

# Abstinence and Contraceptives

## Grade 5 Lesson 5

### National Sexuality Education Standards:

### State Standards:

#### Physical Development and Health

- Goals 22:
  - Understand principles of health promotion and the prevention and treatment of illness and injury.
- Goal 23:
  - Understand human body systems and factors that influence growth and development.
- Goal 24:
  - Promote and enhance health and well-being through the use of effective communication and decision-making skills

**The following education points have been developed to ensure lessons comply with CPS policy requirements for comprehensive sexual education at the 5<sup>th</sup> grade level.**

- Define abstinence and contraceptive methods in relation to human reproduction.
- Explain the role of abstinence and contraceptive methods in preventing pregnancy.
- Explain the role of abstinence and contraceptive methods in preventing sexually transmitted infections and HIV.
- Describe the steps to using a condom correctly (with principal approval).

## Time Requirements

### Day 1

- 30 minute lesson
- 10 minute activity

### Day 2

- 35 minute lesson and PowerPoint
- 5 minute question and answer

## Lesson Objectives

- Students will define abstinence in relation to human reproduction.
- Students will identify abstinence as developmentally appropriate sexual behavior for 5<sup>th</sup> graders.
- Students will identify people who can support their decision to practice abstinence.

## Sexual Health Education Grade 5

- Students will compare and contrast contraceptive methods, including: abstinence, withdrawal, barrier methods, and hormonal methods.
- Students will identify places to access reproductive health care.

### Vocabulary

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**Contraceptive** – A method used to reduce the risk of pregnancy and or STIs including HIV

**Condom** – A device placed over the penis or in the vagina to reduce the risk of pregnancy, and or STs including HIV.

**Hormone** – Chemical messengers in the human body.

**Sexually Transmitted Infection** – A virus or bacteria that is transmitted by sexual intercourse or other sexual contact.

**Sexual intercourse** – Activity where the penis or another sex object is inserted into the vagina (vaginal intercourse), anus (anal sex), or oral cavity (oral sex).

### Materials

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- “My Goals” worksheet
- Question box
- Contraception Methods PowerPoint
- White board or butcher paper
- Male condom for demonstration (optional)
- Female condom for demonstration (optional)

### Preparation

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- Print “My Goals” worksheet – 1 per student
- Review “Contraceptive Methods” PowerPoint
- Meet with principal to determine appropriate method of teaching correct condom use (i.e. live demo, video demo via internet links, or PowerPoint content)

### Key Content

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- Though abstinence can mean different things to different people, abstinence is most effective in protecting against sexually transmitted infections (STIs), HIV and unplanned pregnancy when it includes abstaining from vaginal intercourse, anal sex, oral sex, and genital contact.
- Abstinence is the only contraceptive method 100% effective against unplanned pregnancy and STIs, including HIV.
- 5<sup>th</sup> graders should seek support systems to help them practice abstinence.
- For individuals who choose to become sexually active, barrier and hormonal methods of contraceptives can help reduce the risk of unplanned pregnancy , STI transmission and HIV.

## Sexual Health Education Grade 5

- Combining hormonal and barrier methods of contraception provide the most effective way of preventing unplanned pregnancy and STI transmission.

### Activity

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#### Day 1

##### 1.) Introduction

Ensure ground rules are established prior to the beginning of this lesson. Remind students that they are to remain respectful of themselves and each other. Any questions or stories students would like to share should not include names of friends, family, or classmates.

##### 2.) Goal Setting

Distribute the “My Goals” worksheet. Students should complete section one of the worksheet. Turn the worksheet over. The remainder will be completed later in the lesson.

##### 3.) Defining Abstinence

Allow students to brainstorm ideas on what abstinence means to them. Remember that abstinence will have different meanings based on family beliefs, religion, and culture.

Discuss:

What is abstinence?

- Abstinence can mean different things to different people. For some people it will mean no romantic physical contact with another person. For others abstinence means limited physical contact, like holding hands or kissing, but without any genital contact.
- Abstinence is 100% safe! If a person defines abstinence as refraining from any genital contact (genital to genital or hand to genital) and all forms of sexual intercourse a person is keeping themselves 100% safe from sexually transmitted diseases and unplanned pregnancies.

What is virginity?

- The Merriam-Webster Medical Dictionary defines virginity as “one who has not had sexual intercourse”. Remember cultural, family, and religious values can influence how someone thinks of virginity.

Do you have to be a virgin to be abstinent?

- No! A person can make the decision to be abstinent at any time for as long as they want. Some people may have had intercourse before but choose to be abstinent until they meet their goals, finish school or college. Others will wait until they are in a healthy relationship for a long period of time, are secure enough to support a baby if a pregnancy occurs, or until they are married. Most people abstain from sexual activity at some point in their lives.

## Sexual Health Education Grade 5

**Fast Fact:** Remember, it only takes one experience of unprotected sex for a pregnancy to start or to contract an STI.

### 4.) Barriers and Facilitators to Abstinence

Discuss:

What kind of things do you see around you that make you think it may be hard to be abstinent as you grow older?

- Media, peer pressure, cultural and community norms.

Who can support a decision to remain abstinent? (list on the board)

- Parents, trusted adults, family members, coaches, friends and peers, a supportive partner.

List things that romantic partners can do besides have sexual intercourse or genital contact.

- Hold hands, kiss, cuddle, see a movie, visit with friends

Why should a 5<sup>th</sup> grader choose to remain abstinent?

- Include: Avoid pregnancy and STIs, reach goals, show strength and maturity, stay healthy, complete school, spend time with friends, and grow romantic relationships safely.
- Not ready, too young, need to do well in school

### 5.) Goal Setting Continued

Students will complete the “My Goals” worksheet. Allow time for students to share their work for the class.

### 6.) Question and Answer

Remind student that questions on abstinence can be submitted to the class question box.

## Day 2

### 7.) Introduction to Contraceptives

Explain: Abstinence is the healthiest way for 5<sup>th</sup> graders to meet their goals and show respect for their minds and bodies. Abstinence (with no genital contact) is also the only 100% effective way to prevent unplanned pregnancy and sexually transmitted infections, including HIV. For people who choose to become sexually active at some point in their lives, it is important to know about methods to prevent pregnancy and sexually transmitted infections. These methods are called contraceptives.

### 8.) Contraceptive Options PowerPoint

Project the Contraceptive Options PowerPoint

- Abstinence is the expected norm at this developmental level.
- Delivery of Condom demonstration option of choice can be provided with principle notification.

## Sexual Health Education Grade 5

- Emphasize the need to see a medical professional to help decide which method of birth control is best for each sexually active individual.
- Male and female condom demonstration videos are available at:  
<http://teachers.teachingsexualhealth.ca/resources/demonstration-videos>  
<http://www.youtube.com/watch?v=EdSq2HB7iqU> – male condom  
<http://www.youtube.com/watch?v=zjmoQIAQP4Y> – female condom

### 9.) Accessing Care

Brainstorm places students can go to access reproductive health care.

- Include: Planned Parenthood, community clinic, family doctor, school nurse.

### 10.) Question and answer

Provide time for student questions.

## Evaluation

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- Students will identify abstinence as the only form of birth control that is 100% effective against unplanned pregnancy and STI transmission.
- Students will discuss the peer, social, media, and cultural influences that can impact their decision to remain abstinent.
- Students will be able to identify resources for learning more about their own reproductive health, abstinence, and contraception methods.
- Students will be able to compare and contrast abstinence, barrier methods, and hormonal methods of contraception as it relates to human reproduction and STI transmission.

## Resources

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- *Birth Control Explorer*. Stayteen.org. Retrieved from <http://www.stayteen.org/birth-control-101>
- *Birth Control*. Planned Parenthood. Retrieved from:  
[http://www.plannedparenthood.org/health-topics/birth-control-4211.htm?\\_utma=1.182056081.1375110761.1375116835.1375122838.5&\\_utmb=1.3.10.1375122838&\\_utmc=1&\\_utmx=-&\\_utmz=1.1375122838.5.5.\\_utmsr=plannedparenthood.org|utmccn=\(referral\)|utmcmd=referral|utmctt=/health-topics/birth-control/female-condom-4223.htm&\\_utmv=-&\\_utmh=49141798](http://www.plannedparenthood.org/health-topics/birth-control-4211.htm?_utma=1.182056081.1375110761.1375116835.1375122838.5&_utmb=1.3.10.1375122838&_utmc=1&_utmx=-&_utmz=1.1375122838.5.5._utmsr=plannedparenthood.org|utmccn=(referral)|utmcmd=referral|utmctt=/health-topics/birth-control/female-condom-4223.htm&_utmv=-&_utmh=49141798)
- *Birth Control Methods Fact Sheet*. Woman'sHealth.gov. Retrieved from <http://womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.cfm>
- *Contraception and Birth Control: Condition Information*. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Retrieved from <http://www.nichd.nih.gov/health/topics/contraception/conditioninfo/Pages/default.aspx>
- *Method Explorer*. Bedsider.org. Retrieved from <http://bedsider.org/methods>



## Sexual Health Education Grade 5

### References:

*Birth Control Explorer*. (2013). StayTeen.org. Retrieved from <http://www.stayteen.org/birth-control-101>

*U.S. Selected Practice Recommendations for Contraceptive Use, 2013: Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition*. (2013). Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm?s\\_cid=rr6205a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm?s_cid=rr6205a1_w)

Kirby, D. et al. (1994). School-Based Programs to Reduce Sexual Risk Behaviors: A Review of Effectiveness. *Public Health Reports*. Vol. 109, No. 3 (339-360). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403498/pdf/pubhealthrep00060-0037.pdf>

Health Matters Facts – Facts About Emergency Contraceptives. (2012) Association of Reproductive Health Professionals. Retrieved from <http://www.arhp.org/Publications-and-Resources/Patient-Resources/Fact-Sheets/EC>

# PREVENTING PREGNANCY AND STIS



Options

Choices

Decisions

# WHAT ARE CONTRACEPTIVES?

- Techniques used by the male or female to prevent pregnancy or Sexually Transmitted Infections, including HIV.
- Contraceptives are also called birth control.





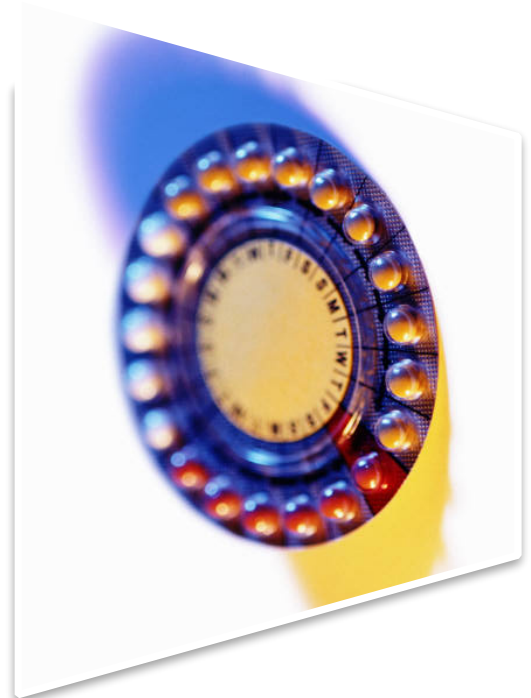
# CONTRACEPTIVE METHODS



Abstinence



Barriers



Hormonal





# ABSTINENCE



Choosing not to have sex or  
waiting to have sex

100% effective = 0 chance of  
pregnancy

Sperm and egg have no  
opportunity to meet

Can prevent STIs, however  
some STIs can spread by  
genital contact alone



# ABSTINENCE

Because Not Everyone Wants Warts

# ABSTINENCE IS...

100% effective  
against unplanned  
pregnancy and Sexually  
Transmitted Infections,  
including HIV!



# TIPS ON ABSTINENCE

1

- Talk to your partner



2

- Plan and practice what to say before a sexual situation comes up



3

- Avoid alcohol and drugs—they affect decision making



# WITHDRAWAL – “PULLING OUT”

- **What is it?**

- The male pulls his penis out of the vagina before ejaculation.

- **How does it work?**

- In theory, sperm does not enter the vagina. BUT some sperm leak out of the penis before ejaculation – which makes withdrawal **INEFFECTIVE!**

- **How effective is it?**

- Over 30% of couples will become pregnant after a year. That almost 4 out of 10 couples!

- **Does NOT protect against pregnancy or STIs!**

- **Hard to practice correctly.**



# DOUCHING

- **What is it?**

- Using water or other fluid to clean the vagina.

- **How does it work?**

- It doesn't! Douching is not an effective method of birth control. In fact it can increase the risk of STIs and other vagina infections!

- **Is it effective?**

- NO! In fact, doctors recommend that women do not douche.



# BARRIER METHODS

- Most common – male and female condoms
- Places a barrier between the sperm and the egg so that fertilization can not occur.
- Can be private and easy to carry with you.





# BARRIER METHOD: THE MALE CONDOM

Male Condom



- **What is it?**

- A thin tube that fits over a male's penis. It is made out of latex, polyurethane, or lambskin.

- **How does it work?**

- The condom catches the semen. The sperm stay inside the condom and do not enter the vagina.

- **Is it effective?**

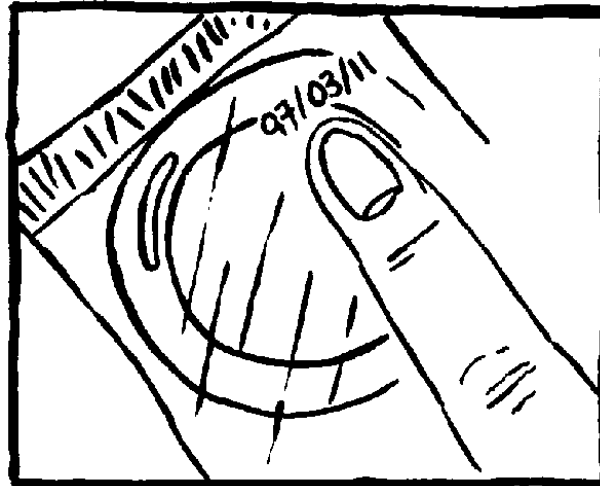
- Condoms are about 84% effective





# STEPS TO USING A MALE CONDOM

1. Get a male condom from the store or clinic.
2. Get water based lubricant such as K-Y jelly.
3. Check the condom expiration date.
4. Check to make sure the condom package is not damaged or torn.
5. Make sure there IS an air bubble in the condom package.



# STEPS TO USING A MALE CONDOM

6. Open the condom package. Be careful not to tear the condom (don't use teeth, scissors, or sharp nails)
7. Check to see which way the condom unrolls. It should look like a sombrero, not a beanie hat.
8. Place the condom on the erect penis.
9. Squeeze the tip of the condom to press out air and leave a place for semen to collect.
10. Unroll the condom all the way down to the base of the penis.

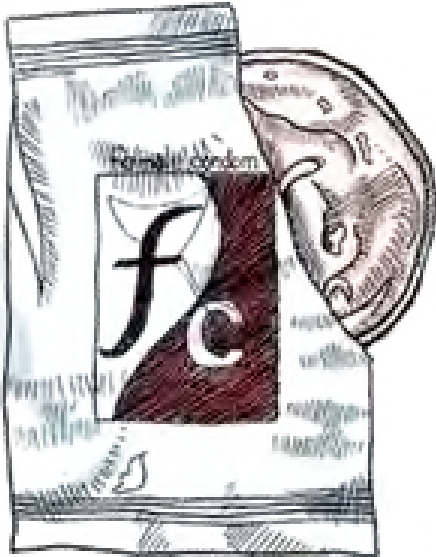


# STEPS TO USING A SMALL CONDOM

11. Apply the water based lubricant.
12. After ejaculation, hold on to the base of the condom.
13. Carefully withdraw the erect penis from the vagina.
14. To remove the condom, hold the base of the penis and slide the condom off (inchworm style). Keep the penis and condom away from the vulva.
15. Wrap the condom in a tissue and throw it in the trash, not the toilet!



# BARRIER METHOD: THE FEMALE CONDOM

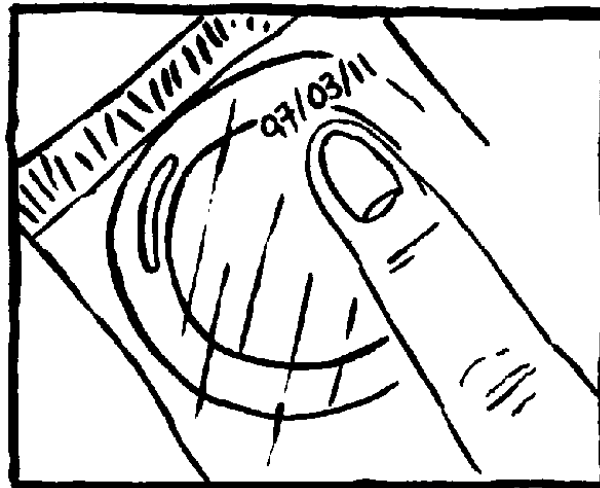


- **What is it?**
  - A nitril pouch that is inserted into the female's vagina.
- **How does it work?**
  - The male's penis goes inside the pouch while it is in the female's vagina. He ejaculates into the pouch, keeping sperm from entering the vagina.
- **How effective is it?**
  - 79% effective
- If you have a latex allergy you can still use a female condom.



# STEPS TO USING A FEMALE CONDOM

1. Get a female condom from the store or clinic.
2. Get water based lubricant.
3. Check the condom expiration date.
4. Check to make sure the condom package is not damaged or torn.
5. Make sure there IS an air bubble in the condom package.



# STEPS TO USING A FEMALE CONDOM

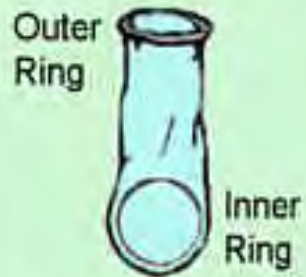
6. Put lubricant on the outside of the closed end of the condom.
7. Find a comfortable position – lay down, squat, or put one foot on a chair.
8. Squeeze the sides of the inner ring together and insert into the vagina like a tampon.
9. With your finger inside of the condom, push the inner ring in as far as it can go – until it reaches the cervix.
10. Pull out your finger and let the outer ring hang about an inch below the vagina.



# STEPS TO USING A FEMALE CONDOM

11. The erect penis goes inside the female condom.
12. To remove the condom twist the outer ring to keep the semen inside.
13. Gently pull the female condom out of the vagina.
14. Throw the condom away in the trash, not the toilet!

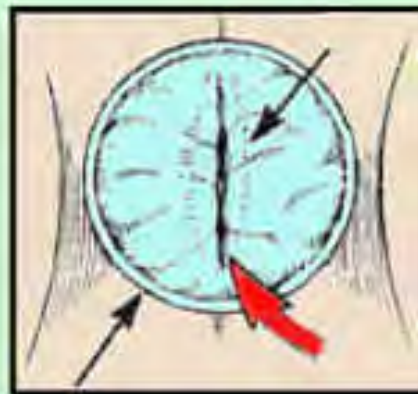




Insertion



## FEMALE CONDOM



Removal



# BARRIER METHOD: CONDOMS

## ○ Pros

- Protects against STIs and pregnancy
- Easy to carry
- Does not require a doctor's visit
- Can be bought at a drugstore
- Free at most school based health center or community centers!

## ○ Cons

- Latex allergies (male condoms)
- Can only be used once



# CONDOM DO'S AND DON'TS

## ALWAYS...

- Always check condom expiration date
- Always use a new condom every time the entire time--do not reuse condom
- Always use only water-based lubricants --KY jelly
- Always leave room at the tip for semen.
- Always wear condom when penis is erect
- Always hold onto condom while pulling out

## NEVER...

- Never use oil-based products like Vaseline as a lubricant
- Never wear 2 condoms --this does not double protect!
- Never leave air bubbles in condom while on



# HORMONAL METHODS

- **What is it?**

- There are many kinds - The Pill, Patch, Shot, Ring, and Implanon

- **How does it work?**

- Change the female hormone levels so no egg is released.

- **How effective is it?**

- All are 99% effective – 1/100 women will get pregnant a year.

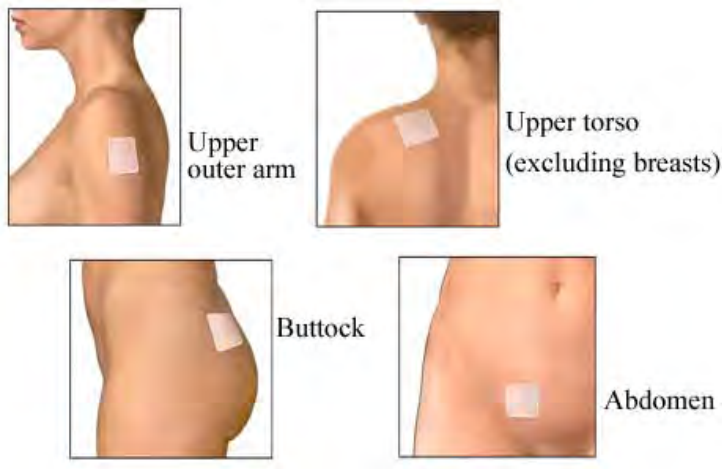
- **NO protection against STIs**

- **Require a doctors visit**

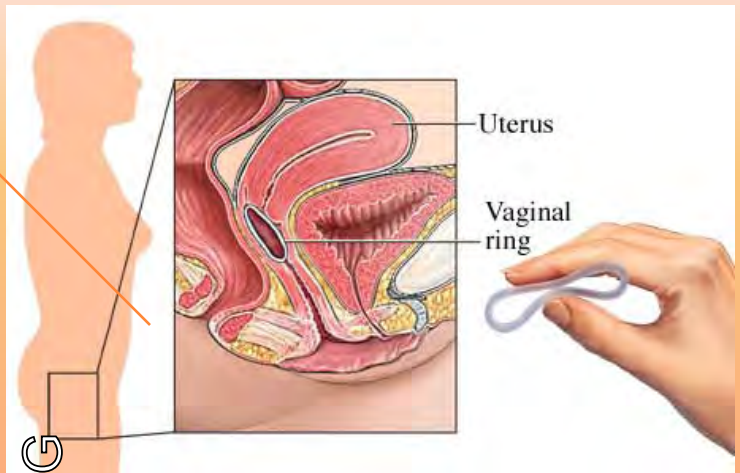


# HORMONAL METHODS

PATCH



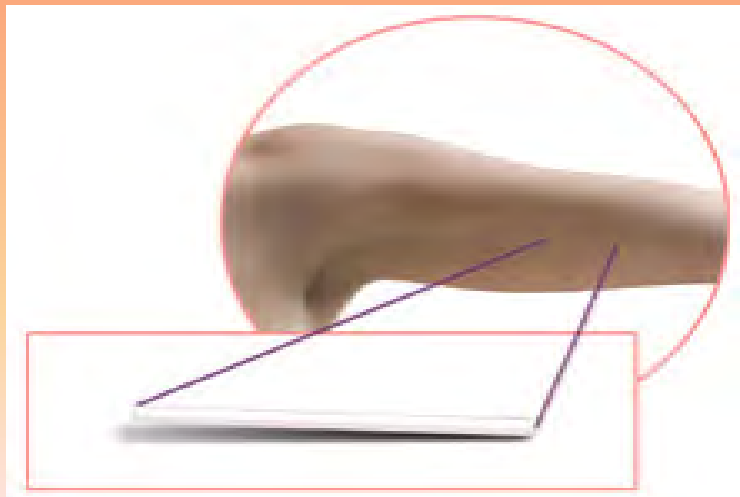
RING



DEPO SHOT



IMPLANON



# TRUE OR FALSE?

**If you are a female and are interested in taking hormonal birth control, you should talk to a doctor.**

**True!**

**Your family doctor or the doctor at a community clinic can help you decide which birth control is right for you.**



# TRUE OR FALSE?

**If no birth control is used 75% of sexually active couples will become pregnant after one year.**

**False!**

**85-90% of couples will become pregnant.**



# TRUE OR FALSE?

**A girl can get pregnant the first time she has sex.**

**True!**

**Pregnancy can occur at any time, even while a girl has her period.**



# TRUE OR FALSE?

**All birth control protects  
against STIs**

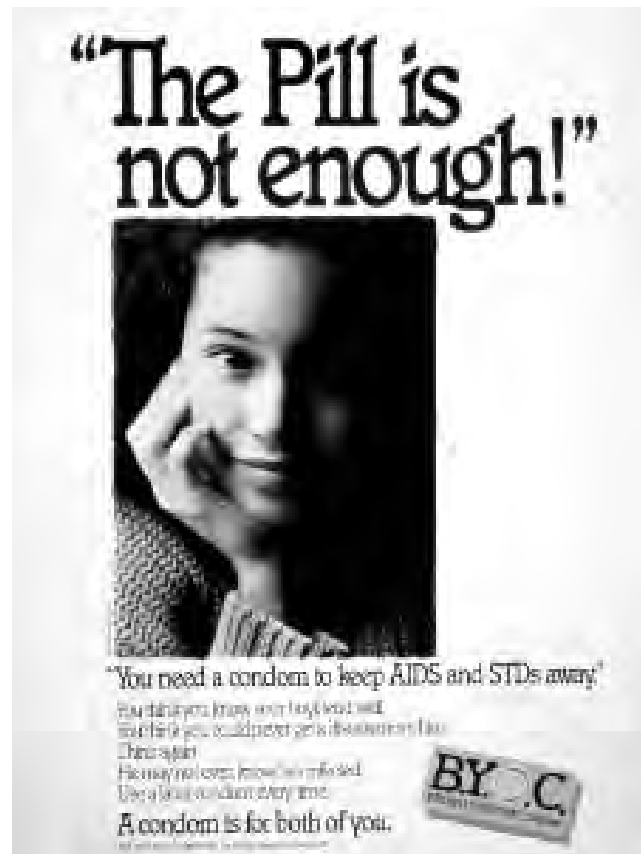
**False!**

**Only abstinence and male and female  
condoms protect against STIs.**





# HORMONAL METHOD + CONDOM= ~~STIS~~ OR ~~PREGNANCY~~



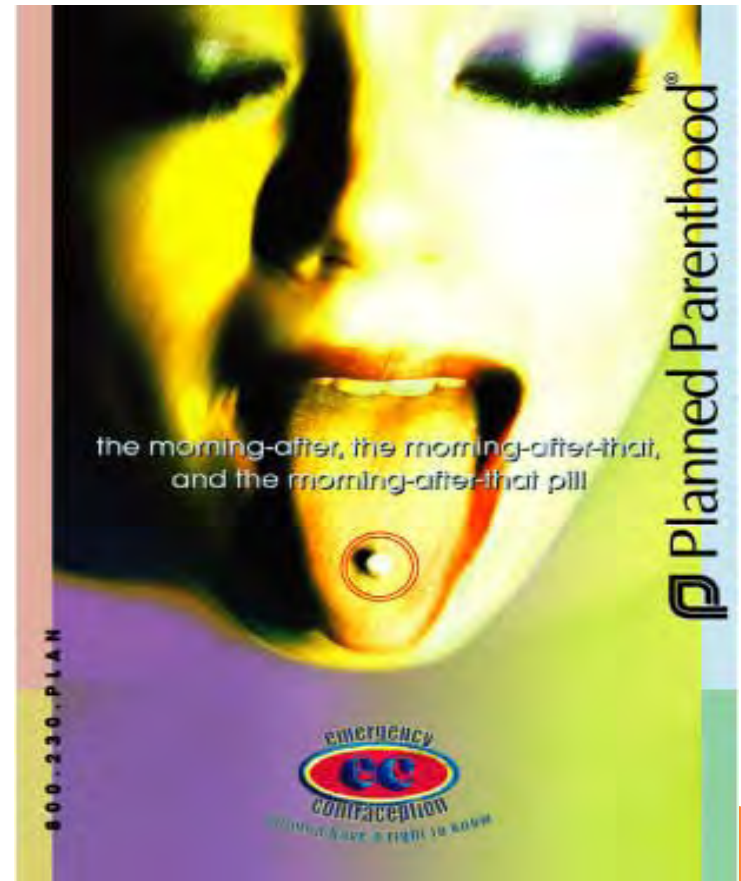
# What if....?

- Condom breaks
- A condom is not used
- A pill is missed
- Patch falls off
- You missed a shot
- Ring falls out
- A person was forced to have sex



# EMERGENCY CONTRACEPTIVE (EC)

- Morning After Pill, Plan B,
- Take ASAP w/ in 5 days (Plan B), but the sooner the better
- Stops or delays ovulation, prevents fertilization or implantation
- Prevents at least 75% of pregnancies that would have occurred
- NOT abortion pill



# YOUR RIGHTS...

- You have the right to....
  - Know your own body and make decisions about what happens to it.
  - Require your partner to use birth control.
  - Talk to a parent, guardian, or trusted adult about birth control .
  - Talk to a medical professional about your birth control options.
  - Change your birth control method.



# WHAT YOU NEED TO KNOW...

- A doctor's visit for hormonal birth control is required
- The pharmacy can provide emergency contraception
- Youth 12 years of age or older receive sexual health and reproductive services without parental consent.



Set your sexual limit

Talk to your medical provider



Tell your partner

Plan ahead!





The logo for the Chicago Female Condom Campaign is located in the top left corner. It features the words "chicago", "female", "condom", and "campaign" in a mix of orange and purple, with a distressed, splattered font style. Below these words is the phrase "put a ring on it!" in a smaller, purple, sans-serif font. The entire logo is set against a white background with a thin orange border.

chicago  
female  
condom campaign  
put a ring on it!

# The 411 on Female Condoms

A thick, solid yellow horizontal bar is positioned below the title, spanning across the right side of the slide.

Developed by the Chicago Female Condom Campaign

[ringonit.org](http://ringonit.org)

# Female Condom (FC) Basics

- Just like male condoms, FCs help reduce the risk of HIV, STIs, and unintended pregnancy.
- You can insert an FC hours before vaginal sex, so you don't have to interrupt foreplay to be safe.
- FCs help you take control of your own sex life.
- FCs can be used for vaginal or anal sex.





# The FC2! New *and* Improved

- FC2 is the newest version of the female condom
- Approved by the FDA in early 2009
- What makes it new and improved?
  - Softer
  - Seamless
  - Quieter
  - More affordable
  - Non-allergenic so it's good for people with latex



**NEW!**

# Female Condoms are for Everybody

- You!
- Women, men, transgender folk
  - Even if a person has had a hysterectomy
- Gay, straight
- Any position
- Any time
  - Any time during a woman's cycle
  - Pre or post-menopausal





# Feel-Good Reasons to Use FCs

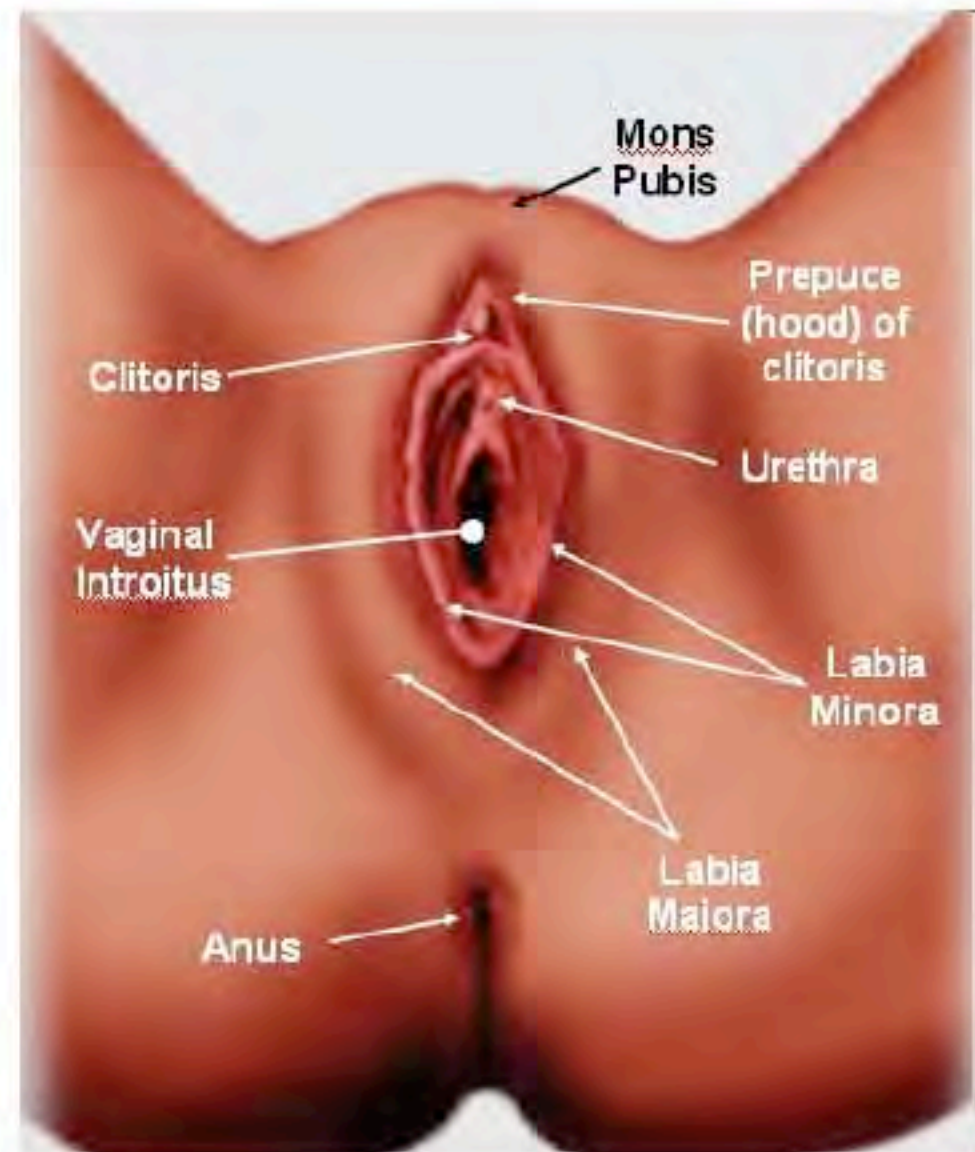
- **Once you pop, you won't have to stop!**
  - FCs don't require an erect penis, so your partner doesn't have to pull out right after ejaculation.
- **Feel the heat!**
  - FCs adjust to body temperature, so both you and your partner can feel the heat.



# External Anatomy: Female

- Key Terms:

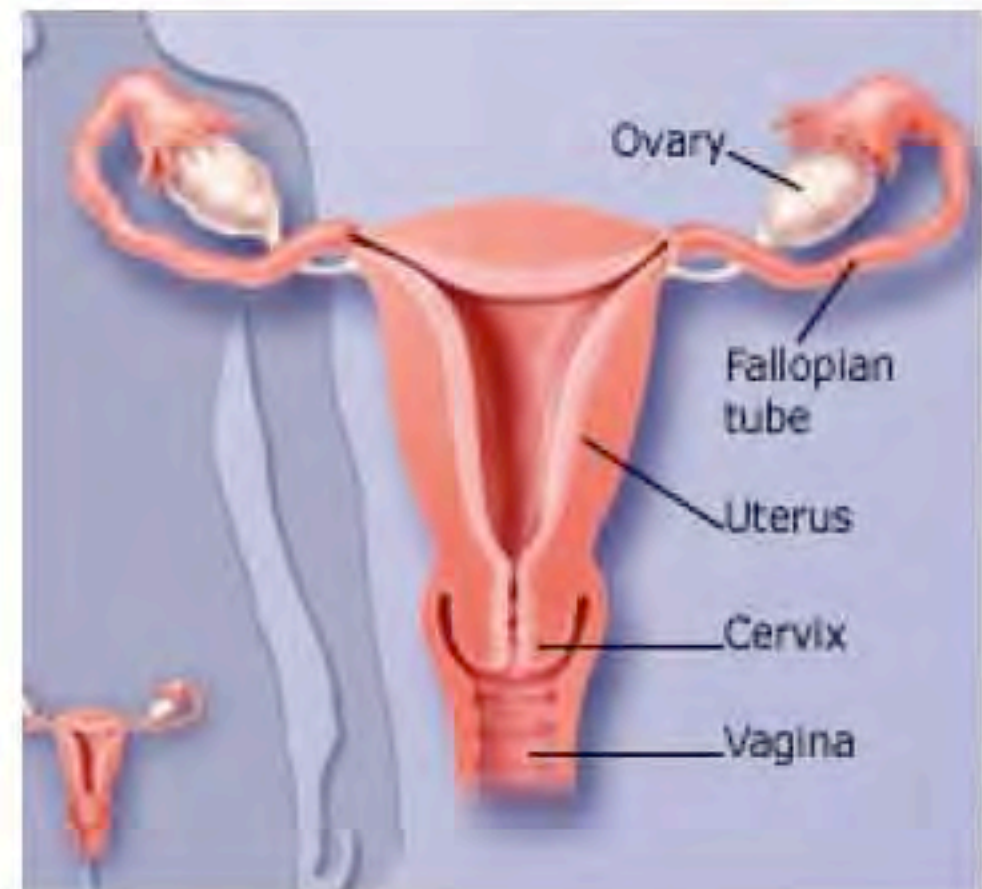
- Clitoris
- Labias (Lips)
- Vaginal Opening
- Urethra
- Mons Pubis  
and Pubic Bone





# Internal Anatomy: Female

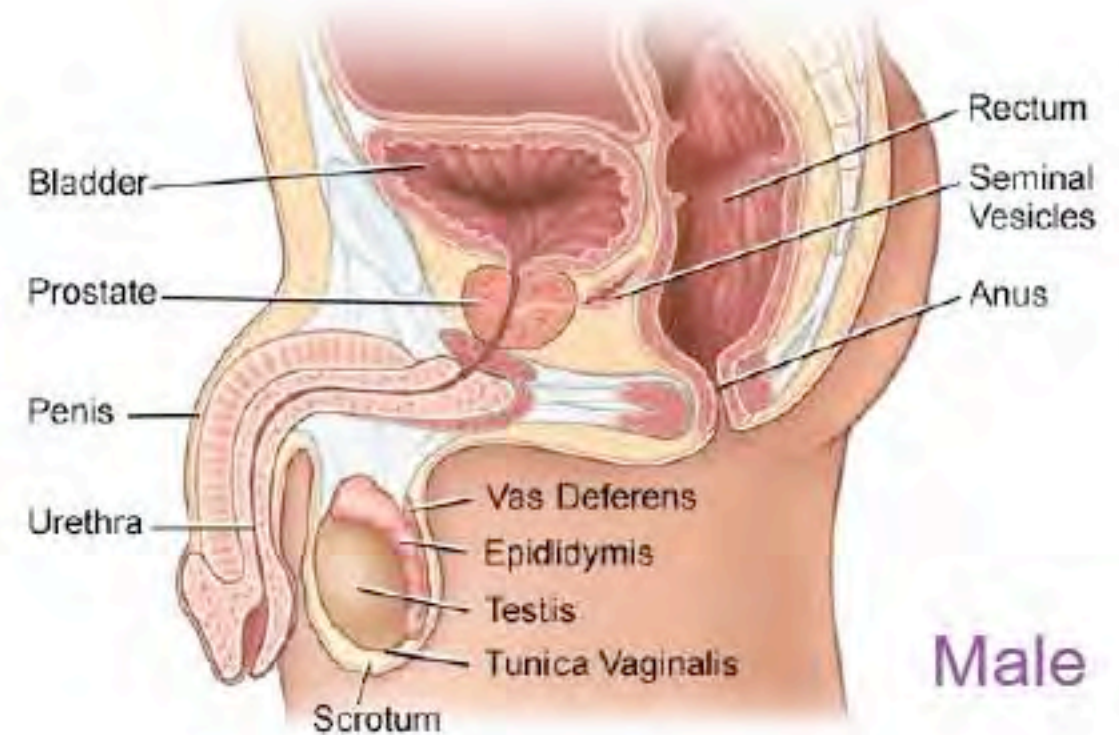
- Key Terms:
  - Vaginal Canal
  - Cervix
  - Uterus
  - Fallopian Tubes
  - Ovaries



# Anatomy: Anal

- Key Terms:

- Anus
- Rectum





# How to Use FCs: Getting Ready

- Check the expiration date- on the left side of package- to make sure it's not expired.

- Get into a comfortable position

- Lay on your back
- Squat
- Put leg up on something, like a chair
- Support your body on your hands



# How to Use FCs: Vaginal Insertion— Easy as 1, 2, 3

1. Squeeze the inner ring between your thumb and middle finger





## How to Use FCs: Vaginal Insertion— Easy as 1, 2, 3

2. Insert the inner ring into the vagina and use your index finger to guide it inside.



## How to Use FCs: Vaginal Insertion— Easy as 1, 2, 3

3. Put your finger inside the FC and gently push it into the vaginal canal. The inner ring will fit behind the pubic bone and over the cervix





## How to Use FCs: Anal Insertion— Easy as 1, 2, 3

1. Squeeze the inner ring between your thumb and middle finger.



## How to Use FCs: Anal Insertion— Easy as 1, 2, 3

2. Insert the inner ring into the anal opening and use your finger to guide it inside.





## How to Use FCs: Anal Insertion— Easy as 1, 2, 3

3. Put your finger inside the condom and push it into the anal cavity. The inner ring should be inserted past the sphincter.\*

\*Some people prefer to remove the inner ring once it has been inserted into the anus.

HOWEVER, for vaginal sex, the ring must be kept inside





# How to Use FCs: Anal Insertion— Easy as 1, 2, 3

- When using FCs for anal sex, you have another option for insertion.
- You can remove the inner ring and put the FC over an erect penis or a dildo, and then enter the anus.
- Be sure to use lots of lube and enter the anus slowly.





## Once the FC is inserted:



- Make sure it is not twisted.
- It should be smooth against the walls of the vagina or anus.
- The outer ring should be outside of the vagina or anus so that it covers the external genitalia or anal opening.
- Hold the FC in place and guide the penis into it.



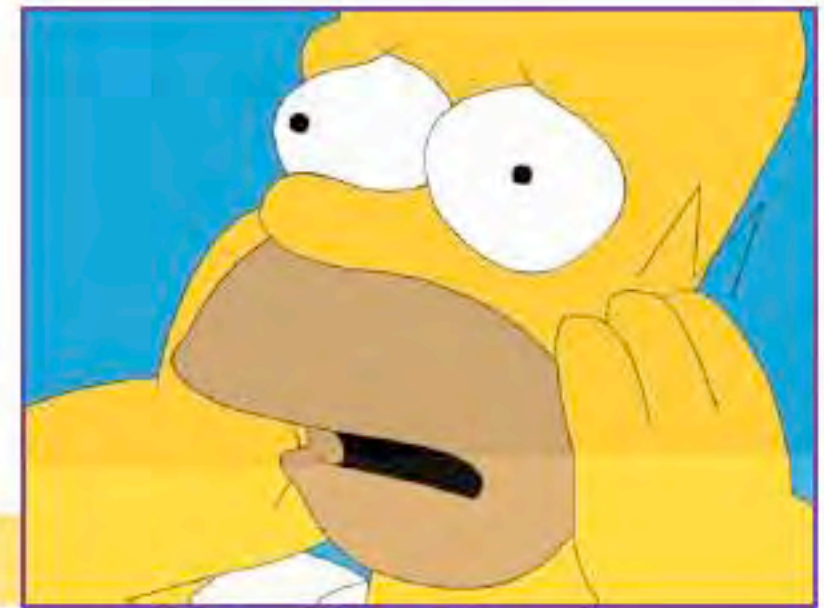
## That's a Wrap!



- When you do decide to remove the condom, twist the outer ring to keep the semen inside.
- Then gently pull it out, and throw it away.
- Use a new female condom with every sex act.
- **NEVER** use a male condom and a female condom at the same time.
  - It increases the likelihood of breakage and **DOES NOT** increase protection.



## Got Issues?



- **Lube! Lube! Lube!**
- Use more lube to increase pleasure and ensure that:
  - The penis freely moves in and out
  - The FC does not make noise during sex
- The FC is unlikely to come out during sex, but if it does, or if the outer ring goes inside of the vagina or anus, start over with a new FC and use

# Frustrating Firsts

- Do you remember the first time you tried to put in a contact lens?
- A tampon?
- The first time you drove a car?
- Just like anything else, using an FC takes practice.





# Where YOU Can Get Female Condoms

- Ask your health care provider
- Go to [ringonit.org](http://ringonit.org) for a list of community-based organizations in Chicago that provide FCs
- Check your local Chicago Department of Public Health Clinic
- FC2s are not yet available in





## Credits



- Presentation produced by the Chicago Female Condom Campaign, adapted from materials created by Makadon, H., et al. *The Fenway Guide to LGBT Health*. American College of Physicians © 2008; The Pleasure Project [www.pleasureproject.org](http://www.pleasureproject.org); *Safer is Sexy Guide*, The Female Health Company.
- The Chicago Female Condom Campaign is a coalition of HIV/AIDS, reproductive justice, women's health, and gay men's health organizations dedicated to increasing access, affordability, availability, awareness, and utilization of female condoms. Learn more about the Campaign at









# Thank you!

If you would like more information about  
this presentation or the Chicago Female  
Condom Campaign, please email

[info@ringonit.org](mailto:info@ringonit.org).

# BIRTH CONTROL METHOD COMPARISON CHART

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Abstinence	100%		<ul style="list-style-type: none"> <li>Highly effective</li> <li>No side effects, as with other methods</li> <li>No cost</li> <li>Can increase intimacy between partners</li> </ul>	<ul style="list-style-type: none"> <li>May be difficult to abstain from all sexual activity for extended periods of time</li> </ul>	
Implant	99.9%		<ul style="list-style-type: none"> <li>Do not have to take every day</li> <li>Progestin only-no estrogen related side-effects</li> <li>Lasts up to 3 years</li> </ul>	<ul style="list-style-type: none"> <li>Insertion may be uncomfortable (The implant is a small flexible rod that is inserted right under the skin of the inner arm.)</li> <li>Progestin-related side effects</li> <li>Large initial cost</li> </ul>	Prescription
IUD	Hormonal: 99.9% Nonhormonal: 99.2%		<ul style="list-style-type: none"> <li>Nothing to put in place before intercourse</li> <li>Some do not change hormone levels</li> <li>Some may reduce period cramps and make your period lighter. For some women, periods stop entirely</li> <li>Can be used while breastfeeding</li> <li>Can be used for an extended period of time (5 years and up)</li> <li>The ability to become pregnant returns quickly once IUD is removed</li> </ul>	<ul style="list-style-type: none"> <li>Large initial cost</li> <li>Some IUDs can cause hormonal side effects similar to those caused by oral contraceptives, such as breast tenderness, mood swings, and headaches</li> </ul>	Prescription (Must be inserted and removed by a clinician)
Depo-Provera*	99.7%		<ul style="list-style-type: none"> <li>Convenient. One injection prevents pregnancy for 11 – 13 weeks</li> <li>Birth control effects begin as soon as first injection</li> <li>Reversible. Most women can get pregnant within 12-18 months of last injection.</li> <li>Can be used while breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>May cause adverse effects, including: irregular bleeding; amenorrhea; weight gain; headache; nervousness; stomach pain; dizziness; weakness; depression; decreased libido. Many women who experience side effects during the first few months of use report that these decrease over time</li> <li>Ovulation may not recur for a year after injection</li> <li>May cause significant bone mineral density loss</li> </ul>	Prescription

\*Depo-Provera can be used in patients with sickle cell disease.

## BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)





METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Sterilization <sup>▲</sup>	99.5%	<b>X</b>	<ul style="list-style-type: none"> <li>Highly effective</li> <li>Long lasting contraceptive solution</li> </ul>	<ul style="list-style-type: none"> <li>Usually permanent</li> <li>Reversal procedures are expensive and complicated</li> </ul>	Surgical procedure
Oral contraceptives <sup>●</sup> ("The Pill")	92-97%	<b>X</b>	<ul style="list-style-type: none"> <li>Very effective against pregnancy if used correctly</li> <li>Makes menstrual periods more regular and lighter</li> <li>Decreases menstrual cramps and acne</li> <li>Does not interfere with spontaneity</li> </ul>	<ul style="list-style-type: none"> <li>Must be taken every day at the same time</li> <li>Can't be used by women with certain medical problems or with certain medications</li> <li>Can occasionally cause side effects such as nausea, increased appetite, headaches, and, very rarely, blood clots</li> </ul>	Prescription
Contraceptive patch	92%	<b>X</b>	<ul style="list-style-type: none"> <li>Easy to use</li> <li>Small</li> <li>Stays on well (but must be replaced weekly)</li> </ul>	<ul style="list-style-type: none"> <li>Possible skin reactions</li> </ul>	Prescription
Vaginal ring	92%	<b>X</b>	<ul style="list-style-type: none"> <li>Easy to use</li> <li>Can be worn for three weeks (Must be taken out and replaced monthly)</li> <li>Effects fertility one month at a time</li> <li>Does not interfere with spontaneity</li> </ul>	<ul style="list-style-type: none"> <li>Increased risk of heart attack and stroke</li> <li>Possibility of expulsion from the body</li> </ul>	Prescription
Emergency contraception <sup>✱</sup> ("Morning after pill" or Plan B)	89%	<b>X</b>	<ul style="list-style-type: none"> <li>Reduces the risk of pregnancy by 89 percent when started within 72 hours after unprotected intercourse</li> <li>Available over the counter to women 15 and older</li> </ul>	<ul style="list-style-type: none"> <li>Must be taken as soon as possible after unprotected intercourse</li> <li>Possible side effects, including nausea, vomiting, and irregular bleeding</li> </ul>	Over the counter

<sup>▲</sup> Female sterilization involves tying off or removing portion or all of the passageway for the eggs. Male sterilization tying off or removing portion of the passageway for the sperm (vasectomy).

<sup>●</sup> While birth control works after 7-10 days with the pill, it may take the body up to 3 months to get used to the pill and for side effects to subside.

<sup>✱</sup> Plan B should be taken within 120 hours (5 days) of unprotected sex, but the sooner it is taken the more effective it is. It should not be used as a primary method of birth control.





## BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Diaphragm with spermicide	88%		<ul style="list-style-type: none"> <li>• Can be carried in pocket or purse</li> <li>• Can be used while breastfeeding</li> <li>• Can't be felt by you or your partner</li> <li>• Has no effect on natural hormones</li> <li>• Immediately effective</li> <li>• Can be inserted hours ahead of time (Should be left in place at least 8 hrs after intercourse to allow spermicide to work fully)</li> </ul>	<ul style="list-style-type: none"> <li>• Requires fitting and periodic refitting</li> <li>• Requires insertion of additional spermicide before each sex act or after 2 hours have passed</li> </ul>	Prescription
Male condom <sup>•</sup>	84%		<ul style="list-style-type: none"> <li>• Widely available over the counter</li> <li>• Easy to carry</li> <li>• Actively involves the male partner in contraception</li> <li>• Helps prevent STIs</li> </ul>	<ul style="list-style-type: none"> <li>• Decreases spontaneity</li> <li>• May break during use, especially if it is used improperly</li> </ul>	Over the counter
Cervical cap with spermicide	60-80%		<ul style="list-style-type: none"> <li>• Smaller version of the diaphragm</li> <li>• Can be placed up to 6 hrs before sex</li> <li>• Few side effects</li> <li>• Reusable and relatively inexpensive</li> <li>• Requires less spermicide than a diaphragm</li> <li>• Rarely hinders the sexual experience</li> </ul>	<ul style="list-style-type: none"> <li>• Requires consistent use</li> <li>• May need to be resized</li> <li>• While it should be left in place at least 8 hrs after intercourse, may cause toxic shock syndrome if left in for more than 24 hrs</li> <li>• May be difficult to insert or remove</li> <li>• May produce an allergic reaction</li> </ul>	Prescription
Sponge	60-80%		<ul style="list-style-type: none"> <li>• Immediate and continuous protection for 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult for some women to insert or remove</li> <li>• May cause vaginal irritation.</li> <li>• May make sex too messy or too dry (water-based lubricants can help with dryness)</li> </ul>	Over the counter

<sup>•</sup> Male condoms are available in latex, polyurethane, polyisoprene, and lamb skin. Lamb skin condoms do not protect against STIs. If using latex condoms, use only water-based lubricants, not oil-based ones.



## BIRTH CONTROL METHOD COMPARISON CHART (CONTINUED)

METHOD	EFFECTIVENESS AT PREVENTING PREGNANCY	PROTECTS AGAINST STIS?	ADVANTAGES	DISADVANTAGES	OTC OR PRESCRIPTION
Female condom <sup>▲</sup>	79%		<ul style="list-style-type: none"> <li>• Female-controlled</li> <li>• More comfortable to men, less decrease in sensation than with the male condom</li> <li>• Offers protection against STIs (covers both internal and external genitalia)</li> <li>• Can be inserted before sex</li> <li>• Stronger than latex</li> </ul>	<ul style="list-style-type: none"> <li>• Not aesthetically pleasing</li> <li>• Can slip into the vagina or anus during sex</li> <li>• Difficulties in insertion/removal</li> <li>• Not easy to find in drugstores or other common sources of condoms</li> <li>• Higher cost than male condoms</li> </ul>	Over the counter, where available (available online)
Withdrawal ("Pulling Out")	78%		<ul style="list-style-type: none"> <li>• Free</li> <li>• Can be used in combination with other birth control method</li> </ul>	<ul style="list-style-type: none"> <li>• May not withdraw in time</li> <li>• Pre-ejaculate can still contain viable sperm</li> <li>• Very ineffective in pregnancy prevention</li> </ul>	
Fertility Awareness <sup>●</sup> <i>Rhythm (Calendar) Method, Basal Body Temperature (BBT), Cervical Mucus (Ovulation) Method</i>	76%		<ul style="list-style-type: none"> <li>• Requires no drugs or devices, but does require abstaining from sex during the entire first cycle to chart mucus characteristics</li> <li>• Inexpensive</li> <li>• May be acceptable to members of religious groups</li> </ul>	<ul style="list-style-type: none"> <li>• Calendar: Requires good record keeping before and during use of method</li> <li>• Mucus: Restricts sexual spontaneity during fertile period</li> <li>• Requires extended periods of abstinence</li> <li>• Unpredictability of cycle</li> </ul>	
Vaginal Spermicide* (used alone)	74%		<ul style="list-style-type: none"> <li>• Easy to insert (foam, cream, suppository, or jelly)</li> <li>• Enhances vaginal lubrication</li> </ul>	<ul style="list-style-type: none"> <li>• Must be inserted before each act of intercourse</li> <li>• May leak from vagina</li> </ul>	Over the counter

▲ Do not use the female condom together with a male condom.

● Calendar method: Determine high-risk days or ovulation through keeping a calendar. Mucus method: Must keep daily chart of color and consistency of vaginal secretions. BBT: Body temp in the morning tends to drop slightly immediately before ovulation.

\* Follow package instructions for insertion time, which may vary.

**NOTE: Percentages of effectiveness are based on the typical use of each method rather than perfect use.**



## Section #1

List three skills and talents that make you a unique individual:

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

Name one important goal you have for your future:

\_\_\_\_\_

## Section #2

Name three ways abstinence will help you meet your goal:

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

Name two people you can talk to about abstinence and sexual health:

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_