PHE partnerships guide

Family planning

Version 1

blue ventures
beyond conservation

PHE
Population
Health
Environment
Madagascar Network

About this guide

This guide consists of 15 chapters covering the core values, skills and knowledge needed to develop and implement effective cross-sector Population-Health-Environment (PHE) partnerships. You have downloaded **chapter 11 - Family planning**. If you wish to download other chapters or the entire guide please visit the Madagascar PHE Network's website here.

This guide is primarily designed for use by the staff of environmental organisations wishing to develop cross-sector PHE partnerships with health service providers in line with priority community needs and their organisational missions. Many chapters will also be relevant to the staff of health organisations wishing to develop cross-sector PHE partnerships with environmental organisations working in under-served zones. And of course livelihoods-focused organisations working at the interface of sustainable development and natural resource management are also ideally placed to develop and implement collaborative PHE initiatives with relevant partners.

This guide draws on the PHE implementation experiences of Blue Ventures and other members of the Madagascar PHE Network in order to provide practical advice structured in a conversational format with case study examples. As such it should be highly relevant to organisations working in Madagascar and much material will be applicable to organisations working in other countries as well.

This guide is accompanied by various complementary resources including an integrated PHE community outreach tool (illustrated PHE story cards) available via the Madagascar PHE Network's website here. Please note that a comprehensive online library of documents relating to PHE programming has been collated by the Population Reference Bureau and can be found here.

This guide should be considered a living document and as such it will be updated regularly. Please don't hesitate to contact Blue Ventures (pheinfo@blueventures.org) if you have any suggestions for improvement or requests for elaboration. We look forward to incorporating your feedback into future versions of this guide.

Credits and acknowledgements

This guide was written and produced by Laura Robson, Blue Ventures' Health-Environment Partnerships Manager.

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This guide should be referenced as follows: *Robson, L. (2017) PHE partnerships guide. London, UK / Antananarivo, Madagascar: Blue Ventures Conservation.*

11. Family planning

By the end of this chapter you should:	This chapter may be of particular relevance to:
▪ Know the benefits of family planning ▪ Understand that attitudes towards family planning vary across different cultures and religions - and that community consultations are helpful for evaluating local realities ▪ Understand why it's important to provide full information about different contraception methods ▪ Understand how different contraception methods work ▪ Know the effectiveness, advantages and disadvantages / risks / possible negative effects of different contraception methods	▪ Managers and community-based staff of environmental organisations
Note: The information presented in this chapter should be generalisable across contexts but please consult Ministry of Health documents and policies in your country of operation for specific guidance.	

PHE initiatives encompass the provision of family planning counselling and contraception methods. Often environmental organisations partner with health organisations that are able to ensure high quality family planning service delivery. Environmental organisations can (and should) nevertheless play an important role in increasing access to family planning information by integrating such information into their ongoing community outreach activities. It can therefore be very helpful for the staff of environmental organisations to have a basic understanding of family planning concepts and contraception methods as outlined below. Such information can be shared with community members through presentations and small group discussions. Health organisations will typically follow up with more detailed counselling for individual clients to ensure that they are making fully informed choices.

What are the benefits of family planning?

Family planning allows couples to choose the timing and spacing of their pregnancies and attain their desired family sizes. It is achieved through the use of contraception (and/or fertility awareness methods). Family planning can:

- Prevent pregnancy-related health risks for women
- Prevent closely spaced pregnancies and associated health risks for women and babies
- Prevent unsafe abortions
- Reduce maternal and child mortality (by around 25% or more in low-resource settings)
- Allow girls and women to pursue educational and income-generating opportunities
- Allow parents to invest more in each child (e.g. schooling, nutrition and medical care)

Is family planning acceptable to everyone?

Attitudes towards family planning vary across different cultures and religions, and even within individual communities and households.

Some cultures may value large families. For example, newly married couples in Madagascar are traditionally blessed with wishes for 7 boys and 7 girls. However, this isn't to say that family planning is unacceptable in Madagascar and often it can be highly desired for birth spacing. Furthermore, fertility preferences are subject to change; 4.7 / 5.1 is the average ideal total number of children reported by women / men in Madagascar's latest national Demographic & Health Survey.

While many religions value children as precious gifts and are therefore often perceived to prohibit family planning, they may also advise believers about spacing births and providing adequately for their households[1]. Some religious leaders may endorse certain teachings relating to family planning, while others may be more flexible. Overall, believers are likely to make choices based on such teachings and their own personal situations or preferences.

In conclusion, outside perceptions of non-supportive cultural or religious beliefs about family planning may not necessarily reflect local realities! This is why it's recommended to complete community consultations - ideally engaging with local religious and community leaders as well as groups of women and men of different ages - before starting a PHE initiative. Such consultations will enable you to understand whether or not family planning is desired and acceptable locally, and if so, which contraception methods would be most appropriate to offer (noting though that all individuals have the right to choose from a full range of options). It will also allow you to explore the viewpoints of local religious leaders, and if/how community members already using family planning balance their choices with any religious beliefs.

Most often family planning itself is broadly acceptable, particularly for spacing births and in light of the health benefits (e.g. saving the lives of mothers and children, preventing abortions, etc.) outlined above. However, hormonal and barrier methods may not be acceptable to some believers.

Why is it important to provide full information about different contraception methods?

All individuals have the right to full, free and informed choice with regards to family planning.

- **Full choice:** access to the widest possible range of methods from which to choose (short-acting, long-acting, permanent, hormonal, non-hormonal, natural, client-controlled, provider-dependent)
- **Free choice:** the decision of whether or not to use family planning and which method to use is made voluntarily, without barriers or coercion
- **Informed choice:** a decision based on complete, accurate, unbiased information about all contraceptive options including benefits, negative effects, risks and correct use

(Adapted from EngenderHealth's Checkpoints for Choice: An Orientation & Resource Package, 2014)

All individuals have the right to choose freely whether or not they would like to use contraception. If they choose to use contraception then they also have the right to choose freely which method they would like to use.

All individuals have the right to comprehensive and unbiased information about different contraception methods available to them - this includes the effectiveness, advantages and disadvantages / risks / possible negative effects of each method - so that they can make an informed choice about what is right for them personally.

There is no correct or incorrect answer - all individuals have the right to use this information to choose freely based on their preferences, values, beliefs, lifestyles, needs and reproductive intentions. Individuals may also decide to stop using their chosen method and/or switch to another method at any time.


Photo credit: Garth Cripps

1 *For example, Quran 2:233 encourages mothers to breastfeed for two years, which corresponds with WHO recommendations regarding birth spacing, while 1 Timothy 5:8 in the Bible warns strongly against failing to provide for your family members, which could be interpreted as necessitating a degree of family planning.*

What is contraception?

A woman gets pregnant if a man's sperm reaches and fertilises one of her eggs. Contraception (literally "against conception") tries to stop this happening by keeping the egg and sperm apart (for example, by using a barrier) or by stopping the release of eggs or by stopping a fertilised egg from implanting in the womb (for example, by using synthetic hormones). Many couples choose to use contraception in order to prevent pregnancy and/or to plan their families (for example, to space their births).

Reminder: The information presented below about different contraception methods should be generalisable across contexts but please consult Ministry of Health documents in your country of operation for more specific guidance.

Did you know?

Women are not fertile all of the time; they can only get pregnant for one week per menstrual cycle (which is normally 24-35 days long).

Women's ovaries release a single egg once every menstrual cycle. Once the egg is released, it can survive for 12-24 hours. (Very occasionally, two eggs are released within a 24 hour period. After this, the hormone progesterone suppresses the release of any further eggs until the following menstrual cycle.)

Sperm can survive inside a woman's reproductive tract for up to 5 days, so it's possible for women to get pregnant from an act of sexual intercourse occurring from about 5 days prior to an egg being released through to 24 hours afterwards (or 48 hours in the rare case of two eggs being released). For all intents and purposes, this means that women can get pregnant for about one week per menstrual cycle (this is often called the fertile window).

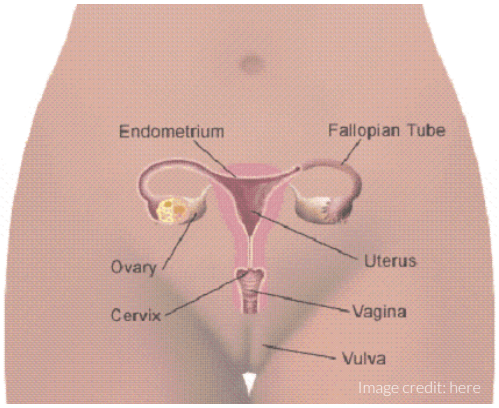
Condoms

A thin rubber sheath worn on a man's erect penis or inside a woman's vagina during sexual intercourse designed to stop the man's sperm from reaching the woman's egg.

Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
Each condom can be used for 1 act of sexual intercourse only	18%-21% typical use failure rate[1] for male and female condoms respectively	▪ Protects against STIs & HIV as well as unintended pregnancies ▪ Can be used in combination with any other method ▪ No effects on general health, sex drive, hormones, etc	▪ Necessary to negotiate use of male condom with sexual partner ▪ Less effective than the methods below even when used correctly and consistently (2-5% perfect use failure rate for male and female condoms respectively) ▪ Male condom interrupts sexual activity (as it must be put on the erect penis once the man is aroused)

Pills

The combined oral contraceptive pill contains synthetic versions of the hormones oestrogen and progesterone (called progestogen). It's taken daily by women. It works by suppressing ovulation (preventing the ovaries from releasing eggs), making the mucus at the entrance of the womb (cervix) thicker so it's harder for the sperm to get through, and making the lining of the womb (uterus) thinner so it's less able to support a fertilised egg.



1 *Typical use failure rate is the % of couples who would get pregnant if using this method for one year - taking into account when users fail to use a method consistently or correctly. This statistic was found here.*

Did you know?

The workings of women's metabolic and endocrine systems are intricately connected with ovulation and the hormones produced via ovulation. The synthetic hormones contained in the pill, injections and implants are not the same as the hormones produced by women's bodies. This is why these hormonal contraception methods can have so many effects in addition to preventing pregnancy. They suppress the creation and fluctuation of hormones that make up the menstrual cycle, and replace that cycle with an artificial flat stream of synthetic hormones. They disrupt the endocrine system, which influences nearly all cells and functions of the human body.

The combined oral contraceptive pill is not suitable for women who smoke, are 35+ years old, have high blood pressure, suffer from migraines, have a family history of strokes, and/or are breastfeeding.

The progestogen-only pill contains a synthetic version of the hormone progesterone. It's taken daily by women. It works by making the mucus at the entrance of the womb (cervix) thicker so it's harder for the sperm to get through, and making the lining of the womb (uterus) thinner so it's less able to support a fertilised egg. Most often, depending on the type of progestogen-only pill, it also suppresses ovulation (prevents the ovaries from releasing eggs). It can be suitable for women who can't take the combined pill (containing a synthetic version of the hormone oestrogen) for the reasons stated above.

Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
One pill packet offers 4 weeks of protection - a pill should be taken every day by the woman	9% typical use failure rate[1]	▪ Withdrawal bleeds can be lighter, less painful and more regular than menstrual periods ▪ Does not interrupt sex ▪ Highly effective when used correctly and consistently (0.3% perfect use failure rate) ▪ May protect against pelvic inflammatory disease ▪ Progestogen-only pill can be used while breastfeeding ▪ Female-controlled method	▪ Breakthrough bleeding and spotting is common in the first few months ▪ Need to remember to take a pill every day *(and at the same time every day for progestogen-only)* ▪ Nausea, breast tenderness, mood changes, headaches, weight gain and decreased sex drive are all possible and not uncommon effects (these may or may not go away after a few months) ▪ Has been linked to depression ▪ Does not protect against STIs & HIV ▪ Combined pill has been linked to an increased risk of breast cancer ▪ Combined pill can increase blood pressure and has been linked to an increased risk of blood clots (thrombosis)

1 *Typical use failure rate is the % of couples who would get pregnant if using this method for one year - taking into account when users fail to use a method consistently or correctly. This statistic was found here.*

Injections

The injection contains progestogen (a synthetic version of the hormone progesterone).

It's administered to women every 12-13 weeks. It works by making the mucus at the entrance of the womb (cervix) thicker so it's harder for the sperm to get through, making the lining of the womb (uterus) thinner so it's less able to support a fertilised egg, and suppressing ovulation (preventing the ovaries from releasing eggs).

Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
One Depo-Provera injection (given into a muscle) offers 12 weeks of protection while Sayana Press (given under the skin) offers 13 weeks of protection - the injection should be administered by a trained community health agent or medical professional (although in some countries Sayana Press is licensed for self-administration)	6% typical use failure rate[1]	▪ No need to remember to take a pill every day ▪ Does not interrupt sex ▪ Highly effective when used correctly and consistently (0.3% perfect use failure rate) ▪ May protect against pelvic inflammatory disease ▪ Can be used while breastfeeding ▪ Bleeds may be lighter than menstrual periods or stop altogether (this may be considered desirable by some women though other women are concerned by this) ▪ Can be suitable for women who can't take the combined pill (containing a synthetic version of the hormone oestrogen) for reasons stated above ▪ Female-controlled method ▪ Use is very discreet	▪ Breast tenderness, mood changes, headaches, weight gain, acne and decreased sex drive are all possible and not uncommon effects ▪ The injection can't be removed from a woman's body so effects will last as long as the injection and for some time afterwards ▪ Bleeds are usually irregular and may be very heavy or long ▪ Has been linked to depression ▪ Does not protect against STIs & HIV ▪ Fertility can take months to return to normal after stopping injections ▪ Affects natural oestrogen levels which can cause thinning of bones (of particular concern to young women whose bones are still developing) ▪ Has been linked to increased risk of HIV infection

1 *Typical use failure rate is the % of couples who would get pregnant if using this method for one year - taking into account when users fail to use a method consistently or correctly. This statistic was found here.*

Implants

A small flexible tube inserted under the skin of a woman's upper arm (the skin is numbed at the beginning of the procedure).

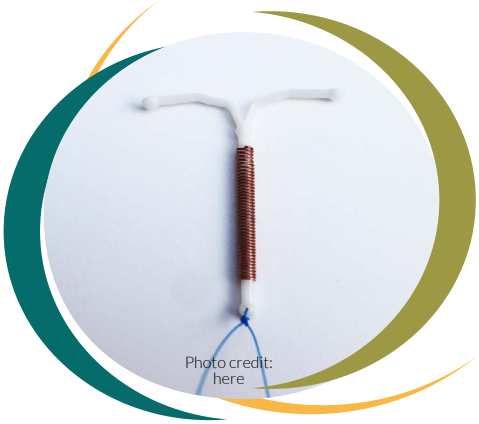
The tube is about 40mm long and contains progestogen (a synthetic version of the hormone progesterone) which is released slowly and steadily into the bloodstream. It works by suppressing ovulation (preventing the ovaries from releasing eggs), making the mucus at the entrance of the womb (cervix) thicker so it's harder for the sperm to get through, and making the lining of the womb (uterus) thinner so it's less able to support a fertilised egg.

Photo credit: here

Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
One Implanon implant offers up to 3 years of protection (it can be removed earlier if so desired) and must be inserted by a medical professional	0.05% failure rate[1]	▪ No need to remember to take a pill every day or get another injection every 12-13 weeks ▪ Does not interrupt sex ▪ Highly effective once fitted ▪ Long-acting so can be a good option for women with infrequent access to service providers ▪ May protect against pelvic inflammatory disease ▪ Can be used while breastfeeding ▪ Bleeds may be lighter than periods or often stop altogether (this may be considered desirable by some women though other women are concerned by this) ▪ Can be suitable for women who can't take the combined pill (containing a synthetic version of the hormone oestrogen) for reasons stated above ▪ Female-controlled method	▪ Breast tenderness, mood changes, headaches, acne and decreased sex drive are all possible and not uncommon effects ▪ Bleeds are often irregular and may be very heavy or long ▪ Has been linked to depression ▪ Does not protect against STIs & HIV ▪ Requires access to a trained medical professional for insertion and removal

1 *Failure rate is the % of couples who would get pregnant if using this method for one year. This statistic was found here.*

Copper intra-uterine devices (IUDs)



A small T-shaped plastic and copper device inserted into a woman's womb (uterus).

It works by releasing copper, which changes the make-up of fluids in the womb (uterus) and fallopian tubes, thus stopping the sperm and egg from surviving there. It may also prevent a fertilised egg from implanting in the womb (uterus). It doesn't contain artificial hormones, so it doesn't suppress ovulation (eggs being released by the ovaries).

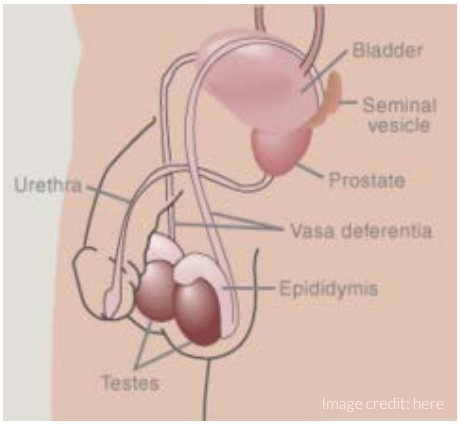
Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
One copper IUD offers up to 10 years of protection (it can be removed earlier if so desired) and must be inserted by a medical professional	0.8% failure rate[1]	▪ No need to remember to take a pill every day or get another injection every 12-13 weeks ▪ Does not interrupt sex ▪ Highly effective once fitted ▪ Long-acting so can be a good option for women with infrequent access to service providers (although should be checked by a medical professional a few weeks after insertion) ▪ Fertility should return to normal as soon as the IUD is removed ▪ Can be used while breastfeeding and in some cases can be fitted within 48 hours of giving birth (post-partum) ▪ Suitable for women who can't take the combined pill (containing a synthetic version of the hormone oestrogen) for reasons stated above ▪ Suitable for women who don't wish to use hormonal methods ▪ Female-controlled method	▪ Heavier, longer and/or more painful periods are common ▪ The insertion process can be uncomfortable and sometimes painful ▪ Cramps and bleeding may be experienced for a few days after having the IUD inserted ▪ Very small risk of pelvic infection within 20 days of the IUD being inserted (higher among women with an untreated STI) ▪ Very small risk that the IUD may be rejected (expelled) by the body or perforate (puncture) the womb (uterus) or entrance to the womb (cervix) ▪ Increased risk of ectopic pregnancy (when a fertilised egg implants outside the womb) in the unlikely event that this method fails ▪ Does not protect against STIs & HIV ▪ Requires access to a trained medical professional for insertion and removal

1 *Failure rate is the % of couples who would get pregnant if using this method for one year. This statistic was found here.*

Vasectomy (male sterilisation)

A permanent method of contraception whereby the tubes (vasa deferentia) that carry sperm from a man's testicles to the penis are cut, blocked or sealed.

The operation is usually carried out under local anaesthetic (the area is numbed but the man is awake), and takes about 15 minutes. It prevents sperm from reaching the seminal fluid (semen), which is ejaculated from the penis during sex. Semen is still ejaculated as normal, but it doesn't contain sperm so a woman's egg can't be fertilised.



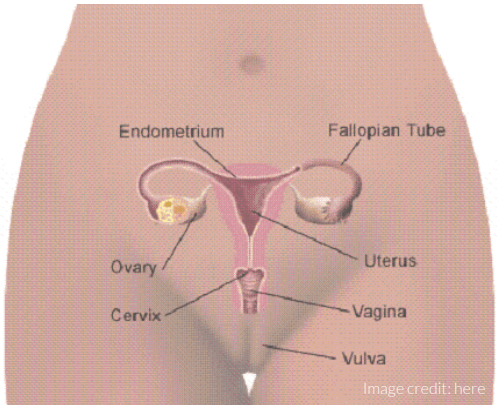
Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
Permanent	0.15% failure rate[1]	▪ Does not interrupt sex ▪ Highly effective once complete ▪ Permanent so can be a good option for couples with infrequent access to service providers ▪ No effects on sex drive, hormones, erections and ejaculation ▪ Rarely any long-term effects on general health ▪ Simpler than female sterilisation ▪ Male-controlled method	▪ Only suitable for couples who are sure they don't want any / any more children ▪ Mild discomfort, swelling and bruising of the scrotum (ball sack) common for a few days after the vasectomy ▪ Long-term testicular pain is a possible and not uncommon effect ▪ Takes a little time to clear remaining sperm in tubes (20-30 ejaculations on average) so another contraception method should be used initially (until tests show that there is no sperm in semen) ▪ Very small risk of sterilisation failing (tubes may rejoin but this is very rare) ▪ Does not protect against STIs & HIV

1 *Failure rate is the % of couples who would get pregnant if using this method for one year. This statistic was found here.*

Tubal ligation (female sterilisation)

A permanent method of contraception whereby the fallopian tubes that carry eggs from a woman's ovaries to the womb (uterus) are blocked (using plastic or titanium clamps), tied or cut.

The operation is carried out under general or local anaesthetic, and usually takes about 30 minutes. It prevents eggs from entering the womb (uterus), where they could be fertilised by sperm. Eggs are still released from the ovaries as normal, but they are absorbed naturally into the woman's body rather than travelling into the womb (uterus).



Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
Permanent	0.5% failure rate[1]	▰ No need to remember to take a pill every day or get another injection every 12-13 weeks ▰ Does not interrupt sex ▰ Highly effective once done ▰ Permanent so can be a good option for couples with infrequent access to service providers ▰ No effects on hormones, menstrual periods or sex drive ▰ Rarely any long-term effects on sexual or general health	▰ Only suitable for couples who are sure they don't want any / any more children ▰ Pain not uncommon in days following surgery ▰ Very small risk of complications e.g. internal bleeding and infection or damage to other organs ▰ Very small risk of sterilisation failing (tubes may rejoin but this is very rare) ▰ Increased risk of ectopic pregnancy (when a fertilised egg implants outside the womb) in the unlikely event that this method fails ▰ Does not protect against STIs & HIV

1 *Failure rate is the % of couples who would get pregnant if using this method for one year. This statistic was found here.*

Standard days method (CycleBeads)

A fertility awareness-based method using a fixed fertile window for women whose menstrual cycles are 26-32 days long. For women with menstrual cycles in this range, the standard days method presumes that days 8 through 19 are potentially fertile days. A user tracks the start date of her menstrual period and the days of her cycle, in order to know if she's on a day when pregnancy is presumed to be possible or not. If wishing to avoid pregnancy, couples should abstain from sexual intercourse or use a barrier method (e.g. condoms) on these potentially fertile days.

CycleBeads are colour-coded strings of beads representing a woman's menstrual cycle. They help women to track their cycles, to identify when are potentially fertile days and non-fertile days according to the standard days method, and to check that cycles are in range for use of this family planning method.

Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
Ongoing, whenever in use	12% typical use failure rate[1]	▪ No effects on hormones, menstrual periods, sex drive and general health ▪ Acceptable to many faiths ▪ Involves sexual partner so can help increase feelings of closeness and trust ▪ Can be used for pregnancy avoidance or achievement ▪ Can support understanding of women's fertility and menstrual cycles ▪ Suitable for women who can't take the combined pill (containing a synthetic version of the hormone oestrogen) for reasons stated above ▪ Suitable for women who don't wish to use hormonal methods or a copper IUD	▪ Only suitable for women with regular menstrual cycles of 26-32 days ▪ Less effective[2] than the methods above even when used correctly and consistently (5% perfect use failure rate) so only recommended for couples who are comfortable with a risk of unintended pregnancy ▪ Requires abstinence or the use of a barrier (for example, condoms) on the 12 potentially fertile days per cycle (this may be considered undesirable by some couples and/or difficult to negotiate with sexual partner) ▪ Requires cooperation from sexual partner ▪ Does not protect against STIs & HIV

1 Typical use failure rate is the % of couples who would get pregnant if using this method for one year - taking into account when users fail to use a method consistently or correctly. This statistic was found here.

2 Other fertility-based awareness methods are more effective - for example, the sympto-thermal fertility awareness method (FAM), which involves women tracking basal body temperature, cervical fluid and cervical position trends to identify their individual ovulation patterns rather than using the assumptions inherent in the standard days method, has a 1.8% typical use failure rate (i.e. less than the typical use failure rate of the pill or injection) - but these are often considered less appropriate for low-resource settings.

Lactational amenorrhoea method (LAM)

When women breastfeed, the hormone (called prolactin) that is responsible for breastmilk production suppresses the release of other hormones (including oestrogen) that cause ovulation (the ovaries releasing eggs). This is why breastfeeding women usually experience no menstruation (lactational amenorrhoea).

Women who are breastfeeding can use the lactational amenorrhoea method to prevent another pregnancy, so long as:

- they have complete amenorrhoea (i.e. no menstrual periods - defined as two consecutive days of spotting or bleeding - at all since giving birth, as this suggests that ovulation hasn't yet resumed and if eggs aren't being released then they can't be fertilised)
- they are breastfeeding exclusively (this means that the baby is having breastmilk only - no other liquids or foods), on demand (whenever the baby needs feeding), both day and night (intervals of more than four hours during the day and six hours at night should be avoided to ensure consistent levels of the prolactin responsible for suppressing the release of the hormones that cause ovulation)
- the baby is less than 6 months old

When **any one** of these three criteria stop being met, the lactational amenorrhoea method is no longer effective.

Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
Up to 6 months, so long as the other two criteria (detailed above) are still being met	2% perfect use failure rate[1]	▪ No negative effects on hormones, menstrual periods and general health ▪ Acceptable to all faiths ▪ Free and suitable for couples without access to family planning services (no products needed) ▪ Promotes newborn development and maternal bonding ▪ Safe for mother and baby	▪ Can only be used by women who are breastfeeding exclusively and for up to 6 months following birth ▪ Does not protect against STIs & HIV

1 *Perfect use failure rate is the % of couples who would get pregnant if using this method for one year - assuming that they are using the method consistently and correctly. This statistic was found here.*

Withdrawal method

The withdrawal method, also known as *coitus interruptus*, is the practice of withdrawing the man's penis from the woman's vagina and away from her vulva before ejaculation (the discharge of semen and sperm from the male reproductive tract, usually accompanied by orgasm). The goal of the withdrawal method is to prevent sperm from entering the vagina, so that the possibility of conception is reduced.

Using the withdrawal method requires significant trust and self-control. Men who use this method must be able to know when they're reaching the point when ejaculation can no longer be stopped or postponed so that they can withdraw in time. If they can't predict this moment accurately, the withdrawal method will not be as effective.

Even if a man withdraws in time, pregnancy can still happen. Some experts believe that pre-ejaculation fluid can pick up enough sperm left in the urethra from a previous ejaculation to cause pregnancy. If a man urinates between ejaculations before having sexual intercourse, it can help to clear the urethra and may increase the effectiveness of the withdrawal method.

Pregnancy is also possible if semen or pre-ejaculation fluid is spilled on the vulva.

Duration of protection	Effectiveness	Advantages	Disadvantages / risks / possible negative effects
Each act of sexual intercourse	22% typical use failure rate[1]	▪ No effects on hormones, menstrual periods, sex drive and general health ▪ Acceptable to many faiths ▪ Free and suitable for couples without access to family planning services (no products needed) ▪ Suitable for couples who don't wish to use condoms, hormonal methods or a copper IUD	▪ Less effective than the methods above even when used correctly and consistently (4% perfect use failure rate) so only recommended for couples who are comfortable with a risk of unintended pregnancy ▪ Requires significant trust and self-control ▪ Requires cooperation from sexual partner ▪ Requires the man to know when he is reaching the point when ejaculation can no longer be stopped or postponed so that he can withdraw in time ▪ Does not protect against STIs & HIV

1 *Typical use failure rate is the % of couples who would get pregnant if using this method for one year - taking into account when users fail to use a method consistently or correctly. This statistic was found here.*

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