

a young person's guide to contraceptives

This brief guide groups contraceptives according to how often you have to remember to do something to make sure you're protected against pregnancy.

For some young women, this can be an important factor in their choice of method. Others might be more influenced by how the methods work, or by what side-effects they may have.

You know yourself best – you might feel sure that you could remember to take a pill every day. Or maybe you think your life is too chaotic for that. Maybe you don't want to have to think about contraception every day – or even once a week.

You're the one who has to decide which method you're going to rely on. In order to make an informed decision, you need to know about all the available contraceptives and their various pros and cons. You don't have to be having sex already to use this information – in fact, it's much better to have a plan about contraception before you start having sex.

You can learn more about contraceptives, and find clinics and services near you (including special clinics and services for young people), on these websites:

www.nhs.uk/worthtalkingabout
www.fpa.org.uk
www.brook.org.uk

If you want to talk with someone, you could try one of these special young people's helplines:

Sexwise: **0800 28 29 30**
Brook: **0808 802 1234**

The FPA also run a helpline, called Sexual Health Direct: **0845 122 8690**.

All of these helplines will be answered by someone who has experience of talking about sex and sexual health with young people. They will be able to answer any questions you may have.

Or you may prefer to talk with your family doctor or practice nurse – or a parent, teacher, youth worker or other adult you trust.

Remember: the NHS provides FREE, CONFIDENTIAL contraceptive services for men and women of all ages, including those under 16.

contraceptives: how they work

All contraceptives work in one of these three ways:

- 1 they put a physical barrier between sperm and egg (such as condoms);
- 2 they use hormones that stop your body releasing an egg and cause other changes that prevent a pregnancy happening (such as pills, patches and the IUS); or
- 3 they change the environment in your womb so that sperm die before they reach an egg (IUD).

Remember: condoms are the only contraceptive that also offers protection against sexually transmitted infections (STIs).

SEX... are you ready?

It can be difficult to decide whether you're ready to have sex, especially if you're feeling pressured. For example, your boyfriend or girlfriend might be asking you to have sex.

Or friends might be saying they're 'doing it' (whether they are or not). Only you can decide when you're ready.

Go to www.urlife.org.uk and download a printable quiz called *R U Ready?* that can help you decide whether you are really ready for sex – or not.

here are some things to remember if you are thinking about having sex:

- When you have sex, it should be because you want to, not because other people want you to.
- Most young people don't have sex till they're 16 or 17.
- Being ready for sex includes being ready to talk about condoms and contraceptives.
- Sex should feel good, not uncomfortable or threatening.
- Sex usually feels best as part of a caring relationship.
- You have the right to say 'No' at any point, even if you have already started, and even if you have had sex before.

emergency contraception

If you've had sex without using contraception, or you've forgotten to take your pill or think that your contraceptive may have failed, there are two emergency methods you can use:

- You can take emergency hormonal contraception (the 'morning-after' pill) up to 72 hours (3 days) after the unprotected sex. The sooner it is taken, the better it works. It is available **FREE** from any contraceptive or sexual health clinic, most GPs and some chemists.
- You can have an IUD fitted up to 5 days after the unprotected sex. This is the most effective method of emergency contraception.

Any of the helplines listed (left) can help you find the services you need in your area.

condom dos and don'ts

- Condoms come in different shapes and sizes, just like penises do. Experiment to find the best fit.
- Check the use-by date and open the packet carefully.
- Put the condom on after the penis gets hard – and before there is any genital contact between partners.
- Pinch the teat at the end to push the air out, and place the condom on the tip of the penis. Keep pinching while you unroll the condom over the head of the penis. Then continue unrolling all the way down.
- NEVER put lubricant (lube) inside a condom – it makes it more likely to slip off.
- NEVER use two condoms at once – the extra friction means they are more likely to break.
- If you use lube, make sure it is water-based lube. Any oil-based substance will weaken the condom.
- After he comes, the man should hold the condom in place and withdraw while still hard.

bust those myths: condoms

- Condoms **DO NOT** stop men feeling anything. They are made of extremely thin latex or plastic and have little effect on the sensations felt during sex.
- Condoms **DO NOT** make men lose their erections. If a man loses his erection when he puts on a condom, it is probably because he feels anxious. If he learns to focus on pleasure instead of performance, this problem usually disappears.
- Condoms **DO NOT** have microscopic holes in them that can allow sperm or STIs through. They **DO NOT** have holes in them, full stop.

bust those myths: pregnancy

A woman **CAN** get pregnant:

- the first time she has sex;
- during her period;
- even if she doesn't have an orgasm;
- even if the man pulls out before he comes;
- no matter what position she has sex in; and
- even if she douches (squirts liquid into her vagina). Douching can be harmful.



a brief guide to contraceptives (and how often you have to remember them)

think & act every day

think & act once a week

think & act once a month

What is it? >>

Combined pill

A pill containing two hormones (estrogen and progesterone). It is taken every day for 21 days, followed by a 7-day break.



Progestogen-only pill (or mini-pill)

A pill containing the hormone progesterone. It is taken every day with no breaks.



Patch

A small sticky patch containing progesterone and estrogen. It is worn on the skin and changed once a week.



Vaginal ring

A small, flexible plastic ring (containing estrogen and progesterone) that you put into your vagina. After 21 days, you remove it, and 7 days later, you put in a new one.



Advantages >>

- Can reduce bleeding, period pain and pre-menstrual symptoms
- Fertility returns quickly after stopping use

- Has no serious side-effects
- Can be used by women who can't use the combined pill

- Easy to use. Can help with heavy or painful periods
- Isn't affected by vomiting or diarrhoea
- Fertility returns quickly after stopping use

- You don't have to think about daily contraception
- Isn't affected by vomiting or diarrhoea
- Doesn't interrupt sex

Disadvantages >>

- Can cause headaches, nausea, breast tenderness
- Missed pills, vomiting or diarrhoea can make it less effective

- Can cause acne, weight gain and headaches
- Not effective if taken over 3 hours late
- Vomiting and severe diarrhoea can make it less effective

- May be seen by others
- Can cause headaches, nausea, breast tenderness

- You need to be comfortable with putting it in and taking it out
- Can cause headaches, nausea, breast tenderness

think & act every time you have sex

think & act every time you have sex

Male condom

What is it?

A sheath made of very thin rubber or plastic. It is put on the penis once it's hard, but before any genital contact between partners.

Advantages

- No hormones
- No side-effects
- Offers good protection against sexually transmitted infections (STIs)

Disadvantages

- Can interrupt sex
- Can slip off or split if used wrongly or if they're the wrong size or shape for the man



Used correctly, male condoms are **98%** effective against pregnancy (female condoms are **95%** effective). Condoms are the only contraceptive that also offers protection against STIs. Many people use condoms as well as contraceptives with new partners or whenever they think they might be at risk of STIs. Both partners need to know how to use condoms correctly (see overleaf).

Female condom

What is it?

A soft, thin polyurethane sheath that loosely lines the vagina and covers the area just outside.

Advantages

- No hormones
- No side-effects
- Offers good protection against STIs
- Need not interrupt sex
- Controlled by the woman

Disadvantages

- Not very nice to look at
- Can be awkward to insert and remove
- Not as widely available as the male condom, and more expensive



think & act occasionally

What is it? >>

Injection

An injection of the hormone progesterone, usually in your bottom.



Implant

A small flexible rod that is inserted under the skin, usually on the inside of your upper arm. It slowly releases the hormone progesterone.



Intrauterine System (IUS)

A small, T-shaped plastic device put into the womb through the vagina. It slowly releases the hormone progesterone.



Intrauterine Device (IUD)

A small copper and plastic device put into the womb through the vagina. It changes the environment in your womb so that sperm die before they reach an egg.



Advantages >>

- Lasts 12 weeks
- May help with heavy periods (some women stop bleeding altogether)

- Lasts 3 years but can be removed sooner
- Fertility returns immediately after stopping use

- Lasts 5 years but can be removed sooner
- Periods can become lighter, shorter and less painful
- Fertility returns immediately after stopping use

- Can last for 10 years but can be removed sooner
- Works as soon as it's put in
- Fertility returns immediately after stopping use

Disadvantages >>

- Can't be removed once injected
- Fertility takes some time to return after stopping use
- May cause unpredictable or prolonged bleeding
- Not usually a first choice for women aged under 18

- Irregular bleeding affects about 40% of users
- It must be put in and taken out by a doctor or nurse
- Possible side-effects include acne and mood swings

- Irregular spotting or bleeding is common at first
- It must be put in and taken out by a doctor or nurse

- Periods can last longer, be heavier or more painful
- It must be put in and taken out by a doctor or nurse