

**Contraceptive Myths and Counseling Messages**  
The Complete Content From the Online Database

**Prepared by the:**

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## Introduction

The information in this document is compiled from the online searchable Contraceptive Myths and Counseling Messages Database ([www.jhuccp.org/myths](http://www.jhuccp.org/myths)). It provides evidence-based information and counseling messages that providers around the world have used to dispel commonly-held contraceptive myths and misperceptions. Health care professionals can use this resource to correct misinformation and support informed decisions by helping clients understand the facts on how contraceptive methods work, on who can use them, their possible side effects, and much more.

The document includes information for the following contraceptive methods:

- Combined Oral Contraceptives (COCs)
- Female Sterilization
- Implants
- Injectables
- Intrauterine Devices (IUDs)
- Male Condoms
- Withdrawal
- Vasectomy

We encourage you to adapt, translate, reprint, or otherwise reproduce this information for the purposes of informing health care providers, their clients, and the general public and improving the quality of sexual and reproductive health care. Please let us know how you use the content from this database by contacting us at:

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## How the Database Was Developed

In 1999, the International Planned Parenthood Federation (IPPF) surveyed its Family Planning Affiliates and other reproductive health organizations around the world to gather contraceptive myths that providers hear from clients. Its goal was to identify common myths and formulate scientific explanations to help providers correct them.

To also include the specific language that providers use to dispel myths when counseling clients, the INFO Project partnered with IPPF to develop an electronic discussion forum on "myths and misperceptions." Contraceptive myths from the initial IPPF survey were circulated to Family Planning Affiliates around the world. Participants were asked to provide the specific language they used to correct clients' misperceptions of contraceptive methods. The counseling messages were then reviewed by IPPF for medical accuracy and used to create this database. The information for the facts presented in this database comes primarily from Family Planning: A Global Handbook for Providers (see Sources for Facts at the end of this document for a complete list of resources).

This database serves as a resource for sample counseling messages and facts that providers can use to dispel myths about contraceptive methods.

New myths circulate constantly, and methods that become more widely available and used lead to new misperceptions. This database will be updated periodically to ensure that it captures new myths on existing methods, myths on new methods, and additional counseling messages. If you would like to provide feedback, suggest an additional counseling message, or share a myth you have encountered that is not included in the database, please e-mail [mythsandfacts@infoforhealth.org](mailto:mythsandfacts@infoforhealth.org).

## Combined Oral Contraceptives (COCs)

### Myths:

- Birth Defects
- Cancer
- General Health Problems
- How Often and When to Take the Pill
- Infertility/Return to Fertility
- Pill Absorption
- Promiscuity
- Sexual Desire and Sexual Pleasure
- Weight Changes

### Myth: Birth Defects

Some women who seek family planning incorrectly believe that using COCs will cause birth defects in their babies.

### Fact:

Good evidence shows that COCs will not cause birth defects and will not otherwise harm the fetus if a woman becomes pregnant while taking COCs or accidentally starts to take COCs when she already pregnant .

### Counseling Messages:

You don't need to worry that you will have a baby with a birth defect after you stop using COCs or even if you get pregnant while you are taking them. Research has found that COCs do not cause birth defects in babies. (Indonesia)

There is no scientific evidence to connect the pill with birth defects. The pill is active only while the woman is taking it. When she stops, its action stops. (Cyprus)

Women who don't take any medication have about a 2% risk of having an abnormal baby. Studies show that this figure is no different even if a woman takes the pill while she is pregnant. (New Zealand)

A Critically Appraised Topics report on COCs and Down Syndrome shows evidence that COCs, even when taken accidentally while pregnant, do not increase the risk of having a baby with Down Syndrome. (Philippines)

### Myth: Cancer

Some women who seek family planning believe that combined oral contraceptives (COCs) cause cancers such as breast cancer, uterine cancer, and ovarian cancer.

### Fact:

The use of combined oral contraceptives (COCs) is proven to decrease the risk of two gynecological cancers (ovarian and endometrial). It is difficult to know the effect of COC use on breast cancer and cervical cancer. The possibly increased risks that have been

recorded in some studies are not large enough to outweigh benefits or to change current practice.

*Ovarian and endometrial cancer*

Use of COCs helps protect women from two kinds of cancers—cancer of the ovaries and cancer of the lining of the uterus (endometrial cancer). This protection continues for 15 or more years after stopping use.

*Breast cancer*

Research findings about COCs and breast cancer are difficult to interpret. In studies, breast cancer is slightly more common among women using COCs and those who have used COCs in the past 10 years than among other women. Scientists do not know whether or not COCs actually caused the slight increase in breast cancers. It is possible that the cancers were already there before COC use but were found sooner in COC users. Both COC users and women who do not use COCs can have breast cancer.

*Cervical cancer*

Cervical cancer is caused by certain types of human papillomavirus (HPV). HPV is a common STI that usually clears on its own without treatment, but sometimes persists. Use of COCs for five years or more appears to speed up the development of persistent HPV infection into cervical cancer. The number of cervical cancers associated with COC use is thought to be very small. If cervical screening is available, providers can advise COC users—and all other women—to be screened every three years (or as national guidelines recommend) to detect precancerous changes in the cervix, which can be removed.

**Counseling Messages:**

Studies show that uterine [endometrial] cancer and ovarian cancer are actually less likely among women who have used the pill. However, there is a very, very small increase in the risk of breast cancer among women with current or recent breast cancer who use the pill and a small increase in cervical cancer among certain women who have taken the pill for many years. Having regular Pap smears, as is recommended in this country, will help detect any changes in the cervix before they cause a problem. (New Zealand)

There is a very small increase in the risk of breast cancer among women who currently have or recently have had breast cancer and who have taken the pill for more than five years. However, COC use largely reduces the risk of ovarian cancer and uterine [endometrial] cancer. (Australia)

You don't have to worry that COCs will cause cancer such as uterine [endometrial] cancer or ovarian cancer. In fact, COC use can help to protect against these types of cancer. The World Health Organization has researched COC use and the risk of cancer for many years and has found that combined oral contraceptives do in fact reduce the risk of developing uterine and ovarian cancer. However, if you have had breast cancer

in the past five years, we suggest that you choose another contraceptive method without hormones. (Indonesia)

Recent studies have found that the pill protects women from uterine [endometrial] and ovarian cancer specifically. Doctors would not give COC pills to women if they thought they would cause cancer. Doctors help to protect women's health. (Cyprus)

There is evidence that shows that long-term COC use increases certain women's risk of breast cancer or cervical cancer only very slightly. The Philippine Evidence-Based Reproductive Medicine Network is continuously working to produce Critically Appraised Topics reports on various contraceptive methods to help provide evidence-based information to health workers. This will enable health workers to correct any myths or misconceptions their clients may have. (Philippines)

### **Myth: General Health Problems**

Some women believe that COCs cause hair loss (alopecia), asthma, and headaches.

#### **Fact:**

A woman may experience short term side effects associated with use of combined oral contraceptive (COCs), including changes in bleeding patterns, headaches, and nausea. However such side effects are not a sign of illness, and usually stop within the first few months of using COCs. For a woman whose side effects persist, give her a different COC formulation. In women who are otherwise well, COC use may be continued for many years as there are no adverse effects related to long-term use.

In fact, there are also long-term non-contraceptive health benefits of using COCs as they:

- Help protect against cancer of the lining of the uterus (endometrial cancer)
- Help protect against cancer of the ovaries
- Help protect against symptomatic pelvic inflammatory disease
- May help protect against ovarian cysts
- May help protect against iron-deficiency anemia
- Reduce menstrual cramps
- Reduce menstrual bleeding problems
- Reduce ovulation pain
- Reduce excess hair on face or body
- Reduce symptoms of polycystic ovarian syndrome
- Reduce symptoms of endometriosis

### **Counseling Messages:**

These complaints are usually caused by some other medical problem and should be thoroughly checked before continuing with the pills. (Malaysia)

**Myth: How Often and When to Take the Pill**

Some women who seek family planning are misinformed about how often or when they should take the pill.

**Fact:**

A woman can start using COCs any time she wants if she is reasonably certain that she is not pregnant. To be reasonably certain a client is not pregnant, providers can use the [Pregnancy Checklist](#).

If a client is starting her pack of pills within five days after the start of her menstrual period, there is no need for a backup method as she is immediately protected from pregnancy. If she starts COCs more than five days after the start of her menstrual period, she can start them any time it is reasonably certain she is not pregnant. She will need to use a "back up" method of contraception, such as a male or female condom, for the first seven days of taking pills to ensure protection from pregnancy.

The effectiveness of oral contraception depends on a regular intake of the hormones contained in the pill. Therefore pills must be taken daily, until the pack is empty. Although the specific time of day does not matter, the pills should be taken at the same time every day to reduce side effects and to help women remember to take their pills more consistently. The client should be advised not to interrupt taking the pills before a pack is finished, even if she does not have sexual intercourse. If the pills are taken correctly, the client will always start a new pack on the same day of the week. If a client is taking pills from a 21-pill pack, she will wait seven days after taking the last pill in the pack before beginning a new pack. If a client is taking pills from a 28-pill pack, she will take the next pill from the next pack on the very next day.

Women do not need to take a "rest" from COCs after taking them for a time. There is no evidence that taking a "rest" is helpful. In fact, taking a "rest" from COCs can lead to unintended pregnancy. COCs can safely be used for many years without having to stop taking them periodically.

**Counseling Messages:**

If you have decided to use COCs, you have to follow the dosage requirements to have optimal effectiveness. One pill should be taken every day whether you have sexual activity or not. On the other hand, if you only take the pill at the time you have intercourse it will not protect you from pregnancy. (Indonesia)

The appropriate day to begin taking the pill is on the first day of your period. Choose a time of day to take the pill that will suit you. If in the morning, you will continue taking it in the morning, if in the evening, etc. You will continue to take the pill for 21 days. Then, you will stop taking the pill for seven days and on the eighth day you will start again, regardless of your period. During the break you are still safe. (Cyprus)



COCs should be taken once daily at approximately the same time each day. (Bahamas)

The pill should be taken in a regular fashion like with dinner at night, or when you brush your teeth or when you wash. (Bangladesh)

As you can see from this leaflet, it is important that you take the hormone pills every day. (New Zealand)

**Myth: Infertility/Return to Fertility**

Women who seek family planning may incorrectly believe that using COCs will cause a long delay in conceiving or prevent them from being able to have children in the future.

**Fact:**

The combined oral contraceptive (COC) does not cause infertility. This is true regardless of how long a woman has taken the pill, the number of children the woman has had, or the age of the woman. In fact, some of the non-contraceptive benefits of the pill include preserving fertility by offering protection against pelvic inflammatory disease, endometriosis, and ectopic pregnancy.

There is no evidence that COCs delay a woman's return to fertility after she stops taking them. Women who stop using COCs can become pregnant as quickly as women who stop using nonhormonal methods.

**Counseling Messages:**

There is no scientific evidence to connect sub-fertility or infertility to the pill. However, we do know that a number of couples will face this problem whether a woman takes the pill or not. (Cyprus)

This is not true. There are many reasons for infertility. It is better to check other possible causes of infertility. (Bangladesh)

Yes, we have had clients who have waited for years to have another baby, but this is uncommon. There are many causes of infertility and these should be investigated. (Fiji)

With the low doses of hormones that we use these days, there doesn't seem to be any long-term effect on fertility. We find that a woman's usual fertility returns immediately after stopping the pill. (Australia)

The pill does not cause any permanent change. You should know that there is an interval of several months between deciding to have a child and actually getting pregnant. Doctors normally wait to begin investigating for fertility problems only after a year of trying to get pregnant. (Malaysia)

Using COCs will not make it difficult or impossible for you to have babies in the future because your fertility will return as soon as you stop taking them. Also, I will remind you

that some women can get pregnant because they forget to take several of their pills.  
(Indonesia)

There is no delay in fertility once pill use is stopped. There is no evidence that taking the pill harms your chances of getting pregnant. In fact, if people miss the pill they can get pregnant while still on it. Some women may find that they don't get pregnant after coming off the pill, but it seems that this has nothing to do with the pill. (New Zealand)

Once an individual decides to stop using COCs, she can get pregnant if no other contraceptive method is used. (Bahamas)

### **Myth: Pill Absorption**

Many women who seek family planning incorrectly believe that COCs accumulate in the body and cause diseases and tumors, or get stored in the stomach, ovaries, or uterus and form stones.

#### **Fact:**

After the pills are swallowed, they dissolve in the digestive system, and the hormones they contain are absorbed into the bloodstream. After they produce their contraceptive effect, the hormones are metabolised in the liver and gut and are then eliminated from the body. They do not accumulate in the body anywhere.

#### **Counseling Messages:**

Each pill lasts for only about 24 hours in your body and does not “get stuck” anywhere. In fact, if you do not take the pills regularly, there will not be a sufficient amount of medicine in your body and there is a chance you can get pregnant. (Malaysia)

The COCs will be absorbed through the digestive system and then will be metabolized through the liver system and excreted together with your feces. That is why you do not need to be worried that all of the pills you have taken will accumulate in your body. We won't give women COCs if they have a serious problem with their liver, such as a painful or enlarged liver, active viral hepatitis, or liver cancer. (Indonesia)

The pill will dissolve in the body just like a paracetamol tablet dissolves in a baby.  
(Show the patient how a tablet of paracetamol dissolves in a glass of water.)  
(Philippines)

### **Myth: Promiscuity**

Some clients who seek family planning wrongly believe that the pill encourages infidelity, promiscuity, or prostitution in women.

#### **Fact:**

There is no evidence that COCs affect women's sexual behavior. The evidence on contraception in general shows that sexual behavior is unrelated to contraceptive use.

In fact, using contraception shows responsible behavior in order to avoid unintended pregnancy and sexually transmitted infections.

**Counseling Messages:**

An increase in infidelity, promiscuity, or prostitution due to pill availability has not been found. (Cameroon)

The pill does not encourage infidelity. It is just for those women who want to prevent unwanted pregnancy. (Nigeria)

There are various reasons for that [promiscuity]. We need to check the research studies and then talk. Social issues affect people's behavior including sexual choices and such matters. There is enough evidence from social and behavioral research to support this. (Bangladesh)

The majority of young people who come to get the pill are already having sexual intercourse, so we are just providing them with contraception to minimize the risks of these activities. (New Zealand)

**Myth: Sexual Desire and Sexual Pleasure**

Some clients who seek family planning may believe that COCs reduce sexual pleasure or interest in sex (loss of libido) or that they cause frigidity in women.

**Fact:**

There is no evidence that COCs affect a woman's sex drive. Although some women using the pill have reported either an increase or decrease in sexual interest and performance, it is difficult to say whether such changes are a result of COCs or other life events.

**Counseling Messages:**

There are many reasons that this situation may arise. Excluding the other reasons, if COCs are causing the problem, you can change to another brand of pills and review your situation again. (Cyprus)

A women's interest in sex is due to many factors, such as her well-being, her relationship with her husband, issues dealing with her children, and others. A woman may not have the same level of interest all the time, and it is usually not related to the pill. (Malaysia)

[In some women] COCs may cause mood changes, including depression, and some women will have less interest in sex. But, you may feel that taking COCs and protecting yourself from pregnancy is more pleasant than having sex with the fear of pregnancy. (Indonesia)

If [you experience changes in your level of interest in sex], consult a doctor, such as a general practitioner or a gynecologist. (Singapore)

**Myth: Weight Changes**

Some clients believe that COCs cause women to gain or lose weight.

**Fact:**

Most women do not gain or lose weight as a result of COC use. A woman's weight may fluctuate naturally due to changes in age or life circumstance. Because changes in weight are common, many women attribute their natural weight gain or loss to the use of COCs. Although a very small number of COC users may report weight change following COC use, studies have found that, on average, COCs do not affect weight. A few women experience sudden changes in weight when using COCs. These changes reverse after they stop taking COCs. It is not known why these women respond to COCs this way.

**Counseling Messages:**

On average, there is no increase in weight while using the pill. This means that some women will gain a little bit of weight and others will lose a little bit of weight. Only a very small number of women will gain more than a few kilos. (Australia)

Weight gain or weight loss due to COC use depends on the make-up of the individual and is usually phasic. Diet and exercise can help. (South Africa)

An unequal balance between what is eaten and the energy expended causes weight gain in general. Everyone reacts differently to medications. (Barbados)

For some women, COCs can cause a slight weight gain. This will give an advantage to women who are too thin. However, you will become fat if you eat too much and you don't have any exercise. You can keep your body slim while taking COCs if you reduce the amount of salt and sugar (calories) you eat. (Indonesia)

Weight gain may have occurred with older COC preparations, but the newer pills contain much lower doses of hormones so that you do not put on weight. You do need to watch your diet, though, and continue with regular exercise. (Malaysia)

The older brands may have caused women to gain a little bit of weight. The newer brands do not cause any weight gain. What causes weight gain is the food we eat. (Cyprus)

Studies show that the pill does not increase weight, but there are a few women who seem very sensitive to hormones who may notice that they gain weight. (New Zealand)

No scientific study has found that COC use causes women to gain or lose weight. (Cameroon)

The evidence shows that there is no association between taking COCs and weight gain.  
(Show client the Critically Appraised Topic report on COCs and weight gain)  
(Philippines)

## Female Sterilization

### Myths:

- Cancer
- General Procedure
- Health Risks and Side Effects
- Mechanism of Action
- Menstrual Bleeding
- Sexual Pleasure
- Weight Changes
- Who Can Use the Method

### Myth: Cancer

Some clients incorrectly believe that female sterilization will cause women to develop cancer of the reproductive organs (uterus, cervix, or ovaries).

### Fact:

Female sterilization does not increase the risk of cancer of the reproductive organs which are defined below. In fact, several studies have reported a reduced risk of ovarian cancer after tubal occlusion. Very little research has been done to investigate the relationship between breast cancer and female sterilization, but so far there is no evidence of such a link.

*Uterine Cancer:* Cancer that forms in tissues of the uterus (womb). Two types of uterine cancer are endometrial cancer (cancer that begins in cells lining the uterus), and uterine sarcoma (a rare cancer that begins in muscle or other tissues in the uterus).

*Cervical Cancer:* Cancer that forms in tissues of the cervix (the lower end of the uterus). It is usually a slow-growing cancer that may not have symptoms, but can be found with regular screening.

*Ovarian Cancer:* Cancer that forms in tissues of the ovary. Most ovarian cancers are either ovarian epithelial carcinomas (cancer that begins in cells that line the ovary) or malignant germ cell tumors (cancer that begins in egg cells).

### Counseling Messages:

Cancer is a disease that is commonly caused by smoking and other co-factors which are not related to female sterilization. (Cambodia)

Without any other health risks, no research confirms that female sterilization puts women at risk of uterine cancer. (Cambodia)

Cancer of the reproductive organs will not be present after female sterilization [Editor's note: it cannot develop as a direct consequence of female sterilization]. Moreover, there is evidence that shows that female sterilization will help protect against ovarian cancer. (Indonesia)

All kinds of married women or any women who have sexual intercourse are at risk for cervical carcinoma. Therefore, all women need regular yearly Pap smear screenings. (Cambodia)

There is no scientific evidence proving this. (Mongolia)

**Myth: General Procedure**

Some clients incorrectly believe that female sterilization involves the removal of some or all of a woman's reproductive organs, including the vagina.

**Fact:**

During the sterilization procedure, the ovaries, uterus, and cervix are left in place. Only the fallopian tubes (the tubes which carry eggs from the ovaries to the uterus) are blocked or cut. The two most common surgical approaches are laparoscopy and minilaparotomy:

- Minilaparotomy involves making a small incision in the abdomen (measuring 2-5 centimeters), and the fallopian tubes are brought to the incision to be tied and cut or else closed with a clip or ring. The doctor inserts a special instrument (uterine elevator) into the vagina, through the cervix, and into the uterus to raise each of the two fallopian tubes so they are closer to the incision.
- Laparoscopy involves inserting a long thin tube with a lens in it (a laparoscope) into the abdomen through a small incision (measuring about 1 centimeter). This laparoscope enables the doctor to see and to close each tube with a clip, a ring, or block it by electric current.

**Counseling Messages:**

With the female sterilization the woman will undergo a minor operation where her fallopian tubes would be tied and cut, but her reproductive organs are not removed. Women who have their reproductive organs removed, such as having total abdominal hysterectomy, may be because of other health problems they're having and not because of their tubal ligation status. (Tuvalu)

It is only a process of tying both [fallopian] tubes to prevent fertilization between the ovum and spermatozoid. Other reproductive organs remain the same and you still have the normal monthly menstruation bleeding. (Cambodia)

You don't have to worry that some parts of your reproductive organs will be removed when you have female sterilization. This procedure will only tie or block your tubes. (Indonesia)

Female sterilization is a surgical procedure where both fallopian tubes are cut and tied. The genital organs include ovaries, uterus, and vagina and remain well functioning. (Cambodia)

Sterilization includes just the 'tying' of the tubes to prevent the egg from moving into the womb. The womb remains intact and you will continue to have your periods. (Ghana)

We tie and cut part of the tube on either side (this is “removal”) but the rest of the organs are not removed and that includes your vagina. Your sexual relationship will be as usual and that won't be affected. (Malaysia)

Female sterilization is not castration. Only the fallopian tubes are blocked to prevent the woman's eggs from reaching the man's sperm. (Republic of Benin)

For tubal ligation the surgeon just removes a small part of each [fallopian] tube and ligates it. This does not involve the uterus, or the vagina. There is not any additional procedure for tubal ligation. (Iran)

### **Myth: Health Risks and Side Effects**

Some clients incorrectly believe that female sterilization leads to health risks or side effects such as hysterectomy, poor health, pain, or hormonal imbalances.

#### **Fact:**

There are no documented medical side effects of female sterilization. The few complications that do occur during or following sterilization, such as infection or abscess of the wound, can generally be kept to a minimum if appropriate techniques are used and if the procedure is performed in an appropriate setting. Local anesthesia is best for female sterilization because it has lower risks of complications than use of general anesthesia. The risks are lowest when local anesthesia is used without sedatives. If sedatives are used, providers should closely monitor the woman's vital signs, such as pulse rate and blood pressure throughout the procedure.

#### *Hysterectomy*

Some incorrectly believe that sterilization will cause a woman to need a hysterectomy. Recent research shows that sterilization does not appear to increase the need for a hysterectomy, however. Sterilization has no biologic relationship with hysterectomy. Hysterectomies are often done to treat menstrual disorders and women who are sterilized may be more likely to consider having hysterectomies to treat such disorders because they are not worried about losing their fertility.

#### *Pain*

Female sterilization does not cause lasting pain in the back, uterus, or abdomen. There is often some minor pain during the procedure. Women receive local anesthetic to stop pain during the procedure, and, except in special cases, women remain awake. A woman can feel the health care provider moving her uterus and tubes. This can be uncomfortable. If a trained anesthetist or anesthesiologist and suitable equipment are available, general anesthesia may be chosen for women who are very frightened of pain. A woman may feel sore and weak for several days or even a few weeks after surgery, but she will soon regain her strength. She can take ibuprofen (200–400 mg),



paracetamol (325–1000 mg), or other pain reliever, but not aspirin. Stronger pain reliever is rarely needed.

### *Hormone Imbalances*

Female hormones are not affected by female sterilization, and there will be neither a loss of femininity nor any change in sexual functioning.

### **Counseling Messages:**

Sterilization is a simple surgical procedure that involves tying or severing the fallopian tubes so that the egg/ova and sperm are unable to meet and fertilize. The procedure does not cause ill health, backache, weakness or other illnesses or side effects. If you feel any of these symptoms, they are probably due to other medical conditions and must be investigated. Therefore, if you suffer from any of these symptoms following sterilization, please visit your general practitioner for an assessment. (Fiji)

Backaches and abdominal pain are due to many other reasons and can be corrected. Female sterilization does not cause such problems and the majority of women feel better after this procedure because they are permanently free from the repeated threat of pregnancy. (India)

Headaches, backaches, and even abdominal pain do happen to any women whether tubal ligation was done or not. Women who have tubal ligation are closely monitored and referred to the obstetrician for further assessment if needed. Tubal ligation does not increase the need for hysterectomy or cause women to become weaker. (Cook Islands)

Female sterilization does not cause any health problem apart from infertility. (Ghana)

In general, there is no complication after the procedure. It doesn't cause health risks or side effects such as hysterectomy, poor health, pain or hormonal imbalances. A trained doctor will check your condition before conducting the procedure and will conduct it carefully, opening your abdomen through a small incision to get to the tubes. (Indonesia)

Female sterilization is only a minor procedure and the side effects are just minimal after the operation. [Editor's note: Most of these side effects are related to anesthesia or post-operative infections.] (Malaysia)

You have to see a doctor to rule out if there are any other gynecological problems you may have. If you feel weaker after tubal ligation, it could be that you are not getting enough rest, have a poor diet, low hemoglobin levels or you could have worm infestation. Therefore, I strongly advise you to see the doctor for further investigation and treatment. (Tuvalu)

This is not true. The very [minor] operation involves blocking the passages that carry the female egg, thus preventing the male egg and female egg from joining together to become a pregnancy. (Nigeria)

The most common side effect is regret due to a poor decision made by the couple. Of course, a few days after the procedure women may experience pain at the incision site and may not feel well, but this will disappear later. Most women will be back to work as soon as usual. (Cambodia)

Female sterilization is a surgical procedure, not a hormonal contraceptive. Although the tubes are cut, there is no hormone produced or released from that part. It means your hormone function remains as usual. (Cambodia)

No, female sterilization does not cause the above. (Show clients where the tubes are cut and tied.) (Vanuatu)

**Myth: Mechanism of Action**

Some people incorrectly believe that female sterilization prevents pregnancy either by stopping ovulation or by killing a woman's egg.

**Fact:**

Female sterilization does not stop ovulation or harm a woman's egg in any way. An egg will still be released each month, but it will dissolve and be reabsorbed by the body.

Female sterilization prevents pregnancy by cutting or blocking the fallopian tubes (the tubes which carry eggs from the ovaries to the uterus) so that sperm cannot move up to meet the egg. There are several ways of blocking the fallopian tubes: tying them (ligation), removing a small piece of the tube (excision), sealing (cauterization), or applying clips or rings.

**Counseling Messages:**

Female sterilization, a permanent contraceptive method, is a procedure to help women who do not want to have more children. It does not stop ovulation or kill a woman's eggs, but it will block the tubes which carry the egg from the ovaries to the uterus. Therefore, the egg can not meet the sperm. (Indonesia)

The fallopian tubes are ligated to prevent the sperm and ovum from meeting so that fertilization is not allowed. But, ovulation still takes place and does not kill the women's egg. (Cook Islands)

During the procedure for female sterilization, the physician cuts or blocks the two [fallopian] tubes that carry the eggs to the uterus. Then, the eggs are no longer able to meet the spermatozooids that are introduced into the vagina during sex to make the woman pregnant. (Republic of Benin)

Pregnancy is caused by fertilization of the ovule by the spermatozoid. Female sterilization is a family planning method in which the two [fallopian] tubes are pierced, cut and tied to prevent pregnancy. (Cambodia)

Tubal ligation is just a minor operation in which the tubes (fallopian tubes) of a woman are tied and cut to prevent the ovum/egg from meeting the sperm. (Tuvalu)

There is no such effect. (Show a model of the female organs and explain to them what happens.) (Mongolia)

**Myth: Menstrual Bleeding**

Some clients incorrectly believe that female sterilization will cause irregular or heavier menstrual bleeding or make monthly bleeding stop (amenorrhea).

**Fact:**

Most research finds no major changes in bleeding patterns after female sterilization. If a woman was using a hormonal method or IUD before sterilization, her bleeding pattern will return to the way it was before she used these methods. For example, women switching from combined oral contraceptives (COCs) to female sterilization may notice heavier bleeding as their monthly bleeding returns to usual patterns. Note, however, that a woman's monthly bleeding usually becomes less regular as she approaches menopause.

**Counseling Messages:**

For older women irregularities are more likely due to the normal aging process, not because of sterilization. For women who used COCs prior to sterilization, irregularities may be due to the transition from regulated to non-regulated cycles. Evidence, to date, does not support any biological explanation for an association between tubal ligation and subsequent menstrual or other gynecological problems. (South Africa)

Female sterilization applies to the fallopian tubes only, therefore you should menstruate monthly. Changes could be caused by obesity, menopause, or hormonal imbalances. (Cook Islands)

You will still have your period because this procedure does not remove the uterus and the ovaries. (Indonesia)

Female sterilization does not affect menstrual bleeding since the ovaries are still functional and the uterus produces normal monthly periods. Of course, the problems of menstrual bleeding are usually caused by a hormonal imbalance, which is the result of a change in a woman's health and her psychological feelings. (Cambodia)

Women are concerned that their periods will get worse, which in turn will lead to a hysterectomy. If they have been using contraception that lightens their periods, such as COCs, Depo Provera or the Mirena IUD, this may well be the case. (New Zealand)

Menstrual period comes from the uterus. You will experience menopause only with a total hysterectomy. [Editor's note: Menopause occurs as a result of age-related

hormonal changes. Hysterectomy as such will not lead to menopause unless the procedure includes a bilateral oophorectomy.] (Vanuatu)

You will continue to have your periods. (Ghana)

**Myth: Sexual Pleasure**

Some clients incorrectly believe that female sterilization causes women to lose their sex drive or lose their sexual ability.

**Fact:**

After sterilization a woman will look and feel the same as before. There is no loss of sexual drive or interest after female sterilization. She can have sex the same as before. She may find that sex is more enjoyable because she does not have to worry about getting pregnant.

**Counseling Messages:**

Female sterilization will not have any effect on your sexual feelings. You will continue to enjoy your husband as before. You may even enjoy sex better because you no longer entertain any fear of pregnancy during your sexual act. (Ghana)

This is not true. Understanding how your reproductive system works will prove this claim wrong. Sterilization will help to improve your sexual relationship, as the fear of unplanned pregnancy is eliminated. (Nigeria)

Because there won't be any intervention in the genital organs and sex hormones, there will not be any changes in your sex drive and sexual pleasure. (Iran)

Your sex hormones are not affected by female sterilization. You will still have your sex drive and you can enjoy your sexual activity because you do not have to worry about becoming pregnant. (Indonesia)

There is no evidence to prove that female sterilization affects one's sexual desire. A comfortable intercourse is usually related to the environment and a person's physical and mental health. (Cambodia)

The most common problem of sexual dysfunction is a psychological problem. For perimenopausal women, sexual function may be due to a disturbance or hormonal changes. (Cambodia)

Sexual desire is a mental process and is hormone dependent. When a woman has sterilization, her tubes are blocked and her other functions are perfectly all right. In some cases, sexual pleasure increases due to freedom from the anxiety of pregnancy. (India)

**Myth: Weight Changes**

Some clients incorrectly believe that female sterilization will cause women to lose weight or to gain weight or that female sterilization will disfigure a woman's body.

**Fact:**

Sterilization does not cause any changes in weight, appetite, or appearance. However, older women are more likely to choose sterilization for contraception than younger women and most women gain weight as they age.

**Counseling Messages:**

Weight changes are related to diet. Many women gain weight or lose weight without having female sterilization. In general, some women may experience weight changes at an older age due to metabolism changes. (Cambodia)

Your weight changes depending on your nutrition and your lifestyle. Some people will have a large abdomen or disfigured body if they eat too much and do not exercise. Female sterilization will not influence your body shape. (Indonesia)

Female sterilization does not affect the hormonal systems of women. But, you can gain weight if you feel at ease and are no longer under the daily fear of pregnancy with your partner. (Republic of Benin)

Female sterilization does not cause weight change. In fact, these problems are usually caused by problems of their health or their economic situation. Actually, women that have not had female sterilization have these problems, too. (Cambodia)

Some women put on weight or loose weight. Female sterilization allows a woman to: 1. be flexible and contented and not worry about unwanted pregnancy; 2. enjoy sex more while knowing that she is safe. (Cook Islands)

Weight gain is mainly due to inactivity and food habit. Sterilization does not cause weight gain. Some women complain about weight loss due to repeated attacks of abdominal pain, backaches and gastric problems. Many of these symptoms are due to psychosomatic illness. More information on your family history and interpersonal relationships is required to determine the cause of these problems. After counseling you will be all right. (India)

Sterilization will have no effect on your body. (Ghana)

It has not been proved and there should not be any relation with female sterilization and weight gain. (Mongolia)

**Myth: Who Can Use the Method**

Some women avoid female sterilization because they incorrectly believe that only women of a certain age or who have a certain number of children can undergo female sterilization.

**Fact:**

All women can undergo female sterilization safely with proper counseling and informed consent. There is no justification for denying sterilization to a woman because of her age, the number of her pregnancies or living children, or her marital status. Health care providers must not impose rigid rules about age, number of children, age of last child, or marital status. If a specific woman's situation suggests to a provider that she could have regrets later, the provider should help the woman think through her decision carefully. Ultimately, however, each woman must be allowed to decide for herself whether or not she will want more children and whether or not to have sterilization.

**Counseling Messages:**

Female sterilization is a voluntary family planning method. It is a safe procedure for most women, even if they are old or young, have just given birth, have only one or no children, and if they are still breastfeeding. Women must consider their choice before having female sterilization because it is a permanent contraceptive method, which means once she decides to have sterilization, she will never have a child in the future. (Indonesia)

The method can be used at any age, but be 100% sure that you don't want any more children before you choose sterilization because it is [generally not reversible]. (Ghana)

Female sterilization is a permanent method to prevent pregnancy. Any women who can bear a child can adopt this method. Reversing female sterilization is possible, but the chances are very low. If you have thought of having more children, then you are better off adopting another method of contraception. (India)

There is no rule or regulation for age or number of children. But, it is better that young people who may want to have more children avoid sterilization. Any person who is satisfied with the number of children they have can get tubal ligation. (Iran)

This is not true. Female sterilization is for women who do not want anymore children, have completed having the number of children they desire, and for health reasons [that is, for women where pregnancy is not recommended for medical reasons]. (Nigeria)

If you are sure your family is complete then anyone can have a tubal ligation. But, if you are under 30 years old [or any other age], you may change your mind about wanting children if you don't already have any. (New Zealand)

Female sterilization is a matter of personal decision. It is up to the woman to choose the method. Any woman who meets the medically accepted conditions for this method can undergo it. [Editor's note: According to WHO, there are no medical reasons that

permanently restrict a person's eligibility for sterilization. However, there are medical conditions that may limit when, where, or how the female sterilization procedure should be performed.] (Republic of Benin)

Female sterilization is available for all women who have the intention that they really do not want any more children and do not have contraindications to sterilization, or for women who cannot use birth spacing methods because they have a medical problem. [Editor's note: According to the World Health Organization, there are no medical reasons that permanently restrict a person's eligibility for sterilization. However, there are medical conditions that may limit when, where, or how the female sterilization procedure should be performed.] (Cambodia)

Female sterilization is one of the contraceptive methods that can be used by any woman who no longer wants to have children or has a serious medical condition. It is safe and there are no side effects related to age or the number of children a woman has. (Cambodia)

You can undergo sterilization when you decide that you now have the number of children you want. You need not wait until you reach a certain age. Sterilization can also be used in women who have medical or psychological reasons for not having children. (Fiji)

## Implants

### Myths:

- Abortion
- General Procedure
- Health Risks and Side Effects
- Infertility
- Menstrual Bleeding
- Sexual Pleasure
- Who Can Use the Method

### Myth: Abortion

Some women who seek family planning believe that implants interrupt a pregnancy by causing an abortion.

### Fact:

Implants work primarily by thickening cervical mucus, which blocks sperm from meeting an egg, and by disrupting the menstrual cycle and preventing ovulation.

Implants do not interrupt pregnancy. Good evidence shows that implants will not affect the pregnancy or harm the fetus if a woman is already pregnant when implants are inserted or becomes pregnant while using implants.

### Counseling Messages:

Implants do not cause abortion or birth defects, since there is no evidence of this based on women who used implants. Besides, the doctor will check you first to ensure that you are not pregnant before inserting the implant. (Indonesia)

### Myth: Complications with Method

Some women who seek family planning believe that implants can cause complications in the arm in which they are inserted or that they can travel from the insertion site to other parts of the body.

### Fact:

Implants cannot travel to other parts of the body. They remain where they are inserted until they are removed. In rare cases, a rod may start to come out of the skin, usually during the first four months since insertion. This typically happens because the implants were not inserted well or because of an infection at the insertion site. If expulsion occurs, the woman should return to the clinic as soon as possible and use a back-up family planning method in the meantime. Providers can replace the rods.

### Counseling Messages:

After the effect of the local anesthetic has worn off there may be some discomfort and/or swelling at the site of its insertion for 1 to 2 days. Also, you must keep the site of the insertion dry for a few days. (Egypt)



Implants will be inserted under the skin on your arm and will not travel to other parts of your body because your skin tissues will keep them in place. Implants contain progesterone hormones that will influence your reproductive organs and therefore they do not cripple your arm or reduce the strength of your hand. (Indonesia)

An implant cannot travel within the body and that the implant will stay in place until removed by a doctor. (Denmark)

**Myth: General Procedure**

Some women who seek family planning believe that the insertion of implants requires surgery or that insertion is painful and causes infection. They may also have misconceptions about the removal of implants.

**Fact:**

Health professionals with specific training perform a minor surgical procedure to insert implants. The provider gives the patient an injection of local anesthetic under the skin of her arm to prevent pain while the implants are inserted. This injection may sting. The woman remains fully awake during the procedure. Insertion takes an average of 4 to 5 minutes for Norplant, 2.5 minutes for Jadelle, and 1.5 minutes for Implanon. Insertion can take more or less time, depending on the skill of the provider.

The incision is small and stitches are not required. In most cases, insertion does not leave a noticeable scar. Once inserted, the outline of the implants underneath the skin can be felt and sometimes seen. The woman may have bruising and feel pain or soreness for a few days afterward.

Infection at the insertion site can occur, but is uncommon. When infection occurs, it is usually within the first two months after insertion. In rare cases, implants may start to come out of the skin. When this occurs, it is usually due to improper insertion or infection.

A woman can have her implants removed at any time. Similar to insertion, implant removal is done by a specifically trained provider using local anesthesia and does not require stitches. Removal takes an average of 10 to 15 minutes for Norplant, 5 to 8 minutes for Jadelle, and 3 minutes for Implanon. Removal can take more or less time, depending on the skill of the provider. Difficulties with removal are rare if the implants were properly inserted and the provider is skilled.

**Counseling Messages:**

A minor surgical procedure is required to insert and remove the implant, but it will not be too painful because the doctor will make the insertion area numb before the procedure. After insertion of the implant you have to keep the insertion area on your arm dry for a few days to avoid infection. You also can ask the doctor to remove the implant anytime

before five years and you will be free from the effect of the implant's hormones immediately. (Indonesia)

Implants are inserted just below the skin in the woman's upper arm or forearm by a minor surgical procedure under local anesthesia with a strict antiseptic technique. We will remove implants without unnecessary delay when you make a request for it to be done or when indicated. (Egypt)

Yes, the needle used is large, but there will be a local anesthesia and you won't feel the insertion. The implant is set just under the skin, so you will feel it and it will be easy for the service provider to pull it out when you want it removed. (Switzerland)

It is not painful after local anesthesia is administered to make the arm numb before insertion. (Nigeria)

Even though the effect can last five years, you can decide to remove the implants at any time before the five years if you want to be pregnant. (Ghana)

Implants shouldn't be very painful or difficult to insert or remove. (Austria)

### **Myth: Health Risks and Side Effects**

Some women who seek family planning do not want to use implants because they have misconceptions about implants causing illness or problems such as cancer, blindness, or birth defects.

### **Fact:**

In addition to changes in menstrual bleeding, the most common side effects of implants are headaches, abdominal pain, and breast tenderness. These side effects are not an indication of illness and usually lessen or go away within the first year of use. Studies have not shown increased risk of cancer, blindness or birth defects with the use of implants.

Implants have several known health benefits. They have been shown to greatly reduce the risk of ectopic pregnancy and protect against symptomatic pelvic inflammatory disease. Implants may also help protect against iron-deficiency anemia.

### **Counseling Messages:**

You will not have cancer, blindness or birth defects from using implants. If you become pregnant during implant use the doctor will remove it and your baby will stay healthy. (Indonesia)

If you have or have had breast cancer, you should not use implants [you should choose a method without hormones]. You should seek an annual follow-up, including a breast examination. Clinicians should advise clients on instructions for breast self-examination. (Egypt)

This is not true. Implants do not cause cancer. (Nigeria)

**Myth: Infertility**

Some women who seek family planning believe that using implants will cause infertility, delay the return of fertility after the implants are removed, or cause ectopic pregnancies (pregnancy in which the fertilized egg implants in tissue outside the uterus).

**Fact:**

Implants stop working once they are removed and their hormones do not remain in the woman's body. Implant use does not affect a woman's ability to become pregnant, although fertility decreases with a woman's age. One major study found that women who have had their implants removed can become pregnant as quickly as women who have stopped using nonhormonal methods.

Implants substantially reduce the risk of ectopic pregnancy. In the United States, the rate of ectopic pregnancy among women who are not using a contraceptive method is 650 ectopic pregnancies per 100,000 women per year. The rate of ectopic pregnancy among women using implants is 6 ectopic pregnancies per 100,000 women per year.

Even in the very rare cases when implants fail and pregnancy occurs, the great majority of these pregnancies are not ectopic. Only 10 to 17 of every 100 pregnancies due to the failure of implants are ectopic.

**Counseling Messages:**

Your fertility will return immediately after removal of the implants and if you use implants you may also be protected from pregnancy outside the womb [ectopic pregnancy]. (Indonesia)

Sometimes women do not know that the implant may change their cycles; when they hear that, they sometimes fear for their fertility. Cycles and fertility will come back just as before the insertion, very soon after the removal of the implant. (Switzerland)

If the implant is removed or when the implant no longer has any steroidal contents, fertility is not affected. (The Netherlands)

If fertility doesn't return after one year from removal of implants, there must be another cause. (Egypt)

**Myth: Menstrual Bleeding**

Some women who seek family planning incorrectly believe that using implants will cause harmful changes to menstrual bleeding.

**Fact:**

Changes in menstrual bleeding commonly occur with implant use, but some women do not experience any change. Typically, changes in bleeding patterns are more dramatic during the first year of use and either lessen or stop after the first year. Prolonged or heavy bleeding (lasting over eight days or generating twice as much blood as normal) due to implants generally is not harmful. Menstruation may also cease after one or two years of implant use, which is not harmful either—blood will not build up inside the woman.

**Counseling Messages:**

Changes in menstrual bleeding like light spotting, prolonged bleeding or amenorrhea are normal in the first months of implant use. These side effects are common and are not signs of sickness. Some women will continue having amenorrhea, and it will prevent them from having anemia. (Indonesia)

Implants may, in some women, cause amenorrhea or heavier bleeding and it is not prolonged. And if it is prolonged, the user may remove the implants. (Nigeria)

The most frequent side effect is disruption of the menstrual cycle, including spotting between periods, amenorrhea and prolonged bleeding. But, in general, the total monthly blood loss is less than in a normal menstrual period. But some women may experience heavy bleeding. (Egypt)

Implanon may cause irregular menstrual bleeding or amenorrhea. If bleeding is heavy or prolonged, clients are then advised to return for a medical consultation. (Malaysia)

Implants may cause amenorrhea. (Austria)

The Danish implant may cause amenorrhea, heavier, prolonged or irregular menstrual bleedings. This is quite ordinary for this product. (Denmark)

Spotting and break through bleedings are the major problems with progesterone-only contraceptives and may also be a reason to remove the implants earlier than needed. (The Netherlands)

**Myth: Sexual Pleasure**

Some women who seek family planning believe that implants will reduce a woman's libido or affect a couple's sexual life in some way.

**Fact:**

There is no evidence to suggest that implants can reduce a woman's libido. Some women using implants report negative changes in mood and sex drive, while some report improved mood and sex drive. Such changes could be caused by many other factors, so it is difficult to attribute them to implant use. A large majority of implant users do not report any change.

**Counseling Messages:**

The implant will not reduce your sex desire, but rather it may increase sexual enjoyment because you don't need to worry about pregnancy. (Indonesia)

**Myth: Who Can Use the Method**

Some women who seek family planning believe that implants should not be used by women who are young or who have not had children.

**Fact:**

Nearly all women can use implants safely and effectively. Implants are suitable for women of any age, regardless of whether they have had children or not. Implants do not make women infertile—fertility returns as soon as implants are removed. Breastfeeding women can use implants if at least six weeks have passed since they have given birth.

Implants may not be suitable for women who require a family planning method without hormones. For example, women who have or have had breast cancer and women with active, serious liver disease should choose an alternative method.

**Counseling Messages:**

All women, even those who are young and don't have children, can use implants safely and effectively. Implants will not cause negative effects to the body and your fertility will return as soon as they are removed. (Indonesia)

This is not true, as fertility resumes after the removal of implants. (Nigeria)

## Injectables

### Myths

- Abnormal Babies
- Abortion
- Breast Milk
- Cancer
- Infertility
- Menstrual Bleeding
- Sexual Desire
- Who Can Use the Method

### Myth: Abnormal Babies

Many clients incorrectly believe that using injectables will cause them to have abnormal babies.

### Fact:

Good evidence shows that progestin-only injectables will not cause birth defects or otherwise harm the fetus if a woman becomes pregnant while using the injectables or accidentally starts using injectables when she is already pregnant.

Similarly, good evidence from studies of other hormonal methods shows that monthly injectables will not cause birth defects or otherwise harm the fetus if a woman becomes pregnant or is already pregnant when she starts injectables.

### Counseling Messages:

While pregnancies are extremely rare in women using progestin-only injectables, there have been some women who have conceived and have decided to continue their pregnancies. These babies showed no increased risk of abnormality beyond that seen in the general population. While an unintended pregnancy is often challenging regardless of what contraceptive method is used, the use of injectable contraception does not alter the focus of discussion around pregnancy choices or lead to an automatic recommendation for termination of such pregnancy. (Australia)

There is no evidence of an increased risk of an abnormal baby if you have had Depo Provera. (New Zealand)

Injectables are never associated with abnormal babies. These result from genetic abnormalities in the father or mother or other causes. (Nigeria)

Injectables are not associated with abnormal babies. Your fertility will be back after you stop using the injectable, and you can become pregnant and have a normal baby. Having an abnormal baby is caused by many factors, such as genetic abnormalities in the father or mother. (Indonesia)

**Myth: Abortion**

Some clients incorrectly believe that injectables prevent pregnancies by causing an abortion.

**Fact:**

Research shows that neither progestin-only nor monthly injectables will disrupt an existing pregnancy.

Both types of injectables prevent pregnancy primarily by preventing ovulation. Injectables also thicken the cervical mucus which inhibits sperm penetration. These changes make fertilization extremely unlikely to occur. Injectables also make the endometrium unfavorable for implantation if fertilization does occur.

**Counseling Messages:**

We do not give a contraceptive to a woman who is known to be pregnant. However, there is no report that injectables can cause abortion when they are used during pregnancy. (Indonesia)

The injectable only works to prevent pregnancy, not end it. (USA)

The injectable contraceptive does not cause abortion. (Bangladesh)

Injectables are given for women to prevent pregnancy. There is no abortion when there is no pregnancy. (Indonesia)

**Myth: Breastmilk**

Some clients incorrectly believe that using progestin-only injectables will have a harmful effect on their breastmilk or on the babies drinking their breastmilk.

**Fact:**

There is no evidence that progestin-only injectables (POIs) negatively affect breastmilk quality or production or the duration of lactation. Infants whose mothers have received DMPA injections while breastfeeding develop similarly to infants of mothers who have not received DMPA.

The amounts of hormones transmitted in the milk and absorbed by the infant are known to be small. Short-term studies of children breastfed by mothers using progestin-only contraceptives have reassuring results, but longer-term studies are yet to be evaluated. Breastfeeding women should not start POIs until six weeks after giving birth.

There are no studies on the effects of monthly combined injectables on the quantity and quality of breastmilk or the duration of lactation. Until more data are available, women should wait until six months after delivery to start using monthly injectables if they are fully or nearly fully breastfeeding (which means that breastmilk is the baby's main food). If a woman is partially breastfeeding and breastmilk is no longer the baby's main food, she can start using monthly injectables as soon as six weeks after delivery.

**Counseling Messages:**

Your quality and quantity of breastmilk depends on what you eat and drink, and how often you breastfeed your baby. Studies have found no clinically measurable effects on the health of breastfed babies at six weeks postpartum, so progestin-only injectables can be used from this time onwards. (Indonesia)

The injectable will not influence the quantity and quality of breastmilk. And it can be used for women who will give breastmilk to their baby as soon as six weeks after childbirth. (Indonesia)

The injectable does not decrease the yield of mother's milk. It can be used for women who give breastmilk to their baby as soon as six weeks after childbirth and you have to watch the nutrition in your food. (Indonesia)

Studies have shown that there is no change in the amount or quality of breastmilk. They have followed babies whose mothers used injection six weeks after delivery while breastfeeding and the babies grew up perfectly normal. (New Zealand)

Injectables do not alter the quality or quantity of breastmilk. They cause no problem whatsoever with breastmilk. (South Africa)

The injectable does not alter the quantity and quality of breastmilk, because there is no hormone in the injectable which will affect the breastmilk produced. (Indonesia)

This injectable (Depo Provera) does not contain estrogen and thus can be used during breastfeeding. A small amount of progestin will be secreted in the breastmilk. However, progestin will not cause any adverse effect on the health and development of the baby. It will not affect the amount and quality of breastmilk produced and will not shorten the duration of lactation. But as a matter of precaution, as the liver function of a neonate is not yet mature enough to metabolize the drug, progestin-containing injectables should not be started until six weeks after delivery. (Hong Kong)

If your baby is skinny that is not due to the injectables but has to do with other problems. Injectables do not decrease breastmilk. (Cambodia)

If your baby is skinny that is not due to the injectable. Your quality and quantity of breastmilk depends on what you eat and drink, and how often you breastfeed your baby. (Indonesia)



Breastfeeding is important to help your baby's growth and health. The injectable is safe for your breastmilk production. (Indonesia)

**Myth: Cancer**

Many women do not want to use injectable contraceptives because they incorrectly believe that injectables cause cancer.

**Fact:**

Many studies show that DMPA injectables do not cause cancer. DMPA use helps protect against cancer of the lining of the uterus (endometrial cancer). Findings of the few studies on DMPA use and breast cancer are similar to findings with combined oral contraceptives: Women using DMPA were slightly more likely to be diagnosed with breast cancer while using DMPA or within 10 years after they stopped. It is unclear whether these findings are explained by earlier detection of existing breast cancers among DMPA users or by a biologic effect of DMPA on breast cancer.

A few studies on DMPA use and cervical cancer suggest that there may be a slightly increased risk of cervical cancer among women using DMPA for five years or more. Cervical cancer cannot develop because of DMPA alone, however. It is caused by persistent infection with certain strains of the human papillomavirus.

Little information is available about NET-EN injectables. It is expected to be as safe as DMPA and other contraceptive methods containing only a progestin, such as progestin-only pills and implants.

There is limited evidence about the long-term health risks and benefits of monthly injectables, but researchers expect that they are similar to combined oral contraceptives. Combined oral contraceptives help protect against endometrial cancer and cancer of the ovary.

**Counseling Messages:**

The injectable does not cause cancer; it reduces the incidence of ovarian and endometrial cancer. (Bangladesh)

Injectables do not cause cancer, but rather lower your risk for some types of cancer [such as ovarian and endometrial cancer]. (South Africa)

Injectables do not cause cancer, but rather prevent some types of cancer from occurring. Yes, people were worried and there were rumors, but they have been scientifically disproved. (Solomon Islands)

Thousands of women use injectables without getting cancer. Cancer attacks anyone--not necessarily clients on injectables. (South Africa)

Injectables do not cause cancer to women except where they have a cancer trace in their body. In fact it could help prevent women from having uterine tumors and [endometrial] cancer. (Indonesia)

Some cancers could be triggered by the hormones, but the injectables, which contain only the progestin, could protect women from ovarian and endometrial cancer. (Indonesia)

Injectables do not actually cause any cancer but may result in faster detection of tumors. It is important that women are examined regularly to detect any abnormalities. Breast cancer is a hormonally sensitive tumor, and the prognosis of women with current or recent breast cancer may worsen [with the use of hormonal contraceptive methods]. However, while awaiting treatment for endometrial cancer, ovarian cancer, and cervical cancer, women may use injectables. (South Africa)

**Myth: Infertility**

Some women who seek family planning incorrectly believe that injectables cause women to be unable to have children in the future.

**Fact:**

Fertility returns after women stop using injectables, but there is a delay. The average time it takes for fertility to return depends on the type of injectables.

Women who stop using DMPA injectables wait about four months longer on average to become pregnant than women who stop using other methods. The average time between the last DMPA injection and conception is about 10 months. Women who stop using NET-EN injectables have to wait about one month longer on average to become pregnant than women who stop using other methods, or six months after their last injection, on average.

Women who stop using combined monthly injectables wait about five months after their last injection to become pregnant, on average.

**Counseling Messages:**

For some women the return of fertility may be delayed [about one to four months, compared with women who stop using other methods]. You have to wait until ovulation occurs when the level of hormone in the body drops. (Indonesia)

When you stop your injection it can take some time for your period to return to normal. This may temporarily interfere with your fertility but in the long term it has no effect. (Ireland)

Injectables do not cause infertility but can cause a delay in conception due to the delayed return of normal function of the ovaries and uterus. (Malaysia)

This is only temporary. The ovaries 'sleep' and rest during injection taking. They start functioning again soon after you stop taking injections. (South Africa)

Injectables do not have a negative effect on your ovaries. (Mongolia)

There is no relation between injectables and infertility. (Mongolia)

There can be a delay in the return of periods and a delay in getting pregnant when you stop the injections, from women who get pregnant right away to those who take up to two years. However, studies have shown that there is no long-term infertility after taking injectables. There are some women who can't get pregnant easily so if they had used injectables they might think that was the reason, but studies show that they are no different from the women who did not use injectables. The delay in periods returning and fertility is much the same after one injection as it would be after several injections. (New Zealand)

Contraceptive methods can only cause temporary infertility for women and there are many reasons which can make women infertile. (Indonesia)

There are many women who do not use injectables who also have problems getting pregnant. (Solomon Islands)

Although it can take up to one to four months longer for your fertility to return, compared with women who stop using other methods, there is no long-term impact on your fertility. Also, there are many things that impact your fertility in you AND your partner. There are things you can do to protect your fertility: practice safe sex to protect yourself from sexually transmitted infections, minimize or cease use of tobacco, alcohol, and illegal drugs, and have regular health checks. (Australia)

There are many women who don't use injectables who also have problems getting pregnant. For example, the situation can be caused by infections if treatment is delayed or no treatment is provided. (Malaysia)

Failure to conceive or have children is not a result of any family planning injectables, but due to other causes of infertility like sexually transmitted infections. (Malawi)

The problem could also be due to the husband, so both must undergo investigations and treatment. (Malaysia)

There are many rumors that infertility is caused by injectables. The infertility is actually caused by many reasons such as lack of husband sperm, infection, and other conditions that cause infertility. (Indonesia)

The dosage in these injectables is so low that it is easy to get pregnant if you desire to do so. Just stop taking it and know when you are ovulating or when the egg is coming

down and encourage your spouse to have sex with you and you could become pregnant. (Trinidad and Tobago)

It can take some time for your periods to return to normal. This may temporarily interfere with your fertility but in the long term it has no effect. (Solomon Islands)

Infertility is caused by a number of things, including infection [but not by injectable contraceptives]. If you can, it is good to use condoms as well as hormonal contraception until you are in a long-term relationship, and have no concerns about the possibility of infection. (Australia)

Infertility can be caused by infection if not treated. (Solomon Islands)

Infertility can be caused by many things, including infection, but definitely not by the injectables/contraceptives. (Nigeria)

Infertility is caused by many reasons, such as infections, lack of husband's sperm, etc. (Indonesia)

Injectable contraceptives are highly effective--about 99% [if used correctly and consistently]. However, most women who have the injectables have a tendency to experience a delay of [about one to four months, compared with women who stop using other methods], before returning to normal fertility, depending on individual differences or body make-up. (Nigeria)

Injectables are usually recommended for those women who have children, especially those who do not want any more or require longer spacing. So this slight delay in return of fertility may be more acceptable. There are new contraceptive methods, for example implants (Implanon), for which the return of fertility is almost immediate. (Malaysia)

### **Myth: Menstrual bleeding**

Some women who seek family planning incorrectly believe that changes in menstrual bleeding, which are common side effects of injectable contraceptives, are harmful.

### **Fact:**

Some women using injectables experience amenorrhea, or no monthly bleeding. This is only a possible side effect and not a mechanism of action. When a woman is not using hormonal contraceptives, the endometrial lining (lining of the uterus) builds up every few weeks and then breaks down and causes menstrual bleeding. With injectables, the endometrial build-up does not occur so there is no breakdown or resulting bleeding. Blood does not collect in the body.

Women using injectables may also experience irregular bleeding, heavy bleeding, or prolonged bleeding. These bleeding changes are not harmful and usually become less

or stop after the first few months of use. Women experiencing heavy or prolonged bleeding may want to increase their iron intake to prevent anemia.

The bleeding pattern a woman had before she used injectables generally returns several months after the last injection.

**Counseling Messages:**

Menstrual change, like no monthly bleeding, spotting, and irregular bleeding, is not harmful for women's health. Rather, it is beneficial because it protects against anemia. (Bangladesh)

The doctor who first prescribed this for you would have explained that you may have some irregular bleeding with this method of contraception. It is important to remember that the longer that you use this method, the less bleeding you will get, until you don't have any at all. This is normal because of the way this hormone works—it does not build up the lining of your uterus. In some cases the lining may be non-existent. It is this lining which is shed as a period. (Trinidad and Tobago)

There is no or minimal blood made by the womb because of the injection. This is not dangerous. If you are bleeding, it is temporary, and it will stop as soon as the body gets used to the injection. (South Africa)

You don't need to worry about using an injectable method because the hormone contained in the injectable could change the endometrial layer, or the inner layer of the womb, and it will cause menstrual change like no monthly bleeding, spotting, and irregular bleeding. This change is not harmful for women's health. (Indonesia)

When you use the injection, the lining of the womb does not form each month so there is nothing to come away—there is not a build up of the lining. (New Zealand)

There is nothing to fear and soon after the method is discontinued the cycle will return to a normal pattern. (Bahamas)

Amenorrhea [no monthly bleeding] does not mean accumulation of dirty blood in the uterus. (Malawi)

Many women believe that menstrual blood is 'bad blood' and has to leave the body every month. Menstrual blood is actually like putting sheets on a bed for a welcome visitor. The visitor doesn't come and the sheets are taken off the bed, not because they are soiled or dirty, but to put them away. The bed is the uterus, the sheets are the lining of the uterus, and the visitor is the fertilized ovum. (Solomon Islands)

Note: The medical reviewer was not able to state that this message is medically accurate because it is a metaphor. Many people liked this message, however, so it remains in the database.

Amenorrhea [no monthly bleeding] does not mean that the old menstrual blood collects in your womb or any other part of your body. (South Africa)

The effect of the injectable could make the endometrial layer [lining of the uterus] not grow, that's why women often have do not have monthly bleeding. (Indonesia)

Amenorrhea [no monthly bleeding] does not mean the accumulation of any blood (dirty or clean) in the uterus. (Trinidad and Tobago)

There is nothing to fear, once you discontinue taking the injections your periods should return to normal within a year. (Trinidad and Tobago)

You don't need to worry using an injectable method, because the hormone which is contained in the injectable could make the endometrial layer or the inner layer of the womb change, and it will make your menstruation's pattern also change. Your menstrual cycle will return to its normal pattern when you stop using it. (Indonesia)

Irregular menses is just one of the reactions of the body to the hormones. If the bleeding problems persist to be too heavy, the method may not be suited for you and we may shift to another method. Soon after the method is discontinued the cycle will return to a normal pattern. (Philippines)

The cells on the inner wall of the womb are not formed in women who use the injectable contraception. For some women, after a few months the menstruation will be normal. You do not need to try some herbal medicine. (Indonesia)

The lining of your uterus (endometrium) does not grow and that is the main reason for the changes to your bleeding. (Australia)

The injectable will stop ovulation as long as you are using it, and it also could make your cycle pattern change through the effect of hormone, which influences the layer of the womb. (Indonesia)

### **Myth: Sexual Desire and Sexual Pleasure**

Some women who seek family planning believe incorrectly that injectables affect a woman's sexual desire.

#### **Fact:**

There is no evidence that progestin-only injectables or monthly injectables affect women's sexual behavior. Some women using injectables report these complaints, but the great majority of women using injectables do not report any such changes. It is difficult to tell whether such changes are due to injectables or to other reasons.

#### **Counseling Messages:**

Some women may experience less interest in sex while using injectables, but it is not necessarily related to the injections. Sometimes this may be due to changes in your relationship with your partner. It may be helpful for you to examine how you and your

partner are getting along. Have there been other changes besides your unwillingness to have sex with your partner? How do you and your partner relate to each other? (Trinidad and Tobago)

Your libido may be affected by hormones, but it has no impact on the pleasure you experience or the feelings you have. Sexual desire involves many other aspects in a relationship. Maybe you need to look at aspects of your relationship and health, and if all of those things are positive, you may want to consider trying a change of method, to see if it makes a difference. (Australia)

Some women may find a decrease in sex drive while using injectables, but injectables are not necessarily the cause. You can keep and increase your sexual drive through other means such as erotic foreplay with your spouse. If this does not work, you might consider trying to change the method. (Indonesia)

The injectable will not directly disturb your sexual activity. Since you will be free from getting pregnant, you can express your sexual desire anytime and enjoy your sex life without fear of conception. (Indonesia)

You or your spouse can increase your sexual enjoyment because there is no need to worry about pregnancy. (Indonesia)

A few women will experience loss of libido on the injection and a few women report vaginal dryness. For the vaginal dryness, extra lubrication or estrogen cream can be used to help this. (New Zealand)

### **Myth: Who Can Use the Method**

Many women incorrectly believe that only women of a certain age or with a certain number of children can use injectables.

### **Fact:**

Injectables are suitable for women of any age, regardless of whether they have had children or not. If a woman using injectables wishes to become pregnant, she can stop receiving injections and her fertility will return in a few months.

There is one potential concern for adolescents because DMPA use decreases bone density. Among adolescents, it is not clear whether the loss in bone density prevents them from reaching their potential peak bone mass. If available, combined injectables may be a more suitable option for women under 18 years of age.

Research has not found that DMPA users of any age are likely to have more broken bones, however. When DMPA use stops, bone density increases again for women of reproductive age. Among adults who stop using DMPA, after two to three years their bone density appears to be similar to that of women who have not used DMPA. No data are available on NET-EN and bone loss, but the effect is expected to be similar to that of DMPA.

Like other hormonal methods, injectables can mask the symptoms and signs of menopause and make it difficult to diagnose because a common side effect is not having monthly bleeding. Menopause usually occurs between the ages of 45 and 55. To determine whether she has reached menopause, she can change to a nonhormonal contraceptive method. She no longer needs contraception once she has had no bleeding for 12 months in a row.

**Counseling Messages:**

Any woman regardless of age or number of children can use injectables, but be aware that there is a delay in fertility that is one to four months longer than for women who stop using other methods, so take this into consideration if you are planning to get pregnant soon. (Jordan)

Research has shown that injectables are safe for all healthy women. (The Gambia)

In the past we believed that women had to stop taking hormones after a certain age. However, new research shows that with a low dosage of hormones in the injections women can now continue to use them right into menopause, if there are no side effects during injectable use. (Indonesia)

The injection can be used at any age from after the first period until menopause. We do caution young women about the unproven possibility of not achieving peak bone mass on the injection and we do suggest for women in their 40s that there are other very effective contraceptive methods with less hormone such as the progestin-only pill. (New Zealand)

The criterion for one to be on injectables is that one has to have reached menarche [that is, experienced her first menstrual period]. It is not that one has to have a certain number of children. (Malawi)

You can use the injectable as long as there are no side effects, and it is beneficial to have an annual gynecology check to make sure that you are healthy. (Indonesia)



## Intrauterine Devices (IUDs)

### Myths:

- Abortion
- Complications with Method
- Effectiveness
- Health Risks and Side Effects
- Infections
- Infertility
- Menstrual Bleeding
- Sexual Desire and Sexual Pleasure
- Who Can Use the Method

### Myth: Abortion

Some couples do not want to use the IUD because they incorrectly believe that the IUD prevents pregnancy by causing abortions.

### Fact:

IUDs do **not** work by causing abortions. In the vast majority of cases, IUDs work by preventing fertilization. The copper-bearing IUD acts as a spermicide, killing or impairing sperm so they cannot reach the egg. IUDs that contain progestin cause the cervical mucus to thicken, which stops sperm from entering the uterus. Thus, the current evidence suggests that the main mechanisms of action of IUDs occur prior to fertilization. In very rare case, IUDs prevent implantation which is considered a contraceptive not an abortifacient effect.

### Counseling Messages:

The IUD does not cause abortion, but prevents pregnancy by interfering with sperm movement. Its presence in the uterus also makes the environment unfavorable for implantation. (Lesotho)

The IUD is a non-abortifacient. Its primary action is by preventing the viability and transport of the sperm. Hence the action is by preventing fertilization. Further, in the rare case that fertilization does take place; the egg is not able to stick to the wall of the uterus. This means that the complete process that is necessary for a baby to start growing, which involves fertilization and attaching to the uterine wall, is not happening. So, action is before pregnancy and therefore is not an abortion. (India)

The main way the IUD acts as a contraceptive is by causing [changes] in the uterine cavity, which prevents the meeting of the sperm and ovum. So, there will not be a zygote to abort. (Iran)

The copper and Mirena IUDs both usually work by preventing the sperm from reaching the egg, so the egg is not fertilized. The copper IUD can also work by preventing a fertilized egg from settling into the womb. However, medically abortion means something that works after a fertilized egg has settled into the womb and the IUD does not work at that stage. If you are worried about something that could work after the egg

is fertilized, you should consider another method of contraception such as the pill, which acts earlier. (New Zealand)

The IUD prevents fertilization by preventing the sperm from meeting the egg. This is not abortion. Some scientists say it prevents the fertilized egg from implanting in the walls of the uterus. This is not abortion either, since the medical profession considers a woman to be pregnant when the fertilized egg is implanted and starts to develop in the wall of the uterus. (Dominican Republic)

The IUD is a contraceptive method, which means it prevents pregnancy from occurring. There has been scientific research about these facts and there is no evidence that the IUD acts by causing abortion. It acts in different ways on the sperm and on the uterus which prevents the sperm and [egg] from meeting. (Argentina)

The IUD, for example, the Copper T, works by causing a chemical action hostile to sperm and the fertilization of a woman's egg. (Trinidad and Tobago)

The IUD doesn't cause abortion exactly, but it causes [changes in] the endometrium so a fertilized ovum may not embed in the uterus. (Yemen)

In general, the IUD works by preventing fertilization. (Germany)

The IUD does not cause abortion. (Ghana)

This myth is propaganda used by enemies of women who do not believe in the reproductive rights of women or their use of effective contraception. Ignore these people. It is safer, however, to always visit the family planning staff to get well informed about any health matters. Encourage your friends to do the same. (Nigeria)

Pregnancy does not occur before nidation [implantation] and the IUD works by preventing fecundation [fertilization]. (Haiti)

I explain in detail how an IUD or IUS works. If the woman is still worried about the device causing an abortion, I would offer her an alternative method of contraception. (Ireland)

It does not cause abortion, but other factors, such as infection, can cause [spontaneous] abortion and other factors. (Swaziland)

### **Myth: Complications with Method**

Some women do not want to use the IUD because they incorrectly believe that the IUD can cause infection or that it can travel from the uterus to other parts of the body.

### **Fact:**

*Infection*

Infection related to IUD insertion probably occurs because the instruments or IUD carry with them organisms from the lower genital tract. If the organisms are bacteria normally present in the genital tract, then it seems that some mechanism automatically eliminates this contamination from the uterus soon after the insertion process without infection occurring. Risk of infection can be further reduced by following routine infection-prevention procedures including the “no-touch” insertion technique (not letting the loaded IUD or uterine sounds touch any unsterile surfaces such as hands, speculum, vaginal wall, or table top).

*Travel to distant parts of the body*

The IUD never travels to the heart, brain, or any other part of the body outside the abdomen. The IUD normally stays within the uterus like a seed within a shell. Rarely, the IUD may come through (perforate) the wall of the uterus into the abdominal cavity. This is most often due to a mistake during insertion. Proper insertion technique can help prevent many problems, such as infection, expulsion, and perforation. If uterine perforation is suspected within 6 weeks after insertion or if it is suspected later and is causing symptoms, refer the client for evaluation to a clinician experienced at removing such IUDs. Usually, however, the out-of-place IUD causes no problems and should be left where it is. The woman will need another contraceptive method.

**Counseling Messages:**

The IUD is a very safe method. When inserted according to the correct aseptic method, the risk of infection is significantly minimized. It is a misconception that the IUD can travel from the uterus to the heart or cause death. (India)

There is a small risk of infection (about 1-2%) when the IUD is first put in because it has to go through the vagina and some of the ordinary bacteria in your vagina may go up into the womb at the same time. However, we have done tests to check that you do not have an infection, so there is little risk of that. After insertion, you have the same risk of infection with an IUD as someone not using an IUD. Very occasionally an IUD can perforate the womb, but that is very unlikely if an experienced person, such as us, puts it in. You can check that it is still in place by feeling for the string hanging down into the vagina. (New Zealand)

As we have discussed, there is a small chance of infection when the IUD is first put in, but the risk is very tiny--about 1-2%. Although you may get discharge, irregular bleeding or pain with an infection, infections can be silent. The IUD normally stays within the uterus. Very rarely the IUD may come through the wall of the uterus and rest in the abdomen. The IUD never travels to other parts of the body. (Malaysia)

The IUD is sterile or free of germs. It does not cause any illness or infection. If there is an infection before or after the IUD has been inserted, this infection can be treated. However, a person with an IUD must be careful not to expose oneself to multiple partners and thereby expose herself to greater risk of infection. With regard to the movement of the IUD, this is not possible because the IUD fits in a way that it cannot move. (Dominican Republic)

We have trained personnel who insert the IUD in an aseptic way. So, there is less chance of infection, and it cannot travel from the uterus to other parts of the body because it is placed within the uterus. Attend the clinic for a follow-up visit to ensure that your IUD is OK. (Bangladesh)

This phenomenon is very rare. It can occur only if the device gets misplaced from its normal position—the chance of this occurring is rare. Our body is like our home, there are many rooms and each has a door serving as an inlet or an outlet— some have both and some do not. The uterus is shaped like a balloon that is closed from above, thus the shape does not permit the IUD to go upward. The device is placed at the bottom of the balloon. (India)

It is not possible for the IUD to travel from the womb to the heart. Just look at this picture and you will understand. (Show a picture of the anatomy) (Ghana)

This is not correct. The IUD will remain at the insertion place and does not travel to other parts of the body. Show the client a picture or model of the uterus with an IUD in it and tell her if the IUD wanted to travel to other parts of the body it would exit from the body through the cervix and the vagina). Regarding infection, there are groups of people who are prone to infection with IUD use and if you are in those groups the IUD is not a good contraceptive for you. (Iran)

These are rumors that you should not believe. If you want any information about any family planning method, ask health workers at the family planning clinic. However, you are advised to: always keep your clinic appointment, keep your body and vagina clean, and carry out self-examinations of your vagina as instructed in order to detect missing tags (if you have missing tags report to the family planning clinic promptly for assistance). Also, if you notice an unusual change in your menstrual pattern, report to the family planning clinic immediately. (Nigeria)

Based on the female anatomy, the IUD is confined within the uterus and it is unlikely that there will be consequences from its use. (Malaysia)

You should report any unusual vaginal discharge. If you do not feel the threads or you feel the hard part of the IUD, please report back to the clinic immediately. (Show the client a pelvic model and explain how the IUD fits in the womb.) (Trinidad and Tobago)

### **Myth: Effectiveness**

Some women do not want to use the IUD because they incorrectly believe that the IUD is not effective in preventing pregnancy or that the IUD loses its contraceptive effect after only a few years from the time of insertion.

### **Fact:**

Both the hormonal and copper-bearing IUDs are highly effective contraceptive methods. In fact, they are among the most effective reversible methods, with pregnancy rates similar to those for female sterilization.

*Hormonal levonorgestrel-releasing IUD (LNG-IUD):* Less than 1 pregnancy per 100 women using the LNG-IUD over the first year (2 per 1,000 women). That means the LNG-IUD will prevent pregnancy in 998 of 1,000 women. A small risk of pregnancy remains beyond the first year of use and continues as long as the woman is using the LNG-IUD. Over 5 years of LNG-IUD use, about 1 per 100 women (5 to 8 per 1,000 women) will become pregnant. The LNG-IUD is approved for up to 5 years of use.

*Copper-bearing IUDs:* Less than 1 pregnancy per 100 women using an IUD over the first year (6 to 8 per 1,000 women). That means the IUD will prevent pregnancy for 992 to 994 of 1,000 women using IUDs will not become pregnant. A small risk of pregnancy remains beyond the first year of use and continues as long as the woman is using the IUD. Over 10 years of IUD use, about 2 per 100 women will become pregnant. The IUD is effective for up to 12 years.

**Counseling Messages:**

The IUD is 97% effective, which means for every 100 women who have the IUD inserted, 3 will become pregnant. The IUD does not lose its contraceptive effect after only a few years of use. (Malaysia)

The IUDs we are using have a failure rate of about 1% (Multiload Cu375), which means that only 1 couple out of 100 using the IUD will have an accidental pregnancy per year—this is better than the pill. [Copper-bearing IUDs are effective for up to 12 years.] The failure rate for the Mirena [the LNG-IUD] is 1 in 100. These IUDs last for 5 years. [Editor's Note: See Fact for more on pregnancy rates for copper-bearing IUDs and LNG-IUDs] (New Zealand)

Clients usually say that the IUD is an “old-fashioned method” and so it is less effective compared to “modern methods”. I explain that the IUD is a modern and effective method. (Lithuania)

Some women believe that the IUD is not effective because they know of a woman who has gotten pregnant when using the IUD. However, the IUD is an effective contraceptive device. [Editor's Note: See Fact for pregnancy rates for copper-bearing IUDs and LNG-IUDs] (Yemen)

It is recommended that the IUD be used for three to five years, depending on the type of IUD. [Editor's Note: Duration of use depends on manufacturers' recommendation] (Germany)

The IUD is very effective for long-term use because it is well stationed in the uterus. (Swaziland)

**Myth: Health Risks and Side Effects**

Some women do not want to use the IUD because they incorrectly believe that IUD causes side effects or health risks such as cancer, sexually transmitted infections, or birth defects.

**Fact:**

*Cancer*

IUDs do not cause cancer in otherwise healthy women, but confirmed or suspected cancer of the genital tract is a contraindication to IUD use, because the increased risk of infection, perforation, and bleeding at insertion may make the condition worse. For the levonorgestrel-releasing IUD, breast cancer is also a contraindication.

*Sexually Transmitted Infections (STIs)*

IUDs do not increase the risk of contracting STIs, including HIV. However, usually women who have a very high risk of exposure to gonorrhea or chlamydia should not have an IUD inserted. In special circumstances, when other, more appropriate methods are not available or acceptable to her, a qualified provider who can carefully assess a specific woman's risk may decide that she can use an IUD.

*Birth Defects*

IUD use neither causes multiple pregnancies after removal nor increases the risk of birth defects, whether the pregnancy occurs with the IUD in place, or after removal.

In the rare event that a client becomes pregnant with an IUD in situ, it is important to explain the risks of leaving the IUD in the uterus during pregnancy. There is a higher risk of preterm delivery or miscarriage, including infected (septic) miscarriage during the first or second trimester, which can be life-threatening. Early removal of the IUD reduces these risks, although the removal procedure itself involves a small risk of miscarriage. There is no evidence of increased risk of fetal malformations, however.

**Counseling Messages:**

There is absolutely no cancer risk associated with IUD use. There may be a risk of STIs if condoms are not used, but not with IUD use. The IUD won't cause any damage to the baby in the case of a pregnancy, nor will it cause birth defects or bodily harm. (Argentina)

Studies have shown no difference in rates of cancer among women who use an IUD. A woman has the same risk of catching an STI from someone with an infection whether or not she uses an IUD. We do not recommend using an IUD if you or your partner is at risk of getting an STI. If there is an accidental pregnancy, there is no increased risk of the baby being born abnormal. The IUD [is usually expelled with] the placenta (afterbirth), not embedded in the baby. (New Zealand)

The IUD does not cause cancer, sexually transmitted infections or birth defects. If a client becomes pregnant it is best to remove the IUD to avoid severe infections. [Editor's

Note: See Fact for consideration surrounding pregnancy and copper-bearing IUDs and LNG-IUDs] (Malaysia)

Yes, this is a problem in some cases [such as pelvic infection, septic miscarriage, and premature delivery]. But, the IUD is a safe method and it doesn't cause any defects to the fetus. Of course, if anybody becomes pregnant with the IUD, she will need special care in the pregnancy period. (Iran)

A baby can not be born with an IUD embedded anywhere because, while in utero, the fetus is in its sac and the IUD is in the uterus outside the sac. (Swaziland)

Some clients believe that the IUD can cause a birth defect if they fall pregnant with the device. If you fall pregnant with the device, the device will be found between the membrane and the baby, not inside the baby. (South Africa)

Whether to insert an IUD is a personal choice and there is no medical proof that it can cause cancer. (Nigeria)

We have no knowledge of studies showing a connection between the IUD and cancer. Also, we do not advise women with multiple partners to use the IUD because of the increased risk of infection. (Barbados)

### **Myth: Infections**

Some couples do not want to use the IUD because they incorrectly believe that the IUD causes PID, toxemia, or other infections to a woman's reproductive organs.

### **Fact:**

#### *Pelvic Inflammatory Disease (PID)*

Overall levels of PID in IUD users are low. A woman with chlamydia or gonorrhea at the time of IUD insertion, however, is at higher risk of PID in the first few weeks after insertion than she is later. After the first few weeks, an STI may be no more likely to progress to PID in an IUD user than for other women with STIs. To reduce the risk of infection during IUD insertion, providers can ensure appropriate insertion conditions, screening, and counseling, as well as regularly monitor and treat infection.

Antibiotics are usually not routinely given before IUD insertion. Most recent research done where STIs are not common suggests that PID risk is low with or without antibiotics. When appropriate questions to screen for STI risk are asked and IUD insertion is done with proper infection-prevention procedures (including the no-touch insertion technique), there is little risk of infection. Antibiotics may be considered, however, in areas where STIs are common and STI screening is limited.

If PID occurs or is suspected with an IUD in place, treatment should be started as soon as possible. There is no need to remove the IUD if a woman wants to continue using it. The PID should be treated and the IUD left in situ. If a woman wants it removed, it can

be taken out after starting antibiotic treatment. An IUD should *not* be inserted in women who currently have a PID. It may be inserted as soon as she finishes treatment, if she is not at risk for reinfection before insertion.

#### *Toxemia*

The copper in copper-bearing IUDs is not released into the blood. Levels of serum copper in long-term users of copper IUDs are similar to that of the normal population.

#### *Infection*

Infection related to IUD insertion probably occurs because the instruments or IUD carry with them organisms from the lower genital tract. If the organisms are bacteria normally present in the genital tract, then it seems that some mechanism automatically eliminates this contamination from the uterus soon after the insertion process without infection occurring. Risk of infection can be further reduced by following routine infection-prevention procedures including the “no-touch” insertion technique (not letting the loaded IUD or uterine sounds touch any unsterile surfaces such as hands, speculum, vaginal wall, or table top).

#### **Counseling Messages:**

There is a small chance of infection when the IUD is first put in, but the risk is very tiny—about 1-2%. Although you may get discharge, irregular bleeding, or pain with an infection, infections can also be silent, so you may not know if you have one. (New Zealand)

The IUD won't cause genital infection by itself. The presence of infections, such as STIs and PID, are generally associated to the sexual behavior of people who frequently don't use barrier methods (condoms) after the insertion of an IUD. Of course, you'll have efficient protection against undesired pregnancy, but none against STI using the IUD. (Argentina)

This is not true. Infection is caused by not keeping clean, having multiple sexual partners, using dirty paper or cotton wool to plug the vagina and by inserting dirty fingers into the vagina. If cleanliness of the body and vagina is maintained, infection cannot occur. However, a clinic appointment must be maintained. (Nigeria)

PID depends a lot upon the way insertion is done and the environment in which it is done. If the doctor follows aseptic methods and ensures that PID does not already exist before the insertion, the chances of infection are less. (India)

PID is an important point for information. Clients must have the information about risk factors while using an IUD (for example frequent changing of sex partners). (Germany)

When the loop is inserted in the uterus, it is sterile and therefore does not cause infection. But, when a symptomatic infection exists, it will show after IUCD insertion, therefore, the client needs to be treated. (Swaziland)



The IUD itself does not cause PID or infections, but in the case of PID infection, only the presence of an IUD may enhance the inflammatory process, as it is a foreign body. (Yemen)

The IUCD is inserted under sterile conditions and cannot be responsible for infection. (Barbados)

If you get back aches, abdominal pain, white discharge, or another problem difficult to handle, visit your doctor for syndromic management for infections and maintain good local hygiene. (India)

There may be an increase in vaginal discharge during the first few months after the IUCD is inserted—this does not lead to PID or other infections of the vagina, cervix and uterus. (Malaysia)

### **Myth: Infertility**

Some couples do not want to use the IUD because they incorrectly believe that the IUD will cause infertility, ectopic pregnancy, or miscarriage.

### **Fact:**

#### *Infertility*

Good studies find no increased risk of infertility among women who have used IUDs, including young women and women with no children. Whether or not a woman has an IUD, however, if she develops pelvic inflammatory disease (PID) and it is not treated, there is some chance that she will become infertile. PID can permanently damage the lining of the fallopian tubes and may partially or totally block one or both tubes enough to cause infertility.

#### *Ectopic Pregnancy*

Because any pregnancy among IUD users is rare, ectopic pregnancy among IUD users is even rarer. An IUD does not increase a woman's overall risk of ectopic pregnancy. In fact, an IUD user's risk of an ectopic pregnancy is much lower than the risk to a woman who is not using any method of contraception. In the unlikely event of pregnancy in an IUD user, 6 to 8 in every 100 of these pregnancies is ectopic. Thus, the great majority of pregnancies after IUD failure are not ectopic. Still, ectopic pregnancy can be life-threatening, so a provider should be aware that ectopic pregnancy is possible if an IUD fails.

#### *Miscarriage*

IUDs do not cause miscarriages after they have been removed. If correct insertion technique is used, the use of an IUD will not cause any difficulty in future pregnancies.

In the rare event that a client becomes pregnant with an IUD in situ, it is important to explain the risks of leaving the IUD in the uterus during pregnancy. There is a higher risk of preterm delivery or first- and second- trimester miscarriage, including infected

(septic) miscarriage which can be life-threatening. Early removal of the IUD reduces these risks, although the removal procedure itself involves a small risk of miscarriage.

If the client does not want to continue the pregnancy and if therapeutic termination of pregnancy is legally available, inform her accordingly. If she wishes to continue the pregnancy and the IUD strings are visible or can be retrieved safely from the cervical canal, gently remove the IUD or refer for removal. The client should return at once if she develops any signs of miscarriage or septic miscarriage (vaginal bleeding, cramping, pain, abnormal vaginal discharge, or fever).

However, if the IUD strings cannot be found in the cervical canal and the IUD cannot be safely retrieved, refer for ultrasound, if possible, to determine whether the IUD is still in the uterus. If the IUD is still in the uterus, if ultrasound is not available, or if the client chooses to keep the IUD, her pregnancy should be followed closely by a nurse or doctor. She should see a nurse or doctor at once if she develops any signs of septic miscarriage.

**Counseling Messages:**

Not necessarily. Just like any pregnancy, this will occur when God wants this to happen. The IUD should not be blamed for a delay in getting pregnant. Women have been known to get pregnant immediately after the removal of an IUD or within three months of removal. Infertility is another rumor to give the IUD a “bad name”. However, if you are worried, you can report to the clinic any time for a medical opinion. (Nigeria)

When the IUD is removed from uterus, normal fertility function is restored. (Yemen)

Fertility is immediately restored to the original level as soon as the IUD is removed. (India)

The loop [copper IUD] is not a hormonal method and therefore it does not enter the blood stream. Once it is removed or misplaced, a woman can get pregnant. (Swaziland)

The IUD usually cannot cause infertility. It only can cause infertility in the case of PID among the prone infection group, which is why it is better for them not to use the IUD. (Iran)

The vast majority of IUD users get pregnant just the same as the people who don't use the IUD. It is possible that if a fertilized egg got stuck in the tube, say after the tube had been damaged by an infection, a copper IUD wouldn't prevent that pregnancy from growing in the wrong place - the copper IUD works better in the womb than in the tube. The Mirena IUD is so effective at preventing pregnancy that the risk of an ectopic pregnancy is minute. (New Zealand)

The IUCD does not cause infertility or delay the return of fertility after it is removed. (Malaysia)

A pregnancy that occurs with an IUD in place is more likely to end in a miscarriage. (Ireland) [See Fact for information on miscarriage]

**Myth: Menstrual Bleeding**

Many couples do not want to use the IUD because they incorrectly believe that using the IUD will cause either no monthly bleeding (amenorrhea) or heavier, painful, and more frequent menstrual bleeding.

**Fact:**

Women can experience changes in bleeding patterns depending on the type of IUD.

Women using copper-bearing IUDs may experience:

- Heavy and prolonged monthly bleeding
- Irregular bleeding
- More cramps and pain during monthly bleeding

These bleeding changes are normal and usually are not signs of illness. They are most common in the first 3 to 6 months after insertion and usually lessen with time. A provider should evaluate for an underlying condition unrelated to method use if:

- Cramping continues and occurs between monthly bleeding;
- Heavy or prolonged bleeding continues, or if bleeding starts suddenly after several months of normal bleeding or long after the IUD was inserted, or;
- Irregular bleeding persists after 6 months, or starts suddenly after several months of normal bleeding.

Severe anaemia requires careful consideration because if heavier menstrual periods are experienced, the additional monthly blood loss could worsen existing anaemia. The anaemia should be treated before an IUD is inserted. The LNG-IUD may actually help to reduce anaemia by reducing blood loss.

Women using the LNG-IUD may experience heavy, prolonged, or irregular bleeding in the first few months, but then experience

- Lighter, regular, and predictable bleeding
- Infrequent, light, or no monthly bleeding

These bleeding changes also are normal and usually are not signs of illness.

Copper-bearing IUDs rarely cause monthly bleeding to stop completely. However, women using an LNG-IUD may not experience monthly bleeding due to strong uniform suppression of the endometrium. If monthly bleeding does not occur while a woman is using a copper-bearing IUD, pregnancy should be excluded. If the woman is not pregnant, other causes of no monthly bleeding should be investigated.

Pain associated with menstruation may increase in some women, but usually this is only for the first month or two. The LNG-IUD may reduce the pain associated with menstruation. Non-steroidal anti-inflammatory drugs may also reduce discomfort.

**Counseling Messages:**

Just like anything that is new, it takes time for the body to get adjusted. It is true that for the first 3 months the IUD may affect the pattern of the menstrual flow and the quantity. But, immediately the body gets adjusted and things will come back to normal. However, if you are worried, report to the clinic. It is very important to observe the bad or carry out a vaginal examination to check that the IUD is not partially or fully expelled because of the heavy bleeding. Again, if there is partial expulsion, this could also cause heavy bleeding. Reporting to a clinic nurse is recommended. Any pain is temporary and taking a simple pain relieving drug, like aspirin or paracetamol, will relieve the pain. But, if pain persists or you are worried, report to the clinic staff immediately. (Nigeria)

During the first three months, there is a possibility of heavier bleeding and slight discomfort. However, in most cases, this subsides and the lady enjoys the benefits of the method. It has been found that of all reversible methods used, the IUD has one of the lowest discontinuation rates, expressing that the method is quite popular. (India)

Copper IUDs tend to make your period longer, more painful and heavier. We will check how you are getting on at your 6 week check. If you use the Mirena (LNG-releasing IUD), initially we expect you may spot bleed for many days of the month, but after a few months we expect you will have light periods or maybe no periods at all. (New Zealand)

Moderate blood loss and frequent menstrual bleeding may happen for 2-3 months after insertion of the IUD. Later on it will be OK. If you feel pain you can take pain-relieving medicine. (Bangladesh)

You may experience a heavier flow of the menses after the insertion. However, this is normal and in subsequent months the menses should return to a normal flow. There is nothing to worry about if there is a little more flow in the first month after insertion. (Dominican Republic)

This may happen for some clients during the first months of use and it will be solved after that. For this problem you can use some simple drugs in the bleeding period that will help you be more comfortable. The IUD doesn't interfere with the hormonal regulation of menses. (Yemen)

Regarding amenorrhea, the use of the levonorgestrel IUD may be a cause of this, but many times this is the effect we are looking for when using it. Also, it is common to see heavier or painful bleeding during the first months of insertion, which generally stop after this period. (Argentina)

After a few days pain will subside. Bleeding may be heavier for the first few months, but will later stabilize. (Swaziland)

This is a common complaint when the IUD is inserted. You should wait for 3 months and your menstrual cycles should become regular. (India)

Inter-menstrual spotting may occur in the first month after insertion. Heavier menstruation may occur for the first 3 months after insertion. (Malaysia)

Copper coils can cause heavier periods. The Mirena IUS can make periods lighter or can cause them to stop. This is normal. (Ireland)

You may experience heavier bleeding initially, but it will settle. (Barbados)

It is standard information that bleeding might increase while using the IUD (look at information from the World Health Organization and the International Planned Parenthood Federation). Also, it is important to inform clients about possible amenorrhea while using the hormonal IUD. (Germany)

The first menstrual period that you may have following the insertion of the IUD is usually heavier than usual, as the IUD is a foreign body and the womb has to adjust to it. If your period continues to be heavy or you experience any other discomfort please report to your clinic as soon as possible. (Trinidad and Tobago)

Yes, in some women the IUD causes heavy menstrual bleeding. (Fiji)

One of the side effects of the IUD is that the menstrual bleeding can be extended for a while. (Georgia)

### **Myth: Sexual Desire and Sexual Pleasure**

Some couples do not want to use the IUD because they incorrectly believe that the IUD will cause inconvenience during sex, pain for the male partner because the strings will hurt the penis, or that using the IUD causes discomfort and pain for the woman during sex.

### **Fact:**

There is no reason why an IUD should negatively affect sexual pleasure. On the contrary, being free from fear of pregnancy may allow both partners, especially the woman, to enjoy their sexual life.

There is no reason why an IUD should cause discomfort or pain during sexual intercourse unless the woman is already having cramps, which sometimes occur during the first few weeks after insertion. Sexual intercourse cannot displace an IUD.

Sometimes a man can feel the strings if they are too long. If this bothers him, cutting the strings shorter should solve the problem. Sometimes a man can also feel discomfort if the strings are cut too short. To remedy the problem, the provider can cut them even shorter so they are not coming out of the cervical canal. The woman should be told beforehand, however, that this will mean she may not be able to feel the strings to check her IUD, and removing her IUD may be more difficult. Alternatively, she can have the IUD replaced with a new one and the strings cut to the correct length. The strings should be cut so that 3 centimeters hang out of the cervix. A man may feel discomfort during sex if the IUD has started to come out through the cervix. If a woman suspects this, she should see a doctor or nurse immediately. Proper counselling of the male partner may be appropriate.

**Counseling Messages:**

The strings will not cause inconvenience during sex because the strings are cut short after insertion of the IUD, leaving only a small portion of the strings outside the cervix. So, the IUD will not hamper your or your partner's sexual pleasure. (Bangladesh)

The nylon string is soft and won't cause any obstruction during sex unless the string is too short or too long or the IUCD has been partially expelled. The IUCD will not cause pain for the male partner during sex. If your husband feels discomfort during sex, there is a possibility that the IUCD has started to come out through the cervix. You must see a doctor or nurse immediately. (Malaysia)

Neither you nor your partner should notice any difference with sexual intercourse while using an IUD. Occasionally, your partner may notice the string but it is usually enough to put a finger in the vagina and curl it out of the way. If the string is cut too short, it can prick your partner. If this is a problem, return and we will trim it further. If you have discomfort with intercourse, you should return to check that nothing has gone wrong. (New Zealand)

The threads are quite fine. However, if your partner complains that the threads are causing him discomfort, please return and we will shorten them. (Trinidad and Tobago)

For a man, the loop does not cause pain except when the strings have been cut too short. Otherwise, it does not prick and cause pain. (Swaziland)

This can occur if the thread of the IUD is long. A well placed IUD does not hinder the pleasure obtained during sex. I have success stories from many of my clients. (India)

With correct insertion of the IUD and its string your partner will not have any inconvenience during intercourse. Women do not have any problem with IUD use and pain during sex. (Iran)

If the tag [strings] of the IUD are cut too short and cause discomfort, the client should report to the clinic to have the IUD removed and a new one inserted so that the tag will be reduced to a size that does not cause discomfort. If a short tag is not the case, she is

instructed on how to push the tag to the vaginal fornices so that it is tucked away. Vaginal cleanliness must be maintained. Always wash your hands before examining the tag. It is recommended that examination of the tag be done during your bath to be sure that your hands are clean during the examination. (Nigeria)

If your partner complains of pain during sex because of the device, this means that the device has been misplaced (partially extruded). Remove the device and reinsert it or use another method. If the woman complains of discomfort or pain find the cause and treat accordingly. (South Africa)

The string of the IUD is made of a soft material (either HDPE or Nylon). Furthermore, the string is cut by the doctor very close to the cervix. Most of the time, the penis does not reach or touch the string at all. There have been test instances where the couple returned complaining that the string was hurting the male organ and they wanted removal of the IUD. The doctor did not remove the IUD, but informed them that it had been done. The couple did not return with any complaints. This proves that it was more of a psychological issue than the issue of the string. (India)

Most times a man complains only if he is aware that his partner has an IUD inserted. Therefore, it may just be in his mind. If a man does not know of the presence of the IUD or its string, he does not complain. Even if his penis may feel the end of the string, there is not likely to be any danger for him or for you as the string is very thin and flexible and unlikely to cause any inconvenience. (Dominican Republic)

This is incorrect. (Show the client an IUCD with the uterus model and show her where it is placed and how the strings are cut short.) (Barbados)

If you have pain and discomfort nothing will happen because the uterus is strong and thick and the IUD inside is very small. (Yemen)

Few women told me that the IUD strings give inconvenience to their partners, but sometimes it is just that the men don't support their partner in using this kind of contraception. (Malaysia)

Sexual activity takes place in the vaginal canal, not in the uterus where an IUD is placed. [Editor's Note: The IUD is in the uterus but the strings lie in the cervical canal and can be felt by a sexual partner if they are too short or too long.] The strings are cut so that they become short. (Lesotho)

### **Myth: Who Can Use the Method**

Many women do not want to use the IUD because they incorrectly believe that the IUD should not be used by women who are young or who have not had children.

### **Fact:**

There is no minimum or maximum age requirement for using the IUD. An IUD should be removed after menopause has occurred—at least 12 months after her last monthly bleeding. There is also no requirement that a woman must have children to use the IUD. A history of pelvic infection or multiple sex partners (one indication that a woman is at high risk for STIs) make the choice of an IUD inappropriate for such women.

The myth that young women and women without children cannot use IUDs stems from fears about a higher risk of expulsion in these women and fears about a higher risk of infection in these women.

Expulsion is more likely in certain circumstances, such as young age at insertion (under 20 or 25 years old). Some studies also have found a higher rate of expulsion among women who have no children. The additional risk of expulsion, however, is not sufficient to deny IUDs to women in these circumstances, because the advantages of the IUD outweigh the risks of expulsion.

Women with current gonorrheal or chlamydial infection should not have an IUD inserted. Since laboratory STI tests usually are not available, World Health Organization guidance considers STI risk assessment and physical examination essential to safe use of IUDs, but not laboratory tests. Providers should not determine a woman's STI risk based on her age or whether she has had children. Rather, the provider can discuss risky behaviors or situations in their communities that they think are most likely to expose women to STIs, for example having more than one sexual partner in the last three months without always using condoms. The client can think about whether such situations occurred recently (in the past 3 months or so).

**Counseling Messages:**

Young women and women who have not had children may use the IUD. If you do not like injectables or oral contraceptives, or if they cause some inconvenience, you may use the IUD. While it is true that older women use it, young women may use it quite comfortably and effectively. Inserting the IUD will not prevent you from having a baby when you want to. When that time comes, the IUD is removed and you can try to have a baby. (Dominican Republic)

According to a clinical study that was done, it has been proved that the IUD is also an effective method for use among nulliparous women (women without a first child or an abortion). A few doctors believe and recommend that the IUD should only be inserted after a first child, but studies prove otherwise. (India)

Young women incorrectly believe that they should not use the IUD, as it can alter their interior environment. This is not true. Each acceptor of the IUD behaves differently, but the primary purpose of the IUD as a contraceptive has served many women and it is reported to be safe even in young women. (India)

Any women of childbearing age, who for some reason cannot use hormonal methods, can use an [copper] IUD if they choose. (Lesotho)



It doesn't matter whether you are married with kids or not, this is just a psychological barrier. (Nigeria)

The IUD can be used by all women except those with contraindications. (Swaziland)

The IUD also can be used by younger women and girls. A smaller IUD (only with copper) is available in Denmark for women who haven't given birth and for girls who are not fully grown. (Denmark)

The IUD is most suitable for people in long-term relationships where there is little or no risk of getting an infection. Although we recommend that young women who have not had any children consider using something such as the pill instead, it is OK for you to use an IUD if you have considered all the pros and cons. [Editor's Note: Current evidence from well conducted clinical trials indicates that it is generally safe for women with no children to use IUD.] (New Zealand)

As per instruction of the government contraceptive manual, we can provide the IUD only to those women who have at least one child. [Editor's note: This is a local precaution and not a World Health Organization recommendation.] (Bangladesh)

## Male Condoms

### Myths:

- **Complications With Method**
- **Effectiveness**
- **Health Risks and Side Effects**
- **Premature Ejaculation**
- **Promiscuity**
- **Sexual Desire and Sexual Pleasure**
- **Size of Penis**
- **Who Can Use the Method**

### Myth: Complications With Method

Some clients who seek family planning incorrectly believe that male condoms can easily get lost in a woman's vagina or uterus and can travel through a woman's body, requiring surgery to get the condom out.

### Fact:

Studies indicate that a condom rarely slips off completely during intercourse. On average, about 2% of condoms break or slip off completely during sex, primarily because they are used incorrectly. Slippage during withdrawal can be minimized if the rim of the condom is held against the base of the penis during withdrawal after ejaculation. However, if a condom does slip, it will go no further than the woman's vagina, where it can be easily retrieved, with no need for surgery. If a man notices a break or slip, he should tell his partner so that she can use emergency contraceptive pills if she wants.

### Counseling Messages:

It is not possible for a condom to get lost in the uterus, as the vagina is a sort of tube that is "closed" on one end in which you have the cervix. The cervix has a very small hole through which sperm can ascend, but not a condom. The condom can slip into the vagina and, if this happens, you have to learn how to remove it. There is no need for a surgical procedure to remove the condom. If you can't remove it you can ask your partner to help you or you will have to see a health care provider to have it removed. This is not a reason to panic, but the slipped condom must be removed as soon as possible to prevent infection. If the condom slips, you should remember to use emergency contraception as soon as possible if the condom is the only contraceptive method that was used. (Argentina)

Condoms cannot enter the uterus or travel into the woman's body. Condoms can get left in a woman's vagina if the man has a poor erection and if the penis is not withdrawn from the vagina after ejaculation. Condom removal does not require surgery. It may require a vaginal examination using a speculum to visualize the condom before removal. It is also possible to remove the condom [with your fingers]. (Nigeria)

If a condom is not held when removing the penis from the vagina, it can get lost. But it does not disappear because the cervix is at the end of the vagina, where nothing can get through. Therefore, a woman can fetch the condom herself. (Austria)

Clients have many experiences losing their condoms in the vagina, but they can remove them easily. (Indonesia)

If a condom enters a woman's body, it can easily be recovered. There is no way possible that it can travel through her body. (Nigeria)

The condom can never go through the cervix to the womb and travel through a woman's body. The condom stays inside the vagina if it slips off the penis. (The Netherlands)

These incidences do not happen very often, but a condom can slip [off] if not properly used. (Nigeria)

**Myth: Effectiveness**

Some men and women who seek family planning do not want to use male condoms because they incorrectly believe that condoms are not effective in preventing pregnancy or sexually transmitted infections, including HIV.

**Fact:**

The male condom is a sheath, or covering, that fits over a man's erect penis. It works by forming a barrier that keeps sperm out of the vagina, preventing pregnancy. It also keeps infections that are in semen, on the penis, or in the vagina from infecting the other partner. It is usually made of very thin latex rubber, although a minority are made of either animal tissue or polyurethane (plastic).

Condoms are the only contraceptive method that can protect against both pregnancy and sexually transmitted infections (STIs), including HIV transmission, when used for vaginal, oral, or anal sex. In order for condoms to be most effective they must be used correctly and consistently (with every act of sex). The risk of pregnancy or contracting sexually transmitted infections is greatest when condoms are not used correctly with every act of sex.

When used correctly and consistently, condoms are 98% effective in preventing pregnancy. This means that when used consistently and correctly, about 2 of every 100 women whose partners use condoms become pregnant over the first year of use.

Condoms do not have holes that HIV can pass through. In fact, when used consistently and correctly, condom use prevents 80% to 95% of HIV transmission that would have occurred without condoms. Plastic condoms are expected to provide the same protection as latex condoms, but they have not been studied thoroughly. Condoms made from animal membrane DO NOT protect against HIV and other STIs.

On average, about 2% of condoms break or slip off completely during sex, primarily because they are used incorrectly. Used properly, condoms seldom break.

Lubrication helps avoid condom breakage. There are three ways to provide lubrication—natural vaginal secretions, adding a lubricant, or using condoms packaged with lubricant on them. Sometimes lubricants made of glycerine or silicone, which are safe to use with latex condoms, are available. Clean water and saliva also can be used for lubrication. Do not use products made with oil as they can damage latex condoms.

**Counseling Messages:**

Condoms are very effective if properly used. The condom must be taken out of the package with care to ensure that it is not broken or torn. Avoid rushing when putting on a condom, and be sure that the [erect] penis is well inserted into the condom. A condom must never be re-used. (Nigeria)

Unprotected intercourse through breakage and slippage of a condom depends on the skill level, experience, and motivation of the user. Thus, clients need to practice, practice and practice! (Singapore)

Take care to remove air before putting the condom on the penis. Any contraceptive device used has some chance of failure, but it is difficult to predict when failure will occur. Failure will occur if a method is not properly used. If you think there is a chance you might be pregnant, get a pregnancy test. (India)

The right way to use the condom is as soon as the man has an erection, not at the time of ejaculation. (Bahrain)

A condom certified with an “OK” seal (a quality seal for condoms guaranteeing that the condom meets the Euro-Standard), that neither tears or rolls up and is used before the expiration date, protects sufficiently against pregnancy as well as HIV/AIDS or other sexually transmitted infections. To prevent breaking or rolling up, it is essential to use the condom properly. It is also important to use only water-based lubricants, not oil-based lubricants such as glycerine. In no case should substances containing oil or grease be used, since these can break down the latex and make the condom porous. (Switzerland)

Condoms are the best method for dual protection. They prevent pregnancy, HIV/AIDS and STIs. Most condoms undergo a testing process to ensure this and that they are not porous. They have to be used correctly and consistently. (Malawi)

You have to believe that condoms can protect you from pregnancy or STIs and HIV/AIDS because condoms are made from latex and do not have any pores (small holes). That is how condoms prevent sperm from entering the vagina and genital fluids from coming into contact. (Indonesia)

The condom is effective in preventing STIs and HIV/AIDS. Problems arise only when it is used wrong. (Nigeria)

The condom is a very good method for both pregnancy and STI/HIV prevention. It is the only method which can prevent the transmission of STIs and AIDS. (Iran)

Condoms are effective in preventing pregnancy and STIs, including HIV, if properly used. However, it does not give 100% protection from pregnancy and prevention from sexually transmitted diseases. (Nigeria)

Condoms are proved to be very effective in preventing sexually transmitted diseases, including HIV. The condom use program launched by the Singapore Government decades ago has provided solid evidence and strong support for this. Condom failure (which is approximately 2%) is a result of the misuse and inconsistent use of condoms. (Thailand)

### **Myth: Health Risks and Side Effects**

Some people incorrectly believe that using male condoms can cause side effects or health risks such as illness, infection, disease, or cancer in men and women.

#### **Fact:**

There are no known serious short or long term side effects associated with the use of condoms. When a condom is used, ejaculation occurs as normal, so there is no sperm “back up.” There is no evidence that condoms cause cancer, either in men or women. In fact, the use of condoms may help protect against conditions caused by STIs including recurring pelvic inflammatory disease, cervical cancer, and infertility.

It is possible that a person may experience mild irritation in or around the vagina or penis or mild allergic reaction to a condom (itching, redness, rash, and/or swelling of genitals, groin, or thighs during or after condom use). Severe allergic reactions involve hives or rash over much of the body, dizziness, difficulty breathing, or loss of consciousness after coming in contact with latex. Both men and women can be allergic to latex and latex condoms. Allergy to latex is uncommon in the general population, and reports of mild allergic reactions to condoms are very rare. Severe allergic reactions to condoms are extremely rare.

Plastic condoms made of synthetic materials offer an alternative for individuals who are allergic or sensitive to latex. Plastic condoms are expected to provide the same protection as latex condoms, but they have not been studied as thoroughly. The United States Food and Drug Administration recommends that condoms made of plastic be used for protection from STIs, including HIV, only if a person cannot use latex condoms. Condoms made of animal skin such as lambskin (also called natural skin condoms) are not effective for preventing STIs, including HIV, however.

### **Counseling Messages:**

In certain cases there can be allergies to the material that condoms are made of. If you have symptoms of being allergic to condoms you can try to use other types or brands of condoms. You should also get tested for other sexually transmitted diseases. (India)

Some people develop a rash as a reaction to the latex or to the lubricant on the condom and are advised to try another type of condom if they do. No cancers or illnesses are related to condom use. [Editor's Note: See Fact for information regarding effectiveness of synthetic condoms.] (Malawi)

If you get a rash after using a condom and it is the first time you have used a condom, you should see a doctor to be checked for STIs. If you get a rash every time your partner uses a condom, then you should also be checked for STIs and you may need to use another contraceptive method if you are allergic to the latex or lubricants. (Lao PDR)

It could be an allergic reaction from the rubber that causes rashes. [Be sure to see a doctor if you experience a rash.] (The Gambia)

Allergic reactions to the male condom may happen, but only in very rare cases. (The Netherlands)

The condom is made from latex and is lubricated, sometimes with spermicide, which is made with anti-toxic and anti-allergenic ingredients. It may irritate some people's genitals if they are allergic to the latex or lubrication, but will not cause infections, complications or cancer. (Indonesia)

Use a condom with a different type of spermicide, which will minimize the reaction. If the reaction persists, see a doctor. (Singapore)

### **Myth: Premature Ejaculation**

Some men and women incorrectly believe that male condoms constrict an erect penis, causing premature ejaculation.

#### **Fact:**

Using a male condom does not cause premature ejaculation. On the contrary, condoms can help users maintain an erection longer and prevent premature ejaculation, especially when the placement of the condom on the penis is a routine part of sexual foreplay.

### **Counseling Messages:**

You do not have to worry that a condom will constrict an erect penis because a condom is elastic and flexible, and it will not cause premature ejaculation. For some men, condoms can prolong ejaculation. (Indonesia)

Consider the male condom as part of the normal body without complex. It is the only way to protect ourselves from disease. (Central Africa Republic)

You have to think that using a condom is protecting yourself from different communicable diseases. So, you should think that your sexual partner will be really happy with you [for wanting to use a condom]. (Mongolia)

Condoms are an appropriate method for clients who have premature ejaculation and in many cases it can delay the ejaculation time. (Iran)

**Myth: Promiscuity**

Some men and women who seek family planning believe that male condoms encourage infidelity, promiscuity, or prostitution.

**Fact:**

There is no evidence that condoms or other methods of contraception affect behavior. The evidence on contraception in general shows that sexual behavior is unrelated to contraceptive use. In fact, using contraception shows responsible behavior in order to avoid unintended pregnancy and sexually transmitted infections.

**Counseling Messages:**

No one can guarantee the behavior of another person, whether they use a condom or not. Infidelity and promiscuity can occur. Using a condom is the only way to protect against STIs and HIV, which could be present from previous relationships, but show no signs. (South Africa)

Condom availability does not encourage infidelity, promiscuity and prostitution. You can be unfaithful, promiscuous, or a prostitute even when there are no condoms. (Indonesia)

Condoms can protect us from getting serious diseases. We cannot control whether our partner is really faithful or not, but we can protect ourselves from infection by using condoms. (Lao PDR)

It is the behavior of the person and not the condom that makes a person take certain actions in their sexual activities. (Bahrain)

Condoms do not encourage promiscuity, infidelity, or prostitution. The desire for sex is not driven by the contraceptive method; rather, it is biologically driven. (Nigeria)

Condoms do not encourage promiscuity. People who want to be promiscuous will always be promiscuous whether they use a condom or not. (Nigeria)

If you have a condom it doesn't mean that you should have an extra-marital affair to use it. You should be able to make a sound decision on who you want to have sex with. Self-control is always a priority. (Malawi)

Women and men who engage in prostitution do so for reasons other than condom use. (Nigeria)

Condom use should be embraced. Condoms help to plan a family, avoid STIs and unwanted pregnancy, and enable you to enjoy a fruitful and stress-free marriage. (Nigeria)

Condoms do not encourage infidelity; instead they prevent STIs. The best method of prevention is **A**bstain, **B**e Faithful, and use **C**ondoms. (Nigeria)

The male condom is 98% effective in protecting people against STIs and HIV. Condoms do not encourage infidelity. It is better to choose prevention than death. (Central Africa Republic)

Sexual functions are normal and exist in all strata of society. Condoms are used to prevent disease and pregnancy. They help to improve the health of society. (India)

To be sexually active is a natural and healthy part of our development. It is great that you are sexually active and are protecting yourself from possible infection or unplanned pregnancy. Using condoms shows that you value your health and well-being. (Australia)

Condom use should be discussed by you and your partner at the beginning, and should be practiced consistently, even if you are only using condoms for birth control purposes. In this case, condoms are no longer a sign of infidelity or promiscuity, but are a sign of care and concern, especially for your partner, as you are sharing the responsibility of good sexual and reproductive health. (Thailand)

Each person is responsible for his or her actions, which do not depend on the contraceptive method they use. Infidelity, promiscuity, or prostitution are behaviors which could have a moral issue but are not encouraged at all by the use of a barrier method such as the condom, although it would be desirable that people in any of those situations would protect themselves with a condom. (Argentina)

Using a male condom does not encourage infidelity. Infidelity depends on how loyal you are to your partner. (Malaysia)

If someone is born to be unfaithful, promiscuous, or a prostitute it is not the condom that will make the person behave this way. (St. Lucia)

### **Myth: Sexual Desire and Sexual Pleasure**

Some couples incorrectly believe that condom use decreases a man's libido and can cause impotence or that condoms reduce or interfere with sexual pleasure.

### **Fact:**



There is no evidence to suggest that condom use causes impotence. Impotence has many causes. Some causes are physical, some are emotional. Condoms themselves do not cause impotence. A few men may have problems keeping an erection when using condoms, however. Other men, especially older men, may have difficulty keeping an erection because condoms can dull the sensation of having sex. Using more lubrication may help increase sensation for men using condoms.

Some couples become frustrated and lose some of their sexual excitement when they stop to put on a condom. Some men and women complain that the condom dulls sensation. However, many couples learn to enjoy using condoms as part of their sexual foreplay. In fact, many women and men often say they have better sex when they use condoms, because they can focus on their sexual pleasure without the worry about unintended pregnancy and sexually transmitted infections (STIs).

A couple may wish to use either a textured, ultra thin, or transparent condom to increase stimulation. Pleasure may also be increased by lubricating the inside and outside of the condom with water-based lubricants. A drop or two of lubricant on the inside of the condom before it is unrolled can help increase the sensation of sex for some men. Too much lubricant inside, however, can make the condom slip off. Lubricants made of glycerine or silicone are safe to use with latex condoms. Clean water and saliva also can be used for lubrication. Do not use products made with oil as lubricants for latex condoms as they can damage latex.

**Counseling Messages:**

Using condoms may interfere with sexual pleasure, but the fear of STIs and pregnancy may interfere as well. If this happens, practice using condoms and try letting your partner help with the condom. The condom may help to postpone the orgasm and will increase the pleasure of making love. (The Netherlands)

If you don't want a child and you want to be protected against STIs, certain precautions need to be taken and compromises made. The male condom is the simplest contraceptive that can be adopted and has many advantages. Many clients have used condoms successfully without interfering with their sexual desire and pleasure. (India)

Some couples complain of decreased sensitivity when using condoms, but this could be an advantage in prolonging sexual pleasure. A small loss of sensitivity is better than exposure to STIs and HIV. (South Africa)

Condoms do not reduce a man's libido, but may interfere marginally with sexual pleasure. The benefits of dual protection far outweigh the interference with sexual pleasure. (Nigeria)

Condom use does not reduce libido. Your fear of getting infected or getting pregnant reduces libido or sexual pleasure. Using condoms can prevent infection and pregnancy. (Lao PDR)

With improved technology in condom production, the thickness of condoms has decreased. Now condoms are very thin and cannot interfere with sexual pleasure. There are more advantages of using condoms than disadvantages. (Iran)

Condoms available in the markets nowadays are made from latex, thus the layer is very thin. When you and your partner agree to use condoms, you can “practice” and make it part of your activity. You and your partner, however, have to be aware of the “don’ts” that may cut or tear condoms and cause infections. (Thailand)

In order to find an appropriate condom, it is very important to try different sizes and sorts. Modern condoms are very thin and should not influence the sexual feeling. If you have practice in using a condom, you and your partner can make the unrolling and taking off a lustful part of your foreplay. (Switzerland)

Look for condoms that are thin and well-lubricated or check out a few different kinds to find a brand that fits well and is comfortable for you. (Singapore)

The condom is necessary to prevent STIs and pregnancy. Also, today condoms are so thin that they do not interfere with or reduce sexual pleasure. (Denmark)

Many people believe [that condoms reduce sexual pleasure], but it is only a psychological issue. In fact, condoms do not reduce sexual pleasure because they are made of thin latex, which is like a second skin to the penis. Moreover, it is lubricated to enhance sexual pleasure and sensitivity. (Mauritius)

It may be true that the condom decreases the male’s sexual pleasure. But, on the other hand, using a condom may be incorporated into foreplay and may slow down the man’s ejaculation, thereby increasing pleasure. (Ireland)

Condoms do not cause impotency or a decrease in libido. Rather, in some instances, using condoms increases sexual pleasure and improves performance. The mind plays a greater role in sex than do physical parts, such as the penis. (India)

Condoms have never caused impotence. Rather, they enhance sexual performance by delaying orgasm and desires. Male condoms are very safe and useful. (Nigeria)

There are many causes for loss of libido and impotence, such as relationship problems or health problems (e.g., diabetes). Condoms can't be blamed for this. Look for other causes. (South Africa)

I understand that you may think that condoms can interfere with your sexual pleasure, but there are ways that you can increase sexual pleasure when using a condom. First, before putting the condom on, put some lubricant on your penis. Use lubricant again after the condom is on. This will increase your sensitivity. If you are concerned about the lack of or loss of pleasure, there are a number of sexual behaviors that you can engage in where a condom is not needed. These behaviors can be satisfying for both

you and your partner. It is really important for you to continue using condoms to protect yourself from unplanned pregnancy or STIs. (Australia)

Most couples like condoms because they feel assured that they won't have an unwanted pregnancy and it protects both partners from disease. Men who ask their partners to put the condom on them find more pleasure than without using the condom. Try it out and let me know whether you want to continue using male condoms or use another method. (Malaysia)

Condoms should be taken as a part of the sexual game. I encourage the female to put the condom on her partner as a part of this game. (Argentina)

Men, of course, feel the condom when they put it on, but no one feels it during penetration. (Austria)

Male condom use does not interfere with sexual pleasure if the time when you use the condom during intercourse is correct. (Malaysia)

If you use condoms correctly they do not interfere with sexual pleasure. (Lithuania)

This is not true, please practice using condoms and get experience. (Bangladesh)

When using a condom, you forget that you have a condom on your penis. Focus on what you are doing and you will get the same enjoyment. (St. Lucia)

The male condom does not influence the man's libido or interfere with pleasure. You can use male condoms and have the same pleasure. (Central Africa Republic)

Condoms do not in any way cause impotence, but they do reduce sexual satisfaction by a negligible amount. When weighing the reduction in sexual satisfaction and the risk of not using it at all, it is better to use the condom. (Nigeria)

You should consider the risks and effects if a condom is not used. (Cyprus)

Would you prefer to have an STI or to get pregnant in exchange for just a few minutes of pleasure? I have used the condom and it does not reduce pleasure. It is in your mind. (Nigeria)

**Myth: Size of Penis**

Some men and women believe incorrectly that men who have a large penis will not be able to find a male condom that fits them properly.

**Fact:**

There are many different kinds and brands of condoms that vary in features such as shape, size, color, lubrication, thickness, texture, and whether or not they are coated with spermicide.

Although there are considerable variations between the sizes of individual penises, there is no established market of different sized condoms, even in developed countries. Users should be advised to try different brands to find out which fits best. Condoms of 49mm width are readily available and are the preferred size for a smaller condom. Although there is no “standard” size for larger condoms, some manufacturers produce condoms of 56mm width.

**Counseling Messages:**

Condoms are made of latex, which allows the device to have the proper expansion needed. Thus, no size problems can exist with this method. (Argentina)

The male condom is made with plastic and is able to be used by everyone. Condoms are not difficult to use, even if you have a large penis or a smaller one. (Central Africa Republic)

Condoms are made to fit all penis sizes. They expand and can be used by anyone. When condoms are tested they can be filled with a lot of air or water and they expand very well. (South Africa)

Different sizes of condoms are available in the market, so you can look there for a variety of condoms. Condoms that have been tested for reliability, such as Gold Circle, are always recommended. (Nigeria)

Condoms are produced in different sizes. In Thailand, 49 is widely available in the markets. Recently size 52 has become available. Larger sizes, such as 54, are rare, but can be requested from certain sources. [Editors note: see Fact for information regarding condom width size.] (Thailand)

There are people who believe that because their penis is large they can't find a condom that will fit. Condoms are made from latex and are very stretchy, so they do fit properly. There is a wide variety of condoms and you should try different ones until you find ones you are comfortable using. (Australia)

Condoms can be divided into four categories: narrow, medium, large, and extra large. Be careful to watch out for this information when purchasing condoms. The large condoms have a nominal width of 56 to 60 mm. Of course, it is not only size that matters, but above all the right application of the condom. You'll need some practice for that. Please read the leaflet for the correct application and use of the condom. If you have tested different sizes and have some practice in their application, you'll certainly find the appropriate condom. (Switzerland)

Different types of condoms exist (extra small, extra large, etc.), but usually the standard condom fits to any size penis. (Austria)

The size of a condom adjusts to a male's genital size, and some brands of condom have a "large" size that may be proper to use. (Indonesia)

Most condoms are one size because of the way they are made. They can stretch to fit any size penis. (Cyprus)

There are condoms available in all sizes and for every penis. (The Netherlands)

There are many types of condoms. You need to try different types. (Norway)

You can try buying large condoms. You should use condoms because they are necessary to prevent STIs and pregnancy. (Denmark)

If the condom slips off while making love, it is not because your husband's size is small. It is likely that he was "limp" when withdrawing or the condom was not properly worn all the way to the "balls." It must be really frustrating for you both and worse for him. I can assure you that it is not about condom size or his size. I have some suggestions. How do you feel about giving this doctor's phone number to your husband so he can talk to a male doctor? Or, what about coming in together before next week? Or, I can introduce you to a friend who has used condoms for over ten years? (Malaysia)

If the condom slips off while making love, it is likely that he was not yet ready or that he needs to adjust how he wears a condom. You need to give him more confidence. Allow me to demonstrate on this model (model of penis and female reproductive organ). (Malaysia)

### **Myth: Who Can Use the Method**

Some men and women do not want to use male condoms because they incorrectly believe that male condoms should be used **ONLY** by people in casual relationships, people who have extra marital sexual relations, or by people who have sex for money.

### **Fact:**

Condoms are an appropriate contraceptive method for anyone, regardless of marital status or sexual behavior, and should be provided to all individuals who request them. While many casual partners rely on condoms for STI protection, married couples all over the world use condoms for pregnancy protection too.

### **Counseling Messages:**

Male condoms can be used by anyone because HIV/AIDS can attack married couples, commercial sex workers, or those who have extra-marital affairs. Male condoms can also be used by married couples as a family planning method. (Malawi)

While you are right to use condoms for extra-marital sexual relations to protect yourself from HIV/AIDS and STIs, you can also use condoms with your wife as a birth control method. (Cyprus)

Everyone should use condoms whether married or unmarried, especially those who have unsafe sexual relationships. (Indonesia)

Condoms can be used by everybody not only to prevent unplanned pregnancy, but also to protect against STIs and HIV. We never know who has STIs or HIV no matter how clean and beautiful or handsome they are. Besides abstaining from sex, condoms are the only tools that can prevent you and your partner from sexually transmitted infections. (Thailand)

Condoms can be used for dual protection against pregnancy and STIs by any male who is sexually active. (Nigeria)

Male condoms are used by all when necessary, especially during casual sex. Male condoms help to prevent unwanted pregnancy and STIs. (Nigeria)

Condoms are for all sexually active people because they help to prevent unwanted pregnancy and STIs, including HIV/AIDS. (The Gambia)

Condoms can be used by all sexually active males for the prevention of STIs, HIV, and pregnancy. The purpose of the condom is to put a barrier in between the male semen and the female vagina or ova. (India)

Condoms are not just for avoiding pregnancy among married couples, but also to avoid and reduce the transmission of disease if either one of the couple has an STI or HIV/AIDS. (Malaysia)

## Vasectomy

### Myths:

- Cancer
- Complications with Method
- Effectiveness
- Health Risks and Side Effects
- Mechanism of Action
- Return to Fertility
- Sexual Functioning
- Sexual Pleasure

### Myth: Cancer

Some men and women incorrectly believe that vasectomy will cause cancer, such as prostate cancer or cancer of the testes.

### Fact:

Evidence from large, well-designed studies finds that vasectomy does not increase risks of cancer of the testicles (testicular cancer) or cancer of the prostate (prostate cancer).

### Counseling Messages:

There was some concern, some years ago, that vasectomy might be associated with an increased risk of heart disease or prostate cancer. However, studies have shown that these things are not increased by having a vasectomy. (Australia)

Vasectomy will not cause cancer in the testes or the prostate. Before conducting vasectomy, the doctor will examine you first, to ensure that there are no medical contraindications and no cancer in your sex organ. The World Health Organization has evidence that shows no cancer is caused by vasectomy. [Editor's note: According to the World Health Organization, there are no medical reasons that permanently restrict a person's eligibility for vasectomy. However, there are medical conditions that may limit when, where, or how the vasectomy procedure should be performed.] (Indonesia)

Unused sperm do not get rotten or eventually cause cancer. The unused sperm get absorbed by the body. Vasectomy does not cause prostate cancer; cancer of the prostate has its own causes. (Swaziland)

Vasectomy doesn't have any bad consequences for your health, and it has been proven that it is a safe method. (Iran)

New Zealand has a high rate of vasectomy. In 2000, a good study was done proving that men who had a vasectomy had no more prostate cancer than men who had not had a vasectomy. Here is a copy of the press release from that study for your information. Vasectomy does not cause testicular cancer, but here is some information to help you keep an eye on abnormal changes in your testicles. (Offer pamphlet about self-checking the testicles.) (New Zealand)

**Myth: Complications With Method**

Some men avoid vasectomy because they incorrectly believe that it is very painful or causes men to retain sperm, leading to complications.

**Fact:**

Male sterilization is a safe and simple procedure. All surgical procedures involve some risk, but the chance of serious problems is small with vasectomy. Most postoperative complications of vasectomy such as discomfort in the scrotum and swelling are minor and can be treated with cold compresses and non-aspirin pain relievers such as ibuprofen (200–400 mg) and paracetamol (325–1000 mg). Other potential complications are generally quite rare, but include bleeding under the skin that might cause swelling or bruising (hematoma), infection at the incision site or inside the incision, and sperm granulomas. Sperm granulomas are small lumps that form when sperm leak from the vas into the surrounding tissue. All of these complications usually can be treated easily.

Mortality after a vasectomy operation is extremely rare. Death related to a vasectomy is avoidable if all preventive measures are taken. These include: proper infection-prevention procedures; prompt, proper postoperative management of symptoms of infection; and appropriate follow-up care for any complications.

**Counseling Messages:**

Vasectomy does not cause a hernia or any other complications. Sometimes there is discomfort in the scrotum which usually lasts for two to three days and responds to a pain reliever. It is just a minor incision at the side of the scrotum. Sperm is absorbed by the body. (Fiji)

Any operation has some certain degree of pain, though the severity differs. With vasectomy, it is a minor procedure with less pain that goes away after a few days when taking pain tablets. Sperm that are not ejaculated get used (absorbed) by the body, so there is no sickness that results from that. (Swaziland)

Usually, the most uncomfortable part of a vasectomy operation is having the local anesthetic injection—not into the testicles, but into the upper part of the scrotum under the base of the penis. Most men report that it is very similar to a dental local anesthetic. We do not want you to experience pain, so we encourage you to let us know if you feel sore during the operation and will give you more local anesthesia. The more common complications are the same as for any surgery—bleeding, discomfort, and infection. All of our methods and pre- and post-operation advice are aimed at keeping complications to a minimum. It helps if you follow the advice. Our doctor is available by phone if you have any complications, and we will give you written information about what to do. (New Zealand)

You will just feel the pain of injecting the anesthetic drug and not any pain during the process. After the service you may have a little pain for a few days, which will be relieved by simple analgesics. (Iran)



The risk of having any pain after the bruising settles is very low. (Australia)

It is not painful because you will be given a local anesthesia injection before the minor operation and oral analgesic to take for discomfort after the vasectomy procedure. There might be slight bruising and swelling for the first few days and you will be advised to call the clinic immediately if you encounter any problems. Normally, follow-up will be in one week. (Malaysia)

**Myth: Effectiveness**

Some men and women incorrectly believe that vasectomy protects against pregnancy immediately after the procedure, not knowing they need to use condoms for the first three months.

**Fact:**

While vasectomy is one of the safest and most effective forms of contraception, it is not immediately effective because sperm survive in the man's reproductive tract for a little while after the procedure. A man must wait three months (12 weeks) before it is fully effective. During this time, he can resume sexual activity, but he and his partner will need to use additional contraceptive protection such as condoms or another effective family planning method. A semen examination is recommended at any time after three months following the procedure, but is not essential. The previously recommended alternative, to wait for 20 ejaculations, has proved less reliable than waiting three months and is therefore no longer recommended.

**Counseling Messages:**

You have to take precaution for three months by either using condoms or having your wife use another effective method such as oral contraceptive pills. This is because sperm may still be present and active in the portion of the duct below the ligation. The sperm stored earlier in the reservoir would still be alive for the next three months, so even after vasectomy, during subsequent ejaculation, the sperm can be found in the seminal fluid for up to three months. (Malaysia)

No-scalpel vasectomy (NSV) [and conventional vasectomy procedure] cannot protect your wife against pregnancy immediately after receiving the services. You or your wife should use a reliable method for three months after the procedure and return for a sperm analysis any time after three months if possible. Otherwise you may face unwanted pregnancy. (Iran)

Sperm remains present in the vas [the tubes that carry sperm from the testes to the penis], distal to the ligation, and will come with initial ejaculations. So, it is appropriate to use a barrier method like condoms [or another effective family planning method] for at least three months. (India)

There is need to use a condom, or other effective means of contraception, for the first three months after the procedure before you can be sure that no pregnancy will occur.

The reason is that some sperm [may be] still viable along the tube that transports them. (Swaziland)

You have to use another kind of contraception, such as condoms, pills or injectables, to avoid pregnancy until sperm is not present in the ejaculate. It will take three months. (Indonesia)

Sperm are generated in the testicle and continuously make their way up the vas [the tubes that carry sperm from the testes to the penis] to be picked up with the seminal fluid at ejaculation. You will have to use condoms or another effective family planning method for three months after the procedure. (New Zealand)

Use condoms, or another effective family planning method, after the procedure for three months. A semen analysis is recommended at any time after three months following the procedure, but is not essential. (Barbados)

Vasectomy can prevent the emission of new active sperm immediately after the procedure, but fertilization can take place with old retained sperm. (Myanmar)

### **Myth: Health Risks and Side Effects**

Some men and women have misconceptions about vasectomy causing health risks or side effects, such as impairment of their physical and mental health or causing backaches, weight gain, hair loss, or weakness.

### **Fact:**

After vasectomy, a man will look and feel the same as before. The operation will not cause the man to lose strength, so he can work as hard as before. It will not cause weight gain or hair loss, nor will it impair mental functioning.

Some men may feel a little uncomfortable about ending the part of their life involved with creating a family. They may feel that they are getting older. These feelings usually pass in time, as men go on to the next stage of life. On the other hand, some men feel relieved that the worry about pregnancy is over. They feel freer and more spontaneous.

### **Counseling Messages:**

Sperm that are not ejaculated get used (absorbed) by the body, so there is no sickness that results from that. Illnesses such as asthma and heart disease have their own causes, which are not related to vasectomy. (Swaziland)

Vasectomy is safe and does not cause such problems. Many such clients are enjoying their life after their operation. (India)

Vasectomy is a safe method of family planning. A man experiences no permanent side effects as a result of undergoing a vasectomy (United States).

If a client believes that it will cause weakness, mainly sexual, I always tell the client that it is safe and does not cause such problems. Many such clients are enjoying their life after operation. (India)

**Myth: Mechanism of Action**

Some men and women have misconceptions on how vasectomy prevents pregnancy and how vasectomy is performed.

**Fact:**

Vasectomy is a simple and very safe operation in which each vas deferens (the tubes which carry sperm from the testicles to the penis) is either blocked or cut so that sperm cannot enter semen. This is usually done under local anesthesia. It does not involve removal of the testicles or amputation of the penis.

During a vasectomy procedure, the man receives an injection of local anesthetic in his scrotum to prevent pain. He stays awake throughout the procedure. Using the no-scalpel procedure, the provider grasps the tube with specially designed forceps and makes a tiny puncture in the skin of the scrotum with a special surgical instrument. The provider lifts out a small loop of each vas from the puncture. The provider will then cut each tube and tie one or both ends closed with thread or close off the tubes by applying heat or electricity. They may also enclose one end of the vas in the thin layer of tissue that surrounds the vas. The puncture is covered with an adhesive bandage, or the incision may be closed with stitches. The man receives instructions on what to do after he leaves the clinic or hospital.

With the conventional vasectomy technique, still practiced in many places, the provider makes one or two small incisions in the skin of the scrotum with a scalpel. After the tubes are tied or cut, the incision is closed with stitches.

Both no-scalpel and conventional incision procedures are quick, safe, and effective. No-scalpel vasectomy is less traumatic than standard vasectomy and reduces the risk of hematoma, however. Service providers, even those experienced in standard vasectomy, must obtain training before using the no-scalpel technique.

**Counseling Messages:**

Vasectomy is a surgical procedure that blocks the vas deferens [the tubes that carry sperm from the testes to the penis] on both sides, which prevents the sperm from entering the semen. Semen is ejaculated during intercourse, but it cannot cause pregnancy. The penis and testes remain intact and function perfectly normal. Sperm are formed in the testes, which remain untouched. (Tell patients about the normal structure and function of reproductive organs.) (India)

Vasectomy is not similar to castration, and the procedure of vasectomy is not to amputate or mutilate the male genitals. The doctor will cut or occlude only the vas

deferens or sperm canals [the tubes that carry sperm from the testes to the penis], which prevents the sperm from being released into the ejaculate. (Indonesia)

Vasectomy is a simple method to help men who do not want to have more children. A trained or skilled doctor just occludes or cuts your vas deferens [the tubes that carry sperm from the testes to the penis] with a simple technique, not taking more than 15 minutes. (Indonesia)

Using the male reproductive model, explain that by tying the vas deferens tubes [the tubes that carry sperm from the testes to the penis] the sperm will not be able to travel to the seminal vesicle (reservoir). After vasectomy, men will still experience ejaculation of seminal fluid during sexual stimulation or intercourse without a reduction of volume, just minus the sperm. (Malaysia)

What happens during this minor operation is that only the tubes that transport the sperm from the testes to the penis are cut. The man continues to have sexual feelings and is able to have an erection and enjoy sex as normal. (Swaziland)

Vasectomy does not prevent the production of ejaculatory fluid or sperm. It does stop transmission of sperm from the man to the woman. [Editor's Note: See Fact for an explanation of the vasectomy procedure.] (Fiji)

Ejaculation and orgasm will not change, but the ejaculatory fluid will not contain any sperm. Vasectomy only prevents the sperm from blending with the ejaculate. (Tell the client about the difference between ejaculate fluid and sperm.) (Denmark)

The castration process is completely different from vasectomy. With vasectomy, you will ejaculate as before. You cannot feel any difference compared with before the vasectomy period. (Provide client with a picture to show the mechanism of vasectomy.) (Iran)

Some men think the ejaculate will be absent after a vasectomy. We reassure them by saying "the river will still flow, but there will be no fish in it." (Ireland)

### **Myth: Return to Fertility**

Some men and women incorrectly believe that vasectomy can be easily reversed to allow men to become fertile again.

### **Fact:**

Vasectomy is intended to be permanent. People who may want more children should choose a different family planning method. Surgery to reverse vasectomy is possible for only some men and reversal often does not lead to pregnancy. The procedure is difficult and expensive, and providers who are able to perform reversal surgeries are hard to find. Thus, vasectomy should be considered irreversible.

**Counseling Messages:**

While there have been some men who have had a vasectomy successfully reversed, it is not usually very successful. If you think there is any chance that you might want children in the future, I would advise you not to have a vasectomy. It is also very expensive to have it reversed, as Medicare (the health insurance system) does not pay for reversal operations. (Australia)

Vasectomy is a permanent contraceptive method. Once you have decided to have a vasectomy you are not expected to have your fertility back. Even though there is a method to re-connect the vas deferens [the tubes that carry sperm from the testes to the penis], it is not easy to reverse your fertility. (Indonesia)

Vasectomy should be considered a permanent method. Reversal surgery is a major operation and is expensive. The chances that it will be successful are very slim. (Singapore)

We would like you to approach this operation with the view that you are going to be permanently sterilized. As a man you need to be happy with that. Operations can be reversed, but it is expensive and not always successful. (New Zealand)

Having a vasectomy is a permanent method of contraception. (Barbados)

**Myth: Sexual Functioning**

Some men and women incorrectly believe that vasectomy impairs sexual functioning by causing impotence, delaying or inhibiting ejaculation, causing the testicles to shrink, or inhibiting men from reaching sexual climax.

**Fact:**

Vasectomy does not affect the sexual drive, nor does it affect a man's ability to get an erection, have sex, or ejaculate.

**Counseling Messages:**

Vasectomy will not impair your sexual function. You still have your sex drive and your sex climax; not a part of your sexual organ will change. It only occludes or blocks your vas deferens [the tubes that carry sperm from the testes to the penis] to keep the sperm from going into the ejaculate, and your sex hormone is still active. (Indonesia)

Vasectomy will be done by a qualified and experienced officer and is very unlikely to cause impotency or inability to achieve sexual climax. There will be no changes in sexual desire or function as the man will still produce male hormones as before. (Malaysia)

Once any discomfort has settled, which can cause discomfort during sex, there is no impact on sexual function, and your hormones are still produced normally. (Australia)

Sexual function will not change. The only difference is that the semen will not contain sperm. (Singapore)

Vasectomy is popular in New Zealand. It is a minor operation that in no way affects sexual function, except to take away the fear of pregnancy. Male hormones are not affected. If it affected sexual function even in the most minor negative way, it would not be popular. (New Zealand)

Vasectomy doesn't have any effect in your sexual activities and nothing ill happens in your external genitalia. (Iran)

The erection remains the same as it was before the operation. Sexual desire also remains the same. There is no change at all. (Fiji)

Some people believe that vasectomy causes impotence or reduces sexual drive. Sexual drive is reduced with aging, chronic diseases (e.g. diabetes) or other psychological problems (e.g. stress). For some men, tubal ligation or vasectomy improves sexual life.

Vasectomy never causes impotence because no blood vessels are interfered with. For some people sex becomes even more powerful than ever. (Swaziland)

**Myth: Sexual Pleasure**

Some men and women incorrectly believe that vasectomy reduces sexual pleasure because it causes men to lose their sex drive.

**Fact:**

Vasectomy does not change sexual drive. Erections and climaxes will be the same for men after the procedure. The procedure does not affect sexual enjoyment or satisfaction as sexual functioning is not impaired in any way. Some men say that without the worry of accidental pregnancy and the bother of other family planning methods, they and their partners find sex more pleasurable and spontaneous.

**Counseling Messages:**

Vasectomy does not reduce your sexual pleasure, and it also does not cause men to lose their sex drive. Your sex hormone is still produced in your testes, and the testes are not removed by vasectomy. (Indonesia)

Vasectomy only involves removing part of the ducts that carry semen. It does not affect penile erection or ejaculation and therefore does not reduce sexual pleasure. Many couples enjoy sexual pleasure more than before as they do not have to worry about unwanted pregnancy or using family planning methods like barrier methods, spermicides, or coitus interruptus [withdrawal]. (Malaysia)

No, it never causes loss of libido, but instead makes men perform much better because they are relaxed and have no fear of possible pregnancy. (Swaziland)

Once in a while a man might have sexual problems after the operation, but this is emotional because of physical changes. However, these feelings usually will come to pass. (Singapore)

It does stop sperm from traveling from man to woman, but sexual pleasure has no change. (Fiji)

Vasectomy does not cause any such problems as most people think. Rather, sexuality increases because there is no fear of causing pregnancy. (India)

There will be no change in orgasm. (Denmark)

## Withdrawal

### Myths:

- Correct Method Use
- Effectiveness
- Health Risks and Side Effects
- Infections
- Mechanism
- Sexual Desire and Sexual Pleasure
- Who Can Use the Method

### Myth: Correct Method Use

Some people have misconceptions about how to use withdrawal correctly. For example, people incorrectly believe that the clear fluid that comes out of a man's penis before he ejaculates (pre-ejaculate fluid) can cause pregnancy.

### Fact:

The pre-ejaculate fluid itself does not contain sperm. As the pre-ejaculate leaves the body, however, it may pick up sperm from a previous ejaculation that remains in the urethra. One study found small clumps of sperm in the pre-ejaculate fluid of some men. Though only a few hundred sperm were present, they could theoretically pose a low risk of pregnancy.

Such small amounts of sperm can likely be flushed out with urination, although no research has verified this. If a man using withdrawal has ejaculated recently, he should urinate and wipe the tip of his penis to remove any remaining sperm before having sex again.

### Counseling Messages:

As it leaves the body, there is a chance that the pre-ejaculate fluid could pick up a very small amount of sperm remaining in the urethra from a previous ejaculation. Men using withdrawal should urinate prior to having sex because this could help flush out any remaining sperm and reduce the risk of pregnancy. (USA)

The fluid before ejaculation may have sperm cells. It is difficult to tell if this pre-ejaculate is leaking out of the penis; therefore, the withdrawal method may sometimes lead to pregnancy. (Singapore)

One cannot be sure that there are no spermatozooids in the fluid present before ejaculation. If you want no risk of pregnancy, you should not use withdrawal. (Switzerland)

Pregnancy is possible if ejaculated semen contains sperm. Initial ejaculations of clear fluid from the urethra could also contain sperm, though the amount is very small. (Viet Nam)



It is best not to rely solely on this method because even in the fluid before ejaculation there may be some sperm. (Iran)

There [usually] is not an adequate amount of active sperm in the pre-ejaculatory fluid to fertilize an egg. Thus, pregnancy is prevented. (Myanmar)

### **Myth: Effectiveness**

Some people have misconceptions about the effectiveness of withdrawal.

### **Fact:**

Withdrawal is one of the least effective contraceptive methods as it is commonly used, although it offers better pregnancy protection than no method at all. The effectiveness of withdrawal depends on the man's ability to correctly withdraw with every act of sex.

With common practice, 27 out of 100 couples using withdrawal will experience a pregnancy during the first year of use. When practiced correctly and consistently, withdrawal is more effective. About 4 out of 100 women will become pregnant over the first year if their partners properly withdraw with every act of sex.

### **Counseling Messages:**

Withdrawal is not as effective as other methods of contraception such as condoms, IUDs, and hormonal contraceptives. This method is also not able to prevent STIs and HIV/AIDS. Premature ejaculation or residual semen can cause pregnancy. (Nigeria)

Control over ejaculation is not so definite and the withdrawal method is known to be the least effective form of birth control. This is due to the fact that some men find it difficult to control the point of ejaculation and accidentally release sperm into the vagina. (Singapore)

The effectiveness of the withdrawal method in preventing pregnancy is about 96% [if practiced correctly with every act of sex; as commonly practiced, withdrawal is 73% effective, on average]. (Australia)

If the man can withdraw before the beginning of ejaculation, the method may be rather efficient. The risk is smaller than using no protection at all, but you cannot be sure not to get pregnant if you use withdrawal. (Switzerland)

Withdrawal can be 96% effective upon the condition that males withdraw immediately before ejaculation [during every act of sex. As commonly practiced, withdrawal is 73% effective, on average.]. Oral contraceptives are usually very effective, often times up to 100%. (Viet Nam)

Withdrawal is not a good contraceptive method, though its use is commonly widespread. It has a high risk for STIs and is mildly effective in preventing pregnancy, not to mention the interference in sexuality it brings. Of course it is not as effective as

oral contraceptives, which are one of the most remarkable methods available nowadays, but it is better than not using any contraceptive method. (Argentina)

This method is not as effective as oral contraceptives because the semen may escape to the vagina. (Yemen)

**Myth: Health Risks and Side Effects**

Some people incorrectly believe that using withdrawal will cause health risks and side effects, such as cancer, headaches, or blindness.

**Fact:**

Withdrawal does not have any physical side effects for men or women.

**Counseling Messages:**

Withdrawal does not cause cancer, blindness, and headaches or result in any health risks. (Viet Nam)

This method will not cause any side effects like cancer or blindness. (Yemen)

Unprotected intercourse [and not withdrawal] can cause infertility due to STIs, which are very frequently asymptomatic. (Argentina)

**Myth: Infections**

Some people mistakenly believe that withdrawal prevents the transmission of sexually transmitted infections (STIs).

**Fact:**

Withdrawal does not prevent the transmission of STIs. Lesions or ulcers on the genitals can transmit various infections. Other STIs can be passed from one partner to the other through skin-to-skin contact. If either partner is at risk, the couple should use condoms.

The semen of HIV-positive men contains HIV-infected cells and is the primary way that HIV is transmitted through sex. Using withdrawal may reduce the risk of transmitting HIV because the woman is not exposed to semen. Even with withdrawal, however, there is a risk of HIV transmission because the pre-ejaculate fluid may also contain HIV. Studies of heterosexual couples found that the transmission of HIV from male to female was decreased by one-half or more when withdrawal was practiced compared with intercourse with ejaculation inside the woman. No studies have examined whether withdrawal reduces female-to-male transmission of HIV.

**Counseling Messages:**

Germs may be present in the vagina or on the penis even if there is no ejaculation. They also may be present in the fluid coming out of the penis before ejaculation;

therefore withdrawal does not provide complete protection, neither for the man nor for the woman, if one is infected [with an STI]. (Switzerland)

Withdrawal cannot prevent STIs since the possibility of contracting STIs exists when one comes into contact with fluid released from the genital organs of individuals with STIs. (Viet Nam)

Any act of penetrative sexual intercourse should be protected by a barrier method. In Argentina we recommend correct and consistent use of male condom. No matter whether it is oral, anal, or genital sex, it should always be protected by condoms. (Argentina)

**Myth: Mechanism of Action**

Some people have misconceptions regarding how withdrawal prevents pregnancy, such as incorrectly believing that withdrawal prevents pregnancy by preventing the female from having an orgasm.

**Fact:**

Practicing withdrawal is not directly related to a female orgasm. Also, conception does not depend upon whether or not a woman has an orgasm. Withdrawal prevents pregnancy by preventing sperm from entering the vagina.

**Counseling Messages:**

Withdrawal prevents sperm from encountering eggs, thus preventing pregnancy. Having an orgasm does not necessarily result in pregnancy. (Viet Nam)

If you practice the withdrawal method correctly there is no dissemination of sperm into the vagina. Thus, pregnancy is prevented. (Myanmar)

**Myth: Sexual Desire and Sexual Pleasure**

Some people incorrectly believe that withdrawal will make men infertile, impotent, or weak, or decrease their sex drive.

**Fact:**

There is no evidence to suggest that withdrawal will make men infertile, impotent or weak, or that it will decrease their sex drive.

**Counseling Messages:**

Withdrawal does not reduce male sexual desire or fertility; however, males generally do not like using this method since it makes them tense and uncomfortable during sexual intercourse. Nevertheless, in cases where females are not allowed or able to use oral contraceptives or in situations when males are allergic to condoms, the traditional contraceptive method of withdrawal is advisable. In Viet Nam, many couples are effectively using withdrawal techniques. Withdrawal is inexpensive and can be used by

all couples, thus serving as a better contraceptive method than nothing at all. (Viet Nam)

Withdrawal will not make the male infertile or weak and no harm to the genital organs should be expected from its use. But, we always have to consider the risk of STIs that are very frequently asymptomatic [without symptoms] and could cause different degrees of disease to the genital organs of women and men alike. (Argentina)

**Myth: Who Can Use the Method**

Some people incorrectly believe that withdrawal is appropriate only for certain people, for instance, only people whose cardiovascular systems function well.

**Fact:**

No medical conditions prevent the use of withdrawal. While all men can use this method, its effectiveness depends on the user. Men who ejaculate prematurely or who cannot sense consistently when ejaculation is about to occur may have difficulty using withdrawal.

Learning to properly withdraw can take time. Couples may want to use another method until the male feels he can correctly withdraw with every act of sex.

**Counseling Messages:**

Withdrawal can be used by any couple engaged in sexual activity. It is among the most popular methods of contraception. This method can be effective if the couple is determined to follow it correctly and withdrawal occurs before ejaculation (and no semen enters the vagina). (Viet Nam)

## List of Acronyms

**AIDS**—Acquired Immune Deficiency Syndrome: The condition, due to infection with Human Immunodeficiency Virus (HIV), when the body's immune system breaks down and is unable to fight certain infections.

**COCs**—Combined Oral Contraceptives: Contraceptive pills that contain low doses of two hormones—a progestin and an estrogen—like the natural hormones progesterone and estrogen in a woman's body. Also known as "the Pill," low-dose combined pills, OCPs, and OCs.

**DMPA**—Depot Medroxyprogesterone Acetate: A progestin-only injectable contraceptive that is given once every three months. Also known as Depo, Depo-Provera, Megestron, and Petogen.

**HIV**—Human Immunodeficiency Virus: The virus that causes Acquired Immune Deficiency Syndrome (AIDS).

**HPV**—Human Papillomavirus: A common, highly contagious virus spread by skin-to-skin contact in the genital area. Certain subtypes of HPV are responsible for most cases of cervical cancer; others cause genital warts.

**IUD**—Intrauterine Device: A flexible T-shaped plastic device that is inserted into a woman's uterus through her vagina and cervix to prevent pregnancy. There are two main types of IUDs: hormone releasing (the LNG-IUD) or copper-bearing. The copper-bearing IUD has copper sleeves or wire around it. Also known as Intrauterine Contraceptive Device (IUCD).

**LNG-IUD**—Levonorgestrel Intrauterine Device: An IUD that works by continuously releasing small amounts of the progestin hormone levonorgestrel. Also known as Mirena and intrauterine system (IUS).

**NET-EN**—Norethisterone Enanthate: A progestin-only injectable contraceptive containing norethisterone enanthate given once every two months. Also known as Noristerat and Syngestral. Not to be confused with NET-EN/estradiol valerate, which is a combined monthly injectable and also known as Mesigyna and Norigynon.

**NSV**—No-Scalpel Vasectomy: A technique for performing vasectomy in which the provider punctures the skin of the scrotum with a special instrument instead of making an incision with a scalpel.

**PID**—Pelvic Inflammatory Disease: An infection of the upper genital tract, caused by various types of bacteria.

**STI**—Sexually Transmitted Infection: Any of a group of bacterial, fungal, and viral infections and parasites that are transmitted during sexual activity.

## Sources of Facts

*The information for the Facts presented in this database comes primarily from Family Planning: A Global Handbook for Providers. Additional sources include:*

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