Myth Busters
By Chami Pang

Myth: “They Looked Clean”
Every year, there are 19 million new cases of Sexually Transmitted Infections (STI) and almost half of them are from the age group of 15-24 year olds.1 Chances are, if you’re in college and reading this, you most likely fit that age range. The best way to find out if you or your partner has an STI is to get tested. According to Healthy People 2020, women suffer more from infections than men. Women are 2.7 times more likely to get chlamydia than men but reports have shown that men have 5.6 times the syphilis rate than women.2 Since many STIs cause very little to no symptoms, many do not know they need to seek medical attention nor do they know they are infected.

Myth: “Birth Control Pills cause Weight Gain and Infertility”
Many believe that the birth control pill always causes weight gain. It is important to note that the pill contains zero calories so there’s nothing to burn off. Studies now show that the pill has little to no effect on a weight gain. In the 1960s, hormones levels in birth control pills were much higher than our current generation of birth control pills. Many women are also afraid that birth control pills decrease fertility, and that women will have a harder time conceiving due to using the pill. However, fertility decreases naturally with age. Many women have more difficulty conceiving in their late 30s and 40s than in their teens and twenties. Often times, women who delay pregnancy for personal reasons, or academic or career aspirations use birth control pills to prevent pregnancy. The fact that they have difficulty conceiving in their late thirties or for-

References
Intrauterine Contraceptives Gaining Popularity

By Julie Green

The intrauterine contraceptive (IUC) also known as an intrauterine device (IUD) is a small T-shaped object that is inserted into the uterus to prevent pregnancy. In spite of the fact that this form of contraception has been used for many years, it is again becoming popular. A possibility for this increased popularity might be attributed to the fact that an IUC can provide continuing contraceptive protection from 5 to 10 years, enabling the user to not think about birth control daily.1,2

One reason this contraceptive is gaining more attention is because it appeals to a wider range of women. An IUC was once only thought to be used by married women who had given birth; however, this is no longer the case. The IUC is now approved for single women who have never given birth.3 This change is due to an IUC redesign for safer use. Although IUC use is gaining more attention in the United States, this contraception has been popular in other countries for many years. It has been the preferred contraceptive method in China since the early 1970s with over 40% of women using it for contraception.4 Dr. Grimes, professor of obstetrics and gynecology at North Carolina School of Medicine, described the IUC as “perhaps the safest, most convenient, and most reversible form of contraception.”5 Perhaps this is why IUC use in the United States has increased from just 1.4% in 2002 to 10.4% in 2011.6

The United States offers two types of IUCs. Paragard is the only non-hormonal, long-acting contraceptive. The Paragard IUC is wrapped in copper which creates a toxic environment to sperm, preventing them from reaching an egg to fertilize. Paragard is effective for up to 10 years.7 Mirena is another type of IUC that continuously releases a small amount of the hormone levonorgestrel into the uterus. It works by thickening cervical mucus and preventing sperm from fertilizing an egg. Mirena is made of flexible plastic and is effective for up to five years.8 Both IUCs are FDA approved, over 99% effective, and must be inserted and removed by a health care provider.9,10

The CSULB Student Health Services does not offer IUCs. However, students interested in this form of contraception are welcome to come to the Health Resource Center to discuss different birth control options with a health educator. Referrals are provided for any contraceptive options not available at the Student Health Services.

References

To see if you qualify, make an appointment at the Health Resource Center.

The Withdrawal Method

By Christina Goldpaint

The withdrawal method, also known as coitus interruptus or “pulling out,” is probably the oldest form of birth control. The withdrawal method involves the male removing his penis from his partner before ejaculation during oral, vaginal, or anal sex. If used during vaginal sex, withdrawal may reduce the risk of pregnancy; however, there is no protection from sexually transmitted infections (STIs). If a man is infected with an STI such as chlamydia or HIV, the pre-ejaculate (pre-cum) that is released before ejaculation can contain enough microbes to spread the infection to his partner. Many times, withdrawal is not used correctly, and either some or all of the semen is released inside of the partner. If semen comes in contact with mucus membrane, such as the rectum, vagina, or eyes, the partner could become infected with HIV and/or other STIs.

Withdrawal is about 73% effective against pregnancy with typical use.1 It can take men a long time to perfect the method of completely withdrawing the penis before ejaculation. If semen gets on the vulva or inside of the vagina, there is a chance that the sperm could cause a pregnancy. There is also a chance that sperm could be present in the pre-ejaculate; if a man has sex again right after ejaculation, leftover sperm can come out with the pre-ejaculate and cause a pregnancy. According to the CSULB Student Health Services, “When women agree to use withdrawal as their only method of birth control, they give away all their control to prevent pregnancy. Due to its high failure rate with typical use, withdrawal is recommended as a risk reduction method, meaning it’s better than nothing. Withdrawal is a great back-up method that can be used with other methods such as birth control pills or condoms” (personal communication, November 9, 2012).

There are many forms of birth control that are more effective than withdrawal, such as hormonal methods (birth control pills, vaginal ring, patch, shot, implant, IUD) and barrier methods (male and female condoms). However, if these methods are not being used, withdrawal is recommended. In order for withdrawal to be most effective:

- Men should urinate before having sex and wipe off the tip of their penis; the urine will kill any sperm left in the urethra from a previous ejaculation.
- When a man starts to feel like he is going to ejaculate, he should withdraw his penis from his partner and ejaculate away from the vagina and vulva.
- Before having sex again, a man should urinate and wipe off the tip of his penis.

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Myth Busters continued...

tics has to do with their age, not their use or non-use of birth control pills.

References

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- Birth Control Methods
- STIs & HIV
- Safer Sex Tips

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Withdrawal works best with couples who have open and effective communication; it also requires a significant amount of self-control, experience, and trust. Being under the influence of alcohol and/or other drugs can also reduce the effectiveness of withdrawal.

Withdrawal is not recommended for:
- Men who ejaculate prematurely
- Men who don't know when to pull out
- Sexually inexperienced men
- Anyone under the influence of alcohol and/or other drugs

Online tools exist to help you decide which method may be right for you. To find a birth control method that works for you, visit www.arhp.org/methodmatch/1.3