

Lesson 6 Reproduction and Contraception (How we do (and don't!) make babies)



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1. Review of sexual body parts
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- Women with disabilities are more likely to have unintended pregnancy than women without disabilities.
- A national study found that 26% of people with intellectual disabilities have reported having a sexually transmitted infection.
- Knowledge is power; the more we know, the more we can prevent unwanted pregnancy and sexually transmitted infections.

People with IDD are more likely to experience unwanted pregnancy and sexually transmitted infections (STI). This is largely due to a lack of sexuality education - if we don't know the facts, how can we make good decisions?

It is important to know how our bodies work, how our actions produce consequences, and how to behave in a way that gives us the results we want. The best way to get there is to know the facts!

This unit will explore how sex can produce babies and spread infection, and how informed choices can keep us healthy.

A person's cognitive age is not always the same as their chronological age. However, while everybody and each body is different, people with intellectual and developmental disabilities physically mature at the same rate as people without disabilities, and should therefore receive age-appropriate sex health information. This curriculum is intended for *all* transition students ages 14-21.

"Regarding sex education: no secrets!" - Albert Einstein

According to the Public Library of Science, comprehensive sex education helps students "feel more informed, make safer choices, and have healthier outcomes."

This is exactly what we want!

Our purpose is to guide you through a comprehensive and accurate home-based sex education curriculum, ensuring that you have all the information you need to teach effectively.

For Parent/Caregiver/Teacher to **read to yourself**:

You may be uncomfortable with some of this material, and that's okay. Our kit is designed so that if any of the topics is in conflict with your religious or moral beliefs, you may simply skip over those parts and pick up at a place at which you are more comfortable. You may also want to adapt or adjust certain lessons, and that's okay too.

As for the parts that are simply embarrassing, uncomfortable, or feel icky, we ask you to keep pushing through! It is important that your student/loved one gain all the knowledge they need to make safe, healthy, informed decisions as they become more independent. And that means, well, talking about stuff that we don't feel great talking about.

Just remember: The more you talk about it, the easier it gets.

For Parent/Caregiver/Teacher to **read aloud before each session**:

We are going to talk openly here, ask questions, and allow each other to express ourselves without judgement. There are no silly questions and no wrong feelings. This is a safe space. This is a learning space. If you hear something that you do not understand or that upsets you, please speak up. You can take breaks or leave the room for a while if you need to. We are going to learn together.

This unit is about REPRODUCTION AND CONTRACEPTION.

You get to decide what you want out of your sexuality!

Topics will include:

Human reproduction

Abstinence

Contraception

Sexually transmitted infections

If any of these topics is a trigger for anxiety or negative feelings, please speak up so we can skip those areas or talk through what bothers you.

You will need:

- Pen or pencil
- Empty plastic bottle
- Condom or uninflated balloon
- Banana
- Worksheets 37b, 54 - 57b

Learning objectives for this lesson:

- Recognizing sexual/reproductive body parts
- Understanding how humans reproduce
- Identifying myths about sex and reproduction
- Recognizing abstinence as the most effective form of pregnancy/infection prevention
- Gaining familiarity with different types of birth control
- Understanding importance and mechanisms of birth control
- Gaining familiarity with causes and signs of sexually transmitted infections, and of prevention
- Understanding options/responses in cases of pregnancy or sexually transmitted infection

You may read this lesson as it is written or use your own words.

And because everyone's abilities are different, you may choose to skip some worksheets.

Section 1: Review of sexual body parts ★

The body is an amazing machine, with parts on the outside of our bodies and parts on the inside. Let's review what we already know before learning more.

Take out **WORKSHEET 37b**, the second page of "**Our Bodies**," again. Review the parts of our bodies and locate them over your clothes. Then quiz each other! You can ask, "Where is your elbow?" and "Where is your butt?" (among other parts) and have the other person point to theirs, or you can point to a part on yourself and ask the other person, "What is this part called?"



Then identify the parts that are *private*, our sexual parts. On some bodies, that includes the breasts, the vulva, the vagina, and the butt.

On other bodies, that includes the penis, the scrotum, and the butt. Which do you have?

Our private, or sexual, parts are on the outside of our bodies, meaning we can see them. But the parts on the inside are just as important! Put your hand on your chest (use Worksheet 37b to find it) - do you feel a beating feeling? That comes from your heart, an organ on the inside of your body. We cannot see it, but it's there.

Just like your heart, we have sexual parts that we cannot see, because they are inside of us.

Take out **WORKSHEET 54, "Our Sexual Parts (Inside)."**

Look at the person on the left. If you have a penis, put your hand on the large space below your belly button and above your penis - this is where your reproductive organs are inside you, and it probably looks like the picture within the blue circle.



Look at the person on the right. If you have a vagina, put your hand on the large space below your belly button and above your vulva - this is where your reproductive organs are inside you, and it probably looks like the picture within the pink circle.

You do not have to remember the names of all the parts; it's just good to know your body, inside and out!

The penis and the vagina are attached to these inside parts - our inside parts end and your outside parts join together right between your legs!

Take out the empty bottle (it doesn't matter what size or material!) and remove the label so you can see through it. Turn it upside-down so the opening is at the bottom, and insert your pen or pencil into the opening so most of the pencil is inside, with just a bit sticking out the opening. This is how we can picture our reproductive organs.

LET'S EXPERIMENT

The little bit on the outside is the penis or vulva, and the rest of it is located under your skin. (The opening of the vagina is on the surface of the body, but the rest of it lives inside!)

You can do this again later in the lesson if you want a visual, or you can take a picture of it now!

Section 2: Sex and human reproduction ★

Every part of our anatomy has a purpose (a job it does), even our inside and outside sexual parts. We already know that our outside sexual parts - the breasts, penis, vagina, and butt - are the ones where we feel our sexual feelings, the parts we might touch during masturbation. Many of us use these parts for sexual contact like kissing and touching because it feels good and can make us feel closer to our partner. But there is something more we can do with our bodies: *sexual intercourse*.

SEXUAL INTERCOURSE (usually just called "sex") is the act of a person's penis entering another person's vagina.

*There are other types of intercourse that involve penetrating, or entering, another person's body opening, but "sex" and "sexual intercourse" will refer to a penis entering a vagina for our lessons.

Whether or not to have sexual intercourse is one of the most important decisions a person can make (remember your feelings, boundaries, and values!), not just because it is a very special act between partners, but because it has some of the biggest consequences of any sexual act. One of those consequences is *reproduction*.

REPRODUCTION is how we make babies (also called “getting pregnant” or “pregnancy”).

Reproduction is how everyone in the world was created; we all come from parts of someone with a penis and someone with a vagina. To understand how reproduction works, it is important to understand the parts of the body (good thing we are learning them!).



Take out **WORKSHEET 37b, "Our Bodies"** and **WORKSHEET 54, "Our Bodies (Inside),"** again. Find the different body parts on the worksheets as we explain how reproduction works! Use your finger to trace the movements of the egg, sperm, and sexual intercourse!

We will discuss reproduction in three sections:

- Bodies
- Sexual intercourse
- How a baby is made

BODIES:

The body with the penis has a scrotum which holds two testicles, almost like two beanbags. The testicles become filled with semen, a sticky liquid that comes out after orgasm. Inside the semen are tiny little sperm, little swimming things that live in the semen.

The body with the vagina is born with a really large amount of eggs (yes, eggs!) in their ovaries. When the body becomes mature and begins to menstruate, it can then release those eggs. Every month before menstruation, the ovary releases an egg into the fallopian tube, where it sits and waits. This is called *ovulation*, which happens 12-16 days before menstruation.

To reproduce (make a baby), one of the sperm (from the body with the penis) must connect with the egg (waiting in the body with the vagina).

But how does the sperm get to the fallopian tube where the egg waits for it?

By sexual intercourse!

SEXUAL INTERCOURSE:

When the body with the penis becomes sexually excited, the penis becomes hard (known as an erection). The penis is then inserted into a vagina, known as sexual intercourse!

When the body with the penis has an orgasm (that good feeling at the end of sexual contact), it releases the semen and its sperm. The semen flows up the vagina, through the uterus, and into the fallopian tubes.

HOW A BABY IS MADE:

When the semen flows up, the sperm swim inside it. Sometimes, one will connect with the egg!

If no sperm meets the waiting egg, the egg will later be flushed out with menstruation (in the blood). A new egg will be released again the following month.

If one of those tiny sperm *does* penetrate (get inside) the waiting egg, the egg becomes *fertilized*.

FERTILIZATION is a sperm joining an egg in the fallopian tube and creating a *zygote*, which can grow into a baby.

A **ZYGOTE** is a fertilized egg.

Sometimes, more than one sperm will reach the egg - then, the race is on to be the first one to get inside of it!

After the egg is fertilized in the fallopian tube, it becomes a zygote and drops down into the uterus where it can grow into a baby.



Take out **WORKSHEET 55, "Fertilization."** Cut out the six pictures and put them in order to tell the story of how an egg becomes fertilized! What comes first? What happens next? What would you see last?

How can you tell if you or your partner is pregnant?

Signs and symptoms include:

Missed menstrual period (more than 1 month has passed since the last one)

Nausea/vomiting

Tiredness/fatigue

Breast tenderness/enlargement

Breathlessness

New cravings or distaste for certain foods

If you have had sex and have any of these symptoms, tell a trusted adult and take a test.

A home pregnancy test is quick and easy - the box includes a stick that you pee on; results will tell you if you are pregnant or not.

Section 3: Myths

It is so important to know about your body and how it works, because that is the only way we can take care of it!

What if you had a dog and didn't know you needed to feed it?

It would go hungry!

What if you had a pencil but didn't know how it worked?

You would not be able to fill out our worksheets! (And that's no fun!)

But sometimes we get information that is wrong - sometimes what we hear is wrong. So we will help clear up the *myths* that tell us things about sex that are not true.

MYTHS are pieces of information that are not true, but that many people believe.

Here are some common myths about reproduction that you should never believe:

MYTH: You can't get pregnant (make a baby) the first time you have sexual intercourse.

TRUTH: Yes, you can! Any time a sperm reaches an egg, it may fertilize that egg and make a zygote. If anyone ever says it can't happen, they are wrong.

MYTH: Peeing after sexual intercourse will keep the sperm from fertilizing the egg.

TRUTH: No, it won't! Peeing will not affect pregnancy. The reproductive body parts (ovaries, fallopian tubes, uterus, vagina, etc.) are not used in peeing - that takes place through a hole located just *above* the opening of the vagina. So, if sperm are inside the vagina, peeing will not flush them out.

MYTH: Sperm can only live for a short time after it is released.

TRUTH: Sperm can live up to five days after being released into a vagina. So, if an egg is not waiting in the fallopian tube during intercourse, the sperm might actually wait for the egg in the fallopian tube! That egg can become fertilized by the sperm that are already living there.

MYTH: You can't get pregnant while you are menstruating.

TRUTH: Even though it is most likely that an egg would be fertilized around ovulation (a couple of weeks before menstruating every month), it is possible for the egg to still be waiting for a while during menstruation. It is unlikely, but pregnancy *can* occur during your period.



Section 4: Abstinence ★

Although reproduction requires a person with a penis and a person with a vagina (and, of course, a uterus to hold the fertilized egg, or zygote), there is a way to get pregnant without sexual intercourse. That is because *any contact* between semen (the liquid which holds the sperm) and a vagina can bring together sperm and an egg.

Even if the penis does not go inside the vagina, semen can be released outside of but near the vagina; that can impregnate the person with the vagina/uterus.

Semen can also get onto a person's hand which can come in contact with a vagina. The person with the vagina/uterus can get then pregnant.

So what happens if we want to have sexual intercourse but we do not want to get pregnant (if you have a uterus) or get someone else pregnant (if you have a penis)?

There are many ways to try to keep the sperm from fertilizing the egg, but the only sure-fire, no-question, always-works, guaranteed way to prevent getting pregnant is *abstinence*.

ABSTINENCE is the decision *not* to have sex, sexual activity involving exchange of bodily fluids (like semen, the liquid that holds the sperm, and fluids from the vagina) or having sexual contact where semen exists.

Making sure that semen and a vagina do not come in contact is the best way to not get pregnant.

Many people choose abstinence for other reasons, too! Remember when we talked about values and feelings? People whose values include not having sexual contact before marriage, people whose faith says they should wait until marriage, people whose culture and family believe they should wait until marriage or a certain age, and people who simply do not want to have sexual contact may all choose abstinence!

Someone may choose to be abstinent even after they have already had sex. Like consent, a person can change their mind at any time and decide not to do something. So a person who has had sexual contact - or even had a baby! - may then decide that they no longer want to have sex. And that is not only a great way to keep from getting pregnant, but to honor your values and feelings!

Again, abstinence does not mean that you cannot have any sexual contact - lots of people who are abstinent still hold hands, hug, touch, and kiss. They simply make sure that semen from a penis does not come in contact with another person's vagina, stomach, leg, or hand (anything that can touch the semen and be brought to the vagina). A great way to remain abstinent is to keep clothes on that cover the penis and vagina, like pants, and to say "no" to sexual intercourse.

That is why discussing your boundaries with you partner is so important!

Let them know how you feel about sex and abstinence before you have sexual contact, if possible.

If not, you are always allowed to change your mind.

Even if you have had sexual contact or sex before.

Even if you are in the middle of having sexual contact or sex.

You have the right to do what you want with your body and to honor your values!

While sexual contact and sex can sometimes make us feel closer to our partner, there are other, great ways to feel that closeness. Having long talks, sharing secrets, and just spending time together can keep us feeling connected. There are many ways to show someone you love them!

However, it can feel difficult to have sexual feelings and not act on them. So if we choose abstinence, it may take a little extra effort to make sure that we stick to our goal.

Some tips to remaining abstinent include:

- Avoid drugs and alcohol
- See your partner with other friends or in groups
- Use your energy in different ways, like exercise or creating art
- Remind yourself why you have chosen to be abstinent
- Masturbate
- Reassure your partner that you do care about them, but that you choose to show it in a non-sexual way
- If your partner tries to coerce you (with guilt or threats), they may not be the right person for you. If someone really loves you, they will respect your decision.



Take turns saying "no" to holding hands (or giving high-fives, or handing over your pencil, or whatever you are comfortable doing!) while the other person uses coercion to try to change your mind! Use an assertive voice and remain firm. Then switch roles.

Practice giving non-consent and accepting non-consent!



Take out **WORKSHEET 28, "The Rejection Files,"** again. Look at the list of right and wrong things to say and do when you reject another person or they reject you. And remember, it happens to everyone. But there is someone out there who will say "yes!"



Take out **WORKSHEET 56, "Instead of Having Sex."** If you think abstinence is the right choice but you still want to spend time with a romantic partner, look at the suggestions for staying close while respecting your values and boundaries. Can you think of some other things to do together that do not include sexual contact or sex? Fill them in and add to the list whenever you think of more ideas!

Section 5: Sexually transmitted infections ★

Many people choose abstinence because of their feelings, values, or boundaries, and some people choose it because they do not want to get pregnant. But there is another consequence of sexual intercourse besides pregnancy: *STIs*.

STIs (short for "sexually transmitted infections") are illnesses that happen when germs enter the body and cause a reaction, and can be passed from one person to another through sexual contact. Like catching a cold when someone who is sick coughs or sneezes near us, STIs are spread by any kind of sexual activity involving our mouth, anus, vagina, or penis, and body fluids like blood, urine (pee), semen, saliva (spit), and other areas that have mucus. Some STIs can be cured with medicine, but there are a few that never go away and some that may cause major health problems.

If you get an STI or think you may have one, it is important that you do NOT have any sexual contact until you have seen a doctor! STIs spread very easily!

Some common types of STIs are:

- Chlamydia (pronounced cla-MID-ee-ah) can affect both people with a penis and with a vagina. People with a vagina might notice strange vaginal discharge or a burning sensation when peeing; people with a penis might have abnormal discharge from the penis or a burning sensation when peeing, plus possible pain in the testicles. Chlamydia can be cured with medicine, but it is important to see a doctor when you first notice your symptoms (changes in the body), as going untreated can lead to problems getting pregnant later on.
- Herpes Simplex (pronounced HER-pees SIM-plex) can affect anyone, and cannot be cured. Symptoms include painful or itchy sores and blisters that come and go, but the infection does not cause any major health problems. Herpes simplex 1 is spread by saliva (spit) and causes sores on the face or mouth, including cold sores; Herpes simplex 2 causes sores on skin that comes in contact with an infected penis or vagina. People who get herpes simplex may also experience fever, swollen lymph nodes, or pain while peeing. The infection usually does not cause major health problems.

- Genital Warts (pronounced JEN-it-ull warts) is the most common type of STI, and even though medicine can cure it, once you have had genital warts you can always pass it along to a sexual partner (even when you do not see the warts). Certain types of *human papillomavirus* (HPV) can cause the infection. Symptoms include rough, skin-colored or whitish-grey growths on your skin with mild bleeding, burning, itching, or irritation. Skin-to-skin sexual contact involving a penis, vagina, or mouth can spread genital warts, and the growths will appear at the site. The infection does not cause any serious health problems.
- Gonorrhea (pronounced gon-oh-REE-uh) is spread through sexual fluids, including vaginal fluid and semen. The infection often does not have any symptoms, so it is important to keep testing if you are having sexual intercourse (we will learn how to have intercourse and still protect against these infections later!). However, some people do experience symptoms: people with a vagina may notice vaginal discharge, bleeding when not menstruating, pain while peeing or during sexual intercourse, or belly pain; people with a penis may have discharge from the penis, pain or swelling in the testicles, and pain while peeing. There may also be flu-like symptoms, like itchy throat or trouble swallowing, or itching, discharge, and pain while pooping. Medicine called antibiotics can cure gonorrhea, but going untreated can cause problems becoming pregnant.
- HIV (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome) wear away at our ability to fight illnesses. We can catch HIV through contact with bodily fluids, as with sexual activity. It is extremely important to notice symptoms and receive immediate treatment, as HIV can lead to AIDS, the final stage of the HIV infection that can be deadly. (You cannot get AIDS without having gotten HIV.) Symptoms include flu-like symptoms like fever, chills, tiredness, sore throat, rash, and mouth sores (although these symptoms are very common to other illnesses and you do not need to panic if you experience them!). You cannot get HIV or AIDS from kissing, using a public toilet, sharing a water fountain, hugging, or bug bites.
- Syphilis (pronounced SIF-ill-iss) can be treated with medication, but can cause blindness and paralysis, or lead to problems with your heart, brain, spinal cord, and other organs if left untreated; the longer you wait for treatment, the more damage can be done. Symptoms include a small, smooth sore on the genitals, mouth or lips, followed by a rough red or brown rash that grows to cover the entire body.

The most sure-fire, no-question, always-works, guaranteed way to prevent getting an STI is abstinence.

Spotlight



JC OLIVERA/WIREIMAGE

Magic Johnson is a retired American All-Star basketball player who has a learning disability called dyslexia. The Los Angeles Lakers and Olympics Hall-of-Famer overcame his disability and earned a college degree in communications from Michigan State University. He later became a successful businessman after retiring from sports. Johnson publicly announced back in 1991 that he had the **STI** HIV but remains strong and vital even today!

Section 6: Contraception ★

As we learned, abstinence is the best way to make sure you do not get pregnant or get an STI; however, you may still feel (after examining your values, boundaries, and possible consequences) that you are ready to have sex. The way to have sexual intercourse and most likely not get pregnant or get an STI is by using *contraception*.

CONTRACEPTION is the use of materials or certain behaviors to prevent sexual intercourse from causing pregnancy or STIs. Also known as "birth control."

There are different materials and behaviors that can help keep us from causing pregnancy, although it is important to know that sometimes they do not work, and that the only *definite* way to avoid getting pregnant or getting someone else pregnant is by remaining abstinent.

If we do have sex, however, we must use birth control if we do not want to create a zygote!

The only types of birth control that also prevent both pregnancy and the spread of STIs are the ones that keep fluids from the penis, fluids from the vagina, and blood from traveling from one person to another. These types are known as "barriers," and are best used with other forms of birth control to make sure that STIs and pregnancy do not happen.

A **condom** is a thin piece of stretchy rubber that is placed over the erect (hard) penis - like a glove on a hand - before intercourse. This barrier keeps semen from flowing into the vagina and fertilizing an egg. Make sure the penis does not touch the vagina until the condom is applied! Condoms are **98% effective** if used properly! It is the only form of birth control used by someone with a penis.



LET'S EXPERIMENT

A condom must be put on properly if it is going to work! Practice is important - for both the person with the penis and the person with the vagina (either can put the condom on the penis). Take out a condom or uninflated balloon (which we will refer to as the condom) and a banana. Unroll the condom just a little bit and hold the tip so no air is trapped inside (which can make the condom split during sex). Place the condom over the tip of the penis. While squeezing the tip, roll it down over the length of the erect penis.

Condoms come lubricated (with a liquid covering it) to make the penis more easily slide into the vagina, If more lubricant is needed - sexual intercourse stretches the vagina, especially the first few times, and lubricant can help it feel smoother - you can purchase some at most drug stores. Try not to use oils or jellies found around the home, as they may not be healthy for the vagina and may damage the condom. *If you believe a condom may have been pierced or torn, do not use it!*

After sex, while still inside the vagina, hold the base (the opening) of the condom against the penis and pull out the penis with the condom still on before the penis softens. Take the condom off away from your partner and throw it away. (NEVER reuse a condom!) And don't forget your hygiene: you'll want to wash your hands after touching a used condom!

An **internal condom** prevents the sperm from flowing up the vagina and meeting an egg like a regular condom; however, instead of covering the penis to catch the semen, it is used *inside the vagina* to catch the semen. Like always, make sure the penis does not come in contact with the vagina (or area around the vagina) until the internal condom is inserted. This method of contraception is **95% effective**, so there is still a small chance of a pregnancy.

Insert the internal condom right before sexual intercourse by first getting into a comfortable position, like standing with one foot on a chair, lying down, or squatting. Squeeze together the sides of the inner ring at the closed end of the condom (where there is no opening) and slide it into the vagina. Push the inner ring into your vagina as far as it can go, up to your cervix (you will feel when it cannot go up any farther). Pull out your finger and let the outer ring (the one with the opening) hang about an inch outside the vagina. The penis will enter this opening for sexual intercourse.

To remove the internal condom, gently twist the outer ring and pull it out of vagina, making sure to keep the semen trapped inside the "bag." Then throw it away and wash your hands! (NEVER reuse an internal condom!)

Condoms are available at most supermarkets, grocery stores, and convenience stores, but the internal condom must be prescribed by a doctor.



Birth control pills (also known as **the pill**) are a kind of medicine for people with vaginas that releases hormones to stop ovulation (the ovaries releasing eggs), and to thicken the mucus in the cervix to block sperm from reaching an egg that may get by. The pills must be taken every day to be **99% effective**, but if a day is missed, pregnancy can happen. (So if we are forgetful, the pill is not the form of birth control we want to choose!) The pill also does not protect against the spread of STIs. A regular doctor or gynecologist must prescribe the pill.

Diaphragms and **caps** are circular domes (like soft, stretchy little bowls) that are inserted into the vagina to catch the semen. Like the condom and internal condom, the diaphragm or cap must be in place before the penis touches the vagina or its surrounding area, but can be inserted up to two hours before sexual intercourse.

And unlike the condom and internal condom, the diaphragm must be used along with a *spermicide* (liquid that kills sperm within the semen).

When inserted properly and used with the spermicide, a diaphragm or cap is **92-96% effective**.

You must first see your doctor or a gynecologist to measure inside the vagina (to ensure a proper fit) for a prescription for this contraceptive. The doctor will also teach you how to insert it!

A diaphragm or cap **MUST** remain inside the vagina for *at least six hours* after sexual intercourse. Removing it earlier risks pregnancy. But it must be removed and cleaned within 24 hours.

Unlike the condom and internal condom, the diaphragm is cleaned and saved for use over and over again. Never boil a diaphragm or cap to clean it, and never use powder on it (it can cause an infection in the vagina). Clean with soap and water after each use (after staying inside the vagina for at least six hours!) and let air dry.

Keep the diaphragm in a clean place away from heat and sunlight.

A **Vaginal ring** is a small, soft, plastic ring that is placed inside the vagina. It releases hormones into the bloodstream to prevent pregnancy. When used properly, the vaginal ring is **more than 99% effective**. To insert, squeeze the ring between the thumb and finger, and gently insert the tip into the vagina; gently continue to push upwards until it feels comfortable.

This form of birth control stays inside the body for 21 days and then is removed (pulled out with clean hands) and thrown away until a new one is reinserted seven days later.

While the vaginal ring is very effective against pregnancy and requires very little attention, it can cause vaginal discharge, breast tenderness, and headaches; however, the vaginal ring may also relieve premenstrual symptoms and make menstrual bleeding and cramps less severe.

IUDs (intrauterine devices, meaning "inside the uterus") are small pieces of flexible plastic shaped like a T that are placed in the uterus through the vagina by a gynecologist (doctor who treats people with a vagina). These contraceptives release either hormones or copper to thicken the walls of the uterus to make it impossible for the sperm to flow up to the waiting egg. They also make sure that fewer - if any - eggs are released.

Unlike the condom, internal condom, diaphragm/cap, and vaginal ring, the IUD is inserted and remains inside the body of someone with a vagina for anywhere from three to ten years, or until removed by a doctor, so we don't have to think about it! **It is more than 99% effective.**

The IUD does not prevent STIs and should be used with a condom or internal condom.

Implants are thin, tiny rods about the size of a matchstick that, like the pill, releases hormones into the body to prevent eggs from leaving the ovaries, and thickens the mucus in the cervix to keep sperm from meeting an egg that may get by. They are more than **99% effective**, and stay in the body for up to five years, until removed or replaced by a doctor. So, unlike the pill or condoms, we don't have to worry about forgetting to use this birth control. However, the implant does not protect against STIs and should therefore be used along with condoms or internal condoms.

Shots (also known as **the depo shot**) are best for people vaginas who don't mind needles, it is an injection of the hormone progestin that is given every three months. This birth control method is **99.8% effective** (almost 100%!) but does not protect against STIs.



Take out **WORKSHEETS 57a and 57b, "Contraception Memory Cards."** For the first game, print out Worksheet 56b twice, then cut out all pictures. Lay them face-down on a table and mix them around. Players take turns turning any two cards picture-side-up. A player makes a match if the two cards are identical.

When a match is made, the player takes both cards. That player then continues turning over pairs until they do not reveal two identical cards.

The next player tries to remember which cards were turned over so they can make a match.

The game continues until all cards have been matched and removed from the playing area. All players then count up their matching pairs.



For the second game, take out one set of cut out cards from **WORKSHEET 57b**. Put them in a hat, a bowl, a bucket, or whatever you like.

Pick out the contraception cards one by one and explain how each is used, and by whom (the person with a penis or the vagina)!

BONUS: Cover the names of each form of birth control on the cards and see if you can name them!

Section 7: What to do in case of pregnancy or sexually transmitted infection ★

We know the symptoms of sexually transmitted infections, but how do we know if we are pregnant? The main symptom is not getting our period, or menstruating (remember, you cannot even get pregnant until you have already gotten your first period). Our period usually arrives on a regular basis - every three or four weeks - and can be tracked by marking the days on a calendar or using an app on your phone.

If our period is a week or more late, we might be pregnant!

Other symptoms include:

Tender, swollen breasts

Nausea (feeling like you might throw up) or throwing up

Increased peeing

Tiredness

Some people find they are more moody or emotional during this time

If you have any symptoms of pregnancy and/or a sexually transmitted disease, tell a trusted adult and see a doctor immediately. Both of these conditions mean you need to take care of yourself, either with medication or medical treatment.

It can be scary to talk to an adult about this, especially if they didn't know you have had sex. It may make us want to hide or keep secrets. But ignoring pregnancy or an STI will not make it go away, and it can actually hurt us more in the future (look back at the section on sexually transmitted infections to become familiar with signs and symptoms, as well as how these illnesses can affect our health!).



Take turns practicing telling a trusted adult that you have had sex and believe you are pregnant or have an STI! Talk about the symptoms you are feeling. The more you practice, the easier it will feel if you ever need to have this talk!

END OF LESSON 6 ★

Be sure to check in with your student about how they feel. Hard topics can bring up emotions like sadness or fear - make sure your student is ok, and talk it through if they are not. Then you can see if they have any questions! Great job!

ABSTINENCE is the decision *not* to have sex, sexual activity involving exchange of bodily fluids (like semen, the liquid that holds the sperm, and fluids from the vagina), or having sexual contact where semen exists.

BIRTH CONTROL PILLS (also known as the pill) are a kind of medicine for people with vaginas that releases hormones to stop ovulation (the ovaries releasing eggs), and to thicken the mucus in the cervix to block sperm from reaching an egg that may get by.

CONDOMS are thin pieces of stretchy rubber that are placed over the erect (hard) penis - like a glove on a hand - before intercourse.

CONTRACEPTION/BIRTH CONTROL is the use of materials or certain behaviors to prevent sexual intercourse from causing pregnancy or STIs. Also known as "birth control."

DIAPHRAGMS and CAPS are circular domes (like soft, stretchy little bowls) that are inserted into the vagina to catch the semen.

FERTILIZATION is a sperm joining an egg in the fallopian tube and creating a *zygote*, which can grow into a baby.

IMPLANTS are thin, tiny rods about the size of a matchstick that, like the pill, releases hormones into the body to prevent eggs from leaving the ovaries, and thickens the mucus in the cervix to keep sperm from meeting an egg that may get by.

INTERNAL CONDOMS are used inside the vagina to catch semen.

IUDs (intrauterine devices, meaning "inside the uterus") are small pieces of flexible plastic shaped like a T that are placed in the uterus through the vagina by a gynecologist (doctor who treats people with a vagina).

MYTHS are pieces of information that are not true, but that many people believe.

REPRODUCTION is how we make babies (also called "getting pregnant" or "pregnancy").

SEXUAL INTERCOURSE/SEX is the act of a person's penis entering another person's vagina.



SHOTS/DEPO SHOTS are injections of the hormone progestin that is given every three months.

STIs (short for "sexually transmitted infections") are illnesses that happen when germs enter the body and cause a reaction, and can be passed from one person to another through sexual contact.

VAGINAL RINGS are small, soft, plastic rings that are placed inside the vagina, releasing hormones into the bloodstream to prevent pregnancy.

ZYGOTE is a fertilized egg.