



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



I Choose Dual Protection

FAMILY PLANNING

Key facts

- An estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception.
- Some family planning methods help prevent the transmission of HIV and other sexually transmitted infections.
- Family planning reduces the need for unsafe abortion.
- Family planning reinforces people's rights to determine the number and spacing of their children.

Family planning allows 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 (this fact sheet focuses on contraception).

Benefits of family planning

Promotion of family planning – and ensuring access to preferred contraceptive methods for women and couples – is essential to securing the well-being and autonomy of women, while supporting the health and development of communities.

Preventing pregnancy-related health risks in women

A woman's ability to choose if and when to become pregnant has a direct impact on her health and well-being. Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing, and can prevent pregnancies among older women who also face increased risks. Family planning enables women who wish to limit the size of their families to do so. Evidence suggests that women who have more than four children are at increased risk of maternal mortality.

By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion.

Reducing infant mortality

Family planning can prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world's highest infant mortality rates. Infants of mothers who die as a result of giving birth also have a greater risk of death and poor health.

Helping to prevent HIV/AIDS

Family planning reduces the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans. In addition, male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV.

Empowering people and enhancing education

Family planning enables people to make informed choices about their sexual and reproductive health. Family planning represents an opportunity for women for enhanced education and participation in public life, including paid employment in non-family organizations. Additionally, having smaller families allows parents to invest more in each child. Children with fewer siblings tend to stay in school longer than those with many siblings.

Reducing adolescent pregnancies

Pregnant adolescents are more likely to have preterm or low birth-weight babies. Babies born to adolescents have higher rates of neonatal mortality. Many adolescent girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.

Slowing population growth

Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional development efforts.

Who provides family planning?

It is important that family planning is widely available and easily accessible through midwives and other trained health workers to anyone who is sexually active, including adolescents. Midwives are trained to provide (where authorised) locally available and culturally acceptable contraceptive methods. Other trained health workers, for example community health workers, also provide counseling and some family planning methods, for example pills and condoms. For methods such as sterilization, women and men need to be referred to a clinician.

Contraceptive use

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012. Regionally, the proportion of women aged 15–49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2012. In Africa it went from 23% to 24%, in Asia it has remained at 62%, and in Latin America and the Caribbean it rose slightly from 64% to 67%. There is with significant variation among countries in these regions.

Use of contraception by men makes up a relatively small subset of the above prevalence rates. The modern contraceptive methods for men are limited to male condoms and sterilization (vasectomy).

Global unmet need for contraception

An estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception. Reasons for this include:

- limited choice of methods;
- limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people;
- fear or experience of side-effects;
- cultural or religious opposition;
- poor quality of available services;
- gender-based barriers.

The unmet need for contraception remains too high. This inequity is fueled by both a growing population, and a shortage of family planning services. In Africa, 53% of women of reproductive age have an unmet need for modern contraception. In Asia, and Latin America and the Caribbean – regions with relatively high contraceptive prevalence – the levels of unmet need are 21% and 22%, respectively.

Contraceptive methods

Modern methods

METHOD	DESCRIPTION	HOW IT WORKS	EFFECTIVENESS TO PREVENT PREGNANCY	COMMENTS
Combined oral contraceptives (COCs) or "the pill"	Contains two hormones (estrogen and progestogen)	Prevents the release of eggs from the ovaries (ovulation)	>99% with correct and consistent use	Reduces risk of endometrial and ovarian cancer; should not be taken while breastfeeding
			92% as commonly used	
Progestogen-only pills (POPs) or "the minipill"	Contains only progestogen hormone, not estrogen	Thickens cervical mucus to block sperm and egg from meeting and prevents ovulation	99% with correct and consistent use	Can be used while breastfeeding; must be taken at the same time each day
			90–97% as commonly used	
Implants	Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only	Same mechanism as POPs	>99%	Health-care provider must insert and remove; can be used for 3–5 years depending on implant; irregular vaginal bleeding common but not harmful
Progestogen only injectables	Injected into the muscle every 2 or 3 months, depending on product	Same mechanism as POPs	>99% with correct and consistent use	Delayed return to fertility (1–4 months) after use; irregular vaginal bleeding common, but not harmful
			97% as commonly used	
Monthly injectables or combined injectable contraceptives (CIC)	Injected monthly into the muscle, contains estrogen and progestogen	Same mechanism as COCs	>99% with correct and consistent use	
			97% as commonly used	
Intrauterine device (IUD): copper containing	Small flexible plastic device containing copper sleeves or wire that is	Copper component damages sperm and prevents it from meeting	>99%	Longer and heavier periods during first months of use are common but not harmful; can

METHOD	DESCRIPTION	HOW IT WORKS	EFFECTIVENESS TO PREVENT PREGNANCY	COMMENTS
	inserted into the uterus	the egg		also be used as emergency contraception
Intrauterine device (IUD) levonorgestrel	A T-shaped plastic device inserted into the uterus that steadily releases small amounts of levonorgestrel each day	Suppresses the growth of the lining of uterus (endometrium)	>99%	Reduces menstrual cramps and symptoms of endometriosis; amenorrhea (no menstrual bleeding) in a group of users
Male condoms	Sheaths or coverings that fit over a man's erect penis	Forms a barrier to prevent sperm and egg from meeting	98% with correct and consistent use 85% as commonly used	Also protects against sexually transmitted infections, including HIV
Female condoms	Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft plastic film	Forms a barrier to prevent sperm and egg from meeting	90% with correct and consistent use 79% as commonly used	3 months delay in taking effect while stored sperm is still present; does not affect male sexual performance; voluntary and informed choice is essential
Male sterilization (vasectomy)	Permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles	Keeps sperm out of ejaculated semen	>99% after 3 months semen evaluation 97–98% with no semen evaluation	Also protects against sexually transmitted infections, including HIV
Female sterilization (tubal ligation)	Permanent contraception to block or cut the fallopian tubes	Eggs are blocked from meeting sperm	>99%	Voluntary and informed choice is essential
Lactational amenorrhea method (LAM)	Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive breastfeeding day and night of an infant less than 6 months old	Prevents the release of eggs from the ovaries (ovulation)	99% with correct and consistent use 98% as commonly used	A temporary family planning method based on the natural effect of breastfeeding on fertility
Emergency contraception	Progestogen-only pills taken to prevent	Prevents ovulation	Reduces risk of pregnancy by 60–90%	Does not disrupt an already existing pregnancy

METHOD	DESCRIPTION	HOW IT WORKS	EFFECTIVENESS TO PREVENT PREGNANCY	COMMENTS
(levonorgestrel 1.5 mg)	pregnancy up to 5 days after unprotected sex			

Traditional methods

METHOD	DESCRIPTION	HOW IT WORKS	EFFECTIVENESS TO PREVENT PREGNANCY	COMMENTS
Withdrawal (coitus interruptus)	Man withdraws his penis from his partner's vagina, and ejaculates outside the vagina, keeping semen away from her external genitalia	Tries to keep sperm out of the woman's body, preventing fertilization	96% with correct and consistent use	One of the least effective methods, because proper timing of withdrawal is often difficult to determine
			73% as commonly used	
Fertility awareness methods (natural family planning or periodic abstinence)	Calendar-based methods: monitoring fertile days in menstrual cycle; symptom-based methods: monitoring cervical mucus and body temperature	The couple prevents pregnancy by avoiding unprotected vaginal sex during most fertile days, usually by abstaining or by using condoms	95-97% with correct and consistent use	Can be used to identify fertile days by both women who want to become pregnant and women who want to avoid pregnancy. Correct, consistent use requires partner cooperation
			73% as commonly used 75% as commonly used	

Always use a condom, even if you are using other contraceptive methods. This is called Dual Protection.