LEARNER OUTCOME 1 W-8.14:
Identify and describe basic types of contraceptives; i.e., abstinence, condom, foam, birth control pills.

MATERIALS:
1. HANDOUT: Birth Control Pre-Test
2. ANSWER KEY: Birth Control Pre-Test
3. MANIPULATIVES: Birth Control Kit Contents (see activity D for details)
4. SLIDE: Female Reproductive System
5. SLIDE: Male Reproductive System
6. SLIDE: Effectiveness Rate (Pregnancy)
7. SLIDE: Effectiveness Rate (STI)
8. HANDOUT: Contraceptive Methods Chart

INTRODUCTION:
Studying contraceptive methods requires the most up to date information available. This topic provides an excellent opportunity to access community health resources such as an approved guest speaker. Using the Birth Control Information Sheets will give you the background information you need to know in order to complete this

APPROACHES/STRATEGIES:
A. GROUND RULES (5-10 min)
Ensure ground rules are established before beginning this lesson. For classes that have already established ground rules, quickly reviewing them can promote a successful lesson.
B. DISCUSSION QUESTIONS (10-15 min)

These discussion questions help students make personal decisions about abstinence or postponing sexual activity.

1. If you choose abstinence, how can you ensure it will work for you consistently?

2. How often should you review your decision about abstinence and your reasons for choosing it? Why?

3. If you choose abstinence, when and under what circumstances might you cease to use this method?

4. If you decide abstinence is no longer right for you, how will you choose another method to protect yourself?

C. BIRTH CONTROL PRE-TEST (15-20 min)

Students determine how much they know about contraception, and where their knowledge gaps are.

1. Distribute the handout Birth Control Pre-Test, and have students complete it individually.

2. Correct the handout through group discussion using the answer key provided.

D. BIRTH CONTROL KIT (30-40 min)

The Birth Control Kit is an optional tool that may be used to assist in teaching the common methods of contraception.

It is important for the teacher to be familiar with the kit’s contents and the discussion points for each item before doing the following activity.

BIRTH CONTROL KIT CONTENTS:
- 1-4 Different kinds of birth control pills
- 1-Depo-Provera® (empty vile)
- 1-Vaginal Contraception Ring
- 1-Birth Control Patch
- 1-Plan B® (Emergency Contraception)
- 5-Male Condoms
- 1-Female Condom

Alberta Health Services lends Birth Control Kits. Teachers can access these kits at community health centres or through their school nurse. For teachers who are unable to access these kits, or for those who are in other regions, these materials can be collected separately. While many are available at the pharmacy, some may require a doctor’s prescription. It may be possible to get such supplies from a doctor or clinic in your community. Teachers can also use pictures of the methods if they are unable to access.

The Abstinence, Chance, Natural Family Planning, and Withdrawal cards are not in the Birth Control Kit if you have borrowed it from your school nurse. Teachers may want to make up their own cards.
Procedure:
1. Introduce the “Birth Control Kit.” Tell the students that you are going to use it to teach them about the common contraceptive methods available to them.

2. Distribute the handout Contraceptive Methods Chart.

3. Display the items from the kit. You may also cluster products (i.e., barrier methods such as condoms and diaphragms could go together).

4. Present each item to the class one at a time. Have students brainstorm answers to these questions:
   - What is the item?
   - How would the item be used?
   - How does this item prevent pregnancy?
   - How effective is this method?
   - Advantages/Disadvantages?

5. Inform students that each item in the kit is a contraceptive method, and that they will complete a handout after this activity that tests their knowledge about each method.

6. Present each item to the class, adding comments from the slides and the Birth Control Information Sheets to enhance the discussion. Depending on time and/or level of class, pass around each item for students to examine.
7. Have students, or pairs of students, complete the handout: **Contraceptives Methods Chart**. They can use information from the class discussion, or can do their own research.

8. Debrief this activity. Questions can include:

**What do you think is the best method of contraception? Why?**
- Emphasize that abstinence is the only 100% effective method if used properly.

**What do you think is the best method of protecting oneself from STI? Why?**
- If someone is sexually active, dual protection (the use of hormonal contraception and a condom) is the best protection.

**In a sexual relationship, who is responsible to ensure contraception is used?**
- Using contraception is a shared responsibility.

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**QUESTION BOX (10 min)**
Have students fill out questions and address them next class.

**TAKE IT HOME**
Emphasize that it is important to think about one’s values and decisions. Encourage students to discuss values and decision with their parents or a trusted adult.

Keep in mind that all students do not live in a “traditional” family nor do they have equal opportunities for open discussion within their “family”. Although it is best for students to complete this assignment with a supportive parent or guardian, it may not be possible. Be sensitive to the needs of your students.

**SELF REFLECTION**
During the lesson, were:
- Ground rules being followed?
- Good practices established regarding group work and discussion?

What will you change for future classes with this group?
What will you change for future use of this lesson?
STUDENT ASSESSMENT

During the lesson, did students:

Knowledge:
• Examine common methods of contraception (including abstinence)?

Skills:
• Describe basic methods of contraception?
• Describe how to access common methods of contraception?

Attitudes:
• Decide what method(s) is/are best used to protect against pregnancy and STI?

Complete the following questions. Answer T (True), F (False), or U (Unsure)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Feminine hygiene products may be used as a contraceptive method.</td>
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<tr>
<td>2.</td>
<td>A woman can become pregnant without having sexual intercourse.</td>
</tr>
<tr>
<td>3.</td>
<td>Withdrawal is considered to be an effective contraceptive method.</td>
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<tr>
<td>4.</td>
<td>Using both a condom and the pill is considered to be a very effective contraceptive method.</td>
</tr>
<tr>
<td>5.</td>
<td>Douching is not a good method of birth control.</td>
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<tr>
<td>6.</td>
<td>A female must have an orgasm to become pregnant.</td>
</tr>
<tr>
<td>7.</td>
<td>The I.U.D. is recommended for any woman.</td>
</tr>
<tr>
<td>8.</td>
<td>A condom and a diaphragm are the same.</td>
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<tr>
<td>9.</td>
<td>The pill must be prescribed by a doctor.</td>
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<tr>
<td>10.</td>
<td>The most effective method for preventing the spread of STI is a condom</td>
</tr>
<tr>
<td>11.</td>
<td>On average, pregnancy in teens results in more health problems than taking the pill.</td>
</tr>
<tr>
<td>12.</td>
<td>After ejaculation, sperm may live longer than 48 hours.</td>
</tr>
<tr>
<td>13.</td>
<td>If a woman missed taking the pill, she should use some other form of contraceptive, like a condom for the rest of that month with the pill.</td>
</tr>
<tr>
<td>14.</td>
<td>A woman is safe from pregnancy if sexual intercourse occurs during menstruation.</td>
</tr>
</tbody>
</table>
1. Feminine hygiene products may be used as a contraceptive method. 
   FALSE. Feminine hygiene products include tampons, pads, and douches. None of 
   these products are an effective contraceptive method.

2. A woman can become pregnant without having sexual intercourse. 
   TRUE. Even if there is no penetration of the penis, sperm can come in contact with the 
   vagina if ejaculation occurs outside of the female near her vagina or on an area of the 
   body brought in contact with the vagina.

3. Withdrawal is considered to be an effective contraceptive method. 
   FALSE. There can be sperm cells contained within pre-ejaculate which is released form 
   the penis prior to ejaculation. These sperm cells can cause pregnancy.

4. Using both a condom and the pill is considered to be a very effective 
   contraceptive method. 
   TRUE. An added advantage is that combining a hormonal method with a condom 
   provides good STI protection. Abstinence is the only 100% effective method.

5. Douching is not a good method of birth control. 
   TRUE. Douching is not a reliable method of birth control. Not only is douching (washing 
   out the vaginal canal with a water solution) an ineffective method of birth control, it is not 
   a recommended practice because it can create an imbalance in the natural pH levels of 
   the vagina.

6. A female must have an orgasm to become pregnant. 
   FALSE. Pregnancy occurs when sperm fertilizes an egg. This can happen whether or 
   not a female has had an orgasm.

7. The IUD is recommended for any woman. 
   FALSE. The Intrauterine Device (IUD) can be prescribed by a doctor. The doctor will do 
   a physical exam and medical history to determine if an IUD is a good option.

8. A condom and a diaphragm are the same. 
   FALSE. While they are both barrier methods, only condoms provide protection against 
   pregnancy and STI.

9. A doctor must prescribe the pill. 
   TRUE. Prescriptions can be written by a family doctor or by a doctor at a Sexual and 
   Reproductive Health clinic or walk-in clinic.

10. The most effective method for preventing the spread of sexually transmitted 
    infections is a condom.
FALSE. Abstinence is the only 100% effective method for preventing the spread and transmission of STI. If someone is sexually active, the best protection is to use both a hormonal contraceptive method and a condom every time.

11. On average, pregnancy in teens results in more health problems than taking the pill.
TRUE.
- During the first three months of pregnancy, 7 out of 10 pregnant teens do not see a doctor or go to a clinic, placing the mother’s health at risk.
- Adolescent mothers are at increased risk for low birth weight and pre-term infants, as well as infant death.
- Very few women taking the pill experience any negative side effects. An even smaller minority experience severe health problems.

12. After ejaculation, sperm may live longer than 48 hours.
TRUE. Sperm can live 3 to 5 days after ejaculation.

13. If a woman missed taking the pill, she should use some other form of contraceptive, like a condom for the rest of that month with the pill.
TRUE. Missing any hormone pills, may increase your risk of pregnancy. Call your healthcare provider for instructions and use a back up method of birth control (such as condoms) and think about getting Emergency Contraception (EC) if you have had unprotected sex in the last 5 days.

14. A woman is safe from pregnancy if sexual intercourse occurs during menstruation.
FALSE. There is no time that is considered safe for intercourse in order to prevent a pregnancy. Every woman’s cycle is different and ovulation can occur at any time during the menstrual cycle. It is recommended that birth control is used throughout the menstrual cycle to prevent an unintended pregnancy.
How Effective is Each Birth Control Method at Preventing Pregnancy?

- Abstinence (No Sexual Contact)
- IUD- Mirena®
- Tubal Ligation
- Vasectomy
- Birth Control Injection
- Birth Control Pill
- Birth Control Patch
- Vaginal Contraceptive Ring
- Progestin Only Pill
- IUD- Copper T®
- Male Condom
- Fertility Awareness Based
- Withdrawal
- Female Condom
- Diaphragm
- Spermicides
- Sponge
- Chance

Birth Control Effectiveness

Perfect Use
Typical Use
## Do Contraceptives Protect Against STI?

<table>
<thead>
<tr>
<th>Category</th>
<th>Method</th>
<th>Bacterial STI</th>
<th>Viral STI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hormonal</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Birth Control Pill</td>
<td>No Protection</td>
<td>No Protection</td>
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<tr>
<td></td>
<td>Depo Provera®</td>
<td>No Protection</td>
<td>No Protection</td>
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<tr>
<td></td>
<td>Emergency Contraception</td>
<td>No Protection</td>
<td>No Protection</td>
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<tr>
<td></td>
<td>Evra Patch®</td>
<td>No Protection</td>
<td>No Protection</td>
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<tr>
<td></td>
<td>NuvaRing®</td>
<td>No Protection</td>
<td>No Protection</td>
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<tr>
<td><strong>Barrier</strong></td>
<td>Male Condom</td>
<td>Good Protection</td>
<td>Good Protection</td>
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<tr>
<td></td>
<td>Female Condom</td>
<td>Good Protection</td>
<td>Good Protection</td>
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<tr>
<td></td>
<td>Diaphragm with Spermicidal Jelly</td>
<td>Some Protection</td>
<td>Some Protection</td>
</tr>
<tr>
<td></td>
<td>Sponge</td>
<td>No Evidence of Protection</td>
<td>No Protection</td>
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<tr>
<td><strong>Spermicidal</strong></td>
<td>Foam</td>
<td>No Evidence of Protection</td>
<td>No Protection</td>
</tr>
<tr>
<td></td>
<td>Vaginal Contraceptive Foam (VCF)</td>
<td>No Evidence of Protection</td>
<td>No Protection</td>
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<tr>
<td><strong>Other</strong></td>
<td>Abstinence</td>
<td>Excellent Protection</td>
<td>Excellent Protection</td>
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<td></td>
<td>IUD</td>
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<td>No Protection</td>
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<td></td>
<td>Natural Family Planning</td>
<td>No Protection</td>
<td>No Protection</td>
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<td></td>
<td>Sterilization</td>
<td>No Protection</td>
<td>No Protection</td>
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<tr>
<td></td>
<td>Withdrawal</td>
<td>No Protection</td>
<td>No Protection</td>
</tr>
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</table>

CDC. (2010). Sexually Transmitted Diseases Treatment Guidelines. MMWR, 59(RR12).
# Contraceptive Methods Chart

<table>
<thead>
<tr>
<th>Method</th>
<th>Do you need a prescription?</th>
<th>Where can you get this method?</th>
<th>Who can buy this method?</th>
<th>What does this method cost?</th>
<th>What is this method's rate of effectiveness against:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Pregnancy?</td>
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<tr>
<td>Abstinence</td>
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<td>Birth Control Pill</td>
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<td>Chance</td>
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<td>Contraceptive Jelly</td>
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<td>Contraceptive Patch</td>
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<td>Birth Control Injection</td>
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<td>Diaphragm</td>
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<td>Emergency Contraception</td>
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<td>Female Condom</td>
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<td>Fertility Awareness Method</td>
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<td>Foam and Applicator</td>
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<td>IUD</td>
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<td>Male Condom</td>
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<tr>
<td>Sponge</td>
<td>Sterilization</td>
<td>Vaginal Contraceptive Ring</td>
<td>Withdrawal</td>
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