

Universal Access to Contraception: What is being neglected?

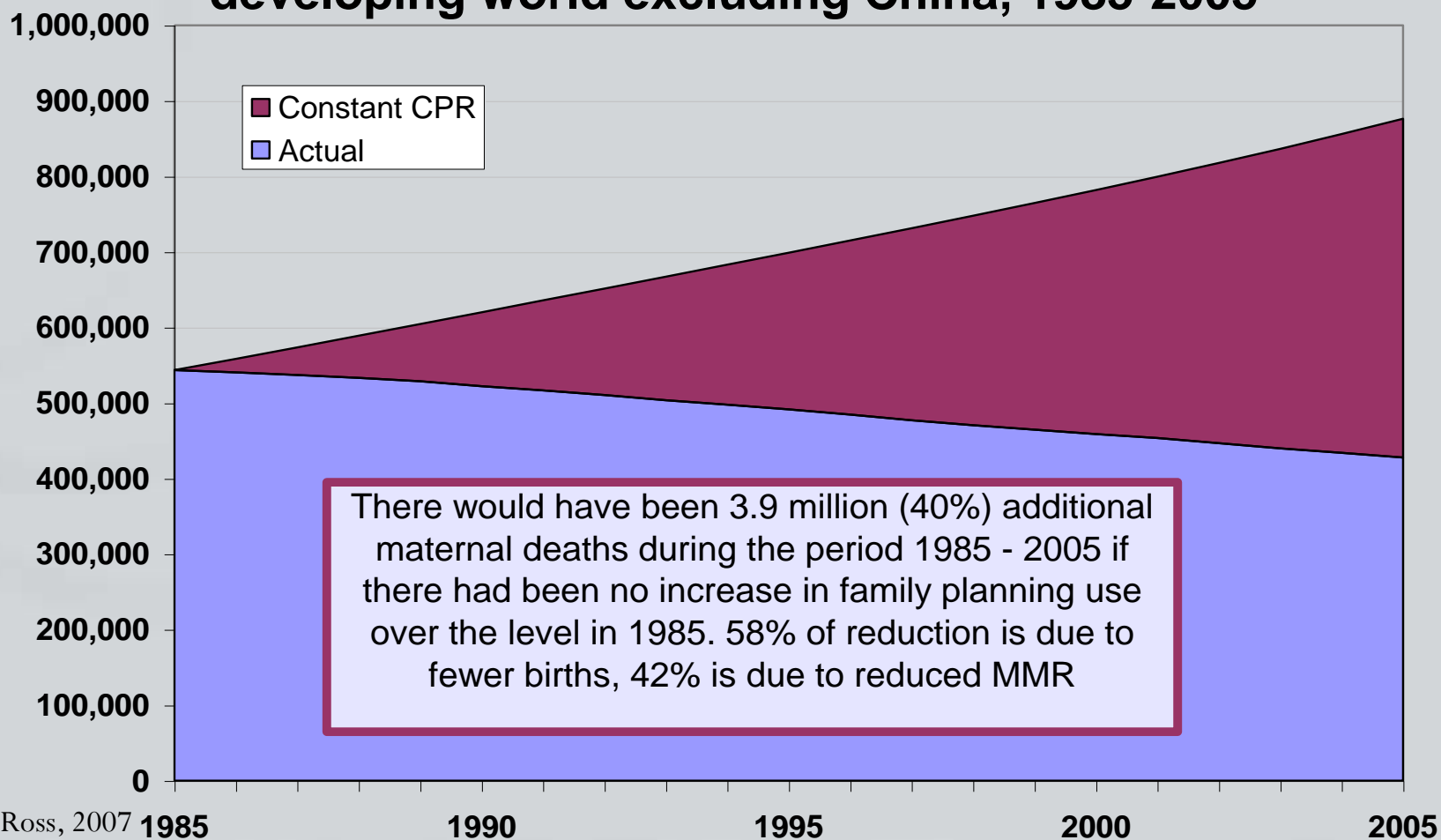
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Why Family Planning Matters

- ❑ 150,000 maternal deaths could have been prevented by the use of effective contraceptive methods.
- ❑ Modern contraception prevents 2.7 million infant deaths annually in the developing world.
- ❑ Fundamental right of families and individuals to choose when and how many children they have.

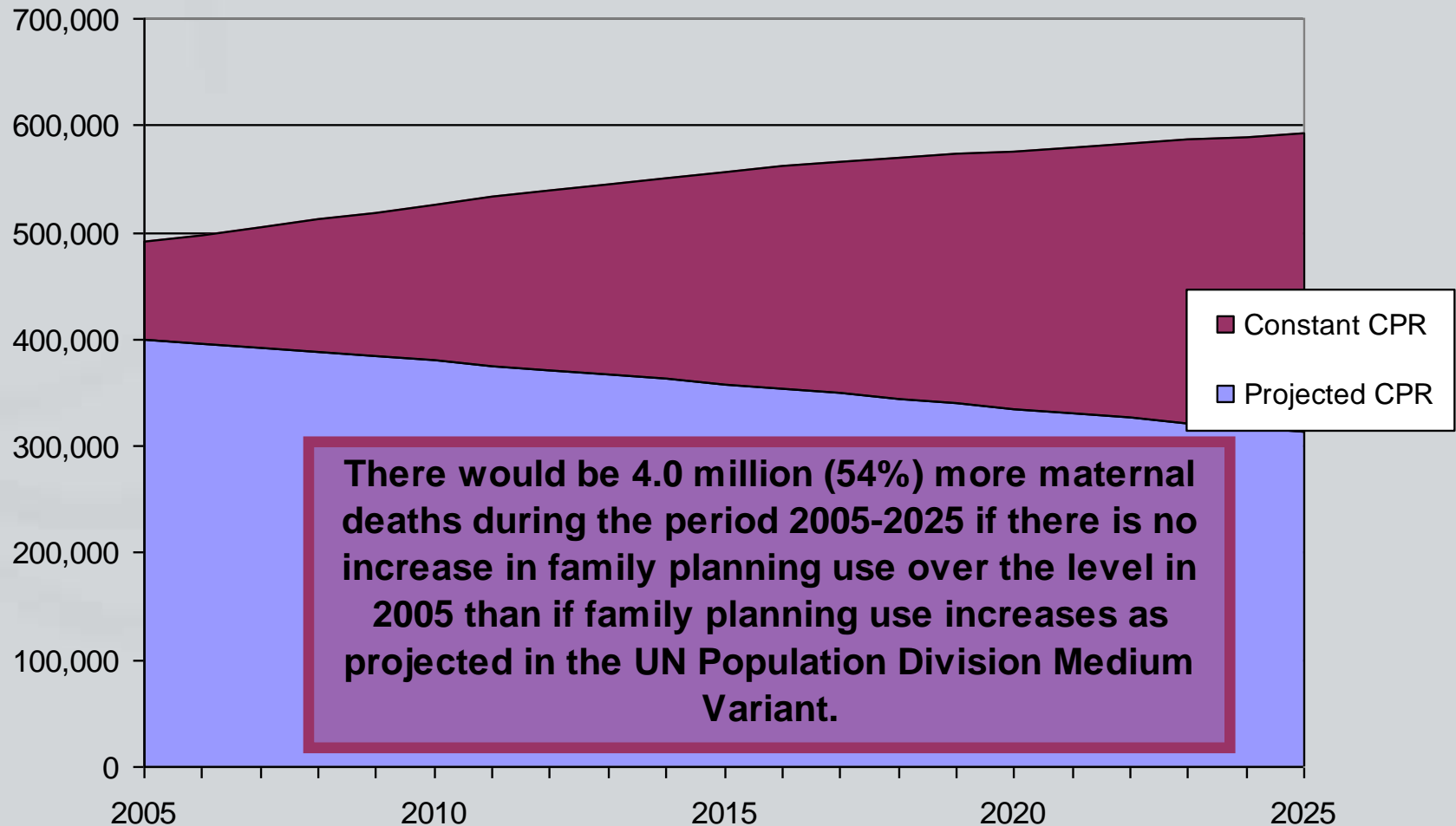
Family Planning Saves Women's Lives

Annual number of maternal deaths in the developing world excluding China, 1985-2005



Family Planning Saves Women's Lives

Annual number of maternal deaths



Risk of Maternal Death by Length of Birth to Birth Interval

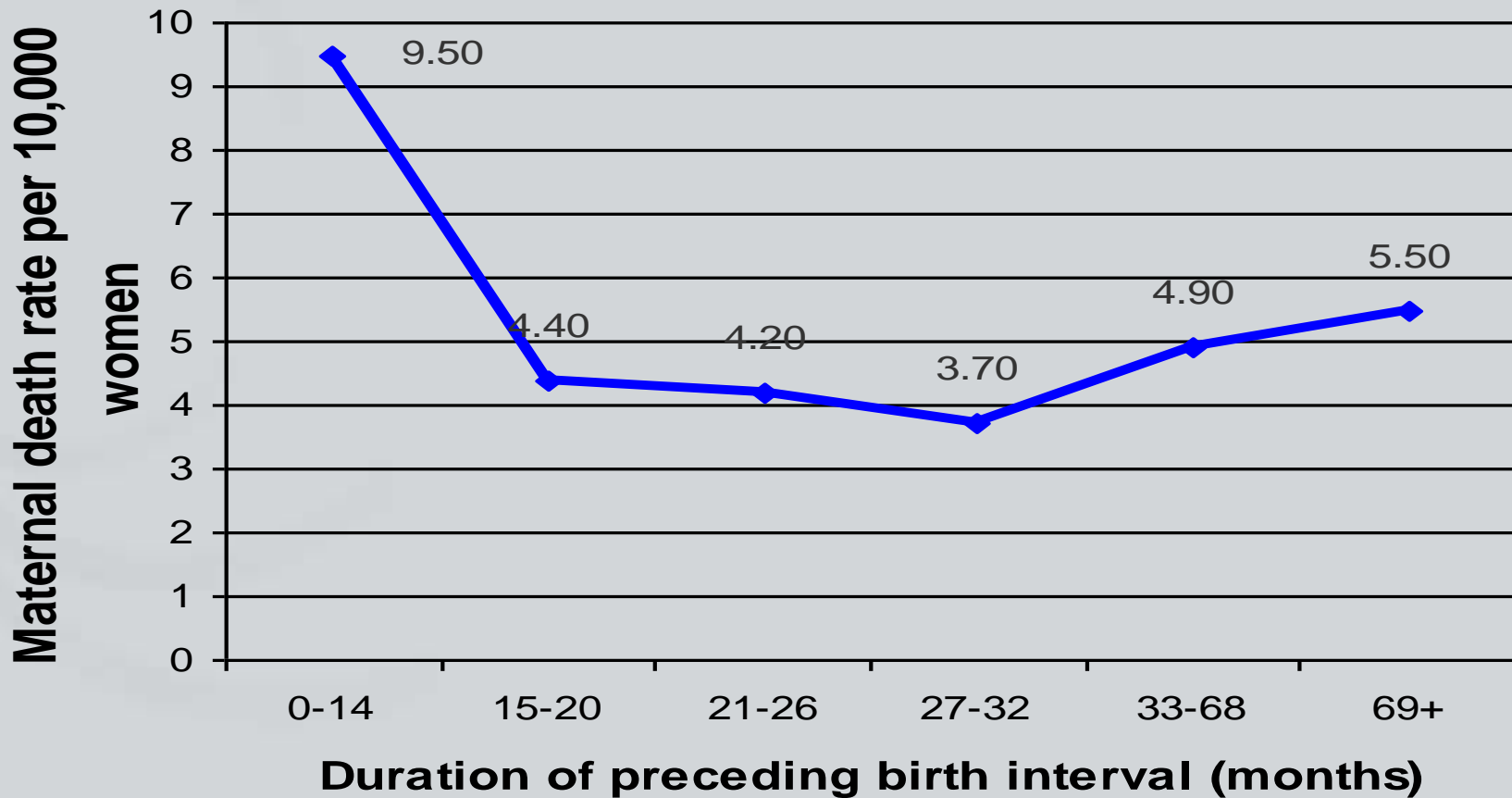
Birth intervals of 9 to 14 months are associated with increased risk of:

- ❑ maternal death (150%),
- ❑ third trimester bleeding (70%),
- ❑ premature rupture of membranes (70%),
- ❑ anemia (30%).

Compared to 27 to 32 month birth intervals, intervals longer than 69 months are associated with increased risk of:

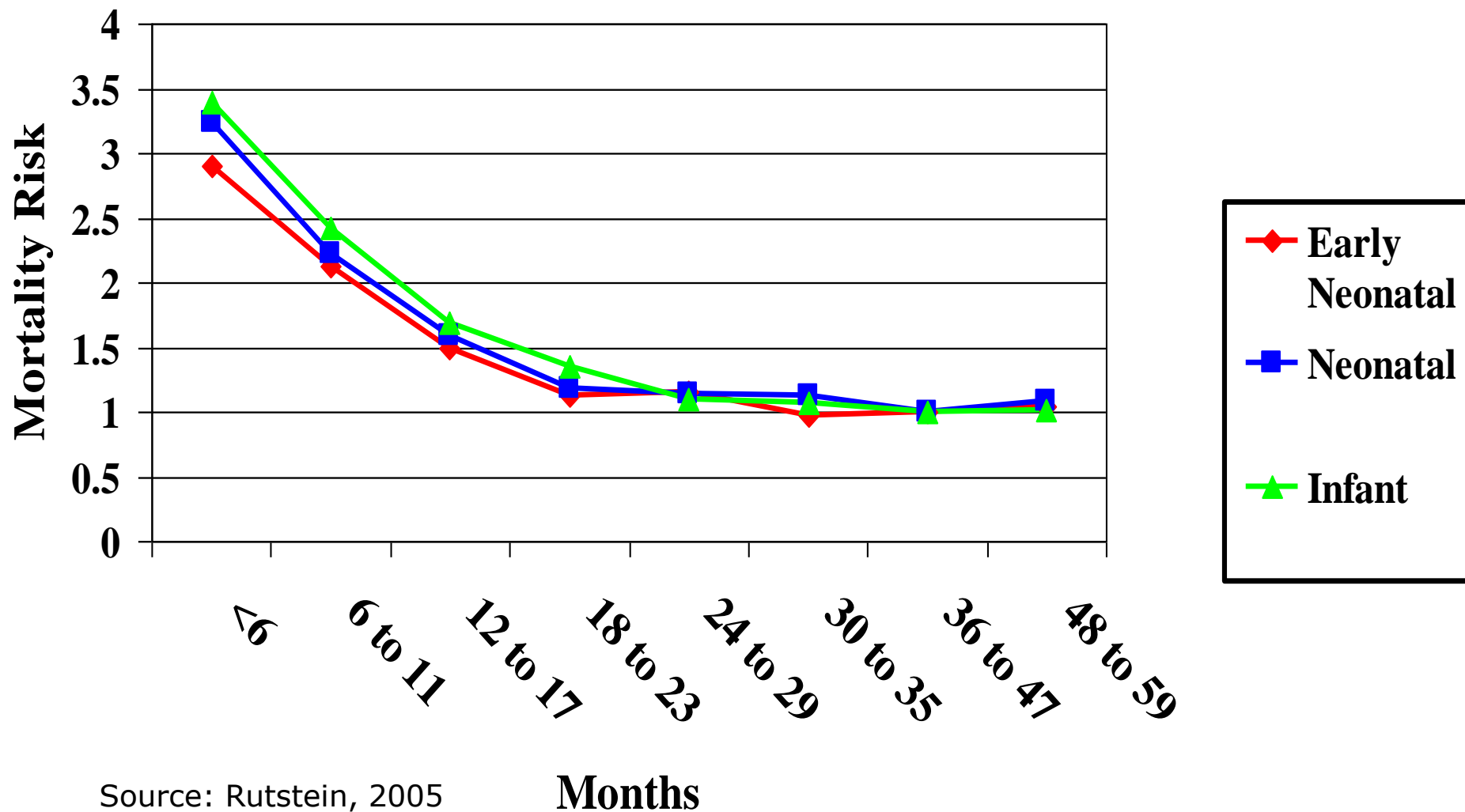
- ❑ maternal death (10%),
- ❑ third trimester bleeding (10%),
- ❑ eclampsia (80%),
- ❑ postpartum hemorrhage (90%).

Risk of Maternal Death by Length of Birth Interval



Source: Conde-Agudelo and Belizán, Maternal Morbidity and Mortality Associated with Interpregnancy Interval: Cross Sectional Study, *British Medical Journal*, 18 November 2000. <http://bmj.com/cgi/content/full/321/727/1255>

Family Planning Saves Newborn Lives



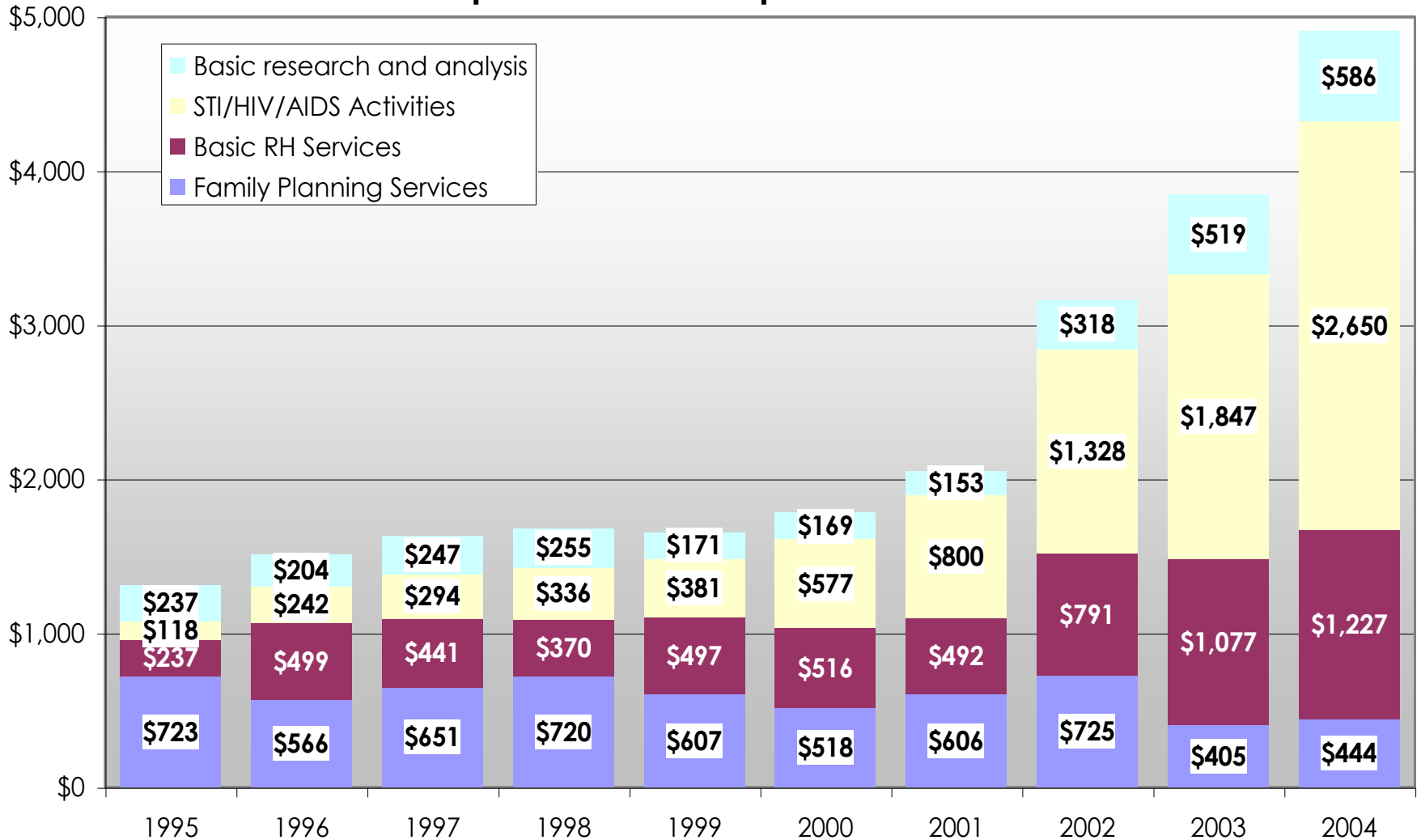
Source: Rutstein, 2005

Unmet Need for Family Planning

- Worldwide 200 Million women report wanting to delay or prevent a pregnancy but are not using effective contraception.
- Demand for FP will grow by an estimated 40% during the next 15 years.
- In 13 nations, 9 in sub-Saharan Africa, unmet need for FP exceeds 30% in all married women.
- Unmet need among sexually active unmarried women 35% in Latin America and 41% in sub-Saharan Africa.
- Donor support for FP programs fell from US \$723 Million in 1995 to US\$444 Million in 2004.

Funding for Family Planning

Donor Expenditures for Population Assistance



What is needed for a successful FP Program?

- ❑ High level political commitment.
- ❑ Broad coalition of support from elite groups.
- ❑ Adequate funding – Involvement of Ministry of Finance (include purchase of contraceptives in the national accounts).
- ❑ Legitimatization of the idea of smaller families and modern contraceptives through mass media.
- ❑ Availability of a range of methods through medical facilities, social marketing and outreach services.

Systemic and Individual Barriers to Access

- Facility based services remain the backbone of service delivery in most countries despite evidence that paramedical staff can insert IUDs and injectable contraception and lay staff could dispense pills and make referrals after short training.
- As a result, geographical access cited as major constraint on uptake of services.
 - (Source: Cleland, et. al.)

Barriers to Access

- At the individual level: lack of recognition that even infrequent sex can lead to pregnancy.
- Facility Level: need to ensure consistent quality services including continuity of supplies, competent staff, treating patients with dignity and reasonable privacy.
 - US based studies have found positive relationships between service quality and client contraceptive behavior.

Accessibility of Services

- Primary access point is facilities.
- Commercial outlets (pharmacies, shops and bazaars) second most frequent way users obtain methods.
 - Social marketing is most effective when pills, condoms or both are fairly popular, demand is well established, commercial infrastructure exists, coverage of radio and TV is high with no restrictions on promotion of FP, and public sector services are weak.

Accessibility of Services

- Outreach and community-based services have been most useful in rural communities where access to other services limited, when demand is fragile and when women's mobility is constrained.
- Lessons learned from the African experience:
 - Multipurpose workers more effective and accessible than those who provide only FP
 - Community involvement in project design and selection for workers essential
 - Payment is necessary to sustain effectiveness

Revitalizing the FP Agenda

- FP proponents should focus on the health outcomes rationale and as a cost effective measure to reach MDGs in maternal, newborn and child mortality/morbidity.
- Demographic circumstances of low income and middle income countries are diverse and priorities for gov't actions and international assistance must be tailored to each particular context.