COMMUNICATING ABOUT SAFER SEX AND CONTRACEPTION

PROCEDURE

1. The decision to engage in sexual activity is a significant one. Let learners know that they should think carefully when they want to become sexually active with their first, or (thereafter) a new partner.

2. Explain that it is very important for them to become comfortable discussing safer sex and contraception if they are going to become sexually active, or if they are already sexually active.

3. Suggest that there are several steps that they should take before getting involved with a new sexual partner. Remind and reassure learners that if they are already in a sexual relationship and have not taken precautions, it is not too late to start!

Encourage them to:

- Discuss sexual activity with their partner and make sure that they are clear about what each partner wants to do and does not want to do. (Revisit these ‘do’s’ and ‘don’ts’ because they are prone to change).
- Get the information they need about the kinds of sexual activities they want to engage in, so that both partners feel confident and comfortable and know the implications of their choices.
- Decide on protective measures in order to minimise the risks. This might include abstaining from higher risk activities, using hormonal contraception, or barrier methods.

4. Make sure that learners understand about contraception by referring to the following definitions contained in the Glossary:

CONTRACEPTIVES: The various methods used to try to prevent pregnancy. Some examples include condoms (male and female), the pill, and intrauterine devices (IUDs). Contraception should not be the responsibility of female partners only, and male partners should also be responsible for taking precautions against unwanted pregnancy and sexually transmitted infections (STIs). Although no method is completely safe, condoms are the most effective form of both prevention of pregnancy and protection against transmission of STIs.

BARRIER METHODS: Methods of protection where there is a physical barrier preventing fluids moving from one partner to another. Barrier methods can protect against pregnancy, and against STIs. Examples include male and female condoms (dental dams).

HORMONAL CONTRACEPTIVE: Women and female-bodied people may take hormones in the form of tablets (‘the Pill’), a skin patch, an implant in the skin, or an injection, to try to prevent pregnancy. Whilst these are quite effective against unwanted pregnancy when taken correctly, they do not protect against sexually transmitted infections (STIs).

EMERGENCY CONTRACEPTION (Morning-after Pill): A pill that reduces the risk of pregnancy if started within 120 hours (5 days) of unprotected sexual intercourse. Preferably, it should be taken within 72 hours (3 days), and it is most effective if taken within the first 24 hours after having sex. Nausea and vomiting is a common side effect of this medication.

5. This exercise provides learners with the opportunity, through role-playing, to practice their communication skills in negotiating contraceptive use.

6. Explain that learners will role-play a negotiation about contraception within a partnership. They will be given a role-play card that describes the stance to take about using contraception.

7. Explain to learners that the identity they will be given is not necessarily their own, and that it may include a stance that they see as unacceptable for moral or religious reasons. Remind that the point of the role-play is to familiarise themselves with other views, and to help them stand their ground with respect to their own values and expectations about sex and protection.

8. Let learners break away into pairs. Give each group two different role-play cards (one card per learner).

9. Learners should role-play a conversation between two people where they explain why they want to use the contraceptive method listed on their card. For learners who have cards that say barrier method, or hormonal contraceptive, they may choose from the various options. For example they may choose to use female condom as a barrier method.

Cards for role-play (provided)
Chapter 8: HIV, Stigma, Risk & Violence | Exercise 6

10. Learners should make their role-play scenarios as realistic as possible. Ask them to think about how they would talk to their partners, or would like their partners to talk to them.

11. It does not matter if a group has only girls, only boys, or both. The group can choose to role-play the characters as men or as women, even if this does not match their gender; or they may choose to use their own gender and role-play same sex couples. Whilst same-sex couples do not have the same risk of pregnancy as heterosexual couples, they are at risk of STIs and HIV, and it is as important for them to practice safe sex. If learner pairs drew an inappropriate contraceptive method, they could substitute for one that is appropriate. For example, two girls choosing to role-play in their own genders may choose to use dental dams for their barrier method. Alternatively, the teacher could swap their card with another in the pack.

12. Once each group has finished their role-play scenarios, ask volunteers to perform theirs for the class.

13. After each role-play performance, ask the class to provide feedback and consider other ways of communication that could also have been effective.

14. If learners had a role-play that included the cards ‘hormonal contraception’ and ‘no protection’, or resolved to use only one of these, even if other cards suggested safer practices, ask the class what risks the pair may be exposed to, and why they might reconsider their stance on contraception.

15. Discuss the following questions as a class:

   a. How did it feel to try to convince a partner to use your method of contraception? How did it feel when your partner was trying to convince you?

   b. Do you think that these feelings are common for teens who are experimenting with sex? Do you think that negotiating contraception could also be difficult when you are older? Why?

   c. What are some of the most effective ways to tell a partner that you want to remain abstinent? How could you communicate to a partner that you want to use condoms or other forms of protection?

   d. What should someone do if their partner does not agree to practice a particular method of safer sex or contraception?

   e. Do you think that communication is important in teen relationships? What other conversations related to sex are difficult to have? Why or why not?

   f. Why do you need to know about protecting yourself against unintended pregnancy and STIs such as HIV?

   g. How is negotiation of contraception different for boys and for girls?

   h. If someone is in an abusive relationship, how does this change their ability to negotiate things such as abstinence and condom use?

   i. Where can teens in your community access safe sex methods like condoms, the Pill, dental dams and so on?

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**TEACHER TIPS**

**General**

Learners may act silly or make jokes, mock each other or withdraw because of the overt sexual content in the exercise which adolescents might find amusing or uncomfortable. You can minimise this by preparing the class for the sexual content, before the exercise. Tell them that you will be talking about sex and contraception, and even though they may find that amusing, the discussion of negotiating sex and contraception is really important and serious. For this reason you would like them to focus on the exercise and give the issues their full attention. You may want to re-emphasise this before asking learners to read their responses aloud, and add that it is important to show respect, and to be non-judgemental when listening to other’s efforts.

Natural methods of contraception such as coitus interruptus (withdrawal) may come up in discussion. It is important that learners understand that these methods are not effective in preventing pregnancy and do not protect against STIs. (With the withdrawal method, sperm often comes out before ejaculation and thus can cause pregnancy).

**Making the Link with Gender and Violence**

The exercise prepares learners with the skills to negotiate sex and prepare them to prevent coerced and unsafe sex. This is particularly useful to learners whose personalities, cultures and life experiences may predispose them to all forms of violence.

Specifically, the issue of gender-based violence will come up in the discussion when asking the questions b, g and h in point 15.

When addressing these questions it is important to highlight that negotiation of contraceptives and safer sex practices are particularly influenced by power in relationships. Teenage girls often find themselves in relationships where their partners refuse to wear condoms, thus putting them at a higher risk for contracting STIs and becoming pregnant. This is usually because young girls are trained to be less assertive, and told they need not know about, or have demands about sex. This is also because condoms are usually worn by men, and hence women feel unable to insist that their partners wear condoms. Even older women face this problem. Specifically in abusive relationships, women who face psychological abuse and manipulation, or physical violence may not be able to assert their desire for safer sex.

**Assessment Ideas**

Learners can be asked to submit a written piece where they explain effective ways to communicate with partners about using contraception. In their responses, learners should also address the gendered power dynamics that female partners are often subjected to when negotiating contraceptive use.

The teacher can also assign a short research assignment, where each learner chooses a method of contraception to explore. Learners should describe the method and how it works, the advantages and disadvantages, and how effective the method is.
ROLE-PLAY CARDS

Print. Cut out a card for each learner.

Barrier Method Only
(Choose from Condom, Female Condom/Dental Dam)

Barrier Method & Hormonal Contraception
(Barrier - Choose from Condom, Female Condom/Dental Dam)
(Hormonal - Choose from The Pill, The Patch, Injection, IUD, Implant)

Abstain

No Protection

Hormonal Contraception Only
(Choose from The Pill, The Patch, Injection, IUD, Implant)