

YOUNG EAGLES CHALLENGE

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KNOW IT!



YOUNG EAGLES' CHALLENGE

Guide 1: KNOW IT!

Aboriginal youth lead the future

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Published by Canadian Aboriginal AIDS Network
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Funding for this project was provided by Health Canada. The opinions expressed in this publication are those of the authors and researchers and do not necessarily reflect the official views of Health Canada.

ACKNOWLEDGMENTS

The original "Young Eagles' Challenge: A peer education training manual for First Nations Youth on HIV and AIDS and Related Issues" (2004) was developed by J. Kevin Barlow Consulting. Great appreciation is extended to the Assembly of First Nations, its youth council and the many other individuals who took time to review and comment on the original document. A special acknowledgment is extended to Kevin Armstrong for his countless efforts towards the development of the Young Eagles Challenge. As well we would like to acknowledge the contribution of Joey Dore. Responsibility for updating this manual and creating an Aboriginal document was transferred to the Canadian Aboriginal AIDS Network. Many thanks are extended to the National Aboriginal Youth Council on HIV and AIDS for their valuable input.

ISBN No. 1-894624-94-9

YOUNG EAGLES CHALLENGE

For many Aboriginal people, the Eagle is a symbol of leadership. Eagles fly high and have great vision so they can spot food and see potential dangers. Eagles mate for life, and work together to protect and care for the Eaglets in their nest. When it is time for the Eaglets to be on their way, the mother Eagle prepares them by making it uncomfortable for them to stay. Eventually, the Young Eagles are pushed out of their nest because their parents know they must go out to experience the world on their own.

Aboriginal youth can be like Young Eagles, working together to lead the future health of our communities.

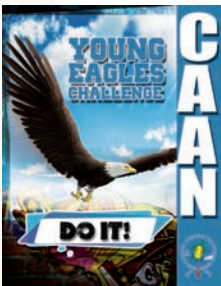
HOW DO THE GUIDES WORK?

Are you an Aboriginal youth (First Nations, Inuit, Métis) under the age of 29 years old?

The Young Eagles' Challenge includes two guides that have been created to support you to learn about Human Immunodeficiency Virus and the Acquired Immune Deficiency Syndrome (HIV and AIDS), and to even support you to talk to others about them.



1. **KNOW IT!** The first guide has important information about HIV and AIDS in it. Learning about this will allow you to be more familiar with what HIV and AIDS and how it is spread from one person to another.



2. **DO IT!** The second guide offers you tips, checklists and resources in case you want to talk to other youth and your community about HIV and AIDS. You can be part of a group of Young Eagles spreading this knowledge across Canada!

GOOD STUFF TO KNOW

These two guides have great information for Aboriginal youth that can be shaped to meet group's needs. Each Aboriginal community is very diverse, the following information is meant to be only guiding principles. Use what makes sense for you as an Aboriginal youth.

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WHAT IS HIV AND AIDS?



HIV (Human Immunodeficiency Virus) is a virus that affects a person's immune system and makes it difficult for their body to protect itself. This is because the immune system helps a person's body to fight off viruses and sicknesses such as the cold and flu.

The body has little warriors within its blood, called T-helper cells, which sense when there is a threat to the body's health. T-helper cells will multiply within a person's blood when they are needed to clean out a virus or infection. When a person is stressed or not eating enough nutrition, then the body produces less T-helper cells and a person might get a cold or an infection. If the body rests and gets nutrition then its T-helper cells will multiply again and help the body repair. When a person has HIV, the T-helper cells get lower and lower until the body has no way to protect itself. Eventually, the person develops AIDS.

A person with HIV has an immune system that slowly begins to weaken until their body loses its ability to protect itself from other viruses and infections. At this point, the HIV virus within the person's body is then said to have developed into AIDS (Acquired Immune Deficiency Syndrome).

WHO CAN GET HIV?

DID YOU KNOW:

In 2003, females represented 44.6% of positive HIV test reports among Aboriginal peoples

Aboriginal peoples are overrepresented in the HIV outbreak in Canada. Aboriginal peoples make up a growing percentage of positive HIV cases and reported AIDS cases ¹.

- Before 1993, 1.2% of reported AIDS cases were among Aboriginal peoples, and this increased to 13.4% in 2003.
- In 1998, 18.8% of positive HIV test reports were among Aboriginal peoples, and this has increase to 25.3% in 2003

HIV/AIDS has a significant impact on Aboriginal women. For cases and reports among Aboriginal peoples where gender was known:

¹ Public Health Agency of Canada. (2005). HIV / AIDS Epi notes.

- Before 1993, females represented 11.9% of reported AIDS cases among Aboriginal peoples, and in the year 2003, this percentage increased to 44.0%
- During 1998 – 2003, females represented 44.6% of positive HIV test reports among Aboriginal peoples

Aboriginal peoples are being infected with HIV at a younger age compared to Non-Aboriginal persons. For cases and reports among Aboriginal peoples where age group was known:

- Before 1993, 40.6% of Aboriginal AIDS cases were among youth (<30 years), whereas from 1999 to 2003 youth represented 13.0% of Aboriginal AIDS cases.
- Youth made up 31.4% of positive HIV test reports among Aboriginal peoples from 1998 to 2003

A higher percentage of Aboriginal peoples test positive for HIV at a younger age when compared to non-Aboriginal persons. This is also true for being diagnosed with AIDS. The HIV rise among Aboriginal peoples shows no signs of slowing down. Aboriginal youth between the ages of 15 and 30 are the fastest growing population in Canada. Canada's future depends on Aboriginal youth. If the future of a country is its youth, then Canada's future is increasingly Aboriginal. Canada's Aboriginal youth population is growing at three times the national average.

WHAT CAUSES SUCH HIGH RATES OF HIV AMONG ABORIGINAL YOUTH?

DID YOU KNOW

If you have no support networks you may become unhealthy. When you look at a whole group of people, a population, like the Aboriginal youth population you can start to see patterns of things that influence that group of people more than others. For example, the high rates of HIV among Aboriginal youth are said to have a lot to do with their experiences with environments and social factors that determine their health. These are called "social determinants of health" and can include:

- Living in poverty (poverty is when a youth does not have enough money to buy the things they need such as clothing, food, and a place to live)
- Access to housing (having a place to live)
- Early childhood development (if a youth's environments when they

were younger allowed them to grow mentally, physically, spiritually and emotionally)

- Physical environments (whether they are in situations that allow their bodies to stay healthy)
- Access to health services (some youth do not know how to access health services, or they live too far away from health services to access them regularly)
- Support networks and social environments (whether a youth can feel comfortable with the people in their lives who can teach them things and talk to them about their health and future)
- Gender (sometimes a person's physical gender of male/female does not reflect who they feel they are male/female/transgendered)
- Violence (all violence harms the physical, emotional, mental and spiritual health of youth)
- Racism and multigenerational effects of colonialism and the residential school system (sometimes youth experience comments, gestures and physical threats to their safety because they are Aboriginal, or are affected by racism because their family went to residential school).

An Aboriginal youth's good or bad experiences with these social determinants of health can make them either less vulnerable or more vulnerable to being in a situation where they could get an HIV infection.

It is possible for an Aboriginal youth who finds themselves in these situations to be empowered with information and choices that will let them prevent getting an HIV infection and to take care of their future health by seeking care, treatment and support. That is what this guide, "Know It!" is all about... learning about HIV in order to keep Aboriginal youth and their communities healthy!

HOW IS HIV SPREAD FROM ONE PERSON TO ANOTHER?

DID YOU KNOW

sharing a razor, nail clippers or a needle can place you at risk for HIV

In order to get HIV a person must exchange certain body fluids that can pass HIV from one person to another.

Fluids that CAN spread HIV:

- Semen (cum or pre-cum) – from a penis
- Blood

- Vaginal fluids – from a vagina
- Breast milk

Fluids that WILL NOT spread HIV:

- Tears
- Sweat
- Spit (saliva)

Examples of how people have come into direct contact with bodily fluids containing HIV:

- By exchanging vaginal fluids or semen during sex
- By sharing a sex toy that has been in direct contact with a bodily fluid that can spread HIV
- By injecting drugs with a needle that another person used
- By sharing drug equipment that is used to snort drugs up the nose
- From one person's blood to another person's blood (in a fight, blood transfusion, tattoo equipment that was not cleaned properly)
- From exchanging vaginal fluids or semen during oral sex when certain conditions exist (a throat infection or bleeding gums, recent dental work etc.)
- From mother to child during childbirth (if the mother has HIV)
- By sharing a razor or nail clipper (nicks, cuts, and scrapes can cause blood to be transferred from one person to the next using these personal items)

Are females more vulnerable during their period?

Women are more vulnerable to contracting HIV one week before period because small blood vessels open up in the vagina allowing blood to flow through.

IS THERE MEDICINE TO GET BETTER IF YOU GET HIV OR AIDS?

"That's what it was at the beginning. You know, I thought it was like instant death. I've been there. And as I begin to read books, research it myself that I realized that I could live years and years. – HIV-positive Aboriginal woman" [PHAC 46]

Once a person gets HIV they will have it for a long time and it will eventually develop into AIDS. Even though there is no way to get rid of HIV once a person has it within their body, there are medicines that allow people who have HIV to stay alive longer. Many of the medicines have side effects and can make a person feel sick. Over time, some people's bodies stop responding to the medicines. It is important for a person with HIV to seek support from a doctor who can find the right medicine for that person's body.

Is there a vaccine for HIV?

There is no vaccine for HIV, but the good news is that HIV is fully preventable! That is why many people find it important to know about HIV and AIDS and how certain body fluids allow it to pass from one person to another.

WHAT IS 'PROTECTION'?

DID YOU KNOW

that the male or female condom give you the best protection against HIV and STI's

'Protection' describes the use of barriers to block certain bodily fluids that may contain HIV from entering a person's body.

'Unprotected sex' describes when a person has sex without a condom or without some other way to protect themselves from fluids that are exchanged during sex.

Some ways of having sex require more protection than others. Common methods of protection are:

- Condoms (female or male versions)
- Latex barriers (dental dam, plastic food wrap, latex gloves)
- Making sure not to share sex toys
- Making sure not to share equipment that is used to snort or inject drugs



WHEN SHOULD A PERSON USE PROTECTION?

Protection should be used when two people have sex in order to block fluids that may contain HIV from entering their bodies. For example,

- Oral sex (mouth to penis, vagina or butt): it is possible to get HIV through oral sex if there is a throat infection, bleeding gums or recent dental work

- Anal sex (penis inside butt): there is a high risk of getting HIV because when something goes inside the anus (butt) it can tear causing openings in the skin where HIV can enter.
- Vaginal sex (penis inside vagina): there is a high risk of getting HIV because body fluid (semen/cum/vaginal fluid) is exchanged between two people.

Protection also protects a person from getting other sexually transmitted diseases.

WHAT IS SAFER SEX?

DID YOU KNOW Sex toys are not to be shared with more than one person. When a person uses protection they are said to be having 'safer sex'. Here are a few basic ways to have safer sex:

Using Condoms

A condom provides a material/barrier that blocks fluid that may contain HIV from passing from one person to another during sex.

Condoms come in all different shapes, sizes, colors and even flavours. They stretch quite a bit and can even fit over a person's hand. They can often be found for free or for a few dollars at health clinics, schools, washrooms and public events. Condoms can be purchased at drug stores, gas stations, corner stores or grocery stores.

For a condom to work properly, it needs to be used properly. Some condom packages will have instructions, and even diagrams, on the package. Some people practice putting condoms on before they have sex with them so that they know what a condom looks like, feels like and how it works. Some people work with the person they are having sex with to put the condom on.

There are condoms that fit on a penis and condoms that fit in a vagina.

To use a condom on a penis:

1. Check to make sure the expiry date has not expired
2. Carefully remove the condom from the package (some people push the condom away from one corner of the package before tearing that corner open to make sure they don't rip the condom)
3. Gently squeeze the tip of the condom and place the condom on the tip/head of the penis
4. Roll the sides of the condom downwards



5. If the penis has a foreskin (is not cut or circumcised) then it may be helpful to gently pull the foreskin back a little before placing the condom over the tip/head of the penis

To use a female condom in a vagina:

1. Check to make sure the expiry date has not expired
2. Carefully remove the condom from the package
3. Find the side of the condom that is closed and squeeze the flexible ring
4. Insert the flexible ring into the opening of the vagina
5. Use the index finger to insert the ring into the vagina as far as it will go
6. Make sure the open end of the condom is still outside the vagina



Female condoms

To make sure a condom is working properly a person can check:

- It has not expired (there is an expiry date written on every condom)
- It has not been punctured
- Two condoms have not been used together (using two condoms at the same time can cause them to tear or break)
- In the case of a female condom for a vagina, the open end of the condom should not have entered the vagina. If this happens re move the condom and use a new condom.
- Baby oil, Vaseline or anything oil-based has not been used with a condom (this can cause the condom to break or tear)
- That one person having sex is not allergic to condoms (most condoms are made with a material called latex and it can cause irritation on the body which increases the risk of getting HIV when exposed to virus)

Common situations where people having sex may want to use a condom are:

- One or both people having sex do not know their HIV status and/or have not been tested for HIV in the past 6 months;

- Have shared tools used for injecting or snorting drugs;
- Are having sex with multiple people at the same time;
- Have gotten a tattoo or piercing recently;
- Have another sexually transmitted infection (other than HIV and AIDS);
- Don't want a pregnancy (and are not using birth control pills, diaphragms or other ways of preventing pregnancy)

Using Lubricant

Lubricant is a slippery and wet fluid that can help to make using a condom more comfortable. If using lubricant with a condom or latex barriers it should always be water-based.

Some condoms are packaged with lubricant already. Lubricant can also be found packaged separately in tubes or single use packages.

In certain situations lubricant can cause a higher risk of getting HIV. For example,

- For some people, lubricant can cause irritation or an allergic reaction during sex, which makes the body more likely to get HIV if it is exposed to the virus.

Using Latex Barriers

Similar to a condom, latex barriers can block fluid that may contain HIV from passing from one person to another during sex. Latex barriers can also protect a person's mouth from coming into contact with other sexually transmitted infections such as genital warts, herpes, hepatitis and others.

Latex barriers are used during oral sex where one person's mouth touches another person's penis or vagina. They are also used during sex where one person inserts hands and fingers inside another person's vagina/butt that may contain small tears or hang nails that can expose the body to fluids containing HIV.

Some example of latex barriers include:



- Dental dams (the rubbery material the dentist stretches over your mouth when you get a tooth filling)
- Plastic food wrap (that is not microwavable)
- Latex gloves

To use a dental dam or plastic food wrap for oral sex (mouth to vagina/butt):

1. Place lubricant on the side of the latex barrier that will touch the skin (vagina/butt). This allows the barrier to move around with some ease and increases sensitivity.
2. Hold the latex barrier over the vagina/butt and place their face down onto that area making sure the latex barrier is between their mouth and the penis/vagina/butt.
3. Press tongue against the latex barrier.

To use a latex glove:

1. Place glove onto hand
2. Place lubricant on the outside of the glove
3. Insert one or more fingers inside the other person's vagina/butt

A latex glove can also be used for oral sex if a person cuts the part of the glove that 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/butt.

Using Sex Toys

Some people use sex toys to make the sexual experience last longer. Most people who have sex may only experience pleasure for five to fifteen minutes on average.

Some examples of sex toys include:

- Vibrators
- Dildos
- Benwah balls
- Butt plugs



Sex toys are inserted into the vagina, mouth, or anus/butt – in this way they are exposed to bodily fluids that could contain HIV. To prevent coming into contact with bodily fluids that may contain HIV when using sex toys make sure to:

- Clean sex toys properly after each use
- If using lubricant make sure it's water-based

- Avoid sharing sex toys between more than one person; and if sharing a sex toy use a condom or latex barrier over it to prevent contact with bodily fluids that may contain HIV

NEGOTIATING SAFER SEX

DID YOU KNOW Talking about and negotiating safe sex takes practice. Safer sex is about knowing what risks there are with certain sexual practices and finding ways to reduce those risks. Some people choose not to have sex (abstinence) because then there is next to no risk of getting HIV. For many people, abstinence is not a reality. Being and advocate for yourself is a great way to be assertive and negotiating safer sex.

Negotiating safer sex is like advocating for yourself. Advocacy is ²:

- Looking after yourself
- Speaking up for yourself
- Deciding what is best for you and taking charge of getting it
- Asking for what you need from the people that can help you
- Standing up for your rights

"Speak up for yourself even if you are afraid. The more you use your voice the easier it becomes"

Negotiation is when you know what you want and you try to get another person to give you what you want. Below are some styles of negotiating that are challenging to work with. Learn to recognize these styles.

Fighters or attackers: They seek to win. They may threaten, insult, withhold information, and stretch the facts. For example, they may say that they will break off the relationship if you do not have sex with them.

Appeasers or converters: They will try to make you happy by offering to do some things for you or by convincing you to see things their way. For example, if you have unprotected sex one time they will promise to never have a sexual relationship with anyone else.

Those who flee or dither: They switch between attacking, hiding, delaying and trying to win you over. They do not take a stand on things. For the most part, they would probably not like to be there. For example, they get frustrated and threaten leave, walk out, and then come back.

Analysts: They try to ignore feelings and only look at the facts to solve the problem - whether or not it meets peoples' needs. They rely on facts not on

emotions. For example, I want to be with you sexually now and by time we get tests it will be 2 weeks to get the results, and then I will be back to my home community.

One-way thinkers: They have already made up their minds and won't change. Often they are honest and well-meaning but are not flexible. For example, if you love me you will have sex with me without a condom.

Learning to negotiate takes time and practice, here is a general guide:

1. Ask the person why he or she said no to your request. (Write the reason down.)
2. Ask the person what advice he or she could give you to get the solution you want.
3. Ask the person to recommend another option or solution.
4. If this option is okay with you, ask for details of when it will happen. (Write the important details down.)
5. If the option is not okay with you, tell the person your own ideas. If the other person disagrees with your ideas, return to #1.
6. Know your BATNA, or Best Alternative To a Negotiated Agreement. Can you walk away if you don't get this? What other choices do you have? What are the pros and cons of each choice? Also consider what the other person's BATNA might be.
7. Ask yourself what are your best and worst case scenarios. Aim for the area in between during negotiations. Don't drop below your worst, as you may feel resentful and angry later.
8. Stick to the problem, and to the facts of the situation. Do not attack the person's intelligence, competence, or sense of fairness.
9. If you find yourself becoming argumentative, angry, or withdrawn, ask to stop the conversation and come back another time when you are not up set. Say, "I am feeling that a bit of time may be helpful for me to reflect on what we have both said. When can we meet again to talk about this?"
10. Ask for a second opinion. (Write it down, including an expected date for it to occur.)
11. Keep a record of all your meetings and telephone calls, including the date, to whom you spoke, and what was said. Using a health diary will help you keep everything organized and all together.

When negotiating safer sex there are options. There is less risk of getting HIV from some sexual acts. For example, masturbation (pleasuring yourself) or breast sex (rubbing penis between the breasts), or dry humping (having sex with clothes on).

Whether an Aboriginal youth has never had sex before, is currently having sex, or exploring new ways of having sex, everyone can benefit from learning about HIV and prevention. This guide is not about telling Aboriginal youth what to do with their bodies, it is about learning about safer sex so that Aboriginal youth can make informed choices for themselves and their bodies.

Negotiating safer sex is about making sure that 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, it might be easier for you to find the courage to speak about these issues with your sexual partner(s).

SEXUAL ABUSE/ ASSAULT

DID YOU KNOW Unwanted sexual comments is sexual assault
Sexual assault means any sexual activity that a person does not consent to. It can include ³:

- Unwanted touching
- Forced sex of any type
- Sexual violence where a person is hurt or put into danger
- It can even include unwanted sexual comments or physical gestures that make a person uncomfortable or fearful

People who experience sexual assault are not alone. Many people stay silent and never talk about what has happened for different reasons such as fear or shame. Most often the person who sexually assaulted them was a person they knew well, a family member, a friend or a person who is in charge of children.

There is a difference between an adult having sex with a child, and children exploring sexual things with each other. Many children learn about sex from other children (peers), but it is against the law for an adult to sexually assault a child and they can go to jail for it.

Why would an adult sexually assault a child or youth?

- 1) An adult can control a child easier than another adult
- 2) Some adults are sexually attracted to children or young adults for reasons that are not clear

There is often a connection between sexual abuse/assault and substance use, especially alcohol, but being high or drunk does not cause someone to abuse/assault. The person might use being high or drunk as an excuse for their behaviour, but the reasons often go way deeper than being high or drunk. Not everybody who sexually abuses is under the effect of drugs or alcohol. It may be that the sexual abuse happens by a trusted teacher or member of the church.

It can be difficult to talk about sexual abuse/assault. Since we know that sexual abuse/assault happens in communities it is important that you know what it is in case you need to talk about it, or report sexual abuse.

HOW DO YOU GET TESTED FOR HIV?

Know your status!

"Oh, I get tested every 3 months for everything... Chlamydia, gonorrhea, everything. From bottom to the top, everything... so I get my HIV testing as well... I like to get tested regularly... female Métis youth" [PHAC p.45]

Some people get tested every six months in order to be sure that they do not have HIV or another sexually transmitted infection. It can create a sense of relief to know that you do not have HIV. On the other hand, it can also give you a head start on seeking care, treatment and support if you find out that you do have HIV.

Females should also get a test called a "pap smear", every year to make sure they do not have unusual changes to body parts located inside the vagina called the cervix. Pap smears can be done at a local drop in clinic. During a pap smear the doctor will look inside the vagina and take a swab sample of the fluid on the cervix. They will send that sample to a laboratory where a scientist can tell whether there are any health concerns.

BENEFITS FROM HAVING THE HIV TEST COULD BE:

- A HIV- negative test result can relieve anxiety.
- A person who tests positive with HIV+ could access medical treatment.
- A HIV+ positive test result can motivate YOU to reduce or stop high risk activities.
- A HIV+ test result can prevent further passing on of virus.
- A positive HIV test result if you are pregnant could support early treatment and information can be provided on how to prevent HIV transmission to the baby.
- Previous sexual or needle-sharing partners can be informed and be given the opportunity to take the HIV antibody test too.

WHAT TYPES OF HIV TESTS ARE THERE?

There are 3 types of HIV tests that you can take: Nominal, Non-nominal and Anonymous.

- A **Nominal HIV test** means that your name is placed on the medical forms to trace your blood sample back to you.
- A **Non-nominal test** means that a coded number is placed on the medical forms to trace your blood sample back to you.
- An **Anonymous test** means that you are not asked your name at all during the test, and a file number is used. This means that the HIV test cannot be used to identify your true identity.

WHAT IS HIV ANTIBODY TESTING?

All types of HIV testing involve having a blood test done to check your blood for cells that the body uses to fight away the HIV virus, called "HIV antibodies".

What do results of HIV testing look like?

- A **POSITIVE** test result means that you have HIV in your blood and body fluids. Some people call this status "HIV-positive".
- A **NEGATIVE** test result means you do not have HIV in your blood or body fluids. Some people call this status "HIV-negative".

Most tests are very accurate, but sometimes they can be wrong. It doesn't happen very often, but sometimes it is useful to take the HIV test again.

For example, a person got tested for HIV at the same time as they got a flu shot. Then, their HIV test results came back HIV-positive, but the results were false.

- A **FALSE POSITIVE** means that the blood test result might show up as HIV-positive, but that it was a wrong result. You would think that you have HIV, even though you don't.

There is often a period of time, the "window period", after someone is infected with HIV where a blood test will not be able to tell whether or not the person is really infected with HIV. This window period usually lasts about 6 to 12 weeks after being infected with HIV. During this time a test may give a false HIV negative result that may not mean that no infection has taken place, but that there needs to be a longer time period before accurate testing can occur. Getting tested regularly can help to detect HIV.

- A **FALSE NEGATIVE** means that the blood test result might show up as HIV-negative, meaning that you do not have HIV, but in reality you do have HIV.

WHAT HAPPENS TO ME DURING AN HIV TEST?

A doctor or a nurse will take a blood sample from you using a needle or a prick of your skin.

You will usually go to a doctor's office, hospital or specific place set up for HIV testing. There are sometimes anonymous testing sites set up sometimes at Aboriginal AIDS Service Organizations or health clinics.

The doctor will send your blood sample to a laboratory, a place where scientists look at your blood to see whether or not it has HIV in it. If HIV is found in your blood, then they will do a second test to double check your blood.

It can take 2-4 weeks for HIV test results to come back to you.

It can be challenging to make the decision to go and get tested for HIV and other sexually transmitted infections. You may feel more comfortable if you bring along:

- Someone you feel you can trust
- Someone you feel will not judge you
- Someone you feel will not repeat what you say
- Someone who knows a bit about HIV and AIDS so they can support you.

CLIENT'S RIGHTS AND HIV TESTING

KNOW YOUR RIGHTS



HIV testing policies, programs and practices must respect, protect and fulfill human rights. Human rights law requires that HIV testing include:

- Informed consent
- Pre- test counselling
- Post-test counselling
- Guaranteed confidentiality of test results

⁴ Canadian HIV/AIDS Legal Network. (2011). HIV Testing.

INFORMED CONSENT

Before the HIV test is performed, informed consent must be given by YOU. The health professional must inform you of what HIV is, disclose advantages and disadvantages of testing for HIV, listen, answer questions and seeking permission to proceed through each step of counselling.

WHAT IS PRE- AND POST-TEST COUNSELLING?

Depending on where you go to get tested, there may be counselling available for you to talk through the test and the results.

Pre-test Counselling happens before the HIV test is taken. The person who will take your blood sample should ask some questions about 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 may help you to understand more about HIV testing.

Testing blood serum for HIV can have medical, emotional, spiritual, and social impacts on you. Be prepared to ask questions, and to discuss your health. Also, ask if they have booked enough time for the pre HIV test counselling. Be prepared for the test by knowing your rights, benefits, and drawbacks. Know how to manage your risks, protect yourself and others.

The information must be shared verbally, be accurate and clear. The health professional who performs the test and notifies you of the result must talk with you about harm reduction activities, your understanding of the HIV and AIDS, and available resources and support. Before testing has occurred, an open discussion needs to include talks about unsafe sex, unborn babies, and high-risk activities.

This may be your only opportunity to openly ask a health professional about the basics of HIV and the prevention or management of the disease. Make sure that you receive this health service.

When you have chosen HIV testing, helpful pre test counselling can:

- 1) Reduce spread of HIV with sharing information on how it can be passed on
- 2) Provide education, therefore, the ability to make better choices
- 3) Provide resources, to encourage follow-up to explore support and services

Questions to Ask

HIV Tests are standard tests that take a sample of blood from your vein and send it to a lab, such as the Antibody test. Ask the health professional:

- What type of test they are using?
- What is the time to find out the result?
- What is the "window period" for the type of test?
- When and where can you book an appointment for post-test counselling to find out the test result?

If it is a rapid on-site tests where you receive your results the same day ask for post test counselling, and ensure there is enough time to ask questions, especially if you test positive (you have the HIV antibodies in your system).

Post-test Counselling happens after your HIV blood test is done. It can help you to understand the results of your test and to have someone listen to your questions and worries. Whatever the test result is, counselling can help you to know basic information about future testing, care, treatment and support.

During counselling, you may also be referred to Support Agencies or HIV Specialists who can give you more detailed information once your tests results come back.

"I believe that everything that has happened to me was meant to being me to this place, and even though today I am HIV positive I can finally live with myself and love myself. For most of my life I did not love myself and did not recognize my life is a precious gift from the Creator {...} Yes, I have a virus that has no cure, but each day I choose to live with it. I am not sick with it but live with it. – HIV-positive First Nations woman" [PHAC, p.34]

The counselling session should include feedback and understanding of results, and discussions on:

If the result is negative:

- A discussion on risk reduction for future prevention of HIV
- A discussion of when you may have been at risk and 'window period' the type of test used that may require further testing, or a re-test

If the result is positive:

- A discussion of your emotional reaction and concerns
- What type of personal, family and social costs this may have for you
- Problems you may have now and to discuss possible plans to cope
- Tracing or telling past or current partners to notify them of your test results

- Who you may want to share the results with, which may include sexual partners.
- To identify immediate social and emotional support
- A recommendation for follow up with a supportive counsellor from a HIV service provider
- Mandatory recommendation for follow-up with medical care for vital treatment
- You must be provided with support and written information about living with HIV, possible treatments, and community resources.
- You must be provided with advice and referrals on where you can get support for health and mental wellness.
- As well as, information on your legal obligations, rights, and responsibilities around disclosure that you have HIV.
- Continuing harm reduction tactics such as safe sex or safe injections.

The post-test counselling must include appointments with your family or community doctor, and a specialist follow-up.

Questions to Ask

If the test results are negative, ask the health professional:

- Additional questions about HIV or AIDS that you may have not understood in the pre test counselling.
- Should you be re-tested?

If the test results are positive, ask:

- What are the treatments?
- Who are you sharing my results with?
- What is covered by insurance?
- Could they assist you with informing partner(s)?
- What are the local support services or resources that are available?
- Book a follow up appointment the next day to ask more questions.

Being informed that you are HIV positive is a traumatic experience. If you are depressed or suicidal ask for counselling services immediately.

WHAT ARE THE SYMPTOMS OF HIV?

DID YOU KNOW Males and Females may have different HIV symptoms. When a person has HIV, they will eventually experience signs or symptoms. Around the time of first getting HIV, a person might feel:

- Extremely tired for no reason
- Have a flu that lasts longer than usual
- No symptoms at all

A person who uses drugs or alcohol a lot may not notice any symptoms because these substances can cause the body to already feel hung-over, run-down and sometimes sick.

Over time, a person who has HIV may start to experience more severe symptoms. Males can experience different symptoms from females.

Common Male HIV Symptoms:

- Fevers and chills
- Really bad night sweats for weeks
- Major weight loss in a short period of time
- Swollen glands (in throat, armpits and thighs/groin for a long time)
- Thrush (white spots or white coating in the mouth)
- Bad diarrhea that lasts a really long time (often weeks)
- Very dry cough and shortness of breath
- Fatigue (feeling drained or really tired)

Common Female HIV 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 (moon time) changes
- PID (Pelvic Inflammatory Disease)
- Hormone changes
- Bacterial pneumonia

- Swollen glands (in throat, armpits and thighs/groin for a long time)
- Cervical changes

WHAT DETERMINES WHEN HIV TURNS INTO AIDS?

A person is usually diagnosed with AIDS when

- a) they have HIV and the person's blood contains less than 200 T-helper cells; and
- b) the person has 2 or more AIDS -related illnesses.

The doctor will also look other things including:

- How long a person has had HIV
- Genetics (what kinds of traits that a person inherits from their parents) may be a factor for how a body can defend itself or what diseases may occur
- How well the person's body is coping with HIV already

WHAT KINDS OF ILLNESSES HAPPEN WHEN A PERSON DEVELOPS AIDS?

Common Female AIDS-related illnesses:

- **Yeast Infections:** The vagina will burn and itch. The vaginal walls will be swollen, have white or creamy discharge like cottage cheese. Sex can be painful. The infection may take a long time to go away and come back a lot.
- **Swollen Glands:** The glands in the throat/neck, armpits, behind ears and thighs become sensitive to touch.
- **Thrush:** Thrush is like what babies get. It happens in the throat and causes creamy white patches on the tongue and in the mouth.
- **Menstrual Period (moon time) Changes:** Instead of the usual time of the month, they may not happen each month. They may get really painful or just seem different from the rest. Keep in mind that many young females do not get a period every month and have different types of pain/blood flow every month for reasons that are not related to HIV or AIDS.
- **Pelvic Inflammatory Disease (PID):** This disease causes pain in the stomach, legs and back. There is an unusual discharge from the vagina, which has a strong smell and thick substance. There may be pain when urinating (peeing). There could be bleeding in between periods, fever, nausea, vomiting and sex becomes painful.

- **Hormone Changes:** HIV can cause hormone changes like hot flashes, mood changes and certain kinds of vaginal infections. **Keep in mind that hormone changes can also happen for other reasons not related to AIDS. For example with menopause for older females, or in all ages of women from birth control pills, as well as during pregnancy, with changes in the menstrual cycle and when the ovaries have been removed.**
- **Bacterial Pneumonia:** This infection attacks the lungs. It is like a cold, usually with fever, chills and coughing up mucous. The chest area may be sore and have difficulty breathing.
- **Cervical Changes:** HIV positive females should go for pap smears every 6 months, since there are greater risk for changes to happen.

Common Male AIDS-related illnesses:

- **Pneumocystis Carinii Pneumonia (PCP):** For males, this 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 males with AIDS can have it spread throughout the body and organs. It makes different coloured blotches on the skin that are dark purple, reddish brown or pink. They also can be different sizes, almost the size of a Loonie.
- **Taxoplasmosis (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):** The bacteria is related to Tuberculosis (TB) which can also be a disease the 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.

WHAT IS TREATMENT?

DID YOU KNOW You can use different types of medicines or a combination to treat HIV or AIDS

There are different types of treatment for HIV and AIDS and most people use a few at the same time.

- **Western medicine:** The tests and medicine that is used by doctors and nurses in the hospitals and clinics to treat HIV and AIDS is considered Western medicine.
- **Traditional medicine:** Some Aboriginal people use Sweat Lodges, ceremonies and herbs and plants to treat their illnesses. This can be called a holistic approach that not only addresses physical symptoms of HIV and AIDS, but also addresses a person's mental, emotional and spiritual health.
- **Alternative therapies:** Naturopathic or homeopathic medicines, massage, therapeutic touch and Reiki can also be used to keep the body, mind and spirit strong.

"If there were a cure tomorrow {...} it would be very hard for me to take it because I would be afraid to lose what I learned from having AIDS... That would be hard. Because I wouldn't want to let go of what AIDS has given me. Like compassion, spirituality. – HIV-positive Aboriginal man" [PHAC /47]

When negotiating your health care services know your rights for services or resources ⁵:

Personal List of Rights ⁶

1. I have the right to ask for what I want.
2. I have the right to refuse services or resources that don't meet my needs.
3. I have the right to change my mind.
4. I have the right to express my feelings, whether positive or negative.
5. I have the right to determine my priorities.
6. I have the right to advocate for myself.
7. I have the right to feel scared or afraid.
8. I have the right not to justify my decisions.
9. I have the right to be treated with dignity and respect.
10. I have the right to play and be frivolous.
11. I have the right to experience honesty from others.

⁵ BC Centre for Disease Control (2010) Using Your Voice: A guide for Getting Hepatitis C Care and support, p. 17. Adapted from Mental Health and Aging Advocacy Project, as in, BC Centre for Disease Control (2010) Using Your Voice: A guide for Getting Hepatitis C Care and support, p. 17.

⁶ Adapted from Mental Health and Aging Advocacy Project, as in, BC Centre for Disease Control (2010) Using Your Voice: A guide for Getting Hepatitis C Care and support, p. 17.

12. I have the right to take breaks from advocating and ask for help.
13. I have the right to feel angry.
14. I have the right to say that I am not ready or am unable to meet the demands and expectations of others.
15. I have the right to receive copies of anything I sign.
16. I have the right to see my medical records.

You have a right to be involved with health and social service workers in planning your care. Only you can decide how much information you want from them and what role you want to play in your care.

WHAT OTHER SEXUALLY TRANSMITTED INFECTIONS ARE THERE?

DID YOU KNOW How you prevent HIV is often the same way you can prevent STIs

Other sexually transmitted infections can spread through bodily fluids. Sexually transmitted infections (STIs) are caused by bacteria, viruses or germs that are most often spread when people have unprotected sex. According to studies, Aboriginal populations have higher rates of STIs than the general population. There are many different types of STIs. The good news is that most STIs are curable, but some are not. If you have sex with someone who has a STI, you can get it too. Many people who have an STI don't even know it because many STIs don't have any symptoms. So, these people may look and even feel healthy, but they still have an STI. Some people with STIs won't tell you that they have one, even if they know.

HOW IS A SEXUALLY TRANSMITTED INFECTION SPREAD?

STIs can be spread in several ways :

- STIs are usually spread through sexual intercourse. However, in some cases, they can be spread without having sex. STIs can be transmitted through infected semen, vaginal fluids and blood.
- Needles can spread STIs if they have infected blood on them. When the infected blood of Person A comes in contact with the uncontaminated blood of Person B, Person B becomes infected. This means that people who engage in physical violence are at risk of being infected with STIs if they have open wounds.
- STIs can also be spread through saliva if an infected person has a cut in or around his or her mouth and you kiss them or they spit on you.
- A pregnant woman with an STI can pass it on to her baby during pregnancy and childbirth.

FAST FACTS ABOUT STIS:

- You can have more than one STI at a time.
- You can get an STI more than once.
- It is possible to get an STI without having sexual intercourse.
- You can get an STI through oral sex.
- You can get certain STIs even if you use a condom, but condoms do decrease the risk.
- People who have STIs that are not treated have a greater chance of getting HIV because have not addressed the issue of “safer sex” to protect themselves. Most times we don’t even know we have an STI until we experience discomfort or someone brings it to our attention.
- STIs such as chlamydia, gonorrhea and syphilis are curable. While not curable, other STIs, such as HIV, HPV (human papilloma virus), herpes and hepatitis B, are treatable.

Here are some tips on how to reduce the risk of getting an STI:

- Abstinence — not having oral, vaginal or anal sex — is the best way to protect yourself. There are many alternatives to intercourse, such as mutual- or self-masturbation (jerking off).
- Know your Partner - If you have sex, it is important to choose a partner who you know well and trust.
- Learn how to use latex condoms properly for any type of sex (vaginal, oral or anal).
- Talk with your partner and be honest about past relationships. The risk of getting an STI increases with the number of previous sexual partners. Remember it only takes one person to get a STI or HIV/AIDS.
- Always use water-based lubricants, such as K-Y Jelly, with latex condoms. Oil lubricants, like Vaseline, baby oil or cooking oil, cause latex condoms to break.
- Latex condoms may protect the penis, vagina, mouth or anus from some STIs, but they will not protect against genital warts (HPV) or other lesions, such as herpes, when they are present on the base of the penis or the scrotum or on a woman’s vulva.

- A female polyurethane condom is available and may protect these areas better, but it should NOT be used with a male condom.

If you and your partner have had unprotected sex, you may have an STI and not know it. If you think you have an STI, there is only one way to know for sure — get tested

What to do if you think you have an STI:

- Talk to someone you trust.
- If you are still in school, ask the school nurse where to get help.
- Call your family doctor and make an appointment.
- Call your local public health department or STI clinic (in some provinces, such as Alberta).

Remember: You cannot receive a diagnosis over the phone. You will need to get tested in person to know for sure if you have an STI.

Following is a list of the most common STIs ⁹ :

Chlamydia

Possible signs:

- Burning when you urinate (pee)
- Discharge (pus) leaking from your vagina or penis
- Abdominal (stomach) pain (in women)
- Lower back pain (in women)

IMPORTANT NOTE: Often there are no symptoms at all.

Chlamydia is caused by a type of bacteria and is one of the most common STIs. If you have a burning feeling when you go to the bathroom to pee or if you have pus leaking out of your penis or your vagina, you should go to the health centre or nursing station and get checked for chlamydia. Chlamydia can also get into your throat, rectum (bum) or eyes.

Chlamydia is easily treated with an antibiotic. Whenever you are given an antibiotic, you must be sure to take it all, even if you are feeling better, or else all the germs that caused the infection will not be killed and the infection could come back. Some people believe that when they treat an STI with an antibiotic they will never get it again. Antibiotics only cure the infection you have right now. They cannot protect you from getting chlamydia or any other STI again in the future.

Gonorrhea

Possible signs:

- Thick discharge (pus) leaking from your penis, vagina or rectum (bum)
- Burning sensation when you urinate (pee)
- Abdominal (stomach) pain or tenderness (in women)
- Changes in menstruation (period)

Gonorrhea is another STI that is caused by bacteria. People with gonorrhea generally have thick pus leaking from their private parts (vagina, penis or bum). Some people with gonorrhea, especially women, have no signs at all. If you have gonorrhea and do not get it treated with antibiotics, the bacteria can get into your blood and move to other parts of your body. It could cause damage to your private parts that may prevent you from having children. In some women, it increases the likelihood of Pelvic Inflammatory Disease (PID).

Gonorrhea is easily treated with antibiotics. Whenever you are given antibiotics, it is important to take them all and completely finish your prescription, even if you feel better, to make sure all the germs are killed and the infection does not come back.

Syphilis

First signs:

- Sores on your private parts or rectum (bum)
- Rash on your body
- Sore or sores in your mouth or throat

Bacteria cause syphilis. It is spread through having unprotected sex. An infected person can give it to any sexual partner they have. Syphilis is a very serious STI because, like HIV, if it is not treated with medicine, people can die from it. The first signs that a person has syphilis are sores that show up on their private parts or bum or in their mouth or throat. Most often these sores do not hurt. If you have had unprotected sex and find sores on these parts of your body, it is very important to go to the health centre or nursing station and have them checked. If left untreated, the first signs of syphilis will go away and come back many times for 10 or even more years. Although treatment will deal with the infection, it will not be able to fix any permanent damage that has been done by not getting treated earlier.

Untreated syphilis can cause:

- Blindness
- Damage to your heart and brain
- Death

To find out if you have syphilis, you will need a blood test. You can get the test at your health centre, doctor's office or nursing station. Syphilis is often treated with penicillin that is given through a needle into the muscles of your bum. It will take a couple of weeks to make sure all of the syphilis bacteria are killed.

Herpes

First signs:

- Headache
- Fever
- Swollen glands
- Itching or burning private parts
- Blisters or sores on your private parts
- Bleeding from the vagina after sex
- Unusual vaginal fluid

Herpes is an infection caused by two viruses, herpes 1 and herpes 2. These two viruses cause cold sores on the mouth and on your private parts. You catch herpes by touching the sores of a person who has it. For instance, if the cold sore on the mouth of Person A touches the private parts of Person B during oral sex, it is likely that Person B will catch herpes on their private parts. Usually, it takes about three weeks for the first signs of herpes to show up, but sometimes it can take a few months. After about two or four weeks, the signs of herpes usually go away on their own. However, if you have herpes, you can give it to someone else even when you have no signs. People who have the signs of herpes should not have sex of any kind. Anyone who has had herpes on their private parts should use condoms every time they have sex.

There is no cure for herpes, but there are a lot of different medicines that doctors use to treat it. Some medicines come as pills, some as a cream and others have to be given by needle. It is important for you to talk to your doctor, nurse or community health worker if you think you may have herpes.

Genital Warts

Genital warts are an STI caused by a virus. They are rough warts that can be found on a person's rectum (bum), a man's penis or on the outside of a woman's vagina. They can also be found on a woman's cervix (inside her body) or on the inside of a person's bum. If these warts are not treated with medicine they can cause serious changes inside your bum, vagina or penis. The virus that causes genital warts has been linked to cervical and rectal cancer. A doctor can remove warts by freezing them, applying a medicine, or by giving a needle injection to remove them.

Hepatitis

Hepatitis is an infection that is caused by a virus. It can make your liver swell, and over time can cause a very severe form of liver disease. If you get hepatitis, your immune system will make antibodies to protect you from getting it again. People with HIV & AIDS who get hepatitis often get very sick and are more likely to have liver damage than people without HIV. There is no cure for hepatitis. In fact, there are very few medicines that will help someone with hepatitis.

First signs:

- Feeling tired
- Sore joints and muscles
- Throwing up
- Fever
- Diarrhea
- Losing weight
- Yellow eyes or skin (jaundice)

There are several kinds of hepatitis — the three types discussed here are A, B and C.

- **Hepatitis A** is a kind of hepatitis people can catch from water or food that is infected. You could also get it from touching someone's stool (poop) if they have it or by having oral contact with someone's anus. This disease can make you very sick, but most people get better. There is a vaccine, like with Hep B (see below).
- **Hepatitis B** is a very serious kind of hepatitis. It can make you very sick. Although most people get better, some will develop

severe liver disease or cancer. Hep B is passed from person to person much the same way as HIV is. Touching or sharing blood and bodily fluids can cause someone to catch hepatitis B. The saliva of a person with hepatitis B has enough virus in it to pass it on through kissing. Sharing needles for any purpose, including tattooing or piercing, is another way people can catch hepatitis B. There is a vaccination for hepatitis B. If you are sexually active, using intravenous drugs or working in health care, it is a good idea to talk to your doctor about getting a vaccination. You can only have the vaccination if you have not had hepatitis B before.

- **Hepatitis C** is caused by a very different virus than hepatitis A or B. It is rarely spread through sex. It is most often caught by coming in contact with a person's blood (sharing needles for drug use, tattooing or piercing with a person who has it or the use of personal toiletries including jewelry, toothbrushes and razors). There is no vaccination for hepatitis C but there are some treatments available. Hepatitis C doesn't usually make people very sick, but it can cause severe liver disease or cancer.

Human Papillomavirus (HPV) ¹⁰ can infect different parts of the body and is one of the most common sexually transmitted infections. There are over 100 types of HPV, and some types of HPV are mainly sexually transmitted. Persistent HPV infection with a cancer-causing type is the major cause of cervical cancer. In women, warts may appear on the vulva, thigh, anus, rectum or in the vagina or urethra with the cervix being a common HPV infection site. An active infection can follow one of two courses:

- The abnormal cells become normal again and the infection is inactive or cleared from your body by your immune system. However, it is possible that an inactive infection can become active again, for reasons that aren't clearly understood.
- The abnormal cells slowly progress to cervical cancer.

Pap tests are currently used to decide if a woman is at risk of developing pre-cancerous and cancerous changes in the cervix, allowing these changes to be treated or closely followed and reduce the chances of developing cancer.

In men, the warts may appear on the penis, scrotum, thigh, anus, rectum or in the urethra. In men, HPV testing is currently under study but once the warts have developed, complete surgical removal is the only treatment.

These are only some of the STIs people can get. If you have concerns or need more information about STDs, speak to your doctor, nurse or community health worker. There are special considerations for STIs if you are pregnant make sure you ask your doctor.

SEXUAL HEALTH

Sexual health means knowing about sex and about your own body and sexual practices. It means knowing about what kinds of tools and services are around that can keep you healthy. It can mean practicing safer sex and making decisions about when and how to get tested for HIV and sexually transmitted diseases (STI).

Sex can serve different purposes:

- Sex can feel good!
- It can be a wonderful experience between two people to express that they find each other attractive or even love each other
- Sex can be performed to become pregnant and to have a child
- Sex also has its risks, like getting a sexually transmitted infection (STI) or HIV

PREGNANCY

This guide talks a lot about how HIV is related to sex, and another thing to think about that relates to sex is pregnancy.

Pregnancy describes the female body growing a baby inside, a “fetus”, which takes about 9 months. It means that a male has had sex with a female in order for her body to become pregnant. Females have “eggs” inside their body that mix with male “sperm” (found in cum from a penis) during sex and can produce a “fetus”/ unborn baby.

Once a female has her first period (moon time) then her body is usually able to get pregnant from having sex. Having her period each month is how her body releases eggs that have not mixed with sperm. If the egg does mix with sperm, then her periods will stop while she is pregnant.

There are a few ways for pregnancy to happen:

- A male and female have unprotected sex allowing the male’s sperm to enter the female and reach the eggs inside her body
- A male and female have protected sex where the condom breaks or something unplanned happens that allows the male’s sperm to enter the female and reach the eggs inside her body

Sometimes parents plan to get pregnant and other times the pregnancy is not planned. With planned pregnancy, protection or “contraception” is used to prevent pregnancy.

WHAT IS CONTRACEPTION?

So you and your partner have decided to have sex and you want to be responsible and prevent pregnancy and use contraception or birth control . But you find all the choices overwhelming and confusing. What can you do? Just keep reading! We've gathered some information to help you understand what the options are and included details that can help you decide which are best for you and your partner. Basically, contraceptives fall into one of two categories depending on how they work ¹²:

Hormonal: These methods release specific amount of hormones (something our bodies make on their own as well). This prevents a woman from ovulating (releasing an egg for fertilization). If no egg is released, pregnancy can't occur. However, these methods do not protect against STIs. Examples include the pill, patch, shot, and ring. Also, these require a prescription, which are available through a doctor's office or clinic. These methods only work for females.

Barrier: These methods act as a wall to keep the sperm from reaching the egg; they also can prevent STIs. There are barrier methods for male and females: i.e. male and female condoms. Both can be purchased at a drugstore without a prescription.

There are lots of birth control methods out there...so how do you choose? What do you do?

WAITING (or not having sex)

The only 100% "method" for avoiding pregnancy is not to have sex. Whether you've had sex before or not, waiting (whether it's until you have a steady partner or even marriage) has lots of advantages including lessening the difficult emotional or physical consequences Of having sex. Of teens who have had sex, about 66% wish they had waited...that's more than half!

- Effective: 100%*
- You don't need a doctor OR a pharmacy.
- No risk of getting an STI.

IMPLANON

The contraceptive implant (aka Implanon) is a small rod about the size of a matchstick that is inserted into a woman's arm just below the skin; once it's in, you can feel it, but you can barely see it (big plus if you don't like to advertise your birth control). Implanon releases progestin, which does two important things in this case: it prevents a woman from releasing eggs and thickens cervical mucus, which keeps sperm from getting to those eggs in the first place. Here's the best news: Implanon works for up to three years and, once it's in, you don't have to think about it again until you're ready to take it out (a process as quick and easy as insertion). This method is great because you don't have to think about it

¹¹ The National Campaign to Prevent Teen and Unplanned Pregnancy. (2011). Birth Control 101.

¹² The National Campaign to Prevent Teen and Unplanned Pregnancy. (2011). Birth Control 101.

- Effective: just over 99% of the time (with typical use)*
- You must see a medical professional to get Implanon.
- Implanon does not protect you from STIs.

THE IUD

An IUD (intrauterine device) is a small, flexible plastic “T”-shaped device that is inserted into the uterus to prevent pregnancy. It can be left in for up to five years or ten years, depending on type.

- Effective: just over 99% of the time (with typical use)
- You must see a medical professional to get a prescription for an IUD
- IUDs do not protect against STIs.

THE SHOT (DEPO-PROVERA)

The contraceptive shot—known also by the brand name Depo-Provera (or just plain “Depo”)—is a hormone injection (progestin) given to a woman every three months. Depo works by preventing ovulation and most women stop having their period after a few months (but it returns when they go off of Depo). The shot must be administered by a health care provider, so it requires visits to a clinic or office every three months when you need a new one. Missing a shot or delaying your shot schedule will lessen the effectiveness of Depo, so make sure you get your shots on time.

- Effective: 94% of the time (with typical use)*
- You must see a medical professional to get Depo.
- Depo does not protect you from STIs.

BIRTH CONTROL PILLS

Birth control pills—sometimes called oral contraception or just “the pill”—are pills that females take to prevent pregnancy. They work by releasing hormones—either a combination of estrogen and progestin or progestin alone—that prevent ovulation and increase cervical mucus which blocks sperm. They should be taken at the same time everyday and you’ll get your period at the end of each month before starting the next pack of pills. Many versions of the pill are available and they’re all a little different. Birth control pills are only available with a prescription which you can get from your health care provider or a family planning clinic.

- Effective: 91% of the time (with typical use)
- You must see a medical professional to get a prescription for the pill.
- The birth control pill does not protect you from sexually transmitted infections (STIs)

THE RING

The ring (NuvaRing) is a thin, flexible ring about 2 inches across that contains the same hormones that are in birth control pills (and works the same way). The woman inserts the ring into her vagina where it is held in place by the vaginal walls (neither she nor her partner can feel it). It stays in for three weeks, slowly releasing hormones, and you take it out for the fourth week, when you'll have your normal period. After that fourth week, a new ring is inserted. A prescription is required to get the ring, but you can insert and remove it yourself.

- Effective: 91% of the time (with typical use)*
- You must see a medical professional to get a prescription for the ring.
- The ring does not protect you from STIs.

THE PATCH

The patch (Ortho Evra) is a thin square of plastic (it looks a little like a nicotine patch) that has been treated with hormones. It's sticky on the back and a woman places it on her skin where it releases the hormones which her body then absorbs. It has the same hormones as the pill and the ring and basically works the same way. It can be worn pretty much anywhere—a woman's butt, belly, arm, or upper torso (but never on the breasts!)—and each patch is worn for a week and then replaced (just peel it off like a bandaid). The fourth week is "patchless" and is when you'll get your period; after that week, the cycle of patches begins again. A prescription is required, but you apply and remove the patch yourself.

- Effective: 91% of the time (with typical use)*
- You must see a medical professional to get a prescription for the patch.
- The patch does not protect you from sexually transmitted infections.

Contraception methods that do not require a doctor's visit.

CONDOMS

Condoms (for males) are thin latex or plastic sheaths that are rolled down over the penis and protect against pregnancy and STIs. Female condoms, which are newer, kind of look like bigger male condoms turned inside out. They are inserted into the vagina and line the inside so no sperm can get to where an egg could be fertilized. Condoms should be put on before genital contact and not taken off until after sex is over. The male and female condoms should not be used at the same time, but, **because they are the only birth control method that protects against STIs**, they're great to use with other types of birth control like the pill or patch. Keep in mind that condoms have an expiration date because the latex can weaken over time; and don't store them in your wallet, glove compartment,

or any place where temperatures or wear can break them down. Also, never use them with lubricants like petroleum jelly (Vaseline) because those can reduce their effectiveness (KY Jelly is fine). You can buy condoms at most drugstores, online, or get them at a health clinic or family planning centers without a prescription. Female condoms are sometimes harder to come by, but you can get them online if you can't find them in stores.

- Effective: male condoms - 82% of the time (with typical use)*
Female condoms - 79% of the time (with typical use)*
- You can buy male condoms in most drugstores and online as well as find them in clinics. They might be the most easy-to-find method out there. Female condoms are available in some drugstores and online as well as in some clinics.
- Female condoms protect you from most sexually transmitted infections, including HIV.

THE SPONGE

The sponge is a round, foam circle about 2 inches in diameter that you insert it into the vagina before having sex. It not only blocks the cervix so sperm can't get through, but it also kills sperm by releasing spermicide. Each sponge is one-time use and one-size-fits all. Also, you don't need a prescription for the sponge—they are available at some drugstores or online.

- Effective: between 76% and 88% of the time (with typical use)*
- You don't need a prescription to get the sponge—you can buy it at some drugstores or online.
- The sponge does not protect you from STIs.

THE DIAPHRAGM

The diaphragm is a shallow, flexible, dome-shaped cup that's made of latex. Before sex, you insert it into your vagina; it basically covers the cervix and makes it tough for sperm to reach an egg. The diaphragm is most effective when it's combined with some kind of spermicide. Diaphragms are a little tricky because they actually have to fit your body—you'll need to see a doctor to be "sized" but once you have one, you can use it for up to ten years (talk about a good value!).

- Effective: 88% of the time (with typical use)*
- You must see a medical professional to get sized for the diaphragm.
- The diaphragm does not protect you from STIs.

EMERGENCY CONTRACEPTION (EC)

Emergency Contraception (also know as EC or the morning after pill) is a safety net—a way to prevent pregnancy after unprotected sex because you didn't use

birth control or your method failed. It's NOT meant to be used as regular birth control because it's not nearly as effective as other methods in preventing pregnancy and it has high levels of hormones that aren't meant to be taken over and over and over again. There are a few types of EC:

- Plan B: ONE pill containing levonorgestrel that's taken five days after unprotected sex.
- Next Choice: two pills containing a high dose of levonorgestrel that are taken within five days of unprotected sex.
- For Plan B One-Step and Next Choice, the sooner you take the pills, the more effective they'll be.
- Effective: EC is pretty effective in reducing the risk of unplanned pregnancy;
- The bottom line: EC is pretty effective but it is a **BACK UP METHOD**. It's not meant to be used as regular birth control.
- No EC methods protect you from STIs.

* Just another reminder about rates of effectiveness or success as a birth control — it accounts for human errors and occasional contraceptive failure, but this rate may be lower for youth. Keep that in mind as you're looking at the options and remember that for birth control to be effective, you have to use it consistently and correctly every single time .

WHAT SHOULD AN ABORIGINAL YOUTH DO IF THEY ARE PREGNANT OR SOMEONE THEY HAD SEX WITH IS PREGNANT?

When an Aboriginal youth discovers they are a pregnant female, or male who is the parent of the child, it can be a very emotional time. It can be very helpful to have support from friends, family, doctors, nurses and community in order to deal with different people's beliefs about pregnancy, and to make decisions about pregnancy.

There are many things people might say or think when a pregnancy occurs and **just because one person believes these things are true, does not mean that another person believes them.** Some issues that may come up are:

- If the baby should be born and the parent(s) use the support of their community and family to raise it
- If the baby should be born and be given up for adoption (a process where the parent(s) give their child to another parent(s) to raise forever)

- If the parent(s) should get an “abortion” (go to the doctor to remove the fetus/unborn baby from the female’s body)
- Whether a female should keep the baby when pregnancy is caused by forced sex (rape/gang banging/sexual assault)
- If it is okay for one parent to walk away from the pregnancy, while the other parent wants to go through and deal with the pregnancy
- If one parent should raise the baby as a single parent

Take your time to make a choice that is informed. Speak with your partner, trusted family or friends, and your health professional to make the best decision for you, your partner, and the child. There are a variety of resources available no matter what decision you make.

SEXUAL ORIENTATION AND GENDER IDENTITY

Sexual orientation is about who a person is attracted to. Sexual orientation can include straight, gay or bisexual.

- A **straight** person is usually attracted to the opposite sex (male attracted to female/ female attracted to male)
- A **gay** person is usually attracted to the same sex (male attracted to male/ female attracted to female)
- A **bisexual** person is usually attracted to both sexes (a male is attracted to both females and males; a female is attracted to both females and males)

Gender identity is about whether a person identifies as male, female, transgendered (also known as inter-sexed).

- The male gender means people who identify with being male.
- The female gender means people who identify with being female.
- The transgendered (or inter-sexed) means people who identify with being both male and female. There are many people who are born one gender at birth and feel that they are actually the opposite gender inside.

For example,

- A person is born male (with a penis) and feels like a female inside
- A person is born female (with a vagina and/or breasts) and feels like a male inside

What does it mean to be “Two-Spirited” or 2 Spirited?

In Aboriginal Peoples’ history, there were words in some community’s original languages describing people who do not identify as just a man or a woman. In today’s Aboriginal communities, Two-Spirit means people who might also call themselves gay, lesbian, bisexual or transgendered (inter-sexed). Before settlers came to Canada, Aboriginal communities accepted Two-Spirited people and viewed them as having a special role in the community because they have insight into both sexes (male/female).

Even though there are many different ways that people are attracted to each other, individuals can have different types of sexual expressions over the course of their lifetime. Some people identify as Two-Spirit at certain times in their lives, but at other times in their lives they do not.

“[I want] support services for Two-Spirited people who [can go] where they feel welcome. – Two-spirit Aboriginal person living with HIV/AIDS” [PHAC, 53]

SOARING INTO THE FUTURE

Like a Young Eagle Eagles that flies high with a new vision on how to protect and care for itself you have hopefully learned some valuable information on HIV, AIDS, and sexual health. You can use this guide in combination with your own local knowledge, and apply your own local traditions. You can use other resources and youth guides along with the Young Eagles Challenge to make sure you cover all your bases.

As you move forward to experience the world on your own you can lead the future health of our communities by going to the next guide and “DO IT!”

The second guide offers you tips, checklists and resources in case you want to talk to other youth and your community about HIV and AIDS. You can be part of a group of Young Eagles sharing this knowledge across Canada!

RESOURCES

HOT-LINES (are all confidential)

Facts of Life Line (Planned Parenthood) 1-800-711-9848

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.

Gai-Écoute 1-888-505-1010

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 STD's and AIDS. Large number of languages spoken - call to find out.

WEBSITES

For additional information about HIV/AIDS or how to protect yourself, refer to printed resources or contacted one of the organizations listed below.

Assembly of First Nations Health Secretariat (2004). Young Eagles' Challenge: A Peer Education Training Manual for First Nations Youth on HIV/AIDS and Related Issues. Ottawa, Ontario: Assembly of First Nations.

Canadian Aboriginal AIDS Network (2004). HIV Prevention Messages for Canadian Aboriginal Youth. Ottawa, Ontario.

Canadian Inuit HIV/AIDS Network (1999). A Series on HIV/AIDS for Inuit Communities. Ottawa, Ontario. Available at www.pauktuutit.ca.

Métis National Council (2003). Follow the Red Cart – Métis and HIV/AIDS: HIV/AIDS – The Basic Facts. Ottawa, Ontario.

Selected Organizations

NATIONAL ORGANIZATIONS

Assembly of First Nations

1 Nicholas Street
Ottawa, Ontario, K1N 7B7
Phone: 613.241.6789
Fax: 613.241.5808
Web: www.afn.ca

Canadian Aboriginal AIDS Network

602-251 Bank Street
Ontario, Ontario, K2P 1X3
Phone: 613.567.1817
(toll free: 888.285.CAAN)
Fax: 613.567.4652
Web: www.caan.ca or
www.linkup-connexion.ca

Métis National

350 Sparks St, Suite 201
Ottawa, Ontario, K1R 7S8
Phone: 613.232.3216
Fax: 613.232.4262
Web: www.metisnation.ca

The Canadian Inuit HIV/AIDS Network

Paukuutit Inuit Women's Association

131 Bank Street, 3rd floor
Ottawa, Ontario, K2A 1W8
Phone: 613.238.3977
Web: www.pauktuutit.ca

PROVINCIAL AND TERRITORY ORGANIZATIONS

Blood Ties Four Direction Centre

4230F-4th Avenue Whitehorse, Yukon,
Y1A 1R8
Phone: 250.338.7400

AIDS Society of Kamloops

P.O. Box 1064, 437 Lansdowne Street
Kamloops, BC, V2X 6H2
Phone: 250.372.7585
Web: www.aidskamloops.ba.ca

Okanagan Aboriginal AIDS Society

101-266 Lawrence Avenue
Kelowna, BC, V1Y 3L3
Phone: 250-862-2481
Fax: 250.862-8662
Web: www.oaas.ca

Chee Mamuk Aboriginal Program

STD/AIDS Control BC Centre for
Disease Control
655 12th Ave. W.
Vancouver BC V5Z 4R4
TF: 1-877-667-6668
Fx: (604) 775-0808
Web: <http://bccdc.org>

Youth Strengthening the Circle Project

Healing Our Spirit
202-2425 Quebec St.
Vancouver, B.C. V5T 4L6
Ph: 604-872-8885
Fx: 604-872-8805
Web: www.healingourspirit.org

Vancouver Native Health Society

441 East Hastings St.
Vancouver, BC V6A 1P5
Ph: (604) 254-9937
Fx: (604) 254-9948
Web: <http://www.vnhs.net>

Youth Community Outreach AIDS Society (YouthCO)

#205-1104 Hornby Street
Vancouver, BC V6B 1V8
Ph: 1-877-YOUTHCO
or (604) 688-1441
Fx: (604) 688-4932
Confidential Support Line
604) 808-7209
Email: information@youthco.org
Web: www.youthco.org

AIDS Vancouver Island (AVI)

1601 Blanshard St.
Victoria, BC V8W 2L5
Ph: (250) 384-2366
Email: info@avi.org
Web: <http://avi.org>

Alberta Native Friendship Centre Association

Suite 700, 10707-100 Avenue
Edmonton, Alberta T5J 3M1
Ph: (780) 423-3138
Fx: (780) 425-6277
Web:
www.albertafriendshipcentres.ca/hiv aids.htm

Street Works

C/O Boyle Street Co-op
10116-105 Street
Edmonton, AB T5H 0K2
Ph: (780) 424-4106
Fx: (780) 425-2205

Wood Buffalo HIV/AIDS Society

205-10012 A Franklin Ave.
Fort Mc Murray, AB T9H 2KG
Ph: (780) 743-9200
Email: lgwbhas@telus.net

HIV West Yellowhead Society/ AIDS Jasper

Box 2427
Jasper, Alberta T0E 1E0
Ph/Fx: 780-852-5274
Email: ed@hivwestyellowhead.com
Web: www.hivwestyellowhead.com

File Hills Qu'Appelle Tribal Council

Starblanket Reserve
P.O. Box 985
Fort Qu'Appelle, SK S0G 1S0
Ph: (306) 332-8295
Fx: (306) 332-1811

All Nations Hope AIDS Network (ANHAN)

2735 5th Avenue
Regina, SK S4T 0L2
Ph: 1-877-210-7622
or (306) 924-8424
Web: <http://www.allnationshope.ca/>

Rainbow Youth Centre

977 McTavish St.
Regina, SK S4T 3V2
Ph: 306-757-9743
Fx: 306-757-9759
Email: Rainbow@accesscom.ca
Web: www.rainbowyouth.com

Sexuality Education Resource Centre (SERC)

2nd Floor, 555 Broadway Ave.
Winnipeg, MB R3C 0W4
Phone: (204) 982-7800
Fax: (204) 982-7819
Web: www.serc.mb.ca

Nine Circles Community Health Centre

705 Broadway
Winnipeg MB R3G 0X2
Ph: (204) 940-6000
Fx: (240) 940-6027
Email: NineCircles@ninecircles.ca
Web: www.ninecircles.ca

AIDS Committee of Simcoe County

80 Bradford St. Suite 336
Barrie, ON L4N 6S7
Ph: (705) 722-6778
Email: acschopetroupe@rogers.com
Web: www.acsc.ca

AIDS Committee of London (ACOL)

#120-388 Dundas St.
London, ON N6B 1V7
Ph: (519) 434-1601
Fx: (519) 434-1843
Email: aidslondon@www.dc.com

Wabano Centre for Aboriginal Health

299 Montreal Road
Ottawa, ON K1L 6B8
Ph: (613) 748-7668 ext.22
Fx: (613) 748-7802
Web: www.wabano.com

Ontario Métis Aboriginal Association

452 Albert St. E., 2nd Floor
Sault Ste. Marie, ON P6A 2J8
TF: 1-877-696-6466
Ph: (705) 272-2562
Web: www.oma.org

AIDS Niagara

111 Church St.
St. Catharines, ON L2R 3C9
Ph: (905) 984-8684

Anishnawbe Health Toronto

255 Queen Street. E.
Toronto, ON M5A 1S4
Ph: (416) 360-0486
Fx: (416) 365-1083
Email: reception@ah.t.ca
Web:
<http://www.ah.t.ca/test/index.html>

Native Child and Family Service of Toronto (NCFST)

464 Yonge St., Suite 201
Toronto, ON M4Y 1W9
Ph: (416) 969-8510
Fx: (416) 969-9251
Web: www.nativechild.org

Ontario Aboriginal HIV/AIDS Strategy

2nd Floor, 43 Elm St.
Toronto, ON M5G 1H1
Ph: (416) 944-9481
Email: strategy@2spirits.com

2-Spirited People of the 1st Nations

593 Yonge Street, Suite 202
Toronto, ON M4Y 1Z4
Ph: (416) 944-9300
Email: info@2spirits.com

Voices of Positive Women

66 Isabella St., Suite 105
Toronto, ON M4Y 1N3
Ph: (416) 324-8703
Email: voices@vopw.org

AIDS Thunder Bay

217 Algoma St.
Thunder Bay, ON P7A 8A9
Ph: (807) 345-1516
Web: www.aidthunderbay.org

Native Friendship Centre of Montreal (NFCM)

2001 St. Laurent Boulevard
Montreal, Que. H2X 2T3
Ph (514) 499-1854
Fx: (514) 499-9436

AIDS New Brunswick

65 Brunswick Street
Fredericton, NB E3B 1G5
TF: 1 800-561-4009
Ph: (506) 459-7518

Healing Our Nations

Atlantic First Nations AIDS Task Force
31 Gloster Court
Dartmouth, NS B3B 1X9
TF: 1-800-565-4255
Email: prevention@accesswave.ca
Web: www.healingournations.ca

Mainline Needle Exchange

2158 Gottingen St.
Halifax, NS B3K 3B4
Ph: (902) 423-9991
Email: main2@micmaccentre.ca

AIDS PEI

10 St. Peters Road
Charlottetown, PEI C1A 5N3
TF: 1-800-314-2437
Ph: (902) 566-2437
Fx: (902) 626-3400
Email: info@aidspei.com

HIV/AIDS Labrador Project

Labrador Friendship Centre
49 Grenfell Street P.O. Box 767,
Stn. "B"
Happy Valley – Goose Bay,
LB A0P 1E0
TF: 1-800-806-9980
Ph: 709-896-5144
Fx: 709-896-8731

INTERNATIONAL RESOURCES

Family Health International

www.fhi.org

The National Native America AIDS Prevention Centre

www.nnaapc.org

NDN Rights

<http://ndnrightrights.org/>

UNAIDS

www.unaids.org

Indian Health Service

www.ihs.gov/MedicalPrograms/aids/hiv-coenative-american-aids-specific-resources.asp

Youth AIDS

www.youthaids.org

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 QandAs 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. (416537-8334). 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 GUIDES

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. 23minutes, 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).

AUDIO

Using Your Voice: A guide for Getting Hepatitis C Care and support Audio tapes on the Internet.

[www.bccdc.ca/dis-cond/a-z/_h/HepatitisC/overview/Using+Your+Voice+-A+Guide+for+Getting+Hepatitis+C+Care+and+Support+\(Audio\).htm](http://www.bccdc.ca/dis-cond/a-z/_h/HepatitisC/overview/Using+Your+Voice+-A+Guide+for+Getting+Hepatitis+C+Care+and+Support+(Audio).htm)

LOCAL RESOURCE CONTACT FORM

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

CONTACT DATE: _____ NAME OF AGENCY: _____

NAME OF CONTACT: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

SERVICES THEY CAN PROVIDE: _____

Do they charge for their services? _____

Yes _____

No _____

Guest speaker _____

Workshops _____

Medical professional _____

Referrals _____

Condoms and Condom holders _____

Youth Worker _____

Counselling _____

Resources (Pamphlets/Videos, etc) _____

HIV Antibody Testing _____

HIV and AIDS Statistics _____

Educator _____

AIDS Walk Information _____

HIV and AIDS Educator _____

Other: _____

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

Book a workshop/speaker _____

Resource request _____

Other: Please explain: _____

OTHER COMMENTS: _____

GLOSSARY AND TERMS

Affected — to experience the consequences of HIV, either directly through friends or family, or indirectly through economic, social or political instability caused by the virus being present in your community

AIDS (Acquired Immune Deficiency Syndrome) — the syndrome caused by the HIV virus; also known as late-stage HIV disease

APHA — Aboriginal Person living with HIV/AIDS

Bisexual — a person attracted to members of the same and opposite sex

CAAN (Canadian Aboriginal AIDS Network)

— a national Aboriginal non-governmental HIV/AIDS organization

CATIE (Canadian AIDS Treatment Information Exchange) — a national HIV/AIDS treatment information organization

Gay — a person who is homosexual; more commonly used to describe homosexual men than women

Gender — a classification for identifying as masculine or feminine

HBV (Hepatitis B Virus) — a virus that attacks the liver; related, though considered not as severe, as hepatitis C

HCV (Hepatitis C Virus) — a virus that attacks the liver and for which there is no known cure.

Prolonged and acute hepatitis C infection can often result in liver disease and cirrhosis (scarring of the liver). The virus is passed on through blood-to-blood activities, such as sharing needles.

Hep C - short for hepatitis C

HIV (Human Immunodeficiency Virus) — the virus that causes AIDS

IDU — Injection Drug User

Infected — refers to an individual living with HIV disease

KY Jelly — a brand name of a water-based lubricant often recommended for use with condoms during sex; helps reduce tearing and breaking of condoms during sexual activity

Lesbian — a woman attracted sexually to other women

Opportunistic Infections — infections present in a person with HIV, usually due to the failure of the

immune system to stave off infection and disease in the later stages of the illness

Sex — the two divisions of an organism distinguished as male or female

STD — Sexually Transmitted Disease

STI — Sexually Transmitted Infection

2-Spirit — individuals of Aboriginal descent who, either by behaviour, sexual preference, belief or practice, identify outside of the traditional characteristics of their sex

TB (Tuberculosis) — an infectious disease caused by bacteria, which affects the human lungs and lower respiratory system

Transgendered — individuals who live as members of the opposite sex but without the need or desire to change their bodies (as transsexuals do). Transgendered people may take hormones but do not have genital surgery.

Universal Precautions — standardized precautions taken by health professionals to protect themselves against HIV

Youth — young people, usually under the age of 25

(*Definitions provided by the National Aboriginal Council on HIV/AIDS, as in, HIV/ AIDS: The Basic Facts, 2003, p.43)

ACRONYMS USED

AIDS = Acquired Immune Deficiency Syndrome
AASO = Aboriginal AIDS Service Organization
ASO = AIDS Service Organization
APHA = Aboriginal Person living with HIV and AIDS
CHN = Community Health Nurse
CHR = Community Health Representative
CIDPC = Centre for Infectious Disease Prevention and Control
Epi = Epidemiological
HIV = Human Immunodeficiency Virus
HIV+ = HIV positive
HIV- = HIV negative
HPV = Human Papilloma Virus
IDU = Injection Drug Use
MSM = Men who have Sex with Men
MSM/IDU = Men who have Sex with Men and Injection Drug Use
N = Number
N-9 = Non-oxoynol 9
PHA = Person living with HIV and AIDS
PHN = Public Health Nurse
STI = Sexually Transmitted Infection

REFERENCES

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Canadian HIV/AIDS Legal Network. (2011). HIV Testing. Retrieved from www.aidslaw.ca/EN/issues/HIV_testing.htm

Department of Health, Government of Western Australia. (2005) HIV pre-test discussion and post-test counselling guide for GPs. Retrieved from <http://www.public.health.wa.gov.au/cproot/809/2/HIV%20pre-test%20discussion%20and%20post-test%20counselling%20guide%20for%20GPs.pdf>

Health Canada. (2011) Healthy Living: HPV. Retrieved from <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases-maladies/hpv-vph-eng.php>

HIV / AIDS: The Basic Facts for Métis Communities (2003). Retrieved from <http://library.catie.ca/PDF/P5/20663e.pdf>

Hyde, DeLamater, and Byers. (2001). Understanding Human Sexuality, Canadian Edition. Toronto: McGraw-Hill, p. 683.

The National Campaign to Prevent Teen and Unplanned Pregnancy. (2011). Birth Control 101. Retrieved from www.stayteen.org/birth-control-101-methods

Public Health Agency of Canada. (2005). HIV / AIDS Epi notes. Retrieved from <http://www.phac-aspc.gc.ca/publicat/epiu-aepi/epi-note/>

