

Ground Rules

2 minutes

- Listen to and respect each other
- One person speaking at a time
- Openness but no personal stories
- No such thing as a silly question
- During discussions we have the right to pass
- We won't laugh at, judge, or make assumptions about anyone else in the group

Learning Objective

We are learning about:

- The importance of a sexual health check and how people can seek help to access testing or treatment.

Intended Learning Outcomes

We will be able to:

- Describe what happens during a visit to a sexual health clinic for a check, and when it is advisable to do this.
- Name some common STIs that are checked for in a sexual health check and describe how these are checked for.
- Describe how some STIs are treated, including HIV.

Resources Required

- Box for anonymous questions.

Optional:

- STI leaflets from the FPA: https://www.fpa.org.uk/product-category/patient-information-leaflets/?filter_subject=sexually-transmitted-infections Insert 'youbeforetwo' as discount code at check out to receive your 5% discount.

Keywords

| | |
|-----------------|---------------------|
| Sex | Safe Sex |
| STIs | Chlamydia |
| Gonorrhoea | Syphilis |
| HIV | Sexual Health Check |
| Contact Tracing | |

Baseline Assessment

15 minutes

Introduce learning objectives and learning outcomes. **5 minutes**

Opinions - Who do they agree with most? **10 minutes.**

Person A: I'd go to the sexual health clinic, but the tests are painful and really embarrassing.

Person B: I will go to the sexual health clinic, but I'll do it when I need to and I've only had one sexual partner before and I haven't got any symptoms.

Person C: I've got a new partner so we're both going to get tested, it'll cost a bit of money, but it'll be worth it.

Person D: What other opinions might people have about sexual health clinics?

NB: Do not feedback to students here. Please just use this exercise to assess any misconceptions. However, please remember to dispel any lingering myths at the end when students revisit this.

Core Activities

15 minutes

Play the '[Sexual Health Check](#)' video.

Ask students to answer the following quiz questions:

What is an STI?

An STI is an infection passed from one person to another person through sexual contact. An infection is when a bacteria, virus, or parasite enters and grows in, or on, a person's body.

(STDs which stands for Sexually Transmitted Diseases is less widely used now because disease denotes specific health complications and can be more stigmatising. Having an STI does not always cause disease).

Who can get an STI?

Anyone can get an STI at any time. Some STIs can lie dormant for weeks, months or years without the person knowing anything about it. This is why it is very important not to blame or stigmatise these conditions because it is often difficult to know who gave what to who, and either way that should not be the focus because both people who had sex have a responsibility to look after their own sexual health.

When should someone have a sexual health check?

It is important to get a sexual health check in each new relationship and definitely before having sex without a condom (remember that condoms are the only form of protection that act as a barrier contraception against STIs). Anyone can use the sexual health services for a check-up, regardless of age, disability, ethnicity, religion, and whatever their gender and sexual orientation. Some services hold separate sessions for men and women, young people, trans and non-binary people, and Gay and Bisexual Men

What happens at a sexual health check?

If the person attending has no symptoms a female will be offered a self-taken swab of her vagina to do in the toilet with instructions on how to take it. A male will be asked to collect the first part of a urine sample in a pot. If the patient is having anal sex or giving oral sex to a man they may be offered swabs from the bottom and the throat too. These swabs and urine samples are tested for Gonorrhoea and Chlamydia which can both be present in these sites without causing any symptoms. To complete the STI screening a blood test may be offered for HIV and Syphilis.

What factors can put people off going for a sexual health check?

Many factors; fear of what will happen at the check, concern over who might find out they have been to the clinic, fear about what would happen if they did have an infection. Also, feelings of awkwardness around talking about sex and STIs or even difficulty in finding or getting to a local sexual health clinic. Someone's gender, sexual orientation and age might affect how they feel about seeking this sort of medical care.

Remember that the staff working in these places are very used to dealing with these issues and should be very reassuring. A person's confidentiality will always be respected unless there are safety worries about their welfare. If someone does get diagnosed with an STI, staff in sexual health clinics can help to anonymously inform any sexual partners for the person.

Core Activities Continued...

What STIs are routinely checked for in a sexual health check?

Chlamydia, gonorrhoea, HIV and syphilis. If someone experienced genital symptoms they may be offered an examination to check for other STIs; for example, Genital warts, Herpes or Trichomoniasis.

What areas of the body sometimes need to be swabbed to check for STIs?

Depending on the type of sex someone is having will depend on what site needs to be tested. The urethra (via testing the urine) in a male, the vagina in the female, and the rectum and throat in both sexes may be tested.

Can a person have an STI without knowing?

Yes absolutely. The only way to know if someone has, or hasn't got any infections is for them to get tested because all STIs can be present without causing symptoms. All STIs are treatable or manageable, but if left untreated they can lead to damaging consequences.

An example of the most common bacterial STI, Chlamydia; 80% of females and 50% of males with this infection will have no symptoms, it can be treated with a short course of antibiotics, but if left untreated can lead to infertility in women.

What is HIV?

HIV (Human Immunodeficiency Virus) is a virus that, if left untreated, damages the cells of your immune system. If this happens it can lead to AIDS (Acquired Immune Deficiency Syndrome) which is the name used to describe a number of potentially life-threatening infections and illnesses that happen when someone's immune system has been severely damaged by the HIV virus. AIDS cannot be transmitted from one person to another, but the HIV virus can. Most transmissions of HIV are through having sex, although a small number can be related to how certain drugs may be used and from a mother to her child during pregnancy and breastfeeding. HIV CANNOT be caught by kissing, using toilet seats, sharing cutlery or any other similar day to day activities.

There are very effective drug treatments now for managing HIV, often in the form of one pill once a day, so with early diagnosis people living with HIV live long, normal, healthy lives and do not go on to develop AIDS. People living with HIV and taking treatment cannot pass HIV on to their sexual partners because the level of the virus in the body is kept so low by the medication it is undetectable on blood tests. This is a massive step forward for people living with HIV. A campaign 'U=U' was launched in 2016 to spread this message; U=U standing for Undetectable = Untransmissible

Problem Page

15 minutes

Students respond to the concerns from the problem page. What advice would they give each character?

1. "I was having sex with my partner and the condom split. What am I meant to do?"

This needs to be considered as 'unprotected sex' as the condom could have allowed sperm to escape from within the containment of the condom, so if it is a male having sex with a female who is not on any other form of contraception, she will need to contact her GP or local sexual health service to see if she requires emergency contraception (the morning after pill or copper coil). For couples of any gender in this situation they will need to consider that the split of the condom could have increased the risk of transmission of an STI and should seek advice from their local sexual health service or GP.

It is worth mentioning here that using an in-date condom correctly (please see penis pressure video for free and lesson plan if you have purchased that), that the chances of the condom splitting are lower. Students might ask about pregnancy risk and options here. TEACHER LINK: FRSH-RCOG abortion care factsheet to support RSE lessons: <https://www.fsrh.org/documents/abortion-and-abortion-care-factsheet-2021/?preview=true>

Problem Page Continued...

2. “My partner has just told me that they have HIV - we haven’t had sex but I’m so confused about what this means for us.”

The partner should be encouraged to be very supportive because telling someone about this diagnosis can be very difficult because of real, and perceived, stigma.

If the person who has HIV is on treatment and has an undetectable viral load there is ZERO risk of transmission of HIV to any sexual partners (see the campaign U=U).

If the partner is not on medication then there will be a risk of transmission and Pre-Exposure Prophylaxis (PrEP) should be considered in the partner who does not have HIV.

Condoms should still be used to reduce risk of other STIs and regular testing is encouraged.

It is important to remember that most human beings need intimacy, love and relationships to have a fulfilling life. Having an infection, such as HIV, should not affect this. Someone living with HIV and taking treatment means they can stay healthy so, becoming a parent, following career aspirations, getting married and doing anything else someone without the virus might want to do is safe and should be expected.

3. “I’m really worried that if I ask my partner to go to the clinic with me they’ll think I’m judging them or saying they’ve slept with loads of people.”

This is a worry which is often founded on perceptions and stigma surrounding sex. The people who attend for regular STI screening are taking responsibility for their own health and caring and looking after their partners. We should view going to the STI clinic like we do going to the dentist for a ‘check-up.’ The purpose of the visit is to keep people healthy, rather than waiting to go when we have a problem.

If someone’s partner shames or judges them for taking care of their health, it is worth questioning whether they are mature enough to have a relationship with!

4. “If I have got an STI and go to a clinic, won’t the people working there tell my parents? The thought of them knowing, and telling my previous partners makes me feel really bad.”

If someone attends a sexual health clinic it is completely confidential UNLESS the staff at the clinic are concerned about any safeguarding issues which may be raised during the consultation. That means that they do not write to a person’s GP or parents.

If someone gets diagnosed with an STI and doesn’t want to tell their partner or ex-partner themselves, we can help them with this via anonymous partner notification so their details and name will not be mentioned.

Endpoint Activities

15 minutes

Revisit the concept cartoon:

Ask students to revisit the concept cartoon. Have they changed their minds on who they agree with? Is there anything they would say to dispel the myths from any of the characters.

Before students leave the classroom it is important to emphasise that all of the characters below have misconceptions and to explain why.

Person A: I’d go to the sexual health clinic, but the tests are painful and really embarrassing.

Explain that tests are a urine sample, swab (for females) or blood test. Students may have heard ‘horror stories’ about the kinds of tests that happen in clinics, remind them that these are done with their dignity in mind and the urine and swab tests can also be done at home.

Person B: I will go to the sexual health clinic, but I’ll do it when I need to and I’ve only had one sexual partner before and I haven’t got any symptoms.

Someone can have an STI without showing any symptoms. It’s really important that people who are in a new relationship and/or considering having sex without a barrier method like a condom get tested first, regardless of the number of partners they’ve had.

Person C: I’ve got a new partner so we’re both going to get tested, it’ll cost a bit of money but it’ll be worth it.

It’s great that this couple are both getting tested, but they don’t need to worry about the cost as they can get tested for free at NHS sexual health clinics and some tests can be ordered for free to someone’s home.

Person D: What other opinions might people have about sexual health clinics?

It is important to get a sexual health check in each new relationship and definitely before having sex without a condom. These can be accessed for free through NHS sexual health clinics and GPs. STIs can be treated, but they need to be tested for before this can start.

LESSON PLAN

SEXUAL HEALTH CHECK



For teacher use only. Year 9– 10.

Sources of support:

STIs and the sexual health check:

<https://www.brook.org.uk/your-life/getting-tested-for-stis>

<https://www.nhs.uk/conditions/sexually-transmitted-infections-stis>

HIV, AIDS and U=U:

<https://www.savinglivesuk.com>

Extension Activities

You have been given the task of reassuring and educating your peers on what is involved in a sexual health check. How would you go about this? Using the Brook link below, design a poster, information leaflet or social media post to help improve awareness amongst your fellow students.

<https://www.brook.org.uk/your-life/getting-tested-for-stis>

DO NOT FORGET TO GIVE EACH STUDENT THE FACTSHEET THAT ACCOMPANIES THIS LESSON (these are with the lesson plan downloads).