

## Sub-Task #5 Methods to Prevent Pregnancies

### Materials

See list of Appendices

### Description

Students will be able to identify methods used to prevent pregnancies through active discussion and worksheets.

Expectation Code	Learning Expectation
8p11	Identify methods used to prevent pregnancy
8p9	Explain the importance of abstinence as a positive choice for adolescents*

### Assessment Opportunities: Suggestions for Assessing Expectations

- Formative Assessment: Personal Communication – Classroom discussion can be used to discuss and assess student knowledge and understanding of the methods used to prevent pregnancies.

\*This expectation is a focus of this Sub-Task, but will be assessed later in the Grade 8 Growth and Development unit.

### Teaching/Learning Strategies

#### 1. Method of Transmission

- Students brainstorm, “What methods of protection are available to people who mutually decide to have sex and are trying to avoid pregnancy and/or STDs?” These methods may be effective or ineffective. List all the methods students are aware of.

Examples:

- Postponing Sexual Involvement
- The Pill (oral contraceptives)
- Diaphragm and Contraceptive Jelly
- Intrauterine Device (I.U.D.)
- Sterilization – Vasectomy, Tubal Ligation
- Douching
- Morning-After Pill (Emergency Post-Coital Method)
- Condoms and Contraceptive Foam
- Norplant
- Cervical Cap and Contraceptive Jelly
- Natural Methods – Rhythm
- Withdrawal (Coitus Interruptus)
- Breastfeeding (Lactational Amenorrhea)

## 2. Contraceptive Choices

- The teacher will divide the class into groups of four or five students.
  - Distribute “Contraception Choices” worksheet (see Appendix P) to each group, select a recorder.
  - Distribute one expired product of contraception (or picture), or sign: “Abstinence”/“Postponing Sexual Involvement,” “Withdrawal”/“Pulling Out,” “Morning-After Pill,” or “Douching,” to each group. Have group answer questions.
  - Each group’s recorder will report back to the class, reading answers to the questions on the sheet. Teacher will clarify any misinformation or misconceptions. Emphasize, “The only fool-proof form of birth control is abstinence.” Every time you have sex, you have to be prepared to be a parent, even when using birth control.

## Notes to Teacher

If desired, use notes or materials from your local Public Health Unit on contraception.

## Contraceptive Considerations

Method	Effectiveness	Advantages Related to Adolescent Use	Disadvantages	Recommended Practices
<b>Abstinence</b> • a conscious decision to refrain from sexual intercourse	• 100%	• pregnancy will not occur if close contact between the penis and vagina does not take place. The risk of a number of STDs, including HIV, is avoided if youth do not engage in vaginal, anal or oral sex. • there may be emotional or social advantages to delaying sexual intercourse until youth are older, more mature or married.	• if no other contraceptive options are available and used, unplanned sexual intercourse may result in pregnancy or infection with STD, including HIV	• promote abstinence. Discuss ways to handle peer and partner pressure to engage in sexual activity • ensure that users understand risks of pregnancy and STD and have access to information and services they request
<b>Depo-Provera</b> • hormone injection of progestogen • four injections per year • prevents ovulation and thickens vaginal mucus	• typical effectiveness 99.7%	• for youth who have difficulty remembering to take BCPs • protected from pregnancy immediately after receiving injection	• does not protect against STDs including HIV • most common side effect is irregular bleeding which usually subsides after one year of use • some studies link Depo-Provera to bone loss in women at risk of osteoporosis	• carefully explaining importance of getting birth control injection on time (mark date on calendar to remember when next injection due) • if wait longer than three months, use another reliable form of birth control (latex condoms and spermicide) • first injection of Depo-Provera is given at menses to ensure pregnancy not an issue • not recommended for young women who have not reached full maturation stage (four years after onset of menarche) due to problems with bone density later in life

## Notes to Teacher *continued*

Method	Effectiveness	Advantages Related to Adolescent Use	Disadvantages	Recommended Practices
<p><b>Norplant</b></p> <ul style="list-style-type: none"> <li>• contraceptive implant</li> <li>• procedure done by a Physician</li> <li>• six small flexible rods implanted in inner aspect of upper arm, slowly releases hormone over maximum five year period</li> </ul>	<ul style="list-style-type: none"> <li>• typical effectiveness 99.8%</li> <li>• suppresses ovulation</li> <li>• most effective in women that weigh 150 pounds or less</li> </ul>	<ul style="list-style-type: none"> <li>• a highly convenient method of contraceptive for users. Long-acting method (5 years) may be an advantage for youth</li> <li>• a highly effective contraceptive</li> </ul>	<ul style="list-style-type: none"> <li>• does not provide user with any protection from STDs, including HIV. However, should decrease the risk of pelvic inflammatory disease (PID)</li> <li>• missed periods or irregular bleeding are common</li> <li>• access to trained clinicians required for insertion and removal. In some countries, unsubsidized cost is prohibitively high</li> </ul>	<ul style="list-style-type: none"> <li>• not recommended for young women who have not reached full maturation stage (four years after onset of menarche) due to problems with bone density later in life</li> <li>• ensure users are fully counselled about Norplant, have given informed consent before insertion, and have access to providers trained in implant removal in case discontinuation is desired</li> <li>• ensure that users understand STD risk and condom use</li> </ul>
<p><b>Oral Contraceptives, "The Pill"</b></p> <ul style="list-style-type: none"> <li>• combined estrogen-progestin oral contraceptives</li> <li>• progestin-only minipill</li> </ul>	<ul style="list-style-type: none"> <li>• typical effectiveness rate 97% (can be up to 99.9% if used correctly and consistently every time)</li> <li>• prevents ovulation</li> </ul>	<ul style="list-style-type: none"> <li>• pill use does not require male cooperation and is not directly related to intercourse. May be available through multiple sources. Requires a prescription</li> <li>• combined oral contraceptives provide a number of noncontraceptive benefits. One health benefit, often of no interest to adolescents, is more regular and less painful menstruation</li> <li>• when used correctly, combined oral contraceptives are highly effective in preventing pregnancy</li> <li>• when use is discontinued, return to fertility is often immediate, although it can sometimes be delayed a few months</li> </ul>	<ul style="list-style-type: none"> <li>• oral contraceptives do not provide the user with any significant protection from STDs, including HIV</li> <li>• youth are less likely than adults to remember to take a pill daily and may sometimes run out of pills before obtaining the next pack</li> <li>• in general use, progestin-only pills have a high rate of breakthrough bleeding, especially when not taken at the same time each day</li> <li>• common side effects include nausea, weight gain and menstrual cycle changes</li> <li>• some medications (i.e., antibiotics) reduce the effectiveness and an additional method such as condom and foam would be needed</li> </ul>	<ul style="list-style-type: none"> <li>• combined oral contraceptives are recommended as a safe and appropriate contraceptive method for many youth</li> <li>• carefully explain daily use of pills and what to do if pills are missed</li> <li>• address misconceptions youth may have regarding infertility, cancer risk, weight gain and other issues relating to pill use with accurate and appropriate information</li> <li>• progestin-only pills are generally not recommended for adolescents (with the exception of breastfeeding women who may want to use a progestin-only method) due to their lower use effectiveness rates</li> <li>• ensure that users understand STD risk and condom use</li> </ul>
<p><b>Latex (male condoms)</b></p>	<ul style="list-style-type: none"> <li>• 88% (without spermicide)</li> <li>• up to 97% (with spermicide) (if used correctly and consistently every time)</li> <li>• create barrier and provide back-up protection by using contraceptive foam with a condom</li> </ul>	<ul style="list-style-type: none"> <li>• the only method demonstrated to help protect against HIV infection and many other STDs. May also be used during anal, or oral sex (lubricated without spermicide)</li> <li>• well-suited for sporadic or infrequent use (as well as for frequent use); can be supplied through multiple sources, including pharmacies and shops and thus are more accessible than other methods</li> </ul>	<ul style="list-style-type: none"> <li>• requires high motivation to use consistently and correctly; pregnancy rates tend to be higher than with hormonal methods (due in part to occasional condom breakage). Risk of HIV and other STD still present, though greatly reduced</li> <li>• use directly related to intercourse; may be perceived as inconvenient or as interfering with sexual pleasure</li> </ul>	<ul style="list-style-type: none"> <li>• discuss and demonstrate correct use of condoms to all youth</li> <li>• must be stored away from heat and sunlight</li> <li>• use water-based lubricant only</li> <li>• encourage youths using other contraceptive methods to use condoms for STD/HIV protection, particularly in "high risk" situations</li> <li>• explain carefully that use of condoms will help reduce, not eliminate, the risk of STD transmission</li> <li>• explain that some novelty condoms do not provide protection against STDs, HIV and pregnancy and are not recommended</li> </ul>

## Notes to Teacher *continued*

Method	Effectiveness	Advantages Related to Adolescent Use	Disadvantages	Recommended Practices
<p><b>Other Barrier Methods:</b></p> <ul style="list-style-type: none"> <li>a) Spermicidal foams, jelly</li> <li>b) Diaphragm and spermicidal jelly</li> <li>c) Cervical cap and spermicidal jelly</li> <li>d) Female condom</li> <li>e) Vaginal sponge</li> </ul>	<ul style="list-style-type: none"> <li>• typical effectiveness rate: a) 79% b) 82% c) 80% d) 80% e) 74 to 79%</li> <li>• all create barriers between sperm and ovum</li> <li>• physical barrier around cervix preventing passage of sperm</li> </ul>	<ul style="list-style-type: none"> <li>• offer at least some protection against STDs (some more than others)</li> <li>• well-suited for sporadic or infrequent use (as well as for frequent use)</li> <li>• as these are female barrier methods, use may be more easily initiated by women</li> <li>• when used in combination with male condoms, other barrier methods help decrease risk of pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• require high levels of motivation to use consistently and correctly; actual pregnancy rates tend to be higher than with hormonal methods</li> <li>• use related to intercourse (some more directly than others); may be perceived as inconvenient or as interfering with sexual pleasure</li> <li>• supplies may be difficult to keep private</li> <li>• require touching of genitalia for insertion, which some young women may find uncomfortable. Vaginal irritation, a common side effect of spermicides used with barrier methods, may cause women to stop using contraception, or use it inconsistently</li> <li>• the diaphragm and cervical cap require special fitting from a doctor and need to be maintained carefully and require a prescription</li> </ul>	<ul style="list-style-type: none"> <li>• discuss with young women whether they are comfortable using these methods and are using them consistently</li> <li>• discuss combined use with male condoms. Use of spermicides with male condoms is likely to decrease risk of pregnancy and of some STDs</li> <li>• ensure that users understand STD risk and condom use</li> </ul>
<p><b>Intrauterine Device (IUD)</b></p>	<ul style="list-style-type: none"> <li>• typical effectiveness rate 98%</li> <li>• mechanism of action is unclear; the IUD probably acts by preventing sperm from reaching the ovum, or by preventing implantation</li> </ul>	<ul style="list-style-type: none"> <li>• a highly convenient method of contraception for users. Long standing IUDs (lasting up to five years or more) may be an advantage for some youth</li> <li>• most suitable for women who have had children, those with low risk of contracting STDs and those who seek long-term contraception</li> </ul>	<ul style="list-style-type: none"> <li>• do not protect against STD, including HIV</li> <li>• increased risk of pelvic inflammatory disease (PID) and infertility among women who have an undiagnosed STD at insertion</li> <li>• small risk of infection at time of insertion even if an STD is not present</li> <li>• expulsion and complication rates are higher among younger women who have not borne children</li> <li>• may notice increased bleeding and cramping at period</li> </ul>	<ul style="list-style-type: none"> <li>• IUDs are not generally recommended for adolescents who have not had children or those with multiple partners. Health workers should discuss IUDs as a contraceptive option with adolescents who have children and have low risk of STDs (that is, are in stable, mutually faithful sexual relationships)</li> <li>• ensure users are fully counselled about IUDs and STDs</li> </ul>



## Notes to Teacher *continued*

Method	Effectiveness	Advantages Related to Adolescent Use	Disadvantages	Recommended Practices
<b>Emergency Contraceptive Pill (ECP) formerly called Morning-After Pill</b>	<ul style="list-style-type: none"> <li>• typical effectiveness rate range 75 - 80%</li> <li>• very effective methods when used as prescribed</li> <li>• a special type of birth control pill that can prevent pregnancy</li> <li>• used <b>ONLY</b> in emergency situations. <b>NOT</b> an ongoing method of contraception</li> </ul>	<ul style="list-style-type: none"> <li>• for young women who have had unprotected intercourse, emergency post-coital contraception may prevent an unwanted pregnancy</li> <li>• can be used after unplanned or forced sex, a torn condom or forgotten pill</li> </ul>	<ul style="list-style-type: none"> <li>• most adolescents are poorly informed about the availability of emergency, post-coital contraception</li> <li>• must be prescribed by a doctor or a sexual Health Clinic from nurse practitioners</li> <li>• must be taken within 72 hours of unprotected intercourse</li> <li>• may experience nausea</li> </ul>	<ul style="list-style-type: none"> <li>• for young women wanting to avoid a pregnancy, unprotected intercourse is an indication for use of emergency post coital contraception. Disseminate information so that youth know about emergency contraception and where it is available</li> <li>• <b>EMERGENCY ONLY, NOT AS AN ONGOING METHOD</b></li> <li>• during counselling about contraception methods, discuss emergency contraception as a back-up option in the case of unprotected intercourse or method failure such as condom breakage</li> <li>• counsel users about ongoing contraceptive use at the time emergency contraception is administered</li> </ul>
<b>Temporary insertion of IUD (not commonly used)</b>	<ul style="list-style-type: none"> <li>• no information</li> </ul>	<ul style="list-style-type: none"> <li>• for women who want to and are able to consider use of an IUD, a copper IUD can serve as an ongoing contraceptive in addition to being an emergency contraceptive option</li> </ul>		
<b>Sterilization</b> <ul style="list-style-type: none"> <li>• female sterilization (tubal ligation)</li> <li>• male sterilization (vasectomy)</li> </ul>	<ul style="list-style-type: none"> <li>• typical effectiveness rate:                             <ul style="list-style-type: none"> <li>– 99.6%</li> <li>– 99.6%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• reliable when permanent contraception is desired and pregnancy not advisable for health reasons</li> </ul>	<ul style="list-style-type: none"> <li>• a permanent procedure which is not easily reversible</li> <li>• the high probability that youth - especially those without children - would experience later regret makes contraceptive sterilization an inappropriate method for most young people</li> </ul>	<ul style="list-style-type: none"> <li>• <b>STERILIZATION SHOULD NOT BE PROMOTED AS A CONTRACEPTIVE METHOD FOR YOUTH</b></li> <li>• in some very special cases, contraceptive sterilization may be considered as an option, but only after comprehensive counselling and fully informed consent</li> </ul>
<b>Unreliable Methods of Contraception:</b> <ul style="list-style-type: none"> <li>• lactational amenorrhea method, or breastfeeding</li> <li>• natural family planning methods</li> <li>• withdrawal (coitus interruptus)</li> <li>• douching</li> </ul>	<ul style="list-style-type: none"> <li>• requires certain conditions in order to be effective. Can be unreliable if those specific conditions are not met</li> <li>• 20 - 70% (more effective when used to <b>PLAN</b> a pregnancy)</li> <li>• unreliable</li> </ul>	<ul style="list-style-type: none"> <li>• for some adolescents, the rhythm method or withdrawal may be the only option available to them</li> <li>• adolescents think they don't have to buy a method</li> <li>• douching is often thought of as an emergency method to deal with condom leakage or withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>• none of these methods protect against STDs, including HIV</li> <li>• compared to modern methods, withdrawal and the rhythm method typically have much higher pregnancy rates, particularly among youth</li> <li>• natural family planning methods are more effective in planning for a pregnancy than preventing pregnancy</li> <li>• douching may actually increase chances of fertilization and STD transmission</li> </ul>	<ul style="list-style-type: none"> <li>• <b>WOMEN CAN OVULATE AT ANY TIME THEREFORE NOT RELIABLE</b></li> <li>• in general, rhythm or withdrawal are not recommended for adolescent use as a sole contraceptive method due to high pregnancy rates. Youth committed to using these methods need to understand the risk of pregnancy</li> <li>• ensure that youth understand STD risk and condom use</li> </ul>

## Ontario Catholic School Graduate Expectations

- CGE 3 A reflective, creative and holistic thinker who solves problems and makes responsible decisions with an informed moral conscience for the common good
- CGE 3d Makes decisions in light of gospel values with an informed moral conscience
- CGE 6 A caring family member who attends to family, school, parish and the wider community
- CGE 6b Recognizes human intimacy and sexuality as God-given gifts, to be used as the Creator intended
- CGE 7 A responsible citizen who gives witness to Catholic social teaching by promoting peace, justice and the sacredness of human life
- CGE 7a Acts morally and legally as a person formed in Catholic traditions

### Fully Alive

Theme 3, **Created Sexual: Male and Female**, Topic 4, two issues related to fertility and sexuality are examined — sexually transmitted diseases and family planning. Artificial birth control and natural family planning are discussed in the context of Catholic Church teachings.

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## Appendix

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Unit 4 Appendix P

Contraception Choices – Worksheet