

Why Family Planning?

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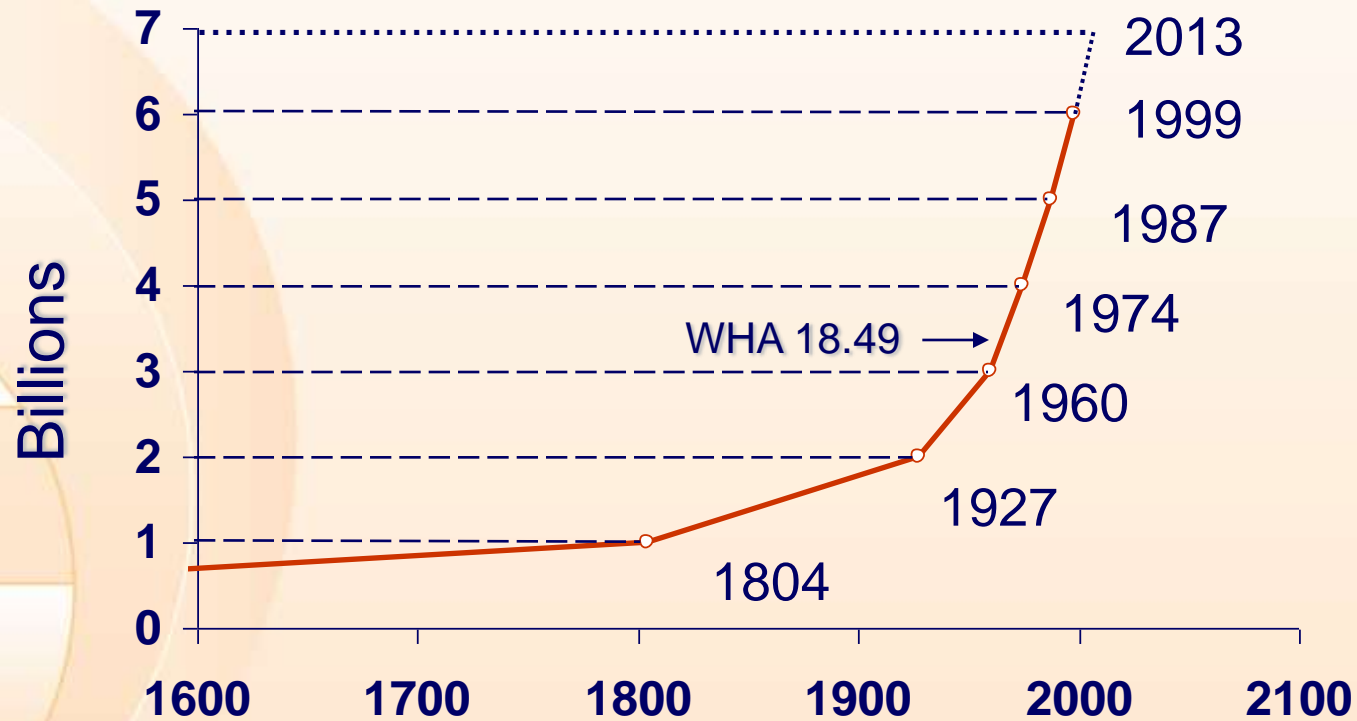
Training Course in Sexual and Reproductive Health Research
Geneva 2009

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Overview

- Why Family Planning is important
 - Population Concerns (the beginning)
 - Human Rights
 - Health Concerns
 - Reaching the Millennium Development Goals
- Unmet Need
- Addressing Causes of Unmet Need
 - Tools and information
 - Overview of methods and needs for new innovation

How it began...



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How it began

“REQUESTS the Director-General to develop further the programme proposed:

(a) in the fields of reference services, studies on medical aspects of sterility and fertility control methods and health aspects of population dynamics; ...”

(WHA Resolution 18.49; 1965)

How it began... [3]

1965:

Human Reproduction Unit within existing Division of Family Health
(*WHA Resolution 18.49; 1965*)

1972-1988:

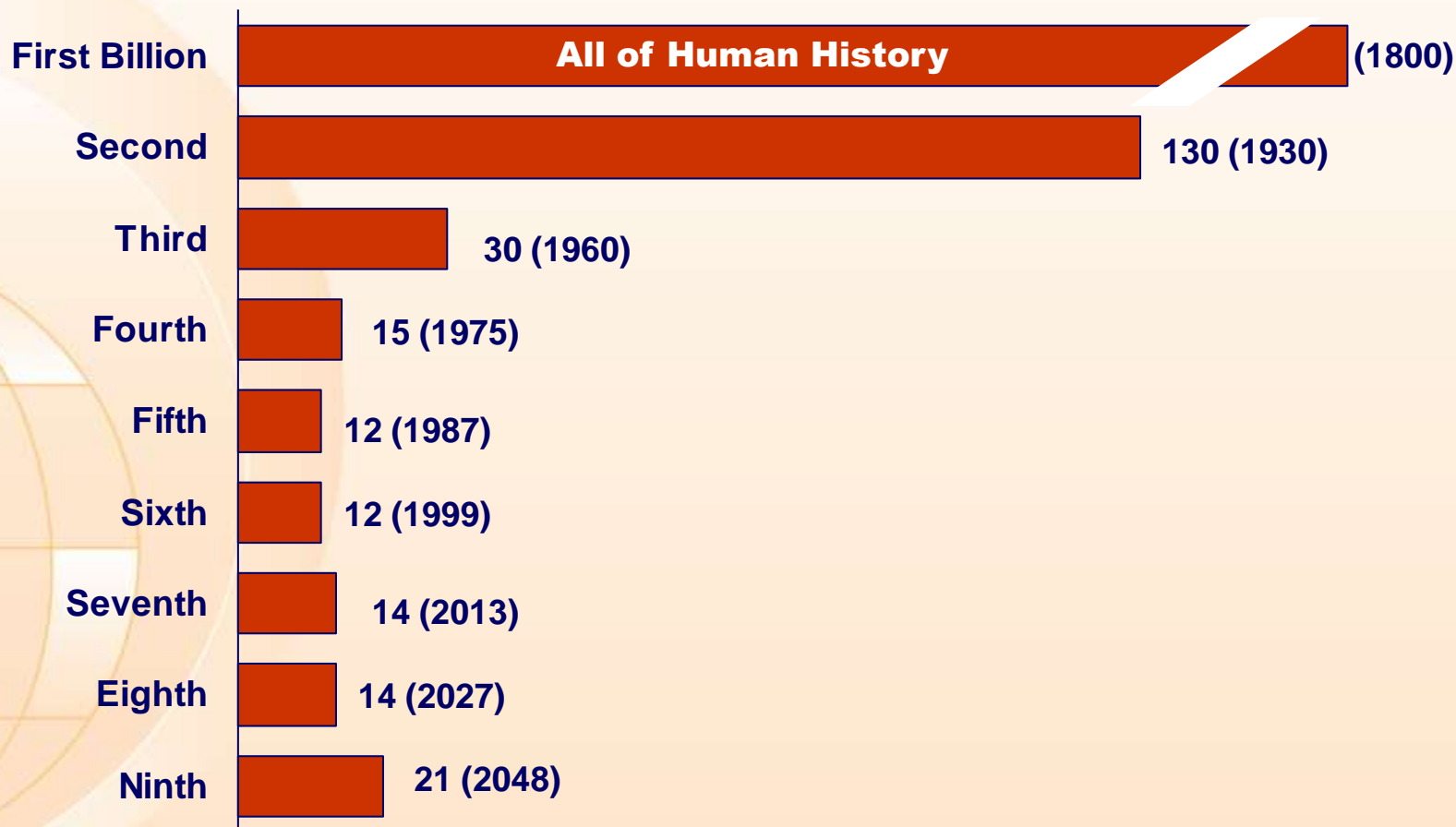
WHO (Expanded) Special Programme of Research, Development and Research Training in Human Reproduction

1988-present:

UNDP/UNFPA/WHO/World Bank cosponsored Special Programme
(*WHA Resolution 41.9; 1988*)

World Population Growth, in Billions

Number of years to add each billion (year)



Sources: First and second billion: Population Reference Bureau. Third through ninth billion: United Nations, *World Population Prospects: The 2004 Revision (medium scenario)*, 2005.

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Population growth from 1960 to 2050, by region

	Population size (million)			Absolute change 2005–50 (million)	Percent change 2005–50
	1960	2005	2050		
Asia	1699	3905	5217	1312	34
Europe	604	728	653	-75	-10
Latin America and Caribbean	219	561	783	222	39
North Africa	67	191	312	121	63
North America	204	331	438	107	32
Oceania	16	33	48	15	44
Sub-Saharan Africa	226	751	1692	941	125
World	3024	6465	9076	2611	40

An example: Niger

	Indicator	Year
Current population	14 million	2005
Projected population (assuming constant fertility)	82 million	2050
Projected population (assuming fertility declines to 3.6 by 2050)	50 million	2050
Total fertility rate (children per woman)	7.5	1998
Modern contraceptive use by married women (%)	4.6	1998
Mean desired number of children	8.2	1998
Life expectancy (years)	43	2005
Children stunted at younger than 5 years (%)	40	1996–2004

Population increase

- From now on will be concentrated in the poorest region of the world:
 - Sub-Saharan Africa (was 0.225 billion in 1960 and 0.75 billion now) will increase 200 million/year and will reach 1 billion in 2020 and 1.69 billion in 2050.
 - Weakest economies in that region (Burkina Faso, Mali, Niger, Somalia will triple)
 - Uganda's population will quadruple.
 - Fertility rate still around 6

Consequences

- Governments, officials, even health care providers acting on demographic targets
- Inattention to quality of care

What has been done?

During the last four decades:

- Population in Asia rose by 129% from 1.7 to 3.9 billion, but will increase only 33% till 2050
- Similar case in Latin America & Caribbean
- Similar in North Africa and Middle-East
- Worldwide contraceptive prevalence increased from 9% to 60%.

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National FP programs

- 1960: 2 countries
- 1975: 74 countries
- 1996: 116 countries

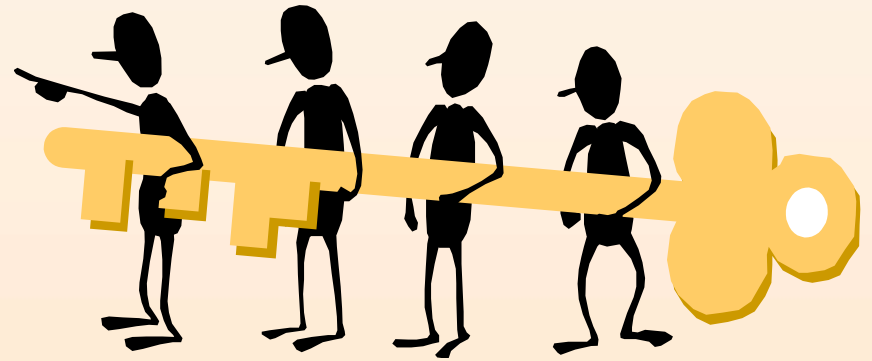
INTERNATIONAL FUNDING

- 1971: \$168 million
- 1985: \$512 million
- 1995: \$560 million
- 2003: \$460 million

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Synergies

- Scientific community
- Health advocates
(woman and child health)
- Women's advocates
- Development workers
- Environmentalists
- Donors
- National governments



The Goal of Family Planning...

- To enable couples and individuals to decide freely and responsibly the **number** and **spacing** of their children and to have the **information and means to do so** and to ensure informed choices and make available a full range of safe and effective methods. (ICPD, Cairo, 1994)

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The core ICPD Goal

"All countries should strive to make accessible through the primary healthcare systems, reproductive health services to all **individuals of appropriate ages** as soon as possible and no later than the year 2015."

(ICPD Programme of Action, para 7)

Health Concerns

- Relation of higher fertility with high maternal mortality
- Relation of frequent birth intervals with adverse pregnancy outcomes
- Relation of frequent deliveries and large families with higher under five morbidity and mortality
- PMTCT

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MATERNAL MORTALITY

- If birth to pregnancy intervals are shorter than 12 months maternal mortality is likely to rise
- Maternal morbidity (PIH, PROM, anemia) is likely to rise with intervals shorter than 6 months

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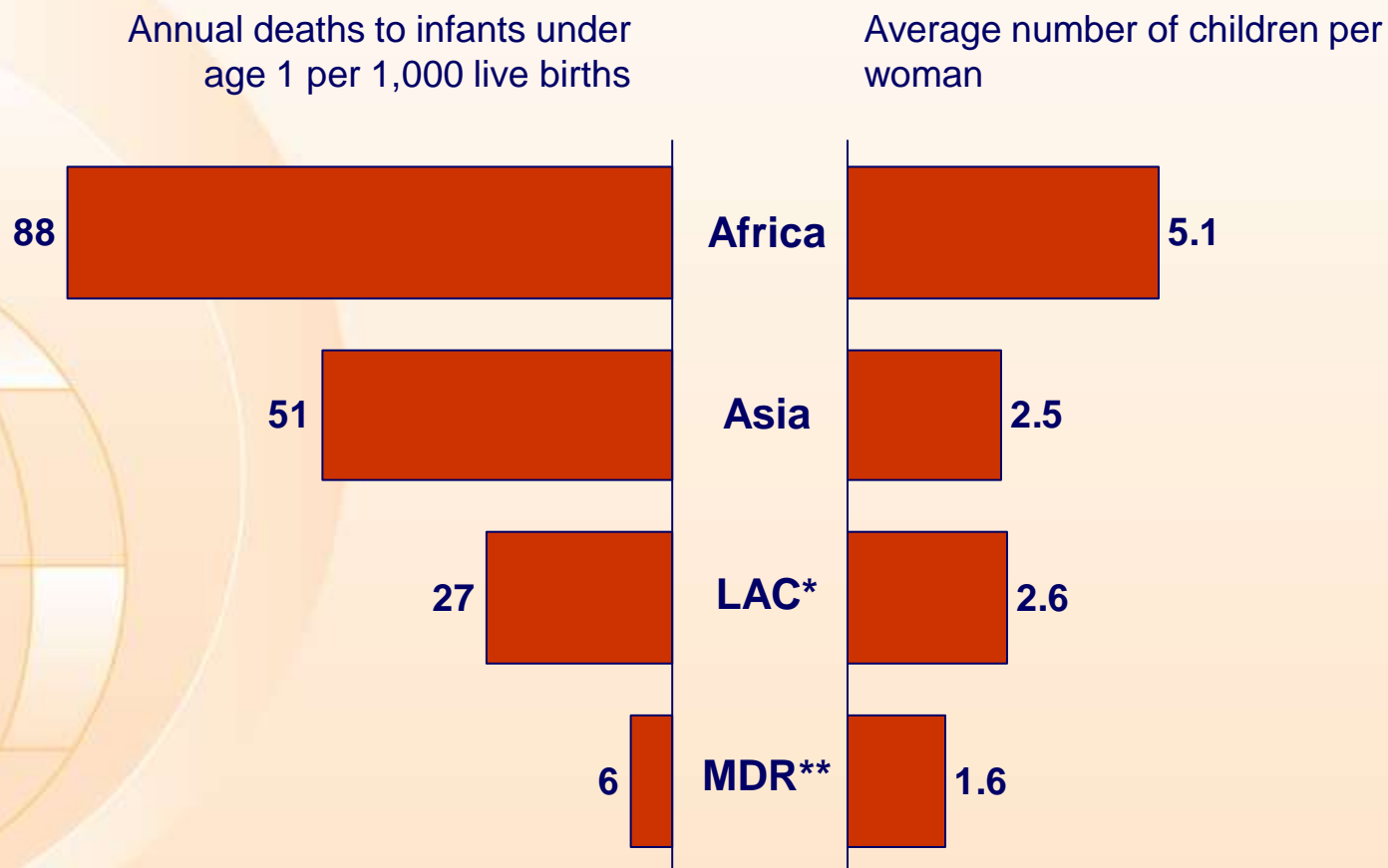
Infant and Child Health

- When birth to pregnancy interval is shorter than 18 months:

- Fetal death
- Low birthweight
- Prematurity

RISKS INCREASE

Infant Mortality Rate and Total Fertility Rate by Region



* LAC=Latin America and the Caribbean; ** MDR=More Developed Regions.
Source: Population Reference Bureau, 2005 World Population Data Sheet.

Under 5 Mortality

- Each year 11 million children under 5 years of age die
- 1 million deaths of children under 5 years of age can be prevented if birth intervals of less than 2 years are eliminated
 - » Projections based on Matlab and DHS data

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Millenium Development Goals

- 1. Eradicate extreme poverty and hunger
- 2. Achieve universal primary education
- 3. Promote gender equality and empower women
- 4. Reduce child mortality
- 5. Improve maternal health
- 6. Combat **HIV/AIDS**, Malaria, and other diseases
- 7. **Ensure environmental sustainability**
- 8. Develop a global partnership for development.

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Millennium Development Goal 5

- Improve Maternal Health
 - Target 1: reduce by three quarters the maternal mortality ratio
 - 5.1 Maternal mortality ratio
 - 5.2 Proportion of births attended by skilled health personnel
 - Target 2: achieve universal access to reproductive health
 - 5.3 Contraceptive prevalence rate
 - 5.4 Adolescent birth rate
 - 5.5 Antenatal care coverage (at least one visit and at least four visits)
 - 5.6 Unmet need for family planning

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Unmet need

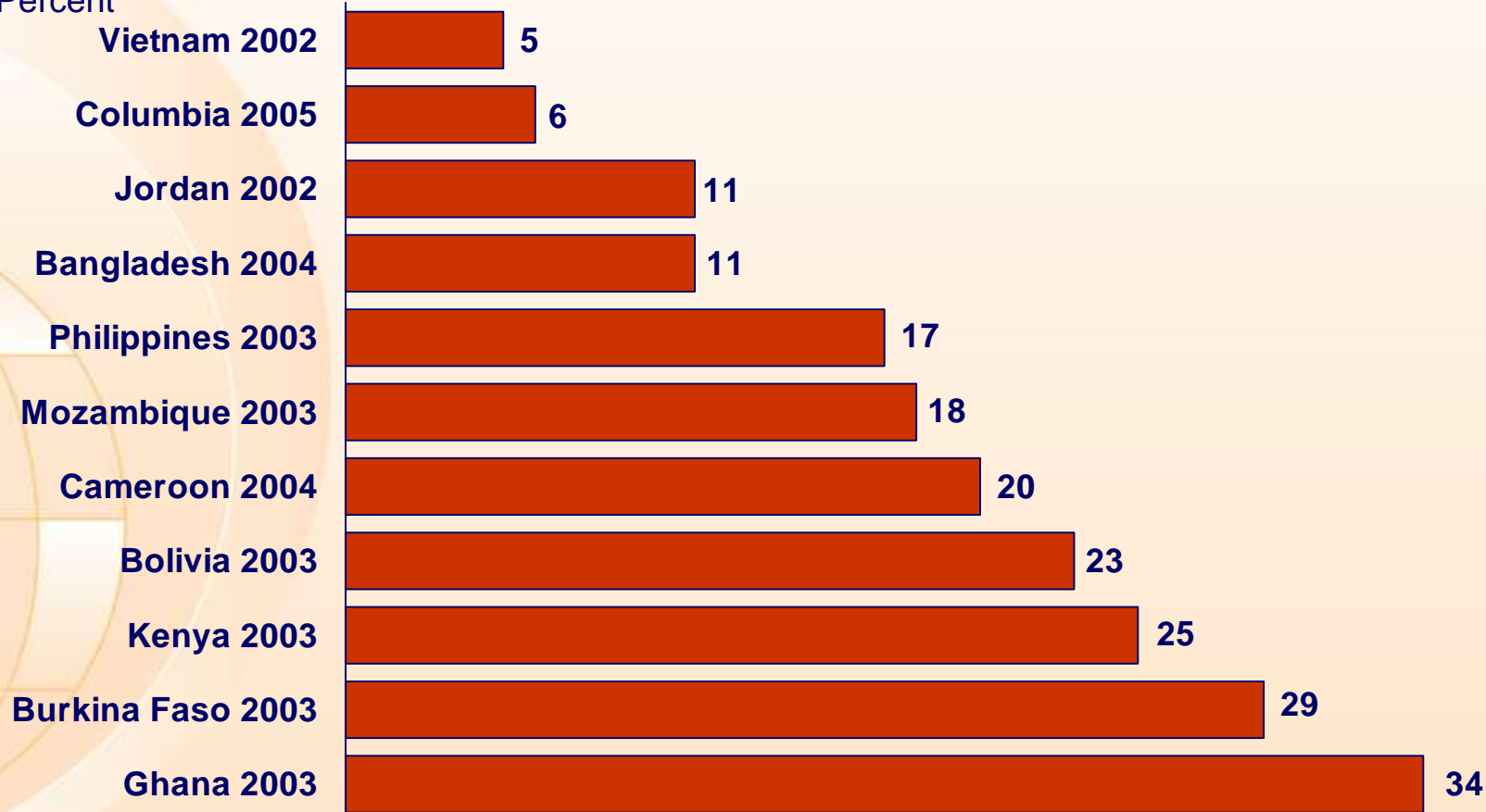
- Proportion of fecund, married women who wish to avoid further childbearing altogether or postpone for at least 2 years but who are not using contraception

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Unmet Need for Family Planning

Married Women 15 to 49 Not Using Family Planning

Percent



Source: DHS STATcompiler: accessed online at www.measuredhs.com/statcompiler on June 8, 2006.

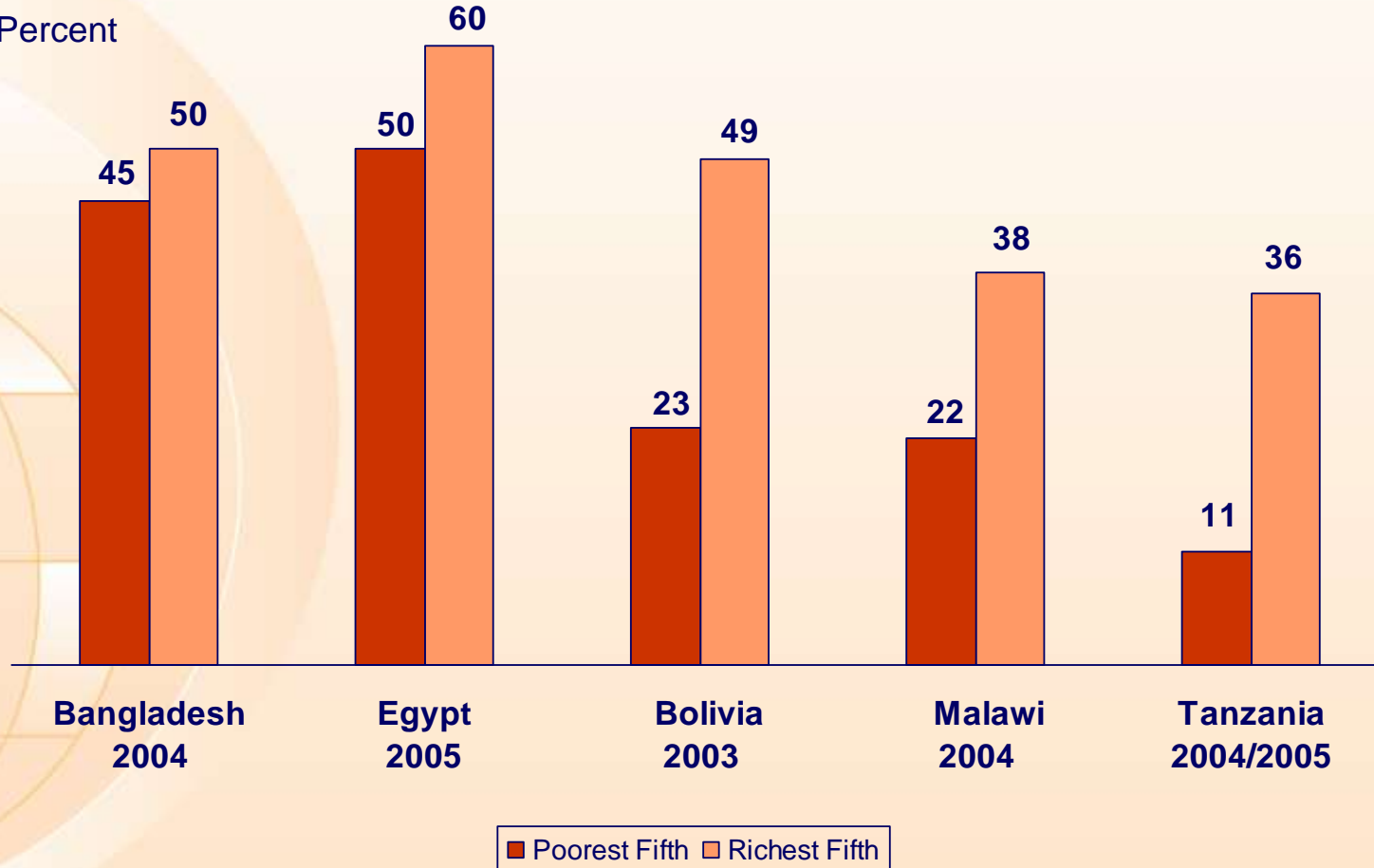
Population growth and unmet need

Population growth rate per year (2005-2010)	High ($\geq 2\%$)	<p>Nigeria (24) Niger (25) Paraguay (21) Nicaragua (26) Honduras Jordan (34)</p> <p>CP 39%, TFR 4-3</p>	<p>Yemen (37) Rwanda (24) Ethiopia (20) Uganda (28) Pakistan (40) Togo (14) Senegal (18) Burkina Faso (13) Mali (22) Laos Malawi (17) Sierra Leone D.R. Congo</p> <p>Angola Benin (16) Iraq Burundi (22) Sudan (29) Kenya (23) Somalia Madagascar (24) Chad (26) Guatemala (32) Afghanistan Syria Guinea (17)</p> <p>CP 17-3%, TFR 5-4</p>	
	Medium (1-1.9%)	<p>Egypt (24) Indonesia (13) Iran Brazil (30) Colombia (20) Vietnam (16)</p> <p>CP 60%, TFR 2-3</p>	<p>Tunisia (37) Mozambique (16) Philippines (33) El Salvador India (28) Algeria Ecuador (16) Uzbekistan (30) Kyrgyz Republic (30) Bangladesh (16) Dominican Republic (28) Morocco (17) Peru (20)</p> <p>CP 47%, TFR 2-8</p>	<p>Haiti (27) Ghana (14) Nepal (23) Cambodia (21) Côte D'Ivoire (16) Zambia (16) Papua New Guinea Bolivia (28) Tajikistan Tanzania (17) Cameroon (22)</p> <p>CP 27%, TFR 3-9</p>
	Low (<1%)	<p>Democratic Republic of Korea Kazakhstan (32) Thailand (24) Cuba Romania China</p> <p>CP 71%, TFR 1-6</p>	<p>Ukraine Belarus Zimbabwe (11) Sri Lanka (29) Azerbaijan</p> <p>CP 59%, TFR 1-9</p>	<p>Burma Serbia Bulgaria</p> <p>CP 46%, TFR 1-6</p>
	Low (<10%)	Medium (10-19%)	High ($\geq 20\%$)	
	Unmet need			

Disparities Within Countries

Married Women 15 to 49 Using a Modern Method, by Wealth Category

Percent



Source: ORC Macro, Demographic and Health Surveys.

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Causes of unmet need

- Lack of information about contraception
- Social pressures
- Difficulty in access to services
 - particularly rural, poor, unmarried, youth
- Dissatisfaction with services
- Dissatisfaction with contraceptives
 - limited choice of methods
 - experience/fear of side effects

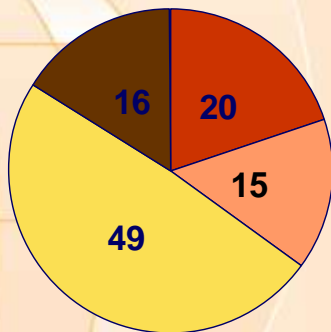
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Where are we now?

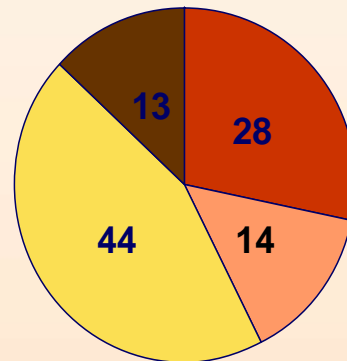
- 137 million unmet need
- An estimated 38% of all pregnancies that occur around the world every year are unintended,
- Around 6 out of 10 unplanned pregnancies result in an induced abortion
- 300 million users unsatisfied

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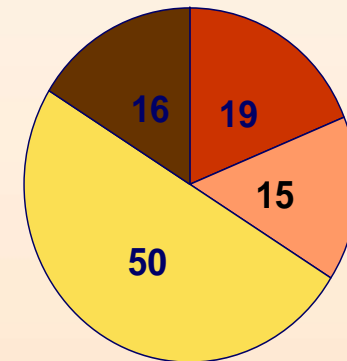
Worldwide 1 in 5 pregnancies ends in induced abortion



World



More developed countries

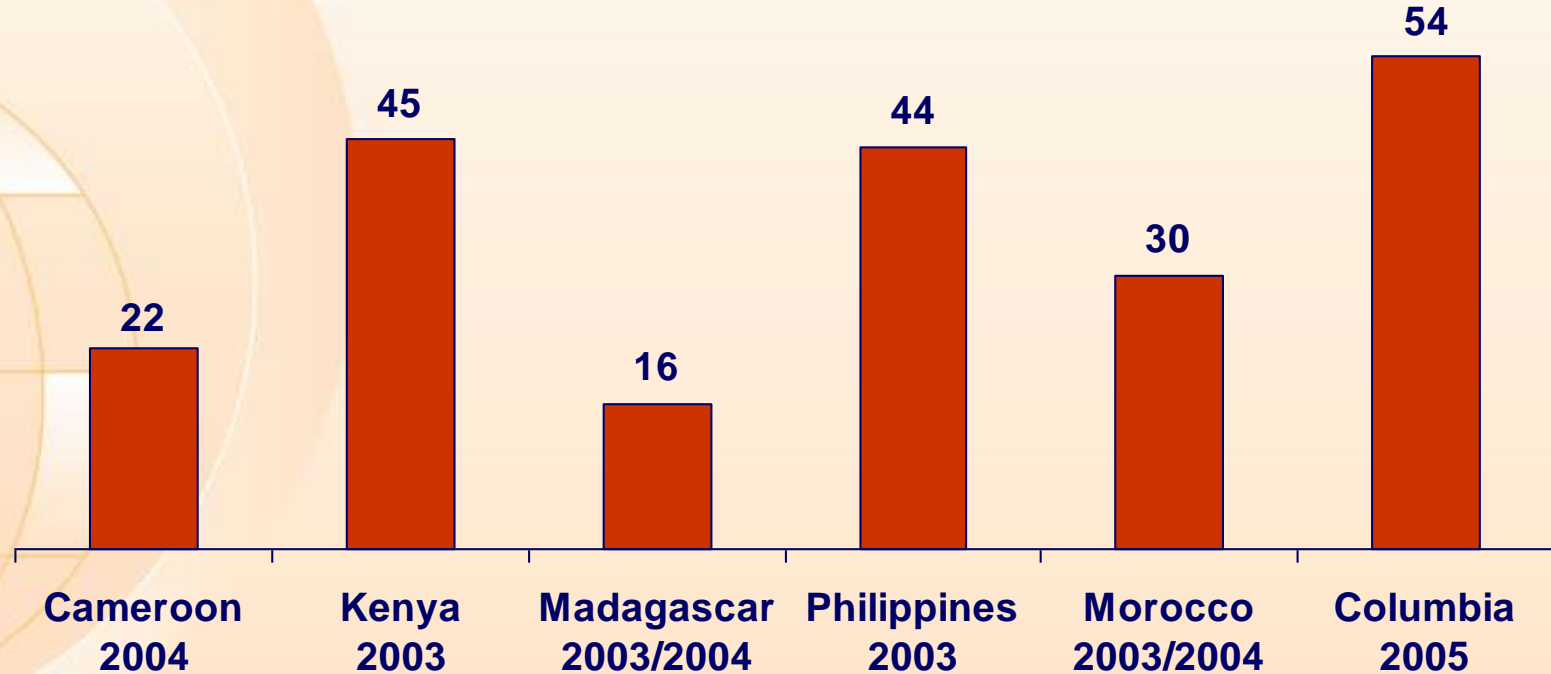


Less developed countries

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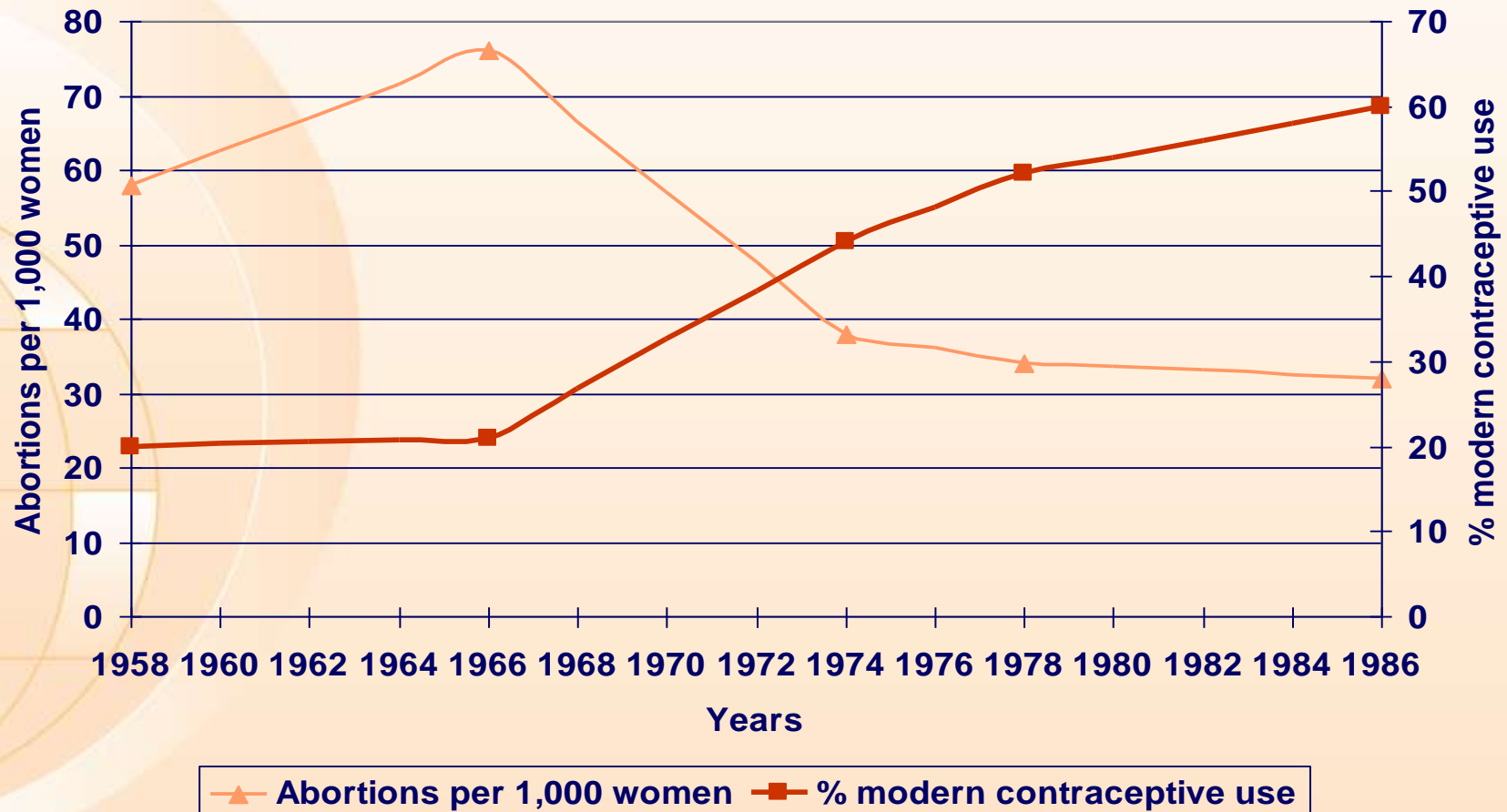
Unintended Births

Births Reported by Women as Either Unwanted or Wanted Later
Percent



Source: DHS STATcompiler: accessed online at www.measuredhs.com/statcompiler on June 14, 2006.

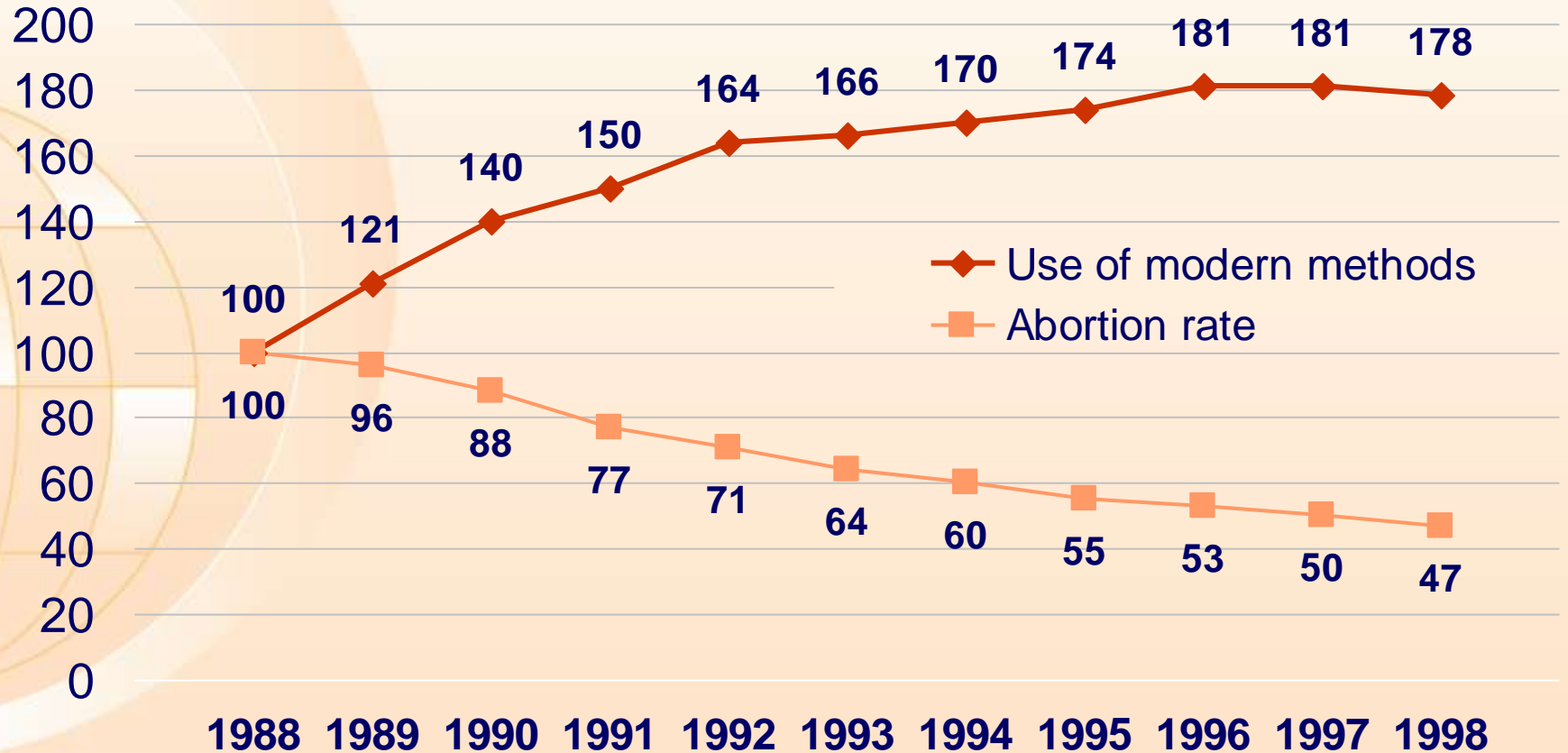
In Hungary, abortion rates declined as contraceptive use increased



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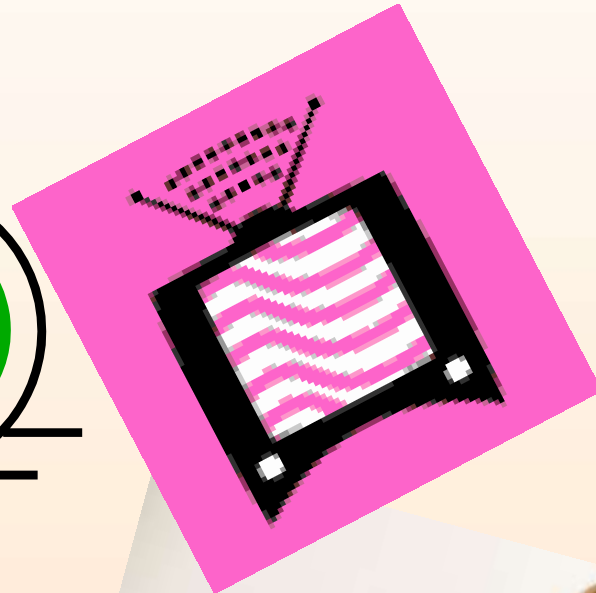
In the Russian Federation, abortion rates declined with increased contraceptive use

Index of changes in rates, Russian Federation



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INFORMATION TO MASSES



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Correct information for all

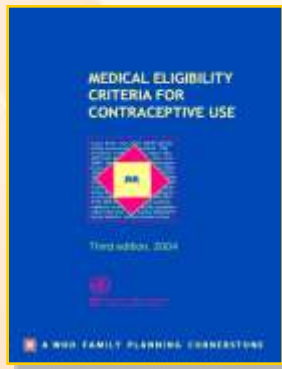
- Potential and current users need to have information
- Providers must have up-to-date and correct information



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The Four Cornerstones of evidence-based guidance

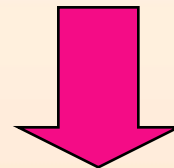
**Medical Eligibility
Criteria for
Contraceptive Use**



**Selected Practice
Recommendations for
Contraceptive Use**



**Guidelines for
policy-makers
and programme
managers**



**Tools for health-
care providers**



**Decision-Making Tool for
Family Planning Clients and
Providers**



**Family Planning: A
Global Handbook for
Providers**

Services



- Quality of care in FP:
 - Choice of methods
 - Information provided,
 - Personal interaction
 - Technical competence of staff
 - Physical infrastructure
 - Constellation of services

Appropriate services

Appropriate according to:

- Resources (human, financial, infrastructure)
- Geography
- Culture
- Health systems

Social science research
looking into
users/providers/manager
perspectives



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The ideal contraceptive

- 100% effective
- 0 side effects
- Practical
- Low-cost
- User-controlled
- Independent from intercourse



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Developing new contraceptives, testing old ones

- Collect data on long term safety of contraceptives
- Collect safety data for different subgroups
- Develop new contraceptives



Addressing unmet need is CRITICAL

In 2000 we could have prevented:

- 90% of abortion related mortality
- 20% of obstetric related maternal mortality
 - (150,000 maternal deaths, 32% of global MMR)
- 1 million (of 11 million) child deaths
 - by preventing birth intervals shorter than 2 years

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Summary

- FP programmes all over the world are among the most prominent success stories of 20th century
- It is not complete yet
- We need to improve FP programs to achieve MDGs

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Summary

- Priorities for research in FP
 - Social, Behavioural, and Operations Research
 - Commodity security, contraceptive mix
 - Improving quality of and access to services, particularly for vulnerable groups
 - Role of mid-level providers/task-shifting
 - Dual protection
 - New contraceptive methods
 - Removing medical barriers – safety of existing methods in women with medical conditions
 - Support provider training and supervision
 - Research capacity strengthening