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Family Planning Methods

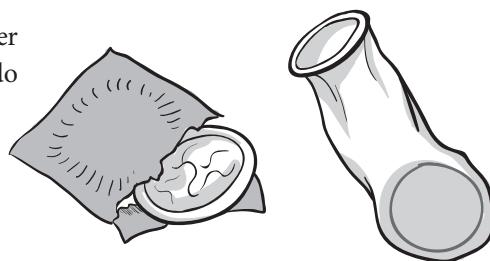
INTRODUCTION

Women, men, or couples can choose from many contraceptive methods to help them plan their family and prevent an unplanned pregnancy. They need to know that if they are having sex regularly and do not use a contraceptive method, about 8 of every 10 women will become pregnant during the next 12 months.

Different people want different things from a contraceptive method. Some want a method that guarantees there is no chance of pregnancy. Some want a quick return to fertility so they can get pregnant soon after stopping a contraceptive method. Some do not want to think about contraceptives every time they have sex. Some do not want to depend on their partner for the success of the method. Some women do not want to remember to take a daily pill, while others find that is easy.

And there are still other factors that influence method choice. Some may need protection from STIs and will choose condoms to be used alone or in addition to another contraceptive method. Some people want a method

(Continued on page 56)



MALE CONDOM

FEMALE CONDOM

Only male and female condoms provide good protection against STIs/HIV. No other contraceptive method should be used for this purpose.

- 1** Hormonal contraceptive methods include oral contraceptives pills, injectables, and implants. They all prevent pregnancy mainly by stopping a woman's ovaries from releasing eggs. Hormonal methods contain either one or two female sex hormones that are similar to the hormones naturally produced by a woman's body.

- 2** Oral contraceptive pills should be taken one pill every day. They are most effective when no pills are missed, the pill is taken at the same time every day, and each new pack of pills is started without a delay.

- 3** Injectable contraceptives are given by injection into a woman's arm or buttocks once every 1, 2, or 3 months, depending on the type of injectable. Injectables are most effective when women remember to come back for re-injection on time.

- 4** Contraceptive implants are inserted under the skin of a woman's upper arm and provide continuous, highly effective pregnancy protection for 3 to 5 years, depending on the type of implant. When this time is over, new implants can be inserted during the same visit that the old set is removed.

(Continued on page 57)

they can always get easily whenever they need more. Some people prefer fertility awareness methods because of religious beliefs, because they are worried about side effects, or do not like other methods. Some women want a method that their partner will not know they are using. A few may have a medical condition that could affect the safe use of a particular method.

For many people, the effectiveness of a family planning method is important. The chart below compares the effectiveness of methods as commonly used. The most effective methods are grouped at the top, and less effective methods are at the bottom.

METHOD EFFECTIVENESS	TYPE OF METHOD			
	Implants	IUD	Female Sterilization	Vasectomy
	Injectables	LAM	Pills	
	Male Condoms	Female Condom	Fertility Awareness Methods	
	Withdrawal	Spermicides		

Providers can help women, men, and couples think about their preferences and their situations and choose the method that best suits them. Many women seeking family planning services already know which method they want, and counselors should provide this method along with accurate and complete information, either themselves or through a referral. It is the provider's job to ensure that a client makes an informed voluntary choice and is not denied a method. In rare cases, a client may have a medical condition that will affect which method they can safely use.

- 5 Emergency contraceptive pills (ECPs) can help prevent pregnancy if taken within 5 days after unprotected sex. The sooner they are taken, the more effective they are. They are NOT meant to be used for ongoing contraception, in place of a regular method.
- 6 Intrauterine contraceptive devices (IUDs or IUCDs) are small, flexible plastic devices that are inserted into the woman's uterus. The most common IUDs contain copper, and they work by preventing sperm from reaching an egg. Depending on the type, IUDs can provide protection for 5 to 12 years.
- 7 Barrier methods are either devices (male and female condoms) that physically block sperm from reaching an egg, or chemicals (spermicides) that kill or damage the sperm in the vagina. The effectiveness of barrier methods greatly depends on people's ability to use them correctly every time they have sex.
- 8 Fertility awareness methods require a couple to know the fertile days of the woman's menstrual cycle — the days when pregnancy is most likely to occur. During these fertile days the couple must avoid sex or use a barrier method to prevent pregnancy.

(Continued on page 58)

9

Breastfeeding provides contraceptive protection for the first 6 months after delivery if certain conditions are met. This approach is called the Lactational Amenorrhea Method or LAM.

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Withdrawal involves a man withdrawing his penis during sex and releasing his ejaculate, which contains sperm, outside the woman's vagina. For most people withdrawal is one of the least effective contraceptive methods.

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Female and male sterilization are permanent methods of contraception. Sterilization involves a relatively simple surgical procedure that provides life-long protection against pregnancy. Sterilization is appropriate for men and women who are certain they do not want more children.

SUPPORTING INFORMATION

FACT 1.

Hormonal contraceptive methods include oral contraceptives pills, injectables, and implants. They all prevent pregnancy mainly by stopping a woman's ovaries from releasing eggs. Hormonal methods contain either one or two female sex hormones that are similar to the hormones naturally produced by a woman's body.

Hormonal methods are highly effective in preventing pregnancies, and nearly all women can use them. All hormonal methods work by preventing the woman's ovaries from releasing an egg every month. Without an egg, there is nothing for sperm to join with — known as fertilizing the egg — so pregnancy cannot occur. They also cause the mucus produced by the cervix to become very thick which prevents sperm from entering the uterus.

Hormonal methods include oral contraceptive pills, injectables, and implants. Each is used differently, has somewhat different side effects, and has slightly different advantages and limitations. It is helpful if a woman talks with a health care provider to make sure she has no health conditions that may make

a method unsuitable, to learn the specifics about the method, and to choose one that is right for her. Some hormonal methods are short-acting, and some are long-acting. The short-acting hormonal methods require either taking a pill every

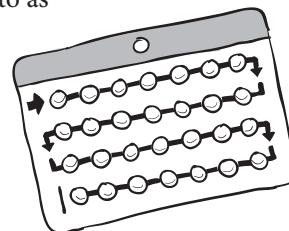
None of the hormonal methods can harm a pregnancy or a baby if accidentally taken by a woman who is already pregnant.

day or getting repeat injections as scheduled. They are very effective when used correctly. They are somewhat less effective when women forget to take a pill or to return for an injection on time. Implants are long-acting hormonal methods, and they are highly effective because, once inserted in the woman's arm, the woman will not require further action for 3 to 5 years depending on the implant being used.

FACT 2.

Oral contraceptive pills should be taken one pill every day. They are most effective when no pills are missed, the pill is taken at the same time every day, and each new pack of pills is started without a delay.

Combined oral contraceptives (COCs). The most commonly used oral contraceptive pills combine two synthetic hormones — estrogen and progestin. These oral contraceptives are often referred to as combined pills or simply “the Pill.” If a woman remembers to take the Pill every day, the method is close to 100% effective in preventing pregnancy. However, since some women forget, on average over the course of a year, 8 pregnancies will occur among every 100 women taking the Pill.



Some women experience side effects when first taking the Pill, such as nausea or mild headaches, but the side effects are not dangerous and usually go away after the first few months. Breastfeeding women should delay starting the Pill until the baby is at least 6 months old because the estrogen in the Pill might reduce the amount of breast milk.

Progestin-only pills (POPs). Another type of oral contraceptive pills contains only one synthetic hormone — progestin. These pills are often called progestin-only pills or the “mini-pill.”

Progestin-only pills are recommended for breastfeeding women because, unlike estrogen, progestin will not reduce the production of breast milk. Also, progestin-only pills are more effective in breastfeeding than in non-breastfeeding women. For women who are not breastfeeding, the mini-pill may not be as effective as the combined estrogen and progestin pill. The effectiveness depends on taking the mini-pill at about the same time every day.

Women who are taking progestin-only pill may experience irregular light bleeding and spotting. This is not harmful, although may be inconvenient for some women.

All oral contraceptives. There is no delay in returning to fertility after a woman stops using either combined pills or progestin-only pills. The Pill is usually readily available at pharmacies as well as clinics, and from community-based providers.

FACT 3.

Injectable contraceptives are given by injection into a woman's arm or buttocks once every 1, 2, or 3 months, depending on the type of injectable. Injectables are most effective when women remember to come back for re-injection on time.

Injectable contraceptives are given by injection into a woman's arm or buttocks in either the muscle or under the skin in the fatty tissue, depending on type of injectable. After the injection, the hormone is released slowly from the injection site into the bloodstream. Different injectables require a woman to return for a repeat injection once every 1, 2, or 3 months.



When women always remember to come for re-injection on time, injectable contraceptives are close to 100% effective. However, some women occasionally are late for re-injection. On average, over the course of a year, 3 pregnancies will occur among every 100 women using injectables.

The most common side effects of injectables are bleeding changes. At first, injectables may cause irregular, heavy, or prolonged bleeding, but after

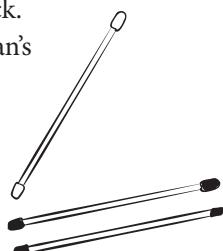
several injections many women stop having monthly bleeding altogether. This is especially common with the 2- and 3-month injectables. Having no bleeding pleases many women, but some may worry that something is wrong or that they are pregnant. They should know that having no bleedings is harmless and does not cause permanent damage to a woman's fertility. It can even be good for some women's health because the absence of monthly bleedings reduces the risk of anemia (low iron level in the blood). Women need to be aware of these side effects in advance so they know what to expect and do not worry.

Depending on the type of injectable, the return to fertility after a woman's last injection is often delayed and may take from 4 to 10 months. A family planning counselor can help a couple to consider return to fertility when they are selecting a method for timing or spacing pregnancies. A woman can get an injection at a clinic or health outpost. In many countries, community-based health workers and pharmacists are able to administer injections.

FACT 4.

Contraceptive implants are inserted under the skin of a woman's upper arm and provide continuous, highly effective pregnancy protection for 3 to 5 years, depending on the type of implant. When this time is over, new implants can be inserted during the same visit that the old set is removed.

Implants are small plastic rods, each about the size of a matchstick. These rods are placed just under the skin on the inside of a woman's upper arm. Implants are almost 100% effective and can provide 3 to 5 years of protection from pregnancy, depending on the type of implant. Women have found implants to be among the easiest family planning methods to use. After implants are inserted, there are no further actions to take or additional costs until they are removed.



A woman must visit a trained health care provider to have implants put in her arm or to have them removed. To continue being highly effective, they should be removed and replaced promptly, in 3 to 5 years, depending on the type of implant. A woman will become fertile again and able to get pregnant almost immediately after the implants are removed. If a woman desires to continue to use implants, a new set can be inserted and the old ones do not have to be removed.

Side effects of implants include irregular vaginal bleeding and spotting. Some women's monthly bleedings stop altogether. This pleases many women, but some may worry that something is wrong or that they are pregnant. It is important to counsel women in advance that they may stop menstruating and that this is harmless.

FACT 5.

Emergency contraceptive pills (ECPs) can help prevent pregnancy if taken within 5 days after unprotected sex. The sooner they are taken, the more effective they are. They are NOT meant to be used for ongoing contraception, in place of a regular method.

Emergency contraceptive pills (ECPs) are sometimes referred to as the “morning-after pill” because they are taken after unprotected sex has taken place. They contain either progestin alone or progestin and an estrogen together, like oral contraceptives. However, the hormone dose in ECPs is higher, and a woman takes only one or two pills.

Emergency contraception works like any other hormonal method by preventing ovulation. There is no evidence that ECPs prevent a fertilized egg from attaching to the uterine lining.

ECPs should not be used in place of regular contraception because they are not as effective as most regular methods. They are 75% to 95% effective in preventing pregnancy depending on the type of ECP and on how soon after unprotected sex the pills are taken. Providers should help women who use ECPs to choose a regular contraceptive method for ongoing protection against pregnancy.

ECPs have no serious side effects. Some women may have headaches, nausea, or vomiting after taking ECPs, but these go away within several days. The ECPs that contain only progestin cause fewer side effects and are more effective. There is no delay in return to fertility after taking ECPs. Because of this, ECPs prevent pregnancy only after unprotected sex that occurred within the previous 5 days. ECPs will not prevent pregnancy resulting from unprotected sex that takes place after ECPs have been taken.

ECPs offer women a second chance to prevent pregnancy after unprotected sex. They do not cause an abortion, and, if taken accidentally by a woman who is already pregnant, they will not harm the woman or the fetus or disrupt the course of pregnancy.

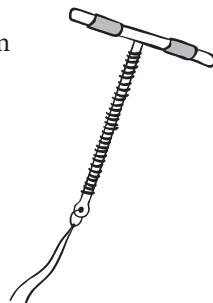
ECPs do not protect against pregnancy resulting from sex that happens after ECPs have been taken.

FACT 6.

Intrauterine contraceptive devices (IUDs or IUCDs) are small, flexible plastic devices that are inserted into the woman's uterus. The most common IUDs contain copper, and they work by preventing sperm from reaching an egg. Depending on the type, IUDs can provide protection for 5 to 12 years.

An IUD is a small, often T-shaped plastic device that is wrapped in copper or contains a progestin hormone. A specially trained health care provider inserts the IUD into the uterus. A plastic string tied to the end of the IUD hangs down through the cervix into the vagina. A woman can check that the IUD is in place by feeling for this string inside the vagina. A health care provider uses the string to remove the IUD when the woman wants it removed or it eventually needs to be replaced. Women who are not pregnant can have an IUD inserted any time. After childbirth, women can have an IUD inserted immediately or within the first two days. If not, she will need to wait four to six weeks to do so.

IUDs are nearly 100% effective. They are long-acting, too. Once in place, they can provide 5 to 12 years of protection from pregnancy, depending on the type of IUD. However, a woman can ask to have the IUD taken out at any time. When the IUD is removed, a woman can get pregnant immediately. Women have found the IUD to be among the easiest family planning methods to use: after it is inserted into the uterus there are no further actions a woman must take and no additional costs until the IUD is removed. Women of all ages can use IUDs, whether or not they have had children. It does not cause infertility.



Women living with HIV can safely use IUDs. However, women at very high risk of STIs or who currently have an active STI, such as gonorrhea or chlamydia, should not have an IUD inserted. The process of inserting the IUD could push gonorrhea and chlamydia higher into the reproductive tract causing a more serious health problem. These infections should be treated and cured prior to IUD insertion.

Copper-bearing IUD. The copper-bearing IUD works by creating an environment in the uterus that damages the sperm and keeps them from uniting with an egg. It is effective for up to 12 years. The most common side effects of the copper IUD include heavier and longer monthly bleeding,

which may be accompanied by increased cramping. For most women these side effects diminish or disappear after the first 3 to 6 months of IUD use.

Hormonal IUD. A hormonal IUD very slowly and continuously releases a small amount of a progestin hormone. It works by thickening the cervical mucus, making it hard for sperm to pass from the vagina into the uterus. It also prevents ovulation in some women and keeps the lining of the uterus from growing.

Once in place in the woman's uterus, the hormonal IUD is highly effective and can be used for up to 5 years. The hormonal IUD also changes bleeding patterns, in this case a woman bleeds less and on fewer days, and the bleeding could be irregular. In fact, many women have no bleeding at all after several months of using this method. Lighter bleeding is a benefit to many women, particularly those with anemia.

FACT 7.

Barrier methods are either devices (male and female condoms) that physically block sperm from reaching an egg, or chemicals (spermicides) that kill or damage the sperm in the vagina. The effectiveness of barrier methods greatly depends on people's ability to use them correctly every time they have sex.

The most common barrier family planning method is the male condom. *Male and female condoms are the only contraceptive methods that provide protection from STIs, including HIV, in addition to pregnancy.* Less common barrier methods are diaphragms and cervical caps; they are not readily available in many countries. All of these devices form a mechanical barrier between the sperm and an egg. Finally, spermicides are chemical substances placed in the vagina — a foam, a gel, film, or a tablet, for example. Spermicides work by killing or disabling sperm.

Barrier methods should be used every time a couple has sex. The effectiveness of barrier methods depends greatly on people's ability to use them consistently and correctly. If a woman is fertile and does not use the method consistently and correctly, she can become pregnant.

Male condom. A male condom is a covering — usually made of thin latex rubber — that unrolls over a man's erect penis. It prevents a man's sperm from entering the woman's vagina. It also can keep the small organisms that cause some STIs/HIV from infecting the partner. When condoms are used correctly at every sexual act, they are 98% effective in preventing pregnancy. However, as commonly used, when men sometimes forget or refuse to put a condom on, condoms are only 85% effective. This means that each year out of 100 women who rely on condoms, 15 may become pregnant. Condoms have no general side effects, but a small percent of people may be allergic to latex. These people can use plastic condoms, which are becoming more available in many countries.

Condoms are the only family planning method that provides protection from STIs, including HIV, in addition to pregnancy.

some STIs/HIV. Female condoms are about as effective as the male condom if used consistently and correctly every time she has sex, but less effective as commonly used.

Some women need to practice using the female condom correctly. A family planning counselor can provide clear instructions on how to insert a female condom into the vagina. While a woman can make a decision to use a

female condom herself, it is better if the man also agrees so that they will use it correctly every time. Studies have found that most men do not object to using the female condom to protect against pregnancy and to block transmission of STIs/HIV.

Spermicides. Spermicides are chemical substances that are inserted deep into the vagina shortly before sex to kill or disable sperm. They can be used alone as well as with diaphragms, cervical caps, and condoms. Spermicides are available as foaming tablets, vaginal suppositories, foam, melting film, jelly, and cream.

Used alone, spermicides are one of the least effective contraceptive methods. Even when used consistently and correctly, their effectiveness is only about 82%. Thus, 18 in every 100 women who use spermicides may become pregnant over a year. As commonly used, 29 of every 100 spermicide users will become pregnant within one year of use. Women and couples who want reliable protection from pregnancy should consider other contraceptive methods. Spermicides provide no protection from STIs/HIV and may even increase the risk of HIV if used several times a day.

FACT 8.

Fertility awareness methods require a couple to know the fertile days of the woman's menstrual cycle – the days when pregnancy is most likely to occur. During these fertile days the couple must avoid sex or use a barrier method to prevent pregnancy.

Fertility awareness methods are based on understanding the female and the male reproductive systems. These methods require that couples identify the days when the woman is fertile and may become pregnant and consistently abstain from unprotected sex on those days. Couples who use these methods say they like them because they have no side effects and they do not require procedures, devices, or hormones.

There are two types of fertility awareness methods that help determine fertile days. One uses the calendar to track fertile days, and the other observes the physical signs of fertility.

The Standard Days Method (SDM) is the most common calendar-based method and is described below.



To successfully use fertility awareness methods to prevent pregnancy requires a partner's cooperation; men should be willing to abstain from sex or to use condoms on fertile days. Thus, for these methods to be effective, men must become full partners in the decision to use them.

Standard Days Method. To use SDM, the couple avoids unprotected sex from day 8 through day 19 of every cycle, counting the first day of monthly bleeding as day 1. These are the days when the woman is most likely to become pregnant. During that time couples can choose either to abstain from sex or to use a condom or another barrier method to prevent pregnancy.

Many women or couples use CycleBeads (see graphic above) to keep track of their fertile days. CycleBeads are a string of beads that are color-coded to represent different days of the menstrual cycle. The different colors show the days the woman is likely to be fertile and get pregnant and the days when it is safe to have unprotected sex. Others use a calendar to mark those days.

Many couples report that they communicate better with each other as a result of using this method. A woman can use SDM if most of her menstrual cycles are 26 to 32 days long. If she has more than two longer or shorter cycles in a year, SDM will be less effective for her and she should consider another fertility awareness method or other modern method.

FACT 9.

Breastfeeding provides contraceptive protection for the first 6 months after delivery if certain conditions are met. This approach is called the Lactational Amenorrhea Method or LAM.

The natural effect of feeding only breast milk to a baby delays the return of fertility up to 6 months. For the LAM method to be effective at preventing pregnancy, three conditions must apply:

1. A woman must feed her baby only breast milk
2. The baby is younger than 6 months
3. The mother's monthly bleeding does not resume.

For LAM, feeding the baby "only breast milk" means not giving any other liquids or foods, except for vitamins, medicines, and vaccines. Also, the woman needs to be breastfeeding the baby on demand day and night.

If she starts giving any other foods before her baby is 6 months old or if her monthly bleeding resumes, the woman should immediately begin another family planning method to prevent a pregnancy. LAM is 98% effective when practiced correctly.

A mother should start a family planning method no later than 4 weeks after giving birth to prevent a pregnancy if she is feeding her baby anything other than breast milk.

In addition to protecting against pregnancy, breastfeeding benefits mothers by helping the uterus to contract and return to its pre-pregnancy state, and by strengthening mother-baby bonding. Also, feeding babies only breast milk for the first 6 months of life provides them with the most nutritious food and many health benefits. Since breastfeeding is so important for the health and

nutrition of the baby, the mother should consider continuing to breastfeed even when she starts using another family planning method.

The return to fertility after childbirth varies among women and is difficult to predict. A woman who does not breastfeed her baby or breastfeeds only occasionally should assume that she may become fertile as early as 4 weeks after giving birth. To prevent a risky and unplanned pregnancy, she should start a family planning method 4 weeks after giving birth.

FACT 10.

Withdrawal involves a man withdrawing his penis during sex and releasing his ejaculate, which contains sperm, outside the woman's vagina. For most people withdrawal is one of the least effective contraceptive methods.

A man uses withdrawal when he pulls his penis out of his partner's vagina while having sex and ejaculates outside the vagina, so that no sperm can enter her body. Withdrawal is less effective than most other methods. As commonly used, it is only 73 percent effective, meaning that 27 of every 100 women whose partners use withdrawal will become pregnant over a year.

Effective practice of withdrawal requires men to have good self-control. A man must be able and willing to withdraw the penis and ejaculate outside the woman's body. If he does not withdraw before ejaculating, his partner may become pregnant. Also, a small amount of semen may be released into the vagina before the full ejaculation, possibly without the man realizing it. Even this small amount of semen may contain enough sperm to possibly cause a pregnancy and to transmit STIs/HIV.

FACT 11.

Female and male sterilization are permanent methods of contraception. Sterilization involves a relatively simple surgical procedure that provides life-long protection against pregnancy. Sterilization is appropriate for men and women who are certain they do not want more children.

The permanent methods of contraception are female sterilization, also called tubal ligation, and male sterilization, also called vasectomy. Both methods involve minor surgery. This surgery is very safe and in most cases does not require hospitalization.

Female and male sterilization are close to 100% effective and are considered permanent methods of contraception, although a small risk of pregnancy still remains. Once a woman or man has the procedure, it is very likely that she or he cannot have any more children because generally the procedure cannot be reversed. The couple must talk over the decision to use a permanent method carefully and be certain that they will not want more children. Men and women should understand that other highly effective and reversible contraceptive methods are available if they are not ready for a permanent method. They should discuss the decision with a family planning provider, who will make sure that their decision is voluntary, conduct a physical examination, and decide with the client on a good time to have the sterilization done. A provider can also reassure men and women that sterilization does not affect sexual function and does not make men less masculine or women less feminine.

Female sterilization. Female sterilization is a relatively simple surgical procedure. A very small incision is made in a woman's abdomen, and her fallopian tubes are cut and blocked so that eggs cannot move through the tubes to meet the sperm. Female sterilization has no side effects, and complications are extremely rare when the procedure is performed by a well-trained health care provider. It can be provided almost anytime, including

immediately after childbirth, so long as she makes the decision before giving birth. Following surgery, a woman may have some abdominal pain and swelling, which goes away in a few days. If possible, she should return to the health care provider after about a week to have the incision checked for infection and to have the stitches removed.

Male sterilization. Male sterilization — or vasectomy — is an even simpler surgical procedure. A tiny hole is made in the scrotum (the sac that holds the testicles), and both tubes (vas deferens) that carry a man's sperm to his penis are cut and blocked. This keeps sperm out of the semen, the fluid that is released by a man during an ejaculation. The man can still ejaculate and have an orgasm as before, but there will be no sperm in the semen, and so he will not be able to cause pregnancy. Vasectomy has no side effects, and complications of the surgery are uncommon. After the procedure a man may have discomfort, swelling, and bruising in the scrotum. These symptoms usually go away within 2 to 3 days.

Although a man can have sex 2 to 3 days after the procedure, vasectomy is not effective immediately. It takes about 3 months for semen to be completely clear of sperm. During these 3 months a man or his partner should use another family planning method, such as condoms. Or if a woman was already using a family planning method prior to her partner's vasectomy, she can continue using this method for 3 months before discontinuing it. After 3 months a vasectomy is considered effective. Where possible, a health care provider can examine a semen sample under a microscope to see if it contains living sperm. After 3 months, however, this test is not necessary.

Millions of men who do not want more children have chosen vasectomy. Vasectomy is simpler than female sterilization, recovery is quicker — usually a day or two — and the method allows men to take responsibility for family planning. After this procedure, a man can enjoy sex with his partner as before, except now without fear of pregnancy.