

Family Planning

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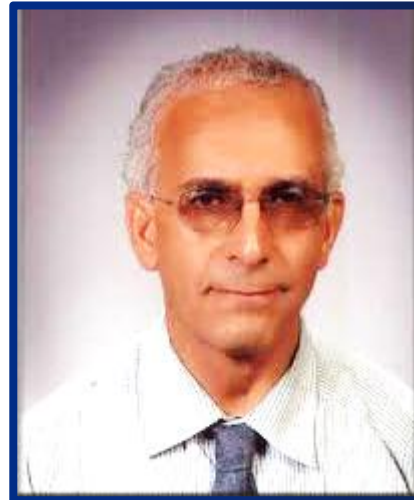
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Access to safe, voluntary **family planning** is a **human right**. Family planning is central to gender equality and women's empowerment, and it is a key factor in reducing **poverty**. Yet in developing regions, an estimated 232 million women who want to avoid pregnancy are not using safe and effective **family planning methods**, for reasons ranging from lack of access to information or services to lack of support from their partners or communities.

This **threatens** their ability to build a better future for themselves, their families and their communities.

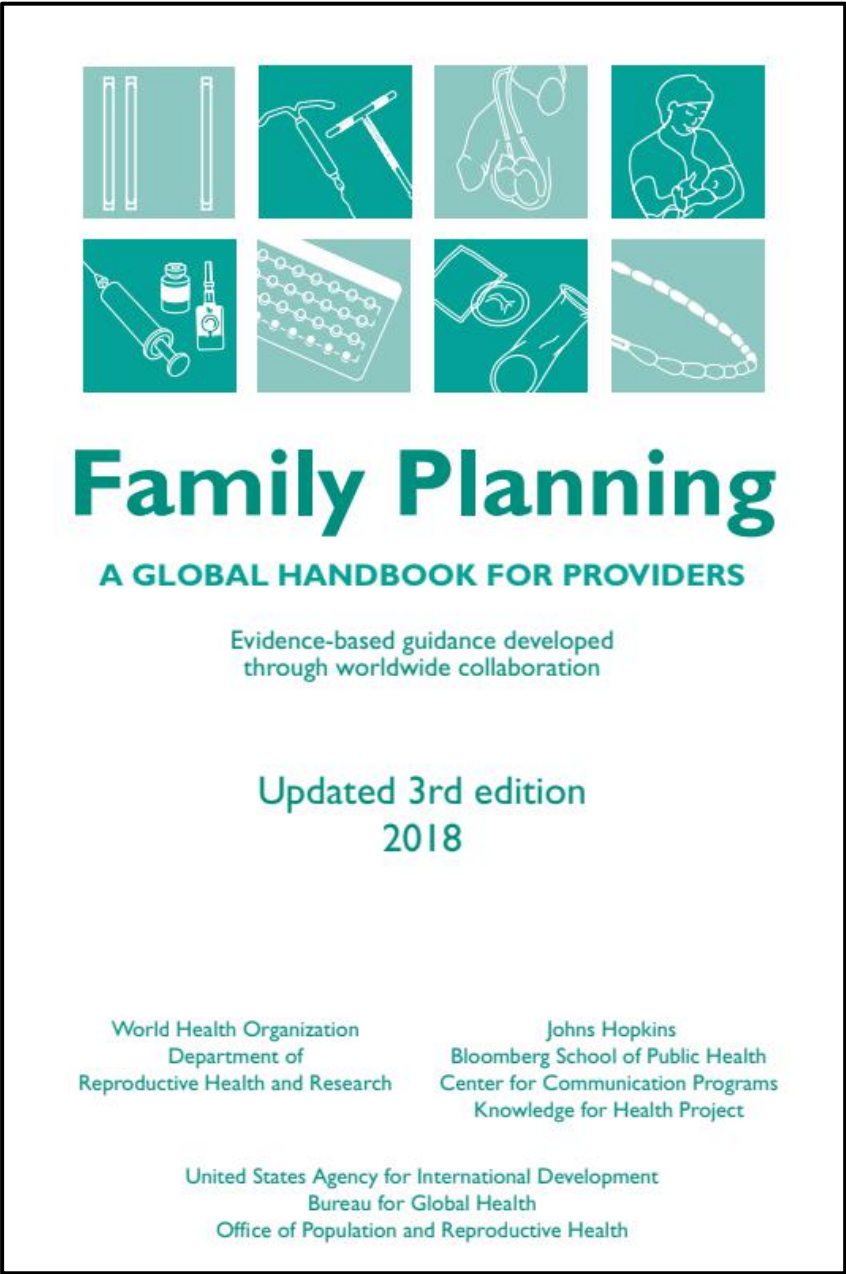
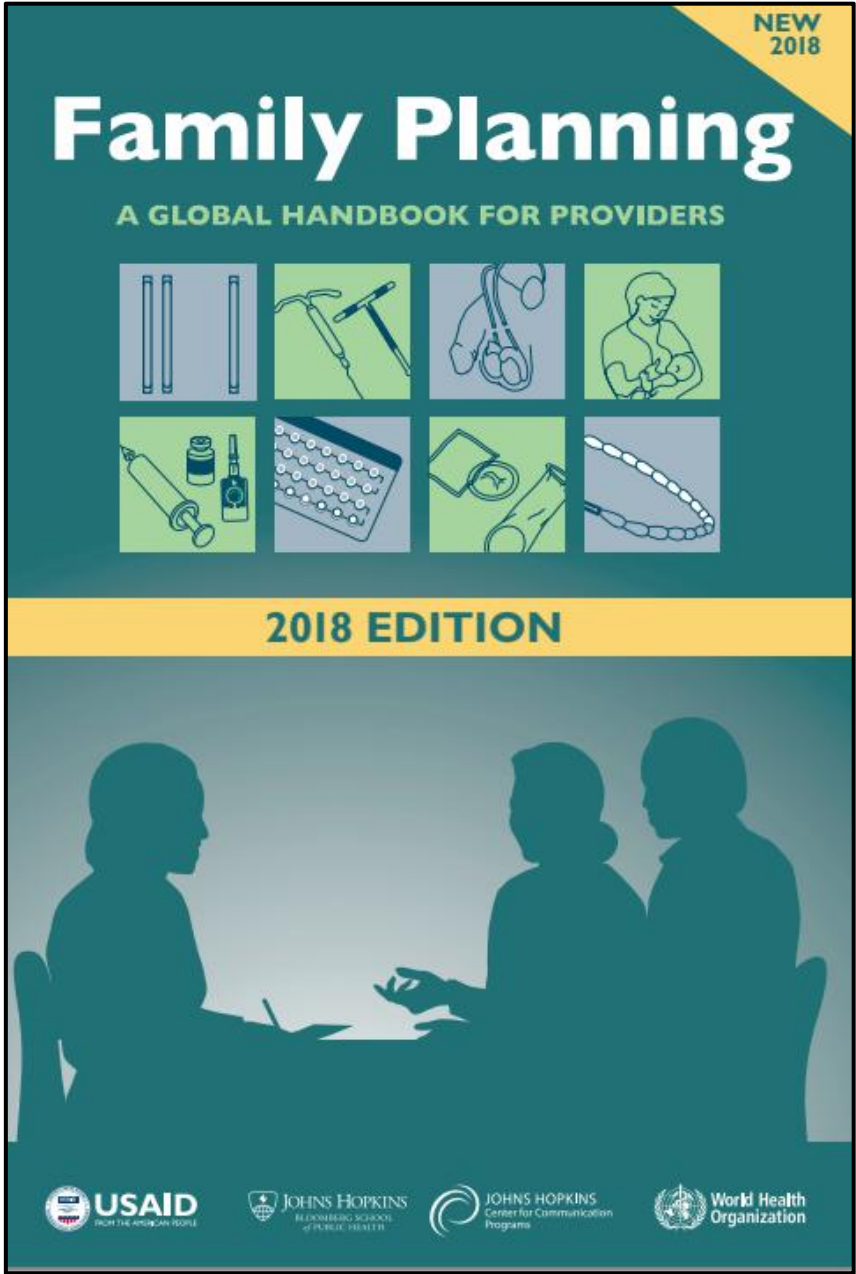


**Phase 1 lecture, 2021 - 2022
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Family Planning: Information, Options and Resources

- ❖ Whether you're thinking of starting a family soon or waiting to get pregnant until "someday," it's important to understand the basics of family planning.
- ❖ Family planning is the voluntary planning and action to prevent, delay or achieve pregnancy.
- ❖ It can enable women to have the number of children and spacing between pregnancies they desire, which can positively impact the health and well-being of both women and their families.
- ❖ If you're not ready for a baby, family planning services can be beneficial to you.
- ❖ Pregnancy prevention is cheaper than prenatal care! Family planning services include:
 - ❖ Counseling and education
 - ❖ Preconception healthcare, screening, and laboratory tests
 - ❖ Family planning methods



All people deserve the right to determine, as best they can, the course of their own lives. *Whether and when to have children, how many, and with whom are important parts of this right.*

Family planning providers have the privilege and responsibility to help people to make and carry out these decisions. *Furthermore, programs that honor their clients' human rights contribute to positive sexual health outcomes.*

https://www.fphandbook.org/sites/default/files/global-handbook-2018-full-web_1.pdf



**Only 1 child
for 1 family :
Urgent
obligation of
our Planet!**

Birth Control Methods - 1

- ❖ Many elements need to be considered by women, men, or couples at any given point in their lifetimes when choosing the most appropriate contraceptive method.
- ❖ These elements include **safety, effectiveness, availability** (including accessibility and affordability), and **acceptability**.
- ❖ **Voluntary informed choice** of contraceptive methods is an essential guiding principle, and contraceptive counseling, when applicable, might be an important contributor to the successful use of contraceptive methods.
- ❖ *In choosing a method of contraception, dual protection from the simultaneous risk for HIV and other STDs also should be considered.*
- ❖ Although hormonal contraceptives and IUDs are highly effective at preventing pregnancy, they do not protect against STDs, including HIV.
- ❖ *Consistent and correct use of the male latex condom reduces the risk for HIV infection and other STDs, including chlamydial infection, gonococcal infection, and trichomoniasis.” it’s important to understand the basics of **family planning**.*

Birth Control Methods - 2

- ❖ **Family planning** is the voluntary planning and action to prevent, delay or achieve pregnancy.
- ❖ It can enable women to have the number of children and spacing between pregnancies they desire, which can positively impact the health and well-being of both women and their families.
- ❖ *If you're not ready for a baby, family planning services can be beneficial to you.*
- ❖ **Pregnancy prevention is cheaper than prenatal care!**
Family planning services include:
 - ❖ *Counseling and education*
 - ❖ *Pre-conception healthcare, screening, and laboratory tests*
 - ❖ *Family planning methods*

Improve family planning

What is **family planning**? **Family planning** is the information, means and methods that allow individuals to decide if and when to have children.

To prevent *unintended pregnancies*, family planning providers need science-based guidance on prescribing appropriate contraceptive methods and maintaining adequate supplies. Related units of Turkish MoH are engaged in these activities and in exploring ways to prevent *STI and HIV transmission* between partners and from mother to child.

53 years ago, the world declared that “*parents have a basic human right to determine freely and responsibly the number and the spacing of their children,*”

at the UN International Conference on Human Rights in Tehran, on 13 May 1968.

Family planning is not only a matter of human rights; it is also central to women’s empowerment, *reducing poverty* and achieving sustainable development.

Maternal and Newborn Health

Key Points for Providers and Clients

- **Wait until the youngest child is at least 2 years old before trying to become pregnant again.** Spacing births is good for the mother's and the baby's health.
- **Make the first antenatal care contact within the first 12 weeks of pregnancy and schedule at least 8 contacts during the pregnancy.**
- **Plan ahead for family planning after delivery.**
- **Prepare for childbirth.** Have a plan for normal delivery and an emergency plan, too.
- **Breastfeed for a healthier baby.**

Health care providers see many women who want to become pregnant, who are pregnant, or who have recently given birth. They also see adolescent girls who are pregnant. Providers can help women plan pregnancies, plan for contraception after delivery, prepare for childbirth, and care for their babies. Attentive care can help women see pregnancy as a positive experience.



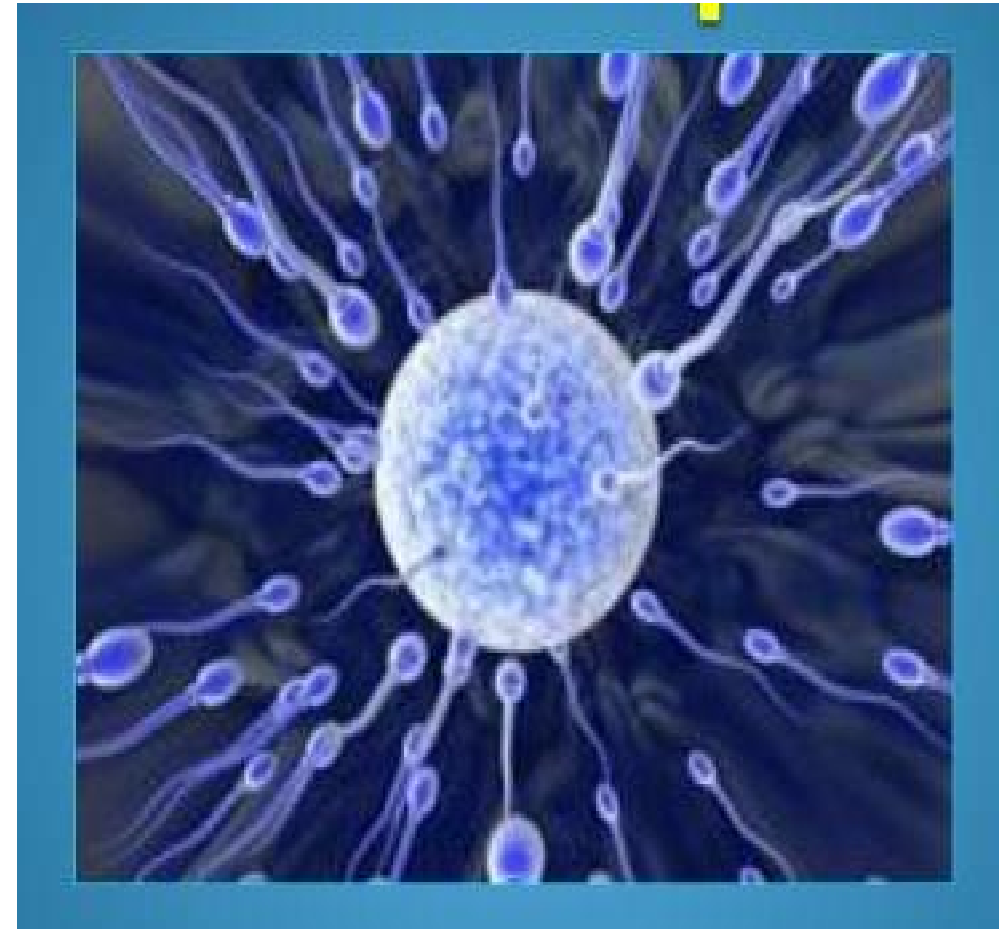
What is Contraception?

CONCEPTION happens when male sperm fertilizes a female egg. This results in a pregnancy.

CONTRACEPTION means preventing an egg from being fertilized, thus preventing a pregnancy from occurring.



CONTRACEPTION
is also called
BIRTH CONTROL.



Infertility

What Is Infertility?

Involuntary infertility is a disease of the reproductive system: the inability to become pregnant when desired. Involuntary childlessness is the inability to give birth to desired children, whether due to inability to achieve pregnancy or due to stillbirth or miscarriage. These conditions occur in couples who have never had children (primary infertility) and, more often, in couples who have had children previously (secondary infertility). Infertility is “defined by the failure to establish a clinical pregnancy after 12 months of regular unprotected sexual intercourse” between a man and a woman. (On average, 85% of women would be pregnant by then.)

Worldwide, infertility affects about 12% of couples who are seeking to have a child—about 2% who have never had children and about 10% who have had children previously. There are differences among regions.

In some countries or communities, infertility or childlessness can have drastic consequences, especially for women but also with significant impact on men. These consequences can include economic deprivation, divorce, stigma and discrimination, isolation, intimate partner violence, murder, mental health disorders, and suicide.

***Family
planning
services
also include
helping people
who suffers
from
infertility!***



Universal health coverage (UHC)

WHO uses 16 essential health services in 4 categories as indicators of the level and equity of coverage in countries:

Reproductive, maternal, newborn and child health:

- **family planning**
- *antenatal and delivery care*
- **full child immunization**
- *health-seeking behaviour for pneumonia.*

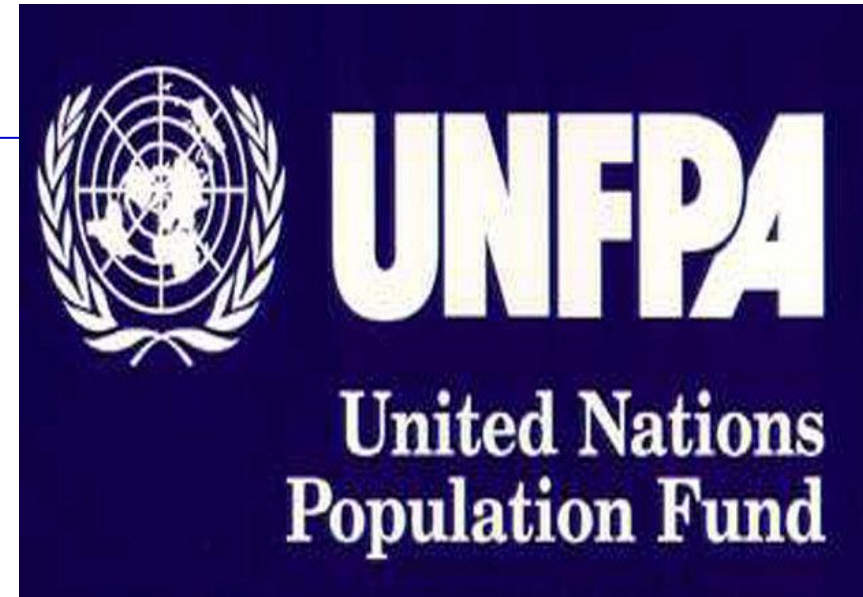
[http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)), 01.09.2018



United Nations Population Fund

UNFPA works to support family planning by: ensuring a steady, reliable supply of quality ***contraceptives***; strengthening national health systems; advocating for policies supportive of family planning; and gathering data to support this work.

UNFPA also provides global leadership in increasing access to family planning, by convening partners – including governments – to develop evidence and policies, and by offering programmatic, technical and financial assistance to developing countries.



Over 150

countries are home to women who rely on UNFPA for birth control, lifesaving maternal care, and more.

9 human rights principles guide family planning services

As a family planning provider, you contribute to all of them.

Principle 1 : Non-discrimination What you can do: Welcome all clients equally. Respect every client's needs and wishes. Set aside personal judgments and any negative opinions. Promise yourself to give every client the best care you can.

Principle 2 : *Availability of contraceptive information and services* What you can do: *Know the family planning methods available and how to provide them. Help make sure that supplies stay in stock. Do not rule out any method for a client, and do not hold back information.*

Principle 3 : Accessible information and services What you can do: Help make sure that everyone can use your facility, even if they have a physical disability. Participate in outreach, when possible. Do not ask clients, even young clients, to get someone else's permission to use family planning or a certain family planning method.

9 human rights principles guide family planning services

Principle 4 : Acceptable information and services What you can do: Be friendly and welcoming, and help make your facility that way. Put yourself in the client's shoes. Think what is important to the clients—what they want and how they want it provided.

Principle 5 : What you can do: Keep your knowledge and skills up-to-date. Use good communication skills. Check that contraceptives you provide are not out-of-date.

Principle 6 : Informed decision-making What you can do: Explain family planning methods clearly, including how to use them, how effective they are, and what side effects they may have, if any. Help clients consider what is important to them in a family planning method.

9 human rights principles guide family planning services

Principle 7 : *Privacy and confidentiality* What you can do: Do not discuss your clients with others except with permission and as needed for their care. When talking with clients, find a place where others cannot hear. Do not tell others what your clients have said. Promptly put away clients' records.

Principle 8 : *Participation* What you can do: Ask clients what they think about family planning services. Act on what they say to improve care.

Principle 9 : *Accountability* What you can do: Hold yourself accountable for the care that you give clients and for their rights.

These human rights principles guide WHO's work and serve as the framework for WHO's guidance on contraceptive methods.

Turkish Constitution Article 41

CHAPTER THREE Social and Economic Rights and Duties

I. Protection of the family, and children's rights

ARTICLE 41- (Paragraph added on October 3, 2001;
Act No. 4709)

- ❑ *Family is the foundation of the Turkish society and based on the equality between the spouses.*
- ❑ *The State shall take the necessary measures and establish the necessary organization to protect peace and welfare of the family, especially mother and children, and to ensure the instruction of **family planning** and its practice.*



Contraception methods



Condom



Female condom



Oral contraception



Hormonal ring



UID



Contraceptive injection



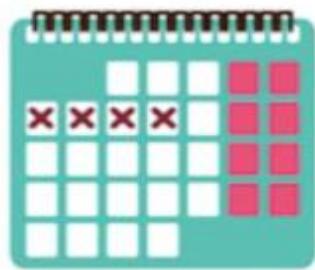
Surgical sterilization



Implant



Coitus interruptus



Calendar rhythm method



Vaginal douche



Contraceptive patch

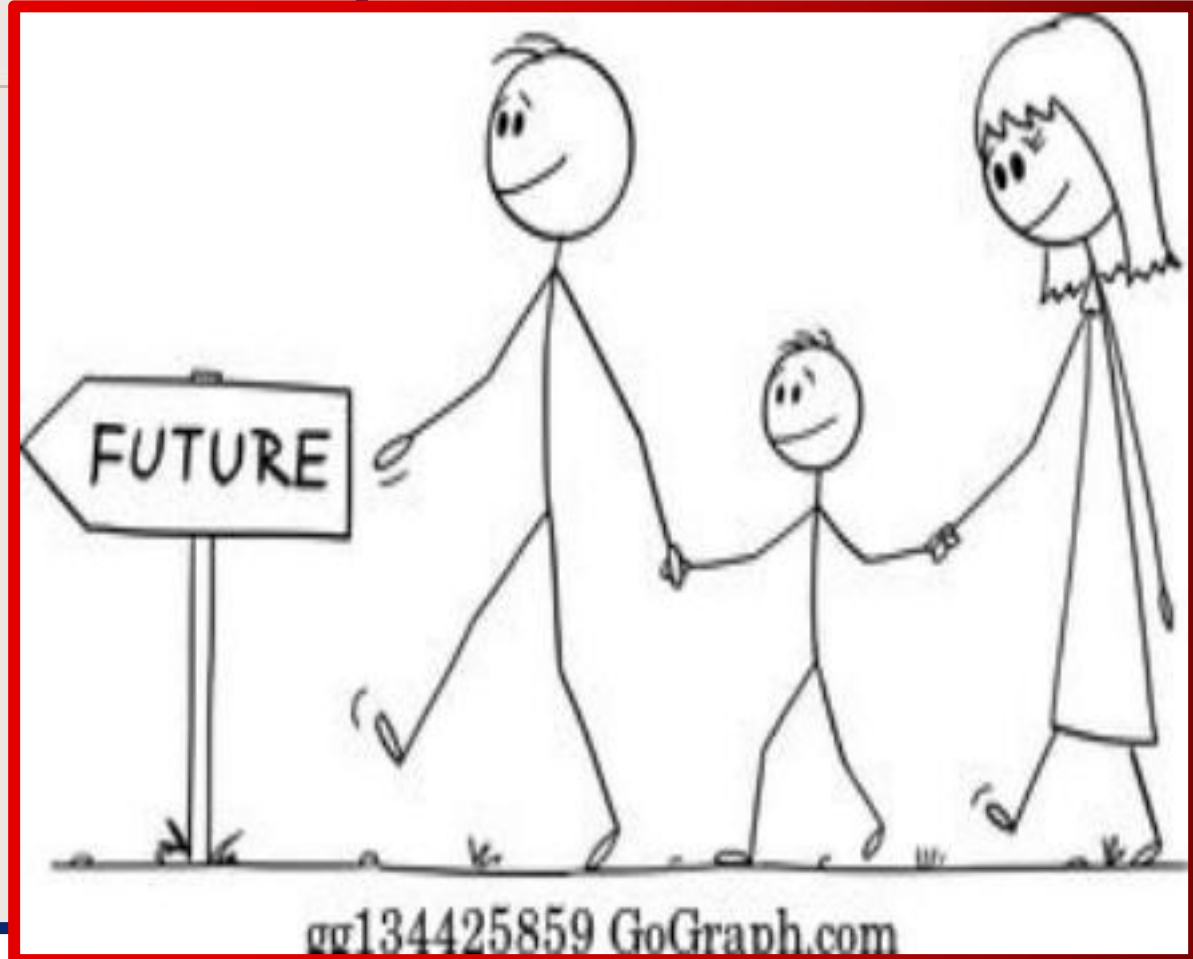


Diaphragm / cap

Only 1 child for 1 family : Urgent obligation of our Planet!

Classification of Contraceptive methods

- Permanent Methods
 - Male sterilization
 - Female sterilization
- Spacing methods
 - Natural methods
 - Barrier methods
 - Intra uterine devices
 - Hormonal contraceptives
 - Emergency contraception
 - Post conception methods



- 
- ✚ Intra Uterine Device
 - ✚ Pill
 - ✚ Patch
 - ✚ Ring
 - ✚ Injection/Shot
 - ✚ Implant
 - ✚ Male Condom
 - ✚ Female Condom
 - ✚ Diaphragm
 - ✚ Cervical Cap

- ✚ Withdrawal
- ✚ Spermicides
- ✚ Tubal Ligation
- ✚ Vasectomy
- ✚ Transcervical
- ✚ Sterilization
- ✚ Morning After Pill
- ✚ Natural Family
- ✚ Planning
- ✚ Abstinence

Combined Oral Contraceptives

Key Points for Providers and Clients

- **Take one pill every day.** For greatest effectiveness a woman must take pills daily and start each new pack of pills on time.
- **Take any missed pill as soon as possible.** Missing pills risks pregnancy and may make some side effects worse.
- **Bleeding changes are common but not harmful.** Typically, there is irregular bleeding for the first few months and then lighter and more regular bleeding.
- **Can be given to a woman at any time to start now or later.**

What Are Combined Oral Contraceptives?

- Pills that contain low doses of 2 hormones—a progestin and an estrogen—like the natural hormones progesterone and estrogen in a woman's body.
- Combined oral contraceptives (COCs) are also called “the Pill,” low-dose combined pills, OCPs, and OCs.
- Work primarily by preventing the release of eggs from the ovaries (ovulation).

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when a woman starts a new pill pack 3 or more days late, or misses 3 or more pills near the beginning or end of a pill pack.



Progestin-Only Pills

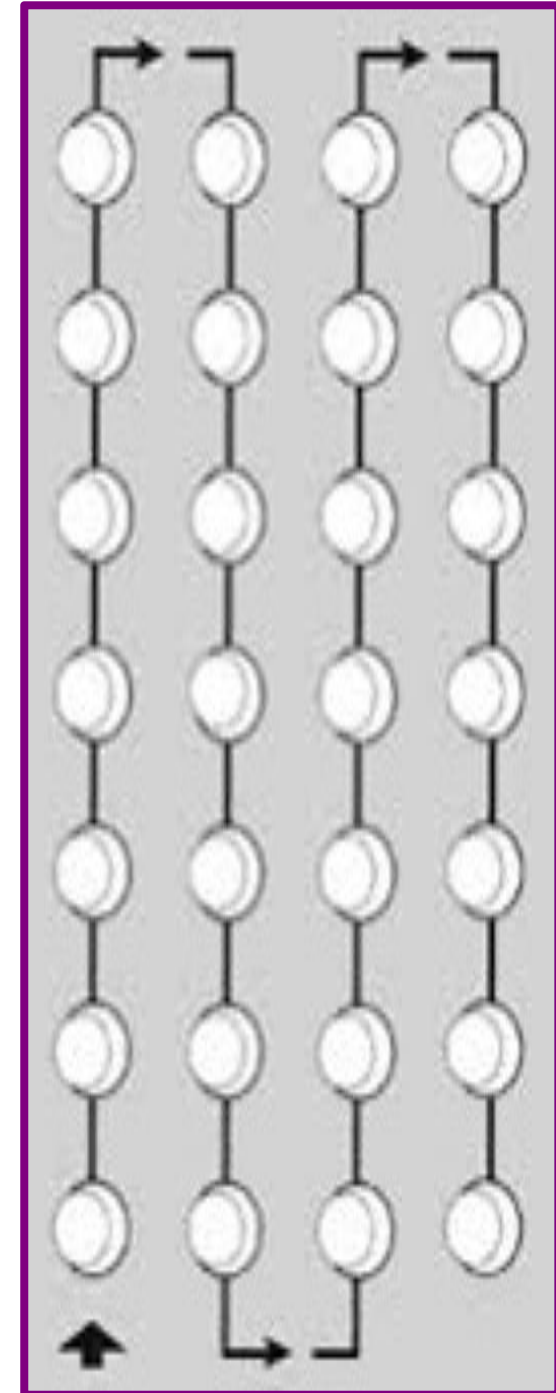
This chapter on progestin-only pills focuses on breastfeeding women. Women who are not breastfeeding also can use progestin-only pills. Guidance that differs for women who are not breastfeeding is noted.

Key Points for Providers and Clients

- **Take one pill every day.** No breaks between packs.
- **Safe for breastfeeding women and their babies.** Progestin-only pills do not affect milk production.
- **Add to the contraceptive effect of breastfeeding.** Together, they provide effective pregnancy protection.
- **Bleeding changes are common but not harmful.** Typically, pills lengthen how long breastfeeding women have no monthly bleeding. For women having monthly bleeding, frequent or irregular bleeding is common.
- **Can be given to a woman at any time to start now or later.**

What Are Progestin-Only Pills?

- Pills that contain very low doses of a progestin like the natural hormone progesterone in a woman's body.
- Do not contain estrogen, and so can be used throughout breastfeeding and by women who cannot use methods with estrogen.
- Progestin-only pills (POPs) are also called "minipills" and progestin-only oral contraceptives.
- Work primarily by:
 - Thickening cervical mucus (this blocks sperm from meeting an egg)
 - Disrupting the menstrual cycle, including preventing the release of eggs from the ovaries (ovulation)



Emergency Contraceptive Pills

Key Points for Providers and Clients

- **Emergency contraceptive pills (ECPs) help a woman avoid pregnancy after she has sex without contraception.**
- **ECPs help to prevent pregnancy when taken up to 5 days after unprotected sex.** The sooner they are taken, the better.
- **Do not disrupt an existing pregnancy.**
- **Safe for all women**—even women who cannot use ongoing hormonal contraceptive methods.
- **Provide an opportunity for women to start using an ongoing family planning method.**
- **Several options can be used as emergency contraceptive pills.** Dedicated products, progestin-only pills, and combined oral contraceptives all can act as emergency contraceptives.

What Are Emergency Contraceptive Pills?

- ECPs are sometimes called “morning after” pills or postcoital contraceptives.
- Work by preventing or delaying the release of eggs from the ovaries (ovulation). They do not work if a woman is already pregnant.

(The copper-bearing IUD also can be used for emergency contraception. See p. 166.)



Progestin-Only Injectables

Key Points for Providers and Clients

- **Bleeding changes are common but not harmful.** Typically, irregular bleeding for the first several months and then no monthly bleeding.
- **Return for injections regularly.** Coming back every 3 months (13 weeks) for DMPA or every 2 months for NET-EN is important for greatest effectiveness.
- **Injection can be as much as 4 weeks late for DMPA or 2 weeks late for NET-EN.** Even if later, she may still be able to have the injection.
- **Gradual weight gain is common,** averaging 1–2 kg per year.
- **Return of fertility is often delayed.** It takes several months longer on average to become pregnant after stopping progestin-only injectables than after stopping other methods.

What Are Progestin-Only Injectables?

- The injectable contraceptives depot medroxyprogesterone acetate (DMPA) and norethisterone enanthate (NET-EN) each contain a progestin like the natural hormone progesterone in a woman's body. (In contrast, monthly injectables contain both estrogen and progestin. See Monthly Injectables, p. 97.)
- Do not contain estrogen, and so can be used throughout breastfeeding, starting 6 weeks after giving birth, and by women who cannot use methods with estrogen.
- Given by injection into the muscle (intramuscular injection) or, with a new formulation of DMPA, just under the skin (subcutaneous injection). The hormone is then released slowly into the bloodstream. (See DMPA for Subcutaneous Injection, p. 68.)



Monthly Injectables

Key Points for Providers and Clients

- **Bleeding changes are common but not harmful.** Typically, lighter monthly bleeding, fewer days of bleeding, or irregular or infrequent bleeding.
- **Return on time.** Coming back every 4 weeks is important for greatest effectiveness.
- **Injection can be as much as 7 days early or late.** Even if later, she may still be able to have the injection.

What Are Monthly Injectables?

- Monthly injectables contain 2 hormones—a progestin and an estrogen—like the natural hormones progesterone and estrogen in a woman's body. (Combined oral contraceptives also contain these 2 types of hormones.)
- Also called combined injectable contraceptives, CICs, the injection.
- Information in this chapter applies to medroxyprogesterone acetate (MPA)/estradiol cypionate and to norethisterone enanthate (NET-EN)/estradiol valerate. The information may also apply to older formulations, about which less is known.
- MPA/estradiol cypionate is marketed under trade names such as Ciclofem, Ciclofemina, Cyclofem, Cyclo-Provera, Feminena, Lunella, Lunelle, and Novafem. NET-EN/estradiol valerate is marketed under trade names such as Mesigyna and Norigynon.
- Work primarily by preventing the release of eggs from the ovaries (ovulation).

**Only
1 child
for
1 family :
Urgent
obligation
of our
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Types of Injectable Contraceptives

	Progestin-only	Combined
Hormones	progestin	progestin + estrogen
Duration of effect	3 months, 2 months	1 month
Type	DMPA, NET-EN	Cyclofem, Mesigyna

Combined Patch

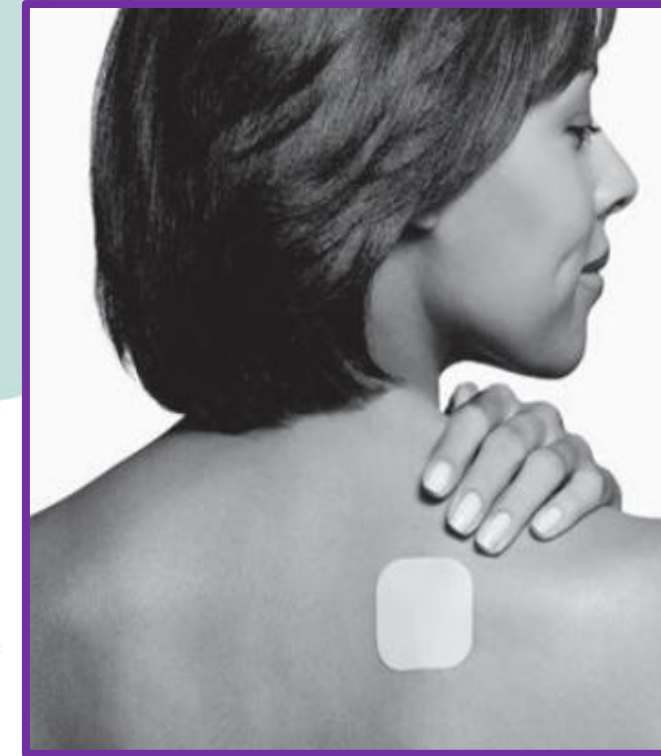
Key Points for Providers and Clients

- **A woman wears a small adhesive patch** on her body at all times, day and night. A new patch is put on each week for 3 weeks, and then no patch for the fourth week.
- **Replace each patch on time for greatest effectiveness.**
- **Bleeding changes are common but not harmful.** Typically, irregular bleeding for the first few months and then lighter and more regular bleeding.

What Is the Combined Patch?

- A small, thin, square of flexible plastic worn on the body.
- Continuously releases 2 hormones—a progestin and an estrogen, like the natural hormones progesterone and estrogen in a woman's body—directly through the skin into the bloodstream.
- The woman puts on a new patch every week for 3 weeks, then no patch for the fourth week. During this fourth week the woman will have monthly bleeding.
- Also called Ortho Evra and Evra.
- Works primarily by preventing the release of eggs from the ovaries (ovulation).

More



Combined Vaginal Ring

Key Points for Providers and Clients

- **A woman places a flexible ring in her vagina.** She leaves it there at all times, every day and night for 3 weeks. Then, she removes the ring. Seven days later she inserts a new ring.
- **Start each new ring on time for greatest effectiveness.**
- **Bleeding changes are common but not harmful.** Typically, irregular bleeding for the first few months and then lighter and more regular bleeding.



What Is the Combined Vaginal Ring?

- A flexible ring that a woman places in her vagina.
- Continuously releases 2 hormones—a progestin and an estrogen, like the natural hormones progesterone and estrogen in a woman's body—from inside the ring. Hormones are absorbed through the wall of the vagina directly into the bloodstream.
- She leaves the ring in place for 3 weeks, then removes it for the fourth week. During this fourth week the woman will have monthly bleeding.
- Also called NuvaRing.
- Works primarily by preventing the release of eggs from the ovaries (ovulation).

Progesterone-Releasing Vaginal Ring

Key Points for Providers and Clients

- **Suitable for postpartum women who are actively breastfeeding, at least 4 times per day.**
- **A woman places a flexible ring in her vagina. She leaves it in place at all times, every day and night for 90 days. Four rings can be used, one after another, for approximately one year after giving birth.**
- **Start each new ring immediately after removal of the previous ring for greatest effectiveness.**
- **Easy for a woman to insert and remove from her vagina. If her reproductive plans change, she can take out the ring at any time without a provider's help.**

What Is the Progesterone-Releasing Vaginal Ring?

- A smooth, soft, flexible silicone ring placed in the vagina to prolong lactational amenorrhea (postponing the return of monthly bleeding) and help breastfeeding women space pregnancies.
- Continuously releases natural progesterone hormone—like that in a woman's body—from inside the ring. The hormone passes through the wall of the vagina directly into the bloodstream. This ring does not contain estrogen.
- Use of the ring starts 4 to 9 weeks after giving birth. Each ring is kept in place for 90 days. The woman can then replace it with a new ring immediately. Up to 4 rings can be used, one after another, with no breaks.



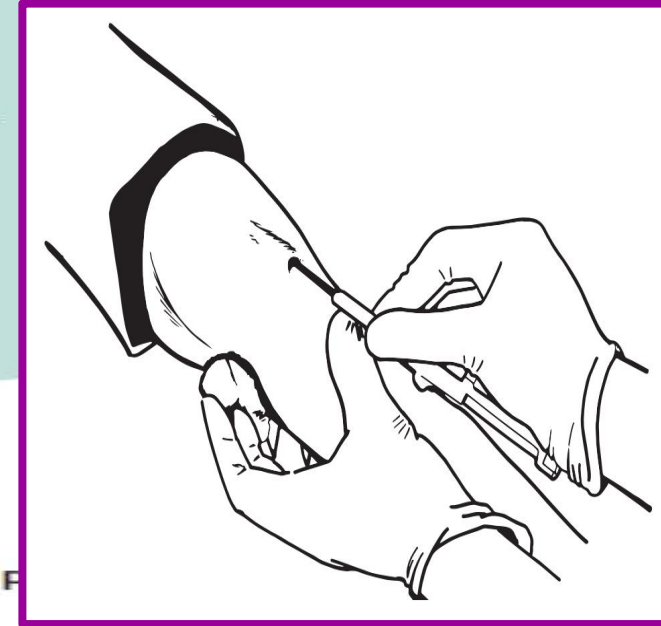
Implants

Key Points for Providers and Clients

- **Implants are small flexible rods** that are placed just under the skin of the upper arm.
- **Provide long-term pregnancy protection.** Very effective for up to 5 years, depending on the type of implant. Immediately reversible.
- **Require specifically trained provider to insert and remove.** A woman cannot start or stop implants on her own.
- **Little required of the client once implants are in place.** Avoids user errors and problems with resupply.
- **Bleeding changes are common but not harmful.** Typically, prolonged irregular bleeding over the first year, and then lighter, more regular bleeding, infrequent bleeding, or no bleeding.

What Are Implants?

- Small plastic rods, each about the size of a matchstick, that release a progestin like the natural hormone progesterone in a woman's body.
- A specifically trained provider performs a minor surgical procedure to place one or 2 rods under the skin on the inside of a woman's upper arm.
- Do not contain estrogen, and so can be used throughout breastfeeding and by women who cannot use methods with estrogen.
- Types of implants:
 - Jadelle: 2 rods containing levonorgestrel, highly effective for 5 years
 - Implanon NXT (Nexplanon): 1 rod containing etonogestrel, labeled for up to 3 years of use. Research shows that it remains highly effective for 5 years. Replaces Implanon; Implanon NXT can be seen on X-ray and has an improved insertion device.
 - Levoplant (Sino-Implant (II)), 2 rods containing levonorgestrel. Labeled for up to 4 years of use.



Copper-Bearing Intrauterine Device

This chapter describes primarily the TCu-380A intrauterine device. (For the levonorgestrel intrauterine device, see p. 181.)

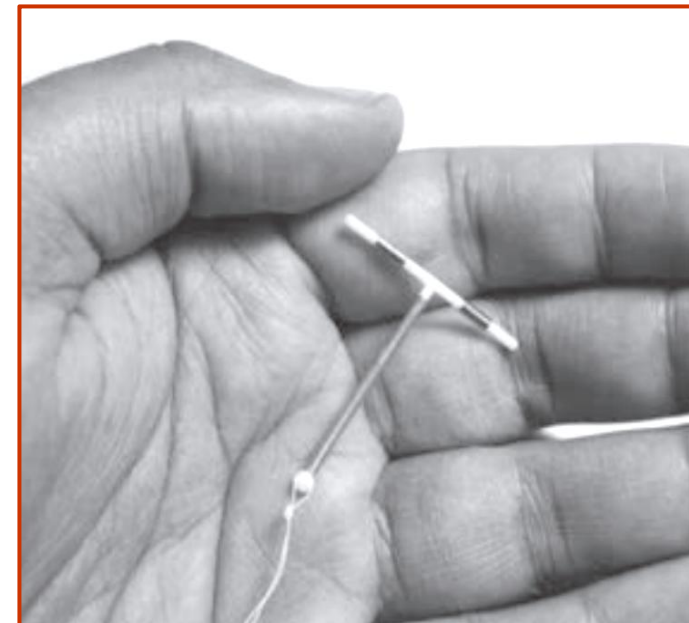
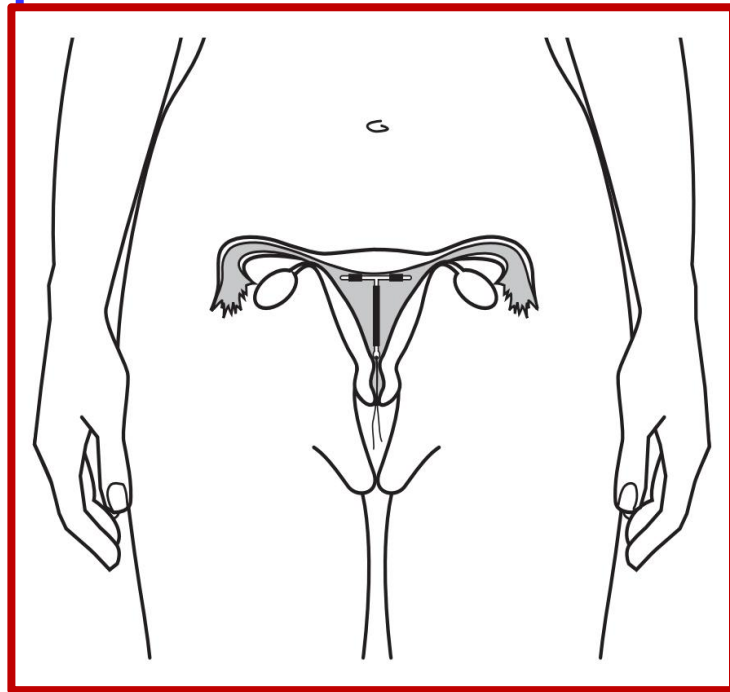
Key Points for Providers and Clients

- **Long-term pregnancy protection.** Shown to be very effective for up to 12 years, immediately reversible.
- **Inserted into the uterus by a specifically trained provider.**
- **Little required of the client once the IUD is in place.**
- **Bleeding changes are common.** Typically, longer and heavier bleeding and more cramps or pain during monthly bleeding, especially in the first 3 to 6 months.

What Is the Copper-Bearing Intrauterine Device?

- The copper-bearing intrauterine device (IUD) is a small, flexible plastic frame with copper sleeves or wire around it. A specifically trained health care provider inserts it into a woman's uterus through her vagina and cervix.
- Almost all types of IUDs have one or two strings, or threads, tied to them. The strings hang through the cervix into the vagina.
- Works by causing a chemical change that damages sperm and egg before they can meet.

More
effective



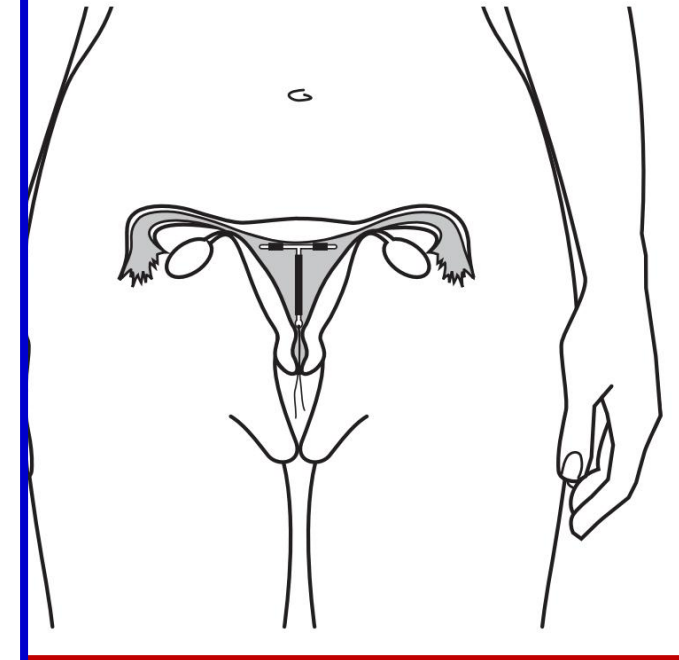
Levonorgestrel Intrauterine Device

Key Points for Providers and Clients

- **Long-term pregnancy protection.** Very effective for up to 7 years, depending on the type of LNG-IUD. Immediately reversible.
- **Inserted into the uterus by a specifically trained provider.**
- **Little required of the client once the LNG-IUD is in place.**
- **Bleeding changes are common but not harmful.** Typically, lighter and fewer days of bleeding, or infrequent or irregular bleeding.

What Is the Levonorgestrel Intrauterine Device?

- The levonorgestrel intrauterine device (LNG-IUD) is a T-shaped plastic device that steadily releases a small amount of levonorgestrel each day. (Levonorgestrel is a progestin hormone also used in some contraceptive implants and oral contraceptive pills.)
- A specifically trained health care provider inserts it into a woman's uterus through her vagina and cervix.
- Also called the levonorgestrel-releasing intrauterine system, LNG-IUS, or hormonal IUD.
- Marketed under such brand names as Mirena, Liletta, Levosert, Kyleena, Skyla, and Jaydess. The Kyleena, Skyla, and Jaydess IUDs and their inserters are slightly smaller than the Mirena, Liletta, and Levosert.
- Works by preventing sperm from fertilizing an egg.



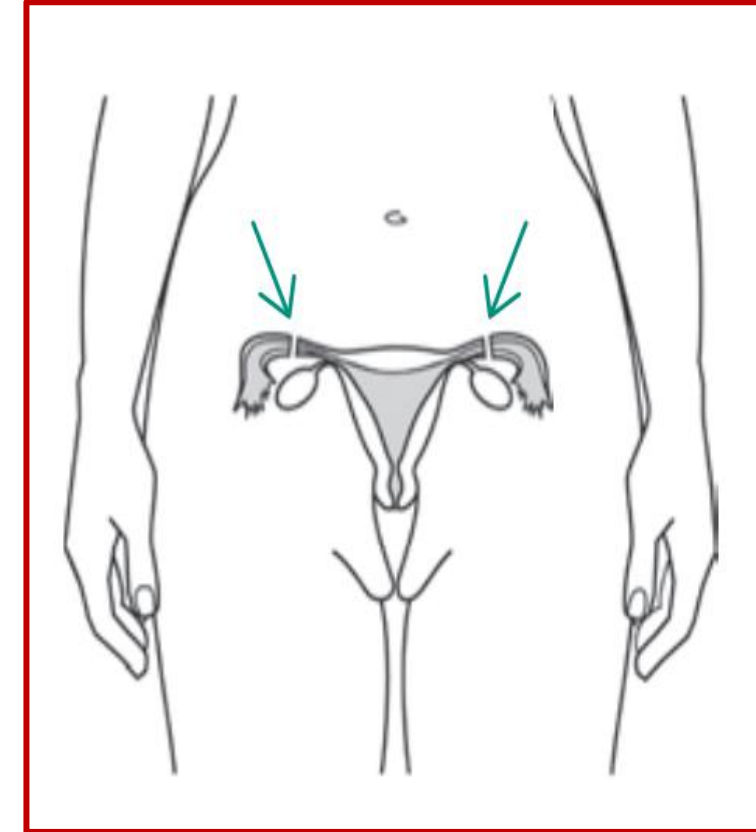
Female Sterilization

Key Points for Providers and Clients

- **Permanent.** Intended to provide life-long, permanent, and very effective protection against pregnancy. Reversal is usually not possible.
- **Involves a physical examination and surgery.** The procedure is done by a specifically trained provider.
- **No long-term side effects.**

What Is Female Sterilization?

- Permanent surgical contraception for women who will not want more children.
- The 2 surgical approaches most often used:
 - Minilaparotomy involves making a small incision in the abdomen. The fallopian tubes are brought to the incision to be cut or blocked.
 - Laparoscopy involves inserting a long, thin tube containing lenses into the abdomen through a small incision. This laparoscope enables the doctor to reach and block or cut the fallopian tubes in the abdomen.
- Also called tubal sterilization, tubal ligation, voluntary surgical contraception, tubectomy, bi-tubal ligation, tying the tubes, minilap, and “the operation.”
- Works because the fallopian tubes are blocked or cut. Eggs released from the ovaries cannot move down the tubes, and so they do not meet sperm.



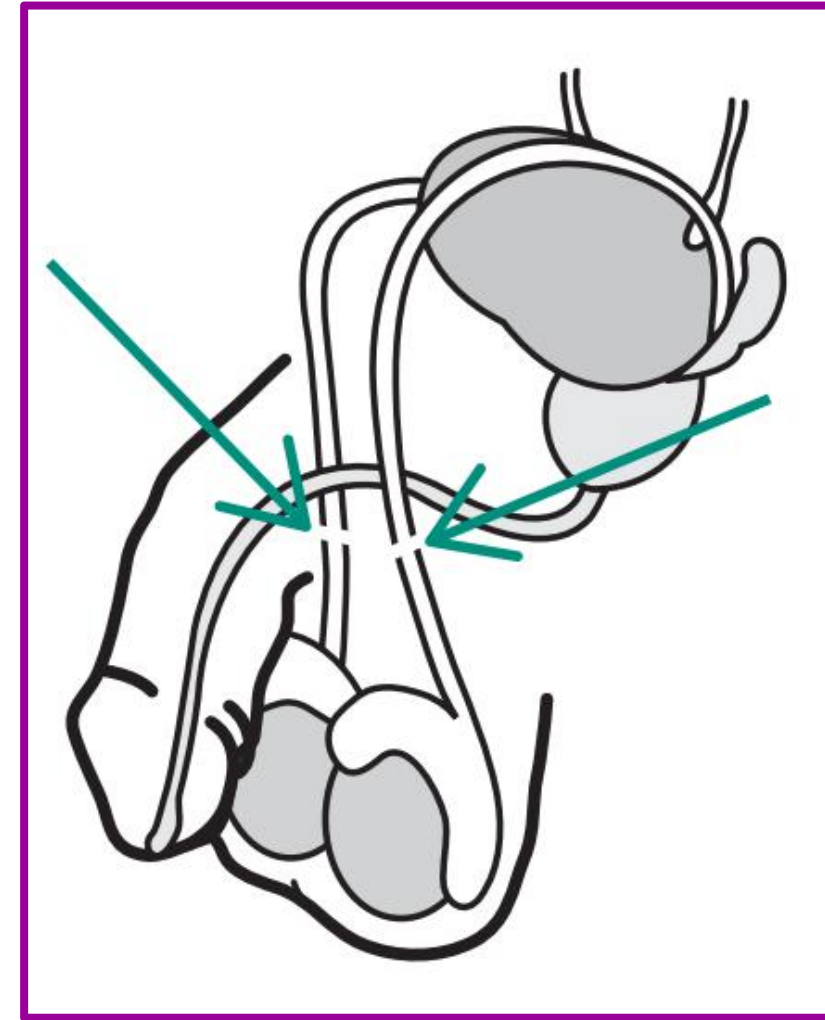
Vasectomy

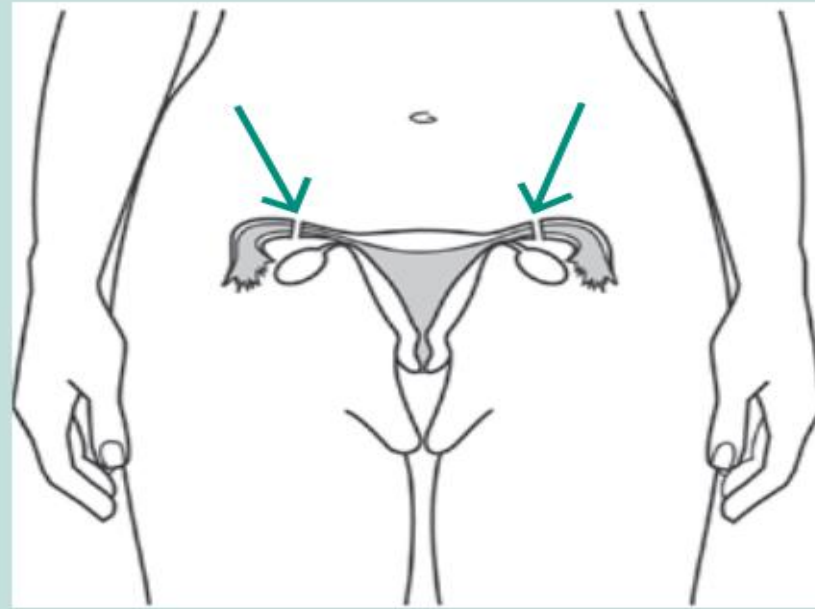
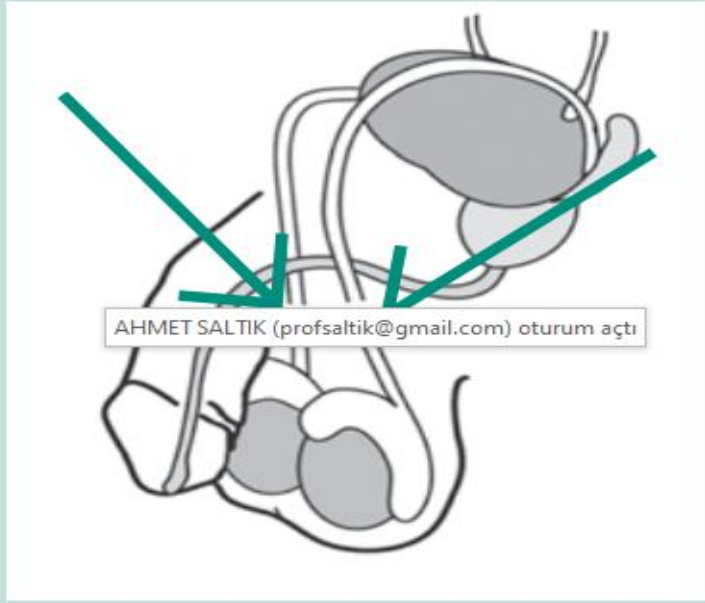
Key Points for Providers and Clients

- **Permanent.** Intended to provide life-long, permanent, and very effective protection against pregnancy. Reversal is usually not possible.
- **Involves a safe, simple surgical procedure.**
- **3-month delay in taking effect.** The man or couple must use condoms or another contraceptive method for 3 months after the vasectomy.
- **Does not affect male sexual performance.**

What Is Vasectomy?

- Permanent contraception for men who will not want more children.
- Through a puncture or small incision in the scrotum, the provider locates each of the 2 tubes that carries sperm to the penis (vas deferens) and cuts or blocks them by cutting and tying them closed or by applying heat or electricity (cautery).
- Also called male sterilization and male surgical contraception.
- Works by closing off each vas deferens, keeping sperm out of semen. Semen is ejaculated, but it cannot cause pregnancy.





8. Is it better for the man to have a vasectomy or for the woman to have female sterilization?

Each couple must decide for themselves which method is best for them. Both are very effective, safe, permanent methods for couples who know that they will not want more children. Ideally, a couple should consider both methods. If both are acceptable to the couple, vasectomy would be preferable because it is simpler, safer, easier, and less expensive than female sterilization.

Permanent Methods of Birth Control

Female Sterilization—**Tubal ligation** or “tying tubes” —

A woman can have her fallopian tubes tied (or closed) so that sperm and eggs cannot meet for fertilization.

The procedure can be done in a hospital or in an outpatient surgical center.

You can go home the same day of the surgery and resume your normal activities within a few days. This method is effective immediately. Typical use failure rate: 0.5%.

Male Sterilization—Vasectomy—

This operation is done to keep a man’s sperm from going to his penis, so his ejaculate never has any sperm in it that can fertilize an egg.

The procedure is typically done at an outpatient surgical center. The man can go home the same day. Recovery time is less than one week. After the operation, a man visits his doctor for tests to count his sperm and to make sure the sperm count has dropped to zero; this takes about 12 weeks. Another form of *birth control* should be used until the man’s sperm count has dropped to zero. Typical use failure rate: 0.15%.

Male Condoms

This chapter describes male latex condoms. Female condoms, which are inserted into a woman's vagina, are available in some areas (see Female Condoms, p. 261, and Comparing Condoms, p. 428).

Key Points for Providers and Clients

- **Male condoms help protect against sexually transmitted infections, including HIV.** Condoms are the only contraceptive method that can protect against both pregnancy and sexually transmitted infections.
- **Require correct use with every act of sex for greatest effectiveness.**
- **Require both male and female partner's cooperation.** Talking about condom use before sex can improve the chances one will be used.
- **May dull the sensation of sex for some men.** Discussion between partners sometimes can help overcome this objection.

What Are Male Condoms?

- Sheaths, or coverings, that fit over a man's erect penis.
- Also called rubbers, "raincoats," "umbrellas," skins, prophylactics and preservativos; known by many different brand names.
- Most are made of thin latex rubber. Male condoms also are made from other materials, including polyurethane, polyisoprene, lambskin, and nitrile.
- Work by forming a barrier that keeps sperm out of the vagina, preventing pregnancy. Also keep infections in semen, on the penis, or in the vagina from infecting the other partner.



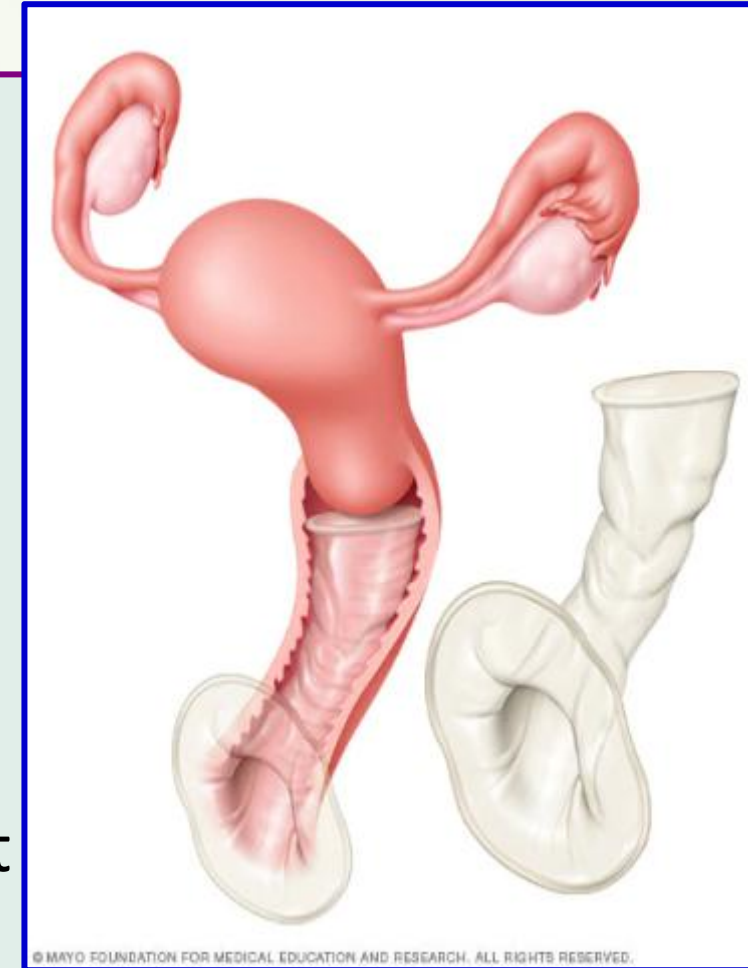
Male condom

37

Worn by the man, a male condom keeps sperm from getting into a woman's body. **Latex** condoms, the most common type, **help prevent pregnancy, and HIV and other STDs**, as do the newer synthetic condoms.

“Natural” or “lambskin” condoms also help prevent pregnancy, but may not provide protection against STDs, including HIV. Typical use failure rate: 13%.

Condoms can only be used once. You can buy condoms, KY jelly, or water-based lubricants at a drug store. Do not use oil-based lubricants such as massage oils, baby oil, lotions, or petroleum jelly with latex condoms. They will weaken the condom, causing it to tear or break.



Female condom

Female Condoms

Key Points for Providers and Clients

- **Female condoms help protect against sexually transmitted infections, including HIV.** Condoms are the only contraceptive method that can protect against both pregnancy and sexually transmitted infections.
- **Require correct use with every act of sex for greatest effectiveness.**
- **A woman can initiate female condom use,** but the method requires her partner's cooperation.
- **May require some practice.** Inserting and removing the female condom from the vagina becomes easier with experience.



What Are Female Condoms?

- Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft film.
 - Have flexible rings at both ends
 - One ring at the closed end helps to insert the condom
 - The ring at the open end holds part of the condom outside the vagina
- Female condoms are made of various materials, such as latex, polyurethane, and nitrile.
- Work by forming a barrier that keeps sperm out of the vagina, preventing pregnancy. Also helps to keep infections in semen, on the penis, or in the vagina from infecting the other partner.



Sexually Transmitted Infections, Including HIV

Key Points for Providers and Clients

- **People with sexually transmitted infections (STIs), including HIV, can use most family planning methods safely and effectively.**
- **Male and female condoms can prevent STIs** when used consistently and correctly.
- **STI risk can be reduced in other ways, too**—limiting number of partners, abstaining from sex, and having a mutually faithful relationship with an uninfected partner.
- **STIs often have no signs or symptoms, particularly in women.** People should seek care if they think that they or their partners might have an STI.
- **Some STIs can be treated.** The sooner treated, the less likely to cause long-term health problems, such as infertility or chronic pain, or to infect a sexual partner or a fetus.
- **In most cases vaginal discharge comes from infections that are not sexually transmitted.**

STI
Chancroid
Chlamydia
Gonorrhea
Hepatitis B
Herpes
HIV
Human papilloma-virus
Syphilis
Tricho-moniasis

Comparing typical effectiveness of contraceptive methods

More effective

Less than 1 pregnancy per 100 women in one year

TIER 1



Implant



Vasectomy



Tubal occlusion



IUD

How to make your method most effective

After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months

Injectable: Get repeat injections on time

Pills: Take a pill each day

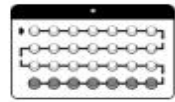
Patch, ring: Keep in place, change on time

4-7 pregnancies per 100 women in one year

TIER 2



Injectable



Pill



Patch



Ring



Male Condom



Fertility Awareness-Based Methods



Diaphragm



Sponge

Condoms, sponge, withdrawal, spermicides, diaphragm: Use correctly every time you have sex

Fertility awareness-based methods: Abstain or use condoms on fertile days. Newer methods (Standard Days, Natural Cycles, and Symptothermal may be easier to use and consequently more effective).

Less effective

More than 13 pregnancies per 100 women in one year



Withdrawal



Female Condom



Spermicides

Contraceptive Effectiveness

Rates of Unintended Pregnancies per 100 Women

Family planning method	First-Year Pregnancy Rate ^a (Trussell & Aiken ^b)		12-Month Pregnancy Rate ^c (Polis et al. ^d)	Key
	Consistent and correct use	As commonly used	As commonly used	
Implants	0.1	0.1	0.6	0–0.9
Vasectomy	0.1	0.15		Very effective
Female sterilization	0.5	0.5		
Levonorgestrel IUD	0.5	0.7		1–9
Copper-bearing IUD	0.6	0.8	1.4	Effective
LAM (for 6 months)	0.9 ^e	2 ^e		
Monthly injectable	0.05 ^e	3 ^e		10–19
Progestin-only injectable	0.2	4	1.7	Moderately effective
Combined oral contraceptives	0.3	7	5.5	
Progestin-only pills	0.3	7		
Combined patch	0.3	7		20+
Combined vaginal ring	0.3	7		Less effective
Male condoms	2	13	5.4	
Standard Days Method	5	12		
TwoDay Method	4	14		
Ovulation method	3	23		
Other fertility awareness methods		15		
Diaphragms with spermicide	16	17		
Withdrawal	4	20	13.4	
Female condoms	5	21		
Spermicide	16	21		
Cervical cap ^f	26 ^g , 9 ^h	32 ^g , 16 ^h		
No method	85	85		

Fertility trends:

2018 TDHS results show a steady trend of TFR starting from 2.2 in 2008 TDHS and 2.3 in 2013 TDHS.

Figure 5.4 Total fertility rates by regions
Total fertility rates by 5 regions

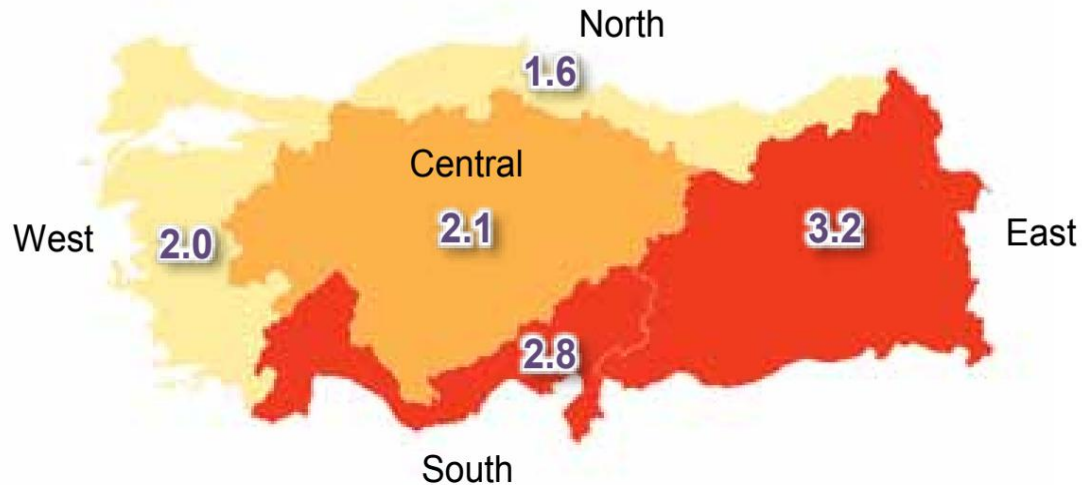
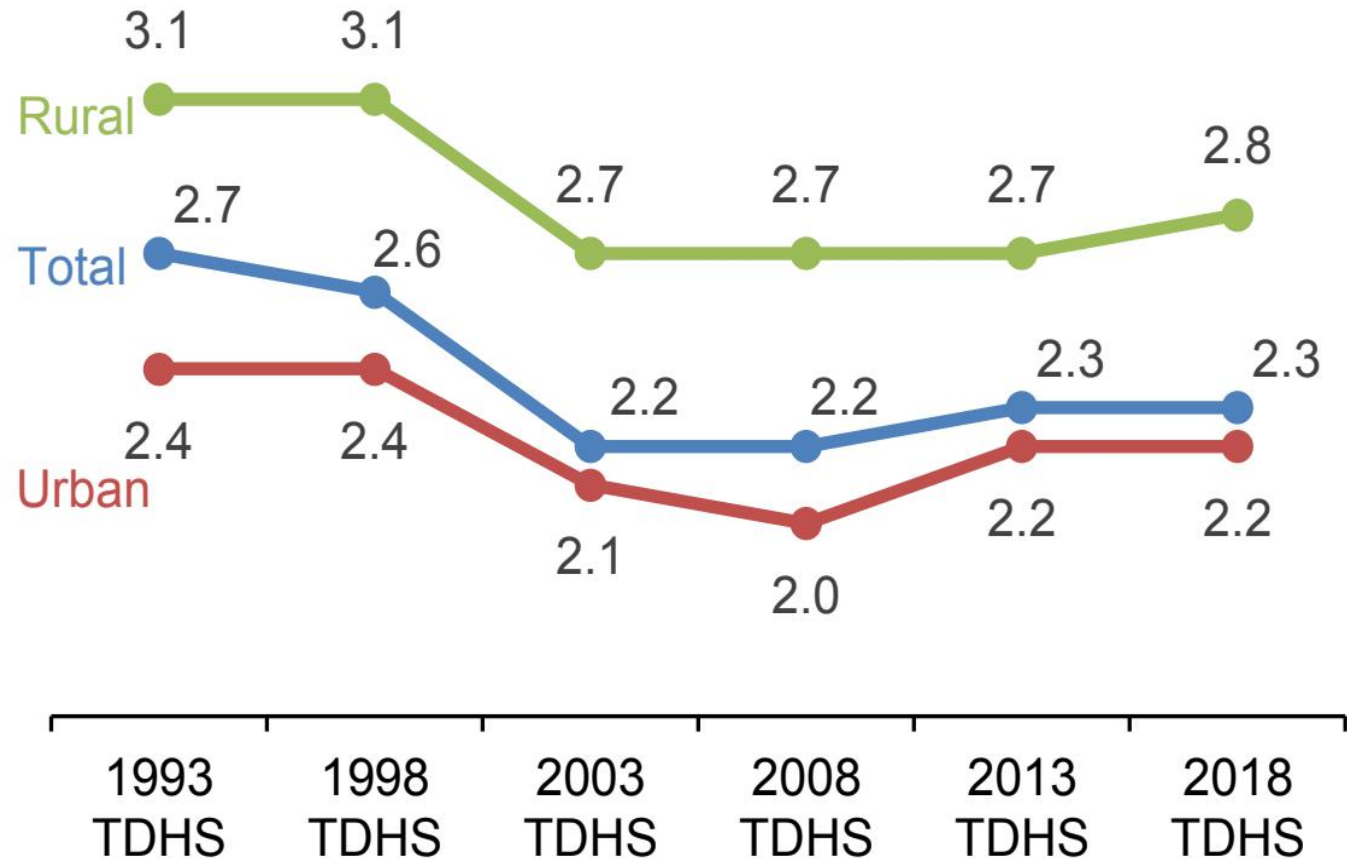


Figure 5.2 Trends in total fertility rates
Total fertility rates by residence, 1993-2018






“The average number of children a women would have assuming that current age-specific birth rates remain constant throughout her childbearing years.”

Summary trends: 2018 TDHS results

Indicator	Total	Residence		Region				
		Urban	Rural	West	South	Central	North	East
Basic Demographic Indicators								
Fertility								
<i>Births per women age 15-49</i>								
Total fertility rate	2.3	2.2	2.8	2.0	2.8	2.1	1.6	3.2
Total wanted fertility rate	2.0	2.0	2.3	1.8	2.5	1.8	1.4	2.6
Gender equality								
Marriage								
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18								
a) before age 15	2.0	nc	nc	nc	nc	nc	nc	nc
b) before age 18	14.7	nc	nc	nc	nc	nc	nc	nc
Reproductive health								
High-risk childbearing								
Adolescent women age 15-19 who have begun childbearing	3.5	3.5	3.6	2.4	6.6	3.5	2.6	4.0
Adolescent birth rates per 1.000 women	30.0	nc	nc	nc	nc	nc	nc	nc
Women aged 15-19 years ¹								

Summary trends: 2018 TDHS results

Basic Demographic Indicators – 2018 Turkey DHS (Continued)

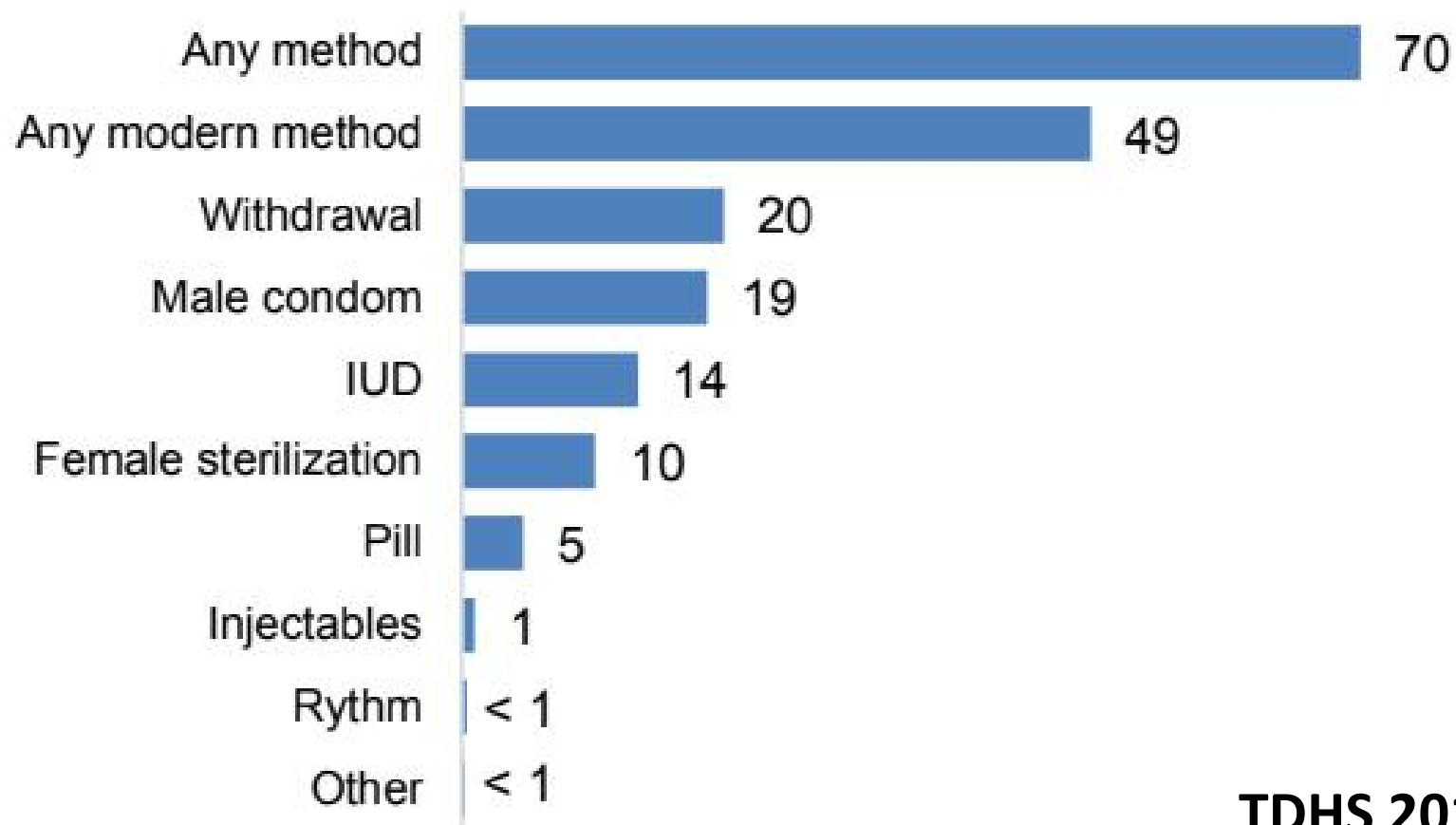
Indicator	Total	Residence		Region				
		Urban	Rural	West	South	Central	North	East
Family planning								
<i>Percentage of currently married women 15-49</i>								
Women currently using:								
Any contraceptive method	69.8	69.4	71.4	70.0	64.7	74.8	72.3	66.1
Any modern contraceptive method 	48.9	49.9	45.2	49.7	47.0	53.5	47.0	43.0
<i>Women with an <u>unmet need for family planning</u></i>								
For spacing births	4.0	3.9	4.3	3.9	6.3	2.0	3.1	5.1
For limiting births	7.6	7.7	7.2	8.4	6.7	5.6	7.7	8.7
Safe motherhood								
<i>Percentage of women with a live birth in the five years before the survey</i>								
Women who received antenatal care from a skilled health provider	96.4	96.3	97.0	95.9	95.8	97.7	99.4	96.2
Births delivered at home 	0.9	0.5	2.2	0.3	0.3	0.5	0.0	2.6
Births delivered by a skilled health provider	99.2	99.7	98.0	99.9	99.5	99.3	99.4	98.1
Women who received a postnatal checkup within 4 hours of delivery 	66.0	65.1	68.7	61.2	66.2	67.9	70.1	70.9

Summary trends: 2018 TDHS results

Indicator	Total	Residence		Region				
		Urban	Rural	West	South	Central	North	East
Child health and well-being								
Vaccinations								
Children age 12-23 months who received all age appropriate vaccines (BCG, three doses of DTap-Hib-IPV, three doses of hepatitis B, first dose of OPV and three doses of PCV)	66.9	66.6	68.0	70.2	56.6	66.8	(48.3)	71.3
Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being ²	73.7	74.2	72.3	77.2	75.6	76.6	67.8	66.1
Maternal health and nutrition								
Breastfeeding								
Median duration of breastfeeding (months)	16.7	16.4	17.7	15.7	16.1	(20.1)	a	17.3

Figure 7.1 Contraceptive use

Percentage of currently married women age 15-49 currently using a contraceptive method



TDHS 2018

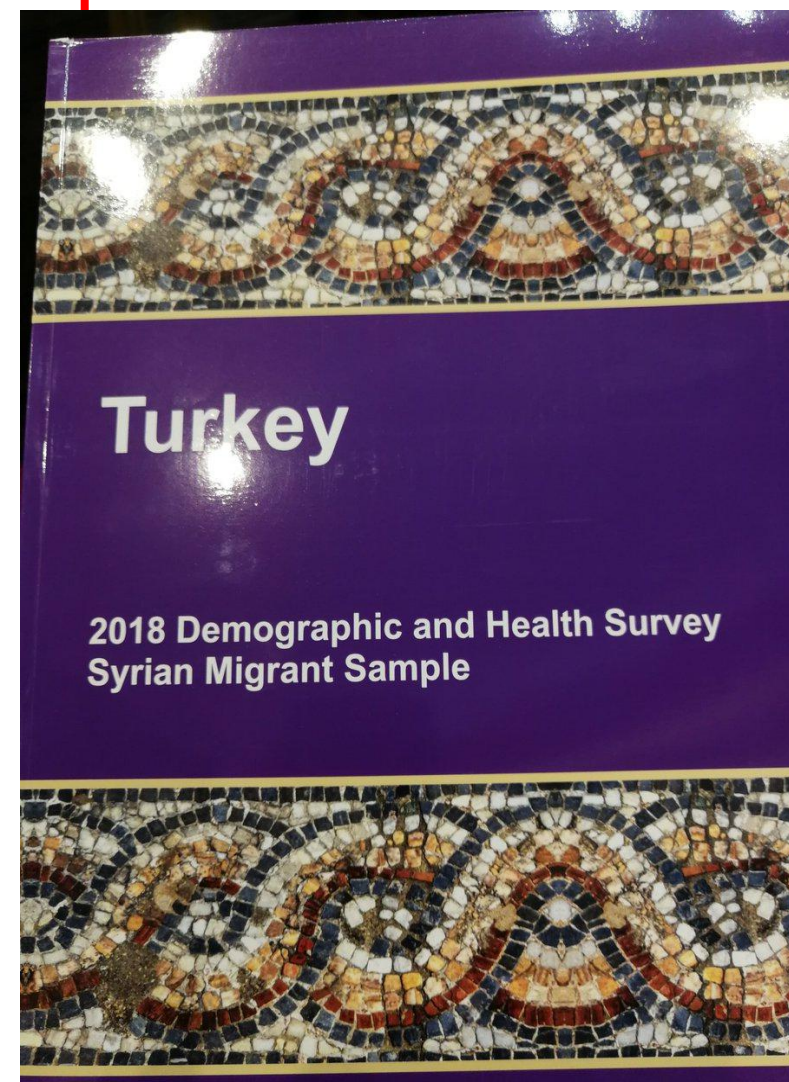
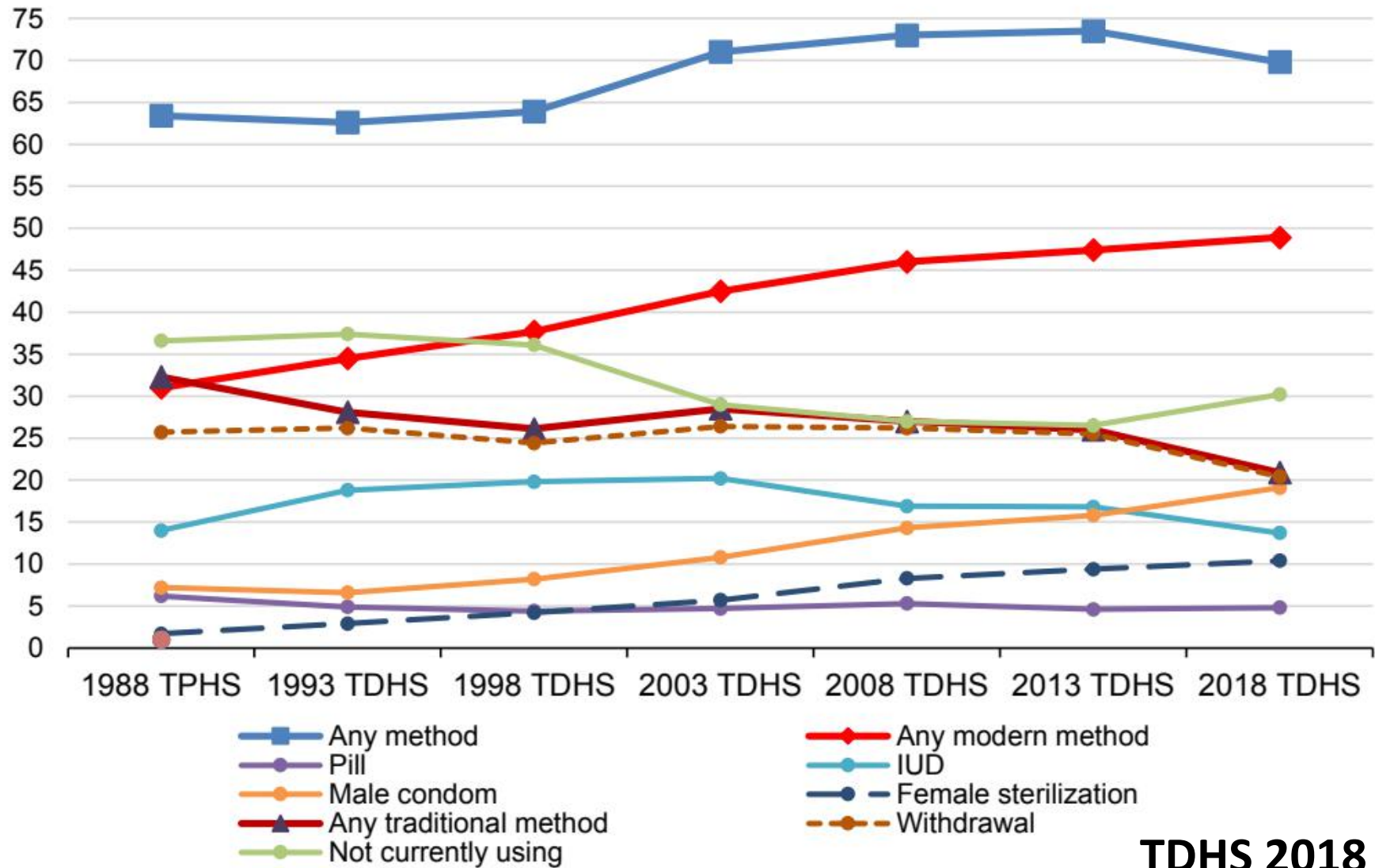
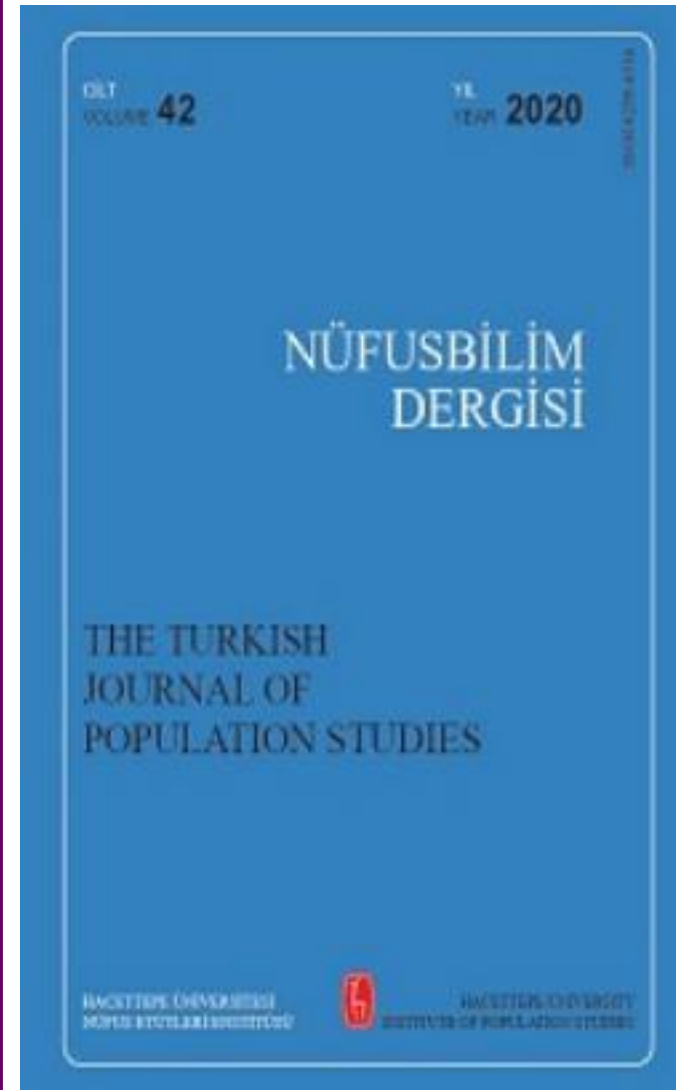


Figure 7.2 Trends in contraceptive use

Percentage of currently married women currently using a contraceptive method



TDHS 2018



TOTAL FERTILITY RATE PER WOMAN (2018)

Philippines	2.9
Laos	2.6
Cambodia	2.5
Indonesia	2.3
Myanmar	2.2
Malaysia	2.0
Vietnam	1.9
Brunei Darussalam	1.8
Thailand	1.5
Singapore	1.3

Over 150

countries are home to women who rely on UNFPA for birth control, lifesaving maternal care, and more.

According to the [Population Reference Bureau](#), **Total Fertility Rate (TFR)** is defined as,

- “The average number of children a woman would have assuming that current age-specific birth rates remain constant throughout her childbearing years.”
- Simply put, **TFR** is the average number of children a woman would have if she survives all her childbearing (or reproductive) years. Childbearing years are considered age 15 to 49.

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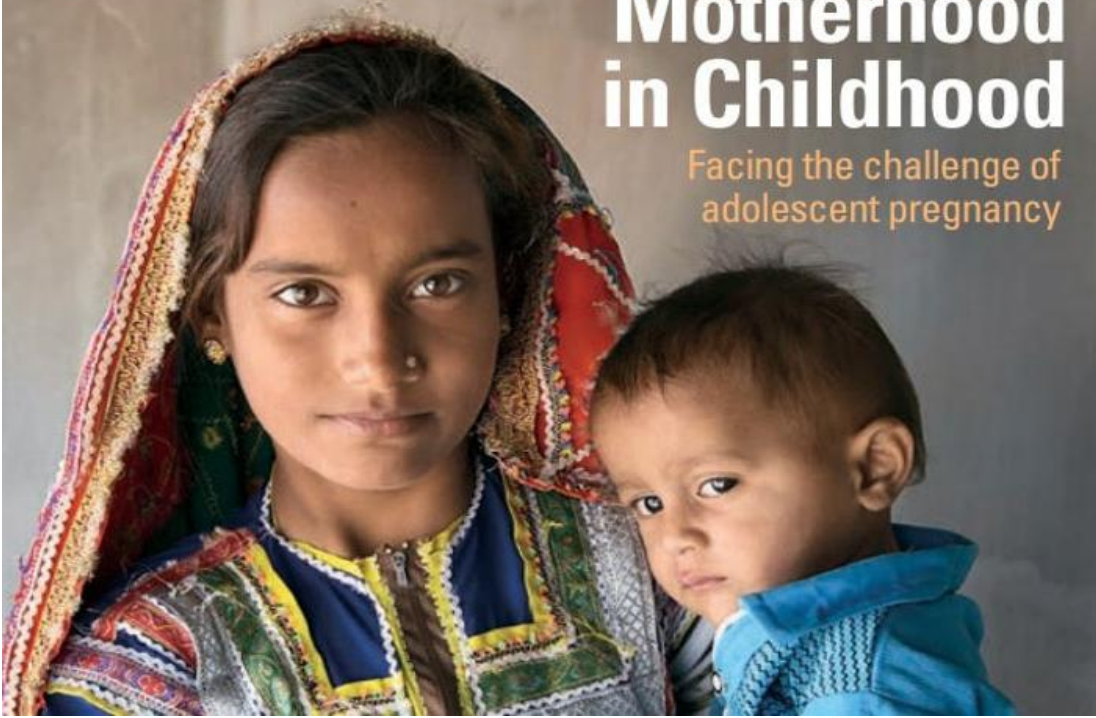
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World Health Organization

Motherhood in Childhood

Facing the challenge of
adolescent pregnancy



*Thanks for
cooperation..*

