

FAMILY PLANNING



Family planning refers to the control of the number of children in a family and of the intervals between them, especially by the use of contraceptives. It enables people to make informed choices about their sexual and reproductive health and is the key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional development efforts.

The issues surrounding family planning are extremely complex. They are deeply rooted in culture, sexuality, and the most intimate family matters. In short, it is simply not possible to separate "family planning" from "family" and yet, in many instances, this is exactly what we do. The term "family planning" has become virtually synonymous in our culture with modern methods of birth control, but prevention of birth is only one small part of the matter. In thinking about global population issues, we often carry this perspective with us, making lower birth rate and increased contraceptive use our primary concern.

A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being. Infants of mothers who die as a result of giving birth also have a greater risk of death and poor health.

It 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.

Despite the absence of a policy, Swaziland has had a family planning programme since 1973 under the auspices of the Ministry of Health, among whose major objectives, are to provide family planning services and information/education on family planning. It integrates family planning (FP) services with maternal and child health services, the aim of the integration being to improve the health status of mother and child through child spacing.

This factsheet gives an overview of the different methods of family planning with a focus Contraception.

FAMILY PLANNING METHODS

Contraception: the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.

Contraceptive use has been a debated issue ever since the introduction of the birth control pill in 1906 and the availability of latex condoms in the 1930's. Myths of contraceptive use have also been prominent, ranging from the use of Lysol disinfectant in the 1950's to prevent pregnancy, to the belief that all forms of birth control protect you from sexually transmitted diseases (STDs) such as AIDS or syphilis. With so many people saying so many things, it's important to get the facts straight when it comes to birth control.

Contraceptive prevalence

Contraceptive prevalence is the percentage of women married or in-union aged 15 to 49 who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.

For analytical convenience, contraceptive methods are often classified as either modern or traditional. **Modern methods of contraception** include female and male sterilization, oral hormonal pills, the intra-uterine device (IUD), the male condom, injectable, the implant (including Norplant), vaginal barrier methods, the female condom and emergency contraception. **Traditional methods of contraception** include the rhythm (periodic abstinence), withdrawal, lactational amenorrhea method (LAM) and folk methods.

The current use of contraception among married women is 49 per cent, more married women use modern contraceptive methods than traditional methods (48 percent and 1 percent respectively) Central Statistical Office & UNICEF (2011).

Given the relatively high levels of knowledge of contraceptives among young women, use of contraceptives is relatively low among married women, but higher among sexually active unmarried women.

Among sexually active youth, contraceptive use reduces the number of unplanned pregnancies. In Swaziland 369 859 women become mothers by the age of 20 years and the usual age that women first give birth is 19.8 years. (CSO & UNICEF, 2011; CSO, 2007). This means that one in every two women had a child by their 20th birthday. In 2010 there were a total of 1359 girls that dropped out of high school in Swaziland and 630 were because of pregnancy. (MOET, 2010)

Condoms are the most usual form of contraceptive among men and women in Swaziland. Injectables are the second most common contraceptive for women.

Reasons for not using contraception

An estimated 200 million couples 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.
- Youth may not want anyone to know they are sexually active
- Judgement and stigmatisation at the clinics
- The view that sex before marriage is a sin and people may hide their sexuality and not use contraceptives
- They want to hold onto their partner
- For men it is a form of control “I am going to fix her up by getting her pregnant.”

As mentioned above the most popular contraceptive for women in eastern and southern Africa, a hormone shot given every three months, appears to double the risk the women will become infected with HIV and when it is used by HIV positive women, their male partners are twice as likely to become infected as if the women had used no contraception.

One of the commonly debated issues revolving around contraception use is the possibilities of health issues arising from the use of certain products. For example, according to Planned Parenthood professionals, hormonal birth control methods (such as the pill or patch) can cause side effects including vomiting, nausea, breast tenderness, and change in libido and an increase in menstrual bleeding. More serious side effects (which are usually rare) can include heart attack, stroke and blood clot formation.

Common Contraceptive Methods used in Swaziland

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
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 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	Delayed return to fertility (1–4 months) 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	Irregular vaginal bleeding common, but not harmful
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
Male condoms	Sheaths or coverings that fit over a man's erect penis	Forms a barrier to keep sperm out of the vagina	98% with correct and consistent use	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	Eggs are blocked from meeting sperm	90% with correct and consistent use	Also protects against sexually transmitted infections, including HIV
Withdrawal (coitus interruptus)	Man withdraws his penis from his partner's vagina, and ejaculates outside the vagina, keeping semen away from	Keeps 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

	her external genitalia			
Fertility awareness methods (natural family planning or periodic abstinence)	Calendar-based methods: monitoring fertile days in menstrual cycle; symptom-based methods: monitoring cervical mucous and body temperature	The couple prevents pregnancy by avoiding unprotected vaginal sex during these fertile days, usually by abstaining or by using condoms	75%	Can be used to identify fertile days by both women who want to become pregnant and women who want to avoid pregnancy
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 (levonorgestrel 1.5 mg)	Progestogen-only pills taken to prevent pregnancy up to 5 days after unprotected sex	Prevents ovulation	Reduces risk of pregnancy by 60–90%	Does not disrupt an already existing pregnancy

Other types of Family Planning Methods

1. **Natural family planning** (sometimes known as fertility awareness or the rhythm method) – This is an approach to birth control some couples use to predict when their fertility days happen. It involves paying attention to the menstrual cycle by using methods that include: Basal body temperature methods, calendar methods and cervical mucus methods.
2. **Basal body temperature method** – Basal body temperature is the “baseline” temperature when you are relaxed and rested (like when you first wake up in the morning). During ovulation (when the ovaries release an egg and you can get pregnant) the basal temperature goes up a little.
3. **Calendar method**- This is when you predict fertile days by charting and recording how long your menstrual cycles last.
4. **Cervical mucus method** – This is when you pay attention to the changes that happen with your cervical mucus (such as colour and thickness) over the month.

Child Spacing

Women who wish to have their children close together should space them more than a year apart and take care between pregnancies to increase their own health and stamina. Some women take more time than others to recover.

Drawbacks of close Child Spacing

- Economics (increased cost of another baby, missed work, healthcare costs)
- Interpersonal issues (between a couple, worries about the effect on the previous child)
- Nutritional depletion (i.e., increased incidence of anaemia)

Drawbacks of Natural Family Planning

1. Your partner must agree and cooperate
2. Natural family planning methods provide no protection against sexually transmitted infections.
3. Most women don't have totally regular menstrual cycles or periods.
4. You cannot definitely know the exact days you will get pregnant.

Natural family planning takes time and effort each day to track days of menstrual cycle, chart temperature and cervical mucus.

Information Sourced in July 2012 from:

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