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 in the Tucson community. 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.

- When choosing a birth control method it is important to 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.

- The only 100% effective way to prevent 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.
<table>
<thead>
<tr>
<th>Method</th>
<th>What Is It?</th>
<th>How Does It Work?</th>
<th>Effectiveness Rate</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>There are many reasons why people choose not to have intercourse, and many ways to have intimate relationships without sex. If no method of contraception is available, you can always say “no” and abstain from intercourse.</td>
<td>No intercourse or penile/vaginal contact occurs.</td>
<td>100% effective. This is a very effective method, as long as there is no genital contact and no pre-ejaculate or semen comes in contact with the vulva.</td>
<td>• Many people choose this for personal reasons • Can be used if other methods are not available • Periodic abstinence can be a part of the fertility awareness birth control method</td>
</tr>
<tr>
<td>Fertility Awareness</td>
<td>This is a method that uses a variety of fertility indicators during the monthly menstrual cycle.</td>
<td>Some of the steps include monitoring the change in the position and feel of the cervix, taking basal body temperature, observing the cervical mucus, and charting menstrual cycles. Abstinence or use of a barrier method during the fertile time is an important part of this method.</td>
<td>Failure rate: 0.4-24% <em>(76-99.6% effective)</em></td>
<td>• Typical users experience failure rates of 12-24% <em>(76-88% effective)</em> • Not recommended for people 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</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Intercourse is interrupted when the penis is withdrawn from the vagina before ejaculation.</td>
<td>Withdrawal before any ejaculate is released prevents fertilization by preventing contact between sperm and the egg.</td>
<td>Failure rate: 4-22% <em>(78-96% effective)</em></td>
<td>• It’s free, requires no devices, and is available in any situation • Pre-ejaculate may contain sperm and infectious organisms, including HIV • Interruption of intercourse may diminish pleasure and requires control from both partners</td>
</tr>
<tr>
<td>The Pill</td>
<td>Pills that contain varied amounts of the hormones estrogen and/or progestin.</td>
<td>Taken daily, oral contraceptive pills prevent pregnancy primarily by inhibiting ovulation and thickening cervical mucus.</td>
<td>Failure rate: 0.3-9% <em>(91-99.7% effective)</em></td>
<td>• Usually decreases menstrual cramps • Often improves acne • Decreases risk for ovarian and uterine cancer even after discontinuing use • Lowers chances of benign or non-cancerous breast lumps and ovarian cysts • Nausea and light/irregular bleeding may occur during the first 3 months of use</td>
</tr>
<tr>
<td>Withdrawal (Coitus interruptus)</td>
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<td>The Pill</td>
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</table>

**Wildfact:** The Campus Health Service Pharmacy sells many sexual health products: condoms, lubricants, spermicides, diaphragms, and hormonal contraceptive products. Call (520) 621-6516 for more information.

**Sextalk Express:**
1. EMAIL list@list.arizona.edu
2. TYPE in the body of the email: subscribe sextalk anonymous
3. READ each Sextalk Q&A delivered to your email every Monday!
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<tr>
<td><strong>Hormonal Methods</strong></td>
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<tr>
<td>Nuva Ring®</td>
<td>A flexible, transparent ring that provides month-long contraceptive protection.</td>
<td>Nuva Ring® prevents ovulation and thickens cervical mucus. Ring is inserted in the vagina and typically left in place for 3 weeks, releasing a continuous low dose of hormones. The ring is discarded, in the fourth week, allowing for a hormone-free week before another ring is inserted.</td>
<td>Failure rate: 0.3-9% (91-99.7% effective)</td>
<td>No STI or HIV protection. • Similar risks as oral contraceptives</td>
</tr>
<tr>
<td>Ortho Evra®</td>
<td>A birth control patch that is placed on the skin and changed every week for 3 weeks.</td>
<td>The patch delivers hormones through the skin to the bloodstream over 7 days. Prevents ovaries from releasing egg and thickens the cervical mucus.</td>
<td>Failure rate: 0.3-9% (91-99.7% effective)</td>
<td>No STI or HIV protection. • 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, although recent data indicate an increased risk of blood clots • Smoking cigarettes increases risk of blood clots</td>
</tr>
<tr>
<td>Depo-Provera®</td>
<td>An injectable form of progesterone given every 12 weeks.</td>
<td>It works primarily by inhibiting ovulation and thickening cervical mucus.</td>
<td>Failure rate: 0.2-6% (94-99.8% effective)</td>
<td>No STI or HIV protection. • Must have injection every 12 weeks • No way to reverse the medication if unhappy with the side effects, which can last 12 weeks or longer • Associated weight gain • Many people stop having periods • Spotting is common during the first few months • Conception may take 9-12 months after stopping injections</td>
</tr>
<tr>
<td>Emergency Contraception</td>
<td>High doses of oral hormones that are taken after unprotected intercourse.</td>
<td>Emergency contraception works primarily by delaying or inhibiting ovulation.</td>
<td>Failure rate: 11-38% (62-89% effective)</td>
<td>No STI or HIV protection. • Used in cases of method failure, when no contraceptive is used, or rape situations • Treatment is most effective within the first few hours after unprotected intercourse, and is approved for use up to 72 hours (Plan B One-Step®) or up to 120 hours (Ella®) • May cause nausea and vomiting • Anyone can purchase Plan B One-Step® without a prescription if 17 years or older • Less effective in women who weigh more than 200 lbs.</td>
</tr>
<tr>
<td>“Morning After Pill”</td>
<td>Plan B One-Step® – no prescription required if 17 or older. Best used within 72 hours. Ella® – prescription required. Effective up to 5 days.</td>
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Approximately 25% of UA students have never had vaginal or anal intercourse. (2014 Health and Wellness Survey, n=1,797)
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| Nexplanon®                     | A single 1.5-inch-long rod that is implanted into the underside of the upper arm. This relatively painless procedure is done by a medical provider. | These implants continuously release hormones, suppressing ovulation, and thickening cervical mucus. | Failure rate: 0.1% (99.9% effective) No STI or HIV protection. | • This method can be reversed any time by removing the implant  
• Must be inserted by a medical provider  
• Contraceptive implants are effective for 3 years |
| Intrauterine Device (IUD)      | A T-shaped device, which is inserted into the uterus. A short string descends through the cervix into the vagina. The 3 IUDs available to date are Skyla®, Mirena® (hormonal), and ParaGard® (copper). | This device is placed and left in the uterus to prevent conception. Mirena® releases a low dose of hormone for up to 5 years and Skyla® for 3 years. ParaGard® releases copper over a 10-year period. | Skyla®, Mirena® and ParaGard® Failure rate: 0.2-0.8% (99.2-99.8% effective) No STI or HIV protection. | • IUDs are a safe option for women whether or not they have given birth  
• Inserted and removed by clinician  
• Pain may occur at time of insertion  
• ParaGard® recommended for those who need a non-hormonal option |
| Diaphragm & Spermicidal Cream or Jelly | 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. Must be inserted prior to penile penetration and needs to stay in place for at least 6 hours after the last ejaculation occurred. | Failure rate: 6-12% (88-94% effective) Minimal STI & HIV protection. | • Requires visit to a clinician for fitting and prescription  
• May require practice to insert  
• Must be inspected for holes  
• Must be reflitted after pregnancy or weight change  
• Spermicidal cream or jelly must be used with diaphragm  
• Diaphragm cannot be used during a menstrual period  
• Spermicides are associated with increased risk of urinary tract infections |
| Female Condom                  | 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: 5-21% (79-95% effective) Good STI & HIV protection. | • Female condom is more expensive and bulkier than a male condom  
• Made of polyurethane (non-latex) |
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</table>
| Male Condom            | 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 traps ejaculated semen. Others without this special tip need to be pulled away at the tip so that about 1/2 inch is left to catch the semen. Condoms are used once, then discarded. | Failure rate: 2-18% (82-98% effective)*                                                | • Inexpensive, easy to obtain and purchase  
• Helps protect both partners from STIs  
• Allows both partners to share responsibility of contraception  
• Some people feel it decreases sensation in the penis  
• May break or come off during intercourse, so a backup method should be available  
• Vaginal spermicides are associated with increased risk of urinary tract infections  
• Vaginal spermicides may increase risk of HIV transmission if partner is HIV positive |
| Sponge                 | The sponge is a donut-shaped polyurethane device containing spermicide (nonoxynol-9). | The sponge blocks and absorbs sperm and releases nonoxynol-9. It is inserted into the vagina and covers the cervix. It can be left in place for 24 hours and multiple acts of intercourse; however, it must be left in the vagina for 6 hours after last intercourse. | Failure rate: 9-24% (76-91% effective)*                                                | • The sponge does not require a prescription and is easy to obtain and purchase  
• The sponge must not be left in the vagina for more than 30 hours due to increased risk of toxic shock syndrome  
• Vaginal spermicides are associated with increased risk of urinary tract infections  
• Vaginal spermicides may increase risk of HIV transmission if partner is HIV positive |
| Vaginal Spermicide     | 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 15-30 minutes before intercourse. Foam and gel are applied with an applicator; suppositories and film are manually inserted into the vagina. | Failure rate: 18-28% (72-82% effective)*                                                | • Easy to obtain and purchase  
• Convenient  
• Acts as a lubricant  
• Needs to be used before each act of intercourse  
• Some people are allergic to spermicide and may develop irritation  
• Vaginal spermicides are associated with increased risk of urinary tract infections  
• Vaginal spermicides may increase risk of HIV transmission if partner is HIV positive |
| Sterilization          | A surgical procedure that permanently renders a person infertile or sterile. A vasectomy entails cutting the vas deferens, the tubes in which sperm travel from the testicles. A tubal ligation is the surgical cutting and tying of the fallopian tubes. Essure® is a coil inserted into the fallopian tube. | A vasectomy works by keeping sperm from being ejaculated. Semen will be released during ejaculation, but no sperm will be present. Tubal ligation & Essure® stops the egg from traveling through the fallopian tube from the ovaries to the uterus to become fertilized. | Failure rate: 0.5% (99.5% effective)                                                  | • Involves risk of infection and bleeding  
• Surgery/general anesthesia for tubal ligation  
• Outpatient procedure/local anesthetic for vasectomy  
• 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  
• Essure® requires a backup method for 3 months after insertion and then an x-ray to be sure tubes are blocked |

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*Failure rate: 18-28% (72-82% effective)*

*More effective when used with a condom*
Safer sex is about reducing your risk of infection and/or pregnancy. If you are sexually active you can make sex safer by:

- 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 or skin-to-skin contact with a partner (for example, using condoms or latex dams)
- Avoiding alcohol and drug use in intimate situations
- Limiting the number of partners you have (the more partners, the greater your risk of getting an infection)
- Being tested for STIs and sharing results with a partner/learning your partners’ test results
- Making sexual contact mutual (with consent and without pressure)
- Choosing lower-risk sexual activities (kissing, manual stimulation, oral sex, etc.)

**BIRTH CONTROL METHODS and EFFECTIVENESS RATES**

<table>
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<tr>
<th>METHOD</th>
<th>HOW IT WORKS</th>
<th>EFFECTIVENESS</th>
</tr>
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<tbody>
<tr>
<td>Abstinence***</td>
<td>No intercourse or genital contact</td>
<td>100%</td>
</tr>
<tr>
<td>Implanon®/Nexplanon®*</td>
<td>Inhibits ovulation</td>
<td>99.9%</td>
</tr>
<tr>
<td>Sterilization*</td>
<td>Tubes cut/egg cannot join sperm</td>
<td>99.5%</td>
</tr>
<tr>
<td>IUD*</td>
<td>Uterine device interferes with implantation</td>
<td>99.2-99.8%</td>
</tr>
<tr>
<td>Depo-Provera®*</td>
<td>Inhibits ovulation (injected every 3 mo.)</td>
<td>94-99.8%</td>
</tr>
<tr>
<td>Nuva Ring®*</td>
<td>Inhibits ovulation (place in vagina for 3 weeks out of 4)</td>
<td>91-99.7%</td>
</tr>
<tr>
<td>The Pill*</td>
<td>Inhibits ovulation (worn 3 out of 4 weeks)</td>
<td>91-99.7%</td>
</tr>
<tr>
<td>Ortho Evra Patch®*</td>
<td>Inhibits ovulation</td>
<td>88-94%</td>
</tr>
<tr>
<td>Diaphragm &amp; Jelly**</td>
<td>Physical and chemical barrier</td>
<td>82-98%</td>
</tr>
<tr>
<td>Male Condom***</td>
<td>Physical barrier placed over penis</td>
<td>79-95%</td>
</tr>
<tr>
<td>Female Condom***</td>
<td>Physical barrier lines vagina</td>
<td>78-96%</td>
</tr>
<tr>
<td>Withdrawal*</td>
<td>Remove penis before ejaculation</td>
<td>76-99.6%</td>
</tr>
<tr>
<td>Fertility Awareness*</td>
<td>Periodic abstinence</td>
<td>76-99.6%</td>
</tr>
<tr>
<td>Sponge*</td>
<td>Physical barrier of cervix &amp; releases spermicide</td>
<td>76-91%</td>
</tr>
<tr>
<td>Vaginal Spermicide*</td>
<td>Kill and immobilize sperm</td>
<td>72-82%</td>
</tr>
<tr>
<td>Emergency Contraception* (&quot;morning after pill&quot;)</td>
<td>May delay ovulation if taken within 72 hrs (Plan B One-Step®) or 120 hrs (Ella®)</td>
<td>62-89%</td>
</tr>
</tbody>
</table>

* = no STI protection, ** = minimal STI protection, *** = good STI protection

**MAKING SEX SAFER - WHAT IS PLAYING SAFE ALL ABOUT?**

At least 1 in 4 Americans will contract an STD at some point in their life. (American Social Health Association)
**University of Arizona Resources**
- Campus Health Service Main Phone Number ....................................... 520-621-6490 (www.health.arizona.edu)
- After Hours Urgent Care Line ............................................................... 520-570-7898
- Appointment Line ............................................................................. 520-621-9202
- Counseling & Psych Services ............................................................... 520-621-3334
- Health Promotion and Preventive Services ....................................... 520-621-6483
- Oasis Program Against Sexual Assault and Relationship Violence ...... 520-626-2051
- Pharmacy ............................................................................................. 520-621-6516
- STI and Sexual Health Questions ......................................................... 520-621-4967
- Women’s Health ................................................................................... 520-621-6512

**Local Resources**
- Adoption Information Center................................................................. 520-327-3324 (www.azadoptioninformation.com)
- Pima County Health Department.......................................................... 520-243-7770 (www.pimahealth.org)
- HIV/STD Counseling and Testing .......................................................... 520-791-7676
- Family Planning (North Office)............................................................... 520-243-2880
- Planned Parenthood of Arizona ............................................................ 520-884-5562 (www.ppaz.org)
- Safe Baby Program Hotline .................................................................. 520-872-7233 (www.tucsonsafebaby.org)
  (If you have delivered a baby and cannot keep it, they will receive the baby and find a safe, permanent home; you can remain anonymous.)
- Southern Arizona AIDS Foundation ...................................................... 520-628-SAAF (7223) (www.saaf.org)
- Southern Arizona Center Against Sexual Assault ................................. 520-327-7273 (www.sacasa.org)
  (24-hour hotline)
- Wingspan Lesbian, Gay, Bisexual, and Transgender Community Center .................................................... 520-624-1779 (www.wingspan.org)

**National Resources**
- Emergency Contraception Hotline ..................................................... 888-NOT-2-LATE (668-2528) (http://ec.princeton.edu)
- Gay & Lesbian National Hotline ........................................................... 888-THE-GLNH (843-4564) (www.glhn.org)
- Health Hotline (HIV, STIs, etc.) ............................................................ 800-CDCCINFO (232-4636) (www.cdc.gov)
- Go Ask Alice (great health resource for college students) ..................... 800-227-8922 (www.goaskalice.com)
- National STI Hotline ............................................................................ 800-227-8922 (www.ashastd.org)

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Read SexTalk every Monday in the Arizona Daily Wildcat.