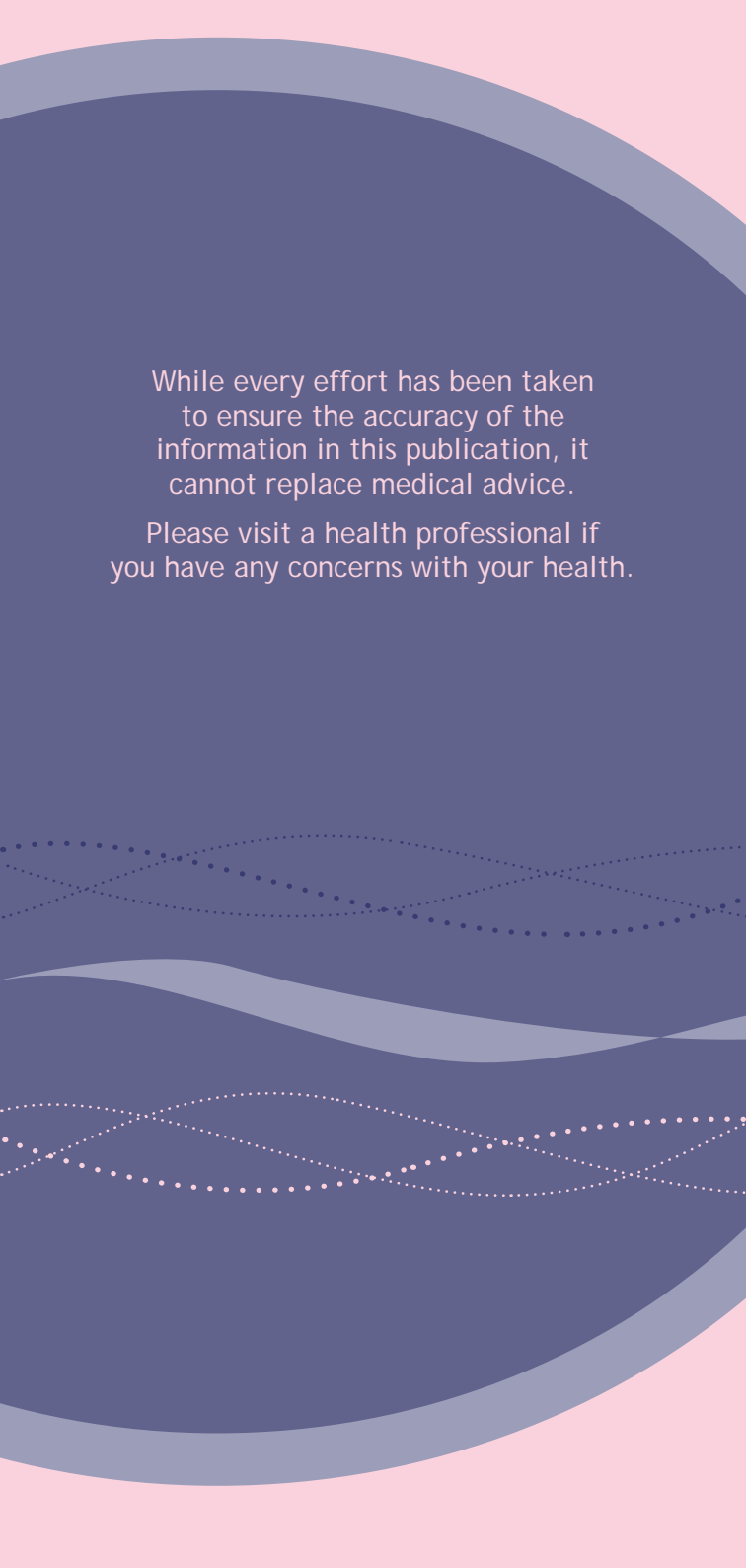


CONTRACEPTION
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Your
sexual
health



While every effort has been taken
to ensure the accuracy of the
information in this publication, it
cannot replace medical advice.

Please visit a health professional if
you have any concerns with your health.

Contraception

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Your
sexual
health

Contraception

If you are going to have sex, but do not want to get pregnant, you must use a contraceptive.

It is important to choose one that suits you and your partner(s).

Some methods also help prevent HIV (the infection which causes AIDS) and other sexually transmissible infections (STIs), if you use them every time you have sex.

If you have any questions after reading this, on page 22 there is a list of places where you can get more information.

Condoms

If used properly, male and female condoms are a very good form of contraceptive, and reduce the risk of transmitting STIs and HIV.

Do not use male and female condoms at the same time, as the friction can lead to them slipping off or tearing.

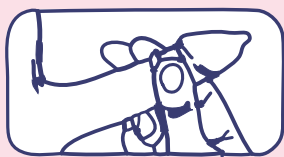
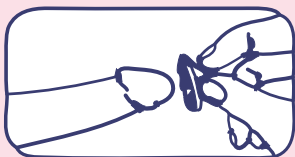
Condoms only help protect you against STIs if you use them correctly every time you have sex.

Male Condoms

The condom is the only contraceptive available for men. It is made of thin rubber (latex) and is fitted over an erect penis. The condom must be rolled on to the man's penis before it is put into the woman's vagina. It collects the man's sperm, stopping them from entering the vagina. You need to use a new condom each time you have sex. It must be rolled onto the penis before any close physical contact takes place, because even sperm spilled near the vagina can cause a pregnancy.

How to use them correctly

- Before you start having sex, open the packet carefully and in good light, so that you do not tear the condom. Pinch the tip of the condom and roll it carefully all the way down the shaft of the erect penis.
- Use a personal water-based lubricant such as KY Jelly, Muko, Lubafax or Wet Stuff on the outside of the condom. Use lots of lubricant, especially for anal sex. Without



a lubricant the condom can tear. Don't use oil-based lubricants like Vaseline or baby oil, which weaken the latex. Don't use saliva as it dries too quickly and can contain infection.

- Immediately after ejaculating, hold the condom firmly at its base, and withdraw the penis while it is still erect. **Don't re-use condoms.** When finished, wrap used condoms in toilet paper and put them in



the rubbish bin, not down the toilet.

- Don't re-use condoms or use 2 condoms at once.
- If the condom breaks, visit your doctor or a sexual health service within 24 hours.

Advantages:

Condoms don't cost much, are small, and are easy to carry

- You don't have to see a doctor. Condoms are sold at pharmacies, supermarkets and through mail-order
- Condoms are safe and work well if used properly.

Things to consider:

- Check the expiry date on the packet - don't use old condoms as the latex perishes and there can be holes
- You need a new one each time you have sex, and for each kind of sex you have
- The condom must be put on before any intimate contact occurs, and taken off straight after the man ejaculates (comes)
- Some people have an allergy to latex (rubber). You can get polyurethane condoms but they're harder to find and more expensive than latex ones
- It may help to use a spermicide cream or jelly in the vagina as well, as this should kill any sperm that may escape
- Take care when removing the penis from the vagina, otherwise the condom might come off or tear
- Water-based lubricants will help stop the condom breaking - never use oil-based lubricants as they can damage the latex
- Condoms act as a barrier to infections such as HIV. They may not provide protection against conditions such as herpes and genital warts
- If you have a new sex partner, or if you or your partner has sex with other people, use condoms to help prevent HIV and other STIs. Use them in addition to any other contraceptive you may be using.

Female Condoms

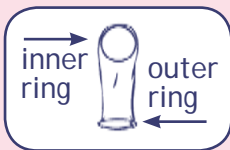
The female condom is a polyurethane (plastic) pouch that fits inside a woman's vagina. It has a soft ring on each end. The outer ring stays on the outside of the vagina and partly covers the labia (lips), while the inner ring fits on the inside of the vagina near the cervix to hold the condom in place. It collects the man's sperm, stopping them from entering the vagina.

Use a new female condom each time you have sex. It must be in place before any close physical contact takes place, because even sperm spilled near the vagina can cause a pregnancy.

A female condom is effective if used properly. It also gives good protection against HIV and some STIs.

How to use them correctly

- The female condom has a flexible ring at each end. The outer ring at the open end covers the area around the opening of the vagina. The inner ring is used for insertion and holding it in place. Rub the sides of the condom together to spread the lubricant.
- Hold the inner ring between your thumb and middle finger.
- Put your index finger on the pouch between your thumb and other fingers, and squeeze the inner ring.



- Slide it into your vagina as far as it will go, pushing up the front of the inner ring so it slips into place. When it's in the right place you can't feel it.

It can't go in too far and it won't hurt!

- Make sure it is in the correct place and is not twisted. The outer ring should be outside the vagina.



- If the female condom bunches up when the penis is inserted, stop, put on more lubricant, and guide the penis back in.



- After sex, remove the female condom before you stand up. Squeeze the outer ring and twist it, and pull it out gently. Wrap it in toilet paper, and throw it in the rubbish bin, not down the toilet.
- **Don't re-use the female condom.**

Advantages:

- The female has control over contraception
- Female condoms are small and easy to carry
- Female condoms fit all women, and can be used during your period
- Because they are made of plastic, there are no problems with latex allergy. This means you can also use oil-based lubricants
- You don't have to see a doctor. Female condoms are sold at health services and through mail order

- Some people prefer the female condom to the male condom as you can insert it several hours ahead, it warms to the body, and the male doesn't have to withdraw his penis straight after ejaculation (orgasm or coming).

Things to consider:

- It is possible for the penis to slip into the vagina between the female condom and the vaginal wall
- The female condom can make a slight rustling noise during use (try using lubricant)
- They are more expensive than male condoms, and are not so readily available
- Take care when removing the penis from the vagina, otherwise the condom might come off or tear
- Female condoms act as a barrier to infections such as HIV. They may not provide protection against conditions such as herpes and genital warts
- If you have a new sex partner, or if you or your partner has sex with other people, use condoms to help prevent HIV and other STIs. Use them in addition to any other contraceptive you may be using to increase protection.

The Contraceptive Pill

(The Pill)

There are 2 types of contraceptive pill. The **combined pill** contains both the female hormones oestrogen and progesterone. The other is the progesterone-only pill, sometimes called the **mini-pill**. You take either kind once a day.

Both pills are very effective if taken properly, but **will not protect you against STIs or HIV.**

The combined pill works in 3 ways:

- It stops the female body releasing an egg each month
- It changes the lining of the uterus so a fertilised egg cannot grow
- It makes the mucous in the cervix thicker so sperm cannot get through.

Advantages:

- It's easy to use and relatively cheap
- With the combined pill, periods will be regular and usually painless.

Things to consider:

- You need a prescription from a doctor or health service, and have to remember to get another when you start your last packet
- There are a number of types of combined pill, so you may need to try different ones to find one that suits you best. Check with your doctor or clinic nurse
- The mini-pill does not stop the releasing of an egg each month, so it must be taken at the same time every day
- You need to remember to take the combined pill everyday, ideally at the same time. If you forget, take it as soon as you can
- **If you forget to take the combined pill for more than 12 hours, or the mini-pill for more 3 hours, you need to take additional contraceptive protection for at least a week, as well as the pill. Check with your doctor or clinic nurse - within 24 hours if you have had unprotected sex**
- The mini-pill can cause irregular periods.
- The pill may cause side effects such as nausea or mood swings. If this happens, see your doctor

- Some women should not take the pill if they have had blood clots or heart disease, or are smokers over 35 years of age
- Diarrhoea, stomach upsets or vomiting, or certain medication such as antibiotics, can interfere with the pill's effectiveness. If you are unwell, take additional contraceptive protection. Tell your doctor or clinic nurse if you are on any medication, and/or are unwell
- The pill is a very effective contraceptive, but **will not protect you against STIs or HIV.**

Your doctor or clinic nurse can give you more information.

Injectable Hormonal Contraceptive

(Depo Provera)

Depo Provera is a synthetic hormone (progestagen) that is given by injection every 3 months. It is slowly released into a woman's body, and works in 3 ways:

- It stops the female body releasing an egg each month
- It changes the lining of the uterus so a fertilised egg cannot grow
- It makes the mucous in the cervix thicker so sperm cannot get through.

Advantages

- It is very convenient as you only need 1 injection every 3 months
- It contains no oestrogen, so may be safer for some women, including smokers and other women who cannot take the pill
- It is not affected by body weight, stomach upsets or medications.

Things to consider:

- While on Depo Provera, many women stop getting periods after the first couple of injections
- You need to go to your doctor or health service to have the injection
- Irregular bleeding may occur for the first few injections
- Once given, the injections cannot be reversed or cancelled - you just have to wait for the hormone to reduce over time
- Most women start having periods and become fertile again 4 to 8 months after their last injection, but it can take longer for some women
- Depo Provera is a very effective contraceptive, but **will not protect you against STIs or HIV.**

Contraceptive Implants

(Implanon)

Implanon is a contraceptive implant that slowly releases the hormone progestogen into a woman's body over a period of 3 years. It is a small plastic rod, about the size of a matchstick, which is inserted just under the skin on the inside of the upper arm. The rod is very flexible and hard to see once in place.

- It stops the female body releasing an egg each month
- It makes the mucous in the cervix thicker so sperm cannot get through.

Because the implant is put in place under a local anaesthetic, you need to go to your doctor or health service.

Advantages:

- It is very convenient as it lasts 3 years
- It does not contain oestrogen and may be safer for some women, including smokers
- It is not affected by body weight, stomach upsets or medications
- It can be removed, with fertility returning after a month for most women.

Things to consider:

- Many women have very light periods or may completely stop having periods
- It is not suitable for women who may be pregnant, have liver disease or extremely heavy menstrual bleeding
- The implant may cause side effects such as irregular bleeding or painful periods, nausea or mood swings. If this happens, see your doctor
- The initial cost is rather high, although it is not expensive when averaged over 3 years
- Implanon can be used while breast-feeding (but check with your doctor first)
- Implanon is a very effective contraceptive, but will not protect you against STIs or HIV.

Emergency Contraception

The 'morning after' pill and the intra-uterine device (IUD) can be used if a woman has unprotected sex or if contraception fails.

This can include forgetting to take the pill, a condom slipping off, or rape. You can get the morning after pill or an IUD from your doctor or health service. The morning after pill is also available over the counter from pharmacies.

The *morning after pill* is for emergencies and should not be used as a regular contraception.

It works by delaying ovulation or, if an egg has been fertilised, stopping it from implanting in the uterus. If you take the morning after pill within 72 hours (3 days) after having sex, it is very effective. Tablets containing high doses of hormones are taken 12 hours apart. You should see your doctor again for a check up 3 weeks after taking the morning after pill.

The *IUD* works by stopping the sperm reaching the egg, and preventing a fertilised egg from implanting in the uterus. It can be used for emergency contraception up to 5 days after having sex, and is also very effective.

The morning after pill and the IUD **do not protect against STIs or HIV**. You should also ask your doctor for an STI test unless you are completely certain your sexual partner does not have an STI or HIV.

Advantages:

- Any woman can take the morning after pill, even if she is unable to take contraceptive pills on a long-term basis.

Things to consider:

- The morning after pill can cause nausea and vomiting, and slight bleeding
- In very rare cases, it can lead to an ectopic pregnancy, which is one reason why you need to have a check up after 3 weeks.

Intra-uterine Device

(IUD)

An intra-uterine device (IUD) is a small plastic object, containing copper. It is placed inside a woman's uterus by a doctor, and left in place for 5 to 8 years. It stops the sperm reaching the egg, and also prevents a fertilised egg from attaching to the lining of the uterus.

Advantages:

- It is very convenient and cheap because it lasts up to 8 years, although the effectiveness may be slightly lower after 5 years
- It can be removed at any time, with fertility returning quickly for most women.

Things to consider:

- You must visit a doctor or health service to have it fitted.
- The IUD may not be suitable for some women
- Sometimes there is pain or discomfort when it is inserted, and from time to time once in place
- Periods may be heavier with more cramps
- Each month you must check that the IUD is still in place. Your doctor will show you how to do this
- Pelvic infection can be a risk for some women, which could lead to infertility in the future. If you have any unusual bleeding or pain, you must check with your doctor or health service
- The cost of an IUD, plus a doctor's visit may be a lot to pay at one time
- If there is any chance you are pregnant, you must see your doctor, as there could be complications such as miscarriage or an ectopic pregnancy

- Some IUDs, called Intrauterine Contraceptive Systems (IUC) also contain a slow releasing progestogen. These are more expensive, but may be suitable for women who have very heavy periods. Ask your doctor or health service for more information.
- IUDs are very effective contraceptives, but **will not protect you against STIs or HIV.**

Diaphragms & Cervical Caps

Diaphragms and cervical caps are made of soft rubber. The diaphragm or cervical cap is placed inside the vagina to cover a woman's cervix, and stops the man's sperm from getting through. Both come in different sizes. To make sure you have the correct size, it must be fitted by a doctor or nurse, and you need to be taught how to use it. Diaphragms and cervical caps are quite effective if fitted properly and used every time you have sex.

Advantages:

- You can insert it at a convenient time before you have sex, but you must leave it in for at least 4 hours afterwards
- When you know what size you need, you can buy one over-the-counter at a pharmacy or health service
- It is usually easy to put in once you've been taught and have practised
- You only have to use a diaphragm when you have sex - it doesn't affect your body at other times.

Things to consider:

- A woman needs to be comfortable with touching her body to use a diaphragm or cervical cap
- You have to keep your diaphragms or cervical cap clean and dry when not in use, and regularly check that the rubber has not perished - they normally need replacing every 2 years
- Do not use oil-based lubricants as these can cause the rubber to perish
- Because it is smaller, the cervical cap can be knocked out of place during sex
- You need to re-check the size after pregnancy, a vaginal operation, a major weight change (gaining or losing over 5 kg), or if you feel the fit has changed and the diaphragm or cervical cap feels loose or uncomfortable.

Spermicides

Using spermicide can increase the effectiveness of diaphragms and cervical caps (see below)

Diaphragms and cervical caps are quite effective contraceptives, but offer little or no protection against STIs or HIV.

(Creams, Jellies, Foams, Tablets) Spermicides need to be placed inside the vagina before you have sex. They are chemicals that kill sperm.

Spermicide creams, foams and jellies are not effective on their own. They should be used with a diaphragm, cervical cap or condom.

Things to consider:

- You don't need to see a doctor. You can buy them over-the-counter from the pharmacist

- Creams, jellies and foams do not work well on their own and should be used with condoms or a diaphragm (or both)
- The cream or jelly must be inserted just before you have sex
- Some women (and men) find the cream irritating and/or messy
- You shouldn't bathe or rinse your vagina for at least 6 hours after sex
- Spermicides kill sperm. However, regularly using spermicides may damage the walls of the vagina and increase your risk of HIV infection.

Fertility Awareness

(Natural Family Planning)

Fertility awareness means not having sex during the fertile times in a woman's menstrual cycle. It has many other names including Natural Family Planning, Sympto-Thermal, Billings, Ovulation, Mucous, Temperature and Rhythm Methods.

Fertility awareness requires training from a qualified counsellor, so that the woman knows the fertile times of the month when she is most likely to get pregnant. During her fertile time, which is up to half her cycle, a woman who relies only on fertility awareness must abstain from vaginal intercourse and not have any penis-vagina contact.

There needs to be a firm commitment from both partners for fertility awareness to work. Some women find natural methods work for them, while others don't find them reliable enough. They give no protection against HIV infection and other STIs.

Cycle lengths do not have to be regular for this method to be used, although irregular periods make it more difficult. A woman is taught to use various signs such as temperature and changes in the vaginal mucous to recognise when she is fertile.

Advantages:

- There are no health risks or side effects
- It can be used to prevent or plan a pregnancy
- It can be quite effective if used correctly
- It's acceptable to couples with religious concerns about birth control
- The method is free, except possibly for a thermometer, training fee and charts
- It can lead to a greater awareness and understanding of how a woman's reproductive system works
- Some couples find that using natural methods leads to better communication and cooperation, as both partners are directly involved.

Things to consider:

- You need to be taught how to recognise your 'safe' time for sex. This takes time, effort and practice
- Using fertility awareness requires a commitment to keeping careful note of daily body changes and is more difficult for women whose periods are not regular
- Failure rates are higher than the other methods, especially if you break the strict rules
- Both the woman and her partner must be prepared not to have vaginal intercourse during her fertile time unless a barrier method is used

- Illness and vaginal infections can interfere with mucous and body temperature and may make tracking fertility more difficult
- Natural methods do not protect you against STIs or HIV.

Sterilisation

There are operations for both men and woman to make them sterile and permanently unable to have children.

The women's operation is called tubal ligation or tubal occlusion, where the tubes that carry eggs to the uterus are blocked off. The operation is done in hospital and requires a general anaesthetic.

The men's operation is called vasectomy and the tubes that carry sperm are blocked off. When the man 'comes' during sex, semen is still ejaculated, but there is no sperm in it. A vasectomy can be done under local anaesthetic in a doctor's surgery.

Sterilisation does not protect you against STIs and HIV. People who have been sterilised should still use condoms if there is any risk of HIV/AIDS or STIs.

Advantages:

- If you don't want any (more) children, sterilisation permanently prevents unwanted pregnancy
- Tubal ligation does not interfere with natural hormone production and a woman's natural menstrual cycle
- Sterilisation does not interfere with sexual drive.

Things to consider:

- You cannot change your mind afterwards. Sterilisation cannot be reliably reversed.
- You may have to have surgery - there may be some discomfort, and it can be expensive
- After male sterilisation, it takes some time for all the existing sperm to be ejaculated during sex or masturbation. The doctor will tell you about this. It is important to use other methods of contraception during this time.

Withdrawal

(Pulling Out)

This is when the man removes his penis from the woman's vagina before he ejaculates ('comes') so the sperm don't enter the vagina. Sometimes this works, but it often doesn't. Even if the man 'comes' just outside the vagina, some sperm may still be able to swim inside, and there can also be a few sperm in any pre-ejaculation fluids from the penis. It can also be very difficult for the man to remember to withdraw in time.

Things to consider:

- This method works for some people, but the risk of pregnancy is very high
- **Withdrawal does not protect you against STIs or HIV.**

These Won't Work as Contraceptives:

- Withdrawal
- Standing up while you have sex
- Putting things into the vagina after having sex, for example, rinsing with water, coke or aspirins
- Taking a hot bath
- Using plastic film (Gladwrap) instead of a condom.

Remember:

You can get pregnant the first time you have sex

You don't have to have an orgasm (climax, 'come') to get pregnant

Every female who has sex should have a Pap smear every 2 years to make sure her cervix is healthy

If there is any risk of HIV or STIs, use a condom as well as other contraception to prevent pregnancy.

Contraceptive Services and Information in WA

If you and your partner need some help with making a decision on contraception, the places listed below can give you advice.

(Most of these services are free. Please telephone first to see if you need an appointment).

- **Your GP or a doctor of your choice**
- **Sexual Health Helpline**
(08) 9227 6178 or 1800 198 205 toll free
sexhelp@fpwa.org.au

- **FPWA - Sexual Health Services**
70 Roe Street, NORTHBRIDGE
(08) 9227 6177 or 1800 198 205 toll free
www.fpwa.org.au
- **Quarry Health Centre (For under 25's)**
Rear, 7 Quarry Street, FREMANTLE
(08) 9430 4544
- **Women's Health Services**
100 Aberdeen Street, NORTHBRIDGE
(08) 9227 8122 or 1800 998 399 toll free
www.whs.org.au
- **Multicultural Women's Health Centre**
114 South Street, FREMANTLE
(08) 9430 4545
- **Derbarl Yerrigan Health Service**
156 Wittenoom Street, PERTH
(08) 9421 3888
- **Natural Fertility Services**
29 Victoria Square, PERTH
(08) 9223 1396 or 1800 114 010 toll free
www.acnfp.com.au
- **Ovulation Method Research and Reference Centre of Australia**
(Billings Method)
1800 335 860 (toll free)
www.billings-ovulation-method.org.au
- **Your Local Community, School and Child Health Nurse**

For more information on Puberty, Sex and Birth, and Sexual Health, contact:

**Sexual Health Helpline 9227 6178 or
1800 198 205 toll free**

**HealthInfo 1300 135 030 or
www.population.health.wa.gov.au**



Sexual Health and Blood-borne Virus Program

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