

Acknowledgments

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We are grateful to Don Boswell & the staff of WNED
for creating this important film,
and feel honored to be a part of it!



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Introduction

Talking about AIDS requires us to talk about issues that challenge both our personal and professional values. Because of that, it is often easier not to talk about it - to be silent. The void of open and honest information about HIV/AIDS has shrouded it in stigma, shame, secrecy, and fear, and thus, perpetuated a global health epidemic.

AIDS – Dangerous Silence was produced with the intention of provoking meaningful discussions about the AIDS epidemic. The purpose of this guide is to assist you in facilitating this dialogue. It includes discussion guides for six specific topics, and suggestions for leading a general discussion of the film. In the back of this guide, we have included resource lists with information and services to assist you further.

This 28-minute long film depicts a broad and diverse scope of people who are affected by HIV/AIDS. Because of that, we believe that *AIDS – Dangerous Silence* appeals to, and has valuable lessons for, a broad range of viewers from adolescents to seniors, and everyone in between. The suggested exercises in this guide can be used with all kinds of community, school, and faith groups depending on the comfort level of the facilitator and the group’s prior knowledge of HIV/AIDS issues.

These discussion guides are designed so that you can use each module individually or group them together for a more comprehensive program. It is our hope that you can show the film in its entirety, however, if you can only show a short segment of it, you may still find select components of the discussion guides helpful.

We hope the materials in this guide will assist you in leading meaningful discussions that promote caring, compassion, and personal responsibility. By showing *AIDS – Dangerous Silence*, you are encouraging the important dialogue that is necessary to end the epidemic of HIV/AIDS in our communities. Thank you for caring enough to show this film!



“You should find out everything you can about HIV; how you get it and what it means to live with it.”

John Maxwell, *AIDS: Dangerous Silence*

AIDS – Dangerous Silence: General Discussion of the Film

Subject Areas:

Health, Biology, Social Studies, Urban Studies, English, Economics, Government, Global Studies

Overview:

The film *AIDS-Dangerous Silence* effectively depicts the complex nature of the AIDS epidemic by introducing viewers to a diverse group of people who are living with, and have been affected by this disease. One of the common threads woven throughout the film is “secrecy,” and the consequences of a society that is uncomfortable talking about HIV/AIDS. Although we know how to prevent HIV, our reluctance to be open and honest about it is one of the factors that has enabled this epidemic to continue.

As one of the speakers in the film says, “HIV has brought all of the social taboos under the nose of the public and they really don’t like it.” Although HIV/AIDS forces us to talk about issues that make many of us uncomfortable, it is only through ongoing dialogue that we can begin to erase the stigma, shame, secrecy, and fear that is associated with this disease so that we can prevent the further spread of HIV infection.

Goals:

To raise awareness of issues related to HIV/AIDS and the importance of discussing these issues.

Objectives:

Participants will:

1. Discuss the themes of the film *AIDS-Dangerous Silence*.
2. Examine in detail various aspects of HIV/AIDS
3. Learn new information about HIV and the people who are impacted by it
4. Identify other ways to raise awareness about HIV/AIDS

Materials:

DVD player

A copy of the film, *AIDS-Dangerous Silence*

Handout, *10 Things You Can Do to End the AIDS Epidemic* (see Appendix)

Activities & Procedures:

After watching the film, the following questions will help you facilitate a discussion:

1. What were your general impressions of the film?
2. What new information did you learn?
3. Was there anything that surprised you?



4. How did you feel about HIV/AIDS before watching the film? How do you feel now? Are there any differences?
5. What character in the film made an impression on you? Why?
6. Why is it so hard to talk about HIV/AIDS?
7. Why is it hard to talk about sex? What is the danger of not talking about sex?
8. What can you do to raise awareness about HIV/AIDS?



“I’m not out to scare them; I’m out to tell them the truth.”
Jim McCarthy, AIDS: Dangerous Silence

Myths and Facts about HIV/AIDS

Subject Areas:

Health, Sexuality Education, Social Studies, Urban Studies

Overview:

It is important that we work to remove the silence that surrounds HIV/AIDS; however, in that effort, enhanced versions of the truth have found their way into mainstream sexual health education. If we are to combat this epidemic with a more vocal strategy, our information must be reliable and accurate. The exercise presented here attempts to “destroy” the myths that shroud sexual health education and eliminate some of the misinformation that has contributed to ongoing discrimination, judgment, and complacency.

Goal:

To make participants consciously reject the misinformation that surrounds HIV/AIDS.

Objectives:

Participants will:

1. Acknowledge and become more aware of the myths surrounding HIV/AIDS.
2. Identify what they have heard and ask questions about HIV/AIDS and sexual health.
3. Examine these facts and determine whether they are true or false.
4. Engage in a physical activity to actively “destroy” all misinformation (myths).

Materials:

Paper

Markers

Garbage can

Tape

Myths & Facts (see www.aids.about.com for more ideas)

Activities & Procedures:

- Hand out three (3) sheets of paper to each participant in the group. Ask, “WHAT HAVE YOU HEARD ABOUT HIV/AIDS?” Tell them to think about this for a few minutes and write down up to three (3) ideas on the paper in front of them (one answer on each sheet). They need not worry if the information they have heard is correct or not. They might even have questions about things they are writing down. Have them try not to write down questions, but rather the possible answer to that question.



- Collect papers from participants and read each one to determine whether the information is fact or myth. Redistribute the papers. No one should have his/her own paper.
- Ask each participant to read his or her papers and decide, as a group, if the information is a fact or myth. Discuss why or why not each is a myth, what the true version of the fact is, and how to not let these myths survive in the future. (Silence will only help to fuel the myths.)
- After you discuss each of the myths and facts, ask participants to crumple up the myth papers and physically throw them into the garbage can!

As a variation for this exercise, you can prepare a set of “myths and facts cards” to hand out to the group ahead of time. Write one myth or fact on each card. Have people take turns reading their cards aloud. Ask the group to decide if each statement is a myth or fact. Discuss each as described above.

Some common HIV/AIDS myths:

1. HIV is the same as AIDS
2. HIV only infects gay men and drug users
3. We both have HIV... we don't need a condom
4. People over 50 don't get HIV
5. I have HIV... I can't have children
6. We don't need a condom for oral sex
7. HIV can be cured
8. I have just been diagnosed with HIV... I am going to die
9. HIV can pass through latex
10. I can get HIV from mosquitoes



“I don’t look sick. I don’t look like I have HIV or anything else.
I look normal... another face in the crowd.”

Kathleen Pratt, *AIDS: Dangerous Silence*

The Face of HIV/AIDS

Subject Areas:

Statistics, Social Studies, Economics, Urban Studies

Overview:

Although it has been 25 years since the AIDS epidemic began, we still have stereotypes about who is infected with HIV. As the film *AIDS – Dangerous Silence* illustrates so well, the faces of AIDS are as diverse as the society we live in.

It is interesting to explore the reasons why we create these stereotypes. It is much easier for us to accept the notion that “HIV affects someone else and that person does not look like me.”

Goals:

To increase understanding about our stereotypes of people who are living with HIV/AIDS and our self-understanding about how we judge and discriminate against others.

Objectives:

Participants will:

1. Identify their personal beliefs about HIV/AIDS.
2. Engage in a group discussion to examine common stereotypes and how they may be misleading.
1. Explore their personal biases and examine how those biases affect their daily interactions and decisions.

Materials:

Pens and pencils

Writing paper for each person

Flipchart & markers/blackboard & chalk

Activities & Procedures:

- Begin the session by asking participants what discrimination means to them – what words come to mind when they hear discrimination. Ask them if they have any prejudices or have ever been victims of discrimination.
- Ask each participant to share a time when he/she made a judgment about another person, whether it was correct or not.
- Ask the group what words come into their minds when they think of HIV/AIDS. Write these thoughts down so they can see what words are being said. Are the words negative, positive, judgmental, factual? Try to categorize the words so that participants can get a visual image of the things they are associating with HIV.



- Ask them “Who gets HIV?” Write their answers on a piece of flip chart paper or on the blackboard.
- Watch the movie, *AIDS: Dangerous Silence*

After watching the film:

- Distribute 1 sheet of paper to each person. Ask participants to pick one character from the film that stood out for them and to write that character’s name or another identifying factor on the piece of paper. Ask them to write down 5 ways the person in the film is similar to and 5 ways they are different from themselves.
- Next, write down 5 positive and 5 negative things that the public might say about this person (including why they do/do not have HIV). Each participant should share his or her results.
- Next, have them look back at their earlier responses to the question “who gets HIV?”
 - Has their opinion changed?
 - How different are they from the person they chose from the film?
 - How would they help to raise awareness about HIV/AIDS with others?

To end this session, you may want to invite a person living with HIV/AIDS to share his/her story to deepen awareness with the group. In Western New York, you can request this from the Speaker’s Bureau of the AIDS Network by calling (716) 882-7840.



Understanding HIV Risk Behaviors

Subject Areas:

Health, Sexuality Education

Overview:

Reducing the risk of HIV transmission requires self-responsibility and conscious decision-making; but in order for this to happen people must first understand the behaviors that impose risks, and then be willing to negotiate safer behaviors with their sexual and/or needle sharing partners.

Participants should have prior knowledge of what HIV is and how it is transmitted. A brief overview of this information can be found in the document, “Frequently Asked Questions about HIV/AIDS” included in the appendix of this guide.

Goals:

To raise awareness of various HIV risk behaviors and to increase self –understanding among participants about how some of their own behaviors may be harmful.

Objectives:

Participants will:

1. Identify and define a variety of HIV risk behaviors.
2. Learn about risk reduction by defining safer alternatives.
3. Discuss methods of safer sex and injection drug use.
4. Learn about HIV infection sites (mucous membranes) and levels of risk.
5. Determine their own risk levels.

Materials:

Risk cards (preferably laminated)

Tape

Activities & Procedures:

“The Risk Game”

- The facilitator has a stack of cards (25-40). Three of the cards are heading cards that read: “High Risk,” “Medium Risk,” and “Low/No Risk.” The cards are taped on different walls of the room or in three columns depending on the room set up and the number of people participating. The rest of the cards have different risk behaviors on them. Here are some examples you can use:
 - Using a flavored condom for oral sex (LOW)
 - Unprotected vaginal sex (HIGH)
 - Donating blood (LOW)
 - Masturbation (LOW)
 - Injecting drugs and sharing needles (HIGH)



- Douching before or after intercourse (HIGH)
- Sharing a vibrator (MEDIUM-HIGH)
- Talking with your partner about sex (LOW)
- Drinking alcohol (MEDIUM-HIGH)
- Getting a tattoo/body piercing from a friend (HIGH)
- Penile-anal sex with non-lubricated condom (HIGH)

(Note: The risk level for each is labeled here so you know the answers but you should not write the risk level on the participants' cards).

- Distribute the cards as evenly as possible among participants. Ask people to look at a card and determine if the activity or situation would put them at high risk, medium risk, or low/no risk of getting HIV. After people have labeled each risk behavior, ask them to walk over to the where the heading cards are posted and put their cards under the appropriate headings.
- Go through each category and talk with the participants about why the activity is or is not considered risky level. For high or medium risk activities, ask what could be done to lower the risk. For low/no risk activities, examine more fully the reasons why it is considered safer.



“It’s ravaging up our cities. Sooner or later, if it hasn’t hit your family, it will.”
Valerie Holliman, AIDS: Dangerous Silence

Poverty, Community & Culture

Subject Areas:

Social Studies, Urban Studies, Economics, Government, Health

Overview:

People living in low-income urban communities in the United States experience disproportionate rates of asthma, cancer, cardiovascular disease, lead poisoning, and HIV infection because of neighborhood and lifestyle conditions. This lesson introduces the concept of how these and other factors contribute to increased rates of HIV within poor urban communities.

The main objective of this lesson is to get your participants to *begin* thinking about HIV more comprehensively. It is not intended to produce definitive outcomes or strategic solutions, but more to initiate discussion of how social, cultural, and economic factors provide fertile ground for HIV infection in lower income communities.

Goal:

To raise awareness of the disproportionate rate of HIV infection in lower income communities in the United States.

Objectives:

Participants will:

1. Define and understand the root causes and effects of poverty.
2. Define and understand the impact of culture on personal choices.
3. Review behaviors associated with HIV transmission.
4. Understand the relationship between HIV transmission risks and social, cultural, and economic factors.
5. Consider possible explanations for the higher rates of HIV infection in lower income communities.

Materials:

Flip chart & markers/blackboard & chalk

Tape

Activities & Procedures:

- Write the words “POVERTY,” “COMMUNITY,” and “CULTURE” across the top of 3 different pages of flip chart paper. Tape each sheet to a different wall in the room.
- Break the participants up into 3 groups and assign each group one word. Ask them to brainstorm together in their small groups and write down words that come to mind when they think about their word.



- When finished, go around to each paper and read off the words to the group. Ask if there are any other thoughts and add them to the list.
- After reading through each list, bring the sheets to the front of the group and arrange them so that each sheet can be seen. Ask the group if they see any similarities between the lists written for each word. Are there any words that repeat through the lists? Circle them. Are there any words that have the same theme? Circle them. How do these concepts connect to each other? Are there common threads?
- Now write “HIV/AIDS” on a clean sheet of flip chart paper (or blackboard) and ask the whole group to brainstorm words that come to mind when they think about HIV/AIDS. Step back and look at the list created. Again, ask the group what similarities they see between this list and the other three lists created.

If there are not many obvious similarities, ask some leading questions such as:

- What are some common characteristics of lower income communities?
- How do those characteristics promote poor health?
- What is your idea of culture?
- How does culture influence behavior and decision making abilities?
- Do you know of instances when culture has had negative effects?
- What are some of the basic needs that all people have?
- Does everyone have access to basic needs, or survival necessities?
- Which of these basic needs are difficult to access for people living in poor communities?

There should be some obvious connection between the words on the lists that connect to HIV/AIDS. Examine these connections and flush out a more in depth explanation.

The following questions might also be helpful for this discussion:

- How might circumstances surrounding poverty increase the risk of HIV in these communities?
- Are homeless people at greater risk for getting HIV? Why or why not?
- What impact does drug abuse and bad nutrition have on a person’s immune system?



“The decisions you make today will affect the way you live tomorrow.”
Emerson High School Students, AIDS: Dangerous Silence

Me, Myself, & I: Understanding Personal Values

Subject Areas:

Health, Social Studies

Overview:

Many people find it easy to evaluate the moral code of others and provide them with advice about what is right and wrong; however, it is often difficult to be objective and honest about our own values and choices. Many of the unhealthy choices people make result in unhealthy consequences, including HIV infection.

Goals:

To raise participants' awareness of their ability or inability to make healthy decisions and to look more closely at how they prioritize their values.

Objectives:

Participants will:

1. Define the meaning of “values.”
2. Identify and prioritize their personal values.
3. Examine how their values influence their decision making process.
4. Examine how much of a priority health and sexual health is to them.

Materials:

Pens and pencils

Value rating worksheet (see Appendix for “Examples of Personal Values” and “Values Rating” worksheet)

Flip chart/markers or blackboard/chalk

Activities & Procedures:

- Write “VALUE” on the board or flip chart and ask for participants to define this word (principle, standard, or quality considered worthwhile or desirable). Write the answers for the group to see.
- Ask the group to think about some of their personal values and how important these values are to them.
- Distribute copies of “Personal Values” handout and the “Values Rating” sheet to each person. The “Personal Values” sheet allows participants to see some examples of values that people have. These are only to help them with identifying their own set of values. Ask the group to fill out their individual values rating on the rating worksheet taking into consideration which of their personal values are the most important and which are the least important. Allow the group some time to work through this process. (During this process, you might want to help participants along by telling them to ask themselves, “Which values you



would be willing to give up in order to keep the ones most important to you?” For example, would you be willing to give up going out with your friends to have a lot of money?”)

- When they are finished, ask each participant to read the most important and the least important value on their list.

To initiate discussion, you may want to ask the following questions:

- Did you find it difficult to choose between certain values? Which ones?
- Do you value your health? Where did it fall on your values rating?
- How do your values help you to make decisions?
- What are you thinking about when you have a decision to make?
- Why is it good to know your values before you make a decision?
- What are some real life decisions this activity might help you with?



“Now I have to take another medication because of the medication.”
Kathleen Pratt, AIDS: Dangerous Silence

It Takes a “Lotta” HAART: Treatment for HIV/AIDS

Subject Areas:

Biology, Chemistry, Health

Overview:

Although there is no cure for HIV/AIDS, there are medications that can make it a more manageable illness. Currently, the most effective treatment is known as HAART, which stands for Highly Active Anti Retroviral Treatment. Although this regimen has advantages and disadvantages, there is no doubt that it has allowed people to live longer and healthier lives.

Participants will need prior knowledge of how HIV affects the body in order to understand treatment information. A brief overview of this information can be found in the document, “Frequently Asked Questions about HIV/AIDS” included in the appendix of this guide.

Goal:

To increase understanding of current treatments for HIV/AIDS.

Objectives:

Participants will:

1. Learn the difference between the three “classes” of HIV medications.
2. Discuss the benefits and side effects of HAART.
3. Discuss current information regarding HIV treatment options.
4. Learn about barriers to treatment adherence.
5. Discuss the affects of new treatments on public perception of HIV/AIDS.

Materials:

HIV/AIDS treatment information – go to www.thebody.com for the most current information

(PowerPoint slides work well for presenting technical information, but any visual aid will be helpful.)

Activities & Procedures:

Present the information on HIV medications and HAART. Lead a group discussion that examines the misperceptions about treatments for HIV/AIDS.

Some questions that will be helpful in facilitating this discussion:

- What are your feelings about HAART? What are its advantages and disadvantages?
- How do advancements in HIV/AIDS treatment affect people’s attitudes about HIV risk behaviors?



- How easy do you think it may be to live a “normal life” while being on a HAART regimen?
- Why wouldn't someone want to take HAART therapy?

APPENDIX

Prevention & Support Organizations

Canada (Southern Ontario)

AIDS Committee of Toronto

Support, HIV prevention, & education for people living with and at risk for HIV/AIDS
399 Church Street, 4th floor
Toronto, Ontario,
Canada, M5B 2J6
Phone: (416) 340-2437 (Main Switchboard) (416) 340-8484 (Voicemail)
Website: www.actoronto.org

AIDS Niagara

Support, education, & advocacy for people affected by HIV/AIDS
Normandy Resource Center
111 Church St.
St. Catharines, Ontario
L2R 3C9
Phone: (905) 984-8684
Toll Free: 1-800-773-9843
Website: www.aidsniagara.com

United States (Buffalo/Western New York)

AIDS Community Services of Western New York

Education & HIV testing for people at risk • Treatment & support for people living with HIV/AIDS
Serving the eight counties of Western New York with four offices:

- Buffalo
 - Health & Supportive Services (716) 847-2441
 - Prevention Education & Training (716) 847-0315
- Niagara Falls (716) 297-4004
- Jamestown (716) 664-7855

AIDS Information Line (716) 847-AIDS - free, confidential information
Website: www.aidscommunityservices.com

AIDS Network of Western New York

A coalition of individuals & organizations dedicated to HIV/AIDS issues
40 Gates Circle, Suite 100
Buffalo, NY 14209
Phone: (716) 882-7840
Website: www.aidsnetwork.net

Benedict House

Residential housing & supportive services for people living with AIDS
2211 Main Street
Buffalo, NY 14214
Phone: (716) 834-4940
Website: www.benedicthouse.org

Greater Emmanuel Temple Church

Safe HAVEN Ministry – Pastor Germaine Hurst
151-161 Richmond Avenue
Buffalo, NY 14222
Phone: (716) 882-9057



Information, Resources & Training

Websites

Canadian AIDS Treatment Information Exchange

www.catie.ca

Canadian HIV/AIDS Information Centre

www.aidssida.cpha.ca

Canadian HIV/AIDS Legal Network

www.aidslaw.ca

New York State Department of Health

www.health.state.ny.us/diseases/aids

U. S Centers for Disease Control (CDC)

www.cdc.gov/hiv

www.hivtest.org

The website for National HIV Testing Day

www.thebody.com

Designed for people living with HIV but also helpful for caregivers and AIDS service providers.

www.hivpositive.com

Current medical and support information for people living with HIV

www.advocatesforyouth.org

Designed for parents, youth, and service providers; promotes positive healthy decision making in youth and includes information about reproductive and sexual health issues.

www.kaisernetwork.org

Sponsored by the Kaiser Family Foundation; offers free subscriptions for daily updates on global and national AIDS issues.

Professional Training & Organizational Support

HIV Training (free) – Sponsored by New York State Department of Health AIDS

Institute at the American Red Cross-Greater Buffalo Chapter; (716) 886-7500 or www.buffaloredcross.org

RAIN (Regional AIDS Interfaith Network) - assistance with setting up faith based HIV education, outreach, & support programs; contact Averl Anderson at AIDS Community Services, (716) 847-0315, or aanderson@aidscommunityservices.com



“HIV in the Classroom” – Training for professional educators & education students; contact Kat Boger, Director of Education at AIDS Community Services, (716) 847-0315, or kboger@aidscommunityservices.com



10 THINGS YOU CAN DO
TO HELP END THE AIDS EPIDEMIC

1. Don't be afraid to talk about AIDS with your family & friends.
2. Wear a red ribbon.
3. Lead a discussion about AIDS in your school or church.
4. Learn the facts about HIV, especially how it is transmitted.
5. If you engage in HIV risk behaviors, be safe!
6. Volunteer at an AIDS organization.
7. Organize an AIDS fundraiser.
8. Know your status - get tested for HIV.
9. Participate in the annual AIDS walk.
10. Make a donation to an AIDS organization.

Frequently Asked Questions About HIV/AIDS

What is HIV?

HIV stands for: **H**uman · **I**mmunodeficiency · **V**irus

When HIV enters the body, it begins to attack certain white blood cells called T4 lymphocyte or CD4 (helper) cells. The immune system produces antibodies to fight off the infection. Although these antibodies are ineffective in destroying HIV, their presence is used to confirm HIV infection. As the immune system weakens, people with HIV become more vulnerable to illnesses that their immune system would normally have fought off.

What is AIDS?

AIDS stands for: **A**cquired · **I**mmune · **D**eficiency · **S**yndrome

When people are diagnosed with AIDS it means they have fewer than 200 T4-cells or they have developed one or more opportunistic infections - infections that a healthy person could fight off, but take advantage of a weakened immune system.

How is HIV transmitted?

A. Body fluids

1. Fluids that do transmit HIV – blood, vaginal secretions, semen, breast milk
2. Fluids that do not transmit HIV – saliva, sweat, tears, urine, feces or vomit

B. Modes of transmission

1. Blood to blood contact – via open wound/sore
2. Sharing infected needles or equipment (“works”) during injection drug use
3. Unprotected sex (oral, anal, vaginal)
4. Mother to child – during pregnancy, during delivery, and through breast feeding.

Is there a test for HIV or AIDS?

There is no test for AIDS, but there are tests that look for the presence of HIV antibodies that result from HIV infection. The HIV-antibody test is the only way to tell if you are infected. You cannot tell by looking at someone if he or she carries HIV. Someone can look and feel perfectly healthy and still be infected. In fact, an estimated one-third of those who are HIV positive do not know it. Neither do their sex partners.

What kinds of HIV tests are there?

A. Blood tests

There are two types of tests commonly used for initial screening to detect HIV infection. The most commonly used is an enzyme immune assay (EIA) or the enzyme-linked immunosorbent assay (ELISA). If EIA test results show a reaction, the test is repeated on the same blood sample. If the sample is repeatedly the same result, the results are "confirmed" using a second test such as the Western blot. This is a more accurate (and more expensive) test. A person is considered HIV infected or HIV positive following a repeatedly reactive result from the EIA, confirmed by the Western blot test.

B. Urine and oral-fluid tests



Urine and oral-fluid HIV antibody tests offer alternatives for people who don't want to have blood drawn. Urine testing for HIV antibodies is not as sensitive or specific as blood testing. A physician must order these tests. With oral tests, fluid is collected from inside the mouth and analyzed using an EIA test and supplemental Western blot test, if necessary.

How soon can someone have an HIV test if they are worried?

The tests commonly used to detect HIV infection actually look for antibodies produced by your body to fight HIV. Most people will develop detectable antibodies within 3 months after infection, the average being 20 days. In rare cases, it can take 6-12 months. During the time between exposure and the HIV test, it is important to avoid any behaviors that might result in exposure to blood, semen, or vaginal secretions.

Where can I get an HIV test?

Free, confidential HIV antibody tests are available from AIDS service organizations and local health departments in most communities. Many of these places offer "rapid testing" which means you can get your results in 20 minutes, and sometimes, 10 minutes. You can also ask your doctor for an HIV test.

What are some ways to reduce or eliminate the risk of HIV transmission?

A. When in contact with blood:

1. Do not touch other people's blood
2. Wash your hands
3. Use latex or plastic barriers
4. Check for open wounds; keep skin healthy
5. Follow universal precautions in medical situations – approach each situation as if person could be HIV infected

B. When using needles/syringes:

1. Abstain from using drugs
2. Clean needles with bleach &/or alcohol & water
3. Participate in programs such as Syringe Exchange and Expanded Syringe Access (ESAP)
4. Know your HIV status: get tested for HIV

C. When engaging in sexual activities (oral, anal, vaginal):

1. Abstain from sex
2. Use latex or polyurethane male/female condoms; avoid lambskin condoms
3. Use water-based lubricants
4. Talk with partners about HIV and safer sex practices
5. Limit number of sexual partners
6. Avoid alcohol & recreational drugs which may suppress inhibitions
7. Avoid products that contain non-oxynol 9 (spermicide)
8. Know your HIV status: get tested for HIV

D. Perinatal (mother to child) transmission:

1. Know your HIV status: get tested before and during pregnancy
2. Risk of transmission from mother to baby:
 - Women who don't know HIV status: 25% risk
 - Women with positive HIV test who get treatment: 8 - 10% risk

- Women with positive HIV test who get treatment & deliver via c-section: 0 - 2% risk
3. Pregnant women who are HIV positive:
 - a. Can get effective treatment for self and baby
 - b. Should have C-section delivery
 - c. Should not breast feed

PERSONAL VALUES (EXAMPLES)

- Being healthy
- Having a lot of money
- Having close friends
- My religion
- Helping in my community
- Being honest

- Being famous
- Being considered good looking by others
- Having many boy/girlfriends
- Getting high
- Having many sexual partners
- Having a baby

- Caring for my child
- Being responsible
- Having pride in myself
- Doing well in school/at work
- Having nice clothes and jewelry
- Being liked by others

VALUES RATING EXERCISE

List something you value for each of the following categories:

1. MOST IMPORTANT Value

2. VERY IMPORTANT Value

3. SOMEWHAT IMPORTANT Value

4. LEAST IMPORTANT Value