A fine balance:
engaging multiple perspectives to strengthen contraceptive choice and protect rights

Harriet Stanley, PhD
Vice President, Strategy and Impact
May 25, 2013
"empowering women to determine their future should not be controversial, no matter where you are." Melinda Gates
“Organised family planning, like many global health initiatives, is a political issue with both support and opposition, with consequences for how programmes have been designed and undertaken…initiatives have sparked debates among proponents over what their primary aims should be: slowing population growth—which we term an ecological rationale because of the concern for the aggregate effects on society of individual behaviour—or the rationale of advancing women’s rights and health…ignoring potential disagreement is counter productive: to sustain momentum, proponents of family planning will need to anticipate and appreciate objections and prepare strategies to address these.” 181

Family planning: a political issue
Jeremy Shiffman, Kathryn Quissell
Lancet 2012; 380: 181–85

Report of the September 2012 Bellagio Consultation

Bellagio, Italy
September 4–7, 2012

USAID
THE RESPOND PROJECT
Diverse perspectives.

Common ground.
Increased focus on choice, voluntary FP and human rights

- FP 2020
- Gates
- WHO
- UNFPA
Consultation objectives:

1) Reach consensus on an operational definition of contraceptive choice

2) Formulate clear messages to specific audiences about how to balance various policy and programmatic tensions

3) Recommend actions that stakeholders can take to promote and safeguard contraceptive choice
LITERATURE

INSTANCES OF STERILIZATION ABUSE STILL EXIST

- Victims tend to be from minority or other disadvantaged subsets of the population.

DATA

F.S. IS MOST WIDELY USED METHOD WORLDWIDE

- Use relatively low in Africa.
- Prevalence rates stagnant or declining in most regions (except Latin America & Caribbean).

INTERVIEWS

LACK OF ATTENTION & ABSENCE OF DIALOGUE

- Neglected global issue during last decade.
- Success & other long acting methods stigma from past abuses.

LITERATURE

THERE ARE SIGNIFICANT ACCESS BARRIERS TO FEMALE STERILIZATION

- Legal constraints
- Provider attitudes
- Societal pressures
- General lack of availability (urban vs. rural)

RISK FACTORS:

- Woman young (under 30)
- Time & procedure
- Decision made under duress
- Family circumstances have changed
- Someone other than client suggested procedure

POST OPERATIVE REGRET IS A CONCERN

- There is significant level of unmet need for limiting future pregnancies in many countries.

THERE IS SIGNIFICANT LEVEL OF UNMET NEED FOR LIMITING FUTURE PREGNANCIES IN MANY COUNTRIES

- Majority of limiters using contraception rely on short acting & traditional methods.

IN ALL REGIONS BUT LATIN AMERICA

MOMENT OF LIMITERS USING CONTRACEPTION RELY ON SHORT ACTING & TRADITIONAL METHODS

IN AFRICA, OVERALL DEMAND & LIMITING HAS BEEN INCREASING OVER TIME

PROGRAM CONTEXT IS CRITICAL... CHOICE BETWEEN ACCESS & COERCION IS A FALSE DICHOTOMY - BOTH ARE EQUALLY IMPORTANT...

FEMALE STERILIZATION STILL HAS A ROLE IN FP PROGRAMS

- Most believe access is a more pressing issue.
- Renewed concern about global population growth & results based on financing of FP programs might bring new pressures & instances of coercion.

A Fine Balance: Contraceptive Choice in the 21st Century
Bellagio, Italy | 4-8 September 2012

USAID

Respond

EngenderHealth

The Value Web

graphic facilitation by thevalueweb.org
Is contraceptive choice a reality?
Challenges to Voluntary and Rights-based FP

<table>
<thead>
<tr>
<th>Coercion</th>
<th>Subtle</th>
<th>Overt</th>
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<tbody>
<tr>
<td></td>
<td>• Provider bias for specific methods</td>
<td>• Involuntary sterilization of ethnic minorities (Peru, Roma, Alabama) and HIV + women (Namibia, Ukraine, Kenya)</td>
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<td></td>
<td>• Misinterpretation of eligibility criteria</td>
<td>• PPIUD insertion w/out consent (Mexico)</td>
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<td></td>
<td>• Incentives (e.g. performance-based financing)</td>
<td>• Withholding benefit</td>
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<td></td>
<td>• Targets and quotas</td>
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<tr>
<td>Barriers</td>
<td>• Lack of:</td>
<td></td>
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<tr>
<td></td>
<td>• accurate information</td>
<td>• Limited choice of method available (not offered)</td>
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<td></td>
<td>• community or spousal support for FP or specific methods</td>
<td>• Lack of equitable distribution of FP outlets</td>
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<td></td>
<td>• access to new/innovative contraceptive technologies</td>
<td>• Lack of trained providers</td>
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<td></td>
<td>• Poor quality of services</td>
<td>• Cost</td>
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<td></td>
<td>• Gender norms and status of women</td>
<td>• Denial of family planning to unmarried youth</td>
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<tr>
<td></td>
<td>• Attitudes towards marginalized populations</td>
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Coercion attracts most of the attention and outrage.

*All* conditions that compromise women’s rights and FP choices warrant attention.
Outcomes:

- Shifted conversation from methods to clients
- Identified need to routinely monitor choice and rights
- Agreed that female sterilization has a vital role to play
We need to focus on quality, including counseling, but this is not sufficient to ensure women are empowered to exercise their rights and choices.
Ideally, the individual making reproductive health and family planning decisions should be supported by the health system and by social networks, and protected by the policy and legal context.
Recommendations:

• Governments should protect and uphold reproductive rights
• Develop an accountability framework
• Monitor and reward service quality in addition to quantity
What does this mean going forward?

Use the power of the partnership to identify and promote effective practices for:

• Bringing the FP/RH program community and the rights community together to work toward common goals
• Balancing the focus on methods and numbers with a focus on clients and their rights
• Protecting choice and rights in FP programs
• Monitoring choice and rights and holding programs, donors, governments and communities accountable
<table>
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<tr>
<th>Practical application of rights in FP programs</th>
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<tbody>
<tr>
<td><strong>Assess needs</strong></td>
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<tr>
<td><strong>Design</strong></td>
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<tr>
<td><strong>Implement</strong></td>
</tr>
<tr>
<td><strong>Monitor and Evaluate</strong></td>
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<tr>
<td><strong>Sustain</strong></td>
</tr>
<tr>
<td>Promote accountability throughout the system</td>
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<tr>
<td>• Do facilities have mechanisms to protect privacy?</td>
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<tr>
<td>• Collect and use client feedback/means of redress</td>
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<tr>
<td>• Do service data indicate equitable service delivery</td>
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**Achieve lasting behavior change**
<table>
<thead>
<tr>
<th>Rights elements</th>
<th>Program implications</th>
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<tbody>
<tr>
<td><strong>Accessible</strong></td>
<td>Geographic access, financial access, policy access (i.e., absence of non-medical eligibility criteria); continuous contraceptive security; hours offered are suitable for clients; service integration increases access; Information is provided in the language and terms people can understand</td>
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<td><strong>Available</strong></td>
<td>A broad choice of methods is offered; there is a sufficient number of functioning service delivery points equitably distributed; continuous supply assured</td>
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<td><strong>Acceptable</strong></td>
<td>Cultural acceptability of FP and specific methods; community/family supports women’s right to choose; tolerance of side effects; client satisfaction with services; clients’ views valued</td>
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<td><strong>Quality</strong></td>
<td>Clinical quality/technical competence assured; good client-provider interactions and counseling; privacy, dignity, respect demonstrated in service delivery; continuity of care</td>
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<td><strong>Agency</strong></td>
<td>High levels of community awareness and knowledge; autonomy supported by the community and by the program; full, free informed decision making protected and supported; meaningful participation of clients in program design and monitoring; client-controlled methods offered; supportive gender norms exist in the community; women/men/young people know and demand their human rights and quality services</td>
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<tr>
<td><strong>Equity</strong></td>
<td>Access for all population groups (inclusive for age, ethnicity, urban/rural/economic status, other vulnerable groups); non-discrimination</td>
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Framework for Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights

**ACTION/INPUTS/ACTIVITIES**

**POLICY LEVEL**
- A. Develop/maintain policies that respect, protect, and fulfill human rights (R3) and eliminate barriers that affect the realization of reproductive rights (R3)
- B. Develop/maintain policies that ensure equitable access to a range of methods and service modalities, including public, private, and NGO (R2)
- C. Create processes and an environment that supports the participation of diverse stakeholders (R2/R3)
- D. Support and perform monitoring and accountability processes, including commitments to international treaties (All Rs)
- E. Guarantee financing options to maximize access, equity, non-discrimination, and quality in all settings (R2/R3)

**SERVICE LEVEL**
- A. Inform and counsel all clients in high-quality interactions that ensure accurate, unbiased, and comprehensive information and protect clients' dignity, confidentiality, and privacy (All Rs)
- B. Ensure a high quality of care through effective training and supervision, performance improvement, and the rewarding of providers for respecting clients and their rights (All Rs)
- C. Ensure equitable service access for all, including disadvantaged, marginalized, discriminated against, and hard-to-reach populations, through various service models (including integrated, mobile, and/or youth-friendly services) and effective referral (All Rs)
- D. Routinely provide a wide choice of methods supported by sufficient supply, necessary equipment, and infrastructure (R2)
- E. Establish and maintain effective monitoring and accountability systems, including through HMIS and continuous quality improvement (All Rs)

**COMMUNITY LEVEL**
- A. Engage diverse groups in participatory program development and implementation (R2)
- B. Foster demand for high-quality services and supplies through information, education, and communication (R2)
- C. Build/strengthen community capacity in monitoring and accountability (R2/R3)
- D. Empower the community to advocate for reproductive health funding and an improved country context and enabling environment for family planning access and use; underserved and hard-to-reach populations, through various service models (including integrated, mobile, and/or youth-friendly services) and effective referral (All Rs)
- E. Assess and address gender norms, power imbalances, and community-level barriers that affect the realization of reproductive rights (R3)
- F. Support healthy transitions from adolescence to adulthood (All Rs)

**INDIVIDUAL LEVEL**
- A. Increase access to comprehensive, safe, and quality reproductive health information, education, and communication (R1)
- B. Promote empowerment through information and training about reproductive health, self-esteem, rights, life-skills, and interpersonal communication (R1)
- C. Ensure equitable service access for all, including disadvantaged, marginalized, discriminated against, and hard-to-reach populations, through various service models (including integrated, mobile, and/or youth-friendly services) and effective referral (All Rs)
- D. Empower the community to advocate for reproductive health funding and an improved country context and enabling environment for family planning access and use; underserved and hard-to-reach populations, through various service models (including integrated, mobile, and/or youth-friendly services) and effective referral (All Rs)
- E. Establish and maintain effective monitoring and accountability systems, including through HMIS and continuous quality improvement (All Rs)
- F. Support healthy transitions from adolescence to adulthood (All Rs)

**OUTPUTS**

Example Policy- and Service-Level Outputs
- In policies and services, rights are respected, protected, and fulfilled.
  - Family planning programs support the

Example Community-Level Outputs
- Cultural practices and norms support the health of women and girls and their use of family planning
  - Communities are engaged in program monitoring, accountability, and quality improvement

Example Individual-Level Outputs
- Women get
  - Trust in FP programs is increased
  - Women gain education, knowledge, skills, and assets they need to live healthy lives and support their children

**OUTCOMES**

Communities are engaged in program monitoring, accountability, and quality improvement

**IMPACT**

Increased equity in service provision and use; underserved groups are reached with voluntary family planning

March 29, 2013

*Reproductive rights—R1: reproductive self-determination; R2: access to sexual and reproductive health services, commodities, information, and education; R3: equality and non-discrimination (“All Rs” indicates that all rights are encompassed)
Thank You

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