

Your Guide to Contraceptive Choices

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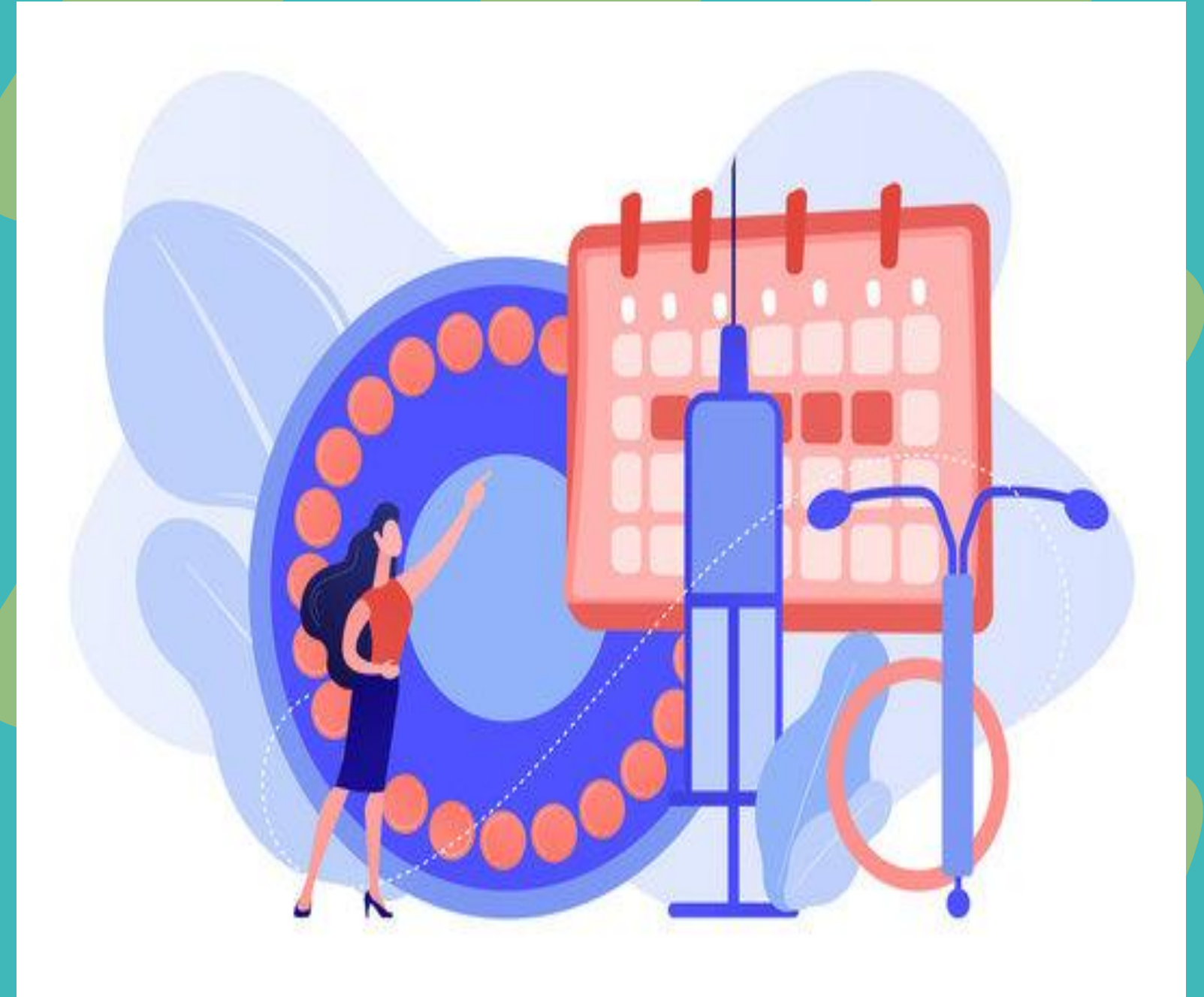


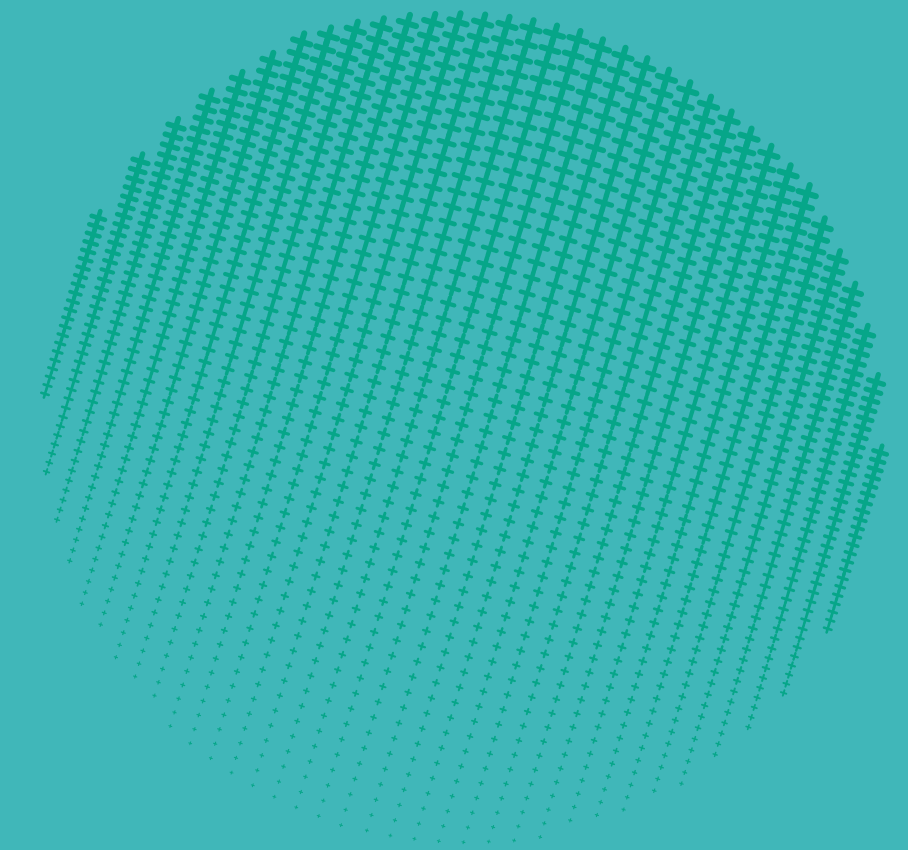
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Introduction

Contraception, also known as birth control, refers to methods or devices used to prevent pregnancy. With a wide range of options available, individuals can choose a method that best fits their lifestyle, health needs, and future family planning goals. Contraceptive methods vary in how they work, how effective they are, how often they must be used, and whether they contain hormones.

Choosing a contraceptive method is a personal decision, and it's often helpful to consult a healthcare provider to find the safest and most suitable option.

Types of Contraceptives

- ✓ Hormonal Methods
- ✓ Permanent Methods
- ✓ Long-Acting Reversible Contraceptives
- ✓ Barrier Methods
- ✓ Fertility Awareness Methods (Natural Methods)
- ✓ Emergency Contraception



Hormonal Contraceptives cont..

How They Work

Hormonal contraceptives prevent pregnancy by:

Stopping ovulation (no egg release)

Thickening cervical mucus (blocks sperm)

Thinning the uterine lining (discourages implantation)

Benefits

Highly effective at preventing pregnancy

Can regulate periods

Reduce menstrual cramps and acne

Lower risk of ovarian and endometrial cancer (with long-term use)

Useful in managing conditions like PCOS or endometriosis

Side Effects

Common (usually mild and temporary):

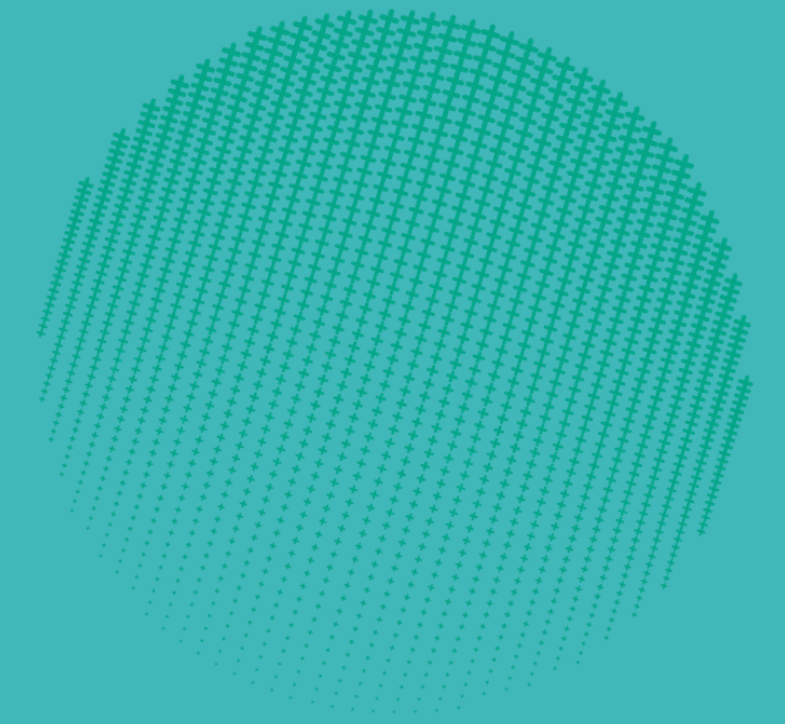
Nausea

Headaches

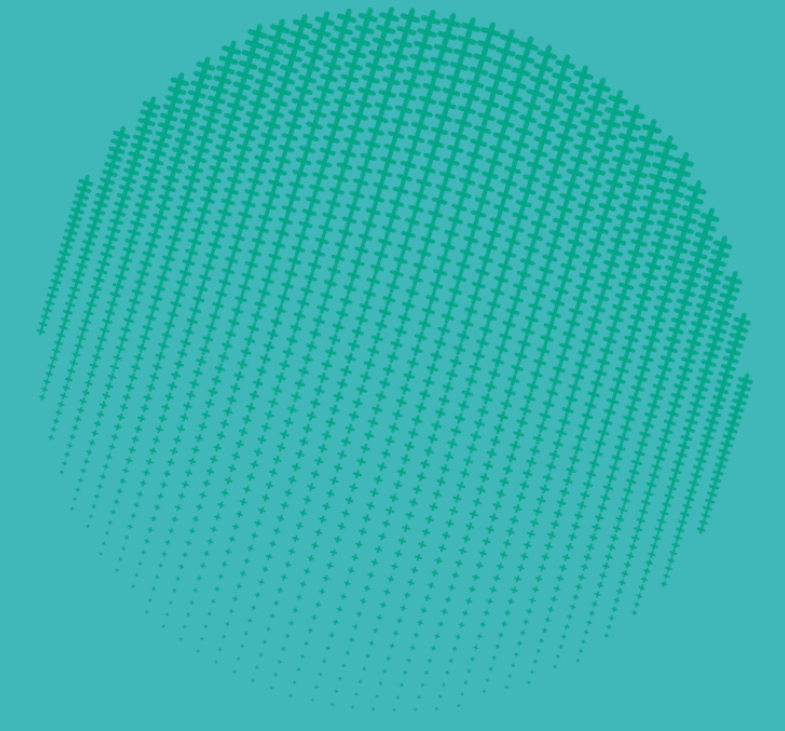
Breast tenderness

Mood changes

Irregular bleeding (especially with progestin-only methods)



Permanent contraceptive methods



Permanent contraceptive methods (also called **sterilization**) are intended to provide **lifelong prevention of pregnancy**. They're ideal for individuals or couples who are sure they don't want any (or more) children. These methods are extremely effective and usually do not impact hormone levels or sexual function.

Permanent Contraceptive Methods

1. Female Sterilization (Tubal Ligation or Occlusion)

What it is: Surgical procedure that blocks or cuts the fallopian tubes to prevent eggs from meeting sperm.

Methods:

Tubal ligation: "Tying the tubes" — tubes are cut, tied, or sealed.

Salpingectomy: Removal of the fallopian tubes (also lowers ovarian cancer risk).

Tubal implants (e.g., Essure – now discontinued): Coils inserted into the tubes to cause scarring/blockage.

How effective: Over 99%

Timing: Can be done postpartum, during C-section, or as a separate procedure.

Recovery: Usually within a few days to a week.

Hormonal impact: None

2. Male Sterilization (Vasectomy)

What it is: Surgical procedure that cuts or seals the vas deferens, the tubes that carry sperm from the testicles.

How effective: Over 99% after confirmation (usually requires a follow-up semen analysis)

Procedure:

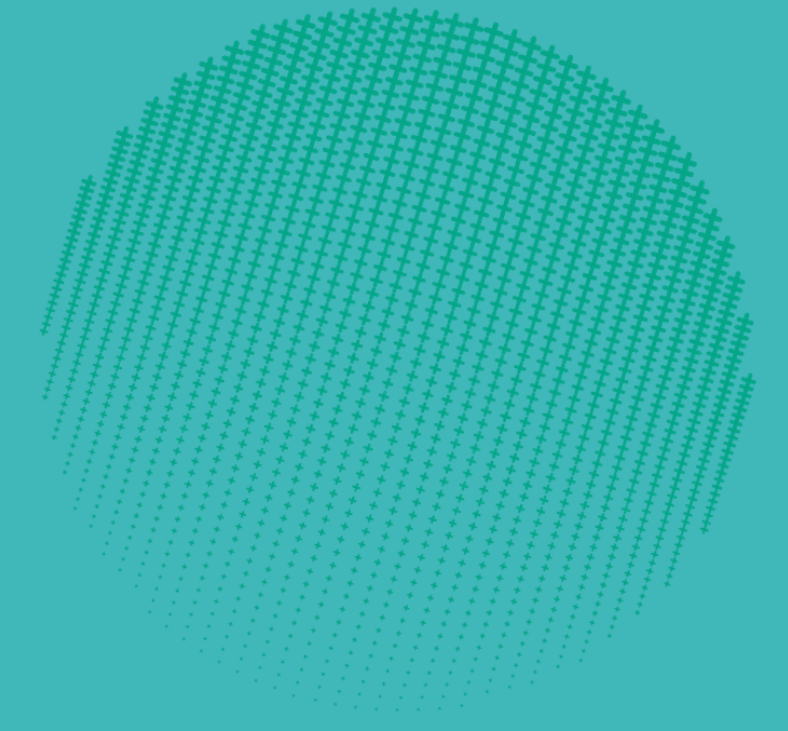
Minimally invasive (often outpatient, with local anesthesia)

No impact on testosterone levels, ejaculation, or sexual performance

Recovery: 2–7 days typically

Permanent: Yes, but sometimes reversible (success not guaranteed)

Pros and Cons of Permanent Contraception



Pros of Permanent Contraception

Highly effective with minimal maintenance

Non-hormonal (no hormonal side effects)

One-time procedure (cost-effective long term)

No interruption to sex life

Cons and Considerations

Not reversible (should be considered permanent, even if reversal is possible)

Surgical risks (bleeding, infection, anesthesia)

Regret — especially in younger individuals or those undergoing pressure from partners

Doesn't protect against STIs (condoms still needed for that)

Long-Acting Reversible Methods (LARCs)

Long-Acting Reversible Contraceptives (LARCs) are highly effective family planning methods that provide long-term protection against pregnancy, but their effects are reversible, meaning fertility returns quickly after removal. They are ideal for individuals or couples who want reliable, low-maintenance contraception without permanent sterilization.

Intrauterine Devices (IUDs)

IUDs are small, T-shaped devices inserted into the uterus by a healthcare provider.

a. Copper IUD (e.g., ParaGard)

Hormone-free

Effective for up to **10–12 years**

Prevents sperm from fertilizing the egg due to copper's spermicidal effect

May increase menstrual bleeding and cramps initially

b. Hormonal IUDs (e.g., Mirena, Kyleena, Skyla, Liletta)

Release **levonorgestrel** (a type of progestin)

Duration: **3 to 8 years** (depending on brand)

Thicken cervical mucus, thin the uterine lining, and may suppress ovulation

Often reduce menstrual bleeding and cramps

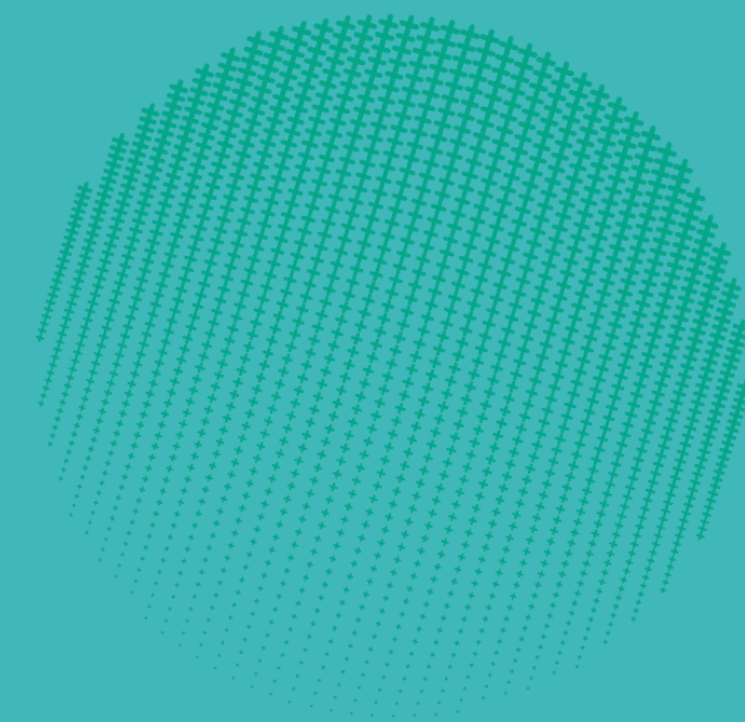
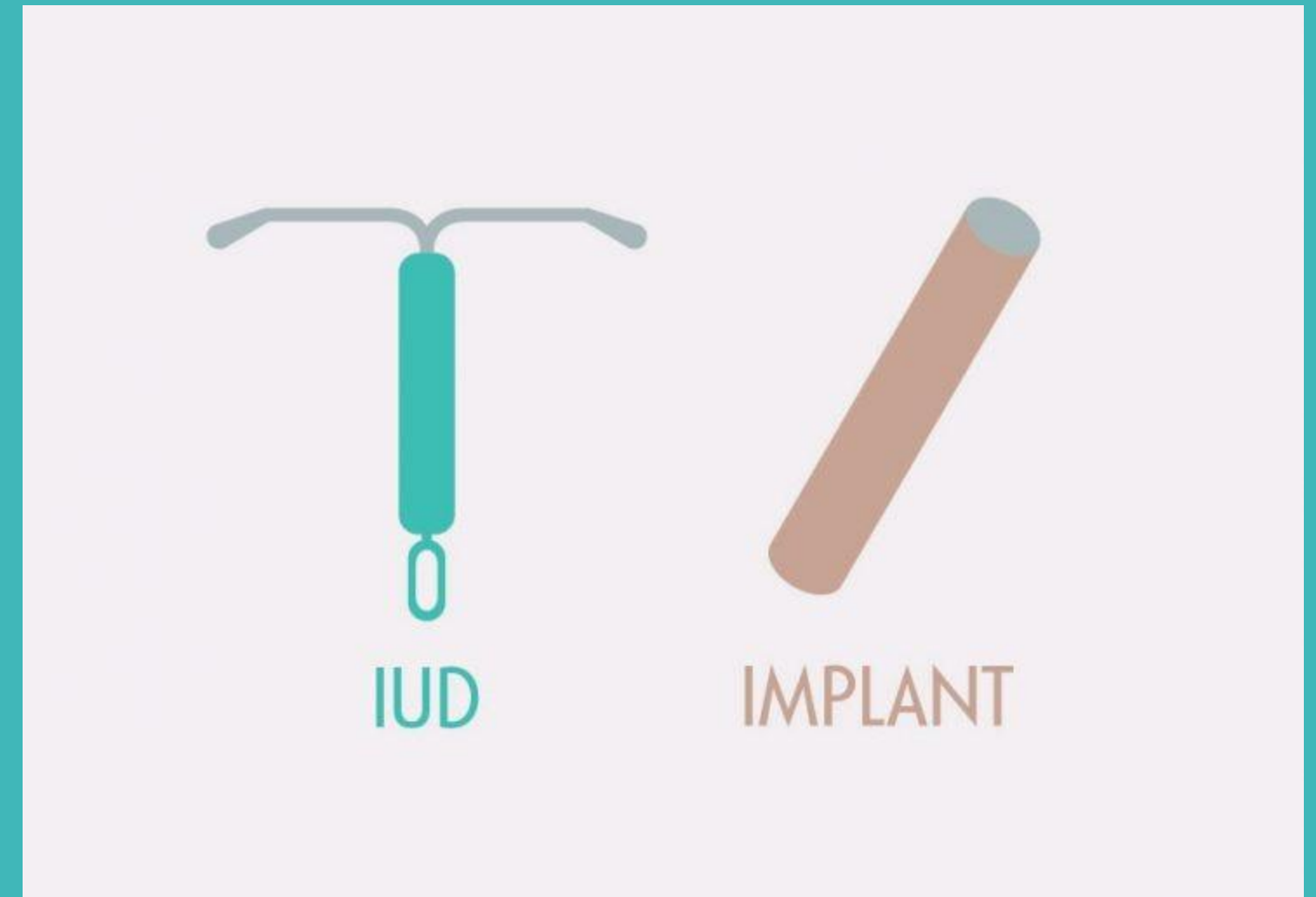
2. Contraceptive Implants (e.g., Nexplanon)

A small, flexible rod inserted under the skin of the upper arm

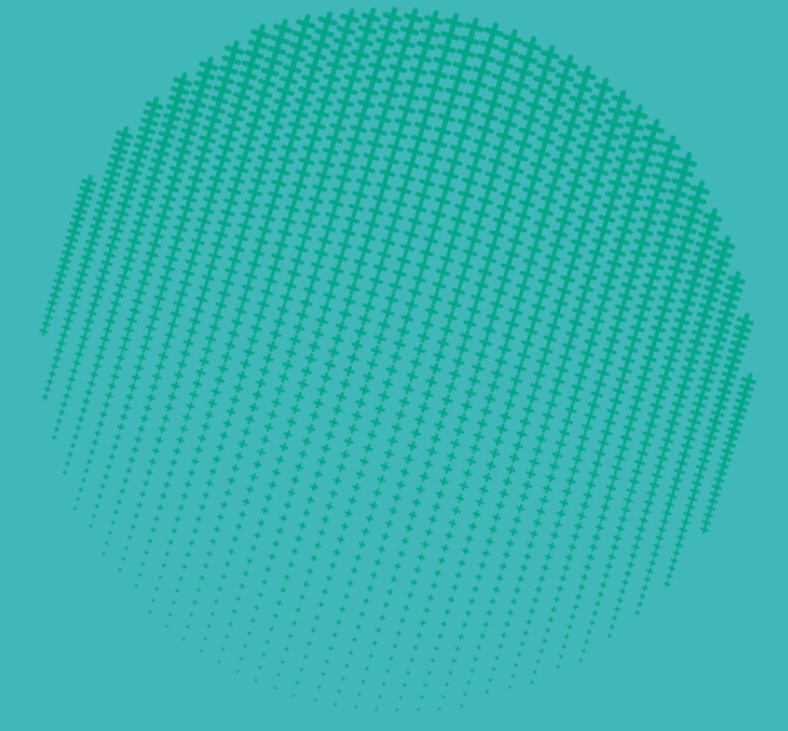
Releases **etonogestrel**, a progestin hormone

Effective for up to **3–5 years**

Prevents ovulation and thickens cervical mucus



Advantages and disadvantages of LARCs



Advantages of LARCs

>99% effective at preventing pregnancy

Long duration of action (years)

Low maintenance – no daily, weekly, or monthly tasks

Quick return to fertility after removal

Suitable for most women, including adolescents and those who haven't had children

Discreet and private

Disadvantages or Considerations

Requires a trained provider for **insertion and removal**

Side effects: irregular bleeding, hormonal side effects (for implants/hormonal IUDs), or heavier periods (with copper IUDs)

No STI protection – barrier methods like condoms are still recommended for STI prevention

Rare risks: expulsion, perforation of the uterus (especially with IUDs)

Suitability

LARCs are suitable for:

Women wanting **long-term but reversible** contraception

Adolescents and young adults

Women who cannot take **estrogen-based** contraceptives

Those who have trouble adhering to daily pills

Barrier Methods

Barrier contraceptive methods are birth control methods that **physically block sperm** from reaching the egg, preventing fertilization. These methods are typically used **at the time of intercourse** and are **non-hormonal**, making them suitable for people who prefer or need to avoid hormonal options.

Types of Barrier Contraceptive Methods

1. Male Condom

A **sheath** worn over the erect penis

Made of **latex, polyurethane, or lambskin**

Single-use

Protects against both **pregnancy** and **sexually transmitted infections (STIs)**

Effectiveness:

~**98%** effective with perfect use

~**85%** effective with typical use

2. Female Condom (Internal Condom)

A **pouch** inserted into the vagina before intercourse

Made of **nitrile** (non-latex)

Covers the vaginal walls and part of the external genitalia

Also provides **STI protection**

Effectiveness:

~**95%** with perfect use

~**79%** with typical use



Barrier Methods Cont..

3. Diaphragm

A **shallow silicone dome** inserted into the vagina to cover the cervix

Must be used with **spermicide**

Inserted before sex and must remain in place for **6 hours after intercourse**

Effectiveness:

~94% with perfect use

~88% with typical use

4. Cervical Cap (e.g., FemCap)

A **small silicone cup** that fits snugly over the cervix

Also used with **spermicide**

Smaller than a diaphragm

Effectiveness:

~86% for women who haven't given birth

~71% for those who have

5. Sponge (e.g., Today Sponge)

A **foam sponge** containing spermicide

Inserted into the vagina to cover the cervix

Provides protection for up to **24 hours**, regardless of how many times intercourse occurs

Effectiveness:

~88-91% with perfect use

~76-88% with typical use

Less effective for women who have given birth



Advantages and disadvantages of Barrier Methods

Advantages of Barrier Methods

Non-hormonal

On-demand use (no long-term commitment)

STI protection (male and female condoms)

Available **over-the-counter** (most types)

Some are **reusable** (e.g., diaphragm, cervical cap)

Disadvantages

Lower effectiveness compared to LARCs or hormonal methods

Must be used **every time** you have sex

May **interrupt spontaneity**

Some people may have **allergies** to latex or spermicide

No STI protection with diaphragms, caps, or sponges



Natural Family Planning Methods (NFP)

Natural Family Planning (NFP) methods are **non-hormonal, drug-free** ways to prevent or achieve pregnancy by tracking the natural signs of a woman's fertility. These methods are based on understanding the **menstrual cycle** and identifying **fertile and infertile days**

Types of Natural Family Planning Methods

1. Calendar (Rhythm) Method

Tracks menstrual cycles over several months to estimate fertile days.
Avoid intercourse or use barrier methods during estimated fertile window.

Effectiveness:

~75–87% with typical use

2. Basal Body Temperature (BBT) Method

Measures body temperature **every morning before getting out of bed**.
After ovulation, body temperature slightly **rises (~0.3–0.5°C / 0.5–1.0°F)**.
Avoid sex or use protection for several days before and after the temperature rise.

Effectiveness:

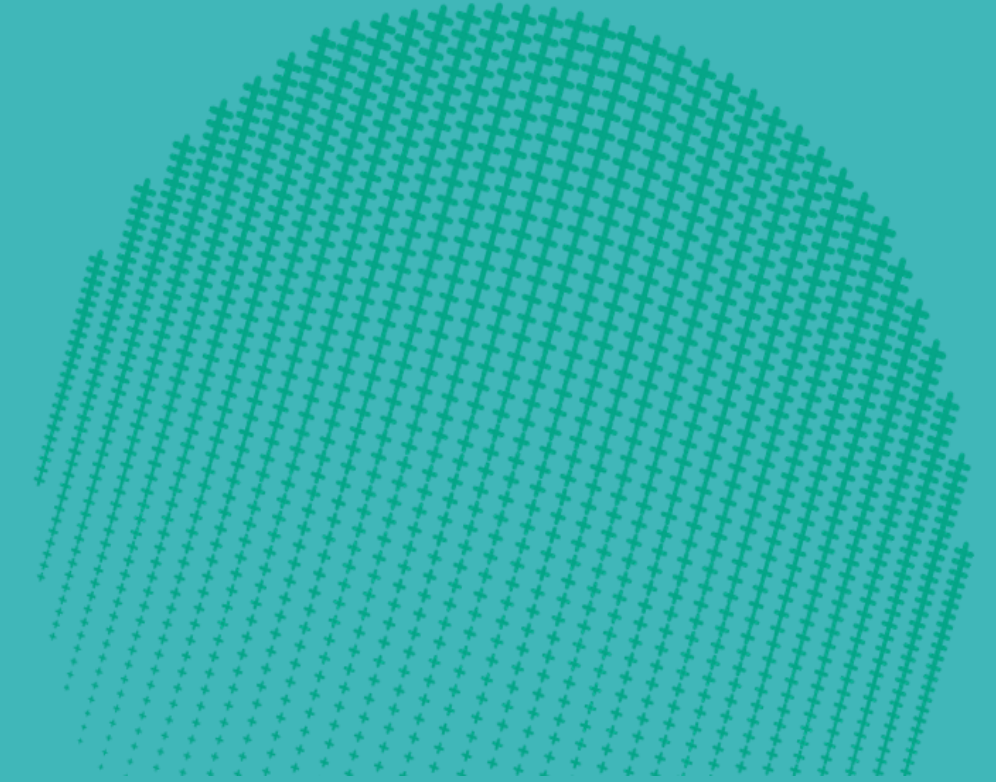
~77–98% with correct and consistent use

3. Cervical Mucus (Billings Ovulation) Method

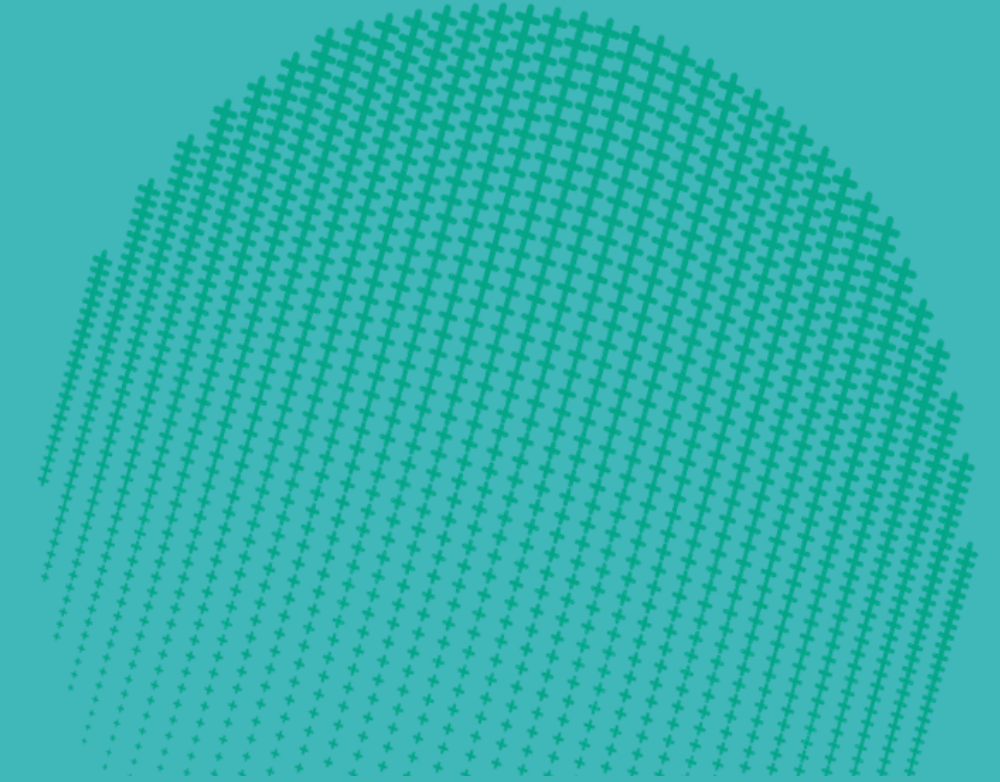
Observes changes in **vaginal discharge** throughout the cycle.
Fertile mucus is **clear, stretchy, and slippery** (like egg whites).
Avoid intercourse during days when fertile mucus is present and for 3–4 days after it ends.

Effectiveness:

~78–97% with proper use



Natural Family Planning Methods Cont..



4. Symptothermal Method

Combines **multiple signs of fertility**:

- Basal body temperature
- Cervical mucus changes
- Cervical position
- Other symptoms (e.g., breast tenderness, ovulation pain)

Most accurate of the natural methods when used correctly.

Effectiveness:

- ~98–99% with perfect use
- ~80–88% with typical use

5. Lactational Amenorrhea Method (LAM)

Based on natural infertility that occurs during **exclusive breastfeeding**.

Effective if:

- Baby is under **6 months**
- Mother is **exclusively breastfeeding** (day and night, no formula or solids)
- Menstruation has **not resumed**

Effectiveness:

Up to **98%** effective under the right conditions

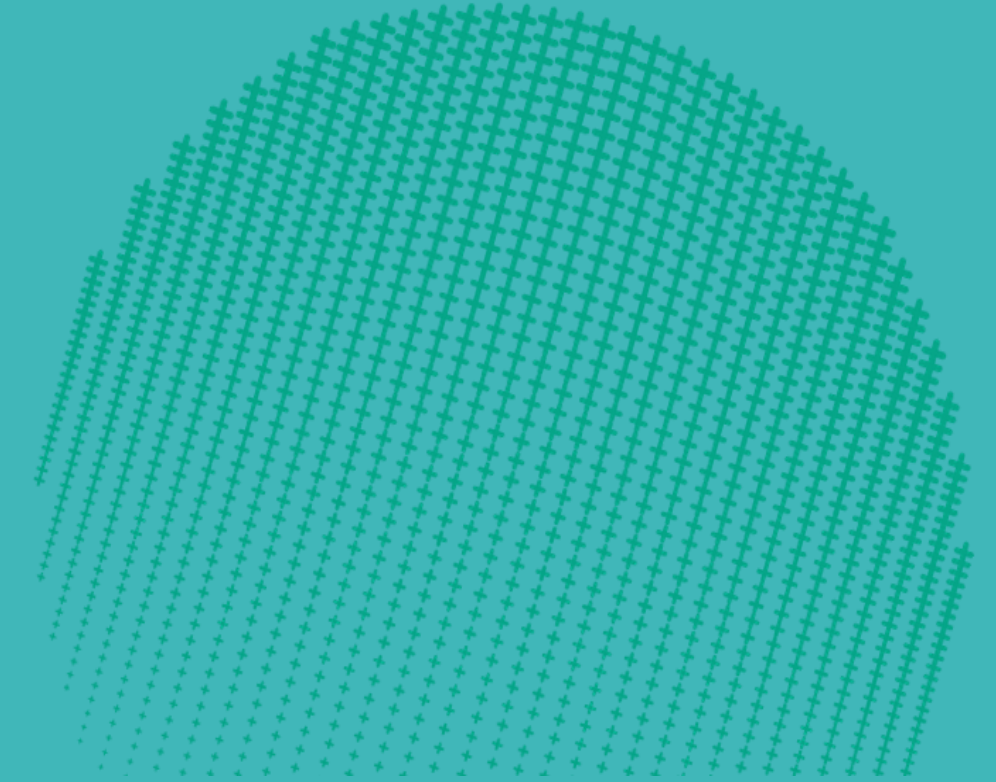
Advantages and disadvantages of NFP

Advantages

- ✓ **No hormones** or devices
- ✓ **Free or low cost**
- ✓ Can be used to **plan or avoid** pregnancy
- ✓ Promotes **body awareness** and understanding of fertility
- ✓ Acceptable to those with **religious or personal objections** to other methods

Disadvantages

- ✓ Requires **daily attention** and commitment
- ✓ **Less effective** with typical use compared to LARCs or hormonal methods
- ✓ Not suitable for women with **irregular cycles**
- ✓ **No STI protection**
- ✓ Illness, stress, or sleep disturbances can affect fertility signs
- ✓ May require **periods of abstinence** or backup contraception



Emergency Contraception

Emergency contraception (EC) is a method used to **prevent pregnancy after unprotected sex** or contraceptive failure (e.g., missed pill, broken condom). It's **not an abortion method**, but rather works to **stop or delay ovulation** so fertilization doesn't occur.

Types of Emergency Contraception

1. Emergency Contraceptive Pills (ECPs)

a. Levonorgestrel Pills (e.g., Plan B One-Step, Take Action)

Best taken **within 72 hours (3 days)** of unprotected sex

Most effective the **sooner** it is taken

Available **over-the-counter** (no prescription needed in many countries)

Does not affect an existing pregnancy

Effectiveness:

Reduces risk of pregnancy by **75–89%** when taken within 72 hours

b. Ulipristal Acetate (e.g., ella)

Prescription-only in many places

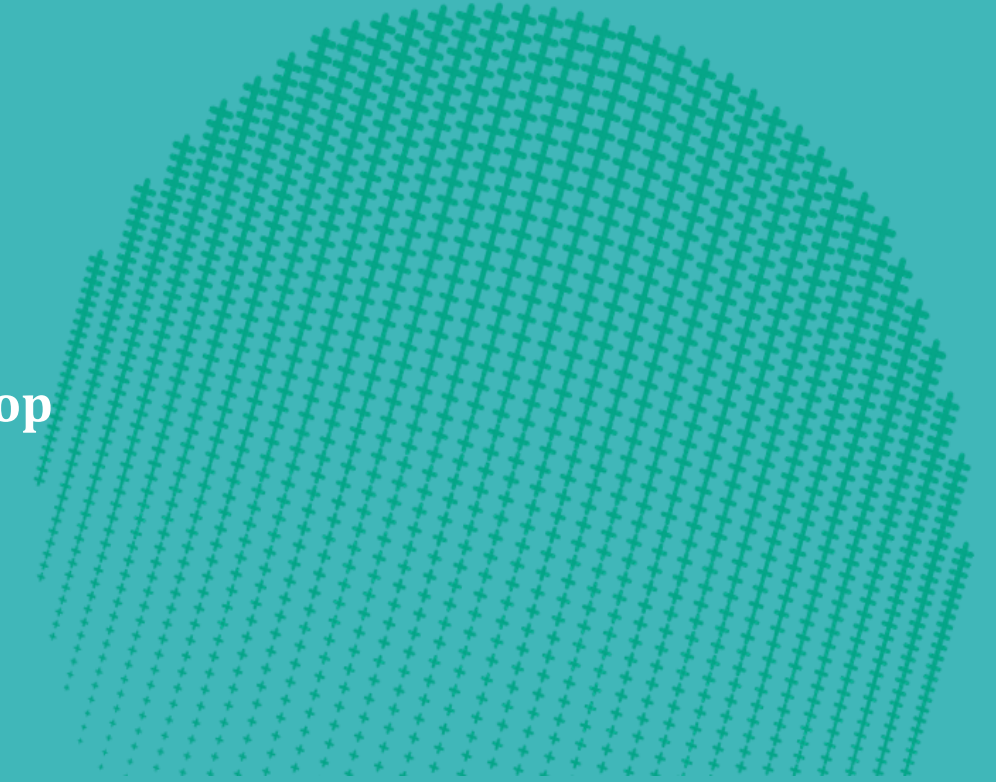
Effective up to **120 hours (5 days)** after unprotected sex

More effective than levonorgestrel, especially on **days closer to ovulation**

Should not be used if you're already **on hormonal birth control** (may reduce effectiveness)

Effectiveness:

Reduces risk by up to **85–98%** if taken within 5 days



Emergency Contraception cont..

2. Copper Intrauterine Device (IUD)

The **most effective** emergency contraception method

Can be inserted by a healthcare provider **within 5 days** of unprotected sex

Works by preventing **fertilization** or **implantation**

Provides **ongoing contraception for up to 10–12 years**

Effectiveness:

Over **99% effective** at preventing pregnancy after unprotected sex

When to Use Emergency Contraception

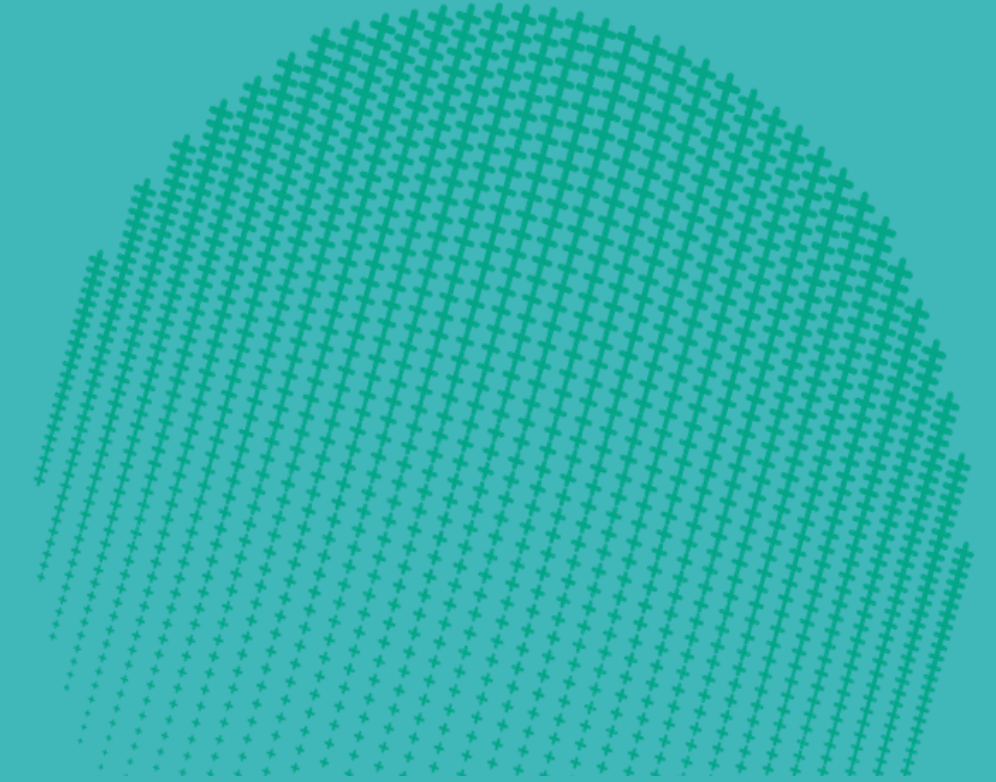
No contraception used during sex

Condom broke or slipped

Missed 2+ birth control pills in a row

Diaphragm or cap dislodged during sex

Sexual assault



Choosing What's Right for You

01

Consider Your Lifestyle

Do you prefer daily, weekly, or long-term methods? Think about your routine and what you'll realistically remember to use.

03

Factor in Effectiveness

Different methods have varying effectiveness rates. Consider how important it is to you to prevent pregnancy right now.

02

Think About Side Effects

Some people love hormonal methods, whilst others prefer hormone-free options. Consider how your body typically responds to medications.

04

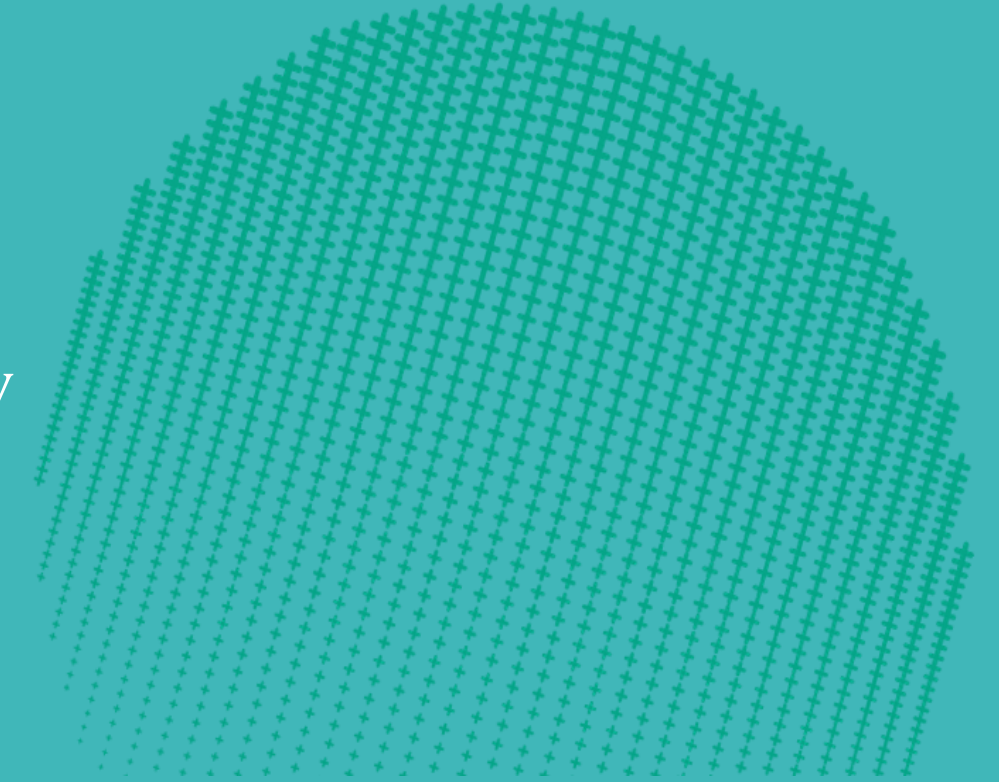
Budget Considerations

Long-term methods may cost more upfront but can be more economical over time. Many methods are free on the NHS.

Conclusion

Contraceptives are essential tools for **family planning, reproductive health, and personal autonomy**. They empower individuals and couples to decide **if and when** to have children, and they play a crucial role in reducing **unintended pregnancies**, improving **maternal and child health**, and supporting **economic and educational goals**.

Informed choice is key. The best contraceptive method is the one that aligns with your **health needs, life circumstances, and personal values**. Access to quality information, counseling, and healthcare services ensures that individuals can make decisions confidently and safely.



THANK YOU

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