

Contraception, Day 3: What's the Best Method?

Grade 9 and 10, Lesson #22

Time Needed:

One or two class periods, depending on whether there are oral Field Trip Reports (and how many)

Student Learning Objectives:

To be able to ...

1. Describe several emotional factors that sometimes influence people's decisions regarding contraception.
2. Describe several ethical factors that sometimes influence people's decisions regarding contraception.
3. Apply factors such as effectiveness, safety, cost, emotions and ethics to hypothetical decision-making scenarios.

Agenda:

1. Explain the lesson's relevance.
2. Have students present their oral Field Trip Reports on "Birth Control and Religion."
3. Use the Case studies and the Worksheet in small groups to practice applying the *thoughtful decision* model to the issue of birth control.
4. Summarize, referring back to Contraceptive Worksheet 3 from Lesson 21.

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:

Classroom Materials: (1 per class)

- Up to 12 copies per class of Contraceptive Worksheet 4
- Three sets of Contraceptive Case Studies (3 copies of each of 4 Case Studies...enough for as many as 12 small groups)

Activities:

1. Explain the lesson's relevance

For the last couple of days we have examined the facts about contraception, and facts are one influence on the decisions people make. Facts alone, however, do not control our choices. Our beliefs and feelings also influence our decisions. Today, we'll look at these.

2. Have students present their oral Field Trip Reports on "Religion and Birth Control."

After each one, make sure to give at least one piece of immediate, positive feedback. Put additional specific feedback in writing, on the written version of the report. See Lesson 1 for Field Trip Grading Forms.

In order to achieve balance, try to ensure that at least eight religious denominations are presented. Remember that it's inappropriate for a public school teacher to express a particular belief about a controversial issue. It is *not* your role, then, vis-à-vis contraception, to suggest that one should use it. Neither should you imply that using it is wrong. Either of these values would offend some families. Your role, instead is to help students understand:

- that there are differing beliefs with respect to birth control,
- that respecting others' right to their beliefs is important, and
- that one's decisions ought to be influenced, not only by the potential consequences of the alternatives, but also by one's beliefs.

Brainstorm, on the blackboard, beliefs that might influence a person's decision about birth control. For example:

Contraception is wrong/sinful/dangerous.

Sex should be spontaneous and pregnancy should just happen if it happens and not if it doesn't.

It's wrong to bring a baby into this world if you aren't prepared to be the best of parents.

Premarital sex is wrong/sinful/dangerous.

A real man protects the people he loves.

It's important to protect yourself in this world.

Birth control is the woman's responsibility.

Birth control is both people's responsibility.

Next, brainstorm feelings that might influence a person's decision about birth control. For example:

comfort/discomfort,
trust/distrust,
confidence,
fear (of going to a doctor, of talking with one's partner),
pride (in being able to make adult decisions, or in protecting one's self and one's partner)

embarrassment,
sexual feelings (arousal),

Now, divide the class into 8-12 small groups. Thus, groups will have up to 4 members, depending on the size of the class. Have each group select ...

a facilitator (whose job it will be to see that everyone in the group has a chance to contribute),
a recorder (who will fill in the Worksheet, in accord with the decisions of the group), and
one or two spokespersons (who will report back to the class).

3. Use the Case studies and the Worksheet in small groups to practice applying the thoughtful decision model to the issue of birth control.

Read aloud the four Case Studies. Give each small group one Case Study and one copy of Contraceptive Worksheet 4. Their task: **to decide on the best method of birth control for the person in the Case Study.** Thus, they won't be deciding on a method of contraception based on their own circumstances, beliefs and feelings, but instead, based on those of a hypothetical individual or couple. Tell them to try to reach consensus, but that "minority reports" will be welcome, too.

Allow the groups 15 minutes to complete their Worksheets. Then have the spokespersons report to the large group, with the two or three groups who shared each case study comparing and contrasting their results.

Your job is to ensure that various relevant facts (expense, effectiveness, etc.), **beliefs** (about responsibility, cooperation, sex, parenthood, marriage, and contraception), **and feelings** (relative ease, embarrassment, sensation, romance, spontaneity) **are explored. Ensure, too, that abstinence is recognized as an alternative.**

In **case 1** the major considerations will probably be **effectiveness** (so they can finish school, although they do want children before long, so effectiveness may not be as high a priority as for some couples), **costs** (since they are poor students), and **health risks** (since Tamara has hypertension). The couple will probably choose an IUD or condoms ("male" * or "female" **) An IUD would be cheaper and nearly as safe, since they are apparently monogamous. Ideally they'd use both an IUD and condoms and they may want to have emergency contraceptive pills on hand in case a condom breaks, too.

* Although this is called a "male" condom, it can be worn on a penis or used on a sex toy.

** Although this is called a "female" condom, it can be used by any gender, vaginally or anally.

In **case 2** the major considerations will probably be effectiveness (since she's not in a stable enough position to parent), **ease** (since she has a lot of stresses in her life already... and some methods may feel a lot easier to her than others), cost (she's very low income), and sexually transmitted infection - **STI protection** (she's at very high risk). Her decision may be abstinence - if she can turn her life around -- or pill-plus-condom or other hormonal method plus condom, such as the shot (Depo-Provera) since she would only have to go in every 3 months; implant-plus-condom (lasts a long time-3 years) or patch-plus-condom. Either a "male" or "female" condom would be appropriate. Since she is currently a sex worker, it may be helpful for her to have "female" condoms on hand in case a man refuses to wear a "male" condom; she'd have more control over their use. She may also want to keep emergency contraceptive pills on hand in case a condom breaks or she is sexually assaulted, for which she may be at higher than average risk by living on the streets.

In **case 3** the major considerations will probably be **effectiveness** (her life is endangered), **health concerns** (obviously) and **religious beliefs** (depending upon whether they share the Vatican's belief about contraception -- some American Catholics do and some don't). They will probably choose either sterilization, abstinence (from intercourse, though they would certainly have to find other ways to have satisfaction and intimacy) or very careful, consistent fertility awareness (perhaps with no intercourse around the time of ovulation and "male" or "female" condoms the rest of the month). An IUD would also be an option since they are monogamous. They may want to have emergency contraceptive pills on hand in case a condom breaks too. As part of their decision-making, they may want to discuss the ethics with a priest.

In **case 4** the major considerations will probably be **effectiveness** (they aren't ready for marriage), beliefs (depends what they believe about premarital sex and, for Jamie, family is important, so their beliefs may influence the decision), **feelings** (many new couples, especially teens, find it embarrassing to discuss, obtain or use contraceptives until they know one another better) and **STI protection** (they aren't yet in a "long-term" committed relationship). Cost may not be so important, since their parents still support them and both have jobs. Best alternative, in our opinion, would be abstinence. Some couples in their situation would choose "male" or "female" condoms-plus-pills or combine another hormonal method (shot, implants, patch, ring) plus condoms. They may want to have emergency contraceptive pills on hand in case a condom breaks too.

Summarize the activity:

Notice how each situation warranted a different decision, and that, even given the same facts, two groups may have reached differing conclusions ... just as in real life.

4. Summarize, referring back to Contraceptive Worksheet 3 from lesson 21.

To summarize the whole lesson, refer students back to Contraceptive Worksheet 3. What is the best method? The last two questions on the Worksheet (items 5 and 6) can **only** be answered by each individual and couple according to their own beliefs and feelings.

Remind students that in addition to beliefs, a birth control method a couple chooses should take into account ¹:

- their overall health

- how often they have intercourse
- the number of sexual partners they have
- if they want to have children or not
- how well each method works (or is effective) in preventing pregnancy and STIs
- any potential side effects
- their comfort level with using the method

Case Studies



CASE STUDY 1:

Tamara and Zachary

Interviewer: Tell me a little about yourselves.

Tamara: Well, Zachary and I have been going out for two years and we were married last month. We're both juniors in college. I'm looking forward to a career as a biologist.

Interviewer: And you, Zachary?

Zachary: I'm studying forestry. I want to be a forest ranger.

Interviewer: How are you supporting yourselves?

Zachary: My parents help some. We both get financial aid from the college and we both work part time. I work in the cafeteria and Tamara's a lab assistant.

Interviewer: How's your health?

Tamara: I have high blood pressure, but I eat right and I keep it under control. Otherwise we're both perfectly healthy.

Interviewer: Do you want children?

Zachary: Yes, in a few years. We want to finish school and then we'll see. Right, honey?

Tamara: Right.

Michelle

Interviewer: Tell me a little about yourself, Michelle.

Michelle: Well, what do you want to know?

Interviewer: Where do you live? How do you spend your time?

Michelle: I live with friends, mostly, or on the streets. I ran away from home ... let's see ... seven months ago. I hang out. I get by.

Interviewer: Michelle, if it's too personal, you don't have to say, but why did you run away?

Michelle: That's OK. I don't mind saying ... It's over now. My father molested me. I tried to get him to stop, but nothing worked. So I had to get out of there.

Interviewer: How are you supporting yourself?

Michelle: I turn tricks * sometimes. I don't need much.

Interviewer: Do you have a boyfriend, too?

Michelle: No. I was going with this guy, but we broke up a couple of weeks ago.

* "turning tricks" is slang for prostituting (having sex for money or for drugs or a place to sleep)

CASE STUDY 2:

**CASE STUDY 3:*****Rebecca and Josh***

Interviewer: Tell me a little about yourselves.

Rebecca: Well, we've been married twelve years. We're both 34. I am a full-time homemaker and Josh owns his own landscaping business.

Interviewer: Do you have any children?

Josh: Yes. Two girls and two boys. Judy is eleven. Cindy is nine. And the boys (they're twins) are going on six.

Interviewer: Do you plan to have any more children?

Rebecca: We can't. I had two miscarriages after the twins were born, and the doctor told me it would be really dangerous if I got pregnant again.

Josh: That made us both really sad at first. We're Catholic and we both grew up in big families. I was one of seven children, and I was kind of hoping for seven of my own. But at least we got four healthy kids. We've gotten over the sadness we felt at first. Haven't we, honey?

Rebecca: Yes.

CASE STUDY 4:***Jamie and Stan***

Interviewer: Tell me a little about yourselves.

Stan: I am a senior in high school. I run track. I'm a low-B student. I work stocking groceries in a store about fifteen hours a week.

Interviewer: How about you, Jamie? What's special about you?

Jamie: I am a junior. I sing with a band on weekends ... and I have an older brother and two younger stepsisters. My family is real close; I guess that's pretty special.

Interviewer: So how long have you guys been going out with each other?

Jamie and Stan (in chorus): Four weeks and two days. (They laugh)

Interviewer: Have you thought about what you'll do after Stan graduates? Do you think you'll still be together?

Stan: I don't know. I'm thinking about going into the Navy. That means being gone at least for a while.

Jamie: Besides, it's a little soon to be thinking that far ahead.

Interviewer: How's your health?

Jamie: Great. Right, Stan?

Stan: Yep. As far as we know.

Contraception Worksheet 4

REAL PEOPLE'S DECISIONS

NAMES OF THE PEOPLE COMPLETING THIS WORKSHEET: PERIOD _____

CASE STUDY NUMBER _____

NAME(S) _____

A. Which factors matter most to this person or couple?

Discuss what makes you think so.

- 1. **Effectiveness** is
 - _____ probably very important to this person/couple
 - _____ somewhat important to them
 - _____ probably not so important to them
 - _____ not enough information for us to guess

- 2. **Cost** is
 - _____ probably very important to this person/couple
 - _____ somewhat important to them
 - _____ probably not so important to them
 - _____ not enough information for us to guess

- 3. **STI protection** is
 - _____ probably very important to this person/couple
 - _____ somewhat important to them
 - _____ probably not so important to them
 - _____ not enough information for us to guess

- 4. **Other medical risks** are
 - _____ probably very important to this person/couple
 - _____ somewhat important to them
 - _____ probably not so important to them
 - _____ not enough information for us to guess

- 5. **Beliefs** will
 - _____ probably be a major factor in this decision
 - _____ be somewhat important to them
 - _____ probably not so big a factor in this decision
 - _____ not enough information for us to guess

Contraception Worksheet 4 (continued)

People in their situation might believe:

Four horizontal lines for writing answers.

- 6. Feelings will probably be a major factor in this decision
- be somewhat important to them
- probably not so big a factor in this decision
- not enough information for us to guess

People in their situation might feel

Four horizontal lines for writing answers.

B. Which methods of birth control are probably the best for this person or couple? Which methods might they choose?

Check any methods that are possibilities in this situation

- | | |
|--|--|
| <input type="checkbox"/> abstinence | <input type="checkbox"/> emergency contraceptive pills |
| <input type="checkbox"/> "male" condoms | <input type="checkbox"/> diaphragm |
| <input type="checkbox"/> fertility awareness | <input type="checkbox"/> sponges |
| <input type="checkbox"/> IUD | <input type="checkbox"/> sterilization |
| <input type="checkbox"/> the pill | <input type="checkbox"/> patch |
| <input type="checkbox"/> withdrawal | <input type="checkbox"/> ring |
| <input type="checkbox"/> shot | <input type="checkbox"/> implant |
| <input type="checkbox"/> "female" condom | <input type="checkbox"/> general spermicides (film, suppositories, gel...) |

a combination of two methods:

_____ and _____

Check off the method your group recommends for this person or couple. If someone in your group disagrees, or if you have a second, equally good choice, mark it, too.

Be prepared to explain why you chose that method (or methods) in this case.

REFERENCES:

¹ United States Department of Health and Human Services. (November 2002) Birth Control Methods Fact Sheet. Retrieved on July 17 from: <http://www.4woman.gov/faq/birthcont.htm>

