

# Contraception, Individuals & Society

Grade 11 and 12, Lesson #12

## Time Needed:

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One class period for just the “Articulating Beliefs Exercise”; two if you use the pretest as a teaching tool, first.

## Prerequisite Knowledge:

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Prerequisite knowledge is reviewed briefly in the lesson itself, but may need remediation with some groups, in order to be able to...

1. Identify five of the nine most effective methods of contraception.
2. Describe how each method works (how it reduces pregnancy risk).
3. List at least three “things a person needs to know” to use each of the nine methods correctly.
4. Identify which methods carry serious medical risks, and recognize that all are safer than pregnancy and childbirth.
5. Recognize that many teens choose to abstain.

## Student Learning Objectives:

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To be able to...

1. Articulate opinions (his or her own as well as those of others) about ethical issues surrounding contraception.
2. Recognize that others (even others who are thoughtful, well-meaning individuals) may hold differing opinions.

**Agenda:**

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1. Use the Contraception Pretest to assess and review basic knowledge. Discuss and elaborate upon the answers, using Transparencies A-C and lecture notes.
2. Explain the purpose of the rest of the lesson, and what it is not intended to do.
3. Conduct an “Articulating Beliefs Exercise,” using Transparencies 1-5. People will consider their values regarding contraception. As in the Pregnancy Options lesson, they will practice articulating the values of someone in the class...not necessarily their own values.
4. Debrief the Exercise and summarize the lesson.
5. Assign homework.

**Note:** The teacher’s script is indicated by italics. This script is meant to be a guide for teachers who might find it helpful.

**Materials Needed:**

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**Classroom Materials:** (1 per class)

- Signs posted in the corners of the classroom (in block letters, “a”, “b”, “c” and “d”)
- One set of Contraception Transparencies A-C and 1-5

**Student Materials:** (1 per student)

- Contraceptive Pretest
- Family/Friend Homework Exercise: “On Contraception”
- Index Cards
- Pencils

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**Activities:**

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**1. Use the Contraception Pretest to assess and review basic knowledge. Discuss and elaborate upon the answers, using Transparencies A-C and lecture notes.**

You may have administered the Contraception Pretest on the first day of the unit, as a needs assessment. Or you may have simply assumed the class would need basic contraception information, and taught lessons 20-23 from **9/10 FLASH**. If you have done neither of these, go ahead and administer the Contraception Pretest now.

Have people use pencil so they can correct and expand upon their answers later. After people have had eight or ten minutes to complete it, discuss the answers, using the test as a teaching tool. We suggest that you have people put a check mark next to each question they answered correctly... but also have them **change** any they answered incorrectly, so that the final version is 100% accurate. (Tell them you will give participation points only to those who correct their papers so that they are 100% accurate. The idea is for everyone to end up with an accurate test to refer back to in the future.)

Below are correct **answers** to the Pretest with explanations (lecture notes). This will be largely a review and update for many classes, so do not dwell on these explanations, except for items that many people miss, or where you see puzzled expressions on people's faces.

**1. Which kinds of birth control work 100% of the time?****c. only abstinence**

Note, especially, that abstinence is only 100% effective when it is used consistently and when it is defined as not just abstaining from vaginal intercourse, but also avoiding any chance of ejaculation on the woman's genitals (for pregnancy prevention).

**Sterilization** is about 99.5% - 99.9% effective. That means if one person has had his or her tubes tied, they have only a 4 in 1,000 (1 in 250) chance, or less, of becoming pregnant in a year's time. But that is still **some** chance. <sup>1</sup>

The **IUD and the Implant** are highly effective methods (less than a one percent chance of becoming pregnant with the IUD and no pregnancies have occurred so far with the new implant<sup>1</sup>). They are both placed in the body by a health care provider (a doctor or a nurse practitioner), thus the method doesn't depend on the behavior of the person using the method (such as remembering to take a pill or change a patch) as much as the other hormonal methods (pill, patch, ring, shot) . <sup>1</sup>

The **shot** (Depo-Provera) is also highly effective (less than a three percent chance of pregnancy in a typical user). <sup>1</sup> This is less dependent on the person using this method than the following hormonal methods, but there is still room for failure (for example forgetting about an appointment for the next shot and getting it late).

The **pill, patch and ring** are about 92%<sup>1</sup> effective among typical users (more

effective if used perfectly 99.7% - never forgotten, etc. - but few people use any method perfectly). That means if a woman uses the pill, the couple has about an eight percent (eight out of 100) chance of starting a pregnancy in a year's time. But that is still **some** chance.

2. "Male" condoms\* prevent pregnancy at least 85% of the time.

**a. true<sup>1</sup>**

Of course, when they are used correctly and with every act of intercourse, they are around 95% <sup>1</sup> effective, and may even be higher when used *with* hormonal method of birth control. But 85% effectiveness rate for "typical users" still means only a 15% chance of pregnancy in a year. If the couple didn't use a condom, or any other birth control method, they would have about an 85% chance of starting a pregnancy within a year, instead of only 15%! <sup>1</sup> The "female" condom\*\* has slightly lower effectiveness rates than the "male" condom at 79% for typical users (that is, a 21% chance of pregnancy). <sup>1</sup>

\* Although this is called a "male" condom, it can be worn on a penis or used on a sex toy. It is also known as an external condom.

\*\* Although this is called a "female" condom, it can be used by any gender, vaginally or anally. It is also known as an internal condom.

3. Of the following kinds of birth control, which one is the **most** effective?

**a. the pill**

Use Transparencies A and B to help students visualize the rates. Numbers, especially percentages, are difficult to grasp aurally.

Mention that the pill is slightly less effective than the chart indicates when used by typical teens, but that its effectiveness rate can be as high as **99.7 %** if used perfectly. <sup>1</sup>

Point out that all these rates refer to a year's use. Every method would be much more effective on a **per act** of intercourse basis. For instance, the actual effectiveness of a "**male**" **condom** per act of intercourse, in preventing pregnancy, is about **99.962%**... because condoms tear only about once per 100 acts of vaginal intercourse,<sup>2</sup> and pregnancy results about once per 26 occasions of torn condoms.<sup>3</sup> They are even less likely to tear when used with a lubricant, or when there is sufficient natural lubrication. <sup>1</sup>

Explain that the effectiveness of **fertility awareness** depends upon how ovulation is determined and whether the couple has sex in the beginning **and** end of the cycle (until 5 days or so before ovulation, as well as after ovulation) or only at the end (after ovulation). <sup>1</sup>

4. Of the following kinds of birth control, which one is the **least** effective?

**c. a diaphragm<sup>1</sup>**

See Transparencies A and B.

5. Using withdrawal is safer than using no birth control at all.

**a. true**, withdrawal is almost as effective as a diaphragm

Typically withdrawal is about 73% effective, while the diaphragm is 84% effective ... but using no method at all is about 15% “effective.”<sup>1</sup> That is, a hundred couples using no method for a year could expect about 85 pregnancies (100-15). In contrast, 100 couples using a diaphragm for a year could expect about 16 pregnancies and 100 couples using withdrawal could expect about 27. Both are WAY fewer than 85. People tend to understate the effectiveness of withdrawal and overstate the effectiveness of other methods. The truth is, withdrawal is rather ineffective in preventing sexually transmitted diseases (STDs)<sup>1</sup>, and, for that reason, should not be relied upon. But as birth control, it is far better than no method.

6. A woman can use hormones to prevent pregnancy in all of the following ways EXCEPT: (check one)

**d. an injection into her blood stream**

All other methods listed are highly effective birth control methods available to women in the U.S., these methods are very effective at preventing pregnancy if taken correctly, but do not protect against HIV and other STDs.

7. Using two methods (like condom and a hormonal method, such as the pill) is very effective in preventing pregnancy and HIV and other STDs (sexually transmitted diseases).

**a. true**, this may be almost as effective as sterilization

Combining two methods (except two condoms) might increase their effectiveness, especially if each person takes primary responsibility for one of the methods. And using “male” or “female” condoms, for **infection protection**, along with one of the most effective **pregnancy protection** methods (sterilization or a hormonal method) makes good sense. There are not many studies of combining two methods.

8. What is the main way **hormonal birth control methods** work?

**b. They prevent the ovary from releasing an egg.**

Some hormonal methods use a combination of hormones that contain both estrogen and progesterone (the pill, patch and ring). The main way they work is to prevent ovulation and also cause the cervical fluid to thicken, as it would during pregnancy,

which may block some sperm, but this isn't their main function. <sup>1</sup> Other hormonal methods use only progesterone (the shot, implants) or levonorgestrel (one type of IUD called the Mirena). The shot both prevents ovulation and thickens cervical fluid, while the implant and the IUD mainly work by thickening the cervical fluid. <sup>4</sup>

9. What does a person have to know to use an IUD correctly?

**a. Check the string once a month**

Only a doctor or nurse practitioner should insert or remove an IUD. The IUD is replaced once every ten years for the IUD that contains copper and every five years for the one that contains a hormone <sup>1</sup>. For one week a couple should use a back-up method (such as condoms). <sup>5</sup> After that, all they need to do to use the method correctly is to feel for the string. (If it gets longer, shorter or disappears, she should return to the doctor.)

You might mention that most doctors advise teens to use some other method, however, besides an IUD. This is because few teens are in long-term (several year) monogamous relationships where the STI risk is low. <sup>1</sup>

10. What does a person have to know to use a "male" condom correctly?

**b. Check the date on the package to make sure it hasn't expired**

See lesson 13 (HIV Update) for a list of all that a couple needs to know to use condoms correctly. But, of these multiple choices, only "1" is correct. The "male" condom must be put on the penis before there is any genital, oral or anal contact whatsoever, not waiting until just before ejaculation. <sup>1</sup>

11. Fertility Awareness means figuring out when the woman ovulates (releases an egg) and not having intercourse (or using another method):

**b. before and during that time.**

A couple must abstain (or use a condom, for example), starting at least five days **prior** to ovulation ... because sperm can survive in the vagina for that long. Then, once the woman ovulates, and for at least 24 hours afterwards, the ovum is present in the tube. So, couples using this method for birth control need to abstain for at least a week every month. Some abstain longer, for the whole first half of the cycle, until after ovulation, to be even more careful. <sup>1</sup>

Abstaining during one's period does not prevent pregnancy, despite the mythology to that effect. The only way to calculate "safer" times of the month is to take a class, or read a book and consult with a health care provider. There, a person or a couple can learn how to chart "basal body temperature", "cervical fluid" and other indicators of ovulation. <sup>1</sup> Guessing doesn't work. Besides, even if guessing did work, you'd have it backwards if you abstained only during menses. The point is to abstain before and during *ovulation*, not *menstruation*.

12. How long after unprotected sex or a birth control method failure (like a condom breaking) does a woman have to take emergency contraceptive pills to improve her chances of preventing an unplanned pregnancy?

**c. 120 hours**

A woman has 5 days to reduce the risk of an unplanned pregnancy, but the sooner the pills are taken, the higher chances she will have. If a woman takes the pills within 24 hours after the incident, she has a 98% of preventing the pregnancy. If she takes them after that she has about a 75- 89% chance of preventing the pregnancy.<sup>8</sup> These pills do not work if the woman is already pregnant, thus they are different than the “abortion pill” (formerly known as RU-486). ECPs can also be used after intercourse when other methods fail, such as a ring falling out, a patch coming off, missing more than 2 regular birth control pills, missing a shot for more than one week, an IUD falling out or sexual assault (rape). ECPs are available from doctors, clinics, some pharmacies (in Washington and some other states) and by calling 1-888-NOT-2-LATE.

13. Match the following hormonal method with how often a woman should take it:

**b** \_\_\_ Oral contraceptive pills  
**e** \_\_\_ The Shot (Depo-Provera)  
**g** \_\_\_ The Implant  
**c** \_\_\_ The Patch  
**f** \_\_\_ The Ring  
**d** \_\_\_ IUD (hormonal)  
**a** \_\_\_ Emergency Contraceptive Pills

- a.** Take two pills after sex without a condom or if a condom breaks  
**b.** At the same time every day  
**c.** Once a week for three weeks and then not in the fourth week  
**d.** Once every five years  
**e.** Once every 12 weeks  
**f.** Once for three weeks and then not in the fourth week  
**g.** Every 3 years

This keeps the level of hormones relatively constant, so that ovulation will be prevented. Usually clinics will give out special calendars or cards to help remind women when their next appointment or check up is or when to change their patch or ring.

14. Which has the highest mortality rate (risk of death)?

**c. giving birth<sup>5</sup>**

Show Transparency C, to illustrate relative risks.

15. Which has the **least** health risk?

**a. “male” and “female” condom**

“Male” and “female” condoms carry almost no risk whatsoever. The only risk is the small chance of pregnancy (which carries its own risks) or of an STI / HIV (again, very low with these methods).<sup>1</sup>

Spermicidal methods alone carry a much higher risk of pregnancy and also the risk of HIV and other STDs. Spermicides used more than twice a day may cause women to have a higher chance of contracting HIV because they can irritate the lining of the vagina.<sup>1 6</sup>

The IUD carries the risk of HIV and other STDs, and some additional risks, as well. Inserting it carries a slight risk of injury to the cervix or uterus. If a woman does become pregnant with an IUD in place, she has a higher than normal risk of miscarriage. But the main risk is this: if she happens to catch an STI just before an IUD is inserted, it is more likely to travel to the tubes (becoming PID), where it can do serious damage.<sup>1</sup>

16. Women who have had more than one sex partner in the last couple of years, or who think they might in the next couple of years, should probably not use the IUD.

**a. true**

People who change partners “frequently” (a relative term, of course - but by this standard it includes many teens) are at greater risk of catching STDs. Of course, even someone who is married and monogamous could catch an STI, if his or her partner had one prior to their marriage or if either partner was not monogamous. But the bottom line is, the greater a woman’s chances of catching an STI, the less safe it is for her to have an IUD because of the risk of PID which can lead to infertility.<sup>1</sup>

17. Who should probably not use the pill, patch or ring?

**a. women over age 35 who smoke**

As Transparency C indicates, the average excess mortality rate for smokers who take oral contraceptives is 1 in 5,000.<sup>4</sup> However, the risk for a smoker rises dramatically after age 35, to **1 in 700**.<sup>10</sup> Most doctors and nurse practitioners will not prescribe birth control pills for a smoker of this age.

There is no evidence that women under age 20 are at any higher risk than older women, with the pill.<sup>1</sup> Of course, it is safer to wait until one is an adult to have intercourse. But for young people who are having intercourse, even those who have been menstruating less than a year, the pill is safer than a pregnancy.

Unlike the IUD, the pill does not increase the risk from STDs. In fact, it may slightly **reduce** the risk of an STI becoming PID because it thickens cervical fluids blocking not only many sperm, but also some germs.<sup>1</sup> So, the pill is not any less safe for a



woman with more than one partner than not using any birth control. Of course, for disease protection, women with more than one partner (or whose partner[s] have/have had sex with others) may wish to consider using condoms *and* pills.

18. Who can buy condoms?

**d. Anyone**

In Washington (and many other states ... if you are in another state, answer this in accordance with your own state's law), **there is no age limit for the purchase of any form of contraceptives.**<sup>7</sup> Some kinds, of course, require a prescription. A condom or spermicide doesn't. But, even for prescription methods, most doctors do not insist that a teen involve his or her parents, if the teen feels that he or she can't. They should **encourage** a teen to discuss it with her family, but they don't require it... at places like the Public Health Department, Planned Parenthood, Group Health, and community clinics (as well as some private doctors).

19. About what percentage of 18 year olds in the United States have not yet had sexual intercourse?

**b. 42% of girls and 46% of guys**<sup>9</sup>

So more than **four out of every ten** have so far chosen not to have sexual intercourse, and have not been forced. And some of those who have ever had intercourse, had it once (or in one relationship), and have since decided not to. The message: not everyone is "doing it".

20. People sometimes get pregnant the first time they have sexual intercourse.

**a. true**

The notion that this is impossible is simply a myth. Even before her first menstrual period, a girl might have ovulated, and might be able to get pregnant.<sup>1</sup>

**2. Explain the purpose of the rest of today's lesson, and what it is not intended to do**

*For the rest of this period, you will each have a chance to examine your own beliefs (values, ethics) about contraception. You will also get to hear some of other peoples' opinions. You will have an opportunity to explain and defend various opinions ... including some with which you may disagree. How do you explain an opinion you don't happen to share? You try to get into the shoes of the person who holds that opinion. It may not be easy. But you can do it.*

*Today's class **is intended to challenge each of you to think** about your own beliefs. It is also intended to help you appreciate that intelligent people of conscience sometimes have opposing beliefs. The fact that two people disagree does not prove that one must be stupid or mean-spirited. This lesson **is not intended to change anyone's opinion about birth control or to impose anyone person's opinion on others.***

*Over the next ten years, many of you will become voters, parents, and jurors. Some of you will become doctors, nurses, researchers, teachers, legislators, social workers, supervisors and landlords. Your ability to express and explain your beliefs can make this world a better place. Your ability to understand that others who disagree may have heartfelt, carefully thought-out opinions will make a difference.*

*Before we begin, I want to ask people to remember our class' ground rules. (Remind the class what their ground rules are, if necessary.)*

**3. Conduct the “Articulating Beliefs Exercise”, as follows:**

- Provide each person an index card.
- Ask them to divide the first side into four quadrants, and number 1 through 4.

1	2
3	4

X
Y
Z

- People should divide the other side into thirds, and label them x, y, and z.
- They should not put their names on the card.
- One at a time, put Transparencies 1 through 5 on the screen and have people fill in their answers.
- Then collect the cards, shuffle them, and redistribute them, so that everyone ends up with a card that is probably not his or her own.

If you did not use lesson 11, where a similar exercise was employed, prepare the class to explain someone **else's** beliefs:

*You each have a card in your hand with which you may or may not agree. I will not put you on the spot to express your **own** beliefs at all. Just as you did in the Pregnancy Options lesson, you will have to try to articulate **someone's** beliefs. These may be values you share, and they may be ones with which you personally disagree. In any case, your job is to explain and defend them, whether or not you truly agree with them.*

You will have posted signs, in corners of the room, saying "a", "b", "c" and "d". Put **Transparency 1** on the screen and read it aloud. Ask people to go to the corner of the room represented by their card's answer to Question One.

Now that the class is standing in three groups, have them discuss **within** their groups why a person might have the opinion on their card. After they have had a minute or so for intra-group interaction, ask a few individuals in each group to explain the position they are representing. You can pose a few challenging questions. (Remind students to speak as if they actually believed what their card says, if they can do this respectfully. However, it is better for them to respond in the third person ["A person might believe this because ..."] than to role play in a disdainful tone.) You might ask these sorts of questions, to get each group talking:

*Those in group "a", can you explain to us why some people believe that all methods are wrong? (Remember you are not necessarily telling us your own real belief. You are speaking as if you held the value written on your card.) If this were your belief, what would you say if a woman's life would be endangered by a pregnancy? What should she do? Just risk it?*

*Those in group "b", what methods might a person find immoral? What about those methods would they consider unacceptable?*

*Those in group "c", tell us what difference a person might feel that marriage made. How would someone who holds this belief defend the right of a married couple to use any form of birth control? Does that mean the federal government should stop regulating what goes on the market? Why or why not?*

*Those in group "d", whose card expresses support for all methods, in all circumstances, tell us why a person might believe this? If you were the government, would **you** then drop **all** regulations of birth control, then? What kinds of regulations would you have?*

**Continue the process with Transparencies 2 through 5.**

For **Transparency 2**, consider these questions:

- *What if a couple has been married for a year and he has tried "male" condoms and hated them? What would group "a" say?*
- *What if the man is the one who really doesn't want a pregnancy? What would group "b" say to this?*
- *Suppose she has a medical reason not to use a certain method? Group "a"? . What if it's a prostitute and a customer? Group "c"?*
- *What if it's a young couple who don't know one another well enough to talk about contraception? Group "c"?*
- *Suppose they are both developmentally delayed or have severe physical limitations and they have decided they would be unable to care for a baby? Group "d"?*

For **Transparency 3**, possible discussion questions include:

- *What if the person who wants the operation already has children by a previous relationship, but his or her partner does not? Does that make any difference Group "a"?*

- *Group "a", if a person doesn't have a legal right to forbid his or her husband or wife from being sterilized, should the law at least require that he or she be notified before the operation? Why or why not?*
- *What if he is abusive, Group "b"?*
- *What if the person who wants the operation is afraid that he or she would abuse a child? Is that not reason enough to decide, even without the partner's permission, Group "c"?*
- *If sterilization were illegal, Group "d", would a person go to jail for having the operation? Would the doctor who performed it go to jail?*

For **Transparency 4**, possible discussion questions include:

- *Group "a", what would you say to the minor who is having sex, then?*
- *What if the child is being sexually abused by a parent? Group "b"?*
- *Group "c", if doctors and pharmacists began to notify parents of their teens' decision to get birth control... what would you like to see happen, in those families when the letter comes in the mail?*
- *Group "d", would it make a difference if the minor was 12 years old? If you think it's best for the 12 year old to talk with his or her parents, but you don't want to require it, imagine you are the doctor ... how will you make it easier for this child to talk with his or her family?*

For **Transparency 5**, have people sit back down and share what was written on their cards. Encourage discussion.

#### **4. Debrief the exercise and summarize the lesson.**

Invite discussion about the entire Exercise. Elicit students' comments about how it felt to have to explain an opinion they might not have agreed with. Ask when that skill might come in handy. Here are some possible answers to contribute, if students don't think of them:

*... when you want another person to realize that you understand and appreciate his or her opinion, even though you disagree.*

*... when you are looking for what the two of you might have in common.*

*... as a way to remind yourself that other people (including smart, caring, thoughtful individuals) may disagree with you.*

The key concept to emphasize is that people can disagree and still live side-by-side, with respect and appreciation for their differences, in a democratic society.

#### **5. Assign homework.**

Family/Friend Homework Exercise: "On Contraception".

# Contraception Pretest

NAME \_\_\_\_\_

DATE \_\_\_\_\_

PERIOD \_\_\_\_\_

**Mark the best answer for each question. Use pencil, so you can correct your answers later.**

1. Which kinds of birth control work **100%** of the time?  
 a. the pill, sterilization (getting your tubes tied) and abstinence (not having intercourse)  
 b. only sterilization and abstinence  
 c. only abstinence
2. "Male" condoms prevent pregnancy at least **85 %** of the time.  
 a. true  
 b. false
3. Of the following kinds of birth control, which one is the **most effective**?  
 a. the pill  
 b. the "male" condom  
 c. fertility awareness ("natural family planning")
4. Of the following kinds of birth control, which one is the **least effective**?  
 a. "male" condom  
 b. "female" condom  
 c. a diaphragm
5. Using withdrawal (the guy pulling out before he ejaculates, before he "comes") is safer than using no birth control at all (that is, it's **better than nothing** for preventing pregnancy).  
 a. true, withdrawal is almost as effective as a diaphragm  
 b. true, but it is only **slightly** better than not using anything  
 c. false, you might as well not use anything
6. A woman can use hormones to prevent pregnancy in all of the following ways EXCEPT: (check one)  
 a. pills  
 b. a shot into her muscle  
 c. a vaginal ring  
 d. an injection into her blood stream  
 e. an implant in the arm  
 f. a T-shaped plastic device inserted in the uterus  
 g. a patch put on the skin
7. Using two methods (such as a condom and a hormonal method like the pill) is very effective in preventing pregnancy and HIV and other STDs (sexually transmitted diseases).  
 a. true, this is may be almost as effective as sterilization  
 b. false, this is probably only about as effective as a "male" condom by itself  
 c. false, this is less effective than a "male" condom by itself

8. What is the main way **hormonal birth control methods** work?
- a. They block the sperm from the egg.
  - b. They prevent the ovary from releasing an egg.
  - c. They kill the sperm.
9. What does a person have to know to **use an IUD correctly**?
- a. Check the string once a month.
  - b. Put it in and take it out every time you have sex.
  - c. Take one every day.
10. What does a person have to know to **use a “male” condom correctly**?
- a. Put it on just before you ejaculate ("come").
  - b. Check the date on the package to make sure it hasn't expired.
  - c. Take one every day.
11. Fertility Awareness means figuring out when the woman ovulates (releases an egg) and **not** having intercourse (or using another method) ...
- a. after that time.
  - b. before and during that time.
  - c. during your period.
12. How long after unprotected sex or a birth control method failure (like a “male” condom breaking) does a woman have to take emergency contraceptive pills to improve her chances of preventing an unplanned pregnancy?
- a. 24 hours
  - b. 72 hours
  - c. 120 hours
13. Match the following hormonal birth control methods with how often a woman should take it:
- Oral contraceptive pills
  - The Shot (Depo-Provera)
  - The Implant
  - The Patch
  - The Ring
  - IUD (hormonal)
  - Emergency Contraceptive Pills
- a. Take two pills after sex without a condom or if a condom breaks
  - b. At the same time every day
  - c. Once a week for three weeks and then not in the fourth week
  - d. Once every five years
  - e. Once every 12 weeks
  - f. Once for three weeks and then not in the fourth week
  - g. Every 3 years

14. Which of the following has the **highest mortality rate** (risk of death)?  
 a. the pill  
 b. sterilization (getting your tubes tied)  
 c. giving birth
15. Which of the following has the least health risk?  
 a. "male" and "female" condom  
 b. the IUD  
 c. spermicides
16. Women who have had more than one sex partner in the last couple of years, or who think they might in the next couple of years, should probably not use the IUD.  
 a. true  
 b. false
17. Who should probably not use the pill, patch, or ring?  
 a. women over age 35 who smoke  
 b. women under age 20  
 c. women who have had more than one sex partner in the last couple of years
18. Who can buy condoms?  
 a. only people over age 18  
 b. only people with a prescription  
 c. people under age 18 who have a note from their parents  
 d. anyone
19. What percentage of 18 year olds in the United States have not yet had sexual intercourse? Guess.  
 a. 79% of girls and 76% of guys are virgins  
 b. 42% of girls and 46% of guys are virgins  
 c. 19% of girls and 15% of guys are virgins
20. People sometimes get pregnant the first time they have sexual intercourse.  
 a. true  
 b. false

NUMBER OF ANSWERS THAT WERE CORRECT TO BEGIN WITH

(before you corrected them): \_\_\_\_\_

*(Please be honest. This won't affect your grade. I just need to know for lesson planning.)*

## "On Contraception"

### Family/Friend Homework Exercise

Below are six sets of questions about the ethics (right and wrong) of birth control. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Practice really trying to understand the other person's point of view. Then, together, sign the homework confirmation slip, below. Return it for credit.

1. Some people believe that using birth control is wrong. Are there any kinds you think are wrong (sinful, unethical, even for married people)? Why or why not? If you said yes, which kinds? Is it wrong, in your opinion, for single people to use birth control (besides abstinence)? Why or why not?
2. In a heterosexual couple, who should be responsible for using birth control? The man, the woman or both? Why? What if only one of them feels strongly about preventing a pregnancy?
3. In your opinion, should a married person be allowed by law to get sterilized without his or her partner's consent? Why or why not?
4. Minors can get birth control without their parents' consent. Do you agree or disagree with the law that allows this? Why or why not? If you agree with the law, would you encourage teens to consult with their families? How? If you disagree with the law, how would you provide for the teen of abusive parents or the teen who lives alone and supports him or herself?
5. How do you think you would you feel if you were a parent whose teen told you he or she needed birth control? What would you say? What would you do? Would the teen's gender (male or female) make a difference? Would the teen's age matter? The kind of romantic relationship the teen had, if any?
6. If your child didn't tell you, would you want the doctor or drug store to provide your child with birth control anyway? Why or why not?



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 "On Contraception": Family/Friend Homework Exercise

### CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE: \_\_\_\_\_

We have completed the FAMILY/FRIEND HOMEWORK EXERCISE: "ON CONTRACEPTION", above, and discussed it with one another.

Date: \_\_\_\_\_

\_\_\_\_\_  
 student's signature

\_\_\_\_\_  
 signature of family member or friend



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## Contraception Transparency A

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# Effectiveness Rates\*

Over One Year's Use

<i>Nine Most Effective Methods...</i>	TYPICAL USERS	THEORETICAL (PERFECT) USERS
Abstinence	? **	100%
Intra-uterine Device- hormonal	99.9%	99.9%
Implant (such as Implanon)	99.96%	99.96%
Male Sterilization (vasectomy)	99.85%	99.9%
Female Sterilization (tubal ligation)	99.5%	99.5%
Intra-uterine Device- copper	99.2%	99.4%
Shot (such as Depo Provera)	97 %	99.7%
Combined Hormone Methods: Pill, Patch, Ring	92 %	99.7%
Condom plus a hormonal method	??**	??**

\* Hatcher, Robert A., et al. (2005). *Contraceptive Technology* (18<sup>th</sup> Rev. Ed.). New York: Ardent Media, Inc.

\*\* Probably very effective, not many studies at this time.

## Contraception Transparency B

# Effectiveness Rates\*

Over One Year's Use

<i>Eight Other Methods...</i>	TYPICAL USERS	THEORETICAL (PERFECT) USERS
"Male" Condom	85%	98%
Diaphragm with Spermicide (always used with spermicidal cream or gel)	84%	94%
Sponge (by a woman who has never been pregnant)	84%	91%
"Female" Condom	79%	95%
Fertility Awareness (abstaining around time of ovulation, using sympto-thermal method)	75%	98%
Withdrawal	73%	96%
Other Spermicides (foam, film, cream, gel or suppository)	71%	82%
Sponge (by a woman who <i>has</i> been pregnant)**	68%	80%
Emergency Contraceptive Pills	65%	75-98***
No Method	15%	15%

\* Hatcher, Robert A., et al. (2005). *Contraceptive Technology* (18<sup>th</sup> Ed.) New York: Ardent Media

\*\* After a pregnancy, her cervix is more open and a sponge is less effective.

\*\*\* If used within 24 hours of unprotected intercourse, EC pills can reduce risk of pregnancy by up to 98%, they also provide some protection up to 5 days after sex.<sup>8</sup>

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 Contraception Transparency C
 

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# Mortality Rates\*

Starting with the Least Safe Behavior

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<i>Behavior...</i>	<i>Risk of Death in One Year</i>
Motorcycling	1 in 1,000
Taking Birth Control Pills, Smoker (less than 35 years old)	1 in 5,000
Driving a Car	1 in 6,000
Giving Birth	1 in 10,000
Sterilization: Female (tubal ligation)	1 in 39,000
Taking Birth Control Pills, Non-smoker (less than 35 years old)	1 in 200,000
Sterilization: Male (vasectomy)	1 in 1,000,000

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\*Hatcher, Robert A., et al. (2004). *Contraceptive Technology* (18<sup>th</sup> Rev. Ed.). New York, NY: Ardent Media, Inc.

Note that numbers are rounded to the nearest thousand

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**Contraception Transparency 1**

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- a. I believe that it's morally wrong to use any form of birth control except abstinence, even if you are married.**
- b. I believe that some forms of birth control are immoral, even for married couples.**
- c. I would not call any form of birth control “wrong” or “immoral”, as long as the couple is married.**
- d. I would not call any form of birth control “wrong” or “immoral”, regardless of whether the couple is married.**

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Contraception Transparency 2

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**a. I believe that,  
in a heterosexual couple,  
birth control is the man's  
responsibility.**

**b. I believe that,  
in a heterosexual couple,  
birth control is the woman's  
responsibility.**

**c. In my opinion,  
both people should take  
responsibility for birth control.**

**d. I believe that  
birth control is wrong;  
neither person should  
"take responsibility" for it.**

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**Contraception Transparency 3**

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**The law allows a married person to be sterilized without his or her spouse's consent.**

**a. I agree with this law; no one should have to get a spouse's permission.**

**b. I think the law should be changed; a man should be allowed to veto his wife's decision to have her tubes tied.**

**c. I think the law should be changed; either spouse should be allowed to veto his or her spouse's decision.**

**d. I think the law should be changed; sterilization should be illegal.**

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Contraception Transparency 4

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**The law allows a minor to get birth control without his or her parents' consent.**

**a. I think the law should be changed; minors should not be allowed to obtain birth control, even with a parent's permission.**

**b. I think the law should be changed; parents should have the legal right to say "no".**

**c. In my opinion, parents should at least have the legal right to be notified, but not to veto the decision.**

**d. I agree with the law; there should be no age limit on the legal right to privacy.**

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Contraception Transparency 5

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**Finish all three sentences:**

**If I ever become a parent,**

- x. I hope my children will  
wait to be married until ...**
  
- y. I hope my children will  
wait to have sexual  
intercourse until ...**
  
- z. I hope my children will  
wait to have children  
of their own until ...**



## REFERENCES:

- <sup>1</sup> Hatcher, Robert A., et al. (2005). *Contraceptive Technology* (18<sup>th</sup> Rev. Ed.). New York: Ardent Media, Inc.
- <sup>2</sup> Albert, Alexa; Robert Hatcher and Willam Graves (February 1991) Condom Use and Breakage Among Women in a Municipal Hospital Family Planning Clinic. *Contraception* 43:2
- <sup>3</sup> Hatcher, Robert A., et al. (1990-1992). *Contraceptive Technology* (.15<sup>th</sup> Rev. Ed.). New York: Irvington Publishers
- <sup>4</sup> Family-Planning Program, Public Health - Seattle & King County. (October 12, 2005) Section II. Oral Contraceptive Pills. Clinical Practice Guidelines 2001.
- <sup>5</sup> Family-Planning Program, Public Health - Seattle & King County. (July 6, 2005) Section II. Intrauterine Device. Clinical Practice Guidelines 2001.
- <sup>6</sup> Family-Planning Program, Public Health - Seattle & King County. (June 16, 2004) Section II. Spermicide. Clinical Practice Guidelines 2001.
- <sup>7</sup> Washington State Legislature. Initiative Measure No. 120, approved November 5, 1991 RCW 9.02.100 Reproductive privacy -- Public policy. Retrieved on July 14 from: <http://www.leg.wa.gov/RCW/index.cfm?section=9.02.100&fuseaction=section>
- <sup>8</sup> Family-Planning Program, Public Health - Seattle & King County. (June 16, 2004) Section II. Emergency Contraception. Clinical Practice Guidelines 2001.
- <sup>9</sup> United States Centers for Disease Control and Prevention. (2002) National Survey of Family Growth Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002, Vital and Health Statistics Series 23, No. 24, Table 3. NCHS. Retrieved on August 10 from: [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_024.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_024.pdf)
- <sup>10</sup> Hatcher, Robert A., et al. (2000). *Contraceptive Technology* (17<sup>th</sup> Rev. Ed.). New York: Ardent Media, Inc.