SKILLS FOR HEALTHY RELATIONSHIPS

Northwest Territories School Health Program

NWT Adaptation by the NWT Association for School Health.

> Funding for this publication was provided by Health Canada.







Health Canada Santé Canada STUDENT MANUAL

SKILLS FOR HEALTHY RELATIONSHIPS

A Program about Sexuality, AIDS and other STDs

STUDENT MANUAL NWT Version, 1998

The Skills for Health Relationships program was produced by the Social Program Evaluation Group, Queen's University. The project was sponsored by the Council of Ministers of Education, Canada. The project was funded by the National Health Research and Development Program and the AIDS Education and Prevention Program through the National AIDS Contribution Program under the National AIDS Strategy, Health and Welfare Canada. This NWT adaptation has been produced by the NWT Association for School Health, with funding from the HIV/AIDS Prevention & Community Action Program (PCAP), of Health Canada and the sponsorship of the Department of Education, Culture and Employment, Government of the Northwest Territories.



STUDENT MANUAL CONTENTS

INTRODUCTION

This program is designed for **YOU**. You are at a time in your life when you are making important decisions and your actions can ensure your continued good health.

WHY LEARN ABOUT ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS), SEXUALLY TRANSMITTED DISEASES (STD) AND SEXUALITY?

More and more, we hear about AIDS on television, in the newspaper, in magazines and in everyday conversations. We hear that AIDS is fatal -- it can kill. We know that there is no vaccine for the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, and no cure for AIDS. One thing we also know about AIDS, perhaps the most important thing, is that AIDS is preventable. Spread of the disease can be stopped. Spread of HIV can be stopped by avoiding behaviours that allow transmission of HIV.

Right now, our best weapons against AIDS and other STD are knowledge and skills. If we know how the diseases are spread, we can avoid these behaviours. That is what this program is about -- giving you the information and the skills you need to make wise decisions and to avoid behaviours that can spread sexually transmissible infections (including HIV).

WHAT YOU WILL LEARN

The program has four components: knowledge, skills, attitudes and motivational supports.

Knowledge

You will receive accurate and relevant information about HIV/AIDS and other STD, including how to avoid being infected with HIV and STD.

In particular, you will learn

- what AIDS is
- the incidence of HIV and AIDS
- how HIV is transmitted
- how to prevent the transmission of HIV
- symptoms of HIV and AIDS
- about testing for HIV
- about HIV/AIDS help sources
- about other sexually transmitted diseases

Skills You will receive instruction on and rehearse skills that you will

need to avoid HIV and STD infections (e.g., communication, especially assertiveness; decision-making skills; and condom

use).

Attitudes You will learn about attitudes toward: protecting yourself from

HIV ad STD infections; people who are living with HIV/AIDS an other STD; and taking responsibility for your health and the

health of others.

Motivational Supports

You will learn how you can support your peers and to communicate with your parents so that they will support you. By learning about HIV/AIDS and other STD, practising relevant skills and developing positive attitudes, you will feel more capable of making responsible decisions.

EVALUATION

You will be evaluated on the basis of:

- Two tests of your knowledge (20% each for 40% of your total mark)
- your completion of activities (30%)
 - an action plan (Activity 26)
 - learning journals (Activities 11 and 13)
 - the activities in this manual
- your participation in your small group and in the class as a whole (30%)

In addition, you will be evaluating how well you and your group practise skills while working together.

The criteria to be used in evaluation are as follows:

1. Skills for Healthy Relationships Knowledge Tests

Test #1

• True/False and short answer questions.

Test #2

• Multiple choice, rank ordering and short answer questions.

2. Products Assessment

a) Action Plan (Activity 26)

- completeness
- relevance of content
- legibility

b) Learning Journals (Activities 11, 13)

- personal reflections related to the class activity
- completeness
- legibility

c) Student Manual Activities Worksheets

- completeness
- legibility

3. Class Participation

a) Contributions to Whole Class

- arriving promptly to class
- being prepared for class
- paying attention and listening in class
- participating in class discussion
- being sensitive to others' feelings
- demonstrating ability to work independently

b) Skills Development (Group/Cooperative Skills, Assertiveness)

(See evaluation forms at the end of the manual.)

- listening attentively
- disagreeing in an agreeable way
- criticizing ideas <u>not</u> the person expressing them
- summarizing for understanding
- encouraging others
- assertiveness

THE PROGRAM

Overview

The program as a whole is approximately 20-25 hours long. (Your teacher may choose to do only parts of it.) The program is divided into four units and will be followed by an evaluation.

The four units are:

TT *. 4	-	
Unit I	- I ran	smission

The transmission unit will give you the information you need to know about HIV/AIDS and other STD as well as, practice in working in groups. Activities 1 to 4 are found in this unit.

Unit 2 - Responsible Behaviour: Abstinence

Abstinence will be considered, since this is the only 100% effective way of preventing pregnancy, the sexual transmission of HIV/AIDS, and other STD. Activities 5 to 12 are found in this unit.

Unit 3 - Responsible Behaviour: Safer Sex

You will learn about safer sex methods (especially condoms and condom use) so that you can protect yourself from AIDS, other STD and pregnancy. Activities 13 to 21 are found in this unit.

Unit 4 - Health-Enhancing Supports

You will learn about discrimination, equality for all people, compassion for those who are different from you and support for responsible behaviours. Activities 22 to 28 are found in this unit.

Peer Leaders

Peer leaders will be chosen from your class to help small groups work effectively. They will lead discussions, brainstorming and role playing in certain activities and help evaluate group performance.

Parent Involvement

You will be asked to complete five homework assignments with your parent(s)/guardian(s) during the course of the program.

CLASSROOM CLIMATE

Many of the topics and issues you will be discussing in this program are of sensitive nature. It is important to show respect for others' values, concerns, feelings and opinions. For this reason, a number of ground rules are important:

- 1. Respect confidentiality of classmates.
- 2. Respect a person's privacy - this can be done by saying "I know someone who..." instead of using the person's name.
- 3. Respect others' opinions and values.
- 4. Keep communication open -- listen and consider others' ideas.
- 5. Eliminate "put downs". Try to reinforce others.
- 6. Raise your hand when you want to speak.
- 7. One person speaks at a time.
- 8. You do not have to speak in a group when you are called upon if you do not want to. You have the right to "pass" if you wish.

Guidelines for Working in Small Groups

You will carry out a large part of this program in small groups. Cooperation, participation and support for others are very important. The following are guidelines for working in groups:

- 1. Try to help all group members feel welcome.
- 2. Listen to what every member has to say.
- 3. Communicate with all group members, not just one or two.
- 4. Do not monopolize the discussion. Too much talking by one person may prevent effective communication.
- 5. Be yourself. Express your true feelings, be honest.
- 6. Respect and support a group member who expresses his/her feelings.
- 7. Avoid forcing anyone to speak if he/she does not want.
- 8. Avoid personal criticisms.
- 9. Don't be afraid of silence.
- 10. Help others understand things if they need help.
- 11. Rotate leadership in the group.
- 12. Work out conflict within the group before going for outside help.

A list of the activities in this manual follows.

SKILLS FOR HEALTHY RELATIONSHIPS

PROGRAM ACTIVITIES

Activity #	Student Activity Name
	UNIT 1 – TRANSMISSION
1	HIV/AIDS/STD Information Activities & Test
2	Estimating Risk
3	Evaluating Responsibility
4	Talking with Your Parent(s)/Guardian(s) - What Do You Know Now? A True/False Test on HIV/AIDS/STD
	UNIT 2 - RESPONSIBLE BEHAVIOUR: ABSTINENCE
5	Considering Abstinence
6	Male and Female Views
7	Affection is In
8	Assertiveness Defined
9	Practising Assertiveness
10	Responding to Persuasion
11	Assertive Behaviour, Day to Day
12	Talking with Your Parent(s)/Guardian(s) - Assessing Assertiveness
	UNIT 3 - RESPONSIBLE BEHAVIOUR: SAFER SEX
13	Getting to Know Yourself
14	Condom Sense
15	Attitudes about Condoms
16	Getting a Condom
17	The Line Up
18	Condom Practice
19	Communicating about Condoms
20	Considering Responsible Sex
21	Talking with Your Parent(s)/Guardian(s) - Comparing Viewpoints
	UNIT 4 - HEALTH-ENHANCING SUPPORTS
22	Equality for All I
23	Equality for All II
24	Compassion
25	Supports for Responsible Behaviours
26	Compassion, Non-Discrimination and Support
27	Talking with Your Parent(s)/Guardian(s) - When Someone Has HIV/AIDS
28	Talking with Your Parent(s)/Guardian(s) - Action Against AIDS



HIV/AIDS/STD INFORMATION ACTIVITIES & TEST

READY

In order to make wise decisions about your behaviour, it is necessary to have accurate, up-to-date information about HIV/AIDS and other STD. In this activity, you will receive information so that you can do the activities in this program and make healthy decisions about relationships now and in the future.

Specifically, this activity is divided into six parts. Your teacher will give you the opportunity to increase your knowledge of HIV/AIDS and other STD by doing one, some all of the parts. You will

- be presented information on HIV/AIDS and other STD by your teacher and do some or all of the activities that follow
- demonstrate your level of knowledge about HIV/AIDS and other STD by completing an AIDS/STD Knowledge Test



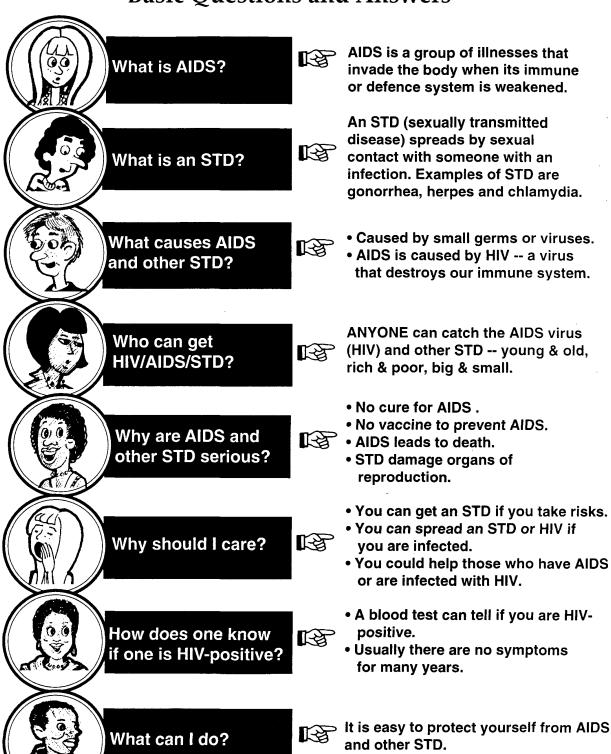
- 1. Study the questions and answers on the next page to find out what you know about AIDS and other STD.
- 2. Answer true "T" or false "F" to each of the statements on the quiz that follows.
- 3. Add up the total number of your correct answers, and place it in the box at the end of the quiz.
- 4. Look up your score in the "What Does Your Score Mean" and read your rating.



AIDS AND OTHER STD



Basic Questions and Answers



AIDS AND OTHER STD QUIZ



Place a "T" for "true" or an "F" for "false" in each of the boxes below. Total the number you got correct.

1.	HIV is caused by AIDS.	— Are	these statements true or false?
2.	AIDS damages the body's immune system	ı	
3.	There is no cure for AIDS.		
4.	People with AIDS often die from serious d	seases.	
5.	Homosexuals are the only group affect by	HIV/AIDS	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
6.	A person can have HIV or an STD and no	know it.	
7.	There is no way you can protect yourself f	rom AIDS ar	nd STD.
8.	An example of an STD is gonorrhea.		80 J.
9.	It is difficult for women to get AIDS.		
10.	If you are strong and healthy you cannot g	et HIV/AIDS	S/STD.
	TOTAL CORRECT		
	How did you do?		

CORRECT RESPONSES

Number of correct answers	What Does Your Score Mean?		
8 – 10	Very Good	You can teach the class.	
5 – 7	Good	Well done; you are on your way to being an AIDS/STD expert.	
3 – 4	Fair	OK; but you may want to look at the questions and answers on the previous page again.	
0 – 2	Poor	Review the information; you don't want to become infected with HIV or an STD.	



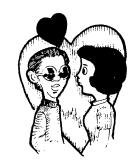
HOW A PERSON GETS HIV

the virus that causes AIDS



SEXUAL INTERCOURSE

- AIDS is a sexually transmitted disease (STD)
- most people who get HIV do so through unprotected sexual intercourse
- anyone can get HIV through unprotected sexual intercourse (i.e. sex without a condom)





INFECTED BLOOD

- an injection using an unsterilized (dirty) needle or syringe,
- unsterilized tools (with blood) for: ear piercing; tattoos; circumcision; shaving hair; teeth brushing



INFECTED MOTHER TO HER UNBORN OR NEWBORN CHILD

- one third of babies born to mothers with HIV are infected
- many HIV-infected babies die within a few years





HIV cannot get to us through air, food or water as many other common diseases do. The virus cannot live outside our body and has to enter it directly. Research to date indicates that it can do this in the three ways above.



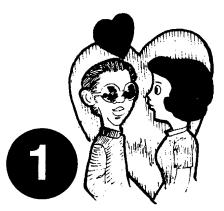
SET Part II

- 1. On the next page you will read four ways to make safer choices in protecting yourself against coming in contact with the AIDS virus - HIV.
- 2. Below each of the first three, list the kinds of safer choices one could make to avoid HIV infection.
- 3. Some people infected with HIV develop AIDS much faster than others. Differences in health habits may be one reason for this. Below the fourth point, list six ways to remain healthy.
- 4. With the class, you will discuss the kinds of safer choices selected.
- 5. In the following activity, you will play the role of a doctor who must answer each of the letters below.
- 6. Use the information from the "doctor's bag" to help you answer the questions. Add your own advice as well.

GO Part II

PROTECT YOURSELF AGAINST AIDS





SEXUAL INTERCOURSE

Safer Choices

2

UNSTERILIZED NEEDLES

Safer Choices

CUTTING OF THE SKIN*

Safer Choices

1.	1.	1.
2.	2.	2.



KEEPING HEALTHY

Poor health habits make a person more likely to be infected by disease. Good health habits will keep your body strong so that you are better able to fight off everyday infections. List six good health habits to prevent HIV/AIDS/STD.

1.		
2.		
3.		

4.	
	11/4, 7/4
5.	
6.	

DEAR DOCTOR SUE



Dear DR. SUE;

I am 14 years old and I have a problem and I don't know who else to turn to. I have been going with a boy for 6 months. Now he tells me we are ready for sex. I told him that I wasn't ready but now he says I don't love him. He said he will find another girl if we don't have sex. I do love him and I don't want to lose him. He says everyone's doing it.

I'm confused; NORAH Dear Confused:



"DOCTOR'S BAG"

Dear DR. SUE;

I am writing you because I'm worried about a friend of mine. Felix has left home and is sleeping in the streets with other kids. He doesn't get much sleep or food and he smokes when he can get cigarettes. He and three friends cut their hands with a knife and touched blood to show they were brothers. He thinks he might have an STD and might need treatment.

Worried; IOHN Dear Worried;

Dear DR. SUE:

I hope you can help me. I am a girl 16 years old who has had sex with three different boys and I didn't use any protection. Today we learned at school about AIDS/STD and pregnancy. I think I might be pregnant and now I am very worried about having AIDS or an STD. What can I do?

Desperate; ALLANA Dear Desperate;

DO NOT HAVE SEXUAL INTERCOURSE

Talk to someone who can give you good advice (e.g. nurse, doctor)

Be affectionate without "SEX"

DON'T SHARE
NEEDLES, RAZORS or
OTHER THINGS
(e.g. toothbrushes)
THAT MIGHT HAVE
BLOOD ON THEM

Ask the person if he/she would like to talk to you - then listen and comfort him/her.

USE A CONDOM!

FEAR can cause serious illness; seek help as soon as possible!

HAVE ONLY ONE SEXUAL PARTNER

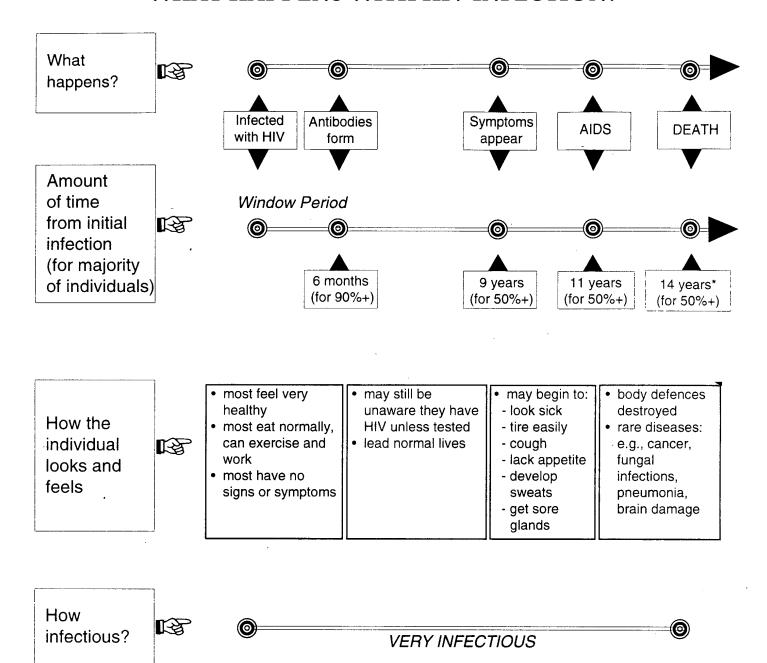
Keep your immune system healthy food • sleep • no drugs • reduce stress • no STDs • exercise

> GET A TEST FOR HIV/STD or PREGNANCY

Go back to ABSTAINING from SEXUAL INTERCOURSE



WHAT HAPPENS WITH HIV INFECTION?



^{*}The majority of people with AIDS will have died within 18-20 years of HIV infection. Note that some individuals with HIV have not developed any symptoms of AIDS for 15+ years. Research is ongoing to determine why these individuals have not developed AIDS.

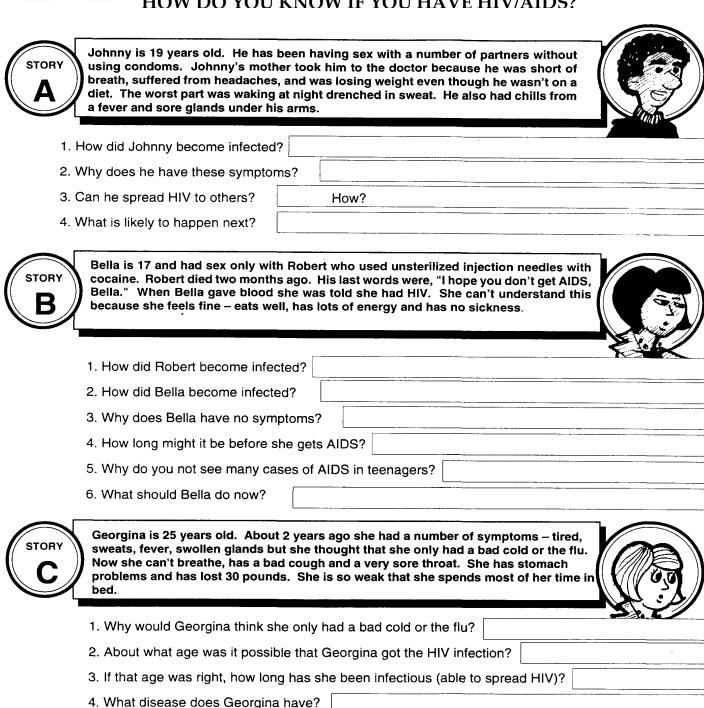




- 1. Read each of the three stories below.
- 2. Use the chart, "What Happens with HIV Infection," to help you answer the questions under each story.
- 3. Place the initial of the story, A, B, or C on the top line of the chart to represent the individual's stage of the disease.



HOW DO YOU KNOW IF YOU HAVE HIV/AIDS?



5. What is likely to happen next?



SET Part IV

- 1. It is important to remember information about HIV/AIDS and STDs. This activity will help you to review the information on testing for HIV and also find out how much you remembered about this topic.
- 2. Read *Testing for HIV* below.
- 3. Then complete the *Test What You Know About Testing* on the next page.



TESTING FOR HIV

Marie is anxious that she may have HIV from having sex with three partners. She thinks one might have AIDS. She finally got up enough nerve to call the health centre in her community. She tells the doctor about her situation and asks these questions.



Dr. Matago has worked with people living with AIDS for 7 years. He helps with testing and talks to people who have been tested. He answers Marie's questions in a kind, understanding



What is the test for HIV?

Why should I get tested?

What is it like to be tested?

Is the test always right?

Where can I get tested?

What if I have HIV?

It is called the "ELISA" test and tells if there are antibodies (germ fighters) against HIV in your blood.

If you are not infected: so that you and your partner will know. If you are infected, so that you will: • not infect babies • not infect others • not give blood. Also, so that you can: • tell your partner • get early treatment.

Some blood is taken and tested. You will find out the results usually in a few days.

It is 99% accurate! To be absolutely sure, the test should be taken twice in six months (with no risks taken in between).

Hospital
 Health Centre
 Public Health Clinic
 Nursing Station

You can receive advice and help if you wish. The test is confidential (no one will be told).

Read the statement in Column A and try to find the right word(s) from Column B to match that statement.



TEST WHAT YOU KNOW ABOUT TESTING



COLUMN "A" The number of times you need to be	Place letter here		COLUMN "B"
tested in six months is		Α	ADVICE AND HELP
The test is accurate to		В	HEALTH CENTRE, HOSPITAL, CLINIC OR AIDS TESTING CENTRE
It is important to take the test so that you will		С	"ELISA"
It is also important to take the test so that you will		D	ANTIBODIES
The test for HIV is called		E	NOT INFECT OTHERS
When no one is told about the test, that means that it is		F	TWICE
If you have HIV, you can receive		G	CONFIDENTIAL
You can get tested at		Н	99%
The test for HIV looks for			TELL YOUR PARTNERS





- 1. Each of us at times may need to talk to someone about important things in our lives.
- 2. For each of the situations below, write who you would go to for support and where you would find that help in your community.
- 3. Do the Follow-Up with a partner in class.
- 4. Be prepared to discuss answers with the class as a whole.



FRIENDS

TEACHER or COUNSELLOR

FAMILY

AIDS HELP! WHO? WHERE?

1. You have a close friend who is afraid that he/she might have the AIDS virus HIV.

Help from:	Where or How?
2. After a class in school, you are fe	earful that you might have HIV.
Help from:	Where or How?
3. You are not feeling well. You have the sweats at night.	e been feeling tired, have sore glands and have
Help from:	Where or How?
4. Your mother has AIDS, lives alon	e with you and desperately needs help.
Help from:	Where or How?
	DIPLOMS CORPORTING SECTION SEC

• HOSPITAL

• HEALTH

CENTRE

NURSING

STATION

HOT LINE

• MINISTER

• SPIRITUAL

COUNSELLOR

• PRIEST



FOLLOW-UP Part V

- 1. Compare your answers with a partner and change them if appropriate.
- 2. If your best friend told you he/she had HIV, what could you do to comfort him/her? Discuss this with a partner in the class and be prepared to present your responses to the class.



- 1. Answer the questions in the AIDS/STD Knowledge Test.
- 2. When you receive the answers from your teacher, tabulate your score on the questions and determine your overall *AIDS/STD Knowledge Test Score*.
- 3. Discuss any questions you have with your teacher.





AIDS/STD KNOWLEDGE TEST

Please circle the correct answer -- T (true) or F (false).

HISTORY OF AIDS

1.	HIV is caused by AIDS.	T	F
2.	AIDS damages the body's immune system.	T	F
3.	People living with AIDS suffer from fatal infections and cancers.	T	F
4.	There is a cure for AIDS.	T	F
5	Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until their mid-twenties.	Т	F
INCI	DENCE		
6.	There are many more Canadians with HIV infection than with AIDS.	T	F
TRA	NSMISSION		
7.	Worldwide, the most common way that HIV is transmitted is through vaginal intercourse.	Т	F
8.	Sharing needles for injecting drugs can pass infected blood from one person to another.	Т	F
9.	HIV can be spread by casual contact such as hugging, kissing or holding hands.	T	F
10.	In Canada, it is very unlikely that someone will become infected with HIV by having a blood transfusion.	Т	F
11.	You can get HIV from giving blood in Canada.	T	F
12.	A mother with HIV can pass it to her unborn child during pregnancy.	Т	F
13.	HIV can be transmitted through insect and animal bites.	T	F



PREVENTION

14.	Latex condom use is the most effective way to avoid HIV.	T	F
15.	Methods for avoiding HIV usually do not help avoid other STD.	T	F
16.	Latex condoms give 100 percent protection against HIV infection.	T	F
17.	Sharing needles for ear piercing or tattooing is safe.	T	F
SYMP	TOMS		
18.	Everyone infected with HIVwhether he or she has symptoms or not-can transmit the infection to others.	T	F
19.	You can tell if a person has an STD by his or her looks.	T	F
TEST	ING and HIV/AIDS HELP SOURCES		
20.	A positive HIV test result means that a person has AIDS.	T	F
21.	It can take over six weeks for antibodies to appear in the blood to turn the test result positive.	T	F
22.	An HIV-infected person can receive a negative test result if tested immediately after exposure to HIV.	T	F
23.	Persons having vaginal, anal or oral sex with different partners should have regular STD check-ups even if they do not have STD symptoms.	Т	F
24.	Your local Health department will provide confidential counselling.	T	F
25.	Only people who have engaged in high-risk behaviours need to get the HIV antibody test.	T	F
26.	A person who suspects he or she has an STD should stop having sex and go to a doctor quickly for an STD check-up.	T	F
	Total correct answers	/2	26



Number of Correct Answers	AIDS/STD KNOWLEDGE TEST SCORE	
26	Excellent!	You know the answers to these questions.
21-25	Very Good!	Even so, what you do not know may be critical.
16-20	Good!	But you still have critical information to learn.
0-15	Poor to you	Find out more! The information is very important ur health



ESTIMATING RISK

READY

There is no cure for AIDS and no vaccine against HIV, but HIV is preventable. To protect yourself from HIV infection, you must know how the virus is transmitted. This information will help you know the behaviours that place you at risk, and those behaviours that are <u>not</u> risky. Myths about HIV transmission may prevent people from taking effective precautions to protect themselves, may make them unnecessarily afraid of contracting HIV and may contribute to discrimination against people living with HIV/AIDS.

In this activity you will

- categorize behaviours from no risk to high risk of possible HIV transmission
- identify the risk of contracting HIV when a person engages in a number of risk behaviours
- estimate whether your own behaviour puts you at risk of HIV infection

SET Part I

- 1. With your teacher, read and discuss the *Information Guide for Risk Categories* and the *Criteria for Risk Categories*.
- 2. In a small group you will be given 8 cards and assigned a list of 8 behaviours. Help choose a member of the group to print the number and name of each behaviour on the front of a card.
- 3. Using the *Information Guide for Risk Categories* and the *Criteria for Risk Categories*, try to reach agreement on the risk category for each behaviour. For each behaviour write the risk category (i.e. high risk) on the reverse of the card so it will make it easier to remember where to put each card. If the group cannot reach agreement on a behaviour, place that card in a no agreement pile.

- 4. Help choose another member of the group who will post the cards under the risk thermometer according to risk category.
- 5. When all the groups have posted their cards, participate in a class discussion. Reposition those cards that the class decides are misplaced under the current thermometer.
- 6. Write beside each of the 48 behaviours the risk category determined by the class for that behaviour.
- 7. Complete the Follow-Up: Part I as directed by your teacher.





INFORMATION GUIDE FOR RISK CATEGORIES

HIV can be transmitted by:	High levels of HIV are found in:	Lower levels of HIV are found in:
 Unprotected sexual intercourse (vaginal and anal) and possibly oral sex Shared needles/syringes (e.g. body piercing, tattoos, injection drug use, steroid use) Other shared implements (e.g. razors) Infected mother to fetus Blood and blood products* 	An infected person's • Blood • Semen • Vaginal fluids	An infected person's • Tears • Urine • Feces • Spinal Fluid • Saliva • Breast milk

^{*}Unlikely to happen in Canada now, although it has happened prior to 1985.

CRITERIA FOR RISK CATEGORIES

It is useful to categorize actions into four risk categories: high risk, low risk, extremely low risk and no risk.

HIGH RISK - high possibility of HIV transmission

-high levels of HIV in body fluids

- unquestionable evidence of transmission

LOW RISK - low possibility of HIV transmission

- low risk (low levels of HIV in body fluids)

- slight evidence of transmission

EXTREMELY LOW

RISK

- extremely low possibility of HIV transmission

- risk in theory (low levels of HIV in body fluids)

- no evidence of transmission

NO RISK - no possibility of HIV transmission

- no evidence of transmission

NO AGREEMENT - group cannot agree on risk category

Participation in a number of risk behaviours may increase the chances of HIV infection.

The risk of male to female transmission is much higher than female to male transmission.

In countries where there is a relatively high incidence of HIV/AIDS, risk is likely to be higher.

For the *extremely low* and *low risk* categories, current information about transmission may change as researchers publish findings from their studies. It is important to be aware of developments in HIV/AIDS research.



GROU	P1	
	1.	massage
	2.	body-to-body rubbing without clothes
	3.	sharing a razor for shaving legs or face
	4.	having sexual intercourse with a condom condom breaks (male ejaculates)
	5.	having vaginal, anal or oral sex without a condom with an STD-infected person
	6.	sharing unsterilized needles for electrolysis
	7.	using toilets in public washrooms
	8.	riding on a bus with an HIV-infected person
GROU	P 2	
	9.	masturbating
	10.	sharing unsterilized needles for injection drug use
	11.	wet kissing
	12.	receiving a blood transfusion in Canada before 1985
	13.	having vaginal sex without using a condom (with ejaculation in the vagina)
	14.	having a blood test
	15.	cleaning spilled HIV-infected blood while not wearing rubber gloves
	16.	dry kissing
GROU	P 3	<u>~</u> 7
	17.	receiving a blood transfusion in Canada after 1985
	18.	abstaining from sexual intercourse
	19.	having anal sex without using a condom
	20.	sharing unsterilized needles for ear piercing
	21.	shaking hands with an HIV-infected person
	22.	having oral sex without a condom with ejaculation in the mouth
	23.	touching or comforting someone living with AIDS
	24.	swimming with an HIV-infected person



GRO	OUP 4	
	25.	sharing unsterilized needles for acupuncture
	26.	being born to an HIV-infected mother
	27.	going to school with an HIV-infected person
	28.	performing oral sex on someone who is using a condom/barrier*
	29.	eating food prepared by an HIV-infected person
	30.	holding hands
	31.	having sexual intercourse with a number of partners without using a condom
	32.	sharing a towel with an HIV-infected person
GRO	OUP 5	
	33.	using public drinking fountains
	34.	giving mouth-to-mouth resuscitation without a mask
	35.	being close to an HIV-infected person who coughs or sneezes
	36.	having anal sex with a double condom and lubricant
	37.	sharing a needle cleaned with water to inject a drug
	38.	hugging
	39.	sitting in a hot tub with an HIV-infected person
	40.	sharing unsterilized needles for tattooing
GROU	JP 6	
	41.	performing oral sex without a condom/barrier*
	42.	being bitten by an HIV-infected person
	43.	sharing unsterilized needles for steroid use
	44.	being bitten by a mosquito
	45.	donating blood
	46.	having sexual intercourse using a condom properly
	47.	having sexual intercourse using the same condom more than once
	48.	sharing combs with an HIV-infected person

 $[\]mbox{\ensuremath{^{\ast}}}$ rectangular piece of latex, i.e. unlubricated condom with the end cut off and then cut along its length

FOLLOW-UP Part I



1. Some young people become very afraid of contracting HIV/AIDS.

a.	Why do you think this fear of AIDS occurs?
b.	What could be done to prevent this fear of AIDS?
	What would motivate a person to avoid or change behaviours that might put him/her at risk of V infection?

SET Part II

- 1. On your own, read *Risky Behaviours*, a description of the behaviours of the 5 individuals.
- 2. In a small group, for each person list the unsafe behaviours that put the person at risk of HIV infection. Assign a risk category to each unsafe behaviour using the key below.

N = no risk

EL = extremely low risk

L = low risk

H = high risk

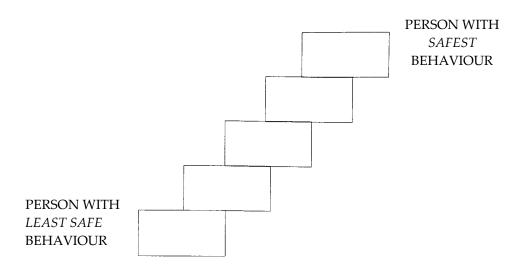
- 3. Rank the 5 people from *least safe* behaviours for not getting HIV/AIDS to *safest* behaviours for not getting HIV/AIDS. Write the person's name on the appropriate step of the staircase.
- 4. Help choose one member of the group who will record the group's rating of the 5 individuals by writing each person's name on the appropriate step of the staircase on the chalkboard.
- 5. Complete the Follow-Up: Part II in your small group.

RISKY BEHAVIOURS



Jim:	is involved in a serious relationship which involves wet kissing, genital petting and massage. He has decided that he is not ready to go any further.
Unsafe	Behaviours:
Adele:	has only had sexual intercourse with her steady boyfriend whom she believes has never had sexual intercourse. Adele's boyfriend has not told her that he has had sexual intercourse with a number of different people without using a condom and has shared unsterilized needles in the past.
Unsafe B	ehaviours:
Jane:	has had sexual intercourse with a number of different partners. With each sexual partner, she made sure a condom was always used during sexual intercourse but never used a condom during oral sex (ejaculation in the mouth occurred).
Unsafe B	ehaviours:
Silas:	has sexual intercourse with a number of different partners. He did not use condoms when the person he was with was on the birth control pill. He shares unsterilized needles to inject steroids.
Unsafe B	ehaviours:
Joe:	has had sexual intercourse including oral sex with his girlfriend. The couple decided not to use condoms because Joe had never had sexual intercourse with anyone else. His girlfriend had a negative HIV test a few days after her last unprotected sexual experience.
	Joe's girlfriend has shared unsterilized needles for ear-piercing.
Unsafe B	ehaviours:





FOLLOW-UP Part II

I.	a. What would the person you ranked with the least safe behaviours have to do to make his/her
	behaviours safer?
	b. What are the risks of reducing some but not all behaviours that put a person at risk of
	HIV infection?
	
2.	Why is a female at greater risk of contracting HIV during vaginal intercourse than a male?



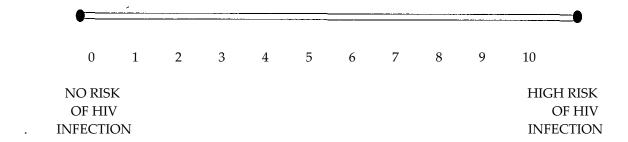


Personal Risk

To avoid HIV/AIDS it is very important for you to determine your personal risk (i.e. the number of risk behaviours and the degree of risk associated with each behaviour). To assess your own risk, the personal risk continuum is provided below.

1. On your own, estimate your personal risk of HIV infection (at this time). Reflect on where you would place a checkmark on the continuum line below. Your information is private. DO NOT WRITE YOUR RESPONSE ON THE CONTINUUM.

Personal Risk Continuum





EVALUATING RESPONSIBILITY

READY

People in close relationships who are considering sexual intercourse need to assume responsible behaviours to protect themselves and others from HIV infection and other STD. Parents and teachers should be informed about all STD and be willing to discuss topics related to them with young people.

In this activity you will

- identify responsible behaviours that reduce the spread of HIV/AIDS and other STD
- decide how responsible you think the 5 people are in reducing the spread of HIV/AIDS and other STD





- 1. Read Summer in the Delta to yourself.
- 2. On your own, identify for each character in *Summer in the Delta* his/her responsible actions in reducing the spread of HIV/AIDS and other STD. Also identify the irresponsible actions of each character. Write your answers in the spaces provided.
- 3. In a small group, rank order the characters in *Summer in the Delta* from most responsible to least responsible in reducing the spread of HIV/AIDS and other STD. Write the names of the characters and the reason for each ranking in the spaces provided.
- 4. Complete the Follow-Up as directed by your teacher.







Summer in the Delta

<u>Dora</u>: Dora was in love with Jonas. They had not had sexual intercourse. Jonas suggested that they get to know each other before having sex. Dora got a job in Inuvik and left Ft. Good Hope for the summer.

Bill: In Inuvik Dora started seeing Bill, a good looking construction worker. They soon decided to have sex. Dora wanted to use condoms and get Bill to have an STD checkup. Even though she said "no" at the beginning, after awhile Dora agreed to have sex with Bill without using a condom or insisting that he get a checkup.

Dora and Bill split up at the end of summer. A little while later, Bill developed symptoms that he thought might be an STD. At the local health clinic he was told he had gonorrhea. He was advised to contact any sexual partners he might have infected. Bill called Dora to tell her that he had gonorrhea and that she should get a checkup.

<u>Jonas</u>: Dora and Jonas started seeing each other again. Dora realized she really loved Jonas and wanted to have sex with him.

After hearing from Bill, Dora waited a week for STD symptoms to appear. When none appeared, she decided she was probably HIV/STD-free.

Dora really wanted Jonas to have sex with her, but insisted that he use a condom. Jonas did not want to use a condom so they decided to continue seeing each other without having sex. After watching a television show about AIDS, Dora started to worry that she might have an STD. Dora decided to talk to her friend Celine about it.

<u>Celine</u>: She advised Dora not to have sex anymore without using a condom. Celine told Dora not to worry because Dora had no signs or symptoms of HIV/STD. Just to be sure, she recommended that Dora take the HIV antibody test immediately. Dora was still worried, so Celine told Dora that Mrs. Lafferty, a member of the Divisional Education Authority, had been helpful to her about a problem and suggested that Dora talk to her.

Mrs. Lafferty: Mrs. Lafferty had helped young people with alcohol problems, but she was not very comfortable talking about sex. In fact, she thought that talking about sex really gave permission to kids to go ahead and do it. She advised Dora to talk with her mother or her aunt. When Dora told Mrs. Lafferty that she could not talk about her problems with her family, Mrs. Lafferty suggested that she talk to the local Community Health Representative.

Finally, without talking to anyone else, Dora decided on her own that she had nothing to worry about and had sex with Jonas without using a condom.



1. On your own, identify each character's responsible actions in reducing the spread of HIV/AIDS and other STD. Also identify each character's irresponsible actions. Write your answers in the spaces provided.

PERSON	RESPONSIBLE ACTIONS	IRRESPONSIBLE ACTIONS
Dora		
Jonas		
Bill		
Celine		
Mrs. Lafferty		

2. In a small group, reach consensus on a rank ordering of the 5 characters from most responsible to least responsible in reducing the spread of HIV/AIDS and other STD. Discuss the reasons why you ranked the characters the way you did. If the group is unable to agree, take a majority vote. Write the names of the characters and the group reason for each ranking in the spaces provided.

Most
Responsible

NAME
REASON FOR RANKING

NAME
REASON FOR RANKING

Least
Responsible

FOLLOW-UP



1.	Should Dora be required to take an HIV or other STD test? Why or why not?
2.	If Dora tested positive for HIV
a.	should she be required to name her sexual contacts (e.g. Bill) to health officials?
	Why or why not?
b.	should anyone else be told about her positive HIV test result?
	Why or why not?
c.	should she receive professional counselling?
	Why or why not?
d.	should she have the right to remain in school?
	Why or why not?

HIV/AIDS/STD TEST (PARENT(S)/GUARDIAN(S))



WHAT DO YOU KNOW NOW?

(A TRUE-FALSE TEST ON HIV/AIDS/STD)

Try this knowledge test with your parent(s)/guardian(s). If there are questions you cannot agree on, leave them blank and come back to them later when you have found the correct information. Check your answers using the answer sheets in the Parent/Guardian Guide, and discuss any of the questions you or your parent(s)/guardian(s) found difficult.

- 1. HIV can be found in semen, vaginal fluids, and blood.
- 2. Someone with AIDS can spread HIV by coughing and spitting.
- 3. It is not dangerous to hug a person with AIDS.
- 4. A person can be infected with HIV for <u>11</u> or more years without developing AIDS.
- 5. A person is only infectious (able to pass HIV on to others) when he/she has AIDS.
- 6. The Elisa test determines whether a person has AIDS.
- 7. If a person has an STD, his or her chances of being infected with HIV are increased.
- 8. There is evidence that some insects can actually spread AIDS.
- 9. Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until they are in their middle twenties.
- 10. People can pass on HIV even though they have no signs or symptoms.
- 11. You can tell if a person has HIV by how he/she looks.
- 12. A negative test means there are no antibodies to HIV in the blood.
- 13. Latex condoms/barriers are completely safe in preventing HIV.
- 14. Lubricated condoms break more often than those that are not lubricated.



- 15. Condoms prevent pregnancy as well as HIV.
- 16. You can get HIV/AIDS by eating food prepared by an HIV-infected person.
- 17. There have been no cases of HIV from living with a person who has HIV or AIDS.
- 18. It is OK to share razors and toothbrushes with someone living with AIDS.
- 19. Abstaining or delaying sexual intercourse is the most effective way to avoid being infected with HIV.

RESPONSIBLE BEHAVIOUR: ABSTINENCE



CONSIDERING ABSTINENCE*

READY

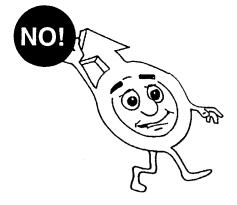
Decisions about sex are often made in a hurry -- at a party, in a vehicle, when drinking, or at home when no family members are around. Decisions about sex should be well thought out and discussed by a couple when both are able to think clearly. An informed decision made when each person is calm and not feeling pressured is more likely to result in behaviours that will avoid a possible problem such as an STD or pregnancy.

Abstaining from sexual intercourse is not always easy. In this activity you will

- list and evaluate reasons a young person might give for saying "Yes" to sexual intercourse
- rank order why a young person, in your opinion, is likely to abstain from sexual intercourse
- rank order reasons why you would abstain from sexual intercourse
- select guidelines that would help a person remain abstinent

SET PART I

- 1. Read Rosie and Simon Consider Abstinence.
- 2. In your small groups, brainstorm the possible reasons that
 - a. Rosie might say "Yes" to having sex with Simon.
 - b. Simon might say "Yes" to having sex with Rosie.
- 3. Consider each reason in terms of responsibility for reducing the spread of HIV/AIDS and rate each reason using the scale provided. Write the group's consensus in the boxes provided.
- 4. Read Usual Reasons for Abstaining from Sexual Intercourse. In the A boxes rank order 3 reasons you think young people usually have for abstaining from sexual intercourse. In the B boxes rank order 3 reasons that would be most important to <u>you</u> for abstaining from sexual intercourse.
- 5. Complete the Follow-Up: Part I.



^{*}Abstinence in this Program means not participating in vaginal sex, anal sex or oral sex.



GO Part I

Rosie and Simon Consider Abstinence

Rosie and Simon have been going together for several months. They are very attracted to each other and are very much "in love." Lately it seems that their friends are always talking about having sex. Rosie and Simon have not discussed having sex, although they have been getting closer and closer. It is Friday night, and Rosie is over at Simon's house while his parents are out for the evening. Rosie and Simon have gone pretty far and they both realize that they need to make some serious decisions.





POSSIBLE REASONS FOR ROSIE TO SAY "YES"

After brainstorming the possible reasons for Rosie to say "Yes;" write each reason on the chart.

	Possible Reasons for Rosie to Say "Yes"	Group's Rating
1.		
2.		
3.		
4.		
5.		

In a small group, consider each reason for saying "Yes" in terms of responsibility for reducing the spread of HIV/AIDS and evaluate each reason on the scale:

0 = very poor reason

1 = poor reason.

2 = fair reason

3 = good reason

Write the group's consensus on the rating in the box beside the reason.



POSSIBLE REASONS FOR SIMON TO SAY "YES"

After brainstorming the possible reasons for Simon to say "Yes," write each reason on the chart.

	Possible Reasons for Simon to Say "Yes"	Group's Rating
1.		
2.		
3.		
4.		
5.		

In a small group, consider each reason for saying "Yes" in terms of responsibility for reducing the spread of HIV/AIDS and evaluate each reason on the scale:

0 = very poor reason

1 = poor reason.

2 = fair reason

3 = good reason

Write the group's consensus on the rating in the box beside the reason.



Usual Reasons for Abstaining from Sexual Intercourse

- 1. In the A boxes rank order from 1 (most important) to 3 (least important) the 3 reasons you think young people usually have for abstaining from sexual intercourse.
- 2. In the B boxes rank order from 1 (most important) to 3 (least important) the 3 reasons that would be most important to <u>you</u> for abstaining from sexual intercourse.

A	В	
		 Fear of pregnancy Abstinence is the only method of birth control that is 100 percent safe and effective.
		2. Fear of STD Abstinence effectively eliminates the risk of sexually transmissible infections
		3. Family expectations A person's family expects him/her to abstain from sexual intercourse.
		4. Fear of cancer Abstinence reduces the risk of cancer of the cervix.
		5. Fear of HIV/AIDS Abstinence eliminates the risk of the sexual transmission of HIV.
		6. Other forms of affection Abstinence allows a couple to develop a friendship and show affection in a variety of ways that do not include sexual intercourse.
		7. Religious values Abstinence may be among a person's religious values.
		 Not ready Abstinence is the appropriate choice for individuals who are not ready to have sexual intercourse.
		 Not with the right person Abstinence is the appropriate choice for individuals who are not sure they have met the right person.
		10. Wait until marriage Delaying sexual intercourse until marriage is one way of avoiding pregnancy before marriage and of being HIV- and STD-free at the time of marriage.



FOLLOW-UP Part I

1.	What problems could be created if a person wished to be abstinent or delay sexual intercourse and his/her partner did not?
2.	Assuming that Simon and Rosie did have sexual intercourse, what would be possible reasons for either or both of them to want to return to abstinence?

SET Part II

- 1. Read *Guidelines to Help a Person Remain Abstinent*. Add other guidelines if you wish, in the spaces provided.
- 2. Read the *Action Scenarios*. From *Guidelines to Help a Person Remain Abstinent* select 3 actions/ decisions that you think would help Lucy, in the first scenario, George, in the second, and Sara, in the third, remain abstinent. Write the numbers of your selections in the boxes below each scenario and indicate why each guideline is important to the scenario.
- 3. Complete the Follow-Up: Part II as directed by your teacher.





Guidelines to Help a Person Remain Abstinent

- 1. Go with a group of friends to parties and other events.
- 2. Avoid parties where there is likely to be alcohol or drugs.
- 3. Avoid secluded places where you may be put in a vulnerable position.
- 4. Avoid going out with people who drink or use drugs.
- 5. Decide your alcohol/drug limits before being in a sexual pressure situation.
- 6. Decide your sexual limits before being in a sexual pressure situation.
- 7. Be suspicious of romantic lines.
- 8. Be honest, from the beginning, by saying you do not want to have sex.
- 9. Be clear about your intentions to avoid giving mixed messages.
- 10. Avoid "hanging out" with young people who pressure you to be sexually active.
- 11. Pay attention to your feelings; when a situation becomes uncomfortable, leave.
- 12. Get involved in activities (e.g. sports, school clubs, hobbies, hunting, sewing).
- 13. Do not accept rides from strangers.
- 14. Avoid going alone to someone's room, especially if no one else is in the house.

_	Other
15.	
L	
16.	
17.	

Action Scenarios



1. Lucy and Sam have been seeing each other for some time now. Lucy feels very attracted to Sam, and lately they both have found it difficult to control their sexual feelings for each other. Lucy has promised herself not to have sex until she is older, and, so far, Sam has respected her decision.

One of Lucy and Sam's classmates has announced that her parents have gone to Yellowknife for the weekend and she is having a party on Friday night. Everyone is making plans. Sam told Lucy he will bring along some liquor, and a few of Lucy's friends have been thinking that this could become an "all-nighter." Lucy thinks about her promise to herself, but also thinks it would be a great chance to have fun with friends and spend some time alone with Sam.

Actions/Decisions for Lucy:				
a Why?				
b Why?				
c Why?				
George and-Rosa are both very serious about their relationship. Lately, whenever they are alone their sexual feelings have led to activities that are close to having sex. Rosa has invited George over to her house for the afternoon. George knows that Rosa's grandparents have gone to their camp for the weekend, and that this could be an opportunity to have sex for the first time. However, George has been learning about the risks of HIV/AIDS and other STD. Now he is not sure he wants to have sex. However, he feels Rosa is ready for sex and he thinks she will probably be hurt if he turns down her invitation to go to her house. Actions/Decisions for George:				
a Why?				
b Why?				
c Why?				

2.



3. Sara, who is in Grade 10, has been approached by Derek, a Grade 12 student, to go to the school dance. Derek is one of the popular hockey players at school who is well liked by everyone. Sara is thrilled that he seems to be attracted to her. He has asked her to go out to dinner to a restaurant before the dance, and has suggested that afterward they go back to his friend's apartment to watch videos. Sara likes Derek a lot even though she does not know him very well. She does know he drinks, has been out with a number of other girls and is a very smooth talker. She feels uncomfortable about the plans he has for the night and is unsure about whether she should go along with all of them.

	she should go along with an of them.				
	Actions/Decisions for Sara:				
	a		Why?		
	b		Why?		
	С		Why?		
	FOLL	OW-U	Part II		
1.			relationship and were not ready to be sexually active, list 3 guidelines that you o you abstain from sexual intercourse.		
a.					
b.					
c.					
2.	Why is	it helpful	to know and use guidelines for abstaining from sexual intercourse?		

RESPONSIBLE BEHAVIOUR: ABSTINENCE



MALE AND FEMALE VIEWS

READY

A decision about abstinence can be influenced by how males and females conform to expected sex roles which they have learned from society: from their cultural background, from people in their community, from television, movies, radio, books, magazines, and ads. For example, some males may have learned that it is "cool" to get as "far as they can" with a female friend when they go out together. On the other hand, some females may have learned that it is up to them to keep their male friend from going too far. Males and females may also have different ideas about what is expected when they go out together, particularly if only one person has paid. For example, a male who has paid for a movie and a pizza may expect sex in return. Some of these views need to be changed.

Understanding differing expectations can be helpful, especially if a person has made the decision to delay sexual intercourse.

In this activity you will

- identify some of your own beliefs about male and female expectations as they relate to sexual behaviour
- write new statements to replace those you think should be changed
- discuss ways to reduce or eliminate undesirable views



- 1. On your own, read *Statements to Consider*.
- 2. Evaluate each statement and circle "agree" or "disagree" to indicate what your view is.
- 3. If you have disagreed with a statement, write a new statement in the right-hand box to describe what you think would be better for both males and females.
- 4. In a small group, discuss your rewritten statements.
- Complete the Follow-Up as directed by your teacher.

GO



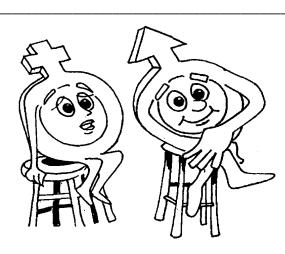
Statements to Consider

1. The success of "a date" can be judged by how sexual it was.	The success of "a date" should be judged by:
AGREE DISAGREE	
2. When someone says "No" to sex, it is a real put-down to the other	When someone says "No" to sex, the other person
person.	
AGREE DISAGREE	
3. If a lot of money is spent on a	If someone spends money on a "date,"
date, sex should be given in return.	
AGREE DIȘAGREE	
4. A female saying "No" to sex really means "Maybe", and "Maybe" means "Yes."	"No" to sex really means
AGREE DISAGREE	
5. A male is thought of as a "real man" when he has had sex with a female.	You are a real man if
AGREE DISAGREE	
6. Someone who dresses in a sexy way wants to have sex.	If someone dresses or acts in a sexy way,
AGREE DISAGREE	
7. If someone accepts an invitation to go to a person's house alone,	If someone wants to go to a person's house alone,
that person expects to have sex.	
AGREE DISAGREE	
8. It is the female's responsibility to decide how sexual a relationship becomes.	It is responsibility to decide how sexual a relationship becomes.
AGREE DISAGREE	



FOLLOW-UP

1. Which views do you think would be more likely to be held by: males, females or both? (Record the numbers below.) Males: Females: Both: 2. Why do males and females sometimes have different ideas about their roles relating to sexual behaviour? 3. How do these differences influence decisions to delay sexual intercourse? 4. Are there other ideas that males or females believe about sex that you think are wrong and that you would like to change? What are they and how would you change them?





AFFECTION IS IN

READY

Physical affection is an important part of a relationship. Humans, from infancy, need the comfort of human touch; it feels good to be touched by someone we like. Showing physical affection for someone close to us tells that person he or she is special to us. There is a wide range of ways to show physical affection without having sexual intercourse--ways that avoid the risk of HIV/STD and unplanned pregnancy.

In this activity, you will

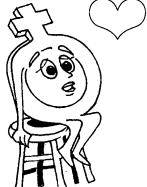
- list ways of showing affection without having sexual intercourse and risking contracting HIV
- discuss the importance of a physical affection continuum



Students from other schools have come up with a list of ways to show affection without having sex. In this activity you will be given a list of some of the forms of affection that other students generated.

- 1. In a small group add to this list other behaviours that show affection without having sexual intercourse. Write each of the behaviours that your group came up with on a blank space in the *Affection Is In Group Heart*.
- 2. Following your teacher's instructions report your group's list. Write down in the *Affection Is In Class Heart* all the ways of showing affection that the class came up with.
- 3. Complete the Follow-Up as directed by the teacher.







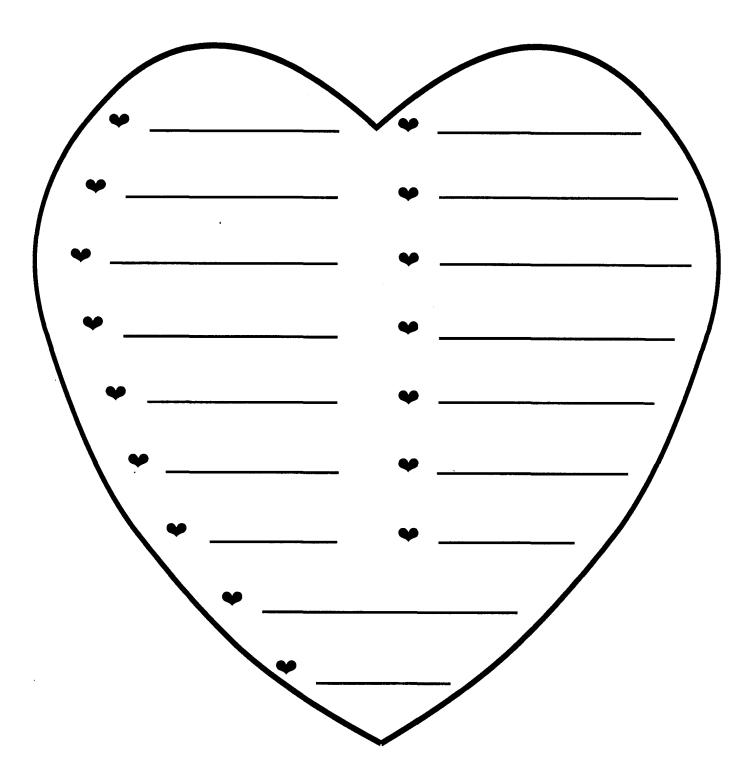


Affection Is In Group Heart

that you love him/her 3. Kiss 5. Talk on the telephone 4. Hold hands		on the telephone	6. Talk openly about your feelings	
Snuggle up together	8. Do home	work together	9. Write each other lette	
10. Give or receive a promise ring	11	12		
13	14	15		
17	18	1	16	
20		21		
22				
	24			

Affection Is In Class Heart





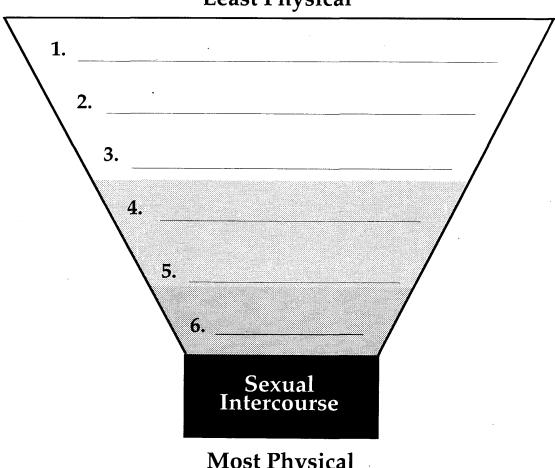




- 1. Physical affection can be very sexually arousing. The more sexually arousing the activity, the more likely it will eventually lead to sexual intercourse. In order to maintain a decision to delay sexual intercourse, you and your partner should know your limits. When should you stop before it leads to sex? Decide where on the *Physical Affection Funnel* you would place each of the following behaviours and write them in the space provided on the funnel.
 - hugging
 - body rubbing with no clothes
 - deep (wet) kissing

- dry kissing
- holding hands
- touching breasts and/or genitals on top of clothes

Phusical Affection Funnel Least Physical



Most Physical



2.	Why is it hard to stop as you get further down the funnel?
3.	Would it be easy to go back up the funnel to a safer activity? Why or why not?
4.	a. Who should decide where the limit is?
	b. When should the limit be decided?
5.	Discussing ways to express affection without having sexual intercourse may be difficult. Suggest ways of making this type of discussion easier.



ASSERTIVENESS DEFINED

READY

To be assertive you need to know your personal rights. The following are some of the rights that you should be aware of in order to assert your feelings and values:

- the right to say what I think and feel and be listened to
- the right to say "No" without feeling guilty or making excuses
- the right to say "I need time to think about that"
- the right to ask for help
- the right to consider my own needs--to say, for example, "I'm not ready for a sexual relationship"

You are assertive when you clearly communicate your personal rights without infringing on the rights of others. Being assertive has many benefits. If you know how to be assertive, you will be able to say "No" without feeling guilty, disagree without becoming angry, and ask for help when you need it. As a result, you will feel better about yourself and have more honest relationships.

One way to understand assertive behaviour is to compare it with passive and aggressive behaviour. In this activity you will

- read Action Scenarios and identify passive, assertive and aggressive behaviours
- indicate why the behaviour was passive, assertive or aggressive by identifying the content of the message, body language and voice qualities.



- 1. With your teacher, read the *Behaviour Characteristics* chart and compare the characteristics of passive, assertive and aggressive behaviour.
- 2. On your own, read the *Action Scenarios*. Identify each character's behaviour as passive, assertive or aggressive. Write your answers in the spaces provided.
- 3. Indicate why each behaviour is passive, assertive or aggressive by identifying
 - key characteristics of the behaviour (e.g. respect for the other person)
 - body language (e.g. not looking at the person)
 - voice qualities (e.g. too loud)
- 4. Discuss individual answers and reach a class consensus about the type and characteristics of the behaviour exhibited by each character in the *Action Scenarios*.
- 5. Complete the Follow-Up in a small group and post the group's answers on the class chart.





BEHAVIOUR CHARACTERISTICS

Passive

Assertive

Aggressive

"OK, I guess, I'll do it your way."



Be passive about your own rights

FT / 3

Put others first at your expense

Give in to what others want

Remain silent when something bothers you

Apologize a lot

"However, I would appreciate it if you could return my money on time."



Stand up for your own rights without putting down the rights of others

Respect yourself as well as the other person

Listen and talk

Express positive and negative feelings

Be confident, but not "pushy"

"You had better do what I say!"



Stand up for your own rights with no thought to the other person

Put yourself first at the expense of others

Overpower others

Achieve your own goals, but at the expense of others

ACTIVITY 8

Action Scenarios

1. Judy has been seeing Charlie for one month. They do not see each other often because they live in different communities. Every weekend, Judy goes to visit her cousin who lives in the same community as Charlie. On the way home from a dance one night, Judy puts pressure on Charlie to go to her cousin's house for a while since her aunt is not home. Charlie does not want to go because he believes it may lead to having sex. Charlie is afraid of getting an STD because he does not know who Judy has been out with before. He is embarrassed to ask her questions about her past. He tries to speak a few times, but Judy interrupts him.

Charlie, his head down, finally says to Judy, in a soft, hesitant voice, "1 know you'll think I'm crazy, but..."

Judy interrupts, approaches Charlie and says loudly with her hands on her hips, "You are crazy. It's about time you loosened up and we had some fun together."

Charlie hangs his head, defeated, and in a low voice says, "Well, OK."

Charlie's behaviour is	
Why?	
a. key characteristic	
b. body language	
c. voice qualities	
Judy's behaviour is Why?	
a. key characteristic	
b. body language	
c. voice qualities	



2. Lena walks calmly, but purposefully, into the restaurant to meet Tom whom she has been going out with for four months. She approaches the table where Tom and two friends are talking. When there is a break in the conversation she says, looking directly at Tom, "Excuse me, Tom, but I need to talk to you right now about something important. Could we talk in private?"

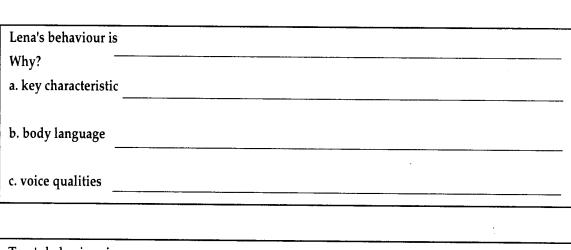
Lena and Tom move to another table. Sitting straight, with her hands on the table, Lena looks Tom in the eye with a serious expression. She says in a pleasant, but firm, voice,

"I've thought over your suggestion to go to your house tonight to watch a movie, and I feel very uncomfortable about it."

Tom, raising his voice, interrupts, saying, "Don't worry. It will be okay. You can trust me."

Lena responds in a calm, even voice,

"Please hear me out, Tom, and then I'll listen to what you have to say."



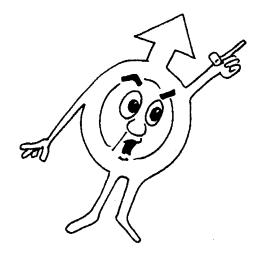
Tom's behaviour is	
Why?	
a. key characteristic	
b. body language	
c. voice qualities	

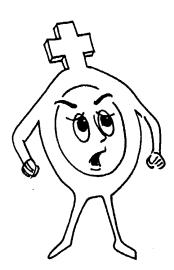
FOLLOW-UP



1. In a small group, have half of the group members list the advantages of communicating assertively while the other half of the members list the disadvantages. Select two members of the group to write the group's answers on the class chart.

Advantages:	 	 	
Disadvatanges:			
<u> </u>			







PRACTISING ASSERTIVENESS I

READY

Communicating assertively requires skills that can be learned. The amount of preparation you do before delivering an assertive message will determine the success of your assertive message. If the skills of assertiveness are new to you, delivering an assertive message the first time may feel awkward. This is quite common when you learn a new skill. As you practise, you will feel more comfortable and will be more likely to be assertive in everyday situations.

In order to be assertive, you need to

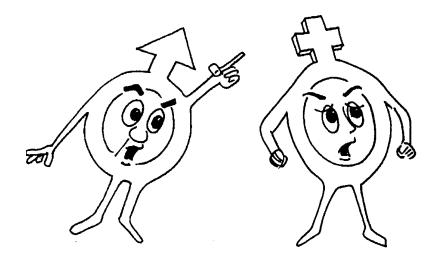
- understand the situation
- plan what you want to .say and possibly rehearse it with a friend
- choose a quiet place to deliver your message

In this activity, you will

- be introduced to a sequence of steps to deliver an assertive message
- practise this sequence of steps by writing and delivering assertive scripts
- learn how to enhance your assertive message by your body language and voice qualities



- 1. With your teacher, read and discuss Steps to Deliver an Assertive Message and Money Problems.
- 2. With your teacher, read Script Sheet for Lights Out and develop an assertive script that follows the *Steps to Deliver an Assertive Message*. Write the script on the *Script Sheet for Lights Out*.
- 3. With your teacher, review the information on enhancing your assertive message with body language and voice quality, presented in the chart *Enhancing an Assertive Message*.







STEPS TO DELIVER AN ASSERTIVE MESSAGE

Steps

Description

Words you might say

1. EXPLAIN YOUR FEELINGS AND THE PROBLEM State how you feel about the behaviour /problem.

Describe the behaviour/ problem that violates your rights or disturbs you.

- I feel frustrated when
- I feel unhappy when
- I feel when
- It hurts me when
- I don't like it when



2. MAKE YOUR REQUEST

State clearly what you would like to have happen

- I would like it better if
- I would like you to
- Could you please
- Please don't
- I wish you would



3. ASK HOW
THE OTHER
PERSON FEELS
ABOUT YOUR
REQUEST

Invite the other person to express his/her feelings or thoughts about your request

- How do you feel about that?
- Is that OK with you?
- What do you think?
- What are your thoughts on that?
- Is that all right with you?



Answer

The other person indicates his/her feelings or thoughts about the request.

The other person responds



If agreement is reached ...

4. ACCEPT WITH THANKS

If the other person agrees with your request, saying "thanks" is a good way to end.

- "Thanks"
- "Great, I appreciate that"
- "I'm happy that's OK with you"
- "Great"

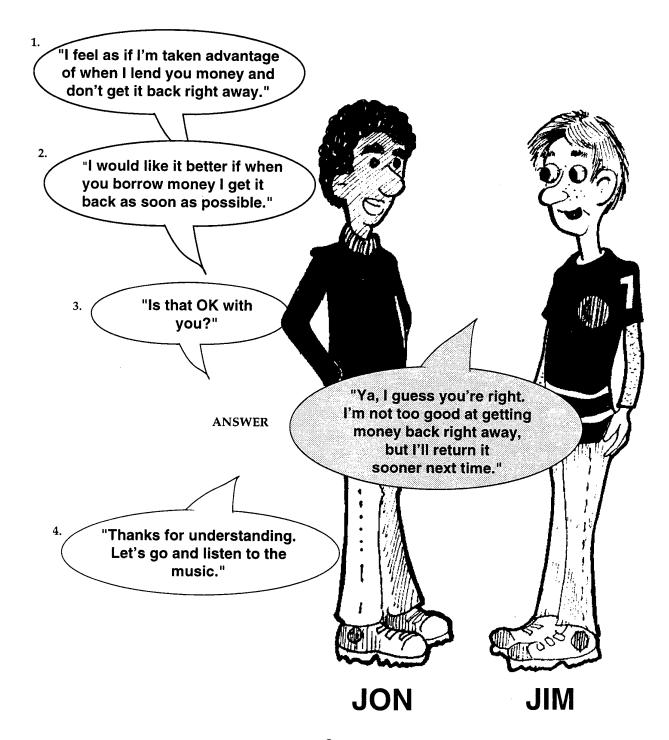


ACTIVITY 9

MONEY PROBLEMS

Jon and Jim are good friends. Jon has a part-time job after school and he has loaned money to Jim on previous occasions. Lately Jon has noticed that Jim is becoming slower to pay the money back. Jon decides to discuss this matter with Jim after school and to ask that Jim pay the money back sooner.

SAMPLE SCRIPT





STEPS TO DELIVER AN ASSERTIVE MESSAGE

Steps

Description

Words you might say

1. EXPLAIN YOUR FEELINGS AND THE PROBLEM State how you feel about the behaviour /problem.

Describe the behaviour/ problem that violates your rights or disturbs you.

- I feel frustrated when
- I feel unhappy when
- I feel when
- It hurts me when
- I don't like it when



2. MAKE YOUR REQUEST

State clearly what you would like to have happen

- I would like it better if
- I would like you to
- Could you please
- Please don't
- I wish you would



3. ASK HOW
THE OTHER
PERSON FEELS
ABOUT YOUR
REQUEST

Invite the other person to express his/her feelings or thoughts about your request

- How do you feel about that?
- Is that OK with you?
- What do you think?
- What are your thoughts on that?
- Is that all right with you?



Answer

The other person indicates his/her feelings or thoughts about the request.

The other person responds



If agreement is reached ...

4. ACCEPT WITH THANKS

If the other person agrees with your request, saying "thanks" is a good way to end.

- "Thanks"
- "Great, I appreciate that"
- "I'm happy that's OK with you"
- "Great"





SCRIPT SHEET FOR LIGHTS OUT

You feel your curfew hour is too strict. All your friends can stay out later. You feel your parent(s)/guardian(s) are not admitting that you are older and more responsible now. You assertively put forward a request to your parent(s)/guardian(s) to let you stay out later on Friday and Saturday nights.

SCRIPT SHEET





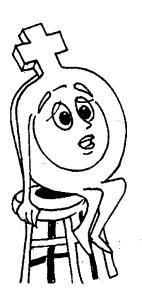
ENHANCING AN ASSERTIVE MESSAGE

BODY LANGUAGE

- maintains eye contact
- uses appropriate gestures for emphasis (e.g. does not point finger, does not wave hands, does not clench fist)
- sits or stands straight
- maintains open body posture (e.g. facing the person and arms are not crossed)

VOICE QUALITY

- speaks in a calm voice
- projects voice clearly (e.g. not mumbling)
- varies voice tone
- uses pauses for emphasis



SET Part II



- 1. With a partner, read the *Action Scenarios*. Select one and develop an assertive script that follows the *Steps to Deliver an Assertive Message*. Keep each step in your script brief -- only one or two sentences. Write the script on the *Script Sheet for Action Scenario* #_.
- 2. Read the script to your partner who will act as the responder; listen to how it sounds; and give feedback on body language and voice quality. Exchange roles with your partner so that each of you role plays the assertor. Is the script honest, direct and realistic? Revise your script, if necessary.
- 3. Join with another pair who have written a script for a different *Action Scenario*. With your partner, role play your script to the other pair, reading your script as little as possible. (Use the assertive chart on the wall to help you.) The other pair will give feedback on how well the script follows the *Steps to Deliver an Assertive Message* and on your body language and voice quality. Make changes in the script, if necessary.
- 4. Repeat step 3 with the other pair doing the acting. You may be asked to role play your scripts in front of the rest of the class.
- 5. Complete the Follow-Up: Part II on your own.

GO Part II

Action Scenarios

- 1. You are at a party with your girlfriend/boyfriend. The party is getting pretty wild. No parent(s)/ guardian(s) are around and a lot of people are "making out" upstairs. Your girlfriend/boyfriend wants you to go upstairs. You don't feel comfortable about the situation and do not want to go upstairs. You decide to tell your girlfriend/boyfriend how you feel.
- 2. You have planned to go out with a friend, who is to call on you at 7:00 p.m. When he/she does not show, you telephone and are told he/she has gone out for the evening. Your friend has done this once before. You decide to ask your friend the next day to call you in the future if he/she cannot follow through with plans to meet with you.
- 3. Your friends have come to your place for a party. All but three have gone home. It is 1:00 a.m., you are tired, and your parent(s)/guardian(s) have said that they would like everyone out by 12:30 a.m. It is obvious that your friends have no intention of leaving. You decide to tell them to leave.
- 4. Your friends are getting together at your best friend's place. When you get there someone brings out a "joint." You don't want to "do drugs" but your friends are pressuring you to try it just this once. You decide to tell them you will not smoke a "joint" with them.



STEPS TO DELIVER AN ASSERTIVE MESSAGE

Steps

Description

Words you might say

1. EXPLAIN YOUR FEELINGS AND THE PROBLEM State how you feel about the behaviour /problem.

Describe the behaviour/ problem that violates your rights or disturbs you.

- I feel frustrated when
- I feel unhappy when
- I feel when
- It hurts me when
- I don't like it when



2. MAKE YOUR REQUEST

State clearly what you would like to have happen

- I would like it better if
- I would like you to
- Could you please
- Please don't
- I wish you would



3. ASK HOW
THE OTHER
PERSON FEELS
ABOUT YOUR
REQUEST

Invite the other person to express his/her feelings or thoughts about your request

- How do you feel about that?
- Is that OK with you?
- What do you think?
- What are your thoughts on that?
- Is that all right with you?



Answer

The other person indicates his/her feelings or thoughts about the request.

The other person responds



If agreement is reached ...

4. ACCEPT WITH THANKS

If the other person agrees with your request, saying "thanks" is a good way to end.

- "Thanks"
- "Great, I appreciate that"
- "I'm happy that's OK with you"
- "Great"





SCRIPT SHEET FOR ACTION SCENARIO # _____

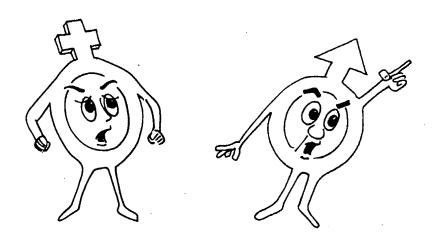


FOLLOW-UP Part II



On your own, complete the following unfinished sentences:

The part of delivering an assertive message that 1 find easiest is
because
-
One aspect of delivering an assertive message that 1 need to work on is





RESPONDING TO PERSUASION

READY

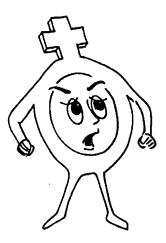
The person receiving your assertive message may try to interfere by making statements that distract you from completing your message. You need to respond to distracting statements without putdowns, but in an assertive way that allows you to present your position. For example, "Please let me finish what I'm saying." You also need to use body language and voice qualities to enhance the delivery of your assertive message. When you have completed your assertive message, the other person can respond by either agreeing or disagreeing with your statements. In the situations where the other person disagrees or tries to pressure you into doing something you don't want to do, you can refuse, delay or negotiate.

In this activity you will continue your assertive practice by

- learning assertive responses to distracting and persuasive statements
- learning to refuse, delay or negotiate when someone disagrees with your position and tries to persuade you to do something you do not wish to do

SET Part I

- With your teacher, read Distracting and Persuasive Statements, Skills for Responding to Distracting Statements and Skills for Responding to Persuasive Statements.
- 2. Your teacher will model the example Driving Decisions to help explain Distracting and Persuasive Statements and how to respond to them.
- 3. Your teacher will lead the class in developing a script for At Home: Assertive Message.



GO Part I



The *Distracting and Persuasive Statements* chart lists some types of statements that might be made by someone trying to distract another person or to persuade another person to change a decision.

A distracting statement is an interruption of your assertive message before you have a chance to finish it. A persuasive statement is a negative or pressure response to what you are asking for at the end of your assertive message.

In the chart below examples of different types of distracting and persuasive statements are given on the left and examples of these types of statements are given on the right. These examples might be used by a person trying to influence someone who has decided he/she is not ready to have sex.

DISTRACTING AND PERSUASIVE STATEMENTS		
ТҮРЕ	EXAMPLE	
Put-down	What's wrong with you? We've done it before so what's the problem?	
Arguing	Everyone's doing it.	
Threatening	Either we do it or I'm out of here.	
Denying	Nothing will go wrong.	
Analyzing	You're old enough to do it; you are not a kid anymore.	
Sidetracking	You are beautiful when you're angry.	



A. SKILLS FOR RESPONDING TO DISTRACTING STATEMENTS

In all cases when a person makes a distracting statement it is important to get back to your assertive message. Some responses to a person who is trying to distract you could be:

Please, let me finish what I was saying.

Please don't interrupt me until I'm finished.

That is beside the point.

I'd like you to listen to what I have to say.

Acknowledge his/her concern and get back on track. You could say, for example: *I know you think everyone is doing it, but just let me finish what I was saying*

B. SKILLS FOR RESPONDING TO PERSUASIVE STATEMENTS

SKILL	DESCRIPTION	SOUNDS LIKE
REFUSE	Clearly and repeatedly say "No" to eliminate uncertainty or confusion.	 No. No, thank you. No, no, no and I really mean no! No, I understand what you are saying, but I can't agree with it.
DELAY	Put off making a decision until you have more time to think about what to do.	 I'm not ready. Not now. Sorry, I have to go. I'd like to talk to a friend. Maybe there's a better time to talk about this. Let's see how we feel about this in a week.
NEGOTIATE	Come to a decision that is accepted by both.	 Let's do instead. How about we try What is there that will make us both happy? What can we do so that we both win?

3

STEPS FOR DELIVERING AN ASSERTIVE MESSAGE



Steps	Description	Words you might say
1. EXPLAIN YOUR FEELINGS AND THE PROBLEM	State how you feel about the behaviour/problem. Describe the behaviour/problem that violates your rights or disturbs you.	 I feel frustrated when I feel unhappy when I feel when It hurts me when I don't like it when
DISTRACTING STATEMENTS	Other person tries to get	you off topic.
GET BACK ON TOPIC	Bring attention back to your assertive message.	 Please let me finish what I was saying I'd like you to listen to what I have to say
2. MAKE YOUR REQUEST	State clearly what you would like to have happen.	 I would like it better if I would like you to Could you please Please don't I wish you would
3. ASK HOW THE OTHER PERSON FEELS ABOUT YOUR REQUEST	Invite the other person to express his/her feelings or thoughts about your request.	 How do you feel about that? Is that OK with you? What do you think? What are your thoughts on that? Is that all right with you?
PERSUASIVE STATEMENT	Other person tries to get yo	ou to change your mind.
REFUSE	Say "No" repeatedly and, if necessary, leave	 No, no, I really mean no! No, no and I'm leaving! No, I'm not going to do that!
DELAY	Put off the decision to a later time	 I'm not ready now - maybe later. Maybe we can talk later. I'd like to talk to a friend.
NEGOTIATE	Negotiate so that you both can win	Let's do instead.How about we try?What would make us both happy?

DRIVING DECISIONS: ASSERTIVE MESSAGE



You are out at a school dance; your older brother is also at the dance and is supposed to give you a skidoo ride home afterwards. You think that he has had too much to drink and feel that he should not be driving. You decide to refuse the ride.

"I feel nervous about riding home with you when you have been drinking."

"Please let me finish what I was saying."

"I don't want to ride home with you and I really don't think you should be driving the skidoo."

"What do you think? Will you please not drive home?"

"What do you know about drinking anyway?!!"

"Hey, I'm fine. You have nothing to worry about. I'll have you home in ten minutes."

Refuse

"I don't agree and I'm not going with you."

Delay

"Let's go across the street to the coffee shop and talk about it."

Negotiate

"Why don't you leave the skidoo here and we'll walk home together."

STEPS FOR DELIVERING AN ASSERTIVE MESSAGE

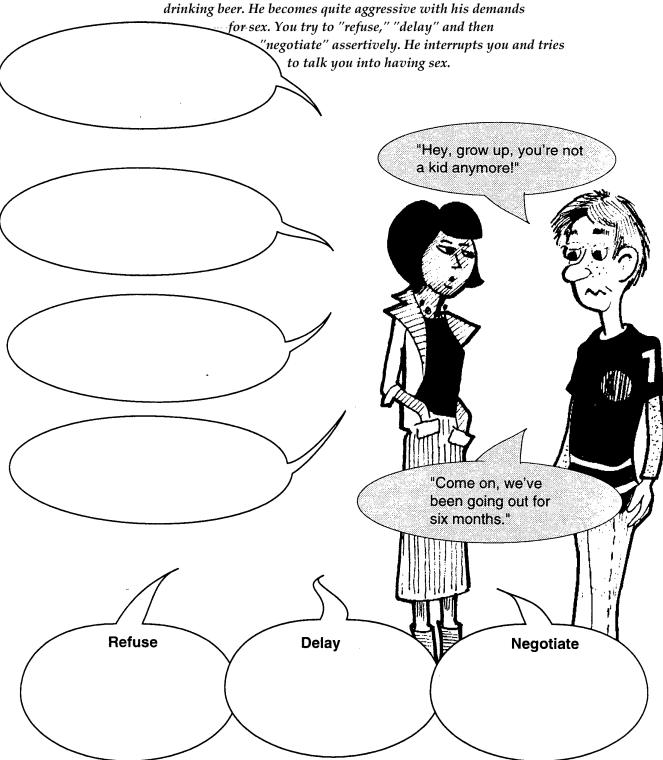


Steps	Description	Words you might say	
1. EXPLAIN YOUR FEELINGS AND THE PROBLEM	State how you feel about the behaviour/problem. Describe the behaviour/problem that violates your rights or disturbs you.	 I feel frustrated when I feel unhappy when I feel when It hurts me when I don't like it when 	
DISTRACTING STATEMENTS	Other person tries to get	you off topic.	
GET BACK ON TOPIC	Bring attention back to your assertive message.	 Please let me finish what I was saying I'd like you to listen to what I have to say 	
2. MAKE YOUR REQUEST	State clearly what you would like to have happen.	 I would like it better if I would like you to Could you please Please don't I wish you would 	
3. ASK HOW THE OTHER PERSON FEELS ABOUT YOUR REQUEST	Invite the other person to express his/her feelings or thoughts about your request.	r feelings or thoughts about • Is that OK with you?	
PERSUASIVE STATEMENT	Other person tries to get you to change your mind.		
REFUSE	Say "No" repeatedly and, if necessary, leave	 No, no, I really mean no! No, no and I'm leaving! No, I'm not going to do that! 	
DELAY	Put off the decision to a later time	 I'm not ready now - maybe later. Maybe we can talk later. I'd like to talk to a friend. 	
NEGOTIATE	Negotiate so that you both can win	Let's do instead.How about we try?What would make us both happy?	

AT HOME: ASSERTIVE MESSAGE



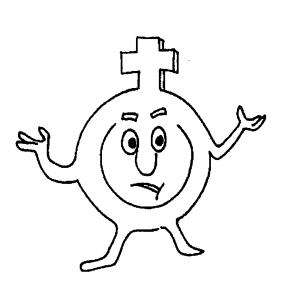
You are alone with your boyfriend at his house. It is night and he lives quite a distance from your home on a deserted road. He is usually very gentle but tonight he has been

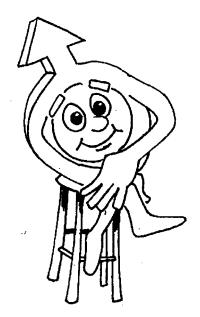


SET Part II



- 1. With a partner, read the Action Scenarios, select one and develop a script that follows the Steps to Deliver an Assertive Message and Skills for Responding to Distracting and Persuasive Statements. Alter the balloons to indicate who said what.
- 2. With your partner, role play your script with one person being the assertor and the other person being the distracter and persuader, using the refusal ending.
- 3. Reverse roles, but this time use the negotiation endings If you are asked to role play your script in front of the class use the third ending, delay.
- 4. Complete the Follow-Up with your partner.

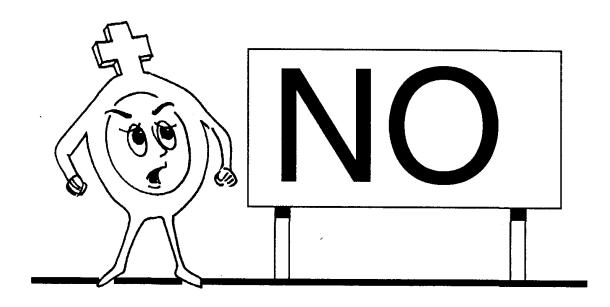




Action Scenarios



- 1. You meet one of your friends in the coffee shop. He/she has decided to skip the afternoon to go hang out at his friend's camp and have a few beers. He/she insists that you go too. You recently got caught skipping school and don't want to get caught again. You decide to tell him/her you're not going to go.
- 2. While your parent(s)/guardian(s) are at work, you invite a classmate over to your house to help you with your homework. After doing the homework he/she gets very physical, grabs you and tries to kiss you. You try to push him/her away because you feel things have gone too far. He/she says, "Come on, you didn't just invite me over here to do homework." You feel it is important to take a firm stand to get out of this situation so that it does not happen again.
- 3. Your boyfriend/girlfriend thinks that it is time to have sex. You love him/her but you feel that sex before you are ready is wrong. Your boyfriend/girlfriend says, "If you loved me you'd show it." Although you are afraid it will end the relationship, you decide to tell your boyfriend/girlfriend you are not ready to have sex now.
- 4. Every time you go out with your boyfriend/girlfriend, he/she becomes very possessive of you. He/she is jealous of your other friends and wants to be with you all the time. You want to spend less time with him/her, and more time having fun with some of your other friends. You really like your boyfriend/girlfriend, but you decide to tell him/her that you want more time to yourself.



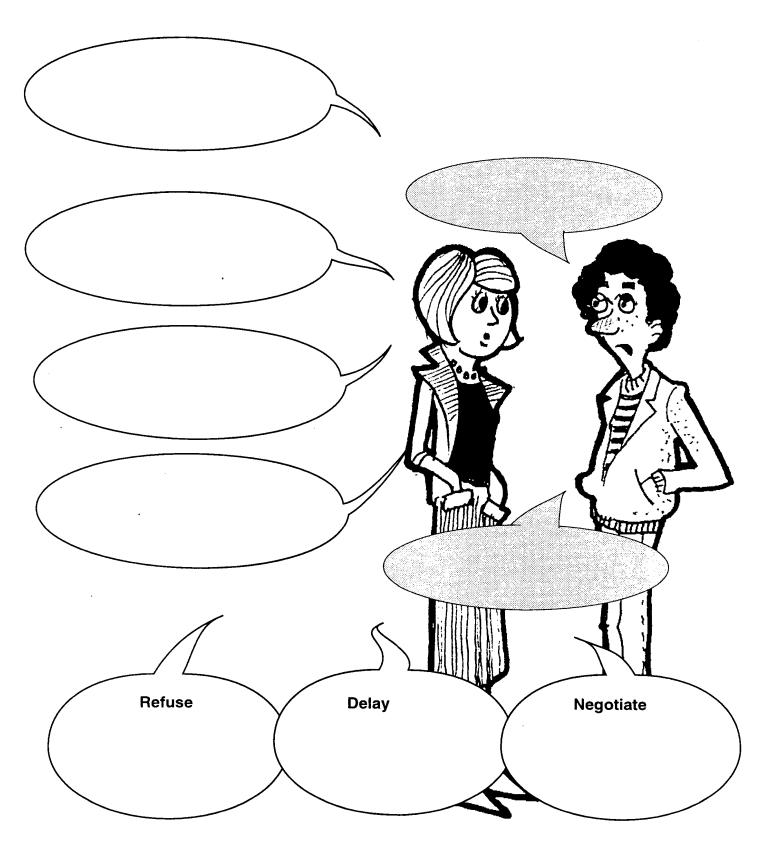
STEPS FOR DELIVERING AN ASSERTIVE MESSAGE



Steps	Description	Words you might say	
1. EXPLAIN YOUR FEELINGS AND THE PROBLEM	State how you feel about the behaviour/problem. Describe the behaviour/problem that violates your rights or disturbs you.	 I feel frustrated when I feel unhappy when I feel when It hurts me when I don't like it when 	
DISTRACTING STATEMENTS	Other person tries to get y	you off topic.	
GET BACK ON TOPIC	Bring attention back to your assertive message.	 Please let me finish what I was saying I'd like you to listen to what I have to say 	
2. MAKE YOUR REQUEST	State clearly what you would like to have happen.	 I would like it better if I would like you to Could you please Please don't I wish you would 	
3. ASK HOW THE OTHER PERSON FEELS ABOUT YOUR REQUEST	Invite the other person to express his/her feelings or thoughts about your request.	 How do you feel about that? Is that OK with you? What do you think? What are your thoughts on that? Is that all right with you? 	
PERSUASIVE STATEMENT	Other person tries to get you to change your mind.		
REFUSE	Say "No" repeatedly and, if necessary, leave	 No, no, I really mean no! No, no and I'm leaving! No, I'm not going to do that! 	
DELAY	Put off the decision to a later time	 I'm not ready now - maybe later. Maybe we can talk later. I'd like to talk to a friend. Let's do instead. How about we try? What would make us both happy? 	
NEGOTIATE	Negotiate so that you both can win		



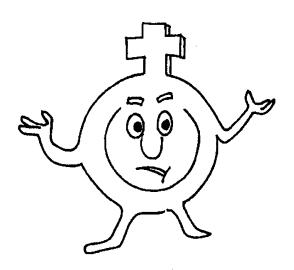
Script Sheet for Action Scenario # _____



FOLLOW-UP



1.		With your partner, discuss which of the skills (refusal, delaying or negotiation) each of you was most comfortable using and why.		
2.	a.	How would you feel if you gave in to persuasion and did something you did not want to do?		
	b.	How do you think a friendship would be affected if you gave in to persuasion and did something you did not want to do?		





ASSERTIVE BEHAVIOUR, DAY TO DAY

READY

This activity will help you work toward the goal of being assertive in everyday situations. To become more assertive you must start by deciding how assertive you are now, how assertive you want to be and what you need to work on to become more assertive.

By selecting one goal at a time, that you think you can do and that is really important to you, you are more likely to gain the kind of experience that will help you learn to be assertive.

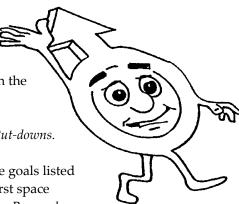
When you say "I want to be assertive in everyday life," you are setting an important goal, but you are not being very specific. "I want to be more assertive to people who use my possessions without asking," is more specific; "I want to be assertive to my sister for the next seven days whenever she uses my tapes or wears my sweaters without asking," is even more specific because it includes a specific time for accomplishing the goal.

In this activity, you will

- select one specific assertive goal and complete a written action plan for achieving it. A written plan outlining the actions you will take to work toward your goal will increase your commitment to achieving it
- set up a learning journal to record your assertive behaviours during a three-day period

SET Part I

- 1. With your teacher, read each of the actions and descriptions in the *Personal Action Plan* chart.
- 2. With your teacher, read the example Action Plan *Down with Put-downs*.
- 3. Read the *Possible Assertive Goals* on your own. Select one of the goals listed (or choose one of your own) and write your selection in the first space provided on the *Personal Action Plan* chart. Fill in the rest of the *Personal Action Plan* chart and sign it.
- 4. On your own, start trying to achieve your assertive goal on the starting date and try to achieve your assertive goal by the finishing date. Celebrate achieving your assertive goal.







PERSONAL ACTION PLAN					
ACTION	ACTION DESCRIPTION MY PERSONAL ACTION PLAN				
SET A SPECIFIC ASSERTIVE GOAL	What is one thing that will help me be assertive everyday?	A specific <u>assertive</u> goal I have for myself is			
SET A TIME LINE	When will I start? When do I expect to achieve my <u>assertive</u> goal?	I plan to start achieving my <u>assertive</u> goal on (starting date) and to achieve it by (finishing date)			
IDENTIFY OBSTACLES	What obstacles could prevent me from achieving my assertive goal?	Possible obstacles to overcome are			
LIST BENEFITS	What will I gain by achieving my assertive goal?	My <u>assertive</u> goal will benefit me by			
PLAN TO CELEBRATE	How will I reward myself when I achieve my <u>assertive</u> goal?	I will celebrate achieving my <u>assertive</u> goal by			
WRITE A CONTRACT AGREEMENT	Complete the following contract to increase your commitment to your specific goal.	I, the undersigned, agree to complete this Action Plan during the times indicated above and will reward myself when I achieve my assertive goal.			

Sic	mature	



PERSONAL ACTION PLAN: EXAMPLE DOWN WITH PUT-DOWNS

DOWN WITH AT DOWNS		
ACTION	MY PERSONAL ACTION PLAN	THINGS TO LOOK FOR
SET A SPECIFIC ASSERTIVE GOAL	To be assertive when friends put me down and make me feel bad when I don't deserve it	 does your goal include the word assertive? is your goal to overcome something you are passive or aggressive about? is your goal something you really want to do?
SET A TIME LINE	November 28th to Christmas	 are the dates less than a month apart? will the situation arise often enough during this period of time?
IDENTIFY OBSTACLES	 friends who overpower me friends who don't listen fear of not being liked go back to being passive 	 have you become passive or aggressive again? how will other people react to your assertiveness? what are your feelings about being assertive?
LIST BENEFITS	 making me feel better about myself increasing the respect others have for me for saying how I feel enabling me to stand up for myself in the future 	 how do you feel about yourself? how will other people react to your assertiveness? how will being assertive help you in the future?
PLAN TO CELEBRATE	watching a video and having pizza with a close friend	 what would really make you feel good? is the reward something special that you don't get all the time? do you want to celebrate with someone else?
WRITE A CONTRACT AGREEMENT		

J. Brown	
Signature	

ACTIVITY 11

Possible Assertive Goals

- to reduce passive behaviour by being assertive and saying what I feel (e.g. to defend a friend when he/she is put down by others).
- to reduce aggressive behaviour by being assertive and not becoming angry or critical (e.g. to be calm and assertive when my parents ask me to do something I don't want to do).
- to say "no" to: drinking alcohol, doing drugs, smoking, eating unhealthy foods, having sex, other dangerous risks and destructive behaviours, (e.g. to say "no" to a ride with a friend who has been drinking alcohol).
- to say how I feel when people "put me down" (e.g. to tell my brother assertively that I don't feel good when he puts me down unfairly).
- to ask that I be listened to by those who ignore what I say (e.g. to ask my father to hear me out and to try to understand when I am telling him how I feel).
- to say what I feel to friends who: borrow things and don't return them, are always late, use me, and say things behind my back (e.g. to tell my cousin assertively that I feel used when he/she calls me only when he/she needs a favour).
- to say what I feel to friends who are always late.



- 1. Read *Keeping a Learning* Journal with your teacher.
- 2. After trying to accomplish your assertive goal make at least three separate entries in your learning journal (about half a page each) about what happened, how you felt, what went well and what you need to improve. If you wish, vary your writing style each day using ideas from *Keeping a Learning Journal*. Be creative and add your own ideas.

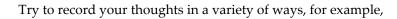


Keeping a Learning Journal



For now, your learning journal is a written summary of your feelings and progress toward your assertive goal. You will be giving it to your teacher when you have completed the entries related to your assertive goal. You will be making more entries after activities 14, 15,18 and 20.

Only your teacher will read your journal. He/she will be evaluating how thoroughly and seriously you write your journal entries, not how successfully you achieve your goal, or what you learn about yourself. Your learning journal is a safe place to express, not only new ideas, but your fears, weaknesses and worries.

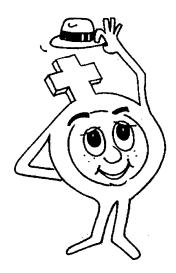




- draw an illustration, cartoon, picture, or sketch of yourself
- use a different colour to highlight perceptions, emotions and insights
- search for a quotation that reflects your ideas
- write a song lyric
- write a poem
- write a poster title
- use leading sentences, such as:



Today was	because
The funniest part was when	
I discovered about myself that	
I was really disappointed when	
I was (worried, nervous, afraid) when	
Today's special moment was	



ABSTINENCE (TALKING WITH YOUR PARENT(S)/GUARDIAN(S))



ASSESSING ASSERTIVENESS

READY

Learning how to be assertive will help you communicate directly, honestly and appropriately. Being assertive includes expressing your feelings, needs and ideas and standing up for your personal rights in ways that do not violate the rights of others.

Acting assertively should reinforce good feelings about yourself and, therefore, improve your self-confidence.

Most people choose to act aggressively or passively rather than assertively. Assertive behaviour is often confused with aggressive behaviour; the aim of being aggressive is usually to dominate others and achieve a goal at their expense. On the other hand, when you act passively you try to avoid conflict by ignoring your wishes and going along with what others want.

In this activity you and your parent(s)/guardian(s) will assess how assertive each of you is now and consider ways you can improve your assertive behaviour.



- 1. On your own, complete the *Assess Your Assertiveness* questionnaire and rate. your total score according to the key.
- 2. Complete the Follow-Up with your parent(s)/guardian(s).





Assess Your Assertiveness

How assertive are you? Circle the number beside each statement that corresponds to where you feel you belong on the following continuum.

	1 2	-10-10-1		3
	NOT ME SOMEWHAT ME			ME
		NOT ME		ME
1.	I let people know when they are unfair to me.	1	2	3
2.	I make decisions without difficulty.	1	2	3
3.	I find it easy to say "No" to a "pushy" adult.	1	2	3
4.	I tell people who are always late that I do not like to be kept waiting.	1	2	3
5.	I say what I think during a discussion.	1	2	3
6.	I remind people who have borrowed something from me to return it after a reasonable time.	1	2	3
7.	If someone continually irritates me in some way, I ask the person to stop the behaviour that bothers me.	1	2	3
8.	I look directly at the person to whom I am talking.	1	2	3
9.	I do not let my friends talk me into things I do not want to do.	1	2	3
10.	I do not act as if I am hurt when someone disagrees with what I say or do.	1	2	3
11.	I speak assertively to a person who cuts into a line of people.	1	2	3
12.	When I am speaking, and someone interrupts me, I speak out.	1	2	3
		+	+	
	TOTAL SCORE =			



Total your score and rate it according to the key provided.

	Assess Your Assertiveness Score	
31-36	Well done – you are assertive!	
26-30	Getting close to being assertive.	
21-25	Good start – keep at it.	
12-20	You need to work on your assertive skills.	

FOLLOW-UP

- 1. Decide on three changes in your behaviours that you can make to become more assertive in everyday situations.
- 2. Compare your total score with that of your parent(s)/guardian(s). Explain why you placed each statement where you did on the continuum. Ask your parent(s)/guardian(s) to explain reasons for answers. Discuss ways that both of you can become more assertive.



GETTING TO KNOW YOURSELF

READY

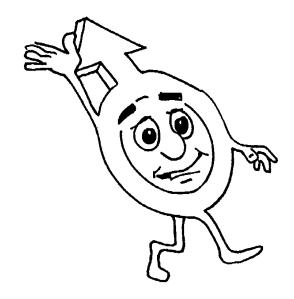
In your learning journal booklet you will continue the Learning Journal you began in Activity 11.

Knowing more about yourself helps you understand reasons why you make certain decisions. A learning journal is one way of becoming aware of these reasons. After some of the lessons in this unit you will write down your thoughts about the use of condoms and your feelings and concerns about condoms. You will become more familiar with how information and attitudes influence your behaviours about condoms.



As soon as possible after each selected activity, respond to a set of unfinished sentences and summarize any concerns you may have. The following instructions apply for each entry in your *Learning Journal*.

- 1. Complete each unfinished sentence in your *Learning Journal*.
- 2. Write a short paragraph to express any concerns (doubts, worries and/or anxieties) you have about all or any of the following:
 - your knowledge of the topic/theme
 - your attitude about the topic/theme (i.e. worries, fears, doubts, anxieties)
 - your participation in the class activity (i.e. comparing condoms, using a condom)
 - your experience in your small group
- 3. Write any thoughts or feelings you have about the activity. You might begin with, "During this activity I felt..."





CONDOM SENSE (A Test About Condoms)

READY

Not having sex is the only sexual choice that is 100 percent risk-free. Everyone not abstaining from sex needs to take precautions to reduce their risk of getting HIV/AIDS and other STD. Taking these precautions is called practising "safer sex." Even if you are not sexually active learning about "safer sex" practices will improve your knowledge for a time in the future when you may need protection against HIV/AIDS and other STD.

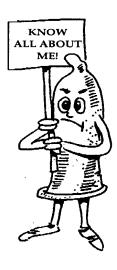
Using a latex condom during sexual intercourse is a safer sex behaviour and the safest method to protect oneself and one's partner against HIV infection and STD if one is sexually active. Condoms also provide some protection against unplanned pregnancy. Correct information about condoms will help you consider the advantages and disadvantages of using condoms.

In this activity you will

- demonstrate your present level of knowledge about condoms
- have the opportunity to increase your knowledge about condoms

SET

- 1. Follow your teacher's instructions and respond to the statements in A Test About Condoms.
- 2. Discuss the correct answers with your teacher.
- 3. Determine your Condom Sense Score.
- 4. Discuss any questions you have with your teacher.





A Test About Condoms



Circle "T" if the statement is True. Circle "F" if the statement is False.

CII	the 1 in the statement is 11th. Circle 1 in the statement is 1 alse.	Тино	Ealaa
1.	Over 80 percent of sexually active youth now use condoms.	True T	False F
2.	A latex condom gives 100 percent protection against HIV infection, STD and pregnancy.	T	F
3.	As a result of effective education the rate of HIV infection among gay males has decrease	ed. T	F
4.	Condom packages have an expiry date.	T	F
5.	Females now buy more than 40 percent of the condoms sold in the U.S.	T	F
6.	Condoms can be damaged depending on where they are stored.	T	F
7.	A thicker condom means a stronger condom.	T	F
8.	Lubricating a latex condom with vaseline is an effective way to prevent breaking or tearing during use.	T	F
9.	Natural condoms (made from lamb intestine) are more effective against HIV than latex condoms.	T	F
10.	Condoms with the spermicidal lubricant nonoxynol provide additional protection against HIV.	T	F
11.	Condoms with reservoir (receptacle) tips are less apt to break than those with rounded ends.	T	F
12.	A person can damage a condom while opening the package.	T	F
13.	You have to be at least 16 years old to buy condoms.	T	F
14.	All lubricated condoms include nonoxynol.	T	F
15.	Condoms reduce sexual sensations for a male.	T	F
16.	Condoms enable many males to "last longer" before they ejaculate during intercourse	T	F
17.	Coloured condoms are less effective against HIV transmission than uncoloured condoms.	T	F
18.	A condom can be safely reused.	T	F
19.	All brands of condoms are equally effective in terms of protection against pregnancy and STD.	T	F
20.	A condom has been designed for females.	T	F
	Total number of correct answers		

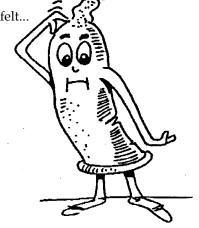


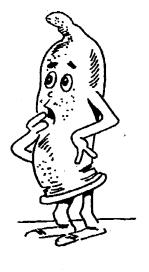
Number of Correct Answers		CONDOM SENSE SCORE
16-20	Very good	You have great "condom sense" to share with your group.
11-15 6-10	Good	The activities to follow should correct any misinformation you have.
0-10	Fair	Hope this test and the activities to follow will help you learn more.
	Poor	Find out more! You may need this information in future.

Learning Journal Entry for Activity 14 (Condom Sense)



- 1. Complete the following unfinished sentences.
 - I felt that my score on the *Condom Sense* test was...
 - Something I find interesting about condoms is...
 - Something I learned about condoms that I did not know before is...
- 2. Summarize concerns (worries or doubts) about condoms.
- 3. During this activity I felt...







ATTITUDES ABOUT CONDOMS I



For those who have decided to have sex, proper use of a condom every time they have sex is the best protection against HIV infection and other STD. However, many young people are uncertain how They feel about using condoms. They may have heard negative comments about condoms. They may also be embarrassed to discuss, buy and use condoms. If you have negative attitudes toward condoms you may be less likely to use them.

Often we may be quite positive about condoms and their use but our partners may object to their use. It may be important for you to convince your partner that condoms can be safe and positive.

In this activity you will

- change negative attitudes into positive ones. This process is called negative thought stopping with positive thought substitution
- · discuss embarrassing situations related to condoms
- deal with partner objections to the use of condoms

SET Part I

- 1. On your own, read and complete *Unfinished Sentences About Condoms*.
- 2. In a small group read over your finished sentences. Using the *Summary of Condom Comments* chart, record the positive comments made by group members and the negative comments made by group members. Did the group have more negative or more positive comments about condoms? Discuss reasons for this result.
- 3. As a small group, select 3 of the negative comments about condoms and discuss possible reasons for these negative comments. Then substitute a positive statement and reason for each of the selected statements. For example, "Condoms are really messy." Positive substitution: "Actually using condoms can be less messy because semen is contained in the condom." Write the positive statements and reasons on the *Summary of Condom Comments* chart.
- 4. Complete the Follow-Up: Part I in a small group.







UNFINISHED SENTENCES ABOUT CONDOMS

Write an ending you think would best complete each sentence.

1. When it comes to condoms, males believe
2. When it comes to condoms, females believe
3. Buying condoms can be
4. Asking a partner to use a condom would be
5. Using a condom is
6. Storing a condom is
7. Personally, I think condoms are





Summary of Condom Comments

Positive Comments	

Negative Comments	Positive Statement and Reason
Condoms are really messy.	Actually using condoms can be less messy because semen is contained in the condom.

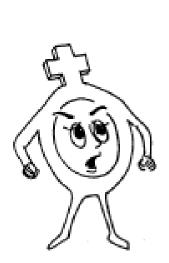
FOLLOW-UP Part I

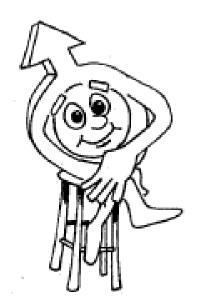


1. Imagine that a school has recently installed condom machines in washrooms. With the students in your group, brainstorm ideas for a slogan, to be displayed next to the condom machines, that says something positive about condoms. Reach group consensus on the best slogan.

SET Part II

- 1. On your own, read *Embarrassing Moments*. Then, rank each of the embarrassing moments from least to most embarrassing according to how <u>you</u> would feel in the situation described.
- 2. In the space provided, briefly state why you ranked each embarrassing moment as you did.
- 3. In a small group, each member of the group will discuss their top 3 rankings and why they ranked them that way.
- 4. Complete the Follow-Up: Part II in a small group.









Embarrassing Moments

- 1. buying a condom from a sales clerk of the same sex
- 2. buying a condom from a sales clerk of the opposite sex
- 3. standing at the condom section in a store deciding which package to buy
- 4. knowing someone in the line or behind the counter as you wait to pay for the condoms
- 5. obtaining a condom from a vending machine in the washroom
- 6. having a parent/guardian find a condom in your pocket, wallet or purse
- 7. talking to your partner about using a condom
- 8. having your partner talk to you about using a condom
- 9. putting a condom on before sexual intercourse
- 10. taking off and disposing of a condom after use

MOST	#	Reason for Ranking
Embarrassing		
LEAST Embarrassing		

FOLLOW-UP Part II



In a small group, answer the following questions. One member of your group will report your answers to the class.

1.	List ways that would help some people overcome the embarrassment they feel about obtaining condoms.
2.	a. List ways to obtain a condom other than going to a store.
	b. Where are condoms distributed free of charge?
	c. Where could a person obtain a condom after regular store hours?

SET Part III

- 1. On your own, read *Partner Objections to Condoms* and *Possible Response(s) to Partner Objections to Condoms*. Select the response you think is most appropriate for each objection and write the letter of the response in the space provided. Some objections may have more than one response. If you have time, think of other responses to the objections.
- 2. Join with another student and compare one or two of your responses to *Partner Objections to Condoms*.
- 3. Complete the Follow-Up: Part III as directed by your teacher.







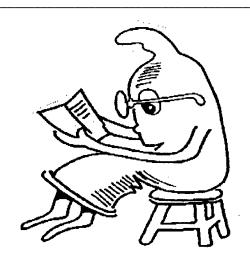
	Partner Objections to Condoms	POSSIBLE RESPONSE(S)
1.	Don't worry, I'm taking the pill so you don't really need to use a condom.	
2.	I'm clean. I don't run around. I don't have any infections.	
3.	Condoms don't feel good. It won't be natural.	
4.	By the time you put a condom on, you have lost the mood.	
5.	I feel like an idiot buying condoms, then trying to hide them from my parents.	
6.	I'd be embarrassed to use one.	
7.	Condoms are gross, they're messy - I hate them.	
,,		
8.	Just this once. We hardly ever have sex.	
9.	I don't have a condom with me.	
10.	They cost too much.	
	Possible Response(s) to Partner Objections	
а	Maybe I can help by keeping the condoms for you.	
t	Once is all it takes.	
c	I'd like to use a condom anyway. It protects us both from infections we may not rea	alize we have.
d	I always carry a condom with me, because I care about myself and about us.	
e	Let's put sex on hold, until we have a chance to work out our differences.	
f	This isn't a joke. It's important to protect ourselves.	
g	Condoms may be a little awkward the first time, but it will get better.	
h	I'll get the condom - it'll only take a few minutes.	
i.	I think we could get used to condoms after a while. It might even be fun.	
j.	It's not true. Anyone can get AIDS or another STD.	
k	Millions of people are infected without knowing it. Isn't it better to be safe?	
1.	Maybe we're not ready for sex if we can't talk about condom use.	

Embarrassment never killed anyone.

m.

AC	TIVITY
	15

l.	Why do some young people risk their health, even their life, by deciding to have sexual intercourse and refusing to use a condom?
<u>.</u> .	What can be done to change negative attitudes about condoms and condom use?



Learning Journal Entry for Activity 15 (Attitudes about condoms)

- 1. Complete the following unfinished sentences.
 - I am able to replace negative thoughts with positive thoughts by...
 - I think the most embarrassing situation related to using condoms is...
 - One positive thing about condoms is...
 - I would be most concerned about using condoms if my partner...
- 2. Summarize your concerns (worries or doubts) about talking in your group about this topic.
- 3. During this activity I felt...





GETTING A CONDOM



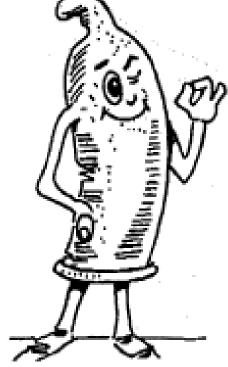
By handling condoms, comparing brands of condoms and visiting locations where condoms can be obtained you will increase your knowledge about them. People may not feel nervous about using condoms if they have had the opportunity to see what a condom is like before they have to decide whether or not to use one.

In this activity, you will

- examine and evaluate several types of condoms
- visit and/or learn about a location where you can obtain condoms
- visit and/or learn about an STD clinic

SET Part I

- 1. On your own, read the Condom Comparison Checklist.
- 2. In a small group, you will receive 3 condom packages with one condom in each package. Examine the different brands. On the *Condom Comparison Checklist*, in the column for each brand, place a checkmark (✓) beside the descriptions that apply. If your group cannot agree on an item, put a question mark (?) in the appropriate space.
- 3. Complete the Follow-Up: Part I on your own.



GO Part I



CONDOM COMPARISON CHECKLIST

Brand and specific type of condoms (e.g. Trojan-enz)	1	2	3
Place a checkmark (🗸) in the app	propriate box		
PACKAGE DESIG	SN	WRAPPING OF IN	NDIVIDUAL CONDOM
Is the package design eye-catching embarrassing appealing to youth appealing to males appealing to females other	CONDOM 1 2 3	Is the individual condom wrapping plastic paper foil easy to open difficult to open other	
CONDOM FEATU	JRES	INSTRU	CTIONS FOR USE
		Are the instructions	
Is the condom	CONDOM 1 2 3	using the condom	CONDOM 1 2 3
lubricated		on the package	
non-lubricated		on a separate sheet	
spermicide added		easy to read	
nonoxynol added		difficult to read	
contoured (penis shaped)			
textured (e.g. ribbed)		EXPIR	RY DATE
coloured		2/11	
reservoir tip		Is the expiry date	CONDOM
latex		on the package	
natural membrane flavoured		on the condom wrap	pper
Write down any other features 1. 2.	you noticed about	each brand of condom.	
3.			



Use the scale below to rate each brand of condom on the 5 criteria: package design; wrapping of individual condom; condom features; instructions for use; and expiry date.

						5)}
	1 = poo 3 = goo 5 = exc	od	2 = fair 4 = very good	al		
BRAND OF CONDOM	PACKAGE DESIGN	WRAPPING INDIVIDUAL CONDOM	CRITERIA OF CONDOM FEATURES	INSTRUCTIONS FOR USE	EXPIRY DATE	TOTAL

Total the scores for each brand. Write each total in the final column of the chart. Place a checkmark (\checkmark) beside the brand with the highest score.

FOLLOW-UP Part I

- 1. Answer the following questions in your notebook.

SET Part II

- 1. Following your teacher's instructions complete the *Buying a Condom* chart. The information for this chart may be obtained by the teacher, representatives of the class or the whole class.
- 2. Following your teacher's instructions complete the *Using a Condom Machine* chart (this may be done by the teacher, representatives of the class or the whole class).
- 3. Following your teacher's instructions complete the Visit *or Call a Clinic* chart (this also may be done by the teacher, representatives of the class or the whole class).
- 4. Complete the Follow-Up: Part II on your own.



BUYING A CONDOM



Name of store		
Address		
Brief Description of Location		. ·
WHERE WERE THE CONDOMS DISPLAY	ED?	
Not on Behind On shelv counter	es Other	
WERE THE CONDOMS EASY TO FIND?		
Yes No Why or why no	ot?	
Yes No If yes, how die	d that person react?	
INFORMATION ABOUT BRAND NAMES	AND TYPES DISPLAYED	
BRAND NAME AND TYPE EXPIRY DATE PRICE	SPERMICIDAL LUBRICANT (NONOXYNOL)	OTHER INFORMATION
HOW WOULD YOU FEEL IF, AT SOME TIN CONDOMS FROM A LOCATION LIKE TH (Check ()) as many words in the list as neces	E ONE YOU VISITED?	· ·
embarrassed comfortable independent mature worried	secretive guilty ashamed tense relieved	relaxed self-assured anxious confused
WOITIEU	reneved	happy



USING A CONDOM MACHINE

			ANT NONOXYNOL	OTHER INFORMATION
	T			
WHERE WAS THE O	CONDOM MACH	INE LOCATED?		
men's washroom		private spot	Other items s	old in machine
women's washroo	om	public spot		ord in macrinic
hallway		cool spot		
store		easy to find		
Circle the number a your visit.	bove the phrase w	hich best describes h	ow comfortable	you felt about
1	2	3		4
very comfortable	comfortable	somewh comfortal		uncomfortable

VISIT OR CALL A CLINIC



Address			
Address		Phone numl	ber
Clinic is open from	a.m. to	p.m. day	ys a week
Clinic has access for	people with physical d	isabilities Yes	
Check (🗸) the service	es available at this clini	c	
information	counselling	sterilization	STD treatment
birth control HIV testing	prenatal care	pregnancy test	referral
_			
	ntiality policy is as follo	ges are spoken at this cl	inic:
In addition to English	h, the following langua	ges are spoken at this cl	
In addition to English	h, the following langua		
In addition to English	h, the following langua	ges are spoken at this cl	
In addition to English Circle the number ab	h, the following langua ove the phrase which b	ges are spoken at this cl	ortable you felt about
In addition to English Circle the number abovisiting or calling the 1 very comfortable	ove the phrase which be clinic. 2 comfortable	ges are spoken at this classes are spoken at the classes are spoken at	ortable you felt about
In addition to English Circle the number abvisiting or calling the	ove the phrase which be clinic. 2 comfortable	ges are spoken at this classes are spoken at the classes are spoken at	ortable you felt about
In addition to English Circle the number abvisiting or calling the 1 very comfortable	ove the phrase which be clinic. 2 comfortable	ges are spoken at this classes are spoken at the classes are spoken at	ortable you felt about
In addition to English Circle the number abovisiting or calling the 1 very comfortable What made you feel t	ove the phrase which be clinic. 2 comfortable he way you did?	ges are spoken at this classes are spoken at the classes are spoken at	ortable you felt about
In addition to English Circle the number abovisiting or calling the 1 very comfortable What made you feel t	ove the phrase which be clinic. 2 comfortable he way you did?	ges are spoken at this classes are spoken at the classes are spoken at	ortable you felt about
In addition to English Circle the number abovisiting or calling the 1 very comfortable	ove the phrase which be clinic. 2 comfortable he way you did?	ges are spoken at this classes are spoken at the classes are spoken at	ortable you felt about





1.	Something I would tell a friend about the location that sells condoms:	
2.	Something I would tell a friend about the clinic:	
3.	a. The specific place I would go to get a condom during regular store hours is:	
	b. The specific place I would go to get a condom after regular store hours is:	

RESPONSIBLE BEHAVIOUR: SAFER SEX (SKILLS):



THE LINE UP

READY

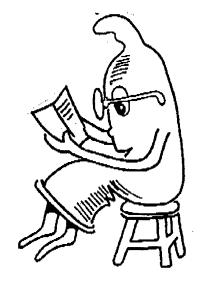
You may not have seen, handled or even thought about condoms as being in any way relevant to you. The aim of the next series of activities is to prepare you for the future. Trying to do something for the first time is often embarrassing. It is usually less embarrassing for those who have a clear idea of how to proceed. By knowing the proper way to use a condom you are less likely to be embarrassed and more likely to consider using them should it become necessary sometime in the future.

In this activity, you will

learn the steps to follow to use a condom correctly



- 1. Read the Steps for Condom Use listed beside the Condom-Use Staircase.
- 2. You will be asked to volunteer to participate in a line-up at the front of the class to decide the correct sequence of steps for condom use. Each volunteer will be given a card with a *Step for Condom Use*. Students will line up with their cards in the correct sequence of steps for using a condom.
- 3. Meanwhile, those of you who are not part of the line-up will form small groups and reach . consensus on the correct sequence of steps for condom use.
- 4. Compare the answers arrived at by the different groups.
- 5. Complete the Follow-Up as directed by your teacher.





CONDOM-USE STAIRCASE



Directions: Write the letter corresponding to each step for condom use on the appropriate step of the

Condom-Use Staircase.

STEPS FOR CONDOM USE

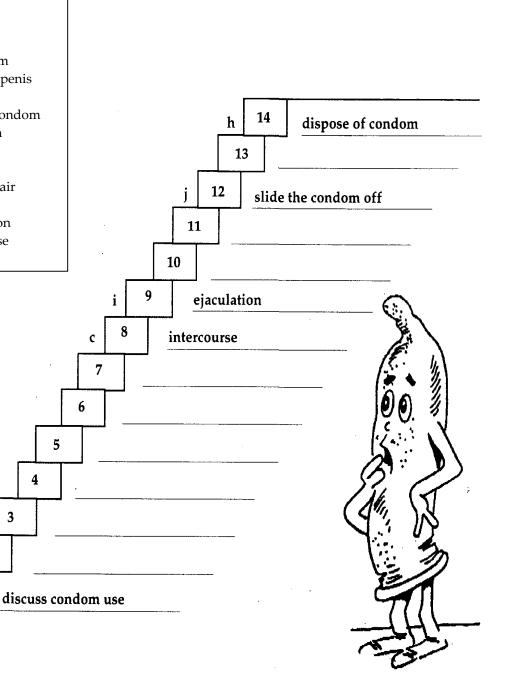
- withdraw penis
- open package
- intercourse
- d. hold rim of condom
- e. unroll condom on penis
- lubricate condom f.
- g. squeeze air from condom
- h. dispose of condom
- ejaculation
- slide condom off j.
- hold back pubic hair k.
- loss of erection
- m. arousal and erection
- discuss condom use

4

3

2

1





FOLLOW-UP

l.	Discuss why you did or did not volunteer for the group that did the line-up at the front of the class.				



CONDOM PRACTICE

READY

In this voluntary activity you can practise putting a condom on a demonstration model of a penis. It may be difficult for you to do this task, and you may decide to observe rather than volunteer. Whatever your decision, consider that this activity will prepare you for a time in the future when y will want to make healthy decisions in a sexual relationship.

In this activity, you will

- observe how to put a condom on a demonstration model of a penis
- practise putting a condom on the demonstration model (voluntary)



- 1. With your teacher, read the Condom Practice Task Card.
- 2. Observe a demonstration of how to put a condom on the model of a penis.

 Using the *Condom Practice Task Card*, read each step as it is completed. Ask your teacher to explain any of the instructions that are not clear to you.
- 3. In a small group, observe a student demonstrating how to put a condom on the model. Assist the student doing the demonstration by taking your turn reading the instructions for each step on the *Condom Practice Task Card*.
- 4. You will be given an individually packaged condom. Observe the type of packaging and the information on the outside of the condom wrapper. Do not open the condom wrapper yet.
- 5. If you are comfortable with the activity, volunteer to practise putting a condom on the model. Other group members will assist you by, either reading the instructions on the *Condom Practice Task Card* as you perform each step, or by giving feedback on your performance after you have completed the whole task. (You should indicate your choice to them before you start the task.) Continue this process until all volunteers have had a chance to practise the task. When it is your turn to practise putting a condom on the model, open the condom wrapper and note the ease of opening it, the colour, shape and texture of the condom, then continue with the task.
- If you did not volunteer to practise putting a condom on the model, open the condom wrapper of the packaged condom you have been given. Note the ease of opening it, the colour, shape and texture of the condom.
- 7. Complete the Follow-Up as directed by your teacher.



CONDOM PRACTICE TASK CARD

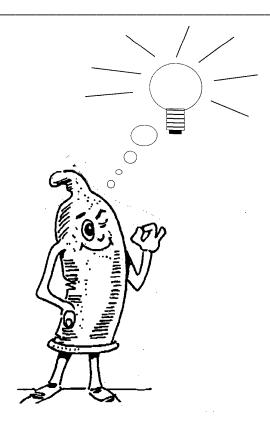


DIAGRAM STEP INSTRUCTIONS		INSTRUCTIONS	ADDITIONAL INFORMATION
Open the package carefully when ready to use condom.		Avoid damaging condom with nails or rings. Do not twist, bite or tear it. Do not test condom.	
Make sure condom is pointed in right direction.		pointed in right	Do not unroll the condom before using it.
	3	Pinch air out of tip with thumb and forefinger. Put condom on erect (model) penis.	Leave 1/2" at tip if there is no reservoir tip.
Pull pubic hair away from penis (pretend to). Still holding the tip, unroll cond to the base of penis.		from penis (pretend to). Still holding the tip, unroll condom	If erection is lost relax. It will likely return.
	5 Smooth out any air bubbles.		Apply a water-based lubricant, if desired.
INTERCOURSE AN	D EJACULAT	ION	
TE STATE OF THE ST	6	Hold rim to prevent condom slipping off. Withdraw penis before becoming soft (pretend to).	Withdraw penis immediately after ejaculation. Point penis down to prevent spillage.
	7 Roll condom partially off penis and slide off.		Keep condom away from bodies. If semen spills, wash immediately.
	8	Twist condom at opening.	Urinate (if possible) and wash. Do not reuse condom.

FOLLOW-UP



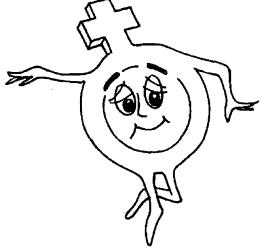
1.	a. Which two steps would be important to prevent semen from spilling?				
	b.	Which step would be important in preventing the condom from breaking?			
	c.	Which two steps would be important to ensure the condom is withdrawn from the vagina?			
2.		scuss difficulties that you think might occur if you were to use a condom with a partner in a			





Learning Journal Entry for Activity 18 (Condom Practice)

- 1. Complete the following unfinished sentences.
 - I volunteered (did not volunteer) to practise using a condom because...
 - The most difficult step for me in putting the condom on the demonstration model was...
 - Practising using a condom correctly would be less embarrassing for me, if...
- 2. Summarize your concerns (worries or doubts) about using a condom
- 3. During this activity I felt...



RESPONSIBLE BEHAVIOUR: SAFER SEX (SKILLS):



COMMUNICATING ABOUT CONDOMS

READY

Assertive communication skills help people express their right to safer sex. A person communicating with a partner about condoms should keep the following points in mind:

- Clearly link the wish to use condoms with concerns or fears about HIV/AIDS, other STD and pregnancy.
- If the answer is other than, "Yes, condoms are okay with me," talk further before proceeding with sex.
- The bottom line is, "No sex without a condom."

In Part I, you will

• practise assertive skills for possible situations in which you would want to practise safer sex

In Part II, you will

 decide who you believe should take responsibility for each of a number of actions related to using condoms



- 1. On your own, read Persuasive Scenarios and Scripts for Persuasive Scenarios.
- 2. Following your teacher's instructions, with a partner, complete one or more of the Scripts for Persuasive Scenarios by developing the refusal; delay and negotiation response.
- 3. With a partner, role play your Persuasive Scenario.
- 4. Complete the Follow-Up: Part I as directed by your teacher.





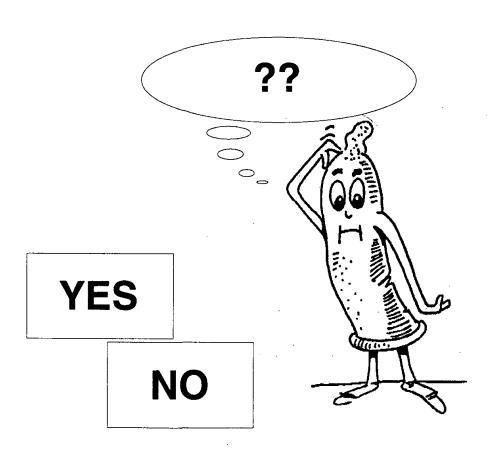
GO Part I

Persuasive Scenarios

A couple is alone together and discussing having sex. One partner wants to use a condom to protect both of them from HIV/AIDS and other STD. The other does not. He/she replies:

- A. We're both clean -- we don't need to use a condom.
- B. I'd be embarrassed to use a condom.
- C. We don't have one with us. Let's have sex without a condom this one time.

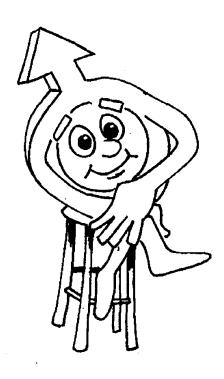
A, B and C are three statements which someone might use to persuade a partner not to use a condom. These anti-condom statements have been used in the scripts which follow on pages 5, 7, and 9. With a partner, prepare a response to the persuasive statement in each script by refusing, delaying, and negotiating. The chart outlining the Steps to *Deliver an Assertive Message*, on the page before each script, gives examples of words that can be used to respond to persuasive statements.





With a partner:

- Develop a response to the persuasive statement(s) by refusing, delaying and negotiating.
- In preparing to role play each of the three scripts with your partner, begin by reading one of the parts in the first script. Then work together to write in an appropriate response to the persuasive statement by refusing, delaying, or negotiating.
- Then role play by repeating the script with one person delivering the assertive message and practising either the refusal, delay or negotiation skill. The other person will take the part of the persuader and make the distracting and persuasive statements.
- If you have new ideas, change the script.
- Then continue to reverse roles so that each partner has a turn practising the assertive message by refusing, delaying and negotiating.



STEPS TO DELIVER AN ASSERTIVE MESSAGE



Steps	Description	Words you might say	
1. EXPLAIN YOUR FEELINGS AND THE PROBLEM	State how you feel about the behaviour /problem. Describe the behaviour/ problem that violates your rights or disturbs you.	 I feel frustrated when I feel unhappy when I feel when It hurts me when I don't like it when 	B
DISTRACTING STATEMENT	Other person tries to get you off topic	e. (F
GET BACK ON TOPIC.	Bring attention back to your assertive message.	 Please let me finish what I was saying I'd like you to listen to what I have to say 	多
2. MAKE YOUR REQUEST	State clearly what you would like to have happen.	 I would like it better if I would like you to Could you please Please don't I wish you would 	多
3. ASK HOW THE OTHER PERSON FEELS ABOUT YOUR REQUEST	Invite the other person to express his/her feelings or thoughts about your request.	 How do you feel about that? Is that OK with you? What do you think? What are your thoughts on that? Is that all right with you? 	多
PERSUASIVE STATEMENT	Other person tries to get you to chang	ge your mind.	•
REFUSE	Say "No" repeatedly and, if necessary, leave	No, no, I really mean no!No, no and I'm leaving!No, I'm not going to do that!	
DELAY	Put off the decision to a later time	 I'm not ready now - maybe later. Maybe we can talk later. I'd like to talk to a friend. 	多
NEGOTIATE	Negotiate so that you both can win	Let's do instead.How about we try?What would make us both happy?	

WE'RE BOTH CLEAN (A)





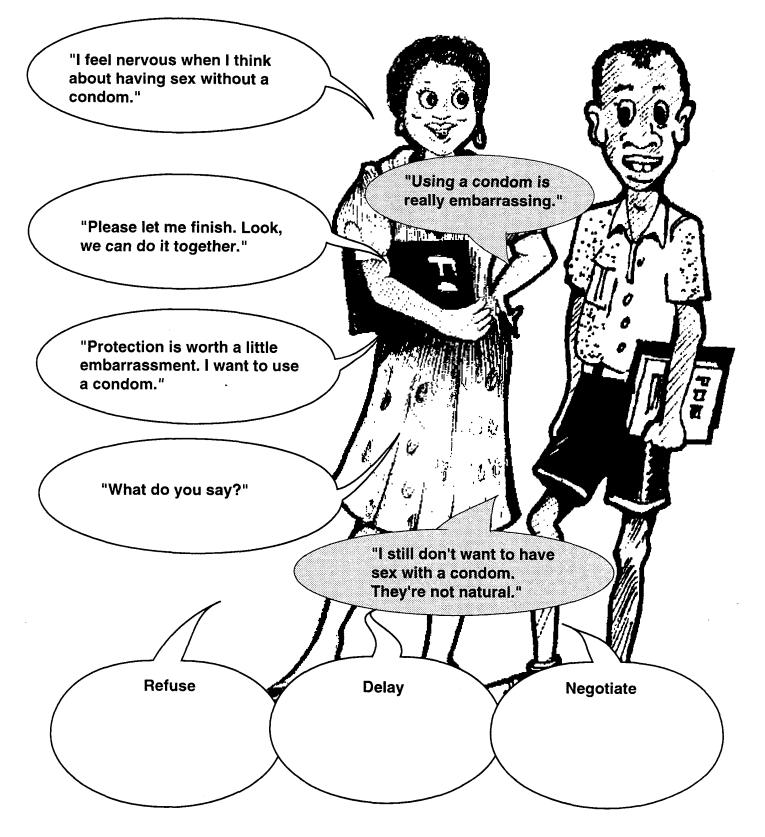
ACTIVITY 19

STEPS TO DELIVER AN ASSERTIVE MESSAGE

Steps	Description	Words you might say	
1. EXPLAIN YOUR FEELINGS AND THE PROBLEM	State how you feel about the behaviour /problem. Describe the behaviour/ problem that violates your rights or disturbs you.	 I feel frustrated when I feel unhappy when I feel when It hurts me when I don't like it when 	
DISTRACTING STATEMENT	Other person tries to get you off topic	e. (
GET BACK ON TOPIC.	Bring attention back to your assertive message.	 Please let me finish what I was saying I'd like you to listen to what I have to say 	
2. MAKE YOUR REQUEST State clearly what you would like to have happen.		 I would like it better if I would like you to Could you please Please don't I wish you would 	
3. ASK HOW THE OTHER PERSON FEELS ABOUT YOUR REQUEST	Invite the other person to express his/her feelings or thoughts about your request.	 How do you feel about that? Is that OK with you? What do you think? What are your thoughts on that? Is that all right with you? 	
PERSUASIVE STATEMENT	Other person tries to get you to change your mind.		
REFUSE	Say "No" repeatedly and, if necessary, leave	No, no, I really mean no!No, no and I'm leaving!No, I'm not going to do that!	
DELAY	Put off the decision to a later time	 I'm not ready now - maybe later. Maybe we can talk later. I'd like to talk to a friend. 	
NEGOTIATE	Negotiate so that you both can win	Let's do instead.How about we try?What would make us both happy?	

CONDOMS ARE EMBARRASSING (B)





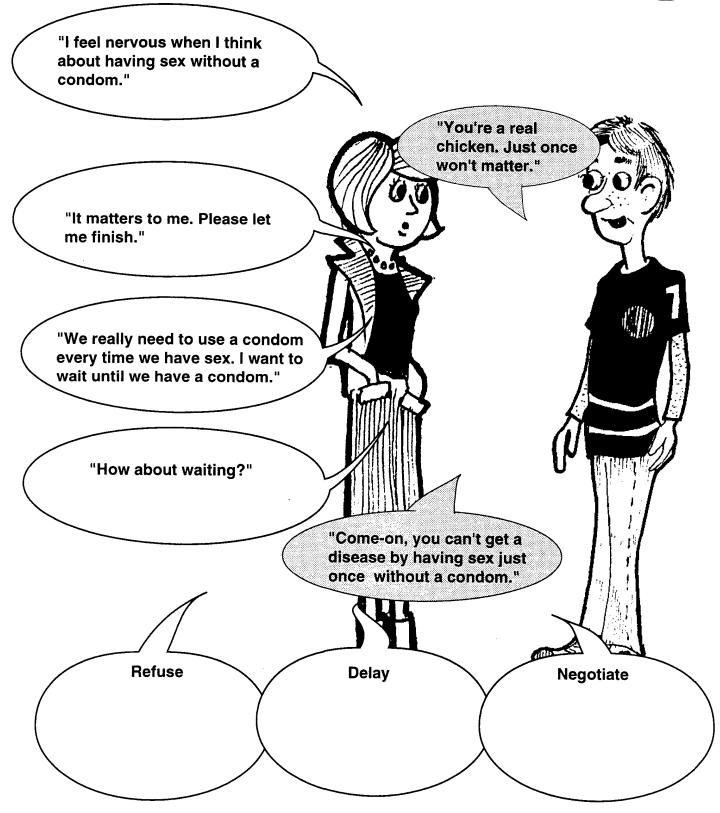
STEPS TO DELIVER AN ASSERTIVE MESSAGE



Steps	Description	Words you might say	
1. EXPLAIN YOUR FEELINGS AND THE PROBLEM	State how you feel about the behaviour /problem. Describe the behaviour/ problem that violates your rights or disturbs you.	 I feel frustrated when I feel unhappy when I feel when It hurts me when I don't like it when 	B
DISTRACTING STATEMENT	Other person tries to get you off topic	e. (F
GET BACK ON TOPIC.	Bring attention back to your assertive message.	 Please let me finish what I was saying I'd like you to listen to what I have to say 	多
2. MAKE YOUR REQUEST	State clearly what you would like to have happen.	 I would like it better if I would like you to Could you please Please don't I wish you would 	多
3. ASK HOW THE OTHER PERSON FEELS ABOUT YOUR REQUEST	Invite the other person to express his/her feelings or thoughts about your request.	 How do you feel about that? Is that OK with you? What do you think? What are your thoughts on that? Is that all right with you? 	多
PERSUASIVE STATEMENT	Other person tries to get you to chang	ge your mind.	•
REFUSE	Say "No" repeatedly and, if necessary, leave	No, no, I really mean no!No, no and I'm leaving!No, I'm not going to do that!	
DELAY	Put off the decision to a later time	 I'm not ready now - maybe later. Maybe we can talk later. I'd like to talk to a friend. 	多
NEGOTIATE	Negotiate so that you both can win	Let's do instead.How about we try?What would make us both happy?	

NO CONDOM AVAILABLE (C)





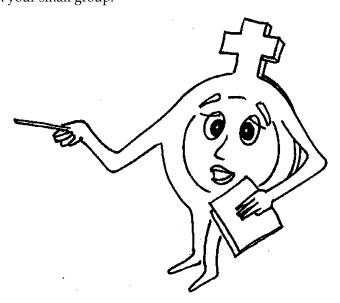




- 1. How did it feel being
 - a. the person persuading not to use a condom?
 - b. the assertive person speaking in favour of condom use?
- 2. In what way do the responses change from one scenario to another?

SET Part II

- 1. On your own, read *Taking Responsibility* and decide who should take responsibility for each action listed in the chart.
- 2. In your small group, compare everyone's responses and discuss reasons for differences of opinion.
- 3. Complete the Follow-Up: Part II in your small group.







Taking Responsibility

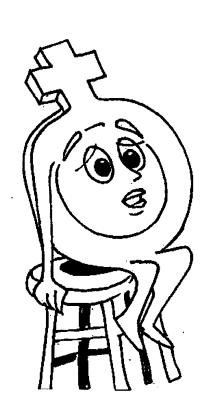
If you were to become involved in having sexual intercourse, indicate the person(s) you think each responsibility belongs to by placing a checkmark (\checkmark) in the appropriate column(s).

The responsibility for		Me	Partner	Both	Either	Neither
1.	starting the discussion about using condoms for protection belongs to					
2.	purchasing the condoms belongs to					
3.	making sure the condom is available if sexual intercourse occurs belongs to					
4.	refusing to have sexual intercourse if no condom is available belongs to					
5.	knowing the correct way to put on a condom belongs to					
6.	knowing the correct way to remove a condom belongs to					
7.	actually putting on the condom belongs to					
8.	knowing what to do if the condom breaks during sexual intercourse belongs to					
9.	disposing of the condom belongs to					





Is there a need to talk about the responsibilities in condom use? When and why should that discussion take place?
Using your answers from the <i>Taking Responsibility</i> chart, discuss the statement "caring for myself means I care for my partner."



RESPONSIBLE BEHAVIOUR: SAFER SEX (KNOWLEDGE)



CONSIDERING RESPONSIBLE SEX

READY

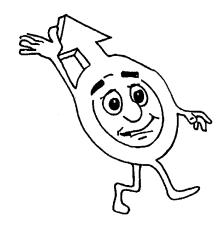
Abstinence is the best way to avoid sexual transmission of STD and HIV (and unplanned pregnancy). Those who do not abstain and who use safer sex behaviours are not completely protected against STD infection (or unplanned pregnancy). However, when used in combination, safer sex behaviours reduce the risk of infection.

In this activity, you will

- identify safer sex behaviours and their benefits
- identify potential risks of safer sex behaviours
- · discuss ways to make situations safer with respect to HIV or STD



- 1. With your teacher read *Safer Sex Behaviours*. Notice that the safer sex behaviours have been listed in groups.
- 2. Observe the *Continuum of Safer Sex Behaviours* in this activity. Notice how the continuum is divided into two sections. The upper section represents safe behaviours (e.g. abstinence) and the lower section represents safer sex behaviours (e.g. condom use). On your own decide what the correct order should be for the groups of behaviours from safest to least safe. Put the number of the group of behaviours in the appropriate box on the continuum. In the longer boxes, to the right of the continuum, write the group of behaviours that corresponds to the number you placed in the box.
- Compare your answers with the rest of the class and try to reach agreement on the order.
- 4. With a partner, read *Decisions about Safer Sex*. Decide which safer sex behaviour each of the 5 couples is thinking of adopting, what problems the couples may have if they rely only on the particular behaviour(s) they have chosen and how they might protect themselves more completely from STD.
- 5. Complete the Follow-Up as directed by your teacher.



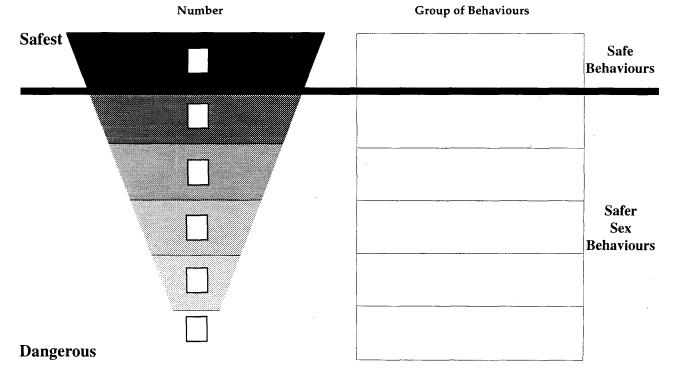
Safer Sex Behaviours*



1	 honest discussion of sexual history HIV/STD testing reduction of sexual partners 	4	 condom use honest discussion of sexual history do not participate in high risk behaviours (e.g. anal sex and injection drug use)
2	condom usemonogamy (with uninfected partner)HIV/STD testing	5	 abstinence kissing (wet) massage petting below the waist
3	withdrawal method reduction of sexual partners	6	• condom use

GO

Continuum of Safe(r) Sex Behaviours



^{*} Safer sex behaviours are behaviours associated with sex that <u>may</u> reduce the risk of transmission of STD and HIV. The term "safer" as compared to "safe" sex behaviours indicates sexual behaviours that may involve some risk of transmission.

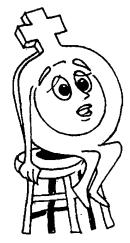


Decisions about Safer Sex

In each scenario described below, a couple has decided to have sex and to rely on a safer sex behaviour to reduce their risk of infection by HIV or other STD-causing organisms.

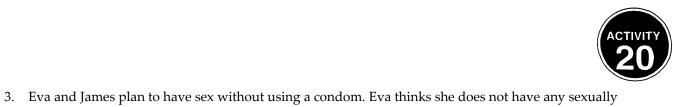
For each scenario state

- the safer sex behaviour(s) adopted by the couple
- the problem(s) they may have
- the ways they might make the situation safer with respect to HIV or STD infection and unplanned pregnancy



1. Mary and Peter plan to have sex and use a condom, although they do not know very much about condoms. Neither has had sex before or injected drugs.

Safer sex behaviour(s):
Possible problems:
How could Mary and Peter make the situation safer?
2. Rebecca and Silas plan to have sex without using a condom. Rebecca has been taking the birth control pill for several months for menstrual cramps. This will be her first experience of having sex, and Silas has recently been tested for HIV and received a negative test result.
Safer sex behaviour(s):
Possible problems:
How could Rebecca and Silas make the situation safer?

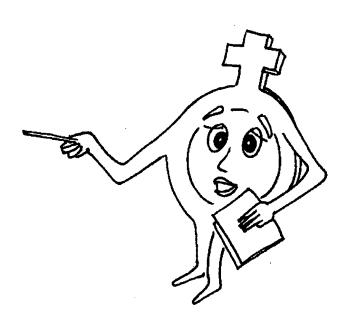


transmitted diseases. James has told Eva about his previous sexual partners and assured her that all of them told him they were disease-free.
Safer sex behaviour(s):
Possible problems:
How could Eva and James make the situation safer?
4. Steve and Sara plan to have sex without using a condom. Steve has assured Sara that they are safe because Sara is taking the birth control pill and he has reduced his number of sexual partners since he found out about AIDS.
Safer sex behaviour(s):
Possible problems:
How could Steve and Sara make the situation safer?
5. Annie and Simon plan to have sex without using a condom. Both of them have had vaginal intercourse before, but neither of them has engaged in anal sex. Annie is seeing only Simon, and Simon has told Annie he is also monogamous. Simon has never used injection drugs, and Annie has told Simon that she gave up doing injection drugs two years ago and has felt healthy ever since.
Safer sex behaviour(s):
Possible problems:
How could Annie and Simon make the situation safer?

FOLLOW-UP



1.	What problems are common to most if not all of these <i>Decisions About Safer Sex</i> scenarios?
2.	Why do some people not tell the truth in a relationship?
3.	How can you increase the reliability of information people tell you?
4.	If you are or will be sexually active which of the safer sex behaviours would you use? On a scale of 1 (low) to 10 (high) what do you think your risk of contracting HIV or an STD will be if you use these safer sex behaviours?

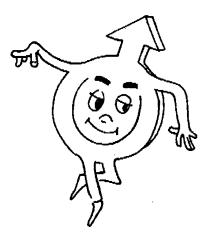


ACTIVITY 20

Learning Journal Entry for Activity 20 (Considering Responsible Sex)



- 1. Complete the following unfinished sentences.
 - The easiest part for me in communicating about condoms to a partner would be...
 - I feel safer sex practices other than condom use are...
 - Answering questions about my past sexual experiences for a potential partner would be...
 - Asking a potential partner questions about his/her past sexual experiences would be...
- 2. Summarize your concerns (worries or doubts) about the non-use of condoms.
- 3. During this activity I felt...



SAFER SEX (TALKING WITH YOUR PARENT(S)/GUARDIAN(S))



COMPARING VIEWPOINTS

READY

Sometimes we really do not know what parents/guardians think about various issues. This is especially true for attitudes about AIDS and sexuality. It is interesting to try to predict what they will say and then find out what is really true.

The topic of sex is often difficult for teenagers to discuss with their parents)/guardian(s). However, it is important for young people and parents)/guardian(s) to discuss critical issues such as sexuality with each other. The following activity provides an opportunity for you and your parent(s)/guardian(s) to explore thoughts and feelings about sexual behaviours.

SET Part I

- 1. You will complete page 2 while your parents)/guardian(s) completes his/her copy of page 2.
- 2. Indicate whether you agree, disagree or are uncertain about the 8 statements, and then do the same for how you think your parents)/guardian(s) will respond to each statement.
- 3. Ask your parents)/guardian(s) to respond to his/her views of the statements and how he/she thinks you will respond.
- 4. Compare your responses.
- 5. If you feel comfortable doing so, discuss with your parents)/guardian(s) any responses which are different.

Teenager's Views



Read each statement and determine whether you Agree, Disagree, or are Uncertain about how:

- 1. you feel about each statement
- 2. you think your parent(s)/guardian(s) feel about each statement

Circle the letter to indicate the responses to each statement.

A = Agree	U = Uncertain	D = Disagree

			ME		PA	REN	TS
1.	I need to know more about AIDS.	A	U	D	A	U	D
2.	I am frightened about the AIDS situation.	A	U	D	A	U	D
3.	I think delaying sex is the best way of avoiding AIDS.	A	U	D	A	U	D
4.	I think young people with AIDS should be able to attend regular school classes.	A	U	D	A	U	D
5.	I could be a close friend to someone with AIDS.	A	U	D	A	U	D
6.	If a person is going to have sex, he/she should use a condom.	A	U	D	A	U	D
7.	I think people with the AIDS virus (HIV) should be able to serve the public (waiter, food preparer, etc.).	A	U	D	A	U	D
8.	The AIDS situation can only get worse.	A	U	D	A	U	D

FOLLOW-UP

You may have different views about some issues compared to your parents)/guardian(s)'s views and/ or your predictions about his/her views may differ from what they actually are.

- 1. Discuss with your parents)/guardian(s) similarities and differences between how you thought they would respond to the questionnaire and how they actually did respond.
- 2. Recall experiences related to relationships with others. Compare the challenges, concerns and fears you face today with those your parents)/guardian(s) faced in their past.

SET Part II



1. In this part you are to conduct an interview with your parent(s)/guardian(s) using the questions below. You may wish to consider some of the questions beforehand. Remember to remind your parent(s)/guardian(s) that it is OK to "PASS" on some of the questions if they feel they cannot answer them.

GO Part II

1. Did your own parents talk to you about sex? Yes No (Circle the response)

a. If yes, what about?

b. If no, would you have liked to and why?

2. What was your main source of learning about sex? parents other family members (Circle the response)

friends school media books

other:

a. How accurate was what you learned? (Circle the response)

Very accurate Somewhat accurate

Inaccurate

3. How would you have liked to have received your sex education? parents other family (Circle the response) members
friends school media books other:

4. At what age did you first have a boyfriend/girlfriend?

a. What did you usually do when you were together?

b. If you went out some place that cost money, who paid?

Boy Girl Both Parents

(Circle the response)

c. What is your opinion of sharing costs for dates?



5.	Did you have rules (from your parents) about seeing boys/girls? Yes No (Circle the response)
	a. If yes, what were they?
	b. If no, do you think young people should have such rules?
6.	Did you have a lot of boyfriends/girlfriends? Yes No (Circle the response)
	a. If yes, did your family/community approve?
	b. If no, do you think it's wise for young people to go out with lots of boys/girls?
7.	At what age did you feel you were really in love?
	a. What was it like?
8.	Did you think about birth control when you were young? Why or why not?
9.	Were sexually transmitted diseases a concern when you were younger? Yes No (Circle the response)
	a. How could you have protected yourself from them?
10.	What did people think about condoms when you were younger?
11.	If you could have changed anything about dating and/or sexual relationships, what would you have changed?



EQUALITY FOR ALL I

READY

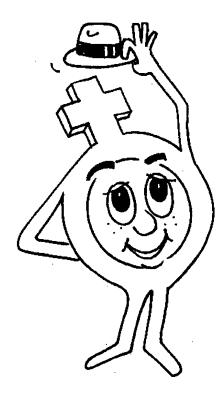
When we treat others as less than our equals (intolerance) we deny them, a basic human right. Intolerance usually begins as prejudice which often leads to discrimination. Discrimination is failing to treat others as equals.

In this activity, you will

- decide if each of a series of statements represents prejudice or discrimination
- read and discuss a story about a person who experienced prejudice and discrimination
- identify examples of prejudice and discrimination and identify statements that you do and do not agree with

SET Part II

- 1. With your teacher, read Prejudice and Discrimination.
- 2. On your own, read the List of Statements and decide whether each statement represents prejudice or discrimination.
- 3. Complete the Follow-UP: Part I as directed by your teacher.







Prejudice and Discrimination

To be *prejudiced is* to "pre-judge," to hold a negative <u>opinion</u> of someone without a basis for that opinion.

A common form of prejudice is judging a person's abilities or intentions by his/her appearance. For example:

- She really looks dumb.
- He seems weird.

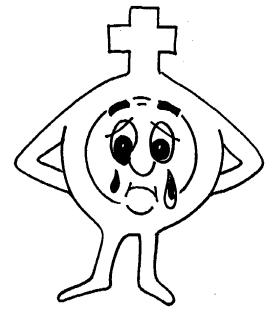
Also common is basing a negative opinion of a person's behaviour on the behaviour of others with similar characteristics. For example:

- Males are thoughtless.
- The grade 9s are the reason we don't have school spirit.

When prejudice is translated into <u>actions</u> it *is discrimination*. When we, without learning the facts I about an individual, do not treat him/her with the same respect and grant him/her the same privileges as anyone else in our society, we are discriminating against him/her.

Discrimination, like prejudice, is often based on assumptions about the appearance of others or on their membership in a group. For example:

- A person is denied a job because he/she is overweight.
- Women are not paid as much as men for equal work.





List of Statements

Decide whether each statement represents prejudice or discrimination and place a checkmark (\checkmark) in the appropriate column.

STATEMENT	PREJUDICE	DISCRIMINATION
1. Taxi drivers are reckless drivers.		
2. Females are not allowed to play on male teams		
3. Jocks cause all the trouble in school.		
4. People on welfare are lazy.		
5. Only gay people get AIDS.		
6. A doctor/dentist refuses to treat someone who is HIV positive or has AIDS.		
7. Only a gay guy would wear an earring		
8. A person who is HIV-positive is not considered for a job in which he or she will handle food.		
9. People living with AIDS get what they deserve.		
10. An HIV-positive student is barred from attending school.		

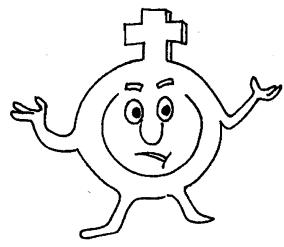
FOLLOW-UP Part I



1.	Do you agree with the statement, "Everyone is prejudiced and discriminates against others at some
	time in their lives"? Why or why not?
2.	Why is it in your own best interest to value equality for all?
3.	How can we begin to change attitudes and stop actions that result in individuals not being treated as equals?

SET Part II

- 1. In a small group, read *HIV-Positive Teen Barred from Pool* and identify examples of a. prejudice
 - b. discrimination
- 2. On your own, read *A Letter to the Editor* and write statements you agree and disagree with.
- 3. Complete the Follow-Up: Part II as directed by your teacher.







HIV POSITIVE TEEN BARRED FROM POOL

The Council was meeting and the town hall was filled. In the middle of the circle of chairs were three people: Dr. Little from the Public Health Department; Jerry, an 18-year old gay male, known to be HIV-positive; and the mayor of the town, who had announced the meeting. The special meeting had been called in response to the community's outcry to prevent Jerry from swimming in the public pool.

The first speaker was a woman who had three young children taking swimming lessons at the pool. She insisted that Jerry be quarantined because she didn't want her children near anyone who is gay and particularly someone who has AIDS.

The doctor tried to assure her that AIDS could not be transmitted by swimming in a pool, but was interrupted by an angry young man who stood up and said, "I am repulsed by this man's lifestyle. I am repulsed by his disease and I am repulsed by him. This is a disease of nature. Nature will take care of something that is wrong; it will get rid of it. ,AIDS will kill them off. These people are getting what they deserve. They should all be quarantined."

Several people in the crowd supported his comments by applauding and a number of others stood up to speak, urging the Council to exclude Jerry from the public swimming pool. When a vote was taken, it was unanimously decided that Jerry should not be allowed in the pool. As well, two restaurant owners said, publicly, that he wouldn't be allowed to eat at their tables.

When Jerry was given the chance to respond he said, "I'm trying to fight a very serious illness. I've been fired from my job and I have trouble getting medical care. Even some of my friends and my family members have rejected me. How do you think I feel when my own community turns against me?"

Examples of Prejudice and Discrimination

1. Prejudice		
a.		
b.		
C.		
2. Discrimination		
a.		
b.		
c.		

ACTIVITY 22

Letter to the Editor

Although there was such strong support to bar him from the pool by those attending the public meeting, Jerry felt he had to speak out against the false statements that had been made. His comments were printed in a letter to the editor of the local newspaper several days later.

"When you're HIV-positive;" Jerry wrote, "there are usually no signs or symptoms to indicate that you have the virus that leads to AIDS. That means there are probably others in the pool who don't even know they are infected. As well, it is now well documented that HIV is not transmitted by saliva and certainly the chlorine in the pool would kill any possible viruses.

"Casual contact such as swimming in a public swimming pool, touching, sharing eating utensils, or even dry kissing do not cause transmission of HIV.

"The intolerance and discrimination of this situation is of more concern to me. Homophobia (a fear of gay men and lesbians and a fear of homosexual feelings and actions in oneself) damages all of us, not just gay men and lesbians. Homophobia prevents some males from forming close relationships with other males because they fear they will be labelled gay. Certain activities which are usually considered feminine are 'off limits' to males-as valuable as they may be.

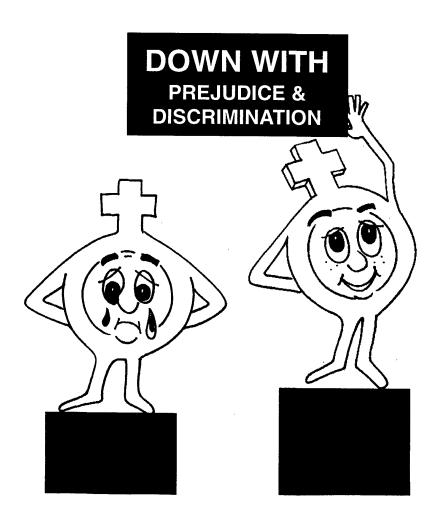
"Studies have concluded that people with the most prejudice toward homosexuals tend to be strongly authoritarian, support double standards for men and women, and generally discriminate against other minority groups."

	Statements by Jerry with which you agree:
2.	Statements by Jerry with which you disagree:





1.	Why did the man in the audience express anger toward gay men and lesbians?
2.	Why is it in your own best interest to not be prejudiced or discriminate against gay men and lesbians?
3.	How would you react to the situation if you were in the audience? Why?





EQUALITY FOR ALL II

READY

Ryan White was a real person who had AIDS. He contracted the virus during a blood transfusion before blood used in transfusions was screened.

The story of his struggle with discrimination by his school, his church and his peers helps all of us to become aware of the feelings of people who are "put-down" and not treated equally. Ryan died in 1990 after a courageous campaign to educate people all over the world about AIDS.

Ryan and his family moved away from their hometown before he died. In this activity, you will read and evaluate several quotations taken from Ryan's book, *Ryan White: My Own Story*. The quotations

illustrate how people in his hometown discriminated against Ryan and his family and how people in another town treated Ryan and his family with understanding.

In this activity, you will

- read quotes from Ryan White: My Own Story and decide which are the most hurtful to Ryan and the most meaningful to Ryan, and why
- indicate how you felt about the two towns' reactions to Ryan



- 1. On your own, read *Town A: Comments and Actions*, and write two sentences beginning with "After reading *Town A: Comments and Actions I* felt..."
- 2. Select three quotations from *Town A: Comments and Actions* that you think would be most hurtful to Ryan. Rank your selections from very hurtful to least hurtful. Write the numbers of the selections and state one reason you selected each hurtful quotation in the spaces provided.
- 3. On your own read *Town B: Comments and Actions*, and write two sentences beginning with "After reading *Town B: Comments and Actions*, I felt..."
- 4. Select three quotations from *Town B: Comments and Actions* that you think would be most meaningful to Ryan. Rank your selection from least meaningful to very meaningful. Write-the numbers of the selections and state one reason you chose each meaningful quotation in the spaces provided.
- 5. Discuss your selections.
- 6. Complete the Follow-Up in a small group.



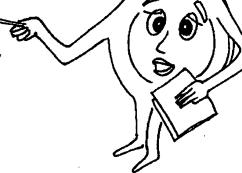
GO

Town A: Comments and Actions

- 1. "Every time I coughed -- I never did stop coughing, ever -- people turned around to see how close I was to them. No one would use the bathroom after me. On the way out of church, people shooed their kids away from us."
- 2. "One afternoon I went to see my girlfriend Kris, but she didn't seem too happy to see me. 'What's wrong?' I asked her. 'My parents don't think we ought to hang out together, anymore,' she mumbled."
- 3. "The owner of a diner recognized us when we asked for a glass of water. He wouldn't let us have any. He gave us cans of coke instead. As soon as we had finished eating, he had our waitress throw away all our glasses and dishes. 'Let's come back every week,' I suggested. 'Pretty soon they won't have any dishes left." -
- 4. "A familiar face showed up on the TV,- my math teacher was saying he didn't want me back in school. 'I can't believe it,' I exclaimed. 'He was my favourite teacher.'"
- 5. "But my Mom caught it the worst -- I don't know why. She had four loyal friends at work, but when she walked into the cafeteria, no one would say anything to her. When Mom got milk at the convenience store, the clerk didn't want to hand her the change. She dropped the coins into Mom's palm from about a foot and a half in the air."
- 6. "Kids in my school got first aid kits for their classrooms. Plus every night the whole school was going to be disinfected. I said that in the cafeteria I'd use paper plates and trays and plastic spoons and forks that could be thrown out when I was done. They thought I should use a separate water fountain, a private toilet, so I went along with that too."

7. "On Valentine's Day the computer department at school set up a computer dating service. They fed the names of every student into a computer and gave you the names of your perfect matches. Someone bugged the computer so that I was matched only with boys and my sister with girls."

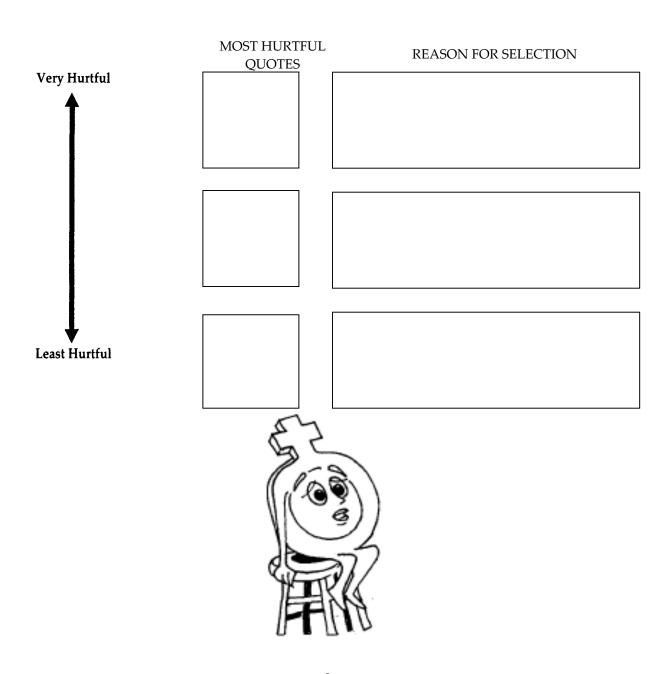
8. "Someone broke into my locker and stole a mirror that Mom had bought me. I had left a bunch of folders in my locker. Now they had 'faggot' and 'queer' scrawled all over them."







Top Three Hurtful Quotations



ACTIVITY 23

Town B: Comments and Actions

These comments were made after Ryan, his Mom and sister moved to another town and Ryan began attending a new school. They show the difference between an understanding, well-informed community and the prejudice of Ryan's hometown.

- 1. "A new high school neighbour dropped in. It seemed like years and years since that had happened. 'Hi', I managed to say. 'I'm president of the student body here and I wanted to invite you to our school.' she said. 'Now, you'll know someone when you come your first day.'"
- 2. "Once the kids and teachers were in gear, the school took its AIDS education campaign out into the community. They told the press what they were doing and they sent speakers to church meetings."
- 3. "The school's idea of starting with the students worked. Kids told their parents they understood AIDS wasn't contagious, they weren't scared of me, and they wanted to be in school. One family asked their kid to stay home, and he said, 'No!...
- 4. "When I walked into classrooms or the cafeteria, several kids called out at once, 'Hey, Ryan! Sit with me!' In my Science class, a slim, pretty dark-haired girl around my height asked me to be her lab partner."
- 5. "Sometimes I asked my new friends to help me stay as much like everyone else as possible. Whew, it was great to be around other people who thought that what I wanted was quite normal."
- 6. "I asked my Mom if she thought I could ask Alyssa for a kiss good-bye. Mom said, 'She can only say no!' Well, she gave me a giant hug and a big kiss. 'I'll never wash that cheek again', I told her. I felt eight feet tall."
- 7. "Greg Louganis, the Olympic diving champion, visited our town and invited our family to watch him compete. The first time he gave me the medal he won and let me climb up to the ten meter platform. Later he gave me one of the two gold medals he won at the PanAm games and invited me to his house in Malibu."
- 8. "When I turned 16, John Riser gave me a job at a surf and sport shop.

 My first pay check! I guess John took a chance taking me on.

 But, when people spoke to me they usually said something nice or wanted to know if it was really me."

3. What would be the most effective way(s) of reacting if you were subjected to discrimination?



AIDS - A NORTHERN STORY

The true life account of Leetia Geeta



Leetia Geeta was an Inuk who had AIDS. She contracted the virus through risky behaviours that involved alcohol, drugs and unprotected sex.

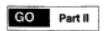
Leetia's story helps us become aware of the emotional struggles and difficulties that may face people who find out they have HIV/AIDS. Leetia died in Iqaluit in 1992 after a courageous campaign to educate people in the north about AIDS.

In this activity you will

- read "Leetia's Story"
- indicate what kind of support you would have wanted from others if you had been in Leetia's situation
- think about and list other supports that would be available in your community for people who live with HIV/AIDS
- identify qualities that a person would need to be an effective support to someone who had HIV/AIDS.



- 1. Read "Leetia's Story". After each numbered paragraph, write a response that tells how you would have liked to be supported if you had been Leetia. Your responses can be written as sentence completions that begin with the phrase, "I wish I had a friend here who would..."
- 2. Discuss your responses.
- 3. Complete the Follow-up in a small group.



Leetia's Storv



Leetia Geeta was born and raised in lqaluit. Her parents raised Leetia and her seven brothers and three sisters according to Inuit values. They camped in the summer time and harvested their own foods. By the time Leetia was 27 years old she had a young son of her own. Leetia had also been involved in drinking and drug abuse for several years.

In 1988 Leetia was experiencing some health problems and went to see a doctor. The doctor suggested that they do some blood tests to see if they could find the source of these problems. After the blood tests were done Leetia was called in to see the doctor and was told that she was infected with HIV -the virus that causes AIDS.

The following paragraphs describe some of the things that Leetia was thinking and feeling when she was told that she had HIV, and in the days and months that followed.

1.	The doctor has told me that I have a virus that will give me a disease called AIDS. There is no cur
for	r me. There is no pill I can take or no operation I can have that will cure me. He told me I have si
mo	onths to ten years to live. Six months! If I am going to die in six months, I'd rather just kill myself nov
anc	d not let my family know what I have!

I wish I had a friend here who would	

2. I feel so full of shame. I haven't told anyone that I have HIV. I don't even know much about this sickness but I think people would wonder, "What kind of human is she to get something like that?" I'm scared that my family and friends will turn away from me. I don't know what to do.

I wish I had a friend here who would...

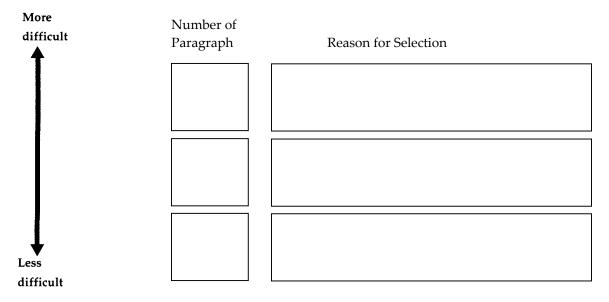


3. I don't like the way I feel. I'm drinking a lot these days and sleeping around too. It helps me to forget and I feel better for a little while. Maybe things will be normal again if I just pretend that none of this has happened.
I wish I had a friend here who would
4. Some people here have found out that I have HIV. Whenever I go out people stare at me and some say ugly things. Someone has written graffiti on a building that says, "Get that lady with AIDS out of here" and "Leetia should die". I'm afraid to go out alone.
I wish I had a friend here who would
5. I've been moved to Ottawa to live in a home with other people who have HIV. There are workers here who are supposed to teach us about how to live with HIV and AIDS. They say that if I learn how to take care of myself and stop having unsafe sex I can go back home. But I feel so lost here. I don't feel like eating and I'm not taking my medication the way they want me to. I'm still drinking whenever I can. My son is not safe with me when I've been on a binge. I feel completely out of control.
I wish I had a friend here who would
6. A friend has been looking after my boy and I've just finished a treatment program for drug and alcohol abusers. I'm starting to change things. I don't need to drink anymore. I've been asked to tell my story at an Aboriginal AIDS conference in Vancouver. I want to help my people but I would have to talk in a big room to hundreds of people. I'm scared to even think about it!
I wish I had a friend who would



FOLLOW-UP Part II

1. Select the three situations from paragraphs 1- 6 that you found to be the most difficult to respond to (ie. where you had a hard time trying to figure out the kind of support that could be offered to Leetia). Rank those three selections from 'more difficult' to 'less difficult' and give one reason why you selected it.



2. Can you think of other people in your community who might be able to support a person with HIV in the three situations that you selected? How could they help?

3. What do you think are the three most important qualities to have in order to effectively support someone living with HIV/AIDS? Why did you select each of these three qualities?

4. The next part of Leetia's story could be titled, "Leetia's Triumphs". Read her continuing story on the following page to see why. Suggest another title for this part of Leetia's story.

Leetia's Story ...continued



Leetia did go to speak at that conference in Vancouver and she did a lot of other remarkable things too. With people to support her she also:

- quit drinking and using drugs and learned how to take care of herself;
- arranged to have her son adopted into a loving family;
- returned to the North to talk to people in communities in her language and tell them that they were special, that their culture was important, and that they needed to learn about AIDS so that more people wouldn't die;
- raised money for HIV/AIDS education in the North.

The passion Leetia developed for helping the people of the North to learn about AIDS changed her. A close friend said that `7t was like watching a flower opening up. She just blossomed. She turned her death sentence into a chance at life for her people."

On February 28, 1992 Leetia Geeta died in the hospital in Iqaluit.

What title would you give to this part of Leetia's story?						
Why do you think it would be a good title?						



COMPASSION

READY

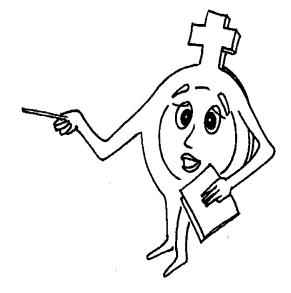
You have compassion for those in physical or emotional pain if you understand their pain in such a way that you feel you share it and want to do whatever you can to help.

In this activity you will

- identify reasons for showing compassion toward people living with HIV/AIDS
- identify compassionate actions you would feel comfortable doing to help two people whose problems are described to you

SET Part I

- 1. On your own, read Reasons for Showing Compassion Toward People Living with HIV/AIDS. Add any additional reasons you think of in the spaces provided.
- 2. Rate each reason, on a scale from 0 (not a good reason) to 3 (an excellent reason) for showing compassion. Write your rating in the spaces provided.
- 3. Complete the Follow-Up: Part I in a small group.







Reasons for Showing Compassion Toward People Living with HIV/AIDS

Consider each reason for showing compassion toward people living with HIV/AIDS and evaluate each reason on the scale:

0 = poor reason 1 = fair reason 2 = good reason 3 = excellent reason

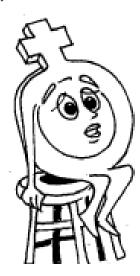
People living with HIV/AIDS should be treated with compassion because 1. everyone deserves to be treated with understanding 2. they are scapegoats for people who blame them for society's problems 3. they are infected with a painful disease which has no cure 4. they are often rejected by possible caregivers 5. you will be contributing to a caring society 6. it is good to think of someone other than yourself 7. it will help you overcome your own fears about HIV/AIDS 8. they are too young to be dying 9. it will make you feel good 10. they are often rejected by family and friends 11. they are often subjected to discrimination (loss of job, wages and/or housing)





The list of reasons to show compassion includes both benefits to the person living with HIV/AIDS and benefits to yourself and society. Discuss your top 4 ratings with regard to benefits to yourself, society and people living with HIV/AIDS. Which of the benefits is more important to you? Why?
In a small group, for each reason, tally the individual scores. Which 4 reasons received the highest total ratings from the group?
In your small group discuss the difference between compassion and pity.

- SEL Part II
- 1. Read the stories Living Through High School Memories and Local School Shows Support.
- 2. Read *Possible Ways to Show Compassion*. Notice that the possible ways to show compassion have been listed in 3 groups. For each story, select from each grouping one way you might show compassion for Julie and Louis. Your selections should represent actions you think could help the person in each story and which you believe you would be able to do. Write the letter of your selections and a reason for each selection in the spaces provided.
- 3. Complete the Follow-Up: Part 11 on your own.



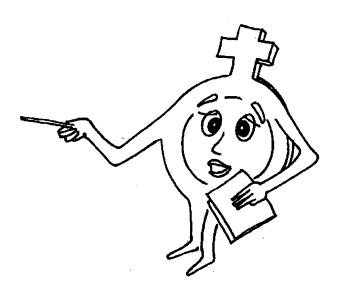


Living Through High School Memories

Julie Brown was a 13-year old student with honours standing before the accident. She used to figure skate, swim and play volleyball for her school.

Julie was hit by a van six years ago. She was in a coma for ten months and then spent another year in the hospital recovering. The accident left her blind and paralysed on the left side of her body. She can walk with a cane if someone helps her, however, she usually uses a wheelchair. Julie's speech is slurred and slow and her short-term memory was affected, although she can remember most of her life up to the accident.

For most teenagers graduation from high school is a time for celebration and moving on to a new phase of life. But to 19-year old Julie many good aspects of her life ended when she finished high school a year ago. She doesn't see much of her friends anymore, many have moved on with their lives and rarely stop by to visit. Julie remembers how much happier she was at school. Other students would help her with homework and spend time with her at breaks. "The school was my life, now that school has ended I don't feel there is much to live for;" Julie says.





Local School Shows Support

Last night Louis Henry spoke to over 200 people in his community telling them what it was like when his school found out he had AIDS. When Louis finished his story and stepped back from the microphone he received a standing ovation.

"All I want is to be accepted, because that's what important," said Louis as he began his speech.

Louis found out that he had AIDS a year ago -- he was 17 years old. "I never felt so utterly alone in the world. Had it not been for my parents, I don't know what would have happened to me in the first six months."

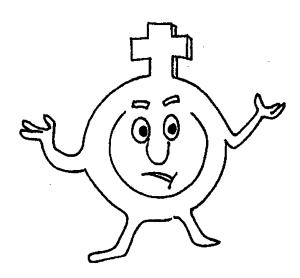
Louis described the initial reaction in his hometown as mostly rejection. People who had been his friends at school believed he could give them AIDS if he sneezed on them. Lots of times people avoided him when he walked by. His parents received more than a few threats and his two younger brothers were teased and avoided at their school.

"Mom never gave up, she kept telling me to never feel sorry for myself. She was honest to me about my disease and was always there to listen even when I wanted to talk about death."

Louis' talk at his high school was the kick-off for a charity dinner to raise funds for a local service that helped people living with HIV/AIDS. He was asked to speak because he had struggled through months of meetings with school board officials to defend his right to attend school with the same rights and privileges as other students.

Louis says that life is better now. But there are still classmates who avoid him or make jokes. He has no guarantee against future illnesses. In the meantime, he would like to help by speaking out against misinformation about AIDS and about the people who are living with HIV/AIDS.

Louis closed by saying, "People living with AIDS need someone to help them. Friends, family and the community can be very valuable. Remember you cannot get AIDS by being near someone who has AIDS."





Possible Ways to Show Compassion

Select from each grouping one way you might show compassion for, (1) Julie, if you were an acquaintance of Julie's during high school, (2) Louis, if you were his friend. Write the letters of your three selections and a reason for each in the spaces provided after the list.

GROUP 1

- a. Ask the person if he or she would like to talk about the problem. Listen actively.
- b. Be futuristic. Talk about tomorrow, next week, next year, without denying the problem. Discuss current events, mutual friends and common interests.
- c. Talk about your feelings of concern about changes in his or her appearance (weight loss, etc.) and physical ability (fatigue and strength).
- d. Accept that the person may be angry and encourage him/her to express anger.
- e. Don't lecture or become angry. Be positive and non-judgemental. Don't allow the person to blame him/herself.
- f. Share emotions--laugh and cry. Encourage the person to express feelings.

GROUP 2

- g. Offer to help with chores the person cannot do -- buying food or providing transportation, for example.
- h. Encourage the person to continue to make decisions for himself/herself. Volunteer to do chores he/she cannot manage.
- i. Accept that occasionally the person may not want to see you. Be willing to call again.
- j. Help celebrate holidays and other special occasions.
- k. Be creative. Decorate the room. Play music, bring books and magazines. Celebrate life.

GROUP 3

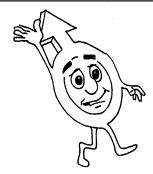
- 1. Touch or hold his or her hand; give him or her a hug or a kiss if it is appropriate.
- m. Enjoy quiet times just sitting with the person, perhaps watching TV. Silence is okay.
- n. Offer to relieve the family members who are caring for the person. Invite them out. Listen to hem. Stay with the person while they go out.
- o. Find additional support groups among friends and in the community. Don't let the person become isolated.
- p. Take care of your health. Share your emotions with friends and loved ones. You can be more help when you are well.



POSSIBLE WAYS TO SHOW COMPASSION TOWARD JULIE

POSSIBLE WAYS TO SHOW COMPASSION TOWARD LOUIS

Group 1	Why?	Why?			
Group 2	Why?	Why?			
Group 3	Why?	Why?			
FOLLOW-UP Part II 1. Why might it be difficult for some people to have or show compassion?					
2. If you would like to become more compassionate how could you do so?					





SUPPORTS FOR RESPONSIBLE BEHAVIOURS

READY

Youth is often a time of experimentation which may involve risk taking. Research has shown that many young people support risks that can be dangerous to their health and safety. For example, young people frequently support peers who take risks sexually. However, in the era of AIDS this can be dangerous. The norms surrounding drinking and driving have been changed by friends supporting friends who don't drink and drive. Similarily friends can support friends who value abstinence, have made the decision to use safer sex practices (i.e. condoms) or who have decided to show tolerance and compassion toward people living with HIV/AIDS.

In this activity you will

- indicate ways to support a decision to adopt responsible, healthy behaviours
- indicate ways to support tolerance and non-discrimination and compassion toward people living with HIV/AIDS



- 1. With your teacher, read the Action Scenarios.
- 2. The main character in each *Action Scenario* adopts responsible behaviours that avoid discrimination and the risk of sexually transmitted infections. With your teacher, discuss the behaviours of the main character in each *Action Scenario* and decide if it represents the typical response of a young person. Discuss how friends might respond to the main character in each of the scenarios <u>without</u> writing any statements in your notebook.
- 3. With your teacher's help, your group will select one Action Scenario, and for the one selected, brainstorm 7 or 8 statements that support the decision to adopt responsible, healthy behaviours or to support non-discrimination and compassion. Write the statements in the spaces provided.
- 4. Role play in your group the selected *Action Scenario* using the support statements brainstormed by your group. One member of your group will play the role of the main character. Everyone in the group should say at least one line. Once you have done the scenario in your small group you will be asked to perform the role play for the class.
- 5. Complete the Follow-Up as directed by your teacher.





Action Scenarios

You are at a community dance and talking to a person to whom you are very attracted. You know
that he/she is your friend's cousin from another community, but have never had the chance to meet
him/her. You know that he/she is quite "experienced." Your parents have gone to their camp for
the weekend and he/she suggests you spend the night together. You refuse and avoid the person
for the rest of the evening.

It is the next morning and your friends ask you what happened the night before as everything seemed to be going so well. You tell them you didn't feel comfortable leaving with someone who is that sexually experienced.

What could friends say to support your decision not to have sex?

2. Someone you have been seeing for awhile and really "love," is trying to persuade you to have sex. You use all of your assertive skills, but the situation gets worse. He/she will not agree with you and becomes impossible to reason with. Finally you leave the house. When you get home you tell your brother/sister what happened.

What could your brother/sister say to support your decision not to have sex?

3. You have been going with the same person for quite some time now. You respect and love each other very much. You have talked about sex and agreed you must use a condom if you have sex. You have experienced sex together a few times already. Everything is right to have sex again. However, for some reason neither of you has a condom. Your boyfriend/girlfriend suggests that you not "break the mood" by going to get one, but after some convincing he/she agrees that you should not have sex without using a condom. Instead, you continue to show your affection for each other with more talking and lots of hugging, kissing and caressing.

You feel you made the right decision to not have sex because you didn't have a condom. But you are very concerned that this might affect your relationship, and that your boyfriend/girlfriend will lose interest in you. You really want to discuss this with someone and see what they think so you go talk to a friend about it.

What could your friend say to support your decision not to have unprotected sex?



4. It is Monday afternoon outside the Co-op. You are talking with your friends about things that happened over the weekend.

One of your friends is bragging about his/her weekend experiences. There had been a party at which people did drugs, got drunk and had sex.

A couple of people in the group are impressed by your friend and make statements that support the behaviours he/she was involved in.

At this point in the conversation, your friend turns to you. You, however, are not impressed.

What could you say to your friends to support responsible behaviours that avoid transmission of HIV/AIDS and other STD?

5. After the hockey game, you and four of your friends want to go for pizza. The decision has been made to go to a nearby pizza place when somebody in the group says, "I don't want to go there."

Someone else asks, "Why not?"

The response is, "I heard that the pizza maker there has AIDS. I'm not going to risk getting AIDS!"

Another person in the group says, "You can't believe everything you hear."

The fourth member of the group adds, "I don't know -- I heard something like that, too, but I wasn't going to say anything about it."

Everyone in the group turns to you. You are in favour of going to the pizza place.

What could you say to your friends to support non-discrimination and compassion toward people living with HIV/AIDS?



6. You are sitting around the coffee shop with some of your friends. The conversation is about a new display at the mall. The display features the AIDS quilt and a photo collection. No one in the group has been to see the display.

One person says that he/she saw some television coverage of the display. Each quilt panel has the name of a person who died of AIDS. There are more than a thousand panels in the quilt. Someone else says that the photo collection tells the story of discrimination, rejection and suffering experienced by many people living with AIDS.

Someone else says that he/she heard that many of the photos are of homosexual males or drug users.

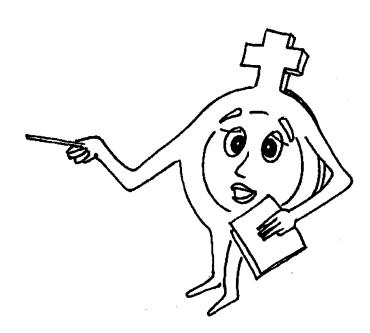
One of your friends suggests you go down to the mall together tomorrow afternoon to support the idea behind the display.

Another of your close friends says, "I wouldn't be caught around a display like that because someone might think that I'm gay."

Another person in the group offers, "I know what you mean. My brother went to see the display and someone said that he must be gay or a drug user."

You know that your friends now expect you to say something. You would like to visit the display at the mall.

What could you say to your friends to support non-discrimination and compassion toward people living with HIV/AIDS?





Support Statements for Scenario # _____

FOLLOW-UP
 a. Some people feel that it is not cool to support healthy decisions like those in the scenarios in this activity. Why do you think this might be true?
b. What difficulties might you encounter in supporting healthy behaviours and how might you overcome these difficulties?
 In a small group, state how talking about values and beliefs with friends can influence a person's behaviour.



COMPASSION, NON-DISCRIMINATION AND SUPPORT

READY

Knowing how to be compassionate, non-discriminatory and supportive will mean little to you unless you practise these behaviours in everyday situations. By practising these behaviours they will become a natural part of your life, you will feel better and you will be supporting others.

In this activity, you will

• complete an action plan that requires you to think about ways you could show compassion, non-discrimination and support and, possibly, practise these qualities

SET

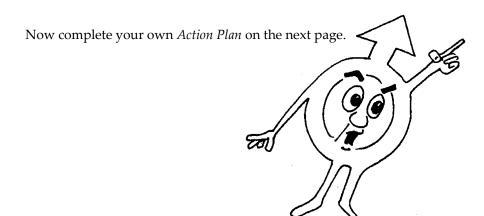
- 1. With your teacher, read An Example of an Action Plan.
- 2. Select someone, a group of people, or lifestyle that has been discriminated against or should be supported. If you cannot think of a person (or lifestyle) in your community, read newspapers and magazines, and listen to radio and television news broadcasts for ideas. Some suggestions are listed below:
 - visit someone in the hospital
 - do something for a relative who is older or possibly ill
 - do something special for your mother, father, sister or brother
 - be nice to a student who seems lonely or sad at school
 - bring some extra food to a place that feeds the poor or homeless
 - support a friend who is having difficulties in his/her life
- 3. Record your selection, the source of your selection, and the reasons for your choice on your *Action Plan*.
- 4. Think of at least 4 specific ways you feel you could show compassion, non-discrimination or support and write them in the spaces provided on the *Action Plan*. (If appropriate, try putting some of the things you have written down into practise.)
- 5. Summarize your feelings about what you tried to do. If you could not complete some plans, explain why.
- 6. Complete the Follow-Up on your own. You will be asked to hand in your responses to the questions with your *Action Plan*.





An Example of an Action Plan

- 1. My selection: Discrimination Against Gay Son.
- 2. Source of my selection: A newspaper article, "Father Threatens to Disinherit Son Who Is Gay."
- 3. Reasons for my selection: I think gay men are unjustly discriminated against, are stereotyped as being feminine (there is nothing wrong with that anyway) and are unjustly blamed for AIDS.
- 4. What I could do to show compassion, non-discrimination or support:
 - a. Write a letter in support of the gay son who is the subject of this article.
 - b. Not laugh or support people who "put down" gay men or lesbians.
 - c. Wear a "Gay Pride" shirt or march in a parade supporting gay men and lesbians.
 - d. Learn more about gay men and lesbians or get to know someone who is gay or lesbian.
- 5. Summary of what happened and my feelings: I felt at this time in my life that I could only do two things. I was able to write a letter of support to the newspaper for the young man who was being discriminated against, and I got a book from the library that discussed myths about people who are gay or lesbian. I felt really good about what I had done. I took a stand against discrimination and I know I'll be more fair the next time I meet someone who is gay or lesbian.



Action Plan

1.	My Selection:
2.	Source of my selection:
3.	Reasons for my selection:
4.	What I could do to show compassion, non-discrimination or support:
	a.
	b.
	c.
	d.
5.	Summary of what happened and my feelings:
F	DLLOW-UP
1.	Why do most people feel better about themselves when they are compassionate, more non-discriminatory or supportive?
2.	Which quality (compassion, non-discrimination or support) do you think you need to practise more often? Why?
3.	What is one thing you can do, starting today, to improve your ability to be compassionate, non-discriminatory or supportive?



WHEN SOMEONE HAS HIV/AIDS

READY

The best protection against HIV/AIDS is to avoid behaviours that put you at risk. However, this should not translate into avoiding people living with HIV/AIDS. The disease will not be stopped if we shun people living with AIDS. People living with AIDS may experience fear and anxiety about their fatal disease. We need to understand and show compassion to help those infected.

In this activity, you and your parent(s)/guardian(s) will learn about some of your beliefs as well as things to say or do when someone you know has HIV/AIDS.



- 1. On your own, read *In My Opinion...* and respond to each statement by circling D (disagree) or A (agree).
- 2. Compare your results with the scoring key provided and with the responses of your parent(s)/guardian(s) to the same statements.
- Complete the Follow-Up together.





In My Opinion...

Circle the symbol (D, A) for each statement below that is most like what you think.

		Disagree	Agree
1.	People get infected with HIV because they	D	A
	are being punished for their wrong actions.		
			1
2.	Students living with HIV infection should	D	A
	not be permitted in school.		
3.	People living with AIDS do not deserve our	D	A
	help and support		
4.	It is best to stop being friends with someone	D	A
	who is living with HIV/AIDS.		
5.	Good people cannot get AIDS.	D	A

If you circled:

D (disagree) - your beliefs show understanding.

A (agree) - you lack an understanding about HIV and AIDS.





Answer the questions related to the following scenario:

Jimmy is a popular high school junior who has been diagnosed with AIDS. He became ill in October and was absent from school for several weeks. When he returned to school, he was tired, but ready to continue his classes. Because he was well known at school and in the community, his absence was noticed by other students. He has told people that he has AIDS.

- 1. List words to describe how you think someone who learns he/she is HIV positive or has AIDS would feel.
- 2. Do you think Jimmy should be allowed to continue to attend school? Explain your answer.
- 3. If Jimmy stays at school, are any special arrangements needed? What do you think about his using the same lunch room, gym, locker room and bathroom as other students?
- 4. State three things you could do to support Jimmy. The following list may provide some ideas, but feel free to add your own.
 - call and ask to come for a visit
 - go for a walk together
 - touch each other
 - · ask him questions
 - listen to music together
 - talk about current events and the news
 - talk about the future, tomorrow, next week, next year
- encourage him to make decisions
- offer to help
- cry and laugh together
- talk about the illness
- sit quietly together
- accept anger

1			
1			

5. Let's change the story a bit. Imagine that Jimmy became sick in the summer, and people were not aware of his illness. He returned to school in the fall, looking perfectly healthy. He did not tell anyone he had AIDS. Do you think this would be okay? Explain your answer.

It would be OK because...

It would not be OK because...



ACTION AGAINST AIDS

READY

Everyone is affected by the AIDS crisis. There is the pain and suffering of those infected, the cost of human lives, the costs of health care and lost productivity. Some people feel that the problem is so big, there is nothing one person can do that will make a difference, or that someone else will take care of the problem. Other people may feel they must do something or would like to do something but are not sure what is needed. In this activity you and your parent(s)/guardian(s) will consider a variety of actions you could take to contribute to the fight against AIDS.

SET

- 1. With your parent(s)/guardian(s), read *Action Against AIDS*, a list of actions that promote an AIDS-free lifestyle. Add any additional ideas you may have.
- 2. Imagine that you are a member of a committee that has just received \$10,000 to spend on HIV/ AIDS prevention projects in your community. You and your parent(s)/guardian(s) are asked to select 5 items from the list of *Action Against AIDS* and designate a portion of money from your \$10,000 grant for each. When you have finished be sure that all \$10,000 is spent.
- 3. Complete the Follow-Up together.





Action Against AIDS

Amount of
Money
allotted

\$	• sponsor a series of TV advertisements.
\$	• sponsor a series of radio advertisements.
\$	 write letters to your elected representative (MLA) to legislate an HIV/AIDS prevention program; you'll require letterhead and postage.
\$	 provide honoraria and travel expenses for guest speakers to visit area schools.
\$	• make a donation to AIDS research.
\$	make a donation to a community library for new resource books on AIDS.
\$	• sponsor an AIDS awareness week with posters and prizes.
\$	• begin an AIDS hotline.
\$	 hire a part-time worker to analyze the accuracy of media coverage about AIDS
\$	• hire a part-time worker to work at a local AIDS centre.
other ideas:	
\$	•
\$	•
\$	•
\$	•



FOLLOW-UP

- 1. List personal benefits you might gain by volunteering to help with a community "Action Against AIDS" project.
- 2. If you feel strongly about any of these actions, you might wish to find a way to contribute your support.

Appendix STUDENT EVALUATION FORMS

- My Group Skills/Performance
- Feedback of Group Performance
- Group and Cooperative Skills

My Group Skills/Performance

Please circle the number which best represents your skills /performance in group activities.

	RATING SCALE							
		4 =	Excellent	1 = Nee				
		3 =	Very Good	-	roveme			
		2 =	Okay	0 = Maj	or airri	cuity		
1.	I have made it a point to	listen	l	0	1	2	3	4
	as much as I talk.							
2.	I try to look others in the	eye		0	1	2	3	4
	when speaking to them.							
3.	I try not to interrupt whe	n		0	1	2	3	4
	others are speaking.							
4.	I encourage others to par	ticipa	ite	0	1	2	3	4
	in the discussion.							
5.	I try to do my share when	n woi	king	0	1	2	3	4
	on a group activity.							
6.	I use "I messages" instead	l of						
	"you messages", especial	ly wh	nen	0	1	2	3	4
	expressing my feelings.							
7.	I tell the group when son	nethii	ng	0	1	2	3	4
	is bothering me.							
8.	I try to respect others' fee	lings		0	1	2	3	4
	even when I disagree wit	h the	m.					
9.	I try not to be aggressive	to ge	t my way.	0	1	2	3	4
10.	I praise others when app	ropri	ate.	0	1	2	3	4
11.	I try to share my ideas ar	ıd fee	lings.	0	1	2	3	4
12.	I try to cooperate more th	nan		0	1	2	3	4
	compete with others.							

Complete the following unfinished sentences.

	in prove time reme (in 5 time in our conversees)
A.	My two greatest strengths from the above list are: 1. 2.
B.	The two skills I have to work on from the above list are:

B.	The two skills I have	to work or	n from the	above list are:

1.

2.

Feedback of Group Performance

Use this form to give feedback about the performance in your group. Circle the appropriate number after each statement.

		RATIN 4 = Excellent 3 = Very Good 2 = Okay	IG SCALE 1 = Needs improvement 0 = Major difficu					
1.	All members partic in the group activit			0	1	2	3	4
2.	Members listened the group.	to others in		0	1	2	3	4
3.	Members helped as others in the group			0	1	2	3	4
4.	Group members st the task assigned.	ayed on		0	1	2	3	4
5.	Group members w	orked well togethe	er.	0	1	2	3	4
6.	No one dominated discussions.	the group		0	1	2	3	4
7.	Group members procooperative (T-Cha			0	1	2	3	4
8.	Group members di	id not use put-dow	rns.	0	1	2	3	4
9.	Group members w accept criticism.	ere able to		0	1	2	3	4
10.	Trust developed an	mong group memb	pers.	0	1	2	3	4
Ado	d all circled number	s for:	Total	Score (out of	40) =		
A.	What I really liked	l about our group						
В.	Ideas for improve	ment						

Group and Cooperative Skills: Evaluation by Student

STUDENT NAME:		

The following evaluation sheet is designed to help you assess your cooperative skills. Each skill is listed below with a list of criteria to help you determine your mark.

A mark out of 10 should be given for each of the six skills. The total score should then be divided by 6 to get a final mark out of 10.

A. Disagreeing in an Agreeable Way

- calm, controlled voice
- eye contact
- 1-10 "I" or "my" statements
 - respect for others' position

1-10

1-10

1-10

B. Listening Attentively

- listening without interrupting
- leaning forward
- staying on topic

C. Assertiveness Practice

- *followed steps of procedure*
- written scripts complete and accurate
- parent and action lessons completed
 - willingness to role play scripts

D. Criticizing Ideas and not the Person Expressing Them

- smiling, nodding while listening
- concentrating on statements by others
- using open body language

E. Summarizing for Understanding

- open body posture
- quick, clear summary of ideas and thoughts
- ask for feedback on your summary

F. Encouraging Others

- nonverbal smile, thumbs up
- pat on back, nod of approval
- verbal "right, super, good job, excellent"

Final Mark =

<u>Total Score</u> Divided by 6 =