

Protecting Your Reproductive System

Did you know that your reproductive system is one of the most fragile systems of your body? It can easily get infected or injured. If it does, you might have long-term health problems. Taking simple steps to prevent getting or spreading HIV/AIDS and other sexually transmitted diseases (STDs) will help protect you and your loved ones. An STD is an infection or disease that you get by having vaginal, anal, or oral sex with someone who already has an STD. *STD definitions and symptoms start on page 81.*

Some STDs can be “silent,” which means you do not show any signs of infection, illness, or disease. Others can have mild to severe symptoms. Get regular checkups for STDs, even if you do not have any symptoms.

Protecting your reproductive system also means having control over if and when you become pregnant. But choosing which type of birth control to use is not easy. Learn what types of birth control are available. Talk with your doctor or nurse to help you choose among the options.

Learn More About Birth Control

Only one method of birth control prevents pregnancy all the time. Abstinence. Abstinence means not having vaginal, anal, or

oral sex at any time. NO other method of birth control prevents pregnancy all the time. But other methods are very effective at preventing pregnancy.

When choosing your birth control method, consider

- ◆ your overall health
- ◆ how often you have sex
- ◆ the number of sexual partners you have
- ◆ if you want to have children
- ◆ how well it prevents pregnancy
- ◆ potential side effects
- ◆ your comfort level with using the method

Learning how to use some forms of birth control can take time and practice.

Know that many forms of birth control do NOT protect you from getting infected with HIV or other STDs, such as gonorrhea, the human papillomavirus (HPV), herpes, and chlamydia. The best way to protect yourself is to be totally abstinent, 100 percent of the time. But using a latex male condom or a female condom correctly every time you have sex helps lower your chances of getting HIV or other STDs. They do not eliminate ALL risk, however.

Types of Birth Control

No single method of birth control is the “best” one. Each has its own advantages and disadvantages. (See pages 75–78 to read about these options.)

Barrier methods (act as a physical block between you and your sexual partner)

◆ **Male condom.** Worn by the man, a male condom keeps sperm from getting into a woman's body. Latex condoms help prevent pregnancy and HIV and other STDs. "Natural" or "lambskin" condoms also help prevent pregnancy, but they do not protect against STDs, including HIV. Male condoms are 85 to 98 percent effective at preventing pregnancy. Condoms can only be used once. You can buy condoms, KY jelly, or water-based lubricants at a drug store. Do not use oil-based lubricants such as massage oils, baby oil, lotions, or petroleum jelly. They will weaken the condom, causing it to tear or break.



◆ **Female condom.** Worn by the woman, this method keeps sperm from getting into her body. It is packaged with a lubricant and is available at drug stores. It helps reduce your chances of getting HIV and other STDs. It can be inserted up to eight hours before sexual intercourse. Female condoms are 79 to 95 percent effective at preventing pregnancy. Only one kind of female condom is available in this country, and its brand name is *Reality*.



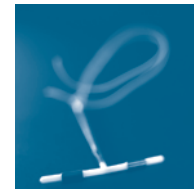
◆ **Diaphragm or cervical cap.** Each of these barrier methods are placed inside

the vagina to cover the cervix to block sperm. The diaphragm is shaped like a shallow cup. The cervical cap is a thimble-shaped cup. Before sexual intercourse, you insert them with spermicide to block or kill sperm. The diaphragm is 84 to 94 percent effective at preventing pregnancy. Visit your doctor for a proper fitting because diaphragms and cervical caps come in different sizes. Using diaphragm or cervical caps does not protect you against STDs.



Intrauterine devices (IUDs)

◆ **Copper T IUD.** An IUD is a small device that is shaped in the form of a "T." Your doctor places it inside the uterus to prevent pregnancy. It can stay in your uterus for up to 10 years. It does not protect you from HIV or other STDs. This IUD is 99 percent effective at preventing pregnancy.



◆ **Mirena intrauterine system (IUS).** The IUS is a small T-shaped device like the IUD. It is placed inside the uterus by a doctor. It releases a small amount of a hormone each day to keep you from getting pregnant. The IUS stays in your uterus for up to five years. It does not protect you from HIV or other STDs. The IUS is 99 percent effective at preventing pregnancy.

Hormonal methods

- ◆ **Oral contraceptives.** Also called “the pill,” it contains the hormones estrogen and progestin. It is prescribed by a doctor. A pill is taken at the same time each day. It does not protect against HIV or other STDs. If you are older than 35 and smoke, or have a history of blood clots, breast cancer, or endometrial cancer, your doctor may advise you not to take the pill. The pill is 92 to 99 percent effective at preventing pregnancy.
- ◆ **Mini-pill.** Unlike the pill, the mini-pill only has one hormone, progestin, instead of both estrogen and progestin. It is prescribed by a doctor. It is taken at the same time each day. Mothers who breastfeed can use the mini-pill because it will not affect their milk supply. It is a good option for women who can’t take estrogen or for women who have a risk of blood clots. The mini-pill does not protect against HIV or other STDs. They are 92 to 99.9 percent effective at preventing pregnancy.
- ◆ **Patch (Ortho Evra).** This skin patch is worn on the lower abdomen, buttocks, or upper body. This method is prescribed by a doctor. It releases the hormones progestin and estrogen into the bloodstream. You put on a new patch once a week for three weeks. During the fourth week, you do not



wear a patch, so you can have a menstrual period. The patch is 92 to 99 percent effective at preventing pregnancy. But it appears to be less effective in women who weigh more than 198 pounds. It does not protect against HIV or other STDs.

- ◆ **Hormonal vaginal contraceptive ring (NuvaRing).** The NuvaRing releases the hormones progestin and estrogen. Your doctor places the ring inside your vagina to go around your cervix (the opening to your womb). You wear the ring for three weeks, take it out for the week that you have your period, and then put in a new ring. It is 92 to 99 percent effective at preventing pregnancy. This method does not protect you from HIV or other STDs.
- ◆ **Depo-Provera.** Women get shots of the hormone progestin in the buttocks or arm every three months from their doctor. It does not protect you from HIV or other STDs. It is 97 to 99 percent effective at preventing pregnancy.
- ◆ **Emergency contraception.** Emergency contraception is NOT a regular method of birth control. It should never be used as one. Emergency contraception should only be used after **no** birth control was used during sex, or if the birth control method failed, such as if a condom broke. Neither of the two methods described here protects you from HIV or other STDs.

One type of emergency contraception requires you to take two doses of hormonal pills 12 hours apart. You have to take the

pills starting within three days (72 hours) after having unprotected sex. They are sometimes referred to as “morning after” pills, even though they can be used up to three days later. The pills are 75 to 89 percent effective at inhibiting ovulation, fertilization, or implantation of a fertilized egg in the uterine wall, or all three. Plan B is available over the counter for women age 18 and older. Plan B is available by prescription for women age 17 and under. (Plan B is the brand name of one product approved by the Food and Drug Administration for use as emergency contraception.)

Another type of emergency contraception is having your doctor insert the Copper T IUD into your uterus within seven days of unprotected sex. This method is 99.9 percent effective at inhibiting ovulation, fertilization, or implantation of a fertilized egg in the uterine wall, or all three.

Surgical options

- ◆ **Surgical sterilization.** These surgical methods are meant for people who want a permanent method of birth control. In other words, they never want to have a child, or they do not want more children. Both methods listed here are 99 to 99.5 percent effective at preventing pregnancy. These surgical options do not protect you from HIV or other STDs.
- ◆ **Tubal ligation or “tying tubes.”** A woman can have her fallopian tubes tied (or closed) to stop eggs from going down to her uterus where they can be fertilized.

The procedure can be done in a hospital or in an outpatient surgical center. You can go home the same day of the surgery and resume your normal activities within a few days. This method is effective immediately. In the first year after the surgery, your chance of getting pregnant is less than 1 percent. Over time, the ends of your fallopian tubes could fuse back together, and it may be possible to get pregnant. Failure rates have been reported in women who had their tubes tied earlier in their lives. But these failure rates are lower in women who are older when they have tubal ligation.

- ◆ **Vasectomy [va-sec-toe-me].** This operation is done to keep a man’s sperm from going to his penis, so his ejaculate never has any sperm in it that can fertilize an egg. This operation is simpler than tying a woman’s tubes. The procedure is done at an outpatient surgical center. The man can go home the same day. Recovery time is less than one week. After the operation, a man visits his doctor for tests to count his sperm and to make sure the sperm count has dropped to zero. It may take a few weeks for that to happen. Another form of birth control should be used until the man’s sperm count has dropped to zero.

Other methods

- ◆ **Continuous abstinence.** This method means not having vaginal, anal, or oral sex at any time. It is the only 100-percent effective way to prevent pregnancy, HIV, and other STDs.

◆ **Non-surgical sterilization (Essure Permanent Birth Control System).** It is the first non-surgical method of sterilizing women. A thin tube is used to thread a tiny device into each fallopian tube. It irritates the fallopian tubes and causes scar tissue to grow and permanently plug the tubes. It can take about three months for the scar tissue to grow, so use another form of birth control during this time. Return to your doctor for a test to see if scar tissue has fully blocked your fallopian tubes. With blocked tubes, you can't get pregnant. Research studies followed more than 600 women for one year. None had any pregnancies when the devices were implanted correctly. It does not protect you from HIV or other STDs.

◆ **Natural family planning or fertility awareness.** Understanding your monthly fertility pattern can help you plan to get pregnant or to avoid getting pregnant. Your fertility pattern is the number of days in the month when you are fertile (able to get pregnant), days when you are infertile, and days when fertility is unlikely, but possible. If you have a regular menstrual cycle, you have about nine or more fertile days each month. If you do not want to get pregnant, you do not have sex on the days you are fertile, or you use a form of birth control on those days. To learn more about your monthly fertility pattern, go to www.womenshealth.gov. These methods are 75 to 99 percent effective at preventing pregnancy. They do not protect you from HIV or other STDs.

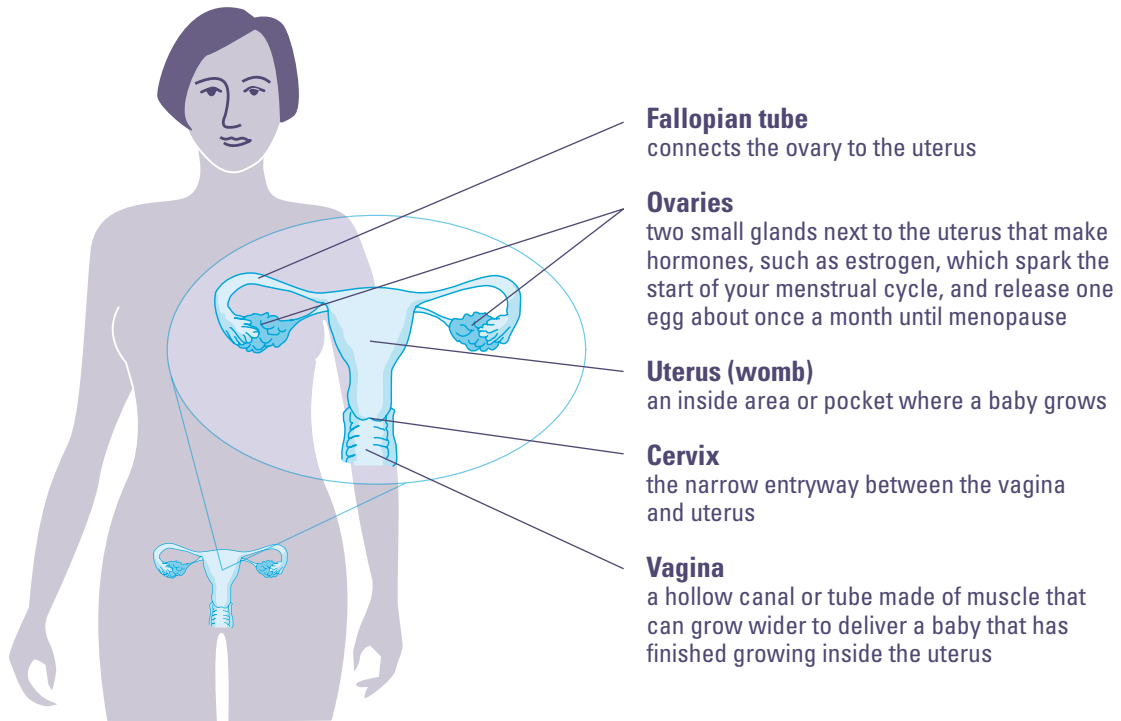
◆ **Spermicides.** These products work by killing sperm and come in several forms—foam, gel, cream, film, suppository, or tablet. They are placed in the vagina no more than one hour before intercourse. You leave them in place at least six to eight hours after intercourse. You can use a spermicide in addition to a male condom, diaphragm, or cervical cap. Spermicides alone are about 71 to 82 percent effective at preventing pregnancy. They can be purchased in drug stores. Vaginal spermicide with Nonoxynol-9 will not protect you from HIV or other STDs, such as gonorrhea or chlamydia.

Learn More About STDs

STDs can be a real threat to your health, especially if they are not treated. STDs can result in life-long problems, including blindness, bone deformities, mental retardation, and death for infants infected by their mothers during pregnancy or birth. In women, STDs can lead to pelvic inflammatory disease (PID), infertility, ectopic pregnancies (pregnancies that occur in the fallopian tubes instead of the uterus), and cancer of the reproductive system.

Early treatment of STDs is important. The quicker you seek treatment, the less likely the STD will cause you severe harm. The sooner you tell your sexual partner(s) that you have an STD, the sooner they can get treated. If you are treated for an STD, and your partner is not treated, and you have unprotected sex, then you can get the STD again. Get regular follow-up visits with your doctor.

The organs of your reproductive system that can be hurt by HIV and other STDs.



Sometimes a person may be too scared or embarrassed to ask for information about STDs or to ask for help. Keep in mind that some STDs are curable, such as chlamydia, gonorrhea, syphilis, and trichomoniasis. Other STDs can only be treated, not cured. These STDs, such as herpes, can be spread to another person, even if they are under control and managed with medicines. A vaccine is available that protects people against the human papillomavirus (HPV) and the hepatitis B virus (HBV).

The HPV vaccine protects against four HPV types, which together cause 70 percent of cervical cancers and 90 percent of genital warts. The HPV vaccine is recommended for 11- to 12-year-old girls as well as 13- to 26-year-old girls and women. It can be given to girls as young as 9. Ideally, females should get the vaccine before they are sexually active. Girls and women who have not been infected with any of those four HPV types will get the full benefits of the vaccine. Females who are sexually active may also benefit from the vaccine. It does not treat existing HPV infections, genital warts, precancers, or cancers.

Know the ABCs of STDs

The best way to protect your body is to know the “ABCs” of STDs. You can feel proud knowing you are doing your best to keep both you and your partner safe and healthy for life. Remember, if you choose not to follow A, B, or C, you could get a sexually transmitted disease (STD), including HIV, the virus that causes AIDS.

A = Abstinence. Not having sex of any kind (vaginal, anal, or oral sex) is the only 100% effective way to avoid getting STDs.

B = Be faithful. Being in a sexual relationship with only one partner who is free of an STD and who is also faithful to you limits the chance of infections.

C = Condoms. If you fail to follow A or B, use a latex condom. Latex condoms have been proven to reduce the risk of getting infected with HIV and many other STDs, if used correctly and consistently every time you have sex.

Once an individual has HPV, the symptoms can be treated but not cured.

When you visit your doctor, tell him or her if you are allergic to any medications. Take all medicines exactly as prescribed. Do not skip taking your medications. Do not share your medications. Ask about any possible side effects of the medicine or dietary supplements BEFORE you take them, especially if you are pregnant or nursing. After treatment, visit your doctor again to make sure you are cured. A few STDs are resistant to certain medicines, so your doctor may need to prescribe a different medicine for you.

HIV is an STD that can be spread through having sex (vaginal, anal, or oral) with a person who has HIV. HIV (the human immunodeficiency virus) causes AIDS, the acquired immunodeficiency syndrome. HIV attacks the body’s immune system, which is its natural defense system against disease.

The virus destroys one type of blood cells (CD4 cells) that helps the body fight off and destroy germs.

HIV can also be passed from one person to another person in other ways, besides having sex. A person can get infected with HIV by sharing needles with a drug user who has HIV or AIDS. The virus can also be passed from a mother who has HIV or AIDS to her baby during pregnancy. AIDS has no cure, but it can be treated to reduce its symptoms and to prolong life. Get tested. Ask your partner to get tested. Know your HIV/AIDS status. Know your partner’s HIV/AIDS status. Knowing helps prevent getting HIV or passing it on to someone else. Treatment is most effective when started early. For detailed information on HIV/AIDS, visit www.womenshealth.gov/HIV and www.cdc.gov/std.

The good news is that STDs can be prevented. Remember ABC.

Sexually Transmitted Diseases (STDs)

Questions	Answers
What are STDs?	An infection or disease that you get by having vaginal, anal, or oral sex with someone who already has an STD. <i>STD symptoms start on page 83.</i>
How could I get STDs?	You can get HIV, gonorrhea, chlamydia, and trichomoniasis if infected semen or vaginal fluids contact your vagina, the tip of the penis, an oral cavity, or the rectum. Condoms do not always protect you from STDs. For genital herpes, syphilis, and human papillomavirus (HPV), skin-to-skin contact with sores or infected skin that looks normal can transfer the disease from person to person. (HPV causes genital warts and cervical cancer.) Condoms are effective in reducing the likelihood of getting any STD. But even if you use a condom, you can get genital herpes, syphilis, and HPV through contact with infected genital areas that aren't covered by a condom.
How do STDs hurt women?	STDs can <ul style="list-style-type: none"> • increase your chances for getting HIV and other STDs • cause pelvic inflammatory disease (PID), which may lead to long-lasting abdominal pain • cause infertility (not being able to have a baby) or ectopic pregnancy, which is a pregnancy in your fallopian tube instead of your womb • increase your chances of getting cervical cancer (Certain types of a sexually transmitted virus, HPV, are the major cause of this cancer.)
What if I am pregnant?	You should be screened for STDs, so treatment can begin right away. Having an untreated STD when you are pregnant can <ul style="list-style-type: none"> • cause you to go into labor early, cause your water to break early, and cause infection in your womb after the birth • hurt your baby by causing him or her to have problems like a low birth weight, eye infection, pneumonia, infection in the blood stream, birth defects, liver disease, or dying in your womb

Questions	Answers
What if I am breastfeeding?	<p>Talk with your doctor, nurse, or a lactation consultant about the risk of passing STDs onto your baby while breastfeeding. If you are being treated for an STD, ask your doctor about the possible effects of the drug on your breastfeeding baby. Most treatments for STDs are safe to use while breastfeeding.</p> <ul style="list-style-type: none"> • If you have HIV, you should not breastfeed because you can pass the virus to your baby.
What if I am breastfeeding? (continued)	<ul style="list-style-type: none"> • If you are positive for hepatitis B or hepatitis C, you can breastfeed. • If you have either chlamydia or gonorrhea, you can keep breastfeeding. • If you have syphilis or herpes, you can keep breastfeeding as long as the sores are covered. Syphilis and herpes are spread through contact with sores and can be dangerous to your newborn. If you have sores on your nipple or areola (the darker skin around the nipple), you should stop breastfeeding on that breast until the sores clear. In the meantime, to keep this breast from getting overly full or engorged, you can pump or hand express your milk from this side. Pumping will also help keep up your milk supply. If parts of your breast pump touch the sore(s), these parts and the milk might become contaminated. Do not give this milk to your infant. Do not store it in a bottle. Throw that milk away, and sterilize or throw away the contaminated breast pump parts.
How can I get tested for STDs?	<p>Talk with your doctor or nurse about getting tested for STDs, especially if you have more than one sex partner. Talk with your doctor or nurse if you have not been using condoms all the time or have had condoms break or come off during vaginal, oral, or anal sex. <i>Also see the screening charts on pages 28–29. See your doctor right away if you have any symptoms of STDs. (See the symptoms chart on pages 83–86.)</i></p> <p>If you are pregnant, or think you might be, ask your doctor about getting tested for STDs. Not all doctors will routinely do these tests without being asked by you. Be proactive and ask! Even if you have been tested in the past for STDs, get re-tested when you get pregnant. Your doctor will examine you and might take some tests that are usually quick and not painful.</p>

STD Symptoms

Some of the most common STDs and their symptoms are shown in this chart. You can get and pass many of these diseases through different forms of sex (vaginal, anal, and oral). It can take some time between getting infected and having symptoms, depending

on the STD. Sometimes you can get infected but not show symptoms. Even if you have **NO** symptoms, you can still pass the disease on to another person if you have been infected. Seek medical help right away if you think you have an STD, or if someone you have been with has an STD.

Common STDs	Symptoms
Chlamydia	<p>Most people have no symptoms. Women with symptoms may have</p> <ul style="list-style-type: none"> • abnormal vaginal discharge • burning when urinating <p>Infections that are not treated, even if there are no symptoms, can lead to</p> <ul style="list-style-type: none"> • lower abdominal pain • low back pain • nausea • fever • pain during sex • bleeding between periods <p>Note: If not treated, chlamydia can lead to serious, long-term problems such as pelvic inflammatory disease (PID) and infertility.</p>
Genital herpes	<p>Many people who have herpes are not aware they have it. But if you are having an “outbreak,” the symptoms are clear. After exposure, the first outbreak is often within two weeks.</p> <p>Symptoms are</p> <ul style="list-style-type: none"> • small red bumps, blisters, or open sores on the penis, vagina, or on areas close by • vaginal discharge • fever • headache • muscle aches • pain when urinating

Common STDs	Symptoms
Genital herpes (continued)	<ul style="list-style-type: none"> • itching, burning, or swollen glands in the genital area • pain in legs, buttocks, or genital area <p>Symptoms may go away and then come back. Sores heal after two to four weeks.</p> <p>Note: Some people may have no symptoms. Most people with this type of herpes infection may never have sores. Sometimes, only very mild sores appear, but they are mistaken for an insect bite or other skin problems.</p>
Gonorrhea	<p>Symptoms are often mild. But most women have no symptoms. Even when women do have symptoms, they can sometimes be mistaken for a bladder infection or other vaginal infection.</p> <ul style="list-style-type: none"> • pain or burning when urinating • yellowish and sometimes bloody vaginal discharge • bleeding between menstrual periods <p>Note: If not treated, gonorrhea can lead to serious, long-term problems.</p>
Hepatitis B (also spread through blood)	<p>Some people have no symptoms. Women with symptoms may have</p> <ul style="list-style-type: none"> • mild fever • headache and muscle aches • tiredness • loss of appetite • nausea or vomiting • diarrhea • dark-colored urine and pale bowel movements • stomach pain • skin and whites of eyes turning yellow

Common STDs	Symptoms
<p>Hepatitis C (mostly spread through blood, but some cases are spread by sex)</p>	<p>Most people have no symptoms. Women with symptoms may have</p> <ul style="list-style-type: none"> • skin and whites of eyes turning yellow • tiredness • dark urine • abdominal pain • loss of appetite • nausea <p>Note: People at risk for hepatitis C infection might also be at risk for infection with hepatitis B or HIV.</p>
<p>HIV/AIDS</p>	<p>Symptoms are</p> <ul style="list-style-type: none"> • extreme fatigue • rapid weight loss • frequent low-grade fevers and night sweats • frequent yeast infections (in the mouth) or vaginal yeast infections and other STDs • pelvic inflammatory disease (PID) • menstrual cycle changes • red, brown, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids <p>Note: Some people may have no symptoms for 10 years or more.</p>
<p>Human papillo-mavirus (HPV)</p>	<p>Many people with HPV, which causes genital warts, don't know they are infected because they may not have symptoms. After sexual contact with an infected person, genital warts may appear within weeks or months, or not at all. Women may get visible warts in the genital area, including the thighs. Warts can be raised or flat, alone or in groups, small or large. Sometimes, the warts are cauliflower-shaped. They might also be hard to see and painless. Or women may have lesions on the cervix and in the vagina.</p> <p>Note: Some types of HPV can cause cervical cancer, so it's important to get regular Pap tests if you're sexually active.</p>

Common STDs	Symptoms
Syphilis	<p>Symptoms in the first, or primary stage, occur about 10 days to 90 days after exposure. (The most common timeframe for symptoms to occur after exposure is 21 days.)</p> <p>Symptoms in the first, or primary stage, are</p> <ul style="list-style-type: none"> • a single, painless sore appears, usually in the genital areas but may appear in the mouth • sometimes you have more than one sore • sores heal on their own <p>Note: If the infection is not treated, it moves to the next stage.</p> <p>Symptoms in the next, or secondary, stage are</p> <ul style="list-style-type: none"> • skin rash on the hands and feet that usually does not itch and clears on its own • fever • swollen lymph glands • sore throat • patchy hair loss • headaches • weight loss • muscle aches • tiredness <p>In the last stage, which is called the latent, or hidden, stage, the symptoms listed above disappear. But the infection remains in the body, where it can damage the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.</p>
Trichomoniasis	<p>Symptoms usually appear 5 to 28 days after exposure and can include</p> <ul style="list-style-type: none"> • yellow, green, or gray vaginal discharge (often foamy) with a strong odor • discomfort during sex and when urinating • irritation and itching of the genital area • lower abdominal pain in rare cases

What You Should Know to Protect Yourself

- Know that some methods of birth control, such as birth control pills, shots, implants, or diaphragms, will not protect you from HIV or other STDs. If you use one of these methods, be sure to also use a latex condom or dental dam (used for oral sex) correctly every time you have sex.
- Don't share needles or IV (intravenous) drug equipment for illegal drugs such as heroin and cocaine, or for legal drugs such as insulin. If you get a tattoo or body piercing, make sure the needles are sterile.
- Talk with your sex partner(s) about STDs, HIV, and using condoms. It's up to you to make sure you are protected. Remember, it's YOUR body! For more information, call the National STD hotline at 1-800-227-8922.
- Talk frankly with your doctor or nurse and your sex partner(s) about any STDs you or your partner have or have had. Talk about any sores or discharge in the genital area. Try not to be embarrassed. Being honest could save your life. If you are living with HIV, be sure to tell your partner and your doctor.
- Have regular pelvic exams. Talk with your doctor about how often you need them. Many tests for STDs can be done during an exam. Ask your doctor to test you for STDs. The sooner an STD is found, the easier it is to treat. *See the screening charts on pages 28–29 to see how often you need a Pap test or tests for HPV, HIV, and other STDs.*
- If you are pregnant, get screened for chlamydia, gonorrhea, hepatitis B and C, HIV, and syphilis. Get screened as soon as you think you may be pregnant. The longer you wait, the more harm you may be doing to your baby.
- If you have HIV and are pregnant, you can lower the chances of giving HIV to your baby by taking medicine. Talk with your doctor about your options.
- Don't douche. Douching removes some of the normal bacteria in the vagina that protects you from infection. It can raise your risk of getting HIV and some other STDs.

Then and Now

The birth control pill was first introduced in the United States in 1960. It was not available for use until then. Today, women are able to use a number of forms of birth control, including the pill, to space children and to prevent pregnancy.