

The Case for Long-Acting and Permanent Methods

All individuals and couples have a basic human right to decide freely and responsibly the number, spacing, and timing of their children. Fulfilling this right is an important intervention for improving maternal and child health, preventing HIV infections, and improving the overall well-being of entire families. Yet, only a small proportion of women in Africa who want to space or limit their pregnancies are using any form of family planning. Among those who are using contraception, most are using short-acting methods, such as oral contraceptives and injectables.

Women and couples who want safe and effective protection against pregnancy would benefit from access to more contraceptive choices, including long-acting and permanent methods (LAPMs). LAPMs are convenient for users and effectively prevent pregnancy. They are also cost-effective for programs over time, can result in substantial cost savings for governments, and contribute directly to reaching national and international health goals. Despite these advantages, LAPMs remain a relatively small, and sometimes missing, component of many national reproductive health and family planning programs.

Status of family planning

Contraceptive use has increased worldwide over the last decade. Yet, Africa—like many other regions of the developing world—continues to have a high unmet need for family planning. Approximately 25 percent of women and couples in sub-Saharan Africa who want to space or limit their births are not using any form of contraception.¹ More than half of the people in Africa are younger than 25 years old, so unmet need is only expected to increase as these individuals enter their reproductive years.²

Over time, the use of LAPMs has not kept pace with that of short-acting methods, such as oral contraceptives and injectables. Data from demographic and health surveys from four sub-Saharan countries show that the proportion of women currently using LAPMs is significantly lower than the proportion using short-acting methods. In each of the four countries, the use of LAPMs has either stagnated or declined over the past two decades (Figure 1). In many countries in the region, fewer than 5 percent of women who are using contraception are using an LAPM.³

Women and couples who want safe and effective protection against pregnancy would benefit from access to more contraceptive choices, including LAPMs.

Evidence suggests a substantial unmet need for LAPMs in sub-

Saharan Africa. A discrepancy exists between the proportion of women who wish to stop having children and the proportion who are using an LAPM. Data from demographic and health surveys conducted in sub-Saharan Africa between 2003 and 2005 show that more than 20 percent of women in nine of the 11 countries surveyed do not want any more children. However, in each of the nine countries, fewer than 7 percent of the women are using an LAPM (Figure 2). Although short-acting methods provide contraceptive coverage for many women who do not want more children, these women are still entitled to a choice of contraceptive methods. An LAPM may be a good option for some of them, given their reproductive intentions, but they may not be using one because of lack of knowledge or access.

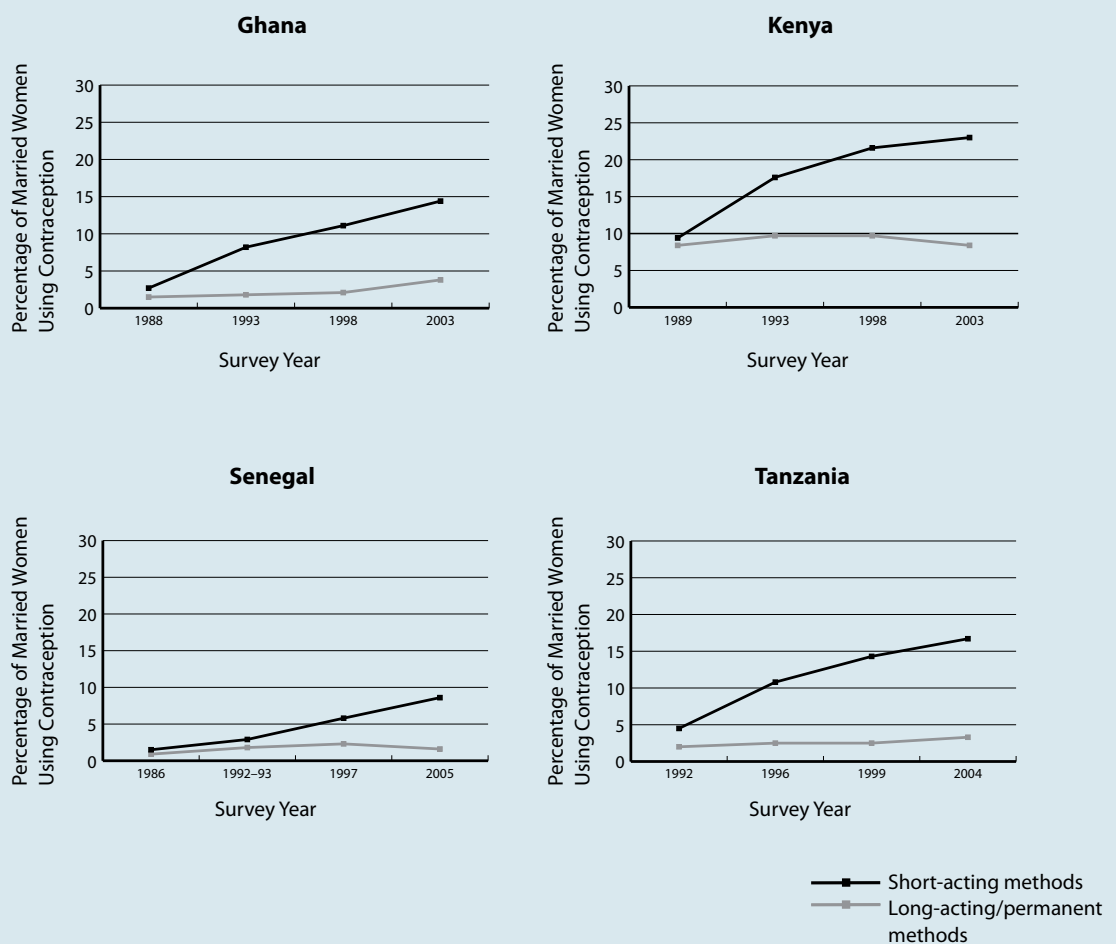
Need for spacing, limiting, or delaying births

Timing and spacing pregnancies is necessary for improving the outcomes of pregnancy and childbirth for both mothers and their children. Harmful outcomes can be avoided if a woman waits at least two years between the birth of a child and becoming pregnant again.⁴ Although women in sub-Saharan Africa report that they prefer to space their births by more than two years,

most births in the region are still spaced closer than that.⁵ Better availability of family planning services, including long-acting, reversible methods (i.e., intrauterine devices and implants), would fulfill the need for **healthier timing and spacing of pregnancies**.

Permanent methods of family planning, as well as long-acting methods, would meet the need of individuals and couples who want no more children. A woman in Africa gives birth, on average, to five or six children in her lifetime.⁶ As health conditions improve and rates of child mortality decline in Africa, it is expected that more couples will choose to have smaller families.⁷

Figure 1. Contraceptive Use in Four Countries in Sub-Saharan Africa: Short-Acting versus Long-Acting and Permanent Methods



Source: ORC Macro. *MEASURE DHS STATcompiler*. Available: <http://www.measuredhs.com>.

Note: The trends in this figure are based on data from demographic and health surveys of married women ages 15 to 49 years. Long-acting and permanent methods include implants, the intrauterine device, female sterilization, and vasectomy. Short-acting methods include all other modern methods of contraception.

Women in sub-Saharan Africa are waiting longer to marry. For instance, the rate of teenage marriage has decreased in Niger by 14 percent over the last two decades.⁸ Sexually active young women who want to delay pregnancy until after marriage may want long-term, reversible protection against pregnancy. Protecting young women from unintended pregnancies will also protect their health. Women under the age of 20 are at least twice as likely as older women to die during childbirth.⁹

Women who are not satisfied with short-acting methods but still wish to avoid pregnancy need alternative family planning choices. In developing countries, 20 percent to 30 percent of women who use oral contraceptives or injectables stop within two years of starting because of side effects or other health concerns.¹⁰ Many of these women could benefit from switching to an LAPM.

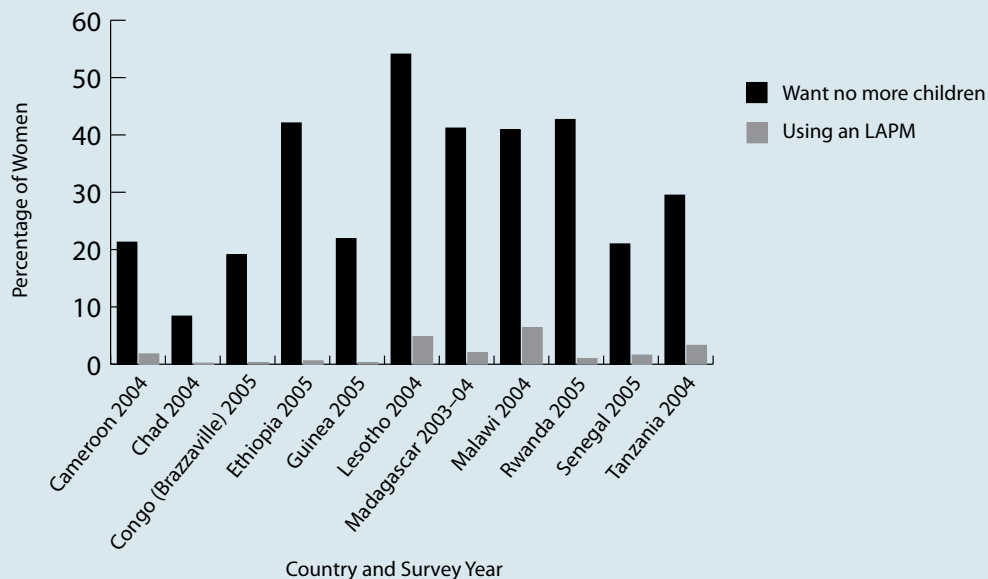
Major challenges to providing long-acting and permanent methods

Policy-makers and program managers are sometimes reluctant to make LAPMs part of the mix of contraceptive methods because of perceived cost barriers. As a result, the lack of availability of commodities, of equipment and supplies, and of opportunities to train providers is a persistent barrier to the use of LAPMs in some areas of sub-Saharan Africa. Even when programs provide LAPMs, stock-outs of the necessary commodities or equipment can be problematic.

Limited **access to LAPMs remains a problem.** Short-acting methods are becoming increasingly available through commercial outlets and community-based distribution, especially in rural areas where most people live. However, the provision of LAPMs is often confined to urban facilities. Distance to clinics and fees for services can make it difficult to obtain services.

Even when trained providers are available, medical barriers inhibit access. Providers may not provide LAPMs to their clients because of unnecessary or outdated restrictions, such as age or the number of children a woman has. They may not be familiar with the latest evidence and so may unintentionally deny a client an LAPM for inappropriate medical reasons. Or, they may not offer comprehensive information about all methods during counseling, which limits the ability of a client to make an informed contraceptive choice.

Figure 2. Unmet Need for Long-Acting and Permanent Methods in Sub-Saharan Africa



Source: ORC Macro. MEASURE DHS STATcompiler. Available: <http://www.measuredhs.com>.

Note: Unmet need for long-acting and permanent methods was determined by subtracting the percentage of women who are using a long-acting or permanent method from the percentage of women who report wanting no more children. All results are from demographic and health surveys conducted between 2003 and 2005 for married women ages 15 to 49 years.



Many **potential clients in sub-Saharan Africa lack information** or have misconceptions about LAPMs. Even in countries where most people know about family planning, fewer people have knowledge of the intrauterine device and vasectomy than of other methods.¹¹ Myths and misconceptions are also widespread for these methods.¹²

Prospect of change

Providing women and couples access to a range of contraceptive choices, including LAPMs, protects their human rights and benefits public health. Strengthening LAPM services in Africa will also meet individual needs while contributing to more sustainable national programs for reproductive health and family planning.

Although obstacles to providing LAPMs in Africa persist, many of these **challenges can be overcome**. To reach this end, policy-makers and program managers must promote an enabling environment through evidence-based policies and guidelines, improved provision of services, and the education of health providers, communities, and individuals.

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