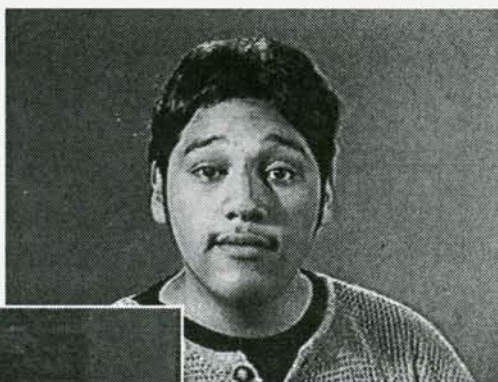


La Tardeada

Discussion Guide

Educating Youth About HIV/AIDS



25 Years of Connecting Communities & Creating Change

National Coalition of Hispanic Health and Human Services Organizations
1501 Sixteenth Street, NW • Washington, DC 20036 • (202) 387-5000

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Introduction

Ever since the 1960's and Albert Bandura's early work, psychologists have documented that for behavioral change to occur, new knowledge is not enough, and a change in attitude is also required. In accordance with this theory, *La Tardeada*, a 14-minute Spanish-language video aimed at migrant youth but applicable to youth in general, provides knowledge about HIV/AIDS and begins to lay out the framework for a change of attitudes about HIV/AIDS. This new information, combined with a change in attitude, is intended to result in positive behavior change.

The video, *La Tardeada*, whose script was conceived and developed by migrant Hispanic youth from El Paso, Texas and Watsonville, California, depicts some real-life situations that involve different options for negotiating the avoidance of risky behaviors in order to prevent HIV transmission.

The complete *La Tardeada* program involves at a minimum a 50-minute session in which to show the video and to present the information contained in this Discussion Guide. It is strongly recommended that anyone who organizes a screening of the video use this Discussion Guide — although the *La Tardeada* video may function as a stand-alone product.

This Discussion Guide has been designed to help the facilitator prepare for the session. The Guide provides general guidelines for conducting a discussion generated from the video, as well as basic information on HIV/AIDS; its transmission and prevention; relevant psycho-social issues affecting young people; and factors to consider regarding the decision-making process. This background information will be necessary to conduct the discussion and to answer specific HIV/AIDS-related questions and concerns from the audience.

Suggestions for the Facilitator Before Presenting the Information

1. Understand the Background Section.

The information you need to know thoroughly is included in the background section. As you facilitate the discussions, you will be taking on the responsibility of a health educator. As you review the information presented in this Discussion Guide and prepare to facilitate the presentation, keep in mind that there are three essential areas of information that are important to convey to audience participants:

- the basics on HIV/AIDS,
- how HIV is transmitted, and
- how HIV transmission can be prevented.

This information is included as background in each section of the Discussion Guide.

2. Determine how you will use additional visuals.

Most people tend to retain more information if it is presented visually. If possible, write the key concepts and information about HIV/AIDS on a flip chart or blackboard. You may post the flip chart sheets around the room.

3. Choose your handouts.

Supplement your presentation by handing out facts sheets, pamphlets or other publications dealing with HIV/AIDS. You may want to develop your own handouts on the basis of the information presented in this Discussion Guide and distribute them to participants. Others can be obtained by contacting the Centers for Disease Control and Prevention (CDC)'s National AIDS Clearinghouse at 1-800-458-5231.

Suggestions for the Facilitator Before Presenting the Information

4. Plan time for discussion.

The outline below suggests how to structure the presentation and discussion session around *La Tardeada*. However, depending on how much time is available and the setting in which the video is presented, you may need to modify these guidelines. In addition to the time after the video ends, you will have two good opportunities to stop the video for discussion: once after the female solo and once after the male solo. This will give the participants the opportunity to discuss what they saw and you will have time in which to present additional information.

Topic	Video (Projection Time)	Discussion (Minimum Time)
Introducing Yourself and the Topic	0 minutes	5 minutes
<i>La Tardeada</i> — Part One (End of female solo) Knowledge: What We Know About Sexual Contact HIV/AIDS: The Basics HIV/AIDS: Transmission Sexual Contact: Transmission Sexual Contact: Prevention	6 minutes	5 minutes
<i>La Tardeada</i> — Part Two (End of male solo) Knowledge: What We Know About Blood Contact Blood Contact: Transmission Blood Contact: Prevention Mother-to-Child: Transmission Mother-to-Child: Prevention Testing for HIV	3 minutes	10 minutes
<i>La Tardeada</i> — Part Three (End of video) Attitude: Decision-Making Questions and answers	5 minutes	15 minutes

Suggestions for the Facilitator Before Presenting the Information

5. Final tips for the facilitator.

- Remain flexible. Tailor your presentation to match your audience's level of knowledge.
- If you cannot answer a question, tell audience members that you will find out the answer or provide a referral to the appropriate resources where they can request the information. You can also ask if anyone in the group can answer the question.
- Remain open to questions and individual concerns. Some members of your audience may be HIV positive themselves. They may or may not have disclosed it. Someone in your audience may also have a friend or family member who is HIV positive or has died of AIDS.
- Encourage audience members to anticipate possible situations related to alcohol and drugs use as well as to sex, to imagine being in those situations, and to think about what they would do and say. Suggest to audience members that they think about what discussion and negotiation can take place, and how to prepare to exit unsafe situations if necessary.

Role plays can be very useful especially as members of your audience may need to practice the negotiation, refusal, and exiting skills discussed on page 10 under safer sex methods.

- Develop a list of key contacts which includes contact name, address, telephone and fax number, Internet e-mail address, referral information, eligibility requirements, etc., for the services listed below. Be sure to request information about availability of bilingual services, as this will be an essential component of an appropriate referral.

Services

Detoxification services
HIV testing
HIV treatment

Possible source of information

Local health department
Local health department
Local health department, AIDS organizations

Introducing Yourself and the Topic

Introduce yourself and say a few words about your interest in HIV/AIDS. It is often a good idea to engage the audience by opening the session with some "warm-up" activities.

Before initiating a discussion about basic information on HIV/AIDS, ask each person to think about their experiences and the following questions:

- Do you know someone who has had a pregnancy scare?
(Explain that a possible pregnancy indicates having had unprotected sex, which in turn implies possible HIV transmission).
- Do you know someone who is HIV positive?
- Do you know someone who has AIDS?

Tell participants that they are going to see a video which was written by youth to share with other youth.

Let participants know that you will stop the video twice to discuss what went on.

La Tardeada – Part One

What We Know About Sexual Contact

HIV/AIDS: The Basics
HIV/AIDS: Transmission
Sexual Contact: Transmission
Sexual Contact: Prevention

Time: Stop video at the end of the female solo (6 minutes) and allow at least 5 minutes for discussion.



Discussion Questions

- What have you heard about HIV/AIDS?
- What do you know about how HIV is transmitted?
- Why are young people at risk for contracting HIV?

Background

HIV/AIDS: The Basics

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

- H** – Human (only in humans, not mosquitoes, dogs, etc.)
- I** – Immunodeficiency (breaks down the body's immune system)
- V** – Virus

(Immune system: The immune system protects us by identifying, attacking, and destroying germs that enter our bodies. White blood cells protect the body by fighting off germs and infection. When HIV enters the body, it kills these blood cells slowly, and eventually leaves the body unable to fight off infections).

AIDS stands for **A**cquired **I**mmunodeficiency **S**yndrome

- A** – Acquired (you have to get it)
- I** – Immuno (of the immune system)
- D** – Deficiency (lack of or weakness)
- S** – Syndrome (a group of diseases and their symptoms)

HIV/AIDS represents one of the greatest public health risks in the past one hundred years. After more than ten years of the AIDS epidemic, experts warn that young people are increasingly in danger of becoming infected with the virus that causes AIDS.

La Tardeada – Part One

What We Know About Sexual Contact

Background (continued)

Statistics

- In 1993, AIDS became the leading cause of death among Americans aged 25 to 44 years old.
- Although Hispanics constitute only 11.9% of the population, this group comprises 17.8% of the nation's AIDS cases.
- Of the 2,953 cases of AIDS among 13-19 year-olds reported through June 1997, 564 (19%) of them are Hispanic.
- Of the 107,281 cases of AIDS among 20-29 year-olds reported through June 1997, 21,569 (20%) of them are Hispanic.
- Among young people, the incidence of AIDS has risen dramatically for heterosexual men and women (by 130% from 1990 to 1995).
- As of June 1997, the CDC reported 7,902 AIDS cases in children under 13 years old. Of these children, 1,833 (23%) are Hispanic. The majority contracted HIV from their mothers.

HIV/AIDS: Transmission

HIV is not transmitted through casual contact. HIV can be transmitted when it is present (lives) in either of these four types of bodily fluids:

- Blood
- Semen
- Vaginal secretions
- Breast milk

In addition, to be transmitted from one person to another, HIV must enter the bloodstream of the person who becomes infected. Breast-feeding may also lead to HIV transmission.

HIV can be transmitted in either of these three ways:

- Unprotected sexual contact
- Blood contact (sharing needles, tattoos/piercing, blood products)
- Mother to child (during pregnancy, childbirth and breast feeding)

La Tardeada – Part One

What We Know About Sexual Contact

Background (continued)

Sexual Contact: Transmission

- Vaginal sex:** It is the act of inserting the penis into the vagina. The penis and the vagina can have microscopic tears through which infected semen, vaginal secretions, and/or blood can enter an uninfected person's bloodstream. The vagina is made up of mucous membranes which are semi-permeable, which means that fluids can enter and exit easily.
- Anal sex:** It is the act of inserting the penis into the anus. The friction caused by this action causes tears and irritation in and around the anus and on the penis. These are direct entryways into the bloodstream.
- Oral sex:** It is the sexual contact of one person's mouth with the genitals of another person. Fellatio is mouth contact with the penis. HIV is found in semen (cum) and the pre-ejaculatory fluid (pre-cum). Cunnilingus is mouth contact with the female genitalia. HIV is also found in vaginal secretions and menstrual blood. Like the vagina, the inside of the mouth is made up of mucous membranes which can tear allowing for blood to be exchanged easily. Also, performing oral sex can cause microscopic tears in and around the mouth which become direct entryways into the bloodstream.

Sexual Contact: Prevention

Abstinence

Sexual abstinence (not having vaginal, anal, and/or oral sex) is the only 100% effective way to avoid contracting the HIV infection through sexual contact. If a person is sexually active, however, he or she should always follow the safer-sex methods outlined in the following pages.

La Tardeada – Part One

What We Know About Sexual Contact

Background (continued)

Safer-Sex Methods

- **Talk.** It is important for partners to talk things over before having sex. If you cannot talk to someone, then it is not a good idea to have sex with this person. Plan what to say if your partner objects to using condoms. Anticipate possible situations and think about negotiation (discuss with your partner the reasons why you want to use a condom), refusal (firmly state — and mean — that you will refuse to have sex unless your partner uses a condom), and exiting (physically remove yourself from the situation) skills. Know your limits.
- There are many other ways to show affection aside from risky sexual contact. These activities include, but are not limited to: kissing; hugging; exchanging massages; sharing fantasies; masturbating together; rubbing the body through clothing or on skin that is intact (no cuts); reading erotic books or watching erotic videos.
- Latex condoms should be used each time a couple has vaginal, anal, and/or oral sex. Latex condoms vary in color, texture, and lubrication (mint flavored, lubricated with spermicide, etc.) but they are the only condoms that have been proven to prevent HIV infection. Do not use lamb skin condoms (they are too porous) or novelty items such as condoms that glow in the dark.
- Some condoms are lubricated with a spermicide called nonoxynol-9. This lubricant has been shown to kill HIV in laboratory studies (although on its own, nonoxynol-9 is not an effective AIDS prevention method). For persons who are allergic to nonoxynol-9, other water-based lubricants can also be used, such as K-Y Jelly[®] or Astroglide[®] (lubricants can be purchased in most places where condoms are sold). Do not use oil-based lubricants such as baby oil, cooking oil, creams or petroleum jellies such as Vaseline[®] because these substances cause the condom to deteriorate and break very quickly. (The facilitator can blow up a condom and rub Vaseline[®] on it until it breaks to illustrate this point).

The facilitator should review the guidelines on “How to Use a Condom Correctly” (page 11) and if appropriate, duplicate and distribute them to audience participants.

Protected Oral Sex

- Condoms can be used for oral sex on a man, and if they are cut lengthwise and placed over the female genitalia, they can be used for oral sex on a woman. Condoms come in many varieties, such as non-lubricated and mint flavored. You can also use dental dams which are square pieces of latex that can be found in a dentist’s office or in a drug store. Non-microwaveable plastic wrap is also an option.
- To increase sensitivity, you can put a few drops of lubricant on the side of the latex that will be touching the receptive partner.

La Tardeada – Part One

What We Know About Sexual Contact

Handout

HOW TO USE A CONDOM CORRECTLY

- Check the expiration date.
- Open wrapping carefully to make sure you are tearing only the package and not the condom. Do not use your teeth, nails, or sharp objects.
- Make sure you know which way the condom will unroll. If you place the condom on the head of the penis and realize that it is upside down, throw away that condom and open a new one. Pre-ejaculatory fluid (pre-cum) poses both a risk for pregnancy and for HIV infection.
- Squeeze the tip of the condom (1/2 inch) to make sure all the air is out and place it on the head of the penis. This is very important because semen (cum) travels at 35 miles per hour, therefore there must be space for it when the man ejaculates (cums).
- Unroll the condom down to the base of the penis.
- Smooth out any air pockets.
- Have sex.
- Pull out gently while the penis is still hard. Hold the condom at the base of the penis to make sure the condom doesn't fall off or leak.
- Throw the condom away in the trash. Do not flush condoms in the toilet because it will get clogged.
- Never use the same condom more than once. Use a new condom for each sexual act.
- Water-based lubricants, such as the spermicide nonoxynol-9, can increase sensitivity and prevent friction from dryness that can cause the condom to break.
- Do not use oil-based lubricants such as baby oil, cooking oil, creams or petroleum jellies such as Vaseline[®] because these substances cause the condom to deteriorate and break very quickly.

La Tardeada – Part Two

What We Know About Blood Contact

Background (continued)

Blood Contact: Prevention

Sharing Needles: The best way to avoid HIV infection from needles and syringes is not to use drugs. But if you do use drugs, never share needles or syringes. Do not share needles or syringes to inject drugs, steroids, medicine or vaccines; do not share needles to pierce ears or other parts of the body; do not share needles for tattoos. It is illegal to possess or sell needles without a doctor's prescription in the United States. For this reason, many people who inject drugs end up sharing needles and syringes. If needles have to be shared, they need to be cleaned correctly.

The facilitator should review the guidelines on "How to Clean Needles Correctly to Avoid HIV Transmission" (page 15) and if appropriate, duplicate and distribute them to audience participants.

Blood Products: All donated blood has been routinely screened since 1985, and since 1993, all blood banks interview blood donors. The blood supply in the United States is considered safe. It is also possible to give blood in advance and receive your own blood if you are having a planned medical procedure. This is referred to as "autologous donation" — giving blood for your own use.

Tattoos/Piercing: When getting a tattoo or piercing, it is very important that a new needle be used. For tattoos, in addition to the new needle, the ink must be poured into individual containers that are discarded after each use. If a new needle is used but dipped in the same ink where other needles have been used, HIV could be present in infected blood that may have remained in the ink bottle.

Mother to Child: Transmission

Womb: A pregnant woman who is HIV positive can transmit the virus to the baby in her womb. During childbirth, the baby is in contact with blood and vaginal secretions which could also infect him or her.

Breast Milk: As HIV is found in breast milk, a woman can transmit HIV to her child while breast-feeding. Infants have a 1 in 3 chance of becoming infected if their mother is HIV positive.

La Tardeada – Part Two

What We Know About Blood Contact

Background (continued)

Mother to Child: Prevention

Studies have shown that there is a dramatic decline in the risk of pregnant women who are HIV positive transmitting the HIV to their babies when the women take AZT during pregnancy, labor and delivery, and when their babies receive AZT during the first 6 weeks after birth. However, little is known about the long-term effects of such therapy, both for the mothers and for their children. Also, AZT is not 100 percent effective in reducing HIV transmission. We do know that quality prenatal care early in pregnancy is essential to ensure that women have the opportunity to learn about their options, consider treatment, and make well-informed decisions for their health and for preventing HIV transmission to their children.

Testing for HIV

Testing for HIV is an important prevention tool: it means that people who test negative can continue to make decisions that help them avoid high-risk behaviors. It also means that persons who are HIV positive can be informed of their options and receive available treatment, even if they have no symptoms. They can assist in prevention by taking necessary precautions to not infect others.

When a person becomes infected with HIV, it can take up to six months for him or her to develop the antibodies which show that a person is infected (this time is referred to as the "Window Period"). However, once a person is infected, he or she can transmit the virus to others. For this reason, it is important to be tested for HIV six months after the last possibility of infection.

The standard blood tests, the ELISA and the Western Blot, consist of analyzing a blood sample in order to detect the presence of antibodies developed by the body in reaction to HIV. Additionally, there is a new test called ORASURE which does not require a blood sample but tests for the presence of HIV antibodies in the fluid known as oral mucosal transudate, which is found in the mouth.

HIV testing can be either confidential (the results are incorporated into that person's confidential medical file) or anonymous (there is nothing to link the person with the test because a person receives an anonymous identifier such as a code). Testing can be conducted at a doctor's office, a community health clinic, the local health department, anonymous testing sites, etc. Usually, there is pre-test counseling during which a counselor will conduct a risk assessment and review information related to HIV/AIDS and the test with the person being tested. Post-test counseling also occurs, in order to review prevention skills to help a person stay negative. If the results are positive, the counselor will discuss the many issues that directly affect the individual's health and well-being, and make appropriate referrals.

La Tardeada – Part Two

What We Know About Blood Contact

Handout

HOW TO CLEAN NEEDLES CORRECTLY TO AVOID HIV TRANSMISSION

People who inject drugs should be encouraged to enter a treatment program to help them discontinue use. If a person cannot stop using injection drugs, they should follow these steps in order to reduce the risk of infection:

- Clean the skin with alcohol prior to injecting. The preparation equipment (cotton balls, spoons or cookers, tourniquets) should be new or disinfected.
- Use a new sterile needle/syringe. Never share or re-use syringes or preparation equipment. Use syringes from pharmacies or needle exchange programs.
- If needles have to be shared, they need to be cleaned. Use the following three steps to clean needles before and after each use:
 1. Clean syringe with water by drawing water into syringe, shake well, and discharge water from syringe outside of water container. Repeat this process two more times.
 2. Clean syringe with bleach by drawing bleach into syringe, shake well, and discharge bleach from syringe outside of bleach container. Repeat this process two more times.
 3. Clean syringe with water by drawing water into syringe, shake well, and discharge water from syringe outside of water container. Repeat this process two more times.
- Dispose of the needles/syringes after every use in a place where others will not be at risk of coming into contact with them.

La Tardeada – Part Three

Attitude

Decision-Making
Psycho-Social Dynamics

Time: 5 minutes for showing
video and allow at least 15
minutes for discussion after
video ends



Discussion Questions

The questions listed below are designed to help initiate discussion about the themes brought up in the video. When the discussion begins, other questions and comments may come up which will guide the group's contributions. Keep in mind the relevant psycho-social dynamics that are covered in the background section. Following are some suggested questions:

- What do you think about this video?
- With which person could you identify?
- What do you think was the overall/main message of the video?
- Why did Jesús get the "chiva" (heroin)?
- What happened to Jesús when he saw his friends cleaning the needle/syringe in preparation for injecting the drugs? When can you exit uncomfortable situations? In what way?
- What did you think when the girls were getting ready and María was found with the condom in her bag? Do you think she was anticipating a possible situation with Chon? Do you think she was prepared?
- What was Teresa's statement regarding her personal views? What do you think of abstinence?
- What do you think about the discussion/negotiation that took place between María and Chon in the car? Would you have said anything else or said it differently? Like Jesús, she was able to exit the situation. How do you think she may have felt if she had had sex with Chon?

La Tardeada – Part Three

Attitude

Background

Decision-Making

The use of alcohol and drugs can damage health and affect decision-making skills. This may increase the likelihood of engaging in high-risk sexual behaviors. Remind audience members of the importance of anticipating possible situations relating to alcohol, drugs and sex. Encourage them to imagine being in those situations and to think about what they would do and say. This will help individuals to set their own limits before a situation occurs. Encourage your audience members to think about what discussion and negotiation can take place, and about how to prepare to exit unsafe situations if necessary.

Peer pressure plays a large role in the developmental stages of Hispanic youth. Although all adolescents experience a strong desire to "fit in" with their peers, Hispanic adolescents are especially vulnerable to peer pressure to engage in substance abuse and other high-risk behaviors as a way to "fit in" with mainstream adolescent culture. Hispanic youth live daily in two very different worlds: the values and assumptions of mainstream America and those of their Hispanic heritage. The values and assumptions of the Hispanic culture are at play in many aspects of Hispanic life, including tradition, customs, language, and even food. Hispanic youth face the need to reconcile a number of conflicts that originate in their ethnic identity; biculturalism; Spanish-language use; sex-role identification; skin color; and the overall sense of self in relation to family. Unless the Hispanic adolescent has developed the proper social support mechanisms and a sense of identity and self-esteem, he or she is very vulnerable to using drugs and alcohol as a way to resolve or escape personal and social conflicts.

La Tardeada – Part Three

Attitude

Background (continued)

Psycho-Social Dynamics

Keep in mind that some key psycho-social dynamics that affect young people may be operating among the members of your audience. The following notes can assist you as you prepare to facilitate the discussion before and after the video.

- Abstinence:** Refers to refraining from sex (i.e., not having vaginal, anal and/or oral sex). This is the only 100% effective way to avoid getting HIV through sexual contact. Some people have sexual feelings but decide not to share them with anyone. This is O.K.! The option of not acting on sexual feelings with another person is called sexual abstinence. It is a good choice and an option that people can choose at any time. Even when individuals have had sexual relations in the past, they may not feel prepared to share themselves sexually with another person. Abstinence is always an option, regardless of age.
- Acculturation:** Studies have shown that teens born in countries other than the United States are more likely to believe that American youth of their age engage in behaviors associated with risk for HIV transmission. The overwhelming desire to "belong" to their peer group can influence immigrant teens to engage in such behaviors. Hispanic youth are especially vulnerable to peer pressure to engage in high-risk behaviors (substance use, etc.) as a way to fit in with "mainstream adolescent culture."
- Experimenting with Alcohol and Drugs:** According to a study of the National Institute on Drug Abuse, 89% of high-school seniors reported having used alcohol. Many other studies report that young people experiment with illegal drugs. The use or abuse of alcohol and drugs can lower inhibitions and impair a person's ability to make decisions. This can cause young people to engage in high-risk sexual behaviors. If people drink or get high before sex, they may forget to use a condom.
- Peer Pressure:** Young people have a strong influence on their peers. Peer pressure can be positive or negative. In order to make educated decisions and be a positive influence on their peers, young people need accurate information.
- Perceived Invulnerability:** It is normal for young people to feel that they can take risks and nothing negative will happen to them. Many young people know how HIV is transmitted, but fail to incorporate this knowledge into their behavior. At the same time, many young people have not yet learned the skills to make decisions associated with postponing sexual activity or practicing safer-sex. Educating youth is important so that they can base their decisions on accurate information and can acquire the skills necessary to incorporate such information into their actions.

La Tardeada – Part Three

Attitude

Background (continued)

- Self-esteem:** All of us develop feelings about ourselves—whether positive or negative—based on the feedback we receive from others. How we feel about ourselves influences how we behave. Children with a sense of self-worth develop a special sense of belonging because they feel they can make a valuable contribution and they accept responsibility for their actions. They learn early to value their own opinions and are not easily influenced by what others are doing. They are less likely to engage in early sexual activity or risk behaviors. Children with a poor self-image are insecure, confused and easily influenced by others. They don't sense that they are in control of their own lives and find it difficult to say "no" to things that might not be good for them. They are more likely to engage in risk behaviors and early sexual activity. For these reasons, it is never too late to start building a person's sense of worth or self-esteem.
- Sex Education:** Information on HIV, sexuality and safer-sex skills can have a great impact on young people. According to a recent report from the CDC which summarizes 19 surveys on sex education by the World Health Organization, no evidence exists linking sex education to premature or altered sexual activity in youth. To the contrary, six of these studies showed that sex education programs resulted in postponement of sexual activity. Ten of the studies showed that sex education increased safer-sex practices among youth who are currently sexually active.
- Sexual Activity:** Millions of young people have unprotected sex. This puts them at risk of contracting HIV. According to a 1995 CDC survey on youth risk behavior, 53% of high-school students had ever had sexual intercourse. Only half of these (54%) reported having used a condom the last time they had sex. Among Hispanic high-school students, 58% had ever had sex, and less than half of these (44%) had used a condom during their last sexual encounter.
- Sexual Orientation:** Our sexual orientation determines who we are sexually attracted to. A person who is bisexual is attracted to people of either sex. A person who is heterosexual is attracted to people of the opposite sex. A person who is homosexual is attracted to people of the same sex. ("Homosexuality" is the clinical term, but many male homosexuals prefer to be called "gay men" and many female homosexuals prefer to be called "lesbians.") According to an Alfred Kinsey study, an average of 9.13 percent of the total population are predominantly homosexual in their behavior. This means that as many as 1 in 10 persons may be gay or lesbian. For many young people, exploring their sexuality with someone of the same sex is a part of their normal development. These feelings may or may not continue throughout adult life. Like heterosexual relationships, gay and lesbian relationships can be very fulfilling and can last for a long time. Sexual orientation does not place a person at risk for HIV transmission, risky sexual behavior does.

Closing and Bibliography

Closing

La Tardeada Discussion Guide provides information on HIV transmission and prevention, and an opportunity to discuss our attitudes about the HIV/AIDS epidemic. You may want to use the following words to close the session:

Although our hope is that this new knowledge will result in enhanced awareness about how to prevent HIV infection, ultimately it is in the realm of personal behavior that change must occur. In that realm, we can only assume responsibility for ourselves, those we love and those who claim to love us.

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Web Sites

Adolescence Directory On-Line (ADOL)	http://education.indiana.edu/cas/adol/adol.html
Adolescent Sexuality	http://www.agnr.umd.edu/users/nnfr/adolsex_sig.html
AIDS and Young People	http://www.avert.org/young.htm
AIDS Research Information Center	http://critpath.org/aric
AIDS Virtual Library	http://planetq.com/aidsvl/index.html
Centers for Disease Control and Prevention: National AIDS Clearinghouse	http://www.cdcnac.org
Coalition for Positive Sexuality	http://www.positive.org/Home/index.html
Facts on HIV/AIDS - AIDS Public Information Project	http://open.igc.org/kff/aids_hiv/facts.html
Healthtouch - Health Information: Children and Young People with HIV/AIDS	http://www.healthtouch.com/level1/leaflets/106153/106302.htm
HIV Insite	http://hivinsite.ucsf.edu
HIV Prevention Fact Sheets	http://www.epibiostat.ucsf.edu/capsweb/FSindex.html
La Red de Información del SIDA	http://www.aidsinfonyc.org/network/lared/index.html
National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)	http://www.cossmho.org
North American Syringe Exchange Network (NASEN): AIDS/HIV Information	http://www.nasen.org/ne aids.htm
!OutProud! The National Coalition for Gay, Lesbian, Bisexual and Transgender Youth	http://www.cyberspaces.com/outproud
Planned Parenthood Federation of America: Information Resources	http://www.ppfa.org/ppfa/resource.html
Sexual Orientation: Questions and Answers for Teens	http://www.mcms.dal.ca/dme/hsex/gay.html
Sexual Minority Youth Assistance League (SMYAL)	http://www.smyal.org
Sexuality Information and Education Council of the United States (SIECUS): Fact Sheets	http://www.siecus.org/pubs/fact/index.html
The Body: A Multimedia AIDS and HIV Information Resource	http://www.thebody.com/index.html
The STD Homepage	http://med-www.bu.edu/people/sycamore/std/std.htm
VIH y SIDA	http://www.ctv.es/USERS/fpardo/home.html

Hotlines

National AIDS Hotline	1 (800) 342-AIDS (2437)
Spanish AIDS Hotline	1 (800) 344-SIDA (7432)
National STD (Sexually Transmitted Disease) Hotline	1 (800) 227-8922
The Teen AIDS Hotline (6:00 p.m. - 12:00 a.m. Eastern Time on Fridays and Saturdays)	1 (800) 440-TEEN
TEENS TAP - Teens Teaching AIDS Prevention (4:00 p.m. - 8:00 p.m. Central Time)	1 (800) 234-TEEN
National Drug and Alcohol Treatment Referral Routing Service	1 (800) 662-HELP (4357)