



Position Paper #36

Contraceptive Methods

There are several methods of contraception used in Canada, from the classic condom to newer methods such as IUDs. They vary in effectiveness, either due to hormones, user error, or simply the nature of their design. This paper will go through the various methods. See ARCC *Position Paper #37 - Contraceptive Use in Canada* for statistics regarding use in Canada. This paper focuses on contraception solely for preventing pregnancy (methods to prevent STIs will not be discussed though some of these methods do prevent STIs). Note that all prices reflect the cost in July 2017.

Male Condom

One of the oldest forms of contraception, condoms were once created from goat bladders, linen, leather, and various other materials.¹ Today, condoms are usually made from latex and sold in all manner of stores, vending machines, and often given away as promotions at various events. With perfect use, effectiveness is 98%, but with typical use it is closer to 85%.² Condoms are by far the most common form of birth control as they require no prescription and are easily portable, yet they are not as reliable as hormonal methods. A new form of sexual assault entitled “stealthling”³ is making them less trustworthy.

Female Condom

Also called internal condoms, these condoms are made of nitrile that are inserted into the vagina, creating a barrier that stops sperm from reaching an egg. This is a non-hormonal method of birth control that provides the woman more guarantee that birth control is being used. Correct use provides an effectiveness of 95%, but due to human error this is reduced to 79%. They are available in pharmacies and other places where contraceptives are sold over-the-counter.⁴

Diaphragm

A diaphragm is a dome made of silicone that is filled with a spermicidal or barrier gel and put inside the vagina to fit over the cervix, inserted prior to sex. The diaphragm itself blocks sperm from entering the cervix and the spermicide helps kills the sperm. This method is 96% effective if using a “fitted” model and 92% if using a non-fitted. Most cost around \$75 and can be purchased at clinics in Canada. Spermicide must be ordered from the US for \$15-18 per 90-120ml tube. Barrier gel is available in Canada and costs \$23-30 per 60ml tube. Side effects include: irritation to vagina or penis, allergic reactions, yeast infections or bacterial vaginosis, and a possible increased risk of UTIs and toxic shock syndrome.⁵

Sponge

A disposable, circular sponge made of polyurethane foam is inserted into the vagina, containing spermicide. The sponge blocks the cervix as well as killing the sperm. It is effective 90% of the time. It requires no prescription but is only available in a limited number of stores in packets of three for \$19. Possible side effects include: irritation to vagina or penis, allergic reactions, yeast infections or bacterial vaginosis, and increased risk of UTIs and toxic shock syndrome.⁶

Vaginal Contraceptive Film (VCF)

The VCF is a small square of clear film that is placed in the vagina 15 minutes prior to sex. It blocks the cervix and spermicide in the VCF also kills sperm. It is 94% effective. It does not require a prescription and a box of 12 can be purchased in Canada in pharmacies for \$13. Possible side effects include: irritation to vagina or penis, allergic reactions, yeast infections or bacterial vaginosis, and increased risk of UTIs.⁷

Copper Intra Uterine Device (IUD)

A copper IUD is a non-hormonal method of birth control, consisting of a small T-shaped piece of copper that is inserted into the vagina. It is 99% effective and can be left inserted for 3, 5 or 10 years depending on the model. The cost in Canada is \$80-350 and requires a prescription, pelvic exam, and STI test. A clinician or doctor will insert the IUD. Some side effects include possible painful insertion and removal (a speculum is used to open the cervix within the vagina, but not all cervixes respond well to the process – aches and mild bleeding may be experienced, and even high levels of pain). The IUD can also break through the uterus while being inserted (fewer than 1/1000 chance) or the body can expel the IUD in the first year (2-10% of users).⁸

Intra Uterine System (IUS)

Also called the hormonal IUD or Minerva, the IUS is a small, T-shaped piece of plastic with a band containing the hormone progestin that is 99% effective. A doctor or clinician inserts the IUS after completing a pelvic exam and STI test. The IUD is on prescription and costs \$300-500. A possible side effect is painful insertion and removal. The IUD can also break through the uterus while being inserted (fewer than 1/1000 chance) or the body can expel the IUD in the first year (2-10% of users). Other side effects include spotting, irregular periods, or no periods at all. Five percent of users experience acne, headaches, and sore breasts.⁹

The Pill

There are many varieties and brands of birth control pills, but the method is the same – a woman or transgender person takes a pill around the same time each day for 21 days. On day 22 she should have her period, wherein she abstains from taking pills for 7 days or takes sugar pills. The birth control pill works by stopping fertilization, ovulation, and by thickening the mucus on the cervix, which prevents implantation.¹⁰

The pill is 99% effective (92-97% with typical use). The most common cause of ineffectiveness of the pill is forgetting to take a pill. Common side effects are nausea, sore breasts, moodiness, and depression. There is also the chance of blood clots, heart attack and stroke. Anecdotally, many women find the pill decreases libido and increases their emotional responses (generally feeling weepy or even depressed). In Canada, the pill is available by prescription from a family

doctor or clinic when a woman reaches puberty (the pill is often prescribed for acne relief). A young person is not required to have parental consent to obtain pills. They cost approximately \$20-25 a month.¹¹

The Patch

Sometimes called Evra, the transdermal contraceptive patch is worn on the skin of the belly, upper arm, buttock, or back. The patch is worn every week for three weeks and releases hormones that prevent ovulation.¹² It is 99% effective. The most common cause of ineffectiveness is user error. Some side effects include: reduction in acne, bone thinning and cysts, but also spotting, headaches, and nausea the first few months, as well as soreness in the area where the patch is worn. In Canada, a doctor or clinic will provide a prescription which costs about \$20/month.¹³

Vaginal Ring

The birth control ring (AKA NuvaRing) is worn inside the vagina and is replaced once or twice a month. It prevents pregnancy by releasing hormones that stop fertilization, ovulation, and by thickening the mucus on the cervix, which prevents implantation.¹⁴ The NuvaRing is 91% effective. Some side effects include: reduction in acne, bone thinning and cysts, but also spotting, headaches, and nausea the first few months, as well as increased vaginal discharge. In Canada, a doctor or clinic will provide a prescription which costs about \$30/month.

Depo Provera (depot medroxyprogesterone acetate)

An injection of the hormone progestin is given once every three months. This method prevents ovulation, thickens the cervical mucus, and thins the endometrium. It is 99.7% effective. In Canada, the depo shot requires a prescription. The cost is around \$35 each use. There are many possible side effects, including: decreased libido, headaches, acne, nausea, spotting, increased hunger, and loss of bone mineral density.¹⁵

Withdrawal

Not considered an effective method of birth control, people still use this method, whereby the male pulls the penis out of the vagina before ejaculation. With perfect use only 4 out of 100 women would get pregnant in one year, but with typical use 27 would get pregnant¹⁶. Most women supplement this method by tracking their ovulation (using Apps or charting) and refraining from sex in their “fertile window” (which is generally 14 days after the start of their period, but is unreliable as not every woman or transgender person follows the typical ovulation cycle).

Emergency Contraception

Emergency contraceptive pills (ECP), also known as the “Morning After Pill,” contain a synthetic progestin and can prevent or slow down ovulation to prevent conception. They are available over the counter and cost around \$50.¹⁷ They are most effective taken 72 hours after sex, but can be used up to 120 hours.

Permanent Birth Control

1. Vasectomy

A procedure where two tiny incisions are made in the scrotum. The vas deferens, which carry sperm from the testicles to the penis, are severed and the ends are sealed. Men recover in 48 hours to two weeks with infections being rare. It is 99.5% effective and has no significant side-effects. Reversal is expensive and difficult.¹⁸

2. Tubal Ligation

A procedure which makes a woman infertile, following two methods: Abdominal incision and laparoscopy. Both are done under general anesthetic. The former cuts and seals the fallopian tubes. The latter blocks the fallopian tubes. The procedure requires a few days of recovery on both accounts. If laparoscopy fails, it increases the risk of ectopic pregnancy.¹⁹

3. Hysteroscopic Tubal Occlusion (Essure)

A procedure that inserts small nickel coils into the fallopian tubes, which gradually builds up tissue to block the fallopian tubes. This method is 99% effective and is an alternative to tubal ligation. It requires no incision or general anesthetic. It is irreversible and takes 6 months to become effective. The recovery time is often the same day.²⁰

¹ <http://www.soc.ucsb.edu/sexinfo/article/history-condom>

² <http://www.cwhn.ca/en/birthcontrolfaq>

³ “Deliberately removing a condom during sex without your partner’s knowledge or consent”.
<https://www.theguardian.com/commentisfree/2017/may/22/stealth-sex-trend-sexual-assault-crime>

⁴ <https://www.plannedparenthood.org/learn/birth-control/female-condom>

⁵ <http://www.ppt.on.ca/ppt/wp-content/uploads/2016/08/Diaphragm.pdf>

⁶ <http://www.ppt.on.ca/ppt/wp-content/uploads/2016/08/Sponge.pdf>

⁷ <http://www.ppt.on.ca/ppt/wp-content/uploads/2017/05/VCF-May2017.pdf>

⁸ <http://www.ppt.on.ca/ppt/wp-content/uploads/2016/08/Copper-IUD.pdf>

⁹ <http://www.ppt.on.ca/ppt/wp-content/uploads/2016/08/Hormonal-IUD.pdf>

¹⁰ <https://www.plannedparenthood.org/learn/birth-control/birth-control-pill>

¹¹ <http://www.ppt.on.ca/ppt/wp-content/uploads/2016/08/Pill.pdf>

¹² <https://www.plannedparenthood.org/learn/birth-control/birth-control-patch>

¹³ <http://www.ppt.on.ca/ppt/wp-content/uploads/2016/08/Patch.pdf>

¹⁴ <https://www.plannedparenthood.org/learn/birth-control/birth-control-vaginal-ring-nuvaring>

¹⁵ <http://www.ppt.on.ca/ppt/wp-content/uploads/2016/08/Injection.pdf>

¹⁶ <http://www.cwhn.ca/en/birthcontrolfaq>

¹⁷ <http://www.womenshealthmatters.ca/health-centres/sexual-health/birth-control/>

¹⁸ <http://www.womenshealthmatters.ca/health-centres/sexual-health/birth-control/>

¹⁹ <http://www.womenshealthmatters.ca/health-centres/sexual-health/birth-control/>

²⁰ <http://www.womenshealthmatters.ca/health-centres/sexual-health/birth-control/>