



Handout V-1: Student Objectives & Agenda

Lesson V: Contraception and Sexually Transmitted Infections



Student Objectives:

By the end of the lesson, students should be able to:

1. Identify and explain what sexually transmitted infections (STIs) are, their symptoms, and the usual course of treatment for at least two STIs.
 2. Identify and explain the use of at least three methods of contraception – abstinence can be one of the choices.
 3. Tell another person a list of places in the community where you can get contraceptives and know where to get tested for STIs.
 4. Share two helpful websites about STIs and two about contraceptive options.
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Agenda (a 10-minute break will be included):

- ___ Analysis of the statistics and discussion of why we need to learn about contraception
- ___ Overview of contraception options
- ___ Share facts from last assignment
- ___ Video of myths surrounding STIs
- ___ Outline of main STIs, prevention and treatment
- ___ Discussion about decision making regarding contraception and STI prevention
- ___ Video *Safe in the City* and discussion about the couples' views
- ___ Outline of this lesson's assignment
- ___ File handouts in binder

Available break activities today are:



Handout V-2: Facts About Unplanned Pregnancy

- 49% of pregnancies in the United States are unplanned.
- 44% of U.S. women have had an unplanned pregnancy at some time in their lives.
- 50% of unplanned pregnancies in the United States result in abortion.
- Unplanned pregnancies are **more common in poor, uneducated sectors** of the population (lack of education or not enough money for birth control). A study in Scotland found that 1 in every 10 teenagers living in a poor area will be pregnant by the age of 16, whereas the figures are only 1 in 40 for those belonging to the middle class or above.
- In the United States (as recorded in 2010 by the Centers for Disease Control and Prevention) between the years 2005-2007, the rates of unplanned pregnancy were **highest among teenagers ages 15-19 years old**, with a birth rate of 42.5 per 1,000 woman. The Hispanic and African American teen pregnancy rates were three times higher.
- Countries with poor health care and less well-developed economies have the highest rates of unplanned pregnancies (e.g. Africa).
- Industrialized countries (e.g., the Netherlands) have the lowest rates.
- Most Western European countries now have mandatory, comprehensive sexuality education and have lowered their adolescent pregnancy rates to fewer than 40 per 1,000. The United States, Russia, Bulgaria, Belarus, and Romania (**all of which restrict or delay sexuality education**) are the only developed countries to have unplanned pregnancy rates of more than 70 per 1,000.
- 42 million abortions (31% of all live births) were performed worldwide in 2003. Rates were 17 per 1000 women in northern Europe, 18 per 1,000 women in Southern Europe, and 21 per 1000 women in North America (United States and Canada). Overall abortion rates are similar in the developing and developed world. However, unsafe abortions are concentrated in developing countries.
- **Non-users of contraception** account for about half of all unintended pregnancies, and those who did use contraception and got pregnant report that the problem was not always that the method failed but that it was sometimes not used correctly or consistently.

From Bocco (n.d.); Goldman (2008); National Campaign to Prevent Teen and Unplanned Pregnancy (2009, 2010); Sedgh, Henshaw, Singh, Ahman, & Phah (2007); Strong et al. (2005); Centers for Disease Control and Prevention (www.cdc.gov/std).



Handout V-3: Pregnancy Signs and Action

What to look for in yourself or a partner – signs of pregnancy:

- Sexually active
- Missed a period during menstrual cycle
- Lighter, shorter, or irregular bleeding during menstruation
- Fatigue, faintness, weight gain, breast changes (more tender), constipation, gas or bloating, nausea. *Note: These symptoms may be caused by other things, not always pregnancy.*

What to do (or advise someone else to do) if you (they) think you (they) might be pregnant:

- Take a home pregnancy test (may be purchased at a pharmacy or grocery store) one or two weeks after vaginal intercourse. Then take a second test to confirm results. For accurate results, carefully read and follow the directions on the test kit. Make sure the test kit's date for effective use has not expired.
- If the test results are positive (indicating pregnancy), talk to a trusted person (parent, partner, therapist, health care provider, or friend) and ask for their support in making future plans.
- Contact your health care provider or health clinic to schedule a visit (www.ippf.org can provide a list of clinics in your region). A parent, friend, or partner can go with you.
- If you are not sure whether to keep the baby, ask to talk with a counselor who helps people to decide how to make the best decision (your local clinic should have a counselor on staff or can refer you to one).
- If you are a minor, every country or state has its own laws regarding what minors (under legal age of consent) can consent to with regard to contraceptive and STI services, medical care, abortions, adoption, and prenatal care. You can find information about this by locating your country at www.ippf.org and then searching the relevant website.
- www.ehow.com has some useful information. Search using these key words:
 - “How to Tell Your Parents You Are Pregnant If You Are a Teen”
 - “How to Find Out If You Are Pregnant”
 - “How to Avoid Getting Pregnant”
 - “How to Know If You Are Pregnant”



Handout V-4: Summary of Contraception Methods

Type of Method	What It Is	How It Is Used	Effectiveness	Advantages/Disadvantages	Where Do I Get It?
Abstinence	Abstaining from outercourse, oral sex, and penetrative intercourse	Make a decision to be celibate for a period of time in your life	100%	<i>Advantage:</i> Allows you time to get to know, trust, and respect your partner before you make a decision to use any other methods. 100% protection against STIs, if there is no genital touching or exchange of vaginal secretions, semen, or blood. <i>Disadvantages:</i> You may plan on being abstinent, change your mind or have too much to drink and have no contraception options. Learn all options as a back-up plan.	
Hormonal	Oral contraceptive	Daily pill	99.7% effective if consistently used every day (never missed)	<i>Advantages:</i> Not interruptive to intercourse, reversible (meaning you can get pregnant when you stop using), decreases acne, no health risk for being on pill for long periods of years, lighter and shorter menstruation. <i>Disadvantages:</i> Missed pill decreases effectiveness. No STI protection , health risks include blood clotting for older women with some possible side effects.	Need prescription through health clinics or physician.
	Patch	Patch is worn for one week at a time and is changed on the same day of the week three times a month. The fourth week is free. It can be worn on a woman's abdomen, shoulder, outer arm, or buttocks.	99.7% effective when worn every day	<i>Advantages:</i> Weekly routine compared to daily routine of the pill. <i>Disadvantages:</i> 1-2% experience skin irritation from the patch. Patch may be less effective for women weighing over 198 pounds. Only one formula and color available at this time. No STI protection.	Need prescription through health clinic or physician.
	Vaginal contraceptive ring	Ring is inserted by the user; it remains in the vagina for three weeks. Ring is then removed for one week during which bleeding will occur. A new ring is used each month.	99.7% effective	<i>Advantages:</i> Monthly routine rather than daily. Neither partner can feel the ring during intercourse. Won't come out during intercourse. <i>Disadvantages:</i> may cause vaginal discharge and irritation; some women dislike inserting and removing ring. No STI protection.	Need prescription through health clinic or physician.

Type of Method	What It Is	How It Is Used	Effectiveness	Advantages/ Disadvantages	Where Do I Get It?
Hormonal	Shot or injection of progesterone and estradiol (e.g., Lunelle)	Shot is given during the first five days of the start of menstrual period, or at another time designated by your health care provider.	99.9% effective	<i>Advantages:</i> Regular menstrual cycles, rapid return to fertility after discontinuing method, more convenient dosing schedule than taking a daily pill, reversible, may decrease cramps. <i>Disadvantages:</i> Requires monthly injections by a physician, cost, no STI protection.	Must be given by a health care provider.
	Shot or injection of progestin only (e.g., Depo-Provera)	Shot every month (imperative to take at consistent time of month).	99.7% effective	<i>Advantages:</i> No estrogen component for women with estrogen-related headaches and high blood pressure, works within 24 hours of injection, decreases menstrual cramps. <i>Disadvantages:</i> Requires monthly doctor's visit, slow return to fertility (average 10 months), should only stay on for two years, possible side effects (e.g., after one year, no bleeding at all, menstrual cycles change, weight gain, mood changes, bone density decreases). No STI protection.	Must be given by a health care provider.
	Progestin-only rod (e.g., Implanon)	Health care provider will numb a small area of arm with a painkiller and insert rod under the skin of the upper arm. Insertion takes only a few minutes.	Greater than 99% – fewer than 1 out of 100 women a year become pregnant	<i>Advantages:</i> Ability to become pregnant returns quickly when you stop using this contraceptive, can be used while breastfeeding, used by women who cannot take estrogen, continuous long-lasting birth control, no pill to take every day, nothing needs to be put in place before vaginal intercourse. <i>Disadvantages:</i> Irregular bleeding, change in sex drive, discoloring or scarring of the skin over the implant, headache, nausea, pain at the insertion site, sore breasts. No STI protection.	Must be inserted by a health care provider.
	Emergency contraceptive or morning-after pill (can be progestin only or have combinations of other hormones)	Pill that is taken as soon after sex as possible (most can be effective if taken up to 3 to 5 days after intercourse but check with health care provider).	Reduces the risk of pregnancy by at least 75%. Not as effective as birth control pills	<i>Advantages:</i> Is appropriate when a sexual assault has occurred, when no other method was used at the time of intercourse, or if a method was used incorrectly. <i>Disadvantages:</i> Timing is important; does not work if already pregnant, finding a pharmacy that sells product can be difficult. No STI protection.	In the UK, USA, Canada, Australia, and New Zealand some types are available from pharmacies without a prescription (if you are over 16 or 17 years old). Other types and for girls under this age can be obtained via prescription.

Type of Method	What It Is	How It Is Used	Effectiveness	Advantages/ Disadvantages	Where Do I Get It?
Barrier	Condom (male)	Made of thin latex or plastic that has been molded into the shape of a penis. Condoms are available in different styles and colors, and are available dry, lubricated, and with spermicide.	98% effective	<i>Advantages:</i> Reduces risks of STIs, one of the few birth control methods available to men. Easy to use; read and follow instructions and check expiration date before use. <i>Disadvantages:</i> Must be used every time you have intercourse, may be interruptive to sex, some men complain of lack of sensation, can slip off or break during use, has an expiration date.	Often free at many public health clinics. Can be purchased at local stores, online, and in vending machines in some public washrooms.
	Condom (female)	A pouch inserted into the vagina to prevent pregnancy. It has flexible rings at each end.	95% effective	<i>Advantages:</i> Female controls method, can be used with any lubricant, used by persons with allergy to latex, protection against STIs, may be put in 8 hours ahead of sexual intercourse, may be used during menstruation. <i>Disadvantages:</i> Needs to be used every time, cost, takes practice to use correctly, and may not be used with a male condom at the same time. STI prevention not yet proven by research.	Can be purchased over the counter at pharmacies.
	Diaphragm, Cervical Cap, Lea's Shield and Fem Cap	Shallow, dome-shaped, latex cup with a flexible rim. You insert it into the vagina. When it is in place, it covers the cervix.	74-94% effective	<i>Advantages:</i> Reusable, can be inserted ahead of time, can be combined with condoms for increased effectiveness. <i>Disadvantages:</i> Must be used every time, requires a prescription, need practice to use correctly, some people say they are a hassle and messy, increased risk for urinary tract infections. No STI prevention.	Need prescription through health clinic or physician.
Spermicides – kill sperm cells	Foam, film, cream, jellies, or suppositories (e.g., Nonoxynol-9)	Lie down or squat, then gently insert spermicide deep into vagina using your finger or an applicator. Wait 10 minutes before having intercourse.	Usually only effective for one hour after insertion If women always use spermicide as directed, 15 out of 100 will become pregnant each year If women don't always use spermicide as directed, 29 out of 100 will become pregnant each year	<i>Advantages:</i> Can be inserted by a partner as part of sex play, does not have an effect on hormones, easy to get; can be used during breastfeeding. <i>Disadvantages:</i> may not form a good barrier over the cervix. This may make the spermicide less effective. Some women complain that spermicides are messy or that they leak from their vaginas. Spermicide may irritate the penis or vagina. Switching brands may solve this problem. Nonoxynol-9 has certain risks. If it is used many times a day, or if it is used by people at risk for HIV, it may irritate tissue and increase the risk of HIV and other sexually transmitted infections. No STI prevention.	Health clinics, pharmacies, and some supermarkets.

Type of Method	What It Is	How It Is Used	Effectiveness	Advantages/ Disadvantages	Where Do I Get It?
Barrier Method	Intrauterine Device (IUD). Metal or plastic.	Inserted via vagina into the uterus (by a physician) to stop egg implanting.	IUDs (both) 99.4% effective	<i>Advantages:</i> Can stay in the uterus for 3-5 years so don't have to remember to use any other methods. <i>Disadvantages:</i> Can't insert by individual. Can cause cramping, No STI protection.	Need prescription and health care provider needs to insert it.
Fertility awareness methods (FAM)	Calendar (or rhythm method), body temp method, cervical mucus method, symptothermal method	Avoiding intercourse at times when the woman is likely to get pregnant.	Between 12 and 25 out of every 100 couples who use FAMs each year will have a pregnancy if they don't always use the method correctly or consistently	<i>Advantages:</i> Cost very little, safe, can be stopped easily to plan a pregnancy, calendars, thermometers, and charts are easy to get. Medication is not needed. <i>Disadvantages:</i> May not work for you if you have more than one sex partner, have a sex partner who isn't as committed to FAMs as you are, don't want to keep close track of your safe days, have irregular menstruation, are not able to abstain or use another method for at least 10 unsafe days during each cycle, or take medicine that may affect reading the signs of these methods. No STI protection.	
Surgery	Sterilization	Tubal ligation – cutting the woman's fallopian tubes (egg can not travel to uterus).	Females – 99.5% effective	<i>Advantages:</i> Permanent, highly effective, and sexual functioning is maintained. <i>Disadvantages:</i> If regret after procedure, reversal of procedure can be done, but not always successful; requires a surgical procedure. No STI protection.	Via a surgeon.
		Vasectomy – cutting the vas deferens (sperm can no longer travel out of the penis).	Males – 99.9% effective		
Induced Abortion	Medical abortion	Pill called mifepristone or RU-486 (causes the uterus to empty).	97 out of every 100 times	<i>Advantages:</i> Can be done early (as soon as they know they are pregnant), may be completed at home, no anesthesia. <i>Disadvantages:</i> Some women have an allergic reaction to either of the pills (RU486 or antibiotic), incomplete abortion (part of the pregnancy is left inside the uterus), infection, undetected ectopic pregnancy, or very heavy bleeding No STI protection.	Need prescription and follow up with physician.
	Surgical abortion	Uses suction and surgical removal of fetus to empty the womb. Procedure is more invasive if pregnancy is in 2 nd trimester.	100% effective	<i>Possible risks:</i> include an allergic reaction, blood clots in the uterus, incomplete abortion (part of the pregnancy is left inside the uterus), infection, injury to the cervix or other organs, undetected ectopic pregnancy, or very heavy bleeding. No STI protection.	Via a surgeon.

Adapted from International Planned Parenthood (www.ippf.org); Sexuality and U (www.sexualityandu.ca).

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Handout V-5: Picking a Contraceptive Method for James and Mary

Your instructor will tell you how much time you have for this activity. Read the following scenario, and as a group answer the questions in Handout V-8 as it might apply to this person (we are going to talk about each group's answers in a whole-class discussion).

My name is James. I am 20 years old and attending college part time. My major is political science. For the first time in my life, I am living on my own in a dorm. I don't have a roommate and enjoy the peace and quiet of my own room. I get support in my classes for my ASD because I have a lot of difficulty with organization and thinking ahead to what I might need for class, projects, and having a plan for my social life.

I met a girl named Mary in college two years ago. First we were just friends and spent time in the mornings between 9 and 11 talking about my favorite subject, politics (which is also an interest of hers). One day I decided to hold her hand and give her a kiss. She says I am the love of her life now, and some day we want to get married. At first we enjoyed learning about each other's sexual likes in foreplay. Now sometimes the moment moves us to intercourse. We have talked about contraception options. Mary takes medication for blood clots, and I have had hepatitis C. I want to make sure that it doesn't turn into an STI that Mary will get. I want her to be safe because I love her. What method of contraception would you suggest for us?



Handout V-6: Picking a Contraceptive Method for Sally and Billy

Your instructor will tell you how much time you have for this activity. Read the following scenario, and as a group answer the questions in Handout V-8 as it might apply to this couple (then we are going to talk about each group's answers in a whole-class discussion).

My name is Sally, and I am 28 years old and married to Billy. I am on the autism spectrum, and I can become overwhelmed by sensory things like bright lights or noise. This started to become apparent to me when I was pregnant but exploded after I brought baby George home from the hospital. When I brought George home, his crying hurt my ears. One of the best things to calm him was standing up and swaying him to sleep. My sensory system would go into overload if I tried to sway while I was standing up. Now I could rock him, but my need for deep pressure on my feet while I rocked hard was at times more upsetting to him. I had to learn to take a short break for myself before and after I rocked him. My husband was much calmer and could put George to sleep the four nights a week he was home at night. Unfortunately, he worked late at night the other three nights and was unable to help.

I always thought babies smelled good like fresh baby powder. No one told me about the other part of babies like the baby vomit, soured formula, and nasty diapers. My baby's body functions usually made me vomit. Sometimes I could put scented lavender oil under my nose before I faced a diaper changing.

In the past, Billy and I had been using a diaphragm as our contraception option, but I am already struggling with sensory overload, and I don't think I can insert another diaphragm into my vagina any longer. Also, Billy and I have decided not to have any more children. Which method of contraception would you suggest for us?



Handout V-7: Picking a Contraceptive Method for Susan

Your instructor will tell you how much time you have for this activity. Read the following scenario, and as a group answer the questions in Handout V-8 as it might apply to this couple (we are going to talk about each group's answers in a whole-class discussion).

Hi my name is Susan; I am 17 and attend high school. I like being around my peers; especially, Joe, who smiles at me in the hallway between classes. Joe invited me to his party last week on Friday night. I was so excited to be invited to a party because I have never gone to one before. My mom says I need to learn how to interact with others and try not to talk about my obsession with the rules of the world as much so that people will like me more.

When Joe invited me to his party, the only polite thing I could do was attend. The invitation said the party started at 8 p.m. and lasted until midnight. I thought this meant the rule was that I had to attend the entire time. I went to the party by myself (later I learned that most people ask a friend to go with them to parties). My parents gave me permission to drive their car to the party, with a curfew of midnight. To follow the rules, I had a plan that it would take me exactly 13 minutes to drive from my house to Joe's so I would leave the party at 11:47 so I could get home in time. My mom and dad approved of my plan.

At the party, most of the time I stood alone in the kitchen, but a few times Joe asked me to dance. The people started to leave around 11:30, but the rule was to stay until my set time of 11:47. The last person left at 11:35 p.m. Joe then started kissing me, which felt good. I like Joe. Then he started to put his hand under my shirt. This felt uncomfortable, and I realized it was 11:47. I abruptly stood up, said thanks, and left the house because it was time for me to leave.

When I got home, my parents had me describe all of the events of the evening. They were concerned about me and Joe. They told me Joe was an acquaintance as I don't know him well enough for him to be a friend. I am working on understanding different ways to behave with acquaintances and friends. I am learning about what to do if I feel uncomfortable with an acquaintance touching me. If I were to decide that I was comfortable with having sexual intercourse, which contraceptive option would you suggest for me?



Handout V-8: Record Sheet for Choosing the Best Contraceptive Method

Directions: Use the chart from Handout V-4 to pick a contraceptive method for James, Sally, or Susan. Write your answers below.

What is the name of the contraceptive method?
How does the contraceptive prevent pregnancy or sexually transmitted infections (choose barrier or hormonal)?
How effective is this method?
What advantages or disadvantages do I see using the method of contraception?
What were the main reasons why you chose this method?

Adapted from Resource Center for Adolescent Pregnancy Prevention (2004).



Handout V-9: List of the Main STIs

Type of Infection	Name What Is It?	Symptoms	How Is It Spread?	Treatment
Bacterial	Chlamydia	Rarely does it have symptoms unless severe, hard to detect.	Vaginal and anal intercourse.	Antibiotics.
	Pelvic Inflammatory Disease (PID) Infection of the uterus, fallopian tubes, and the other reproductive organs. Complications of chlamydia and gonorrhea	From none to severe, including severe, lower abdominal pain, fever, unusual vaginal discharge with a foul odor, painful intercourse, painful urination, or irregular menstrual bleeding.	Bacteria moves upward from woman's cervix into her reproductive organs.	Antibiotics; but damage that may have already occurred is not reversible.
	Gonorrhea	No symptoms or may have burning sensation when urinating or discharge from penis or vagina.	Vaginal and anal intercourse and oral sex.	Antibiotics.
	Syphilis	<p><i>Three Stages</i></p> <p><i>Primary Stage (3 weeks to 90 days):</i> Painless sore or open, wet ulcer, which is called a chancre, appears (on genitals, cervix, vagina, mouth, breasts or anus), swollen glands.</p> <p><i>Secondary Stage (3-6 weeks after the sores appear – may continue for up to 2 years):</i> Body rashes that last 2-6 weeks often on the palms of the hands and the soles of the feet, mild fever, fatigue, sore throat, hair loss, weight loss, swollen glands, headache, and muscle pains.</p> <p><i>Late Stage (1 to 20 years):</i> One out of three people who have syphilis that is not treated suffer serious damage to the nervous system, heart, brain, or other organs, and death may result.</p>	Vaginal and anal intercourse, oral sex, kissing (much less common).	The early stages of syphilis are easy to treat with an antibiotic.
Viral	Genital warts – growths on the skin of the genital area and around the anus – caused by the human papilloma virus (HPV) often known as lower risk HPV (there are more than 100 types of HPV).	Bumps on the skin – often grow in more than one place and may cluster in large masses. Usually painless, but may itch.	Skin-to-skin contact, usually during vaginal, anal, or oral sex.	If untreated, may resolve on their own or can get worse. Warts can be removed with various genital warts treatments – some you can apply yourself and some a physician needs to apply.

Type of Infection	Name What Is It?	Symptoms	How Is It Spread?	Treatment
Viral	Human Papillomavirus (HPV) often known as higher risk HPV	Some types produce warts, so presence of warts is not an indicator of low risk HPV. Often no symptoms. Causes 70% of all cervical cancers.	HPV is spread by skin-to-skin contact, usually during vaginal, anal, or oral sex.	No medical cure that kills HPV, but can be prevented via the HPV vaccine.
	Genital herpes = herpes simplex virus type 2 (HSV-2) Note: This is a different virus from the one that causes oral herpes or cold sores that is herpes simplex virus type 1 (HSV-1).	Cluster of blistering sores, usually on the vagina, vulva, cervix, penis, buttocks, or anus. Symptoms may last several weeks and go away. They may return in weeks, months, or years.	Touching, kissing, and sexual contact, including vaginal, anal, and oral sex. Can be passed from one partner to another and from one part of the body to another. Only brief skin-to-skin contact is required.	Medications to manage symptoms, but no cure.
	Cytomegalovirus (CMV)	Usually no symptoms with the first infection. Later may get mild symptoms like fever or cough.	Transmitted through many bodily fluids. It is usually spread during casual contact; it can also be transmitted during sex.	No cure, but symptoms may be managed with medicine.
	Hepatitis B or C Virus that infects the liver (Hepatitis A is also a virus that infects the liver, but it is milder and is caused by eating something that has come into contact with an infected person as it is carried in the feces. For example, if someone prepared food without washing their hands. There is no cure, but the body's immune system usually destroys the virus over time.	No symptoms appear until between 6 weeks and 6 months after infection. Then symptoms such as yellowing of skin and eyes (jaundice), joint pain, abdominal pain, and fatigue may be seen.	Hepatitis B is very contagious. It is passed through an exchange of semen, vaginal fluids, blood, and urine by having sexual intercourse without a condom or having unprotected oral sex. Hepatitis C is less contagious as it can only be passed through contact with an infected person's blood (but this could happen during unprotected sex).	There is no cure. Hepatitis B – in most people it is eventually destroyed by the body's immune system. Hepatitis C also has no cure; it is much rarer for the immune system to be able to destroy this virus, but it is possible. If B or C persist, it can cause chronic liver disease, which can be fatal.
	Human Immunodeficiency Virus (HIV) leading to Acquired Immunodeficiency Syndrome (AIDS)	Often no symptoms. When symptoms are present, they are flu-like, such as fatigue, nausea, diarrhea, cough, fever. Therefore, symptoms are not indicative of whether or not you should be tested and/or seek treatment.	Four bodily fluids, including blood, semen, vaginal secretions, and breast milk. Therefore, HIV can be spread through sexual contact, including anal, oral, and vaginal; that is unprotected sex (meaning no barrier is present). HIV can also be spread through needle sharing and breast feeding. HIV cannot be spread by kissing (unless both people have open mouth wounds) or casual contact.	There is no cure for HIV, but its symptoms can be managed with anti-retroviral therapy, typically a combination of drugs. Can cause significant illness or death due to effect on the body's ability to fight infections.

Type of Infection	Name What Is It?	Symptoms	How Is It Spread?	Treatment
Parasites	Trichomoniasis – a single-celled parasite that infects both male and female genitals.	Men may temporarily have an irritation inside the penis, mild discharge, or slight burning after urination or ejaculation. Some women have a frothy, yellow-green vaginal discharge, with a strong odor. Discomfort during intercourse and urination. Irritation and itching of female genital area.	Transmitted through penis to vagina intercourse or vulva-to-vulva. Can live outside the body for about 45 minutes, so good hygiene can prevent it being passed on.	Cured with prescription drugs given by mouth.
	Pubic scabies – Skin condition caused by the scabies mite. The mite burrows under the skin. (Usually too small to see.)	Intense itching, usually at night. Small bumps or rashes that appear in dirty-looking, small, curling lines, especially on the penis, between the fingers, on buttocks, breasts, wrists, and thighs, and around the belly button.	Scabies is very easily spread. Even though it is often spread sexually, you do not need to have sex in order to get scabies (can be spread on bed linens, etc.).	Oral or topical prescription medication such as Nix, Elimite, or Scabene.
	Pubic lice Tiny insects that attach themselves to the skin and hair in the pubic area. They are also known as "crabs."	Intense itching in the genitals or anus, mild fever, feeling run down, irritability, the presence of lice or small egg sacs (nits) in pubic hair.	Easily spread, usually during sex, but you do not need to have sex in order to get pubic lice.	Over-the-counter or pubic lice lotion such as A-200, RID, and Nix. You may need to apply the medicine from head to toe more than once.

Adapted from Planned Parenthood (www.plannedparenthood.org); Strong et al. (2005).



Handout V-10: Facts About STIs

- #1: No matter if you are heterosexual, homosexual, bi-sexual, or transgender; anyone can contract sexually transmitted infections (STIs).
- #2: STIs can also be passed from mother to child during pregnancy and childbirth and through blood products or tissue transfer by someone who has an STI that is transmitted through blood such as human immunodeficiency virus (HIV).
- #3: Anyone can contract STIs any time when body fluids are exchanged through vaginal or anal intercourse, or oral sex, no matter what their age.
- #4: Women contract STIs more easily than men and suffer great damage to their health and reproductive functioning.
- #5: Behaviors linked with increased rates of STIs are:
 - Paying for sex
 - Having sex one time without a relationship (“hooking up” or a “one-night stand”)
 - Having multiple partners
 - Engaging in anal intercourse (the walls of the anus are delicate and more susceptible to damage)

From Strong et al. (2005); World Health Organization (2007).



Handout V-11: How Does This Relate to Me?

How Do I Know If I Have an STI?

If you are sexually active, here are the most common symptoms to look for:
(Family Doctor, 2010)

- For women: Itching around the vagina and/or discharge from the vagina
- For men: Discharge from the penis
- Pain during sex or when urinating
- Pain in the pelvic area
- Sore throat in people who have oral sex
- Pain in or around the anus for people who have anal sex
- Chancre sores (painless red sores) on the genital area, anus, tongue, and/or throat
- A scaly rash on the palms of your hands and the soles of your feet
- Dark urine, loose, light-colored stools, and yellow eyes and skin
- Small blisters that turn into scabs on the genital area
- Swollen glands, fever, and body aches
- Unusual infections, unexplained fatigues, night sweats, and weight loss
- Soft, flesh-colored warts around the genital area

What Should I Do If I Think I Might Have an STI? (Either because of symptoms or because I have engaged in unprotected sexual activity):

1. See your physician or health care provider.
2. Tell the physician your symptoms.
3. The physician will look for symptoms of sexually transmitted infections during a physical examination of your genitals.
4. Physician will draw blood, take a sample of your genital secretions, and ask for a urine sample to perform other tests to determine the type of STIs you have.
5. Ask the physician what STI he/she is testing for.

What Are The Main Ways I Can Avoid an STI?

Most STIs can be prevented by the following methods:

1. Abstain from sexual activities where body fluids are exchanged through vaginal and anal intercourse and oral sex.
2. Be in a long-term, mutually monogamous relationship with a partner who does not have an STI and has been tested recently.
3. Ask your partner before considering sexual activity if he/she has ever had contact with STIs or is willing to be tested. However, this is not a foolproof method, as many people will not tell the truth to avoid embarrassment. Insist on your partner being tested.
4. **ALWAYS** use condoms consistently and correctly every time you have intercourse and oral sex.
5. People who are the most informed and knowledgeable about STIs are less likely to become infected.



Handout V-12: Who Should Make Decisions?

It is helpful to think about rules that are right for you. If you don't have a partner yet, thinking about rules now will help you if and when you do get into a relationship. Here are some examples of rules to guide you:

- Never go further than kissing on the first date.
- Always carry condoms and use them for every sexual encounter.
- If the method of safe sex you are using fails (like the condom comes off), make an appointment to talk to your doctor or visit your family planning clinic the next day to talk about your options.
- Both people in a sexual partnership should contribute to the discussion about what method of STI and pregnancy prevention to use. This is true even if you have just met.

IF YOU HAVEN'T TALKED TO THE PERSON ABOUT THIS, YOU AREN'T READY TO HAVE SEX WITH HIM/HER.

- Share your views on the types of contraception you feel comfortable using before you become sexually intimate with the person. This can help to avoid impulsive, passionate decisions that aren't what you really want.
- The stress of thinking about having this conversation may be worse than the actual conversation.
- If you break any of the rules you set for yourself, or someone talks you into something you later regret, talk to a trusted person (e.g., a therapist, friend, or relative) about the next step.
- If you are in a situation where you feel you have no one to talk to about a sexual event, talk to an adult you trust, your physician, or health care provider. If you don't want to talk to one of these people, many other organizations have anonymous support and helplines that you can call. Search online for an organization that helps people with your type of problem.
- Other options:
 - If you have delivered a baby and are in the United States and find yourself unable to care for your baby, there are "safe haven" laws to protect you and the baby. This means each state has a law in place to allow an unharmed infant to be relinquished to the proper authorities (e.g., police, fire department, hospitals), no questions asked. Call 888-510-BABY to find the location in your community.



Handout V-13: Assignment

Name: _____ Due Date _____

List below some non-sexual sensory issues you encounter in your-day-to day life. Think about situations you have encountered when with friends, on a date, or in public (e.g., restaurant, hobbies, or activities). Bring this completed paper to class next week to discuss with the group.

	Hyposensitive (crave)	Acceptable Sensory Feelings	Hypersensitive (extremely sensitive)
Auditory = things that you hear			
Tactile = things that you touch			
Visual = things that you see			
Smell = things that you smell			
Olfactory = also used for sense of smell but links with things you taste			
Proprioceptive = internal sense that tells you where you body is in space (e.g., stops you bumping into things)			
Vestibular = sense of balance (sends signals to neural structures that control eye movements and to the muscles that keep us upright)			