

OUT OF
SCHOOL
YOUTH

MODULE 6

MY SEXUAL AND REPRODUCTIVE HEALTH

Facilitator Manual



FEDERATED STATES OF MICRONESIA

Out of school Family Life Education (FLE) resource package

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Version

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 = CORE ACTIVITY

1D

Activity: Condom demonstration



Activity overview:

From the earlier activities, participants learnt that using a condom is a way to practice safer sex. This activity helps participants practice the physical skill of using a condom correctly. Condoms are the only contraceptive method that protects from STIs, so it is important that young people feel comfortable using them. This activity may make participants feel uncomfortable or awkward, which can cause lots of laughing or silly behaviour. Some laughing is okay but you may need to remind participants of the group agreement.

Age: 12+

Time: 75 minutes

Learning objectives:

- Explain specific ways to reduce the risk of acquiring or transmitting STIs, including HIV
- Demonstrate the steps for correct external/male condom use, and where available, female/internal condoms
- Critically analyse the roles that stigma and power can play in increasing vulnerability to STIs and HIV, and influence the decision to practice safer sex
- Understand that relationships involving transactions of money or goods can limit the power to negotiate safer sex
- Apply effective communication, negotiation and refusal skills that can be used to counter unwanted sexual pressure, employ safer-sex strategies and achieve respectful sex and pleasure

Sensitive areas:

- Sex
- STIs

Resources:

- External (male) condoms
- Plastic banana/penis model
- Disposal bin
- Tissues
- Lubricant (either in a bottle or small packaging)
- Handout 1D: Condom demonstration



Preparation: Try to source a wood or plastic model to show how to put on an external condom. If you do not have a plastic or wood penis model to practice on, you can use banana. This activity will be done with separate groups for the male and female participants, so you will need two facilitators who are ready to

facilitate the activity on their own. You will also need two separate locations or spaces near to each other. Make sure you have enough resources for the two groups. Divide the resources and handouts into two based on how many male and female participants you have in your group.

Group composition: Pairs

Prior learning: Module 6, Activity 1C: Prevention and protection

Literacy support: Not required

Technology: None

Activity 1D: Condom demonstration

Instructions:

1. Tell the participants that the next activity is going to be a condom demonstration. For cultural and social reasons, just like for the session in Module 5 on anatomy, we are going to do it in separate groups for the males and females.
2. Divide the participants into a male and a female group. Have one facilitator and one group go to the other location. Then continue with the activity.
3. Introduce the activity by **saying something like:** *In this activity, we will be learning how to use an external condom, sometimes called a male condom or just a condom, and an internal condom (sometimes called a female condom). When used correctly and consistently, condoms offer the most effective methods of protection against STIs, including HIV. Therefore, it is important that every person has the knowledge, skills and confidence to use them every time they have sexual intercourse.*
4. Use handout 2D: to help explain the process of putting on an external condom. The steps for using an external condom are also described in step 7.
5. **Say something like:** *A condom is the only way to prevent both unplanned pregnancies and STIs, so it is important that you use them every time you have sex and know how to use them correctly. Condoms are most effective at preventing pregnancy when used alongside another effective method of contraception.*
6. On a clear open space, such as a table or on the floor, show how to use an external condom on a banana/penis model.
7. Explain the steps as you go:
 - Always make sure both you and your partner want to have sex and you've both consented first
 - Check the expiry date on your condom
 - Carefully open the condom packaging with your fingers; don't use teeth or sharp object like scissors to tear the packet
 - Make sure the condom is facing the right way so that it rolls easily down the base of the penis

- Grab the base of the penis with one hand and pinch the top of the condom with the other hand, guiding it on to the tip of the penis
 - Using one or both hands, glide the condom down the shaft of the penis, all the way to the bottom
 - Use lubrication (like a water-based lube) to help make sex more enjoyable and to help prevent the condom from tearing
 - After having sex, use your hands to hold on to the condom as you exit your partner
 - Take the condom off by keeping the liquid inside and tie a knot
 - Use a tissue to put the used condom in the rubbish, not the toilet
 - Clean up afterwards!
8. Ask participants to practice having a turn putting the condom on the penis model. Ensure tissues and a bin are available for rubbish at the end of the activity – allow 20 minutes to ensure everyone has had a go.
9. Now explain the steps for using female (internal condoms):⁽¹⁴⁾
- Always make sure both you and your partner want to have sex and you've both consented first
 - Check the expiration date on the package, and then open it carefully
 - The internal condom comes already lubricated, but you can add more lube if you want
 - If you're putting the condom in your anus, remove the inner ring; if you're putting the condom in your vagina, leave the ring in
 - Relax and get into a comfortable position; standing with one foot on a chair, lying down, or squatting are common options
 - If it's going in your vagina, squeeze together the sides of the inner ring at the closed end of the condom and slide it in like a tampon. Push the inner ring into your vagina as far as it can go, up to your cervix
 - If it's going in your anus, just push the condom in with your finger
 - Make sure the condom isn't twisted; pull out your finger and let the outer ring hang about an inch outside the vagina or anus; you're good to go!
 - Hold the condom open as the penis or sex toy is going into the condom to make sure it doesn't slip to the side between the condom and your vagina or anus
 - Once you've finished sex, if there's semen (cum) in the condom, twist the outer ring (the part that's hanging out) to keep the semen inside the pouch
 - Gently pull it out of your vagina or anus, being careful not to spill the semen if there is any
 - Throw it away in the bin (never flush any kind of condom, because it can clog your toilet)
 - Internal condoms are not reusable – use a new one every time you have sex

10. Ask participants to get into pairs. **Say something like:** *Effective communication, negotiation and refusal skills are very important to make sure we practice safer sex. Sometimes, people will use excuses to avoid using condoms and it is important we know how we can better communicate to make sure condoms are used or refuse to have sex all together.*
11. Tell everyone that in their pair, they need to come up with an excuse young people might use to avoid using a condom. For example, someone might say: 'We don't need a condom, I'm on the pill'. If participants are struggling to think of excuses, you can give them one of these examples:
- 'I'm on the pill'
 - 'I'll pull out with plenty of time'
 - 'They don't make condoms big enough for me'
 - 'We only have sex with each other, we don't need them'
 - 'I don't have a condom'
 - 'I'm allergic to latex (the material condoms are made from)'
 - 'Don't you trust me?'
 - 'They don't feel good'
 - 'I don't know how to use a condom'
 - 'I don't know where to get a condom'
12. Instruct participants by **saying something like:** *Person 1 in the pair will offer an excuse not to use condoms, and Person 2 will practice at least two different responses to that excuse. These responses can include communicating and negotiating to use a condom or refusing to have sex at all. You can use your worksheets if you can't think of any excuses yourself. Afterwards, Person 1 and Person 2 can swap roles.*

For example:

Communicate and negotiate	Refusal
Person 1: 'I'm on the pill' Person 2: 'That's great, but that won't protect against STIs'	Person 1: 'I'm on the pill' Person 2: 'If you don't want to use condoms, then I don't want to have sex'

13. After 5 -10 minutes, ask each pair to act out their excuse and responses to the rest of the group. They can also use their worksheets if they want to write their responses down.
14. Have a 10 minute discussion using the following questions.

Discussion questions:

Why it is important to use condoms?

Example answer: They are the only method of contraception that prevents unplanned pregnancies and STIs. Using a condom shows that you respect yours and your partner's health.

Is there still a risk that you can get an STI even if you use a condom?

Example answer: Condoms are very effective at preventing some STIs like chlamydia, gonorrhoea and HIV if you use them correctly and all the time. However, condoms don't always protect as well against genital warts and herpes as they don't cover all of the genital skin.

Why is lubrication important?

Example answer: It helps makes things more enjoyable and pleasurable by stopping friction and helps prevent sex from being painful. It also prevents the condom from tearing.

Can you use oil-based lubricants?

Example answer: No. You should only use lube that is water-based because oil based products can break the condoms.

What might be some barriers that prevent people from using condoms?

Example answers:

- **Relationships where one person has more power than the other:** For example, if someone is in an abusive relationship, forced into having sex, or having sex for money or other goods, they might not feel confident to insist the other person uses a condom. They might be afraid of the other person or they may feel they cannot speak up to insist on condoms, because they need the money/goods. Feeling powerless or vulnerable can really limit someone's ability to speak up for themselves and demand condom use.
- **Stigma:** Young people may want to access condoms but feel afraid that people (especially adults) will judge or criticise them for having sex. Feeling judged or ashamed makes it much less likely that young people will try and access condoms. This is not fair and every young person should feel safe and supported to access condoms. It is a misconception that girls using contraception are highly sexual or are 'sleeping around'. Contraception is an important tool that young people can use to look after their health and plan for their future. Healthcare workers should be supportive of young people accessing condoms as it is a positive, healthy choice.
- **Poor communication:** Communication is a very important part of having sex. If young people feel too awkward, unsure or embarrassed to talk to their partner about using a condom, they might need to reconsider whether they are ready to have sex. Good communication is key to ensure sex is respectful and pleasurable for everyone involved.
- **Lack of access:** Young people might have physical disability or live in areas where condoms are hard to find or expensive.

Can you use two condoms together for extra protection?

Example answer: No! Two condoms are more likely to break than one because they rub together and will cause a break or tear. Never use two condoms together. Condoms should be stored in a cool, dry place out of the sun.

Where can young people access condoms?

Example answer:

i Facilitator note

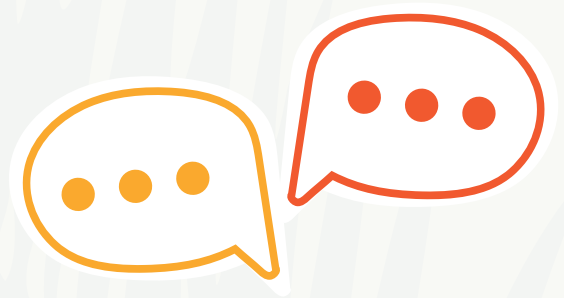
Facilitators should have information about local places a young person can go to for condoms that are youth-friendly.

Why is it important to pinch the tip of the condom?

Example answers:

- To remove the air and make space for any semen
- Prevents breaking during ejaculation
- The average speed of ejaculation is 45kms/hour
- Air in the tip of the condom can increase the chance of it breaking

15. To close the activity, **ask the participants:** *What are the main things you learnt from the activity?*
16. Conclude the activity by reading out any key messages they did not mention:
 - Getting consent to have sex is the first step to using a condom
 - Communication is very important when using condoms; young people may need to use their negotiation and refusal skills to make sure condoms are used
 - Some barriers to condom use include relationships where one person has more power than the other, stigma, poor communication, or lack of access
 - Condoms are the only contraceptive that also protects against STIs including HIV
 - Lube (lubricant) can help a lot to avoid tears and increase pleasure
 - Make sure condoms are not past their expiry date
 - Make sure condoms are stored away from heat and the sun
17. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session.
18. Bring the participants from the two groups back together before conducting the next activity.



Handout 1D: Condom demonstration

Always make sure both you and your partner want to have sex and you've both consented first



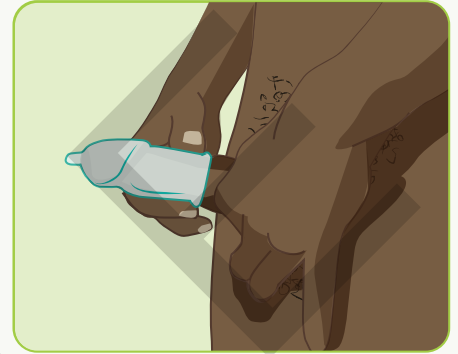
1. Check the expiry date of your condom

2. Carefully open the condom packaging with your fingers. Don't use teeth or sharp object like scissors to tear the packet

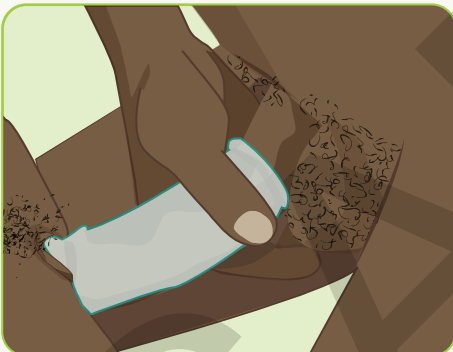


3. Make sure the condom is facing the right way so that it rolls easily down to the base of the penis

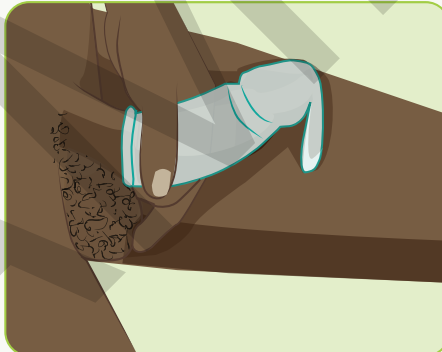
4. Grab the base of the penis with one hand and pinch the top of the condom with the other hand, guiding it on to the tip of the penis



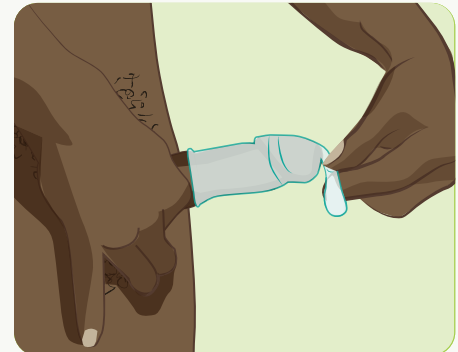
5. Using one or both hands, glide the condom down the shaft of the penis, all the way to the bottom



6. Use lubrication (like a water-based lube) to help make sex more enjoyable and to help prevent the condom from tearing



7. After having sex, use your hands to hold on to the condom as you exit your partner



8. Take the condom off by keeping the liquid inside and tie a knot

Use a tissue to put the used condom in the rubbish, not the toilet

2B

Activity: Contraception advertising



Activity overview:

By the end of this activity, participants should be able to list methods of contraception available for young people in FSM. Small groups will be assigned a type of modern method of contraception and will be tasked with creating an advertisement for that method.

The activity mentions emergency contraceptive pill (ECP) as an option. Before the activity, facilitators should check if ECP is available in your setting.

All information is based on the 2018 World Health Organization Family Planning Handbook for providers⁽⁹⁾ and the Therapeutic Guidelines.⁽¹⁷⁾

Age: 12+

Time: 90 minutes

Learning objectives:

- State that correct and consistent use of condoms and modern methods of contraception can prevent unintended pregnancy among the sexually active
- Explain that emergency contraception (where legal and available) can prevent unintended pregnancy, including pregnancy caused by lack of contraception, contraceptive misuse or failure, or sexual assault
- Identify at least two different contraception options available in an individual's community
- Analyse effective methods of preventing unintended pregnancy and their associated efficacy (modern, natural, sterilisation)
- Assess personal benefits, possible side effects and/or risks among other factors that will help determine the most appropriate method(s) for a sexually active young person
- Recognise that no sexually active young people should be refused access to contraceptives or condoms on the basis of their marital status, disability, sexual identity, sex or gender; and understand the legal requirements of informed consent locally

Sensitive areas:

- STIs
- Unplanned pregnancy

Resources:

- 11 envelopes
- Handout 2Ba



- Large pieces of paper
- Markers
- Worksheet 2Bb

Preparation: Make 11 copies of handout 2Ba 'Contraceptive chart' and place each copy into an envelope. On each envelope, write a method of contraception on the front (male condoms, female condoms, combined pill, progestin-only pill, emergency contraceptive pill, fertility awareness method, copper IUD, implant, injection, vasectomy, tubal ligation). You will also need individual copies of worksheet 2Bb, enough for each participant. One of the methods mentioned in the emergency contraceptive pill (ECP). Facilitators should check if the ECP is available in your setting. If not, please remove this from the options.

Group composition: Small groups

Prior learning: Module 6, Activity 2A: Introduction to contraception

Literacy support: Required – involves reading and writing

Technology: None

Activity 2B: Contraception advertising⁽³⁾

Instructions:

1. Introduce the lesson by **saying something like:** *You will be learning about contraceptive methods that can help us make decisions in life. Whether you are sexually active now or will be at some point in the future, it's important to know how to reduce the risk of unplanned pregnancy and STIs. Contraception enables people to choose if, when, and how many children to have. It's important to know about contraception so that you can prevent pregnancy and plan for your future.*
2. Ask participants: What is abstinence and how can it prevent pregnancy?

Example answer: Abstinence can mean different things to different people. For some people, abstinence means not having penetrative (penis-in-vagina) sex with anyone. Sometimes, people use abstinence to prevent pregnancy during days that they are fertile, but might have sex at other times. Abstinence might mean that people still have other types of sex such as oral or anal. For other people, abstinence means not doing any kind of sexual stuff. You can also choose to be abstinent whenever you want, even if you have had sex before. These are just some of the many ways that people can define and use abstinence.

Facilitator note

It is important that comprehensive sexuality education does not focus entirely on abstinence as a method to prevent pregnancy. Abstinence is not a permanent strategy in the lives of young people and programs that focus entirely on abstinence are ineffective. It is important that conversations about contraception and abstinence are accepting and never judgmental.

3. Ask participants to say what methods of contraception they have heard about. As they volunteer ideas write these on a large piece of paper at the front of the room.
4. Once their list is complete, make sure it includes the following methods – condoms, combined pill, progestin-only pill, intrauterine devices (IUDs), implant, injectables, sterilisation, emergency contraceptive pill and fertility awareness method. If they have not offered these methods, add them to the list.
5. Using this list, circle the most common forms of contraception in FSM.
6. Ask participants to count off in order to form 11 groups.
7. Assign each small group a method of birth control by handing them an envelope. Explain to participants: *You should study the method of contraception using the handout in the envelope, and then create a three minute advert with your group to be presented later. The advert should respond to the four questions on the board/paper and provide accurate information. You should be ready to perform your advert for the group later in this activity.*
8. Explain that the advert can be for television or radio. Give them 15 minutes to study the handout 2Ba and create and rehearse their advert.

Facilitator note

While participants are preparing, visit the groups to see if they need help understanding their method and answer questions as needed.

9. Explain that during each presentation, participants who are not presenting should look for information in the advert to complete a worksheet.
10. Distribute a copy of worksheet 2Bb to each participant. Explain by saying **something like:** *We are now going to be performing our adverts in groups. When you watch each advert, pay close attention. You'll need to write down two important points about the contraception being covered. You might write something like, "Very effective" or "Prevents pregnancy for 5 years" depending on the method of contraception. If you're not sure, ask the group presenting after they have completed their advert: what are two key facts about this method of contraception?*
11. Ask for a group to volunteer to share their advert first and bring them to the front of the room. Make sure other participants are filling out worksheet 2Bb.
12. After they have completed their performance, correct any misinformation you may have heard and thank the group members for their work.
13. Emphasise key points about the contraception method by using any of the following questions to guide discussion after each group has performed:
 - What facts did you learn about that method from the advert?
 - What questions do you still have about that method after the advert?
 - Does this seem like a method young people would use? Why or why not?

14. Continue using this process until all groups have taken their turns.

15. After all adverts have been shared, lead a discussion by asking the following question:

What was the most effective method?

Example answer: Implants are the most effective method of contraception. However, the most effective way to prevent both pregnancy and STIs are using a condom and another method of effective contraception.

16. **Say something like:** *When you look at the effectiveness rates for each type of contraception, there can sometimes be two different numbers that are given. For example, male condoms have an effectiveness rate of 98% for correct and consistent use, but only 87% for common use.*

17. Ask the following questions.

What is the difference between 'correct and consistent use' and 'common use'?

Example answer: Correct and consistent use is when the contraception is used perfectly and exactly according to the instructions every time. However, because people can make mistakes when they use contraception or forget to use it properly, this can lower the how well it works. So 'common use' reflects how well contraception works in real life.

Who can access contraception?

Example answer: Contraception should be available to anyone who needs it, no matter their gender, age, marital status, SOGIE or disability. Being able to access contraception, including information about contraception, is part of your human rights. This allows young people to be empowered over their SRH. It is important to remember that all people have sexuality, and no one should be excluded from accessing contraception because of their disability or any other factors.

What is the biggest difference between condoms and other methods of birth control?

Example answer: Condoms provide protection not only from pregnancy but also from most STIs, including HIV.

What are two methods of contraception available in FSM for young people?

Example answer: Depo injections and condoms are two popular contraceptive methods in FSM. Pills and implants are also used.

In a relationship, who is responsible for ensuring contraception is being used?

Example answer: Both people. Whilst there are myths that men control condoms and women are responsible for contraception, this is not true. Both people are responsible for preventing STIs and pregnancy for themselves and their partner.

18. To close the activity, **ask the participants:** *What are the main things you learnt from the activity?*

19. Conclude the activity by reading out any key messages they did not mention:

- Modern methods like IUDs and implants are the most effective at preventing pregnancy other than sterilisation
- Condoms are the only method that also prevent STIs

- Emergency contraceptive pills (where available) can prevent unplanned pregnancy, including pregnancy caused by lack of contraception, contraceptive misuse or failure, or sexual assault
- It is important that we weigh up the advantages and disadvantages for all methods when choosing the one that might be best for us after talking to a healthcare worker

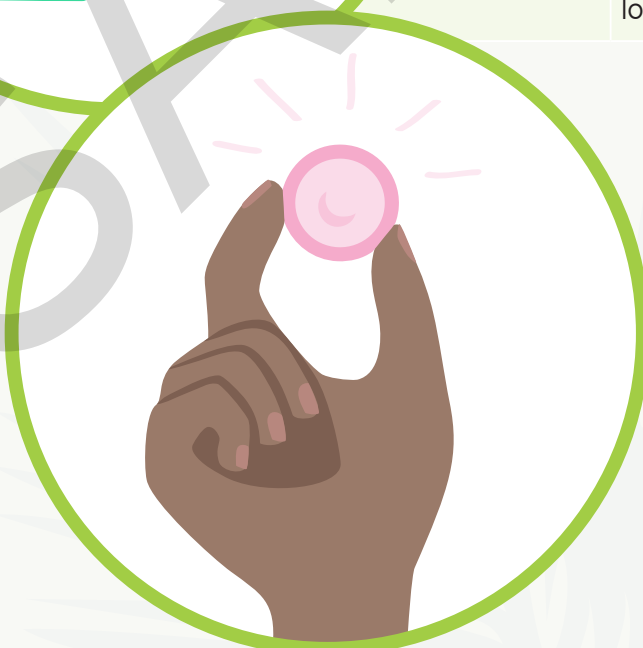
20. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today?
You can also come ask after the session.



Handout 2Ba


Male condoms (external): A thin latex rubber or plastic covering which is rolled onto an erect penis (external) or placed inside a vagina or anus (internal).

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
During each sexual act including vaginal, oral and anal sex	Consistent and correct use 98% Common use >87%	By forming a barrier that keeps sperm out of the vagina, anus or mouth	Condoms are the only form of contraception which offers protection from STIs and HIV Easy to use Easy to carry Used only when needed Freely or cheaply available in many locations	If used incorrectly, condoms can break, slip off or become contaminated Some people are allergic to latex A new one must be used for each sex act Not as effective at preventing pregnancy as many other modern methods




Female condoms (internal): A thin latex, rubber or plastic covering which is placed inside a vagina or anus.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
During each sexual act including vaginal, oral and anal sex	Consistent and correct use 95% Common use >79%	Works by forming a barrier that keeps sperm out of the vagina or anus	Condoms are the only form of contraception which offers protection from STIs Easy to use Easy to carry Used only when needed	Requires practice to insert correctly The penis can slip into the vagina between the condom and the vaginal wall




Copper intra-uterine device (IUD): A small 'T' shaped plastic device that is placed inside the uterus.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Once inserted, IUDs last 5-10 years depending on the type	>99%	Causes a chemical change that prevents sperm and egg from meeting	Very effective No hormones Does not interfere with sexual intercourse Doesn't rely on memory Fertility returns once taken out Safe to use while breastfeeding Others cannot detect it	Must be inserted and removed by a trained healthcare provider May have side effects including heavier menstrual bleeding and cramps Does not protect against STIs or HIV Small risk of complications when inserted




Injection: A long-acting hormone which is injected every 12 weeks into bum or upper arm.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Injected every 1-3 months depending on the hormone used	Consistent and correct use 99% Common use 96%	Prevents the release of eggs from the ovaries (ovulation)	Does not interfere with sexual intercourse Usually no menstrual bleeding Other people cannot detect it	Does not protect against STIs and HIV It cannot be immediately reversed There can be a delay in the return to fertility for up to 18 months Causes non harmful changes to bleeding pattern Can be associated with hormonal side effects



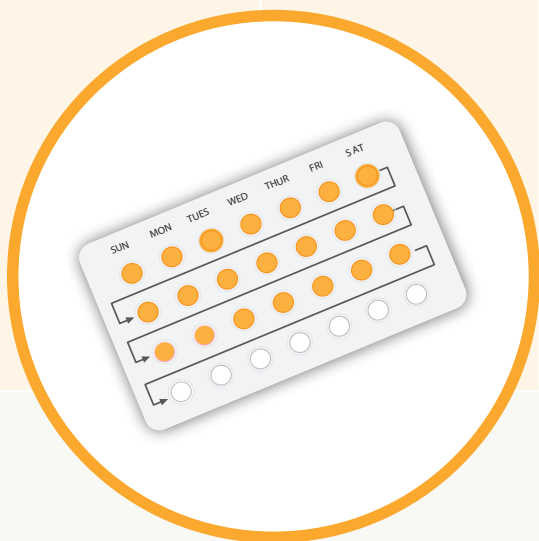
Contraceptive implant: Plastic rod(s) which are inserted under the skin on the inside of your upper arm. There are a few different types of implants available but Jadelle is the most common in the Pacific, including in FSM so it is used in the table below.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Once inserted, the implant lasts up to 5 years	>99%	Stops ovulation and thickens the cervical mucus	Cost-effective Doesn't rely on memory No regular supply required Immediate return of fertility once removed Does not interfere with sex	Does not protect against STIs and HIV Minor procedure to insert and remove Causes non-harmful changes to bleeding pattern Can be associated with hormonal side effects



Combined pill: A pill taken once a day that contains two hormones – estrogen and progestin.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Must be taken daily to ensure protection	Consistent and correct use 99% Common use 93%	Prevents the release of eggs from the ovaries (ovulation)	Can be stopped at any time Does not interfere with sex Is readily accessible to most Easy to use Can be helpful to manage acne and menstrual problems	Does not protect against STIs or HIV May cause non-harmful changes to bleeding pattern Can be associated with hormonal side effects Requires routine and remembering when to take it



Progestin-only pill: A pill that contains a low dose of only one hormone progestogen.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Must be taken every day	Consistent and correct use >99% Common use 93%	Causes a chemical change that prevents sperm and egg from meeting	Can be stopped at any time Easy to use Is useful for women who can't use the combined pill Can be used by women who are breastfeeding Does not affect fertility	Do not protect against STIs and HIV Can be less effective than some other methods of contraception – people must remember to take it at exactly the same time every day May cause non-harmful changes to bleeding patterns Can be associated with hormonal side-effects



Emergency contraceptive pill (ECP): A small pill that is taken after unprotected sex to prevent an unplanned pregnancy.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Taken after unprotected sex. Effective up to 4-5 days after unprotected depending on the type	98% – 99% The sooner ECPs are taken after unprotected sex, the better they can prevent pregnancy	Prevents or delays the release of eggs from the ovaries (ovulation)	Safe and can be used more than once a month if necessary Can be used by women of any age Do not cause abortion Controlled by the woman	Does not protect against STIs or HIV May cause side-effects including nausea, vomiting and headaches Menstruation may start earlier or later than expected (have a pregnancy test if it is late, light or unusual) Can cause slight irregular bleeding for 1-2 days

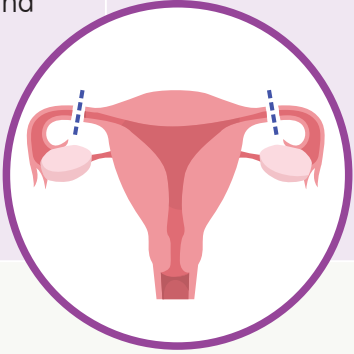


TOPIC 2 – Contraception cont...

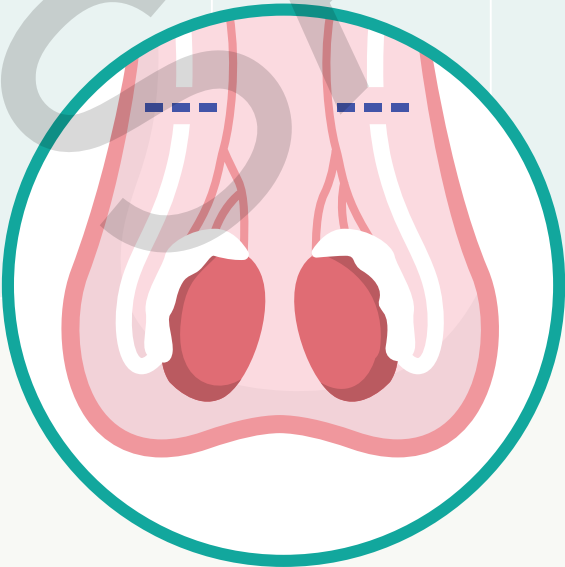
Fertility awareness-based methods (FABM): Using calendars to work out which times of the month a woman is most fertile and avoid sex during this time.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
<p>Must be used regularly</p> <p>Require partners' cooperation with avoiding unprotected sex and being committed to abstaining on fertile days</p>	<p>85%</p> <p>But this method is not studied in the same way as other methods</p>	<p>"Fertility awareness" means that a woman knows how to tell the fertile time in her cycle and when condoms/abstinence need to be used</p>	<p>No hormone or device use and does not interfere with the menstrual cycle</p> <p>Cost-effective</p> <p>Acceptable in most religions</p> <p>Helps people to understand how their body works</p>	<p>Does not protect against STIs or HIV</p> <p>Expert instruction needed to learn method</p> <p>No sexual intercourse during fertile time</p> <p>Must chart temperature and cervical fluid daily</p> <p>Body signs can be difficult to recognise</p> <p>Requires high motivation, self-control and commitment</p> <p>Not recommended for adolescent women as their menstrual cycle may not be regular-therefore harder to track</p>

Female tubal ligation (permanent method): A type of surgery performed on a woman's fallopian tubes to permanently prevent pregnancy.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
This method is permanent and irreversible 	99%	Fallopian tubes are blocked or cut to prevent eggs released by the ovaries moving into the fallopian tubes	Permanent method Very low chance of pregnancy	Does not protect from STIs and HIV Not easily reversible Requires surgery Short-term discomfort

Male vasectomy (permanent method): Surgery performed on men to block sperm from getting into the ejaculate (cum). This is a permanent method.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
This method is permanent and irreversible 	99% (if sex occurs after a 3 month semen evaluation) 97-98% (if there is no semen evaluation)	Closes off each vas deferens to keep sperm out of semen	Permanent method Very low chance of pregnancy	Does not protect against STIs and HIV Not easily reversible Requires surgery Short-term discomfort May take up to 3 months to be effective so additional contraception is recommended during this time

Worksheet 2Bb: Advert watchers

Male condom	Female condom
<p>Important points:</p> <p>1.</p> <p>2.</p>	<p>Important points:</p> <p>1.</p> <p>2.</p>
Copper IUD	Injectable
<p>Important points:</p> <p>1.</p> <p>2.</p>	<p>Important points:</p> <p>1.</p> <p>2.</p>
Implant	Combined oral contraceptive pill
<p>Important points:</p> <p>1.</p> <p>2.</p>	<p>Important points:</p> <p>1.</p> <p>2.</p>

Progestin-only pill		Emergency contraceptive pill	
Important points:		Important points:	
1.		1.	
2.		2.	
Fertility awareness method		Tubal ligation	
Important points:		Important points:	
1.		1.	
2.		2.	
Vasectomy			
Important points:			
1.			
2.			