



## **Contraception – Grade 9**

**75-150 minutes in length**

### **Overall Expectations:**

C1. Demonstrate an understanding of factors that contribute to healthy development.

### **Specific Expectations:**

C1.4 Describe the relative effectiveness of methods of preventing unintended pregnancy or sexually transmitted infections (STIs), including HIV and AIDS (e.g., avoiding oral, vaginal and anal intercourse; delaying first sexual intercourse; using protection, including barrier and hormonal methods, to prevent unintended pregnancy; using condoms and dental dams to protect against STIs), and identify sources of information and support (e. g., doctor, nurse practitioner, public health unit, parents, credible and accurate websites).

### **Learner Outcome:**

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

Identify and describe basic types of contraceptives: i.e. abstinence, condom, birth control pills.

Identify sources and information where students can go to get support on contraceptive methods.

## Materials:

1. **PowerPoint Presentation:** Contraception
2. **SexEd Teaching kit** provided by Durham Region Health Department
3. ***FACTS About Sheets*** provided by Durham Region Health Department
4. **Handouts:**
  1. Birth Control Pre-Test
  2. Contraceptive Methods Chart
  3. Role Play Scenario Cards (optional)
5. **Answer Keys:**
  1. Birth Control Pre-Test
  2. Contraceptive Methods Chart

## Introduction:

Comprehensive sexual health education stresses abstinence as the preferred sexual behaviour amongst teens. Studying contraceptive methods requires the most up to date information available. This topic provides an excellent opportunity to access Durham Region community health resources.

## **Approaches/Strategies:**

### **A. Ground Rules (5 minutes)**

Ensure ground rules are established before beginning the lesson. For classes that have already established ground rules, quickly reviewing them can promote a successful lesson. Some suggestions for ground rules could include:

- We have personal boundaries that must be respected
- We have a right to “pass”
- We have a right to our own beliefs and opinions
- We are responsible for our own learning
- Our questions or comments will be respected and taken seriously

### **B. Question Box (5-10 minutes) (optional)**

Retrieve 1-2 questions from last lesson. Facilitate discussion with your class to review concepts that may be unclear or require further clarification.

### **C. Discussion Questions: Contraception (20 minutes)**

The discussion questions help 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?**

- Factual information is critical to make healthy decisions now and in the future

#### **3. Can you identify/describe some methods of contraception?**

- List the methods identified by students on the board under the heading “Methods of contraception”. You may wish to use sub headings such as “hormonal, non- hormonal, barrier, spermicidal, unreliable, and other”.
- Ensure abstinence is included on the 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?”

- Abstinence could apply to any type of sexual activity, including oral, anal or vaginal sexual activity.
- If a teen did have sex- would that mean that they could no longer be abstinent?  
NO
  - A person who is abstinent may have had sexual intercourse in the past, but is not currently sexually active. The choice to be abstinent can be made at any time regardless of past experience.
  - If you choose abstinence, when and under what circumstances might you cease to use this method?
  - If you decide abstinence is no longer right for you, how will you choose to protect yourself?
- Unreliable forms of contraception include:
  - Douching with various solutions after sexual intercourse; does not kill all sperm.
  - Taking medication or drinking alcohol post intercourse does nothing to prevent pregnancy and could cause harm.
  - Withdrawal before ejaculation, aka “pulling out”; does not ensure sperm are not released into the vagina. Pre-ejaculate can be released without one knowing.

#### **D. Birth Control Pre-Test (10 minutes)**

Students determine how much they know about contraception, and where their knowledge gaps are.

- 1. Distribute the handout Birth Control Pre-Test, and have students complete it individually.**
- 2. Correct the handout through group discussion using the answer key provided.**

## **E. SexEd teaching kit (35 minutes)**

The SexEd Teaching Kit is an optional tool that may be used to assist in teaching the common methods of contraception.

**The SexEd Teaching Kit is provided by Durham Region Health Department to every Durham District School Board (DDSB) and Kawartha Pine Ridge (KPR) secondary school, and is also available through Durham Region Sexual Health Clinics.**

It is important for the teacher to be familiar with the kit's contents and the discussion points for each item before completing the following activity:

### **SexEd Teaching Kit contents:**



### **Hormonal Methods**

Birth control pills

Vaginal Ring (Nuva Ring)

Contraceptive Patch (Ortho Evra)

Emergency Contraceptive Pill (ECP), known as Plan B

IUD (hormonal) note: a Copper IUD is non-hormonal.

### **Barrier Methods**

Male Condom

Female Condom

Dental Dams – barrier for oral sex only

### **Spermicidal Methods**

Vaginal Contraceptive Film

## **Models**

Jelly (penis)

Vaginal model

## **Pamphlets**

Sexual Health Clinic Pamphlet

Sexual Health Clinic Tear off Pad

## **Procedure:**

1. Introduce the “SexEd Teaching 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 handout Contraceptive Methods Chart.
3. Display the items from the kit. You may also cluster products together (i.e., barrier methods, hormonal methods, spermicides).
4. Time permitting: Present each item to the class one at a time. Have students brainstorm answers to these questions. Students can start to fill in their Contraceptive Methods Chart.
  - What is the item?
  - How does this item prevent pregnancy?
  - How effective is this method?
  - Advantages/Disadvantages?

## **Activity Option #1 – Contraception Role Play (35 minutes)**

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

1. Explain that the following role play activity will allow students to practice skills required when deciding about and using contraception.
2. Form student groups of 2-3 students
3. Give each group a Role Play Scenario card.
4. Explain that groups must plan and present a role play as outlined on the card they receive. The role play must provide appropriate example of contraception use. Role plays should range from 1-3 minutes in length.
5. Give groups 5-10 minutes to plan and practice their role play
6. Instruct the audience to listen carefully to each presentation. Inform students that there will be a discussion held after each presentation.

7. Have each group begin by reading the scenario and introducing the actors and their roles. Groups then act out their given scenario.
8. After each presentation, use the following questions to lead a discussion:
  - What skills were used in the decision making process?
  - Can you suggest other ways the characters may have handled this situation?
  - What were your feelings as you watched this role play?
9. Debrief the entire activity using the following questions:
  - Why can communicating about contraception with one's partner be so difficult?
  - How can an adolescent start talking with his/her partner about ones feelings about having sex or not having sex?
  - What are the most effective ways to start talking about contraception with a partner

### **Activity Option #2 – Contraceptive Methods Chart (25-30 minutes)**

Display resource materials around the room (e.g. Durham Region Health Department FACTS Abouts, pamphlets etc.). Have students go around individually or in partners searching for answers to the questions in their Contraceptive Methods Chart.



**Resources can be ordered from [durham.ca/sexual health](http://durham.ca/sexual%20health) – curriculum support resources for teachers:**

- Birth Control...What's Right for you?
- FACTs About on contraceptives

### **Activity Option #3 (Optional) - Independent research project**

Using the Durham Region Health Department FACTS About sheets, have students complete the Contraceptive Methods Chart as independent work or as homework and take it up next class.

### **Activity Option #4 (Optional) - Independent research project**

Have students research a community center or agency where they can go for options, resources and information on contraceptive support.

(e.g. Durham Region Health Department Sexual Health Clinics, The Youth Centre, AIDS Committee of Durham Region, Durham Health Connection Line, Family Physician, Girls Inc.)

Note: Sexual Health Clinic pamphlets can be ordered using our resource order form using the link below

<https://forms.durham.ca/Health-Care-Provider-Resources-and-Order-Form>

### **F. Overall Lesson Debrief/Review**

Questions can include:

#### **What do you think is the best method of contraception? Why?**

- Emphasize that abstinence is the only 100% effective method if used properly.

#### **What do you think is the best method of protecting oneself from STI?**

- If someone is sexually active, dual protection (the use of hormonal contraception and a condom) is the best protection.

#### **In a sexual relationship, who is responsible to ensure contraception is used?**

- Using contraception is a shared responsibility. Communication is key.

#### **If a teen chooses to have sexual intercourse, what skills or knowledge is he or she going to need?**

- Comfort with one's own body
- Comfort discussing, pregnancy, birth control and STI with a partner, a health care provider and other important people in one's life.
- Ability to go to a pharmacy or health/family planning clinic to access the contraceptive supplies
- Emphasize the need for STI testing

#### **How does contraception use impact our community?**

Using the Health Neighbourhood Map provided in the link below, discuss teen pregnancy in relation to where they live.

#### **Teen Pregnancy rates within Durham Region (2010-2012) for ages 15-19 years.** Teen Pregnancy Rates in Durham Region





## **G. Question Box (5 minutes)**

Have students fill out questions anonymously and address those if time permits or review questions at the start of next class. Use it as an exit pass (optional).

### **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?

### **Student Assessment**

During the lesson, did students:

#### **Knowledge:**

- Examine common methods of contraception (including abstinence)?

#### **Skills:**

- Describe basic methods of contraception?

#### **Attitudes:**

- Decide what method (s) is/are best used to protect against pregnancy and STI?

## References:

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- Sexual Health Education in the Schools. (2010). *Sex Information and Education Council of Canada (SIECCAN)*. Retrieved from [Sexual Health Education in Schools](#)

## Birth Control Pre-Test

Complete the following questions.

Answer:        T (True)        F (False)        or        U (Unsure).

1. Feminine hygiene products may be used as a contraceptive method.

T    F    U

2. A woman can become pregnant without having sexual intercourse.

T    F    U

3. Withdrawal is considered to be an effective contraceptive method.

T    F    U

4. Using both a condom and the pill is considered to be a very effective contraceptive method.

T    F    U

5. Douching is not a good method of birth control.

T    F    U

6. A female must have an orgasm to become pregnant.

T    F    U

7. The IUD is a good option for birth control.

T    F    U

8. A condom and a diaphragm are the same.

T    F    U

9. The pill must be prescribed by a healthcare provider.

T    F    U

10. The most effective contraceptive method for preventing the spread of STI is a condom.

T    F    U

11. On average, pregnancy in teens results in more health problems than taking the pill.

T    F    U

12. After ejaculation, sperm may live longer than 48 hours.

**T F U**

13. If a woman missed taking the pill, she should use some other form of contraceptive, like a condom for the rest of that month with the pill.

**T F U**

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

**T F U**

## Birth Control Pre – Test Answer Key

**1. Feminine hygiene products may be used as a contraceptive method.**

**FALSE.** Feminine hygiene products include tampons, pads, and douches. None of these products are an effective contraceptive method.

**2. A woman can become pregnant without having sexual intercourse.**

**TRUE.** Even if there is no penetration of the penis, sperm can come in contact with the vagina if ejaculation occurs outside of the female near her vagina or on an area of the body brought in contact with the vagina.

**3. Withdrawal is considered to be an effective contraceptive method.**

**FALSE.** There can be sperm cells contained within pre-ejaculate which is released from the penis prior to ejaculation. These sperm cells can cause pregnancy.

**4. Using both a condom and the pill is considered to be a very effective contraceptive method.**

**TRUE.** An added advantage is that combining a hormonal method with a condom provides good STI protection. Abstinence is the only 100% effective method.

**5. Douching is not a good method of birth control.**

**TRUE.** Douching is not a reliable method of birth control. Not only is douching (washing out the vaginal canal with a water solution) an ineffective method of birth control, it is not a recommended practice because it can create an imbalance in the natural pH levels of the vagina.

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

**FALSE.** Pregnancy occurs when sperm fertilizes an egg. This can happen whether or not a female has had an orgasm.

**7. The IUD is a good option for birth control.**

**TRUE.** The Intrauterine Device (IUD) can be prescribed by a health care provider. Hormonal Intrauterine Systems are 99.8% effective. A copper IUD (non-hormonal) is up to 99.4% effective.

**8. A condom and a diaphragm are the same.**

**FALSE.** While they are both barrier methods, only condoms provide protection against pregnancy and STI.

**9. A doctor must prescribe the pill.**

**TRUE.** Prescriptions can be written by a family doctor or by a doctor at a Sexual and Reproductive Health clinic or walk-in clinic.

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

**FALSE.** Abstinence is the only 100% effective method for preventing the spread and transmission of STI. If someone is sexually active, the best protection is to use both a hormonal contraceptive method and a condom every time.

**11. On average, pregnancy in teens results in more health problems than taking the pill.**

**TRUE.**

- During the first three months of pregnancy, 7 out of 10 pregnant teens do not see a doctor or go to a clinic, placing the mother's health at risk.
- Adolescent mothers are at increased risk for low birth weight and pre-term infants, as well as infant death.
- Very few women taking the pill experience any negative side effects. An even smaller minority experience severe health problems.

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

**TRUE.** Sperm can live 3 to 5 days after ejaculation.














**13. If a woman missed taking the pill, she should use some other form of contraceptive, like a condom for the rest of that month with the pill.**

**TRUE.** Missing any hormone pills, may increase your risk of pregnancy. Call your healthcare provider for instructions and use a backup method of birth control (such as condoms) and think about getting Emergency Contraception (EC) if you have had unprotected sex in the last 5 days.

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

**FALSE.** There is no safe time for intercourse in order to prevent a pregnancy. Every woman's cycle is different and ovulation can occur at any time during the menstrual cycle. It is recommended that birth control is used throughout the menstrual cycle to prevent an unintended pregnancy.

## Contraceptives Methods Chart

Icon	Method	How effective is it?	Does it protect against STIs?	Do I need a prescription?	Where can I get it?
	Abstinence				
	Birth control pill				
	Contraceptive Patch				
	Depo Provera				
	Nuva Ring				
	Plan B – Emergency Contraceptiv				
	Female Condom				
	Male Condom				
	Dental Dam				
	IUD				
	Spermicides- Vaginal film, lubrication				
	Diaphragm				
	Withdrawal				

## Contraceptives Methods Chart

Method	Effectiveness	STI protection	Do I need a prescription?	Where can I get it?
Abstinence	100%	Fully protected	No	n/a
Birth control pill	91% - 99.7%	No Protection	Yes	Pharmacy, Sexual Health Clinics, Healthcare Provider
Contraceptive Patch	91% - 99.7%	No Protection	Yes	Pharmacy, Sexual Health Clinics, or Healthcare Provider
Depo Provera	94% - 99.8%	No Protection	Yes	Pharmacy or Healthcare Provider
Nuva Ring	91% - 99.7%	No Protection	Yes	Pharmacy, Sexual Health Clinics, or Healthcare Provider
Plan B – Emergency Contraceptive pill (ECP)	75% - 89%	No protection	No	Pharmacy, Sexual Health Clinics, or Healthcare Provider
Female Condom	79% - 95%	Good Protection	No	Pharmacy, Sexual Health Clinics
Male Condom	82% - 98%	Good Protection	No	Pharmacy, Sexual Health Clinics
Dental Dam	Not a contraceptive	Some Protection	No	Pharmacy, Sexual Health Clinics
IUD/IUS	99.2% - 99.9%	No Protection	Yes	Pharmacy, Sexual Health Clinics or Healthcare Provider
Spermicides- Vaginal film, Lubricant	72% - 82%	No Protection	No	Pharmacy
Diaphragm	88% - 94%	No Protection	Yes	Pharmacy
Withdrawal	--	No Protection	No	n/a



Adapted from:

Hatcher, R.A. et al. (2008). *Contraceptive Technology* (19<sup>th</sup> Ed.). Ardent media: New York.  
Black, A., et al. (2004). Canadian Contraception Consensus. *JOGC* (143).

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## ROLE PLAY SCENARIOS

### Role Play Scenario One

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

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

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

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

### Role Play Scenario Two

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

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

- Karen
- A Friend
- A Doctor/nurse
- A Parent

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

### Role Play Scenario Three

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

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

- Adesh
- Geeta
- A Friend
- A Doctor/Nurse
- Parent

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

### Role Play Scenario Four

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

Role play scenarios can include conversation between any combinations of the following:

- Jin
- Chao-xing
- A friend
- A doctor or nurse
- A parent

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

## Role Play Scenario Five

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

Role play scenarios can include conversations between combinations of the following:

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

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

## Role Play Scenario Six

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

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

- Patrizia
- Carolyn
- A doctor or nurse
- A parent

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