



BIRTH CONTROL METHODS

A special message from the Campus Health Service (CHS)

If you are sexually active or are thinking about being sexually active, it is important to consider birth control.

This guide provides useful information to help you and your partner consider pregnancy prevention options. Most options are available through the CHS Pharmacy, Women's Health Clinic and other health care providers.

If you have any questions about your sexual health, please contact the Campus Health Service or resources identified on the last page of this guide.

- The only absolute way to avoid risk of pregnancy is to practice total abstinence (no genital contact or penetration).
- If you are considering becoming sexually active, or are currently sexually active, take time to review the many methods available for reducing risk of pregnancy.
- When choosing a birth control method, consider cost, effectiveness, side effects, and ease of use.
- Most birth control methods will not protect you from sexually transmitted infections (STIs). Condoms provide the best (although not perfect) protection against most STIs.



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Method	What is it?	How does it work?	Effectiveness Rate	Additional Information	
Abstinence <i>No prescription necessary</i>	There are many reasons why people choose not to have intercourse, and many other ways to have intimate relationships without sex. If no method of contraception is available, you can always say "no" and abstain from intercourse.	No intercourse or penis/vagina contact occurs.	100% This is a very effective method, as long as there is no genital contact	<ul style="list-style-type: none"> Many people choose this for personal reasons Can be used if other methods are not available No risk of STIs as long as there is no genital or oral contact It can be a part of the fertility awareness birth control method 	Behavioral Methods
Fertility Awareness <i>No prescription necessary</i>	This is a method that uses a variety of fertility indicators during a woman's monthly cycle.	Some of the factors that indicate fertility include monitoring the change in the position and feel of the cervix, basal body temperature, observation of cervical mucus and charting of menstrual cycles. Abstinence, or use of a barrier method, during the fertile time is an important part of this method.	Failure rate: 5 - 30%* (70 - 95% effective) <i>No STI protection</i> Observations must be consistent, regular and accurate. Records must be kept. * Depends on techniques used	<ul style="list-style-type: none"> Not recommended for women with irregular menstrual cycles Fertility indicators can be affected by illness, level of activity, stress, food, drugs, alcohol and hormones Requires accurate and consistent record keeping Computerized devices are now available Can also be effective for helping to achieve pregnancy 	
Withdrawal (coitus interruptus) <i>No prescription necessary</i>	The male partner interrupts intercourse and withdraws his penis from partner's vagina before ejaculating.	Withdrawal before any ejaculate is released prevents fertilization by preventing contact between sperm and the egg.	Failure rate: 4 - 19% (81 - 96% effective) <i>No STI protection</i>	<ul style="list-style-type: none"> It's free, requires no devices, and is available in any situation Pre-ejaculate may contain sperm and viruses including HIV Offers no protection from STIs Interruption of the sexual response cycle may diminish pleasure, and requires control on the part of the male partner 	
Depo-Provera® <i>Prescription required</i>	An injectable form of progesterone given every 12 weeks.	It works by inhibiting ovulation, altering the uterine lining and thickening the cervical mucus so sperm cannot penetrate it.	Failure rate: 0.3% (99.7% effective) <i>No STI protection</i>	<ul style="list-style-type: none"> Must have injection every 12 weeks No way to reverse the medication if unhappy with the side effects Associated weight gain Many women quit having periods altogether Spotting is common the first few months May take about 9-18 months after stopping injections for a woman to conceive 	Hormonal Methods
Emergency Contraception <i>Prescription required</i>	High doses of oral hormones that are taken within 96 hours of unprotected intercourse. Also called the "morning after pill".	It delays ovulation and may cause a disruption in hormone production, which can render the uterine lining unsuitable for implantation. May interfere with fertilization and cause disordered tubal transport.	Failure rate: 25% (75% effective) <i>No STI protection</i>	<ul style="list-style-type: none"> Used in cases of method failure, when no contraceptive is used, or rape situations Treatment is most effective within the first 12-24 hours, but can be used up to 96 hours after intercourse May cause nausea and vomiting 	

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Nuva Ring® <i>Prescription required</i>	A flexible transparent ring that provides month-long contraceptive protection	You insert the ring in your vagina and leave it there for 3 weeks. You then remove it for a one-week ring-free period to allow for menstruation. After the ring is inserted, it releases a continuous low dose of hormones into your body.	Failure rate: 1 - 2% (98 - 99% effective) <i>No STI Protection</i>	<ul style="list-style-type: none"> • Similar risks as oral contraceptives • Possible side effects include: vaginal infections and irritation, vaginal discharge, headache, weight gain, nausea
Ortho Evra® <i>Prescription required</i>	A birth control patch that is changed every week	The patch delivers hormones through the skin to the bloodstream over 7 days. Prevents egg release by the ovaries for fertilization and thickens the cervical mucus to prevent sperm from entering the uterus.	Failure rate: <1% (>99% effective) <i>No STI protection</i>	<ul style="list-style-type: none"> • Patch stays on with bathing and exercise and can be worn in 4 different discrete locations • Patch must be replaced if it becomes loose or falls off • Side effects similar to the pill • A clinician will evaluate use for women with a history of blood clots, cancer, heart attack, or stroke, and smokers (age 35+)
The Pill (Oral Contraceptive) <i>Prescription required</i>	This is a synthetic compound of the female hormones estrogen and progesterone. There are many pill brands with varying hormone ratios and doses. The mini-pill contains progestin only.	The pill inhibits ovulation. Depending on the type of pill, it will alter the uterine lining and/or thicken the cervical mucus so sperm cannot penetrate it. Most brands of pills contain 28 pills in each packet. Depending on the type of pill, the last 7 pills may be a different color and act as placebos. This is to allow a woman to get used to taking a pill every day. Menstrual blood flow usually occurs between days 21 and 28 of the cycle.	Failure rate: 0.5 - 3%* (97 - 99.5% effective) <i>No STI protection</i> * Depends on the type of pill and consistency of use	<ul style="list-style-type: none"> • Does not interfere with intercourse • Must be prescribed by a clinician • Reduces menstrual cramps and flow • Can reduce risks for fibrocystic breast disease, ovarian and endometrial cancer • Very few women may experience a 3-5 lb. weight gain. Some women may have breast tenderness, emotional changes, nausea • Must be taken as prescribed • A clinician will evaluate use for women with a history of blood clots, cancer, heart disease, migraine headaches, liver disease or smokers (age 35+)
Cervical Cap <i>Prescription required</i>	A cap-shaped latex device. It is used with spermicide and is inserted into the vagina to cover the cervix and form a barrier.	The cervical cap serves as a physical barrier and does not allow sperm to reach the cervix. Suction develops to help keep it on the cervix. It is used with spermicides. The cap must be inserted at least 30 minutes before intercourse and must stay in at least 8 hours after intercourse.	Failure rate: 9 - 18% (82 - 91% effective) <i>Effectiveness varies if you have previously given birth</i> <i>Minimal STI protection (from spermicide)</i>	<ul style="list-style-type: none"> • Requires a visit to a clinician for a fitting and prescription, after normal pap smear result (75% of women can be fitted) • Must be in place for 30 minutes before intercourse, and stays in 8 hours after • Requires practice to insert and remove • Must be used with spermicide jelly • Cannot be used during your menstrual period

Method	What is it?	How does it work?	Effectiveness Rate	Additional Information
Diaphragm & Spermicidal Cream or Jelly <i>Prescription required</i>	A dome-shaped latex rubber device with a spring rim. It is used with spermicide and is inserted into the vagina to cover the area around the cervix.	The diaphragm serves as a physical barrier and does not allow sperm to reach the cervix. The spermicide used with it kills any sperm that may get by. This must be inserted prior to insertion of the penis and needs to stay in place for at least 6 hours after the last ejaculation occurred.	Failure rate: 6 - 18% (82 - 94% effective) <i>Minimal STI protection</i>	<ul style="list-style-type: none"> Requires visit to the clinician for fitting and prescription Must be inserted before intercourse and stay in a minimum of 6 hours after May require practice to insert Must be inspected for holes Must be refitted after pregnancy or weight change Spermicidal cream or jelly must be used with diaphragm Cannot be used during your menstrual period
Female Condom <i>No prescription necessary</i>	A thin polyurethane sheath that contains two flexible rings. One ring serves as an internal anchor. The other ring remains outside the vagina after insertion.	Provides a physical barrier that lines the vagina entirely and partially shields the perineum. Condoms are used once, then discarded	Failure rate: 2 - 12% (88 - 98% effective) <i>Good STI protection</i>	<ul style="list-style-type: none"> Female condom is more expensive and somewhat bulky Provides STI protection Non-latex
Male Condom <i>No prescription necessary</i>	A thin rubber sheath that fits over an erect penis. It serves as a physical barrier that does not allow sperm to come in contact with the vagina. Condoms come in a variety of colors, lubricated and in polyurethane or animal skin (Animal skin condoms are not considered effective in preventing the transmission of STIs).	The condom is placed over the erect penis before making contact with the vagina. Some have a reservoir tip that catches and traps ejaculated semen. Others without this special tip need to be pulled away at the tip so that about 1/2" is left to catch the semen. Condoms are used once, then discarded.	Failure rate: 2 - 12% (88 - 98% effective)* <i>Very good STI protection (less effective in preventing herpes and genital warts)</i> *More effective when used with vaginal spermicide	<ul style="list-style-type: none"> Inexpensive Easy to obtain/purchase Helps protect both partners from sexually transmitted infections Allows man to share responsibility of contraception Some men feel it decreases sensations in the penis May break or come off during intercourse, so a back-up method should be available
Vaginal Spermicide (Foam, gel, film & suppository) <i>No prescription necessary</i>	These agents contain chemicals that kill sperm. They also serve as a barrier and may immobilize sperm.	These agents kill sperm that is ejaculated into the vagina. The spermicide must be inserted into the vagina about 15-30 minutes before intercourse. Foam and gel are applied with an applicator; suppositories and film are manually inserted into the vagina.	Failure rate: 6 - 26% (74 - 94% effective) <i>Minimal STI protection</i> <i>More effective when used with a condom</i>	<ul style="list-style-type: none"> Easy to obtain/purchase Convenient Acts as a lubricant Needs to be used before each intercourse episode Some people are allergic to spermicide and may develop irritation
Intrauterine Device (IUD) <i>Prescription required</i>	A T-shaped device, coated with either fine copper wire or a contraceptive hormone, which is inserted into the uterus. A short string descends through the cervix into the vagina.	The device is placed and left in the uterus to interfere with fertilization and implantation. Current research suggests that it immobilizes sperm to prevent fertilization.	Failure rate: 1 - 2% (98 - 99% effective) <i>No STI protection</i>	<ul style="list-style-type: none"> Replaced every ten years Inserted and removed by clinician Recommended for women over 30 who have already had children Recommended for mutually monogamous relationships due to great risk of serious pelvic infection if exposed to STIs Can be removed, but not inserted, at CHS

Barrier Methods Cont.

■ Other

Method	What is it?	How does it work?	Effectiveness Rate	Additional Information	Other Cont.
Sterilization (Tubal ligation or vasectomy) <i>Surgical Procedure</i>	A surgical procedure that permanently renders a person infertile or sterile. A vasectomy entails the cutting of the vas deferens, the tube in which the sperm travels from the testicles. A tubal ligation is the surgical cutting and tying of the fallopian tubes.	A vasectomy works by keeping sperm from being released. Ejaculations and seminal fluid still occur. Tubal ligation stops the egg from traveling through the fallopian tube from the ovaries to the uterus to become fertilized.	Failure rate: 1 - 2% (98 - 99% effective) <i>No STI protection</i> These are very effective methods, but must be considered permanent and irreversible.	<ul style="list-style-type: none"> • Is effective, but permanent • Involves risk of surgery (general anesthesia for women, local anesthesia for men) • Vasectomy is a simpler surgical procedure than tubal ligation, and equally effective • Does not diminish sex drive • A backup method is needed after a vasectomy until sperm count indicates that the man is no longer fertile 	

BIRTH CONTROL METHODS and EFFECTIVENESS RATES

METHOD	HOW IT WORKS	EFFECTIVENESS
Abstinence***	No intercourse or genital contact	100%
The Pill*	Inhibits ovulation	97-99.5%
Ortho Evra Patch*	Inhibits ovulation (worn 3 out of 4 weeks)	>99%
Depo-Provera*	Inhibits ovulation (injected every 3 mo.)	99.7%
Nuva Ring*	Inhibits ovulation (worn on cervix)	98-99%
Diaphragm & Jelly**	Physical and chemical barrier	82-94%
Cervical Cap**	Physical barrier placed over cervix	82-91%
Condom***	Physical barrier placed over penis	88-98%
Female condom ***	Physical barrier lines vagina	79-95%
Withdrawal *	Remove penis before ejaculation	81-96%
IUD*	Uterine device interferes with implantation	98-99%
Fertility Awareness*	Periodic abstinence	70-95%
Sterilization*	Tubes cut/Egg cannot join sperm	98-99%
Emergency Contraception* ("morning after pill")	May delay ovulation if taken w/in 96 hrs	75%

*= no STD protection, ** = minimal STD protection, *** = good STD protection

MAKING SEX SAFER - WHAT IS PLAYING SAFE ALL ABOUT?

Playing safe does not mean eliminating sex from your life. While some people choose abstinence, (approximately 30% of U of A students have never had intercourse) playing safe does not have to mean no sexual contact. It does mean:

- Valuing your health and respecting your partner and their wishes
- Talking honestly about sex, infections, contraception, and past sexual partners
- Knowing how to protect yourself from disease and/or unintended pregnancy
- Taking precautions consistently every time you have sex
- Limiting the number of partners you have (the more partners, the greater your risk of getting an infection)
- Being tested for STIs and knowing your partners' test results

RESOURCES

University of Arizona Campus Health Services

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| ▪ Campus Health Service Switchboard | 621-6490 |
| Appointments & Testing | 621-9202 |
| Health Promotion and Preventive Services | 621-6483 |
| Women's Health | 621-6512 |
| CAPS (Counseling and Psychological Services) | 621-3334 |
| Pharmacy | 621-6516 |
| ▪ OASIS Program for Sexual Assault and Relationship Violence | 626-2051 |
| ▪ After Hours Campus Health Service Urgent Care | 570-7898 |

Local Resources

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| ▪ Southern Arizona Center Against Sexual Assault (24-hour hotline) | 327-7273 |
| ▪ Safe Baby Program hotline
(if you have delivered a baby and cannot keep it - anonymous) | 872-7233 |
| ▪ Planned Parenthood of Southern Arizona | 624-1761 |
| ▪ Southern Arizona AIDS Foundation | 628-SAAF (7223) |
| ▪ Pima County Health Department | |
| HIV Counseling and Testing | 791-7676 |
| AIDS Education | 622-1118 |
| Family Planning (North office) | 887-0715 |
| ▪ Adoption | |
| Arizona's Children Association | 622-7611 |
| Catholic Community Services | 623-0344 |
| ▪ Wingspan Lesbian Gay Bisexual, Transgender Community Center | 624-1779 |
| ▪ Tucson Herpes Support Group | 237-8429 |

National Resources

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| ▪ National AIDS Hotline
(TTY/TTD) | (800) 342 - AIDS (2437) |
| ▪ National STD Hotline | (800) 243 - 7889 |
| ▪ National HPV Hotline | (800) 227-8922 |
| ▪ Gay & Lesbian National Hotline | (919) 361-4848 |
| ▪ Emergency Contraception Hotline | (800) THE - GLNH (843-4564) |
| | (888) NOT-2-LATE (668-2528) |



Online Resources

www.goaskalice.columbia.edu
ec.princeton.edu
www.siecus.org
www.ashastd.org
www.cdc.gov

References

www.plannedparenthood.org
www.orthoevra.com
www.nuvaring.com