

LERRNING WAS NEVER LIKE THIS



Lesson 1: The Project Begins

Standards:

Health:

1.12.1

1.12.3

2.12.2

2.12.7

2.12.8

3.12.1

3.12.2

Science:

2.4

7.1

Skills Practiced and Gained:

1.1

1.2

1.3

1.4

1.5

1.6

2.1

2.2

Overview

Meet the people — filmmakers, students scientist-educators, and community members — who participated in the "Why Us? Left Behind and Dying" Project. The video module, "The Project Begins," provides an introduction to the people and places involved in the development of this curriculum and the "Why Us" documentary.



As you start this curriculum, leave preconceptions behind and open your mind so that you can open the door for those you serve — students, neighborhood youth, clients, community members — to an investigative learning process focused on uncovering the reasons why Africans and African Americans are disproportionately impacted by HIV and AIDS. Help dispel common myths and make connections between the community you serve and social determinants of health.

Key Concepts

Impact of HIV and AIDS on Africans and African Americans

Social determinants of health

Common myths about HIV and AIDS

Materials for Activities and Educator Background Knowledge

http://www.webmd.com/hiv-aids/top-10-myths-misconceptions-about-hiv-aids

(A copy of the information can be found at the end of this lesson module as *Reading 1.1*.)



Continuation Page: The Project Begins

Procedure

Part I

View "The Project Begins" video module. After viewing the module use the following questions to facilitate group discussion or give the questions as prompts for journal entries.



Discussion/Journal Questions

- 1) What new information did you gather from the introductory video module?
- 2) What are the factors contributing to the disproportionate impact of HIV/AIDS on African and African American communities? Did any of these factors surprise you?
- 3) Social determinants of health are the economic and social conditions under which people live that determine their health. Most major diseases are determined by a network of interacting scientific and social factors that increase or decrease the risk for the disease. What were some of the social determinants of health discussed in the clip?
- 4) What other questions or comments do you have?

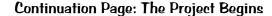
Part II



The epidemic spread of HIV/AIDS has been aided by a lack of consistent and correct information about the disease. HIV/AIDS has a long history of misunderstanding and misrepresentation that continues today, even after much has been discovered about the true nature of the disease.

Go to the next page to examine some of the common myths about HIV and AIDS.





Part II (Continued)

Let's examine some of the common myths about HIV and AIDS. You will be using *Activity 1.1* which follows on the next page.

- 1) Have students or workshop participants fill out the HIV fact and fiction yes/no quiz. Review the answers and share the facts afterwards.
- 2) After examining various myths versus realities of HIV and AIDS, ask students/participants to discuss or journal:

Where did you hear these myths about HIV and/or AIDS?

Where can you access truths about HIV/AIDS?

Are there any other myths not listed in the quiz to which you'd like to find the real answers?

Closure

The social determinants of health that affects HIV/AIDS and its impact on the African and African American communities are factors that affect us all in our health choices and effects of diseases. It becomes imperative, therefore, for us to become informed about social determinants of health and the scientific realities of disease and communities. Using the example of HIV/AIDS and the African and African American communities can give us a starting point for this important journey.

Activities and Educator Keys

Activity 1.1 follows for this module. A key for the activity is also provided.





Activity 1.1

HIV/AIDS - Have you heard? Fact or Fiction?

Please fill out the following yes/no quiz TO THE BEST OF YOUR KNOWLEDGE. If you don't know, please state so.

	Statement	Yes	No	I Don't Know
1	Can you get HIV by being around people who are HIV-positive?			
2	Have Magic Johnson and other HIV positive people been cured with drugs?			
3	Can you get HIV from mosquitoes?			
4	Is AIDS is a conspiracy for genocide – wiping out certain populations?			
5	Can straight people who don't use IV drugs become HIV-positive?			
6	Can HIV positive people who are getting treatments spread the HIV virus?			
7	Does an HIV positive person need to practice safer sex with another HIV positive person?			
8	Can someone have HIV but not show any obvious symptoms?			
9	Can you get HIV from oral sex?			
10	Did HIV enter humans through sexual intercourse with monkeys?			

I have answered many or all of these questions based on things I have heard from family, friends, media, or other non-medical sources.

VERY TRUE SOMEWHAT TRUE NOT REALLY **DEFINITELY NOT**

I have answered many or all of these questions based on things I have learned through health classes, doctors, and other medical sources.

VERY TRUE SOMEWHAT TRUE NOT REALLY **DEFINITELY NOT**



Key to Activity 1.1

1) No. The evidence shows that HIV is not spread through touch, tears, sweat, or saliva.

You *cannot* catch HIV by:

Breathing the same air as someone who is HIV-positive

Touching a toilet seat or doorknob handle after an HIV-positive person

Drinking from a water fountain

Hugging, kissing, or shaking hands with someone who is HIV-positive

Sharing eating utensils with an HIV-positive person

Using exercise equipment at a gym

You *can* get HIV from infected:

Blood

Semen

Vaginal fluid

Mother's milk.

- 2) No. Antiretroviral drugs <u>are</u> improving and extending the lives of many people who are HIV-positive. However, many of these drugs are expensive and produce serious side effects. None yet provides a cure. Also, drug-resistant strains of HIV make treatment an increasing challenge.
- 3) No. When insects bite, they do not inject the blood of the person or animal they have last bitten. Also, HIV lives for only a short time inside an insect.
- 4) No. In one study, as many as 30% of African-Americans and Latinos expressed the view that HIV was a government conspiracy to kill minorities. Instead, higher rates of infection in these populations may be due, in part, to a lower level of health care.
- 5) Yes. Most men do become HIV-positive through sexual contact with other men or through injection drug use. However, about 16% of men and 78% of women become HIV-positive through heterosexual contact.
- 6) Yes. When HIV treatments work well, they can reduce the amount of virus in your blood to a level so low that it doesn't show up in blood tests. Research shows, however, that the virus is still "hiding" in other areas of the body. It is still essential to practice safe sex so you won't make someone else become HIV-positive.





Key to Activity 1.1

- 7) Yes. Practicing safer sex -- wearing condoms or using dental dams -- can protect you both from becoming exposed to other (potentially drug resistant) strains of HIV.
- 8) Yes. You can be HIV-positive and not have any symptoms for years. The only way to know if you're HIV-positive is to get tested.
- 9) Yes. It's true that oral sex is less risky than some other types of sex. But you can get HIV by having oral sex with either a man or a woman who is HIV-positive. Always use a latex barrier during oral sex.
- 10) No. Because of genetic similarities, evidence strongly indicates that HIV had originated from the monkey AIDS virus (also known as Simian Immunodeficiency Virus or SIV). This most likely occurred by humans being directly exposed to monkey blood (hunting, eating, injury, etc.) Realistically speaking, it is nearly impossible for SIV to have made its way from monkeys into people through sexual contact. First, size and behavioral differences between humans and monkeys makes sexual contact very unlikely if not impossible. Also, many individuals would have had to engage in this behavior for a long time in order for SIV to have lived in humans and eventually mutated to become HIV. Humans having sex with animals (also known as bestiality) is very uncommon.



Reading 1.1: Common Myths and Misconceptions about HIV and AIDS

WebMD

Better information. Better health.

Article Link: http://www.webmd.com/hiv-aids/top-10-myths-misconceptions-about-hiv-aids

HIV & AIDS Health Center

The Top 10 Myths and Misconceptions About HIV and AIDS

For nearly 30 years, HIV (human immunodeficiency virus) and ADS (acquired immunodeficiency syndrome) have been shrouded in many myths and misconceptions. In some cases, these mistaken ideas have prompted the very behaviors that cause more people to become HIV-positive. Although unanswered questions about HIV remain, researchers have learned a great deal. Here are the top ten myths about HIV, along with the facts to dispute them.



33 Million People Now Live With HIV. How Did We Get Here?

Myth No. 1: I can get HIV by being around people who are HIV-positive.

The evidence shows that HIV is not spread through touch, tears, sweat, or saliva. You cannot catch HIV by:

- Breathing the same air as someone who is HIV-positive
- Touching a toilet seat or doorknob handle after an HIV-positive person
- Drinking from a water fountain
- Hugging, kissing, or shaking hands with someone who is HIV-positive
- Sharing eating utensils with an HIV-positive person
- Using exercise equipment at a gym.

You can get it from infected blood, semen, vaginal fluid, or mother's milk.

Myth No. 2: I don't need to worry about becoming HIV positive -- new drugs will keep me well.

Yes, antiretroviral drugs are improving and extending the lives of many people who are HIV-positive. However, many of these drugs are expensive and produce serious side effects. None yet provides a cure. Also, drug-resistant strains of HIV make treatment an increasing challenge.

Myth No. 3: I can get HIV from mosquitoes.

Because HIV is spread through blood, people have worried that biting or bloodsucking insects might spread HIV. Several studies, however, show no evidence to support this -- even in areas with lots of mosquitoes and cases of HIV. When insects bite, they do not inject the blood of the person or animal they have last bitten. Also, HIV lives for only a short time inside an insect.

Myth No. 4: I'm HIV-positive -- my life is over.

In the early years of the disease epidemic, the death rate from ADS was extremely high. But today, antiretroviral drugs allow HIV-positive people -- and even those with ADS -- to live much longer.

Myth No. 5: AIDS is genocide.

In one study, as many as 30% of African-Americans and Latinos expressed the view that HIV was a government conspiracy to kill minorities. Instead, higher rates of infection in these populations may be due, in part, to a lower level of health care.

Myth No. 6: I'm straight and don't use IV drugs -- I won't become HIV-positive.

Most men do become HIV-positive through sexual contact with other men or through injection drug use. However, about 16% of men and 78% of women become HIV-positive through heterosexual contact.

Myth No. 7: If I'm receiving treatment, I can't spread the HIV virus.

When HIV treatments work well, they can reduce the amount of virus in your blood to a level so low that it doesn't show up in blood tests. Research shows, however, that the virus is still "hiding" in other areas of the body. It is still essential to practice



Reading 1.1: Common Myths and Misconceptions about HIV and AIDS

safe sex so you won't make someone else become HIV-positive.

Myth No. 8: My partner and I are both HIV positive -- there's no reason for us to practice safer sex.

Practicing safer sex -- wearing condoms or using dental dams -- can protect you both from becoming exposed to other (potentially drug resistant) strains of HIV.

Myth No. 9: I could tell if my partner was HIV-positive.

You can be HIV-positive and not have any symptoms for years. The only way for you or your partner to know if you're HIV-positive is to get tested.

Myth No. 10: You can't get HIV from oral sex.

It's true that oral sex is less risky than some other types of sex. But you can get HIV by having oral sex with either a man or a woman who is HIV-positive. Always use a latex barrier during oral sex.

Further Reading:

- Kaposi's Sarcoma
- Kaposi's Sarcoma
- ♦Kaposi's Sarcoma
- ♦ Kaposi's Sarcoma
- Kaposi's Sarcoma
- ♦Kaposi's Sarcoma
- Kaposi's Sarcoma

See All Kaposi's Sarcoma Topics

Top Picks

- Slideshow: Top Myths About HIV and
- AIDS
- How to Stay Healthy With HIV
- ◆Teen Sex: Help Your Teen Resist Peer
 - Pressure
- ♦Video: The Right Way to Use a
- Condom

WebMD Medical Reference

SOURCES:

AIDS InfoNet web site: "AIDS Myths and Misunderstandings" and "Safer Sex Guidelines."

CDC web site: "A Glance at the HIV/AIDS Epidemic," "Deaths Among Persons with AIDS Through

December 2000" and "Can I get HIV from mosquitoes?"

Madison Clinic web site: "Myth and Reality of HTV/AIDS."

University of Pennsylvania Health System web site: "HIV Myths and Misconceptions."

Essien EJ, Meshack AF, Ross MVV. J Natl Med Assoc, May2002; vol 94: pp 304-312.

The Journal of the American Medical Association, "HIV Infection: The Basics," Aug. 16, 2006; vol. 296.

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