What is contraception?

Contraception, or birth control, is designed to prevent a woman from getting pregnant. The methods of contraception can be broken down into several different types:

- **Barrier methods**, such as condoms and the diaphragm
- **Hormone birth control**, such as “the pill” and injections
- **Intrauterine devices**, or IUDs
- **Sterilization**, of either the man or woman
- **Natural methods**, in which you practice fertility awareness
- **Other methods**, such as withdrawal or abstinence

Choosing one or more birth control methods is a personal decision, and can depend on your overall health, your age, the frequency of your sexual activity, the number of sexual partners you have, whether you want to have children in the future, and even your family history of specific diseases.

As far as helping to prevent sexually transmitted diseases, you should remember that the only contraceptives that can do that effectively are condoms.

Why use contraception?

Unplanned pregnancies are very common in Canada. In fact, statistics show that up to 50% of all pregnancies in a year will be unintended in this country. Another interesting fact is that 3 in 4 teens, aged 13 to 17, do not use protection regularly. However, the good news is that the teen pregnancy rates in Canada dropped steadily over the last decade for which we have data: from just over 48 per 1,000 teenagers in 1992 to just under 24.6 per 1,000 by 2005.

Whether you are a teen or middle-aged, you and your partner may choose a method of contraception for many reasons, depending on your stage of life and your relationship situation. Here are some things that may affect your decision to use a certain type of contraception, and why:

- **You want the most effective method**, which are the hormonal methods, aside from abstinence or sterilization.
- **You are concerned about preventing sexually transmitted infections (STI)**, especially if you are in a new or open relationship. Condoms would be a necessary addition to any other form of birth control you are using, in order to avoid an STI.
- **You have just given birth**, and are not ready for another child right away. If you are breastfeeding, methods like an IUD, condoms, or progestin-only (POP) hormonal methods would be a good choice, since they don’t affect milk production.
- **You want to wait a while before having another child**, which leaves you open to pretty much any form of contraception you like, since you will eventually want to get pregnant again.
- **You just had an abortion**, and you know you need a more effective form of contraception.
- **You are interested in having fewer periods each year**, which can only be accomplished with hormonal contraceptives.
- **You smoke**, which would mean that you should consider avoiding hormonal contraceptives in favour of another method.

For an overview of many different types of contraception, be sure to look over the table in the next section.
What are the different types?

The following table provides a basic overview of many of the contraceptive methods available to you. Some require a prescription or surgery, but most are available to you at local pharmacies or other stores, or simply require planning on your part. This chart is in no way meant to replace the expert advice of your doctor or family planning professional, whom you should consult for help in selecting any form of contraception you wish to practice.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Effectiveness</th>
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</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>Refraining from vaginal, anal or oral intercourse</td>
<td>• No risk of unintended pregnancy</td>
<td>• Both partners must agree</td>
<td>100% if followed without fail</td>
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<td></td>
<td></td>
<td>• No risk of sexually transmitted infections (STIs)</td>
<td>• Need to communicate well</td>
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<td></td>
<td></td>
<td>• No prescription, no expense</td>
<td>• If method fails, may need emergency contraceptive</td>
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<tr>
<td>Withdrawal</td>
<td>Man withdraws penis from vagina before ejaculation</td>
<td>• Better than nothing</td>
<td>• Both partners must agree</td>
<td>About 80%</td>
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<tr>
<td></td>
<td></td>
<td>• No prescription, no expense</td>
<td>• Not very effective as primary form of contraception</td>
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<td></td>
<td></td>
<td></td>
<td>• Requires a lot of self-control and practice</td>
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<td>Natural Birth</td>
<td>You track your monthly cycle, and avoid sexual intercourse during your</td>
<td>• You become familiar with your body and menstrual cycle</td>
<td>• Takes some time and effort to do properly</td>
<td></td>
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<tr>
<td>Control</td>
<td>fertile period, around the time of ovulation.</td>
<td>• Inexpensive and natural</td>
<td>• You need to be motivated, and prepared to abstain from sex at certain times</td>
<td></td>
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<td></td>
<td></td>
<td>• Can help you plan a pregnancy when you are ready</td>
<td>• Does not prevent STIs</td>
<td></td>
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<tr>
<td>Female Sterilization</td>
<td>A minor operation to close or block the fallopian tubes, permanently.</td>
<td>• Permanent</td>
<td>• Difficult to reverse</td>
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<td></td>
<td>Sometimes referred to as ‘having your tubes tied’.</td>
<td>• Intercourse not affected</td>
<td>• Some risks and short-term side effects associated with surgery</td>
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<td></td>
<td></td>
<td>• No ongoing expenses</td>
<td>• Does not prevent STIs</td>
<td></td>
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<td></td>
<td></td>
<td>• Allows for spontaneity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Sterilization</td>
<td>A minor operation to close or block the tubes that carry sperm to the penis</td>
<td>• Permanent</td>
<td>• Depends on type of sterilization</td>
<td></td>
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<tr>
<td></td>
<td>that carry sperm to the penis (vas deferens), permanently. Also referred</td>
<td>• Intercourse not affected</td>
<td>• 99.5% for tubal ligation (tubes tied)</td>
<td></td>
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<tr>
<td></td>
<td>to as a vasectomy.</td>
<td>• Less invasive and costly than female sterilization</td>
<td>• 100% for hysteroscopy (tubes blocked with plugs)</td>
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<td></td>
<td></td>
<td>• Allows for spontaneity</td>
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</table>
| Oral Contraceptives      | The most commonly used method of birth control, ‘the pill’ contains either   | • Not permanent                                                          | • Must be taken every day  
|                          | estrogen and progestin (hormones), or just progestin. Taken once daily, it  | • Helps make periods more regular, and reduces cramping                  | • Can cause irregular bleeding or spotting  
|                          | prevents ovaries from releasing an egg and thickens cervical mucus so sperm  | • Reduces acne                                                            | • Other side effects  
|                          | can’t pass through it.                                                       | • Decreases risk of endometrial and cervical cancers                      | • Smokers over 35 can’t use it  
|                          |                                                                              | • Intercourse not affected                                                 | • Does not prevent STIs           | 99.7% when used perfectly  
|                          |                                                                              |                                                                            | • Requires a prescription        | 92% with typical use              |
| Transdermal Patch        | A small patch that sticks to skin on upper outer arm, lower abdomen, upper   | • Not permanent                                                          | • Possible skin irritation from patch  
|                          | body or buttocks. Contains estrogen and progestin, which are released slowly  | • Helps make periods more regular, and reduces cramping                  | • Patch may come off  
|                          | and absorbed by the skin, and prevents pregnancy in the same way as oral    | • May offer other benefits of oral contraceptives                          | • Possibly similar risks and side effects as oral contraceptives  
|                          | contraceptives.                                                               | • Apply once a week for 3 weeks, with one week off                        | • Requires a prescription        | 99.7% when used perfectly  
|                          |                                                                              | • Intercourse not affected                                                 | • Does not prevent STIs           | 92% with typical use              |
| Injectable Contraceptive  | An injection of progestin given in the arm or buttocks 4 times per year      | • Not permanent                                                          | • Can cause irregular bleeding  
|                          | that prevents pregnancy in the same way as oral contraceptives.               | • Estrogen-free                                                           | • Can decrease bone mineral density while being taken  
|                          |                                                                              | • Only done 4 times per year                                               | • May cause you to gain weight  
|                          |                                                                              | • Stops periods in half of women after one year                            | • May cause delay in fertility when stopped  
|                          |                                                                              | • Helps symptoms of endometriosis                                          | • Does not prevent STIs           | 99.7% when used perfectly  
|                          |                                                                              | • Reduces risk of endometrial cancer                                      | • Requires a prescription        | 97% with typical use              |
| Vaginal Contraceptive Ring| A flexible ring that releases estrogen and progestin when inserted into the  | • Not permanent                                                          | • Can cause irregular bleeding  
|                          | vagina. Remains in place for 3 weeks, and is removed for one, preventing    | • Helps make periods more regular                                        | • May cause vaginal discomfort or irritation (uncommon)  
|                          | pregnancy the same way oral contraceptives do.                                | • May offer other benefits of oral contraceptives                          | • Ring may fall out (uncommon)    | 99.7% when used perfectly  
<p>|                          |                                                                              | • Once monthly contraception                                              | • Does not prevent STIs           | 92% with typical use              |</p>
<table>
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| Intrauterine System         | A t-shaped device that sits inside the uterus and releases a hormone slowly over time, preventing pregnancy much the same way oral contraceptives do. Also known as the hormonal IUD. | • Long lasting (up to 5 years)  
• Estrogen-free  
• Stops periods in some women  
• Decreases menstrual bleeding and cramping  
• May help symptoms of endometriosis  
• May prevent precancerous cells in uterus  
• Intercourse not affected | • Possible side effects after insertion include irregular bleeding or spotting  
• Rarely, uterus may be perforated during insertion  
• May fall out (uncommon)  
• Does not prevent STIs  
• Requires a prescription  
• Must be inserted and removed by a physician | • 99.9% |
| Intrauterine Device (IUD)   | A t-shaped device containing copper that sits inside the uterus, preventing pregnancy by preventing sperm from fertilizing the egg and by causing changes in the cervical mucus. | • Long lasting (up to 5 years)  
• Estrogen-free  
• May decrease risk of endometrial cancer  
• May prevent precancerous cells in uterus  
• Intercourse not affected | • Possible side effects after insertion include irregular bleeding or spotting  
• Rarely, uterus may be perforated during insertion  
• May fall out (uncommon)  
• Does not prevent STIs  
• Must be inserted and removed by a physician | • 99.2% to 99.4% |
| The Sponge                  | A soft foam sponge with spermicide (disables sperm) that is inserted in the vagina and over the cervix, where it absorbs and disables sperm for up to 12 hours. | • Hormone-free  
• Can be used by woman who are breast-feeding or who smoke  
• Available in stores, pharmacies, or online | • Must be inserted before intercourse  
• May cause vaginal irritation or infection  
• You or your partner may be allergic to spermicides  
• Can cause symptoms of toxic shock if left in the vagina for excessive periods  
• Does not protect against certain STIs | • 91% for perfect use in women who have not given birth (84% with typical use)  
• 80% for perfect use in women who have given birth (68% with typical use) |
| Spermicide                  | These creams, jellies, tablets, suppositories, foams or films are inserted into the vagina to disable sperm. They can be used with other forms of contraception. | • Hormone-free  
• May also provide lubrication  
• No prescription  
• Can be used by woman who are breast-feeding or who smoke  
• Available in stores, pharmacies, or online | • Must be inserted before intercourse  
• You or your partner may be allergic to spermicides  
• Does not protect against STIs | • 82% when used perfectly  
• 71% with typical use  
• Very effective when used with barrier methods of contraception |
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| Female Condom| This soft, disposable sheath made of polyurethane is placed inside the vagina before intercourse to prevent direct genital contact and the exchange of bodily fluids. | • Hormone-free  
• No prescription  
• Available in some stores and pharmacies, and online  
• Woman controls its use  
• Protects against some STIs | • Must be inserted before intercourse  
• A new condom should be used for each act of intercourse  
• More expensive than male condoms  
• Must be inserted properly  
• May slip or break  
• Makes a noise during intercourse | • 95% when used perfectly  
• 79% with typical use |
| Male Condom  | This soft, disposable sheath made of latex, polyurethane, silicone or lambskin is placed on the erect penis before intercourse to prevent direct genital contact and the exchange of bodily fluids. | • Hormone-free  
• No prescription  
• Latex condoms protect against STIs  
• May help prevent premature ejaculation  
• Available in some stores and pharmacies, and online  
• Come in different sizes, colours, shapes and flavours | • Must be applied before intercourse  
• A new condom should be used for each act of intercourse  
• Must be stored and handled properly  
• May slip or break  
• May reduce sensitivity for either partner | • 98% when used perfectly  
• 85% with typical use |
| Diaphragm    | This latex dome with a flexible steel ring is positioned in the vagina over the cervix (can also be non-latex).The device blocks the entrance to the uterus, and is often used with spermicide. | • Hormone-free  
• Can be inserted several hours before intercourse  
• Can be used by breastfeeding women  
• Some protection against certain STIs | • Must be inserted properly  
• Need a prescription and must be sized by a healthcare professional  
• Must be left in vagina for 6 to 8 hours after intercourse  
• May be dislodged during intercourse  
• You or your partner may be allergic to spermicides  
• Spermicide should be reapplied before each act of intercourse  
• Does not protect against certain STIs | • 94% when used perfectly  
• 84% with typical use |
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</table>
| Cervical Cap  | This thimble-shaped silicone cap fits over the cervix to block the entrance to the uterus, and is often used with spermicide. | • Hormone-free  
• Can be inserted several hours before intercourse  
• Can be used by breastfeeding women  
• Some protection against certain STIs | • Must be inserted properly  
• Need a prescription and must be sized by a healthcare professional  
• Must be left in vagina for 6 to 8 hours after intercourse  
• May be dislodged during intercourse  
• You or your partner may be allergic to spermicides  
• Spermicide should be reapplied before each act of intercourse  
• Does not protect against certain STIs | • 91% for perfect use in women who have not given birth (84% with typical use)  
• 74% for perfect use in women who have given birth (68% with typical use) |

**Empowering both you and your partner**

You and your partner can access the following sites to find out more information about contraception, its methods, ways to discuss its selection, and any recent related scientific discoveries.

**Resources**

Helpful information on the internet:

The Society Obstetricians and Gynaecologists of Canada ([www.sogc.org](http://www.sogc.org))

Sexualityandu.ca ([Site created by the SOGC](http://www.sogc.org))

The College of Family Physicians of Canada ([www.cfpc.ca](http://www.cfpc.ca))

Birth Control Canada ([www.birthcontrolcanada.com](http://www.birthcontrolcanada.com))

Canadian Women’s Health Network ([www.cwhn.ca](http://www.cwhn.ca))

The National Women’s Health Information Center ([www.womenshealth.gov](http://www.womenshealth.gov))

The Association of Reproductive Health Professionals ([www.arhp.org](http://www.arhp.org))

The Family Planning Council ([www.familyplanning.org](http://www.familyplanning.org))