Expanding contraceptive choice

“Expanding options and choices for the poorest women and adolescent girls is the most important thing we do. By empowering them to make their own decisions about the timing and spacing of pregnancies, we open an important pathway towards their economic security and independence, as well as the realization of all the Sustainable Development Goals.”

—Dr. Natalia Kanem, Executive Director of the United Nations Population Fund

Approximately 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method and are considered to have an unmet need (1). Expanding contraceptive options for voluntary family planning is critical to addressing this need for several reasons. First, needs may vary throughout the reproductive life-course, and individuals have different desires depending on their personal and family context; 25% of women want to space their pregnancies, reflecting a need for shorter-term or reversible methods, compared with 14% of women who wish to cease childbearing and thus limit future pregnancies (2). Second, some women discontinue contraceptive use even though they want to avoid pregnancy (3, 4). Reasons for discontinuation include side effects, myths, contraceptive failure, or the service environment, including service quality and availability of a sufficient choice of methods (4).

![Use of modern contraception increases when more methods become available: analysis of evidence from 1982–2009](chart.png)
Having a wide choice of contraceptives will meet the needs of some discontinuers if they have the option of switching; broadened method availability can reduce contraceptive discontinuation by 8% (3). Third, three-fifths of women (62%) with unmet need have never used contraception (5), and a wider range of options may be appealing enough to some women to try contraception. The addition of one new method to the available method mix can increase contraceptive prevalence by as much as eight percentage points (6). Finally, expanding method choice can ensure that methods are available for those wanting to protect against both pregnancy and sexually transmitted infections including HIV.

CONSIDERATIONS FOR EXPANDING CONTRACEPTIVE CHOICE

Strategies to expand contraceptive options include introducing new contraceptives to family planning programmes, expanding access to existing methods, and expanding the provider base.

Introduction new contraceptive technologies

New contraceptive technologies have been developed to satisfy the diverse preferences of women and their partners and to overcome the challenges of providing some methods in low-resource settings. For example, studies have shown that DMPA-Injectable (Sayana Press) can be provided by grassroots health cadres and by users themselves, thus reducing reliance on healthcare systems (7, 8). Studies also suggest that women find Sayana Press to be a feasible and acceptable choice of contraception which is currently being introduced, scaled-up, or piloted in more than 15 FP2020 countries (9, 10, 11, 12). Other new product categories include vaginal rings that women can insert themselves, and can be offered through various supply outlets ranging from drug stores to tertiary-level facilities (12, 14). The levonorgestrel (LNG) intrauterine system and emerging technologies such as a biodegradable system and emerging technologies such as a biodegradable

MAXIMIZING THE POTENTIAL OF EXPANDING CONTRACEPTIVE OPTIONS

The following actions are essential to ensuring that these strategies are successful and lead to greater contraceptive access, uptake, and continuation:

Ensure a robust supply chain

Ensuring availability of contraceptive supplies at points of care that are close to clients is essential. Robust supply chains that eliminate stock-outs and engage multiple manufacturers to ensure high-quality, low-cost contraceptive products are critical for uptake and continuation (22).

Improve provider training and counselling

Providers should be trained in client-oriented service provision for a range of methods in both clinical and community settings (23, 24). Comprehensive and accurate counselling allows clients to learn more about contraceptive options, including managing side effects, benefits, and possibility of switching (25). Users can then choose a contraceptive that best suits their need, or switch methods if they so desire. Addressing lack of provider knowledge of underutilized methods, like no-scalpel vasectomy, could also increase contraceptive access (26).

Generate demand

Even with a well-informed provider base, an expanded method mix can only reach its full potential with continued demand from users. For example, despite vasectomy's well-recognized benefits including high effectiveness, convenience, permanence, relative ease of provision, few side effects, and high levels of satisfaction, use of the method is plagued by low demand among men (27). Family planning program experience suggests that demand generation through media campaigns and mobile services can increase contraceptive use and intention to use modern contraceptives by improving community awareness and individual knowledge and attitudes and promoting provider improvement communication (28). Satisfied contraceptive users who speak to others about their experience are also highly effective in generating demand and changing social norms related to voluntary family planning (28).

CURRENT METHODS OF CONTRACEPTION

<table>
<thead>
<tr>
<th>Method</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Yes</th>
<th>No</th>
<th>Provider dependent</th>
</tr>
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<tbody>
<tr>
<td>Short-acting contraceptives</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Male condom</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Female condom</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Injectable (DMPA subQ in Uniject)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Injectable (other)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pills</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Vaginal rings</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Diaphragm</td>
<td></td>
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<tr>
<td>Long-acting reversible contraceptives (LARCs)</td>
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<tr>
<td>Implants</td>
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<td></td>
<td></td>
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<tr>
<td>IUD – hormonal</td>
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<tr>
<td>IUD – copper</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Permanent contraception</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<td></td>
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<tr>
<td>Tubal ligation</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
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<td></td>
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<tr>
<td>Vasectomy</td>
<td></td>
<td></td>
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</tbody>
</table>

ACHIEVING FP2020 GOALS AND BEYOND

Expanding the range of contraceptive options helps individuals to make choices appropriate to their needs and circumstances, allows them to switch from one method to another if desired, and reflects a programme focus on quality and rights.

References


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This is one of seven Family Planning Evidence Briefs prepared for the Family Planning Summit held in London on July 11, 2017. The briefs highlight evidence and provide research and programme considerations for improving access to family planning and reducing unintended pregnancy. Programme considerations are based on the expert views of the authors, who undertook desk reviews drawing on existing evidence.

Family Planning Evidence Briefs

- Accelerating uptake of voluntary, rights-based family planning in developing countries (overview) (Updated October 2018)
- Family Planning Financing (Updated October 2018)
- Reducing early and unintended pregnancies among adolescents (Updated October 2018)
- Improving family planning service delivery in humanitarian crises
- Ensuring contraceptive security through effective supply chains
- Expanding contraceptive choice (Updated October 2018)
- Partnering with the private sector to strengthen provision of contraception

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Family Planning Evidence Brief - Expanding contraceptive choice

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