Family Planning UNMET NEED

The Nurse Mildred Radio Talk Shows

Topic 5: The Family Planning Pill

Guests

FP counsellor from MSU, RHU& UHMG –

- Nurse Mildred
- Nurse Betty

Objectives of the programme:

- To inform listeners about the pill method of family planning.
- To correct misconceptions and rumours about the pill.
- To convince listeners that pills are effective and safe as a family planning method.
- To create a positive (and desired) image of people who use the pill.
- To encourage listeners to seek more information about the pill.

Questions for interviewer

1. Nurse Mildred, I often hear people discussing pills, can you please tell listeners what they are?
2. So how exactly do they work?
3. How are pills used?
4. Are the pills meant for both men and women as a modern family planning method? Who can use pills?
5. When exactly should one begin using the pills?
6. What about breastfeeding mothers? Are pills safe for them and how effective are they?
7. Nurse Mildred, are there any side effects associated with taking the pill?
8. What are the benefits of using pills?
9. Where can one get pills if they want to use them as their choice of family planning?
10. Do family planning pills influence risk of HIV/AIDS transmission?
11. Nurse Mildred, I have heard about emergency pills. What exactly are they and are they like other pills? What categories of people take the emergency pills?
12. **How** can women and men ask about the pill to get more information? (What should they ask? To whom? Where? When? Why should they ask – give reasons to motivate seeking more information)
13. Nurse Mildred, it is said that pills cause birth defects like producing a baby without limbs. Is this true?
14. I have also heard that pills build up in a woman’s body over time. Is it true?

**Key Points - Pills**

There are 2 kinds of Oral Contraceptives, which are also called “pills”:-

1. **Low dose combined pills**—these pills have two types of hormones in them—Progestin and Estrogen. These pills are not good for breastfeeding women during the first 6 months after childbirth.

2. **Progestin-only pills**; these pills have only one type of hormone in them—Progestin. These pills are especially good for breastfeeding women during the first 6 months after childbirth.

**Low dose combined pills**

- Should be taken every day to be effective
- Side effects- such as irregular vaginal bleeding, missed periods, or stomach upset – sometimes occur especially during early months of use. Note, they are not dangerous but cause discomfort for some women.
- Safe for almost all women, serious side effects are very rare
- Can be used by women of any age during the reproductive period whether or not they have had children
- Can be started anytime if it is reasonably certain that a woman is not pregnant— not just during menstruation
- Protect against certain cancers, anemia and other conditions
- NOT recommended for breastfeeding women during the first 6 months after childbirth - can reduce milk supply.
- If one pill is missed, the woman can take it the next day and is unlikely to become pregnant.

**Progestin-only Pills**

- A good choice for breastfeeding women who want to use family planning pills. Do not reduce a mother’s milk supply.
- Very low dose.
- Not as many side effects as Combined Pills.
If used when not breastfeeding, changes in vaginal bleeding are likely – especially irregular periods and bleeding between periods. Not dangerous.

If a woman misses only one pill, she can get pregnant. So, these pills should only be used by women who are breastfeeding or who cannot use Combined Pills for some other reason.

**Any Pill? What is meant by this**

- Pills work by stopping release of eggs from ovaries, also thicken cervical mucus, making it difficult for sperm to pass through. They do NOT WORK by disrupting existing pregnancy.

- Effective and safe.

- Pills are 99% effective when swallowed every day. This means that there is only 1 pregnancy for every 100 women who use them in 1 year with perfect use. With typical use, five women out of 100 will become pregnant.

- Family planning pills do not increase a woman’s risk of getting HIV/AIDS. They also do not protect a woman from sexually transmitted infections, including HIV/AIDS. This means that any woman at risk (any woman not with a fully monogamous partner who has been tested for HIV) should also use condoms.

- Pills are available in both private and government health units and should be dispensed by a trained FP counselor and provider. Look for places that have the rainbow over the yellow flower for more information. In some areas, they can be dispensed by community reproductive health workers.

**Frequently Asked Questions about Pills**

**Q What are the side effects of Pills?**

**A** Some women experience side effects from pills. These are not risky to women’s health. Most side effects go away after the first few months. Side effects may include: spotting, bleeding between menstrual periods, headache, nausea, vomiting, breast tenderness, dizziness, weight changes, mood changes, acne or dark coloured areas on face. Most women do not lose interest in sex from the pills.
Q  Can pills delay conception after you have stopped?
A  No. Most women have no problems getting pregnant after they stop taking pills. Sometimes their bodies may take a couple of months to adjust, but usually they can get pregnant very soon. Remember that the main cause of infertility in Uganda is sexually transmitted infections.

Q  What are the benefits of taking pills?
A  Pills do not interrupt love-making, pills regularize periods and lessen pain/bleeding, Protect against anemia and many cancers, and side effects often go away after taking.

Q  Why should I get more information about pills?
A  There is very wrong information about pills out there. You should get informed for yourself, so that you can make good decisions for you and your family, and share correct information with your friends and family members, who will also benefit from learning options to space births and make their families healthier.

Q  Where can I get more information about pills?
A  Look for places that have the rainbow over the yellow flower for more information.

Key points- Emergency Contraception

- Emergency contraception: If a woman has had unprotected sex but does not want to become pregnant, she can seek emergency contraception to avoid pregnancy.

- There are 2 kinds of emergency contraceptive options: pills or the Coil.
• These methods should be provided by a trained health care provider, and must be used within 120 hours (5 days) after having unprotected sex to be effective. The sooner emergency contraception is used, the better it prevents pregnancy.

• Emergency contraception should not be used regularly or in place of regular family planning method.

• It should be used only in emergencies, for example, if:
  o A woman has had sex against her will or has been raped, defiled
  o A condom has broken
  o An IUD has come out of the womb
  o The woman has missed 2 or more regular family planning pills taken daily or she is more than 2 weeks late for her Injectable and has had unprotected sex (without using other family planning methods like a condom).
  o Sex took place without either partner using any method of family planning and the woman wants to avoid pregnancy

• There are no risky side effects from emergency contraception. If pills are used, the woman may experience

• Emergency contraception should be dispensed by a trained FP counselor and provider. Look for places that have the rainbow over the yellow flower for more information.