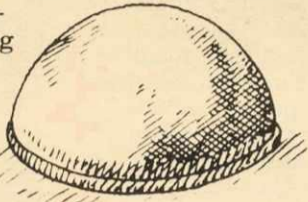


Julius Schmid makes the most popular brands of condoms in Canada.

So why would we want to talk to you about other methods of contraception?

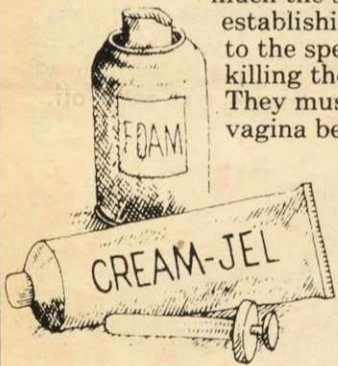
The Diaphragm

The diaphragm is a soft rubber cup which 'fits' into the vagina to cover the cervix (the opening to the uterus, or womb). It comes in various sizes and requires both a prescription and initial fitting by a doctor or trained nurse. To be effective, the diaphragm must be used in conjunction with a spermicidal jelly or cream applied to all sides of the cup and to its rim. Additional applications of the spermicidal jelly or cream are needed if intercourse is delayed by several hours, or is repeated prior to the removal of the diaphragm. The diaphragm must be left in place for at least six hours after sexual contact. It can be left for as long as twenty-four hours, after which it should be removed, washed and dried. With correct use, the contraception rate for the diaphragm is very good. It is safe to use and produces no unwanted side effects.



Contraceptive Chemicals

Contraceptive foams, jellies, creams, foaming tablets and suppositories work in much the same way. That is, by establishing a mechanical barrier to the sperm and/or by directly killing the sperm on contact. They must be inserted into the vagina before intercourse and reapplied with each subsequent sexual act. Suppositories (the least effective) require about fifteen minutes to dissolve; foaming tablets require five. Spermicidal foams, creams and jellies are effective immediately. In all cases douching should be avoided for at least six hours after intercourse.



Side effects are infrequent, although some women and some men find that chemicals cause an irritating burning sensation during intercourse or discomfort afterwards.

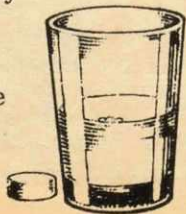
The Pill

The pill, taken by women once a day for twenty-one or twenty-eight consecutive days, is designed to prevent ovulation. If no egg is released, conception cannot occur. Most of the pills available today contain a combination of two female sex hormones in synthetic form—estrogen and progesterone.

The pill's main drawback is the side effects that some women experience. Minor side effects like nausea, spotting or breakthrough bleeding, bloating and breast tenderness are fairly common but usually subside after a few months. The pill is also sometimes associated with weight gain and, to a lesser degree, weight loss; with minor but irritating vaginal infections, headaches, depression, and an increased need for vitamins B₆ and B₁₂.

So far as serious side effects are concerned, it is known that women taking the pill run four to seven times the risk of developing blood clots and nearly eight times the risk of dying as a result of a clot which lodges in a vital organ.

Recent evidence suggests that the risk of developing a stroke (an extremely rare condition among women of child-bearing age) is increased nine-fold. Because the risk is greatest with women who smoke cigarettes, it is strongly recommended that women over 30 should either stop smoking or use another method of birth control.



Because we're concerned.

The response to the advertisements we have been running has made us aware that there is still a surprising lack of knowledge among young people about the various methods of contraception.

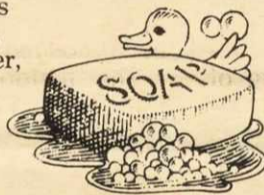
This is supported by a Statistics Canada report on the alarming increase in unwanted pregnancies among young women in the 16 to 24 age bracket.

What we plan to do in this advertisement is give you an honest and objective look at other methods of contraception. We will consider the advantages and disadvantages of each and leave you, the reader, to make up your own mind which method you prefer.

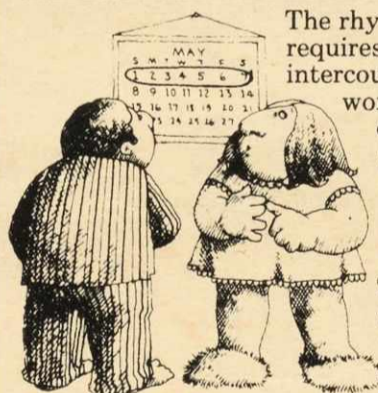
Space limitations make it impossible for us to go into minute detail. So for further information, we strongly recommend that you contact your local physician, pharmacist or family planning clinic.

Douching

Although the method has been in use for centuries, douching with plain water, soap, or chemicals is very ineffective. In fact, it's only slightly better than taking no precautions at all.



Rhythm



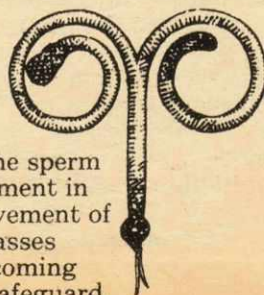
The rhythm method requires abstinence from intercourse during the woman's fertile time of the month. The difficulty even today lies in predicting when the fertile period is likely to begin. The various aids currently used to help determine the fertility cycle include

electronic calculators, special rhythm calendars, clocks and chemical tests. The most common and most accurate method is the charting of the woman's basic body temperature which must be taken with a special thermometer each morning before she gets out of bed. Unfortunately, a slight illness (a cold, for example) can affect temperature readings and create the impression that ovulation has already occurred.

The intrauterine device (IUD)

The IUD is a small device usually made of plastic or metal, or a combination of both, which a gynecologist places inside the uterus where it remains for as long as contraception is desired. Aside from checking after menstruation to be sure the device has not been expelled, little more needs to be done.

How the IUD works is still unclear. The current school of thought believes that the device sets up a chemical state which incapacitates the sperm or the egg; or that its placement in the body speeds up the movement of the ovum (egg) so that it passes through the tube before becoming fertilized. As an additional safeguard,

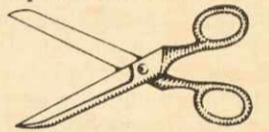


some doctors recommend use of a spermicidal foam or cream in conjunction with the IUD—especially during midcycle when conception is most likely to occur. This approach means that the IUD loses one of its most attractive features: the fact that it requires little effort and is unrelated to the sex act.

Like all other methods, the IUD has its drawbacks. Some users spontaneously expel the device. In other cases, excessive bleeding and cramping or other side effects make its removal necessary. The IUD is not recommended for women who have pelvic inflammatory disease or any abnormality of the uterus or a history of painful or heavy periods or cancer of the cervix or uterus.

Sterilization

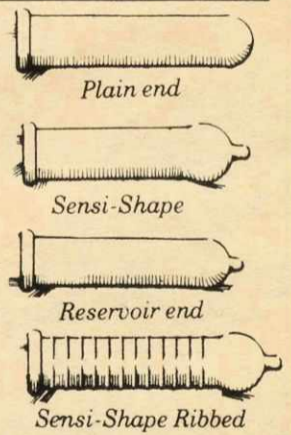
Male vasectomy is a simple surgical technique (only a local anesthetic is required) which involves cutting the ducts that carry sperm into the ejaculate. Following vasectomy, a couple should use some other method of contraception until two consecutive tests show that no sperm remain in the ejaculate. Many doctors advise a repeat of the test six to twelve months later to ensure that the ducts have not grown back together.



Female sterilization (or tubal ligation) involves cutting the Fallopian tubes that carry eggs from the ovaries to the uterus. It is a somewhat more complicated procedure than vasectomy. Although brief hospitalization is usually required, new and simplified techniques make it possible to carry out the operation in a hospital-based clinic without overnight hospitalization. The rare failures occur when the tubes manage to grow back together.

The condom

The condom is second only in popularity to the pill as a method of birth control. A thin sheath usually made of rubber or animal skin, it is put over the erect penis to catch the ejaculate. For maximum effectiveness, the condom should be used before intercourse to prevent any escape of semen in foreplay. It's also important to withdraw the penis while still erect to prevent spillage of semen.



The effectiveness of the condom, like the diaphragm, varies with the user. The condom's only disadvantage is that it must be used at the time of intercourse, requiring interruption of lovemaking. On the plus side, it is easy to use, perfectly safe and offers protection against the transmission of venereal disease. It can be purchased at the drug store without a doctor's prescription.

- Ramses
- NuForm
- Fetherlite
- Fourex
- Excita
- Sheik
- Fiesta

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