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.* 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[i]

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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.[ii] 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	**FEMALE CONDOM**	**OUTERCOURSE**
CONDOM & SPERMICIDE	**IMPLANT**	**SPERMICIDE ALONE**
CONTRACEPTIVE PATCH	**LUNELLE**	**THE PILL**
DEPO-PROVERA	**MALE CONDOM**	**VAGINAL RING**
DIAPHRAGM	**NO METHOD**	**WITHDRAWAL**

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

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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.

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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.

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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).

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4. Ask participants with <u>one</u> 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 <u>how effective that method is in preventing **PREGNANCY**</u>.

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.

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

1. Place each method in a continuum on the chart twice, once for the protection it gives in preventing pregnancy and once for the protection it gives in preventing STI/HIV.

ABSTINENCE	**FEMALE CONDOM**	**OUTERCOURSE**
CONDOM & SPERMICIDE	**IMPLANT**	**SPERMICIDE ALONE**
CONTRACEPTIVE PATCH	**LUNELLE**	**THE PILL**
DEPO-PROVERA	**MALE CONDOM**	**VAGINAL RING**
DIAPHRAGM	**NO METHOD**	**WITHDRAWAL**

P **R** **E** **G** **N** **A** **N** **C** **Y**		
VERY EFFECTIVE PROTECTION (No/Very Low Risk)	**SOME PROTECTION** (Some Risk)	**NO PROTECTION** (High Risk)
S **T** **I** **/** **H** **I** **V**		

2. Considering your own behavior now, where on the continuum of risk do you place yourself
   for an unplanned pregnancy? ___**NO/VERY LOW** ___**SOME** ___**HIGH** ___
   For a sexually transmitted infection? ___**NO/VERY LOW** ___**SOME** ___**HIGH** ___

3. Do you want to change your location on the continuum? __ Yes __ No

4. If yes, one thing you could do is:_____

_____

i Adapted from Brick, P. and Taverner, B. *Positive Images: Teaching Abstinence, Contraception, and Sexual Health, Third Edition,* Morristown, NJ: Planned Parenthood of Greater Northern New Jersey, 2001. For more information about *Positive Images,* please contact PPGNNJ (973-539-9580, ext. 120) or send an e-mail message to Bill.Taverner@ppfa.org.
ii Research done with Pearila Brickner Namerow, Ph.D., Columbia University, Center for Population and Family Health.

CONTRACEPTIVE OPTIONS CHART

METHOD	KEY ADVANTAGES	POSSIBLE PROBLEMS	EFFECTIVENESS[1]
Abstinence	No physical side effects Can be used anytime Nothing to purchase Excellent protection against sexually transmitted infections (STI)	Requires commitment and self control by both partners Social pressure to engage in intercourse Many people fail to use protection when abstinence ends	100% *if* used consistently
Birth Control Pill	Continuous protection against pregnancy Nothing to apply or insert at time of intercourse More regular, shorter periods Ability to become pregnant returns quickly when use is stopped Protects against painful, heavy, or irregular periods, ovarian and endometrial cancer, and infections of the fallopian tubes	Must remember to take daily Possible side effects: nausea, breast tenderness, weight gain or loss Rare, but serious health risks (blood clots, heart attack, and stroke – these risks are higher for women over 35 who smoke) No protection against STI	92% to 99+% *if* used correctly and consistently
Implant*	Continuous protection against pregnancy for 5 years (Norplant) or 3 years (Implanon) Nothing to apply or insert at time of intercourse	Minor surgical procedure Irregular menstrual bleeding Possible weight gain or loss Visible – can be seen under skin No protection against STI	99+%
Injection	Continuous protection against pregnancy for 3 months (Depo Provera) or 1 month (Lunelle) Nothing to apply or insert at time of intercourse Menstruation stops for over half of women who use Depo Provera (some may not consider this an advantage) Private – no visible sign that person is using this method Other physiological advantages similar to those of the pill	Requires injection Must remember to get the shot Availability of Lunelle may be limited Possible side effects (Depo Provera): irregular period, weight gain, headaches Other side effects and risks for Depo Provera and Lunelle similar to those of the pill Return to fertility may take several months (Depo Provera) Increased spotting/bleeding in first month of use (Lunelle) No protection against STI	97% to 99+% *if* used consistently
Contraceptive Patch	Continuous protection against pregnancy for 1 month Nothing to apply or insert at time of intercourse Other physiological advantages the same as those of the pill	Must remember to replace patch weekly and not wear it the week of menstruation Visible – worn on the skin Not available in all skin tones No protection against STI Not recommended for women over 198 pounds	99+% *if* used correctly and consistently
Vaginal Ring	Continuous protection against pregnancy for 1 month No precise placement necessary Nothing to apply or insert at time of intercourse Other physiological advantages the same as those of the pill	Must remember to remove during week of menstruation, and then insert new ring for next 3 weeks Requires high level of comfort with one's body No protection against STI	99+% *if* used correctly and consistently
Intrauterine Device (IUD)	Two types – one offers continuous protection against pregnancy for 5 years, the other for 10 years Nothing to apply or insert at time of intercourse IUDs with hormones may reduce menstrual cramps and bleeding Non hormonal IUDs are an alternative for women who cannot use hormonal methods	Must be inserted and removed by clinician Heavier periods Rare, but serious health risks (uterine expulsion or perforation, pelvic inflammatory disease) No protection against STI Not typically recommended for adolescents	98%

* At the time of this printing, Implanon is not yet available in the United States and there are no plans to reintroduce Norplant. For updated information about contraceptive methods, please visit www.managingcontraception.com.

METHOD	KEY ADVANTAGES	POSSIBLE PROBLEMS	EFFECTIVENESS[1]
Male Condom	Excellent protection against STI May help delay ejaculation Male involvement Inexpensive, available over the counter	May leak or break if used incorrectly May interfere with spontaneity	85% to 98% *if* used correctly and consistently
Female Condom	Available over the counter Alternative for people with latex allergies Good protection against STI	Requires high level of comfort with one's body May be difficult to insert May become dislodged during intercourse May interfere with spontaneity.	79% to 95% *if* used correctly and consistently
Diaphragm or Cervical Cap	Can be inserted in advance of intercourse Can remain in place for multiple acts of intercourse (diaphragm – 24 hours; cervical cap – 48 hours)	Requires high level of comfort with one's body Requires fitting by clinician May be difficult to insert Limited STI protection, but also possibility of irritation (by spermicide) that could facilitate STI transmission	84% to 91% (cap) or 94% (diaphragm) *if* used correctly and consistently
Spermicides	Available over the counter in a variety of forms (creams, films, foams, gels, suppositories) Adds lubrication (creams, foams, gels)	Timing: must insert close to each intercourse May cause allergic reaction Possibility of irritation that could facilitate STI transmission	71% to 85% *if* used correctly and consistently
Withdrawal	Nothing to purchase Available as a last resort	Dependent on male partner Requires great control May affect pleasure No protection against STI	Effectiveness varies: failure rate increases if the male does not predict and control ejaculation correctly
Fertility Awareness Methods	Nothing to purchase Permitted by some religious groups that prohibit the use of other methods	Requires commitment No intercourse for much of menstrual cycle No protection against STI	75% to 99% *if* used correctly and consistently: combined use of calendar, basal temperature and cervical mucous methods
No Method	Nothing to purchase	No protection against pregnancy No protection against STI	15%
Vasectomy or Tubal Ligation	Permanent protection against pregnancy Nothing to apply or insert at time of intercourse	Requires surgery Reversal has relatively low success rate No protection against STI Usually available only to older individuals	99+%
Emergency Contraception (e.c.)	Can be used up to 120 hours ***after*** unprotected intercourse Good for emergency situations	May cause nausea and vomiting Not for regular use No protection against STI	Effectiveness depends on timing. The sooner e.c. is taken after unprotected intercourse, the higher the success rate. Used within 24 hours – reduces risk of pregnancy by up to 95%; used within 72 hours – reduces risk of pregnancy by 75% to 89%

Note:
If a method is 99% "effective," 99 women in 100 having sexual intercourse regularly for one year are expected **not** to become pregnant. If a method is 15% "effective," 15 women out of 100 would be expected **not** to become pregnant. (Lower percentages indicate "typical user" rates; higher percentages indicate "perfect user" rates.)

Sources: Hatcher, R. et al, *A Pocket Guide to Managing Contraception, 2002-2003*, 2002
Hatcher, R. et al, *Contraceptive Technology, 17th Edition*, 1998
Planned Parenthood Federation of America, *Your Contraceptive Choices*, 2002

To be used with *Positive Images: Teaching Abstinence, Contraception, and Sexual Health, Third Edition.* Brick and Taverner, Planned Parenthood of Greater Northern New Jersey, 2001, revised 2003.

SELECTED LESSON PLAN 10.2: PREDICTING PREGNANCY RISK

SOURCE

"Predicting Pregnancy Risk," *Life Planning Education: A Youth Development Program.* Adapted for use from the Teen Outreach Program (TOP), Changing Scenes curriculum with permission from Cornerstone Consulting Group, Inc. www.cornerstone.to

Suitable for ages 12 to 18

Summary

This lesson provides an excellent activity for motivating adolescents to use contraception if they are having sex by graphically demonstrating the risk of pregnancy and debunking the common myth that it isn't that easy to get pregnant. The main activity is a visual representation of risk: the facilitator puts candies or other small objects of two colors in a bag in the same proportion of the risk of getting pregnant during a year of unprotected intercourse. Each participant draws a candy, which provides a powerful simulation of the likelihood of conceiving when contraception is not used. Then the facilitator makes a bag representative of the chances of a pregnancy occurring when contraception is used. Discussion questions are used to focus on feelings and personalizing the risk, as well as the effects of HIV and STIs on pregnancy.

Teaching Notes

- In step 5, the teacher should emphasize that couples who regularly have sex without any form of contraception for one year have an 85 percent chance of conceiving.
- In step 8, before displaying the poster of contraceptive failure rates, inform participants that in the exercise they saw an average failure rate for all contraceptives. Ask them if they think that all methods have the same failure rate.
- Explore the reasons for contraceptive failure. Point out that the rates presented on the chart are for "typical use." For each method, ask participants: "What kinds of mistakes might reduce its effectiveness?" "What else can a person using this method do to further reduce the risk of pregnancy?" "Is it possible to completely eliminate a possible method failure?" (No, methods sometimes fail even when used perfectly.) "Do you agree that those who are abstinent have a zero failure rate? Why or why not?" (Abstinence does not have a zero failure rate because some users will not stick to the decision to abstain.)
- To briefly review STI prevention, before asking the fourth discussion question, ask participants which methods can protect them from getting an STI.

Adapting the Lesson

- Instead of using candies in the first activity, you can use any small object that comes in two colors, or small pieces of paper with two types of marks on them. Fold them up so that it is easier for participants to take just one piece.
- In the list of contraceptive methods, include only those that are available in your country or where you live.

Predicting Pregnancy Risk

Materials: 105 small, wrapped candies of one color and 95 of a second color (these candies must feel exactly the same but look different — for example, butterscotch and peppermint hard candies); two paper bags; copies of the handout, "Contraceptive Failure Rates;" newsprint and markers or board and chalk

Time: 30-40 minutes

Purpose: To demonstrate the risk of pregnancy during intercourse both with and without contraception

Planning Notes:

- ✔ Put 90 candies of one color and 10 candies of the other in a paper bag marked "Intercourse **without** Contraception." The 90 candies represent unplanned pregnancy. Put 85 of the second color and 15 of the first color in the remaining bag marked "Intercourse **with** Contraception." The 15 candies of the first color will represent unplanned pregnancy. (You can cut the numbers in half, but keep the proportions the same.)
- ✔ Create a poster to present information on the Leader's Resource.
- ✔ Keep the pace lively and humorous as you conduct the first seven steps of the activity. Reserve a few minutes to go over the failure rates of contraceptive methods.

Procedure:

1. Point out that people often do not believe how risky sexual intercourse without contraception can be.
2. Explain that the group will focus on the **pregnancy risk** associated with unprotected intercourse. Ask teens to imagine 100 heterosexual couples who are having sex regularly for one year. How many of those couples would they predict would be pregnant by the end of the year, if they **did not use** contraception? Record their guesses on the board or newsprint.
3. Display the bag marked "Sex **without** Contraception" and explain that the candies in the bag represent the exact proportion of pregnancy that is risked by unprotected intercourse.
4. Show teens which candies represent "pregnancy" and which represent "no pregnancy." Ask each participant to draw a candy from the bag, without looking, and hold it up. If the candy represents "pregnancy," that means one of the 100 imaginary couples having sex without contraception has gotten pregnant.
5. When everyone has drawn, ask how many drew an unplanned pregnancy. Emphasize that **85 out of 100** couples having sex without contraception for a year would get pregnant.
6. Now ask the group to predict how many couples having sexual intercourse for a year would get pregnant, if they **did use** contraception. Record their guesses on newsprint or the board.
7. Repeat the process with the bag of candies representing "Sex **with** Contraception." Have teens draw a candy once more from the bag and hold it up. Ask how many drew an unplanned pregnancy this time. Point out that contraception makes a big difference. **Only 15 out of 100** couples who have sex for a year get pregnant if they use contraception.
8. Display the poster of contraceptive failure rates and ask someone to explain how to read it. Be sure teens interpret the chart correctly. (For example, out of 100 women using the pill for contraception, only three to five will become pregnant by the end of a year and so on.)
9. Conclude the activity using the Discussion Points. Let the group eat the candy!

Adapted from *Teen Outreach: Youth Development Through Service and Learning.* Association of Junior Leagues, International, Inc., New York, N.Y., in press.

Discussion Points:

1. What was the most important thing you learned from this activity?
2. How did you feel when you drew candy from the "without contraception" bag? How about the "with contraception" bag? How may people feel after they have had intercourse without using contraception?
3. Imagine that we just got a notice from the local health clinic saying that everyone in this group, or their partner, is pregnant! What might happen if you or your partner were pregnant at this time?
4. When pregnancy occurs, there is also the risk of infection with HIV or another STD. If you were pregnant or made someone pregnant unintentionally, how would contracting an STD affect that pregnancy? What if you contracted HIV infection from your partner at the time conception occurred?
5. What fact would you share with any teen considering having vaginal sexual intercourse?

Leader's Resource

Contraceptive Failure Rates

Method	User Failure Rate* (Percentage of women experiencing an accidental pregnancy in one year of typical use of the method)
Abstinence	0
Norplant (6 Capsules)	1
Oral contraceptives	3
Intrauterine Device (IUD)	3
Male condom	12
Diaphragm and spermicidal jelly	18
Withdrawal ("pulling out")	18
Cervical cap (for women who have never had a baby)	18
Natural Family Planning ("rhythm method")	20
Foam, cream, jelly or vaginal contraceptive film	21
Female condom (Reality)	21
No contraceptives or controls used	85