

# The Benefits of Long-Acting and Permanent Methods for Individuals

Long-acting and permanent methods (LAPMs) of contraception offer an untapped opportunity to meet the needs of a variety of people. They offer individuals and couples advantages that other methods of family planning do not, and their provision gives women who want to space or limit their pregnancies more choices. Use of LAPMs can also improve the health and well-being of entire families in several important ways.

## Addressing diverse needs

For women and couples who want to delay or space their pregnancies, implants and intrauterine devices (IUDs) offer long-term effectiveness and reversibility. These reversible LAPMs are effective for three to 12 years,<sup>1</sup> depending on which method is chosen. Once either device is removed, a woman's fertility returns almost immediately. Implants and IUDs are also options for individuals and couples who want no more children. In addition, female sterilization and vasectomy effectively prevent pregnancies throughout the reproductive years.

At least 15 percent of all couples worldwide choose a method of family planning that men actively participate in using, such as condoms, withdrawal, periodic abstinence, or vasectomy.<sup>2</sup>

**For men who have achieved their desired family size, vasectomy is the only method that offers highly effective, permanent protection from unintended pregnancies.** The procedure is simpler and safer than female sterilization. It generally takes 15 minutes or less when performed by a trained surgeon, is almost painless, and is usually not complicated.<sup>3</sup>

For the young people of Africa who are delaying marriage and parenthood, reversible LAPMs are safe and suitable options. Because they do not require any action on the part of a user, implants and IUDs are almost always used correctly, and they rarely fail. Pregnant adolescents are also at higher risk than other women of pregnancy-induced hypertension, anemia, and prolonged or obstructed labor.<sup>4</sup> So, young people who choose reversible LAPMs are also protecting themselves against these potential complications.

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**Reversible LAPMs are an alternative for women who discontinue other methods** of family planning but still want to avoid pregnancy. A woman who stops using short-acting hormonal methods because of estrogen-related side effects may prefer an IUD or implant. A woman using a short-acting method might also consider switching to an LAPM if she has trouble returning to the clinic for resupply, has difficulty using her method correctly and consistently, or wants to prevent pregnancy for a longer period.

Because they either do not contain hormones or contain only progestin, LAPMs can be used by lactating women immediately or soon after childbirth without affecting their milk supply. A woman can have an IUD inserted within the first 48 hours after giving birth. Or, she can safely undergo female sterilization within the first week after giving birth if she is certain she does not want any more children. Women who are breastfeeding can also safely initiate implants as soon as six weeks postpartum.<sup>5</sup>

LAPMs are an option for women and couples who are living with HIV or AIDS and want to prevent unintended pregnancies. IUDs, implants, and female sterilization can all be used by women with HIV or AIDS or at high risk of HIV. Vasectomy can be used by any man, regardless of his HIV status.

## Offering unique advantages

LAPMs are the most effective methods for preventing pregnancies. Most modern methods of family planning are highly effective when used correctly and consistently during every act of sexual intercourse. In typical use, when people occasionally forget to use a method or use it incorrectly, many contraceptive methods are not as effective. During one year of typical use, **LAPMs are between three and 60 times more effective than most short-acting methods** (Table 1).

**Table 1. Pregnancy Rates During One Year of Typical Use**

Family planning method	Method type	Pregnancy rate (%)
Oral contraceptives	Short-acting	8.0
Injectables	Short-acting	3.0
Copper intrauterine device	Long-acting	0.8
Female sterilization	Permanent	0.5
Vasectomy	Permanent	0.15
Implants	Long-acting	0.05

Source: World Health Organization/Department of Reproductive Health and Research (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs/INFO Project (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2007.

LAPMs are convenient for users. Women who use oral contraceptives must remember to take their pills each day. Likewise, injectable users must have reinjections every one to three months, depending on the type of injectable they are using. Resupply often requires travel to a clinic, and the timing of clinic visits is critical for preventing pregnancies. LAPMs require almost no attention on the part of the user after they are initiated, and their effectiveness is not dependent on daily or monthly action.

LAPMs can be the most cost-effective option for users over time. Oral contraceptives and injectables may at first appear to be lower-cost options, but their cumulative costs due to return visits and resupply can be surprisingly high. On the other hand, LAPMs may have a higher one-time start-up cost, depending on the type of facility providing them, but are usually less expensive over time.

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People who use LAPMs are satisfied. In Kenya, more than 85 percent of women who choose the IUD<sup>6</sup> and approximately 97 percent of women who choose female sterilization<sup>7</sup> report being satisfied with their method. In both Nigeria and Zimbabwe, at least 96 percent of women using implants have said they are satisfied or very satisfied with their choice.<sup>8</sup>

Very few medical conditions limit LAPM use. No medical condition should restrict an individual's eligibility for vasectomy or female sterilization. Breast cancer is one of only a few medical conditions that makes a woman ineligible for implants. Certain conditions prevent initiation of the IUD. For example, the World Health Organization recommends that a woman with gonorrhea or a chlamydial infection should not begin using an IUD until her infection has been cured. However, like other LAPMs, the IUD is a safe option for most healthy women.<sup>9</sup>

**LAPMs offer noncontraceptive health benefits.** Implants and female sterilization protect against ovarian cancer, and use of an IUD or implant may lower a woman's risk of endometrial cancer. Use of an implant also decreases a woman's risk of anemia and reduces the amount of bleeding, pain, and cramps typically associated with menstruation.<sup>10</sup>

### Benefiting family health and well-being

The use of LAPMs can improve maternal and child health. Healthy timing and spacing of births reduces the chance that a mother will become sick or die from complications related to pregnancy, unsafe abortion, or childbirth. When pregnancies are spaced too close together, babies can be born too early and too small, making them more likely to die before the age of five. Women are at higher risk of developing anemia, rupturing the sac of water surrounding the baby before the baby is ready to be born, or dying during childbirth. Spacing pregnancies also allows children to experience the substantial health benefits of breastfeeding for a full two years.<sup>11</sup>

Smaller families can invest more money in the health, nutrition, and education of each of their children. Women who decide how many children they would like to have and how far apart they would like to space them are also empowered. They have more opportunities to work, be educated, and participate in other activities.

When one or more parents are living with HIV or AIDS, LAPMs can provide highly effective protection from unwanted pregnancies and, thus, mother-to-child transmission of HIV.

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1 World Health Organization/Department of Reproductive Health and Research (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs /INFO Project (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2007.

2 United Nations. *World Contraceptive Use 2005. Wall chart*. New York: United Nations, 2005.

3 Family Health International. *Vasectomy: Evidence-Based Practices to Improve Effectiveness*. Research Triangle Park, NC: Family Health International, 2007.

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5 World Health Organization (WHO). *Medical Eligibility Criteria for Contraceptive Use. Third Edition*. Geneva: WHO, 2004.

6 Sekadde-Kigundu C, Mwathe EG, Ruminjo JK, et al. Acceptability and discontinuation of Depo-Provera, IUCD and combined pill in Kenya. *East Afr Med J* 1996;73(12):786-94.

7 Ruminjo JK, Lynam PF. A fifteen-year review of female sterilization by minilaparotomy under local anesthesia in Kenya. *Contraception* 1997;55(4):249-60.

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9 WHO.

10 U.S. Centers for Disease Control and Prevention (CDC). *Family Planning Methods and Practice: Africa. Second Edition*. Atlanta, GA: CDC, 2000.

11 ESD Project.



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