situation portrayed. Using props, such as a hat or glasses, or wearing name tags of the characters, will remind observers that their peers are play-acting and are not portraying themselves. Some teachers have found that having students create finger puppets or simple sock characters provides more comfort in acting out scenarios. These techniques also provide an avenue for students who have special talents to "shine" for their classmates.

Guidelines for Answering Difficult Questions*

Questions posed in an HIV education class can be difficult for the teacher for a variety of reasons.

- You may not know the answer and worry about giving out misinformation or omitting essential information.
- You may be unfamiliar or uncomfortable with slang terminology used by the student.
- You may be uncomfortable with the content of the question (i.e., related to certain sexual behaviors).
- The question may be of interest to one student but developmentally inappropriate for the entire class.
- The question may be intended for "shock" value, rather than being a sincere inquiry.
- The questioner may be seeking personal information about you and your experiences or values.

When dealing with a question that is difficult for you, no matter what the reason, here are some helpful strategies and guidelines to follow.

1. **Be aware of your body language and tone of voice** and what they communicate to the students about discomfort or disapproval you may be feeling. Try to use the same straightforward approach you would use for less difficult questions.

2. **Respond to or acknowledge all questions.** Don't avoid or ignore the question or the questioner. (If the questioner is sincere, avoiding a question can diminish further communication with that student. If not sincere, your avoidance may encourage renewed attempts to shock or upset you.)

3. **Affirm the questioner and legitimize the question,** as appropriate. Say, "I'm glad you asked that" or "Many people ask this question" or "This is an important question." Do not laugh at or dismiss any question. It may seem funny or inconsequential to you but be very serious to the questioner. A negative response such as, "You are too young to be asking this," can shut down communication and learning.

Guidelines for Answering Difficult Questions*

(continued)

4. **If the question includes slang, paraphrase the question changing the slang to appropriate terminology.** If you don't understand the slang, ask for clarification of the question. If the question was posed anonymously, ask the class, "Do you think this question means . . . ?" If you decide that it could mean more than one thing, address all the possibilities.

5. **If you don't know the answer, admit it.** Offer to obtain further information on the topic, or even better, suggest that someone else in the class seek the answer as a project, if appropriate. This approach acknowledges that you do not have all the answers and are not the only available resource for students. It also encourages independent research.

6. **Ask for questions in writing.** The "anonymous question" strategy accomplishes two things simultaneously: (1) It is less intimidating for students than asking questions out loud, and (2) it will allow you time to reflect on difficult questions before answering. A useful strategy is to pass the challenging questions to the bottom of the stack until you decide how to address them.

7. **Practice answering questions that make you feel uncomfortable in front of a mirror or a supportive friend.** Also, increase your knowledge of the topics about which you feel uncomfortable. As your knowledge and skills increase, so will your comfort level.

* This section contributed by Evonne Hedgepeth, adapted from ***Teaching About Sexuality and HIV: Principles and Method for Effective Education*** by Evonne Hedgepeth and Joan Helmich, New York University Press, 1996

FOR MORE ADVICE ON ANSWERING DIFFICULT QUESTIONS, VISIT
Public Health Seattle/King County HEALTH EDUCATOR'S TOOLBOX
www.metrokc.gov/health/famplan/educators/diffques.htm

FOR INFORMATION ON HOW TO ANSWER SPECIFIC STUDENT QUESTIONS
about Sexual Development, Sexual Health and HIV/STDs, go to
www.metrokc.gov/health/famplan/sfaq.htm

Dealing with Value-Based Questions

HIV education embodies many issues and questions that contain value or belief components. For example, a student may ask, "Do you think homosexuality is wrong?" To respond to value questions, use the following protocol.

Value Questions Protocol*

1. **Validate the student for asking the question.** Say, "That's a good question," "I often get asked that question," "Other students may be interested in hearing the answer to that one," or some other appropriate affirmation.

2. **Identify the question as a belief or value question.** (Distinguishing it from fact-based questions).

3. **Answer the factual part of the question,** if there is one. Dispel myths or misinformation about the issue. Say, for example, "Before we talk about beliefs about homosexuality, let's examine a few facts. Roughly five to ten percent of individuals in our society are gay or lesbian; most of them say they were born that way. Although some people believe that sexual orientation is chosen, no one really knows how it is caused."

4. **Describe a range of beliefs.** "Different people believe different things about homosexuality." Ensure that all beliefs are described in a fair and even-handed way.

5. **Refrain from stating your own belief,** Unless it reflects a universal value of our society. For example, if the question is about discrimination against people with AIDS because some are homosexual, you may say that "discrimination of *any kind*, against anyone, is wrong."

6. **Refer the student to family, clergy, or other trusted adults.** "Since people hold different opinions on this topic, I encourage you to find out what your family believes."

* Values Protocol adapted from the *Family Life and Sexual Health Curriculum, (F.L.A.S.H.)* published by the Seattle-King County Health Department.

FOR MORE INFORMATION ON ANSWERING VALUE-BASED QUESTIONS, INCLUDING HOW TO ANSWER SPECIFIC QUESTIONS, VISIT
Public Health Seattle/King County HEALTH EDUCATOR'S TOOLBOX
www.metrokc.gov/health/famplan/educators/valuepro.htm

Using Speakers as a Learning Method

Inviting speakers who are HIV positive to classes is known to be a very effective teaching tool. Students have an opportunity to learn about the experience of living with HIV/AIDS and to gain empathy for people dealing with this disease.

Such speakers are rarely professional educators, and have special needs of their own, including the possibility of last minute cancellation due to illness. Also, students need to be prepared for the speaker's visit by reviewing the ground rules and emphasizing the importance of respect. The following guidelines, given ahead of time to the speaker, may contribute to having a successful learning experience.

Suggested Guidelines for Speakers Living with HIV/AIDS*

Dear Speaker:

Thank you for being willing to spend time with our class/school to help our students become more informed about the experience of living with HIV or AIDS. In preparation for your visit, we would like you to know the following:

1. Washington State law requires HIV/AIDS education for public school students at least one time per year for Grades 5–12. Each school district has an adopted curriculum. When you go into the schools, you are there as a guest speaker to supplement the curriculum.

   Your primary purpose for being there is to **tell your story and to interact with the students** through questions and answers about what it's like to live with HIV. Since that interaction is crucial to breaking denial and stereotypes, you should allot about half of the time for questions and answers. If you are part of a panel presentation, make sure to divide the time equally so there is plenty of time for questions.

2. Your presentation should not be centered around basic AIDS 101 information. **Don't get bogged down on transmission questions,** etc. You can correct errors as they come up, but students should have had basic AIDS 101 before your presentation. Refer these questions to their teachers (for later) or have them call the Washington State AIDS HOTLINE at 800/272-AIDS (2437).

3. In preparing for your speaking engagement, we will do our best to:
   a) Make sure that students are prepared ahead of time (knowledge, attitudes, and ground rules).
   b) Ensure enough time and good format for effective dialogue.
   c) Protect your confidentiality to the degree that you request. (Phone number, full name, etc., are not necessary.) However, in some situations, you may have to provide your full name and social security number to receive payment.
   d) Encourage schools to schedule in advance, in order to avoid speaker burnout, by better spacing throughout the year.

4. Condoms are currently a **hot topic** in many schools. Be careful not to advocate a particular position on condom availability (especially if it differs from the position of that particular school district). You can give your opinion, as your opinion, if directly asked by a student, noting that many people differ on this.

Suggested Guidelines for Speakers Living with HIV/AIDS*
(continued)

5. Most kids are respectful and supportive. A few may use derogatory language, "queers, junkies, promiscuous," etc. You can always correct the language and stress the need for respect before answering a question. It's okay to name bigotry or fear for what it is. The classroom teacher is expected to maintain a respectful atmosphere.

6. You don't have to answer every question. Students will be told that you have the "right to pass" on questions.

7. Be aware of the separation of church and state in public schools. Use discretion when talking about the church, faith, higher power, etc. You may express the role of church or faith in your own life, but avoid promoting beliefs.

8. Teachers are required by law to stay in the classroom during a guest speaker presentation. It is not your responsibility to control the class—ask the teacher for support.

9. We'll try to back you up in case of illness with either co-trainers or substitutes. Please let us know as soon as possible if you are unable to make the scheduled presentation.

10. Your contribution to the effectiveness of our efforts to reduce the risk for HIV to our students is important. Thank you for your willingness to bring the reality of HIV and AIDS to our class.

* These guidelines were adapted with permission from Kathleen Smith, Public Health, Seattle-King County Health Department.

The following information is intended for teacher use and is not recommended for use as a handout for students.

TEACHER INFORMATION

on HIV, STDs, Hepatitis B, and Hepatitis C

What are HIV and AIDS?

HIV is an acronym for **Human Immunodeficiency Virus** (also called HIV-1), the virus known to cause AIDS. *(A second form of the virus, called HIV-2, occurs mostly outside the United States.)*

AIDS is an acronym for **Acquired Immune Deficiency Syndrome**.

Acquired	not inherited, but "acquired" (i.e., contracted via person-to-person contact).
Immune	relating to the body's defense system against foreign materials, such as viral and bacterial microorganisms.
Deficiency	a defect or lack in the body's immune system.
Syndrome	a collection of illnesses or symptoms that, when they occur together, are characteristic of a particular disease or condition.

Over a period of years after initial infection, without treatment, the presence of **HIV** infection progressively weakens the immune system. This puts a person at risk for a number of symptoms, infections, and cancers that result in the disease called AIDS, and ultimately, in death.

For evidence that HIV is the causal agent in AIDS (and responses to common myths and rumors about HIV/AIDS) see the following website of the National Institutes of Health:
www.niaid.nih.gov/factsheets/evidhiv.htm

Or see the website of the Centers for Disease Control and Prevention at
www.cdc.gov/hiv/pubs/faqs.htm#hoax-rumor

The Changing Face of AIDS

HIV/AIDS is a relatively new disease. First identified in 1981, the pandemic (i.e., an epidemic that exists everywhere around the globe) is now in its third decade. ***According to the Centers for Disease Control and Prevention (CDC) as of December 2004, 944,305 Americans had been diagnosed with AIDS; 56 percent of whom have already died.*** Today, experts estimate that between 1,039,000 and 1,185,000—or approximately one in every 261 Americans—are living with HIV. Most of them look and feel healthy, however, since it takes an **average** of ten years before a person with HIV becomes physically debilitated by AIDS. (A handful of people are known to be infected with the virus, but never develop symptoms, i.e., are "non-progressors"—for reasons that remain unclear.)

The Changing Face of AIDS
(continued)

During the first decade of this epidemic, **men who had sex with men (MSM)** accounted for the majority of AIDS cases in the United States and continue to be disproportionately affected, especially those in their teens and early twenties. However, the proportion of AIDS cases among youth, women and heterosexually-identified men has increased. According to the National Vital Statistics Report (CDC), as of October 12, 2004, HIV disease is the sixth main cause of death for women and men between 25-44 years of age.

CDC estimates that approximately 27 percent of persons living with HIV/AIDS as of 2004 were female; 37% of estimated HIV diagnosis in 2004 adults/adolescent were among women. Most were infected in their teens or early twenties. As in the case of other sexually transmitted diseases, women are more physically vulnerable to HIV infection: that is, a female is more likely to contract HIV during sexual intercourse with an infected male than a male is to become infected by an HIV positive female. Social inequities also contribute to higher risk for females than males. However, female-to-male transmission is possible. Female-to-female transmission is also considered possible, but has not been conclusively proven.

According to the Centers for Disease Control and Prevention (**CDC**), **adolescents, young adults, women, African-Americans, and Hispanics are at highest risk** of having heterosexually acquired HIV. From 1985 through 1993, the proportion of persons with AIDS who reported heterosexual contact with a partner at risk for or with documented HIV infection increased from 1.9 percent to 9.0 percent respectively. *[Morbidity and Mortality Weekly Report (MMWR), March 11, 1994]*

Children and HIV/AIDS

Historically, an added tragedy in the HIV/AIDS epidemic has been children infected with HIV through maternal transmission, and the thousands of others orphaned when their HIV-infected parents and primary caretakers died. Today, however, **less than two percent of HIV positive women in the U.S. who get treatment during their pregnancies pass the virus to their infant at delivery. For those mothers who receive no prenatal care, or who contract HIV during their pregnancy, the transmission rate may be as high as one in four.** Children also continue to be affected by the loss of their parents/caregivers, and require care by family members, extended family members, caring family friends, or foster parents.

The Global Impact of HIV/AIDS

HIV/AIDS is a worldwide epidemic. Worldwide, as of December 2005, 23.1 million people have died of AIDS since the epidemic began. Because of a lack of resources, tracking the exact number of global cases of HIV is difficult. What is clear is that poverty, malnutrition, and the co-occurrence of other diseases all significantly worsen the global HIV epidemic.

UNAIDS 2005 reports estimate that a total of 40.3 million people are living with HIV and 17.5 million are women. Diagnosis of AIDS in women has often been delayed because of the differences in symptoms from men. HIV-positive women generally experience gynecological problems and rarely get Kaposi's Sarcoma, a very visible skin cancer common among men with AIDS.

How HIV Destroys the Immune System

*The following information on "**How HIV Destroys the Immune System**" is taken from statements by the National Institutes of Health, and adopted by the CDC, concerning how HIV causes AIDS. Although much of the information is quite technical, instructors may find it helpful in understanding the scientific findings regarding the actions and effects of HIV once it enters a person's body. However, this technical information is not essential in understanding how to prevent transmission of HIV. Thus, some readers may wish to skip this portion of background information and go to the next section on "**The Course of HIV Infection**."*

The HIV virus belongs in a special class of viruses known as **retroviruses**. When a person is infected with HIV, the virus invades white blood cells (lymphocytes) in the immune system called **T-4 helper cells** (also known as **T-4** or **CD4 cells**). Only a few forms of viruses can infect the immune system, most of which cause cancer. Although no evidence exists that HIV directly causes cancer, it is a close relative to viruses that are known to cause leukemia.

HIV disease is characterized by a gradual deterioration of immune function. During the course of infection, **T-4 cells** are disabled and killed, and thus their numbers progressively decline. Since these cells play a crucial role in the immune response, by signaling other immune system cells to perform their special defensive functions, their reduction lowers the body's ability to fight off other infections effectively.

The blood of a healthy, uninfected person usually has between 800 and 1200 T-4 cells per microliter (*one millionth of a liter, abbreviated as "ml").* When an HIV-infected person's T-4 cell count falls below 200/ml, he or she becomes particularly vulnerable to the "opportunistic" infections and cancers that typify AIDS, the end stage of HIV disease.

The period between infection with HIV and the onset of AIDS averages ten to twelve years in adults in the United States. People with AIDS often suffer infections of the lungs, brain, eyes, and other organs; and frequently suffer debilitating weight loss, diarrhea, and a type of cancer called Kaposi's Sarcoma. Even with treatment, most people with AIDS die within a few years of developing infections or cancers that take advantage of their weakened immune systems.

How HIV Infects and Reproduces

Infection (Cell Entry)

HIV is spherical in shape with a diameter of 1/10,000 of a millimeter. It is far too small to be seen even with a light microscope. HIV can be observed only with a special instrument called an electron microscope. The outer coat, or envelope, is composed of two layers of fat-like molecules called lipids, derived from the membranes of human cells. Embedded in the envelope are numerous cellular proteins as well as mushroom-shaped HIV proteins that protrude from the surface. Each "mushroom" is thought to consist of a cap made of four HIV molecules called gp120 and a stem consisting of four gp41 molecules embedded in the envelope. The virus uses these proteins to attach to and enter immune system helper cells called T-4 or CD-4 cells. Once inside the cell, the virus disassembles.

Reverse Transcription, Integration, and Transcription

The virus's reverse transcriptase enzyme transforms the viral RNA into DNA which then enters the cell's nucleus and merges into the human DNA with the help of the viral enzyme integrase. HIV essentially hijacks the cell's machinery to make many copies of viral components.

Assembly and Budding

These viral core proteins, enzymes, and RNA gather just inside the cell's membrane; while the viral envelope proteins aggregate within the membrane. An immature viral particle is formed and then pinches off from the cell, acquiring an envelope and the cellular and HIV proteins from the cell membrane. The proteins inside the immature viral particle then undergoes processing by an HIV enzyme called protease to become an infectious virus.

Cell-to-cell spread of HIV, independent of virus release, also can occur through the fusion of an infected cell with an uninfected cell.

The Course of HIV Infection

Transmission

HIV is spread most commonly by **unprotected sexual intercourse** with an infected partner, but also can be contracted via other methods (see below). During sex, the virus can enter the body through the mucosal linings of the vagina, vulva, penis, rectum or, rarely, the mouth. The likelihood of transmission is increased by factors that may damage or cause breaks in these linings, especially infection with other sexually transmitted diseases that cause ulcers or inflammation.

HIV also is spread through direct contact with infected blood, most often by the sharing of drug needles, syringes, crystal meth or cocaine "straws," or non-sterile tattooing equipment that is contaminated with tiny quantities of blood containing the virus. (Note: The risk of acquiring HIV from blood transfusions has been nearly eliminated in the United States, as all blood and plasma donations in this country are now routinely screened for evidence of the HIV antibody.)

HIV also can be spread from mother to infant via **infected breast milk**. The incidence in this country is negligible for various reasons including that HIV-positive mothers here are advised to formula feed.

Individuals who are infected with HIV are referred to as **HIV positive** (HIV+).

[See more on transmission methods under the "Transmission of HIV" section, page 38]

The Acute Infection

Once it enters the body, HIV infects a large number of CD4+ T-cells (immune system "helper" cells) and replicates rapidly. During this acute or primary phase of infection, the blood contains many viral particles that spread throughout the body, seeding themselves in various organs, particularly the lymphoid tissues. Lymphoid tissues include the lymph nodes, spleen, tonsils, and adenoids. Within these tissues, immune activity is concentrated in regions called germinal centers, where the thread-like tentacles of follicular dendritic cells (FDCs) form networks that trap invaders and present them to immune cells that congregate there.

During the acute phase of infection, the number of CD4+ T-cells in the bloodstream decreases by 20 to 40 percent. It is not known whether these cells are killed by HIV or if they leave the blood and go to the lymphoid tissues in preparation to mount an immune response.

Two to four weeks after infection with the virus, up to 70 percent of HIV-infected persons suffer flu-like symptoms related to the acute infection, such as moderate to severe fever, severe headaches, rash, sore throat, muscle and joint pain, nausea, vomiting, mouth ulcers, and swollen lymph nodes. The infected individual's immune system responds: B-cells produce antibodies that neutralize some of the free virus, and killer T-cells destroy many HIV-infected cells. The CD4+ T-cell count may then rebound to 80 to 90 percent of its original level, and the infected individual generally goes into a symptom-less stage of infection that may last ten years or longer.

Clinical "Latency"

Although infected individuals usually exhibit a period of clinical latency with little evidence of disease, **the virus is never truly at rest**. Researchers at the National Institute of Allergy and Infectious Diseases (NAIAD) have shown that throughout the course of infection, even early in infection, HIV is active within the lymphoid organs, where large amounts of virus become trapped in the FDC networks. Surrounding the germinal centers are areas rich in CD4+ T-cells (also known as "T4" or "T-Helper cells"). These cells increasingly become infected, and viral particles accumulate both in infected cells and as free virus.

In and around the germinal centers, many CD4+ T-cells are probably activated by the increased production of cytokines, such as TNF-alpha (tumor necrosis factor-alpha) and IL-6 (interleukin-6), possibly secreted by B-cells and macrophages. Activation allows uninfected cells to be more easily infected and causes increased replication of HIV in already infected cells.

Other components of the immune system also are chronically activated with negative consequences. For example, HIV-infected individuals exhibit a massive stimulation of B-cells (responsible for producing antibodies) resulting in an impaired ability to initiate a new antibody response. Immune activation can also result in the suicide of cells by a process known as apoptosis and an increased production of cytokines that boost HIV replication and may have other deleterious effects. Increased levels of TNF-alpha, for example, may be at least partly responsible for the severe weight loss or wasting syndrome seen in many HIV-infected individuals.

Over a period of years, even when little virus is readily detectable in the blood, significant amounts of virus accumulate in the germinal centers both within infected cells and as free virus. Paradoxically, the FDC networks in the germinal centers that normally have the job of trapping pathogens and initiating an immune response may be an important reason why HIV is so effective at destroying the immune system. A steady stream of CD4+ T-cells probably becomes infected with HIV as they move to the lymphoid tissues in response to other infections.

Many Strains of HIV

HIV mutates rapidly. During the course of HIV disease, viral strains may emerge in an infected individual that differ widely in their ability to infect and kill different cell types as well as in their rate of replication and susceptibility to treatments. Strains of HIV from patients with advanced disease appear to be more virulent and infect more cell types than strains obtained earlier from the same individual.

AIDS: The Final Stage

AIDS is the most severe manifestation of infection with the Human Immunodeficiency Virus (HIV). The Centers for Disease Control and Prevention (CDC) lists numerous opportunistic infections and neoplasms (cancers) that, in the presence of HIV infection, constitute an AIDS diagnosis. In 1993, CDC expanded the criteria for an AIDS diagnosis to include CD4+ T-cell count at or below 200 cells per microliter in the presence of HIV infection. In persons (age 5 and older) with normally functioning immune systems, CD4+ T-cell counts usually range from 500-1,500 cells per microliter. Persons living with AIDS often have infections of the lungs, brain, eyes, and other organs, and frequently suffer debilitating weight loss, diarrhea, and a type of cancer called Kaposi's Sarcoma. *[Source: CDC web page www.hivatis.org/glossary/aglosary.html]*

Since 1992, scientists have estimated that about half the people with HIV develop AIDS within 10 years after becoming infected. This time varies greatly from person to person and can depend on many factors, including a person's health status and their health-related behaviors. Without treatment, almost everyone infected with HIV will progress to AIDS eventually and die from it.

Today there are medical treatments that can slow down the rate at which HIV weakens the immune system. In recent years combinations of therapies have been successful in reducing HIV viral load in the bloodstream of infected individuals and in greatly reducing the debilitating impact of HIV on those infected. Not all HIV positive people are able to tolerate the side effects of the new drugs and not all experience the same benefits. There are other treatments that can prevent or cure some of the illnesses associated with AIDS, though the treatments do not cure AIDS itself. As with other diseases, early detection offers more options for treatment and preventative health care. *[From CDC website www.cdc.gov/hiv/pubs/faq/faq4.htm]*

Transmission of HIV

HIV is a non-hardy virus known as a "bloodborne pathogen;" that is, it can be transmitted from one person to another only by entering the bloodstream of the recipient in some way. Only a few very direct modes of contact allow for transmission.

Transmissible HIV can be found mainly in three body fluids of infected individuals: **semen, vaginal/cervical secretions, and blood**. *(Transmission of HIV through breast milk from an infected mother has been documented but is extremely rare in the developed world. Other body fluids, such as saliva, tears, and sweat, may contain HIV, but in insufficient amounts to transmit HIV.)*

HIV enters a person's body through breaks, sores, and openings in the mouth, anus, penis, and/or vagina that may be obvious or may be microscopic. It can also enter through mucous membranes or through puncture wounds made by needles or other sharp objects containing HIV-infected blood.

Thus, HIV can be transmitted through:

- Sexual intercourse (anal, oral or vaginal intercourse).
- Needle or syringe sharing through drug use or accidental puncture. Also use of HIV-contaminated tattooing equipment.
- Maternal/child (from infected mother to fetus before or during birth, or via breast milk).
- Transfusion of infected blood or blood products (very rare now in the United States).

Transmission via sexual intercourse occurs as a result of infected vaginal/cervical fluids or semen coming in contact with the bloodstream through tears in body tissue, *or possibly through the virus being "carried" to the lymph system by other cells.* All practices of sexual intercourse (anal, oral, and/or vaginal) are considered to pose a risk. Receptive anal intercourse is the greatest risk of infection due to the greater likelihood of breaks in the anal tissue.

HIV and Substance Use

The increase in the incidence of heterosexual transmission of HIV is due in part to transmission by injection drug users. Once an injection drug user becomes infected with HIV, she or he can then pass the virus on to sexual partners and/or to other IV drug users via needle-sharing. Many people who sell sex are injection drug users who may be HIV positive. Furthermore, the risk of HIV infection and accelerated progression to AIDS is high with injection drug users due to: (1) a very direct route of blood exchange, and (2) to the negative impact of the drug use itself on the immune system, lowering the individual's resistance to disease.

Alcohol abuse also places added stress on the immune system increasing a person's risk for HIV infection. For this reason, all substance abuse is considered a risk factor for HIV infection.

Most infants who are born with HIV have mothers who contract it through injection drugs or fathers who passed the virus to their sexual and/or needle-sharing partner (the child's mother).

Maternal Transmission

HIV in an infected mother has the ability to cross the placental barrier to infect her developing fetus. Most mother-to-child transmission (up to 60%) occurs during pregnancy. The majority of the remaining cases of maternal transmission (up to 35%) are believed to happen during the birth process and a very small number occur post-partum. The administration of AZT and other medications to the mother greatly reduces the risk to the developing fetus. Women at greatest risk of transmitting HIV to their fetus are those who are newly infected, who become infected during pregnancy, or who have high viral loads uncontrolled by medications. *(Note: "Viral load" means the amount of virus present in the bloodstream.)*

AIDS Is Not Acquired Through Casual Contact

Again, HIV is acquired by infected semen, vaginal secretions, or blood entering the bloodstream of another person. Casual contact does not allow for HIV to be passed. Fortunately, HIV is very fragile outside the human body and is killed by virtually any disinfectant. Even stomach secretions will kill HIV.

Therefore, people do not acquire HIV from normal classroom contacts, eating food prepared by someone with HIV, from the cough or sneeze of an infected person, working with an infected individual, or even "closed-mouth" kissing.

Students sometimes will ask about the risk of **"open-mouth" kissing.** If two people were engaging in "open-mouth" kissing, and one of them was infected with HIV, and both had cuts or sores in their mouths, and fresh blood was present in the mouth of the infected individual, then *theoretically* HIV could be transmitted by open-mouth kissing. However, because this is such a remote possibility, it should not be considered or presented as a risk.

Students also often ask about the possibility of acquiring HIV from **insect bites**. The evidence overwhelmingly indicates that this does not occur, for these reasons:

- Viruses are very host-specific. HIV is a human virus with no known animal or insect host.
- Blood-sucking insects usually wait 24 hours or longer between feedings; any ingested HIV would die before the second bite. Also, blood-sucking insects only *withdraw* blood, they do not inject it.
- If HIV were mosquito-borne, we would see concentrations of HIV cases in geographic areas that have large numbers of mosquitoes and comparable incidence rates among children, young adults, and the elderly. This is not the case. The HIV-infection rates for sexually active adults in mosquito-afflicted regions greatly outnumber those for other age groups.

For information addressing common myths and rumors about HIV/AIDS, go to the Centers for Disease Control and Prevention (CDC) at **www.cdc.gov/hiv/pubs/faqs.htm#hoax-rumor**

Between 1979 and 1985, in rare instances, **blood transfusions** were a source of infection by HIV. Now every unit of blood in the United States is tested for HIV antibodies and the presence of HIV antigen, and the blood supply is considered as close as possible to 100 percent safe. It has never been possible to contract HIV by donating blood, since only new sterile needles and equipment are used.

In truth, the highest concentrations of AIDS cases occur among adults ages 20-49 in areas where there is a high use of injection drugs or large numbers of sexually active individuals infected with HIV. Very few cases of HIV infection cannot be linked to **high-risk behaviors**.

FOR MORE INFORMATION
Visit **the Seattle/King County HEALTH EDUCATOR'S TOOLBOX at**
www.metrokc.gov/health/apu/index.htm
or call the Washington State HIV/AIDS HOTLINE at 1.800.272.AIDS (2437)

Testing and Counseling for HIV

People who believe they have been exposed to HIV can be tested to confirm whether or not they have been infected.

The first test typically conducted is called the **ELISA test** *(enzyme-linked immunosorbent assay)* that can indicate the presence of antibodies to HIV. However, because it takes between two weeks to three months (and in some rare cases, up to six months) after exposure to HIV for the antibodies to develop in the blood, a person may test negative and actually be infected with HIV. (This is sometimes referred to as the **"window period."**) Also, since the ELISA test relies on antibody production to detect the presence of antibodies to the HIV, a depressed immune system or a slow antibody response can rarely produce false negative results.

If a person has an "HIV-positive" ELISA test result, a second kind of "confirmatory" test is automatically done to verify the presence of HIV, usually the Western Blot test, although others are available, (i.e., immunoflourescent antibody test). The Western Blot test is costly but very specific and accurate for HIV.

HIV testing can be obtained through local health departments and at private physician's offices. In Washington State, adolescents (14 years and older) are not required to have parental consent to receive STD testing and treatment including for HIV. Most local health departments charge for such testing based on the ability to pay.

Confidential Testing

Personal confidentiality is maintained by testing centers; that is, if an individual requests testing in his/her name, the results are not shared with family members, friends, sexual partners, or anyone else who does not "need to know." However, HIV infection like other sexually transmitted diseases is a **reportable condition**, which means that if the person tests positive for HIV, the local health jurisdiction will be notified by the testing center. The local health jurisdiction will continue to treat the individual's test results as strictly confidential and will report the information to the state which will also keep the information confidential. The health departments use this information to offer to help infected people tell their sex or drug-using partners to get tested and also to keep an accurate count of how many HIV-infected people are in each area, so they know where to focus resources.

Anonymous Testing

Local health departments also are required to assure that anonymous testing, in which a person is given a number or makes up a name, is reasonably available. (That is, they either provide such testing or contract it out to another agency.) Anonymous testing ensures that test results cannot be recorded with a person's true identity. Thus, counselors are unable to locate tested individuals to provide results unless they return to the testing center, and positive results cannot be reported to the health jurisdiction unless or until the individual seeks treatment.

Pre-Test Information and Consent

Clients choosing to test for HIV must be provided information. This must include: Benefits of testing and dangers of HIV; HIV transmission and prevention; meaning and importance of obtaining results; and, as appropriate, availability of and differences between anonymous and confidential testing. This information can be verbal or written, and a previously tested person can refuse information. Clients must also give specific oral or written consent for HIV testing which must be documented.

HIV Test Counseling

HIV test counseling is based on an individual assessment. It is meant to assist clients to set goals and strategies to reduce risk for HIV and provide skill-building opportunities and referrals. Counseling is not required for those at no risk. It is required for clients who request it or for at-risk clients. Counseling can be referred, and clients can also refuse counseling.

FOR MORE INFORMATION
Local information on testing can be obtained by calling
the Washington State HIV/AIDS HOTLINE at 1.800.272.AIDS (2437) or
visit the Seattle/King County Health Department at http://www.metrokc.gov/health/apu/

Prevention of HIV

Because no vaccine or cure for HIV exists, education is the best tool we have for prevention. This means that **schools play a paramount role in preventing the spread of HIV**. Because HIV/AIDS is a relatively new disease, and information regarding it changes periodically, educators should keep abreast of advances in knowledge about this virus.

Reducing high-risk behaviors is the goal of HIV education. Again, the activities that place a person at risk for HIV infection are:

- Sharing needles or syringes (illicit drugs, steroids, tattoos, body piercing).
- Unprotected (not using condoms) sexual intercourse (anal, oral, vaginal) especially where numerous partners are involved.

Prevention of HIV (continued)

Abstinence from sexual intercourse outside lawful marriage, fidelity, and the avoidance of substance abuse as the most effective protections from HIV exposure must be emphasized, in accordance with the Washington State AIDS Omnibus Act. *Abstinence is the only certain means of preventing the spread of HIV, and reliance on condoms may put a person at risk for infection with the virus especially when they are not used properly and consistently.*

The 2001 Youth Risk Behavior Survey revealed that approximately 50 percent of high school students had ever had sexual intercourse, and approximately 43 percent of sexually active students had not used a condom at last sexual intercourse. Thus, many students are at risk of infection.
(Go to *www.cdc.gov/mmwr/preview/mmwrhtml/mm5139a2.htm for full report.)*

As students become aware of the threat of HIV/AIDS, more may choose abstinence. However, for those who will not, **the risk of HIV and other sexually transmitted diseases (STDs) can be greatly reduced through proper use of latex condoms and a water-based lubricant.** *[Note: Condom failure is most likely to occur because of improper or inconsistent use, a factor that can be mitigated by education on proper use.]* (See pages 47-49 for additional information on condom effectiveness.)

The risk of HIV transmission from an infected woman to her baby before or during delivery can be greatly reduced through treatment with AZT (zidovudine) or other anti-HIV medications during pregnancy. Because the odds of a woman passing HIV to her baby can be virtually eliminated through good prenatal care and medication, women who are pregnant are routinely offered testing for HIV and encouraged to get tested.

FOR MORE INFORMATION on adolescent HIV prevention needs

visit the Seattle/King County HEALTH EDUCATOR'S TOOLBOX at
http://www.metrokc.gov/health/apu/

or the
Centers for Disease Control and Prevention
www.cdc.gov/hiv/pubs/facts.htm

HIV and Other Sexually Transmitted Diseases (STDs)

The KNOW curriculum now includes instruction regarding the prevalence and prevention of other STDs in addition to HIV. This was an important addition for several reasons:

- STDs are second only to the common cold in numbers of cases of infections occurring each year.

- Adolescents 15-19 years old have alarmingly high levels of STDs reported in Washington State, second only to 20-24 year olds.

- Two of the most common STDs, chlamydia and gonorrhea, often have no symptoms and are curable with treatment. However, if they are left untreated, these infections can lead to sterility,an increasingly common consequence of these often "silent" infections.

- The existence of some STDs can increase a person's vulnerability to HIV if he or she is exposed to the virus through sexual intercourse. Some STDs (genital herpes, syphilis and chancroid) result in lesions that provide a route for invasion by HIV-infected semen or vaginal secretions. Also, the white blood cells that accumulate in high numbers at the site of STD infections make it more likely that HIV will be able to enter the body and establish itself.

- Sexual behaviors that place a person at risk for HIV also place a person at risk for other STDs. Students need to understand that many STDs are readily transmitted through oral/genital contact as well as vaginal/anal/penile contact.

FOR MORE INFORMATION

Request an *STD Booklet* from the Washington State DOH
Office of STD Services at 360.236.3460.

Public Health Seattle/King County's HEALTH EDUCATOR'S TOOLBOX at
www.metrokc.gov/health/apu/std/index.htm

"Tracking the Hidden Epidemics: Trends in STDS in the United States"
www.cdc.gov/nchstp/dstd/stats_trends/trends2000.pdf

The National Center for HIV, STD, and TB Prevention at
http://www.cdc.gov/nchstp/dstd/aboutdiv.htm

HIV-Related Tuberculosis

Mycobacterium tuberculosis (TB) is transmitted via airborne droplets from people with active pulmonary or laryngeal TB when they cough, sneeze, or talk. Globally, probably two billion people are infected with TB and there are eight million active cases of TB each year. During recent years, the United States has experienced an increase of over 20 percent in the number of cases of tuberculosis. This resurgence is partly due to an increased susceptibility of HIV-infected persons to the development of active tuberculosis. Multi-drug resistant forms of TB have resulted in extremely high mortality rates particularly among those who are HIV infected.

The co-existence of the HIV epidemic and TB poses a serious challenge. In the United States, increases in TB have become particularly problematic in institutional settings that often serve populations with a high prevalence of HIV infection. Many such facilities have inadequate provisions for controlling airborne diseases. The Centers for Disease Control and Prevention (CDC) has called for implementation or enhancement of infection control guidelines and practices in hospitals, prisons, and other similar facilities.

FOR MORE INFORMATION on HIV and Tuberculosis

To obtain a copy of the
Washington State Department of Health's
Guidelines for the Prevention, Treatment, and Control of TB
call the Tuberculosis Program at 360.236.3447.

Or see the downloadable Acrobat file
"The Deadly Intersection Between TB and HIV"
by The National Center for HIV, STD, and TB Prevention
at **www.cdc.gov/hiv/pubs/facts.htm#Coinfection**

Hepatitis B and Hepatitis C

Hepatitis is an inflammation of the liver, which has many possible causes, including viruses. Current hepatitis viruses include **Hepatitis A, Hepatitis B, Hepatitis C, Hepatitis D,** and others. Hepatitis causes damage to the liver and other body systems, which can range in severity from mild to fatal.

Hepatitis B and Hepatitis C are bloodborne pathogens; that is, the viruses are transmitted by blood in the same ways that HIV is transmitted by blood (through sharing needles or other injection equipment).

Hepatitis B is spread by direct contact with the blood, serum, or sexual fluids of an infected person. This can happen by sharing needles or having sex with somebody infected with **Hepatitis B.** Transmission can also occur for people living together for a long time in the same household or institution. Infected women can pass the virus to their babies. Blood is now tested before transfusion to prevent spreading **Hepatitis B,** but in the past, some cases resulted from blood transfusion. Medical personnel are at risk of exposure due to needle sticks.

About 80% of people who have ever injected street drugs and/or shared injection drug equipment are infected with **Hepatitis C.** It can also be spread when health care workers are exposed to an infected person's blood, or through organ transplants or blood transfusions, especially those received prior to the development of a **Hepatitis C** test in the early 1990s. Infected mothers can pass the virus to their babies but this is thought to occur at a low rate and accounts for about five percent of cases in the united States. The risk of sexual transmission also appears to be low accounting for about five percent of cases in this country. Other persons at risk include kidney dialysis patients.

One significant difference is that Hepatitis B and Hepatitis C are considered "hardier" viruses than HIV. The hepatitis viruses are much more concentrated in the blood, more infectious, and more easily transmitted than HIV.

Many people infected with **Hepatitis B and Hepatitis C** have no symptoms (**asymptomatic**). Like HIV-positive people, **Hepatitis B and Hepatitis C** infected individuals may look and feel healthy but be infectious to others. They may not even be aware they are infected until they experience severe symptoms, including liver failure.

Hepatitis B (HBV) is vaccine-preventable. A vaccine for HBV has been available since before 1990. HBV vaccination is now a requirement for children entering public and private school in Washington State as well as a national OSHA requirement for professions in which employees are likely to have contact with blood and other potentially infectious materials.

No vaccine currently exists for **Hepatitis C** (HCV). HCV is the leading cause of chronic liver disease in the United States and was discovered in the late 1980s. Treatments for HCV exist, but they are expensive and do not work for all persons who have **Hepatitis C.**

A Comparison Chart of HIV, HBV, and HCV

This information provided by the
Washington State Department of Health (DOH), HIV Prevention and Education Services.

	HIV	HBV	HCV
Transmission by blood	Yes	Yes	Yes
Semen	Yes	Yes	Rarely (More likely if blood present.)
Vaginal fluid	Yes	Yes	Rarely (More likely if blood present.)
Breast milk	Yes	No (But may be transmitted if blood is present.)	No (But may be transmitted if blood is present.)
Saliva	No	Maybe	No
Target in the body	Immune System	Liver	Liver
Risk of infection after needle stick exposure to infected blood	0.5%	5%–30%	2%–3%
Vaccine Available	No	Yes	No

Prevention of HBV and HCV

Prevention methods for HBV and HCV are the same as for preventing HIV infection with one exception: HBV and HCV are more likely to be present on personal hygiene equipment (such as razors and toothbrushes), so it's important to avoid sharing these items. The hepatitis viruses are not transmitted by sneezing, hugging, and/or other casual contact.

Recommended Websites for Information on Hepatitis

Centers for Disease Control and Prevention (CDC): www.cdc.gov/hepatitis/
The American Liver Foundation: www.liverfoundation.org/
Immunization Action Coalition: www.immunize.org
Public Health Seattle/King County, HEALTH EDUCATOR'S TOOLBOX, www.metrokc.gov/health/
California Hepatitis C Resource Center: www.hepccalifornia.org/abouthepatitisc.html

See also www.cdc.gov/std

Or call the Hepatitis Hotline at 1.800.CDC.INFO or 1.800.232.4636.

Condom Effectiveness

[Important Note: This section is applicable to Grades 7-12 only.]

The effectiveness of latex condoms in prevention of HIV transmission is frequently a matter of concern. The U.S. Centers for Disease Control and Prevention (CDC) has provided the following statements regarding the effectiveness of condoms as a barrier to HIV.

TALKING POINTS AND SUPPORTING DATA:

Center for Disease Control on the Effectiveness of Condoms

1. **Latex condoms are highly effective against the sexual transmission of HIV when used consistently and correctly during sexual intercourse.**

   - New, compelling studies demonstrate that latex condoms are highly effective when used correctly and consistently. *(Morbidity and Mortality Weekly Report)*

   - Two studies present the strongest evidence to date that latex condoms are highly effective in preventing HIV. The studies monitored people at extremely high risk by studying couples in which one person was HIV positive and the other was uninfected. With repeated exposures to HIV, condoms proved to be highly effective for couples using condoms consistently and correctly.

   - From 1987 to 1991 a study of 123 couples, one of whom was HIV infected, who consistently and correctly used condoms, none of their partners became infected. However, of 122 couples who inconsistently used condoms, 10 percent (12 of 122) became infected. *(DeVincenzi)*

   - In an Italian study of uninfected female partners of HIV-infected men, only two percent (3 of 171) of the women whose male partners always used condoms during sexual activity became infected. However, ten percent (8 of 55) of inconsistent condom users became infected. *(Saracco)*

2. **Latex condoms must be used consistently and correctly in order to be highly effective in preventing the transmission of HIV.**

   - Consistent use means using a condom from start to finish with every act of intercourse.

   - Correct use involves a few simple steps.

   - Use a new condom every time you have sex (anal, oral, or vaginal).

   - Put the condom on after the penis is erect and before it touches any part of your partner's mouth, anus, or vagina. (If the penis is uncircumcised, pull the foreskin back before putting on the condom.)

   - To put the condom on, pinch the reservoir tip of the condom, then unroll it all the way down the penis. (If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect.) Always ensure that no air is trapped in the tip. It can cause the condom to break.

   - If you feel a condom break during sex, stop, pull out, and put on a new condom.

- After ejaculation and while the penis is still erect, hold the rim of the condom and carefully withdraw so no semen is spilled.

- **Using lubricants.** You may want to apply additional lubrication to reduce the possibility that the condom will break. You should only use **water-based** lubricants such as glycerin or over-the-counter lubricating jelly.

- ***Never use "oil-based" products such as cooking or vegetable oil, baby oil, hand lotion, or petroleum jelly with condoms. They can weaken the latex and cause the condom to break.***

- **Storing condoms.** Condoms should be stored in a drawer or closet. Store them somewhere cool, dry, and out of direct sunlight. Changes in temperature, rough handling, or age can make the latex brittle or gummy. Never use condoms that are damaged or discolored, brittle, or sticky. Do not store them in your wallet or car glove compartment for a long time.

3. **Latex condoms are excellent quality products.**

   - Recognizing that latex condoms are highly effective, in April 1993, the United States Food and Drug Administration (FDA) announced that labeling for latex condoms should inform the public that: "If used properly, latex condoms will help to reduce the risk of transmission of HIV infection and many other STDs." Other contraceptives are required to carry a statement that they *do not protect* against HIV infection and other STDs.

   - Studies by the FDA Center for Devices and Radiological Health confirm that latex condoms are highly effective as a mechanical barrier to HIV-sized particles.

   - During the manufacturing process, condoms are double-dipped in latex and undergo stringent quality control procedures.

4. **As a medical device, latex condoms are rigorously tested to ensure that they meet federal and industry quality assurance standards.**

   - Every condom manufactured in the United States is tested by manufacturers for defects, including holes or areas of thinning, before packaging.

   - The FDA randomly tests condoms produced domestically or imported into the United States to ensure that they meet quality assurance requirements. The standard test used by the FDA is the water-leak test, in which the condom is filled with 300 ml of water stretching it to as much as four times its original size. If the FDA finds that more than four per 1,000 condoms leak, that lot is not allowed to be sold here.

5. **When condoms fail, it is usually due to user error.**

   - Most condom breakage is due to incorrect usage rather than poor condom quality. Common reasons for breakage include teeth or fingernail tears, using oil-based lubricants, using old condoms, exposure to heat, reusing condoms, unrolling the condom before putting it on, or leaving air in the tip.

   - There is no indication that condom breakage rates are different for anal or vaginal intercourse.

   - Many Americans don't know that latex condoms provide better protection from HIV than natural membrane condoms and don't understand that they should be used from start to finish or that only water-based lubricant should be used. It is vital to step up our efforts in educating the public about correct condom use.

6. **Both refraining from intercourse with infected partners and consistent and correct condom usage are effective prevention strategies.**

   - A two-pronged AIDS prevention approach is needed in this country with messages encouraging both abstinence and the correct and consistent use of condoms. Both strategies can be highly effective if practiced all the time.

We know that one of the key determinants of condom use is the belief that condoms work. Stated another way, sexually active individuals will be less motivated to use condoms if they don't believe that they will be effective barriers. Therefore, it is important that sexually active individuals get the message that latex condoms provide effective protection from HIV if they are used correctly and consistently.

7. **Condoms reduce transmission of genital ulcer disease and HPV infections.**

   - Genital ulcer diseases and human papilloma virus (HPV) infections can occur in genital areas that are covered or protected by a latex condom as well as areas that are not covered. Latex condoms, when used consistently and correctly, can reduce the risk of genital herpes, syphilis, chancroid, and HPV infection only when the infected areas are covered or protected by the condom. In addition, the use of latex condoms has been associated with a reduction in risk of HPV-associated diseases such as cervical cancer. [CDC, *Latex Condoms and Sexually Transmitted Diseases: Prevention Messages*, 2001*]*

Note: This background section for teachers was reviewed for accuracy by the Washington State Department of Health.

For more information on Condom Effectiveness

VISIT Public Health Seattle/King County HEALTH EDUCATOR'S TOOLBOX
www.metrokc.gov/health/apu/std/condomefficacy.htm

To obtain a bibliography and fact sheet on condom effectiveness, contact the CDC National Prevention Information Network at 1.800.458.5231 or visit www.cdcnpin.org

Another resource is the CDC National STD/HIV hotline at 1.800.CDC.INFO (1.800.232.4636) (En Espanol 1.800.344.7432) or visit www.cdc.gov/std

For a listing of helpful links to more information on all the previous topics, see the Washington State Department of Health web page
www.doh.wa.gov/cfh/hiv_aids/Prev_Edu/default

STATEWIDE AIDSNET DIRECTORY
June 2009

Region 1 Spokane Regional Health District West 1101 College Avenue Spokane, WA 99201-2095 Barry Hilt, Coordinator 509/324-1551 Fax 509/324-1507	**Region 4** Seattle/King County Public Health 400 Yesler Way, Suite 300 Seattle, WA 98104-2615 Frank Chaffee, Regional Coordinator HIV/AIDS Program Manager 206/296-4854 Fax 206/205-5281
Region 2 Yakima Health District 1210 Ahtanum Ridge Drive Union Gap, WA 98903 Wendy Doescher, Coordinator 509/249-6503 Fax 509/249-6603	**Region 5** Tacoma-Pierce County Health Dept. 3629 South D Street, MS 435 Tacoma, WA 98418-6813 Mary Saffold, Coordinator 253/798-4791 Fax 253/798-6027
Region 3 Snohomish Health District 3020 Rucker Avenue Suite 206 Everett, WA 98201-3900 Alex Whitehouse, Coordinator 425/339-5211 Fax 425/339-5216	**Region 6** Clark County Public Health 1601 Fourth Plain Blvd PO Box 9825 Vancouver, WA 98666-8825 David Heal, Regional Coordinator 360/397-8086 Fax 360/397-8422

Washington State Department of Health
1-800-272-AIDS

John Peppert, Director
Infectious Disease & Reproductive Health
PO Box 47844
Olympia, WA 98504-7844
360/236-3427
Fax 360/586-5440

Brown McDonald, Manager
HIV Prevention & Education
PO Box 47840
Olympia, WA 98504-7840
360/236-3421
Fax 360/236-3400

Mail to

HIV and Sexual Health Education
Office of Superintendent of Public Instruction (OSPI)
PO BOX 47200
Olympia, WA 98504-7200

Fax 360/725-6017

Questions? Call 360/725-6364, TTY 360/664-3631

ORDER FORM
KNOW HIV/STD Prevention Curriculum

Checks or purchase orders should be made payable to OSPI-HIV Education.

Name _____

School/Other _____

Street Address _____

_____

City _____ State _____ ZIP _____

Phone _____

Fax _____

Grade Level	KNOW HIV/STD Prevention Curriculum	Number of Copies	Unit Price (tax and shipping included)	Total
Grades 5/6	***KNOW*** *(Revised November 2003)*		**@ $10**	
Grades 7/8	***KNOW*** *(Revised January 2005)*		**@ $10**	
High School	***KNOW*** *(Revised 2006-2007)* *Replaces the Grades 9/10 and 11/12 KNOW*		**@ $20**	
Grades 6 and 8	***SPANISH VERSION KNOW (Jan. 1999) (Only available in Grades 6 and 8)***		**@ $10**	
	GRAND TOTAL			

GLOSSARY

Abstinence
Voluntarily refraining from something. Not participating in or indulging in something such as sexual intercourse, drug, alcohol, or tobacco use.

AIDS Abbreviation for Acquired Immunodeficiency Syndrome, the final stage of an HIV infection. A collection of "opportunistic" infections and cancers in an HIV-infected person due to a weakened immune system. The 1992 revised definition of AIDS also includes a T-4 (also known as T-Helper) cell count at or below 200 cells per microliter in the presence of HIV infection. (A normal T-4 cell count usually ranges from 500-1500 cells per microliter.)

ARC An outdated term (AIDS Related Complex). Referred to infection with diseases symptomatic of a weakened immune system, which are now recognized as a stage of HIV infection, and included in the 1992 revised definition of AIDS.

Asymptomatic
A stage of disease in which specific signs or symptoms of illness are not present.

B-Cell
A white blood cell of the immune system that produces infection-fighting proteins called antibodies.

Bisexual
Sexual orientation in which an individual is attracted to both males and females though not always to the same degree. (bi=two)

Bloodborne Pathogens
Viruses that can live in blood and be transmitted by blood-blood exchange such as through sharing needles or other injection equipment. HIV and Hepatitis B and Hepatitis C are bloodborne pathogens.

Blood Donating
Giving blood (and blood products) to be used by people who need additional blood due to injury, surgery, or diseases such as hemophilia.

Body Fluid Exchange
The transfer of a body fluid, such as blood, from one person to another. Blood-to-blood exchange might occur from a pregnant woman to her fetus.

Casual Contact

Contact between individuals, such as hugging or sitting next to each other, which is unlikely to result in the transmission of bloodborne diseases such as HIV.

CD4+ T-cell

White blood cells killed or disabled during HIV infection. These cells normally orchestrate the immune response, signaling other cells in the immune system to perform their special functions. (Also known as "T-Helper cells" or "T-4 cells.")

Communicable Disease

A disease that can be transmitted from one person to another.

Compassion

Sympathetic concern and understanding for another person. Literally means "feeling with."

Commitment

A pledge to do something. An agreement one is bound to fulfill.

Condom [Also called "rubbers."]

A sheath (covering) made of animal skin or latex used to cover the penis to prevent pregnancy or sexually transmitted diseases. Condoms made of "natural skin" are not as effective as rubber (latex) condoms in protecting against sexually transmitted diseases, especially HIV, which is small enough to pass through animal skin condoms but not through intact latex.

Enzyme

A protein that accelerates a specific chemical reaction without altering itself.

Fidelity

Being faithful to one's obligations or vows.

Gender

Categorization of individuals based on physical characteristics typically associated with being *male, female, or intersexed.*

Hepatitis

Inflammation of the liver that can be caused by numerous conditions including infection of Hepatitis A, Hepatitis B, or Hepatitis C viruses.

Heterosexual
Sexual orientation in which an individual is attracted sexually, and/or emotionally, to primarily individuals of the other gender. (hetero=different)

HIV Abbreviation for Human Immunodeficiency Virus, the virus that is responsible for the syndrome known as AIDS.

Homosexual
Sexual orientation in which an individual is attracted sexually, and/or emotionally, to primarily individuals of the same gender. (homo=same)

Immune
Resistant to, or not affected by, or able to resist something such as a disease microorganism or peer pressure.

Immune System
The body system that responds to attack by disease organisms, and in most cases destroys them.

Infatuation
Interest in someone based on superficial impressions and/or physical attraction, which is often not lasting. May develop over time into "deeper" feelings.

Injection Drug Users
People who inject drugs using needles. (Also known as **IVDU**, intravenous drug users.)

Intersexed
An individual with the physical characteristics typically associated with both males and females. (Formerly called "hermaphrodites," which is now an outdated term.)

Kaposi's Sarcoma
A type of cancer characterized by abnormal growths of blood vessels that develop into purplish or brown lesions—usually in the skin or mouth—but may also develop in internal organs.

Killer T-cell
A part of the immune system that kills cells transformed by cancer or infected with HIV or other viruses. (Also known as cytotoxic, cell-killing, T-cell.)

Lawful Marriage
A union of two people that has been sanctioned by the government.

Lentivirus
Slow-acting virus (lenti=slow) characterized by a long interval between infection and the onset of symptoms. HIV is a lentivirus as is the simian immunodeficiency virus (SIV) that infects non-human primates.

Love
A strong emotional attachment characterized by attraction, affection, and caring.

Lymphoid organs
Includes tonsils, adenoids, lymph nodes, spleen, and other tissues. Together these act as the body's filtering system, trapping invaders, and presenting them to immune cells that congregate in the tissue sites to destroy them.

Macrophage
A large immune cell that devours invading pathogens and other intruders.

Monogamy
A committed relationship between two people in which neither partner becomes sexually involved with anyone else.

Mucous membranes
Soft tissue linings of the mouth, vagina, and anus.

Non-communicable disease
A disease that cannot be transmitted from one person to another.

PID Pelvic Inflammatory Disease. Infection of female reproductive organs including the uterus, fallopian tubes, and ovaries. Frequently occurs as a result of an untreated sexually transmitted disease.

PLWA
Person living with AIDS.

Respect
To feel or show appreciation for someone or something.

Retrovirus

HIV and other viruses that carry their genetic material in the form of RNA and that have the enzyme "reverse transcriptase."

Risky Behaviors

Actions that place one at risk or in danger of harm.

Semen or Seminal Fluid

Secretion from male testicles and other sexual organs that transport sperm and other cells out of the body during sexual arousal and ejaculation.

Sex or Sexual Activity

Various physical acts engaged in for intimacy, sexual gratification, and/or other reasons.

Sexual Intercourse

Genital contact between two people involving the insertion of the penis in the vagina, the anus (anal intercourse), or the mouth (oral sex).

Sexual Orientation

Feelings of sexual and emotional attraction to people of the other gender (heterosexual), of the same gender (homosexual), or both genders (bisexual).

STDs or STIs

Acronyms for *sexually transmitted diseases (STDs)* or *sexually transmitted infections (STIs)*. Diseases that are acquired through intimate oral, anal, vaginal, or penile sexual contact.

Sterility

Inability to reproduce by becoming pregnant or causing a pregnancy.

Symptomatic

Stage of a disease in which signs of symptoms (manifestations of the disease) are present.

T-4 cell or T-Helper Cell

(Also known as "CD4+ T-cells" or "T-helper cells". See definition for CD4+ T-cells.)

Transfusion

Transfer of blood of one person to another person.

Transmission

The passage of a disease organism from an infected person to an uninfected person.

Vaginal Fluids

Substances secreted or discharged by the mucous membranes of the vagina.

Virus

A class of microscopic organism, many of which are capable of causing disease in humans. HIV, chicken pox, flu, and colds are caused by different viruses.

KNOW HIV/STD Prevention Curriculum

HIGH SCHOOL General Education Lesson Plans 1-2

General Education
Lesson 1—Video-HIV/STDs

Overview

This lesson provides a reintroduction to HIV with a focus on the distinction between HIV and AIDS through group discussion and viewing of the video *HealthBEATS HIV.*

Objectives

The student will:

1. Identify the difference between HIV infection and AIDS.
2. Recognize misconceptions teens often have about HIV and AIDS.
3. Understand the importance of getting tested if she/he puts themselves at risk of acquiring HIV.

Activities

1. Small group discussion
2. Video
3. Video follow-up*

*Reading Connection—GLE 2.1.7
This follow-up activity provides an opportunity for students to practice summarization skills.

General Education
Lesson 1—Video-HIV/STDs

Ready . . .

Advance Preparation

Obtain a copy of the video *HealthBEATS HIV.*
(Available by loan from OSPI at 360/725-6363.)
Make copies of Handouts # 1 and # 2.

Set . . .

Write the following sentence on the blackboard, or overhead, for group discussion.

Discuss in your group what you think the difference is between HIV and AIDS.

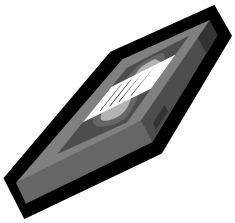
Go . . .

1. Divide the class into groups of three to five students each. Have students discuss what they think the difference is between HIV and AIDS. Have each group complete Handout # 1, *What's the Difference*? Allow three-to-four minutes of discussion. Spend another three-to-four minutes allowing groups to share their answers.
2. Show the video *HealthBEATS HIV.*
3. Video follow-up:
   Have students complete the video summary worksheet (Handout # 2).
4. Have the class return into small groups and compare their answers on their video summary worksheet.
5. As a whole class discuss the most important ideas portrayed in the video.

What is the Difference?

HIV	AIDS

General Education
Lesson 1—Video-HIV/STDs



_____

One word to describe the topic.

_____ _____

Two words to describe subheadings of the topic.

_____ _____ _____

Three words to describe what you already know.

_____ _____ _____ _____

Four words to describe what you have learned.

_____ _____ _____ _____ _____

Five words to describe other knowledge that connects to this new knowledge.

One sentence that summarizes the most important information from this video.

General Education
Lesson 2—Getting and Giving Help

Overview

This lesson give students an opportunity to investigate resources (personal support, information, treatment) that are available in schools and communities for the prevention, diagnosis, and treatment of HIV and STDs. It also provides practice for using resources and being a resource to their peers.

Objectives

The student will:

1. Name resources within his/her school and community that provide prevention and treatment information for HIV, STDs, and other health issues.

2. Practice obtaining information from a school or community resource.

3. Practice being a resource to a peer.

Activities

1. Resource Research

2. Providing Support

General Education
Lesson 2—Getting and Giving Help

Ready . . .

Advance Preparation

1. Collect information and pamphlets from local agencies and other community resources.

2. Bring in several phone books from the local area.

3. Make six copies of Handout # 1, *Resource Research Form*, for each small group.

Vocabulary (See Glossary.)

Set . . .

Materials

Handouts

1 Resource Research Form
2 ABCDs of HIV/AIDS

Go . . .

Activities

Activity 1—Resource Research

Separate students into three groups. (Have duplicate groups for larger classes.)

1. Personal
2. School
3. Community

- Ask them to brainstorm who comes to mind when asked to list resources that can help them with problems.
- Have students from each group work in pairs to interview at least one person on their list, in order to complete the resource research form.

Activity 2—Providing Support

Format the data into a pamphlet or wallet-sized card. This could be a project for each group.

Resource Research Form

Resource name_____

Phone number_____

Location_____

Hours available_____

Cost of services_____

How to get appointment_____

_____

They counsel about:

HIV/AIDS_____ Drugs_____

STDs_____ Pregnancy_____

Emotional concerns _____

Other useful information_____

_____

_____

_____

Protect Yourself and Others

- Pregnant women who are infected with HIV can pass the HIV to the fetus during pregnancy, delivery, or through breast-feeding. Treatment can be provided during pregnancy that prevents passing of HIV to a baby in most cases. HIV testing is recommended for all pregnant women to prevent infection of her baby.
- People who are HIV infected may not look or feel sick. They may even test negative on an HIV antibody test for weeks or months after becoming infected, but can still pass the disease. If a person has engaged in risky behaviors, they are at risk.

Remember

- Abstinence is 100 percent safe. Proper use of latex condoms and limiting sex partners significantly reduces—but does not eliminate—your risk of HIV infection.

- People also use injection equipment for legal reasons, such as insulin, vitamins, and prescription medicines. Remember to never share needles or other injection equipment.

QUESTIONS?

Call the Washington State AIDS HOTLINE for confidential answers at 1-800-272-AIDS (2437).

ABCDs of HIV/AIDS

ABCDs of HIV/AIDS

A

AIDS is a life threatening disease, but a hard disease to catch.

- A blood-borne virus, HIV, present in significant amounts of blood, semen, and vaginal secretions of infected people, must get into a person's blood.

B

It is specific behaviors that put people at risk for contracting HIV.

- Unprotected sexual intercourse with an HIV-infected person.
- Sharing needles, syringes, or body piercing items.

C

There are **choices** available that people can make to protect themselves from HIV infection:

- **Abstinence** from sexual intercourse and from injection drug use are 100 percent safe and effective.
- **Fidelity** in which two people are mutually monogamous, who are not HIV infected and who never share needles are not at risk for HIV infection. A relationship such as within the context of marriage.
- **Condoms** when people consistently (always) and properly use latex condoms every time they have sexual intercourse, the risk is significantly lessened, but not eliminated.

D

People **do not** get infected with HIV by:

- Casual contact in school, at parties, sharing food, in swimming pools, stores, or the work place.
- Hugging, shaking hands, or simply being near a person who is infected with the virus.
- An insect bite.
- Contact with a toilet seat.

Reminders:

- Injection drug use (sharing needles) and unprotected sexual intercourse increase the chances of acquiring other sexually transmitted diseases (STDs), which in themselves can cause sterility, death, and increase your susceptibility to HIV infections.
- Being under the influence of drugs or alcohol can impair your judgment and increase the possibility of risky behaviors, such as IV drug use or unprotected sex.

ABCDs of HIV/AIDS

KNOW HIV/STD Prevention Curriculum

HIGH SCHOOL HEALTH Lesson Plans 1-8

Health Education
Lesson 1—HIV/STD Review

Overview

This eight lesson unit is designed to provide adolescents with basic concepts related to sexually transmitted diseases (STDs) including HIV and the skills that are essential to successfully avoid risk behaviors and situations related to sexual activity.

The first lesson provides an overview, and for many students, a review of basic concepts about STD prevention, symptoms, treatment, and possible outcomes.

Objectives

The student will:

1. Describe how HIV and other STDs are transmitted and prevented.
2. Create a prevention poster or public service announcement (PSA) to communicate vital information to peers regarding the risks, impact, and prevention strategies for HIV or other STDs.

Activities

1. HIV/STD Review
2. HIV/STD Research

Health Education
Lesson 1—HIV/STD Review

Ready . . .

Advance Preparation

1. Review the Teacher Preparation for HIV/STD Education information.

2. Make copies of Handouts # 1-10, the STD fact sheets.

3. Collect additional pamphlets and materials that are available on HIV and STDs. (A good resource is your local health department or the Washington State Department of Health, Office of STD services.)

Vocabulary (See Glossary.)

Set . . .

Materials

Handouts:

Handouts # 1-10, *HIV/STD Fact Sheets*
Pamphlets and other materials on HIV and STDs

Go . . .

1. HIV/STD Review

2. HIV/STD Research

Activities

Activity 1—HIV/STD Review

Discuss or establish ground rules for classes dealing with sensitive issues. (See introductory section for guidelines.)

Ask students to respond to the following questions;

Why do we hear so much about HIV/AIDS, as opposed to other STDs?

* Currently there is no cure for HIV/AIDS. This is also true for other viral STDs.
* HIV/AIDS is significantly more lethal than other STDs.
* It receives much more attention from the press.
* People are more afraid of HIV/AIDS than of other STDs.
* Many people who might agree they have a risk for other STDs would not consider themselves to be at risk for HIV/AIDS.

In what ways is HIV/AIDS similar to other STDs?

* Anyone can get HIV infection if they are exposed to the virus under the proper circumstances.
* There is a certain amount of social stigma attached to having HIV or AIDS as is true with other STDS.
* There is a carrier stage to the disease where an infected person may look or feel healthy but can transmit the disease to others.
* HIV/AIDS is 100 percent preventable.

Activities

In what ways is HIV/AIDS similar to other STDs? (continued)

* Like other STDs, HIV/AIDS is often transmitted through sexual intercourse by semen or vaginal secretions. (It can also be transmitted in blood, such as through the sharing of needles for injection drug use.) You cannot become infected from doorknobs, towels, cups, telephones, toilet seats, etc.

* Hepatitis B is another STD that can be fatal and is transmitted in nearly the same way as HIV.

* HIV can be transmitted from an infected woman to her child before and during delivery. It can also be transmitted through breast milk. Some other STDs can be transmitted from an infected woman to her baby before and during delivery.

Activity 2—HIV/STD Research

1. Have students work in small groups (two to three students each).

2. Have each group select either HIV/AIDS or one STD to research from the following list:

HIV/AIDS	Pubic Lice	Genital Warts	Gonorrhea
Herpes	Syphilis	Bacterial Vaginosis	
Hepatitis B	Trichomoniasis	Chlamydia	

3. Using STD fact sheets and other resources, have students identify and describe the following:
   * How likely is it that this STD will be asymptomatic?
   * If symptoms do occur, what would they be?
   * What are the tests and treatment?
   * Serious complications if not treated?
   * How is this STD transmitted?
   * Can it be prevented? How?

4. Ask each group to produce an HIV/AIDS and STDs public service announcement, or poster, that will give an explanation of what they learned. Students should include a message to peers focusing on behavior/s that will prevent and/or reduce the transmission of STDs.

CHLAMYDIA

CHLAMYDIA Chlamydia is now the most common STD caused by bacteria—at least three million cases a year in the United States

SYMPTOMS Seventy-five percent of all infected females and fifty percent of all infected males will have no symptoms. If symptoms occur, the most common are burning with urination, discharge, and painful intercourse.

DIAGNOSIS Laboratory test of specimens from infected area or urine test.

POSSIBLE PROBLEMS

Pelvic inflammatory disease (PID) which can lead to tubal pregnancies or sterility. Eye infections and pneumonia in babies born to infected mothers. Urethritis (inflammation of the urethra) in both men and women. Epididymitis in men (infection that spreads to testicles and can lead to infertility). Reiter's syndrome (a kind of arthritis). People with Chlamydia are at greater risk of acquiring HIV.

TRANSMISSION Sexual contact. Mothers can pass it to babies during childbirth.

TREATMENT Special prescription antibiotics for all partners or re-infection will occur.

PREVENTION Abstinence.
Mutual monogamy with uninfected partner.
Correct and consistent use of latex condoms.

HERPES

HERPES Herpes is caused by herpes simplex virus type 1 or type 2. We now know that both types can be spread to the oral or genital areas by skin-to-skin contact.

SYMPTOMS Often there are none. New studies show that most people do not know they are infected. Both males and females can have internal or external sores. The penis, vagina, cervix, or rectum can harbor herpes.

DIAGNOSIS Visual examination, special herpes culture, blood tests.

POSSIBLE PROBLEMS

Virus remains in the body and can become active at any time. Doubles the risk of getting HIV. Outbreaks vary-can be rarely or monthly. Risk to newborns, if mother is infected for the <u>first time during pregnancy</u>.

TRANSMISSION Sexual contact (oral, anal, vaginal or genital touching). Can occur when sores are not present. Virus remains in the body and can become active at any time. Direct skin-to-skin contact when virus is in an active phase. Pregnant women with active herpes can transmit infection to their baby.

TREATMENT No known cure at this time. Special medication can shorten length and severity of outbreaks. Vaccines may be available in the future.

PREVENTION Abstinence. Mutual monogamy with uninfected partner. Correct and consistent use of latex condoms may decrease risk of exposure depending on the location of sores.

BACTERIAL VAGINOSIS

BACTERIAL VAGINOSIS
Most common cause of vaginitis in women who are sexually active. Caused by an overgrowth of one or more kinds of bacteria, including Gardnerella.

SYMPTOMS Male: Rarely have any symptoms.
Females: "Fishy" smell. Thin gray or yellow discharge, itching, burning sensation. Half of all women don't have symptoms.

DIAGNOSIS Sample placed under a microscope. Chemical test or culture.

POSSIBLE PROBLEMS
Low birth weight or premature birth, if woman is pregnant.

TRANSMISSION Sexual contact with an infected person, but also found in women who are not sexually active, so this is not strictly an STD. Increases susceptibility to HIV, chlamydia, and gonorrhea.

TREATMENT Antibiotics. Antimicrobial creams.

PREVENTION Abstinence.
Correct and consistent use of latex condoms.
Limit number of sex partners. Do not douche.

GENITAL WARTS and HUMAN PAPILLOMA VIRUS (HPV)

GENITAL WARTS

Caused by human papilloma virus (HPV), There are more than 100 types and more than 30 cause genital warts. An individual can have more than one type. High-risk types cause cell changes—abnormal Paps which can lead to cervical cancer (or cancer of the vagina, anus, or penis). Low-risk types cause warts.

SYMPTOMS Some people have no symptoms. Others have warts on the cervix, the genital, or anal area.

DIAGNOSIS Visual examination, biopsy, viral tests. Pap smears.

POSSIBLE PROBLEMS

A few types of the wart virus are linked to cell changes that may precede cervical cancer, or, rarely, cancers in males. May be transmitted to infants during birth. Rarely, can grow to large size and obstruct vagina, urethra, or anus.

TRANSMISSION Direct contact with skin infected with wart virus. The warts need not be present.

TREATMENT Special medication put directly on the warts, freezing, laser therapy, surgery.

PREVENTION Abstinence. Correct and consistent use of latex condoms. Mutual monogamy. Have regular Pap tests. Stop smoking (smokers are more likely to get warts than non-smokers). A vaccine has recently been approved for young women to protect against the forms of HPV most likely associated with cervical cancer.

GONORRHEA

GONORRHEA Gonorrhea is caused by a bacterium. It has many nicknames, i.e., clap, drip, etc.

SYMPTOMS Females: Often have few or none. Green or yellow discharge, odor, burning or frequent urination. Vaginal bleeding between periods.

Males: May also have no symptoms. Most have pus-like discharge, burning, and pain with urination.

DIAGNOSIS Laboratory test of specimen from infected area or urine test.

POSSIBLE PROBLEMS

Females: PID (pelvic inflammatory disease) leading to pain, sterility, and tubal pregnancies. Passing disease to infants at birth may cause infection, blindness. Increased risk of acquiring HIV.

Males: Epididymitis (painful condition of testicles) which can lead to sterility.

TRANSMISSION Sexual contact. Mother-to-baby.

TREATMENT Special prescription antibiotics for all partners or reinfection will occur

PREVENTION Abstinence.
Mutual monogamy with uninfected partner.
Correct and consistent use of latex condoms.

HEPATITIS B

HEPATITIS B Caused by Hepatitis B virus (HBV). HBV causes infection of the liver.

SYMPTOMS Lack of appetite, vague abdominal discomfort, nausea, vomiting, fatigue, jaundice (yellowing of skin and whites around the eyes) dark yellow or brown urine. Thirty to fifty percent of adults and nearly all infants and children have no symptoms and do not know they have hepatitis. They can infect others.

DIAGNOSIS Blood samples sent to a laboratory.

POSSIBLE PROBLEMS Severe illness, liver damage, long-term (chronic) liver disease, liver cancer. If not treated at birth, child of infected mother will be exposed to the disease. Ten percent of adults become chronic (long-term) carriers and can infect others. About twenty-five percent of these carriers develop chronic *active* hepatitis. This often leads to severe liver damage.

TRANSMISSION Very tiny amounts of blood. It is 100 times more easily spread than HIV. Sharing contaminated needles, syringes, razor blades; anything used to pierce the skin. An infected mother transmits the virus to her baby. Sexual intercourse is the most common transmission route in the United States. Hepatitis B is not transmitted through kissing or sneezing.

TREATMENT Antiviral drugs may help. There is no cure. Rest, good nutrition, avoiding drugs and alcohol.

PREVENTION Hepatitis B vaccination. Abstinence. Correct sterilization of all things used to pierce the skin. Correct and consistent use of latex condoms during sexual intercourse. Use of latex gloves when administering first aid. Report any possible exposure to health care provider at once. Immune globulin following accidental exposure can reduce risk of infection. Mutual monogamy with uninfected partner. Do not share personal hygiene items like razors, nail clippers or files, toothbrushes. Wash hands after using toilet or changing diapers, and before eating.

PUBIC LICE

PUBIC LICE Tiny insects that infest coarse body hair. They feed on human blood. Other names: crabs, cooties, pediculosis pubis.

SYMPTOMS Some people have no symptoms. Others have intense itching or see the lice or their eggs (nits) in the pubic area. Rarely, blue or gray spots indicate the presence of lice. Some people notice pinhead-sized blood spots in underwear.

DIAGNOSIS Microscopic examination of nits on pubic hair. Seeing adult lice.

POSSIBLE PROBLEMS
Infection due to scratching which permits entry of other germs.

TRANSMISSION Close or sexual contact. Shared sheets, towels, clothing.

TREATMENT Special creams, lotions, or shampoos purchased at a pharmacy.

PREVENTION Abstinence. All partners must be treated to prevent re-infestation. All clothing and bedding must be washed. Avoid sharing personal items such as towels and underclothing.

SYPHILIS

SYPHILIS Life-threatening STD caused by bacteria called spirochetes. This disease occurs in stages.

SYMPTOMS First (primary) state: An open painless sore called a chancre appears and heals without treatment in one-to-five weeks.

Second stage: Rash will develop often on palms of hands and feet; may develop into sores which are contagious. May have fever, swollen lymph glands, sore throat, patchy hair loss, fatigue and weight loss.

Latent stage: No symptoms, but disease can be passed from mother to fetus.

Late stage: Tumors, damage to brain, nervous system, heart valves. Dementia, paralysis, gradual blindness.

DIAGNOSIS Blood test. Microscopic examination of fluid in sores.

POSSIBLE PROBLEMS Mental illness, crippling of limbs, heart disease, death. Birth defects or stillbirth if mother passes the disease to the fetus. Blindness.

TRANSMISSION Sexual contact with infected person in first or second stage. Also, mother to fetus.

TREATMENT Special antibiotics at any stage. All sex partners must be tested and treated.

PREVENTION Abstinence. Mutual monogamy with uninfected partner. Correct and consistent use of latex condoms during sexual intercourse.

TRICHOMONIASIS

TRICHOMONIASIS Caused by a tiny parasite, a protozoa.

SYMPTOMS Most men have none; about half of all women do. Symptoms can be frothy yellow-green discharge with strong odor, discomfort during intercourse, and/or abdominal pain and irritation and itching in genital area. Those without symptoms can still infect others. When symptoms occur, it is usually four to twenty days after contact with an infected partner. Occasionally symptoms develop months or even years later.

DIAGNOSIS Physical examination, procurement of sample, and lab test.

POSSIBLE PROBLEMS

Babies may be born prematurely.
Increased chance of getting HIV.

TRANSMISSION Sexual contact with an infected person.

TREATMENT Special drugs to get rid of protozoa. Partners must be treated.

PREVENTION

Abstinence.
Mutual monogamy with uninfected partner.
Correct and consistent use of latex condoms during sexual intercourse.
No sharing of personal items.

Health Education
Lesson 1—HIV/STD Review

HIV INFECTION and AIDS

HIV INFECTION and AIDS	Other names: HIV, human immunodeficiency virus, or the virus that causes AIDS, an acquired immunodeficiency syndrome.
SYMPTOMS	No symptoms for several years after infection. Typical symptoms of HIV-infected persons can include tiredness, swollen lymph glands, fever, loss of appetite and weight, diarrhea, and night sweats. Most HIV-infected persons have periods of both health and illness. However, over time the symptoms may be come more frequent and severe. HIV can be transmitted whether or not a person has symptoms.
DIAGNOSIS	The presence of HIV is established by a blood test that detects antibodies to HIV. HIV-infected persons may acquire certain severe illnesses, which usually classify them as having AIDS.
DANGER	Over fifty percent of people with AIDS in the United States have died, many within two years after diagnosis of AIDS. No one has completely recovered from AIDS. Many HIV-infected people do not know about their infection. There is an increasing proportion of total HIV cases occurring among teenagers, injecting drug users, women, and heterosexuals. HIV can be transmitted whether or not a person has symptoms.
TRANSMISSION	Virus is transmitted through sexual intercourse with an infected person; injecting drug equipment contaminated with infected blood; and an infected mother to her child during pregnancy, childbirth, or breast-feeding. HIV attacks the body's immune system, its natural defense against disease.
TREATMENT	There is no cure or vaccine for HIV infection or AIDS. Newer drugs inhibit the growth of HIV and patients have periods of a healthy life. However, the person still has HIV and may still die from AIDS.
INCUBATION	Ranges from a few months to ten years or more.
PREVENTION	Sexual abstinence. Use of latex gloves. Correct and consistent use of latex condoms. Never sharing injection or body piercing equipment.

Health Education
Lesson 2—HIV/AIDS Know Your Risk

Overview

This lesson is intended to reinforce student's understanding of the modes of HIV transmission, behaviors that allow transmission, and the role of the immune system in disease prevention.

Objectives

The student will:

1. Identify semen, vaginal secretions, blood, and breast milk as fluids that transmit HIV.

2. Identify behaviors that allow for transmission and increase risk.

3. Explain the immune system and its role in health and wellness.

Activities

1. Activity 1—Option 1—HIV Transmission Activity
   or
   Activity 1—Option 2—Transmission Demonstration

2. Activity 2—HIV Transmission Facts *

3. Activity 3—The Immune System

4. Activity 4—Question Box

*Mathematics Connection GLE 1.1
This activity connects to mathematic EALR "Understand and use scientific notation."

Ready . . .

Advance Preparation

1. Prepare 3x5 cards, one for each student, with four "marked cards," if you use Option 1, *HIV Transmission Activity*; or prepare for Option 2, *Transmission Demonstration.*
2. Prepare transparency # 1 and Handout # 1.
3. Review teacher information on the immune system.
4. Create a "Question Box."

Set . . .

Equipment

- ☐ Overhead Projector
- ☐ Question Box

Materials

HIV Transmission Activity (Option 1)

3x5 index cards

All blank except	Two cards marked	"**A**"
	One card marked	"**M**"
	One card marked	"**C**"

Or

Transmission Demonstration (Option 2)

Universal pH indicator solution (check with Science department)
A cup of water for each student (except one)
One cup with mixture of white cider vinegar and water

Handout

1 *AIDS Cases, Deaths, and Persons Living with AIDS, 1985-2004, United States*

Transparency

1 *Reported Cases of AIDS in the United States*

Go . . .

Review/set ground rules.

Activities

Activity 1—Option 1—HIV transmission Activity

1. Start today's lesson with the *HIV Transmission Activity* using the 3x5 index cards you prepared for each student. As students come into class (or after the discussion described above), hand each one an index card making sure that the *four marked index cards* are randomly distributed along with the blank ones.

2. Ask students to use a pen or pencil.

3. When all students are ready, ask them to move around the room, meeting and shaking hands with five people.

4. Have the students write on their index cards the names of each of the five people they shook hands with.

5. Students should return to their seats as soon as they have completed this task.

6. When all the students have returned to their seats, randomly pick one student to stand up, read the five names on his/her index card, and have those named students also stand up.

Activities

Activity 1—Option 1—HIV transmission Activity (continued)

7. Ask these six students if any of them have a letter printed on their index card. If they have a "letter," have them sit down.

Teacher note: During this activity, we are pretending that one person is infected with HIV. The meeting and shaking of hands represents sexual contact. Those students who sat down, did so, because they had a letter on their card, and did not get HIV infection because they practiced one of the following:

"A" Abstinence **"M"** Monogamy **"C"** Condom (latex)

8. Ask those students—still standing from the original five—to read the names from his/her index card, and have all those students stand up. Again, anyone with a letter "A, M, or C" can sit down as they are not likely to be infected. Continue until each student has read the names on his/her index card, or everyone who does not have a marked index card is standing up.

9. Discuss the results of the activity emphasizing how quickly HIV or any STD can spread through the population if people take certain risks. Emphasize that the spread of HIV is also easily prevented by avoiding high-risk behaviors. Remind students that only abstinence until committing to a mutually faithful relationship, such as marriage, is 100 percent safe.

Activities

Activity 1—Option 1—HIV transmission Activity (continued)

10. Ask students to reflect on the television shows they watch. How often do people on TV have sex with many partners? Do they seem worried about HIV or other STDs? Do they ever discuss waiting for sex until they are ready to make a commitment? Have them discuss examples. Ask them what they think is reality for most kids their age.

    (Refer to the 1992 Washington State Survey of Adolescent Health Behaviors which showed that most teens their age are not having sex and that it is always okay to decide to be abstinent again, even if they have already had sexual intercourse.)

Activity 1—Option 2—Transmission Demonstration

Preparation

1. Pour about a half cup of water into each cup or glass. In one glass or cup, make a solution of 2/3 cup water and 1/3 cup white cider vinegar.

2. Prior to beginning of class, identify two or three students and tell them that regardless of the directions you give to the class, they should not exchange water in their glass with other class members during this activity.

Activities

Activity 1—Option 2—Transmission Demonstration (continued)

3. After students have had time to complete this task, have them return to their seats.

4. Explain that one student's glass contained water that was "infected" with an acidic solution (vinegar), and even though no one could tell by its appearance, it was capable of "infecting" others through the exchange of fluids.

5. In order to visually determine who may have become "infected" by the exchange of water, test each student's glass with a few drops of the universal indicator. Explain that if the drops become red or pink as they hit the water, they have been exposed and could be "infected."

6. After testing each glass, follow with a discussion of the following points:

   * Ask students if they could tell—just by looking— which glasses were infected? Remember that some sexually transmitted diseases have symptoms; many do not.

   * Ask the students who did not exchange water during the exercise how it felt not to participate. Did they feel they were the only ones? Did they feel awkward refusing? Did they feel pressured to do something they had decided not to do?

Activities

Activity 1—Option 2—Transmission Demonstration (continued)

* How did it feel to be "tested?" Were you uncomfortable knowing that others could see the results of your test? Would a promise of confidentiality be important in deciding whether or not to be tested for HIV or other STDs?

* Remind the class that only one glass of water was originally infected, but through exchanges with multiple glasses, the infection was transmitted to those not ever in contact with the original source.

* How does this experience relate to transmission of HIV and other sexually transmitted diseases?

* Describe how the experiment actually worked.

Activities

Activity 2—HIV Transmission Facts

1. Have students form small groups of two-to-four students each and ask them to list various ways that HIV is transmitted. (Take only a few minutes for this.)

2. Ask each group to share one method of HIV transmission.

   Methods should include the following:

   * Sharing of needles and syringes used for drug use, body piercing or tattoos with an HIV-infected person.
   * Having unprotected sexual intercourse with a person who is HIV infected.
   * From an HIV-infected mother to her infant during pregnancy, delivery, or through breast-feeding.

3. Discuss with the students the level (high or low) of risk associated with various behaviors.

4. Using Transparency # 1, *Reported Cases of AIDS in the United States,* discuss the known numbers of AIDS cases reported to the Centers for Disease Control and Prevention (CDC). Tell students that it is estimated that the number of people who are HIV infected in the United States is one million. Most people who are HIV infected do not look or feel sick, and half of them do not know they have HIV and do not know they are infected.

Activities

Activity 2—HIV Transmission Facts (continued)

Have students identify what information is provided in the chart. Include symbols for AIDS, deaths, prevalence, representation for numbers (in thousands), trends, and length of time, and source of information. Define prevalence and have students talk about what it means in terms of cases and deaths from AIDS.

Using Handout # 1, have students determine the approximate number of people in the United States who are infected with HIV and do not know it.

Activities

Activity 3—The Immune System

1. Review, by brainstorming, the function of the body's natural lines of defense. These defenses range from the skin, nose hair, eyelashes, mucus, and saliva that prevent germs from entering the body to the immune system whose antibodies and T-helper cells prevent infection and reduce the severity of disease when infection does occur.

   Emphasize that the HIV virus attacks the body's immune system causing it to break down. Therefore, the body is unable to resist or reduce the severity of infections such as pneumonia and certain cancers. These infections and diseases often kill a person when their immune system is weak.

2. Make a two-column chart on the chalkboard or on an overhead. In one column, have students list what happens in a healthy immune system when a germ (bacterium or virus) enters the body. In the second column, have students list what happens when HIV enters the body. (Refer to the teacher information page which follows.)

3. Ask students, working in small groups, to create an analogy of the immune system, its function, and what happens when HIV enters the system. Some examples might be comparing the immune system to a fort, sentinels, and invading soldiers, to an orchestra and its conductor. Have the students creatively present their analogies through diagrams, cartoons, role-playing, etc. Praise all efforts. The point is to get students thinking about the immune system, its importance to one's health, and the dangers of HIV to the immune system.

The Body's Immune System

(Teacher Information)

What are the body's natural lines of defense?

* Skin
* Hair (nose hair and eyelashes)
* Mucus
* Saliva
* Stomach acids
* White blood cells
* Antibodies
* T-helper cells

How does a healthy immune system work?

* White blood cells engulf bacteria or produce poisons to kill parasites.
* B-lymphocytes (a type of white cell) make antibodies that attach to and help kill infecting microorganisms (pathogens) like viruses and bacteria.
* These antibodies produce immunity and the ability to prevent reinfection by the same pathogen.
* T-lymphocytes (white cells), called T-helper cells, are produced by the thymus and control the activity of other white blood cells, and some help to activate the B-lymphocytes when infection is present. Other T-cells, called suppressors, help to deactivate them when the infection is controlled.

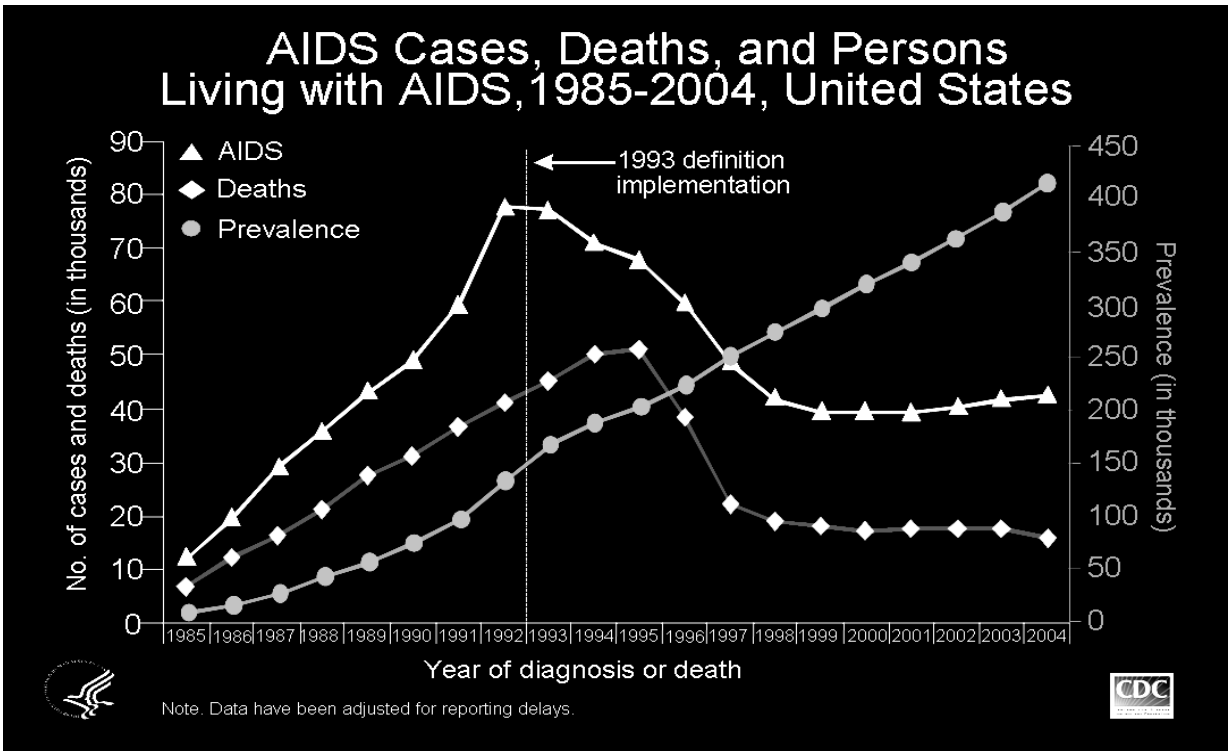
What happens when the HIV virus enters the immune system?

* Viruses are parasites; therefore, the HIV virus attaches itself to a T-helper cell and releases its nucleic acid into the host cell.
* After infecting a T-helper cell, HIV inserts itself into the human DNA and begins reproducing for a period of time (8-10 years, possibly more). The virus slowly kills increasing numbers of T-helper cells.
* If enough T-helper cells are killed, a person's ability to activate the immune system is diminished or lost, and he or she may be unable to fight off infections/cancer.

Activities

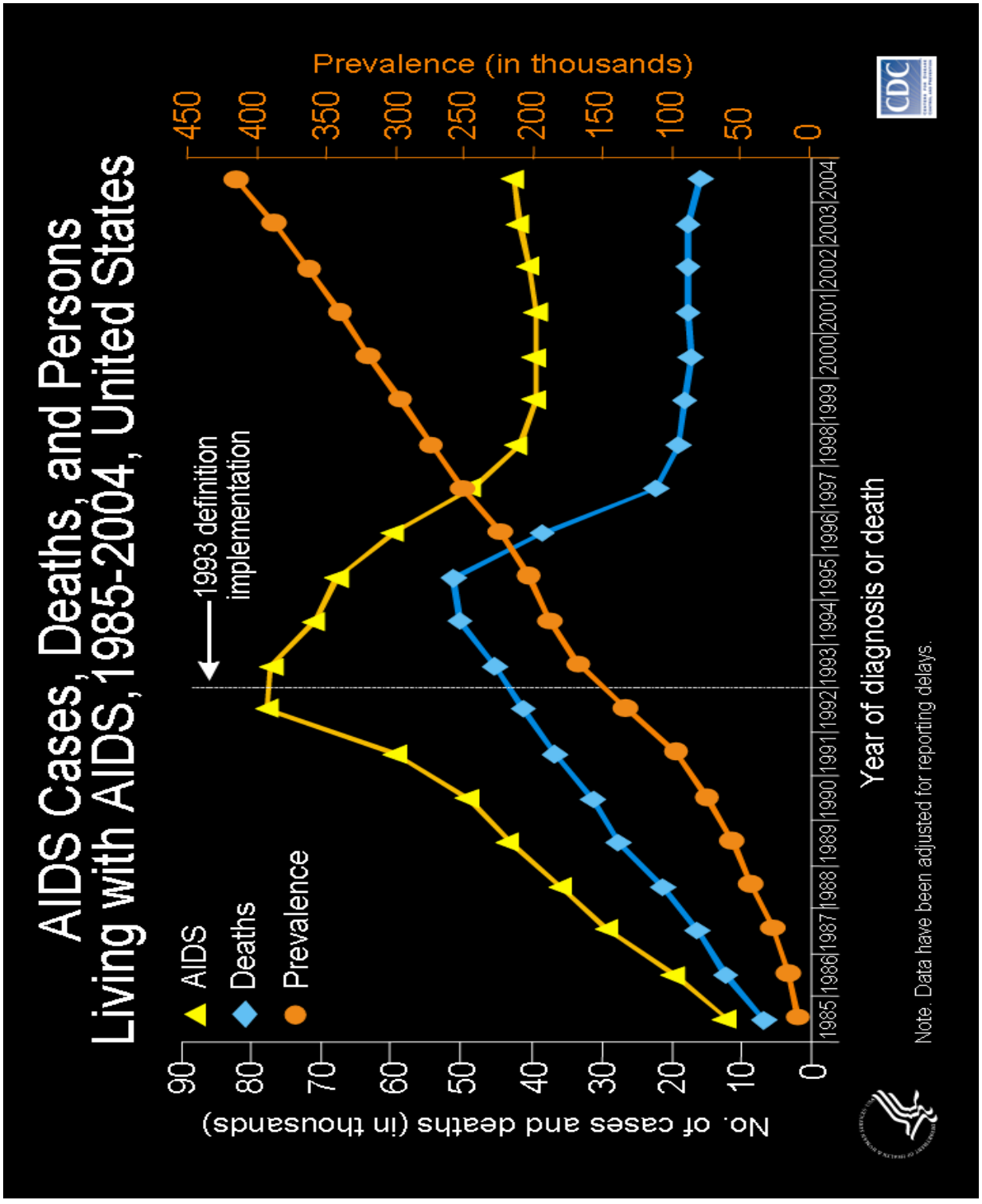
Activity 4—Question Box

Explain to students that the *Question Box* is available to help you clarify any questions they may not be comfortable asking verbally and to help you determine how effective the lessons are for explaining issues around HIV and STDs.



Approximately _____people in the United States are HIV positive and do not know they are infected.

Explain your answer.


AIDS Cases, Deaths, and Persons Living with AIDS, 1985-2004, United States
Prevalence (in thousands)
450
400
350
300
250
200
150
100
50
0
1993 definition implementation
AIDS
Deaths
Prevalence
No. of cases and deaths (in thousands)
90
80
70
60
50
40
30
20
10
0
1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004
Year of diagnosis or death
Note. Data have been adjusted for reporting delays.
CDC

Health Education
Lesson 3—Managing Your Sexual Health

Overview

Using the video, *Take Charge: Managing Your Sexual Health*, students will have the opportunity to continue thinking about and having discussions about being responsible for their sexual health.

Objectives

The student will:

1. Understand the risks for sexually transmitted diseases (STDs).
2. Determine when a sexually active person should get an examination for STDs whether or not symptoms are present.
3. Identify where one can receive diagnosis and treatment for STDs.
4. Dispel myths about getting a medical examination and treatment for STDs.

Activities

1. Video

Ready . . .

Advance Preparation

Preview the video, *Take Charge: Managing Your Sexual Health.*

Vocabulary (See Glossary.)

Set . . .

Equipment

- □ VCR and monitor

Materials

- □ *Take Charge: Managing Your Sexual Health* video (Available from the Office of Superintendent of Public Instruction (OSPI) or your local educational service district (ESD.)

Go . . .

Review/set ground rules.

Activities

Activity 1—Videotape

1. Introduce video. Tell students that being sexual does not mean one is having sexual intercourse. The decision to become sexually active requires a new level of responsibility for one's health and for the health of the other person. The following video will discuss some of the issues involved in managing your sexual health.

   Remind students that meaningful relationships can be developed without engaging in sexual intercourse. When a person does decide to have sexual intercourse, a new level of responsibility is required for one's own health and for the health of the other person.

   The video includes interviews with actual people who have had an STD. They describe how this experience has affected them. While watching this video, consider the following questions:

   * What fears do you think your peers might have about getting an STD examination?

   * How did these men and women feel about their experiences when they went for an STD examination?

   * What are the men and women in the video doing differently now after having an STD?

Activities

Activity 1—Videotape (continued)

2. Show the video, *Take Charge: Managing Your Sexual Health.*

3. After viewing the video, discuss their responses to the three prior questions, and then ask students:

When should a sexually active person get an examination for sexually transmitted diseases (STDs)?

(Every six months if no symptoms appear; immediately when symptoms appear; and prior to first intercourse with any new sexual partner.)

Why is it important to not wait until symptoms appear?

(Some of the most prevalent STDs often have no symptoms but can result in sterility. One cannot know for certain that a partner is not infected and may unknowingly transmit an STD.)

Where can a person go in this community to get STD care?

(Local health department, family planning clinic, local medical clinic, and other health care providers—dependent on the community.)

Discuss with students the importance of early diagnosis, if pregnant, for the prevention of the effects of an STD on a fetus during pregnancy. Knowing a person's HIV status is even more important since early treatment of a pregnant HIV-infected mother can greatly reduce the risk of infecting the baby before birth.

Activities

Activity 1—Videotape (continued)

4. Ask for volunteers to call local resources and find out what services are provided, the cost, confidentiality, age requirements, location, etc. Students should report their findings back to the class. They may also want to develop an article for the school newspaper describing what they have learned.

Health Education
Lesson 4—Risk Assessment

Overview

This lesson provides important information on proper use of latex condoms.

Objectives

The student will:

1. Describe proper condom use.

Activities

1. Prevention Review
2. Condom Use

Health Education
Lesson 4—Risk Assessment

Ready . . .

Advance Preparation

Create sequence of correct condom use cards (one or two sets).

Vocabulary (See Glossary.)

Set . . .

Materials

- □ Sequence of correct condom use cards. (See lesson materials.)
- □ Masking tape

Go . . .

Activities

Activity 1—Prevention Review

* Remind students that not having sexual intercourse is the most effective way to avoid STDs including HIV. Most teens are not having sex and waiting is a good choice for them. (You may wish to refer to the results of the 1992 Washington State Survey of Adolescent Health Behaviors that indicated that most teens their age are not having sexual intercourse.)

* At some time in their lives, most people will choose to have sex and will want to protect themselves from STDs and pregnancy.

* Although latex condoms cannot provide 100 percent protection—even if used properly and every time—they can significantly reduce a person's risk of STDs, HIV, and pregnancy. Condoms provide less protection from STDs that involve sores that are not covered by the latex shield. These can include Herpes and HIV.

* Understanding proper condom use is very essential in providing protection.

* Explain that many married couples who use condoms to prevent pregnancy can become pregnant. This commonly happens because a condom was not used every time or the couple was not given adequate instruction on correct condom use.

Activities

Activity 2—Correct Condom Use

1. Randomly tape up the twelve cards (one card for each step of condom use) in front of the room.

2. Select five volunteers to go up and arrange the cards in the correct order.

3. When they are finished, allow the class to give feedback until they think the cards are in the correct order.

4. Go through the sequence and explain each step. (For more information, see the *Condom Information Sheet*.)

   OPTIONS:

   * Have two sets of cards taped up in different parts of the room. Have two groups arrange them in order and compare.

   * Distribute a set of cards to each cooperative group. Have each group arrange them in order and then compare them with the other groups.

SEQUENCE FOR CORRECT CONDOM USE

(How to put on a condom without using one for demonstration.)

CHECK EXPIRATION DATE

CAREFULLY OPEN CONDOM PACKAGE

APPLY LUBRICANT TO INSIDE TIP OF CONDOM

PENIS BECOMES HARD

CAREFULLY UNROLL THE CONDOM OVER THE PENIS

Make sure the condom has the "right side" out; don't flip it over.
If the wrong side is out after you begin to unroll it onto
the penis, get a new condom.

LEAVE ROOM AT THE TIP OF THE CONDOM

Pinch the tip of the condom as you unroll it.

APPLY MORE LUBRICANT OVER THE CONDOM

INTERCOURSE OCCURS

EJACULATION OCCURS

WITHDRAW PENIS

Hold onto the base of the condom.
Tie the open end of the condom in a knot.

CAREFULLY DISCARD CONDOM

CONDOM INFORMATION SHEET
(TEACHER INFORMATION)

1. Check the expiration date and make sure there is air or a "pillow-like" feel in the condom packaging. Do this when you are able to show good judgment. Do not wait until you are about to use the condom.

2. Always carry more than one condom. If for some reason a condom fails, you will need a back-up. If you don't have a back-up condom, it is too easy to convince yourself that it may not be necessary. Set yourself up to be successful.

3. A condom—a new condom—must be used every time a couple has sexual intercourse.

4. For best protection, use a latex condom with a water-based lubricant such as K-Y Jelly. Petroleum-based lubricants, like Vaseline, will destroy a latex condom very quickly. Some lubricants also contain nonoxynol-9, which can cause irritation to mucous membranes. Frequent use of nonoxynol-9 can promote HIV infection.
   (www.who.int/mediacentre/news/releases/who55/en/)

5. Open and handle a condom carefully. Do not open the package with your teeth and be careful when opening a condom package with long fingernails.

6. Put the condom on before you have intercourse.

7. Put the condom on the head of the penis. Squeeze the air out of the tip of the condom before you roll it on. You must be careful not to have an air pocket in the tip, as this will increase the possibility of breakage. Leave room at the tip for the semen; otherwise, when ejaculation occurs, it will run down the side of the condom and out the bottom.

CONDOM INFORMATION SHEET (continued)
(TEACHER INFORMATION)

8. If you try to roll the condom on the wrong way, do not turn it over. The tip of the condom—the part that will be your first point of contact with your partner—has been contaminated with the fluid (pre-cum) that accompanies an erection.

9. Roll the condom all the way down to the base of the penis.

10. After ejaculation, withdraw the penis from the partner while it is still erect. Hold onto the base of the condom to keep it from slipping off. If it slips off, fluids may leak out the bottom and may still cause infection. Tie the open end in a knot.

11. Dispose of the condom in the garbage—not the toilet. Condoms may cause problems with the sewer or septic tank system.

12. It is a good idea to wash your hands and genitals after intercourse.

Remind students about the "Question Box."

Have students complete the following statements on a piece of paper and deposit it in the "Question Box," as they leave the classroom.

Today I learned . . .

I still wonder about . . .

Check expiration date

Carefully open the condom package

Apply lubricant to inside tip of condom

Penis becomes hard

Carefully unroll the condom over the penis
(Make sure the "right side" is out.)

Leave room at the tip of the condom

Apply more lubricant over the condom

Intercourse occurs

Ejaculation occurs

Withdraw penis

Hold onto the base of the condom.
Tie the open end of the condom
in a knot.

Carefully discard condom

Health Education
Lesson 5—Avoiding Risky Situations

Overview

In this lesson, students brainstorm situations that adolescents commonly confront that may not feel comfortable, secure, or safe. Students learn to analyze the various choices an individual has in specific situations and the possible consequences of each choice.

Objectives

The student will:

1. Identify uncomfortable situations and settings that may be conducive to sexual behavior.

2. Analyze the choices students have and identify the consequences of each choice.

Activities

1. Identifying Safe/Unsafe Situations

2. *KNOW HOW* video

Family Connections

Health Education
Lesson 5—Avoiding Risky Situations

Ready . . .

Advance Preparation

1. Preview the video, *KNOW HOW*, or another video that teaches the objectives of this lesson.

2. Make a copy of Handout # 1 for each small group.
   Make a copy of Handout # 2 for each student.

3. Review questions for the "Question Box."

Set . . .

Equipment

- □ VCR and monitor
- □ Overhead projector

Materials

- □ Butcher paper and pens for each small group.

Video

- □ *KNOW HOW*

Handouts

- □ Handout # 1, *Three Case Studies*
- □ Handout # 2, *What My Parent/Guardian Thinks*

Health Education
Lesson 5—Avoiding Risky Situations

Go . . .

Clarify any areas of confusion revealed by yesterday's "Question Box" activity.

Activities

Activity 1—Identifying Safe/Unsafe Situations

1. Introduce this lesson by stating that: *Throughout life we encounter situations where we may not feel comfortable, secure, or safe.* Use the following as examples:

   - Traveling in a country where you cannot understand, speak, or read the language.
   - Attending a party where you do not know the other guests.
   - Moving to a new area and attending a new school.

   Explain that it is important that we are able to recognize situations that are unsafe or uncomfortable so that we can either consciously avoid them or prepare ourselves to confront them.

2. Have students brainstorm other situations that kids their age commonly confront which may not feel comfortable, secure, or safe. (Responses may include being offered drugs or alcohol at a party; walking alone in a high-crime area at night; going to a dance—even though you believe you are a horrible dancer—or applying for a job.)

3. Divide the class into groups of five students—include both boys and girls in each group. Instruct each group to select a reader, a recorder, a facilitator, a timekeeper, and a reporter. (If necessary, explain these roles to the students.)

Activities

Activity 1—Identifying Safe/Unsafe Situations (continued)

4. Inform students that they are going to examine three case studies about three people their age. After hearing each case study, they should discuss the situations the characters encountered and list the various choices and possible consequences of each.

5. Distribute a copy of Handout # 1, *Three Case Studies*, to each group reader. Instruct the readers to read aloud "Jackson's Case Study." Direct the students to take ten minutes to discuss Jackson's situation. They should consider the various choices available to Jackson and list the possible consequences of each choice.

6. Have each group recorder write the following on butcher paper:

Choice	Possible Outcome
1.	
2.	
3.	
4,	
5.	

7. Have each reporter share his or her group's butcher paper list with the whole class. Recorders should state which choice is the best choice for Jackson, and why.

8. After all reporters have presented, comment about:
   a. The similarities and differences of the choices and outcomes listed.
   b. Any agreement and disagreement among groups regarding Jackson's best choice.
   c. The fact that sometimes it is the girl, not the boy, who is the aggressor.

Activities

Activity 1—Identifying Safe/Unsafe Situations (continued)

9. Have the students follow the same procedure using "Jim's Case Study" and then "Kim's Case Study." (Direct the students to switch tasks within their group when beginning a new case study.)

10. Keeping the case studies in mind, have the students brainstorm safe settings and unsafe settings for not having sex. On the chalkboard, draw two columns—using the example below—and list the student's responses.

Safe Settings	Unsafe Settings
At home with a boyfriend or girlfriend while parents or guardians are in the house.	At home with a boyfriend or girlfriend while parents or guardians are out of the house.
A chaperoned party or date.	A non-chaperoned party or date.

11. Have students brainstorm ways to avoid undesirable and risky situations that might lead to sexual involvement.

    Student's responses may include:
    - Double dating.
    - Attending parties only if there will be parental/adult supervision.
    - Spending time only with those who respect and share your feelings and values.

Activities

Activity 2—*KNOW HOW* Video

Show the video, *KNOW HOW*, and discuss the video with your students using the discussion guide which accompanies this video or using your own questions.

Family Connections

Have students complete "Items A and B" of Handout # 2, *What my Parent/Guardian Thinks,* in class.

As homework, instruct them to actually interview their parent or guardian, asking the question: *What are safe settings and situations for a person my age to be in with a boyfriend or girlfriend?* Instruct them to record their parent's/guardian's answer to "Item C."

In addition to the question, *What my Parent/Guardian Thinks,* homework—have students ask the following: *When you were my age, what were considered safe settings and situations to be in with a boyfriend or girlfriend?*

Three Case Studies

Jackson's Case Study

Connie, an eighth-grade girl, and two of her girlfriends go to the local high school hangout on Friday night. Connie starts talking to one of the guys, Jackson, who is on the high school football team. Connie asks Jackson for a ride in his flashy new car. After cruising around town for a few minutes, Connie starts making passes at him.

1. What is the problem?
2. What are Jackson's choices?
3. What are some possible consequences of each choice?

Jim's Case Study

Jim, a tenth grader, is having a Halloween party. The guests, boys and girls from school, are dancing when Jim's mother and father come downstairs to see how the party is going. As soon as Jim's parents leave, one of the boys turns off the lights, and the party room gets really dark.

1. What is the problem?
2. What are Jim's choices?
3. What are some possible consequences of each choice?

Kim's Case Study

Kim invites her boyfriend, Tom, to her house after school to listen to a new CD. Kim lives with her father who does not get home from work until 8 p.m. After listening to the CD, Tom starts kissing Kim.

1. What is the problem?
2. What are Kim's choices?
3. What are some possible consequences of each choice?

What My Parent/Guardian Thinks

Complete Items A and B in class. As homework, ask your parent or guardian the question, Item C, below; then record his or her answer in the space provided.

Question: What are some examples of safe settings and situations involving a boyfriend or girlfriend for a person my age?

A. What I think:

B. What I believe my parent/guardian thinks:

C. What my parent/guardian actually thinks:

Health Education
Lesson 6—Resisting Peer Pressure

Overview

In this lesson, students identify common lines used to pressure people to become sexually active. Students practice refusal skills—a type of assertive communication—that will help them feel confident saying "no" to peer pressure.

Objectives

The student will:

1. Demonstrate refusal skills.
2. Analyze the effectiveness of refusal skill messages.

Activities

1. Refusal Skill Review
2. Refusal Skill Practice
3. Homework assignment

Health Education
Lesson 6—Resisting Peer Pressure

Ready . . .

Advance Preparation

1. Review lesson and become familiar with the basics of refusal skills. If needed, rewrite role plays to fit the needs of your students.

2. On butcher paper, or the chalkboard, write the directions for *Making Clear "No" Statements*, which will be posted in the classroom.

3. Prepare Transparency # 1.

4. Make copies of Handout # 1 for each small group.

5. Make copies of Handout # 2 for each student to assess student's skills and knowledge.

Set . . .

Materials

□ Butcher paper list, *Making Clear "No" Statements*.

Handouts

- □ # 1, Refusal Skills Observer Checklist
- □ # 2, Allie and James

Transparency

- □ # 1, Refusal Skills

Go . . .

Activities

Activity 1—Refusal Skills Review

1. Begin this lesson by explaining that often young people don't do what they want to do because they feel pressured by their peers. Sometimes they feel pressured to go along with their friends to avoid seeming different.

   State that one good use of assertiveness skills is practicing how to say "no." Explain that saying "no" can be difficult. Remind them they have practiced saying "no" for a long time—since they were about two years old.

   Sometimes young people try to persuade their peers to be sexually active. Remind them when they want to say "no" to sex, they don't have to explain why or make any excuses. They can just say "no." Point out it is important to say "no" in a convincing way, which lets the other person know you mean it, but does not hurt your relationship. State that the ability to say "no" gives us a lot of power and control over our lives.

2. Begin a discussion on pressure lines young people use at their age to convince others to be sexually active. Provide some examples: "Come on, don't be such a baby." If you don't want to, I guess I won't see you anymore." "Everybody's doing it." Elicit additional pressure lines from students.

Activities

Activity 1—Refusal Skills Review (continued)

3. In order to help students resist pressure lines, post the butcher paper list—or point out the list on the chalkboard—*Making Clear "No" Statements.*

   - Clearly say the word, "no."
   - Use a firm voice.
   - Use body language that says, "no."
   - Repeat the word, "no," as often as needed.
   - Refuse to discuss the matter any further.

4. Provide a demonstration using effective refusal skills by playing the part of a student, **Student A**. Role-play the following with three volunteer students—each student playing the part of **Student B**—using the following pressure lines:

   "*Come on, don't be such a baby."*
   "If you don't want to do it, I guess we won't see each other anymore."
   "Everybody's doing it."

5. Ask **Student A** to model, using refusal skills effectively. Try to incorporate all the techniques listed on the butcher paper or chalkboard for making clear "no" statements.

6. Inform the rest of the class of their role as observers/recorders. Distribute one copy of Handout # 1, *Refusal Skills Observer Checklist,* and go over the checklist directions. After each of the three role-play demonstrations, discuss with the class their checklist responses.

Activities

Activity 1—Refusal Skills Review (continued)

7. Distribute one blank index card to each student. Ask students to write at least two pressure lines on their cards that boys or girls their age might use to try to convince another person to do something of a sexual nature they don't want to do. Tell students they are now going to have a chance to show how well they can say, "no," to requests or pressures to become sexually involved.

Activities

Activity 2—Refusal Skills Practice

1. Divide the class into groups of three. Have each group use the pressure lines written by members of their group. Inform students that for each situation, one student will play **Student B** (the person who is using the pressure line). A second student, **Student A**, will respond to the pressure line. During the role-play, the third student in the group acts as the observer and completes the *Refusal Skills Observer Checklist.*

   Have the members within each group switch roles for each pressure line so that every student has an opportunity to respond to the pressure line and experience having his or her response work for them.

2. Have each group trade cards with another group and repeat Step 1.

3. At the end of the group activity, bring the whole class together and provide an opportunity for questions and comments.

4. Compliment students on their ability to make clear "no" statements in a way that told the other person they meant what they said without losing their friendship. Emphasize to students that they have the power to control their personal behavior.

5. Encourage them to base their actions on reasoning, self-discipline, sense of responsibility, self-control, and ethical considerations such as respect for one's self and others.

Activities

Activity 2—Refusal Skills Practice (continued)

6. Emphasize that they should not pressure others to do something they do not want to do. Stress the importance of understanding and accepting other people's feelings and viewpoints. State that it is wrong to take advantage of—or to exploit—another person.

7. Discuss that at various times in life, people make decisions to have sex or not to have sex. Regardless of previous decisions, a different decision can be made in the future.

Activity 3—Homework Assignment

Handout # 2, *Allie and James*

Refusal Skills Observer Checklist

Did _____
(Name of Student A)

1. Clearly say the word, "no?"	Yes	No
2. Use a firm voice?	Yes	No
3. Use body language that said, "no?"	Yes	No
4. Repeat the word, "no," as much as needed?	Yes	No
5. Refuse to discuss the matter any further?	Yes	No

_____ _____
(Name of Student B) (Signature of Observer)

Did _____
(Name of Student A)

1. Clearly say the word, "no?"	Yes	No
2. Use a firm voice?	Yes	No
3. Use body language that said, "no?"	Yes	No
4. Repeat the word, "no," as much as needed?	Yes	No
5. Refuse to discuss the matter any further?	Yes	No

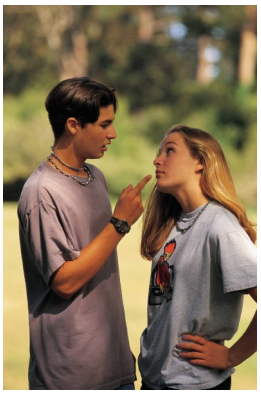
_____ _____
(Name of Student B) (Signature of Observer)

Did _____
(Name of Student)

1. Clearly say the word, "no?"	Yes	No
2. Use a firm voice?	Yes	No
3. Use body language that said, "no?"	Yes	No
4. Repeat the word, "no," as much as needed?	Yes	No
5. Refuse to discuss the matter any further?	Yes	No

_____ _____
(Name of Student B) (Signature of Observer)

Allie and James



Allie and James are on a date. They have been going together for about two months. Lately, James has been pressuring Allie to have sex with him. Allie doesn't want to become sexually active at this time in her life.

Write a brief dialogue between Allie and James.

Include in the dialogue:

* Two types of refusal skills.
* Two risks associated with having sex.

Refusal Skills

Say "no." If you wish, give a reason for your refusal.
I don't want to hurt my health.

Use your behavior to reinforce what you mean.
As you speak, look directly into the eyes of the other person.

Show you care about others.
I do like you, but this activity is harmful, and I wish you wouldn't do it.

Provide alternatives.
Let's go talk with our school counselor.

Take a definite action.
I'm not going to do it.

Health Education
Lesson 7—Healthy Relationships

Overview

This lesson focuses on helping students to understand that sexuality is more than "having sex." Caring, healthy relationships are defined and discussed.

Objectives

The student will:

1. Define/clarify terms related to sexuality.
2. Identify characteristics of healthy relationships.

Activities

Activities

1. Sexuality Terms
2. Healthy Relationships

Health Education
Lesson 7—Healthy Relationships

Ready . . .

Advance Preparation

1. Review the Glossary for sexuality terms.

2. Make a copy of Handout # 1 for each student.

Vocabulary (See Glossary.)

Set . . .

Materials

- □ Small piece of paper for each student
- □ Butcher paper

Handout

- □ Student Handout # 1, *The Person Who Cares for Me*

Go . . .

Activities

Activity 1—Sexuality Terms

1. Explain to students that all people are sexual beings. Just as you learn as you grow up to manage other parts of your life for your health and well-being, you also learn about managing your sexual experiences. People manage their sexual experiences differently, and some people find their sexual experiences being controlled or manipulated by other people.

2. In order to help students understand how they are similar to others and how they are different in their perceptions of sexual issues, it is important to define and clarify some terms. Divide the class into groups of four-to-six and give each group two or three of the following terms to define:

   - Sex
   - Gender
   - Sexual activity
   - Abstinence
   - Monogamy
   - Love
   - Masculinity
   - Sexuality
   - Sexual orientation
   - Sexual intercourse
   - Fidelity
   - Commitment
   - Infatuation
   - Femininity

3. Ask students to define their assigned terms in a way that is meaningful to their group and respectful. Identify sources of information available to them in the classroom. (You may want to have students write definitions on butcher paper and post them.) Allow students about 15 minutes to develop their definitions.

Activities

Activity 1—Sexuality Terms (continued)

4. Have each group share their results with the class. Clarify and expand on the definitions, as necessary. (See Glossary for suggestions.) Discuss how differences in individual perceptions of these terms may affect how we may make inaccurate assumptions about what others may expect or mean by what they say.

Activities

Activity 2—Caring Relationships

1. Distribute a small uniform piece of paper to each student along with Student Handout # 1, *The Person Who Cares for Me*.

2. Have students think about important characteristics of a good relationship and then make a list of the important characteristics of their ideal romantic partner on the handout.

3. Ask students to write one of their prioritized characteristics on a piece of paper and collect them.

4. On a large piece of butcher paper, list them, placing stars next to those which are repeated.

5. Discuss the positive benefits of being in a relationship in which each person feels valued, cared for, and respected. Ask students to think about how these characteristics relate to loving relationships and their decisions about sexual behaviors. Ask students whether a person with these ideal traits would try to force or coerce someone they care about to do something that they did not want to do or that might be harmful.

The Person Who Cares for Me

1. Circle those qualities you value in a romantic relationship. Feel free to add other qualities to the list.

Beautiful	Religious	Quiet
Handsome	Nice Eyes	Tender
Sense of Humor	Nice Hair	Sensitive
Tall	Intelligent	Good Student
Short	Good Figure	Virgin
Athletic	Financially Secure	Kind
Good Dancer	Good Family	Reliable
Spiritual	Ethnic Identify	Physically Fit
Stable	Drug Free	Good Lover
Risk Taker	Smoker	Funny
_____	_____	_____
_____	_____	_____

2. Looking at those you circled, pick the five that you feel are the most important to you. Write them in order of their importance to you.

1._____ 4._____
2._____ 5._____
3._____

3. Write a paragraph explaining why you think your first priority item is important.

Health Education
Lesson 8—Non-Voluntary Sex

Overview

This lesson helps students think about protecting themselves from non-voluntary sexual experiences and exploitative or abusive relationships. Several video options are presented.

Objectives

The student will:

1. Recognize myths around ethics of forced sexual behaviors.
2. Identify risky situations and develop strategies for avoiding them.

Activities

1. Beliefs about Non-Voluntary Sex
2. Video
3. Card Around

Health Education
Lesson 8—Non-Voluntary Sex

Ready . . .

Advance Preparation

1. Prepare a copy of Handouts # 1 and # 2 for each student.
2. Preview video options and select the video you wish to show.
3. Provide a 3x5 index card for each student.
4. Be sure that you are aware of local resources for students who feel they need to talk to someone concerning issues of abuse.

Set . . .

Equipment

□ VCR and Monitor

Materials

□ 3x5 index cards
□ Video—listed below, or another appropriate video

Crossing the Line
Acquaintance Rape
Date Rape
Heart on a Chain
No Means No

Handout

□ Handout # 1, *Beliefs about Non-Voluntary Sex*
□ Handout # 2, *Harassment Incidences*

Health Education
Lesson 8—Non-Voluntary Sex

Go . . .

Activities

Activity 1—Non-Voluntary Sex

1. Review the ground rules. Tell students that you will be talking about situations that many teens have experienced and that it is important to remember the ground rules.

2. Ask students to name some situations where people may not control their own sexual experiences. Discuss the range of sexual experiences that can be non-voluntary including forced touch, unwanted touch—pinched, rubbed, patted in the halls—comments, coercive sexual advances, forced intercourse (rape), harassment, pornography.

3. Distribute Handout # 1, *Beliefs About Non-Voluntary Sex.* Have students complete the handout individually. Remind students that this should reflect what they believe their peers would say.

4. After students have completed the handout individually, ask students how they felt their peers would respond to each question. Allow class discussion as students respond.

5. Summarize by stating that non-voluntary sex is never acceptable. Refer to the characteristics of positive relationships developed in the previous lesson and point out that such traits do not include unwanted pressures or behaviors that are uncomfortable for either person.

Activities

Activity 2—Video

1. Show one of the following videos listed below, or another appropriate video, that deals with exploitation in relationships.

   Date Rape
   Acquaintance Rape
   No Means No
   Heart on a Chain
   Crossing the Line

2. Follow with a discussion of resources for students experiencing harassment, rape, or other forms of abuse. Be sure and talk about the importance of being a good listener when a friend is in such a situation. Emphasize that boys are often the victims of such situations but may be less likely to seek help.

Activities

Activity 3—Card Around

1. Pass out a 3x5 index card to each student. On one side of the card, ask students to write about an incident of harassment or non-voluntary sex that they may have observed or heard about in the past. Caution them not to include personal information such as names.

   On the other side of the card, describe any action they took in response to the incident. The action might be: Nothing. Provided a listening ear. Referred them for help, etc. *(Students may pass on this activity or leave their cards blank.)*

2. Collect the cards and shuffle them well. Review the cards as you pass them out to the class. (Omit any that may reveal a person's identity.) You may use one card (rephrasing to omit identifying information) to model the next step.

   One at a time, students will read side one; then turn it over and read side two. (Encourage students to discuss any responses they feel would be helpful in such situations.)

3. Close by acknowledging that we often observe behavior that we realize is harmful to others. It can be difficult to take action to correct such behaviors. By remaining silent, we may, in fact, be saying that we approve such behaviors.

Activities

Activity 3—Card Around (continued)

Optional homework assignments

1. Have students ask parents about sexual harassment policies at their work. Find out the penalty to employees who fail to follow the policy. Compare such policies to the school district sexual harassment policy.

2. Using Handout # 2, *Harassment Incidences*, have students record incidences they observe for several days in the school setting that they feel constitute harassment. Identify responses of bystanders. Describe the likely effects on the victims.

Beliefs About Non-Voluntary Sex

Read each of the following statements. Think about how your friends would respond to each statement. Check whether you believe your friends would **agree** or **disagree.**

1. It is okay for a person to force someone to have intercourse if he/she has spent a lot of money on them.
   _____Agree _____Disagree

2. It is okay for a boy to force a girl to have intercourse if he is so turned on that he can't stop.
   _____Agree _____Disagree

3. If a girl has had sex before with other boys, it is okay for a boy to force her to have sex with him.
   _____Agree _____Disagree

4. If a girl is high or drunk, it is okay for a boy to force her to have intercourse.
   _____Agree _____Disagree

5. It is okay to force someone to have sex if they have dressed in a "sexy" manner.
   _____Agree _____Disagree

6. If a couple has had sex together, it will be expected that they will continue having sex.
   _____Agree _____Disagree

7. If a girl has led a boy on (being a tease), it is okay for him to hold her down to have intercourse.
   _____Agree _____Disagree

Beliefs About Non-Voluntary Sex (continued)

8. If a girl says "no" to sex, it is okay for a boy to continue to pressure her because she probably doesn't mean it.
   _____Agree _____Disagree

9. If a boy or girl says "yes," but then changes his or her mind, it is okay to force sex.
   _____Agree _____Disagree

10. It is okay to brag about sexual accomplishments after a date—maybe even exaggerate some—since nobody believes the stories anyway.
    _____Agree _____Disagree

11. It is okay for a girl to pat a boy on the hips as she passes him in the hall, because girls can't be accused of harassment.
    _____Agree _____Disagree

12. Boys are not bothered by sexual teasing from girls.
    _____Agree _____Disagree

HARASSMENT INCIDENCES

Where (cafeteria, hallway, bus, classroom, restroom)	What was said or done?	Reaction of bystanders	Impact on victim

KNOW HIV/STD Prevention Curriculum

Lessons to Supplement Social Studies Instruction High School

High School—Social Studies Supplement

Introduction

Social Studies classes provide many natural and thematic links for students to explore health topics including HIV/AIDS. The process of reading, research, and discussion gives students opportunities to make personal connections and construct personal meaning, as they look at social change and negotiate and interpret content. These critical thinking activities help students develop real-life problem-solving and decision-making skills.

Using Social Studies classes to explore health issues has several key advantages.

- The Social Studies curriculum promotes respect for the underlying values of a diverse democratic society.
- The more opportunities there are for students to discuss and develop problem-solving skills, the more likely they are to use them.

Moreover, when teachers—in addition to the health teacher—address adolescent health issues in their classrooms, it improves the whole school environment by fostering social norms for healthy choices. The lessons can also be taught collaboratively by social studies and health teachers.

Providing high quality HIV/AIDS lessons integrated into social studies, reinforces the student learning objectives of the Washington State Essential Academic Learning Requirements (EALRs).

The lessons provided in this supplement meet the following EALRs:

Health and Fitness

EALR 2.0—The student acquires the knowledge and skills necessary to maintain a healthy life: Recognize patterns of growth and development, reduce health risks, and live safely.

2.2 Understand the concept of control and prevention of disease
2.3 Acquire skills to live safely and reduce health risks.

High School—Social Studies Supplement

EALR 3.0 The student analyzes and evaluates the impact of real-life influences on health.

3.1 Gather and analyze health information.
3.2 Use social skills to promote health and safety in a variety of situations.
3.3 Understand how emotions influence decision making.

Social Studies

Inquiry and Information Skills

EALR 1.1 The student will understand and use inquiry and information skills required by citizens in a democratic society.

1.1.3b Identify key words; use advanced search strategies; independently locate appropriate and varied information sources; evaluate primary/secondary sources.

Critical Thinking Skills

EALR 3.1 The student will understand and apply critical thinking and problem-solving skills to make informed and reasoned decisions.

3.1.4a Identify central issue; formulate appropriate questions; identify multiple perspectives; compare and contrast; validate data using multiple sources; determine relevant information; paraphrase problem.

3.1.4d Hypothesize possible outcomes from an initial event recognizing multiple causes and accidental factors.

High School—Social Studies Supplement
Lesson 1—The Changing Face of HIV/AIDS

Overview

This three-lesson unit is designed to provide youth with the concepts related to HIV/AIDS that promote respect for the underlying values of a diverse democratic society.

Lesson 1—The Changing Face of HIV/AIDS
The first lesson sets the stage for discussion about the changing face of HIV/AIDS and how it affects youth.

Lesson 2—HIV/AIDS Research
The second lesson asks students to research chosen topics relating to HIV/AIDS and to present their information to the class.

Lesson 3—Preventing Harassment
The third lesson provides an opportunity for students to practice using the skills needed to prevent harassment and discrimination against themselves and others.

Objectives

The student will:

1. Describe key issues facing youth with HIV/AIDS.
2. Identify support systems needed for youth with HIV/AIDS.

Activities

1. *Safe Haven Project* article.
2. Discuss key concepts in the article.

High School—Social Studies Supplement
Lesson 1—The Changing Face of HIV/AIDS

Ready . . .

Advance Preparation

1. Review the *Teacher Preparation for HIV/STD Education* information.
2. Make copies of Handout # 1, *Creating a Safe Haven for Youth with HIV*.
3. Make copies of Handout # 2, Creating *a Safe Haven for Youth with HIV Discussion Questions*.

Set . . .

Materials

- Copies of Handouts # 1 and # 2 for students.

Go . . .

1. Give students Handout # 1, *Creating a Safe Haven for Youth with HIV*, to read. Also give them Handout # 2 to review as they finish reading. (This can be done in class or as homework.)
2. When students have finished reading the article, have them work with a partner to answer the questions on Handout # 2. Give them 10-15 minutes for this partner discussion.

Creating a Safe Haven for Youth with HIV

Discussion Questions

Teacher copy

1. What are the keys issues facing youth with HIV today as described in the article?
2. What do you think would be the most difficult thing about being a teen with HIV?
3. Are things better or worse for youth with HIV today than when Ryan White was alive? Give examples.
4. What are the benefits of an organization like the "Safe Haven Project?"
5. How do you think a student with HIV would be treated in our school?
6. What could be done to ensure the physical and emotional safety of a student with HIV in our school?

Debrief questions with the whole class. Below each question are possible answers. Ask students to share some of their answers. This discussion will lay the groundwork for the research assignment that follows in the next lesson.

1. **What are the keys issues facing youth with HIV today as described in the article?**
    - Doctor's appointments
    - Taking medications
    - Feeling sick and tired
    - School absences
    - Hostility and fear from others
    - Discrimination

2. What do you think would be the most difficult thing about being a teen with HIV?

   Answers will vary.

3. Are things better or worse for youth with HIV today than when Ryan White was alive? Give examples?

   Better
   - More effective drugs
   - More understanding and less fear
   - Laws to protect rights
   - Summer camps for kids with HIV/AIDS
   - More knowledge about prevention

   Worse
   - More cases—half of all new HIV infections occur in people under the age of 25
   - World-wide pandemic
   - Discrimination and isolation continue

4. What are the benefits of an organization like the "Safe Haven Project?"
   - Provides a safe environment—physically and emotionally
   - Kids can enjoy "normal" experiences
   - Supportive environment
   - Reduces isolation
   - Variety of fun and interesting activities

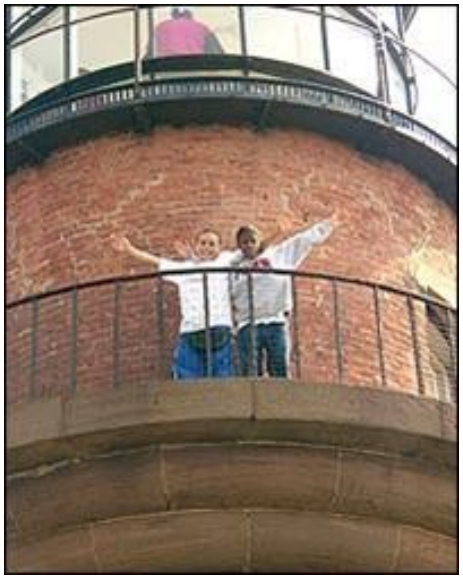
5. How do you think a student with HIV would be treated in our school?

   Answers will vary.

6. What could be done to ensure the physical and emotional safety of a student with HIV in our school?
   - More education about HIV/AIDS
   - Strict harassment policies and guidelines—enforced
   - Students stand up against harassment

Creating a Safe Haven for Youth with HIV

Published July 4, 2005
by Julie Garfield



Campers at a Lighthouse

Young people infected by the HIV/AIDS virus tend to have a lot on their plates. On top of the typical struggles of childhood and adolescence, they spend a lot of time in and out of doctor's offices, taking medications, trying to avoid getting sick, and fighting off illness when they do succumb. School absences pile up, and energy flags. Issues of disclosure add even more stress and isolation—those who keep their HIV status private are forced to construct a false facade, while those who are open about their condition often face hostility or fear fueled by ignorance.

So a place where they can let their guard down and enjoy themselves in a natural setting, surrounded by others who face the same issues and by supportive adults who are not afraid of their disease, is a rare gift.

That's the goal of the Safe Haven Project, founded by David Butler in 1993. Safe Haven operates two one-week camp sessions for kids aged 7 to 17 who are HIV-positive. (As of the end of 2003, the CDC estimated that approximately 16,366 people under the age of 25 were living with HIV/AIDS; and that about 3,232 of them were under the age of 15.)

The April camp takes place on the island of Martha's Vineyard in Massachusetts; while the August session is set in the mountains near Frederick, Maryland. At Safe Haven, campers get a chance to step away from feelings of difference and into an environment where the social stigma of HIV/AIDS is lifted. "While the two locations offer different experiences . . . the bottom line is fun and skill-building," explains Butler. From arts and crafts, to chores, to swimming, and eating all together cafeteria-style, Camp Safe Haven, like most camps, provides campers with a relaxed and fun environment.

In the wake of Ryan White

In some ways, the Safe Haven Project is one of the legacies of Ryan White. Just three years after AIDS was first recognized as a disease in 1981, thirteen-year-old White was diagnosed with HIV, which he contracted during treatment for his hemophilia. At a time when fear and ignorance of the illness was near-universal, White faced harassment and discrimination in his hometown of Kokomo, Indiana. Considered a health risk to his fellow students, the public school board expelled White from his high school. While he was eventually re-admitted, the obscene graffiti on his locker, the name-calling, and the bullet shot through his window eventually drove White and his family to move away.

At the time, David Butler was working as a high school teacher. He found inspiration from White's story—both because of Ryan's resilience in the face of discrimination and because of its conclusion: After the White family moved from Kokomo, the family was accepted warmly in neighboring Cicero, Indiana. In the words of White, "I'm just one of the kids, and all because the students at Hamilton Heights High School listened to the facts, educated their parents and themselves, and believed in me."

Campers and Counselors on Bus

Butler saw Cicero as a model for the rest of the country and created Safe Haven with the goal of improving the lives of children with HIV at both an individual and societal level. Together, Butler and Lombardi created a camp that would give youth with HIV the experience of being in a supportive community.

Before his death in 1990, White devoted his life to speaking out against the ignorance that caused him so much pain. In his footsteps, Safe Haven launched *Speak Out*, a program where teens with HIV share the stories of their experiences with the virus and open up discussions with school students across the country.

The Un-Therapy

From what was once a mysterious illness associated with homosexuality to what is now recognized as a world-wide pandemic, the face of HIV has changed since the time of Ryan White. But discrimination still exists. While some of the campers have been able to be open about their illness; some still keep it a secret. Still others have disclosed their illness and gotten burned. "HIV is still a secret with very few exceptions," explained Co-Director Tony Lombardi. "They don't want people to know for fear of being judged or rejected."

As recently as 2003, a camper from a southern state who had kept her illness a secret lost her job and many friends after a family member disclosed her illness to the community. Even in urban areas, where HIV/AIDS is more prevalent, intolerance runs rampant. "The social stigma still exists; people are just a lot quieter about it," says Lombardi.

At Camp Safe Haven, campers get to experience a stigma-free environment. At the Martha's Vineyard camp, a strong community is created from the outside in. Dozens of local individuals and organizations devote their time, energy, and resources to this week-long camp. Contributors donate anything from turkey dinners to hip-hop dance lessons to art supplies; and most importantly, help create a supportive and loving community.

For the summer session in Maryland, the wooded mountain location offers an experience more like the classic camp of capture the flag, 'smores, and mosquitoes. For kids who seldom get the chance to have a mainstream life experience, activities such as sports, games, chores, swim time, and the occasional trip to the mini-golf course are a kind of therapy in themselves.

"In order to bring them normalcy, we don't schedule in times for therapy," said Butler. "Instead, campers can chose from a number of trained counselors, nurses, or even local therapists, if they so choose."

Like any camp, problems arise on a daily basis, but they are not the run-of-the-mill bouts of homesickness that plague most camps. "Sometimes

they need to talk because mom or dad or somebody they know from the clinic is passing away, or some of them want to talk about their medication," explained Butler. "With a camper-counselor ratio of two to one, there is always someone who can take the time out to talk."

Putting the Safety in the Haven

Efforts to create an atmosphere of relaxing normalcy take place against a backdrop of vigilant attention to campers' health status. The camp has a medical coordinator, who works with a local general practitioner, and a team of registered nurses. Members of the camp staff are in close contact with local hospitals.

There are always at least two nurses on duty around the clock. Camp staff members are trained to be sensitive to the health status and medicine regimen of each camper and are vigilant about making sure that campers take their medicines on time. "When someone starts to look a little off, they go right to the nurses' station," said Lombardi. "Because of the nature of the virus, the flu can turn into pneumonia in one day."

"And when this happens," explained Lombardi, "no one makes a big deal about it." A converted recreational vehicle, Safe Haven's medical facility, looks nothing like the average clinic. "The nurses don't look like nurses, and the medical place doesn't look like a clinic. We want to give campers a different perspective on medical professionals. We want campers to see them as people," said Lombardi.

Moving Forward

Over the years, med-mobile traffic patterns have changed dramatically. Whereas campers used to be knocking on the door up to eight times a day for medication, recalls Butler, now many of them only have to take three or four daily doses. And many of the new medications have fewer side effects. "It makes things much easier when you don't have a bunch of campers running around with diarrhea," exclaimed Butler.

Most importantly, newer treatments have dramatically lengthened life for youth with HIV. Butler and Lombardi commented on the drastic drop in the number of camper deaths/fatalities. "We used to go to three or four funerals a year," said Butler. "As a result, Safe Haven's *waiting lists* are a lot longer because not as many kids are dying."

Safe Haven doesn't charge campers to attend, but the cost is approximately $1,000 per kid; or a total of $30,000 per session. Most of the money comes from private donations. "It's always just enough to go from camp-to-camp wondering if there will be another," lamented Lombardi.

"It would be great to go out of business," says Lombardi. However, he's not too optimistic. The CDC estimates that about half of all new HIV infections occur in people under the age of 25. So while a lag in demand is nowhere in sight, the fundraising must go on, and the Safe Haven Project will continue to create a community that fights against the virus, not the victims.

Resources:

- **Learn more about the *Safe Haven Project Camps* and the *Speak Out Program***
  http://www.charityadvantage.com/safehaven/Welcomehome.asp

- **CDC information on HIV/AIDS and youth**
  http://www.cdc.gov/hiv/pubs/facts/youth.htm
  http://www.cdcnpin.org/scripts/hiv/hiv.asp#8

- **Learn about more than *20 camps for HIV-positive children and youth***
  http://www.thebody.com/index/treat/camps.html

- **Information for youth on HIV**
  http://www.teenaids.org
  http://www.youthco.org

Julie Garfield is recent graduate of the George Washington University and an intern at Connect for Kids.

High School—Social Studies Supplement

Creating a Safe Haven for Youth with HIV Discussion Questions

1. What are the keys issues facing youth with HIV today as described in the article?

2. What do you think would be the most difficult thing about being a teen with HIV?

3. Are things better or worse for youth with HIV today than when Ryan White was alive? Give examples?

4. What are the benefits of an organization like the "Safe Haven Project?"

5. How do you think a student with HIV would be treated in our school?

6. What could be done to ensure the physical and emotional safety of a student with HIV in our school?

High School—Social Studies Supplement
Lesson 2—HIV/AIDS Research

Overview

This lesson asks students to research chosen topics relating to HIV/AIDS and to present their information to the class. This gives them a chance to look in more detail at some of the current issues that people with HIV/AIDS confront.

Objectives

The student will:

1. Review basic prevention information.
2. Research information on HIV/AIDS and youth.
3. Share information they have developed with the rest of the class.

Activities

1. ABCDs of HIV/AIDS
2. Research activity
3. Classroom presentations

High School—Social Studies Supplement
Lesson 2—HIV/AIDS Research

Ready . . .

Advance Preparation

1. Make copies of Handout #1, *ABCDs of HIV/AIDS.*
2. Make copies of Handout #2, *Research Topics.*
3. If available/needed, schedule computer and library time for student research.

Set . . .

Materials

- Handouts # 1 and # 2

Go . . .

1. Pass out Handout # 1, *ABCDS of HIV/AIDS.* Review the basic prevention information. Explain that they will have the opportunity to research further information on HIV/AIDS and that this is one example of how information can be presented in a brochure format.
2. Pass out and ask students to read Handout # 2, *Research Topics.*
3. In teams of two or three, have students choose a topic to research. *Be sure that students have access to the internet, so that they can use the resources there.* There are websites listed at the end of the article, *Creating a Safe Haven for Youth with HIV.* Each of those sites has links to other sites. They can also use the phone book to identify local resources.
4. Each team will research their chosen topic and prepare a presentation on that topic to share with the rest of the class. This can be a written presentation—like a brochure—or may be an oral presentation.
5. When students have researched their topics and prepared their presentations, schedule each group.

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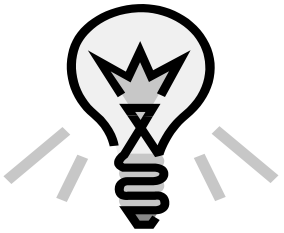
Social Studies
Lesson 2
Handout # 1

Protect Yourself and Others

- Pregnant women who are infected with HIV can pass the HIV to the fetus during pregnancy, delivery, or through breast-feeding. Treatment can be provided during pregnancy that prevents passing of HIV to a baby in most cases. HIV testing is recommended for all pregnant women to prevent infection of her baby.
- People who are HIV infected may not look or feel sick. They may even test negative on an HIV antibody test for weeks or months after becoming infected, but can still pass the disease. If a person has engaged in risky behaviors, they are at risk.

Remember



- Abstinence is 100 percent safe.
- Proper use of latex condoms and limiting sex partners significantly reduces—but does not eliminate—your risk of HIV infection.
- People also use injection equipment for legal reasons, such as insulin, vitamins, and prescription medicines. Remember to never share needles or other injection equipment.

QUESTIONS?

Call the Washington State AIDS HOTLINE for confidential answers at 1-800-272-AIDS (2437).

ABCDs of HIV/AIDS

ABCDs of HIV/AIDS

A

AIDS is a life threatening disease, but a hard disease to catch.

- A blood-borne virus, HIV, present in significant amounts of blood, semen, and vaginal secretions of infected people, must get into a person's blood.

B

It is specific **behaviors** that put people at risk for contracting HIV.

- Unprotected sexual intercourse with an HIV-infected person.
- Sharing needles, syringes, or body piercing items.

ABCDs of HIV/AIDS

ABCDs of HIV/AIDS

C

There are **choices** available that people can make to protect themselves from HIV infection:

- **Abstinence** from sexual intercourse and from injection drug use are 100 percent safe and effective.
- **Fidelity** in which two people are mutually monogamous, who are not HIV infected and who never share needles are not at risk for HIV infection. A relationship such as within the context of marriage.
- **Condoms** when people consistently (always) and properly use latex condoms every time they have sexual intercourse, the risk is significantly lessened, but not eliminated.

D

People **do not** get infected with HIV by:

- Casual contact in school, at parties, sharing food, in swimming pools, stores, or the work place.
- Hugging, shaking hands, or simply being near a person who is infected with the virus.
- An insect bite.
- Contact with a toilet seat.

Reminders:

- Injection drug use (sharing needles) and unprotected sexual intercourse increase the chances of acquiring other sexually transmitted diseases (STDs), which in themselves can cause sterility, death, and increase your susceptibility to HIV infections.
- Being under the influence of drugs or alcohol can impair your judgment and increase the possibility of risky behaviors such as IV drug use or unprotected sex.

ABCDs of HIV/AIDS

High School—Social Studies Supplement
Lesson 2—HIV/AIDS Research

HIV/AIDS Project

With two or three other students, you will research one of the following topics, or one of your own choice, that relates to HIV and youth.

You can contact local community resources, use the internet, and talk with a health teacher or school nurse to gather information. Use at least three different resources.

Then you will prepare a class presentation to share what you have learned. This can be in the form of creating your own brochure, speaking, a written report, a role-play demonstration, or another format that suits your topic.

Possible Research Topics

- Right of Privacy
- Harassment Policies and HIV/AIDS
- Discrimination and HIV/AIDS
- Ryan White—Making a Difference
- The Changing Face of AIDS—Medical Advances
- Youth Making a Difference in Understanding HIV/AIDS
- Local resources for HIV/AIDS testing and education
- Preventing HIV/AIDS

High School—Social Studies Supplement
Lesson 3—Preventing Harassment

Overview

The first two lessons in this unit provide the opportunity for students to increase their knowledge about HIV/AIDS and to develop empathy for youth who are dealing with HIV/AIDS. This lesson goes one step further to increase assertiveness skills that can help stop harassment in its many forms.

Objectives

The student will:

1. Identify steps to preventing harassment.
2. Practice using harassment prevention skills.

Activities

1. Stopping harassment and other forms of violence
2. Stopping harassment skill practice

High School—Social Studies Supplement
Lesson 3—Preventing Harassment

Ready . . .

Advance Preparation

1. Make copies of Handout # 1, *Stopping Harassment*.

2. Make copies of Handout # 2, *Helping Stop Harassment*.

Set . . .

Materials

- Handouts # 1 and # 2 for students

Go . . .

1. Give students Handout # 1, *Stopping Harassment*. Using the notes on the next page, review the steps with the students. Point out that this model can be used for sexual harassment, bullying, and other forms of harassment, too.

Teacher's notes for
Handout # 1

Stopping Harassment and Other Forms of Violence

See it The first step to preventing harassment is to recognize it when it is happening. This can be when it happens to you or to someone else.

Name it The next step is to match the words to the action. "That is harassment."

Speak up Tell the person who is harassing you; that harassment is not okay. He/she/they need to stop.

Speak out Often the people who are being harassed (or bullied) are targeted because they are not able to stand up for themselves. This is where others can help stop harassment. Speaking out on their behalf is very important.

Take action If, after you have said something in support of yourself or the person being harassed, the harassment continues, it is important to talk to a teacher or other staff member so that they can help in stopping the harassment. Sometimes it may feel too dangerous or risky to speak out. That is when you need to enlist help. All students deserve to be safe both physically and emotionally.

2. Distribute Handout # 2. Review the instructions on the handout and assign partners for this activity. When students have prepared their scripts, have them share theirs with another pair of students. Each pair should give feedback to the other pair about whether or not they think the language would be effective in helping to stop harassment.

Teacher's Note: You may want to demonstrate how to do this before the students write their scenarios. Be sure to monitor the work being done by the students. It is important that the environment remains safe—physically and emotionally.

Stopping Harassment
and
Other Forms of Violence

See it

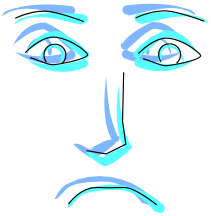
Name it

Speak up

Speak out

Take action

Helping Stop Harassment



Imagine a situation where someone might be harassed in your school. This can be sexual harassment, harassment about sexual identity, bullying, or another type of harassment. You are walking down the hall, and you observe a student being harassed by another classmate.

With a partner, develop a dialogue for what you could say or do to help stop the harassment. Be prepared to present your scenario to two of your classmates.

KNOW HIV/STD Prevention Curriculum

Lessons to Supplement Literature-Based Instruction High School

Brave New World

High School—Literature Supplement—Brave New World

Introduction

Literature provides many natural and thematic links for students to explore health topics including HIV/AIDS. The process of reading gives students opportunities to make personal connections and construct personal meaning as they discuss, negotiate, and interpret the content. These critical thinking activities help students develop real-life problem-solving and decision-making skills. These HIV/AIDS lessons are meant to **supplement** the instructional materials already used to teach literature. They are not intended to be the core instructional materials for literature. They can enhance the rich curricula available for these literature selections.

Using literature to explore health issues has several key advantages.

- Literature allows students to contemplate the negative consequences of poor health choices in a risk-free way.
- The more opportunities there are for students to discuss and develop problem-solving skills, the more likely they are to use them.

Moreover, when teachers in addition to the health teacher address adolescent health issues in their classrooms, it improves the whole school environment by fostering social norms for healthy choices. The lessons can also be taught collaboratively by English/ Language Arts and Health teachers.

Providing high quality HIV/AIDS lessons integrated with the recommended literature reinforces the student learning objectives of the Washington State Essential Academic Learning Requirements (EALRs).

The lessons provided in this supplement meet the following EALRs:

Health and Fitness

EALR 2.0—The student acquires the knowledge and skills necessary to maintain a healthy life: Recognize patterns of growth and development, reduce health risks, and live safely.

2.2 Understand the concept of control and prevention of disease.
2.3 Acquire skills to live safely and reduce health risks.

High School—Literature Supplement—Brave New World

EALR 3.0—The student analyzes and evaluates the impact of real-life influences on health.

3.1 Gather and analyze health information.
3.2 Use social skills to promote health and safety in a variety of situations.
3.3 Understand how emotions influence decision making.

Communication

EALR 3.0—The student uses communication skills and strategies to present ideas and one's self in a variety of situations.

3.1 Uses knowledge of topic/theme, audience, and purpose to plan presentations.
3.2 Uses media and other resources to support presentations.
3.3 Uses effective delivery.

Reading

EALR 2.0—The student understands the meaning of what is read.

2.3 Expand comprehension by analyzing, interpreting, and synthesizing information and ideas in literacy and information text.
2.4 Think critically and analyze author's use of language, style, purpose, and perspective in informational and literary text.

Experienced Reading/Language Arts and Health teachers created these lessons.

The units are

High School—Literature Supplement—Brave New World

Selection Overview

Brave New World is an ironic novel by Aldous Huxley that has been read and taught for approximately seventy years. It is a scathing prediction of the society we might still end up with if we continue to allow technology and logic, unchecked by feelings and intuition, to guide us. At first the characters of Bernard, and later the "savage" character of John, are used as our conscience; people who see the supposed utopia for what it is—a frighteningly brutal, inhumane world.

Each year the *Brave New World* is taught, the news is filled with proof that Huxley was a great prognosticator. We currently wrestle with the ethics of the distribution of birth control, sex education, the effects of sex with multiple partners, the abuse of drugs, the treatment of the elderly and dead, and the effects of media or propaganda on our children.

The use of brainwashing in *Brave New World* programs its people to be purposely promiscuous, compulsive about birth control, and disdainful of viviparous births, parent-child relationships and, especially, motherhood. They are desensitized about death and dying, feeling no sorrow or compassion for the dying or for anyone who grieves for them. They are so afraid of bad feelings that they take "soma" (drugs) so they never have to feel them and they can passively accept a caste system that is oppressive to all.

The *Brave New World* supplement consists of three lessons.

- Lesson 1—Brainwashing vs. Advertising
- Lesson 2—Technology and Ethics
- Lesson 3—Risky Behaviors

High School—Literature Supplement—Brave New World
Lesson 1—Brainwashing vs. Advertising

Lesson Overview

Brave New World is taught in high schools throughout Washington State. Because of the irony employed by Aldous Huxley, students often misunderstand the novel thinking it promotes promiscuous sex and drug abuse. In this lesson students will look at the effect the media has on their decisions (can we call our advertising modern-day brainwashing?) by creating ironic advertisements.

Objectives

The student will:

1. Analyze the truthfulness and validity of the research materials they read.
2. Analyze and properly use ironic devices.
3. Recognize strategies used by the media to persuade.
4. Critique the validity of what is stated in advertisements.
5. Identify the effect of media on their decision making and behavior.

High School—Literature Supplement—Brave New World
Lesson 1—Brainwashing vs. Advertising

Ready . . .

Advance Preparation

1. Assign students to read Chapters 1-6 of the novel.

2. Make enough copies of Handout # 1, *Advertising and Propaganda Techniques*, for students to use with a partner.

3. Make a copy of Handout # 2, *Discussion Questions: Evaluating Advertising*, for each student.

4. Before the lesson, ask students to bring in one to three magazines that they read. (If you teach a class of students who do not have access to magazines, bring in your own. Often, beauty salons and doctor's offices will save magazines for teachers.)

Set . . .

Materials

- Magazines with advertisements
- Class sets of Handout # 1, *Advertising and Propaganda Techniques*
- Class sets of Handout # 2, *Discussion Questions: Evaluating Advertising*
- Student's pens and paper

High School—Literature Supplement—Brave New World
Lesson 1—Brainwashing vs. Advertising

Go . . .

Motivating Activity

In Chapter 3, Huxley juxtaposes conversations between separate characters in order to help the reader better understand the characters and how their brainwashing has made them accept—and even value—sex with multiple partners, even when their intuition tells them otherwise.

1. Have students turn back to where Fanny says, *"And after all, it's not as though there were anything painful or disagreeable about having one or two men besides Henry. And seeing that you ought to be a little promiscuous . . ."* One paragraph later, the discussion continues . . . *"Lenina shook her head. 'Somehow,' she mused, 'I hadn't been feeling very keen on promiscuity lately. There are times when one doesn't. Haven't you found that too, Fanny?'. . . Fanny nodded her sympathy and understanding. 'But one's got to make the effort,' she said, sententiously, 'one's got to play the game. After all, every one belongs to every one else.' ' . . . Yes, every one belongs to every one else,' Lenina repeated slowly and, sighing, was silent for a moment; then, taking Fanny's hand, gave it a little squeeze. 'You're quite right, Fanny. As usual, I'll make the effort.'"*

2. Ask students to identify Huxley's irony in this section and to discuss his purpose in writing it. Sample Answers: Huxley is allowing these young women to say the exact opposite of what society believed during the time the novel was written. At first, we can hear the coldness with which Fanny states her acceptance of promiscuity, showing how powerful the use of propaganda (through hypnopaedia) has been on her thinking. Then Lenina shows that her intuition and her feelings tell her something else—that she is not sure she wants to have multiple partners. However, they have let "reason"—the reason of a very controlled, mixed-up society—get the better of them. By the end of the section we hear how controlled their thinking is.

   One paragraph later, some of the men in the novel are heard talking. Review the paragraph that includes . . . *"'Lenina Crowne?' said Henry Foster, echoing the Assistant Predestinator's question as he zipped up his trousers. 'Oh, she's a splendid girl. Wonderfully pneumatic. I'm surprised you haven't had her . . .' 'I can't think how it is I haven't,' said the Assistant Predestinator. 'I certainly will.*

High School—Literature Supplement—Brave New World
Lesson 1—Brainwashing vs. Advertising

At the first opportunity.' From his place on the opposite side of the changing room aisle, Bernard Marx overheard what they were saying and turned pale."

3. Again, ask students to locate the irony in this discussion and to identify Huxley's purpose in writing it. Sample answers: Although this dialogue may seem like typical "locker room" bantering, we see here that Bernard is different from the others. Like the women, he has a sensibility that remains intact from his forefathers (from the twentieth century). Unlike the women, Bernard does not allow the brainwashing of his society to make him ignore his instincts and emotions. Consequently he is a misfit, as well as a voice of reason, in this strange world committed to conformity, promiscuity, and drug use.

Lesson

1. Assign students into pairs. Ask them to work with their partners to locate examples of the methods the *Brave New World* society employed to control its citizens and to ensure the people's robotic, passive acceptance of beliefs and morals that are so contrary even to our own society today. Sample answers: Hypnopaedia, erotic play, and punishment of those who do not play along. Ask the students to write down their examples, and the pages on which they were found, and present their findings to the class.

2. Ask students to get into groups of four. Ask them to discuss the types of media today that affect teens' feelings, thoughts, and beliefs about sex and drugs.

   Write the following questions on the blackboard or whiteboard for them to use to guide discussion:

   - How are we being brainwashed by the media?
   - To what extent is sex used in the ads that we see?
   - How are messages subliminal or subtle?

3. Distribute Handout #1, *Advertising and Propaganda Techniques*. Discuss advertisers' usual techniques and the effectiveness of those techniques. Compare and contrast their earlier responses about advertising techniques with the techniques listed on the handout.

If students need help getting the discussion going, you may want to ask some of the following questions:

- If they are watching MTV's programming for spring break, will the message be different from that on Nickelodeon? How do the ads during a major sporting event (like the Super Bowl) compare to those run during a show like *60 Minutes*?
- Ask how advertising affects the diet industry, the beauty products industry, and the plastic surgery industry.

3. Pass out Handout # 2, *Discussion Questions: Evaluating Advertising*.

4. Ask students to take out their magazines (or distribute magazines that you have for your students) and examine them with their partners. They should select one ad they feel has a strong subliminal message that teens do—or will listen to—and answer the questions on the handout.

Teacher copy
Handout # 2

Discussion Questions: Evaluating Advertising

1. What advertising techniques are employed in the ad?
2. What, if anything, is subliminal about the ad?
3. What are the advertisers assuming and/or implying about the readers' interests, beliefs, and desires?
4. To what extent is sex used to promote a product? How is it used?
5. What is the advertiser suggesting that using the product will do for the readers?
6. How effective is the message?
7. What makes it effective?
8. How is the message accurate or realistic?

5. Have students share their magazine ads and discuss their ideas.

6. Review with the class the purpose of using irony in speech and writing.

Some examples might include:

- Irony—using a word or phrase to mean the exact opposite of its literal meaning, or to show a result that is the opposite of what would be expected or appropriate; an odd coincidence.
- Hyperbole—an overstatement or exaggeration.
- Satire—to ridicule human weakness, vices, or folly in order to bring about social reform.
- Understatement—saying less than what is really meant or saying something with less force than is appropriate.

7. Ask students to create an advertisement (individually or with a partner) or a television commercial that pokes fun at a real ad or a potential product. (For example, a new cola drink with five times the caffeine for students who have to stay up all night studying, or a solar car that is "smog resistant" for those days when smog blots out the sun.) Ask students to create a slogan, include a picture of the product, describe the product, use two to three of the advertising techniques discussed earlier, state the price, embed a subliminal or subtle message, and use some form/s of irony.

8. Have students share their advertisements or perform the commercials. Ask the audience specifically to note the irony and subliminal message in each. (Have fun—ask students how close to reality these new ads are.)

Advertising and Propaganda Techniques

1. **Statements of Opinion**—These are only statements of personal beliefs and are not necessarily true or factually correct.

2. **Lecturing the Audience or Arguing with Them**—Giving long drawn-out explanations or simply agitating the audience to leave no room for doubt.

3. **A Tongue-in-Cheek Attitude**—This implies that you don't believe what you are saying.

4. **Name Calling**—Labeling a person without providing evidence to prove the label's validity. (Examples: crook, liar, big spender, etc.) This technique is used in order to increase the emotional intensity of the audience's response.

5. **Card Stacking**—A method whereby the speaker ONLY presents facts to support the point being made. No bad aspects are dealt with, and no benefits from other alternatives are given.

6. **Bandwagon**—Pressuring listeners to "jump on the bandwagon" to become part of an overwhelming majority that is presumably in favor of some person, product, or idea. "Everyone is doing it."

7. **Sweeping Generality**—Exaggerating the extent to which an idea is true or to which a large group adopts a practice or belief—stereotyping, with no proof of the validity of the stereotype. (Examples: Blondes have more fun. A computer whiz is a nerd.)

8. **Testimonial**—The use of celebrities or successful individuals to sell products or to promote candidates.

9. **Begging the Question**—The technique used where the speaker never really proves his/her point but takes for granted that others agree.

Discussion Questions: Evaluating Advertising

1. What advertising techniques are employed in the ad?

2. What, if anything, is subliminal about the ad?

3. What are the advertisers assuming and/or implying about the readers' interests, beliefs, and desires?

4. To what extent is sex used to promote a product? How is it used?

5. What is the advertiser suggesting that using the product will do for the reader?

6. How effective is the message?

7. What makes it effective?

8. How is the message accurate or realistic?

High School—Literature Supplement—Brave New World
Lesson 2—Technology and Ethics

Lesson Overview

Brave New World raises numerous issues of ethics and evolving culture. In this lesson students will be researching, preparing, and debating current issues related to technology, health, and ethics. They will also be critiquing the presentation skills of their peers.

Objectives

The student will:

1. Research and debate controversial issues that involve decision making about one's health and well-being.

3. Use logical, ethical, and emotional appeals that enhance a specific purpose.

4. Use research and analysis to create logical arguments for their debate.

Ready . . .

Advance Preparation

1. Students may choose topics and begin research for this lesson while they are reading and discussing the novel—the earlier, the better. Debates can be held after the novel is completed.

2. Sign up for time in the library and on the Internet.

3. Make copies of Handout # 1, *Brave New World Debate Topics.*

4. Make copies of Handouts # 2, *Brave New World Debate Process;* # 3, *Persuasive Speeches;* # 4, *Organization of Persuasive Speech;* # 5, *Debate Terminology.*

5. Make copies of Handouts # 6 and # 7, *Debate Rubrics—PRO and CON.*

High School—Literature Supplement—Brave New World
Lesson 2—Technology and Ethics

Set . . .

Materials

- Copies of Handouts # 1-7.
- Access to library and/or computer lab

Go . . .

Motivating Activity

As they read, or after they read the novel, students can list the issues that arise in *Brave New World*. (For example, cloning, abstinence, sex education in public schools, and the distribution of birth control to minors.) If they have not yet done so, have students devise such a list, or group-share one idea, that has not yet been stated. You may want to discuss the relevance of this book and its issues today, based on the topics they devised nearly seventy years after it was first published.

Lesson

1. Distribute Handout # 1, *Brave New World Debate Topics,* to students. Review and discuss the topics and establish parameters for appropriateness when discussing issues concerning sex and drugs. These should include speaking in general terms about events and behaviors rather than revealing personal information about anyone and using "dictionary" terms rather than obscene language when discussing sexual topics.

2. Distribute Handout # 2, *Brave New World Debate Process*, which delineates the debate process. Students will work with a partner, but they need to find another pair that is willing to take the opposing position on the same statement. If the number of students in the class is not divisible by four, you can give extra credit for a student to debate an issue by himself/herself, or to debate two issues, if she/he is extremely capable. Give students some time in the library and/or for researching

at home before they decide which topic to choose. (In order to keep student interest during the actual debates, do not allow more than one group per class to debate the same topic.) Then distribute Handouts # 3, *Persuasive Speeches*; # 4, *Organization of a Persuasive Speech*; and # 5, *Debate Terminology*. (Review the handouts for clarification and reference.)

3. Over the course of a few weeks, give students time to research their topics, requiring five-to-ten sources from each pair. Discuss the use of the internet as a reliable source, possibly limiting the amount of internet resources to two or three.

4. Within a group of four, both pairs must prepare for the pro and con arguments; they will not know until right before the debate which position they must take in the actual debate. Students must prepare opening and closing speeches for both sides, and thus they will be required to research and make a case for contrasting viewpoints.

5. Review with the students the speaking skills they will need to employ during the debate, including stance, voice, eye contact, and use of visuals.

6. As students continue to work on their debates, distribute Handouts # 6 and # 7, *Debate Rubrics—Pro and Con*, and discuss what criteria will be used to grade students' debates.

7. On the day/s of the debates, have all audience members complete rubrics for each team on a blank piece of paper, following the rubric each student was given previously. As the teacher, also complete a rubric for each group, including a grade for each individual and for the group as a whole. After the debates, ask students to distribute their scores to the debaters.

Beyond

Ask a health teacher on campus if she/he would like to have a health class visit your class to hear a debate that discusses sex education, condom distribution, or another appropriate topic for the health classes. Ask the students in the health class to also critique the debate, especially on its content. At the end of the debate, open the floor for general discussion about the topic.

Brave New World Debate Topics

You will be choosing, researching, and preparing a topic for a debate in class. You will work with a partner, but will be a part of a four-person group. Each pair within the group will research their topic and be ready to debate the topic on both the "pro and con" side. On the day of the debate, the group will find out which side each pair will defend.

On_____(date), you will go to the library to begin research. On that day, each person will need to find a partner and another pair that is willing to research and debate the same topic. I have provided possible topics below. When you have looked at available materials, you will need to refine your topic, called a *proposition in debate*. Get the proposition verbally agree upon by _____(instructor) and the members of your group before handing it in for final approval. You will need to turn in a paper with four names and a proposition by the end of class on _____(day of the week).

When we return to the library later this week, you will need to begin intensive research. I will expect five-to-ten resources from each pair for your topic. You will need to use at least three books. Many libraries have three series that provide opposing views on many of the topics: Ideas in Conflict, Opposing Viewpoints, and Taking Sides. (Because these books typically provide at least two articles for each of the topics, you may count up to six of your resources from them.) However, you may not use internet articles where the author is not cited.

Choose a topic from the following list—or devise one of your own that ties into the issues presented in *Brave New World*. Topics must be statements that can be argued with a pro or con stance.

- Society should uphold monogamy as the proper standard of sexual behavior.
- Religion should be state-mandated and controlled.
- Pornography on the internet should be regulated.
- Population should be regulated to rid the world of hunger, poverty, and environmental problems.
- Human organs should be made available on the open market.
- The separation of Church and State should continue to be protected by law.

Brave New World Debate Topics (continued)

- Courts should mandate Norplant (or another long-term contraceptive) for teenage girls (or for teenage mothers).
- HPV (human papilloma virus) vaccination should be required for all female teens.
- Schools should teach sex education.
- Condoms should be made available on school campuses.
- All drugs—illicit, illegal, prescribed—should be made legal and available over-the-counter.
- Drugs that are currently illegal should be legalized.
- The government should permit the cloning of human beings.
- Commercial, surrogate motherhood should be banned.
- Euthanasia or physician-assisted death should be legalized.
- It is ethical to use humans as "experimental animals" in research that benefits human beings.
- Cloned humans and newborns without brains should be used as organ donors.
- Cloning should be regulated by the government.
- Genetic engineering should be allowed (and not regulated).
- Abortions for the purpose of sex selection should be outlawed.
- Abortions for the purpose of decreasing the number of multiple births should be outlawed.
- Abortion in the case of preventing the birth of a child with known birth defects should be outlawed.
- All abortion should be outlawed.
- People should be allowed to utilize technology (such as test tube babies and genetic engineering) to create perfect, designer-customized babies.
- Advertising should be regulated so that it meets society's ethical standards.
- The goal of nurturing, or socializing children, is to create responsible adult citizens who obey society's laws.
- Those infected with HIV should be quarantined.

Brave New World Debate Process

Once the debaters have researched the issue and written their briefs, they must prepare the speeches they will make during the debate. The members of each team should divide the important arguments between themselves, so that all the arguments will be presented, but none will be repeated. Each debater presents and supports his or her major arguments during the constructive speech and refutes the opposing team's arguments during the rebuttal. (Refer to Handout # 5, *Debate Terminology.)*

The traditional pattern for speeches in a debate is as follows:

Constructive Speeches (three minutes each)

These speeches build an argument. They come before each rebuttal.

- First Affirmative
- First Negative
- Second Affirmative
- Second Negative

Rebuttal Speeches (2 minutes each)

These speeches rebut/refute the constructive speeches and follow each.

- First Negative
- First Affirmative
- Second Negative
- Second Affirmative

The debater should carefully outline their constructive speeches, remembering all the methods and techniques of persuasive speaking. Except for the first affirmative speaker, each debater should allow some time in his or her plan for refutation of the previous speaker's arguments.

In the rebuttal, each debater attempts to refute the arguments presented by the other side and to rebuild the case of his or her own team. These rebuttal speeches obviously cannot be outlined in advance. They must show direct responses to the arguments and evidence presented by the other team. Debaters can, however, prepare for their rebuttal speeches by studying their briefs. Each debater's brief should clearly indicate what arguments and evidence the opposing team is likely to present. It should also include specific items of evidence that will be useful in refuting the opposing team's arguments.

Brave New World Debate Process (continued)

Debaters should also prepare for their rebuttal speeches by listening carefully and critically during the debate. It is essential that each debater hears and understands the arguments of the other side in order to refute those arguments successfully.

The last two speakers in a debate (Second Negative and Second Affirmative) should also be prepared to summarize the cases developed by their teams. Both before and during the debate, these two debaters should make notes that will help them present clear and convincing summaries.

Successful participation in a debate requires thorough and careful preparation. Each debater must consider the proposition carefully and must research both sides of the issue. In order to argue persuasively either for or against the proposition, and in order to convincingly refute opposing arguments, all the debaters must be completely familiar with both the affirmative and the negative positions.

Each debater should consult a wide variety of sources in researching the issue of the debate. When he or she has completed the research, the debater should organize all the information, arguments, and evidence into a complete outline, the "debate brief."

A formal brief should be written as a sentence outline. Its purpose is to help the debater understand both sides of the debate issue; it also serves as a source of the specific information the debater will include in the outline for his or her debate speech.

Persuasive Speeches

In speeches to convince, you will speak to people who may not know the specific problem that exists. Your problem needs to be one that has two or more possible answers. Your job is to convince the audience that your opinion is rational, logical, and well thought out. You need to try to bring the audience around to your point of view. Be sure the topic is one that can be argued. Try to anticipate what "the opponent" might say and have arguments ready to show the weakness you believe lies in the opposition's position.

Your Goals:

- Remove doubts and instill belief by means of facts plus argument.
- Make an appeal both to the mind and to the feelings.
- Prove that it is possible and necessary for your plan to succeed.
- Have your audience saying at the conclusion of your talk, "I believe you."

Your Plan:

- A logical plan is essential; but remember, the appeal should be to emotion as well as to reason.
- Any of the reasonable arrangements for your material may be used; causal relationship, problem solving, or general logical plans.
- The conclusion of your talk is very important. Give it special attention.

Your Material:

- Strengthen your argument with acceptable evidence: facts, examples, statistics, and the testimony of a reliable authority.
- Enliven your talk with such visual evidence as photographs, pictures, slides, charts, diagrams, and sample exhibits.
- Tie together your isolated bits of evidence into a chain of reasoning. Each piece of evidence should support a generalization you have made.
- Appeal to the emotions by means of human interest material—stories, anecdotes, or personal references.
- Include material that emphasizes common desires, beliefs, interest and goals.

Organization of Persuasive Speech

I. Introduction

A. Get the audience's attention with a startling fact, picture, quote, or statistic.

B. Define the problem.

C. Explain the problem, using facts, statistics, and context.

II. Body

A. Background of problem

1. History.
2. Cause/s of the problem.
3. People responsible for the problem.
4. Effects of the problem on the oppressed.

B. Old Solutions

1. What has been tried in the past to alleviate the problem?
2. What worked?
3. What didn't work?

C. New Solutions

1. Describe the new solution.
2. What makes this solution better than the one/s already tried?
3. How will the new solution be implemented?
4. What will happen if nothing is done?

Note: Support the body with proof, facts, reasons, and logic. Cite research (names, studies, etc.,) as much as possible.

III. Conclusion

A. Restate your solution and reasons why it is the best.

B. Challenge the audience to do what is reasonable, intelligent, moral, right, or patriotic.

Debate Terminology

A debate is a competition between persuasive speakers. A formal debate usually involves two teams, each with two members, presenting their arguments for and against a given proposition in a specific sequence. Listed below are the most important terms used in a formal debate. Study the terms and their explanations.

Proposition—The formal statement of the issue to be debated. During the debate the speakers take opposing sides of the proposition. The proposition for a debate should be a concisely worded statement that contains only one idea. It is a statement of policy; not a fact. It should propose a specific change in existing conditions or policies.

Affirmative—The team of debaters that argues for the position advocated in the proposition. During the debate, the affirmative side presents arguments and evidence to support the proposition.

Negative—The team of debaters that argues against the change advocated in the proposition. During the debate, the negative side presents arguments and evidence to oppose the proposition.

Argument—The statement of an objective reason that directly supports either the affirmative side or the negative side of the proposition.

Evidence—Facts, statistics, expert testimony, or other specific details that directly support an argument.

Brief—A complete outline of all the necessary definitions, arguments, and evidence on both sides of a proposition.

Refutation—An effort by speakers to answer or disprove arguments presented by the other side in a debate.

Constructive Speech—The first speech given by each debater. Both affirmative and negative speakers use their constructive speeches to present the arguments in support of their positions. Except for the first speaker in the debate, debaters may also include some refutation in their constructive speeches.

Rebuttal Speech—A speech in which refutation is the primary activity. Usually, each debater gives one constructive speech, and, later, one rebuttal speech shorter than the constructive speech. In his or her rebuttal speech, the debater may also try to bolster arguments refuted by the other side, clarify positions, and summarize arguments.

Debate Rubric—"PRO"

Score the debate teams using the following criteria:
(1) Inadequate (2) Below Average (3) Satisfactory (4) Above Average (5) Excellent

Proposition _____

"PRO" Team (A)_____ and **(B)**_____

First Constructive Statement (A)	**Score**	**Comments**
Clarity	_____	_____
Coherence, logic	_____	_____
Proposition defined	_____	_____
Pro side explained thoroughly	_____	_____
Research evident	_____	_____
Speaking skills	_____	_____

Rebuttal # 1 (B)	**Score**	**Comments**
Addresses con's arguments	_____	_____
Disproves con's arguments	_____	_____
Rebuilds pro's side	_____	_____

Second Constructive Statement (B)	**Score**	**Comments**
Clarity	_____	_____
Coherence, logic	_____	_____
Proposition defined	_____	_____
Pro side explained thoroughly	_____	_____
Research evident	_____	_____
Speaking skills	_____	_____

Rebuttal # 2 (A)	**Score**	**Comments**
Addresses con's arguments	_____	_____
Disproves con's arguments	_____	_____
Rebuilds pro's side	_____	_____

Debate Rubric—"CON"

Score the debate teams using the following criteria:
(1) Inadequate (2) Below Average (3) Satisfactory (4) Above Average (5) Excellent

Proposition _____

"CON" Team (A)_____ and **(B)**_____

First Constructive Statement (A)	**Score**	**Comments**
Clarity	_____	_____
Coherence, logic	_____	_____
Proposition defined	_____	_____
Con side explained thoroughly	_____	_____
Research evident	_____	_____
Speaking skills	_____	_____

Rebuttal # 1 (B)	**Score**	**Comments**
Addresses pro's arguments	_____	_____
Disproves pro's arguments	_____	_____
Rebuilds con's side	_____	_____

Second Constructive Statement (B)	**Score**	**Comments**
Clarity	_____	_____
Coherence, logic	_____	_____
Proposition defined	_____	_____
Con side explained thoroughly	_____	_____
Research evident	_____	_____
Speaking skills	_____	_____

Rebuttal # 2 (A)	**Score**	**Comments**
Addresses pro's arguments	_____	_____
Disproves pro's arguments	_____	_____
Rebuilds con's side	_____	_____

High School—Literature Supplement—Brave New World
Lesson 3—Risky Behaviors

Lesson Overview

This lesson can be completed after Chapter VI in the novel *Brave New World*. Certainly, it pertains to material that is best discussed while students are reading and reacting to the novel. This lesson will help students understand the connection between high-risk behaviors and their consequences by allowing teens to create a game called "Life or Consequences."

Objectives

The student will:

1. Recognize the role that drugs and alcohol play in contributing to high-risk situations including situations that put them at risk of becoming infected with an STD.

2. Identify behaviors that decrease the risk of becoming involved in potentially dangerous situations.

Ready . . .

Advance Preparation

1. Makes copies of Handout # 1, *Risky Behaviors for STD Infections*.

2. Instead of having students create signs for risky behaviors (see Lesson section), take the list of risky behaviors from Handout # 1, and using construction paper, create a sign for each behavior with the word/s clearly written for all to see.

High School—Literature Supplement—Brave New World
Lesson 3—Risky Behaviors

Set . . .

Materials

- Different colored construction paper
- Scissors
- Marking pens
- Copies of Handout # 1, *Risky Behaviors for STD Infection*

Teacher note:

In the **Motivating Activity**, students are asked to brainstorm reasons for delaying sexual activity. If students mention "immaturity" or "irresponsibility" as reasons to delay having sex, (which they often do), it is important to validate these responses while also reframing them so that they do not imply any inadequacy in the students. "Immaturity" can be reframed as limited life experience; the effects of hormones on the emotion, which causes rapid and dramatic changes; and the developmental appropriateness and norms of short-term relationships during the teenage years. "Irresponsibility" can be reframed similarly.

Also, what may be called "irresponsible behavior" can often be attributed to the age appropriateness of the belief in one's own immortality; the experimentation with different relationships; and the lack of access to full-time adult employment. It is also important to validate the legitimacy, intensity, and the reality of teenagers' feelings of romantic love. The fact that these relationships tend to be short-lived in no way means that they are not real—it simply means that it's not necessarily a good idea to take long-term risk (such as pregnancy and parenthood) on the basis of these short-term feelings.

High School—Literature Supplement—Brave New World
Lesson 3—Risky Behaviors

Go . . .

Motivating Activity

As discussed in Lesson 1, in *Brave New World*, Lenina and Bernard both have reservations about their society's "expected sexual behavior" including having multiple partners. Tell students that, when polled recently, many sexually active teenagers state that they would have preferred to wait until later—sometimes, until they are older; sometimes until marriage—to become sexually active. Ask your students for reasons why teens might choose to delay having sex.

Sample answers might include:

- They are more likely to have a stable relationship when they are older.
- Teens cannot access the financial resources they will need to be parents.
- They might feel guilty. It might violate their religious beliefs. Having sex in a relationship might make it more painful to break up, get rejected, or be disappointed about the relationship, (all of which are more likely when you're a teenager).
- It might cause them to become infected with STDs including HIV.
- Having sex at a young age increases the risk of having multiple partners (and the connected risk of STDs).
- A girl's cervix is not mature until about age 20, which means that teenage girls who have sex increase their risk of cervical cancer. Babies born to teenagers are more likely to be premature and have multiple health, educational, social, and economic disadvantages.
- Teenage relationships tend to be short-term and therefore not conducive to long-term responsibilities, such as parenthood. Fathers and their children are more likely to lose their connection when babies are born to teenagers—a loss for both father and child. They will lose out on many social activities and educational opportunities if they become parents.

High School—Literature Supplement—Brave New World
Lesson 3—Risky Behaviors

Lesson

1. Give students copies of Handout # 1, *Risky Behaviors for STD Infection*. Going around the room, assign a number from 1 to 25 to each student, correlating each number to the list of behaviors. Ask students to use marking pens to write that behavior on the back of his/her handout—or on a blank piece of paper—making it large enough for others to read from across the room.

2. Designate which side of the room will stand for "Lowest Risk," and which side will be designated for "Highest Risk." Ask the students to physically place themselves in a continuous line, based on how risky their specific behavior is. They can work together to decide which behaviors are the most risky, and which are the least. Then have each student read his/her behavior out loud. If someone in class disagrees with the placement of a behavior, (for example, using an oil-based jelly with condoms should not be on the low-risk side), she/he can stop the process to discuss why she/he does not agree. At the end of the activity, you may want to make a few more comments about there not being such a thing as "safe sex," although there is, however, "safer sex."

   Let the students sit down and debrief the process (discuss what happened and what they learned from the exercise). The situations fall into three categories: Most Risky (MR), Possible Risk (PR), or Low/No Risk (LN). Some numbers may vary within the risk situation. It is important to have students reflect why they put one situation as a higher/lower risk than another.

3. Take some time to discuss the connection between Huxley's predictions about where he thought our society was headed, and where we actually are today. For example, not only are drugs and risky sexual practices two very real issues for us today, but putting the two together spells disaster. (About 95 percent of pregnant teens report that they were drunk or high when they got pregnant.)

4. So, what is the answer? For homework, ask students to write an editorial for the student newspaper, an original short story, a persuasive essay—or pick a genre of their choice—to express their feelings about where we are as a society when it comes to morals, acceptance of risky behavior, and/or our future as a culture.

   As a second alternative, they might even create their own "brave new world," which Huxley might have imagined today if he knew of the teenage pregnancies,

AIDS, STDs, and drug abuse problems we face today. How would his "brave new world" have been different had he written it today?

As a third alternative, they could analyze the irony in the term "brave" in the title of the novel, i.e., how is the new world not "brave" at all? They may allude to *Brave New World* and should be encouraged to employ the techniques or irony (See Lesson 1).

5. On the next day, consider using a read-around group for students to choose pieces of writing that could be shared aloud in class or sent to the school newspaper or literary magazine for the entire student body to read and contemplate.

6. In a group or as a class have students create a board game to be called "Life or Consequences." They may want to research risky behaviors more, divvying up among themselves the different behaviors and their consequences—from Handout # 1 and/or from sources of information about risky behaviors they are aware of—this could include information on different STDs and their effects.

   The purpose of the game is to show the consequences or results of risky behavior, so there may be a board with squares that say such things as: "Have unprotected sex; become infected with an STD." Then they could be directed to pick up an STD fact card that states which STD they are infected with; a definition of what it is; and information about the treatment and prognosis for the disease. Squares could be used to include other risky behaviors such as drug and alcohol use. Cards could be used to describe the definitions, effects, and potential pitfalls of that use.

7. Have students create a rough draft on plain white paper, including the board, the cards, a spinner or dice to decide how far to move each turn, and specific instructions. Critique the first draft or have another group critique as they play the game. Then the students create a final draft using more permanent materials. Throw a "Game Day" for the class or a "Game Lunch" where you can invite other teachers and students to join in playing the games. Finally, you can make the games available for health or other classes.

Risky Behaviors for STD Infection

Label the following behaviors as:

Most Risky (MR) Possible Risk (PR) Low Risk/No Risk (LN)

1. Donating blood
2. Using latex condoms correctly
3. Dry kissing
4. French kissing
5. Pulling out before ejaculation
6. Using two condoms at the same time
7. Intercourse using an oil-based lubricant and a condom
8. Hugging
9. Using birth control pills with a condom
10. Massage
11. Drinking and having sex
12. Using drugs and having sex
13. Receiving a blood transfusion
14. Unprotected vaginal sex
15. Fantasizing
16. Breastfeeding by an infected mother
17. Reusing a needle that has been cleaned with bleach
18. Unprotected oral sex
19. Abstaining from sex
20. Sharing needles for injecting drugs, steroids, or vitamins
21. Cleaning spilled blood without wearing gloves
22. Sharing needles for tattooing, piercing, or steroids
23. Using the same condom twice
24. Reusing a needle that has been cleaned with water
25. Hugging a person who is HIV positive

Risky Behaviors for STD Infection
(Teacher Answer Key)

Label the following behaviors as:

Most Risky (MR) Possible Risk (PR) Low Risk/No Risk (LN)

1. Donating blood **LN**
2. Using latex condoms correctly **LN**
3. Dry kissing **LN**
4. French kissing **LN**
5. Pulling out before ejaculation **MR**
6. Using two condoms at the same time **PR**
7. Intercourse using an oil-based lubricant and a condom **MR**
8. Hugging **LN**
9. Using birth control pills with a condom **LN**
10. Massage **LN**
11. Drinking and having sex **MR**
12. Using drugs and having sex **MR**
13. Receiving a blood transfusion **LN**
14. Unprotected vaginal sex **MR**
15. Fantasizing **LN**
16. Breastfeeding by an infected mother **MR**
17. Reusing a needle that has been cleaned with bleach **PR**
18. Unprotected oral sex **MR**
19. Abstaining from sex **LN**
20. Sharing needles for injecting drugs, steroids, or vitamins **MR**
21. Cleaning spilled blood without wearing gloves **MR**
22. Sharing needles for tattooing, piercing, or steroids **MR**
23. Using the same condom twice **MR**
24. Reusing a needle that has been cleaned with water **MR**
25. Hugging a person who is HIV positive **LN**

KNOW HIV/STD Prevention Curriculum

Lessons to Supplement Literature-Based Instruction High School

Lord of the Flies

High School—Literature Supplement—Lord of the Flies

Introduction

Literature provides many natural and thematic links for students to explore health topics including HIV/AIDS. The process of reading gives students opportunities to make personal connections and construct personal meaning as they discuss, negotiate, and interpret the content. These critical thinking activities help students develop real-life problem-solving and decision-making skills. These HIV/AIDS lessons are meant to **supplement** the instructional materials already used to teach the literature. They are not intended to be the core instructional materials for the literature. They can enhance the rich curricula available for these literature selections.

Using literature to explore health issues has several key advantages.

- Literature allows students to contemplate the negative consequences of poor health choices in a risk-free way.
- The more opportunities there are for students to discuss and develop problem-solving skills, the more likely they are to use them.

Moreover, when teachers, in addition to the health teacher, address adolescent health issues in their classrooms, it improves the whole school environment by fostering social norms for healthy choices. The lessons can also be taught collaboratively by English/language arts and health teachers.

Providing high quality HIV/AIDS lessons integrated with the recommended literature reinforces the student learning objectives of the Washington State Essential Academic Learning Requirements (EALRs).

The lessons provided in this supplement meet the following EALRs:

Health and Fitness

EALR 2.0—The student acquires the knowledge and skills necessary to maintain a healthy life: Recognize patterns of growth and development, reduce health risks, and live safely.

2.2. Understand the concept of control and prevention of disease.
2.3. Acquire skills to live safely and reduce health risks.

High School—Literature Supplement—Lord of the Flies

EALR 3.0—The student analyzes and evaluates the impact of real-life influences on health.

3.1. Gather and analyze health information.
3.2. Use social skills to promote health and safety in a variety of situations.
3.3. Understand how emotions influence decision-making.

Communication

EALR 3.0—The student uses communication skills and strategies to present ideas and one's self in a variety of situations.

3.1. Uses knowledge of topic/theme, audience, and purpose to plan presentations.
3.2. Uses media and other resources to support presentations.
3.3. Uses effective delivery.

Reading

EALR 2.0—The student understands the meaning of what is read.

2.3. Expand comprehension by analyzing, interpreting, and synthesizing information and ideas in literacy and information text.
2.4 Think critically and analyze author's use of language, style, purpose, and perspective in informational and literary text.

Experienced reading/language arts and health teachers created these lessons. The units are:

High School—Literature Supplement—Lord of the Flies Overview

Selection Overview

When the young boys crash land on the pristine island in *Lord of the Flies*, Piggy aligns himself with Ralph and becomes the voice of reason. The two boys try to maintain order and keep the others alive, ever mindful of what needs to be done to attain their long-term goal, to be rescued. On the other hand, Jack wants power and is interested in having fun on the island. He bullies the boys, especially the "littluns," so as to remain in power of the choir and others. As the situation get progressively more out of hand, the boys kill Simon during a frenzied dance; and another bully in Jack's group, Roger, kills Piggy by levering a large boulder down on him.

When discussing his book, William Golding said, "The moral is that the shape of a society must depend on the ethical nature of the individual . . ."

The purpose of this lesson is to help students realize that harassment and bullying are very real teen problems which need to be addressed. Also, the more skills that students have to stand up to bullying and harassment, especially sexual bullying and sexual harassment, the better their chances are of living healthy, STD-free lives.

The *Lord of the Flies* supplement consists of three lessons.

- Lesson One—Bullying
- Lesson Two—Peer Pressure and Risky Behavior
- Lesson Three—Decision Making

High School—Literature Supplement—Lord of the Flies
Lesson 1—Bullying

Lesson Overview

Although this lesson can be used while students are reading the novel, *Lord of the Flies*, it is designed on the assumption that students have read about the killings of Piggy and Simon; that is, to the end of Chapter 11. If so, then the students will be able to better understand the connections between these killings, bullying, and peer pressure.

In this lesson, students will be asked to define and discuss bullying, the two types of victims of bullying, peer pressure, and perceived peer pressure. They will then be asked to apply those definitions to the characters and conflicts in the novel, *Lord of the Flies*. Finally, they will be asked to make connections between their knowledge about bullying and peer pressure and the information they will receive about sexually transmitted diseases (STDs), especially as it pertains to sexual harassment and sexual bullying.

Objectives

The student will:

1. Identify behaviors that decrease the risk of becoming involved in potentially dangerous situations.

2. Recognize and describe bullying through characters' thoughts, words, speech patterns, and actions.

3. Review basic HIV/AIDS information.

4. Identify behaviors that constitute sexual harassment.

High School—Literature Supplement—Lord of the Flies
Lesson 1—Bullying

Ready . . .

Advance Preparation

1. Make copies of Handout # 1, Bullying in *Lord of the Flies*.
2. Make copies of Handout # 2, Characteristics of Bullies.
3. Make copies of Handout # 3, HIV/AIDS Information.
4. Make copies of Handout # 4, Sexual Harassment.
5. Allow time for the students to have read at least as far as the description of Piggy's death at the end of Chapter 11.
6. Review the discussion questions and the "Possible answers."
7. Prior to the lesson, you may want to contact a local domestic violence or rape crisis center for handouts or to arrange a speaker.

Set . . .

Materials

- Students' learning logs, journals, or paper for learning logs, pens
- Student Handouts # 1-4 for students.

High School—Literature Supplement—Lord of the Flies
Lesson 1—Bullying

Go . . .

Motivating Activity

Give students Handout # 1, Bullying in *Lord of the Flies*. Allow the students two-to-three minutes to answer questions one through four. Then spend five to ten minutes discussing their answers.

1. **What is a bully?**

   Possible answers: A bully is a person who uses a pattern of behavior to gain an imbalance of power over one or more victims. Bullying behavior can be seen in three areas: 1) physical bullying—harm to another's body or property; 2) emotional bullying—harm to another's self-esteem; 3) social bullying—harm to another's group acceptance.

2. **What characteristics might make some people more likely to be chosen by bullies to be their victims?**

   Possible answers: A person is being bullied when he or she is exposed repeatedly to negative words and/or actions on the part of one or more persons. There are two types of victims of bullies: passive victims (overly sensitive individuals, loners, people lacking in social skills); and provocative victims (those who pester others, the quick-tempered, individuals who provoke attacks).

3. **Who was a bully in *Lord of the Flies*—Jack, Ralph, Piggy, Roger, Simon? Why?**

   Possible answers: Jack is a bully because he intimidates everyone and is able to coerce many of the boys into following him by offering to fulfill their desires to be hunters as well as by making them fear him. Roger is a bully because he personifies evil and kills Piggy in cold blood.

4. **Which characters in the novel were victims of bullying? What about them made them likely victims?**

   Possible answers: Piggy is a likely victim because he is overweight and has health problems and because his "voice of reason" is experienced as limiting to the other boys' desire for fun and adventure. Also, he makes himself unnecessarily

vulnerable by revealing his nickname to Ralph before he had learned whether he could trust Ralph with this secret. Others are likely victims just because they are smaller or weaker than the others.

You may want to copy the list of characteristics of bullies and their victims and discuss them at this point. Or, you may want to discuss Handout # 2, *Characteristics of Bullies*, with students. Make sure students have a working definition of bullies and victims at this point.

Give students another five to seven minutes to answer questions 5-15. Then take 20-30 minutes to discuss these items. (Review the following "Possible answers.")

5. **Who, besides Roger, should share the responsibility for Piggy's death? Why?**

   Possible answers: Roger pushed the rock down on Piggy, crushing him to death; but more subtly, Jack is responsible for separating the boys through his bullying intimidation. He sets up the atmosphere for Roger to do whatever he wants, since the boys in Ralph's group are too scared to stand up to either Jack or Roger.

6. **To what extent were the victims in the novel responsible for their fate?**

   Possible answers: These will vary. Address the issue of responsibility and "blaming the victim."

7. **What types of bullying have you observed or heard about among teens today?**

   Possible answers: Students are bullied for money; because they are outcasts; because they can be easily made fun of; because they are weaker physically or socially; or because they are different in some way.

8. **What do you think "sexual bullying" might mean?**

   Possible answers: Sexual bullying occurs when one person intimidates another into having any form of sexual interaction with him or her. Also, it can be the intimidation of others because of their gender or their sexual orientation.

9. **Who do you think might be the most likely victims of "sexual bullying?"**

   Possible answers: Young boys and girls, especially those who are physically s mall and cannot put up much of a fight; girls who physically matured early; teens who have poor self-esteem; teens who dress provocatively; anyone who is in a situation that makes them vulnerable; anyone who is perceived as different; girls and women generally.

10. **What might be some consequences of someone being "sexually bullied"—emotionally, behaviorally, physically, socially?**

    Possible answers: **Emotional consequences**—shame, unfounded guilt, depression, or anger, long-term fear of intimacy and closeness, or of being alone. **Behavioral consequences**—poor school performance, lack of interest in usual activities, sexual difficulties, avoidance of sexual relationships, indiscriminate sexual behavior, drug or alcohol use, running away. **Physical consequences**—rape, STDs, unwanted pregnancy, being hit, scratches and bruises, serious injury or death. **Social consequences**—being looked down upon, being seen as worthless or used, being seen as a "slut," being openly made fun of or being gossiped about, others being angry because you reported abuse to authorities.

11. **What are some types of sexual bullying?**

    Possible answers: Rape, sexual assault, molestation, sexual abuse, sexual harassment, cyber bullying.

12. **What are some examples of sexual bullying that do not involve actually "having sex?"**

    Possible answers: Unwanted touching, forced kissing, hitting, pushing, or confining a person in order to coerce them into any kind of sexual contact.

13. What are some examples of sexual bullying that do not involve any physical contact at all?

    Possible answers: Hostile, derogatory embarrassing and/or unwanted verbal or written comments about a person's body, sexual orientation, gender, sexual behavior, etc. Spreading sexually-oriented gossip about a person. Sexually-oriented gestures, jokes, or pictures presented to a non-consenting person.

14. When bullying occurs, how should society determine to what extent the bully is responsible, and to what extent the victim is responsible?

    Possible answers: These will vary. This issue is one that has been central to the handling of sexual assault in our society; and particularly, by the criminal justice system all over the world for centuries. In some countries, even today, a woman who is raped is the one who is punished. In our country, only recently has a victim's sexual history been ruled irrelevant in prosecuting a rapist. It is important to encourage students to make distinctions in this discussion between unwise behavior (such as accepting a ride with a stranger or wearing provocative clothing) and criminal, anti-social behavior (such as molestation or sexual assault). While poor judgment may increase one's vulnerability, it does not make one responsible for someone else's violent behavior.

15. When sexual assault occurs, why do you think people have a tendency to blame the victim?

    Possible answers: These will vary. It might be helpful to follow discussion of this question with a consideration of what it would mean to other people if they accepted the idea that the victim was completely innocent—that there was nothing about the victim that provoked or invited the assault or permitted it to happen. That would mean that anyone could be a victim. It means that there is a limit to the degree to which any of us can protect ourselves: we are all vulnerable to one degree or another. Blaming the victim is a form of denial—it helps the rest of us convince ourselves that we are safe. But it also keeps the victimized the victim again and again—and it frequently prevents the victim from reporting and prosecuting the offender. The result is that the offender is free to violate other people—and often does.

High School—Literature Supplement—Lord of the Flies
Lesson 1—Bullying

At this point, providing more information about rape and sexual harassment is appropriate. If you have contacted a rape crisis or domestic violence center, this would be the time to have a guest speaker come and share their information.

Also, this would be a good time to discuss Handout # 3, *HIV/AIDS Information*, about STDs and pregnancy, and Handout # 4, *Sexual Harassment*.

At the end of this lesson, ask students to write a learning log in which they discuss what they knew before this lesson, what they know now, and what they still would like to know. Collect learning logs and read them before seeing the class again. Be sure to address the *what I'd still like to know* issues the next time you meet. If an issue is raised that cannot be addressed without violating a student's privacy, you can address the issue in writing on the student's paper or speak to the student one-on-one.

High School—Literature Supplement—Lord of the Flies
Lesson 1—Bullying

Bullying in *Lord of the Flies*

1. What is a bully?

2. What characteristics might make some people more likely to be chosen by bullies to be their victims?

3. Who was a bully in *Lord of the Flies*—Jack, Ralph, Piggy, Roger, Simon? Why?

4. Which characters in the novel were victims of bullying? What about them made them likely victims?

5. Who, besides Roger, should share the responsibility for Piggy's death? Why?

6. To what extent were the victims in the novel responsible for their fate?

7. What types of bullying have you observed or heard about among teens today?

8. What do you think "sexual bullying" might mean?

9. Who do you think might be the most likely victims of "sexual bullying?"

10. What might be some consequences of someone being "sexually bullied"—emotionally, behaviorally, physically, socially?

11. What are some types of sexual bullying?

12. What are some examples of sexual bullying that do not involve actually "having sex?"

13. What are some examples of sexual bullying that do not involve any physical contact at all?

14. When bullying occurs, how should society determine to what extent the bully is responsible, and to what extent the victim is responsible?

15. When sexual assault occurs, why do you think people have a tendency to blame the victim?

High School—Literature Supplement—Lord of the Flies
Lesson 1—Bullying

Characteristics of Bullies

- Are excited by their bullying behavior.
- Thrive on feelings of dominance and power.
- Enjoy causing pain.
- Are very calm; have a flat affect.
- Are impulsive.
- Blame their victims.
- Interpret ambiguous events as hostile.
- In general are average students.
- Are not anxious or insecure.
- Do not have low self-esteem.
- Usually have a small network of friends.
- Are successful at hiding their behavior.
- Are excited by reactions of their victims (e.g., fighting back, crying, yelling).

High School—Literature Supplement—Lord of the Flies
Lesson 1—Bullying

HIV/AIDS Information

1. What is AIDS? What causes AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. A positive HIV (Human Immunodeficiency Virus) test does not mean that a person has AIDS. Over time, infection with HIV can weaken the immune system to the point that the system has difficulty fighting off certain infections. These types of infections are known as opportunistic infections. Many of the infections that cause problems or that can be life-threatening for people with AIDS are usually controlled by a healthy immune system. The immune system of a person with AIDS has weakened to the point medical intervention may be necessary to prevent or treat serious illness.

A person infected with HIV receives an AIDS diagnosis after developing one of the Centers for Disease Control and Prevention (CDC)-defined AIDS indicator illnesses. A person can also receive an AIDS diagnosis on the basis of certain blood tests (CD4+ counts) and may not have experienced any serious illnesses.

2. How is HIV transmitted?

HIV can be transmitted from an infected person to an uninfected person through:

- Sexual intercourse (vaginal, anal, and oral).
- Sharing of injection drug or tattooing equipment.
- An infected mother to her baby before or during birth.

Abstinence from sexual intercourse and not sharing needles provides the only 100 percent effective way to prevent HIV.

3. How long does it take for HIV to cause AIDS?

Currently, the average time between HIV infection and the appearance of signs that could lead to an AIDS diagnosis is 8-11 years. This time varies greatly from person-to-person and can depend on many factors including a person's health status and behavior. Today there are medical treatments that can slow the rate at which HIV weakens the immune system. There are other treatments that can prevent or cure some of the illnesses associated with AIDS. As with other diseases, early detection offers more options for treatment and preventive health care.

4. How can I tell if I'm infected with HIV? What are the symptoms of AIDS?

The only way to determine whether you are infected is to be tested for HIV infection. You can't rely on symptoms to know whether or not you are infected with HIV. Many people who are infected with HIV don't have any symptoms at all for many years.

Similarly, you can't rely on symptoms to establish that a person has AIDS. The symptoms associated with AIDS are similar to the symptoms of many other diseases. AIDS is a diagnosis made by a doctor based on specific criteria established by CDC.

5. **Where can I get tested for HIV infection?**

Many places provide testing for HIV infection. It is important to seek testing at a location that also provides counseling about HIV and AIDS. Common locations include local health departments, private physicians, hospitals, and test sites specifically set up for HIV testing.

In addition to traditional testing procedures, there are other options. For those who prefer not to have blood drawn, many sites now offer oral fluids testing, which involves testing a sample of fluid taken inside the mouth with a cotton swab. The OraSure Test is currently only available through a health care provider or clinic. Some clinics may also offer urine testing as an alternative to blood tests.

The CDC National AIDS Hotline can answer questions about testing and can refer you to testing sites in your area. The hotline numbers are 1-800-342-2437 (English); 1-800-344-7432 (Spanish); or 1-800-243-7889 (TTY).

6. **How long after a possible exposure should I wait to get tested for HIV? When do I know for sure that I am not infected with HIV?**

The tests commonly used to determine HIV infection actually look for antibodies produced by the body to fight HIV. In 2001, according to CDC, most people will develop detectable antibodies within three months after infection. In rare cases, it can take up to six months. Therefore, CDC recommends testing at six months after the last possible exposure (unprotected vaginal, anal or oral sex, or sharing needles). It would be extremely rare to take longer than six months to develop detectable antibodies. It is important during the six months between exposure and the six-month test to protect yourself and others from further exposure to HIV. Testing recommendations may change as ongoing research yields new information.

The CDC National AIDS Hotline can provide more information and referrals to testing sites in your area. The hotline can be reached at 1-800-342-2437 (English); 1-800-344-7432 (Spanish); or 1-800-243-7889 (TTY).

7. **If I test HIV negative does that mean that my partner is HIV negative also?**

No. Your HIV-test result reveals only your HIV status. Your negative test result does not tell you about the HIV status of your partner/s. No one's test result can be used to determine another person's HIV status.

8. What if I test positive for HIV?

If you test positive, the sooner you take steps to protect your health, the better. It is important to know that a positive HIV test should always be confirmed, to be sure that it is a true positive. If your test result is positive, there are a number of important steps you can take immediately to protect your health.

You should see a doctor, even if you don't feel sick. Try to find a doctor who has experience treating HIV. There are now many new drugs to treat HIV infection. There are important tests, immunizations, and drug treatments that can help you maintain good health. It is never too early to start thinking about treatment possibilities.

9. How effective are latex condoms in preventing HIV?

Several studies have demonstrated that latex condoms are highly effective in preventing HIV transmission when used correctly and consistently. These studies looked at uninfected people considered to be at very high risk of infection because they were involved in sexual relationships with HIV-infected persons. The studies found that even with repeated sexual contact, 98-100 percent of those people who used latex condoms consistently and correctly remained uninfected. **Remember: The key to condom effectiveness in protecting you from HIV infection is correct and consistent use, every time with every partner.** For more on these studies, including free written information, call the CDC National AIDS Hotline at 1-800-342-2437 (English); 1-800-344-7432 (Spanish); or 1-800-243-7889 (TTY).

10. What's the connection between HIV and other sexually transmitted diseases (STDs)?

Having a STD can increase a person's risk of becoming infected with HIV, whether or not that STD causes lesions or breaks in the skin. If the STD infection causes irritation of the skin, breaks or sores may make it easier for HIV to enter the body during sexual contact. Even an STD that causes no breaks or sores can stimulate an immune response in the genital area that can make HIV transmission more likely.

11. Can I get HIV from kissing?

Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during French "open-mouth" or "wet kissing," the CDC recommends against engaging in this activity with a person known to be infected. However, the risk of acquiring HIV during open-mouth kissing is believed to be very low. CDC has investigated only one case of HIV infection that may be attributed to contact with blood during open-mouth kissing. In this case both partners had extensive dental problems, including gingivitis (inflammation of the gums).

High School—Literature Supplement—Lord of the Flies
Lesson 1—Bullying

Sexual Harassment

What is sexual harassment?

Sexual harassment is unwanted and unwelcome sexual behavior which consists of conduct and/or words that sexually offend, label, or demean a student. Males as well as females are victims of sexual harassment.

What are some examples of sexual harassment?

- Sexist jokes, verbally, or in printed form, sharing sexual notes, pictures.
- Non-accidental violation of someone's personal body space.
- Non-accidental touching of someone's body: touching, pinching or grabbing.
- Written sexual graffiti.
- Being cornered, forced to kiss someone, or coerced to do something sexual.
- Making suggestive or sexual gestures, looks, verbal comments, or jokes.
- Spreading sexual rumors or making sexual propositions.
- Pulling someone's clothes off.
- Pulling your own clothes off.
- Attempted rape and rape.

In the event of an incident of sexual harassment, what should I do?

- Make it clear to the harasser that his or her conduct is unwelcome and unacceptable. Be direct about what behavior is bothering you.
- Keep a written record of what happened. Document time, date, place, description of behavior, witnesses, and explain how you handled the situation.
- Report the harassment to a counselor, teacher, administrator, coach, boss, parent.
- A school or worksite has guidelines and procedures for reporting such incidents. Title IX is a federal law which prohibits harassment and sexual discrimination in schools. You can obtain information about your civil rights from the Human Rights Commission.

Don't feel guilty about reporting sexual harassment. In sexual harassment cases it is the harasser who is wrong—not the victim.

High School—Literature Supplement—Lord of the Flies
Lesson 2—Peer Pressure and Risky Behavior

Overview

In this lesson, students continue their analysis of group behavior and how it effects the characters in the novel. The focus in this lesson is peer pressure and how it influenced the boys. A connection is then made to how peer pressure can sometimes impact how teens make decisions about their sexual health. Risky behaviors for STD infection are reviewed. Finally, students will be asked to make connections between their knowledge about bullying and peer pressure and the information they will receive about STDs.

This lesson should take place after students have completed the book, *Lord of the Flies.*

Objectives

The student will:

1. Recognize and describe how peer pressure impacts the characters' thoughts, words, speech patterns, and actions.

2. Identify risky behaviors for STD infection.

Ready . . .

Advance Preparation

1. Make copies of Handout # 1, Peer Pressure in *Lord of the Flies*.

2 Make copies of Handout # 2, *Risky Behaviors for STD Infection*.

High School—Literature Supplement—Lord of the Flies
Lesson 2—Peer Pressure and Risky Behavior

Set . . .

Materials

- Students' learning logs, journals, or paper for learning log entries, pens.
- Copies of Handouts # 1 and # 2 for students.

Go . . .

Motivating Activity

Distribute copies of Handout # 1, Peer Pressure in *Lord of the Flies.*
Give one-to-two minutes for students to answer question #1 with a partner. Then spend two-to-three minutes discussing their answers. (See the following possible answers and Handout # 2 describing bullies and their victims.)

1. **What is "group mentality"?**

   Possible answer: "Mob" has the negative connotation of a group out of control. ("Group mentality" then, becomes a group of people thinking and acting out of control.)

Next, give students another two-to-three minutes to answer questions # 2 and 3. Then take five-to-ten minutes to discuss the answers. (See the following possible answers).

2. **Where do we see "group mentality" in *Lord of the Flies*?**

   Possible answer: From Chapter 9, the choir boys mindlessly follow Jack's lead—forgetting to take care of the fire so they can go hunt, and not helping with the building of huts. But the "group mentality" is most notable when the boys are worked into frenzy over hunting for the pig. This frenzy results in Simon's death, when the boys no longer think of Simon as one of them; instead, they see him as a pig, a beast, to be hunted and killed. **NOTE: The hunting scene has strong sexual connotations. The teacher may or may not want to make that connection in this lesson, perhaps comparing it to a gang rape. Certainly, the similarity is a strong one.**

3. Who is responsible for killing Simon? Why?

   Possible answers: Jack certainly must take some blame as the leader (bully) of this group of boys who have put hunting above all else. However, the mob thinking has taken over, possibly because of an earlier abdication of power to Jack. The boys no longer think as individuals; they are a unit. And, as such, they will do things as a group—a mob—that they never would have done as individuals.

Read the last two pages of Chapter 12 aloud. Ask students to react to these pages, taking the definition of group mentality into account. Give them five minutes to write a quick journal entry, reacting to these two pages. Discuss students' comments.

Go back to this lesson's Handout # 1, Peer Pressure in *Lord of the Flies*. Give students 10-15 minutes to write answers for questions # 4-10. Then take 20 minutes to discuss answers. (See the following possible answers for use during the discussion.)

4. What types of risky things might people, teens in particular, do in a group that they wouldn't do on their own?

   Possible answers: Steal, say mean things, get in a fight, hurt a pet, destroy property, drive recklessly, use alcohol or drugs.

   Also, you may want to discuss examples from the press, e.g., the gang rape of a jogger in Central Park, New York City, where the juveniles were not thought to be the type of people to commit such crimes.

5. What is peer pressure?

   Possible answer: Feeling pressured by others one's own age to do things one may not otherwise do.

6. What do you think "perceived peer pressure" means?

   Note: The term "perceived" implies that the situation is experienced as pressure, although there may not be anyone actively doing anything that is observable as peer pressure.

Possible answer: Although others have not stated they will be a person's friend if the person does not do _____, the person feels that he/she won't be liked, accepted, or seen as "cool" if he/she does not engage in that behavior.

7. What are some activities people engage in when they feel pressured by their peers to act a certain way?

Possible answers: Using drugs, alcohol, and tobacco, having sex, stealing, engaging in violence, reckless driving.

8. What does peer pressure have to do with mob mentality or engaging in risky behaviors?

Possible answer: Teens are more likely to engage in risky behavior if they do not feel responsible for their actions and/or if they do not feel in control of their actions.

9. What does perceived pressure have to do with sex?

Possible answer: Teens who feel that they have to have sex in order to fit in are more likely to have sex, even if that goes against their beliefs, and even if there is no real pressure to do so.

10. What does all of this have to do with HIV/AIDS?

Possible answer: Peer pressure may cause students to engage in risky behaviors when it comes to sex—not using condoms, having multiple partners, etc. The more risky their behavior, the greater the chances they may contract an STD, including HIV.

Distribute Handout # 2 *Risky Behaviors for STD Infection*. Have students fill out the worksheet. Review correct answers. You may want to use the information to play a game, such as Jeopardy, or give a pre-test before distributing the handout and a post-test after students have had time to study it.

Once again, ask students to write in their learning logs what they knew before today about mob mentality and peer pressure, what they learned today, and what they still need to know. Read these entries before the next class.

High School—Literature Supplement—Lord of the Flies
Lesson 2—Peer Pressure and Risky Behavior

Peer Pressure in *Lord of the Flies*

1. What is "group mentality?"

2. Where do we see "group mentality" in *Lord of the Flies*?

3. Who is responsible for killing Simon? Why?

4. What types of risky things might people, teens in particular, do in a group that they wouldn't do on their own?

5. What is peer pressure?

6. What do you think "perceived peer pressure" means?

7. What are some activities people engage in when they feel pressured by their peers to act a certain way?

8. What does peer pressure have to do with mob mentality or engaging in risky behaviors?

9. What does perceived pressure have to do with sex?

10. What does all of this have to do with HIV/AIDS?

High School—Literature Supplement—Lord of the Flies
Lesson 2—Peer Pressure and Risky Behavior

Risky Behaviors for STD Infection

Label the following behaviors as:

Most Risky (MR) Possible Risk (PR) Low Risk/No Risk (LN)

1. Donating blood
2. Using latex condoms correctly
3. Dry kissing
4. French kissing
5. Pulling out before ejaculation
6. Using two condoms at the same time
7. Intercourse using an oil-based lubricant and a condom
8. Hugging
9. Using birth control pills with a condom
10. Massage
11. Drinking and having sex
12. Using drugs and having sex
13. Receiving a blood transfusion
14. Unprotected vaginal sex
15. Fantasizing
16. Breastfeeding by an infected mother
17. Reusing a needle that has been cleaned with bleach
18. Unprotected oral sex
19. Abstaining from sex
20. Sharing needles for injecting drugs, steroids, or vitamins
21. Cleaning spilled blood without wearing gloves
22. Sharing needles for tattooing, piercing, or steroids
23. Using the same condom twice
24. Reusing a needle that has been cleaned with water

High School—Literature Supplement—Lord of the Flies
Lesson 2—Peer Pressure and Risky Behavior

Risky Behaviors for STD Infection
(Answer Key)

Label the following behaviors as:

Most Risky (MR) Possible Risk (PR) Low Risk/No Risk (LN)

1. Donating blood **LN**
2. Using latex condoms correctly **LN**
3. Dry kissing **LN**
4. French kissing **LN**
5. Pulling out before ejaculation **MR**
6. Using two condoms at the same time **PR**
7. Intercourse using an oil-based lubricant and a condom **MR**
8. Hugging **LN**
9. Using birth control pills with a condom **LN**
10. Massage **LN**
11. Drinking and having sex **MR**
12. Using drugs and having sex **MR**
13. Receiving a blood transfusion **LN**
14. Unprotected vaginal sex **MR**
15. Fantasizing **LN**
16. Breastfeeding by an infected mother **MR**
17. Reusing a needle that has been cleaned with bleach **PR**
18. Unprotected oral sex **MR**
19. Abstaining from sex **LN**
20. Sharing needles for injecting drugs, steroids, or vitamins **MR**
21. Cleaning spilled blood without wearing gloves **MR**
22. Sharing needles for tattooing, piercing, or steroids **MR**
23. Using the same condom twice **MR**
24. Reusing a needle that has been cleaned with water **MR**

High School—Literature Supplement—Lord of the Flies
Lesson 3—Decision Making

Lesson Overview

This lesson gives students an opportunity to apply information from the previous lesson discussions to their own real-life situations and to practice using communication skills that will help them stay safe and healthy.

Objectives

The student will:

1. Use decision-making skills to make decisions about personal safety and health.
2. Practice refusal and negotiation skills to demonstrate resisting negative peer pressure.

Ready . . .

Advance Preparation

1. Make copies of Handout # 1, *Decision-Making Skills*
2 Make copies of Handout # 2, *STAR Negotiation/Refusal Skills*

Set . . .

- Copies of Handouts # 1 and # 2 for students.
- Students' learning logs, journals, or the entries that they wrote for the previous lesson, pens.

High School—Literature Supplement—Lord of the Flies
Lesson 3—Decision Making

Go . . .

Motivating Activity

Respond to questions that arose in the "what I still need to know?" section from students' learning log entries from the previous class. If the answers suggest student research, the research can be added to the "Beyond" section below, or it can be done for extra credit. Ask students to brainstorm how the answers can be found.

Lesson

1. Distribute Handout # 1, *Decision-Making Skills*. Walk through the process, modeling on the board how to apply the steps to a "typical teen issue," such as whether or not to go to a particular party. Then ask students to complete the process themselves, using a decision they have to make. Ask for volunteers to share. Debrief. Discuss how, unless students have made a decision not to have unprotected sex before they are bullied or (peer) pressured into doing so, the chances of their not having unprotected sex are very slim.

2. Distribute Handout # 2, *STAR Negotiation/Refusal Skills*. Walk through the process, discuss, and role model with volunteer students. Break students into pairs and have them write a script where they are being bullied or (peer) pressured into have sex. Students then perform their role plays for the class and discuss them.

Beyond

Give students time to research rape statistics locally. Also include research on STDs, pregnancies, and new cases of HIV/AIDS. Encourage them to contact the city or county prosecuting attorney's office, the county health department, the local rape crisis center, the Department of Fair Labor and Housing, and the Equal Employment Opportunity Commission (for information about sexual harassment laws) and to visit the library to gather information. Have them give classroom presentations with graphs and handouts showing the statistics they discovered.

High School—Literature Supplement—Lord of the Flies
Lesson 3—Decision Making

If there is time, have students turn their new knowledge into pamphlets that inform other students about the following topics, and others:

Bullying

Victims of bullies

Peer pressure

Mob mentality

Sexual harassment, rape, sexual assault

HIV and other STDs

STDs caused by unprotected sex

STDs caused by rape

If your school has a conflict mediation program, ask participants to come into the class. They may train students in the process or merely role play the process and explain how students can sign up for mediation, if they are being bullied, harassed, or pressured by others.

High School—Literature Supplement—Lord of the Flies
Lesson 3—Decision Making

Decision-Making Skills

Decision making is an important life skill. Effective problem-solving skills can be used to your advantage in school, work, and relationships. Problem solving has several important steps, listed below.

1. **Define the problem.**

   State exactly what the problem is or the situation about which a decision needs to be made. (Example: Whether or not to go to the prom.)

2. **Consider all alternatives.**

   List all possible ways to resolve the problem or possible decisions that could be made. Information may need to be gathered so all alternatives can be considered. You may wish to consult with others to make sure you haven't overlooked any. Examples: 1) Yes, I should go with a date to the prom. 2) No, I won't go to the prom. 3) No, I'll go out with friends somewhere else instead. 4) Yes, I'll go with friends to the prom.

3. **Consider the consequences of each alternative.**

   List all possible outcomes—both positive and negative—for each alternative or each course of action that could be taken. It is important to have correct and complete information by this point. (Examples: The positives about this alternative—I will have fun. I can go with my brother. Everyone is going, so I won't feel left out. The negatives about this alternative—It is too expensive. I don't have a date, and I'd have to go with my brother, which would be embarrassing. I'm supposed to go to the mountains that weekend.)

4. **Consider family and personal values.**

   Be particularly aware of your family and personal values when considering the consequences of alternatives. Decisions are not made in a vacuum. Consequences of decisions include the impact on significant relationships (i.e., parents, siblings, friends, spouses, and partners). They also include feelings experienced when decisions are consistent with moral/religious upbringing, present and future goals, and the effect of the decision on significant others. (Example: It is important for

me to have this experience, but my parents really believe it is too expensive while I'm a sophomore. They prefer that I save and really splurge as a senior. Then it will be more special.)

5. Choose one alternative.

   After carefully considering each alternative, choose the alternative that is most appropriate based on your knowledge, values, morals, religious upbringing, present and future goals, and the effect of the decision on significant others. (Example: I will wait to go to the prom and will go out with friends that night instead.)

6. Implement the decision

   Do what is necessary to have the decision carried out the way you want it to be. It may be necessary to develop a step-by-step program with a time-table to make sure things get done. (Example: I will contact three friends who aren't going to the prom, and we'll decide by Friday where we're going instead. By Monday we'll have plans in place and decide how we will get there.

7. Evaluate the decision.

   Within two weeks, evaluate your decision. Was it the best decision? Why or why not? Set your own criteria to decide whether or not the decision is working, and what changes may need to be made to make the decision more effective. (Example: Our decision to go to MacDonald's and watch videos doesn't make the night special enough. I'd rather go to a concert or dancing. I need to talk with my friends again.)

High School—Literature Supplement—Lord of the Flies
Lesson 3—Decision Making

S T A R Negotiation/Refusal Skills

S = SAY "NO' TO UNSAFE BEHAVIOR

Refuse the unsafe behavior in a positive and assertive way.

Characteristics

- Use the word "no."
- Use body language that reinforces the message.
- Use a clear, strong voice tone.
- Look directly at the person and make eye contact.
- Use hand and body gestures that show the point.

Examples

- No. I don't want to have sex with you.
- No. I don't want to touch you there
- No. I won't have sex without a condom.
- No. Not at this point in the relationship.

T = TALK ABOUT WHY YOU WANT TO BE SAFE

Talking openly about each other's feelings helps the relationship grow and eases any tensions that may have developed. Explaining why you want to be safe helps your partner hear and understand your real concerns and prevents him or her from reacting in a negative way.

Characteristics

- Explain your reasons for saying "no."
- Communicate your feelings.
- Be direct and honest.

Examples

- I feel intimate with you already. We don't have to have sex.
- I feel that using a condom is safer and more responsible.
- I really like being with you, but I don't want to have sex yet.
- I feel that you are pressuring me, and it feels uncomfortable. If you continue to do so, I'm leaving.
- I don't want to risk getting pregnant.
- We both have goals that we want to achieve. Being safer now will help us meet our future goals.

A = PROVIDE ALTERNATIVES

Providing safe alternatives and other strategies shows that you still want to be intimate and have a relationship with this person.

Characteristics

- Provide alternative, less risky behaviors.
- Suggest other activities.

Examples

- Let's hug, talk, and kiss—but no sex.
- Let's go to a friend's house.
- We could go out to eat.
- It's a beautiful day, let's go outside for a walk instead.

R = REWARD YOURSELF AND YOUR PARTNER

Congratulate yourself and your partner for being safe.

Characteristics

- Take pride in your courage, whether or not the outcome is what you wanted.
- Tell yourself that you did the responsible thing.
- Thank your partner for respecting your wishes.
- Suggest other activities.

Examples

- Say to yourself: I did it! I stood up for what I wanted, and it was OK.
- Thanks for listening. It means a lot to me.
- I'm so glad you agreed that we should protect ourselves.

(Used with permission. Sacramento Prevention Initiative and Community Services Council. (1998). Teens stopping AIDS. Sacramento, CA: Author.)

KNOW HIV/STD Prevention Curriculum

Lessons to Supplement Literature-Based Instruction High School

Of Mice and Men

High School—Literature Supplement—Of Mice and Men

Introduction

Literature provides many natural and thematic links for students to explore health topics including HIV/AIDS. The process of reading gives students opportunities to make personal connections and construct personal meaning as they discuss, negotiate, and interpret the content. These critical thinking activities help students develop real-life problem-solving and decision-making skills. These HIV/AIDS lessons are meant to **supplement** the instructional materials already used to teach the literature. They are not intended to be the core instructional materials for the literature. They can enhance the rich curricula available for these literature selections.

Using literature to explore health issues has several key advantages.

- Literature allows students to contemplate the negative consequences of poor health choices in a risk-free way.
- The more opportunities there are for students to discuss and develop problem-solving skills, the more likely they are to use them.

Moreover, when teachers, in addition to the health teacher, address adolescent health issues in their classrooms, it improves the whole school environment by fostering social norms for healthy choices. The lessons can also be taught collaboratively by English/ Language Arts, and Health teachers.

Providing high quality HIV/AIDS lessons integrated with the recommended literature reinforces the student learning objectives of the Washington State Essential Academic Learning Requirements (EALRs).

The lessons provided in this supplement meet the following EALRs:

Health and Fitness

EALR 2.0—The student acquires the knowledge and skills necessary to maintain a healthy life: Recognize patterns of growth and development, reduce health risks, and live safely.

2.2 Understand the concept of control and prevention of disease.
2.3 Acquire skills to live safely and reduce health risks.

High School—Literature Supplement—Of Mice and Men

EALR 3.0—The student analyzes and evaluates the impact of real-life influences on health.

3.1 Gather and analyze health information.
3.2 Use social skills to promote health and safety in a variety of situations.
3.3 Understand how emotions influence decision making.

Communication

EALR 3.0—The student uses communication skills and strategies to present ideas and one's self in a variety of situations.

3.1 Uses knowledge of topic/theme, audience, and purpose to plan presentations.
3.2 Uses media and other resources to support presentations.
3.3 Uses effective delivery.

Reading

EALR 2.0—The student understands the meaning of what is read.

2.3 Expand comprehension by analyzing, interpreting, and synthesizing information and ideas in literacy and information text.
2.4 Think critically and analyze author's use of language, style, purpose, and perspective in informational and literary text.

Experienced Reading/Language Arts, and Health teachers created these lessons. The units are:

High School—Literature Supplement—Of Mice and Men
Lesson—Risky Sexual Behavior

Selection Overview

Of Mice and Men is a timeless novel that tells of the life struggles of a group of people living and working in California in the time of the Great Depression. It is taught in high schools throughout the United States because of the universal themes that are covered. It is a novel of loneliness, of love and need, of homeless and rootless men who have nothing but each other. In addition to these large themes, there is an opportunity to discuss, through certain events in the story, how people seek to meet their needs through what would be considered today to be unsafe and unhealthy practices. There is an opportunity to have students discuss and process these events and to integrate today's knowledge about STDs and HIV.

Lesson Overview

Students will read and discuss the selections from the novel *Of Mice and Men* in which migrant workers discuss not only the flirtatious, and apparently promiscuous, behavior of the only woman on the ranch, but their practice of visiting houses of prostitution. Factual information about HIV/AIDS and other sexually transmitted diseases (STDs) will be provided to the students, and then they will work in small groups to prepare educational pamphlets and posters about preventing these STDs. These materials can be designed for the characters in the novel or for other people who are engaging in risky behavior, such as teenagers, who might be sexually active.

High School—Literature Supplement—Of Mice and Men Lesson—Risky Sexual Behavior

Objectives

The student will:

1. Recognize that unprotected sexual activity can lead to a variety of sexually transmitted diseases (STDs).

2. Identify symptoms and possible long-term outcomes of at least three STDs other than HIV/AIDS.

3. Describe how HIV/AIDS is transmitted and how it is different from other STDs.

4. Identify at least three common symptoms experienced by individuals who are infected with HIV.

5. Describe how to prevent STDs including HIV/AIDS.

7. Demonstrate their knowledge by preparing poster and pamphlets that inform about STDs and encourage risk-reducing behaviors.

8. Analyze characterization as shown in the characters' thoughts and actions.

Ready . . .

Advance Preparation

1. Make copies of Handout # 1, *Discussion Questions*—one for each student.

2. Make copies of the Handout # 2, *STD Information*. On each handout, write the name of one of the following STDs in the appropriate blank in the upper right-hand corner: HIV/AIDS, herpes, genital warts, chlamydia, gonorrhea, syphilis, trichonomiasis, pubic lice, and scabies.

3. Make seven copies/per class of Handout # 3, *Who Should Get STD Services?*

   On each copy, complete the blank at the top with one of the following items:

   " . . . engage in same-sex activity?"
   ". . . engage in pre-marital sexual activity as adults?"
   " . . . have sex with people other than their spouses?"
   " . . . patronize prostitutes?"
   " . . . engage in prostitution?"
   " . . . have sex while they're still in high school?"
   " . . . use needles to inject addictive drugs?"

Set . . .

Materials

- Colored pens, pencils, scissors, colored paper, and butcher paper.
- Copies of all handouts.

Go . . .

Motivating Activity

Use the following questions to generate discussion about STDs:

1. What are some sexually transmitted diseases that you have heard about? (herpes, syphilis, chlamydia, genital warts, gonorrhea, HIV)

2. What do you think are the two most common sexually transmitted diseases today? (chlamydia and genital warts)

3. What do you think were the diseases that were most likely to be sexually transmitted during the time that the novel *Of Mice and Men* was set? (syphilis or gonorrhea)

4. In which period would you prefer to be at risk? Why?

Give students a copy of Handout # 1, *Discussion Questions*. Have them answer the questions for homework to prepare for discussion in class the next day. These questions will generate discussion about the risky behaviors of the characters in the novel.

Lesson

1. Have students take out Handout # 1, *Discussion Questions*, and have them form small groups to discuss their answers.

Teacher Copy
Handout #1

Discussion Questions

1. What do the characters say and do that suggests they are at risk for sexually transmitted diseases?

2. What evidence do we have of their awareness of those risks?

3. On what basis does Susy make the claim that her girls are "clean?" Do the ranch hands show any indication that they question her claim? Would you?

4. Did the women working in the houses of prostitution have any way of knowing their health status, preventing STDs, or getting treatment?

5. What are the pros and cons of living in the period of time in which the novel is set, as opposed to today, with respect to the risks of sexually transmitted diseases?

2. Distribute copies of Handout # 2, *STD Information*. Instruct students to use at least two different resources to research information about one STD and complete the form with the information they find. The STD they are assigned is the one written at the top of their handout. (See "Advance Preparation" section.)

   Resources that they may use include the internet, hotlines, local clinics, school nurse, health teacher, pamphlets, books, or articles in the school or public library. Give students a few days to research their topic and have them cite the sources they used to get their information.

3. Have students turn in their STD information sheet to you, so you can review it beforehand for accuracy. You may want to review student's information with the health teacher or school nurse.

4. When you have reviewed all the forms, and made sure they are accurate, hand them back to students and assign them to groups so that each STD is represented in the group. Instruct students to share their information with the other members of the group so that everyone has been exposed to information about the whole group of diseases.

5. Assign students to small groups of four or five. Provide each group with one copy of Handout # 3, *Who Should Get STD Services?* Each group is to discuss the use of public resources to provide educational and health-care services to the group of people they are assigned. (See "Advance Preparation" section.)

   With one person in the group serving as recorder, they are to list the advantages and disadvantages of serving the group of people and try to come to a consensus within their group about whether to serve the group.

6. Each group reports back to the large group with time allowed for responses from the rest of the class.

7. Discuss the following questions:

   1) Which issues were the most difficult to get a consensus on? Why?
   2) Which issues elicited the strongest feelings against providing services?
   3) Which ones elicited the strongest feelings in favor of providing services?
   4) What did you learn from this activity?

8. Each group is to prepare a pamphlet or poster to inform other students about STDs, risky behavior, and encouraging testing. These materials can be posted around the school, in the health office, or student center.

NOTE: If the student-created materials do not address all of the content of the *ABCDs of HIV*, be sure to review these facts with students.

Beyond

The following can be used as either a writing assignment or a prompt for class discussion:

Lenny has an enormous power. He has almost super-human physical strength, but he also has severe mental and emotional limitations. Because of his unique combination of ability and disability, he is able to do great good and great harm. An adolescent, who has youth, desire, and attractiveness, also has an enormous power—the power to be sexually active. Does the adolescent also have limitations simply due to being an adolescent? If so, what are they? Compare and contrast Lenny's ability to do both great good and great harm to an adolescent's ability to do both great good and great harm with his or her sexual power.

Ask students to consider Curley's curious behavior of keeping his hand soaked in petroleum jelly (Vaseline) all the time, in light of what they know about using condoms to prevent sexually transmitted diseases. Ensure that students recognize that the effectiveness of condoms is diminished by contact with petroleum jelly or any other oil-based products.

High School—Literature Supplement—Of Mice and Men
Lesson—Risky Sexual Behavior

Discussion Questions

1. What do the characters *say* and *do* that suggests they are at risk for sexually transmitted diseases?

2. What evidence do we have of their awareness of those risks?

3. On what basis does Susy make the claim that her girls are "clean?" Do the ranch hands show any indication that they question her claim? Would you?

4. Did the women working in the houses of prostitution have any way of knowing their health status, preventing STDs, or getting treatment?

5. What are the pros and cons of living in the period of time in which the novel is set, as opposed to today, with respect to the risks of sexually transmitted diseases?

High School—Literature Supplement—Of Mice and Men
Lesson—Risky Sexual Behavior

STD Information

STD_____

1. What are some alternative names for the disease?

2. Describe the organism that causes it.

3. What are the symptoms, and when do they occur?

4. What are the possible long-term consequences of the disease?

5. How many people are infected in this country? How many have died?

6. What behaviors are likely to transmit the disease from one person to another?

7. What behaviors are effective in preventing transmission of the disease?

High School—Literature Supplement—Of Mice and Men
Lesson—Risky Sexual Behavior

Who Should Get STD Services?

Your group's topic

Should public resources be used to provide education about sexually transmitted diseases, prevention, access to condoms, and health care services to people who

_____*?*

Write the advantages (YES) and disadvantages (NO) of providing these services in the columns below. Be sure to include reasons for each position that a variety of other people in our society might give, even if you don't agree with them.

YES	NO

Finally, discuss the issue until your group comes to a consensus (if possible) about this issue. Below, write your decision and the most important reason/s you chose it.

_____

_____

_____

KNOW HIV/STD Prevention Curriculum

A Classroom Based Assessment (CBA)

DEFENDING JAMIE

High School

High School—CBA—Defending Jamie

Overview

Directions for Administration

This document contains information essential to the administration of the Washington Classroom-Based Assessment (CBA) in Health and Fitness, *Defending Jamie.*

Please read this information carefully **before** administering the performance assessment.

Objectives

Students will perform this assessment by responding to a prompt and executing several tasks. Performance prompts ask the students to perform according to the criteria outlined in the prompt. Student responses may vary and include, oral, visual, and written products, or a combination of these types of products.

Ready . . .

Teacher checklist prior to administering the *Defending Jamie* CBA.

Materials and Resources

1. Classroom set of Student Copy *Defending Jamie* CBA (pages 255-262).
2. Classroom set of Student Handout # 1, *HIV Policy for Schools.*
3. Teachers should provide students with a selection of sources to use for this project, which may include, but are not limited to, internet resources, books, magazines, official publications, and/or textbooks.

Teacher checklist for the day of administering the *Defending Jamie* CBA.

1. Classroom set of Student Copy *Defending Jamie* CBA (pages 255-262).
2. Classroom set of Student Handout # 1, *HIV Policy for Schools.*
3. Writing paper for each student.
4. Access to reference information about HIV/AIDS.

High School—CBA—Defending Jamie

Set . . .

Recommendation for Time Management

Teachers may administer the CBA in the way that is most practical for their classroom and the allotted time periods. The following time frame is recommended, but not required.

The task should be administered in one-to-two days. A two-day model may follow these guidelines:

Day One

- **15 minutes**: The teacher provides the class with the Student Copy, *Defending Jamie* CBA, and reads it aloud. The students may ask any questions needed. The teacher answers any questions asked.
  Reminders: This is not a time for teaching or re-teaching.
  This is an individual assessment, not a group assessment.
  Please walk around the classroom and monitor student progress.

- **15 minutes**: The students read Student Handout # 1, *HIV Policy for Schools*, and plan their speech.
- **15 minutes**: The students begin writing their speeches individually.
- **5 minutes**: The teacher collects all materials at the end of Day One.

(If students complete the CBA early, have them work on other materials quietly.)

Day Two

- **5 minutes:** The teacher distributes materials to the students.
- **45 minutes**: The students finish writing their speeches individually.
- **5 minutes**: The teacher collects all materials at the end of Day Two.

(If students complete the CBA early, have them work on other materials quietly.)

- ***Keep all assessments.***

Students may have as much time as they need to complete the task. All students who remain productively engaged in the task should be allowed to finish their work. In some cases, a few students may require considerably more time to complete the task than most students; therefore, you may wish to move these students to a new location to finish. In other cases, the teacher's knowledge of some student's work habits or special needs may suggest that students who work very slowly should be assessed separately or grouped with similar students for the test. Students with limited writing skills may type their responses, and students with limited English-language skills may have the prompts read aloud to them. Such assistance should not include suggested responses.

High School—CBA—Defending Jamie

Go . . .

Assessment Administration

Below you will find the teacher copy of the prompt. Read the teacher copy of the assessment aloud to the students.

SAY: **Today you will take the Washington High School Classroom-Based Assessment in Health and Fitness, *Defending Jamie.***

SAY: **Write your name at the top of the paper. Please follow along as I read the prompt aloud.**

> Jamie has been absent from school for almost a month. Rumors are circulating that Jamie is HIV positive. A group of concerned students, parents, and community members is circulating a petition to be presented to your school board, which will force Jamie to be home schooled.
>
> You disagree with this petition. Prepare a speech to present to the district school board as a counter response. You know that the school board will only consider arguments that are based on official school district policies. Your speech should support Jamie being allowed to remain in school.

SAY: **Are there any questions about the prompt?** (Pause for questions.) **There are three parts to this assessment, and each part is worth four points. Follow along as I read the directions.**

Instructions:

As you create your speech for the school board, be sure to do the following:

Read and analyze the section of the school district handbook called, *HIV Policy for Schools*, (Student Handout # 1).

Create a speech—at least two minutes long—that defends Jamie's right to attend your school. The audience may include students, parents, teachers, administrators, and other members of the community at large.

Assessment Administration (continued)

Your speech must contain:

1. **Two** myths that relate to the transmission of HIV.
   - Include factual information gained from **reliable** sources to dispel each myth.
2. Reference **two** sections of your school district's policy that support your position.
   - Explain how each section that you have chosen relates to Jamie's situation.
3. Reference **two** sections of your school district's policy relating to privacy of student health problems.
   - Explain how each section relates to Jamie's situation.

High School—CBA—Defending Jamie

SAY: Are there any questions about the speech? (Pause for questions.)

Follow along as I read the directions for the pre-writing. The pre-writing activity is for you to organize your thoughts for your final response.

Pre-writing—will not be scored.

1. Your speech must contain **two** myths that relate to the transmission of HIV. You must include factual information gained from **reliable** sources to dispel each myth.

Two myths that relate to the transmission of HIV.	Factual information for each myth.

High School—CBA—Defending Jamie

Pre-writing—will not be scored.

2. In your speech, reference **two** sections of your school district's policy that support your position. You must explain how each section that you have chosen relates to Jamie's situation.	
Reference two sections of the school district's policy that provide support.	**Explain how each section relates to Jamie's situation.**

High School—CBA—Defending Jamie

Pre-writing—will not be scored.

3. In your speech, reference **two** sections of your school district's policy relating to privacy of student health problems. You must explain how each section relates to Jamie's situation.	
Reference two sections of the school district's policy that relates to the privacy of student health problems.	**Explain how each section relates to Jamie's situation.**

SAY: **Are there any questions about what you are to do?** (Pause for questions.)

Write your speech in the response space provided. You will be given the time you need to complete the assessment. I will check with you at the end of class to see if anyone needs additional time.

Please begin.

High School—CBA—Defending Jamie

FINAL STUDENT RESPONSE

Instructions:

As you create your speech for the school board, be sure to do the following:

Read and analyze the section of the school district handbook called *HIV Policy for Schools*, (Student Handout # 1).

Create a speech—at least two-minutes long—that defends Jamie's right to attend your school. The audience may include students, parents, teachers, administrators, and other members of the community at large.

Your speech must contain:

1. **Two** myths that relate to the transmission of HIV.
   - Include factual information gained from **reliable** sources to dispel each myth.
2. Reference **two** sections of your school district's policy that support your position.
   - Explain how each section that you have chosen relates to Jamie's situation.
3. Reference **two** sections of your school district's policy relating to privacy of student health problems.
   - Explain how each section relates to Jamie's situation.

Sample space for teacher copy—not for student writing

Post Assessment for Teachers

Teacher Checklist for Post-Assessment

- ☐ Use the three rubrics provided at the end of this lesson to score the *Defending Jamie* CBA.
- ☐ Score *Defending Jamie* CBA. (This assessment score could be used for a class grade.)
- ☐ Provide feedback to students. **(Teacher keeps all assessments.)**

Student Masters

Defending Jamie

High School—CBA—Defending Jamie

Name_____Period_____Date_____

Jamie has been absent from school for almost a month. Rumors are circulating that Jamie is HIV positive. A group of concerned students, parents, and community members is circulating a petition to be presented to your school board, which will force Jamie to be home schooled.

You disagree with this petition. Prepare a speech to present to the district school board as a counter response. You know that the school board will only consider arguments that are based on official school district policies. Your speech should support Jamie being allowed to remain in school.

Instructions:

As you create your speech for the school board, be sure to do the following:

Read and analyze the section of the school district handbook called *HIV Policy for Schools*, (Student Handout # 1).

Create a speech—at least two minutes long—that defends Jamie's right to attend your school. The audience may include students, parents, teachers, administrators, and other members of the community at large.

Your speech must contain:

1. **Two** myths that relate to the transmission of HIV.
   - Include factual information gained from **reliable** sources to dispel each myth.
2. Reference **two** sections of your school district's policy that support your position.
   - Explain how each section that you have chosen relates to Jamie's situation.
3. Reference **two** sections of your school district's policy relating to privacy of student health problems.
   - Explain how each section relates to Jamie's situation.

High School—CBA—Defending Jamie

Pre-writing—will not be scored.

1. Your speech must contain **two** myths that relate to the transmission of HIV. You must include factual information gained from **reliable** sources to dispel each myth.	
Two myths that relate to the transmission of HIV.	**Factual information for each myth.**

High School—CBA—Defending Jamie

Pre-writing—will not be scored.

2. In your speech, reference **two** sections of your school district's policy that support your position. You must explain how each section that you have chosen relates to Jamie's situation.	
Reference two sections of the school district's policy that provide support.	**Explain how each section relates to Jamie's situation.**

High School—CBA—Defending Jamie

Pre-writing—will not be scored.

3. In your speech, reference **two** sections of your school district's policy relating to privacy of student health problems. You must explain how each section relates to Jamie's situation.	
Reference two sections of the school district's policy that relates to the privacy of student health problems.	**Explain how each section relates to Jamie's situation.**

High School—CBA—Defending Jamie

FINAL STUDENT RESPONSE—This section will be scored.

Instructions

As you create your speech for the school board, be sure to do the following:

Read and analyze the Student Handout # 1, *HIV Policy for Schools.*

Create a speech—at least two-minutes long—that defends Jamie's right to attend your school. The audience may include students, parents, teachers, administrators, and other members of the community at large.

Your speech must contain:

1. **Two** myths that relate to the transmission of HIV.
   - Include factual information gained from **reliable** sources to dispel each myth.
2. Reference **two** sections of your school district's policy that support your position.
   - Explain how each section that you have chosen relates to Jamie's situation.
3. Reference **two** sections of your school district's policy relating to privacy of student health problems.
   - Explain how each section relates to Jamie's situation.

High School—CBA—Defending Jamie

High School—CBA—Defending Jamie

High School—CBA—Defending Jamie

High School—CBA—Defending Jamie

Green Tree School District
HIV Policy for Schools

Policy No. 41603

Procedure

This policy is designed to provide appropriate procedures in response to students and employees infected with the human immunodeficiency virus (HIV) including those with a diagnosis of acquired immune deficiency syndrome (AIDS). They address the rights of such individuals in the Green Tree School District.

1.0 Acquired immunodeficiency syndrome (AIDS) is caused by infections with the human immunodeficiency virus (HIV). The following procedures apply to persons who have been infected with HIV, including those who are and those who are not diagnosed with AIDS.

1.1 Should a student with HIV or AIDS be identified in the district, the following guidelines developed by the Centers for Disease Control and Prevention (CDC), the State Department of Health, and the American Academy of Pediatrics and reviewed by a representative group of community physicians will be followed:

1.1.1 Students infected with the HIV virus will be allowed to attend school, and before and after school care, in an unrestricted manner because of the apparent nonexistent risk of transmission of HIV in these settings.

1.1.2 The infected student should be considered eligible for all rights, privileges, and services provided by law and local policy of the school district.

1.1.3 If the parent or guardian of an infected student provides a written release, communication will be established with the student's physician. The physician will be able to provide the guidance, described in 1.1.4, and will also serve as part of the team in 1.1.5 to be used in making decisions about preschool or neurologically handicapped children who lack control of their body secretions or who display behavior such as biting.

Policy No. 41603 (continued)

1.1.4 For most infected students, the benefits of a normal school setting would outweigh the risks of their acquiring potentially serious infections in that setting. The physician for the student whose immune system is suppressed is best suited to make an assessment about the risk of attending school.

1.1.5 A few infected students may potentially pose more of a risk to others. Students who lack control of their body secretions or who display behavior such as biting require a more restricted environment. Individual judgment needs to be made about placement of such students. These decisions are best made using the team approach only with the written consent of the parent or legal guardian. The team should include the student's physician, the child's parent or legal guardian, the principal, the school nurse, and the teacher. The risks and benefits to both the infected student and to others will be weighed. The majority of opinions will guide student placement.

1.1.6 Mandatory screening of students for HIV infection as a condition of school entry is not a necessary precaution according to available data.

1.2 No person may disclose or be forced to disclose the identity of any person tested for HIV, or the results of such a test, or any information relating to diagnosis or treatment for HIV in a manner which identifies the person tested, the diagnosis or treatment. If an infected person informs a school staff member of his or her HIV/AIDS status, the staff member should ask why that information is being provided and to whom it should be disclosed and should obtain a written release to make such information available to other individuals. Without a release, the school district employee to whom the information is given cannot share that information to any other person including other district employees.

Records documenting the HIV/AIDS status of a student will not be placed in the student's regular school file. Since HIV/AIDS records cannot be placed in existing files, new ones must be created. A storage system must be created to provide for the confidentiality of these records.

RUBRICS

High School—CBA—Defending Jamie

Rubric # 1

EALR 2.0 The student acquires the knowledge and skills necessary to maintain a healthy life: Recognize patterns of growth and development, reduce health risks, and live safely.

4	**A 4-point response:** The student names **two** myths that relate to the transmission of HIV and **dispels each myth** with factual information that is gained from reliable sources. Example: One myth is **HIV can be transmitted through sneezing. (+ 1 point)** • My family doctor has told me that saliva is not a body fluid that transmits the HIV virus. **(+ 1 point)** Another myth is that the **HIV virus can be transmitted through casual contact. (+ 1 point)** • For example, a student cannot get the virus from Jamie by being in the same P.E. class with her. Just by being in the same class does not mean that a student is at risk to acquire the virus. The American Medical Association states that the virus can only be transmitted by exchanging blood, semen, vaginal fluids, or breast milk. **(+ 1 point)**
3	**A 3-point response:** The student names two myths that related to the transmission of HIV and dispels one of the two myths with factual information that is gained from reliable sources.
2	**A 2-point response:** The student names two myths that relate to the transmission of HIV but does not dispel either myth with factual information that is gained from reliable sources. *or* Names one myth that relates to the transmission of HIV and dispels this myth with factual information that is gained from reliable sources.
1	**A 1-point response:** The student names one myth that relates to the transmission of HIV but does not dispel this myth with factual information that is gained from reliable sources. *or* Does not name one myth that relates to the transmission of HIV but does provide factual information gained from reliable sources.
0	**A 0-point response:** The student shows little or no understanding of the task.

High School—CBA—Defending Jamie

Rubric # 2

EALR 2.0 The student acquires the knowledge and skills necessary to maintain a healthy life: Recognize patterns of growth and development, reduce health risks, and live safely.

4	**A 4-point response:** The student **references two sections** of the district policy that support Jamie's right to attend school. The student **explains** how each section relates to Jamie's situation. Example: Section 1.1.2 states that *the infected student should be considered eligible for all rights, privileges, and services provided by law and local policy of the school district.* **(+ 1 point)** • If and when it was determined that Jamie had a diagnosis of HIV, then she would still be allowed to attend school without any restrictions. **(+ 1 point)** Section 1.1.1 states that *students infected with the HIV virus will be allowed to attend school, and before and after school care, in an unrestricted manner because of the apparent nonexistent risk of transmission of HIV in these settings.* **(+ 1 point)** • Although Jamie has not been diagnosed as HIV positive, should she be diagnosed, then the policy explains that there are no apparent risks for transmission to others. Therefore, Jamie has a right to attend school regardless of what others think. **(+ 1 point)**
3	**A 3-point response:** The student references two sections of the district policy provided and explains only how one of the two sections relates to Jamie's situation.
2	**A 2-point response:** The student references two sections of the district policy provided but does not explain how the sections relate to Jamie's situation. *or* References one section of the district policy provided and explains how that section relates to Jamie's situation.
1	**A 1-point response:** The student references one section of the district policy provided but does not explain how the section relates to Jamie's situation.
0	**A 0-point response:** The student shows little or no understanding of the question.

High School—CBA—Defending Jamie

Rubric # 3

EALR 2.0 The student acquires the knowledge and skills necessary to maintain a healthy life: Recognize patterns of growth and development, reduce health risks, and live safely.

4	**A 4-point response:** The student **references two sections** of the district policy that relate to the privacy of a student who has been diagnosed with HIV. The student **explains** how each section relates to Jamie's situation. Example: Section 1.1.6 states that Jamie does not have to disclose her status as it relates to HIV. **(+ 1 point)** • There is no such thing as a need-to-know policy as it relates to school staff and students, and schools may not screen for HIV as an entry requirement. **(+ 1 point)** Section 1.1.6 states that Jamie can disclose her status to school administrators for her own personal reasons. **(+ 1 point)** • If Jamie does disclose her status, a record cannot be placed in Jamie's school file. This is meant to protect Jamie's privacy. **(+ 1 point)**
3	**A 3-point response:** The student references two sections of the policy that relate to the privacy of a student who has been diagnosed with HIV and explains how one section relates to Jamie's situation.
2	**A 2-point response:** The student references two sections of the policy that relate to the privacy of a student who has been diagnosed with HIV but does not explain how the sections relate to Jamie's situation. *or* References one section of the policy given that relates to the privacy of a student who has been diagnosed with HIV and explains how the section relates to Jamie's situation.
1	**A 1-point response:** The student references one section of the policy that relates to the privacy of a student who has been diagnosed with HIV but does not explain how the sections relate to Jamie's situation.
0	**A 0-point response:** The student shows little or no understanding of the question.