Barrier Methods

How Barrier Methods Work
Barrier methods create a barrier, either physical or chemical, that prevents sperm from reaching the egg. Condoms, diaphragms and cervical caps are physical barriers. Spermicides are chemical barriers and are delivered using foam, cream, jelly, film, suppositories or tablets.

Barrier methods are the only contraceptives recommended for STD prevention.

Prevention of Sexually Transmitted Disease

<table>
<thead>
<tr>
<th>Method</th>
<th>Bacterial STDs</th>
<th>Viral STDs (including HIV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condom</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Female condom*</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Spermicides (N-9)</td>
<td>yes</td>
<td>under study</td>
</tr>
<tr>
<td>Diaphragm with spermicides</td>
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<td>Cervical cap*</td>
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* confirmed by laboratory studies only

Considerations for Potential Users

Good Candidates for Barrier Method Use
Women or men who:
• are at increased STD risk
• cannot or do not want to use hormonal methods
• need a backup method of contraception
• have sex infrequently, especially young adults
• want a method that is user-controlled

Who Should Not Use Barrier Methods
General:
• usually not recommended in cases of allergy to latex or spermicides

Diaphragm and Cervical Cap:
• not recommended for women
  - with cervical or vaginal anatomical abnormalities
  - during first six weeks after childbirth
• usually not recommended for women:
  - with history of toxic shock syndrome

Effective Counseling for Barrier Methods
It is important to help clients to prioritize between pregnancy prevention and disease prevention. Some clients may choose dual method use. Counseling elements include:
• strengths/weaknesses/side effects
• how to use the method correctly
• importance of consistent use
• suggestions on how to negotiate use with partner
• how to make it a part of sexual activities (where appropriate)
• common problems in use (and solutions)
• where to get resupply
• use of emergency contraception, where available

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General Characteristics of Barrier Methods

Weaknesses
• not as effective for pregnancy prevention as other methods in typical use
• can be difficult to use consistently and correctly
• may require partner participation
• may interrupt sexual activity
• cultural barriers may inhibit use
• need for proper storage and resupply
• expensive in some settings

Artwork adapted from PATH and The Population Council.
Male Condom
The male condom is the only method recommended for prevention of all STDs, including HIV, and is safe for almost everyone. However, condom use may interrupt sexual activity and may reduce sensation. Latex condoms can be damaged by exposure to heat, light or humidity.

Correct Use
- unroll to base of erect penis before genital contact
- hold onto condom and remove penis from vagina while still erect

Behaviors Likely to Cause Breakage and Slippage
- opening package with teeth or sharp objects
- unrolling condom before putting it on
- prolonged or vigorous intercourse
- using oil-based lubricants
- reusing condom

**Most condom breakage is due to human error or incorrect use, not manufacturing defects.**

Spermicides
Spermicides prevent transmission of gonorrhea and chlamydia. They can be stored for long periods of time. They may be messy, cause mild discomfort or minor allergic reaction, and can lead to yeast infections. They also may cause vaginal irritation with frequent use.

Correct Use
- use clean hands and clean applicator for insertion
- follow package directions carefully
- place high in the vagina against cervix
- for maximum effectiveness, use with another barrier method; use for each act of intercourse
- no douching for six hours after last act of intercourse

**Diaphragm and Cervical Cap**
The diaphragm and cervical cap must be fitted by a trained health-care provider. They can be inserted up to six hours prior to intercourse. They must be properly cleaned and stored for reuse. Diaphragms provide some protection against cervical infections, but may cause increased urinary tract infections. The cervical cap may be less effective in parous women.

Correct Use
- must be left in place six hours after intercourse; can be left up to 24 hours (diaphragm) or up to 48 hours (cap)
- additional spermicide needed for diaphragm for each act of intercourse; no additional spermicide needed for cap

Follow-up Issues
- may need refitting if a woman has weight change, or after a full-term pregnancy or 2nd or 3rd term abortion
- should be refitted if a woman complains of discomfort
- if necessary, give instructions on management of urinary tract infections

Female Condom
The female condom is a female-controlled method made of plastic. It can be inserted into vagina prior to initiation of sexual activity and prevents the transmission of bacterial and possibly viral STDs. However, it may be difficult to learn to insert and may be expensive.

Correct Use
- avoid genital contact before it is in place and after removing
- inner ring is inserted high in the vagina, covering the cervix
- outer ring is placed outside of the vagina

Barrier Methods — Essential for Reproductive Health

**Barrier Methods Are Available through**
- family planning clinics
- community-based distribution programs
- STD clinics
- youth programs
- private/commercial sector

Barrier methods can be used as part of a “dual-method” approach: use of one method highly effective at pregnancy prevention, with a barrier method, usually condom, for disease prevention.

The following actions are important to help protect reproductive health:
- screen for STD risk and provide information on preventing STDs
- provide counseling for changing high-risk sexual behavior
- promote and distribute condoms through a variety of approaches, including:
  - social marketing programs using advertising, promotion and other commercial marketing techniques
  - community-based distribution
- through direct services or referral, provide STD management services: diagnosis, treatment, and partner notification and treatment
- ensure proper storage and supply