Birth control methods & STDs
Lessons for the classroom
middle school

• physical: rapid & variable changes of puberty
• cognitive: moving from concrete to abstract thinking
• social: influence of peers & the desire to fit in
• emotional: sensitive to criticism/easily embarrassed
• sexual: feelings, infatuation & crushes
• curious about sex & sexuality, but too shy to ask!
Teaching methods: Middle School Sex Ed

- structured

**cognitive**
- repetition
- practice skills
- fun activities: games, quizzes, moving around

**social**
- time to interact with peers
- let student voices be heard

**emotional**
- positive reinforcement
- try not to single out students

**sexual**
- anonymous questions
- keep sexual information fact-based and straightforward – don’t get lost in the details
high school

- physical: completing growth from childhood to adulthood
- cognitive: making decisions by weighing options & consequences
- social: peers important but more selective
- emotional: better understanding of feelings
- sexual: developing longer-lasting, intimate relationships
- understand range & consequences of sexual expression
Teaching Methods: High School Sex Ed

- **cognitive**
  - flip the classroom
  - hands on activities
  - practice, practice, practice so they’ll be ready when in a sexual situation

- **social**
  - let them hear from their peers & know not all teens are having sex

- **emotional**
  - personal reflection
  - explore/personalize various situations

- **sexual**
  - go more in-depth with the facts
  - explore resources (online, local services, etc.)
### Sexual Behaviors

**MIYHS 2013**

<table>
<thead>
<tr>
<th></th>
<th>Middle School 7-8 grade</th>
<th>High School 9-12 grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>ever had sexual intercourse</td>
<td>8.7%</td>
<td>42.4%</td>
</tr>
<tr>
<td>ever had oral sex</td>
<td>9.9%</td>
<td>44.3%</td>
</tr>
<tr>
<td>used a condom @ last intercourse</td>
<td>70.8%</td>
<td>62%</td>
</tr>
</tbody>
</table>

![Bar chart showing sexual behaviors among middle and high school students.](chart.png)
YOUR BIRTH CONTROL UNIT

Teen-friendly activities
WHAT TO COVER?

- Most common birth control methods (including abstinence)
- Anatomy review
- Family Planning clinical services
- Valid health resources and websites
KEY MESSAGES

1. You can choose when or if you have a family

2. There are several birth control options—some are more effective than others

3. Birth control is affordable and available confidentially and usually you don’t need to undress to get started on one

4. It is responsible and healthy to plan for protected sex, rather than letting sex just happen

5. Other than not having sex, using a hormonal method with condoms is the best way to prevent pregnancy and STDs.
Evidence-based—Behavior Change Theory

Making it personal
(Attitudes/Environment)

Knowledge

Building Skills
SET A SAFE AND OPEN TONE

- Group Agreements
- No assumptions of student sexual activity
- Throughout this unit, we’re talking about consensual sex
What do we want students to know about birth control?

- Facts about BC methods (including abstinence, withdrawal, and condoms)
- What they are
- How they work
- Their effectiveness rates
- How often you need to remember them
- Where to get them—clinical services
EC—Emergency Contraception

- Works for up to 5 days after unprotected sex
- Won’t stop a pregnancy
- Over the counter at the pharmacy
- Low cost or free at family planning clinic
- Anyone can buy for themselves or someone else
- http://ec.princeton.edu/
GOALS AND ASPIRATIONS

- Reproductive Life Planning
  “Are you hoping to become pregnant in the next year?”

- Small Group Processing

- Create a Timeline of Goals—process how pregnancy/parenting might challenge those goals?
## Impacts

<table>
<thead>
<tr>
<th>Education and Career</th>
<th>Friends and Social Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Changes</td>
<td>Positive Changes</td>
</tr>
<tr>
<td>Negative Changes</td>
<td>Negative Changes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finances and Money</th>
<th>Daily Routine and Leisure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Changes</td>
<td>Positive Changes</td>
</tr>
<tr>
<td>Negative Changes</td>
<td>Negative Changes</td>
</tr>
</tbody>
</table>
ADDRESSING ATTITUDES AND ASSUMPTIONS

Follow-up with Processing Questions

- What do you think are the best methods of birth control? Why?

- What are the factors you need to consider when choosing a birth control method?

- What do you think is the best way to prevent pregnancy and STDs?

- Who is responsible for buying and making sure birth control is used?

- What can a guy do to help prevent pregnancy?
SKILL-BUILDING ACTIVITIES

- How to find and make an appointment at a Family Planning Clinic
- How to choose a birth control method
- Communication with partners
ONLINE LESSON PLANS

FLASH Lesson Plans
Comprehensive sexuality education curriculum

teachingsexualhealth.ca
comprehensive, accessible, innovative
TEACHER PORTAL

BIG DECISIONS
Making Healthy, Informed Choices about Sex
ONLINE TOOLS AND SITES FOR TEENS

maineteenhealth.org
your sexual health resource

SCARLETEEN
sex ed for the real world
INCLUSIVE, COMPREHENSIVE AND SMART
SEXUALITY INFORMATION AND HELP FOR TEENS AND 20S

The National Campaign
to Prevent Teen and Unplanned Pregnancy

birth control
15

ARHP

My Birth Control
Find out which method is right for you.
MIDDLE SCHOOL VS. HIGH SCHOOL

More general
- Compare and contrast in general
- Personalize risk
- Emphasize abstinence & condom use
- Valid Health Resources
- General facts about how a pregnancy happens
- Menstruation—signs of pregnancy

More detail
- Compare and contrast in detail—emphasize LARCs
- Personalize risk
- Emphasize dual use
- Clarify Myths & manage negative associations: “My sister got pregnant on the pill…”
- More detail re: clinical services
- EC, EC, EC!!
- Anatomy Review
PREGNANCY PREVENTION AND LGBT STUDENTS

- Lesbian and bisexual females are about as likely to have had sex with a male partner as heterosexual females, yet with a much higher rate of pregnancy.

- One in three teen fathers and one in eight teen mothers report having sexual partners of both sexes or partners of the same sex.
WHY HIGHER RATES OF PREGNANCY?

LGB youth are more likely to:

- **Report alcohol use** before their last sexual encounter than heterosexual youth, as well as **higher rates of substance use**. Both may lead to unplanned or unprotected sex.

- Have had sexual intercourse at an early age, have had 4 or more partners, and have experienced sexual contact against one's will.

- **Use contraceptives less frequently** than their heterosexual peers when engaging in sexual behavior that can lead to pregnancy.

LGB youth may date and have sex with people of the opposite sex, as a way to avoid being identified as gay or lesbian, or otherwise reduce or manage stigma.
WHAT CAN WE DO TO BE INCLUSIVE?

- Use terms referring to body parts rather than relationship types and persons involved: penis, vagina, anus, etc., rather than man or woman.

- Stress that behaviors put you at risk, not how you identify.

- Use the inclusive term “partner” or “partners”.

- Always stress condom use as a way to prevent both pregnancy and STDs.
CONDOM DEMONSTRATION & STUDENT PRACTICE

Do you know how to apply a condom?

Arrange the steps required to apply a condom by clicking and dragging each condom in its right position.
Questions?
Take a Break!
YOUR STD UNIT
WHAT TO COVER

- What are STDs?
- What are signs and symptoms?
- How are STDs transmitted?
- What behaviors put you at risk?
- Clarify myths
- Evaluate attitudes surrounding STDs
- Be able to help students personalize the risk
- Work on Communication skills for talking with partners/health care providers
- Provide resources for information, testing and treatment
KEY MESSAGES

- Get tested regularly
- You may not have symptoms
- You can’t tell if someone has an STD
- Other than abstinence, condoms are the best way to prevent STDs
What do teens say they want to know about STDs?
- What are STDs?
- Are there a lot of people that have STDs?
- How do I get an STD and what do I do if I get one?
- Why, when people talk about STDs, do they always bring up condoms?
Don’t drown students in data.

1 in 4 sexually active teens in the United States gets an STD each year.

1 in 2 sexually active teens will get an STD by the age of 25.
Lose the Scary Pictures
Don’t sweat the small stuff
Why would someone want to avoid getting an STD...

People can get an STD by...

People might think they have an STD if...

If people think they might have an STD, they should...

People can reduce their risk of giving or getting an STD by...
How do messages differ between High School and Middle School?
Myths and Facts

STD Myths

STD Myths -- Sex, Etc.
TRANSMISSION
RISK CONTINUUM

- INCORPORATE MANY DIFFERENT MESSAGES
- TIME
- CONVERSATION, CONVERSATION, CONVERSATION
- CLASSROOM AGREEMENTS
- SEX = ANAL, ORAL AND VAGINAL
BARRIERS

CONDOMS AND DENTAL DAMS
Decision making and Communication skills
We want students to communicate with their health care providers. It is important for students to know that even though they may have a yearly exam and believe that everything has been “checked out”- it is not routine to have STD tests, unless they have communicated with their provider that they may be at risk.
Use condoms consistently and correctly

Know your STD status-get tested
RESOURCES

- SCHOOL-BASED HEALTH CENTERS
- MAINE FAMILY PLANNING
Questions?