



In collaboration with the
Family Welfare
Committee of FOGSI

WHAT ARE

BIRTH CONTROL OPTIONS?

Least Effective

Unprotected Sex

% Pregnant Within First Year

NO BIRTH CONTROL



Unprotected Sex
85%

Using Your Method

Use emergency contraception after unprotected sex to lower your pregnancy risk.

Use within:

Pill with prescription 5 days

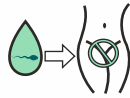
Morning-After Pill 3 days
(over-the-counter)

Typical use

NON-HORMONAL METHODS



Condom
18%



Withdrawal
22%



Fertility Tracking 24%



Non-hormonal pills

Perfect use of method

Always use condoms to prevent STIs.

Condom Use during sex

Withdrawal Ejaculate outside woman

Fertility Tracking Abstain on fertile days

Non-hormonal pills Twice a week for 12 weeks, then once a week

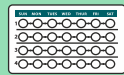
5 times more effective

Typical use

HORMONAL METHODS



Injectable
6%



Pill
9%



Ring
9%



Patch
9%

10 times more effective

Injectable Injected by doctor every 3 months

Pill Take at the same time daily

Ring Replace in vagina monthly

Patch Replace sticker weekly

150 times more effective

Reversible

Limiting

LONG-LASTING METHODS



Implant
0.05%

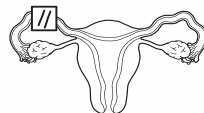


IUD
0.2% (hormonal)
0.8% (non-hormonal)

SURGICAL METHODS



Vasectomy
(for men) 0.15%



Having tubes tied
(for women) 0.5%

Small devices and simple procedures

Get inserted by doctor or nurse, just under the skin of arm or into the womb

Lasts up to:

Implant 3 years

Hormonal IUD 3-5 years

Non-Hormonal IUD 3,5,10 years

Vasectomy Limiting

Having Tubes Tied Limiting

Most Effective

Talk to your doctor to find a method of birth control that works best for you.

These estimates are based on each birth control method's observed effectiveness in the population, including couples using their method inconsistently or incorrectly.

STI: Sexually transmitted infections; IUD: Intrauterine device; % mentioned below each method depict the annual failure rate

Reference: Anderson S, Frerichs L, Kaysin A, et al. Effects of two educational posters on contraceptive knowledge and intentions: A randomized controlled trial. *Obstet Gynecol.* 2019;133(1):53-62.



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