

HANDOUT 2.7


BASIC INFORMATION ON CONTRACEPTION

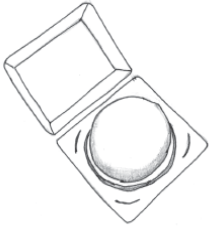
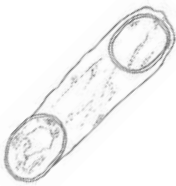
The chart below outlines general information on different forms of contraception. However, this list is not exhaustive in the facts or details of each method. Many of these methods may not be available everywhere. Often the most appropriate option for an individual should be discussed with a health care provider. If the chart notes that efficacy is 99% this means that 99 out of 100 people using the method properly each time will not get pregnant. Because of new developments in contraceptive technology, information can change on a regular basis. Therefore, up-to-date information on any of these and other forms of contraception, their availability and cost should be sought from health care providers in your area.



* For more on this and the studies associated with nonoxynol-9 and HIV transmission, please see the World Health Organization website at <http://www.who.int/reproductive-health/stis/nonoxynol9.html>.

** Progestin is a synthetic hormone used to affect a woman's body in the same ways as the hormone progesterone.



BARRIER METHODS

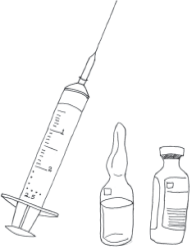

FORM OF CONTRACEPTION	DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
Cervical Cap 	A thimble-shaped device made of thin soft latex (rubber) or silicone, with a flexible rim that fits over the cervix. It is a physical barrier to block the cervix and prevent sperm from reaching the egg and to hold chemical spermicide to kill sperm. Similar to a diaphragm, the cap is smaller and can be left in longer (up to 48 hours).	84-91% in women who have not given birth. 68-74% effective for women who have given birth vaginally.	Reusable after washing with soap and water. Can be inserted 6 hours prior to intercourse and left in up to 48 hours for multiple acts of intercourse if more spermicide is added. Does not interrupt intercourse. Few side effects. Can be discontinued at any time. Does not affect fertility.	Does not reduce risk of STI and HIV transmission. Some people may have allergic reactions to spermicides/ the latex. May be difficult for some women to insert. Need a health care provider to fit the cap (they come in different sizes). If a woman is at higher risk of HIV infection using spermicides that contain nonoxydol-9 may increase the likelihood of transmission.*	Before using check for holes, tears or cracks. Apply spermicide to the cervical cap, and then insert it into the vagina and place the cap onto the cervix so the cervix is completely covered and the cap fits snugly. Leave the cervical cap in place for at least 8 hours after sex.	Should not be used if a woman is using other vaginal medications, like treatments for yeast infection, or during a woman's menstrual period. The cap should be replaced every year. A woman should also have her cap refitted if she has had a child vaginally, gains or loses more than 9 kgs, or had an abortion or a miscarriage, as these can affect the way the cap fits.

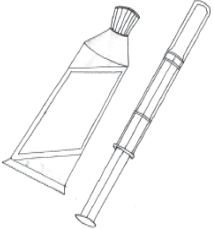

FORM OF CONTRACEPTION	DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Diaphragm</p> 	<p>A thin, circular dome with a flexible rim made of soft latex (rubber) or silicone. It a physical barrier to block the cervix and prevent sperm from fertilising an egg and to hold chemical spermicide to kill sperm.</p>	86-94%	<p>Reusable after washing with soap and water. Can be inserted 6 hours prior to intercourse and left in up to 24 hours for multiple acts of intercourse. Few side effects. Does not affect fertility.</p>	<p>Does not reduce risk of STI and HIV transmission. Some people may have allergic reactions to the latex or spermicides. May be difficult for some women to insert. Need a health care provider to fit the cap (they come in different sizes). If a woman is at higher risk of HIV infection using spermicides that contain nonoxydol-9 may increase the likelihood of transmission.*</p>	<p>Before using check for tears, cracks, or holes. Apply spermicide to the diaphragm and then insert it deep into the vagina. The front rim should be tucked behind the pubic bone. Make sure it covers the cervix.</p>	<p>Should not to be used if a woman is using vaginal medications such as for yeast infection, or during her period as it can increase the risk for toxic shock syndrome. Must replace after 3 years. A woman should also have her diaphragm refitted if she has had a child vaginally, gains or loses more than 9 kgs, or had an abortion or a miscarriage, as these can effect the way the cap fits.</p>
<p>Female condoms</p> 	<p>A polyurethane pouch that has a flexible ring at both ends. It is approximately 3 inches wide and 7 inches long.</p>	79- 95%	<p>Reduces the risk of STI and HIV transmission. Can be used by those with latex allergies. Can be inserted up to 8 hours prior to intercourse. Can increase pleasure for both partners because the rim of the outer ring stimulates the clitoris and testes during sex. Does not affect fertility.</p>	<p>Can be expensive. There can be a noisy/crackling sound during intercourse. It may be difficult to insert.</p>	<p>Add lubricant. Insert the closed end of the condom deep into the vagina to cover the cervix. The open end stays outside the vagina to partially cover the labia. After sex, remove the condom by twisting the outer ring and pulling it out gently to avoid spilling any semen.</p>	<p>Do not use the male and female condom together. Recommendations for the female condom indicate a single usage for each condom. However there is research being done to study whether disinfecting and cleaning a female condom can allow for multiple usage.</p>

FORM OF CONTRACEPTION	DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Male condom</p> 	<p>A sheath of latex or plastic that is worn on the penis. Comes rolled up in a wrapper.</p>	85-98%	<p>Reduces the risk of STI and HIV transmission (only the latex variety). May help delay ejaculation. Usually inexpensive and easily accessible. Available in various textures, flavours, sizes, colours and brands. Does not affect fertility.</p>	<p>May break or rip if used incorrectly. Can disrupt spontaneity during sex. If stored incorrectly (in warm/moist conditions) the condom can begin to disintegrate if. Some people may have allergic reactions to the latex.</p>	<p>Put the condom on after the penis is erect. Squeeze the air out of the closed end of the condom and place it on the head of the penis. Hold it in place and unroll it completely on to the penis. Let go of the tip when unrolled. After sex, the man should withdraw before the penis goes soft in order to avoid spillage of semen.</p>	<p>Necessary to check expiry date and whether electronically tested. Latex condoms should not be used with oil-based lubricants (like lotion or oil). Using water-based lubricants with the condom can reduce condom failure (such as breakage). Do not use a male and female condom together. Use the condom only once.</p>
<p>Intra-uterine device (IUD) - (hormonal and non-hormonal)</p> 	<p>A small, flexible device (sometimes T-shaped) inserted into the uterus. There are 2 types of IUDs - non-hormonal (also known as a Copper T) and hormonal. An IUD works at preventing fertilisation by altering the uterine environment. A hormonal IUD also contains progestin** that thickens cervical mucous making it more difficult for sperm to enter the uterus to fertilise an egg.</p>	92-99%	<p>The non-hormonal IUD can be left in place for up to 10 years. The hormonal IUD can be kept in place for up to 5 years. Does not interrupt intercourse. The progestin** in the hormonal IUD can help relieve menstrual cramps and bleeding.</p>	<p>Does not reduce risk of STI and HIV transmission. In the first few months after insertion, some women may experience cramps or backaches. It can increase menstrual bleeding, cramping or spotting between menstrual periods. Needs to be inserted by a health care provider in clean hygienic surroundings. Increased risk for pelvic inflammatory disease (PID) in the first 20 days after insertion.</p>	<p>A health care provider will insert the IUD. Variants are available for different durations - 3,5,7 or even 10 years.</p>	<p>If any side effects are experienced within the first month after insertion, a health care provider should be contacted. Make sure the IUD is in place regularly by checking the 2 small strings that hang down from the IUD into the upper vagina. Fertility can return a month after an IUD is removed.</p>

HORMONAL METHODS

FORM OF CONTRACEPTION	DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Combined Oral Contraceptive Pills (COCs)</p> 	<p>Contain the hormones of oestrogen and progestin. ** The combination of these 2 hormones primarily work to prevent ovulation and thicken cervical mucous to prevent sperm from entering the uterus.</p>	92-99%	<p>Easy to administer. There are many types of COCs to choose from. Reduces menstrual flow for some women. Can decrease the risk of some diseases such as PID, some cancers, or benign breast disease. Does not interrupt intercourse. Increased dosages can also be used as emergency contraception (more later in this chart).</p>	<p>Does not reduce risk of STI and HIV transmission. Must be taken everyday, and requires a regular supply. Can cause temporary side effects such as nausea and breakthrough bleeding which usually last the first three months.</p>	<p>Take one pill every day for 21-25 days depending on the type of COC. A doctor/ health care provider can help determine which COC is best for each woman and when to start the pills.</p>	<p>Should not be used by women who have blood clots, have migraine headaches or women over 35 years who smoke. Once COCs are stopped, regular fertility levels will return in approximately 3 months. It may take a month or two for periods to become regular after stopping. COCs can be used by women who are breastfeeding, after 6 months of regular breastfeeding.</p>
<p>Implants</p> 	<p>Small, plastic tubal implants that are inserted under the skin of a woman's arm. These implants slowly release hormones that primarily work to thicken cervical mucous to prevent sperm from entering the uterus and prevent ovulation.</p>	99%	<p>Lasts for 3 to 5 years. Does not interrupt intercourse.</p>	<p>Does not reduce risk of STI and HIV transmission. Some severe side effects have been reported. Can cause weight gain, irregular bleeding, and lower abdominal pain. Can be visible through the skin.</p>	<p>A health care provider will insert the implant under the skin in minor surgery. The implants are inserted within the first 7 days of a menstrual cycle.</p>	<p>Return to regular fertility after the implants are removed can take between 8-10 months.</p>

FORM OF CONTRACEPTION	DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
Injectable 	An intramuscular injection contains progestin** and is given every 12 weeks. The shot slowly releases the hormone into the body. This primarily works to prevent ovulation and thicken cervical mucous to prevent sperm from entering the uterus.	97-99%	For some injectables, protection against pregnancy can last for 3 months. Does not interrupt intercourse. Decreased risk for some cancers. Decrease in menstrual flow and in menstrual cramps. Can be used for women who are breastfeeding.	Does not reduce risk of STI and HIV. A health care provider must administer the shot. Possible side effects include weight gain, irregular bleeding, breast tenderness, headaches, mood swings, loss of bone density that can increase the risk for osteoporosis.	A health care provider will administer the shot in the arm or buttocks.	On average, it takes a woman 4 months to return to regular levels of fertility after discontinuing an injectable. Some women may stop having their period or have large gaps in between menstrual cycles when on an injectable.
Mini-pill	A progestin** only pill. It primarily works to thicken the mucous around the cervix to prevent sperm from entering the uterus. Also prevents ovulation.	87-99%	Easy to administer. Does not interrupt intercourse. Can be used by women who cannot take oestrogen. Women who are breastfeeding can use the mini-pill.	Does not reduce risk of STI and HIV transmission. Must be taken at the same time everyday. Women may have irregular periods or spotting in between periods.	Take one pill every day at the same time.	Should not be used by women who have certain conditions or diseases such as liver disease or breast cancer. Fertility will return immediately or within a few months after discontinuing the mini-pill.
The patch 	A small adhesive patch. It contains oestrogen and progestin** which are gradually released into the blood and primarily work to prevent ovulation and thicken cervical mucous to prevent sperm from entering the uterus.	99%	Does not interrupt intercourse. Can reduce menstrual flow for some women. Can decrease the risk of some conditions and diseases such as PID, some cancers, or benign breast disease.	Does not reduce risk of STI and HIV transmission. Visible on the skin. Can cause possible skin irritations and temporary side effects such as nausea and spotting in between periods that usually last for the first three months of use.	A new patch is applied each week for 3 weeks and no patch is worn on the 4th week. Some studies have shown that the patch may increase the risk of blood clots as compared to regular COCs. The patch can be worn on the lower, upper torso or arms, abdomen, buttocks.	Women who have blood clots, are breast-feeding, have migraine headaches or women over 35 years who smoke should not use the patch. Efficacy is also lower for women who weigh over 90 kilograms.

FORM OF CONTRACEPTION	DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Spermicides</p> 	<p>Pessaries, foams, creams, gels, suppositories, or tablets that are placed in a woman's vagina. They contain chemicals that kill sperm.</p>	71-82%	Available in many forms. Can be left in for 6-8 hours.	Does not reduce risk of STI and HIV transmission. May weaken latex condoms making them less effective. Can have an unpleasant taste or smell. If a woman is at higher risk of HIV infection using spermicides that contain nonoxydol-9 may increase the likelihood of transmission.*	Put the spermicide deep into the vagina. Must be inserted 10-15 minutes prior to intercourse. Leave it in place for 6-8 hours after having sex. Do not douche (squirt water or other solutions, such as vinegar, baking soda, or douching solutions into the vagina) after insertion.	Most effective when used in conjunction with other barrier methods, but used on its own, it is better than no contraception method.
<p>Vaginal ring</p> 	<p>A soft, plastic, flexible ring that a woman inserts into her vagina. The ring slowly releases oestrogen and progestin** hormones into the body that primarily work to prevent ovulation and thicken cervical mucous to prevent sperm from entering the uterus.</p>	92-99%	Does not interrupt intercourse. Can reduce menstrual flow for some women. Decreases the risk of some conditions and diseases such as PID, some cancers, or benign breast disease.	Does not reduce risk of STI and HIV transmission. Some side effects can include, irregular bleeding, breast tenderness, headaches, nausea, and weight gain. It may be difficult to insert.	Insert a new ring once a month. The ring is placed anywhere in the vagina during the first 5 days of the menstrual period and remains there for three weeks. It is removed at the beginning of the fourth week. A new ring is inserted at the end of the fourth week.	The ring should not be removed during sexual intercourse. Women who have blood clots, are breast-feeding, have migraine headaches or women over 35 years who smoke should not use the vaginal ring.

NON-HORMONAL / NON-CHEMICAL METHODS

FORM OF CONTRACEPTION AND DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Abstinence Defined as either choosing to abstain from <u>any</u> sexual activity, or refraining from any penetrative sexual acts (such as anal or vaginal sex), while participating in other sexual acts (such as oral sex).</p>	100% if abstaining from <u>any</u> sexual activity	Nothing to purchase. Can be discontinued at anytime. Reduces the risk of STI and HIV transmission.	Potential to transmit some STIs, such as syphilis if there is skin to skin contact during sexual activity other than intercourse.	Can include periodic abstinence, in which an individual refrains from sexual activity from time to time (such as when a woman is ovulating), or constant abstinence in which an individual refrains from sexual activity at all times.	Requires the cooperation of both partners, which may not be possible at all times.
<p>Basal Body Temperature A fertility awareness method (FAM), where a woman takes her body temperature each morning to determine the fertile phase in her menstrual cycle. During the fertile period, pregnancy can be prevented by voluntarily avoiding sex or using other forms of contraception.</p>	With other FAMs 75-99%	Nothing to purchase. Can help a woman better understand her reproductive physiology.	Does not reduce risk of STI and HIV transmission. Takes time to learn the fertile phase and requires a commitment to checking everyday.	Each morning as soon as a woman wakes up, she records her temperature with a sensitive thermometer. A temperature rise indicates that ovulation has occurred. The fertile period lasts for 3 consecutive days after this increase in temperature.	Women are advised to not eat, drink, or smoke before taking their temperature. May be difficult to use this method during times of stress, illness or lack of sleep because these factors can affect body temperatures.
<p>Breast Feeding/LAM (Lactational Amenorrhoea Method) <i>Exclusive</i> breastfeeding for the 1st 6 months after childbirth produces prolactin, a hormone that suppresses ovulation.</p>		Nothing to purchase. Can be discontinued at anytime.	Does not reduce risk of STI and HIV transmission. Will only last for 6 months after delivery and only if the woman is exclusively breastfeeding.	Requires that a woman has not had a period since delivery. A woman must breastfeed at least six times a day (every four hours) from both breasts. Protection lasts for 6 months after giving birth.	Women who have HIV/AIDS may be advised to not breastfeed (5-20% chance of HIV transmission through breast feeding).

FORM OF CONTRACEPTION AND DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Calendar (rhythm) Method A fertility awareness method (FAM), this requires recording and calculating the number of days in a woman's menstrual cycle to determine the fertile phase in the cycle. During the fertile period, pregnancy can be prevented by voluntarily avoiding sexual intercourse or using another contraceptive method.</p>	With other FAMS 75-99%	Nothing to purchase. Can help a woman better understand her reproductive physiology.	Does not reduce risk of STI and HIV transmission. Takes time to learn the fertile phase and requires a commitment to recording the menstrual cycle each month.	Keep a written record of each menstrual cycle, counting from the first day of one menstrual period up to, but not including, the first day of the next. Keep records of 6 cycles. To find the start of the fertile days take the shortest cycle recorded and subtract 18. To find the end of the fertile phase, take the longest cycle recorded and subtract 11.	This method may be difficult to use for women with irregular periods.
<p>Cervical Mucous Method A fertility awareness method (FAM), this requires checking the texture, colour and quality of the mucous and secretions in the vulva to determine a woman's fertile phase. During the fertile period, pregnancy can be prevented by voluntarily avoiding sexual intercourse or using another contraceptive method.</p>	With other FAMS 75-99% Efficacy varies.	Nothing to purchase. Can help a woman better understand her reproductive physiology.	Does not reduce risk of STI and HIV transmission. Takes time to learn the fertile phase and requires a commitment to check the cervical mucous everyday.	Check the mucous each day for several months. Pre-ovulation mucous is yellow/ white, cloudy and sticky. Ovulation secretions are clear and slippery and can be stretched between the fingers. During the fertile phase (after ovulation) the mucous is thick and cloudy. After the fertile phase there may be little/no mucous.	Not recommended for women with abnormal discharge.

FORM OF CONTRACEPTION AND DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Coitus Interruptus Withdrawal method in which the man completely removes his penis from the woman's vagina before he ejaculates.</p>		Nothing to purchase.	Does not reduce risk of STI and HIV transmission. Can be highly ineffective at preventing pregnancy because pre-ejaculatory fluid secreted from the penis after erection also contains sperm that can enter the vagina during penetration. Can interfere with sex and make partners worry about withdrawing 'in time'.	Before ejaculating a man will remove his penis from the woman's vagina. A man must be able to anticipate and control his ejaculation.	Requires that both partners to cooperate.

PERMANENT METHODS

FORM OF CONTRACEPTION AND DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Tubectomy or Tubal Ligation A surgical procedure that blocks the fallopian tubes. The procedure prevents an egg from travelling from the ovary to the uterus and sperm from reaching the egg to fertilise it.</p>	Nearly 100%.	Does not interrupt intercourse. Permanently prevents pregnancy.	Does not reduce risk of STI and HIV transmission. Can be emotionally difficult for women who see it as an inability to have more children. Complications such as infection can occur from the surgery. Reversal is difficult and requires a highly skilled medical practitioner.	There are surgical and non-surgical options. In the surgical procedure the fallopian tubes are cut, sewn or tied. In a non-surgical procedure small metal implants are inserted into the fallopian tubes. Over time scar tissues grows over these implants and blocks the fallopian tubes. The patient can leave soon after these procedures are completed.	Does not effect menstrual periods, ability to have an orgasm, and nor does it cause menopause.

FORM OF CONTRACEPTION AND DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Vasectomy A surgical procedure that seals the vas deferens preventing sperm from getting into semen. After a vasectomy, a man still produces semen but there is no sperm in it.</p>	Nearly 100% effective at preventing pregnancy.	Does not interrupt intercourse. Permanently prevents pregnancy. Complications are rare.	Does not reduce risk of STI and HIV transmission. Can be emotionally difficult. Reversal surgeries are not highly successful.	A health care provider will cut and seal the two vas deferens. Can be done by the standard method or the no-scalpel technique (non-invasive). The patient can leave soon after the procedure is completed.	Takes around 15-30 ejaculations after the operation to clear out the sperm already in the vas deferens – during this time an alternative contraception should be used. Does not affect ability to have an erection, ejaculation, or the ability to have an orgasm.

OTHER

FORM OF CONTRACEPTION AND DESCRIPTION	EFFICACY	ADVANTAGES	DISADVANTAGES	USAGE	OTHER INFORMATION
<p>Emergency Contraceptive Pills (ECPs) Also known as the 'morning-after pill'. ECPs are higher dosages of the hormones found in regular oral contraceptive pills. They can be taken up to 5 days after unprotected sex or contraceptive failure to prevent pregnancy. EC works to prevent fertilisation, inhibit ovulation or alter the uterine lining preventing implantation of an egg.</p>	Up to 94% effective if taken within 24 hours. It is up to 79% effective if taken within 5 days.	Easy to use. The side effects are short-term.	Does not reduce risk of STI and HIV transmission. ECPs can only be used up to 5 days after unprotected sex or contraceptive failure. Some side effects are nausea, or vomiting, breast tenderness, late or early onset of the next period with heavier or lighter flow.	A woman takes one dosage of ECPs as soon as possible after unprotected sex / contraceptive failure and the second dosage 12 hours later. Dosage depends on the type of regimen being used. Some COCs in higher dosages can also be used as emergency contraceptives. A copper bearing IUD can also be used as an emergency contraceptive.	ECPs do not cause an abortion and should not be confused with the abortion pill (for example, RU-486). If a woman is already pregnant when she takes EC, it will not interrupt the pregnancy. If EC is taken mistakenly during a pregnancy, it will not harm the foetus. Taking EC will not harm a woman's ability to become pregnant in the future.