

Chapter 7



Course PRS-5202-2
Prevention of Sexually Transmitted
and Blood-Borne Infections (STBBIs)

7.1 Introduction

The aim of the course *Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)* is to encourage adult learners to reflect on various issues relating to STBBIs and help them adopt or maintain safe and responsible sexual behaviour.

The course is part of a preventive and educational approach designed to promote the adoption of behaviours to prevent the transmission of STBBIs. It guides adult learners through a process of reflection that will help them maintain, acquire or apply healthy lifestyle habits and behaviours with respect to their sexuality in general, and STBBIs in particular. In concrete terms, this involves considering people in their environment, examining the elements that may influence risk taking, and preventing the transmission of infections through the use of appropriate methods of protection.⁸ These elements are also explored in the five dimensions of sexuality: the biological dimension; the psychological, emotional and relational dimension; the sociocultural dimension; the moral, spiritual and religious dimension; and the ethical and legal dimension.

⁸ Because some concepts refer to aspects relating to the use of psychotropic drugs, it may be appropriate to consider the course *Preventing Dependency on Substances* of the Preventing Dependency program to document certain teaching activities, especially those dealing with STBBIs.

7.2 Subject-Specific Competencies

This course targets the development of the program’s three subject-specific competencies. The table below presents an overview of the subject-specific competencies, along with their key features and manifestations.

Overview of the Subject-Specific Competencies, Key Features and Manifestations

Competency 1	Competency 2	Competency 3
<p>Examines situations involving sexuality</p>	<p>Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour</p>	<p>Makes healthy lifestyle choices with regard to sexuality</p>
<ul style="list-style-type: none"> • Identifies issues pertaining to sexuality <ul style="list-style-type: none"> – Recognizes the social changes that have occurred since the sexual revolution – Updates his/her frame of reference for sexuality – Broadens his/her knowledge about issues pertaining to sexuality • Locates resources in the community that provide assistance in sexual matters <ul style="list-style-type: none"> – Recognizes the field of intervention of each resource providing assistance in sexual matters 	<ul style="list-style-type: none"> • Analyzes issues involving the adoption of safe and responsible or risky sexual behaviour <ul style="list-style-type: none"> – Identifies the issues raised – Establishes connections between factors influencing the issues – Identifies causes and consequences • Considers solutions to promote the adoption of safe and responsible sexual behaviour <ul style="list-style-type: none"> – Examines plausible solutions in light of the context – Chooses the best solution with all its implications 	<ul style="list-style-type: none"> • Considers his/her potential for action with respect to sexuality <ul style="list-style-type: none"> – Examines points of view concerning human rights and civil and collective responsibility in sexual matters – Determines his/her responsibility for his/her own body, health and sexuality as well as for respecting himself/herself and others • Takes a position concerning safe and responsible sexual choices <ul style="list-style-type: none"> – Establishes a relationship between self-respect and respect for others, values, needs and limits for safe and responsible sexual choices – Discusses the benefits of healthy lifestyle choices with regard to sexuality • Considers the role and preventive actions of resources providing assistance in sexual matters <ul style="list-style-type: none"> – Assesses the effectiveness of the methods made available to the public in the field of sex education and prevention

7.3 Research Process

To progress in their learning, mobilize resources and develop competencies, adult learners use a research process that encourages them to reflect on and examine issues in order to make safe, responsible choices in connection with sexuality.

The research process is divided into five interrelated, complementary steps. Adult learners must:

- become familiar with a sexual issue
- plan their research
- gather and organize information
- process and analyze information
- communicate the results

Appendix 2, *Research Process*, sets out the steps in this process.

7.4 Cross-Curricular Competencies

Although the course draws on all the cross-curricular competencies in the program, to varying degrees, it is important to identify those that best meet the requirements of the tasks to be carried out in each learning situation developed by the teacher.

For example, the learning situation *Ishmael meets Martina* in section 7.8 makes use of three cross-curricular competencies: *Uses information*, *Exercises critical judgment* and *Communicates appropriately*.

When adult learners *use information*, they find information on STBBIs and ensure that their sources are credible. They compare this information and determine whether or not it is valid or relevant, before organizing, synthesizing and using it.

When adult learners *exercise critical judgment*, they form, express and qualify their opinion of STBBIs by answering the questions raised as they debate and confirm their healthy lifestyle choices with regard to sexuality.

When adult learners *communicate appropriately*, they express ideas, emotions and intuitions, but also raise questions, reason and argue their position concerning STBBIs. They also use specific terms, rules, and communication conventions and codes.

7.5 Subject-Specific Content

The subject-specific content of the course *Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)* includes categories of knowledge and their content as well as cultural references.

The prescribed elements of the course are the subject-specific competencies, key features and manifestations; the categories of knowledge and their content; the families of learning situations and the cultural references. Although the use of cultural references is prescribed, the examples provided are not.

➤ Categories of Knowledge

There are eight categories of knowledge: social changes; concepts integral to the frame of reference; the biological dimension; the psychological, affective and relational dimension; the sociocultural dimension; the moral, spiritual and religious dimension; the ethical and legal dimension; and public and community support services (concerning sexuality).

The following table presents the categories and their content under two separate headings: prescribed knowledge and suggested knowledge. Teachers must take the prescribed knowledge into account when preparing learning situations, and all these elements will, where appropriate, be evaluated at the end of the course. Suggested knowledge can be used as examples to help adult learners research a subject in more depth or examine a subject of interest in more detail. Suggested knowledge is optional and will not be evaluated at the end of the course. All the elements shown between parentheses are also given as examples or to clarify the scope of the subject-specific content. They are not prescribed.

The numbering given to the categories of knowledge does not reflect any particular sequence. They may therefore be addressed in any order.

In this course, the dimensions of sexuality are used specifically for issues linked to STBBIs. The spheres of influence to be connected to these dimensions include the individual and his or her family and friends and sociocultural environment. They refer to risk taking (Appendix 4: *Risk Taking*) and to risk and protective factors for the transmission of STBBIs (Appendix 5: *Risk Factors and Protective Factors*).

1. Social changes	
Changes in issues related to STBBIs	
Prescribed knowledge	Suggested knowledge
1960s and 1970s	
<ul style="list-style-type: none"> • The sexual revolution 	<ul style="list-style-type: none"> • Increase in the number of sexual partners • Variety of sexual practices • Changing relationship models • Use of injectable drugs
<ul style="list-style-type: none"> • Syphilis epidemic 	
1980s	
<ul style="list-style-type: none"> • Changes in drug use 	<ul style="list-style-type: none"> • Use of cocaine
<ul style="list-style-type: none"> • Start of HIV (human immunodeficiency virus) epidemic 	<ul style="list-style-type: none"> • Presence of HCV (hepatitis C virus)
1990s	
<ul style="list-style-type: none"> • Decrease in STBBIs 	<ul style="list-style-type: none"> • Different strategies aimed at preventing STBBIs • Fear of HIV/AIDS (acquired immune deficiency syndrome): individual accountability and protection • Social context surrounding calls for prevention practices in the context of sexual behaviour • Injection of significant amounts of money to prevent STBBIs
2000s	
<ul style="list-style-type: none"> • Increase in STBBIs 	<ul style="list-style-type: none"> • Chlamydia, gonorrhoea, syphilis and HCV • Success of HIV treatment: trivialization of the epidemic • Start of the HCV epidemic
<ul style="list-style-type: none"> • Synthetic drugs: GHB (date-rape drug) 	
<ul style="list-style-type: none"> • Pervasive presence of human sexuality in the social sphere 	<ul style="list-style-type: none"> • Media discourse about the sexualization of the public sphere
Statistical data	
<ul style="list-style-type: none"> • Current statistical data 	<ul style="list-style-type: none"> • Number of cases • Prevalence and occurrence of STBBIs in the most affected population groups • Ignorance of status as a carrier • Notions of “pandemic” and “epidemic”

2. Concepts integral to the frame of reference	
Prescribed knowledge	Suggested knowledge
Risk taking with regard to STBBIs: Appendix 4	
<ul style="list-style-type: none"> • Individual/environment/behaviour = risk 	
Risk factors and protective factors with regard to the transmission of STBBIs: Appendix 5	
<ul style="list-style-type: none"> • Individual factors <ul style="list-style-type: none"> – Knowledge – Attitudes, beliefs and perceptions – Personal habits – Psychosocial characteristics 	
<ul style="list-style-type: none"> • Factors relating to the individual’s family and friends <ul style="list-style-type: none"> – Significant persons – Living conditions (of the individual and his/her family and friends) 	
<ul style="list-style-type: none"> • Factors relating to the sociocultural environment <ul style="list-style-type: none"> – Living environment (e.g. school environment, social environment, work environment, in detention, others) 	
<ul style="list-style-type: none"> • Factors relating to sociocultural standards and values 	
Motivation cycle: Appendix 6	
<ul style="list-style-type: none"> • Knowledge of the problem • Awareness of the problem (risk) • Emotion (being affected) • Information search • Motivation • Decision to change • Assessment of gains and losses • Adoption and maintenance of preventive behaviour • Eventual relapse 	

3. Biological dimension	
Prescribed knowledge	Suggested knowledge
Myths and beliefs with regard to STBBIs	
<ul style="list-style-type: none"> • Myths and beliefs concerning biological knowledge 	<ul style="list-style-type: none"> • Examples: <ul style="list-style-type: none"> – “If I don’t have symptoms, then I don’t have an STBBI.” – “Once I’ve had an STBBI, I can’t catch it again.” – “All STBBIs can be dealt with and are easy to cure.” – “There are drugs available to cure AIDS.” – “If I want to be less at risk, I can just reduce my number of partners.” – “With all my sexual and injection partners, I rely on my common sense, so I’m not at risk.” – “A single time without a condom or sterile needle is not dangerous.” – “There’s never any danger the first time without a condom or sterile needle.” – “When two people love one another, there’s no risk in having sex without a condom.” – “When two people love one another, there’s no risk in sharing a needle.” – “I can stop my treatment when I start feeling better.” – “The morning-after pill protects you from STIs.”
Modes of transmission of STBBIs	
<ul style="list-style-type: none"> • Sexual transmission <ul style="list-style-type: none"> – Vaginal – Anal – Oral 	
<ul style="list-style-type: none"> • Blood-related transmission <ul style="list-style-type: none"> – Sharing of nonsterile equipment – Sharing of personal hygiene items 	<ul style="list-style-type: none"> • Sharing of nonsterile equipment (e.g. syringes, needles, injections, inhalations, tattoos and body piercing) • Sharing of personal hygiene items (e.g. toothbrush, razor, nail-clippers, toothpick)
<ul style="list-style-type: none"> • Mother-child transmission <ul style="list-style-type: none"> – During pregnancy – During birth – During breastfeeding 	

<ul style="list-style-type: none"> • Specific transmission of hepatitis B virus <ul style="list-style-type: none"> – Saliva – Tears – Urine 	
Origin of infectious agents and possible treatments	
<ul style="list-style-type: none"> • Bacterial origin: treatment and cure 	<ul style="list-style-type: none"> • STBBIs: <ul style="list-style-type: none"> – syphilis – gonorrhea – chlamydia – LGV (lymphogranuloma venerium) – vaginal candidiasis • Treatments: <ul style="list-style-type: none"> – course of oral antibiotics – course of intravenous antibiotics for syphilis
<ul style="list-style-type: none"> • Viral origin: treatment but no cure 	<ul style="list-style-type: none"> • STBBIs: <ul style="list-style-type: none"> – genital herpes – HIV – HCV and HBV – HPV (human papilloma virus) • Treatment: <ul style="list-style-type: none"> – preventive vaccine against HBV and HPV – palliative treatment (HIV, HBV, HCV) – treatment of lesions to relieve symptoms and reduce the likelihood of transmission (HPV, genital herpes)
<ul style="list-style-type: none"> • Parasitic origin: treatment and cure 	<ul style="list-style-type: none"> • STBBIs: <ul style="list-style-type: none"> – trichomoniasis – pubic lice – scabies • Treatment: <ul style="list-style-type: none"> – course of oral or intravaginal antibiotics – application of cream, lotion or antifungal agent
Biomedical consequences of STBBIs for the person infected, family and friends	
<ul style="list-style-type: none"> • Biomedical consequences relating to pregnancy 	<ul style="list-style-type: none"> • Complications during pregnancy and birth • Possibility of transmission to the baby

<ul style="list-style-type: none"> • Biomedical consequences relating to sexuality and the pelvic region 	<ul style="list-style-type: none"> • Pain during intercourse (herpes, trichomoniasis, syphilis) • Sexual problems (e.g. loss of desire, loss of pleasure) • Infertility or sterility (gonorrhoea, chlamydia) • Prostatitis, urethritis • Cervical cancer (HPV) • Pelvic inflammatory disease
<ul style="list-style-type: none"> • Biomedical consequences relating to the vital organs 	<ul style="list-style-type: none"> • Heart and brain damage (syphilis) • Cirrhosis, liver cancer (HCV, HBV) • Death (AIDS, HCV, HBV)
<ul style="list-style-type: none"> • Biomedical consequences specific to STBBIs 	<ul style="list-style-type: none"> • Higher risk of coinfection with another STBBI, including HIV and HCV • Side effects of antiretrovirals (HIV/AIDS)
<p>Prevention methods (risk reduction) and safe practices with regard to STBBIs</p>	
<ul style="list-style-type: none"> • Regular screening tests for STBBIs 	
<ul style="list-style-type: none"> • Proper use of condoms every time during sex 	<ul style="list-style-type: none"> • Stop using a condom if: <ul style="list-style-type: none"> – the screening tests are negative for both partners AND <ul style="list-style-type: none"> ○ both partners are faithful OR ○ have protected sex outside the couple • Safe practices for condom use <ul style="list-style-type: none"> – purchase – storage – handling – use
<ul style="list-style-type: none"> • Total abstinence from sex 	
<ul style="list-style-type: none"> • Methods of preventing blood-related transmission 	<ul style="list-style-type: none"> • Less risky methods (injection and inhalation) <ul style="list-style-type: none"> – use of sterile equipment – no sharing of sharp objects or personal hygiene items • Safe practices for the use of tattoo and body piercing equipment <ul style="list-style-type: none"> – supply source – storage – handling – use • Stop using
<ul style="list-style-type: none"> • Recognition of the severity of the STBBI problem 	<ul style="list-style-type: none"> • Unfavourable elements: <ul style="list-style-type: none"> – perception depending on whether or not the STBBI can be cured – perception depending on the extent of the consequences

4. Psychological, affective and relational dimension	
Prescribed knowledge	Suggested knowledge
Psychosocial consequences of STBBIs for the person infected, family and friends	
<ul style="list-style-type: none"> • Consequences relating to sex 	<ul style="list-style-type: none"> • Abstinence
<ul style="list-style-type: none"> • Consequences relating to relations with the partner 	<ul style="list-style-type: none"> • Conflict within the couple • Loss of partner's trust and possibility of rejection, fear of transmitting an STBBI to the partner
<ul style="list-style-type: none"> • Consequences relating to self-image 	<ul style="list-style-type: none"> • Negative feelings (e.g. shame, guilt, anger, hostility, doubt, mistrust, fear, anxiety, phobia) • Depression • Poor body image • Loss of confidence in his/her ability to seduce someone
Psychological attitudes and characteristics conducive to the adoption of safe, responsible behaviour with regard to STBBIs	
<ul style="list-style-type: none"> • Sense of personal efficacy, self-efficacy 	<ul style="list-style-type: none"> • Ability to protect himself/herself (e.g. purchase and use condoms, faithfulness, screening test) • Ability to obtain and use sterile injection and tattoo equipment • Motivation
<ul style="list-style-type: none"> • Awareness of his/her needs and limits 	<ul style="list-style-type: none"> • Identification of what is expected of the other person, with regard to general and specific relationships, and in romantic and sexual relations • Self-knowledge (e.g. listening to his/her needs, limits and body, being willing to give and to receive) • Self-knowledge with regard to love and sexuality
<ul style="list-style-type: none"> • Positive body image 	<ul style="list-style-type: none"> • Self-confidence and positive self-esteem • Sufficient acknowledgment of his/her self-worth to believe in the importance of protection
<ul style="list-style-type: none"> • Management of emotions and desire 	<ul style="list-style-type: none"> • Acknowledgment and rationalization of impulsive emotions likely to lead to risky behaviour • Carefully considered, as opposed to compulsive, sexuality

<ul style="list-style-type: none"> • Absence of psychological problems 	<ul style="list-style-type: none"> • E.g. emotional dependency, performance anxiety and sexual bravado, fatalistic attitude towards life, mental health problems
<p>Perception of condom use and use of sterile needles and materials</p>	
<ul style="list-style-type: none"> • Perception of the effectiveness: <ul style="list-style-type: none"> – of condoms – of screening tests – of the use of sterile needles and injection or tattoo and body piercing materials 	
<ul style="list-style-type: none"> • Perceived advantages: <ul style="list-style-type: none"> – of condom use – of the use of sterile needles and materials 	<ul style="list-style-type: none"> • Peace of mind • Protection against STBBIs transmitted sexually or through the blood • Self-respect and respect for others • Specific advantages of using a condom: <ul style="list-style-type: none"> – extension of pleasure and delayed ejaculation – double protection (STBBI, pregnancy) – low cost • Specific advantages of using sterile needles and materials: <ul style="list-style-type: none"> – fewer skin infections and heart infections (endocarditis)
<ul style="list-style-type: none"> • Perceived obstacles: <ul style="list-style-type: none"> – to condom use – to the use of sterile needles and injection materials – to the use of sterile tattoo and body piercing materials and needles 	<ul style="list-style-type: none"> • Specific obstacles to condom use: <ul style="list-style-type: none"> – use of the contraceptive pill – self-consciousness, shyness, shame, fear of being judged – use of alcohol, drugs or medication – fear of losing his/her partner – fear of losing the other person's trust – partner's refusal or fear of partner's refusal – difficulty in broaching the subject and negotiating – absolute trust in his/her partner – fact of not having a condom on hand and relying on his/her partner – difficulty incorporating condoms into sexual games – unanticipated sexual encounters – fear of losing an erection • Specific obstacles to the use of sterile needles and injection materials: <ul style="list-style-type: none"> – fact of already having the drug on hand – use of a shooting gallery – fact of already being under the influence

	<ul style="list-style-type: none"> – urgent need to use – no access to sterile materials – fear of being identified as a drug addict when visiting needle exchange facilities – frequency of use of specific drugs (cocaine) – alcohol use (multiple use) – an injection ritual conducive to sharing of needles – confidence in his/her partners – pressure from partner • Specific obstacles to the use of sterile tattoo and body piercing needles and materials: <ul style="list-style-type: none"> – ripple effect from peers – spontaneity and urgency – confidence in his/her peers – use of alcohol, drugs or medications – no access to sterile materials
Perception of personal vulnerability to STBBIs	
<ul style="list-style-type: none"> • Vulnerability relating to knowledge 	<ul style="list-style-type: none"> • Lack of knowledge about how STBBIs are transmitted and how to prevent them • Magical thinking or distorted thinking: feeling invulnerable, thinking it will only happen to other people
<ul style="list-style-type: none"> • Vulnerability relating to different types of relationships 	<ul style="list-style-type: none"> • Casual relationships • Multiple partners
<ul style="list-style-type: none"> • Vulnerability relating to sensation-seeking 	<ul style="list-style-type: none"> • Seeking pleasure first • High sensation-seeking
<ul style="list-style-type: none"> • Awareness of belonging to a higher-risk group 	
Communication strategies and self-assertion	
<ul style="list-style-type: none"> • Communication, assertiveness and negotiation strategies 	<ul style="list-style-type: none"> • Characteristics of effective communication (e.g. speaking, listening, answering, asking questions, making requests, expressing criticism, accepting criticism, saying “no”) • Ability to say “no” without feeling guilty • Direct, open discussions
<ul style="list-style-type: none"> • Impacts of effective communication and assertiveness 	<ul style="list-style-type: none"> • Respect for oneself and for others • Positive relationships with others • Self-satisfaction • Greater sexual satisfaction

Risk management with regard to STBBIs	
<ul style="list-style-type: none"> Recognizing risky situations 	<ul style="list-style-type: none"> Negotiating preventive behaviours before being placed in a risky situation Having sterile materials on hand Having condoms on hand
5. Sociocultural dimension	
Prescribed knowledge	Suggested knowledge
Consequences of some STBBIs for the person infected and family and friends	
<ul style="list-style-type: none"> Socioeconomic consequences 	<ul style="list-style-type: none"> General cost of treatments Costs relating to new fertility techniques Higher health-related expenses Absenteeism and lost productivity Job loss or reduced income Difficulty finding a job Difficulty obtaining life insurance
<ul style="list-style-type: none"> Difficulty carrying out social and cultural activities 	<ul style="list-style-type: none"> Reluctance to reveal condition for fear of being ostracized
<ul style="list-style-type: none"> Consequences specific to HIV/AIDS 	<ul style="list-style-type: none"> Possibility of rejection and discrimination (e.g. by partners, friends, family members and employers) Possibility of exclusion and isolation
Influence of significant persons	
<ul style="list-style-type: none"> Family or intergenerational protective factors: parents and family 	<ul style="list-style-type: none"> Sound rules for everyday organization Positive view of sexuality and sexual orientation Constructive communication, possibility of self-assertiveness, debating and negotiation Positive reinforcement of self-esteem and self-confidence Reinforcement of respect for oneself and for others Mutual help and support
<ul style="list-style-type: none"> Relational risk factors: peers, sexual partner or drug use partner 	<ul style="list-style-type: none"> Absence of mutual help and support Value given to risky behaviour Power play and manipulation Spousal, psychological, physical or sexual violence Breakup, separation and divorce Type of sexual partner: casual, anonymous, regular, with acquaintances (e.g. <i>friends with benefits</i>)

<ul style="list-style-type: none"> • Strategies to resist social pressure and pressure on a partner who is reluctant to use protection 	<ul style="list-style-type: none"> • Self-confidence and self-esteem so as not to be influenced • Capacity to refuse risky behaviour, self-assertiveness • Refusal or postponement of sex • Debate and negotiation of safe behaviour
<p>Living conditions and environments</p>	
<ul style="list-style-type: none"> • Risk factors relating to living conditions and living environments (e.g. school, society, workplace, detention centre, in the street, other) 	<ul style="list-style-type: none"> • Economic situation/income <ul style="list-style-type: none"> – poverty • Geographic location <ul style="list-style-type: none"> – no access to resources • Level of education <ul style="list-style-type: none"> – illiteracy • Homelessness <ul style="list-style-type: none"> – isolation • Relationship status <ul style="list-style-type: none"> – exclusive or nonexclusive couple, single • Use of alcohol, drugs or medications <ul style="list-style-type: none"> – inhibition of critical thinking and the ability to think and use protection • Level of stress and anxiety <ul style="list-style-type: none"> – urgent need to use • Delinquency <ul style="list-style-type: none"> – substance dependency (rule of effect) • Exclusion <ul style="list-style-type: none"> – isolation and vulnerability • Circulation of incorrect information in the living environment <ul style="list-style-type: none"> – popular myths, messages conveyed
<p>Standards and values of the sociocultural environment with regard to sexual behaviour and drug use</p>	
<ul style="list-style-type: none"> • Environmental risk factors with regard to: <ul style="list-style-type: none"> – sexual behaviour – drug use 	<ul style="list-style-type: none"> • With regard to sexual behaviour <ul style="list-style-type: none"> – lack of models of prevention in the media – reluctance to adopt preventive behaviours – stereotypes, sociosexual roles and gender inequality – homophobia, heterosexism and racism – prostitution – sex-based social sites (e.g. bars, clubs, the Internet, saunas)
	<ul style="list-style-type: none"> • With regard to drug use <ul style="list-style-type: none"> – clandestinity, marginality – lack of access to needle and material exchange facilities

<ul style="list-style-type: none"> • Environmental protective factors with regard to: <ul style="list-style-type: none"> – sexual behaviour – drug use 	<ul style="list-style-type: none"> • Motivation and encouragement • Personal involvement in the community • Positive, caring support from friends and family • Access to condoms and sterile materials in the community, or access to help and resources providing assistance, needle exchange facilities and distributors of sterile materials and condoms
<ul style="list-style-type: none"> • Intervention and support in Québec with regard to STBBIs 	<ul style="list-style-type: none"> • Interference between public health and public safety measures concerning sex work and drug use (harm reduction versus repression) • Support programs: <ul style="list-style-type: none"> – program providing access to HBV and HPV vaccinations – program providing free medications to treat sexually transmitted infections – intervention program for people infected with HCV – support program for community organizations (shelters for people living with HIV/AIDS (PLWHA))
6. Moral, spiritual and religious dimension	
Prescribed knowledge	Suggested knowledge
Personal responsibility with regard to STBBIs	
<ul style="list-style-type: none"> • Personal responsibility, respect for oneself and for others 	<ul style="list-style-type: none"> • Responsibility towards self, for his/her body, needs and health, and towards others, in terms of preventing STBBIs and when a person realizes he or she has contracted an STBBI
<ul style="list-style-type: none"> • Shared responsibilities 	<ul style="list-style-type: none"> • E.g. Negotiation of condom use, refusal to share injection, tattoo or body piercing materials in order to prevent STBBIs and when a person realizes he or she has contracted an STBBI

Personal values, principles, beliefs and myths regarding STBBIs	
<ul style="list-style-type: none"> • Clarification of personal values 	<ul style="list-style-type: none"> • Personal meaning given to sexuality and drug use <ul style="list-style-type: none"> – meaning given to STBBIs, protected sexual behaviour and drug use – personal meaning given to the injection, tattoo and body piercing ritual – meaning given to flirting, affection, tenderness, love, friendship, pleasure, sexuality, faithfulness, commitment, multiple partners, pregnancy, elective abortion, romantic and sexual relations, marriage
Spiritual consequences of STBBIs at the personal level	
<ul style="list-style-type: none"> • Questions relating to the meaning of life 	<ul style="list-style-type: none"> • Resilience or loss of meaning in his/her life • Fear of dying (in the case of HIV/AIDS or HBV and HCV)
7. Ethical and legal dimension	
Prescribed knowledge	Suggested knowledge
Civil and collective responsibility with regard to STBBIs	
<ul style="list-style-type: none"> • Responsibility of individuals infected with SSTBBIs to prevent transmission to others 	<ul style="list-style-type: none"> • Responsibility to inform his/her partners about the STBBI (partner notification) • Responsibility of those carrying an STBBI (including HIV) to practise protected sex
<ul style="list-style-type: none"> • Notifiable diseases 	<ul style="list-style-type: none"> • Syphilis • Gonorrhoea • Chlamydia • LGV (lymphogranuloma venerium) • HIV/AIDS • HCV and HBV
<ul style="list-style-type: none"> • Legal and ethical aspects specific to HIV and PLWHA (people living with HIV/AIDS) 	<ul style="list-style-type: none"> • E.g. blood transfusion, organ donation, mandatory partner notification, accidental injection—in hospitals for example—obligations for pregnant women (e.g. cesarean section, status declaration)
Human rights in matters related to STBBIs	
<ul style="list-style-type: none"> • <i>Canadian Charter of Rights and Freedoms and Québec Charter of Human Rights and Freedoms</i> 	<ul style="list-style-type: none"> • E.g. physical integrity, respect for the person, respect for a person's choices
<ul style="list-style-type: none"> • Ethics and confidentiality 	<ul style="list-style-type: none"> • E.g. right to consult a physician confidentially from the age of 14, confidentiality of screening tests, consultations with professionals

8. Public and community support services (concerning sexuality)

In this course, the teacher will propose support services available to adults and help adult learners acquire the skills they need to access these services (e.g. explore Web sites with adult learners, visit organizations, bring magazines and other publications to class, go to the library to consult reference books, invite guest speakers, etc.).

Although the consultation of resources providing assistance is prescribed, the examples provided are not.

The list of resources proposed here is by no means exhaustive, and should be completed by a list of the resources available in the region concerned. These resources may be useful in referring teachers and adult learners to regional resources. It may also be appropriate to consult the course *Sexuality in All Its Dimensions* and the *Preventing Dependency on Substances* course of the Preventing Dependency program.

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| <ul style="list-style-type: none"> • Québec's health and social services network <ul style="list-style-type: none"> ❖ Health and social service centres (CSSS) ❖ Ministère de la santé et des services sociaux (MSSS), section "The Fight against STI", under the headings: "List of SIDEPE" and "Help and Resources":
http://www.msss.gouv.qc.ca/sujets/prob_sante/itss/index.php?home ❖ Canadian Aids Society:
http://www.cdn aids.ca • Health Canada <ul style="list-style-type: none"> ❖ http://www.hc-sc.gc.ca • Community organizations <ul style="list-style-type: none"> ❖ Centre associatif polyvalent d'aide hépatite C (CAPAHC): http://www.capahc.com/ ❖ Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-AIDS): http://www.cocqsida.com • Association des intervenants en toxicomanie du Québec (see the directory of prevention tools and activities and programs relating to sexuality and STBBIs) http://www.aitq.com/ • Canadian HIV/AIDS Legal Network:
http://www.aidslaw.ca | <ul style="list-style-type: none"> • Telephone help lines <ul style="list-style-type: none"> ❖ Tel-jeunes: 1-800-263-2266 ❖ Line for parents: 1-800-361-5085 ❖ Info-Santé helpline run by the regional health and social services centre (CSSS): 811 ❖ Gai Écoute 1-888-505-1010
http://www.gai-ecoute.qc.ca/ ❖ S.O.S grossesse 1-877-662-9666
http://www.sosgrossesse.ca/ • Websites <ul style="list-style-type: none"> ❖ Tel-jeunes http://en.teljeunes.com/home ❖ Health and Social Services Québec
http://www.msss.gouv.qc.ca/ ❖ À bien y penser http://itss.gouv.qc.ca/ ❖ sexualityandu.ca
http://www.sexualityandu.ca/en/ ❖ youngandhealthy.ca
http://www.youngandhealthy.ca/caah ❖ Media Awareness Network:
http://www.education-medias.ca • Others <ul style="list-style-type: none"> ❖ The SexEducator (magazine), issues 4 and 14:
http://www.casexprime.gouv.qc.ca/en/accueil |
|---|--|

➤ Cultural References

The examples of cultural references help adult learners examine social issues related to STBBIs. They address different problems, involve people in a variety of contexts, and make reference to myths and beliefs in order to fuel the process of reflection, help adult learners understand the issues in question and highlight the importance of adopting safe and responsible sexual behaviour.

The examples of cultural references used in this course are:

- HIV infection
- Unfortunate sexual encounter
- Sex, drugs and STBBIs
- Coinfection
- STIs and pregnancy
- Absence of symptoms and STBBIs

The examples given are fictional, which allows adult learners to address the issues studied without making them too personal. Thus, adult learners will be able to transfer their learning and apply it in real-life situations.

Although the use of cultural references in the classroom is prescribed, the examples provided in this course are not.

Example of a cultural reference: HIV infection

Bad News

Vincent is 22 years old, studies part-time and works in a restaurant. Peter is 30 years old and has recently lost his full-time job as a computer technician because his boss complained that he was often absent from work. Peter and Vincent are a couple and have been living together for some time. Before they were together, they each had a number of sexual partners. The first time they saw one another, they fell in love—it truly was love at first sight! All their close friends say they're made for one another!

Their first night together was really special, as though they'd known each other for ever! Peter remembers it well: Vincent offered to use a condom and had one with him. However, Peter looked him in the eyes and said "no." Neither of them insisted, not wanting to spoil the moment. Peter preferred not to use the condom because he was afraid of losing his erection and not being able to perform, "especially since it was our first time." The pleasure was the main thing! So Peter and Vincent didn't use a condom, that night or ever since.

A few weeks ago, Peter got a telephone call from Paul, a former lover who had since become a good friend. Paul told him: "I went for STBBI screening and I'm waiting for the results. You should go too." Peter thought about it a lot in the days following his conversation with Paul.

Eventually, he arranged an appointment at a specialized clinic. After asking questions about Peter's general health and risky sexual behaviour, the physician proposed a series of tests, including some for sexually transmissible infections. Peter agreed, because he wanted to know everything about his health status.

This morning, before leaving for work, Vincent told Peter that his physician's secretary had phoned while he was in the shower and wanted Peter to call her back right away. As soon as Vincent had gone, Peter called the secretary, and she told him the physician wanted to see him, the sooner the better. Peter decided to go at once.

Once in the doctor's office, Peter learned that he had HIV. Peter was shocked and dismayed, because he'd never really had any symptoms. He did feel very tired and often had a cold, but that was all. And he'd always used his common sense when choosing his sexual partners, opting for men who were handsome, intelligent and clean, like Paul and his lover Vincent. Not only that, but in recent years he'd taken a preventive approach by reducing the number of sexual partners!

Completely demoralized, Peter went home. He had a lot to think about. He was very annoyed, but he was also torn; he wanted to talk to Vincent, to tell him about the situation and get his support, but at the same time he was terrified of losing him. When he arrived at his front door, he touched the keys in his pocket and hesitated before going in

Example of a cultural reference: Unfortunate sexual encounter

Ishmael Meets Martina

Ishmael is 20 years old, single, and works full-time as a carpenter for a well-known company. Although he seems very self-assured, he finds it difficult to talk about his emotions. This particular evening, after work, Ishmael is going directly to Stephen's house for his birthday party.

Martina is 18 years old and has been single for a few months now. Since her last breakup, she hasn't looked for another serious relationship. She works full-time as a waitress in a nice café. She's an extrovert, always looks happy and finds it easy to communicate. This particular evening, she is also going to Stephen's house—he's a childhood friend, and she would never miss his annual birthday party!

Early in the evening, Ishmael and Martina check one another out, and later, as they have a drink and dance together, they talk and have fun. They're very attracted to one another. At one point, Stephen calls Ishmael over, hands him a joint and says: "Take this, it'll do you good, you seem a bit nervous with Martina!" Ishmael agrees and accepts the joint.

Towards the end of the evening, Ishmael and Martina find themselves alone in the living room. Under the effects of alcohol and marijuana, Ishmael loses his usual nervousness and eventually kisses Martina. As things progress, it becomes clear that they want one another and Martina becomes aroused. She wonders if Ishmael has a condom, because she hasn't brought one and isn't on the pill. Usually, she finds it easy to say what she wants, but this time, she can't bring herself to ask Ishmael about the condom. The further things go, the more she realizes how much Ishmael wants her. It makes her feel good about herself, and beautiful. She doesn't dare ask about the condom because she's afraid he'll reject her, judge her or won't trust her.

Martina goes over everything they said to one another during the evening. She thinks Ishmael is intelligent and kind, and he certainly looks healthy. And so she decides there's nothing to worry about: he's a good guy. Not only that, but he's a good friend of Stephen, so she feels she can trust him. And because Martina doesn't suggest using a condom, Ishmael thinks she's on the pill, and for fear of stirring doubts in her mind about himself, he decides not to mention anything about a condom either, because it might break the mood. He thinks he's safe, especially as he's cut back on the number of sexual partners in the last few months. In any case, all that matters to him is pleasure! He and Martina decide to have one last drink, and as things heat up they both decide to trust their instincts and don't use a condom.

A few weeks later, Martina is worried because she hasn't had her period and she's been experiencing an unusual vaginal discharge. Her gynecologist gives her a urine test and tells her that not only is she pregnant, but she also has chlamydia. She's surprised, because she's already had chlamydia in the past. As for Ishmael, he's never even wondered about it, because he doesn't have any symptoms . . .

Example of a cultural reference: Sex, drugs and STBBIs

Lingering Effects of a Party

Nicolas and Mary have known one another for several months and spend a lot of time together, because Nicolas is unemployed and Mary's time is essentially her own; in fact, she's a sex worker.

Mary generally uses protection with her clients, but it's different with Nicolas. There are two things that separate him from her clients. First, she loves him so much that she trusts him fully; and second, he's very kind to her. She's not afraid that he'll hit her, as some of her clients do. In fact, she's sometimes so frightened of being hit that she doesn't always make her clients wear a condom.

Nicolas likes the fact that Mary is kind and understanding. When he was a child, he was physically abused and suffered a lot of emotional abuse as well. Mary and Nicolas both agree that they're good together, especially as they both lack self-confidence.

Nicolas doesn't use a condom when he has sex with Mary. He's not afraid of "catching something" because he's been vaccinated against hepatitis B. In addition, he's already had gonorrhoea and doesn't think he can catch it again. When he got infected, the treatment was very short. He felt so much better after a few days that he decided to stop the treatment. In his mind, sexually transmitted and blood-borne infections (STBBIs) are very easy to cure.

One evening, Mary meets Nicolas unexpectedly in the street, and they're both very happy to see one another. Nicolas tells her he's glad he bumped into her because there's an all-night party that day. He gives Mary his keys and tells her to wait for him at his apartment, saying that he needs to go and get something to make sure they'll have fun all night! He often shoots cocaine, and having looked in his bag, he's realized he only has one sterile needle left. He knows HIV and hepatitis C are transmitted through the blood and wants to be careful because he knows there will be a lot of people shooting drugs that night. So he decides to go to the local needle exchange facility to get some sterile supplies.

On the way, Nicolas meets his regular dealer, Philip. "It's the night for chance meetings," he says. Philip invites Nicolas back to his apartment to get some drugs, and Nicolas quickly agrees because he urgently needs a shot. Then, because he now has drugs on him, he decides not to go to the needle exchange clinic in case people think he's a drug addict, or in case he's arrested by the police.

Instead, he goes to join Mary at his apartment. He shows her the drugs and needle and tells her: "Tonight's your lucky night. I have a present for you!" He prepares the needle and injects himself first. Mary hesitates, wondering if it's safe, but Nicolas is insistent. He's delighted to be able to give her a gift, and he's very persuasive. He prepares another shot using the same needle and hands it to Mary. He sees her hesitation and wonders if it's her first time. To make things easier for her, he offers to inject her. Mary wonders if it's all right, because she knows the risks. In the end, however, she decides that Nicolas loves her and wouldn't want to infect her. And in any case, the needle looks very clean. Mary tells herself it's a ritual and she shouldn't question it too much. In any case, "there's no risk the first time." Trusting him, she holds out her arm.

Several months later, Nicolas is starting to worry, because he can see that Mary isn't feeling well. She sleeps nearly all the time and doesn't work any more. Both he and Mary think she'll feel better if she gets some rest, as people do when they get a cold, but this time it doesn't work—her condition grows worse every day. Today, they've decided to go together to their local health and social services centre (CSSS) to see what's wrong

Example of a cultural reference: Coinfection

A Story of Two Inmates

Johnny is 24 years old and has been in prison for 13 months. Recently, he's been feeling very tired. His neck is swollen, and he suffers from night sweats. He decides to see the prison nurse, who takes urine, blood and throat samples.

Three weeks later, the nurse comes back with the results. She has bad news for Johnny: not only does he have HIV, but he also has hepatitis C. Johnny is completely floored!

He thinks about what he's done in the last few months and can't figure out how he became infected. The only thing that comes to mind is a tattoo that he had done by Steve, a fellow inmate, whom he trusts. Steve was really pleased when Johnny agreed to get a tattoo; he'd been trying to persuade Johnny for months. And as opportunities like that are rare, Johnny decided to go for it, saying "It's now or never!" Even though Steve was planning on using the same needle he used on himself, Johnny thought the needle looked clean.

Johnny is furious and can't see how he'll be able to live with the two diseases, even when he gets out of prison. Mainly, he's afraid that people will find out and that he'll be rejected, isolated and discriminated against. As an ex-con, it's hard enough to find work, and he thinks that with the two infections it'll be impossible!

Johnny vaguely remembers hearing about STBBIs many years ago, but he thought that if a needle was clean, there was no danger of infection. In any case, as he was getting his tattoo, he told himself that the worst disease out there was AIDS, and even that could be cured with the right medication.

Steve is 30 years old and has been in prison for a few months. He has low self-esteem and finds it hard to manage his emotions. He often feels high levels of stress and anxiety. In his mind, life is meaningless. And so he spends time with a group of prisoners, so that he can forget about his past, the psychological and physical abuse he suffered at home, and the lack of help or support. Steve and his fellow prisoners get their kicks shooting cocaine. However, it's hard to get needles, and usually when one group member has a needle, he's nice enough to share it with the others. What Steve likes about the group is the fact that they all trust one another.

Some time later, Johnny can no longer keep his feelings to himself and decides to confront Steve. Steve panics and starts to have doubts about his own health

Example of a cultural reference: STIs and pregnancy**Once Is Enough**

Rosemary has been single for a few months. Her two best friends, William and Melissa, decide to introduce her to someone and take her out to dinner in a restaurant, where she meets Simon, one of William's childhood friends. Simon and William have recently got back in touch with one another through a social network site. Just before dinner, Melissa tells Rosemary that Simon is very handsome and seems intelligent and attentive. It's an impression that Rosemary confirms in her own mind during dinner.

Simon has already told William that he doesn't want to commit to a relationship, but William insisted on introducing him to Rosemary. She's a beautiful girl, very bright and charming. Simon agrees, but he remains set on not having a steady girlfriend for the time being. He thinks he's too young to commit for the long term and enjoys his freedom. Even so, he's interested in starting a sexual relationship with Rosemary.

That same evening, Rosemary goes back to Simon's place. She has no idea what will happen, but she intends to live for the moment. After all, it's been a while since anyone has been interested in her. Shortly after they get to Simon's home, they give in to their desire without using a condom. The subject of protection never comes up at all. When Rosemary leaves to go home, she's still shocked at how quickly she agreed to have sex and she's very thoughtful. She's angry with herself for not saying she wanted a condom. In fact, she feels so uncomfortable that she doesn't want to see Simon again.

Today, Rosemary has gone to see her physician. He's told her she's pregnant and also has chlamydia. The physician explains that chlamydia can be treated with antibiotics. However, if she decides to go through with the pregnancy, there may be side effects from the treatment, including premature birth, miscarriage or ectopic pregnancy. There may also be complications for the baby at birth. Rosemary is shocked and doesn't know how she feels or how to react. She'd always thought she'd be pleased to be pregnant, but in this case it seems more like bad news. And a treatable STI doesn't seem as serious, even though it might have some serious consequences. It's been a while since she had sex with Simon, and the chlamydia hasn't been treated during all that time. She had no symptoms; it was the pregnancy that brought her to see the physician.

Rosemary remembers the evening she spent with Simon. She didn't know it was possible to get pregnant and catch an STI at the same time, especially when it was the first time with a new partner. She remembers her feelings of guilt, and how she convinced herself that Simon was safe. After all, he looked clean and intelligent, and he was one of William's friends. He'd have said something if he'd had an STI.

She has a lot of questions. Should she go through with the pregnancy even though she has an STI and knows there may be serious consequences? Why did neither of them ever bother mentioning protection? Why wasn't she able to tell Simon she had condoms in her purse? She now has to tell him about what's happened and about the importance of using protection and getting tested.

Example of a cultural reference: Absence of symptoms and STBBIs

Felix's STI

Felix and Mary have known one another for a while. They say they aren't in love with each other, but they spend a lot of time together, chatting, playing sports or going out. Felix has been dating another girl since the beginning of the school year. However, one night when he and Mary are together at her place, the attraction between them gets stronger and they end up petting and kissing. They both want sex, and talk about the need for protection against STBBIs. Mary says she's safe because she's just had a PAP test a few weeks ago and wasn't diagnosed with an STI. Felix said he has no symptoms that might suggest any kind of infection. That night, they have sex without a condom.

Over the next few weeks, Felix and Mary have sex on a regular basis. They never use protection, because they both think they are safe, and they are sure there will be no pregnancy because Mary is on the pill.

However, yesterday a very painful sore appeared on Felix's penis, and it hurts to urinate. He's never heard of anything like that and checks on the Internet to see if it might be serious and what to do to get rid of it. He consults a Web site on sexuality and finds descriptions of different STIs. Although he doesn't think it's possible for him to have an STI, he decides to read the information anyway. He doesn't believe he's infected, because in the last few weeks he's only had sex with one person: Mary.

Today, he's decided to go and see a nurse at the local CSSS. The sore looks exactly like one of the descriptions on the Web site, for the herpes simplex virus. Felix is very, very worried, first because he didn't think he was at risk, and second because he doesn't know how he could have caught it.

While he's waiting to see the nurse, Felix starts wondering about a lot of things. Should he talk to Mary? What should he say to her? Is the infection serious? The Web site said there is no cure for herpes, but there are drugs that can relieve the symptoms, reduce the duration and frequency of outbreaks and reduce the risk of transmission. What does it all mean? Could he transmit herpes to his sexual partners? Could it have serious consequences? Will the sore always be as painful? Will it affect his ability to have an erection? Will he be able to make love with Mary again? And will she still want him?

7.6 Families of Learning Situations

Learning situations that are related to each other or share common characteristics are grouped together into families, which present contexts that give meaning to adults' learning. In this course, there are two families of learning situations:

- Risky behaviour and the transmission of blood-borne infections
- Risky sexual behaviour

The learning situation provided as an example in the course is from the family *Risky sexual behaviour*.

7.7 Broad Areas of Learning

The course *Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)* has connections with all the broad areas of learning in the program. Each area raises a number of questions that can be used to develop learning situations.

The learning situation proposed for this course, *Ishmael Meets Martina*, is related to the educational aim of the broad area of learning Environmental Awareness and Consumer Rights and Responsibilities, which is to *develop an active relationship with their environment while maintaining a critical attitude toward consumption and the exploitation of the environment*. The focus of development *Responsible use of goods and services* helps adult learners to recognize the difference between wants and needs, learn about influences on consumption, and take a critical stance toward advertising and other forms of propaganda and manipulation.

7.8 Example of a Learning Situation

Learning situations place adult learners at the heart of the action and help them develop competencies, construct knowledge and mobilize a wide variety of resources. Each situation is based on a pedagogical aim that is connected to different elements of the program and course.

The learning situation presented below, *Ishmael Meets Martina*, includes:

- 1) a reference to the elements of the program and course
- 2) the context: initial situation and situational problem
- 3) the pedagogical aim, activities and the connection with the subject-specific competencies

1) Reference to the elements of the program and course	
Broad area of learning	Environmental Awareness and Consumer Rights and Responsibilities
Cross-curricular competencies	Uses information Exercises critical judgment
Family of learning situations	Risky sexual behaviour
Cultural reference	Unfortunate sexual encounter
Categories of knowledge	Social changes Concepts integral to the frame of reference Biological dimension Psychological, affective and relational dimension Sociocultural dimension Moral, spiritual and religious dimension Ethical and legal dimension Public and community support services
Subject-specific competencies	Examines situations involving sexuality Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour Makes healthy lifestyle choices with regard to sexuality

2) The context: initial situation and situational problem

Ishmael Meets Martina

Ishmael is 20 years old, single, and works full-time as a carpenter for a well-known company. Although he seems very self-assured, he finds it difficult to talk about his emotions. This particular evening, after work, Ishmael is going directly to Stephen's house for his birthday party.

Martina is 18 years old and has been single for a few months now. Since her last breakup, she hasn't looked for another serious relationship. She works full-time as a waitress in a nice café. She's an extrovert, always looks happy and finds it easy to communicate. This particular evening, she is also going to Stephen's house—he's a childhood friend, and she would never miss his annual birthday party!

Early in the evening, Ishmael and Martina check one another out, and later, as they have a drink and dance together, they talk and have fun. They're very attracted to one another. At one point, Stephen calls Ishmael over, hands him a joint and says: "Take this, it'll do you good, you seem a bit nervous with Martina!" Ishmael agrees and accepts the joint.

Towards the end of the evening, Ishmael and Martina find themselves alone in the living room. Under the effects of alcohol and marijuana, Ishmael loses his usual nervousness and eventually kisses Martina. As things progress, it becomes clear that they want one another and Martina becomes aroused. She wonders if Ishmael has a condom, because she hasn't brought one and isn't on the pill. Usually, she finds it easy to say what she wants, but this time, she can't bring herself to ask Ishmael about the condom. The further things go, the more she realizes how much Ishmael wants her. It makes her feel good about herself, and beautiful. She doesn't dare ask about the condom because she's afraid he'll reject her, judge her or won't trust her.

Martina goes over everything they said to one another during the evening. She thinks Ishmael is intelligent and kind, and he certainly looks healthy. And so she decides there's nothing to worry about: he's a good guy. Not only that, but he's a good friend of Stephen, so she feels she can trust him. And because Martina doesn't suggest using a condom, Ishmael thinks she's on the pill, and for fear of stirring doubts in her mind about himself, he decides not to mention anything about a condom either, because it might break the mood. He thinks he's safe, especially as he's cut back on the number of sexual partners in the last few months. In any case, all that matters to him is pleasure! He and Martina decide to have one last drink, and as things heat up they both decide to trust their instincts and don't use a condom.

A few weeks later, Martina is worried because she hasn't had her period and she's been experiencing an unusual vaginal discharge. Her gynecologist gives her a urine test and tells her that not only is she pregnant, but she also has chlamydia. She's surprised, because she's already had chlamydia in the past. As for Ishmael, he's never even wondered about it, because he doesn't have any symptoms . . .

3) Pedagogical aim, activities and connection with the subject-specific competencies	
Pedagogical aim: Adult learners learn about the issue of STBBIs	
Activities	Subject-Specific Competencies
<p>Preparation</p> <p>To understand the situation in which Ishmael and Martina find themselves, adult learners begin by identifying the issue. They do this by recognizing social changes related to STBBIs since the sexual revolution, and by updating their frame of reference for risk taking and for risk and protective factors for STBBI transmission. They also update their knowledge of the motivation cycle, in order to promote the adoption or maintenance of safe and responsible sexual behaviour. In doing this, they broaden their knowledge of STBBI transmission methods, especially sexual transmission, of chlamydia and other STBBIs, of the methods available to prevent STIs, of safe sexual practices involving the use of a condom, of the spheres of influence concerning the prevention or transmission of STBBIs and of the potential consequences of STBBIs for themselves, for their friends and family, and for society in general. They then identify the resources in the community that provide support in connection with STBBIs, and recognize each resource's field of intervention. To do this, adult learners:</p> <ul style="list-style-type: none"> • gather information • process a variety of relevant, credible documents • present a description of the situation, either orally or in writing 	<p>Examines situations involving sexuality</p>
<p>Performance</p> <p>Adult learners then analyze Ishmael's or Martina's situation in more detail, from the standpoint of safe, responsible or risky sexual behaviour: by identifying the issues raised, establishing connections between the influencing factors, and identifying causes and effects. Next, they consider solutions that promote the adoption of safe and responsible sexual behaviour by examining plausible solutions in the context and selecting the best solution on the basis of probable results. To do this, adult learners:</p> <ul style="list-style-type: none"> • list the issues involved, taking into account the context and people concerned: <ul style="list-style-type: none"> – prevention of STBBIs during the first sexual encounter; use of a condom – the ability to recognize a risky situation before becoming involved – management of risk, emotions and desire • look for credible information on the factors involved in a situation such as Ishmael's and Martina's: <ul style="list-style-type: none"> – obstacles to condom use – the attitudes and psychological characteristics of the people concerned and their impact on the adoption of preventive or risky behaviours 	<p>Establishes a relationship between the factors influencing the adoption of safe and responsible sexual behaviour</p>

<ul style="list-style-type: none"> – Ishmael and Martina’s perceptions of the severity of the problem, their own vulnerability in the situation, and their ability to recognize a risky situation – Ishmael and Martina’s myths and beliefs concerning the situation – communication during the first sexual encounter and concerning the use of protection; the strategies to adopt with a partner who is reluctant to use protection – management of risk, emotions and desire – significant individuals (their influence on motivation and the adoption of preventive or risky behaviour) – use of disinhibiting substances to establish a relationship, and the factors leading to the decision not to use protection • provide an explanation for the causes and effects of the meeting between Ishmael and Martina: <ul style="list-style-type: none"> – Ishmael and Martina’s incorrect perception of the severity of the problem and of their own vulnerability in the situation – failure to recognize a risky situation – Ishmael’s and Martina’s myths and misconceptions – lack of communication regarding the use of protection – lack of strategies to deal with a partner who is reluctant to use protection – difficulty in managing risk, emotions and desire – use of disinhibiting substances to establish a relationship, and the factors leading to the decision not to use protection – the consequences (psychosocial, biomedical, moral and spiritual) for themselves and for friends and family • justify the relevance of the solutions proposed for Ishmael’s and Martina’s situation • present critical arguments to support the chosen solution 	
<p>Integration and application of learning</p> <p>Lastly, adult learners consider their own potential for action by expressing their opinion concerning human rights and civil and collective responsibility in sexual matters, and determining their own responsibility for their body, health and sexuality as well as their responsibility to respect themselves and others. They take a position on safe and responsible sexual choices by establishing a relationship between self-respect and respect for others, the needs to be met and the limits that must not be exceeded, and by discussing the benefits of a healthy sexual lifestyle. They also consider the role and preventive actions of resources providing assistance in the community and assess the effectiveness of the methods made available to the public in the field of sex education and the prevention of STBBIs. To do this, they:</p> <ul style="list-style-type: none"> • explain their understanding of human rights and civil and collective responsibility with regard to sexuality, in particular with regard to the prevention of STBBIs • give their opinion about their responsibility for their body, health, sexuality, respect for themselves and for others, and about the prevention of STBBIs 	<p style="text-align: center;">Makes healthy lifestyle choices with regard to sexuality</p>

<ul style="list-style-type: none">• give examples of limits that must not be exceeded to maintain safe, responsible sexual behaviour during first sexual encounters• show whether preventive methods are useful or not, and establish communication strategies conducive to negotiation, debate and management of emotions with a person who is reluctant to use protection• explain the benefits of a healthy sexual lifestyle• present their personal position regarding whether or not a condom should be used systematically for every sexual encounter, the transmission of information to partners concerning the possibility of an infection, and the effectiveness of the methods available to the public to prevent the transmission of STBBIs• formulate a critical point of view on issues related to STBBIs• take stock of what they have learned• recognize eventual situations in which they could transfer their learning	
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7.9 End-of-Course Outcomes

The end-of-course outcomes describe what is expected of adult learners at the end of the course for each subject-specific competency. The subject-specific competencies complement one another and are developed in connection with one another.

By developing the competency *Examines situations involving sexuality*, adult learners learn to demonstrate interest, curiosity and intellectual rigour in order to understand the importance of sexually transmitted and blood-borne infections. They identify issues of a sexual nature and gather information to consider their various aspects. They recognize social changes that have occurred with respect to STBBIs since the sexual revolution. Then, to update their frame of reference for sexuality, they establish a relationship between the conceptual aspects of risk taking, and those related to the risk and protective factors for the transmission of STBBIs. They also learn about the motivation cycle, in order to adopt or maintain safe and responsible sexual behaviour. They broaden their knowledge about sexual issues, and locate resources in the community that provide assistance in sexual matters, identifying the specific field of intervention of each resource. In doing so, they learn to take a preventive approach to STBBIs.

By developing the competency *Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour*, adult learners learn to use rigorous research and information-processing techniques. They find answers to their questions by supporting their observations with formal arguments. They use credible data to support their reflection and justify their ideas using critical arguments. They analyze issues involving STBBIs by identifying the questions raised, establishing connections between the factors influencing the prevention or transmission of STBBIs and identifying the causes and effects of problems affecting the adoption of safe behaviours. They consider ways to promote the adoption of safe and responsible sexual behaviour by examining plausible solutions in light of the context and selecting the best solution with all its implications.

By developing the competency *Makes healthy lifestyle choices with regard to sexuality*, adult learners learn to exercise critical judgment concerning the prevention of STBBIs. They take into consideration their own frame of reference to take a position. They form an opinion, express it, qualify it, put it in perspective and consider the situation as a whole. In addition, they learn to manage how they communicate, use language that is appropriate to the context, and apply appropriate communication techniques in every circumstance. They also use strategies that promote assertiveness, negotiation and the presentation of arguments concerning their own sexuality. They consider the possibility of having a safe and enjoyable sex life, among other things by preventing the transmission of STBBIs. To do this, they consider their potential for action by examining various credible points of view concerning human rights and civil and collective responsibility in sexual matters, and by determining their responsibility for their own body, health and sexuality, and self-respect and respect for others, among other things by adopting safe behaviour to prevent the transmission of STBBIs. They define a position concerning their safe and responsible sexual choices, establishing a relationship between self-respect and respect for others, values, needs and limits. They discuss the benefits of a healthy sexual lifestyle, and also consider the role and

preventive actions of resources providing assistance, assessing the effectiveness of the methods made available to the public in the field of education and the prevention of STBBIs.

7.10 Evaluation Criteria

To support the learning of adult learners and evaluate subject-specific competencies at the end of the course, the teacher bases his or her judgment on the evaluation criteria.

Competencies	Evaluation Criteria
Examines situations involving sexuality	Appropriate treatment of information gathered on situations involving STBBIs
Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour	Establishment of appropriate relationships among the information on STBBIs in order to draw conclusions
Makes healthy lifestyle choices with regard to sexuality	Relevant, coherent arguments to support his/her position using a range of credible sources of information on STBBIs

