### Lesson 9.6

## **Preventing STIs**

### **Connecting the Lessons**

Builds on Lesson 9.3: Sex, Gender and Shared Responsibility, and Lesson 9.5: Comprehensive Protection Methods; connects to Lesson 9.7: Sexual Risks and Low-Risk Intimacy.

### **Lesson Goals**

- Learn correct use of condoms.
- Identify the need for consistent use of condoms.
- Understand STIs, including their symptoms and transmission.

### **Preparation & Materials Checklist**

- □ Review steps to correct condom use.
- □ Review STIs and modes of transmission.
- ☐ Review student handouts, journal activity and homework:
  - Handout 9.5-4: Steps to Correct External Condom Use (from Lesson 9.5)
  - Handout 9.6-2: STI Essential Information and Resources
  - Handout 9.6-3: STI Risk Reflection
  - Journal Activity 9.6: STIs in the Media
  - Family Activity 9.6: Interview—Preventing STIs
- ☐ Check with class(es) to make sure there are no (airborne) latex allergies among students.

### □ Have:

- Condoms
- Demonstration tool for condoms
- (Optional) Blindfolds
- Anonymous Questions Box
- Slips of paper for anonymous questions

### **SEL Skills Addressed**

Social awareness, relationship skills, responsible decision making

### Logic Model Determinant(s)

Knowledge of how STIs are transmitted.

Attitudes towards condoms and/or other protection methods.

Knowledge of consequences when condoms and/or other protection methods are not used.

Values/attitudes towards sexual behavior.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

Perception of peer norms about perceived male responsibility for pregnancy prevention.

Knowledge of how drugs and alcohol can affect decision-making around sexual behavior.

Knowledge of correct and consistent use of condoms and/or other protection methods.

Skills and self-efficacy to use SEL skills to increase use of condoms and/or other protection methods.

Parent-child communication about sexual behavior and relationships.

Values/attitudes towards abstinence and delaying sex.

### Terms to Use

- Sexually transmitted infections
- Sexual health
- Condom
- Asymptomatic
- Treatable
- Curable
- Bacterial
- Viral
- Sexual contact

# Teacher Note Inform Students of Topics

research about STIs.

Teacher Note

Visit www.getrealeducation.org for the most recent statistics and

This lesson includes peer-led condom demonstrations. For students who have experienced sexual violence/trauma, this activity may bring up these experiences. Be sure to remind students of their right to self-care, and be sure to follow up with students as needed.

### Activity 9.6-1 **Discuss Journal Activity**

5 minutes

Process Journal Activity from the previous lesson

### **Process Questions**

- **1.** What did you think about as you were reflecting on the journal prompt?
- 2. How does this journal activity relate to sexual health?

### Activity 9.6-2

### **STIs**

15 minutes

### Identify STIs and review how they are transmitted

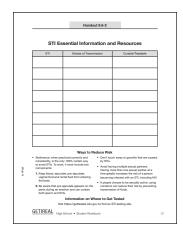
Explain that STIs (also called STDs) are infections that are spread from an infected person to another person through sexual contact. Understanding how to prevent and treat STIs is an important part of sexual health.

Tell students that STIs can be classified as bacterial, viral or other. Explain that bacterial STIs can be cured with medicine, while viral STIs cannot be cured, but can be treated. This means the symptoms can be managed, but

the STI is still in the person's body. Be sure to include the really important message that all STIs are preventable.

Explain that many STIs are asymptomatic—they do not have symptoms—and can have long-term health consequences if left untreated. Guide students through filling in the chart on **Handout 9.6-2** in the Student Workbook to organize the information about STIs. (See the answer key and Teacher's Guide for talking points.)

Discuss HIV. Elicit from students the six fluids that transmit HIV (blood, ejaculate, pre-ejaculate, vaginal fluid, rectal fluid and breast milk). Explain the



Handout 9.6-2
Student Workbook page 31

difference between HIV and AIDS, and discuss the complexity of treatment regimens.

Review how latex and polyurethane condoms protect against STIs.

Have students read through the most important ways to reduce risk on their handouts, and point out the resources that are available to them. Refer them to the **Sexually Transmitted Infections Chart** in the Student Workbook as an additional resource.

### **Process Questions**

- **1.** How are all STIs preventable? (*Getting tested, using protection, healthy relationships, communication, sequential/monogamous partners, abstinence, etc.*)
- **2.** Why is it important to get tested for STIs, including HIV?
- **3.** What feelings might people have if they found out they had an STI?
- **4.** How can getting tested or not getting tested affect your long-term sexual health?
- **5.** What do you think is the most important message to give teens about STIs?



### **Dismantling Arguments Against Condom Use**

10 minutes

Examine arguments for and against condom use

Have students start this activity by silently reflecting for a few minutes while they complete **Handout 9.6-3** in the Student Workbook. Encourage students to be honest during this activity, and reassure them that their answers will not be read or shared.

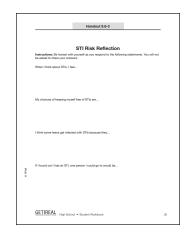
Have students work in pairs or groups of three. Have the groups in one half of the room work on the question: What are the reasons people use condoms? Have the other half work on the question: What are the reasons people do not use condoms? Give students 3 minutes to brainstorm as many answers as possible. Then, using those answers, have the class discuss the process questions below.

### **Process Questions**

**1.** What are some factors that might lead a person to decide not to use a condom?



Chart Student Workbook pages 33–34



Handout 9.6-3
Student Workbook page 35

- **2.** What do you think are the most important reasons to use a condom? (*Debrief with students that using condoms to protect against HIV is 10,000 times safer than not using condoms.)*
- **3.** What advice and information would you give to a friend who was deciding whether or not to use condoms?

### Activity 9.6-4

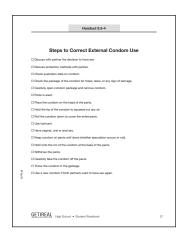
### **Demonstrating External Condom Use**

15 minutes

Students practice correct external condom use

Remind students that the only protection method other than abstinence that prevents against STIs is latex or polyurethane condoms (internal or external). Have students review **Handout 9.5-4** from *Lesson 9.5*.

Using the steps on the handout, have students pair up and take turns putting a condom on a demonstration tool or their fingers. The student who is not currently demonstrating should use the checklist to see if the demonstrator is following all of the correct steps. After a correct demonstration, have students switch so everyone has a chance to practice these skills.



Handout 9.5-4
Student Workbook page 27

### **Process Questions**

- **1.** Why is it important for people to know how to use a condom correctly, even if they are not currently sexually active?
- **2.** How is doing a demonstration in class different than using a condom during sexual activity?

# Teacher NoteOptional Activity

If you have time to complete optional Activity 9.6-5, Substance Use and Condoms, the process questions can be saved until after that activity.

- **3.** How might it feel if a person's first time putting on a condom were during sexual activity?
- **4.** When should the discussion of condom use begin in a dating relationship?
- **5.** How could a person begin the conversation about condoms with a partner?
- **6.** How could alcohol and other drugs affect someone's ability to use a condom correctly? (Be sure to emphasize that if a person knows their sexual partner and/or friend is under the influence, part of consent and social awareness is not taking advantage of that person and ensuring their safety.)

### Activity 9.6-5

### Substance Use and Condoms (Optional)

Demonstrate added obstacles to condom use, including intoxication

Once all students have completed their condom demonstrations, explain that students will now try the activity again, with a twist. Pick two student volunteers and give them blindfolds. These two volunteers will be racing to complete all of the steps for condom use without being able to see.

Each competitor will be allowed to have one assistant. The assistant will hold the demonstration tool and can read the steps and the expiration date but may not physically help with placing the condom on the model. If time allows, other students can try to compete.

Ask students what was different this time around. Ask students how it felt to try putting a condom on properly while one of their senses was impaired. Did they feel as confident that they were following the steps correctly? Draw a parallel between the blindfold and the use of alcohol or other drugs. Discuss how the use of alcohol or other drugs impairs the senses and lowers people's ability to use condoms correctly.

### Activity 9.6-6

### **Anonymous Questions Box**

Review anonymous questions

Address student questions from the Anonymous Questions Box. Give students a new question prompt to answer if they don't have one about the class material, and remind students to place their anonymous questions in the box as they leave the classroom.

### Activity 9.6-7

### **Introspective Journaling and Family Activity**

5 minutes

Review journal and family activities

Explain the interview homework and review the Journal Activity questions for this lesson:

1. Find a blog post or article mentioning STIs that someone has posted on social media. Print out and attach the blog post or article to your journal entry. Write a critique of the article and accompanying comments. Do you agree or disagree with the point of view presented about sexuality and STIs? What would you like to tell the authors/commenters?



Journal Activity 9.6
Student Workbook page 37

**2.** Choose a parent or other caring adult to interview about sexually transmitted infections, including HIV, and how to prevent them. During this interview, you will try to find out what concerns the adult most about sexually active youth today, the adult's knowledge about the risks of STIs, and suggestions for risk reduction.



Family Activity 9.6
Student Workbook page 38

### References

### **Facts and statistics:**

American Sexual Health Association, *State of the Nation 2005: Challenges Facing STD Prevention among Youth: Research, Review, and Recommendations, Research Triangle Park, N.C.: ASHA, 2005.* 

National Institutes of Health, AIDS Info: www.aidsinfo.nih.gov

Carey, R.F. et al., Effectiveness of Latex Condoms as a Barrier to Human Immunodeficiency Virus–Sized Particles under the Conditions of Simulated Use, *Sexually Transmitted Diseases* 19 (1992): 230–234.

### **STI Essential Information and Resources**

STI	Modes of Transmission	Curable/Treatable	
HPV	Skin-to-skin contact during vaginal, anal or oral sex	Vaccine available as prevention warts can be removed	
Trichomoniasis	Infected pre-ejaculate, ejaculate and vaginal fluid	Curable with antibiotics	
Chlamydia	Infected pre-ejaculate, ejaculate and vaginal fluid	Curable with antibiotics	
Gonorrhea	Infected pre-ejaculate, ejaculate and vaginal fluid	Curable with antibiotics	
Genital Herpes	Skin-to-skin contact during vaginal, anal or oral sex (with or without blisters)	Treatable with medication	
HIV	Infected pre-ejaculate, ejaculate, vaginal fluid, rectal fluid, blood and breast milk	Treatable with medication	
Syphilis	Skin-to-skin contact during vaginal, anal or oral sex	Curable with antibiotics	
Hepatitis B	Infected pre-ejaculate, ejaculate, vaginal fluid and blood	Treatable with medication	

### **Ways to Reduce Risk**

- Abstinence, when practiced correctly and consistently, is the only 100% certain way to avoid STIs. To work, it must include two components:
  - **1.** Keep blood, ejaculate, pre-ejaculate, vaginal fluid and rectal fluid from entering the body.
  - 2. Be aware that pre-ejaculate appears on the penis during an erection and can contain both sperm and STIs.

- Don't touch sores or growths that are caused by STIs.
- Avoid having multiple sexual partners.
   Having more than one sexual partner at a time greatly increases the risk of a person becoming infected with an STI, including HIV.
- If people choose to be sexually active, using condoms can reduce their risk by preventing transmission of fluids.

### Information on Where to Get Tested

Visit https://gettested.cdc.gov to find an STI testing site.

# **Sexually Transmitted Infections Chart**

Possible Complications	PID (Pelvic Inflammatory Disease), which can cause permanent damage to the reproductive system and lead to long-term pelvic pain, infertility and ectopic pregnancy. May infect baby at birth causing eye infection and pneumonia.  Infection can spread to the tube that carries sperm from the testicles, and can lead to pain, fever and infertility.	PID (Pelvic Inflammatory Disease), which can cause permanent damage to the reproductive system and lead to long-term pelvic pain, infertility and ectopic pregnancy.  Infection can spread to the tube that carries sperm from the testicles, and can lead to pain, fever and infertility.	If untreated, in later years, brain damage, paralysis, heart disease. Can cause stillbirth and birth defects.	Skin irritations, secondary infections.	Secondary skin infections from scratching.
Treatment of	Fartner Essential Partners may also be treated without exam or testing.	Essential	Essential	Essential	Essential
Treatment	Antibiotics	Antibiotics	Antibiotics	Antibiotics	Prescribed medication and careful washing of clothes, towels and sheets.
How to Test	Internal swab (vaginal, urethral or rectal) or urine sample	Internal swab (vaginal, urethral or rectal) throat swab, or urine sample	Blood test	Vaginal smear inspected under microscope Penile/urethral culture	Visual exam
Common Symptoms	Often no symptoms.  May experience abnormal vaginal discharge and pain in lower abdomen; bleeding between periods and/or with intercourse; burning or pain with urination.  Penile discomfort, penile discharge and burning during urination; pain or tenderness of the testicles; swelling in the scrotum.	Often no symptoms.  May experience pain and burning with urination; increased frequency in urination; abnormal vaginal discharge or abnormal periods; milky penile discharge; abnormal anal discharge.	Primary: Chancre (painless sore) on or around penis, vagina, mouth, or anus. Secondary: Non-itchy rash, "flu-like" symptoms, swollen glands.	Often no symptoms. Frothy, often unpleasant-smelling discharge. Blood spotting in the discharge. Itching in and around the vagina, swelling in the groin. Frequent urination, often with pain and burning.	Intense itching on genitals. Crabs and eggs (small nits) attach to pubic hair. Mites/scabies burrow under skin, and redness occurs where the mites have burrowed.
Symptoms	May Appear 1-2 weeks	2-7 days	10-90 days	5-28 days, can be much longer	4-6 weeks, sooner if a person has been infected before
Transmission*	Spread through the exchange of infected pre-ejaculate, ejaculate (semen), and vaginal fluid.	Spread through the exchange of infected pre-ejaculate, ejaculate (semen), and vaginal fluid.	Spread through skin-to-skin contact during vaginal, anal, or oral sex.	Most often spread through the exchange of infected pre-ejaculate, ejaculate (semen), and vaginal fluid.	Sexual contact, other intimate contact. Can be spread from bedding, clothing, or towels.
Infection	Chlamydia (bacteria)	Gonorrhea (bacteria)	Get Beal: Compr	Trichomoniasis (protozoa)	Scabies and Crabs (barasites)

\*Use of condoms or dental dams during sexual activity can reduce the risk of transmission. Animal skin condoms are not effective in preventing transmission of HIV and some other STIs. Planned Parenthood League of Massachusetts Education & Training at <a href="www.pplm.org/training">www.pplm.org/training</a>

# Sexually Transmitted Infections Chart Continued

Possible Complications	HPV: Linked to cancers of the cervix, penis, anus, vulva, mouth and throat, head and neck. Genital warts: Can block vaginal, penile, and rectal openings. May infect baby at birth.	May infect baby at birth or cause problems during pregnancy.	Compromised immune system and opportunistic infections.	Some infected people become chronic carriers, can lead to chronic liver problems, or liver cancer. A pregnant person with Hepatitis B may infect baby at birth or during pregnancy.
Treatment of Partner	Genital warts: Treatment only if warts are present. Screening is essential. Vaccine available.	Only if symptomatic	Recommended to notify partner whenever possible for medical follow-up. Partners should be seen by a provider for HIV testing.	Essential Hepatitis B can be prevented with vaccination.
Treatment	No cure. Vaccines available to reduce risk of cervical cancer and genital warts. Wart removal by chemical application, freezing or surgical removal by practitioner.	No cure, Treatments to decrease severity of symptoms.	No cure, Prescribed medications. Prevention and treatment of other infections.	Medical follow-up and prescribed medication.
How to Test	HPV: Pap smears and visual exam Genital warts: Visual exam	Visual exam; culture of blister/lesion	Blood test or oral swab. Rapid HIV test can provide results in 10 minutes.	Blood test
Common Symptoms	Often no symptoms.  High-risk HPV infections are typically asymptomatic but can cause changes to cells that can be precancerous, and eventually lead to cancer if left untreated. Warts may be small or large, raised or flat, or shaped like a cauliflower. May itch and cause irritation. Some warts only visible by internal examination.	Itching or tingling around genitals or anus before blisters appear. Small fluid-filled blisters that break open and cause painful sores, which then crust over as they heal. Some people with herpes have no symptoms.	Many people who are infected with HIV do not have symptoms for 10 years or more. The only way to know if someone is infected is to be tested for HIV infection. Symptoms can include: fever, fatigue, and often, rash, headaches, swollen lymph nodes, and sore throat.	Often symptoms may be too mild to notice. Weakness, lack of energy, loss of appetite, abdominal pain, fever, headaches, jaundice, muscle pain, dark urine, light colored stool, and "flu-like" symptoms.
Symptoms May Appear	Warts may appear 3 weeks to 8 months after exposure	Typically 2–12 days after infection Symptoms may recur often.	HIV: Usually test positive 6-8 weeks after exposure or up to 3-6 months AIDS: May result from HIV; may take up to 10 years or more to develop	6 weeks- 6 months
Transmission*	Spread through skin-to-skin contact during vaginal, anal, or oral sex.	Spread through skin-to-skin contact during vaginal, anal, or oral sex, with or without blisters present.	Spread through the exchange of infected pre-ejaculate, ejaculate (semen), vaginal fluid, rectal fluid, blood, and breast milk.	Spread through the exchange of infected pre-ejaculate, ejaculate (semen), vaginal fluid, and blood.
Infection	eal: Comprehensives  Accompany of the comprehensives  Country  Genital Warts	Genital Herpes (virus)  Education That Works	Human Immu- nodeficiency Virus – HIV (virus)	Hepatitis B (virus)

\*Use of condoms or dental dams during sexual activity can reduce the risk of transmission. Animal skin condoms are not effective in preventing transmission of HIV and some other STIs. Planned Parenthood League of Massachusetts Education & Training at <a href="www.pplm.org/training">www.pplm.org/training</a>

Updated 07/2018

# PPLM

### Interview — Preventing STIs

**Instructions:** Choose a parent/guardian or other caring adult to interview about STIs, including HIV, and how to prevent them. During this interview, you will try to find out what concerns the adult most about sexually active youth today, the adult's knowledge about the risks of STIs and HIV, and suggestions for risk reduction.

- 1. Share: Today we learned about sexually transmitted infections (STIs). The majority of STIs are spread through vaginal fluid, ejaculate and pre-ejaculate. Some STIs can also be spread through skin-to-skin contact. Although some people think HIV can be transmitted through saliva, the only six fluids that transmit HIV are blood, ejaculate, pre-ejaculate, vaginal fluid, rectal fluid and breast milk.
  - Did you know these facts? Have you ever known someone who thought STIs and HIV could be spread in different ways?
- 2. What are your concerns about STIs/HIV? Why?
- **3.** Share: Statistics show that 25% of new HIV cases in the United States occur in young people under age 24.

Ask: Why do you think that is happening?

- **4.** What do you think is lacking in sexual health information and education for high school students that would help reduce the risk of contracting an STI or HIV?
- **5.** If the most common symptom of an STI is no symptoms at all, what would you suggest someone in high school do to reduce risk?
- **6.** Why do you think having multiple partners increases the risk of becoming infected with an STI, including HIV?

Parent or Other Caring Adult Signature

Student Signature