

Grades 7 and Up

Toronto Public Health

Human Development and Sexual Health

Curriculum Support Document

Birth Control

Suggested Materials:

- pens
- condoms
- "Wondering about Birth Control?" resource (Toronto Public Health, 2019)
- "Still Wondering about Puberty?" resource (Toronto Public Health, 2013)
- "Toronto Public Health Sexual Health Clinics" resource (Toronto Public Health, 2016)
- Birth Control Quiz (see Appendix)
- Condom Cards (see Appendix)
- birth control demonstration kit (see Appendix)
- condom demonstrator or banana (optional)

Discuss Group Agreements

Work with students to construct a list of group agreements that will increase their feelings of safety and comfort during sexual health classes.

It is essential that the following be included:

- No personal questions or sharing of private information.*
- You have the right to pass on a question.
- Emphasize respect.

Post the list in the classroom and refer to it as needed.

**There is a balance between encouraging students to talk about real life and over-disclosure of private information. Encourage students to use the phrase "Someone I know..." instead of the person's name if sharing information of a personal nature.*

Activity 1: Introduction to Birth Control

Review ovulation, spermatogenesis, and fertility (refer to "Still Wondering about Puberty?" resource from Toronto Public Health).

Discussion in this unit will include birth control methods, emergency contraception, and possibly abortion.

Therapeutic abortions are safe, legal, confidential, and covered by OHIP. Abortions may be surgical or medical.

Teacher Prompts:

- "Condoms are the only method of birth control that also protect against sexually transmitted infections (STIs) as well as unplanned pregnancy."
- "If someone wanted to stop using condoms for their sexual encounters, it is recommended to talk to their partner(s), to get tested for STIs, and to choose another form of birth control."
- "Birth control is available at low cost from sexual health clinics."
- "Free testing for STIs and pregnancy can be done at any sexual health clinic."
- "If there is no consent, sexual activity is assault. In addition, there is no consent if someone is impaired by the use of alcohol or other drugs."
- "Why do we need to learn about birth control, even if we are not at risk for pregnancy?"

Some students may feel they are at lower risk for unintended pregnancy, including those who identify as 2SLGBTQ+ (Two-Spirit, lesbian, gay, bisexual, trans+, queer). It is important for 2SLGBTQ+ students to learn about birth control for the following reasons:

- Studies have shown that 2SLGBTQ+ students are more at risk for unintended pregnancies than their straight peers. Possible reasons for this may be that sex education is not always inclusive, that 2SLGBTQ+ students think that they are not at risk, or that they take more pregnancy risks due to homophobia/transphobia/biphobia or to fit in.
- Sexuality is fluid and just because someone is primarily attracted to someone of the same sex, it does not mean they will never have sex with other genders and they will need this information.

- People who identify as trans+, and people who have sex with people who identify as trans+, can still have an unintended pregnancy if one partner has eggs and the other sperm, even if the trans+ identified person is taking hormones. As far as explaining the birth control methods, a teacher will likely be using the words 'penis' and 'vagina' but people who identify as trans+ might use other words to describe those body parts.

Key Facts for Activity #1

- See Appendix for information on Toronto Public Health Sexual Health Clinics: <https://www.toronto.ca/community-people/health-wellness-care/health-clinics/sexual-health-clinics/>
 - For more details on Consent, refer to *Introductory Concepts*.
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Activity 2: Birth Control Methods

Teacher Prompt:

- "What birth control methods have you heard of before?"

Make a list on the board. Ensure the following are including: abstinence/waiting for sex, condoms, birth control pills, withdrawal, intrauterine devices, and emergency contraception.

As an Alternate activity: Write each method of birth control on a separate piece of paper and place around classroom on various desks. Have students move around and write what they know about each method. *This alternative activity may provide student anonymity along with student engagement.*

Lead a discussion on birth control methods, including use, effectiveness, risk, and whether method also offers STI protection. For more information see chart (below). If students require more information on Birth Control options, please refer them to the Sexual Health Infoline Ontario to help them locate a Sexual Health Clinic.

Method	Notes
<p>Intrauterine System (IUS) (commonly known by brand names such as Mirena or Kyleena)</p>	<ul style="list-style-type: none"> • T-shaped piece of plastic containing a hormone (progestin) placed inside uterus by doctor • hormone thickens cervical mucus and changes the lining of the uterus • provides effective contraception for 3, 5, or 10 years depending on the brand; can be removed by doctor at any time with immediate return to fertility • over 99% effective at preventing pregnancy • does not offer protection against STIs
<p>Intrauterine Device (IUD)</p>	<ul style="list-style-type: none"> • T-shaped piece of plastic covered in copper placed inside uterus by doctor • effective option for those with no history of heavy menstrual bleeding or painful cramps • provides effective contraception for 3-5 years; can be removed by doctor at any time with immediate return to fertility • over 99% effective at preventing pregnancy • does not offer protection against STIs
<p>Depo Provera Injectable</p>	<ul style="list-style-type: none"> • injection of a hormone (progestin) that is given by health care provider every three months • hormone prevents ovulation and makes cervical mucus thicker to deter sperm from entering uterus • can have lasting effect on fertility for up to 2 years • 97-99% effective at preventing pregnancy • no protection against STIs
<p>Birth Control Pill</p>	<ul style="list-style-type: none"> • estrogen and progestin hormones in small tablet taken daily to prevent ovulation and make the cervical mucus thicker to deter sperm from entering uterus • pills are to be taken consistently for 3 weeks, then placebo pills taken for one week during which time menstrual period will occur • 92-99% effective at preventing pregnancy • does not offer protection against STIs
<p>EVRA Contraceptive Patch</p>	<ul style="list-style-type: none"> • estrogen and progestin hormones in small patch placed on skin to prevent ovulation and make the cervical mucus thicker to deter sperm from entering uterus • patch changed once a week for 3 weeks; no patch during 4th week

	<p>during which time a menstrual period will occur</p> <ul style="list-style-type: none"> • 92-99% effective at preventing pregnancy • does not offer protection against STIs
<p>Nuvaring</p>	<ul style="list-style-type: none"> • estrogen and progestin hormones in small flexible ring placed in vagina to prevent ovulation and make the cervical mucus thicker to deter sperm from entering uterus • ring kept in place for 3 weeks; no ring inserted during 4th week during which time a menstrual period will occur • 92-99% effective at preventing pregnancy • does not offer protection against STIs
<p>External Condoms (commonly known as 'male condoms')</p>	<ul style="list-style-type: none"> • disposable tube shaped latex or non-latex (polyurethane) used on the erect penis during sex. • 85-98% effective when used correctly and consistently • protects against both pregnancy and sexually transmitted infections (STIs) • available at stores and free at some sexual health clinics
<p>Internal Condoms (commonly known as 'female condom')</p>	<ul style="list-style-type: none"> • disposable non-latex (polyurethane) lubricated pouch inserted into the vagina or anus before sexual intercourse • 79-95% effective when used correctly and consistently • protects against both pregnancy and sexually transmitted infections (STIs) • not readily available at drug stores but some sexual health clinics may offer them for free
<p>Withdrawal (commonly known as 'pulling out')</p>	<ul style="list-style-type: none"> • the penis is removed from the vagina just before ejaculation to prevent semen from entering the vagina during sex • 73-96% effective at preventing pregnancy • does not offer protection against STIs • may take some practice

<p>Emergency IUD (Copper)</p>	<ul style="list-style-type: none"> • can be used if no contraception was used, if condom broke, or in the case of sexual assault • no protection against STIs • copper IUD (see IUD section) inserted into uterus up to 7 days after sex to prevent pregnancy • copper IUD may reduce the risk of pregnancy after unprotected sex by approximately 99% • copper IUD insertion is the most effective form of emergency contraception and does not depend on body weight • can be left in place up to 5 years (see section) for ongoing contraception
<p>Emergency Contraceptive Pills (ECP)</p>	<ul style="list-style-type: none"> • tablet that contains hormones (progestin) or medicine (ulipristal) that temporarily prevent the release of an egg from the ovaries • can be used if no contraception was used, if condom broke, or in the case of sexual assault • no protection against STIs • <i>ECP with ulipristal</i> (i.e., ella) requires a prescription from a health care provider; taken within 5 days of unprotected intercourse (ulipristal ECP is more effective on day 4 and 5 than progestin ECP) • <i>ECP with ulipristal</i> is ~85% effective, and is more effective than ECP with progestin for people who have higher body weights • <i>ECP with progestin</i> (i.e., Plan B) does not require a prescription and should be taken as soon as possible, up to 5 days after unprotected intercourse • <i>ECP with progestin</i> is ~75% effective, but is less effective for people who weigh more than 75 kg. (165 lbs.) and may not be effective for people who weigh more than 80 kg. (176 lbs.)

Activity 3: Using Condoms

Show students both an external condom (commonly known as 'male condom') and internal/insertive condom (commonly known as 'female condom') both in their packages and without. Explain that you will be focusing on external condoms in this class. This is because internal/insertive condoms are more difficult to access, more expensive, and not as commonly used.

Mix up Condom Cards (see Appendix) and offer them to volunteers (1 card for each volunteer).

Give volunteers 1 – 2 minutes to put Condom Cards in the correct order of steps.

Once steps are correctly in order, go through each step one by one, providing an explanation and demonstration (putting condom on wooden demonstrator, banana, or fingers).

How to Use an External Condom

WILD CARD: Consent

- Ensure everyone involved willingly consent to all activities involved.
- This card can be placed anywhere along the 10 steps. You may even want to print out multiple consent cards to show that consent is ongoing and that checking-in with your partner is important before, during, and after sexual activity.

1. Check expiry date

- Expired condoms are more likely to break.
- Written in small print and may be hard to read or find on package.

2. Check for air bubble

- Check that the package feels puffy, like a bag of chips.
- If there is no air bubble, the condom may be punctured or the package torn. Throw it out and use a new one.

3. Open the package carefully

- Use ridged side or ripping tab on package to open.
- Be careful that fingernails do not rip the condom.

4. Check the rolling direction of the condom

- Ensure the condom is not inside out, as condoms are made to unroll one way only. The condom should unroll easily down the penis.
- Check the roll direction before putting the condom on the penis. If the condom is placed on the penis and then you find that it is inside out, do not flip it over to

unroll and use. Instead, throw the condom out and start again, as pre-ejaculate fluids may have transferred from the penis to the condom.

5. Pinch the tip of the condom

- This is done to reduce the chances of breaking the condom by:
 - allowing space to catch the semen after ejaculation
 - ensuring that there is no air bubble at the tip of the condom

6. Unroll condom all the way down erect penis

- While still pinching the tip, unroll the condom down the penis shaft as far as it will go, maximizing coverage of the skin.

7. Intercourse/Ejaculation/Orgasm (with lube)

- Adding lubricant to the inside tip and/or to the outside of the condom can increase sensation for both partners and reduce friction. Less friction means that the condom is less likely to break.
 - Be sure to use a water-based lubricant or silicone-based lubricant (not oil, as oil breaks down latex).
- Note that intercourse does not always end in ejaculation and/or orgasm and it can still be enjoyable without.

8. Hold base of condom and pull out

- Hold the condom at the base of penis and pull out of partner's body before the penis loses the erection.
- When the penis is no longer erect, the condom does not fit as tightly and can slip off. Holding the base of the condom ensures that the condom stays on the penis when pulling out.

9. Remove the condom from penis

- Remove the condom away from partner to avoid spilling fluids on their body.

10. Throw condom in garbage

- Tie a knot at the end of the condom to contain the semen.
- Do not flush condoms down the toilet.

Additional Information for Activity 3:

- Many STIs can be prevented by using condoms during vaginal, anal, or oral sex.
- Condoms prevent the exchange of body fluids from one person to another, and can help prevent both STIs and pregnancy.
- No method works 100% of the time and many young people choose to wait to have sex for this reason.

- Condoms provide a barrier during skin-to-skin contact, but only for the parts that are covered or in contact with the condom.
 - Young people who decide that they are ready for sexual intercourse need to be able to talk about consent and the use of condoms with their partner(s) every time.
 - All people must be aware that sex should only be done with someone who wants to do it (i.e., someone who gives consent).
 - Consent is needed for any sexual activity and people can change their minds at any time. Sex without consent is sexual assault and is against the law.
 - It is the responsibility of each person who is engaging in any sexual activity to check in with their partner(s) to ensure that consent is ongoing.
 - People who consume alcohol or drugs may become incapable of giving consent. People who are intoxicated cannot legally give consent. Unconscious people cannot give consent.
 - Alcohol and other drugs may interfere with using a condom properly.
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Activity 4: Birth Control Quiz

Hand out 'Birth Control Quiz' (Appendix) and give students a few minutes to complete.

Advise students that quizzes will not be collected but answers will be discussed.

Take up the quiz using the birth control quiz answers (Appendix).

Birth Control Quiz

(refer to Appendix for handout and answer key)

1. Name three common methods that youth use for birth control.
2. Why might people in a relationship stop using condoms?
3. Which is the only method of birth control that protects against pregnancy and STIs?
4. What is a birth control method that is becoming very popular among young people and it is both long lasting and reversible?
5. *True or False:* Abortion is legal and free in Ontario.

6. What can be helpful if pregnancy is not wanted at this time, but no contraception was used for sexual intercourse (including sexual assault) or if a contraceptive method failed or was used incorrectly?
 7. Where can someone get emergency contraception?
 8. *True or False:* People can get extra ECP (emergency contraceptive pills) from a Toronto Public Health Sexual Health Clinic to take home and have ready in case of a future emergency.
 9. When in the menstrual cycle is it the easiest to get pregnant?
 10. *True or False:* Using withdrawal as a birth control method is about as effective as not using anything at all.
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Conclusion

- Summarize what was discussed in this session and ask for any questions.
 - Encourage students to share what they have learned with a trusted adult.
 - Write the *Kids Help Phone* contact information on the board (1-800-668-6868, www.kidshelpphone.ca) and remind students that contacting *Kids Help Phone* is free, confidential, anonymous, and that it can be a safe place to discuss concerns.
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