

what suits 7



Contraception options for girls and guys



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let's talk about it

Sex and Contraception

Contraception stops a sperm from fertilising an egg, so people can have sexual intercourse (penis in vagina) while preventing an unintended pregnancy.

Every month a woman's ovary produces an egg. When a man ejaculates (cums), his semen contains millions of sperm. It takes only one of these sperm to fertilise an egg to begin a pregnancy.

Contraception is used to prevent unintended pregnancy

What Suits You?

There are lots of different types of contraception, but no method is ever 100% effective. Methods which don't mean you have to remember to do something on a regular basis, such as an implant or IUD, are more effective than pills or condoms which can easily be forgotten or not used properly. Not all contraceptive methods work the same way and most have benefits and some downsides. That's why it's important to consider all the types available and pick one that best suits you and your partner's health and lifestyle needs.

This booklet is full of information to help you figure out which contraceptive option suits you.

Healthy Relationships

Talking with your sexual partner about sex and contraception is a good idea.

Sex may seem difficult to discuss at times, but being able to talk openly and honestly about it with your sexual partner is a positive step towards a healthy relationship.

Depending on your situation, your choice of contraception may be something you decide on your own or together with your partner. In any case, it's important that both girls and guys take responsibility for contraception each time they have sex.

Double Up: safe sex and contraception

Using a condom with another type of contraception is the best way to stop an unintended pregnancy and sexually transmissible infections (STIs).

STIs are infections passed from one person to another through sexual contact and condoms are the best protection against them. This means that even if you're using another form of contraception, it's still important to practise 'safe sex'. Safe sex means using a condom every time you have sex.

Double-up condoms with another form of contraception to prevent STIs and pregnancy



To turn-up the pleasure, you may like to use a water-based lubricant (lube) to make things extra smooth. Using lube with condoms may also help stop condoms from breaking when used for anal sex.

Easy Access

You can access health services, including contraception through your doctor or at a Family Planning NSW clinic. It's a good idea to take your Medicare card with you if you have one. Did you know that a young person can apply for their own Medicare card at 15 years of age?

For more information go to:

www.medicareaustralia.gov.au or call Talkline on 1300 658 886.

Private Information

All medical services are private and confidential. Parents and guardians can't access your health information without your permission, except in extreme situations; for instance, if you are at significant risk of harm or may harm others.



The male condom is a thin latex rubber or polyurethane covering which is rolled onto an erect (hard) penis.

How does it work?

Worn on the penis during sex, the male condom provides a barrier which collects semen (fluid that contains sperm) and stops the transfer of fluids to a partner.

How well does it work?

Condoms are 98% effective when used perfectly, but in real life they can be less effective (82%) because condoms can break and are not always used correctly.

Condoms are the best protection against STIs but are less effective than some other types of contraception.

Condoms work best when used for every act of sex as long as you:

- use a new one every time
- take care to put it on and take it off correctly



What are the benefits?

- Condoms are the only form of contraception which also reduce the risk of STIs.
- Condoms are effective if used properly every time you have intercourse. But they are not as effective as methods such as the implant or the Pill.
- They can be used at the same time as another type of contraception such as the implant or the Pill, although male condoms shouldn't be used at the same time as female condoms.
- They're cheap, small and easy to carry.
- You don't have to see a doctor to get them.

What are the downsides?

- You need to use a new condom each time you have sex.
- Most condoms are made from latex rubber which is perishable. This means that they can break if they aren't stored correctly. Always keep condoms in a cool place and check the use-by date.
- Oil-based lube can cause latex condoms to break so only use water-based lube.

Are there side effects?

There are no side-effects, although some people can be allergic to the latex rubber or the lube. This isn't common, but if you or your partner have a reaction, try using a non-latex condom made from polyurethane (a type of soft plastic).

Can anyone use the male condom?

Anyone can choose to use condoms.

Where do you get it?

Male condoms are sold in lots of places such as chemists, supermarkets, petrol stations, online and some public bathrooms.

Condoms are free at all Family Planning NSW clinics www.fpnsw.org.au/ccc

the female condom

The female condom is like a large, loosefitting male condom made of pre-lubricated polyurethane (a type of soft plastic), which is worn inside a woman's vagina.

It has a flexible ring at each end to hold it in place when it is inserted into the vagina.

How does it work?

Female condoms provide a barrier which collects the semen (fluid that contains sperm) and stops the transfer of fluids to a partner.

How well does it work?

Female condoms are 95% effective when used perfectly, but in real life they can be less effective (80%) because condoms can break and are not always used correctly.

Condoms are the best protection against STIs but are less effective than some other types of contraception.

What are the benefits?

- Condoms are the only form of contraception which help protect against STIs.
- Female condoms can be used at the same time as other effective types of contraception such as the implant or the Pill, although they shouldn't be used at the same time as male condoms.
- Female condom use is controlled by the woman, whereas men often control the use of male condoms.
- There is no need to see a doctor to get them.

The female condom is another choice for STI protection

- You need to use a new female condom each time you have sex
- Some people find they make a slight rustling sound during sex
- Female condoms are more expensive and not as effective as male condoms
- Female condoms can be hard to find in Australia

Are there side effects?

There are no side-effects and it's very rare that someone is allergic to polyurethane or the lubricant.

Can anyone use a female condom?

Anyone can choose to use female condoms.

Where do you get it

Female condoms can be difficult to find but are stocked at Family Planning NSW clinics, some chemists and can be ordered online via the Family Planning NSW website.





The Pill is taken once a day and contains two hormones called oestrogen and progestogen.

There are a variety of combined Pills available in Australia and packs generally contain hormone pills and sugar pills. You have a monthly bleed (like a period) when you take the sugar pills. You may need to try a few different Pills before you find the one that suits you best.

How does it work?

- Stops ovaries from releasing an egg.
- Thickens the mucus at the entrance to the womb (cervix) to stop sperm from moving into the uterus.
- Thins the lining of the uterus to stop a fertilised egg implanting.

How well does it work?

The Pill is 99.7% effective if it is taken perfectly, but in real life it can be less effective (91%) because pills can be forgotten or missed.

What are the benefits?

- Periods usually become lighter, more regular and less painful.
- Some women use the Pill to skip their periods altogether
- Acne often improves.
- Symptoms of premenstrual syndrome (PMS), such as mood changes before a period, may improve or go completely.



- The Pill does not protect against STIs but can be used at the same time as condoms
- You must remember to take the Pill every day. If you have difficulty remembering, you may prefer a long acting reversible contraceptive such as the contraceptive implant
- The Pill will not work properly if you:
 - are taking certain other medications at the same time (ask your doctor)
 - forget to take it
 - get vomiting or severe diarrhoea

If any of these things happen and you have sex, the Pill may not work properly. You may want to use Emergency Contraception (page 24). Another form of contraception, like condoms, should also be used until you've been taking the Pill correctly again for seven days.

Are there side effects?

Most women have very few side effects. Those who do experience them often find they settle down within the first few months. You may experience:

- tender breasts
- headaches
- feeling sick (nausea)
- bloating
- mood changes
- irregular spotting (breakthrough bleeding)

Double-up condoms with the Pill for protection against STIs and unintended pregnancy

Can anyone use the Pill?

Serious health problems with the Pill are rare in all women, especially young women, but you can't take the Pill if you have:

- a history of blood clots in the leg or lungs
- some health problems such as certain types of migraines, heart disease and severe liver conditions – talk to your doctor about any medical conditions you may have

Where do you get it?

The Pill is available with a prescription from a doctor or Family Planning NSW clinic.

progestogen-only pill (POP or minipill)

As the name suggests, the Progestogen-Only Pill (POP), contains just one hormone, progestogen.

There are 28 pills in a pack with each pill containing the same dose. The POP is taken at the same time every day without a break.

How does it work?

- Thickens the mucus at the entrance to the womb (cervix) to stop sperm from moving into the uterus
- Thins the lining of the uterus to stop a fertilised egg implanting
- Sometimes stops the ovaries from releasing an egg

How well does it work?

The POP has to be taken at the same time every day for it to work. It is more than 99% effective if taken perfectly, but in real life it can be less effective (91%) because pills can be forgotten or missed.



- The POP does not protect against STIs but can be used at the same time as condoms.
- It is usually less effective than the Pill.
- If you find it hard to remember to take the POP at the same time everyday, you could try a long acting reversible contraceptive like the contraceptive implant.
- Regular period patterns can change and you may get unpredictable or irregular bleeding (talk to your doctor about this).
- The POP won't work properly if you:
 - take it more than three hours late
 - have vomiting or severe diarrhoea
 - are taking certain other medications at the same time

If any of these things happen and you have sex, you may want to use Emergency Contraception (page 24). Another form of contraception, like condoms, should also be used until you've been taking the POP correctly again for three days.

Are there side effects?

Most women have very few side effects because the POP has a low dose of hormones. You may still experience:

- tender breasts
- headaches
- mood changes
- irregular spotting (breakthrough bleeding)

Can anyone use the POP?

You can't take the POP if you have:

- severe liver problems
- some other medical conditions talk to your doctor about any medical conditions you may have

Where do you get it?

The POP is available with a prescription from your doctor or a Family Planning NSW clinic.

The POP will not work if you take it more than three hours late.

vaginal ring (the ring, NuvaRing®)

The vaginal ring is a soft plastic ring about 5cm in diameter. It contains two hormones (oestrogen and progestogen), similar to those in the combined oral contraceptive pill.

You place a ring in your vagina and it stays there for three weeks. You then take it out for one week and during this ring-free week you have a monthly bleed (like a period). After the fourth week, you insert a new ring and begin the cycle again.

How does it work?

- Stops the ovaries from releasing an egg
- Thickens the mucus at the entrance to the womb (cervix) to stop sperm from moving into the uterus
- Thins the lining of the uterus to stop a fertilised egg implanting

The vaginal ring works in a similar way to the combined contraceptive pill. The difference is the way the hormones in the ring are absorbed slowly through the walls of the vagina into the bloodstream.

How well does it work?

The vaginal ring is 99% effective when used perfectly, but in real life it can be less effective (91%) if inserted late or used incorrectly.

What are the benefits?

- A good option if you have trouble remembering to take a pill every day.
- It does not need to be 'fitted' and the same size suits everyone.
- It is not affected by vomiting or diarrhoea because the hormones are absorbed directly into the bloodstream.
- Periods usually become lighter, more regular and less painful.
- Acne often improves.
- Symptoms of premenstrual syndrome (PMS), such as mood changes before a period, often improve or go completely.

- The vaginal ring does not protect against STIs but can be used at the same time as condoms.
- You must remember to remove the ring after three weeks and insert a new one a week later. You can sign up for a free SMS reminder.
- The ring is more expensive than some other forms of contraception.
- Some women don't feel comfortable inserting the ring into their vagina.

Are there side effects?

Most women have very few side effects and those who do get them often find they settle down within the first few months.
You may experience:

- tender breasts
- headaches
- feeling sick (nausea)
- bloating
- mood changes

Can anyone use the ring?

Serious health problems with the vaginal ring are rare in all women, especially young women but you can't use the vaginal ring if you have:

- a history of blood clots deep in the leg or lungs
- some health problems such as certain types of migraines, heart disease and severe liver conditions talk to your doctor about any medical conditions you may have

Where do you get it?

The vaginal ring is available with a prescription from your doctor or Family Planning NSW clinic.

— Contraceptive Implant (the rod, Implanon®)

The contraceptive implant is a small plastic rod which is inserted underneath the skin on the inside of the upper arm. It can stay there for up to three years to slowly release the hormone progestogen.

How does it work?

- Stops the ovaries from releasing an egg each month.
- Thickens the mucus at the entrance to the womb (cervix) to stop sperm from moving into the uterus.
- Thins the lining of the uterus to stop a fertilised egg from implanting.

How well does it work?

The implant is 99.9% effective.

What are the benefits?

- You don't have to remember to take a pill every day
- The implant is immediately effective if inserted during the first five days of your period.
- It's not obvious that you have an implant.
- It lasts for three years but if it doesn't suit, you can have it removed.
- It's safe to use if you're breastfeeding or if you can't take oestrogen.
- Fertility returns as soon as it's taken out.
- An inexpensive form of contraception in the long term if you have a Medicare card.

The implant can prevent unintended pregnancy for up to 3 years and can be removed at any time.

- The contraceptive implant does not protect against STIs but can be used at the same time as condoms.
- Regular period patterns will change and you can get unpredictable or irregular bleeding (talk to your doctor about this).
- The implant can only be inserted or removed by a trained professional in a minor surgical procedure.
- Insertion and removal can cause bruising and some soreness.
- It may leave a very small scar.

Are there side effects?

You may experience:

- tender breasts
- headaches
- mood changes
- one in five women

 can experience irregular
 vaginal bleeding, although

 some have no bleeding at all

Can anyone use the implant?

Serious health problems are very rare with the implant. You can't use it if you are taking some kinds of medicine talk to your doctor about what you're taking.

Where do you get it?

The implant must be inserted by a specially trained doctor or nurse. Many doctors have this training - or visit a Family Planning NSW clinic.

The implant provides very effective contraception for up to 3 years.



Contraceptive Injection DMPA (depot medroxyprogesterone acetate, Depo Provera® or Depo Ralovera®)

DMPA is a long-acting hormone which is injected every 12 weeks into the buttock or upper arm. After a few injections, monthly bleeding may stop altogether. This isn't harmful.

How does it work?

- Stops the ovaries from releasing an egg each month.
- Thickens the mucus at the entrance to the womb (cervix) to stop sperm from moving into the uterus.
- Thins the lining of the uterus to stop a fertilised egg from implanting.

How well does it work?

DMPA is 99.8% effective, but in real life it can be less effective (94%) if you're late for an injection.

What are the benefits?

- You don't have to remember to take a pill every day
- Safe to use if you're breastfeeding or you can't take oestrogen
- Can be useful if you don't want to have periods



- DMPA does not protect against STIs but can be used at the same time as condoms.
- You need to remember to get the injection every 12 weeks.
- It is not immediately reversible. This means that any side-effects can take some time to wear off.
- It can take some months for periods and fertility to return to normal.

Are there side effects?

Serious problems are rare with the contraceptive injection.

You may experience:

- irregular bleeding, although this usually gets better with time and most women end up with no periods at all after having the injections for a year
- possible weight gain
- headaches
- tender breasts
- acne
- · loss of bone density

Can anyone use DMPA?

DMPA is not usually recommended:

- as a first choice if you are under 18 years of age this is because it may affect the density of your bones
- if you want to get pregnant within the next 12 to 18 months since it is not immediately reversible

Where do you get it?

The DMPA injection is available from your doctor or Family Planning NSW clinic.

The injection provides 12 weeks of contraception and no one has to know you've had the shot

— Hormonal IUD

(intrauterine device, Mirena®)

The hormonal IUD is a small 'T' shaped plastic device. It's placed inside the uterus by a specially trained doctor or nurse to release small amounts of the hormone progestogen for up to five years.

How does it work?

- Thickens the mucus at the entrance to the womb (cervix) to stop sperm from moving into the uterus
- Thins the lining of the uterus to stop a fertilised egg implanting
- Sometimes stops the ovaries from releasing an egg

How well does it work?

The hormonal IUD is 99% effective.

What are the benefits?

- You don't have to remember to take a pill every day
- Periods usually become lighter and sometimes stop altogether
- Starts working right away if it's put in during the first seven days of your period
- Fertility returns as soon as it's taken out
- •Safe to use if you're breastfeeding or can't take oestrogen
- An inexpensive form of contraception in the long term if you have a Medicare card



- Hormonal IUDs don't protect against STIs but you can use condoms at the same time
- You may experience some irregular vaginal bleeding in the first few months
- Putting the IUD into the uterus can be a bit painful, especially if you haven't had children yet
- There is a small chance of infection in the first three weeks after its inserted which could lead to pelvic inflammatory disease (PID) - PID may rarely affect fertility later on

Are there side effects?

Serious problems are rare with the hormonal IUD.

You may experience:

- · cramping when it's put in
- an increase in vaginal discharge

Other side effects are rare because of the low dose of hormones, but you may notice similar side effects to the progestogen-only pill (POP).

Can anyone use a hormonal IUD?

Most women can use a hormonal IUD but they are not usually the first contraceptive choice for young women who haven't been pregnant.

Where do you get it?

A hormonal IUD must be inserted and removed by a trained doctor or nurse. This can be done at a Family Planning clinic, by some doctors or a gynaecologist.

The hormonal IUD prevents unintended pregnancy for up to 5 years.



The Copper IUD is a small plastic and copper device. It's placed inside the uterus by a specially trained doctor or nurse and stays there for 5 or 10 years depending on the type.

How does it work?

- Affects sperm movement and survival so they can't move through the uterus to reach and fertilise an egg
- Stops a fertilised egg from implanting in the womb

How well does it work?

The Copper IUD is 99% effective.

What are the benefits?

- You don't have to remember to take a pill every day
- It starts working right away
- Fertility returns as soon as it's taken out
- Doesn't contain any hormones
- Safe to use if you're breastfeeding or can't use hormonal methods of contraception

IUDs can be used by most women including young women

- Copper IUDs don't protect against STIs but you can use condoms at the same time
- Putting the IUD into the uterus can be a bit painful, especially if you haven't had children yet
- There's a small chance of infection in the first three weeks after its inserted which could lead to pelvic inflammatory disease (PID) - PID may rarely affect fertility later on
- Periods could be heavier, last longer and be more painful than before

Are there side effects?

Serious health problems are rare with the copper IUD. You may experience:

- cramping when it's put in
- · heavier periods which last longer
- an increase in vaginal discharge

Can anyone use a Copper IUD?

They are not usually the first contraceptive choice for young women who haven't been pregnant.

Where do you get it?

A Copper IUD must be inserted and removed by a trained doctor or nurse. This can be done at a Family Planning clinic, by some doctors or by a gynaecologist.



EmergencyContraceptivePill (ECP)

The ECP is taken after unprotected sex to prevent an unintended pregnancy. It is a single dose of the hormone called levonorgestrel.

Some examples of when you may use the ECP include:

- you have had sex without using contraception
- the condom breaks
- you forget to take the contraceptive pill at the recommended time
- you are taking the contraceptive pill, but have vomiting or severe diarrhoea
- · you are late for a contraceptive injection
- you are a victim of sexual assault

How does it work?

It stops or delays the release of an egg from the ovaries.

How well does it work?

The ECP prevents up to 85% of unexpected pregnancies. It is effective up to four days after unprotected sex, but the sooner you take it the better. You may need to have a follow-up pregnancy test in a few weeks to make sure you are not pregnant. It's best to discuss this with your doctor or the pharmacist.

What are the benefits?

- The ECP is very safe and can be used more than once in a month if necessary.
- It is available at the chemist without a prescription.
 You don't have to see a doctor to get the ECP.
- It won't cause an abortion if you're already pregnant.

- The ECP does not protect against STIs
- It won't protect against pregnancy if you have unprotected sex again in the same menstrual cycle.
 You should use condoms until you're protected fully by another regular method of contraception

Are there side effects?

Side effects are very rare. It does not affect your future fertility. You may experience:

- slight bleeding
- an early or late period. If your period is late you should have a pregnancy test

Can anyone use Emergency Contraception?

The ECP is very safe. If you're taking some medications, for example, some epilepsy medications, you may need to take a double dose. Talk to a pharmacist about this.

Where do you get it?

ECP can be bought at a pharmacy without a doctor's prescription. It's also available from Family Planning NSW clinics.

Buy the Emergency Contraceptive Pill without a prescription at your local pharmacy.



Other Methods

Sterilisation

Both men and women can have procedures to make them permanently unable to have children. Sterilisation is not used as a method of contraception for young people except in very special circumstances.

Sterilisation is more than 99.5% effective depending on the method used.

There are a few types of sterilisation procedures women can have and they all involve blocking the fallopian tubes so that sperm cannot travel up to meet the egg and start a pregnancy.

Male sterilisation is called vasectomy - it blocks sperm from getting into the ejaculate (cum).

Fertility Awareness Methods

These methods of contraception rely on not having sexual intercourse at times of the month when the woman is most fertile.

This method uses cycle dates and/or signs from a woman's body to tell when to avoid having sex, such as mucus changes, cervix changes and temperature rises.

Things to consider:

- Fertility awareness methods do not protect against STIs.
- There are many days when you need to avoid sexual intercourse or use a barrier method like a condom.
- These methods are not as effective as other forms of contraception.
- You must monitor your cycle and if your periods are not regular, these methods can be tricky to use.
- These methods require cooperation and education of both partners. It takes a lot of practice to use them well.

Withdrawal

Withdrawal is when a man removes (withdraws/pulls out) his penis from a woman's vagina before he ejaculates. It is not recommended as a regular method of contraception because it is less effective than other methods.

Things to consider:

- Withdrawal does not protect against STIs
- It is less effective than other forms of contraception because:
 - there may be some sperm in the fluid that comes out of his penis before he ejaculates (pre-ejaculate)
 - he might forget to withdraw his penis or not be quick enough
 - if he ejaculates at the entrance to the vagina some sperm may still get inside and result in a pregnancy

Diaphragm

The diaphragm is a small, round silicone cap worn inside the vagina to cover the cervix (the entrance to the cervix). When a man ejaculates during vaginal sex, the diaphragm provides a barrier to stop the sperm entering the uterus. After sex, the diaphragm must be left in place for at least six hours.

For a diaphragm to work it needs to fit properly, be put in correctly and be used every time you have sex.

The diaphragm is not generally recommended for young women because it is less effective than other methods.

Family Planning NSW

Family Planning NSW specialises in sexual health information and services for girls and guys. Our friendly doctors and nurses have up-to-date information on STIs. They can advise you about methods to help prevent contracting STIs, and of the best treatment options if you do have an infection.

Family Planning NSW has clinics around NSW – check out a Family Planning NSW centre near you:

www.fpnsw.org.au

Also available in this series are:

- Your Best Defence: Keeping an eye on STIs
- Me, Myself and I: Puberty information for every body

Find out more at: www.fpnsw.org.au/youngpeople

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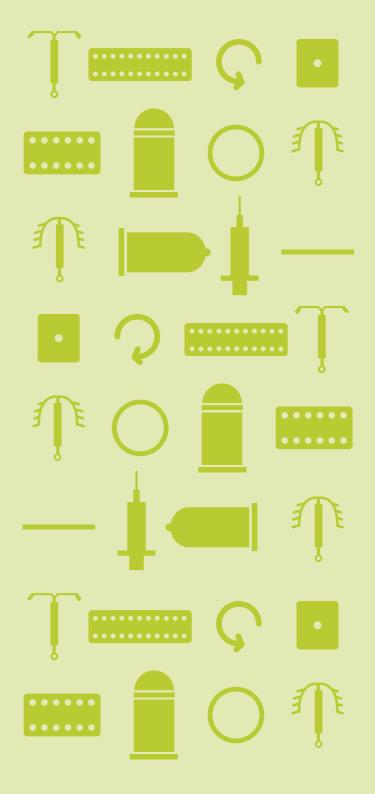
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Family Planning NSW Talkline

pregnancy options contraception men's sexual health puberty menopause

Family Planning NSW also answers questions about reproductive and sexual health over the phone: **Family Planning NSW Talkline** 1300 658 886 open 8:30am to 5pm weekdays or by email via the Family Planning NSW website **www.fpnsw.org.au/talkline**







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