

A Healthy Look at Sexuality

Lesson Eight

**Sexually Transmitted
Infections (STIs)**

LESSON 8: SEXUALLY TRANSMITTED INFECTIONS (STIs)

Time needed

One class period

Student learning objectives

1. Name at least 3 STIs.
2. Describe 2 things a person should do if they suspect they have an STI.
3. List 3 of the 5 common, early symptoms.
4. List at least 3 long-term dangers of some (untreated) STIs.
5. Describe 3 ways a person can reduce their risk.

Agenda

1. Introduction and Overview
2. STI Brainstorm
3. Types of STIs
4. Correct and Consistent Use of Protection
5. Closure
6. Homework

Materials needed

1. Newsprint (3)
2. Appropriate Markers
3. Condom Line-up Cards (12)
4. Video: “*Sex Smart for Teens: Sexually Transmitted Infections*” (optional)
5. Homework: *HIV/AIDS* (1 per student)
6. Anonymous Question Bag or Box
7. Index Cards of the Same Shape, Size, and Color

Preparation

1. Write the following prompts on 3 newsprints and post on the wall:
 - **A person might think they had an STI if...**
 - **If a person thinks they might have an STI, they should...**
 - **A person can reduce their risk of giving or getting an STI by...**
2. Print 1 copy per student of the following (located under Worksheets and Printouts at the end of the lesson):
 - **Handout: *Sexually Transmitted Diseases brochure (DOH, 2007)***
 - **Homework: *HIV/AIDS*.**
3. Print and laminate the **Condom Line-up Cards** (located under Worksheets and Printouts at the end of the lesson).

Instructions

(Adapted from 9/10 F.L.A.S.H., Lessons 24-28, and 11/12 F.L.A.S.H., Lesson 13, www.kingcounty.gov/health/FLASH/.)

1. Introduction and Overview

- a. Go over homework from the previous lesson. Allow everyone a chance to share their homework and the results that they got. However, make sure that they understand that this part is optional and if they are doing their homework with a family member, they must have their permission to share also.
- a. Ask the group what they learned in the previous lesson.
- b. We have already discussed contraception and how to talk to a partner about it, now we are going to spend time discussing Sexually Transmitted Infections or Diseases and how to prevent getting them.
- c. Define “STD”: An STD is an infection a person can catch by sexual contact with a person who has them. In some medical circles, the preferred term is now “sexually transmitted infection” (STI). Infection is used instead of disease because many infections don’t cause disease; they are asymptomatic and don’t always cause adverse reactions. But the term is less widely recognized by the public than STD.
- d. Discuss the relevance of the lesson, specifically:
 - **Some STIs are more common than the common cold.**
 - **Some are mostly nuisances, while others are deadly serious.**
 - **Teenagers are one of the highest risk groups for STIs, partly because they tend to get into new relationships more frequently (on average) than adults, but also because the cells of teenage women’s cervixes are more vulnerable to irritation and infection than those of older women.**
 - **There are ways to prevent or reduce the risk of every STI.**
 - **Most STIs are curable.**

2. STI Brainstorm

- a. Explain that you want to begin by giving students a chance to think about what they already know about STIs.

- b.** Divide the group into three smaller groups and ask each group to stand at a newsprint.
- c.** Explain that their task is to complete the sentences on each newsprint. After a couple of minutes ask the groups to rotate to the next newsprint. Continue until every group has had a chance at each newsprint.
- d.** Debrief by emphasizing salient information, correcting misinformation, and adding points not written by the students. Use the following as a guide:

A person might think they had an STI if...

- **the person engaged in unprotected anal, oral, or vaginal sex with a new partner who has not been tested.**
- **a health care provider performed an STI test.**
- **the person's partner said they have an STI.**
- **someone from a clinic called the person and said they might**
- **have one.**
- **they have symptoms.**

NOTE TO TEACHER:

The following list is a resource for teachers that can be used when students ask questions. It is not necessary to go into detail on all the possible symptoms. The most important point to emphasize is that the number one “symptom” of STIs is no symptom at all. Most people do not know they have an STI until they get tested.

- **sores** (open skin)—sores can be a symptom, whether they hurt or not. Syphilis sores are painless; herpes sores are often, though not always, painful.
- **unusual discharge** (explain normal vs. unusual)—discharge is a symptom only if it is unusual (abnormal). Any liquid besides feces coming from the anus is unusual. In men, any liquid other than urine or semen coming from the penis is unusual. For a woman, there’s normal, healthy vaginal discharge. That’s how the vagina cleans itself. It’s only *unhealthy* discharge if it’s clearly not her usual wetness (e.g., if it has a different odor than usual, if it’s yellow or greenish instead of clear or white, if it is lumpy instead of smooth, or if there is blood when she is not menstruating).
- **itching or tingling** in genital and anal areas.
- **burning** (especially with urination).
- **lumps or bumps** (bumps can be raised, reddish, or dimpled).
- **rash, redness, or swelling** in genital and anal areas.

Later symptoms of various untreated STIs include (but aren’t limited to):

- **pain in the lower abdomen (female) or scrotum (male)**
- **flu-like symptoms** (i.e., fever, headache, aching muscles, and/or swollen glands)
- **unexplained weight loss**
- **hair loss**
- **rash on palms of hands and soles of feet**
- **damage to internal organs**
- **blindness or deafness**
- **numbness or paralysis**
- **dementia**

If a person thinks they might have an STI, they should...

- **get tested and treated.**
- **stop having intimate contact with other people.**
- **tell partner(s) and encourage them to see a health care provider to get tested and treated.** (i.e., any partner that they have had oral, anal, or vaginal sex within the last six months)
- **not try to self-diagnose or self-treat.**
- **not hope for magical recovery.** (Sores and bumps may go away, but the infection could still be in the body.)

A person can reduce their risk of giving or getting an STI by...

- **abstaining from oral, anal and vaginal sex.**
- **maintaining long-term mutual monogamy, as in marriage or long-term partner relationship.** (Discuss what is meant by “long-term partner relationship” with students. They may have different ideas.)
- **using condoms consistently and correctly.**
- **getting vaccinated for Hepatitis B and HPV.**
- **avoiding sharing needles (drug use, tattoos, piercings, etc.), cookers, etc.**
- **reducing the number of sexual partners in their lifetime.**
- **reducing the frequency of sex.**
- **getting yearly, thorough STI check-ups, even if no symptoms are present.** (Some people may need more frequent check-ups, depending upon how many sexual partners they have. People may need to ask their health care provider for tests other than just HIV.)

- **getting tested together when in new partnerships and before having any kind of sex.**
- **talking with a partner about STIs, getting tested, and if necessary, getting treated together.** (Both partners must be treated at the same time to prevent re-infection.)
- **not having sex with people who are several years older than they are.**
(These folks are statistically more likely to have an infection, whether they know it or not.)

NOTE TO TEACHER: Prevention is best, but risk reduction is the next best strategy. Abstinence and monogamy are, of course, the *most* effective protection of all these bulleted strategies. However, even they are not guarantees. Some STIs are transmitted in non-sexual ways and mutual monogamy is only safe if both partners are absolutely infection free to begin with and do not have sex, consenting or otherwise, outside the relationship. All the other strategies listed are risk *reduction* ideas for people who may not abstain until they achieve a committed, monogamous relationship.

3. Types of STIs

- a. Ask the group to brainstorm different kinds of STIs and write them on the whiteboard or newsprint like the following:

Chlamydia Gonorrhea Syphilis	Genital Herpes Human Papilloma Virus (HPV) (Genital Warts) Hepatitis B HIV/AIDS	Pubic Lice Scabies Trichomoniasis
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- b. Ask the group why they think you separated them in three different columns. Answer: some are curable, some are not; one column is bacterial infections, one column is viral infections, and one column is parasitic infections. Label them on the whiteboard like the following:

Bacterial	Viral	Parasitic
Chlamydia Gonorrhea Syphilis	Genital Herpes Human Papilloma Virus (HPV) (Genital Warts) Hepatitis B HIV/AIDS	Pubic Lice Scabies Trichomoniasis

c. Using Video: “**Sex Smart for Teens: Sexually Transmitted Infections,**” or by lecture go over the various STIs. The most important points to mention include the following:

- **Bacterial and parasitic infections can be treated and cured most effectively when diagnosed early in the infection.**
- **Viral infections are not considered to be curable because medications cannot get rid of viruses completely. However, the symptoms of viral infections are treatable.**
- **Some viral infections are persistent while some are not. For example, HIV typically remains in the body for life and multiplies, while about 90% of all HPV infections are cleared by the body within two years.¹**
- **Chlamydia is especially common and has been referred to as “the silent epidemic”. (2 out of 3 of the chlamydia infections are in people under the age of 24. Three quarters (75%) of women who have chlamydia have no symptoms.)**
- **Chlamydia and gonorrhea, if left untreated, can lead to serious infection, chronic pain and sterility in both women and men.**
- **There is a vaccine for Hepatitis B and most people get it when they’re young children.**
- **There over 100 types of HPV that humans can get, and about 30 of these types are sexually transmitted. Most types cause no symptoms at all and eventually go away on their own. A few types can cause genital warts and a few others can lead to cell changes that could become cancer if untreated.²**
- **There is an HPV vaccine, currently recommended for females*, that protects against the 4 types of the virus which cause most cases of genital warts (90%) and cervical cancer (70%).**

***NOTE TO TEACHER:** Currently, studies are being conducted to determine whether the HPV vaccine should be recommended for males.

¹ CDC website, Chlamydia Fact Sheet. Available at: <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm>. Accessed August 28, 2008.

² CDC website. Genital HPV infection – CDC Fact Sheet. Available at: <http://www.cdc.gov/std/HPV/STDFact-HPV.htm>. Last modified April 10, 2008.

(Adapted from 9/10 F.L.A.S.H., Lessons 24-28, and 11/12 F.L.A.S.H., Lesson 13, www.kingcounty.gov/health/FLASH.)

- **STIs can be spread to/from the mouth, genitals, and anus during sexual contact with an infected person, even when no sores or symptoms are present (ex: oral herpes spread to genitals during oral sex).**
 - **There may be a risk of contracting Hepatitis C through sexual contact and there is no vaccine for this disease. Hepatitis C is primarily transmitted through sharing needles for illegal drug use.³**
 - **Hepatitis A is an acute liver disease caused by the ingestion of fecal matter, sometimes from contaminated food. A vaccine is available.**
- d. Ask the group how people get STIs. Answer: Anytime there is exchange of fluid or skin to skin contact with an infected person, mainly with vaginal fluid, blood, breast milk, and ejaculate fluid.

4. Correct and Consistent Use of Protection

- a. Review the ideas for ways “a person can reduce their risk of giving or getting an STI” brainstormed in the beginning of the lesson.
- b. Explain that the best way to prevent exchange of fluid or skin to skin contact during sex is to use condoms and dental dams consistently and correctly. Make sure to stress that the condom and dental dam is only effective in the protected area. Herpes and HPV are transmitted through skin to skin contact and could be transmitted even when a condom or dental dam is used if the infection is not covered by the latex.
- c. Ask students if they know what “correct and consistent use of condoms and dental dams” means. Answer: Using condoms or dental dams for every sexual act and using them correctly.
- d. Ask students if they know the steps for “correct and consistent use of condoms.” Take several responses. Then, ask for volunteers to represent the steps in the **Condom Line-up Cards** (prepared by teacher). Randomly distribute cards and ask the volunteers to put the cards in order. Encourage the remaining students in the class to give feedback to help get everyone in the right order. The recommended order of steps is as follows:

³ CDC Website. CDC Hepatitis C index FAQs. Available at: <http://www.cdc.gov/hepatitis/C/cFAQ.htm>. Accessed August 28, 2008.

(Adapted from 9/10 F.L.A.S.H., Lessons 24-28, and 11/12 F.L.A.S.H., Lesson 13, www.kingcounty.gov/health/FLASH.)

1. **Talk with partner about having sex.**
2. **Talk with partner about STIs and pregnancy risk.**
3. **Make an agreement to have protected sex.**
4. **Have a back-up plan for what to do in case the condom fails.**
5. **Get condoms to have on hand when needed.**
6. **Check the condom package & expiration date.**
7. **Carefully open the condom package.**
8. **Make sure the condom is right-side up.**
9. **Pinch the tip of the condom & place it over the tip of the penis.**
10. **Carefully unroll condom over the entire length of the penis.**
11. **Apply water-based lubricant to the outside of the condom (as needed).**
12. **Intercourse/sexual activity occurs.**
13. **Right after ejaculation, hold the condom against the penis and pull out from partner.**
14. **Turn away from partner and remove condom.**
15. **Throw condom in trash; urinate & wash up before resuming contact with partner.**

- e. Once the correct order is achieved, start from the beginning and have students read each step. Provide demonstration with actual condom to demonstrate the steps.

NOTE TO TEACHER: The Video: *“Sex Smart for Teens: Birth Control”* contains a condom demonstration. However, because the goal is for students to feel comfortable and confident using condoms when they become sexually active, it is highly recommended that this activity still be done with a condom in class.

- f. While the line-up is still in order, ask students to discuss the following questions:
1. Which steps are the easiest? Why?
 2. Which steps are the hardest? Why?
 3. Which steps are the most important? Why?
- g. Have the volunteers take their seats. Make sure the following points have been mentioned before moving on:
- **Use a new condom for each act of sex (oral, anal, or vaginal) and never use two condoms at the same time.**

(Adapted from 9/10 F.L.A.S.H., Lessons 24-28, and 11/12 F.L.A.S.H., Lesson 13, www.kingcounty.gov/health/FLASH.)

- **Make sure the condom is made of latex or polyurethane.**
- Heat is especially damaging to condoms, so back pockets, wallets, and glove compartments aren't good places to store them for very long.** (Better places include backpacks, purses, jacket pockets, dresser drawer, and gym bags.)
- **After ejaculation, withdraw the penis (away from the partner's vagina, anus, or mouth) before it has time to get softer, holding the condom in place with fingers at the base of the penis so that it doesn't slip off.**
 - **Urinating after sex is recommended because it helps to flush out the urethra and reduce the chance of getting a bladder infection. It does not reduce the chance of pregnancy or STIs.**
- h. Ask students if they know what a dental dam is. Answer: A dental dam is a piece of latex which is used to cover the labia and clitoris or the anus during oral sex.
- i. Ask the students if they know how to be "correct and consistent" with dental dams. Take several responses. Be sure the following facts are mentioned:
- **Dental dams are available in some drug stores.**
 - **A condom can also be cut to form a dental dam and some people use clear non-microwavable plastic like Saran Wrap to serve the same purpose.**
 - **Use a new dental dam for each act of oral sex and never use two dental dams at the same time.**
 - **Like condoms, heat is especially damaging, so back pockets, wallets, and glove compartments aren't good places to store them for very long.** (Better places include backpacks, purses, jacket pockets, dresser drawer, and gym bags.)
 - **Check the expiration date of the dental dam. Throw it away if it has expired.**
 - **Put a little water-based lubricant on the side of the dental dam touching the labia and clitoris or the anus.**
 - **Both partners should wash their vulva, anus, and hands with soap and water before they have any more bodily contact (before cuddling).**

(Adapted from 9/10 F.L.A.S.H., Lessons 24-28, and 11/12 F.L.A.S.H., Lesson 13, www.kingcounty.gov/health/FLASH.)

5. Barriers to Using Protection

- a. Write on the board:

What people who do not want to use condoms might say:

- b. Brainstorm answers. Some answers may include:

“Condoms are too small for me.”

“I can’t feel anything.”

“They don’t work.”

“I don’t have any right now.”

“I don’t have anything (meaning STIs or HIV).”

“We don’t need one.”

- c. Tell students that we will look at the list again and come up with responses in the next lesson. In the meantime, address some of their concerns with the following demonstrations:

- Have a volunteer put a condom over their hand and gently touch their fingertips. Ask if they can feel the sensation. Explain that there are more nerve endings on the tip of the penis and the clitoris than on the fingertips, so if they can feel through the condom on their fingers then they will most likely be able to feel through the condom or dental dam on the penis or vulva.
- Have another volunteer blow up a condom and tie the end. Use a tape measure to measure the diameter and length. Ask the group if they still think that a condom is too small for a penis. However, explain to the class that if you have discomfort (i.e., the condom feels too tight) while using condoms, there are larger size condoms available.

6. Closure

- a. Ask the group what they learned with this lesson.
- b. Remind students of **Handout: Local Health Resource List** (if available) or brainstorm a list of places where people can get sexual health care information or services.
- c. Pass anonymous question bag or box around.
- d. Answer anonymous questions.

(Adapted from 9/10 F.L.A.S.H., Lessons 24-28, and 11/12 F.L.A.S.H., Lesson 13, www.kingcounty.gov/health/FLASH.)

7. Homework

- a. Explain that we will continue our discussion of STIs in the next lesson by talking about HIV/AIDS.
- b. Hand out and ask them to fill out **Homework: *HIV/AIDS*** as best as they can. You will go over it in the next class.

Worksheets and Printouts

(Adapted from 9/10 F.L.A.S.H., Lessons 24-28, and 11/12 F.L.A.S.H., Lesson 13,
www.kingcounty.gov/health/FLASH.)

HOMWORK: HIV/AIDS

1. Mark the following true (T) or false (F).

- a. People can catch HIV by having sex with someone who has it.
- b. Only homosexual sex transmits HIV.
- c. People who share needles to “shoot up” drugs can pass along HIV.
- d. People are very unlikely to catch HIV from blood transfusions anymore.
- e. Teens are safe from HIV if they only have sex with other teens.
- f. Most people who have HIV know it.
- g. If a person has HIV, they can transmit it, even if they don’t have AIDS.
- h. Mosquitoes can transmit HIV.
- i. People can have HIV for many years without developing symptoms.
- j. People can catch HIV by using the same dishes or silverware as a person who has it.
- k. Sneezing can transmit HIV.
- l. Sexual intercourse (penis/vagina) can transmit HIV from male to female and vice versa.
- m. It is very risky to kiss someone who has HIV.
- n. People have gotten HIV through sweat and tears.
- o. Oral sex (mouth/genitals) can possibly transmit this virus.
- p. Anal sex (penis/anus) can transmit this virus.
- q. A person who is HIV+ is said to have AIDS when their immune system is so damaged by the virus that it cannot fight off other infections very well.

2. Put a check next to anything from the list that can really reduce a person’s risk of getting HIV. (check all that apply)

- a. Not having sex.
- b. Not going to school with anyone who has AIDS.
- c. Only having sex with one monogamous partner.
- d. Only having sex with someone who doesn’t have HIV.
- e. Not shaking hands with anyone who has AIDS.
- f. Using condoms and/or dental dams when they have sex.
- g. Taking a bath or shower every day.
- h. Limiting the number of different sexual partners they have.
- i. Only having sex with people who look clean.
- j. Always using sterile needles (for injections, piercings, tattoos, etc.).

(Adapted from 9/10 F.L.A.S.H., Lessons 24-28, and 11/12 F.L.A.S.H., Lesson 13,
www.kingcounty.gov/health/FLASH.)