

Chapter 13

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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, birth control, or contraception.

Every year, half a million people die of problems from pregnancy, childbirth, and unsafe *abortion*. Family planning helps prevent these deaths. Pregnancy is a greater health risk when it happens:

- **too young.** Pregnancy before age 18 makes someone more likely to die in childbirth because their body is not fully grown. Their baby also has a greater chance of dying in the first year.
- **too old.** Pregnancy and birth are more dangerous for someone who is older; especially if they have other health problems or have had many children.
- **too close together.** The body needs over a year to recover between pregnancies.
- **too many times.** Someone who has been pregnant many times is more likely to die from heavy bleeding after birth and other causes.

► *Family planning saves lives.*

Benefits of Family Planning

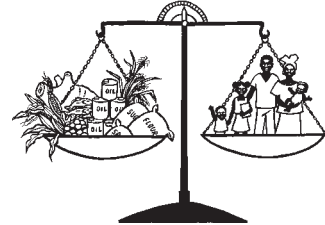
► *In poor countries about half of all deaths in women of child-bearing age are caused by problems in pregnancy and birth. Family planning helps prevent these pregnancies and deaths.*

As well as saving lives, family planning has other benefits

Families will be healthier, because risky pregnancies are avoided.



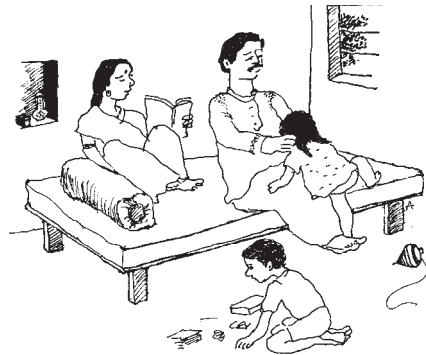
Fewer children means more food for each child.



Waiting to have children can allow young people time to complete their education.



Fewer children can mean more time for yourselves and the children you have.



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* protect people from *sexually transmitted infections (STIs)*, including *HIV*. *Hormonal methods* can help with irregular bleeding and pain during *menstrual periods*.

All of the family planning methods found in this chapter are used safely by millions of people all over the world.

On page 201 there is a chart that shows how well each method prevents pregnancy and protects against STIs. The chart also shows some possible side effects for each method and other important information about using it. Some methods require people to do something every day or every time they have sex. This can make them more challenging for people to use correctly all the time, so they tend to be less effective at preventing pregnancy.

► In this chapter, “have sex” usually means penis-in-vagina sex, because this is the kind of sex that can cause pregnancy.

Some people 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.

Others 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 you live, you will be healthier if you have control over how many children you have and when you have them. Deciding to use—or not to use—family planning should always be the choice of the person who can become pregnant.



Choosing to Use Family Planning

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

Talking with your partners about family planning

It is best if you can talk with your sexual partners about family planning.

Some men do not want their partners to use family planning, often because they do not know very much about how different methods work. They may worry because they have heard untrue stories about the dangers of family planning. They may fear that women who use family planning will have sex with other men. Or they may think it is “manly” to have lots of children.

Try sharing the information in this chapter with your partner or partners to help them understand that family planning:

- will allow you to choose if and when you have children together.
- will allow you to take better care of any children you have together.
- will allow you to space any children you have at least 2 years apart, which is safer for your health and theirs.
- can make sex more enjoyable, because neither of you will have to worry about an unplanned pregnancy.

If you have a partner who still does not want you to use family planning after learning more, you must decide whether to use it anyway. If you do, you may have to choose a method that you can use 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, their availability, 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 make it harder for the sperm to reach the egg and keep the lining of the womb from supporting a pregnancy. They may also prevent the ovary from releasing an egg.
- **IUDs**, which prevent sperm from fertilizing the egg.
- **Behavioral methods**, which prevent pregnancy through certain changes in when and how people have sex.
- **Permanent methods**, which are operations that make it impossible for a person to have any children.

As you read about each method, here are some questions you may want to consider:

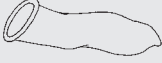

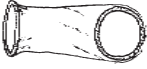























- How well does it prevent pregnancy (its effectiveness)?
- How well does it protect against STIs, if at all?
- How safe is it? If you have any of the health problems mentioned in this chapter, you may need to avoid some types of family planning methods.
- How easy is it to use and how often must you use it?
- 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 225. It may also help to talk with your partner, other people in your community, 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
External condom (male condom) 	Good ★★	GOOD 		Most effective when used with spermicide and water-based lubricant. Use with other methods to prevent STIs.
Internal condom (female condom) 	Good ★★	GOOD 		Most effective when used with spermicide and water-based lubricant. Use with other methods to prevent STIs.
Diaphragm or cervical cap (with spermicide) 	Good ★★	SOME 		Most effective when used with spermicide.
Spermicide or sponge 	Some ★	NONE 	Skin allergy 	More effective when used with another barrier method like diaphragm or condom.
Hormonal Methods Birth control pill, patch, injections, vaginal ring 	Very good ★★★	NONE 	Nausea, headaches, changes in monthly bleeding 	These methods should not be used by people with certain health problems.
Implants 	Best ★★★★★			
IUD copper or hormonal 	Best ★★★★★	NONE 	Heavy and painful monthly bleeding 	This method should not be used by people with certain health problems.
Sex that cannot cause pregnancy (penis not inside vagina at all) 	Best ★★★★★	SOME 		Sexual touch rarely passes STIs. Oral sex is less likely to pass STIs. Anal sex is more likely to pass STIs.
Breastfeeding (LAM) 	Very good ★★★	NONE 		Only effective in the first 6 months after birth, when giving baby only breast milk, and when periods have not returned.
Fertility awareness 	Good ★★	NONE 		Only effective for people who can choose not to have sex that can cause pregnancy
Sterilization 	Best ★★★★★	NONE 		A person will never be able to have babies after this operation.
Withdrawal (Pulling out) 	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 during sex, put spermicide in the vagina immediately, if you have it. Whether you have spermicide or not, use emergency contraception as soon as possible (see page 223).

Barrier methods prevent pregnancy by blocking sperm from reaching the egg. Some of these methods also protect against STIs, including HIV. Barrier methods do not change the way anyone's body works, and they cause very few side effects. They are safe to use when breastfeeding. When someone wants to become pregnant, they simply stop using the barrier method.

Barrier methods include external (male) condoms, internal (female) condoms, diaphragms, cervical caps, and sponges.

EXTERNAL (MALE) CONDOMS

An external (male) condom is a narrow bag of thin rubber worn on the *penis* during sex. *Semen* collects in the condom and does not go into the partner's body.

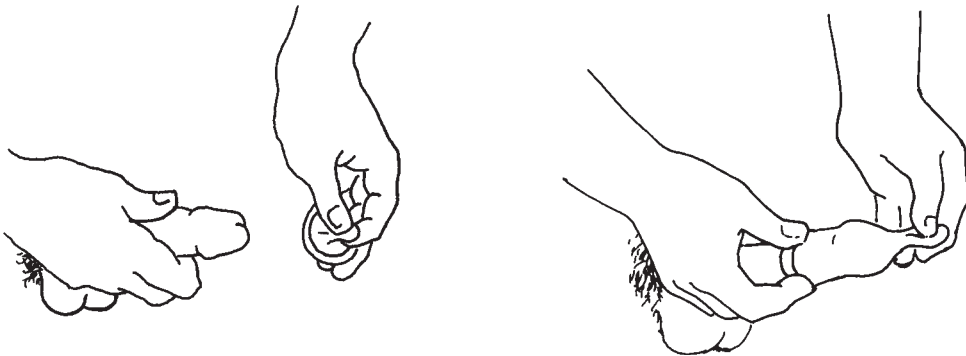
Condoms are the best protection against STIs and HIV. External condoms can be used alone or along with any other family planning method except internal (female) condoms. External condoms can be bought at many pharmacies and markets, and are often available at health posts and through HIV prevention programs.

Be careful not to tear the condom as you open the package. Do not use a condom if its package is torn, or if the condom is stiff, sticky, or dried out. It will not protect you from pregnancy or STIs.

An external condom must be put on the penis when it is hard, but before it touches a partner's *genitals*. If the penis rubs a partner's *genitals* or goes into the *vagina* without a condom, pregnancy or passing an STI can happen even without ejaculation.

How to use an external condom:

1. For a penis that 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 sperm. If you do not leave space for the sperm, the condom might break.



Lubricants

Lubricants make the vagina or the condom wet and slippery. They help keep condoms from breaking and keep tissue inside the body from tearing, so they 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 person wearing it. Do not use cooking oils, baby oil, mineral oil, petroleum gel, skin lotion, or butter. They can make the condom break.

For best STI protection:

- Use a condom every time you have sex.
- Do not use condoms made of “natural skin” (like lambskin). These do not protect against HIV. Use condoms made of latex, polyurethane, or polyisoprene for HIV protection.
- 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, some couples may not like using 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.

► If you use another family planning method and also need STI protection, you can use condoms at the same time.

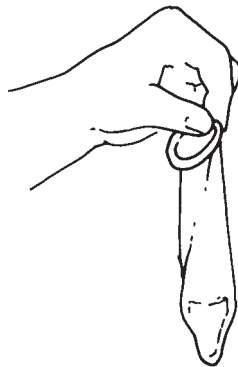


encouraging your partner to use condoms

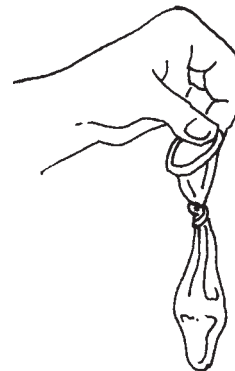
3. After ejaculating, hold on to the rim of the condom and withdraw the penis from the vagina while it is still hard.



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.



► *Internal condoms are larger than external condoms and are less likely to break.*

INTERNAL (FEMALE) CONDOMS

An internal (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. An internal condom should not be used at the same time as an external (male) condom.

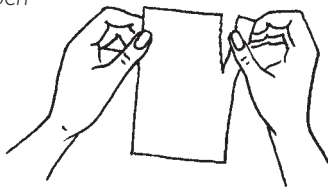


The internal condom is the most effective of the methods controlled by women in protecting against both pregnancy and STIs, including HIV. Several types of internal condoms made from various materials are now available.

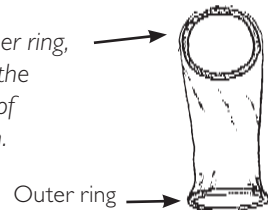
As more people demand this method, it will become more available in more places.

How to use an internal condom:

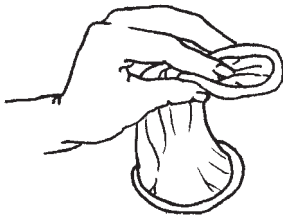
1. Carefully open the packet.



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



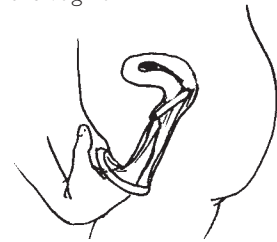
3. Squeeze the inner ring together.



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

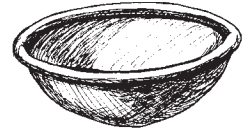
THE DIAPHRAGM

The diaphragm is a shallow cup made of soft rubber or thin silicone that is put in the vagina before sex. It prevents pregnancy by covering the cervix so the sperm cannot get into the 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.

Some diaphragms come in different sizes, and a health worker can help you find the right size. A “one size fits most” diaphragm (Caya) is becoming more available and does not require a fitting.

Diaphragms should be replaced about every 2 years. It is a good idea to check your diaphragm often. Replace it before the material gets dry, hard, or cracked, or when there is a hole in it.

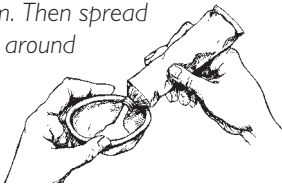
You can put the diaphragm in just before you have sex or up to 6 hours before. If you have sex more than one time after you put the diaphragm in, put more spermicide in your vagina each time before you have sex, without removing the diaphragm.



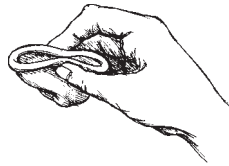
► Although less effective than many other methods, a diaphragm is moderately effective at preventing pregnancy and may also give some protection against STIs, like HIV.

How to use a diaphragm:

1. If you have spermicide, put about 1 tablespoon (15 ml) into the cup of the diaphragm. Then spread a little bit around the edge with your finger.

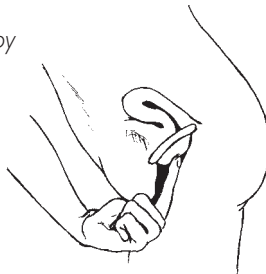


2. Squeeze the diaphragm in half.



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.



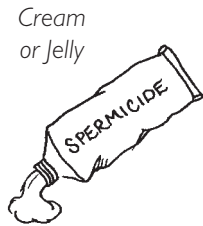
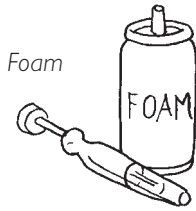
6. Leave the diaphragm in place for at least 6 hours after sex.

You can leave the diaphragm in for up to 24 hours.

To remove the diaphragm:

Put your finger inside your vagina. Reach behind its front rim and pull the diaphragm down and out. Wash it with soap and water, and dry it. Check the diaphragm for cracks or 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 sperm before it can get into the womb.

When used alone, spermicide is less effective than most other methods. But it is helpful as extra protection with another method, like the diaphragm or condom. Spermicide can be bought in many pharmacies and markets.

Spermicide does not provide protection against any STI. Spermicide can irritate the vulva, vagina, and penis and cause small cuts that allow HIV to pass into the body more easily (see page 286).

When to insert spermicide:

Tablets or suppositories must be put in the vagina at least 10 minutes before sex so they have time to dissolve. Foam, jelly, and cream do not need to dissolve to work, and can be put in the vagina just before having sex.

If more than one hour passes between inserting spermicide and having sex, add more spermicide. Add a new tablet, suppository, or applicator of foam, jelly, or cream before 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.

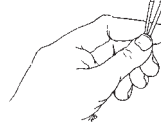
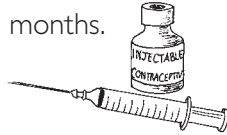
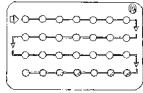
To use vaginal tablets, remove the wrapping and wet them with water or spit on them. (DO NOT put the tablet in your mouth.)

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.
6. **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 or clean cloth to protect your clothes.



These methods contain *hormones* that are similar to the estrogen and progesterone made by the body. Hormonal methods include:

- pills, usually taken every day.
- injections, which are given every few months.
- implants, which last several years.



Hormonal methods work by making mucus in the cervix so thick it stops sperm, and by keeping the lining of the womb very thin. Some stop the egg from being released.

Most birth control pills, patches, vaginal rings, and some injections contain both estrogen and progestin. These are called “combined” hormonal methods and are very effective. Some people should not use methods with estrogen or any hormonal method (see below).

Implants, some intrauterine devices (IUDs), some injections, and some pills contain only progestin. These are also effective and are safe for people who cannot use methods with estrogen.

Do not use ANY hormonal method if:



- you have breast cancer or liver cancer. Hormonal methods do not cause cancer, but can make those cancers worse.
- you might be pregnant already, or your bleeding is late.

If you have other health problems and want to use a hormonal method, talk to a health worker who has been trained in them.

Do not use methods that contain estrogen if:

- you have any of the conditions listed above.
- you have high blood pressure that is not controlled by medicine.
- you have had diabetes for 20 years, or have kidney, eye, or nerve problems from diabetes.
- you have liver disease, hepatitis, or yellow skin and eyes.
- you have ever had a blood clot in a vein (signs: swelling and pain in a leg).
- you get migraine headaches, especially with vision changes.
- you smoke and are 35 years old or older, to avoid more risk of heart attack or stroke.
- you gave birth in the last 6 weeks.

Estrogen can reduce breast milk, so if you are breastfeeding you might avoid methods with estrogen for at least 6 months.

Hormonal Methods of Family Planning



hormones

IMPORTANT

Hormonal methods do not protect against STIs or HIV. Also think about ways to protect yourself from these infections.



► *Hormonal methods are controlled by the person who can become pregnant, and they can be used without partners knowing.*

► *Some medicines for seizures, migraines, or tuberculosis (TB) make hormonal methods less effective. If you take these medicines, use a different family planning method or combine your hormonal method with another method, such as a condom or a diaphragm.*

Side effects of hormonal methods

Hormonal methods may have side effects during the first few months. These are not dangerous but may be uncomfortable.

nausea



headaches



swelling of the breasts



weight gain



changes in monthly bleeding



If side effects do not get better and they bother you, see a health worker. You may be able to try a method with a different amount of hormones. For more information about the specific side effects that are common with each hormonal method, see pages 208 to 215.



common brands of oral contraceptives

► If you are bothered by any changes in your body after starting birth control pills, talk to a health worker. They might suggest a different pill or another method.

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

COMBINED PILLS (PILLS THAT CONTAIN ESTROGEN AND PROGESTIN)

Combined pills are usually available at family planning clinics, health posts, and pharmacies, and through health workers. There are many brands of combined pills with different types and amounts of estrogen and progestin in them (see page 522). Most have 35 micrograms (mcg) of estrogen or less.

Once you start taking pills, try to use the same 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 amounts. This will cause fewer side effects.

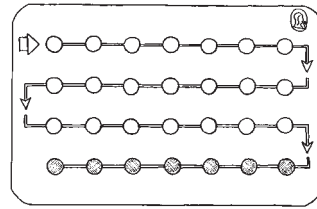
Common side effects of combined pills:

- Changes in bleeding. The most common side effect of combined pills is that periods become shorter and lighter. It is also normal to sometimes skip a period. You may also have spotting (bleeding at other times than your normal period). To reduce spotting, take your pill at the same time every day.
- Nausea (the feeling that you might throw up). This usually goes away after a few months. If it bothers you, try taking your pill with food or just before going to sleep at night.
- Headaches. Mild headaches in the first few months are common. Pain medicine such as ibuprofen or paracetamol (acetaminophen) should help. If the headache is severe or comes with blurred eyesight, this could be a serious warning sign, see page 209.

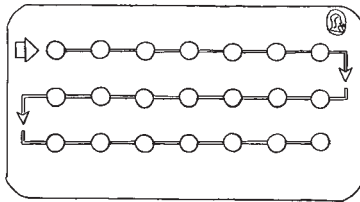
How to take combined birth control pills:

Most combined pills come in packets of 21 or 28 tablets. If you have a 28-day packet, take one pill every day. As soon as you finish one packet, start taking pills from a new packet.

The last 7 pills in a 28-day packet have no hormones in them. These “sugar pills” help you remember to take a pill every 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 starting a new packet. Your period will usually happen during the days you are not taking pills. But start a new packet after 7 days even if your period has not come.

If you are sure you are not pregnant, you can start using the pill at any time during your cycle. If you start on the first day of your period, you will be protected from pregnancy right away. If you start on another day of your cycle, you will not be protected right away. So for the first 7 days you are taking the pill, use condoms or another barrier method if you have sex that can cause pregnancy.

Birth control pills will protect you from pregnancy as long as you take one pill every day, whether or not you have sex. Try to take your pill at the same time every day to help you remember to do this.

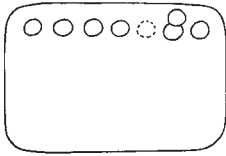
Warning signs for problems with combined pills:

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

- have severe headaches with blurred vision (migraines) that begin after you start taking combined pills.
- 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.

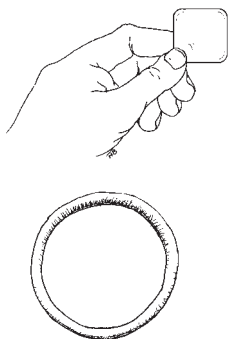




○ = missed pill
 ○○ = take 2 pills

► If you vomit or have severe diarrhea within 24 hours after taking your pill, treat this as a missed pill.

► Late or missed pills may cause some bleeding, like a very light menstrual period.



If you forget to take pills, you could get pregnant

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

If you forget to take 2 or more pills in a row, take the most recent pill as soon as you remember, and discard any other missed pills. Then take the remaining pills in the pack at the regular time, even if this means taking 2 pills in one day. If you forget to take any of the last 7 hormone-containing pills in either kind of pack, finish those pills and skip the sugar pills or the 7-day waiting time and start a new pack right away.

To prevent pregnancy, use condoms or another barrier method every time you have sex that can cause pregnancy until you have taken hormone-containing pills for 7 days in a row.



To help you remember to take your pill, 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 kind of method.

Stopping combined pills:

If you want to change methods or get pregnant, stop taking the pills at any time. You can get pregnant right after you stop. If you do not want to get pregnant, use another birth control method right away. Most people who stop taking pills will get pregnant within their first year of trying.

THE PATCH AND THE VAGINAL RING

If you often forget to take your pill, you may be able to use the birth control patch or vaginal ring instead. They prevent pregnancy with the same hormones as combined pills and have similar side effects and warning signs (see pages 208 to 209). The patch is changed once a week, and the vaginal ring only once a month.

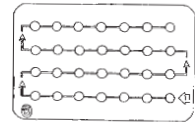
MINIPILLS (PILLS THAT CONTAIN ONLY PROGESTIN)

Minipills are safe for anyone who cannot use methods with estrogen. There are many brands of minipills with different types and amounts of progestin in them, usually available at family planning clinics, health posts, pharmacies, and through health workers.

Do not use the minipill if you should not use hormonal methods for health reasons or if you are taking medicine for seizures or tuberculosis (TB), because these medicines make the minipill less effective.

Common side effects of the minipill:

The most common side effect is bleeding at different times from your normal period. Taking your pill at the same time every day may lessen this. It may also help to take 400 to 800 mg of ibuprofen, 3 times a day for 5 to 10 days. Your periods may also become shorter and lighter or sometimes skip completely.



► *The minipill is safe and effective during breastfeeding.*

How to take minipills:

If you are sure you are not pregnant, you can start using the minipill at any time. If you start on the first day of your period, you will be protected from pregnancy right away. If you start on another day of your cycle (or if you are breastfeeding and your period has not returned), you will not be protected right away. So for the first 2 days you are taking the minipill, use condoms or another barrier method if you have sex that can cause pregnancy. 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. 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.

What to do if you miss a minipill, or take it more than 3 hours late:

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 or do not have sex for the next 2 days. If you vomit or have severe diarrhea within 4 hours after taking your pill, treat this as a missed pill. If you do not have a period during a cycle where you missed a pill or took it late, you may want to get a pregnancy test.

Stopping minipills:

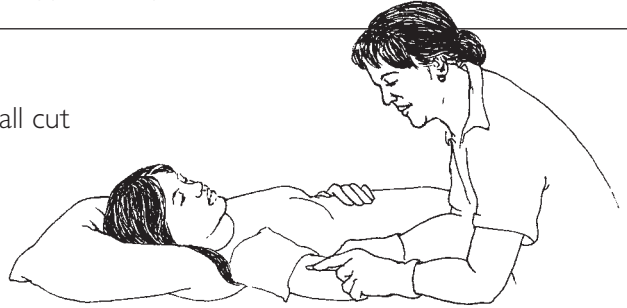
You can stop taking minipills any time. You can get pregnant the day after you stop, so use another method right away if you do not want to become pregnant.

IMPLANTS (IMPLANON, JADELLE, LEVOPLANT, NEXPLANON, SINO-IMPLANT)

Implants are small, soft tubes that are placed under the skin on the inside of your arm. These tubes release the hormone progestin and prevent pregnancy similarly to minipills. They work 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. Implants are harder to take out than to put in.*

Implants can be used by people who cannot use methods that contain estrogen. Do not use implants if you should not use any hormonal method. If you are taking medicines for seizures and certain medicines for HIV, use condoms or another barrier method every time you have sex that can cause pregnancy. These medicines make implants less effective.

Common side effects of implants:

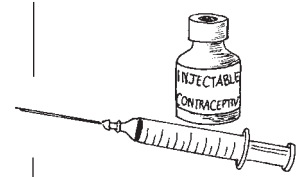
The most common side effects of implants are changes in bleeding. You may have a longer period or bleed at unusual times. Or you may have no bleeding at all. This does not mean that you are pregnant or that something is wrong. If this irregular bleeding does not go away after a few months and bothers you, a health worker may have you take ibuprofen or combined birth control pills with the implants for a short period of time. Some people have their implants removed early due to irregular bleeding. You may also have occasional headaches.

To stop using implants:

Implants can be removed at any time by 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.

INJECTABLE CONTRACEPTIVES

With this method, you get an injection to prevent pregnancy. This may happen at a health center or clinic, or you may do it yourself at home. Protection lasts 1 to 3 months depending on the type of injection, and it can be used without others knowing.



Progestin-only injections

Progestin-only injections (*Depo-Provera*, *Sayana Press*, *Noristerat*) have no other hormones besides progestin. These are given every 2 to 3 months, and are safe for people who cannot use methods that contain estrogen. Do not use progestin-only injections if you should not use any hormonal method. See page 207.

Common side effects of progestin-only injections:

Progestin-only injections almost always cause changes in bleeding because of the large dose of progestin given in each injection. You may have light bleeding every day or every once in a while. Most irregular bleeding will stop after a few months. If irregular bleeding or heavy spotting is a problem, a health worker can give you combined birth control pills to take with the injections for a short period of time.

Some people who use progestin-only injections stop having menstrual periods by the end of the first year of use.

Some people gain weight on this method.

Combined injections

Other injections (*Cyclofem* and *Mesigyna*) contain both estrogen and progestin, and are given every month. This type of injection is much less likely to make your period stop. However, combined injections are often more expensive and harder to find than progestin-only injections.

If you cannot use methods that contain estrogen or if you should not use any hormonal method (see page 207), you should not use combined injections.

Common side effects of combined injections:

Because these injections contain the same hormones as combined birth control pills, they have similar side effects.

How to use birth control injections:

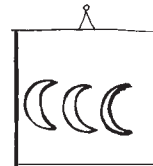
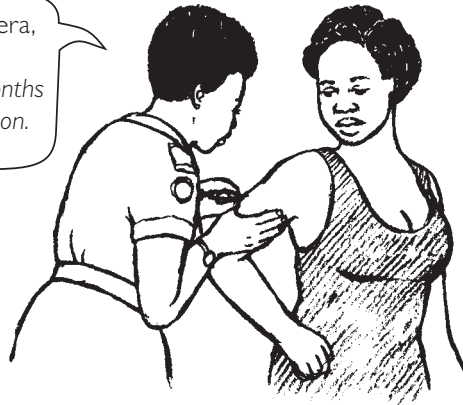
If you get your first injection in the first 5 days of your period, you can be sure you are not pregnant and you will be protected from pregnancy right away. If you are sure you are not pregnant, you can get your first injection at any time during your menstrual cycle, but you will not be protected right away, so you should use condoms or another barrier method for 7 days after your first injection, or not have sex that can cause pregnancy.

To stay protected, you must have an injection every 1, 2, or 3 months, depending on the kind of injection:

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

If you are more than 2 weeks late getting an injection, this will make the method less effective. So for the first 7 days after a late injection, use condoms or another barrier method if you have sex that can cause pregnancy.

This is 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. After you stop, it can take up to a year for your menstrual cycle to return to normal and for you to become pregnant. If you do not want to become pregnant, start using another family planning method.

An IUD is a small object inserted into the womb by a trained health worker or midwife. Once in the womb, the IUD prevents sperm from fertilizing the egg. An IUD can stay in the womb from 3 to 12 years, depending on the kind of IUD it is. An IUD can be used without others knowing (although sometimes a partner can feel the strings).



Intrauterine Devices (IUDs)



Do not have an IUD inserted if you:

- are pregnant or might be pregnant.
- have an infection in your vagina, cervix, womb, or tubes. You can have an IUD inserted once the infection has been treated successfully.
- have unexplained bleeding from your vagina.
- have cancer of the womb.

IMPORTANT IUDs do not protect against STIs, including HIV.



STIs

COPPER IUDs (PARAGARD, COPPER-T)

Copper IUDs are made of plastic and copper and can stay in the womb for up to 12 years. This method is safe for people who cannot use methods that contain any hormones, including estrogen (see page 207).

Common side effects of Copper IUDs:

- longer, heavier, and more painful menstrual periods. This usually decreases after the first 6 months of use.

HORMONAL IUDs (KYLEENA, LILETTA, MIRENA, SKYLA)

Hormonal IUDs are made of plastic and release the hormone progestin. They can stay in the womb for 3 to 7 years, depending on the amount of hormone they contain. Hormonal IUDs can be used by people who cannot use methods that contain estrogen. Do not use a hormonal IUD if you should not use any hormonal method (see page 207).

Common side effects of hormonal IUDs:

Because hormonal IUDs contain the same hormone as implants, they have similar side effects (see page 213).

► IUDs can be used safely while breastfeeding.

How to use the IUD:

An IUD must be inserted by a trained health worker after a pelvic exam. The best time to have the IUD put in is during your menstrual period, when you know you are not pregnant and the cervix is most open. An IUD can be inserted the same day as or the day after childbirth. If an IUD is not put in right after delivery, it is best to wait at least 4 weeks before having it inserted.

If an IUD slips out of place, it will not be effective in preventing pregnancy. So it is important to check that your IUD is still in place. Most IUDs have 2 thread-like strings attached which hang down into the vagina. Check the strings after each period (or about every 4 weeks if you use a hormonal IUD and your periods have stopped) to make sure the IUD is in place.

How to check the IUD strings:

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

If you cannot feel the strings, or if you feel part of the IUD that is not the strings, use condoms or another barrier method until you can have the IUD checked by a health worker.

**Warning signs for problems with an IUD:**

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

- You have unusual belly pain.
- You have unusually heavy bleeding from the vagina (soaking one or more sanitary napkins or cloths in an hour).
- You have pain or bleeding during sex.
- You have unexplained fever or chills.
- Your period is late.

To stop using an IUD:

When you want to stop using an IUD, have it removed by a trained health worker. Do not try to remove your IUD yourself if you have not been shown how.

If you do not want to become pregnant right away, start using another family planning method as soon as your IUD has been removed.

Behavioral Methods of Family Planning

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

- breastfeeding (LAM)
- fertility awareness methods (Mucus Method, Counting Days Method)
- withdrawal
- abstinence and sex that cannot cause pregnancy

IMPORTANT! Except for abstinence, behavioral methods of family planning do not protect against STIs, including HIV. So you will still need to think about ways to protect yourself from these infections.

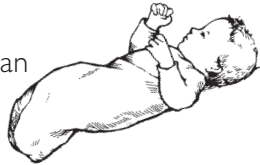
BREASTFEEDING TO PREVENT PREGNANCY (Lactational Amenorrhea Method, LAM)

Breastfeeding can prevent the ovaries from releasing an egg, but only under certain conditions (see box below)

How to use breastfeeding to prevent pregnancy:

Breastfeeding will prevent pregnancy **only when all 3 of these things are true:**

1. Your baby is less than 6 months old.



2. You have not had your period since giving birth.



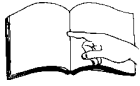
3. Your baby is feeding only on breast milk, and is feeding whenever it is hungry, day and night, with no more than 6 hours between feedings. Your baby does not sleep through the night without feeding.

Use another method of family planning that is safe with breastfeeding as soon as any of these things are true:

- Your baby is more than 6 months old, or
- Your menstrual period returns, 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.



► *Fertility awareness methods require your partner's cooperation or they will not be effective.*



barrier methods, 202

sex that cannot cause pregnancy, 221



your menstrual cycle

FERTILITY AWARENESS METHODS

You can only get pregnant during certain days of your menstrual cycle. Fertility awareness methods help you know when those days are so you can avoid having sex that can make you pregnant during that time.

The ovaries usually release one egg each menstrual cycle, about 14 days before your next period begins. You are fertile for about 24 hours after the egg is released, but it is difficult to know exactly when this happens. To avoid pregnancy you must avoid sex that can cause pregnancy for a few “fertile days” before and after the time you think the egg will be released. Or you can use a barrier method for protection during those days.

Many people who cannot or do not want to use other methods, or have no other methods available, use fertility awareness methods. To make this most effective, try to learn about fertility from a specially trained health worker. It can take 3 to 6 months of practice to learn to use these methods without errors.

Fertility awareness methods work only for some people

Fertility awareness methods will not work if you have little control over when or how you have sex. During your fertile days, your partner must be willing to not have penis-in-vagina sex or must use a barrier method.

These methods will also not work if your menstrual cycle varies a lot (how many days there are between periods), or has recently been disrupted. Without having a regular cycle, you cannot know when you might be fertile. This can happen when:

- you just had a baby, a miscarriage, or an abortion.
- you are breastfeeding.
- you have a medical condition that affects your menstrual cycle, such as polycystic ovary syndrome (PCOS, see page 51).
- you recently stopped using a hormonal method of family planning. Ask a health worker how long to wait to use a fertility awareness method. Waiting times are different for different hormonal methods.

To make fertility awareness methods more effective:

- Have sex that can cause pregnancy only on the days between the end of your fertile time and your next period.
- Use both the Mucus Method and the Counting Days Method at the same time.
- Whenever you are not sure if you are fertile, use condoms or do not have sex that can make you pregnant.

I'm tired of waiting!



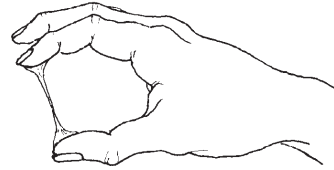
Mucus method

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 that can make you pregnant during this time.

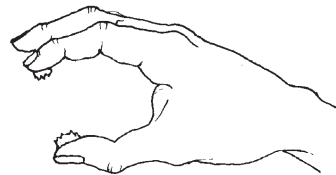
How to tell when you are fertile:



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 penis-in-vagina 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 (using spermicide would change the mucus).
- Do not have penis-in-vagina sex until 2 days after the last day of clear, slippery mucus, or use a condom.
- Do not have unprotected penis-in-vagina sex during your period. Because bleeding changes your mucus, 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, use another method.

Counting Days Method

With the Counting Days Method, you do not have unprotected sex that can make you pregnant during any time that you might be fertile. This method will only work if you have a very regular cycle. The time from the first day of one period to the first day of the next must be nearly the same each time and be between 26 days and 32 days.

If you have cycles of different lengths (or even one that's different), you can easily get pregnant using this method. Stress or illness can cause someone's menstrual cycle to change. So at times like that, it is best to use a different family planning method until you are well and your cycle is regular again.

How to use the Counting Days Method:

For this method to work, you cannot have unprotected sex that can make you pregnant from from the 8th day of your cycle through the 19th day of your cycle. If you have sex during this time, you must use another method of family planning.

I started my period 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 sex will not usually cause pregnancy.



A red bead marks the first day of your period.

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

12 white beads show your fertile time — when sex can cause pregnancy.

On the first day of your period, 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 penis-in-vagina sex. Whenever you start your next period, move the ring back to the red bead at the start.



Withdrawal (pulling out, coitus interruptus)

With this method, the person with the penis pulls it out of the vagina and away from the partner's genitals before ejaculation. This is better than no method, but it does not always work. Sometimes the person does not withdraw in time. Or sometimes, a little semen can leak out of the penis before ejaculation. It only takes a little to cause pregnancy at a fertile time.

Abstinence and sex that cannot cause pregnancy

Abstinence as a family planning method means avoiding all sex that can cause pregnancy, that is, all penis-in-vagina sex. This is the surest way to prevent pregnancy, although it may be difficult to do for a long time. In many communities, couples may live separately and not have sex for months or even years after the birth of a baby. Couples living separately for some time after birth has traditionally been one way to delay the next pregnancy, and also allow the person who gave birth time to recover. Now family separations are being driven more by economic need, not healthy spacing of births, though they often have a similar result.

There are also ways to have sex that cannot cause pregnancy. Oral sex (mouth on genitals) and sexual touch (touching the genitals or other parts of the body) are sexual activities that many people enjoy. They have no risk of pregnancy and very low risk of passing HIV and other STIs. Anal sex also cannot cause pregnancy, however it is even more likely to pass HIV and other STIs than penis-in-vagina sex.

METHODS THAT DO NOT PREVENT PREGNANCY

These are common methods some people try that do not prevent pregnancy and that may 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, powders, cola drinks or other liquids 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 prevent infections of the urine system.)

Permanent Methods of Family Planning



reproductive system in a person who can cause pregnancy

STERILIZATION (the operation for no more children)

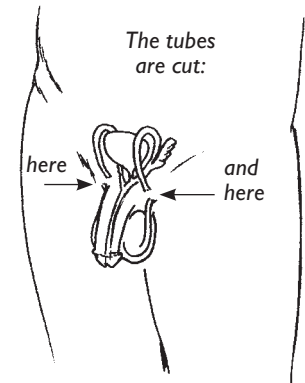
There are operations that make it almost impossible to have children. Since these operations are permanent, they are only good for those who are certain that they do not want any more children.

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.

Cutting the tubes that carry sperm (Vasectomy)

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

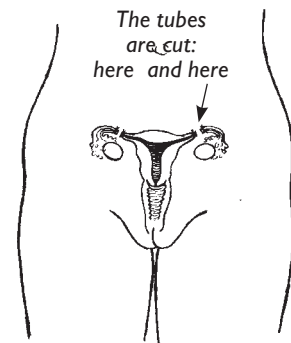
This operation does not change the ability to have sex or to feel sexual pleasure. Semen still comes out of the penis, but there are no sperm in the semen. The tubes may still have sperm in them for as long as 12 weeks after the operation, so use another method of family planning during that time.



Cutting the tubes that carry the eggs (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 person's menstrual cycle or ability to have sex and sexual pleasure.



IMPORTANT Sterilization does not protect against STIs, including HIV. Make sure you think about ways to protect yourself from these infections.

Emergency contraception (EC) is a way to avoid pregnancy after unprotected penis-in-vagina sex, but is only effective if used soon after having sex.

Emergency contraception is safe and effective. But it is not as effective as the consistent use of other family planning methods discussed in this chapter. It is also more expensive than some other methods and may have more side effects.

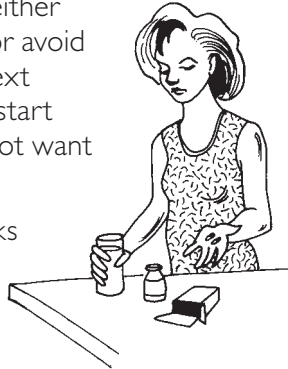
PILLS FOR EMERGENCY CONTRACEPTION

If you had penis-in-vagina sex without using a family planning method and you do not want to get pregnant, you can take a high dose of hormonal birth control as soon as possible—within 5 days of having sex. The sooner you take the pills, the more likely they are to work.

Emergency contraception uses specific pills for this purpose or certain brands of regular birth control pills. How you use these pills depends on the amount of estrogen and progestin each pill contains (see page 524). If you are already pregnant, using emergency contraception pills will not end or harm the pregnancy.

After using emergency contraception, either use a barrier method (such as condoms) or avoid sex that can cause pregnancy until your next period. During or after your next period, start using a family planning method if you do not want to become pregnant.

Your period should begin about 2 weeks after using emergency contraception. If it does not, you may be pregnant despite the emergency contraception. Keep using a barrier method of family planning until you know for sure.



Emergency Contraception (EC)



how to take
EC pills



IUDs



signs you may
have an STI

New Methods of Family Planning

New methods of family planning are being developed all the time. They may only be available in some places and may be expensive. We include them here because the more you 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 everyone who wants to prevent pregnancy will be able to find a method that suits their needs.

Once-a-month birth control pills prevent pregnancy in the same way as minipills but only have to be taken about one time each month. Because they need to be taken less often, you are less likely to miss pills, so you are less likely to have an unintended pregnancy.

A new kind of patch can be pressed on the skin right before sex and removed after a few minutes. It uses a strong form of progestin. Unlike the combined hormonal patch currently available, this new patch is safe for people who cannot use methods that contain estrogen, and can be used more discreetly because it is not worn all the time.

A non-hormonal gel inserted in the vagina just before sex keeps the vagina acidic, which slows sperm movement and prevents sperm from reaching the egg.

A gel of progestin and testosterone prevents the testicles from producing sperm. It is rubbed onto a person's shoulders and arms once a day.

Vasalgel/RISUG is a gel that blocks the flow of sperm from the testicles to the penis. This method prevents pregnancy in a way that is similar to vasectomy, but is reversible.

Choosing the Best Method

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.



I want to keep having normal menstrual periods.

You might PREFER: Barrier methods, behavioral methods, copper IUD

You might AVOID: Hormonal methods



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

You might PREFER: Implants, injections, IUDs, patch, vaginal ring

You might AVOID: Behavioral methods, pills



My partner does not want me to use family planning.

You might PREFER: Injections, implants, IUDs

You might AVOID: Behavioral methods, external (male) condom, patch, pills



As a transgender man I would like to stop having periods, and also want to prevent pregnancy.

You might PREFER: Hormonal IUD, implants, injections, minipills

You might AVOID: Barrier methods, behavioral methods, combined pills, copper IUD, patch, vaginal ring



I want to be able to have sex without stopping to do something.

You might PREFER: IUD, hormonal methods

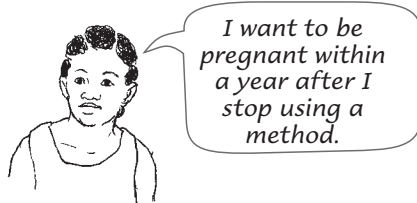
You might AVOID: Barrier methods, behavioral methods



I do not want any more children.

You might PREFER: Implants, injections, IUDs, permanent methods

You might AVOID: Barrier methods, behavioral methods, patch, pills, vaginal ring



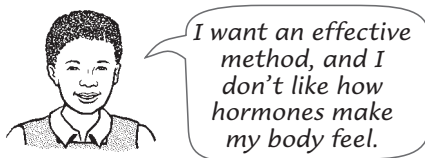
You might PREFER: Barrier methods, behavioral methods, hormonal methods (except injections), IUDs

You might AVOID: Injections, permanent methods



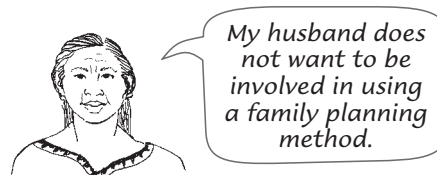
You might PREFER: External (male) or internal (female) condom

You might AVOID: Behavioral methods, hormonal methods, IUDs, permanent methods



You might PREFER: Copper IUD

You might AVOID: Barrier methods, behavioral methods, hormonal IUD, hormonal methods



You might PREFER: Diaphragm, hormonal methods, internal (female) condom, IUDs

You might AVOID: Behavioral methods, external (male) condom



You might PREFER: Breastfeeding (LAM), external (male) or internal (female) condom, implants, progestin only injections, IUDs, minipills, withdrawal

You might AVOID: Combined pills, diaphragm, fertility awareness methods, patch, vaginal ring



You might PREFER: Barrier methods, behavioral methods, patch, pills, vaginal ring

You might AVOID: Internal (female) condom, IUDs, vaginal ring

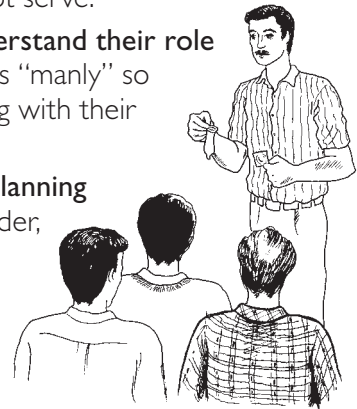
Some people would like to space or limit the number of children they have, but cannot use family planning. This can happen because:

- information about family planning is not available.
- some methods are not available or are too expensive.
- there are no 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 person's partner does not agree with the use of family planning.

Working for Change

How people can make family planning services more widely used and available:

- **Provide education.** Share information about family planning with everyone, not just married adults or just women. Talk about its benefits and help people choose the best methods for them. Lead discussions with people about family planning concerns and experiences and how to prevent STIs including HIV.
- **Provide family planning methods.** Have local health workers get trained to provide family planning services in the community. Work through community groups to meet the needs of those who others will not serve.
- **Train men to be outreach workers to help men understand their role in reproduction.** Try to change attitudes about what is “manly” so that men will support and participate in family planning with their partners.
- **Do not make assumptions about who needs family planning or what they should use.** A person's appearance, gender, income, or age cannot tell you what kinds of sex they have, if any, or with whom they have it. Unless they tell you, you cannot know what they need or what methods might work best for them.
- **Approach everyone with compassion and respect as you counsel on family planning.** Remember that people of all sexes, gender identities, ages, education levels, races, ethnicities, religions, socioeconomic levels, and experiences need family planning for different reasons. Be prepared to talk about and provide support to people who are different from you.
- **Address local religious concerns.** If a family planning method can be explained in a way that respects religious beliefs, it will help create more acceptance of it.



Remind others that family planning improves the health and quality of life of everyone.