

Family Planning

This chapter discusses ways to prevent pregnancy or have the amount of time between pregnancies you want. All the methods explained in this chapter are used safely by people all around the world.



Why Family Planning?

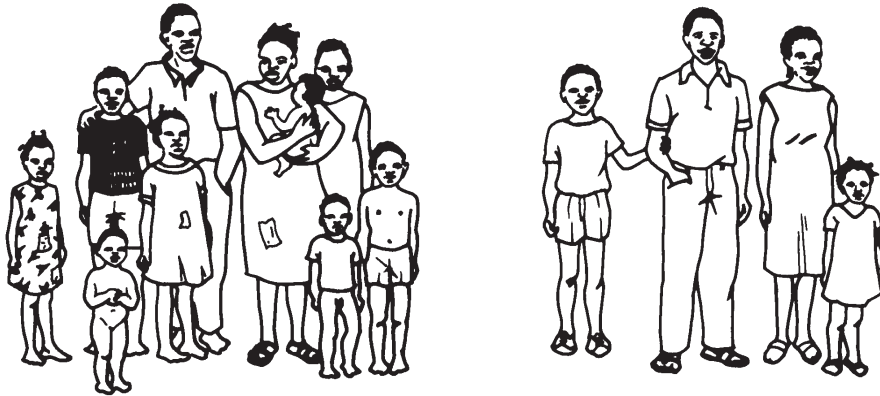
There are many safe, effective ways to prevent pregnancy, or help you choose when to have a baby and how many children to have. You can usually get low-cost or free methods from health workers or clinics.

Family planning is also called birth control or contraception. No matter what you call it, it has many benefits:

- Having fewer children is healthier for a woman's body than having many. By using family planning, you can decide when your body is healthy enough to be pregnant.
- Waiting to have children and taking time between children can allow you to make a secure life for them, and gives you more time, energy, and money to care for the children you already have.
- Deciding if and when you want to have children, without others telling you that you should — or should not — gives you more control of your life.
- Enjoying sex without worrying about getting pregnant if you and your partner do not want to or are not ready to, is made possible.
- Family planning helps women avoid unsafe abortion, which kills thousands of women every year.

Family planning, sex, pregnancy — sometimes these things are hard to talk about. Hesperian's book *Health Actions for Women* can suggest ways to get men and women talking about family planning and other women's health issues.

Some people want a lot of children — especially in countries where people are denied a fair share of resources and social benefits. This is because children help with work and provide care for their parents in old age, and because it is common for children to die when they are still young.



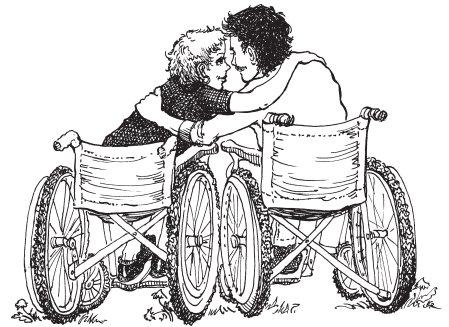
The situation is different in countries where resources and benefits are more fairly distributed. Where employment, housing, and health care are more available, and where women have equal opportunities for education, jobs, and control over their lives, people usually choose to have smaller families. This is in part because they do not need to depend on their children for economic security, and they are more confident the children they do have will be healthy and survive.

People use family planning when:

- it is affordable or free.
- a variety of different methods are available, so people can choose which works best for them.
- no one is pressured or tricked into using family planning.
- men understand and believe in the benefits of family planning, and listen to what women want.
- anyone who wants to use family planning can get it easily, including people who are younger and older, married and unmarried, and people with disabilities.

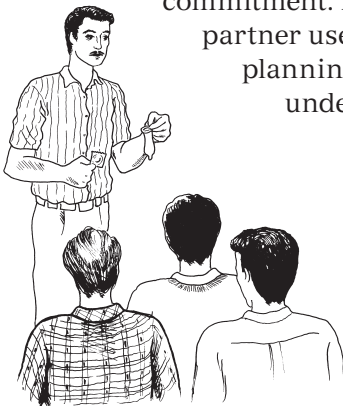
Who is family planning for?

Some people think that family planning is only for married women. But both married and unmarried people have sex, and many women want to be able to enjoy sex without worrying about getting pregnant. Also, women do not always have a choice about having sex. Some are pressured, and some are forced. Without family planning, any woman, married or unmarried, young or older, can get pregnant. As a health worker, it is important that you share what you know about family planning with **all** women.



Family planning is for anyone who might get pregnant – but does not want to right now.

You must also find ways to **share what you know about family planning with men**. Some methods, such as condoms, require a man's commitment. And often a man expects a say in what methods his partner uses. Helping men understand the benefits of family planning can help them overcome their fears about it and understand how family planning helps them too.



Educating men about family planning also makes it easier for a woman to talk with her husband or partner about family planning, and for them to decide together which method to use. If a man still does not want to use family planning even after learning about the benefits, the woman will need to decide if she wants to use it anyway. There are methods she can use without the man knowing.

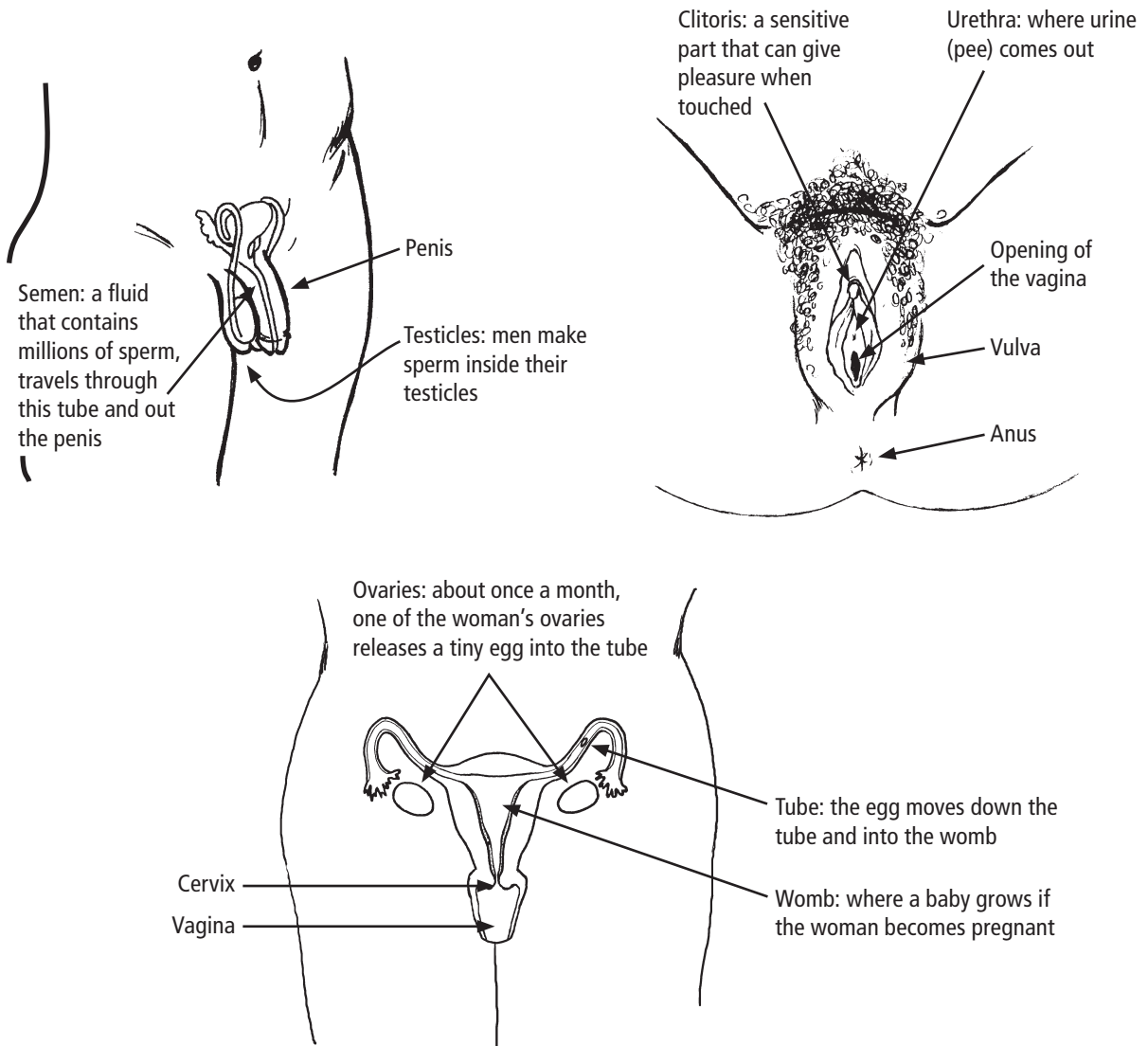
Teach how family planning works and what to expect

Explain how to use the different family planning methods correctly and be honest about side effects. A main reason a woman stops using a family planning method is because of uncomfortable side effects. But if she knows what to expect she may be willing to stay with the method until side effects decrease.

Helping young people

Young people may start romantic or sexual relationships before they have learned about preventing pregnancy. Communities can help young people get the information they need to make good decisions. Schools can give young people health education that covers pregnancy, young adults can be trained to be health educators, and times can be set aside at clinics or other places to give young people advice and methods to prevent pregnancy.

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.

Sexually transmitted infections

If one person has a sexually transmitted infection (STI), having sex can spread it to his or her partner. STIs may cause sores and pain on the penis or vagina, and can also cause serious problems that harm the whole body and also a baby at birth. See Genital Problems and Infections (in development) for how to recognize and treat infections that can pass during sex. A person can have a STI and not know it.

Family Planning Methods

This book describes several different kinds of common family planning methods. For information about other, less common methods (patch, diaphragm, and others) see chapter 13 of *Where Women Have No Doctor*, or chapter 17 of *A Book for Midwives*, both available from Hesperian.





How to choose a family planning method

The different family planning methods have different advantages and disadvantages. It may be helpful to talk to your partner, other women, or a health worker about the different methods to help you decide which is right for you. Some things you may want to consider when choosing a family planning method are:

- how well it prevents pregnancy.
- how well it protects against sexually transmitted infections (STIs).
- if your partner is willing to use family planning, or if you must hide it from him.
- if the method is easy to get, and how frequently you must use it.
- how much the method costs.
- if there are side effects.
- if you have other needs and concerns. For example: Are you breastfeeding? Do you have all the children you want?



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

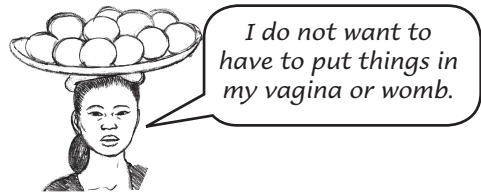
Type of Family Planning	Preventing Pregnancy	Protection from STIs and HIV	How often	Other important information
Condoms 	Good	Best	Every time	Most effective when used with a spermicide and a water-based lubricant. A condom needs to be used every time you have sex.
Birth control pill-Combination pill 	Very good	None	Every day	Works best if taken at the same time every day. Women who have the health problems listed on page 12 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.

People choose different methods based on their situation.



You might **prefer**: Implants, injections, IUD

You might **avoid**: Pills, fertility awareness



You might **prefer**: Pills, implants, men's condom, fertility awareness

You might **avoid**: Female condom, IUD



You might **prefer**: Injections, condoms

You might **avoid**: Pills



You might **prefer**: Implants, injections, IUD, male or female sterilization

You might **avoid**: Fertility awareness



You might **prefer**: Condoms, pills, fertility awareness

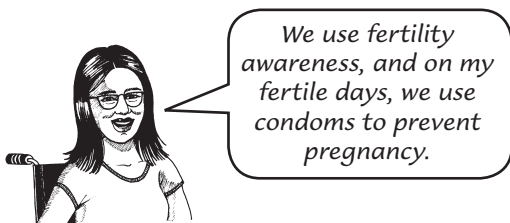
You might **avoid**: Implants, injections, IUD, sterilization



You might **prefer**: Using a condom each time

You might **avoid**: Having sex without a condom

The person can use more than one method.



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 vagina and cause pregnancy. Condoms are safe and have no side effects.



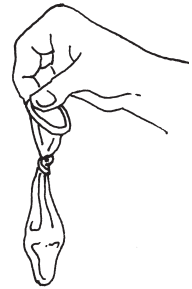
Condoms are also the most effective way to prevent sexually transmitted infections (STIs), including HIV. Even if you are using another method of birth control, you can also use a condom to protect you and your partner from STIs.

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.)

After climaxing, while the penis is still hard, hold the rim of the condom to keep it on your penis while you pull 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.



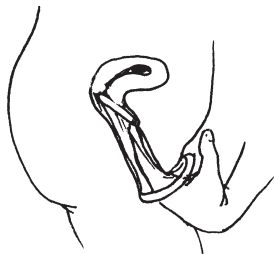
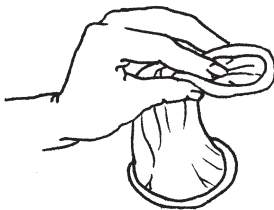
Female Condom

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. Female condoms protect against HIV and other STIs. Do not use a male and female condom together.



Inner ring goes inside the vagina.

Outer ring stays outside the vagina.



Lubricants

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.

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 along with a condom. Spermicide does not protect against STIs or HIV.

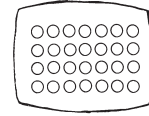
Birth control pills

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 two hormones, estrogen and progestin, and minipills which contain only progestin. Some common brand names are shown on page 22. Birth control pills do not protect against HIV or other sexually transmitted infections (STIs). To protect yourself, also use a condom.

Some women choose to take the pill because it helps make their cycles more regular, so they know exactly when they will have their period. The pill also lessens the amount of menstrual blood, and reduces cramping and pain.

Birth control pills do not cause cancer.

Combination pills (pills that have estrogen and progestin)



Different brands of combination birth control pills have different doses of these two hormones (see pages 21 and 22). There are common combinations for standard dose pills such as is 1 milligram (mg) or less of progestin and 30 or 35 micrograms (mcg) of an estrogen called ethinyl estradiol, or 50 mcg of an estrogen called mestranol.

Some birth control pills contain only progestin. For information about them, see page 14.

The pill is very effective if taken every day at the same time. It is safe for most women.

How to take the combination pill

If you are sure you are not pregnant, you can start taking the pill any time. Pills will not prevent pregnancy until you have been taking them for about a week. So during the first 7 days after starting birth control pills, use condoms or avoid sex.

You must take 1 pill every day to prevent pregnancy, even if you do not have sex on that day. Try to take it at the same time each day. If you keep the pills where you sleep, it may help you remember to take one each night before bed. Most combination pills come in packets of 28 or 21 pills.



Possible side effects of the combination pill

The side effects are not dangerous but some can be annoying. They usually lessen or disappear after about 3 months. Sometimes it helps to try a different brand of pills.

Changes in mood such as being sad or irritable



Headaches



Unexpected light bleeding between normal bleeding times



Swollen, tender breasts

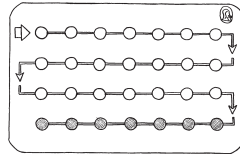


Nausea

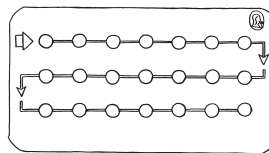


Combination pills can be used 3 ways

28-day use: Take the medicine pills for 21 days and then for 7 days take the pills that have no medicine or take no pills. You will have bleeding each month during those seven days like a normal period.



If you have a 28 day packet, take 1 pill every day. The last 7 pills are not medicine – they are there to help you remember to take a pill each day. The last 7 pills in the packet will be a different color than the others.



If you have a 21 day packet, take 1 pill every day for 21 days – the whole packet. Then do not take a pill for 7 days. Then start a new packet.

Extended use: Take the medicine pills for 84 days in a row and then take a 7 day break. Sometimes pills come in packets with 91 pills (84 with medicine and 7 which have no medicine). During those 7 days, you will have normal bleeding like a period but only once every 3 months. Spotting (very light bleeding) may occur but should go away after a few months.

Continuous use: Take the medicine pills every day without taking breaks. If bothered by irregular bleeding, stop taking pills for 3 or 4 days in order to have a few days of regular bleeding, and then start taking the pill again every day.

All of these ways of using combination pills are safe. Choose the way that feels most comfortable to you. With all combination pills:

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

If you forget to take 3 pills, 3 days in a row, take 1 pill right away. Then take 1 pill each day at the regular time. Use condoms until you start your period, or do not have sex until you have taken a pill for 7 days in a row.

If your period does not come on time and you have missed some pills, keep taking your pills, but have a pregnancy test. If you find out you are pregnant, stop taking the pill.

Ending the combination pill

You can stop taking the pill at any time. You could then get pregnant right away, so if you want to avoid pregnancy, use condoms or another method.

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:

- Severe high blood pressure (160/110 or higher). See Heart Disease (in development) for more on high blood pressure.
- Diabetes for more than 20 years.
- If you are over 35 and smoke tobacco.
- Migraines (severe headaches with nausea) if accompanied by numbness or severe vision problems.
- Breast cancer, liver cancer, or uterine cancer. See Cancer (in development).
- Gallbladder disease.
- History of stroke (an attack causing paralysis).
- A blood clot in a vein (this usually causes heat and pain in one leg).
- Liver disease or hepatitis (see chapter on Belly Pain, page 17).

Most women with any of these health problems can safely use the progestin-only minipill (see page 14) or birth control implants or injections instead (page 15). Women with breast cancer or cancer in the womb should not use family planning methods that have hormones, and instead should use another method.

Other medicines interact with combination pills

Rifampicin (a tuberculosis medicine), ritonavir (an HIV medicine) and some epilepsy medicines make birth control pills less effective. If you take these medicines, use a different family planning method. Women who take insulin for diabetes may need to increase the amount of insulin after starting birth control pills or injections.

Who should consider other methods if available

There are a few other health problems which make the combination pill not an ideal method. It is safer for women with these problems to use another family planning method:

- High blood pressure (over 140/90). See Heart Disease (in development) for more on high blood pressure.
- If you are over 35 and have migraine headaches (severe headaches with nausea).

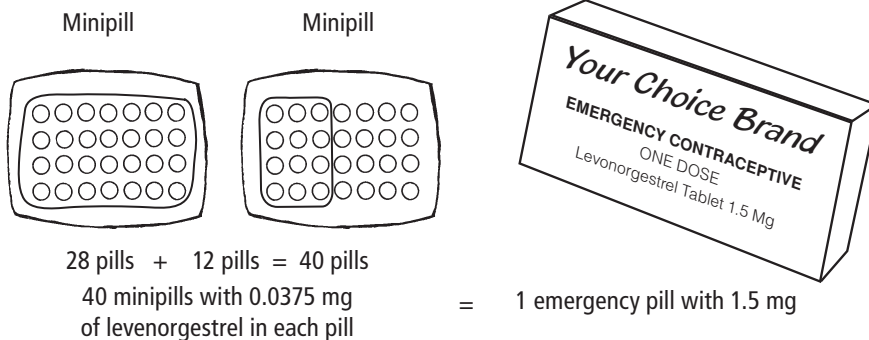
If a woman with these health problems takes the combination pill, monitor her to make sure the problems are not getting worse. If there is no change, it is OK for her to continue using the combination pill. If the problems worsen, she should stop taking the pill immediately.

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. It works by delaying the woman's eggs from being released so that a pregnancy cannot start. If you are already pregnant, emergency contraception does not stop the pregnancy. Emergency contraception is safe for almost all women.

Special pills for emergency contraception are available in many countries. They either are levonorgestrel only, estrogen and levonorgestrel combined, or ulipristal acetate only. You may need to take 1 or 2 pills – read the instructions carefully.

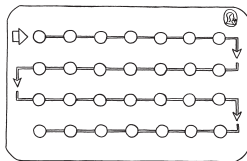
If these special pills are not available, some kinds of regular birth control pills can be used (see pages 23 to 24). The minipill, for example, has a small amount of levonorgestrel and the same total amount as the special pill is reached by taking 40 or 50 pills depending on how much is in each pill (see pages 23 to 24). For combination birth control pills, only some can be used for emergency contraception—you must know exactly what is in them and how many to take (usually 4 or 5 pills first and then the same dose 12 hours later, see page 24).



After you have helped a woman with emergency contraception, maybe later you can help her find a family planning method that will work for her.

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 birth control pills and has fewer side effects than combination pills. The minipill does not lessen the milk supply for breastfeeding mothers. Women taking the minipill may have regular periods, lighter bleeding during periods, or no periods at all.



All the pills in the minipill packet have the same dose of medicine. Take 1 pill every day.

How to take the minipill

Take your first pill on the first day of your period. Then take 1 pill at the same time every day, even if you do not have sex. 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. Every pill in the packet has the same dose of medicine.

If you take the minipill even a few hours late, or if you forget 1 day's pill, you can become pregnant. If you miss a pill, take it as soon as you remember. Then take the next pill at the regular time, even if it means taking 2 pills in one day. Use condoms or do not have sex for 7 days. You may bleed a little if you miss your minipill or take it late.

Possible side effects of the minipill

The most common side effect of progestin-only minipills is changes in monthly bleeding. You may have bleeding when you do not expect it. Your period may go away altogether. This is not dangerous. Other possible effects include weight gain, headaches, and acne (pimples).

Other medicines interact with the minipill

Rifampicin (a tuberculosis medicine), ritonavir (an HIV medicine) and some epilepsy medicines make birth control pills less effective. If you take these medicines, use a different family planning method.

Ending the minipill

If you want to get pregnant or change methods, you can stop taking the minipill at any time. You might be able to get pregnant as soon as you stop, so if you want to avoid pregnancy, start another method immediately.

Implants and birth control injections

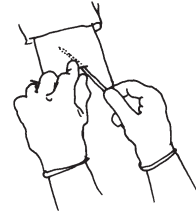
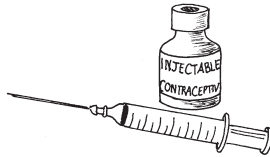
Just like the minipill, implants and birth control injections contain only progestin, but the woman does not have to remember to take a pill every day. Implants and injections are easy to keep private. **Neither implants nor injections give any protection against STIs including HIV.**

How to use implants or injections

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 are put in by a health worker, usually in a clinic on a specific day or by appointment.

Birth control injections such as *Depo Provera* and *Noristerat* are injected once every 1, 2, or 3 months, depending on the brand. Injections are also given by health workers but require less training.



Possible side effects of implants and injections

Implants have the same side effects as progestin-only minipills, see page 14.

Injections may make the menstrual period irregular or stop it all together. This is not harmful, but some women are disturbed by the change. Weight gain, headaches, stomachaches, and spotting are side effects that usually lessen with time.

Other medicines interact with implants and injections

Rifampicin (a tuberculosis medicine) and some epilepsy medicines make implants and injections less effective. If you take these medicines, use a different family planning method. Women who take insulin for diabetes may need to increase the amount of insulin after starting implants or injections.

Ending implants or injections

To stop using implants, have them removed by a trained health worker. To stop using injections, simply stop getting the injections. A woman can get pregnant right away after having an implant removed. It may take longer for a woman to get pregnant after stopping injections, but most women can get pregnant within 1 year.

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. It prevents pregnancy in different ways by affecting the egg, sperm, or lining of the womb. For information on inserting an IUD, see chapter 21 of *A Book for Midwives*, available from Hesperian.

Some kinds of IUDs contain hormones that slowly release over time. IUDs work for either 5 or up to 12 years, depending on the type. IUDs do not protect against HIV or other sexually transmitted infections.

IUDs are safe for both women who have been pregnant and those who have never been pregnant. They can be put in any time, as long as the woman is not pregnant and does not have a vaginal infection or STI. When an IUD is taken out, you can become pregnant right away.

The most common uncomfortable (but not dangerous) side effect is heavier, more painful monthly bleeding. IUDs with hormones can also cause the same side effects as other hormonal birth control methods (see page 10). Most side effects lessen after a few months.

Once a month, use clean fingers to reach into your vagina and check if the strings hanging from the IUD are still coming out of your cervix. If not, the IUD may have come out. A health worker can look for the strings, or you may need an x-ray to see if it is still inside. If it fell out, you can get pregnant.



Who should not use an IUD

- Women with cancer of the cervix or uterus. Women with breast cancer should not use the hormonal IUD, but they can use a non-hormonal IUD.
- Women with gonorrhea or chlamydia. For more on gonorrhea and chlamydia, see *Genital Problems and Infections* (in development).
- Women with pelvic infection (PID). For more on PID, see page 16 of *Belly Pain, Diarrhea, and Worms*.

Starting birth control after having a baby

Recovery after giving birth, getting used to the new baby, or other reasons may lead to a lack of sexual desire for a while after the baby is born. When sexual relations begin again, if you give your baby only breastmilk and menstruation has not returned, breastfeeding will prevent pregnancy for up to 6 months after giving birth (see below). With only some breastfeeding or no breastfeeding, a woman can get pregnant as early as 4 weeks after childbirth. Whether or not the new mother is breastfeeding, condoms can be used any time after the baby is born to prevent STIs and pregnancy. Implants and injections (page 15) can be used starting 4 weeks after giving birth. IUDs can be inserted or a woman's tubes can be tied (sterilization) either within 2 days of delivery or scheduled for a few weeks later. For mothers who are breastfeeding and choose to use birth control pills, you might prefer the minipill (see page 14) which you can start once the baby is 6 weeks old because the minipill does not affect milk supply. If you are not breastfeeding, you can use the combination pill (page 10) starting 4 weeks after giving birth.

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.

This can be a good method for a woman who wants to limit the number of children she has. But sometimes the menstrual cycle changes unpredictably. People do not always keep track well so it is common to get pregnant using this method. 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.

I started my monthly bleeding 8 days ago so we cannot have sex today, or for the next 10 days. I better go to my sister's.

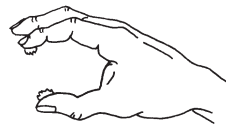
Once you have counted your cycle for a few months and are sure your cycle is usually regular, then you can start using this method. Avoid sexual intercourse from the 8th day to the 19th day of every cycle. Or use condoms during that time. You must continue to keep good track of how many days have passed every cycle for this to work. If your cycle changes, use another method until your cycle becomes regular again for several months.



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, pulling out

When a man pulls his penis out of the woman and away from her genitals before he ejaculates (comes), they may be able to avoid pregnancy. This works if the man is very good at controlling himself and is committed to doing so. It does not work well for men who ejaculate unpredictably. This method might be useful for a couple who wants to limit the number of children they have, but it is not a good choice for people who know they definitely do not want to have any children. Pulling out does not protect against 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.

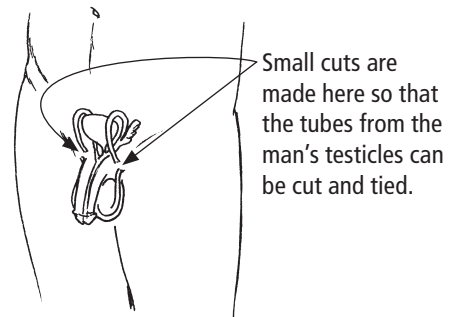
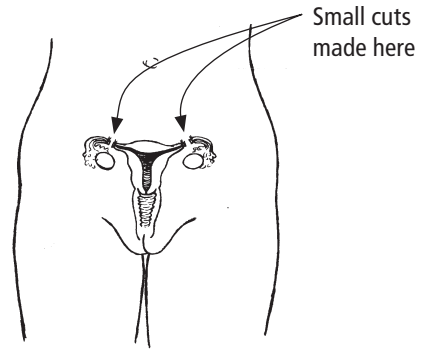


Sterilization, surgery

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 STIs, including HIV.

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.



Methods that do not work

These methods are useless or harmful:

- Urinating (peeing) after sex is not harmful, but it does nothing to prevent pregnancy. Urine comes out of a different hole than the vagina.
- Putting herbs, plants, harsh chemicals, or anything drying in the vagina does not prevent pregnancy. But it can harm the vagina, making it easier for women to get infections.
- Washing out the vagina (douching) after having sex does not prevent pregnancy. 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.
- Amulets and prayers do not prevent pregnancy. Women who rely on these methods get pregnant.

Family Planning: Medicines

Birth Control Pills (Oral Contraceptives)

Most birth control pills contain 1 or 2 hormones similar to the hormones that a woman's body normally makes. These hormones are called estrogen and progestin.

Birth control pills come in different strengths of each hormone and are sold under many different brand names. The first 3 types of pills on the next page have both estrogen and progestin (see combination pills, page 10) and the fourth type has progestin only (see minipill, page 14).

A very common kind of estrogen is called ethinyl estradiol. The most common dose is 35 mcg (micrograms) and these pills have been called "low-dose pills" because pills used to contain unneeded higher doses of estrogen. The most common amount of progestin in combination pills is 0.1 mg (milligrams).

Women who take birth control pills usually have lighter monthly bleeding than they would without the pills. This may be a good thing, especially for women who are anemic. But if a woman has no monthly bleeding or very light monthly bleeding for months and does not like this side effect, she can try changing to a brand with more estrogen.

All birth control pills work best at preventing pregnancy if taken at the same time every day. That also makes it easier to remember to take them. It is especially important to take the progestin-only pill (minipill) at the same time each day because for this pill, there is an increased chance of pregnancy if a woman forgets to take even 1 pill.

With a 28-day pack, take 1 every day and start a new pack right after finishing. A 28-day pack may have 21 medicine or "active" pills along with 7 reminder pills that do not have medicine. Some 28-day packs, however, have only medicine pills. With a 21-day pack, take one each day and then wait seven days before starting the next pack (unless you are using pills continuously in order to have fewer periods, see page 11).

COMBINATION PILLS WHERE THE AMOUNT OF MEDICINE CHANGES

These pills contain a mix of estrogen and progestin that changes throughout the month. Since the amounts change, it is important to take the pills in order.

Some brand names:	<i>Gracial, Logynon, Qlaira, Synphase, Trinordiol, Trinovum, Triquilar, Triphasil</i>
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COMBINATION PILLS WITH FIXED DOSES: BOTH ESTROGEN AND PROGESTIN

These contain estrogen (usually 35 mcg) and progestin (usually 0.1 mg). A 28-pill pack has 21 medicine pills and 7 reminder (placebo) pills. A 21-pill pack has only medicine pills. See page 11. The amounts of each hormone are the same in all the active medicine pills in each pack

Some brand names:	<i>Alesse, Cilest, Diane, Femoden, Gynera, Harmonet, Norinyl, Ortho-Novum, Ovysmen</i>
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COMBINATION PILLS WITH FIXED DOSES: MORE PROGESTIN AND LESS ESTROGEN

These pills are higher in progestin (0.15 mg) and lower in estrogen (30 mcg). A 28-pill pack has 21 medicine pills and 7 reminder (placebo) pills. A 21-pill pack has only medicine pills. See page 11. The amounts of each hormone are the same in all the active pills in each pack. These pills may work better for a woman who has very heavy monthly bleeding or whose breasts become painful before her period begins.

Some brand names:	<i>Lo-Femenal, Lo/Ovral, Microgynon, Microvlar, Nordette</i>
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PROGESTIN-ONLY PILLS (MINIPILLS)

These pills contain only progestin and come in 28-pill packs. All of the pills in the pack are active medicine pills and each has the same amount of progestin

Some brand names:	<i>Femulen, Microlut, Micronor, Micronovum, Neogest, Microval, Ovrette, Exluton</i>
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Emergency Family Planning (ECP, emergency contraceptive pills)

You can use emergency contraceptive pills or some brands of regular birth control pills to prevent pregnancy within 5 days after unprotected sex. The number of pills you need to take depends on the amount of estrogen or progestin each pill contains. There are many brands of pills, and some brand names are used for more than one type of pill. This chart lists only a few common brands for each type of pill. Make sure you know the type and amount of hormone in the pills before you use them. The chart shows the total dose of hormones needed and how many pills you would need to take to reach that dose depending on which hormones and how much of each are in each pill.

Common side effects of ECP are headaches, nausea or pain in the belly, but these should go away in a day or two. It is also normal to have slight bleeding or a change in timing of your next monthly bleeding. When using emergency family planning, the special emergency pills or the correct dose of the progestin-only pills (minipill) will cause fewer side effects than using regular combination birth control pills. If you vomit within 1 hour of taking the dose, this means you need to repeat that same dose. Never mix different kinds of emergency contraceptive or other birth control pills together because that could make them not work at all.

How to take pills for emergency family planning

HOW TO TAKE SPECIAL PILLS FOR EMERGENCY CONTRACEPTION		
Emergency pills containing 1.5 mg (1500 mcg) levonorgestrel (<i>NorLevo 1.5, Plan B One-Step, Postinor-1</i>) Total dose of 1 pill = 1.5 mg (1500 mcg) levonorgestrel	Take 1 pill, one time only	
Emergency pills containing 30 mg ulipristal acetate (<i>ella, ellaOne</i>) Total dose of 1 pill = 30 mg ulipristal acetate	Take 1 pill, one time only	
Emergency pills containing 0.75 mg (750 mcg) levonorgestrel (<i>NorLevo 0.75, Optinor, Postinor, Postinor-2, Plan B</i>) Total dose of 2 pills = 1.5 mg (1500 mcg) levonorgestrel	Take 2 pills, one time only	
Emergency pills containing 0.05 mg (50 mcg) ethinyl estradiol and 0.25 mg (250 mcg) levonorgestrel (<i>Tetragynon, Neogynon, Nordiol</i>) Total dose of 4 pills = 0.2 mg (200 mcg) ethinyl estradiol and 1.0 mg (1000 mcg) levonorgestrel	First take 2 pills	Then take 2 more pills 12 hours later

HOW TO TAKE COMBINATION PILLS FOR EMERGENCY CONTRACEPTION

With a 28-day packet of 28 combination pills, use any of the first 21 pills to come up with the dose below but do not use the last 7 pills because they may be reminder pills and not contain any hormones.

Combination pills containing 0.03 mg (30 mcg) ethinyl estradiol and 0.15 mg (150 mcg) levonorgestrel (<i>Anna, Combination 3, Gestrelan, Microgynon, Microgynon-30, Nordette, Roselle</i>) Total dose of 8 pills = 0.24 mg (240 mcg) ethinyl estradiol and 1.2 mg (1200 mcg) levonorgestrel	First take 4 pills	Then take 4 more pills 12 hours later
Combination pills containing 0.03 mg (30 mcg) ethinyl estradiol and 0.3 mg (300 mcg) norgestrel (<i>Lo-Femena, 5Lo/Ovral</i>) Total dose of 8 pills = 0.24 mg (240 mcg) ethinyl estradiol and 2.4 mg (2400 mcg) norgestrel	First take 4 pills	Then take 4 more pills 12 hours later
Combination pills containing 0.02 mg (20 mcg) ethinyl estradiol and 0.1 mg (100 mcg) levonorgestrel (<i>Alesse, Loette, Lutera, Miranova</i>) Total dose of 10 pills = 0.2 mg (200 mcg) ethinyl estradiol and 1 mg (1000 mcg) levonorgestrel	First take 5 pills	Then take 5 more pills 12 hours later

HOW TO TAKE PROGESTIN-ONLY PILLS (MINIPILLS) FOR EMERGENCY CONTRACEPTION

In the packets of progestin-only minipills, every pill has the same dose of hormone.

Progestin-only pills (minipills) containing 0.075 mg (75 mcg) norgestrel (<i>Ovrette, Minicon</i>) Total dose of 40 pills = 3 mg (3000 mcg) norgestrel	Take 40 pills one time only (many pills, but safe)
Progestin-only pills (minipills) containing 0.0375 mg (37.5 mcg) levonorgestrel (<i>Neogest, Norgeal</i>) Total dose of 40 pills = 1.5 mg (1500 mcg) levonorgestrel	Take 40 pills one time only (many pills, but safe)
Progestin-only pills (minipills) containing 0.03 mg (30 mcg) levonorgestrel (<i>Microlut, Microval, Nortrel</i>) Total dose of 50 pills = 1.5 mg (1500 mcg) levonorgestrel	Take 50 pills one time only (many pills, but safe)