

Contraception and Pregnancy

Establish class values

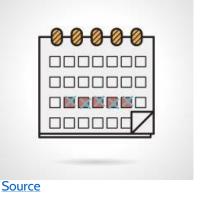


- We will be talking about sexuality, gender, pleasure, abuse and safety in these sessions. What will make this class a safe space for everyone to share, express their views and discuss freely?
- How do we want others to behave?
- How will we behave?

Safe period – quite unsafe!



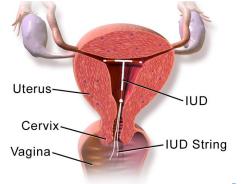
- In a 28-day cycle, first 7 days of cycle (including 4-7 days of bleeding) are safe.
- Next 2 weeks are unsafe as ovulation occurs in that time and sperms live in genital tract for 3 days!)
- Last one week before periods start are safe.
- Unreliable. Failure Rate 19 pregnancies per 100 women in one year.
- Supplemented with Basal Body temperature: rises by about 0.5C on ovulation.
- Clear runny mucus discharge happens around ovulation.



IUDs



- May cause heavy and or painful periods for 2-3 months after insertion.
- Nylon Thread hangs in the vagina and can be felt.
- Due to a raised chance of infection and tubal blockage, not advised for women who do not have any children. Mostly used to have a gap of 3-4 yrs between children.
- Once inserted lasts for 5-7 years. Has immediate effect. Failure rate is
 1.2 per 100 women in a year. It does not harm the baby in case pregnancy occurs with it in situ



Intraunterine Device (IUD)





Spermicidals, male condom



- Male condom: Early on and early off preejaculatory clear discharge from penis has sperms. Hence put on condom early. Remove soon after ejaculation to avoid leakage.
- It reduces sensation- allows erection to last longer!
- Male and female condoms protects against HIV during genital sex.
- Failure rate is about 8.6 pregnancies per 100 women in a year.
- May cause allergy.
- Are used along with other barrier contraceptives like cervical caps or diaphragm.

Female condom



- Available in India. Expensive
- Most Indian women do not like contraceptives that require insertion.
- Like male condoms, help reduce risk of HIV infection.



Oral Contraceptives



- OC pills: effective one month after starting. Bleeding is regular, less in amount, painless.
- Risk of breast, cervical cancer, clotting, migraine and liver diseases increases mildly. Risk of endometrial and ovarian cancer reduces.
- Failure rate in typical use is 6.3 pregnancies per 100 women. Preferred by young women. Not advised after 35yrs.

 Start first pack on day 5 of cycle/ as advised. Subsequent packs started on day 29, 7 days after 21 days of hormonal pills. In these 7 days menses occurs.



Emergency Contraception



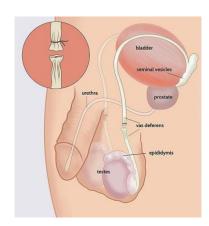
- i-pill Levonorgestrel Tablet is a single dose tablet to be taken orally as early as possible and not later than 72 hours of unprotected sex or contraceptive failure
- It should not replace your regular contraceptive.
- Nausea, vomiting, irregular bleeding are side effects.

Contraception: permanent methods



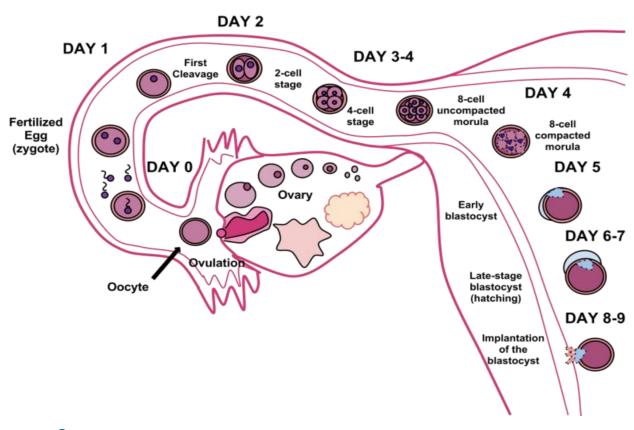
- Tubectomy: Major procedure, done in an OT requires general anaesthesia.
- May affect menstrual cycle.
- Takes effect immediately.

- Vasectomy: Minor procedure, done under local anaesthesia.
- Takes effect after few months of regular ejaculation to remove sperms beyond the cut Vas.
- Does NOT affect libido/ health



Fertilization and implantation

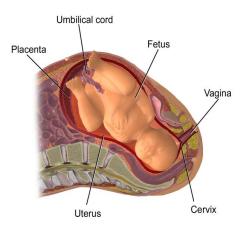


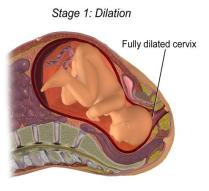


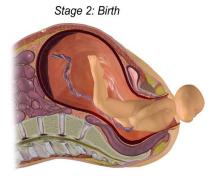
Labour and childbirth

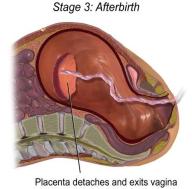


Stages of Childbirth









- Labour begins with rhythmic contractions of the uterus, with accompanying dilatation opening and thinning of the cervix. The baby descends slowly down the pelvis at the same time.
- This is accompanied by blood mixed mucus discharge and 'labour pains'. At some point, the membranes burst and watery liquor is released.
- After the birth of the baby, the placenta is expelled after a gap of a few minutes. Labour lasts for around 14-20 hours

Medical Termination of Pregnancy



- Abortion spontaneous or induced termination of pregnancy before fetal viability.
- Almost half of the abortions performed in India are unsafe and are the third leading cause of maternal mortality (9-13% of MMR).
- Women resort to unsafe practices when abortion is denied by the trained professionals or when they face perceived stigma.
- No legal requirement for external consent or authorization. Yet abortion is denied due to patriarchal norms and moral policing.
- Other barriers faced by women:
 - forced sterilisation on grounds of providing abortion,
 - lack of post abortion care
 - abortion denied in case if it is a first pregnancy citing secondary infertility as a adverse effect

What does the law say?



- MTP Act 1971 specifies the conditions under which pregnancies can be lawfully terminated by registered medical practitioners.
- For pregnancies below 20 weeks
 - Risk to the life of the pregnant woman or of grave injury to her physical or mental health (includes pregnancies through rape).
 - substantial risk that if the child were born, it would suffer from such physical or mental abnormalities to be seriously handicapped.
- For pregnancies >20 weeks, petitions are filed before the High Court or Supreme Court seeking their permission to terminate the pregnancy.
- MTP does not expressly recognise the agency of minor girls or women with disabilities. But courts have held that such decisions cannot be made against their wishes.

Methods of termination of pregnancy



Anti - Progesterones

 Progesterone antagonist, such as RU-486 (Mifepristone), are used to induce medical abortions. (in the first 7 weeks of pregnancy)

Surgical Methods

- Dilatation and evacuation upto 12 weeks of pregnancy
- Mid trimester induced abortions after 12 weeks of prgnancy



This PowerPoint is part of a project to prevent gender-based violence. This project is supported by Ford Foundation.



CREATING SAFE SPACES

Thank You!

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Information, stories on personal safety for children.



Information on answering children's questions, managing child sexual abuse.



STRI SURAKSHA APP

On crimes against women, laws, interventions and healing techniques.