

Lesson 5: My Life – My Reproductive Health

Suggested time to complete: 75 minutes

Lesson Overview

- This lesson corresponds with the “My Reproductive Health” section of the *My Life, My Plan* booklet.
- Through discussion, presentations and activities students will learn about their reproductive health, sexually transmitted infections (STIs), contraceptive options and avoiding unplanned pregnancy.
- This lesson plan will connect the Grade 9 Health and Physical Education curriculum with the Pathways to Success program (using myblueprint.ca) and the *My Life, My Plan* booklet from Best Start.
- Teachers can adapt the format of the lesson plan to meet the needs of their students and the amount of time they have available.

Equipment

- Sticky notes (scrap paper)
- Chart paper or whiteboard
- Markers
- Electronic file: *My Life, My Plan* Booklet
- Students may choose to bring their own devices to complete work in electronic files
- Sexuality and U presentations on [Birth Control - Contraception](#) and [Sexually Transmitted Infections](#)
- SMART Board or computer with projector if possible to show presentations
- [Appendices L, M, N and O](#) for materials for the activities listed in lesson

Curriculum Links

Living Skills

1. Demonstrate personal and interpersonal skills and the use of critical and creative thinking processes as they acquire knowledge and skills in connection with the expectations in the Active Living, Movement Competence, and Healthy Living strands for this grade [Grade 9 – PPL1O].

Personal Skills

- 1.3 Use self-awareness and self-monitoring skills to help them understand their strengths and needs, recognize sources of stress, take responsibility for their actions, and monitor their own progress as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

- 1.2 Use adaptive, management, and coping skills to help them respond to the various challenges they encounter as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.

Interpersonal Skills

- 1.3 Communicate effectively, using verbal or non-verbal means, as appropriate and interpret information accurately as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living.
- 1.4 Apply relationship and social skills as they participate in physical activities, develop movement competence, and acquire knowledge and skills related to healthy living to help them interact positively with others, build healthy relationships, and become effective group or team members.

Critical and Creative Thinking

- 1.5 Use a range of critical and creative thinking skills and processes to assist them in making connections, planning and setting goals, analysing and solving problems, making decisions, and evaluating their choices in connection with learning in health and physical education.

Healthy Living

C1. Demonstrate an understanding of factors that contribute to healthy development.

- C1.4. Describe the relative effectiveness of various methods of preventing unintended pregnancy or sexually transmitted infections (STIs), including HIV/AIDS (e.g., avoiding oral, vaginal, and anal intercourse; delaying first sexual intercourse; using protection, including barrier and hormonal methods, to prevent unintended pregnancy; using condoms and dental dams to protect against STIs), and identify sources of information and support (e.g., doctor, nurse practitioner, public health unit, parents, credible and accurate websites).
- C1.5. Demonstrate an understanding of factors (e.g., acceptance, stigma, culture, religion, media, stereotypes, homophobia, self-image, self-awareness) that can influence a person's understanding of their gender identity (e.g., male, female, two-spirited, transgender, transsexual, intersex) and sexual orientation (e.g., heterosexual, gay, lesbian, bisexual), and identify sources of support for all students.

C2. Demonstrate the ability to apply health knowledge and living skills to make reasoned decisions and take appropriate actions relating to their personal health and well-being.

- C2.2. Demonstrate an understanding of the skills and strategies needed to build healthy social relationships (e.g., peer, school, family, work) and intimate relationships.
- C2.3. Apply their knowledge of sexual health and safety, including a strong understanding of the concept of consent and sexual limits, and their decision-making skills to think in advance about their sexual health and sexuality.

Minds On: Thinking Ahead (ice breaker) (5 minutes)

Have students sit at their desks and use their imagination to think about their future (10+ years). Ask them to think about these questions.

- *Where do you see yourself 10 years from now?*
- *Would you like to have a job or continue your education?*
- *Do you see yourself being in a relationship (heterosexual, gay/lesbian, or bisexual)? Single, long-term, or married?*
- *Would you like to be a parent some day? If so, when?*
- *How many children would you like to have?*

Have students write down what they were thinking/planning. Now have them imagine they just found out they or their partner is pregnant.

- *How would this change your future plans?*
- *What would you do?*
- *How would you feel?*

Facilitate a class discussion on how this would potentially affect their future. Refer to page 7 of *My Life My Plan* “The realities of a teen pregnancy”.

Tell students that today you will be discussing how to prevent unplanned pregnancies and STIs and types of contraception and protection available.

Key messages for students in the intermediate and secondary grades (5 minutes)

- Sexuality is a normal part of being human. Sexuality is not just about having sex. It is also about gender identity and roles, sexual orientation, intimacy, and reproduction. People express their sexuality in what they think, believe, value, desire, and do, as well as the roles and relationships they pursue. People’s sexuality is influenced by many factors, including their biology, culture, religion, and family.
- Learning about sexuality and sexual health does not mean you need to be sexually active. People are ready to become sexually active at different points in their life. You can use the information you learn in class to make decisions and take care of your health now and over your lifetime.
- Everyone has a unique sexuality. When it comes to sexual expression, what one person enjoys doing may be very different from someone else. Getting to know yourself and your boundaries, and getting comfortable talking with your partner, can help you make decisions you feel good about and help you to take care of yourself. You are worth standing up for. Your sexuality is yours alone.
- All people, including children and youth, have sexual and reproductive rights. These are human rights related to sexuality and reproduction. You have the right to learn about topics that affect your sexual and reproductive health. You have the right to make decisions about if, when, with whom, and under what circumstances you have intimate relationships, engage in sexual activity,

become pregnant, or have children. Only when people's rights are honoured by other people and by our government can they make choices about intimate relationships, sex, and childbearing.

- The only 100 percent effective way to prevent exposure to HIV is to avoid high- and low-risk activities, including abstaining from vaginal and anal sex and oral sex without a condom or dental dam, not using shared sex toys and not using shared needles to inject drugs.
- Untreated STIs can increase the risk for HIV transmission. Some STIs - such as HSV-2 (herpes) - can be transmitted through skin-to-skin contact in the genitals and buttocks region.
- Take steps to reduce the risks of HIV, STIs, and unplanned pregnancies by practising safer sex. What matters for taking care of your sexual health is “what you do, not who you do.” This means that HIV can be passed to anyone who engages in a risk behaviour, regardless of whether they belong to one of the most at-risk populations.
- Safer sex is a shared responsibility among sexual partners. You cannot “see” if someone is living with HIV or has an STI, and people may not even know their status.
- Regular testing for HIV and other STIs is part of taking care of your sexual health.
- Everyone has a role to play in creating a safe and inclusive school and community. Consider how your attitudes, words, and actions affect other people. You can make a difference!

From: The HIV/AIDS Online School Support Kit, developed by Ophea with support from the AIDS Bureau at the Ministry of Health and Long-Term Care.

Ponder It, Post It - Brainstorm (5 Minutes)

Have students quickly brainstorm ideas regarding factors that could influence their reproductive health, both positive and negative influencers. Write the question “What factors could influence your reproductive health?” on the board or chart paper. Have students write down their answers on a sticky note. Then have them post it in a designated area such as on a wall or chart paper. Based on previous lessons hopefully students will come up with some of the following:

- Alcohol
- Caffeine
- Drugs
- Healthy weights
- Immunization status
- Medications
- Tobacco products
- Income
- Education
- Genetics
- Friends and family
- Stress
- Folate/folic acid
- Healthy eating (nutrition)
- Physical activity (exercise)
- Sexually Transmitted Infections (STIs)
- Environment
- Culture
- Religion
- Values and beliefs
- Media

Sexual Health Statistics – Did you know? (5 minutes)

(See [Appendix L](#) for a printable copy of these statistics)

The only 100% effective way to not get pregnant or get your partner pregnant and avoid an STI is to not have sex. (My Life, My Plan. Best Start. 2014).

Eight in 10 young women and 6 in 10 young men say they wish they had waited until they were older to have sex. (My Life, My Plan. Best Start. 2014).

In 2014, there were 1513 live births in Hastings and Prince Edward counties. Of those births 44% (n=653) were to first time mothers. (Hastings Prince Edward Counties Reproductive Health Report 2015).

Six percent of births in Hastings and Prince Edward counties are among mothers 20 and younger, higher than the Ontario provincial average of 2.3%. (Hastings Prince Edward Counties Reproductive Health Report 2015).

Almost half (50%) of all pregnancies are unplanned. An unplanned pregnancy is a pregnancy that is unintended and can happen even when birth control is being used. If you plan a pregnancy, you have time to make sure you are healthy and prepared before it happens. (My Reproductive Life Plan. Best Start. 2016).

In 2015, Hastings Prince Edward Public Health sexual health clinics saw over 4500 client visits. (Hastings Prince Edward Public Health 2015 Annual Report).

Chlamydia is the most common STI and the greatest number of infections found in people 15 to 24 years. (Understanding Sexually Transmitted Infections. SOGC. www.sexualityandu.ca).

In 2014, there were 354 cases of chlamydia, and 26 cases of gonorrhoea in Hastings and Prince Edward counties (for all ages, both sexes). (Data retrieved from Public Health Ontario Snapshots <https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Reportable-Burdensome-Infectious-Disease-Incidence.aspx>).

Rates of chlamydia and gonorrhoea in Hastings and Prince Edward counties are rising. The number of chlamydia infections rose to 391 in 2015 and gonorrhoea infections rose to 51 in 2015 (Hastings Prince Edward Public Health Communicable Disease Fast Facts. January 2016).

Gonorrhoea is the second most common STI and most common among individuals 15 to 29 years. (Understanding Sexually Transmitted Infections. SOGC. www.sexualityandu.ca).

Take a Stance (no, low or high risk) (15 minutes)

In this activity the teacher will read aloud statements of various risky sexual activities/behaviours (ex. abstinence, sexting) to the class and students will consider how they feel about it in regards to risk. Students will respond by placing themselves along a line that represents a continuum of behaviour risk (no-risk, low-risk or high-risk). Have students discuss the reasons for their position. This barometer activity helps students develop their analysis and evaluation skills. See [Appendix M](#) for the list of activities and behaviours and printable signs.

1. Find a space in the room where you can have students get up and create a line. You may wish to tape a line on the floor.
2. Place signs reading “no-risk” and “high-risk” at opposite ends of this continuum and “low-risk” in the middle (see [Appendix M](#)).
3. Read students one of the statements provided (see [Appendix M](#)).
4. Have students place themselves along the continuum in a spot that best represents their point of view on the statement.
5. Ask students why they have chosen their particular places to stand and what the risk is.
6. If behaviour is “high-risk” ask students how it could be made “low-risk” or “no-risk.”

*Adapted from Toronto Public Health, High School Sexual Health Education: Health and Physical Education. May 2010.

Classroom presentations from Sexuality and U (30 minutes)

Review the following presentations from Sexuality and U with students.

Birth Control - Contraception

This presentation covers contraceptive options, male and female reproductive anatomy, and STI prevention. Reviewed by medical experts, it includes pros and cons and side-by-side comparison of all the contraceptive methods currently available in Canada.

Sexually Transmitted Infections

This presentation covers STI prevention, transmission, signs and symptoms, descriptions and complications if left untreated. The material covers all major Sexually Transmitted Infections.

Public Health Sexual Health Clinics

Public Health sexual health clinics provide many services such as low-cost birth control, STI testing and treatment, HIV testing, free condoms, emergency contraceptive pill at a reduced cost, pregnancy testing, options and referrals and IUD or IUS prescription/insertion. Clinics are held at our Belleville, Trenton, and Bancroft Public Health offices, as well as in downtown Belleville, Madoc and Picton locations. For more information call 613-966-5500 ext. 243 or 1-800-267-2803 ext. 243 or visit <http://hpepublichealth.ca/clinics-classes/sexual-health-clinic>.

Identify the STI – Case Studies (20 minutes) (Ideal group homework assignment)

Have students divide up into groups of 4 or 5. Provide each group with a case study (see [Appendix N](#)). Have each group read through the assigned case study and answer the following questions.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can risk be reduced in the future?

5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Give students about 10 minutes to complete the questions. To find answers students may need access to the internet or the presentations from Sexuality and U.

Have each group report back to the larger class by reading their case study and reporting their findings based on the questions provided. Provide feedback as needed (see case study answer key in [Appendix O](#)).

Consolidation - Exit Pass and Goal Setting (5 Minutes)

Use an exit pass to consolidate learning and help students make the link between reproductive health and their long term plans.

1. Have students think about their reproductive health and have them identify at least two ways they can prevent an unplanned pregnancy. Also let students know they can ask any questions they might still have on this piece of paper.
2. A few minutes before the end of class, hand out the exit pass and ask students to respond.
3. Have students hand in exit pass as they leave the classroom.
4. Review responses to assess learning and determine if the needs of your students have been met.

Goal Setting - Direct students to page 6 in the *My Life, My Plan* booklet and ask them to complete the My Life – My Reproductive Health section. This will consolidate student understanding of their reproductive health, future plans and preventative actions to prevent a pregnancy. Ask them to create a SMART goal for their reproductive health and enter it into myblueprint.ca.

Assessment

Use the Minds On: Thinking Ahead, Ponder It, Post It and Take A Stance exercises to assess classroom participation and as a tool to measure class comprehension and connection to the material. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C1.4, C1.5, C2.3).

Use the group discussions to assess student knowledge and understanding of their overall reproductive health and how the choices and actions they take now can help prevent unplanned pregnancy. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C1.4, C2.2, C2.3).

Observe student participation in class discussions and activities to assess decision-making and communication skills (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C3.4).

Review the “Identify the STI” activity to determine overall student learning and critical thinking in regards to STI identification, treatment and prevention. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C1.4, C2.3).

Review exit passes to assess student learning of actions they can take to prevent pregnancy. Exit passes will also help identify any areas that need further clarification. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C2.3).

Review student profile in myblueprint.ca to ensure students have added a reproductive health goal to their plan. (Curriculum link – Living Skills [Interpersonal Skills, Critical and Creative Thinking] C2.3).

Additional quizzes and assessments for students: <http://teenhealthsource.com/quiz/>.

Resources for Teacher

- Ophea – Approaches to Teaching Healthy Living: A Guide for Secondary Educators. www.teachingtools.ophea.net/supplements/hpe-secondary
- [Teaching Sexual Health Education](http://www.sexualityandu.ca/uploads/files/TeachingSexEdManual.pdf): A Primer for New Teachers, A Refresher for Experienced Teachers www.sexualityandu.ca/uploads/files/TeachingSexEdManual.pdf
- Hastings Prince Edward Public Health www.hpepublichealth.ca/professionals/educators?quicktabs-quicktabs_educators=2#quicktabs-quicktabs_educators=11
- Sex and U www.sexandu.ca/

Resources for Student

- Sex and U www.sexandu.ca/
- The Red Card www.qhc.on.ca/red-cards-p1824.php
- Hastings Prince Edward Public Health www.hpepublichealth.ca
- Kids Health www.kidshealth.org/en/teens/sexual-health

References

Ophea (2016). The HIV/AIDS Online School Support Kit. Retrieved from: www.teachingtools.ophea.net/supplements/hivaids-online-school-support-kit

Toronto Public Health (May 2010). High School Sexual Health Education: Health and Physical Education.

Teaching Sexual Health Education: A Primer for New Teachers, a Refresher for Experienced Teachers. Retrieved from: www.sexualityandu.ca/uploads/files/TeachingSexEdManual.pdf

The Society of Obstetricians and Gynaecologists of Canada (2016). Choosing a contraception that's right for u.

The Society of Obstetricians and Gynaecologists of Canada (2016). Understanding Sexually Transmitted Infections.

Appendix L - Sexual Health Statistics – Did you know?

The only 100% effective way to not get pregnant or get your partner pregnant and avoid an STI is to not have sex. (My Life, My Plan. Best Start. 2014).

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Appendix M - Take A Stance - No, Low- or High-risk

Sexting

Unprotected (no condom) vaginal and/or anal intercourse

Kissing

Unprotected (no condom) oral sex

Dry sex (rubbing, clothes on)

Self-pleasuring/masturbation

Abstinence

Skin-to-skin touching in genital area

Massage

Protected (with condom) vaginal and/or anal intercourse

(See next page for signs).

No-risk

Low-risk

High-risk

Appendix N - Identify the STI – Case Studies – Student version

Case 1

Laura and Shane have dated throughout high school. They love and care for each other very much. So far in their relationship they have only kissed each other and fondled under each other's clothes. They decide they want to take their relationship to the next level and feel they have waited long enough. They decide to have intercourse one night and use a condom for protection. They have sex throughout the next few months and use protection. One night in the heat of the moment they realize they are out of condoms. Shane says not to worry he will pull-out before he ejaculates. A couple months later Laura realizes she can't remember the last time she had her period.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 2

Greg and his partner have been together for two years. They decide to take a break and see other people, but after several weeks, they realize they would like to be exclusive again. After being together again for two weeks, Greg notices small blisters (red bumps) on his as well as his partner's penis. They sort of seem like insect bites, and they tingle a little. Both begin to show flu-like symptoms – high temperature and swollen glands.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 3

Catherine and Mark have been together for just over a year. Their relationship has been a little strained lately. Mark has been acting strange, not answering his phone when she calls and then later making excuses and saying he was busy or out with friends. Catherine wonders if Mark may have cheated on her. Still, she loves Mark, and when he comes over to her apartment, he acts really sweet, and they end up having intercourse. A week later, Catherine starts feeling intense itchiness in her groin, especially around her vulva and in her pubic hair. It seems to get worse at night.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 4

Angela is 18 and has been seeing Michelle for a few weeks now. After going out each weekend night, they fool around, mostly making out, as well as touching over and under clothes. One night, after watching a movie together, they undress each other and rub their vulvas together as they make out. Angela feels strongly about waiting to do anything else, and considers this behaviour to be low-risk. A week later, Angela starts feeling itchy down there and experiences pain while she urinates. She also notices her vaginal discharge is different, kind of a yellow-white colour.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 5

Jenny is out with her friends at a party and has a few drinks, followed by several shots. On the way to the bathroom she falls down in the hallway and a friendly guy helps her up. She gives him a kiss on the mouth and thanks him for helping her up. He whispers in her ear, telling her she's hot and asks if she wants to come home with him. Jenny nods. What happens next she barely remembers, but she knows she leaves the party without telling her friends and goes back to his house. She wakes up in the morning with a very sore vagina. Jenny is worried about STIs because she doesn't know if they used protection, so she goes to the clinic the next day for testing. At the clinic Jenny gets an exam and cell samples are taken. She gets the morning after pill. While Jenny's results are "clear" she is warned that she may have an infection that could show up later. Five months later Jenny is showering and washing herself and discovers a cluster of cauliflower-like bumps around her vaginal opening. She has no other symptoms.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 6

Alex isn't seeing anyone right now but has been hooking up with a few people over the last few months. Whenever he hooks up with a girl, he always makes sure she's on the pill or patch, and if she isn't he uses a condom. Alex feels normal and hasn't had any symptoms of an STI.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Appendix O - Identify the STI – Case Studies – Teacher version

Have students divide up into 5 or 6 groups. Provide each group with a case study. Have each group read through the assigned case study and answer the following questions.

1. What STI does the person(s) have? And what are their symptoms?
2. What kind of test needs to be done to confirm the infection?
3. What treatment options are available?
4. What could have prevented this infection? And how can it be prevented in the future?
5. Where could the person(s) in the case study seek help?
6. Are there any additional concerns?

Case 1

Laura and Shane have dated throughout high school. They love and care for each other very much. So far in their relationship they have only kissed each other and fondled under each other's clothes. They decide they want to take their relationship to the next level and feel they have waited long enough. They decide to have intercourse one night and use a condom for protection. They have sex throughout the next few months and use protection. One night in the heat of the moment they realize they are out of condoms. Shane says not to worry he will pull-out before he ejaculates. A couple months later Laura realizes she can't remember the last time she had her period.

1. STI – No STI – Pregnancy – missed period
2. Test – Pregnancy test
3. Treatment – Options – have baby and keep/adoption or have an abortion
4. Prevention – Using a condom for each time they had sexual intercourse, being on birth control
5. Support/Help – Sexual health clinic/doctor/parents
6. Additional concerns

Case 2

Greg and his partner have been together for two years. They decide to take a break and see other people, but after several weeks, they realize they would like to be exclusive again. After being together again for two weeks, Greg notices small blisters (red bumps) on his as well as his partner's penis. They sort of seem like insect bites, and they tingle a little. Both begin to show flu-like symptoms – high temperature and swollen glands.

1. STI – Genital Herpes – small red bumps on penis that tingle – flu-like symptoms (high temperature and swollen glands)
2. Test – swab from sores and/or blood test
3. Treatment – antiviral medication – suppressive therapy for frequent outbreaks
4. Prevention – avoiding sexual contact during an outbreak, condoms have limited effectiveness at preventing infection as they do not cover entire genital area
5. Support/Help – sexual health clinic/doctor/counselling for relationship (chronic condition)
6. Additional concerns – partners during their break period should also be tested

Case 3

Catherine and Mark have been together for just over a year. Their relationship has been a little strained lately. Mark has been acting strange, not answering his phone when she calls and then later making excuses and saying he was busy or out with friends. Catherine wonders if Mark may have cheated on her. Still, she loves Mark, and when he comes over to her apartment, he acts really sweet, and they end up having intercourse. A week later, Catherine starts feeling intense itchiness in her groin, especially around her vulva and in her pubic hair. It seems to get worse at night.

1. STI – Pubic Lice – itchiness in the groin area, especially around vulva and pubic hair, worse at night
2. Test – examination of skin and hair
3. Treatment – affected area washed and a lice-killing cream, lotion or shampoo used. Medication for itchiness.
4. Prevention
5. Support/Help – sexual health clinic/doctor

6. Additional concerns – all sexual partners in last month should be treated. Clothes, bedding and towels washed. Catherine should be concerned about Mark’s behaviour (cheating).

Case 4

Angela is 18 and has been seeing Michelle for a few weeks now. After going out each weekend night, they fool around, mostly making out, as well as touching over and under clothes. One night, after watching a movie together, they undress each other and rub their vulvas together as they make out. Angela feels strongly about waiting to do anything else, and considers this behaviour to be low-risk. A week later, Angela starts feeling itchy down there and experiences pain while she urinates. She also notices her vaginal discharge is different, kind of a yellow-white colour.

1. STI – Gonorrhoea – itchy groin area, pain during urination, yellow-green vaginal discharge
2. Test – swab from infected area or urine sample
3. Treatment – antibiotics, follow-up at 6 months and test of cure (sometimes resistant to treatment). Should also be treated for Chlamydia
4. Prevention – protection during risky behaviours – STI testing before each new partner
5. Support/Help – sexual health clinic/doctor
6. Additional concerns – sexual partners require testing and treatment (partners in the 60 days prior to diagnosis, “contact tracing”), abstinence from unprotected sexual intercourse until treatment is complete, partner may be asymptomatic, often associated with other undetected or untreated infections, increased risk of contracting and transmitting HIV

Case 5

Jenny is out with her friends at a party and has a few drinks, followed by several shots. On the way to the bathroom she falls down in the hallway and a friendly guy helps her up. She gives him a kiss on the mouth and thanks him for helping her up. He whispers in her ear, telling her she’s hot and asks if she wants to come home with him. Jenny nods. What happens next she barely remembers, but she knows she leaves the party without telling her friends and goes back to his house. She wakes up in the morning with a very sore vagina. She goes to the pharmacy to get the morning after pill. Jenny is worried about STIs because she doesn’t know if they used protection, so she goes to the clinic the next week for testing. At the clinic Jenny gets an exam and cell samples are taken. While Jenny results are “clear” she is warned that she may have an infection that could show up later. Five months later Jenny is showering and washing herself and discovers a cluster of cauliflower-like bumps around her vaginal opening. She has no other symptoms.

1. STI – HPV – cluster of cauliflower-like bumps
2. Test – physical exam for visible warts

3. Treatment – no cure – warts can be treated
4. Prevention – barrier methods (condoms) – HPV vaccine to protect against certain types of HPV
5. Support/Help – sexual health clinic/doctor
6. Additional concerns – concerns about consent and possible sexual assault, concern about Jenny’s alcohol use and decision-making skills, consider birth control, partner should be tested as well

**If a person agrees to sex or sexual activity, but becomes unconscious or intoxicated by alcohol or drugs – the earlier consent does not count as a yes later. Sexual activity must stop – and your priority should now be keeping your partner safe. If any type of sexual activity, including touching, kissing, fondling, oral sex, or intercourse, is forced on a person without their consent, it becomes a form of sexual assault and is considered a crime. (see page 57 Consent).

Case 6

Alex isn’t seeing anyone right now but has been hooking up with a few people over the last few months. Whenever he hooks up with a girl, he always makes sure she’s on the pill or patch, and if she isn’t he uses a condom. Alex feels normal and hasn’t had any symptoms of an STI.

1. STI – Chlamydia – no symptoms
2. Test – urine sample for men
3. Treatment – antibiotics (single dose or over course of one week) and follow-up, abstinence from unprotected sexual intercourse until treatment is completed re-tested at 6 months
4. Prevention – condoms, STI testing before each new partner
5. Support/Help – sexual health clinic/doctor
6. Additional concerns – partners require testing and treatment (partners in the 60 days prior to diagnosis, “contact tracing”), often associated with other undetected or untreated infections, increased risk of contracting and transmitting HIV