

Session 8.3

Contraception

Session Overview:

1. Introduction: This unit teaches puberty, anatomy and reproduction based on the science of biological sex. Teachers and facilitators can acknowledge that there are other perspectives based on theories about gender fluidity. Healthy Future's teachers and facilitators should follow local school district policy when teaching this sensitive content. Session recommendations encourage dividing the class by biological sex. Facilitators/Teachers should be considerate of students who may be struggling with gender dysphoria and consider meeting with the student and their parents before teaching this unit to give them an opportunity to opt out of the session or participate with the understanding that the content is taught from a scientific biological perspective. Referrals can be made to mental health experts as appropriate. School districts can choose to modify this process as necessary according to school district policy. Guidelines for gender dysphoria are provided by request to licensed users of Healthy Futures Nu-CULTURE.
2. Review Session 8.2.
3. Pass out blank question cards.
4. Show the Contraception PowerPoint.
5. Optional Activities: Optimal Health Supplements
 - Session 8.3
 - Contraception Optimal Health PowerPoint (8.3.2)
6. Show Pregnancy video.
7. Collect completed question cards.
8. Pass out Parent/Trusted Adult Connection Form Session 8.3: Contraception.

Learning Objectives:

- Participants will understand the common methods of contraception.
- Optional Activities: Optimal Health Supplements
 - Session 8.3
 - Contraception Optimal Health PowerPoint (8.3.2)

Classroom Planning:

- Review Session 8.3 curriculum.
- Make copies of handouts.
- Optional Activities: Optimal Health Supplements
 - [Session 8.3](#)
 - [Contraception Optimal Health PowerPoint \(8.3.2\)](#)
- Provide a calendar to parents/students so they know the date that this unit is taught so that students can choose to opt out for an alternative activity or lesson. Engage the support of a school counselor or mental health specialist to support the diverse needs of students as appropriate.

Materials Needed:

- Computer, projector, and speakers
- Jar of Now and Later candy
- Contraception PowerPoint (8.3.2)
- A, B, C Cards (8.3.2)
- Big 3 Review Video (Session 8.3)
- Handouts:
 - Contraception (Handout 8.3.2A)
 - Contraception Methods Brochure (Handout 8.3.2B)
 - Parent/Trusted Adult Connection Form Session 8.3: Contraception
- Question cards
- Question bag

The Standards:

- See Appendix E for a list of state and national standards met in this session. Individual State Standards by Request.



Educator states:

Before we begin today's session, let's review the "Big 3" from the last session:

The BIG 3:

- Puberty is the process of changing from a child to an adult and a time when there are physical, social and emotional changes.
- Unplanned pregnancy is a risk of sex. Think about it - Are you ready to be a parent?
- Choosing not to have sex can help you avoid the responsibilities of being a teen parent.

Notes:

Educator states:

Last time we talked about puberty and how pregnancy occurs. We also talked about the huge responsibility that raising a child is and the challenges teen parents face.

Educator highlight: If a participant suggests withdrawal* as a method of contraception explain that the types discussed in this activity are “effective methods” and withdrawal has the highest failure rate of any other method of birth control. Women whose partners use withdrawal typically have a 22% chance, or about 1 in 5 chance of getting pregnant within a year. This method takes a lot of self-control and most couples do not do it perfectly all the time. This method is especially ineffective for teens who are sexually inexperienced and the male may not know the exact moment he is about to ejaculate. Furthermore, withdrawal is not as reliable a method because a male may eject pre-ejaculate fluid while he is aroused and still inside the vagina - this fluid can contain as many as 300,000 sperm (and it only takes 1 to fertilize an egg) and if the male ejaculates outside of the vagina, sperm can swim, so semen anywhere near the vagina can still lead to pregnancy. Finally, withdrawal does not protect against sexually transmitted infections (STIs).

[Show Contraception PowerPoint.]

PPT Slides: Contraception

[Slide 1]

Educator states:

Today we are going to talk about methods of contraception, also known as birth control. We are going to give you the facts so you can make informed choices in the future.

* For quality improvement purposes, withdrawal was removed from the final curriculum package due to its ineffectiveness, especially for teens. The evaluated curriculum presented withdrawal as a contraception method.

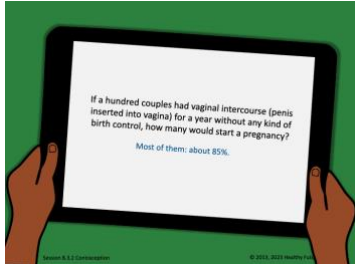
Notes:



[Slide 2]

Educator states:

Most middle school participants choose not to have sex. But it is important for someone to know the facts about contraception for when someone becomes sexually active in the future and want to prevent pregnancy. This information is extremely important now if someone or someone they know is currently sexually active or thinking about becoming sexually active. Even if someone chooses to wait to become sexually active until a faithful lifelong relationship, this is important if someone wants to prevent pregnancy. The information we talk about today could also help your friends or family members.



[Slide 3]

First, let me ask you a question. If a hundred couples had vaginal intercourse (penis inserted into vagina) for a year without any type of contraception, how many couples would have a pregnancy?

[Most of them: about 85%.]

If a couple is sexually active and doesn't take steps to prevent pregnancy they most likely will become pregnant. This is important because many teens who choose to be sexually active think that they won't become pregnant. But you can see by this number that eventually, they will most likely become pregnant.

Notes:



[Slide 4]

Educator states:

Let's take some time to brainstorm the different types of contraceptive methods you know about.

[Allow time for participants to respond. Once a few suggestions have been given, click the PowerPoint to bring up the list of contraceptive methods.]

Great job! Today we are going to talk about a number of contraceptive methods, some of which you named. We're going to give you information on effective contraceptive methods so you can make informed choices in the future.

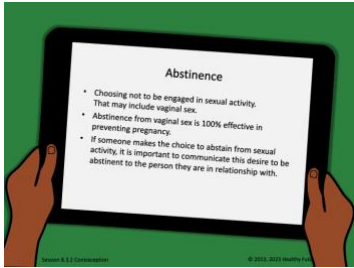


[Slide 5]

Today we are going to talk about seven contraceptive methods effective at reducing or eliminating the risk of pregnancy: abstinence, implant, intrauterine devices (IUDs*), progestin injection ("the shot"), oral contraceptive ("the pill"), the birth control patch, condoms, and emergency contraception (e.g., Plan B). We will review each type and recommend you take notes on the Contraception handout in your folder.

* For quality improvement purposes, IUDs were added to the final curriculum package. The evaluated curriculum did not include information on IUDs.

Notes:



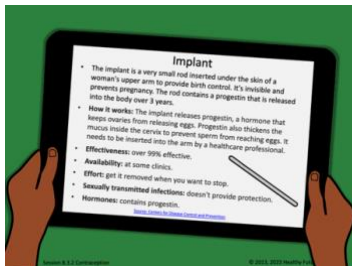
[Slide 6]

Educator states:

As we discussed in 6th and 7th grade, sexual abstinence is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral, or anal sex. If someone makes the choice to abstain from sexual activity, it is important to communicate this desire to be abstinent to the person they are in a relationship with. At Healthy Futures, we believe abstinence is the healthiest choice for teens because it protects you from all three risks associated with early sexual activity. Can anyone remind us what those three risks are?

[Pregnancy/Fathering a child, sexually transmitted infections, and emotional heartache.]

Yes!



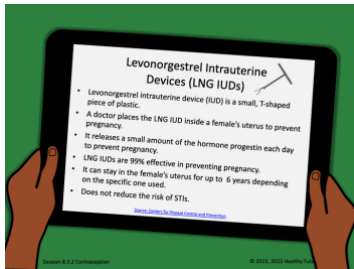
[Slide 7]

The implant is a very small rod inserted under the skin of a woman's upper arm to provide birth control. It's invisible and prevents pregnancy. The rod contains a progestin that is released into the body over 3 years.

Progestin is a hormone that keeps ovaries from releasing eggs. Progestin also thickens the mucus inside the cervix to prevent sperm from reaching eggs. It needs to be inserted into the arm by a healthcare professional.

As we mentioned before, since Implants do not protect against STIs, if someone is sexually active and chooses to use the implant, it is recommended they also use a condom every time they have sex.

Notes:

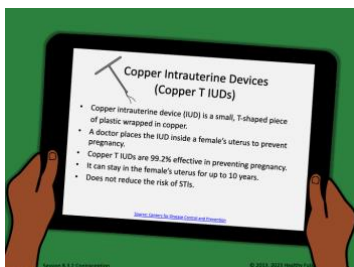


[Slide 8]

Educator states:

The levonorgestrel intrauterine device (LNG IUD) is a small, T-shaped piece of plastic like the Copper T IUD without the copper. A doctor places the LNG IUD inside a female's uterus to prevent pregnancy. It releases a small amount of the hormone progestin each day to prevent pregnancy. LNG IUDs are 99% effective in preventing pregnancy. It can stay in the female's uterus for up to 6 years depending on the specific one used.

As we mentioned before, since IUDs do not protect against STIs, if someone is sexually active and chooses to use this method, it is recommended they also use a condom every time they have sex.



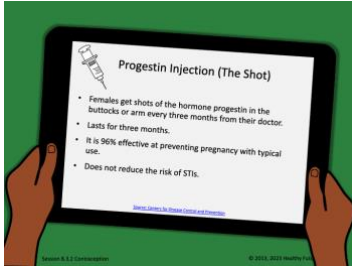
[Slide 9]

Educator states:

A copper intrauterine device (IUD) is a small, T-shaped piece of plastic wrapped in copper. A doctor places the IUD inside a female's uterus to prevent pregnancy. Copper T IUDs are 99.2% effective in preventing pregnancy. It can stay in the female's uterus for up to 10 years.

Since IUDs do not protect against STIs, if someone is sexually active and chooses to use this method, it is recommended they also use a condom every time they have sex. This is called dual protection.

Notes:



[Slide 10]

Educator states:

Women get shots of the hormone progestin in the buttocks or arm every three months from their doctor. It lasts for three months and is 96% effective at preventing pregnancy with typical use.

Since the shot doesn't protect against sexually transmitted infections (STIs), if someone is sexually active and chooses to use this method, it is recommended they also use a condom every time they have sex.

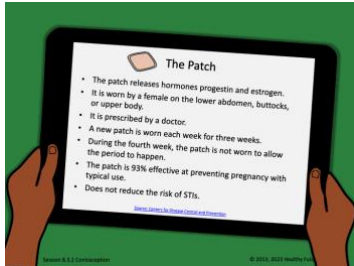


[Slide 11]

Oral contraceptives contain hormones. There are two types of oral contraceptives: (1) either estrogen and progestin combined or (2) progestin only prescribed by a doctor. The pill is 91% effective at preventing pregnancy when taken every day at about the same time. The pill sometimes may be prescribed for acne or painful periods, not just as a contraceptive.

Since the pill doesn't protect against sexually transmitted infections (STIs), if someone is sexually active and chooses to use this method, it is recommended they also use a condom every time they have sex.

Notes:



[Slide 12]

Educator states:

The patch releases hormones progesterin and estrogen. It is worn on a female's lower abdomen, buttocks, or upper body (but not on the breasts). It is prescribed by a doctor. A new patch is worn each week for three weeks. During the fourth week, the patch is not worn to allow the period to happen. The patch is 93% effective at preventing pregnancy with typical use (but may be less effective in women who weigh more than 198 pounds).

Since the patch doesn't protect against STIs, if someone is sexually active and chooses to use this method, it is recommended they also use a condom every time they have sex. This is called dual protection.



[Slide 13]

Condoms are another non-hormonal contraceptive method. A condom is a latex/rubber sleeve that fits over a male's penis. Condoms are made to be a barrier so that sperm or infections can't get passed between partners during sexual activity. The consistent and correct use of latex (or polyurethane or polyisoprene if allergic to latex) condoms can reduce (though not eliminate) the risk of STI transmission.

Condoms are 87% effective at preventing pregnancy with typical use. That means if 100 people use condoms as their only contraception method for a year, at least 13 of them will become pregnant/father a child.

Notes:

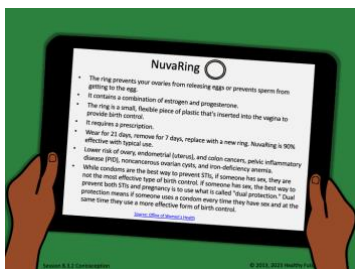
Notes:**Educator states:**

Typical use means the way most people use condoms. Occasionally, condoms might break or slip off. Or the condom might not be put on correctly. So, it is important to read condom instructions, follow the directions, and use a condom correctly every time partners have sex. Condoms can only be used once and should never be used after the expiration date or doubled up (using 2 condoms) as they might be more likely to break.

“Natural” or “lambskin” condoms also help prevent pregnancy, but may not provide protection against STIs, including HIV. Natural or lambskin condoms are not recommended for teens.

In addition to reducing the risk of pregnancy, condoms also reduce the risk of sexually transmitted infections (STIs), including HIV. We will talk more about this when we discuss STIs in the next session. A lot of times people refer to using condoms as having safe sex or using protection. It’s more accurate to say “safer sex” or using “some” protection- as we will see there are still risks when condoms are used.

Using a condom in addition to another effective method of contraception is known as a “dual method.”



[Slide 14]

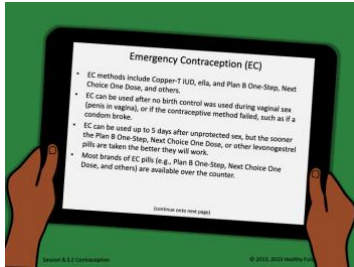
Educator states:

The ring prevents your ovaries from releasing eggs or prevents sperm from getting to the egg. It contains a combination of estrogen and progesterone. The ring is a small, flexible piece of plastic that's inserted into the vagina to provide birth control. It requires a prescription. You wear it for 21 days, remove it for 7 days, and replace with a new ring. NuvaRing is 90% effective with typical use. Lower risk of ovary, endometrial (uterus), and colon cancers, pelvic inflammatory disease (PID), noncancerous ovarian cysts, and iron-deficiency anemia.

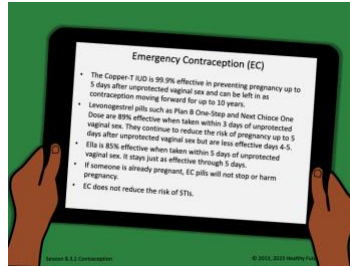
While condoms are the best way to prevent STIs, if someone has sex, they are not the most effective type of birth control. If someone have sex, the best way to prevent both STIs and pregnancy is to use what is called “dual protection.” Dual protection means if someone uses a condom every time they have sex and at the same time they use a more effective form of birth control.

Activity 8.3.2

Contraception



[Slide 15]



[Slide 16]

Educator states:

Emergency Contraception (EC) is not a regular method of birth control. EC can be used after vaginal sex during which no birth control was used, or if the contraceptive method failed (such as if a condom broke). There are a number of EC options including the Copper-T IUD, ella pill, levonogestrel pills (e.g., Plan B). The Copper-T IUD is 99.9% effective in preventing pregnancy up to 5 days after unprotected vaginal sex and can be left in as contraception moving forward, for up to 10 years. Levonogestrel pills, such as Plan B One-Step and Next Choice One Dose, are 89% effective when taken within 3 days of unprotected vaginal sex. They continue to reduce the risk of pregnancy up to 5 days after unprotected vaginal sex but are less effective days 4-5. Efficacy is better if the tablet is taken as soon as possible after unprotected intercourse. The ella pill is 85% effective when taken within 5 days of unprotected vaginal sex. It stays just as effective through 5 days.

If someone is already pregnant, EC pills will not stop or harm the pregnancy.

EC is not a regular method of birth control and doesn't protect against STIs. If someone is sexually active, using dual protection – an effective method of birth control (e.g., IUDs, the pill) and a condom every time they have sex – is the best way to prevent pregnancy and reduce the risk of STIs.

In your folder please pull out the Contraception Methods brochure. Next we are going to divide you into small groups. Each group is going to have a packet of flash cards that say “A”, “B”, or “C” on them. After you see the question on the screen, we will give you a few seconds to talk to your group. Then I will say “final answers please.” You will have one person lift up the card that is your answer. Now we know that you are in 8th grade and have the maturity to talk about these questions and come up with some good answers. Again, you can use your Contraception Methods brochure to find the answers if someone doesn't remember.

Educator highlight: Divide participants into small groups. Give each group a packet of flash cards. As each question appears on the Contraception PowerPoint, give the participants about 5 seconds to deliberate over the answers. Discuss answers and emphasize key points. If this activity is done as a competition, have the other educator keep score by noting which team came up with the most correct answers. Give prizes for winner(s).

Notes:

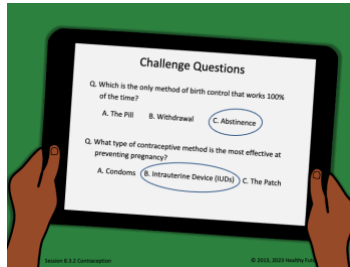


Activity 8.3.2

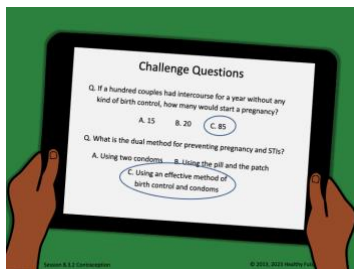
Contraception



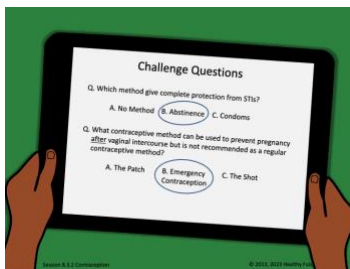
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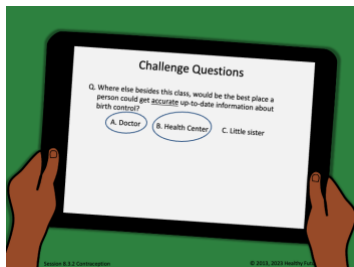
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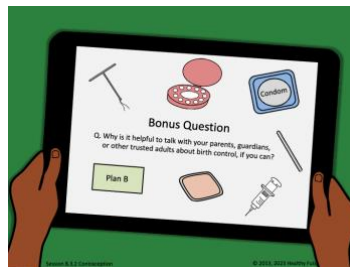
[Slide 19]



[Slide 20]



[Slide 21]



[Slide 22]

Notes:

Notes:**Educator states:**

Each group did a good job with the questions. We want to emphasize the main points from today's session.

The BIG 3:

- The only 100% effective way to prevent pregnancy is to choose not to have sex.
- If someone is sexually active, you need to use a dual method by choosing an effective method of birth control to prevent pregnancy and condoms to reduce the risk of sexually transmitted infections (STIs).
- If someone wants to learn more about these effective methods of contraception please talk to your doctor, parent or guardian, or other trusted adult.

At Healthy Futures we believe abstinence is the healthiest lifestyle for teens but we want you to know the facts about contraception to be able to make informed decisions. Again, it is all about your choices.

The choices you make...NOW Will affect you...LATER!

Remind participants of the question cards and to place them in the question bag. Pass out Parent/Trusted Adult Connection Form Session 8.3: Contraception and collect completed Parent/Trusted Adult Connection Forms from Session 8.2.]

