

CHAPTER VII: SPERMICIDES

WHAT ARE SPERMICIDES?

- Spermicides are chemical substances that kill the sperms and are available in different forms, such as gel, aerosol foam, foam tablet, film tablet, and cream.
- Vaginal spermicides are sperm-killing substances, such as nonoxynol-9, benzalkonium chloride, chlorhexidine, menfegol, octoxynol-9, and sodium docusate, which are inserted deep in the vagina, near the cervix, before sex.
- Spermicides work by causing the membrane of sperm cells to break, killing them or slowing their movement. This phenomenon keeps the sperm from meeting the egg.
- Spermicide as a contraceptive is NOT currently used in the Philippines because spermicides are not readily available in drug stores.

HOW EFFECTIVE IS THE SPERMICIDE?

- The effectiveness of the method depends on the user. It is one of the least effective FP methods.
- When typically used, about 29 per 100 women who use spermicides become pregnant during the first year. This statistic indicates that 71 of every 100 women using spermicide will not become pregnant.
- When used correctly with every sexual intercourse, about 18 per 100 women who use spermicides become pregnant over the first year.

HOW ARE SPERMICIDES USED?

Spermicides can be used any time the client wants. The provider of this method must observe the following steps:

1. Explain the process of inserting spermicides into the vagina. Check first the expiration date, and avoid using spermicides that are past their expiration date.
 - For foam or cream: shake can of foam; squeeze spermicide from the can or tube into a plastic applicator. Insert the applicator deep into the vagina, near the cervix, and push the plunger.
 - For tablets, suppositories, jellies: insert the spermicide deep into the vagina, near the cervix, with an applicator or with fingers.
2. Explain when to insert spermicide into the vagina.
 - Foam or cream can be inserted any time less than one hour before sex.
 - Tablets, suppositories, jellies, and film can be inserted between 10 minutes and 1 hour before sex, depending on type.
3. Explain use of spermicide for multiple sexual acts. Instruct the client to insert additional spermicide before each act of vaginal sex. Douching is not recommended after sex because it will wash away the spermicide and increases the risk of STIs. If the client must douche, wait for at least six hours before doing so.

WHO CAN AND CANNOT USE SPERMICIDES?

- Nearly all women can use spermicides.
- Those who cannot use the method include persons who are at high risk for HIV infection and those who have HIV/AIDS.

WHAT ARE THE BENEFITS OF SPERMICIDE USE?

- This method can be used without seeing a healthcare provider.
- It can be inserted ahead of time; thus, it does not interrupt sex.
- Use is controlled by the client.

HOW ARE THE SIDE EFFECTS OF SPERMICIDE USE ADDRESSED?

- Some users report irritation in or around the vagina or penis. Vaginal lesions are the other possible physical changes.
- Clients deserve provider's attention if side effects or problems with spermicide affect their satisfaction with and use of the method.
- The provider should listen to the client's concerns, give her advice, and treat if necessary.
- The provider should also help the client to choose another method if she wishes or if problems cannot be resolved.

WHAT IMPORTANT INFORMATION SHOULD BE PROVIDED TO THE CLIENT WHO CHOOSES TO USE SPERMICIDES?

- Ensure that the client understands the correct use by asking her to repeat how and when to insert the spermicide.
- Assure the client that spermicide use does not cause birth defects or harm the fetus if a woman becomes pregnant while using the spermicide or accidentally uses the spermicide while she is already pregnant and that it does not cause cancer.
- Tell the client to avoid too much use of the spermicide nonoxynol-9 because it may increase the risk of HIV infection or cause vaginal irritation or small lesions on the lining of the vagina or on the external genitals.

WHAT SHOULD BE INQUIRED FROM OR ADVISED TO THE CLIENT DURING FOLLOW-UP?

- Ask how the client is doing with the method and whether she is satisfied. Ask if she has questions or anything to discuss.
- Ask if she has any problems using the spermicide correctly every time she has sex. Give her any information or help that she needs.
- Ask a long-term client if she has had any new health problems since her last visit. Address problems accordingly.
- Ask a long-term client about major life changes that may affect her contraceptive needs, particularly plans for having children and STI/HIV risk.

WHAT ARE THE FACTS ABOUT SPERMICIDES?

Spermicides do not

- reduce vaginal secretions or make women bleed during sex.
- cause cervical cancer or birth defects.
- protect against STIs.
- change men's or women's sex drive or reduce sexual pleasure for most men.
- stop women's monthly bleeding.