MY RESPONSIBILITY, MY CHOICE FUTURE OUR
Growing up as a teenager is a time of great emotional and physical changes. In addition to these changes, maturation is accompanied by a change in the sexual being of a young person. Together with this sexual awakening, a whole new world opens up – of changing desires, needs, challenges, opportunities for experimentation and potential risks.

Your experience of growing up is shaped by many factors and relationships are one of them. During adolescence, most young people will start feeling attracted to other young people of the opposite sex, the same sex or both sexes. These feelings are all normal. The feelings may change from wanting to spend more time with someone to experiencing sexual feelings where you desire physical closeness with the person. This too is very normal. However, it’s important to know what is and what is not healthy about these feelings as you start getting into relationships.

In healthy relationships, you and your partner feel good about each other and yourselves. You do activities together, like going out to movies, hanging out together or with friends and you express your feelings to one another. These relationships can last a few weeks, a few months or even years.

In healthy relationships there is always respect and honesty between both people. This means you listen to each other’s thoughts and opinions and accept each other’s right to say no or change their mind. You might disagree or argue about issues sometimes, but in a healthy relationship you should be able to talk things out and there shouldn’t be anyone more important than the other. Being in a healthy relationship means loving, respecting and taking care of yourself and your partner, it means respecting individuality, embracing differences and allowing each other to be yourselves, it also means you are able to discuss things, allowing for differences of opinion and compromising equally. You should also be able to express yourselves and listen to each other’s needs and desires as well as be able to take responsibility for your actions and feelings, negotiate safe sex, respect sexual boundaries and physical space and be able to say no to sex or anything you are uncomfortable with.

Being a teenager can be confusing, challenging, bewildering and painful at times. This pamphlet will provide you with information on the different options you have if you choose to start having sex with your partner – remember it’s best to wait until you’re emotionally ready to start having sex. This way, you can have a healthy sexual life that will not get in the way of achieving your goals and realising your full potential.

It’s also important to keep in mind that you’re more likely to make positive choices in life – such as deciding to have safe sex – when you have a healthy sense of self-esteem and identity and believe that you can have a bright future!

HERE ARE SOME IMPORTANT FACTS YOU NEED TO KNOW AS YOU MAKE YOUR SAFE SEX CHOICES.

My Responsibility, My Choice, Our Future
All people in South Africa, regardless of age, sex, ethnicity, religion, gender identity, gender expression, sexual orientation, HIV status, disability, citizenship, location, or any other factors, have the right to equitable and non-discriminatory access to appropriate sexual and reproductive health information, education and protection and to quality treatment, care and rehabilitation services. This is what is meant by Reproductive Rights. As a young person, it is your Right to have easy access to these services, and it is your Responsibility to seek them.
So what are Sexual and Reproductive Health and Rights?
Sexual and Reproductive Health means a state of physical, emotional, mental and social wellbeing in relation to sexuality, and in all matters relating to the reproductive system and its functions and processes for men and women of any sexual orientation and preference. Sexual and Reproductive Health Rights refer to the ability to have control over and to decide freely on matters related to your sexuality – including sexual and reproductive health – free of coercion, discrimination and violence.

The relationship between health and rights
To be sexually healthy, you need to be able to have enjoyable, fun and safe sex that is not forced on you by anyone. It also means having access to sexual health information and services. To achieve sexual health you need to know your sexual rights and these rights must be respected, protected and fulfilled. Everyone has the same rights.

Reproductive health means that you are able to have children and have the freedom to decide if, when and how often you have them. It means that every child born is wanted. This pamphlet will let you in on your rights so you can have all the information you need to make the best choices for yourself.

So there you have it, you have the right to have access to contraception that is safe, effective, affordable, acceptable and of your choosing, and to a safe termination of pregnancy. You have:

- The right to equality;
- The right to freedom from discrimination on the basis of race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth;
- The right to be treated with dignity and respect;
- The right to life;
- The right to freedom and security, including the right to be free from all forms of violence from either public or private sources and not to be treated or punished in a cruel, inhuman or degrading way;
- The right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction, the right to security of and control over your body and the right not to be subjected to medical or scientific experiments without your informed consent.

The Constitution also guarantees the right to health care services, including sexual and reproductive health care for everyone.

So what sexual and reproductive health services are available?
In South Africa, a wide variety of sexual and reproductive health services are available, including a range of contraceptive services and commodities, HIV counselling and testing services, antiretroviral treatment for eligible people, treatment for prevention of mother-to-child transmission of HIV and post-exposure prophylaxis to prevent HIV infection after exposure. In addition to this there is also voluntary medical male circumcision to reduce the chances of HIV infection in men, cervical cancer screening services, termination of pregnancy and antenatal care services.

Contraception helps to prevent pregnancy when you have sex. All types of contraception stop a female’s egg from being fertilised by a male sperm. There are various types of contraception that work in different ways. However, the ONLY form of contraception that stops BOTH pregnancy and sexually transmitted infections (STIs), including HIV, is condoms if they are used consistently and correctly. It is best to use DUAL contraception, which means using the condom together with other forms of contraception so as to have the greatest protection against unplanned pregnancy, HIV and other STIs. Subdermal implants are now available at public clinics. Implants have been shown to be the most effective form of contraception with extremely low failure rates. They are safe and can be used at any age from menarche (the first period) to menopause (the end of monthly periods). Implants have less side effects than other forms of contraception and they are effective for three to five years.
WHAT IS CONTRACEPTION?

What are the Different Types of Contraceptives Available?
There are six main groups of contraceptives and each has various options. The list below indicates the types of contraceptives that will be covered in this pamphlet. They are:

1. **Hormonal Contraceptives:** Low-dose combined oral contraceptive pills, combined hormonal transdermal contraceptive patches, combined hormonal vaginal ring, combined injectables, combined hormonal contraceptives, progestogen-only pills, progestogen-only injectables and subdermal implants
2. **Intrauterine contraceptive device (s):** Copper intrauterine device (IUD)
3. **Barrier methods:** Male condom, female condom, diaphragm and spermicides
4. **Voluntary sterilisation (voluntary surgical contraception):** Female sterilisation and male sterilisation
5. **Fertility awareness-based methods:** Lactational amenorrhoea method, abstinence and traditional methods
6. **Emergency contraception:** Emergency contraceptive pills and Emergency IUD insertion

You don’t have to stress – contraception DOES NOT destroy your ability to have children later in life.

Before making your choice about which type of contraceptive to use, you can discuss the following with the health worker during your initial counselling session or during your follow-up visits:

- How to choose a suitable method among the list of contraceptive methods;
- How to use the preferred method – this is essential in order to reduce method dissatisfaction and subsequent early discontinuation of method use;
- Follow-up requirements;
- Return to fertility when conception is desired;
- What to do if the method is used incorrectly (for example missed pill/s or coming late for reinjection) or if appointments are missed;
- Information about emergency contraception and termination of pregnancy (TOP) / abortion should the method fail.
Hormonal contraceptives are for women. They work by stopping the ovaries from ovulation and making the cervical mucus thick so that sperm cannot easily pass through it.

**SUBDERMAL IMPLANTS**

Implants vary, there are single-rods or two rods. The subdermal implant is now available in South Africa and contains a contraceptive hormone (3-keto-desogestrel) which is slowly released over three years. The single-rod implant consists of etonogestrel. The rods are made of plastic and are about the size of a matchstick. They are placed just under the skin of the upper arm and release small amounts of progestogen into the body. Implants contain no oestrogen and can therefore be used by all women.

**How do they work?**
The implants prevent ovulation and thicken cervical mucus so that the sperm does not penetrate the female egg.

**What are the benefits?**
It is a highly effective and highly reversible contraception. You don't have to remember to use it as it needs to be administered only after long intervals (after every three years for the single rod implant, so it does not depend on a high level of user compliance). It is more affordable compared to oral contraceptives over the same period. It also helps prevent iron-deficiency anemia.

**What are the common side effects?**
The side effects include headaches, nausea, dizziness, breast tenderness, changes in mood and abdominal pain due to enlarged ovarian follicles. The implant may also cause irregular bleeding and you may experience possible problems removing it.

**THE PILL**

There are two types of contraceptive pills; the Combined Pill (COC) which has two hormones called oestrogen and progesterone and the pill with only progesterone in it (POP).

**Combined oral contraceptives**

The COCs are very effective in preventing pregnancy when taken every day at the same time and are safe for most clients. When used correctly and consistently they can be as much as 99.7% effective.

**How do they work?**
They work by preventing ovulation.

**What are the common side effects?**
Common side effects include nausea and inter-menstrual spotting/bleeding (this means bleeding between your menstrual cycles).

You might also experience mild headaches, dizziness, breast tenderness, light periods, breakthrough bleeding or occasionally amenorrhoea (the absence of menstruation) may occur. You don't need to see a doctor for these, but do let the health worker who gives them to you know what side effects you experience.

**What are the benefits?**
You might start experiencing regular, lighter and less painful periods. The Pill also reduces your chances of getting anaemia and may also decrease chances of getting pelvic inflammatory disease (PID), ectopic pregnancy, ovarian and endometrial cancers and benign breast disease. It reduces symptoms of endometriosis and polycystic ovarian syndrome.

The Pill might also improve or worsen acne. The obvious benefit of using the Pill is its ability to protect you from an unplanned pregnancy, but remember that it does NOT protect you from STIs including HIV.

Very rarely, the Pill can cause side-effects like chest pain and/or a sharp one-sided head pain and weakness in the limbs on the opposite side to the head pain. If this happens or if you develop blood clots in any of the veins, come off the contraception immediately and go to a doctor. Being on the Pill and smoking can cause a stroke, heart attack or deep vein thrombosis. If you’re taking any other medication, ask your doctor if it will affect your contraception.
Progestogen-only pills (POPs) (also called the mini-pill)
These pills are also more than 99% effective.

**How do they work?**
While they become effective for some women after two days of use, this is not the case for all women. It is best for a woman to use a backup contraceptive method, such as condoms, for at least seven days before being fully dependent on these pills.

POPs work by thickening the cervical mucus, so preventing sperm from penetrating the egg. These pills also inhibit ovulation in 60% of cycles. POPs are appropriate for breastfeeding women and are a useful alternative for women who take oestrogen-free oral contraceptives.

**What are the common side effects?**
You might experience menstrual bleeding (irregular bleeding, spotting or amenorrhea), mild headaches, nausea, dizziness, mood swings and breast tenderness although these are not common. You can conceive immediately after you stop taking the pills.

**What are the benefits?**
- Do not contain oestrogen which makes them suitable for use among people who are allergic to oestrogen;
- Can decrease risk of endometrial cancer and PID. They may be used by diabetics because they do not affect blood sugar levels;
- Can be used during breast feeding - no effect on the baby or milk production. Together with the contraceptive effect of breastfeeding, the prevention of pregnancy comes close to 100%;
- No delay in future fertility - it is possible to become pregnant very soon after stopping this type of pill.

**The downside is:**
As with the COC, this pill needs to be taken at the same time each day and ideally not less than three hours before intercourse because it takes two hours for the pill to be effective on the cervical mucus.

Some women experience scanty, irregular periods or persistent spotting, but these should stop after a few months of use.

Although very uncommon, you may have an ectopic pregnancy. The chances of this happening are higher with POPs than with combined oral contraceptives or injectable progestogens.

**TIPS ON THE PILL**
- When you begin taking the Pill, you will not be safe from pregnancy for seven days. Wait or use condoms. If you take your pill up to 12 hours late, take one immediately and the next one at your usual time. This may mean taking two pills on the same day. Take the rest of the pack as usual, one a day. If you miss two pills in a month, avoid sex or use condoms until your next period. If you forget to take your pill often, it is not the contraception for you. It may not work if you vomit, have diarrhoea or take antibiotics.
- For the best protection against pregnancy, HIV and other STIs, dual protection is recommended. That means that a hormonal method should be used together with a male or female condom.
- NB! Remember: If you forget to take your pill, vomit or have diarrhoea, abstain from sex until you’ve taken one pill a day for seven days.
PROGESTOGEN INJECTION

Although similar to the progestogen-only pill regarding the effect on cervical mucus, tubal motility and the endometrium, the additional effect of the injectables is inhibition of ovulation due to the larger dose of progestogen. The injection is administered on the buttocks or the upper arm. The single injection provides contraceptive protection either for 12 weeks or for eight weeks.

How does it work?
It prevents ovulation.

There are a few types of contraceptive injections which are available at pharmacies, local clinics and private doctors.

i. Depo-Provera:
This is an injection you get every 11 to 13 weeks in either your buttock or upper arm. The Depo is easier for most young people because you don’t have to remember to take it every day.

ii. Nur-Isterate:
This oil-based injectable is taken every eight weeks.

What are the common side effects?
The side effects are also similar to POP and can include irregular periods, weight gain and breast tenderness. Most women develop amenorrhea and need to be adequately informed about this beforehand. Several women may gain weight when first using this method, although this usually stabilises. The effectiveness of the injection may be impaired by certain medication (anticonvulsants, rifampicin, and meprobamate) and also by alcohol. Becoming pregnant after use could be delayed by six months to a year after stopping injectable forms of contraception. It should not be the first choice of contraception if a pregnancy is planned fairly soon. This injection can cause menstrual irregularities which can be treated with oestrogen containing tablets and women may experience painful intercourse because of a dry vagina which can be treated with oestrogen cream.

What are the benefits?
The injection is 99% effective as long as it is repeated at the correct intervals. It does not depend on a high level of user compliance. This injection can also reduce ovarian cysts and can be used during breastfeeding.

Intrauterine Contraception

The Intrauterine Device (IUD) - a small, plastic, often T-shaped device, surrounded by a copper wire or containing hormones is inserted into the uterus. The IUD is also known as the loop. Depending on the type, it is worn from one to five or even seven years before requiring replacement.

Copper IUDs (loops) consist of polyethylene plastic with a copper wire wound around the stem. Hormone containing IUDs are plastic devices with a hollow stem filled with a progestogen hormone. Each IUD has thin threads attached to the lower end of the stem which are used for removal and also for checking that the device is still in position. Both types of IUDs require regular check-ups to ensure they are in place. Some women experience more painful periods after IUD insertion; this usually settles once the body adjusts to it.

Effectiveness: IUDs are a highly effective contraceptive - only eight out of every 1000 women who wear an IUD will become pregnant in the first year of use. Fewer pregnancies occur with continued use.

How do they work?
IUDs work by preventing sperm from fertilising an egg or by inhibiting implantation of a fertilised egg.

What are the benefits?
The IUD is immediately effective. It does not interfere with sexual pleasure and can be used as emergency contraception.
What are some disadvantages?
The IUD can cause heavy, longer periods or abnormal bleeding. You might experience complications which most often occur during and immediately after insertion. Serious complications (e.g. perforation of the uterus) are rare. The IUD does not protect against contamination with micro-organisms causing STIs and pelvic inflammatory disease and does not effectively prevent the development of an ectopic pregnancy (fertilised egg implanting in the fallopian tube). The IUD can also be expelled accidentally.

When to consult a doctor
If, while using an IUD, any of the following are experienced:

- Menstrual irregularities - missed period or spotting;
- Severe abdominal cramps with or without shoulder pain;
- Painful sexual intercourse;
- Vaginal discharge.

The insertion of an IUD is not suitable for women with:

- Recurrent vaginal infections;
- Heavy, irregular bleeding;
- A history of pelvic infection or ectopic pregnancy
- More than one sexual partner (therefore they are at higher risk of acquiring STIs);
- Not having completed their family and still intending to have children;
- Suspicion of being pregnant.
CONDOMS

If you have sex, condoms are the best way to prevent HIV transmission. Used properly, they are over 99% effective. Don’t want HIV? Use a condom.

Other benefits of condoms are that:
- They are cheap or free at clinics;
- You can get them from many places – garages, cafes, supermarkets, pharmacies, taxi ranks, etc;
- You don’t need a prescription from a doctor;
- They are easy to use;
- They can be great fun;
- They have no side effects or health risks;
- You can relax totally – lots of good feelings and no unwanted pregnancies.

THE PERFECT FIT

Male condoms can feel loose on some guys and tight on others, but they stretch to fit any erect teenage or adult penis. Make sure your penis is hard before you try putting on the condom – better still, have your partner slide it on. Leave a little space in the condom at the head of your penis to catch your semen when you come.

Why are condoms so popular?
Condoms are the only contraceptives that give you the best protection from HIV infection, STIs and pregnancy. Condoms stop body fluids from being shared between lovers during sex, which means they protect you from HIV, STIs and pregnancy!

CONDOM SEX

HIV is spread mainly through penetrative sex (in the vagina, anus or mouth). For all kinds of sex, the condom is the only way to protect yourself and your lover from HIV/AIDS, an unplanned pregnancy and STIs.

I feel shy about using a condom for the first time
Practice to give yourself confidence on your own or in sexy games with your partner. It’s important to use condoms properly to be safe.

Do condoms stop the sexy feelings?
Sex with a condom could feel different, but you can still really enjoy sexy feelings. In fact, most men can go longer before ejaculating (coming) when they wear a condom – this means stretching the pleasure! Some people prefer a condom’s feeling (of course, if you know you’re safe from pregnancy and disease, you can relax and have more fun). Condoms got a bad name in the past when they were made from thick material. Today, they are really thin (you can even feel a tickle with a feather). Try them!

What if a condom gets stuck inside?
People often worry about this, but there is no need to worry. A girl has a cervix at the top of her vagina, which blocks the entrance to the womb. If a condom slips off it can’t go far – so relax! Use your fingers and pull it out (same for anal sex). If the condom gets stuck inside, due to the risk of pregnancy and HIV, you should go to the clinic the next day for emergency contraception and to get tested for HIV. Make sure to go again after three months.

Don’t reuse condoms – use a new one every time!
Remember that free condoms from the clinic are just as good as the ones you buy.
Why is condom usage so important?
Condoms are the only form of protection to stop the transmission of STIs, including HIV and prevent pregnancy.

When do I use a condom?
Guys and girls, you have to use a condom every time you have sex. Never use the same condom twice. Put the condom on after the penis is erect and before any contact is made between the penis and any part of your partner’s body. If you go from anal to vaginal intercourse, you should change the condom.

CONDOM TIPS
• Carry condoms with you (you never know when you may need them);
• Check the expiry date on the packet;
• Do not carry condoms in a pocket or somewhere warm. They could melt or split;
• Never reuse a condom. If you have just had sex and you want more immediately, you need a new condom. Always have more condoms than you think you’ll use, just in case;
• The male condom could slip off if a guy loses his erection inside a girl. If this happens, hold the bottom of the condom and pull it out;
• You may need some help to slip inside your partner, but only use spit or KY Jelly. Oils can cause the condom to split. This means no Vaseline, baby oil, massage oils, or anything you are not sure of;
• A long nail or your zip could tear the condom;
• If your condom does split, you can use emergency contraception within three days, but you may still have been infected with HIV or a STI.
The male condom is a very thin synthetic rubber or latex sheath which is worn over the penis to prevent sperm from entering the vagina. A condom can only be used once. If intercourse is repeated, the penis should be dried and a new condom should be used.

There are many types and variants of the male condom. Some are pre-lubricated, while some are textured or flavoured. If you use a non-lubricated condom or need to increase lubrication avoid oil-based lubricants such as petroleum jelly (Vaseline), lotions massage or baby oil as they can weaken the material and should be avoided. Other lubricants (K-Y Jelly and other water-based lubricants) can be used with latex condoms. Because condoms can break, it is advisable to use another contraceptive together with a condom, such as those already mentioned.

The condom should be worn on an erect penis before any genital contact is made to prevent pregnancy and the transmission of STIs.

Male and female condoms are the only forms of contraception that protect you from pregnancy, HIV and other STIs. Condoms have great benefits!

**How do they work?**
A condom prevents contact with and exchange of bodily fluids.

**What are the benefits?**
Condoms are easy to use and fairly effective if used correctly all the time. They also don’t require a prescription; they are available for free at many places such as public toilets, clinics, shopping malls, work offices and at events. If you choose to buy them, they are very affordable and can be bought at pharmacies, petrol stations, supermarkets and from vending machines.

Condoms have no side effects. Second to abstinence and mutual monogamy, condoms are the next most effective method of reducing the risk of getting a STI.
What is not so great about condoms?
Some pre-planning is needed to have a condom available for intercourse and condoms may break or slip off during sex. It is highly recommended that you use another contraceptive such as a pill, IUD, patch or injection together with the condom for maximum protection. If there is insufficient lubrication, the condom may cause friction making intercourse uncomfortable, so make sure to use a well lubricated condom. Rarely, allergic reactions to latex condoms can occur. Condoms cannot protect you if you use them only some of the time and not always.

HOW TO USE A CONDOM:

1. Remove the condom from its package, being careful not to tear or poke a hole in it while pulling it out. Unroll the condom slightly before putting it on the penis. This leaves enough space for semen collection and prevents the condom from being stretched too tightly over the glans (tip) of the penis.

2. If the condom has a receptacle at the tip (to collect semen), place the condom against the glans of the penis and carefully roll it down over the shaft of the penis. If there is no receptacle at the end, leave a small space between the condom and the tip of the penis - otherwise semen may move up between the penis and the condom and come out at the base. Be sure there is no air between the penis and the condom: this can cause the condom to break. While applying the condom, the walls of the teat (or plain end) should be held together to expel air.

3. Immediately after ejaculation, carefully withdraw the penis from the vagina so that semen cannot leak out of the condom as the erection is lost. Hold the condom at the base of the penis while it is withdrawn.
Female condoms provide over 90% protection from nasty surprises like STIs, HIV and unplanned pregnancy. The guys also get a break, enjoying a hands free safe sex experience where they just ‘park and ride’ without being the one’s responsible for protection.

The female condom is a thin, soft, polyurethane pouch, designed for women of all ages. It is placed inside the vagina, with a flexible ring at each end to keep it in place. Female condoms are up to 95% effective if used correctly. They come pre-packaged with a generous amount of silicone-based lubricant, but extra lubricant can be added if desired.

The female condom has a flexible ring at the closed end of the pouch with a slightly larger ring at the open end. At the closed end of the sheath, the flexible ring is inserted into the vagina to hold the female condom in place. At the open end of the sheath, the ring stays outside the vulva at the entrance to the vagina. This ring acts as a guide during penis penetration and also prevents the sheath from bunching up inside the vagina. A new condom needs to be used each time you have sex. Once done, the condom should be wrapped in a tissue or toilet paper after use and placed in the bin (not flushed down the toilet).

You are healthy and full of life – take charge of your sexual health.

**SPERMICIDES**

Spermicides come as sponges or tablets, which melt in the vagina. They also come in the form of foam, which is squirited into the vagina. Used on their own, spermicides are not very effective, but paired with a male condom; they provide excellent protection against pregnancy, HIV and other STIs.

The spermicide and condom combinations should be used with caution. Consult your health professional before using such combinations as some spermicides may cause breakage of condoms.
Both a woman and her guy can undergo a voluntary sterilisation.

**FEMALE STERILISATION**

This is a permanent contraceptive method for women who do not ever want to have more children. The method entails a simple surgical procedure to block the fallopian tubes. The most common surgical approaches are: mini-laparotomy, laparoscopy or sterilisation at the time of Caesarean Section, soon after delivery (up to seven days). This is done under general, local or spinal anaesthesia depending on the circumstances.

Female sterilisation does not affect breastfeeding and is free from the side effects of some of the temporary contraceptive methods. It is not the same as having a hysterectomy and women continue to menstruate. The operation does not affect sexual desire or feelings and does not interfere with sexual intercourse. No medical condition makes a woman ineligible for sterilisation. This is the best contraceptive method for women who do not wish to have children at all or who have the desired number of children and do not plan to have any more. It is important to remember that this procedure is irreversible. As there is a high incidence of regret among women under 30 who have undergone this procedure, counseling is essential if you choose to do it.

**How does it work?**

Sterilisation works by blocking the fallopian tubes and thereby preventing the ovum and sperm from uniting. The woman is sterile from the time the procedure is completed.

**Common immediate problems or complications**

Post-operative pain for a few days, wound infection, haematoma (a swelling of clotted blood within tissues).

**What are the benefits?**

Sterilisation may provide some protection against Pelvic Inflammatory Disease and ovarian cancer.

**Key things to remember with this method are that it does not protect you from STIs and HIV and you will not return to fertility once it has been performed.**
Male sterilisation, also called vasectomy, is a permanent surgical contraceptive method for men who do not want any more children. The method entails the simple surgical procedure, performed under local anaesthesia, of closing both vas deferens (two tubes that carry the sperm to the ejaculatory duct) to prevent sperm from mixing with ejaculate. During vasectomy the testes are not removed. Vasectomy does not interfere with intercourse or affect a man’s sexual desire, function or appearance. Male sterilisation is generally safer, somewhat more effective and less expensive than female sterilisation. Similarly with female sterilisation, there are high levels of regret among young men who choose this option.

**How effective is it?**
It is over 99.8% effective in the first year after the procedure.

**How does it work?**
The procedure closes both vas deferens (two tubes that carry the sperm to the ejaculatory duct) to prevent sperm from mixing with ejaculate. The procedure is not effective immediately; it takes an average of three months for vas deferens to be cleared of sperm, so during these three months other contraceptive methods need to be used.

**Common immediate complications and problems**
You may experience minor post-operative short-term effects such as discomfort for a few days and scrotal bruising and swelling, bleeding from the wound, haematoma, and wound infection and, less frequently, chronic scrotal pain.

**What are the benefits?**
The procedure stops fertility, but does not protect you from HIV and other STIs. Once conducted, the procedure can never be reversed.
If a nurse - without my consent - discloses to my mom/other relative that I have come to the clinic for contraception, what steps can I take to deal with the situation?

Confidentiality and privacy is the essence of health care. This means that any discussion between a health care provider (the nurse in this case) and a client (you) should remain between the two of you. Even if the nurse or any health care provider needs assistance in providing a service, he/she should get the client’s consent before engaging anyone else in the provision of a service.

In cases, such as this one, where there is unauthorised disclosure, you can take the following steps:

i. Lodge a complaint with the Facility Manager of a clinic. The Facility Manager can then investigate the case and resolve the matter at clinic level.

ii. If the matter is serious enough, as in cases where a nurse continues to disregard institutional censorship, a professional registering body such as the South African Nursing Council (SANC) can be approached for intervention.

iii. In extreme cases where such disclosure by the nurse results in civil damages (societal, commercial, and/or reputational damages), the civil courts can be approached for broad-based restitution (including financial restitution). However, getting proof that such damages did in fact happen rests with you, the client.

How effective are traditional methods of contraception?

The traditional methods of contraception, such as using herbs and engaging in thigh sex (man placing his penis between his partner’s thighs) are based on the traditional understanding of physiology and are passed on from generation to generation. One needs an intimate understanding of the processes that constitute the traditional contraceptive effects. The advice for anyone thinking of using traditional contraception is: “If you cannot understand the method fully, don’t use it.” Above all, all the natural methods of contraception do not protect one from STIs and HIV. Use dual prevention methods to prevent pregnancy and STI/HIV transmission.

What is the contraceptive patch?

Available from private doctors, the contraceptive patch is applied to the skin and releases hormones into the body to prevent pregnancy.
Emergency contraception pills, like all regular hormonal contraceptives, prevent pregnancy primarily by delaying or inhibiting ovulation and fertilisation. This Pill should only be used in emergencies if your condom has broken or if for you were not able to use the condom. You can take the Morning-After Pill up to 72 hours (three days) after unprotected sex, but there is no 100% guarantee it will work. It is also important to go for the full post-exposure prophylaxis (PEP) treatment as you might have also been infected with HIV while having unprotected sex.

The common side effects of emergency contraceptives are:
Nausea, vomiting, stomach cramps, dizziness and loss of appetite

How do I use emergency contraception?

There are four emergency pills. Take the first two as soon as you can after unprotected sex. Take the next two twelve hours later. If you bought it at a pharmacy it may have different instructions and there may only be one or two pills. Read and follow the instructions correctly.

Can we use emergency contraception every time we have sex?

No. This can’t be used as a regular method of prevention. You need to find out about condoms if you’re a guy or the female condom, the injection or the Pill if you’re a girl. Emergency contraception is only for accidents, like when your condom splits, you forget or are too reckless to use one or if you have been raped.

Emergency contraception taken in time may prevent pregnancy. While it gives you a bit of power to choose not to have a baby, it should only be used as a last resort after unprotected sex.

What is PEP?
PEP, which stands for Post-Exposure Prophylaxis, is a short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure to the virus. This exposure can happen while at work if someone is in the health professions, through sexual intercourse or after rape. You will need to take your pills every day, after meals and at around the same time over 28 days.
EMERGENCY CONTRACEPTION

The Emergency Contraceptive (also called the morning-after pill) is a method used to prevent pregnancy after unprotected intercourse, sexual assault, or a same-day abortion. If taken within 72 hours after intercourse, it can significantly reduce the risk of pregnancy. It is not a substitute for regular contraception and should not be relied upon as a regular method of birth control.

CONTRACEPTIVES AND HIV

If you test positive: take a second test to confirm your result. If the confirmation test is also positive, you must request a test for your CD4 count to find out if you need to go on antiretroviral treatment. Even if your CD4 count is still very high, you need to use a condom every time you have sex to protect yourself and your partner. Since there is still no known cure for HIV, you will need to take care of yourself by eating healthy, exercising regularly and having protected sex to prolong your life. You can live for a very long time if you take care of yourself and have protected sex and immediately start antiretroviral treatment as soon as you are eligible. Even if both you and your partner test HIV positive you still need to protect each other by using a condom each time as you can still transmit the virus through unprotected sex, leading to a spike in infection in your partner that, over time, could speed up progression from HIV infection to full-blown AIDS.

Remember the safest sex is no sex

If you choose to wait before you have sex with your boy/ girlfriend, remember that it’s very important to communicate this to him/her as early as possible. Discuss this in a safe space before any touching and kissing have taken place as this may lead your partner to believe you are ready for sex. Delay or abstain for as long as you can. Choosing not to have sex doesn’t mean you never feel horny. But delaying sex until you are older and more mentally and physically equipped to deal with the emotional responsibilities of a sexual relationship makes the sex better and is likely to help ensure your relationship lasts.

And when you decide to have sex with that special person, no matter how well you think you know each other, USE CONDOMS CORRECTLY AND CONSISTENTLY... that means using them properly every time!
Many young women who leave school suddenly feel at a loss about how to fulfil their dreams and feel like they have very little power over their lives. Often, they think having a baby will make them feel important again or accepted by society – only to find that having a baby too young limits their opportunities.

It is so important to use contraception so you don’t land up having to deal with the stress of an unplanned pregnancy. A challenge such as this one can rob you of your peace of mind and the focus you need to take action to find study and job opportunities to better your life.

Remember that if semen enters the vagina, it can move upwards and join with the egg – and then boom! You start making a baby! If the penis goes in, the risk is much higher. Even with no ejaculation some sperm can come out. So, make sure your sex play is safe play to avoid nasty surprises.

You can get pregnant:
- The first time you have sex;
- If you have sex standing up;
- If the guy comes near the girl’s vagina;
- If you wash with vinegar or Dettol after sex;
- If the girl has her period when you have sex;
- If you have sex just before a girl’s first menstruation;
- If you have sex once the boy’s body has started to produce sperm.

You are NOT safe if you do it standing up in the rain, if you wash with vinegar, use Coke or Flagyl, or if you pull out before orgasm. Those are all myths. Even contraception is not 100% safe. If a boy and girl have sex, something magical happens. Sperm from the boy goes up the vagina, into the tubes and swims very fast towards the ovary. If the ovary has released an egg, it will join together with the sperm and immediately start building a new life – and you have made a baby. If you have sex or share sexual fluids with someone, you are at risk of falling pregnant. Girls and boys are going through puberty younger than before, and you may not realise that your body is producing sperm or eggs. Don’t take risks – wait before you have sex, and when you do protect yourself.
These are some early signs of pregnancy:

- **A missed period** - This is the most reliable sign of pregnancy. If you usually have regular periods and you are late, you should consider having a pregnancy test.

- **Changes in your breasts** - Breasts become larger and tender to the touch.

- **Headaches** - A common complaint early in pregnancy. They usually disappear by mid pregnancy.

- **Nausea and vomiting** - Affects about 50% of pregnant women.

- **Frequent urination (micturition)** - More urine is formed due to increased blood flow to the kidneys.

- **Feeling exhausted or sleepy** - The body is adjusting itself physiologically for the pregnancy.

- **Food cravings** - Some women may also lose their liking for certain foods or drinks.

- **Increased vaginal discharge without soreness or irritation** - Due to the cervical glands secreting more mucus as a result of high levels of oestrogen manufactured by the placenta.

**Where can I get contraceptives?**

You can access contraception for FREE at government clinics. You can also get hold of contraceptives at private practices or pharmacies, but you will have to pay for them. You can buy the Morning-After Pill at pharmacies countrywide. Only doctors and nurses are licensed to give you contraception. Before handing it over, they need to provide you with contraception info and give you a thorough health assessment to check which contraception is best for you.
We had sex without protection. What must I do?
Having unprotected sex is risky as it could lead to unplanned pregnancy or infection with HIV and other STIs. If you have unprotected sex because the condom broke or because you forgot to use contraception, you can take emergency contraception within three days (72 hours) after sexual intercourse to prevent pregnancy. Hurry – if three days have passed, it’s too late. You may also have been infected with HIV. You need to take PEP up to 72 hours after having unprotected sex to prevent HIV infection.

What if it’s too late for me to take emergency contraception?
Then you wait and take a pregnancy test as soon as possible (usually after three weeks you will be able to detect pregnancy). Even if you did take the emergency pill, seven out of 10 times it will stop an unwanted pregnancy, which means 3 out of 10 times it won’t. If you are pregnant, you need to make important choices about whether you want to keep your baby, carry to full term and consider adoption or end your pregnancy (abort). A TOP (termination of pregnancy or abortion) is safe and simple if it’s carried out in the first three months. Speak to someone you trust, consider all your options carefully, and should you choose to terminate the pregnancy do so as soon as you have made the choice.

Termination of Pregnancy
Deciding what’s best for you
You’re pregnant, or you’ve heard that your girlfriend is. You didn’t plan it, you don’t want it. You’re thinking about abortion, but you’re worried about it and you’re scared to talk to anyone. You’re making major life decisions here and ultimately nobody, but you, can know what’s right for you in your circumstances.

If you are considering a termination of pregnancy remember that it is your right to get counselling, it is your right to get an abortion in a public health facility and it is your choice.

Talk to someone – a health worker, a counsellor, someone you can trust. Listen to them and to others. There are difficult decisions to make and you need support and information about your choices. It is very hard to do this alone. You may want to continue the pregnancy. Your family could help you raise your child, or you could give the baby up for foster care or adoption. You may want to end your pregnancy by having an abortion.

It’s normal to feel scared or unsure about important decisions, but you don’t have to do this alone. Talk to someone until you feel sure about your choices. Get counselling at a clinic or the loveLife Contact Centre on 0800 121 900 or send a Plz Cal Me to 083 323 1023. If you decide to have a TOP, find someone to go with you to the clinic.

How will I feel?
After an abortion, it is common to want to be alone, feel tearful and be unable to make decisions for a while. You will also feel a sense of relief. Some people like to do a ritual to end the process – light a candle, plant a flower, write a poem or go for a long walk. If you get depressed, talk to a counsellor or health worker.

Who will know that I’ve had an abortion?
No one needs to know. The clinic will keep the information confidential. You won’t look different or put on weight. You can choose who you want to tell.

After a TOP, can I get pregnant again?
Yes, definitely! A TOP done by a trained health worker does not make you infertile. You don’t need permission from anybody to have an abortion and nobody can force you to have one either. Whatever you decide, you may have to deal with a range of emotions, such as anger, guilt and regret – even years later. These are all normal. You have nothing to hide or be ashamed of. Talk to a friend and seek professional help if you need it.
FREQUENTLY ASKED QUESTIONS

WHAT WILL HAPPEN AFTERWARDS?
Most girls go home after an hour or two. Be gentle! There will be bleeding for a few days (up to 10 days). This is a bit heavier than a normal period, avoid tampons and sex in case of infection. Take it easy, don’t exercise and get some rest. Go back to the clinic if you vomit or bleed heavily, if you have a discharge or if you get a fever. It is important to go to the clinic after about two weeks, so that they can check that you have healed. You can also talk to them if you are worried about anything. P.S. Don’t forget to get contraceptives.

WHAT CAN A GUY DO?
I don’t want my girlfriend to have an abortion. What can I do?
The law says that it is her decision. Explain how you feel and why. Talk about how you can support her if she keeps the child. Show her that you care, but in the end you have to let her make a choice. Speak to a health worker or counsellor so that you get support and understanding too.

How can I best support my girlfriend?
Let her talk about how she feels. Be kind and understand that she may feel a sense of loss. Talk to her about your feelings. Help her feel special – even a cup of tea can help. Cry together if you want. Celebrate together if you want. Wait before you suggest sex and take it easy and gently. Use contraception.

REFERENCES