YOUNG EAGLES' CHALLENGE:

A Peer Education Training Manual for First Nations Youth on HIV/AIDS and Related Issues

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THE EAGLE

In many First Nations, the Eagle is a symbol of sacred status, gifted to fulfill a certain role of being a leader among our feathered relatives. There are many aspects of how the Eagle lives and fulfills these responsibilities that can apply to the work identified in this manual.

Eagles are known to be superb hunters. They also fly so high, it is believed that they can carry our prayers up to the Creator. They can see dangers because they fly so high and their vision is so good, they can spot food deep below the waters. Eagles mate for life, and both the male and female Eagle work together to protect and care for the Eaglets in their nest.

Even in how Eagles make their nest, there is good planning. First, they start building the nest with large branches. The nest itself can be about 20 feet wide. Next, they put in other rough items, such as glass and smaller twigs to help the nest stay strong. But obviously, branches and glass would be too rough to raise babies. So they add straw to help soften it, and finally, they will add feathers to make a nice soft, warm bed to help raise their family. Both the male and female Eagle will take turns watching the babies.

When it comes time for the Eaglets to be on their way, the mother Eagle begins to prepare them, by first taking the softer items out of the nest. She will remove the feathers and straw, so that after awhile, the Eaglets are standing on roughness. She makes it uncomfortable for them to stay because she knows they must go out and experience the world on their own. Eventually, the young Eagles get tired of standing and are pushed out of the nest. The parents have done their job.

This manual is what happens after Young Eagles are pushed from their nest. It is hoped that parents have done their job to protect and care for their young ones. But there comes a time when they too must go out into the world and fend for themselves. Whether the echoes of the teachings those parents have provided is enough, only time will tell. This manual is a meant to offer important information, so that Young Eagles can learn about a serious threat, and find ways to protect themselves. In the spirit of our heritages, it is also about sharing this information because it is important for everyone to know.

Fly strong and proud Young Eagles - and share the teachings.

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ACRONYMS USED IN THE MANUAL:

Acronyms are letters that stand for something else.

HIV = Human Immunodeficiency Virus

AIDS = Acquired Immune Deficiency Syndrome

APHA = Aboriginal Person living with HIV/AIDS

PHA = Person living with HIV/AIDS

AASO = Aboriginal AIDS Service Organization

ASO = AIDS Service Organization

CHR = Community Health Representative

CHN = Community Health Nurse

PHN = Public Health Nurse

MSM = Men who have Sex with Men

IDU = Injection Drug Use

MSM/IDU = Men who have Sex with Men and Injection Drug Use

Epi = Epidemiological

STI = Sexually Transmitted Infection

CIDPC = Centre for Infectious Disease Prevention and Control

N = Number

N-9 = Non-oxoynol 9

HIV+ = HIV positive

HIV- = HIV negative

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PART 1: INTRODUCTION

This manual is a follow-up to the "Beating the Challenge" Training Manual previously developed by the Assembly of First Nations. It uses a peer education approach so that First Nations youth can do two things:

a) learn this information; and
b) share it with their peers to help protect themselves from getting HIV/AIDS.

Another key reason for Peer Youth Education is to better understand HIV/AIDS and related issues, so that when a person does become infected with HIV, there can be a more supportive community to deal with all the things that can come up.

THINGS TO KNOW:

HIV/AIDS is a serious concern for First Nations and all Aboriginal people in Canada. More and more people are becoming infected with this preventable disease. This manual is one tool to help First Nations youth address this reality. For different reasons, it is important to know that some people will not agree with everything that is stated in this manual.

HIV/AIDS is, among other things, a sexually transmitted disease, and this fact can bring about different views on what the underlying causes are that put people at risk and how to respond.

For example, some people feel it is more important to teach youth to wait until marriage before having sex. Others feel that by talking about safer sex or by giving out condoms, this encourages youth to be sexually active. Still yet, others view certain sexual orientations, like homosexuality, as a sin based on their religious backgrounds.

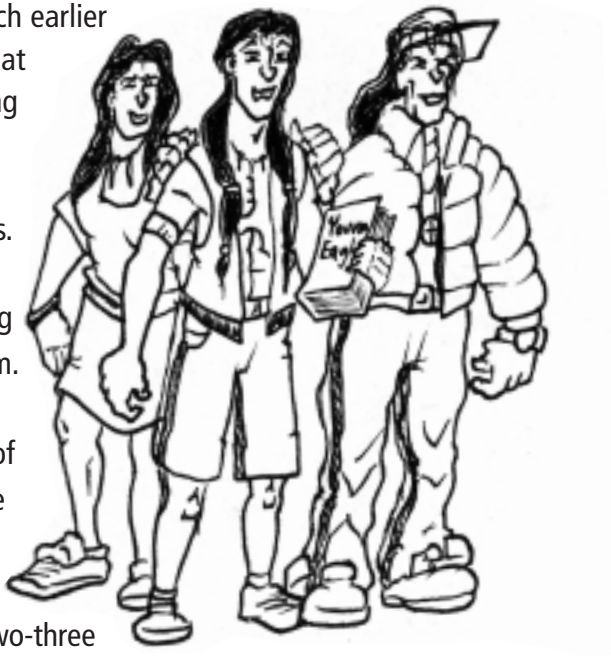
This manual is **NOT** about arguing for or against one position or another. What this manual **IS** about is teaching youth two basic things:

1) The importance of self-respect as a basis for protecting oneself; and
2) Providing accurate information so that youth can make the best choices possible.

It is about teaching First Nations youth about risky behaviors and how to avoid or reduce the risk. This includes information that respects individual choices. This can include whether a youth wants to abstain from sex until marriage, or if they have been sexually active and now want to abstain from sex until they meet the right person. This peer education model recognizes that there are many factors that affect a person's decision. With true and accurate information, delivered by peers in a way that youth understand, positive peer pressure may help save a life, because there is NO CURE for HIV/AIDS!

WHO CAN USE THIS MANUAL?

It is designed for First Nations youth, who may be living on or off-reserve. The main setting is built around the school system for grades 7 to 12. Youth is defined as being between the ages of 15 and 24. This manual recognizes the need to develop age-related information for those who fall outside this age category. Many people feel that this type of education should begin at a much earlier age, before puberty arrives so that youth are not left with competing physical urges and little or no information that can help them navigate this period in their lives.



Youth Centers are another setting which can introduce this program. Friendship Centers or other agencies who operate any type of youth programming, may also be interested in setting up this program. A Steering Committee is needed, which must include two-three youth; one or two teachers; one or two parents; a public health nurse and/or a Sexual Health Educator. As well, a HIV/AIDS Educator from a local Aboriginal AIDS Service Organization would be useful. If possible, an Elder can also be a good resource to have.

The purpose of this Steering Committee would be:

- to discuss ways of introducing the program within the school or agency;
- to support the program to function at full capacity;
- to guide Youth Peer Educators to fulfill their roles;
- to advocate for proper resources to manage the program;
- to fund-raise and create incentives so that First Nations youth have additional reasons to take the program;
- to devote time and energy so that the program raises awareness among parents and the community, and is supported;
- to challenge and overcome obstacles that would hinder the program's success;
- to encourage and provide a mentoring role;
- to support recruitment of guest speakers.

WHAT IS PEER EDUCATION?

A peer is defined as **"one belonging to the same societal group, especially based on age, grade or status."** [1] So a peer can be someone who has a major thing in common with others. In this case, the peers will have more than one thing in common, such as age grouping and being First Nations. There can be other things in common that make a peer, such as gender, sexual orientation, experiencing a major event or trauma, or even having the same disease.

The key to being a peer is that you are seen and felt to belong to a certain group. The education aspect is about first learning and then sharing accurate information in a way that your peers understand.

Youth Peer Educators are not trained counsellors and it is very important to understand that youth who become Youth Peer Educators are NOT EXPECTED to**:**

- have all the answers;
- keep secrets, especially if they know that another student may want to harm themselves - for any reason;
- understand everything about confidentiality issues, which is why Mentors and the Steering Committee can be supports;

[1] Merriam-Webster's Colegiate Dictionary, Tenth Edition, Merriam-Webster, Springfield MA, USA. 2002. P. 855

- give medical or professional advice;
- try and make decisions for others or to feel responsible for other peoples choices; or
- deliver the program alone or in isolation.

Youth Peer Educators teach information they have learned and can support other students to make responsible choices. However, it is important to know that it takes many years of training for professionals to understand behaviors and support people to make changes in how they behave. As well, there are many related issues that affect HIV/AIDS education, such as sexual development, sexual health, sex and sexuality issues, addiction, self-esteem issues, support or lack of support, etc.

This program is about Youth Peer Educators working as a team with the Steering Committee and other professionals so that they can reach out to others and support them properly. For example, if a student wants to go for an HIV test and are worried about the results, a Peer Educator can be a support person if they feel they can be. However, this kind of scenario where support is extremely helpful is an excellent example of where a referral could happen. Some basic support could happen from the Peer Educator, but If the student wanting the test expresses they could be suicidal if the test results were bad news, then the Peer Educator must tell someone in authority to avoid harm to the student. Some basic peer

support techniques will be taught, however it is very important to understand that nobody expects the Peer Educator to be a trained counsellor. This important subject and others will be covered in more depth, during the training sessions that come with this manual.

WHY USE PEER EDUCATION?

Peer education can work because when the person doing the education belongs to a certain group and is accepted as being in that group, they may be listened to more easily. This is called **"positive peer pressure"**, not that the Peer Educator is pressuring others to do one thing or another, but more that individuals who use negative peer pressure like belittling or mocking others, will become the minority because the rest of the crowd is **"with the program"**.

With training, the Peer Educator can make information relevant because they know what things are important to their peers. It is not through lecture after lecture that youth will know what their challenges are. The Peer Educator already knows what it is like to be a youth in today's world. They know by talking and listening to their friends what matters. Although some classroom presentations will be planned, Youth Peer Educators can also be available to talk one to one. Peer education can work when other approaches may not, because the peer already has the trust and respect of their peers.

An important approach to consider is doing gender-specific peer education components, that is, some activities need to be delivered in separate groups for boys and girls to first allow the safety and comfort of talking with peers on a basic level. This is not to say that other activities will not have both girls and boys together in one group. In section four, we will offer more instructions to consider when using this approach. One main reason for this important step is to address any real or perceived power imbalance based simply on gender. Many feel that society still has a long way to go before men and women have equal footing, for example, many women tend to earn less than men when doing the same type of jobs.

Another level to this, is to ensure age-specific activities are delivered. It is likely less effective to do a presentation to one-hundred students from various grade levels, than it would be if the information was presented by grade level. Simply put, if a youth is aged 13 and is not sexually active, they may not follow discussions for youth who are aged 18, some of whom may have been sexually active for awhile.

Peers are basically people just like us. In this case a peer will be a First Nations youth. We learn best from peers because peers use similar words, ideas, humor and examples that we are used to working with. A local Youth Peer Educator is best because the words and ways of communicating are different in each of our First Nations communities. Sometimes it means speaking in one of our First Nations languages or

using local slang words. Listed below are some important reasons for Youth Peer Educators educating other youth:

- Youth Peer Educators can use First Nations languages;
- Youth Peer Educators will know the local slang;
- Youth Peer Educators have familiarity with their community;
- Youth Peer Educators know where to find local resources;
- Audience might feel like they are hearing it from a friend;
- Audience can sense that the peer is "one of us";
- It's easier to share with people who are a lot like us.

By learning how to be a Youth Peer Educator we learn how to reach out to people like ourselves. Leadership skills are developed and improved.

HOW WILL THIS MANUAL WORK?

This manual has four parts plus a resource section:

1. Introduction
2. Basic HIV/AIDS Information
3. Related Issues
4. Facilitation Skills Development
5. Toolkit

It presents information in a straightforward way, and points the reader toward places where they can continue to get new information and stay up-to-date. Each key section will have different ways of making sure the information is being understood, such as review questions to make sure the reader understands what is being presented. The resource section includes true or false tests and other resources such as videos, pamphlets or related resource manuals that can help present the information in different settings.

Some of these settings can be in classrooms; others may be Talking Circles held at Youth or Friendship Centers; or one-to-one between peers. It will also identify where to go for guest speakers who can help teach some or all of the information. Youth Peer Educators can create teams of two or three people to help lead a Talking Circle or to give a presentation to the class. Some may want to write papers as a classroom assignment on HIV/AIDS among Aboriginal people.

THE PEER EDUCATION MODEL:

Program Steering Committee: Six to eight individuals who meet regularly to design, operate and guide the program, which includes two to three youth.

Youth Peer Educators: At least two or three senior Youth Peer Educators who will also serve on the Steering Committee and be a link between the Steering Committee and other Youth Peer Educators. They will also mentor or support the other Youth Peer Educators. Preferably, there will be at least one male and one female senior Peer Educator. The other Youth Peer Educators will be open for up to ten positions, who will take turns doing classroom presentations two to three times per school year, and also do one-on-one talks with other students whenever the need exists.

Planning Meetings: A short section on mentoring is included later. There will be regular meetings of all the Youth Peer Educators to get updated information and talk about their experiences. Those who actively participate may be able to arrange to have some of their work graded as part of their school work for certain classes. This could be applied to mandatory volunteer hours that are required by some provinces (Ontario) in order to graduate high school. These options would have to be arranged through the Steering Committee before the program starts and identify related classes where the work could fit the class material and objectives. Likely, it would be any of the social sciences and some schools

have classes such as Personal Development and Relationships which could fit this program.

In addition, if there are youth targeted conferences, and fund-raising occurs to support student(s) and a Steering Committee representative to attend, then this can also be an incentive for Youth Peer Educators to stay active in the program. This example is one that would require skills or support, such as writing and submitting abstracts to attend or present at conferences, and where mentors would be an excellent partner.

As part of the design and introduction of the program, students may be asked to help select a unique name for their program. For example, this manual is titled "Young Eagles Challenge" because it is for youth. The challenge aspect is based on the fact that all youth who travel through life, at some point in time will likely find the information found in this program useful. So students can adopt the name of this manual or find one they like. The Eagle is a sacred symbol for many First Nations. It is also an excellent hunter, flies the highest in the skies, and can see danger or food from a great distance. The real challenge for Young Eagles is to spot and avoid dangers (HIV/AIDS) and to treat this information as if it were food, which we need to stay alive and healthy.

In those settings where there is only a Youth Center or youth program, people will need to be more creative, not only in finding incentives that will get youth involved, but to have youth reach out to other youth, because they will

not be all in one place like a school. Some will be working, while others may be going after higher levels of learning such as through a University, College or even a Trade School. Some may be unemployed or already have children that take up much of their time and energy. A few possible incentives can be:

- occasional feasts or potluck suppers where they can gather and spend time with one another;

- movie nights or dances can be other examples where activities get planned without always having to talk about HIV/AIDS;

- for those more active in the program, such as those who give presentations, they too can be eligible to travel to conferences where the funds have been raised to support such things; or

- when Youth Peer Educators take this type of training and stick with it, they also learn skills that they can use in future jobs and can list this experience under volunteer work, which is good when you are fresh out of high school and employers like to see experience.

MENTORING

Mentoring is about linking up people with more experience, with those who are just learning. In this case, Youth Peer Educators can benefit from being linked up with Mentors who may be older, in a higher grade, work in a HIV/AIDS organization, are a teacher, a nurse, a counsellor. It is about the Mentors being someone who has certain knowledge and skills that will support the Youth Peer Educator to gain these same skills and knowledge. After awhile, a Youth Peer Educator who has been trained and has worked with this peer education program for awhile can also be a Mentor to some of the newer Youth Peer Educators just signing up. Mentors can be the same people on the Steering Committee or be from outside agencies who can be someone to listen to the Youth Peer Educator and help guide them along. Mentors can also be parents. The key is that these Mentors also have the training around the topics covered in this manual and are willing to keep learning and sharing what they know.

PART 2: BASIC HIV/AIDS INFORMATION

Objective: To teach a basic understanding of HIV/AIDS, how it is spread and how to remove or reduce risks.

WHAT IS HIV/AIDS?

HIV is a virus and has been in North America for over twenty years. It attacks the human immune system, which is what people need to fight off simple things like the cold or flu. HIV stands for Human Immuno-deficiency Virus.

When a person becomes infected with HIV, their immune system slowly begins to weaken. You start off with HIV and it eventually turns to AIDS. AIDS is when the body gets much sicker with different diseases and other infections can become major problems for the body. AIDS stands for Acquired Immune Deficiency Syndrome.

A human being has what is called T-Helper cells (T-4 and T-8), also known as CD4 and CD8 cells. These are like the Warriors inside our bodies, which attack any threat to our health. Once they sense something is inside us -

like a virus that does not belong there it immediately begins to try and get rid of it.

With HIV it is different and instead, the T-Helper cells begin to die off. This leaves the body with no defense or no Warriors to protect itself. Most human beings have about 1700 T-Helper cells at any time. This number can go up and down depending on different things, like stress or poor nutrition.

When someone catches HIV, the T-Helper cell counts begin to go down. This takes many years before it becomes serious. Today, people living with HIV are living much longer than before, mostly because Doctors know more and have new medications to help a person stay healthier. The issue though, is that AIDS is still a killer. As reported on Pride Vision TV, according to a BioChem and Glaxxo Wellcome Survey, a person living with HIV/AIDS can take between six (6) to ninety-six (96) pills per day to fight the disease.

Many of these pills make you feel sick, with upset stomach or diarrhea, because of the side effects. It isn't fun or easy living with this disease. Some Aboriginal People living with HIV/AIDS (APHA's) live in poverty and misery. The pills do not work for everyone with some people developing resistance to them and many (especially Aboriginal people) are still dying from AIDS related infections. It can often take many tries and combinations, with huge side effects before the Doctor finds the right one to help a person live longer. Remember, there is still **NO CURE** for HIV/AIDS. Once you have it - you have it for life! There is no pill you can take afterwards to get rid of it. There is no

needle or vaccine to protect yourself against getting it. There is only **PREVENTION** which comes from knowing what it is, how it is spread and how to protect yourself. Nobody has to catch HIV and **ONLY YOU** can prevent yourself from getting it. The basics about HIV/AIDS do not take long to learn that HIV is a virus that is preventable and the virus is found in all body fluids. Some body fluids have more HIV than others. Contact with these fluids can lead to HIV infection and the risk depends on what type of contact and which fluid.

The real challenge though is to look at what behaviors you may be taking and change those behaviors so that you get rid of or lessen the risks that may be involved. For example, some people get involved in what is called bare-backing or sex without a condom. This is considered very high risk when you do not know your sexual partner(s).

HIV can be spread through:

- unprotected anal or vaginal sex (less but still some risk for oral sex);
- sharing injection drug needles, that have not been cleaned properly with bleach and water mixture;

- sharing snorting equipment, used to snort drugs up the nose;
- blood-to-blood contact (like in a blood transfusion);
- mother-to-child, at birth, if the mother has HIV; and
- oral sex when certain conditions exist, like a throat infection, bleeding gums, etc.

One person must have HIV or be HIV-positive to infect another person. Because HIV is a virus, medical tests can show how much of the virus is in the body. This is called **VIRAL LOAD**, and over time, without medications, most people with HIV will have their viral load go higher.

This is a major reason why people who are taking risks should try and find out if they have been infected. It lets Doctors treat you and keep the viral load down and keep the T-Helper cells up. The sooner someone finds out whether they have HIV or not is better, because you can do things to live longer. The other important reason is to not infect other people you care about or have sexual contact with - like your boyfriend or girlfriend.

Review Questions:

What is HIV/AIDS?

What is the difference between HIV and AIDS?

How do you cure HIV/AIDS?

What are T-Helper cells and why are they important?

WHERE DO YOU FIND HIV?

When a person has HIV, the virus can be found in ALL body fluids, but each body fluid has different levels or concentration of HIV. When someone does not have HIV and has contact with HIV, there are RISKS involved.

HIV is found the most in:

- a man's semen (cum and precum);
- blood
- vaginal fluids

There is some HIV in:

- breast milk

There is almost no HIV in:

- tears
- sweat
- spit

HIV is really weak outside the body and dies fast in open air!

HOW IS HIV SPREAD?

HIV can be SPREAD by:

- anal (ass) or vaginal (pussy) sex without using condoms;
- oral sex (done to a guy or girl) can have more risks, especially if there are problems inside the mouth like bleeding gums, throat infections or recent dental work where there is a break in the skin;

- sharing injection drug needles (using a syringe with more than one person) which have not been cleaned with bleach and water in between use - this includes any substance injected into the blood stream to get high or steroids;

- unsterilized tattooing or piercing equipment can also increase risk for HIV if someone else has HIV and the same equipment was used on you;

- sharing equipment that is used to snort (inhale up the nose) cocaine and other drugs up the nose - these drugs cause blood vessels to burst and cause a nose bleed. When there is blood and more than one person uses the straw or other object, blood with HIV could be exchanged;

- sharing any type of medical equipment (e.g. glucose monitor equipment for diabetes, etc.) where blood or other body fluids become present, with more than one person may have some risk if one of those people has HIV;

- mother to child (at birth) unless the mother knows she is HIV-positive and takes medications as well as use a caesarian section during birth which reduces much of the risk.

Tattooing and piercing can carry risks if the equipment is not new or sterilized. There is evidence that even cleaning with bleach and water may not be enough, because other disease like Hepatitis C cannot be killed by bleach and water. However, cleaning equipment is better than not cleaning them and it is better if new equipment is used.

One person must have HIV and the other needs to have certain direct contact with that person's body fluids (semen, blood, vaginal fluids) to catch HIV. Today, the blood supply system is much safer than it was before, and all blood donated is screened to remove blood that comes from people who may have taken risks for HIV. There can be a theoretical risk from the blood supply and some people believe there is still a very minor risk because not all blood can be checked. Many feel the blood supply is much safer than before.

Review Questions:

What are the three bodily fluids with the highest amount of HIV in them?

How is HIV spread?

How risky is oral sex? Why?

HIGHEST RISKS FOR THE SPREAD OF HIV ARE:

BLOOD CONTACT

Direct blood to blood contact is one of the highest risks for catching HIV. Blood that has been out in the open air, is NOT as high a risk, because air kills HIV very fast. If there is a deep puddle of blood from a fight or if someone was in an accident or cut themselves, plus the room is very warm, HIV could stay alive for awhile. Whenever there is blood around, latex gloves should ALWAYS be worn for clean up.

Some games can be a concern, like bloody knuckles, which is where the knuckles are hit by the other persons knuckles and eventually, the skin gets broken. If one of the people playing the game has HIV, there could be risks. When you get blood from a person who has either HIV or AIDS inside you, there is HIGH RISK to catch HIV. There could be some risks with fighting too, but because blood is open to air and both people may only have minor contact that lasts a few seconds at a time, then there can be risks but not as much as some other activities.

Some ways you may come in contact with blood are:

- sharing injection drug equipment, which have not been cleaned with a bleach and water mixture is one of the highest ways;
- fighting, where there is a lot of blood and possibly deep cuts;
- sharing drug use equipment, like a straw or rolled up paper to snort drugs like cocaine or speed up the nose;
- sharing any type of medical equipment that involves blood or other body fluids;
- bloody knuckles, or similar games where there is blood;
- someone cuts themselves, especially a deep cut; and
- anal, oral, or vaginal sex can also be ways of having contact with blood, even in small amounts.

WOMEN'S ISSUES:

For First Nations women, HIV is becoming a growing concern and many Aboriginal women are becoming HIV-positive. There are many negative side affects for women when they have to live with this disease. The risk

factors are slightly different for Aboriginal women than non-Aboriginal women which will be talked about more in a later section. However, evidence shows that injection drug use is a key factor for many. Unprotected sex is another, which raises the issues of whether First Nations women feel safe or strong enough to make their sexual partners wear condoms. Sexual assaults are one clear example of where this control would not be available for a woman. Substance use can also be a factor for some. Partners who cheat on them is another.

Women can be at HIGHER RISK for HIV when they are near or on their period. This is because the vagina has small blood vessels which are opened where the virus can enter the body more easily. Broken skin or open vessels mean when cum with HIV goes inside the women, there is high risk. Women who are pregnant and HIV positive can give it to their babies during childbirth. Pregnant women once they know they have HIV, can take HIV medications to reduce risk to the baby when born. Also, the type of birth (caesarian) can reduce risks.

Also important is the issue of sexual assault, including date rape. There are people who prey on women at night clubs or parties by dropping pills into their drinks which cause them to pass out and be unaware of what is happening to them. The person then takes them to some place and forces sex on them, and the woman is unable to defend herself. This type of vicious attack can also happen at parties where a woman has too much to drink and passes out. There are situations where a group of guys have sex

or gang bang the woman. These acts of aggression are against the law and simply wrong behavior that needs to be addressed and corrected. Obviously, all of these sexual attacks can put the woman at risk if any of the guys has HIV or any other sexually transmitted disease.

OTHER DISEASES:

There are other diseases, which can be very serious that can be spread whenever blood is involved. Some are known as Hepatitis A, B or C. They affect the liver and some can cause major health problems.

STI's or sexually transmitted infections, which used to be called sexually transmitted diseases, can also be spread when there is unprotected sex. Some common ones are: chlamydia; syphilis; gonorrhea; genital warts; herpes; and crabs. These will be covered more in Part 3. Having a Sexually Transmitted Infection (STI) puts people at higher risk for contracting HIV because it weakens the immune system and open sores are ways for the HIV to enter the body.

UNPROTECTED SEX:

Sex involves the physical acts. Unprotected sex means sex without a condom or other things, like a dental damn or plastic food wrap, that are used to block contact with the body fluids.

Sex can include:

- oral sex (blow job on a guy or going down on a girl);
- anal sex (entering the butt);
- vaginal sex (entering a woman);
- masturbation (jerking off, pleasuring yourself).

All of these sexual acts have different levels of risk. Remember, one person must have HIV to give it to another person. Also remember, that you cannot tell by simply looking at someone whether they have HIV, and it may not be enough if someone says they do not have it. Trust in an intimate relationship takes time to build. Semen (cum) can have a lot of HIV in it, including pre-ejaculate or pre-cum. The following three examples are all sexual acts without using a condom or other barrier like a dental dam.

- Oral sex (mouth to penis or vagina) is still sex and can be a lower risk, unless there are problems inside the mouth or throat, like bleeding gums, throat infections or recent dental work;
- Anal sex (penis inside anus) is high risk because the anus (butt) can tear when something goes inside it, causing an opening in

the skin where HIV can make its way in. Not only gay men have anal sex, others do too;

- Vaginal sex (penis inside vagina) is high risk because the body fluid (cum) is going inside the woman. Young women up to around the age of sixteen, are still physically developing, so if they have sex before that age, there can be more ways that HIV gets inside the body because the body is not fully developed;

- Oral/Anal sex (mouth to anus) carries risks for other things, like hepatitis A and B or parasites which can make a person very sick and can be spread to others.

For a guy, the penis (dick) can have small tears or scratches which can have some risk if it comes in contact with HIV. The opening (urethra) where the urine (piss) comes out has tiny blood vessels which can be one area where HIV can make its way inside the blood stream. For guys that are not circumcised and have a foreskin, it is extremely important to clean underneath the foreskin because this is one area of the penis where HIV can enter the body because it is a warm, moist fold of skin that allows the virus to live longer when the penis has had unprotected contact with body fluids that have HIV.

Review Questions:

What are the most common ways that HIV is spread?

What are some of the ways you can come into contact with blood infected with HIV?

What are two ways that women become infected with HIV?

What are some other diseases you can get from sex without a condom?

HIV SYMPTOMS AND AIDS-RELATED DISEASES

Symptom means "**subjective evidence of disease or physical disturbance.**"[2] When someone becomes infected with HIV, eventually, there will be evidence or signs that will show up. With HIV and like many infections, a person might feel really tired for no reason or feel like they have a flu that lasts longer than usual. This happens shortly after they have been infected. This does not necessarily mean it is HIV, because the signs can seem like many other diseases.

Because the body tries to fight off the infection with those warrior T-Helper cells, the person usually starts to feel better again in a little while.

[2] Merriam-Webster's Colegiate Dictionary, Tenth Edition, Merriam-Webster, Springfield MA, USA. 2002. P. 1191

However, little by little, the immune system begins to weaken and the T-Helper cells start to die off and the viral load begins to go up.

Most experts believe that a person starts off with an HIV infection and over time, ends up with AIDS. This takes many years, especially if the person goes for a test and finds out they are HIV-positive. There is NO CURE for HIV/AIDS, and there is no vaccine like a needle or pill that can make it go away.

Once you have HIV, you have it for life!

As stated, people living with HIV/AIDS need to take between six and ninety-six pills EACH DAY to treat the disease. Many of these pills make the person feel sicker, but many people with HIV take them because it is the only way Doctors know to fight the disease.

Many people with HIV/AIDS try to stay as healthy as possible, like eating healthier foods, exercise, getting rid of stress and learning about the disease. Many seek support from other people with HIV/AIDS or turn to close friends and family to help deal with it.

People who may use drugs, alcohol or solvents a lot, might not notice right away that they feel sick, because using substances makes people

feel hung-over or run down. HIV symptoms can be like other infections too. Only an HIV antibody blood test can show whether you have HIV or not.

Men and women can have different symptoms too. More and more women are becoming infected with HIV. Some Doctors used to refuse to test women for HIV, because they felt the highest risks were among gay men or injection drug users. The fact is, anyone can catch HIV.

MEN'S SYMPTOMS: (Remember, many people will not see any serious signs for quite awhile after becoming infected.)

When someone gets sicker from HIV, they might have:

- Fevers or chills;
- Really bad night sweats for weeks;
- Major weight loss in a short period of time;
- Swollen glands (in throat, armpits and groin for a long time);
- Thrush (white spots or a white coating in the mouth);
- Bad diarrhea that lasts really long, like weeks;

- Very dry cough and shortness of breath;
- Fatigue - feeling drained or really tired, is common in both women and men, as with many other symptoms.

WOMEN'S SYMPTOMS:

- A lot of yeast infections (hard to get rid of and keep coming back);
- Thrush (white spots or a white coating in the mouth);
- Menstrual period changes;
- PID (Pelvic Inflammatory Disease);
- Hormone changes;
- Bacterial pneumonia;
- Swollen glands (in throat, armpits and groin for a long time);
- Cervical changes.

These signs or symptoms mean that things are getting more serious and that other illnesses may be happening. Again, men and women get different kinds of illnesses but symptoms may be similar because the human body is reacting to a new threat. It is the following serious illnesses, cancers and what are called opportunistic infections that eventually take the life of the person living with HIV/AIDS.

AIDS-RELATED ILLNESSES FOR WOMEN

YEAST INFECTIONS: The vagina will burn and itch. The vaginal walls will be swollen, have a white or creamy discharge, like cottage cheese. Sex could be painful. The yeast infection might come back a lot, and is hard to get rid of.

SWOLLEN GLANDS: The glands become swollen and sensitive to touch. Glands are in the neck, under arms, behind ears, and inner thighs. THRUSH: Thrush is like what babies get. It happens in the throat and will be creamy white patches on the tongue and in the mouth.

MENSTRUAL PERIOD CHANGES: Instead of the usual time of month, they may not happen each month. They may get really painful or just seem different from the usual ones.

PELVIC INFLAMMATORY DISEASE (PID): This disease causes pain in the stomach, legs and back. There is an unusual discharge from vagina, which has a strong smell and is a thick substance. There may be pain when you go to the bathroom to urinate. There could be bleeding in between periods, fever, nausea, vomiting, and sex becomes painful.

HORMONE CHANGES: Hormone changes can happen with menopause for older women, or from birth control pills, as well as during pregnancy. There can be normal changes within your period cycle, or if the ovaries are removed. HIV can cause hormone changes, like hot flashes, mood changes and certain kinds of vaginal infections.

BACTERIAL PNEUMONIA: This infection attacks the lungs. It is like a cold, usually with fever, chills, and coughing up mucus. The chest area may be sore and have a hard time breathing. This type of pneumonia is common for women with HIV/AIDS.

CERVICAL CHANGES: HIV positive women should go for pap smears every 6 months, since there are greater risk for changes to happen.

AIDS-RELATED ILLNESSES FOR MEN

PNEUMOCYSTIS CARINII PNEUMONIA (PCP): For men, PCP is the most common infection that comes with AIDS. It fills the lungs, causing coughing and shortness of breath. The cough usually doesn't make any phlegm.

KAPOSI'S SARCOMA (KS): This is a rare skin cancer, and men with AIDS can have it spread throughout the body and organs. It makes different colored blotches on the skin that are dark purple, reddish brown or pink. They also can be different sizes, almost the size of a loonie.

TOXOPLASMOSIS (TOXO): This is a parasite that attacks the brain and could even attack the heart and lungs. It brings fever, seizures, weakness, confusion and headaches.

CRYPTOSPORIDIUM: This can cause severe diarrhea lasting for months. The person with AIDS cannot keep food in the body long enough to allow the body to get any nutrients from it. The person becomes very weak and usually will die from so much loss of fluids.

MYCOBACTERIUM AVIUM INTRACELLULARE (MAI): This bacteria is related to Tuberculosis (TB) which can also be a disease that Doctors use to define an AIDS diagnoses. It also affects the lungs and the lymph

nodes, and can spread throughout the body. It causes wasting, which means major weight loss in a very short time.

This is not an exhaustive or totally complete list of AIDS Defining Illnesses. It is offered here to show some of the more serious ones and how they can be different for men and women.

HIV can turn into AIDS based on:

- how long a person has the virus;
- genetics may be a factor for how a body can defend itself or what diseases may occur;
- mental strengths, such as ability to keep a strong and healthy mind or outlook;
- how well they take care of themselves to keep strong.

Only a Doctor can tell when you have AIDS.

Doctors can tell by:

- taking blood tests to measure your T-cell count and see if it goes below 200; and,

- if you have 2 or more of the other serious illnesses listed above.

People living with HIV/AIDS can take three types of treatment. These are known as:

1. Western medicine;
2. Traditional medicine; and
3. Alternative therapies.

Western medicine is what is used by mainstream Doctors who use different tests and medications to treat the illness. Traditional medicine is what some First Nations people use, such as Sweat Lodge ceremonies and many herbs and plants to treat their illness and use what is called a holistic approach that addresses the physical, spiritual, mental and emotional health of a person. Alternative therapies are things like naturopathic or homeopathic medicines, massage, therapeutic touch, and reiki, etc. to help keep the body, mind and spirit strong. Some people use one or more of these approaches.

Review Questions:

Name 5 symptoms of HIV/AIDS.

Name some things that people can do to help delay HIV turning into AIDS.

How can a doctor tell if someone's HIV has developed into AIDS?

Describe whether there are different HIV symptoms between men and women. Are there similar ones?

HIV ANTIBODY TESTING

HIV Antibody testing involves having a blood test done. Even making the decision to go get tested can be hard for some people, especially if they feel they have taken risks where they could have caught HIV. Getting tested has many benefits, a key one is that it clears up any doubt for whether you have HIV or not. This is sometimes called a baseline test when it is your first test. This means that at that point in time, the results of the test can give you a clean bill of health or confirm whether you have HIV. The next most important benefit of HIV antibody testing is really the counseling you should get from the professional (Doctor/Nurse) doing the test. Sadly, these professionals may only ask a few questions of you rather than take the time

needed to "educate" you on the disease, what test results mean, and what risks you may be taking and whether you need to think of making changes to your risk behaviors. Having a test done for HIV antibodies provides you with sound results, unless you are in the window period, which can be up to three months after being exposed to HIV. During the window period, you can still infect others if you have HIV and the antibodies will not show up in blood tests until later.

Not everybody needs to be tested for HIV, for example, if two people have been married for many years and have never cheated on each other, then it is unlikely they would need an HIV antibody test. But this scenario is not always true, because some partners may cheat on the other or be involved in risky drug use, increasing risk for all involved, including unborn children that come about during a pregnancy. HIV antibody testing is an excellent way, for when a person meets a new sexual partner, to openly talk about taking risks. You can talk about going for the test together and sharing the test results BEFORE you both decide to not use protection. Building and earning trust is important before you decide to put your life and health at risk.

Some reasons for being tested can be:

1. I need to know what my risks are;
2. I need to know if I have HIV;
3. I need to stay healthy;

4. I need to protect myself and others;
5. I need to not get infected;
6. I need to not infect others if I do have HIV.

Some people feel it is important to know your risks BEFORE you go for a test, however, if someone is sexually active or possibly taking others risks, it is always useful to go for a test just to confirm that you do not have HIV and to better understand if you are taking risks. Nobody will know whether you are tested or what the results will be, unless you tell someone. If you do tell someone you want to get tested or are worried that you took risky behaviors, it is important to think carefully about who you might tell. Some people also refuse to go for testing but continue to be sexually active and take other risks.

You might want the following when you go for a test:

- someone you feel you can trust;
- someone who will not judge you;
- someone who will not repeat what you say; and
- someone who knows something about HIV/AIDS so they can support you.

This could be a teacher, someone on the Steering Committee, a brother or sister, or a friend. It could even be the Peer Educator.

There are three different types of HIV tests: *Nominal, Non-nominal* and *Anonymous. Nominal* is another word for name. So the three types are really only how records are taken by the medical people. *Nominal* means they place your name on the forms and can trace your identity. Non-nominal means they do not use your name and place a coded number instead, to protect your identity. *Anonymous* means they do not ask your name at all, and use a file number, which means they cannot identify your true identity. Many clinics offer little or no pre or post test counselling (especially in the isolated communities) which is a very important part of the process when someone goes for a HIV test.

Here is basically what should happen when you go for a HIV test:

- A Doctor or Nurse can take the blood sample either at your Doctor's office, the hospital or a specific place set up for HIV testing, like an Anonymous testing site which could be set up at an Aboriginal AIDS Service Organization or health clinic.

- Depending on where you go, you may get more counselling than other testing sites. There are two types of counselling called pre and post-test counselling. This means before and after the test.

- Before the test is taken and after you make your appointment, the person who will take your blood sample by a needle, should ask some questions on how much you know about HIV, what you feel your risks were, and what you will do when the results come back negative or positive. This helps you to understand why you need or do not need a test. For example, if you have not taken any high risks, then they may feel you do not need a test. It is your right to insist on a test to confirm that you do not have HIV.

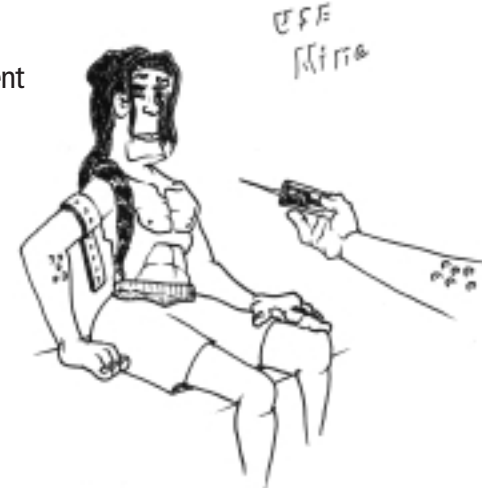
- It could take 2-4 weeks for results to come back. They send the blood to a Lab and this will show if HIV antibodies are in your blood stream. If they do show the antibodies, they will do a second test to double check using a different type.

- Post-test counselling (after your blood test) is to help you understand the results and to also listen to your questions and worries. Whatever the test result, good counselling helps you know basic things and especially what to do with the information.

- If need be, they can set up referrals to Support Agencies or HIV Specialists who can help you when you get your test results back.

What are the HIGHEST RISK behaviors for HIV/AIDS?

- Sharing injection drug needles, that have not been cleaned with a bleach and water mixture;
- Unprotected anal and/or vaginal sex;
- Some tattooing, if the tools have not been cleaned with bleach and water mix;
- Some piercing, if the tools have not been cleaned with bleach and water mix;
- sharing snorting equipment, with someone who has HIV to snort drugs up the nose;
- sharing any medical equipment that is exposed to blood or body fluids;
- any activity with direct blood contact that may have got inside you.



HIV TEST RESULTS CAN BE:

POSITIVE:	This means that you have HIV in your blood and body fluids and can infect others or you are HIV-positive.
NEGATIVE:	This means that there is no HIV in your blood or body fluids, so you do not have HIV or are HIV-negative.
FALSE POSITIVE:	This means that the blood test results might show up as positive but that it was a wrong result. It rarely happens, but some tests can be wrong. If you ever have a positive test result, it is useful to have another test done to be sure.
FALSE NEGATIVE:	This also means the blood test results are wrong. It can show up as negative, meaning you are ok, but in reality you do have HIV. This is why it is important to use protection if you are going to take risky behaviors. A window period could be why no antibodies show up, as described below.

Being tested for HIV gives you knowledge, and that knowledge means power to control and make your own decisions in the future!!!

Most types of HIV antibody tests are very accurate. Sometimes, though, results could get mixed up or other things might affect results. For example, in some cases, people who get a flu shot around the same time they go for an HIV antibody test might have their test results come out HIV-positive, but the results could be wrong. This would be an example of a false positive.

On the other hand, when someone has come in contact with HIV, it takes awhile before the antibodies show up in your blood. This is called the "window period", meaning you had contact with HIV and were infected, but the antibodies have not shown up yet. The window period is usually about 6 to 12 weeks after being infected with HIV. During this time your blood test results could show up HIV-negative. This would be an example of a false negative. During the window period, you can infect others if you have HIV.

Review Questions:

What is the difference between *Nominal, Non-nominal* and *Anonymous* HIV tests?

What are the highest risk behaviors for getting HIV?

Where can someone go to get tested for HIV in or near your own community?

What are the four possible test results from testing for HIV?

What are three good reasons to be tested for HIV?

ABOUT SAFER SEX

The purpose of this section on safer sex **IS NOT** to promote sexual activity. In fact, it may be useful for Youth Peer Educators to equally discuss both sides of being sexually active or being sexually abstinent (not having sex). Speaking from youth to youth, or in groups broken up by guys and girls, it could be useful to talk openly about all the different sides before making the decision to have sex.

This section is to describe some basic ways of protecting yourself, if and when a youth decides to become sexually active. The information can also be used if someone is already sexually active and wants to protect themselves more. Sex after marriage is an issue too (and includes those who are waiting to have sex until after marriage).

CONDOM USE:

There is strong evidence that shows that many people - young or older - are not using condoms when they have sex. As mentioned before, if two people are in a relationship and have not cheated on each other, then condoms or any other protection is not necessary. There can still be a risk, for example when partners are unfaithful or have shared needles in the past and do not know their HIV status. It is a good idea for both people to get a HIV test and again in 6 months, after they start their relationship to be sure. This does not address whether one person is unfaithful and that requires trust

and open dialogue. Couples trying to have children fit here too. If this couple does not want a pregnancy, then there are other options like diaphragm, birth control pills, etc. that can be used instead of a condom. Many people say condoms are simply not fun - they take time to put on, or they lower the pleasure or feeling.

These are opinions, some based on experience, and others based on preference, which needs to be dealt with. Some guys even joke about the condom being too small, when in fact a condom is made to stretch quite a bit and can even fit over your hand. Some condom packages have instructions inside that you can read, some even have diagrams. Latex condoms are the best because they do not allow HIV to get through the material unless the condom breaks. Some condoms can break if they are not stored properly, are old or have been carried in pockets or wallets which have caused wear. All condom packages have expiry dates. If someone is not used to using condoms, it is useful to open one up in the privacy of your bedroom and look it over. This helps to become familiar with how they open, feel, unroll, etc.

To use a condom, remove from package. Take a corner of the wrapper and tear open gently. You don't want to rip the condom itself. Some condoms are lubricated with nonoxonyl-9 (N-9) which helps the condom move more freely. N-9 can increase the chances of contracting HIV. It causes irritation which makes the body more likely to get HIV if it is exposed to the virus. It can hurt, burn or cause irritation if used for anal sex. Some females are also

allergic to N-9 or even to latex condoms. Other personal lubricants may be useful, and these should always be water-based. NEVER use baby oil, Vaseline, or anything that has an oil-base. These cause the condoms to break down and tear, making them useless.

If the guy has a foreskin (is uncut), it is helpful to pull the foreskin back a little before placing the condom over the head of the penis. To increase feeling, guys can also place a small amount of the personal lubricant on the head of the penis before putting on the condom. As mentioned earlier, if you want to avoid being awkward with putting a condom on in front of another person, it may be helpful to try it out on your own. One other way, is to use this time to talk with your sexual partner and have both of you put it on together. Remember the personal lubricant can be slippery, so if you have it on your hands before trying to open the condom package, it could be hard to get open. You may want to open the condom package first, then reach for the tube or bottle of personal lubricant. These lubricants also come in small single use containers.

LATEX BARRIERS: (dental dams, plastic food wrap, latex gloves)

A barrier is something that comes between you and something else. In this case, the barrier will be for blocking direct contact between the mouth and body fluids. This can protect the person who is giving pleasure with their mouth from coming in contact with other sexually transmitted infections, like

genital warts, herpes or any of the other infections listed earlier or hepatitis A or B.

Again, latex is the best type, because when used properly with water-based lubricants, it can be an effective way of blocking direct contact. A dental dam is what the dentist uses when you go for dental work, like a tooth filling. It is the rubbery piece of material that is stretched over your mouth and held in place to stop things from going down into the throat while the dentist does their work.

To use a dental dam properly, you will want to use personal lubricant on the side that touches the other person. This will increase the sensitivity for them and allow the dental dam to move around with some ease. The other person would hold the dental dam over the vagina or anus (mouth to pussy/ass) and place their face down onto the area. They would then press their tongue against the dental dam which is between the other person and the mouth. It can be awkward and take some time to get used to, but if a person is going to perform oral sex on a vagina or anus, a dental dam is recommended. Some people use plastic food wrap because they can tear off a larger piece. However, the microwaveable type is not recommended because they have more pores or small openings. The same method would be used as with a dental dam.

Latex gloves can be used if you want to insert one or more fingers inside someone. Once again, latex along with water-based lubricant is best.

Gloves protect hands and fingers which may have small tears or hang nails from being exposed to body fluids. Lubricant generally provides the easy movement which allows the entry to be less harsh. Some people use latex gloves to perform oral sex on a vagina or anus, like they would with a dental dam. What they do is place the latex glove on one hand. They cut the top part of the glove which covers the back of the hand down the middle stopping at the knuckles. This way, they can insert fingers to help pleasure their partner, while also having a large piece of plastic to keep a barrier between their mouth and the vagina or anus.

SEX TOYS:

The last piece of information under safer sex will be sex toys. Some people choose to use sex toys so that the sexual experience lasts longer. Most people who have full sexual intercourse alone may last only five to fifteen minutes on average. By learning what your partner enjoys, and trying to fulfill their pleasures, one possible way is the use of sex toys. These are not for everyone and it really is an individual choice on whether they want toys used or not.

Sex toys can include: vibrators; dildos; benwah balls; butt plugs; among others. The important thing to remember about any sex toy is that they should be cleaned properly after each use; caution and care should be used; water-based lubricants are recommended, and never share the toy between more than one person. They are used by inserting them into the vagina or

anus, and as such are exposed to body fluids. It is important for each person to have their own sex toys for use on themselves rather than sharing them between individuals. If you do share, you can also use condoms over these to avoid contact between each person's body fluids.

Review Questions:

Name four ways to reduce the risk of getting HIV from having sex.

How will you know if your sexual partner has HIV or not?

Can you get HIV from having sex even though you don't actually have intercourse?

What is the best type of lubrication to use with condoms when having sex?

What lubricants should be avoided? Why?

WHO IS AT RISK (UNDERSTANDING EPIDEMIOLOGY INFORMATION)

Epidemiology is defined as **"a branch of medical science that deals with incidence, distribution, and control of disease in a population."** [3]

[3] Merriam-Webster's Colegiate Dictionary, Tenth Edition, Merriam-Webster, Springfield MA, USA. 2002. P. 389

Incidence means how common it is happening such as new cases. *Distribution* means who is being affected. *Control* means the various methods used by doctors, educators, researchers and others to stop the spread of a disease.

The purpose of this section is to present Epi Information, which is what it is commonly called, that will help Youth Peer Educators and the Steering Committee read and understand what the data (information) is telling us. Remember that it is science, so it is based on finding true facts, re-checking information to prove it is accurate, and always looking for possible explanations for why the disease is doing what it is doing.

For future reference, you can visit Health Canada's website to get up-to-date information on HIV/AIDS and the Aboriginal community or to get related information on how HIV/AIDS is affecting Youth or different genders, etc.

The website is: http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/epiu-aepi/hiv-vih/aborig_e.html

These statistics are released each year around the month of April. What follows are some tables which have an overall title, headings for each column and rows of information. In each of these tables, they present facts based on what is known and compared to the non-Aboriginal population. The reason why they do this type of comparing is to see whether there is an

over-representation. In other words, they look at what is happening for all people, and then they look at a certain group of people, and compare. If one group is higher, they try to look for reasons why and also try to show how high the difference is. This helps to figure out what to do to turn things around. They can do this based on ethnicity, age, gender or what can be called risk behavior groups, such as injection drug users or gay males.

The following table and data uses acronyms which are as follows:

- MSM = men who have sex with men
- IDU = injection drug use
- MSM/IDU = men who have sex with men and injection drug use.

To explain how the information is presented in a table format, we will divide the table up. First, the title says there are 3 categories of information being presented (gender, age and exposure category); next it shows which population is being looked at (Aboriginal and non-Aboriginal); followed by what it is (positive HIV tests); and finally, there is always a time period stated (1998 to June of 2002).

The three categories are listed as: gender; age and exposure category. **"Exposure category"** is another way of saying how people are coming in contact (exposed) with the virus (HIV). The letter "n" stands for

Table 1: Gender, Age and Exposure Categories Among Reported HIV Tests, Aboriginal vs. non-Aboriginal Persons in Provinces with Reported Ethnicity,** 1998-June 2002

	Aboriginal	non-Aboriginal
GENDER:	**n=688**	**n=2,267**
Female	45.3%	19.9%
AGE (years):	**n=691**	**n=2,283**
20-29	27.9%	19.6%
30-39	39.5%	39.7%
40-49	22.3%	26.1%
EXPOSURE CATEGORY:	**n=677**	**n=2,166**
MSM	7.7%	35.7%
IDU	60.6%	30.8%
Heterosexual	26.4%	28.8%

**British Columbia, Yukon, Alberta, Manitoba, Saskatchewan, Prince Edward Island, Newfoundland and Labrador.

Subtotals differ due to unknown gender, age and exposure in some reports.

Source: Health Canada, 2003:4

number, so when you see "n=688" under the Aboriginal column, that means the data they had was for 688 Aboriginal people.

At the bottom of the table is always the source or who is responsible for presenting this information and the year date they released it. There can be also special notes to help clarify the information, for example in this table, they explain two things: 1) the data came from files in six provinces and one territory; and 2) they explain why you see a different "n" or number under each of the three categories (gender, age and exposure category). These are standard or common practices when data is presented in tables.

So, according to this information, we know that more than twice the amount of Aboriginal women are becoming HIV-positive and Aboriginal youth aged 20 to 29, are more likely to become HIV-positive, compared to non-Aboriginal people. Why is this happening? The answer is not so simple, but the Epi information can show what factors are being seen, such as injection drug use.

Health Canada goes on to report, **"[a]s of June 2002. . .459 [AIDS cases] were reported as Aboriginal persons. In 1993, the proportion of reported AIDS cases with known ethnicity attributed to Aboriginal persons, was 2.0%. This proportion steadily increased until reaching a high of 10.0% in 1999"** (Health Canada, 2003:1).

Table 2: Estimated Exposure Category Distribution Among Prevalent and Incident Infections Among Aboriginal People in Canada, 1999.

Exposure Category (n=2,740)	Prevalent Infections: (n=370)	Incident Infections:
IDU	54%	64%
Heterosexual Contact	15%	17%
MSM	23%	11%
MSM/IDU	6%	8%

Source: Health Canada, 2003:6

The Center for Infectious Disease Prevention and Control (CIDPC) at Health Canada reported that: **"Of the 459 AIDS cases among Aboriginal persons reported to June 30, 2002, 18 were identified as Inuit, 35 as Métis, and 372 as Native Indians (i.e. First Nations), and 34 as Aboriginal unspecified"** (Health Canada, 2003:2). The Health Canada report shows HIV infections among Aboriginal people have been steadily rising as well: **"An estimated 370 Aboriginal people in Canada are becoming infected with HIV each year - an average of more than one per day"** (Health Canada, 2003:2).

Prevalence means how common or widespread. *Incidence* means how often it is occurring. While some numbers seem low (370), the above table shows how the figures are growing. When you compare these percentages to the size of the Aboriginal population in respect to the overall Canadian population, that is how we see that there is a growing concern. **"[T]he number of Aboriginal persons living with HIV has increased from 1,430 in 1996 to 2,740 in 1999 (91% increase during the 3-year period). The estimated number of incident infections among Aboriginal persons increased from 310 in 1996 to 370 in 1999. Although Aboriginal persons comprised only 2.8% of the general Canadian population in 1996, they accounted for 5.5% (2,740/49,800) of all prevalent infections and 8.8% (370/4,190) of all new infections in Canada in 1999."** (Health Canada, 2003:6) [4]

CLOSING COMMENTS

This section of the manual was intended to teach some basic information about HIV and AIDS. It defined both HIV and AIDS, it described what it is and how it is spread. It also described symptoms and listed the different types of illnesses that come with this disease.

Any person can always learn more about HIV/AIDS, in fact, it is a good approach to want to learn more. The big challenge is to give information

[4] According to Statistics Canada in the 2001 Census, the Aboriginal population has grown to represent 4.4% of Canada's total population and was previously 3.6% in the 1996 Census data.

in a way that people will understand. You want to create a safe space for peers to feel comfortable asking questions. More importantly, if they feel they have been taking risky behaviors, to change those practices and protect themselves and others they date.

Only one person can protect you against HIV/AIDS and that is you. There is no cure for HIV/AIDS and there is no pill or needle that you can take to get rid of it once you have it. These facts need to be taught over and over. They also have to be taught and spoke about regularly, so people do not forget the risks that go with certain behaviors.

This program is about creating good peer pressure rather than pressure that makes youth feel they should get involved in risky things, including alcohol and substance use. These things make people have bad judgment, bad in the sense they will not always think about the things that could go wrong if they get really drunk or high. A series of questions and tests follow that can be used to make sure you understand the information correctly, and to use with other students to see how much they know about HIV/AIDS and how to protect themselves. An important note here is about credibility. A Peer Educator needs to be aware that they are in a position of leadership, and will be expected by peers to walk the walk and talk the talk. Youth Peer Educators have the potential to be someone to turn to, but if they engage in negative behaviors such as getting drunk or high, then it will weaken how well peers listen to them when they deliver this type of education.

The next section deals with related issues, such as sexual health; sex and sexuality, alcohol and substance use; and negotiating or talking about safer sex with your partner, that are important to know in terms of protecting yourself and others from the spread of HIV/AIDS.

PART 3: RELATED ISSUES

Objective: To teach a basic understanding of the human body, gender differences, and sexual development.

SEXUAL HEALTH, HOLISTIC HEALTH

Sexual health is not easy to define because each human being is so different from the next. Sexual health is much more than how healthy our sexual and reproductive organs are. Everything in our lives affects our health because we are interconnected with all of Creation. Maintaining a balance between the physical, emotional, spiritual and mental aspects or our experiences creates a healthy First Nations person. If we allow one of these four things to get out of balance, we can experience ill health.

The Medicine Wheel has been used by many First Nations people for thousands of years and may be a good model to apply to any aspect of our health, including sexual health. It is also useful to recognize that some First Nations may not use the Medicine Wheel today. The following Medicine Wheel can be used as a teaching tool to talk about balance, life, responsibilities, about gifts and of life cycles. For communities or individuals who choose not to use the Medicine Wheel, this information can still be presented without having to use this visual exercise.

The Medicine Wheel starts in the east where the sun rises and the day begins - which is why this direction also refers to the *infant stage*. Just as the sun travels, we next look south, as with life and move from infancy to being a youth. Then we continue in a clockwise direction looking west, which we refer to as the *adult stage* of life. Lastly, we look north, and to the wisdom of Elders. This same Medicine Wheel can be used to teach about the stages of the HIV virus, or about sexual development because it covers all four main stages of life. Some examples follow and more examples about how to teach this is found later in this section.

For example, when applying it to HIV, the *infant stage* is when a person becomes infected. The *youth stage* is when the body begins to feel the affects of the virus and may experience some health warnings. The *adult stage* is when the person has had HIV for awhile and may be struggling with many health setbacks. The *elder stage* is when a person develops full-blown AIDS and begins to face the possibility that their time in this world may not be plentiful.

When talking about sexual development, the same cycle or wheel can be used to explain what happens during the Infancy stage to the body. The *youth stage* can be talking about puberty and the physical changes that a youth goes through. Girls begin their moon-time (menstrual periods) and guys have their voices change, among other things. The *adult stage* can be about parenting, marriage, and responsibilities of being in an intimate relationship and about commitments. The *elder stage* can be about

menopause including male menopause and how relationships may change to being non-sexual. And so the cycle of life continues.

We all have one common mother and that is Earth. We are forever connected to her and so it makes sense that the state of Earth's health affects the health of individuals, our families, our communities and all things around us. The air we breathe, the water we drink and the food we eat from the land all affect our health. This is a holistic view of health.

Changes that happen to us in the transition from youth to adult can be a real challenge. Boys' voices get lower, girls' breasts begin to develop and we start growing pubic hair. We are slowly transforming from youth to adult. These changes affect us physically but also emotionally, mentally and spiritually. Strong feelings of sexual attraction to others which are new to teenagers and young adults can be difficult to deal with. How we think of ourselves can change too. Most of us begin to wonder whether we are attractive to the guys and/or girls we have been thinking about. In the midst of these feelings, a young person may be more vulnerable or prone to try various substance use, such as drugs and alcohol, to help make us feel more comfortable or less shy. There are concerns when this happens, which are discussed later in this section under Sex, Drugs and Alcohol.

Our minds and how we think of ourselves and the world around changes as we reach this growing stage. Spirituality is a big part of sexuality as well. Traditionally, in First Nations cultures, our sexuality was considered a gift from the Creator as a way of sharing pleasure with our partner and also a way to be gifted with children. Many religions teach that sexuality is something to be shared by two people who are married for the purpose of creating families. Sexuality affects what we do, how we feel about ourselves and others, what we think and how we experience our connection to the Creator. Sexual health is a good thing.

Before first contact with Europeans, First Nations people commonly used traditional ways of educating infants, youth, adults and elders about sexual health through stories, songs, ceremonies, rituals and teachings of roles and responsibilities. Over the last 500 years many of our old ways changed and our overall health has been negatively affected. The role of the residential school system, the decline of First Nations languages, limited access to our traditional use of the land, the food we eat, and even racism continues to affect our holistic health in negative ways. But humor and love remain with us and keep us strong. It is only with deep love and respect for ourselves and others that we can adapt and remain strong and healthy. We have never lost the ability to laugh about ourselves and our situations. With love and humor we can heal and reclaim what has always been ours - the health of each individual, our families, our communities and Earth herself.

Holistic health goes further than our personal experiences because we know that we are intimately connected to everything that exists on Mother Earth and the entire universe. Sexual health is woven into holistic health in the same way. We each experience our sexual feelings in unique ways.

Intimacy

True intimacy is not just about physical sex and touching each other. It is about talking openly about who you are, what you like, your fears and your needs. It is not just about having sex. In fact, you can have true intimacy without having sex because it involves being open and honest with someone and sharing a very private part of you. It involves trust and earning trust.

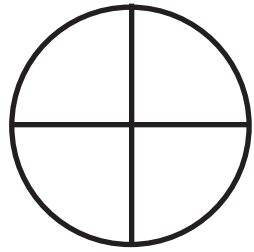
STAGES OF THE MEDICINE WHEEL: INFANT, YOUTH, ADULT, ELDER

Human sexual development normally happens in stages as we age. Many of us are not used to thinking about infants, teens or Elders being sexual, but it is a fact of life that we must look at. Traditionally we are taught that human sexuality is a sacred gift from the Creator. Sexuality begins as soon as we are born and we continue to be sexual beings until the day we draw our last breath.

The Medicine Wheel

North **- Elder**

East **- Adult**



Infant - East

South **- Youth**

Infant (infant, toddler, child)

Infants and babies need to feel that they are cared for. A parent's or care-giver's love and caring is very important. Snuggles and hugs, calm surroundings, bathing, talking softly, providing comfortable clothing, feeding and diaper changing are all ways that we show our love for our babies and toddlers. Even as babies, the connection between our genitals and our brains is already established. Any kind of infant care that involves touching the genitals can stimulate sexual feelings in babies. Infants will not have sexual thoughts or images when they become sexually stimulated, however, they can and do experience pleasure. To them, it simply feels good. At some point, an infant will discover that by touching themselves they can experience pleasure. This is a common

stage in our sexual development. This is also how we first learn to trust and enjoy human connections.

Youth (youth, adolescent, teen)

In the youth to teen stage of life we continue to develop sexually. At an early age children become curious about how their bodies work. For example, often children begin to wonder about where babies come from or they may ask about the family dog who they saw humping another dog. It is very important for children to be able to ask questions and get simple, honest answers from the adults in their lives about what is going on. This can be a good time to pass on a traditional teaching or story that helps explain the cycle of life from birth to death or to use religious teachings that deal with these topics. It's important that the child feels that he/she can talk about these sexual thoughts and feelings with the caring adults in their lives.

Talking about the cycle of life, reproduction and sexual health is also a good opportunity to teach the child the difference between right and wrong. For example, a child can be taught what kind of touching by an adult is right or wrong. A child who has already talked with an adult about healthy touching is much more likely to tell that adult about sexual abuse. They will have established trust, language and background to use for talking about sex. If a child feels shame talking about sex, they will not likely reach out for help when they run into trouble. Children who

can't talk about having been sexually abused often feel that the abuse was their fault and keep it a secret for many years leading to sexual ill health. Sexual abuse is never the victim's fault. Sex education is one of the best ways to protect a child from sexual abuse.

Between the ages of 9 and 14 most people begin to experience puberty. During this time, our bodies are flooded with powerful sex hormones which cause physical changes. How we think and feel change too. Some of us wonder if we're the only ones going through changes and without someone to talk to, sometimes we feel alone, isolated and vulnerable. Sometimes we become physically and emotionally attracted to others of the opposite and/or same gender and we have a lot of feelings and thoughts that we don't understand.

Getting sex information from friends or peers can be a good thing but a lot of times the information we get from friends is not based on fact. Rumors, gossip and just plain wrong information can be very damaging to our sexual health. This manual hopes to provide young people with accurate information so that we can educate each other in a safe and meaningful way. This is a challenging stage of development for First Nations youth. Many youth wonder what sex is like or when is a good time to start sharing this special part of who they are (sexually). Everybody knows that issues of pregnancy, STI's, sexual exploitation, abstinence and religious beliefs come up especially when talking about teen or youth sexuality.

With any gift, including the gift of human sexuality, there comes roles and responsibilities. During puberty we become intensely aware of our sexuality but what do we do with these thoughts and feelings? We spend a lot of time thinking about it. There are worries, questions, hopes and dreams that can seem overwhelming such as: "Does she like me?", "When will my breasts grow?", or "Am I a pervert for feeling this way?" Once the physical changes of puberty are well under way and a teenager begins to enjoy some of the roles and responsibilities of young adulthood, a different set of concerns begin to come into play. For example: sexual intercourse for the first time (when, what, where, who and how?); Should I wait until I'm married?; What about STI's, HIV/AIDS and pregnancy?; What do other people think about me?; Will anybody ever fall in love with me? These issues will be addressed further on in this section. These questions can be good topics to discuss in Talking Circles or with a Counsellor.

Adult (adult, older, parent, senior)

Adulthood or the *adult stage* means that people have lived long enough to gain what is called life experience. It also includes responsibilities and growing from past mistakes. It is about being mature and taking ownership of your choices. Adult choices include issues like: reproduction (having and raising children); fulfilling our sexual lives; teaching or sharing about how to live life to the fullest. The *adult stage* also includes being a protector, a role model, showing love and care for others.

Adulthood is about being a provider, doing proper family planning (when to raise children), and, living an active role in the community. The *adult stage* is about being a worker, a warrior in that they defend things that are right and good for the community. Adults can be nurturer's and care-givers. That is if they are healthy and are not engaged in negative behaviors such as substance use that interferes with these roles.

Elder, (Elder, grandfather/grandmother)

Lastly, the *elder stage* is like the *adult stage*. Elders are Traditional Teachers, Keepers of Knowledge. They can be care-givers and story tellers. They continue providing or sharing their Teachings (depending on their health). Elders are our policy makers, historians, stabilizers and mediators because they know enough from living a long life that they can be called upon to correct situations. They were our Treaty Makers when Treaties were being negotiated with Canada. Despite misconceptions, Elders can continue to enjoy sexual pleasures, depending on health and the situation. Elders do not have to worry so much about pregnancy, as older bodies no longer can conceive a child because of menopause and other factors, like diabetes. There is a difference between Elders and senior citizens. Elders generally have gained a standing in the community and are respected and seen as having wisdom. A senior citizen may be old by age, but may not always have the same standing in the community, for different reasons, such as a dependency on substances or they simply do not meet that role.

ISSUES AROUND PREGNANCY AND RESPONSIBILITY:

When do I know when I'm ready for sex for the first time?

For example, just because a female can become pregnant, it does not mean she wants or needs to. As for males, just because they can make a child, this does not mean the male is mature enough to take responsibility and help raise a child.

Pregnancy

What are some reasons why youth may have unprotected sex even though they know it can cause various infections or unplanned pregnancies?

- One common reason is that sex feels good. Sex can be a wonderful experience, especially when two people love each other. However, until the people involved recognize their responsibilities, then risks can be greater than what they want;

- Using protection like condoms or dental dams can seem awkward or unnatural, some people may even say it does not feel good or that condoms decrease the sensitivity;

- Some people may not have protection with them or do not want to be obvious in going to a nurse or doctor to get condoms, so in the heat of the moment, they decide to go ahead without them;

- Alcohol and/or other drugs may affect whether someone thinks about using protection or can say no to sex;

- One person may feel stronger emotionally toward the other, and if one partner does not want to use condoms or protection, they may feel they have no choice or are afraid to lose the person of their affection if they insist on using protection;

- Some people say they do not have HIV/AIDS so feel there is no need to use protection; however there are many other things to be worried about like unwanted pregnancies or sexually transmitted infections, some which can never be cured (herpes and genital warts to name two);

- Staying faithful or committed to one person may be one person's understanding, however the other person may be seeing others, so this can create a false sense of security;

- Some girls may want to become pregnant, simply because they want a child of their own to love or they feel it is a way to show how much they care for their guy;

- Sexual assault, date rapes, gang-bangs and any non-consensual sex can also be reasons why unprotected sex is not practiced, including where one partner may feel they have no say in asking the other to use protection.

The point is that it is not so simple to know what goes on in the minds of individuals who decide to go ahead and practice unsafe sex. While there is really no such thing as 100% safe sex, (condoms can break, different things can happen) there is such a thing as safer sex, which is knowing what risks go with certain behaviors and taking steps to protect you and your sexual partner(s).

Here are some facts on teen pregnancies:

"Younger parents: 12% of Aboriginal families are headed by a parent under 25 versus 3% in the general population;

More single parents: 27% of Aboriginal families are headed by single parents versus 12% in the general population;

Lower income: 39% of Aboriginal single mothers earn less than $12,000 a year versus 22% of single mothers in the general population;

Bigger families: 10% of respondents in the FNIRHS [5] lived in families with over four children up to 11 years of age living at home versus 0% of respondents in the National Longitudinal Survey of Children and Youth." [6]

What we can take from this one study, and there are other studies who describe more local or regional information across the country, is that teenage pregnancies are a reality for significant numbers of young adults. Most single parents get shocked into the full reality of being a parent which carries a lot of responsibility and commitment, if you want to be a good parent and care properly for your child(ren). This is not an issue of being a good or bad parent, nor is it about good or bad decisions. What needs to be the focus of this section, in terms of HIV/AIDS, is this statement: for every unwanted pregnancy, in reality, it could be an unwanted STI, including HIV.

Becoming pregnant is not something that just happens. It takes two people to make the baby. An unplanned pregnancy also shows that condoms were likely not used, unless the condom broke or was not used correctly (for example, it was put on wrong). So evidence shows that with Aboriginal teen pregnancies, it is more likely that the parent will be raising the baby by themselves. A young parent can expect to have little or no money because raising a child is expensive. $12,000 might sound like a lot for a young person, but in reality, after you pay rent, food,

[5] FNIRHS stands for "First Nations and Inuit Regional Health Surveys", www.naho.ca.

[6] Ontario Federation of Indian Friendship Centers, Toronto, ON. 2002. Tenuous Connections, p. 16.

diapers, clothes, medicine, and all the other living costs such as laundry, cribs, walkers, furniture, etc. then the money simply will not go far.

SEXUALLY TRANSMITTED INFECTIONS (STI):

Some of these, when untreated, can lead to very serious complications later in life, such as making someone unable to have children, etc. Some only have mild symptoms, making it hard to know if you have it. A domino effect can happen with STIs, because one person can pass it along to another and so on. The following fourteen points were taken from one source provided at the end of this list:

1. **AIDS and HIV:** Human immunodeficiency virus or HIV, is a virus that attacks the immune system resulting in Acquired Immunodeficiency Syndrome, or AIDS.

2. **Chancroid:** A treatable bacterial infection that causes painful sores.

3. **Chlamydia:** A treatable bacterial infection that can scar the fallopian tubes affecting a woman's ability to have children.

4. **Crabs:** Also known as pediculosis pubis, crabs are parasites or bugs that live on the pubic hair in the genital area.

5. **Gonorrhea:** A treatable bacterial infection of the penis, vagina or anus that causes pain, or burning feeling as well as a pus-like discharge. Also known as "the clap".

6. **Hepatitis:** A disease that affects the liver. There are more than four types. A and B are the most common.

7. **Herpes:** Genital herpes is a recurrent skin condition that can cause skin irritations in the genital region (anus, vagina, penis).

8. **Human Papillomavirus/Genital Warts:** Human papillomavirus (HPV) is a virus that affects the skin in the genital area, as well as a female's cervix. Depending on the type of HPV involved, symptoms can be in the form of wart-like growths, or abnormal cell changes.

9. **Molluscum:** Contagiosum Molluscum is a skin disease that is caused by a virus, usually causing lesions or bumps.

10. **Nongonococcal Urethritis (NGU):** Nongonococcal urethritis (or NGU) is a treatable bacterial infection of the urethra (the tube within the penis) often times associated with Chlamydia.

11. **Pelvic Inflammatory Disease (PID):** An infection of the female reproductive organs by chlamydia, gonorrhea or other bacteria. Also known as PID.

12. **Scabies:** Scabies is a treatable skin disease that is caused by a parasite.

13. **Syphilis:** A treatable bacterial infection that can spread throughout the body and affect the heart, brain, nerves. Also known as "syph".

14. **Vaginitis:** Caused by different germs including yeast and trichomoniasis, vaginitis is an infection of the vagina resulting in itching, burning, vaginal discharge and an odd odor. (Taken Nov. 9, 2003 from the website for the American Social Health Association, Introduction to Sexually Transmitted Diseases. 2001. www.ashastd.org)

SEXUAL ORIENTATION AND GENDER IDENTITY:

Sexual orientation is about who we are attracted to. It is not about choices, except whether we act on our attractions. Sexual orientation can include straight, gay, or bisexual. Gender identity is about whether we identify as male, female or transgendered which is now also known as Inter-sexed. It is easier to identify the physical gender of someone (a boy has a penis, a girl has a vagina) but some people are born one gender at birth yet feel trapped in the wrong body. So someone can be born female yet feel they are more male and vice versa. Thus they likely will go through life facing many struggles and turmoil, causing some to have a sex change operation.

Concept of Two-Spiritedness:

In many, if not all First Nations, there would have been words in the various languages which would have described what is now commonly called Two-Spirited. It refers to people who may also call themselves gay, lesbian, bisexual or transgendered in today's society. Traditions may vary, yet it appears that before European contact, First Nations would have accepted individuals who were Two-Spirited because they were viewed as being different for a reason. It was not so much their sexual behaviors, but more the fact they were believed to have insight into both sexes (male/female), thus being Two-Spirited.

There is a wide diversity of sexual expressions, and it really is a matter of getting to know yourself and your partner(s) in a truly intimate way. It is about knowing what you like and do not like. Your sexual identity has much to do with how you choose to express yourself sexually. For example, if you are Two-Spirited (gay, lesbian, bisexual or transgendered), then your identity means you are attracted to certain types of people. However, even within a category or group, individuals can have different types of sexual expressions. These choices relate directly to who you are and what you find satisfying.

NEGOTIATING SAFER SEX

This is where safer sex comes into play. Safer sex is about knowing what risks there are with certain sexual practices and finding ways to reduce these risks. The only true safe sex is to have no sex - which for many people is not a reality. Some sexual acts are less risky or have no risk, such as masturbation or breast sex (rubbing penis between the breasts). Unless there is a deep open sore or cut, sperm which lands on the outside of the body is generally no risk.

It is important to recognize that not having sex is as much a part of this section, as is teaching about safer sex. Everyone, whether they have never had sex before, are currently having sex, or are exploring new areas, are included and their individual choices need to be recognized and respected. This manual is not about telling youth what they must do or encouraging anyone to have sex. It only wants to teach that if you are going to have sex, that you be aware of all consequences and responsibilities, and that you can always change your mind about whether you act on your sexual energies.

Negotiating safer sex is about making sure you talk with your sexual partner(s) about how far you are willing to go sexually. If you have knowledge of your body, how it functions sexually, your desires and what safer sex practices there are, and if you have motivation (to finish high school or to stay disease-free to avoid becoming sterile so you can have

babies) then you need skills. These skills help you negotiate, communicate, and assert yourself, and putting on a condom if you are to have sex can mean you have the tools to make what are called healthy decisions. Only you can protect yourself, and only you can express what really is on your mind and in your heart. People cannot read minds, so if you can find the courage to speak about these issues with your partner(s), then you can feel safer. Although it is not easy, with skills, practice and the right partner you can learn to express yourself and make sure you take steps to stay healthy. It is important to have boundaries and to learn ways to let others know not to cross your boundaries.

SEXUAL ABUSE/ASSAULT:

Sexual assault means any non-consensual sexual activity ranging from: unwanted touching, to forced oral, anal or vaginal intercourse, to sexual violence in which the victim is wounded or maimed or his/her life is endangered. (Hyde, DeLamater, Byers, Understanding Human Sexuality, Canadian Edition. Toronto: McGraw-Hill, 2001), p. 683)

If peers have experienced any of the above, they can recognize that it is assault. Since first contact with Europeans, sexual assault has become far more common in our First Nations communities. When we grow up as boys and girls there can be adults who do sexual things to us. People who do this are most often adult but can also be other children. Most often the abuser is a male but sometimes they can be a female too. Most often the abuser is well known to the child; a family member, friend of the family or someone who is in charge of children. Here we are not talking about consensual sex play between peers.

Why would someone do this to a child? Two reasons: partly because they can control children easier than they could an adult; or they have an abnormal sexual preference for children. Often there is a connection between sexual abuse/assault and substance use, especially alcohol. But being drunk or using does not cause someone to abuse. They might use it as an excuse but the reasons go far deeper than being high or drunk. Also, not everyone who sexually abuses is under the affects of drugs or alcohol.

How does someone become like this? There's a lot that we don't understand about people who abuse children but people who were themselves physically and/or sexually abused are more likely to become sexually abusive later on in life. And sometimes they also were victims who have not come to terms with their past. The good news is that if a child starts into this sexual assault behavior and is discovered,

intervention at an early age is quite effective in stopping the abusive behavior. As communities we must not hide our heads in the sand. Even the suspicion of sexual assault and abuse should be reported. We must remain vigilant and educated as young people so that we can create and maintain a healthy community.

What does this mean to someone who was sexually abused or assaulted when they were growing up? Accept that this is in no way their fault. Healing and forgiveness can take place. Seek out help from counsellors and healers. If a person does not deal with these past experiences of abuse then it can have a very negative effect on our holistic health (especially sexual). Some common effects of sexual abuse can be: depression, questioning sexual identity, addictions, lack of personal boundaries, avoidance of sexual contact, fear of intimacy, physical/sexual problems, etc. As a result, some may become street involved, run away from home, be sexually exploited like in the sex trade, feel suicidal, or face increased violent behavior, etc. This does not mean that everyone that has been sexually assaulted or abused will experience any or all of these effects and results. Nor does it mean that all sex-trade workers have been sexually abused.

As a teenager it is more likely that girls will be taken advantage of, but teen boys can be victims of sexual assault as well. As the definition of sexual assault above states this is not just about forced penetration or "rape" but any kind of uninvited sexual contact. For teen girls this

often happens with a boy that they are going out with. The young man usually does not see himself as the aggressor but somehow convinces himself that even though it seems she's not clear about wanting to do something sexual, it's ok to pressure her into it. This is called coercion and it is sexual assault. It's called date rape even though penetration may not be involved.

Why wouldn't girls resist, fight back or tell? Sometimes they do. Often they blame themselves, they're embarrassed or they think others will blame them. If it's a young man it may be even more difficult for him to tell anyone that he has been assaulted. If a person is living in a small community it's even harder to tell because everyone knows everyone and sometimes we're afraid to rock the boat. The ripple-effect can be huge.

When we're working with other youth as Youth Peer Educators this complex issue must be kept in mind with every group we work with. The Peer Educator is not a counsellor but they can offer friendly support. If a troubled youth feels ready to talk to someone, it's important that the Peer Educator has a good list of resource people to refer them to. (See the local resource contact form in the toolkit section which can help to create a list of support people for referrals or many other needs).

SEX, DRUGS AND ALCOHOL:

The role of various substances can have a direct impact on whether a person can make a choice about whether to use protection or even say no to sex. Alcohol is a common drug that is legal in Canada and most other countries, yet when misused, can cause injury or even death. Alcohol along with other drugs, and what some call party or club drugs, can cause individuals to not have full control over their bodies. As stated earlier, there are also some people who use what is called the date rape drug to take advantage of individuals. There are also stories of girls who pass out at a party only to be taken advantage of by one or more guys.

Injection drug use is a very common cause of many of the HIV cases among First Nations people. The problem with injection drug use is that many of the drugs used (cocaine or heroin) are very easy to become addicted to. Some say that one try may be enough to get someone hooked. Trying to stop these types of drugs can be a very hard thing to do, and many people die from overdoses, violence and other things when they use hard drugs. Harm reduction is one way to try and support people to kick their habits or to not cause as much harm to themselves.

For some First Nations people who spend time in prison, they may try injection drugs while inside. The problem later, is that they may have HIV or Hepatitis and not know it, which has consequences for sexual partners. Sharing needles, as stated earlier, is a very high risk activity for HIV and

Hepatitis C. Both of these have no cure. So the issue with substance use and HIV prevention is to have dialogue about the risks and to find ways to reduce or remove the risks for you and your partners, if you decide to use substances. As Youth Peer Educators, this section and manual is not about encouraging anything but options and accurate information to support better health for other youth. The approach is to confront reality and open dialogue so that all these issues can be better understood and youth will be armed with solid information which will hopefully lead to healthier choices.

The main purpose of this section was to raise awareness of related issues that affect whether or not youth will make healthy choices about what they do with their bodies. It is not enough to teach about HIV/AIDS and not consider all the things that may be going on in a youth's life. Peer pressure, puberty changes, substance use, childhood traumas and self-esteem issues all factor in. The issues raised in this section can be used to open up dialogue and give youth opportunities to talk about what really matters. It is important to realize that these can be very emotional and sensitive topics. Use your best judgment and it is strongly recommended that Youth Peer Educators make sure they have counsellors and/or teachers or parents from either the Steering Committee or through trusted organizations to help lead these discussions. Having professional counsellors is very important because Youth Peer Educators are not expected, as stated at the front of this manual to be trained counsellors.

The next section will present basics on doing group presentations. It is followed by a toolkit section which will have sample tests and other resources to use when doing presentations.

PART 4: FACILITATION SKILLS DEVELOPMENT

DYNAMICS OF MOTIVATIONAL SPEAKING

Have you ever watched someone speak to you in a group or even one on one and you find it hard to pay attention or understand what they're saying? For some, public speaking is very difficult and makes them feel self-conscious and uncomfortable. For others, public speaking comes naturally. Most of us fall somewhere in the middle and could use a few pointers and lots of practice.

In a world of radio, television, magazines and internet, most of us are used to taking in information from flashy shows, advertisements and video games. The goal of those that create the programming for these media outlets is communication and behavioral change. A show or news article is telling a story or presenting information. The programmers and script writers of advertising and commercials know that they have to make their stories exciting or interesting in order to make us buy their product. They're trying to influence our behavior.

That's a big part of what a peer trainer will be doing; trying to tell a story and get people to understand the risks around HIV/AIDS. There is a lot of

active listening that has to be done by the Youth Peer Educator as well. In this case we'll be trying to get people to know what their choices and risks are. The more we all know about HIV/AIDS and what the risks are, the safer we all are. HIV/AIDS is already in our First Nations communities and the numbers show that it is a serious threat. HIV/AIDS is 100% preventable. Who knows? You might even prolong or save a friend's life by educating them around facts and risks of HIV/AIDS.

Here are some do's and don'ts around motivational speaking that might be helpful to keep in mind while you are facilitating your session:

DO's

- do know your facts and the material you're presenting;
- do speak loud enough for people at the back of the room so they can hear you;
- do try to make the sound of your voice interesting;

- do look around to different people in the room making short eye contact;
- do talk with your hands for emphasis sometimes;
- do use humor;
- do prepare and practice your presentation or task;
- do know your equipment before you present (i.e. Overhead projector, VHS player, etc);
- do encourage your listeners to ask questions and be involved (audience participation);
- do change your pace and tone;
- do relax and be yourself.

DON'Ts

- don't speak in one tone (monotone);
- don't speak too slowly or too fast;

- don't stare at just one person or in one spot for too long;
- don't fidget with your hands or play with pocket change or clothing/jewelry;
- don't talk with your back toward the audience, like when writing on the board;
- don't cross your arms or stand with your hands in your pockets;
- don't pace back and forth;
- don't speak too softly or quietly;
- don't panic;
- don't make up stuff if you don't know the answer to a question - tell them where they might find the answer if you know or tell them you will get back to them;
- don't try to learn to use equipment while you are presenting.

Presenting information and answering questions is the easy part IF you really know your stuff. It's like doing your homework before a big test. If you know your material it's easier to be confident. But practice is what

really counts. Do not be discouraged if the first one seems too hard or complicated. There is an evaluation sheet in the toolkit section that should be used to find out what people think of your presentation. Read these over and find out where to improve and how to make it more interesting. It also tries to collect what people liked and learned, so this can also help you know what works and what doesn't. When there are two presenters, it helps while one person is talking to go over your notes on what you will say when it is your turn. You can also watch the audience to see if they look bored or very interested in the topic. This is called *feeling out your audience*.

UNDERSTANDING AND DELIVERING HEALTH PROMOTION FOR AND BY YOUTH

Creating a Safe Space for Sharing:

It's very important that your presentations and speaking engagements are held in a safe place. That means the location where you hold your presentation or workshop or talk. But it also includes setting guidelines for the presenter (you) and the participants (youth in the audience). In order to share, people need to feel safe. At the very beginning of the presentation or talk, a good idea is to use a chalkboard or flip chart to write down in point form the different rules for the group. Usually, one of the first things that gets written down is **respect**. Another common one that comes up is **only one person talks at a time.**

Confidentiality (nothing leaves this room) is usually a good one. The group will come up with a good list of respectful rules. If they leave one or two things out that you think might be important then you should suggest that it get added to the list with the approval from the group. It's easier to follow rules that make people feel safe if they are the same people who actually came up with those rules. It must be safe so that people can feel comfortable getting involved in talking and asking questions. Make sure that you leave lots of time for personal sharing of ideas, questions, stories and experiences by the participants.

Value and necessity of doing gender-specific Talking Circles:

When teaching this manual to your peers, there may be times when it is good to separate males from females. This may be a good idea so that there is a comfort level to discuss certain topics such as safer sex negotiation or sexual health. The benefit of separating the sexes is that guys may share more personally with other guys their thoughts and feelings around sexual matters to avoid being embarrassed around the girls. And the same can be true of girls. Young women might not feel comfortable discussing certain things openly while the young men are listening to every word and observing our every move as we share something so personal such as sexuality and personal preferences, etc.

It may be helpful and necessary to have separate talking circles for Two-Spirited (gay/lesbian/bisexual/transgendered) youth; however there may

not be enough participants to make this practical. The main reason is some youth who have different sexual orientations may not feel safe telling others they are gay.

Having a female Youth Peer Educator facilitate the young women's sharing circle and a male Youth Peer Educator facilitate the young men's circle is likely best. The topics or questions that are discussed should be exactly the same for each of the groups. Using a flip chart, white board, chalk board or even just taking notes on paper, the facilitator of each group should record the main points for each topic. Once all of the topics have been discussed in each group, bring the two groups together and share and compare the answers. Remember, there are no right or wrong answers, just different views that can help people understand one another better.

This exercise should be able to show the similarities and differences in attitudes between male and female youth in your community. Each group can learn interesting stuff about the other. Some of the topics that could be discussed are:

- likes and dislikes about the other gender;
- expectations of opposite gender;
- negotiating safer sex;

- sex for the first time (why, when, how, what);
- peer pressure to have sex when you're not ready; and
- any AIDS related topic where opinions of guys and girls might be different from each other.

Benefits of Youth Peer Education

- teaching is a great way of learning;
- gaining respect and admiration of peers;
- developing good job skills;
- getting more volunteer hours under your belt;
- sharing ideas and feelings with people like ourselves;
- peer education can lead to career opportunities and work experience; and
- peer education experience looks great on a resume.

Health promotion is a very wide sweeping topic but we'll try to stick to the parts that apply to this Peer Education Manual for First Nations youth on HIV/AIDS and Related Issues. By speaking with youth in classrooms, talking circles and one on one, we are developing leadership skills. In our First Nations communities everyone seems to know everyone. For this reason, it is important to "practice what you preach". When you are speaking to other youth trying to influence them to make safer choices it is important that they know that you are making safer choices for your own life. Leadership by example is very effective.

A Youth Peer Educator's personal behavior "counts" in small communities. In some cases a Youth Peer Educator's past behavior is common knowledge. Sometimes our reputations are good and sometimes not that good. Sometimes, while youth leaders are educating peers, their past reputation comes into question. This is a good opportunity for everyone to realize that this is the whole point of this manual; to try and influence youth to reduce their risk of getting HIV by changing behaviors if need be. But it's important to keep in mind that we are all evolving and trying to better ourselves; we all learn and grow. Human beings learn by trial and error. We make mistakes and then we learn from them. Nobody is perfect. Talk about it with the group.

It's important to involve the planning committee. They are there to help guide and support the Youth Peer Educators. First, the information you will present must be gathered and discussed by the committee. Then the

committee should try to come up with a strategy and plan the workshops and presentations. Possible guest speakers, audio/visual equipment, handouts, goody-bags and all resources used during the sessions should be identified, prepared and made available by the committee. There are many ways of sharing the information and resources with the participants. Part of the fun is the planning.

Many methods of giving workshops are out there. You can use an existing delivery technique or come up with ones with the planning committee. Below are just a few examples of ways to get youth involved and really thinking about the issues around HIV/AIDS.

YOUNG WOMEN, YOUNG MEN:

It seems like it's mostly our women who are involved in health care, teaching, childcare and care giving in general. In HIV/AIDS workshops, the same is true. They are mostly delivered by women and attended by women. Of course there are exceptions to the rule. Two Spirited men are often involved in the care-giving field and especially in HIV/AIDS work. There seem to be only a few heterosexual (straight) men whom come to HIV/AIDS workshops and events, so there needs to be a special strategy to recruit them into being participants in these presentations and information sessions. The steering committee might be useful in coming up with recruitment strategies. One way to lure the men is to suggest

that it's a great way to meet young women because health workshops are just packed with "hot babes" or potential future wives and a lot of young women like sensitive, healthy and caring men.

Men and women or girls and boys of different ages have different ways of thinking about HIV/AIDS issues. Males might not feel comfortable talking about their inner feelings, risks and sex around the females or vice versa. The same is often true of different age groups. A fifteen year old female might not freely talk about sex or AIDS around males in the group who are in their twenties. It's usually a good idea to have exercises during the education session where the group is separated into males and females or even into age categories or by grades. For example 15 to 19 year olds in one group and 20 to 25 year olds in another or females in one group and males in the other. Have them do the same exercises in small groups and then afterward come together for sharing, comparing and discussion. Or have the females work on female issues and the males on male issues. Another good idea is to team up junior Youth Peer Educators with more senior Youth Peer Educators.

RECRUITMENT STRATEGIES TO FIND PARTICIPANTS:

It will be helpful to work as a team to find ways of attracting peers into the program. In many ways, this may mean talking to others one on one, before inviting them to become more involved. Remember, there is value

in creating positive peer pressure to counter all the temptations and negative things you may hear. One key strong point is that many youth (including older people), have an interest in talking and learning about sexual health issues. It isn't often that people have this opportunity, whether it is because they do not feel comfortable talking to their parent(s) or because they are shy. So as a Youth Peer Educator, you get to talk about sex all the time and related issues, which in the long term could save a persons life. It's all about how you sell the program to others and whether you yourself feel comfortable learning, and then sharing the information.

Recruitment Strategies to find Youth Peer Educators:

Motivation: find youth that already have an interest in health or teaching or leadership building of other kinds, perhaps a youth who is affected by HIV;

Skills: find youth that excel in public speaking, presenting, comfortable talking about sensitive issues, loud voice, good communicators, non-judgmental types;

Knowledge: if possible find peer youth who have some understanding of HIV/AIDS, educating, previous leadership experience or program completion; and

It is best to have at least 2 Youth Peer Educators for delivering the information and ideas in this manual. This way, both can support one another and also take notes while the other is speaking. They can also join in if a question throws the other speaker off, if they have the answer.

OTHER WAYS OF SHARING INFORMATION:

Talking Circles:

For thousands of years, First Nations people have been using talking circles to share ideas and feelings. A lot of us feel more comfortable in an informal circle of our friends and peers. The Youth Peer Educator must prepare for talking circles as well. Sometimes, as the Peer Educator, you must simply present some information but be sure to make time for each person in the circle to have their say and share their thoughts and feelings. One way it could be done is to ask a question or give some facts and go around the circle one at a time asking for feedback and comments. Or you could go around the circle so that people can ask questions of you. Or do a short presentation and then open it up for the circle to discuss. Remember, at the beginning of the circle, establish guidelines (or rules) that are created by the group. Some common rules are: one person speaks at a time; no cross-talk or being critical of what someone else has shared; no right or wrong answers, etc.

One on One (informal settings):

Sometimes, individuals might approach you wanting to talk one on one because they know you are a Youth Peer Educator who knows a lot about HIV/AIDS issues. This can happen anywhere that you might run into any of your friends. It could happen at pow wows, baseball or hockey games, out hunting, parties, watching TV or just hanging out.

There are many different reasons why a youth might approach you for some kind of support. They might have done something that they think might have put them at risk for catching HIV. Or they might know someone who has HIV and they want some good answers. They might just be curious and have no one else that they trust to ask. It's important that you give accurate information and caring support to the person. But don't give them advice on what to do. As much as you are able, tell them about what their options are. You can refer them to counsellors, social workers, Community Health Representatives or Nurses (CHRs, CHNs), HIV testing facilities, health offices, HIV/AIDS web sites or other community or government resources. You might even find that you are interested in becoming a counsellor which takes years of study and practice.

Example #1

A young girl might approach a peer educator saying that she thinks she is pregnant, is thinking about an HIV test and has been thinking about suicide. It has probably taken this girl a lot of courage and trust to

approach you in the first place. First, it's important to listen to her. Then, try to identify the issues she is talking about. In this case, it sounds like there are three issues; pregnancy, HIV testing and thinking about suicide. Make sure that she knows that you are not a counsellor. Let her know that you care by trying refer her to professionals. For the pregnancy, she needs medical professionals. She needs to know who to talk to about getting an HIV test. Thirdly, she might benefit from talking with some kind of counsellor about her thoughts of suicide. It could be three different professionals or these issues could be handled by one trained professional. In any case, the Peer Educator's role here is to give the young woman options. You could provide her with phone numbers of organizations, CHR's, a local doctor or clinic, crisis lines or a local understanding Elder. Follow-up is always needed when you refer someone. It is like checking in on them to see if they did go and talk to the referral or how they are doing if they did.

Example #2

A youth who may be questioning their sexuality. "Am I straight, gay, lesbian or Two-Spirited?" Again, caring support is very important. Counselling is a good start. Provide this person with resources to help them find answers to their questions. Do not try to answer these kinds of questions yourself. A professional counsellor should know how to help in these situations. There are many phone numbers and help lines of organizations who can help answer these kinds of questions.

Example #3

A youth has told you that they are being sexually abused by a family member. What do you do? First, let them know you care. In situations like this one, it's difficult to know what your responsibilities are as a Youth Peer Educator. There are complex legal issues around when to tell the authorities about a crime that is or has been committed and around when it is your responsibility to keep information confidential. However, this type of scenario is very serious and you need to tell a person in authority, like a teacher or counsellor. It cannot be handled by the Youth Peer Educator alone and there are many limitations on how much support you can give a person who has experienced this type of trauma.

In the back of this manual is a section listing some of the resources available so that you can refer youth to them. Also there is a form that you, as a Youth Peer Educator, can fill out with a list of local organizations, phone numbers and resources. This Local Resource Contact List can be a valuable tool for referring youth.

HANDLING SENSITIVE TOPICS

HIV is already in our communities. Mostly, it's a big secret.

HIV/AIDS is a social disease and yet talking about it makes a lot of people feel uncomfortable. Discussing sexual behaviors with peers can be tough.

Some other topics that can be sensitive are injection drugs and substance use, sexually transmitted infections, harm reduction, death and dying, spirituality, self-esteem, abstinence, sex before marriage, racism and homophobia. You'll probably find that HIV/AIDS touches every aspect of our lives as First Nations people.

People need to know that they will not be attacked or made fun of when they share their ideas and feelings. This is the main reason for having the group come up with a list of rules for the session (see *Creating a Safe Space for Sharing* at the beginning of this section before *Understanding and Delivering Health Promotion for and by Youth*).

ADDRESSING ISSUES RELATED TO DIFFERENT LIFE CHOICES

All people have a set of personal values by which they live their lives. Some personal values are religious in nature. Other personal values have to do with moral or legal issues. Our personal values are shaped by our families, teachers, religious leaders, peers and personal life experiences. Basically, we use our personal values to determine for ourselves the difference between right and wrong.

The Youth Peer Educator must be careful not to impose his or her own personal values on the group. We are all individuals with different value

systems. Even though groups of people at times share some common values, no two individuals think exactly the same.

For example the Youth Peer Educator or participants might:

- be married with children and they waited until they were married before having sex for the first time;
- have been having sex since they were in their early teens with many different partners;
- be a drug user;
- be thinking about having children;
- be gay, lesbian, bisexual, transgendered, inter-sexed or two-spirited;
- be sexually inexperienced; and/or
- be involved in a long-term relationship.

It is important that we don't expect other people to live by our values. The youth you are trying to reach need to know that they will not be judged by you or others in the group.

Challenges by participants:

Often, in the group of participants there will be one or more people whose values are greatly challenged by the topics you are all discussing. Sometimes, they will speak out in the group and say that they think that certain choices or behaviors or personal values are wrong. Don't argue with them. This is an opportunity to talk about values and acceptance of people's life choices. If one person speaks out about something, the chances are that they are not the only one in the group who is feeling that way.

Accepting someone's personal choices does not mean that you agree that they are right or wrong. It just means that you accept the person the way they are. Rather than judging them, it is more helpful to try to influence them to make safer choices, reduce their risk for getting HIV/AIDS and stay healthier longer. For example, rather than trying to stop someone from enjoying anal sex, it is more effective to tell them about the health benefits of using a condom. Or if a person uses injection drugs (shoots up), rather than judging it as "wrong" we could encourage them to use clean needles. This keeps people alive longer so that they have more opportunity to change risky behaviors. Of course, for addicted people we want them to get counselling so that they can eventually kick the habit. But until that time, it's important that we try to reduce the harm caused by their activities. If we judge them, they might not come back to us or our group for help or accurate information.

Most people agree that the more we know about a subject, the better we are prepared to deal with it. But when it comes to HIV/AIDS issues like sex and drugs, many think the less that youth know about it, the better off they are. Some think that by talking about sex, drugs and rock and roll with youth that we are encouraging them to get involved in these activities. The old saying, "What I don't know, won't hurt me", does not apply to HIV/AIDS. In fact, what you don't know CAN hurt you or even kill you or someone you love.

When HIV/AIDS first hit the world's newspaper headlines in the early eighties, most First Nations people thought that it was a white man's problem or a gay problem or a southern problem or a city problem. As time passes we are finding HIV/AIDS everywhere in our communities. More and more of us know someone who is HIV positive or we have heard rumors in our communities. In fact, what we are finding out now is that First Nations people are becoming infected at a much faster rate than our non-Aboriginal neighbors. So do we need to talk about these difficult subjects? Of course we do. AIDS activists for 20 years have been saying **"SILENCE EQUALS DEATH"** about HIV/AIDS.

It's no picnic talking about all of these things. HIV/AIDS touches on issues that many of us have been taught are taboo or bad to talk about. Many of us have grown up in unsafe settings where it is not ok to talk about these things. We're not used to talking in groups about the things we weren't allowed to say at the family dinner table. The more we know

about HIV/AIDS, the better prepared we are to reduce our risk for catching HIV and passing it on.

USING AUDIO/VISUAL EQUIPMENT AND PROPS

Plan ahead. Be realistic about what you need. Don't get carried away;

- TV and VCR for videos; microphone (podium) and sound system; PowerPoint presentation or overhead projector;
- Flip chart, whiteboards, chalkboard, flip chart, markers, chalk, tape to hang up flip chart papers;
- items to pass around the room, cue-cards, displays, posters, information sheets, handouts, goody bags;
- Know your equipment; learn how to use it ahead of time; preview any videos before you show them because you may only want to show a small part or short part of it, depending on how long the video is. Do a dry or test run thirty minutes before workshop begins;
- Have Plan B in case of faulty equipment, room is not set up, etc.

WORKSHOP PLANNING

The planning committee should be very helpful in planning workshops. All planning committee members should be committed to working toward a successful Youth Peer HIV/AIDS awareness workshop.

Responsibilities of Planning Committee:

Some of the responsibilities of the planning committee could include:

- determine the needs of the school or target group;
- set dates for the workshop day, rehearsal time, assembly and presentations;
- arrange a space to use for rehearsals and workshops;
- discuss budget and find out where to get money (fund-raising?);
- Strategize to recruit peers (especially young men);
- Identify sources of information;
- Plan program step by step (i.e., guest speakers, videos, exercises, etc);

- Arrange speaker for presentation day (CHR, CHN, PHN, APHA, etc);
- Possibly participate and give feedback for rehearsal;
- Prepare reference letters for participating peers;
- Help prepare materials for classroom work;
- Identify and design resources for handout packages for workshop participants;
- Day before workshop, call to reconfirm speaker;
- Designing workshop evaluation sheets for participants;
- Moral support and debriefing. Give feedback for future programs.

Responsibilities of Youth Peer Educator:

Some of the responsibilities of the Youth Peer Educator could include:

- Negotiate with individual teachers about the time possibly to be missed from classes and how to catch up on missed schoolwork in order to participate in these activities;

- Actively participate in all planning committee meetings;
- Research the material you will present;
- Help to recruit Youth Peer Educators and/or participants;
- Gather resources for participants to browse through;
- Facilitate and participate in rehearsals;
- Present the workshop alone or with another peer educator using the structure created by the planning committee;
- Attend the debriefing and give feedback for future programs.

DEBRIEFING

- Touch base with them on regular basis so they don't feel frustrated, i.e. If youth are not listening during a workshop;
- They may experience or face resistance i.e. bullies calling them gay or saying they have AIDS;
- Prepare them to know those things and strategies to deal with it;

- First few presentations might feel awkward and out of place;
- Co-present with someone from AIDS Service Organization or public health nurse;
- Things that could be done differently, likes and dislikes;
- Co-presenter becomes too domineering and takes over workshops or someone to talk to about this type of situation;
- Evaluation sheets which allow for comments that you read over and see what people thought or felt about the workshop or circle.

The next section is the toolkit where we have put together some resources, forms, tests and exercises to help you begin your planning. You can always expand what is in there. Best wishes with your Youth Peer Education project.

TOOLKIT:

TRUE OR FALSE TEST #1

(Put T for True or F for False as your answer beside each question)

1. There is a cure for HIV/AIDS.

2. You can get a needle to prevent getting HIV/AIDS.

3. Sharing needles to shoot up is a common way of getting HIV.

4. Only gay men get HIV/AIDS.

5. You can get HIV from sharing sex toys (dildos/vibrators).

6. There are no gay First Nations people.

7. HIV/AIDS is 100% preventable.

8. You can tell if someone has HIV/AIDS just by looking at them.

9. Getting turned on by anal sex means you're gay.

10. Masturbation grows hair on your knuckles.

11. You do not get HIV from hugging.

12. Having a Sexually Transmitted Infection increases chances of getting HIV.

13. It is safe for two people to have sex without a condom if one has HIV.

14. If you have sex, you will get HIV/AIDS.

15. Vaseline or baby oil is a good lubrication for condoms.

TRUE OR FALSE TEST #2

(Put T for True or F for False as your answer beside each question)

1. You cannot get HIV from masturbating.

2. You cannot get HIV if you "pull out" before you cum inside someone.

3. You can get HIV from sweat, tears or spit.

4. Injection drug use (shooting up) causes AIDS.

5. To be sexually healthy, you have to be having sex regularly.

6. Forcing someone to have oral sex is not sexual assault.

7. Elders do not like sex.

8. Elders can get HIV.

9. Homosexual people are more likely to be child molesters.

10. A person can get the same Sexually Transmitted Infection more than once.

11. If a pregnant woman has HIV her unborn baby can get HIV.

12. Many people with Sexually Transmitted Infections do not show signs and symptoms they have one.

13. You can get AIDS by eating off the same dishes as someone with HIV.

14. You cannot get HIV by having sex without a condom just once.

15. A person can have HIV for 10 years or more without developing AIDS.

TRUE OR FALSE TEST #3

(Put T for True or F for False as your answer beside each question)

1. You can get HIV by shaking hands.

2. A person can get HIV by giving blood.

3. Body piercing and tattooing are possible ways of getting HIV.

4. Most people who are infected with HIV have AIDS.

5. Mosquitos transmit HIV from person to person.

6. You can avoid getting HIV/AIDS by exercising regularly.

7. Some untreated Sexually Transmitted Infections can make a female unable to have children.

8. The risk for HIV is higher with vaginal sex than with anal (butt) sex.

9. You can get HIV from a toilet seat.

10. Sexually Transmitted Infections among teenagers are rare.

11. Peeing after sex helps to reduce your chances of getting HIV.

12. You can get HIV from holding hands.

13. You can easily get HIV from kissing someone who has it.

14. It is possible to have an HIV infection but the test can show negative.

15. Most HIV positive people in the world are gay.

ANSWER SHEET FOR ALL THREE TRUE AND FALSE TESTS:

TEST #1	TEST #2	TEST #3
1 False	1 True, you cannot catch HIV this way	1 False
2 False	2 False	2 False
3 True	3 False	3 True
4 False	4 False - You cannot get HIV from clean, unused needles, only by sharing them with other people who have HIV.	4 False
5 True	5 False	5 False
6 False	6 False	6 False
7 True	7 False - some do, some don't, just like anyone else	7 True

TEST #1	TEST #2	TEST #3
8 False	8 True	8 False
9 False	9 False	9 False
10 False	10 True	10 False
11 True	11 True	11 False
12 True	12 True	12 False
13 False - HIV positive people can become re-infected with another strain of HIV or get a STI that further weakens their immune system.	13 False	13 False
14 False	14 False	14 True
15 False - Vaseline is oil-based and will cause the condom to break, only use water-based lubricants.	15 True	15 False

VARIOUS EXERCISES

WARM UP EXERCISE

First, give every participant a folded piece of paper with a different number on the outside. Don't let them look inside the paper because, depending on the size of the group, 2, 3 or 4 of the cards will have HIV+ written on them. Tell the participants not to look inside the folded papers. Keep it a secret who has the HIV+ ones. It will be just like in the real world where you can't tell who has HIV. Even the HIV+ one might not know they have it. Have everyone go around shaking hands. Have everyone write down on their own papers all of the numbers from the paper of the person that they are shaking hands with. Then continue shaking hands and recording all of their numbers. The cards will have a lot of numbers on them in only a couple of minutes of shaking hands. Now have everyone open their papers to reveal who had the HIV+ papers. Write the original numbers of the HIV+ papers down on a flipchart. If everyone who was shaking hands with each other was having sex without a condom with each other instead, it would mean that anyone with those HIV+ numbers on their papers would have been exposing themselves to HIV. Participants should realize how fast this disease can spread and how we really don't know who has it and who doesn't unless they know about their HIV status and unless they tell us. Discussion should follow. "How did you feel when you saw that your

paper showed that you had HIV?" How did you feel when you found out that one of the people who you shook hands with (had sex with) had HIV?"

ICE-BREAKER EXERCISES

Word exercises. Write words like "penis", "intercourse", or "vagina" on a flip chart and have the audience come up with slang words for each word. Write down all the words. You could split the group into teams and award points. The winning team gets a prize. Everyone will laugh the whole time but it gets a lot of nervous energy out so that we can all talk about sex and other difficult topics.

Pass an open condom around the room Open a both a female condom and a male condom and pass them around the room in different directions. You can talk about condoms while they pass it around or ask them to say one word out loud as they pass the unrolled condoms.

VALUES CLARIFICATION EXERCISES

Values clarification is meant to have open discussion about peoples values, how they differ, how they may be the same, etc. It is useful to get people to see all sides to things. For example, if someone is a substance user and some people want to judge them, it helps to ask questions like "Why do people use alcohol and drugs? Why can't they stop? Is addiction

an illness? Etc" One exercise that can help participants understand non-judgmental acceptance of other people's choices is to learn about the subject. Have the participants break up into groups of 2 or 3 (or even individually). Assign each group or individual one of the sensitive topics from the list below or, better yet, come up with your own in the larger group. Allow the groups or individuals time (maybe 45 minutes or so) to research their topics and then have them each present their subject to the larger group. Long in advance of the day of the workshop, the planning committee will have identified and made available reference materials that the group can use to research the different topics. Youth Peer Educators and guest speakers can help participants locate the reference material for individual presenters. Also participants can interview Youth Peer Educators and guest speakers to learn more about the topic for their presentations.

Here are some examples of sensitive topics which challenge our personal values or trigger strong feelings:

- substance use (alcohol or illegal, legal drugs, inhalants)
- homophobia
- abstinence
- harm reduction

- needle exchange and intravenous drug use (shooting up)
- people in jails
- pregnancy
- psychological, emotional, spiritual, physical, sexual abuse
- sexual acts
- promiscuity (sex with many partners) or sex before marriage
- street involvement
- crime, punishment and rehabilitation
- differing religious/spiritual beliefs and practices
- death and dying

Games There are many different games that the planning committee can come up with. Using recipe cards with words on them to stimulate discussion; short skits where students write about HIV/AIDS and act in their own play; ball games or game shows or using marbles are all visual tools where you associate or assign key words to an item, pass it around

and get reactions on what the word is, like HIV or AIDS. They are called interactive ways of getting people to learn. HIV/AIDS information needs to be worked into the game so the each person has to learn a small piece of the picture to advance and score points. Prizes are always a good reward for learning.

Arts and Crafts Painting, drawing, poetry writing, mask making, sewing and beadwork are some group activities that can be helpful. Ask participants to imagine that someone who they love has HIV/AIDS. Ask them to make some art or craft from the materials you provide (use your imagination) that expresses how they feel about it. Have each person show and tell.

HOT-LINES

(all confidential)

Facts of Life Line (Planned Parenthood) 1-800-463-6739
This is an automated tape series covering a whole range of sexual topics.

Kids Help Phone 1-800-668-6868
The staff at this hot-line can help you deal with a wide range of issues, including sexual abuse/assault, questions about being straight, gay, bi ... and "am I normal" stuff. They can also give you information about other numbers to call or places you could go.

Lesbian and Gay, Bi Youth Line 1-800-268-9688
Peer counsellors - hours are Sunday to Friday 4:00 - 9:30 pm.

Parent's Help Line 1-888-603-9100 (anywhere in Canada)
Professionals are available to discuss child and youth-related concerns with parents/caregivers.

Sexual Health and AIDS Hot-lines

1-800-661-4337	British Columbia
1-800-772-2437	Alberta
1-800-667-6876	Saskatchewan
1-800-782-2437	Manitoba
1-800-668-2437	Ontario
1-800-263-1638	Quebec
1-800-561-4009	New Brunswick
1-800-314-2437	Prince Edward Island
1-800-566-2437	Nova Scotia
1-800-563-1575	Newfoundland and Labrador
1-800-661-0507	Yukon
1-800-661-0795	Nunavut

Counsellors give information on a variety of sexuality topics, including STI's and AIDS. Large number of languages spoken - call to find out.

WEBSITES

www.caan.ca
The Canadian Aboriginal AIDS Network (CAAN) is a national coalition of Aboriginal people and organizations that provides leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they live. Provides Aboriginal HIV/AIDS fact sheets as well as links to Aboriginal AIDS organizations throughout Canada.

www.2spirits.com
2-Spirits is a Aboriginal AIDS service organization based in Toronto which is especially set up for gay, lesbian, bisexual, trans-gendered and inter-sexed Aboriginal people. Also provides culturally appropriate services for any Aboriginal person infected or affected by HIV/AIDS.

www.healingourspirit.com
Healing Our Spirit is a B.C. regional Aboriginal AIDS service organization which provides culturally appropriate services for any Aboriginal person infected or affected by HIV/AIDS.

www.casac.ca
The Canadian Association of Sexual Assault Centres looks at the legal and social changes needed to prevent and eventually stop sexual assault. Under "Anti-Violence Centres," there is a list of rape crisis centres and shelters across Canada.

www.goaskalice.columbia.edu/about.html
Go Ask Alice was one of the first good Question & Answer sites and it's still going strong. Good section for guys as well as girls.

www.hc-sc.gc.ca/pphb-dgspsp/centres
This clumsy looking address belongs to Health Canada's Centre for Disease Control and it has everything you'd ever want to know about STI/STDs - except pictures! Go to "S" (for STD) under the "A-Z index."

www.clearinghouse.cpha.ca
The Canadian HIV/AIDS Clearing House is Canada's largest distributer of HIV and AIDS related resources. They provide printed material on prevention, care and support at minimal cost.

www.catie.ca
The Community AIDS Treatment Information Exchange (CATIE) provides current information on treatment options available to people living with HIV and AIDS, including drugs, other medical treatments and complementary therapies. They also carry information on symptoms, diagnosis, prevention, accessibility and treatment research. They are committed to providing reliable and non-biased information.

www.aidslaw.ca
The Canadian HIV/AIDS Legal Network is dedicated to promoting responses to HIV infection that respect human rights. Hundreds of

articles on prisons, testing and confidentiality, drug laws and policy, criminal law, discrimination, children and AIDS, HIV testing and pregnancy and much more.

www.motherisk.org
Motherisk provides information regarding HIV in women and pregnancy. The site contains statistics, how to access information and care as well as a national network of healthcare professionals and community groups.

www.pflag.org
Parents and Friends of Lesbian and Gay Youth (PFLAG) 416-406-1727. An information and support service, especially helpful for parents with kids who have just "come out."

www.teenwire.com
Teenwire (Planned Parenthood Federation of America). For teens and adults, good links.

www.sexualhealth.com
Offers information and further resources on a huge range of subjects. Has a good section on sexuality and people with disabilities, illness and other health-related challenges.

www.sxetc.org
"For teens by teens" (not entirely). Rutgers University, USA. Offers an inclusive, broad range of information.

BOOKS

Bell, Alexander Ruth. **Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships**, third edition. New York: Times Books, 1998. For a book written by an adult, many teens find this author's non-judgmental approach helpful.

Bourgeois, Paulette and Wolfish, Martin. **Changes in You and Me** - a book about puberty mostly for girls/boys, Toronto: Somerville House Publishing, 1994. Good books on puberty.

Johanson, Sue. **Talk Sex: Answers to Questions You Can't Ask Your Parents**. Toronto: Penguin Canada, 1988. A classic from the well known "Sex Lady," this book is based on Q&As from Sue's TV show. Still entertaining and informative for both parents and youth.

Pavanel, Jane. **The Sex Book**. Montreal: Lobster Press, 2001. Offers A to Z information about sex for youth.

Martyn Kim. **All the way: sex for the first time**. Toronto: Sumach Press, 2003. A level-headed, youth-friendly book that is an excellent resource for parents, teens and preteens.

St. Stephen's Community House. **The Little Black Book: A Book on Healthy Sexuality Written By Grrrls For Grrrls**. Toronto, 2000. (416-537-8334).

Since this book was written by young women (who have their facts right), it sits easily with youth. It is by and about young women, but guys and adults often find it informative as well.

RESOURCE MANUALS

www.anac.on.ca
Aboriginal Nurses Association of Canada. **Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities**. ISBN 0-9731194-9-7. Ottawa, 2002. For individuals and organizations working in the area of sexual and reproductive health in Aboriginal communities.

VIDEOS

Out: Stories of Gay and Lesbian Youth. National Film Board 1993. This documentary is directed towards youth, but adults will find it informative. Inexpensive, can be accessed through www.nfb.ca.

You Oughta Know: abuse in dating. Kineticvideo.com. 1997. 23 minutes, Canadian (416-538-6613). This is a very good educational video for teens focusing on power and all forms of abuse in dating relationships. Urban setting. Not scripted. (Heterosexual depiction only).

LOCAL RESOURCE CONTACT FORM

This is a form to fill out for all local support people and organizations who can provide services and resources. Simply start a small list and you can always add people later.

CONTACT FORM **DATE:** _____

NAME OF CONTACT: **PHONE:** _____

NAME OF AGENCY: **FAX:** _____

ADDRESS: _____

_____

SERVICES THEY CAN PROVIDE: Do they charge for their services? ☐ **Yes** ☐ **No**

- ☐ Guest speaker
- ☐ Medical professional
- ☐ Condoms and Condom holders
- ☐ Counselling
- ☐ HIV Antibody Testing
- ☐ Educator
- ☐ HIV/AIDS Educator
- ☐ Workshops
- ☐ Referrals
- ☐ Youth Worker
- ☐ Resources (Pamphlets/Videos, etc)
- ☐ HIV/AIDS Statistics
- ☐ AIDS Walk Information
- ☐ Other: _____

REASON FOR CONTACT: (If booking a workshop, confirm date, location, etc)

- ☐ Information
- ☐ Book a workshop/speaker
- ☐ Resource request
- ☐ Other: Please explain: _____

_____

OTHER COMMENTS: _____

_____

_____

WORKSHOP EVALUATION FORM:

Date: **Name of Presenter:**

From **1 to 5** (1 is low, 5 is high), circle the number on **how much you liked and learned** from the Workshop?

1	2	3	4	5
Really bad	**Was ok, could have been better**	**Was good, I learned some things**	**Very good, learned a lot**	**Awesome, everything was done the best**

Is there anything **you didn't like**?

_____

_____

Is there any part you want us to **go over again** next time?

_____

_____

From **1 to 5** (1 is low, 5 is high) which number describes **HOW** well the presenter gave the workshop?

1	2	3	4	5
Really bad	**Was ok, could have been better**	**Was good, I learned some things**	**Very good, learned a lot**	**Awesome, everything was done the best**

GLOSSARY

Abstinence - not doing certain behaviors or activities

Anal intercourse - penis entering the anus (butt) of either a male or female

Bisexual - someone who has sex or is attracted to both sexes

Breasts - a pair of mammary glands on the front of females which can produce milk to breast feed infants

Gender - having to do with being male, female or transgendered

Harm Reduction - a social policy approach that aims at reducing or removing harm associated with certain risk behaviors, like injection drug use

Health - the ability to respond and meet threats or challenges to your physical, emotional, mental and spiritual well-being

Heterosexual - someone who is attracted or has sex with someone of the opposite sex

Homosexual - someone who is attracted or has sex with someone of the same sex

Holistic - a complete or whole way of looking at things, many Aboriginal cultures traditionally looked at things from a mental, physical, emotional and spiritual view

Hormones - a product of living cells that circulates in body fluids or sap and produces a specific effect on the activity of cells remote from its point of origin [7]

Intercourse - the physical sexual act between two people which involves the genitals

Inter-sexed - a newer term which replaces transgendered, or someone who has the physical attributes of one sex yet identifies more with the other sex for which they were assigned at birth e.g. born a male but identifies as a female or vice versa

Oral sex - a sexual act which involves using the mouth to pleasure the other person

Oral/anal sex - a sexual act which involves using the mouth to pleasure the other person's anus or butt

[7] Merriam-Webster's Colegiate Dictionary, Tenth Edition, Merriam-Webster, Springfield MA, USA. 2002. P. 558

Penis - the male organ which serves both reproductive and urination purposes (dick)

Puberty - a period where the person experiences internal and external physical changes, such as growing pubic or facial hair, voice changing, breast development, menstrual periods, hormone changes, etc.

Sex - any physical act which sexually gratifies one or both people, including oral sex, intercourse, masturbation, use of sex toys, etc.

Transgender - someone who has the physical attributes of one sex yet identifies more with the other sex for which they were born with.

Two-Spirited - a term used mostly by First Nations some other Aboriginal people to self-identify as what is known today as being gay, lesbian, bisexual, or transgendered/inter-sexed Traditionally, the term did not apply so much to sexual orientation, and more to a role that these individuals held within their societies.

Vagina - the internal canal which goes from the vulva to the uterus

Vulva - the female genitals which are on the outside of the body