

Sex Talk

Promoting Sexual Health for Youth

Editor's note

Fifty-three percent of high school students report having had intercourse. Many of these students didn't use any birth control - not even a condom. We know that the majority of teens do not want to get pregnant. We also know there is a high social cost associated with teenage pregnancy with a higher risk of poor social, economic and health outcomes for both mother and child. So then why are there teens who have an unwanted pregnancy?

Many factors influence a teen's ability to use birth control. Some teens lack the self-esteem to insist on protecting themselves while others don't have the communication skills to negotiate birth control with their partner. Accessibility and affordability are also barriers to youth using birth control.

Choosing to use contraception is a major decision in a teen's life. By sharing contraception information, and enhancing the youth's motivation for its use, we can help the individual choose and use the most suitable birth control method to prevent pregnancy and sexually transmitted diseases.

This issue of SEX TALK will look at various types of birth control and examine the kinds that teens prefer.

Birth Control

Choosing a method of contraception is an important decision. A method that is not effective can lead to the devastating consequence of an unintended pregnancy. By sharing contraception information, and enhancing the youth's motivation for its use, we can help the individual choose the most suitable contraceptive method.

Never before have youth had such a choice of highly effective birth control methods. 'The Pill', 'the needle' and condoms are listed as the methods preferred by teens. Let's take a closer look at these methods.

Oral contraceptive pills, currently the most common method used by youth, are 97-100% effective when taken every day at about the same time. 'The Pill' works primarily by stopping the ovaries from releasing an egg. There are many different brands available with different strengths and combinations of hormones. Most young women can safely use this method.

Some minor side effects may be experienced during the first three months of 'Pill' use. Sometimes switching to a different pill is necessary to alleviate a persistent side effect. Serious complications are very rare. Symptoms which require immediate follow-up are: severe pain in the abdomen, leg or chest, severe headache, dizziness, weakness or numbness (especially if on one side), eye problems (sudden vision loss or blurring) or changes in speech (slurring).

Youth cite the main advantages of taking 'the Pill' as: it does not "ruin the mood" and it regulates menstruation. Other benefits of 'the Pill' may include: a decrease in acne

outbreaks; lighter menstrual periods; and a lower risk of pelvic inflammatory disease and cancers of the reproductive system. The chief disadvantage cited is the difficulty in remembering to take it daily. 'The Pill' does not offer sexually transmitted disease (STD) protection and should be used with condoms.

Depo-Provera®, often referred to as 'the needle' by youth, is a newcomer to the contraceptive scene in Canada. Over 30 million women worldwide have used this progestin-only injection since 1967. It was finally approved for contraception use in Canada in April 1997.

'Depo' is 99.7% effective. Like 'the Pill', it is reversible, and works primarily by stopping ovulation. If the initial injection is given during the first 5 days of a menstrual period, it is effective within 24 hours.

The most common side effect of this method is irregular menstrual bleeding or spotting. After 12 months of use over 50% of women will no longer have their period. This is not harmful and actually provides some benefits. Other benefits include: a reduced incidence of pelvic inflammatory disease and some cancers, and reduced symptoms of premenstrual syndrome. Possible side effects include: headache, abdominal discomfort, nervousness, dizziness and weight gain (due to an increase in appetite).

The most exciting benefit of 'Depo' is that there is no day-to-day responsibility in using it. Youth love the freedom that this method offers, especially if they have had difficulty taking 'the Pill' on a daily basis. However, it is imperative that they receive

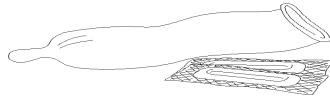
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their injection every three months and use condoms for STD protection.

The cost of the 'Pill' and 'Depo' vary greatly depending on where they are purchased. Usually, the least costly option for youth is to obtain their birth control through a Sexual Health Clinic (refer to Sexual Health Clinic numbers in this newsletter).

The latex condom is a good option because of STD protective benefits and is often free at many locations accessible to youth. However, when used on its own, the effectiveness rate is only 88% (and even lower when used incorrectly or inconsistently, as is often the case with the less experienced youth population). In order to bring the effectiveness in line with that of hormonal methods, condoms should be used in combination with a vaginal spermicide. Condoms with spermicidal lubricant do not provide enough protection in the case of breakage or leakage.

Things to keep in mind when using condoms: check the expiry date on the package, store them properly (out of extreme temperatures), use them correctly, leaving at least an inch of extra space at the tip of the penis, and holding onto the rim when 'pulling out'. Keep in mind that an individual may need to try a number of different brands before finding the condom that suits them best.



Remember, abstinence is still the only 100% effective method of birth control! However, if teens choose to be sexually active they need accurate information on effective contraceptive methods and how to protect themselves from sexually transmitted diseases. As adults working with youth, we must ensure that they get the information and are empowered to use it.

Contraceptive Success Rates During 1st Year of 'Typical Use'

Method	Effectiveness**
Abstinence (consistent)	100%
Depo-Provera	99.7%
'the Pill'	97%
Condom (male)	88%
Condom (female)	79%
No Contraception (chance)	15%

*includes those not following instructions exactly

**based on failure rates from The Canadian
Consensus Conference on Contraception -

My Scare

The first time I attended the Sexual Health Clinic I was scared. It was a Monday afternoon and I had been to a party on Saturday night. I had had too much to drink and ended up having unprotected sex with a friend. I thought it might be too early for a pregnancy test but I decided to go in to see one of the nurses anyway.

Right away the nurse made me feel at ease by reassuring me that the clinic was strictly confidential and by understanding my situation without making me feel bad or to blame. It was too early for a pregnancy test but the nurse told me about Emergency Contraceptive Pills (ECP). I had heard about the "Morning After Pill" (MAP) and assumed that it was too late for me to take it. The nurse explained that was why they liked to refer to it as 'ECP' rather than 'MAP'. ECP, she explained, is very effective in preventing pregnancy if given within 72 hours of sexual intercourse. I was so relieved!

After taking my medical history and establishing that this was my only sexual contact since my last period, the nurse decided that I could take Emergency Contraceptive Pills. I was given two pills to take right away and two to take in 12 hours. Because ECP can cause nausea I was also given some Gravol to help prevent vomiting.

The nurse discussed birth control methods I may want to think about using in the future. We also talked about sexually transmitted diseases. Because it was too early for me to be tested, I decided to return to the clinic later for my pelvic exam and to decide which birth control method I would use.

Two years have passed since that first visit to the clinic. I am so grateful that I was given the Emergency Contraceptive Pills and avoided an unplanned pregnancy. A pregnancy would have been very difficult for me to deal with and would probably have kept me from attending university. I have continued to attend the clinic and have kept using the 'Pill' ever since. One scare was enough for me!!



Exploring The Myths

Oral contraceptives cause weight gain.

With use of today's 'low-dose' pills, weight gain, if any, is minimal. It is often related to normal weight gain or indicates a lack of proper nutrition and physical activity.

Oral Contraceptives delay future fertility.

A woman can ovulate 24-48 hours after she has stopped taking oral contraceptives.

"I can't be pregnant. I got a Depo-Provera® injection six months ago."

In order for Depo-Provera® to be highly effective, the first injection must be given during the first 5 days of the menstrual period and then every 3 months thereafter. Even a slight delay can result in an unintended pregnancy.

The Emergency Contraceptive Pill (ECP) causes abortions.

The ECP temporarily disrupts ovarian hormone production. It may prevent ovulation or implantation of the egg. If the

Finding The Words

Many people have a difficult time finding the words when discussing birth control with their partner. It can be awkward and embarrassing at first. Being open about sex and birth control builds intimacy in a relationship and fosters trust and respect.

So, How does one find the words?

Know yourself: Don't get involved in activity that you aren't comfortable with.

State your expectation: I care about you but I'm not ready to have sex without any birth control."

Find a compromise: "We need to be safe from diseases and pregnancy. We need to be protected with condoms and another method of birth control."

Have A Sense of Humour: When things are awkward having a good laugh can relieve the tension.



Sex Check:

Will I feel good about myself if I have sex now?

Does my partner want to have sex now?

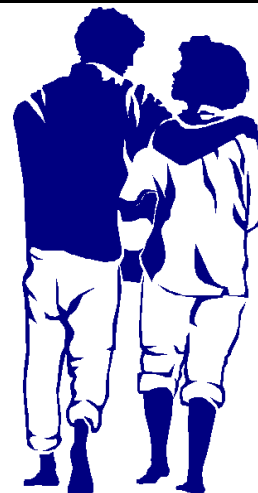
Am I being pressured to make a decision?

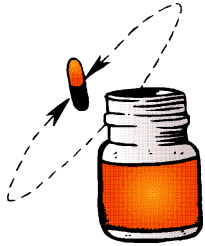
If the relationship breaks up, will I be glad that I had sex with this person?

If we have sex, will I use effective birth control every time?

Am I afraid of anything?

If our birth control method fails, are we ready to deal with an unplanned pregnancy?





Planning a pregnancy in your future?
Think ahead...take 0.4mg of folic acid for a
healthier baby tomorrow!



Resources

☎ Sexual Health Clinics:

Bruce-Grey-Owen Sound Health Unit
Owen Sound 376-9420
Walkerton 881-1920
Wiarton 376-9420

☎ School -Based Sexual Health Clinics:

Saugeen District Secondary School
797-2010
John Diefenbaker Secondary School
1-800-821-7714
Kincardine District Secondary School
1-800-821-7714
Grey Highlands Secondary School
1-800-821-7714
Georgian Bay Secondary School
376-9420
Website: www.publichealthbrucegrey.on.ca

☎ Family Doctor

☎ Planned Parenthood : (ppfc.ca) 416-961-0113

Books:

Sex Sense A Canadian Contraceptive Guide, (2000) The
Society of Obstetricians & Gynaecologists of Canada

Websites

For Teens

www.itsyoursexlife.com
www.iwannaknow.org
www.teenwire.com
www.sxetc.com
www.gayteenresources.org
www.goaskalice.columbia.edu
www.publichealthbrucegrey.on.ca
www.dealwithit.com
www.ppfc.ca

For Professionals

www.thriveonline.com
www.janesguide.com
www.advocatesforyouth.org
www.emory.edu
ec.princeton.edu/
www.etr.org/recapp
www.sexuality.org
www.talkingwithkids.org
www.siecus.org
www.publichealthbrucegrey.on.ca



REFERENCES

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1. Bruce-Grey-Owen Sound Health Unit, *1996 Teen Health Survey*.
2. Ottawa-Carleton Health Department, *Take Five*, Vol. 4 No. 1, February 2000.
3. SIECCAN, *Resource Document*, November 1998.
4. *Contraceptive Technology 16th Ed., 1994*
5. *The City of Toronto Public Health, Sex Talk, Vol. 4, No. 2, May: 1998*

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Bruce-Grey-Owen Sound Health Unit
Prevention is the Intention