

I Am Jazz
Homework (Lesson HS-1)

Name: _____ Date: _____

INSTRUCTIONS:

- Please go to <https://tinyurl.com/iamjazzhomework> and watch Season 1 Episode 1 of “I Am Jazz” until 10:11.
- Once you are done, please answer the questions below.

1. When Mom and Dad talked about knowing they were having a boy, Dad talked about what he was looking forward to. What things was he excited to do with his child based on the sex he assumed Jazz was?

2. Jazz’s dad talked about not wanting to go out into the world when Jazz was wearing a dress. Why do you think he felt that way? Do you think he would have felt that way had his daughter wanted to leave wearing pants? Why or why not?

3. Why do you think Jazz was not allowed to go to school “dressed as a girl”? Do you agree with them for doing that or do you think she should have been allowed to? Why or why not?

4. When talking to more than one person, you’ll notice they say “you guys.” This is used a lot in real life, too. Why do you think when we’re talking to a group, even if they don’t identify as boys or male, we say “you guys?” Would it ever work to say, “You girls?” Why?

Jazz Jennings: The Three Biggest Misconceptions About Being a Transgender Teen

Homework Option 2 (Lesson HS-1)

Name: _____ Date: _____

INSTRUCTIONS:

- Please read the article “Jazz Jennings: The 3 Biggest Misconceptions About Being Transgender”
- Once you are done, please answer the questions below.

1. Jazz mentions that she knew she is a girl in part because she liked “everything feminine” such as dolls and dresses. How do you think these stereotypes about the likes and dislikes of children affect kids? How would it feel to have those messages and not fit into them, either because a kid is transgender or maybe just doesn’t fit the stereotypes?

2. Jazz says the second misconception people have about her is surgery. She says, “It’s not about what’s between your legs, but what’s between your ears.” What do you think she means by that?

3. The third misconception Jazz mentions is about being too young. When did she know she was a girl? When did you first know your gender? Do agree or disagree that she’s too young? Why?

4. Jazz mentions that the universal message she’s trying to express is that it’s “about embracing who you are, living your life authentically and being able to find happiness and love throughout your life.” Do you think that message is universal? Why or why not? In what ways does it apply or not apply to you?

NEWS & CULTURE | THE CONVERSATION

Jazz Jennings: The 3 Biggest Misconceptions About Being a Transgender Teen

BY JESSICA RADLOFF
JULY 15, 2015 5:17 AM

About halfway through our 45-minute conversation, 14-year-old [Jazz Jennings](#) confides that she's worried about how her new docu-reality series, *I Am Jazz* (premiering tonight on TLC), will be received. She's hoping for a positive response from viewers, but she also knows that the subject of her series—her journey as a transgender teen—is still new territory. Will audiences understand that being transgender wasn't a choice? Or that gender dysphoria is a real thing?

But spend just a few minutes with Jazz and her mom, Jeanette, 49, and the answer is unequivocally yes. Warm-hearted, authentic, and deeply understanding, Jazz and her family may not generate the amount of publicity that [Caitlyn Jenner](#) and the Kardashians do, but their story is just as powerful—maybe even more so. The Jennings family is more like yours and mine than the Jenners/Kardashians will ever be, and with that comes a greater understanding of what it means to be transgender in today's world, and *especially* for today's kids. How do people know they were born into the wrong body? When should parents take their kids' wishes seriously? And how should family handle such a sensitive topic? Nothing was off-limits as we sat down with this mother-daughter duo to talk about the most pressing questions, life in a new spotlight, and the Barbara Walters interview that started it all. Prepared to be amazed.

Glamour: What made you decide to sign on to your own reality series?

Jeanette Jennings: We've been thinking about it for a while, but Jazz was too young. It's hard enough to wrap your mind around the idea of a transgender child, so it's easier when they're a teenager. People think it's a choice [to be transgender and it's not], so TLC gave us this platform, and we couldn't pass up such an opportunity to share our story in such a real way. Like Jazz says, we wanted to normalize transgender kids. So we hope that comes across to people and that they are less judgmental.

Glamour: Jazz, I remember when Barbara Walters interviewed you on *20/20* in 2007. You were six years old. Did you remember having the queen of journalism come into your house and talk to you?

Jazz Jennings: Yeah, I definitely remember parts of it. I remember her asking me certain questions about whether I'm a boy or a girl, and me definitely being sure I'm a girl. At the time, I didn't even know who was Barbara Walters was, so I would...

Jeanette: She called Barbara her friend.

Jazz: I did. My friend Barbara is coming!

Glamour: And, Jeanette, what was that like for you having Barbara Walters come in to your home?

Jeanette: It was surreal. My husband is really conservative and so we worked with [ABC] for months and he said, 'We want the most credible journalist ABC has, and we want Barbara Walters to do this.' So it was him. It worked out great. I mean, it was like, 'If Barbara says you can have a transgender kid, then you can have a transgender kid!'



Glamour: Jazz, at a very young age you said, 'I have a boy body, but I think like a girl.' What did that mean?

Jazz: Right from the start I knew I was a girl, and I really just expressed that and conveyed that message by gravitating toward Barbie dolls, dresses, everything feminine. But I also knew I was different as well. I knew I was a girl, but I knew I was different. The way I knew that was because I knew I didn't have a girl body. As I got older, I started learning more about different private parts, and I would take baths with my brothers and my sister and wonder why I didn't have my sister's body. I have a boy body but a girl brain, and once I learned the differences between the bodies, I knew I wanted a girl body.

Jeanette: People would say, 'Oh, how would a two-year-old know?' but you know, one of the first things you teach your kids are, 'Where are your eyes? Your nose? Where's your mouth?' And you teach them all their body parts. She wondered why she didn't look like her sister. People don't give enough credit to two-year-olds. They know what they want.

Jazz: But it also wasn't just about the body parts for me. It was a transition where I just wanted to live my life authentically, and be the girl I always knew I was. So that's how it was for me at first. When I was young, I asked my mom when the good fairy was going to come and change my body parts.

Glamour: What's the biggest misconception people have about you?

Jazz: There are three big ones! First one is people think that this is a choice to be transgender and it's not. It's not a choice at all. They think one day I woke up and said, 'Mommy, I don't feel like being a boy anymore; I want to be a girl,' and that my parents made me do this. I knew who I was and that was a girl, right from the start. Another huge misconception is surgery. Oh my gosh it's so annoying! People are always so concerned what's in between my legs. They're like, 'So, is it this part or that part? Has she had the surgery?' But this isn't just a medical journey. Sure, there are medical aspects that people should understand and be educated about, but it's also much more than that. And being transgender, it's about really finding yourself along the process and finding the courage to live your life authentically. I think people have to understand that. It's not about what's between your legs, but what's between your ears.

Jeanette: And what's in your heart.

Jazz: And the last misconception is the one about being too young, which we clearly expressed. People don't know what's going through my head. People don't define me. I define myself. I knew I was a girl.

Glamour: Where does your confidence come from?

Jazz: Because my family always embraced me right from the start and showered me with unconditional love and support and acceptance, that's why that confidence was able to blossom and I was able to be who I am proudly. So it's thanks to them. If I was shut down at that time and didn't have such a supportive family, I couldn't be who I am, and therefore I probably wouldn't be as confident.

Jeanette: If she was forced to live her life as a boy, I don't think she'd be as confident. She'd be a completely different person, and hopefully alive, because so many of these kids...

Glamour: How did you prepare the rest of the family for this transition?

Jeanette: If you think about it, the boys are a couple years older than Jazz, so when they were four-years-old, Jazz was two, and acting like a girl. So they never had a little brother. In their minds they never had a little brother. But for Ari (Jazz's older sister), Jazz was her little baby, her little brother, and she loved it like a doll. In Ari's mind, this was her brother, but a girly brother. When it was time for Jazz to transition, it was hard for Ari because she was like, 'I'm the girl, I'm the princess, I'm the only girl.' It was her and three boys, and



she wasn't ready to share that spotlight. We explained to Ari that this was the situation, these were the statistics, and it was like tough love. We explained that it was going to be a tough road [for Jazz] and she would need her big sister. And she said she loved Jazz and was going to be the best big sister to protect her. She completely turned around. She was eight years old, and Jazz was almost five

Glamour: You explain in the show how you decided on the name Jazz, but tell our readers.

Jazz: My sister was Princess Jasmine in the play, *Aladdin*, so since she was my role model, I chose Jazz. We didn't want to use my birth name when we did the *20/20* special with Barbara Walters, so we chose that name.

Glamour: Is Jazz the name you go by privately, or just publicly?

Jazz: Yes, both.

Jeanette: I just recently started calling her Jazz.

Glamour: Really?

Jeanette: Yeah, once we started filming the show because I didn't want to [split the two]. She has always been Jaren to me, which is her birth name.

Glamour: How has it been with the cameras following you around for the series?

Jazz: It's definitely overwhelming at first. You don't have these people living in your house, but they're there almost five days a week! I guess they are kind of living there, using your toilet paper and everything. [Laughs] I remember at the end of the season, they bought us tons of paper towels and toilet paper! It was a lifestyle change [at first], but they really do capture our normal lifestyle, so it's great.

Glamour: Jazz, we see your friends appear on the show. Was that hard for them to get used to the cameras?

Jazz: Sometimes my friends don't love it and sometimes they do, but they do it because they want to help me share my story. That's very sweet.

Glamour: When you get older, what would you like to do for a living?

Jazz: When I was younger, I would say, everything,' because I love doing so many things, and am so passionate. I love to explore and travel, I love movies, I love writing, I love math and science, so maybe I'll be...

Jeanette: A nuclear physicist?

Jazz: No! Not a nuclear...

Jazz: But I love to write, I love poetry, I love so many things. But I'll just see what happens. I definitely want to continue sharing my story and hopefully helping people to the best of my abilities. I always say I want to leave this world in a better state than the one I arrived in, and I want to live by those terms.

Glamour: The transgender community has unofficially appointed you as a spokesperson of sorts, which is wonderful because it is a gift to help others, but I would imagine it's difficult too.

Jazz: You know, sometimes I do feel like there are expectations set for myself in my community, and I have to do the best I can. But then I come to this realization that I'm human and I'm not perfect, and I'm going to make mistakes, and people will have to realize that. And then I come to another realization which is that this isn't just about me anyway. This is about the whole community, united together to achieve equality for all and make a difference. Even though I might be [publicly] out there more or well known, it doesn't make me more important than someone who is doing something in their local community. It's just that we're all trying our hardest to create change to the best of our ability, therefore, we are all equal, and all working our hardest to create a more loving and accepting society.

Glamour: Before we leave, what message would you like to leave our readers with?

Jazz: I just hope the universal message is really expressed, which is about embracing who you are, respecting yourself, living your life authentically and being able to find happiness and love throughout your life. This isn't just about transgender people. Maybe for now it is, but in the future, I want to make sure that all people can live by those terms and express their natural rights and live their lives as they are. So hopefully the show can start that off.

Jeanette: I can't top that. I don't want to let other moms down, so I feel a lot of pressure.

Jazz: But even if people have expectations set for you, or you feel that way, just push them all aside, because you have to be who you are and accept the fact that not everyone will agree with you, but it's just the way you are, and you can't change that.

Jeanette: Yes, ma'am!

Jazz: She's the best mom in the whole wide world.

Jazz has her own mermaid tail company, Purple Rainbow Tails, which raises money for transgender children. TransKids Purple Rainbow Foundation is devoted to raising awareness about gender dysphoria, offering support to families of transgender children, as well as trans kids directly. The foundation works to education and enlighten the educational and legal systems, and society to make it more inclusive and supportive of all transgender individuals.

Putting It Into Practice: Getting and Giving Consent Homework (HS-3)

Name: _____ Date: _____

Instructions: Over the next week, please log the following situations and record how they went:

- Two situations in which you were asked to give permission to someone else for something
- Three situations in which you asked someone else for permission to do something

Situation 1: _____

Did you give consent? _____ How or why not? _____

What, if anything, would you have done differently? _____

Situation 2: _____

Did you give consent? _____ How or why not? _____

What, if anything, would you have done differently? _____

Situation 3: _____

Did they give consent? _____ How or why not? _____

What, if anything, would you have done differently? _____

Situation 4: _____

Did they give consent? _____ How or why not? _____

What, if anything, would you have done differently? _____

Situation 5: _____

Did they give consent? _____ How or why not? _____

What, if anything, would you have done differently? _____

STI/HIV Investigative Reporting!
Homework (HS-4)

Name: _____ Date: _____

Instructions: You are a reporter working on a story about STI and HIV prevention. You need to talk directly with some people as well as go online to do some research to get the information required by your editor. Be sure to protect the confidentiality of your sources —this tends to encourage them to be more honest!

- 1. **Check out these teens as they interview students about this same topic and write down some myths about STIs!** www.youtube.com/watch?v=zP3y6yTbcio

- 2. **What do high schoolers know about STD prevention?** Find five students and ask them to answer the following two questions (Be sure not to give them the answers—you’re trying to find out what people know without you saying anything!):

Question 1: Do you think people our age are at risk for STDs? Why or why not?

PERSON'S GRADE LEVEL	PERSON'S INITIALS	PERSON'S ANSWER
1.		
2.		
3.		
4.		
5.		

STI/HIV Investigative Reporting!

Question 2: What is the BEST way to avoid getting an STI or HIV, or giving either of these to someone else?

PERSON'S GRADE LEVEL	PERSON'S INITIALS	PERSON'S ANSWER
1.		
2.		
3.		
4.		
5.		

3. Ask a parent or trusted adult the following questions about STIs and HIV:

What are some STIs that you've heard of? _____

Do you know how HIV and AIDS are related to each other? _____

What is the only way to 100% effective way to avoid contracting an STI? _____

If people decide to have sex, what can they do to reduce the risk of transmitting STIs or HIV?

Explore this website together (or read the handout if you received one) to check their answers!

www.cdc.gov/std/life-stages-populations/stdfact-teens.htm

Information for Teens and Young Adults: Staying Healthy and Preventing STDs



If you choose to have sex, know how to protect yourself against sexually transmitted diseases (STDs).



What are sexually transmitted diseases (STDs)?

STDs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV. Many of these STDs do not show symptoms for a long time, but they can still be harmful and passed on during sex.

How are STDs spread?

You can get an STD by having sex (vaginal, anal or oral) with someone who has an STD. Anyone who is sexually active can get an STD. You don't even have to "go all the way" (have anal or vaginal sex) to get an STD, since some STDs, like herpes and HPV, are spread by skin-to-skin contact.

How common are STDs?

STDs are common, especially among young people. There are about 20 million new cases of STDs each year in the United States, and about half of these are in people between the ages of 15 and 24. Young people are at greater risk of getting an STD for several reasons:

- Young women's bodies are biologically more susceptible to STDs.
- Some young people do not get the recommended STD tests.
- Many young people are hesitant to talk openly and honestly with a doctor or nurse about their sex lives.
- Not having insurance or transportation can make it more difficult for young people to access STD testing.
- Some young people have more than one sex partner.

What can I do to protect myself?

- The surest way to protect yourself against STDs is to not have sex. That means not having any vaginal, anal, or oral sex ("abstinence"). There are many things to consider before having sex, and it's okay to say "no" if you don't want to have sex.
- If you do decide to have sex, you and your partner should get tested beforehand and make sure that you and your partner use a condom—every time you have oral, anal, or vaginal sex, from start to finish. Know where to get condoms and how to use them correctly. It is not safe to stop using condoms unless you've both been tested, know your status, and are in a mutually monogamous relationship.
- Mutual monogamy means that you and your partner both agree to only have sexual contact with each other. This can help protect against STDs, as long as you've both been tested and know you're STD-free.
- Before you have sex, talk with your partner about how you will prevent STDs and pregnancy. If you think you're ready to have sex, you need to be ready to protect your body and your future. You should also talk to your partner ahead of time about what you will and will not do sexually. Your partner should always respect your right to say no to anything that doesn't feel right.

- Make sure you get the health care you need. Ask a doctor or nurse about STD testing and about vaccines against HPV and hepatitis B.
- Girls and young women may have extra needs to protect their reproductive health. Talk to your doctor or nurse about regular cervical cancer screening and chlamydia testing. You may also want to discuss unintended pregnancy and birth control.
- Avoid using alcohol and drugs. If you use alcohol and drugs, you are more likely to take risks, like not using a condom or having sex with someone you normally wouldn't have sex with.

If I get an STD, how will I know?

Many STDs don't cause any symptoms that you would notice, so the only way to know for sure if you have an STD is to get tested. You can get an STD from having sex with someone who has no symptoms. Just like you, that person might not even know he or she has an STD.

Where can I get tested?

There are places that offer teen-friendly, confidential, and free STD tests. This means that no one has to find out you've been tested. Visit FindSTDTest.org to find an STD testing location near you.

Can STDs be treated?

Your doctor can prescribe medicines to cure some STDs, like chlamydia and gonorrhea. Other STDs, like herpes, can't be cured, but you can take medicine to help with the symptoms.

If you are ever treated for an STD, be sure to finish all of your medicine, even if you feel better before you finish it all. Ask the doctor or nurse about testing and treatment for your partner, too. You and your partner should avoid having sex until you've both been treated. Otherwise, you may continue to pass the STD back and forth. It is possible to get an STD again (after you've been treated), if you have sex with someone who has an STD.

What happens if I don't treat an STD?

Some curable STDs can be dangerous if they aren't treated. For example, if left untreated, chlamydia and gonorrhea can make it difficult—or even impossible—for a woman to get pregnant. You also increase your chances of getting HIV if you have an untreated STD. Some STDs, like HIV, can be fatal if left untreated.

What if my partner or I have an incurable STD?

Some STDs—like herpes and HIV—aren't curable, but a doctor can prescribe medicine to treat the symptoms.

If you are living with an STD, it's important to tell your partner before you have sex. Although it may be uncomfortable to talk about your STD, open and honest conversation can help your partner make informed decisions to protect his or her health.

If I have questions, who can answer them?

If you have questions, talk to a parent or other trusted adult. Don't be afraid to be open and honest with them about your concerns. If you're ever confused or need advice, they're the first place to start. Remember, they were young once, too.

Talking about sex with a parent or another adult doesn't need to be a one-time conversation. It's best to leave the door open for conversations in the future.

It's also important to talk honestly with a doctor or nurse. Ask which STD tests and vaccines they recommend for you.

Where can I get more information?

CDC

How You Can Prevent Sexually Transmitted Diseases

<http://www.cdc.gov/std/prevention/>

Teen Pregnancy

<http://www.cdc.gov/TeenPregnancy/Teens.html>

CDC-INFO Contact Center

1-800-CDC-INFO

(1-800-232-4636)

Contact <http://wwwn.cdc.gov/dcs/RequestForm.aspx>

HealthFinder.gov

STD Testing: Conversation Starters

<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters>

American Sexual Health Association

Sexual Health and You

<http://www.iwannaknow.org/teens/index.html>

Teens and Young Adults

<http://www.ashasexualhealth.org/sexual-health/teens-and-young-adults/>

References

Centers for Disease Control and Prevention. Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States, <http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf>.

Accessed October 14, 2014.

***iReportaje de investigación de
STI/CLAMIDIA!
Tarea (HS-4)***

Nombre: _____ Fecha: _____

Instrucciones: Tú eres un reportero trabajando en una historia sobre prevención de STDs y de CLAMIDIA. Necesitas hablar con algunas personas directamente y en línea para hacer investigación para obtener la información requerida por tu editor. Asegúrate de proteger la confidencialidad de tus fuentes — ¡esto tiende a alentarlos a ser más honestos!

- 1. Observa a estos adolescentes al entrevistar estudiantes acerca del mismo tema y escribe sobre algunos mitos sobre STDs www.youtube.com/watch?v=zP3y6yTbcio**

- 2. ¿Qué saben los estudiantes de preparatoria sobre la prevención de STDs?** Encuentra cinco estudiantes y pídeles que contesten las siguientes dos preguntas (asegúrate de no darles las respuestas; ¡estás intentando averiguar qué sabe la gente sin decirles nada!):

Pregunta 1: ¿Piensas que la gente de nuestra edad están en riesgo de contraer STDs? ¿Por qué o por qué no?

NIVEL DE GRADO DE LA PERSONA	INICIALES DE LA PERSONA	RESPUESTA DE LA PERSONA
1.		
2.		
3.		
4.		
5.		

¡Reportaje de investigación de STI/CLAMIDIA!

Pregunta 2: ¿Cuál es la MEJOR manera de evitar tener una STI o CLAMIDIA, o de transmitir las a otra persona?

NIVEL DE GRADO DE LA PERSONA	INICIALES DE LA PERSONA	RESPUESTA DE LA PERSONA
1.		
2.		
3.		
4.		
5.		

3. Hazle a tu padre o madre o a un adulto confiable las siguientes preguntas sobre STDs y CLAMIDIA:

¿Cuáles son algunas STDs de las que hayas oído hablar? _____

¿Sabes cómo están relacionados entre sí el CLAMIDIA y el SIDA? _____

¿Cuál es la única manera de evitar 100% el contagio de una STI? _____

Si las personas deciden tener sexo, ¿qué pueden hacer para reducir el riesgo de transmitir STDs o CLAMIDIA?

Exploren este sitio web juntos (o lean las hoja informativa si recibieron una) para revisar sus respuestas. www.cdc.gov/std/life-stages-populations/stdfact-teens.htm

Información para adolescentes y adultos jóvenes:

Mantenerse sano y prevenir STDs



Si tú decides tener sexo, aprende cómo protegerte contra las enfermedades de transmisión sexual (STDs).



¿Qué son las enfermedades de transmisión sexual (STDs) (STDs)?

Las STDs son enfermedades que se transmiten de una persona a otra mediante el contacto sexual. Éstas incluyen clamidia, gonorrea, herpes genital, virus de papiloma humano (HPV), sífilis y CLAMIDIA. Muchas de estas STDs no muestran síntomas por mucho tiempo, pero pueden ser nocivas y ser transmitidas durante la actividad sexual.

¿Cómo se propagan las STDs?

Puedes contraer una STD al tener sexo (vaginal, anal u oral) con alguien que tenga una STD. Cualquier persona sexualmente activa puede contraer una STD. Ni siquiera tienes que "hacerlo por completo" (tener sexo anal o vaginal) para contraer una STD, ya que algunas STDs, como el herpes y el HPV, se propagan por contacto de piel.

¿Qué tan común son las STDs?

Las STDs son comunes, especialmente entre los jóvenes. Hay cerca de 20 millones de casos nuevos de STDs cada año en los Estados Unidos, y casi la mitad de éstos se dan en personas entre los 15 y 24 años de edad. Los jóvenes tienen un mayor riesgo de contraer una STD por varias razones:

- Los cuerpos de las mujeres jóvenes son biológicamente más susceptibles a las STDs.
- Algunos jóvenes no se hacen las pruebas recomendadas de STD.
- Muchos jóvenes son renuentes a hablar abierta y honestamente con un doctor o enfermera sobre su vida sexual.
- No tener seguro o transporte puede hacer más difícil para los jóvenes el acceso a las pruebas de STD.
- Algunos jóvenes tienen más de una pareja sexual.

¿Qué puedo hacer para protegerme?

- La forma más segura de protegerse contra las STDs es no tener actividad sexual en lo absoluto. Eso significa no tener ningún sexo vaginal, anal, u oral (abstinencia). Hay muchas cosas que considerar antes de tener sexo, y está bien decir "no" si no quieres tener sexo.
- Si decides tener sexo, tú y tu pareja deben hacerse pruebas antes y asegurarse de usar condón, cada vez que tengas sexo oral, anal, o vaginal, de principio a fin. Averigua dónde conseguir condones y cómo usarlos correctamente. No es seguro dejar de usar condones a menos que ambos se hayan hecho pruebas, sepan su estado y estén en una relación monógama mutua.
- La monogamia mutua significa que tú y tu pareja están de acuerdo en sólo tener contacto sexual entre ustedes. Esto los puede proteger contra las STDs, siempre y cuando ambos hayan sido examinados y sepan que están libres de STDs.
- Antes de tener sexo, habla con tu pareja sobre cómo pueden prevenir las STDs y el embarazo. Si tú crees estás listo para tener sexo, necesitas estar listo para proteger tu cuerpo y tu futuro. También debes hablar con tu pareja previamente acerca de qué sí y qué no harás sexualmente. Tu pareja siempre debe respetar tu derecho a decir no a cualquier cosa que no desees.

- Asegúrate de obtener el cuidado de salud que necesitas. Pregúntale a un doctor o enfermera sobre exámenes de STDs y sobre vacunas contra el HPV y la hepatitis B.
- Las niñas y mujeres jóvenes pueden tener necesidades extra para proteger su salud reproductiva. Habla con tu doctor o enfermera sobre exámenes regulares de cáncer cervical y de clamidia. Quizá también quieras discutir los embarazos no deseados y el control natal.
- Evita usar alcohol y drogas. Si usas alcohol y drogas, tienes más probabilidades de tomar riesgos, como no usar condón o tener sexo con alguien con quien tú normalmente no tendrías relaciones sexuales.

Si me contagio con una STD, ¿cómo lo sé?

Muchas STDs no causan síntomas que puedas observar, así que la única manera de saber si tienes una STD es hacerte un examen. Puedes contagiarte de una STD al tener sexo con alguien que no tiene síntomas. Igual que tú, esa persona puede no saber siquiera que tiene una STD.

¿Dónde puedo hacerme exámenes?

Hay lugares que ofrecen pruebas gratuitas y confidenciales de STDs. Esto significa que nadie puede averiguar que te has hecho pruebas. Visita FindSTDTest.org para encontrar un lugar de pruebas de STD cerca de ti.

¿Pueden ser tratadas las STDs?

Tu doctor te puede recetar medicamentos para curar algunas STDs, como la clamidia, la gonorrea. Otras STDs, como el herpes, no se pueden curar, pero puedes tomar medicamentos para ayudar con los síntomas.

Si alguna vez recibes tratamiento para una STD, asegúrate de terminarte todos tus medicamentos, aún si te sientes mejor antes de terminarlos. Pregúntale al doctor o enfermero sobre las pruebas y tratamientos para tu pareja también. Tú y tu pareja deben evitar tener sexo hasta que ambos hayan sido tratados. De otra forma, se pueden seguir contagiando la STD una y otra vez. Es posible contagiarse con una STD de nuevo (después del tratamiento), si tienes sexo con alguien que tiene una STD.

¿Qué pasa si no sigo el tratamiento de la STD?

Algunas STDs curables pueden ser peligrosas si no son tratadas. Por ejemplo, si no se tratan, la clamidia y la gonorrea pueden hacer difícil, o incluso imposible, el que una mujer se embarace. También aumenta la posibilidad de tener el VIH si no se recibe tratamiento para STDs, que como VIH, pueden ser fatales si no se tratan.

¿Qué pasa si mi pareja o yo tenemos una STD incurable?

Algunas STDs, como herpes y VIH no son curables, pero un doctor puede recetar medicamentos para tratar los síntomas.

Ti tú vives con una STD, es importante que le digas a tu pareja antes de tener sexo. Aunque puede ser incómodo hablar sobre tu STD, tener una conversación abierta y honesta con tu pareja para tomar decisiones es clave para proteger la salud de ambos.

Si tengo preguntas, ¿quién las puede contestar?

Si tienes preguntas, habla con tus padres o con un adulto en quien confíes. No tengas miedo de abrirte honestamente con ellos sobre tus inquietudes. Si alguna vez te sientes confundido o necesitas consejo, ellos son los primeros a quién acudir. Recuerda, ellos también fueron jóvenes.

Hablar sobre sexo con tus padres y otro adulto no tiene que ser una conversación de un solo día. Es mejor dejar la puerta abierta para más conversaciones en el futuro.

También es importante hablar honestamente con un doctor o enfermero. Pídeles que te recomienden pruebas o vacunas contra las STDs.

¿Dónde puedo obtener más información?

CDC

Cómo puedes prevenir las enfermedades de transmisión sexual

<http://www.cdc.gov/std/prevention/>

Embarazo de adolescentes

<http://www.cdc.gov/TeenPregnancy/Teens.html>

CDC-INFO, Centro de contacto

1-800-CDC-INFO

1-800-232-4636

<http://wwwn.cdc.gov/dcs/RequestForm.aspx>

HealthFinder.gov

Pruebas de STDs: para iniciar la conversación

<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters>

Asociación Americana de Salud Sexual

La salud sexual y tú

<http://www.iwannaknow.org/teens/index.html>

Adolescentes y adultos jóvenes

<http://www.ashasexualhealth.org/sexual-health/teens-and-young-adults/>

Referencias

Centros de control y prevención de enfermedades. Incidencia, predominio y costo de las infecciones de transmisión sexual en los Estados Unidos, <http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf>. Accedido el 14 de octubre de 2014.



HIV Now – Testing and Treatment Today! Homework (HS-5)

Name _____ Date _____

HIV and AIDS are terms that you might have heard before and you might already know a bit about them! Did you know that people living with HIV—with the help of medication—can lead happy healthy lives and have normal life expectancies? There has been a lot of progress in HIV prevention and treatment over the past couple of decades! For example, medication called Antiretroviral Therapy (or ART) can dramatically prolong lives of many people living with HIV and reduce the likelihood of transmitting HIV to others.

Instructions:

1. Please visit these websites (or see the handouts provided by your teacher) to answer the questions about HIV below:
 - www.cdc.gov/hiv/basics/index.html (available in English or Spanish)
 - www.cdc.gov/hiv/pdf/prep_gl_patient_factsheet_prep_english.pdf
 2. Have a discussion with you parent(s) or trusted adult(s) about HIV by discussing your findings and asking them the interview questions provided.
-

Internet Research: *(Please write the answer to your questions on another sheet of paper.)*

- 1) What is HIV?
- 2) If a person gets HIV, what does it do to their body?
- 3) How does someone know if they have HIV?
- 4) Is there a cure for HIV?
- 5) How does HIV get passed from one person to another?
- 6) What are some of the highest risk behaviors for spreading HIV from one person to another?
- 7) Can a person get HIV from injecting drugs?
- 8) If someone does inject drugs, what can they do to lower their risk of getting HIV?
- 9) What are some ways in which you *cannot* get HIV?
- 10) There are only two certain ways to avoid getting HIV: Abstinence from injection drug use and abstinence from _____.
- 11) What kinds of HIV tests are available?
- 12) What is PrEP and who should consider taking this medication?



HIV Now – Testing and Treatment Today! **Homework (HS-5)**

IT'S A FACT – In California, anyone 12 years old and older can consent to PrEP without notifying parents if they do not wish to.

- 13) What is PEP and who should consider taking this medication?
- 14) What is some medical advice given to people living with HIV?
- 15) What is antiretroviral therapy (or ART) and what can it do for people living with HIV?

Interview with Parent(s)/Trusted Adult(s): *(Ask the following questions and use the research that you just did to guide your conversation. Record some of your discussion points below.)*

- What do you think HIV is?
- Do you know how HIV is passed from one person living with HIV to another person?
- What do you think people can do to avoid getting HIV?
- When you first heard about HIV, what do you remember thinking?
- When you first heard about HIV, what did you think the relationship between HIV and AIDS was?
- When you heard about someone living with HIV in the past, how did you imagine their life would turn out?
- Have you heard about the latest medications that people living with HIV can take that can lead to normal life expectancies and that can reduce the likelihood of transmitting HIV to others?
- Have your attitudes towards people living with HIV changed at all after this conversation?

HIV 101

High School - Lesson 5

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV Can Be Transmitted By



Sexual Contact



Sharing Needles to Inject Drugs



Mother to Baby during pregnancy, birth, or breastfeeding

HIV Is **NOT** Transmitted By



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

Protect Yourself From HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Limit your number of sex partners.
- Don't inject drugs, or if you do, don't share needles or works.



- If you are at very high risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.



Keep Yourself Healthy And Protect Others If You Are Living With HIV

- Find HIV care. It can keep you healthy and greatly reduce your chance of transmitting HIV.
- Take your medicines the right way every day.
- Stay in HIV care.



- Tell your sex or drug-using partners that you are living with HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.



For more information please visit www.cdc.gov/hiv

PrEP Information Sheet

Pre-exposure Prophylaxis (PrEP) for HIV Prevention

Frequently Asked Questions

What is PrEP?

“PrEP” stands for preexposure prophylaxis. The word “prophylaxis” (pronounced pro fil ak sis) means to prevent or control the spread of an infection or disease. The goal of PrEP is to prevent HIV infection from taking hold if you are exposed to the virus. This is done by taking a pill that contains 2 HIV medications every day. These are the same medicines used to stop the virus from growing in people who are already infected.

Why take PrEP?

The HIV epidemic in the United States is growing. About 50,000 people get infected with HIV each year. More of these infections are happening in some groups of people and some areas of the country than in others.

Is PrEP a vaccine?

No. PrEP medication does not work the same way as a vaccine. When you take a vaccine, it trains the body’s immune system to fight off infection for years. You will need to take a pill every day by mouth for PrEP medications to protect you from infection. PrEP does not work after you stop taking it. The medication that was shown to be safe and to help block HIV infection is called “Truvada” (pronounced tru va duh). Truvada is a combination of 2 drugs (tenofovir and emtricitabine). These medicines work by blocking important pathways that the HIV virus uses to set up an infection. If you take Truvada as PrEP daily, the presence of the medication in your bloodstream can often stop the HIV virus from establishing itself and spreading in your body. If you do not take the Truvada pills every day, there may not be enough medicine in your blood stream to block the virus.

Should I consider taking PrEP?

PrEP is not for everyone. Doctors prescribe PrEP for some patients who have a very high risk of coming in contact with HIV by not using a condom when they have sex with a person who has HIV infection. You should consider PrEP if you are a man or woman who sometimes has sex without using a condom, especially if you have a sex partner who you know has HIV infection. You should also consider PrEP if you don’t know whether your partner has HIV infection but you know that your partner is at risk (for example, your partner inject drugs or is having sex with other people in addition to you) or if you have recently been told by a health care provider that you had a sexually transmitted infection. If your partner has HIV infection, PrEP may be an option to help protect you from getting HIV infection while you try to get pregnant, during pregnancy, or while breastfeeding.

How well does PrEP work?

PrEP was tested in several large studies with men who have sex with men, men who have sex with women, and women who have sex with men. All people in these studies (1) were tested at the beginning of the trial to be sure that they did not have HIV infection, (2) agreed to take an oral PrEP tablet daily, (3) received intensive counseling on safer-sex behavior, (4) were tested regularly for sexually transmitted infections, and (5) were given a regular supply of condoms.

Several studies showed that PrEP reduced the risk of getting HIV infection.

- Men who have sex with men who were given PrEP medication to take, were 44% less likely to get HIV infection than were those men who took a pill without any PrEP medicine in it (a placebo). Forty-four percent was an average that included men who didn't take the medicine every day and those who did. Among the men who said they took most of their daily doses, PrEP reduced the risk of HIV infection by 73% or more, up to 92% for some.
- Among men and women in couples in which one partner had HIV infection and the other partner initially did not ("HIV-discordant" couples), those who received PrEP medication were 75% less likely to become infected than those who took a pill without any medicine in it (a placebo). Among those who said they took most of their daily doses, PrEP reduced the risk of HIV infection by up to 90%.
- In one study of men and women who entered the study as individuals (not as a couple), PrEP worked for both men and women in one study: those who received the medication were 62% less likely to get HIV infection; those who said they took most of their daily doses, were 85% less likely to get HIV infection. But in another study, only about 1 in 4 women (<26%) had PrEP medication found in their blood when it was checked. This indicated that few women were actually taking their medication and that study found no protection against HIV infection.

More information on the details of these studies can be found at www.cdc.gov/hiv/prep.

Is PrEP safe?

The clinical trials also provided safety information on PrEP. Some people in the trials had early side effects such as an upset stomach or loss of appetite but these were mild and usually went away within the first month. Some people also had a mild headache. No serious side effects were observed. You should tell your doctor if these or other symptoms become severe or do not go away.

How can I start PrEP?

If you think you may be at high risk for HIV, talk to your doctor about PrEP. If you and your doctor agree that PrEP might reduce your risk of getting HIV infection, you will need to come in for a general health physical, blood tests for HIV, and tests for other infections that you can get from sex partners. Your blood will also be tested to see if your kidneys and liver are functioning well. If these tests show that PrEP medicines are likely to be safe for you to take and that you might benefit from PrEP, your doctor may give you a prescription after discussing it with you.

Taking PrEP medicines will require you to follow-up regularly with your doctor. You will receive counseling on sexual behaviors and blood tests for HIV infection and to see if your body is reacting well to Truvada. You should take your medicine every day as prescribed, and your doctor will advise you about ways to help you take it regularly so that it stands the best chance to help you avoid HIV infection. Tell your doctor if you are having trouble remembering to take your medicine or if you want to stop PrEP.

If I take PrEP can I stop using condoms when I have sex?

You should not stop using condoms because you are taking PrEP. If PrEP is taken daily, it offers a lot of protection against HIV infection, but not 100%. Condoms also offer a lot of protection against HIV infection if they are used correctly every time you have sex, but not 100%. PrEP medications don't give you any protection from other infections you can get during sex, but condoms do. So you will get the most protection from HIV and other sexual infections if you consistently take PrEP medication and consistently use condoms during sex.

How long do I need to take PrEP?

You should discuss this with your doctor. There are several reasons that people stop taking PrEP. If your risk of getting HIV infections becomes low because of changes that occur in your life, you may want to stop taking PrEP. If you find you don't want to take a pill every day or often forget to take your pills, other ways of protecting yourself from HIV infection may work better for you. If you have side effects from the medication that are interfering with your life or if blood tests show that your body is reacting to PrEP in unsafe ways, your doctor may stop prescribing PrEP for you.

Nombre: _____ Fecha: _____

El VIH y el SIDA son términos que quizá hayas escuchado antes y de los cuales tengas algo de información. ¿Sabías que la gente que vive con VIH, con ayuda de medicamentos, pueden tener una vida feliz y saludable, y una expectativa de vida normal? Ha habido un gran progreso en la prevención y tratamiento del VIH en las últimas décadas. Por ejemplo, el medicamento Terapia Antiretroviral (o ART) puede prologar mucho la vida de mucha gente que vive con VIH y reduce la probabilidad de transmitir el VIH a otros.

Instrucciones

1. Por favor visita estas páginas web (o ve las hojas informativas que te dan tus maestros) para responder a las siguientes preguntas sobre VIH:
 - www.cdc.gov/hiv/spanish/basics/index.html
 - www.cdc.gov/hiv/pdf/prep_gl_factsheet_prep_spanish.pdf
 2. Discute con tus padres o adultos confiables sobre el VIH hablando sobre lo que descubriste y haciéndoles las preguntas de entrevistas que se te proporcionaron
-

Investigación en internet *(Por favor escribe la respuesta a tus preguntas en otra hoja de papel)*

1. ¿Qué es el VIH?
2. Si una persona tiene el VIH, ¿qué le hace eso a su cuerpo?
3. ¿Cómo sabe una persona que tiene el VIH?
4. ¿Hay una cura para el VIH?
5. ¿Cómo pasa el VIH de una a otra persona?
6. ¿Cuáles son algunas de las conductas más riesgosas en la propagación del VIH entre las personas?
7. ¿Puede una persona contraer el VIH al inyectarse drogas?
8. Si una persona se inyecta drogas, ¿qué puede hacer para disminuir el riesgo de contraer el VIH?
9. ¿Cuáles son unas formas en que *no* puedes contraer el VIH?
10. Hay sólo dos maneras seguras para evitar contraer el VIH: abstenerse de inyectarse drogas y abstinencia de _____.
11. ¿Qué tipos de pruebas de VIH hay disponibles?
12. ¿Qué es PrEP y quienes deberían considerar tomar este medicamento?

El VIH hoy – Pruebas y tratamiento actuales

Tarea (HS-5)

ES UN HECHO – En California, cualquier persona de 12 años o más puede dar su consentimiento para PrEp sin preguntar a sus padres si lo desean o no

13. ¿Qué es PEP y quienes deben considerar tomar este medicamento?
14. ¿Qué recomendaciones médicas se pueden dar a la gente que tiene VIH?
15. ¿Qué es la terapia antiretroviral (o ART) y qué hace por las personas que tienen VIH?

Entrevista con padres/adultos confiables: (Haz las siguientes preguntas y usa la investigación que hiciste para guiar la conversación. Anota abajo algunos puntos de tu discusión.

- ¿Qué piensas que es el VIH
- ¿Sabes cómo se propaga el VIH de una persona que tiene el VIH a otra persona?
- ¿Qué piensas que pueden hacer las personas para evitar contraer el VIH?
- Cuando escuchaste por primera vez sobre el VIH, ¿qué recuerdas haber pensado?
- Cuando escuchaste por primera vez sobre el VIH, ¿qué relación pensaste que había entre el VIH y el SIDA?
- Cuando supiste sobre alguien que contrajo el VIH en el pasado ¿cómo imaginaste que su vida sería?
- ¿Has escuchado hablar sobre los últimos medicamentos que pueden tomar las personas que tienen VIH, los cuales les pueden ayudar tener una expectativa de vida normal y que pueden reducir la probabilidad de transmitir el VIH a otros?
- ¿Han cambiado tus actitudes hacia la gente que tiene el VIH después de esta conversación?

VIH 101

High School - Lesson 5

Sin tratamiento, el VIH (virus inmunodeficiencia humana) puede enfermar gravemente a una persona, incluso causar la muerte. Aprender lo básico sobre el VIH te puede mantener saludable y prevenir la transmisión.

El VIH puede transmitirse por



Contacto sexual



Compartir agujas para inyectarse drogas



De la madre al bebé durante el embarazo, el parto o la lactancia

El VIH **NO** se transmite por



Aire o agua



Saliva, sudor, lágrimas o besos con la boca cerrada



Insectos o mascotas



Compartir retretes, alimentos o bebidas

Protégete del VIH

- Hazte pruebas al menos una vez o más seguido si estás en riesgo.
- Usa condones correctamente cada vez que tengas sexo anal o vaginal.
- Elige actividades con poco o ningún riesgo como el sexo oral.
- Limita el número de parejas sexuales.
- No te inyectes drogas; si lo haces, no compartas las agujas o equipo.



- Si estas en alto riesgo de VIH, pregúntale a tu proveedor de salud si la profilaxis pre-exposición (PrEP) es lo indicado para ti.
- Si piensas que te has expuesto al VIH en los últimos 3 días, pregunta a tu proveedor de salud sobre la profilaxis post-exposición (PEP) de inmediato. La PEP puede prevenir el VIH, pero debe comenzar dentro de las primeras 72 horas.
- Que te examinen y traten para otras STDs.



Mantente saludable y protege a los demás si vives con el VIH

- Encuentra cuidados para el VIH. Puede mantenerte saludable y reducir mucho tu probabilidad de transmitir el VIH.
- Toma tus medicinas correctamente cada día.
- Mantén tus cuidados para el VIH.



- Dile a tus parejas sexuales o tus compañeros de drogas que vives con el VIH. Usa condones correctamente cada vez que tengas sexo y habla con tus parejas sobre PrEP.
- Que te examinen y traten para otras STDs.



Para más información, por favor visita www.cdc.gov/hiv

Hoja de información sobre PrEP

Profilaxis pre-exposición (PrEP) para prevención contra el VIH

Preguntas Frecuentes

¿Qué es PrEP?

“PrEP” significa profilaxis pre-exposición. La palabra profilaxis significa prevenir o controlar la propagación de una infección o enfermedad. El objetivo de PrEP es prevenir que la infección del VIH se establezca si tú te has expuesto al virus. Esto se hace tomando una pastilla que contiene dos medicamentos de VIH cada día. Estas son las mismas medicinas que se usan para impedir que el virus crezca en gente que ha ya sido infectada.

¿Por qué tomar PrEP?

La epidemia de VIH en los Estados Unidos está aumentando. Cerca de 50,000 personas se infectan con el VIH cada año. Muchas de estas infecciones suceden en unos grupos de personas y en algunas áreas del país más que en otras.

¿Es la PrEP una vacuna?

No. El medicamento PrEP no funciona de la misma manera que una vacuna. Cuando te administran una vacuna, ésta entrena al sistema inmune del cuerpo a combatir la infección por años. Tú tendrás que tomar una pastilla todos los días para que los medicamentos PrEP te protejan de la infección. PrEP no funciona después que la dejas de tomar. La medicina que ha mostrado ser segura y que ayuda a bloquear la infección de VIH se llama “Truvada”. Truvada es una combinación de 2 drogas (tenofovir y emtricitabine). Estas medicinas actúan bloqueando las rutas importantes que usa el virus VIH para crear una infección. Si tomas Truvada como PrEP diariamente, la presencia del medicamento en tu torrente sanguíneo puede con frecuencia detener al virus VIH para que no se establezca y se disperse en tu cuerpo. Si no tomas las pastillas Truvada todos los días, puede no haber suficiente medicina en tu torrente sanguíneo para bloquear al virus.

¿Debo considerar tomar PrEP?

PrEP no es para todos. Los doctores prescriben PrEP a algunos pacientes que tienen un muy alto riesgo de estar en contacto con el VIH al no usar condones cuando tienen sexo con una persona que tiene una infección de VIH. Debes considerar PrEP si algunas veces tienes relaciones sexuales sin usar condón, especialmente si tienes una pareja sexual que sabes que tiene una infección de VIH. También debes considerar PrEP si no sabes si tu pareja tiene o no una infección de VIH, pero sabes que tu pareja está en riesgo (por ejemplo, tu pareja se inyecta drogas o tiene sexo con otras personas además de ti) o si tu proveedor de salud te ha dicho recientemente que tienes una infección de transmisión sexual. Si tu pareja tiene una infección de VIH, PrEP puede ser una opción para ayudar a protegerte contra la infección de VIH mientras estás tratando de embarazarte, durante el embarazo o durante la lactancia.

¿Qué tan bien funciona PrEP?

PrEP fue probado con varios estudios completos con hombres que tienen sexo con hombres, hombres que tienen sexo con mujeres y mujeres que tienen sexo con hombres. Toda la gente en estos estudios (1) fueron examinados al comienzo de las pruebas para garantizar que no tuvieran una infección de VIH, (2) acordaron tomar una tableta oral PrEP diariamente, (3) recibieron orientación intensiva sobre conducta sexual más saludable, (4) fueron examinados con regularidad para detectar infecciones de transmisión sexual, y (5) recibieron un suministro regular de condones.



Varios estudios mostraron que PrEP reduce el riesgo de adquirir una infección de VIH.

- A los hombres que tienen sexo con hombres a quienes se les dio medicamento PrEP para tomar, tuvieron 44% menos probabilidades de adquirir una infección de VIH que los que tomaron una pastilla sin ningún medicamento PrEP en ella (un placebo). El cuarenta y cuatro por ciento fue un rango promedio que incluyó hombres que no tomaron la medicina todos los días y a aquellos que sí. Entre los hombres que dijeron que tomaron la mayoría de las dosis diarias, PrEP redujo el riesgo de una infección de VIH en un 73% o más, hasta 92% en algunos casos.
- Entre parejas de hombres y mujeres en las cuales un miembro de la pareja tenía infección de VIH y el otro inicialmente no tenía (parejas “sero-discordantes” o VIH-discordantes), aquellos que recibieron medicamento PrEP tuvieron 75% menos probabilidades de infectarse que aquellos que no tomaron una pastilla sin medicina en ella (un placebo). Entre aquellos que dijeron que tomaron la mayoría de las dosis diarias, PrEP redujo el riesgo de una infección de VIH hasta en un 90%.
- En un estudio de hombres y mujeres que ingresaron al estudio como individuos (no como pareja), PrEP funcionó tanto para hombres como para mujeres: aquellos que recibieron el medicamento tuvieron 62% menos probabilidades de adquirir una infección de VIH; aquellos que dijeron que tomaron la mayoría de las dosis diarias tuvieron 85% menos probabilidades de adquirir una infección de VIH. Pero en otro estudio, sólo 1 de cada 4 mujeres (<26%) tenían medicamento PrEP en su sangre cuando se examinaron. Esto indicó que pocas mujeres estaban realmente tomando el medicamento y ese estudio no encontró protección contra la infección de VIH.

Para más información sobre los detalles de estos estudios, consulte www.cdc.gov/hiv/prep.

¿Es PrEP seguro?

Las pruebas clínicas también proporcionaron información de seguridad sobre PrEP. Algunas personas en las pruebas tuvieron efectos secundarios como molestias estomacales o pérdida de apetito, pero fueron leves y usualmente desaparecían durante el primer mes. Algunas personas también tuvieron dolor de cabeza leve. No se observaron efectos secundarios serios. Debes hablar con tu doctor si estos y otros síntomas se vuelven severos o si no desaparecen.

¿Cómo puedo comenzar la PrEP?

Si piensas que puedes estar en alto riesgo de infección de VIH, habla con tu doctor sobre PrEP. Si tú y tu doctor concuerdan con que PrEP puede reducir tu riesgo de infección de VIH, necesitas hacerte un examen físico general, pruebas de sangre para VIH, y pruebas para otras infecciones que puedas tener de parejas sexuales. Tu sangre también será examinada para ver si tus riñones y tu hígado están funcionando bien. Si estas pruebas muestran que las medicinas de PrEP son seguras para que tú las tomes y que te podrías beneficiar de la PrEP, tu doctor puede darte una receta después de hablarlo contigo.

Tomar medicinas de PrEP te requerirá dar seguimiento con tu doctor regularmente. Recibirás orientación sobre conducta sexual y pruebas de sangre para detectar infección de VIH y para ver si tu cuerpo está reaccionando bien a Truvada. Debes tomar tu medicina todos los días, como se prescribe y tu doctor te aconsejará sobre formas para tomarlas regularmente para que tengas la mejor oportunidad de que te ayude a evitar la infección de VIH. Dile a tu doctor si tienes problema para recordar tomar tu medicina o si deseas parar la PrEP.

Si comienzo la PrEP, ¿puedo dejar de usar condones al tener sexo?

No debes de dejar de usar condones por estar en la PrEP. Si PrEP se toma diario, ofrece mucha protección contra la infección de VIH, pero no en un 100%. Los condones también ofrecen mucha protección contra la infección de VIH si se usan correctamente cada vez que tienes sexo, pero no en un 100%. Los medicamentos PrEP no te dan protección contra otras infecciones que puedas adquirir durante tu relación sexual, pero los condones sí. Así que tendrás la máxima protección contra el VIH y otras infecciones de transmisión sexual si tomas consistentemente tu medicamento PrEP y si usas condones consistentemente durante tus relaciones sexuales.

¿Cuánto tiempo tengo que tomar la PrEP?

Debes discutir esto con tu doctor. Hay varias razones por las que la gente deja de tomar la PrEP. Si tu riesgo de adquirir la infección de VIH disminuye debido a cambios en tu vida, puedes desear dejar de tomar la PrEP. Si te das cuenta que no deseas tomar una pastilla todos los días o si te olvidas a menudo de tomarla, otras formas de protegerte contra la infección de VIH pueden funcionar mejor para ti. Si tienes efectos secundarios por el medicamento que están interfiriendo con tu vida o si tus pruebas de sangre indican que tu cuerpo está reaccionando a la PrEP de manera no segura, tu doctor puede dejar de prescribir PrEP para ti.



Emergency Contraception Investigation Homework (HS-6)

Name _____ Date _____

Emergency Contraception – sometimes referred to as “EC” or the “Morning After Pill” – is another birth control method that we did not explore in much detail in class today. This particular method is a bit different than the other methods that we explored, all of which would be used in advance of – or at the same time as – having vaginal sex. EC is a method that is used *after* having vaginal sex and only in cases when a back-up method is needed. If a pregnancy has started already, EC will not affect this existing pregnancy; EC can only decrease the chance of becoming pregnant if a pregnancy has not already occurred.

Instructions:

1. Please visit this website (or see the handout provided by your teacher) to answer the questions about EC below:

www.your-life.com/static/media/pdf/educational-material/waiting-room/WCD-Contraception-Compendium-Screen.pdf (see pages 20 and 42)

2. Create two scenarios (like the ones you read in class today) in which you would recommend Emergency Contraception to a person.
-

Internet Research: *(Please write the answer to your questions below.)*

- 1) What is Emergency Contraception (EC)?

- 2) How does EC work?

- 3) If someone decides to take EC, how long after vaginal sex should they take it?

- 4) In what circumstances would someone take EC?

- 5) Does EC protect against STIs or HIV?

- 6) Should EC be used as a birth control method in a regular basis?

(Continued on back.)



Emergency Contraception Investigation Homework (HS-6)

Scenarios: *(Create two scenarios in which you would recommend Emergency Contraception to a person.)*

- Scenario 1:

- Scenario 2:

METHOD: EMERGENCY PILL



(often known as the “morning after pill”)

HOW EFFICIENT IS IT?

Reasonable efficacy when used as directed.

HOW DOES IT WORK?

It typically contains hormones that are similar to oral contraceptives, but are much higher dosed. It changes the womb, that a fertilized egg cannot implant there. It may prevent or delay an egg from being released. An emergency pill is to be taken as soon as possible after unprotected sex or if you suspect that your chosen method of contraception has failed, e.g. torn condom.

HOW DO I USE IT?

Take it ideally within 12 hours, but no later than 3 to 5 days after unprotected intercourse, depending on the type of pill. The sooner you take it the more efficient it will be.

WOULD THIS METHOD SUIT ME?

This emergency method of contraception is only intended as a back-up method. Do not use it regularly!

- It can be used if unprotected sex has taken place or if another method of contraception has failed, e.g. torn condom or forgotten pill.
- After using emergency contraception you should use another form of contraception for the rest of your cycle to protect yourself if you do not want to become pregnant.



HORMONAL METHODS

PLEASE TALK TO YOUR HEALTHCARE PROFESSIONAL TO FIND OUT IF THIS METHOD IS RIGHT FOR YOU

	Injection	Contraceptive Implant	Emergency Pill
Method	Progestogen injection. Prevents sperm reaching egg and egg from being released.	One or two small rods containing the hormone progestogen which is inserted under the skin in the arm by healthcare professionals. Prevents egg from being released and sperm from reaching egg.	Contains hormones that are similar to oral contraceptives, but are much higher dosed. It changes the womb, that a fertilized egg cannot implant there. It may prevent or delay an egg from being released.
Advantages	Lasts for 12 weeks. Can be used if you are breastfeeding.	Effective for three up to five years, but reversible. You don't have to remember to take a pill. Contraceptive implants are reversible, but not easily reversible.	If you've had unprotected sex or a method of contraception has failed, this method can stop you from getting pregnant.
Considerations	Return to fertility may be delayed. Weight gain is possible. Not promptly reversible in case of side effects.	Requires a small surgical procedure and has to be applied and removed by a trained physician. Should be taken as soon as possible after unprotected intercourse.	Should be taken as soon as possible after unprotected intercourse. The sooner a woman takes it the more efficient it will be.
Efficacy	Over 99% efficient when used properly.	Over 99% efficient when used properly.	Risk of pregnancy is substantially reduced with highest efficiency when taken within 12 hours of unprotected intercourse.
STI and HIV Protection	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.

**Media Hunt: Did They Use Condoms?
Homework (HS-7)**

Name _____ Date _____

Instructions:

- Over the next week when you are watching TV shows, videos, or movies, please keep this sheet with you.
- Your media choices should be mainstream media and not adult in nature.
- Share three examples of couples that are either in a sexual relationship or talking about being in that relationship.
- Describe whether and how they talk about or actually use condoms.
- In each case, answer the questions that follow.

Example One:

Name of Show/Video: _____

Characters in a relationship: _____

Did they talk about using condoms? YES NO

Did they actually use them? YES NO

Describe the scene(s): _____

Do you think they did a good job? Why or why not? _____

Example Two:

Name of Show/Video: _____

Characters in a relationship: _____

Did they talk about using condoms? YES NO

Did they actually use them? YES NO

Describe the scene(s): _____

Do you think they did a good job? Why or why not? _____

(Continued on back.)

Example Three:

Name of Show/Video: _____

Characters in a relationship: _____

Did they talk about using condoms? YES NO

Did they actually use them? YES NO

Describe the scene(s): _____

Do you think they did a good job? Why or why not? _____

Trafficking Prevention

Homework (Lesson HS-9)

Student Name _____

INSTRUCTIONS:

- Watch the following video on Human Trafficking in San Diego <https://vimeo.com/155869265>.
- *Non tech option:* Read “5 Common Trafficking Recruitment Methods” and “10 Facts about Sex Trafficking.”
- Answer the following questions below.

1) How many people fall victim to sex trafficking in San Diego County each year?

2) What part of the county is seeing the most trafficking?

3) Describe in your own words some of the strategies traffickers are using to recruit young people.

4) What are the hotline numbers you can call or text to report trafficking or seek assistance?

5) What are some strategies you can use to protect yourself or others from trafficking?

6) Do you have any questions for your teacher about healthy relationships or trafficking?

5 Common Trafficking Recruitment Methods



1. Personal Social Networks

Personal social networks and relationships are a powerful recruitment tool. Traffickers commonly recruit friends of family members, friends of other girls they have trafficked, and others in their neighborhood. Sometimes, they will throw “turnout parties” within their social network to recruit. They recruit in many places such as malls, transit stations, beaches, gas stations, campuses, clubs, and restaurants. Schools, malls, and transit locations in particular are associated with minors. Young traffickers who are often gang-involved traffickers use their networks in their school and in their community, often recruiting their classmates.

2. Romantic Relationships

Many traffickers engage in romantic or physical relationships with the recruits to appeal to their victims’ emotional and economic needs. They use a sort of bait and switch tactic, building a relationship with the victim, then asking the victim to engage in commercial sex to help the two of them accomplish their dreams of being together.

3. Online ads

Ads for recruitment often pose as a legitimate employment opportunity, calling for “models” and presenting the opportunity for a photo shoot. Traffickers also search existing online advertisements on sites like Craigslist and Backpage for women and girls who might be working independently.

4. The Lure of Wealth

Former traffickers said that pointing out to victims that they were “already doing it for free” was particularly influential with those who were economically disadvantaged. The traffickers offer the victim economic security. For traffickers, prominently displaying their wealth was key to recruiting with many citing their outward displays of wealth as a primary means of attraction for victims.

5. Current Victims

Girls already involved with the trafficker are often made to help with recruiting, especially from train stations, bus stops, bus stations, clubs, detention facilities, group homes, continuation schools, homeless shelters, and from social media. These girls are typically called “bottoms”. Although the bottom is both a victim and an offender, law enforcement takes the position that if the person is actively involved in recruitment, they will be charged with trafficking.

Full list of sources at pact.city/facts



10 Facts About Sex Trafficking



1.

The FBI has classified San Diego as a “High Intensity Child Prostitution Area” on a list of the top 13 cities for prostituting children.

2.

There are at least 3,000 trafficking victims per year in San Diego County, according to a study released in 2016 by the University of San Diego and Point Loma Nazarene University. The number may be as high as 8,000.

3.

The average age of entry into sex trafficking is 16.

4.

When a victim is a minor under the age of 18, sex trafficking does not require force, fraud or coercion. Minors cannot legally consent to sexual activity

5.

Victims often have backgrounds of child physical or sexual abuse and domestic violence but span every socioeconomic and family background.

6.

The average victim is trafficked for about three years before reaching the attention of law enforcement.

7.

100 percent of high schools that participated in a recent study reported recruitment of their students for sex trafficking.

8.

About 90 percent of high schools surveyed reported cases of their students becoming victims of sex trafficking.

9.

Homeless and foster youth are at the greatest risk for recruitment.

10.

Most of the sex trafficking activity is controlled by street gangs, some of which have turned to prostitution as their top source of income.



Values and Beliefs Interview Homework (HS-10)

Name _____ Date _____

Instructions: Think about the adults in your life that you might be able to talk to about important things, like sex and sexuality. Pick someone such as a parent, caregiver, family member, teacher, or mentor to interview about their thoughts and feelings about sex and relationships. This interview might start a conversation about your own thoughts, feelings, values and beliefs and might lead to more conversations in the future.

Ask your trusted adult:

1. Briefly describe the messages that your parent(s)/caregivers gave you about the following topics:
 - Sexuality
 - Women
 - Men
 - Heterosexual (Female/Male) Relationships
 - Same Sex Relationships
 - Premarital Sex
 - Birth Control
 - Teenage Pregnancy
 - STIs and HIV/AIDS
2. How do you feel about your parent(s)/caregiver(s) messages? Do you agree with these messages now? Disagree?
3. If your own values and beliefs are different from your parent(s)/caregiver(s)' values and beliefs about these topics, what do you think caused the difference in beliefs?
4. What messages would you like your own child (or me) to receive? What changes might you make?
5. If your values and beliefs are different than my own, how would you feel if I came to you for advice on one of these topics?
6. What advice could you give me, based on your own experiences and reflections, on how I can become a healthy adult and have healthy relationships?



Entrevista de valores y creencias Tarea (HS-10)

Nombre _____ Fecha _____

INSTRUCCIONES: Piensa sobre los adultos en tu vida con quien puedas hablar sobre cosas importantes, como el sexo y la sexualidad. Escoge a alguien, como uno de tus padres o tutores, un familiar, maestro o mentor, para hacerle una entrevista sobre sus pensamientos sobre el sexo y las relaciones. Esta entrevista puede comenzar una conversación sobre tus propios pensamientos, sentimientos, valores y creencias y puede llevar a más conversaciones en el futuro.

Pregúntale al adulto en quien confías:

1. Describe brevemente los mensajes que tú y tus padres o tutores te dieron sobre los siguientes temas:
 - Sexualidad
 - Mujeres
 - Hombres
 - Relaciones heterosexuales (hombre/mujer)
 - Relaciones entre personas del mismo sexo
 - Sexo antes del matrimonio
 - Control natal
 - Embarazo en adolescentes
 - STDs y VIH/SIDA
2. ¿Cómo te sientes con los mensajes de tus padres/tutores? ¿Estás de acuerdo con estos mensajes?
3. Si tus propios valores y creencias sobre estos temas son diferentes de los valores y creencias de tus padres/tutores, ¿qué piensas que ocasionó esta diferencia?
4. ¿Qué mensajes quisieras que tus propios hijos (o yo) recibiera? ¿Qué cambios harías?
5. Si tus valores y creencias son diferentes a los míos, ¿cómo te sentirías si yo acudiera a ti por consejos sobre alguno de estos temas?
6. ¿Qué consejo me darías, con base a tus propias experiencias y reflexiones, sobre cómo puedo convertirme en un adulto saludable y tener relaciones saludables?