



CHAPTER 9

Family planning

Women are healthier when they can decide for themselves when to have sex and when to have children. These decisions should always be their choice, and women who use family planning are better able to make these choices. You can use family planning to:

- help you decide how many children you want to have and when to have them.
- prevent becoming pregnant unless you want to.
- help you and your partner enjoy sex more because you do not have to worry about getting pregnant.



Every woman will be healthier if she can decide for herself when to have sex and when to have children.

Some family planning methods have other benefits. For example:

- condoms protect against sexually transmitted infections, including HIV/AIDS.
- hormonal methods (see page 196) can help with irregular bleeding and pain during your monthly bleeding.

Unfortunately, many women around the world are denied access to family planning or to the methods they prefer. This happens for many reasons. Some people believe family planning is dangerous to a woman's health. But the main reason is that religious and political authorities do not believe women should decide for themselves when and how to use family planning.

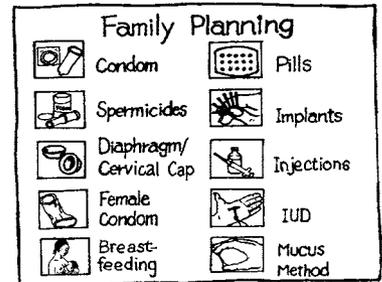
It can be even more difficult for women with disabilities to get information or access to practice family planning. Many people, including some health workers, believe women with disabilities cannot have sex or become pregnant, and do not give them any information or advice.

This chapter gives information about different types of family planning methods and how to choose the best method for you.

Before you decide which method of family planning to use, look at the chart on page 188 to see how well each method prevents pregnancy. You may also want to consider the following:

- What methods are available in my community?
- How easy is it to use the method?
- Are there any risks to my health with the method?
- Is my partner willing to use family planning?
- Will my disability affect the method I use?

Which family planning method should I choose?



Where many family planning methods are available, women make choices depending on ease of use, cost, their bodies, the work they do, and what they and their partners prefer. Even if some of these methods are not available in your community, you can learn about them and talk with the local health workers about trying to make them available. You may be able to educate them!

How family planning methods work

Every month, there are times when a woman is fertile and can become pregnant, and times when she is not fertile and cannot become pregnant. Most women produce one egg each month. The egg is released from the woman's ovary. The egg lives for about 24 hours (one day and one night) after it is released from the ovary. The man's sperm can live up to 2 days inside the woman's body. If the woman's egg has been released while the man's sperm is inside her body, she can become pregnant. For more information on pregnancy, see pages 77 to 80.

Family planning methods work to change a woman's fertility and prevent pregnancy in different ways:

- Barrier methods (condom for men, condom for women, diaphragm, cervical cap) stop a man's sperm from reaching the woman's egg (see page 189).
- Intrauterine devices (IUD, IUCD, IUS, Copper T, the Loop) keep a man's sperm from fertilizing the woman's egg (see page 195).
- Hormonal methods (pills, injections, implants) keep the woman's ovary from releasing an egg. Some also affect the womb or the mucus in the cervix so sperm cannot fertilize an egg there (see page 196).
- Natural methods help a woman know when she is fertile (the time in a woman's cycle when she can get pregnant), so she can avoid having sex during that time (see page 200).
- Permanent methods (sterilization) are operations that stop a man from releasing sperm, or prevent a woman's eggs from reaching her womb (see page 203).

On the next page is a chart that shows how well each method works to prevent pregnancy and to protect against STIs. The chart also shows what the possible side effects are for each method and other important information about how the method may affect your disability. Each method has stars to show how well it prevents pregnancy. Some methods have fewer stars even if they are fairly effective methods, because they are often used incorrectly. 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	Other important information
Condom for men 	★★★ VERY GOOD	GOOD 	Most effective when used with spermicide and lubricant.
Condom for women 	★★ GOOD	GOOD 	May not be suitable if you have limited hand movement, cannot reach your vagina, cannot open your legs very wide, or get muscle spasms in your upper legs.
Diaphragm and cervical cap 	★★ GOOD	SOME 	More effective when used with spermicide. May not be suitable if you have limited hand movement, cannot reach your vagina, cannot open your legs very wide, or get muscle spasms in your upper legs.
Sponge with spermicide 	★ SOME	SOME 	May not be suitable if you have limited hand movement, cannot reach your vagina, cannot open your legs very wide, or get muscle spasms in your upper legs.
Home-made sponge 	★ SOME	SOME 	May not be suitable if you have limited hand movement, cannot reach your vagina, cannot open your legs very wide, or get muscle spasms in your upper legs.
Spermicide 	★ SOME	NONE 	May not be suitable if you have limited hand movement, cannot reach your vagina, cannot open your legs very wide, or get muscle spasms in your upper legs.
Hormonal methods (birth control pill, patch, injections, implants) 	★★★★★ BEST	NONE 	Low-dose pills are OK for women who are paralyzed if they are active or exercise every day. Women with epilepsy should use pills that contain only progestin.
IUD, IUS 	★★★★★ BEST	NONE 	May not be suitable if you have limited hand movement, cannot reach your vagina, cannot open your legs very wide, get muscle spasms in your upper legs, or if you have difficulty managing monthly bleeding (this is less of a problem with the IUS that contains hormones).
Fertility awareness 	★★ GOOD	NONE 	May not be suitable if you have limited hand movement, cannot reach your vagina, cannot open your legs very wide, or get muscle spasms in your upper legs.
Sex without intercourse 	★ SOME	SOME 	Because couples may have a hard time sticking to this method, pregnancy often results.
Pulling out (withdrawal) 	★ SOME	SOME 	More effective when used with another method like spermicide or diaphragm.
Breastfeeding (during the first 6 months only) 	★★ GOOD	NONE 	To use this method, a woman must give her baby only breast milk, and her monthly bleeding must not have returned yet.
Sterilization 	★★★★★ BEST	NONE 	After a man has been sterilized, a couple needs to use another method for about 12 weeks.

Barrier methods of family planning

Barrier methods include the condom for men, condom for women, diaphragm, cervical cap, sponge and spermicide.

CONDOM FOR MEN (RUBBER, PROPHYLACTIC)

A condom is a narrow bag of thin rubber that the man wears on his penis while having sex. The bag traps the man's sperm so it cannot get into the woman's vagina or womb.

Unfortunately, some men do not like to wear a condom during sex because they say it reduces their sexual pleasure. This is too bad, because condoms work well to prevent both pregnancy and sexually transmitted infections (STIs).

Lubricant can make sex feel better for both the woman and the man. It can also keep the condom from breaking. Use a water-based lubricant like saliva (spit), *K-Y Jelly*, or spermicide. Do not use oils, petroleum jelly (*Vaseline*), skin lotions, or butter as they can make the condom leak or break. A drop of lubricant inside the tip of the condom makes it more comfortable on the penis. A little lubricant can also be rubbed on the outside of the condom after the man puts it on. This can make sexual intercourse more comfortable for the man's partner.



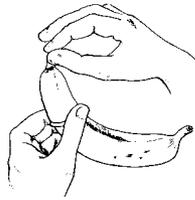
The most effective condoms are made from latex or polyurethane—not sheepskin.

A new condom must be used each time a couple has sex.

Condoms can be used alone or along with any other family planning method, except the condom for women. They can be bought at many pharmacies and markets, and are often available at health posts and through HIV/AIDS prevention programs.

If you have good movement in your hands, you can put a man's condom onto his penis. It helps to know how to do this before you are about to have sex. You can practice by:

putting the condom on a banana...



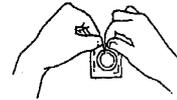
...or a corn cob.



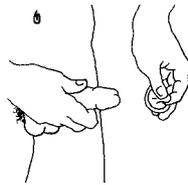
For women who are blind or who cannot see well, practicing how to put a condom on a man is an especially good idea. Then, when you have sex with a partner, you can use your hands to feel if the condom is on correctly, and you can make sure the tip of the condom is not broken or cut.

How to use a male condom

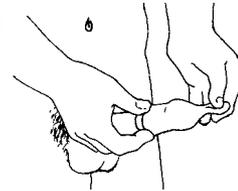
A new condom should come rolled up inside a small packet that has not been opened. Be careful not to tear the condom as you open the packet. The condom should feel smooth and slippery. If it feels stiff, hard or sticky, throw it away. It will not work.



1. A condom should be put on the man's penis when the penis is hard, and before it touches the woman's genitals. An uncircumcised man should pull his foreskin back. The man should squeeze the tip of the condom and put it on the end of the penis.



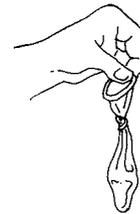
2. Unroll the condom until it covers all of the penis. Keep squeezing the tip of the condom while unrolling. Without this extra space at the tip for the semen, the condom may break.



3. Right after the man ejaculates (comes) and before his penis gets soft, he should hold onto the rim of the condom while he pulls his penis out of the vagina. Then he should carefully take the condom off.



4. Tie the condom shut. Then throw it in the garbage or a latrine, out of reach of children and animals.



CONDOM FOR WOMEN (FEMALE CONDOM)

Condoms for women also prevent HIV and other STIs from passing from one person to another.

You may prefer a different method if:

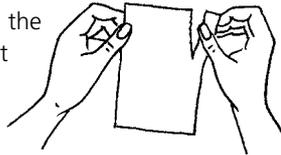
- you have limited hand movement.
- you cannot reach your vagina.
- you cannot open your legs very wide.
- you get muscle spasms in your upper legs



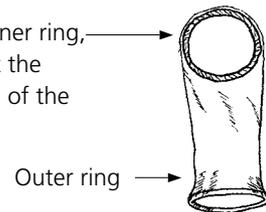
The condom for women fits into the vagina and covers the outer lips of the genitals (vulva). It protects against both pregnancy and sexually transmitted infections, and against HIV/AIDS. Unfortunately, the female condom is more expensive and harder to get than the male condom. The female condom should not be used with the condom for men. It works best when the man is on top and the woman is on the bottom during sex.

How to use the female condom:

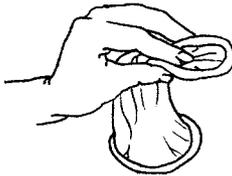
1. Carefully open the packet without tearing the condom.



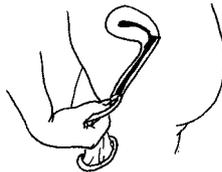
2. Find the inner ring, which is at the closed end of the condom.



3. Squeeze the inner ring together.

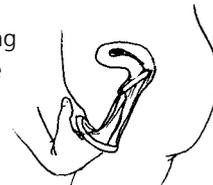


4. Put the inner ring in the vagina.



5. Push the inner ring up into your vagina with your finger.

The outer ring stays outside the vagina.



6. When you have sex, guide the penis through the outer ring.



7. Remove the female condom immediately after the man's penis leaves your body, before you stand up. Squeeze and twist the outer ring to keep the man's semen inside the pouch. Pull the pouch out gently, and then dispose of it out of reach of children and animals. Either put it into a pit latrine, or bury it.

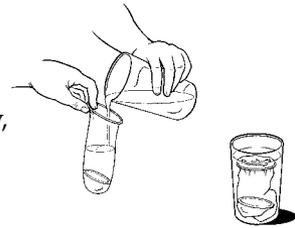
If you really want to use the female condom, but your disability makes it difficult, try sitting or lying down in different positions, or ask your partner or another person to help you.

It is best to use a new female condom every time you have sex. But, if you cannot get a new one, you can clean and reuse a female condom up to 7 times.

How to clean a condom for women

Before having sex, prepare a large cup of bleach (*Cloro*, *Clorox*, etc.) mixed with water (1 part powder or liquid bleach to 20 parts clean water). Bleach kills HIV.

After sex, take the condom out of your vagina. Be careful not to spill any of the man's semen. Right away, pour half the bleach solution into the condom, and then put the filled condom into the remaining bleach solution.



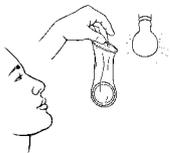
Let the condom soak for 5 minutes only. **Do not try to clean the condom in any way before putting it into the bleach.**



Wash your hands with mild soap, and use the soap bubbles on your hands to gently wash off the bleach and any remaining body fluids or lubrication, both outside and inside the condom, including the inner ring (do not rub a bar of soap directly on to the condom or it may break).

Use clean water to rinse off the soap bubbles from the ring and from both the inside and outside of the condom.

Dry gently the inside and outside of the condom with a clean cloth, or leave it to dry in the air.



Check the condom for holes by holding it up to the light. If there is even a tiny hole, throw the condom away and get a new one. Some change in color is OK. If there are no holes, store in a clean, dry place until next use.

Before using it again, lubricate the condom with a water-based lubricant. For the female condom you can also use vegetable oil or vegetable shortening. Because the female condom is not made from latex, it is OK to use some oils. But do not use peanut or groundnut oil, or lotions that contain lanolin or perfume, as these can all cause an allergic skin reaction.

THE DIAPHRAGM AND THE CERVICAL CAP

The diaphragm and cervical cap are both shallow cups made of soft rubber that are worn in the vagina during sex. Either one must be left in your vagina for at least 6 hours after sexual intercourse, and you can leave it in for as long as 24 hours (but no longer).

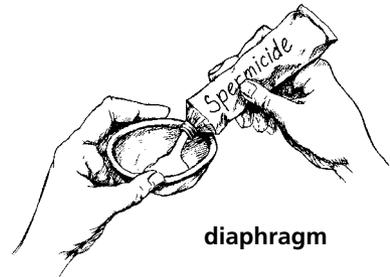
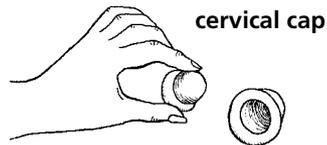
You may prefer a different method if:

- you have limited hand movement.
- you cannot open your legs very wide.
- you cannot reach your vagina.
- you get muscle spasms in your upper legs.

Both the diaphragm and the cap are good methods to prevent pregnancy if they are used with a contraceptive cream or jelly (spermicide) every time you have sex. Diaphragms and cervical caps come in different sizes. An experienced health worker can fit you with the correct size for your body. The diaphragm is larger than the cap, and some small women say the cap fits them better. After childbirth, or if you have gained or lost a lot of weight, you may need to change the size of your diaphragm.

The diaphragm and the cap usually last a year or longer. Both must be checked regularly for holes and cracks by holding them up to the light. If there is even a tiny hole, get a new one because the man's sperm is even tinier and can get through the hole. After use, wash in warm soapy water, rinse, and dry. Keep the diaphragm or cap in a clean, dry place.

These methods are not available everywhere. But if enough women demand them, more programs and clinics will make them available.



THE SPONGE

The contraceptive sponge

The contraceptive sponge is made of soft plastic and is filled with a spermicide (nonoxynol-9). You put the sponge deep inside your vagina before having sex. Once it is in place, you can have sexual intercourse as often as you like, without having to add more spermicide. It must stay in your vagina for 6 hours after having sex, and you can leave it in for as long as 24 hours (but no longer). In many countries the sponge is not available.

You may prefer a different method if:

- you cannot open your legs very wide.
- you have limited hand movement.
- you cannot reach your vagina.
- you get muscle spasms in your upper legs.
- you have no feeling in your pelvis.

The homemade sponge

You can also use a sponge soaked in vinegar or lemon. This method is not as effective as the contraceptive sponge, but it may prevent some pregnancies. You may wish to try it when no other method is available.

How to make a homemade sponge

1. Mix: 2 tablespoons of vinegar with 1 cup of clean boiled water **or** 1 teaspoon of lemon juice with 1 cup of clean boiled water **or** 1 spoon of salt with 4 spoons of clean boiled water
2. Wet a boiled piece of sponge about the size of an egg with one of these liquids.
3. Push the sponge deep into the vagina no more than 1 hour before having sex.
4. Leave the sponge in for at least 6 hours after having sex. Then take it out.



The sponge can be difficult to take out, but it cannot get lost in the vagina. It may be easier to take out if you squat and push down as if you are passing stool, while you reach into your vagina. If you have trouble taking it out, you can tie a clean ribbon or string around it for the next time.

The sponge can be washed, boiled, and used again many times. Keep it in a clean, dry place. The liquid can be made ahead of time and kept in a bottle.

The spermicide or the liquid in either sponge method may irritate the skin inside the vagina, which can make it easier for a woman to get STIs. Stop using these methods if they make your vagina dry, sore, or itchy.

SPERMICIDES

Spermicides are foam, tablets, cream, or jelly that are put into the vagina before having sexual intercourse. Spermicide kills the man's sperm before it can get into the womb. It does not protect against STIs or HIV/AIDS. Tablets should be put into the vagina 10 to 15 minutes before having sex. Foam, jelly, or cream work best if they are put into the vagina just before having sex. Add spermicide each time you have sex. After sex, do not douche or wash out the spermicide for at least 6 hours. Some spermicides can cause itching or irritation to the skin inside the vagina. The foam is the one most likely to cause an irritation. If you are sensitive to the foam, try using contraceptive jelly or cream instead.



IUD (INTRAUTERINE DEVICES: IUCD, COPPER T, THE LOOP)



The Intra-Uterine Device (IUD) is a small object made of plastic, or of plastic and copper, that has 2 small strings attached.

You may prefer a different method if:

- you cannot manage heavy monthly bleeding.
- you cannot open your legs very wide.
- you get muscle spasms in your upper legs.

The IUD does not protect against HIV/AIDS or other STIs. A trained health worker or midwife can insert an IUD inside the womb, and the strings hang down into the vagina. The IUD prevents the man's sperm from fertilizing the woman's egg. To use an IUD safely, you need to be able to check the strings inside your vagina regularly. It is best to do this just after your monthly bleeding has stopped. If you cannot check the strings yourself, ask your partner or someone you trust to help you.

The IUD can be left in for up to 10 years. Women with IUDs should get regular pelvic exams to make sure it is still in correctly.

Common side effects

You may have some light bleeding during the first week you have an IUD. Some women also have longer, heavier, and more painful monthly bleeding, but this usually stops after the first 3 months. If you want to use an IUD, talk with an experienced health worker to see if this method will work well for you.

IUS (INTRAUTERINE SYSTEM: AN IUD WITH HORMONES)

One type of IUD called the Intrauterine System (IUS) contains the progestin hormone, levonorgestrel. The 2 most common brand names are *Mirena* and *Levonova*. The IUS reduces the amount of blood lost during monthly bleeding and is also very effective in preventing pregnancy for 5 years. Unfortunately, it is more expensive than other IUDs and is not available in as many countries. Talk with a health worker to see if it is available in your community.

WARNING! If you have an IUD, get medical help if any of these danger signs appear:

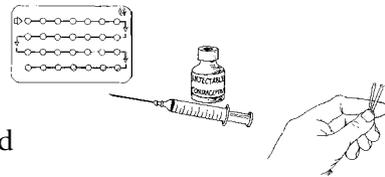
- late or missed monthly bleeding or unusual spotting between monthly bleeding
- pain in the belly that does not go away, or pain during sex
- signs of infection: unusual discharge or bad smell from the vagina, fever, chills, feeling ill
- IUD strings get shorter or longer, are missing, or you can feel the IUD in the vagina

Hormonal methods of family planning

Hormones are chemicals a woman's body normally makes (see page 72). The hormones regulate many parts of a woman's body, including your monthly bleeding and ability to become pregnant. This process is no different in a woman with or without a disability. Hormonal methods of family planning prevent pregnancy by stopping your ovaries from releasing eggs into your womb. **Hormonal methods do not protect against HIV/AIDS or other STIs.**

Hormonal methods include:

- pills which a woman takes every day.
- injections, which are given every few months.
- implants, which are put into a woman's arm and last several years.



Most birth control pills and some injections contain 2 hormones similar to the hormones a woman's body normally makes. These hormones are called estrogen (ethinyl estradiol), and progestin (levonorgestrel). Implants, some pills, and some injections contain only progestin.

New hormonal methods are still being invented. Some newer methods are a contraceptive patch, a ring (worn on the cervix), and a hormonal IUD (see page 195).

Side effects

Hormonal methods sometimes have side effects. These effects are not dangerous, but they are often uncomfortable. Hormonal methods can make a woman have:

nausea



headaches



swelling of the breasts



weight gain



changes in monthly bleeding



These effects usually lessen after a few months. If they do not, the woman can try a different family planning method.

You should not use any hormonal method if:

- you have breast cancer.
- you may be pregnant already.
- you have very heavy monthly bleeding or monthly bleeding that lasts for more than 8 days.

You should not use any methods that contain estrogen (you should use progestin-only methods) if:

- you cannot walk or have very limited movement in your legs—unless you exercise regularly or are very active.
- you have epilepsy or take medicines for seizures.
- you have ever had a blood clot in the veins of your legs or in your brain. Swollen veins in the legs (varicose veins) are usually not a problem, unless they are red and sore.
- you have hepatitis, or yellow skin and eyes.
- you have ever had signs of a stroke, paralysis, or heart disease.

BIRTH CONTROL PILLS (ORAL CONTRACEPTIVES OR “THE PILL”)

If you decide to take birth control pills, they should be “low-dose.” That means they should have 35 micrograms (mcg) or less of estrogen, and 1 milligram (mg) or less of progesterin. Do not use pills with more than 50 mcg of estrogen. There are many different brands of birth control pills (see page 355 to 356).



Taking a birth control pill at the same time every day is one of the most effective ways to avoid pregnancy. There is an increased chance of pregnancy if you forget to take even a single pill. As a rule, women who take birth control pills have lighter monthly bleeding. This may be a good thing, especially for women who have a difficult time managing their monthly bleeding. If you have trouble swallowing pills, they can be ground up in water or some other liquid, and swallowed through a straw.

Pills come in packets of 21 or 28 tablets. You should take the first pill in a packet on the first day of your monthly bleeding. If that is not possible, take the first pill any time in the first 7 days after you start your monthly bleeding. If you are using a 21-day packet, take one pill every day for 21 days. Then wait 7 days before starting a new packet. Usually, you will start your monthly bleeding after the 21st day. But even if you do not, start a new packet in 7 days. If you are using a 28-day packet, take one pill every day. As soon as you finish one packet, begin taking a new one.

If you vomit within 3 hours after taking your pill, or have severe diarrhea, your birth control pill will not stay in your body long enough to work well. Use condoms, or do not have sex, until you are well and have taken a pill each day for 7 days.

The combined pills (estrogen and progesterone) start to prevent pregnancy within 2 weeks, if you start taking them the first day of your monthly bleeding. Progesterin-only pills will not prevent pregnancy for the first 4 weeks you take them. So you will need to use condoms or another method of family planning, or you may become pregnant.

WARNING! If you are taking pills and you get any of these signs, get medical advice right away:

- chest pain and shortness of breath
- strong headaches
- numbness in your arms or legs
- strong pain or swelling in one leg

These are signs that you may have a blood clot inside your body that is preventing the blood from flowing to your lungs, chest, brain, or arm or leg.

INJECTABLE CONTRACEPTIVES

With this method, a health worker gives a woman a hormone injection to keep her from getting pregnant. One injection lasts 1 to 3 months. Most injections contain only progestin.

Depo Provera and *Noristerat* are the most common brands. These injections are safe to use while breastfeeding, and are safe for other women who should not use estrogen (see page 196).



Injections are very effective. Very few women who use this method become pregnant. Another advantage to this method is that you do not have to do anything before having sex. And no one except your health worker needs to know you are using a family planning method. To use this method, you will need to see a health worker every 1 to 3 months to get another injection.

After having your first injection, you may have irregular bleeding or heavy spotting during the first few months. Then you may have no monthly bleeding at all. This is not dangerous. When you stop getting injections, it may take longer than usual (as much as a year or more) for you to get pregnant. For this reason, injections are best only if you are sure you do not want to get pregnant in the next year or more.

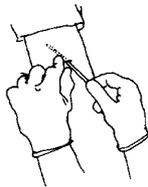
Women with epilepsy may have fewer seizures when they use the family planning injection. Also, if you use the injection for more than 6 months, try to eat more foods that contain calcium (see page 86) to keep your bones strong. Using injectable contraceptives for a long time may cause your bones to become weaker.

IMPLANTS

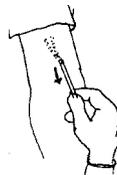
With this method, a trained health worker puts small, soft tubes of progestin under the skin of a woman's arm. The implant then prevents pregnancy for 3 to 5 years, depending on the type of implant. The implants must be removed after those 3 to 5 years are over and you will need a new implant or another family planning method right away if you do not want to get pregnant. If you want to get pregnant before that time, the implant must be removed by a health worker.



Implants



Implants are put under the skin...



...and can be removed by a trained health worker.

You cannot remove implants yourself. They can be removed only by a trained health worker. If you want to use implants, first make sure you will always be able to go to a health worker who knows how to remove them.

A woman with implants does not have to do anything before sex to prevent pregnancy. Implants contain only progestin, so they are safe for women who should not take estrogen. And they can be used safely while breastfeeding.

During the first months, the implants may cause irregular bleeding (in the middle of your monthly cycle) or more days of monthly bleeding. Or you may have no bleeding at all. This does not mean you are pregnant or that something is wrong. These changes usually go away as your body becomes used to having more progestin. If irregular bleeding causes problems for you, see a health worker. She may also give you low-dose combined birth control pills to take for a few months.

WARNING! If you have an implant, get medical help if you have any of these signs:

- arm pain near the implant
- pus, redness, or bleeding around the implant
- the implant comes out

Breastfeeding

In the first 6 months after birth, most women who breastfeed do not release eggs from their ovaries, so they cannot get pregnant when they have sex.

Women usually do not get pregnant if they are breastfeeding and:

1. the baby is less than 6 months old, **AND**
2. the woman has not had any monthly bleeding since giving birth, **AND**
3. the woman is giving the baby **only** her breast milk.



If you want to use this method of family planning, you must remember that you can easily get pregnant if you are giving your baby formula, water, other drinks, or if you are removing your breast milk by hand to feed the baby with a cup. Also, you may get pregnant if the baby goes longer than 6 hours between breastfeeding times. After 6 months, there is a higher risk of pregnancy, even if you are breastfeeding as before. You can get pregnant 2 weeks before your monthly bleeding starts again. So do not wait for your monthly bleeding to start again before using some form of family planning.

The breastfeeding method does not protect against HIV/AIDS or other STIs. Also, getting infected with HIV while breastfeeding creates a danger of passing HIV to the baby. If there is any chance your partner has HIV/AIDS, you should use a condom each time you have sex (see page 181).

Natural family planning

Natural family planning costs nothing and has no side effects. But it can be difficult to use. Women do not always know when they are fertile, and if they have one irregular cycle, they can easily get pregnant. These methods work best when your cycles are very regular. This means the time from the first day of your monthly bleeding to the first day of your next monthly bleeding is the same every month, and is at least 26 days and no more than 32 days.

A woman can get pregnant only during her fertile time when an egg comes from her ovary into her tubes and womb—about once a month (see page 75). To use natural family planning, you must watch your body's signs to understand when you are fertile. During the fertile time you and your partner must not have sexual intercourse without using some other form of family planning. At these times, you can try other types of sex, such as oral sex or sexual touching. Or you can prevent pregnancy by using condoms or a diaphragm during the fertile time.

Natural family planning does **not** work well for women who do not have control over when they have sex. During your fertile times, your partner must be willing to use condoms or a diaphragm, or not have sexual intercourse. This method usually works best when couples receive training before using it.



If you recently gave birth or had an abortion, do not use these methods until your cycles are regular for several months.

There are many ways to use natural family planning. In this book we talk about the mucus method and the counting days method. These methods work best when they are both used together. But one method alone is better than nothing.

Natural family planning does not protect against HIV/AIDS or other STIs.

THE MUCUS METHOD

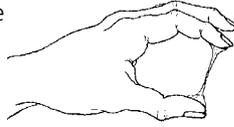
With the mucus method, you have to check the mucus from your vagina every day to see if you are fertile. On your fertile days, the mucus is stretchy and slimy, like raw egg.

To check the mucus, wipe your vagina with a clean finger, paper, or cloth. Then look or feel for mucus.

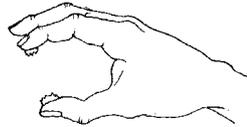
You may prefer a different method if:

- you have limited hand movement.
- you cannot reach your vagina.
- you cannot open your legs very wide.
- you get muscle spasms in your upper legs.
- you have limited feeling in your fingers.

Clear, wet, slippery mucus comes during the fertile time. **Do not have sexual intercourse.**



White, dry, sticky mucus (or no mucus) comes during other times of the month. **It is probably OK to have sexual intercourse 2 days after the first dry day.**



After 2 or 3 months of practice, you can easily recognize these changes in your mucus.

How to use the mucus method

- Check the mucus at the same time every day. Check before having sex.
- Do not have sexual intercourse on any day you feel slippery mucus. Or use a condom or diaphragm on those days.
- Do not have sexual intercourse until 2 days after the last day you have clear, slippery mucus.
- Do not douche or wash out the vagina at any time. This will wash the mucus away.

Use another method of family planning if you have a vaginal infection, or if you are not sure whether it is a fertile time. The mucus method works best when it is used with another method, like the counting days method.



THE COUNTING DAYS METHOD

With the counting days method, a woman does not have sexual intercourse during any time she might be fertile. This method can be used only by women with regular cycles. This means you have nearly the same number of days from one monthly bleeding to the next, and each cycle is at least 26 days, and no more than 32 days.

If you have one cycle of a different length, you can easily get pregnant. It is common for a woman to have a cycle of a different length when she is sick or feeling a lot of stress. During those times, it is best for you to use a different family planning method until you are well and your cycle returns to normal.

How to use the counting days method

For this method to work, you cannot have sexual intercourse from the 8th day of your cycle through the 19th day of your cycle. If you have sexual intercourse during this time, you must use another method of family planning.



You can use beads, a chart, or some other tool to remember your fertile days. String 32 beads, of 3 different colors, into a necklace. Each color bead can represent a different part of your cycle.

13 more blue beads show days when sexual intercourse will not usually cause pregnancy.

6 blue beads show days when sexual intercourse will not usually cause pregnancy.

12 white beads show the fertile time—when sexual intercourse can cause pregnancy.

On the first day of your monthly bleeding, put a ring or string around the red bead. Each day, move the ring past one bead. When the ring is on any of the white beads, you may get pregnant if you have sexual intercourse. Whenever you start your next monthly bleeding, move the ring back to the red bead at the start.

You may be able to buy a necklace like this called *CycleBeads*.

For the counting days method, you can also make a chart with 32 sections—1 for each day of your cycle. Mark off each day on the chart to remember when you can become pregnant.

first day of monthly bleeding

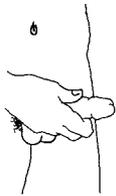
sexual intercourse during the fertile time can cause pregnancy

SEX WITHOUT INTERCOURSE

There are many ways to have sex that do not cause pregnancy. Oral sex (mouth on genitals) and sexual touch (touching the genitals or other parts of the body) are both sexual activities that many couples enjoy. They have very low risk of passing HIV/AIDS and other STIs, and they cannot cause pregnancy. Anal sex also cannot cause pregnancy, although HIV/AIDS and other STIs can pass very easily this way.



Avoiding all sexual intercourse is the most sure way to prevent pregnancy and can be a good way to reduce the risk of HIV/AIDS and other STIs. Not having sexual intercourse may be very difficult for couples to practice for a long time.



PULLING OUT (WITHDRAWAL)

In this method, a man pulls his penis out of the woman's vagina and away from her genitals before he ejaculates. This helps to prevent sperm from getting inside the vagina.

This method can work almost as well as the barrier methods, if the man can pull out in time. But often men leak semen before they ejaculate. A man may not be able to pull out before the semen comes. Or he may not want to. This means the woman may get pregnant. This method is more effective when the man passes urine before sex, and when it is combined with another method like spermicide or a diaphragm.

Sterilization

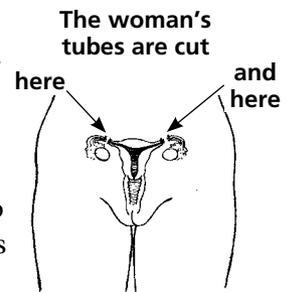
There are operations that make it almost impossible for a woman or a man to have children. Since these operations are permanent, they are good only for women and men who are certain they do not want any more children. A trained health worker or doctor can perform the operations in a health center or hospital.

The operation for women is more serious than the operation for men. The man will recover faster from the side effects of the operation. So, if possible, it is safer for a man to have the operation than a woman.

The operation for a woman (tubal ligation)

The health worker cuts or ties the tubes that carry the egg to the womb. The operation takes about 30 minutes. It does not change a woman's monthly bleeding. The operation will not affect her sexuality, and she will be able to have a normal sex life and to have sexual pleasure.

There is a small risk you can still get pregnant after the operation, so if you have signs of pregnancy, see a health worker. If your pregnancy is in the tubes, it is very dangerous (tubal pregnancy, see page 220).



Sterilization of a woman with problems learning or understanding

Many women who have trouble learning or understanding make excellent mothers and are able to take care of their children. Like all new mothers, they will need help from their families. But sometimes, families or health workers do not believe a woman who has problems learning or understanding should be allowed to become pregnant. They may decide to sterilize her without explaining what the operation means and without her permission. Even if they do this because they are concerned about her health and well-being, it is a violation of her human rights and is the wrong thing to do.

If you are a woman with learning difficulties, you might decide to be sterilized. The decision is yours to make. Other people can help you decide by talking with you about these questions:

Can you make good decisions about having sex? Sometimes a woman has trouble understanding when a man is just using her for sex and when he cares about her. Sterilization will only stop pregnancy. It will not prevent you from suffering the emotional and physical harm of sexual abuse. Living with sexual abuse is not a good reason to be sterilized. For information on what you can do about sexual abuse, see Chapter 14.

Can you make good decisions about using family planning? Sometimes a woman has trouble remembering where she is in her menstrual cycle (see page 75), or to take her birth control pills, or to use her diaphragm. If you are sterilized, you will not have to worry about any of that. But if you want to have a child later, another method such as implants, injections, or an IUD might be a better choice.

Will you be able to stay healthy during pregnancy? Sometimes when a woman is pregnant she forgets that everything she eats or drinks also affects her developing baby. Eating good food, not smoking, and avoiding alcohol and other drugs are important to prevent many problems, including some birth defects.

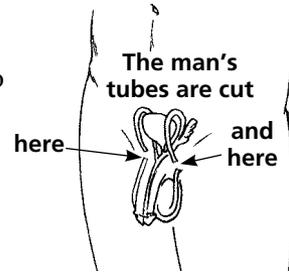
Will you be able to take care of a baby or a child? Sometimes it is difficult to remember that being a mother takes a lot of attention, patience, and work, even when you are tired, sick, or have other things to do.

Will you be able to take good decisions about safe sex? Sterilization will not prevent you from getting HIV or other sexually transmitted infections. Even if you get sterilized, you will still need to practice safe sex.

These are difficult questions for anyone to answer, and you may need a lot of discussion to answer them. Because sterilization is such an important step, it is worth making sure you understand what the operation means.

The operation for a man (vasectomy)

The tubes that carry the man's sperm from his testicles to his penis are cut. The operation takes only a few minutes to do, and it does not change the man's ability to have sex or to feel sexual pleasure. He still ejaculates (comes), but the semen does not have any sperm in it. For about 3 months, there are still sperm in the tubes, so the couple must use another method of family planning.



Emergency methods of family planning (the 'morning after' pill)

Emergency family planning is a way to avoid pregnancy after having unprotected sex. This method works by taking a larger-than-usual amount of the same birth control pills that some women take each day to prevent pregnancy. There are also emergency pills that have the dose in 1 or 2 pills.

These methods work best when the pills are taken as soon as possible, within 5 days of having unprotected sex. The sooner you take the pills after unprotected sex, the more likely it is you will not get pregnant.

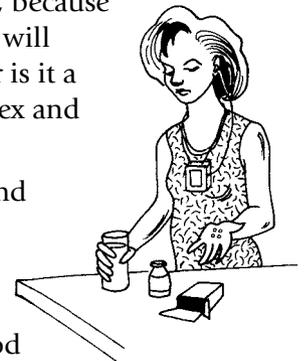
How this works to prevent pregnancy depends on where you are in your monthly menstrual cycle when you take it. It may prevent you from releasing an egg (see page 75).

Emergency family planning is **not** the same thing as an abortion, because if you are already pregnant when you take the pills, your pregnancy will not stop, and your developing baby will not be harmed. But neither is it a method you can use for regular family planning. If you are having sex and do not want to get pregnant, use one of the methods on page 188.

If you cannot swallow pills, or you have problems with nausea and vomiting, the pills can be put into the vagina where they will be absorbed into the body.

An intrauterine device (IUD) inserted into the womb up to 5 days after unprotected sex will also prevent a pregnancy. This method works better than pills, but should be used only by a woman who is planning to use an IUD for her regular family planning method.

Talk with local health workers about how important it is for women to have access to emergency family planning. Work with them and local pharmacists to make emergency family planning available to every woman in your community who wants it.



FAMILY PLANNING AND PARALYSIS

If you are a woman with no feeling in your lower body (from paralysis caused by polio, or a spinal cord injury), and you do not want to get pregnant, here are some guidelines to help you choose a method (some of these methods may not be available in every community):

Barrier methods (condom for men, condom for women, diaphragm, cap, sponge, spermicide). You may need assistance using the methods that are inserted into the vagina.

Hormonal methods (pills, injections, implants, IUD with hormones). You can use

hormonal methods that contain estrogen if you are active every day (push your own wheelchair or cart, do exercises, do household work like sweeping, or digging in the garden). You should not use hormonal methods that contain **estrogen** if you:

- sit still all day or do not get any exercise.
- ever had a blood clot anywhere in your body.
- ever had signs of a stroke or heart disease.
- have any type of cancer.
- are over age 35.
- smoke cigarettes, or chew or snort tobacco or snuff.

If you become paralyzed as an adult, do not start using hormonal methods until 6 months after your injury.

Intrauterine device (IUD). Some of the problems that can happen with an IUD, such as the IUD coming out, or an infection, usually cause pain which lets a woman know something is wrong. As you will not be able to feel pain, it is probably best for you not to use this method. If you do want to use it, make sure you can get checked regularly by an experienced health worker.



Abortion

When something is done to end a pregnancy, it is called an 'abortion'. The unplanned loss of a pregnancy is called a 'miscarriage' or 'spontaneous abortion'. For more information about the causes of a miscarriage, see page 219.

Deciding to have an abortion can be hard. Some religions teach that abortion is wrong, and in many countries abortion it is not legal or safe. But there are many reasons a woman may try to have an abortion anyway. In making a decision, most women will benefit from warm, respectful advice and friendly support. Here are some examples of why a woman may want an abortion:

- She already has all the children she can care for.
- A pregnancy is a danger to her health or her life.
- She has no partner to help support the child.
- She wants to finish school.
- She does not want to have children.
- She got pregnant after being forced to have sex.
- Someone is forcing her to have an abortion.

Let women make their own choices

Some women choose to have a baby whether or not they will have support. They may choose to have a baby even when they know the baby will have serious health or disability problems. Many pregnant women say: "I want THIS child!" and are determined to find ways to manage, whatever the difficulties.

For some women, the conditions of their lives or health make having a child a bad choice, and they decide to have an abortion. They may make this decision because they know they will not have enough support to care for the child. Or because they know the baby will have a disability or a serious health problem. Or they may find the idea of having a child, with or without a disability, too difficult to deal with.

Deciding to have a baby is a personal choice all women should be able to make. Whatever your own beliefs, try not to judge a woman if she does something you do not agree with. Care for her with compassion and treat her as you would want yourself or your daughter to be treated.



SAFE ABORTION

Where abortion is legal and available, a woman can have a safe abortion when it is done under clean and sterile conditions in a hospital, health center or clinic by a trained health worker. It will not usually endanger her future pregnancies. Also, abortions are safest when done in early pregnancy. There are 3 kinds of abortion that can be safe:

Vacuum aspiration. A health worker uses a machine or manual vacuum aspiration (MVA) syringe to empty the womb. If vacuum aspiration is done correctly, it is usually safe. (See *A Book for Midwives*, Chapter 23.)

D&C (dilation and curettage). A health worker empties the womb by scraping it with a sterile instrument. A woman who has had more than 3 D&C abortions may have scar tissue on the womb that can make a later pregnancy difficult.

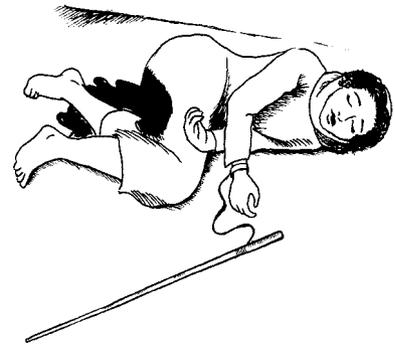
Medical abortion. The woman takes medicines that end the pregnancy and empty the womb. Talk with an experienced health worker about the medicines that are safe and effective for this. (See *Where Women Have No Doctor*, pages 244 and 245.)



UNSAFE ABORTION

In places where abortion is illegal, a woman trying to end a pregnancy may harm herself or turn to someone who does not give abortions safely. Unsafe abortions can cause heavy bleeding, serious infection or infertility, and are often a major cause of death for women.

These unnecessary deaths can be prevented when disabled women work with other women and men to make abortion safe, legal, and accessible for all women in their communities.



If you had either a safe or unsafe abortion in the past and you became sick or injured afterward with an infection or heavy bleeding, you may have scars in your womb that could cause problems in another pregnancy or birth. If you are pregnant now, it is probably safest for you to give birth in or near a hospital or medical center. Talk with a health worker about this.