

# CONTRACEPTION

## Lesson 2

GRADE  
**CALM**

### LEARNER OUTCOME<sup>1</sup> P12:

Examine aspects of healthy sexuality and responsible sexual behaviour.  
Describe sexually healthy actions and choices for one's body, including abstinence.



#### MATERIALS:

1. **HANDOUT: Contraceptive Review Quiz**
2. **ANSWER KEY: Contraceptive Review Quiz**
3. **POSTERS: Values Continuum Headings**
4. **HANDOUT: Contraception Choices**
5. **CARDS: Contraception Role-Play Scenarios**



#### INTRODUCTION:

This lesson encourages students to explore various issues around contraception including personal values and beliefs about contraception, reasons some adolescents do not use contraception or use it improperly, and scenarios encouraging proper use of contraception if choosing to be sexually active.



#### APPROACHES/STRATEGIES:

##### A. GROUND RULES (5 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. REVIEW OF THE DIFFERENT METHODS OF CONTRACEPTION

*Students assess their knowledge about different methods of contraception.*

1. Distribute the **Contraception Review Quiz** handout, and have students complete it individually.
2. Correct the handout through group discussion using the answer key provided.

### C. CONTRACEPTIVE VALUES CLARIFICATION EXERCISE

*Students explore their own thoughts around becoming sexually active and the use or non-use of contraception.*

1. Place Values Continuum Headings around the room indicating a range of acceptance levels for different statements. Headings include:
  - Yes, Strongly Agree
  - Yes, Agree
  - Neutral
  - No, Disagree
  - No, Strongly Disagree
2. Ask students to stand under or near the sign that best describes their values or beliefs in response to each of the following statements, one statement at a time. Remind students that everyone has a right to his or her own opinion. Ensure confidentiality is reinforced.

#### Statements:

- It is mainly the guy's responsibility to buy condoms.
  - Teens who abstain from sex are less likely to be harmed emotionally.
  - Teens who abstain from sex are less likely to be harmed physically.
  - If you can't talk with your partner about sex or contraception ahead of time, then you shouldn't even consider having sex.
  - I would not buy condoms from a store where I might know someone.
  - Having sex without using contraception for the first 1 or 2 times is OK because the chances of getting pregnant are minimal.
3. After each statement is read and students have placed themselves beneath a heading, encourage students to explain why they choose to stand under one heading over another. Use the following questions to guide the discussion:
    - What made you decide to stand where you did?
    - How does your decision to stand there affect other people?
    - Are you comfortable where you are standing?
    - Would there be a situation that would make you stand somewhere different?



Some people have sexual intercourse in their teen years. Many do not. Cultural and religious values influence our individual decisions. It is important to realize that these values may be reflected in the attitudes of students in the class and teens may be struggling with sexual decision making. Some adolescents may not agree with sex before marriage, or the use of different contraceptive methods.

### D. DEBATING CHOICES AROUND USING CONTRACEPTION

*Students examine various reasons for not using contraception at all, or for using it inconsistently or incorrectly.*

1. Have students form groups of 3-5 students.

2. Distribute the **Contraception Choices** handout, one per student. Ask half of the groups to fill in the Pro's section, and the other half of the groups to fill in the Con's section.
3. Groups complete the handout.
4. Ask one of the Con groups to read a statement against using contraception.
5. Have Pro groups respond with a statement for using contraception.
6. After all statements have been addressed, have groups complete the entire handout.

**E. CONTRACEPTION ROLE-PLAYS (30-40 min)**

*Students develop skills that promote decision making around contraception and that encourage proper contraception use.*

1. Explain that the following role-play activity will allow students to practice skills required for deciding about and using contraception.
2. Form student groups of 2-3 students.
3. Give each group a **Role-Play Scenario** card.
4. Explain that groups must plan and present a role-play as outlined on the card they received. The role-play must provide appropriate examples of contraception use. Role-plays should range from 1-3 minutes in length. No inappropriate language is allowed.
5. Give groups 5-10 minutes to plan and practice their role-play.
6. Instruct the audience to listen carefully to each presentation, and inform them that there will be a discussion after each presentation.
7. Have each group begin by reading the scenario and introducing the actors and their roles. Groups then act out the role-play.
8. After each presentation, use the following questions to lead a discussion:
  - What skills were used to decide about or use contraception?
  - Can you suggest other ways the characters may have handled this situation?
  - What were your feelings as you watched this role-play?
9. Debrief the entire activity using the following questions :



Students with differing abilities may need a lesson dedicated to personal boundaries. People with differing abilities can be the target of sexual pressure and may need more practice with role-play and refusal skills. You can play gross motor games that necessitate assertive, STOP and walk away behaviours. Outline steps for reporting violations or sexual pressure. For example, teach students who to report to, how to call the police, and what local resources are available.



Be sensitive to your students needs when using role-plays to explore relationship issues. You may have students who are involved in or questioning alternative relationships.

Also, be sensitive that some students may not feel comfortable participating in certain role-play scenarios.

- Why can communicating about contraception with one's partner be so difficult?
  - How can an adolescent start talking with his/her partner about one's feelings about having sex or not having sex at this time/age/situation?
  - What are the most effective ways to start talking about contraception with a partner?
- 



### **QUESTION BOX (10 min)**

Have students fill out questions and address them next class.

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### **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?

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### **STUDENT ASSESSMENT**

During the lesson, did students:

#### **Knowledge:**

- Identify various changes that occur during puberty?
- Describe ways to cope with change?
- Identify support systems that can help during puberty?

#### **Skills:**

- Work together to brainstorm examples of puberty change?
- Exemplify appropriate listening and speaking skills during class discussion?

#### **Attitudes:**

- Acknowledge that changes will occur during puberty?
- Accept that change is part of puberty?
- Establish comfort discussing sexuality?

<sup>1</sup>Alberta Education. (2002). *Health and life skills guide to implementation: Kindergarten to grade 9*. Retrieved from <http://www.education.alberta.ca/media/352993/pos.pdf>

Name: \_\_\_\_\_

## CONTRACEPTION REVIEW QUIZ

Complete the following questions. **Answer T (True) or F (False)**

1.	A woman is safe from pregnancy if sexual intercourse occurs during menstruation.	
2.	From a health perspective, it is safer to take the pill than it is to be pregnant.	
3.	A female must have an orgasm to become pregnant.	
4.	When a woman forgets to take the pill, she should stop taking the rest of the pack and wait for her period.	
5.	The emergency contraception pill (the “morning after” pill) must be used within 3 days of unprotected sex to prevent pregnancy.	
6.	If someone chooses to be sexually active, using the condom and the pill or using the condom and Depo-Provera is considered to be the most effective contraceptive method.	
7.	The birth control injection is given every month to prevent pregnancy.	
8.	The IUD is a plastic device that prevents a fertilized egg from implanting itself in the wall of the uterus.	
9.	Withdrawal (removing the penis from the vagina before ejaculation) and douching are an effective method of contraception when used together.	
10.	The most effective contraceptive method for preventing the spread of sexually transmitted diseases is a condom with spermicide.	
11.	After ejaculation, sperm may live longer than 48 hours.	
12.	A woman can become pregnant without having sexual intercourse.	
13.	Carrying condoms in the pockets of jeans can weaken the rubber in the condom.	
14.	Using two condoms is safer than using just one.	



## CONTRACEPTION REVIEW QUIZ ANSWER KEY

**1. A woman is safe from pregnancy if sexual intercourse occurs during menstruation.**

**FALSE.**

- A woman is not safe from pregnancy during menstruation. Since each woman's menstrual cycle is different, it's almost impossible to predict which days are "safe". Sperm can survive for several days in a woman's body, so a couple could have sex well before the woman ovulates and still run the risk of pregnancy<sup>1</sup>.

**2. From a health perspective, it is safer to take the pill than it is to be pregnant.**

**TRUE.**

- Oral contraceptives are one of the best-studied medications ever prescribed. Very few women taking the pill experience any negative side effects. An even smaller minority experience severe health problems. For non-smoking women under the age of 35, it is safer to use the pill than to deliver a baby.
- 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.

**3. A female must have an orgasm to become pregnant.**

**FALSE**

- Pregnancy occurs when a man's sperm fertilizes a woman's egg. This can happen whether or not she has an orgasm<sup>2</sup>.

**4. When a woman forgets to take the pill, she should stop taking the rest of the pack and wait for her period.**

**FALSE**

- Once a pill is missed, a woman may ovulate during the remainder of that cycle. It is important to continue taking the pill as usual, but use a condom as extra protection. It is important to refer to the instructions particular to the pill that is being taken. General guidelines are as follows: 1 pill missed = condom use for 7 days along with resuming pill. 2 pills missed = condom use for remainder of cycle along with resuming pill. 3 pills missed – talk to a doctor or go to a sexual and reproductive clinic. If a person has had unprotected sexual intercourse they should seek medical advice as soon as possible<sup>3</sup>.

**5. Emergency contraception (the “morning after” pill) must be used within 3 days of unprotected sex to prevent pregnancy.**

**FALSE**

- The emergency contraceptive pill can help prevent pregnancy if it is taken as soon as possible after unprotected sex. Within the first 24 hours EC can prevent about 95% of possible pregnancies; within 24-48hours it can prevent about 85% of possible pregnancies. The effectiveness starts to drop to 58% at 72 hours (3 days) but can still be taken up to 120 hours (5 days) after having unprotected sex. The sooner one can see a doctor after unprotected sexual intercourse the better. EC is available at pharmacies, at sexual and reproductive clinics, most walk-in clinics, or an emergency department. This method is for emergency use only and should not be used as a routine method of birth control. EC does not protect against STI<sup>4</sup>.

**6. If someone chooses to be sexually active, using the condom and the pill is considered to be one of the most effective contraceptive method.**

**TRUE**

- This is true. An added advantage is that combining a hormonal method with a condom provides some STI protection. Abstinence is the only 100% effective method to prevent against pregnancy and STI.

**7. Depo-Provera®, or “the shot”, is given every month to prevent pregnancy.**

**FALSE**

- It is given every 3 months (12 weeks). It contains the hormone progestin, which prevents the egg from being released. It works within 24 hours if the shot is given within the first 5 days after a woman’s period starts<sup>5</sup>.

**8. The IUD is a device that prevents a fertilized egg from embedding itself in the wall of the uterus.**

**TRUE**

- Yes, the IUD can prevent a fertilized egg from growing inside the uterus. Also, an IUD can prevent an egg and sperm from joining as it slows down or stops sperm from moving decreasing the chances of the sperm getting through the cervix<sup>6</sup>.

**9. Withdrawal (removing the penis from the vagina before ejaculation) and douching are an effective method of contraception when used together.**

**FALSE**

- Withdrawal and douching are not effective contraceptive methods. Some sperm can be ejaculated prior to orgasm so withdrawal is not effective in preventing pregnancy and it does not provide protection against STI<sup>7</sup>.



- Douching does very little to prevent conception. After sexual intercourse, the sperm enter the cervix where they are out of reach of any douching solution<sup>8</sup>.

**10. The most effective contraceptive method for preventing the spread of sexually transmitted infections is a condom with spermicide.**

**FALSE**

- Abstinence is the only method that is 100% effective in preventing the spread of STI. A condom used with spermicide is a very effective method of contraception when used correctly and consistently. However, for some people, spermicide (nonoxynal-9®) can cause irritation, which can increase a person's risk of contracting a STI.

**11. After ejaculation, sperm may live longer than 48 hours.**

**TRUE**

- Sperm can live inside the body 3 to 5 days after ejaculation.

**12. 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.

**13. Carrying condoms in the pockets of jeans can weaken the rubber in the condom.**

**TRUE**

- Condoms should be stored at room temperature and out of direct sunlight. Condoms carried in the pocket of jeans can be placed under strains that could rupture packaging or create small tears in the condom. Other common reasons condoms break include fingernail tears, exposure to heat or sunlight, unrolling the condom before putting it on and using oil based lubricants like mineral oil.<sup>9</sup>

**14. Using two condoms is safer than using just one.**

**FALSE**

- Two condoms are not better than one. Putting on more than one condom at a time will not increase protection. In fact, there is an increase in friction between the two condoms which means that the condoms are more likely to break during intercourse. The same is true for the female condom - it should not be used in combination (not at the same time) with a male condom.<sup>10</sup>

## CALM CONTRACEPTION LESSON 2 ANSWER KEY CONTRACEPTION REVIEW QUIZ

[<sup>1</sup>] The Society of Obstetricians and Gynaecologists of the Canada. (2012). *Birth control myths*. Retrieved from: <http://www.sexualityandu.ca/birth-control/birth-control-myths>

[<sup>2</sup>] The Society of Obstetricians and Gynaecologists of the Canada. (2012). *Birth control myths*. Retrieved from: <http://www.sexualityandu.ca/birth-control/birth-control-myths>

[<sup>3</sup>] Alberta Health Services. (2009). *Birth control pill (the pill)*. Retrieved from: [http://teachers.teachingsexualhealth.ca/wp-content/uploads/606003\\_Birth\\_Control\\_Pill\\_2009-041.pdf](http://teachers.teachingsexualhealth.ca/wp-content/uploads/606003_Birth_Control_Pill_2009-041.pdf)

[<sup>4</sup>] Alberta Health Services. (2015). *Emergency Contraception (EC)*. Retrieved from: <http://teachers.teachingsexualhealth.ca/wp-content/uploads/PDF/birthcontrol/EmergencyContraception.pdf>

[<sup>5</sup>] Alberta Health Services. (2013). *Birth control injection*. Retrieved from: [http://teachers.teachingsexualhealth.ca/wp-content/uploads/605085F\\_BirthControlInjection\\_letter\\_1311.pdf](http://teachers.teachingsexualhealth.ca/wp-content/uploads/605085F_BirthControlInjection_letter_1311.pdf)

[<sup>6</sup>] Alberta Health Services. (2013). *Intrauterine contraceptives (IUC, IUD, or IUS)*. Retrieved from: [http://teachers.teachingsexualhealth.ca/wp-content/uploads/605082-F\\_IntrauterineContraceptivesIUCIUDorIUS\\_Ltr\\_1311.pdf](http://teachers.teachingsexualhealth.ca/wp-content/uploads/605082-F_IntrauterineContraceptivesIUCIUDorIUS_Ltr_1311.pdf)

[<sup>7</sup>] Alberta Health Services. (2010). *Withdrawal (pulling out)*. Retrieved from: [http://teachers.teachingsexualhealth.ca/wp-content/uploads/607157-F\\_Withdrawal\\_1311.pdf](http://teachers.teachingsexualhealth.ca/wp-content/uploads/607157-F_Withdrawal_1311.pdf)

[<sup>8</sup>] The Society of Obstetricians and Gynaecologists of the Canada. (2012). *Birth control myths*. Retrieved from: <http://www.sexualityandu.ca/birth-control/birth-control-myths>

[<sup>9</sup>] Alberta Health Services. (2013). *Condom (Male)*. Retrieved from: [http://teachers.teachingsexualhealth.ca/wp-content/uploads/605084-F\\_Condom-Male\\_1311\\_Ltr.pdf](http://teachers.teachingsexualhealth.ca/wp-content/uploads/605084-F_Condom-Male_1311_Ltr.pdf)

[<sup>10</sup>] The Society of Obstetricians and Gynaecologists of the Canada. (2012). *Frequently asked questions*. Retrieved from: <http://www.sexualityandu.ca/faqs/single/is-it-true-that-two-condoms-applied-at-the-same-time-provide-more-protectio>

**YES, STRONGLY  
AGREE**

**YES,  
AGREE**

# NEUTRAL

**NO,  
DISAGREE**

**NO,  
STRONGLY  
DISAGREE**

NAME: \_\_\_\_\_

## CONTRACEPTION CHOICES

**PROS:** List all of the advantages of using contraception.

- “Some people always use contraception consistently and effectively because...”

**CONS:** With your group, list all of the possible reasons people do not consistently and effectively use contraception.

- “Some people don’t use, “forget,” or don’t use contraception correctly because...”



### **Role-Play Scenario One**

**Pete and Jennifer have been going out for several months. They regularly use condoms to protect themselves against STIs and unplanned pregnancies. One evening the condom accidentally breaks.**

Role-play scenarios can include conversations between any combination of the following:

- Pete
- Jennifer
- A friend
- A parent
- A doctor or nurse

Your group must work together to develop a conversation providing appropriate suggestions around contraception decision making and contraception use.

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### **Role-Play Scenario Two**

**Karen is very active and very involved in her school. She confides in you that she is considering having sex with her boyfriend, but they don't know what method of birth control to use.**

Role-play scenarios can include conversations between any combination of the following:

- Karen
- You (friend, doctor, nurse, parent, etc.)

Your group must work together to develop a conversation providing appropriate suggestions around contraception decision making and contraception use.

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### Role-Play Scenario Three

**Mark tells you that he and his girlfriend Janet had sex for the first time. When you ask him if he had thought about protection against an unplanned pregnancy, he tells you that they chose to use the withdrawal method.**

Role-play scenarios can include conversations between any combination of the following:

- Mark
- You (friend, doctor, nurse)
- Janet
- A parent

Your group must work together to develop a conversation providing appropriate suggestions around contraception decision making and contraception use.

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### Role-Play Scenario Four

**Nathan and Connie have been dating for six months and they have talked about having sex. Connie has decided to go on the pill, but wants Nathan to use a condom as well. Nathan doesn't want to wear a condom because he thinks it will decrease sensation.**

Role-play scenarios can include conversations between any combination of the following:

- Nathan
- Connie
- A friend
- A doctor or nurse
- A parent

Your group must work together to develop a conversation providing appropriate suggestions around contraception decision making and contraception use.

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### Role-Play Scenario Five

**David and Lindsay have been in a monogamous relationship for many months. They have both been tested for STI and have received results showing they are clear of any infection. They no longer use condoms. Instead, Lindsay takes a birth control pill. She is careful to take it at suppertime each day. One Friday, David and Lindsay go to a party and Lindsay drinks too much. She feels better after throwing up, and she and David decide to have sex.**

Role-play scenarios can include conversations between any combination of the following:

- David
- Lindsay
- A friend
- A parent

Your group must work together to develop a conversation providing appropriate suggestions around contraception decision making and contraception use.

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### Role-Play Scenario Six

**Sarah and Justin are sexually active. Sarah is on the pill. She gets sick and is prescribed antibiotics, which the pharmacist tells her could cause the pill to be less effective.**

Role-play scenarios can include conversations between any combination of the following:

- Sarah
- Justin
- A pharmacist, doctor or nurse
- A parent

Your group must work together to develop a conversation providing appropriate suggestions around contraception decision making and contraception use.

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## Role-Play Scenario Seven

**Alex and Chris have been going out for quite a while and find themselves becoming closer and closer to having sex. Neither of them is comfortable with talking about contraception.**

Role-play scenarios can include conversations between any combination of the following:

- Alex
- Chris
- A friend
- A doctor or nurse
- A parent

Your group must work together to develop a conversation providing appropriate suggestions around contraception decision making and contraception use.

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## Role-Play Scenario Eight

**Tammy and her friend Carolyn have decided to visit a doctor/sexual and reproductive clinic in their community because they have both started seeing new partners they really like. They are nervous about going, but think it is the best thing to do.**

Role-play scenarios can include conversations between any combination of the following:

- Tammy
- Carolyn
- A doctor or nurse
- A parent

Your group must work together to develop a conversation providing appropriate suggestions around contraception decision making and contraception use.

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