

Birth Control Methods



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Introduction

Deciding when to start using birth control and choosing a method that will work for you is an important decision. This booklet outlines different birth control methods and issues to consider when deciding to become sexually active. More resources are listed at the end of this booklet if you want more information or need to speak with someone directly.

Deciding to have sex is a very personal choice. Sex also involves how you feel about yourself and others, how you relate to people and the choices you make. Sex is healthy and should be enjoyable; however, it can also be risky. Protection needs to be used whenever you are sexually active to prevent pregnancy and the spread of sexually transmitted infections (STIs) such as chlamydia, gonorrhea, syphilis, and HIV (human immunodeficiency virus). STIs are usually passed through oral, vaginal or anal intercourse, and in some cases through contact with blood from an infected person.

Are you ready?

There are many issues to consider before you choose to be sexually active, such as being ok to share your body with someone, your comfort about talking about your feelings and how sex will affect the relationship. A healthy relationship is not abusive, hurtful or controlling.

Ask yourself these questions to help you decide if you are ready:

- Am I able to talk openly and honestly about my feelings and about sex?
- Do I think that having sex with my partner may change our relationship?
- If the relationship breaks up, will I still feel good about my decision to have sex?
- Do I feel pressured from my partner or my friends to have sex?
- Do I feel comfortable enough with my partner to say no to sexual activity?
- Will I feel guilty because of my moral, religious or family beliefs?
- Do I feel comfortable talking with my partner about preventing STIs and pregnancy?
- As a couple, are we ready to deal with an unplanned pregnancy?
- Do I know enough about STIs and HIV, and am I willing to go for testing?
- Do I know the sexual history of my partner? How many sexual partners has my partner had before me? Has my partner always used protection when having sex?
- Is my partner willing to be tested?
- Am I willing to use condoms every time I have sex?
- Do I find it easier to have sex when I use drugs and alcohol?

It can be difficult to talk about sex. If you have had sex and felt it was not the right choice for you, you do not need to continue having sex. Your body belongs to you and you have the right to take care of it as you choose.

What is the best birth control method?

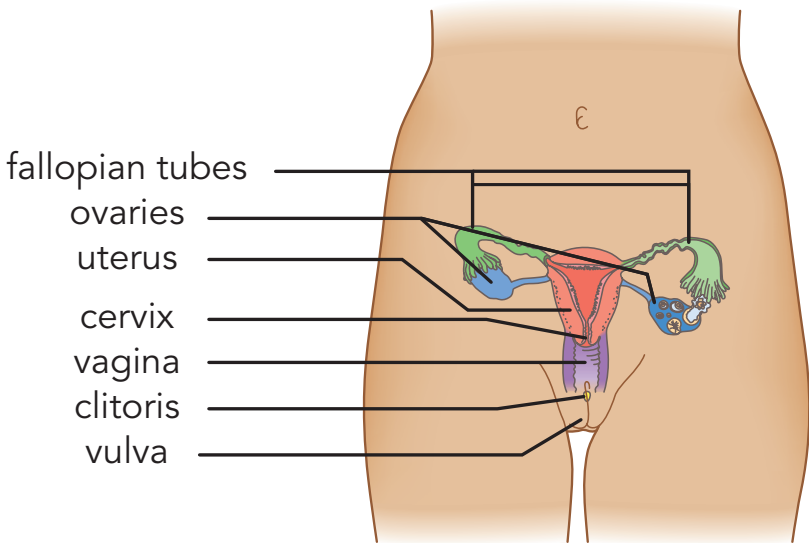
There are many methods of birth control. It is best to choose one that is right for you. Most methods do not protect against STIs, so condoms should be used for sex all of the time. When considering which birth control method is best for you, think about:

- Where do I need to go to get the method?
- How convenient is the method to use?
- Is my partner involved with this method?
- What is the cost of this method?

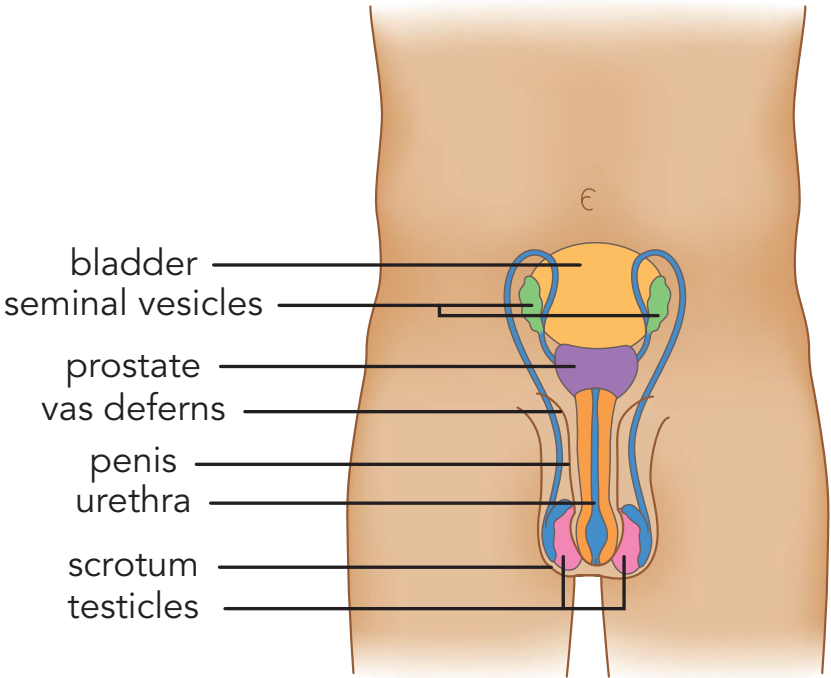
Being sexually active also means taking responsibility for your body's health by getting regular check-ups including Pap testing (screening for changes in the cells of the cervix) and testing for STIs.

Anatomy

Female Anatomy

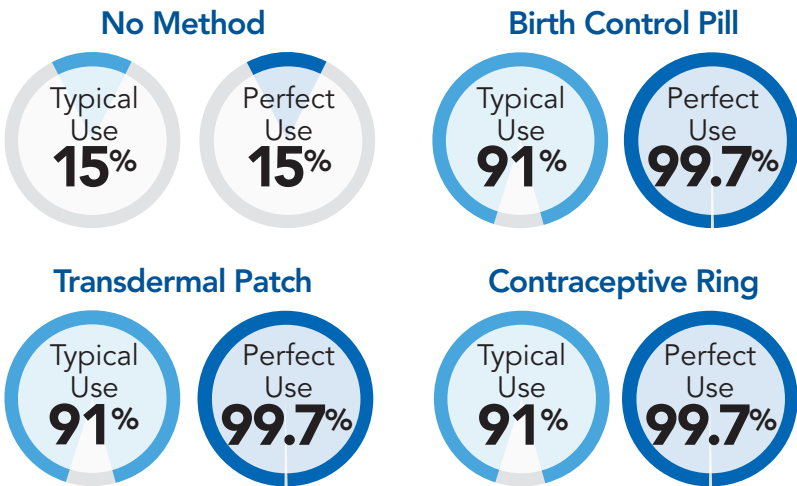


Male Anatomy



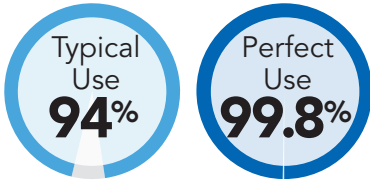
Effectiveness

Before choosing a birth control method, think about how well each method works. Birth control methods are measured for effectiveness by typical users (per cent of couples who use the method and have an accidental pregnancy during the first year) and by perfect use (per cent of couples who use it all the time and use it perfectly and still have an accidental pregnancy during the first year). The following chart shows the effectiveness or how well each method works. For example, if 100 women use the birth control pill, it prevents pregnancy for 92 to 99.7 per cent of the women.

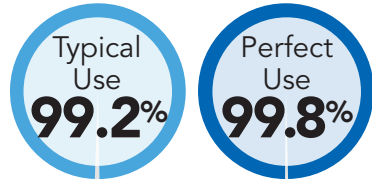


Note: The emergency contraceptive pill (ECP) is not recommended as a regular method of birth control.

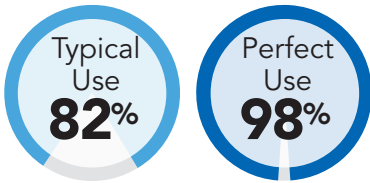
Injection Method



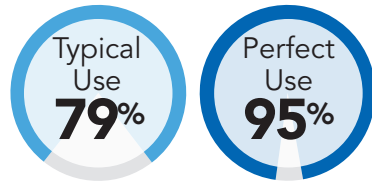
IUD



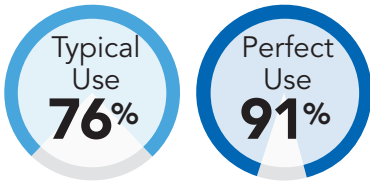
Male Condom



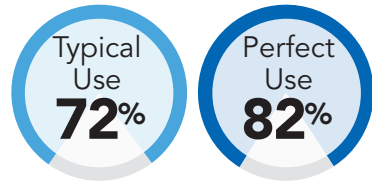
Female Condom



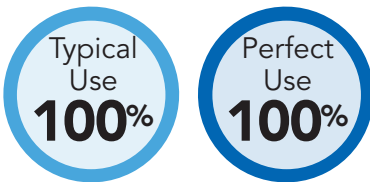
Sponge



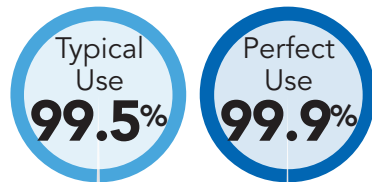
Spermicides



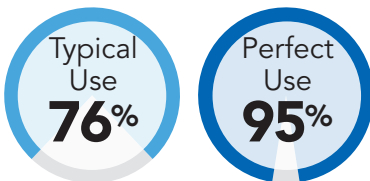
Abstinence



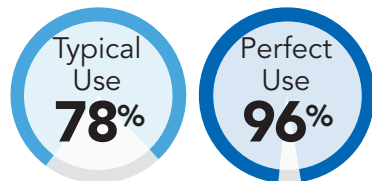
Sterilization



Fertility Awareness



Withdrawal



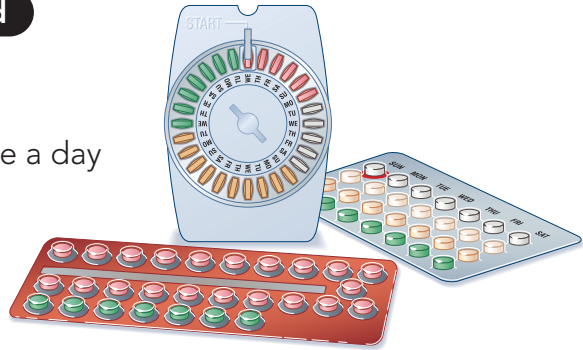
Adapted from Contraceptive Technology, 20th ed. R Hatcher et al, 2011

Birth Control Pill

R_x Prescription needed

How does it work?

- A pill is taken once a day
- Most common are 28 day packs (21 days of hormones and seven days of reminders) or 21 day packs (21 days of hormones), but continuous pills are also available
- Contains the female hormones progesterone and estrogen or just progesterone (for women not able to take estrogen)
- Stops the ovaries from releasing eggs (ovulation)
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus



+ Advantages

- 91 to 99.7 per cent effective
- Menstrual periods may be shorter in length and lighter in flow with less cramping
- Regulates periods
- May reduce the risk of some cancers of the reproductive system
- May improve acne
- Allows for spontaneous sex
- Easily reversible

- Disadvantages

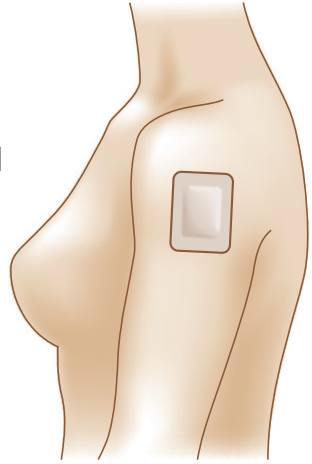
- No protection against STIs
- Should be taken about the same time every day to keep a steady level of hormones in the body
- May be some side effects (stomach upset, breast tenderness, bleeding between periods, headaches)
- Women with certain conditions may not be able to take the pill due to increased risk of a blood clot (e.g., smokers over the age of 35 years, high blood pressure)

Transdermal Patch

R_x Prescription needed

How does it work?

- Patch is a 4 cm square of polyester containing the female hormones estrogen and progesterone
- Placed on upper arm, buttock, abdomen – not breast
- Hormones are absorbed through the skin
- Stops the ovary from releasing an egg (ovulation)
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus
- The patch is changed every week for three weeks
- On week four you do not wear a patch and you will have your regular period



+ Advantages

- 91 to 99.7 per cent effective
- Menstrual periods may be shorter in length and lighter in flow with less cramping

- Regulates periods
- May reduce the risk of some cancers of the reproductive system
- Less chance of stomach upset
- May improve acne
- Allows for spontaneous sex
- Easily reversible
- Do not have to remember to take a pill everyday

Disadvantages

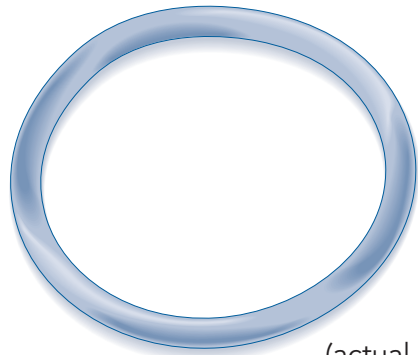
- No protection against STIs
- Maybe less effective for women who weigh more than 198lbs (90kg)
- Possible skin irritation where the patch is placed
- Must remember to change the patch as directed for it to work properly
- May be some side effects (breast tenderness, stomach upset, bleeding between periods, headaches)
- Small chance of the patch becoming loose or falling off
- May be seen by others, depending where it is worn
- Women with certain conditions may not be able to use the patch due to increased risk of a blood clot (for example, smokers over the age of 35 years, high blood pressure).

Contraceptive Ring

R_x Prescription needed

How does it work?

- Flexible ring is inserted into the vagina and releases female hormones estrogen and progestin
- Hormones are absorbed through the lining of the vagina
- Stops the ovaries from releasing eggs (ovulation)
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus
- Stays in the vagina for 21 days then removed for seven days and you will have your regular period
- Females must feel comfortable to insert and remove the ring on their own



(actual size)

+ Advantages

- 91 to 99.7 per cent effective
- Regulates periods
- Does not need to be removed before or after intercourse
- Rarely felt by females and/or partner
- Less nausea than other hormonal choices
- Allows for spontaneous sex
- One size fits all females
- Easily reversible
- Do not have to remember to take a pill every day

- Disadvantages

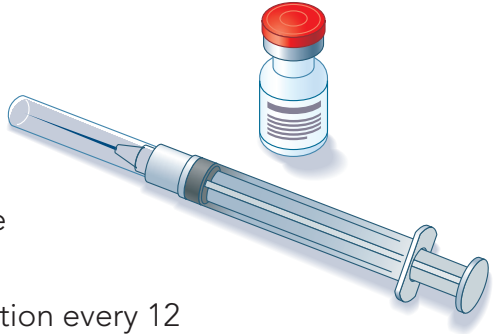
- No protection against STIs
- May be some side effects (stomach upset, bleeding between periods, headaches, breast tenderness)
- May accidentally slip out
- Women with certain conditions may not be able to use the ring due to increased risk of a blood clot (e.g., smokers over the age of 35 years, high blood pressure)
- May cause vaginal irritation (e.g., some women may get bacterial vaginosis [BV] more often)

Injection Method

R_x Prescription needed

How does it work?

- Injection that contains only the female hormone progesterone (there is no estrogen)
- Must have the injection every 12 weeks by your health care provider
- Stops the ovaries from releasing eggs (ovulation)
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus



+ Advantages

- 94 to 99.8 per cent effective
- Each injection lasts 12 weeks
- Effective right away if you get your first injection during the first five days of a normal period
- Only you know you are using this method
- Allows for spontaneous sex
- Periods may be shorter in length and lighter in flow or you may not have a regular period
- Can be used by women who are unable to use estrogen (for example, women who are 35 and older and smoke, or breastfeeding females)
- Reversible
- Do not have to remember to take a pill every day

- Disadvantages

- No protection against STIs
- Side effects may include changes in menstrual bleeding patterns, weight gain, breast tenderness, mood changes, headaches
- Slower return of fertility – not recommended if you plan to become pregnant in the next one to two years
- Side effects can last up to six to eight months after the last injection

Intrauterine Device (IUD) Intrauterine System (IUS)

R_x Prescription needed

How does it work?

- Small t-shaped device inserted into the uterus by your health care provider
- May or may not contain hormones



Non-Hormonal (IUD):

- Prevents the egg from meeting the sperm and attaching to the wall of the uterus

Hormonal (IUS):

- Contains the hormone progesterone, which is released slowly into the bloodstream
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus
- May also prevent ovulation

+ Advantages

- 99.2 to 99.8 per cent effective
- Once inserted, nothing to be remembered
- Once IUD/IUS removed by a health care provider, fertility returns to normal
- Can be inserted six weeks after giving birth

- Allows for spontaneous sex
- Can be used by women who are unable to use estrogen due to health risks, women over 35 years who smoke, or breastfeeding women
- Can be left in place for up to five years before it needs to be changed, depending on brand
- Do not have to remember to take a pill every day

Non-Hormonal:

- Can be used by women who who have experienced side effects when taking hormonal contraception

Hormonal:

- May reduce the amount of bleeding during periods, therefore better for women with heavier periods

– Disadvantages

- No protection against STIs
- Strings may need to be checked to make sure that the IUD/IUS is in place
- Damage to the uterus at the time of insertion and infections are rare
- It is possible that the IUD/IUS can slip out of the uterus (most likely just after insertion)

Non-Hormonal:

- May cause increased bleeding during periods, longer lasting periods or more cramping

Hormonal:

- May cause irregular menstrual periods
- May experience side effects from the hormone, such as changes in menstrual bleeding patterns, weight gain, breast tenderness

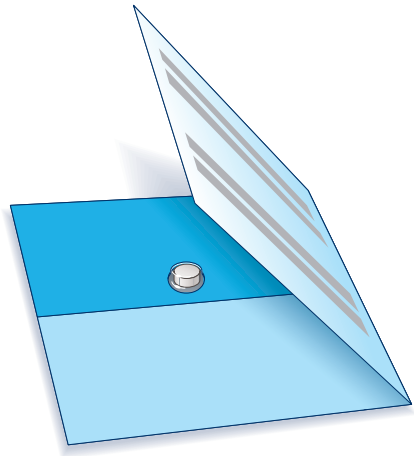
Emergency Contraceptive Pill (ECP)



Prescription needed

How does it work?

- Must be taken as soon as possible after unprotected sex to help prevent pregnancy
- Prevents ovary from releasing an egg, prevents sperm and egg from meeting or prevents a fertilized egg from attaching to the wall of the uterus
- One pill containing the hormone progesterone
- The pill does not replace your regular method of birth control



+ Advantages

- 95 per cent effective within the first 24 hours, and 61 per cent effective between 48 and 72 hours
- No need to see a doctor, available from pharmacists and on the shelf in some pharmacies
- If you are already pregnant, the ECP will not cause an abortion or harm the fetus

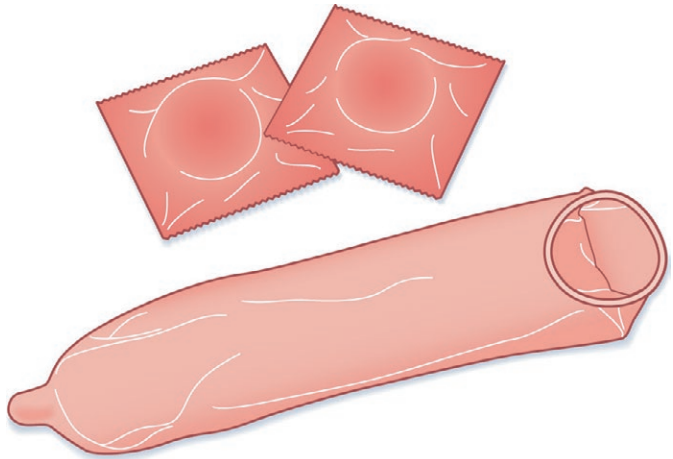
- Disadvantages

- No protection against STIs
- Must be taken within 72 hours of vaginal intercourse
- Side effects may include nausea, mild stomach upset, tiredness, headache or spotting
- No protection from pregnancy with future sexual intercourse
- May be less effective in women over 75-80 kgs

Condom

How does it work?

- Thin sheath usually made of latex
- Also available in polyurethane (for people with latex sensitivity)
- Covers an erect penis
- Prevents the sperm from meeting the egg
- Can be used with a water-based lubricant
- Can be used with other birth control methods to increase effectiveness



+ Advantages

- 82 to 98 per cent effective
- Helps prevent pregnancy
- Helps prevent STIs
- Available from a variety of locations, such as pharmacies, grocery stores, sexual health clinics
- No need to see a doctor or health care provider
- Both partners can buy and carry condoms

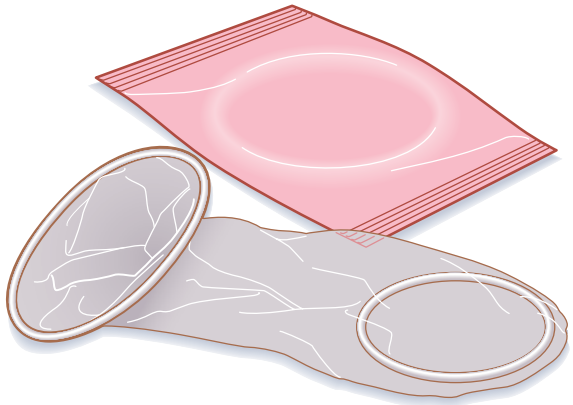
- Disadvantages

- Can only be used once
- Need to put the condom on correctly before any sexual contact takes place
- Spermicides in condoms or latex sensitivity may cause irritation to the skin
- May break or slip if not used correctly
- Novelty or joke condoms are not meant to protect against STIs

Female (Internal) Condom

How does it work?

- Polyurethane sheath that contains two rings
- One ring is inserted all the way up into the top of the vagina and the other ring sits outside the opening of the vagina
- Penis then goes inside the female condom during sex



+ Advantages

- 79 to 95 per cent effective
- Available from a variety of locations, such as pharmacies, sexual health clinics
- No need to see a doctor or health care provider
- Helps prevent STIs
- Helps prevent pregnancy
- Non-latex so may be used by people who have latex sensitivity

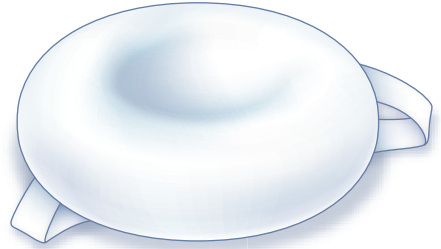
- Disadvantages

- Can only be used once
- User must feel comfortable inserting the condom into the vagina
- Need to insert female condom correctly before any sexual contact takes place
- Must be cautious that the penis goes into the condom, not in beside the condom during intercourse
- May cause noise during intercourse

Sponge

How does it work?

- Small, soft foam sponge is inserted into the vagina to cover the cervix
- Must be moistened with water before being inserted into the vagina to activate spermicide that kills sperm
- Helps prevent the sperm from reaching the cervix
- Can be inserted any time before sex but:
 - i. must stay in place for at least six hours after last intercourse
 - ii. must not be left in the vagina for more than 30 hours total
- Review instructions that come with package
- Can be used with condoms to increase protection against pregnancy and STIs



+ Advantages

- 76 to 91 per cent effective
- No need to see a doctor or health care provider
- Available at pharmacies, grocery stores, sexual health clinics
- Non-latex
- May be used for more than one act of intercourse without adding more spermicide
- One size fits all females

- Disadvantages

- No protection against STIs
- Spermicide may cause some irritation, therefore increasing risk of HIV or STIs, if exposed
- If left in the vagina for more than 30 hours, may lead to toxic shock syndrome
- Cannot be used during menstrual period
- Female must be comfortable with insertion and removal
- Frequent use can cause vaginal irritation, increasing risk of infections

Spermicides

How do they work?

- Chemicals that kill sperm or make the sperm unable to move towards the egg
- Comes in several different forms, including foam, gel and film
- All methods are inserted into the vagina before sexual activity
- Read instructions for each method before use as insertion times may vary
- Can be used alone or with other birth control methods to increase effectiveness



+ Advantages

- 72 to 82 per cent effective when used alone, without condoms
- No need to see a doctor or healthcare provider
- Available at pharmacy section of many stores and at sexual health clinics
- Spermicide may act as a lubricant

- Disadvantages

- No protection against STIs
- Spermicide may cause some irritation, therefore increasing risk of HIV or STIs, if exposed

Abstinence

What is it?

- Decision to not have anal, oral or vaginal sex
- Need to decide on your sexual limits and talk about them with your partner
- May wish to avoid situations where you feel pressured or unable to stick to your limits

+ Advantages

- 100 per cent effective in preventing pregnancy
- Can protect against STIs (depending on your limits and other activities)
- No need to see a doctor or health care provider
- No cost

Disadvantages

- May need to confront the pressure from friends and partner
- May feel an inability to express some aspects of sexuality or relationship

Fertility Awareness

What is it?

- Various ways of recognizing the changes in your body to determine when you will ovulate so you do not have intercourse and become pregnant
- Can use methods such as daily temperature taking or checking cervical mucus changes
- Partners need to work together to ensure this method is effective

+ Advantages

- 75 to 99 per cent effective with perfect use
- Can be used to plan or avoid a pregnancy
- Helps females to learn more about their body
- No cost
- No side effects

- Disadvantages

- Requires time and commitment
- No protection from STIs
- Requires abstinence or condom use during the time in the ovulatory cycle when you are most likely to get pregnant
- Illness or stress may change your ovulatory cycle, making this method less reliable

Withdrawal

What is it?

- Penis is withdrawn or removed from the vagina before ejaculation
- Requires trust and commitment from both partners

+ Advantages

- 78 to 96 per cent effective
- Better than using no birth control method at all
- No cost
- No need to see a doctor or health care provider
- No use of chemicals or hormones
- Can be used anytime

- Disadvantages

- Males cannot always accurately control when they will ejaculate
- Judgement may be impaired by alcohol or drugs, which can effect self-control
- May be some sperm in the pre-ejaculate
- Should be used with another method of birth control, such as spermicides
- No protection against STIs

Sterilization

What is it?

Female sterilization (also called a tubal ligation):

- Both of the tubes where an egg would become fertilized by the sperm (fallopian tubes) are closed, either cut, tied or clipped

Male sterilization (also called a vasectomy):

- Tubes that carry the sperm (vas deferens) are closed, either cut, tied or clipped
- Will not interfere with sexual desire, performance or enjoyment of sex for either male or female

+ Advantages

- 99.5 to 99.9 per cent effective
- Long-term method of birth control (considered permanent)
- A good choice if a male or a female is sure that they do not want to have any/more children
- Surgical procedure performed in a doctor's office (male) or hospital under local or general anesthesia (female)

- Disadvantages

- Some minor risks associated with surgery include pain, bleeding, infection and complications with anaesthetic
- No protection against STIs
- Very difficult and expensive to reverse the procedure, and often is not successful

Cost and Availability

The cost of birth control varies depending on the method and where it is purchased. Shop around to compare prices. Remember to check expiry dates.

Diaphragms, a soft rubber dome that the woman inserts to cover the cervix, are hard to find. Other methods are advised.

Healthy Sexuality Clinics offer many of the birth control methods at reduced cost. Condoms are always free.

More Resources

For more information check out the following:

Phone lines

Peel Public Health

905-799-7700

Websites

PeelSexualHealth.ca

SexAndU.ca

Healthy Sexuality Clinics

(Appointment and Drop-In available)

Brampton

150 Central Park Dr., Suite 9

(Civic Centre beside Bramalea City Centre)

905-791-5905

Caledon (Bolton)

18 King St. E., 2nd Floor Bolton

905-791-5905

Mississauga

325 Central Pkwy. W., Unit 21

(Central Parkway West and Confederation)

905-270-0587

7205 Goreway Dr., Suite B7, Lower Level (Malton)

Westwood Square Mall

905-678-0788

6975 Meadowvale Town Centre Cir., Suite N03

(Meadowvale Town Centre)

905-270-5662

For more information,
contact Peel Public Health

905-799-7700

PeelSexualHealth.ca