

# Birth Control: Deciding

Grade 7 and 8, Lesson #14

## Time Needed:

---

50 minutes

## Student Learning Objectives:

---

To be able to...

1. List at least four birth control methods, including abstinence.
2. Name at least eight of seventeen methods, given a description of each.
3. Explain that any method is more effective than not using a method and is safer than pregnancy and childbirth.
4. List at least two good reasons to communicate with parents and loved ones about birth control.

## Agenda:

---

1. Explain the relevance of today's lesson.
2. Brainstorm birth control methods, including abstinence.
3. Introduce methods, focusing on what each is and how it reduces pregnancy risk. (Use the Birth Control Reference Sheet 1 and 2, and optionally display actual methods.)
4. Have students individually fill out the second page of the Reference Sheet. Discuss and debrief it.
5. Answer students' verbal and anonymous questions.
6. Optional: Assign homework.

**Note:** The teacher's script is indicated by italics. This script is meant to be a guide for teachers who might find it helpful.

**Materials Needed:**

---

**Classroom Materials:** (1 per class)

- Optional set of birth control methods\*  
(Should include a card with "NO" and a fertility awareness chart.)

**Student Materials:** (1 per student)

- Birth Control Reference Sheet 1
- OPTIONAL: Family Homework Exercise: Birth Control
- OPTIONAL: Birth Control Worksheet

- \* Set may be purchased from Planned Parenthood education department or if you teach in King County, Washington, contact your local Health Educator at Public Health - Seattle & King County - see links below:

[www.plannedparenthood.org/pp2/wwsgn/files/wwsgn/BirthControlKitOrderForm.pdf](http://www.plannedparenthood.org/pp2/wwsgn/files/wwsgn/BirthControlKitOrderForm.pdf)  
[www.metrokc.gov/health/famplan/clinics.htm](http://www.metrokc.gov/health/famplan/clinics.htm)

## Activities:

---

### 1. Explain the relevance of today's lesson.

Explain that today's lesson is focusing on PEOPLE, not just teens, and emphasize that you are not assuming that all your students - or even the majority - are having intercourse:

*Today's lesson is on birth control. We are doing this lesson for three reasons. Some people have intercourse in their teens. For them, knowing about birth control is important. That's one reason we're studying it. Other people choose not to have intercourse in their teens, but almost everyone - even those who wait until marriage or who are gay or lesbian - will have intercourse at some time in his or her life. So, the second reason we're doing this is that most of you will want to make decisions about birth control some day.*

*The third reason, is that I want you to be able to help your friends and brothers and sisters figure out what's truth and what's myth. The teen community is one another's most common source of sexual information and, often, misinformation. Today, you can learn the difference, so you can help other people you care about to prevent unintended pregnancies.*

### 2. Brainstorm birth control methods, including abstinence.

Ask the class, "If a person wanted to NOT have a baby this year, what could he or she do?" (Answer: *Use abstinence or some other kind of birth control.*) Point out that each culture, religion and family has its own beliefs about which method(s), if any, are OK. Today you will focus on which ones are legally available, not on individuals' beliefs. Suggest that students find out what their religion and their parents believe.

Brainstorm all the kinds of birth control anyone in the class has heard of. If they include non-methods like douching (which doesn't work), male pills (which don't exist yet), or abortion (which doesn't prevent pregnancy and is therefore not counted as a method of birth control) list them separately from actual methods. This lesson will cover the following methods: BEHAVIORAL: abstinence, withdrawal, fertility awareness, combining two methods (e.g., condoms with a hormonal method, like the pill). BARRIER: "male" condom\*, "female" condom\*\*, diaphragm. HORMONAL: pill, the patch, the vaginal ring, shot (Depo-Provera), implants, emergency contraceptive pills. SPERMICIDES: spermicides include foam, cream, gel, suppositories, tablets, film and the sponge\*\*\*. OTHER: I.U.D, sterilization.

\* Although this is called a "male" condom, it can be worn on a penis or used on a sex toy.

\*\* Although this is called a "female" condom, it can be used by any gender, vaginally or anally.

\*\*\*Although the Sponge is considered a spermicidal method, it is separated from the other spermicidal methods because, in addition to the spermicide, the sponge acts as a barrier. It is also more effective than the other spermicidal methods.

**3. Introduce methods, focusing on what each is and how it reduces pregnancy risk. (Use the Birth Control Reference Sheet 1 and 2, and optionally display actual methods.)**

Hand out the Birth Control Reference Sheet 1. Describe each of the 17 methods utilizing the Birth Control Reference Sheet 2. Emphasis should be on what it is and how it reduces pregnancy risk. It is probably not necessary in 7th and 8th grade to go into much detail about how a method is used, its benefits, its side effects, its medical risks, its cost, etc. If questions about these issues are asked, do answer them to the best of your knowledge (or say "I don't know"), but we don't recommend raising them yourself.

If you have your district's approval, hold up each method as you describe it. We recommend this, because students find them much easier to visualize if they can actually see them. We do not recommend passing the devices around. Very few middle school classes have sufficient maturity.

If you do not consider yourself knowledgeable enough to do such a lecture/demonstration, it is fine to use a video instead (see Appendix for a recommendation).

**4. Have students individually fill out the second page of the Reference Sheet. Discuss and debrief it.**

Allow students five minutes to try, individually, filling in the second page of the Birth Control Reference Sheet 1. Encourage guessing. It will help you uncover myths and misconceptions. Require pencil, so students can correct any misunderstandings, incorrect guesses, and counter-productive attitudes in the discussion that will follow.

Then, debrief through discussion, eliciting as much input from students as possible. Be careful to affirm students for contributing their answers, even when their answers are wrong or biased. These are some points to raise and emphasize as you review the answers:

1. Which method of birth control works 100% of the time (if people are careful to "use it all of the time)?
  - *Abstinence*  
*And then, only if sperm are not ejaculated, even on the woman's genitals.*
2. If a hundred couples had intercourse for a year without any kind of birth control, how many would start a pregnancy?
  - *About 85... in other words, close to ALL<sup>1</sup>*  
*(Some of the other 15 couples out of the hundred are fertile, but it may take them longer to become pregnant. Some of the other 15 couples are infertile. Of the 85 couples, some got pregnant on their first intercourse of year. Others got pregnant on the 5th, 12th, or 30th time of having intercourse, etc.)*

3. Which are the more effective methods of birth control<sup>1</sup>? (Accept any 6 of these 9)

- *Abstinence*
- *Hormonal Methods: Pill, Patch, Ring, the Shot (Depo Provera), Implant*
- *Sterilization*
- *Combining two methods (e.g., condoms with a hormonal method)*
- *I.U.D.*

*These are 90-100% effective in actual use<sup>1</sup>*

*So how many pregnancies would 100 average couples have after using one of these for a year? 10 or fewer!*

4. Which are the less effective methods of birth control? (Accept any 6 of these 7)

- *Spermicides (foam, film, suppositories)*
- *Sponge*
- *Diaphragm*
- *Withdrawal*
- *Fertility Awareness*
- *Condoms (“male” and “female”)*
- *Emergency Contraceptive Pills*

*(These are all 65-85% effective in actual use<sup>1</sup>)*

*So how many pregnancies would 100 average couples have after using these for a year? Less than 32 ... still far fewer than 85 (see #2 above)!*

*All of the methods are more effective if used correctly, consistently and cooperatively.*

5. Which methods have some important medical risks? (Accept any 2 of these 4)

*Primary answers ...*

- *Pill, patch, ring: blood clots, stroke, heart attack<sup>1</sup>*
- *I.U.D.: pelvic inflammatory disease, infertility<sup>2</sup>*

*NOTE TO TEACHERS: The risks of hormonal methods are very rare, especially in women under 35 who do not smoke and who have no history of cardiovascular problems. And the risks from I.U.D.s are also very rare, especially for women in monogamous, long-term relationships. The I.U.D.'s risk is really only in the first 20 days after insertion. After that time, STIs aren't the result of the I.U.D. but of being exposed to an infection.<sup>1</sup>*

*Other acceptable answers ...*

- *Diaphragm: urinary and vaginal infections, toxic shock syndrome<sup>1</sup>*
- *Depo-Provera: depression, bone density decrease<sup>1</sup>*

- *Spermicides (including the Sponge): risk of vaginal irritation from the spermicide, that may increase the risk of getting HIV<sup>1</sup>*
- *Emergency Contraceptive Pills, Diaphragm, Withdrawal, and Fertility Awareness: all the risks associated with pregnancy and giving birth, since these are the less effective methods.*

6. Which methods give the most protection from STIs (sexually transmitted infections)?<sup>1</sup>

- *Abstinence*
- *“Male” and “Female” condom*

*NOTE TO TEACHERS: Stress that only abstinence is a guarantee, but it has to mean abstaining not only from vaginal sex, but also oral and anal sex in order to really protect people from STIs.*

7. Which methods give the most protection from cancers<sup>1</sup>? (Accept any 2 of these 4.)

- *Abstinence reduces risk of cervical cancer.*
- *Pill (reduces risk of endometrial and ovarian cancer). It is believed that the ring and patch may have similar effects, but presently there is no data to confirm this.*
- *Shot (Depo-Provera) reduces risk for endometrial and ovarian cancer.*
- *I.U.D. (the kind with hormones) reduces risk for endometrial cancer.*

8. Which methods are safer than having a baby<sup>1</sup>?

- *All of them, and especially **abstinence**.*  
(Rx methods are only safe under doctor's orders, of course),

9. Which methods can teenagers get, without parental consent?

- *Every one<sup>5</sup> except sterilization (and, except very rarely, I.U.D.) ... which is not to imply that this is ideal.*

*Although we recognize that in an ideal world every child could share this “coming-of-age” decision with his or her family, the law recognizes that some families, can't / don't talk about sexual issues, and the most important thing is helping people prevent unintended pregnancy.*

10. What contraceptive method can be used to prevent pregnancy following unprotected intercourse or a birth control failure (e.g. if a condom breaks)? The sooner a woman takes it, the better it will work.

- *Emergency contraceptive pills.*  
*To be most effective they must be taken as soon as possible, but within 120 hours of unprotected intercourse. This can reduce the risk of pregnancy anywhere from 75-98% depending on how soon it is taken.<sup>6</sup> Pills can be bought*

*at some pharmacies in Washington State and other states. They are also available through clinics and doctors.*

11. Why is it good to talk with your parents, guardians or other trusted adults about birth control, if you can?
  - *avoids secrecy, lying, guilt, mistrust*
  - *may bring family closer together*
  - *may offer support in going to the doctor or pharmacy*
  - *may offer help in decision-making about intercourse or about birth control, from their experience*
  - *lets you share beliefs.*
  
12. Why is it good to talk with your boyfriend/girlfriend/husband/wife about, this if you can?
  - *avoids secrecy, lying, guilt, mistrust*
  - *may bring couple closer together*
  - *protects both from unintended pregnancy*
  - *may support each other in going to a doctor or pharmacy*
  - *can help each other use a method correctly, consistently*
  - *lets you share beliefs*
  - *can make decisions together*
  
13. Where else besides this class, could a person get accurate up-to-date information about birth control?
  - *Parents or Guardians*
  - *Other trusted adults*
  - *Family Doctor*
  - *Gynecologist*
  - *Family Planning Clinic, like Health Department or Planned Parenthood*
  - *Pharmacist*
  - *Clergy*
  - *Internet*
  - *Public Library*
  - *Facts of Life Line (Seattle area only -- free, 206-328-7711)*

**5. Answer students' verbal and anonymous questions.**

**6. Optional: Assign homework.**

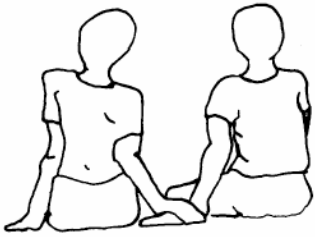
Possible assignments might be...

A Family Homework Exercise: Birth Control

The Birth Control Worksheet

Birth Control Reference Sheet 1

Name \_\_\_\_\_ Date: \_\_\_\_\_



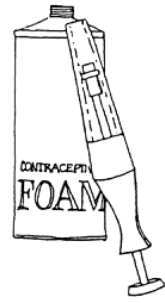
Abstinence



"Male" Condom



Patch



Spermicide (general)



Withdrawal



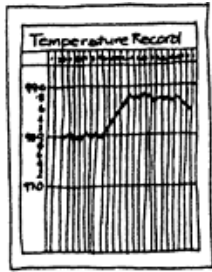
"Female" Condom



Implant



Vaginal Sponge



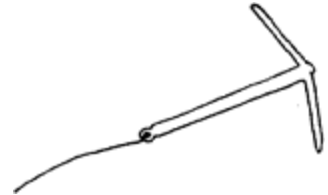
Fertility Awareness



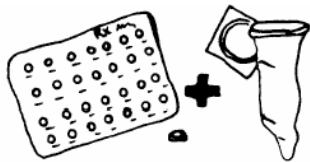
Diaphragm



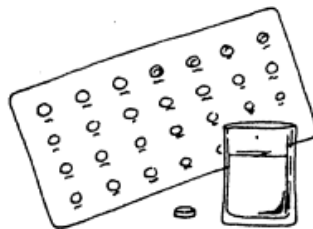
Shot (Depo Provera)



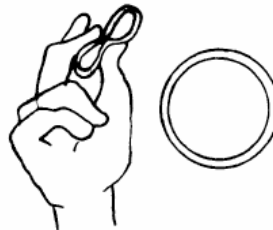
I.U.D.



Combination of 2



Oral Contraceptive Pill



Vaginal Ring



Sterilization



Emergency Contraceptive Pills



**Birth Control Reference Sheet 1** *(continued)*

1. Which method of birth control works 100% of the time (if people are careful to “use” it all the time)?

\_\_\_\_\_

2. If a hundred couples had intercourse for a year without any kind of birth control, how many would start a pregnancy? Circle one.

15    35    55    75    85

3. Which are the more effective kinds of birth control?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Which are the less effective methods of birth control?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Which methods have some important medical risks?

\_\_\_\_\_

6. Which methods give the most protection from STIs (sexually transmitted infections)?

\_\_\_\_\_

7. Which methods give the most protection from cancers?

\_\_\_\_\_

8. Which methods are safer for most people than having a baby?

A \_\_\_\_\_ of t\_\_\_\_\_

**Birth Control Reference Sheet 1 (continued)**

9. Which methods can teenagers get, without parental consent?

E \_\_\_\_\_ y one e \_\_\_\_\_ t s \_\_\_\_\_ tion

10. What contraceptive method can be used to prevent pregnancy after unprotected intercourse or a birth control failure (e.g. if a condom breaks)? The sooner a woman takes it, the better it will work.

E \_\_\_\_\_ y C \_\_\_\_\_ P \_II\_

11. Why is it good to talk with your parents, guardians or other trusted adults about birth control, if you can?

---

---

---

12. Why is it good to talk with your boyfriend/girlfriend/husband/wife about this, if you can?

---

---

---

13. Where else, besides this class, could a person get accurate up-to-date information about birth control?

---

---

---

---

# Birth Control Reference Sheet 2: A Birth Control Glossary<sup>1</sup>

---

## BEHAVIORAL METHODS:

**ABSTINENCE** also called "celibacy" or "saying 'no'", means not having sexual intercourse.

---

**FERTILITY AWARENESS** means studying certain signs in the woman's body to learn when she ovulates (and can therefore, get pregnant) and then not having intercourse around that time.

**Note:** without careful study, practice and charting, there is no safe time.

---

**WITHDRAWAL** also called "coitus interruptus", means the man pulling his penis out of the vagina before he ejaculates and avoids getting semen anywhere near her genitals.

---

**COMBINING TWO METHODS** For extra protection, couples can combine a condom ("male" or "female") with another method of birth control (for example: birth control pills). A combination like this will help cut down risk of pregnancy, HIV and other sexually transmitted infections (STIs).

**Note:** There are many other combinations, but methods that should not be combined include a "male" condom with a "female" condom (the two could stick to each other and tear).

---

## BARRIER METHODS:

**"MALE" CONDOMS**, also known as "rubbers", are like very thin, very strong gloves. A condom is worn over the penis to catch the sperm so they can't enter the uterus and fallopian tubes. "Male" condoms can be bought in a drugstore. They can only be used once and then thrown away. "Male" condoms cut down the risk of pregnancy, and of HIV and other STIs.

---

**"FEMALE" CONDOMS** are soft, loose-fitting plastic pouches with two flexible rings on each side. They are put in the vagina to collect semen, keeping the sperm from entering the vagina. "Female" condoms can be bought in a drugstore. They can only be used once and then thrown away. "Female" condoms cut down the risk of pregnancy, and of HIV and other STIs.

---

---

*Birth Control Reference Sheet 2 (continued)*

---

**DIAPHRAGMS** are soft rubber cups. The diaphragm holds spermicidal gel or cream (that kills sperm) over the cervix. A woman goes to her health care provider\* to be fitted for one.

---

**HORMONAL METHODS:**

**PILLS** also known as "oral contraceptives" are hormones (like the ones already in her body) that keep a woman's ovaries from releasing eggs as long as she keeps taking them. They also thin the lining of the uterus and thicken cervical fluid so sperm are less likely to reach the fallopian tubes. They must be prescribed by a health care provider. She takes one pill by mouth at the same time every day (not just when she has intercourse).

---

**The PATCH** is a small, thin, beige-colored patch about 2 inches by 2 inches. It must be prescribed by a health care provider. The patch is placed on a woman's skin (arm, back or stomach); combined hormones (like the ones in the pill) are released and then slowly pass through the skin. The patch protects from pregnancy for one month (she must change the patch weekly). Once the patch is stuck to the woman, she may shower, bathe, swim, and use a hot tub.

---

**The RING** is a soft, plastic ring that is about the size of a jelly bracelet. It is placed inside a woman's vagina and slowly releases hormones. It must be prescribed by a health care provider. The ring protects from pregnancy for one month (she puts it in her vagina for 3 weeks and takes it out for one.) A new ring must be used each month.

---

**THE SHOT**, also known as Depo-Provera is a shot of hormones that is given into a woman's muscle (in her arm or hip) every 3 months that keeps a woman's ovaries from releasing eggs. It must be prescribed by a health care provider. A woman returns to her health care provider's office every 11 or 12 weeks for the shot.

---

**THE IMPLANT** is one small tube that is placed under the skin of a woman's upper, inner arm. It prevents pregnancy for up to 3 years and releases a hormone that prevents pregnancy. It must be prescribed by a health care provider. The woman must go to her health care provider's office to have it put in or removed, which takes about 1 minute.<sup>8</sup>

---

\* Health care provider is defined as a doctor or nurse practitioner

---

*Birth Control Reference Sheet 2 (continued)*

---

**EMERGENCY CONTRACEPTIVE or "EC" PILLS**, also known as "Plan B" or "the morning after pill", are two pills that, when taken soon after intercourse, can prevent pregnancy. Women who have had unprotected intercourse, whose method of birth control has failed (such as a condom breaking), or who have been forced to have intercourse can take EC pills to prevent pregnancy. This will not harm the pregnancy if she does become pregnant. EC pills are different from the "abortion pill". They do not work if a woman is already pregnant.

The pills should be taken within 120 hours (5 days) after intercourse, but the sooner that a woman takes the pills, the better chance she has at preventing an unplanned pregnancy (up to 98%).<sup>6</sup>

These are available from a doctor, at many health clinics and at emergency rooms and, in Washington and some other states, from some drug stores. Calling 1-888-NOT-2-LATE will locate a drug store or clinic nearby that has EC pills.

---

**SPERMICIDES:**

**SPERMICIDES** come in the form of gel, foam, cream, film, suppository or tablet. These contain a chemical that kills sperm. The spermicide is inserted far up in the vagina to keep the sperm out of the uterus. Spermicides are often used with barrier methods such as the diaphragm.

---

**SPONGES** have already been soaked with spermicidal foam. The sponge is put inside the vagina, over the cervix. It releases spermicide near the cervix to keep the sperm out of the uterus. It can be bought in a drugstore. Sponges can only be used once and then thrown away.

---

**OTHERS:**

**INTRAUTERINE DEVICES**, or I.U.D.s, are small plastic T-shaped objects, containing copper or hormones. An I.U.D. is placed in the uterus by a health care provider. Copper I.U.D.s last up to ten years, while the hormonal one (called Mirena) lasts five years.

---

**STERILIZATION**, also called "tubal ligation" in women and "vasectomy" in men, is an operation in which the doctor blocks or ties the fallopian tubes or the vasa deferens tubes, so that eggs and sperm can't travel to meet one another. It's permanent.

---

**Note:** Using sterilization, all hormonal methods, withdrawal, fertility awareness, diaphragms and spermicides alone do not protect against STIs or HIV. Most can be used together with a condom to cut down the risk of STIs or HIV.

---

# Birth Control

## Family Homework Exercise

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL

First: The student has read the "Birth Control Reference Sheet 1" in class. The adult should begin by reading it, too.

Next: Discuss together what your culture, your religion, and the two of you believe about:

- Family Size  
What is the ideal family size? Why?  
If a couple chooses not to have children, are they still a family?  
What is a good age to have a first child?  
Who is responsible for the children?
- Birth Control  
What kinds are OK, if any? Why?  
Are some kinds of birth control wrong, in your opinion? Which kinds? Why?  
Does it depend on whether a person is married?  
What if they are developmentally delayed? or otherwise disabled? or have a genetic disease?  
What if they just don't want a baby now?  
Whose responsibility is birth control, the man's or the woman's?
- Parental Consent  
Do you agree or disagree with the laws that say teens can get non-prescription birth control from any drug store without their parents' permission?  
Why? What about prescription methods from doctors?  
If you're a parent, would you hope your child would or would not tell you if he or she were using or wanted to use a birth control method besides abstinence? Why?

**NOTE:** Turn in a Family Homework Confirmation Slip by \_\_\_\_\_, if you want credit.



---

### FAMILY HOMEWORK CONFIRMATION SLIP

We have completed "Family Homework Exercise: Birth Control".

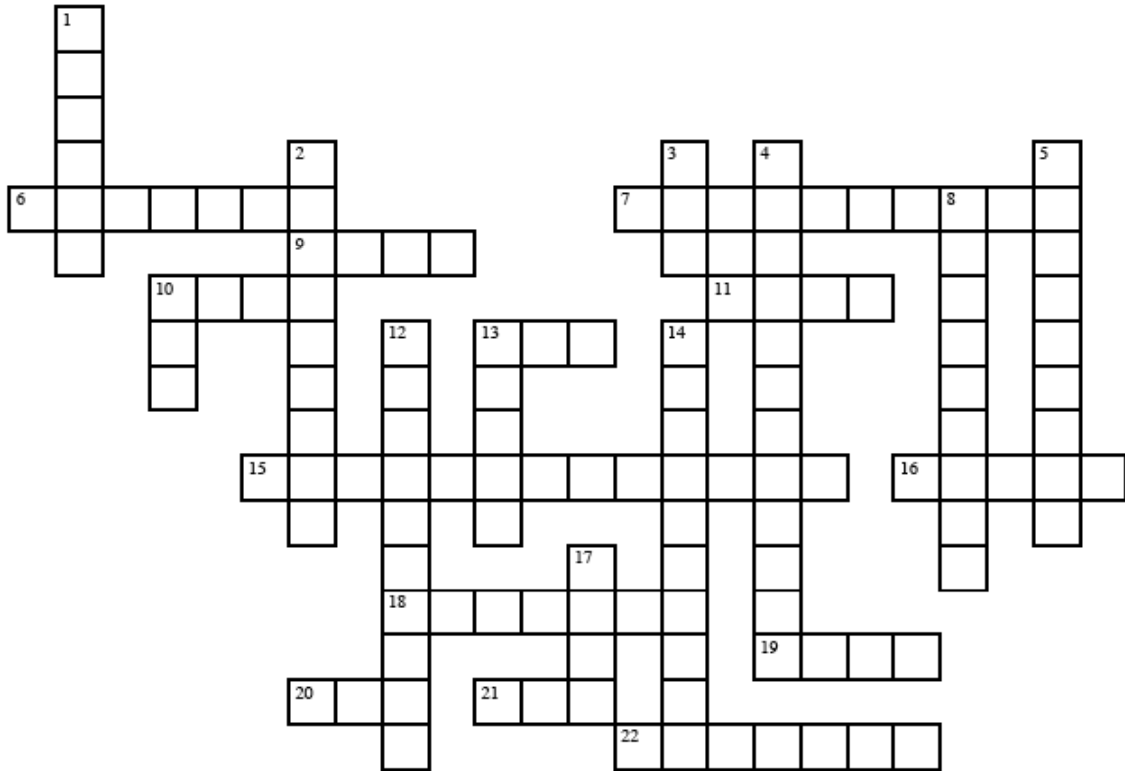
**Date:** \_\_\_\_\_

**Student's signature:** \_\_\_\_\_

**Adult's signature:** \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

### Birth Control Worksheet



**DOWN**

1. It takes less than a \_\_\_\_\_ to put a condom on or in. It can also take less than a \_\_\_\_\_ to start a pregnancy. Think about it.
2. Not having intercourse around the time in the woman’s cycle when she releases an egg is called “\_\_\_\_\_ awareness”, or “natural family planning”. People can’t guess at it though. Without months of careful study, THERE IS NO SAFE TIME.
3. People \_\_\_\_ start a pregnancy the first time they have intercourse. They \_\_\_\_ even start one WITHOUT intercourse, if sperm are ejaculated on the genitals.
4. The \_\_\_\_\_ is a birth control method that is put in the vagina to collect semen, keeping sperm from entering the vagina. It is made from a thin type of plastic with two flexible rings on either side.
5. \_\_\_\_\_ contraceptive pills can be taken by a woman to prevent pregnancy if a condom breaks.
8. The \_\_\_\_\_ is a rubber cup that is used with spermicidal cream. It goes in the vagina.
10. Not all touch includes \_\_\_\_ and even sexual touch doesn’t have to include intercourse.

**Birth Control Worksheet** *(continued)*

12. \_\_\_\_\_ comes in the form of foam, film, tablets, gel, cream, suppositories and a sponge, that kill sperm.
13. It's a good idea for teens to talk with a trusted \_\_\_\_\_ about birth control, if they can.
14. \_\_\_\_\_ is the only 100% perfect birth control, if it is "used" every time a couple has intercourse.
17. Hormones that a woman can take by mouth, to keep from releasing any eggs, are called birth control \_\_\_\_\_.

**ACROSS**

6. The intra-\_\_\_\_\_ device (or I.U.D.) is a small plastic object that a health care provider puts inside the uterus. It cuts down the chances of fertilization and implantation.
7. A \_\_\_\_\_ or "rubber" is worn over the penis. It keeps the sperm away from the egg. It also protects both people from germs that can cause STIs (sexually transmitted infections).
9. A woman can put a small \_\_\_\_\_ into her vagina that releases hormones to prevent pregnancy, but this method will not protect from the germs in STIs. This birth control method is about the size of a bracelet.
10. With this birth control method, the woman goes to a health care provider for an injection of hormones every three months. This hormonal \_\_\_\_\_ prevents the release of eggs and prevents sperm from joining with eggs.
11. If a person is too embarrassed to \_\_\_\_\_ about birth control, they might be happier waiting to share sexual touch.
13. People of any \_\_\_\_\_ can get birth control in most states.
15. An operation to keep a person from ever having more children is called \_\_\_\_\_ (some people call it "getting your tubes tied").
16. This hormonal method is stuck on a woman's upper arm, stomach or thigh and releases hormones to prevent pregnancy.
18. If a couple wants to be extra careful, they may \_\_\_\_\_ two methods of birth control at the same time like condoms and a hormonal method (such as, birth control pills).
19. \_\_\_\_\_ people would start a pregnancy within one year if they had intercourse and did not use any kind of birth control. Some would even start a pregnancy the very first TIME they had intercourse.
20. Some methods have important safety risks, such as the \_\_\_\_\_ and the pill. For most people, though, even these two methods are safer than having a baby.
21. Withdrawal (pulling the penis out before ejaculation) is not very effective...but it works better than using nothing at \_\_\_\_\_.
22. Each family and religion has its own \_\_\_\_\_ about birth control. Now is a good time to talk about them.



## REFERENCES

---

<sup>1</sup> Hatcher, Robert A. et al. (2005). *Contraceptive Technology* (18<sup>th</sup> Rev. Ed.). New York: Ardent Media, Inc.

<sup>2</sup> Family-Planning Program, Public Health - Seattle & King County. (July 6, 2005) Section II. Intrauterine Device. Clinical Practice Guidelines 2001.

<sup>3</sup> Funk S, Miller MM, Mishell DR Jr, Archer DF, Poindexter A, Schmidt J, Zampaglione E. (May 2005) Safety and efficacy of Implanon, a single-rod implantable contraceptive containing etonogestrel. *Contraception*. 71(5):319-26.

<sup>4</sup> Bitzer J, Tschudin S, Alder J. (Dec. 2004) Acceptability and side-effects of Implanon in Switzerland: a retrospective study by the Implanon Swiss Study Group. *European Journal of Contraception and Reproductive Health Care*. 9(4):278-84.

<sup>5</sup> Washington State Legislature. Initiative Measure No. 120, approved November 5, 1991 RCW 9.02.100 Reproductive privacy -- Public policy. Retrieved on July 14 from: <http://www.leg.wa.gov/RCW/index.cfm?section=9.02.100&fuseaction=section>

<sup>6</sup> Family-Planning Program, Public Health - Seattle & King County. (June 16, 2004) Section II. Emergency Contraception. Clinical Practice Guidelines 2001.

<sup>7</sup> Family-Planning Program, Public Health - Seattle & King County. (June 16, 2004) Section II. Spermicide. Clinical Practice Guidelines 2001.

<sup>8</sup> Family-Planning Program, Public Health - Seattle & King County. (April, 2005) Section II. Implant Contraceptives. Clinical Practice Guidelines 2001.