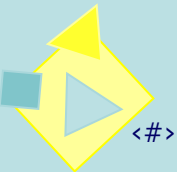




Contraception Options

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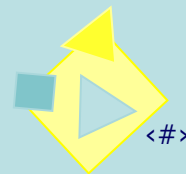




Thinking about sex

Most teens think about sex—a lot.

- ▶ wanting sex
- ▶ not wanting sex
- ▶ myths about sex
- ▶ facts about sex

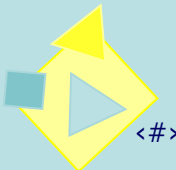
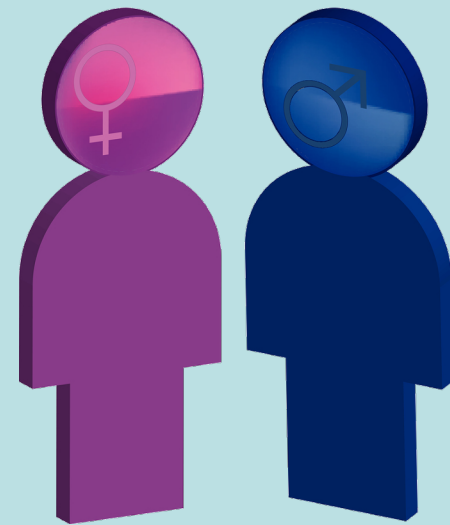




Thinking about sex

Good information helps sexually active people:

- ▶ make sensible decisions about sex
- ▶ make appropriate choices about contraception





Thinking about sex

Here's your chance to get the facts about an important part of sexual responsibility:

contraception



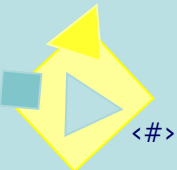


What is contraception?

con · tra · cep · tion —

The deliberate prevention of pregnancy by a method that requires a drug, technique or device.

Also called **birth control**.





What about abstinence?

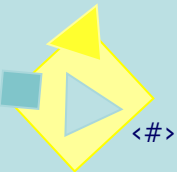


ab · sti · nence —

Not having any
kind of sex.

Many teens
choose abstinence...

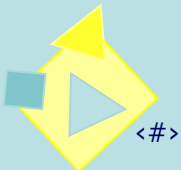
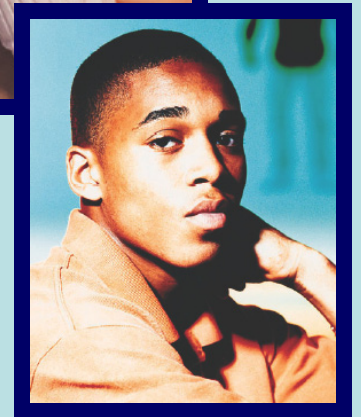
but they still need to know about contraception.





Teens need to know...

- ▶ the difference between contraception myths and facts.
- ▶ how to protect themselves from unplanned pregnancies if they choose not to remain abstinent.
- ▶ what birth control choices are available when they are ready to start a family.

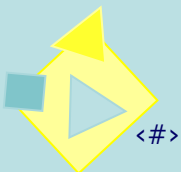




A word about STDs

**STDs = Sexually
Transmitted
Diseases**

- ▶ Sexually active teens have high rates of STDs.
- ▶ Teens account for > 3 million STD infections / year.
- ▶ Condoms are the only form of contraception that protects against STDs.

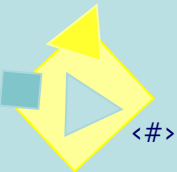




Contraception myths

You can't get pregnant if . . .

- ▶ you have sex for the first time ----- **FALSE!**
- ▶ the girl urinates after sex ----- **FALSE!**
- ▶ the girl showers or douches after sex ---- **FALSE!**
- ▶ you have sex in a swimming pool ----- **FALSE!**
- ▶ you have sex during her period ----- **FALSE!**
- ▶ the guy takes a hot shower before sex ---- **FALSE!**



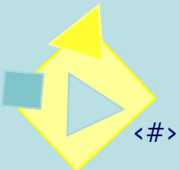


What about withdrawal?

***with · draw · al* —**

The male removes his penis from his partner before ejaculating.

- ▶ This is not considered a reliable form of contraception!
- ▶ 27% of women using this method become pregnant.
- ▶ It offers no protection from STDs.





Know the odds

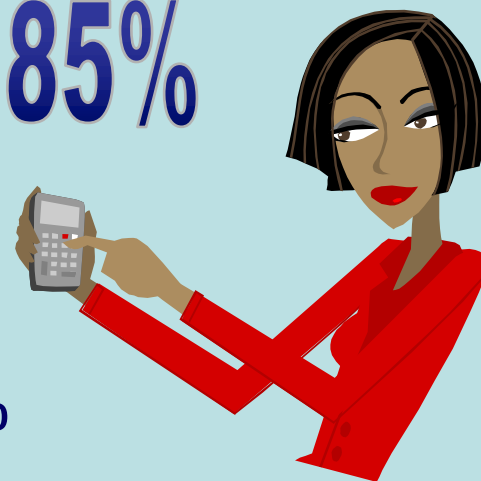
Every birth control method has a failure rate—even when used properly.

A failure rate is calculated as the number of pregnancies that occur per year, per 100 women who rely upon that method.

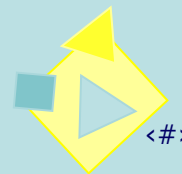
For example:

- ▶ Each year, 85 of 100 women who have sex without using contraception become pregnant.

85%



Failure rate = 85%





Practice counts

Failure rates vary even with the same method (i.e., condoms):

Inexperienced users tend to make more mistakes (i.e., the condom rips or slips off).

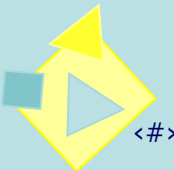
As users become more comfortable with their chosen method, the failure rate is reduced.

8%

7%

6%

5%

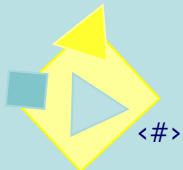




All contraception

All birth control methods are effective only when used:

- ▶ as directed...
- ▶ every time...
- ▶ with every partner.

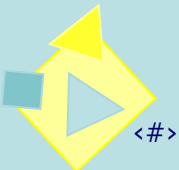




Three categories

Contraceptive methods can be divided into:

- ▶ **barrier methods:**
prevent egg and sperm from uniting
- ▶ **hormonal methods:**
alter a woman's reproductive cycle
- ▶ **other methods:**
IUD, rhythm method, sterilization,
emergency contraception

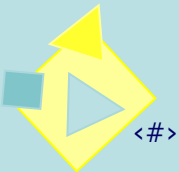




Barrier methods

A physical barrier is created between egg and sperm.

- ▶ spermicide
- ▶ male condom
- ▶ female condom
- ▶ diaphragm
- ▶ cervical cap



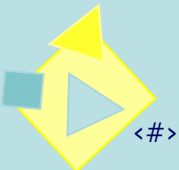


Spermicide

A chemical that kills sperm on contact.

Available without a prescription in many forms:

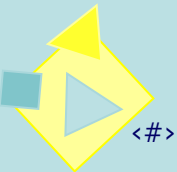
- ▶ foam
- ▶ cream
- ▶ jelly
- ▶ film
- ▶ tablet
- ▶ suppository





Spermicide

- ▶ Insert into the vagina 5 - 90 minutes before intercourse.
- ▶ Leave in place for 6 - 8 hours afterward.
- ▶ Do not use past the expiration date.

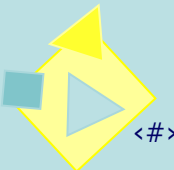




Spermicide

- ▶ **Failure rate:**
20 - 30% when used alone.
- ▶ More effective when used with other barrier methods.
- ▶ **STD protection:**
probably none

20 - 30%

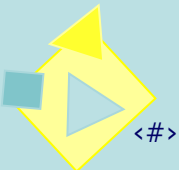




Spermicide

Possible side effects:

- ▶ irritation to vagina and penis
- ▶ allergic reaction may occur
- ▶ urinary tract infections possible
- ▶ frequent use (several times daily) can increase risk of STDs

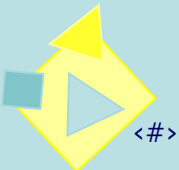




Male condom

A sheath that covers the erect penis and collects sperm when it is released.

- ▶ Available without a prescription.
- ▶ Frequently used with spermicide.
- ▶ Put on before any intimate sexual contact.
- ▶ Use once, then discard.





Male condom

Failure rate: 2% for experienced users

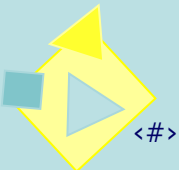
15% for inexperienced users



2%

▶ **Possible side effects:**

- ▶ irritation
- ▶ latex allergy





Male condom

STD protection:

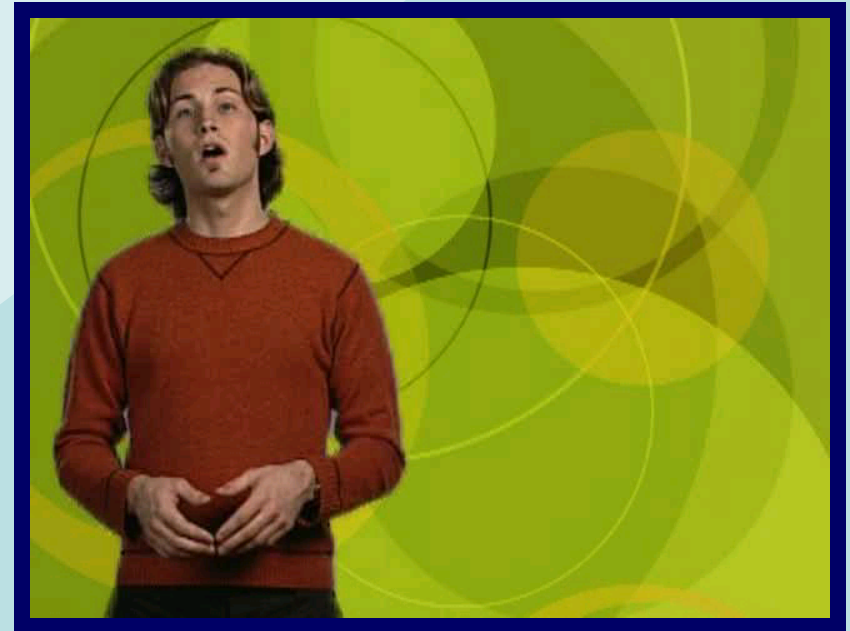
- ▶ Latex condoms are very effective against most STDs.
- ▶ Natural skin condoms are **not** effective against STDs.
- ▶ For increased STD protection, condoms should be used together with other contraceptive methods.



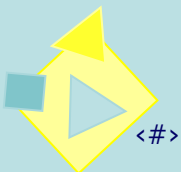


How to use a condom

1. Open package carefully.
2. Check condom for damage.
3. Leave space at tip to catch sperm.
4. Roll down completely over erect penis.
5. Apply a water-based lubricant to the condom.



Click above to play video.

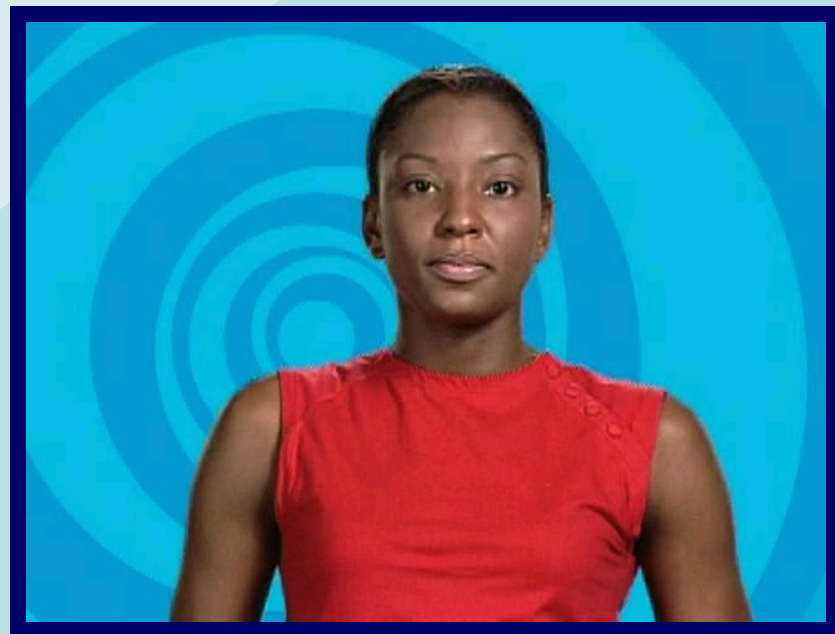




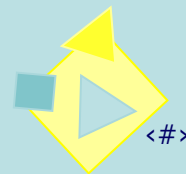
Female condom

A lubricated synthetic pouch that lines the vagina.

- ▶ Sealed at one end to cover the cervix.
- ▶ Prevents sperm from reaching the uterus.



Click above to play video.





Female condom

- ▶ Insert before intercourse.
- ▶ Should not be used with a male condom.
- ▶ Use once, then discard.
- ▶ Available without a prescription.





Female condom

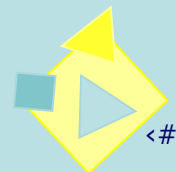
Failure rate: 5% for experienced users
21% for inexperienced users

STD protection: effective

Possible side effects:

- ▶ irritation
- ▶ allergic reaction

5%





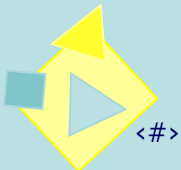
Diaphragm

A flexible rubber disk that fits over the cervix.

- ▶ Prevents sperm from reaching the uterus.
- ▶ Must be fitted and prescribed by a doctor.
- ▶ Use with spermicide.
- ▶ Leave in for 6 hours after intercourse.
- ▶ Can be reused.



Click above to play video.





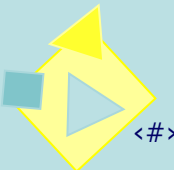
Diaphragm

Failure rate: 6% for experienced users

17% for inexperienced users

STD protection: none

6%

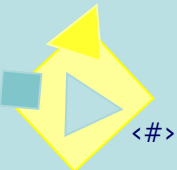




Diaphragm

Possible side effects:

- ▶ irritation
- ▶ allergic reaction
- ▶ urinary tract infection
- ▶ rare risk of toxic shock syndrome

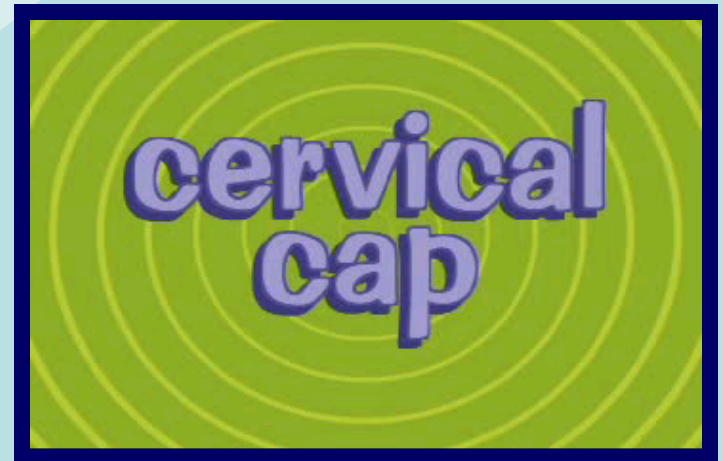




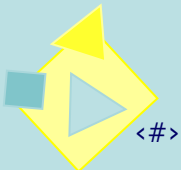
Cervical cap

A soft silicone cup that fits over the cervix.

- ▶ Prevents sperm from reaching the uterus.
- ▶ Must be fitted and prescribed by a doctor.
- ▶ Insert at least 15 minutes before intercourse.
- ▶ Use with spermicide.
- ▶ Leave in for 6 hours afterward.
- ▶ Can be reused.



Click above to play video.





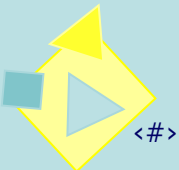
Cervical cap

Failure rate: 14% for women who have never given birth



29% for women who have given birth

STD protection: none

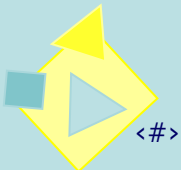




Cervical cap

Possible side effects:

- ▶ irritation
- ▶ allergic reaction
- ▶ urinary tract infection
- ▶ abnormal Pap smear
- ▶ rare risk of toxic shock syndrome

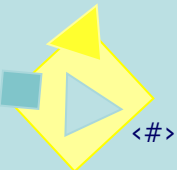




Hormonal methods

Use female hormones to:

- ▶ prevent release of an egg from ovary.
- ▶ thicken cervical mucus to make it difficult for sperm to enter the uterus.
- ▶ alter the lining of the uterus to prevent implantation of a fertilized egg.





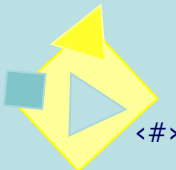
Hormonal methods

Available in these forms:

- ▶ pill
- ▶ shot
- ▶ implant
- ▶ patch
- ▶ ring



All hormonal methods must be prescribed by a doctor.



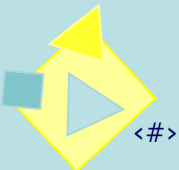


Hormonal methods

Possible side effects:

- ▶ irregular menstrual bleeding
- ▶ breast tenderness
- ▶ changes in mood
- ▶ weight gain
- ▶ nausea
- ▶ headaches

STD protection: none



First-time use



- ▶ Hormone-based birth control methods take about 7 days before hormones begin to work.
- ▶ Couples must rely on an alternate contraceptive method (i.e., condoms) during this initial period.

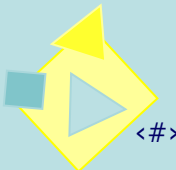


Special risk!

Hormone methods of birth control should not be used by women who smoke.

Smoking increases the risk of:

- ▶ blood clots
- ▶ stroke
- ▶ heart attack
- ▶ high blood pressure

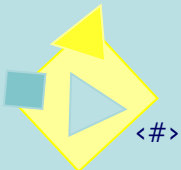




Birth control pill

Standard type:

- ▶ 21 days on the pill, 7 days off
- ▶ menstruation occurs during the days without pills





Birth control pill

Period reduction type:



- ▶ 12 weeks on the pill, 7 days off
- ▶ 1 menstrual period every 3 months



Birth control pill

Mini-pill:

- ▶ taken every day
- ▶ few or no periods
- ▶ least effective of the three types



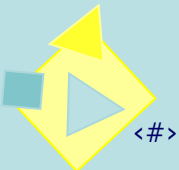


Birth control patch

A patch with hormones is applied to the skin.



- ▶ Hormones are released into the bloodstream.
- ▶ New patch applied same day each week for 3 weeks.
- ▶ No patch on the 4th week; this is when menstruation occurs.

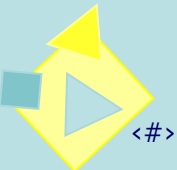




Birth control ring

A flexible ring that contains hormones.

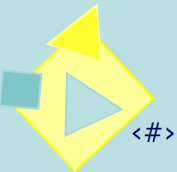
- ▶ Ring is about 2" in diameter.
- ▶ Inserted into the vagina by user.
- ▶ Hormones are released into the bloodstream.





Birth control ring

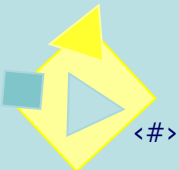
- ▶ Keep in place for 3 weeks, then remove.
- ▶ Menstruation occurs during week without the ring.
- ▶ A new ring is inserted one week after removal.





Pill, patch and ring

- ▶ Must be used exactly as directed.
- ▶ Missing even a single dose can result in pregnancy.
- ▶ Alternate birth control method should be used until the next cycle begins.



Birth control shots

- ▶ Hormones are injected every 3 months, according to doctor's recommendations.
- ▶ May cause irregular menstruation or no menstruation.
- ▶ Shots are administered by a licensed healthcare professional.

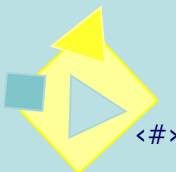




Birth control implants

A thin plastic rod containing hormones.

- ▶ Hormones are released into the bloodstream.
- ▶ Rod is no bigger than a toothpick.
- ▶ Surgically placed under the skin of the upper arm.





Hormonal methods

Pill, patch and ring:

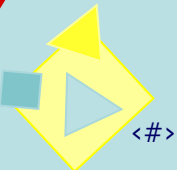
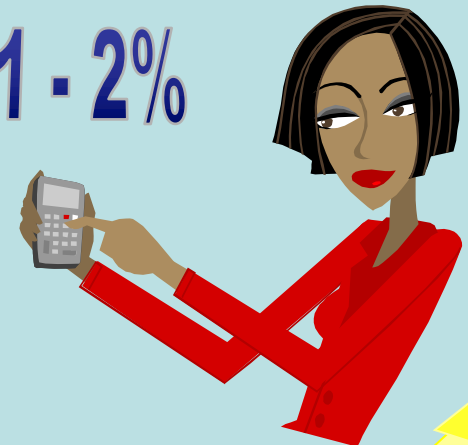
Failure rate: 1 - 2% for experienced users
5 - 8% for inexperienced users

Shot and implant:

Failure rate: 1 - 2% for all users

STD protection: none

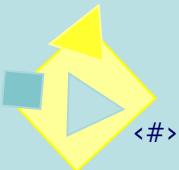
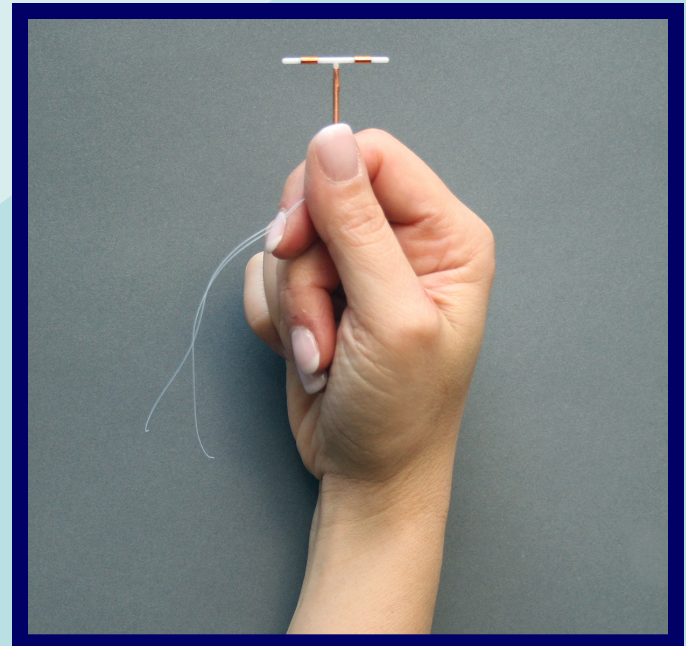
1 - 2%





Intrauterine device (IUD)

- ▶ Also called an intrauterine contraceptive (IUC).
- ▶ T-shaped plastic device inserted into the uterus by a doctor.
- ▶ Thought to interfere with sperm's motion in uterus.
- ▶ Doctor's prescription and check-ups required.

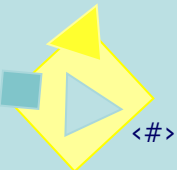




Intrauterine device (IUD)

Failure rate: less than 1%

STD protection: none

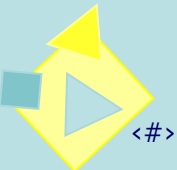




Intrauterine device (IUD)

Possible side effects:

- ▶ spotting between periods
- ▶ heavier periods and cramping with copper IUD
- ▶ IUD may fall out or become displaced
- ▶ tiny risk of damaging the uterus during insertion





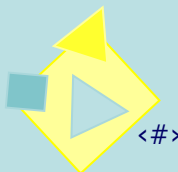
Fertility awareness

Also called:

- ▶ rhythm method
- ▶ periodic abstinence
- ▶ natural family planning



Based on the observation that an unfertilized egg can live for about 12 hours after ovulation.

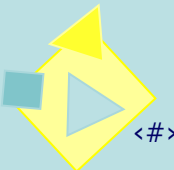




Fertility awareness

To determine a woman's most fertile period:

- ▶ She must monitor and chart her body temperature every morning.
- ▶ Temperature will rise by about 0.9°F at the time of ovulation.
- ▶ She must also check her cervical mucus—the color and consistency usually changes on the days just before/after ovulation.





Fertility awareness

This method requires a serious commitment.

- ▶ The woman must keep daily records of her cervical mucus and body temperature.
- ▶ The couple must abstain from sex (or use a barrier protection method) during the fertile period.
- ▶ Can require months of careful record-keeping before a clear fertility pattern emerges.



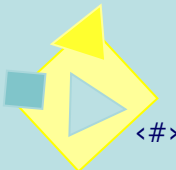


Fertility awareness

Failure rate: 2 - 9% for experienced users
20% for inexperienced users

STD protection: none

2 - 9%



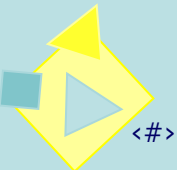


Reversible contraception

re · ver · sible —

Can be altered or changed

- ▶ So far, none of the methods described are permanent.
- ▶ All the methods described can be stopped when a couple decides to have a child.





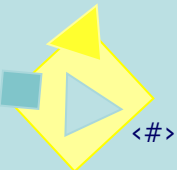
Sterilization

A surgical procedure meant to permanently stop an individual's ability to procreate.

Usually used by couples:

- ▶ who don't want more children
- ▶ when pregnancy would threaten the woman's health

In some cases, fertility can be restored by surgery.





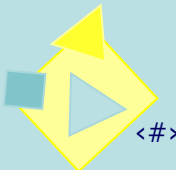
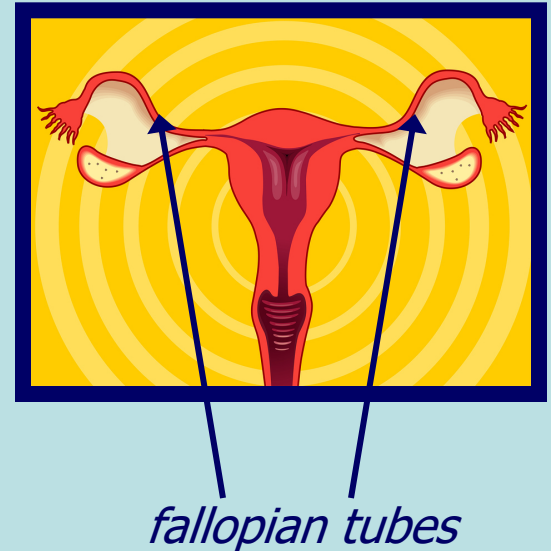
Female sterilization

Female sterilization = tubal ligation

- ▶ The fallopian tubes are cut, burned or blocked in a surgical procedure.
- ▶ Prevents the egg and sperm from meeting in the fallopian tubes.

Failure rate: less than 1%

STD protection: none

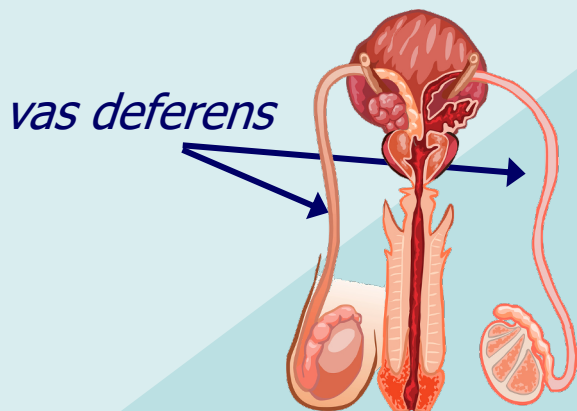




Male sterilization

Male sterilization = vasectomy

- ▶ The tubes that carry sperm (vas deferens) are cut, burned or blocked in a surgical procedure.
- ▶ Prevents sperm from leaving the male's body.



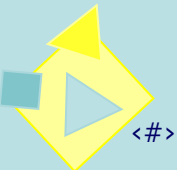
Failure rate: less than 1%

STD protection: none



Emergency contraception

- ▶ Also called the “morning-after pill.”
- ▶ Pill contains a high dose of female hormones that can prevent pregnancy after unprotected sex.
- ▶ Requires a prescription in most states.
- ▶ Will not be effective if the woman is already pregnant.



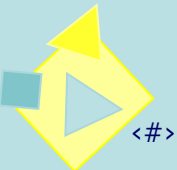


Emergency contraception

Can be used as an option when:

- ▶ a condom breaks
- ▶ a diaphragm, cervical cap or IUD slips out of position
- ▶ a pill dose is missed
- ▶ a woman is raped or forced into sex

Not a good choice for regular birth control because of the high levels of hormones.





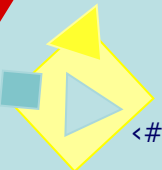
Emergency contraception

Possible side effects:

- ▶ nausea
- ▶ vomiting
- ▶ breast tenderness

Failure rate: 1 - 2%

STD protection: none





Emergency contraception

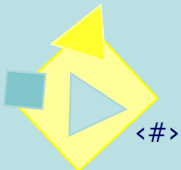
A word about rape or forced sex...

Hospitals are trained to provide appropriate care, such as:

- ▶ emergency contraception
- ▶ STD testing and treatment
- ▶ psychological support



Don't be afraid to seek emergency care!



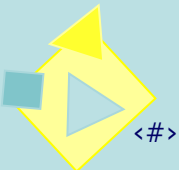


Talk about it

Contraception works best when BOTH partners discuss it.



- ▶ What is the best method for each partner?
- ▶ Does it make sense to alternate methods?
- ▶ Will the method offer protection against STDs as well as birth control?





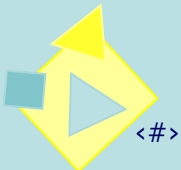
It's up to you!

There you have it—the facts about contraception.

What works for you and your partner is up to you:



It's your choice!





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