

Family Planning: Succeeding in Meeting Needs To Make a Better World

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April 12, 2011



Family Planning, One of the Ten Best Public Health Achievements of the 20th Century and Now

Remarkable health innovation since 1960-65

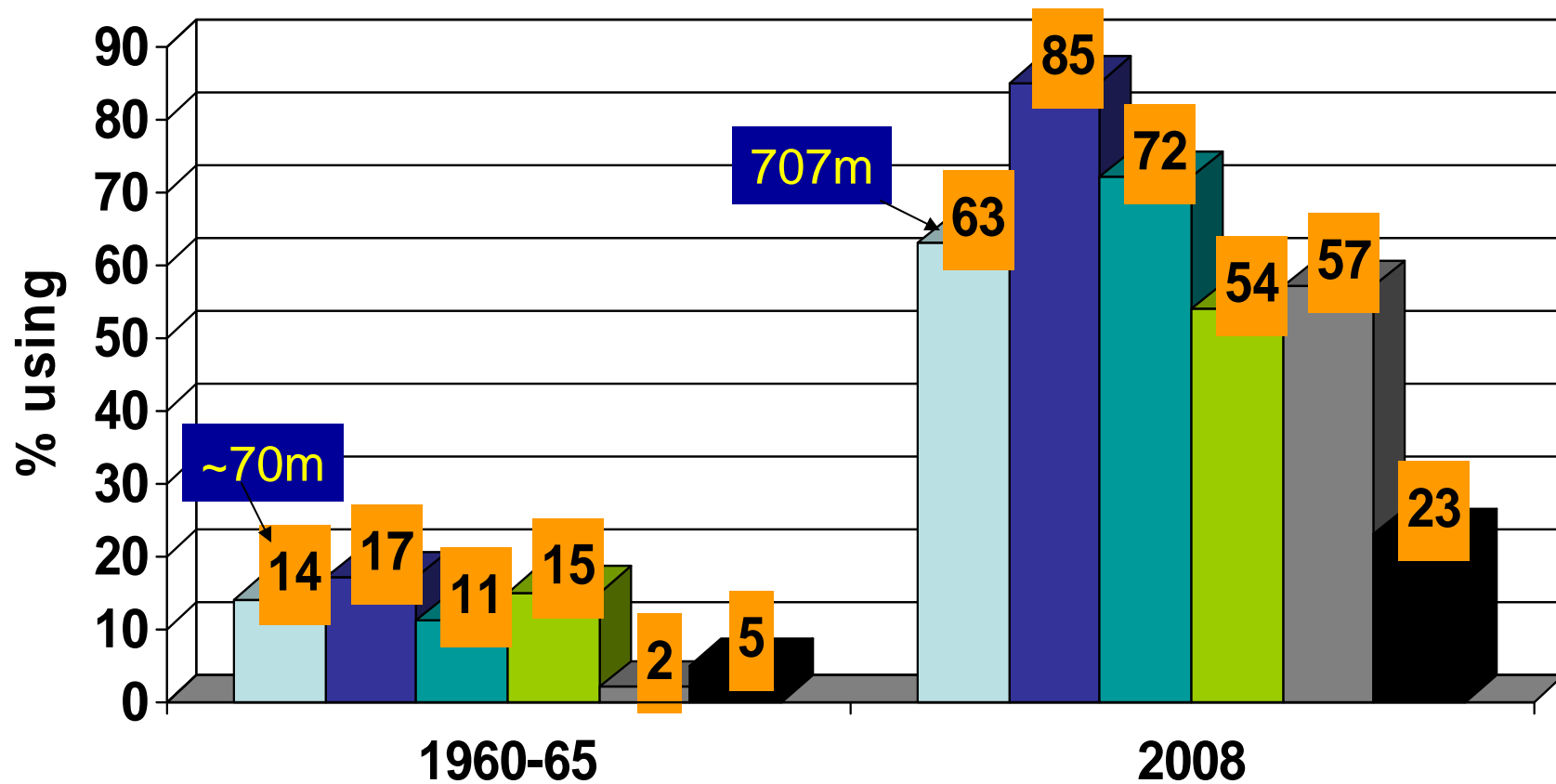
- Behavioral change among couples
- Efficacy of modern contraceptives
- Growing use among young sexually active persons

Health and economic benefits

Meeting prevailing and unmet needs regionally, equitably and securely



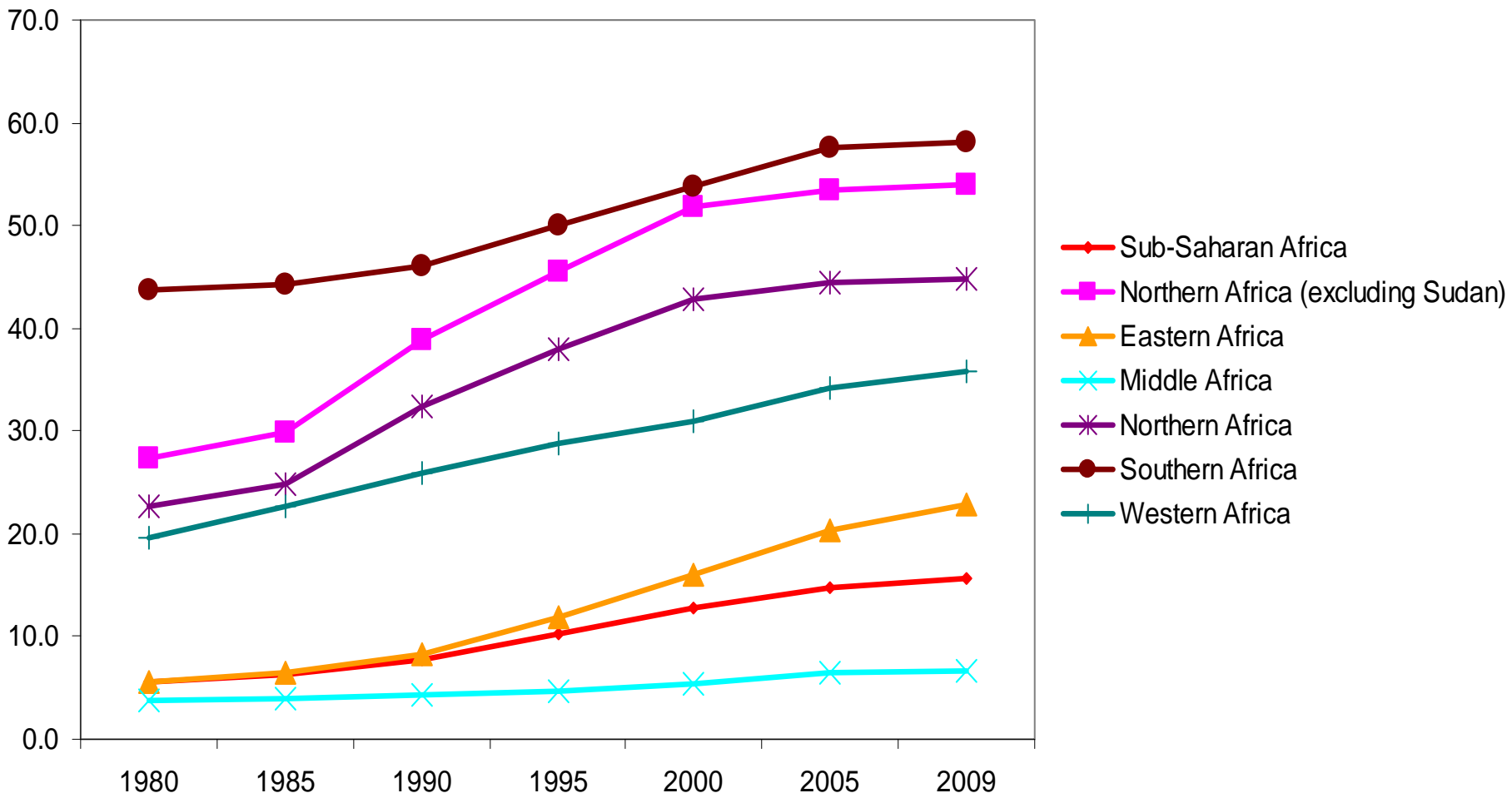
The number of couples using contraception in the developing world has increased ten-fold since the early 1960s.



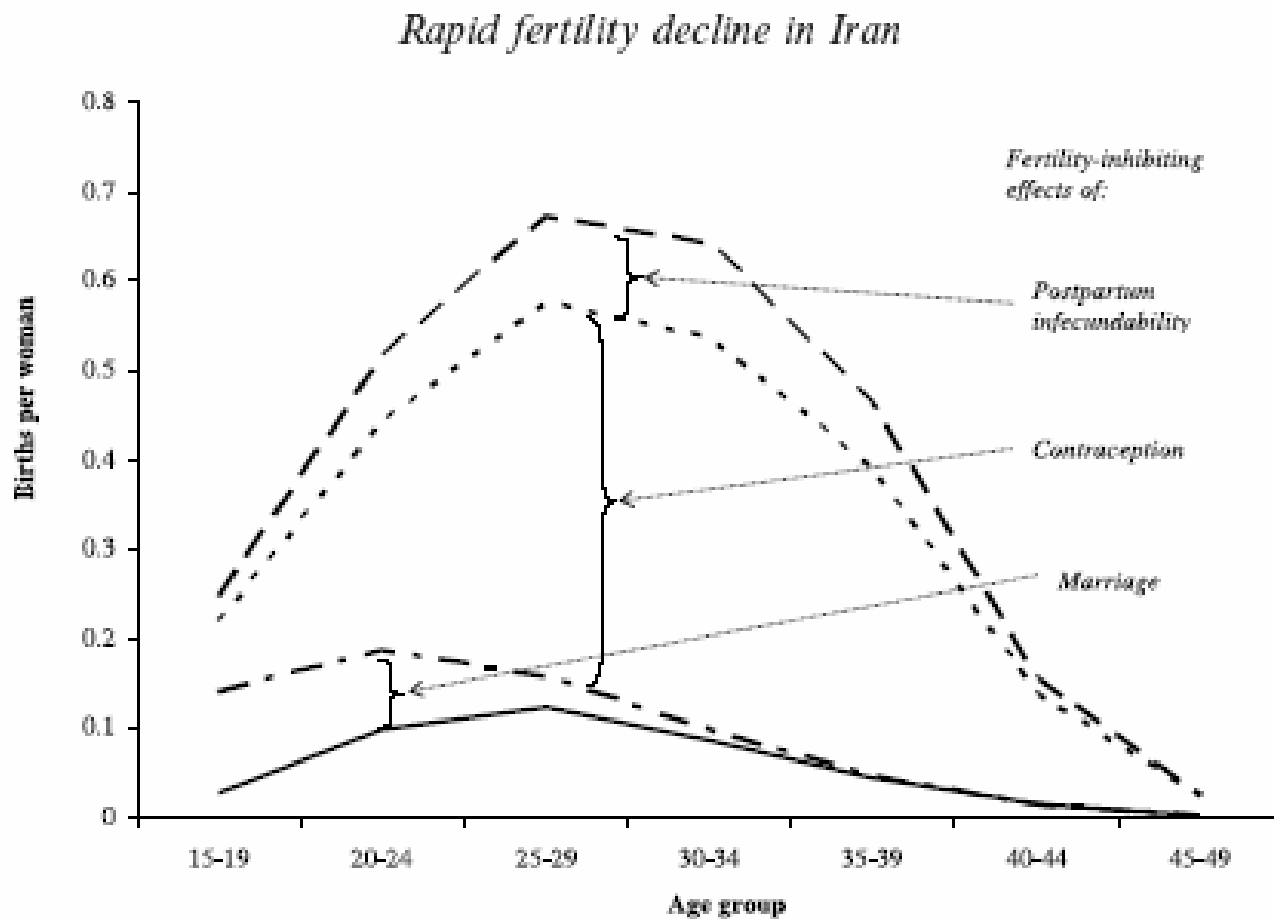
Legend: Total (light blue), East Asia (dark blue), Latin America (teal), South Asia (light green), Middle East & North Africa (grey), Sub-Saharan Africa (black)

There is much inter-regional variation in the growth of contraceptive use in sub-Saharan Africa.

Modern contraceptive prevalence %



Contraceptive use is primarily responsible for the recent rapid fertility decline in Iran.

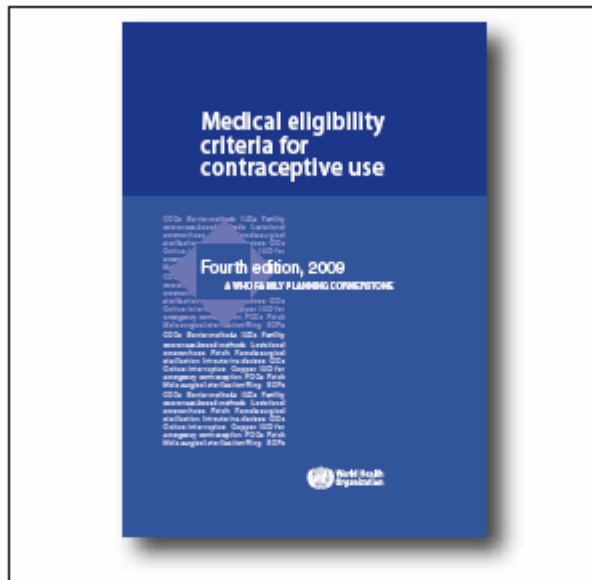


Contraceptive use at 73%, primarily with modern methods (59%), is among the highest in the world.

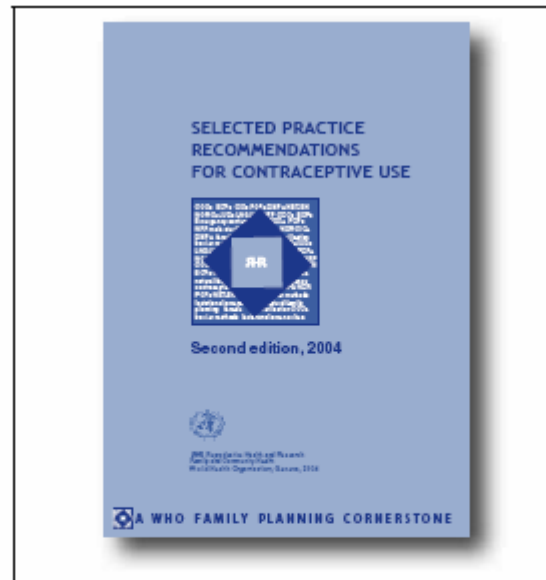


Fig. 2. Type of contraceptive method used by currently married women aged 15–49, who want no more children in the future, by years of schooling and place of residence, Iran 2000 IDHS. Source: calculated by the first author using the weighted data of the 2000 IDHS.

The Clinical Science behind Contraceptive Development and Practice



*Medical eligibility criteria
for contraceptive use*



*Selected practice
recommendations
for contraceptive use*



Contraceptive Method Efficacy under Perfect and Typical Use Conditions: USA

| Method | % women experiencing unintended pregnancy in 1 st year of use | |
|----------------------|--|-------------|
| | Perfect use | Typical use |
| Combined Pill | 0.3% | 9.0% |
| Implanon | 0.2% | 0.2% |
| IUD | 0.2-0.6% | 0.2-0.8% |
| Injectable | 0.2% | 6.0% |
| Implant | 0.05% | 0.05% |
| Condom | 2% | 18.0% |
| Female Sterilization | 0.5% | 0.5% |
| Male Sterilization | 0.1% | 0.15% |
| Withdrawal | 4.0% | 22.0% |
| No method | 85% | 85% |

Expanding Access with Newer Contraceptive Technologies



**NES-EE 1-year
hormonal ring**



**Depo-subQ
injectable
in Uniject**

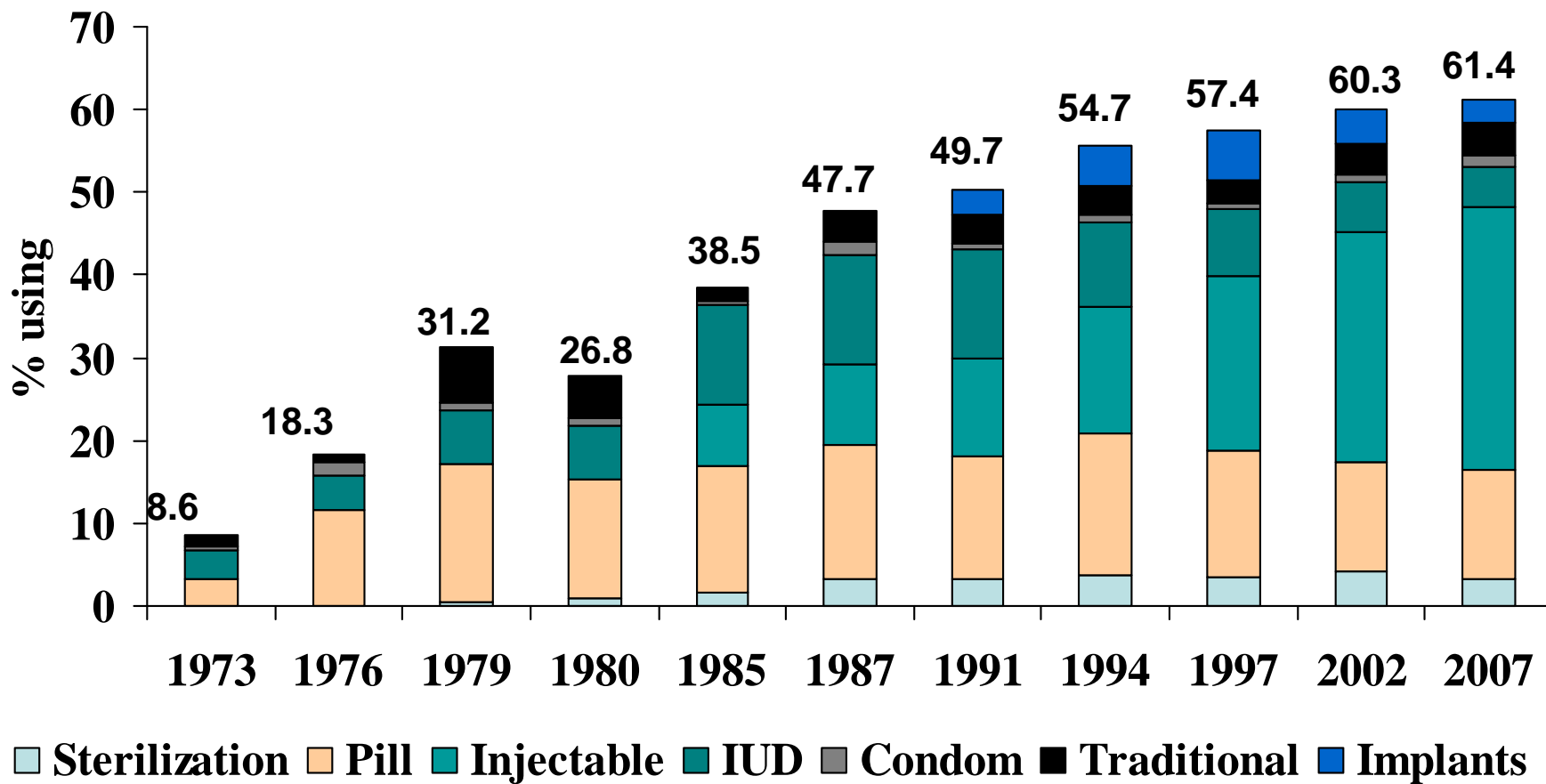


**Subdermal
contraceptive
implant**



Introducing New Methods Increases Contraceptive Choice and Use: Indonesia, 1973-2007

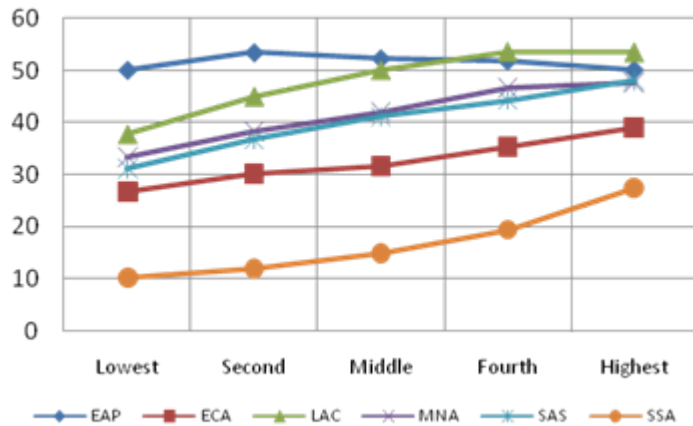
Percent of Women in Union Using Contraception by Method.



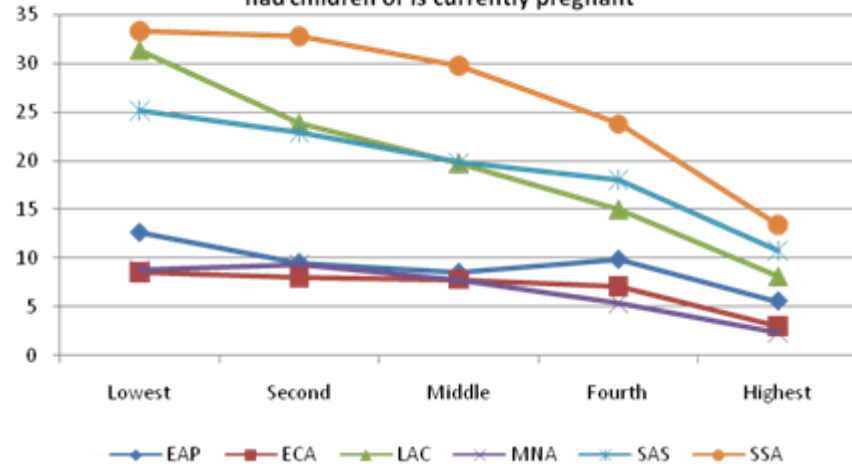
What continues to challenge universal access to contraception?

There remain major economic inequalities in access to contraceptive and other reproductive health services.

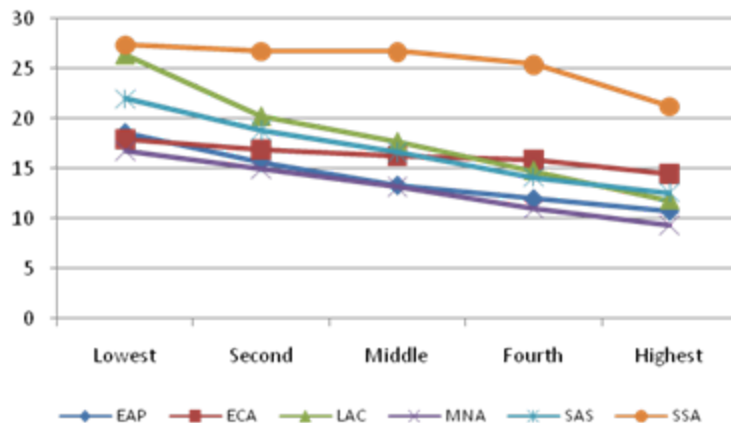
Contraceptive prevalence rate (modern methods)



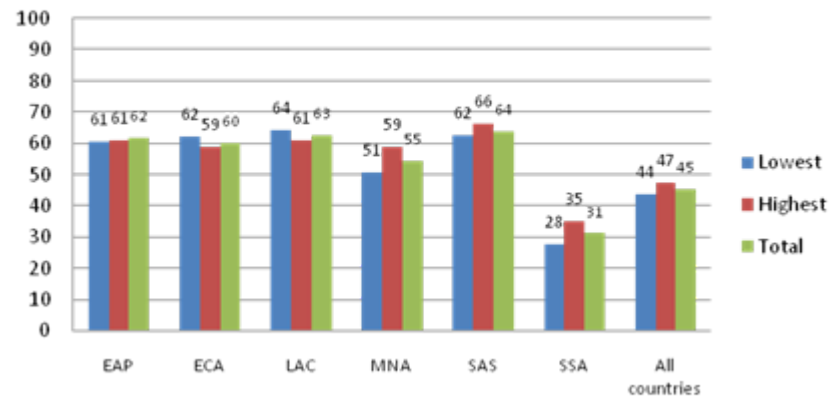
Teenage pregnancy and motherhood (percent of women 15-19 who had children or is currently pregnant)



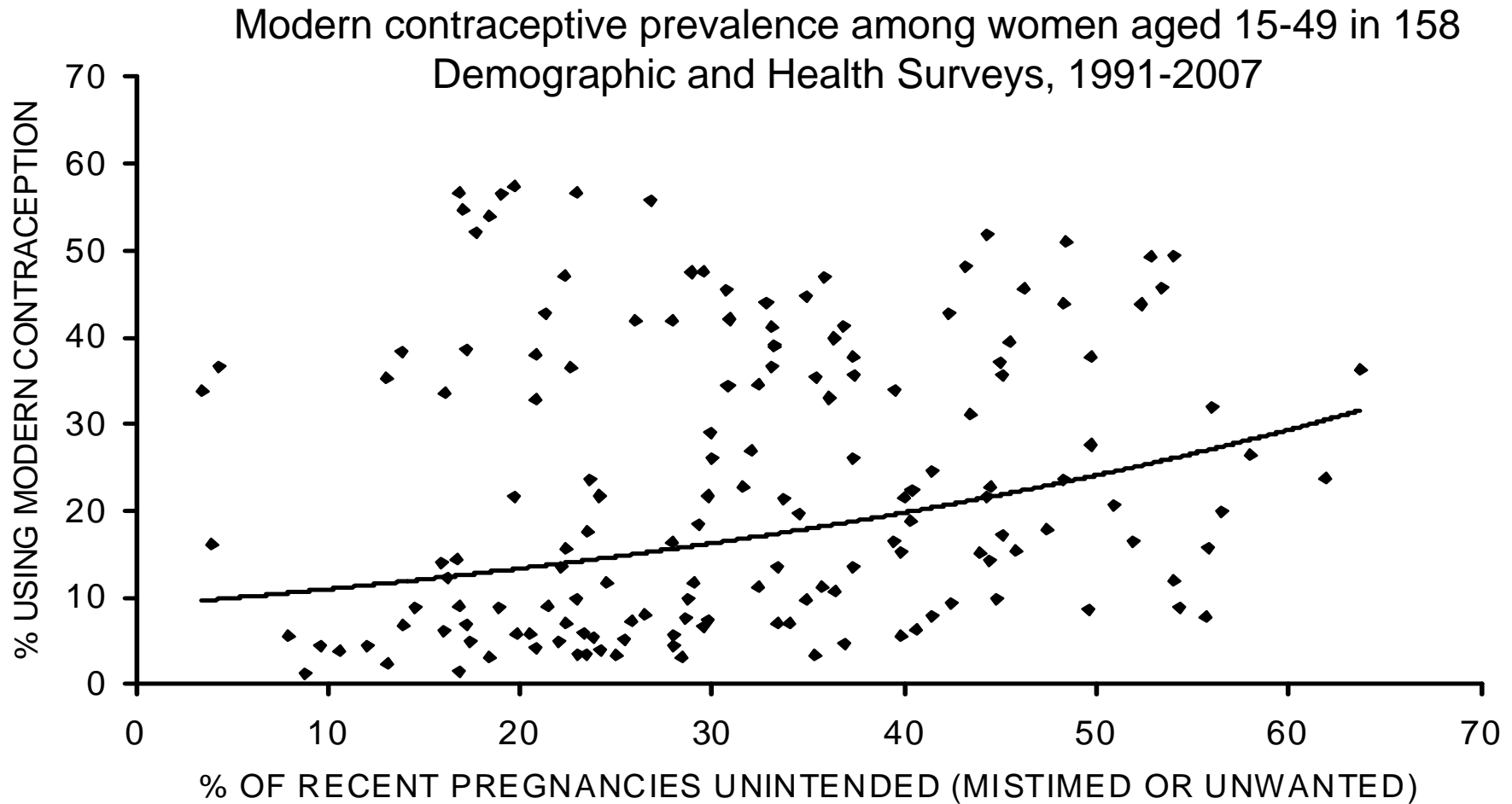
Unmet need for family planning - Total (% of currently married women)



Desire to stop childbearing (% of currently married women)

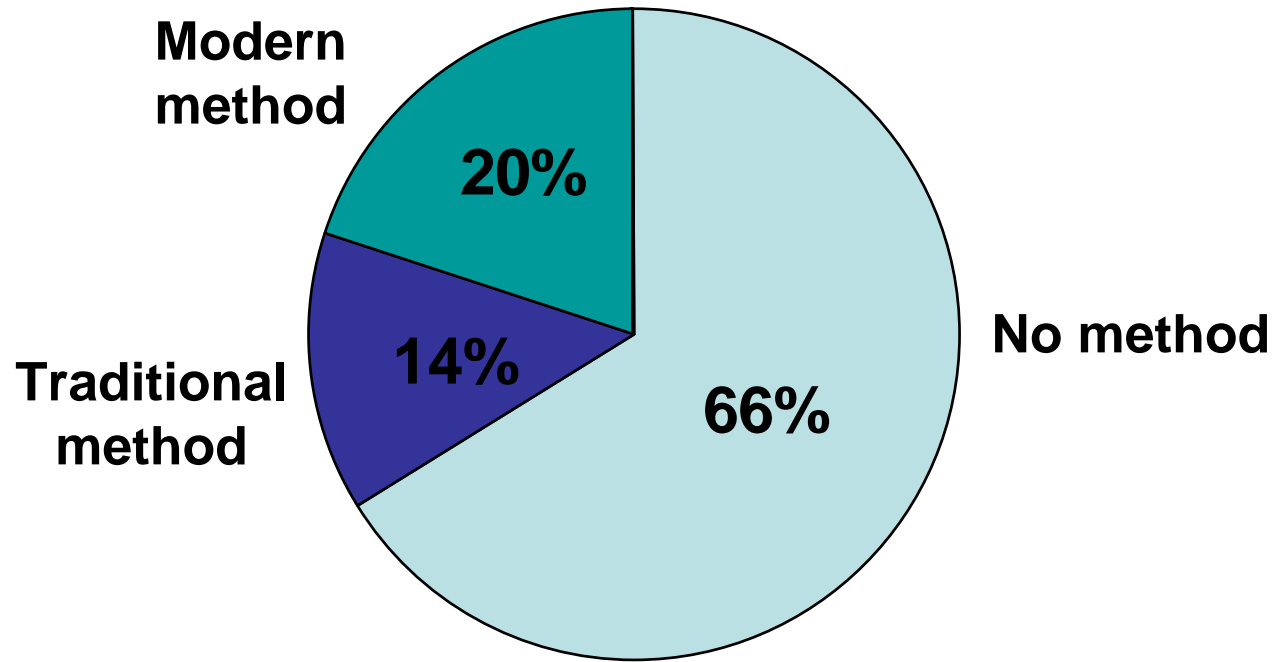


Despite increased access and use of modern methods, the incidence of unintended pregnancies remains high.



Source: MEASURE DHS StatCompiler, <http://www.statcompiler.com/>, accessed January 11, 2010

Most unintended pregnancies occur among women who were not using any contraceptive.



Unintended pregnancies in developing countries, by women's contraceptive use

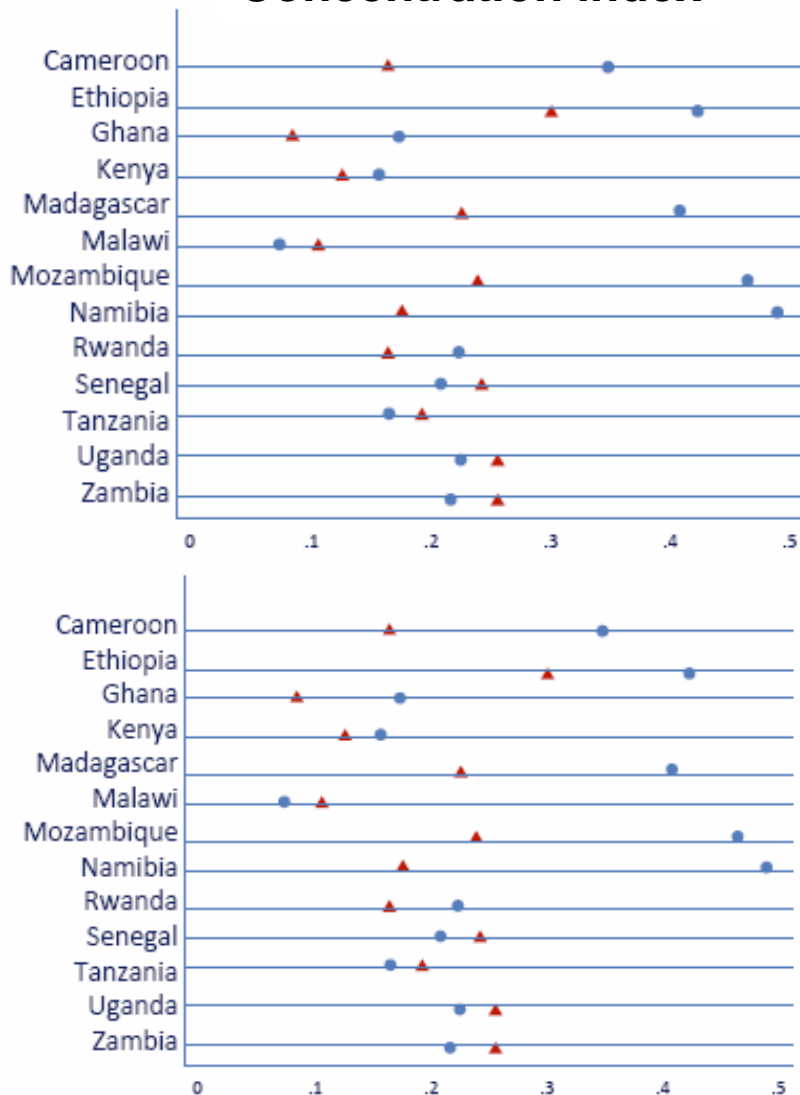
Concentration index

● Earlier survey ▲ Later survey

Limiting

Family planning programs in sub-Saharan Africa show varying success in reaching all social segments, but inequities persist in all countries.

Spacing



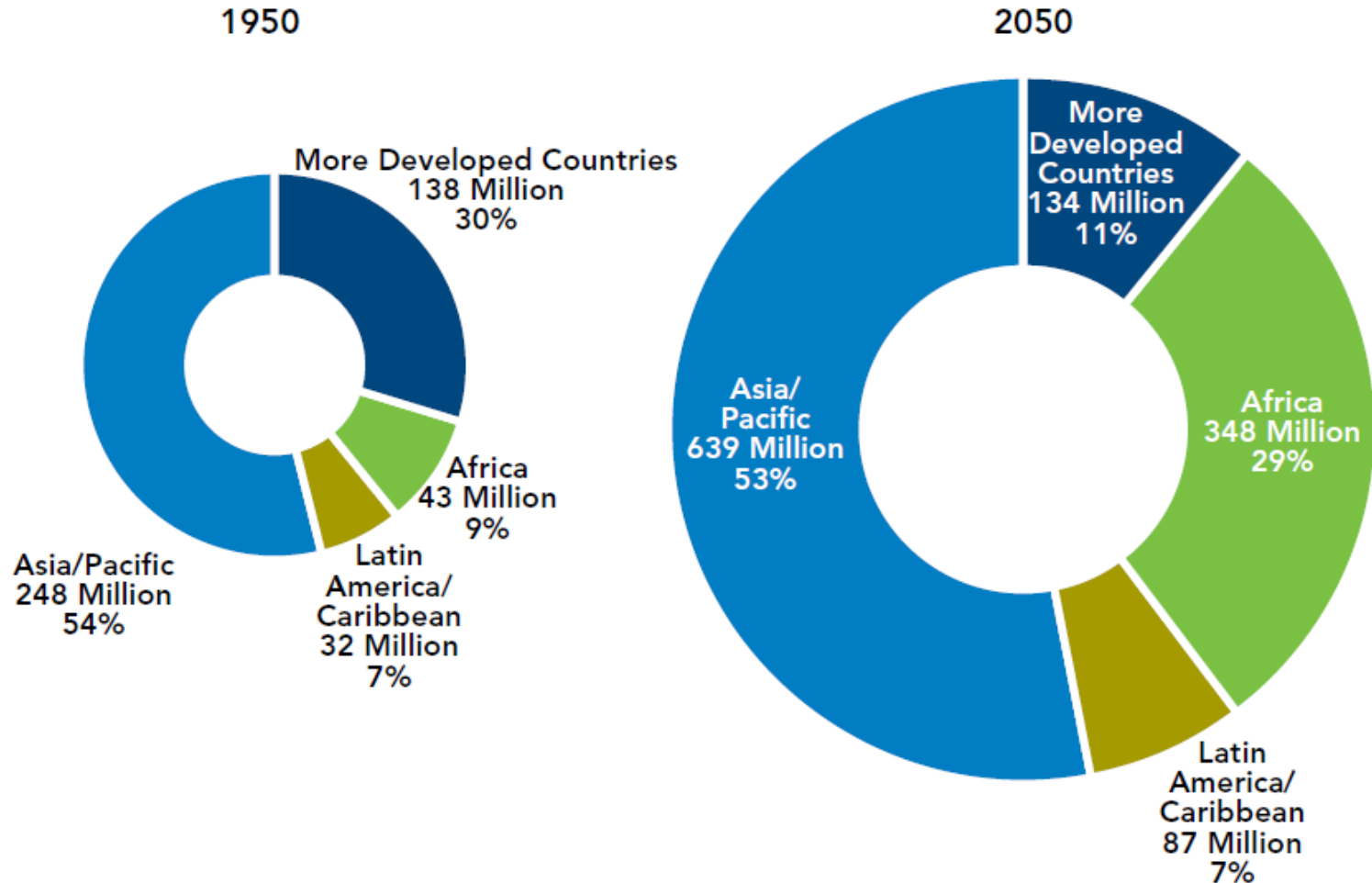
Less inequality ↔ More inequality



Youth and contraception

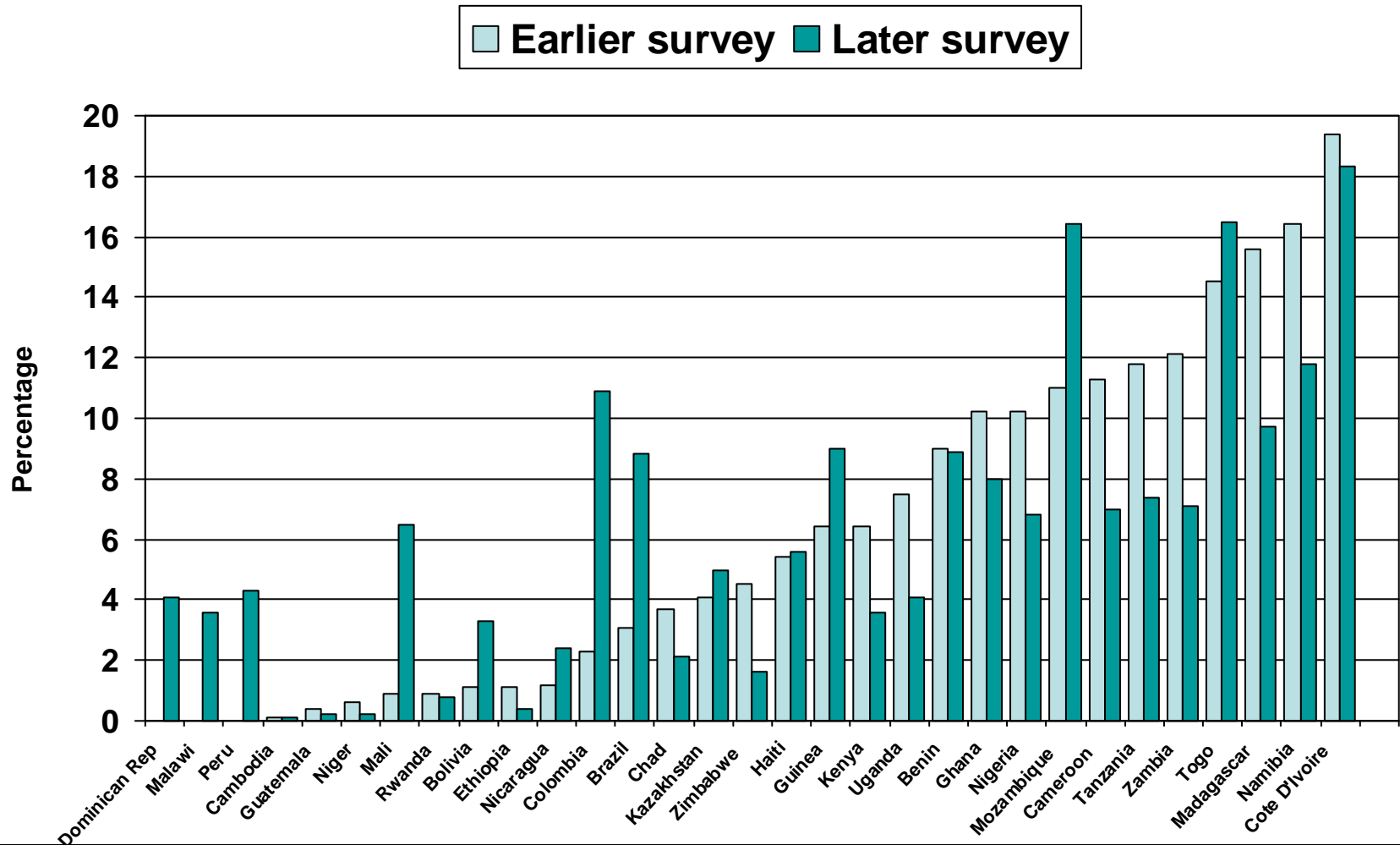
The World's Youth Population Will Become More Concentrated in Africa (and Asia)

Population Ages 15-24 by World Region: 1950 and 2050



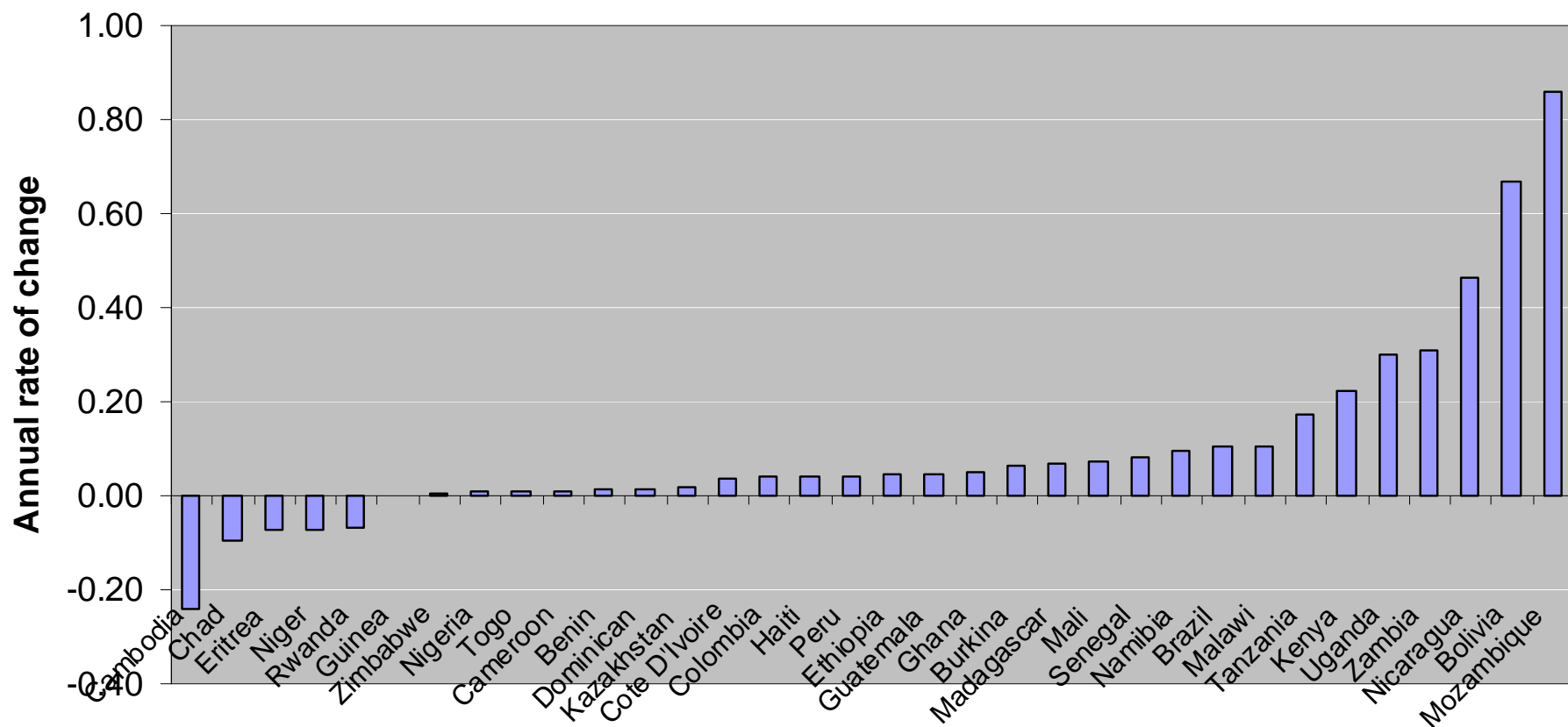
SOURCE: UN Population Division, *World Population Prospects: The 2008 Revision*, medium variant (2009).

There is an increasing trend in sexual activity among unmarried youth.



Contraceptive use among sexually active youth has also been rising: 34 DHS countries 1996-2006

Annual rate of change in contraceptive prevalence among 15-19 year old sexually active unmarried females



Family Planning Patterns among Youth Are Unique

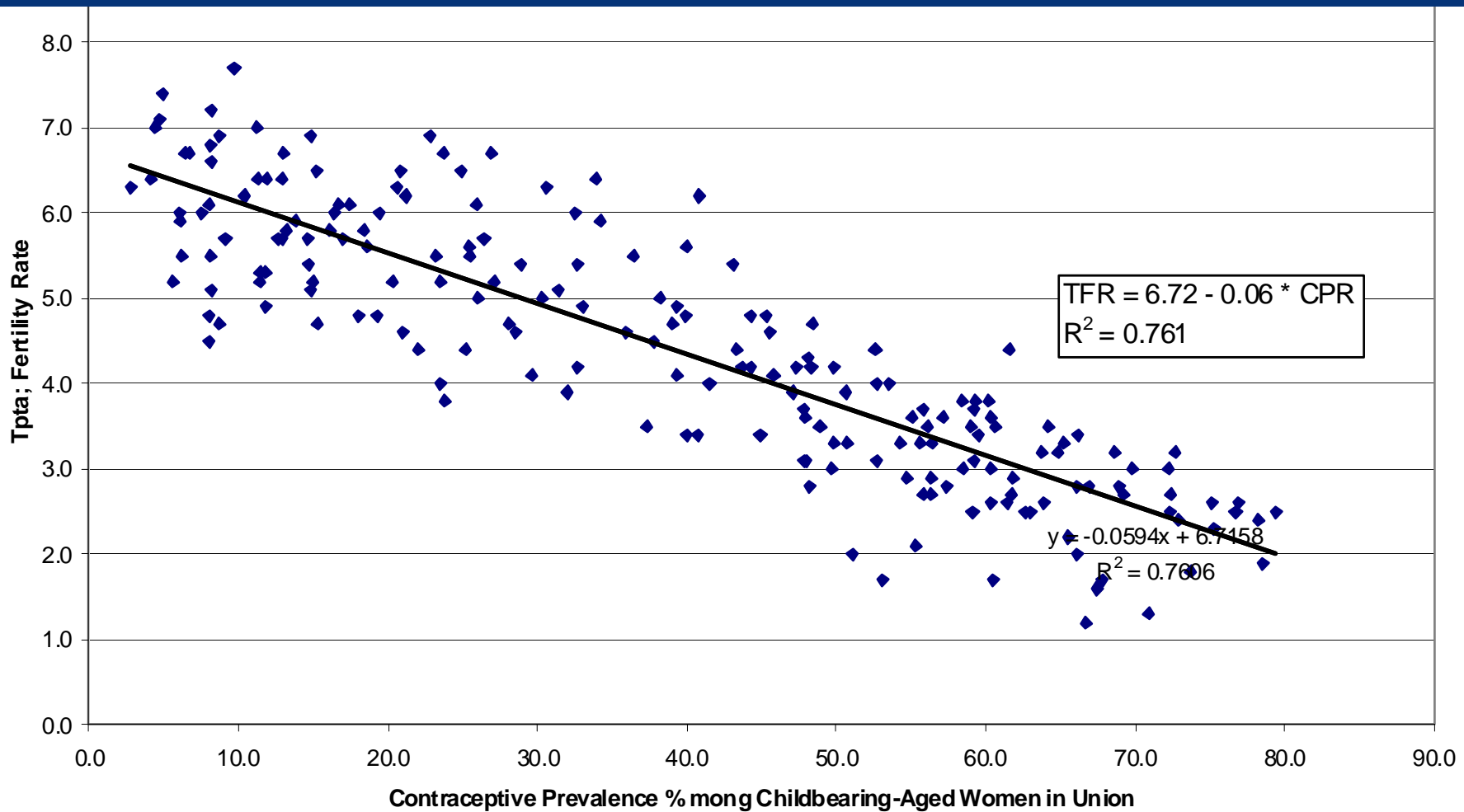
- Use often exceeds that of older married counterparts
- Reflects efforts to prevent unplanned pregnancies
- Experimentation and inconsistent use, leading to method failure
- Significant implications for contraceptive demand with expansion in youth cohort size



Consequences

Health and economic benefits of preventing unwanted childbearing

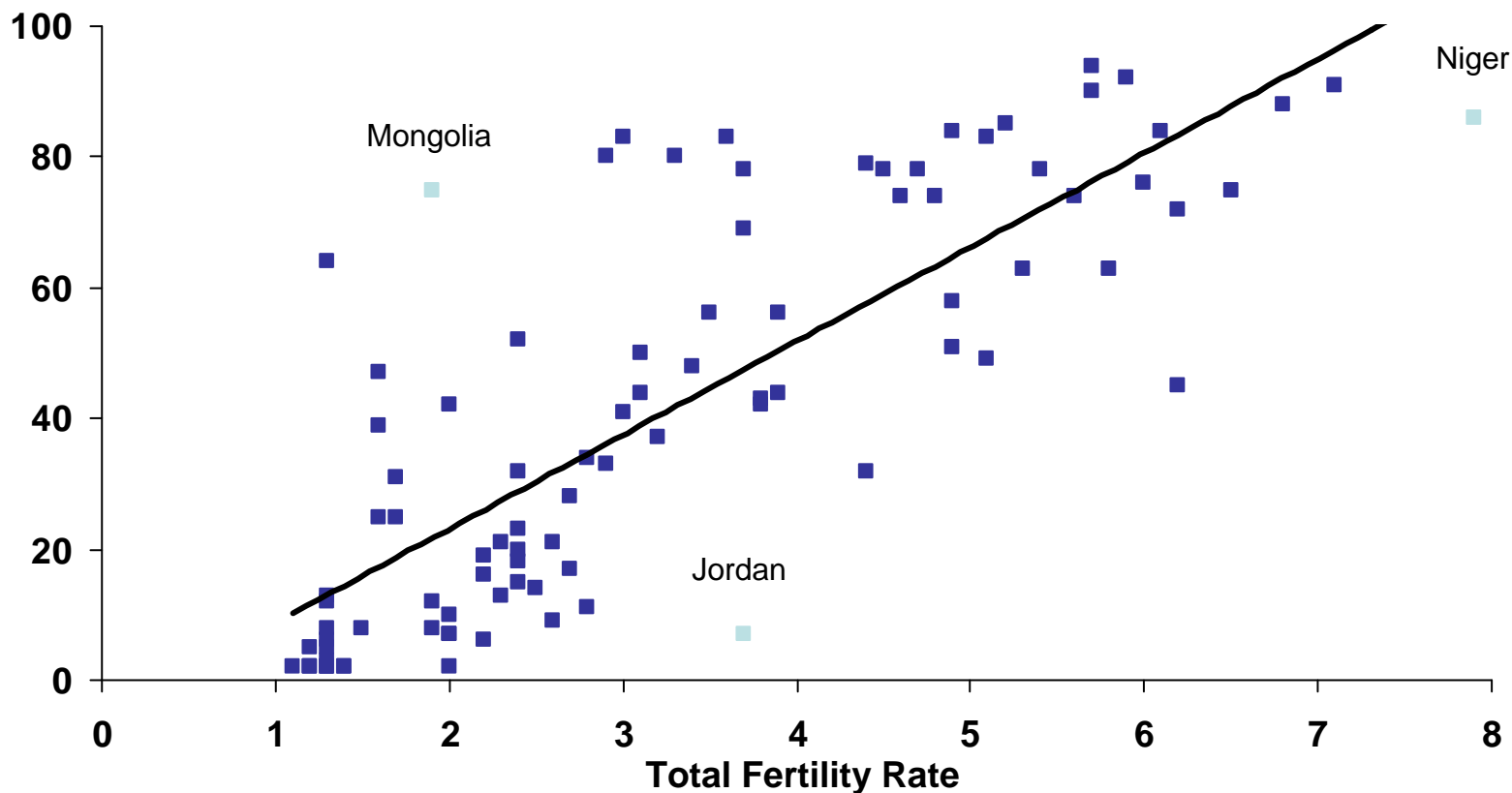
Contraceptive prevalence is closely linked to fertility levels: A 17-percentage point increase implies a decline of one birth in the Total Fertility Rate.



Association Between Fertility and Poverty

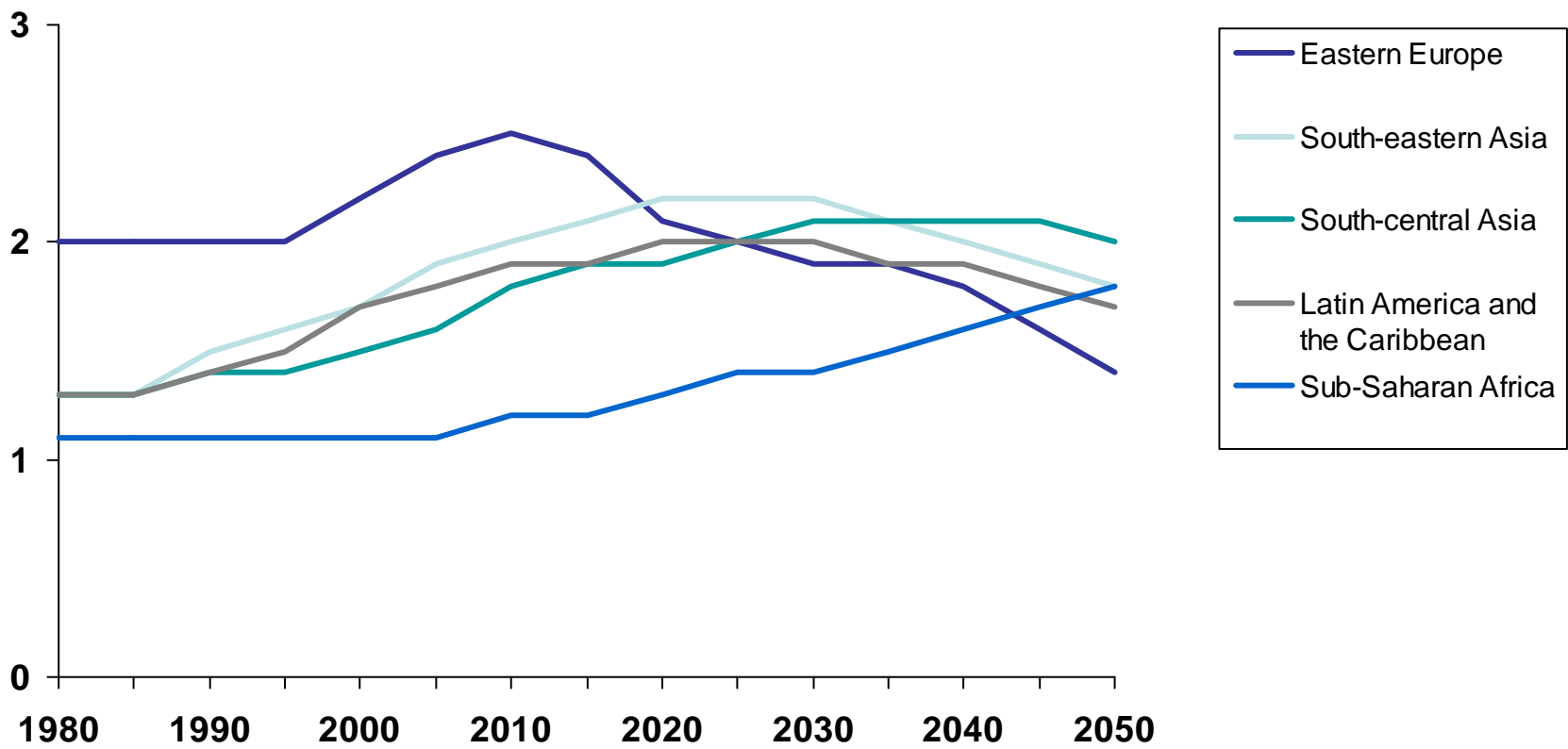
Countries with a higher percentage of people living in poverty often have higher fertility rates.

Percent of Population Living on <\$2 per Day

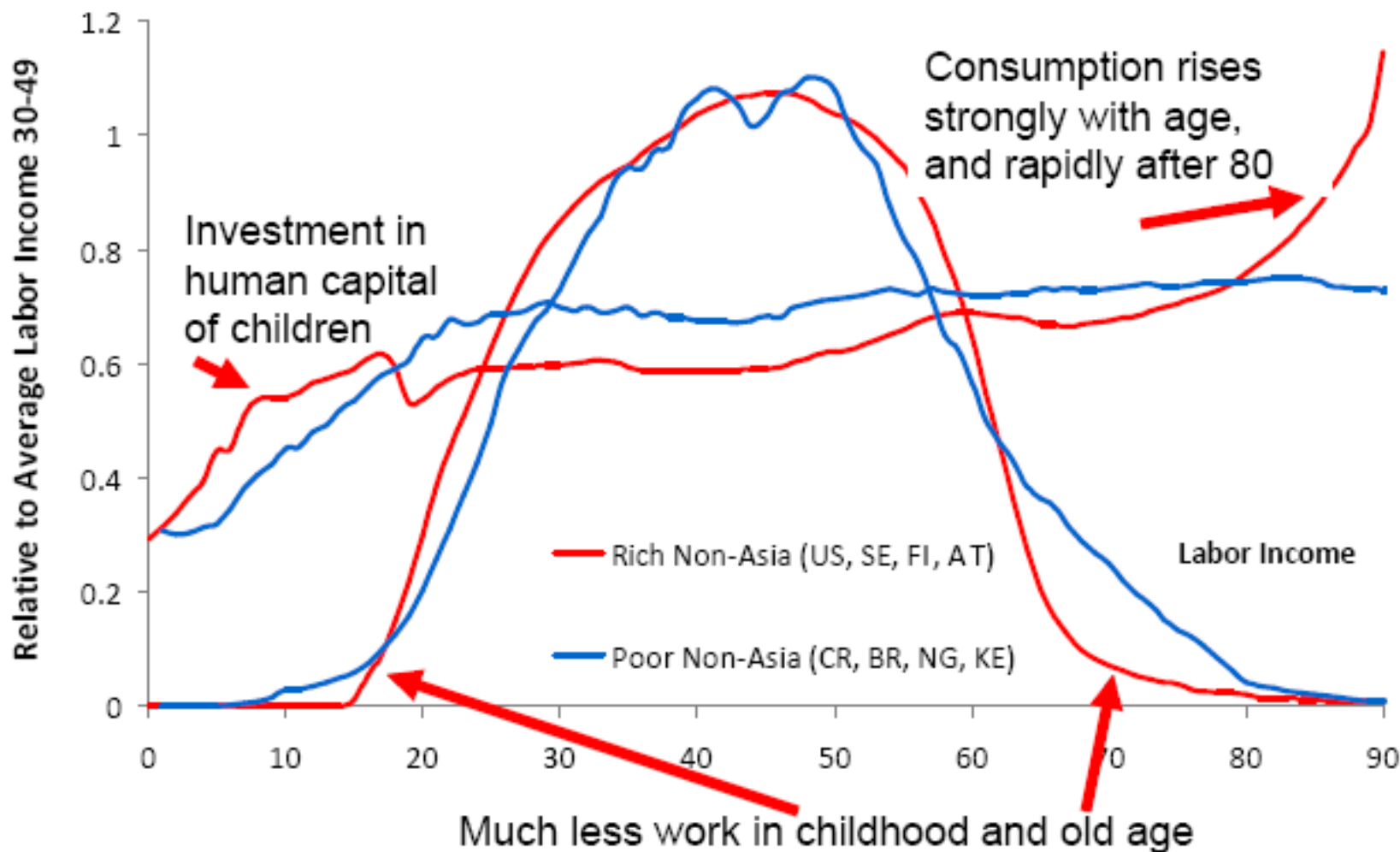


Trends in Number of Working-Age Adults per Dependent

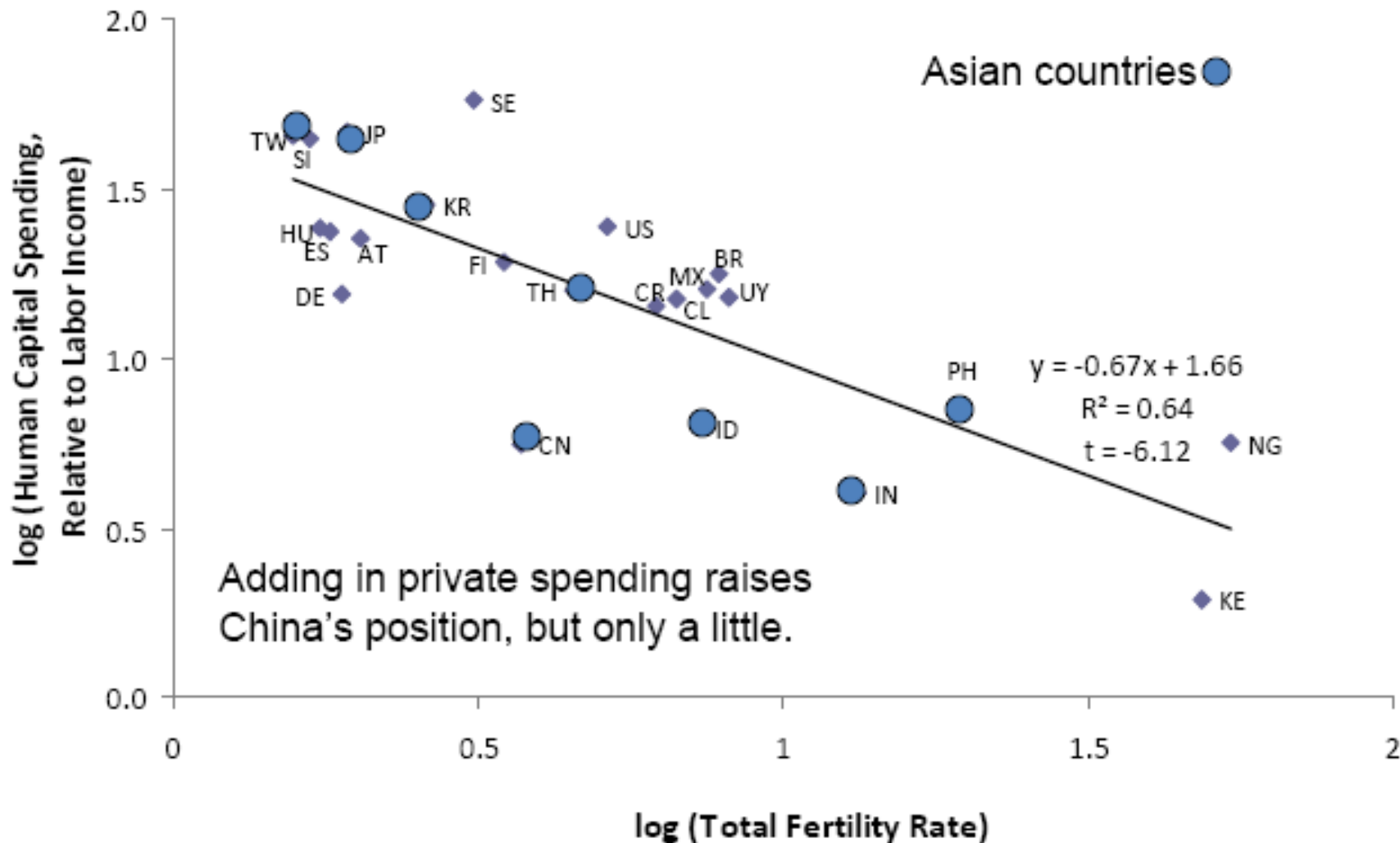
Number of Working-Age Adults (Ages 15-64) per Dependent (Under Age 15 and Ages 65 and Over)



Age Pattern of Labor Income and Consumption for 4 Low-Income and 4 High-Income Countries



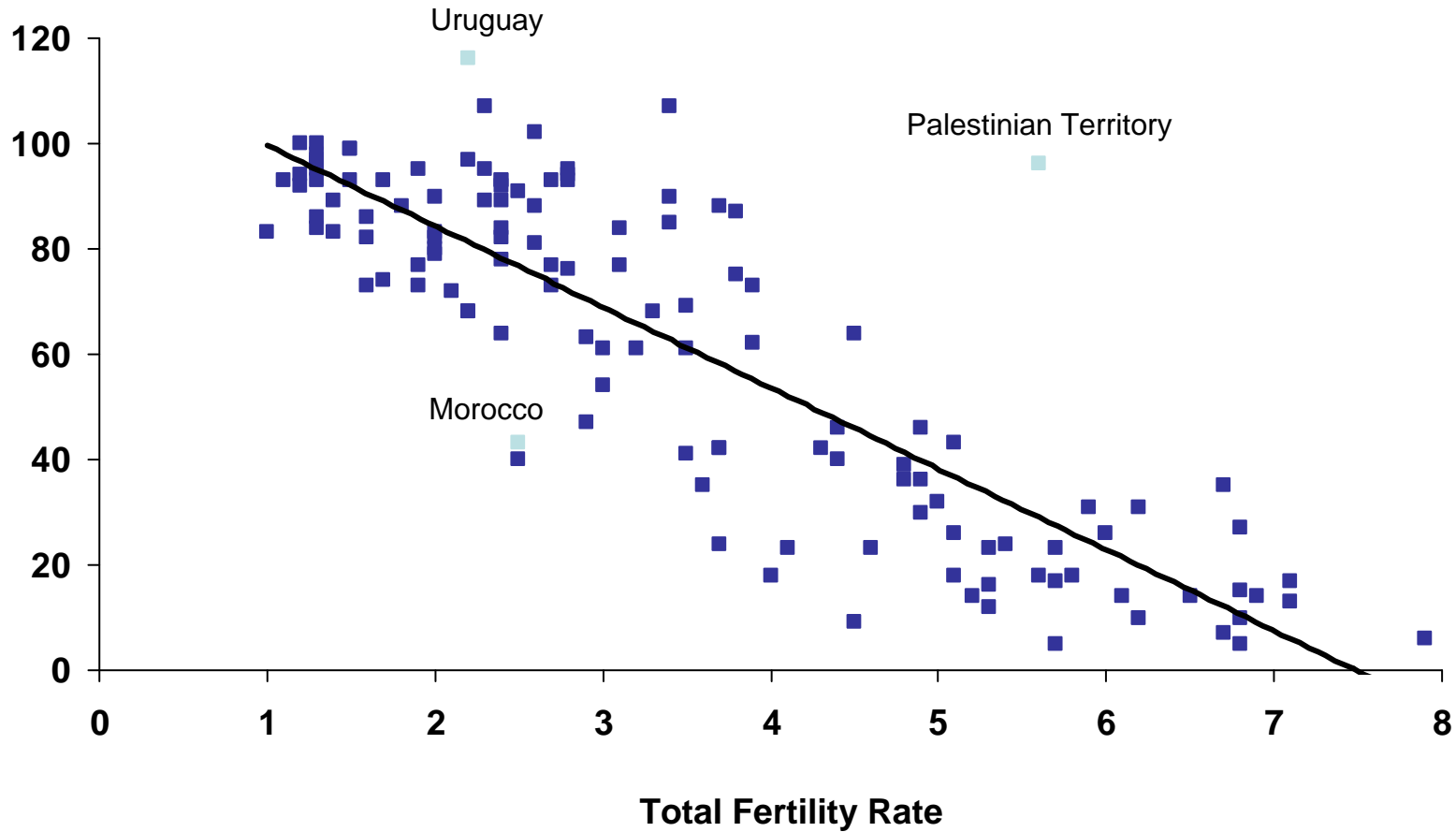
Total human capital investment is higher where fertility is lower.



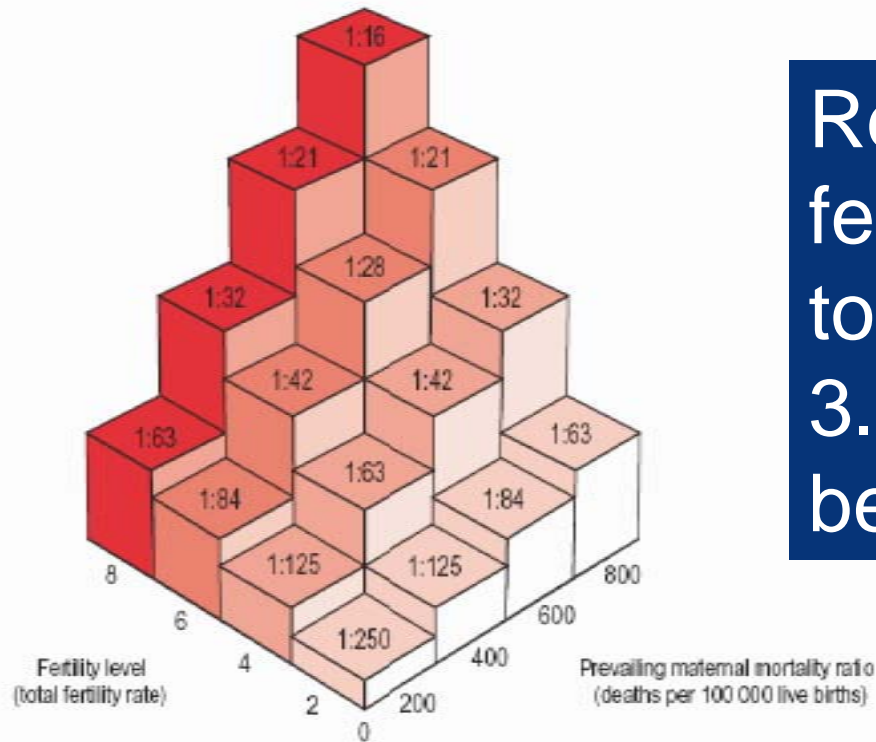
Association Between Fertility and Female Education

Countries with higher fertility typically have fewer girls enrolled in school

Percent of Girls Enrolled in Secondary School



The lifetime risk of dying at birth rises with childbearing.



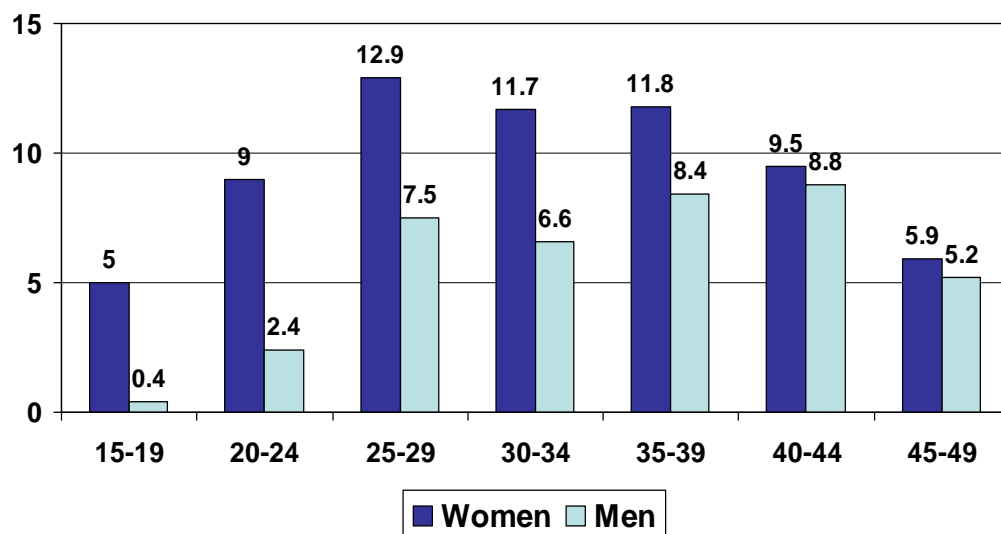
Recent declines in fertility are estimated to have prevented 3.6 million deaths between 1990-2008.

Source: Recalculated figures based on an idea by Royston & Armstrong, 1989



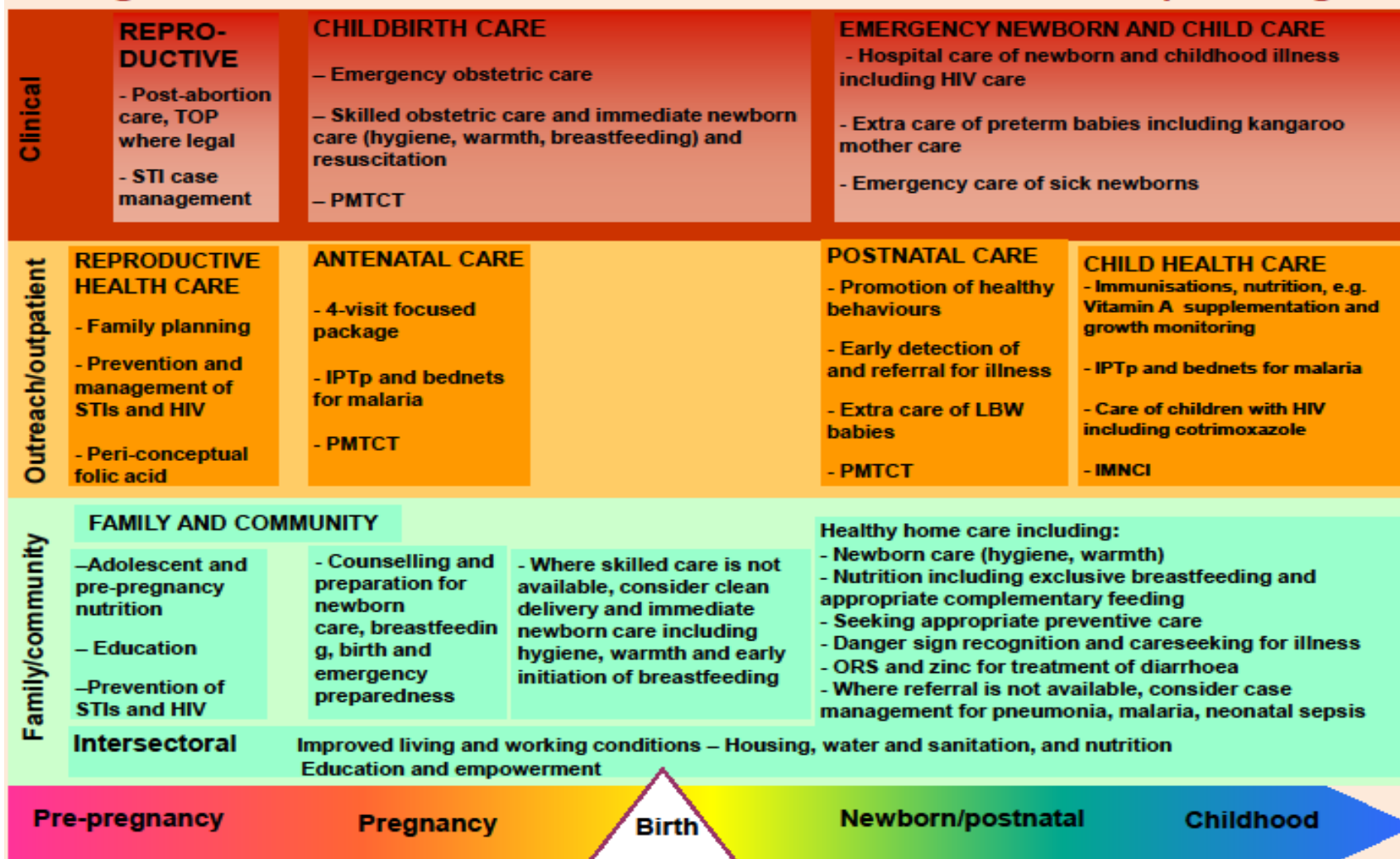
Women of reproductive age are disproportionately affected by HIV

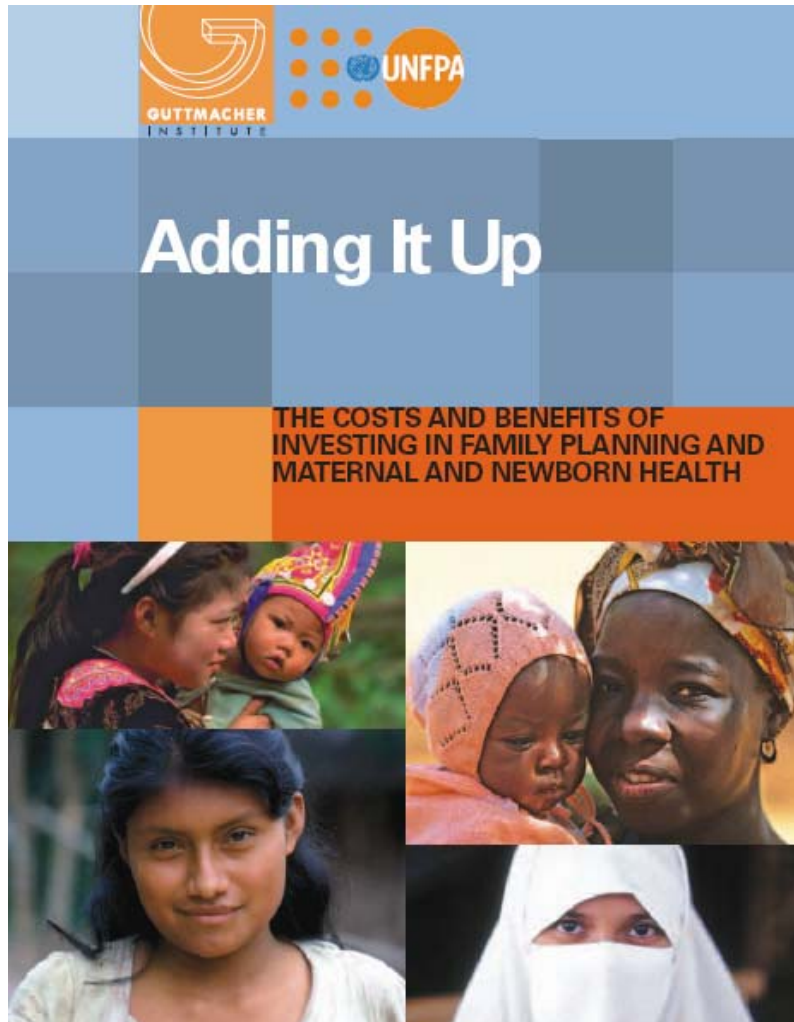
Percentage of population HIV+
by sex and age



**Family Planning and HIV
Special supplement 2009**

Efforts to integrate family planning, maternal, newborn and child and sexual health care are improving.



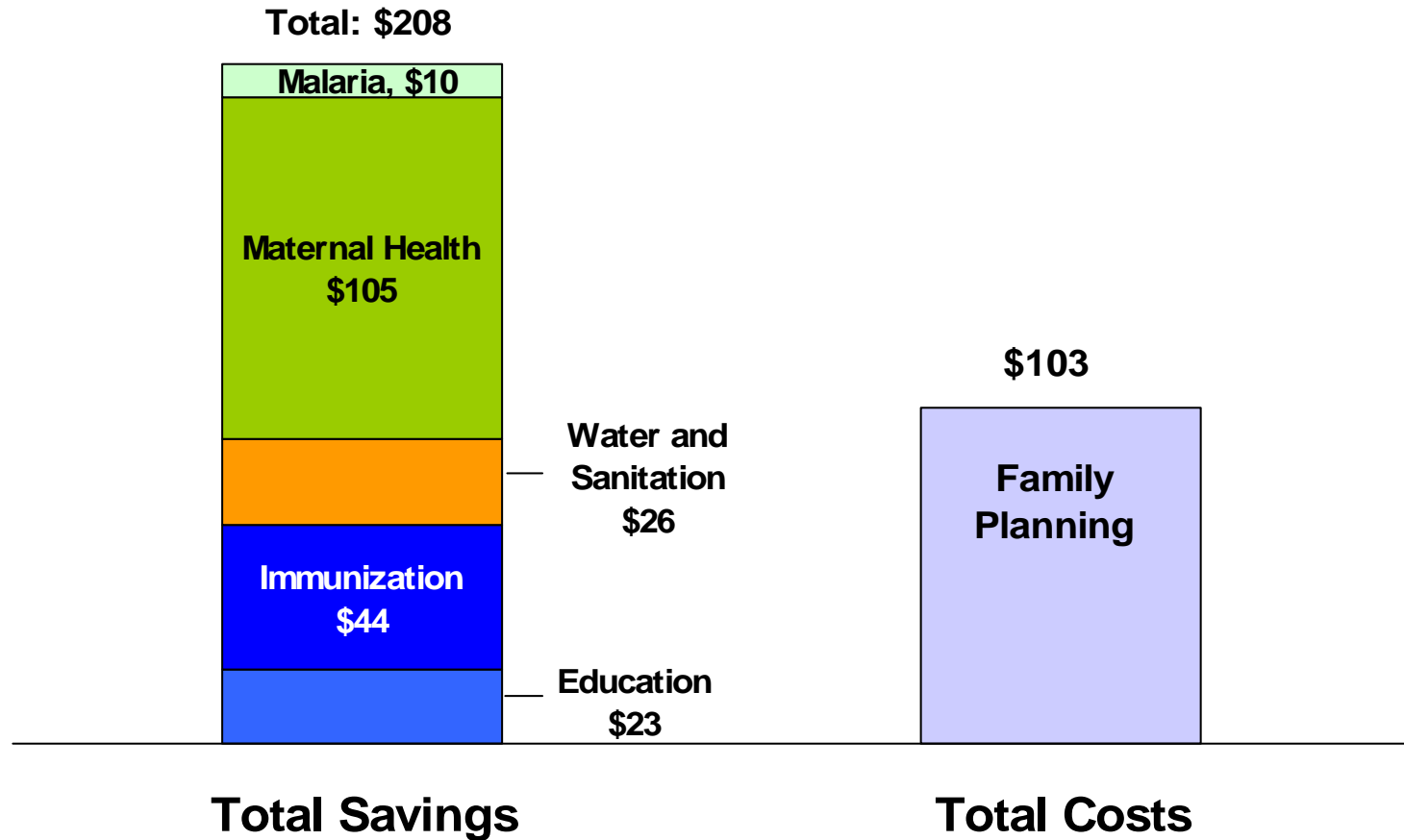


Fulfilling unmet need for modern FP methods would cost \$3.6 billion (2008 \$) on top of \$3.1 billion for current FP users

For \$4.50 per capita (\$24.6b) existing FP and maternal and newborn needs can be met.

\$103m spent on family planning can generate \$208m in social sector savings by 2015 in Ethiopia.

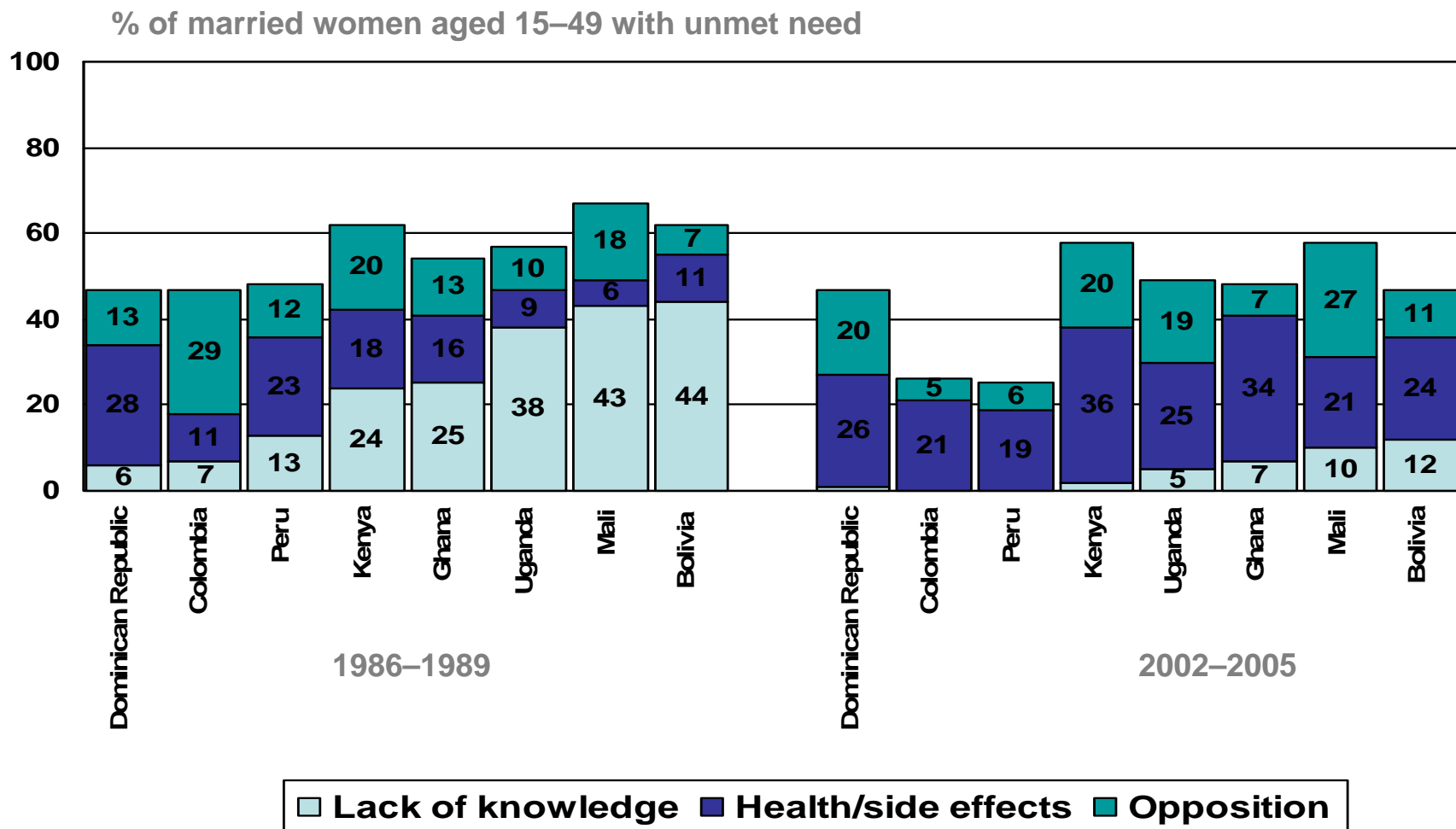
US Dollars in Millions



Securing family planning's successes

1. Ideation and knowledge
2. Self-reliance in contraceptive financing

The importance of some reasons for non-use has changed over time: Greater concern over health and side effects





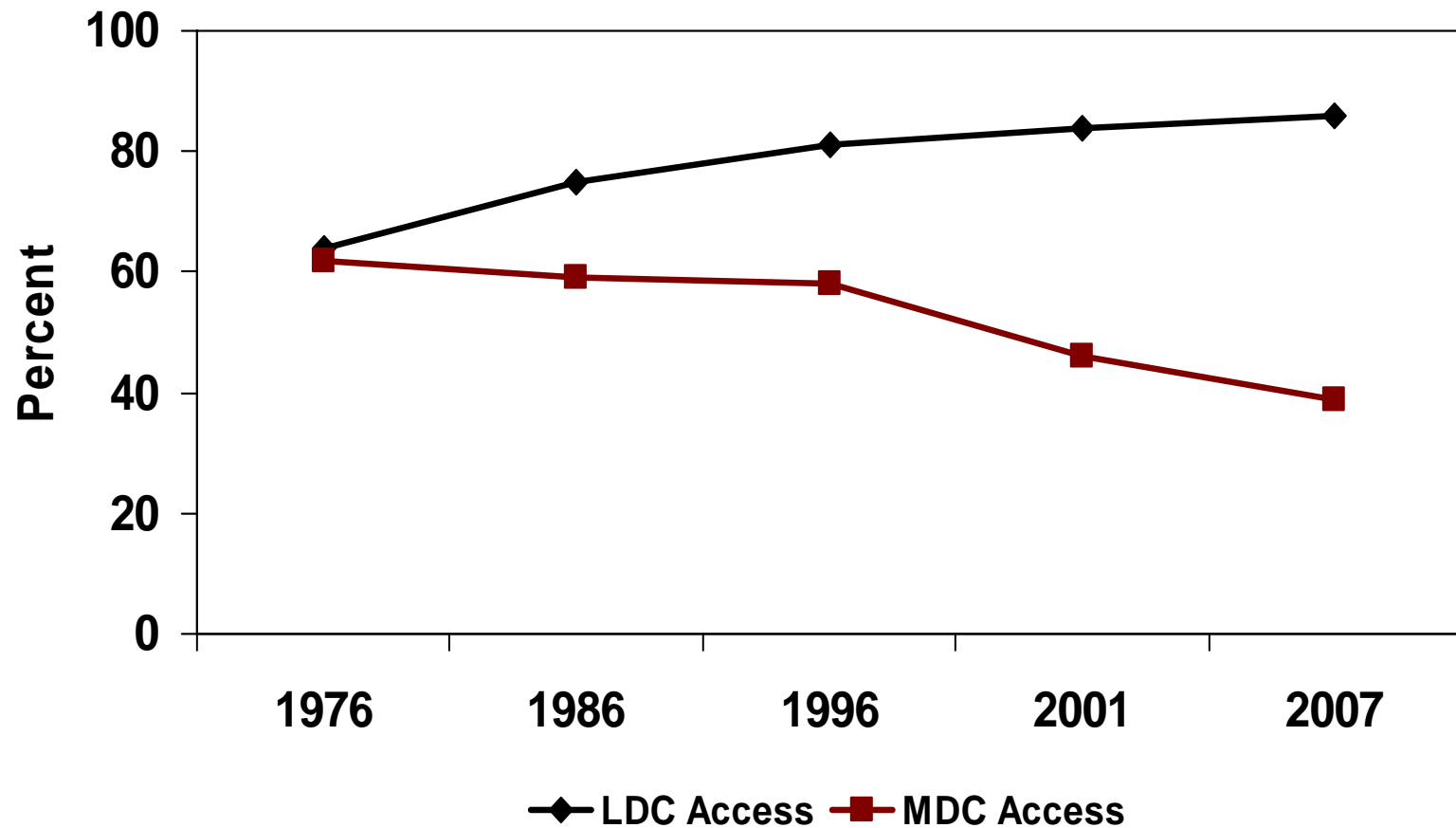
Behavioral Change Communication Programs can efficiently address awareness and knowledge gaps.

SIFPSA, India Aao Baatein Karein Spacing Campaign

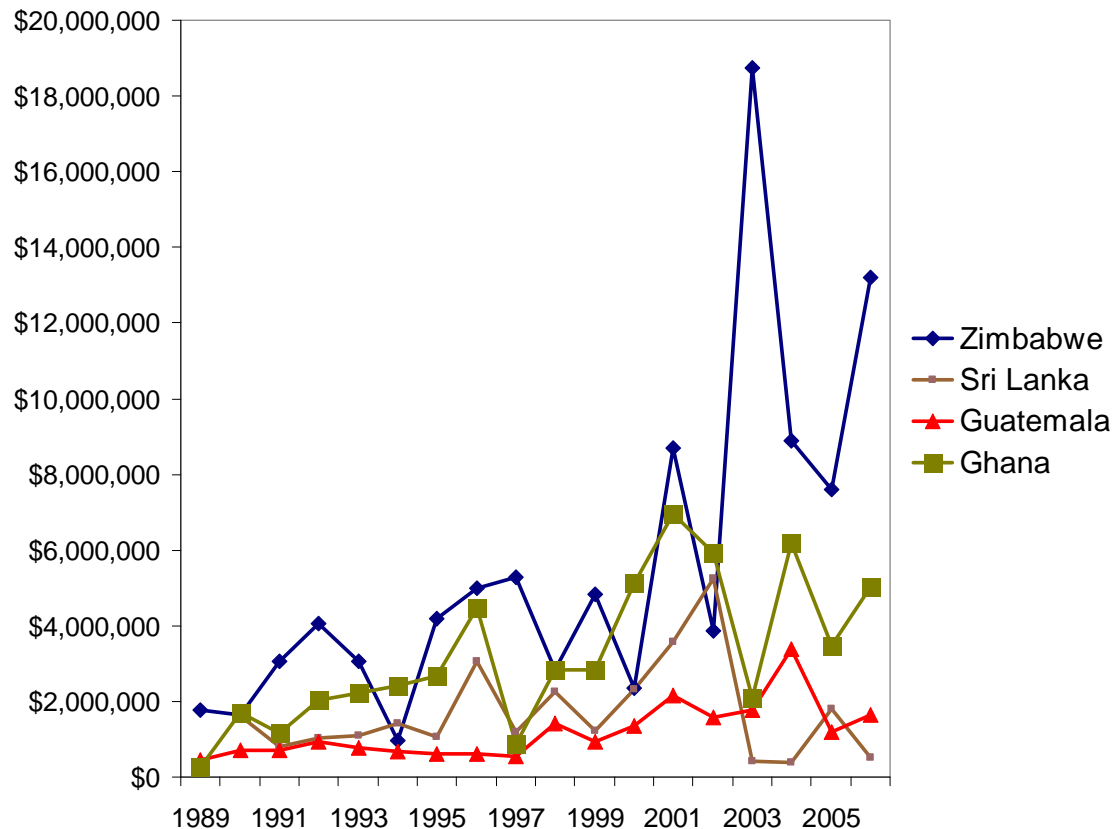


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Over time there has been growing divergence between developing and developed countries' support for contraceptive access.



Contraceptive Security and Self-Reliance: A Priority for the 21st Century



Donor support for contraceptive procurement has been enduring but will not be indefinite.

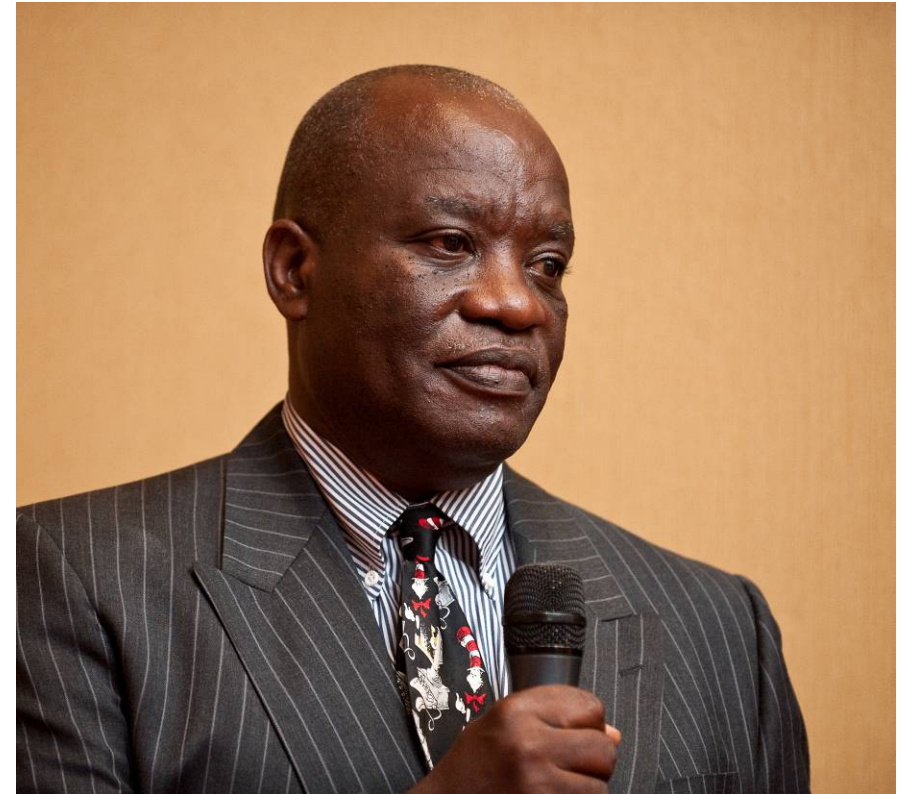
*“Family planning is to maternal survival
what a vaccination is to child survival.”*



**Family Planning
for Health and Development:**

Actions for Change

In November 2009, two major rivers – family planning and development – joined at the International Conference on Family Planning in Kampala, Uganda, to create a powerful flow of knowledge, ideas, and information.



*Khama Rogo
World Bank*





2011 INTERNATIONAL
CONFERENCE ON
FAMILY PLANNING
NOV 29 – DEC 2, 2011, DAKAR, SENEGAL

**2011 International Conference
on Family Planning:
Research and Best Practices**

**November 29-December 2, 2011
Dakar, Senegal**

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Abstract Submission Deadline
May 1, 2011

More information available at:
www.fpconference2011.org

For questions, contact:
info@fpconference2011.org



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Thank you