



Your guide to contraception

BHA for equality
in health
and social care



Welcome

This guide was created with Black, Asian, and Ethnic Minority women to explore contraceptive choices.

Contraception is often defined as a method to prevent pregnancy. When used effectively you can enjoy sex without worrying about getting pregnant or worrying about getting someone pregnant.

Hormonal forms of contraception contain low levels of estrogen and progesterone or progesterone only. Hormonal methods work to prevent pregnancy by preventing ovulation and/or thickening cervical mucus. They can have other benefits, such as regulating menstrual cycle, helping manage polycystic ovary syndrome, making periods lighter/less painful, reducing risk of certain cancers, controlling acne, relieving symptoms of premenstrual syndrome (PMS), managing endometriosis, and giving you the freedom to bleed on your own terms.

Some women may prefer not to use hormonal forms of contraceptives, as they can have side effects, such as changes in mood or may not be suitable when their medical history is taken into consideration. Non-hormonal methods may be more acceptable for women whose religion or culture forbids other methods and those who do not wish to use a hormonal method of contraception.

Accessing contraception

In the UK, contraception is free, and services are confidential. You do not have to be registered with a GP (doctor) to access free contraception from a sexual health clinic.

You can access contraception from GP surgeries and sexual and reproductive health services.

Talking to your doctor or nurse about your contraception needs

When thinking about the best method for you, consider your medical history, personal preference, and lifestyle.

There are many different types of contraception so research your options so you can prepare your questions and get a sense of what method of contraception you are interested in.

Your notes

A series of horizontal dotted lines for writing notes.

Exploring the methods

There are lots of different types of contraception available. You can choose a method that suits your needs and lifestyle.

Using no contraception typically 85 in 100 women will get pregnant in one year.

Most methods of contraception don't offer protection from sexually transmitted infections. Remember to use condoms/internal condoms and test regularly to help you and your partner(s) stay protected from STIs.

	Condom	Internal condom	Diaphragm/cap	Combined pill
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Contraceptive method

				
Effectiveness <small>How many women would get pregnant over a one-year period with typical use</small>	18/100	21/100	17/100	9/100
Protects against STIs & pregnancy	✓	✓	✗	✗
Use only when you have sex	✓	✓	✓	✗
Use every day	✗	✗	✗	✓
May help with heavy periods	✗	✗	✗	✓
Doesn't interrupt sex	✗	✗	✓	✓
Hormone free	✓	✓	✓	✗
LARC (long-acting reversible contraception)	✗	✗	✗	✗

Progesterone only pill	Implant	Injection	Patch	Vaginal ring	Intrauterine system (IUS)	Intrauterine device (IUD)	Fertility awareness	Sterilisation
								
9/100	1/2000	6/100	9/100	9/100	1/500	1/125	24/100	1/200
X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X
✓	X	X	X	X	X	X	✓	X
✓	✓	✓	✓	✓	✓	X	X	X
✓	✓	✓	✓	✓	✓	✓	✓	✓
X	X	X	X	X	X	✓	✓	✓
X	✓	✓	X	X	✓	✓	X	X



Contraception after having a baby

Many unplanned pregnancies occur in the first few months after childbirth. You need to start using contraception from three weeks after giving birth although if you are exclusively breast feeding this can delay when you are able to get pregnant. You can find out more about contraception from your midwife, doctor, or health visitor.

Contraception after a termination of pregnancy (abortion)

You can get pregnant 5 days following an abortion. If you want to protect against future pregnancy, there are lots of types of contraception you can start straight away.

Long-act reversible contraceptives (LARC) are very effective as you do not have to remember to take or use them. Following an abortion, some women will choose LARC as they do not have to remember use them every day or each time, they have sex.

Other contraception methods rely on you remembering to take or use them. They are effective if taken correctly.

Contraception and the menopause

The menopause is when a woman stops having periods and is no longer able to get pregnant. This is a natural part of aging and on average women in the UK reach menopause age 51.

Although, fertility may change during perimenopause, (symptoms that start before your period stops) women are not fully protected from becoming pregnant until they have reached menopause, which means 12 months without a period if you are 50 or older, or 24 months if you are younger than 50. You must use an effective method of contraception until menopause is confirmed.

Fertility awareness is not recommended in the perimenopause because irregular periods may make it more difficult to identify ovulation.

Emergency contraception

If you have had unprotected sex, you may be able to prevent pregnancy by using emergency contraception. There are two types of emergency contraception:

- The emergency contraceptive pill can be taken up to 5 days (120 hours) later. Available from a range of sexual health services, GPs, NHS walk-in centres and pharmacies. An emergency contraceptive pill needs to be taken as soon as possible to be the most effective. If taken correctly it is 60-75% effective at preventing pregnancy.
- Intrauterine device (IUD) fitted by a doctor or nurse within 5 days. This is the most effective emergency contraception. Once fitted it is 99.9% effective at preventing



pregnancy, and you can keep it as your regular form of contraception if you want to.

There are no restrictions on the number of times you can access emergency contraception. However, if you want to ensure that you are not at risk of pregnancy starting a more effective method of contraception may be a better option for you. You should also get a STI test if you have had unprotected sex.

Emergency contraception does not cause an abortion (termination of pregnancy) The emergency contraception prevents a pregnancy from happening.

Contraceptive use for trans and non-binary

Trans men and non-binary

Contraception is recommended for trans men and non-binary (assigned female at birth) people who have not undergone hysterectomy or bilateral oophorectomy and are having vaginal sex and do not wish to get pregnant. If you are receiving testosterone therapy this treatment does not provide contraceptive protection, and may cause foetal abnormalities if you become pregnant whilst taking it. Progesterone only forms of contraception such as pills, injection, implants and the IUS do not interfere with hormone regimens and may provide additional benefits of reducing or stopping vaginal bleeding.

Methods of contraception that contain estrogen, such as pills, patches or the vaginal ring are not recommended for trans men or non-binary undergoing testosterone treatment. This is because the estrogen hormone will counteract the masculinising effects of testosterone.

If you have unprotected vaginal sex and do not wish to become pregnant you can access emergency contraception.

Trans women and non-binary

If you are a trans woman or non-binary (assigned male at birth) and have not had an orchidectomy (removal of the testicles) or vasectomy and are having vaginal sex you should ensure effective contraception is used if your partner does not wish to become pregnant.

Feminising hormonal therapy does not provide contraceptive protection if you are having vaginal sex.

If you have not undergone an orchidectomy condoms are a form of contraception that can be used with the additional benefit of protecting you from STIs.

Contraception and wellbeing

Using an effective method of contraception can help alleviate anxiety or concern about becoming pregnant because it allows you to

take control of your reproductive health.

Every woman is individual and whilst using hormonal contraception some women may feel teary or moody or go off sex, others may find it helps improve their mood since it can help with premenstrual symptoms (PMS) But if you find that the form of hormonal contraception you are taking seems to be linked to low mood its worth trying a different one.

You can help manage anxiety or low mood by accessing cognitive behavioural therapy, counselling, or medical treatments through your GP. Some of the activities below can also make a big difference to how you feel and boost mood.

If you need someone to talk to you can phone Samaritans for free on 116 123 or visit their website www.samaritans.org

“I was recommended the pill when younger to reduce painful periods, it did help them become lighter. But I ended up having the implant for 6 years as it was a better option for me because I didn't have to think about it”

“When I have sex with people with penises, contraception serves to not get pregnant and to avoid STIs.”

Exercise regularly Activity that gets you moving has been found to help ease anxiety, depression, and low mood	Spend time outdoors Getting outside and exploring a natural environment can help boost mood	Laugh Watch some comedy films/TV or go and see a comedian live	Get plenty of sleep Get some rest and sleep. A good nights sleep can help improve our mental and emotional wellbeing
Eat a healthy, balanced diet Eat more wholemeal grains, fruit, and vegetables	Take up yoga Activities such as yoga and meditation help us relax and destress.	Quit smoking If you smoke, best to stop or get help cutting down	Listen to happy music Can help boost mood, make you feel more upbeat and active
Cut down on stimulants You might crave sugar and caffeine, but you would be better cutting down on them as they can make symptoms worse	Spend time with friends Seeing friends and interacting makes us feel good	Treat yourself Your treat can be a nice homecooked meal, a relaxing bath or a spa day	Do a puzzle/draw or write a journal Puzzles can help reduce stress and help create a sense of calm and mindfulness

Whilst accessing contraception and sexual health services you can also ask about...

Staying HIV negative

HIV negative women can take a daily pill called **PrEP** to protect them from HIV. **PrEP** (pre-exposure prophylaxis) is a highly effective HIV prevention method, that works to prevent HIV.

It is a safe, daily pill for all women.

You might consider taking PrEP if:

- You do not know your partner (s) HIV status and you do not use condoms during sex.
- You have a partner who has HIV and does not have an undetectable viral load.
- You have multiple sexual partners.
- You know, or are concerned that, your partner has other sexual partners.

You can speak to a doctor or nurse at your sexual health clinic to discuss access to PrEP and other HIV prevention options.

If you think you have been exposed to HIV, you can access post-exposure prophylaxis (**PEP**) which is a combination treatment that stops HIV infection. To work, **PEP** must be taken within 72 hours (three days), and ideally should be taken within 24 hours.

You can contact a sexual health service by phone directly to ask for this treatment.

If the sexual health clinic you try to access is out of hours i.e., over the weekend, you can go to the nearest emergency / A&E department as they can give you **PEP**.

'I had the coil (IUD) which was hormone free. This was important to me as I did not want any hormones due to my own personal beliefs, I wanted a natural method of contraception. It was good for me as it was pain free and I didn't have to think about it.'

"Taking the pill was the easier option for me...you have a choice in variety of options."

"I like using female/internal condoms; they were a bit tricky to use at first, but I like that there is lube on both the inside and outside. I like how much control it gives me to protect myself without worrying if the other person is thinking about contraception."



BHA offers free & confidential sexual health information and advice for Black, Asian and ethnic minority communities. This booklet offers general information on contraceptive methods. If you would like further information & advice, contact us at pash@thebha.org.uk

Further information

Find you nearest sexual health service

→ www.nhs.uk/service-search/sexual-health

Contraceptive choices

→ www.sexwise.org.uk

Mental health support

→ www.mind.org.uk

Advice, support, and information for LGBTQI

→ www.lgbt.foundation

Menopause support

→ www.menopausesupport.org.uk

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