

All Seven Contraceptive Methods Compared

Master the Class 12 Reproductive Health taxonomy for NEET.

Master Contraceptive Matrix

Category	Examples	Mode of Action	Reversible?
Natural	Periodic abstinence, withdrawal, lactational amenorrhea	Avoid ovum-sperm meeting (timing)	✓ Yes
Barrier	Condoms (male/female), diaphragm, cervical cap, spermicides	Physical block; condoms also block STIs	✓ Yes
IUDs	Lippes loop, CuT, Cu7, Multiload 375, Progestasert, LNG-20	Increases phagocytosis of sperms; Cu ²⁺ kills motility; hormones spoil uterus & cervix	✓ Yes
Oral pills	Progestogen / progestogen+estrogen tablets; Saheli	Inhibit ovulation, inhibit implantation, alter cervical mucus	✓ Yes
Injectables	Progestogen / progestogen+estrogen injections	Same as pills, longer duration	✓ Yes
Implants	Subdermal hormone rods	Same as pills, very long duration	✓ Yes
Surgical	Vasectomy, tubectomy	Block gamete transport (sperm or ovum)	✗ Poor (Terminal)

Natural Methods

Timing & Abstinence



Periodic Abstinence: Avoid coitus during the fertile period (Day 10 to 17 of menstrual cycle).



Withdrawal: Coitus interruptus just before ejaculation.



Lactational Amenorrhea: Absence of ovulation during intense breastfeeding.

Common Mistake

Lactational amenorrhea is NOT permanent. It is only effective for a maximum of 6 months post-delivery while fully breastfeeding.



Barrier Methods

Physical Block



Condoms: Latex sheath (e.g., Nirodh).
Unique benefit: Doubles as an STI/AIDS shield.



Cervical Covers: Diaphragms, cervical caps, vaults (Reusable rubber barriers).



Adjuncts: Spermicidal creams/jellies used to increase efficiency.



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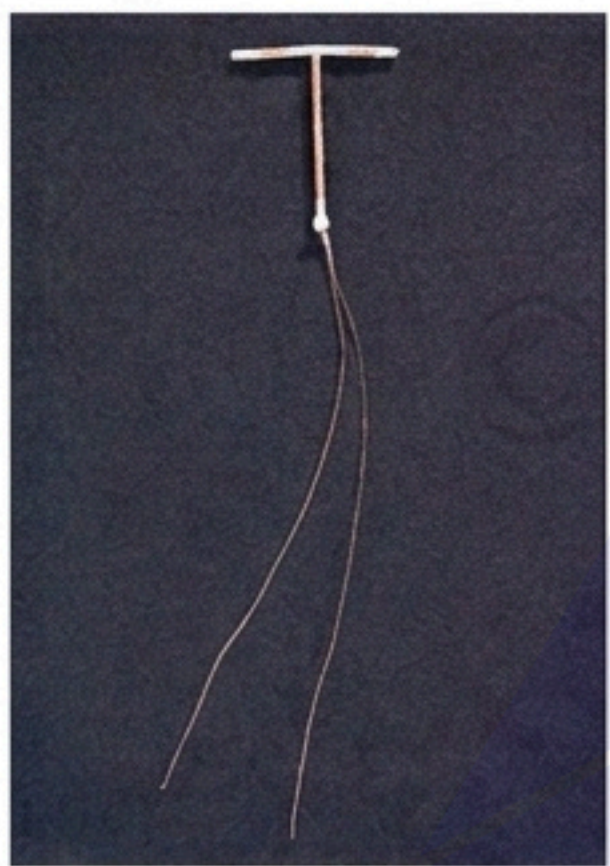
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Intra Uterine Devices (IUDs)

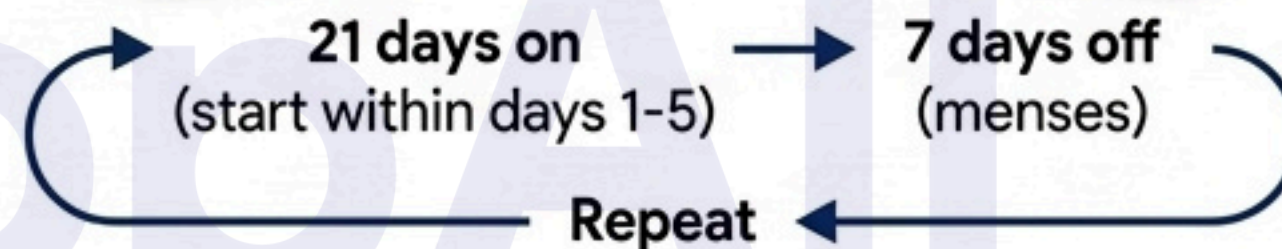
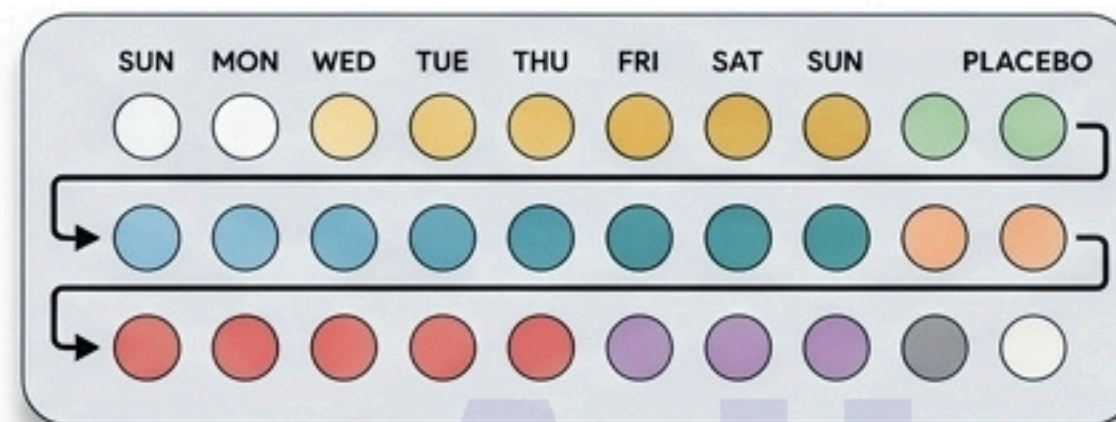
Uterus Device



1. **Non-medicated (Lippes loop)** → Increases phagocytosis of sperms.
2. **Copper-releasing (CuT, Cu7, Multiload 375)** → Cu^{2+} ions suppress sperm motility & fertilizing capacity.
3. **Hormone-releasing (Progestasert, LNG-20)** → Make uterus unsuitable for implantation & cervix hostile to sperms.

Oral Contraceptive Pills

Hormonal Tablets



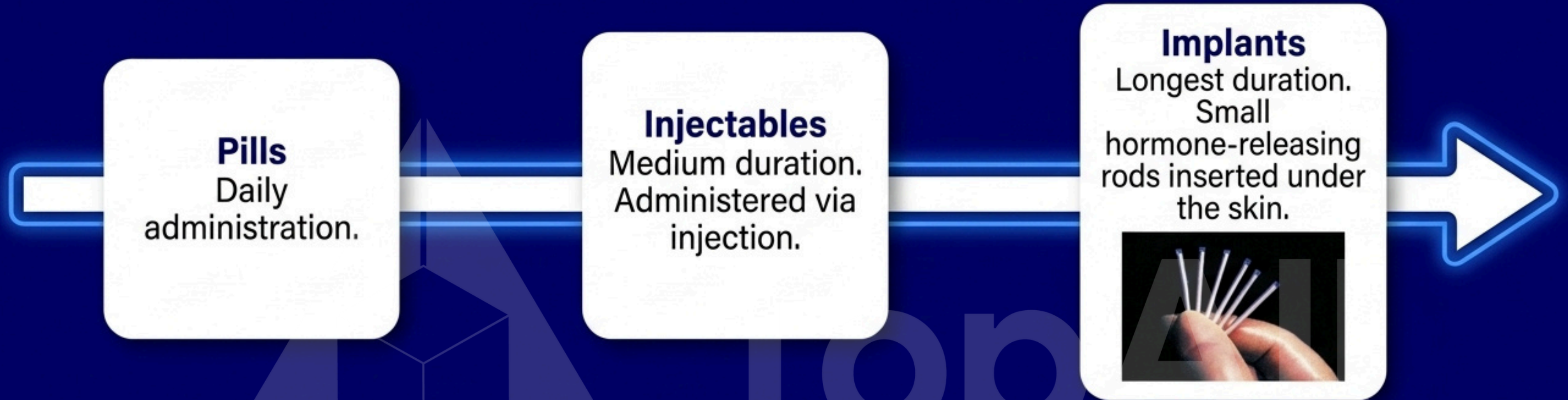
Triple Action Mode

- ✓ 1. Inhibit ovulation.
- ✓ 2. Inhibit implantation.
- ✓ 3. Alter cervical mucus.

Quick Tip

Saheli is a non-steroidal, 'once-a-week' pill developed at CDRI, Lucknow. It features high contraceptive value with very few side effects.

Evolution of Hormonal Duration: Same Mechanism, Longer Action



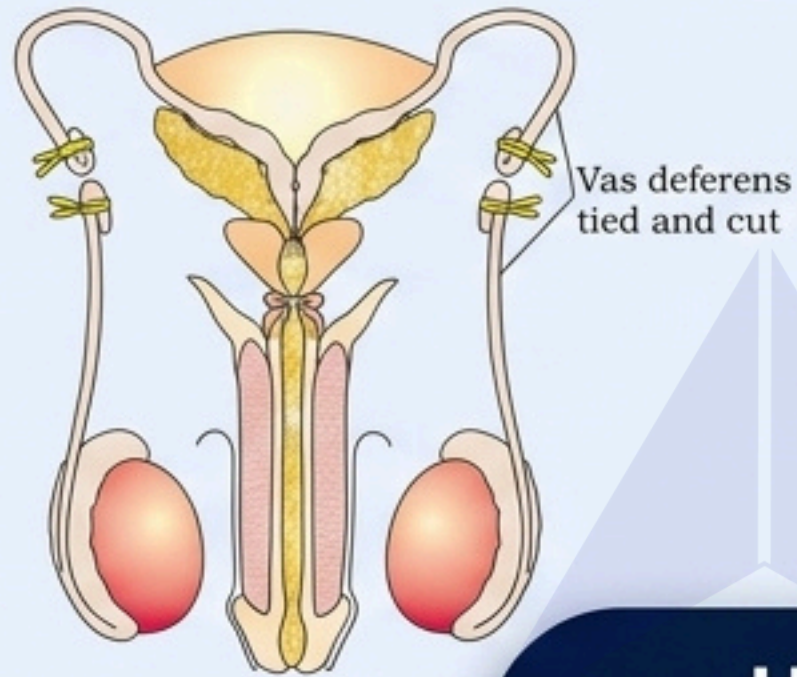
Core Concept

Both injectables and implants use the exact same hormones (progestogens alone or with estrogens) and mechanisms as oral pills, but their effective periods are drastically longer.

Emergency Contraception

Administering progestogens/estrogens or IUD insertion within 72 hours of coitus.
Used for unprotected intercourse or rape, NOT as a regular daily method.

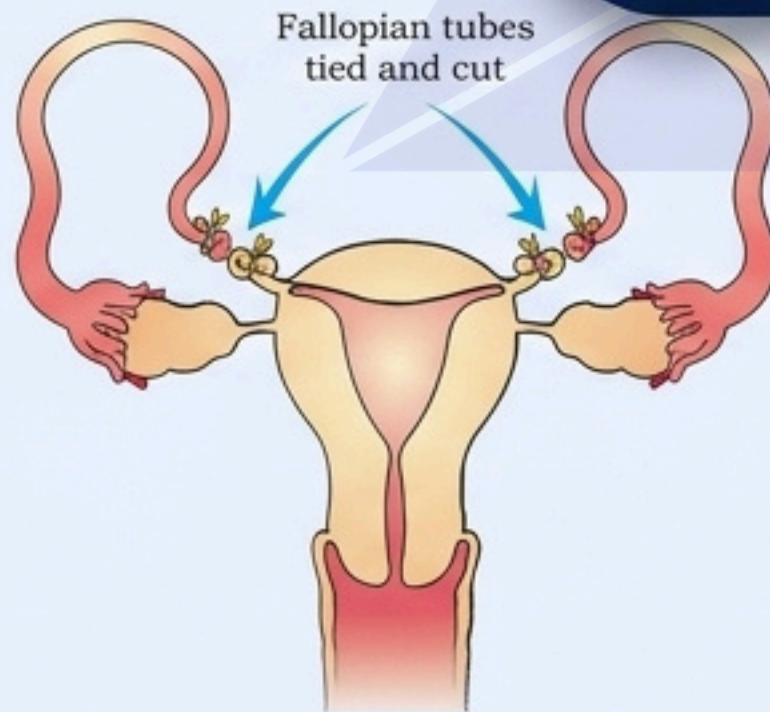
Surgical Methods (Sterilisation): The Terminal Option



Vasectomy

Male partner. A small part of the vas deferens is removed or tied up via a scrotal incision, permanently blocking sperm transport.

**Highly Effective, but POOR Reversibility.
Reserved for couples wanting no more children.**



Tubectomy

Female partner. A small part of the fallopian tubes is removed or tied up via an abdominal or vaginal incision, permanently blocking ovum transport.

Exam Synthesis Framework

To master this taxonomy for NEET, always compare methods by their specific examples, their distinct mechanism of action, and their reversibility.

Memorize the Ideal Contraceptive Checklist: U-E-E-R-N

U - User-friendly

E - Easily available

E - Effective

R - Reversible

N - No (or least) side effects

Quick Recall Check

Q: Which method is non-steroidal, developed at CDRI, and taken once a week?

A: Saheli

Q: Which barrier method uniquely doubles as an STI/AIDS shield?

A: Condoms

Q: What is the exact "fertile period" to avoid in periodic abstinence?

A: Day 10 to 17 of the cycle

Q: Which IUD suppresses sperm motility using ions?

A: Copper-releasing (CuT, Cu7)



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