

Chapter 13

In this chapter:

Benefits of Family Planning	197
Choosing to Use Family Planning	199
Choosing a Family Planning Method	200
How well each method works	201
Barrier Methods of Family Planning	202
The condom	202
Condoms for women	204
The diaphragm	205
Spermicide	206
Hormonal Methods of Family Planning	207
The pill	208
Implants	213
Birth control injections.....	214
Intra-Uterine Devices (IUD, Devices that Go into the Womb)	216
Natural Methods of Family Planning.....	218
Breastfeeding for the first 6 months (LAM).....	218
The mucus method and the counting days method.....	219
Traditional and Home Methods	222
Permanent Methods	223
New Methods of Family Planning	224
Choosing the Best Method	224
Emergency Methods of Family Planning	226
Working for Change	227

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:

- **too soon.** 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.
- **too late.** 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.

► *Family planning saves lives.*

Benefits of Family Planning

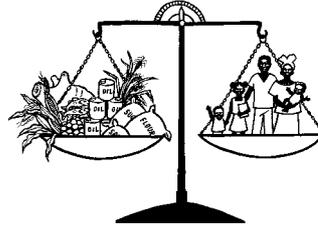
► *In poor countries about half of all deaths in women of child-bearing age are caused by problems of pregnancy and childbirth. Family planning prevents these pregnancies and deaths.*

As well as saving lives, family planning has other benefits

Mothers and babies will be healthier, because risky pregnancies are avoided.



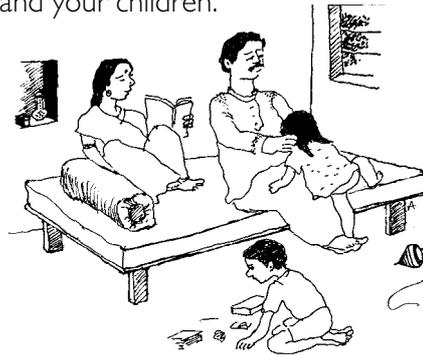
Fewer children means more food for each child.



Waiting to have children can allow young women and men time to complete their education.



Fewer children can mean more time for yourselves and your children.



Family planning can also help you and your partner enjoy sex more, because you are not afraid of unwanted pregnancy. And some methods have other health benefits. For example, *condoms* can help protect against the spread of *sexually transmitted infections (STIs)*, including *HIV*. *Hormonal methods* can help with irregular bleeding and pain during a woman's *monthly bleeding*.

All of the family planning methods found in this chapter are used safely by millions of women.

On page 201 there is a chart that shows how well each method works to prevent pregnancy and to protect against STIs. The chart also shows the possible side effects for each method and other important information about how the method must be used. Each method has stars to show how well it prevents pregnancy. Some methods have fewer stars 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.

Some women want a lot of children—especially in communities 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 these places, having just a few children may be a privilege only wealthier people can afford.

Other women may want to limit the number of children they have. This often happens where women have opportunities to study and earn income, and where they can negotiate with men in a more equal way.

No matter where a woman lives, she will be healthier if she has control over how many children she has, and when she will have them. Still, deciding to use—or not to use—family planning should always be a woman's choice.



Choosing to Use Family Planning

You have a right to make your own decisions about family planning.

Talking with your husband or partner about family planning

It is best if you can talk together with your husband or partner about choosing to use family planning and what method you will use.

Some men do not want their wives to use family planning, often because they do not know very much about how different methods work. A man may worry about his wife's health, because he has heard stories about the dangers of family planning. He may fear that if a woman uses family planning, she will have sex with another man. Or he may also think it is 'manly' to have lots of children.

Try sharing the information in this chapter with your partner. It may help him understand that:

- family planning will allow him to take better care of you and your children.
- child spacing is safer for you and your children.
- family planning can make sex with him more pleasant, because neither of you will have to worry about an unplanned pregnancy. Being protected against unwanted pregnancy will not make you want to have sex with other men.

If your husband still does not want you to use family planning even after learning about its benefits, you must decide whether you will use family planning anyway. If you do, you may need to choose a method that can be used without your partner knowing about it.

Choosing a Family Planning Method

Once you have decided to use family planning, you must choose a method. To make a good decision you must first learn about the different methods, and their advantages and disadvantages.

There are 5 main types of family planning methods:

- **Barrier methods**, which prevent pregnancy by keeping the *sperm* from reaching the egg.
- **Hormonal methods**, which prevent the woman's *ovary* from releasing an egg, make it harder for the sperm to reach the egg, and keep the lining of the *womb* from supporting a pregnancy.
- **IUDs**, which prevent the man's sperm from *fertilizing* the woman's egg.
- **Natural methods**, which help a woman know when she is *fertile*, so that she can avoid having sex at that time.
- **Permanent methods**. These are operations which make it impossible for a man or a woman to have any children.

These methods of family planning are described on the following pages. As you read about each method, here are some questions you may want to consider:

- How well does it prevent pregnancy (its effectiveness)?
- How well does it protect against STIs, if at all?
- How safe is it? If you have any of the health problems mentioned in this chapter, you may need to avoid some types of family planning methods.
- How easy is it to use?
- Is your partner willing to use family planning?



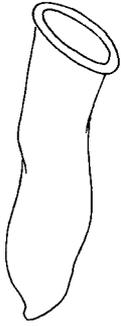
- What are your personal needs and concerns? For example, do you have all the children you want, or are you breastfeeding your baby?
- How much does the method cost?
- Is it easy to get? Will you need to visit a health center often?
- Will the side effects (the problems the method may cause) create difficulties for you?

After reading about these methods, you can get more help with choosing one starting on page 224. It may also help to talk with your partner, other women, or a health worker about different methods.

Only you can decide which family planning method is right for you.

FAMILY PLANNING METHOD	Protection from pregnancy	Protection from STIs	Possible side effects	Other important information
Condom for men 	★★★ GOOD	GOOD 		Most effective when used with spermicide and water-based lubricant. Use with other methods to prevent STIs.
Condom for women 	★★★ GOOD	GOOD 		
Diaphragm (with spermicide) 	★★★ GOOD	SOME 		Most effective when used with spermicide. Effective only when using the correct size.
Spermicide 	★ SOME	NONE 	 skin allergy	More effective when used with another barrier method like diaphragm or condom.
Hormonal methods Birth control pill, patch, injections 	★★★★ VERY GOOD	NONE 	 nausea, headaches, changes in monthly bleeding	These methods may be dangerous for women with certain health problems.
Implants 	★★★★★ BEST			
IUD 	★★★★★ BEST	NONE 	 heavy and painful monthly bleeding	This method may be dangerous for women with certain health problems.
Sex without intercourse (penis not inside vagina at all) 	★★★★★ BEST	SOME 		Sexual touch rarely passes STIs. Oral sex is less likely to pass STIs. Anal sex easily passes 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 when to have sex with intercourse.
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.

Barrier Methods of Family Planning



► If a condom breaks or comes off the penis, the woman should put spermicide in her vagina immediately. If possible, use emergency family planning (see page 226).

Barrier methods prevent pregnancy by blocking the sperm from reaching the egg. They do not change the way the woman's or man's body works, and they cause very few side effects. Barrier methods are safe if a woman is breastfeeding. Most of these methods also protect against STIs, including HIV. When a woman wants to become pregnant, she simply stops using the barrier method.

The most common barrier methods are the condom, condoms for women, the diaphragm, and spermicides.

THE CONDOM

The condom is a narrow bag of thin rubber that the man wears on his *penis* during sex. Because the man's semen stays in the bag, the sperm cannot enter the woman's body.

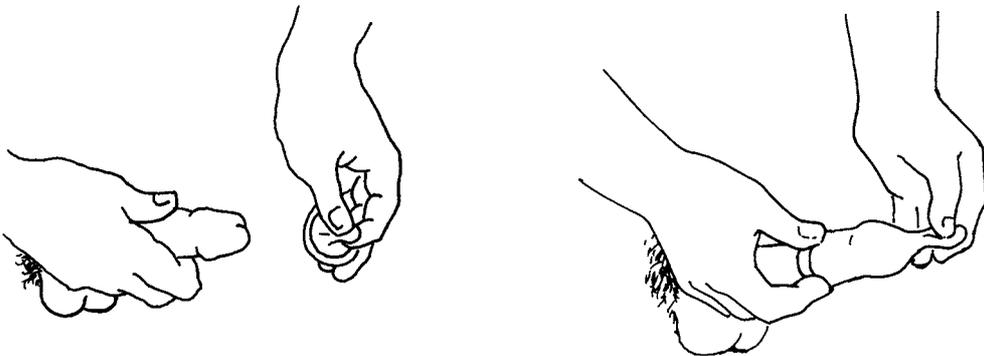
Condoms are the best protection against STIs and HIV. They can be used alone or along with any other family planning method. Condoms can be bought at many pharmacies and markets, and are often available at health posts and through AIDS prevention programs.

Be careful not to tear the condom as you open the package. Do not use a new condom if the package is torn or dried out, or if the condom is stiff or sticky. The condom will not work.

The condom must be put on the man's penis when it is hard, but before it touches the woman's *genitals*. If he rubs his penis on the woman's genitals or goes into her *vagina*, he can make the woman pregnant or can give her an STI, even if he does not spill his sperm (ejaculate).

How to use a condom:

1. If the man is not circumcised, pull the foreskin back. Squeeze the tip of the condom and put it on the end of the hard penis.
2. Keep squeezing the tip while unrolling the condom, until it covers all of the penis. The loose part at the end will hold the man's sperm. If you do not leave space for the sperm when it comes out, the condom is more likely to break.



Lubricants

Lubricants make the vagina or the condom wet and slippery. They help keep condoms from breaking and can make sex safer and more enjoyable. Lubricants should be water based, such as spit (saliva), or K-Y Jelly. Rub the lubricant on the sides of the condom after it is on the hard penis. A drop of lubricant inside the tip of a condom can also make it feel better for the man. Do not use cooking oils, baby oil, mineral oil, petroleum gel, skin lotion, or butter. They can make the condom break easily.

Remember:

- Use a condom every time you have sex.
- If possible, always use condoms made of *latex*. They give the best protection against HIV. Condoms made of sheepskin or lambskin may not protect against HIV.
- Keep condoms in a cool, dry place away from sunlight. Condoms from old or torn packages are more likely to break.
- Use a condom only once. A condom that has been used before is more likely to break.
- Keep condoms within reach. You are less likely to use them if you have to stop what you are doing to look for them.

At first, many couples do not like to use condoms. But once they get used to it, they may even recognize benefits besides protecting against unwanted pregnancies and STIs. For example, condoms can help some men last longer before they come.

► A woman who is using another family planning method should also use condoms if she needs STI protection.

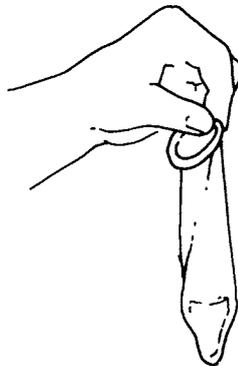


encouraging your partner to use condoms

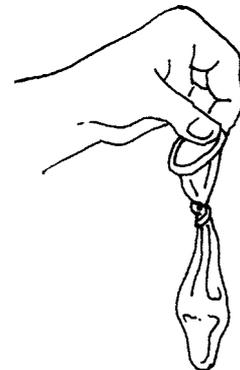
3. After the man ejaculates, he should hold on to the rim of the condom and withdraw from the vagina while his penis is still hard.



4. Take off the condom. Do not let sperm spill or leak.

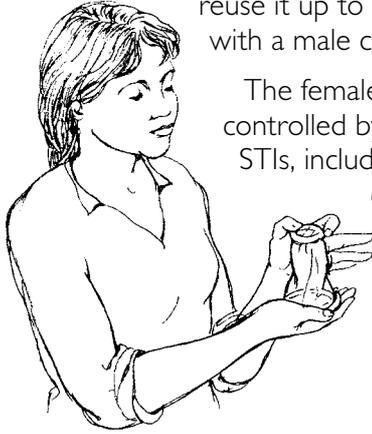


5. Tie the condom shut and dispose of it away from children and animals.



THE CONDOM FOR WOMEN (female condoms)

► Female condoms are larger than condoms made for men and are less likely to break. They work best when the man is on top and the woman is on the bottom during sex.



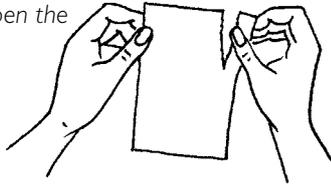
A female condom, which fits into the vagina and covers the outer lips of the vulva, can be put in the vagina any time before sex. It should be used only once, because it may break if it is reused. But if you do not have any other condoms, you can clean it and reuse it up to 5 times. The female condom should not be used with a male condom.

The female condom is the most effective of the methods controlled by women in protecting against both pregnancy and STIs, including HIV. There are now several types of female condoms available.

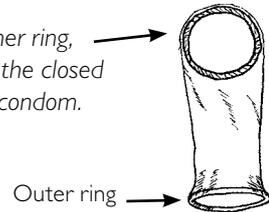
As more people demand this method, more programs will make them available.

How to use the female condom:

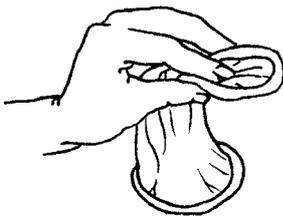
1. Carefully open the packet.



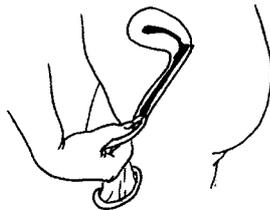
2. Find the inner ring, which is at the closed end of the condom.



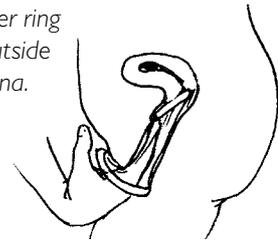
3. Squeeze the inner ring together.



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 sex, before you stand up. Squeeze and twist the outer ring to keep the man's sperm inside the pouch. Pull the pouch out gently, and then dispose of it out of reach of children and animals.

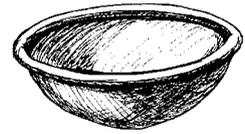
THE DIAPHRAGM

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 so that the man's sperm cannot get into her womb. The diaphragm should be used with spermicide. If you do not have spermicide, you can still use the diaphragm, but it may not work as well to prevent pregnancy.

Diaphragms come in different sizes and are available at some health posts and family planning clinics. A health worker who has been trained to do *pelvic exams* can examine you and find the right size diaphragm.

Diaphragms can get holes, particularly after being used for more than a year. It is a good idea to check your diaphragm often. Replace it when the rubber gets dry or hard, or when there is a hole in it.

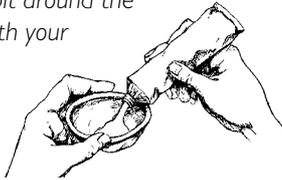
You can put the diaphragm in just before you have sex or up to 6 hours before. If you have sex more than one time after you put the diaphragm in, put more spermicide in your vagina each time before you have sex, without removing the diaphragm.



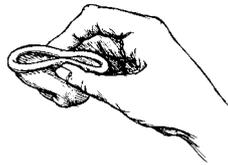
► When a diaphragm is used correctly, it prevents pregnancy most of the time and may also give some protection against STIs.

How to use a diaphragm:

1. If you have spermicide, squeeze it into the center. Then spread a little bit around the edge with your finger.



2. Squeeze the diaphragm in half.



3. Open the lips of your vagina with your other hand. Push the diaphragm into your vagina. It works best if you push it toward your back.



4. Check the position of your diaphragm by putting one of your fingers inside your vagina and feeling for your cervix through the rubber of the diaphragm. The cervix feels firm, like the end of your nose. The diaphragm must cover your cervix.



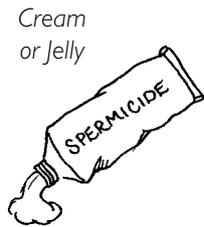
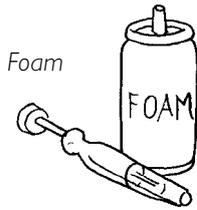
5. If the diaphragm is in the right place, you will not be able to feel it inside you.

6. Leave the diaphragm in place for at least 6 hours after sex.

You can leave the diaphragm in for up to 24 hours. It is OK to use the diaphragm during monthly bleeding, but you will need to remove it and clean it as often as you would change a cloth or pad.

To remove the diaphragm:

Put your finger inside your vagina. Reach behind the front rim of the diaphragm and pull it down and out. Wash your diaphragm with soap and water, and dry it. Check the diaphragm for holes by holding it up to the light. If there is even a tiny hole, get a new one. Store the diaphragm in a clean, dry place.



SPERMICIDE (contraceptive foam, tablets, jelly, or cream)

Spermicide comes in many forms—foam, tablets, and cream or jelly—and is put into the vagina just before having sex. Spermicide kills the man's sperm before it can get into the womb.

If used alone, spermicide is less effective than some other methods. But it is helpful when used as extra protection along with another method, like the diaphragm or condom.

Spermicides can be bought in many pharmacies and markets. Some women find that some types of spermicides cause itching or irritation inside the vagina.

Spermicides do not provide protection against any STI. Because spermicides can irritate the walls of the vagina, they may cause small cuts that allow HIV to pass more easily into the blood (see page 286).

When to insert spermicide:

Tablets or suppositories should be put in the vagina 10 to 15 minutes before having sex. Foam, jelly, or cream work best if they are put in the vagina just before having sex.

If more than one hour passes before having sex, add more spermicide. Add a new tablet, suppository, or applicator of foam, jelly, or cream each time you have sex.

How to insert spermicide:

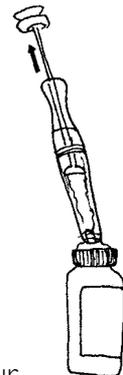
1. Wash your hands with soap and water.
2. **To use foam**, shake the foam container rapidly, about 20 times. Then press the nozzle to fill the applicator.

To use jelly or cream, screw the spermicide tube onto the applicator. Fill the applicator by squeezing the spermicide tube.

To use vaginal tablets, remove the wrapping and wet them with water or spit on them. (DO NOT put the tablet in your mouth.)

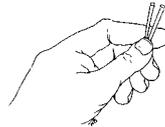
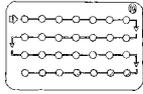
3. Gently put the applicator or vaginal tablet into your vagina, as far back as it will go.
4. If you are using an applicator, press in the plunger all the way and then take out the empty applicator.
5. Rinse the applicator with clean water and soap.

Leave the spermicide in place for at least 6 hours after sex. Do not douche or wash the spermicide out. If cream drips out of your vagina, wear a pad, cotton or clean cloth to protect your clothes.



These methods contain *hormones*, called *estrogen* and *progestin*, that are similar to the estrogen and progesterone a woman makes in her own body. 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 for several years.



Hormonal Methods of Family Planning



hormones

Hormonal methods work by preventing the woman's ovaries from releasing an egg. The hormones also make the mucus at the opening of the womb very thick, which helps stop the sperm from getting inside the womb.

Most birth control pills and some injections contain both estrogen and progestin. These are called 'combination' pills or injections. The two hormones work together to give excellent protection against pregnancy. However, some women should not use pills or injections with estrogen for health reasons, or because they are breastfeeding (see page 209).

'Progestin-only' pills (also called minipills), implants, and some injections contain only one hormone—progestin. These methods are safer than combined pills or injections for women who should not use estrogen, or are breastfeeding (see page 212).

These women should avoid ANY kind of hormonal method:



- Women who have *breast cancer*, or a hard lump in the breast (see page 382). Hormonal methods do not cause cancer. But if a woman already has breast cancer, these methods can make it worse.
- Women who might be pregnant or whose monthly bleeding is late (see page 67).
- Women who have *abnormal bleeding* from the vagina during the 3 months before starting hormonal methods (see page 360). They should see a health worker to find out if there is a serious problem.



Some hormonal methods are harmful for women with other health problems. Be sure to check each method to see if it is safe for you. If you have any of the health problems mentioned and still wish to use a method, talk to a health worker who has been trained in hormonal methods of family planning.

IMPORTANT

Hormonal methods do not protect against STIs or HIV.

➤ A woman controls hormonal methods and they can be used without a man knowing.

➤ Some medicines for seizures ("fits"), for tuberculosis (TB), or for HIV make hormonal methods less effective. A woman taking these medicines should use another family planning method or combine it with a second method such as a condom or a diaphragm.

Side effects of hormonal methods

Because hormonal methods contain the same *chemicals* that a woman's body makes when she is pregnant, these things may happen during the first few months:

Nausea



Headaches



Weight gain



Swelling of the breasts



Changes in monthly bleeding



Side effects often get better after the first 2 or 3 weeks or months. If they do not, and they are annoying or worrying you, see a health worker. She may be able to help you change the amount of the hormones in your method or to change methods. For more information about the specific side effects that are common with each hormonal method, see pages 209 to 215.

► The pills will not prevent pregnancy immediately. So, during the first 7 days on pills, use condoms or some other backup method to avoid pregnancy.



common brands of oral contraceptives

► If you must change to a lower dose pill, use a barrier method of family planning or do not have sex during the first month.

THE PILL

Combined pills (birth control pills with estrogen and progestin)

Birth control pills will protect you from pregnancy as long as you take one pill every day. There are many different brands of combined pills with different types of estrogen and progestin in them and different amounts of each hormone. The most common combined pills are “low-dose” pills with 20, 30, or 35 micrograms (mcg) of estrogen. Low-dose pills and minipills are different—low-dose pills have both estrogen and progestin, while the minipill has only progestin. See page 522 for some types and brand names.

Combined pills are usually available at family planning clinics, health posts, pharmacies, and through health workers.

Once you start taking pills, you should try to stick with one brand (and if you can, buy several packets at once). If you must change brands, try to get another with the same hormone names and strength. You will have fewer side effects and better protection.

Who should not take combined pills:

Some women have health problems that make it dangerous for them to use the pill. **NEVER take the pill if you have any of the conditions listed on page 207, or if you:**

- have liver disease, *hepatitis*, or yellow skin and eyes.
- have ever had signs of a *stroke*, *paralysis*, or heart disease.
- have ever had a *blood clot* in the veins of your legs, or in your lungs or brain. *Varicose veins* are usually not a problem, unless the veins are red and sore.

If you have any of the following health problems, try to use a method other than combined birth control pills. But if you cannot, it is still better to take the combined pill than to become pregnant. **Try not to take combined pills if you:**

- **smoke and are over 35 years old.** You have a greater chance of having a stroke or heart attack if you take combined pills.
- **have diabetes or epilepsy.** If you are taking medicine for seizures (“fits”), you will need to take a stronger (50 micrograms of estrogen) birth control pill. Get medical advice from a health worker or doctor.
- **have high blood pressure** (more than 140/90). If you have ever been told you have high blood pressure or think you might have it, have your *blood pressure* checked by a health worker. If you weigh too much, have frequent headaches, get out of breath easily, feel weak or dizzy often, or feel pain in the left shoulder or chest, you should be tested for high blood pressure.



► If you are bothered by any body changes after starting birth control pills, talk to a health worker. She might suggest a different pill.

Common side effects of combined pills:

- **Irregular bleeding or spotting** (bleeding at other times than your normal monthly bleeding). Combined pills often make your monthly bleeding shorter and lighter. It is also normal to sometimes skip your monthly bleeding. This is the most common side effect of combined birth control pills. To reduce spotting, be extra careful to take the pill at the same time every day. If the spotting continues, talk with a health worker to see if changing doses of progesterin or estrogen will help.
- **Nausea.** Nausea, the feeling that you want to throw up, usually goes away after 1 or 2 months. If it bothers you, try taking the pills with food or at another time of day. Some women find that taking the pill just before going to sleep at night helps.
- **Headaches.** Mild headaches in the first few months are common. A mild pain medicine should help. If the headache is severe or comes with *blurred eyesight*, this could be a serious warning sign, see page 210.

► If your monthly bleeding does not come at the normal time **and** you have missed some pills, continue to take your pills but see a health worker to find out if you are pregnant.

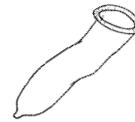
► If you are given a new medicine while on the pill, ask your health worker if you should use a barrier method or not have sex while taking the medicine. Some antibiotics and other medicines make the pill less effective.

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.

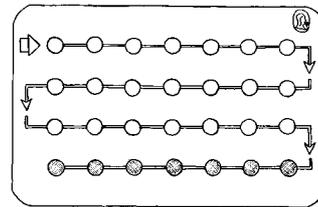
If you have any of these problems, pregnancy can also be dangerous, so use another type of family planning such as condoms until you can see a health worker trained in hormonal family planning methods.



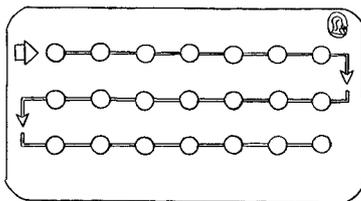
How to take combined birth control pills:

The pill comes in packets of 21 or 28 tablets. If you have a 28-day packet, take one pill every day of the month. As soon as you have finished one packet, begin taking pills from another packet.

(The last 7 pills in a 28-day packet are made of sugar. They have no hormones in them. These sugar pills help you to remember to take a pill each day.)



28-Day Pill Packet



21-Day Pill Packet

If you have a 21-day packet, take a pill every day for 21 days, then wait 7 days before beginning a new packet. Your monthly bleeding will usually happen during the days you are not taking pills. But begin a new packet even if your monthly bleeding has not come.

With both 21-day and 28-day packets, take the first pill on the first day of your monthly bleeding. This way you will be protected right away. If it is after the first day, you can start taking a pill on any of the first 7 days of your monthly cycle. But you will not be protected right away, so for the first 2 weeks you are taking the pill you should also use another family planning method or not have sex.

You must take one pill every day, even if you do not have sex. Try to take your pill at the same time every day. It may help to remember that you will always start a new packet on the same day of the week.

Forgetting to take pills:

If you miss pills you could get pregnant.

If you forget 1 or 2 pills, take 1 pill as soon as you remember. Then take the next pill at the regular time. This may mean that you take 2 pills in one day.

If you forget to take 3 pills, 3 days in a row, take 1 pill right away. Then take 1 pill each day at the regular time.

If you are using a 28-day packet of pills, take only the hormone pills and skip the sugar pills, then start taking hormone pills from a new packet. If you are using a 21-day packet, start a new packet as soon as you finish the one you are taking now. Use condoms (or do not have sex) until you have taken a pill for 7 days in a row.

If you forget to take more than 3 pills, stop taking the pills and wait for your next monthly bleeding. Use condoms (or do not have sex) for the rest of your cycle. Then start a new packet.

Late or missed pills may cause some bleeding, like a very light monthly bleeding.



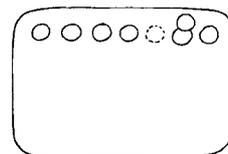
If you have trouble remembering to take pills, try taking a pill when you do a daily task, like preparing the evening meal. Or take the pill when you see the sun go down or before you sleep. Keep the packet where you can see it every day. If you still forget to take your pills often (more than once a month),

think about changing to a different method of birth control.

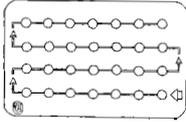
If you vomit within 3 hours after taking your pill or have severe diarrhea, your birth control pill will not stay in your body long enough to work well. Use condoms, or do not have sex, until you are well and have taken a pill each day for 7 days.

Stopping the pill:

If you want to change methods or get pregnant, stop taking the pills when you finish a packet. You can get pregnant right after you stop. Most women who stop taking pills because they want to get pregnant will get pregnant sometime within the first year.



○ = missed pill
 ○ = take 2 pills



The minipill is safe and effective during breastfeeding.

► If you forget a pill, use a barrier method (or do not have sex) for 7 days, AND keep taking your pills.

The Minipill or Progestin-only Pills

Because this pill contains no estrogen, it is safer for women who should avoid combined pills for health reasons (see pages 208 and 209) or who have side effects from combined pills.

The minipill is very effective for most breastfeeding mothers who have not had monthly bleeding since giving birth. It is slightly less effective than combined pills for women who are not breastfeeding and for women who are breastfeeding more than 6 months after giving birth. See page 523 for brand names.

The minipill is usually available at family planning clinics, health posts, pharmacies, and through health workers.

Women with any of the conditions on page 207 and women who are taking medicine for seizures should not take the minipill. The medicine makes the minipill less effective.

Common side effects of the minipill:

- **irregular bleeding or spotting.** This is the most common side effect. Taking ibuprofen may help stop spotting.
- **no monthly bleeding.** This is fairly common, but if you go more than 45 days without bleeding you may be pregnant. Keep taking your pills until you find out if you are pregnant.
- **occasional headaches.**

How to take the minipill:

- If you are not breastfeeding, or if you are breastfeeding and your monthly bleeding has started again, take the first pill on the first day of your monthly bleeding.
- If you are breastfeeding and have not had monthly bleeding, you can take the first pill any day from 6 weeks to 6 months after giving birth. You may not begin bleeding. This is normal. After 6 months with no monthly bleeding, you can take the first pill any day, but also use a barrier method or do not have sex for the first 2 days.
- Take the pill at the same time every day. If you take the pill even a few hours late, or if you forget to take the pill for only one day, you can become pregnant.
- When you finish a packet, start your new packet the next day, even if you have not had any bleeding. Do not skip a day.

What to do if you miss a minipill:

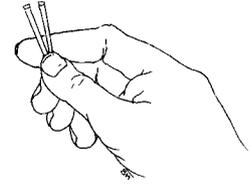
Take it as soon as you remember. Take the next pill at the regular time, even if it means taking 2 pills in one day. Use a barrier method also, or do not have sex for 2 days. You may have bleeding if you take your pill at a later time than usual.

Stopping the minipill:

You can stop taking the pill any time. You can get pregnant the day after you stop, so use another method right away if you do not want to become pregnant. If you stop at the end of your cycle, your monthly bleeding will be more regular.

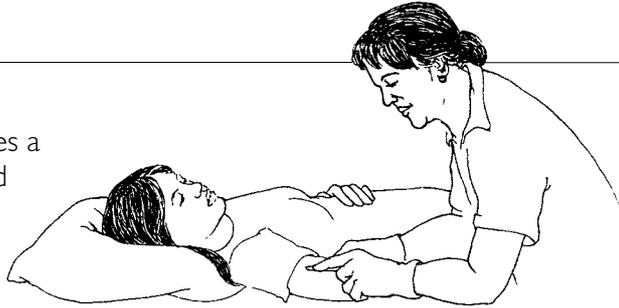
IMPLANTS (Jadelle, Implanon, Norplant)

Implants are small, soft tubes that are placed under the skin on the inside of a woman's arm. These tubes contain the hormone progesterin and work like mini pills. They prevent pregnancy for 3 to 5 years, depending on the type of implant.



How to use implants:

A trained health worker makes a small cut in the skin to insert and remove the implants. This is usually done at a clinic or family planning center.



IMPORTANT Before trying implants, be sure a health worker near you is trained and willing to remove the implants, in case you want them removed. It is harder to take implants out than it is to put them in.

Implants can be used by women who are breastfeeding and others who have problems with estrogen. Women should not use implants if they have any of the conditions described on page 207, if they have heart disease, or if they want to become pregnant in the next few years. If you are taking medicines for seizures, you will need to use a backup method, like a condom or a diaphragm, as well as the implants.

Common side effects of implants:

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 that you are pregnant or that something is wrong. These changes will go away as your body becomes used to having more progesterin. If this irregular bleeding causes problems for you, a health worker may have you take low-dose combined birth control pills along with the implants for a few months.

You may also have occasional headaches and the same side effects common with progesterin-only injections (see page 214).

To stop using implants:

Implants can be removed at any time—though it can be hard to find a health worker who knows how to remove them. After removal, you can get pregnant right away, so use another family planning method if you do not want to become pregnant.

► Many women want their implants removed early because they do not like the side effects. The most common concern is irregular bleeding.



BIRTH CONTROL INJECTIONS

In this family planning method, a woman is given injections of hormones every 1 to 3 months, usually at a health center or family planning clinic, by someone who knows how. The protection lasts until you need a new injection, and can be used without others knowing.

Progestin-only injections

Progestin-only injections, such as *Depo Provera* and *Noristerat*, contain only the hormone progestin. These are especially good for women who should not use estrogen (see pages 208 and 209). They are given every 2 to 3 months.

Women should not begin progestin-only injections if they have any of the conditions listed on page 207, if they are unable to get regular injections, or if they want to become pregnant within the next year.

Common side effects of progestin-only injections:

Because of the large doses of progestin given with each injection, women experience more changes in their monthly bleeding during the first few months than with other hormonal methods.

Other common side effects are:

- **irregular bleeding or heavy spotting.** If this is a problem, a health worker can give 2 cycles of a combined low-dose birth control pill to take along with the injections to stop the spotting. Most irregular bleeding will stop after a few months.
- **no monthly bleeding.**
- **weight gain.**

Combined injections

Other injections, such as *Cyclofem* and *Mesigyna*, contain both estrogen and progestin. This type of injection is good for women who want to have regular monthly bleeding. Combined injections are given every month, are more expensive than progestin-only injections, and are harder to find.

Women who should not take combined birth control pills or progestin-only injections should not get combined injections either. Do not begin combined injections while breastfeeding until your baby is 6 months old or your monthly bleeding returns, whichever happens first.

► *Progestin-only injections almost always cause changes in the monthly bleeding. You may have light bleeding every day or every once in a while. You will probably stop having monthly bleeding by the end of the first year. These changes are normal.*

Common side effects of combined injections:

Because the injection contains the same hormones as combined birth control pills, the same side effects are common (see page 209).

How to use birth control injections:

It is best to get your first injection during your monthly bleeding. This way you know that you are not pregnant. You can start the injections anytime if you are breastfeeding and have not started your monthly bleeding.

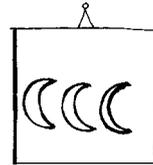
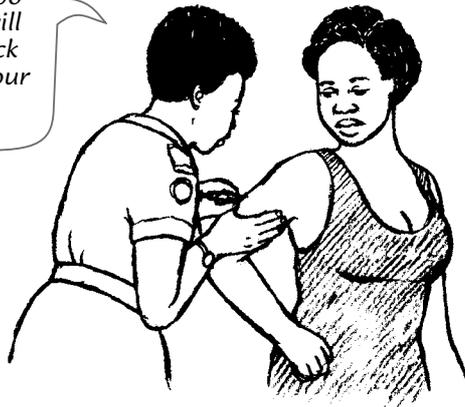
The injection protects you against pregnancy immediately if it is given within 5 days after your monthly bleeding begins. If the injection was given 6 or more days after the beginning of your monthly bleeding, you should use condoms or not have sex for the next 7 days.

You must have an injection every 1, 2, or 3 months, depending on the kind of injection:

- *Depo Provera*: every 3 months
- *Noristerat*: every 2 months
- *Cyclofem* and *Mesigyna*: every month

Try not to be late getting injections. The injection becomes less effective the longer you wait. If you are late, use a barrier method, or do not have sexual intercourse for 7 days after the injection.

You are using Depo Provera, so you will need to come back in 3 months for your next injection.

**To stop using injections:**

You can stop having birth control injections any time you want. But after you stop, it can take a year or more to become pregnant and for your monthly bleeding to return to normal. But it also may come back sooner. So if you do not want to become pregnant right away, you must use another family planning method during this time.

Intra-Uterine Devices

(Devices that go into the womb)



THE IUD (IUCD, Copper-T)

The IUD is a small object or device that is inserted into the womb by a specially trained health worker or midwife. Once in the womb, the IUD prevents the man's sperm from fertilizing the woman's egg. The IUD can stay in the womb for up to 10 or 12 years (depending on the kind of IUD it is) before it must be removed and replaced. An IUD can be used without the man knowing you are using it (although sometimes a man can feel the strings).



The most common IUDs are made of plastic, or plastic and copper.

Progestin IUD (Mirena, Levonova)

This kind of IUD also contains the hormone progestin and is available in some countries. Progestin decreases the pain and bleeding that some women have with the IUD. It protects against pregnancy for 5 years.



STIs

IMPORTANT IUDs do not protect against STIs, including HIV. And if a woman has an STI, the IUD can lead to more serious complications, such as pelvic inflammatory disease (PID). PID can lead to infertility.

Do not use an IUD if you:

- are pregnant or might be pregnant.
- have an STI or are in danger of getting an STI. (This includes any woman who has more than one partner, or whose partner may have other sex partners.)
- have a lot of bleeding and pain during your monthly bleeding (a progestin IUD may be better).
- are very *anemic* (a progestin IUD may be better).

Wait for at least 3 months before using an IUD if you have had an *infection* in your tubes or womb, or an infection after giving birth or after having an abortion.

Common side effects:

You may have some light bleeding during the first week after getting an IUD. Some women also have longer, heavier, and more painful monthly bleeding, but this usually stops after the first 3 months.

► IUDs can be used safely by women who are breastfeeding.

► Do not use an IUD if you are unable to get to a health center or clinic where you can have the IUD removed if necessary.

How to use the IUD:

An IUD must be inserted by a specially trained health worker after doing a pelvic exam. The best time to have the IUD put in is during your monthly bleeding. After childbirth, it is best to wait 6 weeks for the womb to return to its normal size and shape before getting an IUD.

Occasionally an IUD will slip out of place. If this happens, it will not be effective in preventing pregnancy, so it is important to learn to check your IUD to make sure it is still in place. Most IUDs have 2 thread-like strings attached which hang down into the vagina. You should check the strings after each monthly bleeding to make sure the IUD is in place.

**How to check the IUD strings:**

1. Wash your hands.
2. Squat down and reach as far as you can into your vagina with your 2 fingers. Feel for the IUD strings, but **do not pull them**.
3. Take out your fingers and wash your hands again.

Warning signs for problems with an IUD:

Pelvic inflammatory disease is the most serious problem that can result from having an IUD. Most infections happen in the first 3 months, usually because the woman already had an infection when the IUD was put in. Or it may happen because the health worker did not put in the IUD under clean conditions.

If you have any of the following signs, you should see a health worker trained to insert IUDs and to treat complications, or go to a hospital immediately:

- Your monthly bleeding is late.
- You have pain in your lower belly or pain during sex.
- You have a heavy or bad-smelling discharge from the vagina.
- You do not feel well, or have fever or chills.
- Your IUD string is missing, or is shorter or longer than usual.
- Your partner can feel the IUD (not just the strings) during sex.

To stop using an IUD:

When you want to stop using an IUD, it must be removed by a trained health worker. Never try to remove an IUD yourself.

You can become pregnant as soon as it has been removed.

Natural Methods of Family Planning

There are also 3 methods to avoid pregnancy that do not require any devices or chemicals (as with barrier methods) or medicines (as with hormonal methods). The methods are:

- breastfeeding for the first 6 months
- the mucus method
- the counting days method

IMPORTANT *Natural methods of family planning do not protect against STIs, including HIV. If you use any of the natural methods listed in these pages, you still need to think about ways to protect yourself from these diseases.*

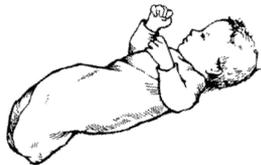
BREASTFEEDING FOR THE FIRST 6 MONTHS (Lactational Amenorrhea Method, LAM)

Breastfeeding under certain conditions can prevent the ovaries from releasing an egg. This method does not cost anything, but it is most effective for only the first 6 months after childbirth.

How to use breastfeeding to prevent pregnancy:

Breastfeeding is an effective method of family planning only when these 3 conditions are true:

1. Your baby is less than 6 months old.



2. You have not had your monthly bleeding since giving birth.



3. You are giving your baby only breast milk, and feeding it whenever it is hungry, day and night, with no more than 6 hours between feedings. Your baby does not sleep through the night without feeding.



Use another method of family planning that is safe with breastfeeding as soon as any of the following things happen:

- Your baby is more than 6 months old, **or**
- Your monthly bleeding starts, **or**
- Your baby starts taking other kinds of milk or other foods, or starts sleeping for more than 6 hours during the night, **or**
- You must be away from the baby for more than 6 hours and cannot remove milk from your breasts during that time.

THE MUCUS METHOD AND THE COUNTING DAYS METHOD

To use either of these methods, you must understand when you are fertile during your monthly cycle. This is sometimes called 'fertility awareness'. Then, to avoid pregnancy, you and your partner must not have sex, or must use a barrier method of family planning, during your fertile days.

Because there are no costs or side effects, these methods can be used by women who cannot or do not want to use other methods, or when other methods are not available.

To practice fertility awareness more effectively, both you and your partner should visit a specially trained health worker to learn about your bodies and about fertility. It usually takes about 3 to 6 months of practice to learn how to use these methods.

The mucus and counting days methods do not work as well if:

- you have little control over when you will have sex. During your fertile times, your partner must be willing to wait and not have sex or to use condoms or some other barrier method.
- your fertility signs change from month to month. You will not be able to know when you are fertile.
- you have just had a baby or miscarriage. It is hard to know when you are fertile at these times.



► All these methods require the man's cooperation or they will not be effective.



barrier methods



sex without intercourse

What you should know about a woman's cycle of fertility:

- A woman releases one egg each month.
- The egg is released from the ovary about 14 days before the next monthly bleeding.
- The egg lives for about 24 hours (1 day and 1 night) after it has been released from the ovary.
- The man's sperm (seed) can live up to 2 days inside the woman's body.



monthly bleeding

To make all natural family planning methods more effective:

- Have sex only on the days between the end of the fertile time and your next monthly bleeding.
- Use both the mucus method and the counting days method at the same time.
- Use condoms whenever you are not sure if you are fertile, or do not have sex.

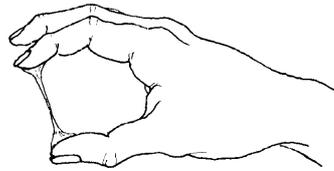
Mucus Method

To use the mucus method, you must pay careful attention to the mucus (wetness) in your vagina. Your body produces wet mucus during your fertile time to help the sperm get into the womb. So if you check your mucus every day, you will know when you are becoming fertile. Then you can avoid sex during this time.

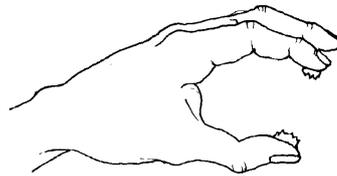
How to tell when you are fertile:



1. Wipe the outside of your vagina with your finger or a piece of paper or cloth.
2. If there is mucus there, take some between your fingers. How does it feel? Wet and slippery? Dry and sticky?



clear, wet, slippery mucus = fertile



white, dry, sticky mucus = not fertile

How to use the mucus method:

- Do not have sex on any day you see or feel wetness or mucus. Or, if you want to have sex on those days, use a condom or a diaphragm **without** spermicide (these are the only methods that do not change the mucus).
- Do not have sex until 2 days after the last day of clear, slippery mucus.
- Do not have sex during your monthly bleeding. There is a small possibility you could be fertile and not be able to tell.
- Do not douche or wash out your vagina at any time. This will wash the mucus away.
- If you are having trouble knowing when you are fertile, or if you have a vaginal infection, you should use another method.

Counting Days Method

With the counting days method, you do not have sexual intercourse during any time that you might be fertile. This method can be used only if you have regular cycles that last between 26 and 32 days. This means that the time from the first day of one monthly bleeding, to the first day of your next monthly bleeding, must be at least 26 days, and no more than 32 days.

This method will usually work if you have nearly the same number of days from one monthly bleeding to the next (regular cycles). But 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. So if you are sick or feeling stress, it will be best for you to use a different family planning method until you are well and your cycle is 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.

I started my monthly bleeding 8 days ago. So we cannot have sex today, or for the next 10 days.

I better go to my sister's.



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.



A red bead marks the first day of your monthly bleeding.

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

12 white beads show your 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.

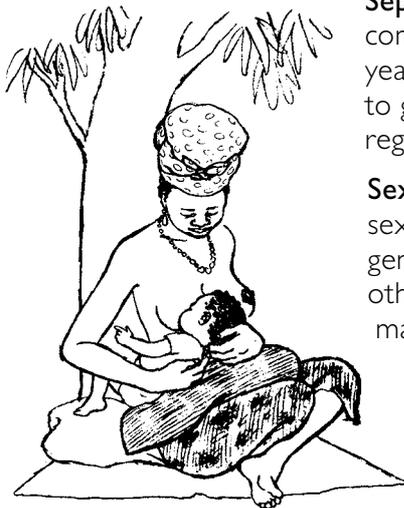


Traditional and Home Methods

Every community has traditional methods to prevent or stop pregnancy. Many of these can be very useful in limiting the number of children a couple has, although they are usually not as effective as modern methods. But some traditional methods are not effective at all, and some can even be very harmful.

TRADITIONAL METHODS THAT WORK

Withdrawal or pulling out (coitus interruptus). With this method, a man pulls his penis out of the woman and away from her genitals before he ejaculates. This method is better than no method, but it does not always work. Sometimes a man is not able to pull out before he ejaculates. Even if the man pulls out in time, some liquid that contains sperm can leak out of his penis before ejaculation and cause pregnancy.



Separating partners after childbirth. In many communities, couples do not have sex for months or years after the birth of a baby. This allows the mother to give more time to the care of the new baby and to regain her strength without fear of pregnancy.

Sex without intercourse. There are also 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 and other STIs. Anal sex also cannot cause pregnancy, although HIV and other STIs can pass very easily this way.

Avoiding all sexual intercourse (the man's penis inside the woman's vagina) is the surest way to prevent pregnancy, although it may be difficult to practice for a long time.

TRADITIONAL METHODS THAT DO NOT WORK OR CAN BE HARMFUL

- Omens and magic do not prevent pregnancy.
- Putting grasses, leaves, pods, and dung in the vagina can cause infection and irritation.
- Washing out the vagina (douching) with herbs or powders does not prevent pregnancy. Sperm move very fast and some will reach the inside of the womb before they can be washed out.
- Urinating after sex does not prevent pregnancy. (But it can help to prevent infections of the *urine* system.)

STERILIZATION (the operation for no more children)

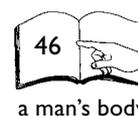
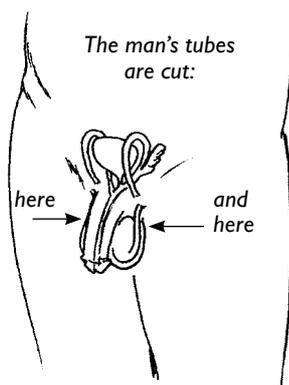
There are operations that make it almost impossible for a man or a woman to have any children. Since these operations are permanent, they are only good for those women or men who are certain that they do not want any more children.

To have one of these operations, you must go to a health center or hospital. The surgery is fast and safe, and does not cause side effects.

The operation for the man (Vasectomy)

A vasectomy is a simple operation in which the tubes that carry the sperm from the *testicles* to the penis are cut. The man's testicles are not cut. This operation can be done in any health center where there is a trained health worker. It takes only a few minutes to do.

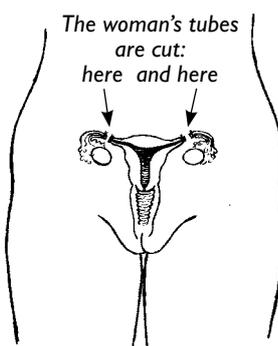
The operation does not change a man's ability to have sex or to feel sexual pleasure. He still ejaculates semen but there are no sperm in the semen. The tubes may still have sperm in them for as long as 12 weeks after the operation, so you need to use another method of family planning during that time.



The operation for the woman (Tubal Ligation)

A tubal ligation is a slightly more difficult operation than a vasectomy, but it is still very safe. It takes about 30 minutes.

A trained health worker inserts a tool through the skin near the belly button to cut or tie the tubes that carry the eggs to the womb. **It does not change a woman's monthly bleeding or her ability to have sex and sexual pleasure.**



IMPORTANT Sterilization does not protect against STIs, including HIV. So you will still need to think about ways to protect yourself from these infections.

Permanent Methods of Family Planning

New Methods of Family Planning

The following new methods of family planning are available or are being developed. They may only be available in some places and may be expensive. We include them here because the more women know about new methods and ask for them, the more likely it is that the methods will become available for everyone and perhaps be less costly. The more methods there are, the more likely it is that every woman who wants to prevent pregnancy will be able to find a method that suits her needs.

The patch is a thin piece of plastic that sticks to the skin and releases both estrogen and progestin into the body. You must put on a new patch once a week for 3 weeks in a row, then no patch for 1 week (the week of your monthly bleeding). You should not use the patch if you have any of the conditions listed on pages 207, 208, or 209. The patch can have the same side effects as combined pills.

Once-a-week birth control pills work by changing a woman's natural balance of estrogen, which prevents a fertilized egg from attaching to the womb wall. The once-a-week pill is less effective than regular daily birth control pills at preventing pregnancy. Little is known about its side effects.

Vaginal rings slowly release estrogen and progestin, or just progestin, into a woman's vagina. Vaginal rings come in only one size and a woman can put one in herself. They last from 1 month to 1 year. You can get pregnant as soon as you stop using a ring.

The best family planning method is the one you are most comfortable using. To choose the best method for you, it can be helpful to think about your day-to-day life, your relationships, concerns, needs, and desires. Whichever method you choose, it is important to understand and follow the instructions for how to use it effectively. Here are some ways to think about different methods based on your personal needs.

Choosing the Best Method



I want to keep having normal monthly bleeding.

You might PREFER:
Barrier methods, IUD

You might AVOID:
Hormonal methods



I do not want to have to do something every day.

You might PREFER:
Implants, injections, IUD

You might AVOID:
Combined pill, mini-pill, any natural method



My partner does not want me to use family planning.

You might PREFER:
Injections, implants, IUD

You might AVOID:
Barrier methods, pills, natural methods



I do not want to put things in my vagina or my womb.

You might PREFER:
Hormonal methods, male condom, natural methods

You might AVOID:
Diaphragm, female condom, IUD



I want to be able to have sex anytime without interruption.

You might PREFER:
IUD, hormonal methods

You might AVOID:
Barrier methods, natural methods



I do not want any more children.

You might PREFER:
Sterilization, implants, injections, IUD

You might AVOID:
Natural methods, barrier methods



I want to have a child within a year.

You might PREFER:
Any barrier method, combined pill, mini-pill, any natural method

You might AVOID:
Implants, injections, IUD, sterilization



I think my partner has sex with others and may infect me with an STI.

You might PREFER:
Male or female condom

You might AVOID:
Any hormonal method, any natural method, IUD, sterilization



I am breastfeeding my baby.

You might PREFER:
Male or female condom, diaphragm, implants, IUD, minipill, progestin-only injections

You might AVOID:
Combined pill, monthly injections until your baby is 6 months old or your monthly bleeding returns.



My husband does not want to be involved in using a family planning method.

You might PREFER:
Female condom, diaphragm, any hormonal method, IUD

You might AVOID:
Male condom, natural family planning

Emergency Methods of Family Planning

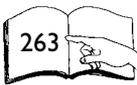
► *Emergency family planning methods should not be used in place of other methods.*



how to take emergency pills



IUD



how to know if you are at risk for an STI

Emergency methods are ways for women to avoid pregnancy after having unprotected sex. They are only effective if used soon after having sex.

Emergency methods are safe and effective. But they are not as effective as consistent use of the other family planning methods discussed in this chapter and they can cause unpleasant side effects.

EMERGENCY PILLS

The pills used for emergency family planning are often the same birth control pills that some women take each day. But in emergencies, you take a much higher dose for a short time. There are now also special emergency pills that have the high dose in 1 or 2 pills. For any of these, you must take the pills 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 (see page 523). If you are already pregnant, taking emergency pills will not end the pregnancy or cause birth defects.

Until your next monthly bleeding, you should use a barrier method of family planning, like condoms, or not have sex. After your monthly bleeding, you can use any family planning method you choose.

Your next monthly bleeding should begin in about 2 weeks. If it does not, you may have become pregnant despite the emergency family planning. You should continue to use a barrier method of family planning until you know for sure.



OTHER EMERGENCY METHODS

IUD (Intra-Uterine Device): A Copper-T IUD can also keep the egg from attaching to the womb wall.

- The IUD must be inserted by a specially trained health worker within 5 days after having unprotected sex. The IUD can be kept in and continue to protect you from pregnancy for up to 10 or 12 years. Or you can have the IUD removed after your next monthly bleeding when it is certain you are not pregnant. Do not have an IUD inserted if you think you might have an STI.

Sometimes a woman would like to space her children or limit the number she has, but cannot use family planning. This can happen because:

- she cannot get the information about different methods.
- some family planning methods are not easily available or cost too much for the family to afford.
- there are no women's health or family planning services nearby, or the local health worker is not trained to provide family planning services.
- religious beliefs forbid the use of family planning.
- a woman's husband does not agree to use family planning.

Working for Change

Here are some things that groups of people can do to make family planning services more available to all women in the community, and to encourage the use of family planning:

- **Provide education.** Make information about family planning available to everyone—boys and girls as well as women and men. Education programs can show the benefits of family planning and help couples choose the best methods for them. Perhaps you can lead discussions with women or couples about their concerns and experiences related to family planning. Include information about preventing STIs and HIV when you talk about family planning.
- **Make family planning methods accessible at a low cost.** Have a local health worker trained to provide family planning services start a women's health center or include family planning services at your local clinic.
- **Train male outreach workers** to educate men about the importance and benefits of family planning. Help men understand their role in reproduction so they can see that they should share the responsibility for family planning. Try to change attitudes about what is 'manly' so that men will support and participate in family planning with their partners.
- **Address local religious concerns** about family planning. If a family planning method can be explained in a way that respects religious beliefs, it will help create more acceptance of it.

As you talk about family planning in your community, it helps to remember and remind others that family planning is important to improve not just women's health and well being, but the health and quality of life of **everyone** in your community.

