

Birth Control Basics

A Lesson Plan from *Rights, Respect, Responsibility: A K-12 Curriculum*

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

Students will be able to:

PR.8.CC.3 - Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms.

PR.8.CC.4 - Define emergency contraception and its use.

PR.8.AI.2 - Identify medically-accurate information about emergency contraception.

TARGET GRADE:

Middle School – Lesson 7

TIME: 50 Minutes

MATERIALS NEEDED:

- One set of the *Birth Control Category* pages
- One set of the *Birth Control Method* pages, printed double-sided (for use by students)
- One set of the *Birth Control Method* pages, with two additional sets of the “Dual Use” pages, printed double-sided (for use by teacher)
- Butcher paper
- Masking tape
- White board and markers
- Contraceptive Kit to show students examples of each birth control method and to perform the external condom demonstration
- “Teaching Correct External Condom Use” Teacher’s Resource
- Index cards (one per student)

ADVANCE PREPARATION FOR LESSON:

- Tape a sheet of butcher paper in the front of the room.
- Print one set of the three *Birth Control Category* pages:
 - **Protects Right Now**
 - **Protects for a Month** (Short-Acting Methods)
 - **Protects for a Few Years** (Long-Acting Methods)
- Print two sets of the nine *Birth Control Methods*, copied double-sided so that the method is on one side and the three explanatory statements are on the other. Print two additional sets of the “Dual Use” pages for the teacher’s use:
 - **Abstinence**
 - **External Condoms**
 - **Internal Condoms**
 - **Other Barrier Methods**
 - **Pills/Patch/Ring**
 - **IUDs/Shot/Implant**
 - **Withdrawal**
 - **Emergency Contraception**
 - **Dual Use**

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Describe the impact of correct and consistent use of a birth control method on how effective it is at preventing pregnancy. [Knowledge]
2. Correctly recall that there is generally a gap between when a person may start to have vaginal sex and when they may wish to get pregnant, which makes using effective birth control important. [Knowledge]
3. State correctly what emergency contraception is. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we’ve intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun “they” instead of “her” or “him,” using gender neutral names in scenarios and role-plays and referring to “someone with a vulva” vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom and should make adjustments accordingly.

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PROCEDURE:

STEP 1: Introduce the topic by explaining that birth control, sometimes called contraception, is a way to prevent a pregnancy if a different sex couple (i.e., someone with a vulva and someone with a penis) has vaginal sex. There are many different kinds of birth control that work by preventing the sperm and egg from joining if they are used consistently and correctly. This means the method is used every time the way it was intended. All birth control methods discussed here are FDA-approved, effective, and safe for young adults to use. (2 minutes)

STEP 2: On the left end of the white board, draw a horizontal line running all the way to the other end of the board. Insert ages 14-22 evenly spaced on the line.

***Note to the Teacher:** You're creating a timeline. On the left end write the typical age of your 8th graders, likely 13 or 14 and on the right 22, which is the age students typically graduate from college. See page 3 of this Lesson Plan for an example.*

Explain to students that this lesson will look at their future through the end of middle school, over the summer, and into high school. Ask students to raise their hands if they think they may want to have children or become parents someday. Acknowledge that some might and some might not and either is fine. Also, some might want to have a child within the structure of a marriage or committed relationship, and some might want to have a child on their own; explain that in all these ways having a child constitutes creating a family.

Ask students what someone would need to do in order to be ready to have a child. As students brainstorm responses, write them on the piece of butcher paper. Students will likely suggest things like have money, have a job, have a place to live, be married or in a committed relationship, etc. Ask students, **"Based on all the things on this list, what is the best age to have children, knowing that people's personal experiences can vary a lot?"** (As students call out answers, write them under the timeline with a tick mark indicating where they fall. Students might give answers ranging from late teen years to early adulthood.) Summarize by saying, **"Okay, now that we know what someone who wants children has to do to get ready by ages** (insert ages they gave you), **let's look at what they can do to reach those goals."** (5 minutes)

STEP 3: Draw a stick figure above the timeline all the way to the left side above age 13 or 14. Introduce the stick figure you have drawn by stating they are currently an 8th grader like your students. Say, **"This stick figure wants to have children someday, but not any time soon. They are trying to decide if they should have vaginal sex (i.e., penis-vagina sex) or not. Let's imagine that they wait until they are older—maybe 18 before they have vaginal sex."** Draw a stick figure above age 18 on the timeline.

Say, **"And this person also agrees with what we've brainstormed they need to do in order to be the best parent they can be. So maybe they want to wait until they are out of high school for a couple years before they have children. Generally, someone is done with high school at age 18, so a couple years later they would be 20."** Draw a stick figure above age 20 on the timeline. Say, **"So once this 8th grader has been out of high school a couple years, have they done everything on this list we created?"** Point to the list on the butcher paper.

***Note to the Teacher:** Generally the answer is "no" but allow students to respond authentically since some may be children of young parents.*

Say, **"Let's say this person wants to wait a few more years after high school to have children, maybe until they have graduated from college, and perhaps when they are**

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married or in a committed relationship, so around 22 years-old.” Draw a stick figure above age 22 on the timeline.

Say, “Now let’s do some simple math. If this stick figure decides to have vaginal sex while they are age 18 but doesn’t want to have children until at least age 22, how many years do they need to protect themselves from starting a pregnancy?”

Note to the Teacher: The answer should be 4 years.

Say, “We know the most effective way for this stick figure to absolutely make sure that they don’t start a pregnancy is by delaying having vaginal sex until they are older. So let’s imagine that our stick figure is able to do that. Maybe they show their affection for people they are dating in other ways, but they do not have vaginal sex until age 18.

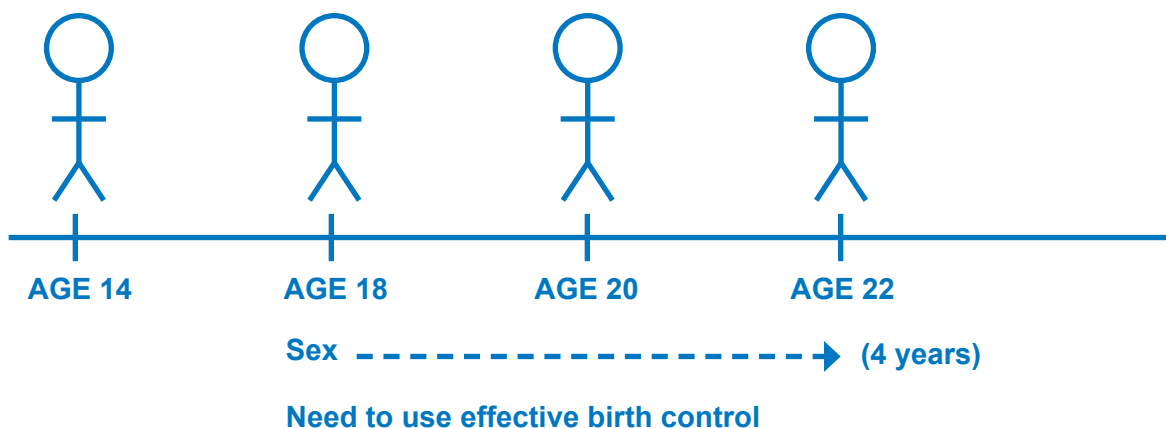
Note to the Teacher: Write the word “sex” under age 18 on your timeline.

Now, between age 18, when they decide to have vaginal sex, until age 22, when they think they want to have children, how many years will they need to use birth control to prevent starting a pregnancy?”

Note to the Teacher: Draw an arrow under the timeline from age 18 to 22 and the words ‘need to use effective birth control’.

Say “So this stick figure, if they decide to have vaginal sex at age 18, will need to use effective birth control during that time period to make sure they don’t start a pregnancy until they want to. And keep in mind that we’re only talking about pregnancy today, but they will also need to protect themselves from STIs too.”
(5 minutes)

Note to the Teacher: At the end, your timeline should look something like this.



STEP 4: Explain by saying, “There are many methods of birth control available to people who want to wait to have children until later in life or who may never want to have children.” Introduce the three categories and tape each *Birth Control Category* page to the board to form three columns. Say, “All of these methods work a little differently but some protect right now, some protect for a short time like one month, and some protect for a long-time, sometimes for several years.” Explain that all of these methods are available in California to any person of any age without parental consent or notification if the person does not want them to know, and they can be released from school to an

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appointment at a sexual health clinic by arranging this absence with the school nurse or counselor.

Review the following methods of birth control one at a time by showing the *Birth Control Method* page with the name of the method on it, reading aloud the information about the method below, show the example of the birth control method from the Contraceptive Kit, and then tape the method card in the correct column with the name of the method facing outward (see page 6 of this Lesson Plan for an example of the board.)

Abstinence – Abstaining from (i.e., “not having”) vaginal sex is the only 100% effective way to prevent pregnancy when done consistently and correctly. It is the method used by most 8th graders. Ask students what “when done consistently and correctly” means. Affirm or correct their statements until you feel satisfied that they understand that abstinence only works when people use it *every time*. This means a penis not going inside another person’s vagina. Tell them that most people are not abstinent forever but choosing to delay having sex until someone is older can be a very healthy choice.” [Place under “Protects Right Now.”]

Note to the Teacher: *You and your students may be familiar with the terms “male” or “female” condom; however, we are using “external” and “internal” to reflect how these methods are used with body parts rather than assigning a gender to them.*

External Condoms – Sometimes called “male condoms” and are worn on a penis. In California, any person of any age can buy them at the store and they are very effective at preventing pregnancy when used *consistently* (meaning every time a couple has vaginal sex) and *correctly*. They also have the added bonus of protecting against most STIs. Condoms are much more effective when used with spermicide, which has chemicals that stop sperm from moving so they can’t get to an egg. Perform the external condom demonstration by reviewing the “*Teaching Correct External Condom Use*” Teacher’s Resource. [Place under “Protects Right Now.”]

Internal Condoms – Sometimes called “female condoms” and are placed inside a person’s vagina for pregnancy and STI/HIV prevention or inside the anus for STI/HIV prevention. Internal condoms are very effective at preventing pregnancy when used *consistently* (meaning every time a couple has vaginal sex) and *correctly*, and adding spermicide increases its effectiveness. Internal condoms are now available by prescription only and a clinician or pharmacist will have more details. [Place under “Protects Right Now.”]

Other Barrier Methods – The diaphragm, cervical cap, and sponge are other methods that are inserted inside the vagina and cover the cervix. They act as a barrier and stop sperm from joining an egg. These methods are very effective at preventing pregnancy when used *consistently* (meaning every time a couple has vaginal sex) and *correctly*. These methods are much more effective when used with a spermicide, which has chemicals that stop sperm from moving so they can’t get to an egg. [Place under “Protects Right Now.”]

Pills/Patch/Ring – These methods all contain hormones that are very effective at preventing pregnancy. The pill needs to be taken once a day at the same time every day. A pack of pills lasts one month and then the next pack is started. The patch and the ring work for a month at a time and then have to be replaced. The patch is replaced once a week and the ring is replaced once a month. These are called short-acting methods and they are available at a sexual health clinic. [Place under “Protects for a Month.”]

IUDs/Shot/Implant – These methods contain hormones that are very effective at preventing pregnancy for anywhere between a few months (3 months for the shot) and many years (up to 10 for some IUDs). These are called long-acting methods and they are available

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Dual Use – This method is when people who have vaginal sex want to get the most effective protection by using a condom in addition to another method (such as a condom and the pill, a condom and an IUD, etc.). This doubles their protection and helps protect them against both unintended pregnancy and STIs. But this does not apply to using two condoms at the same time, which should never be done, since that can cause the latex of the condoms to break. [Place under all three categories.] (15 minutes)

Withdrawal – Often called “pulling out,” this method is when a penis is removed from a vagina *before* sperm are ejaculated. While it is not nearly as effective as other methods for preventing pregnancy, it is definitely better than not using any protection; however, since the unprotected penis and vagina and surrounding skin will come into contact, it does not offer any protection at all against STI and HIV transmission. [Place under “Protects Right Now.”]

Emergency Contraception – Often called “Plan B,” this medicine is taken *after* unprotected vaginal sex to prevent pregnancy. The sooner it is taken after vaginal sex, the more effective it is. This is not the same thing as terminating a pregnancy, or “abortion.” If a person is already pregnant, EC will have no effect on the pregnancy. [Place under “Protects Right Now.”]

(See next page for completed chart.)

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at a sexual health clinics, and the contraceptive shot can actually be administered by a pharmacist at a local pharmacy such as Walgreens. [Place under “Protects for a Few Years.”]

Protects Right Now	Protects for a Month (Short-Acting Methods)	Protects for a Few Years (Long-Acting Methods)
Abstinence	Pills/Patch/Ring	IUDs/Shot/Implant
External Condoms	Dual Use	Dual Use
Internal Condoms		
Other Barrier Methods		
Withdrawal		
Emergency Contraception		
Dual Use		

Note to the Teacher: At the end of this activity, your board should look like this.

STEP 5: Tell students that there is one additional birth control method that is not listed on the chart because this method is permanent and not reversible. Tubal ligation (sometimes called “getting your tubes tied”) is a safe and effective surgical procedure that permanently prevents pregnancy by closing or blocking the fallopian tubes. So even though an egg leaves an ovary into a fallopian tube once a month during ovulation, the tubes are blocked so a sperm can’t get to an egg and cause a pregnancy. A tubal ligation will not protect against STI or HIV transmission, and a person needs to be 18 years old or have the consent of their parent or legal guardian in order to receive this procedure.

Explain that the next activity will help students learn a bit more about the benefits of the various methods and how well they work when they are used correctly and consistently. Explain that the class will be playing a game called “Which One is Not True.” Select nine student volunteers and have them come to the front of the room.

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Note to the Teacher: Select students who you think would not be too embarrassed to participate and can handle the following activity maturely.

Give each of the volunteers one of the nine “Birth Control Method” pages (printed double-sided with the three statements on the back). Have them quietly review the three statements on the back of the card and prepare to read them aloud to the class.

While volunteers are preparing, explain to the rest of the class that each of these students will represent one of the birth control methods that are on the board. The students will share three statements about each method but only two will be true and one will be a lie. The class needs to decide which statement is the lie and be able to explain why it’s a lie.

Once the volunteers are ready, have them say which birth control method they are representing and read aloud the three statements. Ask the class to guess which statement is the lie and explain why it’s a lie, adding in accurate information as needed and correcting any misinformation that might come up. Continue playing until all nine methods have been shared. Once done, thank the volunteers and have students return to their seats.

Note to the Teacher: You can turn this activity into a game with teams and points if you think your students will respond well to this and you have the time. (20 minutes)

STEP 6: Close this activity by returning to the stick figures on the board. Say, “**Now that you know more about birth control, what methods do you think would be effective for this person if they were to have vaginal sex right now? What about when they are in high school?**” Take some ideas and make sure to reinforce that delaying vaginal sex is the most effective way to prevent pregnancy, and if anyone chooses to have vaginal sex and they are not ready for a possible pregnancy, that using two methods together (i.e., “dual use”) can be very effective.

Remind students that any person of any age in California may access birth control, including condoms, without parent or guardian consent or notification if they wish. Let them know that they have the right to be released from school confidentially to attend an appointment for birth control or STI/HIV testing or treatment. Students should talk with a school nurse, school counselor, or other designated staff member to be released from school for this type of appointment. Remind students to refer to their *California Minor Consent Laws* card for more details.

Assign the homework and close the lesson. (3 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The stick figure timeline discussion will accomplish Learning Objective 2, and the Two Truths and a Lie activity will accomplish Learning Objectives 1 and 3.

HOMEWORK:

Pass out the index cards to students. Have them write something on the index cards that they have heard about condoms or another birth control method and weren’t sure if it was true or false. Have them take the cards home to talk with a parent, caregiver, or other trusted adult about whether their statement is true or not and why.

**Protects
Right Now**

Protects for a Month (Short-Acting Methods)

Protects for a Few Years

(Long-Acting Methods)

Abstinence

Statement 1 – Abstinence, if used consistently and correctly, is 100% effective at preventing pregnancy.

Statement 2 – Abstinence can help by delaying the possible consequences of sex, such as pregnancy or STI transmission.

Statement 3 – Abstinence never fails.

STATEMENT 3 IS NOT TRUE – The intention of being sexually abstinent can fail if, for example, a person is under the influence of drugs or alcohol and does not stay abstinent.

External Condoms



Statement 1 – Condoms can help make sex last longer.

Statement 2 – Condoms provide protection, so using two condoms at once is better.

Statement 3 – External condoms, if used *consistently* and *correctly*, are 98% effective at preventing pregnancy.

STATEMENT 2 IS NOT TRUE – Using two condoms at once can cause the condoms to slip off or break from friction. Instead use two different methods: condoms and a hormonal method for added protection.

Internal Condoms



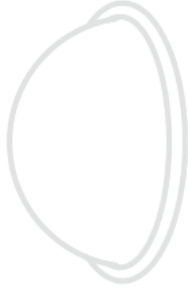
Statement 1 – Internal condoms protect against many STIs and HIV when inserted into the vagina or anus before any sexual contact and are 95% effective at preventing pregnancy if used *consistently and correctly*.

Statement 2 – Using spermicide with an internal condom increases protection against pregnancy; but using spermicide alone is only 72% effective at preventing pregnancy.

Statement 3 – Internal condoms can be purchased over-the-counter next to the external condoms.

STATEMENT 3 IS NOT TRUE – Internal condoms are now available by prescription only; however, they are covered by insurance so will be either no- or low-cost.

Other Barrier Methods



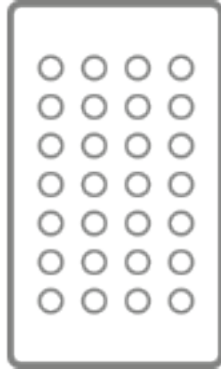
Statement 1 – Using spermicide, which kills or immobilizes sperm, does not increase the effectiveness of barrier methods.

Statement 2 – The diaphragm, cervical cap, and sponge prevent pregnancy by covering the cervix and acting as a barrier so that sperm cannot meet an egg.

Statement 3 – These barrier methods, if used *consistently* and *correctly*, are 91-94% effective at preventing pregnancy.

STATEMENT 1 IS NOT TRUE – Using spermicide with all barrier methods, including condoms, greatly **INCREASES** protection from pregnancy. Spermicide does not provide any protection against HIV or STIs.

Pills/Patch/Ring



Statement 1 – The pill, patch, and ring can help reduce menstrual cramps and make menstrual periods shorter.

Statement 2 – The pill, patch, and ring, if used *consistently and correctly*, are each 99% effective at preventing pregnancy.

Statement 3 – The pill, patch, and ring, if used consistently and correctly, are also effective at preventing STIs.

STATEMENT 3 IS NOT TRUE – The pill, patch, and ring ONLY provide protection from pregnancy but do not provide any protection against STIs. Using a condom along with one of these methods will help increase protection against both pregnancy and STIs.

IUDs/Shot /Implant



Statement 1 – You can get the IUD and implant at pharmacies like CVS, Rite Aid, or Walgreens.

Statement 2 – Many people who use the IUD, shot, or implant experience much shorter and lighter menstrual periods.

Statement 3 – The IUD, shot, and implant, if used *consistently and correctly*, are 99% effective at preventing pregnancy.

STATEMENT 1 IS NOT TRUE – The IUD and implant require that a person go to a health care provider like a doctor's office or health clinic; however, the shot can actually be administered by a pharmacist at any licensed pharmacy.

Withdrawal

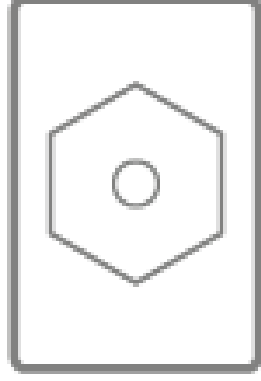
Statement 1 – Withdrawal, or “pulling out,” prevents most STIs.

Statement 2 – Withdrawal is more effective at preventing pregnancy than doing nothing if someone has unprotected sex.

Statement 3 – Pre-ejaculatory fluid, or “pre-cum,” which comes out of a penis when it is erect, may contain some sperm. Withdrawal cannot prevent this “pre-cum” from getting inside a vagina.

STATEMENT 1 IS NOT TRUE – Since withdrawal does not prevent skin-to-skin touching or fluid exchange, if one person is infected with an STI it can still be passed to their partner even if they used withdrawal perfectly.

Emergency Contraception



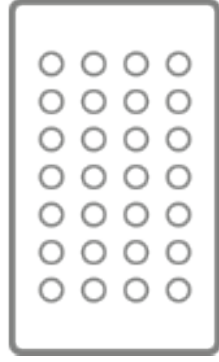
Statement 1 – Anyone of any age and gender can buy emergency contraception from a drugstore like CVS, Rite Aid, or Target.

Statement 2 – The sooner after unprotected vaginal sex a person takes emergency contraception (EC), the more effective it is. Most types of EC must be taken within five days after unprotected sex.

Statement 3 – Emergency contraception works by forming a barrier in the fallopian tube which prevents sperm from passing through.

STATEMENT 3 IS NOT TRUE – Emergency contraception works mostly by telling the ovaries to not release any eggs and sometimes by preventing the egg from being fertilized.

Dual Use



+



Statement 1 – Dual use generally means using a condom in addition to another method of birth control for STI and pregnancy prevention.

Statement 2 – A person would need to get a doctor's permission before practicing dual use with their partner.

Statement 3 – A person of any age and gender is legally allowed to buy condoms at a drugstore like CVS, Rite Aid, or Target.

STATEMENT 2 IS NOT TRUE – Dual use is something two people can decide on their own if they want to increase their protection.

Teaching Correct External Condom Use

Teacher's Resource

The consistent and correct use of condoms during sexual intercourse can reduce the risk of pregnancy and sexually transmitted infection. To provide protection, however, condoms must be used from start to finish with each act of intercourse and be used properly.

Listed below are the steps for correct external condom use:

- STEP 1. **Have condoms available if you think sex might happen. Always store the condom in a cool, dry place and check the expiration date on the package.**
[Model checking the expiration date.]
- STEP 2. **Use a new latex condom for each new act of anal, vaginal, or oral intercourse. Put the condom on as soon as the penis is erect and before any contact with the vagina, anus, or mouth.**
[Open the condom package with your hands.]
- STEP 3. **Hold the tip of the condom and unroll it to the base of the penis.**
[Unroll the demonstration condom over the wooden penis model provided. You may also demonstrate rolling the condom on the wrong way and having to throw it away due to the pre-ejaculate fluid and start over with a new condom.]
- STEP 4. **Always leave a half-inch at the tip of the condom for the ejaculate (i.e., semen) and squeeze the tip to make sure that no air is trapped in the condom.**
[Demonstrate leaving a ½" at the top of the condom and squeezing the air out.]
- STEP 5. **Use only water-based lubricants, like K-Y Jelly, which are sold near condoms in a store. Never use oil-based lubricants like petroleum jelly, baby oil, mineral oil, or lotion as they can cause the material of the condom to disintegrate.**
- STEP 6. **Immediately after ejaculation, withdraw the penis from the partner, holding the condom firmly at the base of the penis to avoid it slipping off or spilling.**
[Model holding onto the condom at the base of the wooden model.]
- STEP 7. **Remove the condom from the penis, carefully so as not to spill any of the contents on the partner, and throw it away in the trash.**
[Carefully remove the condom from the wooden model, wrap it in a tissue or its original packaging, and throw it away in your classroom's trash can.]

TEACHING TIP

Many educators prefer to use the passive voice rather than the active voice when discussing condom use (e.g., "Condoms should be used each and every time a person has intercourse") because it is less likely to be interpreted as an endorsement or encouragement of teen sexual activity. Please use the provided wooden condom demonstration model to conduct the condom demonstration.