

Contraception, Day 1: Overview

Grade 9 and 10, Lesson #20

Time Needed:

One class period

Student Learning Objectives:

To be able to...

1. Identify and spell at least ten of the seventeen methods of contraception currently available.
2. Name 3 of the 9 most effective methods.
3. Categorize the contraceptive methods according to how they work to prevent pregnancy (behavioral, barrier, hormonal and spermicidal).

Agenda:

1. Explain the lesson's purpose and relevance.
2. Use Contraceptive Worksheet 1 and Contraceptive Reference Sheet 1 with either a set of contraceptives or Transparencies 1-13 to introduce the methods.
3. Use Reference Sheet 2; have the class complete Worksheet 2.
4. Summarize and explain the next few lessons.
5. Remind class about upcoming Field Trip Reports.

Note: The teacher's script is indicated by italics. This script is meant to be a guide for teachers who might find it helpful.

Materials Needed:

Classroom Materials: (1 per class)

- One class set of Contraceptive Reference Sheets 1 and 2
- One transparent set of Contraceptive Transparencies, 1-13 *

Student Materials: (1 per student)

- Contraceptive Worksheets 1 and 2
- Optional: Reference Sheet 1 (see Activity #2)
- Reference Sheet 2

* You'll need either Transparencies 1-13 or the set of methods (available through Planned Parenthood or, if you teach in King County, Washington, contact your local Health Educator at Public Health - Seattle & King County - see links below for each of these options)

www.plannedparenthood.org/pp2/wsgn/files/wsgn/BirthControlKitOrderForm.pdf
www.metrokc.gov/health/famplan/clinics.htm

Activities:

1. Explain the lesson's purpose and relevance.

You are doing these few lessons on contraception, tell the class, for three reasons:

- *because the odds are that some people in this class are now or will be, within the next few years, having intercourse * ... and they need to know how to reduce the risk of un-planned pregnancy,*
- *because the odds are that most people in this class (even those of you who are abstaining for now or who are gay or lesbian) will, some day have intercourse (whether at age 15 or age 35) ... and they may want to choose whether, when, and how many children to have ... and they, too, need to know about birth control,*
- *and because I want you all to be able to act as health educators for your friends and families.*

* A 2003 survey done by the United States Centers for Disease Control and Prevention found that fewer than half (47%) of all 9-12th grade students report having had sexual intercourse, thus 53% of 9-12th grade students chose not to have sexual intercourse.³

2. Use Contraceptive Worksheet 1 and Contraceptive Reference Sheet 1 with either a set of contraceptives or Transparencies 1-13 to introduce the methods.

Hand out Contraceptive Worksheet 1. Give the class a few minutes to try filling it out. Then, ask the class what the first picture represents. Show them the method, one of two ways:

- show them the actual devices (including a sympto-thermal graph / chart for fertility awareness, and index cards that say "NO" for abstinence, "2" for combining two methods, and "pullout" for withdrawal), or
- show them Contraceptive Transparencies 1-13

Briefly explain the method, one of two ways: hand out Reference Sheet 1 and have volunteers read it aloud, or explain, yourself, how the method reduces the risk of pregnancy and how it is used correctly. (The reading level of the Reference Sheet is fairly sophisticated; if your class has many "reluctant readers", this will be the better alternative.)

3. Use Reference Sheet 2; have the class complete Worksheet 2.

Hand out Contraceptive Worksheet 2 and Contraceptive Reference Sheet 2. Explain that:

Your first job is to list the methods in the first column in order of their effectiveness ... with the most effective method first and so on. When two or more methods tie, you can list either one first.

Help the class interpret the graph on the Reference Sheet, until they've listed all seventeen methods. After abstinence, the next most effective method is implants and sterilization. Sterilization is not perfect ... that's why we added the word "probably" next to the zero pregnancies. The actual likelihood of a pregnancy following sterilization is 5.5 for every 1,000.¹

Studies on the new implant, Implanon, showed no pregnancies.¹ It is important to mention that the numbers on the Reference Sheet are by no means cast in stone. These rates of pregnancy are based on studies of thousands of regular people using one of the methods for a year for the first time, not on laboratory tests or theoretical possibilities, but on real individuals who were no more highly trained or motivated than anyone else. Some of them probably occasionally "forgot" or didn't bother to use their method; some probably didn't know quite how to use it properly.¹

Every person or couple who uses a method can improve upon the odds by using it correctly, consistently and cooperatively.

Note: The reason we listed the failure rate of the sponge and diaphragm as two numbers is that it is closer to the lower number for women who have never had a pregnancy (whose cervixes are more tightly closed) and closer to the higher number --significantly less effective -- for women who have had a pregnancy.¹

Once everyone has listed all seventeen methods on the Worksheet, allow them a few minutes to work individually, completing the right-hand columns. Collect the Worksheet.

Answers for Contraceptive Worksheet 2 (Most effective methods to least effective methods):

Abstinence (0 probably)
 Implant (0 so far)
 Sterilization (0 probably)
 Combining 2 Methods (condom and hormonal contraceptives) (0 probably, no specific studies)
 IUD (0-1)
 The shot (Depo-Provera) (0 probably)
 Pill (2)
 Patch (2)
 Ring (2)
 "Male" Condom* (5)
 Diaphragm (5)
 "Female" Condom** (7)
 Fertility Awareness (8)
 Sponge (5-10***)
 Withdrawal (9)
 Spermicide (9)
 Emergency Contraceptive Pills

* Although this is called a "male" condom, it can be worn on a penis or used on a sex toy.

** Although this is called a "female" condom, it can be used by any gender, vaginally or anally.

*** Lower number is for women who have never been pregnant, higher number is for women who have been pregnant

4. Summarize and explain the next few lessons.

Today we began studying contraceptives. We examined (1) what each method looks like and how it works, (2) how each method is used correctly, and (3) how effective it is (how well it works).

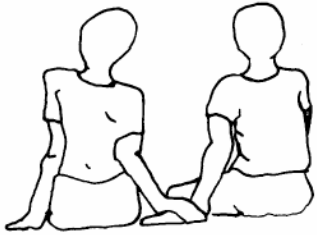
Tomorrow we'll examine (1) the side effects, health risks and health benefits of each method, and (2) what it's like to visit a pharmacy or doctor (or clinic) to get birth control.

5. Remind class about upcoming Field Trip Reports.

Remind people doing Field Trip Reports on "Prescription Birth Control" and "Non-prescription Birth Control" that their reports are due tomorrow (as part of lesson 21). Also remind those doing "Religion and Birth Control" that theirs will be due the next day (in lesson 22).

Contraceptive Worksheet 1

Name _____ Date _____



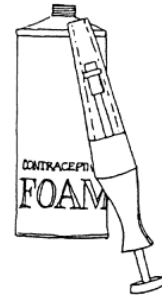
1. _____



2. _____



3. _____



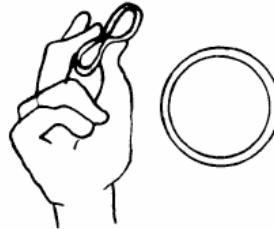
4. _____



5. _____



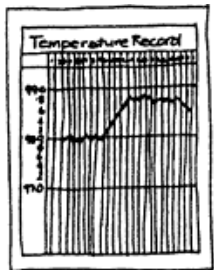
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7. _____



8. _____



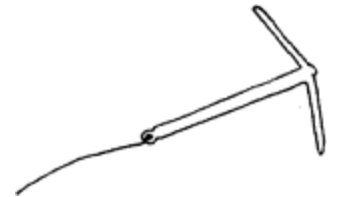
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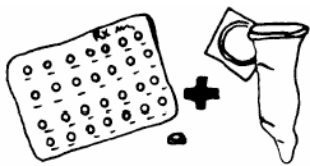
10. _____



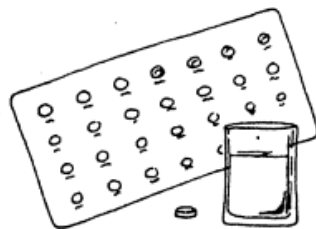
11. _____



12. _____



13. _____



14. _____



15. _____



16. _____



17. _____

Contraceptive Worksheet 2

NAME: _____ PERIOD: _____

METHOD

(check one or more in each column)

(in order of effectiveness)

HOW DOES IT WORK?

WHO USES IT?

1.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
2.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
3.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
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5.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
6.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
7.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
8.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both

* and/or thickens cervical fluid so that even if she does release an egg, sperm probably won't reach it

Contraceptive Worksheet 1 (continued)

9.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
10.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
11.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
12.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
13.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
14.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
15.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
16.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both
17.	<input type="checkbox"/> blocks sperm <input type="checkbox"/> kills sperm <input type="checkbox"/> stops ovulation* <input type="checkbox"/> other	<input type="checkbox"/> the man <input type="checkbox"/> the woman <input type="checkbox"/> both

* and/or thickens cervical fluid so that even if she does release an egg, sperm probably won't reach it

NOTE: **Every** method can be used by the two people...helping each other. Some are certainly **more** for men or **more** for women, but when both people cooperate it always makes a method more effective. So go back and check "both" in addition to "the man" or "the woman" for **every** method.

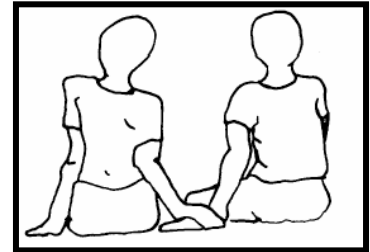
Contraceptive Reference Sheet 1: A Birth Control Glossary¹

¹ Most information is taken from Hatcher, Robert A. et al. (2005) Contraceptive Technology (18th Rev. Ed.) unless otherwise noted (see references below).

BEHAVIORAL METHODS:

ABSTINENCE also called "celibacy" or "saying 'no'", means not having sexual intercourse.

HOW IT IS USED CORRECTLY: The couple decides not to have intercourse (either no sexual touch at all, or other kinds of touching, but no ejaculation, even on the woman's genitals). Some people decide to masturbate, to reduce the pressure for intercourse and others refrain from all sexual behavior, including masturbation. Couples choosing this method may consider avoiding situations that might make it difficult for them to stay abstinent, such as being alone with each other.



FERTILITY AWARENESS means studying certain signs in the woman's body to learn when she ovulates (and can therefore, get pregnant) and then not having intercourse around that time.

HOW IT IS USED CORRECTLY: There are several ways to study the woman's fertility cycle. She may take her temperature daily with a special thermometer and/or learn to check for changes in the discharge from her cervix. One or both of these things are charted for three to six months ... with help from a book, a health care provider, or a class. The couple then avoids intercourse during her most fertile weeks ... or uses another method at that time, such as a condom.



Note: without careful study, practice and charting, there is no safe time.

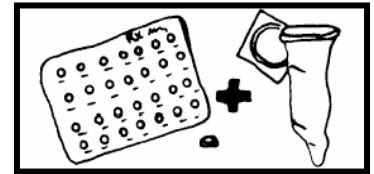
WITHDRAWAL also called "coitus interruptus", means the man pulling his penis out of the vagina before he ejaculates.

HOW IT IS USED CORRECTLY: The man pulls out before he "comes" or ejaculates ... and avoids getting semen anywhere near the woman's genitals.



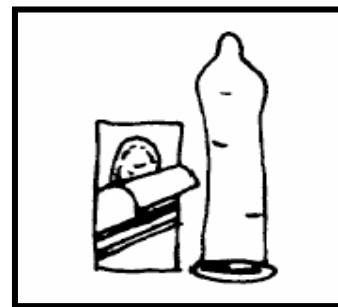
Contraceptive Reference Sheet 1 (continued)

COMBINING TWO METHODS Combining two methods (except two condoms) might increase their effectiveness, especially if each person takes primary responsibility for one of the methods. And using “male” or “female” condoms, for *infection* protection, along with one of the most effective *pregnancy* protection methods (sterilization or a hormonal method) makes good sense.



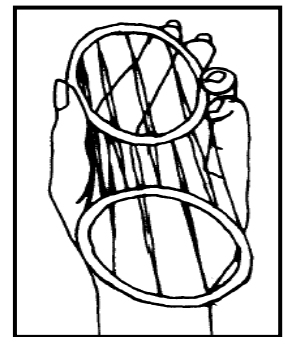
HOW IT IS USED CORRECTLY: Couples just follow the directions for each of the two methods. It is not recommended, however, to use a “male” condom with a “female” condom at the same time (the 2 could stick to each other and tear)¹.

“MALE” CONDOMS, also known as “rubbers” or external condoms, are like very thin, very strong gloves. A “male” condom is worn over the penis to catch the sperm so they can't enter the uterus and fallopian tubes.



HOW THEY'RE USED CORRECTLY: The couple has no genital contact without it. It is best to use ones that are already lubricated (this will help to prevent tearing of the condom). The condom is rolled onto the erect penis, leaving space at the tip for semen by squeezing the air out of the space. He withdraws the penis after intercourse, while it is still erect, holding the condom on the **base** of the penis, so it won't slip off and spill sperm into the vagina. It's used only once and then thrown away. The “male” and “female” condom should never be used together as they can stick together and tear or slip off.¹

“FEMALE” CONDOMS, also known as internal condoms, are soft, loose-fitting pouches with two flexible plastic rings on each end. They are put in the vagina to collect semen to block the sperm from entering the vagina.

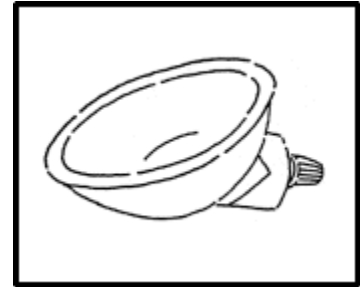


HOW THEY'RE USED CORRECTLY: The “female condom” should be put in before any genital contact. It can be put in up to 8 hours before intercourse, but should not be left in for more than 8 hours. One end of the condom is open (the outer ring) and the other closed (inner ring), it should be put inside the vagina with the closed side (inner ring) closest to the cervix and the open side (outer ring) hanging about 1 inch outside the vagina on the outer lips. After intercourse the “female” condom should be taken out immediately by gently squeezing and twisting the outer ring to keep semen inside the pouch. This should be done before standing up. Besides its use as a method of birth control, it can also be placed in the anus to reduce the risk of STIs during anal sex. It is used only once and then thrown away.¹

Contraceptive Reference Sheet 1 (continued)

DIAPHRAGMS are soft rubber cups. The diaphragm holds spermicidal gel or cream over the cervix.

HOW THEY'RE USED CORRECTLY: The diaphragm must be fitted by a health care provider* (so it will fit snugly, where neither the man nor the woman can feel it). No genital contact should be made before insertion. The woman puts some spermicidal cream or gel in the diaphragm and spreads it around, folds it, and puts it in the vagina. It can be used right away or for up to six hours (she adds more spermicide if she has intercourse more than once). It should not be left in over 24 hours. She leaves it in six hours after last intercourse, removes it, washes it and dries it ... it's reusable as long as it's checked by a health care provider yearly.¹



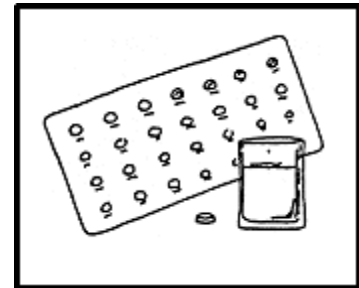
* Health care provider means a doctor or nurse practitioner

HORMONAL METHODS

Note: using hormonal methods alone do not protect against sexually transmitted infections (STIs) or HIV. They can be used together with a "male" or "female" condom to help cut down a person's risk of getting or giving HIV and other STIs (sexually transmitted infections).¹

PILLS, also known as "oral contraceptives", are hormones that keep a woman's ovaries from releasing eggs as long as she keeps taking them. They also thin the lining of the uterus and thicken cervical fluid to keep the sperm from joining the egg.¹

HOW THEY'RE USED CORRECTLY: They must be prescribed by a health care provider. The woman takes one pill by mouth at the same time of day, every day (not just when she has intercourse). If she misses one, she takes it as soon as she remembers...and uses a back-up method (like a condom). If she miss more than one in a month, she checks with the doctor or nurse practitioner. There are various forms available including combination pills with 2 kinds of hormones, and progestin-only pills with one kind of hormone (for women who cannot take the other kind of pills).¹



TRANSDERMAL CONTRACEPTIVE PATCH, also known as "the patch", is a small, thin, beige-colored patch about 2 inches by 2 inches. The patch is stuck on a woman's skin; combined hormones (like the ones in the pill) are released to the body through the skin. The patch protects from pregnancy for one month and works like the pill, keeping a woman's ovaries from releasing eggs and thickening the cervical fluid to keep the sperm from joining the egg.¹

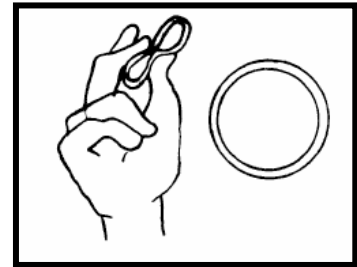
HOW IT'S USED CORRECTLY: It must be prescribed by a health care provider. The patch is worn for 3 weeks in a row (applying a new



Contraceptive Reference Sheet 1 (continued)

patch each week), followed by a fourth patch-free week. The patch can be rotated between the skin of the buttocks, stomach, upper outer arm or upper back. Once the patch is stuck to the woman, she may shower, bathe, swim, and use a hot tub. Oils, creams, or cosmetics should not be applied to or around the patch to prevent it from falling off.⁵

VAGINAL CONTRACEPTIVE RING, also known as “the ring”, is a soft, plastic flexible ring that is similar in size to a jelly bracelet (about 2 inches in diameter). It is placed inside a woman’s vagina and slowly releases hormones similar to those in the combination birth control pills. The ring protects from pregnancy for one month and works like the pill, keeping a woman’s ovaries from releasing eggs and thickening the cervical fluid to keep the sperm from joining the egg.¹



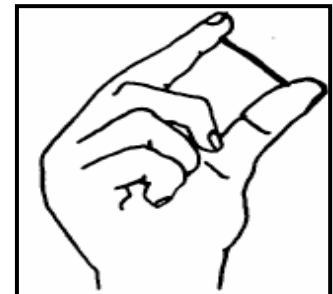
HOW IT’S USED CORRECTLY: It must be prescribed by a health care provider. The ring is inserted deep into the vagina so that the woman cannot feel it, but there’s no wrong way to put it in.⁶ The ring stays in the vagina for three weeks and is taken out for the fourth week. A new ring must be used each month.

THE SHOT, also known as Depo-Provera is a shot of hormones that is given into a woman’s muscle (arm or hip) every 3 months to keep a woman’s ovaries from releasing eggs and to thicken the cervical fluid to keep the sperm from joining with the egg.



HOW IT’S USED CORRECTLY: It must be prescribed by a health care provider. A woman should return to her health care provider’s office every 11 or 12 weeks for an injection and a short check-up.¹

THE IMPLANT is one small, soft matchstick size tube that is placed under the skin in a woman’s inner, upper arm. It prevents pregnancy for up to 3 years by releasing a hormone. It works by keeping a woman’s ovaries from releasing an egg, thinning the lining of the uterus and thickening cervical fluid to keep the sperm from joining the egg.¹



HOW IT’S USED CORRECTLY: It must be prescribed by a health care provider. The woman must go to her health care provider’s office for the insertion and removal process, which takes 1-2 minutes.¹³ She returns every 6 months for her health care provider to check the implant. She should not be able to see the little tube unless she is very thin.^{1, 7, 8, 9}

Contraceptive Reference Sheet 1 (continued)

EMERGENCY CONTRACEPTIVE or “EC” PILLS Known as “Plan B” or “the morning after pill”, are two high dose birth control pills that can prevent an unplanned pregnancy in case of unprotected intercourse or failure of a contraceptive method (such as a condom breaking). They will not harm the pregnancy if she does become pregnant. Emergency contraceptive pills are different from the “abortion pill”. They do not work if a woman is already pregnant.



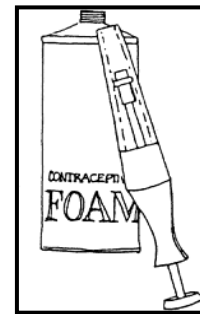
HOW IT'S USED CORRECTLY: The pills should be taken within 120 hours (5 days) after unprotected intercourse, but the sooner that a woman takes the pills, the better chance she has at preventing an unplanned pregnancy. If the pills are taken within 24 hours, they can be 98% effective¹⁰ and if taken within 120 hours they can be 75-89% effective.¹

EC pills are available from a health care provider, at some pharmacies (in Washington state and some other states), at many health clinics, and at emergency rooms. Calling 1-888-NOT-2-LATE will locate a pharmacy or health care provider nearby that has EC pills.

SPERMICIDE

VAGINAL SPERMICIDES come in the form of gel, foam, cream, film, suppository or tablet. These contain a chemical that kills sperm. The spermicide is inserted far up in the vagina to keep the sperm out of the uterus.

HOW IS IT USED CORRECTLY: Spermicides can be bought over the counter; directions on the packages should be followed. *Gels, Foams and Creams:* A woman uses an applicator to push the spermicide deep into the vagina, the way she would insert a tampon. The couple may have intercourse right away or wait up to 15 minutes. A new application must be put in before every new act of intercourse. *Film and suppositories:* A paper-thin sheet or a waxy tablet is put in the vagina near the cervix 15 minutes before intercourse (but no more than 1 hour) to allow time for the contraceptive to melt. A woman must not douche after using a spermicide.¹



SPONGES have already been soaked with spermicidal foam. The sponge is put inside the vagina, over the cervix. It releases spermicide near the cervix to keep the sperm out of the uterus. The Sponge is listed as separate from the other spermicidal methods because in addition to containing spermicide, it also has a barrier (the sponge). It is also more effective than other methods with spermicide.



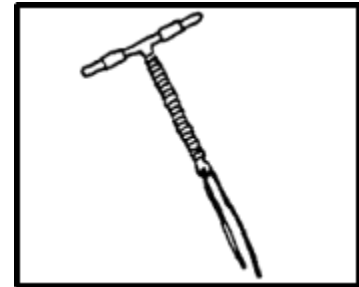
HOW THEY'RE USED CORRECTLY: No genital contact should be made before insertion. The woman wets it (with about a couple of tablespoons of clean water), squeezes it, folds it, and puts it at the top of the vagina (near the cervix) with the loop facing

Contraceptive Reference Sheet 1 (continued)

away from the cervix. It can be used right away or for up to 24 hours for the "Today Sponge", 12 hours for the "Protect Aid Sponge", no matter how many times she has intercourse.¹ Six hours after the last intercourse, the loop is used to take it out. It's only used once and then thrown away.

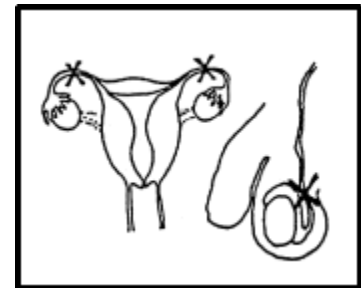
OTHER

INTRAUTERINE DEVICES or IUDs, are small plastic T-shaped objects, containing copper or hormones. An IUD is placed in the uterus by a health care provider. IUDs make sperm travel less well, preventing fertilization of the egg.¹ They can also keep a fertilized egg from attaching to the uterus.¹¹ IUDs with hormones thicken cervical fluid to keep the sperm from joining the egg.¹



HOW THEY'RE USED CORRECTLY: An IUD must be put in and taken out by an experienced professional. The woman checks the string once a month. Copper IUDs last up to ten years, while hormonal IUDs last five.¹

STERILIZATION, also called "tubal ligation" in women and "vasectomy" in men, is an operation in which the doctor blocks or ties the fallopian tubes or the vasa deferentia, so that eggs and sperm can't travel to meet one another. It's permanent.¹



HOW IT IS USED CORRECTLY: It should be done by a very experienced doctor. A woman is protected right away; a man has to go back to the doctor for a "sperm count" before he can be sure he is safe.¹













REFERENCES:

- ¹ Hatcher, Robert A. et al. (2005) *Contraceptive Technology* (18th Rev. Ed.). New York: Ardent Media, Inc.
- ⁵ Family-Planning Program, Public Health - Seattle & King County. (December 20, 2004) Section II. Transdermal Contraceptive Patch. *Clinical Practice Guidelines 2001*.
- ⁶ Family-Planning Program, Public Health - Seattle & King County. (December 4, 2002) Section II. Vaginal Contraceptive Ring. *Clinical Practice Guidelines 2001*.
- ⁷ Zheng SR, Zheng HM, Qian SZ, Sang GW, Kaper RF. (1999) A randomized multicenter study comparing the efficacy and bleeding pattern of a single-rod (Implanon) and a six-capsule (Norplant) hormonal contraceptive implant. *Contraception*. 60(1):1-8.
- ⁸ Mascarenhas L. (2000) Insertion and removal of Implanon: practical considerations. *European Journal of Contraception and Reproductive Health Care*. (5suppl2):29-34.
- ⁹ Croxatto HB, Urbancsek J, Massai R, Coelingh Bennink H, van Beek A. (1999) A multicentre efficacy and safety study of the single contraceptive implant Implanon. Implanon Study Group. *Human Reproduction*. 14(4):976-81.
- ¹⁰ Family-Planning Program, Public Health - Seattle & King County. (June 16, 2004) Section II. Emergency Contraception. *Clinical Practice Guidelines 2001*.
- ¹¹ Family-Planning Program, Public Health - Seattle & King County. (July 6, 2005) Section II. Intrauterine Device. *Clinical Practice Guidelines 2001*.

Contraceptive Reference Sheet 2:

EFFECTIVENESS

**IF 33 TYPICAL COUPLES HAD SEX FOR A YEAR
ROUGHLY HOW MANY WOULD BECOME PREGNANT**

USING NO BIRTH CONTROL	 28
ABSTAINING FROM INTERCOURSE	??? -- we don't have studies of typical abstiners
USING EMERGENCY CONTRACEPTIVE PILLS	 12
USING "MALE" CONDOMS	 5
USING "FEMALE" CONDOMS	 7
USING A DIAPHRAGM	 5
USING FERTILITY AWARENESS	 8
USING AN IUD	 1 or less
USING THE PILL, PATCH OR RING	 2
USING THE SHOT (Depo-Provera)	 1
USING AN IMPLANT	0 (PROBABLY)*
USING SPONGES	 5 or 10**
RELYING ON STERILIZATION.	0 (PROBABLY) ***
USING WITHDRAWAL	 9
USING SPERMICIDE (foam, cream, gel, film, suppositories)	 9
COMBINING TWO METHODS (condom and a hormonal method)	???-- we don't have studies of combining methods

Emergency Contraceptive pills: Treatment within 120 hours after unprotected intercourse reduces the risk of pregnancy by at least 89%.¹ If the pills are taken within the first 24 hours, the risk of pregnancy is reduced to around 95%- 98%. The sooner they are taken, the more effective they are.¹⁰

*In all studies to date, no pregnancies have occurred in women using Implanon, the newest implant on the market^{1 7 8 9}

** About 5 of the 33 women had never been pregnant before; about 10 of the 33 women had been pregnant before, meaning they had larger cervixes, making the method less effective for them

*** Tubal ligation is a little more effective than vasectomy, but both are better than 99% effective.

Contraceptive Transparency 1

BEHAVIORAL METHODS:

SAYING “NO”

“PULLING OUT”

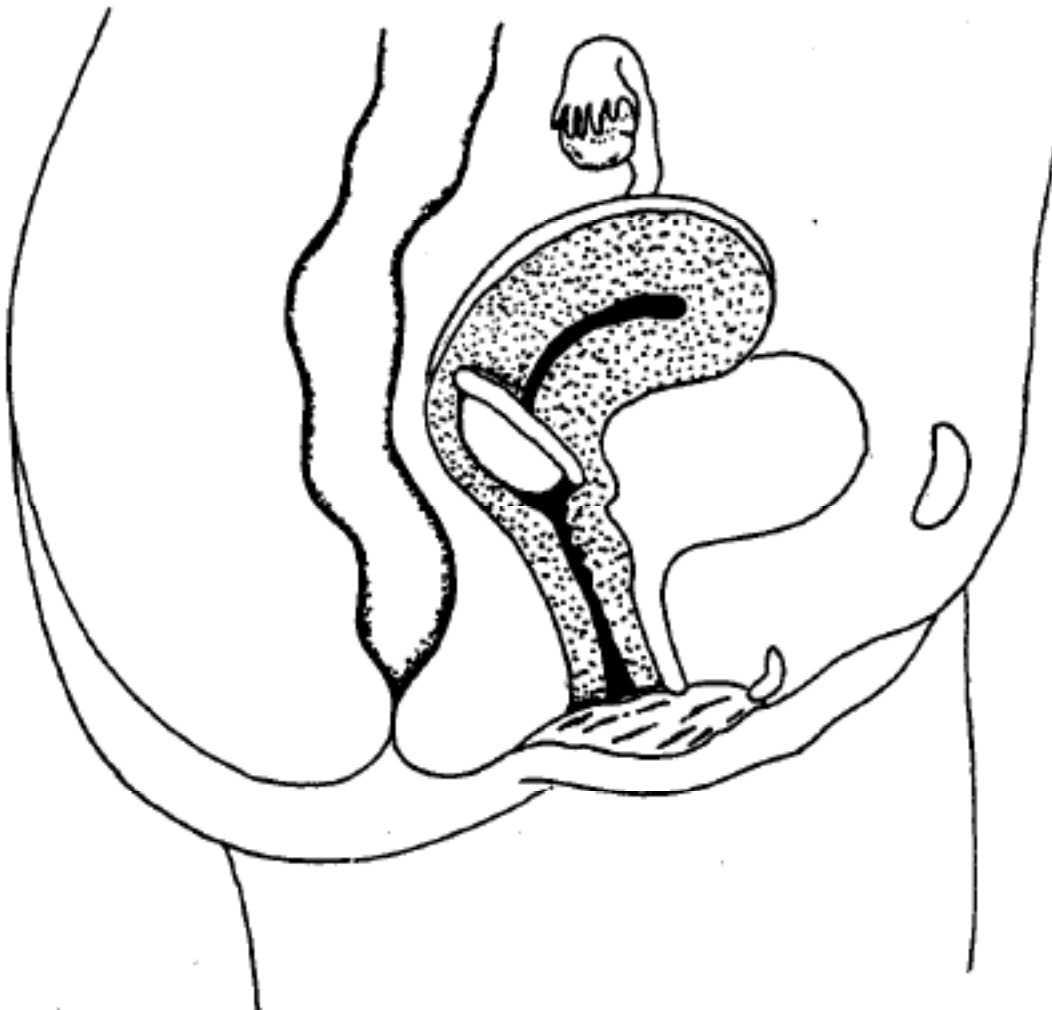
**LEARNING SAFER TIMES...
ONLY HAVING SEX THEN**

CONDOM + HORMONAL METHOD

Contraceptive Transparency 2

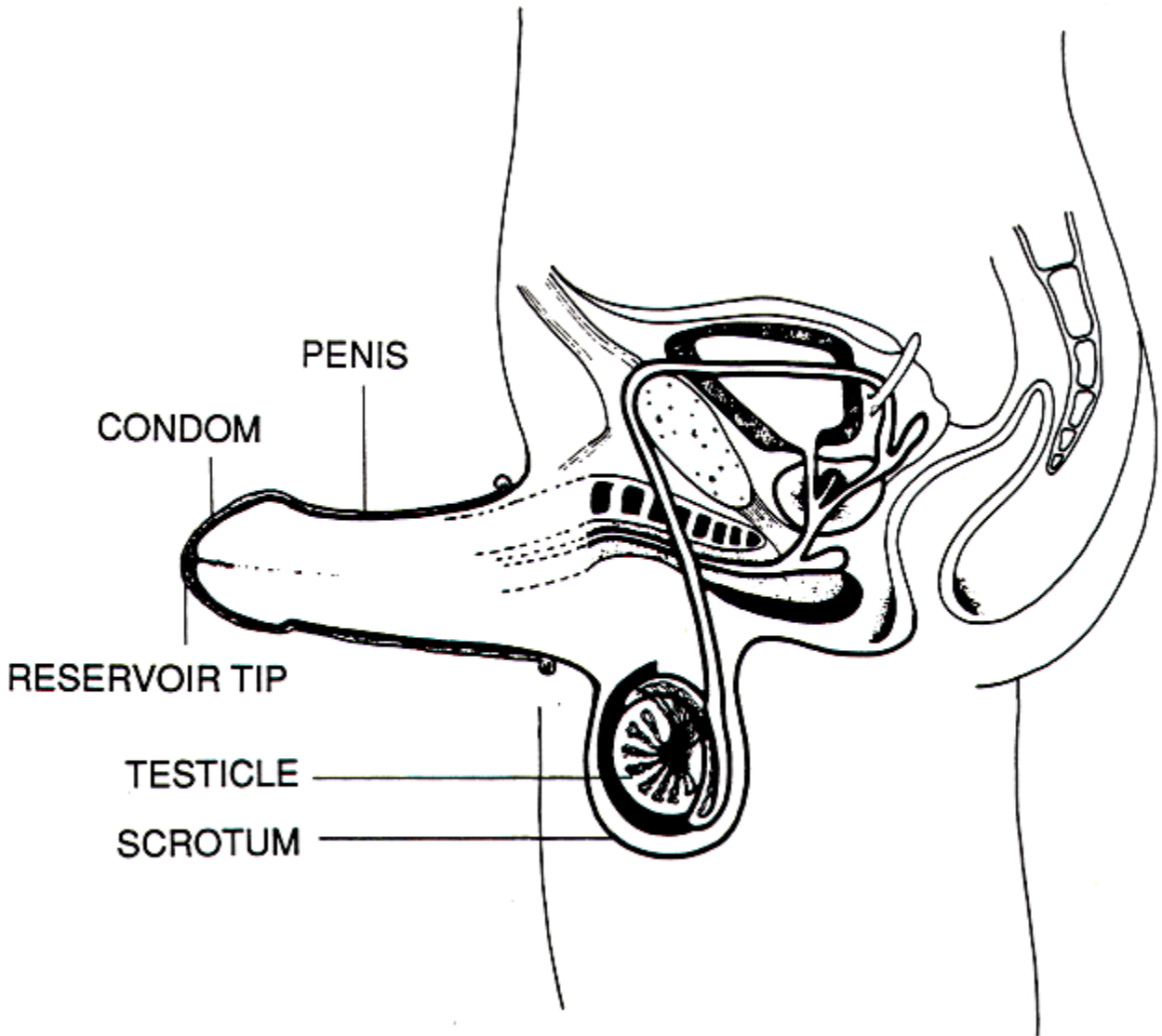
BARRIER METHODS:

DIAPHRAGM



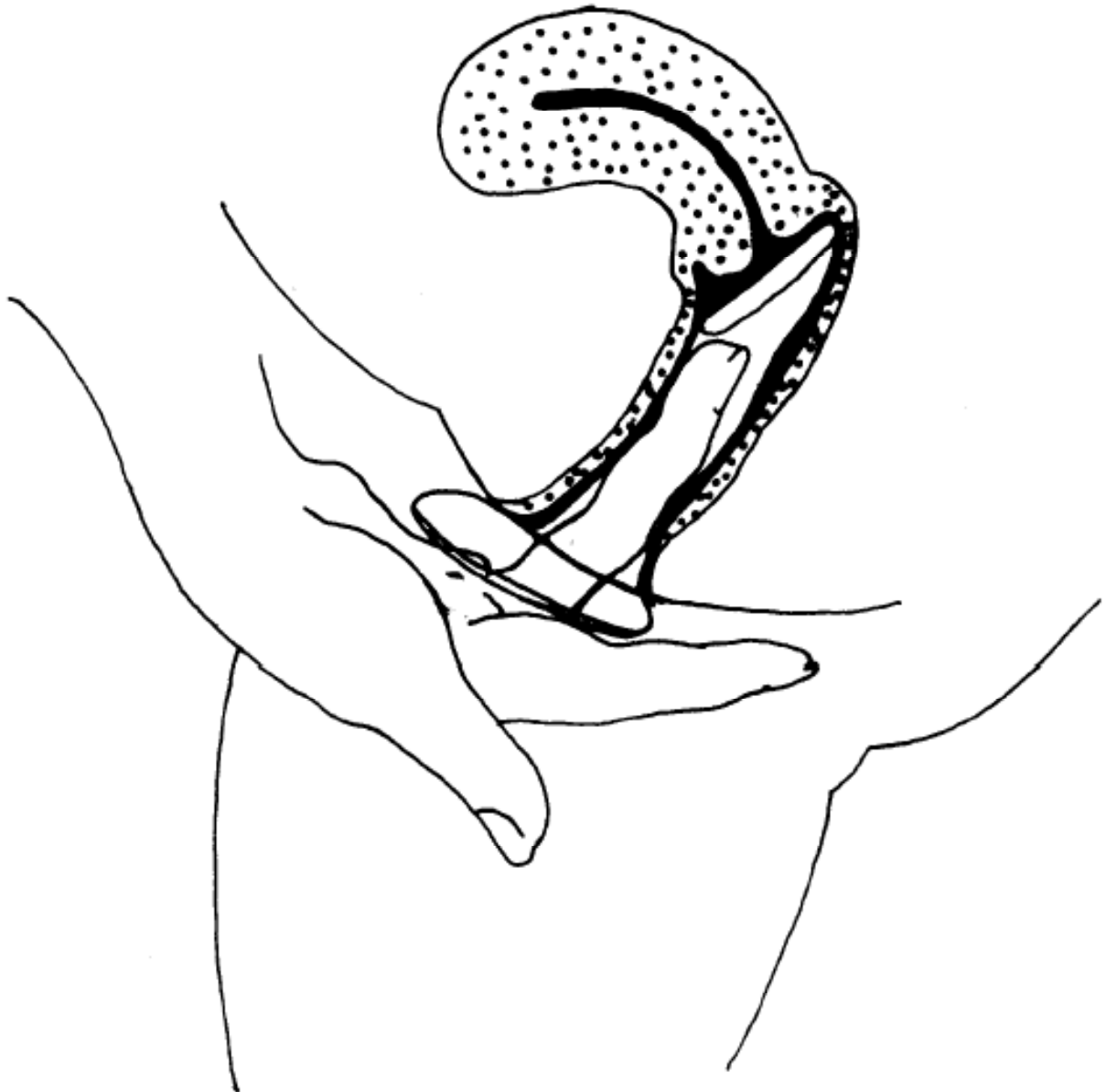
Contraceptive Transparency 3

“MALE” CONDOM



Contraceptive Transparency 4

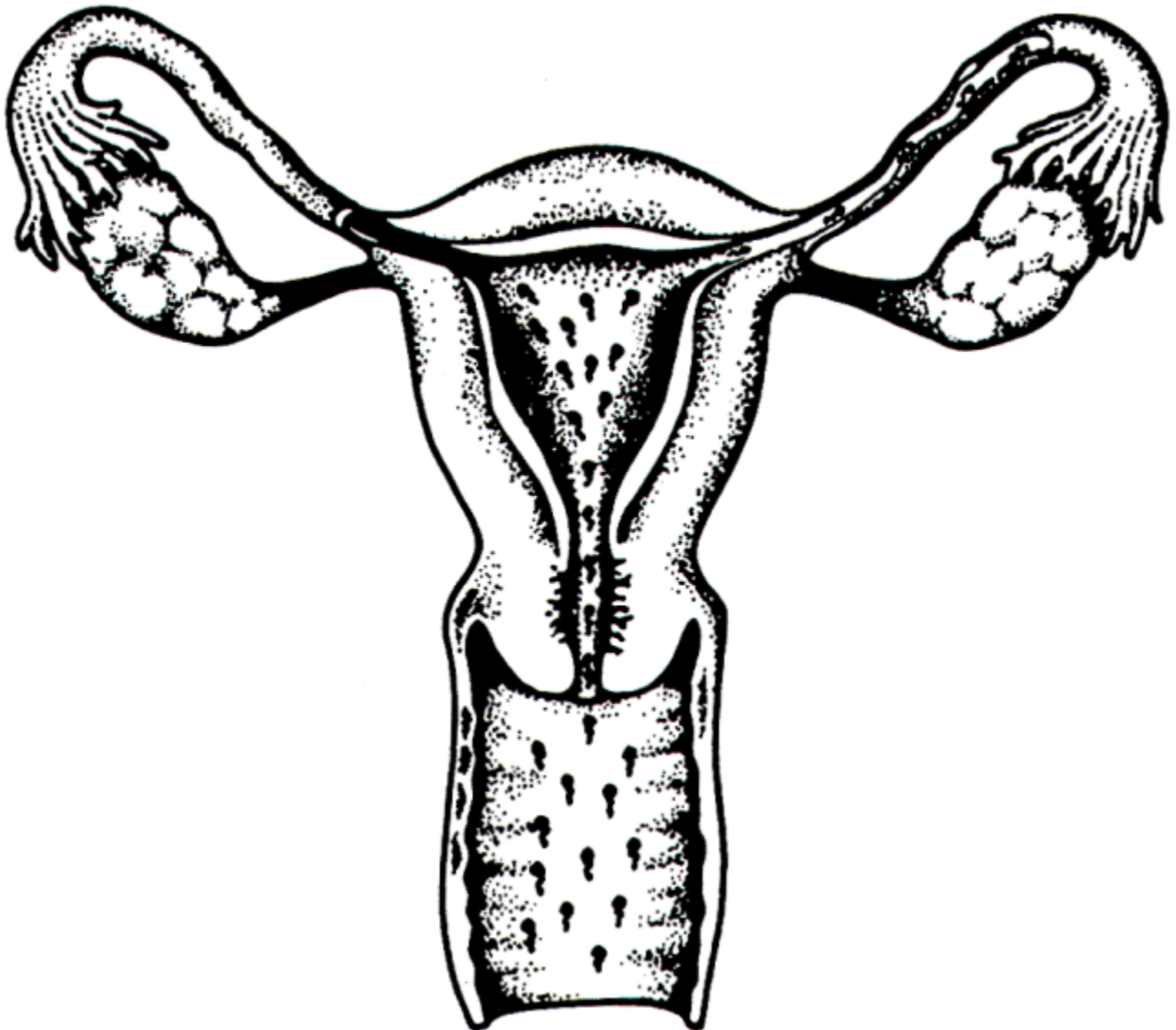
“FEMALE” CONDOM



Contraceptive Transparency 5

HORMONAL METHODS:

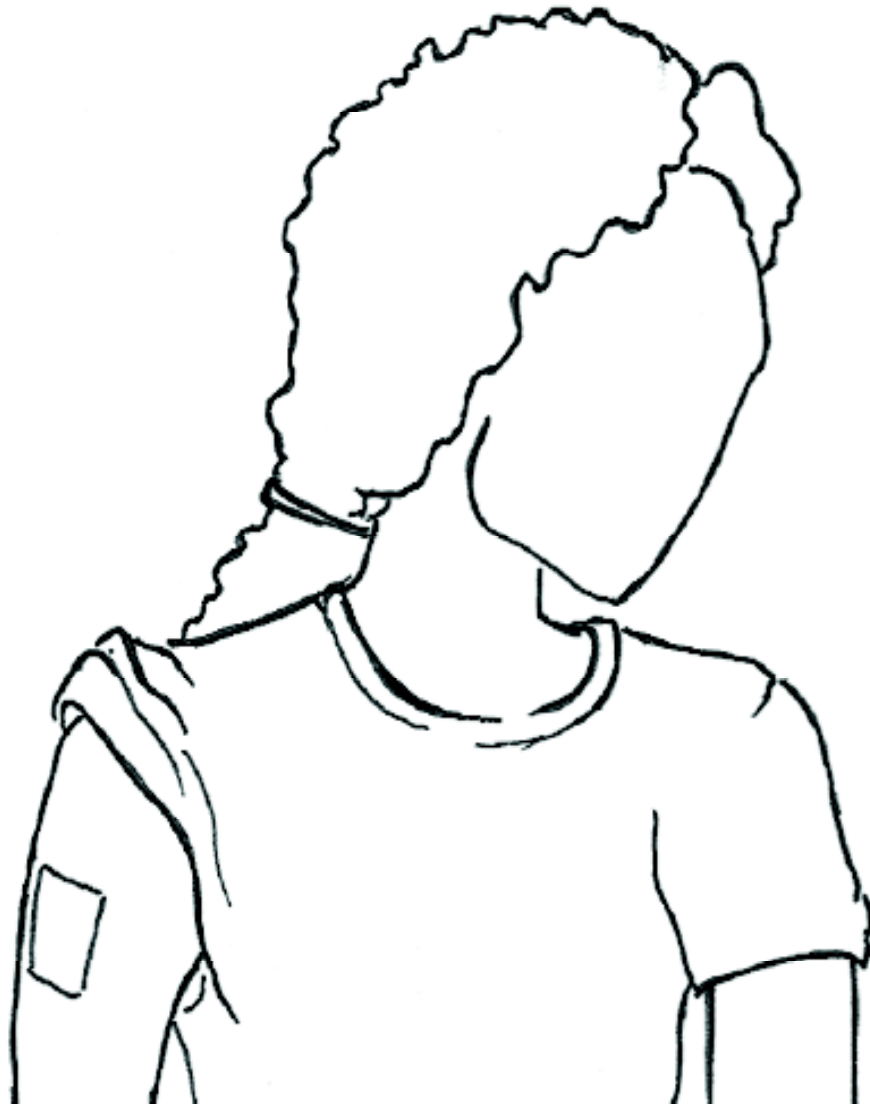
**ORAL CONTRACEPTIVES
(PILLS)**



OVUM DOES NOT DEVELOP

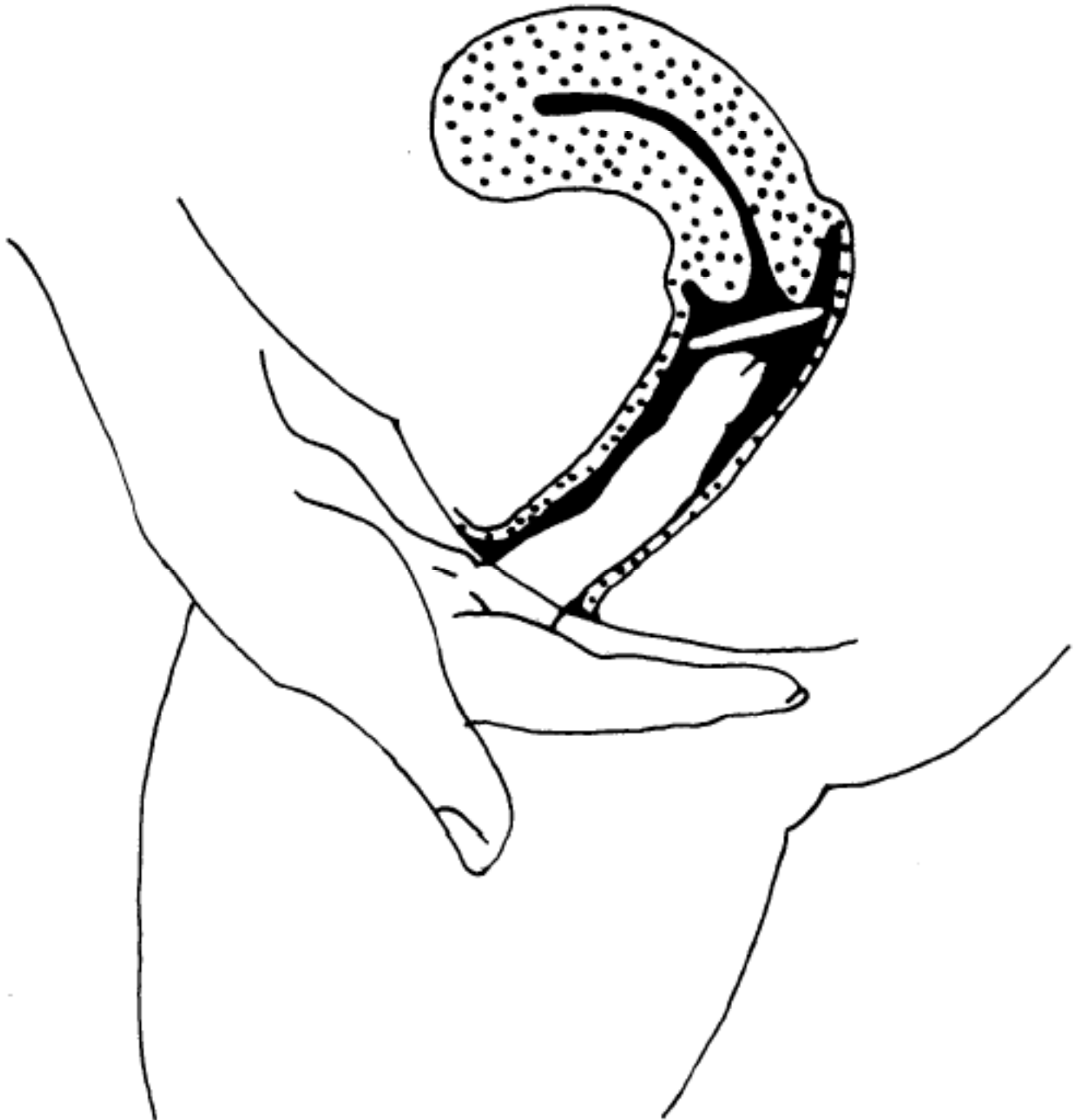
Contraceptive Transparency 6

PATCH



Contraceptive Transparency 7

VAGINAL RING



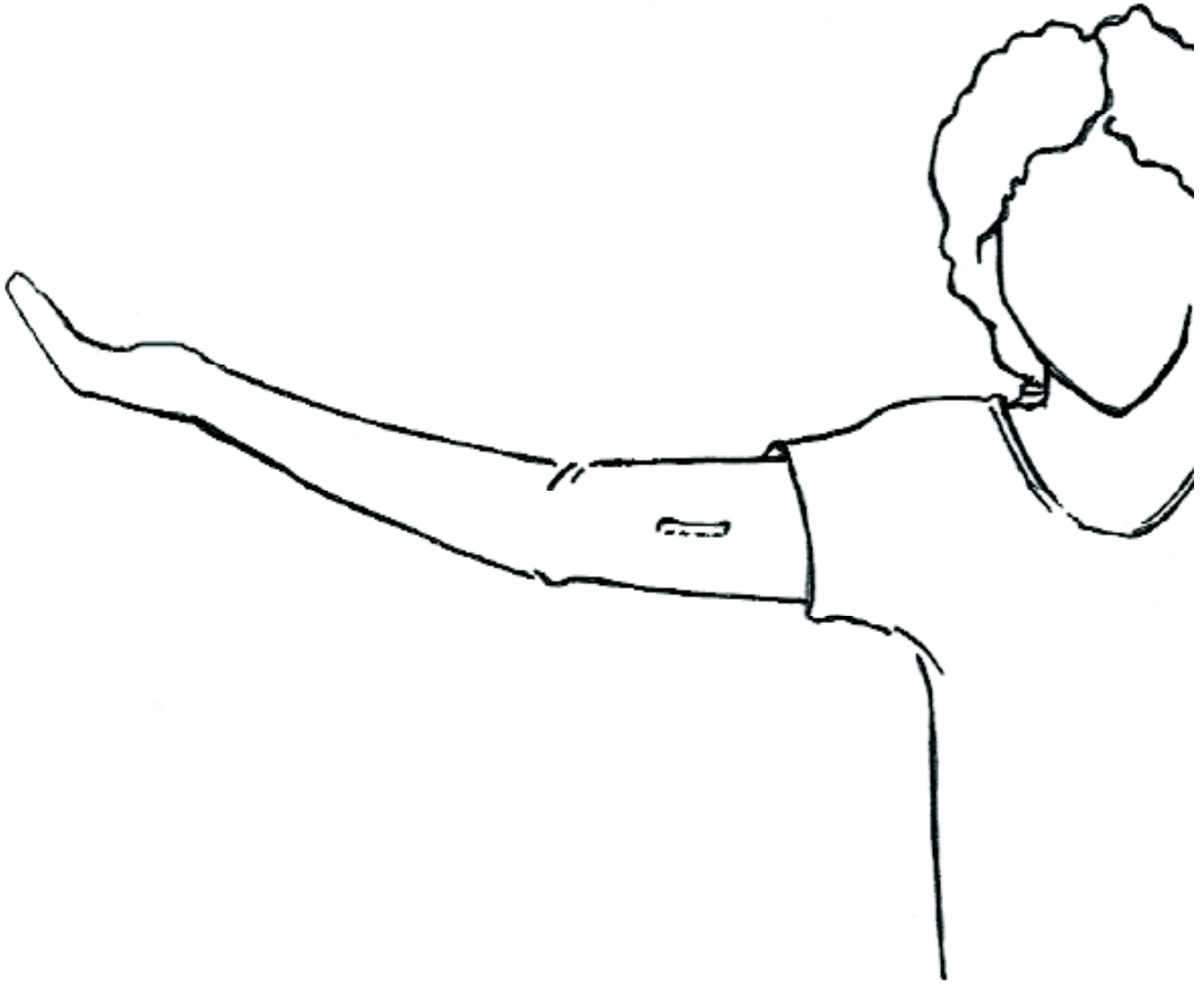
Contraceptive Transparency 8

SHOT (DEPO PROVERA)



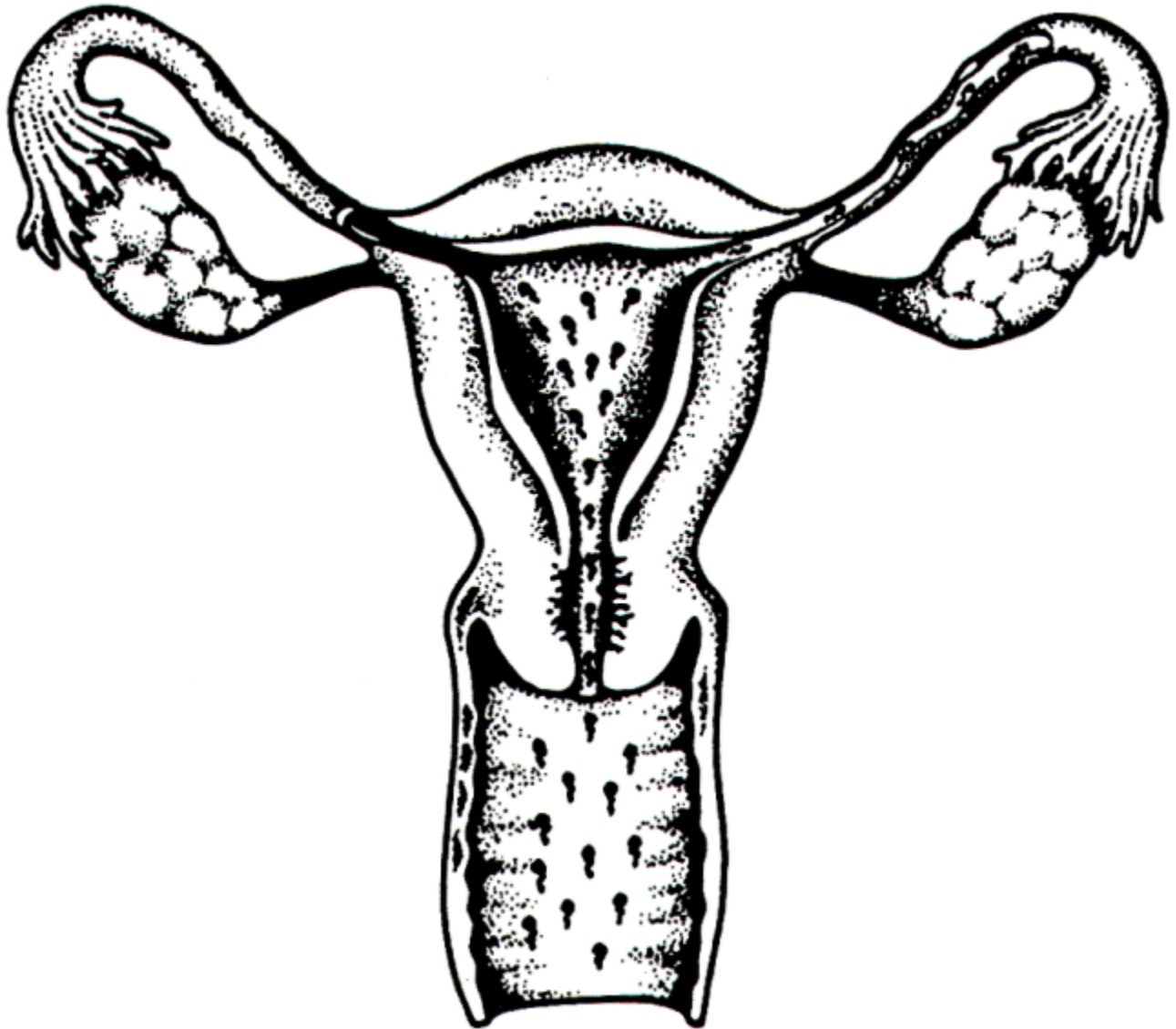
Contraceptive Transparency 9

IMPLANT



Contraceptive Transparency 10

EMERGENCY CONTRACEPTIVE PILLS

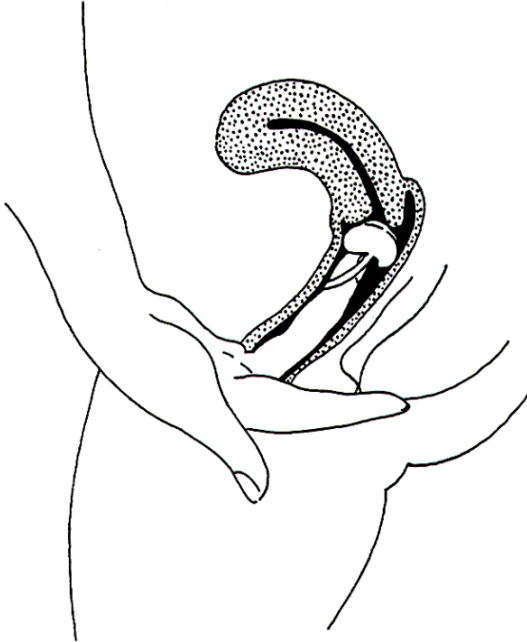


BLOCKS OR DELAYS OVULATION

Contraceptive Transparency 11

SPERMICIDAL METHODS:

SPONGE



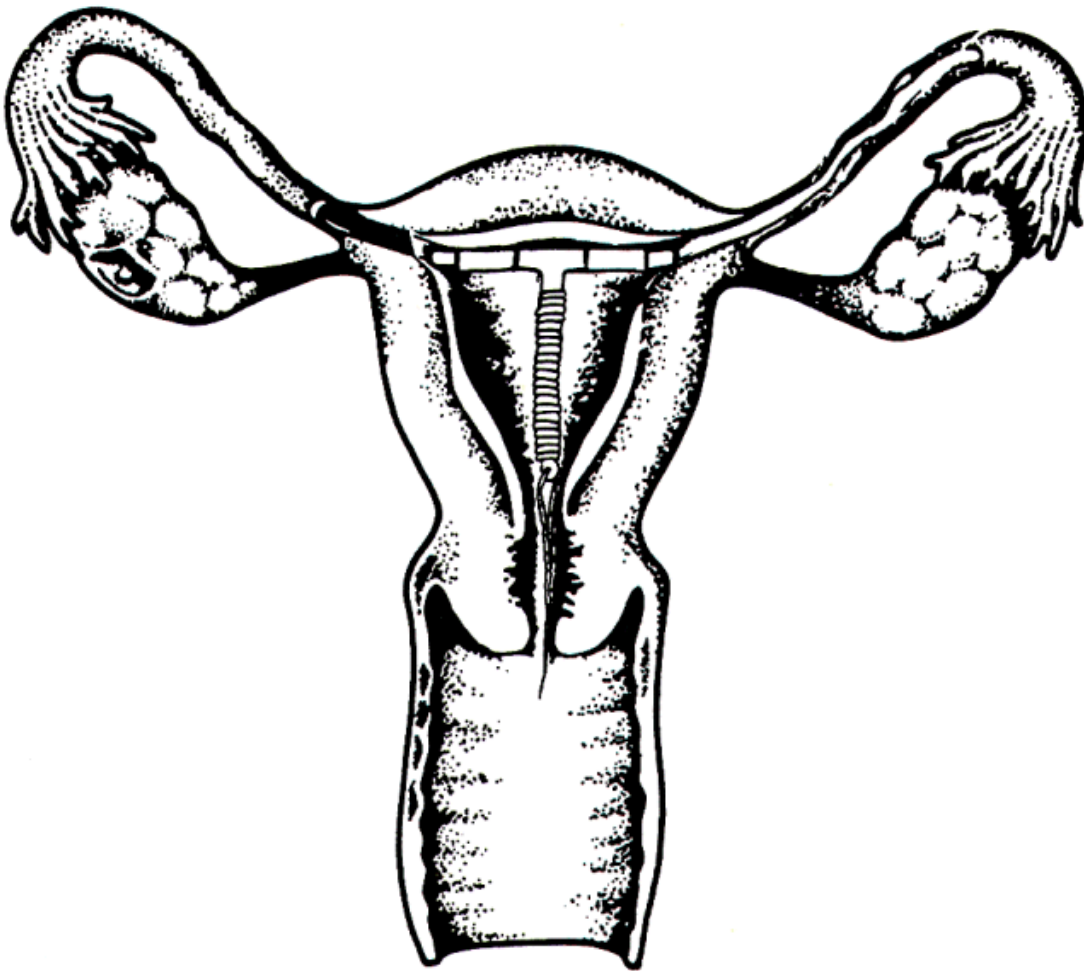
SUPPOSITORY



Contraceptive Transparency 12

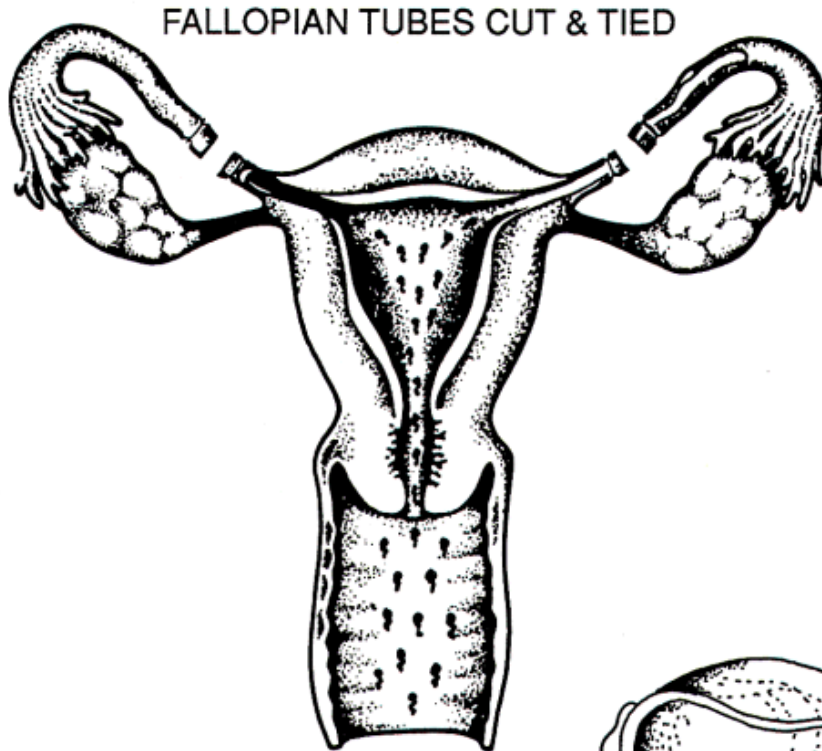
OTHER METHODS:

**INTRAUTERINE DEVICE
(IUD)**



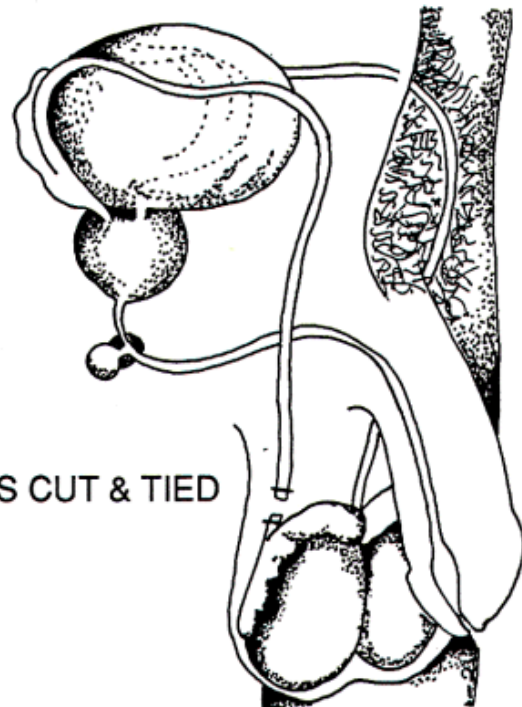
Contraceptive Transparency 13

STERILIZATION



FALLOPIAN TUBES CUT & TIED

TUBAL LIGATION



VAS DEFERENS CUT & TIED

VASECTOMY

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- ¹ Hatcher, Robert A. et al. (2005) *Contraceptive Technology* (18th Rev. Ed.). New York: Ardent Media, Inc.
- ² Family-Planning Program, Public Health - Seattle & King County. (June 16, 2004) Section II. Spermicide. *Clinical Practice Guidelines* 2001.
- ³ CDC, Youth risk behavior surveillance summary – United States, 2003, *Morbidity and Mortality Weekly Report*, May 2004, 53(2).
- ⁴ Family-Planning Program, Public Health - Seattle & King County. (June 16, 2004) Section II. Spermicide. *Clinical Practice Guidelines* 2001
- ⁵ Family-Planning Program, Public Health - Seattle & King County. (December 20, 2004) Section II. Transdermal Contraceptive Patch. *Clinical Practice Guidelines* 2001.
- ⁶ Family-Planning Program, Public Health - Seattle & King County. (December 4, 2002) Section II. Vaginal Contraceptive Ring. *Clinical Practice Guidelines* 2001.
- ⁷ Zheng SR, Zheng HM, Qian SZ, Sang GW, Kaper RF. (1999) A randomized multicenter study comparing the efficacy and bleeding pattern of a single-rod (Implanon) and a six-capsule (Norplant) hormonal contraceptive implant. *Contraception*. 60(1):1-8.
- ⁸ Mascarenhas L. (2000) Insertion and removal of Implanon: practical considerations. *European Journal of Contraception and Reproductive Health Care*. (5suppl2):29-34.
- ⁹ Croxatto HB, Urbancsek J, Massai R, Coelingh Bennink H, van Beek A. (1999) A multicentre efficacy and safety study of the single contraceptive implant Implanon. Implanon Study Group. *Human Reproduction*. 14(4):976-81.
- ¹⁰ Family-Planning Program, Public Health - Seattle & King County. (June 16, 2004) Section II. Emergency Contraception. *Clinical Practice Guidelines* 2001.
- ¹¹ Family-Planning Program, Public Health - Seattle & King County. (July 06, 2005) Section II. Intrauterine Device. *Clinical Practice Guidelines* 2001.

