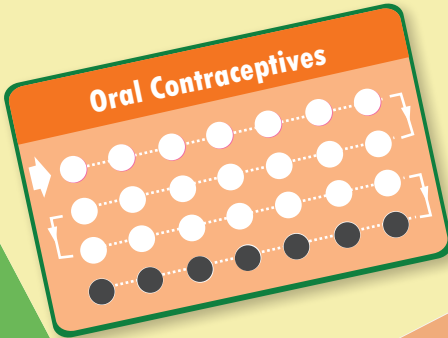


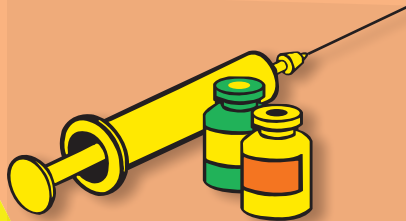
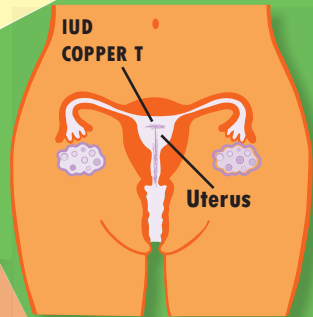
Stop Rumours: Get the Facts:

Myths and Misconceptions about Family Planning Methods

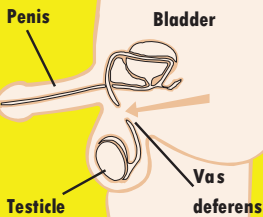
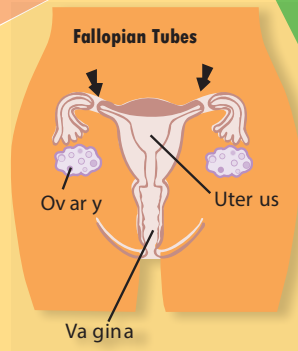
Oral Contraceptives



IUD COPPER T



Fallopian Tubes



Stop the Rumours: Get the Facts:

Welcome to Stop the Rumours: Get the Facts! This booklet describes some of the most common rumours and misconceptions about different methods of family planning. Rumours about different methods of family planning persist because people do not have the correct information about these methods, the benefits and advantages of using the method and how the method works to prevent an unwanted or unintended pregnancy.

Please remember the following:

- You have a right to practice family planning. Always ask and get your information and family planning services from a trusted and trained service provider.
- There are many modern methods of family planning which are best suited to your family planning needs: for spacing births or for limiting after having the number of children you and your partner have planned for.
- While side effects are common, some women don't have them. Side effects are not signs of illness and most side effects usually become less or stop within the first few months of use of the method.
- If you experience these side effects and they persist and bother you, tell your service provider.
- As you read this booklet please share the information with your friends and neighbours and if you have any questions, please ask your service provider.

Remember, the rumours about family planning stop with you!



Myths and Misconceptions about the Injectable (Depo Provera)

1. Can any woman use the injectable?

Yes. Injectables are safe and suitable for nearly all women including women who are breastfeeding, have or have not had children, women over 40 years old and even those who may just have had an abortion or miscarriage. Women who are HIV positive can also safely use injectables.

A woman can begin using injectables even when she is not having monthly bleeding at the time, if it is reasonably certain she is not pregnant.

2. Are there any side effects of the injectable I should know about?

Yes. In the first few months, you may experience lighter bleeding and fewer days of bleeding. After that you may experience irregular, infrequent, prolonged or no monthly bleeding. Other possible side effects may include headaches, dizziness, breast tenderness, and weight gain.

These side effects are not signs of illness. Most side effects usually become less or stop within the first few months of using the injectable. Most women do not have them. If any of these side effects bother you, tell your service provider.

3. Does the injectable cause abortion?

No. Research on combined contraceptives finds that they do not disrupt an existing pregnancy. They should not be used to try to cause an abortion. They will not do so.

4. Does the injectable cause birth defects? Will the fetus be harmed if I accidentally use the injectable when I am pregnant?

No. Evidence from studies on other hormonal methods shows that hormonal contraception will not cause birth defects. The fetus will not be harmed if you become pregnant while using the injectable or accidentally starts the injectable when you are already pregnant.

5. Should the dates for my repeat injection be based on when monthly bleeding starts?

No. You should receive the injection every 4 weeks. The timing of injections should not be based on your monthly bleeding. You can have the next injection up to 7 days late, as long as it is certain that you are not pregnant.

6. Am I protected from getting HIV while using the Injectable

No. Injectables do not protect you against sexually transmitted diseases including HIV. You must use condoms for protection against these diseases

7. Can the injectable change my mood or sex drive?

No, not really. Some women using the injectable report these complaints. The great majority of injectable users do not report any such changes. Some women report that both their mood and sex drive improve because they are protected against an unwanted pregnancy.

8. Does the injectable make a woman infertile?

No. There may be a delay in regaining fertility after stopping the injectable, but in time, you will be able to become pregnant as before. Generally, fertility decreases as women get older. The bleeding pattern you had before you used the injectable generally returns a few months after the last injection. Some women report having to wait a few months before their usual bleeding pattern returns.

9. How long will it take to get pregnant after stopping the injectable?

When you stop using the injectable you may wait about one month longer on average to become pregnant than women who have used other methods. This means you can become pregnant on average 5 months after your last injection. These are averages. You should not be worried if you do not become pregnant even as much as 12 months after stopping use. After stopping the injectable, you will ovulate before your monthly bleeding returns—and thus can become pregnant.

10. If I have varicose veins can I use the injectable?

Yes. The injectable is safe for women with varicose veins. Varicose veins are enlarged blood vessels close to the surface of the skin. They are not dangerous. They are not blood clots, nor are these veins the deep veins in the legs where a blood clot can be dangerous (deep vein thrombosis). A woman who has or has had deep vein thrombosis should not use the injectable.

In brief, injectables

Can stop monthly bleeding, but this is not harmful. It is similar to not having monthly bleeding during pregnancy. Blood is not building up inside the woman.

- ▶ Do not make women infertile.
- ▶ Do not cause early menopause.
- ▶ Do not cause birth defects or multiple births.
- ▶ Do not cause itching.
- ▶ Do not change women's sexual behavior.

Return to the health care facility any time if:

- You have any questions or health problems.
- You need another injection.
- You are late for your injection, had sex in the past 5 days, and want to avoid pregnancy.
- You think you may be pregnant.



Myths and Misconceptions about the Implant

1. Can any woman use an implant?

Yes. Implants are safe and suitable for nearly all women including women who:

- Have or have not had children
- Are not married
- Are of any age, including women over 40 years old
- Have just had an abortion, miscarriage, or ectopic pregnancy
- Are breastfeeding (starting as soon as 6 weeks after childbirth)
- Are infected with HIV, whether or not on antiretroviral therapy.

2. Are there any side effects I should know about implants?

Yes. You may experience irregular, infrequent, prolonged or no monthly bleeding. Other possible side effects may include headaches, dizziness, acne, nausea, breast tenderness, and weight gain. These side effects are not signs of illness. Most side effects usually become less or stop within the first few months of using implants. Most women do not have them. If any of these side effects bother you, tell your service provider.

3. Do implants cause cancer?

No. Studies have not shown increased risk of any cancer with use of implants.

4. Can implants be left permanently in my arm?

The implants themselves are not dangerous, but as the hormone levels in the implants drop, they become less and less effective. Even if they are left in the arm they may not have any contraceptive effect after the recommended period of time

5. How long does it take to become pregnant after the implants are removed?

Women who stop using implants can become pregnant immediately. However, in some women there may be a delay in return to fertility of about 6 months. Implants do not, however, cause infertility.

6. Do implants cause birth defects? Will the fetus be harmed if I accidentally become pregnant with implants in place?

No. The evidence shows that implants will not cause birth defects and will not otherwise harm the fetus if a woman becomes pregnant while using implants or accidentally has implants inserted when she is already pregnant. The health care provider will carefully examine you to ensure you are not pregnant before inserting the implant.

7. Can implants move around within my body or come out of my arm?

Implants do not move around in your body. The implants remain where they are inserted until they are removed. Rarely, a rod may start to come out, most often in the first 4 months after insertion. This usually happens because they were not inserted well or because of an infection where they were inserted. If you notice a rod coming out, you should start using a backup method and return to the clinic at once.

8. Can the Implant protect me from getting HIV?

No. Implants do not protect you against sexually transmitted diseases including HIV. You must use condoms for protection against these diseases

9. Can implants change my mood or sex drive?

No, not really. Some women using implants report these complaints. The great

majority of implant users do not report any such changes. Some women report that both their mood and sex drive improve because they are protected against an unwanted pregnancy.

10. Can I work soon after having implants inserted?

Yes, you can do your usual work immediately after leaving the clinic as long as you do not bump the insertion site or get it wet.

In brief, implants:

- ▶
- ▶ Do not require you to do anything once they are inserted
- ▶ Prevent pregnancy very effectively
- ▶ Are long-lasting
- ▶ Do not interfere with sex.
Do not cause infertility

Return to the health care facility any time if:

- You have any heat, pus, or redness at the insertion site that gets worse or does not go away.
- You see an implant coming out.
- You have any questions or health problems.
- It is time to replace the implants (before they lose their effectiveness).
- You want to have the implants removed.
- You have gained a lot of weight. Implants may not protect you from pregnancy as well if you weigh more than 70 kilos.
- You think you may be pregnant.



Myths and Misconceptions about the Pill

There are types of pills: the progestin only pill, (POP) which is suitable for breastfeeding mothers and the combined oral contraceptive pill (COC) which is suitable for all women who are not breastfeeding and who do not wish to get pregnant.

1. Are there any side effects of the pill I should know about?

Yes. Nausea is common in the first few months. Spotting or bleeding in between monthly periods is common in the first few months especially if you forget to take your pill or take them late. Afterwards the monthly bleeding becomes more regular and lighter. Other possible side effects may include headaches, breast tenderness, and slight weight change.

Most of these side effects usually become less or stop within the first few months of using the pill. Most women do not have them.

2. Does the pill cause abortion?

No. The pills do not disrupt an existing pregnancy.

3. How long does it take to become pregnant after I stop taking the pill?

If you stop using the pill, you can become pregnant immediately or within a few months. Pills do not delay the return of your fertility after you stop taking them.

4. Do the pills cause birth defects? Will the fetus be harmed if I accidentally take it while I am pregnant?

No. The evidence shows that the pill will not cause birth defects and will not otherwise harm the fetus if you become pregnant while taking the pill or accidentally start to take it when you are already pregnant.

5. Will the pills cause me to gain or lose a lot of weight?

No. Most women do not gain or lose weight due to the pill. Weight changes naturally as life circumstances change and as people age. Because these changes in weight are so common, many women think that the pill cause these gains or losses in weight. A few women experience sudden changes in weight when using the pill. These changes reverse after they stop taking the pill.

6. Should I take the pill the same time each day?

Yes, for 2 reasons. Some side effects may be reduced by taking the pill at the same time each day. Also, taking a pill at the same time each day helps you to remember to take the pill more consistently. Linking pill taking with a daily activity can also help you to remember to take it.

6. Should I take a “rest” from the pill after taking them for a time?

No. There is no evidence that taking a “rest” is helpful. They do not build up in your body. In fact, taking a “rest” from the pill can lead to unintended pregnancy. The pill can safely be used for many years without having to stop taking them periodically.

7. If I have been taking the pill for a long time, will I still be protected from pregnancy after I stop taking it?

No. You are protected only as long as you regularly take it. If you stop taking the pill, you risk getting pregnant

8. Can the pill change my mood or sex drive?

No, not really. Some women using the pill report these complaints. The great majority of pill users do not report any such changes. Some women report that

both their mood and sex drive improve because they are protected and do not worry about getting an unintended pregnancy.

9. What is the relationship between the pill and breast cancer?

Both pill and non pill users can have breast cancer. There is no research evidence to show whether or not pills actually cause a slight increase in breast cancers. Women are advised to go for regular screening for breast cancer as well as other forms of cancer

10. Can COCs protect me from getting STIs and HIV?

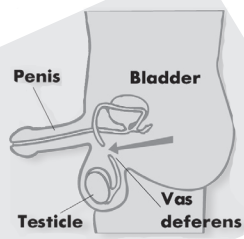
No. COCs do not protect you against sexually transmitted diseases including HIV. You must use condoms for protection against these diseases

In brief, the pills:

- ▶ Must be taken every day, whether or not a woman has sex that day.
- ▶ Do not make women infertile.
- ▶ Do not cause birth defects or multiple births.
- ▶ Do not change women's sexual behavior.
- ▶ Do not collect in the stomach. Instead, they dissolve each day.
- ▶ Do not disrupt an existing pregnancy

Return to the health care facility any time if:

- You have questions or problems.
- You think you might be pregnant.



Myths and Misconceptions About Vasectomy

1. Will vasectomy make me lose my sexual ability? Will it make me weak or fat?

No. vasectomy has no effect on sexual ability. After vasectomy, you will look and feel the same as before. You can have sex the same as before and you will ejaculate normally. You can work as hard as before, and you will not gain weight because of the vasectomy.

2. Will there be any pain after vasectomy?

After the procedure, there may be some pain or discomfort in the scrotum for which pain relievers are given. It is uncommon to have pain lasting for months. This can be treated by elevating the scrotum and taking pain relievers. If the pain does not subside, visit the health care provider for assessment and treatment.

3. Do I need to use another contraceptive method after a vasectomy?

Yes. For the first 3 months after the procedure there are still sperm in the semen after ejaculation. In that case you need to use another FP method until after 3 months. Thereafter, vasectomy is highly effective.

4. Does vasectomy protect me from Getting HIV?

No. Vasectomy does not protect you against sexually transmitted diseases including HIV. You must use condoms for protection against these diseases.

5. What if my partner gets pregnant?

Every man having a vasectomy should know that vasectomies sometimes fail and his partner could become pregnant as a result. The failure rate is 0.1%. He

should therefore not make the assumption that his partner was unfaithful if she becomes pregnant. If a man's partner becomes pregnant during the first 3 months after his vasectomy, remind the man that for the first 3 months they needed to use another contraceptive method.

6. Will the vasectomy stop working after a time?

Generally, no. Vasectomy is intended to be permanent. In very rare cases, however, the tubes that carry sperm grow back together and sperms start appearing in the semen. In such rare cases the man will require a repeat vasectomy or use another method of contraception.

7. Can I have my vasectomy reversed if I decide that I want another child?

No. Vasectomy is intended to be permanent. People who may want more children should choose a different family planning method. Surgery to reverse vasectomy is difficult and expensive and success is not guaranteed

8. Is it better for me to have a vasectomy or for my partner 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.

9. How can my health care provider help me decide about vasectomy?

Your health care provider should give you clear, balanced information about vasectomy and other family planning methods, and help you to think through your decision fully. The service provider listens to your concerns, answers your questions, and gives clear, practical information about the procedure, especially its permanence. It is important for you to have all the information to allow you to make informed choice, as this will help you to avoid regret after the procedure. Involving your partner in counseling can be helpful but is not required.

10. Should vasectomy be offered only to men who have reached a certain age or have a certain number of children?

No. There is no justification for denying you a vasectomy just because of your age, the number of living children, or your marital status. You are allowed to decide for yourself whether or not you will want more children and whether or not to have vasectomy. The provider only helps you to think over your decision in order to avoid regret in future since vasectomy is not reversible.

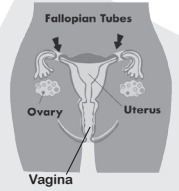
In brief vasectomy :

- ▶ Does not remove the testes Only tubes that carry sperms from the testicles are cut
- ▶ Does not decrease sex drive.
- ▶ Does not affect sexual function. A man's erection is as hard, it lasts as long, and he ejaculates the same as before.
- ▶ Does not cause a man to grow fat or become weak, less masculine, or less productive.
- ▶ Does not cause any diseases later in life.
- ▶ Does not prevent transmission of sexually transmitted infections, including HIV
- ▶ Is safe for all men.

Return to the health care facility any time if:

- You have questions or health problems.
- Within the first 3 months of having the vasectomy, you and your partner have unprotected sex and want to avoid pregnancy. Your partner can take emergency contraceptive pills (ECPs).
- Your partner thinks she may be pregnant.

Myths and Misconceptions about Tubal Ligation



1. Is female sterilization safe for all women?

Yes. Female sterilization is safe for all women including women who just gave birth within the last seven days or are breastfeeding. You can go for a tubal ligation even when you are not having monthly bleeding at the time, if you are reasonably sure you are not pregnant. If you are HIV positive, have AIDS, or are on antiretroviral (ARV) therapy, you can safely undergo female sterilization.

2. Will sterilization change my monthly bleeding or make monthly bleeding stop?

No. Sterilization has no effect on your monthly period and does not cause to bleeding.

3. Will sterilization make me lose my sexual desire? Will it make me fat?

No. Sterilization has no effect on sexual desire. You may find that you enjoy sex more because you do not have to worry about getting pregnant. Sterilization does not make you gain weight

4. Will sterilization protect me from getting HIV?

No. Sterilization does not protect you against sexually transmitted diseases including HIV. You must use condoms for protection against these diseases

5. Should sterilization be offered only to women who have had a certain number of children, who have reached a certain age, or who are married?

No. There is no justification for denying you sterilization just because of your

age, the number of living children, or your marital status. You are allowed to decide for yourself whether or not you will want more children and whether or not to have sterilization. The provider only helps you to think over your decision in order to avoid regret in future since sterilization is not easily reversible.

6. If I have had a sterilization procedure do I ever have to worry about getting pregnant again?

Generally, no. Female sterilization is very effective at preventing pregnancy and is intended to be permanent. It is not 100% effective, however. Women who have been sterilized have a slight risk of becoming pregnant: About 5 of every 1,000 women become pregnant within a year after the procedure.

7. Can sterilization be reversed if I decide I want another child?

Generally, no. Sterilization is intended to be permanent. If you want more children you should choose a different family planning method. Surgery to reverse sterilization is difficult, expensive and not usually successful. Thus, you should consider sterilization as permanent and irreversible.

8. Is it better for me to have female sterilization or for my partner to have a vasectomy?

Each couple must decide for themselves which method is best for them. Both are very effective, safe, permanent methods for individuals and couples who know that they will not want more children.

9. Will the procedure hurt?

Before the sterilization is undertaken, you will receive a local anesthetic at the incision site to stop pain during the procedure, and, except in special cases, you remain awake. You can feel the health care provider moving your uterus and fallopian tubes and this may cause some discomfort. After the procedure there may be pain at the incision site for a few days but you will be given pain medication for this.

10. What should I expect after the procedure has been done?

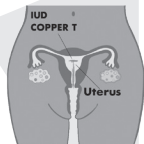
After the procedure, you may feel a bit weak and it is recommended that you rest for 2 days and avoid vigorous work and heavy lifting for a week. To avoid risk of infection keep the incision site clean and dry for 1 to 2 days.

In brief: female sterilization:

- ▶ Does not make women weak.
- ▶ Does not cause lasting pain in the back, uterus, or abdomen.
- ▶ Does not remove a woman's uterus or lead to a need to have it removed.
- ▶ Does not cause hormonal imbalances.
- ▶ Does not cause heavier bleeding or irregular bleeding or otherwise change women's menstrual cycles.
- ▶ Does not cause any changes in weight, appetite, or appearance.
- ▶ Does not change women's sexual behavior or sex drive.
- ▶ Is easy to use, does not require you to do or remember anything.

Return to the health care facility any time if:

- You have any questions or health problems.
- You think you may be pregnant.



Myths and Misconceptions about the Intrauterine Contraceptive Device (IUCD)

1. Will there be any changes in my monthly bleeding when I am using the IUCD?

Yes. You may experience abnormal bleeding patterns, such as spotting or light bleeding between menstrual periods and heavier or prolonged menstrual bleeding and, more cramps and pain during monthly bleeding. These are common during the first 3-6 months of IUCD use but usually decrease over time. If the symptoms continue, see your health care provider for advice and management.

2. Can the IUCD travel from the uterus to other parts of the body such as the heart or brain?

The IUCD does not travel to any part of the body outside the uterus. It normally stays within the uterus like a seed within a shell until the time of removal.

3. How long will I take to get pregnant after removal of IUCD?

You can become pregnant once the IUCD is removed just as quickly as a woman who has never used an IUCD. IUCD has no effect on fertility.

4. Does the IUCD cause abortion?

IUCD does not prevent pregnancy by causing an abortion. Instead it prevents the sperm from meeting the egg. It may, however, cause a miscarriage if accidentally inserted in a pregnant woman. Because the IUCD is highly effective in preventing fertilization, risk of abortion is almost non-existent if pregnancy is ruled out in all clients prior to insertion.

5. Will the IUCD strings interfere with my husband's sexual pleasure?

No. The strings do not interfere with his sexual pleasure. Neither does he feel

the IUCD during sexual intercourse. If he complains that it is poking him, it may be dislodged and you will need to see your health care provider for check-up

6. Can a woman who has never had a baby use an IUCD?

Yes. Even if you have not had children you can use an IUCD. There is no minimum or maximum age limit.

7. Does the IUCD cause cancer?

No. In fact, research has shown that the IUCD may protect you against some cancers, such as cancer of the lining of the uterus (endometrial cancer).

8. If I have an IUCD and a sexually transmitted infection (STI) should I have the IUCD removed?

No. If you get an STI after your IUCD has been inserted you can continue to use the IUCD while you are being treated for the STI. Removing the IUCD has no benefit and may leave you at risk of unwanted pregnancy. You should also use condoms to avoid STIs in the future.

9. Does the IUCD increase my risk of getting HIV?

No. The risk of getting sexually transmitted diseases is the same whether you have an IUCD or not. Use condoms for protection against sexually transmitted diseases and HIV

10. Must an IUCD be inserted only during a woman's monthly bleeding?

No. The IUCD can be inserted at any time during your menstrual cycle if you are reasonably sure that you are not pregnant. The health care provider has a set of questions s/he may ask and will also examine you to make sure you are not pregnant

In brief, intrauterine devices:

- ▶ Do not cause birth defects.
- ▶ Do not cause cancer.
- ▶ Do not move to the heart or brain.
- ▶ Do not make women infertile.
- ▶ Do not cause discomfort or pain for the woman during sex.
- ▶ Do not increase the risk of contracting STIs, including HIV.
- ▶ Do not increase the risk of miscarriage when a woman becomes pregnant after the IUCD is removed.
- ▶ Substantially reduce the risk of ectopic pregnancy.

Why Some Women Say They Like the IUCD

- ▶ Prevents pregnancy very effectively
- ▶ Is long-lasting
- ▶ Has no further costs after the IUCD is inserted
- ▶ Does not require the user to do anything once the IUCD is inserted

Return to the health care facility any time if:

- You have questions or problems.
- You have any of the following, especially in the first 20 days after insertion:
 - Increasing or severe pain in the lower abdomen
 - Pain during sex
 - Unusual vaginal discharge
 - Fever, chills, nausea, or vomiting
- Your provider has scheduled a post-insertion visit 3 to 6 weeks after insertion of the IUD.
- You think the IUD may have slipped out of place (you do not feel the strings or you feel the hard plastic of an IUD that has partially come out of the uterus).
- You miss your menstrual period or think you may be pregnant.
- You want to remove the IUD for any reason.

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