25

the sexeducator

Produced by the ministère de la Santé et des Services sociaux du Québec, Université du Québec à Montréal and ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche and Tel-Jeunes

A magazine for educators who conduct promotion and preventionactivities about sexuality with high-school students

TOWARD IMPROVING ADOLESCENTS' CONTRACEPTION USE

By Marie-Andrée Bossé

No. 25, WINTER 2016

This magazine is produced by

Marie-Andrée Bossé, Sexologist

Ministère de la Santé et des Services sociaux du Québec (MSSS)

Direction générale de santé publique
Valérie Marchand, Editor-in-chief
Nadia Campanelli

Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche

Direction de l'adaptation scolaire et des services éducatifs complémentaires
Julie Pelletier

Université du Québec à Montréal
Department of sexology
Francine Duquet, Professor

Tel-Jeunes
Caroline Palardy, Counsellor

and Centre intégré de santé et de services sociaux du Bas-Saint-Laurent
Jocelyn Bérubé, Doctor

The photographs in this magazine are used only to illustrate the topics discussed herein. The people that appear in them are models.

The SexEducator is also available in French under the title *Ça Sexprime*.

Subscriptions

You can subscribe to *The SexEducator* for free at *casexprime.gouv.qc.ca/en*

What do you think of the magazine?

You can help us improve the magazine by answering a few questions. To do so, go to *casexprime.gouv.qc.ca/en* and click on the link Your opinion.

Back issues

Back issues of The SexEducator are available in PDF format only at *casexprime.gouv.qc.ca*.

Legal deposit

Bibliothèque et Archives nationales du Québec, 2016
Library and Archives Canada, 2016
ISSN 1712-5782 (Printed version)
ISSN 1718-5238 (PDF version)

Beatrice is 15 years old. She's been having sex with Jonathan, 17, for two months. Since she's been taking oral contraceptives for the past few months, Jonathan would like to stop using condoms. Lately, he's become more insistent. Beatrice isn't sure: rather than stop using condoms, she's thinking of stopping the pill because she gets headaches and thinks she's gained weight. She'd like to talk about it with her mother, but when Beatrice wanted to take the pill when she was 14, their conversations had been difficult. How should she talk about it with Jonathan?

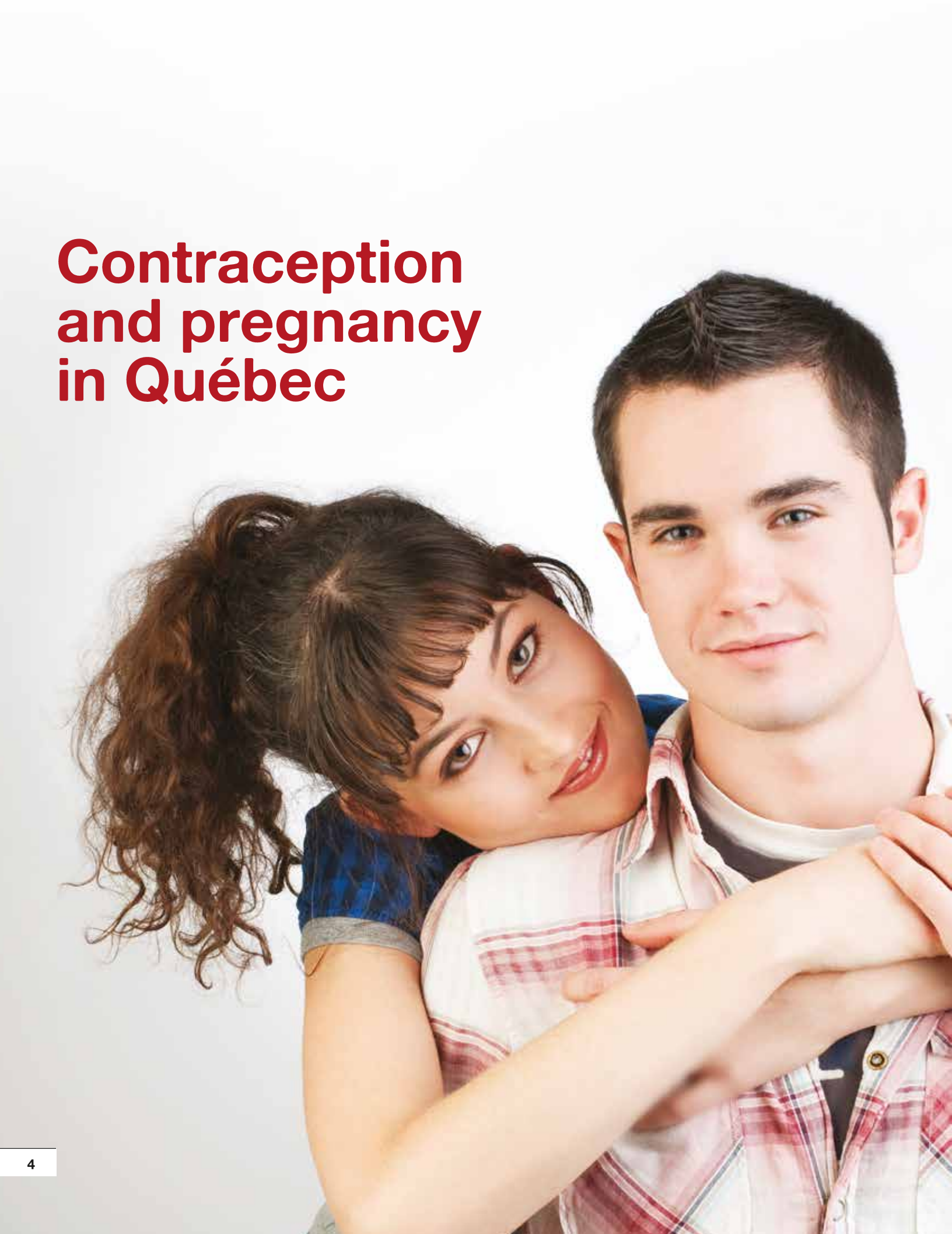
Cedric is 15. His parents have always taught him to "be responsible" whenever he begins having sex. He's been in love with beautiful Tarah for the past four months. He'd like to have sex with her, and she seems comfortable with him. He'd like her to use some form of contraception, in addition to condoms. But Cedric doesn't know how Tarah will react. He knows her parents have strict views about that and they probably won't be in favour of Tarah using contraception.

Mathieu is 17 and Sabrina 15. They've been inseparable since childhood. Sabrina's just broken up with Philippe. Mathieu doesn't have a date for his high school prom, so he decides to invite her to get her mind off her break up. After the prom, and after having a few drinks, Sarah snuggles up to him. He hadn't planned on his body reacting that way to her, especially when she started kissing him! They end up in Sabrina's tent, with no contraceptives or condoms.

Most adolescents have worries when it comes to contraception. Those concerns can vary depending on their age, sex, sexual activity, type of relationship with a sex partner, culture, information they have been given, and anticipation about their parents' reaction and support. That adolescents have some knowledge about contraception and access to it (e.g. access to a nurse or doctor, affordable cost, quick access) is not enough for them to use a contraceptive method properly. Some personal, relational, familial and social factors should also be considered to better support adolescents' choices, and their adoption and ongoing use of contraception.

This issue of The SexEducator helps grasp and describe factors that influence adolescents' use of contraceptive methods. It looks at potential interventions that can be useful for care providers in the health and social services network who give teens advice on contraception. It also suggests learning activities that can be conducted in schools by school team members (e.g. teachers and other professionals), in collaboration with health and social services network professionals [e.g. school nurses from a Centre intégré de santé et de services sociaux (CISSS) or Centre intégré universitaire de santé et de services sociaux (CIUSSS)], and in other settings (e.g. youth community centres).

Contraception and pregnancy in Québec



Over the past few decades, a number of new contraceptive methods have appeared on the market (e.g. patch, vaginal ring, hormone-releasing intrauterine devices (IUD), new oral contraceptives) and access has been improved. Most (91%) sexually active young people aged 15 to 17 usually use at least one contraceptive method (Joubert and Du Mays, 2014). However, some adolescents and young adults also experience unintended pregnancy, having to make decisions about the pregnancy and, in some cases, getting an abortion. Indeed, 9% of young 17- to 25-year-old Québec women have been pregnant at least once (Guilbert and Lévesque, 2014), and more than 4000 abortions are performed each year among young women aged 10 to 19 in the province (Institut de la statistique du Québec, 2012).

Those unintended pregnancies are evidence that, despite widespread use of contraceptives, using them correctly is still a challenge for young people.

Contraceptive methods available in Québec

Oral contraceptives, the vaginal ring, the contraceptive patch, intrauterine devices, the injectable contraceptive and male condoms are the contraceptive methods available in Québec and recommended for young people (accessible, effective, easy to use). Although not a contraceptive method, the emergency contraceptive pill (ECP), commonly called the “morning-after pill”, is also available in Québec.

Some barrier methods such as female condoms, the contraceptive sponge, the cervical cap, spermicides and the diaphragm are more difficult to access in the province[1]. They are less popular and less adapted to the needs of adolescents because they are not as effective and there are constraints to their use.

Sexual activity and youth

A survey conducted in 2010–2011 in Québec high schools indicates that by the end of high school, about half of young people have had at least one consensual vaginal, oral or anal sexual relationship. The percentage of teens who have had sex increases with grade level: 25% in Secondary 1 and 2, 29% in Secondary 3, 40% in Secondary 4, and 52 % in Secondary 5 (Pica, Leclerc and Camirand, 2012).

1. Although this issue of the magazine focuses on contraceptives that are more adapted to the realities of adolescents, readers are invited to visit www.planningchrr.com to read about other methods.

Contraceptive use[2]

Contraceptive use is fairly widespread among high school students in Canada. A Canadian survey revealed that 91% of 15- to 17-year-olds who have sex usually used a method of contraception during the year preceding the survey, with 69% of them reporting using condoms and 65% oral contraceptives (Joubert and Du Mays, 2014). Among young Quebecers, the condom is also one of the most popular contraceptives, but its use decreases with age. The proportion of adolescents who used a condom during their most recent sexual relation was 83% in Secondary 1 and 2, 73% in Secondary 3, 67% in Secondary 4 and 62% in Secondary 5 (Pica, Leclerc and Camirand, 2012). The increased use of oral contraceptives by girls according to age (Council of Ministers of Education, Canada, 2003; Fernet, Imbleau and Pilote, 2002) is one explanation. Although withdrawal is not very effective in preventing pregnancy, surprisingly, it is fairly common: 17% of young Canadian women aged 15 to 19 had relied on it during the past six months. It is the third most frequently used method after condoms and oral contraceptives (Black et al., 2009). It is supposed that adolescents also use other methods (e.g. vaginal ring, contraceptive patch, hormone-releasing IUD), but this is less well documented.

Widespread but inconsistent use

Although contraception use is fairly widespread among young people, using it properly remains a challenge (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2009). To ensure effective pregnancy prevention, proper use of contraception must be the goal: choose a method, start using it, use it correctly and continuously (Hall, 2012). It appears that barely more than half of sexually active adolescents always use contraceptives when engaging in sexual relations. The other half don't use contraception or do so only occasionally (Amialchuk and Gerhardinger, 2015; Holcombe et al., 2008). This increases the risks of unintended pregnancy. A look at factors that influence adolescents' contraception use is needed to better understand and support them in this area.

Withdrawal: A contraceptive method?

Withdrawal consists of pulling the penis out of the vagina before ejaculation to prevent fertilization. It is not very effective: there is a one in four chance of getting pregnant. The low efficacy rate is explained in part by the presence of sperm in pre-ejaculate and by the partner's difficulty withdrawing in time. This practice also comes with risks of contracting a sexually transmitted infection (STI). **Therefore, withdrawal cannot be considered a contraception method, even though it is sometimes used as such.**

2. The condom is considered a contraceptive method here.

Possible options when no contraception is available or when contraception is used incorrectly

Emergency contraception can be used when no contraceptive has been used or one has been used incorrectly (e.g. forgot pill, condom broke or slipped, injectable contraceptive use delayed, forgot to change patch or ring). The emergency contraceptive pill (ECP) is commonly called the "morning-after" pill. Some adolescents' misconceptions regarding ECP, such as the time within which ECP has to be taken or the associated costs, are obstacles to its use for pregnancy prevention (Yen et al., 2014). To counter these misconceptions, **here are some key messages to pass on to teens:**

- ECP can be taken for up to 5 days (120 hours) after unprotected or incorrectly protected sex. The sooner it is taken after the sexual relation, the more effectively it will prevent pregnancy.
- This is not an abortion. ECP prevents or delays ovulation. It works before a fertilized egg is implanted in the uterus. If the adolescent gets pregnant anyway, it wouldn't interrupt that pregnancy nor would it damage the embryo.
- You can get it at no cost or low cost from the school nurse, youth clinic or integrated health and social services centre (CISSS). Although there may be associated costs, ECP is also available from a doctor (e.g. medical clinic, hospital) or pharmacist without a prescription.
- ECP use rarely provokes side effects and when it does, they are minimal. Even if used more than once, it does not present a health threat nor does it threaten a young woman's fertility.

ECP is not a contraceptive method and does not protect against STI. After using it, it is preferable to start or continue with a contraceptive method and, if needed, to have an STI detection test.

NOTE: Up to seven days after having unprotected or incorrectly protected sex, the copper emergency IUD is another possible, very effective emergency contraception. Adolescents can get more information from a nurse or doctor. However, the emergency IUD is difficult to access since it requires finding a doctor who is available to insert it.

Influences behind adolescents' choices of contraceptive methods, use and consistency

Contraceptive choice, use and consistency are influenced by teens' knowledge of the methods[3] (e.g. effectiveness, what to do when someone forgets to use it), their beliefs regarding the method (e.g. weight gain, health risks) and access (e.g. access to a nurse or doctor, affordable cost of prescribed method, quick access) (Ryan, Franzetta and Manlove, 2007). Factors related to youths, relations, families, peers and culture are also influences (Kirby, 2007).

Influence of perceptions of pregnancy and contraception

How adolescents perceive pregnancy (e.g. risk, severity, consequences, benefits associated with pregnancy) influences their motivation to use contraception. Teens' attitudes toward contraception also influence its use.

Perceiving the risk of pregnancy

To use contraceptives, young people must know they are fertile and at risk of pregnancy. Since many adolescents do not believe they are susceptible to pregnancy (Kershaw et al., 2003), they must be made aware of this possibility.

Wanting to avoid pregnancy and its consequences

Perception of pregnancy can change a person's motivation to adopt and use contraception. Some adolescent girls view maternity positively: a baby would give them someone to love, strengthen their relationships with their boyfriends, give them a way out of the difficult situations they're in. Others are more ambivalent about pregnancy. Those feelings can affect motivation to adopt contraception (Chernick et al., 2014; Sheeder et al., 2010; Skinner et al., 2009) and use it (Rocca, Harper and Raine-Benett, 2013; Bruckner, Martin and Bearman, 2004). Perceptions of pregnancy and parenthood also vary according to a teen's partner (Kenyon et al., 2010; Skinner et al., 2009). When a girl feels her partner would react positively to pregnancy, she is less motivated to use contraception (Chernick et al., 2014).

Favourable attitudes to and use of contraception

Having a positive attitude toward contraception and its benefits is associated with increased likelihood of consistent use (Bruckner et al., 2004). In addition to lessening fears of getting pregnant, benefits often reported by adolescent girls and women include having regular menstrual cycles, decreased menstrual flow and cramping (Labille, 2010; Guilbert, Dufort and Saint-Laurent, 2001), feeling freer, and having a better quality of life and fewer hormonal effects (e. g. hair growth, premenstrual syndrome, acne) (Labille, 2010). As for condom use in particular, protection against STI has been reported as a benefit (SOM Recherches et Sondages, 2009).

Conversely, actual side effects of some hormonal contraceptives (e.g. nausea, headaches, weight gain, breast tenderness) are often mentioned as constraints to teens' use of contraceptive methods (Chernick et al., 2014; Guilbert et al., 2001; Labille, 2010; Skinner et al., 2009). Moreover, constraints to their utilization such as cost, having to remember it everyday, fear of forgetting to take the pills or that a condom will break (reliability) complicate the use of contraceptives (Chernick et al., 2014; Guilbert et al., 2001; Labille, 2010). Finally, having to see a doctor or a nurse to access a contraceptive method and the difficulty of concealing the method chosen, especially from parents who do not encourage contraceptive use, are also constraints for adolescents (Guilbert et al., 2001).

3. Knowledge about contraceptive methods is part of the science and technology program in secondary school cycle 1.

Experiencing discomfort and lack of spontaneity as well as decreased sensations and sexual pleasure are occasionally reported as disadvantages of condom use (Measor, 2006; Lacroix and Cloutier, 2010), as are the unpleasant odour and the irritations or allergies they sometimes provoke. Lastly, buying condoms and the need to talk about it or negotiate its use with a partner are also irritants reported by youth (Lacroix and Cloutier, 2010).

Influence of relationship and communication

Adolescents' use of contraceptives varies based on the following: type of relationship (e.g. stable, romantic or not, casual, one night, "friends with benefits") (Johnson et al., 2015; Manlove, Ryan and Franzetta, 2007; Catallozzi et al., 2013); partners' communication about sexuality and contraception (Johnson et al., 2015); and type of partner support for contraceptive use (Kenyon et al., 2010).

Stable relationships and communication facilitate contraception use

More stable relationships are associated with more frequent (Gibbs, 2013) and more consistent contraceptive use (Kenyon et al., 2010; Amialchuk and Gerhardinger, 2015; Manlove, Ryan and Franzetta, 2007). Couples who knew each other well before having their first sexual relation are more likely to use a contraceptive method (Manlove, Ryan and Franzetta, 2003). In that type of relationship, boys are more aware of the form of contraception their partner uses than if the relationship is a one-night stand (Brown, 2014). However, once the relationship is established, partners decide together to stop using condoms and use a single contraceptive method, most often oral contraceptives (Brown, 2014; Gibbs, 2013).

Communication about sexuality—more specifically, contraception—strongly influences contraceptive use. Good communication between partners is associated with more consistent contraceptive use (Johnson et al., 2015; Kenyon et al., 2010; Widman et al., 2006). Adolescents who discuss contraception before their first sexual relations—about half of them (Ryan et al., 2007)—are more likely to always use contraception when they have sex (Holcombe et al., 2008; Kenyon et al., 2010). It has also been demonstrated that teens texting about risks of pregnancy, STI and use of contraception, particularly condom use, is also associated with greater condom use (Widman et al., 2014). Conversely, young people who do not talk about contraception before having sex are more likely to never use it and to engage more in pregnancy risk-taking behaviours (Holcombe et al., 2008; McDaid, Sweeting and Buston, 2010).

Access to hormonal contraception in Québec

In Québec, adolescents' access to contraception has been simpler since 2008. Young women with no contraindications to hormonal contraceptives can access, through a nurse, such contraceptives (oral contraceptive, contraceptive patch, vaginal ring, contraceptive injection) or IUD (copper or hormone-releasing) for a year, after which they must see a doctor to renew the method or if a problem develops. A doctor or specialized nurse practitioner must also be consulted to insert an IUD.

A teen can get a contraceptive method from a school nurse, CLSC or youth clinic. The nurse has the qualifications to deal with contraception and uses an approach adapted for teens. She can also provide, often for free, emergency contraceptive pills (ECP).

Source Institut national de santé publique du Québec (2014a)

Communication can be difficult

Sexual communication is easier for adolescents who are more satisfied in their relationships and who have more open communication about sex with their intimate partners (Widman et al., 2006). Around half of adolescents are comfortable talking about contraception with their partners, while a third have difficulties doing so (Guzman et al., 2003). Of the 522 Québec adolescents aged 12 to 17 interviewed by Lefort and Elliott (2001), 49% reported finding it difficult to discuss pregnancy and STI prevention with an intimate partner and that this was the most difficult topic of all to talk about. Aside from feeling uncomfortable, issues of power or even violence often lead to communication difficulties and, consequently, to sexual behaviours that present risks for pregnancy. Negotiation then becomes difficult in that type of relationship and can lead to confrontations and power imbalances, especially when alcohol or drugs are involved (Banister, Jakubec and Stein, 2003). In this context, adolescent girls find themselves taking health risks rather than standing up to their intimate partner or risk losing him.

Contraceptive use is more common and consistent in stable relationships when there is open communication about this topic. Encouraging communication in general, but also communication with partners about sexuality and contraception, regardless of the type of relationships, is a priority in education and prevention (Kirby, 2001) to promote more effective use of contraceptive methods.

Influence of social networks: Parents and peers

Parents and peers influence contraception use (Ali, Amialchuk and Dwyer, 2011; Ryan et al., 2007; Short et al., 2005; Free, Odgen and Lee, 2005; Kim et al., 2011).

Parents who get involved: Support for contraceptive use

Parental influence through guidance, supervision and communication—in particular before age 15 (Kim et al., 2011) and especially when dealing with sexuality and contraception affects young people's contraception use (Boislard-Pépin et al., 2009; MSSS, 2015; Short et al., 2005). Parental involvement with their child's use of contraception takes various forms: explicitly approving contraception use (Guilbert et al., 2001), sharing what they know about the topic, talking about contraception with their adolescent, or providing concrete support when the teen takes steps to obtain contraception (Moreau, 2009; Harper et al., 2004; Ali et al., 2011).

Positive parental attitudes toward sex and contraception, as perceived by young people, is associated with contraception use (Kim et al., 2011). Being able to communicate with parents about sexuality in general, and contraception more specifically, is linked with better communication among partners about protection and contraception before initiation of sex (Ryan et al. 2007). This speaks to the importance of interventions that can help parents enhance their knowledge about contraception (Moreau, 2009), adopt positive attitudes toward it, discuss the issue with their teens and provide support to their adolescents (Amialchuk and Gerhardinger, 2015; MSSS, 2015).

Suggestions for supporting parents' participation

- Encourage parents to talk with their teens about first sexual relations and what they consider important about the "first time" (e.g. using a condom, having a pleasant memory of the first time, that it be pleasurable and that it be with someone they are fond of).
- Make parents aware of the risks of pregnancy and STI during adolescence so they can in turn pass on this awareness to their teens.
- Enhance parents' knowledge about contraception, for instance, they can help their children with homework on contraception or the myths related to it, a topic that is part of the science and technology program in secondary school cycle 1.
- Encourage parents to talk with their teens about contraception methods and where to get contraceptives (e.g. youth clinic), and to pass on information to their kids about contraception use and pregnancy prevention, among other things. *Comment parler de contraception avec mon jeune*, a newsletter intended for parents, can be handed out to complement an in-class session: http://publications.msss.gouv.qc.ca/msss/fichiers/mosaik/bulletins/15-314-09W_Bulletin17.pdf.
- If they don't want to discuss contraception with their child, suggest that they make sure the teen has access to resources or to other adults who can give information and support as the adolescent takes steps to obtain contraceptives.
- Help parents define ways that suit them and conform with their values so they can support their teen who wants to use contraception (e.g. parents can give them information, make condoms accessible or give them money to buy some, go with them to the clinic, cover the costs of the contraceptive, accept that their teen uses it).

Based on Holcombe, Ryan and Manlove (2008) and MSSS (2015).

Peers who value and use contraception: Positive influence

Although peers play a less important role than parents, they still have some influence on adolescents' sexual behaviours and, to a lesser degree, on adoption of risky sexual behaviours (Van de Bongardt et al., 2014) or prevention, including use of contraceptives (Ali et al., 2011) or condoms (Haley et al., 2012). When young people observe that their peers are sexually active and have positive attitudes to sexual activity, more of them become sexually active.

The probability that a teen will use contraception increases if his or her peers also use it. This is particularly true for close friends (Ali et al., 2011). Similarly, an awareness that their peers engage in risky sexual behaviours increases the probability that the adolescents do the same. The biggest influence is adolescents' perception of peer behaviours, even if it is incorrect, and not peer pressure itself (Van de Bongardt et al., 2014). In this sense, interventions that consider peer effects on adoption of preventive behaviours are important determinants of contraception use (Ali et al., 2011; Boislard-Pépin et al., 2009; Van de Bongardt et al., 2014). An intervention which emphasizes that young people their age use contraception and condoms and think it is important to do so will also promote its use.

Boys and contraception

Boys are aware of the risks and consequences of pregnancy. They agree to share responsibilities with their female partners, but their participation in contraception is often limited and varies according to the type of partner.

Concerned about pregnancy and in favour of shared responsibility

Several studies have shown that boys are quite motivated to use condoms and to encourage use of another contraceptive method to prevent pregnancy (Brown, 2014; Brown, 2012; Raine et al., 2010), since overall, boys aged 15 to 24 do not want their partners to get pregnant. Boys seem to be more concerned about the risk of pregnancy than of STI (Flood, 2003; Marsiglio et al., 2006). They have observed that STI can be treated whereas pregnancy entails a decision that involves moral issues and has major consequences in their lives (Brown, 2014).

Boys think that responsibility for contraception is shared with their female partners (Brown, 2014; Brown, 2012), but acknowledge that their role is different from that of girls (Brown, 2012) and that their female peers are more serious about this issue (Brown, 2014).

Limited participation

Although they agree that responsibility should be shared, boys most often leave it up to the girls to initiate communication about contraception, among other things (Brown, 2014). Girls are also responsible for contraceptive decision-making and use (Brown, 2014; Moreau, 2009; Guilbert et al., 2001). A boy's contribution mostly consists of encouraging his partner to use contraception (Moreau, 2009) or going with her to a clinic (Harper et al., 2004). Nonetheless, a girl will often favour contraception use if she senses her partner supports her in this regard. Girls who feel supported by their partners are more likely to keep using a contraceptive method consistently 12 months after initiating its use (Kenyon et al., 2010).

Boys' participation in contraception varies greatly based on relationship status; this is true for adolescents (Brown, 2014) as well as young adults (Raine et al., 2010). Boys are better informed about contraceptive method used, feel that it is relevant to them and participate more actively when they are in stable relationships where they know and communicate with their partners. Conversely, boys fail to engage much in contraceptive decision-making or to discuss contraception when in casual relationships, although they express strong desires to avoid pregnancy in that type of relationship (Raine et al., 2010).

Dual protection

The condom is often described as the boy's responsibility in matters of contraception (Guilbert et al., 2001; Moreau, 2009), since it is the only method designed for males (Manlove et al., 2014) and the only one for which they are sure contraception is being used. Despite boys' motivation to use the condom for contraceptive purposes, girls say that boys are often reluctant to use one (Brown, 2012) and do not use it consistently (Raine et al., 2010; Manlove et al., 2014). Boys reject condom use mostly because they believe it can potentially reduce their pleasure (Guilbert et al., 2001; Marsiglio et al., 2006) or affect the spontaneity of their sexual relations (Guilbert et al., 2001). Some boys even assert that if their partner does not insist, they will not ask questions or propose contraception use themselves (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2009). Paradoxically, some boys judge their female partners negatively and think of them as "easy" if the girls have condoms with them or propose using them (Brown, 2012).

Faced with the ever-increasing prevalence of STI in young people aged 15 to 24 (INSPQ, 2014b), it is imperative to promote dual protection. Usually defined as use of a contraceptive method AND a condom, dual protection helps prevent both unwanted pregnancy and STI. However, other strategies can also be considered forms of dual protection (Tremblay and Bossé, 2014):

- Proper condom use, as a means of contraception and of STI prevention
- Using ECP if there was a problem with condom use
- When a contraceptive method is used, get tested for STI before stopping condom use, if the relationship is stable

Unfortunately, dual protection is used too seldom. Adolescents, especially young adults, still very often contract STI or experience unwanted pregnancies. This mostly happens when they are more concerned with pregnancy and, in parallel, perceive themselves to be less at risk for STI in specific situations or with certain partners (Rodrigues, Dedobeleer and Turcot, 2005; Haley et al., 2012).

Overall, young people feel they are probably immune to STI when they are in stable relationships. Trusting the partner and being committed to the relationship give them the impression they are at little or no risk for STI. In those situations, the only concern is pregnancy prevention, which can decrease use of dual protection. Although being in a stable, monogamous relationship helps reduce the risks for STI, this does not confer immunity to previous experiences the partner may have had before entering into the relationship. It is preferable to use condoms consistently since a partner's past experiences are not always known.

Some situations may require condom use despite lower risks for STI: problems with contraception (e.g. forgetting pills, taking medications that temporarily reduce contraceptive effectiveness), or the period between ending contraceptive use and switching to another method of contraception. This is why it is important to continue to encourage young people to keep using condoms even though they use a contraceptive method. If adolescents want to stop using condoms in favour of a contraceptive method only, it is preferable that they talk to a health professional (doctor or nurse). With appropriate counselling, the professional can assess a person's risk for STI and the pertinence of undergoing screening tests.

Table 1 | Factors in dual protection use

What increases use of dual protection	What decreases use of dual protection
• Having very first sexual relations • Having a new partner • Having several partners • Having casual partners • Perceiving that the partner agrees with condom use	• Using oral contraceptives • Trusting the partner • Being in a stable relationship
Sources Beltzer, Moreau and Bajos, 2011; Williams and Fortenburry, 2013; Goldstein, Upadhyay and Raine, 2013	Sources Beltzer, Moreau and Bajos, 2011; Rodrigues, Dedobeleer and Turcot, 2005; Goldstein, Upadhyay and Raine, 2013; Williams and Fortenburry, 2013

In many situations, adolescents should continue to combine condom and contraceptive method despite being in stable relationships and using contraception.

In short, contraceptive use during adolescence and use of dual protection depend on several factors that go beyond awareness of a method and having access to it. Personal, relationship and social factors influence adolescents' behaviour in this regard. Therefore, those who are favourable to contraception and opposed to pregnancy are more motivated to use a contraceptive method. Stable relationships and good communication with a partner, combined with the latter's support and participation, facilitate and encourage contraceptive use. Parents who get involved and peers in favour of using contraception are also positive supports. Interventions that act on these factors, whether on a group or an individual basis, enhance effectiveness of contraception use among young people.

Interventions for contraception

Several interventions are necessary to encourage adolescents to adopt and use a contraceptive method. Aside from parents' participation in this sphere (see p. 12), clinical services and sex education interventions targeting youth are needed to reach that objective. This section provides suggestions to optimize preventive and clinical services, and proposes educational activities.

Preventive and clinical services

Preventive and clinical services allow young people to access counselling on issues such as contraception. The services are accessible and adapted to the needs and realities of adolescents, and facilitate contraception choice, use and consistency. Condoms are available in schools and youth clinics from CLSC nurses throughout the province.

These services should be (Tremblay and Bossé, 2014; Ouellet and Gobeil, 2014)

- accessible: services offered in or near young people's living environments on a flexible schedule (extended opening hours, evenings, weekends, by appointment or walk-in visits, etc.), or simple and personalized system for referrals to other resources;
- confidential: for instance, the school secretary could provide authorization for a student's absence when he or she is seeing the school nurse;
- familiar to students: promotion of the services available, their opening hours and where they are located;
- offered in convivial environments: for example, pleasant reception and waiting areas that are reserved for young people and are not stigmatizing;
- varied and appropriate to young people's needs: sexual health, lifestyle habits, mental health, interpersonal relationships, etc.
- multidisciplinary: given by various types of professionals, doctors, nurses, social workers, psychologists or sexologists.
- given by professionals whom young people trust, who treat them with respect and dignity and who understand their needs.

Contraception counselling

Personal and appropriate counselling on contraception should include the following measures:

1. Ask young people about what is motivating them to want to use contraception and what methods they would like to use.
2. Try to determine the parents' opinion and if they support their child's use of contraceptives. Encourage adolescents to talk with their parents and offer support for this endeavour.
3. Ask about the partner's perceptions of and participation in contraception.
4. Ask what their peers and friends say about this topic.
5. Endorse contraception use by pointing out that it is responsible, mature and respectful to do so.
6. Ask the adolescents what obstacles to contraceptives they face, what they believe the side effects are, and what difficulties they anticipate.
7. Discuss tips that can facilitate proper use of the contraceptive method chosen: set an alarm, use a smart phone app specially designed for this purpose, associate taking the contraceptive with a daily activity (e.g. toothbrushing), or other possibilities, and give them information concerning what to do if they have trouble following the instructions for use.
8. Ask about their perceptions of risks for pregnancy and STI, while stressing the importance of dual protection.
9. Give out free condoms.
10. With the young people, discuss different ways of bringing up the topic with their partners and being assertive in a context where a partner does not want to use a contraceptive and a condom.
11. Give out information about emergency contraceptive pills (ECP): where to get them, time within which ECP must be taken, the fact that there are very few side effects.
12. Give them the name of a clinic, person or telephone service (e.g. Info-Santé 8-1-1) they can contact if they have questions or problems using the contraceptive method (e.g. keep forgetting).

Sources Allen and Forcier, 2011; Frost, Darroch and Remez, 2008; Ford et al., 2011; Jaccard and Lewitz, 2013; Levy et al., 2015.

Table 2 | Sexological factors linked to use of some contraceptive methods

Factors	Examples
Requires people to know their bodies and be comfortable touching their genitals	• Contraceptive ring: Insert into and remove from the vagina
Can have an impact on sexual health	• Injectable contraceptive: stops periods, which doesn't rule out pregnancy • Injectable contraceptive: eliminates menstruation symptoms that can impair sexual health • Condom: can irritate the genitals or cause latex allergies
Can affect a girl's body image	• Some hormonal contraceptives: can cause weight gain, decrease or increase acne • Contraceptive patch: patch visible or makes marks on the skin
Protects against STI	• Condom: protects against STI when used correctly and at the right moment
Can have an impact on sexual hygiene	• Condom: sperm does not leak out of the vagina after sexual relations
Can interfere with sexual relations	• Condom and vaginal ring: relation is interrupted to put on a condom or momentarily remove the ring • Condom: penetration is interrupted following ejaculation to avoid condom slippage after loss of erection • Flavoured condoms: make oral-genital relations more pleasant • IUD and vaginal ring: partner might feel the vaginal ring or a wire from the IUD coil during vaginal penetration • Withdrawal, when used as a contraceptive method: forces the male partner to control himself and stop at the most pleasant time
Can inhibit sexual response (e.g. arousal, orgasm)	• Hormonal contraceptives: can possibly lessen sexual desire • Male condom - For boys: can lessen some boys' erections when it is being put on, can delay ejaculation by diminishing sensation - For girls: may require application of additional lubricant during penetration

Sexuality and contraception

Some sexological factors influence adolescents' and women's adoption of contraception (Duchêne-Paton and Lopès, 2014). These more personal factors are not often discussed and can be broached during one-on-one interventions, when discussing adolescents' contraception use. Those factors can be benefits or inconveniences of contraceptive use. Table 2 presents some of these factors and the impacts they can have on a person's sex life (Bossé, 2012).

LEARNING ACTIVITIES

The following pages contain activities designed for teens aged 14 to 17, or Cycle 2 high-school students. The activities facilitate communication about contraception and associated obstacles to its use, the importance of both girls and boys participating in contraception, and the assessment of risks of pregnancy and STI in different situations.

To help carry out the activities, ten ground rules (see Table 3) can be presented to the teens. Other rules, proposed either by the adolescents or the person leading the activity, can be added to the list. It is essential that the teens be informed about the complementary educational services offered at school. Professionals and young people can find other resources and references on contraception on page 30.

Table 3 | Ten Ground Rules for Sex Education Sessions

1	Be sensitive to and respectful of other people's feelings, and listen to what they have to say.
2	Don't make heavy-handed or categorical comments, and don't insult others or make fun of their comments or questions.
3	Feel free to respond, or not, to a question.
4	Try to use proper terms.
5	Don't personalize questions or situations.
6	Don't repeat elsewhere what other people say during the session.
7	Keep in mind that all questions are welcome and valid.
8	If you need to, discuss the issue with your parents*.
9	Use the pronoun "I" to state your opinions and feelings.
10	Let the teacher or session leader know if you're dissatisfied with the session.

* Or any other adult to whom the youth is close and can trust to talk about sexuality and, in some cases, an adult who acts as his or her guardian.

Source Gouvernement du Québec, 2003

Possible associations with the Québec Education Program and with the reference framework for complementary educational services

QUÉBEC EDUCATION PROGRAM

Goals of the Québec Education Program

- Construction of identity
- Construction of a world view
- Empowerment

Broad areas of learning

Health and well-being

Ensure that young people develop a sense of responsibility for adopting good habits with respect to health, safety and sexuality

Focuses of development

Self-awareness and awareness of his or her basic needs
Need for self-affirmation; need for respect for his/her physical and psychological well-being; need for acceptance and growth; need for recognition and fulfillment; need to express his or her feelings

Knowledge of the impact of personal choices on health and well-being
Knowledge of the principles of balanced sexuality; awareness of the influence of behaviour and attitudes on psychological well-being.

Active lifestyle and safe behaviour
Adoption of safe behaviour in all circumstances; adoption of a healthy lifestyle.

Cross-curricular competencies

- Achieve his or her potential
- Use creativity

Links can be made with subject areas, other elements of the Québec Education Program or complementary educational services programs, depending on the expertise and interest of the individuals who lead the activities.

COMPLEMENTARY EDUCATIONAL SERVICES FRAMEWORK

Assistance services program

Help students throughout their studies, with their academic and career choices and with any difficulties they encounter.

Student life services program

Foster students' autonomy and sense of responsibility, their moral and spiritual dimensions, their interpersonal relationships, as well as their feeling of belonging to the school and the community.

Promotion and prevention services program

Provide students with an environment conducive to the development of healthy lifestyles and of skills that are beneficial to their health and well-being.

The learning activities proposed here were developed with a view to contributing to the implementation of the Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche's content for essential learning in sex education on the topics of STBBI and pregnancy. However, the activities do not cover all facets of STBBI and contraception that comprise this learning content for Secondary 3, 4 and 5 students.

ACTIVITY 1

Communication about contraception

Grade level

Secondary 3
(14-15-year-olds)

Duration

75 minutes

Educational goal

- Illustrate strategies for communication about contraception and associated difficulties.

Contents

- Sections
  - "Withdrawal: A contraceptive method?" (p. 6)
  - "Influence of relationship and communication" (p. 10)
  - "Parents who get involved: Support for contraceptive use" (p. 12)
  - "Limited participation" (p. 14)

Method

- Role playing actively engages participants in resolving a situation played out by several actors in front of a group. Here, role playing will illustrate strategies for communication about contraception and some associated difficulties.

NOTE: To prepare the adolescents, it would be beneficial to first lead an activity about other aspects of contraception (e.g. information about contraceptive methods, the importance of using contraception).

1 Tell the teens that the activity focuses on communication between partners about contraception, regardless of type of relation. The goal is to illustrate strategies for communication and difficulties that can arise. Indicate to the young people that they don't have to have had sex to have an opinion about contraception use.

2 Ask a boy and a girl to volunteer to sit at the front of the class and play the main roles in a scenario. Give them each three tokens (or cards). During the role playing, the two students can use them to get advice from boys and girls in the group to help develop their roles. The other boys and girls in the group take notes on different strategies to negotiate contraception use and the difficulties encountered.

3 The following three scenarios can be used, with two new people playing the roles for each scenario. Instruct the two actors to communicate about contraception and negotiate its use. The level of difficulty can be raised for the scenarios by adding the context suggested at the end of each presented scenario.

Scenario 1

Beatrice is 15 years old. She's been having sex with Jonathan, 17, for two months. Since she's been taking contraceptive pills for the past few months, Jonathan would like to stop using condoms. Lately, he's become more insistent. Beatrice isn't sure: rather than stop using condoms, she's thinking of stopping to take the pill because she gets headaches and thinks she's gained weight. She'd like to talk about it with her mother, but when Beatrice wanted to take the pill when she was 14, their conversation had been difficult.
How should she talk about it with Jonathan?

To increase the level of difficulty:

- Jonathan tends to lose his temper. He sometimes compares Béatrice to his ex-girlfriend, telling her that his ex wasn't so complicated.

Scenario 2

Cedric is 15. His parents have always taught him to "be responsible" whenever he begins having sex. He's been in love with beautiful Tarah for the past four months. He'd like to have sex with her, and she seems comfortable with him. He'd like her to use some form of contraception, in addition to condoms. But Cedric doesn't know how Tarah will react. In addition, he knows her parents have strict views and they probably won't be in favour of Tarah using contraception.

To increase the level of difficulty:

- Tarah knows that her parents disagree with contraception use and she doesn't want to upset them; therefore, she's not comfortable using contraception.

Scenario 3

Mathieu is 17 and Sabrina 15. They've been inseparable since childhood. Sabrina's just broken up with Philippe. Mathieu doesn't have a date for his high school prom, so he decides to invite her to get her mind off her break up. After the prom, and after having a few drinks, Sarah snuggles up to him. He hadn't planned on his body reacting that way to her, especially when she starts kissing him! They end up in Sabrina's tent, with no contraceptives or condoms.

To increase the level of difficulty:

- Sabrina insists; Mathieu doesn't know what to do. Seeing that his friend is unsure, Sabrina suggests they use the withdrawal method.

---

4 After each role play, go over it, asking

THE ACTORS

- What did you like the most about the role play?
- What did you find difficult?

THE OBSERVERS

- Did you find the situation realistic?
- What ways to bring up the topic of contraception did you note down?
- Did you perceive any obstacles to communication? Which ones?
  - Some possible obstacles to communication:
    - Not knowing how to bring up the subject
    - Being shy or uncomfortable
    - Being afraid of losing the other person, of this person's reaction or disagreement
    - Being with someone you don't know very well
    - Being with someone who is older or has more experience
    - Being with someone who is not favourable to contraception use

- Assuming that the other person is taking care of it, that it's the other person's responsibility (e.g. taking for granted that the female partner is taking oral contraceptives, or that the male partner has condoms with him)
- Being afraid of being perceived as "easy", or as someone who had planned to have sex, for instance, by saying you have used contraceptives before or have condoms with you
- Wanting very much to have sex, being too excited
- Being presented with a unique opportunity to have sex, something that had been totally unexpected
- Secretly hoping to get pregnant, believing that a pregnancy would bring something positive to the relationship
- Having used alcohol or drugs
- Other

TO THE ACTORS AND OBSERVERS

- What could have been done differently to facilitate contraception use?

---

5 Conclude the activity with one or several of the following messages:

- It is preferable to bring up contraception BEFORE having sex for the first time or in a non-sexual context. Some obstacles to communication can then be avoided.
- Communicating with your partner about contraception facilitates its use. Having discussed the issue with parents is also an asset. Being able to talk about contraception with parents and feeling supported by them can make the process of using contraception easier and encourages its use.
- Withdrawal is not a good contraceptive method since it does not effectively prevent pregnancy and presents risks for STI. It also requires that the male partner be aware of when he'll ejaculate and that he stops all penetration... at the most pleasurable time!
- Sometimes, contraception use isn't wanted (e.g. Tarah) or impossible (e.g. Sabrina and Mathieu). For these reasons, having condoms with you is useful, whether it's to use them yourself or to help out a friend. Finally, you can always abstain from having sex, refuse to have sex or stop during sex because it isn't safe, adopt safer sexual behaviours to prevent pregnancy or STI (e.g. mutual masturbation), or use emergency contraceptive pills (ECP), in case of unprotected sexual relations.

Contraception: girls' perspectives, boys' perspectives

1 Tell the adolescents that the topic will focus on what contraception use involves for girls and for boys; the format will be a structured group discussion, called "fishbowl technique".

2 Ask two boys and two girls to sit in the middle of the classroom—in the "fishbowl". The other boys and girls, the observers, sit around them: the girls behind the two girls and the boys behind the two boys in the middle. Specify that the girls and boys in the middle of the fishbowl will engage in discussion, and the observers will take notes. The observers can go into the centre of the fishbowl at any time to replace those already there and participate in the discussion; this will stimulate and enrich the discussion. If they do not do so spontaneously, prompt them to go.

NOTE: The discussion can also be done in small teams of three or four boys or girls, using the discussion questions indicated in the next step.

3 To start the discussion, ask the following question:

- Who is more responsible for contraception? Boys or girls?

If the discussion needs to be fuelled, the following questions could be asked:

- What does using contraception require from boys and from girls? (e.g. believing that it is important to use contraception; deciding to use contraception; discussing it with your partner and parents; looking for a place where you can talk to a nurse or doctor; getting an appointment with that health professional; choosing a method; obtaining the method; paying for it; using it properly; using it consistently)
- Are certain responsibilities associated with girls or with boys? Which ones?
- Girls, what do you expect from boys when it comes to contraception?
- Boys, what do you expect from girls when it comes to contraception?
- What worries girls about contraception? What worries boys? What is more important for each of them?
- What are the advantages of girls and boys feeling concerned and getting involved in contraception use?
- What does it take for boys and girls to share responsibilities for contraception equally?

ACTIVITY 2

Grade level

Secondary 4
(15-16-year-olds)

Duration

45 minutes

Educational goal

- Discuss the importance of boys and girls participating in contraception.

Content

- Sections
  - "Influence of perceptions of pregnancy and contraception" (p. 9)
  - "Influence of relationship and communication" (p. 10)
  - "Boys and contraception" (p. 14)

Method

- Fishbowl technique within a structured group discussion that allows exploration of shared responsibility related to contraception.

4 After 20 minutes of discussion, summarize the conversation by asking observers to describe the roles most often associated with boys and with girls, when it comes to contraception. Bring up the fact that equally sharing those roles requires the following:

- **Responsibility:** On one hand, boys as well as girls should be aware of the risks of pregnancy; on the other hand, boys and girls must feel concerned with contraception and appreciate each other's involvement in its use (e.g. see it as a sign of maturity and acting responsibly; consider that it's a sign of respect for oneself and for the other person).
- **Communication:** Boys as well as girls should bring up the topic of contraception; they can talk about why it's important for them, what they can do about it, etc.; communication is essential to sharing roles when it comes to contraception.
- **Reciprocity:** Almost all contraceptive methods are used by girls, and only girls experience pregnancy; boys' support for contraception use, regardless of the method chosen, is extremely valuable; conversely, girls must get boys to participate in decision-making regarding contraception and reassure the boys that they are using it properly.

5 Conclude the activity with one or several of the following messages:

- Fertility, which develops during puberty, is one of the greatest human powers: that of giving birth to another human being. However, this carries certain responsibilities. Whether you are a girl or a boy, by getting involved in contraception use, you are addressing this responsibility and not leaving your fertility in someone else's hands... or in the hands of fate.
- It is important that both boys and girls feel concerned with contraception use: it is a prerequisite to their getting involved with each other and equally sharing responsibilities in this matter.
- Most contraceptive methods are used by girls. The only one used by males is the condom. In a context where adolescents must protect themselves against STI and pregnancy, and ideally combine the condom with another contraceptive method, boys can get more involved in condom use; for instance, they can obtain condoms, have several on hand, take one out at the right moment, initiate communication on this subject, and practice putting condoms on before considering having sexual relations so they can feel more confident and better at handling them later.

When contraception overshadows the condom

ACTIVITY 3

Grade level

Secondary 5
(16-17-year-olds)

Duration

75 minutes

Educational goal

- Explain the importance of using dual protection from the perspective of evaluating risks for sexually transmitted infections (STI) in various situations.

Content

- Sections
  - Possible options when no contraception is available or when contraception is used incorrectly (p. 7)
  - Dual protection (p. 15)

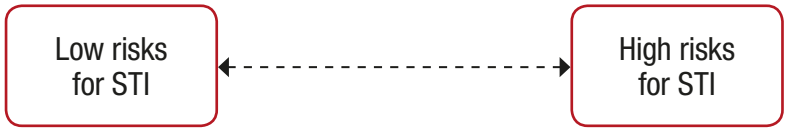
Method

- This activity involves arranging multiple situations in relation to each other toward fostering more profound reflection on the risks of each situation.

1 Tell the teens the topic is dual protection, that is, using methods to counter risks of pregnancy and STI. Explain that even though young people their age are quite aware of the double risk of pregnancy and STI when they have sex, they do not always use dual protection. Why is that? Because in some contexts or with certain types of partners, they are not aware of the risks or think the risks for both pregnancy and STI are low.

2 Encourage the youth to do an activity in a large group, during which they will have to place various situations on a continuum from "low risk" to "high risk" for STI. Specify that in all the scenarios, all the girls use a contraceptive method properly, that is, they use it correctly and continuously. The teens will have to take a stance on the pertinence of also using a condom in each situation, thus determining the importance of dual protection in those situations.

3 Draw the following continuum on the board:



4 Give the instructions for the exercise:

- Each scenario must be positioned on the continuum, according to risk of contracting an STI.
- Give reasons why a situation is positioned at that place on the continuum, and in relationship to the others.
- It's possible to agree or disagree with other people's opinions.
- There are no good or bad answers; scenarios can be moved around on the continuum during the exercise, based on how the discussion evolves.

Scenarios

a. Romain and Amélie (16) have been in a stable relationship for nine months. Their relationship has been difficult for the past month… Amélie thinks that Romain is attracted to someone else.

b. Yasmine (15) and Mehdi (16) met a month ago. They feel they are made for each other. Mehdi has had sex once before meeting Yasmine.

c. Jacinthe (15) had her first sexual relation with her brother's friend, Ali (19), at a party at her place. She'd like him to be her boyfriend.

d. Hugo (16) and Vanessa (16) had sex after the prom. They had both just broken up with their partners and both had been drinking.

e. Simon (17) and Manuella (16) have been friends since kindergarten and have also been each other's confidants. They've each had a sex partner. Now that they're both suffering from broken hearts, they occasionally have sex together.

f. Charles and Maude are 16. They've broken up a few times, but have been together again for the past week. The last time they broke up, they were apart for four months, and they both went out with other people.

g. Audrey and Patrick (16) have been together for two months and have never had sex with other people.

5 Write down the arguments young people use to justify the importance of dual protection. If the teens are having difficulty, suggest that they consider the following: type of relationship and its characteristics; feelings the partners have for each other; immediate context of sexual relations; number of past or present partners; risk level of their sexual behaviours, etc.

6 Go over the activity. The idea here is not to have the "right" answer, but to focus on young people's perceptions, that is, the elements they associate or don't associate with risks for STI. The teens' perceptions of the importance of using dual protection will vary according to their evaluation of the risks. Take stock of the elements used to decide, in each situation, whether or not it is important to use a condom. Add the following, if needed:

Elements that suggest the risks for STI are low	Elements that suggest the risks for STI are high
• Being in a stable relationship (e.g. Romain and Amélie, Audrey and Patrick) • Trusting the other person (e.g. Charles and Maude) • Knowing each other well (e.g. Simon and Manuella) • Being in love (e.g. Medhi and Yasmine, Jacinthe) • Being with only one person (e.g. Romain and Amélie) • Never having had other sex partners or having only one (e.g. Medhi and Yasmine) • Having sex for the very first time (e.g. Audrey and Patrick)	• One-night stand (e.g. Jacinthe and Ali, Hugo and Vanessa) • Casual relationship (e.g. Simon and Manuella) • Having had other partners before this relationship (e.g. Charles and Maude, Simon and Manuella, Hugo and Vanessa) • Not having planned to have a sexual relation (e.g. Jacinthe and Ali) • Having used alcohol or drugs (e.g. Hugo and Vanessa)

Insist on the fact that trust and commitment are often the reasons why people feel they are not at risk for STI (e.g. we know each other well, we love each other, we have a good relationship, we're faithful to each other, we're friends, we've been together a long time) and that therefore, the only concern is to prevent pregnancy. While they use contraception, young people do not always see the point of also using a condom.

Tell them that the scenarios do not provide details on sexual behaviours. However, it is important to remember that some behaviours put people at higher risk for STI than others (e.g. penetration without a condom is riskier than mutual masturbation).

7

Conclude with a reminder that young people often subjectively evaluate the risks to which they are exposed based on their current relationship, the feelings they have for their partner and what they know about the other person (e.g. ex-partners, prior sexual experiences). Unfortunately, this can result in their underestimating the risks of pregnancy and especially of STI. Although being in a stable, monogamous relationship helps reduce the risks for STI, this does not confer immunity to previous experiences the partner may have had before entering into the relationship. Dual protection is a habit to adopt and use continuously from the very first time they have sex.

Remind the youth that they can talk to the CLSC nurse at their school or their local youth clinic if

- they want help choosing and finding out how to use a contraceptive method, whether or not they have ever had sex;
- they have had sexual behaviours at risk for STI and pregnancy; they can then access screening tests and emergency contraceptive pills;
- they would like to stop using condoms and use only one contraceptive method; with proper counselling, the nurse or doctor can evaluate the level of risk of STI and the need to get tested.

To this end, give them the contact information for the nurse and the youth clinic again.

Resources

Other issues of *The SexEducator*

- *Communication in adolescent couples (Gascon, 2011)*
  http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2010/10-314-04A.pdf
- *Helping young people make informed choices with regard to screening tests for sexually transmitted and blood-borne diseases* (Laprise-Mougeot, 2010)
  http://publications.msss.gouv.qc.ca/msss/fichiers/2009/09-314-03A.pdf
- *Wanting or having a child during adolescence: gaining a better understanding of what it means and of the issues involved* (Bérard, 2007)
  http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2006/06-314-02A.pdf
- *Teenage pregnancy: an ongoing phenomenon* (Blais, 2005)
  http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2005/05-314-05A.pdf

Information Web sites on contraception and condoms

- **Information sites on condoms – Québec**
  http://www.itss.gouv.qc.ca/accueil_en.dhtml
- **Information sites on sexuality and contraception – Canada**
  http://www.sexualityandu.ca
- **Information sites on contraception – Québec**
  http://www.planningchrr.com/
- **Information sites on contraception – France**
  http://www.choisirsacontraception.fr/
- **Tel-jeunes, Contraception section**
  http://en.teljeunes.com/get-informed/sexuality/contraception

Bibliography

ALI, Mir M., AMIALCHUK, Aliaksandr, and Debra S. DWYER (2011). "Social network effects in contraceptive behavior among adolescents," *Journal of Developmental & Behavioral Pediatrics*, Vol. 32, No. 8, p. 563-571.

ALLEN, Rebecca H., and Michelle FORCIER (2011). "Adolescent sexuality and use of contraception," *Sexuality, Reproduction and Menopause*, Vol. 9, No. 1, p. 18-24.

AMIALCHUK, Aliaksandr, and Laura GERHARDINGER (2015). "Contraceptive use and pregnancies in adolescents' romantic relationships: role of relationship activities and parental attitudes and communication," *Journal of Development & Behavioral Pediatrics*, Vol. 36, No. 2, p. 86-97.

BANISTER, Elizabeth M., JAKUBEC, Sonya L., and Judith A. STEIN (2003). "'Like, What Am I Supposed to Do?': Adolescent girls' Health Concerns in Their Dating Relationships," *Canadian Journal of Nursing Research*, Vol. 35, No. 2, p. 16-33.

BELTZER, Nathalie, MOREAU, Caroline, and Nathalie BAJOS (2011). "Prévention des grossesses non prévues chez les jeunes en France : pour une double protection des premiers rapports sexuels ?" *Revue d'épidémiologie et de santé publique*, Vol. 59, No. 1, p. 15-21.

BLACK, Amanda, et al. (2009). "Contraceptive use among Canadian women of reproductive age: Results of a national survey," *Journal of Obstetrics and Gynaecology Canada*, July 2009, p. 627-640. [Online] http://www.sexualityandu.ca/uploads/files/National_Contraception_Survey.pdf

BOISLARD-PÉPIN, Marie-Aude, et al. (2009). "A longitudinal examination of risky sexual behaviors among Canadian and Italian adolescents: Considering individual, parental, and friend characteristics," *Journal of Behavioral Development*, Vol. 33, No. 3, p. 265-276.

BOSSÉ, Marie-Andrée (2012). *Quelques pistes sexologiques sur les méthodes contraceptives (avantages, inconvénients, impacts).* Notes for course no. SEX-1205: Problématiques sexologiques de la contraception et de la fertilité. Département de sexologie, Université du Québec à Montréal, Montréal.

BROWN, Sally (2014). "'They think it's all up to the girls': gender, risk and responsibility for contraception," *Culture, Health & Sexuality*, Vol. 17, No. 3, p. 312-325.

BROWN, Sally (2012). "Young men, sexual health and responsibility for contraception: a qualitative pilot study," *Journal of Family Planning and Reproductive Health Care*, Vol. 38, No. 1, p. 44-47.

BRUCKNER, Hannah, MARTIN, Anne, and Peter S. BEARMAN (2004). "Ambivalence and pregnancy: Adolescents' attitudes, contraceptive use and pregnancy," *Perspectives on Sexual and Reproductive Health*, Vol. 36, No. 6, p. 248-257.

CATALLOZZI, Marina, et al. (2013). "Does perception of relationship types impact sexual health risk?" *Sexually Transmitted Diseases*, Vol. 40, No. 6, p. 473-475.

CHERNICK, Lauren S., et al. (2014). "Barriers to and enablers of contraceptive use among adolescent females and their interest in an emergency department based intervention," *Contraception*, Vol. 91, No. 3, p. 217-225. doi:0.1016/j.contraception.2014.12.003

COUNCIL OF MINISTERS OF EDUCATION, CANADA (2003). *Canadian Youth, Sexual Health and HIV/AIDS Study. Factors influencing knowledge, attitudes and behaviours*, Toronto, 143 p. [Online] http://www.cmec.ca/Publications/Lists/Publications/Attachments/180/CYSHHAS_2002_en.pdf.

FROST, Jennifer J., DARROCH, Jacqueline E., and Lisa REMEZ (2008). *Improving contraceptive use in the United States.* In brief, New York: Guttmacher Institute, No. 1. [Online] https://www.guttmacher.org/pubs/2008/05/09/ImprovingContraceptiveUse.pdf.

DUCHÊNE-PATON, Aude-Marie, and Patrice LOPÈS (2014). "Sexualité et choix du mode contraceptif," *Sexologies*, Vol. 24, No. 2, p. 69-81.

FERNET, Mylène, IMBLEAU, Monique, and François PILOTE (2002). "Sexualité et mesures préventives contre les MTS et la grossesse," in *Enquête sociale et de santé auprès des enfants et des adolescents québécois 1999*. Québec, Institut de la statistique du Québec, Chapter 12, p. 273-291.

FLOOD, Michael (2003). "Lust, trust and latex: why heterosexual men do not use condoms," *Culture, Health and Sexuality*, Vol. 5, No. 4, p. 353-369.

FORD, Carol A., et al. (2011). "Partnerships between parents and health care professionals to improve adolescent health," *Journal of Adolescent Health*, Vol. 49, No. 1, p. 53-57.

FREE, Caroline, OGDEN, Jane, and Ray LEE (2005). "Young women's contraception use as a contextual and dynamic behaviour: a qualitative study," *Psychology and Health*, Vol. 20, No. 5, p. 673-690.

GIBBS, Larry (2013). "Gender, relationship type and contraceptive use at first intercourse," *Contraception*, Vol. 87, No. 6, p. 806-812.

GOLDSTEIN, Rachel L., UPADHYAY, Ushma D., and Tina R. RAINE (2013). "With pills, patches, rings, and shots: who still uses condoms? A longitudinal cohort study," *Journal of Adolescent Health*, Vol. 52, No. 1, p. 77-82.

GOUVERNEMENT DU QUÉBEC (2003). *Sex Education in the Context of Education Reform*, Ministère de l'Éducation, du Loisir et du Sport, Ministère de la Santé et des Services sociaux, 56 p.

GUILBERT, Édith, DUFORT, Francine, and Louise SAINT-LAURENT (2001). "L'usage de la contraception à l'adolescence : perceptions des adolescents et des professionnels," *Journal of Obstetrics and Gynaecology Canada*, Vol. 23, No. 4, p. 329-333.

GUILBERT, Édith, and Sylvie LÉVESQUE (2014). *Regards sur la santé sexuelle des jeunes adultes au Québec – Bloc 2 : Grossesses non planifiées et contraception.* Presentation given at the 18th Annual Public Health Days, Québec.

GUZMAN, Bianca L., et al. (2003). "Let's talk about sex: How comfortable discussions about sex impact teen sexual behaviour," *Journal of Health Communication*, Vol. 8, No. 6, p. 583-598.

HALEY, Tammy, et al. (2012). "Condom use among sexually active rural high school adolescents personal, environmental, and behavioral predictors," *Journal of School Nursing*, Vol. 29, No. 3, p. 212-224.

HALL, Kelli Stidham (2012). "The Health Belief Model can guide modern contraceptive behavior research and practice," *Journal of Midwifery & Women's Health*, Vol. 57, No. 1, p. 74-81.

HARPER, Cynthia, et al. (2004). "Adolescent clinic visits for contraception: Support from mothers, male partners and friends," *Perspectives on Sexual and Reproductive Health*, Vol. 36, No. 1, p. 20-26.

HOLCOMBE, Emily, RYAN, Suzanne, and Jennifer MANLOVE (2008). "Discussions about contraception or STDs prior to sex," Fact sheet, Child trends, Washington. [Online] http://www.childtrends.org/wp-content/uploads/2008/04/Child_Trends-2008_04_14_FS_ContraDiscussions.pdf

HOLCOMBE, Emily, et al. (2008). *Contraceptive use pattern across teens' sexual relationships.* Fact sheet, Child Trends, Washington, 4 p. [Online] http://www.childtrends.org/wp-content/uploads/2013/01/Teen-Contraceptive-Patterns.pdf.

INSTITUT DE LA STATISTIQUE DU QUÉBEC (2012). *Taux d'interruption volontaire de grossesse, d'hystérectomie et de stérilisation par groupe d'âge, Québec, 1976-2011 and Interruptions volontaires de grossesse, hystérectomies et stérilisations par groupe d'âge*, Québec, 1976-2011. Updated 4 December 2012. Accessed on 10 January 2015.

INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC (2014a). *L'ordonnance collective de contraception hormonale et du stérilet.* [Online] http://www.inspq.qc.ca/contraception

INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC (2014b). *Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec ANNÉE 2013 (ET PROJECTIONS 2014).* [Online] https://www.inspq.qc.ca/pdf/publications/1920_Portrait_ITSS_2013_Projections_2014.pdf

JACCARD, James, and Nicole LEVITZ (2013). "Counseling adolescents about contraception: towards the development of an evidence-based protocol for contraceptive counsellors," *Journal of Adolescent Health*, Vol. 52, No. 4 (Suppl.), p. S6-S13.

JOHNSON, Abigail Z, et al. (2015). "The role of partner communication and relationship status in adolescent contraceptive use," *Journal of Pediatric Health Care*, Vol. 29, No. 1, p. 61-69.

JOUBERT, Katrina, and Danny DU MAYS (2014). "*Relations sexuelles et contraception : un portrait des jeunes au cours des années 2000* ". Série Enquête sur la santé dans les collectivités canadiennes. Zoom Santé, No. 45. Institut de la statistique du Québec, Québec, 12 p.

KENYON, DenYelle Baete, et al. (2010). "Individual, interpersonal and relationship factors predicting hormonal and condom use consistency among adolescent girls," *Journal of Pediatric Health Care*, Vol. 24, No. 4, p. 241-249.

KERSHAW, Trace S., et al. (2003). "Perceived susceptibility to pregnancy and sexually transmitted disease among pregnant and non-pregnant adolescents," *Journal of Community Psychology*, Vol. 31, No. 4, p. 419-434.

KIM, Catherine, et al. (2011). "Longitudinal influences of friends and parents upon unprotected vaginal intercourse in adolescents," *Contraception*, Vol. 83, No. 2, p. 138-44.

KIRBY, Douglas (2001). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy.

KIRBY, Douglas (2007). *Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy – Full Report.* Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

LABILLE, Jean-Pascal (2010). *Les femmes et la contraception.* Press conference, 8 March 2010, International Women's Day. La Mutualité socialiste, 41 p.

LACROIX, Christine, and Richard CLOUTIER (2010). "Sexual health: Protect it! Updated and expanded edition." Ça sexprime, No. 4. [Online] http://publications.msss.gouv.qc.ca/msss/fichiers/2010/10-314-01A.pdf

LEFORT, Louise, and Monique ELLIOTT (2001). *Le couple à l'adolescence : Rapport d'enquête sur les relations amoureuses des jeunes de 12 à 17 ans de l'île de Montréal*, Montréal, Régie régionale de la santé et des services sociaux de Montréal-Centre, 137 p.

LEVY, Kira, et al. (2015). "Bringing patients social context into the examination room: an investigation of the discussion of social influence during contraceptive counseling," *Women's Health Issues*, Vol. 25, No. 1, p. 13-21.

MANLOVE, Jennifer, RYAN, Suzanne, and Kerry FRANZETTA (2003). "Patterns of contraceptive use within teenagers' first sexual relationships," *Perspectives on Sexual and Reproductive Health*, Vol. 36, No. 6, p. 246-255.

MANLOVE, Jennifer, RYAN, Suzanne, and Kerry FRANZETTA (2007). "Contraceptive use patterns across teens' sexual relationships: the role of relationships, partners, and sexual histories," *Demography*, Vol. 44, No. 3, p. 603-621.

MANLOVE, Jennifer, et al. (2014). *Male Involvement in Family Planning: The Estimated Influence of Improvements in Condom Use and Efficacy on Nonmarital Births among Teens and Young Adults.* Child Trends, Working paper # 2014-36. [Online] http://www.childtrends.org/wp-content/uploads/2014/09/2014-36MaleInvolvementFamilyPlanning.pdf, 41 p.

MARSIGLIO, William, et al. (2006). *It's a Guy Thing: Boys, Young Men, and Teen Pregnancy Prevention.* Washington, DC: National Campaign to Prevent Teen Pregnancy.

MCDAID, Lisa M., SWEETING, Helen, and Katie BUSTON (2010). "Contraception among girls who have had more than one partner by age 16 years: method use and pregnancy risk-taking behaviour," *Journal of Family Planning and Reproductive Health Care*, Vol. 36, No. 3, p. 141-146.

MEASOR, Lynda (2006). "Condom use: a culture of resistance," *Sex Education*, Vol. 6, No. 4, p. 393-402.

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX DU QUÉBEC (2015). *Guide de soutien. Planifier et implanter des actions concrètes auprès des parents, Guide de l'intervenant*, Québec, ministère de la Santé et des Services sociaux, 28 p. [Online] http://publications.msss.gouv.qc.ca/msss/fichiers/mosaik/15-314-11W_Guide_soutien_AC.pdf

MOREAU, Nathalie. (2009). "Les grossesses non prévues chez les adolescentes : la contraception." *Sanomètre 61*, Université Libre de Bruxelles, 2 p.

OUELLET, Sylvie, and André GOBEIL (2014). "Quelles sont les principales caractéristiques des services adaptés aux jeunes "de type clinique jeunesse?" Presentation given Tuesday, November 25, 2014 at the 18th Annual Public Health Days, Québec.

PICA, Lucille A., Pascale LECLERC and Hélène CAMIRAND (2012). "Comportements sexuels chez les élèves de 14 ans et plus," dans *L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. Le visage des jeunes d'aujourd'hui : leur santé physique et leurs habitudes de vie*, Tome 1, Québec, Institut de la statistique du Québec, p. 209-229. [Online] http://www.stat.gouv.qc.ca/statistiques/sante/enfants-ados/alimentation/sante-jeunes-secondaire1.pdf.

RAINE, Tina R., et al. (2010). "Contraceptive decision-making in sexual relationships: young men's experiences, attitudes and values," *Culture, Health & Sexuality*, Vol. 12, No. 4, p. 373-386.

ROCCA, Corinne H., HARPER, Cynthia C., and Tina R. RAINE-BENETT (2013). "Young Women's Perceptions of the Benefits Of Childbearing: Associations with Contraceptive Use and Pregnancy," *Perspectives on Sexual and Reproductive Health*, Vol. 45, No. 1, p. 23-32.

RODRIGUES, Isabel, DEDOBBELEER, Nicole, and Catherine TURCOT (2005). "L'usage du condom chez les adolescentes consultant pour une contraception orale dans la région de Montréal," *Canadian Journal of Public Health*, Vol. 96, No. 6, p. 438-442.

RYAN, Suzanne, FRANZETTA, Kerry, and Jennifer MANLOVE (2007). "Knowledge, Perceptions, and Motivations for Contraception Influence on Teens' Contraceptive Consistency," *Youth & Society*, Vol. 39, No. 2, p. 182-208

RYAN, Suzanne, et al. (2007). "Adolescents' discussions about contraception or STDs with partners before sex," *Perspectives on Sexual and Reproductive Health*, Vol. 39, No. 3, p. 149-157.

SHEEDER, Jeanelle, et al. (2010). "Adolescent childbearing ambivalence: Is it the sum of its parts?" *Journal of Pediatric and Adolescent Gynecology*, Vol. 23, No. 2, p. 86-92.

SHORT, Mary B., et al. (2005). "Parents and partners: enhancing participation in contraception use," *Journal of Pediatric and Adolescent Gynecology*, Vol. 18, No. 6, p. 379-383.

SKINNER, Rachel S., et al. (2009). "Pregnancy and protection: Perceptions, attitudes and experiences of Australian female adolescents," *Women and Birth*, Vol. 22, No. 2, p. 50-56.

SOM RECHERCHES ET SONDAGES (2009). *Sondage sur les habitudes sexuelles des 16-24 ans et le port du condom*, 78 p. [Final report presented to Direction des communications, Ministère de la Santé et des Services sociaux du Québec].

THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY (2009). *Magical Thinking: Young Adult's Attitudes and Beliefs About Sex, Contraception and Unplanned Pregnancy.* Washginton, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

TREMBLAY, François, and Marie-Andrée BOSSÉ, in collaboration with Élizabeth CADIEUX and André GUILLEMETTE (2014). *Jamais l'un sans l'autre. Ensemble pour la prévention conjointe des ITSS et des grossesses chez les jeunes, Rapport du directeur de santé publique – Édition 2014*, Joliette, Agence de la santé et des services sociaux de Lanaudière, Direction de santé publique, 40 p.

VAN DE BONGARDT, Daphne, et al. (2014). "A meta-analysis of the relations between three types of peer norms and adolescent sexual behavior," *Personality and Social Psychology Review*, Vol. 19, No. 3,p. 203-234. doi: 10.1177/1088868314544223

WIDMAN, Laura M., et al. (2014). "Safe Sext: Adolescents' Use of Technology to Communicate About Sexual Health With Dating Partners," *Journal of Adolescent Health*, Vol. 54, No. 5, p. 612-614.

WIDMAN, Laura M, et al. (2006). "Sexual communication and contraceptive use in adolescent dating couples," *Journal of Adolescent Health*, Vol. 39, No. 6, p. 893-899.

WILLIAMS, Rebekah, and J. Dennis FORTENBERRY (2013). "Dual use of long-acting reversible contraceptives and condoms among adolescents," *Journal of Adolescent Health*, Vol. 52, No. 4 (Suppl.), p. s29-s34.

YEN, Sophia, et al. (2014). "Emergency contraception pill awareness and knowledge in uninsured adolescents: high rates of misconceptions concerning indications for use, side effects and access," *Journal of Pediatric and Adolescent Gynecology*, Vol. 28, No. 5, p. 337-342.

15-314-15A

msss.gouv.qc.ca/itss
itss.gouv.qc.ca

Santé et Services sociaux Québec

TEL-JEUNES
www.teljeunes.com
1 800 263-2266

UQÀM