# Family planning/Contraception

**Key facts**

214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method.

Some family planning methods, such as condoms, help prevent the transmission of HIV and other sexually transmitted infections.

Family planning / contraception reduces the need for abortion, especially unsafe abortion.

Family planning reinforces people's rights to determine the number and spacing of their children.

By preventing unintended pregnancy, family planning /contraception prevents deaths of mothers and children.

## Benefits of family planning / contraception

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. It prevents unintended pregnancies, including those of older women who face increased risks related to pregnancy. Family planning enables women who wish to limit the size of their families to do so. Evidence suggests that women who have more than 4 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 to pursue additional education and participate 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 / contraceptives?**

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 counselling 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 57.4% in 2015. Regionally, the proportion of women aged 15–49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2015. In Africa it went from 23.6% to 28.5%, in Asia it has risen slightly from 60.9% to 61.8%, and in Latin America and the Caribbean it has remained stable at 66.7%.

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).

# Contraceptive methods

## Modern methods

| Method | Description | How it works | Effectiveness to prevent pregnancy | Comments |
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| Combined oral contraceptives | Contains two hormones | Prevents the release of eggs from the | >99% with correct and consistent use | Reduces risk of endometrial and ovarian cancer |

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| (COCs) or “the pill” | (estrogen and progestogen) | ovaries (ovulation) | 92% as commonly used | |
| Progestogen-only pills (POPs) or "the minipill" | Contains only progestogen hormone, not estrogen | Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation | 99% with correct and consistent use<br>90–97% as commonly used | Can be used while breastfeeding; must be taken at the same time each day |
| Implants | Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only | Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation | >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 or under the skin every 2 or 3 months, depending on product | Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation | >99% with correct and consistent use<br>97% as commonly used | Delayed return to fertility (about 1–4 months on the average) after use; irregular vaginal bleeding common, but not harmful |
| Monthly injectables or combined injectable contraceptives (CIC) | Injected monthly into the muscle, contains estrogen and progestogen | Prevents the release of eggs from the ovaries (ovulation) | >99% with correct and consistent use<br>97% as commonly used | Irregular vaginal bleeding common, but not harmful |
| Combined contraceptive patch and combined contraceptive vaginal ring (CVR) | Continuously releases 2 hormones – a progestin and an estrogen- directly through the skin (patch) or from the ring. | Prevents the release of eggs from the ovaries (ovulation) | The patch and the CVR are new and research on effectiveness is limited. Effectiveness studies report that it may be more effective than the COCs, both as commonly and | The Patch and the CVR provide a comparable safety and pharmacokinetic profile to COCs with similar hormone formulations. |

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| | | | consistent or correct use. | |
| Intrauterine device (IUD): copper containing | Small flexible plastic device containing copper sleeves or wire that is inserted into the uterus | Copper component damages sperm and prevents it from meeting the egg | >99% | Longer and heavier periods during first months of use are common but not harmful; can 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 | Thickens cervical mucous to block sperm and egg from meeting | >99% | Decreases amount of blood lost with menstruation over time; 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<br>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<br>79% as commonly used | Also protects against sexually transmitted infections, including HIV |
| 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<br>97–98% with no semen evaluation | 3 months delay in taking effect while stored sperm is still present; does not affect male sexual performance; voluntary and informed choice is essential |
| 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 |

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| Lactational amenorrhea method (LAM) | Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive or full 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<br><br>98% as commonly used | A temporary family planning method based on the natural effect of breastfeeding on fertility |
| Emergency contraception pills (ulipristal acetate 30 mg or levonorgestrel 1.5 mg) | Pills taken to prevent pregnancy up to 5 days after unprotected sex | Delays ovulation | If all 100 women used progestin-only emergency contraception, one would likely become pregnant. | Does not disrupt an already existing pregnancy |
| Standard Days Method or SDM | Women track their fertile periods (usually days 8 to 19 of each 26 to 32 day cycle) using cycle beads or other aids | Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days. | 95% with consistent and correct use.<br><br>88% with common use (Arevalo et al 2002) | 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. |
| Basal Body Temperature (BBT) Method | Woman takes her body temperature at the same time each morning before getting out of bed observing for an increase of 0.2 to 0.5 degrees C. | Prevents pregnancy by avoiding unprotected vaginal sex during fertile days | 99% effective with correct and consistent use.<br>75% with typical use of FABM (Trussell, 2009) | If the BBT has risen and has stayed higher for 3 full days, ovulation has occurred and the fertile period has passed. Sex can resume on the 4th day until her next monthly bleeding. |

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| TwoDay Method | Women track their fertile periods by observing presence of cervical mucus (if any type color or consistency) | Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days, | 96% with correct and consistent use.<br><br>86% with typical or common use. (Arevalo, 2004) | Difficult to use if a woman has a vaginal infection or another condition that changes cervical mucus. Unprotected coitus may be resumed after 2 consecutive dry days (or without secretions) |
| Sympto-thermal Method | Women track their fertile periods by observing changes in the cervical mucus (clear texture) , body temperature (slight increase) and consistency of the cervix (softening). | Prevents pregnancy by avoiding unprotected vaginal sex during most fertile | 98% with correct and consistent use.<br>Reported 98% with typical use (Manhart et al, 2013) | May have to be used with caution after an abortion, around menarche or menopause, and in conditions which may increase body temperature. |

## Traditional methods

| Traditional Methods | | | | |
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| Calendar method or rhythm method | Women monitor their pattern of menstrual cycle over 6 months, subtracts 18 from shortest cycle length (estimated 1st fertile day) and | The couple prevents pregnancy by avoiding unprotected vaginal sex during the 1st and last estimated | 91% with correct and consistent use.<br><br>75% with common use | May need to delay or use with caution when using drugs (such as anxiolytics, antidepressants, NSAIDS, or certain antibiotics) which may |

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| Traditional Methods | | | | |
| | subtracts 11 from longest cycle length (estimated last fertile day) | fertile days, by abstaining or using a condom. | | affect timing of ovulation. |
| 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<br>73% as commonly used (Trussell, 2009) | One of the least effective methods, because proper timing of withdrawal is often difficult to determine, leading to the risk of ejaculating while inside the vagina. |

# WHO response

WHO is working to promote family planning by producing evidence-based guidelines on safety and service delivery of contraceptive methods, developing quality standards and providing pre-qualification of contraceptive commodities, and helping countries introduce, adapt and implement these tools to meet their needs.