

## **A Curriculum to Teach Christian Religious Leaders about Family Planning: Cultural, Theological, and Medical Perspectives.**

### **Introduction to the Curriculum (Overview for Facilitators)**

Healthy birth spacing can save the lives of mothers and babies. The World Health Organization (WHO) recommends that there should be at least 33 months in between two separate child births – however, in reality, about half of births have shorter spacing. This can result in higher rates of death among mothers and children.<sup>1</sup> Effective family planning strategies are important in birth spacing and can prevent the risks associated with pregnancy if a woman is not ready to become pregnant. The most effective methods to prevent pregnancies include modern contraceptives (such as oral contraceptive pills, condoms, Depo-Provera injections, implants, and intrauterine devices). Other strategies can prevent some pregnancies but are less effective than modern contraceptives; these include breastfeeding, avoiding sexual relations during certain days of a woman's menstrual cycle, and withdrawal.

Worldwide, around 57% of married women of reproductive age use modern contraception to plan their families.<sup>2</sup> However, in the Mwanza region, only about 25% of women of reproductive age use modern contraception and there is a large unsatisfied demand for family planning. This means that there is a large percentage of women who are sexually active who do not want to become pregnant in the next year, and yet are not using modern contraception.

In prior work, we have documented that partnerships between medical leaders and Christian leaders, in which leaders were equipped to educate their communities, led to major increases in the uptake of male circumcision. This is important because male circumcision has been shown to be a very effective way to lower a man's risk of becoming infected with HIV. The uptake of male circumcision was 53% among men living in communities whose leaders were educated through a curriculum designed by our team, versus 29% in men in control communities in which the leaders did not receive this educational curriculum. In focus group discussions afterwards, Christian leaders described feeling empowered to address issues that were important in their communities through the educational seminars that they had attended.<sup>3</sup>

During that research, many women church leaders who attended educational seminars about male circumcision inquired about the use of family planning. They wanted to learn more about

medical aspects of family planning as well as how it could be understood in the context of Christian faith. These leaders' questions sparked the beginning of the current project.

Our key research objectives were:

- To understand people's knowledge of and attitudes toward the use of contraceptives in the Mwanza and Geita regions;
- To consider how Christian Scripture and the Christian tradition can help in understanding family planning;
- To use what we learned from the community to develop seminars that help church leaders to understand theological aspects and historical positions of churches in relation to family planning, as well as to equip leaders with accurate medical information about family planning

In this document, we present the curriculum used in the educational seminar that was developed as a result of our research. This curriculum was later pilot tested in churches in the Mwanza region. In communities in which the church leaders attended this educational seminar, the uptake of family planning increased 19% more than in communities in which church leaders did not receive the educational seminar. We have now shared this seminar with church leaders in all participating communities. Our goal is to make this curriculum freely available and accessible to religious leaders who can use it to provide education in their own communities.

## **PART I: Introduction to the Educational Seminar and Focus Group Findings**

### **Introduction:**

There has been a lot of scientific research focused on family planning in the Mwanza and Geita regions. These studies have found that many people in these areas are curious about family planning and want to know whether planning their families can fit with their religious beliefs. We decided to study the specific question of how people's Christian beliefs affect the way that they think about family planning. We worked together with Christian churches in different parts of Mwanza, specifically in the rural areas. The majority of participants were Protestants, but a few Catholics attended. This distinction is important because Protestants and Catholics traditionally have very different perspectives on family planning. Our goal for this early part of the project was to understand the perspectives of Christians from a variety of denominations about family

planning so that we could design a curriculum to equip Christian church leaders to teach their communities about theological and medical aspects of family planning.

Our research was conducted in the rural villages of the Mwanza region in northwest Tanzania. We had discussions with groups of Christian church attenders to understand their perspectives about family planning. We separated the participants into groups of only men and only women – this helped people to feel that they could speak more freely about this topic. The people that led the discussions were also of the same sex as the people participating in the discussion.

This study was conducted by theologians and biblical experts from Mwanza Christian College and in collaboration with local religious leaders, and also with local doctors and nurses. Because this is a scientific research study that involves human subjects, we also sought and received permission to conduct the study by the Tanzanian National Institute for Medical Research (NIMR) and by Weill Cornell Medicine in the United States.

Below is a summary of our research questions and participant responses. This data was published in a scientific article<sup>4</sup>:

**Do you think that most people in your home or community know what family planning is?**

- Many women have at least some knowledge about family planning and contraceptive methods because they are taught about this during antenatal and postnatal visits to the health clinic.
- Men do not have a similar opportunity to learn and usually attend health clinics much less frequently than women, so most men have little understanding of family planning.

**What is family planning and contraception?**

- Many people recognized that family planning means “putting space in between giving birth to a first and second baby” or “getting the baby at the right time.”
- This agrees with the World Health Organization (WHO) definition of family planning as “allowing people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility.”<sup>2</sup>

- The WHO suggests that there should be at least 2-3 years in between each pregnancy to protect the health of the mother and baby. This is called birth spacing and is a part of family planning.<sup>5</sup>

**What are the reasons that women choose to use family planning and contraception?**

- Health reasons – if births are spaced out, the mother will be stronger, healthier, and able to give her children the attention and care that they deserve.
- Economic reasons – if women have fewer children, they can also pursue their own business endeavors, and they can afford to send their children to school and to give them opportunities.
- It was also important to many women that they be able to perform their household responsibilities well – fewer children to care for would allow this.

**What are the reasons that women decide NOT to use family planning and contraception?**

- Rumors of side effects of contraception such as birth defects, gynecological cancer, dangerous changes to the menstrual cycle, and becoming permanently unable to have more children.
- The belief that a woman is born with a certain number of eggs and that if she does not use those eggs, she will become sick from them. This belief is held mainly by members of the Sukuma tribe and is shared by both men and women.
- They may be trying to have a desired child of a particular sex (such as if all prior children are girls or all prior children are boys).
- Parents want to have more children who can help to take care of them in the future.
- Fear of breaking God’s command to “go forth and multiply.”

**Who decides if a woman will use family planning and how is that decision made? What role, if any, do men play in the decision?**

- Many participants stated that the husband, as head of the household, should make the decision about family planning and birth spacing. This has also been found by other studies in the region.<sup>6</sup>
- Many men reported economic motivations for deciding to use family planning – with fewer children there is less stress on the husband to provide for the needs of his family.

- However, some female participants thought that women should be the primary decision maker because women are physically affected by the pregnancy and actually carry the child.
- Other participants thought that the decision should be a joint one between the husband and wife – however, lack of male understanding about family planning is a large barrier.
- Many participants, including men, reported a need for family planning education aimed specifically at men so that they would be more empowered and able to engage in an informed discussion with their wives.

**What role, if any, does religion play in the use of family planning? What do you think the Bible says about family planning for Christians?**

- We found that most Christians desire to live in accordance with religious teachings. However, the interpretation of those teachings can vary widely across participants. The Bible gives few direct statements about family planning and there is room for interpretation and discussion on this topic.
- Some Christians felt that family planning was opposed by the Church and primarily referred to Genesis 1:28: “Be fruitful and multiply, and fill the earth and subdue it.”
- Others felt that the challenges of modern life makes family planning necessary, and although the Bible may not approve this directly, it should at least be acceptable to Christians.
  - o *“The Bible is clear, and God has ordered us that we go and give birth, and fill the world. Except, because the way of life has changed for now, the human being enters into the challenge of life. It is better to at least use family planning because life is difficult.” – Christian man*
- Other Christians felt that the Bible actually encouraged family planning – in keeping with the moral view that women should not have children “haphazardly” but practically and with enough resources to keep them safe and healthy.

**Have you ever had a conversation about family planning at your church?**

- Almost all participants said that they had never heard teaching about family planning in church.

## **What would you think if your religious leaders discussed family planning at church? Would you listen to them?**

- Ninety-three percent of Tanzanians state that faith is “very important” to them.<sup>7</sup>
- Some participants said that the job of the religious leader is to teach about spirituality, and not about “physical things” like contraception.
- However, others said that they would listen and feel better if they heard the facts about family planning and parenting from an important community leader like a pastor.
  - o *“If...in church they talk about this matter...you must feel good because they give quality education to the believers and the whole society, not only in church. It means once you are taught in church straight away even outside you will provide it, you will teach others.” – Christian man*
- There have been other studies looking at the influence of religious leaders on health behaviors. One example is a large study focused on male circumcision and the power of religious leaders to teach about this and increase this healthy practice.<sup>3</sup> Our current study supports this previous work in showing that religious leaders can play an integral role in promoting health interventions and behavior.

### **Conclusions:**

Although there is a large unmet need for family planning among Tanzanian women particularly in rural areas of the country, very few women who want to prevent pregnancies are using modern contraceptives to plan their families. Our study found that gender and religion are very influential when couples are making decisions about family planning. Although there is a lot of knowledge about family planning among women in a community, most men do not have opportunities to learn about family planning. Because many men play a major role in the decision to use family planning, many people suggested that more education should be provided specifically to men on this subject. We also found that Christians desire to live according to the Bible, but the Bible does not directly discuss modern methods of family planning and interpretations of passages thought to be related to family planning may vary. Many Christians are eager to learn about family planning and how it relates to their faith, and would trust their religious leader to deliver this information. Our work supports a large body of existing research showing that religious leaders can be a strong influence in providing health information to their communities and promoting healthy behaviors. Religious leaders can then refer community members to seek additional information from medical

professionals at their local health facilities. Overall, this will enable women and men to make more informed decisions about planning their families.

## **PART II: Historical and Theological Teaching about Family Planning**

### **I. Tradition: Christian Perspectives on Family Planning**

As our conversations have shown, Christians hold different views about family planning. In order to appreciate why this is the case, it may be helpful to discuss some of the major different approaches to Family Planning within the Christian tradition. This may help Christians to understand their position or the view of their churches.

A helpful beginning point is to look at some of the major differences between Catholics and Protestants on the issue of Family Planning.

#### **A. The Catholic Tradition**

- a. Outline of *Humanae vitae* (1968), a letter from Pope Paul VI setting out the Catholic church's official position on medical contraception and an important document for the Catholic church's social teaching regarding family planning.
- b. A discussion of the context of *Humanae vitae*. This letter was written a few years after oral contraceptives became available in the early 1960s, and during the emergence of the "Sexual Revolution" in the West that was taking place during the same time period. In 1966, the Pontifical Commission on Birth Control gathered together bishops, theologians, and laypeople for discussion and debate about contraception. This was an important event within the Catholic Church because a large majority of voting members declared that contraception is not "intrinsically evil," is not a violation of natural law, and encouraged the Catholic Church to end its ban on contraception. This illustrates, from early on in the modern debate, the diversity of opinion even within the Catholic tradition.
- c. The official teaching of the Catholic Church, outlined in *Humanae vitae*, rejected the majority report of the Pontifical Commission on Birth Control. A key principle behind this document's teaching on sex within marriage is that "each and every marital act must of necessity retain its intrinsic relationship to the procreation of human life" (*Hum. vit.* 11). This was viewed by some as a development within the Catholic tradition, for it was previously the view that

*marriage* itself, but not necessarily every sexual act within a marriage, should be open to procreation. However, according to *Humanae vitae*, there is an “inseparable connection, established by God, which man on his own initiative may not break, between the unitive significance and the procreative significance which are both inherent to the marriage act” (*Hum. vit.* 12).

B. Diverse Protestant Perspectives on Family Planning

- a. There is a discussion of the general acceptability of modern methods of contraception (not including abortion) within the Protestant tradition.
- b. Depending on the makeup of the seminar, positions on family planning among the major Protestant denominations represented in the Mwanza region are discussed: Anglican Church of Tanzania, Africa Inland Church Tanzania, Baptist Convention of Tanzania, Evangelical Lutheran Church of Tanzania, and various Pentecostal bodies, including the Tanzania Assemblies of God. Discussions reveal the diversity of opinion among Protestant participants and Protestant groups, yet with a general openness to modern family planning methods.

II. Scripture and Family Planning

A. It is important to consider the Bible’s teaching on family planning. It is also important to consider biblical passages that are often *cited* as relevant to family planning but which may not connect to the modern question of family planning.

B. Genesis 38:8-10

- a. The story of Onan’s treatment of Tamar is sometimes viewed as a text that prohibits family planning. In that story, Onan spills his semen on the ground rather than ejaculating inside of Tamar, so as not to impregnate her. This is said to be “displeasing in the sight of the Lord” and was the cause of Onan’s death.
- b. But is this story about family planning as we would understand the issue today? Or is it about Onan’s refusal to protect and care for a childless widow?

C. Psalm 127:3-5

- a. **Verse 3:** Sons are indeed a heritage from the LORD, the fruit of the womb a reward. **Verse 4:** Like arrows in the hand of a warrior are the sons of one’s youth. **Verse 5:** Happy is the man who has his quiver full of them. He shall not be put to shame when he speaks with his enemies in the gate.



- b. This is a discussion of the blessings that children can bring to a family. It is certainly the case—not merely based on Ps 127—that children are a blessing from God. But there is also discussion of whether a biblical theology of family planning should be based on one or two verses alone—or whether the wider context of Scripture should be considered. Simply because children are a blessing from God does not mean that everyone will receive this blessing, or that everyone who receives the blessing of children should try to have as many children as possible. Marriage is also a blessing from God, and yet some Christians are given the gift of singleness (1 Cor 7:7). Just because we affirm that something is good and that it is a blessing from God does not mean that all Christians should receive that particular blessing, or that Christians should pursue that blessing to the highest extent.

#### D. Genesis 1:28

- a. In Genesis 1:28, God blesses Adam and Eve and says to them, “Be fruitful and multiply, and fill the earth and subdue it; and have dominion over the fish of the sea and over the birds of the air and over every living thing that moves upon the earth.” This command to “be fruitful and multiply” is then repeated a number of other times in the Old Testament (e.g., Gen 1:22; 8:17; 9:1, 7; 35:11; Lev 26:9; Jer 23:3; Ezek 36:11). And, as is seen from our focus group discussions, many Tanzanian Christians focus on this passage in thinking about family planning.
- b. The seminar discusses what “be fruitful and multiply” means in the context of Gen 1:28. Interestingly, the command to “be fruitful and multiply” is paired with commands to “fill the earth and subdue it” and to “have dominion over the fish of the sea.” To be fruitful and multiply does not necessarily mean placing no limits on the number of children born into a family. In the same way, a farmer does not subdue the earth by cultivating as much land as he can possibly claim. Instead, the farmer cultivates the amount of land that he can reasonably expect to harvest, given the resources available to him. Similarly, fishermen in Lake Victoria do not properly exercise dominion over the fish by catching as many fish as possible in every season, for that would deplete the lake of its natural stock of fish. Instead, fishermen try to catch a reasonable amount of fish so they can balance the short-term needs of their

families and communities with the long-term goal of seeing the lake flourish and provide for the next generations. According to Gen 1:28, humans fill the earth and exercise dominion over the fish and birds and other creatures not by maximizing human use of these gifts all of the time but by wisely enjoying God's gifts in moderation. In the same way, Christian couples can "be fruitful and multiply" not by having the maximum number of children they can possibly have but by wisely thinking about the number of children they can reasonably support and care for in light of the resources God has given them.

- c. Also, the story of Genesis only mentions three children of Adam and Eve: Cain (Gen 4:1), Abel (Gen 4:2), and Seth (Gen 4:25). It is worth noting, therefore, that what it might have looked like for Adam and Eve, the first humans in the story of Genesis, to have fulfilled God's command to "be fruitful and multiply" does not necessarily mean a large family even by modern standards.

#### E. Biblical Principles Guiding Use of Family Planning

- a. Since the Bible does not directly address modern family planning, how are Christians to make decisions about topics on which Scripture is silent?
  - i. There is no explicit prohibition of modern family planning found in the Bible.
  - ii. There is no direct support of modern family planning in the Bible.
- b. Some larger biblical principles that might be helpful to guide family planning decisions:
  - i. God's care for the poor and God's desire to see humans (including families and communities) flourish.
  - ii. Scripture expects and calls parents to care for their children (Prov 17:6; 2 Cor 12:14; Eph 6:4; Col 3:21; Heb 12:9; cf. 1 Tim 3:4-5), and Jesus declares that the kingdom of heaven belongs to children (Matt 19:14). Caring for children and helping them to participate in God's kingdom involves making wise decisions about how best to provide for their spiritual, educational, psychological, and material needs.
  - iii. Joint decision-making about sex in marriage (1 Corinthians 7:1-5). Paul is clear in his instructions to the Corinthians that wives do not own their own bodies; their husbands do. But he is also clear that

husbands do not own their own bodies; their wives do. In Paul's context (and perhaps in our own) it is an unexpected thing to say that the wife has authority over the body of her husband. But this is a key point in Paul's understanding of Christian marriage: husbands and wives must respect each other and agree with one another about when they have sexual relations. Surely this principle applies also to the question of children born by the sexual intimacy between a husband and wife: the husband and wife should discuss and agree together on matters of family planning.

### **PART III: Medical Information about Family Planning**

*This session is led by a Tanzanian physician trained in obstetrics and gynecology. Following the presentation, there is a discussion with questions and answers. The discussion explores risks, benefits, and common medical questions about contraceptives including those outlined below and encourages people to discuss contraceptive choices with the medical provider at their local health facility.*

#### **An overview of the female reproductive system and fertilization**

- Every month an adult woman's body releases an egg from the ovaries into the fallopian tubes. Here it waits and can be fertilized by a man's sperm during sexual intercourse.
- During intercourse around the time that the egg is released, a man's sperm travels from the vagina to the fallopian tubes in order to meet and fuse with the egg. This is called fertilization.
- If fertilization happens, the zygote moves into the uterus where it can grow into a baby.
- If fertilization does not happen within several days, the egg, along with blood and nutrients, is discarded through the vagina. This is called menstruation or having a period.

#### **What are contraceptives and family planning? Why would a woman want to use these?**

- Family planning is the process by which a woman plans for how many babies she will have in her lifetime. Family planning uses different methods to prevent pregnancy. Some of these methods are natural methods including avoiding sexual intercourse at times when a woman is most likely to become pregnant, or breastfeeding when a baby is very young.

Other methods, called contraceptives, are products or medical procedures that prevent pregnancy.

- Contraceptives can disrupt the process of fertilization at different stages. For example, barrier contraceptives block the sperm from meeting the egg. Hormonal contraceptives prevent the egg from being released in the first place.
- Although having a child is wonderful gift, many women may not be ready to have a child. A woman may not be in a situation where she feels she could raise a child safely and happily. She may already have as many children as she wants and can care for. She may want to space out her children. She may have other duties, positions, or studies that would be more difficult to accomplish if she is pregnant. She may physically need to recover after recently having a baby. All of these are reasons that family planning and contraceptives may be helpful to a woman.

### **Methods of family planning and contraception:**

#### **Natural methods – withdrawal and fertility awareness**

- Natural methods of family planning are methods that do not include contraceptives.
- These methods include withdrawal, fertility awareness, and breastfeeding.
  - o Withdrawal is a technique during which the man removes his penis from the woman's vagina before he releases semen.
    - This method is not very effective. If 100 couples use this method, 20 of the women will still become pregnant in 1 year.<sup>2</sup>
  - o Fertility awareness is avoiding sex during the time when a woman is most likely to become pregnant – when she is ovulating or releasing the egg from the ovaries.
    - For most women, this time is a week-long window every month that ends about 2 weeks before the start of the period.
    - This method is not very effective. If 100 couples use fertility awareness, 15 women will still become pregnant in 1 year.<sup>2</sup>
  - o Breastfeeding can delay the return of menses and thus can delay pregnancy; however, women who are breastfeeding can still ovulate and become pregnant. About 2 women in 100 will become pregnant in the first six months after their babies are born if they are using only breastfeeding to prevent pregnancy.<sup>2</sup> This method becomes less effective when the baby is older than 6 months, when the

baby stops exclusive breastfeeding, and when the mother's monthly bleeding has returned.

## **Condom**

- A condom is a barrier method of contraception – it is placed on the penis before intercourse and physically blocks sperm from reaching the egg.
- A condom is made of rubber or latex and a new condom is needed every time a couple has sexual intercourse. *Perfect use* of condoms during sexual intercourse (using condoms every time) increases efficacy of the method.
- Condoms do not work every time – if 100 couples use a condom alone during intercourse, 13 women will still get pregnant in 1 year. This is why condoms are more effective when used in combination with other methods of contraception.<sup>2</sup>
- Condoms also help to prevent the spread of HIV and other sexually transmitted infections. They do not prevent these infections perfectly or every time. Other types of contraception aside from condoms do not protect from sexually transmitted infections.
- Sometimes people can develop an allergy to the rubber or latex but in general, there are no major side effects of using condoms.

## **Oral Contraceptive Pill**

- The oral contraceptive pill is a hormonal method of contraception, which means that it works by preventing the egg from being released from a woman's ovaries. It also thickens the mucous lining in the cervix (the entrance to the uterus) so that sperm cannot pass through to reach the egg.
- The pill comes in monthly packets – to use this method, a woman swallows one small pill at the same time every day, even on days when she does not have sex or her partner is traveling.
- If 100 women use oral contraceptive pills for family planning, 7 of them may still become pregnant in 1 year.<sup>2</sup>
- Oral contraceptive pills do not protect against sexually transmitted infections like HIV – only condoms will do that.
- Oral contraceptive pills do not increase a woman's overall risk for developing cancer in her lifetime. Taking these pills can protect against some cancers (cancer of the ovary and cancer of the lining of the uterus (endometrium)). It is possible that these pills could

increase the risk of breast cancer or cervical cancer but there is not enough information to be sure.

- A woman should not use oral contraceptive pills if she is over 35 years old or smokes cigarettes.
- A woman should not use oral contraceptive pills if she has or has had diabetes, high blood pressure, stroke, heart disease, liver disease, a blood clot, breast cancer or severe headaches.
- When a woman starts taking the pills, she might be nauseous or feel bloated or her breasts may hurt at the beginning. These feelings usually go away shortly. Women also might have more or less menstrual bleeding at the beginning but it soon becomes normal again and this is not dangerous.

### **IUD (Intrauterine device)**

- An IUD is a small, T-shaped device that is inserted into the uterus by a doctor or nurse. It stays in the uterus and works by thickening the mucus in the cervix and uterus.
- After the IUD is placed, a woman might experience more vaginal bleeding for a few months. This will soon return to normal or stop altogether and it is not dangerous. Users may also feel abdominal cramping or pain or nausea at the beginning.
- A doctor or nurse should check the IUD 4-6 weeks after inserting it. After that, women should have regular yearly check ups with a doctor.
- An IUD can stay in the body for 5 to 10 years. It can also be removed at any time if a woman would like to become pregnant.
- IUDs are very effective forms of contraception – if 100 women use IUDs, less than 1 woman will become pregnant in 1 year.<sup>2</sup>
- IUDs do not increase a woman's risk for cancer and may actually be protective against cervical cancer.

### **Implant**

- An implant is a contraceptive that is in the form of a small rod that is inserted under the skin of the arm. It works by slowly releasing hormones (similar to the oral contraceptive pill) that prevents the release of an egg and thickens the mucous lining of the cervix to prevent sperm from entering.

- A doctor or nurse must insert the implant under the skin. It can stay there for up to 3 years and does not require any checking. It can be removed at any time if a woman would like to become pregnant.
- The implant may change a woman's menstrual period slightly but this is not dangerous and the period will return to normal once the implant is removed.
- The implant is one of the most effective methods of contraception – if 100 women use it, less than 1 woman will become pregnant in 1 year.<sup>8</sup>
- It is not always effective if a woman is taking medications for HIV or epilepsy/seizures, so it is important for women to speak with their doctor or nurse when deciding on the best contraceptive method.
- A woman should not get the implant if she smokes cigarettes or if she has or has had a blood clot, liver disease, or breast cancer.

### **Depo-Provera Injection**

- The injection is another method of hormonal contraception and works in a similar way to oral contraceptive pills and the implant – mainly preventing the release of an egg from the ovaries and thickening cervical mucous to prevent sperm entry into the uterus.
- The injection must be given by a doctor or nurse and is effective for 3 months – after this a woman must receive another injection in order not to become pregnant.
- The injection may also change a woman's menstrual period slightly but this is not dangerous.
- The injection is effective – if 100 women use it, only 3-4 will still become pregnant in 1 year.<sup>2</sup>
- A woman should not use the injection if she has or has had breast cancer, liver disease, uncontrolled diabetes or high blood pressure, lupus, or use steroids.

### **Surgery**

- Surgery is a permanent method of contraception for both men and women.
  - o For men, a small surgery in the scrotum is made and the sperm duct is tied in order to prevent sperm from ever leaving the penis. A man who has had surgery can still have sex normally but will not be able to make a woman pregnant.
  - o For women, the fallopian tubes are cut or tied to prevent sperm from ever reaching the egg that is released from the ovaries.

- Surgery is permanent and cannot be reversed – if a woman is interested in surgery, she must have a discussion with her doctor.

### **Additional Questions**

#### **Does family planning increase a woman's risk of cancer?<sup>9</sup>**

- Oral contraceptive pills have been shown to protect against endometrial and ovarian cancer. The evidence is unclear about the effect of oral contraceptive pills on breast and cervical cancer. A woman should not take oral contraceptive pills if she has had breast cancer.
- Overall, the World Health Organization has said that women who use oral contraceptive pills have a similar lifetime risk of cancer as women who do not use oral contraceptive pills.<sup>9</sup>

#### **Could family planning make me infertile?<sup>9</sup>**

- Infertility is the inability to become pregnant when it is desired. There are many causes of infertility including problems in the female or male reproductive system and untreated sexually transmitted infections. Worldwide, infertility occurs in about 12% of couples.
- Family planning and contraceptives do not cause infertility.
- When a couple desires pregnancy and stops using contraception, a woman can expect to be as fertile as she was before starting (taking into account her age).
- Return of fertility can be a bit longer after stopping injectable contraceptives but, in time, a woman will be able to become pregnant again.

#### **Does family planning increase the risk of birth defects?<sup>9</sup>**

- There is good evidence that oral contraceptive pills, injectables, implants, and IUDs do not cause birth defects and that the fetus will not be harmed if a woman becomes pregnant while still using these methods.
- Once a woman knows she is pregnant, she should ask her doctor to remove her IUD because it can increase the risk of preterm birth or miscarriage.

### **Discussion**

1. Small group discussions (women and men separately)
2. Large group discussion and conclusions



## References for curriculum

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