

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:



SPONSORED BY:




Science For A Better Life

FACTS ABOUT PREGNANCIES AND SEXUALLY TRANSMITTED INFECTIONS



WORLDWIDE, MORE THAN 41% OF THE 208 MILLION PREGNANCIES THAT OCCUR EACH YEAR ARE UNINTENDED.



AN ESTIMATED 33 MILLION UNINTENDED PREGNANCIES ARE A RESULT OF CONTRACEPTIVE FAILURE OR INCORRECT USE SO IT IS IMPORTANT THAT YOUNG PEOPLE ARE WELL INFORMED ABOUT THE DIFFERENT METHODS AVAILABLE.



THE LARGEST PROPORTION OF SEXUALLY TRANSMITTED INFECTIONS OCCUR IN PEOPLE YOUNGER THAN 25 YEARS OF AGE.



36% OF TEENAGERS IN A RECENT MULTI-NATIONAL SURVEY REPORTED HAVING UNPROTECTED SEX.



PREFACE

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**, 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

JUST USE IT.

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 efficient 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 EFFICIENT FORMS OF BIRTH CONTROL CURRENTLY AVAILABLE TO WOMEN WHEN TAKEN AS DIRECTED.

YOU SHOULD COMBINE BOTH METHODS FOR BEST PROTECTION AGAINST UNPLANNED PREGNANCY AND STIS!

DON'T FORGET IT.

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.

HOW DO I TALK TO A HEALTHCARE PROFESSIONAL ABOUT CONTRACEPTION?



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.



HOW DO I AND MY PARTNER CHOOSE THE BEST CONTRACEPTIVE?



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.



GETTING ORGANIZED

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 be better if you took control?



Contraceptive methods vary in their effectiveness to prevent an unintended pregnancy. The table in chapter 3 compares the efficacy 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.



HORMONAL METHODS

Hormones are a very efficient, 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 highly efficient in preventing unintended pregnancy. The combined pill is one of the most convenient, safe and efficient options used by hundreds of millions of women worldwide when taken as directed.

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 hormonal contraceptive 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

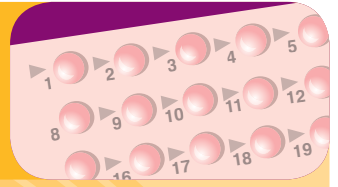
- There are a number of options available to suit different needs, for example, different combinations and doses of hormones, different application forms (pills, patch, ring, hormonal coil, implant, and injection).
- The combined pill is one of the most convenient, safe, and efficient contraceptive methods for women worldwide when taken as directed.
- A woman can get pregnant again – even in the first month – 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. Dependent on the combination and doses of hormones there may be, e.g. improvements in acne, 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 risk of a blood clot, mainly a venous thromboembolism (VTE), 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, e.g. during a long haul flight, 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 EFFICIENT IS IT?

Very high efficacy when used as directed.

HOW DOES IT WORK?

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. With some pill brands you have to take hormone-free pills during the breaks to maintain continuous intake. Here are two examples of common dosing regimens.

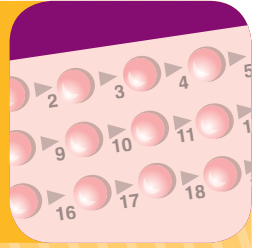
- 21-day intake, 7-day break
- 24-day intake, 4-day break

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.

- Once you discontinue your pill intake, fertility returns quickly. You may get pregnant already during the 1st month after stopping the pill.
- Hormonal pills can improve the regularity of periods, reduce pelvic cramps, give you lighter and shorter periods, lessen premenstrual symptoms. Some may also have a beneficial impact on acne.
- They can reduce the risk of ovarian cancer, cancer of the womb, and benign breast tumors.
- There is no clear evidence on whether there may be a slightly increased risk of breast cancer. In any case, 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, mainly venous thromboembolism (VTE), or in very rare cases lung embolism, stroke, myocardial infarction. The risk for VTE is lower than during pregnancy or following childbirth.

METHOD: THE PROGESTOGEN- ONLY PILL



(also known as the mini-pill)

HOW EFFICIENT IS IT?

Very high efficacy when used as directed.

HOW DOES IT WORK?

This pill only contains progestogen. It does not prevent ovulation but thickens the mucus at the entrance of the womb, making it difficult for the sperm to get through. If that fails, it also prevents the fertilized egg from nidation into the lining of the womb.

HOW DO I USE IT?

- One pill every day
- 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 EFFICIENT IS IT?

Very high efficacy when used as directed.

HOW DOES IT WORK?

The vaginal ring contains a combination of 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?

As opposed to the hormonal pill, you only have to think about it twice a month. 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 an increased risk of blot clots, mainly venous thromboembolism (VTE), or in very rare cases lung embolism, stroke, myocardial infarction. The risk for VTE is lower than during pregnancy or following childbirth.
 - 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 EFFICIENT IS IT?

Very high efficacy when used as directed.

HOW DOES IT WORK?

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?

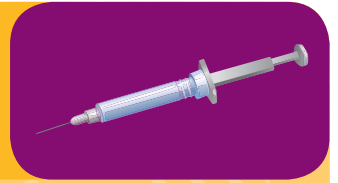
- Patch has to be changed every week for three weeks
- 7-day break

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.
- The contraceptive patch is associated with an increased risk of blood clots, mainly venous thromboembolism (VTE), or in very rare cases lung embolism, stroke, myocardial infarction. The risk for VTE is lower than during pregnancy or following childbirth.



METHOD: INJECTION



HOW EFFICIENT IS IT?

Very high efficacy when used as directed.

HOW DOES IT WORK?

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

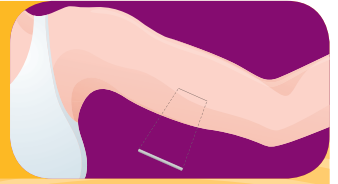
HOW DO I USE IT?

- 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 efficient and does not require any action from your side besides a visit at the HCP once a month or every three months.
- Progestogen-only injections are also suitable for women who are breast-feeding, 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. From a medical point of view, 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.
- Once injected, this method is not reversible, i.e. in case of side effects it cannot be stopped.
- 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 EFFICIENT IS IT?

Very high efficacy when used as directed.

HOW DOES IT WORK?

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
- Efficient for three up to five years
- Can be removed at any time with minor surgery



WOULD THIS METHOD SUIT ME?

- Suitable for women who want long-term contraception and wish to avoid daily or monthly regimen.
- 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 PILL



(often known as the “morning after pill”)

HOW EFFICIENT IS IT?

Reasonable efficacy when used as directed.

HOW DOES IT WORK?

It typically contains hormones that are similar to oral contraceptives, but are much higher dosed. It changes the womb, that a fertilized egg cannot implant there. It may prevent or delay an egg from being released. An emergency pill 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 efficient 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.





INTRAUTERINE METHODS

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 intrauterine devices (IUDs). The IUS or IUD is inserted into the woman's womb through her vagina by trained healthcare professionals.



Advantages

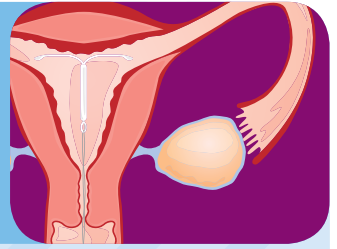
- Different types of IUS/IUD can provide contraception for three, five or even ten years.
- Once inserted, there is no need to do anything before, during, or after sex which provides flexibility.
- The IUS can considerably improve heavy and painful periods. It can also protect against cancer of the uterine lining.
- The copper IUD can be used as an emergency contraceptive and may also protect against cancer of the uterine lining.
- The ability to get pregnant will return immediately after the IUS or IUD is removed. It can be fitted even if you have not been pregnant before.



Is this methods suitable for me?

- The copper IUD may increase cramps and bleeding during monthly periods.
- Small risk of expulsion and perforation.

METHOD: INTRAUTERINE SYSTEM (IUS)



(also known as the hormonal coil)

The IUS should not be confused with the copper IUD.

HOW EFFICIENT IS IT?

Very high efficacy when used as directed. The IUS is one of the most efficient contraceptive methods available.

HOW DOES IT WORK?

The IUS is a small, soft plastic device with a reservoir containing progestogen which is placed in the womb. A low 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?

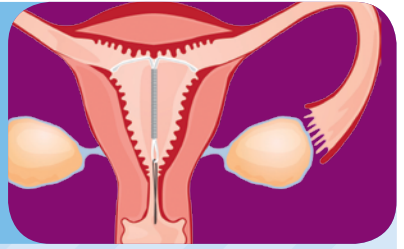
The IUS is inserted into the cavity of the womb by trained healthcare professionals.

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.

- They must be fitted by a trained professional. Both methods carry a small risk of infection at insertion and do not protect against STIs.
- IUS can stay in place for either 3 or 5 years, but can be removed any time.
- Can be used by young women as fertility returns quickly after removal.
- Can improve heavy and painful periods; may help to protect against pelvic infections and cancer of the uterine lining.
- Some women may have shorter lighter or less frequent periods, 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.
- No protection against STIs, small risk of infection at insertion. Small risk of expulsion or perforation.

METHOD: INTRAUTERINE DEVICE (IUD)



(also known as copper coil)

The copper IUD should not be confused with the IUS.

HOW EFFICIENT IS IT?

Very high efficacy when used as directed.

HOW DOES IT WORK?

A small device with a copper thread or cylinders which is placed in the womb. The IUD releases copper ions 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, and can stay in place in place for up to 10 years.

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.
- There are no systemic side effects and no drug interactions.
- May cause increased cramping, 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

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.



Advantages

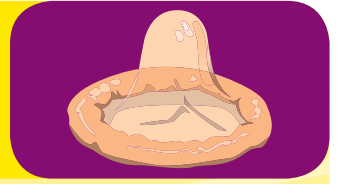
- Barrier methods provide an option for women who cannot or do not want to use hormonal or intrauterine contraception.
- The condom is the only form of contraception that offers protection against most STIs if used properly.
- Barrier methods offer protection against unintended pregnancy without acting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



Disadvantages

- Barrier methods are much less efficient at preventing unintended pregnancy than hormonal or intrauterine methods.
- They require practice to be used correctly.
- They can interfere with spontaneity, sensation, and pleasure.

METHOD: MALE CONDOM



HOW EFFICIENT IS IT?

Reasonable efficacy when used as directed.

HOW DOES IT WORK?

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?

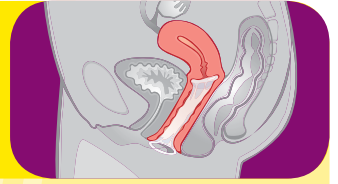
During foreplay, the condom is rolled down over the erect penis.

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 EFFICIENT IS IT?

Reasonable efficacy when used as directed.

HOW DOES IT WORK?

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



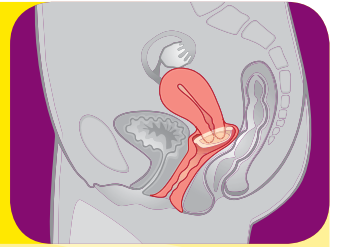
HOW DO I USE IT?

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 EFFICIENT IS IT?

Low efficacy, even when used as directed.

HOW DOES IT WORK?

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).



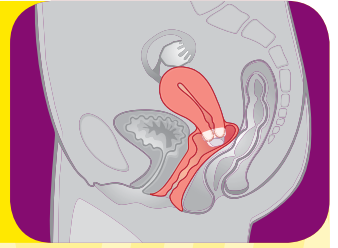
WOULD THIS METHOD SUIT ME?

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 efficient.
 - ↳ 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 EFFICIENT IS IT?

Low efficacy even when used as directed.

HOW DOES IT WORK?

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 efficient 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.



STERILIZATION

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 efficient, but reversible. Before you decide on a sterilization, you should contact an independent counselor or talk to your gynecologist.





Advantages

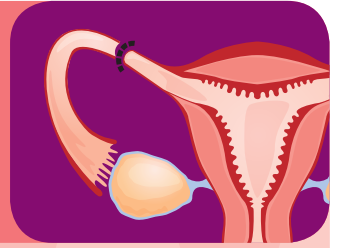
- Sterilization does not interrupt sex.
- After the sterilization has been confirmed as being successful, there is no further need for contraception.
- Hysteroscopic sterilization (i.e. tubal ligation) does not require skin incision and can be performed in outpatients without general anesthesia.



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 (i.e. transection of a man's spermatic duct) to be efficient, and women should continue with other forms of contraception until then.
- Hysteroscopic methods of female sterilization for 3 months are not efficient immediately and the woman must continue with contraception until tubal blockage is confirmed.

METHOD: FEMALE SURGICAL STERILIZATION



(tubal ligation, clips)

HOW EFFICIENT IS IT?

Very high reliability.

HOW DOES IT WORK?

A surgical procedure in which the Fallopian tubes (which carry the egg from the ovary to the womb) are cut or ligated or pinched by a clip 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?

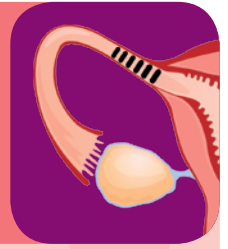
Sterilization is performed in a hospital in general anesthesia. It is important you talk first with a healthcare professional to receive counseling on the risks and benefits. It is also important that you know about the alternative reversible methods of contraception such as the IUS, IUD, injection or implant which all have similar low failure rates. Permanent sterilization is contraindicated in women who are uncertain about ending fertility.

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.

- Rarely, there can be a failure in which the Fallopian tubes reopen, or closure is incomplete.
- Sterilization is sometimes reversible, although the procedure is complicated and rarely successful.

METHOD: NON-SURGICAL FEMALE STERILIZATION



HOW EFFICIENT IS IT?

High reliability.

HOW DOES IT WORK?

Two flexible inserts are designed to slide easily into each fallopian tube. The inserts are made from the same trusted material used in heart stents. The material is flexible, so it conforms to the shape of your fallopian tubes. Once properly inserted, the inserts stay anchored in the fallopian tubes, initiating the creation of a permanent tissue barrier against pregnancy.

HOW DO I USE IT?

A specially trained doctor places the inserts into each of your fallopian tubes through the natural pathways of your vagina and cervix (hysteroscopy). There is no incision and usually no general anesthesia necessary. Over the next 3 months, your body works with the inserts to form a tissue barrier against pregnancy. This barrier prevents sperm from reaching your eggs, so pregnancy cannot occur. After placement another form of contraception is needed for 3 months or until your doctor tells you to stop after having done a confirmation test, which is an essential part of the procedure. This test verifies proper placement of the inserts and verifies tubal blockage.

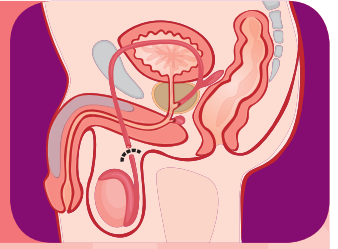
WOULD THIS METHOD SUIT ME?

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.

- Rarely, there can be a failure in which the Fallopian tubes reopen, or closure is incomplete.
- Sterilization is sometimes reversible, although the procedure is complicated and rarely successful.

Uterine or fallopian tube anomalies may make it difficult to place the inserts and not all women who undergo the procedure will achieve successful placement of both inserts. It shouldn't be used in certain conditions like e.g. current or recent genital or pelvic infection, unexplained or severe vaginal bleeding, gynecological cancer or certain treatments like corticosteroid or immunosuppressive therapy. Persons allergic to nickel titanium may suffer an allergic reaction.

METHOD: MALE STERILIZATION



(vasectomy)

HOW EFFICIENT IS IT?

Very high efficacy when performed as directed.

HOW DOES IT WORK?

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 anesthetic. 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.

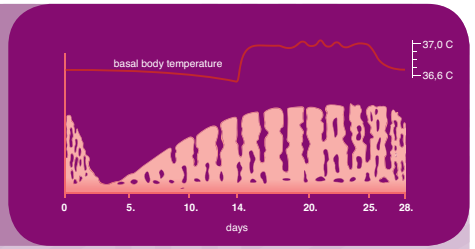




OTHER METHODS

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 efficient 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 EFFICIENT IS IT?

Low efficacy, even when used as directed.

HOW DOES IT WORK?

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. a certain time period around menstruation. Others, such as the Standard Days Method, Two Days Method, and Sympto-thermal 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 efficient calculation of fertile and infertile days difficult.

METHOD: WITHDRAWAL

(also known as coitus interruptus)



HOW EFFICIENT IS IT?

Unefficient.

HOW DOES IT WORK?

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.





OVERVIEW OF CONTRA- CEPTIVES

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 efficacy of each contraceptive and summarize the most important facts you need to know.

The following table compares the efficacy of each contraceptive method. It takes into consideration

(A) CONSISTENT AND CORRECT USE

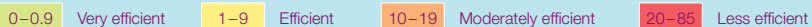
(when the contraceptive is used with 100% accuracy, as in a clinical trial or when the method does not rely on you remembering to use it as with the implant or an IUD).

(B) AS COMMONLY USED

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

Method	First-Year Pregnancy Rates (Trussell ^a)	
	As commonly used	Consistent and correct use
Implant	0.05	0.05
Male sterilization	0.15	0.1
Intrauterine System IUS	0.2	0.2
Female sterilization	0.5	0.5
Intrauterine Device IUD	0.8	0.6
Injection	6	0.2
Combined pill	9	0.3
Progestogen-only pill	9	0.3
Contraceptive patch	9	0.3
Vaginal ring	9	0.3
Diaphragms plus spermicide	12	6
Cervical cap plus spermicide	16 ^b	9 ^b
Male condom	18	2
Female condom	21	5
Withdrawal	22	4
Fertility awareness	24	
Spermicides	28	18
No method	85	85

Rates of Unintended Pregnancies per 100 Women



a) Trussell J. Contraceptive Efficacy. In Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Polcar M. Contraceptive Technology: Twentieth Revised Edition. New York NY: Ardent Media, 2011. Rates for cervical cap are from Trussell J. Contraceptive failure in the United States. Contraception. 2004;70(2): 89–96.

b) Pregnancy rate for women who have never given birth

HORMONAL METHODS

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

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

HORMONAL METHODS

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

	Injection	Contraceptive Implant	Emergency Pill
Method	Progestogen injection. Prevents sperm reaching egg and egg from being released.	One or two small rods 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.	Contains hormones that are similar to oral contraceptives, but are much higher dosed. It changes the womb, that a fertilized egg cannot implant there. It may prevent or delay an egg from being released.
Advantages	Lasts for 12 weeks. Can be used if you are breastfeeding.	Effective for three up to five years, but reversible. You don't have to remember to take a pill. Contraceptive implants are reversible, but not easily reversible.	If you've had unprotected sex or a method of contraception has failed, this method can stop you from getting pregnant.
Considerations	Return to fertility may be delayed. Weight gain is possible. Not promptly reversible in case of side effects.	Requires a small surgical procedure and has to be applied and removed by a trained physician. Should be taken as soon as possible after unprotected intercourse.	Should be taken as soon as possible after unprotected intercourse. The sooner a woman takes it the more efficient it will be.
Efficacy	Over 99% efficient when used properly.	Over 99% efficient when used properly.	Risk of pregnancy is substantially reduced with highest efficiency when taken within 12 hours of unprotected intercourse.
STI and HIV Protection	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.

INTRAUTERINE CONTRACEPTION

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

	IUS (Intrauterine System)	IUD (Intrauterine Device)
Method	Small plastic device with progestogen fitted in uterus. Prevents egg and sperm from meeting.	Plastic and copper device fitted in uterus. Prevents egg and sperm from meeting and immobilizes the sperm.
Advantages	Stays in place for 3 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.	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.
Considerations	Spotting and irregular bleeding are common initially, though periods usually become lighter and shorter. The insertion requires a specially trained healthcare professional.	May make periods heavier and longer and/or may increase period pains. The insertion requires a specially trained healthcare professional.
Efficacy	Over 99% efficient.	Over 99% efficient.
STI and HIV Protection	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.

BARRIER METHODS

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

	Male Condom	Female Condom	Diaphragm plus Chemical	Cervical Cap plus Chemical
Method	Rubber or latex sheath traps sperm during sexual intercourse.	Thin plastic sheath placed in vagina to trap sperm.	Dome of rubber placed over cervix to prevent sperm entering uterus. Spermicides required.	A thin rubber cap that fits over the cervix and blocks the entrance of the womb. It is used with a spermicide.
Advantages	Readily available. Only use during sexual activity. Can be used as a back-up for other methods.	Only use during sexual activity.	Only use during sexual activity.	Simple and independent to use, can be put in anytime before intercourse.
Considerations	Can reduce spontaneity.	Can reduce spontaneity.	You must leave the diaphragm in place for at least 6 hours after having sex and you need to use spermicide every time you have sex.	Needs consultation with healthcare professionals for size and type of cap, Needs some practice, reduces spontaneity.
Efficacy	98% efficient if used correctly.	95% efficient if used correctly.	94% efficient if used correctly.	91% efficient if used correctly.
STI and HIV Protection	Helps protect against STIs and HIV/AIDS.	Helps protect against STIs and HIV/AIDS.	Helps protect against STIs and HIV/AIDS.	Helps protect against STIs and HIV/AIDS.

STERILIZATION

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

	Female Sterilization (tubal ligation)	Male Sterilization (vasectomy)
Method	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. Non-surgical options block the fallopian tubes by entering via vaginal tract.	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.
Advantages	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.	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.
Considerations	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.	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 efficient, and other forms of contraception are needed until then.
Efficacy	Very high efficacy when performed properly.	Very high efficacy when performed properly.
STI and HIV Protection	No protection against STIs or HIV/AIDS.	No protection against STIs or HIV/AIDS.



FAQS ABOUT CONTRACEPTION

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 EFFICIENT 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, are highly effective in preventing pregnancy. Some types of hormonal contraception contain the hormones estrogen and progestogen. These inhibit 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 weekly to 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. A IUS is similar to an IUD, but releases small doses of a progestogen instead of copper. Once in place most intrauterine methods will provide contraceptive protection for up to five years (IUS) or even up to ten years (copper IUD). 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. 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. It should not be used regularly because of its high hormone dose. It should only be a back-up method.

IS THE WITHDRAWAL METHOD EFFICIENT 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 inefficient. As commonly used, about 27 pregnancies occur per 100 women whose partner uses withdrawal over the first year.

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 efficient 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 effect stops as soon as a women stops taking the pill or has a ring, patch, or implant removed.

DISCLAIMER

The aim of this contraception guide is to provide an overview of available contraceptive methods. By showing their efficacy 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.



REFERENCES:

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

Bayer Pharma AG. Data on file. Talking Sex and Contraception Survey. TNS Healthcare. July 2009.

Cancer Research UK. Breast Cancer risk factors 2008. Available at: <http://info.cancerresearchuk.org/cancerstats/types/breast/riskfactors/>(Accessed 12 March 2008.)

Sedgh G et al. Induced abortion, rates and trends worldwide. *Lancet* 2007; 370:

Singh, S., G. Sedgh, et al. (2010). Unintended pregnancy: worldwide levels, trends, and outcomes. *Stud Fam Plann* 41(4): 241–250.

Hannaford PC Cancer risk among users of oral contraceptives: cohort data from the Royal College of General Practitioner's oral contraception study2007, *BMJ* doi:10.1136/bmj.39289.649410.55

Trussell J. Contraceptive efficacy. In: Hatcher RA, Trussell J, Stewart F, Nelson A, Cates W, Guest F, Kowal D. *Contraceptive Technology: Nineteenth Revised Edition*. New York, NY: Ardent Media, 2007. 1338–45.

Singh, S and Darroch, J. E. Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012. Guttmacher Institute and UNFPA. June 2012. Page 1.

WHO, *Unsafe Abortion—Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008*, 6th ed, 2011.

Trussell J. Contraceptive Efficacy. In Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar M. *Contraceptive Technology: Twentieth Revised Edition*. New York NY: Ardent Media, 2011.

Mullick, S et al. Sexually transmitted infections in pregnancy: prevalence, impact on pregnancy outcomes, and approach to treatment in developing countries. *Sex Transm Infect* 2005; 81: 294-302.

World Contraception Day/Your Life content does not necessarily reflect the viewpoints of the members of WCD partner coalition.

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



A large, light blue rounded rectangle occupies the majority of the page. It contains 21 horizontal blue lines, evenly spaced, intended for writing notes.

A large light blue rounded rectangle with 20 horizontal blue lines, intended for writing notes. The lines are evenly spaced and extend across the width of the rectangle.

YOUR GUIDE TO CONTRACEPTION

