

Contraceptives

Grade 6 Lesson 4

National Sexuality Education Standards:

- Explain the health benefits, risks, and effectiveness rates of various methods of contraceptives, including abstinence and condoms. PR.8.CC.3
- Identify medically-accurate resources about pregnancy prevention and reproductive health care. PR.8.AI.1
- Describe the steps to using a condom correctly. PR.8.SM.1 / SH.8.SM.1
- Define emergency contraception and its use. PR.8.CC.4
- Identify medically accurate information about emergency contraception. PR.8.AI.2

State Standards:

Physical Development and Health

- Goals 22:
 - Understand principles of health promotion and the prevention and treatment of illness and injury.
- Goal 23:
 - Understand human body systems and factors that influence growth and development.
- Goal 24:
 - Promote and enhance health and well-being through the use of effective communication and decision-making skills.

Time Requirements

Day 1

- 40 minute lesson

Day 2

- 25 minute activity
- 15 minute small group discussion

Lesson Objectives

- Students will compare and contrast contraceptive methods, including: abstinence, withdrawal, barrier methods, hormonal methods, and emergency contraception.
- Students will learn the steps to using a male and female condom.
- Students will identify places to access reproductive health care.

Vocabulary

Contraceptive – A method used to reduce the risk of pregnancy and or STIs, including HIV

Condom – A device placed over the penis or in the vagina to reduce the risk of pregnancy and or STIs, including HIV.

Hormone – Chemical messengers in the human body.

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Sexually transmitted infection – A virus or bacteria that is transmitted by sexual intercourse or other sexual contact.

Sexual intercourse – Activity where the penis or another sex object is inserted into the vagina (vaginal intercourse), anus (anal sex), or oral cavity (oral sex).

Materials

- 6th Grade Contraception Options PowerPoint
- Computer and projector
- Contraceptive Methods handout
- How to Use a Male Condom activity sheet
- How to Use a Male Condom activity sheet
- Contraceptive Resources worksheet

Preparation

- Review 6th Grade Contraception Options PowerPoint
- Print Contraceptive Methods handout – 1 per student
- Print How to Use a Male Condom activity sheet and How to Use a Male Condom activity sheet – 1 per small student group
- Print Contraceptive Resources worksheet – 1 per student

Key Content

- Abstinence is the only contraceptive method 100% effective against unplanned pregnancy and STIs, including HIV.
- 6th graders should seek support systems to help them practice abstinence.
- For individuals who choose to become sexually active, barrier and hormonal methods of contraceptives can help prevent unplanned pregnancy and STI transmission.
- Combining hormonal and barrier methods of contraception provide the most effective way of preventing unplanned pregnancy and STI transmission.
- Emergency contraception should only be used as a back-up method of birth control, when normal methods fail – not as a primary method of birth control.

Activity

Day 1

1.) Introduction to Contraceptives

Explain: Abstinence is the healthiest way for 6th graders to meet their goals and show respect for their minds and bodies. Abstinence (with no genital contact) is also the only 100% effective way

Sexual Health Education Grade 6

to prevent unplanned pregnancy and sexually transmitted infections, including HIV. For people who choose to become sexually active at some point in their lives, it is important to know about methods to prevent pregnancy and sexually transmitted infections. These methods are called contraceptives.

2.) Contraceptive Options PowerPoint

Project the 6th Grade Contraceptive Options PowerPoint and go over:

- Abstinence is the expected norm at this developmental level.
- Provide students with the “Contraceptive Methods” handout.
- Condom demonstrations are recommended with principal notification.
- Emphasize the need to see a medical professional to help decide which method of birth control is best for each sexually active individual.
- Emphasize that emergency contraception should only be used as a back-up method of birth control, when normal methods fail – not as a primary method of birth control.
- Male and female condom demonstration videos are available at:
<http://teachers.teachingsexualhealth.ca/resources/demonstration-videos>
<http://www.youtube.com/watch?v=EdSq2HB7jqU> – male condom
<http://www.youtube.com/watch?v=zjmoQIAQP4Y> – female condom

3.) Homework –Parent Engagement

Provide students with “Contraceptive Resources” worksheet. Have student identify one form of birth control they would like to research. Each form of contraception should be selected.

Review criteria for a medically-accurate and reliable resource.

Students should work with a parent or guardian to complete the worksheet. Student will share their findings during Day 2 of this lesson.

Day 2

4.) Activity #1 – Contraceptive Relay

Break students into small groups. Provide each group with “Steps to Using a Male Condom” activity sheet and “Steps to Using a Female Condom” activity sheet (cut and shuffled). Student teams should work together to assemble “Steps to Using a Male Condom”. Once they have achieved the correct order they will move on to “Steps to Using a Female Condom.”

The first team to assemble both activity sheets correctly receives bragging rights.

Teacher’s note: This activity can be done after the 6th Grade Contraceptive Methods PowerPoint or the educator can teach the steps to using a condom prior to the activity using the 5th Grade Contraceptive Methods PowerPoint.

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5.) Activity #2 – Group Sharing

In small groups, students will share their findings from the “Birth Control Resources” homework. Make sure the group is mixed based on contraceptive method identified to research so all students learn about each one.

Evaluation

- Students will identify abstinence as the only form of birth control that is 100% effective against unplanned pregnancy and STI transmission.
- Students will be able to compare and contrast abstinence, barrier methods, and hormonal methods of contraception as it relates to human reproduction and STI transmission.
- Students will be able to list the steps to using a male and female condom.
- Students will be able to identify resources for learning more about their own reproductive health, abstinence, and contraception methods.

Resources

- *Birth Control Explorer*. Stayteen.org. Retrieved from <http://www.stayteen.org/birth-control-101>
- *Birth Control*. Planned Parenthood. Retrieved from: [http://www.plannedparenthood.org/health-topics/birth-control-4211.htm?_utma=1.182056081.1375110761.1375116835.1375122838.5&_utmb=1.3.10.1375.122838&_utmc=1&_utmz=1.1375122838.5.5.utmcsr=plannedparenthood.org|utmccn=\(referral\)|utmcmd=referral|utmctt=/health-topics/birth-control/female-condom-4223.htm&_utmv=-&_utmk=49141798](http://www.plannedparenthood.org/health-topics/birth-control-4211.htm?_utma=1.182056081.1375110761.1375116835.1375122838.5&_utmb=1.3.10.1375.122838&_utmc=1&_utmz=1.1375122838.5.5.utmcsr=plannedparenthood.org|utmccn=(referral)|utmcmd=referral|utmctt=/health-topics/birth-control/female-condom-4223.htm&_utmv=-&_utmk=49141798)
- *Birth Control Methods Fact Sheet*. Woman’sHealth.gov. Retrieved from <http://womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.cfm>
- *Contraception and Birth Control: Condition Information*. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Retrieved from <http://www.nichd.nih.gov/health/topics/contraception/conditioninfo/Pages/default.aspx>
- *Method Explorer*. Bedsider.org. Retrieved from <http://bedsider.org/methods>

References:

Birth Control Explorer. (2013). StayTeen.org. Retrieved from <http://www.stayteen.org/birth-control-101>

U.S. Selected Practice Recommendations for Contraceptive Use, 2013: Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition. (2013). Division of Reproductive Health, National Center for Chronic Disease Prevention and

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Health Promotion. Retrieved from

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm?s_cid=rr6205a1_w

Kirby, D. et al. (1994). School-Based Programs to Reduce Sexual Risk Behaviors:

A Review of Effectiveness. Public Health Reports. Vol. 109, No. 3 (339-360). Retrieved from

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403498/pdf/pubhealthrep00060-0037.pdf>

Health Matters Facts – Facts About Emergency Contraceptives. (2012) Association of

Reproductive Health Professionals. Retrieved from [http://www.arhp.org/Publications-and-](http://www.arhp.org/Publications-and-Resources/Patient-Resources/Fact-Sheets/EC)

[Resources/Patient-Resources/Fact-Sheets/EC](http://www.arhp.org/Publications-and-Resources/Patient-Resources/Fact-Sheets/EC)

Withdrawal (Pull Out Method). Planned Parenthood. Retrieved from

<http://www.plannedparenthood.org/health-topics/birth-control/withdrawal-pull-out-method-4218.htm>

PREVENTING PREGNANCY AND STIS



Options

Choices

Decisions

WHAT ARE CONTRACEPTIVES?

- Techniques used by the male or female to prevent pregnancy or Sexually Transmitted Infections, including HIV.
- Contraceptives are also called birth control.



CONTRACEPTIVE METHODS



Abstinence



Barriers



Hormonal





ABSTINENCE



Choosing not to have sex or waiting to have sex

100% effective = 0 chance of pregnancy

Sperm and egg have no opportunity to meet

Can prevent STIs, however some STIs can spread by genital contact alone



ABSTINENCE

Because Not Everyone Wants Warts

ABSTINENCE IS...

100% effective against
unplanned pregnancy
and sexually
transmitted infections!



TIPS ON ABSTINENCE

1

- Talk To your partner



2

- Plan and practice what to say before a sexual situation comes up



3

- Avoid alcohol and drugs—they affect decision making



WITHDRAWAL – “PULLING OUT”

○ What is it?

- The male pulls his penis out of the vagina before ejaculation.

○ How does it work?

- In theory, sperm does not enter the vagina. BUT some sperm leak out of the penis before ejaculation – which makes withdrawal **INEFFECTIVE!**

○ How effective is it?

- Over 30% of couples will become pregnant after a year. That almost 4 out of 10 couples!

○ Does NOT protect against pregnancy STIs!



○ Hard to practice correctly

DOUCHING

- **What is it?**

- Using water or other fluid to clean the vagina.

- **How does it work?**

- It doesn't! Douching is not an effective method of birth control. In fact it can increase the risk of STIs and other vaginal infections!

- **Is it effective?**

- NO! In fact, doctors recommend that women do not douche.



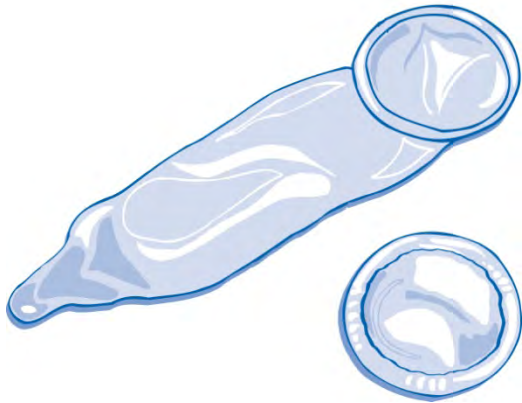
BARRIER METHODS

- Condoms, diaphragms
- Places a barrier between the sperm and the egg so that fertilization can not occur.
- Can be private and easy to carry with you.
- Dental dams can be used as a barrier during oral sex to prevent the transmission of STIs.



BARRIER METHOD: THE MALE CONDOM

Male Condom



○ What is it:

- A thin tube that fits over a male's penis. It is made out of latex, polyurethane, or lambskin.

○ How does it work?

- The condom catches the male semen. The sperm stay inside the condom and does not enter the vagina.

○ Is it effective?

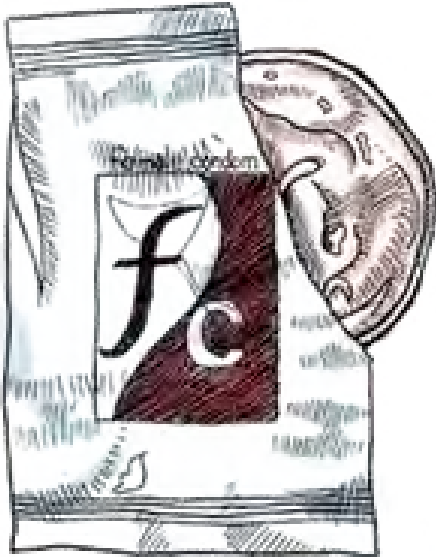
- Condoms are about 84% effective against unplanned pregnancy. Condoms protect against some



MALE CONDOM DEMONSTRATION ACTIVITY



BARRIER METHOD: THE FEMALE CONDOM



- **What is it?**
 - A nitril pouch that is inserted into the female's vagina.
- **How does it work?**
 - The male's penis goes inside the pouch while it is in the female's vagina. He ejaculates into the pouch, keeping sperm from entering the vagina.
- **How effective is it?**
 - 79% effective against unplanned pregnancy and protects against some STIs.
- Can be used even if you have a



Female Condom Demonstration Activity

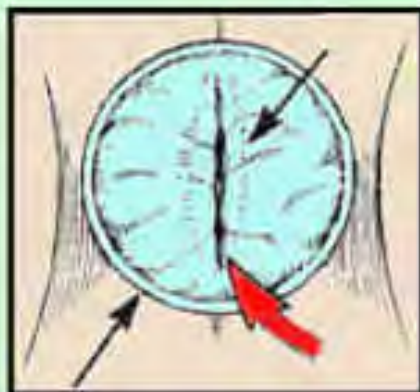




Insertion



FEMALE
CONDOM



Removal



The Female Condom Can Also Be Used For Anal Sex

1. Squeeze the inner ring between your thumb and middle finger.
2. Insert the inner ring into the anal opening and use your finger to guide it inside.



3. Put your finger inside the condom and push it into the anal cavity.



The inner ring should be inserted past the sphincter.*

*Some people prefer to remove the inner ring once it has been inserted into the anus. HOWEVER, for vaginal sex, the ring must be kept inside.



BARRIER METHOD: CONDOMS

○ Pros

- Protects against STIs and pregnancy
- Easy to carry
- Does not require a doctor's visit
- Can be bought at a drugstore
- Free at most school based health centers or community centers!

○ Cons

- Latex allergies (male condom)
- Can only be used once



CONDOM DO'S AND DON'TS

ALWAYS...

- Always check condom expiration date
- Always use a new condom every time - do not reuse condoms
- Always use only water-based lubricants - KY jelly
- Always leave room at the tip for semen.
- Always wear condom when penis is erect
- Always hold onto condom while pulling out

NEVER...

- Never use oil-based products like Vaseline as a lubricant
- Never wear 2 condoms --this does not double protect!
- Never leave air bubbles in condom while on



BARRIER METHOD: DIAPHRAGM

○ What is it?

- A small dome-shaped cup of silicone or latex that a woman inserts into her vagina before having sex.

○ How does it work?

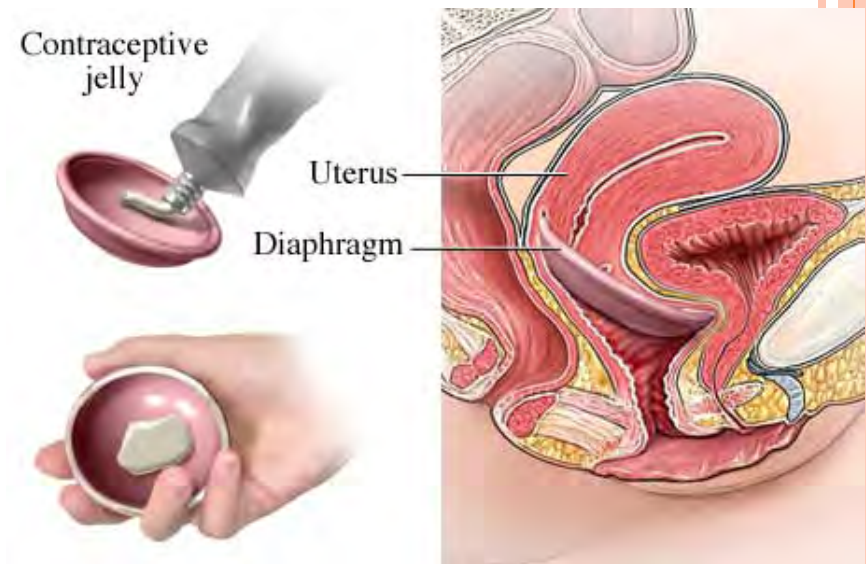
- The diaphragm covers the cervix and keeps sperm out of the uterus. It needs to be used with spermicide.

○ How effective is it?

- 88% Effective.

○ NO STI protection!

○ Requires a doctor's visit



HORMONAL METHODS

- **What is it?**
 - The Pill, Patch, Shot, Ring, and Implanon
- **How does it work?**
 - Change the hormone levels so no egg is released, cervical mucus increases, and lining of uterus thins.
- **How effective is it?**
 - 99% effective – 1/100 women will get pregnant a year.
- **NO protection against STIs**
- **Require a doctors visit**

Birth control pills



Vaginal ring

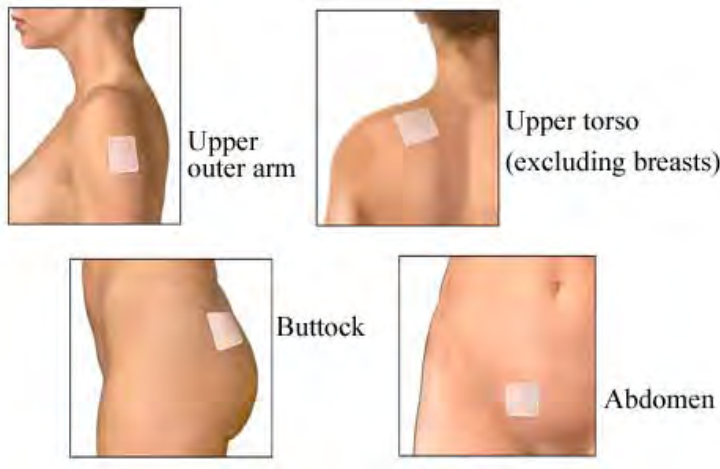


Birth control patch

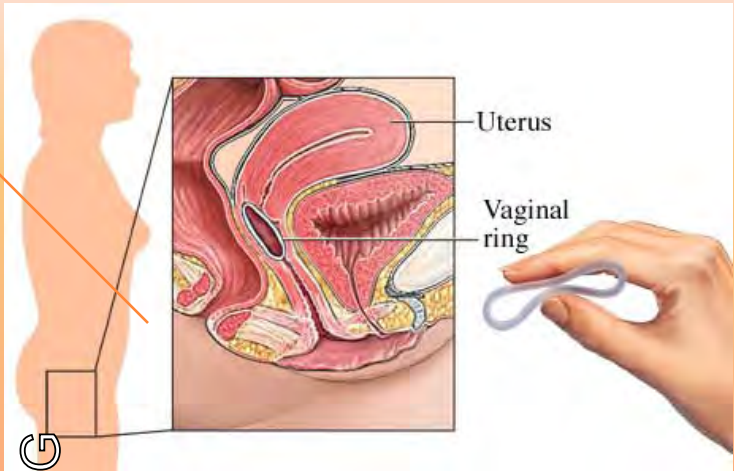


HORMONAL METHODS

PATCH



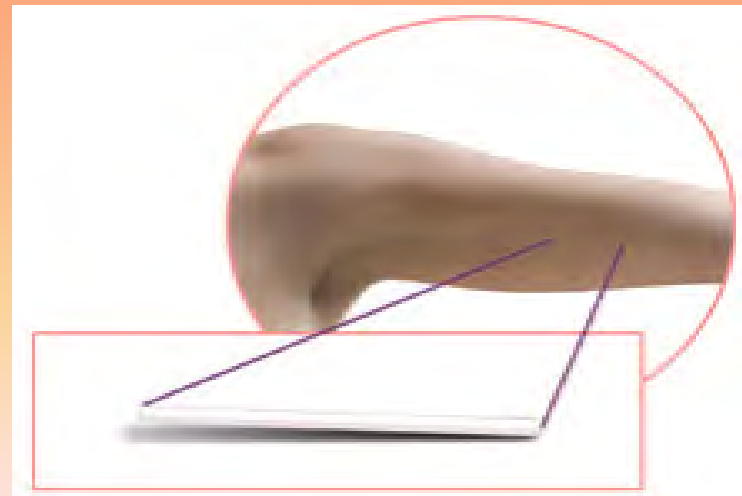
RING



DEPO SHOT



IMPLANON



DIFFERENCES



The Pill - Oral
Contraceptive



The Pill- Take one pill every day at the same time

Contraceptive
Patch



The Patch-Wear one patch for 7 days, 3 weeks in a row, 4th week off

Vaginal Ring



The Ring – Insert ring into vagina for 3 weeks, remove for 4th week



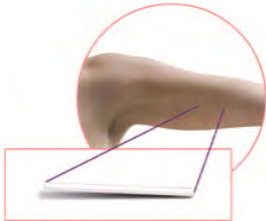
DIFFERENCES



The Shot - Depo Provera



The Shot (Depo Provera) – Get one shot every 12 weeks



Implanon - Plastic rod inserted in arm by health care professional, every 3 years



INTRAUTERINE DEVICES (IUD)

○ What is it?

- A small T-shaped piece of plastic or copper that inserts in the woman's uterus.

○ How does it work?

- Prevents the sperm from fertilizing the egg

○ How effective is it?

- Over 99% effective.

○ NO STI protection.



TRUE OR FALSE?

If no birth control is used 75% of sexually active couples will become pregnant after one year.

False!

85-90% of couples will become pregnant.



TRUE OR FALSE?

A girl can get pregnant the first time she has sex.

True!

Pregnancy can occur at any time, even while a girl has her period.



TRUE OR FALSE?

**All birth control protects
against STIs**

False!

**Only abstinence and male and female
condoms protect against STIs.**




HORMONAL METHOD + CONDOM= ~~STIS~~ OR ~~PREGNANCY~~

**"The Pill is
not enough!"**



"You need a condom to keep AIDS and STDs away!"
Even if you know your boyfriend
won't let you get pregnant, you can't
know for sure.
He may not even know he's infected.
Use a latex condom every time.
A condom is for both of you.



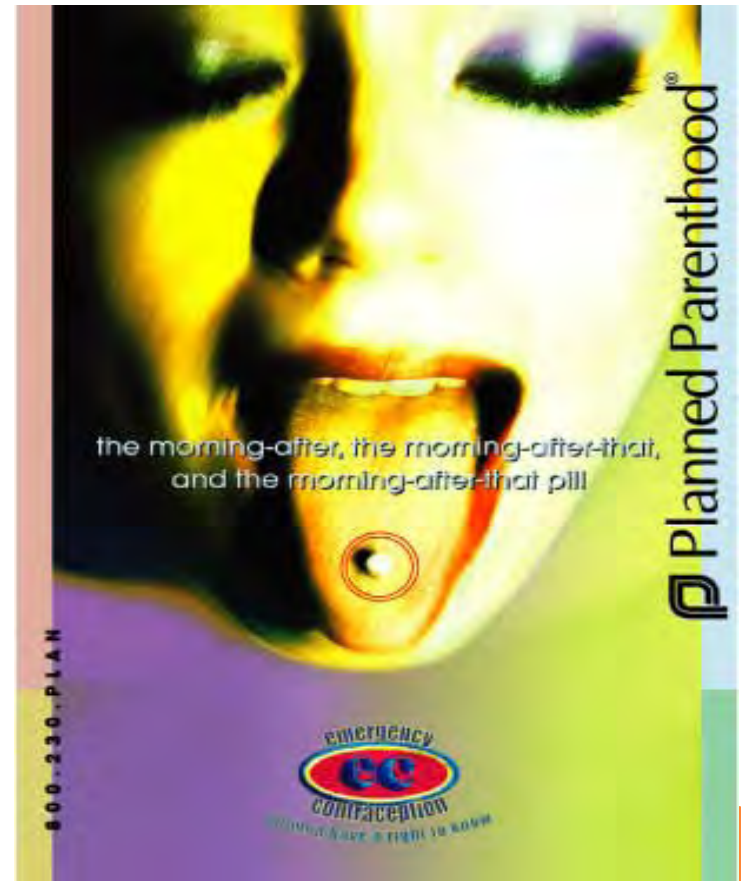
What if....?

- Condom breaks
- A pill is missed
- Patch falls off
- You missed a shot
- Ring falls out
- Diaphragm slipped
- A person was forced to have sex



EMERGENCY CONTRACEPTIVE (EC)

- Morning After Pill, Plan B,
- Take ASAP w/ in 3 days (Plan B), but the sooner the better
- Stops or delays ovulation, prevents fertilization or implantation
- Prevents at least 75% of pregnancies that would have occurred
- NOT abortion pill



YOUR RIGHTS...

- You have the right to....
 - Know your own body and make decisions about what happens to it.
 - Require your partner to use birth control.
 - Talk to a parent, guardian, or trusted adult about birth control .
 - Talk to a doctor or medical professional about your birth control options.
 - Change your birth control method.



WHAT YOU NEED TO KNOW...

- A doctor's visit for hormonal birth control is required
- The pharmacy can provide emergency contraception
- Youth 12 years of age or older receive sexual health and reproductive services without parental consent.





The 411 on Female Condoms

Developed by the Chicago Female Condom Campaign

ringonit.org

Female Condom (FC) Basics

- Just like male condoms, FCs help reduce the risk of HIV, STIs, and unintended pregnancy.
- You can insert an FC hours before vaginal sex, so you don't have to interrupt foreplay to be safe.
- FCs help you take control of your own sex life.
- FCs can be used for vaginal or anal sex.



The FC2! New *and* Improved

- FC2 is the newest version of the female condom
- Approved by the FDA in early 2009
- What makes it new and improved?
 - Softer
 - Seamless
 - Quieter
 - More affordable
 - Non-allergenic so it's good for people with latex



NEW!

Female Condoms are for Everybody

- You!
- Women, men, transgender folk
 - Even if a person has had a hysterectomy
- Gay, straight
- Any position
- Any time
 - Any time during a woman's cycle
 - Pre or post-menopausal



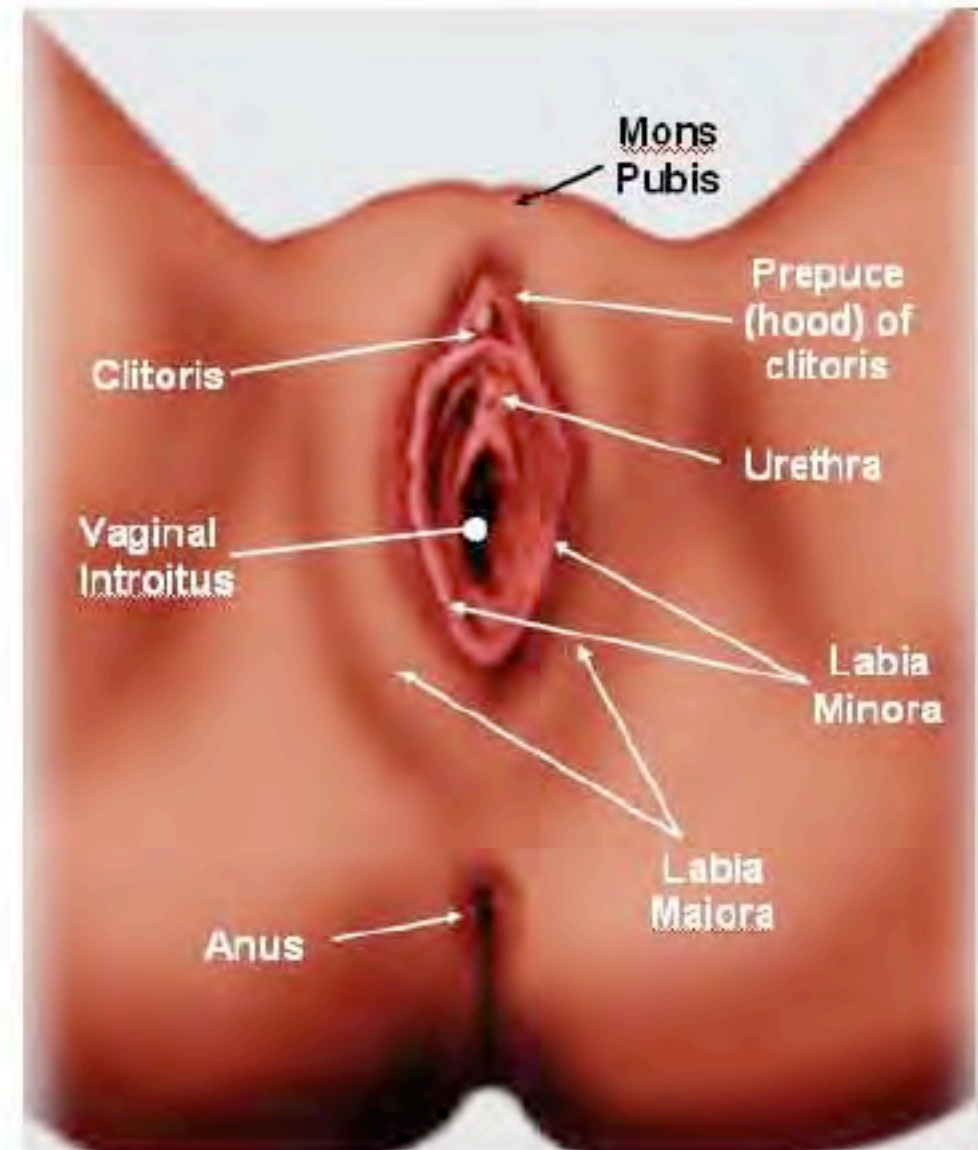
Feel-Good Reasons to Use FCs

- **Once you pop, you won't have to stop!**
 - FCs don't require an erect penis, so your partner doesn't have to pull out right after ejaculation.
- **Feel the heat!**
 - FCs adjust to body temperature, so both you and your partner can feel the heat.



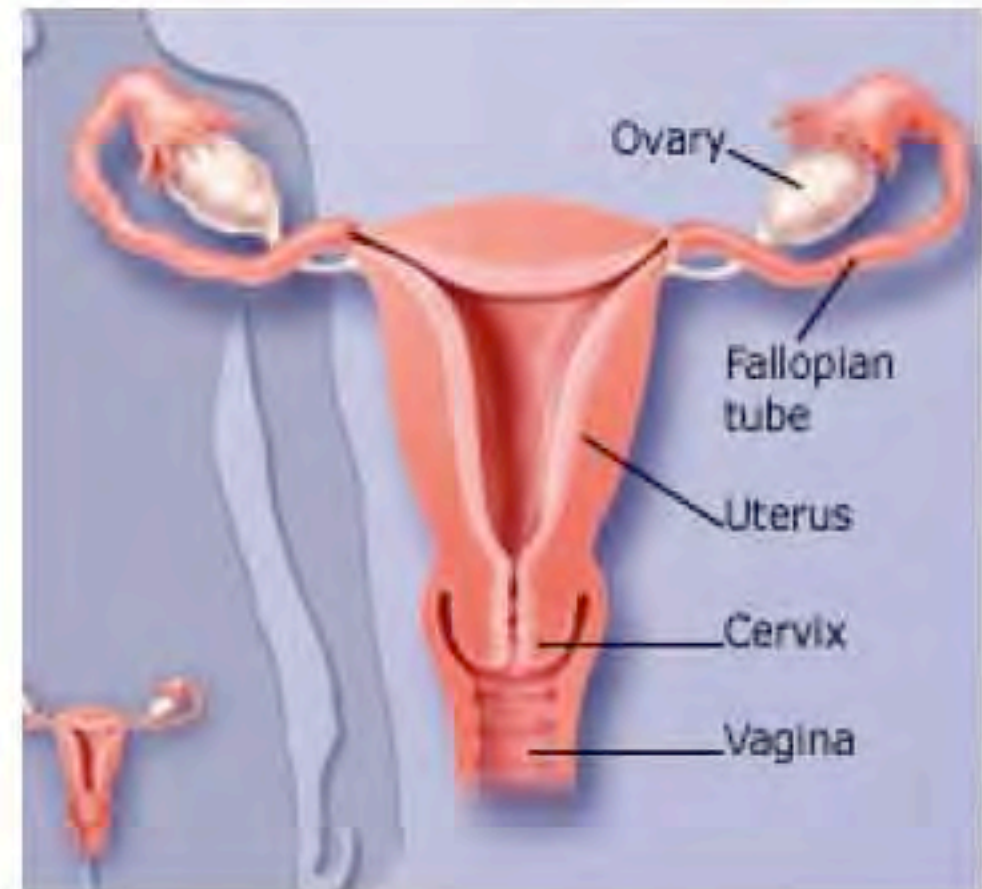
External Anatomy: Female

- Key Terms:
 - Clitoris
 - Labias (Lips)
 - Vaginal Opening
 - Urethra
 - Mons Pubis and Pubic Bone



Internal Anatomy: Female

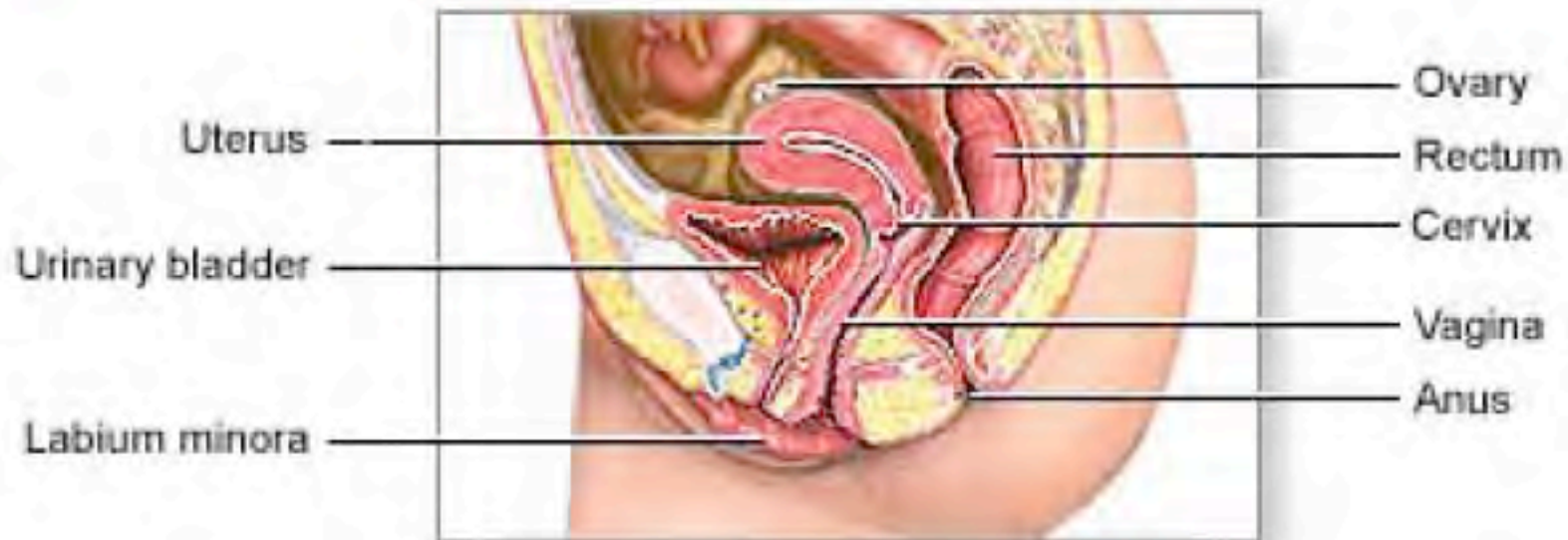
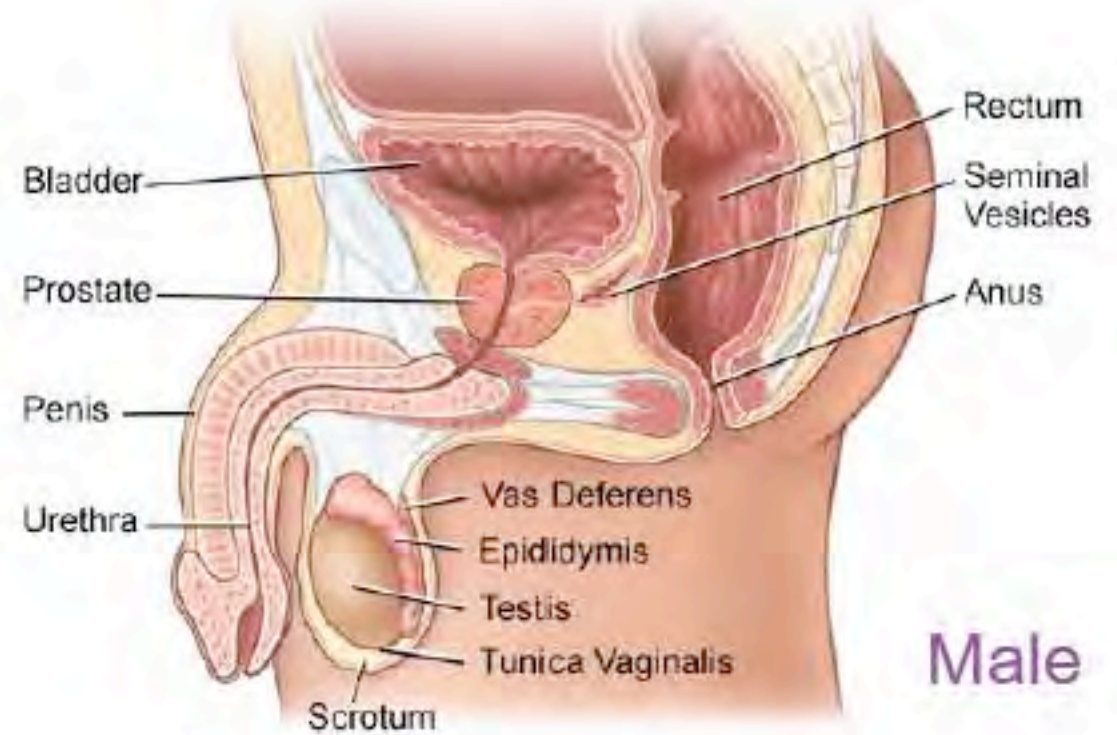
- Key Terms:
 - Vaginal Canal
 - Cervix
 - Uterus
 - Fallopian Tubes
 - Ovaries



Anatomy: Anal

- Key Terms:

- Anus
- Rectum



How to Use FCs: Getting Ready

- Check the expiration date- on the left side of package- to make sure it's not expired.
- Get into a comfortable position
 - Lay on your back
 - Squat
 - Put leg up on something, like a chair
 - Support your body on your hands



How to Use FCs: Vaginal Insertion— Easy as 1, 2, 3

1. Squeeze the inner ring between your thumb and middle finger



How to Use FCs: Vaginal Insertion— Easy as 1, 2, 3

2. Insert the inner ring into the vagina and use your index finger to guide it inside.



How to Use FCs:

Vaginal Insertion— Easy as 1, 2, 3

1. Wash your hands and the FC with soap and water.
2. Hold the FC by the ring and insert the ring into the vagina. The ring will fit behind the pubic bone and over the cervix.
3. Put your finger inside the FC and gently push it into the vaginal canal. The ring will fit behind the pubic bone and over the cervix.



How to Use FCs: Anal Insertion— Easy as 1, 2, 3

1. Squeeze the inner ring between your thumb and middle finger.



How to Use FCs: Anal Insertion— Easy as 1, 2, 3

2. Insert the inner ring into the anal opening and use your finger to guide it inside.



How to Use FCs: Anal Insertion— Easy as 1, 2, 3

3. Put your finger inside the condom and push it into the anal cavity. The inner ring should be inserted past the sphincter.*

*Some people prefer to remove the inner ring once it has been inserted into the anus.

HOWEVER, for vaginal sex, the ring must be kept inside



How to Use FCs: Anal Insertion— Easy as 1, 2, 3

- When using FCs for anal sex, you have another option for insertion.
 - You can remove the inner ring and put the FC over an erect penis or a dildo, and then enter the anus.
- Be sure to use lots of lube and enter the anus slowly.



Once the FC is inserted:



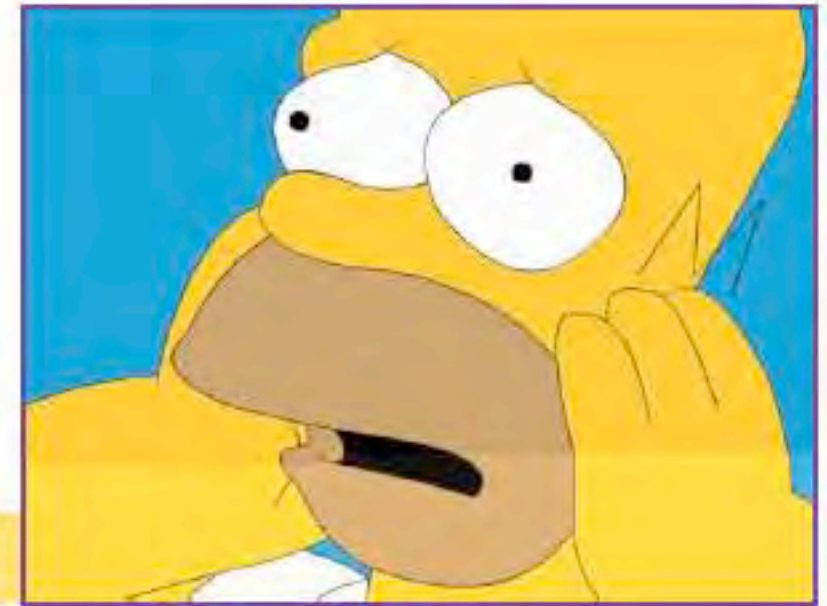
- Make sure it is not twisted.
- It should be smooth against the walls of the vagina or anus.
- The outer ring should be outside of the vagina or anus so that it covers the external genitalia or anal opening.
- Hold the FC in place and guide the penis into it.

That's a Wrap!



- When you do decide to remove the condom, twist the outer ring to keep the semen inside.
- Then gently pull it out, and throw it away.
- Use a new female condom with every sex act.
- **NEVER** use a male condom and a female condom at the same time.
 - It increases the likelihood of breakage and **DOES NOT** increase protection.

Got Issues?



- **Lube! Lube! Lube!**
- Use more lube to increase pleasure and ensure that:
 - The penis freely moves in and out
 - The FC does not make noise during sex
- The FC is unlikely to come out during sex, but if it does, or if the outer ring goes inside of the vagina or anus, start over with a new FC and use

Frustrating Firsts

- Do you remember the first time you tried to put in a contact lens?
- A tampon?
- The first time you drove a car?
- Just like anything else, using an FC takes practice.



Where YOU Can Get Female Condoms

- Ask your health care provider
- Go to ringonit.org for a list of community-based organizations in Chicago that provide FCs
- Check your local Chicago Department of Public Health Clinic
- FC2s are not yet available in



Credits



- Presentation produced by the Chicago Female Condom Campaign, adapted from materials created by Makadon, H., et al. *The Fenway Guide to LGBT Health*. American College of Physicians © 2008; The Pleasure Project www.pleasureproject.org; *Safer is Sexy Guide*, The Female Health Company.
- The Chicago Female Condom Campaign is a coalition of HIV/AIDS, reproductive justice, women's health, and gay men's health organizations dedicated to increasing access, affordability, availability, awareness, and utilization of female condoms. Learn more about the Campaign at



Thank you!

If you would like more information about this presentation or the Chicago Female Condom Campaign, please email

info@ringonit.org.

Set your sexual limit

Talk to your medical provider







Tell your partner

Plan ahead!



BIRTH CONTROL METHOD COMPARISON CHART

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Abstinence	100%		<ul style="list-style-type: none"> Highly effective No side effects, as with other methods No cost Can increase intimacy between partners 	<ul style="list-style-type: none"> May be difficult to abstain from all sexual activity for extended periods of time 	
Implant	99.9%		<ul style="list-style-type: none"> Do not have to take every day Progestin only-no estrogen related side-effects Lasts up to 3 years 	<ul style="list-style-type: none"> Insertion may be uncomfortable (The implant is a small flexible rod that is inserted right under the skin of the inner arm.) Progestin-related side effects Large initial cost 	Prescription
IUD	Hormonal: 99.9% Nonhormonal: 99.2%		<ul style="list-style-type: none"> Nothing to put in place before intercourse Some do not change hormone levels Some may reduce period cramps and make your period lighter. For some women, periods stop entirely Can be used while breastfeeding Can be used for an extended period of time (5 years and up) The ability to become pregnant returns quickly once IUD is removed 	<ul style="list-style-type: none"> Large initial cost Some IUDs can cause hormonal side effects similar to those caused by oral contraceptives, such as breast tenderness, mood swings, and headaches 	Prescription (Must be inserted and removed by a clinician)
Depo-Provera*	99.7%		<ul style="list-style-type: none"> Convenient. One injection prevents pregnancy for 11 - 13 weeks Birth control effects begin as soon as first injection Reversible. Most women can get pregnant within 12-18 months of last injection. Can be used while breastfeeding 	<ul style="list-style-type: none"> May cause adverse effects, including: irregular bleeding; amenorrhea; weight gain; headache; nervousness; stomach pain; dizziness; weakness; depression; decreased libido. Many women who experience side effects during the first few months of use report that these decrease over time Ovulation may not recur for a year after injection May cause significant bone mineral density loss 	Prescription

*Depo-Provera can be used in patients with sickle cell disease.

BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Sterilization [▲]	99.5%	X	<ul style="list-style-type: none"> Highly effective Long lasting contraceptive solution 	<ul style="list-style-type: none"> Usually permanent Reversal procedures are expensive and complicated 	Surgical procedure
Oral contraceptives [●] ("The Pill")	92-97%	X	<ul style="list-style-type: none"> Very effective against pregnancy if used correctly Makes menstrual periods more regular and lighter Decreases menstrual cramps and acne Does not interfere with spontaneity 	<ul style="list-style-type: none"> Must be taken every day at the same time Can't be used by women with certain medical problems or with certain medications Can occasionally cause side effects such as nausea, increased appetite, headaches, and, very rarely, blood clots 	Prescription
Contraceptive patch	92%	X	<ul style="list-style-type: none"> Easy to use Small Stays on well (but must be replaced weekly) 	<ul style="list-style-type: none"> Possible skin reactions 	Prescription
Vaginal ring	92%	X	<ul style="list-style-type: none"> Easy to use Can be worn for three weeks (Must be taken out and replaced monthly) Effects fertility one month at a time Does not interfere with spontaneity 	<ul style="list-style-type: none"> Increased risk of heart attack and stroke Possibility of expulsion from the body 	Prescription
Emergency contraception [✦] ("Morning after pill" or Plan B)	89%	X	<ul style="list-style-type: none"> Reduces the risk of pregnancy by 89 percent when started within 72 hours after unprotected intercourse Available over the counter to women 15 and older 	<ul style="list-style-type: none"> Must be taken as soon as possible after unprotected intercourse Possible side effects, including nausea, vomiting, and irregular bleeding 	Over the counter

▲ Female sterilization involves tying off or removing portion or all of the passageway for the eggs. Male sterilization tying off or removing portion of the passageway for the sperm (vasectomy).

● While birth control works after 7-10 days with the pill, it may take the body up to 3 months to get used to the pill and for side effects to subside.





✦ Plan B should be taken within 120 hours (5 days) of unprotected sex, but the sooner it is taken the more effective it is. It should not be used as a primary method of birth control.

BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Diaphragm with spermicide	88%	X	<ul style="list-style-type: none"> Can be carried in pocket or purse Can be used while breastfeeding Can't be felt by you or your partner Has no effect on natural hormones Immediately effective Can be inserted hours ahead of time (Should be left in place at least 8 hrs after intercourse to allow spermicide to work fully) 	<ul style="list-style-type: none"> Requires fitting and periodic refitting Requires insertion of additional spermicide before each sex act or after 2 hours have passed 	Prescription
Male condom [•]	84%	✓	<ul style="list-style-type: none"> Widely available over the counter Easy to carry Actively involves the male partner in contraception Helps prevent STIs 	<ul style="list-style-type: none"> Decreases spontaneity May break during use, especially if it is used improperly 	Over the counter
Cervical cap with spermicide	60-80%	X	<ul style="list-style-type: none"> Smaller version of the diaphragm Can be placed up to 6 hrs before sex Few side effects Reusable and relatively inexpensive Requires less spermicide than a diaphragm Rarely hinders the sexual experience 	<ul style="list-style-type: none"> Requires consistent use May need to be resized While it should be left in place at least 8 hrs after intercourse, may cause toxic shock syndrome if left in for more than 24 hrs May be difficult to insert or remove May produce an allergic reaction 	Prescription
Sponge	60-80%	X	<ul style="list-style-type: none"> Immediate and continuous protection for 24 hours 	<ul style="list-style-type: none"> May be difficult for some women to insert or remove May cause vaginal irritation. May make sex too messy or too dry (water-based lubricants can help with dryness) 	Over the counter

[•] Male condoms are available in latex, polyurethane, polyisoprene, and lamb skin. Lamb skin condoms do not protect against STIs. If using latex condoms, use only water-based lubricants, not oil-based ones.

BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Female condom [▲]	79%		<ul style="list-style-type: none"> Female-controlled More comfortable to men, less decrease in sensation than with the male condom Offers protection against STIs (covers both internal and external genitalia) Can be inserted before sex Stronger than latex 	<ul style="list-style-type: none"> Not aesthetically pleasing Can slip into the vagina or anus during sex Difficulties in insertion/removal Not easy to find in drugstores or other common sources of condoms Higher cost than male condoms 	Over the counter, where available (available online)
Withdrawal ("Pulling Out")	78%		<ul style="list-style-type: none"> Free Can be used in combination with other birth control method 	<ul style="list-style-type: none"> May not withdraw in time Pre-ejaculate can still contain viable sperm Very ineffective in pregnancy prevention 	
Fertility Awareness [●] <i>Rhythm (Calendar) Method, Basal Body Temperature (BBT), Cervical Mucus (Ovulation) Method</i>	76%		<ul style="list-style-type: none"> Requires no drugs or devices, but does require abstaining from sex during the entire first cycle to chart mucus characteristics Inexpensive May be acceptable to members of religious groups 	<ul style="list-style-type: none"> Calendar: Requires good record keeping before and during use of method Mucus: Restricts sexual spontaneity during fertile period Requires extended periods of abstinence Unpredictability of cycle 	
Vaginal Spermicide* (used alone)	74%		<ul style="list-style-type: none"> Easy to insert (foam, cream, suppository, or jelly) Enhances vaginal lubrication 	<ul style="list-style-type: none"> Must be inserted before each act of intercourse May leak from vagina 	Over the counter

▲ Do not use the female condom together with a male condom.

● Calendar method: Determine high-risk days or ovulation through keeping a calendar. Mucus method: Must keep daily chart of color and consistency of vaginal secretions. BBT: Body temp in the morning tends to drop slightly immediately before ovulation.

* Follow package instructions for insertion time, which may vary.

NOTE: Percentages of effectiveness are based on the typical use of each method rather than perfect use.

Steps to Using a Female Condom - Activity Sheet

Print and cut out the following steps to using a female condom. Place students in small groups and provide each group with a mixed stack of steps. Students should reassemble the steps in the correct order. Steps are in order for teacher reference.

Get a female condom from the store or clinic.

Get water based lubricant.

Check the condom expiration date.

Check to make sure the condom package is not damaged or torn.

Make sure there IS an air bubble in the condom package.

Put lubricant on the outside of the closed end of the condom.

Find a comfortable position - lay down, squat, or put one foot on a chair.

Squeeze the sides of the inner ring together and insert into the vagina like a tampon.

With your finger on the inside of the condom, push the inner ring in as far as it can go - until it reaches the cervix.

Pull out your finger and let the outer ring hang about an inch below the vagina.

The erect penis goes inside the female condom.

After ejaculation, remove the condom by squeezing and twisting the outer ring to keep the semen inside.

Gently pull the female condom out of the vagina.

Throw the condom away in the trash, not the toilet!

Steps to Using a Male Condom - Activity Sheet

Print and cut out the following steps to using a male condom. Place students in small groups and provide each group with a mixed stack of steps. Students should reassemble the steps in the correct order. Steps are in order for teacher reference.

Get a male condom from the store or clinic.

Get a water-based lubricant such as K-Y Jelly.

Check the condom expiration date.

Check to make sure the condom package is not damaged or torn.

Make sure there IS an air bubble in the condom package.

Open the condom. Be careful not to tear the condom (don't use teeth, scissors, or sharp nails)

Check to see which way the condom unrolls. It should look like a sombrero, not a beanie hat!

Place the condom on the erect penis.

Squeeze the tip of the condom to press out air.

Unroll the condom all the way down. Leave room at the tip for air bubbles.

Apply the water based lubricant.

After ejaculation, hold on to the base of the condom.

Carefully withdraw the penis from the vagina.

To remove the condom, hold the base of the penis and slide the condom off (inch-worm style). Keep the penis and condom away from the vulva.

Wrap the condom in a tissue and throw it in the trash, not the toilet!

THE FIVE W'S OF WEB SITE EVALUATION

WHO

Who wrote the pages and are they an expert?
Is a biography of the author included?
How can I find out more about the author?

WHAT

What does the author say is the purpose of the site?
What else might the author have in mind for the site?
What makes the site easy to use?
What information is included and does this
information differ from other sites?

WHEN

When was the site created?
When was the site last updated?

WHERE

Where does the information come from?
Where can I look to find out more about
the sponsor of the site?

WHY

Why is this information useful for my purpose?
Why should I use this information?
Why is this page better than another?

Contraceptive Resources

Work with a parent or guardian to find a medically-accurate and reliable resource on contraceptives. You may use a website, go to a library, call a community clinic or woman's health clinic, or talk to your family doctor or nurse practitioner. Fill out the worksheet and be prepared to share your findings with your classmates.

Contraceptive method: _____

Resource used: _____

Is this resource medically-accurate and refillable? How do you know?

Name three new things you learned about the contraceptive method:

1.) _____

2.) _____

3.) _____

How effective is this contraceptive method? _____

Does it protect against STIs? _____

How can your resource help someone access reproductive health care?

Parent/Guardian

signature: _____