ENSURING A WIDE RANGE OF FAMILY PLANNING CHOICES

by Lori Ashford

The use of contraception varies widely around the world, both in terms of total use and the types of methods used. In many countries, women and couples rely largely on one or two contraceptive methods, because of government policies, the way that national family planning programs have evolved, and cultural or social preferences (see box below).

Understanding why people prefer some contraceptive methods over others can be useful for strengthening family planning programs. Having a broad range of methods available is a key element of the quality of family planning services and raises the overall level of contraceptive use.[1] Family planning programs ideally should offer choices of methods for all stages of people's reproductive lives, so that they can have the number of children they want, when they want them.

Why Is a Choice of Methods Important?

The ability to decide freely and responsibly the number and spacing of one's children is recognized internationally as a human right.[2] There is no "best" method of family planning, because women and couples may prefer different methods—and may change their preferences over time—according to their individual circumstances. Having choices and balanced information increases the likelihood that women and couples will choose a method, use it effectively, and avoid unintended pregnancies.[3]

Making a wide range of methods available improves quality of care in a way that benefits family planning programs. First, offering more choices increases the number of contraceptive users, which can increase the cost-effectiveness of services.[4] Second, some inexpensive methods are underused simply because people aren't familiar with them. Increasing the use of these methods can lower average service costs.

Contraceptives Used Around the World

According to the Population Reference Bureau's *Family Planning Worldwide 2008 Data Sheet*, female sterilization is the most commonly used method worldwide, used by about one-fifth of the married women of reproductive age. It is followed by intrauterine devices (IUDs), pills, condoms, injections, male sterilization, and several traditional methods. Other modern methods, such as hormonal implants, diaphragms, and spermicides, account for a very small percentage of total use.

Short-acting modern methods, such as pills, injections, and condoms, require periodic visits to clinics or other outlets for supplies. Long-acting or permanent methods, such as IUDs, implants, and sterilization, require fewer visits to a health provider. Traditional methods such as periodic abstinence and withdrawal do not depend on health services. Traditional methods are used by only about 7 percent of couples worldwide, although these methods make up more than half of family planning use in many countries in sub-Saharan Africa, where overall contraceptive use is very low. Traditional methods are less effective than modern methods in preventing pregnancy.

POSSIBLE REASONS FOR A 'SKEWED' MIX OF CONTRACEPTIVE METHODS

Contraceptive use in a particular country or region can be considered "skewed" if most users rely on just a few methods. In many countries, more than half of all contraceptive users are using only one method, such as the pill or sterilization. A number of factors can explain why contraceptive choices may appear limited:

- **Government policies:** Policies may promote certain methods or lead to regulations that inhibit other methods.
- **History:** The widespread availability of a certain method leads to familiarity and acceptance among family planning users, which can prevail even when new methods become available.
- **Provider bias:** Family planning providers may offer only the methods they consider the "best" for their clients or easiest for them to provide.
- **Properties of the methods:** People in some countries prefer long-acting or permanent methods, which require fewer clinic visits. In other countries, people are more attracted to short-acting methods that are easily obtained outside of clinics.
- **Characteristics of users:** Knowledge of methods, religious and cultural values, age and stage of life, and other personal characteristics can influence people's preferences.

REFERENCE: Tara M. Sullivan et al., "Skewed Contraceptive Method Mix: Why It Happens, Why It Matters," *Journal of Biosocial Science* 38, no. 4 (2006): 503.

Short-Acting Methods

Short-acting contraceptives such as pills, injections, and condoms can be highly effective for couples who want to delay or space pregnancies, have reasonable access to sources of supply, and use them consistently and correctly. These methods enable women to become pregnant again when they stop using them.

Oral contraceptive pills (also known as the pill) are the most popular temporary method of family planning in most of the world. The pills contain hormones and are taken daily in monthly cycles. In sub-Saharan Africa, however, hormonal injections that are given every two or three months have overtaken the pill in popularity. Injections have the advantage of ease of use: Women do not need to take something every day and can be more discreet about using a contraceptive.

Male latex condoms can protect against both pregnancy and sexually transmitted infections, including HIV/AIDS. Though only about 4 percent of married couples report using condoms in developing countries, condoms have gained in popularity since the early 1990s with the spread of the HIV/AIDS epidemic. Some couples use both condoms and another method to prevent pregnancy.

Long-Acting Methods

Long-acting, reversible methods include IUDs, which are inserted in the uterus, and hormonal implants, which are inserted in the arm under the skin. These methods have several advantages: Women have little to do once the method is in place; they can use it for three to 12 years, depending on the method; and they can become pregnant again after the device is removed.[5] Women can use these methods to space pregnancies or to stop childbearing, as long as they return to a provider for removal or replacement.

Unlike IUDs, implants are not widely available or used around the world. They account for 1 percent or fewer users in most countries.[6] Implants have higher manufacturing costs than other methods, making it harder for governments and programs to afford them. Also, providers must be trained to insert and remove them properly. However, implants offer an alternative hormonal method for women who cannot or do not want to return to clinics or pharmacies often for supplies. New implants coming to the market promise to be both cheaper and easier for providers to use.[7]

Permanent Methods

Female sterilization, also known as tubectomy, is a surgical procedure in which a woman's fallopian tubes are blocked or cut to prevent pregnancy. One-fourth to one-third of married women rely on sterilization in Asia and Latin America and the Caribbean, but only a small percentage choose sterilization in northern and sub-Saharan Africa (see figure). Sub-Saharan African countries have relatively few trained providers, especially in rural areas where much of the population lives, and women are less likely to hear about sterilization from their peers.

Male sterilization, also known as vasectomy, is one of the least known and used methods, although it is simpler, safer, and less expensive than female sterilization. Less than 1 percent of couples use it in the vast majority of developing countries. China is an exception, with 7 percent of couples reporting using the method. Male sterilization is more common in developed countries, and exceeds female sterilization in some, including the United Kingdom and the Netherlands.

Several reasons may account for the low use of vasectomy in most of the world. Governments have not widely promoted it; relatively few providers are trained in the procedure; and many men mistakenly believe that it will affect their sex drive.[8]

Counseling is an important component of programs offering permanent methods for women or men. Women who were sterilized at a young age, such as in their 20s, are more likely to regret having had the procedure than women who were sterilized at older ages. Reversing the procedure is nearly impossible in low-income countries. Counseling can help ensure that individuals and couples understand that temporary contraceptive methods are also available; that the procedure is voluntary and probably cannot be reversed; and that they can decide against having the procedure at any point before it takes place.[9]

Cost of Contraceptive Methods

Long-acting and permanent methods require few clinic visits yet offer many years of protection against pregnancy; therefore, they rank among the most cost-effective methods. IUDs are the cheapest of all contraceptive methods (see table).

However, some methods that are inexpensive in the long-run can have high up-front costs,

COST OF SUPPLIES PER YEAR OF CONTRACEPTIVE PROTECTION (IN US$)

Spermicides	$8.64
Condoms	$4.20
Injectables	$3.86
Pills	$3.60
Female sterilization	$1.01
Male sterilization	$0.55
IUDs	$0.16

NOTE: The cost per year of protection is derived by multiplying the cost per unit for the contraceptive commodity (or surgical supplies in the case of sterilization) by the average duration of use of the method. Only supply costs are included (not service costs), averaged over one year of typical use.

SOURCE: J. Ross, J. Stover, and D. Adelaja, *Profiles for Family Planning and Reproductive Health Programs*, 2d ed. (2005): B.1.

which can influence clients' choices, particularly if they are poor. For example, a study in urban clinics in Kenya found that women were asked to pay US$3 for an IUD insertion but only US$1 for a one-month supply of pills or a three-month injection.[10] The poorest women might have been discouraged from using the IUD because of its higher initial cost, even though it would cost them less over time. Programs can help clients make the most appropriate choices by accepting payment in installments or waiving fees for the poorest clients.

Increasing the Mix and Availability of Contraceptives

There is a suitable contraceptive method for virtually everyone who wants one, but often people are unaware of their choices or don't have access to them. Broadening the range of available contraceptives requires greater program investments, including in education and counseling, to ensure that women and couples can benefit from new or additional methods and can make informed choices.

Based on past successes in family planning, programs can make new and underused methods widely available by focusing on:[11]

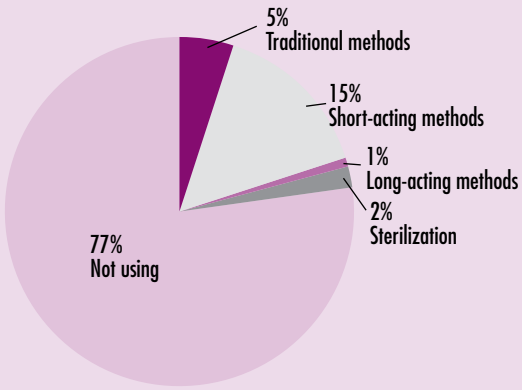
- Developing good communication strategies and outreach programs that raise awareness, dispel myths and misperceptions, and create a positive perception of the methods;
- Training providers in the new methods to increase their skills and overcome biases;

USE OF FAMILY PLANNING BY TYPE OF METHOD

Sub-Saharan Africa and Northern Africa differ from other world regions in that few people choose sterilization, although for a different combination of reasons. The use of intrauterine devices, a long-acting method, is common among women in Northern Africa who want to limit their family size.

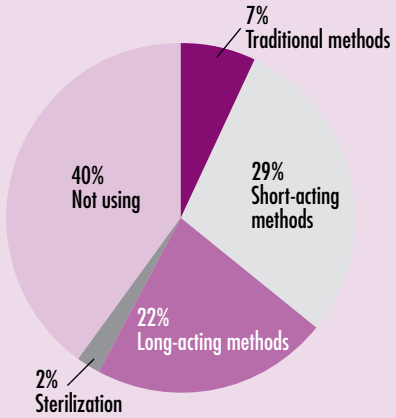
SUB-SAHARAN AFRICA

Percent of married women ages 15 to 49



NORTHERN AFRICA

Percent of married women ages 15 to 49



NOTES: Short-acting methods refer to oral contraceptive pills, hormonal injections, condoms, diaphragms, cervical caps, spermicides, and some natural family planning methods. Long-acting methods include intrauterine devices (IUDs) and hormonal implants. Sterilization is predominately female. Traditional methods mainly include periodic abstinence and withdrawal.

SOURCES: D. Clifton, T. Kaneda, and L. Ashford, *Family Planning Worldwide 2008 Data Sheet*; and Macro International, MeasureDHS Statcompiler (www.measuredhs.com, accessed Dec. 19, 2007).

For More Information

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Also see: Donna Clifton, Toshiko Kaneda, and Lori Ashford, *Family Planning Worldwide 2008 Data Sheet*, available at www.prb.org or by writing to PRB.

The INFO Project, *Family Planning: A Global Handbook for Providers*, available at www.infoforhealth.org or by writing to:
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The INFO Project, *Do You Know Your Family Planning Choices?*, wallchart available at www.infoforhealth.org, or by writing to the INFO Project.

- Promoting an environment of informed choice that allows clients to choose a method most appropriate for their life circumstances;
- Removing regulatory and other policy barriers to expand access to family planning services and methods;
- Incorporating the necessary supplies and equipment in government purchasing and delivery systems, as well as in government budgets and essential drug and equipment lists; and
- Collecting and analyzing data (through various types of surveys) to monitor users' acceptance and programs' progress.

Programs that provide a full range of options tend to be well established and to be found in countries where contraceptive knowledge and use is widespread. But programs in all countries can improve the breadth of methods and counseling they provide. Effective family planning programs enhance human rights by giving people choices and enhance quality of care by offering a range of methods and information about them.

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[11] FHI, *Expert Consultation on Vasectomy*; and The INFO Project, "Enhancing Contraceptive Choice Through Support for Underutilized Methods," *Ready Lessons II* series (forthcoming); and Ushma D. Upadhyay, "Informed Choice in Family Planning: Helping People Decide," *Population Reports* Series J, no. 50 (Baltimore: Johns Hopkins Bloomberg School of Public Health, Population Information Program, 2001).

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