

The Sex Educator

4

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UPDATED
AND EXPANDED
EDITION

A MAGAZINE FOR INTERVENERS AND EDUCATORS
WHO ARE OFFERING SEX EDUCATION ACTIVITIES
FOR YOUNG PEOPLE OF SECONDARY SCHOOL AGE

Produced by the Ministère de la Santé et des Services sociaux
du Québec, Université du Québec to Montréal and Tel-Jeunes.

Given the resurgence of sexually transmitted and blood-borne infections among young people in Québec, it is essential to increase preventive actions.

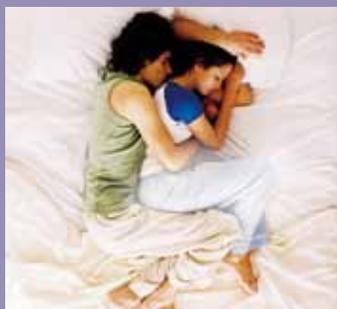
SEXUAL HEALTH: PROTECT IT!

BY
CHRISTINE LACROIX
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Québec 



That afternoon, after her doctor told her she had chlamydia, Meghan, 15, thought about the way things had gone when she had sexual relations with her ex-boyfriend Sébastien, 16. She's well aware that things had gone too fast. She's still surprised because she doesn't identify with what she did.

Meghan met Sébastien just over a month ago at a small party a friend had at his place while his parents were away. Feelings of desire and the disinhibiting effect of alcohol led them to have sex without a condom. In any case, there was no way they were going to talk about condoms during such a magical moment: Sébastien would have thought she was a slut even if for him, being very popular with girls at school, it wasn't the first time. Since he didn't bring it up first, it was better to just let it go.

Meghan went to see a doctor after she felt increasing physical discomfort. Abnormal vaginal discharge, and pain in the pelvic area and when urinating: the doctor figured it out quickly. He gave her a physical examination to be sure and Meghan left his office with a prescription for antibiotics. Fortunately, she consulted early enough and won't have any physical after-effects. And to think that before she got chlamydia, Meghan didn't even know what it was! During treatment, and despite assurances that she would get better, she was very anxious.

So how does she talk to Sébastien? How does she tell him that he probably gave her an infection? It's all the more embarrassing because they just broke up. But Sébastien has to be told so that he doesn't spread the infection. Health professionals (physician or nurse) can counsel Meghan about what they think is the best way to tell the boy and about who among them—the girl, the doctor or the nurse—will contact him. If it's Meghan, she can rely on the help of these professionals to prepare for this conversation.

Before they got this infection, neither Meghan nor Sébastien knew much about sexually transmitted infections (STIs). They had heard about HIV and AIDS, but didn't feel concerned. Other STIs seemed benign and they were convinced that these infections were easily cured with antibiotics, for instance. But this isn't the case: a number of STIs cannot be treated and could threaten physical and sexual health, as well as the fertility of people who are affected.

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STD, STI or STBBI?

STDs, or sexually transmitted diseases, have a new name. They are now called “sexually transmitted infections” (STIs). In general, the term “disease” is associated with the occurrence of symptoms that a person can perceive; on the other hand, the term “infection” includes two realities: the case where a person with an infection observes symptoms and the case where an infected person does not. A person can be infected

with an STI and transmit it to someone else even if he or she does not feel sick. The term “sexually transmitted and blood-borne infections” (STBBIs) is also used to designate infections such as HIV, syphilis and hepatitis B, which can spread both sexually and through blood. As for hepatitis C, it spreads almost exclusively through blood.

SEXUALLY TRANSMITTED INFECTIONS ARE STILL AROUND

During the 1990s, young people were often exposed to AIDS prevention messages in schools, with very encouraging results. Indeed, more young people used condoms when they had sexual relations, and their knowledge of HIV and STIs had progressed significantly. However, as the success of AIDS treatments has helped diminish fears about this disease, young people have become less familiar with the facts about STIs. They now have more risky sexual behaviours, which has resulted in a resurgence of several STIs. For example, the rate of chlamydia has more than doubled since 1997, despite numbers remaining stable between 2004 and 2006; the gonococcal infection rate has been increasing constantly since 2004, especially in girls aged 15 to 19 (ministère de la Santé et des Services sociaux [MSSS], 2008b).

A survey of young people aged 15 to 18 conducted by *L'actualité* magazine in 2004 revealed that they rated AIDS as their number one concern (70% consider it to be a very significant problem), ahead of war, poverty, the environment, terrorism, globalization, unemployment, abortion, low birth rates, situations in developing countries, and immigration. Yet, few young Quebecers have HIV (Council of Ministers of Education, Canada, 2003); more are affected by other STIs such as chlamydia, gonorrhoea, herpes and human papilloma virus (HPV), which causes condylomas. In 2008, 66% of chlamydia cases and 47% of gonorrhoea cases reported in Quebec were among 15- to 24-year olds (MSSS, 2009). Young people are less worried about infections other than HIV, probably because they are not fatal.

The sexual behaviours of youth, combined with a sometimes casual and heedless attitude concerning sexuality puts them at higher risk of contracting an STI. Given the various social influences on them, young people find it difficult to be assertive in their romantic and sexual relationships and to negotiate condom use, which increases their vulnerability. Indeed, the media and peer pressure can cause adolescents to adopt sexual behaviours that undermine their well-being.

While it is important to discuss the positive aspects of sexuality with young people (ministère de l'Éducation [MEQ] and MSSS, 2003), it is also essential that they be made aware of the possible consequences of having unprotected sexual relations (MSSS, 2008a). Community workers can certainly devise activities that correspond with the distinctive characteristics of their clientele. In schools, the Québec Education Program offers many ways to raise the issue of sexually transmitted and blood-borne infections (STBBIs) with students. The broad areas of learning *Health and Well-being* and *Media Literacy* are the obvious choices for this theme. The issue can also be raised in the subject areas *Science and Technology* and *Ethics and Religious Culture*, from the point of view of human biology and science, or personal development and interpersonal relationships. It could be beneficial for teachers from both disciplines to collaborate together to develop appropriate activities for students. Professionals from complementary educational services could be valuable allies in the realization of these activities.

Given the resurgence of STBBIs in Québec and the considerable repercussions, especially among youth, it is essential that preventive interventions continue to be offered. Moreover, young people have every right to expect community workers and teachers to bring up the topic of STBBIs. This issue of *The SexEducator* aims to help you with this task.

ADOLESCENTS AT RISK BECAUSE THEY ARE VULNERABLE

The many messages, behaviours and models related to sexuality do not make it any easier for young people when the time comes to express their sexuality, make decisions about their sexual behaviours, and bear the consequences of their decisions. Role confusion linked to identity development means that adolescents are often conflicted by peer pressure and pressure from parents or other adults in positions of authority. This is especially true when it comes to sexuality. Adolescents need to develop a certain coherence between their values and behaviours, and to find meaning in what they are and what they do. To succeed, they need to be supervised and guided in ways that respect their individuality.

Physical and psychological transformations, hormonal variations, changes in social interactions and development of personal identities are part of a phase of adolescence marked by sexual awakening. An adolescent might be prone to focusing on performance, show signs of exhibitionism, have few inhibitions, or have behaviours centred on sexual bravado (Goldman and Bradley, 2001). Some adolescents engage in early sexual promiscuity (sexual games or unprotected sexual relations with multiple partners), whereas others choose serial monogamy (faithful during a relationship, but having one relationship after another) without using protection. A feeling of invulnerability, a taste for risk, a search for thrilling sensations, bravado, and the need to assert sexual maturity can lead adolescents to being somewhat sexually unrestrained, with all the consequences this entails (Boileau, 2005; Chouinard, 2005a and 2005b; Garriguet, 2005; Rioux Soucy, 2005a and 2005b; Rotermann, 2005).



KNOWLEDGE, ATTITUDES AND BEHAVIOURS OF YOUNG PEOPLE WITH REGARD TO SEXUALITY AND STBBIs

A study published in 2003 by the Council of Ministers of Education, Canada shows that most young people are familiar with the various modes of HIV transmission and the most effective protection methods. However, knowledge about STBBIs appears to be more problematic. Indeed, while a majority of students in secondary 3 and 5 are aware that it is possible to contract the same STBBI more than once, about half of them do not know that STBBIs can be asymptomatic and still have serious health consequences. As for HIV, the study reveals that compared with 1989—the last time this type of study was conducted—youth have less knowledge about the risks of sharing needles and having multiple sex partners, the effectiveness of condoms, the incurable nature of the disease despite early treatment, screening tests, and risks of mortality. In 2002, about half of students of all ages were not afraid of contracting HIV.

The decision to be sexually active is motivated mainly by love, curiosity or a will to experiment. Fear of STBBIs and their negative health effects do not appear to be a reason for abstinence (CMEC, 2003).

A 2006 study by the Canadian Association for Adolescent Health (CAAH) reveals that 27% of Canadian youth are sexually active. Average age at first genital and oral-genital relationship among youth in the study was 15 years. At the time of the study, sexually active youth had had three sex partners on average, and about a third had had at least one casual partner. Here, too, we observe a lack of knowledge about STBBIs. For example, many young people are unaware of the risks associated with oral sex, even though 68% report engaging in such a practice. In addition, 75% of youth believe that HIV is the most common STBBI; in fact, it is HPV.

The Enquête sociale et de santé conducted in 2002 (Fernet, Imbleau and Pilote) reveals that three out of four sexually active youth use a condom, either on its own or combined with oral contraceptives. Condom use among boys and girls varies according to first or most recent sexual relation (at the time of the study). Boys appear to use it more consistently (78% vs. 72%), whereas girls are less inclined to use it over time (77% vs. 50%). This decline coincides with use of oral contraceptives, which is one of the main reasons given for not using condoms. Other reasons put forward are unplanned intercourse, use of alcohol or drugs, partner's refusal to use a condom, or having a faithful partner.

These trends can be explained by the fact that condom use is influenced by social representations of HIV/AIDS, by personal, relational, affective and sexual dimensions, and by various proposed prevention strategies (Fortin and Lévy, 2003). Condom use is part of a process of integrating contraceptive methods, and it tends to decrease when use of oral contraceptives is preferred. Youth can resort to other prevention strategies such as being faithful in a stable relationship, postponing sex, and STBBI screening tests. However, these strategies are secondary in comparison with condom use and less effective since condoms work not only as a method of contraception but also provide protection against STIs, whereas oral contraceptives prevent conception but don't protect against STIs.

Alcohol and drug consumption can interfere considerably with preventive behaviours (Fortin and Lévy, 2003). These substances impair judgement, amplify desire, reduce sexual inhibitions and, finally, dissuade prevention. Indeed, alcohol played a large part in Meghan and Sébastien's having unprotected sex the first time they met. Trusting one's partner can also be an obstacle to prevention, since feelings of love set up the emotional conditions that can inhibit judgement. Another factor that could cause young people to forsake condom use is the belief that one's partner does not have an STI, that he or she has not had several sex partners, or that he or she has always used a method of protection. Likewise, emotional and passionate states that accompany erotic activity, especially the first time a person has sex, weaken control over sexual urges and interfere with prevention. Non-use of condoms can also be linked to negative emotions since some people feel embarrassed or ashamed to buy condoms or to have them in their possession. Moreover, many young people use condoms the first times they have sex with someone but then stop using them once they know this person a bit better, and this, without getting tested for STIs first (SOM, 2009).



STBBIs IN QUEBEC: A WORRISOME SITUATION AND STATISTICS THAT ARE NOT VERY ENCOURAGING

UNDERESTIMATION OF THE SCOPE OF STBBIs

Quebec's reportable disease system (MADO)¹ provides data on the scope of STBBIs. In Quebec, **chlamydia** (or genital chlamydia) is the most common reportable STI (15 004 cases reported in 2008: MSSS, 2009). After seeing a 100% increase in reported cases between 1997 and 2004, numbers stabilized between 2004 and 2006. However, data from 2007 to 2009 indicate a new rising trend for this STI. An upward trend has also been observed for **gonorrhoea**, with the number of reported cases rising by 95% between 2004 and 2008 (MSSS, 2009). After seeing a sharp increase in the number of **syphilis** cases from 2002 to 2006 (47 cases in 2002 vs. 377 in 2006: MSSS, 2007) followed by a decline of about 35% in 2007, the most recent data indicate that numbers are on the rise again (MSSS, 2009). **Hepatitis B** is the only STBBI for which we are seeing a constant reduction in numbers, with 90% fewer cases between 1992 and 2007. This decline is due mostly to the introduction in 1994 of hepatitis B vaccination in the immunization schedule for grade 4 students (MSSS, 2008b); previously this vaccine was only offered to population groups at high risk for this infection.

Unfortunately, the MADO system only partially reflects what has been going on since 2004: the number of individuals treated was 1.8 times higher than the number of reported STIs (Institut national de santé publique du Québec [INSPQ], 2007). This is due to the fact that the partners of people who have contracted a MADO are not tested but are prescribed treatment, as set out in the *Programme québécois de gratuité des médicaments pour le traitement des infections transmissibles sexuellement*. It is reasonable to believe that an unknown number of these partners were infected. Moreover, as a rule, people treated for gonorrhoea are also treated for genital chlamydia because individuals who have gonorrhoea often also have chlamydia. For these cases, however, only gonorrhoea is reported since chlamydia is then treated before symptoms appear.

Genital herpes and **human papilloma virus** (HPV) are not on the MADO list. However, they are even more common than chlamydia and gonorrhoea (Sonnez, 1998; Halioua and Malkin, 1999). It is estimated that genital herpes virus affects about 20% of people who are sexually active. It is also estimated that about 70% of sexually active individuals get HPV at some point in their lives but many are unaware of it since they eliminate the virus spontaneously (INSPQ, 2002). It should be noted that HPV affects particularly youth aged 15 to 19 since it manifests itself in the first years following sexual activity. HPV vaccine is now offered at no cost to girls in grade 4 and in secondary 3, and to all girls under 18 who are no longer in school.

Most STBBIs can be asymptomatic. **Many people might have contracted an infection without knowing it**, which can be problematic since they can nonetheless infect their sex partner if they don't have protected sexual relations. It is estimated that one out of three people infected with an STBBI is unaware of it.

When we consider these factors, we can infer that in Quebec, like in the United States and Europe, the STBBIs epidemic is accelerating considerably.

We should also clarify a few points regarding certain genital infections that are not considered to be STIs because they are not necessarily transmitted through sexual contact. **Vaginal candidiasis** (yeast infection or fungus) and **vaginosis** (bacterial vaginitis) can be caused by a proliferation of micro-organisms that create an imbalance in a woman's natural flora. Also, all that is required to contract infections of parasitic origin (**scabies** and **lice**) is close contact with a contaminated individual or object (see section Everything you should know about sexually transmitted and blood-borne infections (STBBIs), page 22 to 26).

The evolution of chlamydia and gonorrhoea among 15- to 24-year-olds is presented in the following table.

TABLE 1 NUMBER OF REPORTED CASES OF GENITAL INFECTIONS (CHLAMYDIA AND GONORRHOEA), BY SEX, AGE GROUP AND YEAR, QUEBEC, 1998 TO 2009

YEAR	CHLAMYDIA							GONORRHOEA						
	GIRLS			BOYS			TOTAL	GIRLS			BOYS			TOTAL
	15-19 years	20-24 years	Total Women	15-19 years	20-24 years	Total Men		15-19 years	20-24 years	Total Women	15-19 years	20-24 years	Total Men	
1998	2 023	1 904	5 247	291	760	1 977	7 245	41	42	114	13	61	374	495
1999	2 281	2 141	5 826	298	845	2 143	7 999	61	44	137	29	89	485	624
2000	2 514	2 416	6 475	324	860	2 214	8 747	48	38	127	38	92	542	673
2001	2 776	2 718	7 301	363	1 127	2 871	10 201	64	43	163	34	121	664	831
2002	2 959	3 032	7 962	379	1 196	3 045	11 131	72	70	204	51	159	672	880
2003	3 243	3 355	8 831	455	1 353	3 444	12 298	70	64	207	38	137	673	884
2004	3 371	3 502	9 241	459	1 387	3 630	12 886	52	42	148	36	148	678	826
2005	3 102	3 334	8 926	414	1 342	3 751	12 708	56	58	166	44	158	730	901
2006	3 060	3 347	9 002	476	1 386	3 812	12 854	112	124	366	68	183	909	1 275
2007	3 410	3 340	9 312	529	1 427	4 104	13 472	162	114	418	97	209	987	1 407
2008	3 914	3 625	10 396	678	1 653	4 624	15 044	198	215	597	87	275	1 057	1 655
2009	4 117	3 990	10 957	745	1 771	4 904	15 861	224	223	658	108	308	1 221	1 879

Source: Registre central des MADO, data extracted on 24 July 2008 (1998 to 2004) and on 25 March 2010 (2005 to 2009).

- Some STBBIs must be reported to public health authorities because they are likely to cause epidemics, they are a significant health threat and they can be avoided through preventive interventions. These STBBIs include chancroid, genital chlamydia, gonorrhoea, granuloma inguinale, hepatitis B, lymphogranula venereum, and syphilis.

GROUPS MOST AFFECTED BY STBBIs

In Quebec, **chlamydia** is the most common reportable STI. As seen in Table 1 (p. 5), incidence of this infection more than doubled in the population between 1998 and 2009, with numbers rising from 7 245 to 15 861. In 2009, as in 1998, women represented about 70% of reported cases, and of them, three out of four were between the ages of 15 and 24. This means that in 2009, 1.7% of 15- to 24-year-old girls were diagnosed with chlamydia. The incidence of **gonorrhoea** more than tripled between 1998 and 2009, rising from 295 to 1 879 cases. In 1998, men represented 75% of cases, of whom one out of four was aged 15 to 24. In 2009, boys 15 to 24 years old represented about 35% of male cases; girls in the same age group made up about 68% of female cases. Notably, the number of cases reported among 15- to 19-year-old girls has increased sharply since 2006 (more than 250%).

Similar to gonorrhoea, syphilis affects men more than women, especially men who have sex with men (MSM).

It is estimated that there are 17 920 cases of HIV in Quebec (Table 2). The populations most affected are MSM and people who use injection drugs (IDU). Mother-to-child transmission now rarely occurs thanks to prenatal exams, which include HIV screening, and treatments offered to pregnant women.

While some STBBIs affect men or women to greater degrees depending on where they live or their sexual orientation, 15- to 24-year-olds are increasingly affected by these infections, which justifies STBBI preventive interventions designed for all young people.

TABLE 2 ESTIMATE OF THE PREVALENCE OF HIV INFECTION AND ASSOCIATED RANGE OF UNCERTAINTY, BY EXPOSURE CATEGORY, ALL SEXES, QUEBEC, 2008

	MSM	IDU	MSM also IDU	Heterosexual contact with someone from an endemic country	Heterosexual contact with someone from a non-endemic country	Other	Total
Number	9 060	2 710	760	2 350	2 900	140	17 920
Range of uncertainty	7 400 to 10 700	2 200 to 3 200	500 to 1 020	1 800 to 2 900	2 300 to 3 500	90 to 190	14 290 to 21 510
% of total	51%	15%	4%	13%	16%	1%	100%

Source: MSSS, 2009.

STBBI TRANSMISSION

Certain conditions are required for transmission of all STBBIs. The table below presents these conditions.

TABLE 3 THE FIVE CONDITIONS NEEDED FOR SEXUAL OR BLOOD-BORNE TRANSMISSION OF AN INFECTION

1. A source of infection	Depending on the STBBI, the pathogen must be in a body fluid (blood, sperm, vaginal secretions, or breast milk) or in lesions on the skin, on the genitals or in mucous membranes (e.g. vagina, rectum, urethra, mouth or eyes) of the person who is infected.
2. A mode of transmission	There has to be a transmission route between the infected person and another individual.
3. A sufficient amount of pathogen	To cause infection, sufficient amounts of the pathogen have to be transmitted by the infected person. Depending on the STBBI, the concentration of pathogen in body fluids or lesions is high. For example: <ul style="list-style-type: none"> • For HIV: sperm, vaginal secretions, blood and breast milk contain the highest concentrations of virus. • For chlamydia and gonorrhoea: concentrations of the bacteria are highest in sperm and vaginal secretions. • For herpes and HPV: lesions contain the greatest quantity of pathogen.
4. A gateway	The pathogen must enter the body through a skin lesion (e.g. wound or break in the skin due to injection) or be absorbed through a mucous membrane.
5. A host sensitive to infection	Any human being exposed to an STBBI is more or less susceptible to contracting it. Fortunately, some infections can be prevented through vaccination.

Sources: Canadian AIDS Society, 2005; Holmes et al., 2008.

TABLE 4 MAIN STBBI TRANSMISSION ROUTES

1. Sexual contact:	<ul style="list-style-type: none">• Sexual relation with penetration of the penis into the vagina or anus• Sharing sex toys• Close contact (skin-to-skin) with a person who is infected, whether or not he or she has lesions (for infections such as herpes and condylomas)• Oral-genital sexual relation (stimulation of the vaginal or anal area with the mouth)
2. Blood-to-blood contact:	<ul style="list-style-type: none">• Drug injection or inhalation using non-sterile equipment• Tattoo or piercing with non-sterile equipment• Accidental needlestick injury with a contaminated needle or syringe
3. Mother-to-child	<ul style="list-style-type: none">• During pregnancy• During delivery• During the breastfeeding period

Source: www.sexualityandu.ca

UNFORTUNATE REPERCUSSIONS

There are consequences to contracting an STI. If left untreated or if treated too late, chlamydia and gonorrhoea can cause sterility. There are many types of HPV; this infection can cause condylomas and cervical or anal cancer. A woman who has an STI can also pass it on to her newborn, which can result in congenital syphilis or neonatal herpes.

In one out of five cases, chlamydial infection evolves into an inflammation of the genitals; of them, a quarter will likely develop severe complications. This means that each year, 400 young women run the risk of having an ectopic pregnancy (in the fallopian tubes) or of being sterile. From a psychosocial viewpoint, infertility has serious repercussions on individuals and couples, in addition to having a significant effect on Québec's demography: couples who wish to have a child must then turn to new reproductive technologies or to adoption.

The shame and worry that can follow a positive diagnosis of herpes or HPV infection as well as the chronic nature of these infections lead many individuals to abandon all sexual activity because of the fear of passing on the infection to their partners. Finally, bacterial and viral STIs increase the risk of contracting and spreading HIV.

TREATMENT FOR STBBIs

Infections of parasitic origin cause itching and are therefore very unpleasant. However they are easy to treat with curative products. Infections of bacterial origin react well to antibiotic treatment, especially if the infected person consults a doctor as soon as symptoms appear, as Meghan did. Early screening and treatment shorten the time a person is infectious, reducing infection propagation. However, these infections are often asymptomatic and complications can develop without the person even knowing he or she is infected. Moreover, the health effects of these infections are serious, sometimes even irreversible. Treating viral infections is more complex. Indeed, for most of these infections, the only treatments available are palliative (can only relieve symptoms). At this time, only hepatitis B and HPV can be prevented with a vaccine. HIV is incurable, although treatments can slow down or even halt its progression since the virus always remains in the body.

The modes of transmission for each STBBI are presented in detail in the section Everything you should know about sexually transmitted and blood-borne infections (STBBIs) (pages 22 to 26), and in summary form in the opposite table.

BEYOND THE PHYSIOLOGICAL CONSEQUENCES OF STBBIs

Contracting an STBBI has psychosocial consequences that can manifest with degrees of varying intensity, depending on the adolescent, and his or her emotional baggage and self-esteem. A wide range of feelings and emotions can emerge following a diagnosis of an STBBI: guilt, shame, anger, hostility, doubt, fear, anxiety, phobia, and distrust. This can be largely explained by our society's negative perception of this type of infection.

The infected person can experience temporary sexual difficulties or inhibitions due to physical symptoms, poor control over his or her emotions or attitudes about the infection, which, for instance, might seem like a form of punishment. Body image can also be affected, especially in cases where the infection causes embarrassing or foul-smelling discharge or visible sores (impression of being dirty). Refusing to acknowledge the infection can result in delaying medical consultation, which can lead to more consequences.

Depending on the seriousness and treatments available (e.g. palliative only), an infection can have a variety of psychological effects: concerns for one's future fertility or general state of health, fears of transmitting the infection, or even depression. An STBBI can also cause conflict or trigger a crisis of confidence within a couple, bring about communication problems, and lead to separation. However, an STBBI diagnosis doesn't trigger only negative aspects. It can also encourage individuals to think about their sexual behaviours and about the meaning they assign to notions of trust, respect and communication, enhance their knowledge of the subject, and help them become more assertive. Indeed, Meghan's unfortunate experience seems to have made her a bit more aware.

TO CHOOSE IS TO PREVENT!

In the minds of many people, a successful sexual relation is synonymous with penetration, and especially unprotected penetration, to eliminate any mechanical barrier to pleasure. It is worthwhile to look at other options with young people. First, two partners can get closer by caressing each other or giving each other massages, which can prolong desire and can be very exciting. Discovering techniques based on sensuality, which young people do not explore much, rather than on performance could be pleasantly surprising to them. Nevertheless, some youth (girls and boys) prefer sexual relations with penetration over any other type of relation; condoms should therefore be used. In this regard, we find that a growing number of girls push their partners not to use condoms on the pretext that this spoils the fun, which can be a confusing message for boys.

Repetitive testing or reducing the number of partners instead of using condoms only provides uncertain and limited protection. On the other hand, regular condom use, even if only to avoid post-coital anxiety, is in itself advantageous and can even be a source of considerable pleasure if it is part of sexual foreplay. Sexuality will be an important aspect throughout a person's life. Therefore, condoms should be constant companions since they are the most effective method of protection against STIs.

Prevention also means being able to choose according to one's beliefs, values and needs rather than following others blindly. Young people should ask themselves what suits them best. As for youth who don't feel ready to have sexual relations or who are saving themselves for a more serious relationship, they are not obliged to go against their wishes by engaging in sexual games with various partners.

THE CONDOM: A GOOD PARTNER

The fact of considering condom use during sexual relations entails a number of challenges and raises questions for youth. The Web site www.jcapote.com presents information about condoms as well as ways to talk about it with a partner. If Meghan and Sébastien had visited this site, they could have benefited from judicious advice on how to broach the topic of condom use.

A CONDOM, OF COURSE!

Systematic condom use guarantees that sexual relations will be safer. Condoms prevent direct contact with the skin in the genital area, vaginal and anal walls, and with the body fluids of male and female sex partners including vaginal secretions, sperm, pre-ejaculatory fluid and blood. This "mechanical barrier" considerably reduces the risks of contracting an STBI.

THE RIGHT CONDOM FOR YOU

When choosing a condom, it is important that users take their own preferences into account. There are, however, a few rules to follow. The first is to always opt for latex condoms. A water-soluble lubricating jelly can be used to reduce friction and avoid breakage. Neither petroleum-based lubricants (e.g. Vaseline®) that alter the condom and substantially reduce its effectiveness nor vaginal creams containing oestrogen should ever be used. In case of allergy to latex, plastic polymer condoms, usually made of polyurethane, can be substituted; some people find them more comfortable, but they are slightly more expensive. Condoms coated with spermicide (nonoxynol-9) are not recommended. Spermicides cause irritations that create small lesions in the mucous membranes, which then become gateways for STBIs. For more information about the properties of various types of condoms (regular, ribbed, non-lubricated), visit www.jcapote.com.

THE CONDOM: EFFECTIVE WHEN USED PROPERLY

For a condom to be effective, several basic elements must be considered: the expiry date (check at the time of purchase as well as before use); storage (away from friction and heat); how it is unrolled (on the right side. If done improperly it has to be discarded!); how it is handled (carefully: watch out for rings and fingernails); how it is removed. For more information, visit www.jcapote.com.



THE EVER-UNPOPULAR CONDOM

Young people and adults are quick to find negative sides to condom use. But what if the supposed inconveniences conceal some of the benefits? It would be wise to encourage young people to identify them as part of the educational activities.

There are a few minor inconveniences to condom use that can be overcome with a bit of determination and experience. On the other hand, the advantages—accessible to young people, inexpensive, simple to use and very effective—make condoms the best protection and contraception method.

TABLE 5 WHEN DISADVANTAGES OF CONDOMS BECOME ADVANTAGES

DISADVANTAGES	ADVANTAGES
REDUCES SENSATIONS	A SOLUTION FOR PREMATURE EJACULATION! <ul style="list-style-type: none"> Sexual relations last longer, therefore pleasure lasts longer. A tip to enhance sensations: Apply a bit of water-based lubricating jelly on the penis inside and outside the condom
HAMPERS SPONTANEITY	WHAT IF PLANNING WERE THE SOLUTION? <ul style="list-style-type: none"> Planning a bit before the sexual relation can be exciting. The message regarding intention to use a condom is clear. A tip to enhance spontaneity: Open the condom envelope beforehand and keep it nearby.
IT ISN'T NATURAL	THINK ABOUT EVERYTHING WE USE AND CONSUME THAT ISN'T NATURAL AND THEN FIND ANOTHER EXCUSE! <ul style="list-style-type: none"> Is it more natural to contract an STI? Condoms do not cause side effects. Its hygienic character is appreciated once the sexual relation is over (avoids spilling sperm).
LACK OF TRUST	IT'S A MYTH. LET'S GET WITH IT! <ul style="list-style-type: none"> On the contrary, using a condom is a sign of respect for others as well as for yourself.
IT'S EMBARRASSING TO TALK ABOUT!	WE'RE ALL IN THE SAME BOAT! <ul style="list-style-type: none"> Chances are high that your sex partner wants to use a condom but doesn't want to be the first to suggest using it. When one of the partners brings up the topic, the other is relieved.
PRICE AND ACCESSIBILITY	PLEASURE AT A GOOD PRICE AND READILY AVAILABLE <ul style="list-style-type: none"> It costs less than a beer! An STBBI costs much more in terms of consequences. Condoms can be bought over the counter, so you don't need a prescription.
IT'S NOT RELIABLE AND IT BREAKS!	YOU CAN BE CONFIDENT! <ul style="list-style-type: none"> Appropriate condom use means <ul style="list-style-type: none"> > watching out for nails, rings and even pubic hair that has been shaved; > storing it in a place that is away from heat sources; > using water-soluble lubricating jelly considerably reduces the risks of breakage; > not using it past the expiry date.
OTHERS	TOGETHER, LET'S AVOID PROBLEMS! <ul style="list-style-type: none"> Condoms let you make love without worrying. Joint responsibility in matters of protection and contraception. Double protection <ul style="list-style-type: none"> > Prevents unplanned pregnancy (it's the only contraceptive for boys); > The power fertility confers is far from trivial.

OBSTACLES TO SEXUAL PROTECTION

Despite the rebellious attitudes and behaviours they can display, young people may lack self-confidence when comes time to negotiate condom use. Fear of being poorly perceived or judged, or of being the object of ridicule can prevail. Such vulnerability means that adolescents run greater risks of contracting an STI. Many youth choose avoidance over arguments, assertiveness and confrontation, perhaps because it is easier or because they lack motivation. We just need to think about Meghan and her fear of being perceived as “loose” by Sébastien.

The source of this vulnerability is linked to several factors (see Table 6). First we must acknowledge individual characteristics peculiar to adolescence, such as shyness, and lack of self-confidence and self-esteem, to which we must often add ignorance and incorrect knowledge of various aspects of sexuality. People close to them can also contribute to young people’s vulnerability, for instance when sex education is not provided in their environments or schools, or when STBBIs are not a concern in their settings. These vulnerability factors are somewhat exacerbated by sociocultural factors such as trivialization of sexuality in mass media; representations of sexuality on the Internet (a very popular format among young people); sexism and sexual stereotypes, which encourage certain attitudes and expectations in relation to a partner; and a social discourse that conveys clichés such as, “When you love someone, you’ll do anything for him (or her)”. Alcohol and drug consumption, which alters a person’s judgement, increases the vulnerability of young people, who tend towards magical thinking (“Other people catch infections. Not me.”). The type of sexual relation also plays a role: less protection is often taken when engaging in oral relations than in vaginal or anal ones.

In general, sexism, poverty, individual vulnerability, racism and sexual ignorance can foster unprotected sexual behaviours that can lead to STIs or unplanned pregnancy (MSSS, 2004). Other factors are particular to adolescents, such as the need for group conformity, impulsive sexuality, lack of negotiating skills or inability to assert oneself regarding sexual relations.

As noted previously, infections can also be transmitted through blood. Individuals who use injection drugs are the ones most affected by this phenomenon, although a risk also exists for people who inhale drugs. These consumption methods are not very widespread among youth in general. However, it is estimated that almost 2% of young people in school have injected drugs, compared with rates of 5% to 13% among young people with adjustment difficulties (Otis, 2000).

AESTHETIC TREATMENTS ARE NOT ALWAYS HARMLESS

For young people, adhering to a perceived code or physical appearance is a way to stand out, to distance themselves from authority and to take on identities of their own. Hair removal by electrolysis, tattoos, piercings and any other technique that requires the use of needles are potential transmission vectors for hepatitis B, hepatitis C and HIV: these three infections are transmitted through needles soiled with blood. Among young people in general, the risks of transmission of blood-borne infections is associated with tattoos and piercings, especially ‘homemade’ ones. Therefore, tattooers and piercers must sterilize their equipment after every use, or use disposable equipment for each client (MSSS, 1999). For their part, adolescents must make sure they are dealing with professionals who strictly apply the prescribed hygiene standards.

MULTIPLE FACETS OF PREVENTION

In short, there are many aspects to STBBI prevention beyond genital contact. There are several facets, including self-perception and relationship with the other person, lack of knowledge and myths about STBBIs, critical thinking, and communication skills, for example. Therefore it is essential for their self-protection that young people be made aware of the issue of STBBI, that they be informed of the consequences of these infections, and that they develop communication skills and self-assertiveness.

TABLE 6 **FACTORS INFLUENCING ADOPTION OF PREVENTIVE BEHAVIOURS**

<p>INDIVIDUAL</p> <ul style="list-style-type: none"> • Knowledge • Attitudes, beliefs, perceptions • Personal skills • Psychological characteristics 	<p>IMMEDIATE ENVIRONMENT</p> <ul style="list-style-type: none"> • Opinions of significant individuals • Living conditions 	<p>SOCIOCULTURAL ENVIRONMENT</p> <ul style="list-style-type: none"> • Setting (school, work, detention centre, others) • Sociocultural norms and values (risk and protective factors)
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Source: Adapted from the model “L’adoption d’un comportement préventif” by Benoît Robillard and Alain Godmaire, 1997.

Learning activities

The activities suggested here are designed to help adolescents aged 14 to 17 acquire knowledge about various facets of STBBIs and their prevention. The activities follow a logical order for learning, that is, raising awareness about the issue, knowledge about and understanding the ideas, personal integration of these notions, and skills development related to the issues and concepts acquired. The activities are designed not only for schools but also for use in other contexts and organizations, such as youth centres. The content sections to consult are indicated at the beginning of each activity.

The table below shows how the proposed activities can be integrated into the Québec Education Program and into complementary educational services programs. Professionals from complementary programs are valuable allies and it is important that they be kept informed of your in-class activities.

POSSIBLE ASSOCIATIONS WITH THE QUÉBEC EDUCATION PROGRAM AND WITH COMPLEMENTARY EDUCATIONAL SERVICES PROGRAMS.

GOALS OF THE EDUCATION PROGRAM

The Québec Education Program provides a common path for various educational interventions designed to equip students so that they can look at life as a project to construct as active members of society. The goal is to intervene in

- **construction of identity**
- **construction of a world-view**
- **action-oriented empowerment**

SUBJECT AREAS

A number of aspects of sex education can be dealt with through several subject areas and cross-curricular competencies. Two subject areas are particularly conducive to discussions about STBBIs.

Science and Technology

The subject area Science and Technology is especially well-suited to bring up the topic of STBBIs, in particular during human biology courses. These courses lend themselves well to exploring notions such as various types of STBBIs, their consequences on physical and psychological health, as well as how to prevent them. Students will be asked to *Make the most of his/her knowledge of science and technology* and to *Communicate in the languages used in science and technology*.

Ethics and Religious Culture

STBBIs can be explored through the subject area Ethics and Religious Culture, from the point of view of the values involved in sexual protection and negotiation of condom use. Competencies related to *Reflecting on ethical questions* and *Engaging in a dialogue* could be explored.

BROAD AREAS OF LEARNING

STBBI prevention, which aims to preserve sexual health, can be raised in two broad areas of learning.

Health and Well-Being

To ensure that students develop a sense of responsibility for adopting good living habits with respect to health, safety and sexuality.

Focus of development

Lifestyle and safe behaviour:

Adoption of safe behaviour in all circumstances; adoption of healthy lifestyle habits (e.g. using condoms for every sexual relation).

Media Literacy

To enable students to exercise critical, ethical and aesthetic judgement with respect to the media and produce media documents that respect individual and collective rights.

Focus of development

Using what has been learnt to produce media documents:

Use of various techniques, technologies and modes of communication.

CROSS-CURRICULAR COMPETENCIES

Looking more closely at the theme of sexuality from different angles can also play a part in the development of students' intellectual, methodological, personal, social and communications skills. Consequently, STBBI prevention can be broached in a manner that allows students to do the following:

Use information

Systematize the information gathering process; gather information; put information to use;

Exercise critical judgement

Form an opinion, express his/her judgement and qualify his/her judgement;

Use information and communications technologies

Become familiar with technologies and use technology to support learning;

Communicate appropriately

Manage the communication process, become familiar with various modes of communication, and use various modes of communication.

PROMOTION AND PREVENTION SERVICES PROGRAM

Provide students with an environment conducive to acquiring healthy lifestyle habits and skills that will be beneficial to their health and well-being

Raising awareness about the issue of STBBIs

ACTIVITY 1

DURATION

75 minutes

PEDAGOGICAL GOALS

- Become aware of various facets of the issue of STBBIs.
- Encourage young people to think about, understand and integrate notions related to STBBI prevention.

CONTENTS

- Sexually transmitted infections are still around (p. 3)
- Adolescents at risk because they are vulnerable (p. 3)
- Knowledge, attitudes and behaviours of young people with regard to sexuality and STBBIs (p.4)
- STBBIs in Québec: A worrisome situation and statistics that are not very encouraging (pp. 5 and 6)
- To choose is to prevent! (p. 8)
- Table 5 – When disadvantages of condoms become advantages (p. 9)
- The ever-unpopular condom (p. 9)

Preparing the activity

1

Distribute a paper copy and show an acetate or slide of the scenario presented at the beginning (Meghan and Sébastien) so all students have the text on hand during the plenary discussion.

- *Meghan must remember the positive elements of her misadventure: in the future, she should be more assertive in her relationships with boys, think of protecting herself to stay healthy above all, and not minimize the effects of alcohol. All things considered, Meghan thinks she was rather lucky, at least this time. However, she's well aware that she knows next to nothing about sexually transmitted and blood-borne infections (STBBIs). She decides to use the guaranteed anonymity and confidentiality of the Internet to do a bit of research on this topic. How about you? What do you know about STBBIs?*

2

Ask adolescents about their perceptions of the STBBI problem.

- *In your opinion, which STBBIs are the most significant in terms of frequency and repercussions?*

3

Verify students' knowledge about matters related to STBBI prevention.

- *What do you know about factors that make someone more vulnerable to STBBIs and modes of transmission?*
- *What constitutes responsible and safe sexual behaviour?*

4

Discuss the importance of regular and appropriate condom use and why people resist it:

- *What do you know about the condom?*
- *What are its advantages? Its inconveniences? How can you overcome the disadvantages?*

5

Talk about the importance of consulting health professionals to get tested and treated for an STBBI to prevent the infection from getting worse and to stop its spread.

- *Why and how should you inform your partners when an STBBI is detected?*
- *Repeat this question, connecting it to the scenario at the beginning (Meghan asks herself how to tell Sébastien).*

6

Briefly present statistics on the scope of the problem of STBBIs in Québec.

7

Conclude the activity by summarizing the themes discussed.

There are two main components to this activity. First, it provides students a time slot to conduct computer searches on various issues related to STBBI prevention. Second, it helps young people broaden their knowledge of STBBIs and share this knowledge with others.

Acquisition of scientific concepts about STBBIs

ACTIVITY 2 COMPONENT 1

<p>DURATION</p> <p>60 to 75 minutes for the first component (information collection and data organization)</p>	<p>PEDAGOGICAL GOALS</p> <ul style="list-style-type: none"> • Become familiar with the problem of STBBIs through computerized searches in the computer lab. • Learn to search educational Web sites on sexuality. • Develop a realistic scenario based on a given STBBI. • Organize research results logically and present them on a poster. 	<p>CONTENTS</p> <ul style="list-style-type: none"> • <i>La sexualité sur Internet, autre chose que de la porno!</i> (2004) Le petit magazine de la formation personnelle et sociale (www.msss.gouv.qc.ca/itsd, documentation section – professionnels de l'éducation) • Everything you should know about sexually transmitted and blood-borne infections (STBBIs) (pp. 22 to 26) • Resources (p. 27)
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Preparing the activity

1

Form teams. Assign a different STBBI to each team and indicate that the Internet should be searched to find information about this STBBI. Then, based on Meghan and Sébastien's story, the team develops a realistic scenario that takes into account the specific characteristics of the STBBI assigned. They will present their scenario during the activity 6.

2

Make it clear that some criteria can be used to judge a site's reliability and seriousness.

- *What are the sources of the sites recommended: community groups, government, medical or others?*

Doing the activity

3

To help the adolescents with their research, hand out a sheet to each team which includes the following questions:

- *What is the origin of the STBBI: bacterial, viral, parasitic or fungal?*
- *How does it spread: sexually or through blood (tattoo, piercing, hair removal by electrolysis, or drug injection or inhalation)?*
- *What are the main symptoms and complications of the STBBI for sexual health and health in general, in men, women and children?*
- *What is its average incubation period?*
- *What does the screening test for this STBBI involve?*
- *Are there any treatments: preventive (vaccine), palliative or curative? What are their possible health effects?*
- *What behaviours should be adopted to avoid catching this STBBI?*
- *What are the risk, vulnerability and protective factors for this STBBI?*
- *What attitude should be adopted to avoid making the situation worse?*
- *What kinds of emotions does this STBBI stir up, and why?*

4

Give Web addresses (see the Resources section, p. 27) to the adolescents, and encourage them to consult a variety of resources (school nurse, Info-santé, public health department, the Web sites www.jcapote.com, www.sexualityandu.ca, www.teljeunes.com, etc.) so they can obtain more specific information on their assigned STBBI.

5

Ask the adolescents to create a poster on which they will present their research results on the given STBBI.

ACTIVITY 2 COMPONENT 2

DURATION 60 to 75 minutes for the second component (presentation of the assigned STBBI)	PEDAGOGICAL GOALS <ul style="list-style-type: none">• Acquire scientific concepts about STBBIs.• Become aware of the main concepts related to STBBIs (origins, modes of transmission, risky behaviours, average incubation periods, symptoms, screening tests, treatments, complications, vulnerability and protective factors, prophylactic methods).	CONTENTS <ul style="list-style-type: none">• Everything you should know about sexually transmitted and blood-borne infections (STBBIs) (pp. 22 to 26)
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Doing the activity

1
Team presentations of their research results, scenarios, and answers to the questions on the STBBI assigned.

2
Formal presentation by the teacher or facilitator (based on tables in the appendix) to validate and complete the teams' presentations.



It would be appropriate to take advantage of the fact that HPV vaccine is now administered to girls in secondary 3 to help young people become aware of the benefits and the limits of this vaccine.

This activity can be easily conducted as part of a broader learning situation dealing with vaccination in general.

There are two main components to this activity. The first is for conducting computer searches on issues related to HPV vaccination; the second is dedicated to an in-class discussion.

Discussion on HPV vaccination

ACTIVITY 3 COMPONENT 1

DURATION	PEDAGOGICAL GOALS	CONTENTS
75 minutes for the first component (preparing the discussion)	<ul style="list-style-type: none"> Gather information on HPV vaccination from reference Web sites. Develop and structure arguments logically and coherently based on an imposed point of view. 	<ul style="list-style-type: none"> List of useful references for the realisation of the Activity 3 (p.27)

Preparing the activity

1

Explain the discussion rules to students.

2

Separate the group into eight teams and tell each team whether they will be in favour of or against HPV vaccination. Three teams will be in favour of HPV vaccination (teams 1, 2 and 3) and three other teams (teams 4, 5 and 6) will be against it.

3

Give Web site addresses (see the list of reference, p. 27) to the adolescents so they can do some research, as well as the following questions, which could help guide their searches. Aspects related to hepatitis B vaccination can also be considered since this is also a vaccine that protects against an STBBI. Students can flesh out their arguments by attempting to explain the controversy raised by HPV vaccination. Teams have 75 minutes to prepare their arguments, based on their positions.

The need for HPV vaccine

- *What is HPV?*
- *How does HPV spread?*
- *Who can get HPV?*
- *What are the symptoms of HPV infection?*
- *What is the treatment for HPV?*
- *How can you prevent HPV and its complications?*
- *Does the condom protect against HPV?*
- *Who is at greatest risk of getting HPV?*
- *Does HPV affect a lot of people?*
- *What is the HPV vaccine?*
- *Is the HPV vaccine 'sexist'?*

Effectiveness of the vaccine

- *How effective is HPV vaccine?*
- *Does the HPV vaccine also protect against other STBBIs?*
- *How long does protection last?*
- *Why start a vaccination program when the long-term efficacy of the vaccine is not certain?*
- *Does the HPV vaccine replace cervical cancer screening?*
- *Is cervical cancer screening still necessary for women who are immune (who have received the vaccine)?*

It could be useful to have a nurse from your local health and social services centre attend the session since she could be in a better position to answer students' questions and clarify their arguments. She could even act as the moderator.

ACTIVITY 3 COMPONENT 2

DURATION

45 minutes for the second component (engaging in the discussion)

PEDAGOGICAL GOALS

- Express opinions based on the information collected (Component 1).
- Become aware of the benefits of vaccination to reduce the risks of HPV transmission, but also of the limits of the vaccine.

Discussion

1

Designate a spokesperson for each team. This person will present the team's arguments as a response to the scenario presented. To ensure students benefit from the activity, it is important to specify that discussions must remain respectful and be carried out in a climate of trust.

2

Organize the group so all six spokespersons are together at the front of the room. The moderator—played by the teacher, facilitator or nurse—is positioned in the middle, between the 'for' and 'against' sides. The rest of the group sits facing them, and represents the audience.

3

Initiate the discussion with this scenario.

Since September 2008, the Ministère de la Santé et des Services sociaux has recommended that girls in secondary 3 receive the HPV vaccine. However, some girls aren't sure about getting vaccinated. To resolve the question, we've decided to hold a discussion. Two broad themes will be on the agenda: 1) the need for a vaccine against HPV; and 2) the effectiveness of the vaccine.

4

Start the discussion

Each spokesperson presents one argument at a time, with the two sides alternating (team 1, team 4, team 2, team 5, and so on). Once an argument is presented, all spokespersons from the opposite side are invited to present counter-arguments. Two minutes are allotted to present arguments and one minute for each counter-argument.

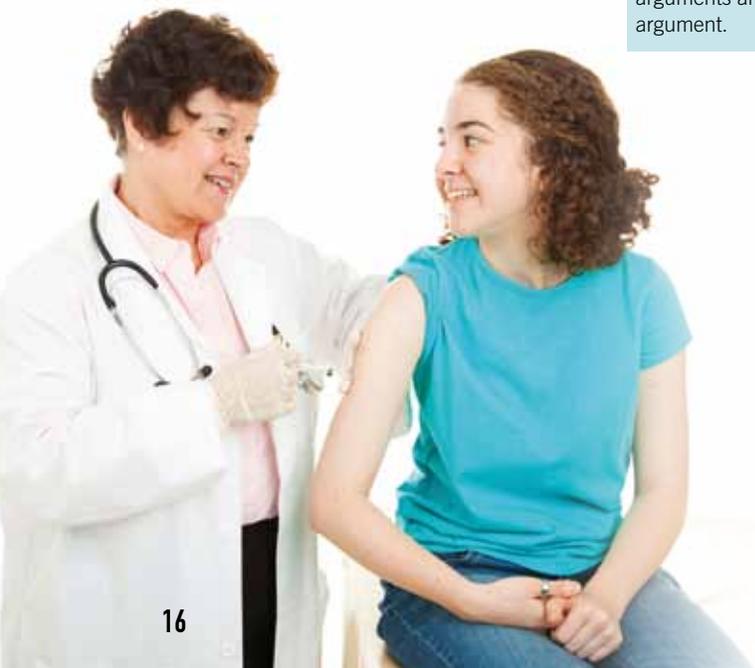
5

Conclude the activity by briefly summarizing the arguments presented; invite the spokespersons to share what they have learnt from this debate. Ask the nurse to comment on the discussion she has just witnessed. If necessary, she can offer clarifications.

Integrating the activity

6

Ask the adolescents to write a text in which they present three benefits and three limits associated with HPV vaccination, and state their personal position. The youth should explain the possible consequences of their decision on the individual, on society and on the economy. In schools, the text can be considered as an assignment and graded by the teacher.



This activity is centred around practical learning. Students will be asked to participate actively in various exercises and role playing situations dealing with STBBI prevention, from a communications angle.

Negotiating and using condoms

ACTIVITY 4

DURATION

75 minutes

PEDAGOGICAL GOALS

- Communicate appropriately through exercises and role playing.
- Know how to use a condom, its characteristics, and how to handle and store it properly.
- Acquire basic strategies for being assertive when the time comes to negotiate condom use.

CONTENTS

- The condom: a good partner (p. 8)
- The condom: effective when used properly (p. 8)
- A condom, of course! (p. 8)
- Table 5 – When disadvantages of condoms become advantages (p. 9)
- Obstacles to sexual protection (p. 10)

Preparing and doing the activity

1

EXERCISE BASED ON A GAME ABOUT THE STAGES OF CONDOM USE

Write the following 14 stages on cards.

Buy condoms - Sexual attraction - Touching - Erection - Open the packet - Remove the air - Check how it should be unrolled - Put the condom on - Genital contact - Penetration - Ejaculation - Take the penis out - Loss of erection - Dispose of the condom

Distribute the cards to 14 young people. Ask them to form an imaginary line representing how a sexual relation unfolds and to position themselves in the proper order. The other students are asked to judge the pertinence of the sequence. The teacher or moderator might ask the students with cards why they chose to place themselves in a particular position. This activity is interesting because it is less embarrassing than the usual demonstration in front of the class on how to use condoms. You could also place the cards on a board, wall or table. It is an excellent activity to use at a booth, where people can win a prize: a condom.

2

SOLUTIONS TO THE PROBLEM OF CONDOM USE

Invite the adolescents to form teams of three. Give them two or three “Problems with condoms” (see the model on the next page; the “Possible solutions” column is, of course, for the activity moderator). Ask the young people to find solutions to deal with these problems. The teacher or facilitator then asks each team to present the solutions found. If needed, use the table to add to the answers proposed by the youth.

THE PROBLEM WITH CONDOMS

1. Loss of erection when using the condom

2. The condom slips

3. I don't know how to bring up the subject

4. Irritation of the vulva or penis

5. The condom creates a barrier between us

6. Latex allergy

7. When I drink, I forget about using a condom

8. The condom breaks

9. I'm afraid my partner will perceive me as 'easy' if I suggest we use a condom
I'm afraid my partner will think I'm only interested in having sex with her

10. Difficulty unrolling the condom

11. I want him to wear a condom but he refuses
I want to wear a condom, but she refuses

12. In the heat of the moment, I forget about the condom

13. It interrupts the sexual relation too much

14. It's expensive

15. There's too much loss of sensation

16. I have only oral-genital relations with my partners

17. I'm embarrassed about buying some

18. I trust him

19. I take the pill

20. I'm not circumcised

POSSIBLE SOLUTIONS

- Practise on your own beforehand, so you get used to the feeling of the condom
- Make sure you have found the type of condom that suits you best

- Use a thinner condom
- Apply less lubricant

- Say how you feel
- Put it on without saying anything

- Use a non-lubricated condom and add a lubricant (irritation can be caused by a lubricant or spermicide)
- Unroll the condom right up to the base of the penis

- It's normal to be afraid of how the other person will react ("You don't trust me"), but it is important to emphasize the positive aspect of the situation ("I want to protect you", "We respect each other enough to want to protect each other")

- Use a male or female polyurethane condom
- Use a condom made of animal tissues with a latex condom on top or under, depending on who of the two is allergic

- Assess the amount of alcohol or drugs that leads you to break your resolutions, and limit your consumption

- Check the expiry date and storage conditions
- If duration of penetration is too long, it can alter the condom
- Practise on your own beforehand or practise with a penis made of wood or with a banana

- Say how you feel, check the other person's perceptions
- Think critically about this stereotype and the sexist models put out by the media

- Avoid thin condoms (more difficult to unroll)
- Practise on your own beforehand

- Insist on using it or refuse to have sex
- Go get tested: If both people are negative, make an agreement that you'll be faithful

- Prepare it beforehand (open the packet, keep a condom close by)
- Acquiring a new habit is difficult. This is normal.
- Take your time; savour the moment; relax and integrate the condom into the "things to do"

- So does an STI
- Use condoms with humour, fantasize

- Share the cost between you

- A condom lets you be freer (you're not afraid of pregnancy or of STIs) and you can abandon yourself to how it feels
- Add a water-based lubricant on the inside of the condom

- Low-risk practice
- Be careful if you brush your teeth less than 30 minutes before the sexual relation

- Go with someone else or in a group
- Identify the pharmacy that is most discrete

- Often there are no symptoms and your partner can have an infection without knowing it

- Don't tell him. This is called a white lie!

- Most uncircumcised men don't have difficulties: they can raise the foreskin before putting on the condom

- Play down the situation (these things happen), have a sense of humour

- Ask the partner to put the condom on

- Unroll it right up to the base of the penis
- If erection is not maintained, change the condom

- Leave condoms out where they can be seen

- Duration and intensity of penetration: too abrupt or too long can cause irritation

- AIDS and the other infections could also create a barrier
- A period of adjustment is normal
- Acknowledge that there are certain constraints to condom use

- Favor other types of relations than penetration

- Ask a friend to let you know if you're overdoing it, going over the limit

- Make sure you put on the condom properly
- Use a lubricant, watch out for fingernails

- Try a larger condom

- Avoid penetration, touch in other ways
- The girl can say that the condom is the only contraceptive method she is using

- Put condoms out where they can be seen
- Always have some on you
- Vary your sexual practices

- Put condoms out where they can be seen, prepare them beforehand
- Ask your partner to put it on you

- Get them where they're free

- Find your "type"
- Use a condom that is unusual and appealing
- Use a thinner condom

- Watch out for sores in the mouth
- Avoid swallowing sperm or being in direct contact with menstrual blood

- Ask someone to buy them for you

- The pill protects you from pregnancies, but not from STIs

- Use a form-fitting condom

In the absence of basic precautions (sterile equipment), blood-borne infections can be transmitted through tattooing or piercing.

Safe tattoos and piercings

ACTIVITY 5

DURATION

25 minutes

PEDAGOGICAL GOALS

- Discover the motivations for getting tattoos or piercings.
- Know the potential health risks related to tattoos and piercings.
- Identify safe tattooing and piercing practices.

CONTENTS

- Aesthetic treatments are not always harmless (p. 10)
- Brochures *Tattoos and Piercing ... Protecting yourself from AIDS, hepatitis B and hepatitis C* and *Tattooers and Piercers, protect your clients and yourself against HIV and hepatitis B and C* (available on the MSSS Web site: www.msss.gouv.qc.ca/its, in the documentation section – Young people or Tattooers and piercers)

Preparing the activity

1

Plenary discussion on the main reasons why young people get tattoos or piercings:

- *Why do you feel like getting a tattoo or piercing?*
- *What do you like about tattoos or piercings?*
- *What do they represent for you?*
- *What image of yourself do you want to project?*
- *Do fashion trends influence you? Why?*
- *Does the “look” of your favourite stars influence you? Why?*
- *Is wanting to be like your friends a good enough reason to get a tattoo or piercing?*
- *How do you perceive people who don't want to get tattoos or piercings?*
- *What effects can a tattoo or piercing have on your body image? (The trend can pass but the drawings or scars don't.)*

Carrying out and integrating the activity

2

Using the brochures cited above, the adolescents conduct research to find the basic rules for safe tattooing and piercing. The information collected can be presented in front of the group or, in schools, as a team assignment that will be graded by the teacher.



The teacher or facilitator goes over the themes explored during the previous activities. This summary will help young people make connections among the various issues and concepts related to STBBI prevention.

To conclude,
a summary of what
has been learnt

ACTIVITY 6

DURATION 45 minutes	PEDAGOGICAL GOALS <ul style="list-style-type: none"> To integrate the concepts related to STBBIs explored during the previous activities. To identify the main points concerning the problem of STBBIs. 	CONTENTS <ul style="list-style-type: none"> The whole issue of this number of <i>The SexEducator</i>
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Preparing and carrying out the activity

1

Go over the scenarios elaborated by the teams in the second activity.

3

The teacher summarizes the protection strategies discussed, for integration into daily life.

2

During the plenary:

- Invite the youth to think about the eventual repercussions of an STBBI.
- Ask them to share their thoughts among themselves.
- Encourage the youth to discuss together the benefits of safe sexuality and taking responsibility in matters of sexuality:
- Discuss with students notions of responsibility and pleasure (based on the statements below):

Having a sex life requires that I assert myself, that is, I have to think about the consequences of my actions, choices and attitudes. What am I looking for in a sexual relationship: To impress the other person or friends? To get their approval? To attract attention no matter the price? For affection? For my pleasure? Am I honest, comfortable and serious about what I am showing about myself? Is what I am experiencing, including in my sexual relationships, really me? Am I really responsible and honest or, at least, am I trying to be? Or, on the contrary, do I always blame other people for my inability to assert myself?

Suggestions for activities on STBBIs in relation to other elements of the *Québec Education Program*

ACTIVITY RELATED TO THE HEALTH AND WELL-BEING BROAD AREA OF LEARNING

Separate the group into five teams and give each one an excuse taken from the 'Top 5 worst excuses', found on www.jcapote.com. Each team prepares a role playing game that will allow team members to present arguments in favour of condom use to the group.

Suggestions for the moderator:

- *What are the most effective arguments?*
- *What elements are likely to result in a positive attitude towards condom use?*
- *Do these arguments respect personal opinions and values?*
- *How can you communicate these arguments to your partner?*

ACTIVITIES RELATED TO VARIOUS SUBJECT AREAS

Mathematics (statistics and probabilities)

Graphic representation of the portrait of STBBIs in Québec and a comparison with the situation in the other Canadian provinces using histograms created on a computer (e.g. using an Excel spreadsheet).

English/French

Develop a short biomedical lexicon of scientific expressions related to the vocabulary of STBBIs.

Science and Technology

A study of the chemical compounds in latex and polyurethane (the two types of materials most commonly used to make condoms) as well as water-soluble products (lubricants recommended), oil/petroleum-based products and oestrogens to determine their compatibility or incompatibility with condoms.

Ethics and Religious Culture

Cycle 1: Invite students to reflect on the theme of sexual freedom and sexual protection (e.g. We're free to use a condom or not, but is there a limit to such freedom when we're aware of the dangers of infecting our partner?).

Cycle 2: Ask students to identify issues related to criminalization of HIV-positive individuals who are aware of their serological status and who have unprotected sexual relations, based on whether or not they inform their partners.

Alignment between the areas of Science and Technology and History and Citizenship Education

Situating a scientific or technological application into its social, environmental and historic contexts—as called for in the competency *Make the most of his/her knowledge of science and technology* for the science and technology program and the technological and scientific applications program—allows students to bring a particular view to their study of social realities. In return, when they look at the past to question social realities from a historical perspective, they can learn that science and technology contribute to changes within societies. Moreover, to develop an informed opinion on a societal issue, sometimes we need to tap into scientific and technological knowledge to be able to analyze all its dimensions, as is the case for questions concerning the environment or bioethics.

Arts Education – Visual Arts

Create a media image (print, video, cinematic) where the visual message focuses on STI: for instance, what they are; how they are transmitted; how to prevent them; and screening methods. This activity would be in line with the second competency of Arts Education: *Creates media images*. For this activity, students must ensure that the media image rests on the meaning and impact of the message, which should use visual aspects to be clear and immediately understood by the intended viewers.

Everything you should know about sexually transmitted and blood-borne infections (STBBIs)

CHLAMYDIA

Type of infection	<ul style="list-style-type: none"> Of bacterial origin: <i>Chlamydia trachomatis</i>
Symptoms in women	<ul style="list-style-type: none"> Often no symptoms When there are symptoms, these can include: <ul style="list-style-type: none"> > abnormal vaginal discharge, burning sensation during urination, lower abdominal pain > dyspareunia (pain during sexual intercourse), post-coital vaginal bleeding > cervix is red and bleeds easily, and discharge > menstrual irregularities > pharyngeal infection (usually asymptomatic) > conjunctivitis
Symptoms in men	<ul style="list-style-type: none"> Often no symptoms When there are symptoms, these can include: <ul style="list-style-type: none"> > urethritis: inflammation in the urethra characterized by urethral discharge of a clear or whitish fluid and a burning sensation during urination > itching around the penis, testicular pain or swelling > pharyngeal infection (usually asymptomatic) > rectitis: anorectal infection that is often asymptomatic, but sometimes causes itching, discharge, pain and a feeling of needing to pass stool
Modes of transmission	<ul style="list-style-type: none"> During a sexual relation with penetration of the penis into the vagina or anus During an oral-genital relation When sharing sex toys From an infected mother to her infant during delivery
Incubation period	<ul style="list-style-type: none"> 2 to 5 weeks
Diagnostic tests	<ul style="list-style-type: none"> Test on a urine sample: fast and reliable, both for women and men Tests on urethral or cervical secretions
Treatment	<ul style="list-style-type: none"> Curative treatment: oral antibiotics
Complications and consequences for women	<ul style="list-style-type: none"> Pelvic inflammatory disease (swelling of the endometrium, lining of the uterus, and infection of the fallopian tubes) that causes lower abdominal pain Infertility caused by scarring of the fallopian tubes Premature delivery, spontaneous abortion, ectopic pregnancy Reiter's syndrome (urethritis, conjunctivitis, arthritis)
Complications and consequences for men	<ul style="list-style-type: none"> Epididymo-orchitis (infection in the epididymis or testicles that causes scrotal pain, redness and swelling) Reiter's syndrome (urethritis, conjunctivitis, arthritis)
Consequences for babies	<ul style="list-style-type: none"> Conjunctivitis or pneumonia in the weeks following birth
Prevention	<ul style="list-style-type: none"> Condom use for each sexual relation Early testing (before symptoms appear)

GONORRHOEA

Type of infection	<ul style="list-style-type: none"> Of bacterial origin: <i>Neisseria gonorrhoeae</i>
Symptoms in women	<ul style="list-style-type: none"> Often no symptoms When there are symptoms, they are the same as for Chlamydia, but in a more acute form. These can include: <ul style="list-style-type: none"> > abnormal vaginal discharge, burning sensation during urination, lower abdominal pain > dyspareunia (pain during sexual intercourse), post-coital vaginal bleeding > cervicitis: cervix is red and bleeds easily, and discharge > menstrual irregularities > rectal pain and discharge
Symptoms in men	<ul style="list-style-type: none"> Often no symptoms When there are symptoms, they are the same as for Chlamydia, but in a more acute form. These can include: <ul style="list-style-type: none"> > urethritis: inflammation of the urethra (urethral discharge of a yellowish or greenish fluid that is sometimes viscous, and burning sensation during urination) > testicular pain or swelling > rectitis: anorectal infection that is often asymptomatic, but sometimes causes itching, discharge, pain and a feeling of needing to pass stool.
Modes of transmission	<ul style="list-style-type: none"> During a sexual relation with penetration of the penis into the vagina or anus During an oral-genital relation When sharing sex toys From an infected mother to her infant during delivery
Incubation period	<ul style="list-style-type: none"> 2 to 7 days
Diagnostic tests	<ul style="list-style-type: none"> Microscopic examination of genitourinary discharge using Gram's stain Tests on urinary, urethral, cervical, anal or pharyngeal sample
Treatment	<ul style="list-style-type: none"> Curative treatment: oral antibiotics
Complications and consequences for women	<ul style="list-style-type: none"> Pelvic inflammatory disease (swelling of the endometrium, lining of the uterus, and infection of the fallopian tubes) that causes lower abdominal pain. Infertility caused by scarring of the fallopian tubes Premature delivery, ectopic pregnancy, spontaneous abortion Reiter's syndrome (urethritis, conjunctivitis, arthritis) Disseminated gonococcal infection (arthritis, dermatitis, endocarditis, meningitis) Bartholinitis (infection of Bartholin's glands)
Complications and consequences for men	<ul style="list-style-type: none"> Epididymo-orchitis (infection in the epididymis or testicles that causes scrotal pain, redness and swelling) Reiter's syndrome (urethritis, conjunctivitis, arthritis) Disseminated gonococcal infection (arthritis, dermatitis, endocarditis, meningitis)
Consequences for babies	<ul style="list-style-type: none"> Conjunctivitis that can even cause blindness Septicemia
Prevention	<ul style="list-style-type: none"> Condom use for each sexual relation Early testing (before symptoms appear)

HUMAN PAPILLOMA VIRUS INFECTIONS

Type of infection	<ul style="list-style-type: none"> Of viral origin: human papilloma virus (HPV) Two main types of infection: condylomas and infection of the uterus
Symptoms in women	<p>Condylomas</p> <ul style="list-style-type: none"> Small warts on the genitals, around the anus and sometimes in the mouth; warts can be pink, red, white or grey Occasional irritation and itching <p>Infection of the uterus</p> <ul style="list-style-type: none"> Often asymptomatic, cervical lesions invisible to the naked eye
Symptoms in men	<p>Condylomas</p> <ul style="list-style-type: none"> Small warts on the genitals, around the anus and sometimes in the mouth; warts can be pink, red, white or grey Occasional irritation and itching
Modes of transmission	<ul style="list-style-type: none"> During vaginal, oral or anal sexual relations, with or without penetration When there is intimate contact (skin-to-skin) with an infected person, whether or not lesions are visible When sharing sex toys From an infected mother to her infant during delivery (rare)
Incubation period	<ul style="list-style-type: none"> From several weeks to several months after having sexual contact with an infected person or contaminated sex toy
Diagnostic tests	<p>Condylomas</p> <ul style="list-style-type: none"> No screening test Visual examination by the doctor <p>Infection of the uterus</p> <ul style="list-style-type: none"> Cervical cytology (PAP test) by way of a gynaecological examination, which enables to detect precancerous and cancerous cervical lesions but not the infection itself Colposcopy, anoscopy, urethroscopy and directed biopsies
Treatment	<p>Condylomas</p> <ul style="list-style-type: none"> Symptoms disappear on their own in 80% of infected people, but the virus can remain in the body In some cases: topical treatment or local destruction (laser cauterization, cryotherapy (liquid nitrogen), local surgical excision, electrofulguration, diathermic snare) <p>Infection of the uterus</p> <ul style="list-style-type: none"> Treatments are also available to prevent the onset of cancer
Complications and consequences for women	<p>Condylomas</p> <ul style="list-style-type: none"> Risk of recurrence <p>Infection of the uterus</p> <ul style="list-style-type: none"> Possibility of developing cervical cancer <p>Other infections</p> <ul style="list-style-type: none"> Can cause vaginal cancer or cancer of the vulva (rare)
Complications and consequences for men	<ul style="list-style-type: none"> Condylomas Risk of recurrence Other infections Possibility of developing cancer of the penis, rectum, or anus (rare)
Consequences for babies	<ul style="list-style-type: none"> Laryngeal polyps (benign tumours) following delivery
Prevention	<ul style="list-style-type: none"> Undergo a Pap test every two years (when results are normal) to detect precancerous and cancerous cervical lesions Condom use for each sexual relation Vaccine (against certain types of HPV) recommended for girls aged 9 to 26; since 2008 in Québec, it has been included in the regular vaccination schedule for girls in grade 4 at the elementary level and in secondary 3. It is offered free of charge to all girls under 18 years of age.

GENITAL HERPES

Type of infection	<ul style="list-style-type: none"> Of viral origin: herpes simplex virus type 1 (causes herpes labialis, commonly called "cold sores") or type 2 (causes genital herpes)
Symptoms in women	<p>Very frequently, no symptoms or symptoms not specific to herpes</p> <p>Initial infection:</p> <ul style="list-style-type: none"> Very painful genital lesions (on the vulva, cervix and vaginal walls) and non-genital lesions (anus, buttocks) Systemic symptoms (fever, headaches, discomfort, muscle pain) and local symptoms (pain, itching, dysuria, vaginal and urethral discharge, pain and inflammation of the inguinal lymph nodes) Pain during urination <p>Recurrence</p> <ul style="list-style-type: none"> Reactivated infection usually less serious than initial infection (caused by trigger factors such as menstruation, stress, sun, diet and fatigue)
Symptoms in men	<p>Very frequently, no symptoms or symptoms not specific to herpes</p> <p>Initial infection:</p> <ul style="list-style-type: none"> Very painful genital lesions (on the penis and glans) and non-genital lesions (testicles, anus, buttocks) Systemic symptoms (fever, headaches, discomfort, muscle pain) and local symptoms (pain, itching, dysuria, urethral discharge, pain and inflammation of the inguinal lymph nodes) Pain during urination <p>Recurrence</p> <ul style="list-style-type: none"> Reactivated infection usually less serious than initial infection (caused by trigger factors such as stress, sun, diet and fatigue)
Modes of transmission	<p>Transmission</p> <ul style="list-style-type: none"> During a sexual relation with or without penetration of the penis into the vagina or anus During an oral-genital relation When there is intimate contact (skin-to-skin) with an infected person, whether or not lesions are visible When sharing sex toys From an infected mother to her infant during pregnancy and delivery
Incubation period	<ul style="list-style-type: none"> Initial infection: 0 to 14 days Subsequently: the virus remains dormant and can be reactivated periodically, causing recurrent episodes
Diagnostic tests	<ul style="list-style-type: none"> In the absence of lesions, screening is not possible When there are lesions, the physician proceeds with a visual examination and takes a sample to test for the virus
Treatment	<ul style="list-style-type: none"> No curative treatment Some medications can relieve symptoms, reduce the number and duration of recurrent episodes, and reduce the risk of transmission. But the virus remains in the body
Complications and consequences for women and men	<p>Initial infection</p> <ul style="list-style-type: none"> Aseptic meningitis, dysfunction of the central and autonomic systems <p>Psychological consequences</p> <ul style="list-style-type: none"> Fear of transmitting the infection to the partner Fear of being judged or rejected by the partner Solitude, depression, isolation, loss of self-esteem Anxiety linked to future consequences for future pregnancies
Consequences for babies	<ul style="list-style-type: none"> Brain damage and damage to other organs Death If there is intra-uterine infection, skin and eye symptoms, microcephaly, hydrocephaly
Prevention	<ul style="list-style-type: none"> Condom use for each sexual relation Screening as soon as lesions appear

SYPHILIS

Type of infection	<ul style="list-style-type: none"> Of bacterial origin: pale treponema (<i>Treponema pallidum</i>)
Symptoms in women and men	<p>Primary stage</p> <ul style="list-style-type: none"> Appearance of a chancre—hard, painless ulcer with a raised border—that disappears on its own in 3 to 8 weeks <p>Secondary stage</p> <ul style="list-style-type: none"> Begins about 3 months after infectious contact The treponema enters the blood: erythematous skin eruption without itching and with general symptoms of poisoning (light fever, loss of appetite, headache, muscle pain, fatigue); condylomata lata (flat genital warts); weight loss <p>Early latency period</p> <ul style="list-style-type: none"> Latency period can last 20 to 30 years; possible recurrence of contagious lesions during the first years Primary and secondary stage symptoms disappear without treatment but the bacteria is still there and the person remains contagious
Modes of transmission	<ul style="list-style-type: none"> Direct sexual contact (oral, genital or anal) with a contagious lesion (primary or secondary stage) From an infected mother to her infant during pregnancy and delivery Drug injection with contaminated equipment
Incubation period	<p>Primary stage</p> <ul style="list-style-type: none"> 3 to 90 days <p>Secondary stage</p> <ul style="list-style-type: none"> 2 to 12 weeks <p>Tertiary stage</p> <ul style="list-style-type: none"> From a year to over 20 years
Diagnostic tests	<ul style="list-style-type: none"> Blood test Darkfield microscopy of fluid from a lesion
Treatment	<ul style="list-style-type: none"> Curative treatment: intramuscular antibiotic injection
Complications and consequences for women	<ul style="list-style-type: none"> Spontaneous abortion, stillbirth, premature delivery If left untreated, syphilis can evolve to the tertiary stage, characterized by a risk of neurosyphilis, gumma and cardiovascular disease
Complications and consequences for men	<ul style="list-style-type: none"> If left untreated, syphilis can evolve to the tertiary stage, characterized by a risk of neurosyphilis, gumma and cardiovascular disease
Consequences for babies	<ul style="list-style-type: none"> Congenital malformations: partial blindness, deafness, bone and teeth malformation
Prevention	<ul style="list-style-type: none"> Condom use for each sexual relation Early testing (before symptoms appear)

HIV/AIDS

Type of infection	<ul style="list-style-type: none"> Of viral origin: human immunodeficiency virus (HIV) causing acquired immune deficiency syndrome (AIDS)
Symptoms in women and men	<ul style="list-style-type: none"> People with HIV can be asymptomatic for a long time When there are symptoms, these can include: <ul style="list-style-type: none"> > fatigue > loss of appetite > headache > stomach aches > jaundice (sometimes) > unexplained weight loss
Modes of transmission	<ul style="list-style-type: none"> Through contact of the genitals, the anus or a wound with the blood, sperm or vaginal secretions of an infected individual Blood-to-blood contact: <ul style="list-style-type: none"> > drug injection or inhalation using contaminated equipment > tattoo or piercing with contaminated equipment When sharing sex toys From an infected mother to her infant during pregnancy, delivery and breastfeeding Some lesions caused by other STBIs can facilitate HIV transmission
Incubation period	<p>Primary symptomatic infection</p> <ul style="list-style-type: none"> 2 weeks to 6 months <p>AIDS</p> <ul style="list-style-type: none"> Several years
Diagnostic tests	<ul style="list-style-type: none"> Blood test to detect antibodies or presence of antigens
Treatment	<ul style="list-style-type: none"> Curative treatment: none Palliative treatment: medications prescribed only to slow disease evolution and prevent opportunistic infections
Complications and consequences for women and men	<ul style="list-style-type: none"> Opportunistic infections Cancers (Kaposi's sarcoma, lymphomas [lymphatic tumours]) Pneumonia (<i>pneumocystis carinii</i>) Chronic diarrhoea Cutaneous herpes
Consequences for babies	<ul style="list-style-type: none"> If the mother is not treated during pregnancy, the infection can be transmitted to the baby
Prevention	<ul style="list-style-type: none"> Condom use for each sexual relation Use of sterile equipment for drug injection and inhalation, tattoos and piercings



HEPATITIS C

Type of infection	<ul style="list-style-type: none"> Of viral origin: hepatitis C virus (HCV)
Symptoms in women and men	<ul style="list-style-type: none"> Infrequent and minimal Sometimes jaundice (especially in people with acute hepatitis C)
Modes of transmission	<ul style="list-style-type: none"> Mostly blood-to-blood contact: <ul style="list-style-type: none"> > drug injection or inhalation using contaminated equipment > tattoo or piercing with contaminated equipment From an infected mother to her infant during pregnancy and delivery
Incubation period	<ul style="list-style-type: none"> 2 weeks to 6 months
Diagnostic tests	<ul style="list-style-type: none"> Blood test
Treatment	<ul style="list-style-type: none"> Most people who have HCV infection become chronic carriers; others get rid of the virus naturally It is recommended that HCV carriers get vaccinated against hepatitis A and B Various treatments are available; the choice is made based on the risks and benefits for each infected person
Complications and consequences for women and men	<ul style="list-style-type: none"> Cirrhosis, liver failure and hepatocellular carcinoma
Consequences for babies	<ul style="list-style-type: none"> HCV infection
Prevention	<ul style="list-style-type: none"> Use of sterile equipment for drug injection and inhalation, tattoos and piercings

TRICHOMONIASIS

Type of infection	<ul style="list-style-type: none"> Parasitic origin: single-cell protozoa (<i>Trichomonas vaginalis</i>)
Symptoms in women	<ul style="list-style-type: none"> Can be asymptomatic When there are symptoms, these can include: <ul style="list-style-type: none"> > swelling and pain in the vaginal area > frothy beige or yellow vaginal discharge > itching > pain at urination
Symptoms in men	<ul style="list-style-type: none"> No symptoms most of the time Urethritis, slight discharge from the penis, burning sensation during urination, irritation and redness around the glans
Modes of transmission	<ul style="list-style-type: none"> Sexual contact
Incubation period	<ul style="list-style-type: none"> 5 to 28 days
Diagnostic tests	<ul style="list-style-type: none"> Microscopic examination and Gram's stain
Treatment	<ul style="list-style-type: none"> Curative: oral antibiotics
Complications and consequences for women	<ul style="list-style-type: none"> In pregnant women, can be associated with premature rupture of membranes and preterm birth
Consequences for babies	<ul style="list-style-type: none"> Low-birth-weight baby, respiratory disorders
Prevention	<ul style="list-style-type: none"> Condom use for each sexual relation

HEPATITIS B

Type of infection	<ul style="list-style-type: none"> Of viral origin: hepatitis B virus (HBV)
Symptoms in women and men	<ul style="list-style-type: none"> Often asymptomatic When there are symptoms, these can include: <ul style="list-style-type: none"> > general malaise: loss of appetite, nausea, vomiting, headache, chronic fatigue, joint or muscle pain, abdominal pain, skin rash > icterus: jaundice (yellow eyes and skin) > dark urine, light-coloured stools
Modes of transmission	<ul style="list-style-type: none"> Through contact of the genitals, the anus or a wound with the blood, sperm or vaginal secretions of an infected individual Blood-to-blood contact: <ul style="list-style-type: none"> > drug injection or inhalation using contaminated equipment > tattoo or piercing with contaminated equipment When sharing sex toys From an infected mother to her infant during pregnancy and delivery
Incubation period	<ul style="list-style-type: none"> A few days, for percutaneous exposure 4 to 8 weeks after exposure of mucous membranes
Diagnostic tests	<ul style="list-style-type: none"> Blood test
Treatment	<ul style="list-style-type: none"> Most healthy adults infected with HBV develop antibodies and become immune to the virus; others become chronic carriers Chronic carriers: palliative treatment to slow the pace at which the virus damages the liver
Complications and consequences for women and men	<ul style="list-style-type: none"> Acute fulminating hepatitis that can lead to death Chronic liver diseases: cirrhosis (may require transplantation), cancer
Consequences for babies	<ul style="list-style-type: none"> Possibility of being a chronic HBV carrier
Prevention	<ul style="list-style-type: none"> Condom use for each sexual relation Use of sterile equipment for drug injection and inhalation, tattoos and piercings Preventive vaccine (offered to girls in grade 4 at the elementary level and in secondary 3 as part of the vaccination schedule)

VAGINOSIS

Type of infection	<ul style="list-style-type: none"> Of bacterial origin: <i>Gardnerella vaginalis</i>
Symptoms in women	<ul style="list-style-type: none"> Often asymptomatic When there are symptoms, these can include: <ul style="list-style-type: none"> > clear liquid vaginal discharge, often greyish, with a characteristic fish odour
Modes of transmission	<ul style="list-style-type: none"> Is not considered to be transmitted sexually but is associated with sexual activity Occurs when there is an imbalance in the vaginal flora
Incubation period	<ul style="list-style-type: none"> None: the bacteria is part of a woman's natural flora
Diagnostic tests	<ul style="list-style-type: none"> Microscopic examination and Gram's stain
Treatment	<ul style="list-style-type: none"> Curative: oral or intravaginal antibiotics
Complications and consequences for women and babies	<ul style="list-style-type: none"> Associated with pelvic inflammatory disease and pelvic infections following gynaecological surgery Inflammation or premature rupture of foetal membranes, premature delivery, low-birth-weight baby, and postpartum endometritis

VAGINAL CANDIDIASIS

Type of infection	<ul style="list-style-type: none"> • Vulvovaginal candidiasis generally caused by the yeast fungus <i>candida albicans</i> (yeast infection)
Symptoms in women	<ul style="list-style-type: none"> • Sometimes asymptomatic • When there are symptoms, these can include: <ul style="list-style-type: none"> > irritation, rash and itching around the vulva and vagina > vaginal discharge: whitish, lumpy, sticky leucorrhea, not very abundant, little odour > pain during sexual relations
Symptoms in men	<ul style="list-style-type: none"> • Rash, itching, burning sensation that usually stops after a shower
Modes of transmission	<ul style="list-style-type: none"> • In general, not transmitted sexually • Predisposing factors: Taking antibiotics, pregnancy, diabetes, fatigue, stress, use of oral contraceptives, wearing coloured underwear, wearing tight pants (increases the rate of humidity in the vaginal area)
Incubation period	<ul style="list-style-type: none"> • None: the fungus is part of a woman's natural flora
Diagnostic tests	<ul style="list-style-type: none"> • Vaginal culture • Microscopic examination
Treatment	<ul style="list-style-type: none"> • Curative: single-dose antifungal pill, vaginal ovules or creams in a single-dose or over a few days
Complications and consequences for women, men and babies	<ul style="list-style-type: none"> • In severe cases of vaginal candidiasis, swelling of the labia and vulva, often with small lesions

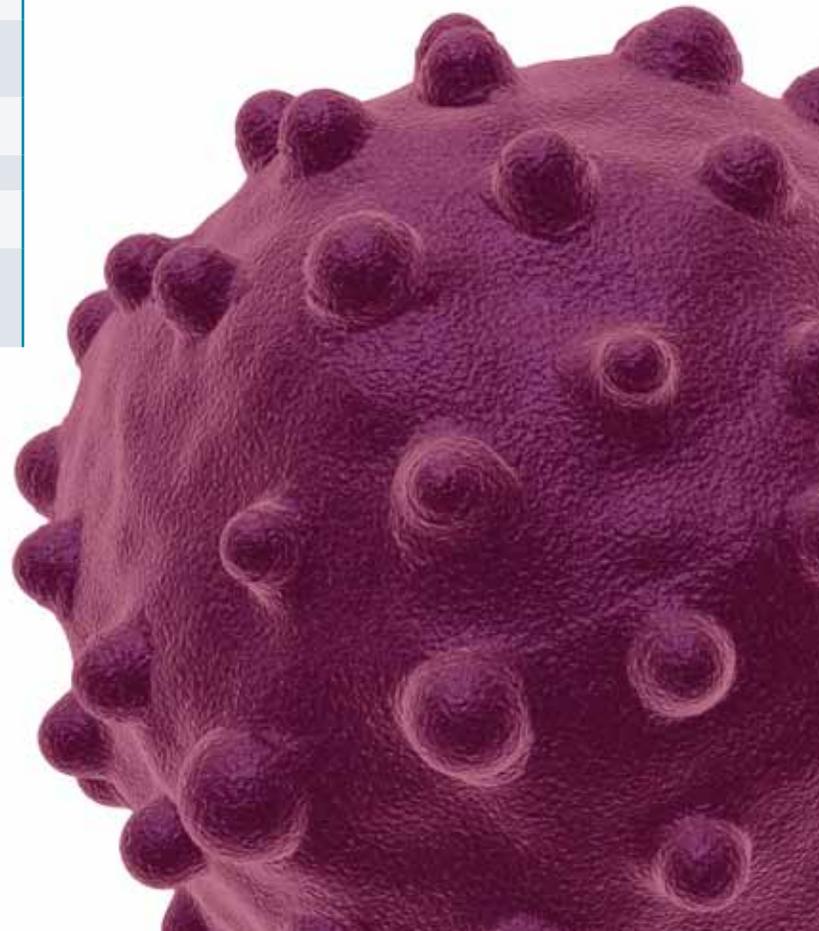
LICE

Type of infection	<ul style="list-style-type: none"> • Parasitic origin: pubic lice that cling to body hair (<i>phthirus pubis</i>)
Symptoms in women and men	<ul style="list-style-type: none"> • Intense itching in the pubic area • Presence of visible pale brown insects the size of the head of a pin • Insects are reddish-brown when filled with blood • Visible whitish oval-shaped eggs (nits) on body hair • Blueish spots (signs of bites)
Modes of transmission	<ul style="list-style-type: none"> • Close contact, sexual or not • Non-sexual transmission: members of a household, contact with contaminated objects, sheets, clothing
Incubation period	<ul style="list-style-type: none"> • 2 to 3 weeks
Diagnostic tests	<ul style="list-style-type: none"> • Physical and microscopic examinations
Treatment	<ul style="list-style-type: none"> • Curative: lotions, creams or shampoos • Clothes, bedding and passive vectors should be washed in hot water or dry cleaned
Complications and consequences for women, men and babies	<ul style="list-style-type: none"> • None

Sources: Public Health Agency of Canada, 2008; Holmes et al., 2008; INSPQ, 2006; MSSS, 2006.

SCABIES

Type of infection	<ul style="list-style-type: none"> • Parasitic origin: infestation of tiny mites called <i>sarcoptes scabiei</i>
Symptoms in women and men	<ul style="list-style-type: none"> • Intense itching, especially at night • Burrows and red bumps in places where the skin folds (fingers, wrists, elbows, ankles, waist, breasts, groin, genitals)
Modes of transmission	<ul style="list-style-type: none"> • Close contact, sexual or not • Often non-sexual transmission: members of a household, contact with contaminated objects, clothing, bedding, stuffed furniture or cushions
Incubation period	<ul style="list-style-type: none"> • 3 weeks for the first infection • 1 to 3 days for subsequent infestations
Diagnostic tests	<ul style="list-style-type: none"> • Physical and microscopic examinations
Treatment	<ul style="list-style-type: none"> • Curative: lotions or creams • Wash bedding, towels and clothes in hot water
Complications and consequences for women, men and babies	<ul style="list-style-type: none"> • None



LIST OF USEFUL REFERENCES FOR THE REALISATION OF THE ACTIVITY 3 (P. 15-16)

Here are a few references that could be useful when looking for arguments to use during the discussion.

- Public Health Agency of Canada
www.phac-aspc.gc.ca/im/index-eng.php
 - > Canadian Immunization Committee - Recommendations on a Human Papillomavirus Immunization Program
 - > About human papilloma virus (HPV)
 - > "Statement on human papillomavirus vaccine", Canada Communicable Disease Report, vol. 33, ACS-2
 - > The FACTS on the Safety and Effectiveness of HPV Vaccine
- Canadian Medical Association Journal. Special issue on human papilloma virus (bilingual), Vol. 177, No. 5, August 2007
- Chantal Srivastava, "Mineures et vaccinées ?", Québec Science, Vol. 46, No. 7, April 2008, p. 32-35
- Fédération québécoise pour le planning des naissances:
www.fqpn.qc.ca (section autres dossiers – vaccin contre le VPH)
- Ministère de la Santé et des Services sociaux www.msss.gouv.qc.ca (section Topics, Public health, Vaccination: under HPV – Vaccination program)
- World Health Organization: www.who.int (enter key words such as HPV and vaccination in the search engine).
- Society of Obstetricians and Gynaecologists of Canada: www.hpvinfos.ca
- Site www.hinnovic.org. Bar des sciences sur la vaccination contre le VPH, "Vacciner les fillettes pour prévenir le cancer du col de l'utérus: Bonne ou mauvaise politique?"

RESOURCES

INTERNET SITES RECOMMENDED FOR PREVENTIVE AND EDUCATIONAL PURPOSES

STBBIs

- Service de lutte contre les infections transmissibles sexuellement et par le sang
www.msss.gouv.qc.ca/its
- T'as juste une vie
www.tasjuste1vie.com
- Public Health Agency of Canada
www.phac-aspc.gc.ca/publicat/std-mts/index-eng.php
- Clinique L'Actuel
www.cliniquelactuel.com
- Canadian AIDS Society
www.cdn aids.ca

Condoms

- J'capote.com (Ministère de la Santé et des Services sociaux)
www.jcapote.com
- Public Health Agency of Canada
www.hc-sc.gc.ca/hl-vs/iyh-vsv/prod/condom-eng.php

HPV vaccination

- Ministère de la santé et des Services sociaux
www.msss.gouv.qc.ca (Topic Public health, Vaccination)
- Public Health Agency of Canada
www.phac-aspc.gc.ca/std-mts/hpv-vph/fact-faits-eng.php
- Fédération québécoise pour le planning des naissances
www.fqpn.qc.ca
- Society of Obstetricians and Gynaecologists of Canada
www.hpvinfos.ca

Health professional societies

- Society of Obstetricians and Gynaecologists of Canada
www.sexualityandu.ca
- Doctissimo (French health professionals)
www.doctissimo.fr/html/sexualite/sexualite.htm
- Élysa (association of Québec sexologists)
www.elysa.uqam.ca

Community organizations

- Tel-jeunes (telephone and Internet help)
www.teljeunes.com
- REZO (HIV/AIDS and STBBI prevention organization for men who have sex with men)
www.rezosante.org

RECOMMENDED BROCHURES, PAMPHLETS AND EDUCATIONAL MATERIALS

Ministère de la Santé et des Services sociaux web site

www.msss.gouv.qc.ca/its – Documentation section

- *Preventing AIDS and other STDs through sexuality education for students with intellectual impairments. Compendium of teaching and learning activities geared to adapted curricula.*
- *Transformations, Butterflies, Passions... and All Sorts of Questions. Parent's guide for discussing sexuality with their teens*
- *STBBI: Be aware and beware*
- *HIV is still around*
- *Play it safe!*
- *Tattoos and Piercing... Protecting yourself from AIDS hepatitis B and hepatitis C*
- *Tattooers and Piercers, protect your clients and yourself against HIV and hepatitis B and C*
- *Tips for smart love*
- *An STI has come between us ... Let's talk about it*

Health Canada Web site (www.hc-sc.gc.ca/dc-ma/sti-its/index-e_g.php)

- *STI – Sexually transmitted infections:*
www.phac-aspc.gc.ca/publicat/std-mts/index_e.html (brochure)

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