World Contraception Day

‘How To’ Guide for conducting an educational session on contraception
(for use by parents, teachers, HCPs, NGO staff, and peers)

Introduction
This guide has been put together by the World Contraception Day (WCD) team to help you to run an educational session for teenagers about the importance of taking a responsible approach to contraception.

Students may feel discomfort because of the sensitive nature of the topic or because of their history or family situation. Plan to avoid needless distress.

Students may speak to you about unplanned pregnancy, experiences of violence, or other personal or family problems. Think about how to support them while keeping appropriate boundaries. Learn about local programs/services (for example, a safe space for homeless young people or services for women who have been abused). In cases of abuse or endangerment, be aware of requirements for notifying authorities.

Think about how comfortable you are with the material and seek support and advice as needed. (It’s All One Curriculum. Population Council 2009)

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Why should I run a teen education session on responsible contraception?
One of WCD’s objectives is to encourage young people to take responsibility for contraception to prevent an unplanned pregnancy or sexually transmitted infection (STI). By educating teenagers about contraception you can empower them to take responsibility for, and make informed decisions about, their sexual and reproductive health.
**What should I cover?**
Covering the following topics will give the teenagers you are speaking to a good foundation of knowledge to help them to make responsible decisions about contraception:

- Why contraception is important
  - Preventing unplanned pregnancies and STIs
  - The potential implications of *not* thinking about contraception
- What being responsible about contraception means
  - Who is responsible for contraception
  - The potential implications of *not* taking responsibility for contraception
- What teenagers need to know about contraception
  - Different types of contraception
  - Getting help and advice

It’s also important to give the group plenty of opportunities to ask you any questions they have about contraception.

**How should I plan and run a session?**
Here are some useful tips on planning and running a successful teenage education session:

**Timing**
We recommend allowing 30-45 minutes per session. Allocate time to each topic you plan to cover and make sure you have a clock or watch to help you track the time.

**Getting the right mix of participants**
Think carefully about whether the session will run best in a single sex or mixed group. You may want to split a mixed group into males and females for some parts of the session to encourage open and honest discussion.

**Getting the tone right**
It is important to bear in mind the religious and cultural background or backgrounds of the groups you are speaking to, as some faiths and cultures are not supportive of some forms of contraception and pre-marital sexual relations.

**Creating the right environment**
Before the session begins, it is advisable to set some ground rules to ensure respectful discussion and privacy. During discussion exercises, you are advised to ask the teenagers to express their opinions and share their knowledge, making it clear that the session is not asking them to reveal anything personal about themselves.
Handling questions
Useful tips for handling questions include:

• Provide encouragement and affirmation to the teenager who asked the question (e.g. "That's a good question...")
• ‘Normalize’ the question (e.g. "Many people ask this...")
• Answer the factual information part of the question first (e.g. statistics on local teenage pregnancy rates)
• Address any emotive issues that may arise (e.g. "This can be quite an embarrassing topic, but it is also an important one...")
• Identify whether any aspects of the answer can only be based on personal preference (e.g. "This varies from person to person and there is no set answer, but the options are...")
• Be honest if you don’t know the answer, but always try to find out and get back to the teenager as soon as possible

Evaluation and feedback
Getting feedback from your audience will help you to evaluate the success of your session and refine and improve it for next time. You could ask the audience to fill in a brief questionnaire about the session or ask a few individuals how they found the session and whether they feel you could improve it at all.

Handouts
Giving the attendees handouts will mean that they can read and digest information about contraception in private and at their own pace. The WCD team has prepared the following leaflets that you can print and give out at the end of the session:

• ‘Your Contraception Guide’ – a comprehensive booklet providing information about different types of contraception
• ‘Contraception leaflet’ – a shorter leaflet giving key facts on taking a responsible approach to contraception and encouraging teenagers to think about and discuss contraception

Certificates
The WCD team has created a template certificate that you can customize before printing out a copy for each teenager attending your session.
**How should I start the session?**
It’s natural for teenagers to feel a bit shy and embarrassed when the topics of sex and contraception come up. You can help them to get over these feelings by starting the sessions with a quick ice breaker exercise. This will help them to get the giggling and awkwardness out of the way so that they can focus on the important information you’re going to give them. You could try one of the following:

- Ice breaker idea 1: Contraception myths
  - Write a series of myths about contraception on a flip chart/blackboard e.g.
    - You can’t get pregnant if you have sex standing up
    - Teenagers can’t catch sexually transmitted infections (STIs)
    - If you douche, shower or bath immediately after sex you won’t get pregnant
    - You can’t get pregnant the first time you have sex
    - You can’t get pregnant if your partner withdraws his penis before he ejaculates
    - Having sex right before – or right after your period is absolutely safe
    - If you have sex during your period the chances of getting pregnant are non-existent
  - Ask the group whether they think the myths are true or false and whether they have heard any other myths

- Ice breaker idea 2: Contraception word association
  - Give one member of the group a small ball and ask him/her to say a word that he/she associates with contraception and then to throw the ball to another member of the group, who must say a word that he/she associates with contraception before passing the ball on.
  - Continue until everyone in the group has had a turn

**What materials could I use?**
The World Contraception Day team has created a range of resources specially designed for teenagers that will help you to put together a great session. These include:

- Template PowerPoint presentation that you can edit and add to or use as a guide for writing key points on a blackboard or flip chart
- Case study discussion cards
- ‘Your Contraception Guide’
- Contraception leaflet
- Crossword puzzles (on contraception and the reproductive system)

If possible, you could also take some examples of different contraceptive methods to show the group e.g. condoms, pills/empty pill packs, vaginal rings.
How can I make it fun and engaging?
Making the session interactive is the best way of ensuring that your teenage audience pays attention and doesn’t get bored. Here is a suggested agenda that uses a combination of different exercises to create a fun and engaging session.

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<tr>
<th>Session title</th>
<th>Content</th>
<th>Supporting materials</th>
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<tr>
<td>Icebreaker</td>
<td>See above for some ideas on starting the session</td>
<td>Flip chart</td>
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</table>
| **Contraception and you – what’s the deal?** | **Introduction**  
  - Explain why contraception is important to teenagers  
  - Use a blackboard, flip chart or presentation slide to summarise key points  
    o Preventing unplanned pregnancies  
    o Preventing STIs | Blackboard/flip chart/presentation slide |
| Sexuality                         | Group discussion  
  - Why do people want to have sex?  
  - Why do people sometimes have sex when they do not want to? | Blackboard |
| **Your Life, whose responsibility?** | Responsibility poll and group discussion  
  - Ask each audience member to write down who he/she thinks is responsible for contraception on a sticky note and stick it on the wall  
  - Discuss the responses and talk to the audience about the importance of taking personal responsibility for contraception and the potential consequences of not doing so | Pack of sticky notes, pens |
| **Contraception:** | Contraception choices brainstorm:  
• Split the audience into two teams and ask them to write down as many different methods of contraception as they can  
  o Offer the winning team a small prize  
• Compare the two teams’ lists and highlight any missing methods  
• You could also give out the crossword puzzles and ask the group to fill them in  
| **The facts** | Flip charts/large sheets of paper, pens  
Crossword puzzles  
| Contraceptive options presentation and case studies  
• Guide the audience through the different types of contraception available and highlights the advantages and disadvantages of each  
  o The template presentation includes a summary of this information  
• Give the audience members examples of different contraceptive methods to look at  
• Split the audience into small groups and give each a case study discussion card  
  o Ask each group to read the card and discuss the advice about contraception that they would give to the person highlighted in the case study  
| Case study discussion cards, examples of different types of contraceptive methods  
| **Q&A** | Invite the group to ask you any questions about contraception  
• The Contraception leaflet developed by the WCD team includes a section on answers to common questions about contraception that you may find useful  
| Contraception leaflet  
| **Closing the meeting** | Quick quiz  
• Ask the audience four or five quick true or false questions about contraception  
  o The template presentation includes some sample questions  
• Distribute handouts and information on where to get further help and advice  
  o Highlight the Your Life website ([www.your-life.com](http://www.your-life.com))  
• Present each participant with a certificate  
| Handouts |
Where can I get more information?
The World Contraception Day website (www.your-life.com) features a wealth of information on making responsible choices about contraception that you may find useful.
participated in a World Contraception Day educational session entitled

THIS IS TO CERTIFY THAT:

Date ____________________  Session leader signature ____________________
World Contraception Day

It’s your life, it’s your responsibility
Guidance to users of this presentation:

• This presentation has been developed to assist you in delivering an educational session about contraception to teenagers
• The presentation is intended as a template and slides can be added and/or deleted to suit the needs of your audience
• Please refer to the accompanying Teen Outreach Pack ‘How To’ Guide for more information about running an educational session for teenagers (including a suggested agenda)
Why are we here?
To talk about…

CONTRACEPTION

– What it is
– Why you need to know about it
– Who is responsible for it
– What the different types are
– Where to go for advice
CONTRACEPTION AND YOU – WHAT’S THE DEAL?
Why is contraception important?

- It prevents unplanned pregnancies and can give you the freedom to choose the right time for parenthood
- Condoms protect you from most sexually transmitted infections (STIs)
Unplanned pregnancies

- Of the 208 million pregnancies that occurred in 2008, an estimate of 41 percent were unintended\(^1\)
- If you are having sex and you don’t use contraception you have an 85% chance of being pregnant within one year\(^2\)
- Nearly half of all young people worldwide (46%) have had sex with a new partner without using contraception\(^3\)
- Over one third of young people believe the withdrawal method is effective when it is highly unreliable\(^3\)
- Contraception allows you to control your natural fertility and to prevent unplanned pregnancies

References:
Sexually transmitted infections (STIs)

- STIs are conditions that can be transferred from one person to another through any type of sexual contact
- Many STIs are treatable, but others are very difficult to cure with some causing infertility and even death
- Practising safer sex can help you to avoid catching STIs
- STIs include:
  - HIV (the virus that causes AIDS)
  - Chlamydia
  - Gonorrhoea
  - Syphilis
  - Trichomoniasis
  - Genital herpes
  - Hepatitis B&C
Sexuality
Sexual and reproductive rights for young people

• In the real world, people (male and female) face many barriers to exercising their sexual and reproductive rights. The consequences of these barriers are often serious
• Unfortunately, economic and social barriers and violations are so common that they are typically excused, overlooked or seen as culturally “normal”
• To control and protect our own bodies, we all need to be treated with dignity and respect
• Everyone has the chance to learn about the issues that affect his or her sexual feelings, experiences and health
• Young people especially benefit from having the chance to think about and discuss these issues in depth. They deserve to develop the ability to make informed choices. Everyone deserves to play a role in his or her own wellbeing

References:
1. It’s All One Curriculum. Population Council 2009.
YOUR LIFE, WHOSE RESPONSIBILITY?
The big question…

Who is responsible for contraception?
You are!

- Take responsibility for contraception - it is your responsibility to prevent an unplanned pregnancy or STI
- Take the initiative when it comes to contraception – do not wait for someone else to make the first move
- Both partners in a sexual relationship are responsible for contraception
- It is easier to find a solution now than to find one afterwards – deal with the choices not the consequences
CONTRACEPTION: THE FACTS
Brainstorm…

What are the different types of contraception?
Methods of contraception:

- Condoms (male and female)
- Diaphragms and caps plus spermicide
- Combined pill
- Progestogen-only pill
- Contraceptive implants
- Vaginal ring
- Contraceptive injections
- Contraceptive patches
- Emergency contraception
- Intrauterine systems (IUS)
- Intrauterine devices (IUD)
- Natural family planning
- Withdrawal method
- Sterilisation (male and female)
Male & female condoms

What are they?

- Latex or polyurethane sheaths which fit over the penis (male condom) or inside the vagina (female condom)

How do they work?

- Prevent sperm from entering the vagina
- Prevent STIs from passing from person to person if used properly
Male & female condoms

What are their main advantages?
• Only necessary when having sex
• May protect both partners from STIs, including HIV
• No side-effects (although some people may have an allergy to latex)
• Readily available in a variety of brands, textures and sizes

What are their main disadvantages?
• Can interrupt sex
• Can sometimes split or come off
• Must be handled carefully following ejaculation
• Reasonable efficacy in preventing unintended pregnancy
Diaphragms & caps

What are they?
• Dome-shaped devices made of rubber or silicone that are inserted into the vagina, which requires initial fitting by a healthcare professional
• Coated with spermicidal cream for extra protection
• Must be left in for at least six hours after intercourse (and no more than 24 hours)

How do they work?
• Form a barrier between the sperm and the entrance of the womb
Diaphragms & caps

What are their main advantages?
• Necessary only when having sex
• No serious health risks
• Can be inserted at any convenient time before sex

What are their main disadvantages?
• Spermicide can be messy
• Insertion and removal need to be practised
• Can cause vaginal irritation and occasionally infection of the bladder
Oral contraceptives – combined pill

• There are around 70 different types of oral contraceptive pill available, containing various doses and mixes of hormones

What is the combined pill?

• Oral tablets containing two hormones: an oestrogen and a progestogen

How do they work?

• Mainly by preventing the female body from releasing an egg each month
• Thicken the mucus of the entrance to the womb, making it difficult for sperm to get through
• Thins the inner lining of the womb (called the endometrium) making it more difficult for a fertilised egg to be implanted into the womb
Oral contraceptives

What are the main advantages of the combined pill?

- Do not interrupt sex or force couples to make changes to their sexual habits
- Most females do not experience serious side effects
- May provide some protection against ovarian cancer, cancer of the womb, and benign cysts of the breast
- May reduce menstrual cramps
- More regular periods
- May result in lighter and shorter periods
- Completely reversible
- Easy to take
- Can have positive effects on skin, e.g. improve acne
Oral contraceptives

What are the main disadvantages of the combined pill?

• Do not protect against STIs (can be used in combination with other methods)
• Not indicated/suitable for women who are pregnant or breastfeeding
• Not indicated/suitable for women with risk factors for blood clotting like obesity (body mass index over 30 kg/m²), a personal or family history of thrombosis, prolonged immobilization, surgery, trauma, smoking, (increasing) age
• Associated with an increased risk of blood clots (e.g. leg thrombosis, lung embolism, stroke, myocardial infarction)
• Can produce rare but serious and potentially fatal complications
• Additional contraceptive measures may be required if a pill is missed, in case of severe vomiting or diarrhea or when certain medicines, including some antibiotics are taken
• Can be responsible for mood changes in certain females
• May give rise to nuisance side effects such as headaches, bloating, and breakthrough bleeding in some females
• Must be taken correctly on a daily basis.
• Can be expensive (free of charge in some countries) (note to teacher: check national availability and cost)
Oral contraceptives – progestogen-only pill

What is the progestogen-only (mini) pill?
• (Oral) contraceptive pills that contain a progestogen hormone

How do they work?
• Thicken the mucus at the entrance to the womb, which makes it difficult for sperm to get through
• Change the lining of the womb
• Prevent ovulation (mature egg’s release from the ovary)
Progestogen-only pills

What are the main advantages?
• Few serious side-effects
• Do not interrupt sex
• Can be used while breastfeeding
• Are useful for those who cannot take estrogens

What are their main disadvantages?
• May cause irregular periods and spotting
• Do not protect against STIs (can be used in combination with other methods)
• Must be taken at the same time everyday
• May initially induce temporary side-effects such as: pimples and greasy skin, breast tenderness, bloating, and headaches
Contraceptive patches

What are they?
• Stick-on patches, which slowly release estrogen and progestogen hormones through the skin
• Stuck onto your bottom, thigh, stomach or upper body
• Changed weekly – with no patch used on the fourth week of your cycle

How do they work?
• Prevent ovulation (mature egg’s release from the ovary)
• Thicken the mucus in the neck of the womb, making it difficult for sperm to enter
Contraceptive patches

**What are their main advantages?**
- Similar advantages to the pill
- Do not have to be used daily (replaced every week)
- Do not interrupt sex
- Easy to use
- Efficacy unaffected by vomiting or diarrhoea

**What are their main disadvantages?**
- Not suitable for women who are pregnant or breastfeeding
- Not indicated/suitable for women with risk factors for blood clotting like obesity (body mass index over 30 kg/m²), a personal or family history of thrombosis, prolonged immobilization, surgery, trauma, smoking, (increasing) age
- Associated with an increased risk of blood clots (e.g. leg thrombosis, lung embolism, stroke, myocardial infarction)
- Can produce rare but serious and potentially fatal complications
- May cause skin irritation
- Do not protect against STIs (can be used in combination with other methods)
- May evoke temporary side-effects such as headaches, breast tenderness, bleeding between periods
Contraceptive injections

What are they?
• The injection usually contains progestogen. It is given by a doctor or nurse once every 12 weeks.
• A combined form with progestogen and estrogen exists in some countries, which can be injected once a month

How do they work?
• Prevent ovulation
• Thicken mucus in the neck of the womb making it difficult for sperm to enter
Contraceptive injections

What are their main advantages?
• Long-acting hormonal method without the need for a daily dose
• Does not interfere with sex
• May reduce heavy painful periods and help with premenstrual symptoms

What are their main disadvantages?
• Depending on the type of injection, periods and fertility may take up to a year to return after stopping injections
• May cause headaches, dizziness, pimples and greasy skin, tender breasts, mood swings, weight gain and bloating. As the hormones cannot be removed from the body once injected, side effects may continue following injection and for some time afterwards
• Do not protect against STIs (can be used in combination with other methods)
• With the progestogen-only injection women may have a risk of losing bone mineral density which may increase the risk of osteoporosis
Contraceptive implants

What are they?
• Tiny flexible tubes impregnated with a progestogen hormone, and inserted just under the skin on the inside of your upper arm by a trained healthcare professional. The implant is effective for three years

How do they work?
• Thicken the mucus in the neck of the womb to make it difficult for sperm to enter
• Change the lining of the womb
• Prevent ovulation
Contraceptive implants

What are their main advantages?
• Do not interfere with sex
• Are useful for those who cannot take estrogens
• May reduce heavy, painful periods

What are their main disadvantages?
• May cause irregular bleeding for the first few months
• Can cause side effects such as headaches, tender breasts, changes in mood and sex drive, and bloating
• Do not protect against STIs (can be used in combination with other methods)
Vaginal ring

What is it?
• Contains estrogen and progestogen, and is inserted into the vagina. It is kept in place for three weeks, and then removed for a one week break. A new ring is inserted following the week break.

How does it work?
• Prevents the female body from releasing an egg each month
• Thickens the mucus of the entrance to the womb, making it difficult for sperm to get through
• Thins the inner lining of the womb (called the endometrium) which makes it difficult for a fertilised egg to implant there
Vaginal ring

What are its main advantages?

- An alternative form of hormonal contraception which can be kept in place for three weeks (and removed for a one week break)
- Similar advantages to the pill
- Doesn't need to be taken daily

What are their main disadvantages?

- Can cause vaginal irritation, discomfort or discharge
- May cause nausea and breast tenderness
- Some females may be able to feel it
- Does not protect against STIs
- It can cause similar hormonal type side effects as the combined pill
- Not indicated for women who are pregnant or breastfeeding
- Not indicated/suitable for women with risk factors for blood clotting like obesity (body mass index over 30 kg/m²), a personal or family history of thrombosis, prolonged immobilization, surgery, trauma, smoking, (increasing) age
- Associated with an increased risk of blood clots (e.g. leg thrombosis, lung embolism, stroke, myocardial infarction)
- Can produce rare but serious and potentially fatal complications
Emergency contraception

What is it?
• Emergency methods that can be used after unprotected sex or when another contraception method has failed (e.g. condom breaks)
• Only intended as a back-up, not to be used regularly

How does it work?
• In the main, emergency methods work mainly by preventing ovulation and fertilisation
• However, the IUD method (coming up) prevents the egg from attaching to the womb
• They also have local effects on the womb
• They are not effective once the process of fertilisation and implantation has begun
Emergency contraception

What options are there?

- **Emergency (or morning after) pills** – should be taken as soon as possible after unprotected intercourse – ideally within 12 hours and no later than 72 hours. However, the sooner you take them, the more effective they are. Contains either a combination of oestrogen and progestin or progestin only.

- **IUDs** – can be fitted up to 120 hours (5 days) after unprotected sex by a trained healthcare professional
Intra-uterine systems (IUS) also known as hormonal coils

What are they?
• Small, soft, plastic device with a reservoir containing a progestogen. Inserted in the cavity of the womb by a trained doctor or nurse. Can stay in place for up to five years

How do they work?
• Release a continuous supply of progestogen to the womb
• Thicken the mucus in the neck of the womb, making it difficult for sperm to enter
• Thins the inner lining of the womb (called the endometrium)
IUS
What are its main advantages?
• Effective for up to five years
• Does not interrupt sex
• Option for those who cannot tolerate estrogens and those breast-feeding
• Periods become lighter and shorter, and less painful
• Normal fertility returns quickly when the IUS is removed
• Not affected by other medicines

What are their main disadvantages?
• Can cause irregular bleeding, particularly for the first three months
• May cause temporary side-effects such as headaches, breast tenderness and nausea
• Does not protect against STIs
• Small risk of expulsion or perforation
Intra-uterine devices (IUDs)

What are they?
- Small, soft device with a copper thread or copper cylinder that is inserted into the cavity of the womb by a trained doctor or nurse

How do they work?
- Mainly by preventing sperm from surviving in the womb and from reaching an egg
- Make it difficult for a fertilised egg to travel along the tubes and implant in the womb
IUDs

What are their main advantages?
• Effective in general for five years (depending on the type)
• Do not interrupt sex
• Normal fertility returns as soon as they are removed

What are their main disadvantages?
• May cause heavier, longer or more painful periods, increased cramping and dizziness
• Do not protect against STIs
• Small risk of expulsion or perforation
Fertility awareness

How does it work?

- Sex is avoided during fertile periods of the woman each month
- Fertility is monitored by the woman using the following methods:
  - Keep a daily record of body temperature using a special fertility thermometer
  - Look for changes in the stickiness of the mucus around the entrance to the womb
  - Calculate when ovulation is most likely to take place by counting the number of days from the last period (this only works if your periods are regular)
Fertility awareness

What are its main advantages?
• Can be used to plan as well as avoid a pregnancy
• Does not involve any chemical agents or physical devices
• No physical side-effects
• Allows females to become more aware of their fertility

What are its main disadvantages?
• Fertile periods not confirmed until three to six cycles are completed
• Necessary to keep daily records
• Events such as illness, stress and travel may make fertility indicators harder to interpret
• Necessitates intercourse avoidance during the fertile time
• Both partners need to be very committed to the method
• Does not protect against STIs
Withdrawal

How does it work?
• The penis is withdrawn from the vagina prior to ejaculation

What are its main advantages?
• Does not involve any chemical agents or physical devices

What are its main disadvantages?
• The withdrawal method is highly unreliable because small drops of sperm can escape from the penis into the vagina before ejaculation
• Requires a great deal of control from the male
• Can interfere with the pleasure of sex
Sterilisation/Vasectomy

What is it?
• Permanent method of contraception for people who do not want children now or in the future

How does it work?

Male sterilisation (vasectomy)
• The tubes that carry sperm are cut and blocked, so that while ejaculation can take place, no sperm is present

Female sterilisation
• The Fallopian tubes are cut or blocked so that the egg cannot meet sperm
Sterilisation

What are its main advantages?
• Permanent and highly effective
• Does not interrupt sex

What are its main disadvantages?
• Cannot be reversed (except by using complex and potentially dangerous surgery which is not successful in all cases)
• Does not protect against STIs
Contraceptive effectiveness

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<th>Perfect use¹</th>
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References:
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<td><strong>Combined pill and progestogen-only pill</strong></td>
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<td>Patch</td>
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<td>Implant</td>
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<td>Female sterilisation</td>
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<td>Male sterilisation</td>
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References
Contraception case studies…

What advice about contraception would you give these teenagers?
CONTRACEPTION: ANY QUESTIONS?
QUICK QUIZ
True or false? If a woman has sex during her period the chances of her getting pregnant are non-existent

FALSE

• It is unlikely that a female would become pregnant during her period, however …
  – **sperm can survive 4-7 days** inside the female body, increasing the chances of pregnancy
  – some females have **shorter menstrual cycles** and **menstrual cycles may be disrupted** (e.g. by stress) so it’s not possible to predict the time point of her next ovulation
True or false? You can’t get pregnant the first time you have sex

FALSE

• It is possible to get pregnant if sperm comes into contact with the vagina, whether it is the first time you have sex or not
• More than 85 out of 100 sexually active females who are not using any contraceptive method will get pregnant within one year¹

Reference:
True or false? You can’t get pregnant if the male withdraws before he ejaculates

FALSE

- This method **frequently fails** because small drops of sperm may escape from the penis into the vagina before the male ejaculates. If the withdrawal method is used **typically 27% of women will get pregnant** within one year¹

Reference:
True or false? The chance of a woman getting pregnant is one in two million if she only has sex once or twice

FALSE

• **85 out of 100** sexually active females will become pregnant within a year if they are not using contraception¹
• There is a chance of getting pregnant **every time** sperm comes into contact with the vagina

Reference:
True or false? It is unlikely you will get a Sexually Transmitted Infection (STI) under the age of 25

FALSE

• Since the 1990s, the number of **STIs has remained at a high level** in most countries³

• Worldwide, the **largest proportion** of STIs is believed to occur in people younger than 25 years⁴

References:
Key things to remember

• It’s **Your Life** and it’s up to **you** to take responsibility for contraception

• Talk to your doctor or family planning clinic to get accurate information about the best choice of contraception for you

• Do not leave life to chance – plan how you will protect yourself from an unplanned pregnancy and STIs
WORLD CONTRACEPTION DAY
Case study 1: Julia

Age: 17
Relationship status: In a stable relationship with John
Sexual history: Julia and has never had sex before while John has had several previous partners
Key facts:  
– Julia is planning to go to university next year – she is 100% sure that she does not want to become pregnant at this time  
– She thinks the pill might be the best option for her, but she isn’t sure… she can be forgetful and worries that she might not remember to take it  
– Julia hasn’t discussed contraception with John; she feels awkward about it and hopes that he will bring it up

What advice would you give to Julia?

Please turn over for discussion points
Why might you suggest that Julia talks to John about contraception?

How could she do this?

What might be the advantages and disadvantages of the pill for Julia?

Should Julia be worried about sexually transmitted infections?

Where could Julia go for advice and help?
Case study 2: Louise

Age: 16

Relationship status: Not in a relationship… but about to go on a first date with Daniel

Sexual history: Louise has never had sex before

Key facts:
– Louise has only just started dating and doesn’t want a baby until she is much older and in a stable relationship
– She really likes Daniel and thinks she might want to have sex with him in the future
– Louise doesn’t know much about contraception and isn’t sure whether she even needs to worry about it the first time she has sex

What advice would you give to Louise?
• Does Louise need to worry about contraception the first time she has sex?
• What should Louise do before she has sex?
• When should Louise talk about contraception with Daniel?
• Think about ways that she could bring up the subject. What might she say?
• What types of contraception could Louise consider?
• Where could Louise got for advice and help?
Case study 3: Andrew

**Age:** 18

**Relationship status:** In a relationship with Josie

**Sexual history:** Both Andrew and Josie have had previous sexual partners

**Key facts:**
- Andrew really wants to take his relationship with Josie further but doesn’t want to risk an unplanned pregnancy
- His previous sexual partner was on the pill so he didn’t worry about contraception
- Andrew isn’t sure how to talk about contraception with Josie… he hopes that she will take responsibility for it like his last girlfriend did

**What advice would you give to Andrew?**

Please turn over for discussion points
Who should take responsibility for contraception – Daniel or Josie?

Who should pay for contraception?

Was Daniel protected from sexually transmitted infections with his previous girlfriend?

How could Daniel bring up the topic of contraception with Josie?

What are the advantages and disadvantages of condoms for Andrew and Josie?

Where could Andrew go for advice and help?
ALL ABOUT CONTRACEPTION

HOW DO I CHOOSE THE BEST METHOD TO PREVENT AN UNPLANNED PREGNANCY OR STI (SEXUALLY TRANSMITTED INFECTION).

CHECK IT OUT HERE!

SUPPORTED BY:
Facts about pregnancies and sexually transmitted infections

If you are having sex regularly and don’t use contraception, you have an 85% chance of being pregnant within one year.

Of the 208 million pregnancies that occurred in 2008, we estimate that 41 percent were unintended.

The largest proportion of sexually transmitted infections is thought to occur in people younger than 25 years of age.

36% of teenagers in a recent multi-national survey reported having unprotected sex.
There comes a time in life when we see the world through new eyes. Everything seems different now: experiences, friendships, desires. Yearning to explore new boundaries, our search for more freedom turns into a roller-coaster ride, and we develop strong feelings about our bodies and other people’s bodies.

If you have arrived at this stage in your life, having sex may have become a part of it, too. But like anything new, it’s important to find out what you might be getting yourself into. You can enjoy your new experiences much better if you understand your rights and how to minimize the possible risks.

It’s not always easy, but very important to discuss the pleasures and risks of sex with your potential partner before it happens. Even if you’ve already had sex for the first time, it’s never too late to start talking about it now. Being open and clear will help to make sure the experience is positive for both of you. Plus, it’s much easier to prevent unplanned pregnancies and sexually transmitted infections (STIs) than to come up with a solution afterwards. If you are thinking about having sex, you may have already heard that contraception is the only way not to become pregnant and only some of the options are suitable to protect you against STIs. Get to know your options and remember: if you are not sure you are ready to have sex, it is always OK to say ‘NO’!

Talking about contraception raises many questions. This brochure includes questions and answers, plus a lot of relevant information. It has been developed as part of the World Contraception Day initiative which was started in order to improve awareness and education on contraception and reproductive health. Your guide to contraception provides you with helpful tips on contraception and will answer some of your most burning questions:

**HOW CAN I TALK ABOUT SEX WITH MY PARTNER AND MY HEALTHCARE PROFESSIONAL?**

**WHAT KINDS OF CONTRACEPTIVES ARE THERE?**

**WHICH CONTRACEPTIVE IS THE BEST FOR ME AND MY PARTNER AND WHY?**

This is an introduction to contraception and sexual health. For more information, you can also check out [www.your-life.com](http://www.your-life.com), the official World Contraception Day website.
Chapter 1

ISSUES ABOUT CONTRACEPTION

• Myth Buster
• How to talk to your partner
• How to talk to your healthcare professional

Chapter 2

CONTRACEPTIVE METHODS

• Choose the best contraceptive
• Hormonal methods
• Intrauterine methods
• Barrier methods
• Sterilization
• Other methods

Chapter 3

SUMMARY

• Overview of all methods
• FAQs

The brochure does not replace proper counseling by a healthcare professional. It is only intended to give guidance and introduce you to some common facts you should know about contraception.
DO THESE MYTHS SOUND FAMILIAR?
Below are some common myths about getting pregnant and contraception.

CONTRACEPTION
MYTH BUSTER

I can’t get pregnant the first time I have sex.  
**NOT TRUE**

If I have sex during my period the chances of getting pregnant are non-existent.  
**NOT TRUE**

Having sex right before or right after my period is absolutely safe.  
**NOT TRUE**

I can’t get pregnant if my partner withdraws his penis before he ejaculates.  
**NOT TRUE**

I can’t get pregnant if my partner didn’t have an orgasm during intercourse.  
**NOT TRUE**

If I douche, shower, or bathe immediately after sex I won’t get pregnant.  
**NOT TRUE**

If I have sex standing up, I won’t get pregnant.  
**NOT TRUE**
Sex can be a fun, pleasurable, and fulfilling part of life, but without protection, it can lead to unplanned pregnancies which can have a big impact on your life as well as your partner’s. Contraception protects you and allows you to enjoy sex—it is the most effective method of preventing an unplanned pregnancy. Nowadays, there is a whole range of contraceptives available. But which ones? You can find out more about them in chapter 2. Some of the most popular ones are condoms and the birth control pill:

**Condoms can offer you and your partner protection against most sexually transmitted infections (STIs).**

**Hormonal contraception like birth control pills, is one of the most effective forms of birth control currently available to women.**

**You should combine both methods for best protection against unplanned pregnancy and STIs!**

If you are planning on having sex, remember:

- Contraception is a shared responsibility between you and your partner. Both of you should take equal responsibility, but since most contraceptive methods are used by women, the final decision about the specific method should be up to the girl.

- You can take the initiative when it comes to contraception—you don’t have to wait for someone else to make the first move.

- It is useful to talk to your healthcare professional about which contraceptive will suit you most, to ensure that you are fully protected against an unplanned pregnancy and STIs.
HOW DO I TALK TO MY PARTNER ABOUT CONTRACEPTION?

The thought of discussing contraception with your partner might be embarrassing. So it makes sense to be well prepared before you bring the subject up. Below are some tips to help you start a conversation with your partner about the need for contraception.

DO YOUR HOMEWORK FIRST

It is much better to talk about contraception before having sex rather than in the middle of a situation where sex is already on the agenda. Otherwise, you may find that you are more likely to be pressured into doing something that you may regret later.

- Find out about the different contraceptive choices available to you and which is the best method for you and your lifestyle.
- Try to imagine how you would like the conversation to flow; generally, the more honest and calm you are, the more at ease your partner will feel.
- Consider and practice your opening lines and think about potential responses to any objections that your partner might make.
- Be clear about the reasons why you think contraception is a good option for you and your partner.
- Plan a time and place comfortable for the two of you where you will have privacy and won’t be interrupted.

DECIDE WHAT TO SAY

- Tell him or her why contraception is important for you. If you have already made up your mind, discuss this with your partner and explain why you prefer a particular method.
- Talking about protected sex does not mean taking the fun out of it. Having this talk shouldn’t ruin things between the two of you. In fact, it can make sex even more enjoyable, since you won’t have to worry about unintended consequences.
- Talk about previous experiences. Both of you need to discuss your sexual histories and whether or not either of you could have been exposed to an STI.
CONVERSATION STARTERS

Use a recent article or scene from a movie or TV show as a conversation starter, for example:

“I read/watched this interesting article/show the other day. I would really like to know what you think about it.”

“I really respect you and I’m glad that we can be honest with each other. So I think it would be really good for our relationship if we had a chat about using contraception before we start having sex.”

“I want us to be able to enjoy sex without worrying about pregnancy. So I think we should talk about contraception before we have sex.”

AGREE TO DISAGREE FOR A WHILE

If the two of you cannot agree on a method, then promise one another that you will do some more research: Think about it further and make a plan to talk about it again. Avoid unprotected sex in the meantime. Remember, contraception and condoms are the only way to avoid an unplanned pregnancy or contracting STIs if you’re having sex.

MAKE IT CLEAR YOU WON’T HAVE SEX WITHOUT CONTRACEPTION

Talking about contraception and using it shows you care about yourself as well as your partner. If your partner is reluctant to discuss or use contraception, you may need to spend a bit more time explaining the benefits of contraception. It could be useful to suggest that your partner speak with a healthcare professional to get more information. If your partner is still reluctant, you might want to reconsider whether you want to have a sexual relationship with this person. If this is the case, you could tell your partner that you will not have sex with someone who does not respect you or himself/herself enough to use protection.
It is important to talk to a healthcare professional to get accurate information about the best contraceptive for you. This information will help you to make an informed decision about contraception, and you should not be afraid to ask your healthcare professional about this topic.

Talking to a healthcare professional about contraception is a responsible thing to do and there is no need to feel embarrassed. Remember that your healthcare professional must treat anything you tell him or her with total confidentiality and will not discuss your health issues or your contraceptive needs with anyone, even if you are under 18.

Before your visit, consider writing down some questions you would like to ask. Taking notes during your visit is also a good idea. Ask for leaflets that you can take away and read later.

The healthcare professional will ask you questions about your health and that of your family, so he or she can make sure they offer you the correct choice of contraceptives. Some women cannot use certain types of contraception because, for example, they have a type of migraine or have had a blood clot.

Ask about any words, abbreviations and areas of the body you don’t understand and make sure to be totally clear on the full implications of the contraceptive method(s) the healthcare professional recommends, ie, how to use your contraceptive properly, any potential side effects it may cause and how to deal with them, and what to do in the event of not using your contraceptive correctly.

Remember that healthcare professional will give recommendations, but the decision is ultimately up to you.
You may ask yourself, “Why do I need contraception?” If a woman didn’t use contraception she could have up to 15 pregnancies in her lifetime! Contraception protects us and allows us to enjoy a very pleasurable and fun part of living—sex.

In this chapter, you will find an overview of the different types of contraceptives available and helpful advice on choosing a method. No matter if you are using contraception for the first time, you are unsure about the best contraceptive method for your needs, or you want to change methods, this chapter may help you make a decision. However, it does not replace a consultation with your local healthcare professional where you will be given personal advice on your situation.
When choosing a contraceptive, there are a few things you should consider first. To a great extent, this depends on your personal circumstances and stage in life. Before making a decision, look at the different options and find out about their advantages and disadvantages.

Is it very important to avoid pregnancy or could you manage if you got pregnant?

- There are certain medical conditions and circumstances which should be excluded before getting pregnant or for which certain contraceptives are not allowed or not advisable. Your healthcare professional should have access to your medical history.
- Is a barrier method, e.g. condoms, enough for your sexual activity or do you need permanent protection without having to “put something on” right before sex?
- Are you going to have sex with frequently changing partners?
- Can you stop having sex in situations where you don’t have access to a contraceptive?
- Can you rely on your partner or would it better if you took control?

Contraceptive methods vary in their effectiveness to prevent an unintended pregnancy. The table in chapter 3 compares the reliability of different contraceptive methods.

There are a number of methods available to you: one (or a combination) of them will be right for you and your stage of life. The following information will help you review the options available to you and highlight important information for you to consider.
Hormones are a very effective, convenient and readily available form of contraception. Today, a wide array of hormonal methods is available to prevent unintended pregnancies. Hormones used in contraception are mostly a synthetic form of the natural hormone progesterone and estrogen. Some contain only a progestogen, e.g. progestogen-only pill, others a combination of progestogen and estrogen, e.g. the so-called combined pill. Although the dose and the way in which you take hormonal contraceptives differs among the various options, they are all very effective in preventing unintended pregnancy. The combined pill is one of the most convenient, safe and reliable options used by hundreds of millions of women worldwide.

The side effects of the combined pill are well documented and for the vast majority of women, the advantages outweigh the disadvantages if they take them as directed. The use of any combined pill is associated with an increased risk of blood clots, e.g. leg thrombosis, lung embolism, stroke, myocardial infarction, compared to women who do not use hormonal contraception. Cigarette smoking increases the risk of serious cardiovascular side effects from combined hormonal contraceptives. You should be well informed about advantages and disadvantages before starting to use hormonal contraception. It is important to talk to your healthcare professional to discuss which method of contraception is the right one for you. Let’s take a closer look at some of these advantages and disadvantages.
**Advantages**

- There are a number of options available to suit different needs, for example, different combinations and doses of hormones, different application forms (pills, patch, ring, hormonal coil, implant, and injection).
- The combined pill is one of the most convenient, safe, and reliable contraceptive methods for women worldwide.
- A woman can get pregnant again once she stops using them.
- Combined oral contraceptives are easy to use if you have a good technique for remembering to take the pill each day, e.g. putting the pill next to your toothbrush.
- There may be a number of added non-contraceptive benefits, e.g. improvements in skin and hair condition, lighter and shorter or no periods.

**Disadvantages**

- Hormonal methods do not offer protection against sexually transmitted infections (STIs), so you may have to use a condom if you and your partner have not been tested for STIs.
- Some women experience side effects which can sometimes be avoided by using a different contraceptive.
- The use of any combined hormonal contraceptive, i.e. combined pills, rings, or patches, carries an increased risk of blood clots, e.g. leg thrombosis, lung embolism, stroke, myocardial infarction, compared to women not using this method of contraception. Venous blood clots (venous thromboembolism, VTE) are a rare, but serious and potentially fatal adverse event associated with the use of any combined hormonal contraceptive and the risk for VTE is lower than during pregnancy or following childbirth.
- The risk of thrombosis increases with a number of factors, including a personal or family history of thrombosis, (increasing) age, obesity (body mass index over 30 kg/m²), prolonged immobilization, surgery, trauma, blood coagulation disorders, smoking. You should talk about this issue with your healthcare professional, because it is a key factor when deciding whether a hormonal method is a suitable contraceptive for you. Regular medical check-ups are necessary in any case.
METHOD: 
THE COMBINED PILL

HOW RELIABLE IS IT?
Very high reliability when used properly.

WHAT IS IT?
The combined pill contains the hormones estrogen and progestogen. It prevents ovulation (an egg being released from the ovary each month) and thickens the mucus at the entrance to the womb, making it difficult for sperm to get through.

HOW DO I USE IT?
For every 28-day cycle, there is one pack. You have to take one pill per day but take different breaks between cycles, depending on the type of pill. Here are two examples of common dosing regimens.
- 21-day intake, 7-day break
- 24-day intake, 4-day break

WOULD THIS METHOD SUIT ME?
There are various types of combined pills with different advantages so that you can pick one especially suitable for you after your consultation with your healthcare professional.
- Hormonal pills can improve the regularity of periods, reduce pelvic cramps, give you lighter and shorter periods, lessen premenstrual symptoms, and have a positive effect on skin and hair.
- Once you discontinue your pill intake, fertility returns quickly.
- They can reduce the risk of ovarian cancer, cancer of the womb, and benign breast tumors.
- There may be a slightly increased risk of breast cancer, but this risk is very low.
- Some women experience nausea, breast tenderness, mood swings, changes in sex drive, headaches, bloating, weight gain, or bleeding problems. These symptoms vary from woman to woman and depend on the pill taken. Often, they disappear after the first months of use.
- The combined pill is associated with an increased risk of blood clots, e.g. leg thrombosis, lung embolism, stroke, myocardial infarction.
METHOD: THE PROGESTOGEN-ONLY PILL
(also known as the mini-pill)

HOW RELIABLE IS IT?
Very high reliability when used properly.

WHAT IS IT?
This pill only contains progestogen.

HOW DO I USE IT?
• One pill every day at the same time
• No break, taken during menstruation as well

WOULD THIS METHOD SUIT ME?
There are different types of progestogen available.
  • Suitable for women who are breast-feeding or who do not tolerate estrogen.
  • You have to be very precise when taking it, as it must be taken every day at
    the same time in order to work (depending on the type, there is a maximum
    delay of 3 to 12 hours).

It may cause irregular bleeding slightly more
often than the combined pill, but this typically
eases off with time. On the other hand, some
women experience no bleeding at all. It may
also initially induce temporary side effects
such as spots and greasy skin, breast
tenderness, bloating, and headaches.
**METHOD: VAGINAL RING**

**HOW RELIABLE IS IT?**
Very high reliability when used properly.

**WHAT IS IT?**
The vaginal ring contains a combination of estrogen and progestogen. As opposed to the hormonal pill, you only have to think about it twice a month.

**HOW DO I USE IT?**
It is inserted into the vagina.
- Kept in place for 3 weeks
- 7-days break before new ring is inserted

**WOULD THIS METHOD SUIT ME?**
- Alternative form of contraception with similar advantages to the combined pill which only has to be changed every four weeks.
- It can cause vaginal irritation, discomfort, or discharge.
- The vaginal ring has very similar side effects as any other combined hormonal contraceptive.
- The vaginal ring is associated with a risk of blood clots, e.g. leg thrombosis, lung embolism, stroke, myocardial infarction.
- Some women and/or their partner can feel it during sex.
- Vaginal rings must be stored in a cool place before being used. If you think about using it, make sure you can do so.
**METHOD: CONTRACEPTIVE PATCH**

**HOW RELIABLE IS IT?**
Very high reliability when used properly.

**WHAT IS IT?**
A thin patch which contains estrogen and progestogen. It is stuck onto the abdomen, thigh, buttocks, or upper arm. It is not transparent, so this method of contraception is visible. The hormones are released continuously, entering the bloodstream through the skin.

**HOW DO I USE IT?**
- Patch has to be changed every week for three weeks
- 7-day break

**WOULD THIS METHOD SUIT ME?**
- The advantages are very similar to the ones in combined oral contraceptives, but you have to change patches only once a week.
- The contraceptive patch has very similar side effects as any other combined hormonal contraceptive but you may also experience skin irritation.
- The contraceptive patch is associated with a risk of blood clots, e.g. leg thrombosis, lung embolism, stroke, myocardial infarction.
HOW RELIABLE IS IT?
Very high reliability when used properly.

WHAT IS IT?
The injection usually contains a progestogen. In some countries a combination of estrogen and progestogen is available as well.

HOW DO I USE IT?
• Given by healthcare professionals
• Either once every month (combination injection) or once every three months (progestogen only injection)

WOULD THIS METHOD SUIT ME?
• Hormonal method which is very reliable and does not require you remembering to take a pill every day.
• Progestogen-only injections are also suitable for women who are breastfeeding, or who do not tolerate estrogen or when estrogen is contraindicated.
• Injections can also reduce heavy, painful periods and help with premenstrual syndrome, however, they can cause irregular bleeding which may take a while to settle down. Some women will eventually not bleed at all. This is not a problem.
• Depending on the type of injection, it may take up to one year for your period and fertility to return after stopping injections.
• Some women experience headaches, dizziness, spots and greasy skin, bloating, weight gain, breast tenderness, abdominal discomfort, and changes in mood and sex drive.
• Once the injection has been administered, side effects can be more difficult to control as the hormones cannot be removed from the body.

With progestogen-only injections, young women may have a risk of losing bone mineral density which may increase the risk of osteoporosis.
METHOD: IMPLANT

HOW RELIABLE IS IT?
Very high reliability when used properly.

WHAT IS IT?
One or two small, soft, plastic rods containing a progestogen reservoir are inserted under the skin of the upper arm. The progestogen is released in tiny doses.

HOW DO I USE IT?
- Implanted with minor surgery by trained healthcare professionals
- Effective for three to five years
- Can be removed at any time with minor surgery

WOULD THIS METHOD SUIT ME?
- Particularly suitable for women who want long-term contraception and wish to avoid daily intake of a contraceptive.
- Also suitable for women who are breast-feeding or who do not tolerate estrogen.
- Fertility returns to normal once the implant is removed.
- Can reduce heavy, painful periods.
- Some women may experience headaches, breast tenderness, bloating, and changes in mood and sex drive. Irregular bleeding may occur for the first few months.
METHOD: EMERGENCY CONTRACEPTIVE PILL
(often known as the “morning after pill”)

HOW RELIABLE IS IT?
Reasonable reliability when used properly.

WHAT IS IT?
It typically contains a progestogen alone or in combination with estrogen and works by inhibiting ovulation. An emergency pill which is to be taken as soon as possible after unprotected sex or if you suspect that your chosen method of contraception has failed, e.g. torn condom.

HOW DO I USE IT?
Take it ideally within 12 hours, but no later than 3 to 5 days after unprotected intercourse, depending on the type of pill. The sooner you take it the more effective it will be.

WOULD THIS METHOD SUIT ME?
This emergency method of contraception is only intended as a back-up method. Do not use it regularly!

- It can be used if unprotected sex has taken place or if another method of contraception has failed, e.g. torn condom or forgotten pill.
- After using emergency contraception you should use another form of contraception for the rest of your cycle to protect yourself if you do not want to become pregnant.
- One type of emergency contraceptive can be used more than once per cycle.
Women looking for a contraceptive method that they can use and forget about for longer periods of time may want to consider an intrauterine method. Intrauterine methods can be broadly divided into two types—hormone releasing intrauterine systems (IUS) and copper-bearing intrauterine devices (IUDs). The IUS or IUD is inserted into the woman’s womb through her vagina by trained healthcare professionals.
**Advantages**

- Intrauterine methods are the longest acting reversible methods which can provide contraceptive protection in general for five years.
- Once inserted, there is no need to do anything before, during, or after sex which provides flexibility.
- The IUS can slightly improve heavy and painful periods while also protecting against pelvic infection and cancer of the uterine lining.
- The IUD can be used as an emergency contraceptive.
- The ability to get pregnant will return soon after the IUS or IUD is removed. It can be fitted even if you have not been pregnant before.

**Disadvantages**

- They must be fitted by a trained professional. Both methods carry a small risk of infection at insertion and do not protect against STIs.
- The copper IUD may increase cramps and bleeding during monthly periods.
- Small risk of expulsion or perforation.
METHOD: INTRAUTERINE SYSTEM (IUS)
(also known as the hormonal coil)

HOW RELIABLE IS IT?
Very high reliability when fitted properly.

WHAT IS IT?
The IUS is one of the most effective contraceptive methods available. It is a small, soft plastic device with a reservoir containing progestogen which is permanently placed in the womb. A tiny dose of progestogen is continuously released from the system. The IUS prevents pregnancy mainly by thickening cervical mucus at the entrance of the womb, making it difficult for sperm to get through. It also thins the lining of the womb.

HOW DO I USE IT?
The IUS is inserted into the cavity of the womb by trained healthcare professionals.

WOULD THIS METHOD SUIT ME?
If you are thinking about long-term contraception and don’t want to worry about birth control on a regular basis, this method is worth a thought.

- IUS can stay in place for up to five years, but can be removed any time.
- Can be used by young women as fertility returns quickly after removal.
- Suitable for women who are breast-feeding or who do not tolerate estrogen.
- Improves heavy and painful periods; may help to protect against pelvic infections and cancer of the uterine lining.
- Some women may have reduced bleeding and a few may have no bleeding, which reduces the chances of becoming anemic.
- There may be irregular bleeding for the first few months.
- Hormonal side effects may include headaches, breast tenderness, or nausea.
- The IUS should not be confused with the copper IUD.
- No protection against STIs, small risk of infection at insertion. Small risk of expulsion or perforation.
METHOD: INTRAUTERINE DEVICE

(IUD, also known as the coil)

HOW RELIABLE IS IT?
Very high reliability when fitted properly.

WHAT IS IT?
A small, soft device with a copper thread or cylinders which is placed in the womb. A substance is released which immobilizes the sperm and makes it difficult for the egg to travel along the Fallopian tubes. If the egg is fertilized, the IUD prevents it from implanting itself in the womb.

HOW DO I USE IT?
The IUD is inserted into the cavity of the womb by trained healthcare professionals.

WOULD THIS METHOD SUIT ME?
The IUD is a long-term birth control option, which can also be used as emergency contraception, if inserted within five days after unprotected sex.

• If the emergency use was successful and caused no problems, it can be left in the womb for ongoing contraception.
• It neither protects nor increases the risk of pelvic infections.
• There are no systemic side effects and no drug interactions.
• May cause increased cramping, dizziness, and heavier and prolonged periods.
• Usually not the first choice for women with anemia.
• No protection against STIs.
• Small risk of infection at insertion. Small risk of expulsion or perforation.
Barrier methods can be mechanical or chemical and are designed to stop sperm from entering the womb. There are different options available and before looking at individual methods, it is worth examining the overall advantages and disadvantages of using barrier methods.
Contraceptive Methods

Advantages

• Barrier methods provide an option for women who cannot or do not want to use hormonal or intrauterine contraception.
• The condom is the only form of contraception that offers protection against most STIs if used properly.
• Barrier methods offer protection against unintended pregnancy without acting on the cycle, so there are no hormone-related side effects.

Disadvantages

• Barrier methods are less reliable at preventing unintended pregnancy than hormonal or intrauterine methods.
• They require practice to be used effectively.
• They can interfere with spontaneity, sensation, and pleasure.
METHOD: MALE CONDOM

HOW RELIABLE IS IT?
Reasonable reliability when used properly.

WHAT IS IT?
A latex or polyurethane sheath put on the man’s penis before having sex. The tip has a reservoir which collects the man’s semen and prevents it from entering the vagina when he ejaculates. It should be held in place on the penis as soon as ejaculation has occurred to ensure it does not slip off and to prevent any sperm from escaping as the penis is withdrawn.

HOW DO I USE IT?
During foreplay, the condom is rolled down over the erect penis.

WOULD THIS METHOD SUIT ME?
The male condom provides protection against most STIs if used properly. It is recommended when you have sex with a new partner, have multiple sexual partners, or are unsure of your partner’s sexual history. Condoms can be used at short notice. Some people find it fun to use condoms, but others find they interfere with spontaneity and sensation. Condoms can fail by tearing or coming off during sex. Latex condoms are very elastic and inexpensive but should not be combined with oil-based lubricants. Synthetic condoms, however, are not quite as flexible but less allergenic, odorless, and can be used with oil-based lubricants.
METHOD: FEMALE CONDOM

HOW RELIABLE IS IT?
Reasonable reliability when used properly.

WHAT IS IT?
The female condom is a polyurethane sheath which fits inside the woman's vagina.

HOW DO I USE IT?
Before having sex, the condom is placed inside the vagina. The closed end of the female condom covers the cervix and the open end is positioned at the entrance of the vagina. There is a flexible ring at each end to hold the female condom in place.

WOULD THIS METHOD SUIT ME?
The female condom provides only limited protection against STIs. It is recommended when you have sex with a new partner, have multiple sexual partners, or are unsure of your partner’s sexual history. It is not available in all countries and requires some practice to be used correctly.
METHOD: DIAPHRAGM PLUS CHEMICAL

HOW RELIABLE IS IT?
Low reliability, even when used properly.

WHAT IS IT?
A diaphragm is a dome-shaped device made of rubber or silicone which is inserted into the woman’s vagina to form a barrier between the sperm and the entrance of the woman’s womb.

HOW DO I USE IT?
It requires initial fitting by healthcare professionals. Before intercourse, it must be inserted and can be used with a spermicide. It must be left in for at least six hours after intercourse (and no more than 24 hours).

WOULD THIS METHOD SUIT ME?
It does not interfere with sex, and the man is not aware of it, however, it can interfere with spontaneity. Using this method correctly requires practice.

- In combination with spermicides, the diaphragm is more effective. Spermicides alone are no longer available in several countries.
- From time to time, check the diaphragm for any damages and replace it if necessary.

May cause vaginal irritation and occasionally bladder infection.
METHOD: CERVICAL CAP PLUS CHEMICAL

HOW RELIABLE IS IT?
Low reliability even when used properly.

WHAT IS IT?
A cap made of rubber or silicone which is smaller than the diaphragm and only covers the cervix.

HOW DO I USE IT?
It requires initial fitting by healthcare professionals. Before intercourse, it must be inserted into the vagina and must not be left in there for more than 48 hours.

WOULD THIS METHOD SUIT ME?
This method is not recommendable for all women because it may not fit their cervix properly.

- Less reliable than other contraceptives, particularly in women who have given birth because of the potential distortion of the woman’s cervix.
- Effectiveness increases when used in combination with spermicides.
- Most women require practice in using this method.
- It can interfere with sexual spontaneity.
Any man or woman can be sterilized. It is a permanent method of contraception, suitable for people who are sure they never want children or do not want more children. Remember there are other forms of long-acting contraception which are as effective, but reversible. Before you decide on a sterilization, you should contact an independent counselor or talk to your gynecologist.
**Advantages**

- Sterilization does not interrupt sex.
- After the sterilization has been confirmed as being successful, there is no further need for contraception.

**Disadvantages**

- Sterilization cannot be easily reversed, except by using complex surgery which is not successful in all cases.
- Sterilization involves an operation.
- Sterilization does not protect against STIs.
- There is a small chance, although this is very rare, that the tubes may rejoin and you will be fertile again. The overall failure rate in women is about one in 200 and one in 2,000 for men.

It takes at least two months for a vasectomy to be effective, and women should continue with other forms of contraception until then.

Hysteroscopic methods of female sterilization are not effective immediately and the woman must continue with contraception until tubal blockage is confirmed.
METHOD: FEMALE STERILIZATION
(tubal ligation, clips, hysteroscopic methods)

HOW RELIABLE IS IT?
Very high reliability when performed properly.

WHAT IS IT?
A surgical procedure in which the Fallopian tubes (which carry the egg from the ovary to the womb) are cut or blocked so that the sperm cannot meet the egg. The operation only affects a woman’s fertility potential and has no effect on her libido or the ability to have sexual intercourse.

HOW DO I USE IT?
Sterilization is usually performed in a hospital. It is important you talk first with a healthcare professional you trust to receive counseling on the risks and benefits. It is also important that you know about the alternative reversible methods of contraception such as the IUS, IUD, injection or implant which all have similar low failure rates.

WOULD THIS METHOD SUIT ME?
Sterilization is a permanent method of contraception, suitable for people who are sure they never want children or do not want more children. Sterilization does not protect against STIs. Some methods of female sterilization are not effective immediately and the woman must continue with contraception until tubal blockage is confirmed.

• Sterilization is sometimes reversible, although the procedure is complicated and rarely successful. Rarely, there can be a technical failure in which the Fallopian tubes reopen, or closure is incomplete.
METHOD: MALE STERILIZATION
(vasectomy)

HOW RELIABLE IS IT?
Very high reliability when performed properly.

WHAT IS IT?
Male sterilization, also called a vasectomy, is a surgical procedure in which the sperm-carrying ducts are cut. After the procedure, a man can still ejaculate, but there is no sperm present. The operation can be carried out under local anaesthetic. It affects a man’s fertility potential but has no effect on his libido or the ability to have sexual intercourse.

WOULD THIS METHOD SUIT ME?
This method of contraception is permanent and only suitable for those who never want children or do not want to have more children.

- Sterilization is sometimes reversible, although the procedure is complicated and rarely successful.
- Sperm is still present in the male genital organs immediately after the operation, so one or more semen analyses are required to check when sperm has cleared. Other contraceptive methods should be used during this time.
- In rare cases, painful long-term complications may arise.
OTHER METHODS

Fertility awareness and withdrawal are the most frequent contraception alternatives to hormonal methods, intrauterine methods, barrier methods, and sterilization. However, you should be aware that these methods are not reliable at all nor do they protect you against STIs. You should use a condom as well if you think you may be at risk.
METHOD: FERTILITY AWARENESS

HOW RELIABLE IS IT?
Low reliability, even when used properly.

WHAT IS IT?
There are several fertility awareness methods—all of them based on the fact that there are only a few days during each menstrual cycle—the days before and shortly after ovulation—when a woman can get pregnant. The menstrual cycle begins the day a woman starts her period (bleeds) and ends the day before her next period starts. The Fertility Awareness Method requires a woman to observe fertility signs, e.g. changes in body temperature and cervical mucus. Others, such as the Standard Days Method, Two Days Method, and Symptothermal Method help a woman recognize the days she can get pregnant by keeping track of her menstrual cycles.

WOULD THIS METHOD SUIT ME?
If you are using the fertility awareness method you are advised to use a barrier method, e.g. diaphragm, cervical cap or condom, or not have sexual intercourse on the days you are fertile if you do not want to get pregnant. If you want to get pregnant, fertility awareness can help you to know which days you should have sex. The disadvantage of fertility awareness is that it does not take into account the variations in your cycle. Many circumstances in everyday life can influence the rhythm of the menstrual cycle, making reliable calculation of fertile and infertile days difficult.
METHOD: WITHDRAWAL
(also known as coitus interruptus)

HOW RELIABLE IS IT?
Unreliable.

WHAT IS IT?
The man withdraws his penis from the vagina before ejaculating.

WOULD THIS METHOD SUIT ME?
This method frequently fails because small drops of sperm may have already escaped from the penis into the vagina before the man ejaculates. It also causes impairment of sexual climax.
As you can see, there are a whole lot of contraceptive methods available. To pick the right one for you is not always that simple because you have to consider many aspects of your sex life and family planning. In order to help you get a better overview, this chapter will show you the reliability of each contraceptive and summarize the most important facts you need to know.
The following table compares the reliability of each contraceptive method. It takes into consideration

(A) TYPICAL USE

(when the contraceptive is used under real life conditions which means that sometimes it is not used properly or appropriately).

(B) PERFECT USE

(when the contraceptive is used with 100% accuracy, as in a clinical trial or when the method does not rely on you remembering to use it as with the implant or an IUD).

<table>
<thead>
<tr>
<th>Method</th>
<th>% of women getting pregnant within the first year of use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Typical use</td>
</tr>
<tr>
<td>No method</td>
<td>85</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>27</td>
</tr>
<tr>
<td>Fertility-awareness-based methods</td>
<td>25</td>
</tr>
<tr>
<td>- Standard Days Method</td>
<td></td>
</tr>
<tr>
<td>- Two Days Method</td>
<td></td>
</tr>
<tr>
<td>- Ovulation Method</td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td>16</td>
</tr>
<tr>
<td>Cervical cap</td>
<td></td>
</tr>
<tr>
<td>- Women who have given birth</td>
<td>32</td>
</tr>
<tr>
<td>- Women who have not given birth</td>
<td>16</td>
</tr>
<tr>
<td>Condom</td>
<td></td>
</tr>
<tr>
<td>- Female</td>
<td>21</td>
</tr>
<tr>
<td>- Male</td>
<td>15</td>
</tr>
<tr>
<td>Combined pill and progestogen-only pill</td>
<td>8</td>
</tr>
<tr>
<td>Patch</td>
<td>8</td>
</tr>
<tr>
<td>Vaginal ring</td>
<td>8</td>
</tr>
<tr>
<td>Injection</td>
<td>3</td>
</tr>
<tr>
<td>Intruterine methods</td>
<td></td>
</tr>
<tr>
<td>- Copper T</td>
<td>0.8</td>
</tr>
<tr>
<td>- LNG-IUS</td>
<td>0.2</td>
</tr>
<tr>
<td>Implant</td>
<td>0.05</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>0.5</td>
</tr>
<tr>
<td>Male sterilization</td>
<td>0.15</td>
</tr>
</tbody>
</table>
# HORMONAL METHODS

**PLEASE TALK TO YOUR HEALTHCARE PROFESSIONAL TO FIND OUT IF THIS METHOD IS RIGHT FOR YOU**

<table>
<thead>
<tr>
<th>Method</th>
<th>Combined Pill</th>
<th>Progestogen-only Pill</th>
<th>Vaginal Ring</th>
<th>Contraceptive Patch</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consists of the two hormones estrogen and progestogen. Works mainly by preventing an egg from being released.</td>
<td>1 pill consisting of progestogen taken same time daily. Mainly prevents sperm from reaching the egg and prevents egg release from the ovaries.</td>
<td>Vaginal ring containing both estrogen and progestogen released from the ring and absorbed through the wall of the vagina. Prevents egg from being released.</td>
<td>The thin plastic patch contains estrogen and progestogen and sticks to the skin. It mainly works by preventing the release of eggs from the ovaries.</td>
</tr>
<tr>
<td>Advantages</td>
<td>Can help to regulate menstrual cycle and reduce period pain. Quick return of fertility once you stop using the combined pill.</td>
<td>Suitable for those who can’t use estrogen and who are breast feeding.</td>
<td>Similar advantages to the pill. No need to think about it every day.</td>
<td>Similar advantages to the pill and easy to use. No need to think about it every day.</td>
</tr>
<tr>
<td>Considerations</td>
<td>Associated with some rare but serious and potentially fatal adverse side effects (such as blood clots). Additional contraceptive measures may be required if a pill is missed, in case of severe vomiting or diarrhoea or when certain medicines, including some antibiotics, are taken.</td>
<td>Irregular and unpredictable bleeding possible. Must be taken at the same time each day.</td>
<td>Ring may be expelled. A risk of infection or temporary increase in discharge may be possible. Side effects similar to combined pill.</td>
<td>It is visible on the skin, may cause irritation. Side effects similar to combined pill.</td>
</tr>
<tr>
<td>Reliability</td>
<td>Over 99% effective when used properly.</td>
<td>Over 99% effective when used properly.</td>
<td>Over 99% effective when used properly.</td>
<td>Over 99% effective when used properly.</td>
</tr>
<tr>
<td>STI and HIV Protection</td>
<td>No protection against STIs or HIV/AIDS.</td>
<td>No protection against STIs or HIV/AIDS.</td>
<td>No protection against STIs or HIV/AIDS.</td>
<td>No protection against STIs or HIV/AIDS.</td>
</tr>
</tbody>
</table>
# Hormonal Methods

Please talk to your healthcare professional to find out if this method is right for you.

<table>
<thead>
<tr>
<th>Method</th>
<th>Injection</th>
<th>Contraceptive Implant</th>
<th>Emergency Contraceptive Pill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Progestogen injection. Prevents sperm reaching egg and egg from being released.</td>
<td>A small rod containing the hormone progestogen which is inserted under the skin in the arm by healthcare professionals. Prevents egg from being released and sperm from reaching egg.</td>
<td>Contains hormones that are similar to other oral contraceptives. May prevent or delay an egg from being released or sperm from reaching egg.</td>
</tr>
<tr>
<td>Advantages</td>
<td>Lasts for 12 weeks. Can be used if you are breastfeeding.</td>
<td>Lasts for 3 years, but easily reversible. You don’t have to remember to take a pill.</td>
<td>If you’ve had unprotected sex or a method of contraception has failed, this method can stop you from getting pregnant.</td>
</tr>
<tr>
<td>Considerations</td>
<td>Return to fertility may be delayed. Weight gain is possible. Not promptly reversible in case of side effects.</td>
<td>Requires a small procedure and has to be applied and removed by a trained physician. Should be taken as soon as possible after unprotected intercourse.</td>
<td>Should be taken as soon as possible after unprotected intercourse. The sooner a woman takes it the more effective it will be.</td>
</tr>
<tr>
<td>Reliability</td>
<td>Over 99% effective when used properly.</td>
<td>Over 99% effective when used properly.</td>
<td>Risk of pregnancy is substantially reduced with highest effectiveness when taken within 12 hours of unprotected intercourse.</td>
</tr>
<tr>
<td>STI and HIV Protection</td>
<td>No protection against STIs or HIV/AIDS.</td>
<td>No protection against STIs or HIV/AIDS.</td>
<td>No protection against STIs or HIV/AIDS.</td>
</tr>
</tbody>
</table>
# Intrauterine Systems

**Please talk to your healthcare professional to find out if this method is right for you**

<table>
<thead>
<tr>
<th>Method</th>
<th>IUS (Intrauterine Systems)</th>
<th>IUD (Intrauterine Device)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Small plastic device with progestogen fitted in uterus. Prevents egg and sperm from meeting.</td>
<td>Plastic and copper device fitted in uterus. Prevents egg and sperm from meeting and kills the sperm.</td>
</tr>
<tr>
<td></td>
<td>Stays in place for up to 5 years. You don’t have to think about contraception for the time the IUS is in place. Heavy and painful periods may be improved.</td>
<td>Can stay in place for up to 10 years. You don’t have to think about contraception for the time the IUD is in place. Can also be used as an emergency contraceptive.</td>
</tr>
<tr>
<td>Advantages</td>
<td>Spotted and irregular bleeding are common initially, though periods usually become lighter and shorter. The insertion requires a specially trained healthcare professional.</td>
<td>May make periods heavier and longer and/or may increase period pains. The insertion requires a specially trained healthcare professional.</td>
</tr>
<tr>
<td>Considerations</td>
<td>Over 99% effective.</td>
<td>Over 99% effective.</td>
</tr>
<tr>
<td>STI and HIV Protection</td>
<td>No protection against STIs or HIV/AIDS.</td>
<td>No protection against STIs or HIV/AIDS.</td>
</tr>
</tbody>
</table>
### BARRIER METHODS

**Please talk to your healthcare professional to find out if this method is right for you**

<table>
<thead>
<tr>
<th>Method</th>
<th>Male Condom</th>
<th>Female Condom</th>
<th>Diaphragm plus Chemical</th>
<th>Cervical Cap plus Chemical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rubber or latex sheath traps sperm during sexual intercourse.</td>
<td>Thin plastic sheath placed in vagina to trap sperm.</td>
<td>Dome of rubber placed over cervix to prevent sperm entering uterus. Spermicides required.</td>
<td>A thin rubber cap that fits over the cervix and blocks the entrance of the womb. It is used with a spermicide.</td>
</tr>
<tr>
<td><strong>Advantages</strong></td>
<td>Readily available. Only use during sexual activity. Can be used as a back-up for other methods.</td>
<td>Only use during sexual activity.</td>
<td>Only use during sexual activity.</td>
<td>Simple and independent to use, can be put in anytime before intercourse.</td>
</tr>
<tr>
<td><strong>Considerations</strong></td>
<td>Can reduce spontaneity.</td>
<td>Can reduce spontaneity.</td>
<td>You must leave the diaphragm in place for at least 6 hours after having sex and you need to use more spermicide every time you have sex.</td>
<td>Needs consultation with healthcare professionals for size and type of cap, Needs some practice, reduces spontaneity.</td>
</tr>
<tr>
<td><strong>Reliability</strong></td>
<td>98% effective if used correctly.</td>
<td>95% effective if used correctly.</td>
<td>95% effective if used correctly.</td>
<td>95% effective if used correctly.</td>
</tr>
<tr>
<td><strong>STI and HIV Protection</strong></td>
<td>Helps protect against STIs and HIV/AIDS.</td>
<td>Helps protect against STIs and HIV/AIDS.</td>
<td>Helps protect against STIs and HIV/AIDS.</td>
<td>Helps protect against STIs and HIV/AIDS.</td>
</tr>
</tbody>
</table>
# Sterilization

**Please talk to your healthcare professional to find out if this method is right for you.**

<table>
<thead>
<tr>
<th>Method</th>
<th>Female Sterilization (tubal ligation)</th>
<th>Male Sterilization (vasectomy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It is a permanent method of contraception, suitable for people who are sure they never want children or more children. Surgical procedure in which the Fallopian tubes are cut or blocked.</td>
<td>It is a permanent method of contraception, suitable for people who are sure they never want children or more children. Surgical procedure in which the sperm-carrying ducts are cut.</td>
</tr>
<tr>
<td>Advantages</td>
<td>It has no effect on woman’s libido or the ability to have sexual intercourse. After successful procedure there is no further need for contraception.</td>
<td>After sterilization the man can still ejaculate but there is no sperm present. Procedure can be carried out under local anesthetic. It has no effect on man’s libido or ability to have sexual intercourse.</td>
</tr>
<tr>
<td>Considerations</td>
<td>The procedure requires a gynecologist. Sterilization is sometimes reversible but related to complicated and rarely successful procedure. There can be technical failure when the Fallopian tubes reopen, or closure is incomplete.</td>
<td>The procedure requires a surgeon. Sterilization is sometimes reversible but related to complicated and rarely successful procedure. It takes at least 2 months to be effective, and other forms of contraception are needed until then.</td>
</tr>
<tr>
<td>Reliability</td>
<td>Very high reliability when performed properly.</td>
<td>Very high reliability when performed properly.</td>
</tr>
<tr>
<td>STI and HIV Protection</td>
<td>No protection against STIs or HIV/AIDS.</td>
<td>No protection against STIs or HIV/AIDS.</td>
</tr>
</tbody>
</table>
Why using contraception and how does hormonal contraception work?
Many questions are raised talking about contraception. Find the most important and frequently asked questions on the following pages.
FAQS ABOUT CONTRACEPTION

Remember: It is your responsibility and your right to protect yourself and to fully understand how your contraceptive method/s work.

WHO IS RESPONSIBLE FOR CONTRACEPTION IN A RELATIONSHIP?
You are and so is your partner! Both partners in a sexual relationship are responsible for contraception.

WHAT IS THE MOST EFFECTIVE WAY OF PREVENTING AN UNPLANNED PREGNANCY?
Contraception is the only way to prevent an unplanned pregnancy if you are planning on having sex. Different types of contraceptive suit different people at different times in their lives. Talk to your healthcare professional or family planning clinic to find out which type of contraception will be best for you and your partner.

WHAT IS A CONDOM AND HOW DOES IT PREVENT AN UNPLANNED PREGNANCY AND PROTECT MEN AND WOMEN FROM STIS?
A condom is a latex or polyurethane sheath that fits over the penis when it is erect. The condom is rolled down over the erect penis before sexual intercourse takes place to prevent sperm from entering the vagina. The condom should be held in place on the penis as soon as ejaculation has occurred, to ensure that it does not slip off and to prevent any sperm from escaping when the penis is withdrawn.

The female condom is a polyurethane sheath which fits inside the woman’s vagina. It works in the same way as the male condom: by preventing sperm from entering the vagina.

WHAT IS HORMONAL CONTRACEPTION AND HOW DOES IT PREVENT AN UNPLANNED PREGNANCY?
The pill, vaginal rings, patches, intrauterine systems, and implants are all different types of hormonal contraception. They all contain hormones which, when taken as directed, prevent pregnancy. Some types of hormonal contraception contain the hormones estrogen and progestogen. These prevent pregnancy by inhibiting ovulation (stopping the release of eggs from the ovaries) and thickening the mucus at the entrance to the womb. Some types contain only progestogen and work either by thickening the mucus at the entry to the womb and changing the womb lining or by thickening the mucus at the entry to the womb and inhibiting ovulation. The pill which contains both estrogen and progestogen (so-called combination pill) is commonly taken for 21 days, followed by a 7-day break (or 7 days of “dummy” pills
that contain no active ingredient). The pill which only contains progestogen, is taken without a pill-free interval. Rings and patches are changed monthly, implants are changed after a certain number of months or years. It is important to remember that hormonal contraception does not offer protection from STIs.

**WHAT OTHER TYPES OF CONTRACEPTION ARE THERE?**

Intrauterine methods of contraception are small devices which are inserted into the womb by a gynecologist. Also known as the “coil,” an IUD is a small T-shaped plastic device that is armed with a copper wire. Once in place most intrauterine devices will provide contraceptive protection for up to five years. Intrauterine methods do not provide protection from STIs.

**WHAT IS THE EMERGENCY PILL?**

The emergency pill, often known as "the morning after pill", can be used to prevent an unplanned pregnancy when unprotected sex has taken place or another method of contraception has failed. The emergency pill should be taken as soon as possible, ideally within 12 hours after sex. The emergency pill should not be used regularly and is only intended as back up. You should speak to your healthcare professional or family planning clinic as soon as possible if you think that you or your partner might need the emergency pill.

**IS THE WITHDRAWAL METHOD EFFECTIVE AT PREVENTING AN UNPLANNED PREGNANCY?**

No, it is not. The withdrawal method (when a man removes his penis from the vagina before ejaculating) is highly unreliable. In spite of this, a recent multi-national survey found that 33% of teenagers believe that the withdrawal method is reliable and 19% are actually using it!

**HOW CAN I PROTECT MYSELF FROM STIS?**

The condom is the only form of contraception that offers protection against most STIs if used properly. To protect yourself from STIs you must use a condom properly every single time you have sex.

**CAN HORMONAL CONTRACEPTION PROTECT ME FROM STIS?**

No, it cannot. The condom is the only form of contraception that offers protection against most STIs if used properly. The condom and hormonal contraception can be used together to provide highly reliable contraception plus protection from STIs.
WHO CAN I TALK TO ABOUT WHICH TYPE OF CONTRACEPTION WILL BE BEST FOR ME?

You can discuss contraception with your gynecologist or a member of staff at your family planning clinic.

WHAT SHOULD I DO IF MY PARTNER WON’T USE CONTRACEPTION?

First and foremost don’t have sex with him or her! If your partner won’t use contraception, you might want to reconsider whether you want to have a sexual relationship with this person. If this is the case, you could tell your partner that you will not have sex with someone who does not respect you or himself/herself enough to use protection.

WILL USING CONTRACEPTION NOW PREVENT ME FROM BEING ABLE TO HAVE A BABY WHEN THE TIME IS RIGHT?

No, it will not. Condoms are removed after sex and hormonal contraception stops affecting the body shortly after a woman stops taking the pill or has a ring, patch, or implant removed. Some STIs can cause damage to the reproductive system which can, in some cases, make it more difficult to have children. Condoms offer protection against STIs and can be combined with other methods.

DISCLAIMER

The aim of this contraception guide is to provide an overview of available contraceptive methods. By showing their reliability and advantages/disadvantages it was created to help people make informed choices about contraception. Considerable care and effort have been taken regarding the contents of the information presented. However, no responsibility can be taken for its accuracy and availability, and changes may have occurred since this booklet was last updated.

All information presented is based on references which you can find in the section “further reading” below. Specific product labels may include different figures or information based on other data. Speak to your healthcare professional if you wish to receive information to fit your specific needs.

No liability shall be taken by the contributors for the contents of this document, or the contents of the referenced documents, or for any damages caused as a result of the use of the information provided.
FURTHER READING:

If you’re interested in reading more about your contraceptive choices, there are many good sources of information available to you. These include:


For more information visit: WWW.YOUR-LIFE.COM

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Contraceptive Methods Crossword Puzzle

Read each clue and fill in the correct answer. Your answer must fit into the correct number of boxes. Where a vertical answer crosses with a horizontal answer, they will share a box with the same letter.

across
1. A woman or girl applies it to her skin like a band-aid; it does not protect against STIs/HSV (two words)
4. A surgical procedure that prevents the male’s release of sperm (two words)
6. A thin sheath or pouch that a woman or girl inserts into her vagina to prevent sperm from entering her own body (two words)
7. A small rod inserted into the woman or girl’s arm
9. The_____ method involves a woman or girl using a thermometer to tell when she is not fertile
11. Pulling the penis out of the vagina before ejaculating
13. A woman or girl takes it daily to prevent pregnancy (common name, two words)
14. A doughnut-shaped device inserted by a woman or girl into her vagina; it does not protect against STIs/HSV (two words)
16. A rubber cup that is filled with spermicide and inserted into the vagina, covering the cervix
down
2. An operation in which a woman's fallopian tubes are cut or tied to prevent the egg and sperm from meeting (two words)
3. Inserted into the uterus, and often shaped like a T (abbreviation, plural)
5. Various substances inserted into the vagina to kill sperm (plural)
7. Shots given to a woman or girl periodically to prevent ovulation and thicken cervical mucus (plural)
8. A man or boy wears it on his penis during sex; it prevents pregnancy and protects against STIs/HSV (two words)
10. A woman or girl can tell when she is fertile based on the amount and consistency of her_____ (two words)
12. A woman or girl can calculate when she is fertile by recording her menstrual cycles on a_____
15. Natural method resulting from breastfeeding (abbreviation)
Reproductive System Crossword Puzzle

Read each clue and fill in the correct answer. Your answer must fit into the correct number of boxes. Where a vertical answer crosses with a horizontal answer, they will share a box with the same letter.

across
5. The place where a baby develops
7. Forceful release of semen from the penis
8. Time in life when a woman's menstruation ends
9. Ducts connecting the ovaries to the uterus; fertilization takes place here (two words)

down
1. Passing of semen during sleep (two words)
2. Release of an egg from an ovary
3. Place where sperm is produced
4. A thick fluid that is discharged from the penis during ejaculation
6. The process by which a child's body develops rapidly toward becoming an adult body and being able to reproduce
7. Hardening of the penis

answer key: across: 5. uterus
2. ovary
4. prostate
9. fallopian tube
down: 1. nocturnal emission
2. ovulation
3. testis
4. semen
6. prenatal development
7. erection