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Contraception

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Understanding Teen Pregnancy

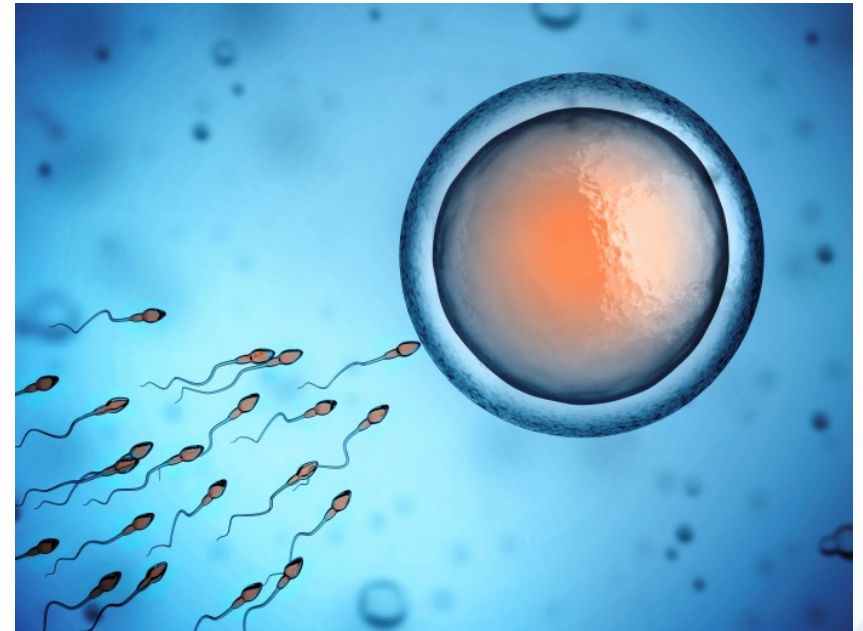
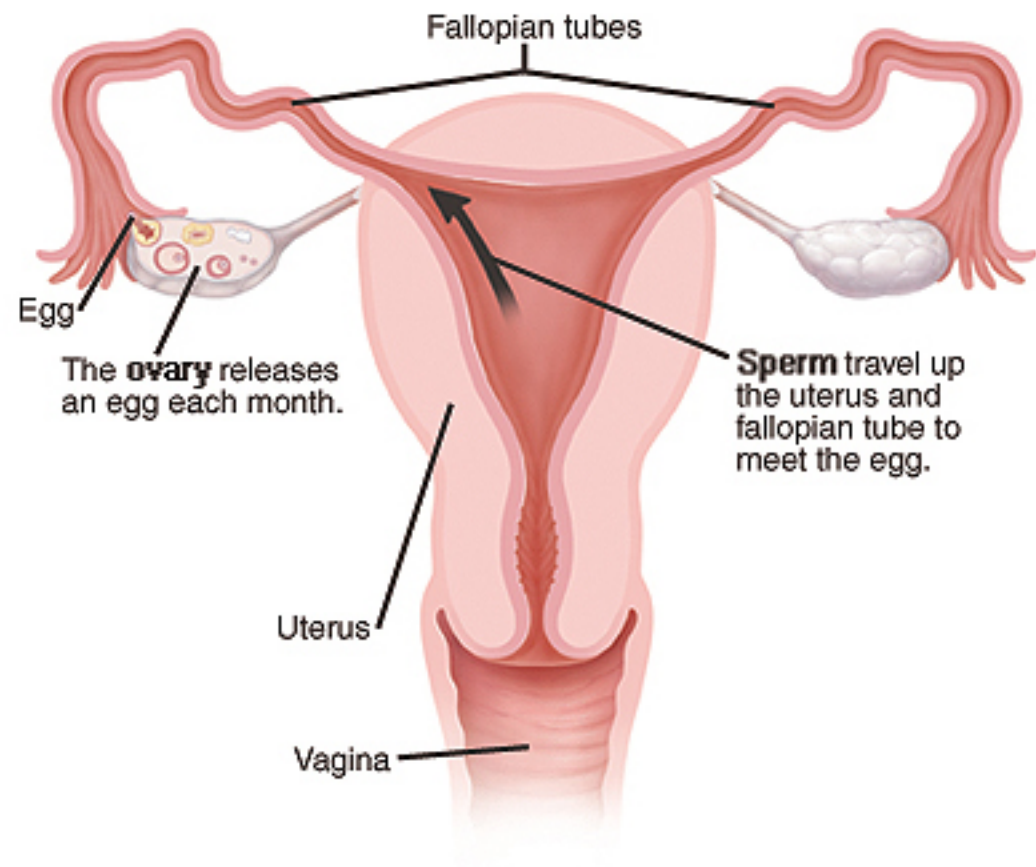
- In 2014, a total of 249,078 babies were born to women aged 15–19 years in the United States (CDC, 2017).
- In Tennessee alone, there were 6,756 babies born to women aged 15–19 in 2014 (National Campaign, 2017).
- In 2010, Tennessee spent \$230 million tax dollars on teen childbearing (National Campaign, 2017).
- Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school (CDC, 2017).
- Only 61% of working teen dads obtain a high school diploma by the age of 26 compared to the 97% of young men who are not teen parents (Mollborn, 2011).



How does pregnancy occur?

- In order for a pregnancy to happen, a sperm cell must fertilize an egg.
- This is most commonly going to occur through sexual intercourse.
- Once sperm have been released in the vagina, they will travel through the cervix into the uterus and eventually to the fallopian tube where an individual sperm can fertilize an egg.
- Once the egg is fertilized, the egg will travel into the uterus and imbed itself into the uterine lining.





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Our Position on Birth Control

- Not assuming anyone is sexually active, but most will transition out of abstinence at some point in their lives
- Important to know how to protect yourselves in the event you become sexually active
- Having the knowledge prepares you to make healthy decisions in the future
- Everyone has different values
- When sexually active, you need to make informed decisions on how to reduce risk of pregnancy and STDs, including HIV



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What is Contraception?

Any method to reduce the risk of pregnancy



Types of Contraception

- Condoms (internal & external)
- The pill
- The patch
- The ring
- The IUD
- The shot
- The implant
- Diaphragm
- Sponge
- Spermicides
- Abstinence



Types of Contraceptives

Over-the-counter methods:

Do not require a provider appointment or prescription. Can be found in drug stores, convenience stores, health departments, clinics

These include:

- External condom
- Internal condom
- Spermicides
- Contraceptive sponge



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Prescribed methods:

A provider visit and/or prescription are necessary. Most work by regulating hormones. They reduce the risk of pregnancy but **DO NOT** reduce the risk of STDs and HIV.

These include:

- Diaphragms
- The pill
- The patch
- The ring
- IUDs
- The shot (Depo-Provera)
- The implant (Nexplanon)

Free methods:

These methods do not require a provider appointment or prescription.

These include:

- Abstinence

When used correctly, contraceptive methods can reduce the risk of pregnancy. However, reducing your risk of something is different from avoiding the risk altogether.

Abstinence

is the only 100% effective method for pregnancy and STD prevention.



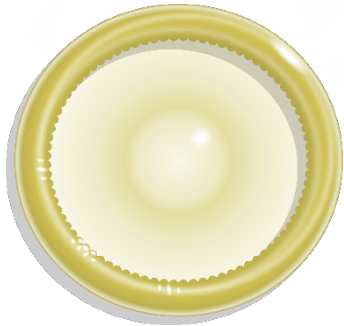
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Over-the-Counter Methods



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external condom



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What?

Latex sheath that covers the penis.

How?

Put on penis as soon as it is erect and removed after ejaculation (away from partner).

How long?

n/a

How well?

Perfect use: 98% **Typical** use: 82%

STDs?

When used consistently and correctly every time, condoms can reduce the risk of STDs including HIV.

Doctor?

No prescription or provider appointment necessary.

Drawbacks?

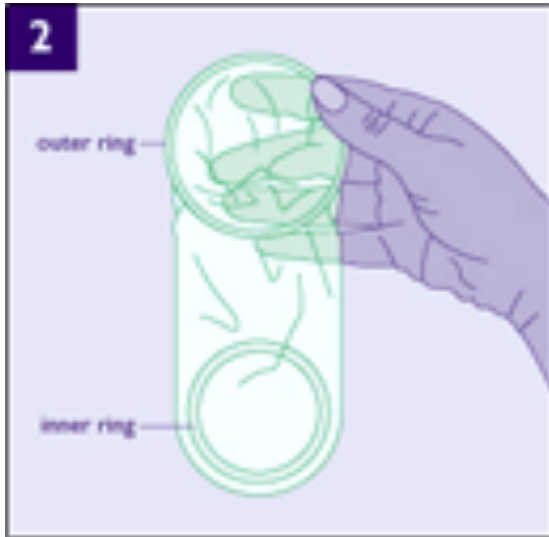
Can be difficult to remember, require commitment (must be used consistently and correctly every time to be effective).

Benefits?

No prescription necessary, can reduce the risk of pregnancy and STDs, cheap and easy to find.

If someone is allergic to latex, polyurethane and polyisoprene are alternatives. While lambskin condoms can reduce the risk of pregnancy, they are not recommended for protection from STDs.

internal condom



What?

Soft, loose-fitting polyurethane or nitrile sheath that lines vagina.

How?

Inserted right before sex, or up to 8 hours ahead of time.

How long?

n/a

How well?

Perfect use: 95% **Typical** use 79%

STDs ?

When used consistently and correctly every time, condoms can reduce the risk of STDs including HIV.

Doctor?

No prescription or provider appointment necessary.

Drawbacks?

May cause irritation of genital skin, requires commitment (must be used consistently and correctly to be effective).

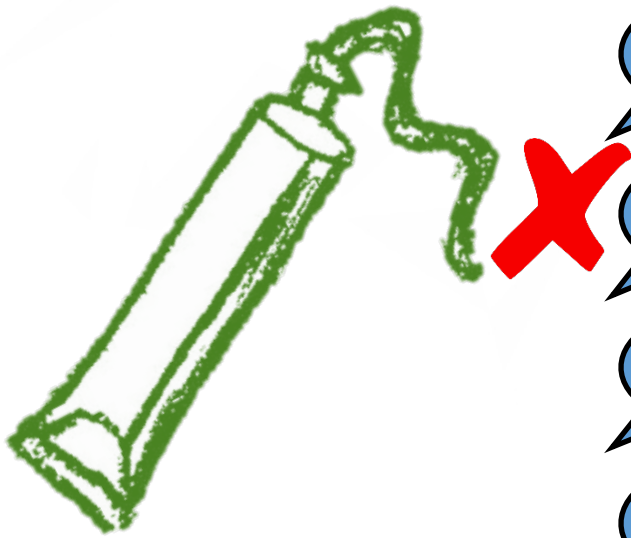
Benefits?

Can be used if allergic to latex, cheap and easy to find, everyone can be in control of their own protection.



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spermicide



What?

Creams, films, foams, gels and suppositories that contain chemicals that stop sperm from moving

How?

Inserted into the vagina, so it also keeps sperm from getting through the cervix and into the uterus.

How long?

Different for different products. Many require 10-minute wait between application and sexual contact.

How well?

Perfect use: 82% **Typical** use: 72%

STDs ?

Does not protect against STDs or HIV. Using a condom consistently and correctly will help reduce the risk of STDs.

Doctor?

No prescription or provider appointment necessary.

Drawbacks?

Chemicals in spermicides can raise risk for HIV infection, may irritate skin, can be messy.

Benefits?

Easy to use, easy to find, does not affect hormones, can be used while breastfeeding.

Spermicide is most effective when used with another method, such as a condom.



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the sponge



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What?

Round piece of white plastic foam (about 2" across) with a little dimple on one side and a nylon loop across the top.

How?

Inserted into the vagina before vaginal intercourse. Blocks the cervix and releases spermicide.

How long?

Once inserted, it can be left in for up to 30 hours. Must be left in at least 6 hours after vaginal intercourse.

How well?

Perfect use: 80-91% **Typical** use: 76-88%

STDs ?

Not effective against the spread of STDs/HIV. Consistent and correct condom use still necessary to reduce risk of STDs.

Doctor?

No prescription or provider appointment necessary.

Drawbacks?

Inserting can be difficult/uncomfortable, may cause irritation, unpredictable effectiveness, requires discipline/planning.

Benefits?

Will not affect hormones, no prescription necessary, can be inserted 24 hours in advance, may be used while breastfeeding.

Prescribed Methods



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diaphragm



What?

Shallow, dome-shaped cup made of silicone (2 different kinds available in the U.S.)

How?

Inserted into the vagina to cover the cervix. May be used with spermicide to increase effectiveness.

How long?

Must be left in for 6 hours after last vaginal intercourse.

How well?

Perfect use: 94% **Typical** use: 88%

STDs ?

Not effective against the spread of STDs/HIV. Consistent and correct condom use still necessary to reduce risk of STDs.

Doctor?

A provider visit and prescription are necessary to obtain this method. Sometimes a fitting will be necessary.

Drawbacks?

Can be difficult to insert, requires planning, can get pushed out of place, may cause irritation or urinary tract infections.

Benefits?

Will not affect hormones, can be inserted before needed, multiple uses, decreases risk of pelvic inflammatory disease, can be used while breastfeeding.



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birth control pills



What?

A pill taken at the same time every day that releases hormones: estrogen and progestin. Some types are only progestin.

How?

Hormones prevent ovulation (when an egg is released from an ovary) and thicken the cervical mucus to help keep sperm from fertilizing an egg.

How long?

Taken at the same time each day to ensure consistent level of hormones. Several days after discontinuing use, fertility will return.

How well?

Perfect use: 99% **Typical** use: 91%

STDs?

Not effective against the spread of STDs/HIV. Consistent and correct condom use still necessary to reduce risk of STDs.

Doctor?

A prescription is necessary to obtain this method.

Drawbacks?

Requires discipline to remember, possible early side effects: occasional spotting, sore breasts, nausea (will likely go away after 2-3 months).

Benefits?

Control over timing of periods, easy to use, may reduce acne, may reduce menstrual cramps.



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the patch



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What?

Small, thin sticker that resembles a Band-Aid and contains hormones.

How?

Hormones are absorbed through the skin. Prevents ovulation and thickens cervical mucus.

How long?

Changed at the same time each week for 3 weeks and removed the fourth for someone's period. May also be worn continuously.

How well?

Perfect use: 99% **Typical** use: 91%

STDs ?

Not effective against the spread of STDs/HIV. Consistent and correct condom use still necessary to reduce risk of STDs.

Doctor?

A provider visit and prescription are necessary to obtain this method.

Drawbacks?

May not work for those over a certain weight, possible bleeding in between periods, breast tenderness, nausea (for first 2-3 mo.), possible skin irritation.

Benefits?

Easy to use, relatively little effort, more regular periods, may clear up acne, can reduce menstrual cramps.

the ring



What?

Small, flexible ring inserted into the vagina that contains hormones.

How?

Hormones are absorbed directly through the cervix to prevent ovulation and thicken cervical mucus.

How long?

Inserted and worn for 3 weeks and removed on the fourth week for someone's period. Can also be worn continuously.

How well?

Perfect use: 99% **Typical** use: 91%

STDs ?

Not effective against the spread of STDs/HIV. Consistent and correct condom use still necessary to reduce risk of STDs.

Doctor?

A provider visit and prescription are necessary to obtain this method.

Drawbacks?

Must be stored in fridge, possible spotting, breast tenderness, or nausea (first 2-3 mo.); possible increased vaginal discharge, irritation, or infection long term.

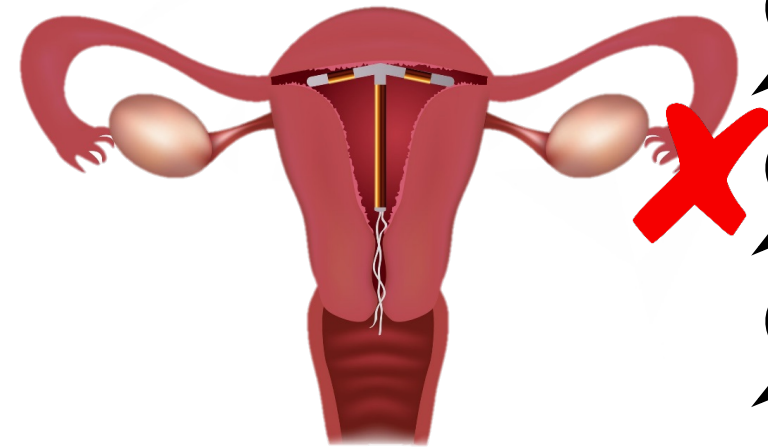
Benefits?

Easy to use, relatively little effort, may clear up acne, can reduce menstrual cramps, lower dose of hormones than other hormonal methods.



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IUD (intra-uterine device)



What?

Small, t-shaped piece of plastic and/or metal inserted into the uterus by a doctor.

How?

2 types of IUDs in U.S. **Hormonal**: made of plastic and release progestin. **Non-hormonal**: contain a small amount of safe, natural copper. Both affect sperm's ability to move in the uterus to keep them from fertilizing an egg.

How long?

Once inserted, hormonal IUDs can be effective for 3-6 years (depending on the brand). Non-hormonal IUDs can be effective for up to 12 years.

How well?

Perfect use: greater than 99% **Typical** use: greater than 99%

STDs ?

Not effective against the spread of STDs/HIV. Consistent and correct condom use still necessary to reduce risk of STDs.

Doctor?

Provider visit is necessary for insertion.

Drawbacks?

Possible spotting in between periods, cramps and backaches. Non-hormonal users could have increased period flow.

Benefits?

Long-term protection with little effort, easy to conceal, hormonal IUDs can make periods lighter, non-hormonal IUDs do not affect hormones, can be used while breastfeeding.



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the shot (Depo-Provera)



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What?

A shot containing progestin that is given every 3 months.

How?

Progestin works to prevent ovulation and thicken cervical mucus to keep sperm from fertilizing an egg.

How long?

Must receive shot every 3 months.

How well?

Perfect use: greater than 99% **Typical** use: 94%

STDs ?

Not effective against the spread of STDs/HIV. Consistent and correct condom use still necessary to reduce risk of STDs.

Doctor?

Provider or clinic visit is necessary to get the shot.

Drawbacks?

Possible irregular bleeding (esp. for first 6-12 months), change in appetite or weight gain; less common side effects are hair loss, dizziness, headache, nausea.

Benefits?

Easy to conceal, may cause shorter/lighter periods or no period at all, long-term protection with little effort, can be used while breastfeeding.



the implant (Nexplanon)



What?

Thin stick about the size of a match that is inserted under the skin of the upper arm by a doctor.

How?

The implant releases progestin, which prevents ovulation and thickens cervical mucus to keep sperm from fertilizing an egg.

How long?

Once inserted, the implant is effective for up to 3 years.

How well?

Perfect use: greater than 99% **Typical** use: greater than 99%

STDs
?

Not effective against the spread of STDs/HIV. Consistent and correct condom use still necessary to reduce risk of STDs.

Doctor?

An appointment with a provider is necessary for insertion.

Drawbacks?

Possible irregular bleeding (esp. in first 6-12 mo.); less common side effects: acne, headaches, discoloring or scarring of skin over implant, pain at implant site.

Benefits?

Long-term protection, very little effort, easy to conceal, fewer/lighter periods, can be used through breastfeeding.



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Free Methods



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abstinence



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What?

Not engaging in oral, anal, or vaginal sex.

How?

If sperm does not come into contact with a vagina, there is no risk for pregnancy.

How long?

As long as someone is abstinent, they are 100% protected from the risk of pregnancy.

How well?

100%

✓
STDs ?

The only 100% effective way to avoid the risk of STDs.

Doctor?

No provider appointment or prescription necessary.

Drawbacks?

Can be difficult to maintain (peer/partner pressure, media pressure, etc.).

Benefits?

No risk of pregnancy or STDs, no side effects, free.

How do I know which method to use?

- Talk to parents, doctor, counselor, or another trusted adult
- Ask questions
- Think about it
 - Am I ready for parenthood?
 - Do I respect myself enough to protect myself?



How can both partners be involved in using contraceptives?

Help pay for it

Go to doctor/clinic with partner

Wear a latex/polyurethane condom

Ask questions



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Help remind partner to take pill or make appointment

Help decide which method to use

Be supportive

Remember...

- To reduce the risk of an unwanted pregnancy and sexually transmitted diseases, you have to use effective methods to lower your risk.
- A condom is the only birth control method that reduces the risk of spreading/contracting sexually transmitted diseases and HIV
- Abstinence or “not having sex” will offer 100% protection against the spread of disease and pregnancy and will help you achieve your goals and dreams!





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