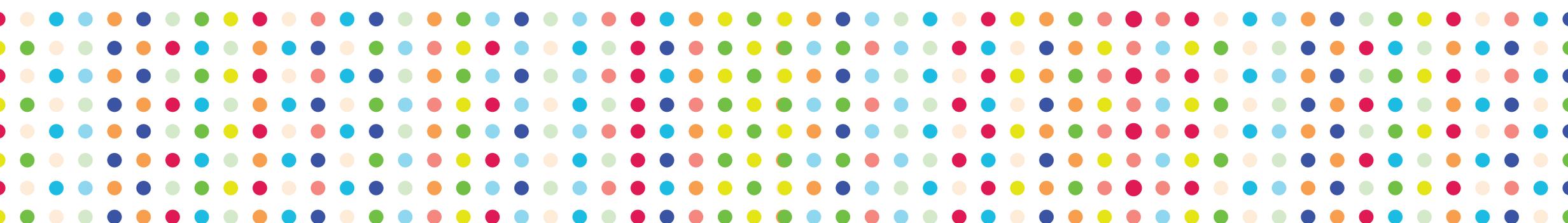


# Contraception

An Overview (Teacher's Version)



# Contraception: An overview

When young people are deciding which type of contraception is right for them, it is important for them to think about how it works to prevent pregnancy and how reliable it is. This flipchart explains:

- key facts about contraception
- the options to choose from
- how they work
- how well they work
- the pros and cons of each method.

It has been designed to introduce the topic of contraception and help students to understand the choices available to them. However, it doesn't include everything that they need to know. For primary students, it can be used as a visual tool to help in illustrating the basic facts about contraception.

For secondary students, it can be used to deliver more detailed information. However, even at this level, it is important to avoid giving too many facts.

Instead, students should be made aware of the need to use contraception and know where it can be accessed in their local community. This may include a doctor, nurse, community health centre or family planning clinic.

Deciding which type of contraception to use is a personal choice that a young person makes based on their own body, lifestyle and needs. These professionals can help them make the decision that is right for them.

Contraception is only necessary for people who are having sexual intercourse with the opposite sex. However, all young people should be aware of the contraceptive methods that are available, as they may have intercourse with the opposite sex (even if they identify as same-sex attracted).



# Key facts about contraception

## Types of contraception

The types of contraception available are:

- fit and forget methods that are long lasting
- pills that you need to take every day
- barriers that you need to use every time you have sex
- other methods including sterilisation, natural methods and emergency contraception.

## No method is 100% effective

Percentages help explain how well each type of contraception works to prevent pregnancy. Some methods work better than others, even when you use them the right way.

If a method is '98% effective', it means that if 100 women used it the right way every time they had sex for a year, two would get pregnant and 98 wouldn't. For example, condoms can slip off or break when having sex, so for the average user, they are only 85% effective. That means 15 out of 100 women who use condoms would get pregnant each year and 85 wouldn't. Fit and forget methods work better than methods where you have to take or use something every day or every time you have sex. The contraceptive implant (sold as Implanon™) is the most effective form of reversible contraception available.

## If contraception is not used, pregnancy can occur

If a heterosexual couple don't use contraception every time they have sex, there is a chance that the woman could get pregnant, even if:

- it is her first time having sex
- she doesn't have an orgasm

- the penis is withdrawn from the vagina before ejaculation
- the couple have sex when the woman has her period
- the vagina is washed after having sex
- the couple have sex in a position that is different to normal

If the couple want to have sex but don't want to get pregnant, they need to use contraception.

## Contraception and sexually transmissible infections

Most types of contraception don't protect against sexually transmissible infections (STIs). Condoms, both male and female, give some protection if they are used the right way every time a couple has sex.

## Breastfeeding

Breastfeeding is 98% effective in preventing pregnancy, but only if:

- the woman hasn't had a period since her baby was born AND
- her baby is less than six months old AND
- she is *only* breastfeeding, meaning her baby isn't having any other food or drink.

The woman should talk with a doctor or nurse before she starts using breastfeeding as contraception.

## Contraception and menopause

When women are under 50, they need to keep using contraception for two years after they have had their last period.

When women are over 50, they need to keep using contraception for 12 months after they have had their last period.



# The contraceptive implant (Implanon™)

## What is it?

The contraceptive implant (sold as Implanon™) is a soft rod implant (4cm x 2mm) that contains a hormone called progestogen.

A doctor inserts it under the skin on the inner side of a woman's upper arm.

You can feel the rod, but usually can't see it.

## How does it work?

It stops the woman's body from releasing an ovum (egg) each month.

It makes the fluid at the opening to her uterus (womb) thicker, stopping sperm from getting through.

## How well does it work?

The implant is more than 99.9% effective. It is the most effective form of reversible contraception available and is well suited to young people.

## What are the pros?

Once the implant has been put in, it lasts for three years.

In most cases, it is easily taken out by a doctor.

The woman has about a 25% chance of having no periods at all. If she does have periods, they are usually less painful.

Once the implant has been taken out, her chance of getting pregnant quickly goes back to normal.

Diarrhoea and vomiting won't stop it from working.

The implant may be a good option for women who can't take the pill.

It may improve the woman's skin.

## What are the cons?

The woman may have her period more often or at odd times, bleed between periods or have no periods at all.

She may feel hungrier than usual, have sore breasts, headaches, bloating, mood swings or changes to her skin.

The implant won't protect her from STIs.

## Other facts you should know

A doctor uses local anaesthetic to put the implant in and take it out.

Some medications, like the ones used to treat epilepsy, and the natural remedy St John's Wort, may stop it from working.



# The contraceptive injection (Depo-Provera™)

## What is it?

The contraceptive injection also known as Depo (Depo-Provera™), is an injection that a woman has every 12 weeks.

It is made from a hormone called progestogen.

## How does it work?

It stops the woman's body from releasing an ovum each month.

It makes the fluid at the opening to her womb thicker, stopping sperm from getting through.

## How well does it work?

If used the right way, Depo is 99.8% effective. Given mistakes that can happen, like forgetting to have an injection when it is due, it may only be 93% effective.

## What are the pros?

Once the woman has had an injection of Depo, it lasts for 12 weeks.

She has about a 50% chance of having no periods at all. If she does have periods, they are usually less painful.

No one can find out that she is using Depo unless she tells them.

It may be a good option for women who can't take the pill.

Medications and natural remedies won't stop Depo from working.

## What are the cons?

If the woman stops using Depo, it may take some time for her periods and her chance of getting pregnant to go back to normal.

She may have her period more often or at odd times, bleed between periods or have no periods at all.

She may feel hungrier than usual or have sore breasts, headaches, mood swings or changes to her skin. These effects can last 12 weeks or longer.

Depo won't protect her from STIs.

## Other facts you should know

Depo causes thinning of the bones (where a woman loses a small amount of bone density), but this should go back to normal soon after she stops using it. This may be more relevant to younger women than older women.

Women who have other health problems like heart or severe liver conditions, should talk with a doctor or nurse before starting Depo.



# Intrauterine devices (IUDs)

## What is it?

An intrauterine device (IUD) is small, plastic and T-shaped with a nylon string at the end.

It is put inside a woman's womb by a doctor.

The two types available are copper and hormonal (sold as Mirena™).

## How does it work?

It stops sperm from meeting an egg.

It stops an egg from sticking to the inside of the women's womb.

## How well does it work?

Both the copper and hormonal IUD are more than 99% effective.

## What are the pros?

The woman doesn't have to remember to take or use something every day.

The hormonal IUD will make her periods lighter.

Medications and natural remedies won't stop the copper or hormonal IUD from working.

Both types last for five to 10 years.

## What are the cons?

The copper IUD may make the woman's periods heavier and more painful.

She has a small risk of infection around the time the copper or hormonal IUD is put in.

It has to be put in by a specially trained doctor.

It won't protect her from STIs.

## Other facts you should know

The woman needs to check the string in her vagina after every period to make sure that the IUD hasn't moved out of place or fallen out.

Her chance of infection may be higher if she has a high risk of STIs or changes sexual partners often.

Her chance of getting pregnant goes back to normal as soon as the IUD has been taken out.



# The combined pill

## What is it?

The combined pill, also known as 'the Pill', is made from two hormones called oestrogen and progestogen.

Most packs have 21 hormone pills and seven sugar pills or 24 hormone pills and four sugar pills.

## How does it work?

It stops the woman's body from releasing an egg each month.

It makes the fluid at the opening to her womb thicker, stopping sperm from getting through.

## How well does it work?

If you use it the right way, the Pill is 99.7% effective. Given mistakes that can happen, like missing a pill, it may only be 91% effective.

It can take one to 12 days to start working.

## What are the pros?

The Pill can make the woman's periods regular, shorter, lighter and less painful.

It can make her skin better.

It lessens her chance of getting cancer of the womb and ovaries.

## What are the cons?

The woman has to remember to take a pill every day.

She may feel sick or have bleeding between periods, sore breasts, headaches, bloating, mood swings or changes to her skin.

It won't protect her from STIs.

The Pill may not be a good option for women who:

- Have certain types of migraine headaches
- Are very overweight
- Have health problems like high blood pressure or heart or severe liver conditions
- Are smokers, especially if they are over 35
- Are on certain medications.

## Other facts you should know

If the woman takes a pill more than 24 hours late, vomits or has severe diarrhoea, it may not work.

Some medications, like the ones used to treat epilepsy, and the natural remedy St John's Wort, may stop the pill from working.

If she misses a pill and then has sex, she may need emergency contraception (EC), also known as 'the morning after pill'. EC should be taken as soon as possible and is best taken within 24 hours of having sex, but still works well within 96 hours (4 days). It can be taken within 96 to 120 hours (5 days), but it won't be very effective.



# The mini pill

## What is it?

The mini pill is made from only one hormone called progestogen.

Each pack has 28 hormone pills (there are no sugar pills).

## How does it work?

It makes the fluid at the opening to a woman's womb thicker, stopping sperm from getting through.

It may stop her body from releasing an ovum (egg) each month.

## How well does it work?

If used the right way, the mini pill is 99.7% effective. Given mistakes that can happen, like taking a pill late, it may only be 91% effective.

The mini pill starts working after the woman has taken the first three pills.

It usually works better in older women than in younger women.

## What are the pros?

The mini pill is a better option than the combined pill for women who:

- have certain types of migraine headaches
- are smokers and are aged over 35
- have high blood pressure
- have headaches or feel sick when they take the combined pill
- are breastfeeding.

## What are the cons?

- The woman has to remember to take a pill at the same time every day.
- She may have her period more often or at odd times, bleed between periods or have no periods at all.
- She may have headaches or sore breasts.
- The mini pill won't protect her from STIs.

## Other facts you should know

If the woman takes the mini pill 3 hours late, vomits or has severe diarrhoea, it may not work.

Some medications, like the ones used to treat epilepsy, and the natural remedy St John's Wort, may stop it from working.

If she misses a pill and then has sex, there is a chance she could get pregnant. She should use emergency contraception (EC) as soon as possible. EC is best taken within 24 hours of having sex, but still works well within 96 hours (4 days). It can be taken within 96 to 120 hours (5 days), but it won't be very effective.



# The vaginal ring (NuvaRing™)

## What is it?

The vaginal ring (sold as NuvaRing™) is a small, soft ring that contains two hormones called oestrogen and progestogen.

It sits inside a woman's vagina for three weeks at a time, slowly releasing hormones into her body.

## How does it work?

It stops the woman's body from releasing an egg each month.

It makes the fluid at the opening to her womb thicker, stopping sperm from getting through.

## How well does it work?

If used the right way, the vaginal ring is 99.7% effective. Given mistakes that can happen, like forgetting to put a new ring in on time, it may only be 91% effective.

## What are the pros?

The woman doesn't have to remember to take or use something every day.

The vaginal ring usually makes her periods regular, shorter, lighter and less painful.

It usually makes her skin better.

Diarrhoea and vomiting won't stop the vaginal ring from working.

It can be used to skip periods.

## What are the cons?

The woman may feel sick or have bleeding between periods, sore breasts, headaches, bloating, mood swings or changes to her skin.

It won't protect her from STIs.

The vaginal ring may not be a good option for women who:

- have health problems like high blood pressure or heart or severe liver conditions
- are smokers, especially if they are over 35
- are on certain medications.

## Other facts you should know

If the vaginal ring is accidentally left out of the woman's vagina for more than 24 hours in the 3 weeks she is using it, it may not work.

It shouldn't be taken out before having sex.

Some medications, like the ones used to treat epilepsy, and the natural remedy St John's Wort, may stop it from working.

If the vaginal ring is accidentally left out of the woman's vagina for more than 24 hours, she may need emergency contraception (EC), also known as 'the morning after pill'. EC should be taken as soon as possible and is best taken within 24 hours of having sex, but still works well within 96 hours (4 days). It can be taken within 96 to 120 hours (5 days), but it won't be very effective.

# The male condom

## What is it?

The male condom is a very thin but strong rubber covering that is put over an erect (stiff) penis before a couple have sex.

## How does it work?

It acts as a barrier, stopping sperm from getting into the vagina.

It has to be put on before the penis has any contact with the vagina.

It helps to stop STIs from spreading between both heterosexual and same-sex partners when having vaginal or anal sex.

## How well does it work?

If used the right way every time a couple have sex, the male condom is 98% effective. Given mistakes that can happen, like a condom breaking or slipping off when having sex, it may only be 85% effective.

## What are the pros?

It gives both partners some protection from STIs.

Both partners are responsible for contraception.

They're not as expensive as other methods of contraception.

Male condoms can be bought from supermarkets, chemists, petrol stations, hotel vending machines, night clubs etc.

## What are the cons?

It may slip off or break when having sex, especially if they are not used the right way.

The male needs to withdraw his penis as soon as he has ejaculated, making sure that no semen leaks from the condom.

Either partner could be allergic to latex, which is the type of rubber that is used to make the male condom. Non-latex condoms can be bought but they are more expensive.

## Other facts you should know

Check the expiry date before using each condom.

Always use a new, lubricated condom each time when having sex.

If more lubricant is needed, only use a water based one like KY Jelly.

Never use oil based lubricants or saliva because they can leave holes in the condom.

Don't store condoms in warm places like a car glove box.

Don't keep them in wallets or purses for more than one month.

If a condom breaks when having sex or slips off afterwards, there is a chance a woman could get pregnant. The woman should use emergency contraception (EC) as soon as possible. EC is best taken within 24 hours of having sex, but still works well within 96 hours (4 days). It can be taken within 96 to 120 hours (5 days), but it won't be very effective.



# The female condom

## What is it?

The female condom is a soft, rubber-like pouch with a ring at the end that a woman puts inside her vagina.

Some women and their partners like using it because it is stronger than the male condom and lets more heat through, making sex feel better.

## How does it work?

It acts as a barrier, stopping sperm from getting into the woman's womb.

## How well does it work?

If used the right way every time a couple have sex, the female condom is 95% effective. Given mistakes that can happen, like a condom moving out of place when having sex, it may only be 79% effective.

## What are the pros?

It gives both partners some protection from STIs.

It gives the woman more control because she doesn't have to rely on her partner to use a condom.

Oil or water based lubricants can be used with the female condom.

It can be put in any time before having sex.

The woman can use it when she has her period.

## What are the cons?

The woman will need to practise putting a female condom in the right way.

She will need to make sure the penis goes inside the condom and not around it (i.e. not between the condom and the wall of the vagina).

When the penis goes inside, the condom may slip or bunch up. If this happens, more lubricant should be used.

## Other facts you should know

Use each female condom once.

They are more expensive than male condoms.

Female condoms can't be used with a male condom because they can tear or move out of place.

They are harder to find than male condoms, but can be bought from family planning clinics, some chemists and online.

If a female condom tears or moves out of place when having sex, there is a chance that the woman could get pregnant. She should use emergency contraception (EC) as soon as possible. EC is best taken within 24 hours of having sex, but still works well within 96 hours (4 days). It can be taken within 96 to 120 hours (5 days), but it won't be very effective.



# The diaphragm

## What is it?

The diaphragm is a cup-shaped, silicone cap with a soft edge that fits inside a woman's vagina, covering the opening to her womb.

She needs to have the right size fitted by a doctor or nurse.

## How does it work?

It acts as a barrier, stopping sperm from getting into the woman's womb.

She needs to put the diaphragm inside her vagina the right way before having any contact with the penis.

She needs to leave it in her vagina for six hours after having sex.

## How well does it work?

If used the right way every time a couple have sex, the diaphragm is 94% effective. Given mistakes that can happen, like a diaphragm slipping out when having sex, it may only be 85% effective.

How well it works depends on:

- how and when it is put in
- whether or not the woman is using the right size
- how she looks after it.

## What are the pros?

The diaphragm won't change the woman's period.

It doesn't contain hormones.

The woman can put the diaphragm in before she has sex.

It may give her some protection from STIs.

## What are the cons?

Either partner may be allergic to the rubber in the diaphragm.

The woman may feel uncomfortable if the wrong size is fitted.

She could have a small risk of bladder infection.

It won't give her as much protection from STIs as the male or female condom.

## Other facts you should know

The woman should use another type of contraception with the diaphragm until she is sure that she is using it the right way.

She needs to clean it and check it for holes before and after using it.

She needs to have her diaphragm fitted again if her weight changes, if she has a baby or if it slips out or feels uncomfortable when having sex.

If the woman thinks that her diaphragm has been damaged or it moves out of place when having sex, there is a chance she could get pregnant. She should use emergency contraception (EC) as soon as possible. EC is best taken within 24 hours of having sex, but still works well within 96 hours (4 days). It can be taken within 96 to 120 hours (5 days), but it won't be very effective.



# Emergency contraception

## What is it?

Emergency contraception (EC), also known as ‘the morning after pill’, is made from a high dose of hormones and can be taken to help avoid getting pregnant in an emergency situation.

If a woman has unprotected sex or a condom slips off or breaks when having sex and she doesn’t want to get pregnant, she should use EC.

It should be taken as soon as possible and is best taken within 24 hours of having sex, but still works well within 96 hours (4 days). EC can be taken within 96 to 120 hours (5 days), but it won’t be very effective.

## How does it work?

It may stop the woman’s body from releasing an egg.

## How well does it work?

EC prevents 85% of pregnancies.

## What are the pros?

You can buy it from chemists without a doctor’s prescription.

EC can help the woman avoid getting pregnant in an emergency situation.

## What are the cons?

The woman may feel sick, have bleeding between periods or her period may be late.

If she vomits within two hours of taking EC, it won’t work and she will need to take another dose.

It won’t protect her from STIs.

## Other facts you should know

If EC doesn’t work and the woman still gets pregnant, there is no evidence that it could harm the baby.

EC isn’t an abortion pill.



# Male and female sterilisation

## What is it?

Sterilisation is a permanent method of contraception that involves a man or woman having surgery.

### Men can have:

- a vasectomy, where the tubes that carry the sperm are cut under local anaesthetic.

### Women can have:

- a tubal ligation, where a clip is put on the tubes that carry the eggs (fallopian tubes) through a small cut in the stomach under general anaesthetic
- a tubal occlusion, where a small coil (sold as Essure™) is put inside these tubes through the vagina under local anaesthetic.

## How does it work?

A vasectomy stops sperm from moving through the tubes that they normally travel through to reach the egg.

A tubal ligation or tubal occlusion stops eggs from moving through the tubes that they normally travel through to meet the sperm.

## How well does it work?

Sterilisation is more than 99% effective.

## What are the pros?

It is permanent and very effective, so if the man or woman is sure that they don't want any children (or any more children), this may be a good option for them.

Both vasectomy and tubal occlusion involve minor, 15 minute surgery that is done under local anaesthetic.

A tubal ligation starts working straight away.

## What are the cons?

The man or woman may need to pay for the surgery.

After having a vasectomy, another type of contraception will need to be used until a sperm test shows no sperm.

After having a tubal occlusion, another type of contraception will need to be used for 3 months and then an X-Ray will be needed to check if the coils are in the right place.

After having a tubal ligation, the woman may need to stay in hospital overnight. It may also take a few days to recover and she may have some shoulder or stomach pain.

Sterilisation won't protect the man or woman from STIs.

## Other facts you should know

Men who have a vasectomy will still ejaculate and enjoy sex and it won't change the way that they have sex.

Women who have a tubal ligation or tubal occlusion will still release an egg each month, have periods and start menopause at the usual time.



# Natural family planning

## What is it?

The different methods of natural family planning use the body changes that happen during a woman's menstrual cycle as a guide to let her know:

- when to have sex (at 'safe' times)
- when to avoid having sex (at 'unsafe' times).

## How does it work?

It is based on avoiding having sex around the time the woman's body releases an egg each month.

She will need to learn the methods from a specialist in natural family planning who may recommend using more than one method at the same time.

## How well does it work?

Natural family planning takes a lot of practice and commitment. How well it works depends on which method is used and how well it is used.

If the most effective method is used the right way every time you have sex, it is 99% effective.

If the least effective method is used and allowing for mistakes, like having sex at an 'unsafe' time, it may only be 75% effective.

## What are the pros?

It is natural (it doesn't use any man made devices or hormones).

It doesn't go against any religious beliefs.

It is not as expensive as other methods of contraception.

Both you and your partner are responsible for contraception.

Natural family planning can also be used to help the woman get pregnant.

## What are the cons?

The woman needs to be aware of the changes that happen to her body every day.

She can only have sex when she is least likely to get pregnant (at 'safe' times), which may be when she least feels like having sex.

Natural family planning is hard to use if a woman's periods come at odd times or if she is breastfeeding or close to starting menopause.

It won't protect you or your partner from STIs.

## Other facts you should know

If a couple has sex at an 'unsafe' time, there is a chance that the woman could get pregnant. She can use emergency contraception (EC), but this could change her bleeding pattern and affect how well the method works.

EC should be taken as soon as possible and is best taken within 24 hours of having sex, but still works well within 96 hours (4 days). EC can be taken within 96 to 120 hours (5 days), but it won't be very effective.

