

FAMILY PLANNING PROGRAMS FOR THE 21ST CENTURY

RATIONALE AND DESIGN

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The evidence is clear: Family planning improves health, reduces poverty, and empowers women. Yet, today, more than 200 million women in the developing world want to avoid pregnancy but are not using a modern method of contraception. They face many obstacles, including lack of access to information and health care services, opposition from their husbands and communities, misperceptions about side effects, and cost. If these obstacles could be overcome and the demand for family planning met, 54 million unintended pregnancies, more than 79,000 maternal deaths, and more than a million infant deaths could be averted each year. Families could save more and begin to break the grip of poverty. And communities could make greater investments in education, health care, and infrastructure.

Voluntary family planning programs are highly cost-effective and have demonstrable poverty-reducing effects. They also help women achieve their human rights to health, autonomy, and personal decisionmaking about family size. But for more than

a decade—from 1995 to 2007—funding from donors and policymakers did not keep pace with the growing need. During that time, international support for family planning fell by more than half, before beginning a turnaround in more recent years.

The task ahead is to convert this incremental turnaround into a groundswell of support for effective programs where they are needed most. In many countries around the world, high fertility and rapid population growth continue to jeopardize social and economic development.

This publication is a comprehensive resource for policymakers and donors. The first half of the book makes the case for why increased funding and support for voluntary family planning programs are needed:

- *Chapter One—Explaining the neglect of family planning programs since the mid-1990s*—argues for a reinvestment in publicly funded family planning programs and presents new evidence on fertility decline and its economic and health benefits.

- **Chapter Two—*The impact of voluntary family planning programs on fertility***—provides proof that voluntary family planning programs reduce fertility and can lower the trajectory of future population growth.

The second half explains how reinvigorated voluntary family planning programs can be structured to operate more effectively:

- **Chapter Three—*Family planning services and the strengthening of health systems***—illustrates how family planning can be integrated into national health systems and proposes innovative strategies for reaching the most vulnerable individuals; and
- **Chapter Four—*Family planning communication programs***—discusses the importance of behavior change communication campaigns to educate the general population and motivate potential users to adopt family planning.

Chapter One: Explaining the neglect of family planning programs since the mid-1990s

From the 1970s to the mid-1990s, support for international family planning grew dramatically around the world. In the 1970s and 1980s, governments in developing countries in Asia and Latin America began prioritizing support for voluntary family planning programs. And by 1996, 115 countries around the world had official policies to support family planning.

But shortly thereafter, this strong support began to wane as a result of several factors:

- Thanks in part to highly successful voluntary family planning programs, fertility rates had dropped—leading to a sense that the “population problem” was largely solved;
- There appeared to be little empirical evidence proving that rapid population growth and high fertility were serious impediments to economic progress;
- Observers were alarmed about coercive elements in some Asian programs; and
- New health priorities, especially HIV and AIDS, had emerged.

Today, interest in family planning is increasing. Recent research has shown that high-quality voluntary family planning programs advance economies and improve health. International family planning conferences in 2009 in Kampala and in 2011 in Dakar drew unexpectedly large audiences. And major donors such as the Bill & Melinda Gates Foundation, the World Bank, and the UK Department for International Development have recently prioritized family planning. However, this revival has not yet resulted in widespread change in government policies or programs in countries with the highest fertility and fastest population growth.

Chapter Two: The impact of voluntary family planning programs on fertility

Evidence of family planning program effectiveness can be seen around the world in both controlled and “natural” experiments. One of the most compelling controlled experiments demonstrating the benefits of family planning is the landmark project undertaken in the Matlab district of Bangladesh. The Matlab population of 173,000 people was divided into two areas: a control area, which received the standard set of health care services that were available country-wide; and an experimental area, where access to services was greatly expanded to include home visits, a wide array of contraceptive choices, and follow-up care. The impact in the experimental area was large and immediate: contraceptive use increased markedly, fertility declined rapidly, and women’s health, household earnings, and use of preventive health care improved. The program was so successful that it was expanded nationwide, contributing to a rapid fertility decline in Bangladesh.

Natural experiments, which compare two countries with similar social, economic, cultural, and religious characteristics—but with differing approaches to family planning programs—also demonstrate the powerful impact of voluntary family planning. Jordan and Iran share many cultural and social characteristics, and their development indicators are nearly identical. Both countries have made major investments in health, and rates of infant and child mortality have dropped steeply over recent decades. But family planning has

not been a government priority in Jordan, and the same was true in Iran until the late 1980s. In 1989 the Iranian government abruptly reversed course and became a strong supporter of family planning. Free contraceptive services were provided throughout the country by an extensive network of village health workers, and a vigorous communications campaign publicized the benefits of small families. The response was immediate and large. Fertility declined from more than 5 births per woman in the late 1980s to around 2 in 2000. No other country with a population over one million experienced a decline of such magnitude during the 1990s.

Chapter Three: Family planning services and the strengthening of health systems

Family planning services in developing countries have evolved significantly since the first programs were launched in the 1950s, when contraceptive products were limited to barrier methods. Since then, family planning has been identified as a critical element of reproductive health. Services have been broadened to offer a wider array of methods and to include education and counseling, contraception for sexually active young people, safe abortion where it is legal, and postabortion care.

Greater public acceptance of family planning has led to an increased variety of mechanisms for providing modern contraception. Beyond hospitals, public clinics, and private physicians, other avenues include community-based distribution, social marketing, social franchises, and reproductive health vouchers. Setting an affordable price and ensuring a local source of contraceptives are key strategies for enhancing access and use.

The most difficult challenge ahead is to reduce inequities in access and use, such as those related to poverty, gender, age, or marital status. For example, sexually active adolescents, whether married or not, face barriers related to access, quality, and cost of contraceptive services. And the ability of family planning to reduce maternal deaths can only be realized if the poorest individuals and those with unmet need are reached on a wide scale.

Chapter Four: Family planning communication programs

A vital part of the success of voluntary family planning programs is promoting the benefits of contraception to women, their partners, and communities. Behavior change communication (BCC) programs—disseminated via mass media, community-level events, interpersonal communication/counseling, and electronic media—increase awareness and acceptance of contraception by encouraging individuals to look to a better future and promoting family planning as one means to that end. They provide factual information on types of contraceptive methods, safety, sources of supply, and management of side effects. Communication programs dispel myths and misconceptions in an effort to overcome barriers to use. Finally, BCC programs aim to motivate individuals to action: to discuss family planning with their spouse or partner, visit a clinic or community worker, and initiate use of a contraceptive method when pregnancy is not desired.

The most effective programs employ the principles of strategic communication. They use multiple channels with mutually reinforcing messages tailored to specific segments of the audience. Formative research, monitoring, and evaluation guide the process and offer indications of potential mid-course corrections needed, and provide evidence of effectiveness.

Studies have shown that these campaigns can increase:

- demand for services at clinics,
- knowledge of modern family planning methods,
- partner communication about family planning,
- approval of family planning, and
- use of modern contraceptive methods.

Today, programs are employing new strategies and technologies to stay relevant. For example, many programs are combining family planning communication with other critical health services, such as HIV prevention or adolescent health programs. Programs are also using cell phone and internet technology to reach their target audience.

In sum

Family planning is one of the most successful development interventions of the past 50 years. It is unique in its range of potential benefits, encompassing economic development, maternal and child health, educational advances, and women's empowerment. Research shows that with high-quality voluntary family planning programs, governments are able to reduce fertility and produce large-scale improvements in health, wealth, human rights, and education.

But in countries where contraceptive use is still uncommon and attitudes can range from ambivalent to hostile, strong political commitment will be essential to achieve rapid gains in contraceptive prevalence. Substantial investments in promoting voluntary family planning programs and increasing access for all women should be a top priority. The tide is starting to turn, with large and influential donors renewing their commitments to achieving family planning equity. We must capitalize upon this growing momentum to firmly establish voluntary family planning programs as accepted, expected, and routine elements of national health care systems.

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