sexpressions

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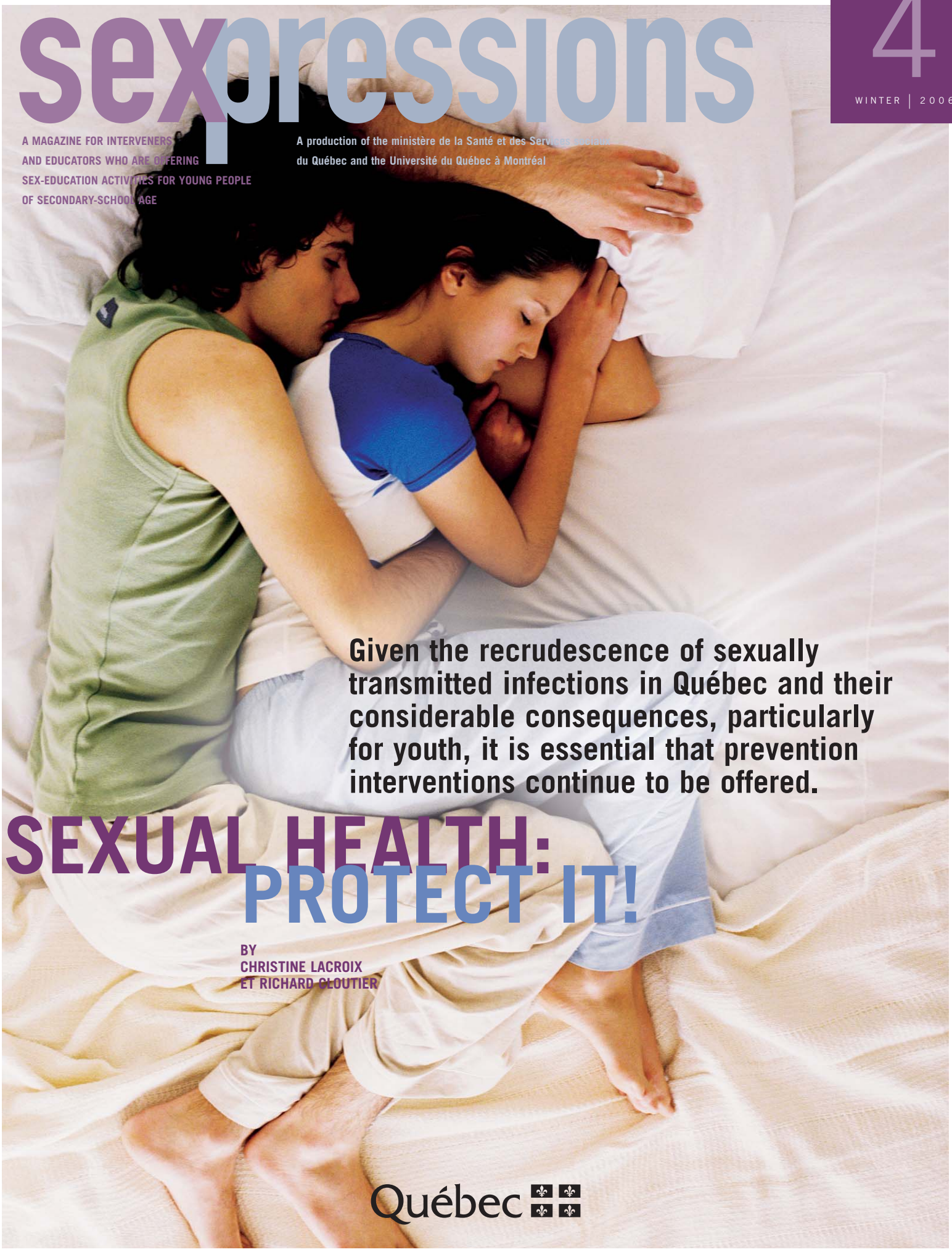
A MAGAZINE FOR INTERVENERS AND EDUCATORS WHO ARE OFFERING SEX-EDUCATION ACTIVITIES FOR YOUNG PEOPLE OF SECONDARY-SCHOOL AGE

A production of the ministère de la Santé et des Services sociaux du Québec and the Université du Québec à Montréal



Given the recrudescence of sexually transmitted infections in Québec and their considerable consequences, particularly for youth, it is essential that prevention interventions continue to be offered.

SEXUAL HEALTH: PROTECT IT!

BY
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Québec

After she was diagnosed this afternoon in the doctor's office, Meghan (15 years old) returned home and thought about the way things went when she had sexual relations with her ex-boyfriend Sebastian (16 years old). She is well aware that things had gone too fast. She is still surprised because she doesn't identify with what she did.

Meghan met Sebastian just over a month ago at a small party a friend had at his place while his parents were away. Feelings of desire, combined with the disinhibiting effects of alcohol, resulted in them having sex that evening. They didn't use condoms. At any rate, there was no way they were going to stop to put on a condom during such a magical moment: Sebastian would have taken her for a slut! But Sebastian is very popular with the girls at school, and it wasn't his first time. But since he didn't bring it up first, it was better not to push it.

Meghan went to see a doctor after she felt growing physical discomfort. He suggested that she have a urine test to pinpoint the diagnosis. Abnormal vaginal discharge, pain in the pelvic area and during urination quickly provided clues for the physician. Meghan consulted early enough and took antibiotics. After that, the whole situation became a bad dream. However, she had imagined the worst and experienced great anxiety. Also, if treatment had been delayed, she could have become infertile, which would have been devastating for her because she really wants to have a child later on. Instead of chlamydia, she could very well have gotten AIDS.

So how does she go about talking to Sebastian? On top of having a heavy heart because of their recent breakup, she also feels a bit ashamed. She had thought that talking about using a condom was difficult; but it is even more embarrassing to have to tell him he probably gave her a sexually transmitted infection and he will have to see a doctor. To prevent Sebastian from spreading the infection, the physician or nurse can support Meghan in the process and advise her about what they think would be the best way to tell the boy. They can also help determine if Meghan, the doctor or the nurse will contact Sebastian. If Meghan is the best person to talk to him, they will help her prepare for the task.

Meghan and Sebastian have undoubtedly heard about AIDS but do not seem too worried about this disease. They seem to think it is more of a risk for other people and, all things considered, it is not really a concern to them. All they know about other sexually transmitted infections (STI)[1] is that these infections are probably easy to cure with antibiotics. The two teenagers do not seem to know that a number of STI cannot be treated and could threaten their physical and sexual health, including their fertility.

1. Sexually transmitted diseases (STDs) are now called STI, which stands for sexually transmitted infections. 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 notices no signs or symptoms. A person can be infected with an STI and transmit it to someone else even if he or she does not feel sick.

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SEXUALLY TRANSMITTED INFECTIONS ARE STILL AROUND

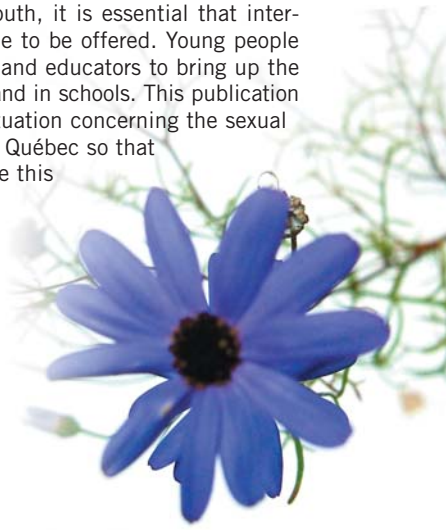
During the 1990s, young people were often exposed to AIDS prevention messages in schools, with very encouraging results. Indeed, a greater number of young people protected themselves when they had sexual relations. Their knowledge of HIV/AIDS and STI expanded considerably. However, the success of AIDS treatments diminished fears about this disease and consequently, young people have become less familiar with the facts about STI. Hence, young people are more likely to adopt riskier behaviours and to have unprotected sex. Consequently, STI have been on the increase. "After seeing significant decreases in the number of STI in the early 1990s, we have since been observing rates of chlamydia and gonorrhoea rise by over 70%"[2].

Yet, a recent *L'Actualité*[3] survey conducted among young Quebecers aged 15 to 18 years revealed that 70% of them consider AIDS to be a very important social problem, the highest rate in comparison with other social problems such as war, poverty, the environment, terrorism, globalization, unemployment, abortion, decreasing birth rates, developing countries, and immigration. However young people's concerns about AIDS do not correspond to their daily realities since few of them are grappling with HIV[4]. They are affected to a greater degree by other STI such as chlamydia (70% of reported cases are among 15- to 24-year-olds)[5], herpes or condylomas. There is less worry about these infections, probably because they are not fatal.

Young people today are exposed to risks of contracting an STI because of sexual precociousness, and a casual and heedless attitude towards sexuality. Youth are more vulnerable due to difficulties asserting themselves in sexual and loving relationships and in negotiations surrounding condom use. Various social influences, including the media and peer pressure, can encourage young people to adopt behaviours that are counter to their well being.

It is important to discuss with young people the various positive aspects of sexuality[6]. But it is just as essential to inform them of the possible consequences of having unprotected sexual relations[7]. Community workers can certainly develop activities commensurate with the specificity of their clienteles. In schools, the Québec Education Program offers numerous ways to broach the theme of sexually transmitted and bloodborne infections[8] (STBI) with students, particularly from the angle of cross-curricular competencies within the general education themes *Health and Well Being*[9] and *Media Literacy*[10]. Moreover, the themes of *Science and Technology*[11] and *Moral Education*[12], among others, are quite appropriate for skills development in human biology or personal development. Collaboration among teachers from both these disciplines could be beneficial in the elaboration of complementary educational activities designed for students. These activities could also be incorporated into health promotion and prevention services programmes, as well as into support services associated with complementary educational services designed to provide students with an environment conducive to acquisition of life habits and skills that will positively influence their health and well being. The student support services programme is intended to assist students in their search for solutions to difficulties they are likely to encounter[13].

Given the recrudescence of STBI in Québec and their considerable consequences, in particular among youth, it is essential that interventions related to prevention continue to be offered. Young people have every right to expect interveners and educators to bring up the topic of STBI, both in the community and in schools. This publication presents an overview of the current situation concerning the sexual relations of young people and STBI in Québec so that as interveners, you will be able to raise this issue with students through various educational activities.



2. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC (2004), Portrait des infections transmissibles sexuellement et par le sang (ITSS), de l'hépatite C, de l'infection par le VIH et le sida au Québec, décembre, collection « Analyses et surveillance », No. 29, p. www.msss.gouv.qc.ca/itss (section documentation).
3. TURENNE, M. (2004), « Enquête sur les 15-18 ans », L'actualité, 1 June, Vol. 29, No. 9.
4. COUNCIL OF MINISTERS OF EDUCATION (2003), Canadian Youth, Sexual Health and HIV Study. Factors influencing knowledge, attitudes and behaviours, Ottawa, Council of Ministers of Education.
5. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC, op. cit., p. 12.
6. GOUVERNEMENT DU QUÉBEC, Sex Education in the Context of Education Reform, ministère de l'Éducation du Québec and ministère de la Santé et des Services Sociaux du Québec, 2003, 56 p.
7. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC, Programme national de santé publique 2003-2012, Québec, Direction des communications, ministère de la Santé et des Services sociaux, 2003, p. 57.
8. Some infections, like chlamydia, can only be transmitted sexually; others, such as HIV, syphilis and hepatitis B can be transmitted through sexual relations and blood. Hepatitis C is spread almost exclusively through blood.
9. MINISTÈRE DE L'ÉDUCATION DU QUÉBEC (2004), "Health and Well Being", in Québec Education Program. Secondary School Education, Cycle One, Québec, p. 23.
10. Ibid., "Media Literacy", p. 27.
11. Ibid., "Science and Technology", p. 223-249.
12. Ibid., "Moral Education", p. 455-479.
13. MINISTÈRE DE L'ÉDUCATION DU QUÉBEC (2002), Complementary educational services: Essential to success, Québec, 59 p., http://www.mels.gouv.qc.ca/dassc/pdf/19-7029a.pdf

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

In 2002, the Council of Ministers of Education, Canada published a study on young people's sexual health, HIV and AIDS in Canada[14]. This study shows that most young people can identify the various modes of HIV transmission and the most effective protection methods. It also demonstrated that getting older plays a role in improving a person's notions about sexual health. Knowledge related to STBI seems to be the most problematic aspect. Indeed, the majority of Secondary III and IV students believe that it is impossible to contract the same STBI twice, whereas about half do not know that STBI can be asymptomatic. However, students are more aware of the serious complications that can result from chlamydia infection (notably, pelvic inflammatory disease and infertility). Moreover, less than half are unaware that it is not recommended to use Vaseline™ as a lubricant with condoms. As for HIV, the study reveals that young people were less knowledgeable in 2002 than they were in 1989 about the risk of sharing a needle, having more than one sex partner, the effectiveness of condoms, early treatment, screening tests, and mortality risks. Two-thirds of Secondary I and half of Secondary III students do not know that it is impossible to cure HIV/AIDS. However, this result should be put into perspective because some young people may have confounded treatment with cure. In addition, it seems that fears of the negative health consequences of STBI have little to do with decisions to become sexually active. Among students of all ages, about half were not afraid of contracting HIV.

Two thirds of students agree that it is all right to have sex before marriage if two people love each other. In a 2002 survey of Secondary III students, 23% of boys and 19% of girls reported having had sexual relations at least once, compared with the figures for Secondary V students, 40% and 46% respectively. These results are very similar to those compiled in 1989. Abstinence is linked to not feeling ready or because the opportunity has not presented itself. Love, curiosity and the will to experiment seem to explain the behaviours of students who are sexually active.

According to Impact Recherche, a firm that conducted a 2002 survey on youth's perceptions related to sexual behaviours, young people estimate that the average age at first sexual relation is 16.8 years[15], whereas in fact, it is around 15 years. As for numbers of sexual partners, half of youth estimate the average to be one; in fact, many of them have had four or more. Young people are familiar with condoms. Over three quarters of them had used condoms and oral contraceptives the last time they had sex. However, according to the students surveyed, non-utilisation of condoms is due to unplanned sexual relations, overconsumption of alcohol or drugs, lack of money for purchase, lack of knowledge about usage, or having a partner who is faithful.

The *Enquête sociale et de santé* conducted in 1999 revealed encouraging signs regarding sexual prevention, especially concerning more frequent condom use by young people as well as by individuals with casual partners. However, some behaviours remained worrisome such as the low level of condom use among young adults, which is lower still among people who have more than one sex partner, which constitutes a risky sexual behaviour[16]. A study conducted among youth by Fortin and Lévy[17] on the discourse about AIDS and STBI explains these trends by the fact that condom use is influenced by the social representations of HIV/AIDS, dynamics of personal, relational, affective and sexual dimensions, and various proposed prevention strategies. Consequently, using condoms is part of a process of integrating contraceptive methods; usage tends to decrease when oral contraceptives are preferred. Other prevention strategies can be tapped: sexual fidelity in the context of a stable relationship, abstinence, asking the partner about his or her sexual past, and having a screening test. However, these strategies are secondary compared with condom use. Moreover, not only do condoms work as a method of contraception but that also offer protection against STI, whereas methods such as oral contraception may prevent conception but do not protect against STI.

14. COUNCIL OF MINISTERS OF EDUCATION, op. cit.
15. LÉGARÉ, DENYS (2002), « Campagne jeunes Parler, c'est grandir. Sondage comparatif parents d'adolescents et adolescents de 11 à 17 ans » conducted by Impact Recherche.
16. ADRIEN, V., A. LEAUNE, and D. AUGER
17. FORTIN,C., et J.J. LEVY (2003), Mourir à trop aimer. Sexualité VIH/sida et prévention dans l'imaginaire des jeunes Québécois, Québec, Les Presses de l'Université Laval, p. 129 and 130.
18. Ibid., p. 137.

Alcohol and drug consumption interfere significantly with preventive behaviours[18]. These substances decrease sexual inhibitions, and alter a person's judgement and decision-making related to sexual behaviours. For instance, alcohol played a large part in Meghan and Sebastian having unprotected sex the first time they met. These substances have some bearing on how a relationship unfolds, and it is then that condoms are forgotten. Intoxication can magnify a person's emotional state and desire, and thus distract from prevention. Oral contraceptive use is also a significant obstacle. Trusting one's partner can become a way to resist prevention, while feelings of love set up the emotional conditions that can inhibit judgement. Another factor that could encourage young people to forsake condom use is belief that one's partner has not contracted an infection, that he or she has not had several sex partners, or that he or she has always used a method of protection. Individuals who consider themselves not to be a risk think they are invulnerable. Emotional and passionate states that accompany erotic activity, especially during the first sexual relationship, weaken control over sex drive and interfere with prevention. Non-use of condoms is also linked to negative emotions; some people feel embarrassed or ashamed to buy or keep them handy. Moreover, generally, young people use condoms the first time they have sex with a new person, but do not necessarily continue using them once they know this person better.

ADOLESCENTS AT RISK BECAUSE THEY ARE VULNERABLE

The many messages and behaviours or even models that sometimes send contradictory messages about sexuality do not make it any easier for young people when the time comes to express their sexuality, to make decisions about adoption of sexual behaviours, and to bear the consequences of their decisions. Role confusion linked to identity development during adolescence means that young people frequently face a struggle between peer pressure and pressure from parents or other adults in positions of authority. This conflict is especially true when it comes to sexuality. Adolescents need to develop a certain coherence between their values and behaviours, as well as to find meaning in what they are and do. To succeed, adolescents need supervision and guidance, as well as respect for their individuality.

Various physical transformations, hormonal changes, psychological developments, changes in social interactions and the formation of personal identities constitute phases during which adolescents experience sexual awakening. An adolescent can base this identity 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 sociosexual promiscuity that translates into sexual games or unprotected sexual relations with multiple partners; others choose serial monogamy (faithful during a relationship, but having one relationship after another) without using protection. An impression 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; Chouinard, 2005b; Garriguet, 2005; Rioux Soucy, 2005a and 2005b; Rotermann, 2005). Besides, the numbers speak for themselves when it comes to youth who act irresponsibly.

STBI IN QUÉBEC: A WORRISOME SITUATION AND STATISTICS THAT ARE NOT VERY ENCOURAGING

UNDERESTIMATION OF THE SCOPE OF STBI - Québec's reportable disease system (MADO)[19] provides data on the extent of STBI. In Québec, **chlamydia** is the most common reportable STI. Indeed, 12 877 cases were reported in 2004, an increase of 71% since 1998. The number of reported cases of **gonorrhoea** was 826 in 2004, which shows that the incidence rate (number of new cases) has remained relatively stable since 2002. The rate rose from 11.4 that year to 11.9 in 2003. Infectious **syphilis** is also on the rise: in 2003, 153 cases were reported to pubic health authorities while in 2004, the figure was 239. Cases of acute **hepatitis B** are the only ones that have been consistently decreasing; the figure declined 66% between 1996 and 2001. An effective hepatitis B vaccine is recommended in the immunization schedule for grade 4 children in Québec and is offered to groups of individuals who are at high risk for this infection.

Despite these numbers, which can be deemed high, the figures available from the MADO system are underestimates: from 1996 to 2000, 100 131 people benefited from Québec's free prescription drug programme to treat STI, while only 47 074 cases[20] were reported.

Genital herpes and **human papilloma virus infection** (HPV or condylomas), which are not on the list of infections that must be reported to public health authorities, are even more common[21, 22]. It is estimated that about 20% of sexually active individuals have one of these infections[23, 24].

In the case of most STBI, a person can be infected without developing symptoms, a problematic situation since many people might be infected without knowing it[25]. It is estimated that one out of three people infected with an STBI is unaware of it.

These factors suggest the STBI epidemic in Québec may be accelerating considerably, as is the case in the United States and Europe.

It is important to clarify a few points regarding certain genital infections that are not STI. Indeed, a yeast infection (fungus) such as **vaginal candidiasis** is not necessarily vaginitis caused by sexual contact, nor is **vaginosis**, which is bacterial in origin. An overabundance of micro-organisms that create an imbalance in a woman's natural flora can cause these types of vaginitis, which can be triggered by something other than sexual relations. Infections of parasitic origin (**scabies** and **lice**) are not always due to sexual contact either. Close contact with a contaminated individual or object is the only requirement for infection to occur (see Tables on STBI in the appendix).

The following synthesis table illustrates the evolution of the state of STBI in Québec.

TABLE 1 **NUMBER OF REPORTED CASE OF STI IN QUÉBEC, BY YEAR, 1996 TO 2004**[26,27]

Year	Genital chlamydia	Gonorrhoea	Syphilis		Hepatitis B		TOTALS
			Recent aquisition (< 1 an)	Previous aquisition	Acute	Chronic or unspecified	
1996	6 675	478	11	48	279	1 269	8 760
1997	6 461	556	9	34	226	1 262	8 548
1998	7 245	495	3	39	177	1 116	9 075
1999	7 999	624	5	21	165	1 134	9 948
2000	8 747	673	6	21	182	1 114	10 743
2001	10 201	831	15	34	96	1 198	12 375
2002	11 131	880	48	37	99	1 124	13 319
2003	12 385	890	158	117	93	869	14 242
2004	12 604	804	228	94	61	561	14 352
TOTALS	83 448	6 231	483	445	1 378	9 647	101 632

19. Some STBI are included (genital chlamydia, gonorrhoea, syphilis, hepatitis B, lymphogranula venerium, chancroid and granuloma inguinale) because of their frequent occurrence, the possibility of serious complications of an untreated infection, and the possibility of providing preventive intervention.

20. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC (2003), Évaluation du programme québécois de gratuité des médicaments pour le traitement des sexually transmitted infections de 1998 à 2002, November, collection "Analyses et surveillance", No. 28, 68 p.

21. SONNEX, C. (1998), "Human papillomavirus infection with particular reference to genital disease", Canadian Journal of Pathology, Vol. 51, p. 643-648.

22. HALIOUA, B., and J.E. MALKIN (1999), "Epidemiology of genital herpes: Recent advances", European Journal of Dermatology, Vol. 9, No. 3, p. 177-184.

23. AKOM, E, and S. VENNE (2002), L'infection au virus du papillome humain (VPH). Recension des écrits et consultation d'experts dans une perspective de santé publique. Ampleur et nature du problème, explorations des avenues de prévention de ces infections et de leurs complications, Montréal, Institut national de santé publique du Québec, 157 p.

24. AKOM, E, and S. VENNE (2003), L'infection génitale au virus de l'herpès simplex (VHS). Recension des écrits et consultation d'experts dans une perspective de santé publique. Ampleur et nature du problème, explorations des avenues de prévention de ces infections et de leurs complications, Institut national de santé publique du Québec, 95 p.

GROUPS MOST AFFECTED BY STBI - In Québec, women are most affected by **chlamydia**, **Gonorrhoea** and **syphilis** affect men to a greater degree, notably men who have sex with men (MSM). The age group composed of 15- to 24-year-olds are the most affected by STBI, and although all regions of Québec are involved, Native populations seem to be most afflicted.

As for **HIV**, it is estimated that there are 18 000 people in Québec who have been infected mainly through sexual relations among MSM and/or by sharing drug injection equipment (see Table 2). Mother-to-child transmission now rarely occurs thanks to treatments offered to pregnant women.

While some STBI affect some groups of men or of women to greater degrees, depending on where they live or their sexual orientation, young people are significantly affected by these infections. Planning STBI prevention interventions designed for this population is thus justified.

UNFORTUNATE REPERCUSSIONS - There are consequences for contracting an STI. For example, if left untreated or treated too late, chlamydia and gonorrhoea can cause sterility. Some anal-genital, cervical or anal cancers are caused by certain human papilloma viruses (HPV). Other types of HPV can cause condylomas. Some STI are transmitted from an infected mother to her newborn, which can cause congenital syphilis or neonatal herpes. From a psychosocial perspective, sterility 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 turn to new reproductive technologies or to adoption. The shame and worry that can follow a positive diagnosis of genital herpes infection (HSV) or HPV 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 STI increase the risk of contracting and spreading HIV.

TREATMENT FOR SOME STBI - Infections of parasitic origin cause itching and are therefore very unpleasant. However, they are easily treated by applying curative products. Infections of bacterial origin react well to physician-prescribed 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 accordingly. However, in some cases, the health effects of these infections are serious, sometimes irreversible. In this regard, viral infections are more complex and treatment is not always successful. Indeed, for most of these infections, the only treatments available are palliative and can thus only relieve symptoms. Moreover, to date, the only preventive vaccine available is for hepatitis B. Although treatments for HIV can slow down or even halt its virulence, this infection is incurable since the virus always remains in the body.

TABLE 2 **ESTIMATE OF THE PREVALENCE OF HIV INFECTION AND RANGE OF UNCERTAINTY AT THE END OF THE YEAR 2002 IN QUÉBEC[28] BY CATEGORY OF EXPOSURE**

Category of exposure					
Male homosexual	Male homosexual and IDU	Injection drug user	Heterosexual contact or from a country where HIV prevalence is high	Clotting factors/ transfusion	TOTAL
10 500	800	4 000	2 500	100	18 000
(8 000-13 000)	(500-1 100)	(3 000-5 000)	(1 500-3 500)	(50-150)	(14 000-22 000)
(58 %)	(4,4 %)	(22 %)	(14 %)	(0,5 %)	(100 %)

25. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC (2004), Stratégie québécoise de lutte contre l'infection par le virus de l'immunodéficience humaine et le sida, l'infection par le virus de l'hépatite C et les infections transmises sexuellement. Orientations 2003-2009, Québec, ministère de la Santé et des Services sociaux du Québec, 56 p.

26. PARENT, R. et al., Analyse des cas d'infection génitale à chlamydia trachomatis, de gonorrhée, d'hépatite B et de syphilis déclarés au Québec par année civile, 1996-2002, Québec, ministère de la Santé et des Services sociaux, collection "Analyses et surveillance". In press.

27. VENNE, S. Vigie ITSS-année 2004. MSSS, January 2005.

28. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC, Portrait des infections transmises sexuellement et par le sang (ITSS), de l'hépatite C, de l'infection par le VIH et le sida au Québec, op. cit., p. 31.

BEYOND THE PHYSIOLOGICAL CONSEQUENCES OF STBI

Depending on an adolescent's experiences, emotional baggage and self-esteem, contracting an STBI can have considerable psychosocial consequences that can manifest themselves with degrees of varying intensity. A diagnosis of an STBI can generate a wide range of feelings and emotions: guilt, shame, anger, hostility, doubt, fear, anxiety, phobia and distrust. A main influence is our society's negative perception of this type of infection. Indeed, who would boast of contracting such an infection from a sex partner?

Consequently, this situation can bring about temporary sexual difficulties caused by physical symptoms or by sexual inhibitions that can arise from being unable to control one's emotions adequately or from the sense given to the infection, a form of punishment, for example. Body image can also be affected; a negative perception can occasionally be provoked by the impression of being dirty, especially in cases where the infection causes embarrassing or foul-smelling discharge or visible sores. Moreover, refusing to acknowledge the infection can result in delayed medical consultation, which can have consequences. Depending on its seriousness and available curative or palliative treatments, the infection can cause depression, concern for one's future fertility or general state of health, or elicit fears of transmitting the infection. An STBI can also cause conflict or trigger a crisis of confidence within a couple, bring about communication problems, and lead to separation. However, a positive STBI diagnosis does not only trigger negative aspects, insofar as this unwelcome event can force individuals to think about their behaviours and question their attitudes to sexuality and health. They may re-evaluate the meaning they assign to notions of trust, respect and communication, enhance their knowledge of the subject and develop their self-assertiveness. Meghan, for instance, was able to raise her awareness of these elements after her unfortunate experience.

TO CHOOSE IS TO PREVENT!

In the spirit of many people who focus on the here-and-now, a successful sexual relation is too often synonymous with unprotected penetration, the goal of which is to eliminate any mechanical barrier to pleasure. It is worthwhile to consider other options that can be accessible to 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; in these cases, condoms should be used. We note that an increasing number of girls push their partners not to use condoms on the pretext of interrupting the fun, which confuses boys.

While not using condoms translates into repetitive testing or a reduction in the number of partners, young people should be well aware that these behaviours offer only 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. As for youth who do not 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. Young people should ask themselves what suits them best. Prevention also means being able to choose according to one's beliefs and values rather than following others blindly, without taking one's own needs into account. Since sexuality will be an important aspect throughout a person's life, condoms should be constant companions since they are the most effective method of protection against STI.

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 offers information on condoms as well as ways to talk about it with a partner. If Meghan and Sebastian 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 every sexual relation will be safer. Condoms constitute a mechanical barrier that prevents direct contact with the skin in the genital area, vaginal and anal walls, and with the biological fluids of male and female sex partners including vaginal secretions, sperm, pre-ejaculatory fluid and blood. The risks of contracting an STBI are thus considerably reduced.

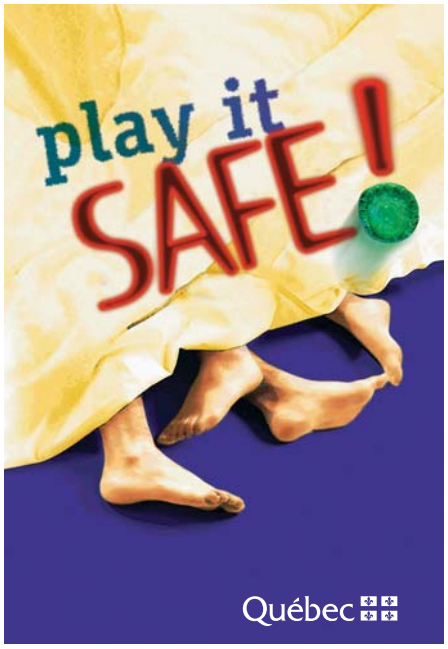
A CONDOM THAT SUITS YOU - When choosing a condom, it is important to consider some of its characteristics as well as one's own preferences. Rule number 1, however, is to always opt for latex condoms. A water-soluble lubricating jelly can be used to reduce friction and avoid breakage. Neither petroleum-based lubricants, such as Vaseline™, that alter the condom and greatly 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 also slightly more expensive. Condoms containing spermicide (nonoxynol-9) are not recommended; the irritations they provoke induce small lesions in the mucous membranes that become gateways for STBI. For more information about the properties of various types of condoms, such as regular, ribbed, non-lubricated and lubricated, as well as about gadgets-which look like condoms but cannot be used as prophylactics or contraceptives-that can be bought in vending machines or specialised shops, visit the Web site www.jcapote.com or www.sexualityandu.ca.

Condoms, an effective prevention measure when used properly - For a condom to be effective, several basic elements must be observed: the expiry date, which should be checked at the time of purchase as well as before use; proper storage; unrolling it on the right side; careful handling at the beginning and end of the relation (watch out for rings and nails!); and removing it carefully (go to www.jcapote.com)

THE EVER UNPOPULAR AND MISUNDERSTOOD CONDOM!

Young people and adults tend to quickly focus on the negative aspects of condom use. But are they always a nuisance? Disadvantages can sometimes hide advantages. It would be wise to point out these advantages to the young people who will benefit from the pedagogic activities you present.

There are a few small inconveniences, which can be surpassed with a bit of determination and experience. But condoms offer advantages that make it a favourite protection and contraception method: young people can buy them easily; they are inexpensive; and they are easy to use and very effective.



HOW TO REDUCE THE DISADVANTAGES OF USING A CONDOM

DISAVANTAGES	ADVANTAGES
REDUCES SENSATIONS	A SOLUTION FOR PREMATURE EJACULATION! • Sexual relations last longer, therefore pleasure lasts longer. A TIP TO INCREASE SENSATIONS • Apply a bit of lubricating jelly on the penis to increase sensations for the person wearing the condom.
HAMPERS SPONTANEITY	WHAT IF PLANNING WERE THE SOLUTION? • Open the condom envelope beforehand and keep it nearby. • Planning ahead can be exciting. • The message regarding intention to use a condom is clear.
IT ISN'T NATURAL!	THINK ABOUT EVERYTHING WE USE THAT ISN'T NATURAL (PERFUME, COSMETICS, TATTOOS, PIERCINGS, ETC.), AND GO ON TO THE NEXT EXCUSE! • Is it more natural to contract an STI? • Condoms do not cause side effects. • Its hygienic character is pleasant during foreplay (allows indirect contact with the penis)
LACK OF TRUST	IT'S A MYTH. LET'S GET WITH IT! • 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! • Taking the initiative to talk about it brings relief to a person who prefers using condoms but doesn't feel comfortable being the first to suggest using them.
PRICE AND ACCESSIBILITY	PLEASURE AT A GOOD PRICE AND READILY AVAILABLE • It costs less than a beer. • An STBI 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 BREAKS!	YOU CAN HAVE CONFIDENCE! • Appropriate condom use refers to: - Watching out for nails, rings and even pubic hair that has been shaved; - Keeping it away from heat; - When using it along with water-soluble lubricating jelly, the risks of it breaking are greatly reduced; - Not using it past expiry date.
OTHERS	TOGETHER, LET'S AVOID PROBLEMS! • Condoms let you make love without worrying. • Joint responsibility in matters of protection and contraception. • Double protection: - Prevents unplanned pregnancy (it's the only contraceptive boys can use and is their responsibility); - Preserves sexual health: the power fertility confers is far from trivial.

OBSTACLES TO SEXUAL PROTECTION

Despite young people's attitudes and behaviours, youth may lack confidence in themselves when it comes time to negotiate condom use. Fear of being poorly perceived or judged, or of being the object of ridicule can prevail. Their vulnerability means that adolescents run greater risks of contracting an STI. Due to lack of information and lack motivation, many choose avoidance over defensive arguments, assertiveness and confrontation. We just need to think about Meghan and her fear of being perceived as "loose" by Sebastian.

The source of this vulnerability is linked to several factors. First we must acknowledge individual characteristics peculiar to adolescence, such as shyness, lack of self-confidence and self-esteem, to which we must often add ignorance and incorrect knowledge of various aspects of sexuality. This vulnerability is, in a way, exacerbated by sociocultural factors such as the trivialisation of sexuality in mass media; representations of sexuality on the Internet and an omni-pervasive media easily accessible and very popular with 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 (which Meghan and Sebastian had had) and drug consumption, which modifies an individual's consciousness and alters his or her judgement, increases the vulnerability of young people, who tend towards magical thinking (feeling of invulnerability, "other people catch infections. Not me."). Another influence is the type of relation, with less protection taken when engaging in oral relations than in vaginal or anal ones. All these factors point to avoidance, rather than to developing strategies for facing reality.

In general, sexism, poverty, individual vulnerability, racism and sexual ignorance can contribute to the adoption of unprotected sexual behaviours that can lead to an STI or unplanned pregnancy[29]. 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. Unprotected sexual behaviours and multiple sex partners are factors that are directly linked to risks, which correspond to Sebastian's story in the earlier example.

As noted previously, infections can also be transmitted through blood. This situation primarily involves injection drug users. This mode of consumption is not that widespread among young people in general, but Otis[30] estimates that in 2000, 1.8% of youth in schools had injected drugs. Youth in difficulty are mostly the ones who use drugs by injection; therefore, for youth in general, the risk of acquiring bloodborne infections can be associated more closely to tattoos and piercings.

ESTHETICAL TREATMENTS ARE NOT ALWAYS HARMLESS

For young people, adhering to a perceived code, 'look' or physical appearance is a way to stand out, to distance themselves from authority and to appropriate their own identity. Hair removal by electrolysis, tattooing and piercing are all techniques that require the use of needles, which can be vectors of transmission of STBI such as hepatitis B, hepatitis C and HIV. If the professional offering these services does not follow universal precautions as implemented in hospitals and the needles he or she uses are soiled with blood, infection transmission can occur, as happens with intravenous drug injection. Tattoo or piercing artists must sterilise their equipment after every client or use throw-away material only once for every client31. Young people who use these types of services should find out about them and ensure that the service providers are professionals who are concerned with the health of their clients and apply prescribed sanitary standards and measures required to eliminate any risk of contamination. A young person can feel reassured if he or she sees that the needle is wrapped and has their name on it, for example.

In short, there are many aspects to STBI prevention beyond simple genital contact: self-perception and relationship with the other person, myths and misconceptions about STBI, critical thinking, communication skills, etc. It is therefore essential for their self-protection that young people become sensitised to the problem of STBI, that they be informed of all the consequences of these infections, and that they understand these consequences, integrate this knowledge and develop communication skills and self-assertiveness.

Now you have a synopsis of the situation of STBI among young people and of their sex habits. We will look at awareness-raising activities that they could find interesting. But first, we will explain how these interventions can be integrated into an educational context.

29. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC, Stratégie québécoise de lutte contre l'infection par le virus de l'immunodéficience humaine et le sida, l'infection par le virus de l'hépatite C et les infections transmises sexuellement. Orientations 2003-2009, op. cit.

30. OTIS, J. (2000), Le point sur la sexualité adolescente en l'an 2000, colloque « Les défis de l'éducation à la sexualité et de la prévention des MTS/sida en milieu scolaire », Journées annuelles de santé publique, 9 November.

31. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC, "Tattooers and Piercers, protect your clients and yourself against HIV and hepatitis B and C" and "Tattoos and Piercing... Protecting yourself from AIDS, hepatitis B and hepatitis C", http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2003/03-310-03A.pdf.

For professionals who intervene in schools

Here are some particular connections within the Québec Education Program, Secondary Cycle One that can be useful to designing pedagogic activities related to the prevention of STBI among students.[32]

The objectives of the Québec Education Program provide 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 on:

- construction of a world-view;
- construction of identity; and
- empowerment.

Among the various dimensions proposed in the Québec Education Program, we have singled out disciplines and skills that seem more pertinent to us in relation to STBI prevention. Activities that could be conducted in other courses or by complementary educational services are suggested below. Looking more closely at the theme of sexuality from different angles can also play a part in the development of students' skills. Consequently, STBI prevention can be broached in a manner that allows students to work with information (collect information on STBI), exercise critical judgement, and communicate research findings in an appropriate manner through various exercises, e.g., role playing, problem solving, and learning how to achieve their potential.

SKILLS IN BROAD AREAS OF LEARNING

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

Health and Well-Being

The educational goal is:

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

Media Literary

The educational goal is:

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

Cross-curricular competencies that are most relevant to the issue of STBI are the following:

Intellectual Competencies:

- competency No. 1: to use information;
- competency No. 2: to solve problems;
- competency No. 3: to exercise critical judgment.

Personal and Social Competencies:

- competency No. 7: to achieve one's potential.

Communication-Related Competencies:

- competency No. 9: to communicate appropriately.

Two subject areas are also more likely to contribute.

Science and Technology

Some of the intellectual resources upon which the subject area of Science and Technology is based include the ability to question, the ability to reason, research, rigour, experimental investigation, and description. Consequently, students can make connections between this subject area and human activities. Seeking answers or solutions to problems and making the most of knowledge and communication by using correct terminology are skills that should be acquired or developed in science and technology.

Moral Education

The skills required to attain a certain degree of moral maturity include the following: the ability to compare different values, ideas and beliefs, recognize the obligations related to the establishment of healthy interpersonal relationships, take a position on moral or ethical issues at stake, ameliorate situations through realistic solutions, discuss constructively, and engage in reflection on the consequences of one's choices prior to making decisions. These common goals related to the subject area of personal development lean towards a concern for physical health and mental balance in the pursuit of a better way of living together.

All teachers are targeted by cross-curricular competencies through the broad areas of learning. A number of aspects of sex education can be dealt with, notably in relation to STBI.

32. MINISTÈRE DE L'ÉDUCATION DU QUÉBEC, Québec Education Program. Secondary School Education, Cycle One, op. cit.

Suggestions for educational activities

The educational activities suggested here follow a logical order for progressive learning, that is, raising awareness about the issue, knowledge about and understanding of the ideas, personal integration of these ideas, and skills development related to issues and concepts acquired. The activities also allow for preparation, realisation and integration.

The pedagogical activities should follow the experiential taxonomy approach to teaching and learning (Steinaker and Bell, 1979):

Based on personal commitment to one's own development

- **Raise awareness of the issue – Participate actively in the experience – Identify with the experience – Internalize (show that there have been changes in one's everyday life) – Disseminate (transform oneself into someone who can influence) – Utilise positive feedback throughout the activity.**

For role-play activities designed to create situations that encourage young people to learn how to negotiate condom use, the inoculation theory to moderate attitudes (McGuire, 1964-1968) can be used as a guide:

Based on the respect of one's value system

- **Recognize one's vulnerability with regard to external influences – Recognize social influences that are contrary to one's values – Develop defensive argumentation skills rather than turning to confrontation avoidance (through counter-arguments, truisms, back-up arguments, general and specific arguments to disprove) – Assert one's point of view by adopting behaviours that are coherent with one's values.**

ACTIVITY 1 Sensitise adolescents to the issue of STBI

DURATION
75 minutes

OBJECTIVES
To raise students' awareness of various facets related to STBI

- Hold a plenary discussion and present a case study.
  Start young people thinking about researching, understanding, and integrating ideas and skills related to STBI prevention.

For this first activity, the teacher or moderator gives a brief outline of the main points related to STBI prevention so that students can have an overall view.

INSTRUCTIONS ON HOW TO PROCEED WITH THE ACTIVITY AND QUESTIONS TO STIMULATE DISCUSSION

1. **Distribute a paper copy** and show an acetate of the Meghan and Sebastian scenario presented at the beginning of this text so all students see the text during the plenary discussion:
   - *Meghan has learnt some positive lessons from her misadventures: she must be more assertive in her relationships with boys, think of protecting herself to stay healthy above all, and not minimise the effects of alcohol. All things considered, Meghan thinks she was rather lucky, at least this time. However, she is well aware that she knows next to nothing about sexually transmitted and bloodborne infections (STBI). She decides to use the guaranteed anonymity a nd confidentiality of the Internet to learn more about these infections. How about you? What do you know about STBI?*

2. **Consult the young people** about their perceptions of the problem of STBI:
   - *In your opinion, which STBI are the most significant in terms of frequency and repercussions?*

3. **Verify students' knowledge** of matters related to STBI prevention:
   - *What do you know about the factors that make someone more vulnerable to STBI, the modes of transmission?*
   - *What constitutes a responsible and safe sexual practice?*

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 STBI to prevent such an infection from getting worse and to stop its spread:
   - *Why and how should you inform your partners when an STBI is detected?*
   - *Repeat this question, connecting it to the scenario at the beginning. (e.g. Meghan asks herself how to tell Sebastian): Why should she tell him? How should your partners be informed when an STBI is detected?*

6. **Brief presentation of the statistics** on the scope of the problem of STBI in Québec.

7. **Form teams**. Assign an STBI to each team (e.g. chlamydia, herpes, condylomas) and give the instructions specified later concerning research to do in the computer lab during the next activity, questions to answer and the oral presentations that will be done during a subsequent activity. Recommend reference books and Web sites.

   (Based on Meghan and Sebastian's case, each team will have to write up a similar scenario that will serve as a case study, but using the characteristics of the STBI assigned to the team.)

8. **Teacher makes a formal presentation** to summarise the themes discussed during this activity.

DURATION
75 minutes

OBJECTIVES
- To get young people to become familiar with the problem of STBI through computerized searches in the computer lab.
- To encourage searches on Web sites designed for prevention and educational purposes in the area of sexuality, especially STBI prevention, recommended by the teacher (see the "Resources" section).

This workshop provides students a time slot reserved to conduct computer searches so they can explore various issues related to STBI prevention.

ACTIVITY 2 Workshop in the computer laboratory

INSTRUCTIONS ON HOW TO PROCEED WITH THE ACTIVITY

1

Highlight the criteria that help users judge the reliability of the information and the seriousness of the site:
- *What are the sources of the recommended sites: community groups, government, medical or others? (Please refer to* Le petit Magazine de la formation personnelle et sociale entitled La sexualité sur Internet, autre chose que de la porno!, *which deals with this issue, at www.msss.gouv.qc.ca/itss, documentation section - Professionnels de l'éducation.)*

2

Give the students Web addresses (see the "Resources" section) so they can proceed with their searches, answer the assigned questions on STBI, and make up scenarios that will serve as case studies. The new scenarios will be based on Meghan and Sebastian's story, using information from their research. The scenarios should be written afterwards-e.g., at home, as homework-and will be presented during the next activity:
- *What are the main STBI?*
- *What are their origins: fungal, parasitic, bacterial or viral? What does this imply?*
- *What are the modes of transmission: sexually or through blood - tattoo, piercing, hair removal by electrolysis, injecting drugs using a needle soiled with blood?*
- *Depending on the STBI studied:*
  - *What are the main symptoms and complications for sexual health and health in general?*
  - *Are there any treatments: preventive (vaccine), palliative or curative?*
  - *What behaviours should have been adopted to avoid catching an STBI?*
  - *What attitude should be adopted to avoid making the situation worse?*
  - *What kinds of emotions does this situation stir up, and why?*

Acquisition of scientific concepts about STBI

DURATION
75 minutes

ACTIVITY 3

OBJECTIVES

- Help the young people acquire scientific concepts about STBI:
- Introduce concepts related to the main STBI, their origins, modes of transmission, symptoms, complications and impacts on health, risky behaviours, factors that make someone vulnerable, and condoms as prophylaxis.

The goal of the third activity is to enable students to broaden their knowledge of the stakes related to various STBI.

INSTRUCTIONS ON HOW TO PROCEED WITH THE ACTIVITY

1. **Team presentations** of research results and scenarios that serve as case studies, and answers to the assigned questions on the STBI.

2. **Formal presentation by the teacher** based on tables of various STBI presented in the appendix to validate, complete and add to the ideas presented by the teams.

ACTIVITY 4

Workshop in the biology laboratory

DURATION
75 minutes

OBJECTIVES

- Make STBI more real during a workshop in the biology lab:
  - give students the opportunity to look at the micro-organisms that cause STBI through a microscope;
  - participate in drawing up diagrams illustrating the following processes:
    - HIV transmission vs. the transmission of other STBI,
    - immunisation through vaccination, notably hepatitis B vaccine,
    - the role of antibiotics in the treatment of STBI of bacterial origin.

In this workshop, the teacher will have the opportunity to help make certain biomedical concepts more concrete.

UNDERSTANDING TRANSMISSION

For example: presence of a sufficient amount of HIV in body fluids (sperm, pre-ejaculatory fluid, blood, vaginal secretions); friction during sexual relations (gateway for HIV through micro-lesions); entry of HIV into the body, which enters the bloodstream and copies its genetic code into the cells' genetic code; probability of transmission; dormant or active virus; latency or progression of opportunistic diseases; treatment possible, but not for all types of viruses.

For example: presence of a bacteria (micro-organism); contact between one mucous membrane and another; infectious process; treatment.

For example: presence of a parasite; contact with the parasite on body hair or on the contaminated object; infectious process; treatment.

INSTRUCTIONS ON HOW TO PROCEED WITH THE ACTIVITY

1. **Students observe micro-organisms** through a microscope (depending on available equipment: students view a Web site or a videocassette, or consult biomedical encyclopaedias so they can tell them apart).

2. **Teacher explains** the processes related to HIV/AIDS and other STBI, to immunisation and to antibiotics (the teacher gives an overview of the processes so that students can diagram the various steps).

3. **Team work** to create three diagrams of biomedical processes.

4. **To sum up**, teacher briefly writes each biomedical process down on the blackboard.

DURATION
75 minutes

OBJECTIVES

- To enable students to communicate appropriately through exercises and role playing
- Using a game about the stages of condom use, give students the tools that will enable them to know about the various stages of condom use, the characteristics of a condom, and how to handle and store condoms
- Through an exercise on condom use and role playing between boys and girls, provide students with the tools they need to acquire basic strategies to assert themselves when they have to negotiate condom use
- By means of role playing between boys and girls, provide students with the tools they will need to tell their partners about a possible infection and thus avoid aggravating a health problem or spreading an STBI.

This activity is centred around practical learning. Students will be asked to participate actively in various exercises and role playing situations dealing with STBI prevention and communication.

ACTIVITY 5

Situations to learn how to negotiate condom use and how to use them

INSTRUCTIONS ON HOW TO PROCEED WITH THE ACTIVITY AND QUESTIONS FOR DISCUSSION

1

EXERCISE BASED ON A GAME ABOUT THE STAGES OF CONDOM USE

Write the following 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.

The cards are given to 14 students, who are asked to form an imaginary line to represent the various stages of a sexual relation. They should position themselves in the proper order, based on their cards. 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 helps student learn in a manner that is less embarrassing than the usual demonstration in front of the class of how condoms are used.

You could also place the cards on a board, wall or table. It is an excellent activity to use at a booth, where someone can win a prize: a condom.

2

EXERCISE ON CONDOM USE[33]

Distribute a copy of the table below, leaving the Possible solutions column blank.

Ask students to form teams of three and give them two or three problems to which they have to find solutions. The teacher or moderator then asks each team to present their solutions to the group, and adds to their answers using the table below.

3

EXERCISE ON CONDOM USE

Based on the "Top 5" worst excuses that are listed on the **jcapote.com** Web site, students prepare a role playing game that will enable them to present to the group the arguments in support of condom use.

Discussion led by the teacher or moderator:

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

33. CLOUTIER, RICHARD, and L. FONTAINE (2005), personal communications.

PROBLEMS	POSSIBLE SOLUTIONS	
1. Loss of erection when using the condom.	• Practise on your own beforehand • Make sure you have found the type of condom that suits you best • Ask your partner to put the condom on you • Think critically about models of sexual performance put out by the media	• Get your partner to unroll the condom • Play down the situation (these things happen), have a sense of humour
2. The condom slips.	• Use a thinner condom • Apply less lubricant	• Unroll it well to the base of the penis • If erection is not maintained, change the condom
3. Don't know how to bring up the subject.	• Put the condom on at an opportune time • Leave condoms out where they can be seen	• Say how you feel, put it on without saying anything
4. Irritation of the vulva or penis.	• Can be caused by a lubricant or spermicide. Use non-lubricated condoms and add a lubricant • Unroll condom right to the base of the penis	• Duration and intensity of penetration: too abrupt or too long can cause irritation
5. The condom creates a barrier between us.	• It's normal to feel like the other person interprets it to mean "I don't trust you." It's normal then to be afraid of how the other person will react, but it is important to make it a positive experience:"It's good because we respect each other enough to want to protect each other."	• Acknowledge that there are certain constraints to condom use • AIDS also creates a barrier • A period of adjustment is normal
6. Latex allergy.	• Use a condom made of animal tissues with a latex condom on top or under, depending on who is allergic	• Male polyurethane condom • Other types of relations than penetration
7. When I drink, I forget about using a condom.	• Assess the amount of alcohol that leads you to break your resolutions and limit your consumption	• Ask a friend to let both of you know if you are overdoing it…
8. Condom breaks.	• Make sure you put on the condom properly • If duration of penetration is too trop long, it can alter the condom • Use a lubricant, watch out for nails	• Check the expiry date and storage conditions • Practise on your own beforehand or practise with a penis made of wood or a banana
9. I'm afraid my partner will percieve me as someone who is easy if I suggest we use a condom. I'm afraid my partner will think I'm only interested in having sex with her.	• Say how you feel, check the other person's perceptions	
10. Difficulty unrolling the condom.	• Avoid thin condoms (more difficult to unroll) • Practise on your own beforehand	• Try a larger condom
11. I want him to wear a condom but he refuses I want to wear a condom, but she refuses .	• Avoid penetration, touch in other ways • Go get tested: if both people are negative, make an agreement that you'll be faithful	• Insist and wear it anyway, or refuse to have sex • The girl can say that the condom is the only contraceptive method she is using
12 In the heat of the moment, I forget.	• Put condoms out where they can be seen • Acquiring a new habit is difficult. This is normal. • Prepare them beforehand (open the packets, keep condoms close by)	• Always have some on you • Vary your sexual practices • Take your time; savour the moment; relax and integrate it into the "things to do"
13. It interrupts the sexual relation too much.	• So does an STI • Use condoms with humour, fantasize	• Put condoms out where they can be seen, prepare them beforehand • Ask your partner to put it on you
14. Condoms are too expensive.	• Share the cost between you	• Get them where they are free
15. There's too much loss of sensation.	• Condom use lets you be freer (you're not afraid of pregnancy, of STI) and you can abandon yourself to how it feels. Change the type of condoms (thin, ribbed, form-fitting, different sizes)	• Add a water-based lubricant on the inside • Find "your type" • Thinner condom
16. Do I have to wear a condom for oro-genital relations?	• Low risk practice • Be careful if you brush your teeth less than 30 minutes before the sexual relation	• Watch our for sores in the mouth • Avoid swallowing sperm or being in direct contact with menstrual blood
17. I'm embarrassed about buying some.	• Go with someone else or in a group • Identify the pharmacy that is most discrete	• Ask someone to buy them for you
18. I trust him.	• Remind yourself often that there are no symptoms, that your partner can have an infection without knowing it	
19. She takes the pill.	• Tell a white lie: don't tell him that you're taking the pill	
20. Not circumcised.	• Most uncircumcised men don't have a hard time. They can raise the foreskin first	• Use a form-fitting condom

DURATION
25 minutes

OBJECTIVES
- Students will discover their motivations for getting tattoos or piercings.
- They will see how these practices can present a risk to their health.
- They will be able to identify safe tattooing and piercing practices.

Bloodborne infections can be transmitted through tattooing or piercing if proper precautions are not taken.

ACTIVITY 6

Situations to foster learning related to safe tatooing and piercing practices

INSTRUCTIONS ON HOW TO PROCEED WITH THE ACTIVITY AND QUESTIONS FOR DISCUSSION

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 a tattoo or piercing?*
- *What effects can a tattoo or piercing have on your body image? (The trend can pass but the drawings or scars don't.)*

2

Based on the documents *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 at www.msss.gouv.qc.ca/ITSS, **students conduct research** that will enable them to do a presentation for the group on how to make sure tattoo and piercing practices are safe.

ACTIVITY 7

To conclude, a summary of what has been learnt

DURATION
45 minutes

OBJECTIVES
- To integrate the various concepts related to STBI prevention explored during the previous activities
- To highlight the problem of STBI.

For this activity, the teacher can go over the many themes explored during the previous activities. This summary will help young people make connections among the various issues and concepts related to STBI prevention.

INSTRUCTIONS ON HOW TO PROCEED WITH THE ACTIVITY AND QUESTIONS FOR DISCUSSION

1

Go over the scenarios presented by the teams that served as case studies

2

During the plenary:
- *The students are invited to reflect on the eventual repercussions of an STBI;*
- *The students share the results of their reflections with the other young people;*
- *The students discuss together the benefits of safe sexuality and taking responsibility in matters of sexuality;*
- *Discuss with students notions of responsibility and pleasure;*
- *Present the following statements to students and ask them to comment.*

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? Friends? To get their approval? To attract attention no matter the price? affection? 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?

3

The teacher summarises the issues and protection strategies discussed, for integration into daily life.

Suggestions for activities in relation to other disciplines

- **Mathematics (statistics and probabilities)**: graphic representation of the portrait of STBI in Québec and a comparison with the situation in the other Canadian provinces using histograms created on computer (e.g. a spreadsheet programme such as Excel).
- **English/French**: develop a short biomedical lexicon of scientific expressions related to the vocabulary of STBI.
- **Chemistry**: a study of the chemical compounds in latex and polyurethane (two types of materials used to make condoms) as well as water-soluble (substance in the lubricants recommended) and oil/petroleum-based products and oestrogens to determine their compatibility or incompatibility with condoms.

Everything you have to know about sexuality transmitted and bloodborne infections

GENITAL CHLAMYDIA

Type of infection	• Of bacterial origin: chlamydia
Symptoms in women	• No symptoms most of the time • Abnormal vaginal discharge, burning sensation when urinating, lower abdominal pain, fever and chills • Dyspareunia: pain during sexual intercourse, post-coital bleeding • Mucopurulent cervicitis: cervix is red and bleeds easily, purulent discharge • Menstrual irregularities
Symptoms in men	• No symptoms most of the time • Urethritis: inflammation in the urethra characterised by urethral discharge of a clear or whitish fluid and a burning sensation at urination • Itching around the penis, testicular pain or swelling
Modes of transmission	• Sexual contact with an infected person • Transmission from the mother to her baby at delivery
Average incubation period	• 2 to 6 weeks (but can be up to 3 months)
Diagnostic tests	• Tests on urine sample: rapid and reliable, both for women and men • Tests on urethral or cervical secretions
Treatment	• Curative treatment: antibiotics prescribed by a physician and taken orally
Complications and consequences for women	Genitourinary, ocular, respiratory, pharyngeal, anal, rectal or other infection • Pelvic inflammatory disease if the infection spreads to reproductive organs • Chronic lower abdominal pain • Endometritis: swelling of the endometrium (lining of the uterus) • Salpingitis: infection of the fallopian tubes • Infertility: scarring of the fallopian tubes can result in incapacity to conceive a child • Premature delivery, ectopic pregnancy, spontaneous abortion • Reiter's syndrome: urethritis, conjunctivitis, arthritis • Pharyngitis, rectitis, conjunctivitis
Complications and consequences for men	Genitourinary, ocular, respiratory, pharyngeal, anal, rectal or other infection • Genital pain following progressive infection of the penis and testicles • Epididymitis: infection of the deferent duct through which sperm travels • Reiter's syndrome: urethritis, conjunctivitis, arthritis • Pharyngitis, rectitis, conjunctivitis • Permanent difficulty urinating
Consequences for babies	• Conjunctivitis or pneumonia in the weeks following birth

GONORRHOEA

Type of infection	• Of bacterial origin: Neisseria gonorrhoeae gonococcus (bean-shaped diplococcus)
Symptoms in women	• No symptoms most of the time Symptoms are the same as for chlamydia, but in a more acute form. However, most women are asymptomatic. • Abnormal vaginal discharge, burning sensation when urinating, lower abdominal pain, fever and chills • Dyspareunia: pain during sexual intercourse, post-coital bleeding • Mucopurulent cervicitis: cervix is red and bleeds easily, purulent discharge • Menstrual irregularities • Rectal pain and discharge possible
Symptoms in men	• No symptoms most of the time • Symptoms are the same as for chlamydia, but in a more acute form • Urethritis: inflammation of the urethra (urethral discharge of a yellowish or greenish fluid that is sometimes viscous, and burning sensation when urinating) • Testicular pain or swelling • Rectal pain and discharge possible.
Modes of transmission	• Genital, oral or anal sexual contact with an infected person • Transmission from the mother to her baby at delivery
Average incubation period	• 2 to 7 days
Diagnostic tests	• Microscopic examination of urogenital discharge using Gram's stain • Tests on urinary, urethral, cervical or pharyngeal sample
Treatment	• Curative treatment: antibiotics prescribed by a physician and taken orally
Complications and consequences for women	Acute genitourinary, ocular, respiratory, pharyngeal, anal or other infection • Pelvic inflammatory disease if the infection spreads to all reproductive organs • Low-grade chronic abdominal pain • Endometritis: inflammation of the endometrium (lining of the uterus) • Salpingitis: infection of the fallopian tubes • Infertility: scarring of the fallopian tubes can result in incapacity to conceive a child • Premature delivery, ectopic pregnancy, spontaneous abortion, intrauterine death • Reiter's syndrome: urethritis, conjunctivitis, arthritis • Pharyngitis, rectitis, conjunctivitis • Disseminated gonococcal infection (arthritis, dermatitis, endocarditis, meningitis) • Bartholinitis: infection of Bartholin's glands
Complications and consequences for men	Acute genitourinary, ocular, respiratory, pharyngeal, anal or other infection • Genital pain following progressive infection of the penis, prostate and testicles • Epididymitis: infection of the deferent duct through which sperm travels • Reiter's syndrome: urethritis, conjunctivitis, arthritis • Pharyngitis, prostatitis, rectitis, conjunctivitis • Disseminated gonococcal infection (arthritis, dermatitis, endocarditis, meningitis) • Permanent difficulty urinating • Orchitis: testicular infection
Consequences for babies	• Severe eye infection that can even cause blindness

HUMAN PAPILLOMA
VIRUS INFECTIONS

Types of infection	• Of viral origin: human papilloma virus (HPV) • Two main types of infection: condylomas and infection of the uterus
Symptoms in women and men	**Condylomas** • Small warts on the genitals or anus, in the rectum and sometimes in the mouth; warts can be pink, red, white or grey • Occasional irritation and itching **Symptoms in women** • Infection of the uterus: no symptoms most of the time
Modes of transmission	• Direct contact with an infected person: skin-to-skin, body-to-body rubbing, or on damp surfaces • Vertical transmission from mother to foetus through amniotic fluid or to the baby during delivery
Average incubation period	• Several weeks to several months
Diagnostic tests	**Condylomas** • No diagnostic test • Clinical examination: application of 5% acetic acid (vinegar), and check if warts turn white **Infection of the uterus** • Cervical cytology (PAP test) • Colposcopy, anoscopy and directed biopsies
Treatment	• Palliative and curative treatment: lesions can disappear but the virus may still remain. 85% of infected individuals eliminate the virus • Application of cytolytic agent (vinegar derivative) • Local destruction: laser cauterization, cryotherapy (liquid nitrogen), local surgical excision, electrofulguration, diathermic snare
Complications and consequences for women	**Condylomas** • Rarely associated with cancer **Infection of the uterus** • Leads to cervical cancer **Other infections:** • Can cause vaginal cancer or cancer of the vulva (rare)
Complications and consequences for men	**Condylomas** • Rarely associated with cancer **Other infections** • Development of cancer of the penis, rectum, or anus (rare)
Consequences for babies	• Transmission to the newborn during delivery • Laryngeal polyps following delivery

GENITAL HERPES

Type of infection	• Of viral origin: herpes simplex virus, type 1 (HSV 1) or type 2 (HSV 2)
Symptoms in women	• Frequently, no symptoms or symptoms not specific to herpes • Clusters of small very painful red pimples form, break open and ulcerate, and heal within three weeks without leaving scars; on the vulva, cervix, vaginal walls • Tingling • Increase in regional lymph nodes • Fever, headaches, general malaises • Severe dysuria: can prevent miction (urination)
Symptoms in men	• Frequently, no symptoms or symptoms not specific to herpes • Clusters of small very painful red pimples form, break open and ulcerate, and heal within three weeks without leaving scars; on the penis, glans, anus • Tingling • Increase in regional lymph nodes • Fever, headaches, general malaises • Severe dysuria: can prevent miction (urination)
Modes of transmission	• Direct contact with cold sores (oral herpes simplex 1) • Direct contact with active oral, anal or genital lesions • Vertical transmission of the virus from the mother to the foetus during pregnancy is rare; more common from the mother to her baby at delivery • Autoinoculation is possible • Can be contagious during dormant phase • Factors that can trigger an outbreak: menstruation, stress, sun, diet • Herpetic sores can release live virus; they break open and spread • Transmission possible even if no visible sores
Average incubation period	• Initial infection: 2 to 21 days • Subsequently: the virus remains dormant and can be reactivated periodically, causing recurrent episodes
Diagnostic tests	• Viral culture • Antigen detection test
Treatment	• Palliative treatment: the virus remains present. • Some medications can relieve symptoms and reduce the number and duration of recurrent episodes
Complications and consequences in women and men	• Aseptic meningitis and encephalitis, post-herpetic neuralgia, conjunctivitis
Consequences for babies	• Caesarean recommended if there are lesions at time of delivery • Can be fatal for newborn

SYPHILIS

Type of infection	• Of bacterial origin: pale treponema (Treponema pallidum), spiral-shaped bacteria (spirochete)
Symptoms in women and men	• Primary stage: appearance of a very contagious chancre-a hard, painless ulcer with a raised border-that heals spontaneously in 3 to 8 weeks • Secondary stage: begins about 3 months after infectious contact. Duration: 3 to 12 weeks. 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) • Latency period can last 20 to 30 years; recurrence of contagious lesions during the first two years • Early latency period: no symptoms for 1 year, but possible recurrent primary and secondary stage lesions; transmission then possible • Late latency period: in 2/3 of cases, no problems or contagion
Modes of transmission	• Direct contact with a contagious lesion (primary or secondary stage) • Vertical transmission from the mother to the foetus (transplacental) during pregnancy
Average incubation period	• 10 days to 3 months
Diagnostic tests	• Serology: blood sample, blood test • Darkfield microscopy of fluid from a lesion
Treatment	• Curative treatment: intramuscular injection of antibiotics prescribed by a physician
Complications and consequences in women and men	• Severe cerebral or cardiac disorders • Tertiary stage (if untreated): 40% of cases; treponema disappears, allergic-type reaction (syphilitic gummas on bones or the skin), cardiovascular (aortic aneurysm), neurological manifestations (tabes dorsalis, loss of muscle coordination, blindness, deafness, dementia) • Evolution ceases but sequellea remain
Consequences for babies	• Congenital malformations: partial blindness, deafness, bone and teeth malformation • Spontaneous abortion, stillbirth, premature delivery

HEPATITIS B

Type of infection	• Of viral origin: hepatitis B virus (HBV)
Symptoms in women and men	• Often asymptomatic • General malaise: loss of appetite, mild fever, nausea, vomiting, headache, chronic fatigue, joint or muscle pain, gastric problems, abdominal pain, skin rash • Icterus: jaundice (yellow eyes and skin) • Dark urine, light-coloured stools • Hepatomegaly: enlargement of the liver
Modes of transmission	• Sexual contact and body fluids (blood, pre-ejaculatory fluid, sperm, vaginal secretions) • Unsterile tattoo or piercing practices • Through skin lesions, if contact with blood • Through vaginal, oral or anal mucous membranes
Average incubation period	• 45 to 180 days
Diagnostic tests	• Serology: blood sample, blood test
Treatment	• In some cases, palliative treatment: slows pace at which the virus damages the liver • Preventive vaccine is available
Complications and consequences in women and men	• Acute fulminating hepatitis that leads to death • Chronic liver diseases: cirrhosis (may require transplantation), cancer
Consequences for babies	• Vertical transmission of the virus from a mother to the foetus (transplacental transmission) and during delivery

VAGINOSE

Type of infection	• Of bacterial origin: Gardnerella vaginalis (Doederlein's bacilli)
Symptoms in women	• Clear liquid vaginal discharge, often greyish, with a characteristic odour ("rotten fish"), especially post-coital • Minor pruritus (itching)
Symptoms in men	• Irritations and urethritis (exceptionally)
Modes of transmission	• Is not transmitted sexually but is associated with sexual activity • Not always an STBI: part of a woman's natural flora; an overabundance causes an unbalance
Average incubation period	• None: part of a woman's natural flora
Diagnostic tests	• Microscopic examination
Treatment	• Curative: antibiotics prescribed by a physician and taken orally
Complications and consequences in women, men and babies	• Associated with an increase in the risk of pelvic infections following delivery and surgical interventions, pelvic inflammatory disease and premature delivery

TRICHOMONIASIS

Type of infection	• Parasitic origin: single-cell protozoa (Trichomonas vaginalis)
Symptoms in women	• Swelling and pain in the vaginal area and vaginal pain • Heavy greenish frothy discharge with a strong smell; some pruritus (itching) • Painful and frequent urination
Symptoms in men	• No symptoms most of the time • Urethritis, slight discharge from the penis, burning sensation when urinating, irritation and redness around the glans
Modes of transmission	• Sexual contact (vaginitis associated with STBI)
Average incubation period	• 4 to 28 days
Diagnostic tests	• Microscopic examination
Treatment	• Curative: antibiotics prescribed by a physician and taken orally
Complications and consequences in women	• Premature delivery
Complications and consequences in men	• None
Consequences for babies	• Baby's weight at birth lower than normal

HIV / AIDS

Type of infection	• Of viral origin: retrovirus; human immunodeficiency virus causing acquired immune deficiency syndrome
Symptoms in women and men	• Symptoms resembling the flu or mononucleosis • Abundant night sweats, chronic fatigue, significant and unexplained weight loss, swollen lymph glands in the neck, armpits and groin, diarrhoea, fever, persistent cough, severe headaches, sore throat • Bloody stools, skin rashes, unexplained bleeding from a body cavity, susceptibility to bruising, chronic white patches on the tongue or in the throat
Modes of transmission	• Through sexual contact and body fluids (blood, sperm, vaginal secretions, pre-ejaculatory fluid and breast milk) • Vertical transmission of the virus from a mother to the foetus during pregnancy, and to the baby during delivery or breastfeeding • Some sexually transmitted and bloodborne infections (STBI) involving lesions facilitate HIV transmission
Average incubation period	**Primary symptomatic infection** • 2 to 6 weeks **AIDS** • 7 to 15 years
Diagnostic tests	• Serology: blood sample, blood test to detect antibodies or presence of antigens
Treatment	• None: incurable disease • Palliative: medications prescribed only to slow disease evolution and prevent opportunistic infections
Complications and consequences in women and men	• Opportunistic diseases: cancers leading to death, Kaposi's sarcoma, pneumocystis carinii (pneumonia), lymphomas (lymphatic tumours), chronic diarrhoea, cutaneous herpes
Consequences for babies	• Vertical transmission of the virus from a mother to her foetus during pregnancy, and to the baby during delivery or breastfeeding

VAGINAL CANDIDIASIS

Type of infection	• Yeast causing mycoses (fungus): Candida albicans vaginitis
Symptoms in women	• Irritation, redness and itching around the vulva and vagina • Vaginal discharge: whitish, lumpy, sticky leucorrhea, not very abundant; not very odorous • Painful intercourse
Symptoms in men	• Rash, pruritus (itching), superficial oozing • Small ulcers (rare)
Modes of transmission	• In general, not transmitted sexually: part of a woman's normal flora. Antibiotics, pregnancy, diabetes (high blood sugar), fatigue, stress, oral contraceptive use, coloured underwear, and tight pants that increase the rate of humidity in the vagina area can foster the infection. Men can contract the infection if the feet come in contact with underwear and then with the pubis.
Average incubation period	• Variable according to predisposing factor • None: is part of a woman's natural flora
Screening	• Microscopic examination
Treatment	• Curative: topical antifungal cream, vaginal suppositories, vaginal creams
Complications and consequences in women, men and babies	• None

SCABIES

Type of infection	• Parasitic origin: infestation of tiny mites called Sarcoptes scabiei
Symptoms in women and men	• Pruritus: 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	• Close contact, sexual or not • Often non-sexual transmission: members of a household, contact with contaminated objects, clothing, bedding, stuffed furniture or cushions
Average incubation period	• Several weeks for the first infection
Diagnostic tests	• Microscopic examination
Treatment	• Curative: lotion
Complications and consequences in women, men and babies	• None

LICE

Type of infection	• Parasitic origin: pubic lice that cling to body hair (Phthirus inguinalis)
Symptoms in women and men	• Pruritus: 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 • Bluish spots: signs of bites
Modes of transmission	• Close contact, sexual or not • Possibility of non-sexual transmission: members of a household, contact with contaminated objects, toile seats, sheets, clothing
Average incubation period	• 2 to 3 weeks
Diagnostic tests	• Microscopic examination
Treatment	• Curative: shampoo
Complications and consequences in women, men and babies	• None

RESOURCES

Internet sites recommended for preventive and educational purposes

- http://www.jcapote.com - ministère de la Santé et des Services sociaux du Québec
- http://www.msss.gouv.qc.ca/itss - ministère de la Santé et des Services sociaux du Québec
- http://www.phac-aspc.gc.ca/publicat/std-mts/index.html - Health Canada (STI)
- http://www.hc-sc.gc.ca/iyh-vsv/prod/index_e.html - Health Canada (Condoms)
- http://teljeunes.com - community group
- http://www.sero-zero.qc.ca - community group
- http://cliniquelactuel.com - Clinique L'actuel
- http://websexo.net - Elysa -association of Québec sexologists
- http://www.sexualityandu.ca/eng/ - Society of Obstetricians and Gynaecologists of Canada
- http://doctissimo.fr/html/sexualite/sexualite.htm - Association of French health professionals

Recommended brochures, pamphlets and educational materials

Site of the ministère de la Santé et des Services sociaux :
http://www.msss.gouv.qc.ca/en/sujets/prob_sante/vih_sidal

- *Répertoire d'activités d'enseignement et d'apprentissage sur les MTS et le sida*
- *Sex, STDs and AIDS, Let's talk- Brochure for parents*
- *STD: 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*
- *An STI has come between us ... Let's talk about it*

Health Canada site: www.hc-sc.gc.ca/dc-ma/index_e.html

- *What you need to know about STI:* www.phac-aspc.gc.ca/publicat/std-mts/index.html

Canadian Hemophilia Society

- *HIV and safer sex: the choice is yours: order the booklet at the following address* www.aidssida.cpha.ca/english/res_e/catalog/dst_2003/SaferSex.htm

Canadian AIDS Society

- *HIV Transmission Guidelines for Assessing Risk.* A Resource for Educators, Counsellors and Health Care Providers, Fifth Edition, 2005. *http://www.cdnaids.ca/web/repguide.nsf/cl/cas-rep-0307*

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