A MANUAL ON CONTRACEPTION

CONTENTS

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INTRODUCTION

Contraception, family planning or birth control affects many people (men and women) at some time in their lives. Some people see contraception as an individual and private matter. But when we realise that it affects many people, who face the same problems, it becomes a problem with broader social and political dimensions.

To promote discussion on the many issues that contraception in South Africa raises, the Health Care Trust ran a one-day workshop on the subject in May 1982. Various aspects of family planning were discussed and this publication presents some of them.

WHAT ARE SOME OF THE CENTRAL ISSUES ABOUT CONTRACEPTION?

Firstly contraception has been seen as primarily a women's problem. Medical services and research, being dominated by men, have been directed towards developing methods of contraception for women only. This has enabled men to benefit from the use of contraception without having to take any responsibility for it.

Family Planning has brought both benefits and problems to women. For the first time in history large numbers of women have been freed from the burdens of unwanted pregnancy. Children are no longer the inevitable outcome of sex. In this way then science has given women the ability to control their own fertility. This is an important advance which we should not lose sight of when looking at the problems of contraception.

While contraception can be used to expand our personal freedom, there are definite limits to this freedom. This is because information, skills and resources for contraception are controlled by a relatively small and unrepresentative group in society.

For women to make informed choices about contraception they need easy access to information about all the possible methods of preventing pregnancy. But this information is concentrated in the hands of doctors and nurses and is not made available to all women. This control over information gives the health professionals the power to influence the decisions of other less well informed people.

Much of the information available about different methods of contraception is distributed directly to doctors and nurses by the drug companies that make these products. They have an obvious interest in promoting their own products so as to increase their profits. It is not in the company's interests to advertise the possible harmful effects of their products

or to advertise other products which may be better than theirs. This is another factor that limits easy access to information on contraception.

Personal freedom in contraception is also limited by the individual's access to family planning resources. This is illustrated by the different positions of middle class and working class women.

The middle class woman, who is probably covered by a medical aid scheme, can visit a private doctor of her choice. She will be able to discuss the matter and the doctor will have the time to be sympathetic to her complaints. The doctor can prescribe any one of a wide range of methods, the cost of which will be paid by the medical aid.

Working class women cannot be offered this type of care. Instead they are forced to visit state family planning clinics or the factory clinic. The state family planning clinics are busy and only carry a limited range of contraceptives. The sisters who run the clinics seldom have the time to fully inform the women of the different methods let alone to listen to their complaints and concerns.

For the working women the factory clinic has the advantage of easy access. But for her employer it represents something else. For the employer the clinic at work means less time off for women to visit state clinics and less maternity leave as fewer women are likely to fall pregnant. Less maternity leave means a more stable workforce and higher productivity of workers.

These economic considerations are likely to influence factory clinics to emphasise the 'safest' methods of preventing pregnancy. 'Safest' means the method by which women are least likely to fall pregnant. It does not necessarily mean the method which is best for their health. The contraceptives which are considered to be 'safest' are the hormonal ones - the Depo Provera injection and the Pill.

The injection is usually the most favoured method. It is given every three months by the nurse. In this way it takes away from the women active control and responsibility for contraception and their fertility.

In the next article we will be discussing the various myths about overpopulation. We will see how the State and often health workers at family planning clinics believe that people are poor because they have too many children. And this is often why they urge women to use contraception.

Family planning is given the highest priority by the State Health Department. The amount of money and the number of people employed in promoting family planning has increased rapidly in recent years. This has lead people to question why it is that the state is so keen on family planning. Some people believe that family planning is just a plan to keep down the numbers of the black population while the white

population is encouraged to grow. Statements made by government officials have encouraged them in this belief.

Arising from this belief is the view that black people should boycott family planning. This will increase the black population so that it overburdens the system and speeds the collapse of white minority rule. We reject this argument. Firstly because contraception brings important benefits to individual women, and secondly because it is not numbers that count in the struggle - it is organisation at work and in the community that is important.

In this publication we are presenting an alternative view on contraception. This accompanied by information on methods of preventing pregnancy, together with a report on a workshop that Health Care Trust held to discuss this issue. We hope that this will stimulate wider group discussions about contraception.

SOME FACTS ABOUT FAMILY PLANNING IN SOUTH AFRICA

* Between 1977 and 1981, State spending on family planning increased by ten million rands - from R6,8 million to R17 million.

* Out of this R17 million:
  - R6 million is spent on education
  - R1,3 million is spent on publicity, e.g. in newspapers, magazines, display boards, buses, radio and TV.

* Today there is one family planning advisor for every 4 000 women. In 1977 there was only one advisor for every 8 000 women.

* There are 20 050 family planning clinics in South Africa; 21 000 of them are in rural areas; at 10 200 of these, family planning is the only health service offered.

* More than 1 000 000 women make use of these clinics every month.

* In Cape Town in 1980 there were 63 600 people making use of the City Council family planning service and 31 000 making use of the Divisional Council service.

* In the City Council clinics these were the kinds of contraceptive that women were using:

1) The Pill:	33 358	(52,4%)
2) The injection:	25 224	(39,6%)
3) Intra-uterine device:	1 928	(3,0%)
4) Barrier methods:	1 665	(2,6%)
5) Sterilization:	1 041	(1,6%)

* 52% of African women are given the injectable contraceptive (Depo-provera) compared with only 7% of white women. 92% of white women choose the pill.

(Sources: Annual Reports - 1981 Department of Health Welfare and Pensions; 1980 Medical Officer of Health, City of Cape Town; 1980 Medical Officer of Health, Divisional Council of the Cape)

THE MYTHS

THE MYTH OF OVERPOPULATION

Since the 1960s, the idea of overpopulation has been used to explain many of the problems the world faces. It is said that poverty, disease, unemployment and crime arise because there are too many people for too few resources; and that if only this balance were corrected, many other social problems would be solved.

In South Africa, "overpopulation" is a particularly useful idea. Here the majority of the population suffer from problems of poverty and overcrowding, and there is widespread unemployment. If overpopulation is the reason for these problems then all that has to be done is to work out the best way of solving the problem of "too many people". Once this is done there will be enough of everything for everybody.

So, it is assumed that family planning is the way to solve the problem of too many people and hence cure the country of many of its social problems.

On this kind of argument the government has instituted a massive birth control campaign. They call it Family Planning. Perhaps, however, "birth control" might be a better name because it seems that the aim of this campaign is to limit the growth of the poorer classes. The greater the size of the poorer classes, the greater threat they pose to the privileged few in our society.

How can this birth control policy succeed? To begin with, the success of such a campaign depends on everyone believing in it. In order to achieve this, the government has launched a huge publicity drive: family planning posters in the clinics, hospitals, local shops and even the bus shelters; adverts in the local newspapers and national magazines. And each day on radio we hear regular adverts for family planning set to lively tunes and promising a prosperous future.People are made to believe that they are poor because they have too many children.

The second important part of the campaign is to make family planning services available to everyone - especially the poor. There are family planning clinics in every area - even in areas where few other health services exist - and you might have noticed that family planning is a TOTALLY FREE MEDICAL SERVICE FOR EVERYONE IN SOUTH AFRICA.

Let us now look at whether "overpopulation"really lies at the root of so many other problems. Let us examine whether family planning is in fact the answer to poverty in our society.

The government and the Health Authorities say:	PLAN A SMALLER FAMILY BECAUSE:	we know:	THE DISTRIBUTION OF RESOURCES MUST BE CHANGED BECAUSE:
* There is not enough space in South Africa.	* Big families cause malnutrition, TB and other children's diseases.	* There is plenty of space BUT 80% of South Africa's people have been granted only 13% of South Africa's land on which to live.	* Rural people have gradually lost the means to produce food and goods for themselves through a long history of theft of land and labour. This is what cripples the rural areas.
* Big families cause overcrowding of houses.	* The rural areas are being crippled by the increasing birthrate.	* Too few houses and building 'matchbox' houses causes overcrowding.	* Since wages are so low, having a larger family is often the only way of ensuring the family members bring in enough money for the family to survive. Having many children is also often the only way of ensuring that some will survive the diseases of poverty that kill so many.
* There is not enough food and wealth in South Africa to feed and clothe everybody.	* A smaller family guarantees a better, healthier, wealthier future.	* There is plenty of food and wealth in the country. In fact S.A. is the biggest Exporter of food in Africa. Also food gets dumped to keep prices up while people starve.	
* Families are poor because they are too big.		* Families are poor because wages are low.	
		* Low wages, high costs of living and bad housing lead to malnutrition, TB, etc.	

Plan a smaller family for a bigger future??

* Too many people and too few jobs threaten South Africa's long-term political stability.
* The failure to find democratic solutions to our country's problems threatens our future.

"IF THE ROOT CAUSE OF THE POPULATION PROBLEM IS POVERTY, THEN TO END IT WE MUST ABOLISH POVERTY. AND IF THE CAUSE OF POVERTY IS THE GROSSLY UNEVEN DISTRIBUTION OF WEALTH, THEN TO END POVERTY, AND WITH IT THE POPULATION CRISIS, WE MUST REDISTRIBUTE THAT WEALTH."

METHODS OF CONTRACEPTION

INTRODUCTION

In the following pages we will give a detailed description of all the different methods of contraception as well as a simple explanation of the menstrual cycle and the various parts of a woman's sex organs.

There is a lot of information in this section and some people may find it a bit overwhelming. They may also wonder what they can do with it all.

Here are a few suggestions:

1. It will give you information about the method of contraception you are using and may give you a better understanding of it as well as side-effects you may be experiencing.
2. You may wish to discuss or share what you learn with your friends. You could even form a women's group where you help one another with problems relating to contraception.
3. It will give you more power in your relationship with the clinic sister, especially if she refuses to listen to your problems or to give you information.

4. It may enable you to choose a type of contraception best suited to your needs.
5. It may help you discuss family planning with your man so that you can explain to him what it does to you or why it is important to you.
6. If you do decide to form a women's group you could also discuss other problems in your life not just those relating to family planning. For instance the other women may also have rent, transport or housing problems.

If you need more information than is given here do not hesitate to phone, write or visit the Health Care Trust. The address is at the back of the book.

hormonal contraceptives

ORAL CONTRACEPTIVES

What are they?

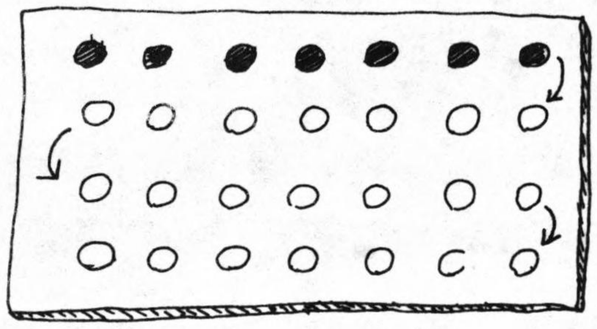
These are pills which contain two substances (known as hormones) which are normally found in the woman's body. They are called oestrogen and progestogen. Some pills contain both hormones, like Ovral 28, and others only have Progestogen, like Micro-novum.

How do they work?

Normally the women's egg or ovum and the man's sperm meet in the tubes. This is called fertilisation and is the beginning of the growth of the foetus or baby. After a few days, the fertilised egg leaves the tubes and moves to the womb where it grows into the baby.

The pill works in three ways:

1. The most important is that it stops the egg from growing and being released from the ovary. So there is no egg for the sperm to fertilise and the woman cannot fall pregnant.
2. It also changes the inside of the womb in such a way that even if an egg is released and reaches the womb, it will not be able to grow any further.
3. The mucous or fluid which is always found in the vagina, normally becomes watery at the time an egg is made. This is to enable the man's sperm to travel more easily to the tubes. But on the pill, the mucous is thick and sticky which prevents the sperm from entering the womb.



A 28 day pill pack

How do you use it?

Most pill packs contain 28 pills. One pill is taken each day and more or less at the same time each day. You should start taking the pill between the 1st and 5th day of your period.

If you become ill and have to use medicines, like antibiotics for an infection, the pill may not be able to protect you from falling pregnant. In this case you may need to use some other form of contraception like a diaphragm (cap) or a condom (F.L.).

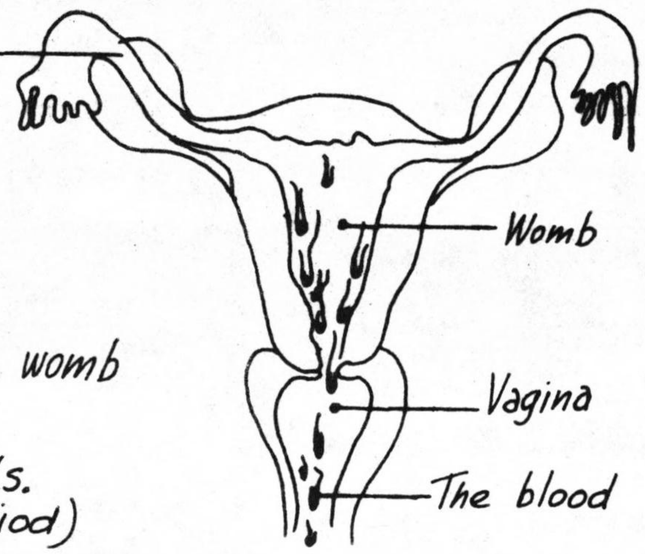
Other drugs that can interfere with the action of the pill are:

- drugs used for epilepsy
- anti-TB drugs - women on TB treatment should not use oral contraception.

Diarrhoea ('runny tummy') and vomiting also interfere with the pill.

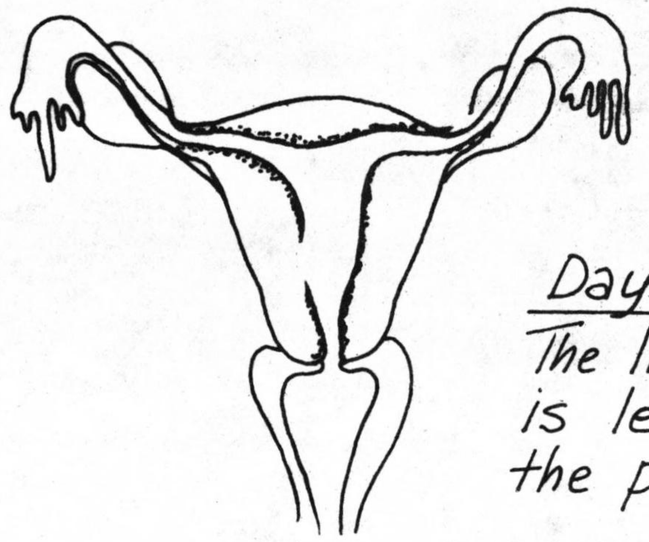
Continued on page 11

the menstrual cycle



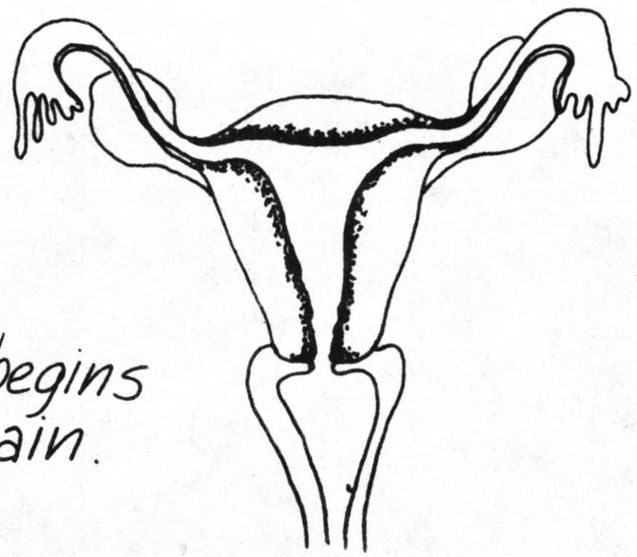
Day 1 – 5

The lining of the womb comes away and the woman bleeds. (has a period)



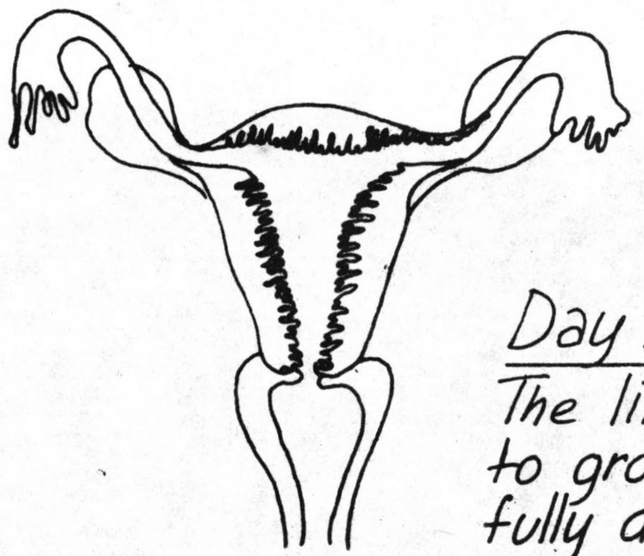
Day 5 – 9

The lining of the womb is left bare after the period.



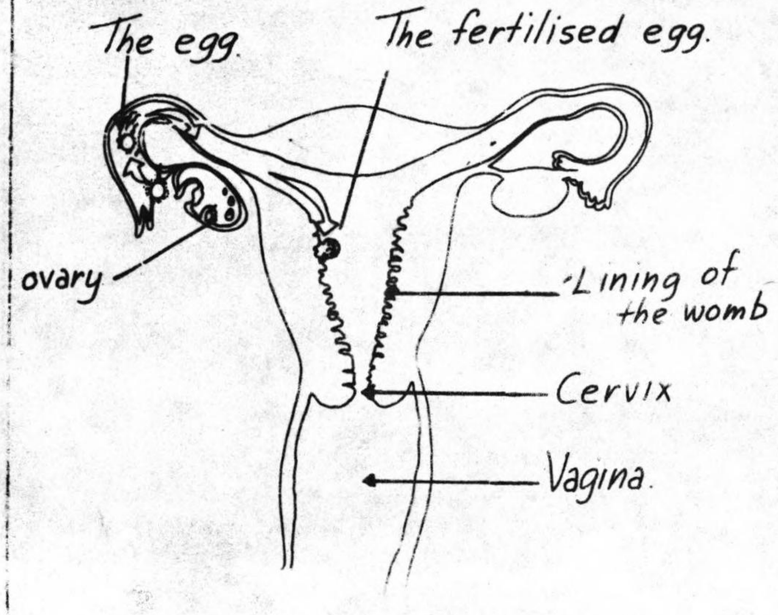
Day 9 – 14

The lining begins to grow again.

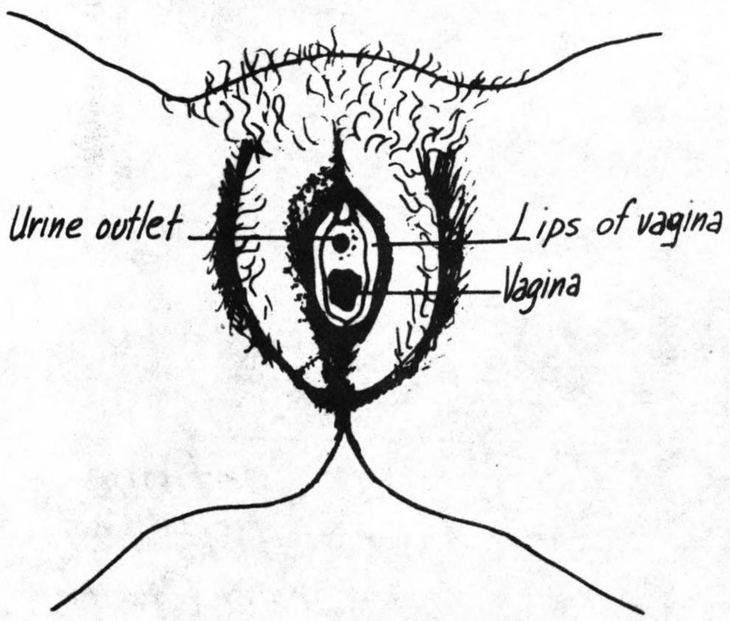


Day 14 – 28

The lining continues to grow until it is fully developed On the 28th Day it comes away and the woman has another period.



A diagram showing ovulation



A diagram to show the position of vagina

Continued from page 9.

What are the advantages?

1. The Pill is very good at preventing pregnancy. It is said to prevent pregnancy 99,9% of times if taken properly.
2. It is easy to use although one has to remember to take it every day.
3. When you decide you do want a child it is usually easy to fall pregnant when you stop taking the pill. For some women though, they have to wait 6 weeks to 12 months to fall pregnant.
4. Some women have many problems with periods. For example, they may have much pain, bleed very heavily or have irregular cycles. The pill often takes away these problems.

What are the disadvantages?

There are many side-effects that can occur when taking the pill. Different women respond differently to the pill - some have many problems, others feel fine and others even feel better.

There are many different kinds of pill each with different concentrations of the 2 hormones and each one has its own problems. These are some of the problems women have while taking the pill.

'Strong' pills have more oestrogen and progestogen than 'weak' pills which have lower doses.. A strong pill is not necessarily the best pill and a weak one does not mean that it doesn't work. All pills are capable of preventing pregnancy. Stronger pills tend to have more side-effects than weaker ones. Also if a woman forgets to take her pill and she uses a 'weak' one, her chances of falling pregnant are higher than if she takes a 'stronger pill'.

1. Some women feel sick (nauseous) when they start taking the pill. This does not usually last longer than 2-3 months. If it does they should tell the nurse or doctor and may need to change to another weaker pill.
2. Weight gain: most women put on weight when they go on the pill. It is usually about 2-3 kilos (or 5-7 pounds). For some women this may be a problem, especially

if they are very fat or put on much more weight than this. They may need to use another kind of contraception if the problem is serious enough.

3. Headaches: if these occur very often and affect a woman's daily life, she should change either to another kind of pill or another form of contraception.
4. Staining of the skin: this can happen in little patches especially on the face. It is called chloasma and can be very dark in some women. Unfortunately it does not go away even if you stop taking the pill. It also sometimes occurs in pregnancy.
5. Infections of the vagina: these occur more often in women on the pill than those who do not take it.

Other side effects are irritability, tiredness, sore breasts, a dry vagina when making love and a loss of interest in sex.

Serious Side-effects

These are not common but when they occur the woman should stop using the pill immediately and should use another kind of contraception.

1. Clotting of the blood.

The pill can sometimes cause a blood clot to form in a vein (or blood vessel). This usually forms in the leg and she will feel pain in her leg which will swell up. She may also suddenly have headaches or changes in her sight. If these occur she should see a doctor immediately and never take the pill again if it is proved a clot has formed in her blood.

2. High Blood Pressure.

Very seldom do women develop high blood pressure while taking the pill. This will be discovered when she does to the clinic or she may have bad headaches. If she does have high blood pressure then she should stop taking the pill.

NB If a woman taking the pill has headaches it does not mean she has a clot in the blood or high blood pressure. These two problems occur very rarely.

3. Varicose Veins.

Sometimes these become very big, swollen and painful when taking the pill. In this case the pill should be stopped.

4. Sugar Sickness (Diabetes).

If a woman has 'sugar sickness' she may become worse if she takes the pill. It does not mean that she should not take the pill but she must see a doctor who will decide whether she can continue on the pill or not.

What pills are available?

There are many different kinds of pills but at family planning clinics they only stock about 8. These are.

Ovral 28	strongest
Demulen	
Minovular	
Ovostat	
Nordette	
Triphasil	weakest

These pills all have both hormones, oestrogen and progestogen. Micronovum only contains one hormone: progestogen. The dose of progestogen is very low and usually has very few side-

effects. However there is a high chance of falling pregnant if one of these pills is missed.

Important things to remember while on the pill

The attitude of many people who work in family planning clinics is that the most important thing about contraception is that it prevents pregnancy.

Preventing pregnancy is important, but a woman's health is even more so.

So if a woman feels sick and unhappy on the pill she should discuss this with the sisters at the clinics and change her pill. It is worth putting up with minor side-effects at first as these usually go after 3 months. But if they don't go after 3 months, the problems will not go away by themselves.

It is also important for a woman to remember to tell any doctor she sees, no matter what the reason, that she is on the pill.

So, a woman should go back to the family planning clinic if:

1. she is not feeling well or has any problems on the pill.
2. side-effects such as vomiting or headaches don't go away.
3. if she misses a period.
4. if she bleeds in the middle of the month.

the injection

DEPO PROVERA

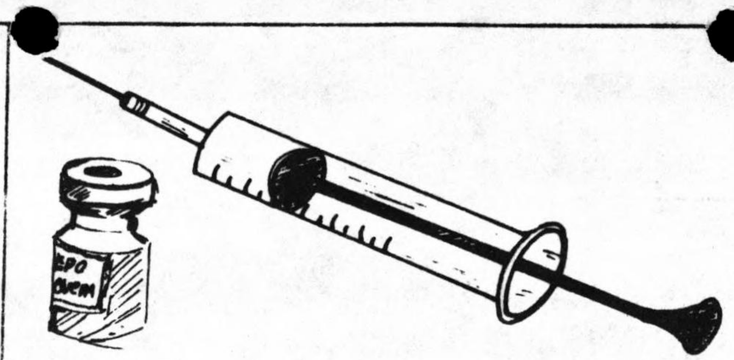
Depo Provera is a birth control injection which prevents pregnancy for at least three months. The drug is thought to work in three ways:

a. by preventing ovulation, the monthly release of the egg;
b. by making the lining of the womb more likely to reject an egg which might get fertilised;
c. by creating a mucous barrier at the entrance to the womb, so that sperm do not enter as easily.

There are many different opinions about Depo Provera (D.P.). This is because the use of the drug is often accompanied by many side-effects. The injection often changes women's periods, causing heavy bleeding or else bleeding many times a month. Sometimes there is no bleeding at all. D.P. often goes on working much longer than it should, so that some women are unable to have babies for up to two years after having

the injection. The injection also causes many women to put on weight, and sometimes causes headaches and dizziness, tiredness, loss of hair, and pains in the back, legs and breasts. Some women lose the desire for sex. People also fear that the drug might cause cancer of the womb and breast. Because it has not yet been proven that the drug is absolutely safe, it is not allowed to be freely used in countries such as the USA, Britain and other Western European countries. It has recently been banned in Zimbabwe.

If Depo Provera is possibly a harmful drug, then why do family planning clinics continue to use it so widely? Firstly, not <u>all</u> women experience these side-effects and some choose the injection because they find it convenient - you do not have to worry about taking pills every night or using condoms. Also, D.P. can be a secretive form of contraception, and for some women whose husbands are opposed to the use of contraception this is important. The injection does not interfere with milk production - as does the Pill - and for women who want



to breastfeed but who do not want to fall pregnant, it may be a suitable form of contraception. For other women who have decided that they have had enough children it may also be the correct form of contraception.

<u>Important things to remember about D.P.</u>

1. If you are using the injection and do not get your periods but have no other side-effects, that does not mean that something is wrong with you. Not having your periods does not mean that the blood is being kept in your body - it simply means that the lining of your womb is not being shed each month. If this does not disturb you it is safe to continue using the injection. If it is a problem for you the doctor can give you pills (which contain oestrogen) to make you have a normal period.
2. If you are using D.P. and having many problems with it, you <u>can</u> change to another form of contraception. Do not feel that you have to put up with excessive bleeding, weight gain or headaches if these problems are interfering with your life.

Depo Provera is a very easy, quick form of birth control for doctors and nurses to administer. It also does not depend for its success on the woman's co-operation. For these reasons it is a drug that can easily be abused by those who wish to control populations, instead of allowing people to control their own fertility. Therefore when we consider the use of D.P., we need to ask the following questions:

a. Do doctors and nurses who give the drug inform women <u>fully</u> of the possible side-effects?
b. Are these women told about and offered alternative forms of contraception?
c. Who is giving the advice? Are they not people who support the government's population control programs?

iucd

THE INTRA-UTERINE CONTRACEPTIVE DEVICE

(IUCD, the loop, the coil)

How does it work?

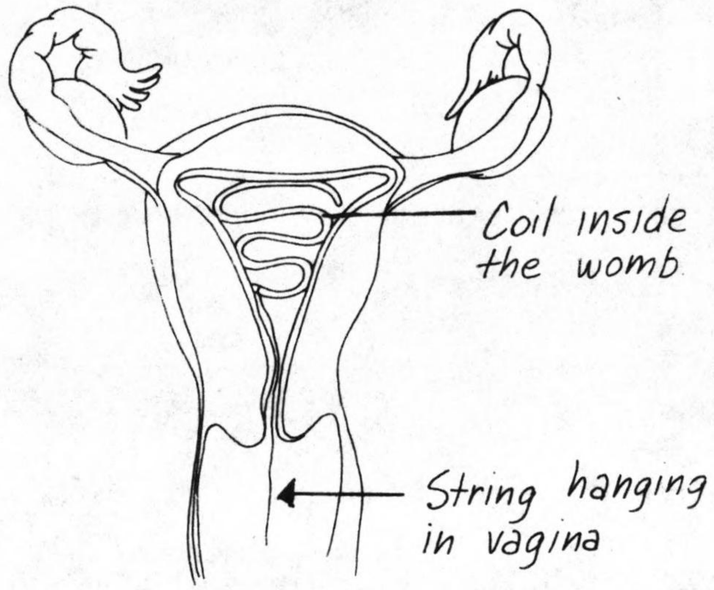
The IUCD is placed in the womb and this has to be done by a specially trained health worker.

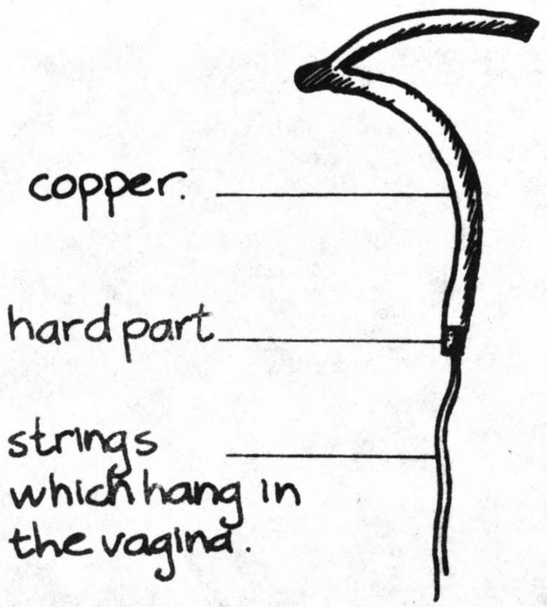
It is not well understood how it prevents pregnancy. It is believed that it does so by changing the inner lining of the womb so that a fertilised egg cannot grow in the womb.

There are different kinds of IUCD. Some can stay in the womb for a number of years, others have to be changed every 2 or 3 years.

What are the advantages?

1. It is a good way of preventing pregnancy, especially for women who cannot use the pill or injection.
2. It does not interfere with sex.





3. It does not affect a woman's general health though it can affect her womb and tubes.
4. If there are no problems with the IUCD the woman can easily fall pregnant once it is removed.

What are the disadvantages?

1. There is a small risk of falling pregnant on the IUCD and if this does happen, a woman is not allowed an abortion. However, if a woman does become pregnant with an IUCD in the womb, in 50% of cases she will abort.
2. One of the biggest problems is that women with an IUCD tend to bleed very heavily and have much more pain during their periods. For this reason it is not suitable for someone who normally bleeds heavily as this will become worse on the IUCD.
3. Women on the IUCD have a much greater chance of developing an

infection of the womb or tubes. If she does have a number of infections it can make her sterile.

4. The IUCD can fall out of the womb, sometimes without the woman noticing. It is important that she regularly checks for the strings that hang in the vagina (see diagram).

Important things to remember

1. Women usually have pains and cramps for 24-48 hours after the IUCD has been inserted. If these do not go away she should return to the clinic.
2. She should check each month, after a period, for the strings. If she feels the hard part of the IUCD in her vagina, she should also report to the clinic as it does not protect her from pregnancy when this happens.
3. If a woman is bleeding very heavily or has a discharge (a very heavy, bad-smelling or different colour fluid secreted from the vagina) from her vagina she should also report to the clinic. A very heavy vaginal discharge usually means that she has an infection.
4. The IUCD can be used with a foam or jelly or even a condom at the middle of the month. This greatly diminishes the risk of falling pregnant.

barrier methods

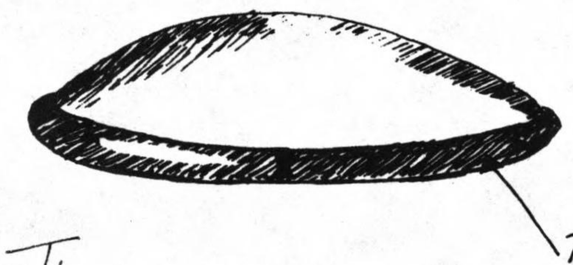
THE DIAPHRAGM

The diaphragm is a shallow cap made of soft rubber.

Other names: The Dutch cap.

How does it work?

A woman puts the diaphragm into her vagina about 1-2 hours before having sex. It covers the mouth of the womb (known as the cervix) and prevents the man's sperm from entering the womb.



The cap.

Remember to put the jelly around the rim and on the inside and outside of the cap.

It should be left in for at least 8 hours after sex and should always be used with a foam or jelly (which kills sperm). This is because some sperm can always escape under the rim of the cap and travel to the womb. The jelly is squeezed into the inside and outside of the cap and around the rim.

Different women need different sized caps and a woman needs an internal examination to decide what size she needs.

What are the advantages?

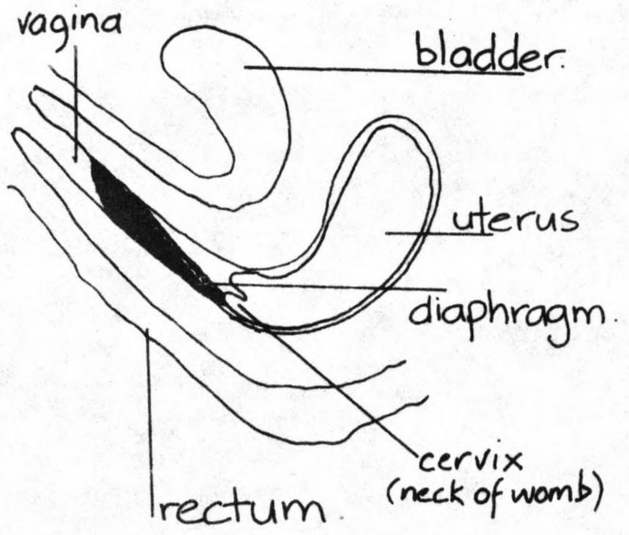
1. If used properly and with a jelly, it is good at preventing pregnancy.
2. It is safe to use and does not affect a woman's health.
3. It is used only when needed-
4. It can be used again and again for up to a year if the woman checks regularly for holes or breaks in the rubber.

What are the disadvantages?

1. It does not work well in a woman where the muscles of the vagina are weak and have been stretched, for example after giving birth.
2. Women who are allergic to rubber cannot use it.
3. It interferes with sex as a woman has to be prepared beforehand. This may inhibit the sexual relationship of a couple.
4. Some woman find it embarrassing to put the cap in their vaginas.
5. Also a woman needs a private place to put the cap in and ready access to soap and water to wash once she has taken the cap out.

Important things to remember

1. Always use the diaphragm with a foam or jelly.
2. Check you have put the diaphragm in correctly with your finger. You should feel the diaphragm over your cervix - it feels like the tip of your nose.
3. Always wash and clean the cap after using it and check for any holes or tears. If these occur it is useless and you must get another one.
4. If you are constipated, the cap can be uncomfortable to use.



A diagram to show how the cap fits.

the condom

THE CONDOM (or F.L. (French Letter), rubber, sheath)

What is it?

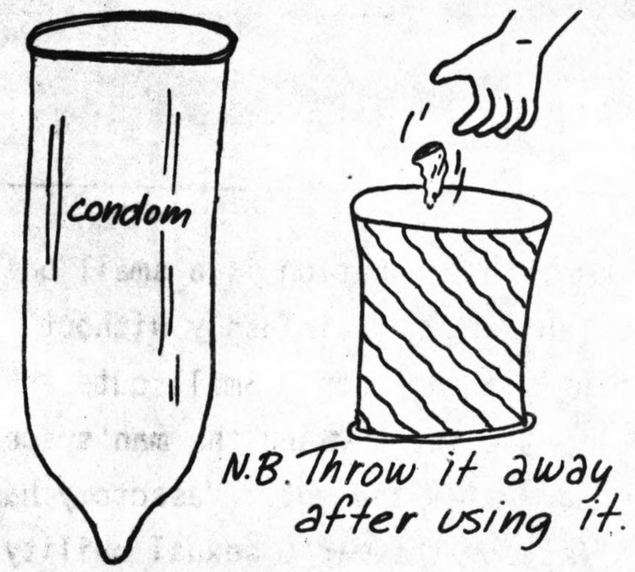
This is a narrow rubber bag that the man wears on his penis while having sex.

How does it work?

It works by stopping the man's sperm from entering the woman's vagina and womb. It has to be put on the erect penis before the man enters the woman's vagina. The man should check afterwards that it has no holes in it.

What are the advantages?

1. It is good at preventing pregnancy if used properly and does not have any holes or breaks in the rubber.
2. Cheap and easy to obtain from clinics or chemists.
3. Helps prevent the spread of V.D. (venereal diseases like syphilis and gonorrhoea).
4. Has no side-effects.



What are the disadvantages?

1. Some men say sensation is poor.
2. It interrupts lovemaking while it is put on.
3. The man has to withdraw from the vagina immediately after sex.
4. If the condom is faulty, pregnancy can occur.

Important things to remember

1. The condom must be put on before the man enters the woman as sperms can leak out before he has climaxed and cause pregnancy.
2. A condom should never be used more than once.
3. It is safest if used with a foam or jelly.

foams and jellies

FOAMS AND JELLIES

These come in tubes.

How do they work?

The woman puts the jelly in her vagina about one hour before having sex. This has to be done each time a woman has sex, even if it is several times in one night. It is best for the woman to lie flat on her back for about 15 minutes after putting the jelly in her vagina to stop it from running out.

The jelly works by killing the sperm and preventing it from travelling into the womb.

What are the advantages?

1. A safe form of contraception if used together with the cap or condoms.
2. They have no side-effects.

What are the disadvantages?

1. Used alone they are not very good at preventing pregnancy.
2. Disturbs lovemaking.
3. Some people are allergic to the chemicals in the foams and jellies and cannot use them.

sterilization

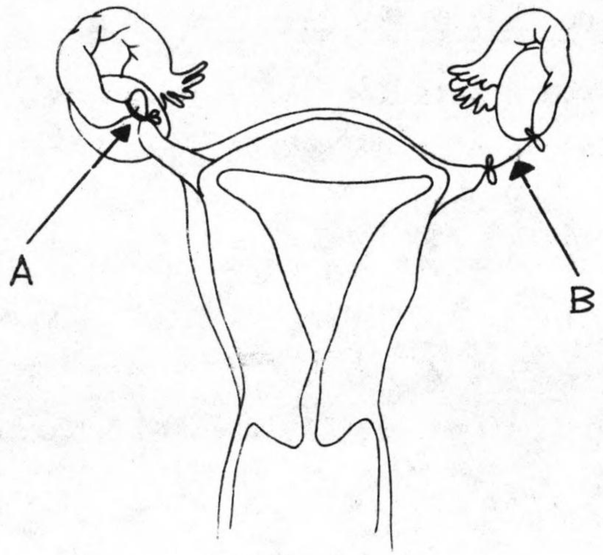
What is sterilisation?

Sterilisation is a form of contraception for those who are sure that they never want to have more children. A woman may be sterilised by having her 'tubes tied' but men may also undergo a small operation to be sterilised - this is known as vasectomy.

What happens in sterilisation?

When a <u>woman</u> is sterilised she has a small operation (tubal ligation). During the operation the doctors tie off her tubes and they may cut them or clip them. The egg is first fertilised in the tubes and then moves through the tubes to the womb. After being sterilised the egg cannot get to the womb so it cannot grow into a baby. Also the sperm cannot reach the egg in the tubes.

The operation has no effect on the woman's menstrual periods or sexual ability and it may make having sex more pleasant because she does not have to worry about becoming pregnant.



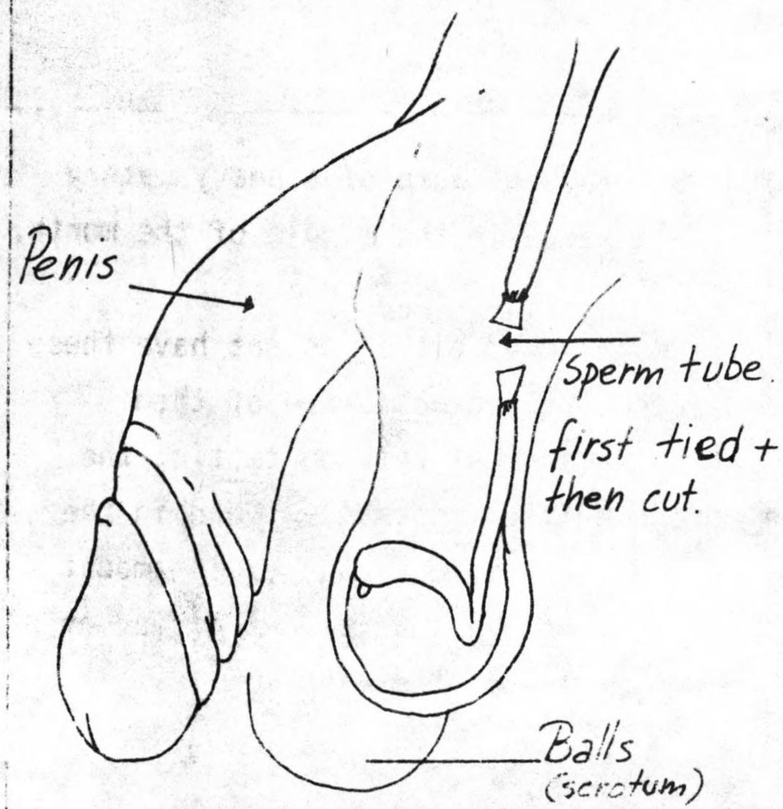
A The tube is first tied.

B Than the tube is cut.

For <u>men</u>, the operation is a small one that can be done painlessly without putting him to sleep. Small cuts are made in the scrotum and the man's sperm tubes are tied and cut. Vasectomy has no effect on the man's sexual ability or pleasure. His fluid comes out just the same but has no sperm in it. It is important to remember that sperms can be stored for a long time (usually 3 months). A man must be tested 3 months after the operation to ensure there are no sperms left. During this time he must use other methods of contraception e.g. condoms.

How is sterilisation available?

The State Family Planning Service will provide sterilisation free through its family planning clinics. Alternatively many women will be offered sterilisation when in hospital (e.g. after childbirth, mother may be asked what type of contraception she wants).



Unlike other forms of contraception a married woman must have permission from her husband for her to be sterilised (unless he is unavailable). If a man wants to have a vasectomy, he does not need his wife's permission!

<u>When should one be sterilised?</u>

Occasionally a doctor may suggest that a woman be sterilised because she has some medical illness that makes it too dangerous to have another child but usually sterilisation is offered as a form of family planning.

Sterilisation is the most effective form of contraception, but remember that for all practical purposes, sterilisation is irreversible. (Though it may be possible to reconnect the tubes with another operation, it is very difficult to do so and it is not likely to restore fertility. Very few doctors would be willing to do the operation.) Because of this, you must be very sure that you do not want any more children when accepting sterilisation.

<u>What problems are there in being sterilised?</u>

Often a woman may be rushed into having her tubes tied without an explanation that the operation is permanent. Sometimes she is overwhelmed by what the doctor says is best for her. This is not right. A doctor can only advise. The woman must take time to decide if she doesn't want any more children. She must control her own fertility.

rhythm method

This is a method of birth control used by people who will not use the pill, injection, caps and condoms or devices. It is also used by people whose religion does not allow the use of any form of contraception.

It is important to stress from the beginning that this is a very unreliable way of preventing pregnancy. This is because it relies on the woman knowing exactly when she is ovulating so that she can avoid sex at this time. There are problems with this because

1. It is very difficult to accurately know when a woman is ovulating.
2. Sperm can stay alive for 48 to 72 hours so even if a woman has sex 2-3 days before ovulating the sperm can still fertilise the egg.
3. It requires close co-operation with the man who must agree not to have sex at certain times of the month. This is not always possible.

Before deciding to use this method a couple should consider the following things:

1. It is important that a woman gets to know and understand her body and menstrual cycle.
2. She should have a regular cycle.
3. During the unsafe times of the month (described below) the man must not penetrate or touch her vagina at all with his penis.

How to use the method

The most important thing is for a woman to know when she is ovulating. This usually occurs 14 days before the NEXT period but not necessarily 14 days after the last period. Some women have signs of ovulation. These are:

1. Pain in the side in the middle of the month.
2. This may be accompanied by a little bleeding (known as spotting) or even heavy bleeding.
3. She may be aware of a heavy watery discharge in the middle of the month.

But most women either do not have these symptoms or are not aware of them. These women must rely on testing the mucous or fluid normally found in the vagina. The mucous changes in amount and also colour and feel at different times of the month.

These changes are:

1. For the first 5 days after the period the vagina usually feels dry as there is very little mucous. The little that is there is sticky and yellowish.
2. Then on about the 9th day after the period the amount of mucous increases It remains sticky and yellowish but there is much more of it.
3. Just before and on the 14th day the mucous becomes slippery, wetter and also increases in amount. It changes to a whitish colour, rather like the white of a raw egg. The

woman often has a feeling of wetness in her vagina at this time.

4. The mucous usually remains like this from the 14th to 18th day. Then it decreases in amount and becomes sticky and yellowish again.
5. From the 18th day until the period starts again there is hardly any mucous.

The time when the mucous is watery and like the white of a raw egg is the time when a woman is ovulating and can fall pregnant. For a 28 day cycle this is usually on the 14th day. But because the sperms can live for 48-72 hours, it is best not to have sex for 4-6 days before this and 4 days afterwards. Remember that some women have 26 or 24 day cycles so the changes will occur at different times.

To test her mucous, the woman must put her finger into the vagina each morning. She should examine the mucous and then by putting it between her fingers feel if it is sticky or slippery.

So for a 28 day cycle:

Day 1 — period begins

SAFE TO HAVE SEX

5 — period ends

SAFE: vagina feels dry. Very little mucous.

9 —

UNSAFE: mucous increases in amount and is sticky and yellowish.

14 — OVULATION. Mucous watery, slippery like white of raw egg.

18 — UNSAFE

SAFE

28

She should draw up a chart noting down the day and date and the date of the 1st day of her last period. Next to each day she should note down what her mucous looks and feels like.

For the first month of using this method she should not have sex so that she can first work out her cycle.

Once she has worked out her cycle she will see that it is only safe to have sex (if she has a 28 day cycle) from

Day 1 - day 9

and Day 18 - day 28 of her cycle.

Between day 9 and day 18 the risk of pregnancy is very high, especially on day 14.

abortions

Abortions (or the ending of a pregnancy before 28 weeks) are illegal in South Africa. There are only very specific circumstances when abortions are allowed.

These are:

1. If a woman has been raped and has reported it to the police and has been examined by a district surgeon.
2. If a woman is considered to be mentally ill and this is stated by two state psychiatrists.
3. Or if a woman gets an infection in early pregnancy which is known to damage the baby and the infection is proved.
4. Or if it is proved that she is carrying an abnormal baby.

Otherwise abortions are against the law. This is not so in other countries in England where abortions are legal and are done in hospitals like other operations. Women in other countries where abortion is illegal, like Italy, have organised around this issue saying that it is their right as women to end an unwanted pregnancy. In some places they have organised marches and protest rallies to demand free and legal abortions.

Even though abortions are illegal in South Africa, many women want them, so they have illegal abortions. These usually cost a lot of money and are most often done by people who are untrained, who do not understand the dangers of abortion and who do not operate in clean surroundings like a hospital.

Methods used by backstreet abortionists include sticking a knitting needle or piece of wire into the womb or putting a soapy solution into the womb to kill the foetus (developing baby in the womb) These are very dangerous because not only do they damage the womb but they also cause infection in the womb. Some women become so ill that they die, others take many weeks to recover. Those that do survive are often infertile (or unable to have any more children) because of the infection. If a woman does have a backstreet abortion she should immediately report to a hospital. She may need to have her womb scraped (an operation known as a D and C) or have the infection treated. We must stress that 'backstreet' abortions are extremely dangerous to a woman's life and a woman should think very carefully about it before having one.

If you have sex and are not on any form of contraception and do not want to fall pregnant, some family planning clinics will put you on treatment that will change the lining of your womb to prevent the growth of a fertilised egg.

This treatment does not always work and must be started within 36-72 hours after sex. The woman is given two Ovral 28 pills straight away and then two 12 hours later. It usually makes the woman bleed a week later but not always. This also is useful if a woman is using a diaphragm which slips or the man's condom bursts. Remember it is not foolproof and while taking the pills the woman often feels very sick.

PAP SMEARS

Most women who attend family planning clinics will have a PAP smear taken at some stage. In this article we will explain what it is, what the advantages are and why women should ask for it.

Cancer of the neck of the womb (cervix) is one of the most common causes of death in women over 40. Yet this serious disease can be cured if it is diagnosed early enough by means of a PAP smear. This test is simple and painless. An instrument is gently put into the vagina to expose the cervix. A sample of the cells on the cervix is then taken and transferred to a glass slide which is later examined at a laboratory.

The test can show an infection for which the doctor will then prescribe treatment. But the most important value of the test is that it picks up abnormal cells which alerts the doctor to the possibility of an early cancer. These abnormal cells appear in the ten years before a true cancer develops. In most cases their discovery is followed by the removal of a small part of the cervix (biopsy) for microscopic examination. In most cases this small operation is enough to cure the cancer. But once the cancer is established and has spread deeper into the cervix the womb will have to be removed.

Who should have a PAP smear?

From the age that a woman starts sexual intercourse, she should have a PAP smear done regularly, i.e. once every year. PAP smears are done by many, but not all family planning clinics. If this service is not offered women will have to ask for it. If many women demand PAP smears the clinic will have to organise the service.

Women are usually not informed of normal PAP smear results. If there is an abnormal PAP smear then results of this will reach the doctor or nurse who took the PAP within two weeks.

THE WORKSHOP

INTRODUCTION

How do women feel about family planning and about the way they are treated at clinics? What do they think about the different methods that are available? Are they given the opportunity to choose the method that suits them best?

To get some answers to these questions, the editors of this publication decided to organise a workshop on contraception. Discussion at the workshop would then form the basis for the publication.

The aims of the workshop were:

1. To look at family planning as practised in South Africa.
2. To share experiences common to women.
3. To discover what aspects of family planning people regard as important and which issues they want information on.
4. To see whether certain aspects of contraception can be taken up as issues by community organisations.

A workshop has been described as 'a meeting during which experienced people come together to find solutions to problems that they have difficulty in dealing with on their own.' An essential feature of the workshop is complete active involvement by each participant. The amount of input that the organisers made was limited to two brief talks so that the participants' own ideas could emerge.

The theme of the workshop was "A Smaller Family for a Bigger Future?" Invitations were sent out and people representing organisations attended the workshop.

This article will highlight the main aspects of the workshop, namely the use of drama and some of the points raised during small group discussion.

peoples' theatre

The workshop began with a play depicting the experiences of some women at a typical family planning clinic. Plays can be useful means of communication where we can share information and ideas. The audience watching a play can often identify with the characters in the play and in this way come to a greater understanding of their own lives, and the possibilities of changing their lives.

Drama has been used in many contexts. Over the last decade people have staged political dramas, wearing T-shirts and jeans and without make-up. They have performed plays along with songs and comic dialogue at political meetings, in factories, in the streets and in the ghettoes. They visited the factories and slums and after discussing their observations and experiences

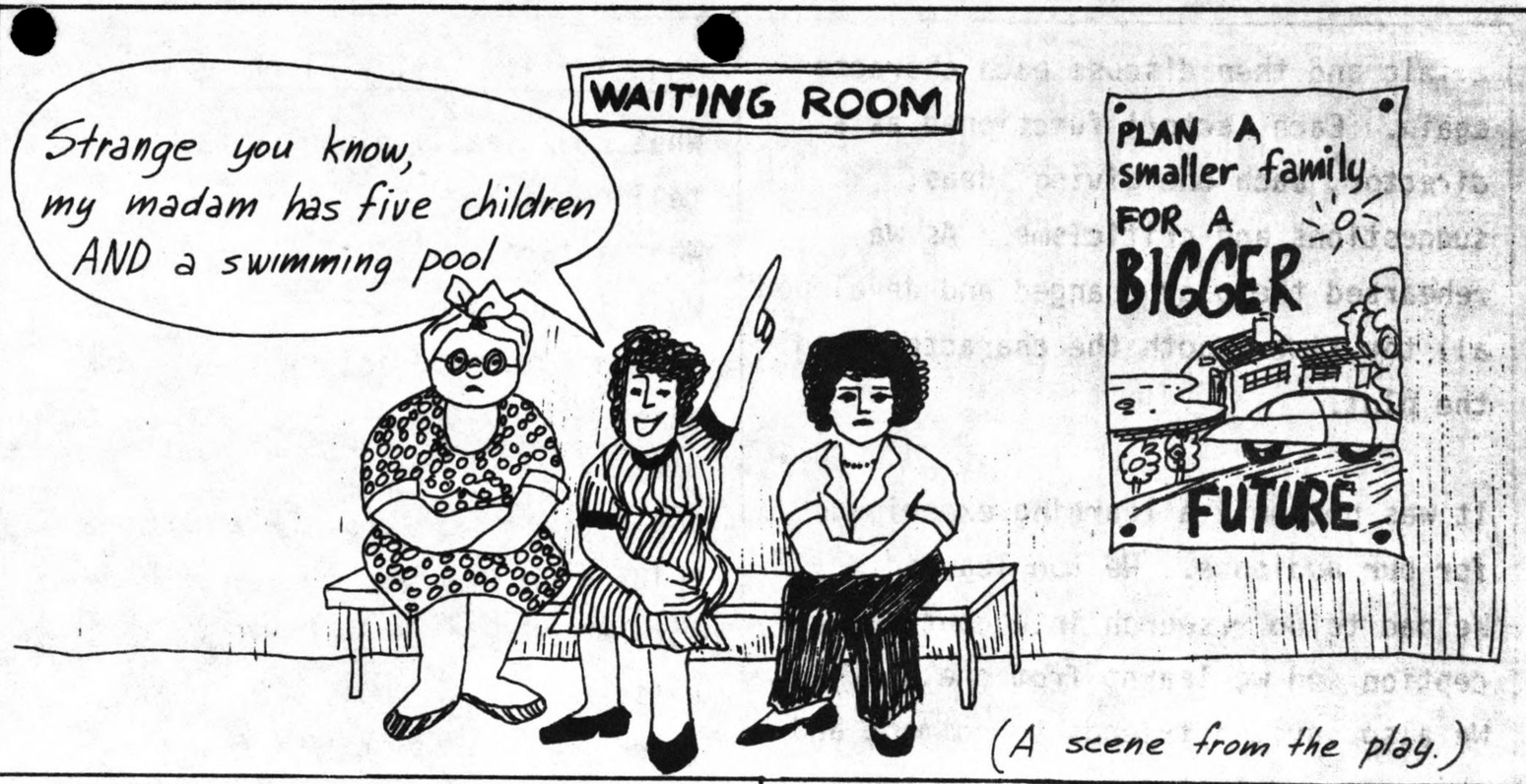
they produced a play within a day or two. Their plays were simple and flexible, being able to adapt to various situations. Some lasted 15 minutes, others 3 hours. They didn't need special halls or theatres - sunshine, drum cans, planks and a piece of paper for the backdrop were sufficient.

Drama today is once again becoming a part of everyday life. It is being revived into 'people's theatre'. It is no longer reserved for a privileged few in a posh theatre. It has come to the streets and market places.

For 'people's theatre' directors, main actors, backstage workers and special theatres are not necessary. Neither are 'talented actors' required. All that is needed is a group of people with a sense of social commitment - because people's theatre focuses on social issues and people's problems.

Also the audience is not passive and divorced from the action. Audience participation is an integral part of the whole production. In conventional theatre the audience are shown a 'slice of life' and are left thinking "That's the way life is!". In people's theatre, the audience discuss and analyse the play and react by saying, "Yes, that is the way life is, but is it what we want? And if not, let's find ways and means of changing it."

So people's theatre seeks to explain, elucidate, remind and eventually to stimulate its audience to act.



(A scene from the play.)

In planning our play, we had two aims: to focus on what women experience at family planning clinics and to stimulate discussion among the audience. We did not use any particular script. Instead we outlined vague characteristics of each character and then improvised the scene.

The play involved five patients, an arrogant sister and a puppet who acted as a commentator on the action. We had eight rehearsals. At each one we first discussed our characters, then we would act out the situation at the

clinic and then discuss each character again. Each 'actor' functioned as a director, each one giving ideas, suggestions and criticisms. As we rehearsed the play changed and developed all the time - both the characters and the plot.

It was not only a learning experience for our audience. We too learned a lot. We had to do research into contraception and we learnt from one another. We also invited friends to comment and this too led to the overall improvement of the play.

But not only was it a learning experience, a sharing of ideas and strategies, it was also great fun!

the discussion

During the second part of the day, people gathered into small groups to discuss specific questions relating to contraception. Below is a list of the questions that were posed, and some of the ideas that came out of the discussions.

Question 1: Family Planning Media

What does family planning media try to tell people?
What is wrong with this?
What is an alternative?
Design some material to illustrate this.

People felt that the media's slogan "Plan a smaller family for a bigger future" should be rejected for two reasons. Firstly, it should be rejected because it encourages materialistic attitudes. Secondly, and more importantly, the slogan is simply not true. It makes people think that they are poor because they have too many children, whereas in fact they are poor because of the country's political and economic system.

The slogan which this group suggested as an alternative is: FREEDOM IN PLANNING: THE FUTURE IS OURS.

Question 2: Women are handicapped by a lack of information about contraception. What can they do about it?

FREEDOM IN PLANNING: *The future is OURS!*

The people involved in this group discussion said the problem of a lack of information affects women on two levels. All women suffer from a lack of technical and medical information about contraception. However some women are, in addition, the victims of abusive political use of contraception. It is therefore not enough to know about the types of contraception available and their advantages and disadvantages. We must also understand the political ways in which contraception is used, and the ways in which we can be abused by it. We must learn about these things, not so as to stop the use of contraception, but so as to be in a position whereby we can understand the problems surrounding contraception, and demand that something is done about them.

The group suggested a number of avenues for opening up discussions around contraception - by publicising the issues in community newspapers and health publications; by setting up discussion groups within community organisations, women's organisations, schools, youth and church organisations. People stressed that the issue of contraception is a useful way of drawing women into organisations. These women will then also be brought in touch with the broader political issues which concern those organisations. Contraception should always be seen as part of a broader health campaign. Like health issues it can be used as back-up information for rent, transport and other community struggles.

Question 3: How would you like to see a family planning clinic run? What do you think women expect or need from such a clinic?

The people in this group objected to the phrasing of the question. They rejected the idea of a family planning clinic which concerned only women. They said that instead, what we should be working towards is a contraception service, which would be part of the general health services, and which would concern all people - men and women. Some of the things we should be demanding from the family planning service are:

- information concerning all forms of contraception;
- a wide range of contraceptives;
- preventive services, such as PAP smears (which test for early signs of cancer);
- an abortion service.

The group felt that we should organise and educate women so that they are able to challenge medical professionals who withhold information from them. Education would also enable women to take certain decisions for themselves, and not be forced to use certain forms of contraception simply because they have no knowledge of what is available. Factory women should also organise against the pressure put on them by their bosses to use contraception.

Question 4: What can women do about abusive treatment at family planning clinics?

People felt that it is necessary to understand how we are abused before we are in a position to take action. It is therefore important to make women aware of the issues surrounding contraception by means of publications, talks, discussion groups, drawings, cartoons and videos.

The group also discussed whether it would be possible to talk to women in waiting rooms of clinics, but most people felt that this would be a difficult thing to do.

People felt that the women in the play could not stand up to the sister because they stood alone as individuals. As with all struggles, the fight against abusive treatment in clinics will be strong only if it is collective one. We should try and make people see that contraception is not an issue which only concerns women. We should encourage our husbands, fathers and sons to stand with us in the fight.

A LAST WORD TO HEALTH WORKERS...

You may have wondered how you can make use of the ideas in this manual. In this article, a health worker suggests some ideas.

In their work health workers often come across the victims of poverty; e.g. a mother of several malnourished children who is pregnant again. The hopelessness of such a situation often leads to an angry reaction and many health workers would blame the woman for the situation she is in. This is energy misspent. The health worker should analyse her own attitude and try to understand the forces in our society which influence people's "health behaviour".

People who are deprived of all choices in life, e.g. where to live, what school to attend, what kind of work to do and whom to marry, are unlikely to understand that they have a choice in how many children they want. The poor so often hear that they are good for nothing and incapable of learning, that they are sick and lazy, that in the end they become convinced of their own uselessness. Such people have been reduced to "objects" by their situation. In order to regain their humanity, they must stop being "things" and be allowed to participate in the matters which directly affect their lives.

This awareness will help health workers to avoid the pitfalls of victim-blaming which helps the process of dehumanisation. The alternative is to win the woman's confidence and trust by making it clear that the health worker understands her struggle and is willing to explore together with her possible ways of preventing future unwanted pregnancies.

Some health workers have experimented with alternative methods of health education. First of all, the teacher-student relationship must be changed. In the traditional setting the health worker plays the role of the expert who owns all the knowledge which is then "poured" into the ignorant client who passively receives the knowledge or advice or (even worse) the

Continued on page 31

Another way of counselling a woman about contraception.

How do you feel about this pregnancy Mrs. B...?

I 'm very worried We can't afford another child....

Were you using something to prevent pregnancy?

No, I stopped coming for the injection. It made me feel sick: I never saw my periods and got bad headaches.

Did you tell the Sister about this?

Yes_ but they were angry with me. They said the injection is best for me.

There are other methods of Family Planning too. Do you know about them?

I know about the pill. I have never used it. Will it work for me?

The pill may work for you_ but there are other methods too. You've got a few months to think about it. This little book explains all the types of Family Planning. Take it home, talk it over with your husband and when you come back for your next check up, we can talk again.

motivation. In liberating education there is a joint responsibility in which clients and health workers teach each other. The health worker learns about the client's situation and poses questions which help the client to reflect on her problems and to then choose a course of action.

Instead of coming from the top down, health education should become an action which starts with the people and grows out among them - real growth rather than propaganda, management and manipulation. Enlightened health workers recognise their own limitations in helping people to achieve health. They are supportive instead of judgemental in their approach and they encourage people to join community organisations which take up civic, work and health-related issues collectively.

HEALTH CARE TRUST

Who is Health Care Trust?

We are a Cape Town-based, independent organisation which was formed by SAMST in June 1979 after the conference on the "Economics of Health Care in South Africa".

We believe that the health of people is determined by their social, economical and political environment. We recognise our limitations in changing these factors, but wish to involve ourselves in health care projects which introduce new concepts and democratic ideas.

What does Health Care Trust do?

We run various projects relating to industrual health, community health and rural health. The workload in each of these areas is carried by a sub-committee which consists of Health Care Trust employees as well as interested volunteers.

We publish FRONTLINE ON HEALTH which has a wide readership among nurses, students and community workers. Several manuals relating to industrial health problems have been published.

If you are interested in any aspect of our work you are welcome to come and see us or to write to us at:

41 Scott Road
Observatory
7925
Phone: 472846.

READING LIST

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