LEARNER OUTCOME\(^1\) P12:

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

MATERIALS:

1. SUPPLIES: Birth Control Kit
2. SLIDE: Female Anatomy (Secondary)
3. SLIDE: Male Anatomy (Secondary)
4. SLIDE: The Effectiveness Rate (Pregnancy)
5. SLIDE: The Effectiveness Rate (STI/HIV)
6. HANDOUT: Contraceptive Methods Chart
7. ANSWER KEY: Contraceptive Methods Chart
8. HANDOUT: Promoting Contraception
9. OPTIONAL: Birth Control Fact Sheets

INTRODUCTION:

Comprehensive Sexual Health Education suggests abstinence as the preferred sexual behaviour amongst teens. Abstaining from sexual activity that involves exchange of bodily fluids and/or genital to genital or skin to genital contact is the only sure way of avoiding the risk of pregnancy or sexually transmitted infections. Postponement of initial sexual activity, adherence to one sexual partner and protected sexual intercourse are sequentially offered as the next best alternatives\(^2\). The programs that are most effective in helping young people to abstain discuss abstinence, contraception and sexual health decision making\(^3\). This lesson focuses on exploring the different contraceptive methods.

You may want to consider completing the Examing Abstinence lesson before completing this lesson.
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 (15-20 min)
Students begin to examine abstinence and postponing sexual activity. Encourage students to take notes during the discussion to help them complete assignments that come later in this lesson.

1. What is contraception?
   - Contraception occurs by either preventing the fertilization of an ovum (egg) by the sperm cell, or the prevention of implantation of the embryo (fertilized egg) into the lining of the uterus.

2. Why is it important to learn about contraception?
   - Provide rationale for teaching birth control/contraception – stress that there is not an assumption that students are sexually active.
   - Stress that factual information is critical to make healthy decisions now and in the future.

3. What are some different methods of contraception? Please list all the methods you have heard of, even if you don’t think they are reliable.
   - List the methods identified by students on the board under the heading “Methods of Contraception”. You may choose to group these into the following columns: hormonal, barrier, spermicidal, natural, myth and other.
   - Ensure abstinence is included on this list. If students do not bring it up on their own, use questions to prompt them such as, “What is the only 100% effective method of contraception?”

Some people have sexual intercourse in their teen years. Many do not. Cultures and religions support various values that influence our individual decisions. It is important to realize these values may be reflected in the attitudes of students in the class and they may be struggling with sexual decision making.

Remember that different cultures and families have different beliefs about the use of contraception. In many societies, there are cultural taboos against sexual intercourse outside of marriage.
• Review the Birth Control Fact Sheets to find information about contraceptive methods.

4. In the list we just created, which of the methods is a myth (unreliable)?
   • Cross out myths, explaining why they do not work.
   • Some common myths may include:
     ➢ Douching with various solutions after sexual intercourse, which does not kill all sperm.
     ➢ Drinking vast amounts of medication or alcohol which, does nothing to prevent pregnancy and could cause harm.
     ➢ Withdrawal before ejaculation (pulling out), which does not ensure sperm are not released into the vaginal area because pre-ejaculate can be unknowingly released.
     ➢ Using Saran Wrap®, instead of a condom which, does not protect against pregnancy.

5. Of the methods, which are hormonal methods?
   • Place the heading "Hormonal" above the column of methods identified as being hormonal. Common hormonal methods include:
     ➢ Birth Control Pill: this method contains hormones similar to the natural hormones in a woman’s body. The hormones in the pill stop the release of an egg from the ovaries. No egg = no pregnancy. The pill is taken at the same time everyday for 21 days, at this point there is either a 7 day break from the pill or the 7 sugar pills (containing no hormones) are taken. During this time a female will get her period.
     ➢ Patch (Evra®): The patch is worn daily on the skin for a week at a time. The sticky part of the patch contains hormones similar to the natural hormones that stop the release of an egg. No egg = no pregnancy. The patch is worn for three weeks consecutively, replacing the patch with a new one every 7 days. After 21 days the patch is removed and left off for 7 days. During this time a female will get her period.
     ➢ Vaginal Ring (Nuvaring®): The Nuvaring® is a soft, flexible plastic ring that is inserted into the vagina. Hormones are slowly released and then absorbed through the walls of the vagina, into the bloodstream. The hormones stop the release of an egg. No egg = no pregnancy. Once the ring is inserted it is left in place for 21 days, at which point it is removed and left out for 7 days. During this time a female would get her period. After the 7 day break a new ring is inserted.
     ➢ Injection (Depo Provera®): Depo Provera® is a hormone that is injected into a female’s arm or buttock every 12 weeks. The hormone stops the release of an egg and makes the cervical mucous thicker so that sperm cannot enter the uterus.

6. Of the methods, which are barrier methods?
   • Place the heading “Barrier” above the column of methods identified as
being barriers to contraception.

All barrier methods prevent sperm from entering the vagina and/or the cervix.

- **Common barrier methods include:**
  - **Condom (male):** A protective covering made of latex, polyurethane or animal membrane that fits over the erect penis.
  - **Condom (female/internal):** A loose-fitting plastic/polyurethane pouch that lines the vagina. It has soft rings at each end.
  - **Diaphragm:** A flexible latex or polyurethane shaped product that covers the cervix.

7. **Of the methods, which are spermicidal methods?**
   - Place the heading “**Spermicidal**” above the column of methods identified as being spermicidal.
   - Explain that spermicidal methods prevent pregnancy by using chemicals to kill sperm on contact.
   - Note: Spermicidal products containing Nonoxynol-9® may cause skin/mucosal irritation/itchiness. This irritation may increase the risk for STI and HIV.
   - **Common spermicidal methods include:**
     - **Contraceptive Foam:** A product that comes in a can and has an applicator to put the foam into the vagina.
     - **Contraceptive Jelly:** A product that comes in a tube and is usually used with a diaphragm.
     - **Vaginal Contraceptive Film:** A very thin transparent square of film that dissolves quickly and releases nonoxynol-9®.
     - **Sponge (Protectaid®):** A piece of soft foam that covers the cervix filled with three kinds of spermicides.
     - **Condom lubricated with spermicide.**

8. **Of the contraceptive methods, which is a natural method?**
   - Place the heading “**Natural**” above the column of methods identified as being natural.
   - Explain that natural methods prevent pregnancy by avoiding sexual intercourse near the time of ovulation.
   - **The Fertility Awareness Method (FAM)** is a common method that involves keeping track of one’s menstrual cycle, taking basal body temperature measurements and vaginal discharge observations, and avoiding sexual intercourse during fertile days (before, during and after ovulation). This method is also known as the calendar or rhythm method.
9. What do we know about the remaining methods?

- **IUD**: A small soft piece of plastic with a nylon string attached. There are two types of IUDs: one has a thin copper wire wrapped around it, and the other type releases a small amount of hormone. An IUD can prevent ovulation, affects how the sperm moves inside a female’s body or it may stop a fertilized egg from growing inside the uterus.

- **Surgery**: A method that prevents fertilization by ensuring that sperm will not reach the ovum. In men, a vasectomy ensures that sperm is not released. In women, a tubal ligation ensures that the egg and sperm cannot meet.

- **Emergency Contraception/Plan B®** (the “morning after pill”): A specific kind of hormone pill that can prevent pregnancy after unprotected sex. Depending on where a female is in her menstrual cycle, Emergency Contraception can stop or delay the release of the ovum, change the lining of the uterus, or change the movement of the ovum and sperm. It is important for students to know that Emergency Contraception cannot end a pregnancy already established.

Methods such as the IUD and Emergency Contraception are sometimes controversial because they could prevent a fertilized egg from implanting in the uterine wall. It is important to be sensitive to various belief systems when discussing these types of contraception.

Emergency Contraception is for emergency use only (i.e., torn condom, missed pill, unplanned/ unprotected sexual intercourse, etc.). It is not as effective as other contraceptive methods and should only be used as a back up method and not as routine birth control.

The use of oral contraception and condoms are reported to be the commonly used among women aged 15-17.

C. BIRTH CONTROL KIT (15-20 min)

Students examine and learn about specific contraceptive methods. The Birth Control Kit is an optional tool that may be used to assist in teaching the common methods of contraception.
Birth Control Kit Contents:

1-Plan B® (EC)
1-Vaginal Contraceptive Ring
1-Different Birth Control Pill packages
1-Depo-Provera®
1-Patch
1-Diaphragm and Jelly
1-Female Condom
5-Male Condoms
1-Vaginal Contraceptive Film
1-Contraceptive Sponge
1-IUD – Copper
1-IUD – Hormone (Mirena®)
1-Contraceptive Foam and Applicator
1-Slide: Male Anatomy (Secondary)
1-Slide: Female Anatomy (Secondary)
1-Slide: The Effectiveness Rate (Pregnancy)
1-Slide: The Effectiveness Rate (STI and HIV)
1-Emergency Contraception (picture)
1-Card stating “Natural Family Planning”)
1-Card stating “Surgery”
1-Card stating “Abstinence”
1-Card stating “Chance”
1-Card stating “Withdrawal”

Check with your local Sexual and Reproductive Health clinic to see if it lends Birth Control Kits. Teachers may be able to access these kits through their school nurse. For teachers who are unable to access these kits 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 they are unable to access.

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 Contraceptive Methods Chart handout.
3. Have students form groups of 2-3.
4. Assign each group one of the contraception methods from the kit. Place all of
the supplies in a container and allow each group to choose one item. Provide each group with the corresponding Birth Control Fact Sheet, or have students research each method independently.

5. Each group must fill in the appropriate section of the Contraceptive Method Chart.

6. Display the overheads one at a time, informing students that they may want to refer to these in their presentation.

7. Give the groups time to prepare a short presentation about their item to share with the class.

8. Have each group present their item to the class, adding comments from the overheads and the Contraceptive Method Chart Answer Key to enhance the discussion. Depending on time and/or level of class, pass around each item for students to examine.

9. Encourage the students to complete the handout during the presentations.

10. Debrief this activity. Questions can include:

   ➢ What do you think are the best methods of contraception? Why?
     • Emphasize that abstinence is the only 100% effective method if used properly.
     • Emphasize that less than half of Canadian youth in high school report being sexually active.
   ➢ What do you think are the best methods of protecting oneself from STI? Why?
     • Emphasize that abstinence is the only 100% effective method if used properly.
     • Emphasize using dual protection (condom and the pill or condom and Depo Provera®).
   ➢ In a sexual relationship, who is responsible to ensure contraception is used?
     • Using contraception is a shared responsibility.
   ➢ If a teen chooses to have sexual intercourse, what skills is he or she going to need?
     • Emphasize the need for STI testing.
     • Comfort with one’s body.
     • Comfort discussing pregnancy, birth control and STI with a partner, a doctor and other important people in one’s life.
     • Ability to go to a pharmacy or health/family planning clinic to access the contraceptive supplies.
CALM CONTRACEPTION LESSON 1

D. GROUP WORK: PROMOTIONAL MATERIAL (40 min)

_Students work together to create promotional materials outlining the most common contraceptive methods used by adolescents._

1. Form groups of 3-5 students.
2. Give each group the **Promoting Contraception** handout:
3. Explain that groups must plan and present promotional material as outlined on the handout.
4. Allow groups time to plan and create their promotional material as outlined on the handout.
5. Have groups present their promotional material to the class.
6. Display any/all assignments that promote the proper use of contraception.
7. Debrief using the following discussion questions:
   - What are some of the most important things to know about each of these methods of contraception?
   - How realistic were the promotions? Are there any other suggestions to make these products more appealing to adolescents who have decided to become sexually active?

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**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:**

- Define contraception?
- Outline the importance of learning about contraception?
Skills:

- Categorize the different methods of contraception?
- Analyze the effectiveness of different methods of contraception?
- Exemplify appropriate listening and speaking skills during class discussion?

Attitudes:

- Recognize the importance of using contraception within a sexual relationship?
- Accept that using dual protection (i.e., the condom and the pill) is the most effective use of contraception because it protects against both pregnancy and STI?

You may want to collect the **Contraceptive Methods Chart** and the promotional material for formal evaluation.


Male Reproductive System

- Vas Deferens
- Bladder
- Seminal Vesicle
- Prostate Gland
- Rectum
- Anus
- Epididymis
- Testicle (Testis)
- Glans
- Penis
- Scrotum
- Uncircumcised Penis
## Birth Control Effectiveness Table

<table>
<thead>
<tr>
<th>Birth Control Method</th>
<th>Effectiveness Rate</th>
<th>Typical Use</th>
<th>Perfect Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence (No Sexual Contact)</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>IUD- Mirena®</td>
<td>99.9%</td>
<td>99.9%</td>
<td></td>
</tr>
<tr>
<td>Male Sterilization (Vasectomy)</td>
<td>99.85%</td>
<td>99.9%</td>
<td></td>
</tr>
<tr>
<td>NuvaRing®</td>
<td>92%</td>
<td>99.7%</td>
<td></td>
</tr>
<tr>
<td>Evra Patch®</td>
<td>92%</td>
<td>99.7%</td>
<td></td>
</tr>
<tr>
<td>Birth Control Pill&lt;sup&gt;3&lt;/sup&gt;</td>
<td>92%</td>
<td>99.7%</td>
<td></td>
</tr>
<tr>
<td>Depo-Provera®</td>
<td>97%</td>
<td>99.7%</td>
<td></td>
</tr>
<tr>
<td>Female Sterilization (Tubal Ligation)</td>
<td>99.5%</td>
<td>99.5%</td>
<td></td>
</tr>
<tr>
<td>IUD- Copper T®</td>
<td>99.2%</td>
<td>99.4%</td>
<td></td>
</tr>
<tr>
<td>Male Condom</td>
<td>85%</td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td>Natural Family Planning&lt;sup&gt;4&lt;/sup&gt;</td>
<td>75%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>73%</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Female Condom</td>
<td>79%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td>84%</td>
<td>94%</td>
<td></td>
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<tr>
<td>Sponge&lt;sup&gt;5&lt;/sup&gt; (Nulliparous Women)</td>
<td>84%</td>
<td>91%</td>
<td></td>
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<tr>
<td>Spermicides&lt;sup&gt;6&lt;/sup&gt;</td>
<td>71%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Sponge&lt;sup&gt;7&lt;/sup&gt; (Parous Women)</td>
<td>68%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Chance (no method)</td>
<td>15%</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup>Effectiveness rate for typical use refers to how effective each method is at preventing pregnancy during actual use including incorrect or inconsistent use.

<sup>2</sup>Effectiveness rate for perfect use refers to how effective each method can be at preventing pregnancy when the user follows the directions for use.

<sup>3</sup>Includes combined oral contraceptives and progestin only oral contraceptives.

<sup>4</sup>Includes calendar, ovulation, smpto-thermal, and post-ovulation natural family planning methods.

<sup>5</sup>Nulliparous refers to a woman who has never given birth.

<sup>6</sup>Includes vaginal contraceptive film, foams, gels, creams, and vaginal suppositories

<sup>7</sup>Parous refers to a woman who has given birth one or more times.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CONTRACEPTIVE METHOD</th>
<th>RATE OF PROTECTION AGAINST STI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormonal</td>
<td>Birth Control Pill</td>
<td>NONE</td>
</tr>
<tr>
<td></td>
<td>Depo Provera®</td>
<td>NONE</td>
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<tr>
<td></td>
<td>Evra Patch®</td>
<td>NONE</td>
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<tr>
<td></td>
<td>Nuvaring®</td>
<td>NONE</td>
</tr>
<tr>
<td>Barrier</td>
<td>Condom (Male)</td>
<td>GOOD</td>
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<td></td>
<td>Condom (Female)</td>
<td>GOOD</td>
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<td></td>
<td>Diaphragm/Jelly</td>
<td>NONE</td>
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<tr>
<td></td>
<td>Sponge</td>
<td>NONE</td>
</tr>
<tr>
<td>Spermicidal</td>
<td>Foam</td>
<td>NONE</td>
</tr>
<tr>
<td></td>
<td>Vaginal Contraceptive Film</td>
<td>NONE</td>
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<tr>
<td>Other</td>
<td>Abstinence</td>
<td>EXCELLENT</td>
</tr>
<tr>
<td></td>
<td>Fertility Awareness Methods</td>
<td>NONE</td>
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<tr>
<td></td>
<td>IUD</td>
<td>NONE</td>
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<tr>
<td></td>
<td>Sterilization</td>
<td>NONE</td>
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<td></td>
<td>Withdrawal</td>
<td>NONE</td>
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<tr>
<td></td>
<td>Emergency Contraception</td>
<td>NONE</td>
</tr>
</tbody>
</table>

## CONTRACEPTION 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>Abstinence</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Pregnancy? STI?</td>
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<tr>
<td>Birth Control Pill</td>
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<td>Chance</td>
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<tr>
<td>Contraceptive Jelly</td>
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<td>contraceptive Patch</td>
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<tr>
<td>Depo Provera®</td>
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<tr>
<td>Diaphragm</td>
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<tr>
<td>Emergency Contraception</td>
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<td>Female Condom</td>
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<tr>
<td>Fertility Awareness Method</td>
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<td>Foam and Applicator</td>
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<tr>
<td>Contraceptive Method</td>
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<td>IUD</td>
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<td>Male Condom</td>
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<td>Sponge</td>
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<tr>
<td>Sterilization</td>
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<tr>
<td>Vaginal Contraceptive Ring</td>
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<tr>
<td>Withdrawal</td>
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</tr>
<tr>
<td>Method</td>
<td>What is it?</td>
<td>Is a prescription needed?</td>
<td>Advantages and things to think about</td>
<td>What is this method's effectiveness against:</td>
<td></td>
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<td>---------------</td>
<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Abstinence</td>
<td>Abstinence can mean different things to different people. Abstinence is often referred to as being 100% safe, meaning that it completely eliminates the risk of STI or unplanned pregnancy. This is only true if the definition includes eliminating any intimate sexual behaviour involving skin to genital, genital to genital or body fluid to genital contact.</td>
<td>Yes</td>
<td>Advantages:</td>
<td>Pregnancy?</td>
<td>STI?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Do not have to worry about pregnancy or STI.</td>
<td>100% effective (if used correctly)</td>
<td>Excellent protection (if used correctly)</td>
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<td>Things to think about:</td>
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<td></td>
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<td></td>
<td>• Means having the ability to say “no” to sex.</td>
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<tr>
<td>Birth Control</td>
<td>Depo Provera is a hormone (progestin) that is injected into the arm or buttok every 12 weeks. It stops the release of an egg and makes the mucous in the cervix (opening to the uterus) thicker so that sperm cannot enter the uterus. Pregnancy cannot occur if the body does not release an egg.</td>
<td>Yes</td>
<td>Advantages:</td>
<td>97% - 99.7% effective</td>
<td>No protection</td>
</tr>
<tr>
<td>Injection</td>
<td></td>
<td></td>
<td>• Convenient.</td>
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<tr>
<td>Depo Provera®</td>
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<td></td>
<td>• Does not interrupt sex.</td>
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<td></td>
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<td>Things to think about:</td>
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<td>• Many women stop having periods after about 6 months.</td>
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<td>• Some women may have a delayed return to fertility once Depo is stopped (up to 2 years).</td>
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<td>• May add to the development of osteoporosis (thinning bones).</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• No STI protection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method</td>
<td>Description</td>
<td>Advantages:</td>
<td>Things to think about:</td>
<td>Effectiveness</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td>Birth Control Patch</td>
<td>The birth control patch looks like a large, thin, beige bandage. The sticky side contains two hormones (estrogen and progestin) similar to the natural hormones in a woman's body. The hormones are released continuously through the skin and stop the release of an egg from the ovaries. Pregnancy cannot occur if the body does not release an egg. The patch is changed weekly for three weeks, and then there is a one week break from the patch.</td>
<td>• Convenient. &lt;br&gt;• Does not interrupt sex.</td>
<td>• You must remember to change your patch weekly. &lt;br&gt;• No STI protection.</td>
<td>92% - 99.7% effective</td>
<td>No protection</td>
</tr>
<tr>
<td>Birth Control Pill</td>
<td>The combined hormone birth control pill contains small amounts of two natural hormones (estrogen and progestin) that stop the release of an egg. Pregnancy cannot occur if the body does not release an egg.</td>
<td>• Convenient. &lt;br&gt;• Does not interrupt sex.</td>
<td>• You must remember to take the Pill as directed. &lt;br&gt;• No STI protection</td>
<td>92% - 99.7% effective</td>
<td>No protection</td>
</tr>
<tr>
<td>Chance (No Method)</td>
<td>No birth control method is used to prevent pregnancy during sex.</td>
<td>• Does not require any birth control supplies.</td>
<td>• No protection from sexually STI and unintended pregnancy. &lt;br&gt;• Fear of pregnancy and/or STI may make sex less enjoyable.</td>
<td>15% effective at preventing pregnancy</td>
<td>No protection</td>
</tr>
</tbody>
</table>
| Condoms - Female | The female condom is a non-reusable tube-like synthetic pouch that fits inside a woman's vagina. It catches semen and stops sperm from fertilizing an egg. | ✓ | Advantages:  
• Provides good protection against STI.  
• Can be bought at a drug store without a prescription.  
• Made of polyurethane, so good for people with latex allergies. | 79% - 95% effective | Good protection |
|---|---|---|---|---|---|
| Things to think about: | • May be awkward to use.  
• More expensive than the male condom. | | | | |
| Condoms - Male | A condom is thin latex or synthetic, non-reusable covering that fits over the erect penis. It catches the semen and stops sperm from entering the woman's body. | ✓ | Advantages:  
• Can be bought at a drug store without a prescription.  
• Provides good sexually transmitted infection (STI) protection.  
• Can be purchased at a Sexual and Reproductive Health clinic for a low cost.  
• Many agencies provide condoms free of charge.  
• Comes in a variety of colors, flavors and sizes. | 85% - 98% effective | Good protection |
| Things to think about: | • Some condoms have a spermicide (Nonoxynol-9) that may cause skin and vaginal irritation, which may increase your risk of developing an STI or HIV.  
• A water based lubricant can be used with condoms to help with dryness.  
• Polyurethane condoms are available for people with latex allergies. | | | | |
### Diaphragm

A diaphragm is made of latex. It is shaped like a saucer and has a flexible rim. It fits over the cervix (opening to the uterus) to stop sperm from entering. It must be inserted before intercourse and removed and cleaned after.

**Advantages:**
- If inserted correctly, cannot be felt by either partner.
- It is reusable.

**Things to think about:**
- A doctor must size a diaphragm.
- The diaphragm is used with spermicidal cream or jelly. These sometimes cause irritation or itchiness which may increase your risk of developing an STI or HIV.
- Some STI protection.

84% - 94% effective

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### Emergency Contraception (EC)

**Plan B®**

EC is a hormone pill that can prevent pregnancy by stopping the release of an egg, changing the lining of the uterus, or changing the movement of the egg and sperm. EC can be used after unprotected sex, or failure of a birth control method such as a broken condom.

**Advantages:**
- Can be taken up to 5 days after unprotected sex.
- Plan B may be available at your local pharmacy without a prescription.
- Available at sexual and reproductive clinics at a reduced cost.

**Things to think about:**
- It works best if taken as soon as possible after unprotected sex.
- Does not give continued protection against pregnancy.
- No STI protection.

There are two main types of EC:

- **Plan B** is 95% effective when taken less than 24 hours after unprotected intercourse
- No protection
| Intrauterine Contraceptive Device (IUD) | Advantages:  
• Convenient.  
• Does not interrupt sex.  
• Can stay in place for 3 to 5 years but can be removed at any time.  

Things to think about:  
• Not recommended for women who are at increased risk for STI, such as those with more than one sexual partner. There is a greater chance for a serious pelvic infection with an STI.  
• No STI protection. | Copper T® IUD- 99.2% effective  
Mirena® IUD- 99.9% effective | No protection |
| Natural Family Planning/Fertility Awareness | Advantages:  
• Does not require any birth control supplies.  

Things to think about:  
• It is best to use birth control or abstain from intercourse during fertile times.  
• Special teaching is available from a doctor, nurse, or group that explains natural methods.  
• It takes several months to become familiar with your fertility cycle.  
• It is not a reliable method for women with irregular periods.  
• No STI protection. | 75%-96.25% effective | No protection |
### The Sponge - Protectaid

- **The Sponge** is a non-reusable piece of soft foam that is filled with spermicide and must be inserted inside the vagina before intercourse and must remain in place for six hours after intercourse.

- **Advantages:**
  - Can have sex more than one time as long as the sponge remains in place for six hours after sex.
  - Can be bought at a drug store at a low cost.

- **Things to think about:**
  - More effective in preventing pregnancy if used with another birth control method.
  - May cause some vaginal irritation which may increase your risk of developing an STI (sexually transmitted infection) or HIV.
  - No STI protection.

- **Effectiveness:** 84-94% effective
- **Protection:** No protection

### Tubal Ligation

- **Tubal Ligation** is a permanent method of birth control that sterilizes the woman. A surgical operation is used to cut or “tie off” the fallopian tubes (the tube the egg travels through). This prevents the egg and sperm from meeting. Occasionally this method can be reversed but you need to talk to your doctor. Tubal ligation reversal can be expensive and is not covered by Alberta Health Care.

- **Advantages:**
  - Highly effective immediately.
  - Does not interrupt sex or affect the sex drive.

- **Things to think about:**
  - All surgery has some risk such as bleeding, infection or effects of anesthetic.
  - No STI protection.

- **Effectiveness:** 99.5% effective
- **Protection:** No protection
| Vaginal Contraceptive Ring (NuvaRing®) | NuvaRing® is a soft, flexible, clear plastic ring that is inserted into the vagina, where it slowly releases two types of hormones (estrogen and progestin). These hormones are similar to a woman’s natural hormones and stop the release of an egg from the ovaries. Pregnancy cannot occur if the body does not release an egg. A woman inserts and removes the ring herself. It is left in place for 21 days. After a 7 day break from the ring, a new ring is inserted. | ✔ | Advantages:  
- Convenient.  
- Does not interrupt sex.  
- NuvaRing® is inserted into the vagina once a month. | 92% - 99.7% effective | No protection |
| Vaginal Spermicides | There are different types of spermicides available including: contraceptive foam; contraceptive jelly; and vaginal contraceptive film (VCF). A spermicide must be inserted into the vagina before each act of intercourse. It contains an active ingredient (Nonoxynol-9) that kills sperm. | ✔ | Advantages:  
- Can be bought at a drug store.  
- Neither partner can feel it. | 71% - 82% effective | No protection |

Things to think about:  
- No STI protection.

No protection.
<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>Advantages</th>
<th>Things to think about</th>
</tr>
</thead>
</table>
| Vasectomy    | Vasectomy is a permanent method of birth control that sterilizes the man. A surgical procedure closes the vas deferens (tubes) that carry sperm. Occasionally this method can be reversed but you need to talk to your doctor. Vasectomy reversals can be expensive and are not covered by Alberta Health Care. | - Local anesthetic (freezing) is used.  
- Procedure takes 15 to 30 minutes.  
- Highly effective.  
- Does not interrupt sex, affect sex drive, or sexual performance. | - Not effective right away. All sperm will be cleared following a number of ejaculations. Be sure to arrange a sperm test at a lab – ask the doctor about this.  
- All surgery has some risk such as bleeding or infection.  
- No STI protection. |
| Withdrawal   | Withdrawal is when a man pulls his penis out of the vagina prior to ejaculation. | - Costs nothing.  
- Convenient.  
- Does not require any birth control supplies. | - Sperm may be present in pre-ejaculate fluid.  
- No STI protection.  
- Some men have difficulty knowing when they are about to ejaculate. |

99.9% effective  
No protection  
73% - 96% effective  
No protection
Together with your group, produce material for an adolescent audience that promotes the correct and consistent use of contraception. Follow the steps outlined below.

1. Choose one of the following types of promotional material for your group to create:
   - **Poster**: a one-sided poster complete with colour and graphics
   - **Pamphlet**: a fold-out pamphlet complete with colour and graphics
   - **Commercial**: a commercial complete with written script and a live presentation

2. Choose one of the following commonly used contraceptive methods as a focus for your group:
   - Abstinence
   - Birth Control Pill, Contraceptive Patch, Vaginal Contraceptive Ring or Depo-Provera®
   - Condom (Male/Female)

3. Do your research. Your promotion must address each of the following questions:
   a. What is the method?
   b. How does the method work?
   c. How effective is this method at protecting against pregnancy/STIs?
   d. What are the advantages/disadvantages of this method?
   e. What are the myths surrounding this method?
   f. What are the specific skills required to use this method correctly?
   g. How and where would a person access this method in our community?
   h. Do you need a prescription?
   i. What does it cost?
   j. Why would adolescents use or not use this method?

4. Plan the layout/design of your promotion. **Ensure that the promotion would convince an adolescent audience to use the method.** Brainstorm your ideas:
5. Work together to develop a finished product. **Ensure that the promotion would convince an adolescent audience to use the method.**

6. Use the following checklist to ensure you have created high quality promotional material:
   - Topic is obvious
   - Design/format appeals to an adolescent audience
   - Design/format is creative
   - Design/format is easy to understand and highlights the most important information
   - Information is accurate
   - Information is appropriate
   - Information is complete (all 10 questions in step 3 are answered.)
   - The promotion would convince an adolescent audience to use the method.

7. Present the promotional material to the class. Here are some ideas for your presentation:
   - Posters, pamphlets, website, or podcast could be presented as if they were competing for the “best poster” or “best pamphlet” contest at your local sexual and reproductive clinic. Your group members could pose as “experts” visiting the classroom to promote a message. Be creative!
   - Commercials could be presented live or video, audio and played for the class.

8. Posters, pamphlets and scripts for commercials may be placed on display.