

It's **PERSONAL**

Finding the Right Contraception
Behind Every Body and Every Story

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LAND ACKNOWLEDGMENT

We are gathering here today on Treaty 6 territory, the traditional homeland of the Cree, Saulteaux, Blackfoot, Métis, Dene, and Nakota Sioux peoples.

This acknowledgment it's a reminder of the histories that shape this land, and of the resilience, knowledge, and strength of Indigenous communities who continue to care for it today.

As we talk about health, autonomy, and choice, we hold in mind that colonial systems have deeply impacted Indigenous peoples' rights to their own bodies and to healthcare. Naming this is part of honouring our shared responsibility to create spaces of dignity, respect, and healing.

I am grateful to be here, and I commit to walking gently, listening, and continuing to learn from the wisdom of this land and its peoples.

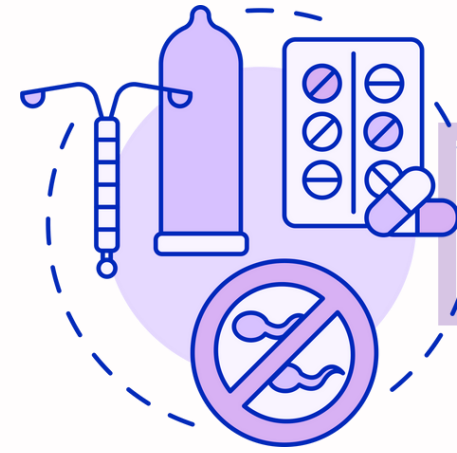
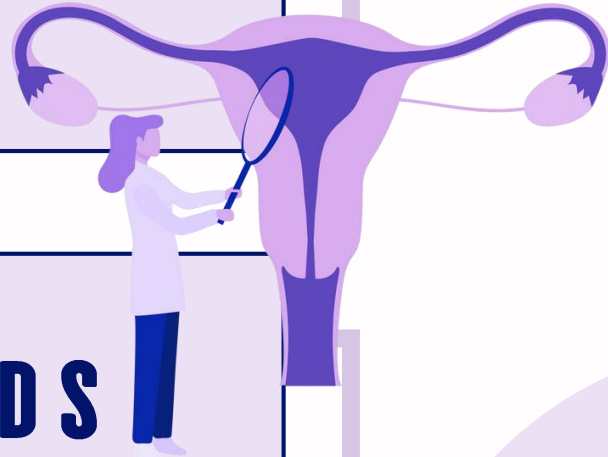


INTRODUCTION

The presentation I'm sharing with you is called ***'It's Personal: Finding the Right Contraception – Behind Every Body and Every Story.'*** And that title is really intentional, because contraception is never just a medical decision. It's a personal one, deeply connected to who we are, where we're at in our lives, and what matters most to us. Let's talk about contraception not from a cold, clinical lens, but from a kind, feminist, and trauma-informed perspective. Because at the heart of it, this is about autonomy, dignity, and the right to make choices that feel right for our own bodies and lives.

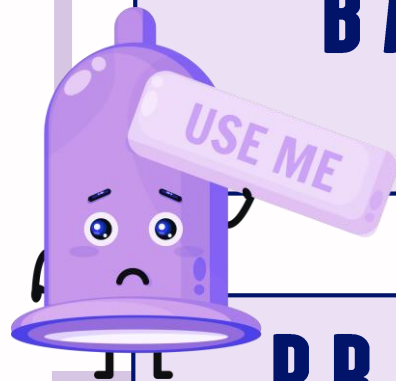


**CYCLE TRACKING AND
WITHDRAWAL**



DEPO PROGESTERONE

BARRIER METHODS



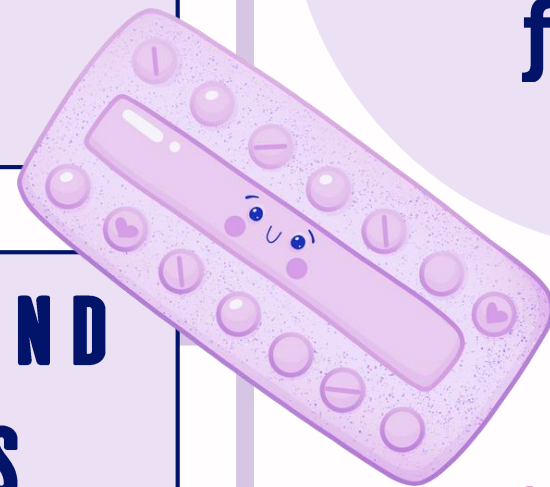
**PROGESTERONE ONLY
PILLS**

**So many
options to
choose
from!**

SUBDERMAL IMPLANTS

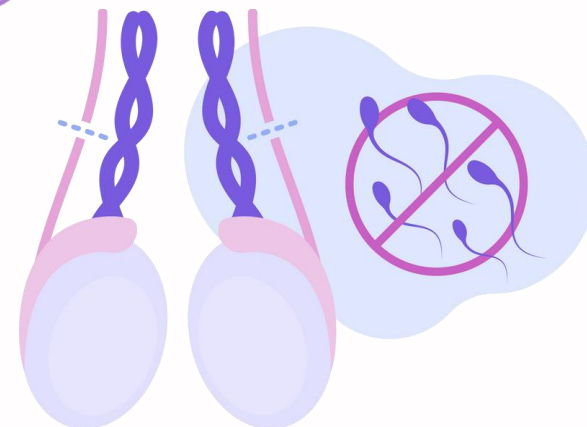
**INTRAUTERINE DEVICE
IUD**

**COMBINED ESTROGEN AND
PROGESTERONE PILLS**



VASECTOMY

**COMBINED ESTROGEN AND
PROGESTERONE
ALTERNATIVES**



TUBAL LIGATION

WHY CONTRACEPTION IS PERSONAL? 🌸



Every person who walks into a clinic, or sits down to think about contraception, brings a **whole story** with them. It's not just about **preventing pregnancy**—it can be about **protecting health, planning for the future**, navigating relationships, **managing symptoms**, or sometimes simply **feeling safe** and in control.

And importantly, the 'right' method isn't fixed forever. The right choice at 18 may not be the right choice at 28, or at 38. Life shifts, bodies change, relationships evolve, and our reproductive goals move with us.



THINGS TO CONSIDER WHEN CHOOSING CONTRACEPTION

01

Stage of life & reproductive goals.

Is the person avoiding pregnancy for now? Do they want children later? Are they done with childbearing? Different methods support different goals.

02

Health conditions:

Some people can't safely use estrogen, some benefit from IUDs to control heavy bleeding, others may need to avoid certain hormones.

03

Lifestyle & routine:

Are you someone who wants to remember to take a pill every day? Or does a low-maintenance method like an IUD, implant, or injection makes things easier for you?

04

Hormone sensitivity & side effects:

Some people thrive with hormonal contraception, others experience mood changes, migraines, or low libido. And both experiences are valid—it's about what feels right for you.

05

Partner involvement & relationship dynamics:

Some people want their partner to share responsibility—like vasectomy, condoms, or fertility awareness. For others, privacy and independence in contraception feels safer or more empowering.

06

Comfort level:

How do you feel about having a device inside your body? About procedures? About injections or implants? Comfort matters.

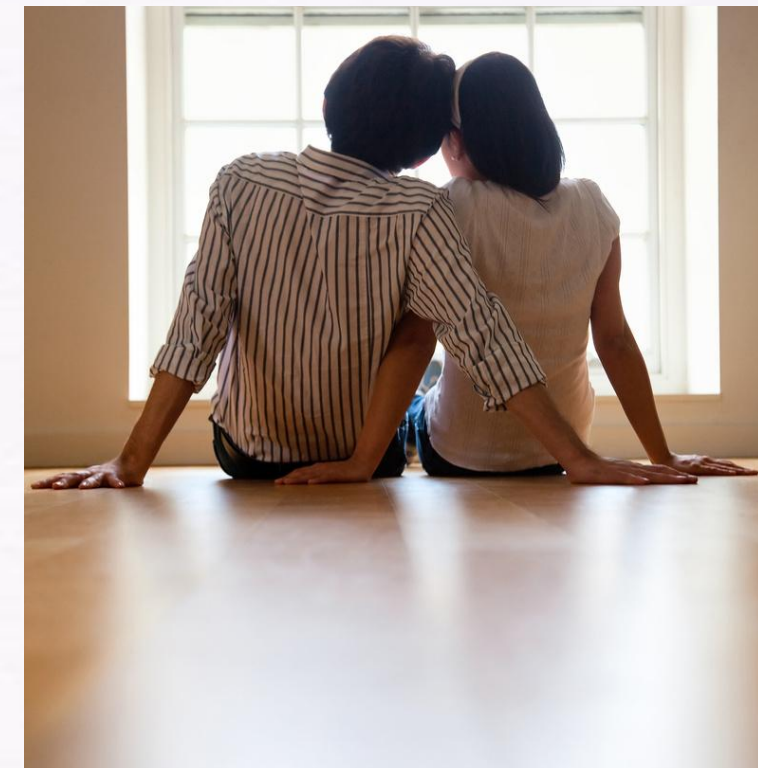
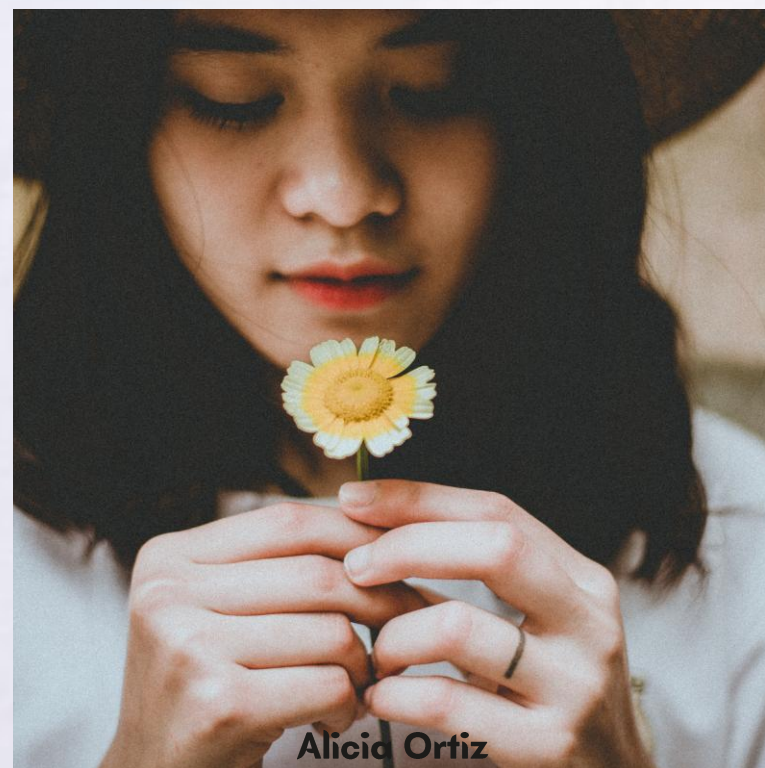
07

Accessibility & cost:

What's actually available in your area? What's covered by insurance or government programs? What can you afford out of pocket? Access is not equal for everyone.

STAGE OF LIFE AND REPRODUCTIVE GOALS

When we think about contraception, one of the first questions is **where someone is at in their life and what their reproductive goals are**. For some, the priority is simply **avoiding pregnancy right now**, while keeping future options open—so a reversible method like the pill, an IUD, or an implant might be ideal. **Others may know they want to have children in the near future**, which can make short-term methods more appealing. And for those **who feel their families are complete, or who have decided they do not want children at all**, permanent options such as tubal ligation or vasectomy may feel most aligned. **These goals are not fixed**—they can shift with time, relationships, health, and personal growth—and contraception should always have the flexibility to move with us.



HEALTH CONDITIONS

Health plays a huge role in contraceptive choice. For example, people with **certain conditions**—like migraines with aura, high blood pressure, or a history of blood clots—may not be able to safely use estrogen-containing methods such as the combined pill or patch. On the other hand, some find that an IUD is not only effective for contraception but also helps **manage heavy or painful periods**, bringing much-needed relief. Others may be particularly sensitive to hormones overall and prefer non-hormonal options like the copper IUD, condoms, or fertility awareness. Every body is different, and what might be safe and supportive for one person could cause complications for another. This is why medical history is so important in guiding contraceptive decisions—because ultimately, the best method is the one that aligns with both health needs and personal comfort.



LIFESTYLE AND ROUTINE

Lifestyle and daily routine can make a big difference in choosing a contraceptive method. For someone who thrives on structure and has no problem remembering a pill at the same time every day, oral contraception might fit seamlessly into their life. But for many people, busy schedules, shift work, travel, or simply the realities of day-to-day life make it harder to keep up with that consistency. In those cases, a low-maintenance option such as an IUD, implant, or injection can offer peace of mind without requiring daily action. These methods allow contraception to work quietly in the background, freeing up mental energy for other priorities. It's not about discipline or responsibility—it's about matching a method to the rhythm of your life so it feels supportive rather than stressful.





HORMONES

HORMONE SENSITIVITY AND SIDE EFFECTS



Our bodies respond to hormones in unique ways, and that can shape how we experience contraception. Some people feel great on hormonal methods—their skin clears, their periods become lighter, and they appreciate the stability that these methods provide. For others, the same hormones can bring challenges like mood changes, migraines, breast tenderness, or a drop in libido. Neither response is “right” or “wrong”—they’re simply different, and both are completely valid. The key is paying attention to how your body feels and honoring that experience. What works beautifully for one person may feel unbearable for another, and sometimes it takes trying more than one method to find a good fit. Contraception should never be about tolerating side effects just because a method is considered “effective”—it should be about finding a balance that supports both physical and emotional well-being.



PARTNER INVOLVEMENT AND RELATIONSHIP DYNAMICS

Contraception doesn't exist in a vacuum—it **often intersects with our relationships**. For some, sharing responsibility with a partner feels important and supportive. This might look like using condoms together, practicing fertility awareness as a couple, or a partner choosing a vasectomy when the family is complete. These choices can strengthen a sense of teamwork and shared commitment. For others, privacy and independence in contraception feels safer or more empowering. This is especially true for people who may have experienced reproductive coercion, control, or simply want full ownership of their reproductive decisions. Both approaches are valid, and what matters most is that each person feels secure, respected, and empowered in their choices. The role of partners should always be by invitation, never by pressure.



COMFORT LEVEL

Comfort is often overlooked, but it's one of the most important parts of choosing contraception. Some people feel completely fine with the idea of having a device inside their body, like an IUD or an implant, while for others that thought alone creates anxiety or discomfort. The same goes for procedures, injections, or anything that requires regular medical visits—some people don't mind, and others find it stressful or even triggering. None of these reactions are wrong. What matters is that a person feels at ease and safe with their method. If a contraceptive option causes ongoing worry or feels like a violation of personal boundaries, it's probably not the right fit, even if it's effective. Respecting comfort levels is essential because contraception should feel like support, not a source of distress.

ACCESSIBILITY AND COST

Accessibility and cost can make or break someone's contraceptive options, no matter what their preferences are. A method that works well in theory may simply **not be available in a person's community**, or it might be **too expensive without insurance coverage**. Some countries, provinces, or states cover certain methods fully, while others require people to pay hundreds of dollars out of pocket. **Even when programs exist, navigating them can be overwhelming or intimidating.** For people living in rural or underserved areas, the nearest provider might be hours away, adding time and travel costs to the equation. These realities remind us that access is not equal for everyone—and that conversations about contraception must include **not only personal preferences but also the practical realities of what is actually attainable.** True reproductive choice exists only when barriers of cost and access are addressed.



A TRAUMA-INFORMED LENS

Every person deserves to feel respected and safe when talking about contraception.

When we talk about contraception, it's essential to bring a trauma-informed lens. For many people, encounters with the healthcare system have not always been safe or supportive. Some have felt dismissed or silenced, while others carry the weight of past experiences such as sexual trauma, coercion, or reproductive control. These histories don't disappear when someone sits down to discuss contraception—they shape how safe and empowered they feel in that conversation. That's why trauma-informed care means more than offering medical facts: **it means centering the person's voice, their pace, and their values. It means presenting options without pressure, and recognizing that saying no to a method is just as valid as saying yes.** Most importantly, it means remembering that autonomy itself can be deeply healing. Every individual deserves to feel respected, heard, and safe when making decisions about their reproductive health.



CONTRACEPTION ACROSS TIME

Contraception is not a permanent label or identity—**it's a tool that we pick up and put down depending on where we are in life.** For a teenager, the priority may be something simple, reversible, and low-maintenance, offering protection without adding stress. For someone managing painful or heavy periods, hormonal methods may serve a dual purpose—providing contraception while also improving quality of life through cycle regulation. Parents who feel their families are complete may find peace of mind in a permanent option like tubal ligation or vasectomy, knowing their decision aligns with their long-term goals. And for those entering menopause, contraception may no longer be necessary at all, shifting the focus to other aspects of health and wellbeing. These examples remind us that the “right” method isn’t static—it grows and changes alongside our bodies, our circumstances, and our dreams.



WRAPPING UP!



As we come to a close, I want to leave you with this reminder: behind every method, there is a person, and behind every person, there is a story. Each of those stories deserves to be met with kindness, respect, and genuine support. **The “right” contraceptive method isn’t a universal answer—it’s the one that feels right for you, here and now, in this stage of your life, with your unique goals, your body, and your circumstances.** And just as our lives change, so can our choices. Changing methods is not a failure; it’s a reflection of growth, adaptability, and self-knowledge. That flexibility is part of what makes reproductive autonomy so powerful. At the heart of it all, contraception is personal—always.

