



# CONTRACEPTION & STD PREVENTION



# INTRODUCTION

- PEOPLE MAY HAVE DIFFERENT RELIGIOUS OR PERSONAL BELIEFS AND VALUES REGARDING THE USE OF BIRTH CONTROL.
- TODAY WE'LL BE DISCUSSING THE FACTS.
- THIS INFORMATION CAN BE USED TO HELP YOU AND OTHERS (PARTNER, FRIENDS, FAMILY MEMBERS) TO MAKE INFORMED AND RESPONSIBLE DECISIONS ABOUT SEXUAL ACTIVITY AND FAMILY PLANNING.







# METHODS OVERVIEW



# OVERVIEW OF METHODS

- ABSTINENCE

- NO SEXUAL CONTACT (E.G., ORAL, ANAL, OR VAGINAL SEX, INTIMATE GENITAL CONTACT, AND SEXUAL TOUCHING)

- BARRIER

- BLOCKS SPERM FROM ENTERING THE UTERUS
- REMOVABLE
- NO HORMONES-OPTIONS FOR THOSE WHO CANNOT USE HORMONAL METHODS

- HORMONAL

- USES HORMONES TO REGULATE OR STOP OVULATION
- NEEDS DOCTOR PRESCRIPTION

- INTRAUTERINE (IUD)

## METHODS

- SMALL T-SHAPED DEVICE THAT IS INSERTED INTO THE UTERUS
- MUST BE INSERTED BY HEALTH CARE PROVIDER

- NATURAL FAMILY

## PLANNING

- METHODS TO PREVENT PREGNANCY WITHOUT USING MEDICATIONS OR MEDICAL DEVICES



# OVERVIEW OF METHODS

- STERILIZATION

- PREVENTS SPERM FROM BEING RELEASED INTO THE VAS DEFERENS OR EGG FROM BEING RELEASED INTO FALLOPIAN TUBES
- PERMANENT

- EMERGENCY CONTRACEPTION

- CAN BE USED IN CASES OF UNPROTECTED OR UNWANTED SEXUAL INTERCOURSE, INCLUDING SEXUAL ASSAULT, TO AVOID UNWANTED PREGNANCIES
- AVAILABLE OVER THE COUNTER AT A LOCAL PHARMACY
- PREGNANCY CAN OCCUR IF PILLS ARE TAKEN AFTER OVULATION

# *Abstinence*

NEVER FAILS

THE **ONLY** 100% SURE WAY TO  
AVOID STDs AND PREGNANCY





# BARRIER METHODS



# CONDOMS

## EXTERNAL

- THIN LATEX OR POLYURETHANE SHEATH THAT COVERS PENIS TO COLLECT SEMEN AND PREVENT IT FROM ENTERING PARTNER'S BODY.
- SINGLE USE ONLY
- WHEN USED CORRECTLY AND CONSISTENTLY THEY CAN BE EFFECTIVE PROTECTION FROM PREGNANCY AND STDs.

## PREGNANCY PROTECTION

82-98% EFFECTIVE

## STD PROTECTION

79-97% EFFECTIVE





# CONDOMS

## INTERNAL

- FLEXIBLE POLYURETHANE POUCHES INSERTED INTO THE VAGINA BEFORE INTERCOURSE.
- BLOCKS SPERM FROM ENTERING THE UTERUS
- SINGLE USE
- WHEN USED CORRECTLY AND CONSISTENTLY CAN BE EFFECTIVE PROTECTION FROM PREGNANCY AND STDs.

## PREGNANCY PROTECTION

79-95% EFFECTIVE

## STD PROTECTION

79-97% EFFECTIVE





# CONDOMS

- TO BE EFFECTIVE, CONDOMS **MUST**:
  - BE USED CORRECTLY ACCORDING TO PACKAGE DIRECTIONS.
  - BE USED WITH **EACH** SEXUAL ENCOUNTER & EACH PARTNER.
- LATEX CONDOMS CAN CAUSE IRRITATION IN PEOPLE WHO ARE ALLERGIC TO LATEX. POLYURETHANE CONDOMS CAN BE USED IN THESE CASES.
- ANIMAL OR LAMBSKIN CONDOMS PROVIDE SOME PROTECTION AGAINST PREGNANCY BUT **Do Not** PROTECT AGAINST STDs.
- USING MULTIPLE CONDOMS AT ONE TIME OR BOTH INTERNAL & EXTERNAL CONDOMS IS DISCOURAGED AS IT CAN INCREASE FRICTION, LEADING TO TEARS OR BREAKAGE.
- AVAILABLE OVER THE COUNTER IN ANY GROCERY OR CONVENIENCE STORE.



# DIAPHRAGM

- A SOFT SILICONE CUP THAT IS INSERTED INTO THE VAGINA BEFORE SEX AND IS REMOVED AFTER SEX.
- COVERS THE CERVIX AND ACTS AS A BARRIER, PREVENTING SPERM FROM ENTERING THE UTERUS AND JOINING AN EGG.
- THE DIAPHRAGM IS NOT “ONE SIZE FITS ALL.” REQUIRES A VISIT TO A HEALTH CARE PROVIDER TO BE FITTED CORRECTLY.
- WORKS BEST WHEN USED WITH SPERMICIDE.

## PREGNANCY PROTECTION

88-94% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE





# SPERMICIDE

- CONTAINS CHEMICALS THAT STOP SPERM FROM REACHING AN EGG.
- MUST BE INSERTED INTO THE VAGINA BEFORE SEXUAL ACTIVITY.
- COMES IN MANY FORMS, INCLUDING CREAMS, GELS, SPONGES, FOAMS, INSERTS, OR FILMS.
- CAN BE PURCHASED AT ANY DRUG OR CONVENIENCE STORE.
- MAY CAUSE IRRITATION OF THE PENIS OR VAGINA.

## PREGNANCY PROTECTION

72-82% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE

\*MAY RAISE THE RISK OF HIV







# HORMONAL METHODS



# BIRTH CONTROL PILLS

- THE HORMONES FOUND IN ORAL CONTRACEPTIVES KEEP OVARIES FROM RELEASING EGGS (OVULATION), AND/OR THICKEN CERVICAL MUCUS TO BLOCK SPERM FROM GETTING INTO THE UTERUS.
- TAKE ONE PILL A DAY AT THE **SAME** TIME **EVERY** DAY.
- CONTAIN DIFFERENT COMBINATIONS OF THE SYNTHETIC ESTROGENS AND PROGESTIN THAT INTERFERE WITH OVULATION.

## PREGNANCY PROTECTION

91-99% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE

- **UNDER 18:** REQUIRES A VISIT TO A HEALTH CARE PROVIDER AND A PRESCRIPTION. SOMETIMES BIRTH CONTROL PILLS ARE ALSO USED TO TREAT ACNE OR MENSTRUAL IRREGULARITIES.
- SOME PEOPLE EXPERIENCE SIDE EFFECTS WHILE USING BIRTH CONTROL PILLS. THESE CAN INCLUDE:
  - NAUSEA
  - WEIGHT GAIN
  - HEADACHES
  - BLEEDING BETWEEN PERIODS
  - MOOD SWINGS
  - BREAST TENDERNESS





# CONTRACEPTIVE PATCH

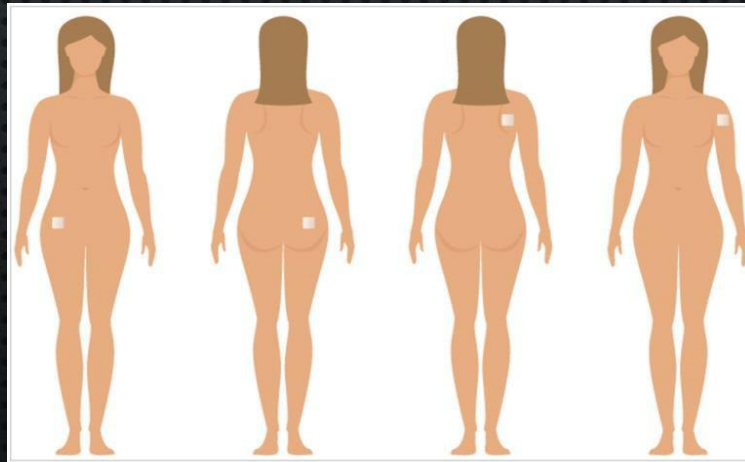
- THIN PLASTIC PATCH THAT STICKS TO THE SKIN AND RELEASES HORMONES THROUGH THE SKIN INTO THE BLOODSTREAM.
- HORMONES ON THE PATCH STOP THE OVARIES FROM RELEASING EGGS AND PREVENT SPERM FROM TRAVELING INTO THE UTERUS BY THICKENING THE CERVICAL MUCUS.
- THE PATCH IS PLACED ON THE LOWER ABDOMEN, BUTTOCKS, OUTER ARM, OR UPPER BODY.
- A NEW PATCH IS APPLIED ONCE A WEEK FOR 3 WEEKS. ON THE 4<sup>TH</sup> WEEK THE PATCH IS REMOVED TO ALLOW FOR MENSTRUATION.

## PREGNANCY PROTECTION

91-99% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE



- REQUIRES A VISIT TO A HEALTH CARE PROVIDER AND A PRESCRIPTION.
- SOME PEOPLE EXPERIENCE SIDE EFFECTS WHILE USING THE PATCH. THESE CAN INCLUDE:
  - SKIN IRRITATION AT THE APPLICATION SITE
  - BREAST TENDERNESS
  - HEADACHE
  - NAUSEA
  - BLEEDING BETWEEN PERIODS





# INJECTABLE BIRTH CONTROL

- AN INJECTION OF PROGESTIN GIVEN IN THE ARM OR BUTTOCKS.
- KEEPS OVARIES FROM RELEASING EGGS AND THICKENS CERVICAL MUCUS TO BLOCK SPERM FROM GETTING INTO THE UTERUS.
- SHOT PROTECTS AGAINST PREGNANCY FOR 3 MONTHS.
- MUST BE ADMINISTERED BY A HEALTHCARE PROVIDER EVERY 12 WEEKS.

## PREGNANCY PROTECTION

94-99% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE



- SOME PEOPLE EXPERIENCE SIDE EFFECTS WHILE USING THE SHOT. THESE CAN INCLUDE:
  - NAUSEA & VOMITING
  - APPETITE CHANGES & WEIGHT GAIN
  - HEADACHES
  - BLEEDING BETWEEN PERIODS OR NO PERIOD
  - MOOD SWINGS OR DEPRESSION
  - BREAST TENDERNESS
  - MAY DELAY ABILITY TO BECOME PREGNANT AFTER STOPPING THE SHOT



# VAGINAL RING

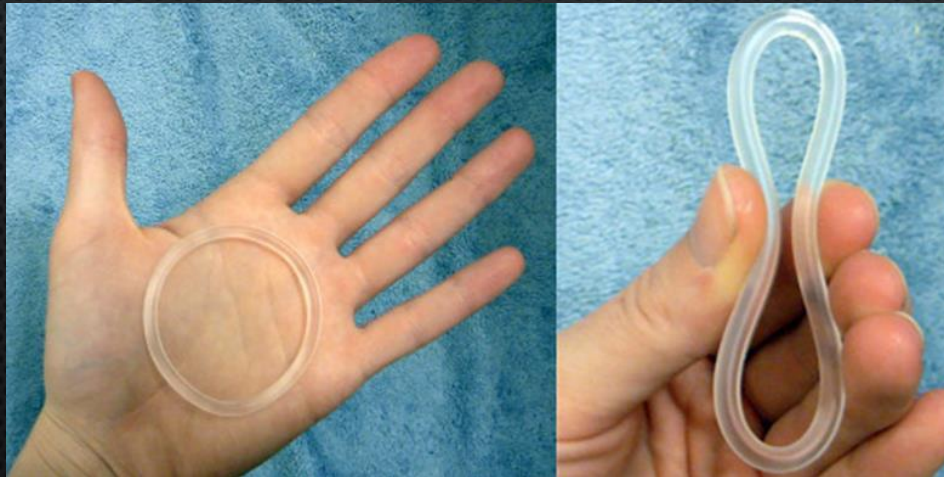
- THIN FLEXIBLE RING ABOUT 2 INCHES IN DIAMETER. IT DELIVERS A COMBINATION OF SYNTHETIC ESTROGEN AND PROGESTIN.
- RING IS INSERTED INTO THE VAGINA, WHERE IT CONTINUALLY RELEASES HORMONES FOR 3 WEEKS. IT IS REMOVED ON THE 4<sup>TH</sup> WEEK TO ALLOW FOR MENSTRUATION.

## PREGNANCY PROTECTION

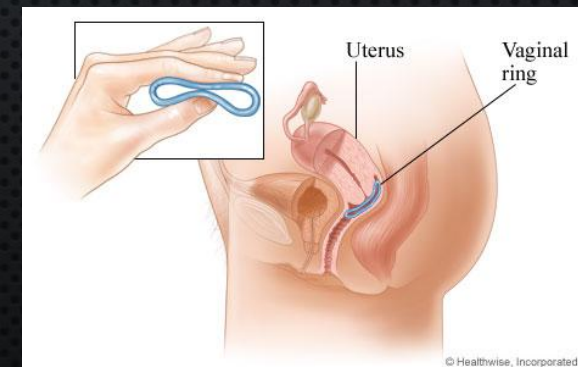
91-99% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE



- REQUIRES A VISIT TO A HEALTH CARE PROVIDER AND A PRESCRIPTION.
- IT CAN BE CHALLENGING TO REMEMBER TO REMOVE THE RING AFTER 3 WEEKS AND THEN INSERT A NEW RING AFTER THE ONE-WEEK BREAK.
- SOME PEOPLE EXPERIENCE SIDE EFFECTS WHILE USING THE RING. THESE CAN INCLUDE:
  - VAGINAL DISCHARGE
  - HEADACHES
  - BLEEDING BETWEEN PERIODS
  - BREAST TENDERNESS





# IMPLANTABLE RODS

- MATCHSTICK-SIZED, FLEXIBLE, PLASTIC IMPLANT.
- A HEALTH CARE PROVIDER INSERTS THE ROD UNDER THE SKIN OF THE UPPER ARM.
- THE ROD RELEASES PROGESTIN AND CAN REMAIN IMPLANTED FOR 3-4 YEARS.
- OVARIES WILL STOP RELEASING EGGS; THICK CERVICAL MUCUS FORMS AND BLOCKS THE OPENING OF THE UTERUS; THE LINING OF THE UTERUS THINS, WHICH KEEPS A FERTILIZED EGG FROM ATTACHING.

## PREGNANCY PROTECTION

99% EFFECTIVE

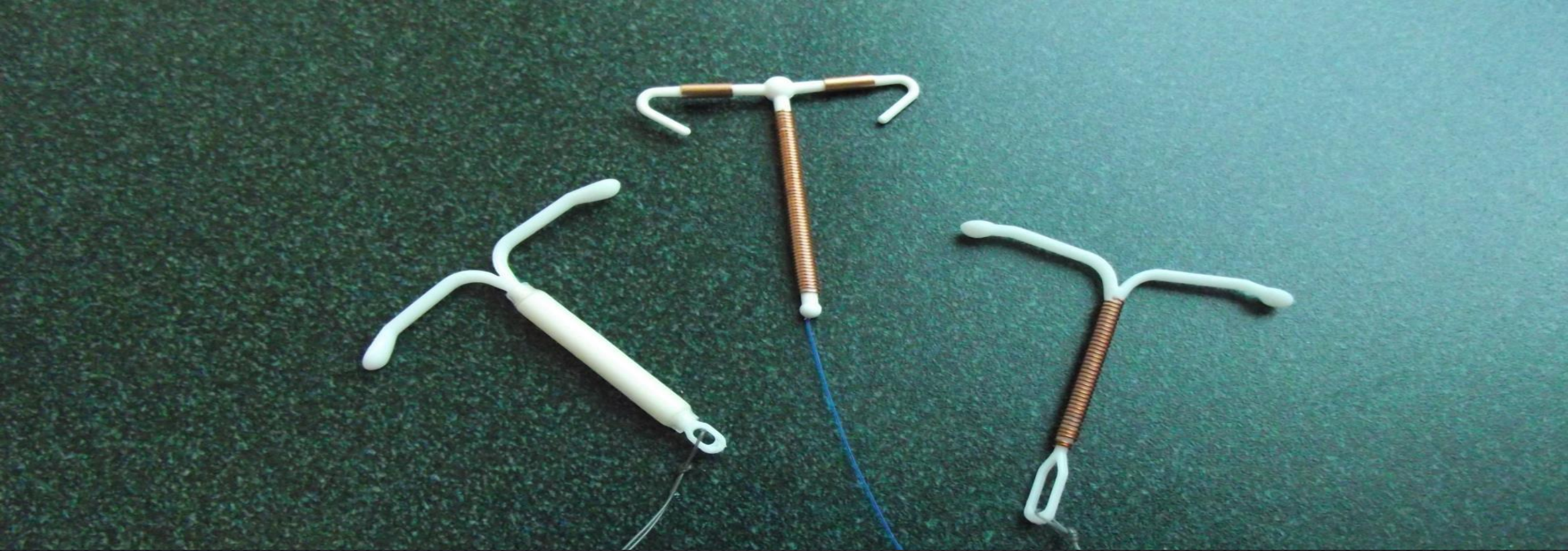
## STD PROTECTION

0% EFFECTIVE

- SOME PEOPLE EXPERIENCE SIDE EFFECTS WHILE USING THE IMPLANT. THESE CAN INCLUDE:
  - NAUSEA
  - WEIGHT GAIN
  - OVARIAN CYSTS
  - HEADACHES
  - IRREGULAR BLEEDING OR NO PERIOD
  - BREAST TENDERNESS
  - PAIN OR BRUISING WHERE IT WAS INSERTED







# INTRAUTERINE METHODS



# COPPER IUD

- A SMALL T-SHAPED DEVICE CONTAINING COPPER THAT IS INSERTED INTO THE UTERUS BY A HEALTHCARE PROVIDER.
- THE COPPER CAUSES AN INFLAMMATORY REACTION THAT PREVENTS SPERM FROM REACHING AN EGG.
- CAN REMAIN IN THE BODY FOR UP TO 12 YEARS.

## PREGNANCY PROTECTION

99% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE

- SOME PEOPLE EXPERIENCE SIDE EFFECTS WHILE USING THE IMPLANT. THESE CAN INCLUDE:
  - PAIN WHEN THE IUD IS INSERTED
  - CRAMPING OR BACKACHES
  - IRREGULAR BLEEDING OR PERIODS
  - HEAVIER PERIODS OR WORSENING MENSTRUAL CRAMPS





# HORMONAL IUD

- A SMALL PLASTIC T-SHAPED DEVICE CONTAINING HORMONES THAT IS INSERTED INTO THE UTERUS BY A HEALTHCARE PROVIDER.
- CONTINUOUSLY RELEASES PROGESTERONE INTO THE UTERUS, CAUSING THICKENING OF THE CERVICAL MUCUS. THIS INHIBITS SPERM FROM REACHING AND FERTILIZING AN EGG. ALSO THINS UTERINE LINING AND PREVENTS OVARIES FROM RELEASING EGGS.
- CAN REMAIN IN THE BODY FOR 3-7 YEARS, DEPENDING ON THE TYPE.

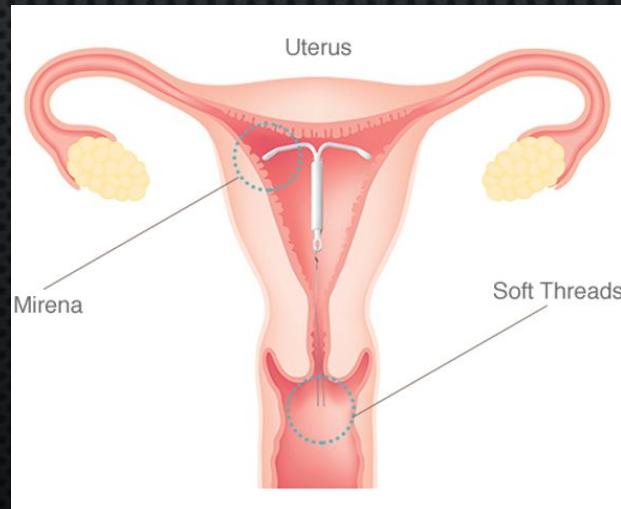
## PREGNANCY PROTECTION

99% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE

- SOME PEOPLE EXPERIENCE SIDE EFFECTS WHILE USING THE IMPLANT. THESE CAN INCLUDE:
  - PAIN WHEN THE IUD IS INSERTED
  - CRAMPING OR BACKACHES
  - IRREGULAR BLEEDING OR PERIODS





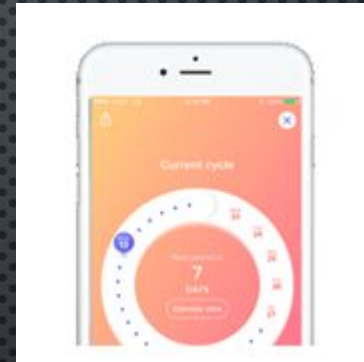


# NATURAL FAMILY PLANNING



# NATURAL FAMILY PLANNING

- METHODS OF PREVENTING PREGNANCY FOR THOSE WHO DO NOT WISH TO USE MEDICATIONS OR DEVICES.
- FERTILITY AWARENESS. PREDICT FERTILE DAYS BY:
  - TAKING TEMPERATURE DAILY
  - CHECKING VAGINAL MUCUS FOR CHANGES
  - KEEPING A RECORD OF MENSTRUAL CYCLES
- AVOID SEX OR USE CONDOMS DURING FERTILE DAYS
- LACTATIONAL AMENORRHEA METHOD (LAM) FOR BREASTFEEDING MOTHERS
  - EXCLUSIVITY BREASTFEED BABY EVERY 4 HOURS DURING THE DAY AND 6 HOURS AT NIGHT.
  - STOPS OVULATION NATURALLY
  - **CAN ONLY BE USED FOR 6 MONTHS AFTER DELIVERY OR UNTIL MENSTRUATION RETURNS.**





# NATURAL FAMILY PLANNING

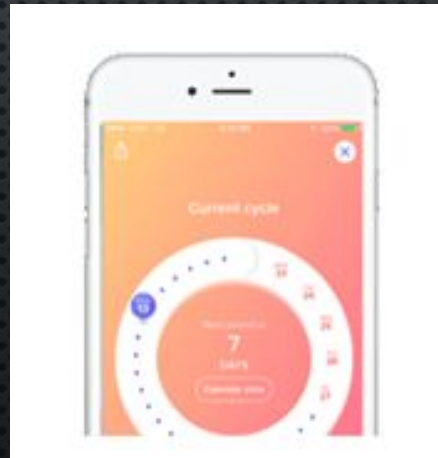
- DOES NOT WORK WELL FOR THOSE WITH IRREGULAR MENSTRUAL CYCLES.
- TAKES A LOT OF WORK TO TRACK AND REMEMBER.

## PREGNANCY PROTECTION

76-95% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE





# WITHDRAWAL (PULL OUT METHOD)

- PULLING THE PENIS OUT OF THE VAGINA BEFORE EJACULATION, PREVENTING SEMEN FROM ENTERING THE VAGINA.
- NOT ALWAYS EFFECTIVE BECAUSE PRE-EJACULATE CONTAINS SPERM AND CAN ENTER THE VAGINA.
- DOES NOT WORK IF THE PENIS IS NOT PULLED OUT IN TIME.
- TAKES A LOT OF SELF CONTROL TO DO IT CORRECTLY EVERY TIME.

## PREGNANCY PROTECTION

78-96% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE





STERILIZATION



# VASECTOMY

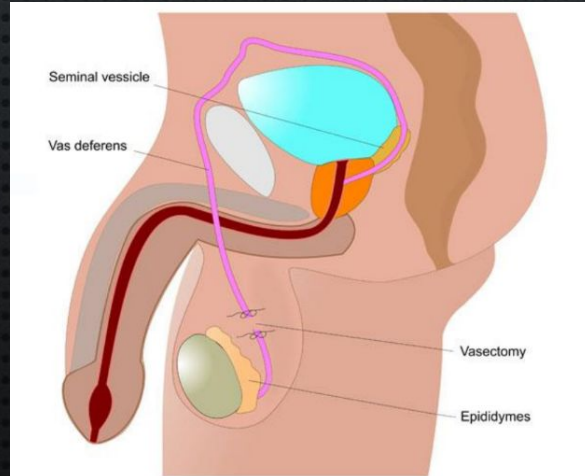
- SURGICAL PROCEDURE PERFORMED BY A HEALTHCARE PROVIDER.
- WORKS BY BLOCKING OR CUTTING THE VAS DEFERENS, THE TUBE THROUGH WHICH SPERM PASSES.
- PERMANENT. INDIVIDUAL MUST BE CERTAIN THAT THEY DON'T WANT A PREGNANCY AT ANY POINT IN THE FUTURE.

## PREGNANCY PROTECTION

99% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE



# TUBAL LIGATION ("TUBES TIED")

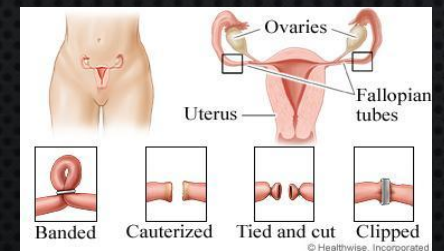
- TUBAL LIGATION IS A SURGICAL PROCEDURE, PERFORMED BY A HEALTH CARE PROVIDER, THAT PERMANENTLY CLOSES OR BLOCKS THE FALLOPIAN TUBES.
- STOPS EGGS FROM TRAVELING FROM THE OVARIES TO THE FALLOPIAN TUBES.
- INDIVIDUAL MUST BE CERTAIN THAT THEY DON'T WANT A PREGNANCY AT ANY POINT IN THE FUTURE.

## PREGNANCY PROTECTION

99% EFFECTIVE

## STD PROTECTION

0% EFFECTIVE





# EMERGENCY CONTRACEPTION (EC)

- SHOULD NOT BE USED AS A REGULAR CONTRACEPTIVE METHOD.
- WILL NOT TERMINATE AN ALREADY EXISTING PREGNANCY. HORMONAL PILLS TAKEN AS A SINGLE DOSE OR TWO DOSES 12 HOURS APART.
- INTENDED FOR USE IN THE EVENT OF UNPROTECTED OR UNWANTED SEXUAL INTERCOURSE, INCLUDING SEXUAL ASSAULT.
- PILLS CAN DELAY OR INHIBIT OVULATION FOR AT LEAST 5 DAYS TO ALLOW SPERM TO BECOME INACTIVE. ALSO CAUSES THICKENING OF THE CERVICAL MUCUS TO INTERFERE WITH SPERM FUNCTION.
- SHOULD BE TAKEN AS SOON AS POSSIBLE AFTER SEXUAL INTERCOURSE OR ASSAULT.
- AVAILABLE OVER THE COUNTER.

## PREGNANCY PROTECTION

54-94% EFFECTIVE

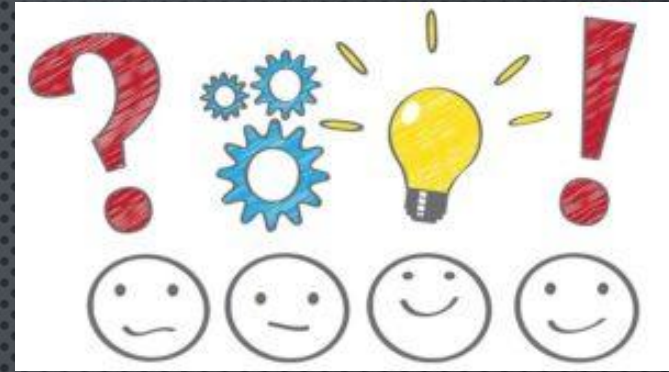
## STD PROTECTION

0% EFFECTIVE





# BIRTH CONTROL DISCUSSION

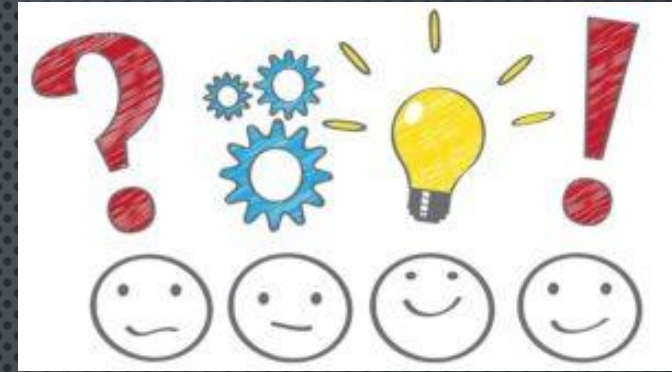


## COMMUNICATION & BOUNDARIES:

- It's IMPORTANT THAT PARTNERS DISCUSS AND AGREE ON BIRTH CONTROL OR CONDOM USE **PRIOR** TO ENGAGING IN SEXUAL ACTIVITIES.
- It's OK TO WALK AWAY FROM A RELATIONSHIP IF A PARTNER DOES NOT WANT TO USE BIRTH CONTROL OR A CONDOM.



# BIRTH CONTROL DISCUSSION

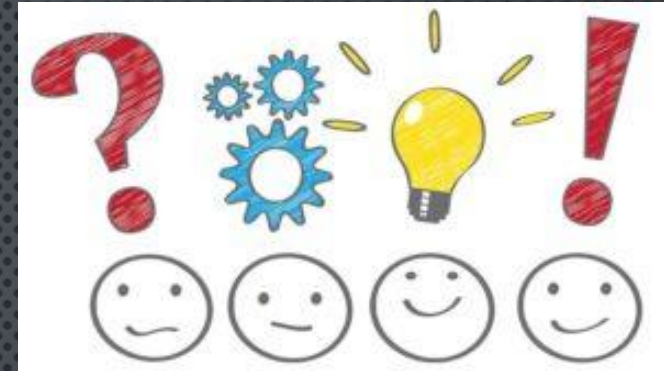


## HOW DOES A PERSON DECIDE WHETHER TO USE BIRTH CONTROL AND WHICH METHOD TO USE?

- TALK TO A PARENT, HEALTH CARE PROFESSIONAL, COUNSELOR, & PARTNER
- Ask:
  - WHAT ARE MY OPTIONS?
  - AM I READY FOR PARENTHOOD?
  - DO I WANT TO DEAL WITH A POTENTIAL PREGNANCY OR STD?
  - WHAT OPTIONS FIT WITH MY LIFESTYLE, HEALTH NEEDS, AND PERSONAL VALUES?



# BIRTH CONTROL DISCUSSION



MANY OF THE CONTRACEPTIVE METHODS WE DISCUSSED ARE FOR FEMALES. WHAT ARE SOME WAYS MALES CAN PARTICIPATE AND BE INVOLVED IN CONTRACEPTIVE USE AND FAMILY PLANNING?

- BE WILLING TO TALK ABOUT OPTIONS
- HELP PAY FOR IT
- GO TO THE DOCTOR WITH THEIR PARTNER
- WEAR CONDOMS
- REMIND PARTNER TO USE THEIR METHOD
- BE SUPPORTIVE & RESPECTFUL



# RESOURCES

- WHO CAN I TALK TO IF I (OR SOMEONE I KNOW) MIGHT BE PREGNANT OR HAVE AN STD?
  - TRUSTED ADULT (PARENT, GUARDIAN, RELATIVE, TEACHER, COUNSELOR, CLERGY)
  - COUNSELOR
  - SCHOOL NURSE
  - HEALTH CARE PROFESSIONAL
- WHERE CAN I (OR SOMEONE I KNOW) GO FOR TESTING OR HELP?
  - UTAH COUNTY HEALTH DEPARTMENT: MULTIPLE LOCATIONS:  
[HTTP://WWW.UTAHCOUNTYONLINE.ORG/DEPT2/HEALTH/UCHD/LOCATIONS.HTML](http://www.utahcountyonline.org/DEPT2/HEALTH/UCHD/LOCATIONS.HTML)
  - PLANNED PARENTHOOD: 1086 NORTH 1200 WEST OREM, UTAH. CALL: 801-226-5246  
[HTTPS://WWW.PLANNEDPARENTHOOD.ORG/HEALTH-CENTER/UTAH/OREM/84057/UTAH-VALLEY-HEALTH-CENTER-2257-91730/STD-TESTING-TREATMENT](https://www.plannedparenthood.org/health-center/UTAH/OREM/84057/UTAH-VALLEY-HEALTH-CENTER-2257-91730/STD-TESTING-TREATMENT)











# RESOURCES







- WHERE CAN I (OR SOMEONE I KNOW) GO FOR HELP?
  - FAMILY SUPPORT AND TREATMENT CENTER: PREVENTION AND TREATMENT OF CHILD ABUSE, TRAUMA, AND OTHER CONCERNS. CALL 801-229-1181
  - CENTRO DE LA FAMILIA: CRISIS INTERVENTION TO THE HISPANIC COMMUNITY CALL 385-404-3010
  - CENTER FOR WOMEN AND CHILDREN IN CRISIS: CRISIS COUNSELING, ASSISTANCE, AND SUPPORT SERVICES FOR VICTIMS OF ABUSE. CALL 801-377-5500 (24/7)
  - LOVE IS RESPECT: WEBSITE AND RESOURCE TO EMPOWER YOUTH TO PREVENT AND END DATING ABUSE CHAT 24/7/365 [HTTPS://WWW.LOVEISRESPECT.ORG/](https://www.loveisrespect.org/) CALL: 1-866-331-9474 OR TEXT: LOVEIS TO 22522



# Your Birth Control Choices

Method	How well does it work?	How to Use	Pros	Cons
<b>The Implant</b> Nexplanon® 	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 4 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
<b>Progestin IUD</b> Liletta®, Mirena®, Skyla® and others 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place 3 to 7 years, depending on which IUD you choose No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
<b>Copper IUD</b> ParaGard® 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
<b>The Shot</b> Depo-Provera® 	94-99%	Get a shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
<b>The Pill</b> 	91-99%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs
<b>Progestin-Only Pills</b> 	91-99%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
<b>The Patch</b> Ortho Evra® 	91-99%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs
<b>The Ring</b> Nuvaring® 	91-99%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1-2 months of use Does not protect against HIV or other STIs



Method	How well does it work?	How to Use	Pros	Cons
<b>Male/External Condom</b> 	82-98%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off
<b>Female/Internal Condom</b> 	79-95%	Use a new condom each time you have sex Use extra lubrication as needed	Can buy at many stores Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation May be noisy May be hard to insert May slip out of place during sex
<b>Withdrawal</b> Pull-out	78-96%	Pull penis out of vagina before ejaculation (that is, before coming)	Costs nothing Can be used while breastfeeding	Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
<b>Diaphragm</b> Caya® and Miletex® 	88-94%	Must be used each time you have sex Must be used with spermicide	Can last several years Costs very little to use May protect against some infections, but <b>not HIV</b> Can be used while breastfeeding	Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
<b>Fertility Awareness</b> Natural Family Planning 	76-95%	Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/spermicide during fertile days	Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant	Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs
<b>Spermicide</b> Cream, gel, sponge, foam, inserts, film 	72-82%	Insert spermicide each time you have sex	Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms: cream, gel, sponge, foam, inserts, film Can be used while breastfeeding	May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
<b>Emergency Contraception Pills</b> Progestin EC (Plan B® One-Step and others) and ulipristal acetate EC (ella®) 	58-94% Ulipristal acetate EC works better than progestin EC if you are overweight Ulipristal acetate EC works better than progestin EC in the 2-5 days after sex	Works best the <b>sooner</b> you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together	Can be used while breastfeeding Available at pharmacies, health centers, or health care providers: call ahead to see if they have it People of any age can get some brands without a prescription	May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Pharmacies sell progestin EC to people of any age without a prescription Ulipristal acetate EC requires a prescription May cost a lot



## Utah Sex Education Instruction: Frequently Asked Questions

Sex education instruction is included in the Health Education Core Standards once in middle school and once in high school. Information concerning this instruction is summarized here in a Question and Answer format.

**Q. Is sex education instruction the same in every Utah school district?**

A. No. Utah statute requires local education agencies (LEAs) to adopt curriculum for sex education for their schools. Local board policies may include less than what the law allows but never more.

**Q. Is Utah's sex education instruction considered abstinence-only?**

A. No. Utah's sex education instruction is abstinence-based. Teachers are required stress the importance of abstinence from all sexual activity before marriage and fidelity after marriage as methods for preventing certain communicable diseases. Utah law allows instruction in the areas of contraception and prevention of sexually transmitted diseases. Specifically, allow instruction to include information about contraceptive methods or devices that stresses effectiveness, limitations, risks, and information on state law applicable to minors obtaining contraceptive methods or devices.

**Q. Do any LEAs prescribe an abstinence-only approach to sex education instruction?**

Yes, currently there are several charter schools that prescribe to an abstinence-only approach. Other LEAs are abstinence only at the middle school level and provide contraceptive curriculum at the high school level only. While some LEAs are abstinence-based at all levels, stressing abstinence but providing information on contraceptives and condoms.

**Q. Is parent/guardian permission required for sex education instruction?**

A. Utah is one of three states with an opt-in requirement. Before sex education instruction may begin, there must be a signed permission form on file with the instructor. The USBE-generated form clearly outlines the course of instruction and must be in the hands of parents a minimum of two weeks prior to the start of instruction. This allows parents time to dialog with teachers regarding course content.

**Q. Is the school the primary source of sex education instruction?**

A. No. Parents should be the primary source of sex education instruction and values relating to this subject. Schools serve as partners for instruction and dialog between homes and schools is vital. Parents are encouraged to utilize teacher resources to assist in home instruction.

**Q. What content is currently included in Utah's health education core standards that impacts sex education instruction?**

A. The current core standards includes the following relevant content:

- Physical, social, cognitive, and emotional changes of adolescence
- Reproductive anatomy and physiology, including the healthy function of the reproductive system
- Benefits of practicing abstinence



- Process of pregnancy, including fertilization, fetal development, practices for a healthy pregnancy, and birth process
- Pregnancy prevention and Newborn Safe Haven Law
- Prevention of sexually transmitted infections and diseases (STI/STD), including condoms
- Common reproductive diseases, including cancer
- Accurate and credible sources of information around sexual health, sexual abuse prevention, and healthy relationships
- Full core standards can be found here: [Utah Core Standards for Health Education](#)

**Q. Is there a screening process in place for the sex education resources and guest speakers?**

A. Yes. In accordance with Utah Law, each LEA has an active Sex Education Instructional Materials Committee in place that previews resources and guest speakers for use in its classrooms. This committee must include an equal or greater number of parents as school staff.

**Q. What sex education training is required of health educators?**

A. The following trainings are required of Utah's health educators:

- Sex Education and Health Methods courses in undergraduate preparation.
- USBE Law and Policy Workshops for new and newly assigned teachers of human sexuality instruction.
- LEA-sponsored update human sexuality trainings at least once every three years.

**Q. What standards of the Health Education Core Standards address sex education topics?**

A. Healthy relationships, communication, refusal, and decision making skills, and child and adolescent protective factors are addressed throughout the core. Sex education specific standards are all under Strand 6: Human Development.

**Q. Are there sex education resources available to parents?**

A. Yes. The [Health Education](#) webpage has resources available for parents and educators. Additionally, parents can with their local health educators to review the curriculum used in class as well as learn when specific topics will be discussed so parents may give additional information at home.

*For additional information, contact the USBE Health Education Specialist Jodi Parker @ 801-538-7734 or email: [jodi.parker@schools.utah.gov](mailto:jodi.parker@schools.utah.gov)*