PERSONAL SOCIAL HEALTH ECONOMIC EDUCATION

PERSONAL WELL-BEING - SEX AND RELATIONSHIP EDUCATION

YEAR 9 LESSON 2 TITLE Healthy Lifestyles

KEY CONCEPTS

- Recognising that healthy lifestyles and the well-being of self and others depends on having the right information and using this to make responsible choices
- Understanding that physical, mental, sexual and emotional health affects our ability to lead fulfilling lives, and that there is help and support available to those who feel threatened
- Dealing with growth and change as normal parts of growing up

KEY PROCESSES

- Develop self-awareness by reflecting critically on their behaviour and its impact on others
- Assess and manage the element of risk in personal choices and situations, helping others to minimise risk when necessary
- Use the social skill of negotiation within relationships recognising their rights and responsibilities and that their actions have consequences

CONTENT

- ♦ Sexual activity; human reproduction; contraception; pregnancy; sexually-transmitted infections and HIV; how high-risk behaviours affect the health and well-being of individuals, families and communities
- Ways of recognising and reducing risk, minimising harm and getting help in emergency and risky situations

LEARNING OUTCOMES

by the end of the lesson, pupils will be able to:

- Understand different methods of contraception
- ◆ Understand how to put on a condom

RESOURCES

'Contraception Information' sheets
Flipchart and pens
FPA contraceptive kit (available from the FPA to buy or from KRIS at Southmead hospital to borrow)
Condoms (in the 4YP 'Sexual Health Box');
Demonstrators (in the 4YP 'Sexual Health Box')
Blindfolds;
'Drunk Goggles' (available from the FPA to buy or from KRIS at Southmead hospital to borrow)
Stopwatch
'Contraception Question Grid'
'Ten easy steps to using a condom' sheet

LESSON PLAN

Activity 1 - Contraception Investigation

Timing

Resources

40 mins. approx

'Contraception Information' sheets; Flipchart and pens; FPA contraceptive kit

Divide the class into nine groups or pairs, and give each group access to a flipchart and pens and one of the 'Contraception Information' sheets. That group should then become the experts for their given method. If possible, assist the activity by giving the group the relevant item from the FPA contraceptive kit.

The contraceptive items to be covered are:

- Condom
- Combined oral contraceptive pill
- Progestogen only pill
- Implant
- Injection
- IUS (Intra-Uterine-System)
- Patch
- ❖ IUD (Intra-uterine –device or coil)
- Others (female condom, diaphragm, natural family planning etc.)

Give the groups fifteen minutes to read the information on the sheet and put the main points on the flipchart – including how it works, who uses it and where to get it from. When this is done, one group member should stay with the flipchart while the others go around the other groups and fills in a copy of the 'Contraception Question Grid'. The member who stays will act as the 'expert' – explaining how the method works and writing down any questions which they don't know the answer to.

Next, bring the whole class back together to discuss which methods they think are best and why. Particularly look for feedback on effectiveness, availability, ease of use and risks. Answer any questions which have been left unanswered, and finally stress that only condoms can prevent the transmission of STIs.

Activity 2 - Condom Race

Timing

Resources

15 mins. approx

Condoms; Demonstrators; Blindfolds; 'Drunk Goggles'; Stopwatch; 'Ten easy steps to using a condom' sheet

Divide the class into teams, and give them five minutes to discuss the correct steps for putting on a condom. Emphasise the importance of detail.

Next, give each team a condom and a demonstrator. Now use the stopwatch to now to time how long each time takes to put it on – describing what they're doing as they go along. Add five seconds to their time for every mistake/omission made, and have a prize for the winner (not a condom!); use the 'Ten easy steps to using a condom' sheet for reference.

For a variation on this exercise, get the teams to do the same thing blindfolded, wearing 'Drunk Goggles' or in a closed box with a hole in either side.

1. Condom

Use this information sheet to tell other people about the condom and to answer their questions.

What it is: A thin rubber sheath that looks a bit like a long balloon. It has an

opening at one end and fits over the erect penis. At the top is a teat to

catch semen on ejaculation.

How it works: When it is on the penis during sex, it physically prevents sperm

from entering the vagina. It also forms a barrier against bacteria and viruses, which reduces the risk of passing on or catching an STI.

How to use it: The condom is rolled on to the erect penis before it goes near

anyone's mouth, vagina or anus. It catches the semen on ejaculation. After ejaculation, the condom is carefully removed and disposed of.

How to get it: Any young person, including young people under 16, can buy

condoms. They are sold at chemists, supermarkets and petrol stations and from dispensing machines in pubs, clubs and toilets. They are also free from Brook Centres, young people's clinics and family planning

clinics.

How effective it is: Used properly, male condoms are 98% effective.

Advantages:

- ◆ Easily available
- ♦ Simple to use
- Only form of contraception that also protects against STIs
- ◆ Putting a condom on can become part of the sexual activity

- ◆ Some claim the male contraceptive interferes with sex, because it has to be rolled on carefully just as things are hotting up. But that's no excuse for not using it it's the only contraception that protects against STIs.
- Can occasionally split or come off
- Need to learn how to use it properly for it to be effective

2. Combined Oral Contraceptive Pill

Use this information sheet to tell other people about the combined oral contraceptive pill and to answer their questions.

What it is: Tablets containing two types of synthetic (man-made) hormone:

oestrogen and progestogen. This is the one we usually call 'the Pill' or

'the combined Pill'.

How it works: The hormones oestrogen and progestogen

Stop the ovaries from releasing an egg cell each month (stop

ovulation)

Make it more difficult for the sperm to get through the cervix to

fertilise an egg cell if there is one

Keep the lining of the womb thin so that it is unsuitable for a fertilised

egg cell to implant

How to use it: Usually, one tablet is taken every day for 21 days followed by a 7-day

break. (The EveryDay combined pill is taken every day for 28 days in

the right order with no break between packs).

How to get it: On prescription from any doctor or GP who provides contraception,

Brook Centres, young people's clinics, family planning clinics and some

GUM (genito-urinary medicine) clinics.

How effective it is: More than 99% effective if taken according to the instructions.

Advantages:

- Does not interrupt sex
- Bleeding may be lighter and period pain or pre-menstrual tension (PMT) is less likely
- Protects against cancer of the ovaries and womb

- Does not protect against STIs
- ♦ In a small number of women it can cause serious side-effects such as blood clots and cancer of the breast or cervix. The very small risk of blood clots in veins is increased if you have a family history of your mother or father having a clot at a young age. The low increased risk of breast cancer returns to normal risk 10 years after stopping the pill
- ◆ Can cause weight gain or skin problems
- You can forget to take it

3. Progestogen Only Pill

Use this information sheet to tell other people about the progestogen only pill and to answer their questions.

Oestrogen-free alternative to the combined contraception pill. What it is:

Sometimes called the 'minipill'.

How it works: The hormone progestogen:

Thickens cervical mucus and so makes it more difficult for sperm to get

through the cervix to fertilise an egg cell if there is one

In most women, stops the ovaries from releasing an egg cell each

month (stops ovulation)

Keeps the lining of the womb thin so that it is unsuitable for a fertilised

egg cell to implant

How to use it: One tablet is taken every day of the month, at the same time of day.

How to get it: On prescription from any doctor or GP who provides contraception,

Brook Centres, young people's clinics, family planning clinics and some

GUM (genito-urinary medicine) clinics.

How effective it is: More than 99% effective if taken correctly, at the same time each day.

Advantages:

- Does not interrupt sex
- Can be taken by some women who cannot use the combined pill because they are sensitive to oestrogen
- Can be used when breastfeeding

- Does not protect against STIs
- Periods may be irregular
- You can forget to take it

4. Implant

Use this information sheet to tell other people about the implant and to answer their questions.

What it is: Small flexible rod, about the size of a matchstick, containing

progestogen, inserted under the skin of the inner upper arm.

How it works: Progestogen is slowly released out of the rod into the bloodstream and

this:

Thickens cervical mucus and so makes it more difficult for sperm to get

through the cervix to fertilise an egg cell if there is one

In many women, stops the ovaries from releasing an egg cell each

month (stops ovulation)

Keeps the lining of the womb thin so that it is unsuitable for a fertilised

egg cell to implant

Works for up to three years

How to use it: The implant has to be put in by a trained doctor or nurse.

How to get it: Free from a GP or family planning clinic that has a doctor or nurse

trained to fit implants.

How effective it is: More than 99% effective.

Advantages:

- Works for up to three years
- ◆ Does not interrupt sex
- Fertility returns immediately when implant is removed

- Does not protect against STIs
- Periods may be irregular or stop altogether
- Can cause headaches and skin problems

5. Injection

Use this information sheet to tell other people about the injection and to answer their questions.

What it is: Progestogen-based contraceptive injection.

How it works: Progestogen is released into the bloodstream, stored in the body, and

slowly released. This:

Thickens cervical mucus and so makes it more difficult for sperm to get

through the cervix to fertilise an egg cell if there is one

In many women, stops the ovaries from releasing an egg cell each

month (stops ovulation)

Keeps the lining of the womb thin so that it is unsuitable for a fertilised

egg cell to implant

Works for 8 or 12 weeks, depending which brand is used

How to use it: The injection is given by a doctor (and some nurses).

How to get it: Free from any doctor or GP who provides contraception, Brook Centres,

young people's clinics or family planning clinics.

How effective it is: More than 99% effective.

Advantages:

- Does not interrupt sex
- ◆ Women do not have to remember to take a pill
- May protect against cancer of the womb

- ◆ Does not protect against STIs
- Periods may be irregular or stop altogether
- Can cause headaches and skin problems
- Sometimes can take a year or more after stopping the injection for regular periods to return
- ◆ As the hormone is injected into the body, any side-effects may continue for as long as the injection lasts, and sometimes longer
- ◆ Depo-Provera works by lowering levels of the female hormone oestrogen and this can cause slight thinning of the bones by reducing bone mineral density

6. Intra-Uterine System (IUS)

Use this information sheet to tell other people about the IUS and to answer their questions.

What it is: Tiny plastic T-shaped device which is fitted into the womb.

How it works: Sits in the womb and constantly releases a small amount of the

hormone progestogen. This:

Thickens cervical mucus and so makes it more difficult for sperm to get

through the cervix to fertilise an egg cell if there is one

In many women, stops the ovaries from releasing an egg cell each

month (stops ovulation)

Keeps the lining of the womb thin so that it is unsuitable for a fertilised

egg cell to implant

It protects against pregnancy for up to five years

How to use it: The device has to be put in by a trained doctor or nurse.

How to get it: Free from a GP or family planning clinic that has a doctor or nurse

trained to fit the device.

How effective it is: Almost 100%.

Advantages:

- Does not interrupt sex
- ♦ Works for up to five years
- Periods may be lighter or may stop completely, until the IUS is removed

- Does not protect against STIs
- ◆ Can cause irregular bleeding at first
- ◆ Can cause temporary side-effects such as skin problems and breast tenderness

7. Patch

Use this information sheet to tell other people about the patch and to answer their questions.

What it is: Small patch which releases oestrogen and progestogen, applied to the

skin like a sticky plaster.

How it works: Oestrogen and progestogen are slowly released from the patch

through the skin into the bloodstream. This:

Stops the ovaries from releasing an egg cell each month (stops

ovulation)

Thickens cervical mucus and so makes it more difficult for the sperm to

get through the cervix to fertilise an egg cell if there is one

Keeps the lining of the womb thin so that it is unsuitable for a fertilised

egg cell to implant

Each patch works for seven days

How to use it: The patch has to be provided by a trained doctor. It is put on by the

woman as instructed and replaced each week for three weeks. After three weeks, there is a break of one week when no patch is at work,

then the cycle starts again.

How to get it: Free from any doctor or GP who provides contraception, Brook Centres,

young people's clinics or family planning clinics.

How effective it is: Over 99% effective when used correctly.

Advantages:

- Does not interrupt sex
- Can be worn while swimming, having a bath or exercising
- ◆ Women do not have to remember to take a pill

- Does not protect against STIs
- Can cause headaches and skin problems
- Rarely comes off but may do so if you put oil or cream on the skin
- ◆ Contains the same hormones as the combined oral contraceptive pill, which in a small number of women can cause serious side-effects such as blood clots and, in the longer-term, cancer of the breast or cervix

8. Intra-Uterine Device (IUD) - Information Sheet

Use this information sheet to tell other people about the IUD and to answer their questions.

What it is: Small device made from copper/polyethylene which is fitted in

the womb. Sometimes called 'the coil'. Works for three to ten years

depending on the type of device.

How it works: The copper dissolves very slowly and prevents sperm from meeting an

egg cell. It may also stop an egg cell settling in the womb.

How to use it: The device has to be put in by a trained doctor or nurse.

How to get it: Free from a GP or family planning clinic that has a doctor or nurse

trained to fit the device.

How effective it is: 98-99% effective for newer types of IUD.

Advantages:

- Does not interrupt sex
- ♦ Works for between three to ten years depending on the type of IUD fitted

- ◆ Does not protect against STIs
- Periods may be heavier, more painful or last longer
- ◆ If it fails, there is a risk that a fertilised egg will implant in the fallopian tubes (known as an ectopic pregnancy)

Other Methods – Female Condom,Diaphragm/Cap and Natural Family Planning

Use this information sheet to tell other people about the female condom, diaphragm/cap and natural methods and to answer their questions.

Female Condom

What it is: Soft polyurethane plastic sheath, bigger than the male condom, which

lines the vagina and is held in place by a ring at either end.

How it works: Forms a barrier preventing sperm reaching an egg cell. Also forms a

barrier against bacteria or viruses, which reduces the risk of passing on

or catching an STI.

How to use it: The condom is inserted into the vagina and the closed end with the

inner ring fits over the cervix. The condom is removed after sex.

How to get it: Any young person, including young people under 16, can buy a female

condom from a pharmacy or chemist. They are free from Brook Centres, young people's clinics, family planning clinics, GPs and NHS walk-in

centres.

How effective it is: Used properly, female condoms are 95% effective.

Advantages:

- Easily available
- Simple to use
- Protects against STIs
- ◆ Oil-based lubricants can be used as it is not made of rubber
- ◆ Inserting a female condom can become part of the sexual activity

Disadvantages:

- Putting it in can interrupt sex
- Can occasionally slip
- Need to learn how to use it properly for it to be effective
- Can be forgotten
- Penis may go between the female condom and the vaginal wall

Diaphragm/Cap

What it is: Dome-shaped rubber device that fits into the vagina over the cervix.

How it works: Forms a barrier which prevents sperm from reaching an egg cell.

How to use it: Placed inside the vagina over the cervix before sex. Must be used with

a spermicidal cream or jelly to be effective. Must be left in place for six

hours after sex.

How to get it: Free from any doctor or GP who provides contraception, Brook Centres,

young people's clinics or family planning clinics. Must be fitted by a doctor or nurse as there are different sizes and shapes available. The doctor or a nurse

will also then show the woman how to use the device.

How effective it is: 93-96% effective if used with a spermicidal cream or jelly.

Advantages:

May protect against some STIs and cancer of the cervix

- Only needs to be used when having sex
- Can be put in before sex

Disadvantages:

Putting it in can interrupt sex

- Must be fitted by a doctor or nurse in the first place to make sure it's the right size and shape
- Can aggravate cystitis

Natural Family Planning

What it is: Avoiding pregnancy by having sex only when there is no chance of the male

sperm fertilising the female egg cell. Sometimes called 'the rhythm method'.

How it works: Using a variety of methods, the woman works out over several monthly

cycles when she is at the fertile phase of her monthly cycle and avoids

unprotected sex altogether during that time.

How to use it: Involves working out when a woman is at the fertile phase of her monthly

cycle and avoiding unprotected sex during this time.

How to get it: Training from a doctor or nurse is needed to use this method effectively.

How effective it is: This method is effective only if used correctly. It is very difficult to work out

exactly when a woman's fertile phase is and sperm can remain alive inside a

female for up to seven days, which makes mistakes likely.

Advantages:

No side-effects

◆ Can be used to plan pregnancy or avoid pregnancy

- Does not protect against STIs
- ◆ During fertile times, need to avoid sex or use a barrier method of contraception
- Must be properly taught to be effective
- Needs high level of commitment from both partners
- Need to keep daily records

Fill in the chart below:

Other methods - female condom, diaphragm/cap, natural family planning						
QNI						
Patch						
IUS						
Injection						
Implant						
Progestogen only pill						
Combined oral contraceptive pill						
Condom						
	ls it easy to use?	How effective is it?	Does it protect against STIs?	ls it free?	What are its advantages?	What are its disadvantages? e.g. any side- effects?

Ten Easy Steps to Using a Condom

- 1. Check that the packaging has the BSI or new CE mark and that the condom is within its expiry/'use by' date.
- 2. Carefully tear open the very top of the packet, making sure that the condom doesn't get torn as well.
- 3. Take out the condom.
- 4. Check that it's the right way up, with the roll outside.
- 5. Wait until the penis is erect and hard.
- 6. Pinch the teat at the top of the condom to expel any air inside it (this stops it from bursting).
- 7. Unroll the condom down to the base of the penis, still holding the teat at the top with your other hand.
- 8. Coat the condom with lubricant if using it (some condoms are pre-lubricated). (Only use a water-based lubricant such as KY Jelly on a latex rubber condom, not an oil-based 'lubricant' such as massage or aromatherapy oil, baby oil or suntan lotion). During sex, check that the condom is still on.
- 9. After sex, withdraw while the penis is still erect, holding the condom at the base of the penis. Then remove the condom and contents from the penis carefully.
- 10. Wrap it in a tissue and put it in a bin. If someone goes on to have more sex, they need to use a fresh condom every time.