

Family Planning for Marriage



TREBLE-UP:
Use 3 Forms of Birth Control

An easy-to-read summary of each type of modern pregnancy and disease prevention method. The most common reasons for failure and detailed instructions for use and for reducing the failure rate are provided. Methods that can be combined, and those that can't, are discussed so that overlapping protection can be used.

FAMILY PLANNING FOR MARRIAGE: TREBLE-UP USE THREE FORMS OF BIRTH CONTROL

By Treble-Up

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Table of Contents

Introduction: Accidental Pregnancy and Why It Matters	1
Chapter 1. Actual Birth Control Failure Rates.....	5
Chapter 2: Fertility Awareness Methods	11
Symptom-Based Methods	12
Calendar-Based Methods.....	13
Breastfeeding-Based Methods	13
Chapter 3: Withdrawal.....	15
Chapter 4: Spermicides.....	17
Chapter 5: Condoms	19
Storage.....	19
Lubrication.....	20
Manufacturing Defects.....	20
Using the Male Condom.....	21
Using the Female Condom.....	23
Chapter 6: Female Barrier Methods	27
Diaphragm.....	27
Cervical Cap.....	29
Sponge	31
Chapter 7: Hormonal Methods	33
Reasons for Failure	33
Side Effects	34
Access.....	35
The Pill	35
Patch	35
Ring.....	37
Shot.....	39
Implant.....	41
Chapter 8: Intrauterine Devices.....	43
Chapter 9: Sterilization.....	47
Tubal Ligation for Women	48
Vasectomy for Men.....	48
Chapter 10: Emergency Contraception	51
Chapter 11: Sexually Transmitted Infections	55

Chapter 12: Treble-Up	63
Final Thoughts	65
Glossary.....	67
Notes	93

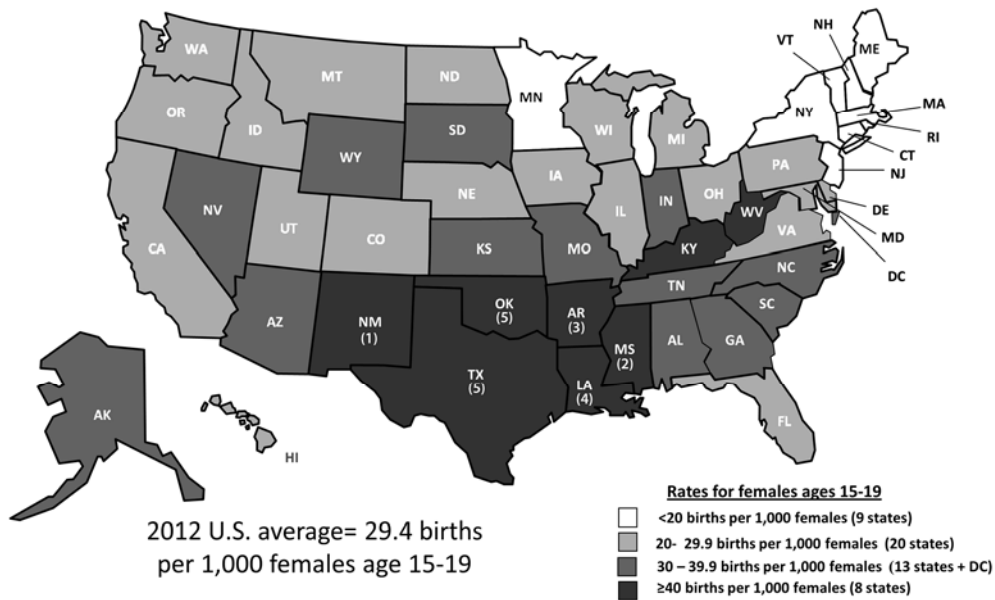
Introduction: Accidental Pregnancy and Why It Matters

The United States has the highest rate of teen pregnancy in the developed world,¹ and Texas is fifth highest in the 50 states,² with the highest rate of repeat teen pregnancies!³ That's not surprising, given that 25% of Texas school districts **don't** teach sex education and almost 60% teach abstinence-only.⁴

The figure below shows the 2012 birth rates in teens by state.⁵ As you can see, Texas sits right in the middle of a hotbed of teen pregnancy and births, along with New Mexico, Mississippi, Arkansas, Louisiana, Oklahoma, Kentucky and West Virginia.

Teen Birth Rates Highest in South Central States and Lowest in the Northeast

2012 birth rate among girls age 15-19, per 1,000 females



SOURCE: CDC National Vital Statistics Reports, "Births: Final Data for 2012", 62(9)2013.

6

It's not just teens having accidental pregnancies either. In Texas, more than half of **all** pregnancies (54%) are accidental.⁷

The situation has worsened recently in Texas counties that used to be served by Planned Parenthood. In 2011, Texas defunded Planned Parenthood, leaving many counties without any services.⁸ A new study reports that those counties had an increase in Medicaid-covered births in the 18 months following funding removal, whereas counties with services showed a decrease in Medicaid-covered births.⁹

Teenage pregnancy has social consequences. Compared with women who have babies later in life, teenagers who have babies are:

- Less likely to finish high school;
- More likely to rely on public assistance;
- More likely to be poor as adults; and
- More likely to have children who have poorer educational, behavioral, and health outcomes over the course of their lives than do kids born to older parents.¹⁰

Accidental pregnancies cost the taxpayer too. In 2010, more than 57%¹¹ of all births in Texas were publicly funded at a cost of nearly \$3 billion—almost a third of which was paid by Texas.¹² That is our tax dollars that could be invested in education or health, paying for a preventable situation.

Our country as a whole loses out too, as each student dropping out of school represents about \$260,000 in lost earnings, taxes, and productivity.¹³

Pregnancy is not the only unintended consequence of sex—**disease** is another consequence and a potentially fatal one. Texas ranked third among the 50 states in the number of HIV¹⁴ diagnoses in 2015. Texas also ranks 16th in syphilis, 13th in chlamydia, and 11th gonorrhea.¹⁵ In fact, Austin has more sexually transmitted disease cases than 50 other cities surveyed, and Dallas is ninth!¹⁶

The disease risk is higher for young people too. Of the 20 million new sexually transmitted infection or “STI” cases every year, about half in 2000 occurred among individuals aged 15 to 24.¹⁷

This book aims to improve these statistics, providing marital education in an easy-to-read, nonjudgmental fashion. Why “marital” education instead of “sex” education? We chose this name in hope of reaching parents who support abstinence-only education.

Abstinence-only education may have a positive benefit in delaying the onset of sexual activity¹⁸—but it can lead to marriage at an earlier age. Without marital education, those young couples may not know how to plan their family. Thus, even if they are married, young parents are still at risk for dropping out of school with all of the negative consequences mentioned above.

Further, although pregnancy is an important focus, the information presented here is also relevant for marriages in which children are not an option. We believe that whether you have children or not, reproductive health care and education is

important to your well-being, and that your well-being is important to everyone's well-being.

This book thus provides a basic education in the types of family planning and disease prevention methods available and discusses their failure rates and the common reasons for failure. It makes suggestions for doubling or trebling up (using two or three different methods) to improve the chances of avoiding accidental pregnancy and disease.

Our purpose here is not to scare young people but to provide essential information in a balanced and nonjudgmental way. Hopefully, this book will also be able to connect with parents who have been pro-abstinence-only and encourage them to consider marital education in their communities. In Texas, and other states with high HIV rates, it may mean the difference between a happy healthy life, and a shortened one fighting HIV.

A copy of this book for personal use can be downloaded at www.Treble-Up.com. A \$1 donation is suggested per copy for school use. Read it, pass it on, and if you get the opportunity, vote for abstinence-plus-marital education to be taught in your local schools.

Chapter 1. Actual Birth Control Failure Rates

Birth control is not as good as most people think in preventing accidental pregnancies. You may be familiar with numbers quoting failure rates in “perfect” use. But how many users are perfect?

Let’s take condoms as an example. Condoms are reported to have perfect use failure rates of 1 to 2%. But how many condoms were always stored perfectly? Have you ever left them in the car? In your wallet? At the bottom of a messy purse? How long did they sit in a hot warehouse before being delivered to your local drugstore? How many people know exactly how and when to use a condom? How many have a perfect fit? How many vaginas are frictionless? How many use the perfect lubricant? Or any lubricant at all?

You can see that there are a lot of ways imperfections can creep in—and they do as reflected by the 13% failure rate.

Even if condom usage is “perfect,” one or two women in a hundred will still get pregnant in the first year of using condoms.

So let’s look at the actual failure rates of the various forms of birth control, starting from the least effective to the most effective.¹⁹

Method	Actual Failure Rate (Percent of pregnancies in first year of use)
None	85%
Spermicide	28%
Fertility awareness	24%
Withdrawal	20% ²⁰
Female condom	21%
Cap	14%
Male condom	13% ²¹
Diaphragm/sponge	12%
Pill/patch/ring	9%
Injection	6%
Implant	<1%
Intrauterine device	0.2–0.8%
Tubal ligation	0.5%
Vasectomy	0.15%

If you don't use **any** method of birth control, there is an 85% chance of getting pregnant in the first year.

Spermicides are chemicals that kill sperm. They are inserted into the vagina before intercourse to prevent pregnancy. Spermicide is typically available as a foam or jelly, although other forms are available. While it **can** be used alone, you can see from the 28% failure rate that it isn't very effective by itself. In fact, spermicides are intended to be used **with** barrier methods of birth control, such as the condom, diaphragm, cap, sponge or ring.

Fertility awareness methods are a form of family planning that relies on tracking one's periods and ovulation in various ways and not having sex at those times when it is possible to get pregnant. This method is inexpensive and doesn't have any side effects. Some women choose to use fertility awareness methods for religious reasons. For example, the Catholic church approves of various fertility awareness methods.

However, using fertility awareness methods for birth control requires careful record keeping, diligence, and regular periods. As the chart above shows, they're not very reliable with a 24% failure rate.

We will provide a whole chapter on using this method and each of the other methods later, so let's move on.

Withdrawal means that the male pulls out of the vagina before ejaculation, and it's not very effective by itself either (20% failure rate). It is, however, free and has no side effects—if you don't count pregnancy or disease!

Male and female condoms have a couple of benefits, namely that they are easy to buy and no prescription is needed. They also protect against **both** disease and pregnancy, and these are the **only** methods that do. However, used alone, they are not very reliable, failing 13–21% of users within the first year.

The diaphragm and the sponge are similar to the condom in that they are barrier methods of birth control—physically blocking sperm from reaching an egg, instead of relying on hormones to change egg production.

The sponge is a round piece of white plastic foam that is inserted into the vagina before sex and left in afterwards for 6 hours. The sponge works in two ways: it blocks the cervix to keep sperm from getting into the uterus, and it continuously releases spermicide.

The diaphragm is a Frisbee-shaped rubber cap that fits over the cervix. It is coated with spermicide, inserted into the vagina before sex, and not removed for six hours after sex.

The failure rate is pretty high—12% for both of these barrier methods. The cap is very similar to the diaphragm, but smaller and with a 14% failure rate.

The pill, the patch and the ring are all hormonal methods of birth control. These act by changing the body in various ways. For example, some prevent eggs from being released from the ovaries, others thicken cervical mucus to prevent sperm from entering the uterus, and others thin the lining of the uterus to prevent implantation. The pill is taken every day, the patch is applied weekly, and the ring is inserted into the vagina every month. These each have about a 9% failure rate.

Hormones may have some negative side effects, but they can also have significant positive side effects. In fact, many women take some kind of hormone to regulate their periods and reduce the monthly discomfort. There are also many different kinds of hormonal regimes, and some trial and error may be needed to find one that is suitable for a woman.

The injection is also hormone based and is taken every three months. There is a 6% failure rate for this method. However, one has to go to the clinic every three months to get the shot.

The implant releases hormones from a slender rod inserted under the skin of the arm. It lasts for 3 years, and because no action is required by the user, it is more effective than other methods. Although the Centers for Disease Control and Prevention(CDC) reports a 0.05% failure rate, that is **not** accurate, and many women have complained of unintended pregnancy while using the implant.²² The manufacturer suggests that when correctly inserted, the failure rate is less than 1%, and that is the number we have used in our chart.²³

The intrauterine device (IUD) comes in two basic forms—one with hormones and one without. It is inserted into the uterus, leaving small strings protruding into the vaginal canal. The hormonal kind lasts three to five years and the nonhormonal can last ten to twelve years.

The IUD is usually accompanied with some pain on initial insertion, heavier periods for one to three months, and it can be expelled, which is also painful. If your body accepts it, it can be nice to have years of fairly reliable birth control. The failure rate is less than 1%.

The failure rate of the two types of sterilization procedures is also less than 1%. In vasectomies, the vas deferens is cut or tied, and it is usually outpatient surgery, taking about 20 minutes. The man usually takes a couple of days off work. Tubal ligation for a woman is a surgical method, involving anesthesia. Recovery times

vary from one to two days to a few weeks. A nonsurgical method was available to women, but has now been taken off the market in the U.S.

Sterilizations are generally not reversible and thus may be appropriate for an older person who already has a family. However, sterilization is also used for medical reasons when pregnancy might be dangerous to a woman's health or when a couple have hereditary problems they do not want to pass on to their children.

Some of you might be surprised that even sterilizations sometimes fail—they do. **No** method is foolproof. We will delve more into the reasons why in chapter 9 on sterilization.

You may have noticed that the failure rate of abstinence is conspicuously absent from our chart. That is because no one has done any research on the topic. Of course, the theoretical use is close to perfect. If you are on a desert island with no other human being present, it may be biologically impossible to get pregnant. However, we are dealing with facts here—not theory. Common sense suggests that in the real world, abstinence as a contraceptive method can and does fail.

For one thing, abstinence is difficult. The sex drive is at its highest when we are young, and it's hard to say no. It can be especially hard when a woman is ovulating because that's when she is most attractive to men.²⁴

In addition, abstinence can't work in the event of rape, nor can abstinence from penile-vaginal sex prevent STIs where oral sex and other forms of skin-to-skin contact are occurring. Even if you believe in the power of abstinence-only teaching, remember, women don't always get a choice.²⁵

In summary, no method of birth control is perfect, and the very best methods have failure rates of less than 1%. That's still one pregnancy in every hundred or so within the first year of use, and it is something to remember as you consider whether or not to initiate sex in your relationship. Pregnancy is always a risk—married or not.

Further, we only discussed pregnancy as one possible consequence of the failure of birth control. Disease is actually a much **bigger** risk, given that there are 20 million new STI cases in the U.S. every year²⁶ and only 4 million births.²⁷

In the next chapters, we will look at each of these methods more closely, providing instruction on their correct usage, most common reasons for failure, and suggesting ways to triple—treble up—your protection.

If you want to compare the various methods side by side, <https://www.bedsider.org/methods> has a very convenient graphic that highlights key points as you pass your cursor over each method and also groups methods by feature, such as “most effective” or “hormone free.” Additionally, this site is also available in Spanish.

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