OBJECTIVE: For students to be aware of any current or potential personal behaviors which might put them at risk for contracting HIV.

GOALS FOR THE WEEK:
1. To consider risk factors for HIV/AIDS
2. To discuss safer sex practices
3. To desensitize students to high-stigma words that may be necessary for discussing both risk factors for and implications of HIV/AIDS.

ACTIVITY #1: REINTRODUCTIONS
Goals: Familiarize people with each other's names.
Time: 5 minutes
Instructions: Play a simple game of your choice that will help people remember each other’s names. For example, have a student see if he or she can recall every single person’s name (or even what their adjective-names were if you layed the name game last week).

ACTIVITY #2: THE AIDS PICTONARY GAME
Goals: For group members to become more comfortable with each other, and for them to begin building trust with each other. To introduce/discuss terms relating to risk factors for contracting HIV in a way that will facilitate easy entry into often taboo subjects.
Time: 25 minutes
Materials: One set of index cards, with the game term and the definition of the term on the same side of each card. Make sure that your IEG room has a dry-erase board and you bring your dry-erase pen, otherwise get some chalk from your coordinator.
Process: Prior to the section meeting, your coordinator will prepare a set of game “cards” for each of you. Team members will be selecting from the top of the card pile so you may want to place the most important terms (as you & your co-facilitator judge them) on the top so that these will be picked. An important part of the activity is to make sure students understand the relationship of each term to HIV/AIDS. See the attached Terms and Facts for Facilitators to review important points to make about each term and associated risks. After students guess each term, you will ask them a bonus question about how the term relates to HIV/AIDS. Think about what questions you want to ask in advance. For many, you can simply ask what level of risk the activity puts you at and why. For others, you will need to be a little more creative in asking a question so be sure to think about your questions in advance. Do not be too strict in awarding points for the bonus questions, just make sure students understand which activities are risky and why.

Rules of the game:
1. Divide the IEG members into two teams, and let each team select a name for themselves.
2. Facilitator will flip a coin to determine which team goes first.
3. Team members take turns drawing; one member draws; the others try to guess what (s)he is drawing.
4. When a team is up, the "drawer" selects the top card from the pile held by the facilitator(s). Only the "drawer" may see the word and definition on the card. After taking the card, the "drawer" has 10-15 seconds to think about it, then 1 minute to try to draw the word on the board in such a way that his/her team members can guess what the word is. Team members should shout out their guesses. If a team member guesses one word of a two or more word answer, the "drawer" may write that word on the board. If they guess correctly within the time limit, the team earns 2 points.
AIDS Fundamentals IEG Week 4 Lesson Plan 2: AIDS Pictionary

(5) After 1 minute, if the team hasn't guessed the term correctly, the opposing team can
make one guess to try to "steal." If the opposing team guesses correctly, they receive 1
point.

(6) Whichever team correctly guessed the term then gets to answer a bonus question of the
facilitator’s choosing relating to that term for an additional 1 point. (If no one guessed the
term, the drawer can read the term and definition aloud and the team that drew gets to
try the bonus question.)

(7) After one team has had a turn to draw, the other team takes a turn, regardless of who
guesses the word and/or answered the bonus question.

(8) At the end of 25 minutes, the team with the most points wins.

DISCUSSION:
When the game is over, begin by sharing some of your observations with the group, and get their
responses to your observations. For example, did a certain word(s) elicit a certain response from the
group (e.g., wild laughter, extreme embarrassment)? Did the way in which the issues were dealt with
(e.g., in Pictionary format) make it easier to address the issues? How did it feel to openly deal with
these topics and issues? Are they important? Why? What did they learn from the activity? Spend a
few minutes letting people "vent" the feelings they had about the activity, because they'll need to get
them out in order to move on to the primary issue (see next paragraph). Be sure to validate the feelings
they have. Playing AIDS Pictionary can help get around the barriers, but would it be appropriate in a
high school health education classroom? In a junior high health education classroom? What about in a
grade-school classroom? What other ways might the issue be addressed that take into consideration
the valid concerns of parents of schoolchildren?

WRAP UP: On one hand, it is important for people to be familiar with these terms in order for them to
know how to protect themselves from HIV; on the other hand, we must recognize how difficult it is to get
people to let down their barriers enough to have an open discussion on this sensitive topic.

JOURNAL TOPIC: Based on the discussion in this week’s IEG, how would you choose to educate
different age groups about HIV/AIDS? How would you explain the terms used in the game to your 10-
year old cousin or your 16-year old brother/sister? What would you need to consider if you wanted to
educate a younger friend or family member about HIV/AIDS?

Suggested Schedule/Agenda:
10 minutes: Discuss any patterns that you noticed in the previous week's journal submissions. This
process may not take a full 10 minutes and it's OK to move ahead.
5 minutes: Reintroduction game / co-facilitator takes attendance.
5 minutes: Explain the activity and rules of the game. Divide the group into 2 teams and pick team
names.
25 minutes: Play AIDS Pictionary.
20 minutes: Discussion and wrap-up.
15 minutes: Journal / lead facilitator checks off roster for journal submissions as they are handed in.
The following has been set up as a review and reference for facilitators during the AIDS Pictionary game.

This activity highlights the risk factors for contracting the AIDS virus. Note that precise risk cannot be determined, as you cannot purposely put humans at risk in order to test it. Risks have to be speculated from the scientific information we do have and from medical cases we’ve seen. That means that although there are some sexual activities for which there is a lot of evidence that HIV is being transmitted that way, there are a number of sexual activities for which the actual risk is unknown and may be nonexistent but we cannot at this point rule it out as a possibility. Some argue that the only way to be absolutely sure to avoid contracting HIV is to avoid all sexual contact (abstain). Remind students that the risk factors are for HIV; other STDs have different risk factors associated with different activities. Although an activity could pose a low risk for transmission of HIV, there could be high transmission rates for other STDs.

The information in this activity and on this sheet is not intended to replace information presented in lecture and students should refer to lecture materials for the most updated information about risk factors and when studying for the class exams.

**ANAL SEX**
The penetration of the anus with the penis.
High Risk: tearing of the tissue (micro-tears), means blood exchange to the giver and semen exchange to the receiver. Anal secretions and excretions do not carry HIV themselves but common presence of blood makes HIV transmission a distinct possibility.

**ORAL SEX**
Mouth-to-genital contact for sexual stimulation.
Low Risk: HIV is not carried by saliva. General rule of thumb: semen and vaginal secretions can contain high levels of HIV — you don’t want that in your mouth. There is still argument in the scientific community about the actual risk of oral sex but better to be safe than sorry.

**VAGINAL INTERCOURSE**
Penetration of the vagina with the penis.
High Risk: both semen and vaginal secretions are primary bodily fluids that can contain HIV. Exchange of these fluids poses a risk for both the giver and receiver. Pre-cum can also contain HIV though usually in lower levels.

**CONDOMS**
A latex or membrane sheath that fits over the penis and is used for protection against unwanted pregnancy, sexually transmitted diseases, and AIDS.
Reduces risk factor because there is no fluid exchange — if used properly. The condom must be used for the entire length of genital contact (pre-cum carries HIV as well). There is a low risk that the condom will break (usually due to improper use).

**HIV+**
The state of being infected with the AIDS virus.

**ABSTINENCE**
The choice to refrain from sexual activity.
The best and possibly only way to be absolutely sure to be safe from HIV and other STDs.

**K-Y JELLY**
A water based lubricant recommended for use with condoms and other contraceptives as well as during uncomfortable penetration.
Don’t use oil based lubes because it makes the latex deteriorate. Proper lubrication helps to ensure condom integrity and reduce micro-tears in vaginal or anal walls.
BLEACH
Used by IV drug users to help sterilize their hypodermic needles, i.e. killing the AIDS virus.
Works well if done properly, but people often don’t use the bleach properly.

IV DRUG USE
The use of drugs involving the injection of the drug, via the veins, into the user’s body.
Requires the use of a needle syringe.
High risk if needles are shared. No risk if needles aren’t shared or are properly sterilized.

SAFE SEX
Using the proper caution during sexual contact to avoid transmission of STDs including HIV.

SEmen
Male ejaculate containing sperm. Can carry HIV.
One of primary bodily fluids that carries the HIV virus.

BIRTH BLOOD
The blood of the mother with which her child comes into contact during childbirth.
Risk when baby is born. During birth, baby may swallow vaginal secretions and/or blood from a mother with the HIV virus.

DENTAL DAM
A sheath placed in the mouth or over the vagina to avoid contact with body fluids during oral stimulation.
Reduces risk factor because no body fluids are exchanged if used properly.

WATER SPORTS (also acceptable: GOLDEN SHOWERS)
Sexual activities including the use of urine, often with one participant urinating on the other.
Almost No Risk. (Theoretically possible however very unlikely.) HIV is not usually found in urine though urinary tract infections can cause low levels of HIV-carrying white blood cells to travel in the urine.

FISTING
The insertion of the hand into the anus or vagina for sexual stimulation and/or pleasure.
No Risk (assuming there are no open wounds on the hand or arm) because body fluid is not coming in contact with live cells (the surface of your skin is not alive). The penetration of the fist will cause micro-tears which would increase likelihood of transmission if followed by unprotected sex.

RIMMING
The use of the mouth and/or tongue on or in another person’s anus.
Low Risk. Saliva does not carry HIV. Anal secretions and excretions do not themselves carry HIV though common presence of at least small amounts of blood ensure they usually contain transmissible HIV. Similar to the difference in risk between oral sex and vaginal sex, except this type of oral sex would likely have even less contact with body fluids.

FRENCH KISSING
Kissing where the mouth and lips of both partners are open and the tongue of one person enters the mouth of the other.
Almost no risk. Theoretical though very unlikely possibility, but HIV very rarely found in saliva (see rimming), open wounds may increase chance.

TRANSFUSION
The introduction of blood into the body for the purpose of placement or medical treatment.
Today, Low Risk: donated blood is now screened, although the test could miss individuals who were recently infected.
**HUGGING**
The holding and caressing of another to communicate love, affection, and/or desire. 
No risk. HIV can only be transmitted through exchange of body fluids that carry it. Any contact not involving body fluids is completely risk-free.

**NONOXYNOL-9**
A spermicide commonly used with condoms, diaphragms, and the sponge. Helps prevent transmission of sexually transmitted diseases. 
Though thought for a while to kill HIV (did so in laboratory tests), actually increases chance of transmission of HIV. Kills sperm, breaks mucus membrane that surrounds anal or vaginal walls.

**LESBIAN**
A female homosexual, i.e., a woman whose primary erotic, psychological, emotional, and social orientation is towards other women. 
Usual female-to-female contact poses low, though theoretical, risk of transmitting HIV because there is not so much direct exchange of the body fluids that can carry HIV.

**GAY**
A homosexual, usually male, i.e., a man whose primary erotic, psychological, emotional, and social orientation is towards other men. 
There are high transmission rates of HIV in the gay population due in part to high occurrences of unprotected anal sex.

**HOMOPHOBIA**
Prejudice against (fear or dislike of) homosexual people and homosexuality. 
Homophobia is similar to Heterosexism (the belief that a heterosexual contact and lifestyle is the only acceptable choice). Such prejudice contributes to the stigma surrounding AIDS.

**ALCOHOL**
A drug that, when ingested, creates a change in behavior, response, and judgment; is cited as an increased risk factor regarding exposure to the AIDS virus due to impaired judgment. 
Impairs judgment, lowers inhibition. More likely to make bad decisions about sexual partners and/or practices.

**RECREATIONAL DRUGS**
Drugs that are ingested for the feelings and effects they produce in the user. 
Impairs judgment, lowers inhibition. More likely to make bad decisions about sexual partners and/or practices.

**AZT**
One of the first HIV-meds to be effective in combating the effects of the disease. 
Helps reduce likelihood of HIV being transmitted from mother to child; 23% chance without AZT that child is HIV+, but with AZT, reduces percentage to 8%

**ANTIBODY**
A substance produced by the body after being exposed to the AIDS virus. Also what the AIDS test searches for to diagnose infection of HIV.

**DEATH**
The end of life when all body systems and organs cease to function.

**BLOOD**
The primary body fluid. 
One of the primary bodily fluids that carries HIV (as well as: semen, vaginal secretions, breast milk).