

Family Planning— Having the Number of Children You Want

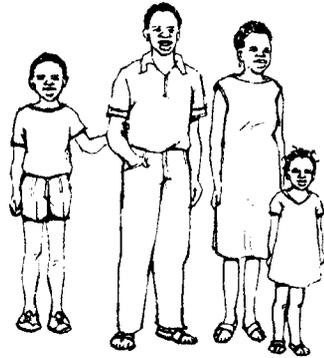
CHAPTER 20

BOTH THESE FAMILIES LIVE IN POOR COMMUNITIES:

This family lives where wealth is distributed unfairly.



This family lives where resources are distributed fairly.



Some mothers and fathers want a lot of children—especially in countries where poor people are denied a fair share of land, resources, and social benefits. This is because children help with work and provide care for their parents in old age. In such areas, having just a few children may be a privilege only wealthier people can afford.

The situation is different in countries where resources and benefits are fairly distributed. Where employment, housing, and health care are guaranteed and where women have equal opportunities for education and jobs, people usually choose to have smaller families. This is in part because they do not need to depend on their children for economic security.

In any society, parents have a right to make their own decisions about how many children to have, and when to have them.

Different parents have different reasons for wanting to limit the size of their families. Some young parents may decide to delay having any children until they have worked and saved enough so that they can afford to care for them well. Some parents may decide that a small number of children is enough, and they never want more. Others may want to space their children several years apart, so that both the children and their mother will be healthier. Some parents feel they are too old to have more children. In some places, men and women know that if they have a lot of children, when the children grow up there may not be enough land for all of them to grow the food their families need.

FAMILY PLANNING

Having the number of children you want, when you want them, is called family planning. If you decide to wait to have children, you can choose one of several methods to prevent pregnancy. These methods are called **family planning methods, child spacing methods, or contraception.**



Every year, half a million women die of problems from pregnancy, childbirth, and unsafe abortion. Most of these deaths could be prevented by family planning. For example, family planning can prevent dangers from pregnancies that are:

- in young women. Women under the age of 18 are more likely to die in childbirth because their bodies are not fully grown. Their babies have a greater chance of dying in the first year.
- in older women. Older women face more danger in child bearing, especially if they have other health problems or have had many children.
- too close. A woman's body needs time to recover between pregnancies.
- too many. A woman with more than 4 children has a greater risk of death after childbirth from bleeding and other causes.

Millions of women safely use the family planning methods described in this chapter and on pages 395 to 398.

Choosing a Family Planning Method

On the following pages, several methods of family planning are described. Each one works better for some people than others. Study these pages and talk with your midwife, health worker, or doctor about what methods are available and are likely to work best for you. As you read about each method, here are some questions you may want to consider:

- How well does it prevent pregnancy?
How effective is it?
- How well does it protect against HIV and other sexually transmitted infections, if at all?
- How safe is it? If a woman has any of the health problems mentioned in this chapter, she may need to avoid some types of family planning methods.
- How easy is it to use?
- How much does it cost?
- Is it easy to get? Will you need to visit the health center often?
- Will the side effects (the problems the method may cause) create difficulties for you?

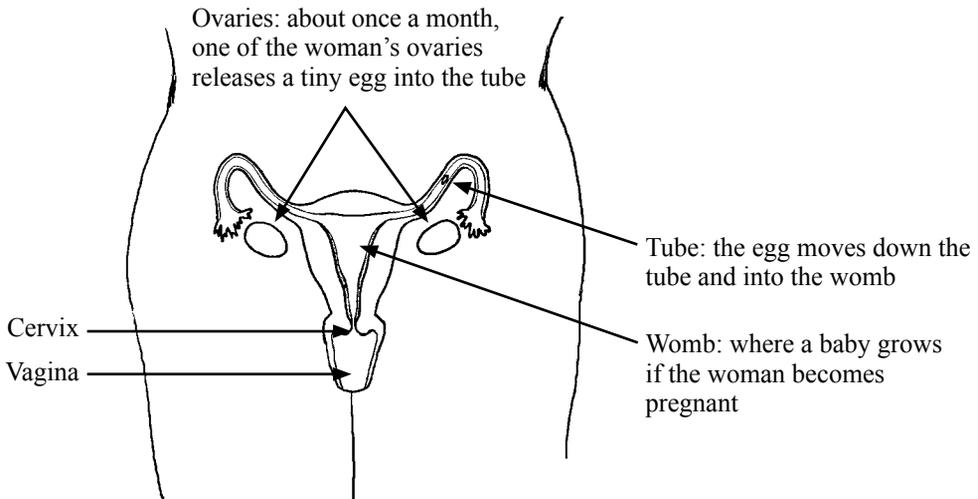
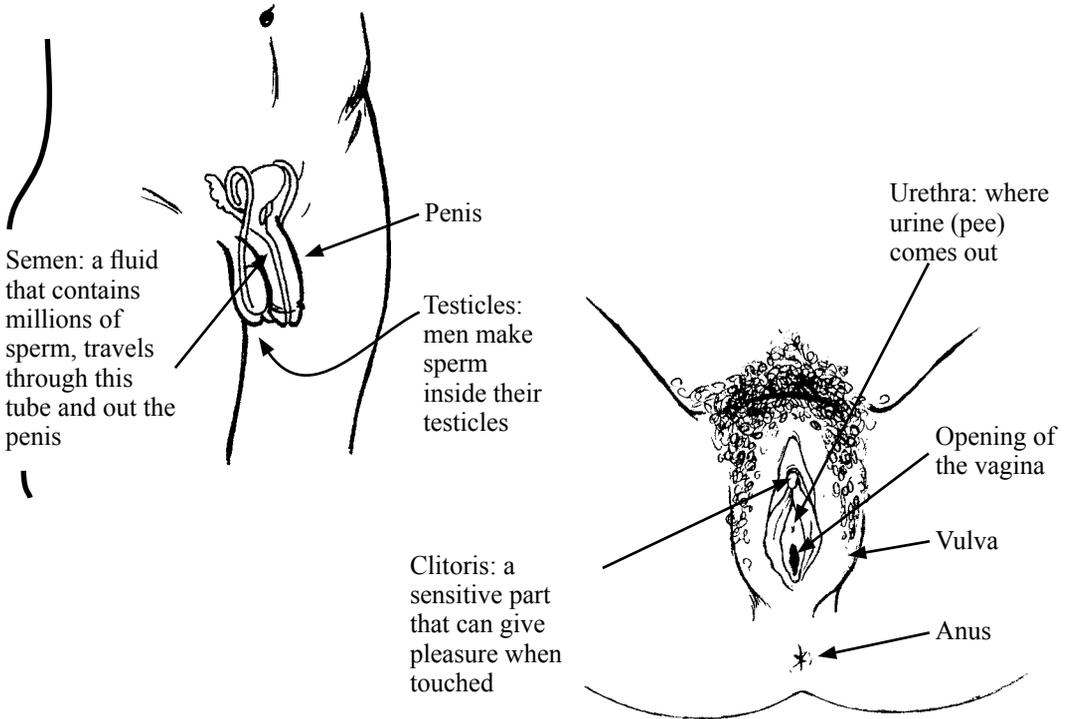
Family planning methods work best when both the man and the woman take responsibility for preventing pregnancy and protecting each other from sexually transmitted infections (STIs).

The chart on the next page shows how well each family planning method works to prevent pregnancy and to protect against STIs. When a man and a woman use a method correctly every time they have sex, the method will work better.

FAMILY PLANNING METHOD	Protection from pregnancy	Protection from STIs	Possible side effects	Other important information
External condom (male condom) 	★★ GOOD	GOOD 		Most effective when used with spermicide and water-based lubricant. Use with other methods to prevent STIs.
Internal condom (female condom) 	★★ GOOD	GOOD 		
Diaphragm or cervical cap (with spermicide) 	★★ GOOD	SOME 		Most effective when used with spermicide. Effective only when using the correct size.
Spermicide or sponge 	★ SOME	NONE 	 skin allergy	More effective when used with another barrier method like diaphragm or condom.
Hormonal methods Birth control pill, patch, injections, vaginal ring  Implants 	★★★★★ VERY GOOD ★★★★★ BEST	NONE 	 nausea, headaches, changes in monthly bleeding	These methods may be dangerous for women with certain health problems.
IUD 	★★★★★ BEST	NONE 	 heavy and painful monthly bleeding	This method may be dangerous for women with certain health problems.
Sex that doesn't cause pregnancy (penis not inside vagina at all) 	★★★★★ BEST	SOME 		Sexual touch rarely passes STIs. Oral sex is less likely to pass STIs. Anal sex is more likely to pass STIs.
Breastfeeding (during the first 6 months only) 	★★★★★ VERY GOOD	NONE 		To be effective, a woman must give her baby only breast milk, and her monthly bleeding must not have returned.
Fertility awareness 	★★ GOOD	NONE 		A woman must understand when she is fertile and be able to choose not to have sex that can cause pregnancy.
Sterilization 	★★★★★ BEST	NONE 		A woman or a man will never be able to have babies after this operation.
Pulling out (withdrawal) 	★ SOME	SOME 		More effective when used with another method like spermicide or diaphragm.

HOW WOMEN BECOME PREGNANT

When the man ejaculates (comes, climaxes) in or near the vagina, his sperm leave his penis and can get into the womb and tubes. During the woman's fertile time, the sperm can join with the woman's egg. If the sperm fertilizes the egg, it then implants in the lining of the woman's womb. This is pregnancy. Family planning methods prevent pregnancy by keeping sperm out of the vagina, or by stopping a woman's body from releasing eggs, or by stopping sperm from joining with an egg.



FAMILY PLANNING METHODS

External (Male) Condoms

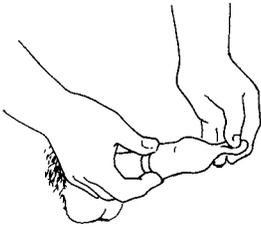
An external condom is a thin latex cover worn on the penis during sex. The semen stays inside the condom, so sperm cannot get into the womb and cause pregnancy. Condoms are safe and have no side effects.



Condoms are also the most effective way to prevent sexually transmitted infections (STIs), including HIV. Even if you are using another method of birth control, you can also use a condom to protect you and your partner from STIs.

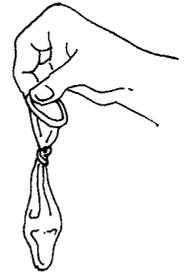
Condoms are the only family planning method that is effective at both preventing pregnancy and sexually transmitted infections. But the man must be willing to use one every time he has sex.

Squeeze the tip of the condom and unroll it all the way over the hard penis. The loose condom tip will hold the sperm. (If you do not leave space for the sperm, the condom might break.)

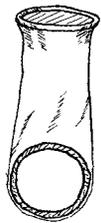


To help keep condoms from breaking, use a water-based lubricant, such as spit (saliva) or *K-Y Jelly*. Do not use cooking oil, baby oil, mineral oil, petroleum jelly (*Vaseline*), skin lotion, or butter with condoms because these oil-based products weaken rubber and can make the condom break. Lubricants can make sex feel more pleasurable for everyone.

After the man ejaculates (comes), while the penis is still hard, he must hold the rim of the condom to keep it on the penis while he pulls out of the woman's vagina. Then take the condom off the penis. (Put the condom in the trash – do not just throw it where others will come across it!) Use a new condom each time you have sex.



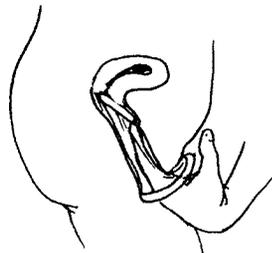
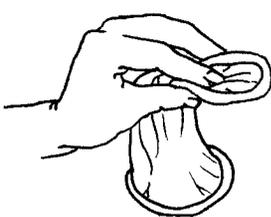
Internal (Female) Condoms



Inner ring goes inside the vagina.

Outer ring stays outside the vagina.

An internal condom fits into the vagina and covers the outer lips of the vulva. It is bigger than an external condom and less likely to break. It can be put in up to 6 hours before sex and should be removed immediately after sex. The internal condom prevents sperm from getting into the womb and causing pregnancy, and it also helps protect against HIV and other STIs. Do not use an internal condom at the same time as an external condom.



Birth Control Pills (Oral Contraceptives)

Birth control pills contain hormones that are similar to the natural hormones in women's bodies. They prevent pregnancy by stopping the ovaries from releasing an egg. There are 2 main types of birth control pills: combination pills which contain 2 hormones, estrogen and progesterin, and minipills which contain only progesterin. Both types of pill are very effective if taken every day at the same time. They are safe for most people, but if you have certain health problems you should not take them (see p. 289).



Birth control pills do not protect against HIV or other sexually transmitted infections (STIs). To protect yourself, also use a condom.

COMBINATION PILLS

Different brands of combination birth control pills have different doses of 2 hormones, estrogen and progesterin. For descriptions of the most common brands and how to take them, see pages 395 and 396.

THE MINIPILL (progesterin-only pills)

This birth control pill does not contain estrogen, only progesterin. It is safe for most people who cannot use combined pills for health reasons (see page 289) or who have side effects from combination pills. The minipill is also very effective for people breastfeeding who have not had monthly bleeding since giving birth. For descriptions of the most common brands and how to take them, see page 396.

QUESTIONS AND ANSWERS ABOUT BIRTH CONTROL PILLS

	<p>Some people claim birth control pills cause cancer. Is this true?</p>	<p>No. But people who have had certain cancers should not use them. Pills lower the risk for some cancers and raise the risk for others.</p>
	<p>Can a person get pregnant after they stop taking the pill?</p>	<p>Yes. Most people can get pregnant within a few months of stopping the pill.</p>
	<p>Is there a greater chance of having twins or children with disabilities if you have used oral contraceptives?</p>	<p>No. The chances are the same as for those who have not taken the pill.</p>

EMERGENCY CONTRACEPTION

If you had penis-in-vagina sex without using a family planning method and you do not wish to get pregnant, you can still prevent pregnancy with emergency contraception. For information about emergency contraception with an IUD, see page 290. For information about emergency contraception with pills, see pages 396 and 397.

WHO SHOULD NOT TAKE BIRTH CONTROL PILLS?

A woman who has any of the following signs should not take any type of oral contraceptive and should not use injections or implants:

- Missed period. A woman who thinks she might be pregnant or whose monthly bleeding is late.
- Breast cancer or a hard lump in the breast (see page 279). Birth control pills do not cause cancer, but if a woman already has breast cancer, the pill can make it worse.
- Abnormal bleeding from the vagina during the 3 months before starting to take birth control pills. See a health worker first to find out if there is a serious problem (see p. 280).

If you suffer from tuberculosis, diabetes, kidney disease, or epilepsy, get medical advice about taking birth control pills.

WHO SHOULD NOT TAKE THE COMBINATION PILL?

The combination pill can make some health problems very dangerous. Do not take combination pills if you have:

- High blood pressure, 160/110 or higher (p. 125)
- Diabetes for more than 20 years
- Age 35 or older and smoke tobacco
- Migraines (p. 162)
- Gallbladder disease (p. 329)
- History of stroke (p. 327).
- A blood clot in a vein (this usually causes heat and pain in one leg)
- Liver disease or hepatitis (p. 172 and p. 328)

Most women with any of these health problems can safely use the progestin-only minipill (p. 396) or birth control implants or injections (p. 398). Women with varicose veins that are not inflamed can usually take birth control pills without problems. But they should stop taking them if the veins become inflamed.

WARNING SIGNS FOR PROBLEMS WITH COMBINED PILLS

STOP taking the pill and see a health worker if you:

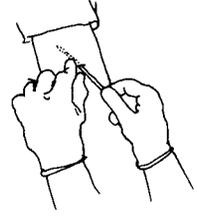
- have severe headaches with blurred vision (migraines) that begin after you start taking the pill.
- feel weakness or numbness in your arms or legs.
- feel severe pain in your chest and shortness of breath.
- have severe pain in one leg.
- have severe pain in the abdomen.

If you have any of these problems, pregnancy can also be dangerous, so use another type of family planning such as condoms until you can see a health worker trained in hormonal family planning methods.

OTHER METHODS OF FAMILY PLANNING

Implants

Implants are small plastic tubes placed under the skin on the inside of the arm. They prevent pregnancy for 3 to 5 years, depending on the type of implant. Implants must be inserted and removed by a trained health worker. See page 398.



Just like the minipill, implants contain only progestin and can be used by women who cannot use estrogen, or by breastfeeding mothers who have not had monthly bleeding since giving birth. Women who should not use any type of birth control pill should not use implants either (see p. 289). Implants do not protect against HIV and other STIs.

Birth Control Injections

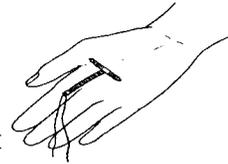


These are injections of hormones given at a clinic every 1 to 3 months to prevent pregnancy. The injections can be started any time if the woman is sure she is not pregnant. It protects against pregnancy immediately if given within 7 days after the woman's monthly bleeding. If the injection is given more than 7 days after her monthly bleeding, the woman should use condoms to prevent pregnancy, or avoid sex for 7 days. Injections do not protect against HIV and other STIs.

Progestin-only injections, like *Depo-Provera*, *Sayana Press*, and *Noristerat*, are given every 2 or 3 months (see p. 398). These are safe for people who should not use estrogen. Combined injections, like *Cyclofem* and *Mesigyna*, are given once a month (see p. 289). People who should not use estrogen should avoid these.

The IUD

An IUD (Intrauterine Device) is a small object put in the womb by a trained health worker (see pages 397 to 398). Copper IUDs prevent pregnancy immediately and last up to 12 years. Hormonal IUDs, which contain progestin, give protection in 7 days and prevent pregnancy for 3 to 7 years, depending on the amount of hormone they contain. Copper IUDs and some hormonal IUDs can be used as emergency contraception when inserted within 5 days of unprotected sex. The IUD can then be left in as birth control.

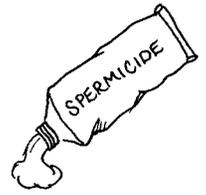


WHO SHOULD NOT USE AN IUD:

- Women with cancer of the cervix or uterus. Women with breast cancer should not use a hormonal IUD, but they can use a copper IUD.
- Women with gonorrhea or chlamydia. See page 236.
- Women with pelvic infection (PID). See page 243.

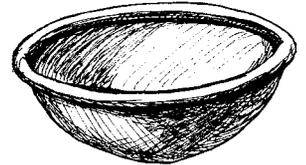
Spermicide

Spermicides are foam, tablets, cream, jelly, or flat strips that dissolve in the vagina and kill sperm so they cannot fertilize an egg. Spermicide is put into the vagina just before having sex. It does not work well by itself, but gives extra protection against pregnancy when used with a condom or a diaphragm. Spermicide does not protect against STIs or HIV. See page 395. If used frequently it can irritate the vagina, making it easier for the woman to get an infection, including HIV.



Diaphragm

The diaphragm is a shallow cup made of soft rubber or thin silicone that a woman wears in her vagina during sex. The diaphragm covers the cervix (the opening to the womb, deep inside the vagina), so the man's sperm cannot get into the womb and cause pregnancy. It can be put in just before having sex or up to 6 hours before, and should be left in for at least 6 hours after having sex. Diaphragms come in different sizes. A trained health worker can recommend the right size for each woman. After each use, the woman should wash the diaphragm with soap and water, dry it, and keep it in a clean, dry place. A diaphragm usually lasts about 2 years. Check it regularly for holes by holding it up to the light. If there is even a tiny hole, get a new one.



NATURAL METHODS OF FAMILY PLANNING

Breastfeeding

When a woman breastfeeds, her body produces hormones that prevent pregnancy for a few months. Breastfeeding is dependable for preventing pregnancy when:

- The baby is less than 6 months old.
- AND
- You are giving your baby only your breast milk, no other food or drink, and you feed your baby often, day and night.
- AND
- You have not had your monthly bleeding since giving birth.

Once you start giving your baby food or you get your period, breastfeeding will no longer prevent pregnancy.



Fertility Awareness

Pregnancy can only happen during the fertile time, when an egg moves from the ovary into the tubes and womb. This time lasts for several days and happens about once a month. By avoiding sex during the fertile time, you can prevent pregnancy. (Or, if trying to get pregnant, plan to have sex during this time to increase chances of pregnancy.)

For this method to work, the woman must have regular menstrual cycles and must keep good track of each stage of her cycle. The man must be willing to help make this method work too, because during fertile times, they must avoid sex that can cause pregnancy (sex with the penis inside the vagina). They can have other types of sex, like oral sex or sexual touching. Or they can use condoms during the fertile time. Fertility awareness does not give any protection against STIs including HIV.

THE COUNTING DAYS METHOD OF FERTILITY AWARENESS

Count the number of days of your menstrual cycle for a few months. Start counting on the first day of your menstrual period. The last day of the cycle is the last day before you bleed again. If you have about the same number of days in each cycle, and your cycles last between 26 and 32 days, this method can work. Avoid sex that can cause pregnancy or use condoms from the 8th day to the 19th day of every cycle.

For example: Suppose your period begins on the 5th day of May. Count that as day number 1.

Mark it like this:

MAY						
	1	2	3	4		
⑤	6	7	8	9	10	11
12	13	14	15	16	17	18
<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	23	24	25
26	27	28	29	30	31	

Then count 8 days. Starting with the 8th day, put a line under the next 11 days like this:

During these 11 'fertile days', do not have sexual relations.

Now suppose your next period begins on the first of June. Mark it the same way, like this:

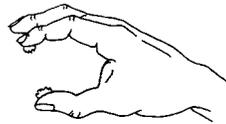
JUNE						
						①
2	3	4	5	6	7	<u>8</u>
9	10	11	12	13	14	15
<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>
23	24	25	26	27	28	29
30						

Once again count off 8 days and underline the following 11 days in which you will not have sexual contact.

Changes in cervical mucus (the wetness that comes from a woman's vagina) can also help a woman know when she is in her fertile time.



clear, wet, slippery mucus = fertile



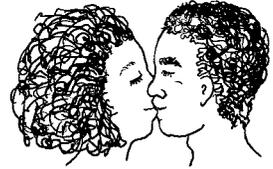
white, dry, sticky mucus = not fertile

Withdrawal or Pulling Out (coitus interruptus)

The man pulls his penis out of the woman and away from her genitals before he ejaculates (comes). This method is better than no method, but it does not always work. Even if the man pulls out in time, some liquid that contains sperm can leak out of his penis before ejaculation and cause pregnancy. Pulling out does not protect against HIV or other STIs.

Abstinence and sex that doesn't cause pregnancy

There are many ways to be close to someone, to have sexual pleasure, and to show love besides sex that causes pregnancy. Many couples practice oral sex: using your mouth to bring pleasure on the penis or the vulva. You cannot get pregnant this way. Sex in the anus (anal sex) also cannot cause pregnancy. But you can pass STIs, including HIV, during anal and oral sex. Using your hands to make someone feel good sexually is very safe. It cannot cause pregnancy and it cannot pass any STIs.



THESE METHODS DO NOT PREVENT PREGNANCY

Urinating (peeing) after sex is not harmful, but it won't prevent pregnancy. Urine does not wash semen out of the vagina, because it comes out of a different hole (see p. 286).

Washing out the vagina (douching) after having sex doesn't work either. Sperm move very fast and some will reach the inside of the womb before they can be washed out. Douching can even push sperm up into the womb.

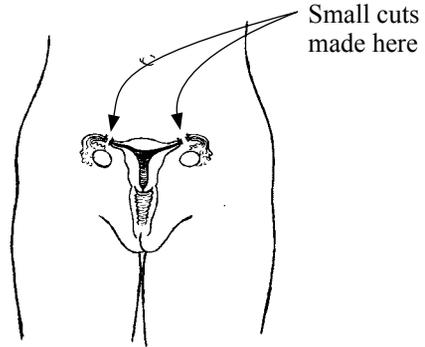
Putting herbs, plants, or harsh chemicals in the vagina to make it dry only causes irritation of the skin inside the vagina, making it easier for women to get infections.

Amulets and prayers do not prevent pregnancy. Women who rely on these methods get pregnant.

METHODS FOR THOSE WHO NEVER WANT TO HAVE MORE CHILDREN

Sterilization is a safe, simple operation for both men and women. In many countries these operations are free. Ask at the health center. Sterilization does not protect against HIV or other STIs.

For women, the operation is called a tubal ligation, which means to tie the tubes. One method is to make a small cut in the lower belly so that the tubes coming from the ovaries (where eggs are stored) can be cut and tied closed. It usually can be done in a doctor's office or health center without putting the woman to sleep. This operation has no effect on the woman's menstrual periods or sexual ability, and may make having sex more pleasant because she does not have to worry about pregnancy.



For men, the operation is called a vasectomy. It can be done simply and quickly in a doctor's office or a health center without putting the man to sleep. This operation is even safer and faster than the surgery for a woman. The testicles are not removed and the operation has no effect on the man's sexual ability or pleasure. His fluid (semen) comes just the same, but has no sperm in it.

