

Contraception and Abortion

Background, National Curriculum links and suggested aims

This lesson is intended for use when teaching about contraception and abortion to Years 7-9. It has been written for use in a Biology lesson.

Teacher background knowledge

No special background knowledge required for a Biology teacher. Similarly, while some familiarity with Religious Education and/or Philosophy would be useful, it is not essential. What is more important than a teacher's subject specialism is that they can manage classroom discussions, even if these get heated, and that they are open-minded in the sense that they can see value in a wide range of student perspectives. In particular, it is important not to give the impression that any particular religious arguments are either better or worse than other arguments, whether religious or not. This does not mean that all arguments are to be accepted nor does it mean that conviction trumps logic. But it is to accept that a wide range of positions are held (and have been held for some considerable time) and cogently defended about the ethics of abortion and, to a lesser extent, about the ethics of contraception.

Cross-curricular links

There are links to Philosophy and to Religious Education (RE). Indeed, abortion is often considered in RE lessons and it may well be worth discussing the issue with an RE colleague before teaching it.

Student background knowledge

None required though it is assumed that students have already had some teaching about human reproduction.

Resources and timing

One lesson of 50 minutes should suffice.

Activities

1. Factual aspects of contraception are reasonably well covered in standard school biology textbooks. As either fresh teaching or revision, get students to appreciate:

- a. Contraception (also known as birth control and, less often, as fertility control) is about helping heterosexual individuals / couples to have more control as to whether or not vaginal sexual intercourse leads to a birth. Some forms of contraception (more on this below) also serve as protection against sexually transmitted infections (STIs) so are also used for this reason – e.g. for anal as well as vaginal intercourse.
 - b. It is easy when teaching about contraception to give the impression that everyone is heterosexual. A significant minority (roughly 5-10%) of individuals are clear that they are gay or lesbian and a substantially higher proportion of individuals have some homosexual tendencies.
 - c. There are a considerable number of types of contraception – including various sorts of contraceptive pill, the condom, the female condom, the IUD (intrauterine device, also known as ‘the coil’) and so-called ‘natural family planning’ (the ‘rhythm method’). All of these methods are non-permanent.
 - d. Female sterilisation and male sterilisation (vasectomy) are permanent (difficult / impossible to reverse) methods of contraception.
 - e. Abstinence means that a person does not engage in sexual intercourse (i.e. they abstain from it).
 - f. Different contraceptives work in different ways. In particular, barrier methods prevent sperm from entering the uterus (in vaginal intercourse). Barrier methods include the condom, the female condom and the diaphragm. Contraceptive pills mainly work by preventing ovulation. So-called ‘emergency contraception’ (also known colloquially as the ‘morning-after pill’) can be effective for up to 72 hours after sexual intercourse; they work by preventing implantation.
 - g. Contraceptives vary greatly in their effectiveness. It is difficult to quantify this as, used correctly, a number of contraceptives almost guarantee that a pregnancy does not result (a less than 1% chance of a pregnancy resulting per year for a couple using that method of contraception). However, it’s not easy to use some methods perfectly right off. For example, while reputable condoms do not break or leak, it’s easy to put one on later than one should or to take it off incorrectly. Similarly, almost anyone can forget to take one of their oral contraceptive pills and this increases the chance of a pregnancy resulting, as does being sick (vomiting) within a couple of hours of taking one’s pill or having diarrhoea for more than 24 hours.
2. There is no need to get into the details of the various ways in which an abortion is undertaken but get students to appreciate that:

- a. An abortion is a medical procedure undertaken with the intention of ending a pregnancy.
 - b. In 2018 there were 205,000 abortions and 655,000 live births in England and Wales.
 - c. In England and Wales about 80% of abortions are carried out within the first ten weeks of pregnancy and 90% within the first 13 weeks.
3. Help students to appreciate the range of positions that people have about the ethics of abortion. The most common approach is to contract a woman's right to choose ('pro-choice') with the right of the unborn to a life ('pro-life'). Encourage students to use arguments from ethics.

- a. The most famous defence in moral philosophy of a woman's right to choose whether or not to have an abortion is Judith Thomson's. Get students to think about her argument. Thomson asks us to imagine the following situation:

You wake up in the morning and find yourself back to back in bed with an unconscious violinist. A famous unconscious violinist. He has been found to have a fatal kidney ailment, and the Society of Music Lovers has canvassed all the available medical records and found that you alone have the right blood type to help. They have therefore kidnapped you, and last night the violinist's circulatory system was plugged into yours, so that your kidneys can be used to extract poisons from his blood as well as your own. The director of the hospital now tells you, "Look, we're sorry the Society of Music Lovers did this to you – we would never have permitted it if we had known. But still, they did it, and the violinist is now plugged into you. To unplug you would be to kill him. But never mind, it's only for nine months. By then he will have recovered from his ailment, and can safely be unplugged from you." Is it morally incumbent on you to accede to this situation?

(Thomson, 1971)

- b. Get students to think about the likely consequences of prohibitions on abortion under any circumstances. These would include a rise in illegal ('back-street') abortions and an increase in live births – with some resulting children described by some as 'unwanted'.
- c. It may be asking too much but you might try getting students (male and female) to suppose that they are expecting a baby which they did not intend to conceive and feel they do not want. Can they imagine (a) what it would be like to have an abortion; (b) what it would be like to proceed with the pregnancy?

- d. Get students to think about when human life begins. Is it at the point of conception, of implantation, at some point during pregnancy (e.g. when the nervous system begins to form), when the fetus begins to look like a human, when the fetus is first capable of independent life (very roughly, about 24 weeks into pregnancy), when the fetus is first sensitive to pain (uncertain – probably around the last third of pregnancy), at the time of birth, or when a young baby begins to have some degree of consciousness or self-awareness?
4. Depending on your school, you may or may not want students to think about the ethics of contraception.
 - a. There is a useful distinction between types of contraception that prevent fertilisation and types of contraception that allow fertilisation but prevent implantation.
 - b. You may wish to introduce students to Roman Catholic teaching about contraception. In essence, this is that every act of sexual intercourse should be open to the possibility of conceiving new life. A strict interpretation therefore forbids all forms of contraception, though many Roman Catholics consider the natural family planning to be acceptable. Indeed, contraceptive usage among Roman Catholics is typically high.

Extension activity

- You might get students to compare the restrictions on getting an abortion and purchasing a gun (which vary considerably from country to country).
- The law around abortion in any country including the UK (where it differs between Northern Ireland and the other UK nations), is quite complicated. You might decide to get students to research this and its history.

Resource links

- Factual information about the various sorts of contraception: <https://www.nhs.uk/conditions/contraception/>.
- Factual information about abortion: <https://www.nhs.uk/conditions/abortion/>.
- Abortion statistics: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2020/abortion-statistics-england-and-wales-2020>,
<https://publichealthscotland.scot/publications/termination-of-pregnancy-statistics/termination-of-pregnancy-statistics-year-ending-december-2020/>,
https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-termination-of-pregnancy-statistics-19-20_0.pdf.

- Judith Thomson's argument about abortion:
<https://spot.colorado.edu/~heathwoo/Phil160,Fall02/thomson.htm>,
https://en.wikipedia.org/wiki/A_Defense_of_Abortion,
<https://bostonreview.net/forum/judith-jarvis-thomson-abortion-whose-right-0>,
<https://creation.com/refuting-contrived-pro-abortion-arguments-judith-jarvis-thomson-famous-violinist>.
- Debates about abortion:
https://en.wikipedia.org/wiki/Abortion_debate,
<https://www.psychologytoday.com/us/blog/ethics-everyone/201906/ethics-and-abortion>,
<https://www.learnreligions.com/ethics-of-abortion-248020>.
- The Roman Catholic position on contraception:
<http://catholicstraightanswers.com/what-is-the-churchs-teaching-on-contraception/>,
<https://theconversation.com/how-the-catholic-church-came-to-oppose-birth-control-95694>.