### Contraceptive Methods for Adolescents


<table>
<thead>
<tr>
<th>Method/Pregnancy Rate</th>
<th>Appropriate and Safe for Adolescents?</th>
<th>Counseling Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perfect Use/Typical Use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence</td>
<td>Yes, appropriate for those who have not yet begun sexual activity, as well as for those who have.</td>
<td>✦ Surest way to prevent pregnancy and STIs, including HIV. ✦ Requires high degree of motivation, self-control, and commitment from both partners.</td>
</tr>
<tr>
<td>Male condoms 2%/15%</td>
<td>Yes. Condoms are typically accessible, available, and affordable to young people. Protect against STIs/HIV.</td>
<td>✦ Must be used correctly and consistently with each act of intercourse. ✦ Can be used with other contraceptives except female condom. ✦ No systemic effects, although some individuals are allergic to latex. ✦ Clients should be instructed to use emergency contraceptive pills (ECPs) as a backup method when condom breaks or slips. ECPs can be given in advance.</td>
</tr>
<tr>
<td>Female barrier methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>female condom 5%/21%</td>
<td>Yes. Female condoms provide some protection from STIs/HIV.</td>
<td>✦ Must be used consistently and correctly with each act of intercourse. ✦ Can be used alone or in combination with other contraceptives, except the female condom with male condom. ✦ No systemic effects.</td>
</tr>
<tr>
<td>diaphragm 6%/16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spermidies</td>
<td>Yes, although they do not provide good protection from pregnancy and STIs. They should be used only when other methods are not available (better than no method at all).</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
|            | ✦ Must be used consistently and correctly with each act of intercourse.  
✦ Not as effective as some other methods.  
✦ Clients must follow directions about how to place high in vagina and how long to wait before intercourse can begin.  
✦ New application of spermidie is necessary for repeated acts of intercourse.  
✦ Must be left in place at least six hours after intercourse (douching or rinsing the vagina is not recommended).  
✦ Can be used simultaneously with condoms, used as a backup for other contraceptives, or used when a couple changes from one method to another.  
✦ Side effects include vaginal or penile irritation; switching to another type of spermidie can help. If used often, may increase risk of HIV infection. |
| Combined oral contraceptive pills (COCs) | Yes. Do not protect against STIs/HIV. |
| (contain estrogen and progestin) | 0.3%/8% | ✦ Must be taken daily to be effective.  
✦ Fertility returns quickly when pills are discontinued.  
✦ Clients need directions on what to do if pills are missed (see page 72).  
✦ Possible side effects: nausea, headache, breast tenderness, bleeding changes.  
✦ Noncontraceptive benefits: regular and less painful menses; reduced risk of ovarian cancer, endometrial cancer, ectopic pregnancy and symptomatic pelvic inflammatory disease.  
✦ Not recommended for breastfeeding women. |
<table>
<thead>
<tr>
<th>Method/Pregnancy Rate</th>
<th>Appropriate and Safe for Adolescents?</th>
<th>Counseling Issues</th>
</tr>
</thead>
</table>
| **Progestin-only pills (POPs)** 0.3%/8% | Yes. Do not protect against STIs/HIV. | ✦ Must be taken daily to be effective; should be taken within three hours of the same time every day.  
✦ Good choice for breastfeeding women because they do not contain estrogen.  
✦ Fertility returns quickly when pills are discontinued.  
✦ Clients need directions on what to do if pills are missed.  
✦ Possible side effects: irregular menstrual cycles, spotting and bleeding between periods, amenorrhea. |
| **Injectables** progestin-only and combined injectables (contain estrogen and progesterin) 0.3%/3% | Yes. Concerns exist about effects of progestin-only injectables on bone density when given during adolescence, but benefits generally outweigh risks. Do not protect against STIs/HIV. | ✦ Common side effects: irregular menstrual bleeding, prolonged bleeding, amenorrhea.  
✦ Less common side effects: weight gain, headaches, dizziness, and mood changes.  
✦ Noncontraceptive benefits: decreased risk of symptomatic pelvic inflammatory disease, ectopic pregnancy, and endometrial cancer.  
✦ Pregnancy may not occur for up to nine months after discontinuation.  
✦ Clients must remember to return for reinjections. |
<table>
<thead>
<tr>
<th>Method</th>
<th>Protection Against STIs/HIV</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subdermal implants</td>
<td>Yes. Do not protect against STIs/HIV.</td>
<td>✦ Offers three to seven years of contraceptive protection, depending on the product. &lt;br&gt;✦ Possible side effects: lighter, irregular bleeding or amenorrhea. &lt;br&gt;✦ Implant insertion and removal are surgical procedures requiring a trained provider.</td>
<td></td>
</tr>
<tr>
<td>Intrauterine devices (IUDs) 0.6%/0.8%</td>
<td>Yes. Appropriate for women in stable, mutually monogamous relationships. Women under age 20 who have not given birth appear to have greater risks for expulsions. Do not protect against STIs/HIV.</td>
<td>✦ Safe, effective, and requires little effort on the part of the user. &lt;br&gt;✦ Copper T IUD offers pregnancy protection for at least 12 years. &lt;br&gt;✦ Side effects of copper IUDs include heavier menses, cramping. &lt;br&gt;✦ User should check IUD strings monthly to make sure device remains in place.</td>
<td>✦ Clients should be told to come back immediately if they have abdominal pain, fever, chills, delayed menses, or missing strings.</td>
</tr>
<tr>
<td>Fertility awareness-based methods 4-5% (Two Day and Standard Days)/ Not available</td>
<td>Yes, when regular menstrual cycles are established. Do not protect against STIs/HIV.</td>
<td>✦ Training is essential to help young people understand fertility and menstruation and to identify fertile and nonfertile times. &lt;br&gt;✦ Requires high degree of motivation, self-control, and commitment from both partners. &lt;br&gt;✦ Irregular menstrual cycles, such as in months following menarche or pregnancy, complicate use. &lt;br&gt;✦ Can be used alternatively with other contraceptives (such as condoms or diaphragms) during fertile days.</td>
<td>✦ Not as effective as some other methods.</td>
</tr>
<tr>
<td>Method/Pregnancy Rate</td>
<td>Appropriate and Safe for Adolescents? Counseling Issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perfect Use/Typical Use</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Lactational Amenorrhea Method (LAM)**  
0.9%/2% (for 6 mos. after birth) | Yes. Does not protect against STIs/HIV.  
- Appropriate for women who are less than six months postpartum, fully or near-fully breastfeeding, and amenorrheic.  
- 98% effective if women meet all three criteria.  
- If any criteria change, client may not be protected from pregnancy.  
- Client should discuss other contraceptive options before LAM criteria expire and receive chosen method in advance. (Breastfeeding women should avoid methods containing estrogen since the hormone can affect breastmilk production.) |
| **Withdrawal**  
4%/27% | Yes. Does not protect against STIs/HIV.  
- Can be used by a man at any age if he can predict ejaculation and ensure ejaculate will not come in contact with his partner’s genital area.  
- Requires a high degree of motivation, self-control, and commitment from both partners.  
- Not as effective as some other methods. |
| **Sterilization**  
*Female: 0.5%/0.5%*  
*Male: 0.10%/0.15%* | No medical reason to deny sterilization to youth, but generally not recommended for people at the beginning of childbearing years. Does not protect against STIs/HIV.  
- Not recommended for adolescents; young age and low parity are associated with high levels of regret.  
- Any individual seeking sterilization should be counseled that it is a permanent method. |
**Emergency contraceptive pills (ECPs)**  
POPs prevent 85%-95% of pregnancies if used within 72 hours.

COCs prevent 57%-77% of pregnancies if used within 72 hours

(Either can be used up to 5 days, but effectiveness decreases.)

Yes. Effective method of pregnancy prevention for couples who have unplanned sexual intercourse, who forget to use a method, or who experience condom breakage or slippage. Can be used by women and girls forced or coerced into sexual activity. Do not protect against STIs/HIV.

- Counsel about proper pill dosage.
- Possible side effects for ECPs: nausea and vomiting.
- Antiemetic drugs can help reduce nausea.
- Nausea and vomiting less common with progestin-only ECPs.
- Start within 120 hours (5 days) after unprotected intercourse. The earlier the method is started, the greater the effectiveness.
- Counsel to have a pregnancy test if menstruation is more than one week late.
- Counsel about the use of a regular contraceptive method.
- Clients can receive ECPs in advance and use them as needed.
- POPs are more effective as ECPs than COCs in preventing pregnancy.
- Specially marketed ECP products are available in many countries.