

Your guide to contraception

This leaflet shows the available contraceptive methods, explains how they work, how effective they are and the main advantages and disadvantages. The figures quoted in this leaflet for how well each method works are based on extensive independent research.

Contraception needs to be used until the menopause. That is, until a woman has not had a period for two years if aged under 50, and for one year if over 50. This advice may be different for women using hormonal contraception.

Methods with no user failure – methods that do not depend on you remembering to take or use them

	Contraceptive injection	Implant	Intrauterine system(IUS)	Intrauterine device(IUD)	Female sterilization (Tubal occlusion)	Male sterilization (Vasectomy)
						
Effectiveness	Over 99%(per cent) effective Less than four women in 1,000. will get pregnant over two years.	Over 99 per cent effective. Less than four women in 1,000. will get pregnant over three years.	Over 99 per cent effective. Less than one woman in 100 will get pregnant over five years.	Over 99 per cent effective. Less than two women in 100 will get pregnant over five years.	The overall failure rate is about one in 200. This is a permanent method.	About one in 2,000 males sterilizations fail. This is a permanent method, suitable for people who are sure, they never want children or do not want more children.
How It Works	Releases the hormone progestogen which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus (womb) to prevent a fertilized egg implanting.	Small flexible rod put under the skin of the upper arm. Releases the hormone progestogen. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus to prevent a fertilized egg implanting.	A small T-shaped plastic device, which slowly releases the hormone Progestogen, is put into the uterus. It thins the lining of the uterus to prevent a fertilized egg implanting And thickens the cervical mucus, which makes it difficult for sperm to meet an egg. • If fitted after 45 it can stay in place until the menopause. • Women are taught to check the IUS is in place. • Can be useful for women with very heavy and/or painful periods. • A check for any existing infection is usually advised before an IUS is put in.	A small plastic and copper device is put into the uterus. It stops sperm reaching an egg, and may also stop a fertilized egg implanting in the uterus.	Suitable for people who are sure they never want children or do not want more children.	The tubes (vas deferens) that carry sperm from the testicles to the penis is cut, sealed or tied.

Advantages	<ul style="list-style-type: none"> • Lasts for 12 weeks (Depo-Provera) or eight weeks (Noristerat). • You can use it if you are breastfeeding. • You do not have to think about contraception for as long as the injection lasts. • Not affected by other medicines, diarrhea or vomiting. 	<ul style="list-style-type: none"> • You don't have to think about contraception for as long as the implant is in place. • When the implant is removed your fertility will return to normal. • It requires a small procedure to fit and remove it. • Put in using a local anesthetic and no stitches are needed. • Works for three years but can be taken out sooner. 	<ul style="list-style-type: none"> • Works for five years but can be taken out sooner. • Periods usually become lighter, shorter and sometimes less painful. • You don't have to think about contraception for as long as the IUS is in place. • When the IUS is removed your fertility will return to normal. • Periods may stop altogether. • Very small chance of getting an infection during the first 20 days after insertion. • Not affected by other medicines. 	<ul style="list-style-type: none"> • Works as soon as it is put in. • Can stay in 5–10 years depending on type, but can be taken out at any time. • You don't have to think about contraception for as long as the IUD is in place. • When the IUD is removed your fertility will return to normal. 	<ul style="list-style-type: none"> • It does not interrupt sex. • Once the operation has worked, you do not have to think about contraception. • Periods are unaffected. 	<ul style="list-style-type: none"> • It does not interrupt sex. • Once the operation has worked, you don't have to think about contraception. • Usually performed under a local anesthetic.
Disadvantages	<ul style="list-style-type: none"> • Periods may stop, be irregular or last longer. • Periods and fertility may take time to return after stopping the injection. • The injection cannot be removed from the body so any side-effects may continue for as long as it works and for some time afterwards. • Some women gain weight 	<ul style="list-style-type: none"> • Tenderness, bruising and some swelling may occur. • You should be able to feel the implant with your fingers, but it can't be seen. • Some medicines may stop the implant from working. • Periods may stop, be irregular or last longer. • Acne may occur or worsen. 	<ul style="list-style-type: none"> • May get ovarian cysts. • Insertion can be uncomfortable. • Irregular bleeding or spotting is common in the first six months. 	<ul style="list-style-type: none"> • May not be suitable for women at risk of getting a sexually transmitted infection. • Periods may be heavier or longer and more painful. • Very small chance of getting an infection during the first 20 days after insertion. • Insertion can be uncomfortable. • If fitted after 40 it can stay in place until the menopause. • Women are taught to check the IUD is in place. • A check for any existing infection is usually advised before an IUD is put in. • Not affected by other medicines. 	<ul style="list-style-type: none"> • Should not be chosen if in any doubt, and counselling is important. • You may experience discomfort or some pain for a short time after sterilization. It is important to rest and avoid strenuous activity for a while after the procedure. • It cannot easily be reversed. 	<ul style="list-style-type: none"> • Contraception must be used until a semen test shows that no sperm are left. This can take at least eight weeks. • Some men may experience ongoing testicle pain but this is not common. Treatment for this is often unsuccessful. • Should not be chosen if in any doubt, and counselling is important. • You may experience discomfort or some pain for a short time after sterilization. It is important to rest and avoid strenuous activity for a while after the procedure. • It cannot easily be reversed.

Methods with user failure – methods you have to use and think about regularly or each time you have sex. Must be used according to instructions

	Contraceptive Virginal Ring	Contraceptive Patch	Combined Pill(COC)	Progestogen-only pill(POP)	Male Condom	Female condom	Diaphragm/Cap with spermicide	Natural Family Planning
								
Effectiveness	Over 99 per cent effective if used according to instructions. Less than one woman in 100 will get pregnant in a year.	Over 99 per cent effective if used according to instructions. Less than one woman in 100 will get pregnant in a year.	Over 99 per cent effective if taken according to instructions. Less than one woman in 100 will get pregnant in a year.	Over 99 per cent effective if taken according to instructions. Less than one woman in 100 will get pregnant in a year.	98 per cent effective if used according to instructions. Two women in 100 will get pregnant in a year.	95 per cent effective if used according to instructions. Five women in 100 will get pregnant in a year.	Diaphragms and caps are 92–96 per cent effective when used with spermicide. Between four and eight women in 100 will get pregnant in a year.	If used according to teaching and instructions, up to 99 per cent effective. Up to one woman in 100 will get pregnant in a year.
How it Works	A small, flexible, plastic ring put into the vagina releases estrogen and progestogen. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus to prevent a fertilised egg implanting.	A small patch stuck on the skin releases two hormones, estrogen and progestogen. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins the lining of the uterus to prevent a fertilised egg implanting.	Contains two hormones – estrogen and progestogen. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting.	Contains the hormone progestogen, which thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting. In some cycles it stops ovulation.	Made of very thin latex (rubber) or polyurethane (plastic) it is put over the erect penis and stops sperm from entering the vagina.	A soft, thin polyurethane sheath loosely lines the vagina and covers the area just outside, and stops sperm from entering the vagina. - Use a new condom each time and follow the instructions carefully. - Sold online and in some pharmacies and free from contraception and sexual health clinics and young people's Services, and some general practices and GUM clinics.	A flexible latex or silicone device, used with spermicide, is put into the vagina to cover the cervix. This stops sperm from entering the uterus and meeting an egg.	The fertile and infertile times of the menstrual cycle are identified by noting the different fertility indicators. This shows when you can have sex without risking pregnancy.

For more Details, Go to our live Chat section on our website for instant feedback!

Advantages	Contraceptive Virginal Ring	Contraceptive Patch	Combined Pill(COC)	Progestogen-only pill(POP)	Male Condom	Female condom	Diaphragm/Cap with spermicide	Natural Family Planning
	<ul style="list-style-type: none"> - You don't have to think about it every day. - It is not affected if you vomit or have diarrhea. - Can make periods regular, lighter and less painful. - May reduce the risk of cancer of the ovary, uterus and colon. 	<ul style="list-style-type: none"> - You don't have to think about it every day. - It is not affected if you vomit or have diarrhea. - Periods will usually become more regular, lighter and less painful. - May reduce the risk of cancer of the ovary, uterus and colon. 	<ul style="list-style-type: none"> - Usually makes periods regular, lighter and less painful. - Reduces risk of cancer of the ovary, uterus and colon and may protect against pelvic inflammatory disease. - Suitable for healthy non-smokers up to the menopause. - When you stop using the combined pill your fertility will return to normal. 	<ul style="list-style-type: none"> - Can be used by women who cannot use estrogen. - Can be used by women who smoke and are over 35. - You can use it if you are breastfeeding. 	<ul style="list-style-type: none"> - Free from contraception and sexual health clinics and young people's services, and some general practices and GUM clinics, and sold widely. - Can help protect from sexually transmitted infections. - No serious side-effects. - Additional spermicide is not needed or recommended - Available in different shapes and sizes. 	<ul style="list-style-type: none"> - Can be put in any time before sex. - Can help protect both partners from sexually transmitted infections, including HIV. - Oil based products can be used with female condoms. - No serious side-effects. - Additional spermicide is not needed or recommended. 	<ul style="list-style-type: none"> - Can be put in any time before sex. - You only have to use it when you have sex. - No serious health risks. 	<ul style="list-style-type: none"> - No physical side-effects. - No chemicals or physical products are used. - Gives a woman a greater awareness of her body. - Can also be used to plan a pregnancy.



Q: How do I choose which method to use?

A: There are so many methods of contraception to choose from. It is worth taking the time to find out more about each one so that you can choose the contraception that suits you. (See methods at the back) You can also talk to a health care provider to help you choose.

Some of the things you might want to think about are when choosing a contraceptive method:

If you (and your partner) want to become pregnant fairly soon, then you may want to choose short term methods like the pill, condoms or a method that is long term but fertility comes back almost immediately like the coil or implant

If you (and your partner) wants to get pregnant, many years away or not at all you may want to choose long-term methods like the coil or the implants

If you are concerned, about side effects from hormonal methods, you could choose non-hormonal methods like the copper T coil and condoms (NB the coil Mirena contains some hormones)

If you and your partner do not want to get any children AT ALL or have had the number of children you want you could consider choosing a permanent method like Tuba ligation commonly referred to as TL for women, or Vasectomy for men

(These two methods are irreversible)

Other things to consider:

How you (and a partner) want contraception to fit your lifestyle.

Whether:

You (and a partner) want to use the method every day, every time you have sex or less often.

Whether your main concern is prevention of pregnancy, prevention of disease or both. If you do not know your partner's HIV status or are worried that he has other partners, condoms could be your best method of contraception. Use of a method of contraception like the pill combined with condoms is called dual protection. This is often the most effective way to keep both pregnancy and disease at bay

Q: Is contraception free and where can I go to get it?

A: You can obtain free contraception, including emergency contraception,

From:

- All government hospitals clinics and dispensaries
- Youth friendly organizations and health care facilities (these will have an upper age limit)
- **Call Aunty Jane Hotline** to get information about services near you ([0800 721 530](tel:0800721530))

Q: What is emergency contraception?

A: The emergency contraceptive pill is a tablet containing the hormone progestogen. It works by delaying the release of an egg. It may also stop a fertilized egg settling (implanting) in the uterus. It must be taken within three days (72 hours) of having unprotected sex. In case of rape or if you have had unprotected sex (sex without using contraception/ protection/ condom) or if think your contraception might have failed (condom burst), you can use Emergency Contraception (EC/ E-Pill) or The emergency IUD which may stop an egg being fertilized or implanting. If you act quickly, emergency contraception will usually prevent pregnancy.

Note:

Emergency contraception does not perform an abortion. It will not disrupt a pregnancy that has already taken place (I.e. implantation has already happened)

Emergency contraception **should only be used** in times of emergency and should not be used as a regular form of contraception.

Q: When can a woman get pregnant?

A: A woman can get pregnant anytime during her menstrual cycle. However, some days are more likely than other days.

- 10 days after birth
- 10 days after a safe abortion
- 85 % of sexually active women who do not use contraception will get pregnant within one year.

There are days within the cycle that are referred as fertile days. On these days, a woman is most likely to get pregnant if she has unprotected sex. The most fertile days are the ones around the ovulation day, which is normally 14 days after the 1st day of the last menstrual period, 3 days before ovulation and 4 days after

ovulation. The rest of the days are known as safe days. On these days, a woman is less likely to get pregnant but this is not 100% the case.

Q: Can I use breastfeeding as a form of contraception?

A: Breastfeeding can be used as a form of preventing pregnancy only if:

- You are fully breastfeeding – this means you are not giving your baby any other liquid or solid food (at least eight times in a day)
- You are nearly fully breastfeeding – this means mainly breastfeeding your baby and infrequently giving your baby other liquids
- Your baby is less than six months old
- Your periods have not resumed.

Q: What if I become pregnant?

A: No method of contraception is 100%. If you think you could be pregnant, do a pregnancy test as soon as possible. If you are pregnant, you need to think about what you want to do. You can choose to:

- Continue with the pregnancy and keep the baby
- End the pregnancy by having a SAFE abortion
- Continue with the pregnancy and have the baby adopted.
- Call Aunty Jane on [0800 721 530](tel:0800721530) for support on the choice you make

Q: Sexually transmitted infections

A: Most methods of contraception do not protect you from sexually transmitted infections. Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. One can also use condoms in addition to another method of contraception. This is called dual protection.