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Birth Control (Contraception)

Conception is "conceiving"...getting pregnant. Contraception is the opposite...preventing pregnancy.

PLEASE NOTE: This is intended as a general guide to various birth control methods. It does not tell you everything about every birth control method or risks. Information has been taken from various reliable books and websites. Any links to commercial sites are only for your convenience and do not imply an endorsement.

Information or opinion on this site is not intended as medical advice; that's why we have doctors and pharmacists! Talk to one.

Also note that hormone based birth control methods may be ineffective if you are taking antibiotics and some may react with medication you may be taking.

Some birth control methods can have side effects and some of them may pose a danger to your health, or even your life under certain circumstances. Not all people can use all methods safely or effectively. It is recommended that you consult your doctor before using birth control; ask about side effects and about how effective a method is.

While the information below has been taken from various reliable books and websites, your doctor is the best person to consult with as far as the most accurate and up to date information. .As well, any mention of a particular brand or product is not an endorsement. Those are decisions you should make with your sexual partner and perhaps your doctor.

You can also get good contraceptive information from Planned Parenthood of America and Sexualityandu.ca , a Canadian source. Some information on STDs is available on this site but you can find even more at ASHA. (American Social Health Association)

Often people will use the word "sperm" when they are really talking about semen, which is the fluid from the male which contains sperm cells, as well as other stuff.

Do you need a parent's consent to get prescription birth control?

From Sexualityandu.ca: " In Canada, unlike many parts of the United States, teens do not require parental consent to obtain birth control. In fact, the Society of Obstetricians and Gynecologists of Canada recommends that anyone older than 14 be given a prescription, if it is medically appropriate." At the time of the last edit, February 29/08, the Canadian Parliament was considering raising the age of sexual consent to 16. It's unknown if this will affect the ability of younger people to obtain prescription birth control methods. No age is required to buy condoms.

At least in Ontario, Canada, consent for any medical procedure depends on the patient's "capacity" to understand both the treatment and the possible consequences of the treatment. This seems to be the case in other parts of Canada but if you are in doubt, simply phone your doctor's office and ask.

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So, if you are using a contraceptive method to prevent pregnancy, you either want to stick to a single mate who sticks only to you (so they can't bring you an unwelcome STD), and/or you can also try to prevent STDs while you try to prevent pregnancy. Most contraceptive methods, however, don't fight STDs.

Before we go on, let's get some things clear:

- (1) Any sexual activity that allows a sperm to meet an egg, will likely result in pregnancy.
- (2) Many kinds of sexual activity can transmit an STD.
- (3) "Oral" sex (sexual contact between a mouth and genitals) is still sex. Don't let anyone tell you differently - perhaps they think that since you can't get pregnant from oral sex that somehow you can't get an STD. Oral sex can transmit STDs.

OK, let's look at **CONTRACEPTIVE METHODS**

Abstinence:

Cost: \$0.00 (plus a lot of willpower!)

Effectiveness: 100%

100% protection against STDs if there is no sexual activity at all.

Abstinence may be the least popular, but certainly always effective. Just don't "do it"!

For this method, you don't use a pill, a condom or anything but your brains. Think, and take control of your life. It's funny but at certain ages, we really want control over our own lives, especially freedom from our parents. But we seem to be slaves to our very own hormones, our emotions and fantasies of the life we want. And of course there is peer pressure...what other people tell us we should be doing!

Think about what pregnancy would mean at this point in your life. Finishing school will be hard, or impossible, depending on which school district you live in. You won't be going to college or university any time soon because you'll be changing diapers and working at the coffee shop while you trade babysitting hours with your Mom. This can, of course, affect your career (or lack of it) and therefore the money you could be making over your lifetime. Of course, adoption is always an option. So is abortion, for some girls. Both of these have incredible emotional "weight" to them. Try to imagine carrying a baby for nine months, going through birth and then...giving it up. It's a great, noble thing to do in many cases, but it's going to tear your heart up some. Abortion, always a hot topic depending on your views, is a serious medical procedure as well, which sometimes carries both medical and emotional risks that last a lifetime.

And of course a pregnancy is also going to twist your freedom into knots and probably seriously affect your relationship with your parents and maybe friends. And definitely with your girlfriend or boyfriend. I don't want to tell you it is all a dark situation; some girls and young women adapt and their lives simply change. But think of where you want to go in life and ask yourself, honestly, "what will a pregnancy do to my life?"

There is another thing to consider when thinking about having sex. An STD, a sexually transmitted disease, can make you sick, can be painful, embarrassing. Some can be cured with antibiotics (which do not work on viruses) and some can need lifelong treatments; a few can shorten your life.

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Does abstinence mean you can't do anything sexual? Not necessarily. But remember that once you get into a sexual situation it may be nearly impossible to not go just that little bit further...."But I'll only put it in for a few seconds"..or maybe you've heard this one..."But I won't come inside you". There are a lot of babies whose first name should be "But-!".

If you and your mate do decide, at some point in your relationship, to do some sexual things for your enjoyment, you should do what may seem like the hardest thing in the world at the time. Talk to the other person about what you feel comfortable doing and what you will not do. Have this talk in a completely non-sexual situation. At your Grandma's birthday party....no, no, I'm kidding! But the time not to have that conversation is when you are both turned on and horny. And remember that you are trusting this other person with your heart and also your health, and that he or she must respect your wishes. Don't let other people, including your girlfriend/boyfriend...or magazines... or TV....you get my drift...pressure you on what happens to you.

You can have fairly risk-free sex - lots of it! -later on, when you are emotionally and financially prepared. Does that sound corny and unrealistic? Maybe. But if you are young now, avoiding pregnancy and STDs helps to keep your life from getting sidetracked onto a path you didn't choose.

So the advantages of abstinence are that it protects your health and keeps your future much more in your control, not to mention that you don't have to put up with sneers from your peers, or rude comments from old ladies at the mall as they mutter something about "babies having babies"!

The disadvantage to this method? You are going to get turned on and want sex. That's normal. However, contrary to a popular joke, the penis does not drain all the blood from the guy's brain and a girl can always say "no". So can a guy of course. Got your hormones all worked up with no place to go? There are always cold showers (I don't think most people actually do that but you never know) or masturbation. Or go for a walk-anything non-sex related. And by the way, contrary to what some guys might like to tell you, "[Blue Balls](#)" is not fatal!

The Pill, or Birth Control Pills

Cost: Can range from a few dollars to \$50.00/month so shop around

Approximate effectiveness: 98 - 99%

No protection against STDs

Can be made ineffective by antibiotic use; consult your doctor or pharmacists if you are taking antibiotics

Birth control pills are one of the most popular methods of contraception and, when used properly, are almost always effective. They do not have any protection against STDs. And they must be taken by the female.

Birth control pills generally come in a month's supply of pills individually wrapped. The hardest part about using them is remembering to take them every single day that you are supposed to. Some come in 28 day packs, and some come in 21 day packs. Birth Control Pills are hormones, or substances like hormones called Estrogen. Some have a mixture of Estrogen and another hormone called Progesterone. The way the Pill works is that these hormones, which occur naturally in a woman's body, will prevent her from ovulating, which is when an ovary releases an egg (also called an "ovum"). So if there is no egg because the hormones trick her body into not releasing one, then there is no egg to get impregnated by a sperm cell!. The Pill is also popular because it means you can get in the mood quickly and not have to stop for one or both of you to go get some other form of birth

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control device. But remember that it doesn't give a female any protection against sexually transmitted diseases, so a quick hook-up is not the greatest idea. At the very least, also use a condom.

Afraid how it might make you look to be carrying a condom? Would you prefer to look pregnant or diseased? ASHA (American Social Health Association) is a great site with STD information, and has a page to help you be ready for that conversation about using a condom. Click here to open that page.

The Pill - too good to be true?:

Do birth control pills sound too good to be true? Well there can be problems and side effects. If a woman forgets to take a pill one day, she should take two the next day. If she forgets two days in a row, she should take two as soon as she remembers, then two more the next day. Then back to her normal one-a-day. Since missing the pills can cause the hormone levels in her body to drop, an ovary might also drop an egg for fertilization by any sperm cell that happens to be around after intercourse. So if she's missed two days, she should use another method of birth control for the rest of her monthly cycle. In fact, some couples will always use two types of birth control, often the Pill, plus condoms, to increase their odds of not getting pregnant.

If she has missed taking her Pill for three or more days, she should use another contraceptive for the rest of her cycle and either follow the instructions that come with the pills or talk to her doctor. Any time she has missed any days, she can start over at the beginning of her next cycle, using the backup method until then.

If she is just starting out using birth control pills, she should not rely on them at all for the first month, but should use another contraceptive for the whole month. And remember, these pills must be taken every day as directed, not just when she's going to have sex!

There can also be side effects for some females. Also, like with the Patch, and the NuvaRing, females who smoke, or are over 35 should not use the Pill. Any user of the Pill may get some, all, or none of these symptoms:

nausea, tender or sore breasts, bloating , or a rash. She can also gain or lose some weight, have "spotting" which is slight bleeding from her vagina, or get headaches. If she has some of these side effects, especially spotting or headaches she should see her doctor. There may be vomiting, and increased risk of heart attacks, strokes, or blood clots. It may not be suitable for you, depending on your medical history.

What about good side effects?

Some research says that Birth Control Pills might reduce a woman's risk of cancer of the ovaries, endometrial cancer (which develops in the lining of the uterus), cysts on the ovaries, benign (not cancerous) lumps in her breasts, and PID. PID is Pelvic Inflammatory Disease, which is infection and inflammation of a woman's upper genital tract, including the uterus and Fallopian tubes. Sometimes you will hear of other research which says that there are no benefits and maybe even other dangers. Your doctor or gynecologist would be the best person to ask about the latest research and how reliable it is.

The list of possible side effects above is not a complete list. You are basically changing your body's chemistry so you need to consult with your doctor. And don't be embarrassed about asking any question; do you really want to come back later? Write down questions before going in.

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Birth control pills, at least in North America, can be gotten from most doctors and medical clinics. Often the Health Services at Universities will also provide consultation and prescriptions. Please, do not use someone else's B.C. pills! It's your body, not theirs, and you need to talk to your doctor.

Ortho Evra , or "the Patch".

Approximate effectiveness: 98-99%

No protection against STD

Can be made ineffective by antibiotic use; consult your doctor or pharmacists if you are taking antibiotics

The Patch works in a way similar to the Pill, that is, it slowly releases hormones which trick the woman's body into not releasing an egg from her ovaries. The patch stays on even if she goes swimming or exercising. She wears a patch, applied to her stomach, upper arm, back, chest, or buttock, for one week then discards it. She does this for three weeks in a row, then skips one week.

The Patch has pretty much the same side effects as the Pill. While the female doesn't have to remember a pill nearly every day, she does have to remember to change the Patch every week. She also must get a prescription, and, like the Pill, the Patch does not protect against STDs. Also like the Pill, she cannot rely on it for the first month- she should use a backup method like a condom. And, like with the Pill, females who smoke, or are over 35 should not use the Patch. (Pssss-t! Quitting smoking will help you in other ways too!) Of course there may be other side effects and/or risks. That's why you have to get a prescription from a doctor or clinic.

NuvaRing

Approximate effectiveness: 98-99%

No protection against STDs.

Can be made ineffective by antibiotic use; consult your doctor or pharmacists if you are taking antibiotics

The NuvaRing is an attractive birth control method because it needs to be inserted into the vagina only once a month. It then releases hormones which, like the Birth Control Pill releases hormones which "trick" a woman's ovaries into not releasing an egg. Its effectiveness is said to be 98 or 99 %. And, like the Pill, there is no protection from STDs. Here is a commercial site about NuavRing . (Smart2Ask does not endorse this or any product but you may find some information here worth seeing. Note the "Important Safety Information" on the home page).

A female squeezes the flexible NuvaRing and places it in her vagina, and it doesn't need to be in any particular place. It stays there for 3 weeks and gets taken out at the start of the 4th week, though it protects against pregnancy for 4 weeks. In case you are wondering about that flexible ring in the vagina during sexual intercourse, yes, it gets taken out during sex. You'd want to check the product's literature but generally it can be taken out for up to three hours before sex and then should be re-inserted. What does it do in there? It releases hormones which prevent the release of an egg so pregnancy won't happen. Possible side effects, both good and bad, are pretty much like those of the birth control pill.

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You will need to get a prescription from a doctor or clinic. Use a backup form of birth control like abstinence or condoms for the first month of use. You don't want to be using two hormone-type methods at the same time. Get a second month's NuvaRing and have it on hand before your second month starts so you aren't suddenly caught without it. Remember, you won't even have it inserted for the fourth week of the month.

IUD- IntraUterine Device

Approximate effectiveness: 98-99%

No protection against STDs

An IUD is a small T-shaped plastic device inserted into the vagina by a health care practitioner, usually a nurse or doctor. (Copper IUDs have been in use for a long time but have caused problems for many of its users.) An IUD generally prevents sperm from reaching an egg and if one does and an egg becomes fertilised, the IUD will likely prevent the egg from attaching itself to the wall of the uterus (the wall is also called the endometrium if you prefer big words!). At least one type called a [Mirena](#) IUD also releases hormones which help prevent an egg from being released. An IUD is a fairly complicated procedure compared to some other birth control methods and can be quite expensive. IUDs have been associated with some medical problems like possible tearing of the uterus when it is being inserted, heavier and longer periods, spotting between periods, PID (Pelvic Inflammatory Disease) and sometimes heavy cramping. Anecdotal (stories told by users) some users also complain of weeks of depression, of headaches, heartburn and other internal problems. Anecdotal stories are not scientifically examined but if you are considering an IUD, at least do an internet search for "IUD, Mirena (if that is the one you are thinking of using) and side effects".

Since there are so many easier to use, less expensive birth control methods, with fewer side effects, you should consult with your doctor in detail about the possible use of an IUD. Your doctor or gynecologist will have to fit you for it as well.

The advantages of an IUD are that it is quite effective, with published rates around 98 to 99%, there is no need to worry about pills, patches, or rings, once it is inserted. So if you are in the age group, or at a health risk of stroke, heart disease or any of the other higher risks associated with hormone type of birth control (The Pill, NuvaRing, the Path, etc) and should not be taking hormones, then a non-hormone releasing IUD may be a workable alternative. But so is the Diaphragm, though it needs to be inserted before sex.

Diaphragm

Approximate effectiveness: 80-94%

Approximate cost: from \$25.00 to \$60.00 but it lasts for years. A spermicidal (sperm-killing) gel must also be used and the cost of that per tube, runs around \$15.00 and needs to be replaced when the tube is empty)

Should not be considered as protection against STDs

The Diaphragm is a soft rubber rounded dome-shaped device which gets coated with a sperm killing (spermicide) gel. The female inserts it into her vagina up to two hours before having sex. It should be kept in place at least six hours after having sex. It is important that the spermicidal gel coats both sides of the diaphragm as well as the rim or edges of it.

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You can get instructions on how to insert it from the doctor, the pharmacist, or the instruction sheet. When it is fully inserted, it should cover the cervix (at the top of the uterus, where it widens into the cervix) completely.

Since it must stay in (killing sperm and blocking their travel into the cervix) for at least six hours, if a woman wants to have sex again before that time, she has to remove the diaphragm, and reapply fresh spermicidal gel, and insert it again. When done with it, the diaphragm gets cleaned with cool water, dried and gets put away in its holder until the next time it is needed.

Diaphragms can last a long time but they should be inspected for holes or tears. If one is found, or if the woman's weight changes significantly, say 15 pounds either way, she should get re-fitted with a new one.

Cervical Cap

Approximate effectiveness: 90%

No protection against STDs

The Cervical Cap is like a smaller version of the Diaphragm. It looks like a rubber or plastic thimble. To use it, it must be placed into the vagina and it must cover the cervix. It must be placed against the cervix at least a half hour before having sex and must be left in place at least eight hours. It may be left in place for as long as two days. Your doctor or gynecologist must be consulted about fitting and how long it should be left in.

The cervical cap offers a barrier to any sperm trying to reach the cervix. If sperm can't get through the cervix to the uterus then they can't fertilise an egg. It can be used many times and can be used with, or without spermicide which may or may not increase the effectiveness of preventing pregnancy. (Not everyone agrees on whether the spermicide makes a difference in failure rates. The cap may be slightly uncomfortable but if it is properly fitted by your doctor, there should be minimal or no discomfort. To be effective it must fit properly and must be inserted properly and that may take some practice. Even a properly fitted cervical cap, because it is essentially held in place by suction at the cervix, could be knocked out of place during sexual intercourse. As well, you should get a checkup every three months. You'd be well advised to discuss the Cap with your doctor if you are considering it.

"Today" Sponge

(Note: The Today Sponge was taken off the market years ago. This was an economic decision and had nothing to do with the safety or effectiveness of the Sponge. It is now back on the market. <http://www.todaysponge.com>)

Approximate effectiveness: 85- 90% if used properly

No protection against STDs

The "Today" sponge is a soft, disposable foam disc containing the common spermicide nonoxonyl-9. It is moistened with water and inserted into the vagina. It's immediately effective- at least as effective as it can get, offering both a barrier to sperm and sperm-killing properties. It's easier to use than the Diaphragm or Cervical Cap and the sperm-killing capability lasts about 24 hours

Because of its relatively low rate of effectiveness, the Sponge is not likely to be a good choice for most sexually active Teens for whom preventing pregnancy is highly important. There are essentially no medical side effects (unless you count a 15% chance of pregnancy as a side effect!) However, there may be medical reasons you cannot use some other methods so you should discuss this with your doctor.

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Depo-Provera (DMPA) Injection

Approximate effectiveness: 99% when maintained properly

No protection against STDs

MAY be made ineffective by antibiotic use; consult your doctor or pharmacist if you are taking antibiotics. There is disagreement on this possibility.

Depo-Provera is a hormone shot which prevents ovulation for three months. Then the woman needs to get another shot, every three months. It becomes effective about 24 hours after receiving the shot. If you end up being more than a week late for your next shot, use a backup method of birth control for at least two weeks. If you are more than a week late with your period, you might want to take a pregnancy test.

There are some serious considerations when thinking of using Depo-Provera and some are shown here. Please talk to your doctor about it.

Common side effects can be:

Spotting (minor vaginal bleeding)

Lighter or heavier than usual menstrual period

Amenorrhea (no menstrual period)

Lunelle Injection

Approximate effectiveness: 99%

No protection against STDs

Can be made ineffective by antibiotic use; consult your doctor or pharmacist if you are taking antibiotics

Lunelle is another hormone injection which must be repeated each month.

Common side effects can be:

Spotting (minor vaginal bleeding)

Weight gain or weight loss

Tender breasts

Nausea (feeling sick to your stomach)

May offer some protection from PID (Pelvic Inflammatory Disease), certain cancers, and/or some symptoms of PMS (Pre-menstrual Syndrome)

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The "Morning After Pill " (Levonorgestrel, or Plan B)

Approximate effectiveness in preventing pregnancy: 95% when used as directed

No protection against STDs

MAY be made ineffective by antibiotic use. May react with other medications; consult your doctor or pharmacist if you are taking antibiotics. There is disagreement on this possibility.

If a condom breaks or unexpected sexual intercourse happens, a woman can consider using the "Morning After Pill". It works best if taken the day after intercourse but can be effective if taken up to 72 hours, or three days after. (Updated February 2009: Planned Parenthood in the U.S. claims effectiveness up to 120 hours, or five days, after intercourse) It will have no effect on a pregnancy if it has already occurred. The Morning After pill can be gotten from a clinic, doctor, or, in Canada, many pharmacists. It is kept behind the counter. Pharmacists will be required to offer counseling about side-effects such as nausea and vomiting, sexually transmitted diseases and contraception to women who request the pills.

It works by giving the woman a high dose of hormones which stop the egg from becoming fertilised, or by making the uterus' lining unable to hold a fertilised egg. The Morning After Pill should be considered an "emergency" measure as the side effects are nausea and vomiting. There may be other side effects which the doctor or pharmacist can tell you about. At the time of writing, two pills are taken at first, then another two are taken twelve hours later.

The Morning After pill is a pill that prevents pregnancy going beyond fertilisation of the egg, if fertilisation even occurs. It should not be confused with the controversial drug RU486, which at the time of writing is not available in Canada.

Condom

Approximate effectiveness: up to 95%

(Note: Different sources quote failure rates of from 5 up to 15%. Typically over the course of 1 year, 5 to 15 out of 100 typical couples which rely on male condoms alone to prevent pregnancy will have an accidental pregnancy. The higher failure rates may result from incorrect use of the condom, which will be more reliable when used properly)

Condoms are statistically the second best , after abstinence, protection against most STDs

A condom is a (usually) latex rubber tubular cover with only one opening that fits snugly over the erect penis during intercourse. Polyurethane condoms are now available for people who have a latex allergy. When used properly a condom offers good protection against most STDs, including HIV, and against pregnancy. They are fairly cheap, easy to buy, use and to carry around. "Properly used " is an important phrase here. We'll get to that. Many condoms have a "spermicide", a chemical called nonoxynol-9 which kills sperm. However, recent research shows that this doesn't really improve the effectiveness much, if at all.

There are "female" condoms but they are less common and a bit more expensive. Here is a [link](#) to information about them.

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How do condoms protect against STDs? They are a "barrier" method of both pregnancy control and STD control; they present a physical barrier to sperm and to viruses or bacteria touching the other person's body.

(Exceptions are some condoms made with animal membrane which cost a lot more, need to be washed and handled properly and which will allow some viruses to pass through the membrane. Those types of condom are pretty rare and are not recommended.)

How to use a condom properly:

Practice might help! Condoms are cheap enough to try out before hand, so go get one and practice!

When having sexual intercourse, put it on as soon as the penis is erect and before making any penis-to-vagina contact. It's really important that you not insert the penis, even "just a bit", before it is cloaked by the condom. A guy will often release "pre-ejaculate" (pre-cum) as soon as he becomes aroused, that is, gets an erection. This lubricating fluid can contain sperm cells. Also be careful that neither person gets "pre-cum" on his or her hands that then go the female's genitals. While the odds are low that pregnancy could result they are not zero. And any STD bacteria or virus in the fluid can be transmitted to the female. So put on the condom before making contact!

Only put it on the penis after it becomes hard. Read the paragraph above for precautions.

Do not use a condom which has expired because the risk of breakage is higher. Check the expiration date on the wrapper. Condoms should be stored in cool, dry places. Your pocket or wallet is not a cool dry place! Gently squeeze the condom wrapper. If there is a soft pillow of air the package is intact and no air has leaked inside the package. If it goes flat under pressure, toss it and use a new one.

Carefully open the wrapper, being careful not to tear the condom inside. It looks sort of like a rubber dome with the tip sticking up a bit.

Gently pinch the tip of the condom as you put it over the tip of the penis. An uncircumcised guy should pull back the foreskin first.

While still keeping the tip pinched roll the rest of the condom down the shaft of the erect penis. The pinched tip is basically keeping a reservoir at the end for the semen containing the sperm. Roll the condom all the way down to the pubic hair and try to keep any air out of it. That will help it feel more sensitive and also help prevent breakage.

You are ready to have sexual intercourse now.

If you use a lubricant (other than the lubrication a woman's vagina provides when she's aroused) be certain it is a water-based lubricant. K-Y Gel or liquid, and Astroglide are well known brands. Do NOT use petroleum jelly (like Vaseline) or mineral oil as a sexual lubricant because it can weaken the latex condom. It is OK to use petroleum jelly with polyurethane condoms, though they tend to have a slightly higher breakage and slippage rate than latex.

After the male ejaculates <Pronounced " Ee-jak-yew-laytz"> ("comes" or "cums"...don't ask me, I didn't make up these words!) the semen with the sperm have all rushed out the end of his penis and been trapped in the tip of the condom, all screaming "let me out of here!" OK, they aren't screaming that, but don't let them out anyway. Immediately -before the penis starts to go soft again- encircle the opening of the condom at the base(bottom) of the penis so no semen/sperm can escape down the sides (and so it doesn't come off and stay inside the woman), pull the penis out of the vagina. It's really important to do this immediately, before going soft. "Soft" allows semen to drip out and/or the condom to stay inside the woman where semen drips out. Kind of defeats the purpose of

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using a condom for both birth control and for STD control. Next, roll the used condom up off the penis and wrap the condom in tissue paper and discard it in the garbage. Don't flush it down the toilet where you may have to explain to a plumber about the condom that got caught in the drain trap. Wash your hands thoroughly so you don't end up taking live sperm back to the woman. It's not a bad idea to wash your genitals as well to reduce the possibility of bacteria or viruses being transferred. Soap and water is best but water alone will be helpful.

No "double-bagging"! That means, do not put a condom over another condom hoping that you'll be twice as protected. It will do the opposite. Friction and air pockets between the two increase the likelihood of breakage.

Do not use the same condom twice. If you can't afford more than one condom at a time, you can't afford the possible consequences of sexual intercourse.

[Here is a flash video clip](#) from Teenwire that demonstrates in a nice, won't-upset-your-parents-too-much way how to use a condom. (Flash player, if needed, is available [here](#).)

Because condoms are so popular, I'll go on a bit more about them.

They are cheap, usually two bucks or less, and are often free from Public Health Clinics, University/College Health Clinics or Planned Parenthood. (It sometimes amazes me to hear people moaning about not being able to afford to buy condoms. I have to wonder if they realise the potential cost of not buying them! Babies and/or STD treatment tend to be pretty pricey.) Condoms can be gotten from clinics and drugstores and sometimes vending machines. Condoms can be gotten from clinics and drugstores and sometimes vending machines. They are often free from clinics and if you are on campus, ask your health services people.

I've heard some debate about the quality of condoms from vending machines, especially those from, of all places, gas stations or bars. Perhaps they are fine and of good quality but personally I would not trust the expiration dates because of the temperatures they may be stored at. As well, vending machines condoms are often "novelty" condoms and will say right on the machine "not intended for birth control or disease prevention". If you are tempted to buy a condom from a machine just to avoid dealing with a cashier at a store, let me assure you of something when you buy a condom: Nobody cares! They are just another item and the clerk really has other things to worry about. If they bother to think about it at all, they'll be thinking you are being responsible. But I doubt they'll think about it. And almost half of all condoms are bought by females, so don't be shy about protecting yourself, ladies.

How do you talk to your partner about using a condom? It seems odd that we may be willing trust someone to have the most intimate physical experience with them but talking about using a condom is sometimes a very awkward conversation. ASHA (American Social Health Association) is a great site with STD information, and has a page to help you be ready for that conversation. Click [here](#) to open that page.

Condoms are often seen as something that will protect you from nearly everything sex related...pregnancy and sexually transmitted diseases (STDs). But condoms simply "reduce the risk" - they don't eliminate all risk. They will, for instance offer good protection against both pregnancy (and many STDs,) but not 100%. If you fall into the approximately 3 to 5% for whom condom fails, you are 100% pregnant.. So, depending on your situation in life and what you may have to lose if you get pregnant, perhaps a backup method of birth control would be a good idea. Talk to your Doc! And it's also important to know that condoms do not prevent all STDs. Either because they simply don't cover the area that may be affected by some STDs, or because the condoms slips, breaks or is incorrectly used. It's about reducing the risk, not completely eliminating risk.

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Some of the drawbacks of condoms are:

They can break, though, if used properly, it is rare. If they do, there is no barrier between the people having sex, and the risk of pregnancy and/or STDs increases considerably. About preventing Sexually Transmitted Diseases...they improve the odds of not getting an STD. Condoms are not magic! They do not guarantee 100% prevention of disease.

They can be damaged by heat. So don't store them in warm places. That includes your wallet guys!

They can be damaged by oil based lubricants like petroleum jelly (the most common brand being Vaseline), or baby oil, mineral oil...basically any kind of oil. The exception to that is the less common and more expensive polyurethane condom. However, there are some water-based lubricants that can be used with the common latex condom. Astroglide and KY-Gel are well known brands.

If you are going to have sex, you are going to have a condom or two with you, or go get some. And take the time to put it on properly.

On the other hand, they:

Have a high rate of reliability if used right, both for preventing pregnancy and STD transmission.

Are cheap and easy to get and take with you. You do not need a prescription and you don't need to see a doctor.

Sometimes they de-sensitize the penis a bit which may let the guy last longer before he ejaculates.

Some types have a lubricant which makes it a bit more comfortable if the female has not produced much natural lubrication in her vagina.

Some general facts about condoms:

Condom size: One size fits all. "Large" sizes are more marketing than necessity in almost all cases. An unusually large penis may find a large size slightly more comfortable but the regular condoms can stretch and stretch!

Lubricated condoms: Some have a water-based lubricant which may be more comfortable for the woman. If she produces enough vaginal lubrication, it won't be necessary. It's really a matter of personal choice. Some people don't like them, some don't mind them.

Ribbed condoms: "For her pleasure"...again, more marketing than reality. It probably won't even be noticed; if you want to use them, they aren't any better or worse than ordinary condoms if they are from a reliable manufacturer.

Spermicidal Condoms: Some condoms have a spermicide, Nonoxynol-9, added, to try to kill any sperm that may come in contact with it. Recent research suggests that this makes little or no difference in pregnancy rates.

Age and storage: Check the expiration date! If it has passed, toss it out. It's not worth the cost of a pregnancy or STD. And store condoms in a cool and dry place. A warm place may affect the performance and could shorten the real "expiry date". That date will likely assume the condom has been stored in a cool, dry place. And guys, your wallet is for money, not condoms.

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Reservoir tips: Some have a built-in "reservoir", an extra bit of space at the tip, to collect the semen. If the condom you use does not have this reservoir, gently pinch the tip of the condom before rolling it down over the penis, to create a reservoir.

Colours! Just marketing ...if it is made by a well known company, it's no more, or less effective than non-coloured condoms. If you want to try it, try it.

Flavoured or novelty condoms: You have to be a bit more careful with these. Check the package to see if it is meant for sexual intercourse or if it just a "novelty". If it's a novelty, it's useless for pregnancy and/or disease protection. These tend to be sold in sex shops, gas stations and bars.

NON-Latex condoms: Fairly new on the scene are plastic, polyurethane condoms. If made by a reputable, well known company, those are good at both pregnancy and STD protection.(Some research says they are slightly less reliable than latex condoms as far as breakage.) However, there are some condoms, made of lambskin or other animal membrane which have microscopic holes in them, even brand new. This kind of condom is not very common these days, and they allow some viruses like HIV(AIDS) and Hepatitis B to pass through. So use Latex or Polyurethane condoms. The polyurethane condoms can be used by people allergic to latex and they may last longer than the latex ones if they end up getting stored in warm or hot conditions. Which you should try to avoid anyway. They also may feel more sensitive to the male, and can be used with any kind of lubricant.

Fun Condom Facts: Condom use seems to go back to the ancient Egyptians. The original condoms that were used in Europe in the 1500's were made of linen soaked in sperm-killing chemicals and allowed to dry. In the 1700's condoms were made of animal membrane, sheep's intestines being the favourite. Those well off could use such membranes powdered and scented.

The famous lover Casanova used linen condoms which he called "English Riding Coats". The English however, called them "French Letters". Each country also referred to the other derogatorily when it came to naming syphilis. The English called it "French Pox" while the French referred to it as "The English Disease". Casanova had a life-long battle with syphilis and it's widely believed that it led to his death.

In April of 2008, Portugese bungee-jumper Carl Dionisio carefully tied together about 18,500 condoms to create a 30 meter bungee rope. He said the condoms were hard to tie together because they were "so slippery". Dionisio expressed 99% faith that the latex rope would hold. Few people have probably been so anxious about a condom breaking at the wrong moment!

Female Condoms

Approximate effectiveness: 95%

"Female" Condoms offer protection against most STDs that is as good as the "male" condom.

A "Female Condom" is a polyurethane tube, roughly seven inches long. The closed end of the tube is inserted into the vagina, upwards towards the cervix. The open end of the female condom stays outside the vagina. This condom then offers a barrier between the penis and the vagina. Preventing contact between the penis and the vagina like this offers pretty good protection from pregnancy and most STDs.

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The penis can now enter the female condom and ejaculate ("come" or "cum") the semen into it. Like the male condom, the female condom should be carefully removed immediately after sexual intercourse and discarded. If the couple is going to have sex again, they must use a new condom. The male should not wear a male condom.

Female condoms are available at drugstores and health clinics. Generally they cost about 30% more than male condoms, but are still much cheaper than an STD, or a pregnancy! They may also be available free at some health clinics. Side effects are unlikely unless either partner has an allergy to the polyurethane the female condom is made from, or to the lubricant that may be used inside it.

Some women may feel a bit strange inserting something that is not as well known as a male condom. However they have a lot of things going for them: they are easily found and fairly cheap and are pretty effective at both pregnancy and STD control. Like the male condom, you do not need a prescription or parental permission to buy them. They may be stronger than male condoms and can be put in well before sexual intercourse. (The male condom has to be put on after an erection happens.) Note, though, that just like using the male condom, there should be no contact between the penis and vaginal area, (with hands either) before the female condom is inserted.

Spermicides

Approximate effectiveness: not too good- the failure rate of spermicide alone is about 26%

Little protection against most STDs

May be used with condoms to improve the rate of pregnancy prevention of the condom. Some research questions the effectiveness of spermicide, saying it makes no difference to pregnancy rates compared to a condom without spermicide. it's your choice.

Spermicides are inserted into the vagina to help kill sperm. They come in various forms and their effectiveness may not be the same in all the forms. Spermicides can be in the form of a jelly, foam, cream, tablets or suppositories. A suppository looks sort of like a large pill and it gets inserted into the vagina where it dissolves. The different types are used in different ways and at different times so read the instructions very carefully. Then read them again!

Spermicides kill the sperm that enters the vagina and some may present a barrier to the cervix. Spermicides don't last that long so a couple may have to apply more spermicide if they are going to have sexual intercourse within a certain time after the spermicide is first applied, and after each time they have sex, even if it is within the time listed in the manufacturer's instructions.

Spermicides can be messy and are not that effective at birth control, and in a few people can irritate the penis or vagina. They are available at pharmacies and clinics and are fairly low priced. No prescription or parental consent is needed.

While spermicides may give a bit of protection against Gonorrhoea, PID (Pelvic Inflammatory Disease), and some vaginal infections, they should not be considered as s S protection at all.

Methods not recommended for young people

Sterilisation (Tubal Ligation in females, or Vasectomy in males) Not recommended

Effectiveness in preventing pregnancy: Virtually 100%

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No protection against STDs

When a woman has her "tubes tied" (ligation), both Fallopian Tubes are cut or burned so eggs cannot pass through them to be fertilised by a sperm cell. This is done under full anaesthesia.

When a man has a vasectomy, the tube called the Vas Deferens is cut or burned so sperm cannot travel through the epididymis to reach the urethra and then to get out of the male's body. This can be done under local (affecting only the genital area), or full anaesthesia (you are out cold, man!). Males may have some sperm left in the system so to speak, for a few weeks so a backup method of birth control should also be used for at least two months. Note that the sperm are prevented from leaving the body but the semen, the whitish fluid that usually carries the sperm cells, still leaves the penis when the male ejaculates.

Neither of these methods would normally be considered for young people as they are not usually considered to be reversible. So if you think that this may be a reasonable birth control method for you, you should talk to your doctor.

While every once in a while you may hear about some vasectomy or tubal ligation not being effective - a woman gets pregnant - it is extremely rare and likely because the doctor didn't do the job right. Also note that there is absolutely no protection against STDs if sterilisation is the only method used. It may be perfect for people in long term, monogamous sexual relationships who do not want children. But if you don't know your partner or can't 100% trust your partner, use a condom as well to reduce the chances of a disease being passed on.

The Pull-out Method (not recommended)

Effectiveness in preventing pregnancy: Not reliable at all.

No protection against STDs

The "pull-out method" is when the male pulls his penis out of the woman's vagina before he ejaculates ("comes" or "cums"). If he is not using a condom or the couple are not using some other birth control method, this is a very risky way to try to prevent pregnancy. It is useless for preventing STDs. Some people think that if the male doesn't ejaculate into the vagina, then there are no sperm to make the woman pregnant.

It's not that simple.

The male will discharge some pre-lubricating fluid ("pre-cum") from his penis which likely contains some sperm cells. Obviously not as many as when he ejaculates fully, but it only takes one sperm cell to reach the egg to create a pregnancy. He will usually not be able to feel, or sense when this fluid comes out. There's another problem with this approach; even though the guy might think he can control when he ejaculates, or at least know when it's about to happen, he will often lose all control immediately before ejaculation and very often end up ejaculating into the woman anyway.

Oops. There are likely a lot of babies whose name should have been "Oh-Oh".

Don't think of "pulling out" as a birth control method. It isn't.

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The Rhythm Method (not recommended)

Effectiveness in preventing pregnancy: Not reliable at all. Failure rate about 25%

No protection against STDs

The Rhythm Method is based on the fact that there are certain days during a woman's menstrual cycle that an egg (or "ovum") is likely to be present and some days it isn't likely to be around. There are three ways to try to figure out when these times are. Couples can use a calendar, a thermometer or a special kit that tests the thickness of the mucous lining of the cervix.

The theory around the calendar method is that an egg/ovum is available to be fertilised for around 6 to 9 days after the egg is released by an ovary; the release is called ovulation. This is particularly unreliable in teenaged girls because they often have irregular menstrual cycles.

The temperature method relies on measuring body temperature differences of about .4 degrees Fahrenheit. That's "point-four" degrees. It's complicated and must be taken the same way each day and carefully plotted. Here is a more detailed explanation of how it works.

The kit is generally used by couples who are trying to create a pregnancy; the other two methods may also be used to improve the odds of having a pregnancy. These methods aren't all that reliable in either preventing or starting a pregnancy. The failure rate is approximately 25% in couples who use it as their birth control method for a year. Of course, if you fall in that 25%, you are 100% pregnant. And naturally, the longer you use it, the higher the chance it will eventually fail.

Douching (not recommended)

Effectiveness in preventing pregnancy: Not reliable at all.

No protection against STD

Douching is when a female uses a plastic douche bottle or a bag to squirt a fluid into her vagina, hoping to flush any semen and sperm out, after sexual intercourse.

Douching as simply a method to clean the vagina is controversial; some people believe it helps clean away debris from the uterus such as dead skin and blood cells and that it can restore a balanced PH level (acidic versus alkaline levels) in the vagina. However most experts agree that it can cause more problems than it might fix, including introducing infections, possibly even PID, into the vagina, and knocking a perfectly normal PH balance out of whack. A "yeast infection" or Vaginosis/Vaginitis may result.

As a vaginal cleaning method, it doesn't seem to have much going for it. As a birth control method, it's useless because within seconds of a guy ejaculating, semen and sperm can be in the cervix where douching is not going to wash them out.