

WHAT WORKS

PREVENTING UNPLANNED PREGNANCY

| | ABSTINENCE | MALE CONDOM | BIRTH CONTROL PILLS | DEPO PROVERA | DIAPHRAM | CERVICAL CAP |
|----------------------|---|---|--|--|---|--|
| METHOD | Not having any kind of sex (oral, anal or vaginal) and not engaging in any activity that puts you or your partner in contact with either of your bodily fluids (semen, vaginal fluids, and blood) | A latex (rubber) or occasionally polyurethane sheath covers the penis and collects the semen, preventing sperm from entering a woman's vagina. | A woman takes a pill that contains either a combination of artificial estrogen and progestin or progestin only, every day. | A woman gets an intramuscular or subcutaneous shot of the artificial hormone progestin every three months, which keeps her from getting pregnant. | A woman uses spermicide to coat the inside and outer-edge of this dome-shaped silicone or latex cup with a flexible rim. Then she inserts it to the back of her vagina so that it covers the cervix where it blocks sperm. | A woman uses spermicide to coat the inside of this silicone or latex thimble-shaped device. Then she inserts it into the back of her vagina so that it covers the cervix where it blocks sperm. |
| SUCCESS RATE | With perfect use, abstinence offers 100% protection against STDs and pregnancy. | With typical use, 15 women in 100 become pregnant in one year. With perfect use, 2 women in 100 will become pregnant in one year. | With typical use, 8 women in 100 become pregnant in one year. With perfect use, less than 1 woman in 100 will become pregnant in one year. | With typical use, 3 women in 100 become pregnant in one year. With perfect use, less than 1 woman in 100 will become pregnant in one year. | With typical use, 16 women out of 100 will become pregnant in one year. With perfect use, 6 women out of 100 will become pregnant in one year. | With typical use, 16 women in 100 will become pregnant in one year. With perfect use, 9 in 100 women will become pregnant in one year. For women who have had a baby, the cap is less effective |
| GROOVY PART | It is the only 100% effective way to avoid pregnancy and STDs. And it's more common than you'd think - half of high school students have never had sex. | The consistent and correct use of male condoms provide the best available protection against STDs, including HIV, for those who are sexually active. Plus, you don't need a prescription, and they are cheap and easy to find at any drugstore. | If taken correctly, the pill provides non-stop protection from pregnancy; it can make a woman's periods more regular, reduce cramps, and shorten or lighten a woman's period. | Once you get the shot, you don't have to think about birth control for three months. | It can be put in place up to 6 hours before intercourse and can stay there for up to 24 hours (though fresh spermicide should be applied each time you have intercourse). | It can be put in place up to 6 hours before intercourse and can stay there for up to 48 hours (and unlike the diaphragm, additional spermicide is not needed for additional acts of intercourse). |
| DRAG FACTOR | There isn't one. 70% of teens who have had sex with they had waited. | Condoms occasionally break or fall off (especially if not put on correctly) and can leak if not withdrawn carefully. Latex condoms must not be used with any oil-based lubricants like Vaseline or massage oil. | Offers no protection against STDs including HIV. Some women have nausea, headaches and moodiness. If you miss 2 or more daily pills during a cycle, or are late starting a new cycle of pills, you should either not have sex or use a back-up method of contraception (like a condom) until you've taken 7 consecutive pills. | Offers no protection against STDs including HIV. Some women have weight gain and irregular periods. Can cause bone loss which is generally reversible after stopping. | Won't effectively protect against most STDs including HIV and can increase the risk of urinary tract infections & toxic shock syndrome. Can be messy (from the spermicide) and clumsy to use. It needs to stay in place for 6 hrs after intercourse and be washed thoroughly with soap and water. | Won't effectively protect against most STDs including HIV and can increase the risk of urinary tract infections and toxic shock syndrome. It only comes in four sizes so it may not be an option for everyone. Also, it needs to stay in place for 6 hours after the last act of intercourse and to then be washed thoroughly with soap and water. |
| HOW TO GET IT | Easy. Do nothing at all. | At drugstores and supermarkets; costs 35¢ to \$2 each. They are often available free at family planning or STD clinics. | Through a prescription from a health care provider; the cost runs \$15 to \$50 a month depending on the pill brand, plus the cost of the visit to your health care provider. | Requires a visit to your health care provider every three months for administration of the shot; the cost is about \$35 to \$75 per shot, plus the cost of the office visit. | Through a prescription from a health care provider; the cost is about \$15 to \$75 plus the cost of spermicide and the exam and fitting for the diaphragm. | Through a prescription from a health care provider; the cost is about \$15 to \$75 plus the cost of spermicide and the exam and fitting for the cervical cap. |

WHAT WORKS

PREVENTING UNPLANNED PREGNANCY

GYT

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| | PATCH | VAGINAL RING | IUD | IMPLANT | EMERGENCY CONTRACEPTIVE |
|----------------------|---|---|---|--|---|
| METHOD | A woman uses a small patch which is applied to the buttocks, upper arm, or lower abdomen. The patch contains a combination of artificial estrogen and progestin. The patch is changed once a week for 3 weeks, followed by a 7 day patch-free interval. | A woman places a soft, flexible ring in the vagina for 3 weeks, followed by a ring-free week. The ring contains a combination of artificial estrogen and progestin. | A small device that contains copper or the synthetic hormone progestin that is inserted into a woman's uterus. | A small rod is inserted under the skin of a woman's upper arm. This rod releases the synthetic hormone progestin. | It is not a method of birth control, but can be taken within 5 days after unprotected sex to prevent pregnancy. A woman takes 2 pills (called Plan B), containing the synthetic hormone progestin. A woman can also take higher doses of regular birth control pills. |
| SUCCESS RATE | With typical use, 8 women in 100 become pregnant in one year. With perfect use, less than 1 woman in 100 will become pregnant in one year. | With typical use, 8 women in 100 become pregnant in one year. With perfect use, less than 1 woman in 100 will become pregnant in one year. | Using either IUD, less than 1 woman in 100 will become pregnant in a year. | Less than 1 woman in 1,000 becomes pregnant in one year. | If taken within 3 days of unprotected sex, 1 in 100 women who use emergency contraception will get pregnant. It is more effective the sooner it is taken. |
| GROOVY PART | If taken correctly, the patch provides non-stop protection from pregnancy; it can make a woman's periods more regular, reduce cramps, and shorten or lighten a woman's period. It only has to be changed once a week. | If taken correctly, the ring provides non-stop protection from pregnancy; it can make a woman's periods more regular, reduce cramps, and shorten or lighten a woman's period. It only has to be changed once a month. | It provides effective pregnancy protection and lasts a long time—a copper IUD can stay in place for up to twelve years, and a progestin IUD lasts five years. | It protects against pregnancy for up to three years—without your having to do a thing. It can shorten or lighten a woman's period and reduce cramps. | It can prevent you from getting pregnant if you had unprotected sex. |
| DRAG FACTOR | Offers no protection against STDs including HIV. Some women have skin reactions, nausea, headaches and breast discomfort. If the patch is removed for more than a day, or you're late starting a new patch, you should either not have sex or use a back-up method of contraception (like a condom) until you have used a new patch for 7 days. | Offers no protection against STDs including HIV. Some women have vaginal discomfort, nausea, headaches and breast tenderness. If you miss 3 or more hours during a cycle, you should either not have sex or use a back-up method of contraception (such as a condom) until you have used a new ring for 7 days. | Doesn't protect against STDs including HIV. Some women have spotting between periods, heavier periods, and increased cramping. | Doesn't protect against STDs including HIV; may cause irregular periods, nausea, headaches, and weight gain. Some women may be able to see the rod under the skin and rarely can get a skin infection at the insertion site. Plus, having the rod removed can be a hassle. | Doesn't protect against STDs including HIV. May cause nausea. If you do not get your period within 3 weeks, you should take a pregnancy test. |
| HOW TO GET IT | Through a prescription from a health care provider; the cost runs \$15 to \$50 a month, plus the cost of the visit to your health care provider. | Through a prescription from a health care provider; the cost runs \$15 to \$50 a month, plus the cost of the visit to your health care provider. | Requires a visit to a health care provider; cost is about \$175 to \$650 for insertion and removal costs about \$100. | Requires a visit to a health care provider; the cost for insertion is usually about \$400-\$800 (which is less than the overall cost of 3 years of birth control pills). | If you are 18 or older, you can buy Plan B at most drugstores or family planning clinics; costs \$10 to \$70. If you are under 18, it requires a visit to a health care provider. |

WHAT DOESN'T WORK VERY WELL

PREVENTING UNPLANNED PREGNANCY

GYT

GYTNOW.ORG

| | FERTILITY AWARENESS BASED METHODS | SPERMICIDE | WITHDRAWAL |
|----------------------|--|---|---|
| METHOD | You keep track of your menstrual cycle and have unprotected sex only during the "safe" (or infertile) days. | A woman inserts a spermicide—available in foams, films, creams, jellies, or suppositories—deep into the vagina before sex to kill sperm before they can reach an egg. | The man withdraws his penis from the vagina before ejaculation. |
| SUCCESS RATE | With typical use, between 12 and 25 women in 100 will become pregnant in one year, depending on the method. With perfect use, between 2 and 9 women out of 100 will become pregnant in one year. | With typical use, 29 women in 100 become pregnant in one year. With perfect use 18 women in 100 will become pregnant in one year. | With typical use, 27 women in 100 become pregnant in one year. With perfect use 4 women in 100 will become pregnant in one year. |
| GROOVY PART | It's free and there are no devices to deal with. There are no side effects (except having to go without sex or use a barrier method for several days before and after ovulation). | You can buy it at any drugstore without a prescription; it can provide lubrication for sex. | It's better than not using any protection, but it isn't a very effective method of birth control. |
| DRAG FACTOR | Doesn't protect against STDs including HIV. Predicting when a woman will ovulate is not easy, and sperm can live inside a woman's body for days. You have to keep careful track of your vaginal mucus, menstrual cycle, and/or body temperature beginning several months before you start relying on this method. Because it's difficult to accurately track your fertility patterns, there are a lot of accidental pregnancies. | Doesn't protect against STDs including HIV. Some spermicides such as nonoxynol-9 have been found to irritate the vaginal walls making someone more susceptible to STD and HIV infection. Follow the directions carefully; this may mean waiting to have sex after insertion so that the spermicide can dissolve and spread. You must insert more spermicide each time you have sex. | Doesn't protect against STDs including HIV. Because sperm can live in pre-ejaculate, even if a man withdraws early, there is a chance of getting pregnant. Also, it may be a stressful method to rely on -- women have to rely on men to get it right; and men have to remember to withdraw prior to ejaculation. |
| HOW TO GET IT | You will need good instruction—a class or health care provider—and several months of charting before you begin to rely on his method. | At drugstores and supermarkets. The cost is \$9 to \$12 for the spermicide and applicator; refills cost \$4 to \$8. | You just do it. |

WHAT DOESN'T WORK AT ALL

PREVENTING UNPLANNED PREGNANCY

If you're considering any of these contraceptive methods, don't! They won't help you. Here's why:

HAVING SEX DURING YOUR PERIOD

First of all, just because you see blood doesn't mean you can't get pregnant—some women bleed during ovulation, when they're most fertile. And it's often hard to predict when you'll ovulate. Sex during your period is also a riskier time for HIV transmission. So you should use protection whenever you have sex.

PEEING AFTER SEX

A complete myth! Urinating after sex does nothing to protect against pregnancy because women do not urinate out of their vaginal opening. So although the urinary opening is near the vagina (just above it), urinating will not flush sperm out of the vaginal opening.

DOUCHING

Instead of rinsing sperm out of the vagina, douching may actually help them swim upstream towards an egg. It also can increase the risk of infection. All in all, a bad idea!