

Take charge of your sexual health!

**7 in 10 women
have bought their
own condoms.**

Discover more facts from SELF's new survey on the following pages. (Chew on this one: To avoid puncturing your prophylactic, open it with your fingers, not your teeth.)

American women know a thing or two (or three) about sex. But what you don't know could kill your mood faster than an icy shower. To the rescue, this guide, packed with:

- **Eye-opening stats** A survey for SELF by the Kaiser Family Foundation reveals gaps in your sex smarts—we'll fill 'em
- **Relief from embarrassment** Learn how to talk to your partner and M.D. about tricky topics
- **Expert advice** Including the latest on sexual infections
- **Your next contraceptive** Find out what method is perfect for you now. Then put it to good use!

What you really

Contraception, condoms, what you will (and won't!) talk about—800 women share all. This new survey conducted for SELF by the Kaiser Family Foundation, a nonprofit health-education organization, uncovers your strongest opinions, your most courageous decisions and your biggest mistakes when it comes to sexual health.

The very good news...

● **If a sexual health IQ existed, most of you would turn out to be geniuses** Nine out of 10 women know that you can catch certain sexually transmitted diseases such as herpes and gonorrhea through oral sex. And just as many realize that symptom-free doesn't equal home free; both you and your partner could be infected for months or years without knowing it.

● **BYOBC? Sure thing!** You're all for bringing your own birth control to the bedroom—in fact, 79 percent of women agree that carrying condoms is a sign of responsibility. Even more encouraging, only 10 percent of you say it should be left up to the guy to pack the protection, according to Kaiser, which is based in Menlo Park, California.

● **You're in charge between the sheets** Four out of five women take control of their sexual health by nudging a partner to use a condom. Excellent news, considering that a third say it's still awkward to talk about the issue with guys. (Nobody ever promised that doing the right thing would be easy!)

● **You're swingin' in the stirrups** Nine out of 10 women have had a gynecological exam in the past five years. If you can't say the same, call your ob/gyn today. The longer you go without a Pap, the greater your chances for developing cervical cancer, which is more easily treated when caught early.

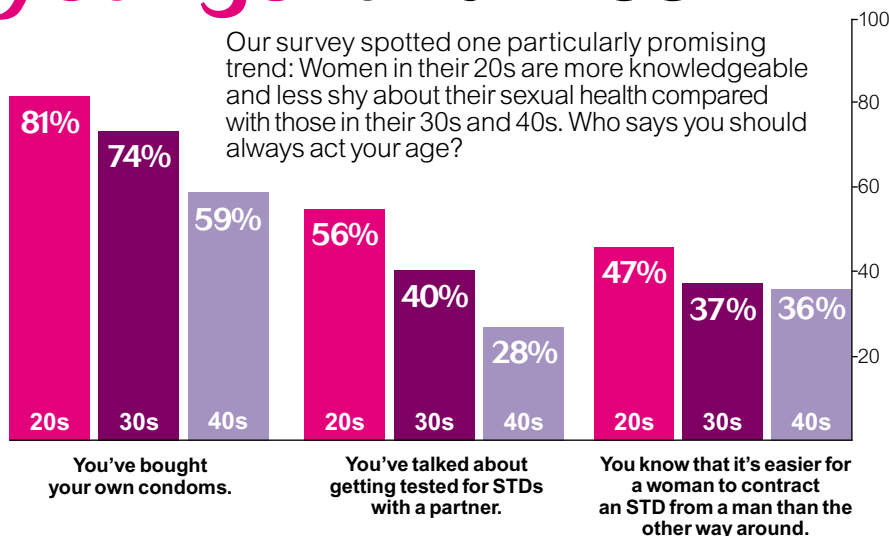
Exam-room silence

Many women aren't getting all they should out of their doctor visits. Half have never even discussed STDs (which include genital warts, syphilis, chlamydia and HIV) with a health-care provider. One top reason? They didn't think there was enough time—and doctors are partly to blame for that impression, says Hilda Hutcherson, M.D., associate dean at Columbia University College of Physicians & Surgeons in New York City. "Talking about sex is like opening a Pandora's box," she says. "You can't discuss it in five minutes, because when you really get into it, you're dealing with emotional issues as well as physical ones. Many doctors will avoid the topic because they don't want to be in the room for half an hour." Still, insta-visits aren't the only thing keeping us tight-lipped. Check out the percentage of you who skipped The Talk for other reasons:

- Embarrassment 18%
- You didn't know which questions to ask 17%
- You didn't think your doctor needed to know 14%
- You thought she might be judging you 10%

Younger and wiser

Our survey spotted one particularly promising trend: Women in their 20s are more knowledgeable and less shy about their sexual health compared with those in their 30s and 40s. Who says you should always act your age?



I'm late, I'm late, for a very important date: **64%** of you have thought you were pregnant when you hadn't planned to be.

think about sex



Test yourself

- Q** How many of this country's 5.4 million pregnancies are unintended?
- A** Half.
- Q** How many women say they've used emergency contraception (EC)?
- A** Fewer than 10 percent.
- Q** Why the discrepancy?
- A** Lack of awareness. Although two thirds of you realize there is something you can do to prevent pregnancy if all else fails, too few actually know about these high-dose birth control pills. It's time to get educated! If you need to learn how to get EC or want more info, visit www.not-2-late.com.

16% OF WOMEN SAY THEY NEVER USE BIRTH CONTROL.

Secrets are so last century!

● Ex-Wonder Woman Lynda Carter can go on and on about irritable bowel, and Bob Dole is happy to gab about what Viagra does for his own Mr. Happy. But when was the last time you heard celebrities open up about chlamydia? Well, if they won't, SELF will. **A quarter of all women will catch a sexual disease at some point. So if you do, you're hardly alone.** But despite that one undisputed fact, **92 percent of you say people are more embarrassed about catching something in the sack than anywhere else.** Should you find yourself possibly infected and ashamed, channel those feelings into action—see your doctor and get tested and treated. You'll be back to your sexy self in no time.

Reality check

We bet you can name at least one woman you know with breast cancer and not a single one with an STD. The thing is, there are 15 million new STD infections every year, but you'd never know it because nobody talks about them. Check out how your health fears stack up against the actual numbers.

| YOUR HEALTH WORRIES | YOUR REAL LIFETIME RISK |
|---|---|
| #1 Breast cancer | #1 Heart disease 1 in 2 |
| #2 Reproductive cancers such as: Uterine Ovarian Cervical | #2 STDs 1 in 4 |
| #3 Heart disease | #3 Depression 1 in 5 |
| #4 Depression | #4 Breast cancer 1 in 8 |
| #5 STDs | #5 Reproductive cancers such as: Uterine 1 in 37 Ovarian 1 in 70 Cervical 1 in 123 |

You? At risk?

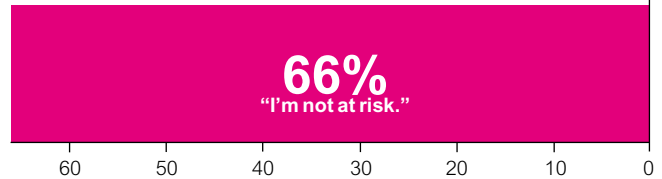
Almost two thirds of you have braved the HIV test and about half have had another STD screen. (Good for you!) We asked the rest, "What's holding you back?" Don't miss those results at right. Whether you've been tested or not, remember this: It takes only one roll with an infected partner to put you in the path of a pathogen. So insist on it every time: No glove, no love.

12%
"I don't want it in my records."

13%
"I don't want to know."

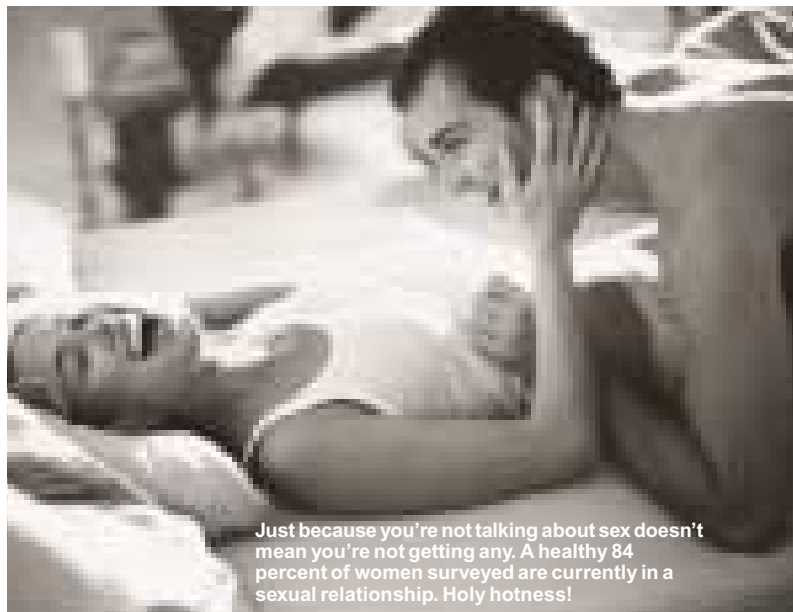
14%
"I don't know where to go."

21%
"I don't know what's involved in getting tested."



34% say it's OK to discuss sex infections with close friends.

For more on sexual secrecy, see page 6.



Just because you're not talking about sex doesn't mean you're not getting any. A healthy 84 percent of women surveyed are currently in a sexual relationship. Holy hotness!



**Half of adults with HIV
worldwide are women.**

www.knowhivaids.org



Are you a sexual secret keeper?

If so, speak up! Talking can improve your relationships—and maybe even save your life.

There's just not enough talk about sex. Sure, we'll joke about length versus width with our friends, marvel at what you can see on TV these days and gossip endlessly about who's hooking up. But none of that truly counts. Because in the two places where women most need to be open about sex—in the bedroom and at the doctor's office—there's a resounding silence.

Consider this: Half of women say they've never broached the topic of HIV or other STDs with any health-care provider, and a quarter have never discussed their sexual history (including number of partners or past infections), according to the new survey for SELF by the Kaiser Family Foundation. We're not terribly open with our intimates, either. Nearly two thirds of women have never discussed STD testing with their current partners, and a stunning 9 out of 10 believe that women in general are sometimes less than honest about what they've done and with whom in the

keep reading. It could be the difference between life and death.

Don't ask, don't tell

Around the time she started to think about having children, Paula Banks, 35, a university professor in Toronto, experienced a strange little dance of mutual self-censorship with an ob/gyn. "I was sexually abused when I was younger and worried that there might be some lasting physical damage," Banks says. "So I asked the doctor to check if everything was OK down there. I never told him why, and he never asked. Even after he found some scar tissue, which I knew was from the time I was raped with a small knife, he still didn't ask me about it." Banks took this as a sign that her traumatic sexual history

blame women for not bringing these things up," says Rachel Masch, M.D., medical director of the NYU/Bellevue Reproductive Choice Service in New York City. "The onus is on the physician to ask the patient the appropriate questions in a nonjudgmental way." But if your doctor is pressed for time or, frankly, as embarrassed as you are, she may skip the interrogative portion of the exam—which sends a clear signal. "Since doctors

Almost half of those surveyed believe that sexuality simply isn't something women should discuss.

past. Even more surprising, 47 percent believe that sexuality simply isn't something women should discuss.

Clearly, the health and happiness ramifications of being tight-lipped on such an important topic are enormous; just check out "Be a (Safe) Sex Goddess" on page 8. We're not suggesting you carry around a laminated copy of your sexual résumé, but before you say "My sex life is nobody's business,"

wasn't his concern. "He was a well-respected doctor who was very busy, and I thought my little problem wasn't worth his time. I didn't even blame him."

Banks's story is an extreme example of what experts say is a common communication problem. It's the rare woman who looks forward to detailing an outbreak of genital warts, but in many cases, physicians don't encourage the openness that leads to the best treatment. "I don't

ask about every other topic, not asking about something may convey a subtle message that it's not important," says Felicia Stewart, M.D., codirector of the Center for Reproductive Health Research and Policy at the University of California at San Francisco. Whether that's the doctor's true belief doesn't matter; the effect is the same.

A doctor's dismissal of the subject only reinforces women's already ingrained



Bridge the gap: Taking a chance on honesty can bring you closer to your partner.

ideas about sexual infections. Women overwhelmingly agree that having an STD is more humiliating than having any other health condition, according to the survey. "Anyone can get an STD, the same way anyone can get strep throat," says Sallie Foley, a certified sex therapist in Ann Arbor, Michigan. "But the general reaction to an STD is that you got what you deserved."

"Women who are so meticulous, they put paper on the toilet seat still don't ask a partner about STDs," says one expert.

Kerry Lanford (a pseudonym), a 29-year-old graduate student in Edison, New Jersey, found that her bout with human papillomavirus (which is linked to nearly all cervical cancers) carried a stigma. "When I told my mom about the HPV, she made me feel like a slut," Lanford says. "I figured anyone else, including my boyfriend, would react the same way." The fact is, up to three out of four sexually active men and women will acquire an HPV infection at some point in their life. And though many women with the virus never experience potentially dangerous cervical changes, Lanford did. Fortunately, she sought treatment, and a doctor removed the precancerous cells.

Getting truly intimate

One of the great ironies of modern relationships is that talking about sex requires more intimacy and trust than actually having sex. Think about it: When you take off your clothes, the lights are dimmed, your brain gets fuzzy and your hormonal autopilot takes over. But bring up HIV testing and you're both as vulnerable as if you were standing naked in front of the Senate ethics committee.

"Women who are so meticulous about germs that they put paper down on the toilet seat will still not ask a partner about his history of STDs," says Foley. "The coin of the realm for so many women is being part of a couple. If they tell their boyfriend they want to discuss their sexual history, there's a chance he might run away." In fact, 8 out of 10 women believe that fear of being left alone is the biggest reason women don't discuss sexual issues with their partners, according to our survey.

"When I was younger, I had such a

strong need to please a guy that I never asked about his sexual health or insisted on condoms," says Jenny Williams (a pseudonym), 36, a therapist in Los Angeles. "It took three bad scares for me to realize how important honesty is with a partner." Although Williams contracted HPV and herpes from two different men, the dangers of her silence didn't hit home until she had unprotected sex

with a man who later found out he had HIV. "That really woke me up," says Williams, who has since tested negative. "Now I use condoms every time and make sure I know the basics of a guy's health before I sleep with him. I just wish someone had told me earlier that yes, you are worth it."

Banks, the Toronto professor, did decide to be open about her past when she began dating again, but it was far from easy. "The first two men I dated were repulsed and frightened after I told them," says Banks.

"I considered not telling the next man I met but realized that wouldn't be fair. So I told him little by little, starting with a vague 'I was sexually abused' and then adding other details in fits and starts. He was always willing to listen." They're now married. Banks admits it's painful to talk about her past, but she's certain her openness was a crucial factor in the success of her marriage. "Now we have

a wonderful sex life, and I feel more liberated and less ashamed."

Banks knows that forcing yourself through that first embarrassing moment will eventually pay off. "And if they can't accept who you are and what you come with, they're not the person for you anyway," she says. So if you're thinking of keeping a secret, remember everything you could be sacrificing: a better sex life, a closer relationship, a healthier body and a happier future—all things that are well worth shouting about.

How to talk about sex

We won't lie: It's easier to skip The Talk with your partner or to suddenly develop laryngitis when you're in the exam room. But if you plan ahead, you can survive any sex discussion. Try these helpful icebreakers.

● WITH A PARTNER

He says "Are you, um, protected?"

You say "Against what? Pregnancy? It doesn't matter because tonight we're using a condom. But later on, we can both get tested. Sound good?" You can also use this language to bring up the subject without waiting for him.

He says "If you loved me, you wouldn't make me wear a condom."

You say "If you love me, you'll wear it," suggests psychologist Susan Quilliam of Cambridge, England. Or tell him "Oh, I always use a condom," as if there couldn't possibly be any question.

● WITH YOUR DOCTOR

She says Something vague like, "Is there anything you'd like to discuss?"

You say "Well, hmmm, I don't know," while your mind races. Your doctor should ask you specific, pointed questions about your sexual health. If she doesn't, you'll need to steer the conversation yourself. These questions will help get you going: "Should I be concerned about STDs?" "Is there a better contraceptive for me?" "What should I do about...?" If you'd rather die than ask them, it's time to find a doc you're more comfortable with.

—Martha Barnette



Be a (safe) sex goddess

Get wise to these 4 common sexual health myths

● *Herpes, syphilis, gonorrhea*—you see these words in pamphlets at your doctor's office, but they have nothing to do with you, right? You can't be so sure. The American Social Health Association in Research Triangle Park, North Carolina, estimates that one in four people is either living with or will become infected with a sexually transmitted disease. To help ensure you don't wind up with one—or if you do, that you get treated—SELF debunks four of the biggest misconceptions and provides the facts you need to stay healthy.

I got a clean bill of health at my last pelvic exam, so I'm disease-free.

● Unless you asked for it, you probably weren't screened for *any* STD. The standard Pap checks only for abnormal cervical cells, not infection with human papillomavirus, which is linked to the abnormalities and to nearly all cases of cervical cancers. Screening for each sexual infection, whether it's HPV, chlamydia or hepatitis, requires its own test. If you fell for this myth, don't feel too bad—so did 40 percent of women (we hope for the last time!) surveyed by the Kaiser Family Foundation.

● **Smart-sex tip** Ask your health-care provider if you need testing. The Centers for Disease Control and Prevention in Atlanta recommends that doctors screen

based on a patient's history as well as other factors (such as pregnancy or local rates of a given infection). The problem is that many doctors aren't broaching the topic at all, says Matthew Hogben, Ph.D., of the CDC's Division of STD Prevention. (That might partly explain why nearly half of women have never been tested for a sexually transmitted infection, according to the SELF/Kaiser survey.) Still, that's no excuse. If your doc is not asking about your sex life, press the issue—or find a new doctor.

Most STDs won't kill me, right?

● Wrong. You know the dangers of AIDS, but take HPV, for instance. Many strains (there are more than 100) are benign and go away on their own, while some more virulent forms cause cervical cancer. Then there are hepatitis B and C; either viral infection can result in liver damage and cancer. Keep in mind that hepatitis B is spread the same way as HIV but is 100 times more contagious. And though syphilis is rare, an untreated infection can ravage nearly every organ.

● **Smart-sex tip** Stay on top of your Paps. Many cervical cancers are found in women who haven't been screened in more than five years. As for HPV testing, doctors generally give the test to women in their 20s only after an abnormal Pap. But women over 30 (who are more likely to carry a high-risk HPV strain) now have the DNA Pap, an HPV test and a Pap rolled into one. It can detect abnormal cells more reliably than the smear alone, says Marie Savard, M.D., clinical associate professor of medicine at Thomas Jefferson University in Philadelphia. To beat hepatitis: Use condoms, avoid blood-to-blood contact and ask your doctor about the hepatitis B vaccine.

He showered,
but is he *clean*?

40% of women wrongly believe that a Pap smear tests for sexually transmitted diseases.

I always practice safe sex, so I'm not at risk.

● Perhaps a better term is “safer” sex, because condoms don’t protect you in all situations. Many diseases, including HIV and chlamydia, are spread via oral sex, so to lower your risk you still need to use condoms and the appropriately named dental dams. If your partner has a cold sore (caused by the oral form of herpes), forgo mouth-to-genital contact until it clears up, because it could spread to your vagina. Finally, both herpes and HPV can make the leap when you’re not having sex at all. Skin-to-skin contact is sometimes all it takes.

● **Smart-sex tip** You don’t have to swear an oath of celibacy, but you do have to realize that there’s always a chance of infection. Ideally, you should get tested before having sex with a new partner; if you jump into bed before getting your test results, be sure to use full protection ‘til you know the score. If you find out that you have a bacterial infection such as chlamydia, some doctors will write an Rx for antibiotics for you and your partner. With a viral infection, you can still be intimate without passing on the disease; simply ask your physician for advice (no blushing necessary).

I would just know if I had something.

● Actually, you probably wouldn’t. Of the 50 million people infected with herpes, 80 percent don’t know it; 90 percent of those with gonorrhea are asymptomatic, as are 75 percent of women with chlamydia.

● **Smart-sex tip** Regardless of your symptoms (or lack of them), and especially if you’re thinking of having a baby, talk to your doctor about being tested, suggests Vanessa Cullins, M.D., vice president for medical affairs at the Planned Parenthood Federation of America in New York City. Both gonorrhea and chlamydia can lead to tubal scarring, which may result in infertility or an ectopic pregnancy. A herpes outbreak (especially your first one) could seriously harm a fetus during delivery, which is why screening is a standard part of prenatal care. Still, Dr. Cullins says it’s better to diagnose and treat an STD before you become pregnant.

STD CHEAT SHEET

| BACTERIAL | | | |
|----------------------------|---|--|---|
| NAME | HOW YOU GET IT | SYMPTOMS | TREATMENT |
| Chlamydia | Unprotected vaginal, anal or oral sex | Often asymptomatic; may cause pain during urination or abnormal vaginal discharge or bleeding one to three weeks after infection. | Antibiotics (Make sure your partner is treated, too, or he could reinfect you.) |
| Gonorrhea | Unprotected vaginal, oral or anal sex | Often asymptomatic; may cause a burning sensation during urination, vaginal discharge, abnormal vaginal bleeding or pelvic pain. Symptoms appear within 10 days of infection. | Antibiotics (Make sure your partner is treated, too.) |
| Syphilis | Unprotected vaginal, oral or anal sex | One sore may appear on genitals. Other symptoms can appear up to six months later, including a rash on hands or feet, muscle pain and hair loss. | Penicillin (Make sure your partner is treated, too.) |
| Trichomoniasis | Unprotected vaginal sex | May be asymptomatic; within five days to a month of infection, may cause yellowish-green vaginal discharge with a strong odor and discomfort during urination and sex. | The antibiotic metronidazole (Make sure your partner is treated, too.) |
| VIRAL | | | |
| Genital herpes | Unprotected vaginal, oral or anal sex; contact with infected area | The first outbreak may cause lesions (on genitals or outer pelvic area) and flulike symptoms. Some people have few recurrences (or none). But you can still pass the infection even if no sores are present. | Antiviral drugs can help with the pain and discomfort as well as reduce the frequency of outbreaks. |
| Hepatitis B and C | Unprotected vaginal or anal sex; blood-to-blood contact | About 30 percent of people with hepatitis B and 80 percent with hepatitis C don’t have any symptoms. Others may experience nausea, fatigue, vomiting, stomach pains and jaundice. B is usually an acute problem; C is typically chronic. | Hepatitis B usually clears the body on its own. Chronic hepatitis can be treated (though not cured) with drugs. |
| HIV | Unprotected vaginal, oral or anal sex; blood-to-blood contact | Symptoms, which can take more than 10 years to appear, include weight loss, fatigue, fever, headaches and severe or recurring yeast infections. | Antiviral medications can slow the progression of the disease. |
| Human papillomavirus (HPV) | Unprotected vaginal, oral or anal sex; contact with infected area | Two weeks to three months after exposure, warts may develop on genitals; sometimes the only sign of infection is an abnormal Pap. | Warts may go away on their own or can be removed with topical treatments or minor surgery. |



“I love my contraceptive because...”

Nothing promotes a healthy, happy sex life like confidence-inspiring birth control. Luckily, finding that perfect fit is easier than ever—ask the women below!



THE PILL

Caroline O'Malley, 30, a writer in New York City
 “The Pill is great for me. Not only does it prevent pregnancy, but the Pill lowers my chances of endometrial and ovarian cancer. I love that.

Plus, I can even skip my period altogether. Talk about convenience!”

Just the facts Each year, about 8 in 100 Pill users will get pregnant. (Except where noted, all statistics in this story are for actual rather than perfect use.) ● A month's supply costs \$20 to \$35 (insurance may cover it). ● The Pill may not be appropriate for women at risk for high blood pressure, blood clots or stroke, says Mitchell Creinin, M.D., director of family planning at the University of Pittsburgh. ● It also doesn't protect against STDs. Possible side effects include breast tenderness, nausea, headache, bloating and mood changes.

THE TODAY SPONGE

Diane Novak, 36, a nurse in West Deptford, New Jersey
 “When I heard the sponge was coming back, I was so excited, I screamed. I've been ordering it online at www.birthcontrol.com. You can use it when you need it, leave it in—and have sex again. It can stay in for a day, so it doesn't ruin the spontaneity. Plus, it's hormone-free.”

Just the facts Twenty in 100 sponge users who have never had a baby will get pregnant each year. Among mothers, the failure rate doubles; the cervix widens after delivery and may allow sperm not killed by spermicide to sneak past. ● A three-pack costs about \$10. ● It doesn't guard against STDs and may cause irritation.



NUVARING

Carla Eldridge, 42, a chemist in Chicago
 “I was in the FDA clinical study of the ring in 1998 and fell in love with it. I patiently waited until it got approved last year. I insert it and leave it in for three weeks, and life goes on. You take it out the fourth week to get your period. The best part? I don't even feel it—and neither does my boyfriend.”

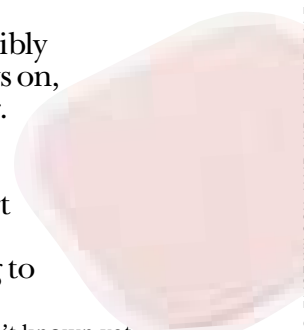
Just the facts One in 100 women will still become pregnant even if the hormone-releasing ring is used perfectly (real-life stats aren't known yet). ● A single ring runs \$20 to \$40 (if not covered), and as with the Pill, you need a prescription. ● Some users experience vaginal irritation, and all the same cautions and side effects associated with the Pill apply. ● Worried about STDs? Use condoms, too.



ORTHO EVRA PATCH

Allison Levy, 31, a lawyer in Dallas
 “I love the patch! It's incredibly easy to use, and it really stays on, even when I swim or shower. Plus, I don't have to think about it much—I change it once a week. It's become part of my Sunday ritual. It takes away the pressure of having to remember a pill every day.”

Just the facts Real-life-use stats aren't known yet, but if the patch is used perfectly, 1 in 100 users will become pregnant each year. ● A one-month supply costs \$25 to \$35 (the cost may be covered, and you need an Rx). ● It could irritate the skin; switching placement each week usually helps. ● It doesn't stop STDs and has the same risks as oral contraceptives.



ROBERT WHITMAN: STYLING, ELISE WILSON; HAIR AND MAKEUP, DALE JOHNSON AT BERNSTEIN & ANDRIULLI. STILL LIVES: DEVON JARVIS; BIRTH CONTROL PILL CASE, COURTESY OF ORTHO-MCNEIL PHARMACEUTICAL.

DEPO-PROVERA

Amber Champagne, 22,
an accountant in Houston

“I used to have extremely heavy periods and cramping, and I didn’t want to. My friend told me that Depo-Provera could possibly prevent my period as well as pregnancy, and it sounded perfect. After the first shot, my period stopped. [The progesterone injection keeps your ovaries in a resting state.] I’ve been on it for three years, and it fits into my busy schedule: I show up every three months for my shot. I’m single now, and because Depo doesn’t protect against STDs, I’m not having sex until I’m in a monogamous relationship and my partner and I have been tested.”

Just the facts Fewer than 1 in 100 women on Depo get pregnant each year. ● Each shot costs \$30 to \$50 if not covered by insurance. ● Possible side effects include dizziness, weight gain, headaches and irregular bleeding. Some small studies show that the injection may weaken bones, so ask your doctor if you need calcium supplements or should take other bone-building steps.

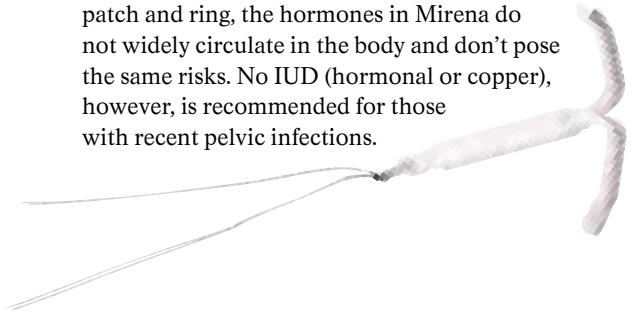


THE IUD

Kelly Wilson, 29, a mother of three
in Eagle Mountain, Utah

“After my last pregnancy, I wanted some time before having another child. I’ve been using the Mirena IUD for a year and have less cramping and bleeding than before, which is great. But my favorite thing about it is that it can be left in place for five years! And when I’m ready to have another baby, I can start trying as soon as it’s removed.”

Just the facts Fewer than 1 in 100 women with IUDs get pregnant each year. ● Costs start at \$400 but may be covered. ● IUDs don’t protect against STDs and can cause irregular bleeding within the first six months. ● Unlike the Pill, patch and ring, the hormones in Mirena do not widely circulate in the body and don’t pose the same risks. No IUD (hormonal or copper), however, is recommended for those with recent pelvic infections.



CONDOMS

Jen Benjamin, 25, a
writer in New York City

“I’m single, so I need something to prevent STDs as well as pregnancy. Condoms may disrupt the moment a bit, but at least I don’t have to think about them every morning like the Pill. They’re also convenient; you can pick some up right before a big night or leave a box in a nightstand. And the lubricated ones definitely make sex better.”

Just the facts Fifteen in 100 women using condoms will get pregnant each year. ● For about \$12, you can buy 12 latex or 6 polyurethane ones (an option if you’re allergic to latex). ● Poly condoms may slip off more easily and so may be less effective.

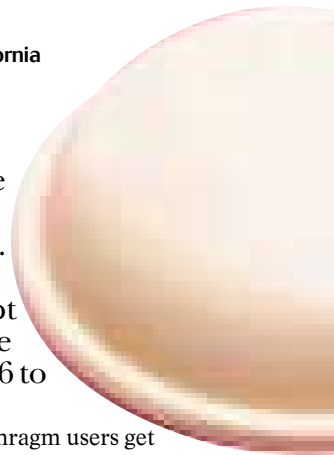


THE DIAPHRAGM

Lisa Lee, 34, a book publicist in Berkeley, California

“I used to take the Pill, but it killed my sex drive and bloated me up. After testing the diaphragm, I was a total convert. It lets me have my normal monthly cycles, which feels natural. Plus, if you plan ahead, you don’t have to interrupt sex. But you do have to use spermicide and leave it in 6 to 24 hours every time.”

Just the facts Sixteen in every 100 diaphragm users get pregnant each year. ● The cost per diaphragm ranges from \$15 to \$50 (insurance may cover it) plus \$8 to \$17 for spermicide. ● One drawback: Diaphragm users tend to have more urinary tract infections than nonusers (the device presses on the urethra, which can prevent bacteria from being flushed out). Keep UTIs at bay by urinating before and after insertion. ● You may need to be refitted after giving birth or if your weight changes by more than 10 pounds.



● **LOOKING FOR LUNELLE?** The once-a-month injectable was voluntarily recalled in October after Pfizer, the manufacturer, learned that some of the prefilled syringes did not contain the appropriate dosage. (There have been no reported pregnancies from the mistake.) In the meantime, production has ceased while Pfizer investigates what went wrong.

 **REGIONS
AFFECTED BY HIV**

 **REGIONS WHERE
HIV IS PREVENTABLE**



www.knowhivaids.org