

T.L.C. Facilitator's Manual

Act Safe Module

Sexual Decisions of HIV-Positive Youth

Session #2 : Which Protection Methods and Sex Acts Are Best for Me?

OBJECTIVES:

1. Youths will select the contraceptive and protection methods which are best for them.
2. Youth will learn how to use male and female condoms.
3. Youths will select the sexual acts which both protect them and give them pleasure.
4. Youth will be able to identify ways they can make condom use more erotic for themselves and their partner(s).
4. Youth will be able to problem-solve to overcome barriers to condom use.
5. Youth will identify ethical dilemmas around using condoms to protect themselves and others (e.g., trust).

RATIONALE:

If youths are to protect themselves against re-infection and STDs, protect their partners, and prevent pregnancy they need to know the effectiveness of different methods and how to use them. This session provides information and shows that contraceptive methods and protection methods may not have the same usefulness. It also provides a hands-on opportunity to practice using male and female condom. Reducing discomfort is as much a goal as knowing how to use them.

Research indicates that one barrier to condom use is that condoms are perceived to diminish pleasure and erotic feelings. Thus, how to make condom use more erotic is explored.

Research also has identified a variety of attitudinal barriers to condom use. Youths are taught how to counteract these attitudinal barriers in others, assuming that by arguing against these barriers youths may change some of their own prejudices.

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Even if youths know how to use condoms and have attitudes which are positive toward condom use, there are dilemmas related to their relationships with their partners that may make condom use difficult. These dilemmas involve issues of trust, the meaning of caring, and self-esteem. In this session youths explore these dilemmas and confront issues of doing the "right thing." Through this confrontation we believe that youths will grow more concerned about behaving in a way that matches their ethical standards.

It is assumed that sex is natural, enjoyable, and needed. Therefore, the emphasis is placed on what to do that provides both pleasure and protection and not solely on what is "unsafe." Also we avoid moralizing so that the person who does not meet the criteria of using 100% protection all of the time is not considered "bad."

As in every session, goals will be emphasized and possible selves will be considered. Both factors contribute to motivating youths to take actions which protect themselves and others.

SUMMARY OF EXERCISES:

1. Introduce participants and the session. Do a lottery and give out "Thanks." Review goals. (15 minutes)
2. Preview different contraception and prevention methods, improve related decision making skills. (20 minutes)
3. Familiarize participants with female condoms and proper use. (20 minutes)
4. Present guidelines on condom use, model putting on a condom, and practice on penis models. (15 minutes)
5. Brainstorm ways to make condom use more erotic and role play discussing how to increase eroticism with a partner. (10 minutes)
6. Review possible selves as relates to condom use and argue against attitudinal barriers. (15 minutes)
7. Confront ethical dilemmas through scripts and discussion of condom use. (15 minutes)
8. End with goal setting and group appreciation. (10 minutes)

MATERIALS:

Lottery tickets
Lottery prize
"Thanks"
Goal Setting Chart
Goal Cards
Goal Summary Sheet
Newsprint and marking pens
Effectiveness of Methods Against Disease
Effectiveness of Methods of Birth Control
Condoms--lubricated and unlubricated
Water-based lubricant
Do's and Don'ts for Condoms
Female condoms
Penis models
Pelvic model
Feeling Thermometer Chart
Attitude cards
Paper and pencils
My Actions
Scripts: Customers and Lovers, The Two of Us
Film Spermicide
Cervical Cap
Diaphragm

NOTES TO THE FACILITATORS: Text in **bold** letters tells you what the purpose of each exercise is. Text in CAPITAL letters tells you what to do. Text in small letters tells you what to say. Once you become familiar with what to say, please put it in your own words. Do not read aloud the text in small letters - make it natural.

The times listed under the headings of each exercise are to help you keep on target and move the session along. Exercises may be lengthened or shortened at your discretion, as long as all the material is covered.

FACILITATOR'S NOTES - REMINDERS AND POINTS TO MAKE

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Exercise 1: What Happened Between Session?
(15 minutes)

[The purposes of this exercise are to establish a comfortable environment, to increase self-esteem, and to support accomplishing between session goals. Positive introductions, a lottery, and goal reviews are used.]

Welcome back to these sessions on making sexual decisions.

Last time we explored whether to tell a sexual partner that you have HIV.

Today we help you choose what contraceptive and protection methods to use and which sex acts are both and fun.

We will get to that in a few minutes.

I am glad to see all of you here and on time.

Let's begin with a lottery.

Please write your name on the lottery tickets.

We will collect them, draw a winner, and give out a prize.

■PASS OUT THE LOTTERY TICKETS. HAVE THE GROUP MEMBERS WRITE THEIR FIRST NAMES ON THEM. COLLECT THE TICKETS, MIX THEM UP, AND DRAW A WINNER. GIVE OUT THE LOTTERY PRIZE.

Remember that we show each other that we like group members' contributions to the session.

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We give out "Thanks."

Here are your "Thanks" for today.

■GIVE EVERYONE TWENTY "THANKS."

Be sure to use them when you like what someone said or did, or for their style, or for their presence here today.

At the end of the last session each person set a goal to accomplish between sessions.

■POST GOAL SETTING CHART.

I would like to find out what happened.

■HAVE EACH YOUTH DESCRIBE HOW HE/SHE DID ON HIS/HER GOAL. REFER TO GOAL CARDS. HAVE THE GROUP SUPPORT ACHIEVEMENTS AND HELP BRAINSTORM BARRIERS TO SUCCESS. GIVE OUT "THANKS."

Each session in this series is about a choice you need to make when it comes to HIV and sex.

We mentioned before that sex is something natural, normal, and important in people's lives.

In the process of learning how to protect yourself and your partner, we don't want you to get turned off to sex and to think that the only way to be safe is to abstain from sex.

It is important to emphasize the positive.

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Also, people with HIV can be discriminated against.

"You are HIV-positive? Well, I'm not making love to you."

HIV-positive people have just as much right to good sex as anyone else.

They can have good sex and still protect themselves and others.

We will look at some of the ways to do that.

This session addresses the decisions about methods and acts.

"Which methods of birth control and preventing infection and which sexual acts are best for me?"

This session is also about having new attitudes towards prevention, and about making condom use sexy and fun.

Exercise 2: Which Methods Are Best?
(20 minutes)

[The purposes of this exercise are to inform youth about the values of different contraceptive and protection devices and to improve their decision making in this area. A chart and reviewing problem situations are the approaches employed.]

When it comes to telling your sexual partner that you were HIV-positive, you could have decided not to tell him or her, but still wanted to protect yourself and your partner.

Or you could have decided to tell your partner.

Either way, you need to think of the best ways to protect yourself and your partner.

And you need to protect against diseases like STDs and re-infection from HIV and pregnancy.

Now we are going to take a look at ways to protect yourself.

First, let me tell you the three big ideas that are important for you to know.

One, some approaches to prevent pregnancy--like the pill--are good for contraception but do nothing to stop STDs and HIV.

Two, if you don't have a condom, there are some things you can use which are not very good at preventing disease but that are better than nothing.

Three, the female condom is the only device that protects a woman against disease and lets her be in charge of using it and not the man.

First let's take a look at two charts.

■HAND OUT THE CHARTS ON PROTECTING AGAINST DISEASE.

We'll start with the one which shows you how effective different methods are against diseases.

■EXPLAIN THE CHART BRIEFLY.

EFFECTIVENESS OF METHODS AGAINST DISEASE			
DOES IT WORK?	METHOD	COST per time	COMMENT
Very High	Male Condom	\$0.50	Male Partner (Top) must use it
	Female Condom	\$2.00	Woman controls; It is visible
Moderate	Cervical Cap & Spermicide	\$0.10; \$150 Initial Cost	Woman controls
	Diaphragm & Spermicide	\$0.10; \$75 Initial Cost	Woman Controls
Low	Film (Spermicide)	\$1.00	Woman Controls; 1 hr. before
	Suppository (Spermicide)	\$0.50	Woman Controls; 1 hr. before
	Foam (Spermicide)	\$0.50	Woman controls Applicator.
	Jelly/Cream (Spermicide)	\$5.00 per tube	Woman Controls; 1 hr. before
None	The Pill	\$12/24 per month	Woman Controls; Convenient
	Norplant	\$5/8 per month; \$300 Initial.	Woman Controls; Convenient
	IUD	\$150 to \$300 per insertion	Woman Controls; Risk of PID
	Early Withdrawal of Penis	None	Male Partner (Top) must do it.

Let me make sure you understand this chart.

At the left it tells you how well the method works.

Look at the methods listed.

You know about the male condom and today you will check out a female condom.

Spermicides kill sperm and many of the things that cause STDs.

There are many kinds of spermicides which a girl puts in her vagina.

Film looks like this.

■SHOW FILM SPERMICIDE.

It is one of the least messy spermicides, and it dissolves very quickly.

Other kinds are foam, jelly, and cream.

It also mentions cervical caps and diaphragms.

Here is what they look like.

■SHOW CERVICAL CAP AND A DIAPHRAGM.

Near the bottom it mentions the pill, and I assume you know about that for birth control.

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Norplant is also for birth control.

They insert some little rods under the skin and they protect the female for years.

An IUD is a little device which is inserted into the woman's uterus by a doctor.

The next column shows you what things costs.

The purpose of this chart is show you how well each method works in protecting the receptive or receiving partner against disease and HIV.

As you can see, condoms work best.

Nothing else comes close.

The problem with the male condom is that a person has to convince a partner to wear one.

The problem with popular birth control devices, like the pill and Norplant, is that they do absolutely nothing to stop disease.

For those of you who have, or will have sex with opposite sex partners, I want to know how you feel about having to use two methods such as the pill and a condom?

■OBTAIN REACTIONS.

There are lots of other things you may want to know about each method before you make up your mind.

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Under the "comments" section there are few more useful facts.

Where it says "Applicator" it means the woman uses an applicator to put it in.

"1 hour before" means that the woman can't put it in hours in advance.

You have to put the spermicide in one hour before intercourse.

Some spermicides like film require that you wait 15 minutes after putting it in before having intercourse.

Under IUD's it refers to getting PID (pelvic inflammatory disease) which is a serious internal disease that can leave a girl unable to have a child and can seriously harm her.

Putting in an IUD can raise a girl's chances of getting this kind of infection.

As I said before, only the female condom is really effective against disease and let's the woman be in control of using it.

The problem with the female condom is that it is expensive right now and hard to find.

We hope that is going to change.

Right now you can buy a female condom for _____ and can get it at _____. (USE LOCAL COSTS AND RESOURCES).

You can see that there are methods which have some--but not good effectiveness against disease.

Remember: Everyone should carry a condom. It's the best way to protect yourself and your partner.

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Now take a look at the chart on the effectiveness of methods for birth control.

■GIVE OUT THE HANDOUT ON THE EFFECTIVENESS OF BIRTH CONTROL METHODS.

You can see that there are lots of effective methods.

Male and female condoms are good for birth control.

At the bottom of the chart you can see that pulling out before ejaculating is not effective.

Both men and women need to be very clear that pulling out doesn't work.

There is sperm in the fluid that dribbles out of the penis before ejaculation takes place. This is called "pre-cum."

EFFECTIVENESS OF METHODS FOR BIRTH CONTROL			
DOES IT WORK?	METHOD	COST per time	COMMENT
High	Male Condom & Spermicide	\$0.50	Male must cooperate
	Female Condom & Spermicide	\$2.00	Woman controls; It is visible
	The Pill	\$12/24 per month	Woman controls; Infection risk
	Norplant	\$5/8 per month Big initial \$	Woman controls; May bleed
	IUD	\$300 per insertion	Woman controls; Risk of PID
	Cervical Cap & Spermicide	\$0.10; \$150 for fitting	Woman controls; 20/40% won't fit
	Diaphragm & Spermicide	\$0.10; Fitting costs \$75	Woman controls; Remove 12 hrs.
Moderate	Film (Spermicide)	\$1.00	Woman controls; Not messy.
	Suppository (Spermicide)	\$0.50	Woman controls; 15 min. wait.
	Foam (Spermicide)	\$0.50	Woman controls
	Jelly/cream (Spermicide)	\$5.00 per tube	Woman controls; 1 hr. before
None	Early pull out of penis	None	Man controls

Another point is that cervical caps are helpful in birth control but between 20 and 40 percent of the women who want a cervical cap cannot be fitted properly.

Finally you should know that no method is 100% fool-proof for preventing disease and

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pregnancy.

Are there any questions about the methods for birth control?

■ANSWER QUESTIONS.

Since condoms (male and female) are the most effective ways to prevent HIV infection and reinfection, as well as STD's, we will spend some time today talking about how to use them correctly.

Exercise 3: How Do I Use the Female Condom?
(20 minutes)

[The purposes of this exercise are to familiarize youth with the female condom and to build some skills in inserting and using a female condom.]

Female condoms are new.

Before we learn how to use a female condom, tell me what ideas you already have about them.

For example, what do you think they look like?

How do you use them?

What do they feel like?

■ENCOURAGE SHARING OF PRECONCEIVED IDEAS.

Let's see how your preconceived ideas fit with reality.

Here is a female condom.

■HOLD UP A FEMALE CONDOM.

Sometimes they are called a vaginal pouch.

Here is a female condom for everyone.

■PASS OUT A FEMALE CONDOM TO EVERYONE.

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Take it out of the package.

Look at it; get the feel of it; see if you can stick your hand inside of it.

■MODEL EXPLORING THE FEMALE CONDOM AND WAIT WHILE THEY GET USED TO IT.

Now let's learn how to use the female condom.

First, I will talk through the steps using the Reality Picture Book.

■USE THE REALITY PICTURE BOOK FOR DEMONSTRATION. READ EACH PAGE AND SHOW THE PICTURE. THIS PICTURE BOOK IS AVAILABLE IN ENGLISH AND SPANISH.

Remember that the female condom can be put on ahead of time, and not in front of your partner if you wish.

On the other hand you could teach your partner how to insert it and make it part of your love making.

Now I will demonstrate how to insert the female condom, using a pelvic model.

Here is an pelvic model for us to practice on.

■SHOW THE PELVIC MODEL.

This model is a little smaller than a woman and is not as flexible, but by seeing this you will get a better idea of how to use the female condom.

First, we need to identify some of the parts of a woman's body on the model. Here is the vagina and here is the pelvic bone.

■POINT TO THE VAGINA AND PELVIC BONE ON THE MODEL.

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■DEMONSTRATE OPENING THE PACKAGE AND INSERTING THE CONDOM IN THE PELVIC MODEL. FOLLOW THE INSTRUCTIONS IN THE "REALITY" PICTURE BOOK FOR DEMONSTRATION. **PLEASE PRACTICE USING THE FEMALE CONDOM SEVERAL TIMES BEFORE THE DEMONSTRATION.** AN EXAMPLE OF INSTRUCTIONS FOLLOWS:

USING A FEMALE CONDOM

To Open the Packet

First, check the expiration date on the package.

To open the package, pull the two sides apart from the center.

Take the condom out and examine it.

The loose ring outside the pouch is called the inner ring and the ring connected to the opening of the pouch is called the outside ring.

Rub the outside of the condom to make sure lubricant inside is evenly spread.

Add more lubricant if needed--one quick squeeze.

To Insert

Find a comfortable position--one foot up on chair, sit with knees apart, lie down. **DESCRIBE BUT DON'T MODEL.**

Make sure the inner ring is at the bottom, closed-end of the condom.

If you wish, add a drop of extra lubricant to the closed-end outside tip or to the

outside ring before you insert.

Hold the condom with the open end hanging down.

While holding the outside of the condom, squeeze the inner ring with thumb and middle finger.

Place your index finger between the thumb and middle finger and keep squeezing the inner ring.

Still squeezing with your three fingers, with your other hand spread the lips of your vagina.

Insert the squeezed closed-end of the condom.

Take your time. If the condom is slippery to insert, let it go and start over.

Now push the inner ring and the condom the rest of the way up into the vagina with your index finger. Check to be sure the inner ring is up just past the pubic bone. You feel your pubic bone by curving your index finger when it is a couple of inches inside the vagina. **DESCRIBE BUT DON'T MODEL.**

Make sure the condom is inserted straight and not twisted.

About one inch of the open end will stay outside your body. Make sure that the outside ring lies against the outer lips.

Removing the Female Condom

To remove the female condom, squeeze and twist the outer ring to keep the semen inside the condom.

Pull out gently.

Throw away in a trash can--not down the toilet.

I would now like each of you to practice inserting and removing the female condom.

Hold the model in front of you when you practice. That makes it more realistic.

■AFTER THE DEMONSTRATION, GIVE EVERYONE A FEMALE CONDOM, LUBRICANT, AND INSTRUCTIONS. HAVE EVERYONE TRY INSERTING IT ON THE MODEL WHILE THE OTHERS WATCH. MAKE SURE THEY HOLD THE MODEL IN FRONT OF THEM.

How comfortable were you practicing inserting the female condom?

■REFER TO THE CHART OF THE FEELING THERMOMETER. ENCOURAGE SHARING COMFORT LEVELS.

To get comfortable with the female condom and to see how you react to inserting it, you may want to practice inserting one at home between sessions.

Here are two female condoms, lubricants, and instructions for each of you.

■GIVE OUT TWO FEMALE CONDOMS, LUBRICANT, AND INSTRUCTIONS TO EACH GIRL.

When you need additional female condoms, just ask at our next sessions.

There are a few more things about the female condom I want to review.

Practice inserting it.

Use your hand to guide the penis into the vagina.

If something goes wrong, throw the condom away and start again.

If the outer ring gets pushed into the vagina, stop.

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Use a condom **every time you have sex.**

Use a new condom every time you have sex.

Never use a condom twice.

Do not remove the condom's inner ring.

Do not use a male condom and a female condom at the same time.

Don't tear the condom.

Use more lubricant if needed.

Like anything else, some couples will want to use the female condom and others won't.

We have heard that if you have used a diaphragm before, it may be easier to get used to inserting the female condom and using it.

We have heard reports that they allow for more sexual feeling and pleasure than the male condom.

Some users complain that they squeak during intercourse, although a little lubricant can reduce that.

Now that you have been exposed to the female condom, how would you improve them--colors, flavors?

What are your ideas?

■ENCOURAGE SHARING OF IDEAS ON HOW TO IMPROVE THE FEMALE CONDOM.

Those were great ideas.

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Next, we will explore sexual acts.

Exercise 4: How Do I Use Condoms To Protect Myself and My Partner?
(15 minutes)

[The purpose of this exercise is to increase the youths' skills in using condoms correctly. Guidelines, modeling and practice are employed to achieve the purpose.]

Condoms have the best track record for stopping infection.

Why is that?

To stop getting or spreading HIV you want to keep semen or blood from entering your body or your partner's body.

Latex condoms help do that.

They also keep viruses, bacteria, and fungus from coming in contact with your body or the other person's body. That keeps down infection from STDs. You may have heard of natural skin condoms. They have very small pores or holes and HIV can pass through the holes. So you want use latex condoms.

You probably know--in general--how to put on a condom. But there are some special points that will help you make sure the condom doesn't break.

Let me go over the steps.

■PASS OUT A HANDFUL OF LUBRICATED AND UNLUBRICATED LATEX CONDOMS TO EACH PERSON.

First, I simply want you to get the feel of condoms.

Some of these are lubricated condoms and some are unlubricated.

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Tear open the package and pull it out.

Unroll it, stretch it, snap it, blow up the unlubricated.

Do anything crazy you want with it.

**■MODEL DOING SOMETHING PLAYFUL WITH A
CONDOM. ALLOW A MINUTE OR TWO FOR PLAYING
WITH THEM.**

Now open another one and throw it to someone else in the room.

See if you can catch it.

Now let's practice putting a condom on a penis model.

■HOLD UP A PENIS MODEL.

I will demonstrate putting on a condom.

**■BEGIN MODELLING, TALKING THE GROUP MEMBERS
THROUGH THE PROCESS. FACILITATORS SHOULD
HAVE PRACTICED THIS SEVERAL TIMES BEFORE
DEMONSTRATING IT. A GUIDELINE FOLLOWS:**

USING A CONDOM

PUTTING ON A CONDOM

(BUY LATEX ONLY BECAUSE NATURAL SKIN CONDOMS LET HIV THROUGH)

1. CHECK EXPIRATION DATE ON CONDOM PACKAGE.
2. OPEN THE PACKAGE CAREFULLY.
3. PUT A DROP OF WATER-BASED LUBRICANT INSIDE THE TIP OF THE CONDOM.
4. ROLL DOWN 1/2 INCH OF CONDOM.
5. PUT THE CONDOM AGAINST THE HEAD OF THE HARD PENIS. (IF THE PENIS IS UNCIRCUMCISED, PULL BACK THE FORESKIN FIRST.)
6. IF YOU ACCIDENTLY START ROLLING IT ON BACKWARDS--USE A NEW CONDOM.
7. SQUEEZE ANY AIR OUT OF THE TIP OF THE CONDOM BEFORE ROLLING IT DOWN.
8. ROLL THE CONDOM ALL THE WAY DOWN TO THE BASE OF THE PENIS MODEL.
9. GENTLY SMOOTH OUT ANY EXTRA AIR.

■WHEN FINISHED PUTTING THE CONDOM ON,
COMMENT ON THE CORRECT WAY TO TAKE OFF A
CONDOM. A GUIDELINE FOLLOWS:

TAKING OFF A CONDOM

1. PULL OUT GENTLY WHILE THE PENIS IS STILL HARD.
2. HOLD THE CONDOM AT THE BASE OF THE PENIS WHILE PULLING OUT SO THE CONDOM DOESN'T LEAK OR SLIP OFF.
3. STARTING AT THE BASE, ROLL THE CONDOM OFF CAREFULLY SO THE CUM DOESN'T SPILL.
4. THROW THE CONDOM AWAY. (NEVER USE A CONDOM TWICE.)

Here are a set of Do's and Don'ts for Condom use.

■PASS OUT THE DO'S AND DON'TS SHEET. EMPHASIZE
ANY POINTS THAT HAVE NOT BEEN
COVERED SUFFICIENTLY.

DO'S AND DON'TS FOR CONDOMS

DO

1. USE ONLY LATEX CONDOMS
2. USE FOR VAGINAL, ANAL AND ORAL SEX

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3. USE ONLY WITH WATER-BASED LUBRICANT SUCH AS K-Y JELLY NOT VASELINE OR OTHER OIL BASED PRODUCTS.
4. CHECK THE CONDOM PACKET FOR PUNCTURES
5. PUT ON CONDOM BEFORE PENIS EVEN TOUCHES ANUS, VAGINA, OR MOUTH
6. PULL BACK FORESKIN
7. PLACE SMALL AMOUNT OF LUBRICANT IN CONDOM TIP
8. ROLL CONDOM ALL THE WAY TO BASE OF PENIS
9. LEAVE ROOM IN END OF CONDOM FOR CUM
10. SQUEEZE OUT ANY AIR POCKETS.
11. HOLD ON TO THE RIM OF THE CONDOM AT THE BASE WHEN PULLING OUT
12. CAREFULLY REMOVE CONDOM
13. THROW CONDOM AWAY
14. **USE A CONDOM EVERY TIME YOU HAVE SEX**

DON'T

1. DON'T USE AN OIL-BASED LUBRICANT
2. DON'T USE A CONDOM MORE THAN ONCE
3. DON'T PUNCTURE THEM
4. DON'T USE LAMB SKIN CONDOMS
5. **DON'T HAVE SEX WITHOUT A CONDOM**

We have talked about putting on a condom and demonstrated it, but you haven't had a chance to try it.

That's what we will do next.

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I am going to divide the group into two groups.

Each of you will receive some lubricated condoms.

Lubricated condoms help the penis go in more easily.

If you are using the condom for oral sex, you would probably prefer an unlubricated condom.

■DIVIDE GROUP. A FACILITATOR SHOULD GO WITH EACH GROUP. GIVE EACH GROUP A PENIS MODEL AND TWO LUBRICATED CONDOMS. ALSO PASS OUT KLEENEX OR PAPER TOWELS FOR WIPING OFF THEIR HANDS.

Everyone will get a chance to practice.

OK. Go ahead and practice.

■GIVE LOTS OF ENCOURAGEMENT, REINFORCEMENT, AND "THANKS" EVEN IF THE ATTEMPT IS NOT PERFECT IN THIS PRACTICE.

■ONCE EVERYONE HAS PRACTICED, REJOIN THE GROUPS.

Here is a Feeling Thermometer.

■HOLD UP A CHART OF A FEELING THERMOMETER.

Remember, 100 degrees means you feel very uncomfortable.

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0 degrees means you feel completely comfortable.

Using the Feeling Thermometer, how did you feel practicing putting on a condom?

■OBTAIN FEELING THERMOMETER READINGS. INQUIRE ABOUT WHAT LED TO DISCOMFORT OR COMFORT.

What makes it more or less comfortable?

■ENCOURAGE DISCUSSION.

Are there any questions about how to use a male condom?

■ANSWER QUESTIONS ON HOW TO USE A CONDOM.

You know how to use a condom, but, if you want someone to start wearing one during sex, it helps to know how to make using a condom sexy and fun.

That's what we will work on next.

Exercise 5: How Can I Make Using a Condom Sexy?
(10 minutes)

[The purpose of this exercise is to develop strategies for making condom use erotic. Small group brainstorming is employed.]

In a minute I am going to ask you to come up with ideas about making wearing a condom sexy.

First, I will give you some tips.

■WRITE ON NEWSPRINT THE FOLLOWING:

IN OR ON

TALK

FANTASY

LOOKING

WHERE

HOW

What could you put in the condom or on the condom to make using it fun and sexy?

Could there be some kind of talk that makes it erotic?

How could fantasy help?

What could you and your partner look at that would juice it up?

Would putting the condom on in different places help?

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Are there ways to put in on that increase excitement?

First I will divide you into teams.

■DIVIDE THE GROUP INTO THREE TEAMS.

Each team will receive newsprint and marking pens.

Your task is to develop a list of ways to make using a condom sexy.

You will have a few minutes and then we will see whose list is the best.

Be creative, be wild, be sexy!

■GIVE EACH TEAM NEWSPRINT AND MARKING PENS.

Go ahead and get started.

**■GIVE EACH TEAM TIME TO COMPLETE THE TASK.
EXAMPLES OF WAYS TO MAKE CONDOM USE SEXY ARE
AS FOLLOWS:**

TALK SEXY WHILE DOING IT
PUT ONE ON SLOWLY ON EACH OTHER
DESCRIBE HOW IT FEELS
PUT THE CONDOM ON BY MOUTH
PUT NON-OILY FOOD ON THE CONDOM AND EAT IT OFF
DRAW A FACE ON IT
PUT IT ON A SEX TOY AND USE IT
FILL IT WITH NON-OIL CREAM AND THEN STICK IT IN
PUT IN ON WHILE DESCRIBING A SEXY FANTASY
PUT IT ON WHILE WATCHING A SEXY FILM

**BLOW IT UP AND MASSAGE YOUR PARTNER WITH IT
PUT IN ON UNDERWATER**

Time is up.

Let's hear your lists.

**■HAVE EACH TEAM MAKE A PRESENTATION. ENCOURAGE
FUN AND LAUGHTER.**

Whose list is best?

**■DON'T TRY TO ACTUALLY COME TO A DECISION. LET
EACH TEAM'S COHESION AND LOYALTY EXPRESS
ITSELF.**

How would you introduce to your partner using a new and sexy approach to wearing a condom?

What would you say?

**■ENCOURAGE SHARING OF IDEAS ON HOW TO
INTRODUCE THE EROTIC APPROACH.**

Thanks for those ideas.

Even if you know how to use a condom and can make it sexy, lot's of attitudes can get in the way,
and that's what is next.

Exercise 6: Should I Try To Change My Attitudes About Condoms?
(15 minutes)

[The purpose of this exercise is to decrease attitudinal barriers to condom use. Countering attitudes and creating positive attitudes with the possible selves are employed.]

Some people have negative attitudes toward condom use.

I have collected a bunch of those attitudes and put them on cards.

In a few minutes I will ask you to come up with an argument against these attitudes.

These beliefs may make it harder to protect yourself and others.

Before that I want you to think of your possible self in the future with a lover.

Imagine that you were successful in convincing your partner that the two of you would wear condoms during sex and that your partner really appreciates the care that you showed toward him or her.

Imagine your success as a caring lover.

■REMAIN SILENT FOR A MINUTE OR SO WHILE THE YOUTHS IMAGINE BEING SUCCESSFUL.

Now that you have that image in your mind we will deal with these attitudes toward using a condom.

■DIVIDE THE GROUP IN HALF. HAVE THEM FORM TWO LINES FACING EACH OTHER ABOUT TWO FEET APART. (CLOSE IS BETTER THAN FAR.) FIRST ONE SIDE WILL

HAVE THE CARDS WHILE THE INDIVIDUALS ON THE OTHER SIDE PROVIDE COUNTER-ARGUMENTS AND THEN SWITCH.

I will give a card to the people on this side.

One at a time each person on this side will read an attitude, and the person facing you will respond with an argument against your attitude.

When everyone on the first side has finished, you will switch.

Then the other side will have the attitudes, and the first side will respond.

■PASS OUT THE ATTITUDE CARDS TO THE FIRST SIDE. ONE AT A TIME THE MEMBERS ON THAT SIDE READ THEIR ATTITUDES AND GET A RESPONSE FROM THE PERSON FACING THEM. NEXT THE OTHER SIDE HAS THE CARDS. KEEP GOING UNTIL ALL THE CARDS ARE USED UP.

■THE ATTITUDE CARDS ARE AS FOLLOWS:

"I DON'T WANT TO USE A CONDOM BECAUSE MY PARTNER MIGHT NOT LIKE IT."

"IT IS A BIG INCONVENIENCE TO WEAR A CONDOM."

"IF I WEAR A CONDOM, I'LL LOSE MY ERECTION."

"WEARING A CONDOM DOESN'T FEEL AS SEXY."

"I GET TOO HOT TO STOP AND PUT ON A CONDOM."

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"I DON'T REALLY GIVE A SHIT ABOUT WEARING CONDOMS."

"I CAN'T SEE ANYTHING ROMANTIC ABOUT PUTTING A RUBBER GLOVE ON YOUR DICK."

"NONE OF MY FRIENDS USE CONDOMS."

"I DON'T HAVE THE CONFIDENCE TO ASK MY LOVER TO WEAR A CONDOM."

"WE HAVE LIVED TOGETHER FOR 4 YEARS AND BEEN MONOGAMOUS. WE DON'T NEED TO WEAR CONDOMS."

"MY PARTNER IS PAYING FOR IT. IF MY LOVER DOESN'T WANT ME TO WEAR A CONDOM, I WON'T."

"MY LOVER AND I ARE BOTH HIV-POSITIVE. SO, WHY WORRY?"

Those were some good counter arguments.

Were there some attitudes that you hear that we missed?

■ENCOURAGE SHARING OF ADDITIONAL ATTITUDES.
WRITE THEM ON NEWSPRINT.

How would you respond to these new attitudes?

■OBTAIN RESPONSES.

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At one time or another most have had attitudes like these.

There's nothing wrong with a person who holds some of these beliefs.

It is just that these beliefs are barriers to protecting yourself and others.

Which beliefs do you find the hardest for you personally to deal with?

**■ENCOURAGE SHARING OF TROUBLESOME BELIEFS
AND ATTITUDES.**

What are some of the group's ideas about dealing with these beliefs?

**■ENCOURAGE SHARING OF HELPFUL WAYS TO DEAL
WITH THESE BELIEFS.**

Often there is not a strong, direct relationship between beliefs and actions.
Some of you may hold barrier beliefs and still protect yourself and your partners.

Let's take a moment and see where the group is in terms of actions.

Then we can compare how we are doing as time goes on.

I am going to ask you to respond to five statements anonymously.

Here are the statements.

**■READ THE STATEMENTS FROM THE FORM "MY
ACTIONS."**

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You indicate whether you do the actions listed.

When you have finished with your responses, I will collect them and tally them up. Then I will tear them up and throw them away.

At the beginning of the next session, I will give you the results, and we will monitor them throughout the rest of the workshop.

■HAND OUT "MY ACTIONS." ALLOW A MINUTE FOR RESPONDING. THEN COLLECT THE FORMS.

MY ACTIONS

1. NOW I TELL MY SEXUAL PARTNERS THAT I AM HIV-POSITIVE.
YES ___ NO ___
2. NOW I WEAR A CONDOM WHEN GIVING ANAL SEX.
YES ___ NO ___ DON'T HAVE ANAL SEX ___
3. NOW I WEAR A CONDOM WHEN GIVING VAGINAL SEX.
YES ___ NO ___ DON'T HAVE VAGINAL SEX ___
4. NOW I HAVE MY PARTNER WEAR A CONDOM WHEN HE GIVES ME ANAL SEX.
YES ___ NO ___ DON'T HAVE ANAL SEX ___
5. NOW I HAVE MY PARTNER WEAR A CONDOM WHEN HE GIVES ME VAGINAL SEX.
YES ___ NO ___ DON'T HAVE VAGINAL SEX ___

6. NOW I WEAR A CONDOM WHEN MY PARTNER GIVES ME ORAL SEX.

YES ___ NO ___ DON'T HAVE ORAL SEX

7. NOW I HAVE MY PARTNER WEAR A CONDOM/DENTAL DAM WHEN I GIVE MY PARTNER ORAL SEX.

YES ___ NO ___ DON'T HAVE ORAL SEX ___

Thank you for letting us know where you are at this point.

Now we want to explore some of the difficult conflicts and dilemmas in deciding to tell a partner about being infected with HIV and in deciding about using condoms.

Is there a "right" thing to do?

What does that mean and how would you judge?

Exercise 7: Is There a Right Thing To Do?
(15 minutes)

[The purposes of this exercise are to confront some of the ethical issues in having HIV and being sexually active and to examine the personal meaning in taking or not taking protective actions. Discussing soap scenes and writing a letter are used.]

To get at exploring what to do in sexual situations, we are going to perform two soap scenes, and then we will see what you think the characters should do about their situations.

How would you want their situations to be resolved?

For the first scene I need someone to play the part of the Doctor and someone to play Charley.

■SELECT THE VOLUNTEERS, DECIDE WHO WILL PLAY
EACH PART, AND GIVE THEM THE SCRIPT. HAVE THEM
READ THE SCENE ALOUD TO THE GROUP.

CUSTOMERS AND LOVERS

DOCTOR: How are you feeling?

CHARLEY: OK.

DOCTOR: No symptoms?

CHARLEY: A few aches and pains, but I don't think they have anything to do with having the virus.

DOCTOR: How do you know?

CHARLEY: Part of the business.

DOCTOR: Are you still working on the street?

CHARLEY: What's it to you?

DOCTOR: Do you have aches and pains from getting knocked around?

CHARLEY: Doc, you're too nose-y. You got something on your mind.

DOCTOR: Well, I just wondered if you told your customers that you were HIV-positive.

CHARLEY: That wouldn't be good for business! Of course, I don't tell them. What do they care?

DOCTOR: Spreading HIV isn't such a good idea.

CHARLEY: Don't worry. It's condoms all the way with my customers. Who knows what those sleaze bags have got. Besides I don't want to ruin the business.

DOCTOR: I didn't realize you were so careful. I'm glad. I'm sure you do even better for your lover.

CHARLEY: Keep my lover out of this.

DOCTOR: What are you talking about?

CHARLEY: My lover is none of your business.

DOCTOR: You use a condom with your lover?

CHARLEY: If I used a condom it would be like spitting in my lover's face. It would mean I didn't have real trust or love.

DOCTOR: I don't get it.

CHARLEY: You sure don't. We love each other. I need my lover. We don't want anything between us. You want me to treat my lover like I treat customers. Forget it! Stick to being a doctor.

THE END

That was great!

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■GIVE THE PLAYERS "THANKS."

Is Charley doing the right thing?

What are your reasons for your position on Charley's actions?

Can you appreciate Charley's point of view?

■ENCOURAGE RESPONSES. TRY TO GET THE GROUP TO COME TO A CONSENSUS ON CHARLEY'S SITUATION, BUT DON'T FORCE ANYONE TO GIVE UP HIS POINT OF VIEW. FOCUS ON VALUE CONFLICTS--TRUST VERSUS CARING.

That was a good discussion.

Here is our second soap scene.

We will be Carey and Luis. Carey can be male or female.

■HAVE FACILITATORS PLAY PARTS.

THE TWO OF US

CAREY: I've been thinking about my situation.

LUIS: Which situation is that? You have so many of them.

CAREY: Being HIV-positive.

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LUIS: First, that's our situation and second, we agreed not to talk about it.

CAREY: I have to talk about it. I think we should use condoms.

LUIS: That's ridiculous! After being together for four years and being faithful, you want to start talking about condoms. Do you think I'm cheating on you?

CAREY: Of course not. I just don't want to give it to you. The last time you were tested you were still negative.

LUIS: That was two years ago. Besides I'm convinced that your test was wrong. Look at you. You're as healthy as a horse.

CAREY: How I look doesn't make any difference, as you know.

LUIS: It does to me. You look wonderful.

CAREY: Be serious, Luis. I'd feel awful if I gave it to you.

LUIS: OK. I'll be serious. Let me explain something to you. I love you. I love you with all my heart and soul. I don't want to get sick, but, if you get AIDS, I want to get it too. I'm not living without you. I couldn't stand it. If you left me here alone, it would break my heart.

CAREY: Oh, Luis, I do love you, and I appreciate what you're saying, but it's not right. It would be like suicide. And neither one of us believes in that.

LUIS: I've said what I had to say, and the case is closed.

CAREY: No it isn't. I can't let you keep exposing yourself.

LUIS: I don't want to talk about it any more.

CAREY: What would you do if I refused to have sex without a condom?

LUIS: You couldn't last.

CAREY: Yes, I could. You know I can be stubborn.

LUIS: I would seduce you. I would go down on you in the middle of the night. There's no way you could carry your threat through.

CAREY: Would you still love me?

LUIS: I would hate you.

CAREY: You would hate me?

LUIS: And love you.

CAREY: Please, Luis, I beg you.

LUIS: No condoms.

CAREY: Why is having sex without condoms so important to you?

LUIS: Why is wearing them so important to you?

CAREY: I love you. I want to protect you.

LUIS: I don't want your protection. I just want you--all of you.

CAREY: What am I going to do?

THE END

What should Carey do?

Is there a right thing for Carey to do?

What is the dilemma in which Carey is trapped?

■ENCOURAGE RESPONSES. HAVE THE GROUP IDENTIFY THE DIFFERENT WAYS IN WHICH CAREY IS PULLED. TRY TO GET THE GROUP TO COME TO A CONSENSUS, BUT DO NOT FORCE ANYONE TO CHANGE HIS POSITION. POINT OUT THE HARD CHOICES IF THEY ARE NOT MENTIONED. FOR EXAMPLE FREEDOM TO CHOSE ONE'S OWN PATH VERSUS HAVING OTHERS IMPOSE WHAT IS

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BEST FOR YOU.

That was a good discussion.

Can you think of situations that you have been in where you were not sure what was the right thing to do?

■ENCOURAGE THEM TO SHARE THEIR OWN ETHICAL DILEMMAS. LIST SOME OF THEM ON NEWSPRINT.

Those are some interesting situations which show value conflicts and ethical dilemmas.

What do you think of those additions?

■ENCOURAGE DISCUSSION OF THE NEW SITUATIONS.

What it means to make some of the decisions that you face will differ from person to person.

Each person has to decide for himself what is the right thing to do.

Now it is time to set next week's goals.

Exercise 8: What Goals Should I Select?
(10 minutes)

[The purposes of this exercise are to establish situations where what was learned in the session is transferred to the real world, to increase self-esteem, and to build group cohesion. Goal setting and group appreciation are the methods employed.]

At the end of each session we set goals for the next week.

Because the goal is to be accomplished during the week, these are considered short term goals.

But they might be one step in a longer term goal.

For example, let's say you decide to get your lover to use condoms.

The first step might be to buy a box of condoms.

The second step might be to brainstorm how to make using condoms fun, and the third step to talk to your lover.

For this week getting condoms would be the goal.

Goals can also be thought of in terms of the resources and skills you need to accomplish a longer range goal.

For example, condoms are resources and being able to put one correctly is a skill.

■POST THE GOAL SETTING CHART.

When you select a goal make sure it is realistic, clear, not too easy or too hard, and easy to see if you achieved it.

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Also choose goals that are important to you and goals to which you are committed.

Today we worked on using male and female condoms correctly, ways to make using condoms more sexy, changing attitudes against using condoms, and trying to decide on what is the right thing to do in difficult situations.

Examples of goals related to this week might be as follows:

1. brainstorm with your sexual partner ways to make using a condom sexy.
2. make a list of your own attitudes against condom use and then write down arguments against them.
3. make a list of situations concerning sexual decisions in which you are not sure what to do.

These are just examples, and you may have other goals that are more important to you.

Take a few minutes and think of your goal for the week.

■PASS OUT GOAL CARDS. HAVE YOUTH SHARE GOALS

Now let's hear what you have decided.

As others in the group talk about their goals, feel free to ask questions and make suggestions.

■GO AROUND THE ROOM AND HAVE EACH PERSON DESCRIBE WHAT HIS GOAL IS. COACH THE YOUTHS TO MAKE SURE THE GOALS FIT THE STANDARDS (REALISTIC, CLEAR, NOT TOO EASY OR TOO HARD. EASY TO SEE IF COMPLETE, IMPORTANT, COMMITTED.) RECORD EACH PERSON'S GOALS ON THE GOAL

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SUMMARY SHEET.

Those are good goals.

We will see you next time.

The next session is on _____ (day and date) at _____ (time and place).

THE END OF SESSION 2

EFFECTIVENESS OF METHODS AGAINST DISEASE			
DOES IT WORK?	METHOD	COST per time	COMMENT
Very High	Male Condom	\$0.50	Male Partner (Top) must use it
	Female Condom	\$2.00	Woman controls; It is visible
Moderate	Cervical Cap & Spermicide	\$0.10; \$150 Initial Cost	Woman controls
	Diaphragm & Spermicide	\$0.10; \$75 Initial Cost	Woman Controls
Low	Film (Spermicide)	\$1.00	Woman Controls; 1 hr. before
	Suppository (Spermicide)	\$0.50	Woman Controls; 1 hr. before
	Foam (Spermicide)	\$0.50	Woman controls Applicator.
	Jelly/Cream (Spermicide)	\$5.00 per tube	Woman Controls; 1 hr. before
None	The Pill	\$12/24 per month	Woman Controls; Convenient
	Norplant	\$5/8 per month; \$300 Initial.	Woman Controls; Convenient
	IUD	\$150 to \$300 per insertion	Woman Controls; Risk of PID
	Early Withdrawal of Penis	None	Male Partner (Top) must do it.

EFFECTIVENESS OF METHODS FOR BIRTH CONTROL			
DOES IT WORK?	METHOD	COST per time	COMMENT
High	Male Condom & Spermicide	\$0.50	Male must cooperate
	Female Condom & Spermicide	\$2.00	Woman controls; It is visible
	The Pill	\$12/24 per month	Woman controls; Infection risk
	Norplant	\$5/8 per month Big initial \$	Woman controls; May bleed
	IUD	\$300 per insertion	Woman controls; Risk of PID
	Cervical Cap & Spermicide	\$0.10; \$150 for fitting	Woman controls; 20/40% won't fit
	Diaphragm & Spermicide	\$0.10; Fitting costs \$75	Woman controls; Remove 12 hrs.
Moderate	Film (Spermicide)	\$1.00	Woman controls; Not messy.
	Suppository (Spermicide)	\$0.50	Woman controls; 15 min. wait.
	Foam (Spermicide)	\$0.50	Woman controls
	Jelly/cream (Spermicide)	\$5.00 per tube	Woman controls; 1 hr. before
None	Early pull out of penis	None	Man controls

DO'S AND DON'TS FOR CONDOMS

DO

1. USE ONLY LATEX CONDOMS
2. USE FOR VAGINAL, ANAL AND ORAL SEX
3. USE ONLY WITH WATER-BASED LUBRICANT SUCH AS K-Y JELLY NOT VASELINE OR OTHER OIL BASED PRODUCTS.
4. CHECK THE CONDOM PACKET FOR PUNCTURES
5. PUT ON CONDOM BEFORE PENIS EVEN TOUCHES ANUS, VAGINA, OR MOUTH
6. PULL BACK FORESKIN
7. PLACE SMALL AMOUNT OF LUBRICANT IN CONDOM TIP
8. ROLL CONDOM ALL THE WAY TO BASE OF PENIS
9. LEAVE ROOM IN END OF CONDOM FOR CUM
10. SQUEEZE OUT ANY AIR POCKETS.
11. HOLD ON TO THE RIM OF THE CONDOM AT THE BASE WHEN PULLING OUT
12. CAREFULLY REMOVE CONDOM
13. THROW CONDOM AWAY
14. **USE A CONDOM EVERY TIME YOU HAVE SEX**

DON'T

1. DON'T USE AN OIL-BASED LUBRICANT
2. DON'T USE A CONDOM MORE THAN ONCE
3. DON'T PUNCTURE THEM
4. DON'T USE LAMB SKIN CONDOMS
5. **DON'T HAVE SEX WITHOUT A CONDOM**

"I DON'T WANT TO USE A CONDOM BECAUSE MY PARTNER MIGHT NOT LIKE IT."

"IT IS A BIG INCONVENIENCE TO WEAR A CONDOM."

"IF I WEAR A CONDOM, I'LL LOSE MY ERECTION."

"WEARING A CONDOM DOESN'T FEEL AS SEXY."

"I GET TOO HOT TO STOP AND PUT ON A CONDOM."

**"I DON'T REALLY GIVE A SHIT ABOUT WEARING
CONDOMS."**

**"I CAN'T SEE ANYTHING ROMANTIC ABOUT PUTTING A
RUBBER GLOVE ON YOUR DICK."**

"NONE OF MY FRIENDS USE CONDOMS."

"I DON'T HAVE THE CONFIDENCE TO ASK MY LOVER TO WEAR A CONDOM."

**"WE HAVE LIVED TOGETHER FOR 4 YEARS AND BEEN
MONOGAMOUS. WE DON'T NEED TO WEAR CONDOMS."**

"MY LOVER IS PAYING FOR IT. IF MY PARTNER DOESN'T WANT ME TO WEAR A CONDOM, I WON'T."

"MY LOVER AND I ARE BOTH HIV POSITIVE. SO, WHY WORRY?"

MY ACTIONS

1. NOW I TELL MY SEXUAL PARTNERS THAT I AM HIV-POSITIVE.

YES ___ NO ___

2. NOW I WEAR A CONDOM WHEN GIVING ANAL SEX.

YES ___ NO ___ DON'T HAVE ANAL SEX ___

3. NOW I WEAR A CONDOM WHEN GIVING VAGINAL SEX.

YES ___ NO ___ DON'T HAVE VAGINAL SEX ___

4. NOW I HAVE MY PARTNER WEAR A CONDOM WHEN HE GIVES ME ANAL SEX.

YES ___ NO ___ DON'T HAVE ANAL SEX ___

5. NOW I HAVE MY PARTNER WEAR A CONDOM WHEN HE GIVES ME VAGINAL SEX.

YES ___ NO ___ DON'T HAVE VAGINAL SEX ___

6. NOW I WEAR A CONDOM WHEN MY PARTNER GIVES ME ORAL SEX.

YES ___ NO ___ DON'T HAVE ORAL SEX

7. NOW I HAVE MY PARTNER WEAR A CONDOM/DENTAL DAM WHEN I GIVE MY PARTNER ORAL SEX.

YES ___ NO ___ DON'T HAVE ORAL SEX ___

CUSTOMERS AND LOVERS

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CHARLEY: OK.

DOCTOR: No symptoms?

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DOCTOR: Are you still working on the street?

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THE END

THE TWO OF US

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- LUIS: Which situation is that? You have so many of them.
- CAREY: Being HIV-positive.
- LUIS: First, that's our situation and second, we agreed not to talk about it.
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- LUIS: That's ridiculous! After being together for four years and being faithful, you want to start talking about condoms. Do you think I'm cheating on you?
- CAREY: Of course not. I just don't want to give it to you. The last time you were tested you were still negative.
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CAREY: What am I going to do?

THE END