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from mother to unborn fetus.
Fewer still know that vertical
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with medication.
Both men and women are interested in
this.**

HIV Group Discussion Questions That Engage

How is HIV transmitted?

As the discussion proceeds, clarify any misconceptions and fill in gaps in their knowledge. For example, many people don't know that HIV can be transmitted vertically from mother to unborn fetus. And fewer still know that vertical transmission can be greatly reduced with antiretroviral medications. Both men and women are interested in this.

How can you keep having sex and prevent HIV transmission?

This opens up the discussion to prevention strategies. Again, fill in gaps and clarify any misconceptions.

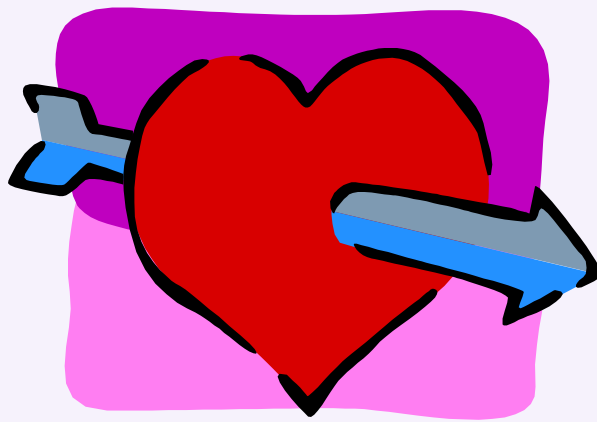
If you want to practice safe sex, how do you get your partner to cooperate?

Clients can learn a great deal about effective negotiation by role playing.

Drug treatment clients found this type of role play particularly effective.

The group helped them come up with practical arguments. Later they said that when the moment came in real life, they felt prepared and were able to make convincing arguments with their partners rather than fumble around trying to think of replies.

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What is love?

Whether or not the group has a lot to say about love, you can follow up with the next several questions to bring them to the point: we are each responsible for our own HIV prevention.

If a person says that they love you and they don't want to use a condom, what do you think about that?

Now you're inviting the group to think about love in relation to risk and prevention.

"My boyfriend loves me; he would never infect me. If he had HIV, he would tell me and he would use a condom." What do you think about that statement?

The boyfriend may not know. Or he may lie.

This is the message you want to get across:

Just because someone loves you doesn't mean they're going to be responsible for your health. **Only *you* are responsible for your HIV prevention.**

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How does a person know if they're in a monogamous relationship?

You're not accusing anyone's lover of being unfaithful, but you *are* asking people to look at something they may deny because it is uncomfortable even to consider.

Many of us ignore the possibility that, since we're not with our lovers 24-hours-a-day, we may not know everything about them.

Have you ever heard about people who love their partner but once in a while they cheat on the side?

This question very often draws out a story from one or more member of the group and clarifies further how risky it can be to depend on one's partner for HIV prevention.

Has anyone ever watched divorce court on TV?

This question is not directly confrontational, but again, the discussion will challenge erroneous beliefs that can lead to risky behavior.

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Let's talk about sex. What do you like about it?

In any discussion, always start with the positives if you can.
Men may respond more positively to the question than women.

Once, in a women-only group in a methadone program, the group said, basically, that they didn't like sex at all. These women reported that they did not have orgasms, that their men did not even try to please them sexually. They tried to get the man to cum as soon as possible; sex was something they used to keep a man, to have children, or to sell for goods and services. They did not see sex as erotic; it was just another chore that women must perform.

Sounds like sex is great!

(Assuming that you *do* get a positive response.)

Anything risky about it?

Again, as the discussion proceeds, clarify any misconceptions and fill any gaps in their knowledge.

Does anyone here know the proper way to put on a condom?

Ask them to come up and demonstrate. If they don't do it right, ask the group:
"Is that right? Anyone see a problem here? OK, you sit down and you come up.."

What kind of condoms do you like?

The response may be, *"I don't use condoms."*
In that case you've already begun assessing their risk.

What kind of condom is best?

Latex not lambskin.

Where can you get condoms?

You want them to know where to get condoms while they're in your program and where to get them after they leave, as well.

How should condoms be stored?

In a cool, dry, dark place.

Can condoms "expire"?

Yes. Who can find the expiration date?

What's the difference between a lubed and an un-lubed condom?

Lubed is less likely to cause abrasion of the skin.
Lubed condoms are also said to increase sensitivity for male partners.

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**What people call foreplay
is the most erotic part of sex
for most women
and for some men.**

If you're giving oral sex to a man, what kind of condom would be best?

Flavored condoms are best.

Dry condoms are coated with a powder that tastes bitter and lubricated condoms don't taste very good either.

Note: Avoid Nonoxynol-9. It has been shown to *increase* the risk of HIV transmission.

If you're giving oral sex to a woman, how can you protect yourself?

The time to avoid oral sex or to use protection is during menstruation, which is associated with the few documented cases of woman-to-woman sexual transmission certified by the CDC. Demonstrate how to use a dental dam.

Explain: if you don't have a dental dam, you can use saran wrap.

Go over how to use it. Avoid microwave-able types because they are porous.

In a pinch, a condom can be cut with scissors and used in place of a dam.

How do you make condom use sexy?

It's very important for clients to enjoy sex.

For some, it's one of the few things that they *do* enjoy.

Like most people, clients don't think they'll enjoy safe sex, but people *can* have a satisfying sex life while practicing safer sex.

Most people don't have very sexy sex.

Even without condoms, they may not have a very satisfying sex life.

The reason for this is that many people view sex as a mechanical thing, something that happens very quickly—in a matter of minutes rather than hours.

They tend to focus on the genitals, to the exclusion of the rest of the body, so you can see why putting on a condom would be a problem for them.

But sex can be so much more than intercourse.

What people call "foreplay" is the most erotic part of sex for most women & for some men.

Eroticism involves the whole body. Eroticism involves the imagination.

To engage the imagination a client might want to try role plays, costumes, or sex toys.

For more on how to infuse sex with greater eroticism and pleasure, visit the public library.

There are numerous books available on the subject.

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**“If you have HIV,
there are only two categories
of people to tell.”**

If somebody finds out they have HIV, who should they tell?

There are only two categories of people to tell:

1. People you have placed at risk or will place at risk.
2. People who will give you support.

NOTE: Public Health can assist with partner notification.

You tell your doctors for both reasons: because they are at risk, and so they can provide you with the best care.

A common response to this question is,
“You should tell your mother.”

It is important for clients to recognize whether or not family members will actually be supportive.

For example, a mother might be so upset at learning that her son or daughter has a life threatening illness that the client ends up having to comfort *them*.

Role Play

You can ask the group to come up with suggestions for the person who is trying to work out how they would tell a loved one that they have HIV.

Then, do some role playing around the imagined conversation.

Or you can just have the client tell the group,
“I’d say this...” and get feedback.

Prepare the loved one gradually.

A client may want to start by saying that he’s learning about HIV/AIDS and share some of what he’s learned.

In the next conversation, he might tell the loved one that he is going to be HIV tested.

Then, when he finally has results to share, the other person is not caught off guard and has some understanding of what’s involved.

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**At this point...
They are prepared for the results -
negative or positive.
Most will be ready to take the test.**

Some people prefer to tell a loved one in the office of the HIV counselor, especially when the loved one is a parent. The HIV counselor can meet with the parent first to provide HIV education. Then the client and parent sit with the counselor who gives the results.

Or the counselor can sit with parent and client while the client tells the results. This way the parent doesn't have to deal with it alone and the worker can clarify any misconceptions (i.e., HIV is a death sentence).

Again, Public Health can assist with partner notification.

At this point, members of the group have discussed:

- How HIV is transmitted
- How to prevent transmission
- How to negotiate safer sex
- How to enjoy safe sex
- Disclosing a positive HIV test result

They are prepared for the results - negative or positive.
Most will be ready to take the test.

Explain the HIV test including the turn-around for test results, how results are given, and the reason for post-test counseling whether test results are negative or positive.

- end -