
FAMILY PLANNING— HAVING THE NUMBER OF CHILDREN YOU WANT

CHAPTER

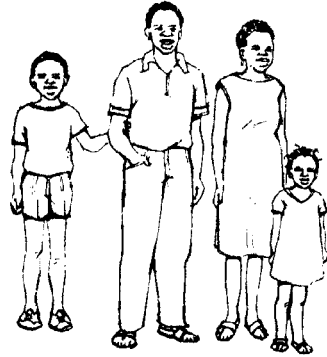
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BOTH THESE FAMILIES LIVE IN POOR COMMUNITIES:

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 poor 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 decision about how many children to have, and when to have them.

Different parents have different reasons for wanting to limit the size of their family. 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 17 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 394 to 397.



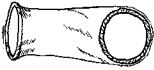






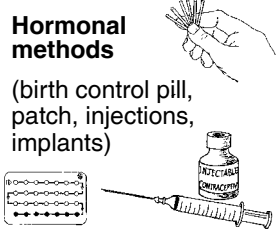















Choosing a Family Planning Method

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).

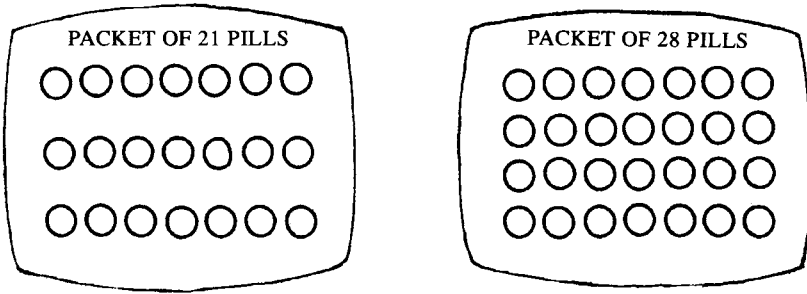
The chart on the next page shows how well each family planning method works to prevent pregnancy and to protect against STIs. The stars in the chart show how well each method prevents pregnancy. Some methods have fewer stars even if they are effective methods but because they are often used incorrectly. When a man and a woman use a method correctly every time they have sex, the method will work better.

FAMILY PLANNING METHOD	Protection from pregnancy	Protection from STIs	Possible side effects	Important information
Condom for men 	★★★ VERY GOOD	GOOD 		Most effective when used with spermicide and lubricant (liquid to wet the condom).
Condom for women 	★★ GOOD	GOOD 		Less effective when the woman is on top of the man during sex.
Diaphragm (with spermicide) 	★★ GOOD	SOME 		Most effective when used with spermicide.
Spermicide 	★ SOME	SOME 	 skin allergy	More effective when used with another method like diaphragm or condom.
Hormonal methods (birth control pill, patch, injections, implants) 	★★★★★ BEST	NONE 	 nausea, headaches, changes in monthly bleeding	These methods may be dangerous for women with certain health problems. Consult a health worker.
Sex without intercourse 	★ SOME	NONE 		Couples may have a hard time sticking to this method.
The mucus method 	★★ GOOD	NONE 		To use this method correctly, a woman must understand when she is fertile.
Breast feeding (during the first 6 months only) 	★★ GOOD	NONE 		To use this method, she must give her baby only breast milk, and her monthly bleeding must not have returned yet.
Pulling out (withdrawal) 	★ SOME	SOME 		More effective when used with another method like spermicide or diaphragm.
IUDs 	★★★★★ BEST	NONE 	 heavy and painful monthly bleeding	This method may be dangerous for women with certain health problems. Consult a health worker.
Sterilization 	★★★★★ BEST	NONE 		Women or men will not be able to have babies after this operation.

BIRTH CONTROL PILLS (ORAL CONTRACEPTIVES)

Birth control pills are made of chemicals (hormones) that normally occur in a woman's body. When taken correctly, the 'pill' is one of the most effective methods for avoiding pregnancy. However, certain women should not take birth control pills if they can use another method (see p. 288). Birth control pills do not prevent AIDS or any other sexually transmitted infections. To prevent these infections, use a condom (p. 290). If possible, birth control pills should be given by health workers, midwives, or other persons trained in their use.

The pills usually come in packets of 21 or 28 tablets. The packets of 21 are often less expensive, and of these, some brands are cheaper than others. The amount of medicine differs in different brands. To pick the kind that is right for you, see the GREEN PAGES, pages 394 and 395.



How to take the pills—packet of 21:

Take the first pill on the fifth day from the beginning of your period, counting the first day of the period as day 1. Then take 1 pill every day until the packet is finished (21 days). **Take your pills at the same time each day.**

After finishing the packet, wait 7 days before taking any more pills. Then begin another packet, 1 pill each day.

This way, you will take the pills for 3 weeks out of each month, then go 1 week without taking any. Normally, the menstrual period will come during the week when the pill is not taken. Even if the period does not come, start the new packet 7 days after finishing the last one.

If you do not want to get pregnant, it is important to take the pills as directed—1 every day. If you forget to take the pill one day, take it as soon as you realize this, or take 2 the next day.

Packet of 28 pills:

Take the first pill on the fifth day of the period, just as with the packets of 21. Take 1 a day. Seven of the pills will probably be a different size and color. Take these pills last (one a day) after the others have all been taken. The day after you finish the packet of 28, start another packet. Take 1 a day without ever missing a day, packet after packet, for as long as you want not to get pregnant.

No special diet must be followed when taking the pill. Even if you happen to get sick with a cold or another common illness while taking birth control pills, go right on taking them. If you stop taking the pills before the packet is used up, you may become pregnant.

Side effects:

Some women get a little morning sickness, swelling of the breasts, or other signs of pregnancy when they first start taking the pill. This is because the pill contains the same chemicals (hormones) that a woman's body puts into her blood when she is pregnant. These signs do not mean she is unhealthy or should stop taking the pill. They usually go away after the first 2 or 3 months. If the signs do not go away, she may need to change to a kind with a different amount of hormone. This is discussed in the GREEN PAGES (p. 394 and 395).

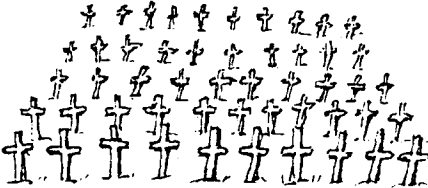

Most women bleed less than usual in their monthly period when they are taking the pill. This change is usually not important.

“Is it dangerous to take oral contraceptives?”

Like all medicines, birth control pills may cause serious problems in certain persons (see next pages). The most serious problems related to the pill are blood clots in the heart, lungs, or brain (see stroke, p. 327). This occurs most often in women over 35 who smoke tobacco. However, the chance of getting dangerous clots is higher when women get pregnant than when they take the pill. But for some women, both pregnancy and taking birth control pills have a higher risk. These women should use other methods of family planning.

A woman rarely becomes pregnant while taking the pill. But if this happens, **immediately stop taking the pill.** It can harm the developing baby.

Death related to taking the pill is rare. On the average, pregnancy and childbirth are 50 times more dangerous than taking the pill.

<p>Of 15,000 women who become pregnant, this many are likely to die from problems of pregnancy or childbirth.</p>  <p>Conclusion: IT IS MUCH SAFER TO TAKE THE PILL THAN TO BECOME PREGNANT.</p>	<p>Of 15,000 women who take birth control pills, only 1 is likely to die from problems related to having taken the pills.</p> 
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EMERGENCY PILLS

If for whatever reason your family planning method was not used properly before sex, you can still avoid becoming pregnant by taking a larger-than-usual amount of some kinds of birth control pills, or special pills made for this purpose, soon after having sex. See page 395.



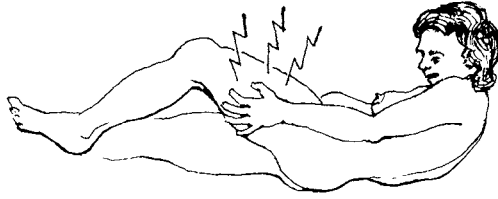
Who Should Not Take Birth Control Pills?

A woman who has any of the following signs should **not** take oral (or injected) contraceptives:

- A woman whose period is late, who thinks she might be pregnant.

- **Deep or steady pain in one leg.**

This may be caused by an inflamed vein (phlebitis or blood clot). Do not use birth control pills. (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.)



- **Stroke.** A woman who has had any signs of a stroke (p. 327) should not take the pill.

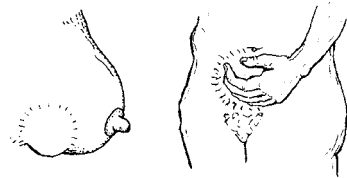


- **Hepatitis (p. 172), cirrhosis (p. 328), or other liver disease.**

Women with these problems, or whose eyes had a yellow color during pregnancy, should not take the pill. It is better not to take oral contraceptives for one year after having hepatitis.



- **Cancer.** If you have had or suspect cancer of the breast or womb, do not use oral contraceptives. Before beginning oral contraceptives, examine your breasts carefully (see p. 279). In some health centers you may also be able to get a simple test (Pap smear) to check for cancer of the **cervix** or opening of the womb. Birth control pills have not been proven to cause cancer of the breasts or womb. But if cancer already exists, the pill can make it worse.



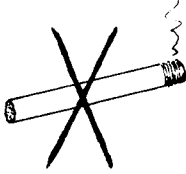
Some health problems may be made worse by oral contraceptives. If you have any of the following problems, it is better to use another method if you can:

- **Migraine** (p. 162). Women who suffer from true migraine should not take oral contraceptives. But simple headache that goes away with aspirin is no reason not to take the pill.
- **Heart disease** (p. 325).
- **High blood pressure** (p. 125).

If you suffer from tuberculosis, diabetes, gall bladder problems, kidney disease, or epilepsy, it is best to get medical advice before taking birth control pills. However, most women with these diseases can take oral contraceptives without harm.

Precautions Women Should Take when Using Birth Control Pills

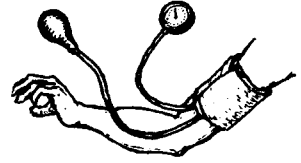
1. Do not smoke, especially if you are over 35. It can cause heart problems.



2. Examine the breasts carefully every month for lumps or possible signs of cancer (see page 279).



3. If possible, have your blood pressure measured every 6 months.



4. Watch for any of the problems mentioned on page 288, especially:

- Severe and frequent migraine headaches (p. 162).
- Dizziness, headache, or loss of consciousness that results in difficulty in seeing, speaking, or moving part of the face or body (see Stroke, p. 327).
- Pain with inflammation in a leg or hip (chance of a blood clot).
- Severe or repeated pain in the chest (see Heart Problems, p. 325).

If one of these problems develops, stop taking the pill and get medical advice. Avoid pregnancy by using another method, as these problems also make pregnancy especially dangerous.

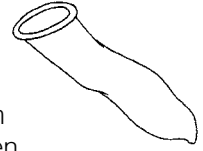
Questions and Answers about Birth Control Pills

	<p>Some people claim birth control pills cause cancer. Is this true?</p>	<p>No! However, if cancer of the breast or womb already exists, taking the pill may make the tumor grow faster.</p>
	<p>Can a woman have children again if she stops taking the pill?</p>	<p>Yes. (Sometimes there is a delay of 1 or 2 months before she can become pregnant.)</p>
	<p>Is the chance of having twins or defective children greater if a woman has used oral contraceptives?</p>	<p>No. The chances are the same as for women who have not taken the pill.</p>
	<p>Is it true that a mother's breasts will dry up if she starts taking birth control pills?</p>	<p>Some women will produce less milk when taking the pill. So it is best to use another method of birth control while nursing, and later change to the pill.</p> <p>Or she can take the 'mini pill' (p. 395), which contains so little hormone that it usually does not affect the milk.</p>

For information on the selection of birth control pills, see pages 394 and 395.

OTHER METHODS OF FAMILY PLANNING

THE CONDOM is a thin rubber sheath that covers the man's penis. It prevents the man's sperm from entering the woman's vagina and womb during sex. Condoms made of latex are also **the best protection against STDs and HIV/AIDS**. The condom should be put on when the man's penis is hard but before it touches the woman's genitals. After he ejaculates (comes), the man should hold the condom and withdraw from the woman's vagina while the penis is still hard. Then take off the condom without spilling the sperm, tie it shut, and discard it. A couple should use a new condom every time they have sex. Keep condoms in a cool, dry place away from sunlight. Condoms from old or torn packages are more likely to break.



THE CONDOM FOR WOMEN is a thin, plastic sheath that fits inside the vagina. A flexible ring at the closed end of the condom holds it in place. The other ring at the open end hangs out, covering the outer lips of the vagina. This condom can be put in any time before sex and should be taken out immediately after sex. It should be used only once, because it may break if it is washed and reused. But reusing a female condom is better than no condom. The female condom is the most effective method controlled by women for protecting against both pregnancy and STDs, including HIV/AIDS.



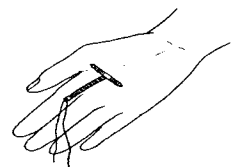
THE DIAPHRAGM is a shallow cup made of soft rubber that a woman wears in her vagina. It can be put in anytime and should be left in for at least 6 hours after having sex. Diaphragms come in different sizes. A trained health worker can recommend the right size for each woman. After each use, the woman should wash the diaphragm with soap and water, and dry it. 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.



SPERMICIDES are foam, tablets, cream, or jelly that are put into the vagina before having sex. Spermicide kills the man's sperm before it can get into the womb. It does not protect against STDs or HIV/AIDS. Tablets should be put in the vagina 10 to 15 minutes before having sex. Foam, jelly, or cream work best if they are put in the vagina just before having sex. Add spermicide each time you have sex. After sex, do not douche or wash the spermicide out for at least 6 hours. Some spermicides can cause itching or irritation inside the vagina.



THE INTRAUTERINE DEVICE (IUD) is a small object that is inserted in the womb by a specially trained health worker or midwife. The IUD prevents the man's sperm from fertilizing the woman's egg. The most common IUD, the Copper T380-A, can stay in the womb for up to 10 years. Other types of IUD can stay in the womb for up to five years. The IUD can be inserted any time a woman and her health worker are reasonably sure the woman is not pregnant and does not have any signs of a vaginal infection or an STD. A woman can ask a trained health care worker or midwife to remove the IUD any time she wants to change methods or get pregnant. The IUD does not protect against STDs.



THE COUNTING DAYS METHOD

This method is not very sure to prevent pregnancy, but it has the advantage of not costing anything. **It is more likely to work for a woman whose periods come very regularly, more or less once every 28 days.** Also, the husband and wife must be willing to pass 11 days out of each month without having sex the regular way.

Usually a woman has a chance of becoming pregnant only during 11 days of her monthly cycle—her 'fertile days'. These 11 days come midway between her periods, beginning 8 days after the first day of menstrual bleeding. To avoid getting pregnant, a woman should not have sex with her man during these 11 days. During the rest of the month, she is not likely to get pregnant.

To avoid confusion the woman should mark on a calendar the 11 days she is not to have sex.

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
19	20	21	<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
16	17	18	19	20	21	22
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.

If the woman and her husband carefully avoid having sex together during these 11 days of each month, it is possible that they will go years without having another child. However, few couples are successful for very long. This is not a very sure method, unless used in combination with another method such as a diaphragm or condoms, especially during the days from the end of the menstrual period until the fertile days are over.

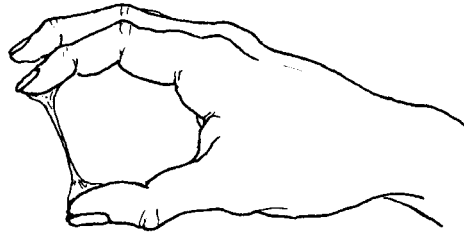
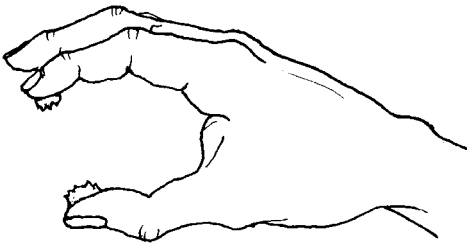
THE MUCUS METHOD

This is a variation of the rhythm method. A woman finds out when she could become pregnant by checking the mucus in her vagina every day. It works fairly well for some couples but not for others. In general it cannot be considered a very sure way of preventing pregnancy, but it costs nothing and has no risks other than those that come with pregnancy itself. However, it is more difficult to do if the woman has a vaginal infection with a lot of discharge, if her periods are not regular, or if she douches often.

Every day, except during her period, the woman should examine the mucus from her vagina. Take a little mucus out of your vagina with a clean finger and try to make it stretch between your thumb and forefinger, like this:

As long as the mucus is sticky like paste—not slippery or slimy—you probably cannot become pregnant, and can continue to have sexual relations.

When the mucus begins to get slippery or slimy, like raw egg, or if it stretches between your fingers, you may become pregnant if you have sexual relations. So, **do not have sex when the mucus is slippery or stretches, or until 4 days after it has stopped being slippery or stretchy and has become sticky again.**



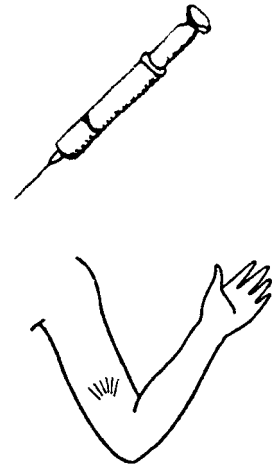
The mucus will usually become slippery during a few days midway between your periods. These are the same days you would not have sex with your man if you were using the counting days method.

To be more sure, use the mucus and counting days methods together. To be still more sure, see below.

Combined Methods:

If you want to be more certain not to become pregnant, it often helps to use 2 methods at the same time. The counting days or mucus method combined with the use of a condom, diaphragm, foam, or sponge is surer than any of these methods alone. Likewise, if a man uses condoms and the woman a diaphragm or foam, the chance of pregnancy is very low.

INJECTIONS. In this family planning method, a woman is given injections of hormones every 1 to 3 months, usually at a health center or family planning clinic, by someone who knows how. The first injection can be given any time a woman and her health worker are reasonably sure the woman is not pregnant. The injection protects against pregnancy immediately if it is given within 5 days after monthly bleeding begins. If the injection is given 6 or more days after the beginning of monthly bleeding, the woman and her partner should use condoms or not have sex for the next 2 weeks. For more information see page 396.



IMPLANTS are 1, 2, or 6 small, soft tubes that are placed under the skin on the inside of a woman's arm. These tubes contain the hormone progestin and prevent pregnancy from 6 months to 5 years, depending on the type of implant. The tubes must be inserted and removed by a trained health worker, usually at a clinic or family planning center. They can be inserted any time a woman and her health worker are reasonably sure the woman is not pregnant. If a woman is breast feeding, implants can be inserted 6 weeks after the baby was born. For more information see page 397.

METHODS FOR THOSE WHO NEVER WANT TO HAVE MORE CHILDREN

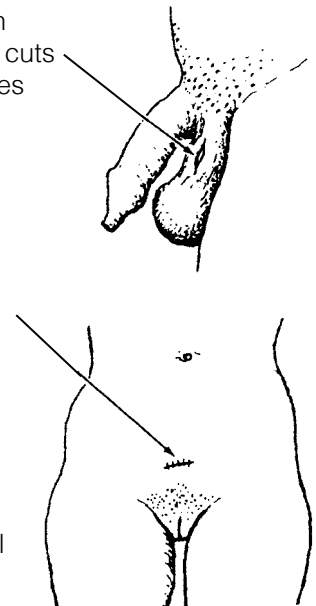
STERILIZATION. For those who never want to have more children, there are fairly safe, simple operations for both men and women. In many countries these operations are free. Ask at the health center.

- **For men,** the operation is called a vasectomy. It can be done simply and quickly in a doctor's office or a health center, usually without putting the man to sleep. Small cuts are made here so that the tubes from the man's testicles can be cut and tied. The testicles are not removed.

The operation has no effect on the man's sexual ability or pleasure. His fluid comes just the same, but has no sperm in it.

- **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, or egg-makers, can be cut and tied. It can usually be done in a doctor's office or health center without putting the woman to sleep. Although usually successful, there is a higher risk of infection in the operation for women than for men.

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.



HOME METHODS FOR PREVENTING PREGNANCY

Every community has traditional methods to prevent or stop pregnancy. Some of these can help limit the number of children a couple has, but they are usually not as effective as modern methods. Some traditional methods can be harmful, and some do not work at all. For example, washing out the vagina or urinating after sex will not prevent pregnancy.

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

BREAST FEEDING FOR THE FIRST 6 MONTHS.

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

1. The woman's baby is less than 6 months old.
2. The woman has not had her monthly bleeding since giving birth.
3. The woman is giving the baby only breast milk, and is feeding the baby whenever he is hungry—with no more than 6 hours between feedings—day and night. The baby does not sleep through the night without feeding.



THE SPONGE METHOD. This is a home method that is not harmful and sometimes works. You cannot be sure it will prevent pregnancy every time, but it can be used when no other method is available.

You will need a sponge and either **vinegar, lemons, or salt.** Either a sea sponge or an artificial sponge will work. If you do not have a sponge, try a ball of cotton, wild kapok, or soft cloth.

◆ Mix:

2 tablespoons vinegar in 1 cup clean water

or

1 teaspoon lemon juice in 1 cup clean water

or

1 spoon of salt in 4 spoons clean water

- ◆ Wet the sponge with one of these liquids.
- ◆ Push the wet sponge deep into your vagina before having sex. You can put it in up to 1 hour before.
- ◆ Leave the sponge in at least 6 hours after having sex. Then take it out. If you have trouble getting it out, next time tie a ribbon or piece of string to it that you can pull.

The sponge can be washed and used again, many times. Keep it in a clean place.

You can make up the liquid in advance and keep it in a bottle.

