

Contraception

fact sheet

Family planning enables people to make informed choices about their sexual and reproductive health.



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.
- ▶ Contraceptive use prevented 218 million unintended pregnancies in developing countries in 2012, and, averting 55 million unplanned births, 138 million abortions (of which 40 million are unsafe), 25 million miscarriages and 118,000 maternal deaths.
- ▶ Some family contraceptive methods help prevent the transmission of HIV and other sexually transmitted infections.
- ▶ Programmes should ensure that the contraceptive needs of such vulnerable groups as adolescent women, poor women and rural women are met and that inequities in information and access are reduced.
- ▶ 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 information, education and the use of contraceptive methods.

Benefits of family planning and contraception

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

Preventing maternal morbidity and mortality

Contraception has clear health benefits, since the prevention of unintended pregnancies results in a subsequent decrease in maternal morbidity

and mortality . Family planning allows spacing of pregnancies, delaying pregnancies in young girls who are at increased risk of health problems and death from early childbearing, and preventing 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. By reducing rates of unintended pregnancies, contraception also reduces the need for unsafe abortion. Family planning is a low-cost and effective way to save lives. Contraceptive supplies cost, on average, about US\$1.55 per user annually in developing countries.

Reducing unsafe abortion from unintended pregnancies

An estimated 20 million unsafe abortions take place each year— resulting in 67,000 deaths annually, mostly in developing countries. Family planning can prevent many of these tragic deaths by reducing the number of unintended pregnancies with a higher risk of pregnancy complications and unsafe abortions.

Reducing infant mortality

Contraception can prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world's highest infant mortality rates. Closely spaced births result in higher infant mortality: international survey data show that babies born less than two years after their next oldest brother or sister are twice as likely to die in the first year, as those born after an interval of three years.

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

Contraception 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.

Contraception is an effective approach to reducing costs associated with HIV/AIDS: Savings are estimated at US\$25 at HIV/AIDS care and treatment facilities, for every dollar spent on family planning.

Contraceptive use prevents more than 577,000 unintended pregnancies to HIV-infected women each year in sub-Saharan Africa; if all women in the region who did not wish to get pregnant used contraception, another 533,000 (additional) unintended pregnancies to HIV-positive women could be averted annually.

Empowering people and enhancing education

Family planning and contraception enables people to make informed choices about their sexual and reproductive health, and creates an opportunity for women for enhanced education and participation in society, including paid employment. 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 and 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 contraception?

It is important that contraceptive methods are widely available and easily accessible 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 methods, such as pills and condoms. For methods such as sterilization, women and men need to be referred to a clinician.

WHO has identified which cadre of lower and mid-level health workers can provide contraceptive services safely and effectively, through task shifting and task sharing as part of its Guideline on optimizing the roles of health workers to attain Millennium Development Goals (MDG) 4 and 5.

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 from 48% 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 24% to 27%, in Asia and Latin America and the Caribbean it has remained at 61%, and 67% respectively. There is 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 access to contraception, particularly among young people, poorer segments of populations, or unmarried people;
- limited choice of methods;
- 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 inequality is fueled by both a growing population, and a shortage of 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.

WHO response

WHO is working to promote family planning and contraception by producing evidence-based guidelines on safety and service delivery of contraceptive methods and on ensuring human rights in contraceptive programmes, and by developing quality standards and providing pre-qualification of contraceptive commodities. WHO further assists countries to adapt and implement these tools to strengthen contraceptive policies and programmes. Additionally, WHO participates in developing new contraceptive technologies to and leads and conducts implementation research for expanding access to and strengthening delivery contraceptive information and services.

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