
WHY FAMILY PLANNING?

Dr Nuriye Ortayli
RHR, WHO

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
-

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
-

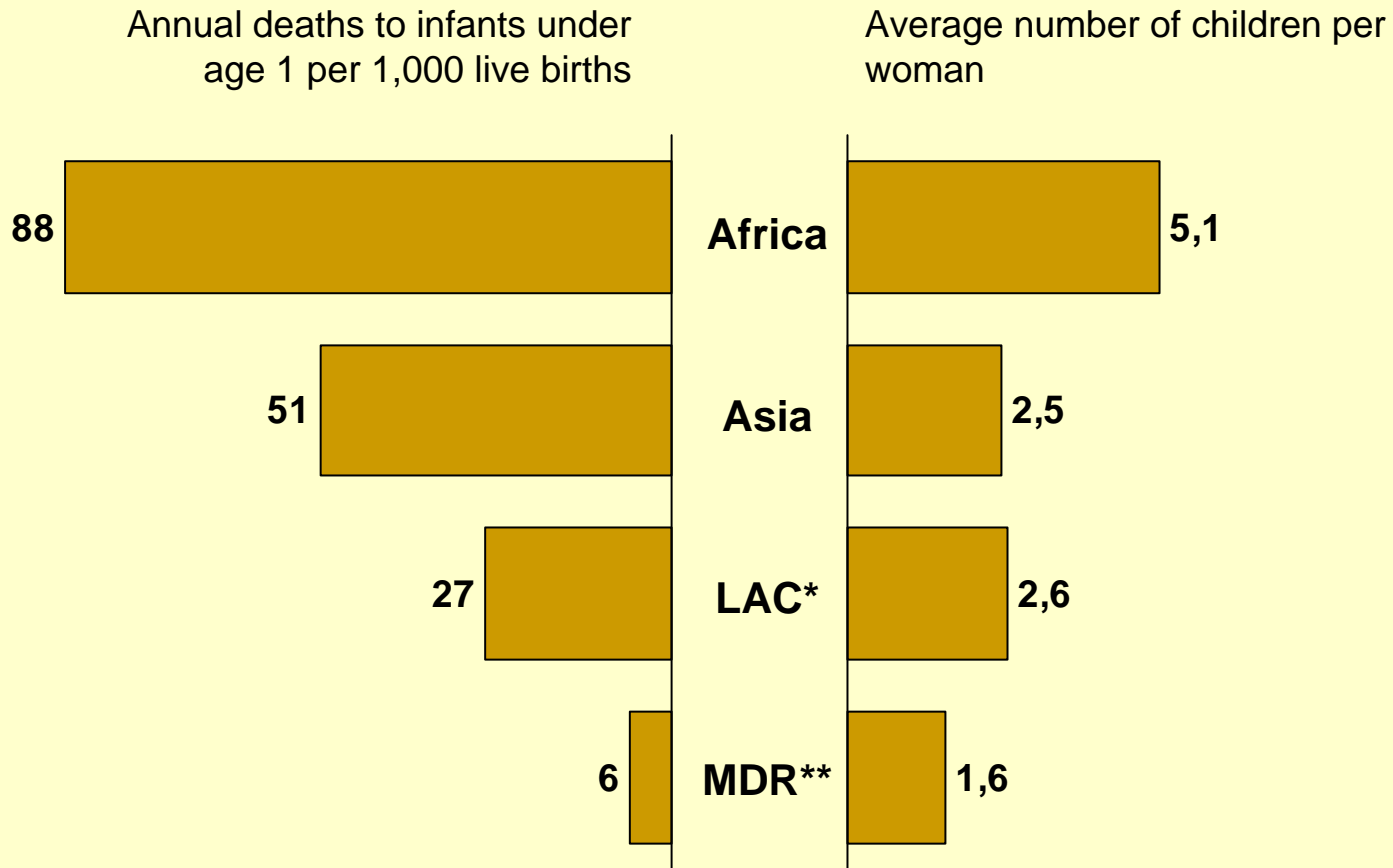
Infant and Child Health

- 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.

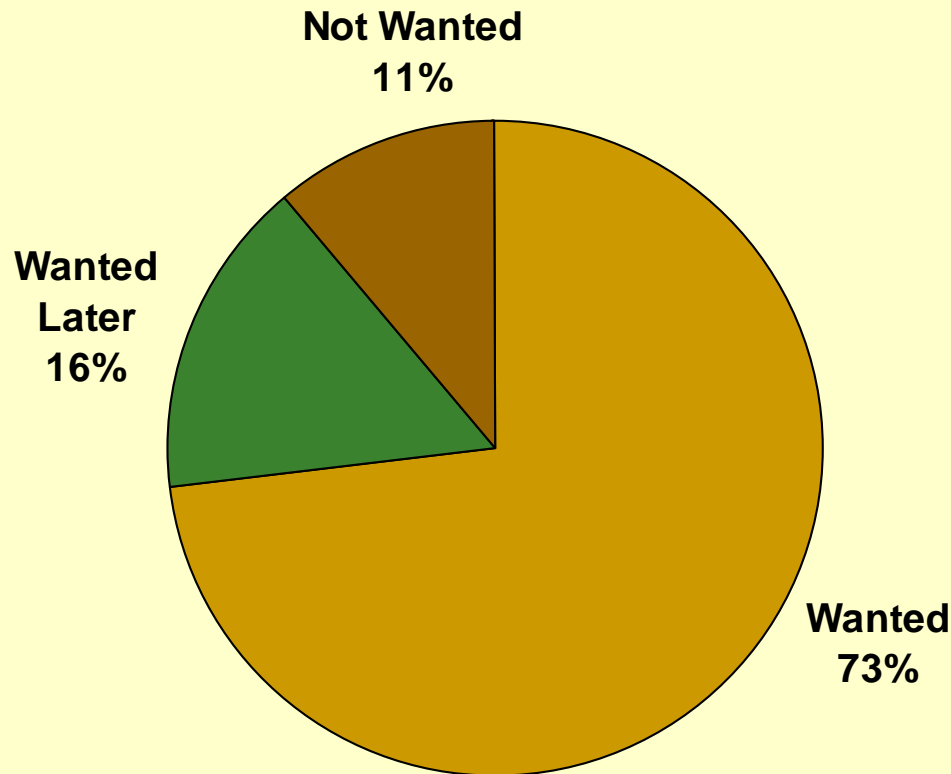
Source: Population Reference Bureau, 2005 World Population Data Sheet.

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
-

Wanted Births, Worldwide

Recent Births, by Mother's Attitude, Late 1990s

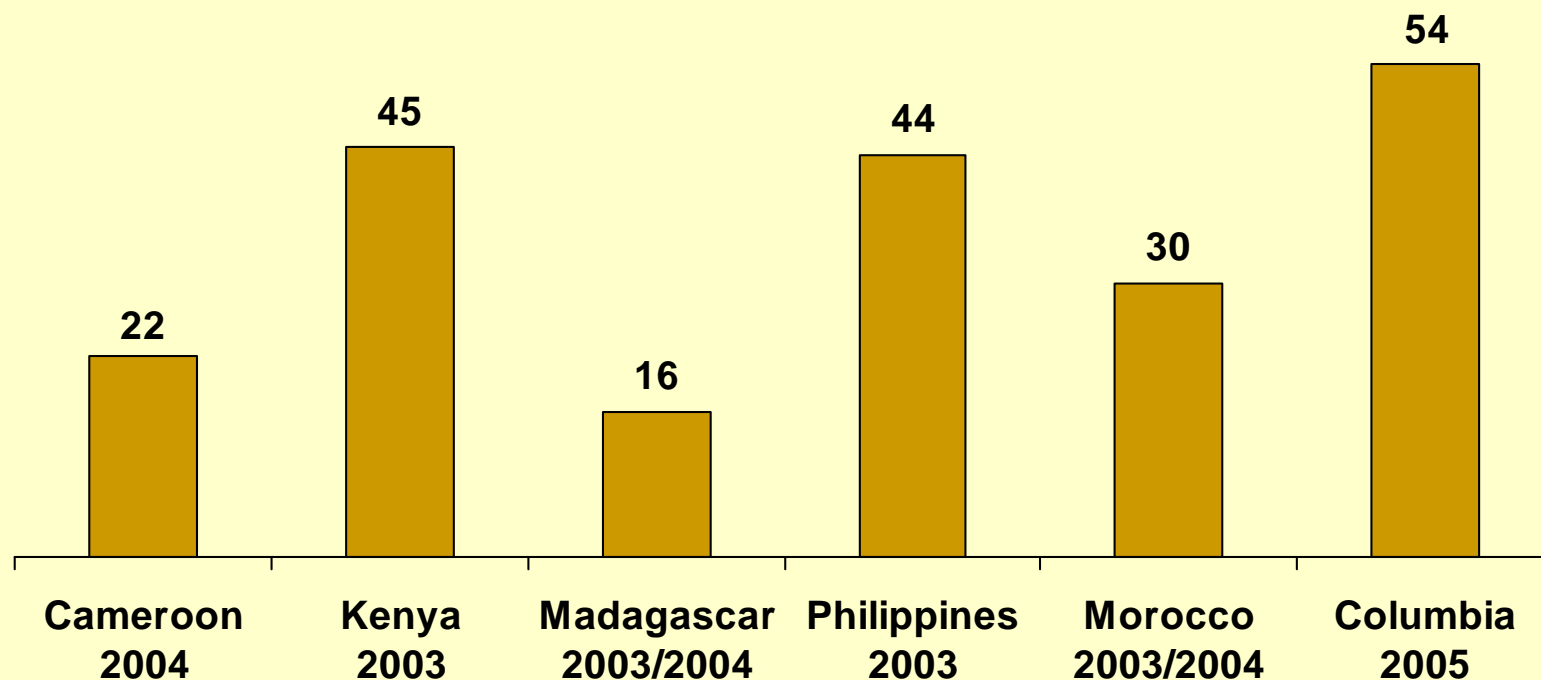


Note: Estimates based on approximately 60 percent of births worldwide.

Source: Population Reference Bureau, *Family Planning Worldwide 2002 Data Sheet*.

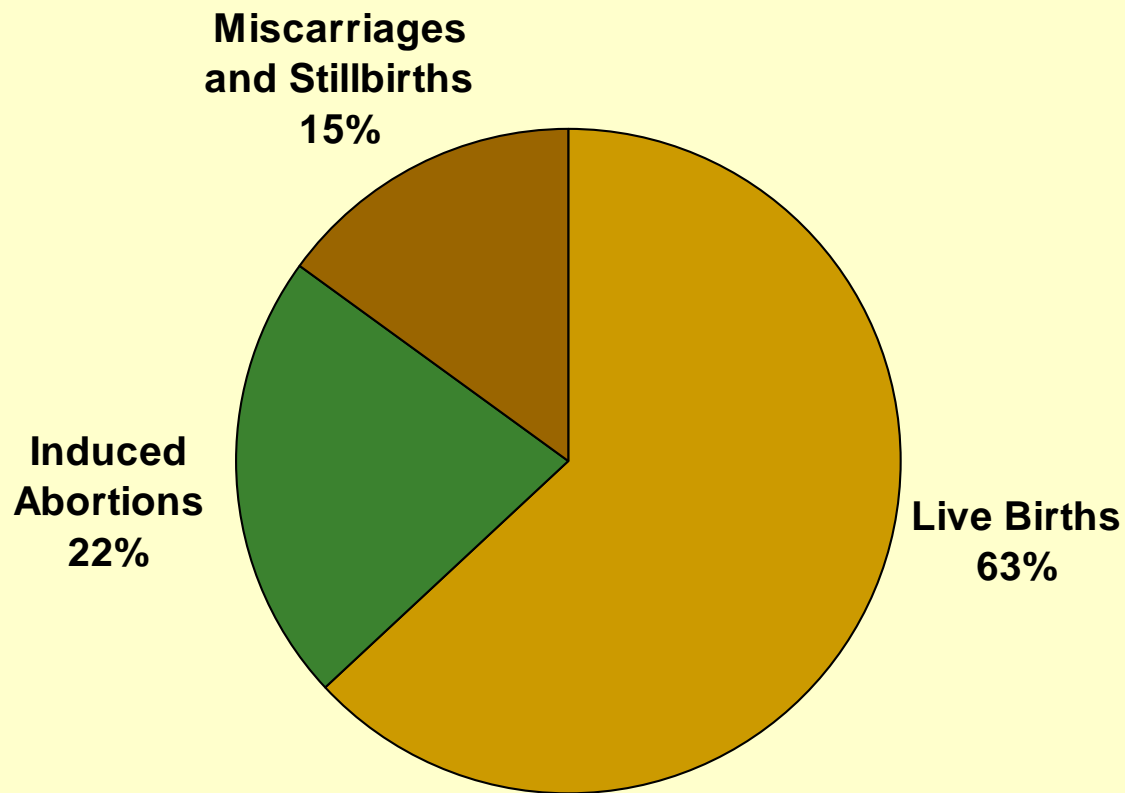
Unintended Births

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.

Abortions as a Share of Pregnancy Outcomes, Estimates for 1999

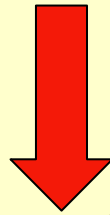


Note: The percentages are based on a 1996 UN projection of 210 million pregnancies for 1999.

Source: Alan Guttmacher Institute, *Sharing Responsibility: Women, Society, and Abortion Worldwide*, 1999.

If Unmet Need could have been met

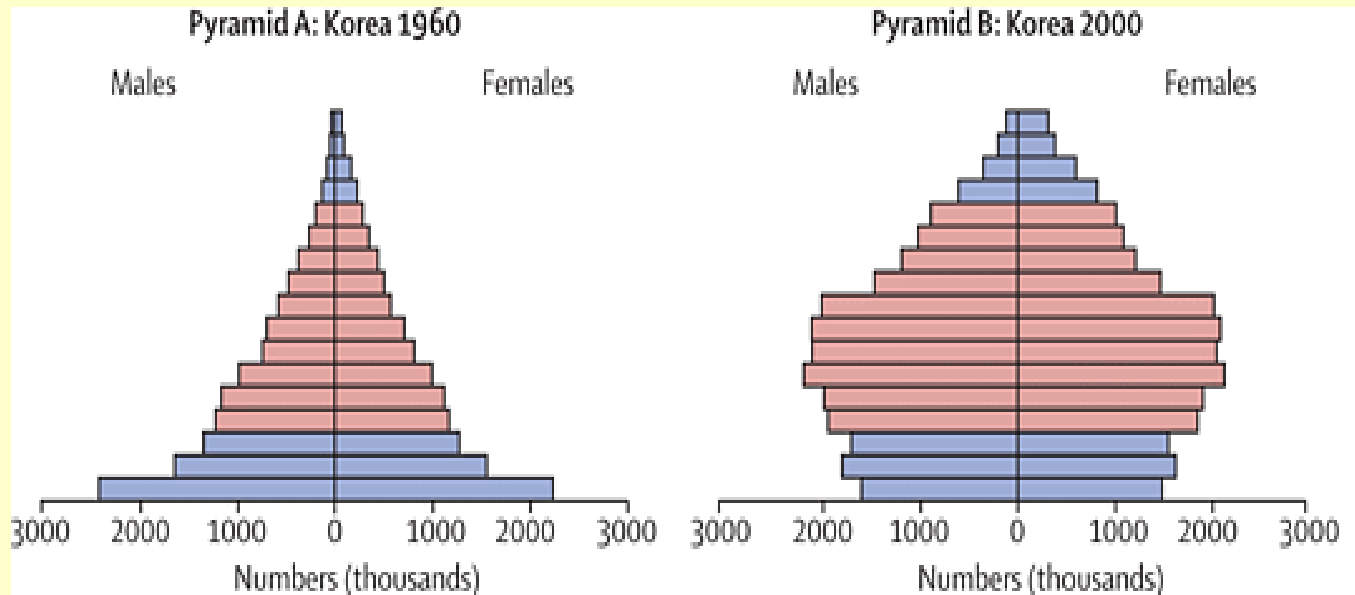
- 90% of abortion-related
- 20% of obstetric-related mortality and morbidity could have been averted



150,000 maternal deaths
annually could have been
prevented

Why Family Planning

- It is a developmental factor



Why Family Planning?

- It is a human right



ICPD, CAIRO

- 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)
-

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)

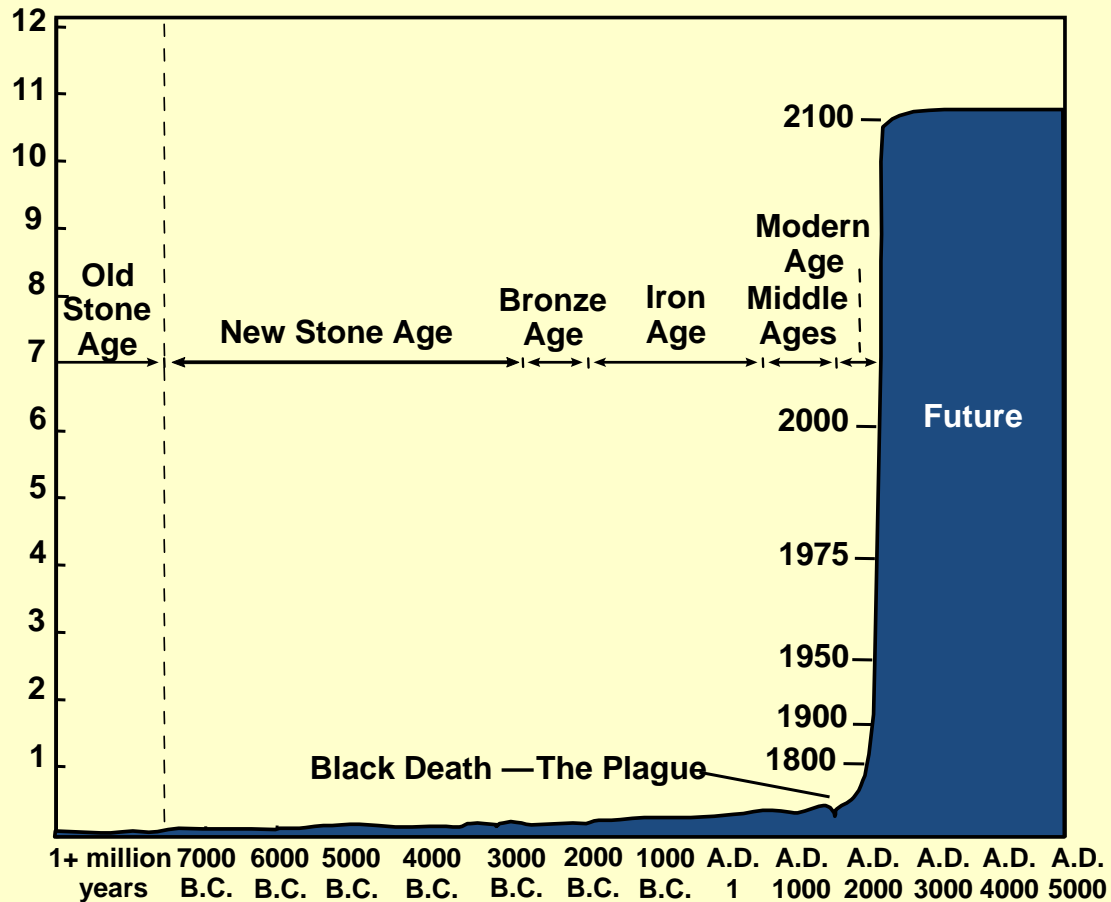
Why Family Planning?

- Population concerns



World Population Growth Through History

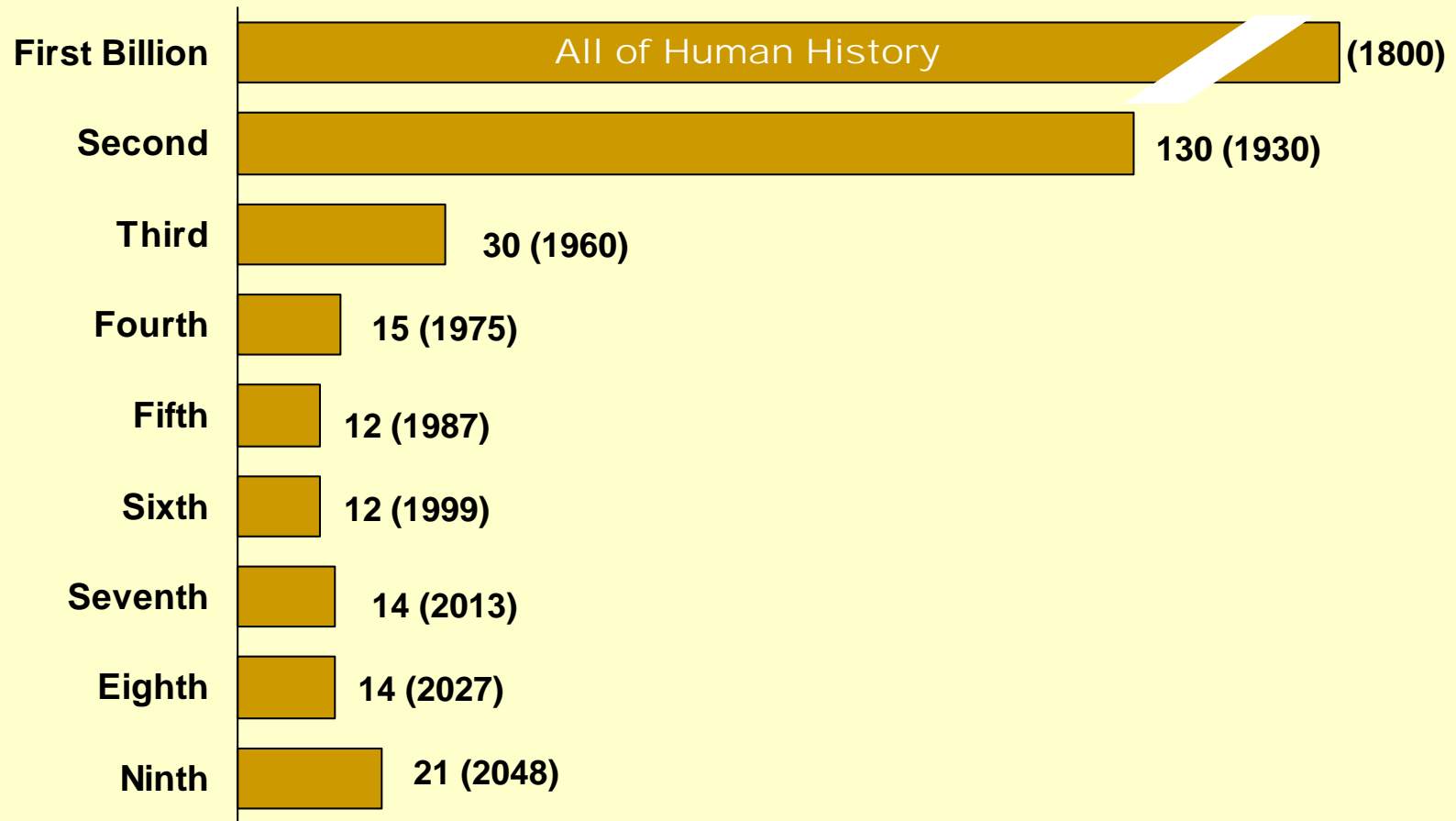
Billions



Source: Population Reference Bureau; and United Nations, *World Population Projections to 2100* (1998).

World Population Growth, in Billions

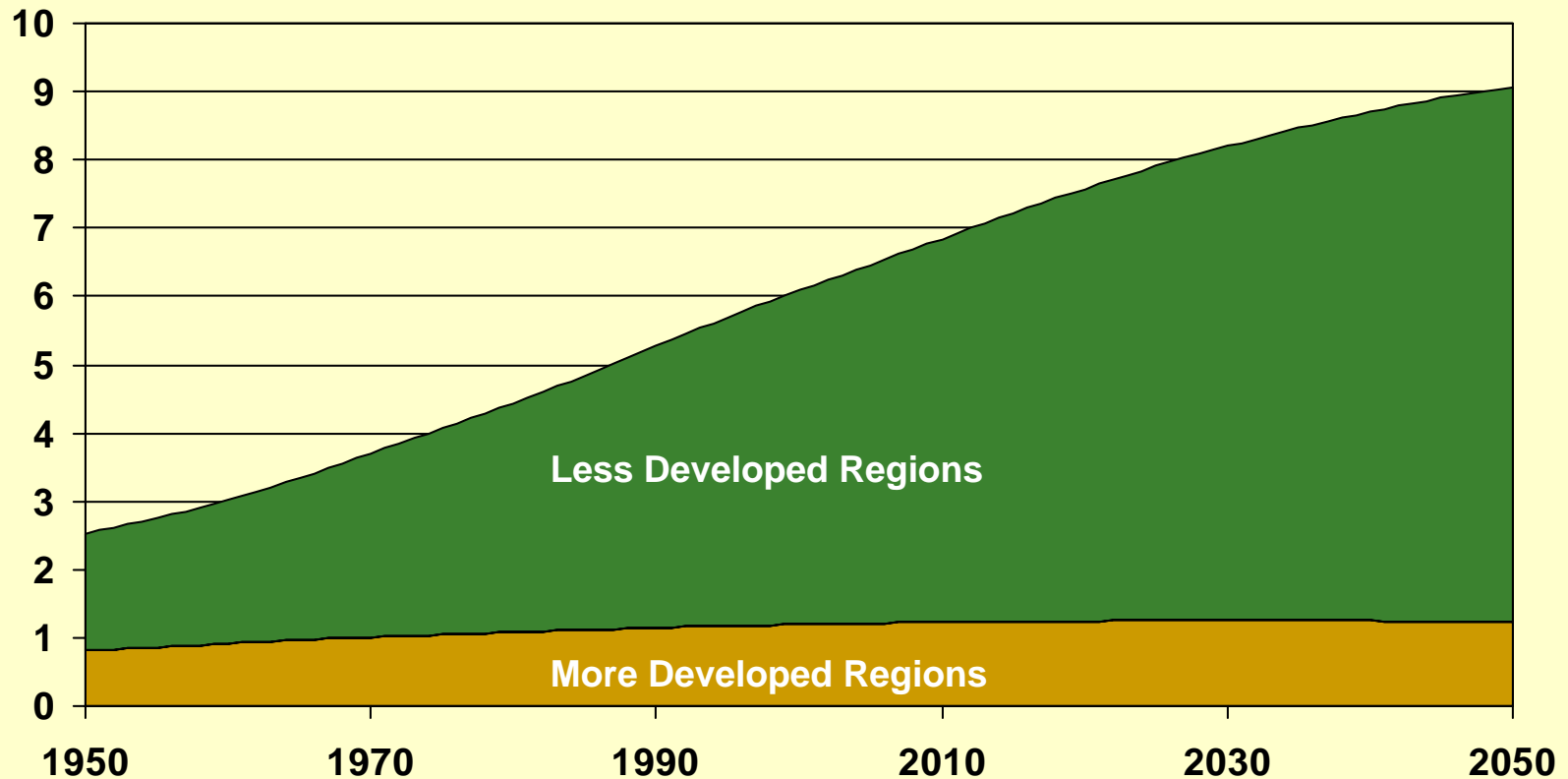
Number of years to add each billion (year)



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

Growth in More, Less Developed Countries

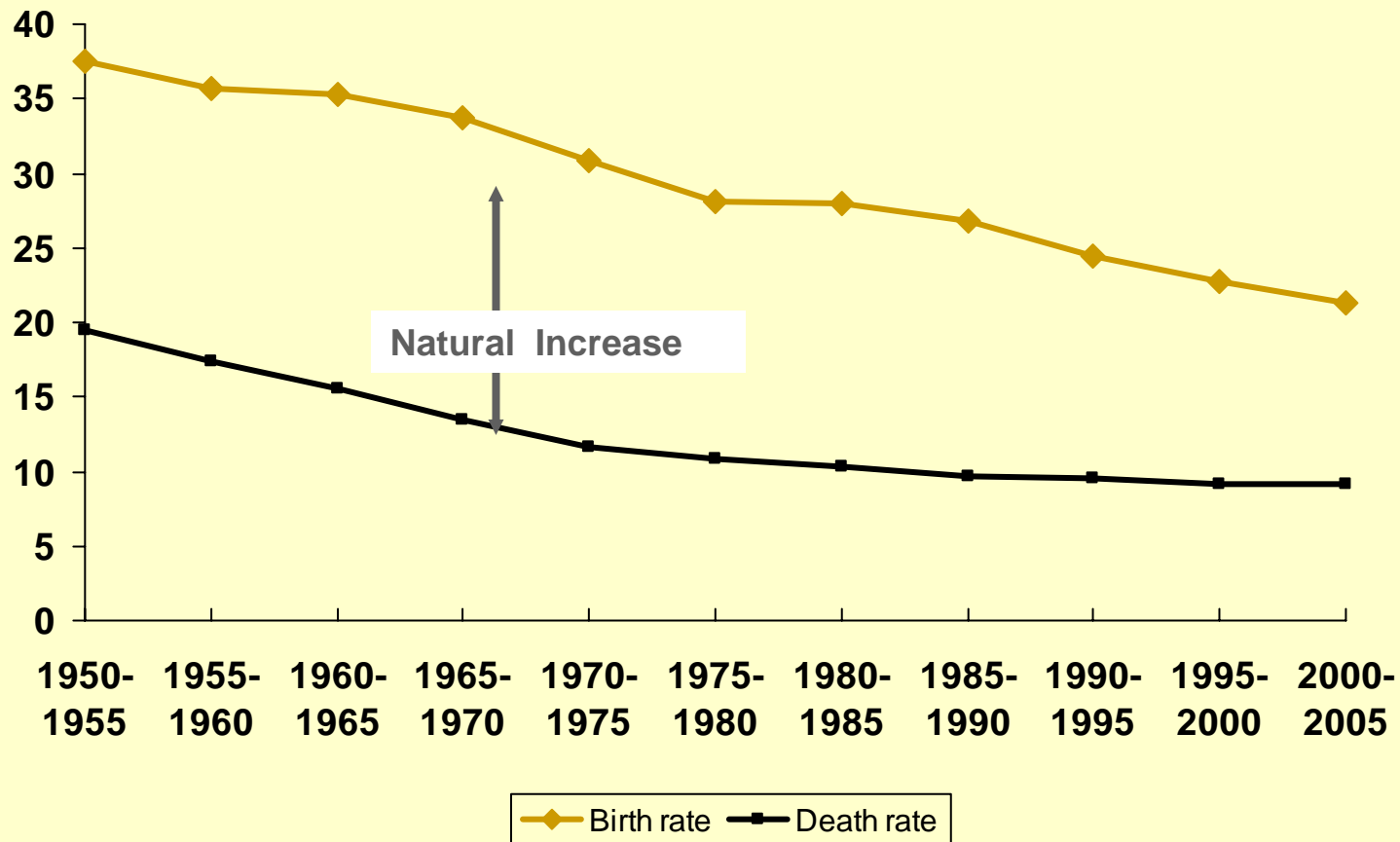
Billions



Source: United Nations, *World Population Prospects: The 2004 Revision* (medium scenario), 2005.

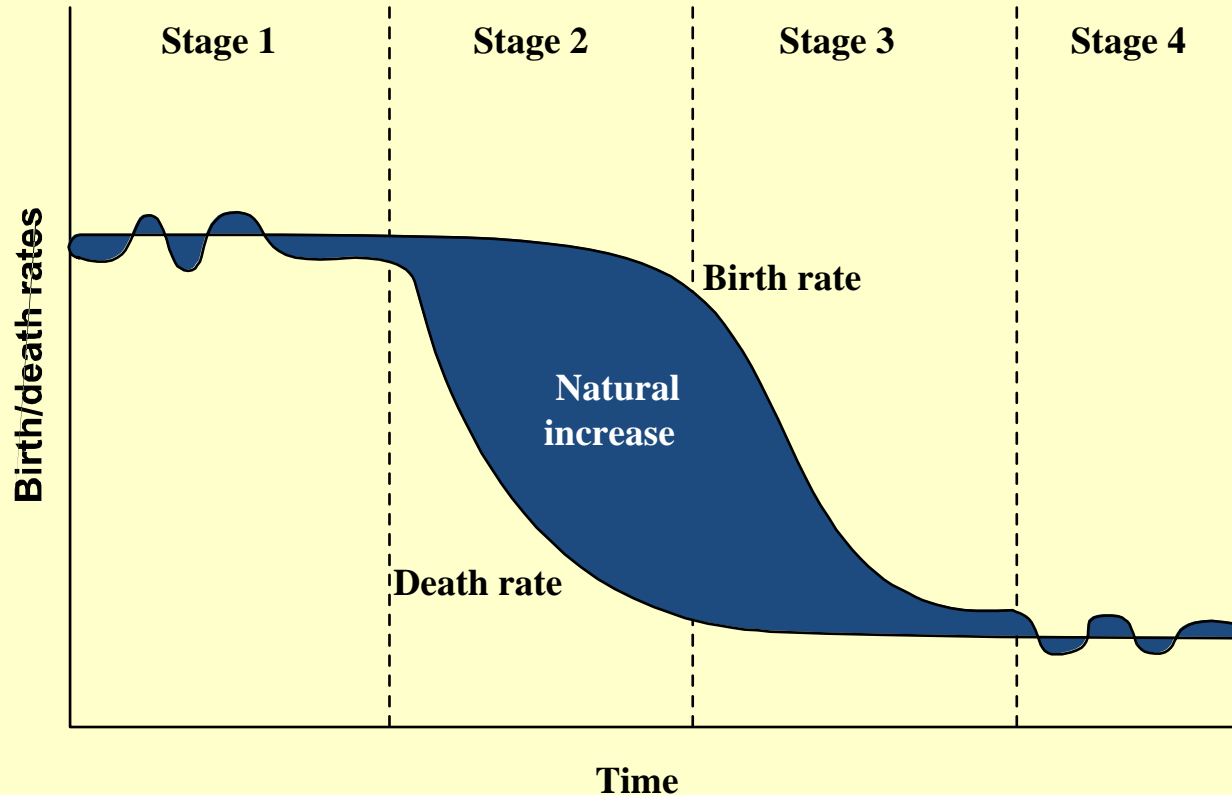
Birth and Death Rates, Worldwide

Rates of birth, death, and natural increase per 1,000 population



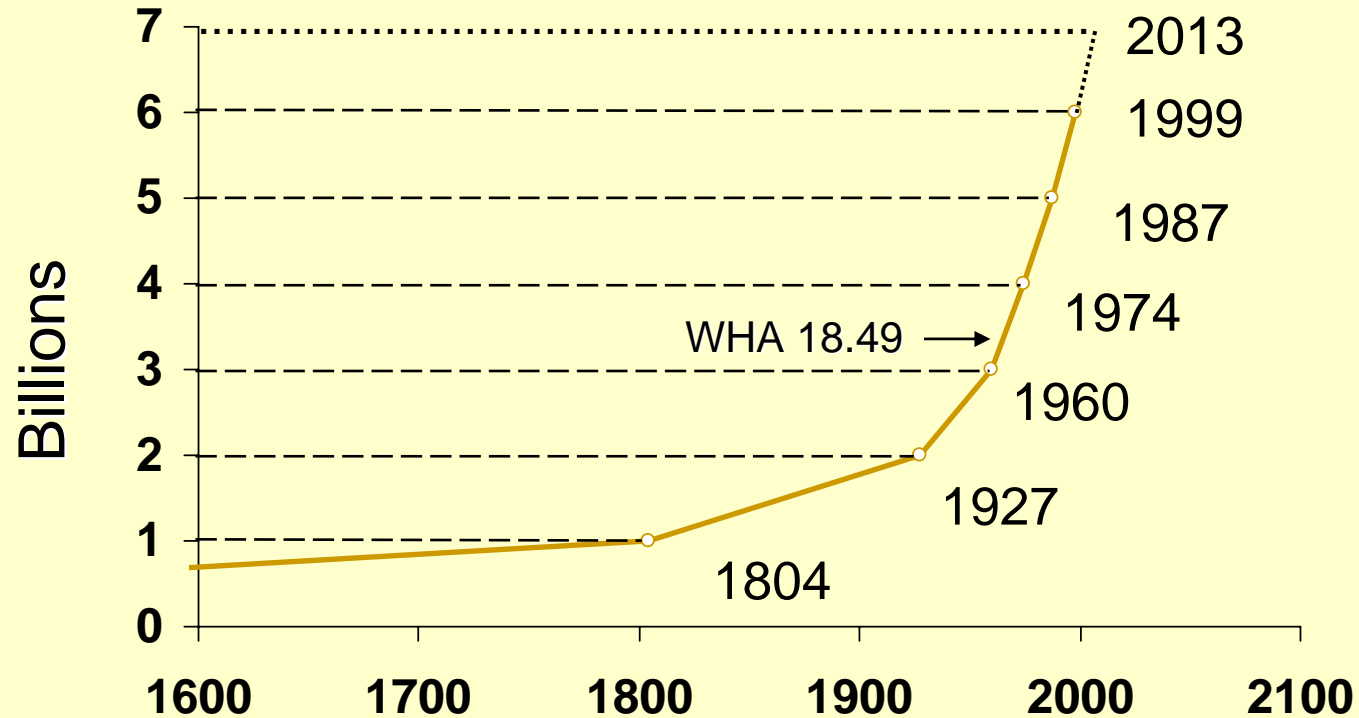
Source: United Nations, *World Population Prospects: The 2004 Revision*, 2005.

The Classic Stages of Demographic Transition



Note: Natural increase is produced from the excess of births over deaths.

First Interventions



First interventions

“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)

NATIONAL FP PROGRAMS

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

INTERNATIONAL FUNDING

1971: \$168 million

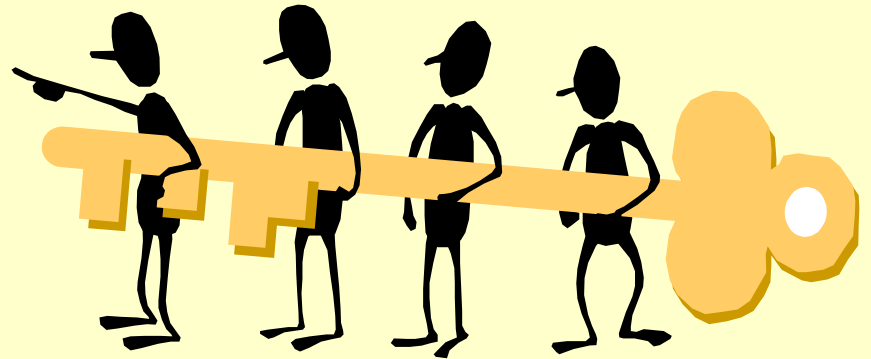
1985: \$512 million

1995: \$560 million

2003: \$460 million

Synergies worked

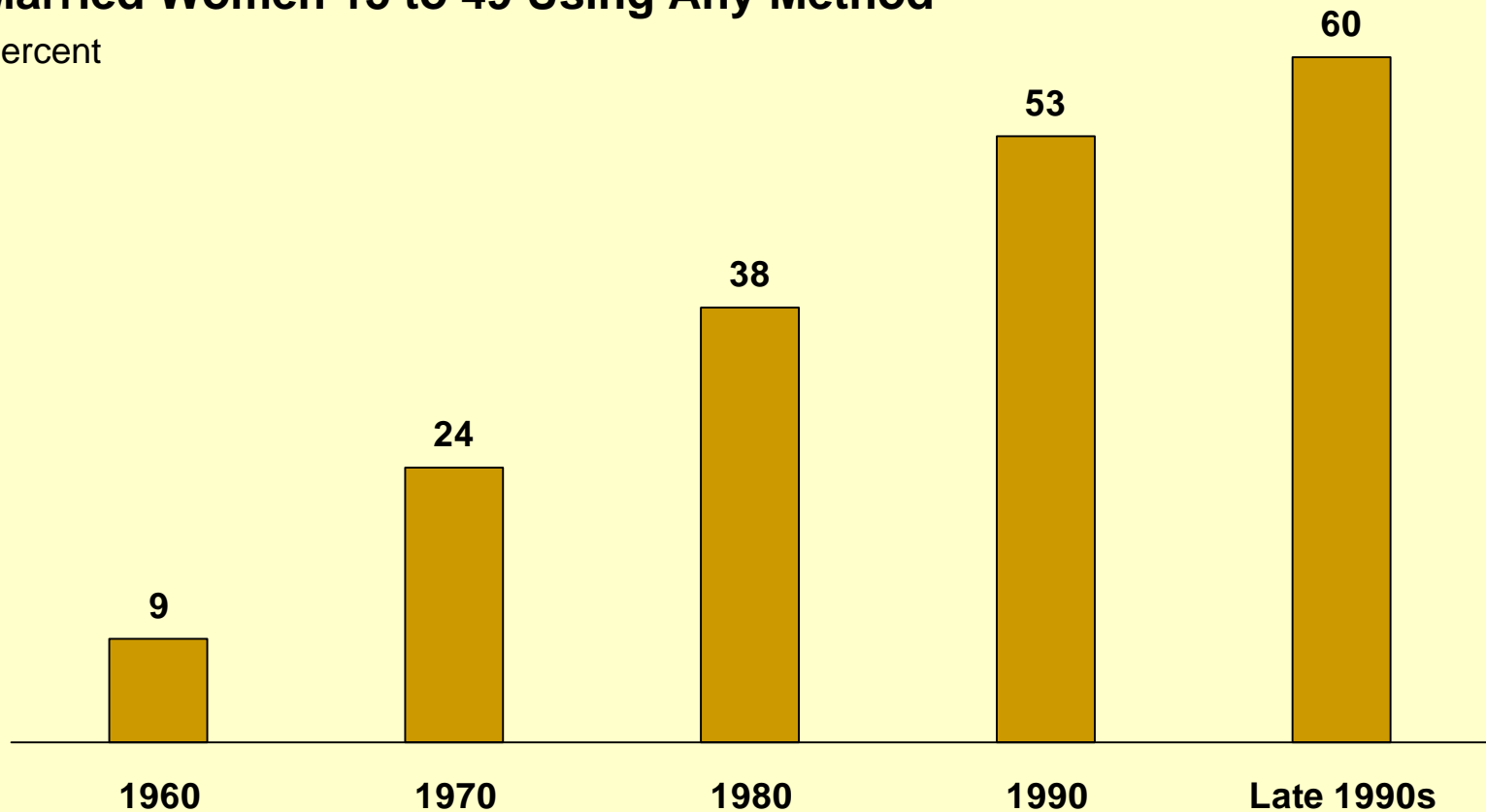
- Scientific community
- Health advocates
(woman and child health)
- Women's advocates
- Development workers
- Environmentalists
- Donors
- National governments



Rising Family Planning Use, Developing Countries

Married Women 15 to 49 Using Any Method

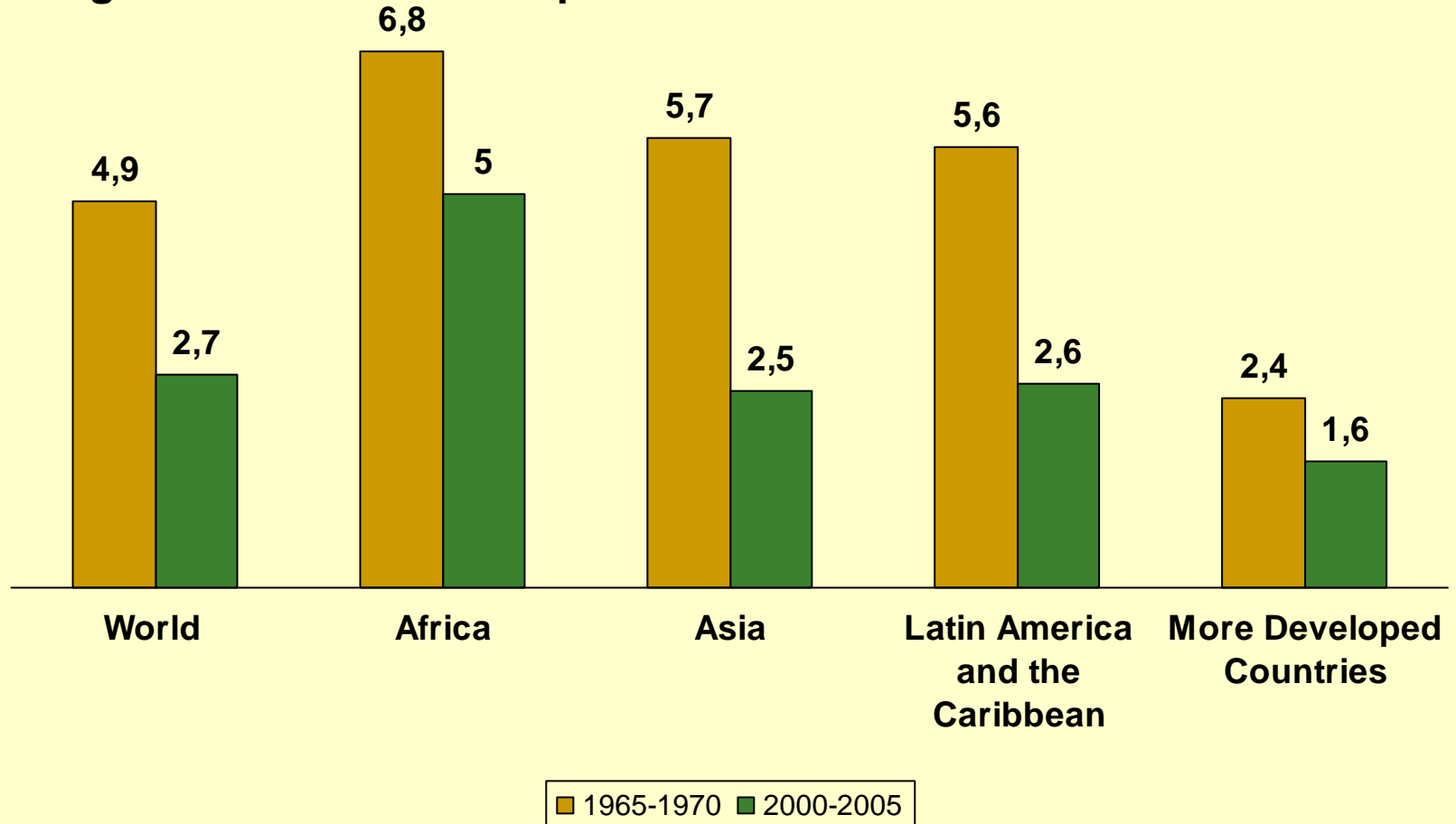
Percent



Source: Population Reference Bureau, *Family Planning Worldwide 2002 Data Sheet*.

Trends in Childbearing, by Region

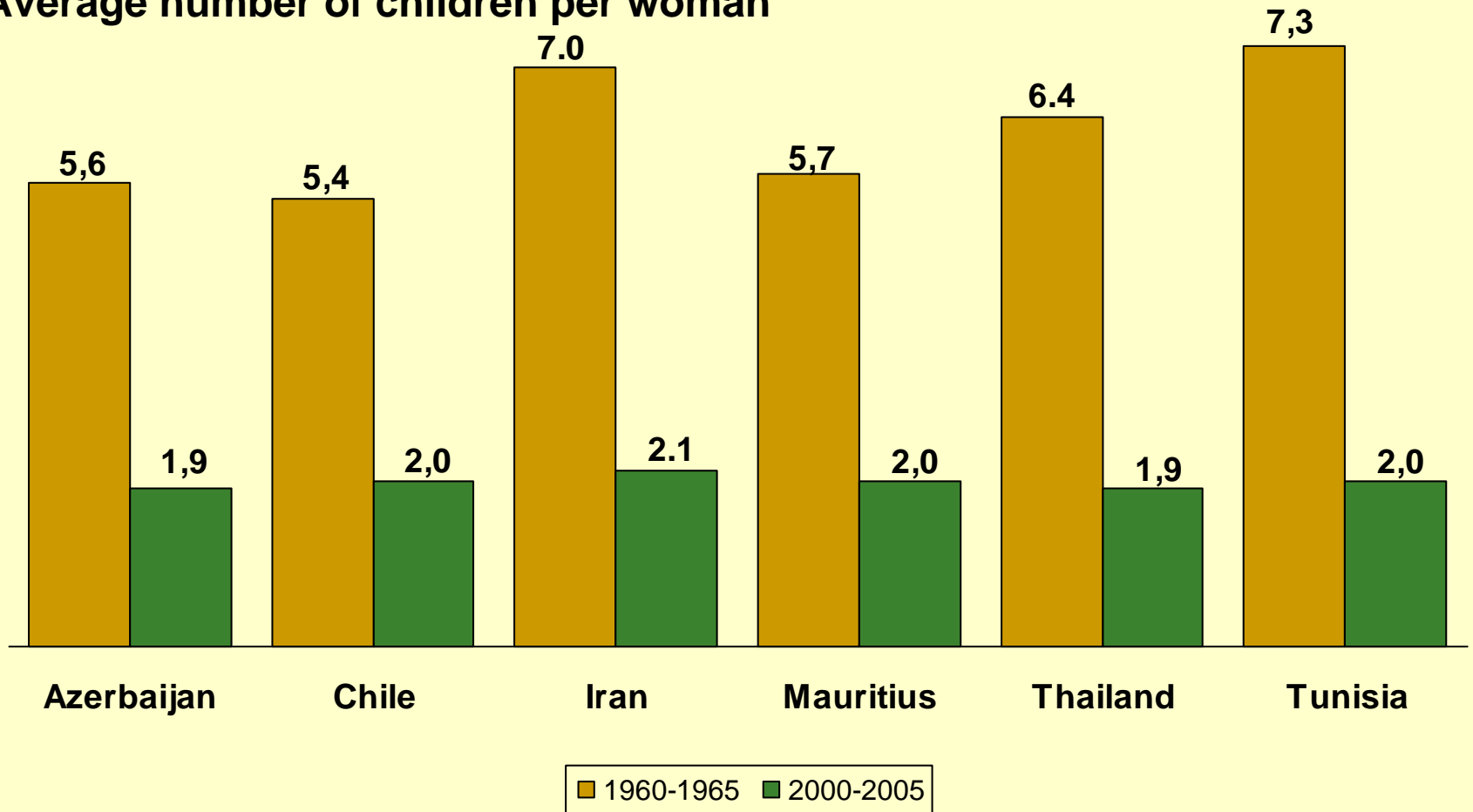
Average number of children per woman



Source: United Nations, *World Population Prospects: The 2004 Revision*, 2005.

Reaching Replacement Fertility

Average number of children per woman



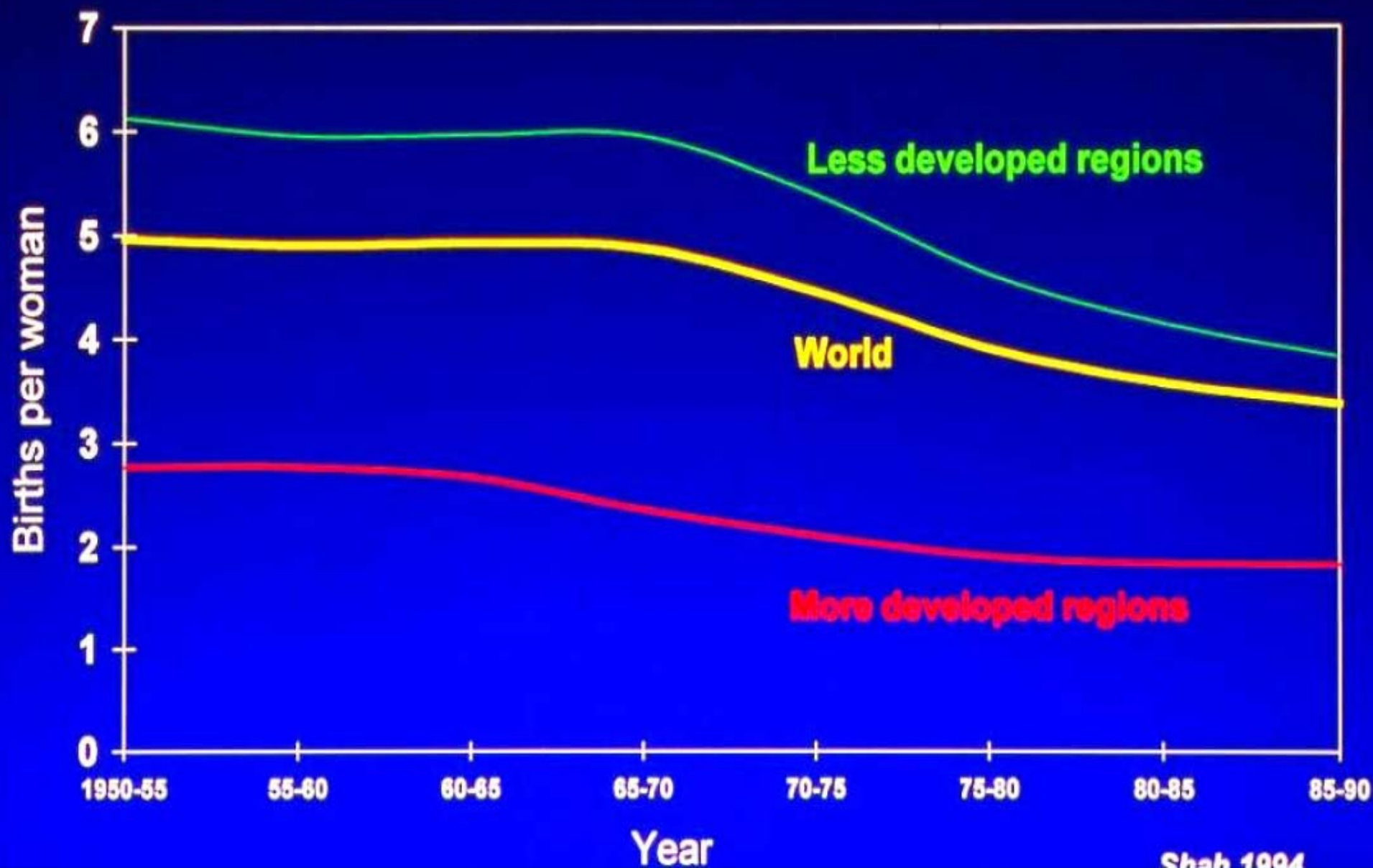
Source: United Nations, *World Population Prospects: The 2004 Revision*, 2005.

What has been achieved?

During the last four decades:

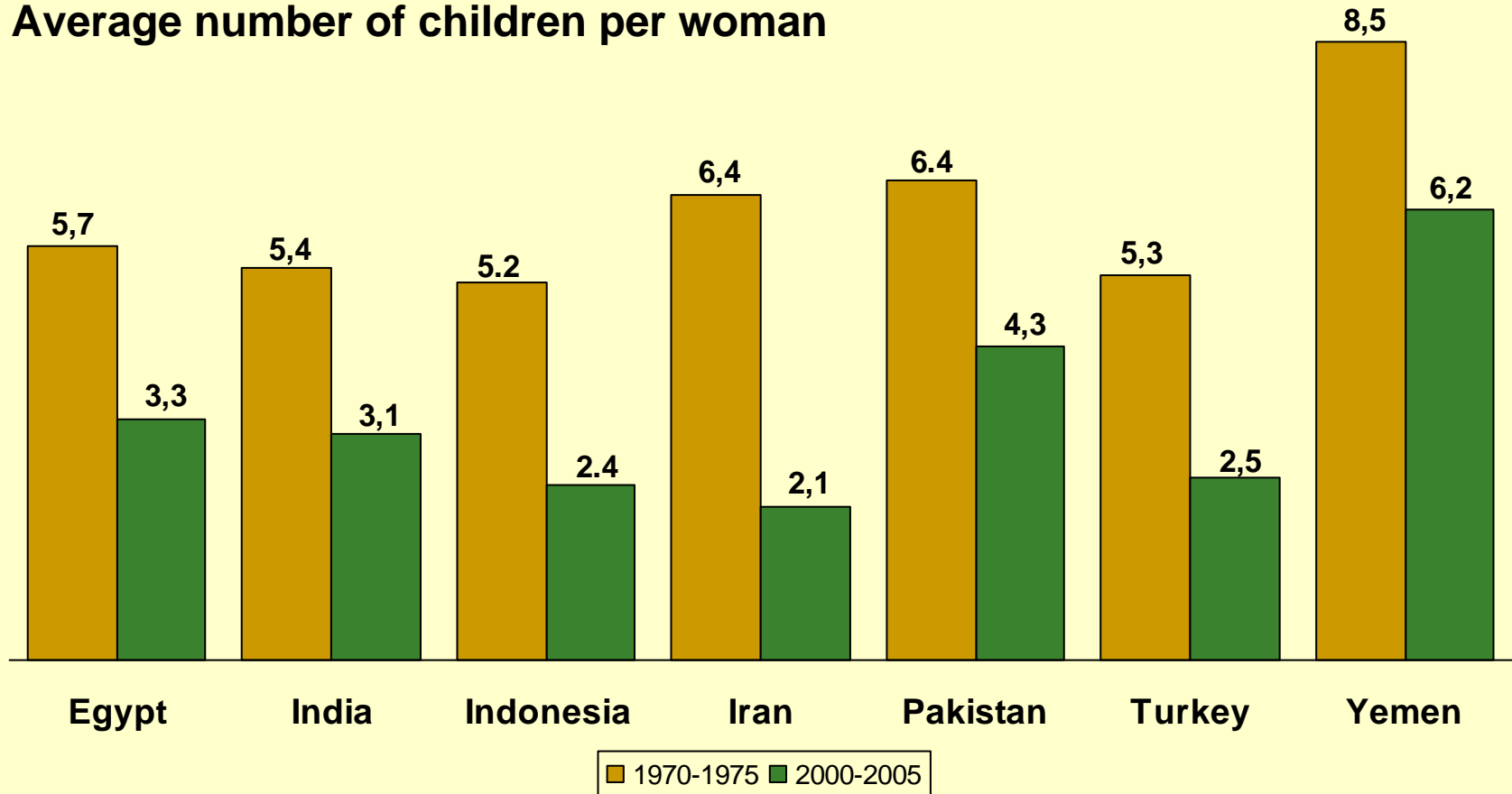
- Population in Asia rose by 129% from 1.7 to 3.9 billion, but will increase only 33% till 2050
 - Similar case in Latin America & Caribbean
 - Similar in North Africa and Middle-East
 - Worldwide contraceptive prevalence increased from 9% to 60%.
-

Total fertility rate, by major world region, 1950-1990



Diverging Trends in Fertility Reduction

Average number of children per woman



Source: United Nations, *World Population Prospects: The 2004 Revision*, 2005.

Price paid

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

ICPD CAIRO

- Celebration of success
 - Emphasis on rights and choice
 - Emphasis on quality of care
 - Emphasis on integrated care
-

After Cairo

- Perception that “population” threat was gone
 - New challenges
 - Interest decreased /funding decreased
 - Diffusion of innovation (difficult ones remained)
-

Can we sit back and ?

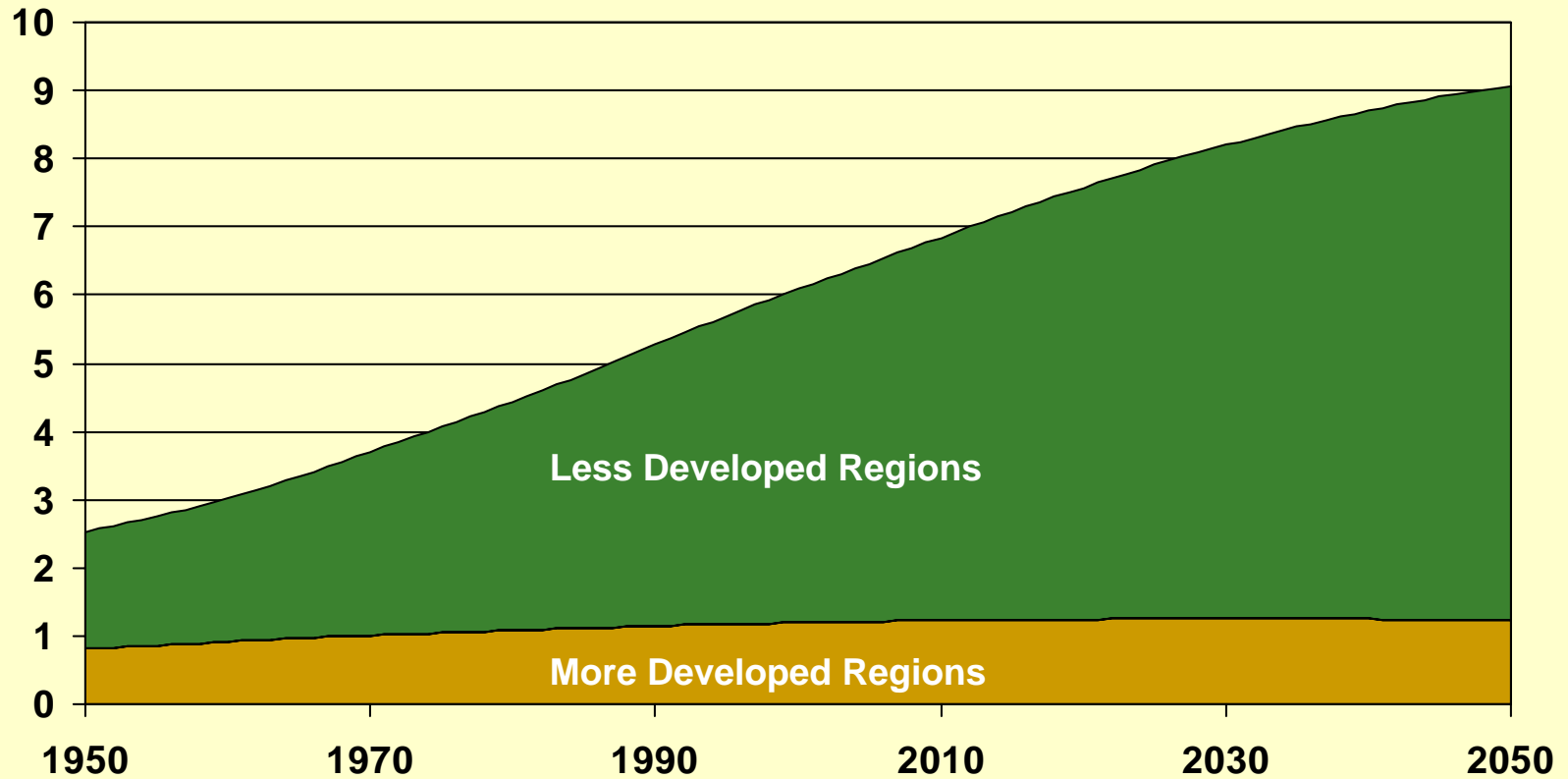


Population growth from 1960 to 2050, by region

	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

Growth in More, Less Developed Countries

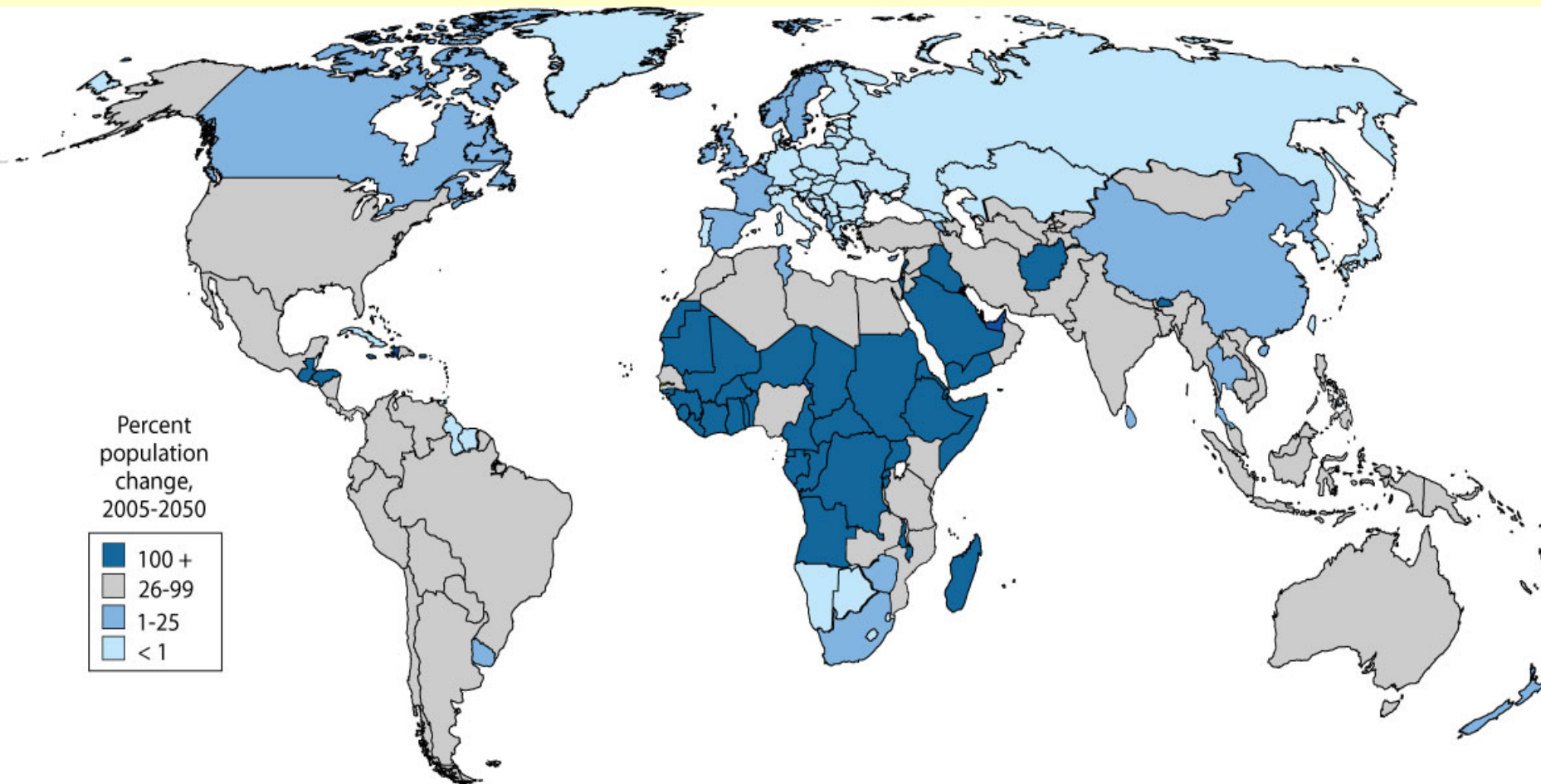
Billions



Source: United Nations, *World Population Prospects: The 2004 Revision* (medium scenario), 2005.

Projected Population Change, by Country

Percent Population Change, 2005-2050

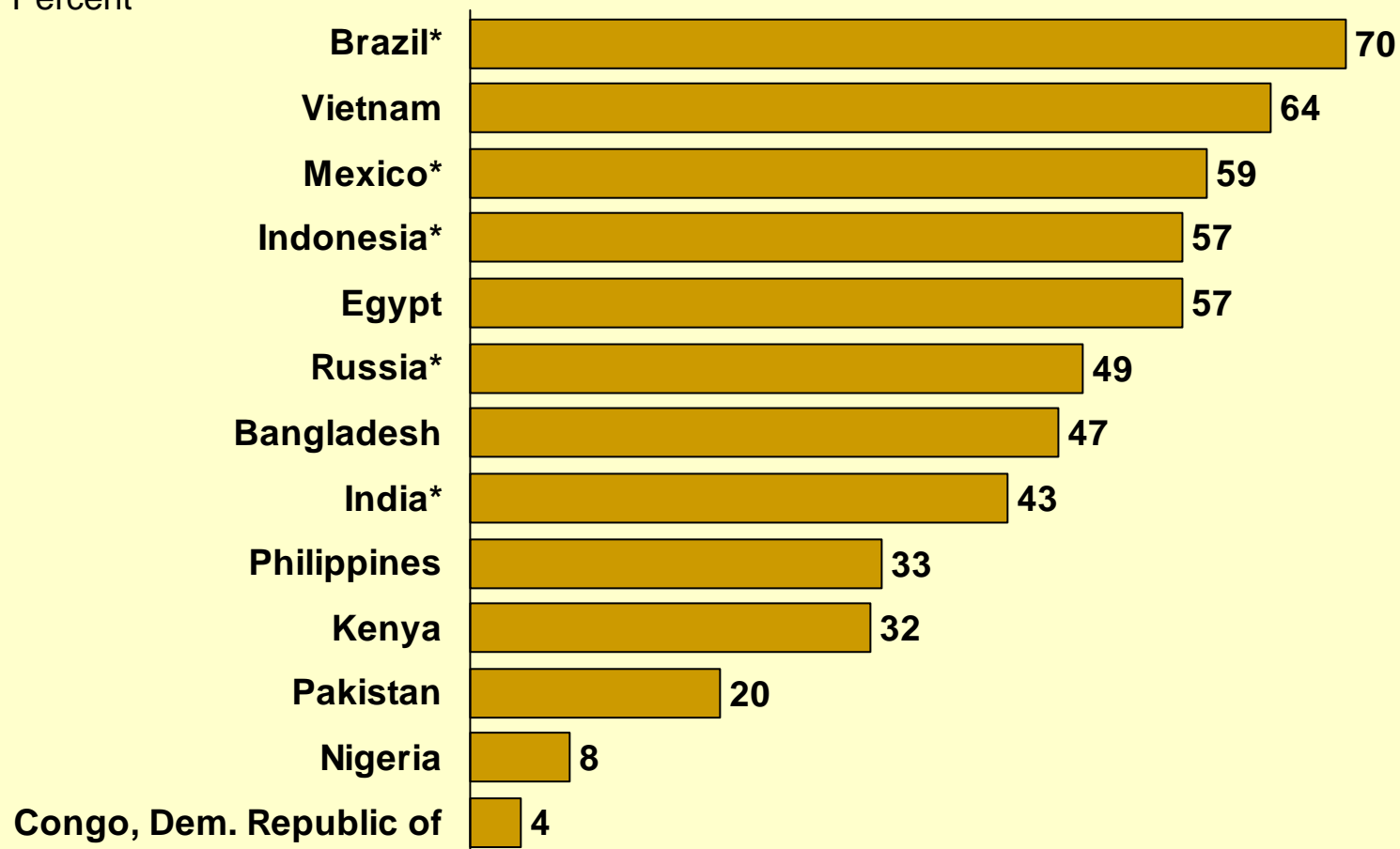


Source: Population Reference Bureau, *2005 World Population Data Sheet*.

Modern Contraceptive Use, Developing Countries

Married Women 15 to 49 Using Modern Methods, Late 1990s, Early 2000s

Percent

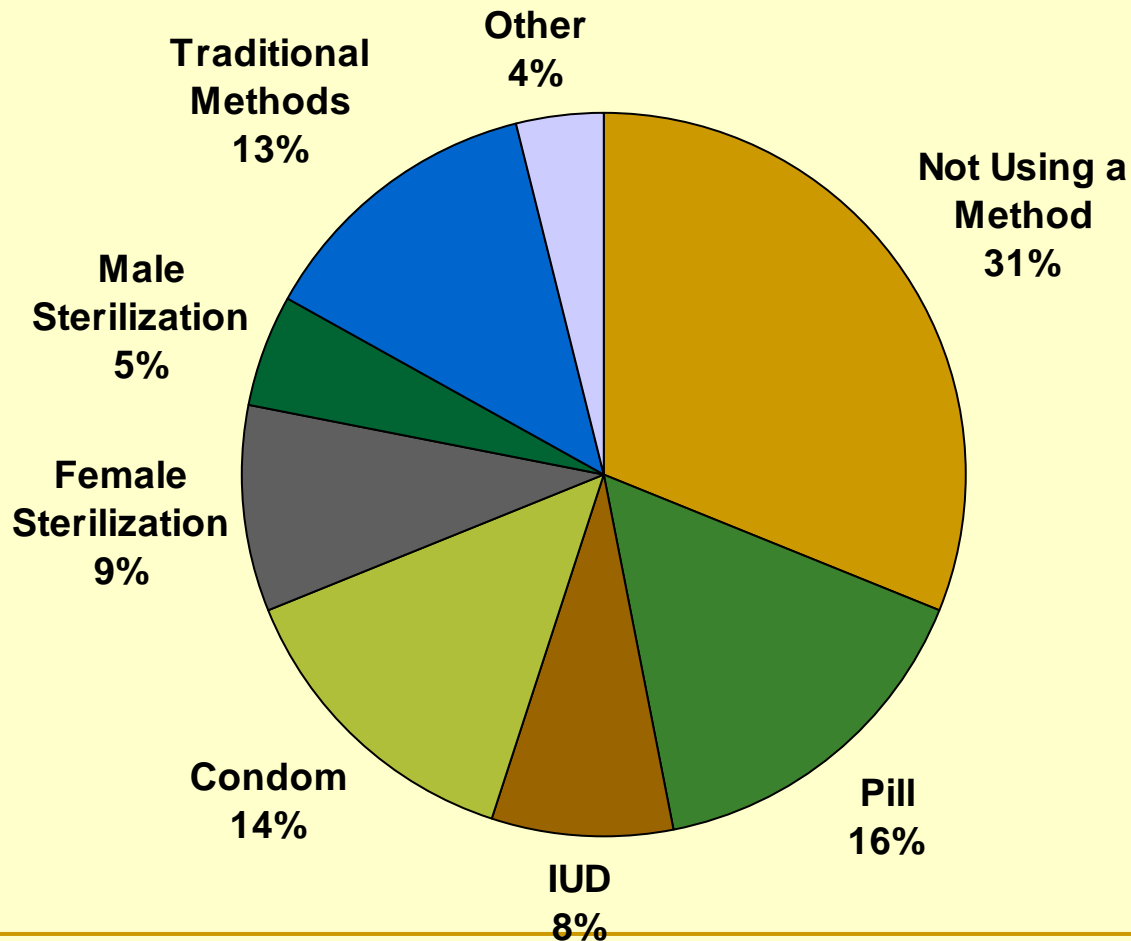


* Data prior to 1999.

Source: Population Reference Bureau, *2005 World Population Data Sheet*.

Family Planning Methods, Developed Countries

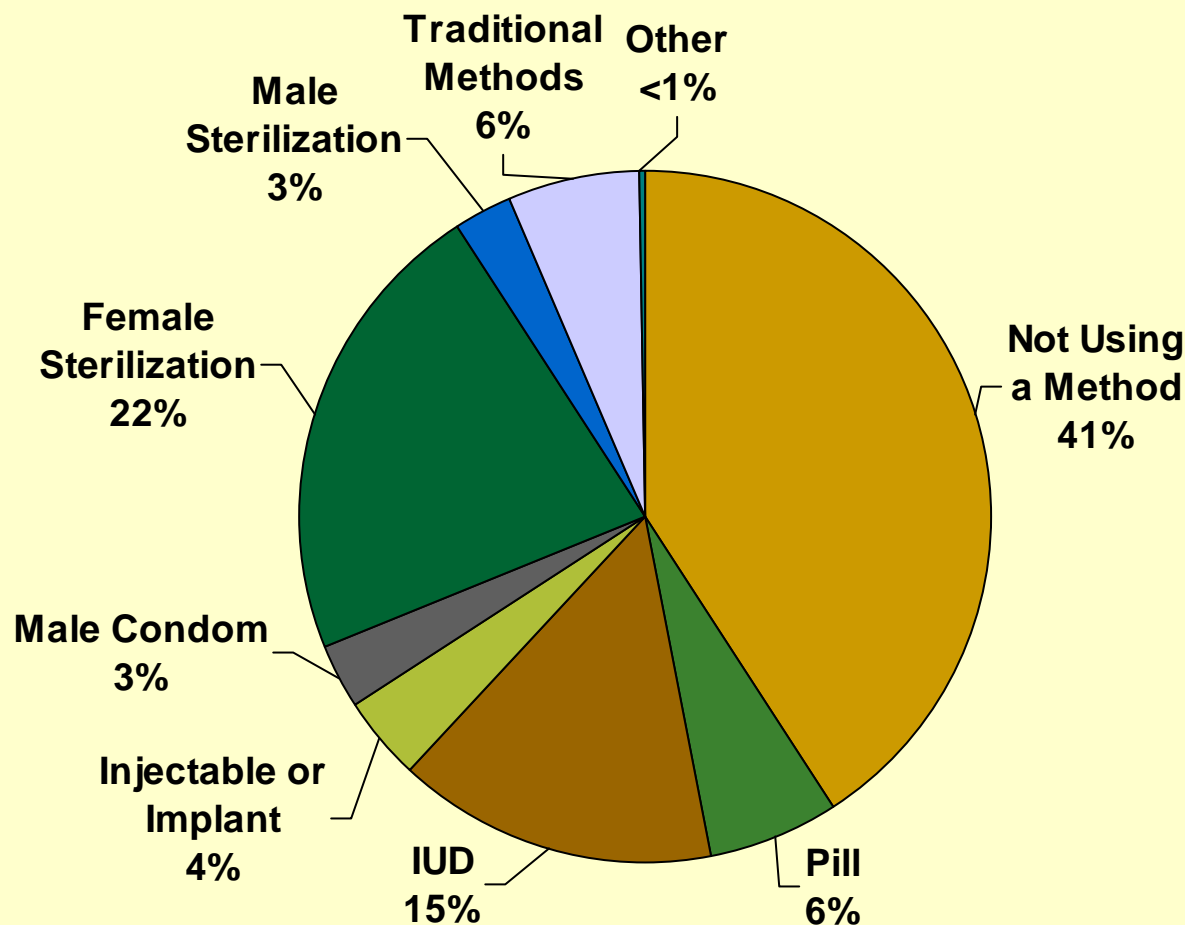
Married or In-Union Women of Reproductive Age Using Family Planning, 1996



Source: United Nations Population Division, *World Contraceptive Use 2005*.

Family Planning Methods, Developing Countries

Married or In-Union Women of Reproductive Age Using Family Planning, 1999

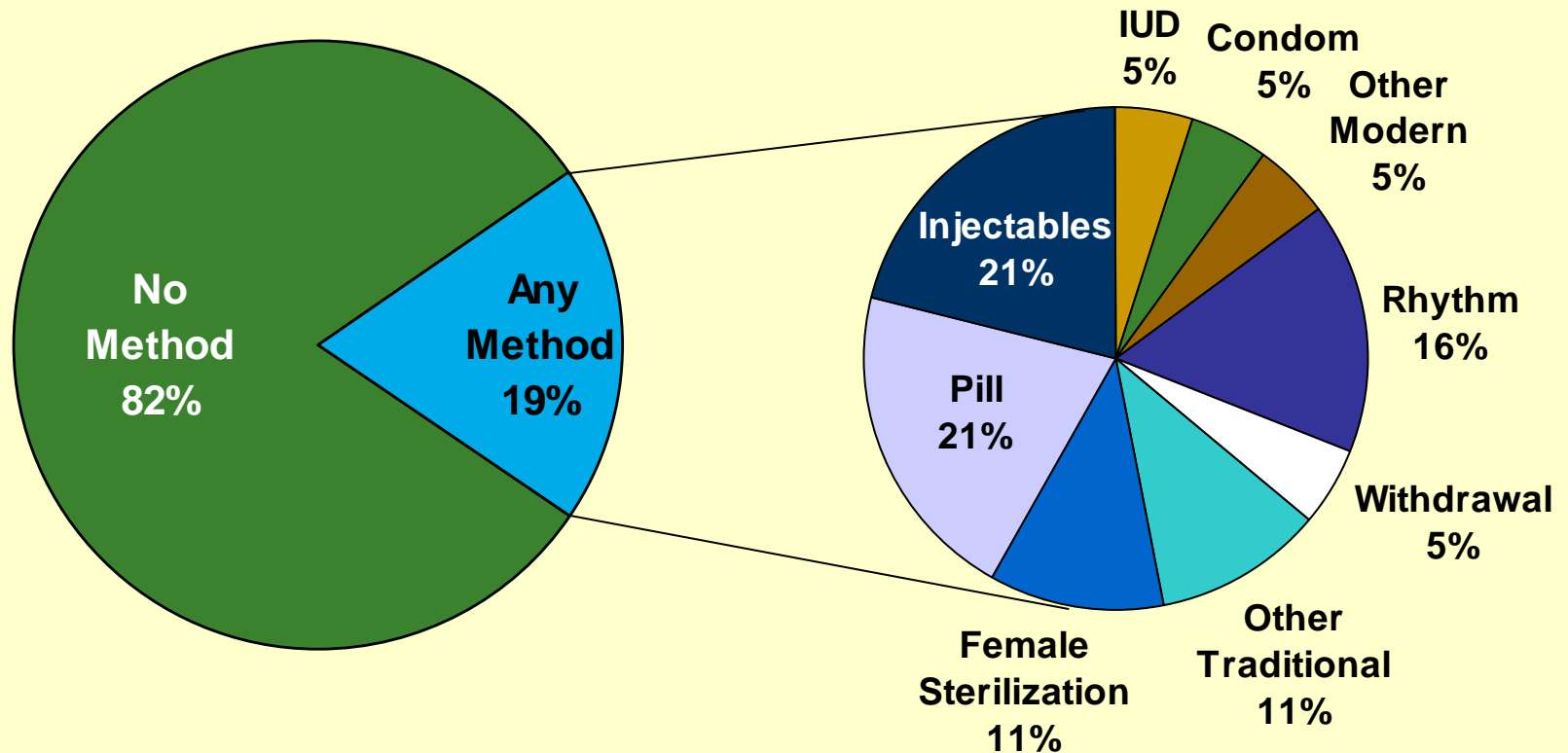


Note: Total exceeds 100 due to rounding.

Source: United Nations Population Division, *World Contraceptive Use 2005*.

Family Planning Methods, Sub-Saharan Africa

Married Women 15 to 49 Using Family Planning, Late 1990s

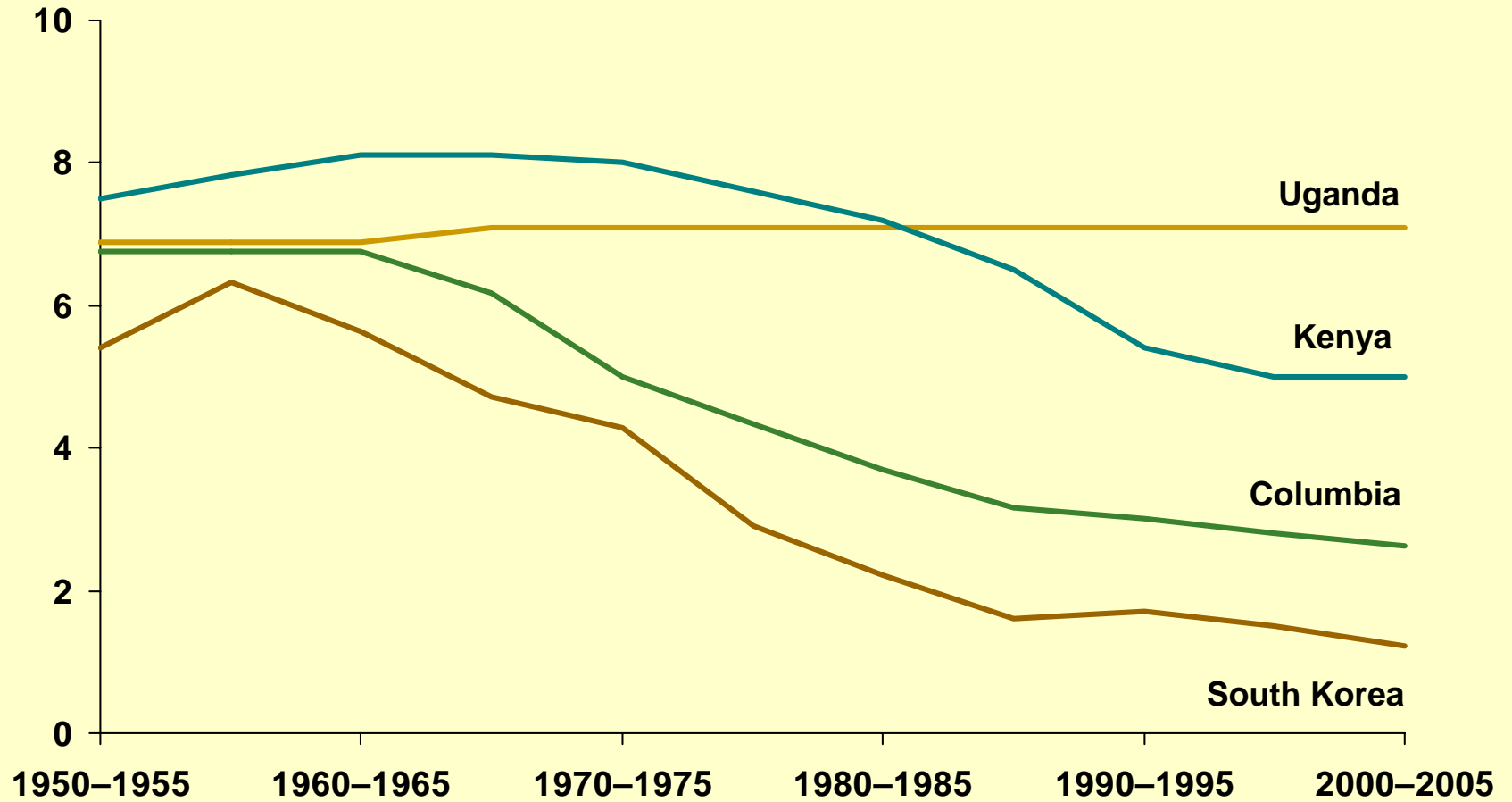


Note: Total exceeds 100 percent due to rounding.

Source: Population Reference Bureau, *Family Planning Worldwide 2002 Data Sheet*.

Patterns of Fertility Decline

Average number of children per woman



Source: United Nations, *World Population Prospects: The 2004 Revision*, 2005.

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 (Burkino Faso, Mali, Niger, Somalia will triple)
 - Uganda's population will quadruple.
 - Fertility rate still around 6

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

Is it possible to achieve MDGs ?

- Eradicate extreme poverty and hunger
 - Achieve universal primary education
 - Promote gender equality and empower women
 - Reduce child mortality
 - Improve maternal health
 - Combat HIV/AIDS, Malaria and other
 - Ensure environmental sustainability
 - Develop a global partnership for development
-

What are the options?

It's their choice!



OR

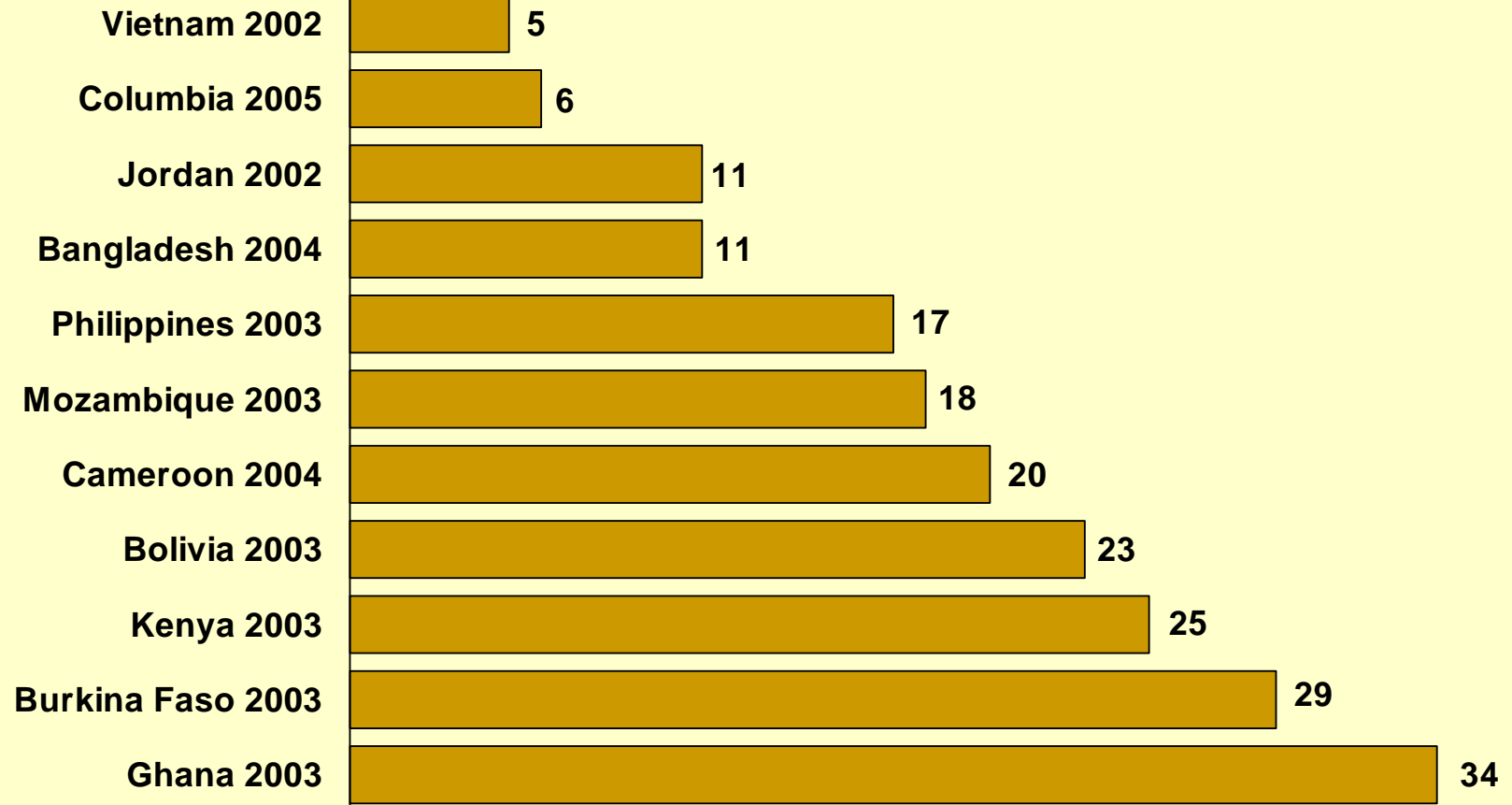
Unmet Need

- 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
-

Unmet Need for Family Planning

Married Women 15 to 49 Not Using Family Planning

Percent

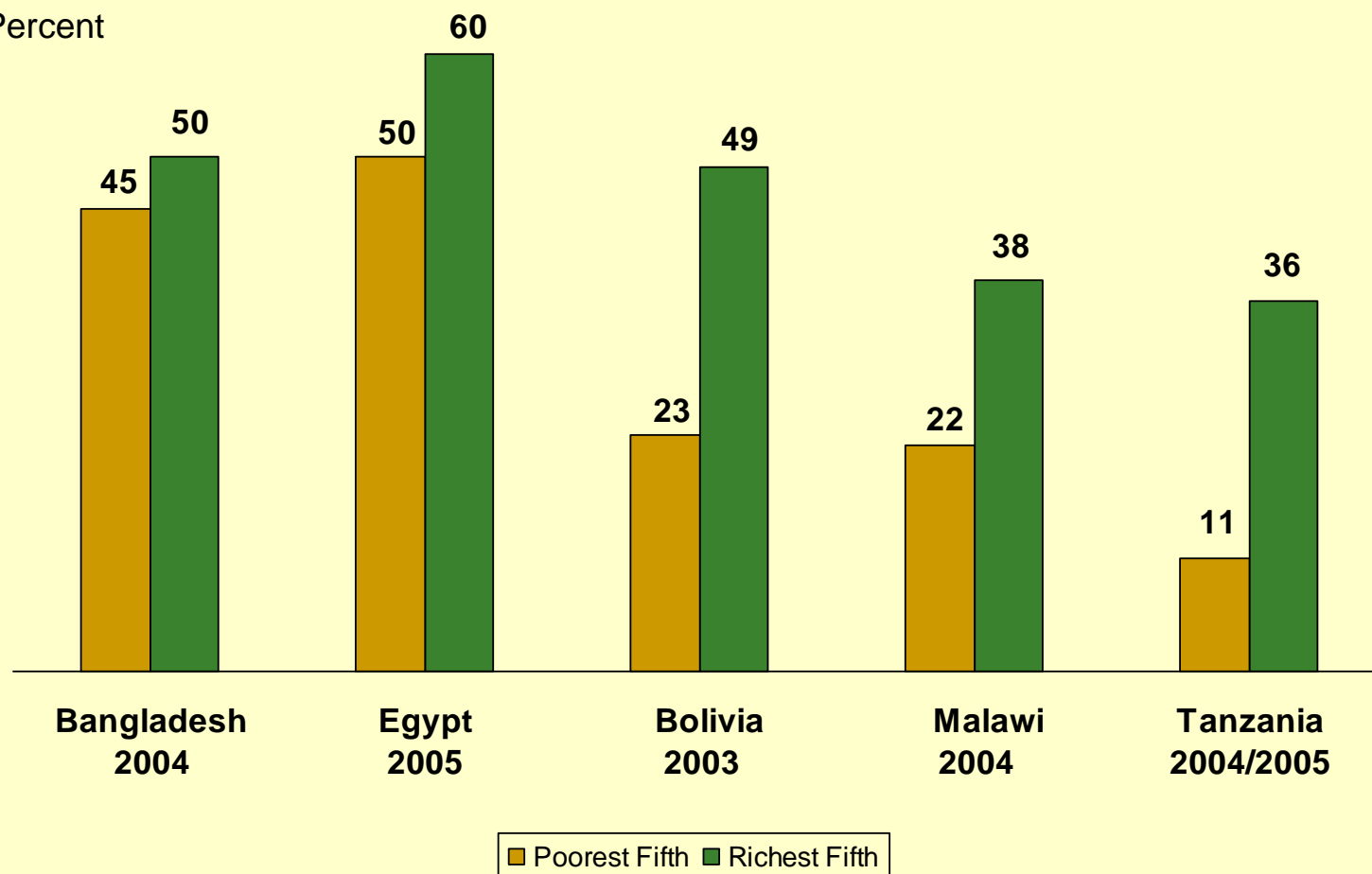


Source: DHS STATcompiler: accessed online at www.measuredhs.com/statcompiler on June 8, 2006.

Disparities Within Countries

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

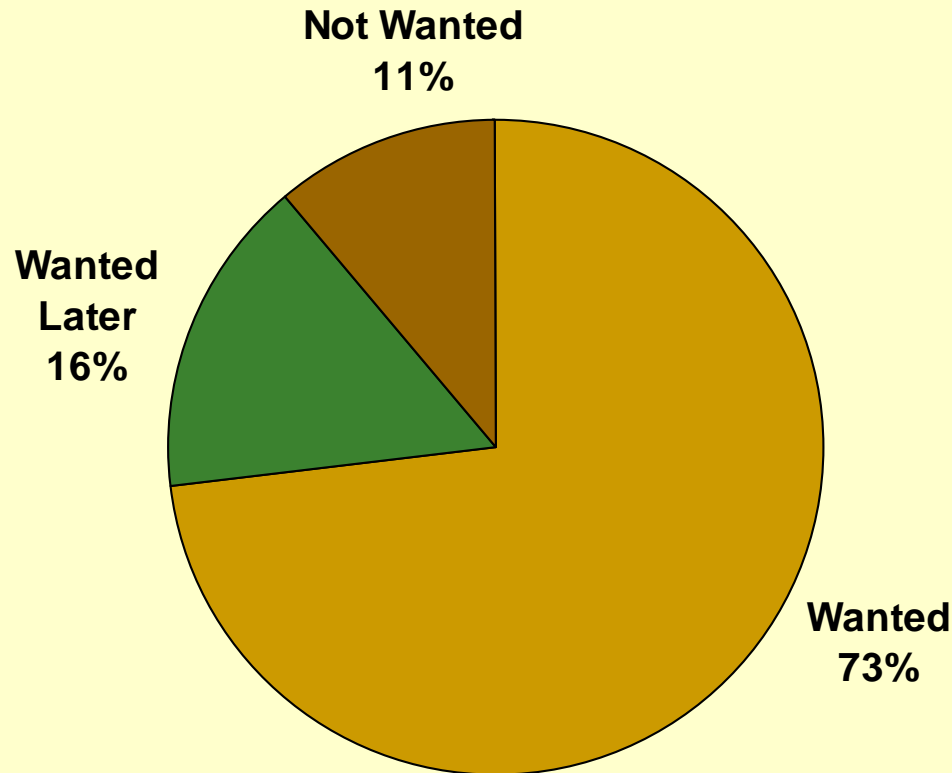
Percent



Source: ORC Macro, Demographic and Health Surveys.

Wanted Births, Worldwide

Recent Births, by Mother's Attitude, Late 1990s

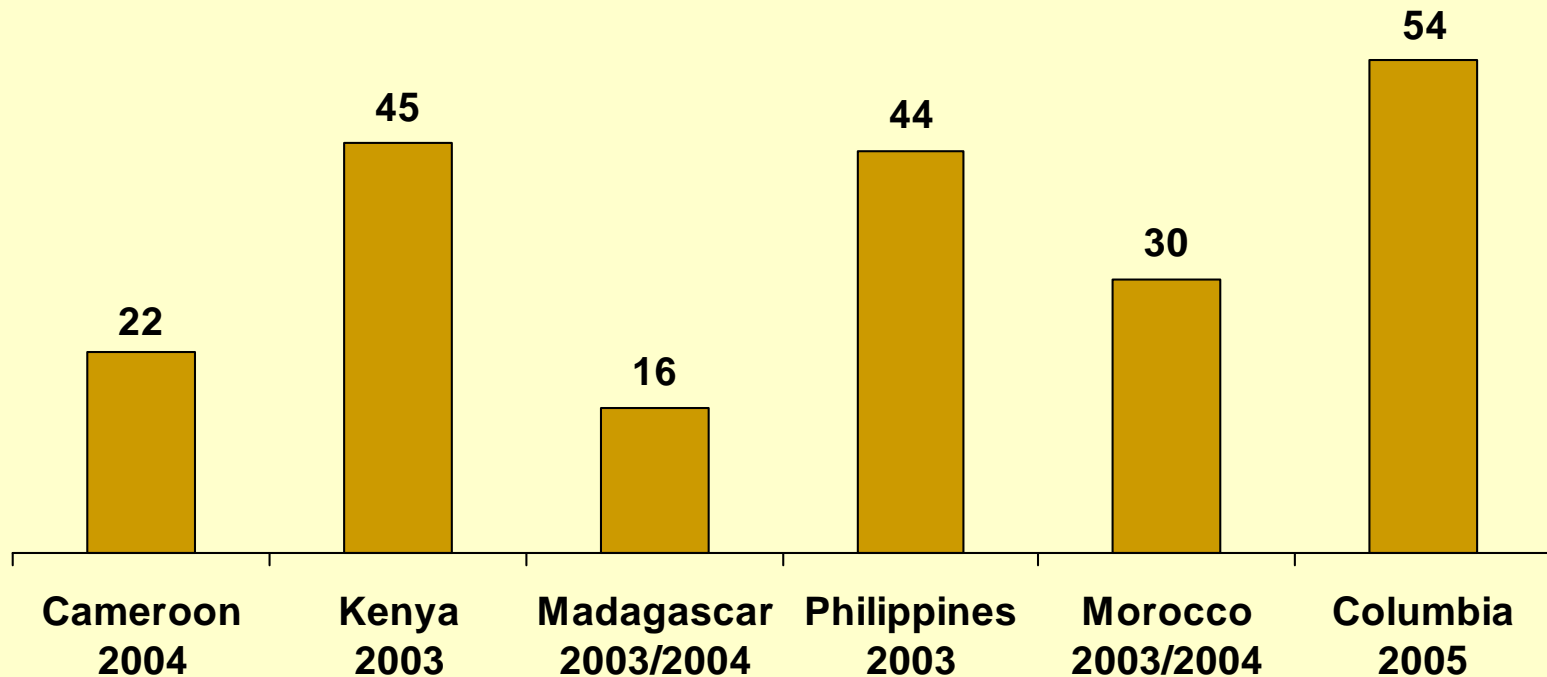


Note: Estimates based on approximately 60 percent of births worldwide.

Source: Population Reference Bureau, *Family Planning Worldwide 2002 Data Sheet*.

Unintended Births

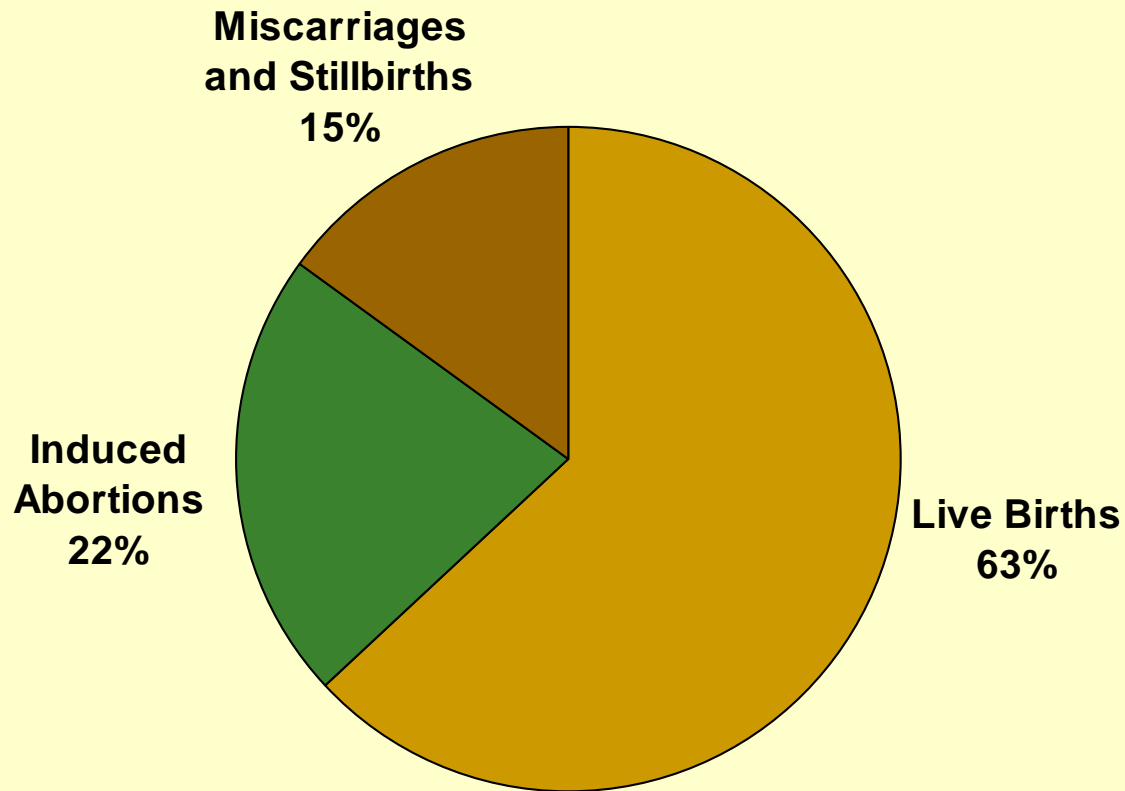
Births Reported by Women as Either Unwanted or Wanted Later
Percent



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

Pregnancy Outcomes Worldwide

Abortions as a Share of Pregnancy Outcomes, Estimates for 1999



Note: The percentages are based on a 1996 UN projection of 210 million pregnancies for 1999.

Source: Alan Guttmacher Institute, *Sharing Responsibility: Women, Society, and Abortion Worldwide*, 1999.

Has all been done?

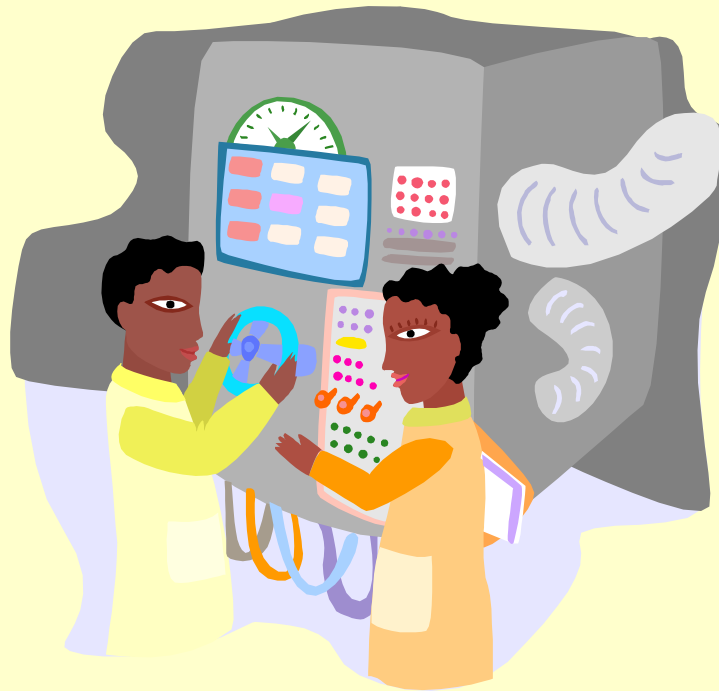
- 120 million unmet need
 - An estimated 38% of all pregnancies that occur around the world every year are unintended,
 - Around 6 out of 10 unplanned pregnancies result in an induced abortion
 - 300 million users unsatisfied
-

What are the reasons behind UNMET NEED?

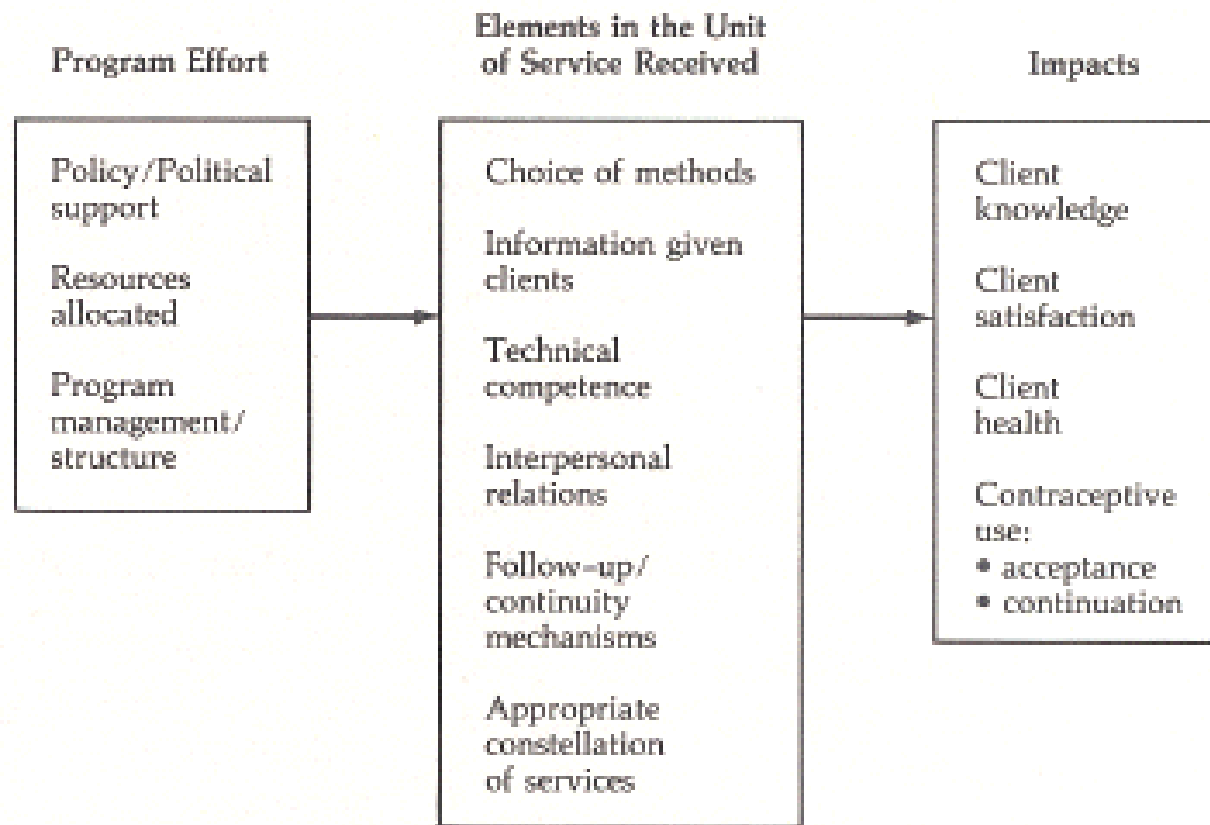
- Lack of information about contraception
 - Social pressures
 - Difficulty in access to services
 - Dissatisfaction with services
 - Dissatisfaction with contraceptives
-

WHAT CAN BE DONE??

WE KNOW WHAT WORKS

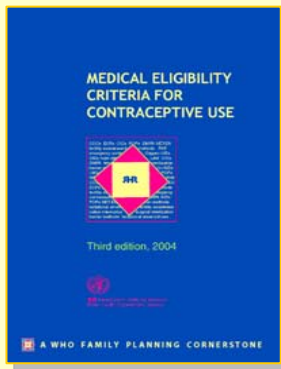


Improve Quality of Care in FP Services



The Four Cornerstones of evidence-based guidance

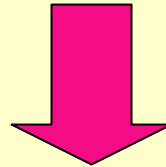
***Medical Eligibility
Criteria for
Contraceptive Use***



***Selected Practice
Recommendations for
Contraceptive Use***



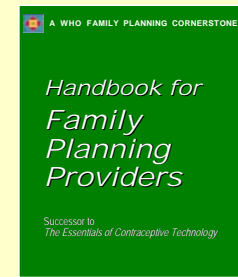
**Guidelines for
policy-makers
and programme
managers**



**Tools for health-
care providers**



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



***Handbook for
Family Planning
Providers***

Evidence-based information to providers and users

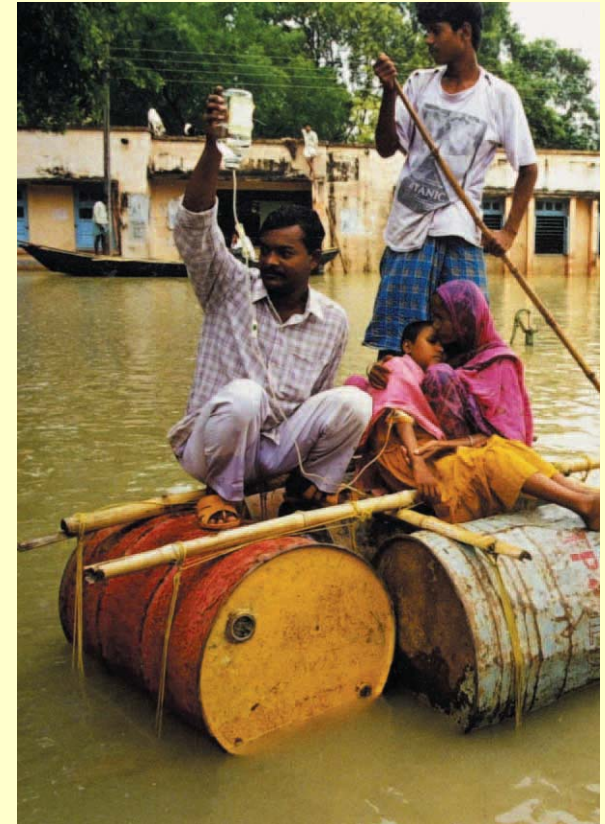
- Potential and current users need to have information
- Providers must have up-to-date and correct information:
- Four cornerstones of FP



Strategic Approach for Identifying Problems and Developing Solutions



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



Appropriate Services

Social science research
looking into
users/providers/managers
perspectives



Developing New Contraceptives and Studying safety of existing ones

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



Summary

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

To improve FP services

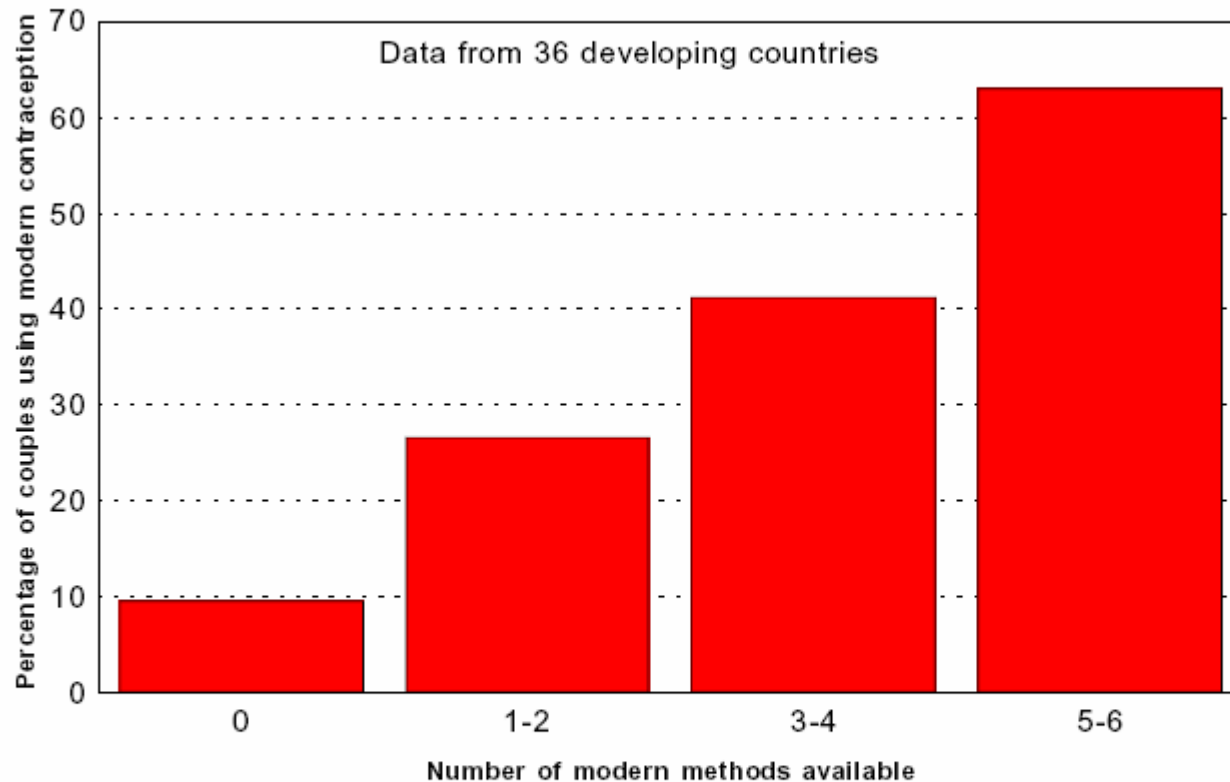
- Overcome the neglect
 - Remove policy barriers
 - Remove medical barriers
 - Increase funding for FP
 - Increase contraceptive range
 - Use appropriate IEC
 - Support provider training and supervision
 - Support research and monitoring
-

THANK YOU

Additional Slides



Figure 3: Making more methods available increases contraceptive use



* IUD, OC, injectable, male and female sterilization, condoms, other conventional methods (such as spermicides), and abortion

Source: Ross et al., 1989

Figure 4: Counselling improves contraceptive continuation

