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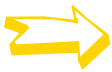
## EDUCATOR ANSWER KEY—CONTRACEPTION CASE STUDIES

**Suggested Response 1:** Em can use either external or internal condoms with her partner. Em and her partner can also get tested for STBBIS before starting to have sex.

**Suggested Response 2:** Because Tay mentioned that she is tired of having to pick up oral contraceptive pills monthly, she is a good candidate for a longer term method such as the IUD/IUS, vaginal ring, patch or Depo-Provera.

**Suggested Response 3:** External condoms. Condoms are not only useful for penis-vagina intercourse, they are also useful for anal, oral, and manual (digital) sex. If Mac is concerned about STBBIs, he and Jae can get tested before starting to have sex.

**Suggested Response 4:** The progestin-only Emergency Contraceptive Pill can be taken after unprotected penis-vagina intercourse and/or condom failure for up to 5 days after intercourse. It is most effective within the first 12 hours. Nat can get this over the counter at most pharmacies and/or call the local sexual health clinic to see where he can find it. If Nat wants to see a healthcare provider, he can also consider prescription oral contraceptive pills or the copper IUD as emergency contraception. Next time, Nat can use extra lube on the condom to help avoid breaking. Extra lube can also help increase pleasure for both partners.



**Suggested Response 5:** Since Mara and Sara are concerned about pregnancy and STBBIs, they can use external or internal condoms when having penis-vagina sex and use dental dams for protection from STBBIs during oral sex (for more information, see modules 10.2, 10.4, and 10.5). If they do not have access to dental dams, they can cut an external condom and use it as a barrier between the mouth and vulva during oral sex. They might also consider getting themselves tested semi-regularly and asking their sexual partners to also get tested.

**Suggested Response 6:** Remind Neel that it is important to keep communicating with Gen. The best first step they can take together is a pregnancy test to see whether Gen is pregnant. They might consider what led to the pregnancy concern and whether they might benefit from changing the type of contraception they are using or adding a different method to the mix. If Gen is pregnant, the decision of what to do with an unintended pregnancy is ultimately her choice and Neel can be supportive by asking her what he can do to best support her. If Gen decides that she wants to carry the pregnancy to term, there is the option of parenting and there is the option of adoption (public or private; open or closed). If Gen decides that she does not want to carry the pregnancy to term, abortion (both surgical and medical) is available, safe, and legal. If the pregnancy is dated before 7 weeks, Gen can access medical abortion, if after 7 weeks, surgical abortion is available. (For more information on pregnancy options, see module 9.5).



**Suggested Response 7:** Another method should be used as soon as someone stops using their oral contraception pills. Asha’s partner is incorrect—even one or two missed pills, depending on the pill, can result in an unplanned pregnancy. A back-up method should be used in this scenario. There are a variety of reasons why people stop using the pill (cost, prescription, hormones, a desire to become pregnant, etc.). To help pick a new method, it is helpful to know why Asha suddenly stopped taking the pills but her decision should be respected regardless of the reasons. The best immediate option is to use condoms until Asha and her partner decide on another method. If Asha’s period is late, she can take a pregnancy test. Discontinuing the pill can also change a person’s period, so it may take a little while for a regular menstrual cycle to restart. Asha might also consider being tested for STBBIs since the oral contraceptive pill does not protect against STBBIs.