

Flip Chart Questions for Methods of Pregnancy Prevention

Objective: Participants will describe various methods of pregnancy prevention.

Structure: Small group.

Time: About 30 minutes.

Materials: Flip chart paper, markers, tape. Strongly recommended: samples of various methods of contraception for participants to examine.¹ “Flip Chart Questions for Methods of Pregnancy Prevention” answer key.

Note: This activity can be used with a broad range of youth. The responses of the participants and the character of the discussion will depend on their developmental stage. For younger teens, much of this information will be very new; older teens will likely have more knowledge. Older teens will be interested in more detailed information than will younger teens.

It is important not to overload participants with information, but to give them enough information, so that they can access reliable methods of contraception when they need to.

Abstinence/postponing intercourse as a method of pregnancy prevention is presented as a wise choice for young teens. Also, a review of conception/ovulation may be needed for younger participants, so they will be able to understand how several pregnancy prevention methods work.

Please be sensitive to the religious and cultural diversity of your group, as some faiths and cultures are not supportive of some forms of contraception.

¹ Contact your local Health Unit or Planned Parenthood affiliate and ask about getting packages of expired birth control pills (remove the pills so that participants have access to only the packaging), condoms, spermicides (sponge, VCF, foam, applicator).

Procedure

1. **Prepare** six sheets of flip chart paper by listing a different method of pregnancy prevention at the top of each one. List the questions participants will be answering as well. Be sure that the sheets can be read from a distance, and leave enough space for participants to record their answers. (Answer key follows that will list methods you may wish to discuss with your group, questions to include on the flip chart paper, and basic information about each method to share with the group).
2. **Tape** the sheets of flip chart paper up at various points in the room. Place the appropriate sample method nearby for those who wish to get a closer look.
3. **Divide** the participants into groups and assign each group to a method. Ask the participants to do their best to answer the questions on the flipchart paper and to record their answers on the sheet. If participants are really stumped, you can give them some written information for guidance (call your local public health unit or planned parenthood affiliate for copies of brochures and fact sheets, or have participants search for answers on the internet or in the library).
4. **Circulate** between the groups to keep them on task, or to assist them by asking them leading questions or giving information.
5. Once participants have completed the questions (to the best of their ability), **review** each method with them, by following the answer key. You may wish to have each group “report” their findings. Remember that the answer key will not provide all information about each method. The goal of this activity is to introduce participants to the different methods of pregnancy prevention available (particularly the methods that young people most commonly use), and to let them know about community resources. For more information about the methods, you can consult the fact sheets provided in the Resources section. Provide information that participants can take away about resources in the community (fact sheets, youth friendly clinics, phone lines etc.).
6. **Conclude** by asking participants to identify which methods they think would be most effective for young people. (One hopes they will identify: abstinence/postponing intercourse, oral contraceptives [used with condoms], Depo-Provera [used with condoms], condoms, and emergency contraception [for “emergencies” only].)

Extension

Instruct participants to create posters or commercials advertising a method of pregnancy prevention.

(Adapted with permission from: Region of Ottawa-Carleton (2000) *Ottawa-Carleton School-Based Sexual Health Program*. Ottawa: Author.)

Answer Key

Flip Chart Questions For Methods of Pregnancy Prevention

Method: Abstinence/Postponing

How does it work?

- It means not having vaginal or anal intercourse.
- However, there are differing views on the definition of abstinence.
- For some: kissing is the limit.
- For some: everything short of vaginal or anal intercourse is OK.
- Others: have limits somewhere in between.
- People have to set limits for themselves, and communicate their limits to their partner.

How effective is it?

- 100% effective in preventing pregnancy and STIs, but you have to use it all the time. (Remember that STIs can be transmitted through oral sex.)

What do you need to do to use it?

- Decide what your limits are (before you are in a romantic situation).
- Think about how you will discuss this with your partner. (Consider how to respond to your partner's questions and reactions.)
- Talk to your partner about your limits.
- People may wish to avoid situations where they may feel pressured or unable to stick to their limits (e.g. being at home alone with their partner, getting drunk or high).

Why would someone choose this method?

- Very effective protection from STIs and pregnancy.
- Not ready for sex or not interested in the stress that is involved in having vaginal or anal intercourse at an early age.
- Wanting to spend time on other things: sports, school, friends, and to focus on personal growth before having intercourse.
- Religious beliefs, cultural beliefs.

Why not?

- Person really feels ready, and is ready to take responsibility for having intercourse (getting/paying for birth control method, buying and using condoms to avoid STIs and/or unintended pregnancy).
- Feeling pressure from partner; not wanting to lose partner.
- Sexual desire. (Are there other ways of dealing with sexual feelings without having intercourse?)
- Not feeling able to communicate personal limits

Method: Condoms and Spermicide

How do they work?

- Condoms prevent semen from getting into the vagina (and swimming up to the ovum).
- Condoms prevent semen from entering the anus.
- Spermicide kills sperm. (Spermicide should NOT be used for anal sex because the skin in the anus is too delicate.)

How effective are they?

- Typical effectiveness of condoms is 88%.
- Effectiveness of condoms combined with spermicide is 97%. (Spermicide is not effective enough to use on it's own.)
- Spermicides vary in the duration of effectiveness and in how quickly they become effective. For example, VCF (vaginal contraceptive film) is effective for one hour, but couples must wait 15 minutes after insertion for the film to dissolve. Sponges must be left in place for 6-8 hours after sex. In general, most are effective for about one hour. Users must read package directions carefully.

Where can you get them? How much do they cost?

- No prescription is needed.
- Drugstore: **condoms** – about \$7 for 12; **spermicidal foam** – about \$16.
- Many Sexual Health Clinics provide free condoms and spermicides at low cost. (Call your local Health Department or Planned Parenthood affiliate to find locations.)
- Many youth drop-in centres also have free condoms.

Why would someone choose this method?

- Easy to get, no prescription needed, not expensive.
- Protection from most STIs. (Condoms do not provide complete protection from herpes, or from HPV-Human Papilloma Virus—the virus that causes genital warts.)
- Concerned about side effects associated with other methods.
- Effective contraception.

Why not?

- Must plan ahead to have method available: some people don't like to interrupt lovemaking to put on a condom.
- Some men feel that condoms reduce sensation (but with condoms, erections can last longer).
- Allergy to latex (in which case a latex condom can be doubled up with a lambskin condom).
- Some women may feel uncomfortable or have an allergic reaction to putting spermicide in their vagina.

Method: Emergency Contraception (Morning After Pill)

How does it work?

It is a concentrated dose of estrogen and progesterone that

- can reduce the risk of pregnancy after unprotected vaginal intercourse,
- can delay or prevent ovulation (it's primary mode of action), and
- can cause changes to the endometrium, to make implantation less likely.

A woman must take it within 72 hours (3 days), after unprotected vaginal intercourse.

(Sometimes up to 5 days, but the sooner, the better.)

How effective is it?

- Prevents 75% of the pregnancies that would have occurred. (98% of women who take it will menstruate within 3 weeks.)
- More effective if taken as soon as possible after unprotected vaginal sex (within 72 hours).
- **Important note:** Nausea is a very common side effect, so emergency contraception should be taken with Gravol.
- A woman should menstruate within 14 to 21 days.
- Spotting is also a common side effect.

Where can you get it? Is it expensive?

- Must see a doctor to get it.
- Many walk-in clinics and doctor's offices, some hospitals. (Call first.)
- Sexual Health Clinics, Sexual Assault Treatment Programs. (Call your local Health Unit or Planned Parenthood affiliate to find out where it is available in your community.)
- Usually free from Sexual Health Clinics

Why would someone choose this method?

- Vaginal intercourse without any contraception.
- Condom breakage.
- Sexual assault.
- Forgetting to take a number of birth control pills (without using condoms).

Why not?

- Too late. (More than 3-5 days have passed since the unprotected vaginal sex.)
- Medical reasons for not taking birth control pills.
- Emergency contraception should **not** be considered a routine form of birth control!

Method: Oral Contraceptives

How does this method work?

- Contains estrogen and progesterone (hormones normally present in a woman's body).
- Prevents ovulation.
- Thickens cervical mucous to block sperm.
- Thins the endometrium (lining of the uterus).

How effective is it?

- Typical effectiveness is about 95-98%.
- Very important to take it every day, at about the same time each day.
- Antibiotics interfere with pill efficacy, as do vomiting and diarrhea. It is important to use a back-up method for the rest of the month.

Where can you get it? Is it expensive?

- Need to see a doctor for a prescription. (Young women need a check up first and sometimes a pap test.) Costs about \$20 for each pack (a month's supply) from a regular pharmacy. (Many workplace drug plans cover it, and it is covered on drug card for people receiving welfare benefits.)
- Sexual Health Clinics usually provide low cost pills. (Contact your local Health Unit or Planned Parenthood affiliate to find clinics in your community.)
- Partner can share the cost.

Why would someone choose this method?

- Very effective.
- Easy and safe.

Why Not?

- Rare, but serious, side effects. A careful medical history, examination and follow up can help to prevent them from occurring. It is important to note that young women (under age 35) are at greater risk of dying in a car accident or from **not** using any method of birth control, than from using oral contraceptives. Most other side effects resolve within 3 months of pill use, or can be resolved by switching to a different kind of birth control pill.
- Difficulty remembering to take every day.
- No protection from STIs. **MUST** be used with condoms.

Method: Withdrawal

How does it work?

- Withdrawal means pulling the penis out of the vagina before ejaculation, in the hope that sperm and egg won't meet.

How effective is it?

- Not reliable.
- Difficult to know when you are going to ejaculate, and to pull out in time. There may also be a small number of sperm in the pre-ejaculate.

Why would someone choose this method?

- Nothing else available.
- Poor understanding of the risks of this method.

Why not?

- Not effective for pregnancy prevention.
- No protection from STIs.

Method: Depo-Provera

How does it work?

- Contains progesterone (a female hormone).
- Prevents ovulation.
- Thins the endometrium (lining of the uterus).
- Thickens cervical mucous to block sperm.
- Because this method prevents ovulation and thins the endometrium, women using Depo-Provera don't have regular periods (either no periods at all, or irregular "spotting" or light bleeding).

How effective is it?

- Over 99%, as long as the woman returns every three months for the injection.

Where can you get it? How much does it cost?

- It is an injection: you can receive it from a physician or a clinic.
- Women also need a check up and pap test.
- Doctor's office: about \$40 per injection. (If someone receives social assistance, it will be covered on their drug card.)
- Sexual Health Clinics usually provide it at lower cost. (Contact your local Health Unit to find such clinics in your community.)
- Helpful if partner shares the cost.

Why would someone choose this method?

- Only have to think about it once every 3 months.
- Very effective.
- Some women would prefer not to have their period.

Why not?

- Some women may feel funny not getting their period.
- May not be willing to live with irregular spotting. (About 50% of women get this in the first year on Depo-Provera; the other 50% have no periods or bleeding at all. The longer one is on Depo-Provera, the less likely it is that there will be bleeding)
- Side effects (e.g. decreased bone density, can make existing depression worse).
- Fear of injections.
- No protection against STIs – MUST be used with condoms.

Method: Calendar/Rhythm Method

How does it work?

- A woman keeps track of her menstrual cycle to figure out when she is ovulating. She then only has vaginal intercourse when it is “safe.”

How effective is it?

- Not very reliable.
- Many young women do not have regular cycles, so it is very difficult to predict ovulation.

What do you need to do to use this method?

- Women who use this method record their morning temperature, the character of vaginal mucous and their periods on a calendar for **six months** prior to using this method. (They take special classes to learn how, and their partners are usually very involved.) They avoid having vaginal intercourse for several days before, during, and after they ovulate, because sperm can live 4-7 days inside a woman’s body, and an ovum (egg) lives for 24-48 hours. Therefore, sperm might still be present in the fallopian tubes several days after having vaginal intercourse.

Why would someone choose this method?

- To plan a pregnancy.
- Nothing else available.
- Poor understanding of the risks of this method.
- A sense of really understanding one’s fertility.

Why not?

- Not effective for pregnancy prevention.
- Complicated to keep track of.
- Requires a substantial time commitment.
- No protection from STIs.