

Method Effectiveness	What is it? How does it work?	Advantages	Disadvantages
<b>IUD (Intrauterine Device)</b> <b>&gt; 99 % typical use</b>	An IUD is a small device that is placed in the uterus by a health care provider. IUDs are either hormonal (progestin) or non-hormonal (copper). IUDs work by creating an environment where sperm cannot survive. Some IUDs also thicken the cervical fluid making it difficult for sperm to move. They may prevent implantation and also may prevent ovulation in some users. For it to work best: once inserted by a clinician, IUDs are effective for 3 to 12 years depending on the type of IUD.	<ul style="list-style-type: none"> <li>Most effective long acting reversible contraception (LARC) available</li> <li>Low maintenance: nothing to put in place before sexual activity, no daily pill</li> <li>Hormonal IUDs may lead to lighter or no periods</li> <li>Lowest cost per month over length of use (but user may have to pay up front)</li> <li>Immediate return to fertility when IUD is removed</li> <li>Can be used soon after giving birth</li> <li>An option for people who are unable to take estrogen</li> <li>Hormonal IUDs may help stop bleeding for people who use testosterone</li> <li>Can be used at any age</li> </ul>	<ul style="list-style-type: none"> <li>No STI protection</li> <li>Requires at least one visit to a health care provider</li> <li>Initial expense</li> <li>Possibility of a temporary increase in cramps</li> <li>Copper IUDs can make periods longer, heavier, with more cramps</li> <li>Hormonal IUDs may lead to lighter or no periods</li> <li>Very small risk of infection following insertion procedure</li> <li>Rare risk of uterine perforation</li> <li>2%-10% of IUD users expel it within the first year</li> </ul>
<b>Depo Provera</b> (depot medroxyprogesterone acetate, DMPA) <b>94% typical use</b>	Depo is a progestin-only contraceptive. It is injected into the arm or buttock every 12 weeks. It works by stopping ovulation and thickening the cervical fluid to keep sperm from entering the uterus. For it to work best: injections need to given every 10 to 13 weeks.	<ul style="list-style-type: none"> <li>Very effective</li> <li>Low maintenance: nothing to put in place before sexual activity, no daily pill</li> <li>Depo may lead to lighter or no periods</li> <li>Can be used soon after giving birth</li> <li>An option for people who are unable to take estrogen</li> <li>May help stop bleeding for people who use testosterone</li> <li>Protects against cancer of the uterus, iron deficiency, anemia</li> </ul>	<ul style="list-style-type: none"> <li>No STI protection</li> <li>Need to visit a clinic visit every 12 weeks</li> <li>May temporarily reduce bone density</li> <li>May lead to lighter or no periods and/or can cause increased and irregular bleeding</li> <li>May cause headaches</li> <li>May cause weight gain in a small percentage of users</li> <li>Side effects cannot be reversed until medication wears off</li> <li>Return to fertility is delayed after injections are stopped</li> </ul>
<b>Birth Control Pill</b> (Oral Contraceptives) <b>91% typical use</b>	Most birth control pills contain estrogen and progestin. There is also a progestin-only pill available for people who cannot use estrogen. Birth control pills work by stopping the release of an egg, thickening the fluid in the cervix, and thinning the lining of the uterus. One pill is taken at the same time every day. For more information on how to use birth control pills effectively, users can discuss with their health care provider, or contact Sex Sense. For it to work best: pills need to be taken at the same time every day.	<ul style="list-style-type: none"> <li>Very effective</li> <li>Low maintenance: nothing to put in place before sexual activity</li> <li>Rapid return to fertility</li> <li>May decrease menstrual pain, acne, PMS, iron deficiency</li> <li>Causes periods to be more regular or lighter</li> <li>Reduces risk of endometrial and ovarian cancer, ovarian cysts, non-cancerous breast tumours, and some types of pelvic inflammatory disease</li> <li>Progestin-only pills may help stop bleeding for people who use testosterone</li> </ul>	<ul style="list-style-type: none"> <li>No STI protection</li> <li>Need a prescription or a visit to a clinic</li> <li>Must be taken daily at the same time (especially with progestin-only pills)</li> <li>Very rare but serious health risks include: blood clots, heart attack, and stroke</li> <li>Some medical conditions may limit pill options for users</li> </ul>
<b>Vaginal Ring</b> <b>91% typical use</b>	The vaginal ring is a small, flexible plastic ring inserted into the vagina. It releases a continuous low dose of estrogen and progestin hormones that are absorbed through the vagina and works the same as birth control pills. For it to work best: a new ring needs to be inserted every 28 days.	<ul style="list-style-type: none"> <li>Same as oral contraceptives</li> <li>Lower maintenance: one ring per 'cycle', nothing to insert before sexual activity, no daily pill</li> <li>Vaginal ring users report high satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>Same as oral contraceptives</li> <li>Users should be comfortable inserting the ring into their vagina</li> <li>Some users report feeling the ring during sex</li> </ul>
<b>Contraceptive Patch</b> <b>91% typical use</b>	A patch is placed on the buttock, abdomen, upper body, or upper outer arm. It is changed weekly and is worn when swimming, showering, bathing, exercising, etc. It releases a continuous low dose of estrogen and progestin hormones that are absorbed through the skin and works the same as birth control pills. For it to work best: a new patch needs to be applied every 7 days.	<ul style="list-style-type: none"> <li>Same as oral contraceptives</li> <li>Lower maintenance: one patch every 7 days, nothing to insert before sexual activity, no daily pill</li> </ul>	<ul style="list-style-type: none"> <li>Same as oral contraceptives</li> <li>May cause skin irritation where the patch is placed</li> <li>Rarely a patch may peel off (i.e., not applied correctly or with increased amounts of sweating)</li> <li>Patches only come in one colour</li> </ul>
<b>External and Internal Condoms</b> <b>82% (External)</b> <b>79% (Internal)</b> <b>typical use</b>	External condoms cover the penis or sex toy with a latex or a non-latex material. An internal condom is made of a non-latex material and is placed in the vagina or rectum before sexual contact and/or penetration from the fingers, penis, or sex toy. Both methods work by trapping the semen and sperm in the condom. For it to work best: needs to be used for every sexual activity, and must be in place before there is any contact with the anus, vagina, or mouth.	<ul style="list-style-type: none"> <li>Protects against most STIs, including HIV</li> <li>Free in some locations (clinics) or low cost in drug stores, supermarkets, adult stores, etc.</li> <li>May help reduce early ejaculation</li> <li>Internal condom can be inserted up to 6 hours before sex</li> <li>Can be cut into a square to work as a barrier for oral sex</li> <li>External condoms come in different sizes, colours, and flavours</li> </ul>	<ul style="list-style-type: none"> <li>Slippage and breakage may occur, especially if not applied correctly or used without lubrication</li> <li>A new one needs to be used with each sexual act and with different partners</li> <li>The penis must be withdrawn when still somewhat firm with base of the condom held in place to prevent slippage and spill of contents</li> <li>Decreased sensation may occur</li> <li>Most condoms are lubricated with silicone-based lubricant which can break down silicone sex toys</li> <li>It is best to use non-lubricated condoms with water-based lubricant when using sex toys</li> </ul>
<b>Diaphragm, cervical cap with gel or cream</b> <b>88% typical use</b>	A diaphragm is a flexible, shallow cap that fits over the cervix, and is used with spermicidal gel or cream. It is inserted into the vagina before sex and is left in place for 6 hours after sexual activity. They may be fitted or non-fitted. If fitted, it must be re-fitted after a significant weight change or pregnancy. For it to work best: inserted before sex, and left in place for 6 hours after sex. Must be used with a spermicidal gel or cream (at this time spermicidal gel or cream is not readily available in Canada). While other products are marketed for this use (lactic acid based gel), their efficacy is unknown.	<ul style="list-style-type: none"> <li>Non-latex options are available (silicone)</li> <li>Non-hormonal</li> <li>Can be inserted up to 6 hours before sex</li> <li>Can remain in place for up to 24 hours</li> <li>May reduce transmission of chlamydia and gonorrhea</li> </ul>	<ul style="list-style-type: none"> <li>Limited to no STI protection</li> <li>Not widely available in Canada</li> <li>Cannot be used during vaginal bleeding or infection</li> <li>Increased likelihood of bladder infection</li> <li>Fitted diaphragms must be fitted by a clinician</li> <li>Must be left in place for 6 hours after sexual activity</li> <li>Nonoxynol-9 spermicidal jelly and cream that must be used with a diaphragm is not readily available in Canada</li> </ul>
<b>Withdrawal method</b> <b>78% typical use</b>	Before ejaculation occurs the penis is completely withdrawn from the vagina. Withdrawal prior to ejaculation reduces or eliminates the amount of sperm in contact with the vagina or vulva. For it to work best: used every time, with control, communication, and a back up emergency contraceptive option in case of method error.	<ul style="list-style-type: none"> <li>Nothing to put in place before sexual activity, no daily pill</li> <li>Non-hormonal option</li> </ul>	<ul style="list-style-type: none"> <li>No STI protection</li> <li>Requires trust, cooperation, and control</li> <li>The risk of this method failing depends on many factors including how frequently this method is used</li> <li>Pre-ejaculate may contain sperm which is difficult to measure or predict</li> </ul>
<b>Spermicides</b> <b>72% - 88% typical use</b>	Spermicides contain a chemical called nonoxynol-9 that kills sperm. Spermicides come in foam, gel, cream, film, suppository, and sponge forms. For it to work best: needs to be used with every new sexual activity, and alongside another method.	<ul style="list-style-type: none"> <li>Can be purchased without a prescription</li> <li>Non-hormonal</li> </ul>	<ul style="list-style-type: none"> <li>May increase risk of STIs, including HIV</li> <li>Not all forms are readily available in Canada</li> <li>Only effective when used in combination with another form of contraception (such as condoms or diaphragm)</li> <li>Needs to be used right before sex</li> <li>Should not be used with anal sex</li> <li>May cause vaginal irritation</li> </ul>
<b>FAM (Fertility Awareness Method)</b> <b>76% typical use</b>	FAM is a way to look for signs that someone's body has ovulated or is about to ovulate. FAM may include a combination of using an app, measuring and tracking basal body temperature, looking at cervical fluid, and tracking the menstrual cycle. For more information on how to use this method correctly, users can ask their health care provider, or contact Sex Sense. For it to work best: using all aspects of FAM are recommended as well as using a back up method or abstaining from sexual activity while ovulating.	<ul style="list-style-type: none"> <li>Low cost or free</li> <li>Non-hormonal</li> <li>Greater cycle awareness</li> <li>Does not change bleeding pattern</li> <li>Can be used by people who cannot use other methods of contraception</li> <li>May help achieve pregnancy if method is used in reverse</li> </ul>	<ul style="list-style-type: none"> <li>No STI protection</li> <li>Users must understand their cycle and when ovulation occurs</li> <li>Requires good communication and full commitment of all partners</li> <li>Difficult to use for people who experience irregular or unpredictable cycles or who are taking testosterone or who have stopped bleeding</li> <li>Requires abstinence or a reliable back up method during fertile times</li> <li>No effect on periods</li> <li>Not as effective as other methods</li> </ul>
<b>LAM (Lactational Amenorrhea Method)</b> <b>75% - 88% typical use</b>	If someone is exclusively breast/chest feeding a baby for the first six months of life, ovulation is delayed. For it to work best: in order for this method to work, <u>all</u> of the following need to occur: no more than 4 hours between feeds during the day and 6 hours at night, no formula feeding or other foods, baby must be less than 6 months old, AND no periods have occurred since birth.	<ul style="list-style-type: none"> <li>Free</li> <li>Nothing to put in place before sexual activity, no daily pill</li> <li>Reduces risk of ovarian and endometrial cancers</li> </ul>	<ul style="list-style-type: none"> <li>No STI protection</li> <li>Cannot be used after baby is 6 months old</li> <li>Unpredictable return of periods, therefore difficult to determine when ovulation has occurred</li> <li>Exclusive chest/breast feeding is not always an option</li> </ul>
<b>Vasectomy or Tubal Ligation (aka sterilization)</b> <b>&gt; 99% Typical use</b>	There are two types of sterilization: Tubal ligation involves cutting, clipping, or plugging the fallopian tubes to prevent an egg from traveling down to the uterus. Vasectomy involves tying off or plugging the vas deferens (tubes that carry sperm from testicles). For it to work best: follow-up appointment after surgery.	<ul style="list-style-type: none"> <li>Very effective</li> <li>Performed only once</li> <li>Permanent, and in most cases not reversible</li> </ul>	<ul style="list-style-type: none"> <li>No STI protection</li> <li>Procedure must be done by a doctor</li> <li>If someone has ovulated prior to the surgery, it may be possible to get pregnant even after the surgery is completed</li> <li>Difficult or impossible to reverse</li> <li>Sterilization has a long history of use during colonization and genocide, and therefore may not be acceptable to some communities and cultures</li> </ul>
<b>Continuous Abstinence</b>  <b>no established rate with typical use</b>	Using abstinence as a method of contraception means not allowing the penis or ejaculate near the vulva, vagina, or anus. This keeps the sperm from getting into the vagina so that it cannot join an egg. For it to work best: must be used 100% of the time.	<ul style="list-style-type: none"> <li>Very effective when used consistently and correctly</li> <li>Non-hormonal</li> <li>No anxiety about pregnancy if used 100% of the time</li> <li>Reduced risk of some STIs</li> </ul>	<ul style="list-style-type: none"> <li>It may be difficult for some people to abstain from penetrative sexual activity</li> <li>Can still get an STI from other types of sexual contact (e.g., oral sex, skin to skin contact)</li> </ul>