

Lesson 7

Promoting Sexual Health and Preventing STIs: Condoms

Overview

Lesson 7 Learning Objectives

In Lesson 7: Promoting Sexual Health and Preventing STIs: Condoms, students will be able to:

- Describe the benefits of correctly and consistently using condoms to prevent unintended pregnancy and/or sexually transmitted infections (STIs);
- Explain the steps to using an external condom correctly and consistently;
- Overcome obstacles to using contraception and condoms;
- Describe risks, signs, and treatments for STIs;
- Explain how using condoms and contraception, if sexually active, supports staying on their camino; and
- Describe the roles both partners can play in using condoms.

Key Messages

- **El Camino Program**
 - You are in charge of setting and reaching your goals.
 - To reach your goal, use **STAR**: **S**tate your goal; **T**hink about the steps; **A**ssert your camino; **R**each your goal.
 - Being assertive can help you stay on your camino and reach your goals.
 - Only have sex when you are ready.
 - Both partners are responsible for preventing unintended pregnancy and/or STIs.

MATERIALS FOR THIS LESSON

-  Painters tape
-  Markers
-  Flip chart (smartboard, PowerPoint)

LESSON AT-A-GLANCE

7A. Welcome to Lesson 7! (1 min)

7B. Students Questions & Review of Talking Points about Contraceptives (4 min)

7C. Benefits of Using a Condom and Sexually Transmitted Infections (STI) (6 min)

7D. How to Use Condoms (5 min)

7E. Condom Practice (10 min)

7F. Obstacles to Using Contraception and Condoms (6 min)

7G. More Facts about Condoms and Question Box (5 min)

7H. Assignment 2: A Question for your Parent/Guardian or Other Trusted Adult (2 min)

7I. Slogan and Closure (3 min)

- **Lesson 7**
 - Safe sex means preventing unintended pregnancy and STIs.

Preparation for Virtual Adaptation

1. Familiarize yourself with the following PPT slides:
 - Group Agreements (see Activity 7A)
 - Key Message (see Activity 7A)
 - Condom Benefits (see Activity 7C)
 - Sexually Transmitted Infections (see Activity 7C)
 - Types of STIs (see Activity 7C)
 - Handout 7.1 Sexually Transmitted Infections (see Activity 7C)
 - Key Points about STIs (see Activity 7C)
 - The Three Steps of Correct Condom Use (see Activity 7D)
 - Four more important points! (see Activity 7D)
 - Obstacles (see Activity 7F)
 - Culture and Condoms (see Activity 7F)
 - Assignment 2 (see Activity 7H)
2. We recommend that you copy the questions posed by students in the **Chat** box or sent to you by email from Lesson 6 and paste them into a Word document to keep yourself organized. Select three questions to answer at the beginning of Lesson 7. Be sure to keep track of which questions have been answered and not answered.
3. Before students login to Zoom:
 - Cue up PPT slides, student workbook, and other documents you are using during this lesson.
 - Write a fun welcome message in the **Chat** box before students login.
 - Organize your Zoom dashboard the way you like it.

Facilitator Note: If commercial penis models are not available, you can keep the forefinger and middle finger close together on one hand to serve as a penis model.

Less than one percent of the population is allergic to latex rubber and the allergy is usually mild. Still, you may have one or more students in your class with this allergy so watch out for signs of allergic reaction among students while they are handling latex condoms:

- Red, itchy rash where skin touched latex
- Swelling right around the site where skin came into contact with latex
- Sneezing, runny nose, teary eyes
- Wheezing
- Trouble breathing or swallowing
- Tightness in the chest

If a student shows signs of an allergic reaction to latex, get the student away from the latex right away. Follow your school’s protocol for student health emergencies.

During program implementation, it was mentioned that the lesson on condoms was a “trigger” for students who had experienced abuse/sexual abuse/rape. In case a student needs to leave during this lesson, the facilitator should be prepared to have an alternative space where they can go.

Lesson 7 Procedures

Activity 7A: Welcome to Lesson 7! (1 minute)

1. **Welcome** students to Lesson 7.
2. **Review** the lesson learning objectives so that students know what they will do/cover in the lesson.
3. Please note, this lesson may contain graphic images about the reproductive systems of people with penises and people with vaginas.
 - **For virtual implementation tell students:** *You might also not feel comfortable if others around you heard the discussion. If you don't feel comfortable with others hearing our discussion, please use headphones.*
4. **If this lesson is not being taught by a reproductive health expert, tell the students:** I am not a reproductive health expert. I will do my best to answer all the questions you have. The best place for you to get information on reproduction is with your health provider.
5. **Review** the group agreements.
6. **Ask students** to turn to **Lesson 7: Key Messages** in their workbooks.
7. **Ask for a volunteer** to read the new Key Message for Lesson 7.

Virtual Adaptation

Follow Lesson 1 recommendations for opening *El Camino* lessons on Zoom.

Show the PPT slide titled “Lesson 7: Overview” as the student reads the learning objectives and the slide titled “Key Message” as the student reads the key message.

MATERIALS

- Flipchart 1.1:** El Camino Group Agreements

STUDENT HANDOUTS

- Lesson 7:** Key Messages



Activity 7B: Student Questions and Review of Talking Points about Contraceptives (4 minutes)

MATERIALS

- Facilitator Resource 6.3:** Talking Points (Contraceptives)

REVIEW OF QUESTIONS FROM LESSON 6 (4 minutes)

1. **Ask students** if they have any questions about the information they learned in Lesson 6 about pregnancy.

Virtual Adaptation

Allow students to answer verbally or using the **Chat** box. If students chat their answers, be sure to read them aloud. If the comment is unclear, ask the student to clarify verbally if they feel comfortable.

2. **Address selected questions and comments** from the Question Box (Lesson 6).

Virtual Adaptation

See guidance about virtual Question Box questions in the “Preparation for Virtual Adaption” section above.

3. If there are no additional questions, the facilitator should choose 3 questions that were not addressed in the previous lesson from **Facilitator Resource 6.3: Talking Points (Contraceptives)**.



Activity 7C: Benefits of Using a Condom and Sexually Transmitted Infections (6 minutes)

INTRODUCTION (1 minute)

1. Explain to students:

- *In the last session, we looked at several contraceptive options and identified the IUD and the Implant as the MOST effective for unintended pregnancy prevention, after not having penile-vaginal sex.*
- *In today's lesson, we will focus on another form of contraception - condoms. There are condoms that can be worn externally on penises and internal condoms that can be used inside the vagina. In today's lesson we are going to look only at external condoms that are worn on the penis. From here on out we will refer to these simply as "condoms."*

CONDOM BENEFITS BRAINSTORM (2 minutes)

1. **Ask students** if they know benefits of using a condom.

Virtual Adaptation

Allow students to answer verbally or using the **Chat** box.

2. **Correct any myths** or misinformation students may have.
3. **Write correct answers** on the board or flipchart.

Virtual Adaptation

Rather than use a flipchart as you would in a face-to-face setting, type answers on the PPT slides titled "Condom Benefits."

4. After a few minutes, **write any of the benefits** from the list below that students have NOT mentioned:
 - Protect against BOTH sexually transmitted infections (STIs) and pregnancy.
 - Do not require a clinic appointment.
 - Are affordable and therefore accessible.

MATERIALS

- Facilitator Resource 7.1:** CDC Reference Guide for Sexually Transmitted Diseases

STUDENT HANDOUTS

- Handout 7.1:** Sexually Transmitted Infections

- Are available for free in some clinics or for purchase in many places: drug stores, supermarkets, clinics, vending machines, etc.
- Are easy to use.
- For those having infrequent sex, they can carry a condom and only use it when they have sex.
- Are the only method initiated by people with penises, besides abstinence and a vasectomy.

5. Tell the students:

- *One of the benefits of condoms is the same as all forms of contraception, namely that, once you choose to start having sex, using a condom and another form of effective contraception prevents unplanned pregnancies and/or decreases risk for STIs that could take you off track of your camino and achieving your goal.*
- *Using a condom during anal sex and oral sex also decreases the risk of STIs.*

SEXUALLY TRANSMITTED INFECTIONS (STIs) (3 minutes)

1. Tell the students:

- *Sexually transmitted infections (STIs) are infections which can be spread from one person to another during close intimate or sexual contact.*

Virtual Adaptation

Show the PPT slide titled “Sexually Transmitted Infections” as you provide the definition above.

2. **Ask students** if they know any specific types of STIs.

Virtual Adaptation

Ask students to share their answers in the **Chat** box.

Record their answers on the PPT slide titled “Types of STIs.”

3. **Write** these on the flipchart paper/whiteboard.
4. **Write** any types of sexually transmitted infections not named including:
 - Gonorrhea
 - Chlamydia
 - Syphilis
 - Genital Herpes
 - HPV
 - HIV/AIDS
 - Hepatitis B/C
5. Ask students to open **Handout 7.1 Sexually Transmitted Infections**.

Virtual Adaptation

Show the PPT slides titled “Handout 7.1 Sexually Transmitted Infections.” Click through the slides as students read through the key facts about STIs.

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6. **Tell the students** that:

- *Not everyone shows these symptoms when they have an STI, or that it can be a long time before symptoms are visible. Therefore, it is important to be tested for STIs even if you do not have symptoms.*

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7. **Review the following information with students:**

- *STIs are transmitted from having unprotected penile-vaginal sex, anal sex, or oral sex. They can also be transmitted by having close intimate contact – for example rubbing against genitals.*
- *The best way to protect against these infections is to not have sex. If you choose to have sex and want to avoid these infections, you must use a condom.*
- *If you’re worried about getting HIV, PrEP is a medication you can take that protects you if you come into contact with it. But*

you should still use a condom because PrEP doesn't protect against other STIs.

- *In fact, if you choose to have penile-vaginal sex, using a condom AND a contraceptive method is the safest of all choices. Choosing to have penile-vaginal sex and not using a contraceptive could lead to a pregnancy and/or an STI. Both of these outcomes could take you off track of your camino and affect reaching your future goals.*
- *There are more than 25 kinds of sexually transmitted infections (STIs), acquired primarily through sexual activity. Some are bacterial, such as chlamydia, syphilis, and gonorrhea; parasitic, such as trichomoniasis; or viral such as HIV/AIDS.*
- *Some STIs cannot be cured, including: Hepatitis, Herpes, HIV, and HPV. We call these the 4H. Other STIs can be treated and managed with medications.*
- *Detection and treatment of STIs are hindered by the fact that many STIs do not have early signs or symptoms.*
- *While some STIs may cause minor discomfort, other STIs can also have long-term negative effects on your health. Some STIs can cause cancer, increased risk of HIV/AIDS infection, and pregnancy complications, and can make it more difficult to have a baby in the future.*
- *The only way to know if you have an STI is to go to a health provider/clinic and be tested. If you have an STI, you must use any treatment given to you as prescribed by your health provider.*

Virtual Adaptation

Click through the two PPT slides titled “Key Points about STIs” as you explain the points above.

8. If the students or you have any questions, refer to **Facilitator Resource 7.1: CDC Reference Guide for Sexually Transmitted Diseases**.



Activity 7D: How to Use Condoms (5 minutes)

INTRODUCTION (1 minute)

1. Tell the students:

- *In a positive, healthy relationship, both partners should want the best for the other person, which includes preventing unplanned pregnancy and STIs, and supporting the other person in achieving their goals.*
- *The purpose of this activity is to learn how to use condoms correctly.*

LEARNING THE STEPS OF CONDOM USE (4 minutes)

1. Ask students to turn to **Handout 7.2: The Three Steps of Correct Condom Use – Shorter Version** and **Handout 7.3: The Three Steps of Correct Condom Use – Longer Version**.

Virtual Adaptation

Show the PPT slide titled “Three Steps of Correct Condom Use.” Click through the slides as students read the steps.

2. Explain to students:

- *I will call on student volunteers to read the steps on the **Handout 7.2**. After you read through the steps, we will practice using condoms with a penis model.*
- ***Handout 7.3 1** has much more information about each of the steps. I recommend that you read **Handout 7.3** for homework.*

3. **Select** one or more students to read each of the steps on the **Handout 7.2**. Instruct students to read the step itself and the bulleted sub-steps.
4. **Refer to Facilitator Resource 7.2: The Three Steps of Correct Condom Use**. After each step is read, share the additional information, detailed in **Facilitator Resource 7.2**.

MATERIALS

- **Facilitator Resource 7.2:** The Three Steps of Correct Condom Use

STUDENT HANDOUTS

- **Handout 6.1:** Hormonal Contraceptive Methods – What Teens Need to Know
- **Handout 7.2:** The Three Steps of Correct Condom Use—Shorter Version
- **Handout 7.3:** The Three Steps of Correct Condom Use—Longer Version

5. After the students have gone through the steps, **ask a student** to read the four important points about condom use:
- BOTH partners can be involved in all three steps for using a condom correctly!
 - You **MUST** be sure the condom stays on the **WHOLE TIME** you are engaged in sex – both partners need to make sure that the condom stays on.
 - Condoms must be used **EVERY TIME** a person has sex!
 - If a condom breaks while having sex, consider using emergency contraception. See **Handout 6.1: Hormonal Contraceptive Methods – What Teens Need to Know.**

Virtual Adaptation

Show the PPT slide titled “Four more important points!” as you explain the points above.



Activity 7E: Condom Practice (10 minutes)

INTRODUCTION (4 minutes)

1. **Divide students** into pairs.

2. **Explain to students:**

- *Now that we have reviewed the steps to using condoms, I will demonstrate and then you each will practice putting a condom on a model. A partner will observe you, based on the steps listed on **Handout 7.2**, and give you feedback on whether you are following all the steps correctly. We will only practice the steps from 2C and on.*

3. **Ask students:**

- *Does anyone have an allergy to latex? You might know this because many doctors, nurses, and dentists use latex exam gloves.*
4. If anyone raises their hand, **give that student and their partner** a non-latex condom.
5. **Give each pair** a penis model and two condoms.

Facilitator Note: If you do not have penis models, have the students use two fingers of their partner's hand as a penis model if they feel comfortable.

6. **Explain to students:**

- *When it is your partner's turn to put a condom on a model, your job is to check your partner off on the steps (see your handout), giving reminders if your partner begins to skip a step or do it incorrectly.*
- *If your condom gets torn or soiled from being dropped on the floor, or is otherwise compromised or contaminated, ask for a new condom. This is important because we want you to treat condoms in this exercise the same as if you were really using it for sex.*

MATERIALS

- Penile models (ideally, one for every two students)
- Hand cleaning wipes or sink with soap (See Facilitator Notes)

STUDENT HANDOUTS

- Handout 7.2:** The Three Steps of Correct Condom Use—Shorter Version

7. **Ask students** if they have any questions about how to complete the activity.

DEMONSTRATION AND PRACTICE (6 minutes)

1. **Demonstrate** correct use of the condom while reading through each step beginning with 2C.
2. After the demonstration, students will practice in pairs.
3. **Circulate around the room and offer assistance** where needed. **Affirm** students who are correctly following the steps. **Offer** constructive feedback to those who are not following the steps.
4. After two minutes have elapsed, **announce to students** that half their work time is up and that they should be switching roles.
5. After both students have a chance at practicing, **pass out wipes** for students to clean their hands (or have students go to the sink to wash their hands).

Facilitator Note: Be sure to collect and dispose of condoms and wipes.

Be sure that the number of condoms you passed out matches the number of condoms you collect to dispose. (Some students may think it's funny to hold onto condoms and play with them outside of class).

Virtual Adaptation

Substituting a Sock for a Condom

It might be uncomfortable for facilitators and students to practice this activity with condoms in a remote setting. If this is the case in your community, please adapt this activity using a sock. For information about how to demonstrate using a condom with a sock, see this website:

<https://www.bedsider.org/features/1152-how-to-put-on-a-sock>

Facilitator Demonstration

Conduct the condom demonstration as written in this activity. Be sure you are close enough to your webcam so students can see what you are doing.

During virtual implementation there will be no student practice section.

Instead of asking students to practice, review the steps using the following videos:

- English: <https://www.youtube.com/watch?v=EdSq2HB7jqU>

- Spanish:

https://www.youtube.com/watch?time_continue=5&v=3zOEnMF8F6Y&feature=emb_logo

Reminder about Keeping with a Trauma Informed Approach

Remember that condoms may be triggering for some students. Never force a student to practice the use of the condom. You may want to give students the option of turning their video off for the demonstration or the practice. This might give them a sense of privacy that could make them feel more comfortable.

6. Tell the students:

- *Remember that condoms are effective at preventing pregnancy and/or STIs. The most effective way of preventing unintended pregnancy, other than not having penile-vaginal sex, is to use a hormonal form of contraception AND a condom.*

7. If needed, review with the students using these videos:

- English:
https://www.youtube.com/watch?v=EdSq2HB7jqU&feature=emb_logo
- Spanish:
https://www.youtube.com/watch?v=3zOEnMF8F6Y&feature=emb_logo



Activity 7F: Obstacles to Using Contraception and Condoms (6 minutes)

INSTRUCTIONS (1 minute)

1. Tell the students:

- *This activity will help you to better communicate about using contraceptives and condoms. Sometimes there are obstacles to using contraception and condoms. Sometimes we hear different messages about condoms from our family, friends, and popular culture. However, to avoid obstacles to your camino, it is important for you to feel confident in your choice to use contraceptives and condoms.*

2. Divide class into pairs.

3. Tell the students that you will read an obstacle and give them a short time to discuss with their partner how they might respond in that situation.

4. The list of obstacles is in **Facilitator Resource 7.3: Obstacles to Using Contraception and Condoms**. Choose up to five obstacles to discuss.

5. Ask the students to volunteer their responses.

Virtual Adaptation

In this activity, you will not be able to divide students into pairs.

Instead, read one obstacle as described above. Then, ask students how they might respond in that situation.

Give students 5 seconds to think of an answer.

After 5 seconds ask for two or three students to share their answers.

Repeat until you go through three to five obstacles.

MATERIALS

- **Facilitator Resource 7.3:**
Obstacles to Using
Contraception and Condoms

LARGE GROUP DISCUSSION (5 minutes)

1. **Read obstacles** out loud.

Virtual Adaptation

Show the PPT slide titled: “Obstacles” and choose between three to five obstacles to discuss in the activity.

2. **Give students** time to briefly discuss with their partner.
3. **Ask for volunteers** to share their responses.
4. **Correct** misinformation as needed.
5. **Remind the students** that what is important is for them to figure out what makes sense for them, their camino and future.



Activity 7G: More Facts about Condoms and Question Box

(5 minutes)

MORE FACTS ABOUT CONDOMS (3 minutes)

1. **Tell students** to turn to **Handout 7.4: Frequently Asked Questions (FAQ): Condoms** in their workbook. Use **Facilitator Resource 7.4 Frequently Asked Questions (FAQ): Condoms** to follow along as the students read.
2. **Tell the students** that now we will concentrate on FAQs about condoms.
3. **Ask for student volunteers** to read selected questions and answers about contraceptives.

QUESTIONS ABOUT CONDOMS (2 minutes)

1. **Ask the students** if they have any additional questions about the information they learned today.

Virtual Adaptation

Allow students to answer verbally or using the **Chat** box.

2. **Answer the questions** and, if necessary, tell them you will have additional information to share with them at the next lesson. Facilitators can also use **Facilitator Resource 7.5: Talking Points (Condoms)** to help them answer questions.
3. **Hand out** 3 x 5 cards.
4. **Tell the students** they can also write questions or comments on the cards and leave them in the Question Box.
5. **Tell the students** you will answer questions and respond to comments in the next lesson.

MATERIALS

- Facilitator Resource 7.4:** Frequently Asked Questions (FAQs): Condoms
- Facilitator Resource 7.5:** Talking Points: Condoms
- 3x5 cards

STUDENT HANDOUTS

- Handout 7.4:** Frequently Asked Questions (FAQs): Condoms

Virtual Adaptation

For virtual implementation, create a “Virtual Question Box” – an anonymous online form where students can submit questions they have. You can use Google Forms, SurveyGizmo, SurveyMonkey, or another free survey platform.

Students can also submit questions by sending a direct message to the facilitator during implementation.

Finally, you can also tell students that they can email you directly with questions before the next lesson if they prefer. Be sure students have your email address.

6. **Tell the students** to review **Handout 7.4: Frequently Asked Questions (FAQ): Condoms**. There will be time at the beginning of the next class to ask questions.

7. At the end of the activity, **remind students**:

- *I want to emphasize that the only 100% way of preventing unintended pregnancy is not having penile-vaginal sex.*
- *If you decide to have penile-vaginal sex, you should use contraception and a condom every time you have sex to avoid both unintended pregnancy and/or STIs.*
- *Some people are forced into having sex and this is not their fault.*



Activity 7H: Assignment 2: A Question for your Parent/Guardian or Other Trusted Adult (2 minutes)

1. **Ask students** to turn to **Assignment #2** in their workbook. Students can text the question to their parent/guardian or other trust adult. Or they can call them or ask them in person and write their answer on the assignment sheet.
 - QUESTION: *What is the right time to start a family?*

Virtual Adaptation

Show the PPT slide titled: "Assignment 2."

2. **Tell the students** that it is important to complete the assignment, and that it will give you a chance to talk to your parent/guardian or other trusted adult about your goals and what you are learning in El Camino.

Virtual Adaptation

Ask the students to text their parent/guardian/trusted adult during the class.

3. **Tell the students** they should be prepared to discuss the assignment during Lesson 8.
4. **Remind the students** that they only have to share what they want to share during discussions.

STUDENT HANDOUTS

- Assignment #2:** A Question for your Parent/Guardian or Other Trusted Adult



Activity 7I: Slogan and Closure (Optional) (3 minutes)

A SLOGAN FOR TODAY'S CLASS AND CLOSURE (3 minutes)

1. **Tell the class to complete the following sentences:**
 - Today I learned...
 - My favorite part today was...
2. **Remind the students** of the key messages for Lesson 7.
3. On a flipchart, **write down** students' responses.
4. **Tell students** that the next lesson, Lesson 8, will focus on preventing unintended pregnancy, going to a healthcare provider, and learning how different contraceptive methods can help them protect their camino.

Virtual Adaptation

After giving students a minute to think about what they learned today or what their favorite part of the class was, ask them to either (1) write their idea in the **Chat** box or (2) share verbally. Provide positive feedback.

Facilitator Resource 7.1

CDC Reference Guide for Sexually Transmitted Diseases

THE LOW DOWN ON THE MOST COMMON STDs



	GENITAL HERPES	SYPHILIS	HEPATITIS B VIRUS (HBV)	HIV
WHAT IS IT?	A viral infection of the genital areas. It can also infect the area around the mouth.	An infection caused by bacteria that can spread throughout the body.	A viral infection affecting the liver. HBV can be acute (mild illness lasting for a short time) or chronic (a serious life-long illness).	The human immunodeficiency virus (HIV) is the virus that causes AIDS.
HOW MANY PEOPLE GET IT IN THE US?	An estimated 1 million new infections each year, with about 45 million people already infected.	About 46,000 new cases reported each year.	An estimated 40,000 new cases each year (most of which are acquired through sex). Up to 1.2 million people are already infected with chronic HBV.	About 56,000 new infections each year, with an estimated 11 million people already living with HIV.
SYMPTOMS	Most people have no symptoms. Herpes 1 typically causes cold sores and fever blisters on the mouth; Herpes 2 typically causes genital sores or blisters. But both viruses can cause sores in either area. A herpes outbreak can start as red bumps and then turn into painful blisters or sores. During the first outbreak, it can also lead to flu-like symptoms (like a fever, headaches, and swollen glands).	Symptoms vary based on the course (timing) of infection—beginning with a single, painless sore (called a chancre) on the genitals, anus, or mouth. Other symptoms may appear up to 6 months after the first sore has disappeared, including a rash. However, there may be no noticeable symptoms until syphilis has progressed to more serious problems (see below).	Many people don't have any symptoms, especially adults. People may experience tiredness, aches, nausea & vomiting, loss of appetite, darkening of urine, tenderness in the stomach, or yellowing of the skin and the whites of the eyes (called jaundice). Symptoms of acute HBV may appear 1 to 6 months after exposure. Symptoms of chronic HBV can take up to 30 years to appear, although liver damage can occur silently.	Many people who are infected with HIV do not have any symptoms and feel healthy. Symptoms don't usually develop until a person's immune system has been weakened. The symptoms people experience are usually related to infections and cancers they get due to a weakened immune system. On average it takes about 10 years from initial HIV infection to develop AIDS.
HOW IT'S SPREAD	Through vaginal, oral, or anal sex. It can also be passed through skin-to-skin sexual contact, kissing, and rarely, from mother to child during childbirth.	Through vaginal, oral, or anal sex. It can also be passed through kissing if there is a lesion (sore) on the mouth, and from mother to child during childbirth.	Through vaginal, oral, or anal sex. Also through childbirth if the baby does not get vaccinated against HBV; sharing contaminated needles or razors; or exposure to the blood, bodily fluids (like cum) or saliva of an infected person.	Through vaginal, oral, or anal sex. Also by sharing contaminated needles or drug works; and from mother-to-child during pregnancy or breast-feeding. The chance of getting it through kissing is very low.
TREATMENT	There is no cure for herpes—the virus stays in the body and may cause recurrent outbreaks. Medications can help treat symptoms, reduce the frequency of outbreaks, and reduce the likelihood of spreading it to sex partners.	Antibiotic treatment can cure syphilis, but medication can't undo damage already done. Both partners must be treated and avoid sexual contact until the sores are completely healed.	Most often, acute HBV is treated with rest, eating well, and lots of fluids. Chronic HBV is treated through close monitoring by a doctor and antiviral medications.	There is no cure for HIV or AIDS. Anti-retroviral treatment can slow the progression of HIV disease and delay the onset of AIDS. Early diagnosis and treatment can improve a person's chances of living a longer, healthier life.
POSSIBLE CONSEQUENCES (IF LEFT UNTREATED)	Increased risk for infection of other STDs, including HIV. Some people with herpes may get recurrent sores. Passing herpes from mother to newborn is rare, but an infant with herpes can become very ill.	Increased risk for infection of other STDs, including HIV. Untreated, the infection stays in the body and can cause damage to the brain, heart, and nervous system, and even death. Syphilis in women can seriously harm a developing fetus during pregnancy.	Increased risk for infection of other STDs, including HIV. Chronic, persistent inflammation of the liver and later cirrhosis or cancer of the liver. Babies born to infected women are likely to develop chronic HBV infection if they don't get needed immunizations at birth (including HBV vaccination).	Increased risk for other life-threatening infections and certain cancers. By weakening the body's ability to fight disease, HIV makes an infected person more vulnerable to infections that they wouldn't otherwise get. HIV can also cause infections that anyone can get, such as other STDs and pneumonia, to be much worse. Left untreated, HIV infection is a fatal disease.

THE LOW DOWN ON THE MOST COMMON STDs



	CHLAMYDIA	TRICHOMONIASIS (TRICH)	GONORRHEA	GENITAL HUMAN PAPILLOMAVIRUS (HPV)
WHAT IS IT?	A bacterial infection of the genital areas.	A parasitic infection of the genital areas.	A bacterial infection of the genital areas.	A viral infection with over 40 types that can infect the genital areas, including types that cause warts and cancer.
HOW MANY PEOPLE GET IT IN THE US?	About 1.4 million new cases reported each year. The highest rates are among adolescent women.	An estimated 1 million new cases each year.	About 820,000 new cases reported each year. The highest rates are among women aged 20 to 24 and men aged 20 to 24.	An estimated 14 million new cases each year, with at least 79 million people already infected.
SYMPTOMS	Often there are no symptoms. For women who do experience symptoms, they may have abnormal vaginal discharge, bleeding (not their period), and/or burning and pain during urination. For men who do experience symptoms, they may have discharge or pain during urination, and/or burning or itching around the opening of the penis.	Often there are no symptoms. For women who do experience symptoms, they may notice a frothy, smelly, yellowish-green vaginal discharge, and/or genital area discomfort. Men who have symptoms may temporarily have a discharge from the penis, slight burning after urination or ejaculation, and/or an irritation in the penis.	Most infected people have no symptoms. For those who do, it can cause a burning sensation while urinating, abnormal white, green, and/or yellowish vaginal or penile discharge. Women may also have abnormal vaginal bleeding and/or pelvic pain. Men may also have painful or swollen testicles.	Most infected people have no symptoms. But some HPV types can cause genital warts - small bumps in and around the genitals (vagina, vulva, penis, testicles, and anus, etc.). If they do occur, warts may appear within weeks or months of having sex with an infected partner. Cancer-causing HPV types do not cause symptoms until the cancer is advanced.
HOW IT'S SPREAD	Through vaginal, oral, or anal sex. It can also be passed on from mother to child during childbirth.	Through vaginal sex.	Through vaginal, oral, or anal sex. It can also be passed on from mother to child during childbirth.	Through vaginal, oral, or anal sex. It can also be passed on during skin-to-skin sexual contact, and in rare cases, from mother to child during childbirth.
TREATMENT	Oral antibiotics cure the infection. Both partners must be treated at the same time to prevent passing the infection back and forth. Both partners should abstain from sex until the infection is gone.	Antibiotics can cure the infection. Both partners must be treated at the same time to prevent passing the infection back and forth. Both partners should abstain from sex until the infection is gone. It is common for this infection to recur (come back again).	Oral antibiotics can cure the infection. Both partners must be treated at the same time to prevent passing the infection back and forth. Both partners should abstain from sex until the infection is gone.	There is no cure for HPV (a virus), but in most cases, the virus goes away on its own. If the virus does not go away, there are ways to treat HPV-related problems. For example, warts can be removed, frozen off, or treated through topical medicines. Even after treatment, the virus can remain and cause recurrences (warts come back).
POSSIBLE CONSEQUENCES (IF LEFT UNTREATED)	Increased risk for infection of other STDs, including HIV. In women, chlamydia can cause pelvic inflammatory disease (PID) which can lead to infertility and tubal (ectopic) pregnancy. Men may develop pain and swelling in the testicles, although this is rare. Babies born to infected women can develop eye or lung infections.	Increased risk for infection of other STDs, including HIV. In women, trich can cause complications during pregnancy.	Increased risk for infection of other STDs, including HIV. In women, gonorrhea can cause pelvic inflammatory disease (PID) which can lead to infertility and tubal (ectopic) pregnancy. Men may develop epididymitis, a painful condition which can lead to infertility. Babies born to infected women can develop eye infections.	Genital warts will not turn into cancer over time, even if they are not treated. Babies born to women with genital warts can develop warts in the throat. Cancer-causing HPV types can cause cervical cancer & other less common cancers (like anal cancer) if the infection lasts for years. Cervical cancer is rare in women who get regular Pap tests.

You can also access this guide at the following link: <https://www.gachd.org/gyt-get-yourself-tested/>

Facilitator Resource 7.2

The Three Steps of Correct Condom Use

1. Think About Your Goals

- a. **Remind yourself how contraception and STI prevention protects your goals.** Remind students that:
 - They are going to use their limit-setting skills to “STOP and look for warning signs” when sexual situations come up for which they might need a condom.
 - They have the skill to set limits and prevent the "heat of the moment" from leading them into having sex which might take them off track of their camino.
 - The safest way to avoid an unplanned pregnancy or an STI is to not have sex.
 - Condoms are effective if used consistently and correctly, but they are not 100% foolproof.
- b. **Make a shared goal with your partner to use condoms.**
 - **Explain to youth** that being romantic or sexual with someone else is a type of relationship.
 - **Explain** that even if there’s no formal commitment, one thing that defines a relationship is common concern, which can be expressed through support for each other’s goals, also known as “shared goals.”
 - **Assert** that one shared goal every relationship should have, no matter how short or long, serious or casual, should be to protect each other’s health by using condoms.

2. Prepare Your Protection

- a. **Get condoms.**
 - **Show students** a packaged condom.
 - **Identify** places where youth can obtain condoms in the community. Instruct students to only use condoms made from latex or polyurethane – they should NOT use animal skin condoms or gimmick/novelty condoms.
 - **Ask students** to tell you some places where they know they could get condoms (e.g., drug store, supermarket, 7-Eleven, community clinics, Planned Parenthood, etc.). **Take a few responses** and record them on the flipchart.
 - Share See **Handout 6.2: Referral List of Youth-Friendly Sexual and Reproductive Health Centers and Condom Resources.**

Facilitator Note: Some people are allergic to latex condoms, so students should know that there are non-latex condoms.

The most common non-latex material used for condoms is polyurethane. Polyurethane or polyisoprene condoms are the same width and thickness as latex condoms. Polyurethane condoms have both advantages and disadvantages. Some advantages are: polyurethane condoms conduct heat better, are less vulnerable to heat and ultraviolet life (making them more resilient to poor storage conditions), can be used with oil-based lubricants and aren't smelly. Some disadvantages are: they are more expensive, less elastic (making them more likely to slip and break), do not retain their shape as well and bunch up more than latex.

Condoms are also manufactured out of AT-10 resin and polyisoprene, a synthetic version of natural rubber latex. Like polyurethane condoms, polyisoprene condoms are more expensive than latex condoms. However, polyisoprene condoms have a similar softness and elasticity as latex while doing a better job of transmitting body heat. Like their latex, polyisoprene condoms CANNOT be used with oil-based lubricants.

b. **Store condoms in an easy-to-reach place that protects the condoms.** Explain to students the important things about storing condoms:

- Store away from heat and sunlight, as these can weaken condoms, causing them to break during sex.
- Condoms should NOT be stored in wallets where they can be damaged by heat and abrasion.
- They should NOT be kept in a pants pocket for a long time where they can suffer abrasion or accidentally go through the wash.
- They should NOT be stored in the glove box of a car for a long period of time, because the inside of cars heat up.
- Ask students to share some places where they think they could keep condoms that are not hot places (e.g., jacket pocket, purse, dresser drawer/night table, cardboard box under the bed, etc.). Take a few responses and record them on the flipchart.
- Emphasize that condoms should be kept in easy-to-grab and ready-to-use places!

c. **Make sure the condom you are about to use isn't expired.**

- Hold up a condom package where students can see it.
- Find the expiration date on the package, show its location to the students, and read the date out loud.
- Ask students to tell you whether the condom is expired.

d. **Check for damage and open carefully.**

- Hold up the condom package.
- Demonstrate inspecting the package and show that there are no rips, tears, or abrasions that might indicate damage to the condom inside.
- Carefully open the package and remove the condom.
- Show students how to move the condom to one side while it's still in the package to avoid contact with it when you tear open the package.
- Tell students NOT to open a condom package with their teeth or by cutting it with scissors.
- Warn students that these methods of opening the package—as well as accidentally catching it on jewelry—are ways a condom can get damaged and become unsafe to use.

3. **Put It on and Take It Off... Carefully**

a. **Pinch the tip of the condom.**

- Start putting the condom on a penis model.
- Be sure to pinch the tip.
- Hold the condom up in the air where all students can see it and exaggerate the pinching action. Explain how, by pinching the tip, you are both preventing air from being trapped in the condom and also creating space for the ejaculate (semen) to squirt into—these effects both reduce the chance that the condom could break.

b. **Roll the condom all the way down.**

- Roll the condom down over the model.
- Stress that a penis needs to be erect when you put a condom on it.
- Make sure to roll the condom all the way down to the base of the penis.
- Stress the importance of this to students—it helps keep the condom from slipping off!
- Make sure that students understand that a condom should only be unrolled in one particular way. If the condom is unrolling from the inside edge of the condom, against the skin of the penis, it is on the **WRONG** way. If this happens and they find themselves putting the condom on inside out, they need to throw it out and use a new one. This is because the condom should not be unrolled inside out (it puts extra strain on the latex) **AND** because pre-ejaculate has likely contaminated the side of the condom that will enter their partner.

- Explain how different brands vary slightly in size BUT that condoms stretch to fit any size penis. Encourage students to find a brand that feels good.

Facilitator Note: Briefly discuss the use of lubricants. Instruct students to use ONLY water-based lubricants with condoms. Explain that they should NOT use lubricants that are made with oil because these will WEAKEN THE CONDOM! Examples of oil-based lubricants are Vaseline™ petroleum jelly, baby oil, hand creams or skin creams. Stress to students that if they're not sure if something has oil in it, DON'T use it. Identify common water-based lubricants that the students can buy at the drug store such as KY Jelly, Astroglide, etc.

- c. **After having sex, hold the condom at its base and carefully withdraw immediately after ejaculating.**
- Place the penis model on a flat surface with it still penetrating your hand. With the other hand hold on to the bottom of the condom at the base of the model. Stress to students how important this is in order to make sure that the condom does not slip off and leak.
 - Slide the hand that is standing in for the mouth, vagina, or anus off the model with a slow withdrawing motion.
 - Emphasize that a person should NOT wait long after ejaculating to withdraw their penis because if their penis starts to get soft again it increases the likelihood that the condom will slip off and cause semen to leak into their partner.
- d. **Dispose of condom.**
- Role model proper disposal of your demonstration condom.
 - Throw the condom in a nearby trashcan.
 - Some facilitators may want to count the number of condoms thrown out based on number of students.
 - Suggest to students that they throw out any condoms they use for sex in a private place. Explain that they should NOT throw condoms in toilets because they can clog them.

Four more important points!

- BOTH partners can be involved in all three steps for using a condom correctly!
- You MUST be sure the condom stays on the WHOLE TIME you are engaged in sex—both partners need to make sure that the condom stays on.
- Condoms must be used EVERY TIME a person has sex!

- If a condom breaks while having penile-vaginal sex, consider using emergency contraception. See **Handout 6.1: Hormonal Contraceptive Methods – What Teens Need to Know**.

Two Notes about Condoms Breaking:

- **Emergency Contraception after Penile-Vaginal Sex**
 - Even when used carefully, condoms can break. In this case, the couple may want to consider using emergency contraception, especially if they are not using another form of contraception.
 - Emergency contraception is a form of birth control that can prevent pregnancy up to five days (120 hours) AFTER unprotected sex. There are two kinds of emergency contraception—morning-after pills and ParaGard IUD insertion.
 - Morning-after pills are a special dosage of birth control pills. Morning-after pills work to suppress the release of an egg from the ovary. The morning-after pill is NOT the same as an abortion pill. Morning-after pills are available over-the-counter in drug stores or from clinics or the local health department.
 - The ParaGard IUD is a copper IUD. It must be inserted by a health care clinician.
- **HIV Prevention**
 - If a condom breaks while having sex, a couple may want to consider taking PEP, particularly if they are not on PrEP. A provider can help assess if taking PEP is right for your situation.
 - PEP is a medication that can protect people from contracting HIV after unprotected sex. It is available at emergency rooms and some sexual health clinics.
 - PEP should be taken within 72 hours of possible HIV exposure and is taken daily for 28 days. Starting PEP as soon as possible following potential HIV exposure and making sure that you take it every day for the full 28 days increases its effectiveness.
 - PEP should not be used as a regular method of HIV prevention. Instead, talk with your doctor about PrEP.

Facilitator Resource 7.3

Obstacles to Using Contraceptives and Condoms

1. I am too embarrassed to go to the clinic to get contraception or condoms.

Possible responses:

- Deciding to have sex is a big decision. If you are too embarrassed to go to a clinic to get contraception or get a condom, reconsider your decision to have sex.
- Going to the clinic for contraception or a condom will be easier than going to the clinic for a pregnancy test or a test for a sexually transmitted infection.
- Consider going to other locations that sell or give away condoms: drug store, supermarket, vending machine, etc.
- Consider going with your partner to get birth control or condoms – having their company may make it easier.

2. I don't have money to pay for condoms or contraception.

Possible responses:

- Consider going to a public health clinic or Planned Parenthood where contraception and condoms are often offered for free or at a low cost.
- Consider having your partner contribute to the cost.

3. My partner says they do not want to use a condom or contraception.

Possible responses:

- Your partner may say they do not want to use condoms because they take the fun out of sex, that contraceptives/condoms don't really work, or that they don't like the way they feel. No matter what they say, tell your partner you will not have sex without a contraceptive and/or condom.
- Provide information to your partner about how contraceptives/condoms work.
- Tell your partner that you are not ready to take on the responsibilities of a pregnancy/having a child and that STIs can cause health problems both now and in the future.

4. I worry that if I insist on using a condom, my partner will think I don't trust them.

Possible responses:

- Condoms are an effective form of contraception that help prevent unintended pregnancy and sexually transmitted infections (STIs).
- A person's decision to use a condom is their personal decision based on wanting to prevent a pregnancy or an STI, not how much they trust their partner.
- Consider explaining to your partner that using a condom to protect both yourself and your partner against pregnancy and STIs is a way of earning trust by showing concern for your partner's well-being as well as your own.

5. My partner says that "Condoms are only for people with sexually transmitted infections."

Possible response:

- Many people do not have any signs or symptoms of a STI and do not know that they have one. The only way to be sure whether or not someone does or doesn't have an STI is to get tested by a health care provider. Condoms help prevent against most STIs, whether or not someone shows symptoms. Condoms also are a valuable method for preventing unintended pregnancy.
- Ask your partner to get tested together at a health clinic as a way to build trust and ensure that you and your partner are making responsible decisions about your sexual health together.

6. I am too drunk to get/use a condom.

Possible response:

- If you or your partner is drunk, you should not be having sex. Period.

7. My friends say that women who carry condoms or use contraception are "whores" or "sluts."

Possible responses:

- People of all genders are responsible for preventing an unplanned pregnancy and sexually transmitted infections. People who carry condoms are taking care of their health and the health of their partners. And they are showing respect for their partner's goals. They should be praised for being responsible, not insulted.

8. I don't know how to talk to my partner about using condoms or contraception.

Possible response:

- Deciding to have sex is a serious decision. In a healthy relationship, partners should be able to talk about serious decisions.
- Consider writing down what you want to say to a partner first, or practice what you want to say to a trusted friend. If you still feel like you are not ready to talk to your partner about sex, you are probably not ready to have sex. Wait.

9. I'm afraid that my partner will get violent or abusive if I suggest it.

Possible response:

- In a healthy relationship, violence is never used against a partner. Reconsider your relationship if you are afraid of your partner. If you need to, get help in breaking up.
- If you are in an abusive relationship, some resources include your school counselor, a health provider at a local clinic, or the National Domestic Violence Hotline (1-800-799-7233).

10. I am already using the birth control pill, so I do not need a condom.

Possible response:

- The birth control pill is very effective at preventing unintended pregnancy if used correctly and consistently. However, the pill does not protect against sexually transmitted infections. If you are having penile-vaginal sex, you should use contraception AND a condom.

Facilitator Resource 7.4

Frequently Asked Questions (FAQs)

CONDOMS

1. Can condoms really go bad?

- **Yes.** *“Condoms¹ can go bad... And when they do, they can break more easily. That’s why you should always check the condom’s expiration date² and give the wrapper a thorough inspection³ before opening it. Heat, sun, moisture, and fluorescent light can also make condoms more likely to break. To reduce the risk of breakage, store your condoms in a cool, dry place.”⁴*

2. Can you get an STI from anyone?

- **Yes.** *You can get an STI from anyone who is infected if you engage in sexual activity with them and you don’t use a condom. A person may not know that they are infected with an STI and you may not be able to tell if they are infected.*

3. Should I care if a condom breaks?

- **Yes.** *If a condom breaks, both partners should treat the situation as if the condom was not used at all. If two people are having penile-vaginal sex and the condom breaks, they should seek emergency contraception like Plan B if the person who can get pregnant was not already using another form of contraception like an IUD or implant. All couples should seek STI testing if a condom breaks, even if they weren’t having penile-vaginal sex.*

¹ Bedsider, “Birth Control: Condom,” n.d., http://bedsider.org/methods/condom#side_effects_tab.

² Centers for Disease Control and Prevention, “Condom Effectiveness: Male (External) Condom Use,” 2023, <https://www.cdc.gov/condomeffectiveness/male-condom-use.html>; KidsHealth, “How can you tell if a condom has expired?” 2020, <https://kidshealth.org/en/teens/condom-check.html>

³ Bedsider, “How do I check a condom wrapper for damage?” 2021, <http://bedsider.org/questions/306>

⁴ Bedsider, “What’s wrong with using expired condoms?” 2016, <https://bedsider.org/questions/323-what-s-wrong-with-using-expired-condoms?tag=condom>

Facilitator Resource 7.5

Talking Points: Condoms

Most of these answers have been taken directly from KidsHealth.org and Bedsider.org. Answers that have not been edited are in quotes and have a footnote directing the user to the exact location where the answer was found.

Answers to more questions can be found here: <https://bedsider.org/questions> and <http://kidshealth.org/en/teens/sexual-health/>.

1. Can I reuse a condom?

- *No. “Condoms are definitely not reusable. You need to put on a new one each and every time you have sex.”⁵ It’s also important to use a different condom when switching between vaginal, anal, and/or oral sex.*

2. What should I do if a condom breaks?

- *If a condom breaks, both partners should treat the situation as if the condom was not used at all. If two people are having penile-vaginal sex and the condom breaks, they should seek emergency contraception like Plan B if the person who can get pregnant was not already using another form of contraception like the IUD or implant. All couples should seek STI testing if a condom breaks, even if they weren’t having penile-vaginal sex.*

3. Why do condoms have an oil-like substance?

- *Most condoms come pre-lubricated. “Lubricated condoms have a substance (lube) that helps reduce friction during sex; friction can increase the risk of a torn or ripped condom. Nonlubricated condoms are not lubricated.”⁶*
- *Adding extra water-based or silicone lube can make condoms feel great and keep them from breaking. However, don’t use anything that has oil in it (like Vaseline, lotion, or baby oil) with latex condoms) because oil damages latex condoms and may cause them to break.⁷*

⁵ Bedsider, “Can I reuse a condom?” 2021, <https://bedsider.org/questions/207-can-i-reuse-a-condom?tag=condom>

⁶ Cleveland Clinic, “Condoms,” 2022, <https://my.clevelandclinic.org/health/drugs/9404-condoms>

⁷ Planned Parenthood, “How to put a condom on,” n.d., <https://www.plannedparenthood.org/learn/birth-control/condom/how-to-put-a-condom-on>

4. What if I am allergic to condoms?

- *“Latex allergies are rare,⁸ but they happen. If you or your partner are allergic to latex, there are non-latex polyurethane condoms you can use to protect against pregnancy and/or STIs.”⁹*

5. My partner said that we don’t need to use condoms because we aren’t cheating on each other.

- *Condoms are still important even if both partners in a relationship are faithful to one another. First, they can help prevent unintended pregnancy (although people who can get pregnant should also use a form of hormonal contraception to decrease the risk of pregnancy). Second, condoms reduce the likelihood that one partner will pass an STI along to the other partner. It is possible and even common to have an STI and not know it, so one member of a relationship may have gotten an STI with a previous partner but not know about it. The only way for people to know if they do not have an STI is for both them and their partner to get tested.*

6. I heard there is a medicine for people with HIV; is it still incurable?

- *There are two types of medicine that can reduce the risk of transmitting HIV through sex or injection drug use. The first type is a medicine for people who already have HIV. This kind of medicine is called Antiretroviral Therapy (ART). If someone who has HIV takes ART exactly as their doctor tells them to, it is highly likely to reduce the amount of the HIV virus in their body to an undetectable level. When the amount of the HIV virus is undetectable, it is not possible to transmit the virus through sex and greatly reduces the likelihood of transmitting the virus through shared drug injection equipment (like needles). ART does not cure HIV, however. If someone with HIV stops taking ART, the level of the HIV virus in their body will increase and they could transmit HIV.¹⁰*
- *The other type of medicine that can reduce the risk of transmitting HIV is called pre-exposure prophylaxis, sometimes called PrEP for short. PrEP is a medicine for people who do not have HIV but are considered high risk for HIV infection. A doctor helps people determine if they are at high risk for HIV infection. One example of a person who has a high risk of HIV infection would be someone who has a sexual partner that has HIV. PrEP is a pill that someone takes every day. If someone taking PrEP is exposed to HIV, the medicine in PrEP can prevent the virus from permanently infecting them, but is not 100% guaranteed.¹¹*

⁸ Bedsider, “Latex ex,” 2012, <http://bedsider.org/features/160>

⁹ Bedsider, “What if I’m allergic to latex condoms or my partner is?” 2021, <https://bedsider.org/questions/299-what-if-i-m-allergic-to-latex-condoms-or-my-partner-is?tag=condom>

¹⁰ Centers for Disease Control and Prevention, “HIV Treatment as Prevention,” 2021, <https://www.cdc.gov/hiv/risk/art/index.html>

¹¹ Centers for Disease Control and Prevention, “Pre-Exposure Prophylaxis (PrEP),” 2022, <https://www.cdc.gov/hiv/risk/prep/index.html>

Materials in Student Workbook:

- Lesson 7: Key Messages
- Handout 7.1: Sexually Transmitted Infections
- Handout 7.2: The Three Steps of Correct Condom Use – Shorter Version
- Handout 7.3: The Three Steps of Correct Condom Use – Longer Version
- Handout 7.4: FAQs: Condoms
- Assignment #2: A Question for Your Parent/Guardian or Other Trusted Adult