

# **SESSION 2**

## **Activities**



## SESSION 2

### ACTIVITY 1

#### Rebound

**Time:** 15 minutes

Materials
<ul style="list-style-type: none"><li>• Four sets of red (or gray) and white cards (well shuffled)</li></ul>



#### **Purpose of the Activity**

Review and reinforce concepts covered in Session 1.

#### **Procedure**

1. Divide the opinion leaders into four teams, and instruct each team to give itself a name.
2. Give the four teams the following instructions:
  - a. Each team will receive a set of cards:
    - i. Red (or gray) cards with the name of something (a concept) discussed in Session 1
    - ii. White cards that describe those concepts
  - b. As a team, match the red (or gray) cards with the white cards.
  - c. The first team with all accurate matches will be declared the rebound champion.
3. Give each team a set of cards.
4. Allow the teams 10 minutes to complete the activity.
5. When a team announces that it has completed the activity, use the answer key to check its matches for accuracy. If all matches are correct, declare that team the rebound champion. If not, announce that the rebound challenge continues.
6. When a champion has been declared or the time has expired, invite teams to provide the correct match to each item on the answer key.
7. Generate a brief discussion on each concept.
8. Thank opinion leaders for their efforts and participation.

## Rebound Answer Key

1. **AIDS:** A condition that occurs over time after the number of specialized immune cells (CD4) has been reduced to 200 or less in a given amount of blood or at least one opportunistic infection has been experienced
2. **d-up!:** Uses individuals perceived by friends and acquaintances as being trustworthy, being credible, and having integrity to communicate that safer sex is the trend so that over time friends and acquaintances adopt safer sex practices
3. **FAMILY REJECTION:** Perceptions of loss of expected assurance, support, and protection
4. **HIV:** A living organism that weakens the body's ability to defend itself against infections
5. **HIV TRANSMISSION:** The exchange of bodily fluids that contain the human immunodeficiency virus through unprotected vaginal, anal, or oral sex or needle sharing. Latex condoms block HIV transmission during sex.
6. **INCARCERATION:** An event associated with experiences of family or community rejection and more likely to result in men reporting unprotected insertive and anal sex
7. **INTERNALIZED HOMOPHOBIA:** Sometimes experienced when men hide their same-gender preferences and keep their same-gender activities secret
8. **OPINION LEADERS:** Endorse and communicate the benefits of safer sex practices to establish those practices as the norm and reduce HIV infections
9. **OPPORTUNISTIC INFECTION:** An infection caused by organisms that usually do not cause illness in people with normal immune systems but take the opportunity to flourish in people with weakened immune systems
10. **RED-LEVEL RISK:** Unprotected anal sex with a partner whose HIV status is not known
11. **SOCIAL NORMS:** Unwritten rules shared by members of a community that define which behaviors are accepted (desired) and which are not
12. **STEPS FOR PUTTING INTENTIONS INTO PRACTICE:** Postponing sex if judgment is impaired by drugs or alcohol; overcoming barriers to making risk reduction changes; fantasizing about safer sex activities; discussing your commitments to health and safety; learning from past mistakes

## Rebound

<b>Social norms</b>	Unwritten rules shared by members of a community that define which behaviors are accepted (desired) and which are not
<b>Opinion leaders</b>	Endorse and communicate the benefits of safer sex practices to establish those practices as the norm and reduce HIV infections
<b>HIV</b>	A living organism that weakens the body's ability to defend itself against infections
<b>HIV transmission</b>	The exchange of bodily fluids that contain the human immunodeficiency virus through unprotected vaginal, anal, or oral sex or needle sharing. Latex condoms block HIV transmission during sex.
<b><i>d-up!</i></b>	Uses individuals perceived by a group of friends and acquaintances as being trustworthy, being credible, and having integrity to communicate that safer sex is the trend so that over time the group of friends and acquaintances adopt safer sex practices
<b>AIDS</b>	A condition that occurs over time after the number of specialized immune cells (CD4) has been reduced to 200 or less in a given amount of blood or at least one opportunistic infection has been experienced
<b>Opportunistic infection</b>	An infection caused by organisms that usually do not cause illness in people with normal immune systems but take the opportunity to flourish in people with weakened immune systems
<b>Red-level risk</b>	Unprotected anal sex with a partner whose HIV status is not known
<b>Steps for putting intentions into practice</b>	Postponing sex if judgment is impaired by drugs or alcohol; overcoming barriers to making risk reduction changes; fantasizing about safer sex activities; discussing your commitments to health and safety; learning from past mistakes
<b>Family rejection</b>	Perceptions of loss of expected assurance, support, and protection
<b>Internalized homophobia</b>	Sometimes experienced when men hide their same-gender preferences and keep their same-gender activities secret
<b>Incarceration</b>	An event associated with experiences of family or community rejection and more likely to result in men reporting unprotected insertive and anal sex



## SESSION 2

### ACTIVITY 2

#### Air Balls

**Time:** 15 minutes

#### Materials

- Worksheets
- Newsprint
- Markers
- Masking tape
- Handout: Common Myths

#### Purpose of the Activity

Encourage the identification of myths and misconceptions about HIV and provide participants with opportunities to clarify misinformation.

#### Procedure

1. Divide opinion leaders into pairs.
2. Distribute a worksheet to each pair, and give the group the following instructions:
  - a. As a two-person team, write down what you have heard about how HIV is transmitted, how to prevent HIV transmission, and HIV among black men who have sex with men (MSM) (especially those things heard in the black community). List as many things as you can think of.
  - b. As you generate your list, tell each other where you heard the information.
3. Allow pairs 5 minutes to generate their lists.
4. Ask each pair to read one item from the list.
  - a. Write the item on newsprint.
  - b. Ask the large group if the information is a myth or a fact.
  - c. Correct information, as appropriate.
5. Continue with the next pair, reporting unique myths and facts only.
6. Continue until all items have been corrected.
7. Distribute the handout (Common Myths).
8. Ask volunteers to read a myth that is not listed on the newsprint.
9. Discuss why each myth is not true.

## Worksheet

**Instructions:** Write down what you have heard about how HIV is transmitted, how to prevent HIV transmission, and HIV among black MSM. List as many things as you can think of. Share where you heard the information with your team partner.

1.

2.

3.

4.

5.

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8.

9.

10.



## SESSION 2

### ACTIVITY 3

#### You Can Do What With a Condom?

**Time:** 15 minutes

#### Materials

- Newsprint
- Markers
- Masking tape

#### Purpose of the Activity

Provides an opportunity for opinion leaders to think of ways to make condom use more appealing and to respond to negative perceptions of condom use as they prepare to have risk reduction conversations.

#### Procedure

1. Tell opinion leaders that they will think about condom use during this activity.
2. Ask one opinion leader to stand and give one reason for not using a condom.
3. Record the response on newsprint.
4. Instruct the opinion leaders to stand along a wall in the room. (Select a wall with space for all opinion leaders in the group.)
5. Tell the opinion leaders that each of them has to give one reason for not using a condom and that each reason has to be unique.
6. Ask a second opinion leader to stand and give a reason, and then to stand along the wall.
7. Continue until all opinion leaders are standing along the wall and all responses have been recorded on newsprint. (Make sure that condom access is one of the reasons recorded.)
8. Read the list of reasons for not using a condom and ask the standing opinion leaders if there are other reasons that are not listed. List additional responses on the newsprint.
9. Explain the “no condom” wall imprisonment and conditions for release.
  - a. Tell opinion leaders that they are now imprisoned on the no-condom wall and that the only way to be released from their imprisonment is to share ways to make condom use exciting, easy, and desirable.
  - b. Each response must be different. For everyone to gain their freedom, there must be at least one more reason for using condoms than there are reasons for not using condoms.

10. Ask for a volunteer to start. As each opinion leader responds, instruct the opinion leader to move to the parole area in the middle of the room because no one will be freed until the list is complete.
11. List responses on the newsprint.
12. When the list is complete (one more than the list of reasons for not using condoms), declare all of the opinion leaders free and allow them to return to their seats.
13. Generate a brief discussion on how these responses can be used to endorse the benefits of safer sex.
14. Thank opinion leaders for their efforts.

# **SESSION 2**

## **Handouts**



## SESSION 2

### HANDOUT 1

#### Common Myths

**Instructions:** Below are some common myths about how HIV is spread. Review each one and identify why the statement is a myth.

- ▶ **MYTH #1:** You can look at a dude and tell he is HIV-positive.
- ▶ **MYTH #2:** I am not at risk of contracting HIV/AIDS if I limit the number of times I engage in unprotected anal sex.
- ▶ **MYTH #3:** Everyone knows what his/her HIV status is. Every brother is honest and will openly disclose his HIV status. All I have to do is ask.
- ▶ **MYTH #4:** Spitting out “cum” or “nut” instead of swallowing it lessens my risk of contracting HIV. That way, oral sex is safe. I’m cool.
- ▶ **MYTH #5:** It’s OK to “raw dog” when you are entering into or trying to build a relationship.
- ▶ **MYTH #6:** It is safe if I douche directly after having unprotected anal sex.
- ▶ **MYTH #7:** I am probably already HIV-positive, so it really doesn’t matter if I use protection.
- ▶ **MYTH #8:** Having unprotected anal sex with men from small towns is safer than with guys from larger cities. Small-town country boys lack the exposure of city boys, so they are safer sex partners.
- ▶ **MYTH #9:** Where you meet someone determines if you have sex with them (bookstore, Internet, club, park).
- ▶ **MYTH #10:** This is the partner of my dreams. If I ask him to be safe, he may leave.
- ▶ **MYTH #11:** You can’t become infected if you don’t have sex at all.
- ▶ **MYTH #12:** I don’t take dick. I give it. Most dudes I hook up with are married with wives and kids. I have a girl of my own. I strap it down with her, but I hit dudes raw. Since it isn’t that often, I don’t see how I could catch anything.
- ▶ **MYTH #13:** I am allergic to latex condoms, so my partner and I don’t use anything. Instead, when he is getting ready to cum/nut, he pulls out. So I don’t have to worry about contracting HIV.
- ▶ **MYTH #14:** I’ve been chillin’ with the same dude for a year now. We always play safe. Most of the time we start out not using a condom, but never to completion. He came in me once. The next day I got tested and I was negative. I know I am OK.
- ▶ **MYTH #15:** It’s too late now. I can’t learn new habits.

- ▶ **MYTH #16:** HIV rates are higher among black men who have sex with men (MSM) than among other groups of MSM because they have unprotected anal intercourse more frequently and more sex partners than other groups of MSM.
- ▶ **MYTH #17:** It is no big deal if you get infected. There are so many medications out there that people can live full lives as long as they take the right medications. When was the last time you heard of someone dying with AIDS?
- ▶ **MYTH #18:** The government developed AIDS in the laboratory to reduce minority populations.
- ▶ **MYTH #19:** A cure for AIDS has been discovered in Zambia (southern Africa), but the pharmaceutical companies have used their strong lobby to not allow distribution in the United States because of all the money they will lose if they stop selling HIV treatment drugs.

**MYTH #1. You can look at a dude and tell he is HIV-positive.**

**FACT: Don't be fooled by thinking you can tell his medical condition by just looking at him. HIV can be hard to diagnose in many individuals. The best way to gauge someone's HIV status is by being tested.**

**MYTH #2. I am not at risk of contracting HIV/AIDS if I limit the number of times I engage in unprotected anal sex.**

**FACT: It only takes one time to have unprotected anal sex with an individual who is already infected to contract the virus. The most effective ways to stave off contracting the AIDS virus are by always having protected sex, practicing monogamy, or abstaining from sex.**

**MYTH #3. Everyone knows what his HIV status is. Every brother is honest and will openly disclose his HIV status. All I have to do is ask.**

**FACT: Unless a person has been medically tested, there is no way of being certain that he is being 100% honest about his status. Even if a person has been tested, who's to say he is being honest when he discloses his status to you? Don't place your life in the hands of others. Actively participate in your sexual well-being. Suggest the use of condoms. Use other forms of sexual appreciation (e.g., body rubbing for gratification, mutual stimulation).**

**MYTH #4. Spitting out "cum" or "nut" instead of swallowing it lessens my risk of contracting HIV. That way, oral sex is safe. I'm cool.**

**FACT: Inside the mouth, there are many tiny cuts and scrapes from various sources. Food, gingivitis, brushing, and flossing all can contribute to cuts in the mouth, and through these cuts, the virus may gain entry into the body. So no, you aren't any safer than you thought you were.**

**MYTH #5. It's OK to "raw dog" when you are entering into or trying to build a relationship.**

**FACT: You cannot take anyone's sexual history for granted. The bottom line is that you do not know whom this person has been with before you. HIV does not discriminate. Whether you are having sex with this person for the first time or not, you are still placing yourself at risk if you have no knowledge of your partner's sexual history or you do not use protection.**

**MYTH #6.** It is safe if I douche directly after having unprotected anal sex.

**FACT:** Douching may actually increase your chances of contracting HIV or some other sexually transmitted diseases (STDs). The virus can easily enter into tissue abrasions or scrapes created during the process of having anal sex.

**MYTH #7.** I am probably already HIV-positive, so it really doesn't matter if I use protection.

**FACT:** If you are negative, you can always protect yourself. It is never too late to be safe. It is better to be safe than sorry. On the other hand, if you are HIV-positive, there are many other STDs and strains of HIV you can contract. Gonorrhea, syphilis, and chlamydia are just a few of the STDs that you are still at risk of contracting if you are not protecting yourself.

**MYTH #8.** Having unprotected anal sex with men from small towns is safer than with guys from larger cities. Small-town country boys lack the exposure of city boys, so they are safer sex partners.

**FACT:** Studies show that the transmission of HIV is very high among those who reside in the rural South or other areas where proper medical care is limited. HIV is a problem everywhere. It does not matter where a person comes from. Knowing whether or not your partner is HIV-positive and using protection is the number one weapon to stop the spread of this disease.

**MYTH #9.** Where you meet someone determines if you have sex with them (bookstore, Internet, club, park).

**FACT:** HIV/AIDS occurs everywhere. You can find infected partners anywhere.

**MYTH #10.** This is the partner of my dreams. If I ask him to be safe, he may leave.

**FACT:** If he is the partner of your dreams and you are his dream, you will want to share that for a long time. Be safe. If he is not willing to be safe with you, he has probably not been safe with others. He might leave. If he is such a good partner, he will want to listen to your fears, concerns, and understand. If he is not willing to do this, is he really the partner of your dreams after all?



**MYTH #11. You can't become infected if you don't have sex at all.**

**FACT: No! If you remain abstinent, you are not at risk through sex. However, you can get infected through sharing injection equipment. Safeguard yourself. Use protection and be as safe as possible.**

**MYTH #12. I don't take dick. I give it. Most dudes I hook up with are married with wives and kids. I have a girl of my own. I strap it down with her, but I hit dudes raw. Since it isn't that often, I don't see how I could catch anything.**

**FACT: You are still very much at risk for contracting HIV. So what if a dude is married with kids? If either one of you has engaged in unprotected sex with somebody who is HIV-positive, you just raised your risk of contracting HIV or other STDs. The same STDs that can be transmitted through sex with chicks can be transmitted through sex with dudes.**

**MYTH #13. I am allergic to latex condoms, so my partner and I don't use anything. Instead, when he is getting ready to cum/nut, he pulls out. So I don't have to worry about contracting HIV.**

**FACT: Not true! There can still be an exchange of bodily fluids. Tiny tears in the anal walls (when rectal muscles are stretched during anal sex) provide easy entry for HIV virus as well as other viruses, such as hepatitis B and C. Try the female condom, which is made of polyurethane. There are also male condoms made of polyurethane.**

**MYTH #14. I've been chillin' with the same dude for a year now. We always play safe. Most of the time we start out not using a condom, but never to completion. He came in me once. The next day I got tested and I was negative. I know I am OK.**

**FACT: It only takes one time to become infected. The virus can be in your system at the time you are tested, but because you had a recent sexual encounter, it may be harder to detect. You should have another test 3 months after the initial one to really know your status. Wear a condom throughout the entire act. Don't strap up in the middle. Your life is worth more than a moment of unprotected pleasure.**

**MYTH #15. It's too late now. I can't learn new habits.**

**FACT: It's never too late to learn new behaviors.**

**MYTH #16.** HIV rates are higher among black MSM than among other groups of MSM because they have unprotected anal intercourse more frequently and more sex partners than other groups of MSM.

**FACT:** There is no difference in rates of unprotected anal intercourse practiced by black MSM when compared to other groups of MSM. Black MSM have the same number or a smaller number of male sex partners in their lifetime when compared with white MSM.

**MYTH #17:** It is no big deal if you get infected. There are so many medications out there that people can live full lives as long as they take the right medications. When was the last time you heard of someone dying with AIDS?

**FACT:** Today's medications have cut the death rate from AIDS by about 80%. They are also easier to take than they used to be. However, they still have side effects, are very expensive, and have to be taken every day for the rest of your life. If someone infected with HIV misses too many doses, HIV can develop resistance to the drugs being taken, and the drugs will stop working.

**MYTH #18.** The government developed AIDS in the laboratory to reduce minority populations.

**FACT:** The government does not have the capability to create a virus. The world's best researchers in government and in private pharmaceutical companies are working hard to try to stop AIDS.

**MYTH #19:** A cure for AIDS has been discovered in Zambia (southern Africa), but the pharmaceutical companies have used their strong lobby to not allow distribution in the United States because of all the money they will lose if they stop selling HIV treatment drugs.

**FACT:** A Zambian newspaper article announced that a cure for AIDS had been discovered in the United States and was being made available in Zambia. The cure turned out to be a disinfectant used in swimming pools. Herbalists in the United States and in several African countries have reported herbal cures for AIDS. Though there are treatments that help people live healthier lives, including reducing the viral load, there is no cure for AIDS.

## SESSION 2

### HANDOUT 2

#### Elements of an Effective Risk Reduction Message

##### 1. Emphasize that AIDS is a serious problem that can be stopped.

New HIV infections can be stopped.

AIDS is not related to being “gay,” but is related to choices and behaviors of a person. Help your friends and acquaintances understand that they can use their relationships to help keep each other safe.

- ▶ “AIDS is serious, but we have the power to stop it.”

##### 2. Keep the message positive.

People don’t listen to fearful, threatening, or death-related messages. They tune them out. So, stress the positive points of making the change. It is desirable to change to reduce risk or eliminate it altogether. People want to hear something positive.

- ▶ “When I stay safe, I don’t have to worry.”
- ▶ “We are protecting our lives and others in our community.”
- ▶ “Safer sex is the way to go.”
- ▶ “You can have peace of mind by knowing you are protecting yourself and reducing your risk.”

##### 3. Be explicit in communicating what safety means.

Give specific safer sex messages. Just saying “stay safe,” “be careful,” or “use condoms” isn’t enough. People know exactly what you mean when you say the following:

- ▶ “I always use a rubber if I screw.”
- ▶ “I don’t let anybody cum/nut in me.”
- ▶ “The safest thing to do is to jack off together or rub without screwing.”

##### 4. Give helpful hints to change to safer behavior.

Provide practical advice. Tell it like it is. Talk about how you are committed to being safe and healthy before you have sex. Give yourself credit for staying safe.

- ▶ “I keep condoms in my car, at home, so when I’m ready to hook up, I can do it without worry.”
- ▶ “Before I have sex with someone, I try to have a discussion with him about my commitment to health and safety.”

### **5. Do not preach—instead, use “I examples” statements to make your point.**

Don't tell other people what you think they should do. Talk about what you do and provide examples that your friends can relate to. Even if you are not consistently practicing safer sex, talk about your intentions to do so. Talk about how important it is that you stay as healthy as possible. Say things like the following:

- ▶ “I love him, and that means we always use condoms.”
- ▶ “I've been drinking less, so I can remember to use condoms.”
- ▶ “In the past I've been in similar situations, but now I say no when my partner does not want to use a condom.”

### **6. Talk in a “safe space,” when you are not pressed for time.**

Hold the conversation in a “safe space,” a place where both of you feel comfortable talking about risk reduction. Make sure he is paying attention and you have time to talk about these things. Delay the conversation if there are too many distractions. Don't talk with him if he has had too much to drink. Remember that a “safe space” is anywhere that feels safe to you and your friend.

- ▶ A space where you will not be overheard
- ▶ A space where you and your friend are comfortable