How To Use

This lesson plan contains several activities to achieve the learner outcomes above. You may choose to do some or all of the activities, based on the needs of your students and the time available. Some of the activities build on the ones that come before them, but all can be used alone.

For a quick lesson, combine activities A, E and G.

Classroom Activities & Timing

A. Ground Rules (5-10 minutes)
B. Abstinence and Sexual Activity Discussion (15-20 minutes)
C. Abstinence Skill Building (20-30 minutes)
D. Birth Control Kahoot! Quiz (20-25 minutes)
E. Birth Control Kit (15-20 minutes)
F. Birth Control Methods Chart (30-45 minutes)
G. Question Box (5-10 minutes)
Required Materials

**KAHOOT! QUIZ** and ANSWER KEY: Grade 8 Birth Control

HANDOUTS: **Birth Control Kit**

DIAGRAM: Effectiveness

DIAGRAMS: Reproductive Systems, Fertilization, Implantation, Sperm Production

HANDOUT and ANSWER KEY: Birth Control Methods Chart

HANDOUTS: **Birth Control Health Information Sheets**

All the diagrams are also available as slides in [Grade 8 Diagrams](#).

Background Information for Teachers

**Abstinence and Birth Control**

The only sure way to avoid pregnancy is to abstain from any activity where a penis or semen are near the vaginal area (including anal and vaginal sex or penis/vaginal touching). The only sure way to avoid STBBIs (sexually transmitted and blood borne infections) is to abstain from any activity that involves sexual contact between one person’s body and another person’s genital area, semen or vaginal fluid and from contact with infected breastmilk, blood and bedding/towels.

For students not choosing abstinence, these strategies can reduce risk of pregnancy:

- Delay sex
- Correctly and consistently using dual protection (condom plus another method of birth control increases contraceptive effectiveness and also reduces risk for STBBIs)
- Clear communication with partners about intentions, limits and safer sex

For students not choosing abstinence, as well as the three bullets listed above, these additional strategies can reduce risk of STBBIs:

- Limiting sexual partners
- Getting vaccinated against hepatitis B & human papillomavirus (HPV)
- Getting regular testing and treatment if needed
- Clear communication between partners about sexual history, testing and treatment
Educational programs that result in the most positive sexual health outcomes (e.g. delayed first intercourse, safer sex strategies, healthy relationships) and are best at reducing negative sexual health outcomes (e.g. unintended pregnancy, STBBI) are programs that are comprehensive and include information about contraception, relationships, sexual decision making & STBBI prevention.

For the most up-to-date information about birth control methods, see the Birth Control Health Information Sheets. These sheets are not included in this lesson plan, as they are updated frequently. Using the link will ensure access to the most recent version of each Health Information Sheet.

Birth control methods can be grouped in different ways. For example, in the past educators often divided birth control methods into groups based on how they prevented pregnancy (barrier, hormonal, spermicides and other).

Recently, health educators are grouping birth control methods into a different set of categories, in part to emphasize the high effectiveness of long-acting reversible contraceptives (LARCs) over time:

<table>
<thead>
<tr>
<th>Long acting reversible contraceptives (LARCs)</th>
<th>Short acting reversible contraceptives (SARCs)</th>
<th>Used in the moment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Birth control injection</td>
<td>• Birth control patch</td>
<td>• Abstinence</td>
</tr>
<tr>
<td>• Copper IUD</td>
<td>• Birth control pill</td>
<td>• Condom</td>
</tr>
<tr>
<td>• Hormonal IUS</td>
<td>• Vaginal contraceptive ring</td>
<td>• Diaphragm*</td>
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<tr>
<td></td>
<td></td>
<td>• Fertility awareness</td>
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<td>• Sponge</td>
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<td></td>
<td></td>
<td>• Vaginal condom</td>
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<tr>
<td></td>
<td></td>
<td>• Vaginal spermicide**</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Withdrawal</td>
</tr>
</tbody>
</table>

*Diaphragms are very rarely used in Canada, as the spermicidal jelly required is no longer available.

**Vaginal spermicides come as film or foam. It is recommended that vaginal spermicides be used with another form of birth control such as condoms.

**Inclusive Language**
Language is complex, evolving, and powerful. In these lessons, gender-neutral language is used to be inclusive of all students, including those with diverse gender identities and sexual orientations. This includes the use of ‘they’ as a singular gender-neutral pronoun. The lesson plans use the terms ‘male’ and ‘female’ when referring to biological sex (sex assigned at birth), such as when discussing reproductive anatomy. A person’s reproductive system can be male, female or intersex (not clearly defined as either male or female).
People are assigned a sex at birth based on their reproductive anatomy. Sex assigned at birth is independent of gender identity. Gender identity is a person’s internal sense of identity as female, male, both or neither, regardless of their biological sex assigned at birth.

For many people, their gender matches the sex they were assigned at birth (cisgender). Others may identify as being transgender or gender diverse if their gender identity does not match the sex they were assigned at birth. A person’s gender identity can be girl, woman, boy, man, transgender, gender fluid, gender queer, agender or others. The intention in this material is to use language that reflects these many possibilities.

When teaching about birth control, it is important not to assume that sexual orientation or gender identity defines a person’s sexual behaviours. Research shows that gay and lesbian students are at risk for pregnancy and STIs. To be inclusive of all students, be clear about using dual protection of condoms/latex barriers for STI protection and another method of birth control (e.g., the pill) for those at risk of pregnancy.

A. Ground Rules

Ensure ground rules are established before beginning this lesson. For classes that have already established ground rules, quickly reviewing them can help ensure a successful lesson.

B. Abstinence and Sexual Activity Discussion

The discussion questions help students begin to examine abstinence, sexual activity and birth control. Comprehensive background information for each method can be found in the Birth Control Health Information Sheets.

What is birth control?

- Birth control refers to the different methods used to prevent pregnancy.
- Some forms of birth control also protect against STIs.
- There are many different types of birth control.
- Hormonal birth control methods have hormones that prevent a pregnancy by stopping the ovaries from releasing an egg.
- Non-hormonal birth control methods create a barrier between sperm and the egg, change the chemistry of the reproductive tract or do both.
- Natural methods of birth control do not involve medications or devices to prevent pregnancy. Instead they prevent a pregnancy by using certain behaviours and/or paying close attention to a person’s body and menstrual cycle.
Why is it important to learn about birth control?

- Factual information is critical to make healthy decisions now and in the future.
- Some people have sexual intercourse in their teen years. Many do not.
- Birth control methods help to prevent pregnancy. Some methods also protect against STIs.
- All students benefit from understanding birth control methods and the role of abstinence and condoms/vaginal dams/condoms/dental for STBBI protection no matter their sex assigned at birth, gender identity, gender expression or sexual orientation.
- Many people use hormonal birth control methods like the pill for other reasons, such as to regulate menstrual cycles or limit PMS symptoms (cramping, heavy periods, acne etc.)

Can you identify/describe some methods of birth control?

- List the methods identified by students on the board under the heading Methods of Birth Control.
- If students need prompting to get started, display the Birth Control Tool.
- Ensure abstinence is included on this list. If students do not bring it up on their own, use questions to prompt them such as, “What is the only 100% effective method of birth control?”

What is abstinence?

- Abstinence can mean different things to different people. For some, it means having no sexual contact with other people. For others, it could mean having limited contact, allowing some sexual activities, but not sexual intercourse.
- Abstinence is often referred to as being 100% safe, meaning that it completely eliminates the risk of STIs and unintended pregnancy. This is only true if the definition includes eliminating any intimate sexual behaviour involving skin to genital (including oral and anal sex), genital to genital or body fluid to genital contact.
- Pregnancy can also occur without intercourse if sperm is ejaculated near the entrance of the vagina during sexual touching.
- STIs such as herpes can be passed through genital skin-to-skin contact.
- Oral sex and anal sex are forms of sexual intercourse and carry the same risks of STIs as vaginal sex. An infection could spread to the area that has been in contact (e.g., anus, mouth, penis, vagina.).

Cultural and religious values influence our individual decisions. It is important to realize that these values may be reflected in the attitudes of students in the class and teens may be struggling with sexual decision making. Some adolescents may not agree with sex before marriage or the use of different contraceptives.

Keep in mind that virginity is a social construct and relates to personal values and opinions, not biological facts. Virginity means different things to different people and may be defined differently among a variety of religions and cultures.
Grade 8 Birth Control

- The majority of youth are not sexually active. A national study of Canadian teens in 2012 revealed that only about 30% of teens aged 15-17 have had sexual intercourse at least once.

If a teen did have sex, would that mean that they could no longer be abstinent?

- No. Being abstinent does not necessarily mean a person has never engaged in sexual intercourse. Someone who is abstinent may have had sexual intercourse in the past, but is not currently sexually active. The choice to be abstinent can be made at any time, regardless of past experience.

C. Abstinence Skill Building

Students demonstrate refusal skills to help them resist the pressures of engaging in sexual activity.

1. Ask students if they think there are pressures at their age to have sex. If so, what are they? List the pressures identified by students on the board under the heading Sexual Pressures. E.g. pressures from partner, friends, TV/movies, social media etc.

2. Ask students to identify pressure situations that might lead to unplanned sexual activity. List the students' responses on the board under the heading Pressure Situations. E.g. spending time alone with partner, drinking, etc.

3. Distribute one piece of blank paper to each student.

4. At the top of the paper, have students write a pressure line or a pressure situation from the list generated by the class in the previous activity. For example ‘If you loved me, you would have sex with me.’ Have them draw a box around the pressure line/situation.

5. Collect the papers from the students and redistribute them, making sure that the students do not receive their own paper.

6. Underneath the pressure line/situation, have the students write a response scenario (including verbal and physical responses) that would reduce the risk of sexual activity. For example, “If you loved me you wouldn’t pressure me to have sex.” Encourage the students to be creative and respectful in their approach.

7. Step four can be repeated more than once, having each new student who receives the paper come up with a new response scenario.

When using scenario activities that highlight relationship issues, it is important to be cognizant of the LGBTQ+ students in your class. LGBTQ+ students experience pressure in their relationships just as students in heterosexual relationships do. Try to use language and help your students use language so that their descriptions may apply to people in any type of relationship.
Grade 8 Birth Control

8. Discuss as a class the different pressure lines/situations and response scenarios given by the students. For each pressure line/situation, determine what techniques would be effective in saying no. If papers have been passed more than once, choose the ‘best’ response scenario.

9. Debrief using the following discussion questions:
   - Why do you think some teens choose to have sexual intercourse?
   - If you choose abstinence, how can you ensure it will work for you all the time?
   - Do you have to have sex with someone if you are not ready?
   - How often should you review your decision about abstinence and your reasons for choosing it? Why?
   - If you choose abstinence, when and under what circumstances might you stop using this method?
   - If you decide abstinence is no longer right for you, how will you choose another method to protect yourself?

D. Birth Control Kahoot! Quiz

This quiz can be used as a pre-and post-test (by using Ghost Mode), a review, wrap-up of the unit or a fun energizer in between other activities. For more information on using Kahoot!, visit getkahoot.com

1. Open the Kahoot Quiz: Grade 8 Birth Control

2. As a class, answer the quiz questions and discuss the answers together. You can play the quiz in individual or team mode.

E. Birth Control Kit

The Birth Control Kit can be downloaded and printed for use in the classroom. Some schools/teachers may also be able to borrow a kit from the nurse/community health centre assigned to the school.

The birth control kit contains one page of pictures and one page with general information for each of the following birth control methods:

- Abstinence
- Birth Control Injection
- Birth Control Patch
- Birth Control Pill
- Condom (male)
- Emergency Contraception
- Fertility Awareness
- Intrauterine Contraceptives (IUC)
- No Method

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Grade 8 Birth Control

- Tubal Ligation
- Vaginal Condom
- Vaginal Contraceptive Ring
- Vasectomy
- Withdrawal

The effectiveness rate of each birth control method is given for typical use. Most methods have a higher “perfect use” rate. For a comparison of typical vs. perfect use, see the Birth Control Effectiveness Graph.

1. Print all of the pages of the birth control kit single-sided. Consider using card stock or laminating the pages. On the general information pages, cover up the name of the birth control method using tape.

2. Give each student one page from the kit. Some students will have pictures, some will have general information pages. If there are not enough pages for every student, have some students share or print additional copies of some methods.

3. Ask the students with the picture pages to move about the room and find the person who has the corresponding information page for that method of birth control.

4. When all the pairs are matched, check and make sure that each pair has correctly matched the picture and the information page for the same birth control method. Make any changes as needed.

5. Ask each pair to form a group of four with another pair.

6. Ask each group of four to decide if the methods they have offer fair, good or excellent protection against pregnancy and STIs with typical use. You can define fair, good and excellent for them, or encourage students to make their own judgements.

7. Display or handout copies of the Effectiveness table for groups to check their answers.

8. Introduce the categories of SARC/LARC/Used in the moment by posting titles around the room and explaining their meanings (see Background Information).

9. You may find it helpful to review reproductive anatomy and physiology, using the diagrams in the Grade 8 Diagrams PowerPoint, when explaining different birth control methods.

10. Ask each group to decide which category they think their cards belong in and post them with those titles.
11. Debrief this activity. Questions can include:

**What do you think is the best method of birth control? Why?**
- Emphasize that abstinence is the only 100% effective method if used properly.
- If someone is sexually active, dual protection is the most effective strategy. Dual protection means using a condom to decrease the chances of getting an STI, and using another method of birth control (such as the pill, patch, ring, or IUD) to prevent pregnancy.

**What do you think is the best method of protecting oneself from STIs? Why?**
- For sexual intercourse, ensure students know that using two condoms at the same time is not better than using one. Using two condoms actually increases the risk of pregnancy or STIs because friction may cause one or both condoms to break. This is also true for vaginal condoms, or using a condom and vaginal condom at the same time.
- To prevent STIs, latex barriers or condoms should be used for all types of sexual activity, including:
  - genital skin-to-skin contact
  - oral sex
  - anal sex
  - vaginal sex

**In a sexual relationship, who is responsible to ensure birth control is used?**
- Using birth control is a shared responsibility, especially as dual protection is the most effective way to prevent unintended pregnancies and STIs. Although a number of birth control methods are designed for females, it is the responsibility of both parties to be informed about proper use.
- Being open and honest with sexual partners about the use of birth control is part of ethical behaviour in relationships.
- Telling a partner you are taking birth control when you are not, telling a partner you don’t have an STI when you do, promising to ‘pull out’ with no intention of doing so or removing a condom without your partner’s knowledge, are examples of unethical behaviour in sexual relationships.

**F. Birth Control Methods Chart**

1. Print 6 copies each of the Birth Control Health Information Sheets for the following methods
   - Abstinence
   - Birth Control Pill
   - Birth Control Patch
   - Birth Control Injection
Grade 8 Birth Control

- Condom (male)
- Emergency Contraception
- IUC
- Vaginal Condom
- Vaginal Contraceptive Ring
- Withdrawal

2. Divide students into groups of five.

3. Give each student a Birth Control Methods handout.

4. Use the jigsaw method to have students complete the chart with details about each birth control method.

5. You may find it helpful to review reproductive anatomy and physiology, using the Male Reproductive System and Female Reproductive System diagrams, when discussing different birth control methods.

6. Debrief this activity using the following questions:
   - What do you think is the best method of birth control? Why? Has your answer changed from the previous activity, now that you know more about each method?
   - What do you think is the best method of protecting yourself from an STI? Has your answer changed from the previous activity, now that you know more about each method?

G. Question Box

Answer any questions from the question box in the previous lesson. Have students submit any new questions and address them next class.

Addressing the questions at the next class allows you time to review the questions and prepare responses.

Self-Reflection

During the lesson, were:
- ground rules being followed?
- good practices established regarding group work and discussion?

What will you change for future classes with this group?
What will you change for future use of this lesson?
Student Assessment

During the lesson, did students:

Knowledge:
- define birth control and abstinence?
- identify the value of abstinence?
- identify pressures that could lead to sexual activity and ways to respond to sexual pressure?
- describe basic methods of birth control?
- describe how to access common methods of birth control?

Skills:
- demonstrate an understanding of refusal skills?

Attitudes:
- decide what personal actions are going to be followed?
- decide what method(s) is/are best used to protect against pregnancy and STIs?
ANSWER KEY: Grade 8 Birth Control Quiz

Correct answers are in bold text.

1. Feminine hygiene products can be used as contraception.
   - True
   - False
   - Unsure

   Feminine hygiene products include tampons, pads, and menstrual cups. None of these products are an effective contraceptive method. Having vaginal intercourse with a tampon or menstrual cup inserted can lead to significant pain or discomfort for one or both partners, and may increase the risk of toxic shock syndrome.

2. A person can become pregnant without having sexual intercourse.
   - True
   - False
   - Unsure
   - True but...

   TRUE. Even if there is no vaginal penetration, sperm can enter the vagina if ejaculation occurs near the vagina or on an area of the body brought in contact with the vagina. TRUE but... it is unlikely.

3. Withdrawal is a highly effective contraceptive method.
   - True
   - False
   - Unsure
   - True if...

   There can be sperm cells contained within pre-ejaculate which is released from the penis prior to ejaculation. These sperm cells can cause pregnancy.

4. Using both a condom and the pill is considered a very effective contraceptive method.
   - True
   - False
   - Unsure
   - Nobody knows

   An added advantage is that combining a hormonal method with a condom provides good STI protection. Abstinence is the only 100% effective method of contraception.

5. A female must have an orgasm to become pregnant.
   - True
   - False
   - Unsure
   - False if…
Pregnancy occurs when sperm fertilizes an egg. This can happen whether or not a female has had an orgasm.

6. The IUD is a very effective method of birth control.
   - True
   - False
   - Unsure
   - Nobody knows

   With typical use an IUD is 99.2% (Copper IUD) to 99.8% (Hormonal IUS) effective.

7. Using a condom or a vaginal condom provides protection from STIs.
   - True
   - False
   - Unsure
   - False if…

   They are both barrier methods that provide protection from STIs. They also provide protection against pregnancy. They should not be used together as that increases the chance that they will break due to friction.

8. The most effective method for preventing the spread of STIs is a condom.
   - True
   - False
   - Unsure
   - False but…

   FALSE. Abstinence is the only 100% effective method for preventing the spread and transmission of STIs.
   FALSE but… If someone is sexually active, a condom, latex barrier or vaginal condom is the best protection against STIs.

9. After ejaculation, sperm can live 3 to 5 days.
   - True
   - False
   - Unsure
   - False but…

   Sperm can live in a female’s reproductive system 3 to 5 days after ejaculation.

10. A female cannot get pregnant if she has sex during her period.
    - True
    - False
    - Unsure
    - False but…

    There is no time that is considered 100% safe for intercourse in order to prevent a pregnancy. Every person’s cycle is different and ovulation can occur at any time during the menstrual cycle. It is recommended that birth control is used throughout the menstrual cycle to prevent an unintended pregnancy.
11. The birth control pill may regulate menstrual periods or reduce cramps.
   - True
   - False
   - Unsure
   - False but…

   Some people take the birth control pill for these reasons, even if they aren’t sexually active or need birth control.

12. The pill, patch, ring or injection all protect against both pregnancy and STIs.
   - True
   - False
   - Unsure
   - True but…

   Hormonal birth control methods (the pill, patch, ring or injection) only provide protection against pregnancy, not STIs.
## Effectiveness

| Method                          | STI Protection | Pregnancy Prevention (Typical use) *
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>✓ ✓ ✓</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>Birth Control Injection</td>
<td>✗</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Birth Control Patch</td>
<td>✗</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Birth Control Pill</td>
<td>✗</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Condom</td>
<td>✓ ✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency Contraception</td>
<td>✗</td>
<td>✓ ✴ **</td>
</tr>
<tr>
<td>Fertility Awareness</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Intrauterine Contraceptives</td>
<td>✗</td>
<td>✓ ✓ ✓ ✓</td>
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<tr>
<td>Tubal Ligation</td>
<td>✗</td>
<td>✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Vaginal Condom</td>
<td>✓ ✓</td>
<td>✓</td>
</tr>
<tr>
<td>Vaginal Contraceptive Ring</td>
<td>✗</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Vaginal Spermicides</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>✗</td>
<td>✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>
Effectiveness

✓ = Fair, ✔ ✔ = Good, ✔ ✔ ✔ = Excellent, ✗ = none

For birth control methods:

✔ ✔ ✔ = Excellent = 99% or higher
✔ ✔ = Good = 90%-98%
✓ = Fair = 70%-89%

*Some birth control methods have much higher effectiveness in ‘perfect use’ conditions. For a comparison of the difference between perfect and typical use, see the Birth Control Effectiveness Graph.

** The contraceptive effectiveness rate for emergency contraception depends on what kind is used, and how soon after unprotected sex the method is used. See the Health Information Sheet on emergency contraception for more information.
# Birth Control Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Check here if a prescription is needed</th>
<th>Check here if anyone can buy this in a drugstore</th>
<th>List two advantages of this method</th>
<th>Effectiveness rate with typical use?</th>
<th>Check here if it provides protection from STIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td></td>
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<td>Birth Control Pill</td>
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<td>Birth Control Patch</td>
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<tr>
<td>Birth Control Injection</td>
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<td>Condom</td>
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<tr>
<td>Emergency Contraception</td>
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<tr>
<td>IUC</td>
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<td>Vaginal Condom</td>
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<tr>
<td>Vaginal Contraceptive Ring</td>
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<tr>
<td>Withdrawal</td>
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</tbody>
</table>
## Answer Key

<table>
<thead>
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<th>Check here if it provides protection from STIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td></td>
<td></td>
<td>- Nothing to buy, no prescription needed</td>
<td>100%</td>
<td>✓</td>
</tr>
</tbody>
</table>
| Birth Control Injection | ✓                                      |                                                 | - One injection lasts 12 weeks
- Might decrease period cramps or PMS
- Periods might be lighter or not happen                                                                 | 94%                                    |                                             |
| Birth Control Patch   | ✓                                      |                                                 | - Periods might be lighter, more regular
- Might decrease period cramps
- One patch lasts for 1 week                                                                                 | 91%                                    |                                             |
| Birth Control Pill    | ✓                                      |                                                 | - Periods might be lighter or more regular
- Might decrease period cramps
- Might help decrease acne                                                                                  | 91%                                    |                                             |
| Condom                | ✓                                      |                                                 | - Easy to find in stores
- Protects against STIs
- Small and easy to keep on hand                                                                              | 82%                                    | ✓                                           |
<table>
<thead>
<tr>
<th>Method</th>
<th>Check here if a prescription is needed</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contraception</td>
<td>✅</td>
<td>✅</td>
<td>Answers will vary, could include:</td>
<td>50-99% depending on the method</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Copper IUD, Ella</td>
<td>Plan B, NorLevo, Next Choice, Option2</td>
<td>Can prevent pregnancy if other method failed or was forgotten, Can be used up to 7 days after unprotected sex, depending on type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IUC</td>
<td>✅</td>
<td></td>
<td>Answers will vary, could include:</td>
<td>99.2% IUD</td>
<td>99.8% IUS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can work for 3-10 years, May decrease period cramps, Periods might be lighter or more regular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Condom</td>
<td></td>
<td>✅</td>
<td>Answers will vary, could include:</td>
<td>79%</td>
<td>✅</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Protects against STIs, Can be put in up to 8 hours before sex, Can be used with any type of lubricant</td>
<td></td>
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<tr>
<td>Vaginal Contraceptive Ring</td>
<td>✅</td>
<td></td>
<td>Answers will vary, could include:</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May decrease period cramps, Periods may be lighter or more regular, May help decrease acne</td>
<td></td>
<td></td>
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<tr>
<td>Withdrawal</td>
<td></td>
<td></td>
<td>Answers will vary, could include:</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Available in any situation, Better than using no birth control, Free</td>
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</tbody>
</table>