

SEXUALLY TRANSMITTED INFECTIONS

Revised by PPAU Education in 2020.

<p>Audience: Teens and young adults</p>	<p>Time: 60 min</p>
<p>Enduring Understanding: I feel empowered to protect my body from sexually transmitted infections.</p>	
<p>Essential Questions:</p> <ol style="list-style-type: none"> 1. What is the only method that will give someone 100% protection from sexually transmitted infections? 2. What are common signs and symptoms of sexually transmitted infections? 3. If someone engages in sexual activity, what can they do to lower their risk of sexually transmitted infections? 	
<p>Materials:</p> <ul style="list-style-type: none"> • Group agreements and community resources posters • Graffiti sheets or poster paper (pre-labeled with titles from Activity 3) • Markers • STI Student Reference Sheet (one copy per student) • Laminated risk category cards and behavior cards (from Activity 4) • Anonymous questions sheets, pencils 	<p>Assessment:</p> <ol style="list-style-type: none"> 1. Participation in “STI Graffiti Sheets” activity and discussion 2. Participation in “STI Risk” activity and discussion 3. Responses to “STI Recap” activity <p>Activities:</p> <ol style="list-style-type: none"> 1. Introductions & Group Agreements (5 min) 2. Introduction of STIs (10 min) 3. STI Graffiti Sheets (20 min) 4. STI Risk Activity (15 min) 5. STI Recap (5 min) 6. Closure (5 min)
<p>Utah State Core Standards:</p> <p>HEALTH II: HIGH SCHOOL</p> <ul style="list-style-type: none"> • Standard HII.HD.2: Define and describe the mental, emotional, physical, and social health benefits of sexual abstinence. (Activity 3: <i>STI Graffiti Sheets</i>, Activity 4: <i>STI Risk</i>, Activity 5: <i>STI Recap</i>) • Standard HII.HD.4: Identify practices for prevention of common sexually transmitted diseases or infections (STD/STI). Evaluate the effectiveness of risk-avoiding behaviors, stressing abstinence, as methods of preventing STD/STI including HIV/AIDS. Evaluate the effectiveness of risk-reducing behaviors, including condoms, as methods of preventing STD/STI including HIV/AIDS. Analyze the impact of STD/STI on self and others (for example, physical, social, emotional, financial), including responsibility for testing and informing partners. (Activity 2: <i>Introduction of STIs</i>, Activity 3: <i>STI Graffiti Sheets</i>, Activity 4: <i>STI Risk</i>, Activity 5: <i>STI Recap</i>) • Standard HII.HD.6: Discuss risk reduction, prevention and early detection methods for common reproductive conditions and diseases, including cancers, and when it may be necessary to seek medical care. (Activity 3: <i>STI Graffiti Sheets</i>, Activity 4: <i>STI Risk</i>, Activity 5: <i>STI Recap</i>) • Standard HII.HD.7: Identify accurate and credible resources for sexual health, development, and relationships, and identify who and where to turn to for help (for example, parent, clergy, relative, health care provider, teacher, counselor). (Activity 1: <i>Introductions</i>, Activity 6: <i>Closure</i>) 	

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1. Introductions & Group Agreements (5 min)

Introduce facilitators and lesson. Introduce (or review) group agreements. Lead student introductions if needed. If class is part of a series, ask students to recap what they remember from the previous class. Post community resources in the space for students to reference.

2. Introduction of STIs (10 min)

Tell students: Today we will be learning about sexually transmitted infections, or STIs. We'll be looking at what STIs are, risks for getting STIs and how to prevent and treat STIs.

Facilitator Note: *Write the key terms on the board as you discuss.*

Sometimes, people hear the term STD instead of STI. What does "STD" stand for? Sexually Transmitted Disease. And what does "STI" stand for? Sexually Transmitted Infection. Both terms refer to the same thing but saying "STI" is one way to use language to build a more positive mentality toward taking care of our bodies and our health.

We want to share accurate information and to reduce stigma related to sexual health, including STIs. The terms "STI" and "STD" are synonyms, but we will use "STI" throughout the lesson.

3. STI Graffiti Sheets (20 min)

Tell students: Now we're going to spend some time learning about STIs. Hang poster paper around the room with the following statements:

- Some STIs I know are...
- Someone is at risk for getting an STI if they...
- Someone can protect themselves from STIs by...
- Someone knows they have an STI if...
- Some myths about STIs are...
- Some barriers to preventing STIs in our community are...

Give markers and ask students to move around the room, writing information that finishes the sentence on each poster. Encourage each student to try to write something on each poster. This can be whatever they know, even if they are not sure if it is correct. Tell students that you will be discussing the answers as a class when everyone is finished.

When the students have finished, collect posters at the front of the room so they are visible to everyone. Before discussing the posters, pass out the **STI Student Reference Sheet** to each student. Explain that they can use this handout as a reference during and after class. They will keep their paper, so they can write or mark on it if they want to take extra notes or highlight information during class discussion about STIs.

Starting with the list of STIs, add or correct information on each poster. Facilitate discussion with each poster, using the questions below, or create your own based on the specific class needs and interests.

Facilitator Note: *To adapt this activity for physical accessibility, pass out one graffiti sheet per table group. Have each group work at their tables to brainstorm ideas for their individual poster. After a few minutes, graffiti sheets can be rotated around the room so that each table group works on each poster. Alternately, color-coded sticky notes can be used to collect student responses for each poster.*

Suggested Discussion Questions & Topics

- **Some STIs I know are...**
 - Add STIs if they are missing from the list. *Chlamydia, Gonorrhea, Syphilis, Trichomoniasis, Pubic Lice, Scabies, HPV, Herpes, HIV and Hepatitis B.*
 - Are all STIs preventable? Yes.
 - Are all STIs treatable? Yes.
 - Are all STIs curable? No.
 - Which STIs are curable (can-get-rid-of)? Which are non-curable (cannot-get-rid-of)? What is the difference between these two groups? *Curable STIs are bacterial/parasitic and non-curable STIs are viral. Even though people who get viral STIs will have them for life, there is always something they can do to help themselves feel better by managing their symptoms. There is also always something they can do protect themselves from further infection and prevent transmission to their partners.*
- **Someone is at risk for STIs if...**
 - How are STIs transmitted?
 - *Body Fluids: blood, semen, pre-ejaculate, vaginal fluid, anal fluid, breastmilk. More often transmitted by body fluids: HIV/AIDS, Hepatitis B, Chlamydia, Gonorrhea and Trichomoniasis.*
 - *Skin-to-Skin Contact: genital-to-genital and mouth-to-genital. More often transmitted by skin to skin contact: Herpes, HPV, Syphilis, Pubic Lice and Scabies.*
 - *Three basic ways: unprotected sexual activity, sharing needles and pregnancy/birth/breastfeeding.*
- **Someone can protect themselves from STIs by...**
 - Practicing abstinence consistently.

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- Condoms (and other barrier methods such as dental dams and gloves) offer protection against some STIs, but abstinence is the most effective.
- Avoiding skin-to-skin contact, especially in the genital area. A condom does not always cover the infected area.
- Avoiding exchange of body fluids.
- Vaccines are available for all genders for HPV and Hepatitis B.
- PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis) are pills that prevent HIV infection.
- Limiting the number of sexual partners.
- Getting tested and treated.
- **Someone knows they have an STI if...**
 - What are common symptoms of STIs? *Burning, itching, bumps, discharge, etc.*
 - Do STIs always have symptoms? *Almost all STIs can have NO SYMPTOMS whatsoever.*
 - If someone has no symptoms, how would they find out they had an STI? *They would have to get tested. Testing can look like a physical exam, urine or blood sample, or tissue or fluid swab. Often, a person can access free or low-cost testing at a community clinic. Regular testing is recommended for those who are in contact with another person's body fluids that transmit STIs. Bacterial and parasitic STIs can be treated and cured with antibiotics and other medication. Viral STIs can be treated with medication to manage symptoms.*
- **Some myths about STIs are...**
 - They can be transmitted through saliva or urine, from toilet seats or by sharing utensils and drinks.
 - Peeing after sex prevents STIs. *It can help prevent UTIs (Urinary Tract Infections), but not STIs.*
 - If someone has an STI, that means they've had sex.
 - Only people who have lots of sex or sex with lots of people can get STIs.
 - You can tell if someone has an STI by looking at them. *Most often, people will not show any signs or symptoms of an STI. In addition, some people are stereotyped as the "kind of person" who would have an STI, but this is always harmful and wrong. It is true that some groups have higher rates of STIs. This isn't because of who people are or their behaviors; it's because society creates extreme challenges for some groups that affect their health (such as discrimination due to racism, sexism or homophobia).*
 - PID (Pelvic Inflammatory Disease) is an STI. *PID is a secondary infection caused, most likely, by untreated Chlamydia or Gonorrhea.*
- **Some barriers to preventing STIs in our community are...**
 - Peer pressure
 - Lack of education

- Lack of access to health care such as testing and treatment (i.e. too far away, economic or language barriers)
- Drug use / addiction
- Sexual abuse / assault
- Ask: What can people do to overcome these barriers?

4. STI Risk Activity (15 min)

Create a continuum on the wall with the risk cards that read “No-Low Risk,” “Some Risk,” “High Risk” and “Can Raise the Risk.” Divide participants into groups of three or four and give each group a few behavior cards. Ask group members to discuss and agree where each behavior card belongs on the risk continuum in terms of the risk of STI transmission. Then, a representative from each group should come up to the continuum and tape their cards where they think they belong. Participants should only focus on the activity on the card, not what it might lead to. Share an example with the class using the card “flirting,” reminding students to only think of the activity on the card.

After all the cards are posted, ask for volunteers to read the cards aloud. Have a group discussion about the location of the cards. For each column, ask students if there are any cards that they have questions about, feel unsure about the placement, or need to be moved to a different column. Allow students to debate.

EDUCATOR RESOURCE: Sexual Activities According to Degree

This list is provided to prepare the educator for questions and discussion during the activity. *It is important to stress that all sexual behaviors assume mutual, ongoing consent in a non-abusive relationship.*

“No-Low Risk” Sexual Behaviors

- Abstinence
- Flirting
- Hugging or holding hands
- Kissing
- Massage
- Sexual fantasies
- Talking sexy
- Watching sexy movies
- Chatting or texting about doing something sexual (sexting)
- Showering together
- Sexy touch of non-genital body parts
- Body rubbing or grinding
- Masturbation by oneself
- Mutual masturbation (hand-to-genital touching)

- Oral sex on a vulva with a dental dam
- Oral sex on a penis with a condom
- Oral sex on an anus with a dental dam
- Sexual activities between consistently monogamous partners who have tested negative for STIs

“Some Risk” Sexual Behaviors

- Oral sex on a vulva without a dental dam
- Oral sex on a penis without a condom
- Oral sex on an anus without a dental dam
- Vaginal sex with a condom and lubrication
- Anal sex with a condom and lubrication

“High Risk” Sexual Behaviors

- Vaginal sex without a condom
- Anal sex without a condom
- Sharing sex toys without a condom
- Sexual contact where there are cuts or breaks in the skin present
- Contact with blood

“Can Reduce the Risk” Sexual Behaviors

- Consent
- Communication
- Supportive peer relationships
- Avoiding drinking or drug use
- Age difference between partners is less than two years
- Mutual monogamy
- Getting tested together with partner

Use three or so of the following discussion questions:

- Make sure to discuss the "Abstinence" card.
 - What is abstinence? *It's important to affirm that different people may have different definitions. Some different definitions: no sex play with a partner; no genital-to-genital or genital-to-mouth contact; no vaginal, anal, oral sex.*
 - How effective is it? *If it doesn't include oral, anal, vaginal sex or any sex play, and is used perfectly every time, it's 100% effective at preventing infections and unintended pregnancy. It's the only 100% effective method, and it is the most effective method.*
 - What happens if two people who want to use abstinence both have a different idea of what abstinence means? What should they do?
 - Why might someone wait to have sex? *Religion, values, waiting for marriage, protection from pregnancy, protection from STIs, not that into the person, want to be in love, still getting over last relationship, want to focus on school, have too much going on, etc.*
 - What are the advantages of waiting to have sex? *100% effective method of protection. Others?*

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- What happens if abstinence isn't used perfectly every time?
- What are condoms? *Condoms are coverings made from thin latex or polyurethane/polyisoprene material that form a barrier during sexual activity.*
 - What does barrier mean? When people use condoms, what is being blocked? *Body fluids.*
 - Why should people be considerate about body fluids? What body fluids can transmit STIs? *Pre-ejaculate, semen, vaginal fluid and anal fluid (as well as blood and breastmilk).*
 - Is there another way STIs can be transmitted besides body fluids? (Hint: herpes, HPV, syphilis, pubic lice, and scabies can all be transmitted this way.) *Skin-to-skin contact. (Fluid found in blisters can transmit, but we will consider that skin-to-skin.)*
 - Do condoms protect against skin-to-skin contact? What if a person has a blister on skin that is not covered by the condom? *Condoms only protect the area that they cover.*
 - What's the difference between internal and external condoms? *External condoms are rolled onto a penis or sex toy, and internal condoms are inserted into a vagina or anus.*
 - How effective are condoms? *85% to 98%.* Why the difference between these numbers? Allow students to guess. Explain the difference between perfect and typical use. *Condoms can break or slip because people were using them incorrectly.*
- What are the possible outcomes of participating in activities that have risk? *STIs (and unintended pregnancy, depending on the activity). What others? It is important that students understand that any sexual activity will carry some risk.*
- What do all the cards under "High Risk" category have in common? *No protection.*
- What can someone do to lower their risk from "High Risk" to "Some Risk?" Or from "Some Risk" to "No-Low Risk?" *Monogamous relationships (marriage), limiting number of partners, talking to partners about sexual histories and sexual boundaries, relationships that have open communication, trust and honesty, using barrier methods like condoms or dental dams, regular testing, partners being tested together before starting a sexual relationship, vaccinations, not mixing drugs and alcohol with sexual activity, etc.*
- Silently, think of your own behaviors. Where are the activities that you have participated in listed on this chart? What is one thing you could do to lower your risk?
- What are ways people can talk about their sexual boundaries with a partner? What about talking about getting tested or sharing STI status?

5. STI Recap (5 min)

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Read aloud three statements that you choose from the options below. Ask students to decide if each statement is True or False. Have students write down their answers on a piece of paper, then turn to a partner to check their answers. Review the correct answers as a class.

1. Choose **one** of the following statements related to stigma:
 - "Over 50% of U.S. high school students have not had intercourse." *True.*
 - "It is possible for anyone to become infected with an STI, regardless of their race, gender, sexual orientation or other identities." *True.*
 - "People who have STIs can live long lives and have fulfilling relationships." *True.*
 - "All people deserve access to information and care to help them prevent and treat STIs." *True.*
2. Choose **one** of the following statements related to risk:
 - "A person can get an STI from oral sex." *True.*
 - "A person can get the same STI more than once." *True.*
 - "Pre-ejaculate, vaginal fluid and blood are some of the fluids that can transmit STIs." *True.*
 - "50% of new STI infections each year are in young people ages 15-24." *True.*
3. Choose **one** of the following statements related to prevention:
 - "Abstinence can be practiced by anyone at any time in their life." *True.*
 - "A person who is under 18 years old can get tested for STIs." *True.*
 - "Open communication with a partner is one way to lower STI risk and build a healthy relationship." *True.*

6. Closure (5 min)

Thank students for their participation and respect while learning about this topic. Check again for remaining comments or questions by instructing all students to turn in an anonymous question sheet. After answering the number of questions that time allows, let students know that you'll be around afterward if they have a question they'd like to ask you individually. Refer students to the community resources poster and their trusted adults.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

POSSIBLE SYMPTOMS OF AN STI INCLUDE ITCHINESS, BUMPS/BLISTERS, OR PAIN WHEN URINATING. HOWEVER, **THE MOST COMMON SYMPTOM IS NO SYMPTOMS AT ALL! THE ONLY WAY TO KNOW STI STATUS IS TO GET TESTED.** IF A TEST IS POSITIVE, TREATMENT HELPS PREVENT LONG-TERM COMPLICATIONS AND FURTHER STI TRANSMISSION.

STI	TYPE	CURABLE / TREATABLE	TRANSMISSION	PROTECTION / PREVENTION	TESTING
CHLAMYDIA	Bacterial	Curable with Antibiotics	Fluid Exchange: Pre-Ejaculate, Semen and Vaginal Fluid	Abstinence, Condoms, Dental Dams, Gloves	Tissue/Fluid Swab or Urine Sample
GONORRHEA	Bacterial	Curable with Antibiotics	Fluid Exchange: Pre-Ejaculate, Semen and Vaginal Fluid	Abstinence, Condoms, Dental Dams, Gloves	Tissue/Fluid Swab or Urine Sample
SYPHILIS	Bacterial	Curable with Antibiotics	Skin-to-Skin: Mouth-to-Genital or Genital-to-Genital	Abstinence, Condoms, Dental Dams	Blood Test
TRICHOMONIASIS	Parasitic	Curable with Antibiotics	Fluid Exchange: Pre-Ejaculate, Semen and Vaginal Fluid	Abstinence, Condoms, Dental Dams, Gloves	Tissue/Fluid Swab or Urine Sample
PUBIC LICE & SCABIES	Parasitic	Curable with Medication and Washing Bedding / Clothes	Skin-to-Skin During Sexual Contact or Other Intimate Contact (i.e. Bedding)	Abstinence, Limiting Sexual Partners	Visual Exam

STI	TYPE	CURABLE / TREATABLE	TRANSMISSION	PROTECTION / PREVENTION	TESTING
HPV (GENITAL WARTS)	Viral	Treatable	Skin-to-Skin: <i>Mouth-to-Genital or Genital-to-Genital</i>	Abstinence, Vaccines, Condoms, Dental Dams	Visual Exam or Pap Test <i>(for people with vaginas)</i>
HERPES (I & II)	Viral	Treatable	Skin-to-Skin: <i>Mouth-to-Genital or Genital-to-Genital (With or Without Blisters Present)</i>	Abstinence, Condoms, Dental Dams	Visual Exam, Fluid Swab or Blood Test
HIV	Viral	Treatable with Anti-Retroviral Therapy (ART)	Fluid Exchange: <i>Pre-Ejaculate, Semen, Vaginal Fluid, Anal Fluid, Blood and Breastmilk</i>	Abstinence, PrEP/PEP, Condoms, Dental Dams	Blood Test or Oral Swab <i>(Results from Rapid Test in 10 Min)</i>
HEPATITIS B	Viral	Treatable	Fluid Exchange: <i>Pre-Ejaculate, Semen, Vaginal Fluid and Blood</i>	Abstinence, Vaccines, Condoms, Dental Dams	Blood Test

FIND A CLINIC:
slco.org/health/std-clinic
www.utahids.org
www.ppau.org
Ask about confidential and free/low-cost care!

ASK YOUR PROVIDER:
 No single test can identify all STIs. Ask what your test is for.

NOW YOU KNOW!
 Peeling after sex can help prevent a UTI (Urinary Tract Infection), but not an STI.

WINDOW PERIOD:
 It takes time between exposure and when test results will be accurate. This time varies for each STI and ranges from days to weeks.