Family planning (birth control) means taking action so that only wanted babies are born. When sexually active women or their partners do not use some form of contraception, 80–90 per cent of the women will become pregnant within a year. This shows that for most women, pregnancy is very likely to occur unless action is taken to prevent it.

UNPLANNED PREGNANCIES

It is estimated that at least one in three pregnancies is unplanned. Although many babies that result from unplanned pregnancies become wanted babies, some are unwanted, and may be terminated. Termination of pregnancy (abortion) means the removal of the fetus (developing baby) from the womb. The current legal limit for an abortion is 24 weeks after conception although cases of abortion at this stage of pregnancy are very rare. Unplanned pregnancies can happen to girls and young women because either they have been given the wrong advice, or they have ignored good advice. A girl who does not wish to become pregnant should remember the following facts:

- pregnancy can follow first intercourse
- pregnancy can occur even if the penis does not enter the vagina (sperm can swim)
- pregnancy sometimes occurs when intercourse takes place during a period
- pregnancy can occur even when the woman does not 'come' (have an orgasm)
- intercourse in any position can result in pregnancy
- withdrawal ('being careful') can result in pregnancy
- douching (washing out the vagina) will never prevent pregnancy, however soon after intercourse
- breast-feeding does not prevent pregnancy, although it may make it less likely.

CONTRACEPTION

Contraception (contra = against, ception = conceiving) is the deliberate prevention of pregnancy.

It is natural for men and women in relationships to have intercourse. But if they do not want a baby, they need to know about the various methods of contraception. Using this knowledge, they are able to plan their family and start a baby only when they want one.
The following table lists the different methods of contraception and explains briefly how they work, and how effective they are at preventing pregnancy:

<table>
<thead>
<tr>
<th>Method</th>
<th>How it works</th>
<th>How effective it is in preventing pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstention – saying ‘No’ (not having intercourse)</td>
<td>Because intercourse does not take place there is no danger of an unwanted baby.</td>
<td>100%.</td>
</tr>
<tr>
<td>Male sterilisation* (vasectomy)</td>
<td>A simple operation in which the sperm ducts (vas deferens) are cut or blocked to prevent semen from containing sperm.</td>
<td>More than 99.5%.</td>
</tr>
<tr>
<td>Female sterilisation*</td>
<td>An operation in which the Fallopian tubes from the ovaries are blocked so that the egg and sperm cannot meet.</td>
<td>99.5%.</td>
</tr>
<tr>
<td>Combined pill*</td>
<td>This type of pill contains two hormones – oestrogen and progesterone – which stop ovulation (stop the ovaries from producing eggs). Progesterone is similar to progesterone made by the ovaries.</td>
<td>More than 99% if taken according to instructions and at a similar time each day. Missed pills may make the method less reliable depending on when and how many have been forgotten. Condoms must be used if there is vomiting and/or severe diarrhoea or during antibiotic treatment.</td>
</tr>
<tr>
<td>Contraceptive patch* (an alternative to the combined pill)</td>
<td>A small thin, beige plastic patch that releases oestrogen and progesterone is placed on the skin of the buttocks, abdomen, back or upper arm once a week for 3 out of 4 weeks. No patch is used in the 4th week.</td>
<td>99% if used according to instructions. Not affected by vomiting, diarrhoea or antibiotics.</td>
</tr>
<tr>
<td>Vaginal ring* (an alternative to the combined pill)</td>
<td>A flexible transparent ring about 5 cm in diameter is inserted in the vagina. Low doses of oestrogen and progesterone are slowly released. After 3 weeks, the ring is removed for a 1 week break.</td>
<td>99% if used according to instructions. Not affected by vomiting, diarrhoea or antibiotics.</td>
</tr>
<tr>
<td>Progestogen-only pill* (mini-pill)</td>
<td>This type of pill contains one hormone – progesterone – which causes changes to the lining of the womb. This makes it very difficult for sperm to enter the uterus or for an egg to settle there.</td>
<td>99% effective if taken at the same time each day. Not reliable if taken 3 hours late (or 12 hours for the pill Cerazette). An extra method, such as condoms, must be used if there has been vomiting, or severe diarrhoea or during antibiotic treatment.</td>
</tr>
<tr>
<td>Method</td>
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</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>Contraceptive injections*</td>
<td>An injection of progestogen is given every 8 or 12 weeks. The hormone it contains is slowly absorbed into the body and works in a similar way to the progestogen-only pill.</td>
<td>More than 99%.</td>
</tr>
<tr>
<td>Contraceptive implant*</td>
<td>A small flexible tube 40 mm × 2 mm containing progestogen is inserted just under the skin on the inside of the upper arm. The hormone is slowly released into the bloodstream, and works by stopping ovulation. The implant is effective for up to 3 years. If a pregnancy is desired, the implant can be removed, and fertility returns immediately.</td>
<td>More than 99%.</td>
</tr>
<tr>
<td>Withdrawal ('being careful'; coitus interruptus)</td>
<td>The penis is withdrawn from the vagina before the semen is ejaculated.</td>
<td>Very unreliable because a little semen can escape from the erect penis before the main amount is released.</td>
</tr>
<tr>
<td>Intra-uterine system (IUS)* (Mirena)</td>
<td>A small T-shaped plastic device is placed in the womb. It contains progestogen, which is slowly released. This stops sperm from meeting an egg. The IUS can be left in place for 5 years, but can be taken out at any time.</td>
<td>More than 99%.</td>
</tr>
<tr>
<td>Diaphragm or cap with spermicide*</td>
<td>A diaphragm is a flexible rubber dome which covers the cervix (the entrance to the womb). A cap is smaller and fits neatly over the cervix. Used with spermicide, these devices form a barrier which helps to prevent the sperm from meeting an egg and must stay in place for at least 6 hours after intercourse. Spermicide (jelly or cream) makes sperm inactive.</td>
<td>92–96% if used carefully and according to instructions.</td>
</tr>
<tr>
<td>Male condom</td>
<td>Made of very thin rubber, it is put over the erect penis before intercourse takes place. It prevents sperm from entering the woman's vagina. Using a condom also helps to protect against sexually transmitted diseases, including HIV infections.</td>
<td>98% if used carefully and according to instructions.</td>
</tr>
</tbody>
</table>
## Family planning and sexual health

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<tbody>
<tr>
<td>Female condom</td>
<td>A soft polyurethane sheath lines the vagina and the area just outside. It is placed in position before intercourse takes place and prevents the sperm from entering the vagina. Using a condom also helps to protect against sexually transmitted diseases, including HIV infections.</td>
<td>95% if used carefully and according to instructions.</td>
</tr>
<tr>
<td>Natural methods</td>
<td>These methods allow a woman to recognise the days when she is fertile and can become pregnant. This is done by noting and recording the different natural signs, such as changes in temperature and cervical mucus that happen during the menstrual cycle. Sperm can live inside a woman for 3–7 days, so intercourse a week before an egg is released may result in pregnancy. To avoid pregnancy, intercourse should not take place during the fertile days unless another method of contraception is used.</td>
<td>98% for sympto-thermal methods if used according to instructions. Very unreliable when periods are irregular, during illness, when travelling, and unless very careful records are kept. Instruction from a teacher who has been specially trained in natural methods of family planning is recommended.</td>
</tr>
<tr>
<td>IUD* (intra-uterine device; coil; loop)</td>
<td>A small plastic and copper device is put into the womb. It stops sperm meeting an egg or may stop a fertilised egg from settling in the womb. Depending on the type, it can stay in place for 5–10 years, but can be taken out at any time.</td>
<td>More than 99%.</td>
</tr>
</tbody>
</table>

*These methods require medical advice or treatment from a doctor or at a Sexual Health and Reproductive Clinic (Family Planning Clinic).

## WHICH METHOD OF CONTRACEPTION TO USE

Deciding which of the methods of contraception to use depends on a number of factors, including:

- individual preference
- religious beliefs
- age
- whether a short- or long-term method is wanted.

The reliability of any of the methods of birth control depends on using that method correctly. Many of the failures which result in pregnancy are due to incorrect use. The advantage of attending a Sexual and Reproductive Health Clinic is that advice is given in choosing a suitable method, and instructions are given to help make that method as safe as possible.
EMERGENCY CONTRACEPTION

When intercourse has taken place without using contraception, or when any precautions which were taken might have failed, for example a condom failure or forgetting to take the contraceptive pill, there are two emergency methods of contraception which can be used. It is important to contact a pharmacy, sexual health clinic, NHS walk-in centre or doctor as soon as possible because pregnancy can usually be prevented by:

- emergency contraceptive pills (previously known as ‘morning after’ pills) containing hormones which are taken within 72 hours; the sooner the pills are taken, the more effective they are likely to be
- an IUD (coil) fitted within five days of intercourse.

TERMINATION OF PREGNANCY (ABORTION)

If a baby is found to be developing abnormally, or the mother has emotional or other problems which the birth of a baby will (according to at least two doctors) worsen to a harmful degree, a pregnancy can be terminated (aborted) before the end of the 24th week, but is safer and easier in the first 12 weeks. In Northern Ireland, abortion is only legal in very exceptional circumstances.

OBTAINING ADVICE

Advice on contraception and sexually transmitted infections is provided free by the National Health Service (NHS). It can be obtained by people of all ages, married or single, male or female, from the following sources:

- Sexual and Reproductive Health Clinics, which advise on family planning, contraception and sexually transmitted infections.
- Leaflets, which can often be obtained from Health Centres, where doctors (GPs) and nurses can advise.
- Special confidential telephone helplines are available.
- Websites are another helpful source of information.

SEXUALLY TRANSMITTED INFECTIONS (STIs)

These diseases are so-called because the usual way in which they spread from one person to another is by sexual contact. Examples are:

Chlamydia  This is one of the most common sexually transmitted infections in the UK, especially in young people. Often there are no symptoms, so the infected person may not seek medical help. If left untreated, chlamydia can cause long-term problems such as pelvic inflammatory disease in women, and infertility in both men and women.

Gonorrhea  Again, symptoms may not be present but, if left untreated, the infection can lead to pelvic inflammatory disease in women and infertility in both men and women.
Family planning and sexual health

Genital warts These are caused by a virus (HPV – Human papilloma virus) which infects the skin of the genitals and anus. Fleshy growths or bumps are produced which may itch. The infection can be treated but is not harmful to health if left untreated.

Genital herpes The herpes virus causes blisters and pain around the genitals which may develop into sores or ulcers and pain on passing urine. It can take months or years for the symptoms to appear, so an infected person will not know they have the condition.

Syphilis The symptoms of this bacterial infection appear in three stages. A few weeks after catching the infection, a painless sore or spot appears on or around the genital area. A few weeks later a rash may develop. It may take several years for the third stage to develop, causing serious health problems for the heart and brain.

Hepatitis B This liver disease is caused by a virus. It spreads through contact with an infected person’s blood, semen or other fluids.

HIV (human immunodeficiency virus)

This virus will be present in many of the body fluids of an infected person, including sexual fluid from the penis in males and the vagina in females. It can be caught:

- during unprotected sexual contact with an infected person
- during pregnancy, from an infected mother to her unborn baby
- from the breast milk of an infected woman
- by contact with infected blood, for example when using the same needle for drug injections.

The virus is very delicate and dies quickly outside the body, so HIV is not caught:

- by shaking hands, touching and cuddling someone who is infected with the virus
- from using the same towel, cups, cutlery or lavatory seats
- from swimming pools.

HIV testing

When a person becomes infected with HIV, the virus remains in the body for life and produces HIV antibodies, which can be detected by a blood test. If HIV antibodies are found, that person is HIV positive. When HIV is detected early, the person may look and feel healthy, and treatment can be given which delays or prevents AIDS.

AIDS (Acquired Immune Deficiency Syndrome) develops when HIV attacks the immune system. The body then loses its resistance to infections such as pneumonia and tuberculosis (TB).

Questions

1. What is (i) contraception, (ii) the chance of a woman becoming pregnant if no form of contraception is used?

2. Match each of these methods of birth control with one of the statements a–i: vasectomy; cap; abstinence; male condom; withdrawal; combined pill; natural methods; IUS; female sterilisation

   a. stops the ovaries from producing eggs
   b. stops sperm entering the vagina
   c. covers the entrance to the womb
   d. blocks the Fallopian tubes
   e. prevents semen from containing sperm
   f. intercourse avoided on fertile days
   g. intercourse does not take place
   h. does not deposit semen in the vagina
   i. stops sperm from meeting an egg
Questions (continued)

3. a List the different methods of birth control in order of their effectiveness in preventing pregnancy.
   b (i) Name one method which requires the use of a spermicide. (ii) What does the spermicide do?
   c Why is withdrawal an unreliable method of contraception?
   d (i) What do natural methods depend on? (ii) When are natural methods unreliable?

4. a Name twelve methods of contraception which depend particularly on the woman.
   b Name two effective methods of contraception available to men.
   c Which methods of contraception require medical advice or treatment?
   d (i) When deciding which method of contraception to use, give four factors which may be taken into account. (ii) What does the reliability of any method depend on? (iii) Give two advantages of attending a Reproduction and Sexual Health Clinic.

5. a Give the meaning of: (i) IUS, (ii) IUD, (iii) AIDS.

6. a To prevent an unwanted pregnancy, list eight facts which it might be useful to know.
   b Describe two methods of emergency contraception.
   c What is meant by termination of pregnancy?

7. a What is an STI?
   b Name two STIs that can cause infertility.
   c Name three STIs caused by a virus.
   d In what ways can HIV pass from an infected person to another person?
   e Describe types of contact in which HIV is not caught. Explain why.
   f What is the purpose of an HIV test?
   g When does AIDS develop?

Weblinks

For more information about contraception and sexual health, visit:
www.nhs.uk
and search for 'sex: worth talking about'.
For Sexually Transmitted Disease statistics in the UK, visit:
www.avert.org/stdstatisticuk.htm

Exercises

Exercises relevant to Section 1 can be found on p. 380.