

Activity 7.8-2**Why Use Protection?****Potential Challenges**

If you are concerned about time, the group brainstorm questions can be prepared ahead of time on sheets of paper. This will allow groups to jump right into their discussions. To simplify this exercise, do a “pros and cons” brainstorm listing the pros and cons of becoming sexually active.

In the follow-up to this activity, students might not mention any myths surrounding birth control. Prompt them by asking, “What are some birth control methods that you’re skeptical about?”

Engaging Students

The following language can be used to introduce the questions for choosing to become sexually active: “When we discussed the decision-making model, we talked about how it is often easier to wait to see what happens than to think ahead about the possible risks of engaging in an activity. But this can be a risky choice. When it comes to sexual behavior, it’s important for people to be able to communicate with their partners and to think about the risks before choosing to engage in the behavior. Here is a list of questions that are really important for a person to answer before choosing to engage in sex.”

For the visual learners in the room, it can be helpful to write the list of questions on a poster.

Ask the following process questions:

- How do these questions relate to self-awareness and relationship skills?
- How do they relate to assertive communication?
- How do they relate to mutual consent?

When reviewing protection methods, to save time, rather than have students brainstorm the methods, the teacher can write some possible options on the board or a handout. Then students can have the opportunity to say which are barrier methods, hormonal methods and myths. Some examples might include condoms (barrier), drinking Mountain Dew (myth), birth control pills (hormonal), smoking marijuana (myth), the Ring (hormonal), dental dam (barrier), etc.

Activity 7.8-3

Protection Methods: Condom Use and Hormonal Protection

Facts to Know

The following are talking points for the various protection methods.

Abstinence (delaying sex): Abstinence means voluntarily choosing not to engage in any sexual behavior that could lead to pregnancy or STI transmission (such as vaginal, anal or oral intercourse). Abstinence, when used correctly and consistently, is the only 100% effective method for preventing pregnancy and STIs. Abstinence costs nothing, but it requires a person to be able to communicate assertively and effectively with a partner.

People define abstinence differently, so, for abstinence to work, there needs to be open and honest communication about what it means to each person in a relationship. People can choose to be abstinent at any time, even if they have engaged in sexual intercourse in the past.

External condom: An external condom is a thin layer of latex or polyurethane that covers the penis during vaginal, anal or oral sex. When used correctly and consistently, condoms are 98% effective at preventing pregnancy. However, typical use (which takes into account human error) is 85% effective. In order to reach 98% efficacy, all steps to correct condom use must be followed:

- Before use, there should be an open, honest discussion about not only the decision to engage in sex, but also the choice to use protection.
- Condoms should be stored at room temperature and not in cars or wallets.
- The expiration date on the condom must be checked, and the packaging must be checked for holes or tears.
- The penis should be fully erect before the condom is put on. If the penis is not fully erect, the condom is more likely to not fit correctly, break or become uncomfortable during the sexual act.
- When the condom is placed on the penis, the top must be pinched so there is no air inside. A small amount of space should remain at the top to contain semen in case of ejaculation.
- If the condom is placed on backward, it cannot be turned around. In order to ensure that it is put on the right way, the user should roll the condom down slightly on a finger before placing it on the head of the penis.

- The condom must be rolled down to cover the entire penis and must be left on for the entire duration of the sexual act, whether ejaculation occurs or not.
- Before the penis is withdrawn, the condom should be held at the base to ensure that it does not come off during withdrawal.
- If ejaculation does occur, the penis should be withdrawn right away before it becomes soft or flaccid.
- The condom should be removed and thrown away in the garbage. If the two people want to engage in sex again, a new condom must be used.
- The use of water or silicone-based lubricant to increase comfort is suggested. However, oil-based lubricant will break down the condom and should not be used.

Condoms can be found in drugstores, doctor's offices, health clinics, some school nurse's offices and most supermarkets. There is no age restriction on the purchase of condoms.

Steps to Correct Condom Use

1. Discuss with partner the decision to have sex.
2. Discuss protection methods with partner.
3. Check expiration date on condom.
4. Check the package of the condom for holes, tears, or any sign of damage.
5. Carefully open condom package and remove condom.
6. Penis is erect.
7. Place condom on the head of the penis.
8. Hold the tip of the condom to squeeze out any air.
9. Roll the condom down to cover the entire penis.
10. Use lubricant.
11. Have vaginal, oral or anal sex.
12. Keep condom on penis until done (whether ejaculation occurs or not).
13. Hold on to the rim of the condom at the base of the penis.
14. Withdraw the penis.
15. Carefully take the condom off the penis.
16. Throw the condom in the garbage.
17. Use a new condom if both partners want to have sex again.

Internal condom: Made of a thin layer of nitrile, the internal condom can be inserted into the vagina or anus, and acts as a barrier between partners. When used correctly and consistently vaginally, it is 95% effective at protecting against pregnancy. With typical use, it is 79% effective. It is more effective at protecting against skin-to-skin STIs than the external condom because it covers most of the vulva. The internal condom is inserted by squeezing the inner ring and pushing it into the vagina. Silicone or water-based lubricant can be used to make this process easier.

The internal condom will not get stuck or lost in the vagina; the average vagina is generally only 3 to 5 inches long, so the condom should be easy to remove once intercourse is over. Internal condoms are available by prescription only, although some reproductive health centers may provide them for free.

The internal condom can be inserted into the vagina up to 6 hours before intercourse. This condom can also be used for anal sex, but the inner ring should be removed first.

Dental dam: Made of a thin layer of latex, a dental dam is placed over the vulva or anus during oral intercourse and acts as a barrier between partners for protection against STIs. It cannot be used on the penis. Dental dams do not prevent pregnancy.

The pill: Birth control pills contain hormones that prevent the release of an egg from the ovaries. These hormones also cause cervical mucus to thicken, which prevents sperm from entering the uterus and fertilizing an egg if it is present. When used correctly and consistently, the pill is more than 99% effective. In order to reach that efficacy, the pill must be taken at the same time every day. If a pill is missed, the efficacy is reduced and the person should follow instructions in the information pack that accompanies the pill to find out how to continue to take the pill. With typical use, the pill is 92% effective at preventing pregnancy. Taking antibiotics while on the pill can reduce efficacy. The pill does not protect against STIs. It can be obtained only with a doctor's prescription. Some common side effects of the pill are headaches, nausea, mood swings and increased or decreased appetite.

The patch: The patch is a plastic patch that sticks to the skin, much like a nicotine patch would. The patch is designed to remain in place through showering, swimming, sports and other day-to-day activities. The patch contains hormones that are absorbed through the skin and into the bloodstream. These hormones work in the same way the ones in the pill do. The patch should never be placed on the breasts or legs. Once a week, the patch is removed and a new one is placed on a new spot on the body.

After three weeks of patches, no patch is used for the fourth week. When used correctly and consistently, the patch is up to 99% effective at preventing pregnancy. The patch does not protect against STIs. Like the pill, the patch cannot be obtained without a doctor's prescription. Some common side effects of the patch are skin irritation at patch site, nausea and abdominal pain.

The shot: The shot is injected every three months or every 10–12 weeks. It contains the hormone progesterone. When used correctly and consistently, the shot is more than 99% effective at preventing pregnancy. Waiting more than 12 weeks between shots can reduce the efficacy rate. With typical use, the shot is 97% effective at preventing pregnancy. The shot does not protect against STIs. It is important that the injection be given on time every three months, so regularly scheduled doctor or health clinic visits are mandatory. Some common side effects of the shot are increased appetite, headaches, mood swings and irregular menstrual bleeding.

The ring: The ring is a vinyl acetate ring inserted into the vagina. The ring contains hormones that flow into the bloodstream. The hormones work in the same way as those in birth control pills. Each ring is worn in the vagina for three weeks, which is followed by a week without a ring. A new ring is inserted after the week without a ring. When used correctly, the ring is up to 99% effective at preventing pregnancy. The ring does not protect against STIs. Like the pill, the patch and the shot, the ring must be prescribed by a doctor. Common side effects of the ring are headaches, increased vaginal discharge, vaginal irritation and nausea.

Intrauterine device (IUD): An IUD is a device inserted into the uterus that changes the environment of the uterus, preventing a sperm and an egg from meeting. IUDs may be either copper or plastic, and plastic IUDs also contain progesterone. IUDs must be inserted by a medical practitioner and can be left in place for three to five years (progesterone IUD) or up to 12 years (copper IUD). The IUD is over 99% effective at preventing pregnancy. The IUD does not protect against STIs. Side effects may include changes to menstruation such as breakthrough bleeding, increased cramping, and heavier or longer periods. The copper IUD can be inserted as a form of emergency contraception, and then left in place as a regular form of birth control.

The implant: The implant is a small, matchstick sized piece of plastic that is inserted into the arm. The implant contains the hormone progesterone, which is absorbed into the bloodstream. The hormone works the same way as those in birth control pills. The implant must be inserted by a medical practitioner and can be left in place for up to three years. The implant is over

99% effective at preventing pregnancy. The implant does not protect against STIs. Side effects may include irregular bleeding and lighter to no periods after one year of use.

Emergency contraception (EC): Emergency contraception (sometimes called the “morning-after pill”) is a method of pregnancy prevention that works after intercourse has occurred. It was designed to be used when another method has failed or when nothing was used. If exposure to an STI has occurred, emergency contraception will not prevent an infection.

There are different types of emergency contraception. Commonly used is a pill, or a series of pills, taken after unprotected intercourse. Emergency contraceptive pills work by keeping the ovary from releasing an egg for longer than usual. The copper IUD also acts as emergency contraception when it is inserted after unprotected intercourse. The copper IUD works by creating an environment in the uterus that is disruptive for sperm.

In general, emergency contraception can be used up to five days after unprotected sex, but it is more effective if taken sooner. See the Protection Methods Chart for how effectiveness varies by method. Access to emergency contraception varies by method too. As of summer 2014, some pills are available on pharmacy shelves or from a health clinic for anyone of any age to purchase. Other pills are available from a pharmacist or health clinic with certain age restrictions. The copper IUD is only available with an appointment with a clinician.

Effectiveness rate: The effectiveness rate of a protection method measures the percentage of users who did not become pregnant during the first year of using a given method. Two percentages are usually given for effectiveness rate, one for “perfect use” and one for “typical use.”

- Perfect use gives the effectiveness rate when the method is always used consistently and correctly.
- Typical use gives an adjusted rate that takes into account the frequency of human error. Possible errors might include forgetting to take a pill, not renewing a prescription on time, etc.

Potential Challenges

Passing around the samples of protection methods is an important component of this lesson. However, seeing them can distract students from listening to the information being presented. If you think this may be a problem, do not pass out the protection method samples until the end of class. Reserve 10 minutes for students to handle the samples and ask any additional questions they may have.

Potential Challenges

During the Condom Lineup activity, having student volunteers stand with the cards for a long time may not engage the volunteers, and the students still in their seats may become distracted by those standing. Another option for this activity is to have students tape the steps to the board in the order in which they think they belong. This way the volunteers sit down after the steps have been placed in order, and the other students have a chance to make changes, and can even get up to move cards. Be sure the entire class is back in their seats and focused for the demonstration of the correct order of steps and proper condom use.

Students can also work in groups to come up with the steps and present their finished order to the class. Educators can copy the steps onto small pieces of paper and have students put them in order at their desks, in pairs or groups. Educators can also turn this into a competition to see which groups can get the steps in order first, and then go over all of the steps together.

Additional Information

The following are important teaching points for condoms that are not included in the condom lineup steps:

- Condoms must be stored at room temperature and in a location where the wrappers will not become punctured or worn down. Storing a condom where it is too hot or too cold, or where the package's integrity may be compromised, will cause the latex or polyurethane to break down.
- When a condom is placed on the penis and rolled down, it must be rolled down correctly. If the condom will not roll, it's because it has been placed incorrectly. After being placed incorrectly, the condom may not be used. This is because the condom may come into contact with pre-ejaculate fluid on an erect penis. Pre-ejaculate fluid can contain STIs and may contain up to 20,000 sperm.
- One way to check if the condom is going to roll correctly is to place it on the tip of a finger and roll it down once. If it rolls easily that is the way the condom should be placed on the head of the penis. If it doesn't, the condom can be turned around and then placed on the head of the penis.
- Opening a condom correctly means never using teeth or a sharp object to open the condom package.

If an educator is unable to facilitate an in-person condom demonstration with the class due to school/district policy, it is important that they still do the condom lineup, and then show the approved video, available on www.getrealeducation.org. If neither the in-person demonstration nor the video are allowed, the educator will need to be sure to include all important talking points in the lineup activity.

Activity 7.8-4

Protection Methods Homework**Facts to Know**

If you choose to review the answers for the Protection Methods Homework with the entire class, here are some additional talking points to use:

- 1. True.** Hormonal methods, such as the birth control pill, the hormonal IUD, the implant, the patch, the ring, and the shot, work by using hormones to prevent release of an egg (ovulation). Without an egg present, a person cannot get pregnant. These methods also thin the uterine lining each month and thicken the cervical mucus, which also help prevent pregnancy.
- 2. False.** Urine travels from a small tube called the urethra, which is not connected to the vagina (though it is nearby). Urinating after vaginal intercourse will not stop sperm from entering the uterus and possibly causing a pregnancy.
- 3. True.** The condom (external or internal) is the only method that protects against both pregnancy and STI transmission. It works by being a barrier of latex, polyurethane or nitrile to prevent skin-to-skin contact and by collecting ejaculate fluid so it doesn't enter a partner's body. Condoms can be used with a hormonal method for added protection against STIs and pregnancy.
- 4. False.** Never use oil-based lubricants (baby oil, lotion, Vaseline, cocoa butter, etc.) with condoms because the oil breaks down the latex and causes condoms to be ineffective. Use water-based lubricants sold at the store near the condoms.
- 5. True.** Condoms are often available for free at local health centers, and teens do not need a prescription or parent permission to buy them.
- 6. False.** IUDs are prescribed, inserted and removed by a health care provider. An IUD is a long-term form of birth control. When it is inserted in a uterus it changes the environment of the uterus so a sperm and an egg cannot meet. IUDs can be effective for up to 12 years and are more than 99% effective at preventing pregnancy. However, they do not protect against STIs, so this method should be used along with condoms.

7. True. Emergency contraception (sometimes called the “morning-after pill”) is a method of pregnancy prevention that works after intercourse to prevent pregnancy. It was designed to be used when another method has failed or when nothing was used. If exposure to an STI has occurred, emergency contraception will not prevent an infection.

There are different types of emergency contraception. Some types come as a pill, or a series of pills, that are taken after unprotected intercourse. The copper IUD also acts as emergency contraception when it is inserted after unprotected intercourse.

In general, emergency contraception can be used up to 5 days after unprotected sex, but it is more effective if taken sooner. See the Protection Methods Chart for how effectiveness varies by method.

Access to emergency contraception varies by method too. As of summer 2014, some pills are available on pharmacy shelves or from a health clinic for anyone of any age to purchase. Other pills are available from a pharmacist or health clinic with certain age restrictions. The copper IUD is only available through an appointment with a clinician.

8. False. A person can get pregnant before their first period because the body may be ovulating, even if menstruation has not yet happened. Puberty is a process; it doesn't happen overnight. Eggs may be released from the ovaries long before the uterus begins to shed its lining. If a person is having sexual intercourse and a sperm and an egg meet, they may get pregnant.

9. True. If a condom breaks, it's most likely because it was not put on correctly. The most common reason a condom breaks is that people don't squeeze the air out of the tip before rolling it down. Then the pressure from the air and an ejaculation can cause the condom to break like a balloon. Here are a few other tips to prevent breakage:

- Use water-based lubricants to help lessen friction.
- Always check the expiration date.
- Check for air bubbles in the package before opening.
- Roll the condom on correctly and all the way down to the base of the penis before the penis enters the partner's body.
- Hold on to the base of the penis while removing the condom.

Lesson 7.8 Resources

Birth control information:

Reproductive Health Technologies Project: www.rhtp.org

Planned Parenthood: www.plannedparenthood.org/health-topics/birth-control-4211.htm

Centers for Disease Control and Prevention:
www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm

ETR health promotion materials: www.etr.org/store

See www.getrealeducation.org for more information and resources.