

HERE'S WHAT IT'S ALL ABOUT

The Brunswickan published this chart in December of last year just before the Christmas break. It must be regarded as a general guideline only. The data has been adapted from a Ladies' Home Journal article.

METHOD	RELIABILITY	PROCEDURE	HOW IT WORKS	SIDE EFFECTS	WHO SHOULD USE IT
Hormone Pills — "The Pill" Type A — Combination of estrogen and progestin. Type B — Sequential, estrogen followed by combined estrogen - progestin.	Type A: Nearly totally reliable if taken exactly according to directions. Type B: Possibly a shade less reliable than Type A if a pill is missed.	Type A: pill taken daily from the 5th day of the menstrual cycle to the 25th day. Type B: estrogen pill taken from the 5th day of the menstrual cycle to the 20th day of the menstrual cycle to the 20th day; estrogen - progestin pill taken from the 21st day to the 25th.	Both types of pill prevent ovulation. No egg can form therefore no pregnancy can occur. Effectiveness begins with the first complete cycle of use.	Concern continues about many serious disorders that may be linked with the pill, but more studies are required before definite conclusions can be reached. It has been found safe for many women. One - quarter of all women taking the pill will experience initially one or more of the following side effects, some of them temporary: swelling of the extremities and abdomen, dizziness, nausea, weight gain, eye disorders, irregular bleeding, diminished menstrual flow, breast soreness.	Women for whom reliability is so important that they are willing to accept possible risks. It is not recommended For: Women with a history of cancer of the reproductive system, fibroid tumors, history of thrombophlebitis, varicose veins, strokes, diabetes or a tendency toward diabetes, history of liver disease or jaundice, endocrine disorder, heart trouble, asthma, migraine headaches, also women who tend to retain fluids. Women who do use this method should: - Have breast and pelvic examinations every six months; - Have "Pap" tests at least once a year; - Report to the doctor immediately any unusual symptoms: skin rash, blurring of vision, chest pains, emotional changes;
Intrauterine Devices (IUD's) Plastic loop, plastic coil, stainless steel ring or band.	If the device stays in place (which it does with about 80 per cent of users) it is almost as effective as the pill.	The gynecologist inserts the device in the office. He may require a return visit after one month or three months and annual visits thereafter. Loop or coil may have a string attached that the woman can touch with her finger to make sure the device has not been expelled. It can remain in place until she wants to become pregnant, and has her doctor remove it.	It is not known precisely how the I.U.D. works. It probably causes the egg to pass through the Fallopian tube so rapidly that pregnancy does not occur.	Cramps or spotting may begin upon insertion and continue until the next menstrual period. In most cases, the discomfort will disappear, but in some it will not, and the device may have to be removed.	Usually a woman should have had at least one child before she uses an intrauterine device. Pregnancy and childbirth dilate the uterus and cervix, making insertion easier and safer.
Vaginal Barriers Type A: Diaphragm with jelly or cream. Type B: Foam Type C: Vaginal suppositories and tablets.	Type A: if used consistently, less than 1 per cent failure rate. Woman must be certain diaphragm is placed so that the cervix is covered. Women must check it regularly for holes or tears. Type B: If used consistently, about 1.5 per cent failure rate. Type C: If used consistently, about 2 per cent failure rate.	Type A: The gynecologist fits the diaphragm and instructs the woman in its use. It may be inserted with the jelly or cream as long as 6 hours before intercourse and should remain in place until 6 hrs. after intercourse. Type B: The woman must apply the foam in the vagina not more than one hour before intercourse. It is effectively immediately. Foam must be reapplied for each act of intercourse. Type C: Suppositories may take up to 10 minutes to dissolve and so are not effective immediately.	Type A: The diaphragm acts as a mechanical barrier preventing the sperm from entering the uterus. The added jelly or cream is important, because it renders the sperm ineffective. Type B: Same as the jelly or cream, above. Type C: Same as the jelly or cream above.	May cause sensitivity, evidenced by rash or irritation. Type B: Same as the jelly or cream above. Type C: Same as the jelly or cream above.	Type A: Women for whom the absence of health risks is most important and who are willing to learn how to insert and remove the diaphragm. Women with limited sexual experience may have difficulty inserting the diaphragm. Type B: Women unable or unwilling to use diaphragm. Type C: Women unable or unwilling to use diaphragm.
Rhythm	High pregnancy risk.	Woman must try to determine "safe" cycle days.	When a woman is able to establish her time of ovulation, she can avoid intercourse on her "unsafe" days. To increase effectiveness, abstain at least three days before and three days after ovulation.	No physical side effects; the method may impose emotional strain.	Only women with regular cycles, and those for whom the religious factor is of major importance.
Post - Coital Douche	High pregnancy risk.	Woman douches immediately after intercourse.	It presumably washes sperm out of the vagina.	May cause irritation.	No one.
Coitus Interruptus	1.5 - 2 per cent failure rate.	Withdrawal of penis before ejaculation.	Sperm is not deposited in the vagina.	No physical side effects but can impose emotional strain on couple. It is now known that even before ejaculation a drop of semen may be deposited in vagina. At the fertile phase and in the case of very fertile couples, this may be enough.	No one.
Condom — "safe"	1 per cent failure rate. Whether or not the condom serves its purpose is dependent upon its quality, examination for flaws, and care in application.	Condom is applied to erect penis just before insertion into vagina.	Condom is designed to receive the semen and used properly and regularly provides close to maximum protection.	May interfere with full mutual enjoyment as it dulls the acuteness of a man's sensations. Fear of the condom breaking or slipping off may inhibit female response.	MEN