

Questions and Answers on Sexual Health

3RD EDITION – 2009

puberty and reproduction • sexual expression and orientation • birth control options
emergency birth control • options if you think you may be pregnant • planning your pregnancy
sexually transmitted infections • taking care of your reproductive health
sexual assault and abuse • community resources/contact information

Sexual Etiquette

Developing a code of sexual behaviour can keep us from getting hurt, and also helps us avoid hurting others. The following guidelines are suggestions for you to consider as you develop your own rules of sexual etiquette. They are good to keep in mind for the rest of your life.

1. You have the choice to be sexual or not
2. You have the choice to decide how you want to be sexual
3. Always respect the word “no”
4. Never use force
5. Communicate openly about contraception and about your sexual history
6. Protect yourself from pregnancy and/or STIs every time you have sex
7. Share responsibility in a sexual relationship
8. Respect sexual privacy
9. Look out for your friends, partners, and yourself, especially when alcohol and/or drugs are involved

“Sexual Etiquette 101...and more”

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Preface

The 2009 third edition of “Questions and Answers on Sexual Health” was produced by the Yukon Department of Health and Social Services. The first 2 versions were written to be a part of YK STYLE, a series of ongoing safer sex campaigns that began in the Yukon since 1997.

“Questions and Answers on Sexual Health” is intended to answer questions that many people have about their sexuality and sexual health. Some of the chapters (for example, Puberty and Reproduction) may be most helpful for younger teens. Most chapters contain information that would be helpful to people of all ages. We hope it is also useful for sexual health educators and others who provide sexual health education and counselling at community health centres, clinics, schools, women’s centres and other community agencies.

This booklet uses a question and answer format. Questions of interest and concern to many people are followed by short, clear answers. The answers are based on accurate health information, safer and respectful sexual practices, and a celebration of the many different ways in which people experience and express their sexuality. We hope that the information will support people, young and old, in making safer choices that fit with their health and lifestyle.

The booklet introduces the reader to sexual health topics such as reproductive anatomy, sexual response, gender identity, birth control, and sexually transmitted infections. Readers may want more detailed information or may have specific health concerns that require different information or advice. We encourage them to see a health care provider such as their family doctor or community health nurse for additional information. Readers are also encouraged to call YK-STYLE a toll-free, confidential sexual health information and referral line, 1-877-YK-STYLE (1-877-957-8953). Nurses and trained volunteers are available to answer questions and refer Yukoners to services that might be of assistance to them. Readers can also call the Yukon HealthLine at 811. Yukon HealthLine is a free, confidential service available to all Yukoners. At 811 you can speak to a registered nurse and other health care professionals about any health related question or concern.

This booklet does not include aspects of reproductive health such as peri-natal care or fertility treatment. Again, we encourage readers who need information on topics such as taking care of their health in pregnancy, childbirth and after giving birth, to go to other sources such as their health care provider.

The text is an updated version of the 2001 and 2005 editions. Thanks are owed to the local professionals who contributed to the original versions and to this edition. To ensure that the medical content is accurate, this edition was reviewed by a physician and draws on the expertise of national groups such as The Society of Obstetricians and Gynecologists of Canada. The Yukon Medical Association and the Yukon Medical Health Officer endorse this booklet.

■ Puberty and Reproduction

■ PUBERTY

What is puberty?

- puberty is a time when your body is maturing and you gain the ability to have children
- it usually starts sometime between the ages of 8 and 12 and the changes happen gradually over a few years until you are about 16
- glands in your body produce hormones that cause physical, emotional and sexual changes
- puberty is a normal, healthy part of growing up

Some people mature earlier and others later – you may not go through some changes at the same time as your friends or the other girls and boys in your grade.

What are the changes that occur during puberty?

Any of these changes are perfectly normal:

- you get taller, and gain weight – even your feet get bigger
- your vagina or penis gets larger
- your skin gets more oily and you may get pimples or acne on your face
- your sweat glands develop and you may have more body odour
- your appetite increases
- your voice gets deeper, usually much deeper for boys
- you get hair under your arms, on your legs and around your genitals (pubic hair), usually boys are hairier than girls
- you may feel sexual attraction to others
- you may touch your genitals or other parts of your body for sexual pleasure (masturbation) or have sexual fantasies more often
- you may experience sudden mood changes
- you may worry about what others are thinking about you
- you may worry more about your physical appearance
- you may want more freedom to make decisions
- you may have more disagreements with your parents or guardians
- you may feel more concern for other people

Does everyone change in the same way?

- no – everyone is unique but most people have very similar experiences
- don't worry if puberty affects you differently than other kids your age
- some boys may have tender breasts, one testicle larger than the other, a squeaky voice, or an erection suddenly for no reason
- some girls may have smaller or larger breasts than other girls, one breast larger than the other, or be taller than boys their age

How do I cope with the changes that come with puberty?

Here is some advice from other teens:

- take care of yourself by sticking with the basics – exercise regularly, get enough sleep, have a bath or shower every day, and eat healthy foods
- talk to someone you trust if you have any questions about puberty
- make choices that are good for you – think about waiting until you're older or are sure you're ready to have sex
- remember that puberty can be confusing or embarrassing at times
- accept your body the way it is
- be positive and confident: you are entering a new, exciting stage of your life

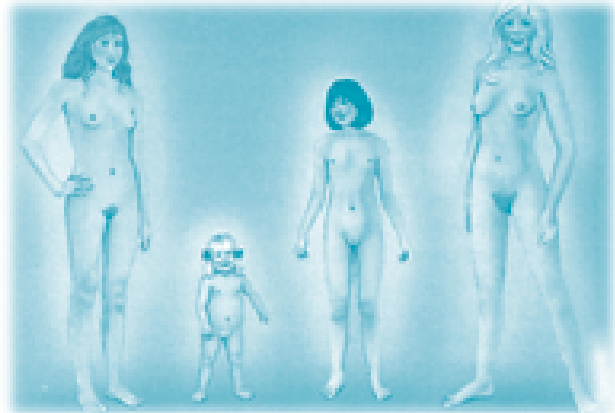
PHYSICAL CHANGES IN GIRLS

What changes happen in girls?

Girls usually have a time of rapid growth between the ages of 11 and 16.

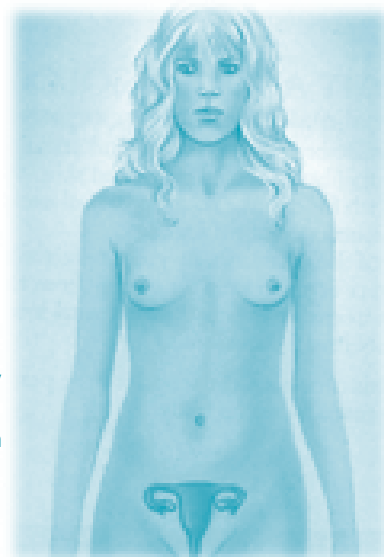
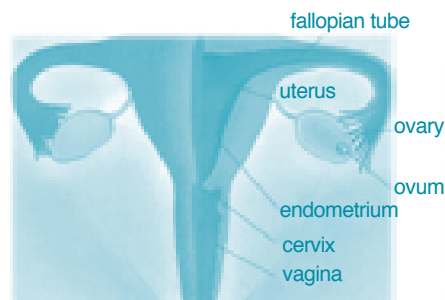
Some common changes are:

- your breasts develop and the skin around your nipples gets darker
- your hips get wider
- your monthly bleeding (menstruation or period) starts
- it is normal for your vagina to have a small amount of fluid coming out of it once in a while (discharge)



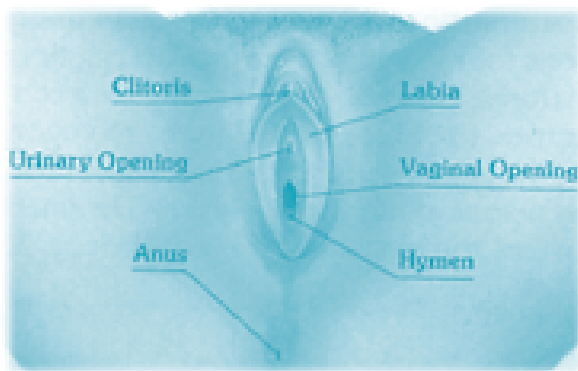
When will I get my period and how long does it last?

- girls usually get their first period sometime between the ages of 9 and 16
- your monthly bleeding (menstruation or period) starts in puberty and continues into middle age (45 to 55 years of age)
- bleeding lasts from 3 to 7 days and is mostly red, but may be black or have clots in it
- in the beginning, your period may be irregular – it may or may not come every month
- female hormones called estrogen and progesterone help regulate your period



How is my period related to reproduction?

- your period prepares your body to become pregnant
- your body makes a lining of tissue around the inside of your uterus each month: this lining will nourish a fertilized egg if pregnancy occurs
- while this lining is growing, 1 of your 2 ovaries releases an egg that travels down a fallopian tube toward the uterus: the release of an egg every month is called ovulation
- if you have sexual intercourse and a man's sperm comes in or around your vagina, a sperm may join with the egg in the fallopian tube: the egg is then fertilized and conception takes place
- the fertilized egg continues down the tube and when it attaches itself to the lining of the uterus, pregnancy begins: the egg will grow and develop into a fetus in the uterus
- if the egg is not fertilized, it will not attach itself to the lining of the uterus: the lining is not needed and so it is shed along with the egg during your period
- usually this menstrual cycle repeats every month if you are not pregnant: it starts on the first day of menstrual bleeding and ends the day before your next period
- this cycle can last from 23 to 35 days but varies from woman to woman: 28 days is often used as an average but only about 15% of women have this length of cycle



When in my cycle am I most likely to get pregnant?

- every woman's cycle is different but if you have a regular 28 day cycle, you will likely ovulate 14 days after your last period started
- an egg can survive for about 24 hours after it is released from your ovaries and then it breaks down unless it is fertilized
- sperm can survive for up to 3 to 5 days in your uterus or fallopian tubes and for about 6 hours in your vagina after intercourse
- you are most likely to get pregnant if you have sexual intercourse any time from about 3 to 5 days before ovulation and 1 to 2 days after ovulation
- it is often difficult to know when you are going to ovulate, especially in younger women; therefore, if you do not wish to become pregnant, use birth control throughout the month

What do I need to know about the menstrual cycle and natural birth control?

- some women avoid having sexual intercourse during the 7 days of the month when they can get pregnant
- you can keep track of your menstrual cycle for natural birth control as follows:
 - Day 1 to 6 – menstrual bleeding
 - Day 7 to 12 – uterus lining thickens, estrogen level rises and egg ripens in ovary
 - Day 13 to 15 – ovulation
 - Day 15 to 22 – egg travels down fallopian tube to the uterus and progesterone levels rise – this is the part of the cycle when a woman is most likely to get pregnant
 - Day 22 to 28 or end of cycle, if the egg is not fertilized, estrogen and progesterone levels drop and the lining of the uterus prepares for menstrual bleeding
- if you are pregnant, there may be little or no menstrual bleeding and a pregnancy test will be positive about 14 days after ovulation

Please turn to the Birth Control section for more information on different ways to prevent pregnancy.

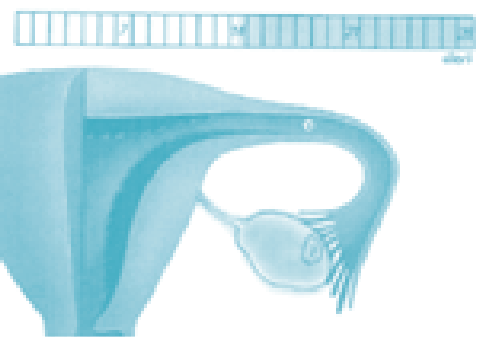
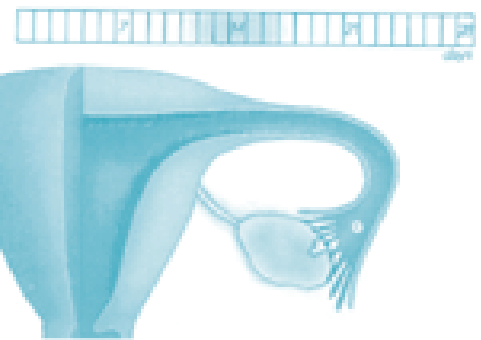
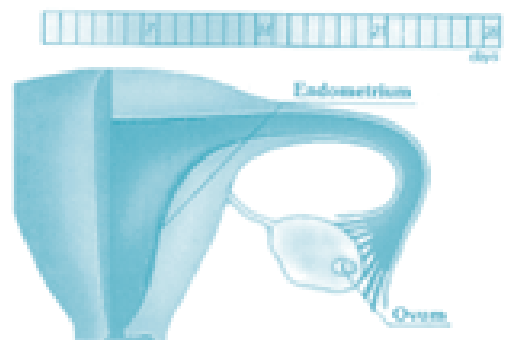
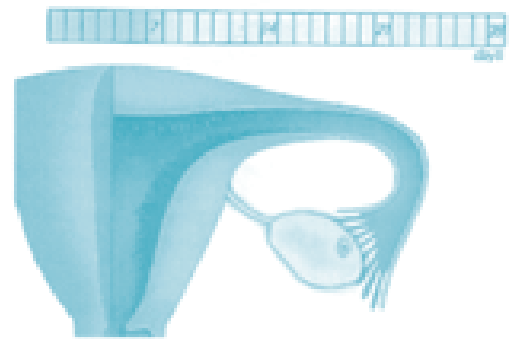
When will my cycle become regular?

- regular periods come once a month about the same time of the month, have light to moderate bleeding consistently, and last about the same number of days each time
- if you just started your period, it can take 1 to 3 years for your period to become more regular
- if you're a woman past your teens, you can have irregular periods due to stress, illness, vigorous exercise, sudden weight loss, hormone disorders, or the effects of some drugs

What is PMS?

- PMS (premenstrual syndrome) refers to changes in how a woman feels in the days just before her period
- you may feel moody or sad, be tearful or irritable, have pain or tenderness around your breasts or feel like your body is swelling

See the section on Taking Care of Your Reproductive Health on page 94 for more information.



What can I do if my periods are uncomfortable?

- you may feel some pain or cramps in your abdomen, lower back or legs during your periods
- you may also have symptoms such as headaches, nausea, fatigue or diarrhea
- you can take over-the-counter medication like Ibuprofen or Midol® to help relieve these symptoms: talk to your health care provider or pharmacist about what would work best for you
- you can try regular exercise to help increase blood flow and prevent or relieve cramps
- you can try applying a hot water bottle or heating pad to relieve cramps
- you can cut down on salty food before your period to reduce swelling or water retention
- you can talk to a friend, family member or health care provider about ways to reduce the pain or discomfort of periods that fit your lifestyle and work for you
- you should see your health care provider if you have severe cramps

Should I use tampons or sanitary pads for my period?

- both tampons and sanitary pads absorb menstrual bleeding: it's your choice which you prefer to use
- be sure to follow the instructions on the product you use
- wash your hands before changing your tampons or handling the pads
- do not leave a tampon in your vagina for more than 8 hours or you risk getting sick (toxic shock syndrome or TSS) during or right after your period
- symptoms of TSS include a sudden high fever, aches, vomiting, diarrhea, dizziness, fainting, or a rash
- you should see a health care provider if you experience these symptoms

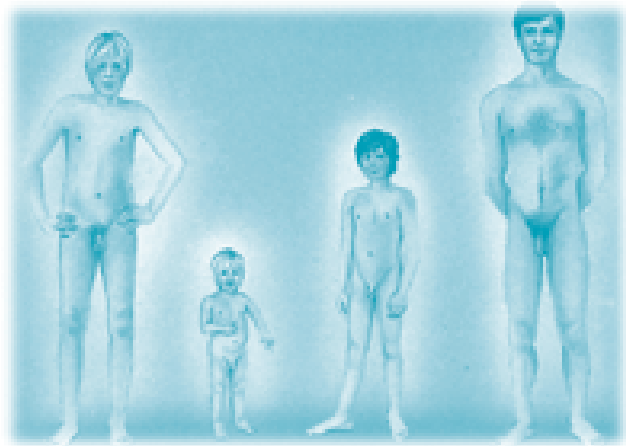
PHYSICAL CHANGES IN BOYS

What changes happen in boys?

Boys usually have a growth spurt sometime between the ages of 13 and 17.

Some common changes are:

- your shoulders become broader and your body becomes more muscular
- you get hair on your face
- your breasts may feel sore or tender or may even get larger
- your penis can get hard and you may get erections more often
- you may have wet dreams where you ejaculate (release semen from your penis) during your sleep.

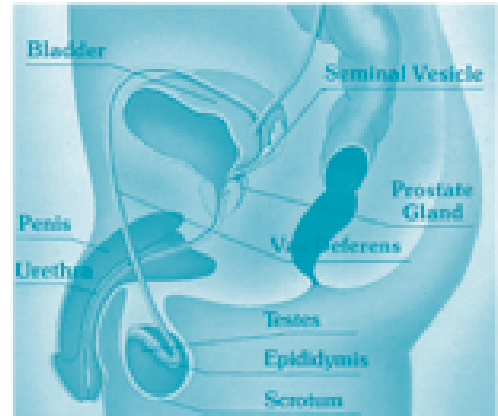


What are wet dreams?

- you have an orgasm and ejaculate during your sleep
- it is normal for young men to have wet dreams from time to time during puberty and even later as adults
- you may or may not remember the dream

Why is ejaculation important in male reproduction?

- sperm cells are made in your testicles (balls)
- when you ejaculate, millions of sperm cells leave the testicles and travel through a tube toward the penis
- along the way, fluid mixes with the sperm to make semen
- when you ejaculate, this whitish, creamy semen carrying sperm comes out of your penis through the same tube you urinate (pee) out of
- if your penis is in or touches a woman's vagina when you ejaculate, some of the sperm may travel up her vagina, through her cervix and into her uterus, then up both of her fallopian tubes
- if one of the sperm cells joins with an egg, the egg is fertilized and if the egg implants into the lining of the uterus, pregnancy begins



Sexual Expression

UNDERSTANDING YOUR SEXUALITY

What do we mean by sexuality?

- people are all sexual beings throughout their lives whether they are sexually active or not
- sexuality refers to the expression of who you are through sexual practices and relationships, gender identity and roles, sexual orientation, eroticism, intimacy and reproduction that make you feel like a man or a woman
- you may choose to express your sexuality in thoughts, fantasies, desires, attitudes, relationships, sexual pleasure or sexual intercourse
- sex refers to your biological characteristics, such as a woman's menstrual cycle, your sexual urges or the act of sexual intercourse
- gender refers to your legal, cultural and social roles in society as a man or woman
- gender identity refers to how you feel about who you are as a man or woman
- sexual orientation refers to the sexual attraction you feel towards those of the opposite or same sex
- sexual behavior or practices refer to actions such as touching, kissing, or other actions that you do regularly to stimulate yourself or others
- erotic practices or stimuli are those that arouse sexual desire
- intimacy refers to being close to someone in a friendly, romantic or sexual way
- homosexuals feel emotional and sexual attraction to someone of the same sex
- heterosexuals are sexually attracted to someone of the opposite sex

What are some ways to express my sexuality?

You can feel sexy or be sexual in different ways – you may choose to:

- feel good about how you look
- flirt or give compliments
- hug, kiss or hold hands to show affection
- have a crush on someone you like
- have fun together on a date
- have fantasies, read romances or look at pictures that are erotic
- talk about sex on the phone or by e-mail (phone or cyber sex)
- touch yourself to feel pleasure or have an orgasm (masturbate)
- kiss your partner with your tongue in his/her mouth (necking or deep kissing)
- massage or touch your partner's body to turn them on, give them pleasure or help them reach orgasm
- touch your partner's genitals with your mouth (oral sex)
- have intercourse with the man's penis in the woman's vagina (vaginal sex)
- have sex with the man's penis in his partner's anus (anal sex)
- use sex toys to stimulate your partner
- get pregnant and have a child
- other ways of your choice...

How do I learn more about my sexuality?

- it's normal to have sexual desires: it's also normal not to have sex until you are ready – respect your own ability to make good decisions
- give yourself time to understand your feelings of attraction and the kind of relationship you want
- even when you've found someone you really like, it's okay to take the time to get to know each other before you decide to be sexual with one another
- you can find out what gives you pleasure by touching yourself
- you can explore your sexual responses with a partner: be creative but don't put up with activities that hurt or embarrass you

What do I need to know before I start having sex?

- learn about your body, how to protect yourself against sexually transmitted infections (STIs) and how to prevent unplanned pregnancies
- decide about having sex before you and your partner get caught up in the heat of the moment
- talk to your partner about:
 - how you feel about each other
 - whether you are both ready to have sex
 - what having sex means to each of you
 - what kind of commitment you are ready to make
 - which birth control and STI protection you will use
 - what risks you are willing to take if your method fails
- take the time to work through your feelings if you are not sure about the decision: your partner will wait if he/she respects you
- remember that what you want out of a sexual relationship can change at different times in your life

What do I need to know about having sex?

- vaginal sex or other sexual activities that get semen around or in the vagina can result in pregnancy unless you use birth control
- other activities besides unprotected vaginal or anal sex can also put you at risk of sexually transmitted infections (STIs): for example, oral sex is not safe sex
- your risk of pregnancy or STIs does not depend on whether you have an orgasm
- “having sex” means a lot of different things to different people: to “have sexual intercourse” refers to vaginal sex in this book
- you are entitled to enjoy sex: it's up to you to think about your desires and boundaries, decide what you want and don't want, and talk to your partner about it

What if it's my first time?

- you will feel more comfortable if you have already been intimate (hugging, kissing and touching) for a while before you have sexual intercourse
- remember that sex gets better over time as you get to know each other's sexual responses, get used to the birth control method and become more skilled
- if you're a woman, you may find the first time you have intercourse painful or uncomfortable: stop for a while and wait till you are well lubricated or use a water base lubricant to make it easier
- if you're a man, you may ejaculate quickly or lose your erection: don't worry, you can try again later
- talk to your partner so he/she knows what you are feeling and what gives you pleasure

SEXUAL RESPONSE

What do we mean by sexual response?

It's how you react in your body, thoughts and feelings when you are sexually excited or turned on. Your response can vary at different times, with different partners and with age.

What happens in the physical response?

These stages describe what can happen when you masturbate or are sexually active with a partner:

Excitement

- sexual arousal can be triggered by a touch, smell, taste, voice, something you see, a fantasy or a memory
- in sexual activity before intercourse (foreplay), couples often touch each other's breasts or genitals
- as you start to get sexually excited or aroused, your heart-beat and breathing get faster, you may feel flushed, your nipples may become erect, your muscles may become tense, and more blood flows to your genitals
- a woman's vulva swells, her clitoris increases in size and hardens, her vagina becomes moist and her breasts become larger
- a man's penis gets larger and harder (erection), his scrotum pulls up and the skin on his scrotum thickens

Plateau

- as your excitement increases, your pupils dilate and you may feel light-headed
- a woman's vagina becomes more wet, swells and lengthens, her uterus pulls upward; her clitoris pulls back and upward, and her breasts continue to swell
- a man's penis becomes completely erect and is a darker color, his testes elevate and swell, and some fluid may come out of his penis

Orgasm

- at the climax of sexual arousal, you come or feel a peak of pleasure for about 10 to 15 seconds
- orgasms can vary in intensity and not all intercourse ends in orgasm
- a woman experiences rapid pulses of muscle contractions of the vagina and uterus and then strong feelings of pleasure followed by a release of tension
- a man experiences involuntary contractions at the base of his penis, ejaculation of semen in spurts from his penis and a release of tension
- some people can have an orgasm more easily than others; men usually have an orgasm each time they have intercourse while women vary greatly in whether or how often they have an orgasm

Resolution

- after orgasms, your pulse, blood pressure and breathing return to normal, less blood flows to your genitals, and you may feel relaxed or sleepy
- a man's penis gets smaller and softer once his erection is over
- men usually need a break of several minutes to hours before they can have another erection or orgasm, while some women may have more orgasms right away

What happens in the thinking response?

- sex doesn't just happen: there are many decisions you can make about sex
- one decision is whether to have sex with someone or not

What happens in the emotional response?

- you can enjoy your sexuality more if you feel good about yourself and your body
- how you respond sexually depends on your mood and how you feel about sex, your partner and the situation
- sexual desire can also be affected by fatigue, stress, negative experiences related to past sexual assault or abuse, or a fear of pregnancy or catching an infection
- sexual satisfaction is a feeling of emotional as well as physical pleasure

HEALTHY RELATIONSHIPS

What makes a healthy sexual relationship?

A good sexual relationship is physically, emotionally and socially healthy. It is based on respect. It includes:

- honest communication
- respect and trust
- caring about each other's feelings and pleasure
- having each other's consent to any sexual activity
- protecting yourself and each other from STIs and unplanned pregnancies
- finding sexual activities that give pleasure to both partners

- not harming each other physically or emotionally
- accepting responsibility for your own feelings and actions
- feeling good about being with the other person most of the time

There are many ways of being sexual with another person – giving compliments, kissing, hugging, touching breasts or genitals, or having sexual intercourse. It’s important to respect each other’s wishes and make sure you both agree if, when, and how you will be sexual each time you are together.

How important is sex in a relationship?

- sex may or may not be important at different times in a relationship, whether it is a casual or long-term relationship
- as the relationship changes, the sex may change too

What can I do to take care of my sexual health?

Taking care of your sexual health includes:

- feeling comfortable with who you are, whether you are straight, homosexual, bisexual or transsexual
- feeling comfortable with your decision to be sexual or not to be sexually active
- getting as much information about sexual health as possible so you can make choices that fit with your personal values and health
- enjoying sex if you decide to be sexually active, without any feelings of shame, guilt or fear
- using birth control to prevent unplanned pregnancies and knowing about emergency birth control in case an accident happens
- practicing safer sex every time you have oral, vaginal or anal sex by using condoms to reduce your risk of getting infections
- finding a health care provider you can talk to about sexual issues or concerns
- getting tested for STIs if you are sexually active, especially if you have had contact with infectious body parts or fluids
- getting a regular pelvic exam, Pap smear and breast examination if you are a woman
- talking to your doctor or nurse about checking your testicles if you are a man
- getting help for any physical problems or changes that affect sexual functioning or cause you concern

You can find out more about these topics throughout this book.

■ Sexual Orientation: Straight, Gay, Lesbian, Bisexual, Transsexual

■ GENERAL INFORMATION

What is sexual orientation?

- your sexual orientation is about attraction, how you see yourself, the gender of the person you see yourself with, and who you want to have sex with
- homosexuals feel emotional and sexual attraction to someone of the same sex
- heterosexuals are sexually attracted to someone of the opposite sex

Are you straight, gay, lesbian, bisexual, or transsexual?

- if you are exclusively heterosexual, you may consider yourself straight
- if you are a man attracted to other men, you may consider yourself gay
- if you are a woman attracted to other women, you may consider yourself a lesbian
- if you are sexually attracted to both men *and* women, you may consider yourself bisexual
- if you are transsexual, you feel your sexual identity is with the opposite sex; you may go through physical procedures to become the opposite sex
- if you are a First Nations homosexual, you may call yourself a two-spirited person

How can I be sure about my sexual orientation?

- you can feel attracted to someone of the opposite or same sex without necessarily acting on it
- you may go through a time of exploration with people of both sexes to discover your feelings
- if you are homosexual, you may be sure early on about who you are attracted to sexually or you may discover your sexual orientation over time
- it can be hard to “come out” or be open about your sexual orientation if you are afraid that friends or family won’t accept you

What is a healthy homosexual relationship?

Like all healthy sexual relationships, a healthy homosexual relationship is based on respect. It is a relationship that:

- promotes your self-esteem
- allows for respect of yourself and others
- is mutually satisfying
- is without exploitation or violence
- is free of sexually transmitted infections

Please see the previous chapter on Sexual Expression (page 9) for more information.

SEXUALLY TRANSMITTED INFECTION (STI) PROTECTION

How can I protect myself from STIs if I have a same sex partner?

- as a gay man or lesbian, you don't need birth control but it is still important to protect yourself and your sexual partner from sexually transmitted infections (STIs)
- gay men are at a higher risk of HIV / AIDS and some forms of hepatitis
- practice safer sex by using male or female condoms or latex dental dams consistently when you have oral, vaginal, or anal sex
- find out about the risks of infection for different sexual activities

For more information, see the STI section on page 68 of this book.

GETTING SUPPORT

What are my rights?

- we all have basic human rights including the right to be free from discrimination due to our sexual orientation
- if you experience harassment or discrimination because you are a homosexual, it is called homophobia: it can include name calling, threats, physical violence, or not being given the same chances and opportunities as heterosexual or straight people
- in the Yukon, homophobia is against the law
- you can get more information on human rights from the Yukon Human Rights Commission: they can help you deal with discrimination at work or school, when trying to obtain or use services, or when renting housing

Where can I go to get help or support?

If you experience discrimination or feel depressed or alone as a homosexual, bisexual or transsexual person, it may help to talk to someone you trust such as:

- family or friends
- a doctor or nurse
- women's groups
- counselors
- social workers

Agencies that offer additional support include:

- Gay and Lesbian Alliance of the Yukon (GALA), visit www.gaycanada.com/galayukon
- Bringing Youth Towards Equality (BYTE) (867) 667-7975
- Blood Ties Four Directions Centre (867) 633-2437
- Victoria Faulkner Women's Centre (867) 667-2693
- Second Opinion Society (SOS) (867) 667-2037
- Many Rivers Counselling and Support Services (See page 106)

Please see Community Resources on page 105 for addresses of these organizations.

In situations where your sexuality may be important, it's a good idea to check that the service provider is accepting of your sexual orientation (gay positive) when you are accessing community services or health care. Your needs can be better met if you do not have to face homophobia, misinformation, inadequate information or a lack of understanding about the issues faced by gay men, lesbians, bisexuals and transsexuals.

■ Birth Control

■ BIRTH CONTROL METHODS

What is birth control?

It's any method you use to avoid getting pregnant when you have sexual intercourse.

What are the main methods of birth control?

- there are hormonal, barrier, intrauterine, permanent and natural methods
- the methods described in this chapter are ones you can get in the Yukon now but new methods may come on the market in the next few years

How do hormonal methods work?

Taking extra female hormones, estrogen and/or progesterone, changes a woman's natural menstrual cycle. They can stop an egg from being released by the ovaries, change the mucus of the cervix so it is harder for sperm to get through to the uterus, or keep the lining of the uterus thin so it is not ready to receive a fertilized egg. Hormonal methods include:

- birth control pills
- injections
- contraceptive patch

How do barrier methods work?

They form a rubber or plastic barrier that physically blocks the sperm from entering the vagina or uterus and thereby fertilizing an egg. Barrier methods are often used together with a spermicide, a chemical barrier that damages or kills sperm cells. Barrier methods include:

- male condoms
- female condoms
- diaphragm
- spermicide
- contraceptive sponge

How do intrauterine methods work?

The copper in the intrauterine device (IUD) changes the chemistry of the uterus and destroys the sperm. The intrauterine system (IUS) also releases a hormone into the uterus that has an additional hormonal effect.

How do permanent methods work?

Surgical changes are made to the reproductive system that causes sterility. A woman's fallopian tubes are cut or blocked so that her eggs cannot travel down to her uterus or come into contact with sperm. The tubes that carry a man's sperm from his testicles to his penis (vas deferens) are cut or blocked so that when he ejaculates, the semen that comes out has no sperm in it. Men or women who choose this method have to be certain they don't want to have any more children in the future. Permanent surgical sterilization includes:

- tubal ligation (women)
- vasectomy (men)

How does natural birth control work?

No hormones, medication or devices are used in natural methods. The couple may not have sex at all (abstinence), they may not have sex during the 7 days of the month when the woman is most likely to conceive, or the man may withdraw his penis from the woman's vagina before he ejaculates. These methods reduce the chances that a sperm will fertilize the egg. Natural methods include:

- abstinence
- natural family planning and fertility awareness
- withdrawal

CHOOSING THE METHOD THAT IS RIGHT FOR YOU

Should I use birth control?

It's your choice. Birth control is a good option if you are sexually active and don't want to risk getting pregnant.

Which method is best for me?

- all methods have advantages and risks: find out about all your options before you decide
- choose the method that best fits your needs, health and lifestyle
- remember that if you don't like the method you are using, you can stop or switch to another method at any time except with the permanent methods

Should I talk to my partner about birth control?

It's a good idea to talk about pregnancy and birth control before you have sex. If you agree that you want to avoid pregnancy but still have sex, birth control is a shared responsibility.

What do the birth control failure rates mean?

Failure rates give you an idea of your chances of getting pregnant if you use a method. They are calculated as follows:

- failure rate for perfect use = the percentage of women who get pregnant when the method is used consistently without any mistakes or accidents for a year (e.g. male condom has a 3% failure rate for perfect use)
- failure rate for typical use = the percentage of women who get pregnant in a year when this method is used responsibly but not without some mistakes or accidents (e.g. male condom has about a 14% failure rate for typical use)

The risk of getting pregnant will likely get less as you get better at using the birth control method of your choice. It is also important to follow the instructions that come with the birth control carefully.

For most methods, your chances of getting pregnant are lower if you use the method together with a male condom.

Which methods are the most effective?

- abstinence and permanent surgical methods are the most effective in preventing pregnancy
- hormonal and intrauterine methods are more effective than barrier methods but barrier methods can be made more effective if they are used in combination with other methods (for example, a male condom and spermicide)
- natural methods are the least effective

What can I do if something goes wrong?

- mistakes are more likely to happen with some kinds of birth control than others
- accidents can happen: for example a condom could slip off, tear, or you could forget to take the pill
- a man may leak a small amount of semen when he is aroused during foreplay or during intercourse before ejaculation – even this small amount of semen can contain sperm which can fertilize an egg
- a man who is planning to withdraw may ejaculate before he is able to withdraw
- if you don't want to risk getting pregnant after an accident with your birth control, it's important to know how to get emergency birth control

Turn to the section on Emergency Birth Control on page 56 for more information.

Does birth control protect me against STIs?

- *only abstinence and condoms protect you from STIs (sexually transmitted infections)*

Condoms are the best protection we have at this time. They make sex safer and considerably reduce the risk of getting most STIs but only if they are used consistently and correctly. Even condoms do not offer 100% protection – for example, they may occasionally tear or slip off. They may not protect against syphilis, herpes, or genital wart sores around the genitals on skin not covered by the condom.

How can I practice safer sex?

- *you can use double protection – condoms plus another birth control such as the pill – to reduce your chances of getting an STI and getting pregnant*
- *it's important to use condoms every time you have vaginal, anal or oral sex*

What is the method?

THE PILL

(combined estrogen/ progestin oral contraceptive pill)

What is it about?

A pill containing low doses of the female hormones, estrogen and progestin, that a woman takes once a day. Different brands contain different amounts of hormone. Most come in monthly packs of 28 pills. The first 21 pills contain hormones. The last 7 pills don't but you take them to stay in the habit of taking a pill a day.



What is its failure rate?

- 8% with typical use
- less than 1% with perfect use
- less than 1% if used together with the male condom

How much does it cost?

\$15 – \$30 per pack (1 month supply).

Costs may be covered if you are Status First Nation, if you have a drug plan through work or personal insurance, or if you are eligible through social assistance.

What are the advantages?

- more enjoyment of sex knowing there is little chance of an unintended pregnancy
- less worry about birth control at the time you're having sex
- less problems with your period – can result in lighter, more regular or less painful periods or less bleeding between periods (spotting) after you've been on it for a few months
- fewer pre-menstrual syndrome (PMS) symptoms
- less acne and less excessive facial and body hair
- reduced risk of infections of the fallopian tubes and tubal (ectopic) pregnancy
- less pain if you have an inflammation of the lining of the uterus (endometriosis)
- reduced risk of cancers of the ovaries or uterus after you've been on the pill for several years

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs) unless a condom is also used
- spotting during the first few menstrual cycles on the pill, especially for women who smoke: remember to take your pill at the same time each day – you may want to ask about a higher dose pill if spotting continues
- hot flashes during the last, hormone-free week: see your health care provider if they persist
- nausea during the first few months on the pill: try taking the pill with a meal or talk to your health care provider about getting a pill with a lower dose of hormones

- breast tenderness or soreness
- increased appetite (weight gain is not common with low dose pills)
- possible increase in depression, moodiness, fatigue or mood changes
- possible decrease in sex drive
- increased risk of cancer of the cervix
- increased risk of blood clots, stroke or heart attacks for women already at risk (those who have conditions such as cardiovascular problems, high blood pressure, or diabetes) or who smoke²

If you have severe headaches, abdominal pain or high blood pressure, see your health care provider as soon as possible.

Who tends to choose this method?

- women who can remember to take a pill every day
- women who want to have less painful or more regular periods
- women who don't have health problems such as high blood pressure, heart or liver disease, blood clots, or cancer
- women who are not breastfeeding: it is better not to use birth control containing estrogen if you are breastfeeding
- women under 35
- women 35 or older who are not smokers

Smoking is a health risk so women who smoke are advised to try to cut down or stop smoking or consider other birth control methods.

How do I start using this method?

- visit your health care provider for a prescription
- start with the first hormonal pill in the pack. If you start on the first day of your next menstrual cycle, no backup method is needed. If you start at any other time in the month, you must use a backup method (e.g. condoms or spermicide) for at least 7 days.³

Pills do not protect you from STIs. Always use condoms as well unless you are in mutually monogamous relationship and both partners have been tested for STIs.

What are the instructions?

Take 1 pill at the same time each day: try taking it at the same time you do something else routinely like brushing your teeth in the morning.

What should I do if I miss taking the pill?

A missed pill means a pill that is not taken at the regular time.⁴

- if you are **less than 12 hours late**, take the missed pill as soon as you remember. The next day take your pill as usual, no backup method necessary

² verified for all ages, w/Lee Halliday, July 2/08 – looked up several kinds of pills in pharmacy text

³ from OPT Medical Standards & Guidelines, 2008 updated edition, Combined Hormonal Contraceptives, page 6-21, 6-24)

⁴ Medical Standards & Guidelines, Missed Pill Flow Sheet Appendix 1, p. A-1

- if you are **more than 12 hours late**, the instructions will vary depending on the kind of pill you are taking, where you are in your pill pack, and other factors. *If this happens, it is important to see your health care provider or pharmacist as soon as possible, or call 811 - the Yukon HealthLine to speak with a nurse or pharmacist. You may need to consider Emergency Birth Control (ECP), and use a backup method of birth control (e.g. condoms or spermicide) or abstain from sexual intercourse (not have sex) until 7 pills have been taken in a row.*
- note that spotting can result from missing 2 or more consecutive pills and your period will probably be delayed until the hormonal pills are completed
- *if you miss pills and you're worried about getting pregnant, see your health care provider or pharmacist as soon as possible about emergency birth control (see page 56).*

How soon after I stop using this method can I get pregnant?

- you can get pregnant right away after you stop taking the pill
- in some cases, there may be a delay of a few months or a few years
- if you stop taking the pill because you want to get pregnant, allow yourself at least 1 normal menstrual cycle before trying to get pregnant

What is the method?

PROGESTIN-ONLY PILL (POP or “mini pill”)⁶

What is it about?

A pill that a woman takes once a day containing a single hormone, progestin. A monthly pack has 28 pills, each of which contains the hormone. It is sometimes called the mini-pill but should not be confused with the lower dose combined oral contraceptive pill, also called the mini-pill.

What is its failure rate?

- 8% with typical use
- less than 1% with perfect use
- lower when used with a male condom

How much does it cost?

\$15 – \$30 per pack (1 month supply)

Prescription medicine may be covered if you are Status First Nation, if you have a drug plan through work or personal insurance, or if you are eligible through social assistance.

What are the advantages?

- more enjoyment of sex knowing there is little chance of an unintended pregnancy
- less worry about birth control at the time you’re having sex
- fewer problems with your period such as menstrual cramps, heavy bleeding and pain
- fewer side effects than the combined oral contraceptive pill because it does not contain estrogen
- can be used by breastfeeding mothers, women over 35 who smoke or women at risk of blood clots or heart disease
- offers some protection against cancer of the ovaries or lining of the uterus
- less pain if you have an inflammation of the lining of the uterus (endometriosis)
- reduced risk of inflammation of the fallopian tubes
- POPs must be taken every day at the same time to prevent pregnancy. Unlike combined oral contraceptive pills, there are no pill-free weeks or placebo pills that may confuse the user.

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- it’s essential to take your pill at the same time every day: some women will get pregnant even if they are only a few hours late taking the POP
- irregular periods or longer bleeding (especially in the first 3 months of use),
- missed periods or very little bleeding (most common side effects): about 10% of women on this pill stop having their periods
- possible mood changes, fatigue, anxiety, or changes in appetite or increased depression if you are already depressed

⁶all changes to this section from Medical Standards & Guidelines 08 p. 8-21

- allergic reactions to progestins (very rare)
- increased risk of developing harmless cysts on your ovaries

See your health care provider as soon as possible if you have severe headaches, persistent heavy bleeding or abdominal pain.

Who tends to choose this method?

- women who can remember to take a pill at the same time every day
- women over 35 who smoke
- women who want lighter or less painful periods
- breastfeeding mothers
- women who want to avoid taking estrogen
- women who get severe headaches from estrogen
- women who have risk factors for heart disease and strokes

How do I start using this method?

- visit your health care provider for a prescription
- start taking the pill on the first day of your period
- use a backup birth control method (e.g. condoms or spermicide) for the first 7 days on the pill

What are the instructions?

Progestin-only pills must be taken precisely on schedule, every day at the same time of day and throughout the month, even while you have your period. It's a good idea to take the pill at the same time as you do something else routinely like brushing your teeth in the morning.

What should I do if I miss taking the pill?⁷

- if you're 3 or more hours late taking a POP, take it as soon as you remember, but use a backup method or abstain from sexual intercourse (not have sex) for the next 48 hours
- Take your next pill on time, even if this means you're taking 2 pills in the course of 1 day
- after any episode of heavy vomiting or diarrhea, use a backup method for 48 hours
- if you had unprotected sex after taking a pill 3 hours or more hours late, continue taking your POPs but *see your health care provider or pharmacist as soon as possible about emergency birth control. If you have any questions or concerns, you can call 811, the Yukon HealthLine and speak to a nurse or pharmacist.*

How soon after I stop using this method can I get pregnant?

It's possible to get pregnant right away after you stop using the progestin-only pill.

⁷ Medical Standards & Guidelines 08 p. 8-22

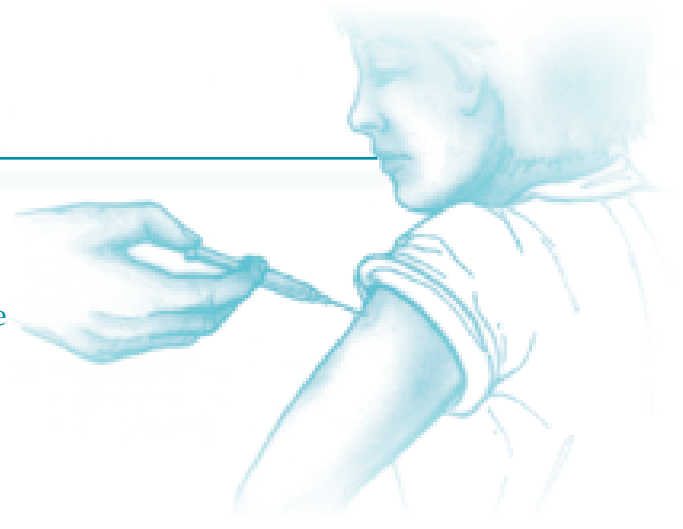
What is the method?

Injection Contraceptive

(eg. Depo-Provera[®])

What is it about?

Progestin, a female hormone, is injected into a woman's arm or buttock once every 12 weeks. The hormone starts to work within 24 hours of the first shot.



What is its failure rate?

- 3% with typical use
- 1% with perfect use
- lower when used with a male condom

How much does it cost?

\$40 – \$55 per dose (a dose lasts about 3 months).

Costs of prescription medicine may be covered if you are Status First Nation, have a drug plan through work or personal insurance, or are eligible through social assistance.

What are the advantages?

- more enjoyment of sex since an unintended pregnancy is unlikely
- less worry about birth control at the time you're having sex: you only have to think about birth control once every 3 months
- effective even if you are 1 week late for your next shot
- less menstrual cramps and pain
- fewer pre-menstrual syndrome (PMS) symptoms in most cases
- less menstrual blood loss after you've been on it for a while
- less side effects of inflammation of the lining of the uterus (endometriosis)
- reduced risk of tubal (ectopic) pregnancy
- reduced risk of ovarian or uterine cancer

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- unwanted menstrual cycle changes, irregular bleeding during the first year of use, or increased spotting for some women: see your health care provider if bleeding is a problem
- periods may stop (amenorrhea) after 6 to 12 months of use: this is not harmful
- possible reduced sex drive, vaginal moisture, or the ability to have orgasms: try using a vaginal lubricant for dryness
- possible mood changes, fatigue, anxiety or severe headaches in some users: see your health care provider if you get depressed or if your depression gets worse
- increased appetite or a slight weight gain in the first year: follow a healthy diet and get plenty of exercise

- increased cancer growth if you already have breast cancer
- possible decrease in bone-mineral density, which is regained once the contraceptive is stopped, and has not been shown to result in osteoporosis or fractures. If you are a younger teen whose period has started within the last 2 years, or a woman with a family history of osteoporosis, you may wish to consider another method of birth control or avoid long term use of Depo-Provera®

You can take care of your bones by taking Vitamin D and calcium supplements or eating calcium-rich foods, healthy diet, weight-bearing exercise, smoking cessation and decreased consumption of alcohol and caffeine.⁸

Who tends to choose this method?

- women who want effective birth control AND who can return for a shot every 3 months
- women who cannot take estrogen products
- women who cannot remember to take a pill every day and who prefer a method they don't have to think about when they have sex
- women over 35 who smoke
- women over 6 weeks postpartum who are breastfeeding⁹
- women who are not at risk of osteoporosis: it's not the best option for young teens unless they take extra calcium or include calcium rich foods in their diet

How do I start using this method?

- visit your health care provider every 12 weeks to get the Depo shot: let them know when you book the appointment if it's your first time – they may have instructions for you
- be sure that you are not pregnant at the time of the first injection
- it's best to get the first shot within 5 days of starting your period, otherwise use backup birth control for 7 days after the first injection

What are the instructions after getting the shot?

- do not massage the area where you got the shot as this will reduce its effectiveness: some discomfort is common and should go away in a few days
- return to your health care provider in 11 to 12 weeks, but no later than 13 weeks, for your next shot
- if more than 13 weeks has passed since your last shot, avoid sexual intercourse or use another birth control method
- if you have had unprotected sexual activity after 13 weeks, *see your health care provider or pharmacist as soon as possible about emergency birth control* and pregnancy testing. Be sure you are not pregnant before getting your next injection
- see your health care provider if you have any severe side effects

How soon after I stop using this method can I get pregnant?

- it may take 6 to 12 months for fertility to return after you stop using this method
- it's best to wait till your regular period returns before trying to get pregnant

⁸ Medical Standards & Guidelines 08 p. 8-5

⁹ Medical Standards & Guidelines 08 p. 8-10

What is the method?

CONTRACEPTIVE PATCH

(eg. Evra[®])

What is it about?

A patch containing progestin and estrogen hormones that a woman sticks onto the skin of her outer upper arm, upper body (but not breasts), stomach or buttocks. A new patch is worn each week for 3 weeks in a row and is changed on the same day each week. The hormones are absorbed through the skin. No patch is used on the fourth week and the woman has her period.

What is its failure rate?

- 8% with typical use
- less than 1% with perfect use
- lower when used with male condom

How much does it cost?

Under \$50 a month.

Cost of prescription medicine may be covered if you're Status First Nation, if you have a drug plan through work or personal insurance, or through social assistance.

What are the advantages?

- more enjoyment of sex knowing an unintended pregnancy is unlikely
- less worry about birth control at the time you're having sex: you only have to think about birth control once a week
- lighter, more regular or less painful periods
- health benefits similar to the combined oral contraceptive pill

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- side effects similar to combined oral contraceptive pill such as spotting in the first 2 menstrual cycles
- breast tenderness, headaches or nausea, especially in the first few months of use; skin irritation in about 2% of users: wearing the patch in a different place on your skin each week may help
- patch could come loose or unstuck: although the patch usually sticks well even when you shower, swim or sweat, it can come off for about 1 to 5% of women
- effectiveness is significantly reduced for women who weigh over 90 kg (198 lbs). It is recommended that you choose another method of birth control, or use a backup method (e.g. condoms) at all times¹⁰

¹⁰ Medical Standards & Guidelines 08 p. 6-33

Who tends to choose this method?

- women who want effective birth control but can't remember to take a pill every day
- women who are not breastfeeding
- women who weigh under 198 pounds
- women who can tolerate extra estrogen hormone

How do I start using this method?

- visit your health care provider to get a prescription
- if you apply the first patch on the first day of your menstrual flow, no backup is needed
- if you start in the same way as the pill, i.e. with a Sunday start or a Quick start, use a backup method (e.g. condoms) for 7 days

What should I do if I forget to change the patch?

- if you put the patch on late in the first week of the 4-week cycle, apply it as soon as you remember: count this as the first day of the patch week and use back up birth control for the first week
- if you are 1 or 2 days late during the second or third week, apply a new patch and change the patch on your usual day: no backup birth control is needed
- if you are more than 2 days late during the second or third week, apply a new patch and start a new 4-week cycle: use backup birth control in the first week
- if you had unprotected sexual intercourse when you were more than 2 days late during the second or third week, you could become pregnant: *see your health care provider or pharmacist as soon as possible about emergency birth control*

What should I do if the patch comes unstuck?

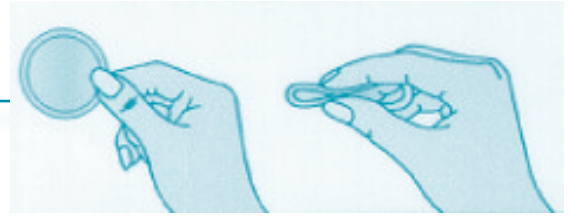
- if the patch comes unstuck, stick it back on or apply a new patch right away
- if you don't reapply it within 24 hours, then use a new patch counting it as day 1 of a new 4-week cycle: use backup birth control for that week
- if it was over 2 days since the patch fell off and you've had unprotected sexual intercourse during that time, you could become pregnant: *see your health care provider or pharmacist as soon as possible about emergency birth control*

How soon after I stop using this method can I get pregnant?

- you can get pregnant right away after you stop using the patch
- it's best to wait till your regular period returns before trying to get pregnant

What is the method?

VAGINAL RING (Nuvaring)



What is it about?

The vaginal ring is a soft, transparent ring that is 54 mm (about 2 inches) in diameter. It is placed in the vagina below the cervix, and releases low doses of hormones over a 3 week period (21 days). These hormones prevent the ovaries from producing mature eggs thus preventing pregnancy. The ring is removed for 7 days during which the woman will get her period. After the 7-day break, a new ring is inserted for the following 21 days.

What is the failure rate?

- is as low or lower than that of birth control pills (1-2%) when used correctly
- more effective when used with a male condom

How much does it cost?

Under \$50.00 a month.

Cost of prescription medicine may be covered if you're Status First Nation, if you have a drug plan through work or personal insurance, or through social assistance.

What are the advantages?

- less worry about birth control at the time you're having sex; you only need to think about birth control once a month when you insert a new ring.
- lighter, more regular or less painful periods
- easy to remove and insert

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- rings must be stored at room temperature for no more than 4 months
- may cause some discomfort when placing or removing the ring
- may cause vaginal discharge, irritation, infection, or some discomfort when in place
- need to remember to insert a new ring

Who tends to choose this method?

- women who want effective birth control but can't remember to take the pill every day
- women who are not breastfeeding
- women who like the ease and convenience of once-a-month contraception with the effectiveness and safety of the birth control pill (BCP)
- and/or women who can tolerate the hormone estrogen but desire it at the lowest possible dosage (as it is a lower daily dosage than any BCP)

How do I start using this method?

- visit your health care provider to get a prescription
- the ring should be inserted no later than day 5 of the monthly cycle, even if you are still bleeding. A backup method (e.g. condoms) should be used for the first 7 days, if this is a new start. If switching from another type of birth control, the ring should be inserted on the first day you would start a new pack of pills, or the day the Intrauterine Device (IUD) is removed, or the day you are due for your next birth control injection

What are the instructions?

- insert a ring into the vagina using the most comfortable position for you—this could be standing with one foot on the edge of the bathtub, toilet, or bed, squatting or laying down. Press the sides of the ring together and push the edge into the vaginal opening
- put the ring as high up in the vagina as you can, against the vagina wall. As long as it is comfortable, the position is not important. If you can feel the ring inside, try and push it further into the vagina
- leave the ring in for 3 weeks – do not remove for sexual intercourse
- after 3 weeks (21 days) remove the the ring by hooking a finger under the rim of the ring and pulling it out. Do not flush the ring down the toilet – dispose of it in the garbage. At this time, your period will start
- 7 days later insert a new ring for another 21 days. Always insert a new ring on the same day of the week, regardless of whether you are still bleeding

What should I do if the ring falls out, or is removed or lost?

- if the ring falls out or is removed during the 21 day period, rinse it with lukewarm water and re-insert into the vagina within 3 hours
- if the ring has been out more than 3 hours, you could become pregnant. In this case, use a backup method of birth control (condoms as well as the ring) for the next 7 days. Consider emergency contraceptive pills (ECP) if the ring has been out for more than 3 hours, and you had unprotected sex in the previous 5 days
- if the vaginal ring is lost, a new vaginal ring should be inserted for a new 21 day period

How soon after I stop using this method can I get pregnant?

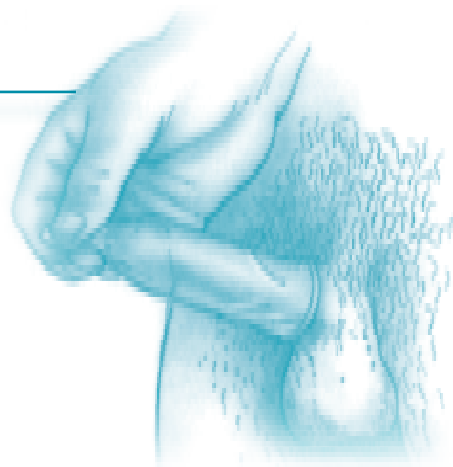
Your normal fertility should return after a short period of time. Ovulation usually resumes 13–28 days after removal of the last vaginal ring

What is the method?

MALE CONDOMS

What is it about?

A latex rubber or polyurethane plastic cover worn over a man's erect penis. Condoms come with or without a lubricant or spermicide on the outside. Using a male condom together with a vaginal spermicide increases protection from pregnancy.



What is its failure rate?

- 15% with typical use
- 2% with perfect use
- lower when used with spermicide or another birth control method such as the pill

How much does it cost?

\$6 to 12 for a box of 12: free from many clinics and community health centres

What are the advantages?

- *latex and polyurethane condoms can prevent sexually transmitted infections (STIs) including the virus that causes AIDS (HIV)*
- double protection when used with another birth control method
- protection of your fertility by reducing the risk of STIs, since STIs can damage your reproductive system and cause infertility
- increased involvement by men in birth control and helps some men “last longer” when they use condoms
- reduced risk of spreading human papilloma virus (HPV) which is a cause of cervical cancer
- can be used by a women who is breastfeeding
- cheap, easy to get, and doesn't affect your body functions

What are some possible disadvantages?

- no protection against infections like herpes, human papilloma virus or hepatitis C spread by touching skin-to-skin in areas not covered by the condom or by sharing body fluids such as saliva with an infected partner
- nonoxynol-9 spermicide can irritate the lining of the vagina, which may increase the risk of HIV: condoms packaged with a spermicidal lubricant are not recommended
- practice needed to use condom correctly so it doesn't slip off, spill or tear: you're also more likely to use them correctly if you're not drunk or stoned
- possible embarrassment about buying condoms, putting them on and taking them off
- interruption of sex unless your partner puts it on as part of foreplay
- reduced sensitivity during intercourse – you can try a water-based lubricant like KY jelly to enhance sensations and make sex more comfortable: don't use oil or petroleum-based lubricants like Vaseline® or baby oil since they can damage the latex or cause vaginal infections
- latex allergy in some people: try polyurethane condoms

- not always on hand when needed and may be difficult to use in the “heat of the moment”
- bad taste during oral sex

Who tends to choose this method?

- teens who know how to use condoms and can use them every time they have sex
- any sexually active man or couple who want to reduce the risk of getting an STI
- anyone who has an STI and doesn’t want to spread it to a partner
- new mothers in the first few weeks after giving birth to reduce their risk of pelvic infection
- couples including same sex couples who want STI protection in oral or anal sex

How do I start using this method?

- you can buy condoms over-the-counter at a pharmacy or drug store: you don’t need a prescription. Condoms are also available for free from many clinics and community health centres
- agree with your partner in advance to use condoms every time you have sex
- store them in a cool, dry place: keeping them in your wallet or the glove compartment of your car for more than a few days can weaken the condom

What are the instructions?

- do not use them past their expiry date
- carefully remove the condom from its wrapper without ripping it
- roll the condom onto the erect penis before you touch your partner’s vagina, mouth, anus or any other part of the body where there may be body fluid
- as you roll it on, leave about half an inch of space at the tip to collect the semen unless the condom has a reservoir at the tip
- keep the tip of the condom squeezed between 2 fingers while putting it on so no air gets in the end and smooth out any air bubbles – trapped air can make the condom break
- check the base of the penis during sex to make sure the condom stays in place
- once you ejaculate, pull your penis out of your partner’s vagina, mouth, or anus before it gets soft: hold onto the rim of the condom as you pull your penis out of your partner
- roll the condom partially off your penis and then slide it off
- tie or wrap the used condom and throw it away in the garbage: use a new condom each time you have intercourse

What should I do if the condom slips off or breaks?

- if you are concerned about getting pregnant, it’s a good idea to *see your health care provider or pharmacist about emergency birth control*
- if this happens over and over again, you may want to switch to another brand or size of condom

How soon after I stop using this method can I get pregnant?

A woman can get pregnant right away once her partner stops using condoms.

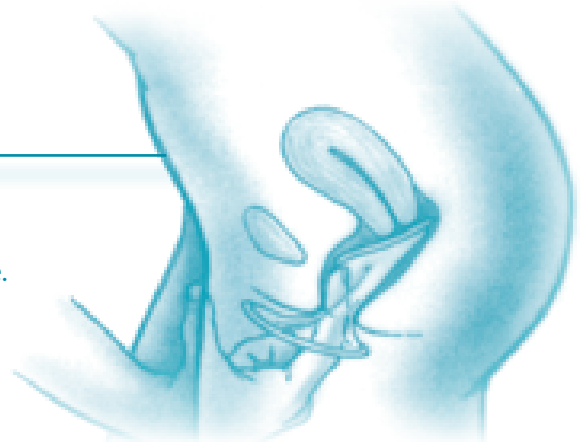
What is the method?

FEMALE CONDOMS

(Reality®)

What is it about?

A soft, loose-fitting polyurethane plastic pouch with 2 rings is put in the woman's vagina before intercourse. It can also be used during anal intercourse by men or women. The female condom is *not used at the same time* as the male condom.



What is its failure rate?

- 21% with typical use
- 5% with perfect use
- lower when used with another birth control method such as spermicide

How much does it cost?

About \$12 for a box of 3 female condoms.

What are the advantages?

- *protection against sexually transmitted infections (STIs)*: may provide greater protection than the male condom because it covers a larger area
- protection of your fertility because it reduces your risk of STIs and STIs can damage your reproductive system and cause infertility
- polyurethane is very strong, doesn't cause latex allergies, and allows for more natural sensations during intercourse than the male latex condom
- woman is in charge and can use this condom if she can't get her partner to use a male condom
- can be put in the vagina/anus up to 6 hours before sexual intercourse
- reduced risk of contracting the human papilloma virus which is a cause of cervical cancer

What are some possible disadvantages?

- practice needed to put it in the vagina/anus and use it correctly
- care needed to make sure that the man's penis goes into the condom and not beside it and that friction during intercourse doesn't push the condom out of place: hold onto the outer rim of the condom and use a water or oil-based lubricant to help the penis move more freely
- discomfort if the inner ring doesn't fit well
- more expensive than male condoms and harder to find
- possible vaginal infection if left in too long
- if used in anal sex, can be pushed too far into the rectum

Who tends to choose this method?

- women who need to have control over their birth control method
- anyone who can use condoms consistently and correctly
- couples in the first weeks after childbirth to avoid pelvic infection in the mother
- mothers who are breastfeeding
- women or their partners who have latex allergies
- couples including same sex couples who want STI protection

How do I start using this method?

- you can buy female condoms over-the-counter: you don't need a prescription
- agree with your partner in advance to use female condoms every time you have sex
- practice putting in the female condom before you start to use this method

What are the instructions?

- put in the female condom before your vagina touches any part of your partner's penis or body fluids
- squeeze the inner ring together and put the closed end of the condom high into the vagina: the inner ring holds the condom in place
- arrange the outer ring against the outer lips of the vagina
- hold the outer ring when your partner puts his penis in so that his penis goes inside the condom and the condom isn't pushed in the vagina
- to remove the female condom, squeeze and twist the outer ring to keep your partner's semen inside the pouch: pull out the condom gently after intercourse and before you stand up
- use a new condom each time you have intercourse
- use a new condom after you have anal intercourse

What should I do if my partner's penis didn't go into the female condom?

If your partner's penis went into your vagina outside the female condom and you are worried about getting pregnant, it's a good idea to *see your health care provider or pharmacist as soon as possible about emergency birth control.*

How soon after I stop using this method can I get pregnant?

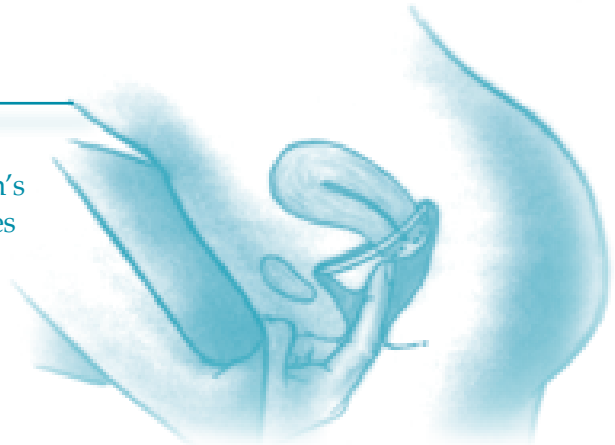
You can get pregnant right away once you stop using condoms.

What is the method?

DIAPHRAGM

What is it about?

A dome-shaped rubber cup is placed in the woman's vagina to cover her cervix. It comes in different sizes and must be fitted by a nurse or doctor. It is used together with a spermicidal cream or gel.



What is its failure rate?

- 16% with typical use
- 6% with perfect use
- lower when used with a male condom

How much does it cost?

\$65 – \$70 for the diaphragm.

\$11 / package to \$25 / tube for spermicide.

Costs may be reimbursed if you are Status First Nation, have a drug plan through work or personal insurance, or are eligible through social assistance.

What are the advantages?

- controlled by the woman
- can be put in several hours before intercourse
- will work for 24 hours during which you can have sex as many times as you want
- reduced risk of an infection of the cervix or pelvic inflammatory disease (PID), and so helps protect your ability to become pregnant later on
- can be used while breastfeeding once the vagina and cervix return to their “non-pregnant” shape
- can go to the bathroom or have a shower or bath with the diaphragm still inside

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- health care provider has to fit you for the right size of diaphragm: the wrong size can cause cramping, pelvic pain, damage to your cervix, or pregnancy
- interruption of foreplay to put it in before sexual contact
- must be left in for at least 6 hours after the last time you have sex
- messy if you have repeated intercourse: recommended to put more spermicide in the vagina each time the man ejaculates
- increased risk of toxic shock if you leave the diaphragm in too long, during your period or when you have an infection of the vagina or cervix
- latex allergy in some people: if this occurs, switch to another method
- increased risk of a bladder infection: pee after sexual intercourse to reduce this risk

Who tends to choose this method?

- women who can plan ahead when they will have sex
- couples where neither partner has a reaction to latex or spermicides
- women beyond their teen years who don't have intercourse more than a few times a week
- women who do not have any infections, wounds or other problems of the cervix or vagina

How do I start using this method?

- see your health care provider for a pelvic exam to measure your cervix for the right size of diaphragm and to show you how to use it
- you need information on fit or a prescription to buy it at pharmacy or drug store

What are the instructions?

- wash your hands before you handle the diaphragm
- fill it with 1 or 2 teaspoons of spermicide
- squat and push the diaphragm into your vagina as far as it will go so that it covers your cervix – once it is in place, it should feel as if there is nothing there
- you can put it in several hours before intercourse
- each time the man ejaculates, check to make sure the diaphragm is still in place and put more spermicide in your vagina – but don't remove the diaphragm
- leave the diaphragm in place at least 6 hours after the last act of intercourse: don't keep it longer than 24 hours
- after you take the diaphragm out, wash it with a mild non-phosphate detergent and store it in its case in a cool, dry place – the diaphragm can get a bad smell or cause an infection if it is not cleaned properly
- don't use petroleum-based products like Vaseline® or baby oil that can damage the latex in the diaphragm
- use a back up method like condoms the first few times until you're sure you can use the diaphragm successfully
- check once in a while for any holes, cracks or stiffness in the diaphragm: get a new one if you or your health care provider find any defects
- replace the diaphragm every 1 to 2 years
- have the fit rechecked if you lose or gain more than 20 pounds, after giving birth, or if it becomes painful

What should I do if the diaphragm slips out of place during intercourse?

If you are worried about getting pregnant, it's a good idea to *see your health care provider or pharmacist as soon as possible about emergency birth control.*

How soon after I stop using this method can I get pregnant?

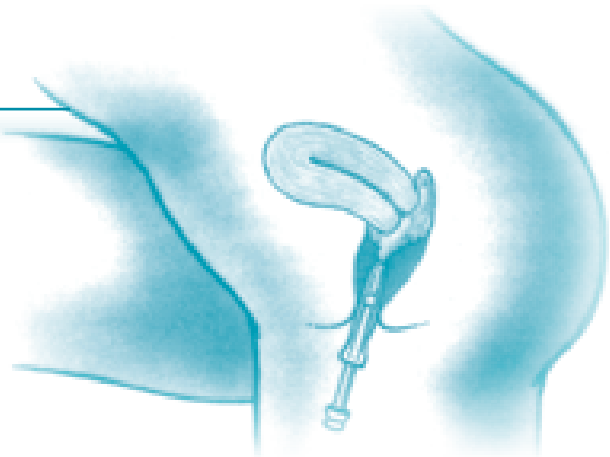
It's possible to get pregnant right away after you stop using the diaphragm.

What is the method?

SPERMICIDES

What is it about?

A cream, gel, film, foam or suppository put by the woman in her vagina in front of her cervix before intercourse. The spermicide contains a chemical (usually nonoxynol-9) which damages or kills sperm cells. Spermicides are less effective on their own than when used with a barrier method such as a condom, cervical cap, or diaphragm.



What is its failure rate?

- 29% with typical use
- 18% with perfect use
- 5% or less when used with a male condom

How much does it cost?

\$10 to \$25 depending on the product and amount.

What are the advantages?

- easy to apply just before sexual intercourse
- provides lubrication for intercourse
- useful immediately after a failure with a condom, diaphragm or cervical cap before getting emergency birth control
- reduced risk of human papilloma virus (HPV) infection which is thought to be a cause of cervical cancer
- can be used when breastfeeding

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- irritation of the skin on the penis, vagina, anus or mouth that can cause lesions and thereby increase the risk of STIs, especially when it is used frequently and with multiple sex partners
- may be confused with other products (e.g. lubricants): ensure that you DO use a SPERMICIDAL gel
- messy if you use too much foam or cream
- has an unpleasant taste
- may not be on hand at all times you want to have sex
- allergic reaction to spermicide in some people

Who tends to choose this method?

- anyone who does not have an allergy to spermicide
- anyone who does not have intercourse very often or with multiple sex partners

How do I start using this method?

- decide together to use a spermicide
- buy it over-the-counter at a drug store or pharmacy

What are the instructions?

- check the expiry date and read the instructions
- wash your hands
- apply the spermicide according to instructions before intercourse: for example, spermicidal creams or gels can be applied with an applicator
- wait for the required time for it to take effect before starting intercourse: foams, gels or creams are effective right away; film products and suppositories can take 5 – 15 minutes to work effectively – **always read the directions first**
- wait at least 8 hours after intercourse before bathing or douching since water may reduce its effectiveness
- apply more spermicide before each act of intercourse
- store the spermicide in a cool, dry place

How soon after I stop using this method can I get pregnant?

It's possible to get pregnant right away after you stop using spermicides.

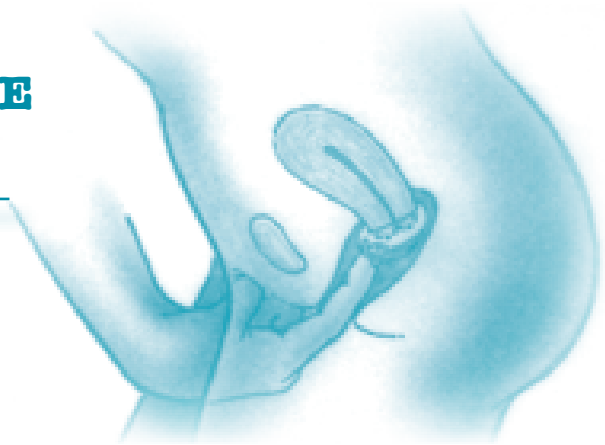
What is the method?

CONTRACEPTIVE SPONGE

(e.g. Protectaid[®] Sponge)

What is it about?

A disposable round sponge is placed by a woman in her vagina to cover her cervix before intercourse. The sponge is filled with 3 different spermicides.



What is its failure rate?

- 16 – 32% with typical use
- 9 – 20% with perfect use
- lower when used with a male condom

How much does it cost?

\$13 for a package of 4 sponges.

What are the advantages?

- can be put in and taken out easily in most cases
- no pelvic exam or fitting is needed: one size fits all
- repeated intercourse is possible without having to put in a new sponge: it is effective for up to 12 hours once in place
- can be put in place up to 6 hours before intercourse
- can go to the bathroom or have a shower or bath with the sponge still inside

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- must be left in for at least 6 hours after the last time you have sex
- cannot be used during your period
- possible toxic shock if left in place too long
- skin irritation or an allergic reaction to spermicide in some people
- increased risk of a yeast or bacterial infection of the vagina
- increased risk of a bladder infection: it's a good idea to pee after having sexual intercourse

Talk to your health care provider if you feel any pain or discomfort during or after using the sponge.

Who tends to choose this method?

- women who can plan ahead for sex
- women who are beyond their teen years or have never been pregnant
- women who don't have any adverse reactions to spermicide

How do I start using this method?

- buy it over-the-counter: you don't need a prescription
- practice putting it in your vagina before you use it the first time

What are the instructions?

- check the expiry date and read the instructions
- wash your hands
- moisten sponge with about 2 tablespoons of water and squeeze it once
- put your pointing (index) finger in a slot on the side of the sponge
- squat or lie on your back with your knees lifted up to your chest
- push the sponge into your vagina all the way against your cervix
- don't add more spermicide if you have intercourse more than once during the first 6 hours you have the sponge in
- leave the sponge in for at least 6 hours after intercourse but not for more than 12 hours at a time
- to remove the sponge, put your index finger into your vagina, reach up to take hold of one of the slots, and gently pull the sponge out
- throw it in the garbage: do not reuse

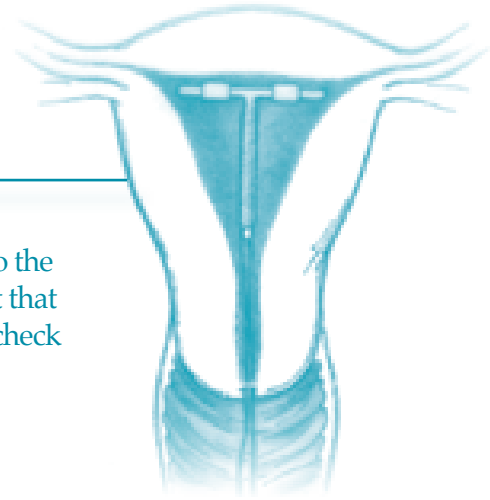
How soon after I stop using this method can I get pregnant?

It's possible to get pregnant right away after you stop using the sponge.

What is the method?

IUD

(Intrauterine Device or Copper IUD)



What is it about?

A small, flexible, T-shaped plastic and copper device put into the woman's uterus by a doctor. It has a thin string attached to it that hangs through the cervix into the vagina and allows you to check that it is in place.

What is its failure rate?

- less than 1% with typical and perfect use
- lower when used with a male condom

How much does it cost?

\$75 – \$90 for an IUD. Cost of insertion is free under Yukon Health Care

Cost of the IUD may be covered if you are Status First Nation, if you have a drug plan through work or personal insurance, or if you are eligible through social assistance.

Travel costs are covered by Yukon Health or Non-Insured Health Benefits if you have to travel to another community to see a doctor to have an IUD inserted; your application can be arranged by your local nurse or doctor.

What are the advantages?

- more enjoyment of sex since an unintended pregnancy is unlikely
- convenient (no need to remember regular birth control pills, patches or rings)
- a form of long term birth control when left in place for up to 5 years
- can be put in any time of the month as long as you are not pregnant and removed any time
- low cost over time
- low risk for side effects (especially hormone related)
- can be used while breastfeeding
- may be used for emergency contraception
- Copper IUD is hormone-free (good for women who cannot take hormones)

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- discomfort when it is put in or removed
- bleeding between periods (spotting), heavier bleeding or more painful periods: see your health care provider if you have severe symptoms
- IUD may slip out of the uterus, especially in the first few months of use, and this may not be noticed right away
- increased risk of pelvic inflammatory disease (PID) in the first 3 months of use or if the woman gets an STI while the IUD is in place: PID can cause you not to be able to have children (infertility)

- damage to the wall of the uterus (rare)
- risk of a spontaneous abortion or tubal (ectopic) pregnancy if you do get pregnant when the IUD is in place: have the IUD removed as soon as possible if you want a healthy pregnancy
- discomfort for the man if his penis rubs against the string

Who tends to choose this method?

- women who are in long term relationships
- women who do not have an STI and are not at risk of getting an STI – for example couples where neither partner has other sex partners
- women who want safe, effective long term birth control
- women who are breastfeeding
- women who need emergency birth control
- women who do not have an inflammation in their lower body (pelvic) area, problems with bleeding between periods, severe cramps or heavy bleeding with their periods

How do I start using this method?

- IUD is put in by a doctor: you may have to visit more than once to have a pelvic exam and STI test first
- it's a good idea to do a follow-up visit 3 months after the IUD is inserted and then once a year

What are the instructions?¹¹

- see your doctor to have the IUD inserted
- check the string with your finger every week for the first month and then after every period to make sure the IUD is in place. See your doctor immediately if you can't feel the string(s) at the cervix or if the strings(s) feel too long
- return to your doctor for a check-up 4 – 6 weeks post-insertion, or sooner if there are any problems. See you doctor right away if you think you may have an STI or be pregnant, if you suspect the IUD has slipped out of place, if you experience changes in your menstrual patterns or heavy bleeding, or to have it removed.

What should I do if the IUD comes out?

See your health care provider immediately if the IUD comes out of your uterus part way or all the way.

How soon after I stop using this method can I get pregnant?

It's possible to get pregnant right away after you stop using the IUD.

¹¹ Medical Standards & Guidelines 08 p. 11-15

What is the method?

IUS

(Mirena[®] LNG Intrauterine System)

What is it about?

A tiny T-shaped piece of plastic put into the woman's uterus by a doctor, where it slowly releases small amounts of the hormone levonorgestrel into the uterus.¹² It has a thin string attached to it that hangs through the cervix into the vagina and allows you to check that it is in place.

What is its failure rate?¹³

- less than 1% with typical and perfect use
- lower when used with a male condom

How much does it cost?

About \$360 to \$400. Cost of insertion is free under Yukon Health Care. Cost of the IUS may be covered if you are Status First Nation, if you have a drug plan through work or personal insurance, or if you are eligible through social assistance. Travel costs are covered by Yukon Health or Non-Insured Health Benefits if you have to travel to another community to see a doctor to have an IUD inserted: your application can be arranged by your local nurse or doctor.

What are the advantages?

- more enjoyment of sex knowing an unintended pregnancy is unlikely
- highly effective method of birth control, even more effective than the copper IUD
- a form of long term birth control that can be left in place for up to 5 years
- can be put in any time during the month and removed any time
- less likely to cause heavy menstrual bleeding than a regular IUD
- benefit of shorter, lighter periods; some women notice their periods stop immediately or may see it stop over time
- convenient (no need to remember to take anything)
- does not contain estrogen (good for women who cannot take estrogen)

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- discomfort or pain when the IUS is put in or removed
- bleeding between periods (spotting) or irregular periods in the first 3 months of use
- increased risk of benign ovarian cysts
- IUD may slip out of the uterus and that may not be noticed right away
- reactions to progestin like headaches, breast tenderness or water retention in the first few months of use
- high up-front cost

¹² Mirena website www.mirena-us.com

¹³ Medical Standards & Guidelines 08 p. 11-13

- increased risk of pelvic inflammatory disease (PID) in the first 3 months of use or if the woman gets an STI while the IUS is in place: PID can cause infertility
- damage to the wall of the uterus (rare)
- risk of a spontaneous abortion if you get pregnant when the IUS is in place: have the IUCD removed as soon as possible if you want a healthy pregnancy
- discomfort for the man if his penis rubs or bumps against the IUS

Who tends to choose this method?

- women who want safe, effective long-term birth control
- women in long-term relationships
- women who do not have an STI and are not at risk of getting an STI – for example couples where neither one has other sex partners
- women who have a problem with heavy bleeding during their periods

How do I start using this method?

- IUS is put in by a doctor
- you may have to get tested first to make sure you are not pregnant and don't have an STI

What are the instructions?¹⁴

- see your doctor to have the IUS put in
- check the string with your finger each week for the first 6 weeks and then after each period to make sure the IUS is still in place. See your doctor immediately if you can't feel the string(s) at the cervix or if the string(s) feel too long
- return to your doctor for a check-up 4 – 6 weeks post-insertion or sooner if there are any problems. See you doctor right away if you think you may be pregnant or have an STI, if you suspect the IUD has slipped out of place, if you experience changes in your menstrual patterns or heavy bleeding, or to have it removed

How soon after I stop using this method can I get pregnant?

It's possible to get pregnant right away after you stop using the IUS.

¹⁴ Medical Standards & Guidelines 08 p. 11-15

What is the method?

FEMALE STERILIZATION

(Tubal Ligation)

What is it about?¹⁵

An operation to cut or block a woman's fallopian tubes. It is usually considered permanent since it is difficult to reverse.

What is its failure rate?

- less than 1% with typical and perfect use
- almost 0% when used with a male condom

How much does it cost?

Cost is free under Yukon Health Care

What are the advantages?

- more enjoyment of sex because a pregnancy is very unlikely
- less worry about birth control since it is a permanent method
- some protection against cancer of the ovaries and pelvic inflammatory disease (PID)
- fairly safe and simple one-time surgery

What are some possible disadvantages?

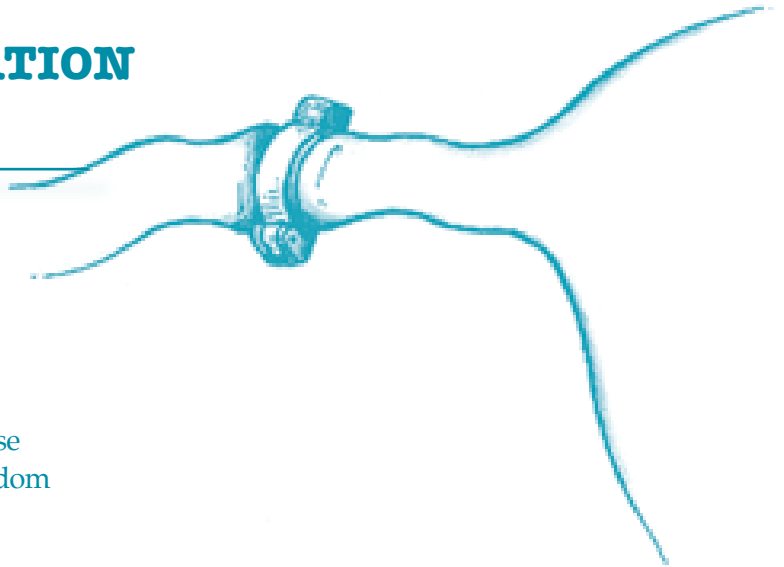
- no protection against sexually transmitted infections (STIs)
- regret, especially for women under 30, if you change your mind about having children: make sure you and your partner have thought about it carefully before going through with it
- changes in your menstrual cycle: see your health care provider if you have severe symptoms
- small risk of complications during surgery from the medicine used to put you to sleep (anesthetic)
- more complicated and longer recovery time than a vasectomy for men
- possible pain or discomfort after surgery: see your health care provider if you have an infection with pain and fever or serious bleeding
- increased risk of tubal (ectopic) pregnancy if you do get pregnant

Who tends to choose this method?

- women over 30 who are sure they don't want to have any more children
- women who have a medical condition that makes pregnancy dangerous

How do I start using this method?

- visit your doctor to get a referral to a gynecologist who can do this operation in a hospital



¹⁵ Medical Standards & Guidelines 08 p. 11-3

What are the instructions?

- your health care provider will discuss the surgery and follow-up with you
- women can usually resume normal activities a few days after surgery but should avoid any strenuous exercise for at least a week

How soon after I stop using this method can I get pregnant?

- likely never: women should assume that this is a permanent method
- reversing sterilization is very difficult and success depends on the kind of surgery that was used

What is the method?

MALE STERILIZATION

(Vasectomy)

What is it about?

An operation done on the man's scrotum to cut or block his tubes (vas deferens) which carry sperm from the testicles to the penis. It is usually a permanent procedure that can be done in a doctor's office under local anesthetic.

What is its failure rate?¹⁶

- less than 1% with typical and perfect use
- less than 1% with perfect use of a back up method in the first few months after surgery
- almost 0% when used with a male condom

How much does it cost?

Cost is free under Yukon Health Care.

What are the advantages?

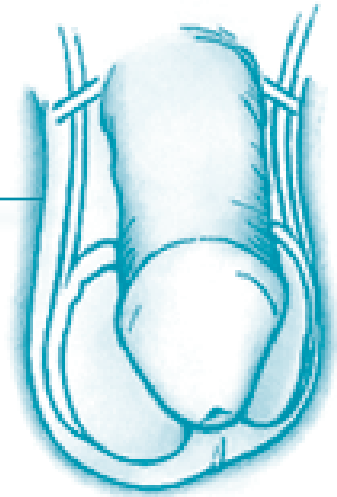
- more enjoyment of sex since an unintended pregnancy is very unlikely
- less worry about birth control since it is permanent
- man takes responsibility for birth control
- no negative effect on the man's sex drive
- simpler, safer and more effective than female sterilization, with a quick recovery after surgery

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- not effective immediately: you have to monitor your sperm count for about 3 months after the surgery until there are no more sperm cells in your semen when you ejaculate
- regret about not being able to have any more children: make sure you and your partner have thought about it carefully before going through with it
- possible pain or swelling for up to 2 weeks after the operation
- complications from the surgery (rare): see your health care provider if the wound becomes infected or painful; you have a fever, bleeding or blood clots; or your scrotum is badly swollen

Who tends to choose this method?

- men who are sure they don't want to have any more children
- men who have a partner for whom a pregnancy could be dangerous



¹⁶ Medical Standards & Guidelines 08 p. 11-3

How do I start using this method?

Visit your health care provider to get a referral to a surgeon who can perform this operation in a hospital day clinic or doctor's office.

What are the instructions?

- find out more about the surgery and follow-up from your health care provider
- rest for 2 days and avoid sexual intercourse for 5 days after the operation
- use another birth control method for the first 3 months after the operation
- go for a check up and sperm count 3 months after surgery to make sure it was successful

How soon after I stop using this method can I get pregnant?

- likely never: men should assume that this is a permanent method
- it may be possible to reverse male sterilization, but it is difficult to do so

What is the method?

ABSTINENCE

What is it about?

Abstinence can mean different things but for birth control, it means that you avoid having sexual intercourse. The man's penis or sperm does not come into contact with the woman's vagina or genital area.

What is its failure rate?

0% perfect use.

How much does it cost?

Free.

What are the advantages?

- no risk of pregnancy if used consistently
- protection against sexually transmitted infections (STIs) which are primarily spread through genital – genital contact, but some STIs can be spread through kissing, oral sex (mouth-genital contact) or anal sex (anus-genital contact)
- less chance of damage to your reproductive system from an STI
- greater self-esteem and positive self-image if you feel it's the right thing to do or if either partner is not ready for sexual intercourse
- chance to find other ways to build a relationship and be sexually intimate other than through sexual intercourse

What are some possible disadvantages?

- commitment, self-control, and practice are needed to set personal boundaries and limit physical intimacy
- may be a challenge to maintain a fulfilling relationship over time without sex
- planning is needed to have birth control handy if you stop abstaining from sex

Who tends to choose this method?

- people who are not ready to have sex
- people who have not found the right partner yet or don't feel sure about their partner
- people who feel that they can control their physical intimacy

How do I start using this method?

- talk about it with your partner and agree to abstain from sex
- you can return to abstinence at any time in your life after being in a sexual relationship

What are the instructions?

- set ground rules as a couple
- if you eventually agree to engage in sexual intercourse, discuss in advance whether you will use birth control or accept the risk of pregnancy
- have condoms and spermicide handy in case you change your mind

How soon after I stop using this method can I get pregnant?

It's possible to get pregnant immediately once you stop abstaining from sex.

What is the method?

NATURAL FAMILY PLANNING (Fertility Awareness or Rhythm Method)



What is it about?

Keeping track of a woman's monthly cycle to help predict when she will be fertile (when her ovaries release an egg). A couple must either abstain from sex or use a barrier method such as condoms during the days around the release of the egg (about 6 days before ovulation and 2 or 3 days after ovulation).

What is its failure rate?

- 25% with typical use
- 1 to 9% with perfect use

How much does it cost?

\$20 for a basal thermometer with charts.

\$60 – \$250 for an ovulation predictor kit; each kit varies in how many times they can be used

Cost of a barrier method (if used).

What are the advantages?

- woman gains a better understanding of her body
- inexpensive and no side effects
- increased cooperation and communication between partners
- may be the only method acceptable to a couple due to their beliefs
- awareness of when the woman is fertile can help couples achieve pregnancy when they stop using this method

What are some possible disadvantages?

- high risk of pregnancy: discuss any problems with your partner and find out how to get emergency birth control if you are concerned about a possible pregnancy
- no protection against sexually transmitted infections (STIs)
- you need to collect about 6 months of information on the woman's menstrual cycle before you can start using this method
- you need to have motivation, cooperation and a stable relationship
- not a good option for women who don't have regular, easy to predict menstrual cycles, especially those in their early teens, near menopause or who have recently given birth
- unreliable if the woman's body temperature, cervical mucus or menstrual regularity changes due to severe stress or illness: see your health care provider and abstain or use a back up method till the problem clears up

Who tends to choose this method?

- couples whose cultural or religious beliefs prevent them from using other methods
- highly motivated couples willing to abstain from intercourse or use a barrier method during certain times of the month
- couples who are willing to accept the risk of pregnancy
- women who have a regular menstrual cycle
- women who do not suffer from vaginal infections, severe stress or illness

How do I start using this method?

- talk to your health care provider to find out more about how to use these methods
- get a basal thermometer, charts and other supplies from a pharmacy
- start by collecting information on your menstrual cycle every day

What are the instructions?

Calendar (rhythm) method

- record the length of your menstrual cycle for at least 6 months counting the first day of bleeding as day 1
- assume sperm can survive 2 to 3 days in your vagina and an egg is released from your ovaries 14 days before the start of your next period
- to figure out when to STOP having sex, subtract 18 from the number of days in your shortest cycle: if your shortest cycle was 28 days long ($28-18=10$), STOP having sex on day 10 of your cycle
- to figure out when you can START having sex again, subtract 11 from the number of days in your longest cycle: if your longest cycle was 31 days long ($31-11=20$), you can START having sex again on day 20 of your cycle

Ovulation mucus method

- check the amount and kind of mucus in your vagina each day
- notice that at the time of ovulation, there is more mucus and it is wet, slippery and clear (like raw egg white) while there is less mucus and it is stickier after ovulation
- keep in mind that any semen present can make it is hard to judge the mucus accurately for the first 24 hours after sex

Basal body temperature method

- basal body temperature increases on the day of ovulation and stays 0.5 degrees higher for 2 days after ovulation
- take your body temperature every morning before getting out of bed and record it on a graph

Sympto-thermal method

- use a combination of the above methods to better predict ovulation

Ovulation predictor kit

- urine test that measures hormonal changes before ovulation: it turns positive 12 to 48 hours before ovulation

How soon after I stop using this method can I get pregnant?

It's possible to become pregnant immediately after you stop using natural family planning.

What is the method?

WITHDRAWAL

What is it about?

Man pulls his penis out of the woman's vagina during intercourse before he ejaculates or comes so that he ejaculates outside the vagina.

What is its failure rate?¹⁷

- 27% with typical use
- 4% with perfect use

How much does it cost?

Free.

What are the advantages?

- always available and better than no method at all
- male involvement in birth control

What are some possible disadvantages?

- no protection against sexually transmitted infections (STIs)
- not a reliable method: there is a risk of pregnancy if semen is released during foreplay or ejaculate touches the woman's vaginal area
- sperm may be present in the fluid that comes out of the penis before ejaculation during intercourse
- man has to have experience and control so he can anticipate when he will ejaculate and be able to pull out in time
- interruption of sex and more worry for both partners, both during intercourse and after

Who tends to choose this method?

- couples who can talk to each other about sex
- couples who can accept the risk of pregnancy

How do I start using this method?

- agree in advance as a couple to use this method
- know how to get emergency birth control

What are the instructions?

- practice withdrawal by using a back up method like condoms at first
- wipe off any pre-ejaculation fluid that comes out of your penis during sexual arousal BEFORE putting your penis in the woman's vagina
- try using positions with less deep penetration into the vagina

¹⁷ Medical Standards & Guidelines 08 p. 11-3

What should we do if the man doesn't pull his penis out in time?

If you don't pull out in time or semen touches your partner's vagina and she is worried about getting pregnant, it's a good idea to *see your health care provider or pharmacist as soon as possible about emergency birth control.*

How soon after I stop using this method can I get pregnant?

It's possible to get pregnant right away after you stop using the withdrawal method.

BREASTFEEDING AND FERTILITY

Some women do not get pregnant when they are breastfeeding their baby. Breastfeeding suppresses ovulation; however, it is difficult to predict when ovulation will occur, and fertility can return as early as 2 weeks after giving birth. If you are not breastfeeding, begin using another contraceptive method immediately.

Women who are highly motivated to breastfeed are good candidates to use the lactational amenorrheic method, or LAM, as an option for birth control in the first 6 months after delivery, provided the following conditions are strictly met:

- the woman has not had her first period since giving birth
- the baby must be exclusively breastfed, with no bottle feeds – even if it is pumped breast milk. Expressing breast milk does not have the same fertility inhibiting effect and is not a substitute for breastfeeding
- the woman is fully breastfeeding with feeds no more than 4 hours apart during the day or 6 hours at night
- the infant's diet is not supplemented in any way

Another form of contraception must be used when the woman's period returns or when the baby reaches 6 months of age and is starting on solid food.

There is a very high risk of pregnancy using this method if it is not strictly adhered to. It can be a challenge to keep up regular, frequent breastfeeding. Greater protection from pregnancy can be achieved by both breastfeeding and using an additional method of birth control like a condom.

Breastfeeding in general offers many long-term health benefits for the infant. If you are having any difficulties with breastfeeding, or have any questions about it or LAM, be sure to ask for assistance from your health care provider or local Public Health Nurse.

■ Emergency Birth Control

■ GENERAL INFORMATION

What is emergency birth control?

Birth control you can use *after vaginal intercourse* to prevent pregnancy when:

- you didn't use any other birth control
- your birth control may not have worked (eg. a condom broke or a diaphragm slipped out of place)
- you did not take your birth control pills 2 or more days before intercourse
- you were forced to have sex

Can I use it as my main method of birth control?

It's not a good idea to rely on it as your main method of birth control because:

- it is not as effective as regular birth control used before and during sexual intercourse
- it doesn't protect you from sexually transmitted infections (STIs)

What can I use for emergency birth control?

1. emergency contraceptive pills (ECPs)
2. copper intrauterine device (IUD)

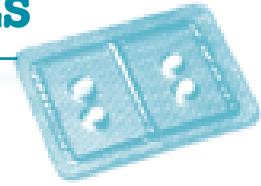
How long after sex can I wait before getting emergency birth control?

The sooner you use it, the better but you can wait till the morning to visit a nurse or doctor. The emergency contraceptive pills can be used up to 5 days following unprotected sex.

What if I don't get my period after I use emergency birth control?

Your next period should begin within 2 – 3 weeks. If your next period has not started within 3 weeks, it is important to see a doctor or nurse or go to a pharmacy to get a pregnancy test.

EMERGENCY CONTRACEPTIVE PILLS



How do emergency birth control pills work?

There are 2 types of Emergency Contraceptive Pills (ECP) used in Canada: Ovral® and Plan B®. Ovral® contains the same female hormones, estrogen and progestin, as regular birth control pills but at a higher dose. Plan B® is made from the progestin hormone only. Both are available in the Yukon but Plan B® is the only one available over the counter in drug stores without a prescription.

ECP can affect various steps in the reproductive process. Primarily, ECP may stop an egg from being released by your ovaries (ovulation), or if ovulation has already occurred, change the uterus so the fertilized egg cannot attach itself to the wall of the uterus.

Precautions:

- ECPs do **NOT** provide protection against sexually transmitted infections (STIs).
- ECP is **NOT** an abortion pill and does not work if you are already pregnant
- ECPs provide only short-term protection against pregnancy, so it is important to discuss future contraception options with your health care provider

How effective are emergency birth control pills?

- ECP reduces the risk of pregnancy to between 0.2 and 3%. The sooner after intercourse that ECP is used, the better it works.
- ECP may be used up to 5 days after unprotected sex but the effectiveness continues to decrease over that period of time.

Where can I get emergency birth control pills?

- Yukon Communicable Disease Control (YCDC) (free)
- Community Health Centre (free)
- Emergency Department of a hospital (free)
- Most Doctor's offices (free)
- Pharmacies: Ovral® is inexpensive but requires a prescription from a doctor; Plan B® is available without a prescription, but is more expensive.

Visit the Community Resources section on page 105 for contact information.

How much does it cost?

Ovral® is free at community health centres, Yukon Communicable Disease Control (YCDC), hospitals and some doctors' offices. It costs less than \$10 at pharmacies and **requires** a prescription.

Plan B® is free at any community health centre, YCDC, and some doctors' offices. You can also walk into pharmacy and purchase it **without a prescription**. It costs between \$25 and \$40 at pharmacies.

How do I take the pills?

Ovral®

- 1) Take 2 Ovral® emergency birth control pills **as soon as possible after unprotected sex**, with food
- 2) Take 2 pills **12 hours later** with food
 - see your health care provider if you vomit within 1 to 2 hours of taking the pills – you may need to take 2 extra pills
 - you can get Gravol® or anti-nausea medication from your nurse or pharmacist to reduce the nausea – take it half an hour before each set of pills

Plan B®

Plan B® contains only 2 pills. There are 2 ways to take Plan B®, but either method should be done **as soon as possible after unprotected sex**

Options are:

- 1) Take both tablets at once. Plan B® is just as effective (without increasing side effects) if both pills are taken as one dose: **Or;**
- 2) Take 1 tablet immediately and the second one 12–24 hours later.
 - the pharmacist or health care provider can be asked for advice on which method to use
 - see your health care provider if you vomit within 1 hour of taking PlanB®

For both Ovral® and Plan B®, if you have not had your period within 21 days after taking ECP's, see your health care provider for a pregnancy test.

Are there any side effects?

ECP is very safe for almost all women

- nausea or vomiting are the most frequent side effects, and are more common with Ovral® than with Plan B®

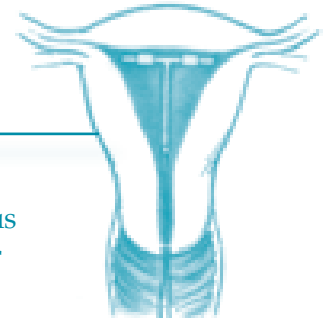
Other less common side effects of either drug can include the following:

- headache
- fatigue
- abdominal pain
- dizziness
- breast tenderness
- diarrhea
- may cause changes in the timing of your menstrual cycle or cause bleeding between periods
- no deaths or severe side effects have been associated with ECP. However, see your nurse or doctor if any side effects last for more than 2 days or you have severe abdominal pain, chest pain or trouble breathing, severe headaches, numbness in the arms and legs, blurred vision, swollen legs or severe leg pain after taking ECPs.

If I'm already pregnant, will the pills harm the fetus?

If you are already pregnant, one time emergency use of the pills will not cause a miscarriage, abortion or other harm to the fetus.

EMERGENCY COPPER INTRAUTERINE DEVICE (IUD)



How does the emergency copper IUD work?

A doctor puts a small plastic and copper device into the woman's uterus after a pelvic exam. This is the same method as the IUD used in regular birth control. It prevents pregnancy by changing the chemistry in the uterus so that:

- sperm is not able to fertilize the egg
- a fertilized egg cannot attach itself to the wall of the uterus

How effective is the emergency copper IUD?

- less than 1% of women who use this method become pregnant
- it's the most effective form of emergency birth control but may not be suitable for all women

How long after sex can I wait before getting a copper IUD?

- copper IUDs work *up to 5 days* after unprotected sex
- if you live outside of Whitehorse, Dawson or Watson Lake, you may need time to travel to a doctor who can put in the IUD

Where can I get an emergency copper IUD?

Doctor's office.

How much does it cost?

- \$75 to \$90
- costs may be reimbursed if you are Status First Nation, if you have a drug plan through work or personal insurance, or through social assistance
- travel costs are covered by Yukon Health Care or Non-Insured Health Benefits if you have to travel to another community to see a doctor to have an IUD inserted: your application can be arranged by your local nurse or doctor

Are there other benefits to the copper IUD?

You can have the IUD removed once you get your period and the emergency is over or you can leave it in for long-term birth control.

What risks or side effects are there with the copper IUD?

- increases the risk of pelvic inflammatory disease (PID), especially if you have a sexually transmitted infection (STI): your health care provider may suggest that you get tested for STIs before the IUD is put in
- can cause menstrual pain or heavier bleeding for a while

Visit the IUD information on page 41 for more information.

If I'm already pregnant, will the IUD harm the baby?

If you are already pregnant when the IUD is inserted, it may cause a spontaneous abortion.

Can any female use the copper IUD?

It is not a good option if:

- you are very young
- you are at risk of getting an STI because you or your partner have other sexual partners
- you already have an STI

Talk to a nurse or doctor to find out if the copper IUD is safe for you.

■ Pregnancy Options

■ AM I PREGNANT?

How can I tell if I am pregnant?

You may be pregnant if:

- you are sexually active and you don't get your period
- you feel sick to your stomach
- you feel more tired
- you feel hungry more often
- you are gaining weight
- your breasts feel swollen

Remember a late period doesn't always mean you are pregnant – other things can make your period late or stop it from coming at all. You could have any of these signs without being pregnant or you could be pregnant and not feel any of them. You can find out for sure with a pregnancy test.

How can I tell if my partner is pregnant?

- you may or may not know if your partner is pregnant
- ask if you want to know or are unsure: open and honest communication between sexual partners is always important

What is a pregnancy test?

- tests your urine for a hormone, human chorionic gonadotropin, that is only found in your urine if you are pregnant
- it is easy to do and only takes a few minutes
- wait until at least the first day of your missed period (the day when your next period was supposed to start) for the test to work well
- collect your first urine of the day in a clean container
- follow the instructions on the kit for accurate results: you can be pretty sure that a positive test is correct
- repeat the test in a week or so if you get a negative test and your period still hasn't started

How can I get a pregnancy test?

- you can get a free test at your doctor's office, community health centre or Yukon Communicable Disease Control (YCDC)
- you can buy a pregnancy test kit at a drug store without a prescription for \$10 to \$15

What should I do if I test myself?

If you do the test yourself, make sure you follow the instructions. See a health care provider if:

- your test result is positive (you are pregnant)
- you are not sure about the test results
- your period still doesn't come even though the test results are negative and say that you are not pregnant

What are my options if I'm pregnant?

1. you can choose to continue with the pregnancy and keep the baby
2. you can choose to continue with the pregnancy and put the baby up for adoption or foster care
3. you can choose to end the pregnancy and get an abortion

What if I think I'm pregnant but I don't know what to do?

It's important to talk to someone you trust, for example your:

- partner, parents, guardians, or friends
- health care providers
- school or community counsellor
- teacher or coach
- church clergy

Visit the Community Resources section on page 105.

What if I want to continue with the pregnancy?

- visit a nurse or doctor right away for regular medical check-ups to make sure that you and the fetus are healthy
- find out more about programs, services and resources to help you while you're pregnant and once the baby is born
- you may decide to keep the baby, or give the baby up for adoption or foster care
- if you are a high school student, you may want to attend the Teen Parent Centre which offers counselling about pregnancy options and can help you continue your education while caring for your baby
- you can talk to your doctor, community health nurse, local social worker, or community counsellor about adoption or foster care
- you can call an Adoption Worker at Family and Children's Services to find out how adoption and foster care work: they can help and support you in making your choice during or after your pregnancy. 867-667-5071 or 1-800-661-0408 extension 5071.
- See the Community Resources section on page 105 for phone numbers and locations.

This book does not cover taking care of your health in pregnancy, childbirth and after birth. See your health care provider for more information on these topics.

ABORTION

What if I'm considering an abortion?

- contact your health care provider **right away** for a check up: tell them you need an appointment **as soon as possible**
- keep in mind that abortion is a safe procedure when done early: therapeutic abortions can be done up to 20 weeks into the pregnancy in Canada or longer in high risk or life-threatening situations

How do I make an appointment for an abortion?

- contact a doctor, health centre or Yukon Communicable Disease Control (YCDC) to find out more about your pregnancy options and about testing for STIs
- see a doctor or a nurse at a community health centre to get a referral for an appointment to a doctor who does abortions in the Yukon
- there may be a 2 week wait period from the time of referral to the time the abortion is done

Do I have to tell my parents?

- in the Yukon, you don't need your parents' permission to get an abortion (or any other health care) as long as you are able to understand the procedure, the pros and cons and risks and benefits.
- it's your choice whether to tell your parents
- health care providers and counselors will keep all information confidential unless you consent to sharing information with particular people

What risks are involved in having an abortion?

- you face a small risk of complications from the anaesthetic used in surgery, infection or damage to the uterus
- you can reduce the chances of infection by getting tested and treated for any sexually transmitted infections (STIs) before the abortion

Where is the abortion done?

- if you are 12 weeks or less into the pregnancy, the abortion can be done at Whitehorse General Hospital
- if you are more than 12 weeks pregnant, the abortion is usually done in Vancouver, Edmonton or Calgary: your Yukon health care provider will help you set up the appointment

What kind of abortion is available?

- your doctor will recommend the best medical or surgical procedure: it depends on how far along you are in your pregnancy and where the abortion is done
- usually a dilation and evacuation procedure (D&E) under general anaesthetic is done at Whitehorse General Hospital
- you can discuss the option of having the procedure done with local freezing with your doctor

How long does the abortion take if it's done in Whitehorse?

- the abortion is done as a day surgery procedure but with before and after care, it can take from 2 to 4 days
- the day before the abortion, a full pelvic exam, assessment for anaesthetic, and consent and admissions processing is done
- on the day of the abortion, you cannot eat before the abortion
- the surgery takes about 10 minutes, and you will be followed up for any complications
- if you don't live in Whitehorse, you can go home the next day

What about after the abortion?

- arrange for a friend, relative, or taxi to drive you home or to a hotel after the procedure – you shouldn't drive after having a general anaesthetic
- you should have another check up by your doctor a week after the procedure
- you may want to talk to someone after the abortion – it is natural to have a mixture of emotions

How much does it cost to get an abortion?

- if you have valid medical coverage, doctor visits and the abortion are free
- if you travel to Whitehorse, Vancouver, Calgary or Edmonton for the abortion, the cost of mileage or airfare is covered, as long as the travel is approved before you leave home.
- if you are status First Nation, travel costs, accommodation and meals may be covered
- if you are under 19, travel costs for one adult to accompany you may also be covered
- talk to your local health care provider or call the Yukon Health Care Insurance Plan (867) 667-5209 or 1-800-661-0408 or the Non-Insured Health Benefits Program (867) 667-3942 or 1-866-362-6718 to find out more

What if my doctor or community health nurse doesn't believe in abortion?

- if a doctor or nurse does not believe in abortion, they should refer you to another health care provider who can assist you
- if you are not referred to another provider, phone another clinic or enlist the help of another health care provider or counselor to get an appointment with another doctor
- remember that you have a right to have an abortion if you choose to have one

Who do I call for help?

A supportive friend, family, or health care provider.

Counseling in the Yukon is available from:

- Community Health Centres
- Victoria Faulkner Women's Centre (867) 667-2693
- Many Rivers Counselling and Support Services (See page 106 for contact information)
- YK STYLE sexual health information and referral line 1-877-957-8953; Monday to Friday 9 a.m. to 9 p.m.
- Teen Parent Centre (867) 667-TEEN (667-8336)
- Yukon HealthLine, dial 811; 24 hours a day, 7 days a week.

■ Planning Your Pregnancy

■ WHY PLAN?

What are the advantages of planning a pregnancy?

- you may want to take steps BEFORE the pregnancy begins to ensure that the baby will be as healthy as possible (for example, stop drinking alcohol, become smoke-free, take folic acid)
- you may want to be as healthy as possible since the fetus will grow the fastest in the first few months of pregnancy, often before you know for sure that you are pregnant
- you can weigh the health risks you would face if you were to get pregnant
- you can make changes to ensure that your home will be safe and nurturing for the baby

■ WHAT SHOULD I CONSIDER BEFORE I GET PREGNANT?

Can my family or personal situation support a baby?

- are you in a stable, non-abusive relationship?
- do you have the help and support you need to cope with a pregnancy and a newborn?
- do you feel you can take care of a baby on your own, with a partner, or with the help of friends and family?

What should I discuss with my health care provider before I get pregnant?

Talk to your health care provider before you get pregnant about:

- any medical problems you have: conditions like diabetes, asthma, or high blood pressure can affect your pregnancy and may mean that you need special care during your pregnancy
- how your last pregnancy went, if you have been pregnant before
- any family history of diseases that you or your partner are concerned about
- the medication you are taking: this includes both prescription and non-prescription drugs - some medication may not be advisable to take during pregnancy

Do my immunizations have to be up to date?

- check with your health care provider that all your immunizations are up to date: if they are not, get any shots you need at least 2 months before you get pregnant
- make sure you are immunized against German measles (rubella)
- talk to your doctor or nurse about chicken pox

What can I do to have a healthy pregnancy?

- exercise and stay in shape to maintain your physical health: you will enjoy your pregnancy more and your baby will be healthier
- stay active – moderate exercise is safe during pregnancy
- eat nutritious food with enough folic acid, iron and calcium
- avoid taking very high doses of anything, even vitamins

Why is it important to take folic acid?

- take 0.4 mg of folic acid (a prenatal vitamin) once a day for at least 3 months before you get pregnant and in the first 3 months of pregnancy
- folic acid reduces the risk of serious birth defects of the spine, brain or skull such as spina bifida in the unborn child

What lifestyle changes can I make for a healthier pregnancy?

You may want to make changes in your lifestyle to protect the health of your baby:

- avoid alcohol: drinking alcohol during pregnancy can increase your risk of miscarriage or stillbirth or damage the fetus and cause Fetal Alcohol Spectrum Disorder (FASD) in the child
- cut-down or stop smoking cigarettes: smoking can make it more difficult to get pregnant and smokers have a higher risk of complications or a low birth weight baby
- avoid street drugs: taking recreational drugs may be harmful to the development of the baby
- limit coffee or soft drinks with caffeine
- talk with your doctor or community health nurse about any over-the-counter or prescribed medication: some medications will harm your pregnancy or the fetus

If you use alcohol, tobacco or drugs, or if you have an addiction problem, try to get all the help and support possible to cut down or quit.

Are X-rays harmful?

- X-rays are generally safe but it's a good idea to mention that you are pregnant or planning to get pregnant before you get the X-ray

Why do I need to keep track of my menstrual cycle?

- keep a record of the first day of your menstrual bleeding during the months before you get pregnant
- this will help your health care provider figure out when your due or delivery date is once you are pregnant so that they can give you better care during pregnancy and delivery

Why is it important that I avoid exposure to sexually transmitted infections (STIs)?

- infections like chlamydia, gonorrhea, herpes, HIV, Hepatitis B and syphilis can seriously harm the baby
- some infections can be cured before you get pregnant
- other infections can be treated to reduce the chance of passing them to your baby
- if you think you or your partner may have an STI, see a health care provider for testing and treatment

What else should I avoid if I am planning to get pregnant?

- avoid being exposed to hazardous chemicals such as pesticides and solvents
- don't handle cat litter or get a new cat: cats can carry a parasitic infection, toxoplasmosis, in their feces
- wear gloves if you are handling soil outdoors
- avoid eating raw meat or fish
- avoid drinking unpasteurized milk

How soon should I confirm my pregnancy?

- when you think you may be pregnant, have a pregnancy test and physical exam as soon as possible
- go for a check up within the first 2 weeks of a missed period if possible

For more information about the signs of pregnancy and pregnancy testing, turn to the Pregnancy Options section on page 61.

What are my choices in caregivers?

- your doctor or community health nurse can help you through the pregnancy, and a doctor and nurses at the hospital will be present before, during and after the birth
- in some communities, there may be midwives who can help you during pregnancy and birth
- prenatal classes can help you, your partner, or a supportive friend or family member get ready for the pregnancy and birth
- most women choose to give birth in a hospital but some may prefer a home birth: talk to your health care provider about your options
- you should ask if your doctor has admitting privileges at the hospital where you plan to deliver; if they do not, another doctor will be recommended for delivering your baby

What if I am having trouble getting pregnant?

- if you have been trying to get pregnant without success for 6 months to a year, you and your partner may want to visit a doctor or gynecologist for fertility testing
- infertility may be due to a health problem of the man, woman or both: it can be caused by conditions such as a low sperm count, blockage of the male or female tubes, problems with ovulation, or an inflammation of the lining of the uterus (endometriosis)
- sometimes a cause is undetermined in infertility
- in many cases, infertility can be treated

Sexually Transmitted Infections

GENERAL INFORMATION

What are sexually transmitted infections?

- sexually transmitted infections (STIs) are infections passed from one person to another through sexual contact
- STIs can be caused by viruses, bacteria or other germs

What can happen to me if I have an STI?

Different STIs have different immediate and longer term effects on health:

- STIs like chlamydia or gonorrhea can cause complications like not being able to have children (infertility) in women if not treated
- STIs like syphilis can make you very sick right away, or over time can cause permanent brain damage or death
- some STIs increase your risk of getting other STIs when they damage the skin of your genital or anal area
- STIs like HIV, the virus that causes AIDS, can be fatal
- STIs like pubic lice cause mild to moderate symptoms that are a nuisance but won't cause you serious harm

Will I always know whether I have an STI?

Not necessarily:

- you can have an STI and not have any symptoms for months or years so you can't always tell if you have an STI unless you get tested
- sometimes the symptoms are so mild that you don't notice them
- sometimes the symptoms come and go

An infected person can pass on the disease for years until they are properly treated.

What are the symptoms of STIs?

Some common symptoms of STIs are:

- unusual discharge (yellow, green or brownish liquid) or a bad smell coming from the penis, rectum or vagina
- pain or burning when you pee or have intercourse
- tingling or itching in your penis or vagina
- redness or inflammation around your penis, vagina or anus
- painful or swollen glands in the groin area
- unusual bleeding or spotting between periods or after sex
- sores, lesions, bumps, blisters or a rash on your penis, vagina or anus
- mild to severe pain around the vagina, penis, pelvic (lower stomach) area or anus
- fever or headache

Can STIs be cured?

Some STIs can be cured; others may resolve on their own, or symptoms may go into remission.

Bacterial STIs

- STIs caused by bacteria can be cured by taking antibiotics: don't wait too long to get treated or the infection could cause permanent damage to your body
- chlamydia and gonorrhoea are examples of bacterial STIs that can be cured

Viral STIs

- STIs caused by viruses cannot be cured with medication: you may recover from them in time as your body's natural immunity overcomes the infection or you could become a carrier who no longer has symptoms but is still infectious to others
- your treatment will focus on managing the infection rather than curing it – your doctor or nurse will tell you what to do to treat the symptoms and what precautions to take to avoid spreading the viral STI to others
- HIV, herpes, hepatitis B, hepatitis C and genital warts are examples of viral STIs that cannot be cured

REDUCING THE CHANCE OF GETTING A SEXUALLY TRANSMITTED INFECTION

How are STIs passed from one person to another?

Different viruses and bacteria can be passed in different ways from one person to another. Some blood-borne infections like HIV can be spread by both blood-to-blood and sexual contact.

1. Sexual contact with an infected partner:
 - *if* you exchange body fluids such as saliva (spit), moisture or mucus from the vagina, semen or pre-cum from the penis, or blood from cuts or periods
 - *if* you touch, kiss or rub skin to skin around the genitals, mouth or anus: skin can have small cuts or tears where germs can enter and you can catch some infections by touching or kissing an infected body area
2. Blood to blood contact with someone infected with an STI like hepatitis C or HIV / AIDS:
 - *if* you share contaminated injection drug needles, drug works, tattooing or body piercing devices or personal toiletries
 - *if* you are in a situation where there is bleeding like an injury during a fight
3. Blood or body fluids of a mother infected with an STI like HIV / AIDS or syphilis can infect the fetus during the pregnancy or the baby at the time of birth or while breastfeeding

Which practices put me at the highest risk of getting an STI?

High risk:

- giving or getting vaginal or anal sex without using a condom
- using a sex toy that someone else has used
- IV drug use, tattooing, skin piercing or acupuncture with unsterilized, used needles

Low risk:

- getting or giving oral sex without using a latex barrier or
- kissing or touching each other's genitals: infections like oral herpes (cold sores) can be spread to the genitals from the partners mouth
- getting or giving vaginal or anal sex while using a condom
- injecting with a used needle that has been cleaned with bleach and water

Hardly any risk:

Getting or giving oral sex using a latex barrier on a woman or a condom on a man.

No risk:

- massage, touching, masturbating or being masturbated as long as there is no contact with your partner's semen or vaginal fluids
- using sex toys that no one else has used
- injecting with a new needle

How can I protect myself from getting an STI?

1. Practice safer sex:

- **USE CONDOMS every time you have vaginal or anal intercourse.** Condoms prevent the exchange of body fluids and some dry skin contact. A male or female condom is good protection against trichomonas, pelvic inflammatory disease, chlamydia, syphilis and HIV/AIDS. It also offers some protection against genital warts, herpes and hepatitis B. But remember that not even condoms offer 100% protection against STIs
- use condoms or latex dental dams for oral sex to reduce your chances of getting infections like herpes, hepatitis B, gonorrhea or syphilis
- it's a good idea not to have many sex partners and not to have sex with someone who has many partners – multiple sex partners can increase the risk of getting an STI
- if you are sexually active, have regular checkups, vaginal exams and STI tests
- talk to your partner about safer sex and using condoms and find out whether your partner has engaged in risky behavior
- avoid using sex toys that have not been cleaned in between partners as exchange of body fluids is possible

2. *Try to be in control:*

- if you are a teen, think about waiting to have sex until you are ready and able to practice safer sex
- avoid having sex when either you or your partner are drunk or high
Many Yukoners in their teens or twenties have said that they find it harder to use a condom when they drink or are on drugs.

3. *Avoid blood-to-blood contact* especially if there is a risk of hepatitis B, hepatitis C or HIV / AIDS:

- injecting drugs exposes you to many health risks including infections that can be spread by either blood to blood or sexual contact
- don't share needles, syringes, cotton balls, or rinse water if you inject drugs or alcohol and consider getting vaccinated to protect yourself against hepatitis B
- don't share personal care items that might have blood on them like razors or toothbrushes
- consider the risks of getting a tattoo or body piercing if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices
- clean up blood spills with 1 part bleach to 9 parts water to disinfect or kill the hepatitis B, hepatitis C or HIV virus

4. *Protect your baby:*

If you are pregnant or planning to get pregnant, speak to your health care provider about STI testing.

What should I do if I've started going out with someone new?

- if you are sexually active, it's a good idea to go to a clinic together so both of you can get STI testing and treatment if necessary before you have sex
- use condoms for the first 6 months (plus another birth control method for double protection if you don't want to get pregnant)
- get tested again after being together for 3 to 6 months before you begin to think about not using condoms: only consider not using condoms if you are sure neither of you are having sex with anyone else

PRECAUTIONS FOR STI PATIENTS

What if I think I may have an STI?

- if you had sexual intercourse without a condom or if you're not completely sure you used protection from the beginning to the end of intercourse, talk to a doctor or nurse about your risk of infection: if in doubt, it's better to get tested
- talk to your partner about your concerns so that they may get tested as well
- if you or your partner have any STI symptoms such as sores, it's important to get tested as soon as possible and to avoid having sex until you are treated

- go to a doctor, walk-in clinic, community health centre, Yukon Communicable Disease Control (YCDC), or the Drop-in Street Clinic at Blood Ties Four Directions Centre to get STI testing
- STI testing is free and confidential- no one will tell that you called or went in

What happens when I go to a clinic for an STI test?

Talk to your health care provider about the kind of STI test you need. Common tests include:

- physical examination for signs of STIs like herpes or genital warts
- blood tests for syphilis, hepatitis B, hepatitis C and HIV (virus that causes AIDS)
- urine tests for chlamydia for men and in some instances, for women
- vaginal swabs for chlamydia, gonorrhea, bacterial vaginosis, trichinosis, and some other STIs for women
- swab of the tip of the penis for gonorrhea for men
- viral swabs for herpes for men and women

What should I do if I test positive for an STI?

- get treated right away to avoid complications
- follow the treatment prescribed by your health care provider
- tell your partner so that he/she can go for testing and treatment to prevent reinfection
- postpone sexual activity until your treatment is completed or use condoms and other precautions so that you don't infect others
- don't have sex with an untreated partner
- go for follow up testing if needed to ensure that the infection is completely cured
- make a commitment to always practice safer sex in the future – you could get an STI again

For many STIs, positive results are reported to Yukon Communicable Disease Control and Health Canada but your identity is kept confidential. Your health care provider will counsel you to ensure both you and your partner are treated. They can also help contact your partner without mentioning your name.

Name

BACTERIAL VAGINOSIS

What causes it?

Bacteria.

How do I get it?

- this is a bacterial infection of the vagina (vaginitis)
- there is less of the normal bacteria that are usually present in a healthy vagina, allowing several species of harmful bacteria to take over
- affects women only, but if a woman keeps getting vaginosis, her partner may need to get treated as well
- not an STI but generally only sexually active women get it

What are the symptoms?

- foul or fishy smell from vagina, smell is worse after sex
- unusual gray-white discharge from the vagina
- irritation, burning or itching in vagina

How do you test for it?

Swab from vagina.

What treatment is available?

- curable
- your doctor or nurse will give you a prescription for an antibiotic

What precautions can I take to avoid it?

Avoid douches or other feminine hygiene products that can disturb the natural balance of bacteria in the vagina.

Name

CHLAMYDIA

What causes it?

Bacteria (chlamydia trachomatis).

How do I get it?

- sexual contact: most often through body fluids in unprotected vaginal, anal or oral sex
- infected mother can pass it to her newborn during birth, putting the baby at risk of eye or lung infection

What are the symptoms?

- about 70% of women and 50% of men who are infected don't have symptoms and so they don't know they are infected

Some infected women may have:

- unusual discharge from the vagina
- burning feeling when peeing
- pain in the lower abdomen, sometimes with fever and chills
- pain during sexual activities
- unusual bleeding between periods or after sex
- swelling in the groin

Some infected men may have:

- watery or milky discharge from the penis
- burning or itching around the opening of the penis
- frequent peeing with a burning feeling
- pain or swelling in the testicles or groin

How do you test for it?

Women: swab from the cervix; urine test if the woman has had a hysterectomy.

Men: urine test.

What treatment is available?

- chlamydia can be cured with the antibiotics prescribed by your doctor or nurse. Take all the medication you are prescribed.
- your health care provider will advise you about informing anyone you had sex with in the past 3 months or your last sex partner so that they can get tested and, if need be, treated. Do not have unprotected sex with an untreated partner or you could get chlamydia again
- ask your health care provider when it's safe to start having sex again
- follow good personal hygiene and handwashing to avoid infecting other parts of your body like your eyes

What complications can happen?

Women:

- the untreated infection can spread to your reproductive organs and cause pelvic inflammatory disease (PID)
- PID can damage the fallopian tubes and cause infertility (inability to have children) or ectopic pregnancy (fetus grows in fallopian tube instead of the uterus)
- there may be a lingering pain in the abdomen or belly

Men:

- infection may spread to the coiled tube attached to the testicle (epididymis) which can cause pain, fever, and even make you unable to have children (sterile)

What else do I need to know?

Chlamydia is the most commonly reported STI in the Yukon, with the highest infection rates among teens and young adults 15 to 24 years of age.

Name

GENITAL HERPES

What causes it?

Herpes simplex virus: same family of viruses that cause cold sores in the mouth.

How do I get it?

- contact including direct skin to skin contact with sores on genitals or cold sores on mouth during sexual intercourse, kissing or oral sex
- an infected person may spread the virus even if they have no visible symptoms or sores
- pregnant women with genital herpes sores can pass the virus to their newborn during delivery

What are the symptoms?

Some people have genital herpes without any symptoms. Others may have an initial outbreak within 3 weeks of being exposed to the virus that lasts 10 to 20 days with symptoms such as:

- tingling sensation at the site of infection
- tiny blisters, sores or paper cuts that come and go on the skin of the vagina or penis, near the anus, or on the thighs or buttocks
- larger, painful sores or ulceration's on the vulva or penis
- heavy, watery discharge in women
- itching around vagina, penis or anus
- tender lumps in groin
- headaches, fever, flu symptoms, or enlarged lymph nodes, especially in the first attack

The sores heal at the end of the outbreak. Repeated, less painful outbreaks of herpes sores can happen any time.

How do you test for it?

- physical examination of the vagina or penis by a doctor or nurse
- swab of the sore or sometimes a blood test

What treatment is available?

- there is no cure but the symptoms can be treated with prescription anti-viral medication to help control or prevent the sores
- the sores will go away after a while by themselves or your health care provider may recommend medication if you have frequent outbreaks
- keep the infected area clean and dry and wash your hands after touching the sores

What complications can happen?

- even if the sores heal, you are infected for life
- repeated outbreaks can occur any time since the virus stays in the body and becomes active periodically: new blisters may be triggered by stress, a menstrual cycle in females, or injury

What precautions should I take if I have herpes?

- let your partner know about the infection: you could be infectious even if you don't have sores at the time
- keep in mind that even condoms do not always protect against the spread of genital herpes

Name

GENITAL WARTS

What causes it?

Human papilloma virus (HPV). Over 130 types of HPV have been identified. Some of them can infect the genitals in both men and women. High-risk types of HPV cause cervical, vaginal, vulvar and other cancers of the genitals. Low-risk types cause genital warts.

How do I get it?

Skin-to-skin contact, such as vaginal or anal intercourse. HPV can potentially infect anyone who has had a sexual encounter, even without penetration.

What are the symptoms?

You may be infected by HPV but have no symptoms or have bumps too small to detect. Any time from 1 month to several years after exposure to the virus, you may get symptoms such as:

- small soft cauliflower-like warts or hard, flat warts, usually in or around the vagina, vulva, penis, scrotum, urethra or anal area
- itching or irritation

Men should not confuse genital warts with normal small lumps on the head of the penis (glans).

How do you test for it?

- physical or pelvic exam for warts
- pap smear for women can detect an HPV infection
- other tests recommended by your health care provider

What treatment is available?

- there is no cure but your own natural immunity may help you clear HPV from your system over time
- stop smoking, eat a healthy diet, rest and avoid stress
- your health care provider can give you medication or suggest treatment like freezing or surgery to get rid of the warts: warts can grow back even with treatment

What complications can happen?

- some strains of HPV can cause pre-cancerous or cancerous changes in the cervix: women exposed to HPV should have a yearly Pap test and follow up treatment
- some types of HPV can lead to cancer of the vulva, penis or rectum

What precautions should I take if I have genital warts?

- practice safer sex and use a condom: keep in mind that even condoms may not prevent the spread of infection, depending on where the warts are
- get tested for other STIs and get vaccinated against hepatitis B if you are not already immune¹⁸

What else do I need to know?

Genital warts are one of the most common STIs. It is estimated that 75% of Canadians will have a genital HPV infection in their lifetime, and 10–30% of adults are infected at any one time.¹⁹

- HPV infections are usually acquired early (15–19 years of age) and over 80% clear up on their own within 18 months
- condoms may help decrease transmission of HPV, but do not eliminate the risk
- it's important that women have regular pap tests to screen for cervical cancer and genital warts

Currently, one HPV vaccine is available in Canada (Gardasil®). It protects against 2 high-risk and 2 low-risk types of HPV. The vaccine is given as a series of 3 doses over 6 months, and is effective for at least 5 years. It is recommended for girls and women before they become sexually active. However, it may be considered for women who are sexually active who may not have had all the strains of HPV covered by the vaccine. The vaccine is only preventive, and is not effective against strains of HPV that have already been acquired.

The HPV vaccine is currently available in the Yukon. It is provided at no cost to females in school when they are in Grade 5. If you did not receive this vaccine and are interested in receiving it, or would like more information, please see your community health nurse or doctor.

¹⁸ Medical Standards & Guidelines 08, p. 12-42

¹⁹ Medical Standards & Guidelines 08, p. 12-39

Name

GONORRHEA

(Clap or Dose)

What causes it?

Bacteria (Neisseria gonorrhoea).

How do I get it?

- sexual contact: unprotected vaginal, anal or oral sex
- infected mother can spread to her newborn, causing eye infection or pneumonia during delivery

What are the symptoms?

Women:

- no or few symptoms or
- increased vaginal discharge
- frequent or burning peeing
- pain in the lower stomach (abdomen) area
- fever and chills
- pain during sexual intercourse
- vaginal bleeding between periods or after sex

Men:

- yellowish-white or green discharge from the penis
- frequent or burning peeing
- pain or swelling in the testicles or groin

If the rectum or mouth become infected, men or women may experience:

- sore or itchy throat or rectal area
- discharge from infected throat or rectum

How do you test for it?

Pelvic exam and swab from vagina or penis.

What treatment is available?

- gonorrhea is curable – take an antibiotic as directed by your doctor or nurse
- your health care provider will advise you about treatment for anyone you have had sex with, even if they do not have symptoms
- don't have sex while taking the medicine: ask your health care provider when it's safe to start having sex again
- don't have unprotected sex with an untreated partner

Some bacteria are becoming resistant to antibiotics, so it's a good idea to have follow-up testing 1 to 2 weeks after you have finished the treatment to make sure it was successful.

What complications can happen?

Women:

- untreated infection can spread to reproductive organs and cause pelvic inflammatory disease (PID), inability to have children (infertility) or tubal (ectopic) pregnancy

Men:

- long term effects of gonorrhea infection in men are not well understood but male fertility may be affected

Name

HEPATITIS A

What causes it?

Virus (HAV).

How do I get it?

- usually spread by eating food or drinking water that is contaminated by infected feces: for example, when an infected person preparing food does not wash their hands after going to the toilet
- may also be transmitted sexually in unprotected anal sex – men having sex with men are at a greater risk
- can be spread by contaminated blood, for example sharing needles for injection drug use

What are the symptoms?

Symptoms may be severe or mild and can include:

- feeling weak or unwell
- aches or flu-like symptoms
- fever
- loss of appetite or weight
- nausea or abdominal pain
- dark urine
- diarrhea
- yellowish color of skin or whites of eyes (jaundice)

How do you test for it?

Blood test.

What treatment is available?

- there is no cure for hepatitis A but most people recover within 2 months due to the body's natural immunity: if you've had it once, you will have natural protection that prevents you from getting it again
- your doctor or nurse will talk to you about medicine you can take to reduce the harmful effects of hepatitis A: get plenty of rest, eat a healthy diet, and cut down or stop smoking or drinking alcohol

What complications can happen?

- severe damage to your liver (rare)
- death (rare)

What else do I need to know?

Talk to your nurse or doctor about getting the vaccine to protect you against hepatitis A if you are a man who has sex with men or an injecting drug user.

Name

HEPATITIS B

What causes it?

Virus (HBV).

How do I get it?

- Hepatitis B is very infectious and easily spread by exposure to body fluids such as saliva, semen, vaginal fluids and blood
- can be spread by sexual contact
- may also be transmitted by unclean needles for drug use or tattooing
- an infected mother can infect her child during pregnancy, childbirth or breast-feeding

What are the symptoms?

Symptoms can be mild to severe:

- feeling weak or tired
- fever or flu-like symptoms
- loss of appetite or weight
- feeling sick to your stomach or throwing up
- rash or yellowing of the skin and eyes (jaundice)

How do you test for it?

Blood test.

What treatment is available?

- in most cases, your body's natural immunity helps you get over the infection completely
- a few cases become acute hepatitis with serious liver damage – your health care provider will advise you on how to reduce the harmful effects of hepatitis B
- about 10% of those infected become chronic carriers – they don't have symptoms most of the time but can infect others
- your health care provider will let you know when you can have sex again and the precautions you need to take avoid infecting others
- get plenty of sleep, eat a healthy diet, cut down or stop smoking or drinking alcohol

What complications can happen?

- inflammation or severe damage (cirrhosis) of the liver
- death (rare)

What precautions should I take if I have hepatitis B?

If you are hepatitis B positive:

- practice safer sex
- avoid blood to blood contact
- clean up blood spills with 1 part bleach to 9 parts water to disinfect or kill the hepatitis B virus (HBV)
- don't share toothbrushes, razors, sex toys or other items that could have infected blood or body fluids on them

Remember that HBV can survive outside the body for up to 7 days on a dry surface.

What else do I need to know?

- *there is a vaccine to protect those at risk of hepatitis B such as a child who has an infected mother or the sexual partner of an infected person*
- free vaccine is available in 3 doses over 6 months

Name

HEPATITIS C

What causes it?

Virus (HCV).

How do I get it?

- mainly spread by blood to blood contact such as shared needles for injection drug use, sharing other drug works like straws for drug snorting, or contaminated tattooing or body piercing tools
- an infected mother could infect her child, mainly by breastfeeding if the mother has cracked or bleeding nipples
- less commonly spread through sexual contact but can be spread when there are multiple partners, open lesions or sores, infected menstrual blood, or other contact with blood
- you may be at risk if you received blood transfusions or blood products before 1992 when testing of blood donations became universal

What are the symptoms?

You may feel well, have no symptoms and not even know you have hepatitis C for years. Or, you may develop symptoms 6 to 7 weeks after exposure to the virus such as:

- feeling tired or weak
- memory loss
- flu-like symptoms like muscle aches or fever
- loss of weight or appetite
- feeling sick to your stomach or throwing up
- rash or jaundice
- dark urine

It is estimated that only 30% of those infected know that they have the virus.

How do you test for it?

Blood test.

What treatment is available?

- antiviral drug treatment can reduce the chances of developing chronic hepatitis C
- your health care provider will advise you on how you can reduce the harmful effects of hepatitis C
- get plenty of sleep, eat a healthy diet, avoid any unnecessary medication (even over-the-counter drugs), cut down or stop smoking and don't drink alcohol

What complications can happen?

- about 80% of those infected develop chronic hepatitis and remain infectious to others
- can severely damage your liver: about 10 to 20% of chronic cases result in cirrhosis (serious liver damage) and 1 to 5% eventually develop liver cancer
- can cause death

What precautions should I take if I have hepatitis C?

If you are hepatitis C positive:

- avoid blood to blood contact:
 - don't inject drugs or alcohol
 - if you are an injection drug user, don't share needles or other drug works
 - don't share personal items like toothbrushes or razors
 - clean up blood spills with 1 part bleach to 9 parts water
- don't donate blood, organs or tissues

What else do I need to know?

There is no vaccine to prevent hepatitis C.

Name

HIV/AIDS

What causes it?

HIV (human immunodeficiency virus).

How do I get it?

- unprotected vaginal or anal sex resulting in exposure to infected semen, vaginal secretions or blood, with greater risk if you have open sores, lesions, cuts, inflamed or bleeding membranes, or other STIs
- spread of infection through unprotected oral sex is possible, but less likely
- blood to blood contact: shared needles, drug works, sex toys, or personal items like toothbrushes or razors that have infected blood on them
- transmission from an infected mother to the fetus during pregnancy, or the baby at the time of delivery or while breast-feeding: medication is available to help reduce this risk

HIV is NOT spread by casual every-day contact like hugging, shaking hands, coughing, sneezing, or kissing.

What are the symptoms?

You can be HIV positive but not have AIDS anywhere from a few years up to 10 years or longer after exposure. You usually have no symptoms during this period although the virus may be active and harming your immune system.

If you are HIV positive:

- you may have mild to severe flu-like symptoms soon after you are infected
- as the virus weakens your immune system, the next stage lasting from 1 to 5 years or more may have symptoms such as:
 - fevers, coughs, colds
 - tiredness
 - weight loss
 - rash
 - diarrhea
 - night sweats
 - yeast or other infections
 - swollen glands

AIDS (acquired immune deficiency syndrome) is the disease caused by prolonged HIV infection. If you have been HIV positive for some time and are diagnosed with AIDS, you may have one or more infections other than HIV that your body can no longer fight off or other complications related to AIDS (see following page).

How do you test for it?

- blood test to see if you have an HIV infection: it can be up to 3 to 6 months after exposure to the virus before the test is positive

- testing is confidential: only your doctor, nurse or clinic has a record of your test results linked to your name and no one else can see your medical records without your permission
- you can get an anonymous test: you can choose nominal (using your name) or non-nominal (using your initials and birth date)

What treatment is available?

- your health care provider will offer counselling before and after the blood test
- there is no cure yet for HIV but prescription anti-viral medicine can reduce the harmful effects of HIV and slow down the progress of the disease
- get plenty of sleep, eat a healthy diet, cut down or stop smoking, and don't drink alcohol
- since you will need additional tests, further medical assessments and vaccination for other diseases, it's important to have a doctor who will coordinate your care

What complications can happen?

With AIDS, you become vulnerable to several health problems:

- severe or persistent infections like pneumonia and tuberculosis
- unusual cancers like Kaposi Sarcoma and lymphomas
- problems of the nervous system

AIDS can still be fatal but drugs are now available that reduce the damage to the immune system, delay symptoms, and prolong life.

What precautions should I take if I am HIV positive or have AIDS?

If you may have been exposed to the virus, are HIV positive, or have AIDS, take precautions to prevent infecting others:

- practice safer sex: always use latex condoms
- let your sexual partner know your condition so that he/she can decide how much risk he/she wants to take
- contact your past sexual partners or people you've shared needles with so that they can be tested
- avoid blood to blood contact:
 - don't share needles, syringes or drug works
 - don't share toothbrushes, razors, or sex toys
 - clean up blood spills with bleach
- dispose of used condoms or injection needles carefully
- don't donate blood, organs or tissues
- talk to your doctor before becoming pregnant
- advise your health or dental care provider that you are HIV positive before they have any contact with your blood or body fluids

If you have questions about which contacts are safe, ask your health care provider.

What else do I need to know?

There is no vaccine yet to prevent AIDS.

Name

PUBIC LICE (Crabs) AND SCABIES

What causes it?

Insects that bite or lay their eggs in the skin.

How do I get it?

- sexual contact: direct contact between genitals
- contact with the sheets, towels or clothes of an infested person

What are the symptoms?

Symptoms of a pubic lice infestation include:

- itchy pubic area
- mild rash with small bluish or blood spots (bites)
- light brown insects the size of a pinhead on hair of skin or in underwear
- oval, whitish eggs on pubic hair

Symptoms of scabies include:

- itching, mainly at night or after a bath or shower
- rash between your fingers; on your wrists, ankles, or elbows; along your waistline; or around genitals, feet or rectal area

How do you test for it?

Physical examination of the skin or genital area for signs of the insects.

What treatment is available?

- pubic lice and scabies can be cured
- use special cream, lotion or shampoo as directed by your health care provider or pharmacist: follow the instructions carefully since it is important to kill all the insects and their eggs
- even if the treatment is successful, itching may continue for up to a week: if itching continues longer, repeat the treatment

What precautions should I take if I have scabies or lice?

- avoid scratching since it may cause a skin infection
- wash or dry-clean all clothes, bed linen and towels in the hottest water and press with a hot iron or dry clean
- clean combs and brushes with a special shampoo for lice

Name

SYPHILIS

What causes it?

Bacteria (treponema pallidum).

How do I get it?

- sexual contact through oral, vaginal or anal sex
- contact with contaminated blood: shared needles from injection drug use, bloody saliva, or sharing tattooing instruments
- infected mother can pass syphilis to her fetus before birth

What are the symptoms?

Within 10 days to 3 months of infection, you may not notice any symptoms or you may have symptoms of primary syphilis such as:

- painless sore(s) where the syphilis germs entered your body
- the sore can appear anywhere on the body where you were touched during sex, including your genitals, anus, tongue and throat
- the sore will last about a month and then go away
- some people may not go through this stage, or the sore may be so small they don't notice it

About 4 to 10 weeks after being infected, you may have symptoms of secondary syphilis such as:

- flu-like symptoms
- rash on palms of hands, soles of feet, or over whole body
- hair loss, aches, swollen glands or fever

Symptoms may go away on their own if not treated, but the infection may still be present: there may be no symptoms for several years after this phase.

How do you test for it?

- blood test
- physical examination
- swab from genital sore, if present

What treatment is available?

- syphilis is curable – an antibiotic can clear up the infection especially when it is treated early
- follow-up care is needed to monitor for possible damage

What complications can happen?

If the infection is not treated, over time it can spread to affect the whole body. Several years (in some cases up to 20 years) after the initial infection, tertiary syphilis can lead to complications such as:

- lesions or ulcers on skin and bones that may cause arthritis
- heart disease, brain damage, dementia or paralysis
- permanent damage or death if untreated

Name

TRICHOMONIASIS

(Trich)

What causes it?

One-celled protozoa (*Trichomonas vaginalis*).

How do I get it?

- sexual contact: transmitted through sexual intercourse
- exposure to the towels or washcloths of an infected person or to low temperature, non-chlorinated water that has been infected in hot tubs or whirlpools

What are the symptoms?

Women may get symptoms such as:

- foamy, yellowish-green or grey discharge from the vagina with a smell
- inflamed or itchy vagina
- pain in lower stomach area, sometimes with a fever and chills
- pain during sex or peeing
- bleeding between periods or after sex

Most men will not have any symptoms or they may get:

- clear discharge from the penis
- burning feeling when peeing

Mostly women get this infection but men can spread it.

How do you test for it?

Pelvic exam and swab from the penis or vagina.

What treatment is available?

Trich is curable with prescription medication: both you and your partner must be treated.

What complications can happen?

- in rare cases, it may lead to pelvic inflammatory disease (PID) in women or a urinary tract infection
- pregnant woman with Trich can have a premature or low birth weight baby

Name

YEAST INFECTIONS

(Monilia)

What causes it?

Yeast or fungus such as *Candida albicans*.

How do I get it?

- changes in the health of a woman due to antibiotics, stress, diabetes or birth control pills can cause too much yeast to grow in the vagina, causing a problem
- sexual contact

What are the symptoms?

Women may not have any symptoms or they may have symptoms such as:

- itching, redness or burning in or around the vagina
- clumpy white discharge from the vagina
- painful sex

Men may have symptoms such as:

- irritation, redness or itchiness of the penis

How do you test for it?

- physical examination of the vagina or penis
- swab of the vagina

What treatment is available?

- yeast infections are curable – your health care provider or pharmacist will recommend a medication, usually a suppository or cream you can put in the vagina at bedtime
- your partner should be checked or treated if he/ she has symptoms

What precautions can I take to prevent a yeast infection?

- avoid products like vaginal douches, feminine hygiene sprays, or scented pads or tampons that can change the chemistry of the vagina
- wipe from front to back to avoid getting any feces on the vagina after a bowel movement

■ Taking Care of Your Reproductive Health

■ EARLY DETECTION AND PREVENTION OF CANCERS

Why is early detection important?

- if you find out early about a pre-cancerous change, often steps can be taken to prevent it from becoming a cancer
- if you do have a cancer and it is treated in the early stages, there are greater chances of a cure so it doesn't spread or become life-threatening

What can I do to take care of my reproductive health?

Examine yourself, report changes to your health care provider, and get screening tests as needed (see below).

■ EARLY DETECTION FOR WOMEN

The Canadian Cancer Society recommends the following actions to protect your reproductive health:

Early detection of breast cancer

- a hands-on approach is recommended: regularly look at and feel your breasts so that you will learn what is normal for you and can detect changes easily. Report changes to your doctor.
- get a breast examination done by your doctor or nurse as part of a physical check up at least every 2 years
- if you are under 50 and at a higher risk of breast cancer, get a mammogram as advised by your doctor
- if you are between 50 and 69, mammograms are recommended every 2 years

Early detection of cervical cancer

- if you are or have been sexually active, get a Pap test every year or, if recommended by your health care provider, every 2 years

Family doctors recommend regular Pap tests for young women and additional screening for those at higher risk of certain cancers.

Does breast cancer only affect older women?

- no, younger women can get breast cancer too, but it is more common in women over 50
- women under 50 may be at risk of breast cancer if they have close relatives with breast cancer such as a mother, sister, or daughter; family histories of cancer of the cervix, ovaries, uterus or colon; other breast conditions; have not been pregnant, or were pregnant after the age of 30; or if they began their periods before the age of 12

How do I get to know my breasts?²⁰

- breast health starts with knowing what is normal for your own breasts
- experts used to suggest that this had to be done by following a specific method every month – research has shown that this isn't necessary
- the most important thing is that you get to know what is normal for your own breasts in any way that is comfortable and convenient for you
- breast tissues goes beyond the breast itself – get to know the whole area by looking at and feeling the nipple, breast, and tissue up to the collarbone, to the centre of your chest, and up to your armpits
- many women discover their own breast cancer through changes in the look and feel of their breasts
- even if you are having regular screening tests, you still need to be aware of what is normal for your breasts
- your breasts may be lumpy or tender before your period. Breast tissue also changes with age. Understanding what is normal for you will help you spot changes more easily

What is mammography?

- mammography is an x-ray that detects changes in the breast that are too small to feel it can also give your health care provider more information about a change found in the breast through a physical exam
- if you are 40 years or older, you can make an appointment for a mammogram with the Yukon Mammography Program at Whitehorse General Hospital, call (867) 393-8738; women under 40 need a doctor's referral

What else can I do to reduce my risk of breast cancer?

There is no one cause for breast cancer but these steps may help reduce your risk:

- eat a healthy diet and maintain a healthy body weight – body fat can influence hormone levels
- be active for at least 30 minutes, preferably every day – studies have shown that regular physical activity may lower the risk of breast cancer
- be a non-smoker and avoid secondhand smoke

²⁰ Canadian Cancer Society website encyclopedia 2008

- if you choose to drink alcohol, limit it to less than 1 drink per day – even low levels of alcohol consumption (just over 1 drink per day) can increase a women’s breast cancer risk by 1.5 times²¹
- talk to your health care provider about vitamin D supplementation. Experts are now concerned that many Canadians are not getting enough vitamin D, which may reduce the risk of some types of cancer, particularly breast, colorectal and prostate cancers.²²
- follow safety instructions at home and at work when handling any hazardous materials

What is a Pap test?

- a Pap smear or test is a test that can detect abnormal changes in the cells of the cervix before they become a cancer: cervical cancer can develop over a long time without any symptoms so that only a routine Pap test will find it out
- a Pap test is usually done as part of a pelvic exam by your doctor or nurse: they check your sexual organs for any signs of sexually transmitted infections (STIs) or other problems and may also test for STIs at the same time
- an instrument is inserted into your vagina to open the vagina so that the nurse or doctor can see your cervix; cells are scraped off the outside and opening of the cervix; your specimen is sent to a lab where they look for abnormal cell changes – only some kinds of changes mean that you have a cancer
- if the Pap test is abnormal, your doctor will advise you about treatment: most early stages of cervical cancer can be treated successfully

Who should have a Pap test?

All women who have ever had sex should be screened regularly, even if you’ve passed menopause or had your tubes tied.²³ If you are unsure, or you had a total hysterectomy (surgery to remove the entire uterus with cervix), ask your health care provider what is best for you.²⁴

²¹ Canadian Cancer Society website <http://info.cancer.ca/E/CCE/cceexplorer.asp?tocid=10> There is convincing evidence that drinking alcohol leads to an increased risk of breast cancer. Even low levels of alcohol consumption (just over 1 drink per day) can increase a woman’s risk of developing breast cancer by 1.5 times

²² http://www.cancer.ca/ccs/internet/standard/0,3182,3172_1176359459_langId-en,00.html There is growing evidence that vitamin D may reduce the risk of some types of cancer, particularly colorectal, breast and prostate cancers. Experts are now concerned that many people are not getting enough vitamin D.

²³ <http://www.bccancer.bc.ca/PPI/Screening/Cervical/paptests/default.htm>

²⁴ BC Cancer Agency Regular Screening Created: Friday, January 25, 2008 (<http://www.bccancer.bc.ca/PPI/Screening/Cervical/regular.htm>).

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When should a Pap test be done?

- once you become sexually active, a Pap test should be done every year
- if at least 3 tests in a row are normal your health care provider may suggest a Pap test every 2 years
- if you have your last Pap test at age 69, and no past results were abnormal, you can stop getting Pap tests²⁵
- the best time to have a Pap test is in the middle of your cycle, between 10 to 20 days after the first day of your period – not during menstruation
- avoid having sexual intercourse for about a day before the test
- avoid using vaginal medication, spermicides or douches for about 2 days before the test

What else can I do to reduce my risk of cervical cancer?

There is no one cause for cervical cancer but these steps may help reduce your risk:

- use a condom to avoid getting genital wart infections (human papilloma virus or HPV infection) and choose not to have multiple sex partners
- avoid smoking
- wait until you are 19 or older to have sexual intercourse
- you may wish to obtain the HPV vaccination, which protects against certain types of HPV that cause cervical cancer. See the section on Genital Warts on page 78 and 79 for more information on the HPV vaccine, and talk to your community health nurse or doctor for more information.

²⁵ BC Cancer Agency Regular Screening Created: Friday, January 25, 2008
<http://www.bccancer.bc.ca/PPI/Screening/Cervical/regular.htm> SOURCE: Regular Screening
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EARLY DETECTION FOR MEN

The Canadian Cancer Society recommends the following actions to protect your reproductive health:

Early detection of testicular cancer:

Men, 15 years and older, may want to do monthly testicular self-examinations (TSEs).

Early detection of prostate cancer:

Talk with your health care provider about prostate cancer screening such as a digital rectal exam or a PSA test if you are over 50 years of age or have a higher risk of prostate cancer.

How do I do a testicular self-examination (TSE)?

- it's best to do a TSE after a bath or shower when your scrotum is relaxed
- first look in a mirror to check for any changes or swelling on the skin of the scrotum
- then hold your scrotum between your thumbs and the first 2 fingers of both hands and roll the testicles around, feeling for any changes
- feel your groin area on both sides for any lumps or swollen glands
- you'll get to know what is normal for you so that you will be able to notice any changes: for example, it is normal for one testicle to be larger than the other
- see your health care provider if you notice any of these early signs: unusual lumps in the scrotum, swelling in one or both testicles, heaviness in the scrotum, hardness in a testicle, changes in the size of testicles or pain in the groin or lower abdomen

What can increase my risk of testicular cancer?

There is no one cause for testicular cancer but these factors may increase your risk:

- age – cancer of the testicles can affect men of any age but one kind of testicular cancer is most common among men 15 to 44 years of age
- family history of testicular cancer
- abnormal development of the testicle
- exposure to heavy metals or benzene products in your work

Do prostate cancer and other prostate problems only affect older men?

- no, inflammation of the prostate (not a cancer) is more common in men 19 to 30 years old
- men who have an STI have a greater chance of having an inflammation of the prostate
- prostate cancer and enlargement of the prostate are more common in men over 50
- men under 50 may be at risk of prostate cancer if they are African-Canadians or have a close relative such as a father or brother with prostate cancer

What should I do if I think I have a prostate problem?

See your health care provider as soon as possible if you notice:

- signs of prostate cancer like problems urinating, blood in the urine, or pain in your lower back, groin or thighs: remember that prostate cancer can have similar symptoms to prostate enlargement (which is not a cancer)
- signs of inflammation of the prostate like fever, chills, aches, pain with ejaculation, frequent urination, discharge from the penis, or blood in the urine

Your health care provider may recommend:

- a digital rectal exam – your doctor will insert a lubricated, gloved finger into your rectum to feel your prostate for any lumps or changes
- a prostate-specific antigen (PSA) blood test or other tests

What can I do to reduce my risk of prostate cancer?

There is no one cause of prostate cancer but these steps may help reduce your risk:

- stop smoking
- cut down on high salt or high fat foods and eat more foods high in fibre
- limit your alcohol and caffeine intake
- get regular exercise

What can I do to reduce my risk of inflammation of the prostate?

- in most cases, the cause is not known so there isn't much you can do
- practice safer sex to avoid getting an STI or other infection of your urinary or reproductive system

PREMENSTRUAL SYNDROME (PMS) IN WOMEN

What is premenstrual syndrome (PMS)?

PMS is physical discomfort or emotional changes you may feel in the days right before your period. It is caused by hormonal changes. Most women experience at least one of these symptoms:

- bloating
- fluid retention
- feeling tense, irritable, depressed or moody
- feeling tired or having trouble sleeping
- headaches or backaches
- changes in appetite or weight gain
- constipation or diarrhea
- swelling or tenderness of the breasts

What can I do to treat PMS?

- you can try taking over-the-counter pain medication or herbal remedies to help relieve the symptoms
- if you get severe depression or migraine headaches, see your health care provider as soon as possible: in some cases, hormone treatment or antidepressants may help

What can I do to reduce PMS symptoms?

You can try changes to your lifestyle or diet such as:

- regular physical activity including aerobic exercise
- maintaining a healthy weight
- eating a healthy diet with whole grains, fruit, vegetables and food rich in calcium
- limiting caffeine, sugar, salt and alcohol
- vitamin B6, D or E supplements
- relaxing more and avoiding extra stress at work, school or home during this time

TOXIC SHOCK SYNDROME (TSS)

What is Toxic Shock Syndrome (TSS)?

- TSS is a rare blood poisoning caused when staphylococcus bacteria get into the blood and release poisons (toxins)
- it can happen when women leave tampons, female condoms, diaphragms, or cervical caps in their vagina longer than the recommended time

How do I know if I have TSS?

Look for symptoms of TSS including:

- high fever and muscle aches
- vomiting and diarrhea
- headache and sore throat
- rash on the palms of the hands or soles of the feet
- low blood pressure and shock that could be fatal if not treated

What can I do to avoid TSS?

You can reduce your chances of getting TSS by:

- not using tampons
- not using tampons if you aren't having your period
- washing your hands before you handle the tampons
- changing tampons at least every 4 to 8 hours and alternating with sanitary pads for a few hours a day
- not using a diaphragm or cervical cap during your period
- not leaving a diaphragm or cervical cap in longer than recommended (please see the birth control section)

MALE IMPOTENCE

(Erectile Dysfunction)

What is erectile dysfunction?

- erectile dysfunction is when a man consistently cannot get or keep an erection long enough for sexual intercourse
- it does not refer to the occasional, temporary problem of getting or keeping an erection that can happen to any man at some time
- it can affect both younger and older men but is more common as men get older

What can cause it?

Erection problems can have either physical or emotional causes such as:

- extreme fatigue, depression, stress, or anxiety
- fear of failure at intercourse or problems in the relationship
- loss of interest in sex
- alcohol or drug use
- overeating or drinking
- poor blood circulation to the penis
- diseases that affect the nerves controlling the penis or blood flow to the penis such as: diabetes, atherosclerosis, stroke, spinal cord injury, or alcoholism
- low levels of testosterone hormone or other hormonal problems
- brain disease or injury
- problems after some surgeries
- side effects of medication for conditions like high blood pressure

What can I do to about erection problems?

- see your health care provider if it lasts longer than a few months or happens over and over again
- most impotence can be cured: your health care provider may do a physical check up, order some tests, or refer you to a specialist
- if the cause is physical, your health care provider may treat the underlying condition, change your medication, treat the impotence with a drug such as Viagra® or recommend procedures such as implants or surgery
- if the cause is emotional, counselling may be useful

What can I do to reduce my chances of erection problems?

There is no one cause of erection problems but these steps may help reduce your risk:

- avoid smoking, drinking excess alcohol or using recreational drugs
- if you have a drinking problem, it's a good idea to get help for it
- practice a healthy lifestyle with a balanced diet, regular exercise and enough rest
- talk to your partner about your concerns
- focus on having a good relationship and closeness with your partner, not only on sexual intercourse

- take time before intercourse to create a relaxed atmosphere
- try not to become too stressed or anxious about how you will perform in sex
- try not to have sex when you are very stressed, tired or otherwise not in the mood or shape for it
- see your health care provider about any health condition or medication that could affect an erection

VAGINISMUS

(Female Sexual Dysfunction)

What is Vaginismus?

- vaginismus is an involuntary spasm of the muscles surrounding the vaginal opening
- this muscular contraction makes any attempt at vaginal penetrations either extremely painful, or all together impossible
- it is a relatively rare, yet very debilitating female sexual dysfunction
- you should schedule a full pelvic examination with your doctor to rule out any physical causes

What can cause it?

It's most often thought of as a physical effect of some deeper psychological issue such as:

- control issues within the relationship
- a past sexual trauma
- a conditioned association of pain/fear with vaginal penetration

What can I do about vaginismus?

Common treatment should include a combination of:

- couples therapy
- kegal exercises for the woman (tightening and relaxing of the vaginal muscles)
- progressive use of a plastic dilator or finger which is inserted into the women's vaginal opening in order to progressively stretch the contracted muscles

If vaginismus is treated by a professional using these (or similar) techniques, the woman can expect an 80 to 100% cure rate.

■ Sexual Abuse and Sexual Assault

Sexual abuse is any sexual contact that you have not consented to.

- it includes unwanted or forced kissing, touching, oral sex, or intercourse
- sexual assault is the term used to describe criminal offenses that are related to sexual abuse
- most victims of sexual abuse are females, although boys may also be sexually abused
- most abusers are men and most are known to the victim
- victims, especially children, often still care about the person who has abused them
- sexual abuse can occur in childhood, in friendships, on dates, at work, and in relationships
- sexual abuse in a relationship often occurs with other forms of abuse, including physical violence and emotional abuse, like name-calling
- forcing anyone to be sexual when they don't want to be is not okay, and it may be against the law

No one deserves to be abused.

- everyone has the right to be safe and free of abuse
- no matter what the reason, abuse is wrong
- abusers are responsible for their abusive behaviour
- no matter what you do, you do not deserve to be abused

Sexual abuse can effect your physical and mental health.

Some of these effects are:

- physical injuries and sexually transmitted infections
- embarrassment
- depression, anxiety, fear, anger and mood swings
- feelings of guilt and confusion
- sleep problems, including nightmares
- “re-living” the abuse in flashbacks, memories, or dreams
- pain, eating disorders
- sexual abuse can also effect your trust in other people, your relationships, and your sexual enjoyment

What if the abuse happened a long time ago?

- even if the abuse happened years ago and you are safe today, you may still feel the effects
- it can be especially difficult if the abuser is someone who is still in your life (e.g. your father, other family member, a close friend of the family)
- it can be very helpful to talk about your experiences and feelings with someone you trust, your doctor, nurse or a counselor
- sometimes the abuse begins in childhood but continues throughout your life
- if you are still being abused, the most important thing is to talk to someone who can help you find a way of keeping yourself safe

What should I do if my boyfriend is sexually abusive?

- your safety is the most important thing
- if you need immediate protection, contact a transition home or the RCMP
- once you are safe, you can decide whether to stay in the relationship or break up
- you can also decide whether you want to make a report to the RCMP
- transition home workers, counselors, doctors and nurses can help you sort out what you want to do
- remember, it's your right to be free from abuse and it's your decision about whether you want to stay in or end the relationship

What should I do if I have just been sexually assaulted?

- safety is the top priority; try to get to a place of where you will be safe from further abuse such as a friend's home, or a transition home
- do not wash or shower because that may get rid of important evidence (e.g., semen)
- it's important to see a doctor or nurse as soon as possible to get medical care and to discuss STI testing and emergency birth control
- the doctor or nurse will also collect evidence in case you decide to make a report to the RCMP
- it's your choice whether you make a report to the RCMP and you don't have to decide right away – but the medical examination should be done and the evidence collected as soon as possible
- counselors and other health professionals can help you sort out the emotional effects of the assault
- the support of friends and family can also be very helpful

Where can I go for help?

- if you are under immediate threat, call the RCMP by dialing the community prefix then 5555 (ie. 634-5555), or 911 in Marsh Lake and Whitehorse.
- Victim Services and Family Violence Prevention Unit provides help to victims and abusers, (867) 667-3581 or toll-free 1-800-661-0408 extension 3581. Open Monday to Friday, 8:30 am to 4:30 pm
- Victim Link is a free, confidential crisis line open 7 days a week, 24 hours a day, 1-800-563-0808.
- Women and children may go to a transition home for safety, or call collect for support and help, 24 hours a day:
 - Kaushee's Place, Whitehorse, (867) 668-5733 (accepts collect calls)
 - Dawson City Women's Shelter, (867) 993-5086 (accepts collect calls)
 - Help and Hope for Families, Watson Lake, (867) 536-2711 (accepts collect calls)
 - Margaret Thomson Healing Centre, Ross River, (867) 969-2722. Open weekdays 9:00 am to 5:00 pm (accepts collect calls)

What can I do to keep myself safer?

- spend time with people who have earned your trust
- use alcohol and drugs with caution as they can make it difficult to judge a dangerous situation
- never leave a drink unattended, as date rape drugs can be slipped into drinks and can make you unable to protect yourself.
- avoid people who have a reputation for being violent or sexually aggressive

Community Resources/ Contact Information

CLINICS

Medical Clinics

Please look in the yellow pages of your phone book under *Physicians and Surgeons* for the nearest doctor's office or medical clinic. Doctors' offices include:

Walk-in Clinics (no appointment necessary, STI testing available):

- River Valley Medical Clinic, 106 Lambert St. Whitehorse, (867) 667-6491
Mon–Fri 9:00 am–5:00 pm, Sat–Sun 10:00 am–4:00 pm
- Mina North Walk In Clinic, #8–106 Main St. Whitehorse, (867) 667-6405
- Second Avenue Walk In Clinic, 2131 2nd Ave. Suite 102, Whitehorse, (867) 667-6119
Mon–Fri 9:00 am–6:00 pm, Sat 10:00 am–5:00 pm
- Sudevi Family Clinic, Suite 104–100 Main St. Whitehorse, (867) 633-2847

General (appointments usually needed):

- Klondyke Medical Clinic, 3089 3rd Ave. Whitehorse, (867) 668-4065 or 668-4060
- Taiga Clinic, 210 Elliott St. Whitehorse, (867) 456-4362
- Family Practice Unit, 102–402 Hanson St. Whitehorse, (867) 667-6421
- Pine Medical Clinic, 5110 5th Ave. Whitehorse, (867) 668-4353
- Whitehorse Medical Services Ltd. 406 Lambert St. Whitehorse, (867) 393-6600
- Parhelion Medical Services, 403 8th St. Watson Lake, (867) 536-2565
- Dawson Medical Clinic, 530 Church St. / 6th Ave. Dawson, (867) 993-5744

Womens' Clinics:

- Obstetrician/Gynecologist (OB/GYN) Office, #5 Hospital Rd. Whitehorse, (867) 393-8915
- Aurora Clinic, #5 Hospital Rd. Whitehorse, (867) 393-8923

Public Health Clinics in Whitehorse

- Whitehorse Health Centre, 9010 Quartz Rd. Mon to Fri 8:00 am to 5:00 pm. (867) 667-8864, or 1-800-661-0408 extension 8864.
- Yukon Communicable Disease Control (YCDC), #4 Hospital Rd. Whitehorse. Mon to Fri, appointments only from 8:30 am to noon, drop-in clinic from 12:30 pm to 4:00 pm. (867) 667-8323 or 1-800-661-0408 extension 8323. **(See map on page 106)**
- Kwanlin Dun First Nation Community Health and Wellness, 43 McCrimmon Cres, Whitehorse. Mon to Fri 8:30 am to 4:30 pm (closed for lunch from noon to 1:00 pm), (867) 668-7289.
- Blood Ties Four Directions Centre Drop-in and Street Clinic, 307 Strickland St., Whitehorse. Drop-in Clinic is Wednesday, 1:00 pm to 3:00 pm, Coffee and snacks available Mon to Fri, 1:00 pm to 4:00 pm. (867) 633-2437 or 1-877-333-2437.

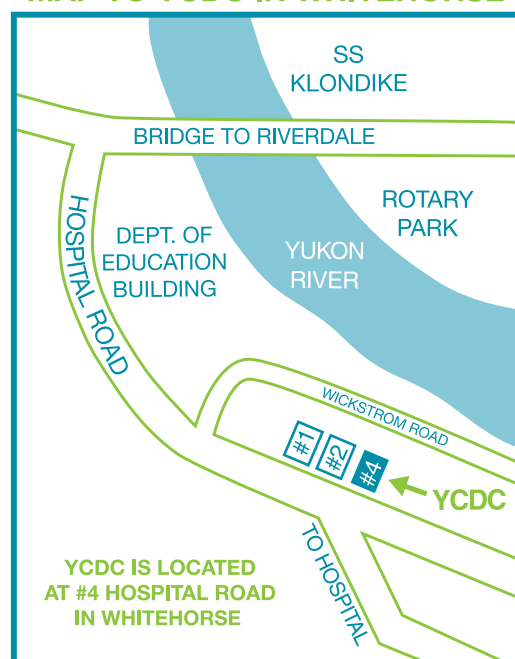
Community Health Centres Outside of Whitehorse

- Beaver Creek, (867) 862-4444
- Carcross, (867) 821-4444
- Carmacks, (867) 863-4444
- Dawson City, (867) 993-4444
- Destruction Bay, (867) 841-4444
- Faro, (867) 994-4444
- Haines Junction, (867) 634-4444
- Mayo, (867) 996-4444
- Old Crow, (867) 966-4444
- Pelly Crossing, (867) 537-4444
- Ross River, (867) 969-4444
- Teslin, (867) 390-4444
- Watson Lake, (867) 536-7483

HOSPITALS

- Watson Lake Hospital, (867) 536-4444
- Whitehorse General Hospital, #5 Hospital Rd. (867) 393-8700

MAP TO YCDC IN WHITEHORSE



YUKON HEALTHLINE - 811

- free, confidential service
- available 24 hours a day, 7 days a week
- a registered nurse will answer any of your health related questions
- an after-hours pharmacist is available from 5:00 pm to 9:00 am
- services are available in over 130 languages upon request
- simply dial 811 from anywhere in Yukon

YK STYLE

- YK STYLE is a free, confidential sexual health information and referral line staffed by nurses and trained volunteers working at Options for Sexual Health. Staff and volunteers provide callers with accurate, up to date answers to questions about sexual health.
1-877-YK STYLE (1-877-957-8953)

SEXUAL HEALTH PROMOTION

- Health Promotion Unit, Yukon Health and Social Services, 305 Jarvis Street, Whitehorse. (867) 667-8394 or 1-800-661-0408 extension 8394

PHARMACIES

- Medicine Chest Pharmacy, 406 Lambert St. Whitehorse, (867) 668-7000, outside Whitehorse call toll free 1-800-661-0404
- Shoppers Drug Mart, 211 Main St. Whitehorse, (867) 667-2485 or 303 Ogilvie St. Whitehorse, (867) 667-6633, outside Whitehorse call 1-800-661-0506

- Superstore Pharmacy, 2270 2nd Ave. Whitehorse, (867) 456-6635
- Wal-Mart Pharmacy, 9021 Quartz Rd. Whitehorse, (867) 667-7641
- Parhelion Medical Services Pharmacy, 403 8th St. Watson Lake, (867) 536-2568
- Dawson Medical Clinic, 530 Church St. / 6th Ave. Dawson, (867) 993-5744

COUNSELLING AND SUPPORT

- Many Rivers Counselling and Support Services²⁶, 4071 4th Ave. Whitehorse (867) 667-2970 (collect calls accepted), (867) 993-6455 in Dawson City, (867) 634-2111 in Haines Junction, and (867) 536-2330 in Watson Lake
- Patricia Bacon, Clinical Sexologist, Whitehorse, (867) 633-6265
- Blood Ties Four Directions Centre, 307 Strickland St. Whitehorse, (867) 633-2437 or call toll free 1-877-333-2437
- Victoria Faulkner Women's Centre, 503 Hanson St. Whitehorse. Drop-in Mon-Fri 11:00 am–3:00 pm. (867) 667-2693 (accepts collect calls)
- Second Opinion Society (SOS), 708 Black St. Whitehorse. Mon-Fri 11:00 am–5:00 pm. (867) 667-2037
- Canadian Cancer Society, #2-211 Wood St. Whitehorse. (867) 668-6440 or 1-888-939-3333
- Teen Parent Centre, 1001 Lewes Blvd. Whitehorse. (867) 667-TEEN or 667-8336

GAY OR LESBIAN SERVICES

- For information on services available for the gay, lesbian, bisexual and transgendered community, please visit www.gaycanada.com.
- Bringing Youth Towards Equality (BYTE), 407 Ogilvie St, Unit 2. Whitehorse, (867) 667-7975

ALCOHOL, DRUG OR TOBACCO USE REDUCTION

- Local Community Social Worker, Health and Social Services
- Alcohol and Drug Services, 6118 6th Ave. Whitehorse, (867) 667-5777 or 1-800-661-0408, extension 5777
- Al-Anon, (867) 667-7142
- Alcoholics Anonymous, (867) 668-5878
- Detox Centre, 6118-6th Avenue. Whitehorse, (867) 667-8473 or 1-800-661-0408 extension 8473
- Fetal Alcohol Syndrome Society of Yukon (FASSY), 1154 1st Ave. Whitehorse, (867) 393-4948
- PARTY Program (Prevention of Alcohol and Risk Related Trauma in the Yukon) #5 Hospital Rd. Whitehorse General Hospital, (867) 393-8784 or (867) 393-8773
- Tobacco Reduction Program, Health Promotion Unit, 305 Jarvis St. 2nd Floor Whitehorse, (867) 667-8392
- QuitPack Program 1-866-221-8393, www.freequitpack.ca
- Smokers' Line at (867) 667-8393 or 1-800-661-0408, extension 8393
- Yukon College Student Services / Counselling, Whitehorse, (867) 668-8720
- Kwanlin Dun First Nation Community Health and Wellness Centre, 43 McCrimmon Crescent, Whitehorse, (867) 668-7289
- Canadian Cancer Society, #2-211 Wood St. Whitehorse, (867) 668-6440 or 1-888-939-3333
- Youth Achievement Centre, 501 Taylor St. Whitehorse, (867) 667-3758 or 1-800-661-0408 extension 3758

²⁶ <http://www.manyrivers.yk.ca/counselling.html>

SEXUAL ASSAULT, ABUSE OR FAMILY VIOLENCE

Women's Shelters

Women can call any Yukon transition home collect 24 hours a day:

- Dawson City Women's Shelter, (867) 993-5086
- Kaushee's Place in Whitehorse, (867) 668-5733
- Help and Hope for Families in Watson Lake, (867) 536-2711
- Margaret Thomson Healing Centre in Ross River, (867) 969-2722

Other Resources

- Victim Services/Family Violence Prevention Unit, 301 Jarvis St. Whitehorse, (867) 667-8500, (867) 667-3581 or 1-800-661-0408 extension 3581 or 8500
- Victim's Link (a free, confidential crisis line open 24 hours a day, 7 days a week), 1-800-563-0808
- Victim Services, Dawson City, (867) 993-5831
- Victim Services, Watson Lake, (867) 536-2541
- RCMP, 667-5555 in Whitehorse, community prefix + 5555 outside Whitehorse, or 911 in Whitehorse or Marsh Lake
- Women's Directorate, 1-404 Hanson St. Whitehorse, (867) 667-3030 or 1-800-661-0408, extension 3030

ADOPTION

- Family and Children's Services, Child Placement and Adoption, 4114 4th Ave. Whitehorse, (867) 667-5071 or 1-800-661-0408, extension 5071

MEDICAL COVERAGE

- Travel for Medical Treatment Program, 204 Lambert St. Whitehorse, (867) 667-5203 or 1-800-661-0408, extension 5203
- Yukon Health Care Insurance Program, 204 Lambert St. Whitehorse, (867) 667-5209 or 1-800 661-0408, extension 5209
- Non-Insured Health Benefits, First Nations and Inuit Health, Health Canada, 300 Main Street, Suite 100, Whitehorse, (867) 667-3942 or 1-866-362-6718

HUMAN RIGHTS

- Yukon Human Rights Commission, Suite 101-9010 Quartz Rd. Whitehorse, (867) 667-6226 or 1-800-661-0535, e-mail: humanrights@yhrc.yk.ca, website: www.yhrc.yk.ca

FIRST NATIONS

Yukon First Nations offer a variety of health and social programs. For more information call your First Nation directly.

- Carcross/Tagish First Nation, (867) 821-4810
- Champagne/ Aishihik First Nation, (867) 668-3627
- First Nation of Na-cho Nyak Dun, (867) 996-2265
- Kaska Tribal Council, (867) 536-2805
- Kluane First Nation, (867) 841-4616
- Kwanlin Dun First Nation, (867) 633-7800
- Liard First Nation, (867) 536-2131
- Little Salmon Carmacks First Nation, (867) 863-5576
- Ross River Dena Council, (867) 969-2278
- Selkirk First Nation, (867) 537-3331
- Ta'an Kwach'an Council, (867) 668-3613
- Teslin Tlingit Council, (867) 390-2532
- Tr'ondek Hwech'in First Nation, (867) 993-5385
- Vuntut Gwitchin First Nation, (867) 966-3261
- White River First Nation, (867) 862-7802
- Non-Insured Health Benefits, (867) 667-3942 or 1-866-362-6718

First Nation people can also contact:

- Skookum Jim Friendship Centre, 3159 3rd Ave. Whitehorse, (867) 633-7680
- Whitehorse General Hospital First Nations Health Program, #5 Hospital Rd. Whitehorse, (867) 393-8780

FRANCOPHONE SERVICES

To find out about French speaking service providers and programs, contact:

- Partenariat communauté en santé/ Francophone Health Network, 302 Strickland St. Whitehorse, tél : (867) 668-2663, poste 800, www.francosante.org, francosante@yknet.ca

Frequently Used Numbers

YK-STYLE Sexual Health Information Line

- 1-877-YK STYLE (1-877-957-8953)
- Monday to Friday, 9:00 am to 9:00 pm
- answers to any of your sexual health questions
- free, confidential

Yukon Communicable Disease Control (YCDC)

#4 Hospital Road, Whitehorse

- To make an appointment or for more information call: (867) 667-8323 or 1-800-661-0408 extension 8323.
- Monday to Friday, appointments from 8:30 to 12:00, drop-in clinic from 12:30 to 4:00 (closed for lunch from 12:00 to 12:30)
- Sexual health information, STI testing, birth control, emergency birth control (morning after pill)

Yukon HealthLine - 811

- simply dial 811 from anywhere in Yukon
- free, confidential service
- available 24 hours a day, 7 days a week
- a registered nurse will answer any of your health related questions
- an after-hours pharmacist is available from 5:00 pm to 9:00 am
- services are available in over 130 languages upon request

Victim Link

- 1-800-563-0808
- call in event of sexual assault, abuse or family violence
- free, confidential service
- available 24 hours a day, 7 days a week

Useful Websites

- Yukon Department of Health and Social Services, Sexual Health information, www.bettertoknow.yk.ca
- The Canadian Health Network, Public Health Agency of Canada, www.publichealth.gc.ca
- The Society of Obstetricians and Gynecologists of Canada, www.sexualityandu.ca
- Sunnybrook and Women's College Hospitals, Women's College Hospital, www.womenshealthmatters.ca
- Canadian Federation for Sexual Health, www.cfsh.ca
- Calgary Health Region, www.teachingsexualhealth.ca
- Canadian Cancer Society, www.cancer.ca
- Options for Sexual Health (OPT) www.optionsforsexualhealth.org

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