

BARRIER METHODS

PHYSICAL METHODS (MALE CONDOMS)

- Made of latex
- Failure rate - 2 to 40 per 100 women years (Incorrect usage is the most common cause of failure)
- Advantages > Protection against PID & STD', Safe & inexpensive, No side effect

FEMALE CONDOM

- Worn internally by the receptive partner
- Pouch made of

polyurethane

- Pre-lubricated with silicone, ONE OPEN END AND ONE CLOSED END
- Spermicidal is not required
- Failure rate-4-20 per 100 women years
- Less effective than male condom
- Advantage-protection against HIV, STD etc.
- Only tool for HIV prevention that woman can initiate & control
- 3 types > 1.FC-made of polyurethane, 2.FC-2- made of nitrite polymer, 3.

Latex

DIAPHRAGM (DUTCH CAP)

- Inserted before intercourse & must remain in place for not less than 6 hours after sexual intercourse
- Failure rate- 6-12 per 100 women years
- Protection against- PID, HPV etc
- Disadvantages- If left in vagina for extended period (> 24 hrs),
 - there is a possibility of toxic shock syndrome
- Variations of diaphragm >

iDumas or Vault

cap,

ii. Vimule cap,

iii. Cervical cap

VAGINAL SPONGE

- Polyurethane foam sponge (5cm x 2.5cm)
- Spermicide-1000 mg Non-oxynol-9
- Combines barrier & spermicidal method to prevent conception
- Sponges are inserted vaginally prior to intercourse
- Must be placed over cervix
- Must be left in place for 6 hours after

ejaculation

- Disadvantages- Can lead to toxic shock syndrome

- Failure rate > Parous women-20-40 per 100 women years, nulliparous women-9-20 per 100 women years

CHEMICAL METHODS

- I. Foams •

- ii. Creams/jellies/pastes •

- iii. Suppositories •

- iv. Soluble films

- Spermicides/Vaginal Chemical

Contraceptives

- Mechanism of action- Surface active agents attach themselves to spermatozoa & inhibit oxygen uptake & kill sperms.
- Disadvantages- May cause burning/irritation & Teratogenic effects on foetus
- Best used with barrier methods