

## CHAPTER 10: CONTRACEPTION

Even though most sexuality education programs for youth encourage delaying sexual intercourse, young people still need to be fully informed about contraception so that the knowledge is there when they need it. For many people, your sexuality education course will be the only time in their lives that they receive structured, accurate information and education on the subject.

There are many obstacles to contraceptive use by adolescents. One common reason given by adolescents for not using it is that they did not expect to have sex. This is a manifestation of widespread denial of adolescent sexuality, and of female sexuality in particular. Girls learn that they should not want or think about sex and are discouraged from using contraception or carrying condoms for fear that their "reputation" will be ruined. For boys, the message is often the opposite. Such double standards discourage girls from accepting and taking responsibility for their sexuality, discourage open communication between partners, and increase the likelihood of unsafe sex. Adolescents often face other obstacles as well: they don't know where to get contraceptives; they can't afford them; they're too embarrassed to get them; they've heard that "the pill will make them fat" or "condoms don't work."

Many countries would like to reduce their rates of adolescent pregnancy, and particularly those pregnancies that are unwanted. Even where condoms and other methods are available, adolescents often lack the confidence and skills to propose and negotiate contraceptive use and to refuse sex without protection. Sexuality education should not only impart information but also help participants to develop the communication and negotiating skills they need to practice safer sex.

As a result of biology, gender inequality, and a scientific community slow to develop contraceptives for men, the burden of pregnancy prevention is usually not equally shared between partners. Women typically must obtain and pay for methods of contraception, even the male condom, and they must assume the possible side effects of systemic hormonal contraceptives. Women also ultimately bear the consequences of contraceptive failure or misuse.

### Teaching Tips

- Update your knowledge about contraception using reliable sites on the Internet or other sources. New information is made available on a regular basis and new methods are also developed from time to time.
- Find out what methods are available in your community and in your country and focus your sessions primarily on those. Also find out if there are some methods that providers do not recommend for youth, and why. If you do not have this information, go to your local clinic to find out or ask UNFPA.
- Have examples of methods for the participants to examine if at all possible.
- If you are not comfortable teaching about contraception, find out if your local reproductive health clinic can send someone to teach this topic. However, they may only lecture, which is not ideal.
- Review the prevailing myths about pregnancy and contraception before teaching these lessons. Alternatively, ask your group to write down everything they have heard about a specific method or ways to avoid pregnancy, and then discuss them or include them in an activity.

## Content Considerations

- Give participants thorough basic information—the names of the various methods, how to use them, how they work, effectiveness, advantages and disadvantages, cost, and where they are available.
- Focus primarily on the methods that are available in your country or will soon be available. Focus more on the methods that young people typically use. If you have time, talk about the methods that are available globally but not in your country, and discuss why this is so. If possible, get brochures on different methods from a clinic or from UNFPA to share with your participants.
- Include information about emergency contraception.
- Develop positive attitudes toward using protection, and practice related skills, including decision making, communicating with a partner, refusing unprotected sex, and communicating with family planning providers.
- Always stress that among contraceptive methods, only condoms protect against STIs and HIV when used correctly.
- Personalize the risks and responsibilities of sexual intercourse as much as possible so that your participants will be motivated to protect themselves; encourage them to imagine or role-play specific situations.
- Acknowledge that some religions and groups find contraception unacceptable, but that members of such faiths can offer guidance in balancing one's beliefs and behaviors.
- Explore gender issues, including ideas and stereotypes about which partner is responsible for contraception (and for the pregnancy if contraception is not used or fails), who should obtain or purchase contraception, attitudes toward girls who carry condoms, attitudes toward male methods compared to female methods (for example, vasectomy compared to tubal ligation, or male condoms compared to hormonal methods), and the roots and consequences of these attitudes.
- Consider discussing international agreements on reproductive rights such as ICPD, focusing on the right of "all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so."
- Discuss how negative attitudes toward adolescent sexuality, and toward female sexuality in particular, decrease the likelihood that teens will use contraception.
- If possible, take your group on a visit to a reproductive health clinic, or have them visit a clinic (or even a pharmacy) in small groups as a homework assignment so that they know where it is and are more comfortable going there.

## SELECTED LESSON PLAN 10.1: PREVENTING UNWANTED PREGNANCY AND HIV/STIS

### SOURCE

"All Together Now: A One-Shot, 40-Minute Lesson on Preventing Unwanted Pregnancy and STI/HIV," (2003 version) by Peggy Brick and Bill Taverner. *Positive Images: Teaching Abstinence, Contraception, and Sexual Health, 3rd Ed.* ©2001 by Planned Parenthood of Greater Northern New Jersey and reprinted with permission. All rights reserved. [www.ppgnnj.org](http://www.ppgnnj.org)

Suitable for ages 12 to 18

### Summary

This lesson is designed for teachers who need to cover contraception and HIV/STI prevention in less than an hour, and a great example of how to cover a lot of material quickly yet effectively. Participants personalize risk by discussing potential outcomes of unprotected sex and how difficult they would be to deal with; then they assess their own risk. Participants use information provided to assess how effective different contraceptive methods are in preventing pregnancy, placing them on a continuum, and do the same for how effective they are in preventing HIV/STIs. By comparing the two, they decide for themselves which methods offer the most protection.

### Teaching Notes

- This lesson requires that you have at least some copies of information sheets on different methods. There is a Contraceptive Options Chart at the end of this lesson, or you may be able to get pamphlets on methods from your local reproductive health clinic that can be used if they cover the necessary information.
- Consider adding a discussion of monogamy as a method for avoiding STIs. If you do, stress that knowing whether or not your partner is monogamous is difficult because people generally keep infidelity a secret.
- The IUD is not included in the methods on the worksheet. Consider including it even though it is not recommended for women who have never had children. Bear in mind that you are educating your participants for the future.
- There is no answer sheet for the worksheet. Be sure to read all the materials and know the correct answers before teaching.

### Adapting the Lesson

- Include only the methods that are available in your country.
- If you cannot make copies of the worksheet, write the first step on the board or on large paper. When you get to step 6 of the lesson, read aloud the questions and choices offered in items 2 to 4 of the worksheet.
- If you have time, add some additional generalizing questions at the end of the lesson, such as: "What are some things that prevent people from protecting themselves?" "What can you do to overcome those barriers to safety?"

**ALL TOGETHER NOW:**

**A ONE-SHOT, 40-MINUTE LESSON ON PREVENTING UNPLANNED PREGNANCY AND STI/HIV<sup>i</sup>**

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**OBJECTIVES:**

Participants will:

Examine their personal feelings about the relative risks of unplanned pregnancy, sexually transmitted infections and HIV.

Compare the effectiveness of the major methods for preventing pregnancy and STI/HIV.

Discuss integrating prevention of unplanned pregnancy with preventing STI/HIV.

**RATIONALE:**

Unfortunately, educators sometimes have only a single session in which to talk with students about contraception and "safer sex." Although one session is completely inadequate, our research indicates that even a one-shot lesson can have a positive effect on participant knowledge regarding specific contraceptive methods and their comfort in accessing reproductive health care.<sup>ii</sup> We find that the precious 40 minutes are best spent raising participants' consciousness and helping them assess their own risk, rather than in detailing facts about each method of contraception. This lesson emphasizes the importance of preventing both unplanned pregnancy and STI/HIV.

**MATERIALS:**

*Worksheet: ALL TOGETHER NOW: PREVENTING UNPLANNED PREGNANCY AND STI/HIV*

*CONTRACEPTIVE OPTIONS CHART* from the manual *Positive Images: Teaching Abstinence, Contraception, and Sexual Health, Third Edition* or pamphlets describing contraceptive choices.

A set of large signs with the following:

**VERY EFFECTIVE  
PROTECTION**  
(No/Very Low Risk)

**SOME PROTECTION**  
(Some Risk)

**NO PROTECTION**  
(High Risk)

**PREGNANCY**

**STI/HIV**

Two sets of smaller signs; each set a different color, with the following labels:

ABSTINENCE  
CONDOM & SPERMICIDE  
CONTRACEPTIVE PATCH  
DEPO-PROVERA  
DIAPHRAGM

FEMALE CONDOM  
IMPLANT  
LUNELLE  
MALE CONDOM  
NO METHOD

OUTER COURSE  
SPERMICIDE ALONE  
THE PILL  
VAGINAL RING  
WITHDRAWAL

**PROCEDURE:**

(Before the lesson begins, put the large signs on the wall or board in the format shown on the *Worksheet*.)

1. Put the following words on the board or newsprint and ask participants to rank them:
  - (1) the most difficult for you to deal with at this time in your life
  - (2) the second most difficult, and
  - (3) the least difficult.

PREGNANCY  
SEXUALLY TRANSMITTED INFECTION  
HIV

*Discussion Questions:*

- (a) What are the reasons for your ranking?
- (b) Among the people you know, are they more likely to be at risk for an unplanned pregnancy, an STI, or HIV?
- (c) How much do people you know think about ways they can avoid all three risks? Explain.

2. Distribute:

- (a) *Worksheet: ALL TOGETHER NOW*
- (b) *THE CONTRACEPTIVE OPTIONS CHART* or pamphlets describing contraceptive choices.
- (c) The 30 smaller signs; if too few participants, some can take two or more; if too many participants, some can work in pairs.

3. Show participants the large signs on the wall that mark a continuum of protection from unplanned pregnancy from **VERY EFFECTIVE PROTECTION** (very low or no risk) to **NO PROTECTION** (high risk).

4. Ask participants with one color of signs (e.g., blue) to use the **CONTRACEPTIVE OPTIONS CHART** or pamphlets to determine where on the **PREGNANCY PREVENTION** section of the continuum their method belongs. When they have decided, they should tape their sign in the correct place showing how effective that method is in preventing PREGNANCY.

**Discussion Questions:**

- (a) Does anyone disagree with the location of any of the methods? If you disagree, why? Where should the method be on the continuum? (If the group agrees with the change, move the sign).
- (b) Are there any other methods we should include?
- (c) What can increase or decrease the effectiveness of a method? (Forgetting to take a pill, certain drugs decrease effectiveness of pill, using oil-based lubricant on a condom)

5. Ask participants with the other color signs (e.g., yellow) to come forward and tape their method on the bottom part of the chart at the appropriate place showing how effective that method is in preventing SEXUALLY TRANSMITTED INFECTIONS/HIV.

**Discussion Questions:**

- (a) Does anyone disagree with the location of any of these methods?
- (b) Looking at the **PREGNANCY** (top) part and the **STI/HIV** (bottom) part of the chart, what conclusions do you draw? What questions do you have? (Emphasize that some methods that are most effective for preventing pregnancy, do not protect against STI/HIV.)

Note that spermicidal methods are **NOT** recommended for protecting against sexually transmitted infections. Rather, they sometimes act as a skin irritant, resulting in lesions that could actually facilitate the transmission of sexually transmitted infections.

6. Ask participants to quickly fill in the top of their *Worksheets* and then answer the questions on the bottom. Emphasize that the *Worksheets* are confidential and will not be collected.

**Discussion Questions:**

- (a) How can teens protect themselves from both pregnancy and STI/HIV?
- (b) Do you think that people who participate in this lesson will be more likely to protect themselves from unplanned pregnancy and STI/HIV? Explain.