

Lesson Plan – STI Transmission Part I

TOPIC: STI Transmission Part I	TARGET-AGE RANGE: 9–15	TIME: 45 minutes
SUBJECT: Life Skills		
IDEAL NUMBER OF LEARNERS: 25–40		
WHAT ADVANCE PREPARATION, IF ANY, IS REQUIRED OF THE TEACHER FOR THIS LESSON? <ul style="list-style-type: none">• Prepare index cards, one per learner, with the following letters written very small on the back corner:<ul style="list-style-type: none">- 2 cards—write “S” (which stands for STI)- 1 card—write “A” (which stands for Abstinence)- 2 cards—write “M” (which stands for Monogamy, meaning having sex faithfully with only one partner after both have been tested)- 2 cards—write “C” (which stands for condom)- All remaining cards—write “U” (which stands for unprotected)• When you begin the lesson, quietly tell the learner you give the index card with an “A” on it to not sign anyone else’s index card, even if asked. Quietly tell the two learners who you give the index card with an “M” on it to only sign each other’s index cards and no one else, even if asked.		
LEARNING OUTCOMES: <p>By the end of this lesson learners will be able to:</p> <ol style="list-style-type: none">1) List at least three common STIs. [knowledge]2) Describe why young people are at particular risk for STIs. [knowledge]		
LIFE SKILLS DEMONSTRATED IN THIS LESSON: <ol style="list-style-type: none">1) Critical thinking about how easily STIs can be transmitted.		
RESOURCE MATERIALS FOR TEACHER: <ul style="list-style-type: none">• STI Risk and Vulnerability Visuals 1–3• Masking Tape• Index cards—One per learner—Prepared as directed above		
MATERIALS FOR LEARNER: <ul style="list-style-type: none">• None		



Lesson Plan – STI Transmission Part I

This lesson is enhanced when learners have the following background knowledge: Content from the International Technical Guidance on Sexuality Education—Key Concept 6 – Sexual and Reproductive Health; 6.2 Understanding, Recognizing, and Reducing the Risk of STIs, including HIV; Level I

PROCEDURE:

Step 1) 5 minutes

Introduce the purpose of this lesson by stating the following, Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person contact. There are more than 30 different sexually transmittable bacteria, viruses, and parasites (World Health Organization). Young people are one of the highest risk groups for STIs but unfortunately often think they are not at risk and that STIs only happen to ‘others.’ Today’s lesson will cover how you can keep yourself safe.”

Step 2) 10 minutes

Distribute a prepared index card to each learner, noting which ones you give the “A” and “M” cards to. (There are special directions for these three learners noted above in the preparation section.) Ask learners move around the classroom writing their names on the index cards of other learners. Ask learners try to get at least three names of their classmates on their cards and then to return to their seats.

Step 3)

Next ask learners how they are feeling and when most answer fine, explain that just like with STIs, people often don’t know they have one since they commonly don’t cause any symptoms. Explain that during the activity, when people were signing each other’s index cards, that is going to be as if you engaged in a sexual behavior with that person. Explain that some learners have now been exposed to STIs and we need to figure out whom, so they can go get tested.

Ask the learners to turn their index cards over and look for a letter printed on the back. Explain the following to the class by saying, “For the purposes of this activity, some learners have been exposed to others who have an STI. If you have a letter “S” on your index card, can you please stand up.” Once those two learners stand up, next say, “Now, if you have the names of either of these learners on your index card, can you please stand up.” Once the next group of learners has stood up, finally ask, “Now if you have the names of any of the learners standing up on your index card, you too need to stand up.” At this point, many learners should be standing.

Go on to explain the following, “Looking at all the learners who are standing up now, we can clearly see how many have been exposed to this STI which started from just two learners and quickly spread. There are some learners here who have done things to protect themselves. If you have the letter “A” on your card, please wave your hand in the air. This learner was practicing abstinence, meaning not having sex with another person and that kept them 100% safe from getting any STIs. If you have the letter “M” on your card, can you please wave your hands in the air? These learners were practicing monogamy, meaning they only signed each other’s cards to try to reduce their risk of getting an STI by just having one sexual partner.”

Next turn to the learners who are still standing and ask for the two learners who had the letter “C” written on their card to please raise their hands. These two learners can sit, if they were standing and explain to the group, “The letter “C” means these two learners used a condom and even though condoms are not 100% effective, if someone is going to have sex with another person, it’s the best protection we have to reduce the risk of getting an STI. Those two people used the condom correctly and protected themselves so they can both sit down. The rest of the learners who are still standing have all been exposed to an STI and would need to get tested at a clinic to determine if they got the infection.” Tell the learners who are still standing to finally be seated.



Lesson Plan – STI Transmission Part I

PROCEDURE (CONTINUED):

Step 4) 20 minutes for Steps 3 & 4

Process the activity by asking the following discussion questions:

- Could you tell by looking at each other who had the “S” written on their card?
- How did it feel to find out that you were exposed to an STI and needed to get tested?
- How did it feel to not participate for those learners with the “A” or “M” on their cards?

End the activity by explaining that only two learners started the activity with an STI but so many were exposed as a result. Explain that this is often the case with how quickly and quietly STIs are spread from unprotected sex and some from skin-to-skin contact.

Step 5) 5 minutes

Show learners STI Visual #1 and explain the following, “Just like the learners who had an “A” or “M” on their card, people who choose to abstain or practice monogamy really lower their risk of getting or giving an STI.” Point out on the visual how the people are lowering their risk by having no or only one sexual partner. Next show learners STI Visual #2 and explain the following, “In this diagram, you can see how STIs start to spread more easily when people start to have just even two sexual partners. Notice the difference on the diagram between those people who are choosing to abstain or are monogamous versus those people with one or two sexual partners.” Next show learners STI Visual #3 and explain the following, “In this diagram where people are shown to have two or three sexual partners, you can see how more people are exposed to the infection since it passes so easily through unprotected sex. Notice how visually you can see that the more partners you have unprotected sex with, the greater the chances are that you will be exposed to an STI.”

Step 6) 5 minutes

Explain that during the next lesson, learners will review what behaviors put people at risk of getting STIs. Conclude the lesson by reminding learners of the following key points:

- Anyone who has unprotected sex is at risk for getting an STI, including HIV.
- Not having sex is the only 100% sure way not to get an STI.
- STIs do not get passed from casual contact.



Lesson Plan – STI Transmission Part I

KEY MESSAGES OF LESSON:

- 1) Anyone who has unprotected sex is at risk of getting an STI, including HIV.
- 2) Not having sex is the only 100% sure way not to get an STI.
- 3) STIs do not get passed from casual contact.

ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

- Teachers can ask learners to write down and submit one thing they have learned about STI transmission from the lesson for assessment of the learning objectives.

HOMEWORK WITH FOCUS ON FAMILY INVOLVEMENT ACTIVITIES:

- None

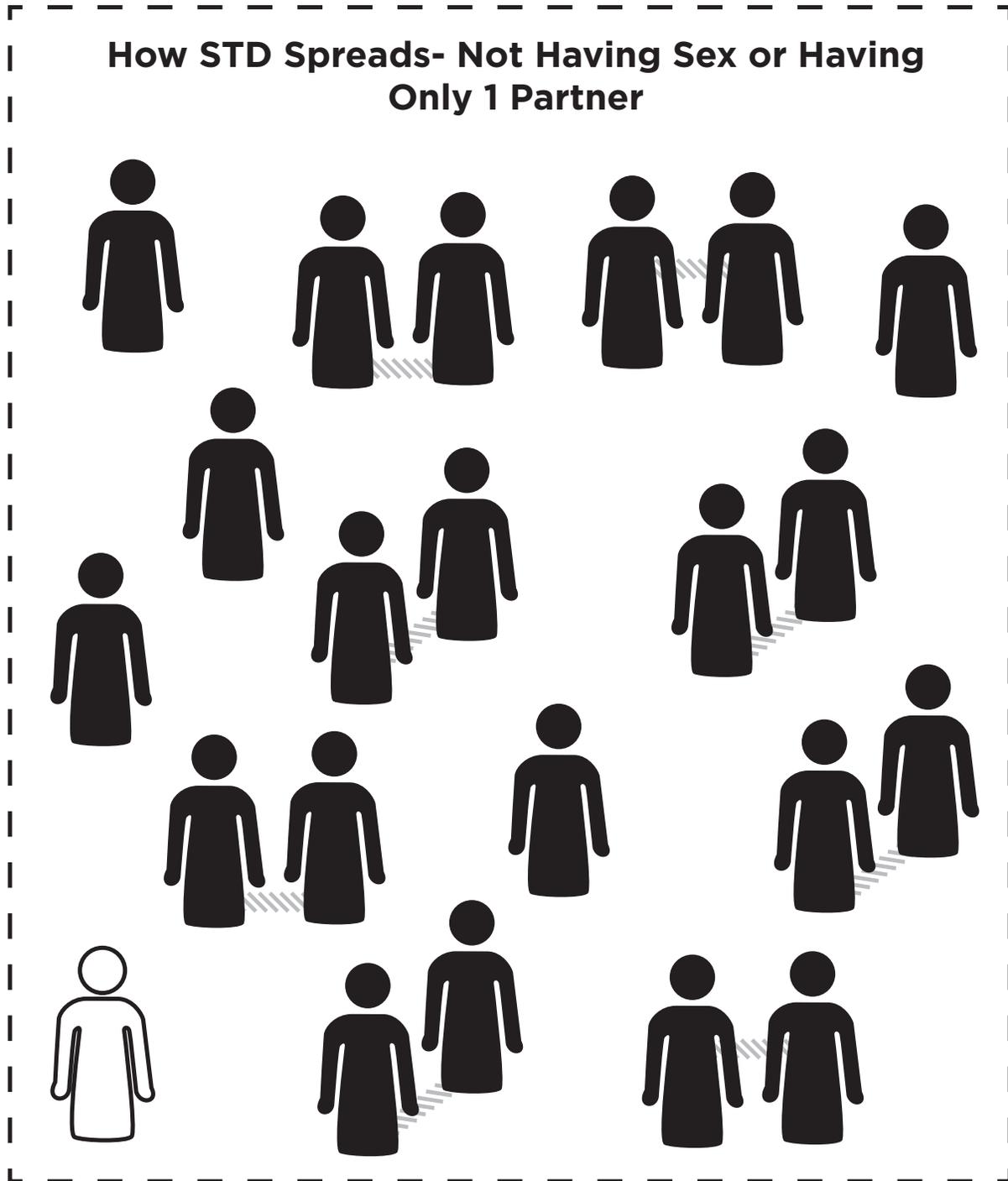
POSSIBLE ADAPTATIONS:

- Large class size—For a very large class size, teachers can facilitate the activity whereby half or more of the class (such as a group of 25 learners) engage in the activity while others observe. In such a case, the observers would need to be told what their role is (to observe the group dynamics during the activity) and a question could be added in Step 4 related to observation, such as, “What did the observers notice as learners interacted with each other?”
- Limited materials/technology—Teachers can use half sheets of paper instead of index cards.

Adapted from: *Family Life and Sexual Health – High School Version, Lesson 18: STD Risk & Vulnerability, Public Health – Seattle & King County, Revised 2011*
www.kingcounty.gov/health/flash



STI Risk and Vulnerability Visual 1

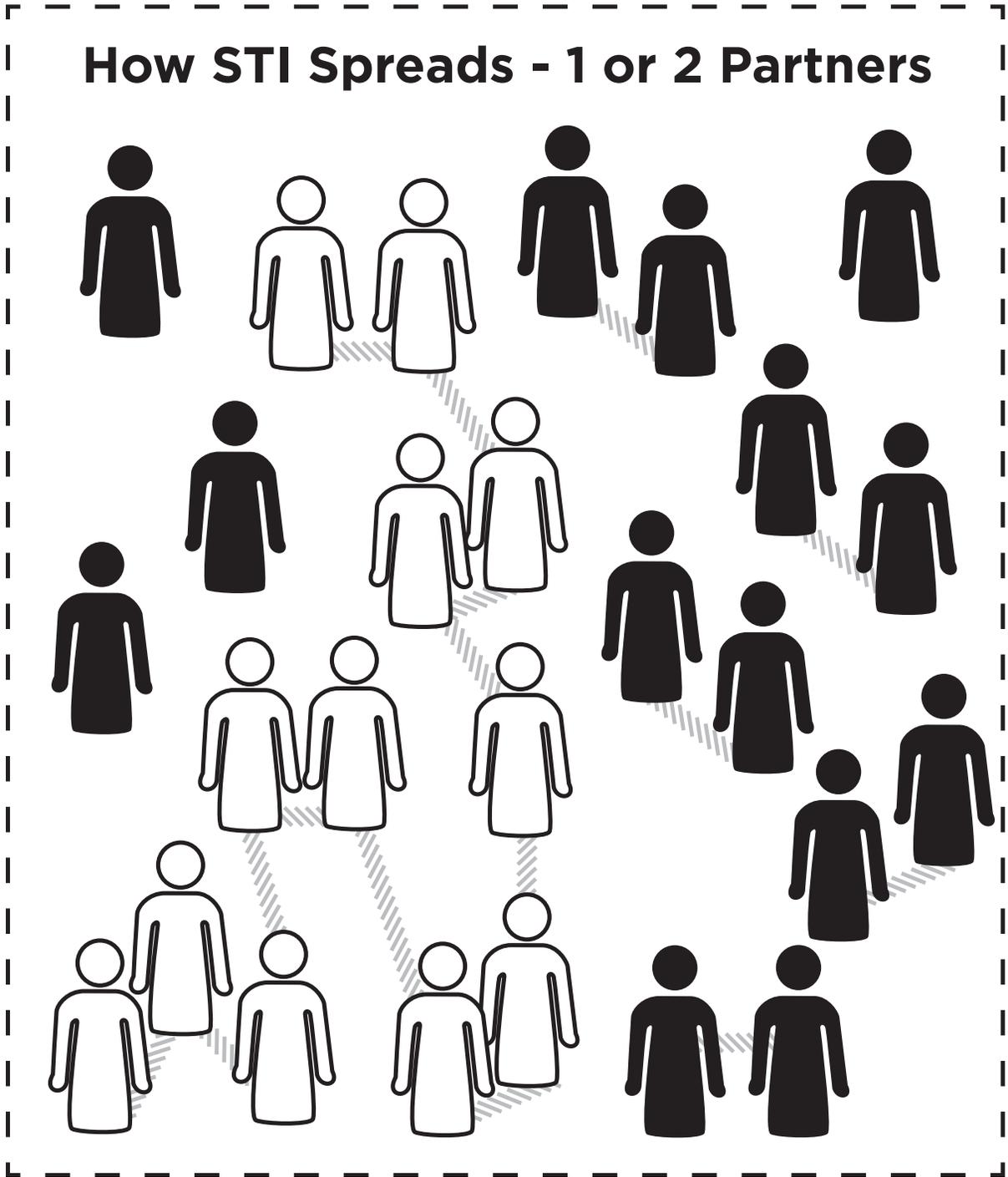


Adapted from: Family Life and Sexual Health (F.L.A.S.H.) Curriculum – High School Version, Grades 9–12, 2nd Edition
Public Health – Seattle & King County, Revised 2015 www.kingcounty.gov/health/flash



STI Risk and Vulnerability Visual 2

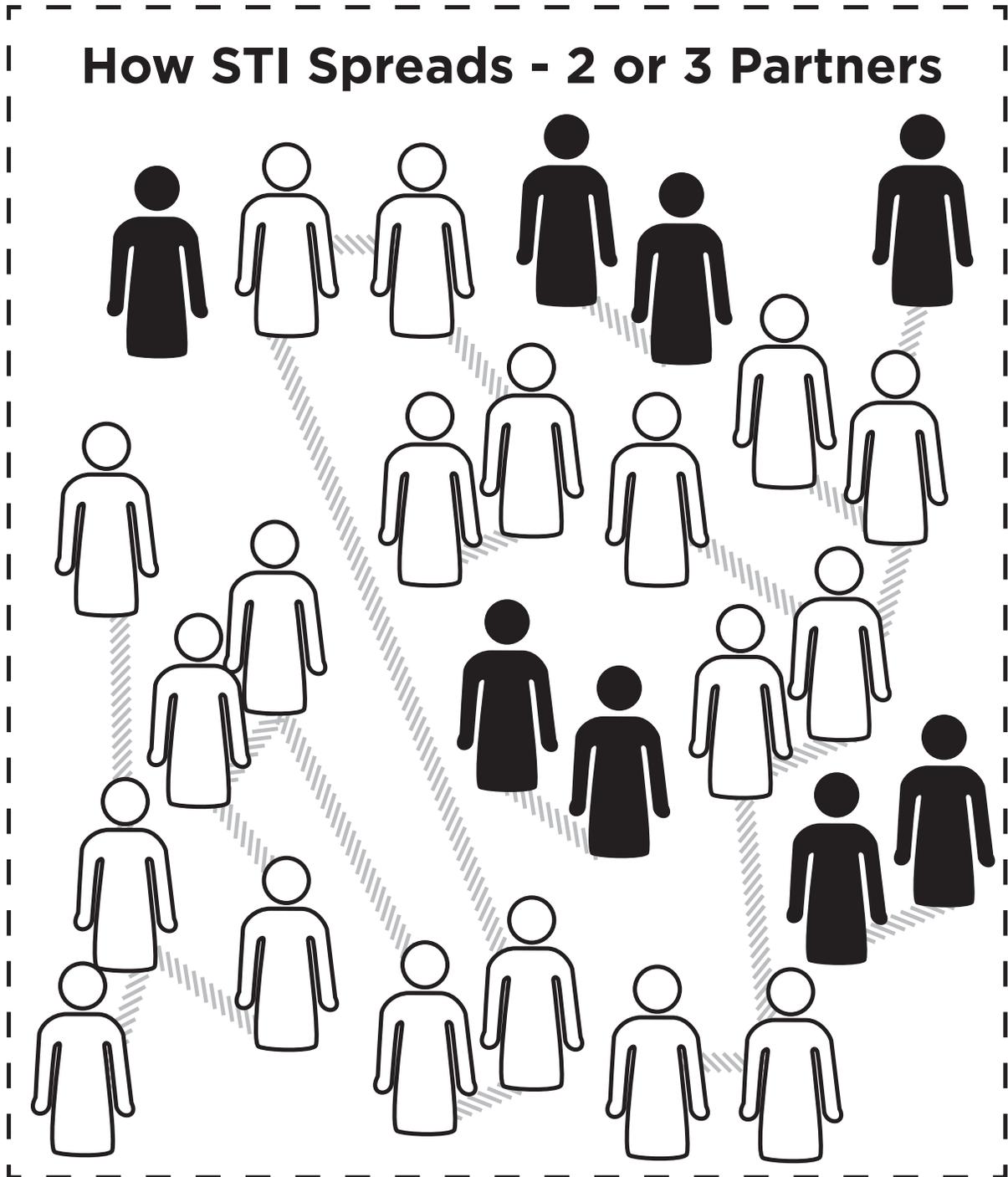
How STI Spreads - 1 or 2 Partners



Adapted from: Family Life and Sexual Health (F.L.A.S.H.) Curriculum – High School Version, Grades 9–12, 2nd Edition
Public Health – Seattle & King County, Revised 2015 www.kingcounty.gov/health/flash



STI Risk and Vulnerability Visual 3



Adapted from: Family Life and Sexual Health (F.L.A.S.H.) Curriculum – High School Version, Grades 9–12, 2nd Edition
Public Health – Seattle & King County, Revised 2015 www.kingcounty.gov/health/flash



Lesson Plan – STI Transmission Part II

TOPIC: STI Transmission Part II	TARGET-AGE RANGE: 9–15	TIME: 45 minutes
SUBJECT: Life Skills		
IDEAL NUMBER OF LEARNERS: 25–40		
WHAT ADVANCE PREPARATION, IF ANY, IS REQUIRED OF THE TEACHER FOR THIS LESSON? <ul style="list-style-type: none">• Prepare the signs for the Risk Behavior Card Activity with one behavior per card and the four categories (No Risk, A Smaller Risk, A Risk, and A Bigger Risk), each one printed on a separate card. Tape the category cards on a wall of the classroom creating a continuum with the cards in the following order: No Risk, A Smaller Risk, A Risk, and A Bigger Risk.		
LEARNING OUTCOMES: <p>By the end of this lesson learners will be able to:</p> <ol style="list-style-type: none">1) List at least three behaviours that can place someone at risk of getting an STI. [knowledge]2) Describe three ways a person can reduce their risk of getting STIs. [knowledge]		
LIFE SKILLS DEMONSTRATED IN THIS LESSON: <ol style="list-style-type: none">1) Analysis of behaviours that put people at varying degrees of risk of getting an STI.		
RESOURCE MATERIALS FOR TEACHER: <ul style="list-style-type: none">• Risk Signs (No Risk, A Smaller Risk, A Risk, and A Bigger Risk) prepared• Risk Behavior Activity – Answer Key• Behavior Cards—One behavior per card prepared• Masking Tape		
MATERIALS FOR LEARNER: <ul style="list-style-type: none">• STI Basics Chart—One copy per learner		

Lesson Plan – STI Transmission Part II

This lesson is enhanced when learners have the following background knowledge: Content from the International Technical Guidance on Sexuality Education—Key Concept 6 – Sexual and Reproductive Health; 6.2 Understanding, Recognizing, and Reducing the Risk of STIs, including HIV; Level I

PROCEDURE:

Step 1) 5 minutes

Start lesson by asking learners to remind you what they remember about STIs from the previous lesson on the topic. Write the accurate information learners offer on the chalkboard.

Step 2) 15 minutes

Explain that in this lesson we will be focusing on behaviors that can put people at varying levels of risk of STIs, including HIV. There are four signs on one wall of the classroom where you have posted the signs in a continuum of No Risk, A Smaller Risk, A Risk, and A Bigger Risk. Distribute the Risk Behavior Cards to learners and ask them to read their behavior and decide how at risk that behavior would put someone for getting or giving an STI. They may talk with other learners if they are unsure. Once they have decided, they can use tape to stick their Risk Behavior Card on the wall with the continuum in the location they feel reflects how risky that behavior is for STI transmission.

Step 3) 15 minutes

Once all learners have posted their cards, review each card to ensure they are in the correct place on the continuum and clarify misunderstandings about behaviors and risk as you go. Use the Risky Behavior Activity Answer Key to guide the discussion.

Step 4) 5 minutes

Process the activity by asking the following discussion questions:

- How do you feel looking at this wall and seeing that some behaviours are definitely or probably a risk for getting an STI while others are not?
- If you were to tell a friend about something you learned by doing this activity, what would you say?

Step 5) 5 minutes

Conclude the lesson by reminding learners of the following key points:

- Different behaviours pose different levels of risk for STIs so it's important to know what these are to minimize risk.
- Anyone who has unprotected sex is at risk of getting an STI, including HIV.
- Not having sex is the only 100% sure way not to get an STI.
- Using a condom consistently and correctly reduces the risk of STIs, including HIV.
- STIs do not get passed from casual contact.

Then distribute copies of STI Basics Chart to each learner.



Lesson Plan – STI Transmission Part II

KEY MESSAGES OF LESSON:

- 1) Different behaviours pose different levels of risk for STIs so it's important to know what these are to minimize risk.
- 2) Anyone who has unprotected sex is at risk of getting an STI, including HIV.
- 3) Not having sex is the only 100% sure way not to get an STI.
- 4) Using a condom consistently and correctly reduces the risk of STIs, including HIV.
- 5) STIs do not get passed from casual contact.

ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

- Teachers can use the original placement of the behavior cards on the risk continuum and answers to the processing questions for assessment of the learning objectives.

HOMEWORK WITH FOCUS ON FAMILY INVOLVEMENT ACTIVITIES:

- None

POSSIBLE ADAPTATIONS:

- Large class size—Teachers can duplicate behaviour cards if there are more learners than behaviours.
- Limited materials/technology—None

Adapted from: *Family Life and Sexual Health – High School Version, Lesson 18: STD Risk & Vulnerability, Public Health – Seattle & King County, Revised 2011*
www.kingcounty.gov/health/flash



Risk Behavior Activity – Answer Key

A BIGGER RISK	A RISK	A SMALLER RISK	NO RISK
Sharing needles to inject drugs because it provides direct access of blood from the shared needle into the other person's body.	Drinking alcohol or using drugs at a party that can reduce a person's inhibitions and make them more likely to engage in risky sexual behavior.	Having vaginal or anal sex with a condom since a latex condom does not allow HIV to pass through, if used correctly and every time you have sex.	Abstaining from all types of sex and drugs since there would be no risk behavior or contact with a fluid that can transmit HIV.
Having vaginal or anal sex without a condom because these two behaviors are most risky due to the presence of semen, vaginal fluids and possibly blood and the delicate mucus membrane inside the vagina and anus that can tear easily.	Having oral sex without a condom or dental dam allows the semen or vaginal fluids of the partner into the mouth, which can have tears in the mucus membrane lining the mouth, of the partner who is giving oral sex.	Having sex with only the same partner and both people have been tested since the fewer sexual partners the less chance there is to be exposed to someone who is infected with HIV and both partners have been tested.	Being with someone who is crying, coughing or sneezing since none of those behaviors of fluids can transmit HIV.
Breastfeeding from a mother with HIV since breast milk can transmit HIV.	Dating someone who is a lot older since often they have had more sexual partners and have a position of power over the young partner who may not feel comfortable making the older partner use a condom or protection.	Kissing with an open mouth since small cuts inside the mouth might allow blood to transfer from one person to the other.	Donating blood since sterile equipment is used every time.
	Cutting with a shared knife or razor because blood is fluid with highest concentration of HIV and can infect another.		Kissing with a closed mouth since saliva alone can not transmit HIV.

Risk Behavior Activity – Answer Key

A BIGGER RISK	A RISK	A SMALLER RISK	NO RISK
	Sharing a toothbrush since sometimes there can be very tiny amounts of blood that can be transmitted into the mouth of another person.		Getting a mosquito bite since insects can not transmit HIV.
	Piercing or tattooing with a needle someone else already used because of the blood that can be present on the used needle.		Touching doorknobs, toilet seats or dishes since HIV can not live on surfaces like these.
			Going to school with a person who has HIV since there is no risk behavior or fluid involved.
			Shaking hands with someone with HIV since there is no risk behavior or fluid involved.
			Going swimming with someone who has HIV since there is no risk behavior or fluid involved.

STI Basics Chart

DISEASE	TRANSMISSION	TYPES OF SEXUAL CONTACT THAT MAY PRESENT A RISK OF CONTRACTING THE DISEASE	COMMON SYMPTOMS	POSSIBLE COMPLICATIONS	TREATMENT
CHLAMYDIA (Bacteria)	Semen, pre-ejaculate (pre-cum), vaginal fluid.	Oral sex (mouth-penis, mouth-vagina) Vaginal sex (vagina-penis) Anal sex (anus-penis)	Often no noticeable symptoms. Potential for itching, discharge or burning during urination or ejaculation, pain in the lower abdomen or back, pain during intercourse, discharge from the vagina, bleeding between menstrual periods, nausea, or fever.	If left untreated, may lead to infection of the testicles or pelvic inflammatory disease (PID) in women, a serious medical condition that can lead to infertility. May cause infertility even without symptoms. Can be transmitted from mother to newborn during childbirth.	Curable with antibiotics.
GENITAL HERPES (Virus)	Skin-to-skin contact (usually genital), saliva may transmit virus from the mouth or lips. Transmission is possible even without an outbreak of sores.	Oral sex (mouth-penis, mouth-vagina, mouth-anus) Vaginal sex (vagina-penis) Anal sex (anus-penis)	Often no noticeable symptoms. May cause one or more sores, blisters, pimples, bumps, or a rash around mouth, genitals or anus, itching, burning, or tingling in either the genital area or the mouth, a fever, swollen glands or stiff neck and headache. May have repeated outbreaks that are generally less severe than the original.	May result in chronic painful condition particularly for people who have a weakened immune system. Can be transmitted from mother to newborn during childbirth.	No cure but medications can reduce the frequency and duration of outbreaks.
GENITAL WARTS (HPV) (Human papillomavirus)	Skin-to-skin contact (usually genital). Transmission is possible even without visible warts.	Oral sex (mouth-penis, mouth-vagina, mouth-anus) Vaginal sex (vagina-penis) Anal sex (anus-penis)	Often no noticeable symptoms but may cause raised or flat growths around genitals or anus that are usually flesh colored or whitish in appearance.	Certain strains of HPV are considered risk factors for cervical cancer. In very rare cases, it can be transmitted from mother to newborn during childbirth.	No cure but warts can be removed using creams, surgery, cryosurgery (freezing), or laser treatment. There is now a vaccine to prevent certain types of HPV infection, including types that cause cervical cancer.
GONORRHEA (Bacteria)	Semen, pre-ejaculate (pre-cum), vaginal fluid.	Oral sex (mouth-penis, mouth-vagina) Vaginal sex (vagina-penis) Anal sex (anus-penis)	May have discharge or burning during urination or ejaculation, pain in the lower abdomen or back, pain during intercourse, discharge from the vagina, bleeding between menstrual periods, nausea, or fever. For women, there are often no noticeable symptoms.	If left untreated, may lead to infection of the testicles or pelvic inflammatory disease (PID) in women, a serious medical condition that can lead to infertility. Can be transmitted from mother to newborn during childbirth.	Curable with antibiotics.
HEPATITIS A (Virus)	Feces.	Oral sex (mouth-penis, mouth-vagina, mouth-anus)	Often no noticeable symptoms but may cause fever, tiredness, aches, loss of appetite, nausea, abdominal pain, dark urine, and jaundice (yellowing of the skin and eyeballs).	In rare cases, may lead to severe liver infection and death.	Nearly all infections resolve on their own. There are vaccines to prevent hepatitis A.



STI Basics Chart

DISEASE	TRANSMISSION	TYPES OF SEXUAL CONTACT THAT MAY PRESENT A RISK OF CONTRACTING THE DISEASE	COMMON SYMPTOMS	POSSIBLE COMPLICATIONS	TREATMENT
HEPATITIS B (Virus)	Blood, semen, pre-ejaculate (pre-cum), vaginal fluid.	Oral sex (mouth-penis, mouth-vagina) Vaginal sex (vagina-penis) Anal sex (anus-penis)	Often no noticeable symptoms but may cause mild flu-like symptoms including fever, tiredness, aches, loss of appetite, nausea, abdominal pain, dark urine, and jaundice (yellowing of the skin and eyeballs).	Can lead to chronic infection, cirrhosis (scarring of liver tissue) and cancer of the liver. Can be transmitted from mother to newborn during childbirth.	Nearly all infections resolve on their own but medications may be used to treat chronic illness. Alcohol and certain medicines should be avoided to prevent further liver damage. There are vaccines to prevent hepatitis B.
HIV/AIDS (Human Immuno-deficiency Virus)	Blood, semen, pre-ejaculate (pre-cum), vaginal fluid, breast milk.	Oral sex (mouth-penis, mouth-vagina) Vaginal sex (vagina-penis) Anal sex (anus-penis)	Often no symptoms for years but may cause fever, chills and sweats, fatigue, appetite loss, weight loss, muscle and joint pain, long-lasting sore throat, swollen lymph nodes, diarrhea, yeast infections, and skin sores.	Over time, can lead to acquired immune deficiency syndrome (AIDS), which can leave a body vulnerable to other infections or cancers normally controlled by a healthy immune system. Can be transmitted from mother to newborn during childbirth.	No cure or vaccine for HIV or AIDS. There are medications that allow people to live with HIV or AIDS for longer periods of time.
SCABIES & PUBIC LICE OR CRABS (Parasite)	Skin-to-skin contact (usually prolonged sexual contact), although in rare cases, can spread by contact with clothes, towels, bedding, and other personal items that were recently in contact with an infected person	Oral sex (mouth-penis, mouth-vagina) Vaginal sex (vagina-penis) Anal sex (anus-penis)	Intense itching usually in genital area, visible crab eggs (small, oval-shaped, beads) attached to the base of hair, may have dark or bluish spots on skin in the infested area as a result of bites.	Scratching area may lead to secondary bacterial infections.	Medicated shampoos and creams will kill mites/lice on the body. In addition, need to thoroughly clean all clothing, towels and bedding to prevent reinfection.
SYPHILIS (Bacteria)	Skin-to-skin contact (between syphilis sore and penis, vagina, anus or mouth).	Oral sex (mouth-penis, mouth-vagina) Vaginal sex (vagina-penis) Anal sex (anus-penis)	Painless sore on or around penis, vagina, mouth or anus; rash over the entire body or on the hands and soles of the feet, fever, swollen lymph glands, patchy hair loss, headaches, weight loss, muscle aches, and tiredness.	If left untreated, may damage heart, eyes, central nervous system and other organs. Can be transmitted from mother to fetus prior to birth.	Curable with antibiotics.
TRICHOMONIASIS (Parasite)	Semen, pre-ejaculate (pre-cum), vaginal fluid.	Vaginal Sex (vagina-penis, vagina-vagina)	Women may experience frothy, yellow-green vaginal discharge, discomfort during intercourse and urination, irritation and itching in the genital area and in rare cases, lower abdominal pain. Most men do not experience symptoms but may have irritation inside the penis, mild discharge, or slight burning during urination or ejaculation.	If left untreated, on rare occasions, leads to pelvic inflammatory disease (PID) in women, a serious medical condition that can lead to infertility.	Curable with antibiotics.