Monthly Injectable

Combined Injectable Contraceptives (CICs)
Monthly Injectable
Combined Injectable Contraceptives (CICs)

EFFECTIVENESS

Typical use

94%
Some missed or late injections:
6 pregnancies per 100 women

GENERAL INFORMATION

- Requires that you get an injection every 4 weeks (30 days) to prevent pregnancy.
- More regular monthly bleeding than with DMPA or NET-EN injectables.
- Delayed return of fertility after woman stops method. It takes an average of about 1 month longer than with most other methods.
- Safe for a woman living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

- The injection contains two hormones, progestin and estrogen.
- These hormones stop the release of eggs from the ovaries (ovulation). They also make cervical mucus thick. This stops sperm from meeting an egg.
- You get an injection every 4 weeks (30 days).

IMPORTANT FACTS

- Method does not require daily action by user.
- Private. No one else can tell you are using an injectable.
- Does not interfere with sex.
- Return of fertility is about 1 month longer than with most other methods.
- Use condoms (male or female) if you feel at risk of STIs or HIV (dual protection).
METHOD NOT ADVISED IF YOU...

- Are within 21 days of giving birth (regardless of breastfeeding status).
- Breastfeed an infant less than 6 months old.
- Smoke cigarettes and are 35 years old or older.
- Have high blood pressure, 140/90 or higher
- Have a combination of cardiovascular risk factors such as diabetes, hypertension, older age and/or are a smoker. Discuss with your provider.
- Have severe liver disease.
- Have breast cancer or risk factors of heart disease: older age, stroke, smoking, diabetes, high blood pressure, or high cholesterol levels.
- Have migraine headaches (a severe headache that does not go away with paracetamol) and are 35 years old or older.
- Have migraine aura (sometimes seeing a growing bright spot in one eye) at any age.
- Have a history of blood clot, called thrombosis, or major surgery with prolonged immobilization.
- Have lupus.
- HIV positive and are on ritonavir-boosted protease inhibitors as part of HAART.

SIDE EFFECTS

- Common side effects include:
  - Lighter bleeding and fewer days of bleeding
  - Irregular bleeding
  - Infrequent or prolonged bleeding
  - No monthly bleeding
- Changes in monthly bleeding are normal. These changes usually lessen or stop within 3 months of starting injections.
- After stopping the injections, changes in monthly bleeding do not stop until the injection wears off (2-3 months or more).
- Some women may have weight gain, headaches, dizziness, or breast tenderness.
- These are not signs of illness.
- Not all women have these side effects.
HOW TO USE

▪ A provider will give you the injection.
▪ You return every 4 weeks (30 days) to get another injection.
▪ Even if you are late, come back. You may still be able to get your injection.
▪ If you switch to another brand of injectable, get instructions on how to use it.

FOLLOW-UP

▪ Return every 4 weeks (30 days) to get your next injection.
▪ Try to come on time. You make come up to 7 days early or 7 days late and still get an injection. No matter how late you are, come back for your next injection.
▪ If you are more than 7 days late, abstain from sex or use condoms until you can get an injection.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

▪ You have any questions or problems.
▪ You need another injection.
▪ You develop any health problems.
▪ You are late for your injection, had sex in the past 5 days, and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
▪ You think you may be pregnant
Emergency Contraceptive Pills

ECPs
Emergency Contraceptive Pills
ECPs

EFFECTIVENESS

Correct use
Most effective if taken within first 24 hours; can be taken within 5 days of having unprotected sex:
1-2 pregnancies per 100 women after one instance of unprotected sex depending on the ECP

GENERAL INFORMATION

▪ One of the only methods that can help prevent pregnancy after a woman has had unprotected sex.
▪ Not recommended for regular use. A woman using ECP repeatedly should receive additional family planning counseling in order to select the most appropriate continuous method.
▪ Must be used within 5 days (120 hours) of unprotected sex.
▪ Safe for women who cannot use regular hormonal contraceptive methods including postpartum breastfeeding women.
▪ Breastfeeding not recommended for 1 week after using ulipristal acetate (UPA)
▪ ECPs do not disrupt existing pregnancy.
▪ Safe for a woman living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
▪ Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

▪ ECPs contain the same hormones as combined or progestin-only oral contraceptive pills, but in higher doses.
▪ These hormones prevent the release of eggs from your ovaries (ovulation).
IMPORTANT FACTS

▪ All women can use EC pills safely and effectively, including women who cannot use ongoing hormonal contraceptive methods.
▪ You can use ECPs for any act of unprotected sex, including forced sex (rape).
▪ You can also use them if there have been contraceptive mistakes or failures, such as:
  - Condom broke, slipped, or was not used correctly
  - You missed 3 or more combined oral contraceptive pills
  - You started a new packet of pills 3 or more days late
  - You are more than 7 days or 2 weeks late for a repeat injection of injectable contraceptive (depending on type of injection)
  - Your IUD has come out of place
  - You used TwoDay or Standard Days Method incorrectly. For example, you failed to abstain from sex or use condoms during the days you can get pregnant
▪ ECPs reduce the need to seek abortion.
▪ Dedicated ECP products, combined oral contraceptives (the pill), or progestin-only oral contraceptives (minipill) can all be used as ECPs.
▪ Have an ECP method on hand in case of an emergency (unprotected sex).
▪ They should not be used in place of an ongoing contraception method.
▪ You can become pregnant immediately after taking CPs if you have unprotected sex (even 1 day after taking ECPs).
▪ Use another method of contraception at once to continue to protect against pregnancy.
▪ Use condoms (male or female) if you feel at risk of STIs, including HIV and Zika.

METHOD NOT ADVISED IF YOU...

▪ Are on medicine for seizures or you take rifampicin.

SIDE EFFECTS

▪ You may have light vaginal bleeding for 1-2 days after taking ECPs.
▪ In the week after taking ECPs, you may have nausea, abdominal pain, fatigue, headache, breast tenderness, dizziness, or vomiting.
▪ Your monthly bleeding may start earlier or later than expected.
HOW TO USE

- Take the ECPs as soon as possible within 5 days (120 hours) of having unprotected sex. The sooner you take them, the better. The effectiveness of ECPs decreases over time.
- Take the pills as directed by your provider.

Important: Dosage varies according to brand. Your provider will give you dosage information according to the brand or type of pill.

- If you vomit within 2 hours of taking ECPs, take another dose. If you vomit 2 hours after taking ECPs, you do not need to take another does.
- Start another method of contraception at once. ECPs are not effective as an ongoing method of contraception.
- Take a packet of ECPs (or oral contraceptive pills, with instructions on how to use them as ECPs) home to use when you need them.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

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

TYPES
- Female Condom 2 / FC2
- Cupid

EFFECTIVENESS

Typical Use
Not used consistently:
79%
21 pregnancies per 100 women

GENERAL INFORMATION
- The female condom is a sheath made of a transparent latex with flexible rings at both ends. It is the same length as a male condom.
- Before having sex, place the female condom into your vagina. It fits loosely inside the vagina.
- You must use a new condom for each act of sex.
- Protects against pregnancy **and** sexually transmitted infections (STIs), including HIV and Zika.
- Preserves feeling of sex for men and women.
- Requires partner’s cooperation.

HOW THE METHOD WORKS
- Before having sex, place the female condom into your vagina.
- The condom forms a barrier that keeps sperm out of the vagina during sex. This prevents pregnancy.
- The condom covers the cervix inside the vagina. The cervix is a closed space, so the female condom cannot disappear inside the body.
- It also protects you from getting or giving STIs including HIV.
IMPORTANT FACTS

- Can be used as a temporary or backup method.
- Can be used without seeing a health provider.
- Can be initiated by the woman.
- Must not be used if the partner is using a male condom. The friction between the two condoms may cause one or both to break.
- May be relatively expensive and hard to find.
- Require you to touch your genitals.
- May make noises during intercourse; adding lubricant can help.
- Can be used during pregnancy to protect mother and fetus against STIs.

HOW TO USE

1. Use a new female condom for each act of sex.
2. Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date. Do so only if newer condoms are not available.
3. Insert up to 8 hours before sex. For the most protection, insert the condom before the penis comes into contact with the vagina.
4. Rub the sides of the female condom together to spread the lubricant evenly and insert:
   - Hold the condom with the larger, open end hanging down.
   - Choose a position that is comfortable for insertion. You can squat, raise one leg, sit, or lie down.
   - Grasp the inner ring at the closed end. Squeeze it so that it becomes long and narrow.
   - Find the opening of the vagina and separate outer lips (labia). With the other hand gently push the inner ring into the vagina as far up as it will go.
   - Insert a finger into the condom to push it into place. Allow up 2 to 3 cm of the condom and outer ring to remain outside the vagina.
5. When you are ready for sex, guide the penis into the condom. Make sure it does not slip outside. If the penis goes outside the condom, withdraw the penis. Help guide it in again.
6. If the outer ring is pushed into the vagina or the condom is pulled out of the vagina during sex, put the condom back into place.
7. After having sex, remove the condom before standing to prevent leakage of semen. To remove the female condom, grasp the outer ring, twist it to seal in the fluid and gently pull it out of the vagina.
8. Place the condom in a tissue or in the empty package. Throw it into the rubbish or latrine. Do not put it into a flush toilet. This can cause problems with plumbing.
SIDE EFFECTS
None

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...
- You have any questions or problems.
- You had unprotected sex in the past 5 days and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).

Important: If you did not use a condom for an act of sex, try to use one the next time. A mistake once or twice does not mean that it is too late to use condoms in the future.
Hormonal Implants

EFFECTIVENESS

First year of use
Less than 1 pregnancy per 100 women

GENERAL INFORMATION

- Are small rods or capsules (about the size of a matchstick) put under the skin.
- Provide long-term protection from pregnancy for 3 to 5 years. Length of protection depends on the implant.
- A trained provider must insert and remove implants.
- Safe for women who are breastfeeding. You may get implants after giving birth.
- Often cause changes in monthly bleeding. May cause absence of bleeding or temporary heavy bleeding for a few months.
- Safe for women living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Do not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

- A trained provider inserts the implant(s) under the skin, usually on the inside of your upper arm.
- The implant(s) slowly release a hormone (progestin). Progestin makes the mucus around the cervix thick. This stops sperm from meeting an egg.
- This hormone also prevents the release of eggs from your ovaries (ovulation).
IMPORTANT FACTS

▪ One of the most effective and long-last methods.
▪ Must be inserted and removed by a trained provider.
▪ Can help reduce anemia.
▪ Do not interfere with sex.
▪ May be difficult to obtain locally.
▪ Use condoms (male or female) to protect against STIs, including HIV and Zika.

METHOD NOT ADVISED IF YOU...

▪ Have unexpected vaginal bleeding.
▪ Have breast cancer or history of breast cancer in last 5 years.
▪ Take medicine for seizures or take reifampicin (as it may reduce effectiveness of contraceptive).
▪ Currently have blood clots.
▪ Have lupus.
▪ Have history of severe liver disease.

SIDE EFFECTS

▪ During the first several months, common side effects include:
  - Lighter monthly bleeding and fewer days of bleeding
  - Irregular monthly bleeding that lasts more than 8 days
  - Infrequent monthly bleeding or no bleeding (amenorrhea)
▪ After about 1 year, common side effects include:
  - Lighter monthly bleeding and fewer days of bleeding
  - Irregular monthly bleeding or infrequent bleeding
▪ Implanon causes less irregular prolonged monthly bleeding than Jadelle. But, Implanon is more likely to cause infrequent monthly bleeding or no bleeding at all.
▪ May cause headaches, abdominal pain, breast tenderness, or other side effects.
▪ These are common and not signs of illness.
HOW TO USE

▪ A trained provider gives you an anesthetic in the arm to prevent pain. S/he inserts the implants just under the skin.

▪ The procedure takes only a few minutes. You are fully awake during the procedure. You may feel some tugging, pressure, or slight pain when the provider inserts the implants.

▪ After the procedure, get the following information from your provider:
  - Type of implant
  - Date of insertion
  - Month and year when they need to be removed or replaced

FOLLOW-UP

▪ Keep the insertion area dry for 4 days.

▪ Your arm may be sore for a few days. You may also have swelling and bruising at the insertion site.

▪ This is normal. It will go away without treatment.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

▪ You have any inflammation, 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 problems.

▪ It is time to replace the implant(s).

▪ You want to have the implant(s) 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 develop any health problems.

▪ You think you may be pregnant.
Intrauterine Device

Copper-bearing IUD
Intrauterine Device
Copper-bearing IUD

EFFECTIVENESS

**99%**
First year of use
Less than 1 pregnancy per 100 women

GENERAL INFORMATION

- Provides long-term protection against pregnancy for 5 - 12 years.
- Is a small, flexible, plastic and copper device place din the uterus. Most IUDs have 1 or 2 thin strings that hang from the cervix into the vagina.
- It is a safe and effective method for almost all women. Including women in the postabortal or postpartum period.
- A trained provider must insert and remove the IUD.
- Can be inserted immediately after childbirth (within 48 hours) or after 4 weeks postpartum.
- Typically causes longer and heavier bleeding and more cramps or pain during monthly bleeding.
- Safe for a woman living with HIV or with AIDS who is clinically well on antiretroviral (ARV) therapy.
- Not advised for a woman at very high risk of having a sexually transmitted infection (STI).
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

- A trained provider inserts the IUD into your uterus, where it stays.
- The plastic and copper device prevents the sperm and egg from meeting.
IMPORTANT FACTS

- One of the most effective and long-lasting methods.
- Must be inserted and removed by a trained provider.
- Immediate return to fertility after IUD is removed.
- Does not interfere with sex.
- Does not require you to do anything once the IUD is inserted.
- Can be used as emergency contraception, if inserted within five day of unprotected intercourse or five days after estimated time of ovulation.
- Use condoms (male or female) if you feel at risk of STIs, including HIV and Zika.

METHOD NOT ADVISED IF YOU...

- Are pregnant or think you might be pregnant.
- Have unusual vaginal bleeding. Seek further assessment from provider.
- Have gonorrhea or Chlamydia.
- Are living with HIV and are not doing well clinically.
- Are at very high risk of having an STI.

SIDE EFFECTS

- Some bleeding or spotting after insertion. This may continue for 3 to 6 months.
- Cramping and some pain for a few days after insertion.
- Changes in bleeding patterns. They include prolonged and heavy monthly bleeding, irregular bleeding, or more cramps and pain during monthly bleeding. These are normal, especially in the first 3 to 6 months after insertion.
- These are not signs of illness.
- Side effects usually lessen after the first several months.

HEALTH BENEFITS

- May help protect against cancer of the uterus.
HOW TO USE

- Have a pelvic exam to rule out genital infections.
- Take ibuprofen, paracetamol, or other pain reliever 30 minutes before insertion to reduce cramping and pain.
- A trained provider inserts the IUD in a place with the necessary supplies and equipment.
- The provider inserts the IUD into your uterus through your vagina and cervix. S/he cuts the strings on the IUD, leaving about 3 cm hanging out of the cervix.
- You will feel some discomfort or cramping during the procedure. This is normal.
- After the procedure get the following information from your provider:
  - Type of IUD you have
  - Date of insertion
  - Date when IUD will need to be removed or replaced

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 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.
Intrauterine Device/System

LNG IUD/IUS
Intrauterine Device/System
LNG IUD/IUS

EFFECTIVENESS

First year of use
Less than 1 pregnancy per 100 women

GENERAL INFORMATION

- Provides long-term protection against pregnancy for up to 5 years.
- Is a small, flexible, plastic and device in the uterus with an inner reservoir of levonorgestrel, a progestin hormone. The LNG IUD/IUS has 1 or 2 thin strings that hang from the cervix into the vagina.
- A trained provider must insert and remove the LNG IUD/IUS.
- Causes lighter and shorter monthly periods of bleeding and may cause periods to stop altogether.
- Safe for a woman living with HIV or with AIDS who is clinically well on antiretroviral (ARV) therapy.
- Not advised for a woman at very high risk of having a sexually transmitted infection (STI).
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.
- Can be inserted immediately after childbirth (within 48 hours) or after 4 weeks postpartum.

HOW THE METHOD WORKS

- A trained provider inserts the LNG IUD/IUS into your uterus, where it stays.
- The levonorgestrel (progesterone hormone) is released into uterus and inhibits fertilization of the egg by thickening the cervical mucus, inhibiting sperm movement, and hindering sperm and egg transport.
IMPORTANT FACTS

▪ One of the most effective and long-lasting methods.
▪ Must be inserted and removed by a trained provider.
▪ Immediate return to fertility after LNG IUD/IUS is removed.
▪ Does not interfere with sex.
▪ Does not require you to do anything once LNG IUD/IUS is inserted.
▪ Use condoms (male or female) if you feel at risk of STIs, including HIV.

METHOD NOT ADVISED IF YOU...

▪ Are pregnant or think you might be pregnant.
▪ Have unusual vaginal bleeding. Seek further assessment from health provider.
▪ Have gonorrhea or Chlamydia.
▪ Have AIDS and are not taking ARV medicine or are not doing well clinically.
▪ Are at very high risk of having an STI.
▪ Have history of breast cancer.

SIDE EFFECTS

▪ Some bleeding or spotting after insertion. This may continue for 3 to 6 months.
▪ Cramping and some pain for a few days after insertion.
▪ Changes in bleeding patterns. They include prolonged and heavy monthly bleeding, irregular bleeding, or more cramps and pain during monthly bleeding. These are normal, especially in the first 3 to 6 months after insertion.
▪ Symptoms associated with hormones, including headaches, breast tenderness or weight gain.
▪ These are not signs of illness.
▪ Side effects usually lessen after the first several months.

HEALTH BENEFITS

▪ May help protect against cancer of the uterus.
▪ There are many additional health benefits to LNG IUD/IUS including its role as treatment for heavy or prolonged bleeding, as treatment for menstruation and endometrium disorders such as endometriosis, adenomyosis or dysmenorrheal, as an alternative for hysterectomy.
HOW TO USE

▪ Have a pelvic exam to rule out genital infections.
▪ Take ibuprofen, paracetamol, or other pain reliever 30 minutes before insertion to reduce cramping and pain.
▪ A trained provider inserts the IUD/IUS in a place with the necessary supplies and equipment.
▪ The provider inserts the IUD/IUS into your uterus through your vagina and cervix. S/he cuts the strings on the IUD/IUS, leaving about 3 cm hanging out of the cervix.
▪ You will feel some discomfort or cramping during the procedure. This is normal.
▪ After the procedure get the following information from your provider:
  - Type of IUD/IUS you have
  - Date of insertion
  - Date when IUD/IUS will need to be removed or replaced

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 scheduled a post-insertion visit 3 to 6 weeks after insertion of the LNG IUD/IUS.
▪ You think the LNG IUD/IUS may have slipped out of place (you do not feel the strings or you feel the hard plastic of an IUD/IUS that has partially come out of the uterus).
▪ You want to remove the IUD/IUS for any reason.
Lactational Amenorrhea Method
LAM
Lactational Amenorrhea Method
LAM

EFFECTIVENESS

Typical use
First 6 months after childbirth when all 3 criteria are met:
2 pregnancies per 100 women

98%

GENERAL INFORMATION

- LAM is the use of fully breastfeeding after having a baby to delay the woman’s return to fertility.
- LAM requires 3 conditions. All 3 must be met:
  1. Your monthly bleeding has not returned since giving birth
  2. The baby is fully exclusively breastfed, day and night
  3. The baby is less than 6 months old
- LAM is a temporary family planning method to use after pregnancy, when women can think about which method to use after LAM no longer protects you from pregnancy.
- Safe for a woman living with HIV/AIDS. There is a chance, however, that mothers with HIV will transmit HIV to their infants through breastfeeding.
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

- Fully breastfeeding stops the release of hormones that cause a woman to release eggs from her ovaries (ovulate).
IMPORTANT FACTS

- Does not interfere with sex.
- No costs and no supplies needed.
- Effectiveness after 6 months postpartum is not certain.
- Fully and exclusively breastfeeding may be inconvenient or difficult for some women.
- Use condoms (male or female) if you feel at risk of STIs, including HIV and Zika.
- Once you begin feeding your baby food or liquids other than your breast milk, LAM no longer protects you from pregnancy. Contact your provider to begin using another method of contraception immediately.
- Have ECP method on hand in case you have unprotected sex when all 3 criteria are no longer met or you have not gone to facility.
- Before you start to use supplemental feeding talk to your provider about switching to another modern method.

METHOD NOT ADVISED IF YOU...

- You last gave birth over 6 months ago.
- Your monthly bleeding has returned.
- You are offering your baby any foods or liquids other than breast milk.

SIDE EFFECTS
None

USE CAUTION WHEN LIVING WITH HIV/AIDS:

- Mothers living with HIV should:
  - Exclusively breastfeed for 6 months and continue breastfeeding, with complementary food, up to 12 months
  - Upon decision to stop breastfeeding, stop gradually within one month. Stopping breastfeeding abruptly is not advised and you must have a reliable safe alternative to breast milk
- Giving anti-retroviral drugs (ARVs) to mother living with HIV or HIV-exposed infant during breastfeeding can significantly reduce the risk of HIV-transmission through breastfeeding.
- Mothers or infants who have been receiving ARV prophylaxis should continue prophylaxis for one week after breastfeeding is fully stopped.
HEALTH BENEFITS OF BREASTFEEDING

- Provides the healthiest food for the baby.
- Protects the baby from diarrhea.
- Reduces bleeding after childbirth.
- Passes on the mother’s immunities to the baby. This helps protect the baby from diseases such as measles and pneumonia. These diseases can kill babies.
- Helps develop a close bond between the mother and baby.

HOW TO USE

- Start breastfeeding as soon as possible after the baby is born. Breast feeding initiated within one hour of birth will allow baby the full benefit of colostrums.
- Breastfeed your baby exclusively for the first six months.
- Feed only breast milk day and night. You are protected against pregnancy if all 3 conditions are present:
  1. Your menstrual bleeding has not returned
  2. Your baby is fully breastfed. You must breastfeed both day and night.
  3. Your baby is less than 6 months old.
- If and when any of these conditions are not present, you should:
  - Use another method for effective family planning that will not interfere with breastfeeding.
  - Keep breastfeeding your baby. Breastfeed even while feeding your baby other food or liquids.
- Complementary foods must be introduced to six months, however breastfeeding should also continue up to 2 years and longer. Women should discuss infant feeding with their health care provider.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

- You have any questions or problems.
- Any 1 of the 3 conditions needed for LAM changes, and you need another method.
- Before your baby is 6 months old so you can choose another method.
Male Condoms
Male Condoms

EFFECTIVENESS

Typical use
82%
Not used consistently:
18 pregnancies per 100 women

GENERAL INFORMATION

- Most condoms are made of thin latex rubber. Some condoms are coated with a lubricant and/or spermicide.
- If you have had an allergic reaction to latex rubber, you should not use latex condoms.
- Before having sex, place the condom over the erect penis.
- You must use a new condom for each act of sex.
- Protects against pregnancy and sexually transmitted infections (STIs), including HIV and Zika.
- Requires partner’s cooperation to use consistently and correctly.

HOW THE METHOD WORKS

- Before having sex, place the condom on the erect penis.
- The condom forms a barrier that keeps sperm out of the vagina during sex. This prevents pregnancy.

IMPORTANT FACTS

- Can be used without seeing a health provider.
- Can be used as a temporary or backup method.
- Condoms both male and female are the only method that prevents from STIs and HIV.
- May decrease sensation, making sex less enjoyable for either partner.
- You must take time to put the condom on the erect penis before the penis touches the woman’s genitals.
- Increase male participation in family planning.
METHOD NOT ADVISED IF YOUR PARTNER...

- Has had an allergic reaction to latex rubber. Some people may just be allergic to a specific brand of condoms. If it is not a latex allergy, switch to another brand.

SIDE EFFECTS
None

HOW TO USE:

1. Use a new condom for each act of sex.
2. Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date. Do so only if newer condoms are not available.
3. Open the package carefully. Do not use fingernails, teeth, or anything that could damage the condom.
4. Before any vaginal contact, place the condom on the tip of the erect penis. The rolled side should be on the outside.
5. Unroll the condom all the way to the base of the erect penis. If the condom does not unroll, it may be on backwards, damaged, or too old. Throw it away. Use a new condom. If the condom is on backwards and another is not available, turn it over and unroll onto the penis.
6. If desired, use water or a water-based lubricant on the outside of the condom. This helps prevent breaks. Do not use creams, oils, or petroleum jelly.
7. Immediately after ejaculation, hold the rim of the condom in place. Withdraw the penis will it is still erect. Be careful not to spill semen when withdrawing the penis or taking off the condom.
8. Place the condom in a tissue or in the empty package. Throw it into the rubbish. Do not put it into a flush toilet. This may cause problems with plumbing.
9. Store condoms in a dark, cool, dry place if possible.

Important: If you did not use a condom for an act of sex, try to use one the next time. A mistake once or twice does not mean that it is too late to use condoms in the future.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

- You have any questions or problems.
- You had unprotected sex in the past 5 days and want to avoid pregnancy. The woman can take emergency contraceptive pills (ECPs).
Minipill
Progestin-only Oral Contraceptives
Minipill
Progestin-only Oral Contraceptives

EFFECTIVENESS

Typical use in first year
Some missed pills:
3 to 10 pregnancies per 100 women

90 - 97%

For breastfeeding women in first year
1 pregnancy per 100 women

99%

GENERAL INFORMATION

- Requires that you take 1 pill every day.
- Safe for women who are breastfeeding.
- You may begin the minipill after giving birth.
- May cause irregular monthly bleeding. For breastfeeding women, causes delayed return of monthly bleeding.
- Safe for a woman living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

- You take 1 pill every day. The minipill is most effective when you take the pill at the same time every day.
- The minipill has small amounts of progestin. Progestin makes the mucus around the cervix thick. This stops sperm from meeting an egg.
- This hormone also prevents the release of eggs from the ovaries (ovulation).
IMPORTANT FACTS

▪ Can be stopped at any time without a provider’s help.
▪ You control the method.
▪ Does not interfere with sex.
▪ Can cause irregular monthly bleeding.
▪ You have to remember to take a pill once a day, every day.
▪ All of the pills have the hormone progestin in them; there are no placebos or sugar pills.
▪ Use condoms (male or female) if you feel at risk of STIs, including HIV and Zika.

SIDE EFFECTS

▪ May cause frequent or irregular monthly bleeding for the first several months or the entire time you use the minipill.
▪ May cause headaches, dizziness, breast tenderness, mood changes, or other possible side effects.
▪ For breastfeeding women, it takes longer for monthly bleeding to return after giving birth.
▪ These are normal and not signs of illness.
▪ Not all women have these side effects.

HOW TO USE

▪ Begin with the first pill in the packet as directed by your provider.
▪ Take 1 pill every day until you finish the packet.
▪ Take the pill at the same time every day. Do not miss any pills.
▪ Have a new packet of pills on hand before you finish your packet.
▪ If you get your pills from a pharmacy, you can use the instructions in this brochure.
▪ If you miss taking your pills, follow the guidelines on the next page.
FOLLOW THESE GUIDELINES IF YOU MISS 1 OR MORE PILLS

<table>
<thead>
<tr>
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RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

▪ You have any questions or problems.
▪ You need more pills.
▪ You develop any health problems.
▪ You were late or missed a pill, had sex in the past 5 days, and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
▪ You think you may be pregnant.
The Pill

Combined Oral Contraceptives
The Pill
Combined Oral Contraceptives

EFFECTIVENESS

Typical use in first year
91%
Some missed pills:
9 pregnancies per 100 women

GENERAL INFORMATION

▪ Requires that you take 1 pill every day.
▪ May cause irregular bleeding during the first few months of use.
▪ Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
▪ There are many different brands and regimens of combined oral contraceptives. Discuss available and most appropriate method with provider.
▪ Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

▪ You take 1 pill every day. The pill is most effective when you take the pill at the same time every day.
▪ The pill contains small amounts of the hormones estrogen and progestin.
▪ These hormones make the mucus around the cervix thick. This stops sperm from meeting an egg.
▪ They also prevent the release of eggs from the ovaries (ovulation).

IMPORTANT FACTS

▪ You control the method.
▪ Can be stopped at any time without a provider’s help.
▪ Does not interfere with sex.
▪ You have to remember to take a pill once a day, every day.
▪ Use condoms (male or female) if you feel at risk of STIs and Zika.
METHOD NOT ADVISED IF YOU...

- Are breastfeeding an infant less than 6 months old.
- Smoke cigarettes and are 35 years old or older.
- If you are at risk of heart disease, stroke, smoking, diabetes, high blood pressure, or high cholesterol.
- Have certain uncommon series diseases of the heart or blood vessels. Discuss with your provider.
- Have blood clots, deep vein thrombosis, or pulmonary embolism, or are on an anticoagulant therapy. Discuss with your provider.
- Have lupus or severe liver disease or gall bladder disease, even if medically-treated. Discuss with your provider.
- Have breast cancer or a history of breast cancer.
- Have migraine aura

SIDE EFFECTS

- Irregular bleeding during the first few months of use
- Amenorrhea (absence of period) and intermittent spotting
- Headache and dizziness
- Change in mood
- Weight change
- Tenderness of the breasts
- Nausea

HOW TO USE

- Begin with the first pill in the packet as directed by your provider.
- Take 1 pill every day until you finish the packet.
- Take the pill at the same time every day. Do not miss any pills.
- Have a new packet of pills on hand before you finish your packet.
- If you get your pills from a pharmacy, you can use the instructions in this brochure.
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RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

▪ You have any questions or problems.
▪ You need more pills.
▪ You develop any health problems.
▪ You were late or missed a pill, had sex in the past 5 days, and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
▪ You think you may be pregnant.
Progestin-only Injectables

DMPA or NET-EN
Progestin-only Injectables
DMPA or NET-EN

EFFECTIVENESS

Typical use in first year
94%
Some missed or late injections:
6 pregnancies per 100 women

GENERAL INFORMATION

▪ You get an injection very 2 or 3 months, depending on type of injectable.
▪ Fertility can return as early as 3 weeks postpartum so you should use a backup method such as condoms until you begin the injection.
▪ Safe for women who are breastfeeding. You may begin the method 6 weeks after giving birth.
▪ May cause irregular or no menstrual bleeding.
▪ There is a delayed return to fertility after you stop the method. It takes longer than with most other methods to conceive (1 months for NET-EN, 4 months for DMPA, up to 1 year for Sayana Press®).
▪ Safe for a woman living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
▪ Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

▪ Progestin-only injectables contain the hormone progestin. Progestin makes the mucus around the cervix thick. This stops the sperm from meeting the egg.
▪ This hormone also stops the release of eggs from the ovaries (ovulation).
▪ DMPA, NET-EN, and Sayana Press are different types of injectables.
▪ If using DMPA, you get an injection once every 3 months (90 days).
▪ If using NET-EN, you get an injection once every 2 months (60 days).
▪ If using Sayana Press®, you get an injection every 3 months (90 days).
IMPORTANT FACTS

- Method is reversible.
- Can be stopped at any time, either to switch to another method or to get pregnant.
- Private. No one can tell you are using an injectable.
- Do not interfere with sex.
- Use condoms (male or female) if you feel at risk of getting STIs, including HIV and Zika.

METHOD NOT ADVISED IF YOU...

- Are breastfeeding an infant less than 6 weeks of age.
- Have very high blood pressure, over 160/100.
- Have major cardiovascular risk factors such as hypertension, obesity, older age, stroke, smoking, diabetes, high cholesterol, or certain uncommon diseases of the heart or blood vessels. Discuss with your provider.
- Have or have history of breast cancer.
- Have unexplained vaginal bleeding.
- Take medications for seizures or take rifampicin.
- Have lupus or take Ritonavir-boosted protease inhibitors as part of HAART (Efavirenz or Neviripine) may cause lower effectiveness of NET-EN.
- History of severe liver disease.

SIDE EFFECTS

- In the beginning, you may have irregular bleeding, prolonged bleeding, or frequent bleeding. Later on there is no monthly bleeding.
- Menstrual changes do not stop until the injection wears off (2-3 months or more).
- Some women have weight gain, headaches, dizziness, and other side effects. These are not signs of illness.
- Not all women have these side effects.

HEALTH BENEFITS

- Help prevent cancer of the lining of the uterus. Also help prevent uterine fibroids.
- May help protect against pelvic inflammatory disease (PID).
- May help prevent iron deficiency anemia.
- Reduce symptoms of endometriosis (pelvic pain, irregular bleeding).
HOW TO USE

▪ Go to a provider to get an injection.
▪ Get your injections every 3 months (DMPA), 2 months (NET-EN), or self administer according to instructions every 3 months (Sayana Press). If you do not get your injection, you can get pregnant if you have sex.
▪ Even if you are late, come back. You may still be able to get your injection.
▪ If you switch to another brand of injectable, use this brochure on how to use the method.

FOLLOW-UP

For DMPA users:
▪ Return every 3 months or 13 weeks to get the next injection.
▪ Try to come on time. You may come up to 2 weeks early or 4 weeks late and get an injection. No matter how late you are, come back for your next injection.
▪ If you are more than 4 weeks late, abstain from sex or use condoms until you can get an injection.

For NET-EN users:
▪ Return every 2 months or 9 weeks to get the next injection.
▪ Try to come on time. You may come up to 2 weeks early or 2 weeks late and get an injection. No matter how late you are, come back for your next injection.
▪ If you are more than 2 weeks late, abstain from sex or use condoms until you get an injection.

For Sayana Press® users:
▪ Return for periodic re-evaluation and to receive new injections.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

▪ You have any questions or problems.
▪ You need another injection.
▪ You develop any health problems.
▪ You are late for your injection, had sex in the past 5 days, and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
▪ You think you may be pregnant.
EFFECTIVENESS

Typical use in first year
88%
12 pregnancies per 100 women

GENERAL INFORMATION

- Ideal for women whose menstrual cycles are usually between 26-32 days long. Women who have their regular monthly bleeding fall within this range.
- You use a calendar or CycleBeads®, a string of color-coded beads, to track the days you can get pregnant and the days you are not likely to get pregnant.
- On the days you can get pregnant, you must not have sex or you must use a condom or other barrier method.
- Postpartum or breastfeeding women must have 3 regular menstrual cycles before they can use SDM. Use an alternative method during this period.
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.
- Requires partner’s cooperation.

HOW THE METHOD WORKS

- Make a calendar or use CycleBeads® to track the days when you can get pregnant. You also track the days when you are not likely to get pregnant.
- The days you can get pregnant are days 8 to 19 of your menstrual cycle.
- On those days you must not have sex or you must use condoms to avoid getting pregnant.

SIDE EFFECTS

None
IMPORTANT FACTS

- There are no costs needed, and no supplies if you choose to use calendar to track the days.
- There are 12 days during the month when you can get pregnant. On those days, you must abstain from sex or use a barrier method. This may be difficult for some couples.
- You will need counseling on how to use the method correctly.
- Use condoms (male or female) if you feel at risk of STIs, including HIV and Zika.

METHOD NOT ADVISED IF YOU...

- Do not have regular monthly bleeding, that means, if your cycles are not between 26-32 days long.
- Are not willing or able to abstain from sex or use a condom or other barrier method during the days you can get pregnant.
- Cannot keep track of the days of your menstrual cycle.
- Have not had at least 3 consecutive menstrual cycles since giving birth.
- Do not have regular monthly bleeding after discontinuing a hormonal method.

HEALTH BENEFITS

- It is natural, there are no hormones, devices or medical procedures required.
- Promotes male involvement and couple communication.
- No delay in return to fertility.

HOW TO USE

To use SDM with CycleBeads®:

Each bead represents a day of your menstrual cycle. The RED bead marks the first day of your monthly bleeding. All BROWN beads mark the days when you are not likely to get pregnant. All WHITE beads mark the days you can get pregnant.

1. On the first day of your monthly bleeding, move the ring to the RED bead. Also mark that day on a calendar. This will help you remember where to put the ring if one day you forget to move it.
2. Move the ring to the next bead each day. Always move the ring in the direction of the arrow.
3. Move the ring even on the days that you have your monthly bleeding.
4. When the ring is on a BROWN bead you are not likely to get pregnant. You can have unprotected sex.
5. When the ring is on a WHITE bead, you can get pregnant. Abstain from vaginal sex or use a condom or other barrier method.
6. On the day your monthly bleeding begins again, move the ring to the RED bead to start a new cycle. Skip over any beads that are left.
7. There is one DARK BROWN bead. If your monthly bleeding begins before you reach the DARK BROWN bead, it is too soon. This means that your menstrual cycle is shorter than 26 days.
8. If your monthly bleeding does not start the day after you reach the last BROWN bead, it is too long. This means that your menstrual cycle is longer than 32 days.
9. If more than once in a year you have a cycle that is too short or too long, you should use another method.

IF USING A CALENDAR:
1. On the first day of your monthly bleeding, mark that day on the calendar. This is day 1 of your cycle.
2. Days 1 to 7 of your cycle are days when you are not likely to get pregnant. You can have unprotected sex.
3. Days 8 to 19 of your cycle are days when you can get pregnant if you have unprotected sex. Abstain from vaginal sex or use a condom or other barrier method.
4. From day 20 until your monthly bleeding begins again are days when you are not likely to get pregnant. You can have unprotected sex.
5. To know if the method works for you, always check if you get your monthly bleeding every 26 to 32 days.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...
- You have any questions or problems
- You have difficulty abstaining from sex or using a condom or other barrier method during the days you can get pregnant. You may want to choose another method.
- You get your monthly bleeding before you reach the DARK BROWN bead.
- You do not get your monthly bleeding by the day after you reach the BROWN bead.
- You have sex on a day when you can get pregnant (WHITE bead days or days 8 to 19 on calendar) and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
- You think you may be pregnant.
Withdrawal

Coitus Interruptus/"Pulling Out"
Withdrawal
Coitus Interruptus/“Pulling Out”

EFFECTIVENESS

78% Typical use
22 pregnancies per 100 women

GENERAL INFORMATION

- The man withdraws his penis from his partner’s vagina before ejaculation and he ejaculates outside of the vagina.
- Is one of the least effective methods, yet offers better protection than no method at all.
- Not suitable for men who cannot sense consistently when ejaculation is about to occur or ejaculate prematurely.
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.
- Requires partner’s cooperation.

HOW THE METHOD WORKS

- Works by keeping sperm out of the woman’s vagina.

IMPORTANT FACTS

- Effectiveness depends on willingness and ability of the male partner to use withdrawal with every act of intercourse.
- Pre-ejaculatory fluid contains sperm and may flow out during intercourse.
- Couples can use withdrawal as a backup method.
- May be appropriate for couples who need temporary method while awaiting the start of another method.
- Requires no supplies and no clinic or pharmacy visit.
METHOD NOT ADVISED IF...

- Male partner cannot sense consistently when ejaculation is about to occur.
- Male partner ejaculates prematurely.
- Couple is at high risk of infections, they should use a condo with each act of sex. Withdrawal does not protect from STIs, including HIV and Zika.

SIDE EFFECTS

None

HEALTH BENEFITS

- Promotes male involvement and couple communications.
- No delay in return to fertility after use of withdrawal is stopped.

HOW TO USE

- When the man feels close to ejaculation he should withdraw his penis from the woman’s vagina and ejaculate outside the vagina.
- The man should keep his semen away from the woman’s genitals.
- If the man has ejaculated recently, he should urinate and wipe the tip of his penis, to remove any remaining sperm, before sex.
- Learning to properly use withdrawal may take time. The couple can also use another method until the man feels that he can use withdrawal correctly with every act of sex.

RETURN TO THE HEALTH CARE FACILITY AT ANY TIME IF...

- You have any questions or problems.
- Your male partner has difficulty predicting and/or controlling the timing of his ejaculation. You may want to choose another method.
- Your partner has ejaculated inside your vagina before withdrawing. You can take emergency contraceptive pills (ECPs).
- You want an additional or alternative method of family planning for greater protection from pregnancy. You think you may be pregnant.
Tubal Ligation

Female Sterilization
**Tubal Ligation**
Female Sterilization

**EFFECTIVENESS**

- **In first year**
  - 99%
  - Less than 1 pregnancy per 100 women

- **Over 10 years**
  - 99%
  - 2 pregnancies per 100 women

**GENERAL INFORMATION**

- Permanent method for women who do not want more children.
- Involves a surgical procedure. There are both benefits and certain risks in the procedure.
- Protects against pregnancy right away.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

**HOW THE METHOD WORKS**

- A trained provider makes a small incision on your abdomen. S/he then ties off (or cuts) the two fallopian tubes. These tubes normally carry eggs from the ovaries to the uterus.
- With the tubes blocked, the eggs cannot move down the tubes. They cannot meet with the man’s sperm.
- The method is intended to be permanent.

**SIDE EFFECTS**

None
IMPORTANT FACTS

- No need to worry about contraception again. The method is very effective.
- Easy to use, nothing to do or remember.
- Does not affect sexual desire.
- Complications of surgery and anesthesia are possible. But they are uncommon and extremely rare.
- Special arrangements are needed to perform a tubal ligation on a woman with AIDS.
- Use condoms (male or female) if you feel you are at risk of STIs, including HIV and Zika.

METHOD NOT ADVISED IF YOU...

- Are pregnant
- Are depressed
- Have certain medical conditions that make it necessary to delay the procedure.

HEALTH BENEFITS

- Protects against risks of pregnancy and pelvic inflammatory infections (PID).
- May help protect against ovarian cancer.

INFORMED CONSENT

- Informed consent is required for this method.
- Before you give informed consent, you must understand the following points:
  - Temporary contraceptives are also available
  - Tubal ligation is a surgical procedure
  - There are certain risks of the procedure as well as benefits (both risks and benefits must be explained in a way that you understand them).
  - If successful, the procedure will prevent you from ever having any more children.
  - The procedure is considered permanent and probably cannot be reversed.
  - You can decide against the procedure at any time before it takes place. You will not lose rights to other medical, health, or other services or benefits.
- Before the procedure you may need to sign a consent form. If you cannot read or write, someone will read the form to you and a witness can sign for you.
FOLLOW-UP

- After the procedure, rest for 2 days.
- Avoid vigorous work and heavy lifting for 1 week.
- Abdominal pain and swelling after the procedure is common. It usually goes away within a few days.
- Take paracetamol or ibuprofen in case of pain. Do not take aspirin. It slows healing. You rarely need a stronger pain reliever.
- Keep the incision clean and dry for 1 or 2 days. Avoid rubbing the incision for 1 week.
- Do not have sex for at least 1 week. If pain lasts more than 1 week, avoid sex until all pain is gone.
- If possible, after 7-14 days, return to the health care facility. The health care provider will check the incision site. S/he will look for signs of any infection and remove any stitches.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

- You have any questions or problems.
- You develop any health problems.
- You think you may be pregnant.
TwoDay Method®

Balanced Counseling Strategy Plus (3rd ed.)
TwoDay Method®

EFFECTIVENESS

Typical use
86%
14 pregnancies per 100 women

GENERAL INFORMATION

▪ Ideal for women who have healthy cervical secretions.
▪ Healthy secretions do not have a foul smell or cause itchiness or pain.
▪ You have to check your cervical secretions at least once a day to know which days you can get pregnant (fertile days).
▪ If you note secretions of any type, color, or consistency on the day you check, then this is a fertile day and you can get pregnant.
▪ On days you can get pregnant, you must abstain from unprotected sex or you can use a condom or other barrier method.
▪ Does not protect against sexually transmitted infections (STIs), including HIV and Zika.
▪ Requires partner’s cooperation.

HOW THE METHOD WORKS

▪ Check your secretions at least twice a day.
▪ For this method, any type of cervical secretions indicates the woman is fertile. Secretions are anything that you perceive as coming from your vagina, except menstrual bleeding.
▪ If you saw or felt any secretions either today or yesterday, you can get pregnant today.
▪ If today or yesterday you had secretions, abstain from sex or use a condom or other barrier method today.

SIDE EFFECTS

None
IMPORTANT FACTS

- No costs and no supplies needed.
- Can be used by women with any cycle length and can be started at any point in their cycle.
- You will need some counseling on how to use the method correctly.
- If you have a vaginal infection or another condition that changes your cervical secretions, the TwoDay Method will be difficult to use.
- On fertile days, you must abstain from unprotected sex or use a barrier method. This may be difficult for some couples.
- Use condoms (male or female) if you feel at risk of STIs, including HIV and Zika.

METHOD NOT ADVISED IF YOU...

- Are not willing or able to abstain from sex or use a condom or other barrier method during the days you can get pregnant.
- Cannot tell whether or not you have cervical secretions.
- Have an infection that may affect your cervical secretions.
- Have not had at least 3 consecutive menstrual cycles since giving birth.
- Have not resumed menstruation after discontinuing a hormonal method.

HEALTH BENEFITS

- It is natural, there are no hormones, devices or medical procedures required.
- Promotes male involvement and couple communications.
- No delay in return to fertility

HOW TO USE

1. Check for secretions as soon as your monthly bleeding stops. Check every day for any secretions. Secretions are anything that you perceive as coming from your vagina, except menstrual bleeding.
2. You may feel wetness at the opening of your vagina or see secretions on your finger, underpants, or tissue paper.
3. If you did not notice any secretions today AND yesterday (two days in a row without secretions), it is not likely you can get pregnant today.
4. If you are not sure whether or not you have secretions, avoid sex or use a condom or other barrier method.

Note: Secretions may change in quantity or look different on different days. ANY type of secretion indicates that you can get pregnant.
RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

- You have difficulty knowing whether or not you have secretions.
- You or your partner has difficulty using condoms or abstaining from sex during the days you can get pregnant. You may want to choose another method.
- You have fewer than 5 days with secretions.
- You have more than 14 days in a row with secretions.
- You have sex on a fertile day and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
- You think you may be pregnant.
- You have any questions or problems.
Vasectomy

Male Sterilization
Vasectomy
Male Sterilization

EFFECTIVENESS

In first year
99%
Less than 1 pregnancy per 100 women whose partner has had a vasectomy

Over 3 years
96%
4 pregnancies per 100 women whose partner has had a vasectomy

GENERAL INFORMATION

- Permanent, safe method for men who do not want more children.
- A safe, simple surgical procedure.
- Does not affect male sexual performance.
- Does not protect from pregnancy immediately. There is a 3-month delay before the method takes effect.
- You must use condoms or another method for 3 months after the procedure.
- Safe for a man with HIV/AIDS, even if he takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

- You undergo a safe, simple, and quick surgical procedure.
- A trained provider makes a simple cut and closes off the tubes from the testicles to the penis (vas deferens).
- Closing off the tubes keeps sperm out of the semen.
- You can still have erections and ejaculate semen. Your semen does not have sperm in it, so you cannot make a woman pregnant.
IMPORTANT FACTS

- One of the most effective methods, but it carries a small risk of failure.
- Vasectomy is not fully effective until 3 months after the procedure. You must use condoms or another method for 3 months.
- Pregnancies can occur within the first year for several reasons:
  - During the first 3 months after the procedure, you do not always use a condom or other method during sex.
  - The provider makes a mistake during the procedure.
  - The cut ends of the vas deferens grow back together.
- Increases enjoyment and frequency of sex because there are no worries about pregnancy.
- There are no particular health risks or benefits from this procedure.
- Special arrangements are needed to perform the procedure on a man with AIDS.
- Use condoms (male or female) if you feel at risk of STIs, including HIV and Zika.

METHOD NOT ADVISED IF...

- You have a medical condition where it may be necessary to delay this procedure.

INFORMED CONSENT

- Informed consent is required for this method.
- Before you give informed consent, you must understand the following points:
  - Temporary contraceptives are also available to you
  - Voluntary vasectomy is a surgical procedure
  - There are certain risks of the procedure as well as benefits (both risks and benefits must be explained in a way that you understand them).
  - If successful, the procedure will prevent you from ever having any more children.
  - The procedure is considered permanent and probably cannot be reversed.
  - You can decide against the procedure at any time before it takes place. You will not lose rights to other medical, health, or other services or benefits.
- Before the procedure you may need to sign a consent form. If you cannot read, a witness can sign for you.
HOW TO USE

▪ A trained medical provider performs the procedure in a place that has the necessary medical supplies and equipment.
▪ The provider injects a local anesthetic into your scrotum. You will stay awake during the procedure.
▪ The provider performs the procedure.
▪ You can usually leave the clinic within an hour.

FOLLOW-UP

▪ It is common to feel discomfort in the scrotum. This usually lasts 2 to 3 days.
▪ Take paracetamol or ibuprofen for pain. Do not take aspirin. It slows healing.
▪ Rest for 2 days, if possible.
▪ Keep incision clean and dry for 2 or 3 days.
▪ Do not have sex for at least 2 or 3 days.
▪ During the first 3 months after the procedure, use condoms or another effective family planning method.
▪ If possible, return to the clinic to have your semen examined. If it does not contain sperm, the vasectomy is working. This is helpful but not required.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

▪ You have questions or problems.
▪ You develop any 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.
Progesterone Vaginal Ring
PVR

EFFECTIVENESS

Correct use
Consistent use every 3 months:
2 pregnancies per 100 women

GENERAL INFORMATION

▪ Can help prevent pregnancy in women who breastfeed at least 4 times per day for the first year postpartum.
▪ Soft, flexible ring-shaped device made of silicone rubber and containing natural progesterone hormone.
▪ Can begin using method ≥ 4 weeks after childbirth.
▪ Each ring can be used continuously for 90 days; 4 rings can be used consecutively, each changed every 3 months, for up to 12 months.
▪ Self-inserted and removed from the vagina.
▪ Safe for mothers and baby.
▪ Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

▪ It releases a constant level of the hormone progesterone that spreads to the walls of the vagina and then into the blood stream.
▪ Progesterone prevents the start of ovulation. It reinforces the inhibitory effect of breastfeeding on ovulation suppression.
  - Inhibits growth of follicles (which contain an egg) and therefore prevents ovulation.
▪ Extends the period of lactational amenorrhea which means you will likely not get your menses.
▪ Progesterone makes the mucus around your cervix get thick. This makes it difficult for sperm to meet the egg.
**IMPORTANT FACTS**
- No harmful effects on frequency of breastfeeding, volume of breast milk or infant growth.
- Does not interfere with sex although your partner may be able to feel the ring.
- User-initiated and reversible.
- Natural progesterone hormone is released in a continuous low dose which results in few side effects.
- Can be stopped at any time without a provider’s help.
- Removing the ring for any period of time may reduce efficacy.
- The ring might become discolored with use.

**METHOD NOT ADVISED IF YOU...**
- Are not breastfeeding at least 4 times per day.
- Have a genital or urinary tract infection (method can be initiated after treatment), or have had pelvic inflammatory disease or salpingitis since delivery
- Have a history of uterine disease (endometrial or cervical) or recurrent urinary tract infections
- Have sensitivity to silicone.

**POSSIBLE SIDE EFFECTS**
- Vaginal discharge
- Spotting or bleeding
- Breast discomfort
- Lower abdominal pain

**HEALTH BENEFITS**
- Efficacy of the method depends on continued breastfeeding which has benefits for baby and mother.
HOW TO USE

▪ Using proper hygiene, place the ring as far back into the vagina as possible with your fingers until you do not feel it.

▪ If experiencing difficulty with insertion try inserting while in a different position (for example, one leg raised on a stool, or on your back).

▪ If you feel the ring slipping, use your fingers to push up and reposition the ring so you no longer feel it.

▪ If the ring comes out, reinsert it as soon as possible. Be sure the ring is clean enough to reinsert. If necessary wash with mild soap or water. Do not use bleach or other cleaning products.

▪ If constipated, ring can be removed briefly before toileting. Reinsert using proper hygiene.

▪ If the ring continues to come out, this method may not be appropriate for you. It may not be suitable for women with severe pelvic relaxation problems.

▪ If the ring is removed for more than 2 hours, reinsert if possible, and contact your health care provider (use another method of contraception such as condom until you get proper advice).

▪ Replace the ring with a new one after 90 days if continued birth spacing is desired, and you are continuing to breastfeed at least 4 times per day.

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...

▪ You have questions or problems.

▪ You think you might be pregnant.

▪ Your menses returns.

▪ More than 12 months have passed since starting the method.

▪ You discontinue breastfeeding and/or wish to choose another method.
EFFECTIVENESS

Typical use
Not used consistently:
82%
18 pregnancies per 100 women

GENERAL INFORMATION

▪ The diaphragm is a soft flexible cup that a woman inserts into her vagina to cover her cervix.
▪ Caya must be used in combination with contraceptive gel.
▪ It is controlled by the woman, has no hormonal effects and is inserted ahead of time so does not interfere with sex.
▪ It is made of silicone and can be re-used for up to 2 years.
▪ When a woman inserts the diaphragm correctly she should not feel any pain of discomfort.
▪ It is safe for breastfeeding women.
▪ Women should wait until 6 weeks after childbirth or second trimester abortion before using the diaphragm so that the cervix has returned to normal size.

HOW THE METHOD WORKS

▪ The diaphragm covers the cervix. It blocks the sperm from entering the cervix.
▪ The diaphragm can be reused. Wash it with soap and water and let it dry.
▪ You can store it in its case until next time you want to use it.
▪ Never leave the diaphragm for more than 24 hours without taking it out and washing it.
IMPORTANT FACTS
- Private. No one else can tell you are using it.
- Does not interfere with sex.
- You will need counseling/instructions on how to use it correctly.
- Can be stopped at any time without providers help.
- Has no hormonal side effects.
- Does not protect against STIs, including HIV.
- Use condoms (male or female) if you feel at risk of STIs or Zika.

METHOD NOT ADVISED IF YOU...
- Gave birth in the last 6 weeks.
- Had an abortion (second trimester) in last 6 weeks

SIDE EFFECTS
None

HOW TO USE
- Wash your hands with soap and water.
- Check diaphragm for holes and tears.
- Place 4 ml of contraceptive gel into silicone diaphragm.
- Insert the diaphragm into your vagina and cover the cervix.
- For greatest protection, insert the diaphragm before sex begins and wear it for at least 6 hours after sex ends.
- Six hours after sex, remove diaphragm. Wash with soap and water and let dry.
- Store Caya diaphragm in the original case.

FOLLOW-UP
None

RETURN TO THE HEALTH CARE FACILITY ANY TIME IF...
- You have any questions or problems.
- You develop any health problems.
- You had sex in the past 5 days, did not use any method and want to avoid pregnancy. You can take emergency contraceptive pills (ECPs).
- You think you may be pregnant.