

Family planning



It is recommended that before beginning this chapter, participants have completed the sessions in the Reproductive Health chapter. It is important that they have a strong understanding of the male and female reproductive systems and pregnancy.

1. The importance of family planning



Session objectives

By the end of this discussion, participants will be able to:

- Understand the importance of family planning for individuals, families and communities.
- Identify and clarify myths and misconceptions about family planning.



Session guide

1. **Ask:** When people talk about family planning, what do they mean?

(Answer: Family planning refers to the actions couples take to have the number of children they want, when they want them. Using a method of family planning means allowing choice, not chance, to determine the number and spacing of children.)

2. **Ask:** Is planning your family a new idea? How did couples space their children in the past? Allow participants to discuss.

3. **Divide** participants into four groups and assign each group one of the following:

- Benefits of family planning to women
- Benefits of family planning to men
- Benefits of family planning to children
- Benefits of family planning to communities

4. **Allow** participants to discuss the benefits in their small group. After five minutes, **ask** a representative from each group to share the benefits they talked about. Allow other participants to add benefits and ask questions. After each group has presented be sure the following were mentioned:

Women	Children	Men	Communities
<ul style="list-style-type: none">• Prevents unplanned pregnancy• Reduces chances of death• Reduces pregnancy related illness• Reduces the need for unsafe abortions• Time to complete education• Can spend more time with fewer children	<ul style="list-style-type: none">• Reduces the risk of children being born early, low birth weight, and dying• Better chance older children survive• Older children can be breastfed longer• More time and resources to care for older children (food, clothing, housing, and education)	<ul style="list-style-type: none">• Reduces financial, emotional and physical responsibilities (less people to feed, more money available to health care and education of children)• Reduces the worry of having to provide for many people• Increases the man's time available for earning income, community involvement and other activities• Can spend more time with fewer children	<ul style="list-style-type: none">• Less demand for health, educational and social services• Less competition for food, land and clean water• Improves quality of women's lives, allowing them to participate more fully in community life

5. **Ask:** Who is responsible or usually makes the decision about family planning within a family? (If people do not mention both partners, ask them why both partners are not involved? Should both partners be involved in this decision? Why or why not?)
6. **Emphasize:** Planning a family is done with two people – the man and the woman. Decisions about your family should be discussed together and are not the responsibility of one person alone. These kinds of decisions will impact both people, and each person should be comfortable with what is decided. Male involvement in family planning is also important. A man has just as much responsibility for his children as the woman does. A couple should consider how many children they would like to have, and if they can afford to support those children with food, shelter, health care and education. To have healthy, productive children requires an investment of time and money. In addition, it is important to remember that women have the right to make decisions about their body. Giving birth is not an easy task and a woman's feelings about this process and her body must be considered.



Main messages

- Family planning has many benefits for men, women, children and the communities.
- Men and women should decide together how many children they want and can afford.
- Women should have control over their bodies and be able to make decisions about the number of children they have.



Activity: The ideal number of children

On separate pieces of paper, write the numbers 1,2,3,4,5, and 6 (one number per piece of paper). On another piece of paper, write "more than 6." Tape these pieces of paper at difference locations around the room. (If paper is not available, use sticks or stones to represent the numbers.)

Ask the participants to think about the following question for a couple of minutes:

"If you could have your way, how many children would you choose to have?"

Then ask the participants to go stand next to the number that corresponds to the ideal number of children they chose. Once everyone has moved to their number, have them discuss their reasons with others who are standing next to the same number. After 10 minutes, ask representatives from each group to explain the reasons why their number is ideal.

Ask for volunteers to role play the following scenarios.

Scenario 1: A husband and wife are discussing whether or not to use family planning. They already have three children, and the parents want to ensure a good life for them. The husband wants to practice family planning and the wife does not.

Scenario 2: A woman is talking to her girlfriend. She is thinking about starting a family planning method, but she has some fears about it. The friend has been on family planning for many years, and talks about the benefits she has experienced.

Scenario 3: A chief is talking about family planning during a baraza. He tells them about the benefits of family planning for the community.

2. Contraceptives



Session objectives

By the end of this discussion, participants should be able to:

- Describe the various family planning methods, how they work, their effectiveness and side effects.
- Identify the things that influence decision-making about a contraceptive method.
- Understand the role of men in choosing and using a method.
- Identify contraceptive methods that CORPS can give out and the ones that require a referral.



Session guide

1. **Ask:** What is contraception?

2. **Explain:** Contraception means preventing pregnancy. A contraceptive is a drug, device or method that prevents pregnancy when a man and woman have sexual intercourse. There are many different contraceptive methods. Most are reversible; that means a woman can still be able to become pregnant after she has stopped using the method. Some methods, such as surgical sterilization, are permanent, meaning a woman will not be able to become pregnant in the future.

3. **Ask:** What are methods of contraception that you have heard about? Write down participants' responses on a flip chart if available, or note them for further discussion.

- Abstinence
- Condoms (male and female)
- Emergency contraception
- Female sterilization (tubal ligation)
- Implants (Norplant)
- Injections (Depo Provera)
- IUD
- Lactational amenorrhea method
- Male sterilization (vasectomy)
- Natural family planning or periodic abstinence or fertility awareness
- Oral contraceptives (pills)
- Spermicidal foams, cream and jelly
- Withdrawal

4. For each method, ask the following questions:

- How is this method used?
- How well does it work at preventing pregnancy?

- Does it have any side effects?
- What are the advantages and disadvantages of this method?
- What are your fears about this method?
- What are some of the beliefs and myths about this method?
- Where can we get this method?
- Do you have to visit a doctor or health facility to get this method?
- Are there certain women or men who should not use this method?
- What are some of the myths about family planning in your community? Are they true? What is the truth? Why do you think these myths develop?

Correct any information that may be stated incorrectly, and add additional information as appropriate. Use the table below and the background notes to help facilitate this session.

Table. Contraceptive method overview

Method	Description	Why it might be a good choice	Why it might not be a good choice	How to respond to common myths
<i>Method that always works</i>				
Abstinence	Do not have sexual intercourse.		It is permanent. It does not protect against HIV or other STIs.	
Male sterilization (vasectomy)	Permanent method. Simple, minor operation so sperm produced in the testes can no longer travel to the penis.	It is permanent, does not protect against HIV or other STIs. Best choice to prevent pregnancy and STIs.	Not recommended for women with more than one partner (or a partner with more than one partner), heavy menstrual bleeding, or disease of womb.	A vasectomy is not the same as castration. A man can still have sexual intercourse and ejaculate semen, but semen will no longer have sperm.
Female sterilization	Permanent method. Fallopian tubes are cut so eggs cannot reach the uterus or join sperm. Ovaries continue producing and releasing eggs each month.	Very effective. Does not affect sexual ability or pleasure. May make sex more pleasant since he no longer has to worry about pregnancy.	Do not protect against HIV and other STIs. Must be removed by trained health worker.	Does not make women lose interest in sex. Some women enjoy sex more when they know they cannot become pregnant.

Method	Description	Why it might be a good choice	Why it might not be a good choice	How to respond to common myths
IUD (intrauterine device)	Small device put inside the womb by a trained person. Stops sperm from joining egg or stops fertilized egg from growing in the womb. 1-2 out of 100 women will become pregnant.	Work very well and can stay in place for 12 years.	Not recommended for women with more than one partner (or a partner with more than one partner), heavy menstrual bleeding, or disease of womb.	As long as a woman doesn't have or get an STI, the IUD doesn't put her fertility at risk. For couples who don't have STIs and are in a long-term, faithful relationship the IUD is a very safe and effective form of contraception.
Implants	Tiny capsules with artificial hormones put under the skin of the arm. Capsules slowly release hormones and stop ovaries from releasing an egg each month. Not even 1 out of 100 women will become pregnant.	Work very well and can stay in place for 5 years.	Do not protect against HIV and other STIs. Must be removed by trained health worker.	Do not harm or weaken the arm. Women can continue to work the same as before. They stay in place and will not move to other parts of a woman's body.
Methods that protect well against pregnancy when users follow the instructions carefully and use them every time they have sex				
Injectables	Artificial hormones injected by health worker. Stops ovaries from releasing eggs. Not even 1 out of 100 women will become pregnant.	Can get one shot every 3 months.	Must remember to go for shots. May not be a good choice for girls under 18.	
LAM (lactational amenorrhea method)	A temporary method for women who are breastfeeding exclusively. It works for the first 6 months after giving birth if a woman's periods have not started again. 2 out of 100 women will become pregnant.	Free and gives baby proper nutrition.	Can only be used by women who have given birth. Temporary and if menstruation begins can no longer be used.	LAM is not the same as breastfeeding. For LAM to work well at preventing pregnancy, it is best if women breastfeed exclusively (do not give other foods or water) for the first six months.

Method	Description	Why it might be a good choice	Why it might not be a good choice	How to respond to common myths
<i>Methods that protect well against pregnancy but depend on people to use them properly every time they have sex</i>				
Male condom	<p>Rubber tube that fits over penis not allowing sperm inside vagina.</p> <p>If used correctly every time: 3 out of 100 women will become pregnant; if not used correctly 15 out of 100 women will become pregnant.</p>	<p>Easy to buy and easy to use.</p> <p>Protects against HIV.</p>	<p>Must be used correctly every time you have sex, which can be hard to do.</p>	<p>Condoms do not have HIV. HIV cannot live outside of a body for very long and could not survive in a condom.</p> <p>Many studies have shown that latex condoms do not have holes that let HIV pass through.</p>
Female condoms	<p>Soft, plastic pouch put inside vagina. Does not allow sperm to go in vagina.</p> <p>If used correctly every time: 5 out of 100 women will become pregnant; if not used correctly 21 out of 100 women will become pregnant.</p>	<p>Protect against HIV.</p>	<p>Must be used correctly every time you have sex. Can be expensive</p>	
<i>Methods that do not protect very well against pregnancy even when used properly</i>				
Fertility awareness methods	<p>Couples abstain (or use condoms) on days when the woman is fertile. Women track fertility using a calendar, taking her temperature or testing mucus.</p> <p>20 out of 100 women will become pregnant.</p>	<p>Free</p>	<p>Must be very familiar with your body. Must have a cooperative partner.</p>	

Method	Description	Why it might be a good choice	Why it might not be a good choice	How to respond to common myths
Spermicides	Chemicals inserted into the vagina before intercourse (available in foam, jellies, film, cream, etc). They block the entrance to the uterus and also kill sperm. 21 out of 100 women will become pregnant.	Available from chemists.	Must be put in shortly before sex. May irritate penis and vagina.	
Withdrawal	Man pulls his penis out of the vagina before he ejaculates. About 27 out of 100 women will become pregnant.	Free	Difficult to practice because it requires a lot of self-control by the man.	Before a man ejaculates, some fluid that contains sperm may be released, which could cause pregnancy.

5. **Ask:** What is the difference between permanent methods like vasectomy (male sterilization) and tubal ligation (female sterilization) and other methods?
6. **Explain:** When someone makes a decision to use a permanent method, it means that they will not be able to produce children. It is a final decision and not a temporary measure. Permanent methods are not reversible.
7. **Ask:** What is the role of men in using contraceptive methods? Allow participants to discuss.
8. **Explain** that men's involvement in sexual and reproductive health is very important. This includes using male methods, making decisions about using contraception and family size, and supporting their partners in using other methods. Men can help their partner remember to take a pill every day or to return to the clinic for regular injections. Men also can help their partners by organizing transportation to the clinic, paying for family planning methods and services, and taking care of children during clinic hours.



Main messages

- Choose the contraceptive method that is best for you, based on correct information and your lifestyle.
- If you are in a relationship, make a decision concerning contraception with your partner.
- Know the myths and misconceptions of different contraceptive methods. If you have any questions, speak with a health care worker.
- It is important that men are involved in family planning. They should help make the decision about which method to use, support their partner during clinic visits, arrange for transport, and help pay for costs.



Activity: Contraceptive quiz

Explain the rules of the quiz. Two people will stand in front of the group and the facilitator will ask them a question. The first one to raise their hand will be called upon to provide an answer. If correct, the person gets to remain standing. If incorrect, the other person will be given a chance to respond. The person who answers the question correctly (winner) will remain in front for the next round and the loser will be asked to sit down. Ask another person to come up and compete against the winner. Ask another question. See who can remain standing the longest.

Questions	Answers
1. Name one permanent family planning method.	Sterilization, either female (tubal ligation) or male (vasectomy).
2. What is a spermicide?	Spermicides are chemicals inserted into the vagina shortly before intercourse to prevent pregnancy. Spermicides create a chemical barrier that blocks the entrance to the uterus and also destroys sperm. Spermicides prevent pregnancy by not allowing sperm to join the egg.
3. How many times can you use a condom?	Condoms can only be used once.
4. Can women become pregnant after they stop using birth control pills?	Yes. After stopping the pill most women can become pregnant quite soon.
5. True or false: Vasectomy is castration.	False. It is a simple and minor operation. The tube that carries the sperm from the testes to the penis is cut. Men are still able to have sex and ejaculate.
6. True or false: Vaseline is a good lubricant to use with condoms.	False. Vaseline is oil-based and should never be used with condoms.
7. What is the most effective way to avoid pregnancy?	Abstinence
8. Which contraceptive methods protect against both pregnancy and HIV?	Male and female condoms.
9. Which contraceptive method is not recommended for young people?	Sterilization because it is permanent.
10. True or false: Birth control pills can make women barren.	False. Women can become pregnant after stopping the pill.
11. How often do women need to get a contraceptive injection?	Every 2-3 months.
12. True or false: A woman cannot become pregnant if a man pulls out and does not ejaculate inside her.	False. Before a man ejaculates, some fluid that contains sperm may be released, which could cause pregnancy.

3. Consequences of early pregnancy



Session objectives

By the end of this discussion, participants should be able to:

- List the consequences of early pregnancy.
- Discuss the role of families, and the community in general, in preventing unplanned pregnancy.



Session guide

1. **Ask:** How common is it for young women under the age of 18 years (married or unmarried) to get pregnant in your community? Allow participants to discuss.
2. **Divide** participants into two groups. Ask one group to talk about the health risks associated with early pregnancy. Ask the other group to talk about the social and economic consequences of early pregnancy. Have the group list the risks and consequences, as well as what can be done at the individual, family, and community level to eliminate the risks they discussed. After 15 minutes, bring the groups together and have them share what they discussed with the entire group. The following should be mentioned

Health risks	Social and economic consequences
<ul style="list-style-type: none">• Young women are more likely to suffer from complications during pregnancy and childbirth because their bodies are not fully developed.• Much more likely to die during childbirth.• Likely to have high blood pressure, fits, low-birth weight babies, sick babies, and problems during delivery.• Unsafe abortion can lead to immediate and long-term health problems, including death.	<ul style="list-style-type: none">• Young girls who become pregnant have fewer opportunities for education, training, and employment.• Pregnant girls are often expelled from school or do not return to school after giving birth.• Young women have less access to jobs and income-earning opportunities.• Young unmarried pregnant women may be rejected by the father of the child, or even by their own families.

3. **Ask:** What can you do as members of a community in terms of preventing early pregnancy? Participants should mention:
 - Parents should talk with their children (both boys and girls) about reproductive health issues, including how to prevent pregnancy.
 - Adolescents should have access to information, support, services, and contraceptive methods.
 - Teachers, social workers, and religious leaders can help young people get the information and services they need to avoid early pregnancy.

4. Ask for volunteers to role play the follow scenarios in front of the group.

- A mother talking to her daughter about preventing pregnancy
- A father talking to his son about preventing pregnancy
- Young people talking to each other about preventing pregnancy

After each role play, ask participants to talk about the role play.

- Do they agree with what the characters did?
- Would they have done anything differently?
- Is what happened similar to what would happen in real life?

Ask for another set of volunteers to act out the next scenario.



Main messages

- Pregnancy for women under the age of 18 years can be dangerous, not only to the health of the woman, but also her baby.
- It is important for parents to talk with their children about sex and how to prevent early pregnancies.

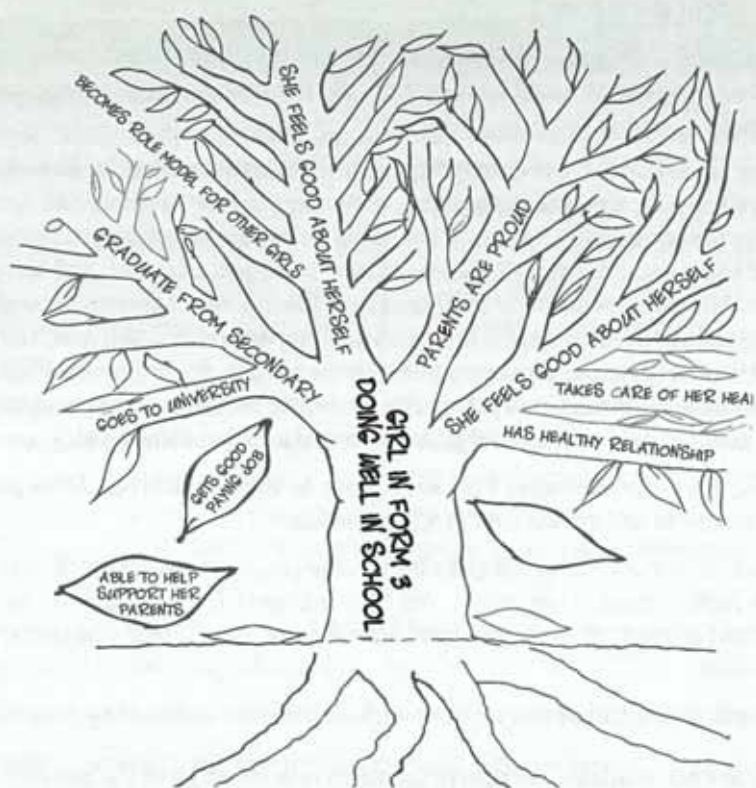
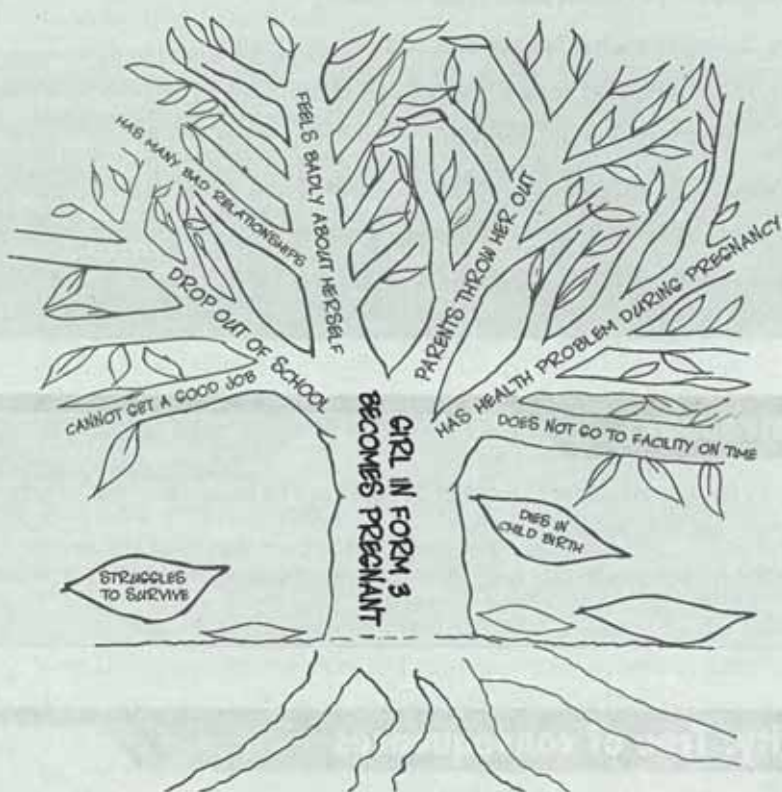


Activity: Tree of consequences

1. Divide participants into two groups. Explain that each group will think about the future of a very bright girl in form 3.
2. Ask one group to talk about what would happen to the girl if she becomes pregnant. Ask the other group to talk about what would happen if she did not become pregnant and continued to do very well in school.
3. If pens and paper are available*, ask each group to draw a tree with a trunk, branches, and leaves. Explain that the trunk will represent the girl now, either pregnant or not pregnant. The branches are the consequences (or what could happen) to her based on her current situation. The leaves are the consequences of those consequences. They should label the trunk, branches, and leaves as they talk about her future. Ask group members to explore each of the different branches. Encourage them to think about all the possible outcomes for the girl depending on her situation now, and to draw them as branches and leaves. [Possible answers: parents throw her out, she drops out of school, does not finish her education, and cannot find a job; or she has health problems during pregnancy, has no family support, does not deliver in a facility, bleeds to death during delivery, etc]
4. After 15 minutes, ask a representative from each group to share their trees. Allow participants from the other groups to add additional branches and leaves.
5. Ask everyone to look at the tree for the girl who became pregnant, draw several roots on that tree. Explain that the roots represent the causes. Ask both groups to think about what led to the girl becoming pregnant or what led to the girl not becoming pregnant. Allow several participants to share their opinions.
6. Facilitate a discussion about what we can do to address the roots before they grow into a tree.

***If pens and paper are not available, ask participants to talk about all of the possible consequences and causes or use available materials to create a tree on the ground and discuss.**

Tree of Consequences





Background notes

Family planning

Family planning is the action couples take to have the number of children they want, when they want. Using a method of family planning means allowing choice, not chance, to determine the number and spacing of children. Decisions about family planning should be made by a woman and man together, since most family planning methods require cooperation to make them work.

Family planning is not a new idea. For generations, couples have found ways to avoid getting pregnant until they are ready to have a child or to limit the number of children they have. Traditions such as breastfeeding for a long time and avoiding sexual relations for months, even years after the birth of a child (for example, until the child can walk) ensured that a woman could recover fully from one pregnancy before becoming pregnant again. These traditions also meant that each child could have the mother's full attention during the important early years.

Benefits of family planning

Family planning benefits the health and well-being of women, men, children, families, and communities and is a key component of sexual and reproductive health services. It is essential that women and men have access to family planning information and services that enable them to choose freely the number and spacing of their children.

Contraception means preventing pregnancy while continuing to have sexual intercourse. A contraceptive is a drug, device, or method used to prevent pregnancy or reduce the chances of getting pregnant while still having sexual intercourse. Contraceptive use saves women's lives and improves their health by allowing women to avoid unwanted and poorly timed pregnancies. Contraceptive use saves children's lives by allowing parents to delay and space births – when births come too early or less than two years apart, the health of infants and their siblings is in danger. Contraception allows women to decide the number and spacing of children, which gives them more opportunities to participate in educational, economic and social activities.

In addition to saving lives, family planning reduces fertility and can help to relieve the pressure that rapidly growing populations place on economic growth and makes it difficult to achieve improvements in education, health and environmental quality.

Benefits to women

Family planning saves women's lives and improves their health by preventing pregnancies, many of which put women at risk of illness or death. Many women suffer illnesses and complications related to pregnancy and childbirth. These conditions include anaemia, ante- and postpartum haemorrhage, hypertension, infertility, prolapsed uterus, reproductive tract infections and sepsis, among others.

Family planning is especially beneficial to certain groups of women: young women under 18 or women over 35 years of age, who have more than four children, or who have health problems. Women under 18 years of age who become pregnant face serious health risks because their bodies may not be physically mature enough to handle the stress of pregnancy and childbirth. Risks of childbirth also are greater in women over age 35 as their bodies may be less able to deal with the physical stresses of pregnancy and childbirth. The risk of giving birth to low birth weight babies or babies with disabilities also increase in older women.

Using contraception can help women avoid unwanted pregnancies, many of which end in unsafe abortion. Unsafe abortion can cause severe illness and death.

Because women provide emotional, physical and economic support for their families, the death of a mother is one of the most traumatic events that can befall a family. In addition to the emotional trauma of losing one's mother, motherless children may not receive adequate emotional support as they grow into adults.

In addition, women produce much of their family's food, obtain water and fuel, prepare meals, clean the house and care for the sick. When they die, there often is no one who can assume these responsibilities and meet the nutritional and other health needs of infants and children in the family.

Benefits to children

Using contraception to delay first births and space births at least two years apart saves children's lives and improves the health of children under five. One reason for this is that children born very soon after a previous delivery are more likely to be premature and have a low birth weight, which increases their risk of dying. Little time between births also decreases the survival chances of older children. The arrival of a new baby means that breastfeeding stops suddenly and the mother has less time to devote to caring for the older child.

Benefits to men

Men with smaller families have fewer financial, emotional and physical responsibilities (less people to feed, more money available for health care and education of children). They also feel less stress and worry for having to provide for many people. Waiting to have their first child can allow men time and freedom to finish their education or vocational training, which can lead to more opportunities in the future and more time for earning income, community involvement and other activities. Smaller families also allow fathers to spend more quality time with fewer children.

Benefits to the community

Communities benefit from smaller families because they reduce the demand for health, educational and social services. It also results in decreased competition for scarce resources such as food, land and clean water. Having fewer births improves the quality of women's lives, allowing them to participate more fully in community life. This allows them to contribute more fully in the social and economic progress of the community.

Contraceptive methods

Contraception prevents pregnancy when a man and woman have sexual intercourse. A contraceptive is a drug, device, or method used to prevent pregnancy. There are many different contraceptive methods. Most are reversible; that means a woman can still be able to become pregnant after she has stopped using the method. Some methods, such as surgical sterilization, are permanent, meaning a woman will not be able to become pregnant in the future. All methods are designed to work in one of two ways: either they prevent the man's sperm and the woman's egg from coming together, or they prevent the fertilized egg from implanting in the womb.

Women and men should be able to determine the number and spacing of their children freely and responsibly. To do so, they should have a wide choice of contraceptive methods appropriate to their needs. There are many contraceptive methods to meet all the different needs of users. The variety of methods benefits the users because they are able to select the method that best meets their needs and can change to a different method as their needs change or if they experience difficulties.

There are many different family planning methods, including condoms, implants, injectables, IUDs, oral contraceptives, spermicides, natural family planning, voluntary surgical sterilization, and withdrawal. Each of these has their advantages and disadvantages. Some provide temporary protection against pregnancy while others are permanent. Some, such as condoms, protect the user against sexually transmitted infections (STI), while others do not. Some are for women and some for men. Some must be used at the time of sexual intercourse, while others are used independently of intercourse.

Some contraceptive methods are more effective at preventing pregnancy than others. How well a method protects against pregnancy can depend on how well and how often a user uses some methods, such as condoms, injectables, natural family planning, oral contraceptives, spermicides, vaginal barrier methods, and withdrawal.

Having a choice of contraceptive methods is important because each person's decision is influenced by personal concerns, health considerations, cost, and convenience. These factors are different for each person. Remember, individuals and couples have the right to decide whether to use family planning and which method to use. Personal factors that influence contraceptive choice include age, marital status, number of children, reproductive intentions (spacing or limiting childbearing), frequency of intercourse, relationship with partner, influence of others in the decision-making process, importance of method convenience, and the user's familiarity and level of comfort with her or his body.

A client's general health, reproductive history (including history of contraceptive use), and history of STIs may influence which methods are appropriate. Certain conditions –including anaemia, presence of infection or STI, cervical and uterine abnormalities and circulatory disorders – can affect the suitability of some methods of contraception.

When choosing a contraceptive method, a woman/couple should ask herself/themselves the following questions:

- Is it easy to use?
- Does it work well?
- Is it safe for me/us?
- Is it affordable?
- Is it permanent?
- Does it protect against STIs and HIV?

The costs to clients of using contraception include not only the actual cost of the methods, if any, but also costs associated with obtaining the method, including time, transportation, and psychological costs such as feelings of embarrassment or not being respected.

Cultural traditions, such as the status of women, female authority in decision-making, women's freedom of movement and the role and influence of men in contraceptive decision-making affect a user's ability to seek or use contraceptives. Other cultural factors, such as myths or misconceptions about various methods, religious beliefs and availability of female family planning providers also can influence a person's willingness or ability to use a method. The decision about which contraceptive method to use should be made by the individual or couple, with information and support from family planning providers. The decision to stop using a method also should be made by the individual or couple and should be respected by the health care provider. This is particularly important for methods that require provider assistance to discontinue, such as IUD's and implants.

Choosing a contraceptive method

The best contraceptive method is the one that the user can and will use correctly all the time. How well a contraceptive method works does not only depend on the method itself, but also how well the user follows the instructions. It is important for family planning users to find a method that protects against pregnancy and is easy for them to use the right way all the time. For most people, the most important thing to think about when deciding to use a contraceptive method is how well it protects against pregnancy. Most unplanned pregnancies among contraceptive users happen because they are not using the method correctly, not because the method did not work.

Some contraceptive methods are more difficult than others to use correctly all the time. Methods that require the user to do something every day, like oral contraceptives, or that interrupt sexual activity, like condoms, can be difficult for users to use correctly all the time. Not using a method correctly or not using a method all the time can increase users' risk of pregnancy.

Effectiveness

Contraceptive effectiveness means how well a contraceptive method works at preventing pregnancy. Effectiveness is measured in two different ways: how effective it is when used perfectly (this is called perfect use) and how effective it is when used normally (this is called typical use). Each individual user can have a much higher or much lower risk of pregnancy, depending on how well and how often they follow the method's instructions. How well a method works depends on how well users follow instructions.

Methods are grouped into four categories:

- **Very effective:** methods that have high protection against pregnancy and are very easy to use perfectly.
- **Effective:** methods that have high protection against pregnancy when users follow instructions carefully and use them all the time.
- **Somewhat effective:** methods that have high protection against pregnancy but can also have low protection against pregnancy because how they are used determines how effective they are at preventing pregnancy. This is different between users because some users will always follow the instructions carefully and others do not follow directions carefully or do not use the method all of the time.
- **Least effective:** Methods that do not provide very high protection against pregnancy, even when they are used properly.

Very effective methods

Implants

Description: Implants are very small plastic tubes that slowly release hormones over a period of time. They are placed under the skin of a woman's upper arm through a small cut, during a minor operation. Once implanted the tubes cannot be seen easily, although they may be felt if the skin in that area is squeezed. There are different kinds of implants, some use one tube; others use more than one. Implants prevent pregnancy by slowly releasing a small amount of hormones into the body every day. When the implant is removed, a woman is able to become pregnant. Implants must be inserted and removed by a trained health worker. Implants are also known as Norplant.

Side effects: Implants contain smaller amounts of hormones than pills or injectables. They have some of the same side effects as other hormonal methods, especially the effects on menstruation, but these side effects are usually minimal. During the first several months, menstruation may be irregular. There may be spotting in between periods or the periods may be longer or more frequent. Usually menstrual periods will resume their normal pattern within 9-12 months.



Effectiveness: Implants are very effective, not even 1 out of 100 women who use this method will become pregnant. It remains effective for up to five years. It is slightly less effective in women who weigh more than 70 kilos.

Intrauterine devices (IUD)

Description: IUD's are plastic devices inserted into the womb through the vagina by a trained person. They are left in place for up to 12 years to prevent pregnancy. Some devices are coated with copper, and some have small amounts of the female hormone progestin. Most IUDs have a short "tail" or string that the woman can feel by putting her fingers into her vagina. Generally the string is not felt during sexual intercourse by either partner. Although IUDs need to be put in by a trained person, very little follow-up is needed after. A visit to a doctor or nurse once a year is required to check the position of the device.

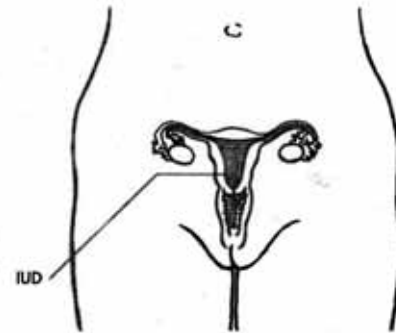


IUDs are not good for all women. They increase the risk of infection in the reproductive organs. A woman should not use an IUD if she has recently had an STI or had a serious infection of the reproductive organs in the past. She should also not use the IUD if she has many sexual partners, her partner has other sexual partners, if she bleeds very heavily during menstruation, or has a disease of the womb such as fibroids.

Side effects: Side effects from IUDs include heavier and longer menstrual periods and increased cramping and spotting in first three months. Serious complications (although rare) require immediate attention and reliable, high quality back-up services. Infection of the fallopian tubes happens more often in IUD users than non-users, but the risk of infection is greater only for women who have more than one sexual partner, or whose partner has other partners. Women with IUDs must use condoms to protect against HIV and other STIs, if:

- They have more than one partner.
- They take a new partner.
- They change partners.
- Their partner has more than one partner.

Effectiveness: Once correctly inserted, an IUD can be left for several years. IUDs are very effective; 1-2 out of 100 women will become pregnant, depending on the kind of IUD.



Male and female sterilization

Sterilization is the most effective and safest form of contraception available. It is permanent. A couple should be very sure they do not want any more children before choosing this method. Sterilization may also be a good choice if pregnancy would seriously endanger a woman's health. Although it has been possible in a few cases to reverse the operation, success is very rare. Both men and women sometimes fear that sterilization will make them "cold" or change their sex life, self image, or energy level. The operation does not affect a person's ability to have or enjoy sex.

Male sterilization (vasectomy)

Description: Vasectomy, or male sterilization, is a simple and minor operation. It can be performed by a trained person who does not have to be a doctor. First, an injection is made to temporarily numb the skin of the scrotum so that the man will feel no pain. A small cut is then made in the skin, and the vas deferens tube, which carries the sperm from the testes to the penis, is cut. The two ends are tied separately. The same procedure is carried out on the tube on the other side.

If performed properly by a trained person, the cut heals quickly, leaving only a tiny scar. There may be a slight infection or a small swelling at the cut, which will soon disappear. A new "no scalpel" method is becoming widely available. With this method a special instrument is used to make a small puncture in the skin instead of a scalpel incision. Because there is no cut, this method appears to have an even lower rate of problems.

After the man has the operation, he can still have sexual intercourse and ejaculate semen. However, the semen will not contain any sperm to fertilize the egg. Immediately after the operation is performed, sperm may still be in the semen, so another form of contraception should be used for the first 15 ejaculations until all the sperm has been cleared.



Side effects: None

Effectiveness: Male sterilization is very effective. Not even 1 woman out of 100 whose partners have had a vasectomy will become pregnant.

Female sterilization

Description: Female sterilization (or tubal ligation) involves cutting each fallopian tube in two and tying or burning the two ends separately. Although the ovaries will continue producing and releasing eggs each month, the cut in the fallopian tubes will prevent the eggs from travelling to the uterus and from meeting a sperm.

The woman will continue to have her periods as usual. To reach the fallopian tubes, the doctor gives the woman a pain-killing injection so that she will not feel anything, then cuts the skin of the abdomen. The most common procedure currently used is called the mini-laparotomy. With this procedure, the cut is made just above the pubic hair. The procedure is relatively simple, and the risk of complications is low if performed by a trained person in a good clinical setting. The risks of female sterilization are higher, however, than for male sterilization. This is because the operation is more serious. The most common complication is infection at the site of the cut. Other possible complications, which occur very rarely, are injury to the womb, bladder, or intestine. After this operation, a woman will continue to have periods as she did before.



Side effects: None

Effectiveness: Female sterilization is very effective; not even 1 of 100 women will become pregnant.

Effective methods

Injectables

Description: Injectable contraceptives contain the female hormone progesterin. An injection is given every two or three months, depending on the type, either in the woman's arm or buttocks. The hormones in injectables prevent pregnancy by causing changes in a woman's body similar to those caused by progesterin-only pills. Injectables can be used while breastfeeding the baby, since they do not decrease breastmilk production.



Side effects: Most women adjust to injections with few or no problems. However, as with all medicines, there may be some side effects for some women. These include:

- Menstrual periods may become irregular or infrequent, or even stop altogether. This side effect may be inconvenient, but is not dangerous.
- Once a woman stops using the injectable, she may not begin ovulating and become fertile again for some time, sometimes for as long as 12-14 months.



Effectiveness: When women get the repeat injections on time, injectables are extremely effective; not even 1 out of 100 women will become pregnant.

Oral contraceptives

Description: These tablets, often referred to as "the pill," contain artificial forms of hormones (chemicals) produced by the body. To use one of these pills, a woman swallows one tablet at the same time every day, whether or not she and her partner have sexual intercourse. Pills should not be shared with anyone else.

If a woman misses taking the pill for even a couple of days, it is possible for her to get pregnant. If a woman misses a pill for three or more days in a row, she should use a condom to protect against pregnancy.

Most women do remember to take the pill regularly. Others may have difficulty remembering to take their pills every day. If a woman has problems remembering to take the pills, she should seek advice from a family planning clinic about other contraceptive options or how to restart the pills.

Women on oral contraceptives should have a health exam at least once a year to check for certain conditions, such as high blood pressure, that can mean another method would be better. Some women believe they should use the pill for a year or two, and then stop. This is not necessary; the pill can be used for many years, if the woman has regular check ups.

The pill contains hormones that prevent pregnancy by preventing or reducing ovulation, making the mucus (liquid) produced by the cervix too thick for the sperm to go through, or changing the lining of the womb so that it is difficult for a fertilized egg to attach itself. There are different kinds of oral contraceptives and women should talk with a health worker to decide which kind is best for them.

Usually oral contraceptives reduce the amount of blood lost during menstruation. Although some women are concerned by this, they can be reassured that it is not because the blood is staying inside. It happens because the lining of the womb builds up less when a woman is taking oral contraceptives. When a woman stops taking the pill she is usually able to get pregnant again quite soon.

Side effects: Oral contraceptives may cause side effects in some women. Usually these side effects go away after the first three months. They may include: feeling sick in the stomach, weight gain, headaches, depression, breast tenderness, and irregular menstrual bleeding. If these side effects do not go away, the woman should seek advice from a health provider. Spotting or bleeding between periods or menstruation stopping (this is called amenorrhea) are possible side effects.



Effectiveness: Oral contraceptives are effective; 3 out of 100 women will become pregnant.

Lactational amenorrhea method (LAM)

Description: LAM is a family planning method that uses the natural infertility that comes from exclusive breastfeeding. This natural protection against pregnancy for up to six months is because the infant's sucking at the breast sends a signal to the body that decreases the woman's ability to become pregnant. In order for LAM to prevent pregnancy in breastfeeding women, the following three conditions must be in place:

1. Their period must not have returned since they delivered their baby.
2. They must be exclusively breastfeeding (this means giving breastmilk only - no other food, drinks, or water).
3. Their baby must be less than 6 months old.

If at any time one of the three conditions above changes, the woman will need to begin using another contraceptive method — one that does not interfere with breastfeeding — if she chooses not to become pregnant. Women using LAM as a contraceptive method must be certain that all three conditions are met. When any one of these criteria is no longer met, a woman should begin using another contraceptive method if she wants to postpone her next pregnancy.

Side effects: No side effects.

Effectiveness: LAM is effective when women meet all three LAM criteria. When followed correctly, 2 out of 100 women using LAM will become pregnant.

Somewhat effective methods

Condoms

Condoms prevent the sperm and the egg from coming together, which prevents fertilization and pregnancy. Male and female condoms are the only contraceptive methods that have been proven to protect against HIV infection and other STIs. Women and men who are at risk of STI or HIV infection should be encouraged to use condoms. Even if they are using another family planning method, they should use condoms as well.



Condoms may not be as effective as other methods because some people find them difficult to use correctly every time they have sex. In order to be most effective, they must be used every time a couple has sex, so a couple must plan ahead and be motivated to use them. They also require partner participation and communication. Proper storage is important to maintain the quality of the products.

Male condom (see STI Chapter for more information)

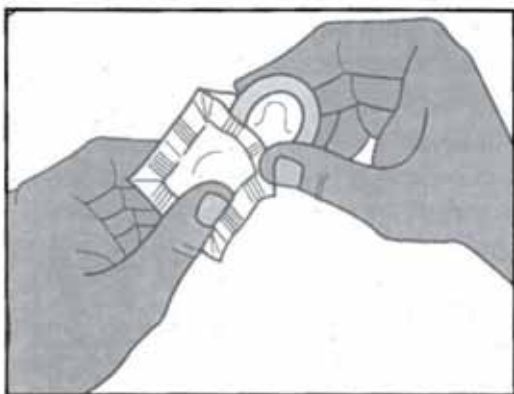
Description: The male condom is a soft tube made of latex rubber and closed at one end. Condoms come in different sizes, shapes, colours, and thickness; they may come with or without lubrication or spermicide. It is put over the man's erect penis before sexual intercourse and forms a physical barrier between the vagina and the penis. The condom catches semen so that sperm and germs cannot enter a woman's reproductive tract. It also prevents fluid and germs from the female partner from coming into contact with the penis. When the man ejaculates, the semen containing the sperm is collected in the tip of the condom. In order for condoms to protect against HIV and other STIs, it is important that they are stored and used properly every time a couple has sexual intercourse. It is also important that the man be careful to withdraw his erect penis from the vagina, with the condom still on, so the semen does not spill into the vagina. Condoms should only be used once and then thrown away.

The male condom can be used with other contraceptive methods. However, the male condom should never be used with the female condom because if used at the same time they can break when they are rubbing together.

It is very rare for condoms to break or come off when they are used by people who are experienced using condoms. When male condoms do break or slip, it is usually because people were not using them properly. It is important to practice putting a condom on properly. The following tips can help make condoms most effective:

- Never open the condom package with sharp objects like teeth, scissors, or knives.
- Never unroll a condom before putting it on. Condoms should always be unrolled onto the penis. They should not be pulled on like a sock.
- Having intercourse for more than 20 minutes or having very intense intercourse can increase the risk that a condom may slip off.

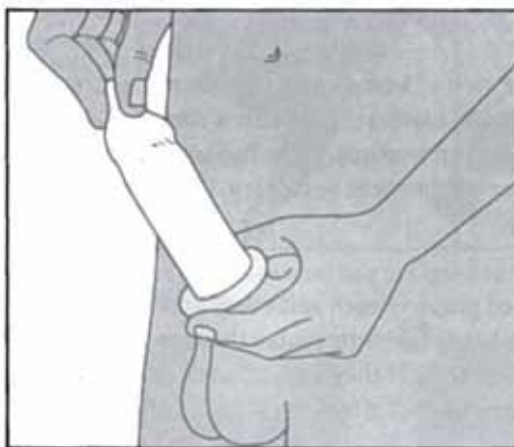
How to use a male condom



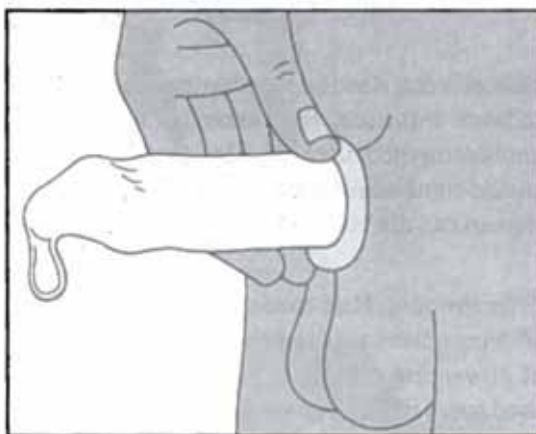
1. Open the packet carefully. Do not use anything sharp like a knife or nails. Ensure that the part to be unrolled is on the outside.



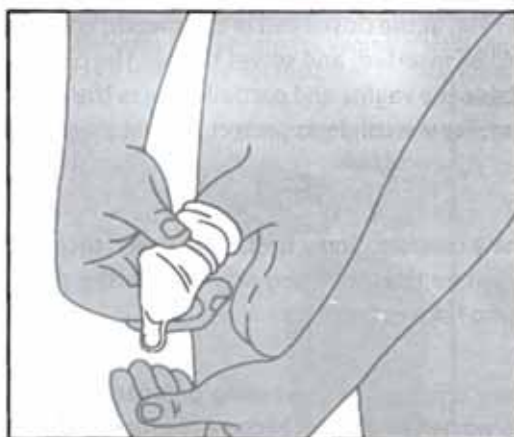
2. Pinch the tip of the condom. Place it on the hard penis.



3. Unroll the condom all the way to the base of the penis.



4. After ejaculation, hold the condom at the base of the penis so it does not slip off.



5. While still holding the base, pull off the condom gently so as not to spill the contents.



6. Wrap condom in tissue paper and throw it away in a latrine or somewhere out of reach of children. Never flush a condom down the toilet.

In addition to the behaviours described above, below are other behaviours that can lead to condom breakage, contamination, or slippage that should also be avoided.

- Carefully check the condom package to be sure that it is not torn or damaged. Check the expiry date on the package to be sure it is not expired. Do not use a condom that is brittle or dry or if it has changed colour.
- Use only water-based solutions such as K-Y jelly, spermicidal gels or creams, or saliva for lubrication. Oil-based products such as petroleum jelly, hand lotion, or mineral or vegetable oils should never be used because they can weaken latex in just a few minutes, making the condom more likely to break.
- Use a new condom for each act of intercourse. A male condom should never be washed and reused as this also can substantially weaken the latex.
- Starting to unroll the condom wrong side out on the penis and then flipping it over to put it on correctly may contaminate the outside of the condom with pre-ejaculatory fluid containing STIs. If this happens and it is suspected that contamination has occurred, the condom should be thrown away and replaced with a new one.
- Many condoms have a space on the end for semen. If the condom does not have one, some recommend holding the end of the condom while unrolling it onto the penis. This creates a space for the semen. Some feel this could prevent condom breakage or slippage although clear research on this issue has not been done.

Side effects: Most men and women have no side effects. Some men or women may have an allergic reaction to latex. If the user feels itching or burning or notices swelling, the user(s) should visit a clinic to talk about another method. Occasionally a condom may break or slip off during intercourse. If this happens, both partners should think about their risk of infection and seek counselling or treatment as necessary. If a condom breaks, women can use emergency contraception to prevent pregnancy.

Effectiveness: Male condoms are more effective if they are used properly each and every time you have sex. When condoms are used correctly each and every time a couple has sexual intercourse they are very effective at preventing pregnancy (3 out of 100 women will become pregnant). If they are not used correctly or not used every time they have sexual intercourse, condoms are only somewhat effective (14 out of 100 women will become pregnant).

Female condom

Description: The female condom is a pouch made of a soft plastic that is inserted into the vagina. Female condoms have two flexible rings, one attached to each end. One ring, at the closed end of the sheath, is placed inside the woman's vagina similar to the way a diaphragm would be inserted, and serves to keep the condom in place. The other ring at the open end of the sheath stays outside the vagina and partially covers the lips of the vagina. Female condoms are used once and then thrown away. Female condoms protect against pregnancy and infection with HIV and some other STIs.

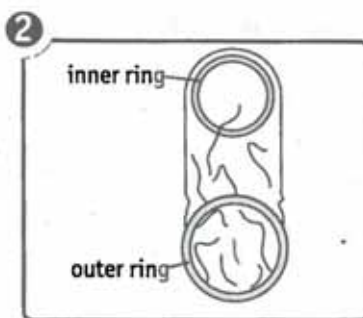
Side effects: Side effects are not common with use of the female condom. Some users may experience skin irritation or discomfort; the outer ring may irritate the vulva, while the inner ring may irritate the penis. People who are allergic to polyurethane (a type of plastic) can also have irritation.

Effectiveness: Like male condoms, female condoms can be very effective at preventing pregnancy if used correctly each and every time a couple has sexual intercourse (5 women in 100 will become pregnant). If they are not used correctly or not used for every act of sexual intercourse, they are only somewhat effective (21 out of 100 women will become pregnant).

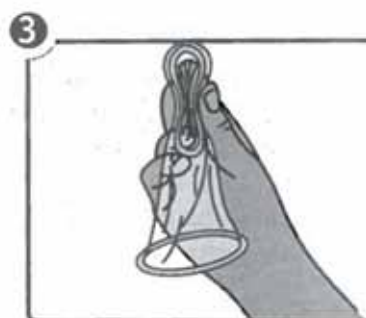
How to use a female condom



1 Check expiry date then open packet. Do not use sharp objects or teeth.



2 Remove the female condom from the packet. Rub the condom to spread the jelly.



3 Hold the female condom as shown above, making the inner ring long and narrow.



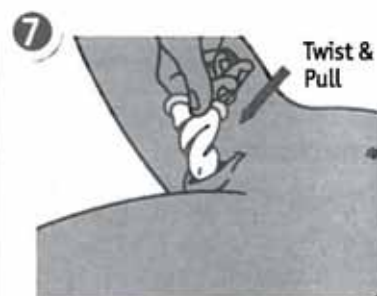
4 Choose a comfortable position and insert the closed end of the female condom into the vagina.



5 Push the inner ring up into the vagina as far as it will go. Do not twist it.



6 Hold the outer ring outside the vagina and guide penis into female condom.



7 Immediately after intercourse, twist the outer ring to avoid spillage and gently pull condom.



8 Do not re-use the female condom. Wrap it in tissue and throw it in a Dust bin or pit latrine. Never throw it in a flush toilet.

Less effective methods

Fertility awareness or natural family planning

Description: Fertility awareness methods of family planning depend on a woman knowing the days in her menstrual cycle when she is most likely to become pregnant. These methods do not involve taking any drugs or using a device to prevent pregnancy. When a woman knows which days she is fertile, she can use this information to avoid pregnancy. The woman then needs a cooperative partner to avoid sexual relations during the days when she is likely to get pregnant. Sometimes couples combine fertility awareness with the use of condoms. This means they determine when the woman is likely to get pregnant, and use condoms during those days.

Menstruation and ovulation are described in detail in the Reproductive Health Chapter. That chapter describes how a woman's body releases a mature egg, ready to be fertilized by the man's sperm. A woman can become pregnant if she has sexual intercourse one, two, or three days before ovulating, the day of ovulation, or one day after. This period is known as the fertile phase. The rest of the menstrual cycle, when there is no egg to be fertilized, is the infertile phase or the "safe period." To use fertility awareness for family planning, couples have to avoid sexual intercourse during the fertile phase. Since it can be difficult to tell exactly when ovulation takes place, the best way is to avoid intercourse for about ten days out of every month around the time of the fertile phase.

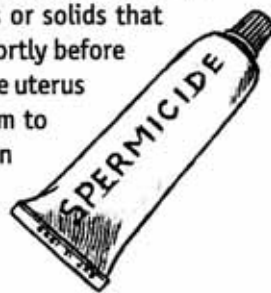
There are several ways to find out when ovulation occurs. A woman can keep track of her cycle using a calendar, taking her temperature or testing cervical mucus. If a couple is interested in using one of these methods, they should ask a trained health care provider who can explain how to use a fertility awareness method in detail.

Side effects: None

Effectiveness: The effectiveness of fertility awareness methods are very different depending on the motivation and willingness of the couple, and if they use other methods at the same time. Normally, 20 out of 100 women who use fertility awareness methods will become pregnant.

Spermicides

Description: Spermicides are chemical contraceptives available in chemist's shops that come in many different forms: creams, films, foams, jellies, and suppositories (liquids or solids that melt after they are inserted). Spermicides are inserted deep into the vagina shortly before intercourse. Spermicides create a chemical barrier that blocks the entrance to the uterus and also destroys sperm. Spermicides prevent pregnancy by not allowing sperm to join the egg. Spermicides can be used with condoms to provide greater protection against pregnancy.



Side effects: Occasionally, spermicides may irritate the penis or vagina. Switching brands may solve this problem. Using the spermicide nonoxynol-9 many times a day, by people at risk for HIV, or by people having anal sex, may irritate tissue and increase the risk of HIV and other STIs. Those at risk should talk with a health worker.

Effectiveness: Spermicides alone are somewhat effective at preventing pregnancy (21 out of 100 women will become pregnant). When used with a condom they are much more effective.

Withdrawal

Description: Withdrawal is method of avoiding pregnancy that requires a man to remove his penis from the woman's vagina before he ejaculates. This requires a high level of motivation and awareness during intercourse. A man must pull out as sexual excitement is nearing its peak and move his penis away from contact with the woman's vagina or external genitalia where cervical secretions can carry the sperm up the genital tract. It works best if the couple has agreed to use this method in advance of having sexual intercourse. It requires great self-control on the part of the man, and is not very reliable.

Side effects: None

Effectiveness: As it is typically practiced, about 27 out of 100 women will become pregnant using withdrawal.

Emergency contraception

Emergency contraception (EC) is a way to prevent pregnancy immediately after sex. If a woman did not use contraception during sexual intercourse or thinks her contraception did not work (if the condom broke, for example) she can use EC. EC is available from a chemist and does not require seeing a health worker. EC is oral contraceptive tablets taken in special doses within 120 hours after sex to prevent pregnancy. Usually, EC pills require two doses: one within 120 hours of sex and the second dose 12 hours after the first dose. It is best to take EC as soon as possible after unprotected intercourse.

A woman does not become pregnant immediately after having sex, becoming pregnant can take as long as a week. The beginning of pregnancy is when a fertilized egg is implanted in the lining of the uterus. EC can prevent pregnancy at several points after a woman has sex but before implantation occurs. EC pills will not work after a woman has already become pregnant. Therefore they do not and cannot cause an abortion.

EC pills can cause nausea, vomiting, headaches, dizziness, fatigue, and breast tenderness. These side effects can be unpleasant but typically do not last more than 24 hours after the second dose is taken. Medicine can be taken if the nausea is very bad.

Emergency contraception can significantly reduce the chance of becoming pregnant, but it must be used very soon after sex to be effective. If it is not used within 120 hours (five days) it is less likely to work. The sooner EC is used, the more effective it is. Emergency contraceptive pills do not protect against STIs, however. For safe and regular protection, condoms used with other contraceptive methods are more effective.

Sexually transmitted infections

All family planning clients at risk of STIs and HIV must be advised to use male or female condoms every time they have sex, in addition to or instead of other methods. (For more information refer to the STI Chapter.)

Men's responsibility in family planning

The involvement of men in sexual and reproductive health is very important, both in their willingness to use "male methods" of contraception and their role in contraceptive decision making. Special efforts must be made to strengthen family planning services to include men and build positive male attitudes toward reproductive health, reproductive rights, and communication about sexuality and family planning.

Men can participate in family planning by sharing in decision-making about family size and contraceptive use. In many families, men are the primary decision-makers regarding family planning. Yet couples make decisions about family planning without talking about it.

Efforts to improve couples' communication can help lead to decisions about family planning that reflect the needs of both women and men. Men need information to participate responsibly in family planning decision-making. Men can learn more during clinic visits and by taking advantage of special clinic hours for men, where available.

Men can take responsibility for using some methods of contraception and can support their partners in using other methods. Although the overwhelming majority of contraceptive methods are designed for use by women, a few require the active cooperation of men. Methods that require active participation by men include condom, vasectomy, natural family planning, and withdrawal. Men also can participate in women's use of other methods. For instance, men can help their partner remember to take a pill every day or to return to the clinic for regular injections. Men also can help their partners by organizing transportation to the clinic, paying for family planning methods and services and taking care of children during clinic hours.

Consequences of early pregnancy

Health consequences: Young women, especially young adolescents, are more likely to have problems during pregnancy and childbirth. Birth may be more difficult because the pelvis is still growing until a young woman is about 18 years old. Before age 18, the birth canal may not be big enough to let the baby through. This may result in a tear in the bladder or rectum, causing urine and faeces to leak into the vagina. Adolescents are also more likely to experience fits or a coma and to suffer from anaemia (weak blood) during pregnancy.

Economic and socio-cultural consequences: Studies have shown that adolescent pregnancy is associated with fewer opportunities for education, training and employment. Pregnant girls are often expelled from school, and few ever return to school. The responsibility of caring for a child and limited education reduce a young woman's access to jobs and income-earning opportunities. Some unmarried pregnant women find themselves rejected by the father of the child, or even by their own families.

Unsafe abortion: Faced with the serious consequences of an early, unwanted pregnancy, some girls try to end the pregnancy. However, according to laws in most African countries (except South Africa and Zambia), it is illegal to terminate a pregnancy for any reason other than medical necessity or circumstances of rape or incest. As a result, many girls have this procedure done illegally, often under unclean conditions by someone who is not properly trained. Various complications can follow an unsafe abortion, both immediate and long term. Immediate complications include severe bleeding or infection, which can lead to death. Damage done to the internal organs or infection can also cause long-term problems that mean that the woman may never get pregnant again, or may live in constant pain. Having an abortion is a serious decision that requires careful thinking about one's values, beliefs, and life situation. A woman faced with an unwanted pregnancy should seek counselling to learn about all the safe, legal options that are open to her.



Gender and family planning

Perhaps nothing is more linked with gender than having babies. Child bearing is considered a woman's obligation and her ultimate role in life. While reproducing is considered a woman's issue, women traditionally do not have control over if and when they will have children. They typically do not have any decision making power about using birth control and feel unable to insist that their partners or husbands use condoms. Women should learn about the birth control options available for planning their family. They should know that they have the right to decide, if and when to have children, and how many children to have. They should learn communication and negotiation techniques for protecting those rights. A man should recognize the benefits of family planning for his wife and his family, talk with his wife about if and how many children they want to have, and respect his wife's decision.

References

ACQUIRE project. *IUD Toolkit*. New York: EngenderHealth; 2006.

Advocates for Youth. *What is Withdrawal?* Available from: <http://www.advocatesforyouth.org/youth/health/contraceptives/withdrawal.htm>

AMKENI. *Field Agents Handbook*. Nairobi: PATH; 2001.

Emergency Birth Control website. Available at <http://www.emergencybirthcontrol.org>

The Safe Motherhood Inter-Agency Group. *Delay Marriage and First Birth: A Fact Sheet*, 1998.

Family Health International (FHI). *Contraceptive Technology and Reproductive Health Series*. Available from <http://www.fhi.org/en/RH/Training/trainmat/Modules/index.htm>

FHI. *Contraceptive Update: Withdrawal Popular in Some Cultures*. Arlington, VA: FHI; 1996. Network: Vol. 17, No. 1. Available from http://www.fhi.org/en/RH/Pubs/Network/v17_1/nt1717.htm

Hatcher RA, Rinehart W, Blackburn R, Geller JS, Shelton JD. *The Essentials of Contraceptive Technology*. Baltimore: Johns Hopkins Bloomberg School of Public Health, Population Information Program; 1997.

Klein S. *A Book for Midwives: A Manual for Traditional Birth Attendants and Community Midwives*. Palo Alto, CA: The Hesperian Foundation; 1995.

PATH. *Emergency Contraception: Its not too late to prevent pregnancy* [brochure] Seattle: PATH; 1998. Available from: http://www.path.org/files/RH_EC_english_letter.pdf

Planned Parenthood. *The Condom*. 2004. Available from <http://www.plannedparenthood.org/birth-control-pregnancy/birth-control/condom.htm>

World Health Organization (WHO), Division of Family Health, Family Planning and Population. *Health Benefits of Family Planning*. Geneva: WHO; 1994. Available from http://www.who.int/reproductive-health/publications/health_benefits_family_planning/health_benefits_fp.pdf

WHO, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, Information and Knowledge for Optimal Health (INFO). *Decision-making Tool for Family Planning Clients and Providers*. Baltimore, MD and Geneva: INFO and WHO; 2005. (WHO Family Planning Cornerstone)

WHO. *Information Update: Considerations Regarding Reuse of the Female Condom*. Geneva; 2002. Available from: http://www.who.int/reproductive-health/stis/docs/reuse_FC2.pdf

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.