

Family Planning— Having the Number of Children You Want

CHAPTER

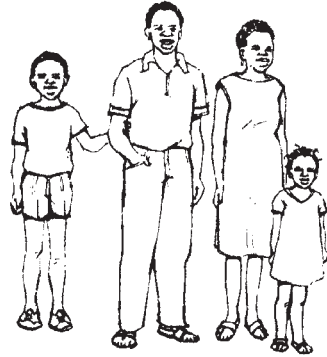
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BOTH THESE FAMILIES LIVE IN POOR COMMUNITIES:

This family lives where wealth is distributed unfairly.



This family lives where resources are distributed fairly.



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

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

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

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

FAMILY PLANNING

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



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

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

Millions of women safely use the family planning methods described in this chapter and on pages 393 to 396.









Choosing a Family Planning Method

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

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

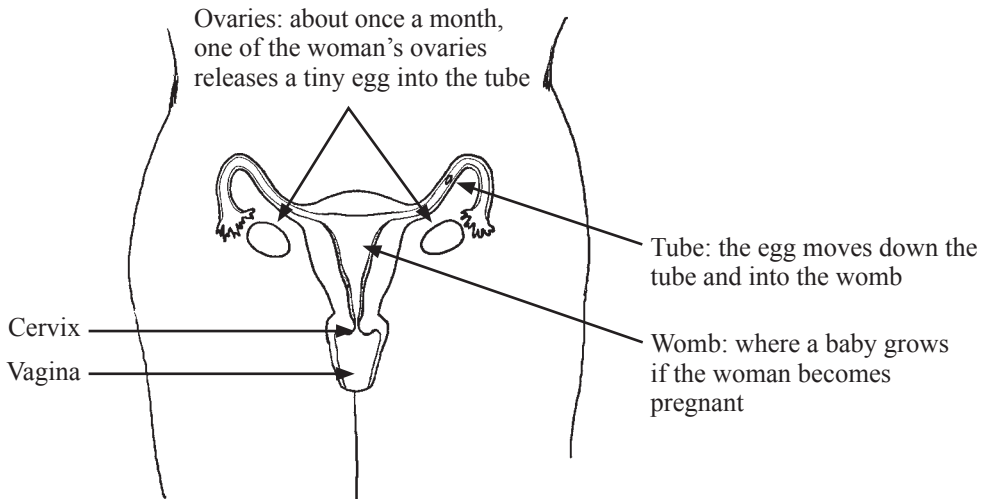
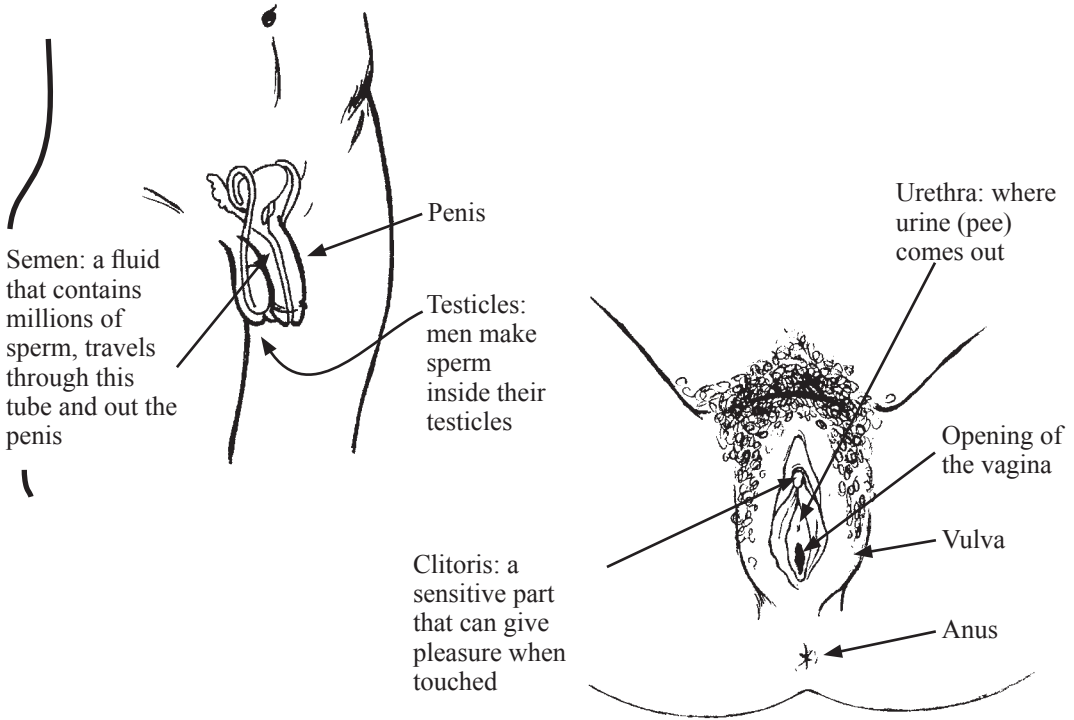
Family planning methods work best when both the man and the woman take responsibility for preventing pregnancy and protecting each other from sexually transmitted infections (STIs).

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

Type of Family Planning	Preventing Pregnancy	Protection from STIs and HIV	How often	Other important information
Condoms 	Good	Best	Every time	Most effective when used with a spermicide and a water-based lubricant. A condom needs to be used every time you have sex.
Birth control pill: Combination pill 	Very good	None	Every day	Works best if taken at the same time every day. Women who have the health problems listed on page 289 should not use this method.
Birth control pill: Minipill 	Very good	None	Every day	Will only work if it is taken at the same time every day. Can be used while breastfeeding (start after the baby is 6 weeks old).
Implants 	Best	None	3 or 5 years	Must be inserted and removed by a specially trained health worker and replaced every 3 or 5 years depending on the type.
Injections 	Very good	None	1, 2, or 3 months	Need to be repeated every 1, 2, or 3 months (depending on the type).
IUD 	Best	None	5 or 12 years	Effective for 5 or 12 years (depending on the type). Must be inserted and removed by a specially trained health worker.
Pulling out (withdrawal) 	Least	None	Every time	The man needs to withdraw every time you have sex. Even if he pulls out, some liquid from the penis may enter the vagina during sex, which can cause pregnancy or pass STIs.
Breastfeeding (during the first 6 months only)	Very good	None	Several times a day and at night	This method is only effective if the woman is feeding her baby only breastmilk and if her menstruation has not returned.
Fertility awareness 	Good	None	Every time	This method does not work well for women with irregular menstrual cycles.
Sex without intercourse (penis not inside vagina)	Best	Depends	Every time	If the penis doesn't touch the vagina, the woman cannot get pregnant. Anal sex can easily pass STIs, oral sex is less likely to pass STIs, and sexual touch rarely passes any.
Sterilization	Best	None	Once	Once a man or woman is sterilized, they will never become pregnant or get someone pregnant.

HOW WOMEN BECOME PREGNANT

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



FAMILY PLANNING METHODS

Condoms

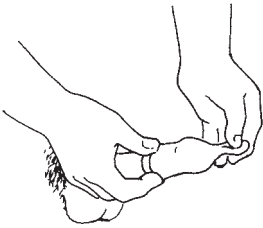
A condom is a thin latex cover the man wears on his penis during sex. The man's semen stays inside the condom, so sperm cannot get into the womb and cause pregnancy. Condoms are safe and have no side effects.



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

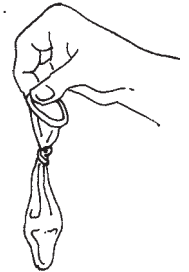
Condoms are the only family planning method that is effective at both preventing pregnancy and sexually transmitted infections. But the man must be willing to use one every time he has sex.

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

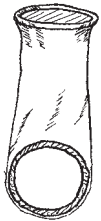


To help keep condoms from breaking, use a water-based lubricant, such as spit (saliva) or *K-Y Jelly*. Do not use cooking oil, baby oil, mineral oil, petroleum jelly (*Vaseline*), skin lotion, or butter with condoms because these oil-based products weaken rubber and can make the condom break. Lubricants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

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



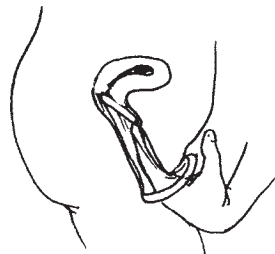
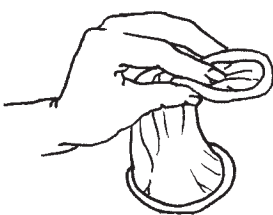
Female Condom



Inner ring goes inside the vagina.

Outer ring stays outside the vagina.

A female condom fits into the vagina and covers the outer lips of the woman's vulva. It is bigger than a male condom and less likely to break. It can be put in up to 6 hours before sex and should be removed immediately after sex. The female condom prevents the man's sperm from getting into the womb and causing pregnancy, and it also helps protect against HIV and other STIs. Do not use a male and female condom together.



Birth Control Pills (Oral Contraceptives)

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



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

COMBINATION PILLS

Different brands of combination birth control pills have different doses of 2 hormones, estrogen and progestin. (For descriptions of the most common brands and how to take them, see pages 393 and 394).

THE MINIPILL (progestin-only pills)

This birth control pill does not contain estrogen, only progestin. It is safe for most women who cannot use combined pills for health reasons (see page 289) or who have side effects from combination pills. The minipill is also very effective for breastfeeding mothers who have not had monthly bleeding since giving birth. For descriptions of the most common brands and how to take them, see page 394.

QUESTIONS AND ANSWERS ABOUT BIRTH CONTROL PILLS

	Some people claim birth control pills cause cancer. Is this true?	No! However, if cancer of the breast or womb already exists, taking the pill may make the tumor grow faster.
	Can a woman have children again if she stops taking the pill?	Yes. (Sometimes there is a delay of 1 or 2 months before she can become pregnant.)
	Is the chance of having twins or defective children greater if a woman has used oral contraceptives?	No. The chances are the same as for women who have not taken the pill.

EMERGENCY CONTRACEPTION

If you had sex without birth control or your condom broke, you can still prevent pregnancy with birth control pills. This is called emergency contraception and it works during the first 5 days after you had sex—the sooner you take it, the better it will work. See pages 394 and 395.

WHO SHOULD NOT TAKE BIRTH CONTROL PILLS?

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

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

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

WHO SHOULD NOT TAKE THE COMBINATION PILL?

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

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

Most women with any of these health problems can safely use the progestin-only minipill (p. 394) or birth control implants or injections (p. 396). Women with varicose veins that are not inflamed can usually take birth control pills without problems. But they should stop taking them if the veins become inflamed.

WARNING SIGNS FOR PROBLEMS WITH COMBINED PILLS**STOP taking the pill and see a health worker if you:**

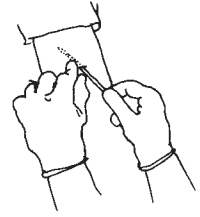
- have severe headaches with blurred vision (migraines) that begin after you start taking the pill.
- feel weakness or numbness in your arms or legs.
- feel severe pain in your chest and shortness of breath.
- have severe pain in one leg.
- have severe pain in the abdomen.

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

OTHER METHODS OF FAMILY PLANNING

Implants

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



Implants are small plastic tubes placed under the skin on the inside of a woman's arm. They prevent pregnancy for 3 to 5 years, depending on the type of implant. Implants must be inserted and removed by a trained health worker. See page 396.

Birth Control Injections

Like the pill, some injections are progestin-only and some are a combination of estrogen and progestin. Women who should not take any type of pill should not use injections either (see p. 289). Both types of injection are usually given by a health worker. These injections do not protect against HIV and other STIs.



Combined injections, such as *Cyclofem* and *Mesigyna*, are given once a month. Women who should not use estrogen should avoid these (see p. 289). Progestin-only injections, such as *Depo Provera* and *Noristerat* are given every 2 or 3 months. See page 396.

The IUD

An IUD (Intra-Uterine Device) is a small plastic, or plastic and copper, object put into the womb by a trained health worker. Some brands of IUD also contain progestin. The IUD prevents pregnancy in different ways by affecting the egg, sperm, or lining of the womb. See pages 395 and 396.



WHO SHOULD NOT USE AN IUD:

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

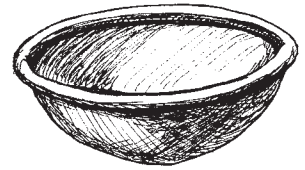
Spermicide

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



Diaphragm

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



NATURAL METHODS OF FAMILY PLANNING

Breastfeeding

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

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

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



Fertility Awareness

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

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

HOW TO USE FERTILITY AWARENESS

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

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

Mark it like this:

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

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

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

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

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

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

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



clear, wet, slippery mucus = fertile



white, dry, sticky mucus = not fertile

Withdrawal or Pulling Out (coitus interruptus).

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

Sex without Intercourse

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



Lemon or Lime Juice

This traditional method seems to make pregnancy less likely but does not always work. Also, it can irritate the inside of the vagina, making sex uncomfortable, and making it easier for women to get sexually transmitted infections including HIV. If you use lemon juice, use a different method at least some days so the vagina is not being irritated so often.

Boil a small sponge or piece of soft fabric to kill any germs in it. Then soak it in $\frac{1}{2}$ lemon juice, $\frac{1}{2}$ water. Or use lime juice or vinegar instead of lemon. Put the sponge deep into your vagina before you have sex. Leave it in for 6 hours after you have sex, then take it out and boil it again. As long as you boil it every time, you can use the same sponge over and over.



THESE METHODS DO NOT PREVENT PREGNANCY

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

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

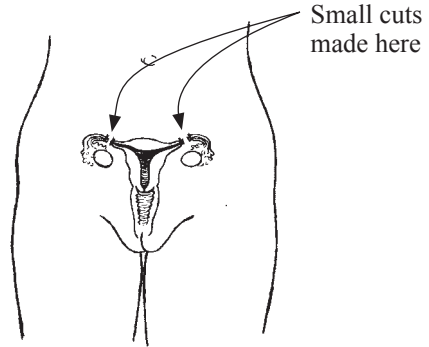
Putting herbs, plants, or harsh chemicals in the vagina to make it dry only causes irritation of the skin inside the vagina, making it easier for women to get infections.

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

METHODS FOR THOSE WHO NEVER WANT TO HAVE MORE CHILDREN

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

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



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

