

Lesson 9.5

Comprehensive Protection Methods

Connecting the Lessons

Builds on *Lesson 9.3: Sex, Gender and Shared Responsibility*; connects to *Lesson 9.6: Preventing STIs*.

Lesson Goals

- Identify and manage personal goals.
- Name and describe popular protection methods.
- Identify all the steps of correct condom use.

Preparation & Materials Checklist

- ☐ Review statistics about pregnancy, steps to condom use and protection methods commonly used by teens.
- ☐ Label large pieces of paper with the prompts listed in Activity 9.5-3 and post around the room.
- ☐ Review student handouts, journal activity and homework:
 - Handout 9.5-4: Steps to Correct External Condom Use
 - Journal Activity 9.5: Comprehensive Protection Methods
 - Homework 9.5: “Shot in the Arm”—Locating a Sexual Health Clinic
- ☐ Check with class(es) to make sure there are no (airborne) latex allergies among students.
- ☐ Have:
 - Paper for goal statements
 - Markers for students
 - Protection Methods signs
 - Protection Methods Kit
 - Condom
 - Demonstration tool for condom
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

SEL Skills Addressed

Self-awareness, self-management, relationship skills, responsible decision making

Logic Model Determinant(s)

Knowledge of delaying sex as the healthiest choice.

Attitudes towards condoms and/or other protection methods.

Knowledge of consequences when condoms and/or other protection methods are not used.

Intentions to delay and/or refuse sex.

Intentions to use condoms and/or other protection methods.

Perception of peer norms about sexual behavior.

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

Skills and self-efficacy to use SEL skills to increase use of condoms and/or other protection methods.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

Perceptions of peer norms about relationships.

Perception of peer norms about perceived male responsibility for pregnancy prevention.

Knowledge of correct and consistent use of condoms and other protection methods.

Knowledge of resources for community or reproductive health information and services.

Perception of risk of STIs.

Terms to Use

- Personal goals
- Condom
- Unintended pregnancy
- Abstinence
- Shared responsibility

Activity 9.5-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.5-2

10 minutes

Reasons for Preventing Pregnancy

Identify how unintended pregnancy may affect goals

Give students paper and ask them to write down a personal goal. Then discuss the following questions:

- How could an unintended pregnancy interfere with the goal you wrote down?
- How could an unintended pregnancy be difficult for a teen?
- Are heterosexual teens the only teens who have to worry about pregnancy prevention?
- What are the options a person has if an unintended pregnancy occurs? *(Remind students of the discussion from Lesson 9.3 around shared responsibility and equity.)*

Stress that shared responsibility is key to healthy relationships. Ask students the following questions:

- How does shared responsibility apply to pregnancy?
- How does shared responsibility apply to pregnancy prevention?
- How are both partners involved in pregnancy prevention?

Activity 9.5-3

20 minutes

What's in the Choosing?

Review methods of pregnancy prevention

Remind students that many teens choose not to have sex. However, over the course of a lifetime, most people choose to become

→ Teacher Note

Inform Students of Topics

This lesson includes an educator-led condom demonstration. For students who have experienced sexual violence/trauma, this activity may bring up these experiences. Be sure to remind students of their right to self-care, and be sure to follow up with students as needed.

→ Teacher Note

Address myths and misconceptions that students may have about different protection methods. Remember, you do not always have to have the answer to all their questions on the spot.

sexually active. Using protection during sexual activity is the most effective way to ensure sexual health. For people who engage in vaginal intercourse, there are a number of ways to help prevent unintended pregnancy.

Post the signs that show the names of protection methods commonly used by teens (*abstinence, condoms, the pill, the patch, the ring, the shot, the implant, emergency contraception, IUD*).

Show students the five posters you've hung around the room, each with one of the following prompts written on it:

- "The method you know the most about"
- "The method you know least about"
- "The method that's easiest to use"
- "The method that most teens use"
- "The method that's easiest to get"

Read these prompts aloud to the class.

Give students markers and send them around to each of the posters. Each time they arrive at a poster, they should write on it the names of the protection methods they feel best fit the given prompt. After students have had a chance to write their answers on each poster, they should return to their seats to process the activity.

Read each poster prompt and note some of the most popular answers. Ask students what facts they know about the different methods, correcting and prompting as needed. As you go through the prompts, review key facts about use, effectiveness and access for all methods posted. Be sure to emphasize ways to move from the "typical use" rate to "perfect use" rate (e.g., *taking the pill around the same time each day, etc.*). Pass around sample materials from the Protection Methods Kit, and refer students to the **Protection Methods Chart** in the Student Workbook.

(See the Teacher's Guide for detailed talking points.)

Process Questions

1. What did people consider the most popular method for teens? Why do you think that is?
2. What makes a method easy to use? What can be confusing about using a method properly?

→ Teacher Note

The IUD

The IUD is a small device inserted into the uterus by a doctor. The IUD changes the environment of the uterus so the sperm and the egg cannot meet. Some IUDs also include hormones. Depending on the type of IUD, this method may be used for 3 to 12 years. IUDs do not protect against STIs.

→ Teacher Note

Emergency Contraception

Access to emergency contraception varies by method. Be sure to review the Protection Methods Chart before the lesson, and go to getrealeducation.org for the latest information on any changes to laws or regulations pertaining to emergency contraception.

Protection Methods Chart				
Method	Typical Use Effectiveness (%)	Perfect Use Effectiveness (%)	How to Use	Access
Abstinence	100%	100%	Not having sex or not having vaginal intercourse	Available to all
Condom (male)	98%	99%	Put on before sex, roll unrolled, use water-based or silicone-based lubricant, do not use oil-based lubricant, do not use two condoms at once, do not use if expired or damaged	Available to all
Condom (female)	97%	99%	Put on before sex, roll unrolled, use water-based or silicone-based lubricant, do not use oil-based lubricant, do not use two condoms at once, do not use if expired or damaged	Available to all
Diaphragm	92%	98%	Insert into vagina before sex, use with spermicide, do not use if expired or damaged	Available to all
Cervical Cap	91%	98%	Insert into vagina before sex, use with spermicide, do not use if expired or damaged	Available to all
Vaginal Spermicide	89%	98%	Insert into vagina before sex, do not use if expired or damaged	Available to all
Injectable Contraceptive (The Shot)	99%	100%	Inject into muscle every 3 months	Available to all
Implant	99%	100%	Insert into upper arm every 3 years	Available to all
Pill	91%	99%	Take one pill every day at the same time	Available to all
Patch	91%	99%	Wear on lower back or buttock every week	Available to all
Ring	91%	99%	Insert into vagina every 3 weeks	Available to all
IUD (Hormonal)	99%	100%	Insert into uterus every 3 to 12 years	Available to all
IUD (Copper)	99%	100%	Insert into uterus every 10 years	Available to all
Emergency Contraception (Morning After Pill)	89%	95%	Take within 72 hours of unprotected sex	Available to all

Chart
Student Workbook
pages 25–26

3. Which methods are the easiest to get? Why?
4. What are some obstacles a person can encounter in trying to obtain certain methods?

After processing these questions with students, explain that accessing sexual health care is something that's important to know how to do. Introduce the homework assignment by letting them know that they will be asked to locate three sexual health care facilities and contact one of these to gain more information. They may do this on their own or with support from a parent or other caring adult.

Activity 9.5-4
10 minutes

Introduction to External Condom Use

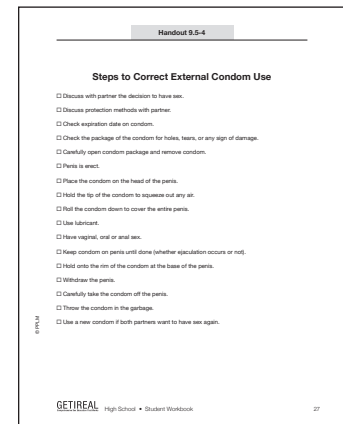
Introduce steps for external condom use

Explain that, aside from abstinence, only one of the methods reviewed protects against both pregnancy and STIs: the condom (made of latex, polyurethane or nitrile). Explain that there are two types of condoms: external and internal, and that, today, you are going to focus on the external condom. Ask students to explain how a condom is used. Tying into discussions of efficacy, explain that there are several steps to correct condom use and that following these steps can bring people closer to the “perfect use” effectiveness rate of 98%.

Ask students to turn to **Handout 9.5-4** in the Student Workbook, and inform them that they will need to demonstrate these steps in the next class. The teacher should demonstrate the steps using an external condom and demonstration tool or fingers, and remind students to study the steps on the handout as homework.

Explain that using a lubricant can increase pleasure as well as efficacy of condoms. However, lubricants used with condoms must be water- or silicone-based. Most lubricants designed specifically for sex are safe with condoms, but lubricants designed for other purposes may not be. As an optional activity, the teacher can show that using oil-based lubricant is not safe. This can be demonstrated by inflating a condom with air and vigorously rubbing Vaseline on the outside of the condom. The condom will break.

Optional: If there is time, show students an internal condom and explain how it is used.



Handout 9.5-4
Student Workbook page 27

Activity 9.5-5

Anonymous Questions Box

Review anonymous questions

Address student questions from the Anonymous Questions Box. Give students a new question prompt to answer if they don't have one about the class material, and remind students to place their anonymous questions in the box as they leave the classroom.

Activity 9.5-6

5 minutes

Introspective Journaling and Homework

Review journal and homework activities

Review the homework and Journal Activity questions for this lesson:

1. (Optional) What was something interesting you learned in class today?
2. Complete the “Shot in the Arm”—Locating a Sexual Health Clinic homework activity.

Journal Activity 9.5

Name _____

Comprehensive Protection Methods

1. (Optional) What was something interesting you learned in class today?

2. Complete the “Shot in the Arm”—Locating a Sexual Health Clinic homework activity.

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Journal Activity 9.5
Student Workbook page 29

Homework 9.5

Name _____

“Shot in the Arm”—Locating a Sexual Health Clinic

1. Name three places you could go for sexual health care, including gynecological exams, STI testing, and consultations about protection methods.

2. Choose one location that would be easy for you to go to for sexual health care. Call or visit this location to find the answers to the following questions.

3. Name of clinic, hospital or health center.

4. Address:

5. How would you get there?

6. What are the hours?

7. Can you go on weekends?

8. Do they have walk-in hours?

9. Do they have a website? (If so, what is it?)

10. What protection methods are available there?

11. How much does STI testing cost for teens?

12. Is there a sliding scale or student rate available?

13. Who could go with you?

GET REAL Comprehensive Sex Education That Works 30

Homework 9.5
Student Workbook page 30

References

Protection methods information and statistics:

Trussell, J., Contraceptive efficacy, *Contraceptive Technology*, edited by R.A. Hatcher, J. Trussell, A.L. Nelson, W. Cates, D. Kowal, and M. Policar, 20th ed., New York: Ardent Media, 2011.




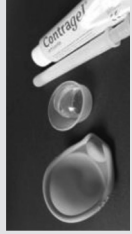



Centers for Disease Control and Prevention, Health Risks Among Sexual Minority Youth: www.cdc.gov/healthyyouth/disparities/smy.htm

Protection Methods Chart

	Type of Method	Method Description	How Well Does it Work?*	Where can you get the method?	Benefits (Pros)	Possible Side Effects (Cons) (not all are listed)
Delaying Sex/ Abstinence		To not have sex or to delay having sex until a later date.	100% if used consistently	Don't have to go anywhere to get this method.	Does not require prescription. Free. Protects against HIV and STIs.	None.
External Condom		Covers the penis with a thin layer of latex or polyurethane that acts as a barrier between partners. Cannot be reused. Can be used with all other methods.	82-98%*	Drugstores, health centers, school nurses and supermarkets.	Can buy at many stores. Free at many health centers. Can help prevent early ejaculation. Protects against HIV and many STIs.	Can break or slip off. May irritate someone with a latex allergy.
Internal Condom		Made of Nitrile (latex-free material). Inserted into the vagina or anus. Acts as a barrier between partners. Cannot be reused. Can be used with all other methods.	79-95%*	Prescribed by health care provider, covered by most insurances.	Good for people with latex allergy. Protects against HIV and other STIs.	May slip out of place during vaginal or anal intercourse. May be difficult to insert.
Copper IUD (intrauterine device)		The Copper IUD is a small plastic and copper device that is inserted into the uterus. The IUD changes the environment of the uterus so that sperm and egg cannot meet. The IUD may be left in place for 12 years. Can also be used as emergency contraception.	99.2-99.8%*	A health care provider must prescribe, insert, and remove.	No medicine to remember. Lasts a long time.	May increase cramping and cause heavier and longer periods. Does NOT protect against HIV or STIs.
Progestin IUD (intrauterine device)		The hormonal IUD is a small plastic device that is inserted into the uterus. It contains Progestin. The IUD changes the environment of the uterus so that sperm and egg cannot meet. The IUD is effective for up to 4-6 years depending on the brand.†	99.2-99.8%*	A health care provider must prescribe, insert, and remove.	No medicine to remember. May improve period cramps and bleeding. Lasts a long time.	May cause breakthrough bleeding. Does NOT protect against HIV or STIs. May cause irregular bleeding.
The Implant		The implant is a matchstick-sized plastic rod that is put under the skin of the arm. It contains Progestin, which prevents ovulation and thickens cervical mucus which prevents sperm from reaching an egg. The implant is effective for up to 4 years.	99.9%*	A health care provider must prescribe, insert, and remove.	No medicine to remember. Lasts a long time.	After 1 year of use, many have no period. Does NOT protect against HIV or STIs.
The Shot		The shot is an injection that contains the hormone Progestin, which prevents the release of an egg and thickens cervical mucus. The shot must be injected every 3 months.	91-99.9%*	A health care provider must prescribe and inject.	Private. No daily, monthly, or weekly medicine to remember.	May cause spotting, no period, or weight gain. Side effects may last up to 6 months after stopping shots. Does NOT protect against HIV or STIs.
The Pill		The pill contains hormones (Progestin and often Estrogen) that prevent the release of an egg and thicken cervical mucus. The pill must be taken at the same time each day.	91-99.7%*	A health care provider must prescribe.	Some pills may make periods more regular and less painful.	May cause spotting for the first 1-2 months. Does NOT protect against HIV or STIs.

Planned Parenthood League of Massachusetts Education and Training (www.pplm.org). Please call PPLM's Sexual Health Counseling and Referral Hotline for additional information and the most up-to-date prices: (877) 686-5772 option #3 *2012 Planned Parenthood Federation of America, Inc. "Your Contraceptive Choices" Birth Control Series. †Brand names vary. Consult health care provider with any questions or concerns.

Protection Methods Chart Continued

	Type of Method	Method Description	How Well Does it Work?*	Where can you get the method?	Benefits (Pros)	Possible Side Effects (Cons) (not all are listed)
The Patch		The patch sticks to the skin, and contains Progestin and Estrogen that are absorbed through the skin. These prevent the release of an egg and thicken cervical mucus. A new patch is applied once a week for three weeks, followed by a patch-free fourth week.	91-99.7%*	A health care provider must prescribe.	Can make periods more regular and less painful. No pill to take daily.	Can irritate skin under the patch. May cause spotting the first 1-2 months. Does NOT protect against HIV or STIs.
The Ring		The ring is a small vinyl acetate ring that is inserted into the vagina. The ring contains Progestin and Estrogen, which prevent the release of an egg and thicken cervical mucus. The ring is inserted for three weeks, and then removed for one ring-free fourth week.	91-99.7%*	A health care provider must prescribe.	Can make periods more regular and less painful. No pill to take daily.	Can increase vaginal discharge. May cause spotting the first 1-2 months of use. Does NOT protect against HIV or STIs.
Emergency Contraception (EC)		Emergency contraception pills are designed to prevent pregnancy after unprotected vaginal intercourse. EC can prevent the release of an egg and thicken cervical mucus. The copper IUD is 99% effective as EC if placed within 5 days of unprotected sex.	Plan B®, generic brands: 75-89% if taken within 3 days after unprotected sex† ella®: 85% up to 5 days after unprotected sex†	Plan B®, generic brands: All ages, no prescription required. ella®: Requires prescription from health care provider.	Available at pharmacies, health centers, or health care providers.	May cause stomach upset or nausea. Next period may come early or late. May cause spotting. Does NOT protect against HIV or STIs.
Diaphragm and Cervical Cap		The diaphragm and cervical cap are barrier methods that cover the cervix to prevent the sperm from reaching an egg. These must be used with a spermicide. Diaphragm and cervical cap must be inserted with each intercourse.	Diaphragm: 81-94%* Cervical cap: 79.5-90.5%*	A health care provider must prescribe and size the diaphragm and cervical cap.	Can last several years. Costs very little to use.	Can be difficult to use. May cause irritation if allergic to latex, silicone, or spermicide. Does NOT reduce the risk of HIV. May reduce the risk of some infections.
Spermicide (cream, gel, sponge, foam, inserts, film)		Spermicides are inserted into the vagina before intercourse. Spermicides kill sperm. Spermicide must be inserted before each intercourse.	71-85%* May raise the risk of getting HIV.	Drugstores, doctor's offices, health centers and supermarkets.	Can buy at many stores. Comes in many forms. Can be put in as part of foreplay.	May irritate the skin of the vagina, penis, or anus. Can be messy. May raise the risk of HIV/STIs.
Dental Dam		The dental dam is a thin layer of latex, plastic, or polyurethane that acts as a barrier between partners when placed over the vulva (outside of vagina) or anus during oral sex. Can also use a condom cut in half. A new dental dam must be used each time.	This device is used for oral sex only. Protects against HIV and other STIs.	Drugstores, doctor's offices, health centers and condom shops.	Protects against HIV and other STIs.	May irritate someone with a latex allergy. Dental dam may slip out of place if not held around the area receiving oral sex.
Permanent Birth Control: Laparoscopic Tubal Ligation, Vasectomy		Permanent birth control is a procedure performed by a doctor that is intended to prevent the sperm from joining the egg by blocking either the fallopian tubes (carry an egg) or the vas deferens (carry the sperm).	Two of the most common types are Laparoscopic Tubal Ligation & Vasectomy: 99.5-99.9%* Talk to a health care provider about other options.	A health care provider must prescribe and perform these procedures.	Private. No medicine to remember.	Mild bleeding or infection may occur right after the operation, reaction to anesthetic, reversibility cannot be guaranteed. Does NOT protect against HIV or STIs.

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Protection Methods Signs

Abstinence

Condoms

Continued

The Pill

The Patch

Continued

The Ring

The Shot

Continued

The Implant

IUD

Continued

Emergency Contraception