



Birth Control Methods

CAMPUS HEALTH

This guide provides useful information to help you and your partner consider pregnancy prevention options.

Options are available through the CHS Pharmacy, Women's Health Clinic, and other health care providers in the Tucson community. If you have any questions about your sexual health, please contact the Campus Health Service or resources identified on the last page of this guide.

- When choosing a birth control method it is important to consider cost, effectiveness, side effects, and ease of use.
- Most birth control methods will **not** protect you from sexually transmitted infections (STIs). Condoms provide the best (although not perfect) protection against most STIs.
- The only 100% effective way to prevent pregnancy is to practice total abstinence (no genital contact or penetration).
- If you are considering becoming sexually active, or are currently sexually active, take time to review the many methods available for reducing risk of pregnancy.

Method	What Is It?	How Does It Work?	Effectiveness Rate	Additional Information	
Abstinence <i>No prescription necessary</i>	There are many reasons why people choose not to have intercourse, and many ways to have intimate relationships without sex. If no method of contraception is available, you can always say “no” and abstain from intercourse.	No intercourse or penile/vaginal contact occurs.	100% effective. This is a very effective method, as long as there is no genital contact and no pre-ejaculate or semen comes in contact with the vulva.	<ul style="list-style-type: none"> • Many people choose this for personal reasons • Can be used if other methods are not available • Periodic abstinence can be a part of the fertility awareness birth control method 	Behavioral Methods
Fertility Awareness <i>No prescription necessary</i>	This is a method that uses a variety of fertility indicators during the monthly menstrual cycle.	Some of the steps include monitoring the change in the position and feel of the cervix, taking basal body temperature, observing the cervical mucus, and charting menstrual cycles. Abstinence or use of a barrier method during the fertile time is an important part of this method.	76% effective* No STI or HIV protection. Observations must be consistent, regular, and accurate. Records must be kept. * Depends on techniques used	<ul style="list-style-type: none"> • Typical users experience failure rates of 12-24% (76-88% effective) • Not recommended for people with irregular menstrual cycles • Fertility indicators can be affected by illness, level of activity, stress, food, drugs, alcohol, and hormones • Requires accurate and consistent record keeping • Computerized devices are now available • Can also be effective for helping to achieve pregnancy 	
Withdrawal (Coitus interruptus) <i>No prescription necessary</i>	Intercourse is interrupted when the penis is withdrawn from the vagina before ejaculation.	Withdrawal before any ejaculate is released prevents fertilization by preventing contact between sperm and the egg.	73-96% effective No STI or HIV protection.	<ul style="list-style-type: none"> • It's free, requires no devices, and is available in any situation • Pre-ejaculate may contain sperm and infectious organisms, including HIV • Interruption of intercourse may diminish pleasure and requires control from both partners 	
The Pill (Oral contraceptive) <i>Prescription required</i>	Pills that contain varied amounts of the hormones estrogen and/or progesterin.	Taken daily, oral contraceptive pills prevent pregnancy primarily by inhibiting ovulation and thickening cervical mucus.	91-99% effective No STI or HIV protection.	<ul style="list-style-type: none"> • Usually decreases menstrual cramps and results in lighter menstrual flow • Often improves acne • Decreases risk for ovarian and uterine cancer even after discontinuing use • Lowers chances of developing benign ovarian cysts • Irregular bleeding may occur during the first 2 months of use 	Hormonal Methods

wildfact The Campus Health Service Pharmacy sells many sexual health products: condoms, lubricants, spermicides, diaphragms, and hormonal contraceptive products. Call (520) 621-6516 for more information.



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2. TYPE in the body of the email: **subscribe sextalk anonymous**
3. READ each SexTalk Q&A delivered to your email **every Monday!**

Method	What Is It?	How Does It Work?	Effectiveness Rate	Additional Information
Depo-Provera® <i>Prescription required</i>	An injectable form of progesterone given every 12 weeks.	It works primarily by inhibiting ovulation and thickening cervical mucus.	94-99% effective No STI or HIV protection.	<ul style="list-style-type: none"> • Must have injection every 12 weeks • No way to reverse the medication if unhappy with the side effects, which can last 12 weeks or longer • Associated weight gain • Many people stop having periods • Spotting is common during the first few months • Conception may take 9-12 months after stopping injections
Emergency Contraception <i>"Morning After Pill"</i>	<p>High doses of oral hormones that are taken after unprotected intercourse.</p> <p>Plan B One-Step® – no prescription required if 17 or older. Best used within 72 hours.</p> <p>Ella® – prescription required. Effective up to 5 days.</p>	Emergency contraception works primarily by delaying or inhibiting ovulation.	75-89% effective No STI or HIV protection.	<ul style="list-style-type: none"> • Used in cases of method failure, when no contraceptive is used, or rape situations • Treatment is most effective within the first few hours after unprotected intercourse, and is approved for use up to 72 hours (Plan B One-Step®) or up to 120 hours (Ella®) • May cause nausea and vomiting • Anyone can purchase Plan B One-Step® without a prescription • Less effective in women who weigh more than 200 lbs.
Nuva Ring® <i>Prescription required</i>	A flexible, transparent ring that provides month-long contraceptive protection.	Nuva Ring® prevents ovulation and thickens cervical mucus. Ring is inserted in the vagina and typically left in place for 3 weeks, releasing a continuous low dose of hormones. The ring is discarded, in the fourth week, allowing for a hormone-free week before another ring is inserted.	91-99% effective No STI or HIV protection.	<ul style="list-style-type: none"> • Similar risks as oral contraceptives • Possible side effects include: vaginal infections and irritation, vaginal discharge
Ortho Evra® <i>Prescription required</i>	A birth control patch that is placed on the skin and changed every week for 3 weeks.	The patch delivers hormones through the skin to the bloodstream over 7 days. Prevents ovaries from releasing egg and thickens the cervical mucus.	91-99% effective No STI or HIV protection.	<ul style="list-style-type: none"> • Patch stays on with bathing and exercise and can be worn in 4 different, discrete locations • Patch must be replaced if it becomes loose or falls off • Side effects similar to the pill, although recent data indicate an increased risk of blood clots • Smoking cigarettes increases risk of blood clots

Hormonal Methods

wildfact 27% of UA students have never had vaginal or anal intercourse.

(2016 Health and Wellness Survey, n=3,113)



Method	What Is It?	How Does It Work?	Effectiveness Rate	Additional Information	
Nexplanon® <i>Prescription required</i> <i>Procedure for Insertion</i>	A single 1.5-inch-long rod that is implanted into the underside of the upper arm. This relatively painless procedure is done by a medical provider.	These implants continuously release hormones, suppressing ovulation, and thickening cervical mucus.	99% effective No STI or HIV protection.	<ul style="list-style-type: none"> • This method can be reversed any time by removing the implant • Must be inserted by a medical provider • Contraceptive implants are effective for 3 years • Light/irregular bleeding may occur during the first 3 months of use 	Hormonal Methods
Intrauterine Device (IUD) <i>Prescription required</i> <i>Procedure for insertion</i>	A T-shaped device, which is inserted into the uterus. A short string descends through the cervix into the vagina. The 5 IUDs available to date are Skyla®, Mirena®, Kyleena®, Liletta® (hormonal), and ParaGard® (copper).	The device is placed and left in the uterus to prevent conception. Mirena® and Kyleena® release a low dose of hormone for up to 5 years. Skyla® and Liletta® are effective for 3 years. ParaGard® releases copper over a 10-year period.	99% effective No STI or HIV protection.	<ul style="list-style-type: none"> • IUDs are a safe option for women whether or not they have given birth • Inserted and removed by clinician • Pain may occur at time of insertion • ParaGard® recommended for those who need a non-hormonal option • Progesterone IUDs may cause light/irregular bleeding during the first 3 months of use 	
Diaphragm & Spermicidal Cream or Jelly <i>Prescription required</i>	A dome-shaped latex rubber device with a spring rim. It is used with spermicide and is inserted into the vagina to cover the area around the cervix.	The diaphragm serves as a physical barrier and does not allow sperm to reach the cervix. The spermicide used with it kills any sperm that may get by. Must be inserted prior to penile penetration and needs to stay in place for at least 6 hours after the last ejaculation occurred.	71-82% effective Minimal STI & HIV protection.	<ul style="list-style-type: none"> • Requires visit to a clinician for fitting and prescription • May require practice to insert • Must be inspected for holes • Must be refitted after pregnancy or significant weight change • Spermicidal cream or jelly must be used with diaphragm • Spermicides are associated with increased risk of urinary tract infections 	Barrier Methods
Female Condom <i>No prescription necessary</i>	A thin polyurethane sheath that contains two flexible rings. One ring serves as an internal anchor. The other ring remains outside the vagina after insertion.	Provides a physical barrier that lines the vagina entirely and partially shields the perineum. Condoms are used once, then discarded.	79-95% effective Good STI & HIV protection.	<ul style="list-style-type: none"> • Female condom is more expensive and bulkier than a male condom • Made of polyurethane (non-latex) 	

**campus health
= sexual health**

- **Full service pharmacy**
 - condoms
 - birth control
 - emergency contraception
 - lube
 - pregnancy tests

- **STI/HIV testing and treatment**
- **Women's Health**
 - annual exams
 - birth control consults
 - colposcopy



Method	What Is It?	How Does It Work?	Effectiveness Rate	Additional Information	Barrier Methods
<p>Male Condom</p> <p><i>No prescription necessary</i></p>	<p>A thin rubber sheath that fits over an erect penis. It serves as a physical barrier that does not allow sperm to come in contact with the vagina. Condoms come in a variety of colors, lubricated and in polyurethane or animal skin (animal skin condoms are not considered effective in preventing the transmission of STIs).</p>	<p>The condom is placed over the erect penis before making contact with the vagina. Some have a reservoir tip that traps ejaculated semen. Others without this special tip need to be pulled away at the tip so that about 1/2 inch is left to catch the semen. Condoms are used once, then discarded.</p>	<p>82-98% effective*</p> <p>Very good STI & HIV protection (less effective in preventing herpes and genital warts).</p> <p>*More effective against pregnancy when used with vaginal spermicide</p>	<ul style="list-style-type: none"> • Inexpensive, easy to obtain and purchase • Helps protect both partners from STIs • Allows both partners to share responsibility of contraception • Some people feel it decreases sensation in the penis • May break or come off during intercourse, so a backup method should be available • Vaginal spermicides are associated with increased risk of urinary tract infections • Vaginal spermicides may increase risk of HIV transmission if partner is HIV positive 	
<p>Sponge</p> <p><i>No prescription necessary</i></p>	<p>The sponge is a donut-shaped polyurethane device containing spermicide (nonoxynol-9).</p>	<p>The sponge blocks and absorbs sperm and releases nonoxynol-9. It is inserted into the vagina and covers the cervix. It can be left in place for 24 hours and multiple acts of intercourse; however, it must be left in the vagina for 6 hours after last intercourse.</p>	<p>76-86% effective*</p> <p>No STI or HIV protection.</p> <p>*More effective when used with a condom</p>	<ul style="list-style-type: none"> • The sponge does not require a prescription and is easy to obtain and purchase • The sponge must not be left in the vagina for more than 30 hours due to increased risk of toxic shock syndrome • Vaginal spermicides are associated with increased risk of urinary tract infections • Vaginal spermicides may increase risk of HIV transmission if partner is HIV positive 	
<p>Vaginal Spermicide</p> <p>(Foam, gel, film & suppository)</p> <p><i>No prescription necessary</i></p>	<p>These agents contain chemicals that kill sperm. They also serve as a barrier and may immobilize sperm.</p>	<p>These agents kill sperm that is ejaculated into the vagina. The spermicide must be inserted into the vagina 15-30 minutes before intercourse. Foam and gel are applied with an applicator; suppositories and film are manually inserted into the vagina.</p>	<p>72% effective*</p> <p>Minimal STI & HIV protection.</p> <p>*More effective when used with a condom</p>	<ul style="list-style-type: none"> • Easy to obtain and purchase • Convenient • Acts as a lubricant • Needs to be used before each act of intercourse • Some people are allergic to spermicide and may develop irritation • Vaginal spermicides are associated with increased risk of urinary tract infections • Vaginal spermicides may increase risk of HIV transmission if partner is HIV positive 	
<p>Sterilization</p> <p>(Tubal ligation & Essure® – women or vasectomy – men)</p> <p><i>Surgical procedure</i></p>	<p>A surgical procedure that permanently renders a person infertile or sterile. A tubal ligation is the surgical cutting and tying of the fallopian tubes. Essure® is a coil inserted into the fallopian tube. A vasectomy entails cutting the vas deferens, the tubes in which sperm travel from the testicles.</p>	<p>Tubal ligation & Essure® stops the egg from traveling through the fallopian tube from the ovaries to the uterus to become fertilized. A vasectomy works by keeping sperm from being ejaculated. Semen will be released during ejaculation, but no sperm will be present.</p>	<p>More than 99% effective</p> <p>No STI or HIV protection.</p> <p>These are very effective methods, and must be considered permanent and irreversible.</p>	<ul style="list-style-type: none"> • Involves risk of infection and bleeding • Surgery/general anesthesia for tubal ligation • Outpatient procedure/local anesthetic for vasectomy • Vasectomy is a simpler surgical procedure than tubal ligation, and equally effective • Does not diminish sex drive • A backup method is needed after a vasectomy until sperm count indicates that the man is no longer fertile • Essure® requires a backup method for 3 months after insertion and then an x-ray to be sure tubes are blocked 	Other

sex talk on campus

THE UNIVERSITY OF ARIZONA

\$15.99 buys 100 condoms at the Campus Health Pharmacy.

And you can bill everything to your bursar's account.

Confidential STD testing is available at Campus Health.

Did you know 25% of UA students have never had sexual intercourse?

Read SexTalk Mondays in the Daily Wildcat for advice on sex and relationships.



(2014 Health & Wellness Survey, n=1,797)
 Appointments: 621-9202
 Questions: 621-4967
 facebook.com/campushealth • www.health.arizona.edu

CAMPUS HEALTH SERVICE

MAKING SEX SAFER - WHAT IS PLAYING SAFE ALL ABOUT?

Safer sex is about reducing your risk of infection and/or pregnancy. If you are sexually active you can make sex safer by:

- Valuing your health and respecting your partner and their wishes
- Talking honestly about sex, infections, contraception, and past sexual partners
- Knowing how to protect yourself from disease and/or unintended pregnancy
- Taking precautions consistently every time you have sex or skin-to-skin contact with a partner (for example, using condoms or latex dams)
- Avoiding alcohol and drug use in intimate situations
- Limiting the number of partners you have (the more partners, the greater your risk of getting an infection)
- Being tested for STIs and sharing results with a partner/ learning your partners' test results
- Making sexual activity mutual (with consent and without pressure)
- Choosing lower-risk sexual activities (kissing, manual stimulation, oral sex, etc.)

BIRTH CONTROL METHODS and EFFECTIVENESS RATES

METHOD	HOW IT WORKS	EFFECTIVENESS
Abstinence***	No intercourse or genital contact	100%
Implanon®/Nexplanon®*	Inhibits ovulation	99%
Sterilization*	Tubes cut/egg cannot join sperm	99%
IUD*	Uterine device thickens cervical mucous	99%
Depo-Provera® *	Inhibits ovulation (injected every 3 mo.)	94-99%
Nuva Ring® *	Inhibits ovulation (place in vagina for 3 weeks out of 4)	91-99%
The Pill*	Inhibits ovulation	91-99%
Ortho Evra Patch® *	Inhibits ovulation (worn 3 out of 4 weeks)	91-99%
Diaphragm & Jelly**	Physical and chemical barrier	71-82%
Male Condom***	Physical barrier placed over penis	82-98%
Female Condom ***	Physical barrier lines vagina	79-95%
Withdrawal *	Remove penis before ejaculation	73-96%
Fertility Awareness*	Periodic abstinence (typical users have lower effectiveness rates)	76%
Sponge*	Physical barrier of cervix & releases spermicide	71-86%
Vaginal Spermicide*	Kill and immobilize sperm	72%
Emergency Contraception* ("morning after pill")	May delay ovulation if taken within 72 hrs (Plan B One-Step®) or 120 hrs (Ella®)	75-89%

*= no STI protection, ** = minimal STI protection, *** = good STI protection

wildfact At least 1 in 4 Americans will contract an STI at some point in their life.

(American Social Health Association)





Resources



**CAMPUS
HEALTH**

HEALTH.ARIZONA.EDU

The University of Arizona • Tucson, Arizona

University of Arizona Resources (area code 520)

- UA Campus Health Service Main Phone Number621-6490 (health.arizona.edu)
- After Hours Urgent Care Line570-7898
- Appointment Line621-9202
- Counseling & Psych Services (CAPS)621-3334
- Oasis Sexual Assault & Trauma Services626-2051
- Health Promotion and Preventive Services621-6483
- Pharmacy621-6516
- STI and Sexual Health Questions621-4967
- Women's Health626-5738
- Pride Alliance (LGBTQ)621-7585
- Women's Resource Center621-4498



Local Resources (area code 520)

- Adoption Information Centerfosterandadoptivecounciloftucson.org
- Pima County Health Department724-7770 (webcms.pima.gov/health)
 - HIV/STD Counseling and Testing724-7900
 - Family Planning (North Office)724-7900
- Planned Parenthood of Arizona408-7526 (ppaz.org)
- Safe Baby Program Hotline872-7233 (azsafebabyhaven.org)

(If you have delivered a baby and cannot keep it, they will receive the baby and find a safe, permanent home; you can remain anonymous.)
- Southern Arizona AIDS Foundation628-SAAF (7223) (SAAF.org)
- Southern Arizona Center Against Sexual Assault (24-hour hotline)327-7273 (sacasa.org)

National Resources

- Emergency Contraception Hotline888-NOT-2-LATE (668-2528) (ec.princeton.edu)
- GLBT National Hotline888-THE-GLNH (843-4564) (glnh.org)
- Health Hotline (HIV, STIs, etc.)800- CDCINFO (232-4636) (cdc.gov)
- Go Ask Alice (great health resource for college students) (goaskalice.com)
- National STI Hotline800-227-8922 (ashastd.org)

sextalk.

Read SexTalk every week in the *Arizona Daily Wildcat*.