

different contraceptive methods

Refer to fact sheet on
Contraceptive Methods to
develop a detailed curriculum.

- 1 Most contraceptive methods are for use by females; only a few methods are used by the male. There are many methods to choose from. Each person has the right to free and informed consent regarding which method to use. Many couples cooperate in the choice and use of their method.**

- 2 No contraceptive method is perfect, and every method has its own characteristics. Some methods carry medical restrictions.**
 - Only two methods, the male and female condom, protect against HIV.
 - Some, but not all, methods may affect sexual pleasure or performance.
 - Some methods are easy to obtain. Others require a visit to a health clinic and may involve a physical examination.
 - Methods vary in their effectiveness at preventing pregnancy.
 - Some methods carry risks of side effects to the user's health.
 - The use of some, but not all, methods may be stopped and started easily.
 - Some methods are more satisfactory for people who have sex relatively infrequently.
 - Methods vary in their cost and availability.

- 3 People often try different methods to figure out which one works best for them.**
 - A health care provider can offer information about the benefits, disadvantages, and side effects of different methods.
 - If a person is not comfortable with a method, she or he can change to a different method.

4 Some people choose contraceptive methods that offer the greatest protection against infection. These methods are inserted or put on each time a couple has sex. These are called “barrier methods” because they create a barrier between the egg and the sperm, making fertilization impossible.

- Condoms (male and female) offer protection against both pregnancy and HIV. They also protect against a number of other STIs, including some that may damage future fertility.
- In many places, young people can obtain condoms free of charge or can purchase them at a pharmacy or at other kinds of stores.
- Some people feel that condoms reduce sexual pleasure. Others do not think so, or feel that this drawback is outweighed by having protection against unwanted pregnancy and STIs (including HIV).
- For extra protection, many couples use condoms in addition to another contraceptive method.
- Other barrier methods, such as the diaphragm and the cervical cap, are used by the female. It is not yet known whether the cap or diaphragm offers any protection against infections.

5 Some people choose contraceptive methods (such as “the pill,” hormonal implants, injectable hormones, hormonal patches, the vaginal ring, and the IUD) that are especially effective in preventing pregnancy.

- These methods do not protect against sexually transmitted infections. Combining the use of one of these methods with a male or female condom can offer greater protection against both pregnancy and sexually transmitted infections, including HIV.
- These methods tend to have more side effects. For example, certain hormonal methods reduce interest in sex among some women.
- These methods have more potential health-related complications, although they may also have some health benefits.
- These methods may be more convenient to use.
- These methods may be easier for females to use regardless of their partners’ active participation; some may be used even without their partners’ knowledge.

6 In order to avoid an unwanted pregnancy, some women learn techniques to identify which days in their menstrual-ovulation cycle they are most likely to be fertile (to be able to become pregnant). There are a variety of these techniques, which as a group are called “fertility awareness methods.” For example, a woman can learn to calculate her likely fertile days, based on her past menstrual cycles. She can also observe changes in her own body, including a shift in body temperature and changes in the texture of the mucus discharge from the vagina.

[See fact sheet on the Menstrual Cycle.]

- Learning to identify the fertile period takes time; a woman has to learn about the menstrual cycle and to practice observing and recording cyclical changes in her own body.
- During the fertile days of the menstrual-ovulation cycle, couples may use a contraceptive method such as the condom, or they may avoid having vaginal intercourse. [See earlier section on the Reproductive System.]
- Each woman’s menstrual-ovulation cycle is different. Hormones, illness, and other factors often disrupt the regularity of the cycle.
- Younger adolescents often have irregular cycles that make it difficult to use these methods effectively.
- These methods do not protect against STIs or HIV.
- Many couples find it difficult or inconvenient to use these methods effectively.

7 Some couples prevent pregnancy by agreeing that the male will withdraw his penis from his partner’s vagina before he ejaculates (has an orgasm, releasing semen). This is referred to as “withdrawal.”

- If used properly and consistently, withdrawal is effective at preventing pregnancy.
- Effective use requires a great deal of control and commitment by the male. For this reason, couples trying to use withdrawal have more unintended pregnancies than users of many other methods. Proper and consistent use is often a challenge for young people.
- Withdrawal does not provide effective protection against HIV (or other STIs).

8 Some people choose sterilization, a surgical contraceptive method that must be considered permanent. Both males and females can be sterilized.

9 A woman may obtain protection from pregnancy after she has had intercourse by using a method called “emergency contraception.”

[See fact sheet on Emergency Contraception.]

- Emergency contraception is useful in cases when the couple did not use a contraceptive, experienced a method failure (for example, as a result of a torn condom), or when the woman was forced to have sex.
- Emergency contraception is fairly effective for as long as five days after having unprotected sex. But it works best if used as early as possible during this period.
- The most common form of emergency contraception contains a specific dose of a hormone used in many oral contraceptives. Emergency contraception pills are often packaged specifically for this purpose. In some places, the method is available without a doctor’s prescription.
- Inserting an IUD within five days of intercourse is another option for emergency contraception.
- Emergency contraception is not a method of abortion. It will not end an established pregnancy.

10 Sometimes contraceptives fail.

- When they do, some women choose to continue the unplanned pregnancy. [See Unit 6, pages 174–177.]
- Other women choose to end the pregnancy. [See the following section.]





SEE ACTIVITIES BOOK
Activity 51

**contraceptive knowledge
games**

Students review information about contraceptive methods by way of a crossword puzzle and a game. They discuss shared responsibility for contraception.

contraceptive methods






temporary “user-controlled” methods that block the sperm from reaching the egg

METHOD	What it is and how it works	Protection against STIs/HIV?	Other characteristics
Male condom 	A thin latex sheath rolled onto the erect penis before intercourse that prevents sperm from entering the vagina.	Yes	<p>It is one of the two methods that offer double protection, against pregnancy and infection, thus may also protect against infertility and cervical cancer.</p> <p>It enables men and boys to protect themselves and their partners. It is easily available.</p> <p>It must be put on during sexual activity prior to intercourse. Some people find that it reduces sensation.</p> <p>It may break or leak, especially if used incorrectly.</p>
Female condom 	A lubricated plastic sheath with two rings. One remains outside the vagina, covering part of the labia, and the other is placed in the vagina, covering the cervix. It forms a pouch that collects the semen.	Yes	<p>It can be inserted hours before sexual activity begins. It enables women and girls to protect themselves and their partners.</p> <p>It is noticeable during sex, and insertion may require practice. It is expensive in comparison with the male condom.</p>
Diaphragm or Cervical cap 	<p>Diaphragm: A shallow, soft, rubber cup that is filled with spermicide and inserted into the vagina before intercourse. It covers the cervix to prevent sperm from entering, and the spermicide kills sperm.</p> <p>Cervical Cap: A thimble-shaped latex cup that is inserted into the vagina, fitting snugly over the cervix and held in place by suction to block sperm. It should be used with a spermicide.</p>	It is not yet known whether the cap or diaphragm offers any protection against infections	<p>It can be inserted before sexual activity begins. It is not widely available.</p> <p>It may be dislodged during sex. It must be fitted by a health care provider.</p>
Spermicides 	Chemical foams, creams, jellies, film, or suppositories inserted into the vagina before intercourse, creating a barrier and killing sperm. A spermicide can be used alone or with a barrier method, such as a condom, to increase its effectiveness.	No	<p>Repeated use of nonoxynol-9 (N-9) spermicides can lead to genital lesions, which can increase the risk of HIV transmission. They should not be used by women at high risk for HIV infection. Some are messy.</p>

Note: This fact sheet accompanies the content in unit 7, pages 210–213.

For additional information, including on side effects, effectiveness, and how to use, see <www.who.int/reproductivehealth/publications/family_planning/9780978856304/en/index.html>.

long-acting methods that work inside the body's system

METHOD	What it is and how it works	Protection against STIs/HIV?	Other characteristics
Oral contraceptives ("the pill") 	Small pills containing synthetic hormones (estrogen and progestin, or only progestin) that prevent ovulation and interfere in sperm migration by thickening the cervical mucus. They are taken orally every day by the woman for 21 or 28 days, depending on the brand and type.	No	It does not require the woman to insert or apply anything at the time of sexual relations. It may reduce menstrual cramps and the risk of certain kinds of cancer, anemia, breast problems, and pelvic inflammatory disease. The woman must remember to take the pill regularly. Typically, fertility resumes quickly after the woman stops taking the pill.
Injectables 	An injection given at regular intervals, usually every one or three months, containing progestin, a synthetic hormone that prevents ovulation and thickens the cervical mucus.	No	The method can be used without the knowledge of others. It does not require the woman to insert or apply anything at the time of sexual relations. It may decrease the risk of certain kinds of cancer. Fertility resumes within a few months after stopping use.
Vaginal ring 	A thin, soft, flexible ring inserted in the vagina by the woman. It slowly releases estrogen and progestin, stopping ovulation and thickening the cervical mucus.	No	It does not require the woman to insert or apply anything at the time of sexual relations. After the woman stops using it, fertility returns immediately.
Contraceptive patch 	A small adhesive patch applied to the skin that slowly releases progestin and estrogen through the skin to prevent ovulation and thicken the cervical mucus.	No	It does not require the woman to insert or apply anything at the time of sexual relations. It is less effective for women weighing more than 90 kilos (198 lbs.) than for other women. After the woman stops using it, fertility quickly returns.
Implants 	One or two small, soft rods implanted in the woman's upper arm that release a steady low dose of progestin over a period of three to five years. Thickens the cervical mucus and inhibits ovulation.	No	Implants can be removed at any time, but they must be inserted and removed by a trained provider. It does not require the woman to insert or apply anything at the time of sexual relations. Fertility resumes immediately upon removal.

Intrauterine devices (IUDs)






Small devices, commonly shaped like a T, that are placed in the uterus by a health care provider. Some IUDs release progestin (a hormone), while others contain copper, which has antifertility effects. They keep the sperm from reaching the egg. Some types of IUDs can work for as long as ten years.

No

This method does not interrupt sex; it is not noticeable during intercourse.
If an infection is present during insertion, or if the conditions for insertion are not sterile, insertion may lead to pelvic infection and increased risk of infertility.
The body sometimes expels the IUD.
It must be inserted and removed by a trained provider.

“natural methods” — methods that require specific behaviors and an understanding of one’s body

METHOD	What it is and how it works	Protection against STIs/HIV?	Other characteristics
Lactational amenorrhea method 	For breastfeeding women only. Breastfeeding causes the body to produce hormones that can prevent ovulation. As contraception, this method is effective only during the first six months of breastfeeding or until the woman has resumed menstruation (whichever comes first), and only if the baby is fed only breastmilk and on demand.	No	Breastfeeding is free and has positive health effects for the mother and the baby. The lactational amenorrhea method (LAM) may be difficult for women who need to be away from their baby regularly.
Withdrawal 	Pulling the penis out of the vagina and away before ejaculating prevents sperm from entering the vagina. This method can be effective if used correctly and consistently.	No	Withdrawal is always available and free. It is considerably more effective than not withdrawing. It depends on the man’s self-control and ability to predict ejaculation; women have no control with this method. It interrupts sex and may lessen pleasure.
Cervical mucus method of fertility awareness 	The cervix secretes mucus that can be observed when wiping after urination or on underwear. The type and amount of this mucus changes during the woman’s cycle. A woman can learn to tell which type of mucus indicates that she might be fertile and which type indicates that she is not fertile. During fertile days, she can use a barrier method of contraception or she can abstain from intercourse. (See fact sheet on Menstrual Cycle).	No	This method increases a woman’s awareness and understanding of her body. It allows a woman to predict when she will begin her next menstrual cycle. It can also help couples who are trying to become pregnant to identify the most fertile days of the cycle. It is acceptable to religious groups that oppose the use of other methods. It requires time to learn the method, the discipline to maintain daily observation of mucus, and the cooperation of the woman’s partner.

Temperature method of fertility awareness



A woman's body temperature rises slightly with ovulation. By taking her temperature every morning before getting out of bed or moving around, she can identify when ovulation has occurred. Ovulation cannot be predicted, but a few days after ovulation occurs, the woman knows she is not fertile for the remainder of the cycle. Until ovulation has occurred, she can use a barrier method of contraception or she can abstain from intercourse.

No

A special thermometer called a basal body thermometer is needed that enables the user to notice slight differences in temperature. Because the woman's temperature sometimes dips just before ovulation, the method can help couples who are trying to become pregnant to identify the most fertile days of the cycle. This method requires the woman's partner's cooperation.

Calendar, Standard Days, or CycleBeads methods



Many women have menstrual cycles that are fairly predictable in terms of how often a new cycle starts. CycleBeads (used for the Standard Days Method) and the calendar are two methods that a woman can use to identify the fertile days during which she can abstain from sex or use a barrier method of contraception.

No

This method is most practical for women with regular cycles. It can also help couples who are trying to become pregnant to identify the most fertile days of the cycle. It requires the woman's partner's cooperation.

permanent surgical methods

METHOD	What it is and how it works	Protection against STIs/HIV?	Other characteristics
<p>Vasectomy, male sterilization</p>	<p>A simple, outpatient operation in which the vas deferens is cut and tied. Sperm then are harmlessly reabsorbed into the man's body, rather than entering the semen. It does not change a man's ability to have sex, feel sexual pleasure, or ejaculate.</p>	No	<p>Vasectomy is not effective until three months after the surgery. This is a permanent method.</p>
<p>Female sterilization, tubal sterilization</p>	<p>A surgical procedure to cut and tie (tubal ligation), or block, the fallopian tubes, preventing the sperm and egg from meeting. It does not change a woman's ability to have sex or to feel sexual pleasure.</p>	No	<p>This is a permanent method.</p>

emergency contraception (EC)

What is emergency contraception?

Emergency contraception (EC) refers to methods of preventing pregnancy that can be used after unprotected intercourse has occurred. For example, it can be used after contraceptive failure (such as in cases where a condom breaks), when a method has been used incorrectly, after having sex without contraception, or after rape. EC can prevent pregnancy if taken within five days after unprotected sex, but works best when taken as early as possible within this time period. EC is not abortion.

What methods are used for emergency contraception?

Pills — Pills containing progestin (a hormone contained in many contraceptive pills) are the most common EC method. As of 2009, the recommendation is to take one pill containing 1.5 mg of this hormone or two pills containing .75 mg each. The pill or pills may be taken in a single dose or in two doses, the first as soon as possible after unprotected sex and the second 12 hours later. In some places EC comes pre-packaged as two pills. The method is sometimes called the “morning-after pill.” Regular contraceptive pills taken for a short time at a much higher dosage than usual can also work, but the dosage depends on the type and brand of pill and must be determined by a knowledgeable health care provider.

IUD — Another emergency contraceptive method is the copper-releasing intrauterine device (IUD), which can be inserted by a trained health care provider within five to seven days after the woman has had unprotected sex. The IUD is not appropriate for women at risk of a sexually transmitted infection, however, and in some countries, it has not been approved for emergency contraception.

How do they work?

EC pills work by preventing ovulation (see fact sheet on the Menstrual Cycle), preventing an egg and sperm from joining, or preventing implantation, whereby a fertilized egg attaches to the uterus (see fact sheet on Reproduction and Pregnancy). EC does not cause an abortion, because it does not work if the woman is already pregnant.

Copper-releasing IUDs are believed to work by interfering with implantation.

How effective is emergency contraception?

The effectiveness of emergency contraceptive pills depends on the type of pill that is used and how soon it is taken after having unprotected sex. The sooner the pills are taken after unprotected sex, the more effective they are. Estimates suggest that EC pills are about 90 percent effective in preventing pregnancy. Emergency IUD insertion is 99 percent effective.

Does emergency contraception protect against sexually transmitted infections?

Emergency contraception provides no protection against sexually transmitted infections, including HIV.

This fact sheet
accompanies
unit 7, page 213.