

<b>Spermicidal foam, jelly, cream, and suppositories</b> Substance inserted into vagina to kill sperm	Available without prescription Inexpensive Easy to use No major health concerns	High failure rate unless combined with condom Possible for sperm to be ejaculated directly into uterus, bypassing spermicide in vagina Must be used shortly before coitus; therefore requires interruption of sexual experience Repeated sexual union requires repeated application Requires premeditated intent for sexual union Messy Nonoxynol-9 associated with increased transmission of HIV to women; should not be used with anal sex in male partner sex for same reason No STI protection
<b>Hormonal Methods</b>		
<b>Oral contraceptives</b> Estrogen and progesterone-like compounds Inhibit ovulation by blocking release of gonadotropins from anterior pituitary gland	99% effective if used correctly Safe for adolescents Method of choice for most adolescents Administered by mouth Becomes a ritual not associated with sexual activity Regulates menses, decreases dysmenorrhea and acne, decreases menstrual flow Prevents ovarian and endometrial cancers Prevents functional ovarian cysts	Higher failure rate in adolescents than in older women Need to follow precise instructions; requires continued motivation, consistent use Requires prescription Price substantial for teenager No STI protection Possible side effects include headaches, missed or scanty periods, breakthrough bleeding, blood clot Increased rates of chlamydia
<b>Medroxyprogesterone acetate (Depo-Provera)</b> Progestin that suppresses hormonal cycle and prevents ovulation Injection given every 3 months	No interruption of intercourse Invisible method	No STI protection Possible side effects include significant weight gain, decreased bone density, decreased HDLs, irregular menses or amenorrhea, decreased libido, depression Fertility perhaps delayed after discontinuation Must return to care provider every 3 months for injection US Food and Drug