

# CONTRACEPTIVE METHODS: A COMPENDIUM

## PREVALENCE, EFFECTIVENESS & EFFICACY

Spacing Methods		Prevalence/ Use <sub>1</sub>	Effectiveness (implementation dependent)	Efficacy (as measured by failure rate - FR) <sub>3</sub>
IUDs		High amongst spacing methods for women (4%)	High (but dependent on the skills of the provider)	High Efficacy FR= 0.2%
Hormonal		Low (less than 1%), but increasing use.	Medium (due to high initial cost and training needs)	High Efficacy FR = 0.05% <sub>4</sub>
		In a study, it was found that one in every seven women using modern contraception in Rwanda currently relies on Implant, compared with less than one in 25 in 2005	High (due to low cost, easy administrability) <sub>2</sub>	Highest Efficacy FR = 0.0005%
		Most common mode of contraceptive method for women (8%)	Low (due to low compliance)	Moderate Efficacy FR = 9%
Barrier		Most common mode of contraception for men. (11%)	Low	Low Efficacy FR = 15%
		In a 2008 study conducted among couples in South Africa and Thailand, women reported that the SILCS diaphragm was easy to use and provided good comfort in over 80% of all product uses.	Low (as the utilization of this method is really low)	Moderate Efficacy FR=6%
Limiting Methods		Prevalence/ Use	Effectiveness (implementation dependent)	Efficacy (as measured by failure rate - FR)
		Most common method of contraception overall (74%)	Very High (as the most chosen terminal method; high number of trained surgeons and widely available equipment)	Very high efficacy FR = 0.5%
		Low level of adoption. (Less than 2%)	Very High (as the most chosen terminal method; high number of trained surgeons and widely available equipment)	Very high efficacy FR = 0.15%

## ACCEPTABILITY, ADVANTAGES & SIDE EFFECTS

Spacing Methods		Side effects	Patient Acceptability <sub>5</sub>	Additional advantages/ Health benefits,
IUDs		Chances of uterine infection or injury if insertion is not appropriate	Low level of acceptability due to fear of side effects of a foreign body in the uterus and chances of infection.	Can also act as an emergency contraceptive in cases of unplanned coitus. Newer LNG IUS, substantially reduces menstrual bleeding
Hormonal		Mild bone mineral loss on long-term use, but equivalent to pills or any other hormonal contraceptive	Low level of acceptability. High level of discontinuation after 6 months of use for injectables	Has additional benefits similar to OCs. It makes the periods lighter and more manageable; Lower the woman's risk of ovarian cancer, fibroadenoma, anemia, ectopic pregnancy, endometrial cancer, and pelvic inflammatory disease. <sub>8</sub>
		Breakthrough bleeding or other menstrual irregularities in the beginning. Mild bone mineral loss on long-term use	Moderate level of acceptability	Makes the periods lighter, regular and more manageable; Lower the woman's risk of developing ovarian cancer, fibroadenoma, anemia, ectopic pregnancy, endometrial cancer, and pelvic inflammatory disease.
		Changes in bleeding pattern, Headache, dizziness, nausea, breast tenderness, weight changes, mood changes, acne	Moderate level of acceptability as fear of side effects and poor daily compliance leads to frequent attrition.	Some of the benefits include reduction in menstrual-related symptoms, fewer ectopic pregnancies, a possible increase in bone density and possible protection against pelvic inflammatory disease <sub>9</sub>
Barrier		Latex allergy	Acceptability is moderate as for male condoms. There is growing acceptability for female condoms.	Prevents against many STIs like HIV, Hep B/C etc...
		Not Available	Acceptability is moderate	No hormonal side effects. May help protect against cervical pre-cancer and cancer. It can be inserted ahead of time, so it does not interfere with sexual activity.
Limiting Methods		Side effects	Patient Acceptability	Additional advantages/ Health benefits
		Minor complications associated with surgery. Difficulty in reversal in case of loss of child subsequent to surgery	Acceptability is high once the family is complete as desired by the couple. High acceptability but Sterilization regret common	Might protect against ovarian cancer
		Minor complications associated with surgery. Difficulty in reversal in case of loss of child subsequent to surgery	Acceptability is low due to several myths and misconceptions around vasectomy <sub>6</sub>	No Scalpel vasectomy is a comparatively less complicated procedure

<sup>1</sup> FP 2020 data charts

<sup>2</sup> Accessed online from IFPPMA website: <http://partnerships.ifppma.org/partnership/implanon-access-initiative> on 14 Apr 2015

<sup>3</sup> J Reprod Med. 1999 Mar;4(3):269-74. Intrauterine devices. The optimal long-term contraceptive method? Fortney JA, Feldblum PJ, Raymond EG.

<sup>4</sup> Draper BH, Morrison C, Hoffman M, Smit J, Bekinska M, Haggood J, Van der Merwe L. Depot medroxyprogesterone versus Norethisterone oenanthate for long-acting progestogenic contraception. Cochrane Database of Systematic Reviews 2006, Issue 3.

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<sup>5</sup> Baweja et al 2000

<sup>6</sup> Reasons for acceptance of No Scalpel Vasectomy (NSV) among patients attending family planning unit of Government Medical College, Thiruvananthapuram. Anish TS, Sreelakshmi PR, Ahkila GU, Anandu M, Afzar Fasaludeen. Department of Community Medicine, Government Medical College, Thiruvananthapuram - 695011, Kerala, India. 2013; Vol. 2 No. April-June ISSN 2319 - 4154

<sup>7</sup> Summarization of each section of specific method. Multiple References, each embedded in the respective section.

<sup>8</sup> Struck-Ware R, Inki P (2005) The levonorgestrel intrauterine system: long-term contraception and therapeutic effects. Womens Health (Lond Engl) 1: 171-182.

<sup>9</sup> Am J Obstet Gynecol. 2004 Apr;190 (4 Suppl):S5-22. Safety concerns and health benefits associated with oral contraception. Burkman R1, Schlesselman JJ, Ziemian M