



Sexplanations



A Keolu Students' Union Guide  
To Birth Control And Related Issues

## PREFACE

This booklet gives a general outline to aspects of birth control and related matters such as female tests, sexually transmittable infections, etc. It provides basic information only; many of the areas covered need further reading in order to acquire any depth of knowledge.

The information is primarily intended for Keels University students and is written from that point of view. Apart from the local addresses, etc. the information is relevant to any young person or indeed (in most aspects) anybody.

Much of the information given owes a great deal to the Health Education Council/Family Planning Information Service leaflets and booklets (most of which are displayed outside the Education and Welfare Office and are widely available elsewhere).

My thanks must go to Dr David Mairs from Keels Health Centre and Anne Pedrazzini from the North Staffs Health Authority for detailed discussion and printed materials. The 'student slant' to the booklet is due to their expert advice. Thanks also to Joan and June for typing and Pat and Barbara for printing. Many thanks to Kate Fricker for doing the cover and (probably) Graham Pitt for lots of collating.. Biggest thanks to Jean Mackay and Petra Wilson who put in a great deal of time gathering information and editing the booklet with me.

IAN HARRIS

Education and Welfare Officer 1984/85  
(with one foot out of the door)

June 1985

INDEX

	<u>Page</u>
BIRTH CONTROL	3
Introduction	3
The Pill: Introduction	5
The Combined Pill -- The Various Types	6
An Assessment	7
Some Extra Points on the Combined Pill	8
Progestogen Only Pill	9
Injectable Hormonal Contraceptive	10
Barrier Methods: -- The Sheath (Condom)	11
Spermicide	12
The Diaphragm (or Cap)	13
The Intrauterine Device	15
Natural Methods:-	17
Temperature Method	18
Billings (or Mucus) Method	18
Calendar Method	18
Sympto-Thermal (Combined) Method	19
Mickey Mouse Methods:-	21
Coitus Interruptus	21
The Sponge	21
Douching	22
Other Nonsense	22
Post-Coital ("Morning After") Contraception:	23
"Morning After" Pill	23
"Morning After" IUD	24
UNWANTED PREGNANCY	27
Pregnancy Testing	27
If the test is positive ...	27
a) Keeping the Child	28
b) Adoption/Fostering	28
c) Abortion	29
FEMALE TESTS	33
Breast Test	33
Cervical Smear Test	33

	<u>Page</u>
SEXUALLY TRANSMITTED INFECTIONS	37
Introduction	37
Gonorrhoea	38
Non-Specific Urethritis	38
Syphilis	39
Pubic Lice	39
Scabies	40
Genital Warts	40
Herpes	40
A.I.D.S.	41
Thrush	41
Trichomoniasis	42
Cystitis	42
APPENDICES	45
<u>Appendix One</u> -- Useful Addresses and telephone numbers	45
<u>Appendix Two</u> -- Prices For 'Across the Counter' Contraceptives and Related Items	47



BIRTH CONTROL



## INTRODUCTION

Sexual intercourse without the use of a reliable method of birth control is likely to lead to pregnancy. Modern reliable methods of birth control are easily available and most are completely free. Nevertheless, a large number of students (Dr David Mairs from the University Health Centre describes it as an alarming figure) get pregnant each year. Many of these people could easily avoid getting pregnant by choosing a reliable method of birth control and by using it properly. Half-hearted or careless use of recommended methods is very often the cause of an unwanted pregnancy.

Most forms of contraception should be obtained either from a GP or from a Family Planning Clinic. In any event these places are able to offer expert advice. Do not feel afraid to go along to the Doctor or Family Planning Clinic just to seek advice. Almost all Keele students are patients at the University Health Centre (Internal Phone on PAX number 155 for appointments). There are several Family Planning Clinics in the area, the nearest being the Newcastle Clinic (see Appendix for addresses and opening times of several local clinics). Most doctors and Family Planning Clinics (including the Health Centre and local clinics) are willing to discuss birth control with couples if they so wish. Many encourage the involvement of male partners in the discussion as to which method of birth control to use.

The birth control information in this leaflet is only a brief guide and should not be seen as an exhaustive survey of all the issues involved. It is a student guide and as such concentrates more on methods of birth control that are suitable for most students. Male and female sterilisation methods, for example, are not covered at all, since very few students are likely to be considering these methods. Information on sterilisation can be easily found elsewhere (see below). More information on all methods of birth control is easy to find. The leaflets on contraception outside the Education and Welfare Office on specific methods are concise and thorough. More detailed information and further reading is available inside the Education and Welfare Office or from the Women's Resource Centre. Good bookshops usually offer a wide range of publications on birth control and related issues.

The decision over which method of birth control to use is ultimately up to the individual or couple concerned. A responsible attitude towards the choice of method and sensible use of that chosen is well worth the (minimal amount of) effort involved.

## THE PILL

### INTRODUCTION

The Pill first became widely available in the early 1960's. Almost immediately it revolutionised birth control. It is the most effective reversible form of contraception known, and is very widely used by young women in this country.

The Pill contains two hormones; oestrogen and progestogen. When taken regularly it stops a woman from ovulating (releasing an egg) and thus prevents pregnancy. It is one of the most widely researched pharmaceuticals in the world. Since its introduction, developments have led to great improvements in the Pill and much smaller quantities of hormones being used. A woman on the Pill today may be consuming less hormone in a whole month than she would have taken in one day during the Sixties.

If used correctly the Pill is almost 100% effective. It is available through family planning, the Health Centre or your GP at home.

There is a vast amount of information on the Pill which is widely available and it is as well to read up on the subject if you are considering using this method. A good start is the leaflet simply entitled "The Pill" which is available outside the Education and Welfare Office. More information can be obtained inside the office or in the Women's Resource Centre. This booklet will give a

brief outline of the various types of Pill available, the advantages and disadvantages of this method and selected notes on aspects of using the Pill. This is not an exhaustive guide and it is strongly recommended that some further reading be undertaken.

### THE COMBINED PILL - THE VARIOUS TYPES

The Combined Pill (ie oestrogen and progestogen) is the most common type of female hormonal contraceptive. Most Combined Pills are taken regularly for twenty one days and then a break of seven days precedes the start of the next packet. Some pills come in twenty-eight day packets. These are known as everyday (or ED) pills, and the first seven tablets in the packet are red and inactive. During the seven day break (or seven red tablet days) some bleeding usually occurs which is similar to a period, but is withdrawal bleeding. If the pills have been taken correctly protection extends to the 'pill-free' week.

Phasic Pills (either biphasic or triphasic) are commonly prescribed now. The hormone content of these pills varies throughout the cycle. There are two different strengths with biphasic pills and three different strengths with triphasic pills. These must be taken in the right order; the pills are clearly numbered and colour coded. Triphasic pills especially are very popular and first time users are often prescribed them now.

## THE PILL: AN ASSESSMENT

In order for the Pill to be effective the woman must remember to take it every day. The effectiveness of the Pill can be diminished by sickness or diarrhoea, as the hormones may not be absorbed into the body properly. Some antibiotics also reduce the effectiveness of the Pill, so it is always safest to tell the doctor or dentist that you are on the Pill if you are prescribed drugs. In order to avoid risk, it is best to use another method as well as the Pill for fourteen days after the sickness or course of antibiotic treatment ends.

Some women experience minor side effects when starting on the Pill, such as nausea, weight change, breast enlargement, mood change and/or libido change. These effects are usually very slight and frequently pass within a few weeks or so. The Pill does tend to increase susceptibility to thrush.

The controversy over the safety of the Pill is widely covered by newspapers and journals which frequently publish new findings and theories. The most influential 'scare' was the cervical cancer scare of the late seventies that persuaded many women to come off the Pill. There is a wealth of literature available on this subject. One reassuring fact which is not often stated is that the Pill protects against cancer of the uterus and ovaries as well as many other diseases such as rheumatoid arthritis. In any event, women who are on the Pill should be having cervical smears about once every two years or so.

Smokers should be especially meticulous about this, as it is inadvisable to smoke on the Pill and the risk of cancer is much greater.

## SOME EXTRA POINTS ON THE COMBINED PILL

### 1) Taking the pills in the wrong order

The best way to put this problem right is to take the rest of the pills from the packet in order, each day as usual. It is far worse to take the 'right' pill the same day and then miss a day later on. With ordinary Combined Pills it actually makes no difference in which order the pills are taken, as long as one is taken each day. With phasic pills it is more important, and if a pill of the wrong colour is taken, it is advisable to use extra precautions until the next 'period', but to carry on taking the pills as well.

### 2) Taking that day's pill late

It is best to have a regular time of day for taking the Pill. It is safe to take any one pill up to twelve hours late without risking pregnancy. This should be avoided if possible, and if any longer gap than twelve hours occurs, extra precautions should be used along with the Pill until the next 'period'.

### 3) Deliberately missing a period

On the ordinary Combined Pill this can be done by simply going on to the next packet without a break. This should not be done for more than three packets in a row. On a Phasic Pill it is more complicated. To ensure safety, tablets from the bottom row of a packet should be used for the seven days which are usually left pill free. The rest of that packet should then be



thrown away. A new packet should then be started, either straight away, or after a seven day break.

Whatever the type of pill, the doctor or Family Planning Clinic should be consulted before doing this, as they may be reluctant to issue more pills to a patient who has been using up the packets too quickly for no apparent reason.

#### PROGESTOGEN ONLY PILL

Also known as the 'Mini-Pill', this method is slightly less effective than the Combined Pill (about 98%). It works through the effect of progestogen (one of the hormones used in the Combined Pill) which makes it very difficult for sperm to enter the womb or for the womb to accept a fertilised egg. It can cause irregular periods, or cause periods to cease for many months.

It is taken throughout the cycle without a break and must be taken at the same time every day (usually early evenings). If the Pill is taken three hours late there is a risk of pregnancy and extra precautions should be used for fourteen days, even if a new packet is started in the meantime.

As with the Combined Pill, stomach upsets and other drugs may reduce its efficiency (see above THE PILL: AN ASSESSMENT). The progestogen only pill is less likely to cause problems for people with blood pressure or blood clotting conditions, and is therefore more useful for older women. It is unusual for students to be recommended the mini-pill,

because it is so much more difficult to use than the Combined Pill.

#### INJECTABLE HORMONAL CONTRACEPTIVE

Also called Depo-Provera, this method is very effective (over 99%). It acts in a similar way to the Mini-Pill and also stops ovulation. The progestogen is injected into a muscle, and is released slowly from there into the body. One jab gives protection for three months. Periods often become irregular, either very frequent or infrequent.

It causes some people to feel unwell at first, and can prevent fertility for longer than intended (up to ten months). It is usually only prescribed if no other method is suitable. It is not very common and it would be especially unusual for a student to be prescribed this. A great deal of research is being carried out to find a contraceptive of this kind that will have less side effects.





## BARRIER METHODS

### THE SHEATH (CONDOM)

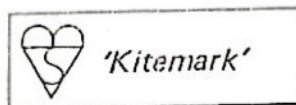
Sheaths are made of thin rubber and worn over the penis during sexual intercourse, thus preventing sperm from entering the woman and so preventing pregnancy. The Sheath should be rolled onto the erect penis before it touches any part of the woman's vaginal area. The teat end should be pinched to expel air and the last half inch or so of the teat end should be left empty to receive the sperm. After ejaculation the man should hold the Sheath firmly round the penis and take great care that no sperm are spilt on withdrawal. A new sheath should be used each time intercourse takes place.

This method is very common amongst students. It is easy to use and sheaths are widely available. They can be obtained free by couples through Family Planning (in this area thirty six are issued free for three months - thereafter you pay!) They are also available at a price through chemists, barbers and vending machines in public places (See Appendix on prices).

NOTE: The Health Centre cannot issue Sheaths at all.

The Sheath also offers some protection against sexually transmitted diseases and may also protect women against cervical cancer. When used carefully it is 97% effective.

Sheaths come in different shapes, colours, textures, etc. Most modern sheaths are lubricated. Never use vaseline or other grease for lubrication as it may rot the sheath. KYJelly can be used as a lubricant if need be. Some sheaths are not tested by the British Standards Institution, and therefore might not be reliable. Always check for the BSI 'Kitemark' on the packet, and also check the expiry date.



Some sheaths come coated with spermicide or have spermicide in the teat for extra protection. It is not overcautious to use applied spermicides (see below) as extra protection with the sheath. Used in this way this method is said to be second only to the Combined Pill in terms of effectiveness.

### SPERMICIDES

Spermicides are chemicals that make sperm inactive. On their own they are NOT an effective method of birth control and should not be used as such. They come in several forms:

- Passaries
- Film
- Creams
- Jellies
- and Foam

are the main types. They are either applied with the finger, or with a special applicator.

Spermicides are essential for use with the diaphragm or cap (see below)

#### THE DIAPHRAGM (OR CAP)

The Cap is a soft rubber device which is placed into the vagina before intercourse to cover the cervix and this forms a barrier to prevent sperm from meeting the egg. It must be used with a spermicide, and must be left in place for at least six hours after intercourse (It should not be left in for more than 24 hours).

It is a very reliable method of birth control, being about 97% effective if used carefully. It is becoming increasingly popular among young women. There are virtually no health risks or side effects and it may offer some protection against cancer of the cervix.

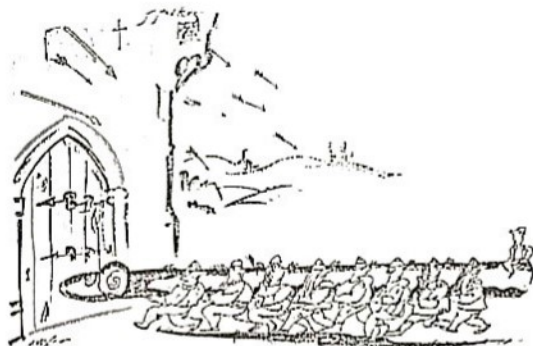
The Cap must initially be chosen and fitted by a specially trained doctor or nurse. The Health Centre now offers this service (since April 1985). The Family Planning Clinic will also provide it. An internal examination is carried out and instructions on how to use and care for the Cap given. A second visit after one week is required, to check that the Cap is being used correctly; another method should be used for that week and the Cap used for practice only. After that, a six monthly check for size is required as the vagina may change shape or size. A new Cap should be obtained annually.

The Cap can be put in place at any convenient time before intercourse. If you wish to bathe it is best to put the Cap in afterwards rather

than before. The hands should always be washed before handling the Cap. More spermicides may be required after some time has elapsed. Check the instructions that come with the spermicide that you choose for the amount of time for which you are covered. It is usually one to three hours. Vegetable oil-based pessaries should not be used with the Cap.

The Cap must be cleaned in warm water with mild soap after removal, and stored carefully in its box in a cool dry place. It should be regularly inspected for holes by holding up to the light.

(There is technically a difference between the Diaphragm and the Cap: basically the Diaphragm is a cap with a rim and is slightly larger. The information above applies to all types of Cap and Diaphragm. The term Cap has been used throughout for the sake of simplicity. Students are usually prescribed a Diaphragm in the first instance)



"That's all we need—a coat!"

## THE INTRAUTERINE DEVICE

Also known as the Coil, the IUD is not usually prescribed for young women who have never been pregnant. It is a small device made of plastic or copper and plastic which is easily inserted into the womb by a doctor. It prevents the egg from settling in the womb. It is a very effective method (96-98% effective).

The IUD is effective immediately after fitting (see also section on Morning After Birth Control), and only needs replacing every 2-5 years. Some doctors prefer to fit an IUD during a period. Most women experience some bleeding for a few days after fitting and some pain and heavy bleeding for the next two or three periods. A check up after 6-12 weeks is usually required, thereafter yearly checks if there are no problems. There is some risk of pelvic infection, and the doctor must be informed about any pelvic infections or sexually transmitted diseases before the IUD is fitted.

The IUD always has threads (or tails) which can be felt and should be checked after every period. Occasionally the IUD is expelled from the body, but this is more likely soon after fitting. The device should only be removed by a doctor. This is a simple process and usually is done during a period.

This is not a first choice method of contraception for most students as the risks outlined above are far greater for younger women and women who have several sexual partners. The Health Centre does not offer this service, but will refer you to Family Planning if it is seen as a suitable method.



## NATURAL METHODS

This is the only form of contraception that certain religious groups approve of (eg the Roman Catholic Church). If it weren't for this fact, Natural Methods probably would never be considered to be a suitable method of birth control for anybody. During the woman's monthly cycle there is only a limited period in the middle of the month during which time pregnancy is likely to occur. The rest of the month is known as the 'safe period', although even using the complex techniques outlined below it is not very safe at all. This is not a method of birth control that is recommended unless there are religious or personal beliefs that prevent the use of more effective methods.

Each woman has her own 'safe period' which needs to be carefully worked out using one or more of the methods below. Rough guessing is an extremely unreliable method. Women with irregular periods cannot rely on any natural methods. It also becomes less reliable at times of illness or stress - especially if medication is being taken.

The best natural methods are complex and all require a great deal of co-operation, care and restraint from both partners. The Family Planning Clinic can issue you with charts and special thermometers and offer you advice. In North Staffordshire the Family Planning Clinics can also put you in touch with nurses in the area who specialise in these methods. It is highly recommended to seek some advice. The Health Centre can also

offer charts and thermometers.

## TEMPERATURE METHOD

This works on the basis that temperature drops slightly at the time of ovulation. The temperature then rises and settles at a higher level. After three days at this higher level, pregnancy is unlikely if intercourse takes place. There are usually about 10-11 'safe' days per month using this method. Note that the use of medicines or slight illness may interfere with this method.

## BILLINGS (OR MUCUS) METHOD

There is an increase in the amount of mucus at the neck of the womb about four days before ovulation, which remains throughout this fertile time. Some women notice a slight discharge, others only a sensation of slight wetness or lubrication. Intercourse should be avoided from the first sensation of wetness until after four 'dry' days in succession. It is preferable to use a temperature chart as well. This method is still only 85% reliable at best.

## CALENDAR METHOD

Even women who think they have regular periods almost certainly have some variation in the length of their cycle and the time of ovulation. This method is simply the recording of periods for at least six months and preferably a year to work out the length of each menstrual cycle and then calculate the safe period from the records kept. This method is extremely unreliable, only about 53% reliable, in fact.



### SYMPTO-THERMAL (COMBINED) METHOD

This method combines temperature recording, detection of changes in cervical mucus and other symptoms of ovulation. This is the safest of all the natural methods (it is basically a combination of all the methods) and is said to be 85-93% effective with very careful use. The number of 'sexually active' days per month using this combined technique is rather small.



*"Sorry I snapped before dear, I think it was a touch of pre minstrel tension"*

## MICKEY MOUSE METHODS

Here is a brief survey of methods that are extremely ineffective and NOT RECOMMENDED at all. They are covered here to warn you off them and not to give you ideas. The collective noun for people who use these methods is usually 'parents'. Some of the comments in this section are flippant but the attitude of people who use these methods towards avoiding pregnancy is far more so. It must be said that many people (including expert doctors and nurses) would include Natural Methods in this section rather than in the section on real methods. This is especially so if they are not used properly.

## COITUS INTERRUPTUS

Also known as the Withdrawal Method. The man withdraws his penis just before he ejaculates. This can be difficult to time properly and in any event most men release some sperm before ejaculation. Not only is this an extremely ineffective method but also it takes a lot of the fun out of sex.

## THE SPONGE

This method comes in two forms. The first is an old-fashioned method of putting spermicide on a small piece of sponge and then inserting it into the vagina near to the cervix. This not only doesn't work at all well but it gets in the way. The more modern variety of this has only just come onto the market at the time of going to press (May 1985). A more sophisticated 'Hi-Tech' sponge that doesn't get in the way, this method may only be 73% effective and, for the privilege of using this poor disposable method, one has to pay nearly 80p each.

## DOUCHING

This is essentially washing out the vagina after intercourse. This quite ridiculous practice is not only unhealthy but can even help to cause pregnancy rather than hinder it. Possibly the least effective and most inadvisable so-called method going.

## OTHER NONSENSE

Some people believe that a woman cannot get pregnant the first time she has sex. Others believe that it is impossible to get pregnant if intercourse takes place standing up. Some also believe that a woman will not get pregnant if she is menstruating or breast-feeding a child; all of these ideas are simply not true and there are a lot of children around today who prove the point.

Another myth is that the woman cannot get pregnant if she fails to reach orgasm. She may well be doubly disappointed. Some people believe that walking around, jumping up and down or urinating after sex will prevent pregnancy. In short, there are hundreds of old wives' tales and ridiculous procedures that have no useful effect at all. Only reliable methods are seriously worth considering.



## POST-COITAL ("MORNING AFTER") CONTRACEPTION

It is advisable to use a reliable method of birth control whenever you have sexual intercourse. However, a great many students do at one time or another have unprotected intercourse - usually either first time or unanticipated encounters. This is not at all sensible but there are two methods of birth control that can be administered after sex - the "morning after" pill and the "morning after" IUD. Despite the name, they can be administered up to three days or five days, respectively, after sex - but the sooner they are sought, the better. After that time has elapsed they are not effective at all. If a mechanical method has been used which may have failed (e.g. a burst sheath), it may be safest to seek post-coital contraception to avoid pregnancy.

### "MORNING AFTER" PILL

This method consists of two special doses of a combined pill similar to the oral contraceptives discussed earlier but a higher dose, taken about 12 hours apart. The Health Centre offers this service, as does the Family Planning Clinic in town. It is more effective the earlier it is taken, although it is usually effective. It will not be used if more than three days (72 hours) have elapsed since intercourse. Some women experience nausea but this usually passes quite quickly. Some women are considered unsuitable (as with the ordinary combined pill). It is inadvisable for this method to be used very often and it is not as effective as reliable methods of pre-coital contraception. It should only be used in emergency and should not be looked upon as a method by people who only have occasional sex. Once every six months is about the maximum. It is extremely inadvisable to attempt to 'do-it-yourself' with ordinary combined or mini-pills.

## "MORNING AFTER" IUD

An IUD fitted within five days of intercourse is a very effective method of preventing pregnancy. The section on the IUD (above) explains the method. It is only available from the Family Planning Clinic in town. Once it is fitted, it can be used as an on-going method. Note, however, all the disadvantages of the IUD for young women (above). For this reason the "Morning After" pill is usually the preferred method for students but, where this is not suitable, the IUD may be used.



UNWANTED PREGNANCY



If a reliable method of birth control is not used there is a considerable risk that pregnancy will occur. The most common signs of pregnancy are a missed period, nausea and breast tenderness - although these are not always forthcoming.

#### PREGNANCY TESTING

This is usually done through using an early morning sample of urine. Pregnancy testing is not reliable until roughly two weeks after the day that the woman expected her period to start (or roughly forty days after her last period commenced). These can be done reliably and free through the Health Centre, GP or Family Planning Clinic. They can also be done reliably through private/charitable agencies free or at a price. Finally, expensive home testing kits are available that are not very reliable. It is very important to have a reliable test as quickly as possible if there is any reason to believe that a pregnancy may have occurred.

#### IF THE TEST IS POSITIVE.....

Most student pregnancies are unplanned. There are three main options open to women with unplanned pregnancies, none of which are easy choices to make. These are (a) keeping the child (b) having the child adopted or fostered or (c) seeking an abortion.

#### (a) Keeping the Child

This is not an easy choice to make, especially for a woman in full time education. However, at Keele this choice is made somewhat easier due to the excellent Day Nursery facilities on Campus which allow students with children to study here. The Day Nursery charges are very heavily subsidised for student parents in need. Any student is welcome to go and take a look at the Day Nursery, and have a chat with Hazel Webster, the Supervisor. The Womens Resource Centre offers helpful individual advice, often from young women with firsthand experience of this situation.

The Senior Tutor must be notified of a pregnancy by the fifth month of pregnancy. Depending upon the timing, a leave of absence may be recommended. In any event, it is best to start to sort out the problem of financial support as early as possible. Most students in this situation need to apply to the 'Hardship Scheme' for support.

#### (b) Adoption/Fostering

Very few students use this option, although there are an enormous number of couples who wish to adopt children. Adoption is a permanent arrangement whereas fostering schemes are for people who cannot look after their child temporarily. A foster parent/parents usually have care of a child for only a limited period. Details of the

various schemes available can be obtained from Health Authority Offices, the British Pregnancy Advisory Service, Family Planning and countless other agencies (see Appendix for addresses). Note that the Senior Tutors Office will need to be informed by the fifth month of pregnancy (as above) and again a leave of absence may be advisable under the circumstances.

### (c) Abortion

The Abortion Act 1967 requires that two doctors be of the opinion that the continuance of the pregnancy would cause risk to the life of the pregnant woman, or of injury to the physical or mental health of the woman or to any existing children of her family, greater than if the pregnancy were terminated; or that there is a substantial risk that if the child were born it would suffer from such mental or physical abnormalities as to be seriously handicapped.

Students (especially those who are unmarried) are very likely to be allowed an abortion under the 'risk to mental health' clause. It is far less dangerous and a lot easier for a woman to have an abortion before twelve weeks of pregnancy; certainly after sixteen weeks it is a more complex and lengthy procedure. For this reason it is extremely important to have pregnancy tests early and to do something about it promptly if the test is positive.

In some areas it is very difficult to get a National Health abortion. At the time of writing, North Staffordshire is fortunately not one of these, and NHS abortions can usually be obtained quite quickly. Private abortions are available from a whole host of charitable or wholly private agencies at a price (usually in excess of £100 - see Appendix for addresses, etc)

There are some risks to health, even with early abortion. It is strongly recommended to avoid sex for a couple of weeks or so after an abortion as there is a great risk of infection. It is very important to note that pregnancy can occur almost immediately after an abortion, so a reliable method of birth control should be used immediately sex is resumed. No method of birth control is infallible and legal abortion is an important part of the family planning service. However, it should be avoided if possible and considered to be a last resort. To use abortion as a 'method of birth control' in the accepted sense of the phrase is not a responsible attitude to take.



"I'm sorry but the fertility rite is held only once every full moon. Tonight is tango night."

FEMALE TESTS

### BREAST TEST

It is highly advisable for all women to check their breasts regularly once a month, whether or not they are sexually active. This is in order to catch forms of breast trouble (not only cancer) at the early stages when they can be treated easily. It is best to do this test at the same time each month - just after a period is considered to be a good time to do it.

The test is quick and easy. Leaflets explaining exactly what to do include 'A Guide to Examining your Breasts' and 'Everyone's doing the Breast Test' which are both available outside the Education and Welfare Office and are widely available elsewhere. There are plenty of other publications that show women what to do. In any event, your doctor or the nurses at the Health Centre and Family Planning Clinics would be happy to help.

It is important to remember that even if there is a lump or something unusual in the breast it probably isn't serious, but it should be checked out by a doctor immediately just in case.

### CERVICAL SMEAR TEST

Cancer of the cervix is becoming increasingly common, especially amongst young women. The cervical smear test detects pre-cancer signs and can allow doctors to prevent cancer

before it starts. Cervical smears are often given as a matter of course when a woman starts on the Pill. In any event, all women should have a smear within a year of becoming sexually active, about one year later and then under normal circumstances once every 3-5 years. Smears should be taken more often if the woman has had an abnormal smear before or has suffered from herpes or genital warts. Women who smoke and are on the Pill should also have smears more often.

A leaflet 'Everyone's having the Smear Test' is available outside the Education and Welfare Office and elsewhere. A great deal of information on smears has been published recently, and the smear is the subject of much debate and controversy at the time of writing, due to the shortage of funding in some areas. North Staffordshire Health Authority advise that regular smears can be sought and are encouraged in this area.



SEXUALLY TRANSMITTED  
INFECTIONS

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## INTRODUCTION

The infections covered here can be transmitted by sexual intercourse. Some of them are not necessarily sexually transmitted and can be caught by other means. It is possible to have contracted some of these infections even if you are not sexually active.

Many sexually transmitted diseases (STD's) are symptomless, especially in women. It is most important to seek medical advice if you have reason to believe that you may have caught an infection, even if there are no symptoms. Sexual activity should be discontinued until you have been tested and given the all clear.

Most of these infections are easily treated. You can go to your doctor or the Health Centre, or alternatively you can go straight to the Special Clinic without a doctors letter or appointment. (See appendix for address, direction and telephone number). The treatment received from a Special Clinic is always free and they will even reimburse your bus fare if you show them a ticket.

It is extremely inadvisable to attempt to treat yourself if you think you have an STD. Many of the infections cause very similar symptoms but the wrong treatment will have no effect or even make the condition worse. The local clinic is easy to get to, and students find the staff helpful and friendly.

The rest of this section is a brief survey of the most common forms of Sexually Transmitted Diseases in this country. It is not exhaustive, but hopefully gives some idea about the subject.

## GONORRHOEA

Otherwise known as 'the Clap', it is still one of the most common forms of STD. The most common symptom is a yellow/green discharge and pain when passing water - although it can be symptom free. (Women are often free of any symptoms). It is highly infectious whether or not symptoms are evident. There are possible complications if it is left untreated, which makes it very important to tell all sexual partners that they may have been infected. Note that anal and oral contact are likely to cause infection as well as intercourse.

Gonorrhoea is easily treated in most cases by a single course of antibiotics, although sometimes the disease resists treatment at first.

## NON-SPECIFIC URETHRITIS

Known as NSU, it is now the most common form of STD, although it is really a collection of diseases. The symptoms are similar to those in gonorrhoea. Women usually do not show symptoms, but it is important that symptom-free partners seek examination nevertheless. It is possible for NSU to occur in a couple without a third person having introduced it.

The treatment is a course of antibiotics, although those types that cure gonorrhoea do not work for NSU (and vice-versa). NSU can take some time to go away and can recur without re-infection. As the incidence of this disease is increasing, so is research into its precise causes and better methods of treatment.

### SYPHILIS

Also known as 'The Pox' or sometimes 'Bad Blood'. Fortunately, this disease is not very common any more in the UK. Most syphilis infections occur in male homosexuals these days. The disease is very dangerous if left untreated but can usually be cured easily in the early stages.

The disease spreads in stages, the first of which is a sore (often painless) on or near the sex organs. The next stage is a rash, mouth ulcers, lumps and flu-like symptoms. This stage may last some time (years even) but even when it has passed the disease is still there and can be detected in the blood. The late stage is a deterioration of the central nervous system which can be fatal. With the advent of antenatal care, congenital syphilis is now very rare.

It is extremely important to inform all sexual partners if syphilis is diagnosed and to seek medical advice if there is any reason to suspect that a partner has the disease.

### PUBIC LICE

Known as 'Crabs', they are blood-sucking parasites that live in pubic hair. They can be transmitted by close contact of a sexual kind. The most common symptoms are severe itching and sometimes a rash. You can usually see them.

This infestation is easily treated, either by prescribed preparations or by those bought across the counter in chemists.

### SCABIES

Also known as 'The Itch', the irritation is caused by the scabies mite which burrows under the skin to lay its eggs. This usually causes lumps as well as itching. The lumps can appear almost anywhere on the body. Non-sexual contact can transmit these mites.

Treatment takes the form of painting the body with a special lotion which is left on the body for several hours before bathing. Clothes and bedding need to be carefully washed.

### GENITAL WARTS

Genital warts, like common skin warts are caused by a virus. They can be sexually transmitted and usually are. They can be treated with paints or lotions although sometimes they need to be cauterised. They can appear months after exposure to infection.

### HERPES

Herpes Genitalis is a viral infection usually transmitted by vaginal, anal or oral-genital contact. The main symptoms are sores on the genitals, lumps in the groin and sometimes difficulty in passing urine.

At present, there is no drug available that completely cures Herpes, although there are ways of treating the infection to relieve symptoms. For this reason, recurrence of Herpes is very common: About 50% of sufferers have recurrences. Usually the later attacks are much less severe.

A.I.D.S.

Acquired Immune Deficiency Syndrome is a newly discovered viral infection which renders the body unable to fight infections effectively. It is usually transmitted through sexual contact or through contaminated injection needles or blood.

The highest risk groups are sexually active homosexual and bisexual men, people receiving blood products regularly and drug abusers who inject themselves.

A.I.D.S. cannot yet be cured and is usually fatal. It is still very rare, although incidence is increasing. There is no real test for A.I.D.S. yet and the symptoms (profound fatigue, weight loss, swollen glands, skin blotches, night sweats, breathlessness and thrush) are all far more likely to be the result of common illnesses - so don't panic - almost every Keele student gets some of these symptoms occasionally, at least. Research is taking place on a large scale now in the hope of finding a cure. Gay men are recommended to have sex with fewer men and to avoid anal sex, except possibly with regular partners. Gay men are asked not to give blood or carry organ donor cards at the moment.

THRUSH

Also known as 'yeast infection', this fungal infection usually causes an increased vaginal discharge which is white and thick. It may also cause itching, soreness or pain when urinating. It is often not sexually transmitted and rarely affects men. Thrush is very common and women are more susceptible if on the pill or taking antibiotics, or especially both.

Treatment is usually in the form of pessaries and cream, although sometimes a course of tablets is used. Thrush often comes back, especially at times of lowered resistance through poor diet, lack of sleep or anxiety.

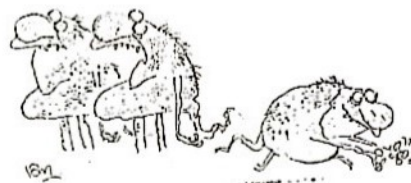
TRICHOMONIASIS

Often called 'Trich', it is caused by a tiny creature (trichomonas) which causes a yellow, frothy discharge in women. Men can often carry it but rarely show symptoms. Both partners should seek treatment, which is in the form of tablets. This infection is usually sexually transmitted but can be otherwise contracted.

CYSTITIS

This is not really a sexually-transmitted infection at all, although it could be induced by some form of STD. It is an inflammation of the urethra and/or bladder which can be caused by a whole variety of things. Only about 50% of all cases are caused by a bacterial infection. It usually occurs in sexually-active women. The symptoms are usually continuous discomfort and a frequent desire to urinate, with pain or discomfort on doing so. The urine is sometimes cloudy or bloody with some fever and/or ache symptoms.

It is important to seek treatment, as a bacterial infection of this kind can spread to the kidneys and cause unnecessary complications. A short course of antibiotics usually provides a complete cure. Drinking large quantities of water eases the symptoms. Personal hygiene reduces the risk of recurrence, although some forms of cystitis recur no matter how careful the woman may be.



"Is it me or are sexually transmitted diseases getting younger?"



APPENDICES

APPENDIX ONEUSEFUL ADDRESSES AND TELEPHONE NUMBERSHEALTH CENTRE, UNIVERSITY OF KEELE

Telephone : (0782) 626843 PAX 155  
 Surgery Hours : 9.30am - 12.30pm (term-time)  
                   10.00am - 12.00noon (vacation)  
 Office Hours : 9.00am - 1.00pm  
                   2.00pm - 5.00pm

FAMILY PLANNING CLINICS

Newcastle Clinic, 7 King Street  
 Telephone : (0782) 619412  
 Hours : Wednesday 6.30pm - 8.00pm  
           Thursday 10.30am - 3.30pm  
           Friday 10.30am - 12.30pm

Hanley Health Centre, Garth Street  
 Telephone : (0782) 20491  
 Hours : Monday 10.00am - 12.00noon  
                   2.00pm - 4.00pm  
           Wednesday 6.30pm - 8.00pm  
           Thursday 2.00pm - 4.00pm

(For other areas look under 'Family Planning' in the Yellow Pages).

STD (VD) CLINIC

Department of Genito-Urinary Medicine  
 Central Out-patients Department, Hartshill  
 Telephone : (0782) 22051

(For other areas, look under 'VD' in the Telephone Directory).

PREGNANCY ADVICE

Pregnancy Advisory Services:  
 1a George Street, Newcastle Tel: (0782) 632784  
 Temple Street, Birmingham Tel: 021-643-0644

British Pregnancy Advisory Service:  
 Birmingham Tel: 021-643-1461  
 Manchester Tel: 061-236-7777

London Pregnancy Advisory Service:  
 40 Margaret Street,  
 London W.1 Tel: 01-409-0281

GENERAL

Marie Stopes House  
 The Well-Woman Centre  
 108 Whitfield Street  
 London W1 Tel: 01-388-0662

Brook Advisory Centre  
 233 Tottenham Court Road  
 London W1 Tel: 01-323-1522  
 8-10 Albert Street  
 Birmingham 4 Tel: 021-643-5341

(There are several other Brook Centres in London, Birmingham and in other cities. Phone one of the numbers above for addresses and telephone numbers).

APPENDIX 2PRICES FOR 'ACROSS THE COUNTER' CONTRACEPTIVES  
AND RELATED ITEMS

This section is accurate at the time of going to press. Although these products usually have fairly steady prices there can be fluctuations in a relatively short space of time. The section is somewhat restricted because the chemists code of practice does not allow prices to be mentioned in conjunction with chemists names. Most prices are similar across the board, although one remarkable disparity was found: one very well known chain of chemists (with a large branch in Newcastle) sells Durex at twice the price of other chemists (ie double the prices listed below). Most of their other products compare favourably in price. It appears that the Durex buyer in this shop is paying heavily for the open display of family planning products which enables the customer to avoid having to ask for these items. This particular chemists also sells 'fancy' condoms (coloured, ribbed, etc) at 79p for three.

The price list on the next page was compiled by surveying the chemists in Newcastle-under-Lyme. The University of Keele, Students' Union award for the most friendly and helpful establishment in the survey goes to Cornwells in the High Street.

It should be noted that all these products are expensive and can be obtained free from Family Planning and (with the exception of sheaths) from the Health Centre by most people in most circumstances.

SHEATHS

DUREX - MOST TYPES	3 PACK	29-35p
DUREX ELITE	3 PACK	60p
DUREX - MOST TYPES	12 PACK	£1.27-£1.35
DUREX ELITE	12 PACK	£1.52

NB SHEATHS IN VENDING MACHINES ARE 50P FOR TWO

SPERMICIDES

RENDELLS PESSARIES	6 PACK	71p
" "	12 PACK	£1.33
ORTHOFORM "	15 PACK	£2.55
C-FILM (Pack of 10)		£1.22
ORTHOCREME (CREAM)		£2.95
ORTHOGYNOL (GEL)		£2.96
DELFIN (FOAM) WITH APPLICATOR		£5.36
REFILL		£4.31

SAFE LUBRICANTS

KY JELLY	Small	£1.25
" "	Large	£1.99
DUREX JELLY	Small	£1.24

