**CONTRACEPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **WHAT TYPE IS IT?** | **WHAT IS IT? HOW DOES IT WORK?** | **HOW EFFECTIVE IS IT?** |
| **ABSTINENCE** | NONE |  |  |
| **BIRTH CONTROL PATCH** | HORMONAL |  |  |
| **BIRTH CONTROL PILLS** | HORMONAL |  |  |
| **BIRTH CONTROL SHOT** | HORMONAL |  |  |
| **BIRTH CONTROL VAGINAL RING** | HORMONAL |  |  |
| **BREAST FEEDING** | HORMONAL |  |  |
| **IUD** | HORMONAL |  |  |
| **THE SPONGE** | BARRIER |  |  |
|  |  |  |  |

**CONTRACEPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **WHAT IS IT?** | **WHAT TYPE IS IT?** | **HOW DOES IT WORK?** | **HOW EFFECTIVE IS IT?** |
| **MALE CONDOM** | BARRIER |  |  |
| **FEMALE CONDOM** | BARRIER |  |  |
| **DIAPHRAGM** | BARRIER |  |  |
| **CERVICAL CAP** | BARRIER |  |  |
| **VASECTOMY** | PERMANENT |  |  |
| **TUBAL LIGATION** | PERMANENT |  |  |
| **FAM: FERTILITY AWARENESS METHOD** | FAMILY PLANNING |  |  |
| **WITHDRAWAL** | FAMILY PLANNING |  |  |
|  |  |  |  |

**CONTRACEPTION**

**GROUP ASSIGNMENT**

**MY CONTRACEPTION METHOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Answer the following questions:**

1. What is your method?
2. How effective is your method?
3. Is your method safe?
4. What are the benefits and disadvantages?
5. How do you use the method?
6. Where can I get the method?
7. How much does this method cost?

**Your answers should be presented in a powerpoint presentation and emailed to** [**LSMITH@neshaminy.k12.pa.us**](mailto:LSMITH@neshaminy.k12.pa.us)

**The following is a good resource for you to use for this project:**

[**http://www.plannedparenthood.org/health-topics/birth-control-4211.htm**](http://www.plannedparenthood.org/health-topics/birth-control-4211.htm)