

# The complete lover...

## Or what women want men to know about contraception

**M**en like to think they're great lovers. But how you perform in bed is only part of it. A really great lover is involved in his love's decisions about contraception.

We took an informal poll of UO women. Here's what they told us about men and contraception.

**SHARE THE COST:** Contraception can be expensive. And when the cost is not shared, sometimes it seems like exploitation. Men too often overlook this, because most contraception affects only the woman's body.

**TALK ABOUT IT:** Women would like men to share in the decision about contraception — what method is best for the couple. Unfortunately, too often more time is spent deciding on a restaurant than how to prevent pregnancy and disease.

**UNDERSTAND SIDE-EFFECTS:** These include physical (possible weight gain, headaches, pain, irregular menstrual cycles) and emotional (although men may only worry about disease, women also contend with worries about pregnancy).

**LEARN MORE:** Peer health educators at the Health Center have more information. Call 346-4456.

— Amy Getman



# HC focuses on uninsured students

**O**ne of our major concerns at the Health Center is the number of students without health insurance. Estimates say from five percent to as many as 25 percent of UO students are uninsured.

This can have negative effects on students' academic progress, because they may not get the treatment they need for serious medical problems that are not life-threatening.

For example, a dance major who injures her knee may not be able to afford elective surgery without insurance, nor would she receive hospital care because her problem does not threaten her life.

Her injury may thus preclude her from continuing her academic progress in her chosen major. Her life is suddenly and seriously changed.

We've noted indirect effects as well. An uninsured graduate student who uses running to reduce stress may be in a similar situation as the dancer, if he injures his foot, for example.

His life is not threatened directly, but his academic performance may be inhibited by stress and fatigue.

In upcoming months, we'll be looking at a number of possible solutions with regard to uninsured students, in order to find the best answers for them and the UO community.

Our work in this area is consistent with our primary mission of helping students get the best education possible, by minimizing health-related barriers to personal development and learning.

— Gerald J. Fleischli, M.D.,  
director and physician,  
Health Center



# How to find the right contraceptive

**H**ere's a primer about contraceptive methods the Health Center offers students, all at a reduced price. The effectiveness rates listed are with perfect use.

### BARRIER METHODS

Barrier methods employ a device to prevent contact between the sperm and the egg, and are placed before each act of sexual intercourse.

**Male Condom:** One of the most common methods of birth control. The condom has an effectiveness rating of 97 percent, which increases to 99.9 percent if a vaginal spermicide is also used. Condoms provide protection against sexually transmitted infections (STI), most importantly HIV.

**Female Condom:** A relatively new method made from polyurethane that is inserted into the vagina and is 95 percent effective. A major advantage is that it is woman-controlled and offers protection against STI.

**Diaphragm:** A dome-shaped rubber cup filled with spermicide inserted into the vagina. It must be kept in place for eight hours after intercourse. A diaphragm can be left in place for 24 hours, and a new application of spermicide is necessary for each act of intercourse. The effectiveness rating is 94 percent.

**Cervical Cap:** A rubber cup that is placed on the cervix. It must be kept in place for eight hours after intercourse, and can be worn for 48 hours. Repeated applications of spermicide are not necessary. Effectiveness is 92 percent.

**Spermicides:** Nonoxynol-9 is the only spermicide available in the United States, and comes in a variety of forms (foam, jelly, cream, film, suppositories). Spermicides are inserted into the vagina and are 94 percent effective. Nonoxynol-9 offers some protection against STI's.

Note that both the diaphragm and cervical cap require fitting by a medical practitioner, while condoms and spermicides are available over the counter.

Spermicides can cause skin irritations for both men and women, and may increase the risk of bladder infections for some women.

### HORMONAL METHODS

Generally speaking, hormonal methods offer higher effectiveness (99.9 percent) and greater convenience than barrier methods. They work primarily by preventing ovulation (release of the egg from the ovary) and have non-contraceptive benefits such as relief of painful menstrual periods. They all require a prescription.

**Oral Contraceptives (The Pill):** Most commonly used hormonal method. It involves taking a pill around the same time every day. The menstrual period occurs every 28 days and is typically shorter and lighter. The pill reduces the risk of ovarian cancer and ovarian cysts. Many different formulations are available to fit the needs of individual women.

**Depo Provera:** An injection given every three months. Initially, menstrual bleeding is quite irregular, but with continued use menstrual periods stop altogether. The absence of menses is not harmful, but for some women is disconcerting.

**Norplant:** Six capsules are inserted under the skin of the upper arm, gradually releasing a hormone. Norplant is effective for five years. A common side-effect is irregular menstrual bleeding.

Hormonal methods offer no protection against STI's. No male hormonal methods of contraception are available.

"We're all different people," says Colleen Jones, nurse practitioner at the Health Center. "The method of contraception that works well for one couple may not work as well for others. We try to present all the options so a couple can decide which method best meets their needs."

— Jennifer Hoyt with Colleen Jones, NP

# Fill your stomach before your grocery cart

**I**f you want the best nutrition for every dollar you spend at the grocery store, start by talking with Kristen Olmos, registered nutrition counselor at the Health Center.

When I spoke with Kristen she gave me handouts about cutting food costs, getting my vitamins, and reading food labels.

I learned a few interesting shopping tidbits to pass on to you.

Never shop on an empty stomach, and always use a prepared list of items you need. Kristen says this method will curb impulse buying — which is what

stores want you to do. As you make your shopping list, consider these tips for getting the best nutrition for the least money:

- Dry beans and nuts are great sources of iron, calcium, and protein.
- Bread and cereal will help meet your needs for B vitamins.
- Buy leaner meats, even though they are more expensive, because the nutritional differences are well worth the extra cost.
- Buy fortified products instead of vitamin supplements. They're cheaper and better for you.
- Buy day-old baked goods: you'll hardly notice the difference, except for the lower price.

- Green and yellow vegetables and citrus fruits are the most economical sources of vitamins A and C.

Kristen also told me how to read food labels. For instance, when you're buying bread, make sure whole grain wheat is the first item listed and that fat is no greater than three percent.

If you want more information, visit the Peer Health Education room in the Health Center. We even have cookbooks you can borrow.

Kristen, who also works with eating disorders, can be reached at 346-2794 or kolmos@oregon.

— Jamie Abbott



Kristen Olmos, Health Center Registered Nutrition Counselor