

STI Smarts

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

SH.12.CC.1 – Describe common symptoms of and treatments for STDs, including HIV.

SH.12.CC.2 – Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.

SH.12.AI.2 – Access medically-accurate prevention information about STDs, including HIV.

TARGET GRADE:

Middle School – Lesson 5

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with PowerPoint
- PowerPoint: “STI Smarts Gameboard”
- “STI Smarts Gameboard” Teacher’s Resource
- White board and markers
- Small inexpensive prizes, enough for students on the winning team (optional)
- A bag of chocolate miniatures or other small treat, enough for the remaining students so that everyone gets something in recognition of their hard work (optional)
- “STDs & HIV” brochures (one per student)
- “California Minor Consent Laws” cards (one per student)
- “Exit Slips” (one half-sheet per student)

ADVANCE PREPARATION FOR LESSON:

- Print out enough copies of the “Exit Slips” sheets and cut them in half so that each student will have one half-sheet.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Name at least three facts about STI symptoms. [Knowledge]
2. Describe at least three facts about STI and HIV testing. [Knowledge]
3. Apply knowledge about STI symptoms and testing to hypothetical situations relating to safer sex. [Knowledge, Skill]

A NOTE ABOUT LANGUAGE:

Language is really important and we’ve intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun “they” instead of “her” or “him,” using gender neutral names in scenarios and role-plays and referring to “someone with a vulva” vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

PROCEDURE:

STEP 1: Ask, “How many people have watched a trivia game show on TV, where people answer questions for points or for particular dollar amounts? Well, we’re going to do the same now—only our topic is sexually transmitted infections (STIs), and you’re playing for points, not money, sorry!” Explain to the class that they might have heard the term sexually transmitted diseases (STDs) and that essentially STIs and STDs are different terms for basically the same thing.

Divide the class into five groups.

Note to the Teacher: You may wish to break the students up intentionally to ensure a fair balance between students who may be stronger participators than others.

As students move into their groups, write “Group One,” “Group Two,” “Group Three,” “Group Four,” and “Group Five” in a vertical line on the white board with space between each and space to the right of the last group for keeping score.

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Once students are in their groups, give them 2 minutes to select a name for their group. Tell them not to put too much thought into it, and if they don't come up with something in 2 minutes, you'll just call them by their group number. After 2 minutes, write each group name on the board beneath the group number. Once the groups are established, distribute the "STDs & HIV" brochures to each student so that they have a reference sheet to look at while they play the game. (3 minutes)

STEP 2: Project the "STI Smarts Gameboard" PowerPoint game on the screen.

***Note to the Teacher:** The PowerPoint must be in Slide Show mode for the interactive links to work.*

Review the main points on Slide 1 "STI Overview" and ask students if they have any quick questions prior to starting the game. Remind the students that they have their "STDs & HIV" brochure to consult as they try to answer the questions. Say, **"Each team will select a category and have the option of answering a question. Each group needs to select a spokesperson who will speak for the group. Go ahead and do that now."**

Say, **"If you look at the screen, you'll see there are six categories of questions. Let me explain what each means:**

1. **Which One Is Riskiest?** will provide a group of three behaviors. You need to decide which of the three behaviors puts a person at HIGHEST risk for an STI if done with an infected partner who already has an STI. While abstinence from sexual activity and avoiding injection drug use are the only certain ways to avoid contracting an STI, this information is important whenever a person does decide to have sex.
2. **Testing, Testing** is all about getting tested for STIs.
3. **Can I Be Cured?** Some STIs can be cured easily with medication. Others stay in our bodies but symptoms can be treated with medication. Still others stay in our bodies for a long time but are fought off naturally by our immune systems. This category will ask you whether the STI can be cured.
4. **What Should They Do?** describes a situation that a person or couple is experiencing, and you need to say what they should do in that situation to stay safe.
5. **I Don't Feel So Good...** is all about STI symptoms.
6. **Myth or Fact?** speaks for itself.

Explain that as the point value goes up, so does the difficulty of the question. Answer any questions from the students about the rules or the categories. Then randomly select one of the teams to go first and ask that team to get started by selecting their category. (6 minutes)

STEP 3: Conduct the activity, asking "why" on questions that merit further discussion (such as the "Which One Is Riskiest?" category.) Use the "STI Smarts Gameboard" Teacher's Resource to correct any misinformation and to explain an answer further. (35 minutes)

***Note to the Teacher:** Make sure to include all of the information in the Teacher's Resource in the explanation of the correct answer. Keep score as you go along.*

STEP 4: Acknowledge the winning team(s). Review the last slide "STI Summary" and ask students if they have any questions. Give prizes to everyone if you have them (optional).

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points towards grades, or another type of credit. Process the activity by asking the following questions:

- **What was it like to do that?**
- **What was [fun, hard, interesting, etc.] about it?**
- **Of all the information we went through, did anything surprise you?**

Explain that there is a lot of information out there about STIs, including how to avoid them and how to lower your risk of contracting them.

Explain that you are going to distribute a *California Minor Consent Laws* card to each student and that the card contains information on the legal rights of minors to access sexual health services. As students examine the card, say **“Any student of any age may legally and confidentially obtain condoms to protect themselves from STIs and HIV, and minors 12 years and older may confidentially get tested and treated for STIs and HIV. Students in California may also leave school during school hours to attend a sexual health care appointment. If a student wishes to pursue this option, please talk with the school nurse or counselor or other designated school staff member to arrange this appointment.”** Remind students to talk with a parent, caregiver, or trusted adult if possible if they need any of these services; however, if they need to seek care without telling their parent/guardian they are legally able to do so. Distribute a card to each student.

Tell them that for homework they are going to be given two websites to visit, one of which has information on it, and one of which is a video of a speaker. They will need to take a look at each website and determine which they think provides accurate, reliable, information and which does not and why.

Distribute *“The STI Information I Need”* homework sheet and answer any questions. Distribute the *“Exit Slips”* and collect them from students as they leave class. (6 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The PowerPoint game is designed to achieve Learning Objectives 1-3. The online homework assignment will accomplish Learning Objectives 4.

HOMEWORK:

Students will compare a medically accurate website that is written by and respectful of teens to a speaker who purports to want to help young people avoid STIs yet misleads and shames them around STIs and sexuality in general.

STI Smarts Gameboard

Teacher's Resource

WHICH ONE IS RISKIEST (IF DONE WITH A PARTNER WHO HAS AN STI)?

Tongue kissing, mutual masturbation, using a public toilet

Note to the Teacher: Be sure to clarify that “mutual masturbation” refers to two people touching each other’s genitals.

ANSWER: Tongue kissing

Although tongue kissing is very low risk for STIs than other intimate behaviors, it does carry a small risk for transmitting an STI via a small cut in the mouth if the STI can be transmitted via blood or if an STI lesion is present, such as a syphilis lesion. So tongue kissing is very low risk for transmitting an STI. Mutual masturbation is extremely low risk as well; the only risk is if sexual fluids from an infected partner get into the bloodstream of the other partner via a small cut on the finger or hand. And using a public toilet cannot transmit STIs.

Abstinence, mutual masturbation, dry sex

ANSWER: Dry sex

Abstinence, i.e., not having any kind of sexual contact with another person, carries zero risk for transmitting STIs. Mutual masturbation is extremely low risk for transmitting STIs. Dry sex, or when two people rub their genitals together, is very low risk—depending on how people do it. If they are completely clothed, there is zero risk. If they are naked, there is more risk. If they are just wearing underwear there can still be risk if the underwear moves around while they’re rubbing their genitals together and the skin on their genitals touches. Of these three behaviors, dry sex has a slightly higher risk.

Performing oral sex on another person, receiving oral sex from another person, having penis-vagina sex with a condom

ANSWER: Performing oral sex on another person (meaning mouth to genitals or anus)

Condoms offer extremely effective protection against most STIs. Having unprotected sex of any kind carries high risk for STIs. With oral sex, the person performing oral sex is at higher risk because their mouth is coming into contact with the other person’s genitals. People can reduce their STI risk further by using flavored condoms or other barriers like dental dams..

Sharing needles for injection drug use, having protected oral sex, mutual masturbation

ANSWER: Sharing needles for injection drug use

Sharing needles with someone who has an STI, if that STI is passed via blood such as HIV, is one of the riskiest behaviors of all. Oral sex using a latex barrier carries much lower risk, and mutual masturbation carries no risk.

Unprotected oral sex, penis-vagina sex with a condom, unprotected anal sex

ANSWER: Unprotected anal sex

Unprotected anal sex is the highest risk behavior for STIs, which could lead to the transmission of HIV, the virus that causes AIDS.

STI Smarts Gameboard

Teacher's Resource

TESTING, TESTING

TRUE OR FALSE: There is one type of test that can screen for the most common STIs.

ANSWER: FALSE! It's really important when you get tested for STIs to talk with a health care provider about which STIs, including HIV, you want to be tested for. Also, when you talk with a partner about being in a sexual relationship, you need to ask that person what they've been tested for, not just "have you been tested for STIs?" A lot of people believe there is one test for all STIs, but there are at least two different ways to test for HIV alone (blood or oral fluid), so being specific is important.

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TRUE OR FALSE: Minors (age 18 and younger) must have a parent or guardian's consent to be tested for STIs/HIV.

ANSWER: FALSE! In California, if you are 12 years old or older, you do not need parental permission to get tested for STIs or HIV or get treatment if you test positive. You may even be released from school to attend an appointment for these services. Talk with a school nurse or counselor or other designated school staff to be released from school for this type of visit.

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Name two types of places where people can go to get tested for STIs/HIV

ANSWER: Doctor's office, health clinic (like Planned Parenthood), or Health Department. Some school-based health centers will do STI testing, and several major pharmacy chains carry an at-home HIV testing kit. You can also locate local STI testing clinics online, such as at www.teensource.org/find-a-clinic. STI testing in CA is typically low- or no-cost for teens.

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TRUE OR FALSE: If a person thinks they might have been exposed to an STI or HIV, they should get tested within 24 hours.

ANSWER: FALSE! Different STIs can be detected in tests after different periods of time after exposure to an infected partner. The most important thing is to not have sex again until you can get tested to avoid possibly transmitting an STI to another person. It's also a good reminder to use condoms or other latex barriers (such as dental dams) for every act of oral, anal, or vaginal sex! Time periods for HIV tests vary; a person can get an HIV test anywhere from 2-3 weeks to 3-6 months after possible exposure.

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People with a cervix are tested for HPV when they get pap tests; how are people with a penis tested?

ANSWER: HPV stands for the Human Papillomavirus. It can cause genital warts or it can cause cancer of the cervix, vagina, penis, anus, rectum, or throat. Currently, there is no HPV test for a person with a penis—a person with a penis will only know if they have HPV if they notice visible warts or a sexual partner notifies them of possible exposure. However, an HPV vaccine exists for all sexes that prevents contraction of many of the most dangerous forms of HPV. Ask your doctor, clinician, or school nurse for more information about the HPV vaccine. The vaccine is recommended for 11-12 year olds of all genders, and people 12-years-old and older in California may consent to the vaccine themselves without notifying parents or guardians.

STI Smarts Gameboard

Teacher's Resource

CAN I BE CURED?

Chlamydia

ANSWER: Yes! Chlamydia is a very common STI, especially among teens, and often causes no symptoms. The only way to know for certain if someone has Chlamydia is to get tested! Chlamydia can be cured by taking antibiotics. If you are prescribed antibiotics, you must take them for the entire time that they are prescribed, which can be from 1-7 days, and have any sexual partners tested and treated too.

Syphilis

ANSWER: Yes! Syphilis often causes minor or undetectable symptoms in the early stages. The only way to know for certain if someone has Syphilis is to get tested! Syphilis is cured with penicillin. It's important to get treatment as early as possible, because if left undetected, syphilis can cause damage to the body that cannot be reversed.

HIV

ANSWER: No! HIV, the virus that causes AIDS, is a virus that stays in the body and cannot be cured. However, HIV can be treated with antiretroviral medication, which is a medication that is safe to use, allows people to live otherwise healthy lives, and makes it less likely for them to transmit HIV to others. There is also medicine that HIV- people can take to try to prevent getting HIV called PrEP, or pre-exposure prophylaxis, which when taken by someone who is at high risk for getting HIV, can safely reduce their risk. If someone thinks they might have been exposed to HIV, they should go to a doctor or emergency room immediately and ask for a medication called PEP, or post-exposure prophylaxis, which can greatly reduce their risk for contracting HIV. If someone has contracted HIV, they may not get symptoms for many years. The only way to know for certain if someone has HIV is to get tested!

Gonorrhea

ANSWER: Yes! It can be cured by taking antibiotics. If you are prescribed antibiotics, you must take them for the entire time they're prescribed, which can be for up to seven days. And remember, the only way to know for certain if someone has Gonorrhea is to get tested!

Genital Warts

ANSWER: No! Genital warts are caused by a virus called HPV. The visible warts can be treated or removed and medication can treat the virus to make the symptoms less over time. In some cases, the body will naturally fight off HPV (although generally not the strains that cause visible warts), but otherwise, it cannot be cured. The best way to prevent getting genital warts and the virus that causes them, is to get the HPV vaccine prior to any sexual contact with another person. The HPV vaccine is recommended for people of any gender ages 11-years-old and older. People 12-years-old and older in California may consent to the vaccine themselves without notifying parents or guardians.

STI Smarts Gameboard

Teacher's Resource

WHAT SHOULD THEY DO?

A person has never had sex before. Their partner has, but only once. Do they need to use condoms?

ANSWER: YES! If someone has had vaginal, oral, or anal sex with another person, or even genital-to-genital contact, they could have been exposed to an STI. The use of condoms or other latex barriers such as dental dams helps to decrease the risk of STI or HIV transmission.

A couple is making out and it looks like they may have sex. One partner takes out a condom and the other says, "I don't use those." What should the other partner do?

ANSWER: Stop making out and say clearly, "I do. We can't have sex without them." If the other person still refuses, you need to either say what you are or aren't willing to do that doesn't include oral, anal, or vaginal sex—or leave. Using protection, such as condoms, against STIs and HIV is one sign of being ready to have sex responsibly. Delaying sexual activity until both partners are ready to be safe and responsible is highly recommended.

A couple is about to have sex for the first time. They know they need to use condoms but don't want to be seen buying them in a store. Where are two other places they can go to get condoms?

ANSWER: A doctor's office; a local sexual and reproductive health clinic; the Department of Health; a pharmacy or grocery store; online condom availability program such as www.teensource.org/condoms/free; school-based health center; or ask a friend, family member, school nurse or counselor for advice.

A couple is having penis-vagina sex, and the condom slips off. They don't have any more condoms with them.

ANSWER: They need to stop what they're doing immediately. If they wish to continue to have sex, they need to get some additional condoms (this is why people having sex should always have extra condoms on hand!). They also should decide whether either or both of them should go get tested for STIs and HIV, or whether pregnancy could be a risk. All people are at some risk of contracting HIV when they have sex with another person, and it is much better to be safe and stop having sex until both people are tested and condoms can be used.

A person notices small red bumps on the outside of their genitals. They don't look like the gross pictures of STIs they've seen on the Internet so they think maybe it's a heat rash. They've had sex before and used condoms a few times. What THREE THINGS should they do?

ANSWER: (1) They need to get tested for STIs at a doctor's office or health clinic. (2) They need to tell any sexual partners so that they can get tested too. (3) They need to start using condoms every time they have any kind of sex moving forward.

STI Smarts Gameboard

Teacher's Resource

I DON'T FEEL SO GOOD...

TRUE OR FALSE: One way to tell if someone has an STI is to stick earwax inside their vagina. If doing this stings, they have an STI.

ANSWER: FALSE! There are lots of myths out there about how you can tell whether someone has an STI. The only way to know for sure is to get tested and this is particularly true for HIV. STIs are caused by bacteria, viruses, or parasite-type bugs that can only be tested by urine tests, blood tests, or a swab of a sore or fluid. If STIs are not detected or treated early, they can cause pain, infertility, some types of cancer, and in extreme cases, death.

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Name three common symptoms of most STIs.

ANSWER: One of the most common symptoms of STIs is no symptoms at all. If symptoms are present, they can include: burning or itching in the genitals; burning during urination; small bumps or sores on or around the genitals, mouth or anus; discharge from a penis (that is not urine or semen); or discharge from a vagina (different from typical vaginal discharge that's part of its normal daily cleaning process, such as a change in color, odor, or amount, and is not urine).

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A person was bitten by a mosquito and a few days later they don't feel very well. Could the mosquito have infected them with HIV?

ANSWER: No! Mosquitos cannot transmit HIV from one infected person to another person. HIV does survive inside of other animals and it cannot survive outside of a human except in a vial of glass or a syringe, where it is not exposed to the outside environment.

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Two weeks after being infected with this virus, a person may experience a sudden, intense onset of severe flu-like symptoms. What might this person be infected with?

ANSWER: HIV. Symptoms related to HIV infection such as fever and nausea can appear suddenly and intensely, and go away just as suddenly. HIV attacks white blood cells that are a key part of our immune system. Once these white blood cells are attacked, they increase in numbers and try to decrease the amount of HIV in the blood. This is why a person recently infected with HIV might get a fever while the white blood cells are increasing, and then the fever goes away once the white blood cells start doing their job. And remember, HIV can only transmit from having sexual contact or sharing needles with someone who already has HIV.

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What is the MOST common symptom of an STI?

ANSWER: No symptom at all! People often see pictures of genitals with bumps and sores on them and think that's what an STI looks like—but usually that's what an STI that hasn't been treated for a very long time might look like. Sometimes symptoms might appear soon after exposure to an STI, such as sores or discharge, but quite often there are no symptoms at all—and sometimes the symptoms are inside the body and you can't see them directly. Since you can't tell by looking at someone if they have an STI or HIV, it's best to use condoms and other latex barriers such as dental dams every time a person has oral, anal, or vaginal sex; and delay engaging in sexual activity altogether if both partners are not ready to take the steps needed to have sex responsibly and respectfully.

STI Smarts Gameboard

Teacher's Resource

MYTH OR FACT?

Basketball player Magic Johnson, previously diagnosed with HIV, no longer has this virus.

ANSWER: Myth! Magic Johnson received antiretroviral medication early on in his diagnosis, and he continues to stick with his medication and lead a healthy lifestyle. Because of this, the amount of HIV in his body is very, very small—so small that the virus does not show up on Magic's blood tests. This does not mean that he no longer has the virus—it means he is doing a great job of controlling the amount of virus in his body and he needs to keep doing what he's doing to always keep it this low. If he stopped taking his medication, it's very likely that the virus count would rise and he could possibly get sick and/or develop AIDS. With the availability of antiretroviral medication, HIV+ people have normal life expectancies. You cannot tell what someone with HIV looks like, or who may or may not transmit or contract the disease, so everyone should be treated with dignity and respect.

If a person injects drugs intravenously or gets a tattoo or piercing, avoiding sharing needles or using a sterilized needle greatly decreases the chance of HIV transmission.

ANSWER: Fact! HIV transmission is greatly reduced by avoiding needle sharing or using sterilized needles. Sharing needles is one the highest risk activities for HIV transmission, because this allows direct blood to blood contact. If someone's blood comes into contact with the blood of someone infected with HIV, there is a very high risk of contracting this virus. Even tattooing and piercing have this risk, so medically sterilized needles are a must!

If a person gets chlamydia, takes the entire course of antibiotics and is cured, they cannot get chlamydia again.

ANSWER: Myth! Antibiotics only cure that particular instance of infection. Someone can get chlamydia (or gonorrhea, or syphilis, or trichomoniasis, or pubic lice), take medication to cure it, and then get it again if they have unprotected sex with someone who has any of those infections. People having sex—oral, vaginal, or anal—should always protect themselves from STIs and HIV by using condoms or other latex barriers such as dental dams.

There is currently a vaccine available for two STIs.

ANSWER: Fact! One vaccine protects against several strains of HPV that can cause genital warts and cervical, vaginal, penile, anal, rectal, or throat cancer (the vaccine can be taken by someone of any gender, even if they do not have a cervix) and the other vaccine inoculates against Hepatitis B. In California, anyone 12 years old or older can consent to these vaccines without parent/guardian permission if they so choose.)

A baby born to an HIV+ person will always be HIV+.

ANSWER: Myth! Someone who is pregnant and has HIV can pass HIV onto their fetus during pregnancy or childbirth or to their baby during breastfeeding. But taking antiretroviral medications while pregnant can significantly reduce the risk of transmitting HIV to a fetus. In the U.S., if an HIV+ person who is pregnant and takes HIV medicines exactly as prescribed throughout pregnancy, labor, and delivery, and provides HIV medicines to her baby for 4-6 weeks after birth, the risk of transmitting HIV to the baby can be 1% or less (www.cdc.gov/hiv/group/gender/pregnantwomen)

Exit Slip – Before You Go...

Name: _____

What are two things you learned about STIs from today's class?

1.

2.

Exit Slip – Before You Go...

Name: _____

What are two things you learned about STIs from today's class?

1.

2.