To see examples of how Choosing the Best discusses contraception, please scroll down to view the following four pages below from Choosing the Best PATH, for 7th grade students:

1. The first two pages below, “What About ‘Safe’ or ‘Safer’ Sex” and the contraceptive chart on the next page, occur within Lesson 3, titled “Preventing Pregnancy”, which also covers the risks, consequences, and prevention of teen pregnancy.

2. The third and fourth pages below, more detailed contraceptive charts, are available in the addendum. This information is optional and can be presented if additional contraceptive information is desired, or as a reference to answer student questions.
What About “Safe” or “Safer” Sex?

Read the first statement on page 20 in the Student Manual. Ask: What messages about “safe” or “safer” sex have you heard?

ACTIVITY

Point out “Just the Facts!” on page 20 and refer to the words written on the whiteboard. Note that some words may be used twice when students fill in the blanks.

Say: Condoms reduce, but do not eliminate, the risk of a pregnancy or of getting an STD.

Have one student read the first two statements under “Just the Facts” and have another student come to the board to circle the correct answers for these statements. The answers are: (eliminate, effective).

Say: Let’s look at how effective condoms are for typical couples using condoms to try to prevent pregnancy.

Ask another student to read the two bullets under “How Well Do Condoms Work For Birth Control?” and another student to come to the board to circle the correct answers for these statements. The answers are: (13%, 1% to 4%).

Say: Now let’s look at how effective condoms are in preventing STDs. The effectiveness rate of condoms depends on the STD. Condoms are more effective at preventing some STDs than others.

Ask another student to read the four bullets under “How Well Do Condoms Reduce the Risk of Contracting STDs?” one at a time and have another student come to the board to circle the correct answers for these statements, also one at a time so students have an opportunity to write down and reflect on the correct answers. The answers are: (85%, moderately (about 50%), skin-to-skin, no).

Just the Facts!

Condoms can reduce, but they do not ______________________, the risk of pregnancy or STDs. For condoms to be most ____________________, they must be used consistently (every single time) and correctly.4

How well do condoms work for birth control?
• Typical couples who use condoms for birth control experience a first year failure rate of ________% in preventing pregnancies.7
• Condoms are ______________effective in reducing the risk of STDs such as chlamydia and gonorrhea that are transmitted by certain body fluids during sexual contact.8
• Condoms are less effective in reducing the risk of STDs such as HPV, herpes, and syphilis that are spread by ________to__________sexual contact. Condoms offer ______protection if the infection is located outside the area covered by the condom.9

According to the CDC, condom use cannot guarantee absolute protection against any STD,10 is “safe” or “safer sex” completely safe? ___________

Only _____________ provides 100% protection against pregnancy or contracting an STD.

Say: According to the CDC, condom use cannot guarantee absolute protection against any STD.

Ask: Is “safe” or “safer sex” completely safe? (no)

Say: Only (abstinence, sexual delay, not having sex) provides 100% protection against pregnancy or contracting an STD.

Teacher’s Note: Some STDs, such as HIV, can be contracted through means other than sexual contact, e.g., shared needles in drug use with someone infected. Abstinence (sexual delay/not having sex) will provide complete protection from contracting any STD sexually, or from becoming pregnant.
Could you live with a 13% annual failure rate on:
A roller coaster ride? An airline flight? Skydiving?

The following list of contraceptive methods shows the percentages of unplanned pregnancies during the first year of using the method, based upon typical use.11

<table>
<thead>
<tr>
<th>Method</th>
<th>Failure Rate – Typical User</th>
<th>HIV/STD Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>No contraception</td>
<td>85%</td>
<td>None</td>
</tr>
<tr>
<td>Spermicide</td>
<td>21%</td>
<td>None</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>17%</td>
<td>None</td>
</tr>
<tr>
<td>Fertility Awareness-based Methods</td>
<td>15%</td>
<td>None</td>
</tr>
<tr>
<td>Male Condom</td>
<td>13%</td>
<td>Most effective against HIV; less risk reduction against other STDs12</td>
</tr>
<tr>
<td>Oral — The Pill</td>
<td>7%</td>
<td>None</td>
</tr>
<tr>
<td>Injectable/Patch</td>
<td>4% / 7%</td>
<td>None</td>
</tr>
<tr>
<td>IUD/Implant</td>
<td>Less than 1%</td>
<td>None</td>
</tr>
<tr>
<td>Abstinence</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Typical use failure rates reflect how effective methods are for the average person who does not always use methods consistently and correctly.

**Facts About Contraception**

**Say:** We know that the annual failure rate of typical couples using condoms to prevent a pregnancy is 13 percent. To help us understand what this really means, let’s apply this failure rate to some common activities. Remember, a 13 percent annual failure rate means it fails approximately 1 out of every 8 times over the course of a year.

Point out the activities at the top of page 21 in the Student Manual.

**Ask:** Which of these activities would you do if you knew there was a 13 percent (1 in 8) annual failure rate?

**Ask:** Why do some teenagers risk getting pregnant, contracting an STD, or being emotionally hurt by being sexually active and using a condom? (Get responses).

Review the contraceptive chart on page 21 in the Student Manual. **Ask:** Which of these contraceptive methods has the highest failure rate? (No contraception) The lowest failure rate? (Abstinence)

**Say:** Some of you may have heard about the withdrawal or “pull-out” method for preventing pregnancy, which is when the male completely withdraws from the female partner before he ejaculates. The problem with this method is that it’s very difficult to do it correctly, every single time, so it’s one of the least effective methods for pregnancy prevention (20% typical use annual failure rate, please see addendum for more information). And, it offers absolutely no protection against STDs.

**Ask:** Which of these contraceptive methods can provide some protection against STDs/HIV? (condoms, abstinence/sexual delay/not having sex)

**Ask:** Which of these completely eliminates the risk of pregnancy and STDs/HIV? (abstinence/sexual delay/not having sex)

**Say:** Consistent and correct condom use can significantly reduce the risk of contracting HIV sexually. However, the only 100% effective way to eliminate the risk of contracting HIV/AIDS sexually is to abstain from sex until you’re in a long-term, mutually monogamous relationship with a partner known to be uninfected.2 [as is typically found in marriage]

Please remember that even if you’ve already had sex, you can still benefit by making a healthier choice from this day forward, by choosing to stop having sex. We’ll discuss this further in Chapter 5.

Remind students that with certain STDs, it is also important not to engage in other high-risk activities such as IV drug use.

Ask the class to turn to page 22.

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Teacher’s Note: More information about the contraceptive methods presented on page 21 in the Student Manual, along with all other forms of contraception, is available in the Addendum on page 54. You may choose to incorporate this information into the lesson or use it as a reference to answer any related questions.

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**7 Minutes**

**Say:** It’s also important to remember that a person can get pregnant, or get someone pregnant, the first time they have sex, even if they have sex just one time.
Contraceptive Method

Least Effective Methods – Tier 3

More than 13 pregnancies per 100 women per year.

Male Condom

Worn by the man, a male condom keeps sperm from getting into a woman’s body. Latex condoms, the most common type, help prevent pregnancy, and HIV and other STDs, as do the newer synthetic condoms. “Natural” or “lambskin” condoms also help prevent pregnancy, but may not provide protection against STDs, including HIV. Condoms can only be used once. You can buy condoms, KY jelly, or water-based lubricants at a drug store. Do not use oil-based lubricants such as massage oils, baby oil, lotions, or petroleum jelly with latex condoms. They will weaken the condom, causing it to tear or break. Typical use failure rate: 13%.

Female Condom

Worn by the woman, the female condom helps keeps sperm from getting into her body. It is packaged with a lubricant and is available at drug stores. It can be inserted up to eight hours before sexual intercourse. Typical use failure rate: 21%, and also may help prevent STDs.

Fertility Awareness Based Methods

Understanding a woman’s fertility pattern can help a couple plan to avoid getting pregnant. A woman’s fertility pattern is the number of days in the month when she is fertile (able to get pregnant), days when she is infertile, and days when fertility is unlikely, but possible. If a woman has a regular menstrual cycle, she has about nine or more fertile days each month. If a woman does not want to get pregnant, a woman using this method does not have sex on the days she is fertile, or uses a barrier method of birth control on those days. Failure rates vary across these methods. Range of typical use failure rates: 2-23%.

Withdrawal, “pulling out”

Withdrawal or “pulling out” refers to when the male withdraws or pulls out his penis from the woman’s vagina and away from the external genital organs of the woman before ejaculation, as a means to avoid pregnancy. Typical use failure rate: 20%.

Diaphragm or cervical cap

The diaphragm is shaped like a shallow cup, and the cervical cap, like a thimble-shaped cup, and each is placed inside the vagina to cover the cervix to block sperm. Before sexual intercourse, you insert them with spermicide to block or kill sperm. A doctor must determine the proper fitting because diaphragms and cervical caps come in different sizes. Typical use failure rate for the diaphragm: 17%.

Spermicides

These products work by killing sperm and come in several forms—foam, gel, cream, film, suppository, or tablet. They are placed in the vagina no more than one hour before intercourse. You leave them in place at least six to eight hours after intercourse. You can use a spermicide in addition to a male condom, diaphragm, or cervical cap. They can be purchased at drug stores. Typical use failure rate: 21%.

HIV/AIDS p. 14:

For reference, regarding the section on HIV/AIDS, a complete list of body fluids that can transmit the HIV virus are as follows: “Only certain body fluids—blood, semen, pre-semenal fluid, rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur.”

Reference: https://www.cdc.gov/hiv/basics/transmission.html (How is HIV passed from one person to another?)

Contraceptive Methods, p. 21:

Addendum
Contraceptive Method | Definition
---|---
Tier 2 | 4 to 7 pregnancies per 100 women per year.
Injectable (shot) | A hormonal (progestin) injection into a woman's buttocks or arm that helps prevent the female from releasing an egg (ovulating). Lasts approximately 3 months. It also causes cervical mucus to thicken and the lining of the uterus to thin. *Typical use failure rate:* 4%.
Combined Oral Contraceptives, “Pill” | Taken orally, the Pill uses the hormones estrogen and progestin to prevent the female from releasing an egg (ovulating). The pill also works by thickening the mucus around the cervix, which makes it difficult for sperm to enter the uterus and reach any eggs that may have been released. The hormones in the pill can also sometimes affect the lining of the uterus, making it difficult for an egg to attach to the wall of the uterus. Some birth control pills use only progestin, and are sometimes called “mini-pills.” *Typical use failure rate:* 7%.
Patch | The Patch is a skin patch, prescribed by a doctor, that is placed on a woman’s lower abdomen, buttocks, or upper body that releases progestin and estrogen into the blood stream to prevent pregnancy. A new patch is put on each week for three weeks then no patch is worn for the fourth, to prevent pregnancy for that month. During the fourth week, a woman will have a menstrual period. *Typical use failure rate:* 7%.
Ring | The ring releases the hormones progestin and estrogen. You place the ring inside your vagina. You wear the ring for three weeks, take it out for the week you have your period, and then put in a new ring. *Typical use failure rate:* 7%.
More effective – Tier 1 | Less than 1 pregnancy per 100 women per year.
Implant | The implant is a single, thin rod that is inserted under the skin of woman’s upper arm. The rod releases a progestin that prevents pregnancy over several years. *Typical use failure rate:* 0.01%.
IUD | An IUD is a small device that is shaped in the form of a “T”. A doctor places it inside the female’s uterus to inhibit the fertilization of the egg. There are two types of IUDs, a copper (non-hormonal) IUD and a LNG (hormonal) IUD. The copper T IUD prevents pregnancy by acting as a spermicide (a substance that kills sperm), preventing sperm from reaching and fertilizing an egg. The copper IUD can stay in a woman’s uterus for up to 10 years. *Typical use failure rate:* 0.8%
The LNG hormonal IUD releases a small amount of progestin each day that causes cervical mucus to thicken and the lining of the uterus to thin. This keeps the sperm from reaching and fertilizing an egg. The LNG IUD can stay in a woman’s uterus for up to 5 years, depending on the type. *Typical use failure rate:* 0.1-0.4%.
Vasectomy | This operation is done to keep a man’s sperm from going to his penis, so his ejaculate never has any sperm in it that can fertilize an egg. The procedure is typically done at an outpatient surgical center. The man can go home the same day. Recovery time is less than one week. After the operation, a man visits his doctor for tests to count his sperm and to make sure the sperm count has dropped to zero; this takes about 12 weeks. Another form of birth control should be used until the man’s sperm count has dropped to zero. *Typical use failure rate:* 0.15%.
Tubal Inclusion | A woman can have her fallopian tubes tied (or closed) so that sperm and eggs cannot meet for fertilization. The procedure can be done in a hospital or in an outpatient surgical center. You can go home the same day of the surgery and resume your normal activities within a few days. This method is effective immediately. *Typical use failure rate:* 0.5%.

References:
https://www.cdc.gov/reproductivehealth/contraception/index.htm