



SASKATOON  
**SEXUAL  
HEALTH**



# Sexually Transmitted Infections

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**Grade:** 5, 6, 7, 8, or 9

**Lesson Duration:** Two 60-minute lessons

## Learning Objectives:

At the end of this lesson, participants will:

- Understand the difference between different types of STIs (bacterial, parasitic, viral) and their health outcomes
- Understand symptoms, transmission risks, treatments, and prevention for common STIs
- Understand behavioural options to reduce the risk of STI transmission
- Understand where, when, and how to access testing and treatment for STIs
- Understand the social, emotional, and physical impacts of STIs on health and well-being
- Understand the social and cultural factors associated with STI risk and prevention

## Curricular Outcomes Targeted:

- **USC 5.3:** Analyze how infectious diseases (including HIV & HCV) and non-infectious illnesses/diseases challenge holistic well-being.
- **USC 6.3:** Demonstrate an understanding of how noncurable and serious but treatable infections, including HIV and Hepatitis C infection, are transmitted and how these infections influence the health (i.e., physical, mental, emotional, spiritual) and the identities of self, family, and community.
- **USC 7.2:** Examine critically and use purposefully blood-borne pathogen information/ education, including HIV and Hepatitis C, for the purpose of committing to behaviours that do not put one at risk of infection or co-infection.
- **USC 8.3:** Investigate and analyze the impact of in/formal supports and services (including testing/ diagnostic services) available to individuals, families, and communities infected with/ affected by non-curable and serious but treatable infections/diseases (including HIV and Hepatitis C).
- **USC 8.7:** Assess the social, cultural, and environmental influences on and supports for sexual health knowledge, attitudes, behaviours, and decisions.
- **USC 9.3:** Interpret, critique, and question the stigma associated with individuals, families, and communities living with/affected by noncurable infections/diseases, including HIV/AIDS and Hepatitis C and for those who advocate for them.
- **USC 9.9:** Develop and demonstrate the personal insight, motivation, and skills necessary to enhance and promote sexual health and avoid health-compromising sexual attitudes and behaviours.

## Main Components of Lesson:

- Lesson 1:
  - Ground Rules (10 minutes)
  - Defining STIs (30 minutes)
  - HIV True or False (10 minutes)
- Lesson 2:
  - Prevention (30 minutes)
  - KAHOOT! Quiz (10 minutes)
- Question Box (10 minutes)
- Optional Activities



*The class before this lesson, ask your students to write down any questions they have and put them in the question box. Going through these questions before the lesson can help you determine what areas to focus on.*



### Materials:

- Paper, pens
- Condoms
- Scissors
- STI presentation
- HIV True or False cards
- KAHOOT! Quiz
- Question box & paper slips
- For optional activities: index cards (one per student)

## Context

There are many types of infections that can be spread through sex. These are called sexually transmitted infections, or STIs. Some STIs, such as chlamydia or gonorrhea, are easily curable, but can affect your health and fertility if left untreated. Other STIs, like HIV and herpes, are not curable, but symptoms can be managed to increase quality of life. In Canada, the highest rates and increases in STIs are in young people aged 15-24. Saskatchewan has some of the highest rates of chlamydia, gonorrhea, hepatitis C, and HIV in Canada.

Sex is a normal and healthy part of our lives; however, if you are having sex, or are thinking about having sex, you need to know how to protect yourself from STIs.

The Canadian Guidelines for Sexual Health Education state "Sexual health is a key component of overall health, well-being, and quality of life. It is a major determining factor in the wellbeing of individuals, partners, families, and communities," (SIECCAN, 2019).

## Ground Rules

Before starting the class, establish ground rules with your class. These rules, which the class will agree to, help students to feel safe and comfortable throughout the class.

Work with students to list 5-10 ground rules. Some examples include: no put downs, respect everyone, no question is a bad question, confidentiality (what is said in the classroom, stays in the classroom), and respect personal boundaries. This is also a good time to acknowledge that talking about sexual health can bring up a lot of feelings: curiosity, interest, discomfort, etc. All of these reactions are okay. Emphasize that while laughing is okay, it is not okay to laugh at people (for example, at personal stories or at questions).



## Understanding STIs

Go through the STI presentation with the class. This presentation covers:

- Sex-positivity
- An overview of ground rules
- Definitions: venereal disease, STD, STI, STBBI, curable, manageable, reportable, non-reportable
- Bacterial STBBIs: chlamydia, gonorrhea, syphilis, LGV, and mycoplasma genitalium
- Parasitic STBBIs: trichomoniasis, pubic lice, scabies
- Viral STBBIs: HIV, hepatitis, herpes, HPV
- Other infections: bacterial vaginosis, yeast infections
- Testing
- Transmission: sexual, blood
- Harm reduction strategies
- Stigma
- Resources

At the end of the presentation, have every student take a slip of paper and write down a question. Students do not have to write down a question if they do not have one, but they do have to place a paper slip in the box (even if it is blank), as this allows questions to be completely confidential.

## HIV True or False

The goal of this activity is to address several myths and misconceptions related to HIV and AIDS.

Before the lesson, print off the "HIV True or False" cards from Appendix A. Divide the board in two. One half should be labelled "True", and the other "False".

Distribute these cards to the class. If there are not enough cards for each student, have students work in small groups. Give the students 3-5 minutes to decide whether they think the statement on their card is true or false. Have students place their card in what they believe is the appropriate column on the board.



Review each card with the class using the answer sheet in the appendix. You may ask each student/group to explain their reasoning, or simply review each statement anonymously. Make any necessary changes by moving cards to their appropriate columns.

*Take time between this lesson and the next to read and find answers for any questions left in the question box.*

### Question Box

Collect questions from the students at the end of class. Each student must write something on the piece of paper. If they don't have a question, have them share something new they learned.

## Prevention

Review information learned in the previous lesson. Pay particular attention to strategies for preventing STIs, as covered in the presentation slides ("Harm Reduction" section). Follow the directions for the Condom Demonstration in the appendices, or use one of the recommended videos.

Ask your students what some reasons to use condoms might be. These include:

- Condoms prevent pregnancy
- Condoms are inexpensive and easy to obtain
- Condoms help prevent the spread of STIs

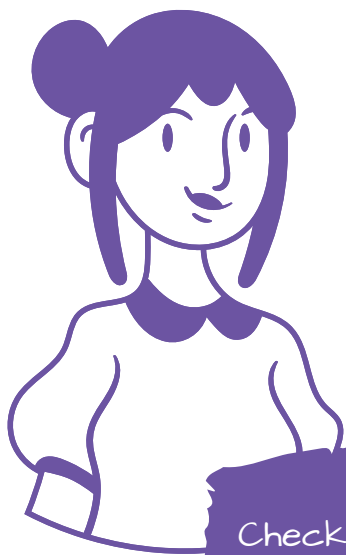
You may also want to address certain condom myths:

- Two condoms should never be used at the same time, the increased friction may cause them to break.
- Condoms should not make people less sensitive during sex, nor should they feel uncomfortable. There are many different sizes and textures of condoms to try if you don't like a specific one.
- Condoms are the only form of contraceptives which also prevent STI transmission, and should be used during any type of sexual activity that involves genital skin-to-skin contact (including oral sex).

## KAHOOT! Quiz

Complete the KAHOOT! quiz with your class to review the lesson. The quiz has 10 questions. Students will need access to computers, tablets, or phones with WI-FI. If there are not enough devices, students can create small teams of players. Take time to discuss answers as you go, so that students can understand which questions they may have answered incorrectly.

The quiz can be accessed on the Saskatoon Sexual Health website.



## Question Box

You may want to do one last question box round at the end of this class to allow for any remaining questions. If you don't feel comfortable answering them immediately, revisit them at another time,

*Check the appendices  
for common questions  
and answers about  
STIs.*

## Optional Activities

Optional activities are listed in the appendices. These activities are not required for the lesson; however, they encourage student participation and increased interaction with the material. Activities may be done throughout the lessons or grouped together at the end.

# Appendices

Appendix A:

## HIV True or False Cards



HIV and AIDS are the same thing.

HIV is a death sentence.

You can get HIV from kissing.

You can get HIV from a toilet seat.

People with HIV can live long and happy lives.

You cannot get HIV from someone who is on antiretroviral therapy.



You can get HIV by touching a used condom.

Taking PrEP can prevent you from getting HIV.

You can get HIV from someone who is a virgin.

You will always get HIV if you touch fluid from an HIV-positive person.

Only gay men and drug users get HIV.

People can tell if they have HIV based on their symptoms.

You can't have kids if you have HIV.

If you have HIV, you have AIDS.

Antiretroviral therapy  
cures HIV.

I only need to take PrEP  
once to prevent myself  
from getting HIV.

Saskatchewan has the  
highest rate of HIV in  
Canada.

HIV can be treated but  
not cured.

People of all genders  
and sexual orientations  
can get HIV.

Many people don't know if  
they have HIV.

A urine test can tell if you  
have HIV.

People with HIV can expect  
to live a normal life span if  
they get treated.

# HIV True or False Answers



## **"HIV and AIDS are the same thing": FALSE**

HIV, or human immunodeficiency virus, is the name of the virus that can lead to AIDS (Acquired Immunodeficiency Syndrome). People who are being treated for HIV may end up never developing AIDS. In fact, AIDS diagnoses have decreased in Canada: for example, while 2,090 new cases of HIV were diagnosed in Canada in 2013, only 177 new cases of AIDS were reported.

## **"HIV is a death sentence": FALSE**

Many people think HIV is a death sentence because most people who were diagnosed with HIV/AIDS in the 1980s and 1990s died due to lack of treatment. However, treatment has progressed significantly since then, and people diagnosed with HIV today can expect to live to normal lifespans if they take medications consistently and correctly.

## **"You can get HIV from kissing": FALSE**

There are only five bodily fluids that transmit HIV: blood, semen, vaginal fluids, rectal fluids, and breast milk. Saliva does not transmit HIV.

## **"You can get HIV from a toilet seat": FALSE**

HIV cannot be transmitted by sharing a toilet seat. HIV needs to enter the bloodstream to cause infection, either through blood-to-blood contact or by being absorbed through wet mucosal linings (e.g. the vagina, the rectum, the mouth). Activities that can transmit HIV are unprotected sex (including sharing sex toys), pregnancy, childbirth, and/or breastfeeding; injecting drugs with a needle that has infected blood in it; or infected blood donations and/or organ transplants. Note that in most places, the risk of getting HIV from infected blood donations and organ transplants is rare, as most countries have rigorous testing procedures.

## **"People with HIV can live long and happy lives": TRUE**

People with HIV can expect to live a normal lifespan if they take medication consistently and correctly. These days, people with HIV may suffer more due to stigma and discrimination than HIV itself.

## **"You cannot get HIV from someone who is on antiretroviral therapy: MOSTLY TRUE**

HIV follows the "U=U" rule. This means that if the virus is undetectable, it is untransmittable. If someone has been taking antiretroviral therapy correctly, they are not at risk of transmitting HIV sexually. However, it can take up to 6 months of treatment to become undetectable. To be safe, it is always best to use a condom.

**"You can get HIV by touching a used condom": FALSE**

HIV in semen can only survive for a short time outside of the body. Even if a condom contains HIV-positive sperm, it will not give you HIV.

**"Taking PrEP can prevent you from getting HIV": TRUE**

PrEP (pre-exposure prophylaxis) is a daily medication that can stop HIV from establishing an infection. It is highly effective if taken properly (99% protection). However, the effectiveness of PrEP decreases when people do not take it consistently.

**"You can get HIV from someone who is a virgin": TRUE**

HIV can spread through blood as well as sexual contact. Just because someone is a virgin, does not mean they have not been infected with HIV.

**"You will always get HIV if you touch fluid from an HIV-positive person": FALSE**

HIV needs to enter the bloodstream to cause an infection. Additionally, if the HIV-positive person is taking antiretroviral therapy, their fluids may not transmit HIV. To be safe, if you are worried that you have been exposed to HIV within the past 72 hours, you can talk to a doctor about taking PEP (post-exposure prophylaxis).

**"Only gay men and drug users get HIV": FALSE**

People of all genders and sexual orientations can get HIV. While some populations are at a greater risk for HIV (e.g., people who have unprotected sex, people who inject drugs), not being in these populations does not mean you cannot get HIV.

**"People can tell if they have HIV based on their symptoms": FALSE**

HIV symptoms can vary, and some people are asymptomatic (they have no symptoms). You cannot tell whether you have HIV based on symptoms, nor can you tell if someone has HIV by looking at them.

**"You can't have kids if you have HIV": FALSE**

People who have HIV and are being treated have a less than 1% chance of passing HIV onto their children through pregnancy or childbirth. After childbirth, the baby may also be given medication to prevent them from getting HIV.

**"If you have HIV, you have AIDS": FALSE**

HIV may lead to AIDS, but with proper treatment, someone can live their whole lives with HIV and never develop AIDS.

**"Antiretroviral therapy cures HIV": FALSE**

HIV is treatable, not curable. Although antiretroviral therapy can keep people with HIV from developing AIDS or transmitting HIV, it does not remove the infection from their body.

**"I only need to take PrEP once to keep myself from getting HIV": FALSE**

PrEP is a daily medication. If it is not taken consistently, it is much less effective.

**"Saskatchewan has the highest rate of HIV in Canada": TRUE**

Saskatchewan's rate of HIV is over two times higher than Canada's (14.8 per 100,000 vs. 6.4 per 100,000). Of Saskatchewan's cases, nearly 80% are Indigenous people, which is closely tied to trauma and the impacts of colonization.

**"HIV can be treated but not cured": TRUE**

Antiretroviral therapy is a treatment that prevents a person with HIV from developing AIDS or from transmitting HIV to others. However, it does not cure them of HIV.

**"People of all genders and sexual orientations can get HIV": TRUE**

HIV is stereotypically associated with gay men and drug users because these populations were most affected by HIV/AIDS in the 1980s and 1990s. However, people of all genders and sexual orientations can get HIV.

**"Many people don't know if they have HIV": TRUE**

People with HIV can be asymptomatic (they have no symptoms). In Canada, it is estimated that 14% of people with HIV do not know they have HIV. In 2014, UNAIDS developed the 90-90-90 target: by 2020, 90% of all people living with HIV would know they were HIV-positive; 90% of all people who knew they were HIV-positive would be on antiretroviral therapy; and 90% of all people on antiretroviral therapy would have undetectable levels of HIV in their body. In 2016, it was estimated that 86% of HIV-positive people in Canada had been diagnosed; 81% of diagnosed HIV-positive people were being treated; and 91% of HIV-positive people on treatment had an undetectable HIV load.

**"A urine test can tell if you have HIV": FALSE**

Urine does not contain HIV, and so a urine test cannot tell if you have HIV. Only a blood test can tell if you have HIV.

**"People with HIV can expect to live a normal life span if they get treated": TRUE**

With proper medication taken consistently, people with HIV can expect to live a normal life span in Canada.

## Appendix: Condom Demonstration



Pass around a closed condom for students to practice finding the expiration date and checking whether it is unopened.

### **Condoms are available free of charge from Saskatoon Sexual Health!**

1. Explain that external condoms are placed onto the penis before
2. Sexual activity, including penetrative sex and oral sex. External condoms collect ejaculate during sex, thus preventing both pregnancy and STI transmission.
3. Start by showing your students how to check an unopened condom. Show students where the expiration date of the condom can be found, and explain the importance of not using expired condoms, as they can break down over time. Then, show students how to check that the condom is unopened: squeeze the package to demonstrate that it should be filled with air (much like a bag of chips).
  - a. You may also want to mention tips for condom storage, as condoms are sensitive to temperature, sunlight, and friction. Ask students to brainstorm appropriate and inappropriate ways of storing condoms.
4. Gently rip open the condom package. Note that you should never use scissors or teeth to open a condom.
5. Point out to students whether the condom is lubricated or not. Tell students that water-based or silicone-based lubricant can also be used with condoms, but that oil-based lubricants should not be used as they can damage the condom.
6. Gently grasp the condom by the tip and hold it up for students to see. Point out to the students that, while the tip can be reversed, there is a correct direction that the tip should be facing: the crease of the condom will fold in around the tip. This step is important to make sure the condom rolls down the penis correctly.
7. Demonstrate how the condom should be rolled down the penis. This step can be done on either a wooden model or on your fingers. Pinch the tip of the condom, explaining to students that this leaves room for semen after ejaculation. Gently unroll the condom.
  - a. If you are using a model, one hand should be used to pinch the tip and the other should be used to unroll the condom.
  - b. If you are using your fingers, emphasize that both hands should be used when putting a condom on an actual penis.
  - c. Explain to the students that after ejaculation, the penis will become softer, allowing the condom to slip off. Show students how to hold the base of the condom to prevent it from slipping off while still within the body.
  - d. Remove the condom from your fingers and tie it in a knot. Dispose of the condom in a garbage. Emphasize that condoms should never be re-used.

The second demonstration is the dental dam. To review how to make and use a dental dam, you can visit our YouTube page.

Explain that dental dams are placed over the vulva or the anus during oral sex. Dental dams prevent STBBI transmission by preventing one's mouth from coming into direct contact with the vulva and/or anus. While you can buy pre-made dental dams, they are often harder to find than condoms, and so this demonstration will show students how to make a dental dam themselves. You can start at step 4 of the external condom demonstration:

1. Cut off the tip of the condom. Pull the scissors through the middle of the condom and cut through one side of the rolled-up ring.
2. Unroll the condom into a square. Explain how this square can be placed over the vulva or the anus for oral sex. Water-based or silicone-based lubricants can be used to help the dental dam stick to the skin. Each partner should only touch their side of the dental dam. After sex, one person can carefully fold up the dental dam, touching only their side.
3. Dental dams should be disposed of in the garbage. They should never be re-used.

The third demonstration is the internal condom. To review how to use an internal condom, you can visit our YouTube page.

1. Explain that internal condoms are inserted into the vagina or the anus before penetrative sex. Like external condoms, internal condoms also collect ejaculate during sex, preventing pregnancy and STI transmission.
2. Review how to check the condom's expiration date, and check
3. for holes in the package.
4. Gently rip open the condom package. Be aware that fingernails
5. and/or rings may damage the condom. Note that you should
6. never use scissors or teeth to open a condom.
7. Unfold the condom. Show students how internal condoms
8. have two rings: an inner ring, which goes into the vagina/anus,
9. and an outer ring, which sits outside.
10. Point out to students that the condom is lubricated. Remind students that water-based or silicone-based lubricant can also be used with condoms, but that oil-based lubricants should not be used as they can damage the condom.
11. Make an "o"-shape with one hand to simulate a vagina/anus. With your other hand, squeeze the inner ring of the condom into a bow shape. Push the inner ring and condom into the "vagina" as far as it will go, leaving the outer ring outside.
12. Using your free hand, demonstrate how to hold the condom in place to ensure the penis enters inside the condom, rather than pushing it aside. Emphasize the importance of checking regularly during penetrative intercourse that the penis remains inside the condom, and that the outer ring of the condom does not slip into the vagina/anus.
13. Twist the outer ring of the condom and gently pull to remove it. Dispose of the condom in a garbage. Emphasize that condoms should never be re-used.

## Appendix C: STI Autograph Game



This activity can be played in either lesson, although it compliments Lesson 1 material.

1. Preparation: Gather enough index cards so that you have one per student. Write the letter "I" on the back of one card, the letter "C" on the back of five other cards, and the letter "A" on the back of six other cards. On the remaining cards, write random letters or numbers.
2. Distribute one index card to each student. Do not tell the students what the letters on their cards mean.
3. Ask students to stand, mingle, and find a partner. **Partners cannot be repeated throughout the game: ensure that students mix well throughout.**
4. With their partners, have students sign their names on the back of their partner's cards, and discuss common STIs.
5. Have students mingle and find new partners. With their second partners, have students sign their names on the back of their partner's cards, and discuss when one should get tested.
6. Have students mingle and find new partners. With their third partners, have students sign their names on the back of their partner's cards and discuss ways to prevent STI transmission.
7. Have students sit back down. At this point in the game, each student should have a card with three different names on it.
8. Ask the person with the "I" on their card to stand up. Explain that for the purpose of this game, this person had an STI. Ask them to read out the names written on their cards: these students have been in contact with a person with an STI and may also now have an STI.
9. Have students whose names were read out stand up and read out the names written on their cards. Repeat this process until everyone whose name is read is standing and has read the names on their cards. Most students will be standing at this point.
10. Ask standing students to examine their cards. Those standing with an "a" may sit back down. Explain that these students "asked" and talked to their partners about their STI statuses before having sex. Those standing with a "c" may also sit back down. Explain that these students used a "condom" during all sexual contact.
11. The remaining standing students are those who may now have an STI. Discuss how these students are all bright, healthy, and intelligent; yet they were all unaware that they might have an STI until their "contact" told them.
12. Debrief with a discussion of the following questions:
  - a. What did this activity tell you about how STIs spread?
  - b. Were you surprised that you might have been exposed to an STI? How did it feel?
  - c. If you had been exposed to an STI, what would your next steps be?



## Appendix D: Risk & Risk Reduction



This activity can be played in either lesson, although it complements Lesson 2 material.

- Create three columns on the board: activity, risk, and risk reduction.
- With students, brainstorm activities that people might do with partners. Make sure this list includes sexual activities (such as massaging, kissing, oral sex, digital sex, anal sex, and vaginal sex), and some non-sexual activities (e.g., going to the movies, riding bikes together, having a picnic). Write each suggestion on the board under the "activity" column.
- In the "risk" column, write down what risks might be associated with each activity. Sexual activities should have "pregnancy" and/or "STI" transmission under "risk". Make sure students also provide risks for non-sexual activities (e.g. "sunburn", "crashing a bike").
- In the "reduce risk" column, brainstorm with students what actions one could take to reduce the risk of each activity. For sexual activities, this may include actions such as "wear a condom". Note that non-sexual activities also have actions to reduce risks (e.g., "wear sunscreen", "wear a helmet").
- Debrief with a discussion of the following questions:
  - Why is it important to consider the risks involved with an activity before engaging in it?
  - How does looking at risks affect the decisions someone might make?
  - What are some responsibilities associated with being in a sexual relationship?

## Appendix E: Common Questions & Answers



The following are some common questions and answers about STIs.

### **"Can I get an STI from kissing?"**

In general, no. The only STI you might catch from kissing is herpes, if the person you are kissing has cold sores. You can't get herpes on your genitals from kissing though.

### **"How long does it take for someone to know they have an STI?"**

STI symptoms can take days, weeks, or even months to appear. It is important to get tested if you've had unprotected sex, even if you are asymptomatic.

### **"Can you have more than one STI at a time?"**

Yes. Having an STI increases your risk of catching other STIs.

### **"If I already had an STI, does that mean I can't catch it again?"**

No. If you have been treated for an STI, you can still catch it again - just like the flu!

### **"I'm on birth control - does that mean I'm protected against STIs?"**

Birth control/contraceptives prevent you from getting pregnant, but do not protect you from STIs. The only contraceptive that protects against STIs is condoms/dental dams.

### **"If I take a shower and wash my penis/vagina after sex, does that prevent me from catching an STI?"**

No. Genital hygiene is important, but washing your genitals does not prevent you from becoming infected with an STI if you have been exposed during sex. Additionally, vaginal douching increases the risk of becoming infected with an STI.

### **"Do people who have sex with a lot of different people get more STIs?"**

Not necessarily! It isn't the amount of sex or number of partners that matters, it's whether you were protected during sex (e.g., did you use condoms).

### **"Can lesbians get STIs?"**

Yes. STIs can be passed through oral and digital sex as well as penetrative (penis-in-vagina or penis-in-anus) sex. If you and your partner both have vaginas, you should consider using latex gloves and dental dams during sex.

### **"Does being on my period protect me from STIs?"**

No, you can still get an STI if you are on your period. You could also still get pregnant.

**"I'm in a monogamous relationship - that means I'm safe from STIs, right?"**

No. You can still get an STI from your monogamous partner if they were already infected, and you can still transmit an STI to your monogamous partner if you were already infected.

**"How can I be sexual with my partner without worrying about STIs?"**

Solo masturbation, dry-humping (rubbing genitals together with clothes on), sexy talk, massage, and cuddling are all sexual activities that can be done with your partner that do not have a risk of spreading STIs.

**"Is getting an STI test painful?"**

No. STI tests are generally fairly quick and easy. Most of the time, you will provide a urine sample to test for chlamydia and gonorrhea, and your blood will be drawn to test for syphilis and HIV. Your nurse or doctor may also want to take a swab of your vagina, rectum, or throat, with your permission. These appointments typically only take 10-15 minutes.

**"If I'm being treated for an STI, can I still have sex?"**

Your doctor or nurse will most likely ask you to abstain from sex for some time (typically for a week). This prevents you from getting reinfected by your partner or from infecting someone else before your STI has been properly treated, as some medications take time to start working.



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FOR MORE INFORMATION, VISIT:

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