A Fine Balance: Contraceptive Choice in the 21st Century

Consultation Summary

USAID Briefing, March 5, 2013
History of the consultation
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
Common ground

Diverse perspectives
Is contraceptive choice a reality?
Evidence-based discussions

**Literature**
- Instances of sterilization abuse still exist
- Victims tend to be from minority or other disadvantaged subsets of all pop.
- There are significant access barriers to female sterilization
- Legal constraints, provider attitudes, societal pressures, general lack of availability
- Risk factors: woman young (under 30), time & procedure, decision made under duress, family circumstances have changed, someone other than client suggests procedure
- Post-operative regret is a concern

**Data**
- F.S. is most widely used method worldwide
- There is significant level of unmet need for limiting future pregnancies in many countries
- In Africa, overall demand for limiting has been increasing over time
- Majority of limiters using contraception rely on short acting & traditional methods
- In all regions but Latin America

**Interviews**
- Lack of attention & absence of dialogue
- Program context is critical...choice between access & coercion is a false dichotomy - both are equally important
- Use relatively low in Africa
- Prevalence rates stagnant or declining in most regions (except Latin America & Caribbean)
- Neglected global issue during last decade
- Success of other long acting methods stigma from past abuses
- Female sterilization still has a role in FP programs

**Infrastructure & capacity constraints in low resource settings need to be addressed to be able to expand**
- Explore how mobile units can deliver SNC® build capacity
- Document success stories
- Develop evidence base on cost-resource trade-offs
## Challenges to Choice: Where’s the outrage?

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<th>Subtle</th>
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<td><strong>Barriers</strong></td>
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<td><strong>Coercion</strong></td>
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Achievements:

- Found common ground between the rights and public health perspectives
- Shifted the conversation from methods to clients
- Identified need for an accountability framework 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.
Coercion attracts most of the attention and outrage.

All conditions that compromise women’s rights and FP choices warrant attention.
Contraceptive Choice

... is the fundamental right and ability of individuals to choose and access the contraceptive method that meets their needs and preferences without either barriers or coercion. Legal and social practices are in place to support this right and the health system is able to provide the counseling, information, competent providers and range of methods required to ensure that adequate and appropriate options are available. Women and communities are effectively engaged in informing services and in continuous quality improvement.

Supporting conditions include:
• Constitutional and legal frameworks affirming and supporting these rights are integrated and operationalized through protocols and practices in the health system.
• Vibrant civil society
• Accountable health systems
• Informed and confident individuals and communities
• Sterilization abuse still exists
• Significant access barriers remain
• Method’s images suffers from lack of dialogue
• Growing unmet need for limiting; heavy reliance on short-acting methods
• Lack of studies about regret of sterilization denied
The Action Agenda:

1. To make contraceptive choice real, offer a broad range of voluntary family planning methods to meet all women’s and couples’ needs.

2. Address all challenges to choice and rights, including access barriers as well as coercion, both subtle and blatant.

3. Invest in holistic programs to ensure that contraceptive choice and rights are protected at the policy, service delivery, and community levels.
4. Hold donors, governments and programs accountable for choice and rights through regular monitoring.

5. Shift the focus from methods and services to clients.

6. Bring the human rights and public health communities together on common ground to embrace a common agenda.
Beyond Bellagio: Increased focus on choice, voluntary FP and human rights

- FP 2020: working groups
- Gates: framework
- Hewlett: tools
- WHO: consultation
- UNFPA: report
- ICPD +20: High Level Task Force
Bridging the gap to move forward

Foundation established at Bellagio:
- Common ground established
- Action agenda developed

Since Bellagio:
- Unified rights/ FP framework drafted

What remains to be done:
- Carry out the action agenda
- Operationalize the framework, including paying attention to FS and establishing indicators for accountability
An extraordinary opportunity

- Expert guidance
- Pledges of political will and funds
- Coming together of the rights and public health communities on a common agenda
For more information…

http://www.engenderhealth.org/bellagio