

# Teen Sex and Contraception

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While many teens wish they could talk to their parents about sex, most feel uncomfortable asking questions. Instead, teens get most of their information about sex from friends, TV, and the movies. Unfortunately, much of what they learn is wrong! So don't wait for your teen to start the conversation-it's up to you. If you've already begun talking to your child about sex, great! Keep talking.

## **Quick Facts:**

Some parents believe that talking about sex will lead teens to have sex. In fact, research shows that teens who have talked with their parents about sex are more likely to postpone sex and to use birth control when they do begin.

Teens who have high self-esteem are more likely to make responsible decisions about sex.

Teens often believe that all their friends are having sex. This belief puts pressure on teens (especially boys) to have sex. Every hour 350 teens contact a sexually transmitted disease (STD).

The United States has one of the highest birth rates among developed countries. Teens often overestimate the percentage of their peers who are sexually experienced.

## **Tips for Parents:**

1. Teens need accurate information and decision-making skills to help protect them from pressure to have sex, unintended pregnancy, and HIV/AIDS and other sexually transmitted diseases.

2. If talking with your teen about sex is difficult for you, admit it. Keep a sense of humor.
3. Use TV, movies, articles, and real-life situations such as a friend's pregnancy to begin talking about sex.
4. Share your values regarding sex. If you believe a person should save having sex until marriage, say
5. so. Accept that your teen may choose to have sex despite your values.
6. . Don't assume that if your teen asks questions about sex, he or she is necessarily thinking about having sex.
7. Ask your teen what he or she wants to know about sex. If you don't know an answer, admit it. Find
8. answers with your teen in books or other resources.
9. Talk with your teen about reasons to wait to have sex. Remind your teen that he or she can choose to wait (abstain) even if he or she has had sex before.
10. Reassure your teen that not everyone is having sex and that it is okay to be a virgin. The decision to become sexually active is too important to be based on what other people think or do.
11. Talk with you teen about ways to handle pressure from others to have sex. To feel comfortable talking openly with you, your teen needs to know that you will not punish him or her for being honest.
12. Leave age-appropriate articles or books about teenage sexuality around your home (see Resources). Teens will pick them up on their own and read them.
13. Your first talk with your teen about sex should not be your last! Talk with your teen about sex on an ongoing basis. Let your teen know that you are always willing to talk about any question or concern he or she may have about sex.

## **Books and Resources:**

- Haffner, Debra W. Beyond the Big Talk: Every Parent's Guide to Raising Sexually Health Teens-From Middle School to High School & Beyond. New York, NY: NewMarket Press; 2001.
- Harris, Robie H. It's Perfectly Normal: Changing Bodies, Growing Up, Sex & Sexual Health. Cambridge, MASS: Candlewick Press; 1994.
- Panzarine, Susan. A Parent's Guide to the Teen Years: Raising Your 11- to 14 Year-Old in the Age of Chat Rooms. Navel Rings. New York, NY: Checkmark Books; 2000.
- McCoy, Kathy;Wibbelsman, Charles. The New Teenage Body Book. Newark, NJ: Berkley Publishing; 1992(Available by calling800 788-6262.)
- The Surgeon General's Call to Action to Promote Sexual Health & Responsible Sexual Behavior. <http://www.surgeongeneral.gov>
- National Parent Information Center <http://www.npin.org>
- National AIDS Hotline
  - 800 342-AIDS 800 344-SIDA (Spanish)
  - 800 243-STTY (Hearing Impaired)
- Planned Parenthood <http://www.ppfa.org>
- Sexuality Information and Education Council of the US(SIECUS)
  - 212 819-9770
  - <http://www.siecus.org>

## **The Contraceptive Skin Patch**

### **What Is the contraceptive patch?**

The contraceptive patch (Ortho Evra<sup>1</sup> transdermal system) is a weekly hormonal birth control method that received Food and Drug Administration approval in November2001. The product is an adhesive patch, similar to a large Band Aid<sup>®</sup>, that

a woman places onto her skin to prevent pregnancy. The patch contains hormones that are released through the skin and into the bloodstream.

### **How does It work?**

The contraceptive patchworks very much like oral contraceptive pills. It contains the same hormones (estrogen and progestin) found in commonly used birth control pills and releases these hormones at the same daily rate as a pill. Wearing, the patch keeps a woman from ovulating, which means she does not release an egg that could be fertilized by a man's sperm. The patch also thickens a woman's cervical mucus, which makes it harder for the sperm to enter the womb.

### **What does the patch look like?**

The product is about 1½ inch square - roughly the size of a matchbook. It is thin, smooth, and beige. The patch has three layers: (1) protective outer layer; (2) a middle layer that contains the hormones and adhesives; and (3) a clear liner that the woman peels off to expose the sticky layer.

### **How effective is it?**

When used correctly, the patch is 99% effective. It may be less effective in women weighing more than 198 pounds. The patch begins to work during the first cycle of use, although a woman should use an alternate birth control method (such as a condom) during the first week. This is not necessary if the woman begins using the patch within 24 hours of getting her menstrual period.

### **How is it used?**

The patch is used on a weekly 28-day cycle, similar to birth control pills. Each box contains three patches. A patch is worn for a 7-day period, then removed and replaced with a new patch. Every new patch should be applied on the same day of

the week. After using three patches in a row, no patch is worn during the fourth week. This "hormone-free" week allows a woman to get her menstrual period. After the patch-free week, the woman begins using a new box of patches.(For more detailed instructions, speak with your clinician and refer to the package insert.)

### **Where can the woman wear the patch?**

The patch can be applied to four areas of the body: (1) abdomen; (2) upper outer arm;

(3) upper torso (front or back, but not on the breast); and (4) buttocks. When replacing an old patch with a new one, the woman should not stick the new patch on the same place on the skin. This is to help prevent skin irritation or rash.

### **Will the patch fall off if I swim, bathe, or sweat?**

Probably not. The adhesive designed to stay put even when underwater. In clinical studies, only a small number of patches (5%) became partially or fully detached. A woman should be careful not to apply creams or oils (such as suntan lotion) under or near the patch, as this can make it more likely to fall off.

### **What happens if a patch become loose or falls off?**

First, the woman should try to reattach it. If the detached patch is no longer sticky, the woman should replace it with a new patch. This new patch should be worn until the next "patch change day" then replaced. If the patch was off the skin for more than 24 hours, however, the woman should begin a new cycle of patches and may need to use another form of contraception (such as a condom) for the first week of this new cycle. (For more detailed instructions, speak with your clinician and refer to the package insert.)

## **What are the side effects?**

The side effects of the patch are similar to those of oral contraceptive pills. During the first cycle of use, about one in five women may experience spotting or breakthrough bleeding between menstrual periods. This effect decreases after the first several cycles. Other side effects reported by women in clinical studies included headache, nausea, application site reactions (rash or irritation), and breast discomfort.

## **How do I know if the patch is right for me?**

The patch is an effective contraceptive that can be used safely by most women. The patch does not protect against sexually transmitted diseases (STDs) or the virus that causes acquired immunodeficiency syndrome (AIDS). Women at risk of STDs should also use a female condom or male latex condom to prevent disease. Your clinician can give you more information and help you decide if the patch is right for you.

## **Common Questions and Answers About Oral Contraceptives:**

Many women have heard rumors about oral contraceptives ("the pill"). They may be afraid to take the pill because they're not sure if it's safe or if it will cause unpleasant side effects. Here are the facts ....

### **Is the pill dangerous?**

No. Oral contraceptives have been available for 40 years. During that time, they have been studied extensively and improved many times. Today's pills are very safe and have few minor side effects. In fact, for most women, taking the pill is much safer than having a baby.

### **What are the side effects?**

Taking the pill may cause nuisance side effects that vary from woman to woman. For some women, small amounts of bleeding may occur between periods (breakthrough bleeding), especially during the first 3 months. This effect is not harmful and usually disappears after a few months. Missing pills also can be followed by breakthrough bleeding. During the first month or so, some women may have nausea (upset stomach) after taking the pill, although this occurs infrequently. Taking the pill just before going to bed can help control this problem.

### **Does the pill cause breast cancer?**

A group of experts recently examined data from all over the world regarding breast cancer and oral contraceptives. They found that use of the pill does not increase the long-term risk of breast cancer. Women currently using the pill had a very slightly increased risk of breast cancer being diagnosed, but that finding is likely due to more frequent and careful screening.

### **Does the pill cause other cancers?**

Pill use actually decreases the risk of cancer of the lining of the uterus and cancer of the ovary. Some studies have suggested that long-term pill use might increase the risk of cervical cancer; however, this is not proven. All women should have regular Pap smears to look for changes in the cervix.

### **Does the pill cause heart attacks or strokes?**

No. There is no increase in the risk of heart attack or stroke among healthy pill users who do not smoke cigarettes. Smoking is far more dangerous than taking the pill.

### **Does the pill cause blood clots?**

Pills may cause a small increase in the risk of blood clots, but the risk of blood clots is much less than during pregnancy. Blood clots among healthy women are rare.

### **Will the pill make me gain weight?**

The oil does not make you fat. Most women who take the pill do not experience a change in weight.

### **Will the pill make my face break out?**

Some women have worried that the pill might cause acne (pimples). The truth is that most of today's pills usually help clear up existing acne for most women.

### **Does the pill cause birth defects?**

No. The pill does not affect the health of future children or cause birth defects, even in the unusual event when a woman gets pregnant while taking the pill.

### **Will the pill make me Infertile?**

No. A woman's fertility usually returns soon after stopping the pill.

### **Do I need to stop taking the pill every so often to give my body a "rest"?**

NO. There is no medical reason for taking a "rest" from oral contraceptive use. In fact, stopping and restarting the pill increases the risk of unplanned pregnancy.

### **Does the pill work for a few months after I stop taking it?**

No. A woman needs to take a pill each day because there is only enough hormone in the pill for 1 day. As soon as you stop taking it, the birth control effect ends and you

could become pregnant. You should always speak with your clinician before stopping the pill.

### **Are there benefits to taking the pill other than preventing pregnancy?**

Yes. The pill has many health-related benefits. Women who use oral contraceptives have more regular menstrual periods, lighter bleeding, and fewer menstrual cramps. In addition to protecting women against two cancers, oral contraceptives reduce the risk of developing noncancerous breast cysts, infections of the fallopian tubes requiring hospitalization, and iron deficiency anemia (low blood count). The pill also protects against pregnancies that occur outside the uterus (tubal or ectopic pregnancy).

### **Facts About 'Progestin-Only Oral Contraceptives:**

#### **What are progestin-only oral contraceptives?**

Progestin-only oral contraceptives-commonly called the "minipill" - are different from combined birth control pills in that they contain only one hormone (progestin) instead of two (progestin and estrogen).

#### **How do they work?**

Minipills may prevent pregnancy in several ways. Like combined pills, they can prevent a woman's body from releasing an egg during her monthly menstrual cycle. However, they do not have this effect during every menstrual cycle. Minipills also thicken a woman's cervical mucus (the substance at the opening of the womb), making it harder for sperm to reach and fertilize the egg.

#### **How effective are minipills?**

Up to 70% of minipill users get pregnant each year during typical use.

## **How are minipills taken?**

You take one pill every day, just as with combined pills. However, you should take the minipill at the same time every day; varying the time by even a few hours greatly increases the risk of getting pregnant. Many believe the best time of day to take minipills is late afternoon or early evening. This is because it takes about 4 hours for the cervical mucus to thicken and create the most effective barrier against sperm. Given that bedtime is the most frequent time of sexual intercourse, taking a minipill several hours earlier may provide the greatest protection against pregnancy.

## **What If pills are missed or forgotten?**

If you forget to take a minipill, take it as soon as you remember. Then take the next pill at the regular time. If the forgotten pill is more than 3 hours late, use a backup method of birth control (such as condoms) for at least 48 hours. If you have unprotected sex after forgetting to take your minipill, ask your clinician about emergency contraception.

## **What are the side effects?**

The most common side effect of the minipill is irregular menstrual bleeding. Minipill users often have spotting or breakthrough bleeding (bleeding in the middle of the cycle) and irregular cycles (shorter or longer times between periods). These side effects are not harmful, although they can be inconvenient. Menstrual cycle effects usually lessen over time. Less common side effects of minipills include headache, breast tenderness, nausea, and dizziness.

## **Are there any health risks?**

Progestin-only pills are very safe. Because they lack the estrogen found in combined pills, they can be used by women who cannot or should not use combined oral

contraceptives, such as women with a history of blood clots, high blood pressure, or cigarette smokers over the age of 35 years.

### **Are minipills safe for breastfeeding women?**

Yes, using minipills while breastfeeding will not harm a baby and might actually help increase the amount of milk produced.

### **When should a breastfeeding mother begin taking minipills?**

Breastfeeding women who are also giving commercial formula to their babies and mothers who are not breastfeeding can begin taking minipills about 3 weeks after giving birth. Women who are breastfeeding exclusively (not giving baby formula) can begin taking minipills later (most often 6 weeks after giving birth). This difference is due to the fact that women who are exclusively breastfeeding do not become fertile again as soon as other women.

Speak with your clinician about the best time to begin using birth control.

### **Facts About Male Condoms and the Correct Way to Use Them:**

#### **What is a male condom?**

A male condom, also called a "rubber" or "prophylactic", is covering worn over the penis during intercourse.

#### **Why use a male condom?**

Male condoms help protect against pregnancy and fluid-borne sexually transmitted disease (STDs) such as HIV (human immunodeficiency virus) infection, chlamydia, and gonorrhea. They protect less well against STDs that are spread by skin contact (such as herpes and genital warts). By protecting against STDs, women can help protect her health, preserve her ability to have children, and protect her baby while pregnant. Men also protect themselves from getting STDs by using condoms. Although

condoms can be used alone for pregnancy prevention, women who use other birth control methods such as oral contraceptives, diaphragm, etc. should also use condoms if they are at risk of STDs.

### **Buying Condoms:**

Condoms are available in supermarkets, drug stores, and convenience stores without a prescription. Packages of condoms are often readily displayed so that you do not need to ask a pharmacist or clerk for assistance. Condoms are also available through family planning clinics and are sold through the mail and in vending machines in rest rooms. Embarrassment about asking for condoms should not prevent you from obtaining them.

### **Types of Male Condoms:**

Modern condoms are made from three materials: latex(rubber), polyurethane (a strong, thin plastic), and processed animal tissue (skin). Latex condoms offer the best protection from many STDs and HIV because the synthetic rubber prevents bacteria and viruses from passing through. Evidence also suggests that polyurethane plastic condoms can help prevent STDs. Plastic condoms are best for couples with latex allergy or whenever a woman is using a vaginal cream or suppository from treatment of infection. Animal skin condoms, on the other hand, have larger microscopic openings and may allow organisms that cause STDs to pass through and infect either partner. Condoms come in a variety of shapes and vary in thickness and how snugly they fit. Although many are about the same size, larger condoms with more "head room" or longer length are available. They may be colored, textured, lubricated or no lubricated, or contain spermicide or no spermicide. Spermicide, however, does not add to pregnancy prevention and won't help prevent getting an STD. Still other types of condoms are available. Some have a nipple shaped end to catch semen, while others do not. When using a condom

without the nipple wend, a half inch space must be left at the end to catch semen. Some condoms claim to be "desensitizing" to help men maintain their erections longer. Information about condoms can be obtained on the World Wide Web via the internet. You can check a site such as <http://www.condomania.com> to see the varieties available.

Care and Storage of Condoms: The date on the package is the date of manufacture. With proper care, condoms without spermicide can be opened and used (once) up to 5 years from this date. Store condoms in a cool, dry place. Like other rubber products, latex condoms may be damaged if exposed to heat. Buy enough of a supply so that you do not run out unexpectedly.

## **Correct Condom Use**

### **Putting On the Condom:**

Remove the condom from the package.

Look at how the condom will unroll (most condoms unroll one way only).

Leave 1/2" to 3/4" of space at the tip of the condom to hold the semen (this will be unnecessary if a nipple-ended condom is used). Make sure there is no air in the condom.

Roll the condom down on the erect penis, avoiding an air pocket at the tip. Either partner can put the condom on as part of foreplay. Men with foreskin should pull back the foreskin before the condom is rolled onto the penis.

Handle the condom carefully. Be sure not to tear with a fingernail or tooth.

### **Taking Off the Condom:**

After orgasm (coming), but before the penis gets soft, firmly grasp the rim of the condom at the base of the penis. Withdraw the penis from the vagina while holding onto the rim of the condom.

Be careful not to let semen from the condom spill on hands or partner's body. Semen that comes in contact with the outer part of the vaginal could cause pregnancy or an STD.

Inspect the condom for possible holes or breaks. If the condom has broken, the women should call her clinician to discuss possible use of emergency contraception to prevent pregnancy.

Remove the condom and dispose of safely.

Use another condom if further penile-vaginal contact or penetration is desired.

### **Special Reminders:**

Use water-soluble lubricants, if needed.

Do not use oil-based lubricants such as petroleum jelly or mineral or vegetable oils with latex rubber condoms. These products can harm the condom, causing it to tear or break.

Do not carry in hip pocket or wallet, or store in a glove compartment. Heat may damage them. Do not use a male condom with female condom.

Never use a condom more than once.

### **Update On Emergency contraceptives:**

What Is emergency contraception? Emergency contraception refers to birth control options that can be used after unprotected intercourse to help prevent pregnancy. In the United States, women have the option of using hormonal emergency contraception (birth control pills) or having an intrauterine device (IUD) inserted. Emergency contraception can be used after forced sex (if you've been assaulted) or if you've forgotten to use your birth control method, or if a method fails (for example, if a condom breaks).

Hormonal contraception is often the first choice rather than the IUD. Your clinician will discuss which option is best for you. Most women choose the birth control pills for emergency contraception. Be sure to also discuss regular birth control with your clinician.

### **Use of Emergency Contraceptive pills:**

#### **Is emergency contraception the same as the "morning after" pills?**

No, you do not always have to see a health care provider to get emergency contraception. A new program in the state of Washington allows pharmacists to sell emergency contraception directly to women without requiring a doctor's prescription. If you've forgotten to use your birth control, or condom has broken or your diaphragm has become dislodged during sex, you should call your health care provider. Your regular clinician may prescribe the pills over the phone or may ask you to come into the office. If you're already using the birth control pill for contraception, you will probably be told the correct number of pills to take over the telephone. Talk with your clinician during your regular visit before you need emergency contraception. If you have been the victim of a sexual assault, then you should go to an emergency department to be treated and examined.

#### **How does emergency contraception work?**

Most birth control pills contain two hormones-estrogen and progestin. When used as emergency contraception, these hormones disrupt the natural hormone patterns necessary for pregnancy. The hormones also are thought to interfere with the release of an egg and or fertilization of the egg by the sperm. Some evidence also suggests the hormones change the lining of the uterus.

### **How do I use emergency contraception pills?**

Call your clinician to discuss emergency contraception as soon as possible after unprotected intercourse. If you use birth control pills, the number you take will depend on the type of pills that you have or are prescribed. Your clinician will tell you how many to take. Then, 12-hour later, you will take the same number of pills for a second time.

### **How safe are emergency contraception pills?**

Emergency contraception pills are very safe. IN 1997, the Food and Drug Administration reviewed the evidence and concluded that the treatment is safe and effective.

### **Are there women who shouldn't use emergency contraception pills?**

The World Health Organization lists confirmed pregnancy as the only reason not to use emergency contraceptive pills.

### **Are the side effects of emergency contraception pills?**

The most common side effects are nausea and vomiting. About half of women have nausea and about one quarter vomit; however, your clinician may give you some medicine to take to reduce the nausea and vomiting. Some medications are available over-the-counter in the drug store that help decrease the nausea and vomiting. Usually the medicine is taken about 1 hour before you take the emergency contraception pills. You may want to ask your clinician to recommend or prescribe an anti-nausea drug. If you vomit within 1 hour of taking the birth control pills, you may need to repeat the dose of emergency contraception (take it again). Refer to your written instructions or call your clinician if you have questions.

### **Use of The ID as Emergency contraception:**

The IUD is another type of emergency contraception. The Outwork's by changing the lining of the uterus. In addition, the IUD Is believed to interfere with the sperm fertilizing the egg and with the ability of the sperm to reach the egg. The IUD can be inserted up to 5 to 7 days after unprotected intercourse. If the IUD issued you will need to see a- clinician to have it inserted.

### **When to Call Your Clinician:**

Call your clinician within 3 weeks for pregnancy test if your period has not returned. A toll-free emergency contraception hotline provides 24-hour automated information on emergency contraceptive methods and national directory of providers who offer the treatment. The toll-free number is 1-888-NOT-2-LATE. For information on emergency contraception available through the Internet see the Emergency Contraception Website at: <http://opr.princeton.eduJ/ec/>

### **Remember ...**

Emergency contraception is not as effective in preventing pregnancy as using regular birth control. Do not rely on this treatment for ongoing birth control. If you are at risk of an STD, use latex condoms to protect yourself. Don't stop talking or using your birth control method on your own. Always call your clinician to talk things over.

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