

Choosing a Birth Control Method

Ask yourself all of the following questions to find out if you have chosen the birth control method that is going to work the best for you.

Method of contraception that I am considering using:

Length of time I used this method in the past:

Answer by checking "YES" or "NO" in the box next to the question:

	YES	NO
Have I had problems using this method before?	<input type="radio"/>	<input type="radio"/>
Have I ever become pregnant while using this method?	<input type="radio"/>	<input type="radio"/>
Am I afraid of using this method?	<input type="radio"/>	<input type="radio"/>
Would I really rather not use this method?	<input type="radio"/>	<input type="radio"/>
Will I have trouble using this method correctly?	<input type="radio"/>	<input type="radio"/>
Do I still have unanswered questions about this method?	<input type="radio"/>	<input type="radio"/>
Does this method make menstrual periods longer and more painful?	<input type="radio"/>	<input type="radio"/>
Does this method cost more than I can afford?	<input type="radio"/>	<input type="radio"/>
Could this method cause me to have serious complications?	<input type="radio"/>	<input type="radio"/>
Am I against this method because of my religious or moral beliefs?	<input type="radio"/>	<input type="radio"/>
Is my partner against me using this method?	<input type="radio"/>	<input type="radio"/>
Am I using this method without my partner's knowledge?	<input type="radio"/>	<input type="radio"/>
Will using this method embarrass me?	<input type="radio"/>	<input type="radio"/>
Will using this method embarrass my partner?	<input type="radio"/>	<input type="radio"/>
Will I or my partner enjoy sex less because of this method?	<input type="radio"/>	<input type="radio"/>
If this method interrupts sex, will I avoid using it?	<input type="radio"/>	<input type="radio"/>
Has a nurse or doctor ever told me NOT to use this method?	<input type="radio"/>	<input type="radio"/>
Is there anything about my personality that could lead me to use this method incorrectly?	<input type="radio"/>	<input type="radio"/>
Am I at any risk of being exposed to STD/HIV if I use this method?	<input type="radio"/>	<input type="radio"/>
TOTAL NUMBER OF "YES" BOXES CHECKED	<input type="text"/>	<input type="text"/>

If you checked more than a few boxes "Yes" you should talk to your doctor, nurse, health professional, counselor, or partner to help you decide whether to use this method or how to use it so that it will really be effective for you

Contraceptive Methods

Perfect Use – is the percentage of women that will NOT get pregnant when the method is used as directed each and every time without any mistakes.

Typical Use– is the percentage of women that do NOT get pregnant while practically using the method. This includes occasional irregular use, incorrect use, mistakes and biologic differences.

Primary Birth Control	How to Use	Perfect Use	Typical Use	Rx Needed	Protects Against STDs
Abstinence	Not having vaginal sex	100%	100%	No	See Handout
Birth Control Pills	Take 1 pill at the same time every day as directed. You have a period every 28 days.	99.9%	95%	Yes	No
Progestin–only Pills	Take 1 pill at the same time every day as directed, there are no hormone–free days.	99.7%	92%	Yes	No
Depo–Shot	Get a shot every 3 months	99.7%	97%	Yes	No
Patch	Apply to skin and change weekly	99.7%	92%	Yes	No
Vaginal Ring	Insert monthly and leave in place for 21 days—leave out for 7days for period	99.7%	92%	Yes	No
Spermicide	Apply every time before sex	82%	71%	No	No
Diaphragm	Insert every time before sex, use with Spermicide	94% with spermicide	84% with spermicide	Yes	No
Cervical Cap <ul style="list-style-type: none"> • Before 1st pregnancy • After 1st pregnancy 	Insert every time before sex, use with Spermicide	<ul style="list-style-type: none"> • 91% with spermicide • 80% with spermicide 	<ul style="list-style-type: none"> • 84% with spermicide • 68% with spermicide 	Yes	No
Female Condom	Insert every time before sex	95%	79%	No	Yes

Male Condom	Wear every time during sex; Never use with a Female Condom	98%	85%	No	Yes
IUD (hormonal)	Inserted in the uterus by a doctor and can remain in place for up to 5 years	99.9%	99.9%	IUD inserted by a healthcare professional	No
IUD (copper)	Inserted in the uterus by a doctor and can remain in place for up to 10 years	99.4%	99.2%	IUD inserted by a healthcare professional	No
Withdrawal	When the man withdraws his penis before ejaculating	N/A	N/A	No	No
Tubal Ligation "Tubes Tied"	No action required after surgery	99.5%	99.5%	Performed Surgically	No
Vasectomy	No action required after surgery	99.9%	99.85%	Performed Surgically	No
Emergency Contraception	Take 1st pill within 72 hours after unprotected sex or contraceptive method failure. Take second pill 12 hours after the 1st dose.	89%	unknown	No, if 18 years old or older. Yes, if under 18 years old.	No

Diaphragm

A diaphragm is a dome-shaped rubber cup with a firm rim that fits snugly over the cervix and is held in place by suction and support of the vaginal wall. A diaphragm prevents pregnancy by stopping the sperm from passing through the cervical opening and should always be used with a sperm killing cream or jelly. Your doctor will fit you with the correct size diaphragm for your body, but you will have to learn how to put it in and take it out yourself.

Perfect Use: 94% effective with Spermicide Typical Use: 84% effective with Spermicide

How to Use the Diaphragm:

- Put a teaspoon of spermicidal cream or spermicidal jelly into the cup of the diaphragm.
- Spread a small amount of spermicide around the edge with your fingertip.
- Find a position that is comfortable for you to insert the diaphragm; standing with one leg up, squatting, or lying down.
- Hold the diaphragm with the dome facing down (the spermicide up) and press the opposite sides of the rim together between your thumb and third finger.
- Push the compressed diaphragm gently inward (towards your backbone, not straight in) as far as it can go.

- Use your pointer finger to push the front rim of the diaphragm up until it is firmly in place just behind the pubic bone. Use your pointer finger to check that the diaphragm is in place over the cervix. When it is in correctly, you should not be aware that it is there.
- The diaphragm should be removed six hours after having sex.
- If you wish to have sex again (before removing the diaphragm) you should insert more spermicidal jelly or cream. Simply fill and insert the applicator, then apply spermicide into the upper part of the vagina. Wait six hours from time of last sex to remove the diaphragm.
- To remove: hook your pointer finger behind the front rim of the diaphragm and pull out.
- After use, wash your diaphragm with mild soap and warm water. Store in a cool dry place. Don't use the diaphragm if it looks dry, cracked, or if it has a hole or tear.

Advantages:

- Reusable
- Can be put in up to 6 hours before having sex
- Can be used with or without partner knowing
- Reversible
- Does not change hormone levels

Disadvantages:

- Does NOT protect against STIs, including HIV/AIDS
- May be difficult for some women to learn how to insert it
- May increase risk for vaginal and urinary tract infections
- Some women may be allergic to the rubber or spermicide

Emergency Contraception

Emergency Contraception (EC) is also known as Plan B® or "the morning after pill." Emergency Contraception is a second chance when you need it. Emergency Contraception should be used when you feel that your birth control method failed, after having unprotected sex, or after being forced to have sex.

The sooner you take Emergency Contraception the more effective it is. When taken within 72 hours of unprotected sex, Emergency Contraception can reduce your risk of pregnancy by 89%.

The effectiveness of Emergency Contraception decreases after the window of 72 hours (3 days) has past.

Emergency Contraception is NOT a substitute for using a regular form of birth control. It should be used in emergencies when your regular birth control method fails. For example:

- If a condom breaks
- If you forget to take your birth control pills
- If you don't correctly use any other form of birth control

Emergency Contraception does NOT protect against sexually transmitted infections, including HIV/AIDS.

Emergency Contraception is NOT the "Abortion Pill."

- Emergency Contraception is used to prevent pregnancy; it is not effective if you are already pregnant.
- Emergency Contraception will not terminate an existing pregnancy.

Where do you get Emergency Contraception?

If you are 18 years old or older you can buy Emergency Contraception from a pharmacy without a prescription. You must have valid ID with you to prove that you are over 18. If you are younger than 18 you must ask your doctor for a prescription and take your prescription to a pharmacy to be filled.

For more information on Emergency Contraception and how to get it: call 1-888-NOT-2-LATE.

How to Take Emergency Contraception

- The 1st pill should be taken as soon as possible within 72 hours of unprotected sex or contraceptive failure.
- The 2nd pill should be taken 12 hours after the 1st pill.

Emergency Contraception has no serious or lasting medical side effects. Some possible side effects include:

- Nausea
- Stomach pain
- Headaches
- Dizziness
- Breast tenderness
- Some women experience menstrual changes such as spotting or bleeding before their next period
- Some women may have a heavier or lighter next period, or a period that is early or late. If your period is more than a week late, you should get a pregnancy test.

Some specific types of birth control pills can also be used as Emergency Contraception. Consult your doctor before using regular birth control pills as Emergency Contraception. Your doctor will let you know if your type of birth control pills can work as Emergency Contraception and when and how many pills to take if needed.

Female Condom

The Female Condom is a soft, loose-fitting polyurethane sheath that is less likely to break than a male condom. It contains two flexible polyurethane rings. One ring lies inside the sheath and has two functions: it makes the female condom easier to insert and it helps the female condom stay in place. The second ring forms the external, open end of the condom and remains outside of the vagina after insertion.

Perfect Use: 95% effective

Typical Use: 79% effective

Advantages:

- Can be inserted up to 8 hours before intercourse so that it won't interrupt spontaneity
- Unlike the male condom, it can be used with oil or water-based lubricants
- Does not affect the male partner's stimulation
- The female condom forms a barrier between the penis and the vagina, cervix, and external genitalia, providing additional protection from contracting an STD/HIV
- Requires no special storage; does not deteriorate in high temperatures or humidity
- Can be purchased at many drug stores

Disadvantages:

- The female condom is more expensive than a male condom and cannot be reused
- Cannot be used with a male condom, as the friction can cause both to tear
- Women may feel uncomfortable touching their vagina to insert and remove the condom
- Sometimes difficult to insert
- Can be noisy. Lubricate the inside and the outside of the condom to minimize noise

How to Insert and Remove a Female Condom

- Check the expiration date.
- Remove the condom and spread lubrication from the pack on the condom.
- Hold the inner ring between your thumb and pointer finger.
- Squeeze the sides of the inner ring together and grasp it firmly.
- Decide on a comfortable position to insert the condom—sitting, squatting or lying down.
- Locate the opening of the vagina and separate the outer lips.
- Push the inner ring up into the vagina as far as possible.
- Insert your pointer finger and middle finger into the condom to make sure that it is in place.
- About 1 inch of the condom including the outer ring will remain outside the body.
- Once the penis enters the vagina, the ring should remain outside the vagina, protecting the external genitalia from contact. (There is a possibility that on entering the vagina the penis will push the outer ring into the vagina or the penis will enter to the side between the condom and the vaginal wall. If either thing happens, stop immediately! Remove the penis and adjust the outer ring until it is once again outside the vagina. Guide the penis into the female condom.)
- To remove: Before standing, grasp the outer ring and twist the condom to seal in the semen.
- Gently pull out the twisted condom.
- Place the condom in a tissue or in the empty package and throw it away, do not flush it.

IUD

What is an IUD?

IUD stands for Intrauterine Device. It's a small, plastic, T-shaped object that is inserted through the cervix and placed in the uterus. A small string hangs down from the IUD into the upper part of the vagina (you can't see the string). There are two types of IUDs: copper and hormonal.

Hormonal IUD (Can be left in place for up to 5 years) Perfect Use: 99.9% effective Typical Use: 99.9% effective
 Copper IUD (Can be left in place for up to 10 years) Perfect Use: 99.4% effective Typical Use: 99.2% effective

How Does it Work?

IUDs prevent the sperm from fertilizing the egg. A copper IUD increases uterine fluid that contains copper ions, enzymes, and white blood cells that weaken sperm.

A hormonal IUD causes a thickening of cervical mucous which blocks sperm, decreases sperm survival and decreases growth of the uterine lining which is needed to support a pregnancy.

Important Considerations

- A woman needs to reach into her vagina and check the string after her period ends each month. Do NOT pull on the string; just make sure that the IUD is still in place.

- Getting an STD while using an IUD may increase your risk of having a serious pelvic infection, so its important to use a condom if a woman has multiple sexual partners.

Advantages:

- Very effective
- Requires no daily attention
- Immediately effective
- Allows sexual spontaneity
- Decreased risk of tubal pregnancy

Disadvantages:

- Must be inserted and removed by a medical professional
- Does not protect against STIs, HIV/AIDS
- May cause more difficult periods
- Cramping and pain for 15 minutes after insertion
- Can unexpectedly come out. Contact you doctor if this happens.

Male Condom

A male condom is a sheath of thin rubber used to cover the erect penis. The condom prevents semen from entering the vagina, preventing pregnancy and reducing the amount of genital skin-to-skin contact, which reduces the transmission of some STIs. Use only latex and polyurethane condoms, because condoms made of animal skins ("natural skin" and "lambskin") or other materials have small pores that allow viruses to pass through.

Perfect Use: 98% effective

Typical Use: 85% effective

(Using Spermicide along with a Condom increases the effectiveness up to 99%)

Advantages:

- Protects against STIs (including HIV/AIDS) during vaginal, oral or anal sex
- Easy to use and accessible— available at drug stores and convenient stores
- Does not affect future fertility
- Delays premature ejaculation

Disadvantages:

- May slip off, leak, or break
- May interfere with spontaneity and/or sexual sensations
- Must be stored in a cool, dry place
- Must be used correctly

How to Put on a Male Condom

- Check the expiration date.
- Carefully open an edge of the package without damaging the condom. Don't use scissors or teeth.

- Inspect the condition. Condoms in damaged packages or showing signs of deterioration (brittleness, stickiness, or discoloration) should not be used regardless of the expiration date.
- Before there is any sexual contact, but after the penis is erect, squeeze the tip of the condom and place the rolled condom on the head of the penis.
- Continue to squeeze the tip of the condom and with the other hand roll the condom down over the shaft of the penis, leaving a half–inch space at the tip of the condom to collect the semen.
- Roll the condom down so that it covers the entire penis, down to the base of the penis.
- After ejaculation, withdraw the penis while still erect so the semen stays inside the condom.
- Hold the rim on the condom as you withdraw to make sure that the condom does not slip off.
- Carefully remove the condom without spilling any semen.
- Wrap the condom in tissue and put it in the trash. Don't flush the condom down the toilet.
- Use a new condom for every act of vaginal, oral, or anal intercourse.
- If you think the condom broke, tore, or leaked contact your doctor immediately to get emergency contraception.

Condom DO's and DON'Ts

- Do use a fresh condom for each erection.
- Do put a condom on before any skin–to–skin contact, and leave it on until sex is finished.
- Do use water–based lubricants. Don't ever reuse a condom.
- Don't use two condoms at once.
- Don't use a male condom and a female condom at the same time.
- Don't keep condoms in a car, wallet, pocket or any place where heat and friction can weaken the rubber.
- Don't use oil–based lubricants.

The Pill

Birth Control Pills are a combination of the hormones estrogen and progestin. These hormones stop a woman from ovulating (releasing an egg into the fallopian tube,) prevent an egg from implanting in the wall of the uterus and cause the cervical mucus to thicken, blocking sperm.

Perfect Use: 99.9% effective Typical Use: 95% effective

To make the pills most effective, swallow one pill at the same time every day. At the very least, you should always take your pill within a 3–hour window every day. Being on a schedule and taking your pill at the same time every day will also prevent you from forgetting.

Are birth control pills safe?

Yes, the pill is very safe and has been used for over 30 years by millions of women.

Advantages:

- May make periods lighter and less painful
- May improve acne
- Does not interfere with sex
- Can stop taking at any time if you wish to become pregnant
- Decreases risk for ovarian and endometrial cancer

Disadvantages:

- Does NOT protect against STIs
- May increase the risk of stroke, heart attack, blood clots, and high blood pressure for some women (especially for smokers over 35 years old)
- Risk pregnancy if you forget to take your pill at the same time every day
- Need to have a prescription

Warnings: Use a backup birth control method (ex. Condom):

- If it's the first month you are on the pill
- To protect yourself from STDs/HIV
- If you take a pill late
- If you miss taking any pills
- If you stop taking the pills
- If you are taking other medications or herbal supplements (talk to your doctor).

If you forget to take a pill, take it as soon as you remember if it's the same day. If you skip one day or more, consult your doctor and use alternative birth control every time you have sex.

There are two other types of birth control pills; extended-cycle pills and progestin-only pills. Both types prevent pregnancy in the same way as traditional birth control pills. If a woman is on extended-cycle pills she gets her period 4 times a year (every 3 months) rather than once a month. Progestin-only pills, also known as the Minipill, do not contain any estrogen and are often prescribed to women that are breastfeeding. Both types of pills are completely safe.

The Patch

OrthoEvra, otherwise known as the Patch, is a lightweight, thin, flexible, beige-colored, square patch that looks a lot like a Band-Aid. You can wear the patch on 1 of 4 areas of the body. The birth control patch should not be worn on any other areas of the body. Once the patch sticks to the skin, it releases a combination of estrogen and progestin hormones into the blood stream which stops ovulation, prevents the egg from implanting in the uterus and causes cervical mucus to thicken and block sperm.

Perfect Use: 99.7% effective

Typical Use: 92% effective

The patch has shown to be less effective in women weighing more than 198 pounds.

Advantages:

- Easy to use
- You don't have to remember it daily, just put a new patch on every week for three weeks
- Affects fertility one week at a time
- Does not interrupt sex
- Regulates periods, lighter periods
- Decreases menstrual pain and PMS
- May improve acne

Disadvantages:

- Should NOT use the patch if you are a smoker or are over 35 years old
- Difficult to hide so your partner will most likely see it and other people may also see it depending on the positioning of the patch and the type of clothing that is worn
- Does NOT protect against sexually transmitted infections, including HIV/AIDS
- Possible side effects include: nausea, weight gain, headaches, dizziness, and breast tenderness
- Possible skin irritation or rashes at the site of the patch
- Irregular bleeding
- Requires a prescription
- May increase risk of stroke, heart attack, blood clots, and high blood pressure for some women (especially women over 35 who smoke)

How the Patch Works:

- Apply a new patch to your upper outer arm, upper torso (front and back, excluding the breasts), abdomen, or buttock once a week on the same day for 3 weeks in a row
- During the 4th week, do not wear a patch, which will be your period week
- At the end of that week, start another cycle of patches
- The patch should only be applied to clean, dry skin. Do not put creams, lotions, oils, powder, or makeup on or near your patch

The Ring

The vaginal contraceptive ring (NuvaRing®) is a flexible, soft, transparent plastic ring that you insert into your vagina. The ring is about 2 inches in diameter and is held in place by the muscles in your vaginal wall. The ring releases hormones (estrogen and progestin) in steady, low doses that work the same way as the hormones in the pill and patch. Once inserted into the vagina the ring is continuously worn for 3 weeks.

How to Insert and Remove the Vaginal Ring:

- Insert one ring into your vagina, using any position you find comfortable: standing with one leg up, squatting, or lying down. Squeeze the ring between your thumb and pointer finger and place the leading edge into the opening of your vagina.
- Place the ring high in the vault of your vagina, against the wall. The exact position of the ring is not critical for it to work.
- Leave the ring in place for 3 weeks. Do NOT remove the ring for sex.
- After 3 weeks, remove the ring by hooking your pointer finger around the ring or by grasping the rim between your pointer finger and your middle finger and pulling it out. Leave the ring out for 7 days and you will have your period.
- Throw it out in the trash. Do NOT flush the ring down the toilet.
- After the 7–day break, insert a new ring to begin the cycle again. Always insert the ring on the same day of the week, even if you have not finished your period.
- If the ring is out of your vagina for more than 3 hours during the 21–day period, re–insert it and use a back–up method (ex. condom). If you have had unprotected sex, use emergency contraception.

Advantages:

- Simple and easy to use

- Can be worn without any hassle for 3 weeks
- Does not interfere with sex
- Reversible
- Regulates periods and makes periods lighter
- Decreases menstrual pain and PMS
- Decreases risk of ovarian and endometrial cancer

Disadvantages:

- May be difficult to insert and remove
- Women may feel uncomfortable touching their vagina to insert and remove the ring
- Does NOT protect against STIs
- Must avoid storing the ring in direct sunlight or at temperatures above 86° F. High temperatures increase the chance that the hormones will release off the ring, making it less effective. Rings may be stored at room temperature (77° F) for up to four months, though refrigerated storage is best.

The Shot

Depo–Provera, also known as The Shot or the Depo–shot, is a hormonal shot that is injected into a muscle every 12 weeks (or 3 months). The shot has a high dose of Progestin (no estrogen) and is usually injected into the arm or buttock This is a very safe and effective form of birth control.

The high level of progestin hormone:

- Stops the woman from ovulating (releasing an egg into the fallopian tube)
- Decreases chance that an egg will implant in the wall of the uterus
- Causes the cervical mucus to thicken, which blocks the sperm

Perfect Use: 99.7% effective

Typical Use: 97% effective

To make the Shot most effective you must get your next scheduled shot when your doctor schedules it. If you miss or reschedule your appointment, you need to use a backup birth control method (ex. condom) every time you have sex until you are able to get your shot.

Advantages:

- Private, no one will know that you are on it
- You don't have to remember it every day; simply remember your shot every 3 months
- Effective after 24 hours. But, you should use a condom for at least one week after your first shot
- Does not interfere with sex
- Menstrual changes are common including a light period, no period and less cramping
- May decrease risk for ovarian and uterine cancers
- Women can start Depo–Provera 6 weeks after giving birth, or earlier if not breastfeeding
- Safe for breastfeeding women, as long as they wait 6 weeks before getting the first shot

Disadvantages:

- Possible irregular bleeding and/or weight gain

- May experience breast tenderness
- Long-term Depo users may experience bone density loss and risk of osteoporosis
- Does NOT protect against sexually transmitted infections, including HIV/AIDS
- Requires a shot every 3 months; must return to the doctor every 11 to 13 weeks
- Not possible to discontinue immediately; must wait 3 months until hormones have worn off if you are having bad side effects or wish to become pregnant

The Facts about Depo and Weight Gain

On average, women gain 5.4 pounds in the first year of Depo use. Studies have shown that 70% of Depo users gain about 5 pounds, 20% lose weight and 10% have no weight change. If you are concerned about your weight, remember that gaining 5 pounds while on Depo-Provera is better than gaining 25 pounds or more during an unplanned pregnancy. To prevent weight gain; continue to eat healthy, control your portion sizes, exercise and drink 10 glasses of water a day.

Spermicide

What is Spermicide?

Most spermicides contain nonoxynol-9, a chemical that kills sperm and therefore prevents pregnancy. Spermicide provides lubrication and can be used by itself, but is most effective when used with another birth control method like a condom or a diaphragm. Spermicide comes in many different forms that can all be purchased at a drug store without a prescription.

Vaginal spermicide alone:

Perfect use: 82% effective Typical use: 71% effective

When a vaginal spermicide is used with a condom, effectiveness increases to 99%.

Types of Spermicide

(Always follow the directions on the packaging to make the use of the product most effective.)

- Foam has the consistency of shaving cream and is inserted into the vagina with an applicator.
- Creams and Jellies can be inserted into the vagina with an applicator and/or rubbed on the penis. Creams and jellies are often used with a diaphragm or a cervical cap.
- Vaginal Contraceptive Film (VCF) comes in thin squares that dissolve over the cervix. Fold the film in half and put the VCF over your cervix. Wait 15 minutes for the VCF to melt and become effective before beginning sex.
- Vaginal Suppositories are capsules that dissolve in the vagina. They are inserted into the vagina like a tampon and pushed up to the cervix. It takes about 20 minutes for the suppository to become effective.

Advantages:

- Available without a prescription
- Lubrication may increase pleasure
- Does not affect future fertility

- Use can be a part of sex play

Disadvantages:

- Does not protect against sexually transmitted infections, including HIV/AIDS
- Possible genital irritation and may increase the risk of vaginal and urinary infections
- Can be messy
- Some types are not effective until 10–20 minutes after placing in the vagina
- Additional application is needed for each act of vaginal intercourse

Tubal Ligation & Vasectomy

Tubal Ligation and Vasectomy are permanent birth control methods that require surgery and are usually irreversible.

What is Tubal Ligation?

Tubal ligation is commonly known as "getting your tubes tied." It is a permanent method of sterilization for women. After having a tubal ligation you will NOT be able to get pregnant.

What is Done?

During surgery, the woman's fallopian tubes are cut, burned, or blocked with rings, bands, or clips. This procedure stops the egg from traveling down the fallopian tube to reach the sperm and stops the sperm from reaching the egg; therefore, this method is very effective (99.5% effective).

Advantages:

- Permanent
- Does not interfere with sex
- Requires no daily attention

Disadvantages:

- Does not protect against sexually transmitted infections, including HIV/AIDS
- Requires surgery
- More complicated than a vasectomy
- Possible regret

What is a Vasectomy?

Vasectomy is a permanent method of sterilization for men. After having a vasectomy a man will not be able to get a woman pregnant.

What is Done?

During a minor surgical procedure (taking about 15 minutes) the doctor cuts or blocks the tubes in the scrotum that carry the sperm to join the semen before ejaculation. The man will still ejaculate but the semen will not contain any sperm. This method is 99.9% effective and permanent 6 weeks after the procedure.

Advantages:

- Permanent
- Cheaper, easier, and less painful than tubal ligation
- Does not interfere with sex
- Requires no daily attention

Disadvantages:

- Does not protect against sexually transmitted infections, including HIV/AIDS
- Requires surgery
- Possible regret
- ? Need to use another form of birth control for six weeks after the vasectomy for it to be effective

Withdrawal or Pulling Out

"Withdrawal" or "Pulling Out" is when the man stops sexual intercourse before he ejaculates. Withdrawal is considered by many to be a very ineffective method of birth control; however, it is considered to be better than using no method at all. Withdrawal depends solely on the man's ability to predict ejaculation and withdraw in time to move away from the woman so that none of the ejaculate gets near her vaginal area.

Not Effective

It is difficult to accurately report on the effectiveness of this method because effectiveness depends on each man's ability and willingness to withdraw. Among couples that report using this method nearly 1 in 3 couples will get pregnant within one year. Don't risk it! Use another form of birth control.

Disadvantages:

- Goes against a man's natural and physical desire to achieve sexual satisfaction
- Leaves the woman in a state of high excitement and without sexual satisfaction
- Does not protect against STIs
- Women can still become pregnant
- Women have no control in the effectiveness of this method

Things to Think About:

- Pre-ejaculate fluid contains sperm. Men release pre-ejaculate fluid, often called "precum," which is a small amount of fluid released by the penis at some time after becoming aroused, but before ejaculation. Men have no control over this release and are not aware when it happens, yet a woman can still become pregnant from this sperm.
- A man may think he has control when he really does not.
- You must put a great deal of trust in the man. He may say that he is going to pull out or say and act like he doesn't want to get you pregnant, but he could be lying or making a promise that he is unable to keep.
- After a man withdraws and ejaculates you cannot continue having unprotected sex. There will be sperm on the head and shaft of the penis that will cause a pregnancy. If you and your partner wish to continue sex after the man withdraws and ejaculates, use another form of birth control.