

POPULATION BRIEFS

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The Population Council is evaluating initiatives that allow pregnant women to trade low-cost or free vouchers for high-quality antenatal, delivery, and postnatal care services. This approach may reduce maternal mortality and morbidity. See story, page 6.

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The Power of Family Planning to Improve Lives and Strengthen Societies

A new Population Council book, *Family Planning Programs for the 21st Century: Rationale and Design*, provides a roadmap to help policymakers and donors in priority countries implement high-quality family planning programs. The book explains the rationale for increased funding and support for voluntary family planning, and outlines how reinvigorated programs can be structured to operate most effectively.

“Voluntary family planning programs are valuable investments for improving health and stimulating development.”

“The book gathers, reviews, and synthesizes evidence showing that voluntary family planning programs are valuable investments for improving health and stimulating development,” says one of the authors of the book, John Bongaarts, a Population Council vice president and distinguished scholar. “The existing literature on the impact and design of family planning programs is widely scattered across journals. For an audience of international and national policymakers, this book presents the most recent evidence on why programs matter, how they work, and how to design them.”

Benefits of family planning

The evidence is clear. Family planning improves health, reduces poverty, and empowers women. Yet, today, more than 220 million women in the developing world who want to avoid pregnancy

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, nearly 80,000 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 authors write that 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.

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. 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.
- 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. In 2012, the Bill & Melinda Gates Foundation and the UK Department for International Development hosted the watershed London Summit on Family Planning, gathering key stakeholders from around the world. 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.

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. 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. For example, 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 (see figure). 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.

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, services have been broadened to offer a wider choice of methods and to include education and counseling, contraception for sexually active young people, safe abortion where it is legal, and postabortion care.

The most difficult challenge ahead is to reduce inequities in access and use. 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.

“I think the recent renewed interest in family planning is about rights, justice, and equity, essentially ensuring that all people, particularly the most vulnerable, have access to the benefits of information and technology,” says John W. Townsend, a vice president and director of the Population Council’s Reproductive Health

program and an author of the book. “We see great opportunities and challenges in this effort to ensure that all people have access to reproductive health services.”

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 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. Such programs 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.

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. Monitoring and evaluation guide the process and offer indications of mid-course corrections that are needed, and provide evidence of effectiveness.

Studies have shown that these campaigns can increase:

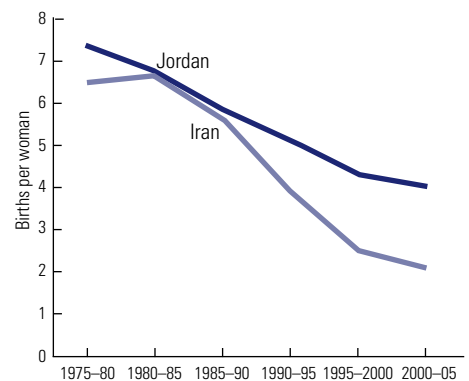
- demand for services at clinics,
- knowledge of modern family planning methods,
- partner communication about family planning,
- approval of family planning, and
- use of modern contraceptive methods.

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 and adolescent health programs. Programs are also using cell phones 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.

In 1989 the Iranian government became a strong supporter of family planning. The response was immediate and large. Fertility declined from more than 5 births per woman in the late 1980s to around 2 in 2000; it remained greater than 3.5 in Jordan.



Source: UN (2009).

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,” says Bongaarts. “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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2012. *Designing and Implementing High-Quality Voluntary Family Planning Programs*. Policy brief. New York: Population Council. Download a PDF of the policy brief: <http://www.popcouncil.org/fp21>

OUTSIDE FUNDING

World Bank

Order a print copy of the book: <http://www.popcouncil.org/fp21order>

Population Council Programs Offer Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV

Despite decades of investment in HIV prevention, adolescent girls remain underserved and at disproportionate risk of HIV infection. UNAIDS reports that in 2010, 26 percent of new HIV infections worldwide occurred in girls aged 15 to 24, and that the number of girls aged 10 to 14 living with HIV had increased six-fold—to 300,000—between 1999 and 2010.

There is an urgent need to restructure HIV investments and develop evidence-based approaches for protecting the large populations of adolescent girls who remain at risk of HIV infection. Population Council senior policy analyst Judith Bruce, Council consultant Miriam Temin, and Council researcher Kelly Hallman recently outlined the steps needed to reduce girls' risk of acquiring HIV. They recommend three key strategies: mining available data to find girls at risk of HIV, reframing investments to respond to girls' needs, and developing infrastructure to support girls. The Population Council is designing and assessing programs that demonstrate the feasibility of putting girls first.

Use available data to identify girls at exceptional HIV risk

Many policymakers do not realize that existing data can help them identify communities with large populations of adolescent girls at high risk of exploitation, human rights abuses, and HIV infection. In many settings, a high prevalence of risky conditions—such as being in a child marriage, living apart from parents, or being between the ages of 10 and 14 years and not enrolled in school—correspond closely to high HIV prevalence and high female-to-male infection ratios.

The Population Council and the United Nations Population Fund published a series of briefs for 50 countries that provide guidance on which girls are at risk, and where,

largely drawing on census and Demographic and Health Survey data. The briefs, titled *The Adolescent Experience In-Depth* (<http://www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp>), include data disaggregated by age. This information shows the ages at which girls are likely to experience harmful

“Girls’ voices must be added to the voices of the millions who have been affected by the HIV epidemic—and they must be heard.”

and sometimes irreversible events, such as child marriage or HIV infection. Policymakers and program managers can use this information to design protective programs that reach girls in time to prevent these outcomes.

Create girls-only safe spaces

Creating dedicated social spaces for girls is a proven approach for transforming the circumstances that put them at risk of acquiring HIV (see box, page 5). Vulnerable girls and young women—who often suffer from social isolation—gather regularly in these spaces to meet friends, consult with mentors, and acquire knowledge and skills to help them avoid or mitigate crises (such as threats of child marriage, leaving school, or forced sex). These spaces—which can be established inex-

pensively at community facilities like schools (after hours) and community centers—serve as locations for the delivery of non-formal education, services and support, and information about rights. Safe spaces can also be places for girls to develop safety plans and discuss private aspects of their lives with peers and mentors.

Investing in projects that respond to girls’ needs

Governments and community organizations need to invest in programs that respond to girls’ needs. The Population Council has developed, implemented, and evaluated a number of programs that demonstrate the feasibility and effectiveness of HIV prevention programs.

In Ethiopia, the Council’s *Birub Tesfa* (“Bright Future”) program provides domestic workers, orphans, and migrants with HIV information and life skills in response to the high female-to-male HIV infection ratio among younger urban populations. *Birub Tesfa* offers girls regular meetings with female peers and mentors, basic financial literacy, valid identification cards, and a wellness checkup. A recent evaluation showed significant benefits for participants: girls involved in the project were more likely to have accurate knowledge about HIV, were more likely to know where to go for voluntary counseling and testing, were more likely to want to get tested for HIV, and were twice as likely to have social support and safety nets as girls in a control site.

The Council’s *Berhane Hewan* (“Light for Eve”) and *Meserete Hiwot* (“Base of Life”) projects are located in Amhara, Ethiopia, a region with high levels of child marriage. *Berhane Hewan* provides incentives for girls’ school attendance and creates non-formal girls’ clubs that have had a measurable impact. An assessment showed that girls between the ages of 10 and 14 were significantly less

likely to be married in the project area (2 percent) compared with girls in the control area (22 percent). Clubs for married girls in both projects provide regular mentoring and peer support groups, as well as reproductive health information with an emphasis on safe maternity and contraception. In some Berhane Hewan sites, 74 percent of married girls were using contraception, a statistically significant finding. This program has successfully delayed marriage among 10- to 14-year-old girls and encouraged HIV testing for married girls and their partners.

In Durban, South Africa, the Council's *Siyakha Nentsha* ("Building with Young People") project delivers financial, social, and health skills to female and male secondary school students. The project is gender-sensitive in its design, recognizing the distinctive needs

project group who had sex report having fewer sexual partners than boys in the control group.

Designing and assessing effective programs

Bruce, Temin, and Hallman state that program managers should use data on girls' HIV risk to guide resource allocation decisions. Programs should define the skills, safety strategies, and knowledge that girls need to prevent and mitigate the risk of HIV. And programs must be evaluated according to their ability to develop girls' knowledge and skills.

Programs that provide their services in girl-friendly and safe spaces can offer girls many advantages. Girls eagerly participate in developing their own safety nets, such as identifying a trustworthy person from whom to



Girls enrolled in the Siyakha Nentsha program are more likely than other girls to have a savings plan, feel higher self-esteem, have more confidence in their ability to obtain a condom, and report greater levels of social inclusion in their community, all qualities that might reduce their HIV risk.

and likely different responses of girls and boys. Compared to girls in the control group, enrolled girls are more likely to have a savings plan, get an official birth certificate, feel higher self-esteem, have more confidence in their ability to obtain a condom, and report greater levels of social inclusion in their community. Enrolled boys are more likely than boys in the control group to report remaining sexually abstinent between survey rounds, and boys in the

borrow money and a secure place to spend the night in an emergency. Because HIV risk often occurs in the context of economic vulnerability, programs should help girls to see themselves as economic actors and prepare them to pursue safe livelihoods. Girls can obtain valid identification cards, become financially literate, start saving money, and learn about local services—including available HIV services—and develop the skills to access them.

Girls' Safe Spaces Can Offer:

- A safe, reliably available space apart from home and formal schooling
- Friends: a dense network of non-family peers
- Mentors and role models to learn from and intercede on girls' behalf
- Experience in being part of a team/cooperating and leading
- Skills and knowledge to access services and exercise health, social, and economic rights
- Information about money and savings
- Documentation for healthcare, work, and citizenship
- Self-protection plans
- Specific knowledge of community resources to manage and mitigate crises
- Participation and activities with peers to develop self-confidence

"The battle against HIV is a battle for people, but girls have never truly been included in the struggle," says Bruce. "Girls' voices must be added to the voices of the millions who have been affected by the HIV epidemic—and they must be heard. By centering our efforts to prevent the epidemic on 'the least of them,' we will get to the rest of them." ■

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OUTSIDE FUNDING

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Prioritize Maternal Morbidity, Says Council Expert

Worldwide, policymakers and program managers are working to reduce maternal mortality. Their efforts have begun to pay off: maternal deaths have dropped from 543,000 in 1990 to about 287,000 in 2010, according to a recent report from the United Nations. But another serious but overlooked problem is maternal morbidity: severe and sometimes chronic pregnancy-related illnesses, injuries, or disabilities. These conditions may not be life-threatening, but they are life-altering and make it much harder for women to care for their children. In a new paper, Ann K. Blanc, a Population Council vice president and director of the Council's Poverty, Gender, and Youth program, and her co-authors call for action to reduce maternal illness and injury.

Defining and estimating morbidity

Any number of pregnancy-related events can cause injuries or illnesses that may be transient, long-lasting, or permanent and vary in their severity and potential treatments. Women may not report these complications, which makes it difficult to estimate their true extent. Estimates suggest that of the 136 million women who give birth each year, around 1.4 million come close to dying, 9.5 million experience complications, and 20 million suffer from long-term disabilities.

Blanc and her colleagues examined the scope of common conditions related to pregnancy as well as potential ways to prevent or address them:

CONDITION: Anemia, marked by a deficiency of red blood cells or of blood hemoglobin, which may cause maternal death or illness

INTERVENTIONS: Iron–folic acid supplements, malaria prevention, and treatment of parasites

CONDITION: Postnatal depression, experienced by 20 to 30 percent of women

INTERVENTIONS: Will require a multifaceted approach that may include enhancing social support for new mothers and training commu-

nity health workers to recognize and respond to depression

CONDITION: Infertility, which can severely affect a woman's well-being, preventing her from reaching her reproductive goals and exposing her to social stigma and marital strife

INTERVENTIONS: Preventing and treating sexually transmitted infections

CONDITIONS: Uterine rupture and obstetric fistula (an opening between the bladder or rectum and vagina that allows urine or feces to pass through the vagina; caused by obstructed labor)

INTERVENTIONS: High-quality perinatal, delivery, and emergency obstetric care; fistula repair surgery

“Policymakers, program managers, and donors must make reducing maternal morbidity a high priority.”

CONDITIONS: Genital and uterine prolapse, in which weakened pelvic muscles can no longer support the proper position of the vagina and uterus; caused by trauma at childbirth or when women carry heavy loads postpartum

INTERVENTIONS: Reduction of women's postpartum workloads and heavy lifting

Population Council leadership

Blanc and her colleagues recommend increasing access to facility- and community-based maternal care to reduce maternal morbidity. In Bangladesh, Cambodia, Kenya, Tanzania, and Uganda, the Population Council is evaluating voucher-and-accreditation initiatives that

allow pregnant women to trade low-cost or free vouchers for high-quality antenatal, delivery, and postnatal care services. The Council's assessment in Kenya has shown that women from communities offering the program were significantly more likely to deliver their baby at a health facility and to receive skilled care during delivery than were women from communities that did not offer the program.

Blanc and her colleagues also recommend the expansion of access to reproductive health care, including contraception. The Population Council works around the world to strengthen existing voluntary family planning programs. It has also pioneered the development of long-acting, reversible methods of contraception. More than 120 million women have used contraceptives developed by the Council.

Finally, the authors recommend improving social conditions that lead to poor maternal health, including girls' and women's lack of schooling, disempowerment, and exposure to gender-based violence. The Council's innovative research and programs for adolescent girls address the broad social and economic issues that underpin health, including increasing literacy, building life skills, and reducing and dealing with violence.

“Policymakers, program managers, and donors must make reducing maternal morbidity a high priority,” says Blanc. “The Population Council is leading the way in studying and rolling out key responses that will reduce maternal injury and illness.” ■

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FUNDING

This research was conducted with a grant from the Bill & Melinda Gates Foundation to the Maternal Health Task Force at EngenderHealth, of which Ann K. Blanc was the director. At the Population Council, Blanc is continuing work with the Maternal Health Task Force, which is now part of the Harvard School of Public Health's Women and Health Initiative.

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POPULATION BRIEFS

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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.



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Clubs for married girls in the Meserete Hiwot (Base of Life) project provide regular mentoring and peer support groups, as well as information about reducing HIV risk. See story on page 4.