

# **MODULE 5**

**HIV/AIDS Education and Condom Skills**

**Session V**

**Facts on HIV/AIDS**

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**Facts**

**on**

**HIV/AIDS**

## FACTS ON HIV/ AIDS

### What does AIDS stand for?

A	Acquired: something you are given or get
I	Immune: refer to the part of the body that keeps us healthy
D	Deficiency: lacking or not enough
S	Syndrome: a group of diseases

### What is AIDS?

Acquired Immune Deficiency Syndrome (AIDS) is a group of infections and diseases that occur because of a breakdown in the body's immune system. The immune system is the bodily system that fights off diseases and infections.

### What does HIV stand for?

H	Human: a person's body
I	Immunodeficiency: when the immune system lacks some elements and breaks down
V	Virus: a group of tiny cells that multiply in the body and cause diseases like chicken pox.

### What is HIV?

The Human Immunodeficiency Virus (HIV) is a virus that enters a person's body. (We will talk about how it enters the person's body in a little while, I am just telling you what happens when it enters the body.)

When the HIV virus enters a person's body, it multiplies and attacks the immune system. The immune system is the part of the body that protects us from infections like the common cold. The reason why the HIV virus is so harmful is that the HIV virus kills cells in the immune system that protects us from infections. When this happens, the body is left weakened and we are more likely to become sick from infections and cancers.

## **What is the difference between HIV and AIDS?**

HIV does not equal AIDS. AIDS is a disease. HIV is a virus that causes AIDS. A disease is a sickness that occurs when the body functions break down. Diseases are often caused by tiny viruses. A virus is a group of tiny cells that multiply in the body. The virus that causes AIDS is called HIV.

## **What causes AIDS?**

The HIV virus causes AIDS. The HIV virus causes a group of infections and cancers. When a person develops this group of infections, they are said to have AIDS.

So while a healthy person who is infected with a common cold virus might just get a runny nose, someone with AIDS who gets a cold might develop pneumonia because pneumonia, it can be life threatening.

## **What type of diseases do people with AIDS get?**

The most common AIDS diseases are opportunistic infections. These infections work somewhat like a thief who finds an open door at Circuit City. When the body is not healthy, infections move throughout the body freely. Tuberculosis, pneumonia and some cancers are common when people get AIDS.

Additionally, people who have AIDS lose a lot of weight, have difficulty remembering things and have a hard time doing simple tasks.

## **Can AIDS be cured?**

People who develop AIDS cannot be cured. AIDS is a serious disease. But medication and behavioral modification will help to live better.

## **Can you tell if someone has AIDS?**

You cannot tell just by looking at a person if they have AIDS.

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## **Can you tell if someone has AIDS?**

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## **Who gets AIDS?**

AIDS is not just a disease of gay white men. It can happen to anybody.

## **How long is it from when people become infected with the HIV virus to the time that they develop AIDS?**

When the HIV virus enters the body, it does not immediately attack the immune system. The virus may not multiply in the body for long while. The virus may stay in the body for as little as one month to more than ten years before AIDS develops.

## **How does a person get the HIV virus?**

- **Having unsafe sex.** Having sex without condom with an infected partner. Safer sex means having sex in ways that make it less likely that the HIV virus will be passed on to you or your partner. It is a way of protecting yourself from the HIV virus.
- **Sharing "works,"** that is, injecting drugs with needles into your skin and sharing the needle with someone. It also includes: Tattooing, body piercing, steroid injection, skin-popping, inter-muscular injection, sharing razors, toothbrushes, straws used to snort cocaine and unsterilized manicure sets.
- **From infected mother to her child** through pregnancy, delivery (childbirth) and breast-feeding.

## **Can you get the HIV virus any other way?**

There is no HIV transmission from coughing, drinking fountains, sinks, shaking hands, eating utensil, sneezing, toilet seats, touching, or towels.

## **Can you tell if someone has the HIV virus?**

No. People who have the HIV virus often appear perfectly healthy. One good example is Magic Johnson. He has the HIV virus yet he was still able to play professional basketball after his diagnosis.

## How do you know if you have the HIV virus?

There is a test which you can take called the HIV Antibody test.

- Maryland offers FREE anonymous & confidential testing across the state
- Maryland requires INFORMED CONSENT for testing for \*everyone (\*unless court-ordered)
- Maryland requires Test-Decision and Test-Result counseling for everyone taking an HIV antibody test (“pre-test” and “post-test” counseling)
- Early detection is a good PREVENTION & TREATMENT strategy

### Anonymous Testing

- Highest return rate of all CT sites
- Most would not seek services if not anonymous
- Impossible to offer anonymous services if you know the client

### Confidential Testing

- Results are confidential to the fullest extent of the law
- Easy to contact to provide test result
- Can get tested at same site where one is seen for other clinical services

## What does a positive HIV Antibody Test mean?

A positive test means that the person has HIV antibodies in his or her blood and therefore that he or she has been infected with the HIV virus. This does **not** mean that the person has AIDS.

## How can people protect themselves from the HIV virus?

- **ABSTINENCE**: to voluntarily do without or refrain from engaging in any behaviors that might lead to exposure to HIV (e.g. sex and injecting drugs).
- **MONOGAMY**: the practice of having only one uninfected partner for life (vs. “serial monogamy”)
- **BARRIER PROTECTION**: the consistent practice of using latex or polyurethane devices, or microbicides that reduce exposure to potentially infectious body fluids (but NOT nonoxynol-9: can increase likelihood of infection)

- **PREVENTING HIV TRANSMISSION:**

- Reduce risk by not sharing needles
- Reduce risk by appropriately disinfecting injection equipment
- Reduce risk by the safe disposal of needles, cooker, cotton, water
- Reduce risk by enrolling in a Needle Exchange Program (NEP)
- Reduce risk by enrolling in addictions treatment
- Prevention/ early detection and treatment of other sexually transmitted diseases
- Using condoms

**Statistics**

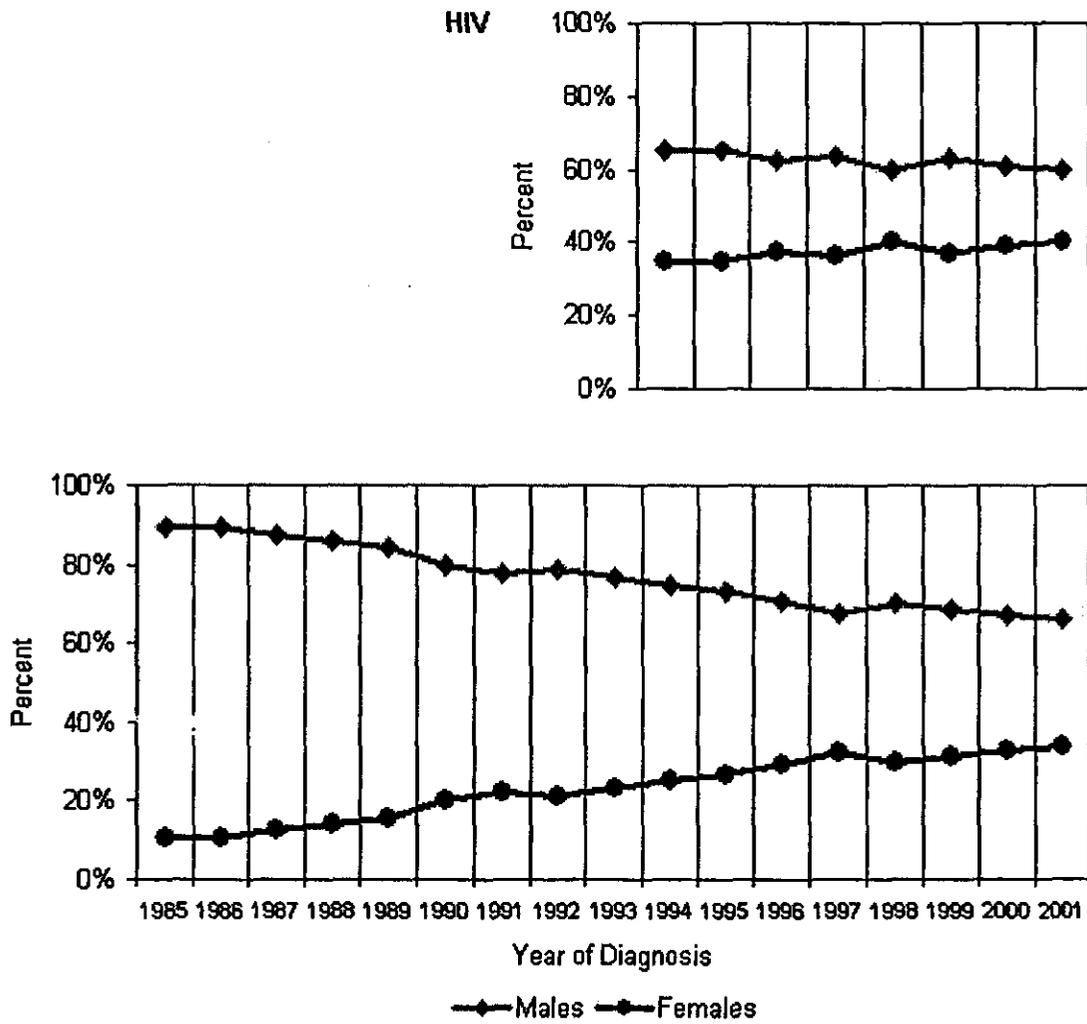
**on**

**HIV/AIDS**

# MARYLAND HIV/AIDS EPIDEMIOLOGICAL PROFILE - September 30, 2002

## Section VI - HIV and AIDS Case Gender Trends

Proportions by Gender of Incident Cases during each Calendar Year as Reported through 9/30/02

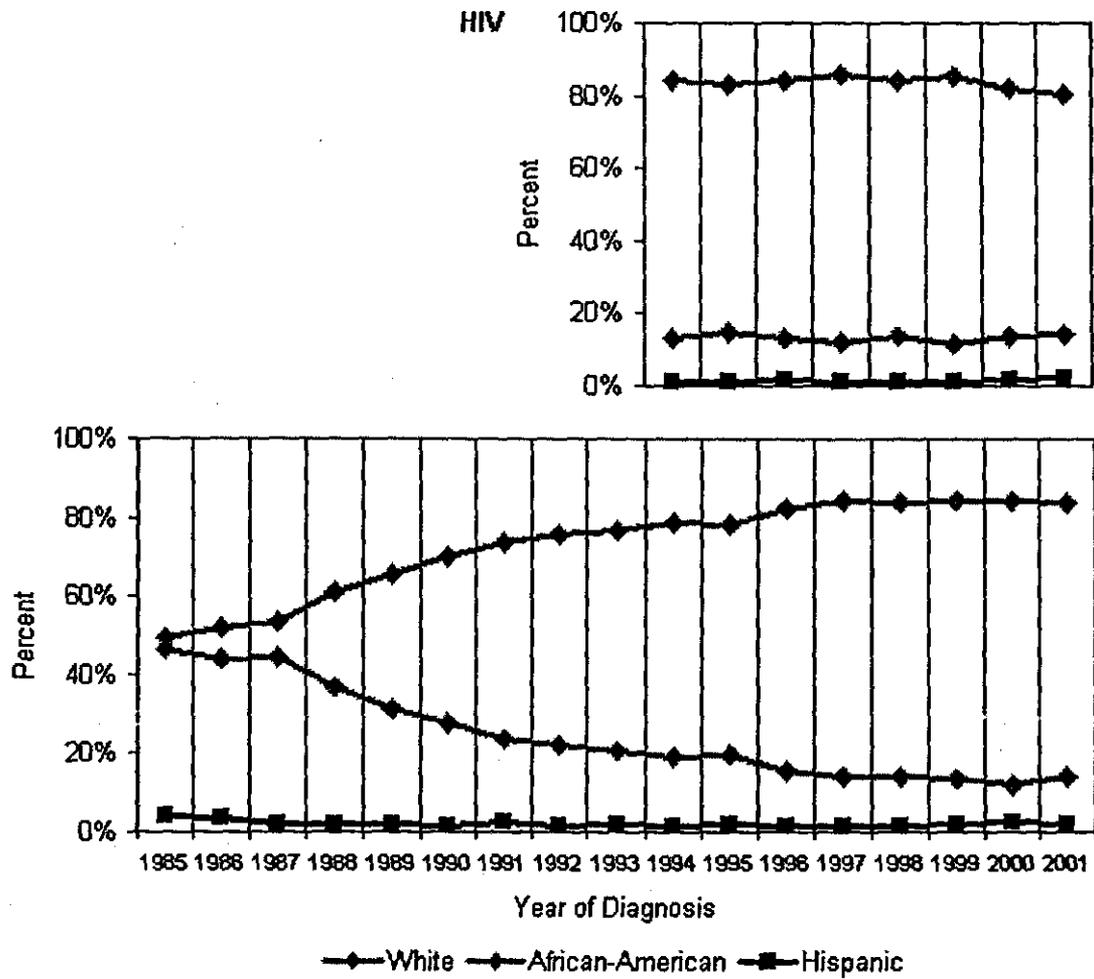


HIV case reporting began in 1994.

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Section VII - HIV and AIDS Case Race/Ethnicity Trends

Proportions by Race/Ethnicity of Incident Cases during each Calendar Year as Reported through 9/30/02

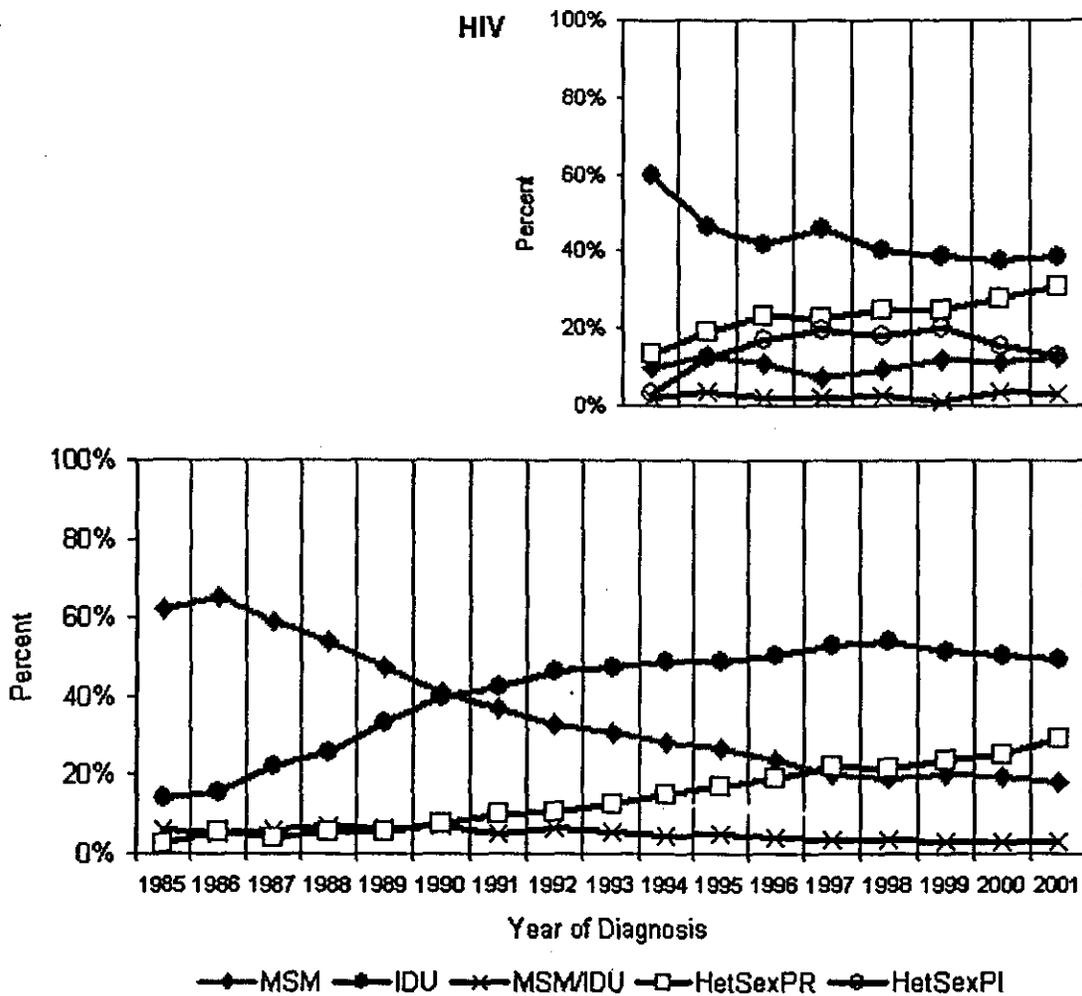


HIV case reporting began in 1994.

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**Section VIII - HIV and AIDS Case Exposure Category Trends**

**Proportions by Exposure Category of Incident Cases during each Calendar Year as Reported through 9/30/02**



Percent distributions exclude cases with exposure category under investigation and risk not specified.

- MSM = Men who have sex with men
- IDU = Injection drug users
- MSM/IDU = Men who have sex with men and are injection drug users
- HetSexPR = Heterosexual contact with a partner who has or is at risk for HIV
- HetSexPI = Heterosexual contact with partner of indeterminate risk for HIV  
(not a CDC AIDS category)

**Other exposure categories (not shown) that account for small percentages of AIDS cases include hemophiliacs, transfusion recipients, pediatric transmissions and occupational exposures.**

**Maryland HIV data currently has exposure on 37% of cases.**

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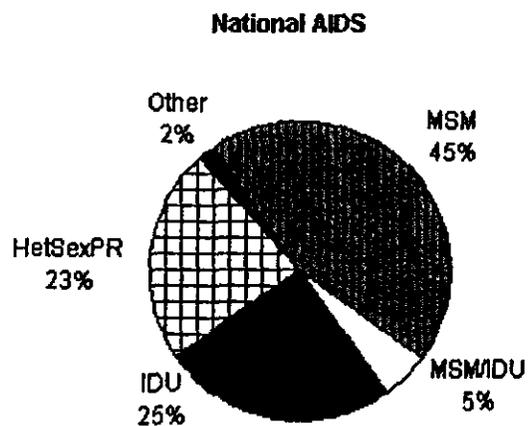
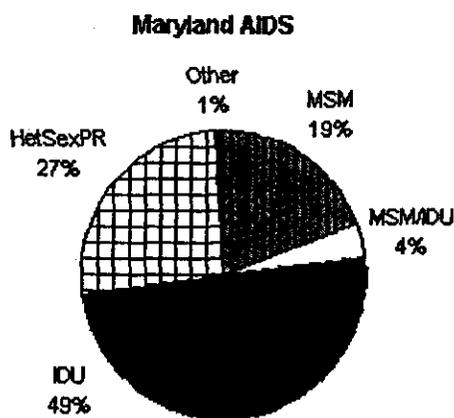
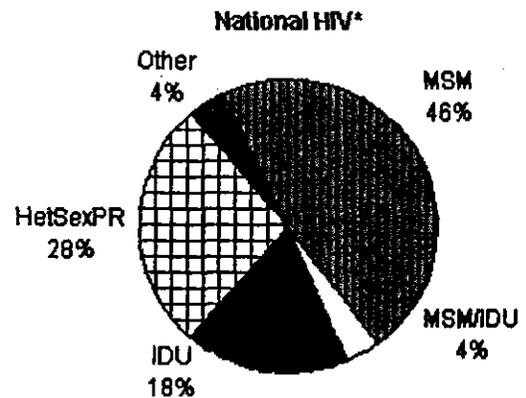
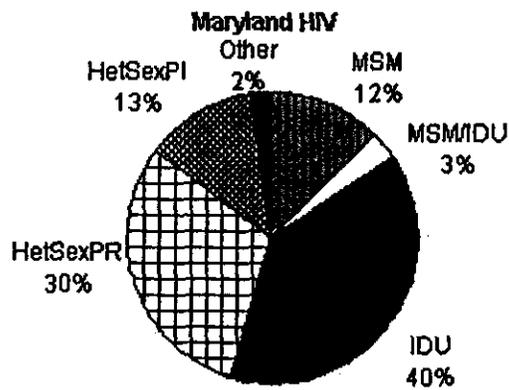
## Section IX- Comparisons to National Statistics

### HIV and AIDS Cases Reported during 1/1/01-12/31/01

Maryland had the third highest annual AIDS case report rate of any state (34.6 cases per 100,000 population) and Baltimore had the third highest rate of any major metropolitan area (50.0 cases per 100,000 population) as of December 2001. The national rate was 14.9 cases per 100,000 population.

Baltimore's rank moved from fifth to third largely due to improvements in reporting. In November 2000, a major effort was implemented to increase reporting and decrease the lag in reporting. This has led to a dramatic increase in the reported number of AIDS cases in Baltimore and Maryland. This increase is primarily due to changes in reporting and not due to changes in actual numbers of new AIDS cases.

Maryland HIV data reported during 2001 currently has transmission risk on 34% of cases, as of 9/30/02. This data comes from follow-up investigations, HIV symptomatic cases, and cases tested at publicly funded HIV testing sites.



\* National HIV data is available from only 35 states and three territories.  
Percent distributions exclude cases with exposure category under investigation and risk not specified.

MSM = Men who have sex with men

IDU = Injection drug users

MSM/IDU = Men who have sex with men and are injection drug users

HetSexPR = Heterosexual contact with a partner who has or is at risk for HIV

HetSexPI = Heterosexual contact with a partner of indeterminate risk for HIV

Other = Hemophiliacs, transfusion recipients, pediatric transmissions, and occupational exposures

Source for national data: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report  
Year-end Edition, U.S. HIV and AIDS cases reported through December 2001, 13 (No.2)

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**Prevalence on 9/30/01 as Reported through 9/30/02**

**Prevalence (Living Cases)**

<u>HIV</u>	<u>AIDS</u>	<u>Total HIV/AIDS</u>
13,416	10,784	24,200

Prevalent cases are alive on the given date.

HIV case reporting began in 1994.

The data for the time period presented here is estimated to be more than 90% complete.

**Myths**

**and**

**Misconceptions**

## MYTHS & MISCONCEPTIONS ABOUT HIV/ AIDS

**MYTH**: A STORY THAT MAY OR MAY NOT BE TRUE

**MISCONCEPTION**: TO MISTAKE THE MEANING OF SOMETHING

<b>MYTH</b>	<b>The way a person looks can tell you whether they have HIV or AIDS</b>
<b>MYTH</b>	<b>Only gay men get AIDS</b>
<b>MYTH</b>	<b>People who have the AIDS virus quickly get sick</b>
<b>MYTH</b>	<b>If a man pulls out before coming, then intercourse is safe</b>
<b>MISCONCEPTION</b>	<b>Exercising, eating nutritiously and getting enough rest can prevent AIDS</b>
<b>MYTH</b>	<b>Blacks can't get AIDS</b>
<b>MYTH</b>	<b>By having just one sexual partner at a time, you can protect yourself from AIDS</b>
<b>MISCONCEPTION</b>	<b>Because your partner has not been using condoms for a while, he is probably already infected the HIV virus and asking him to use a condom now is not important</b>
<b>MYTH</b>	<b>A person must have a lot of different partners to be at risk for AIDS</b>

**Condom**

**Skills**

## V. Condom skills and other alternatives to unsafe sex

- a) Continue the discussion of safer sex alternatives.
- b) Discuss the pros and cons of male condoms, using group process and problem solving techniques (above).
  - i. Note the group's suggestion and responses under two categories on the flip chart (*pros* and *cons*).
  - ii. Post the list of pros and cons for reference during the comparative discussion of male and female condoms.
- c) Guide the group in a discussion of how condoms can be easier if eroticized—made fun and sexy to use.
- d) Solicit examples of ways participants have made or think they can make condom use more fun with their partners.
- e) Revisit the condom-use pros and cons list.
  - i. Use problem-solving techniques for addressing each disadvantage (con).

## VI. Proper use of male condoms

- i. Discuss the importance of both men and women being comfortable with condoms and how handling them in the

light, with peers, can increase comfort and increase proper use.

- c) Conduct a demonstration of correct male condom use, using a phallic proxy.
  - i. Exaggerate each step, demonstrate slowly, and talk through each step of application.
  - ii. Refer to the steps on the next page for putting on and taking off the male condom.

*PUTTING THE MALE CONDOM ON*

- 1) First, choose a latex condom.
- 2) Make sure you check the expiration date on the package or box.
- 3) Next, open the package being careful not to tear the condom or use your nails or teeth.
- 4) Check to see which way the condom rolls.
- 5) Place the condom on the head of the penis, making sure the reservoir tip sticks out.
- 6) Pinch the reservoir tip to squeeze all the air out.
- 7) Slowly unroll the condom all the way down to the base of the penis.
- 8) If lubrication is desired, choose water based (e.g., KY jelly etc.) rather than oil based lubricant (e.g., Vaseline).

*REMOVING THE MALE CONDOM*

- 1) Hold the condom at the base of the penis and pull out of your partner before the penis goes soft.
- 2) Roll the condom up and remove it, making sure that the fluid doesn't spill out.
- 3) Dispose of the condom in the trash can.

VII. Lubricants for latex condoms

- a) Discuss in detail the importance of lubricants and the difference between oil-based and water-soluble lubricants.
- b) Demonstrate how oil-based lubricants dissolve latex condoms.
  - i. Blow up one condom as big as possible.
  - ii. Place a small amount of vaseline on one spot. (Within a few minutes, the latex at that spot will deteriorate.)
- c) Display a variety of possible lubricants and discuss each one for its use with latex condoms.

VIII. Male condom skills practice

- a) Distribute phallic proxies, condoms and lubricant to each participant.
  - i. Ensure that each participant has at least one phallic proxy and several condoms to work with.
- b) Encourage participants to play with the condoms, opening the packaging, stretching them, blowing them up, etc.
- c) After a few minutes, have group members practice applying and removing condoms, using their phallic proxies.

- d) Give guidance as needed.
- e) Follow the male condom skills practice with a brief discussion.
  - i. Ask the participants about their feeling during the practice.
  - ii. Ask if there are any questions about male condoms.

**IX. Proper use of female condoms**

- a) Initiate a discussion about the female condom.
  - i. Ask the group if they have seen or used one.
  - ii. Open a female condom.
- b) Include in the discussion the use of the female condom during both vaginal and anal intercourse.
- c) Explain to the group the following points:

- ↳ The female condom is made of polyurethane, a plastic. This is especially important because some people are allergic to latex and for that reason cannot use a male condom.
- ↳ The female condom is designed to be worn by women.
- ↳ The female condom conforms to the inside of vagina and does not fit tightly like the male condom.
- ↳ Just like male condoms, female condoms are available in drugstores without a prescription.

- d) Explain why it cannot be assumed that everyone knows how to use a female condom.
- e) Discuss why it is important for both men and women to be comfortable with both male and female condoms.

- i. Handling female condoms in the light, with peers, can increase comfort and facilitate proper use.
- f) Point out that when used during anal intercourse the inner ring must be removed and that its safety and effectiveness for this use have not yet been tested.
- g) Distribute female condoms to the group members to open, stretch, blow up, etc.
- h) Discuss skills and steps on the next page for inserting and removing the female condom.

*INSERTING THE FEMALE CONDOM*

- 1) Open the package and remove the female condom.
- 2) Be careful not to use your teeth or nails to open the package.
- 3) The female condom has two rings, one at the closed end (called the inner ring) used for insertion and to help hold the condom in place, and one at the open end (called the outer ring).
- 4) The female condom can be inserted before arousal.
- 5) Squeeze the inner ring between your fingers.
- 6) Insert the female condom with fingers as if inserting a tampon.
- 7) Use the fingers to push the inner ring as far up as it will go—it can't go too far!
- 8) The outer ring remains on the outside of the vagina to protect the vaginal opening from contact with the penis.
- 9) The female condom is in the right place when you can't feel it.

***REMOVING THE FEMALE CONDOM***

- 1) Remove the female condom before standing up.
- 2) Squeeze and twist the outer ring.
- 3) Pull the condom out gently.
- 4) Dispose of the female condom in the trash, not in the toilet.

i) Discuss the pros and cons of the female condom.

Pro	Con
<i>Soft, thin plastic is stronger than latex</i>	<i>It's made of a plastic material that may be noisy during sex</i>
Provides protection from STDs including HIV/AIDS	Inner ring must be placed carefully or the condom may twist
<i>A woman can take responsibility for its use</i>	<i>Care must be taken not to insert the penis between the condom and the vaginal wall</i>
It can be inserted before the sexual encounter begins	Ejaculate can leak out of the condom unless it is removed carefully
<i>Some woman like the feeling of the outer ring rubbing against the clitoris</i>	<i>The inner ring is "one size fits most" and may cause discomfort for some people</i>

j) Invite questions, comments and feedback.