



# Family Planning Saves Lives:

## The Health and Economic Rationale for Investing in Family Planning in Tajikistan

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**Managing Partner: EngenderHealth;** Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council





- National development priorities
- Fertility and health indicators
- Why family planning (FP)?
  - Unmet need
  - FP and maternal health
  - FP and child health
  - FP and abortion
  - FP and socio-economic development
- All FP is not the same
- Contraceptive choice: What is it and why does it matter?
- Conclusions



Photo credit: UNICEF TAJIKISTAN/2012/ZOHIDOV



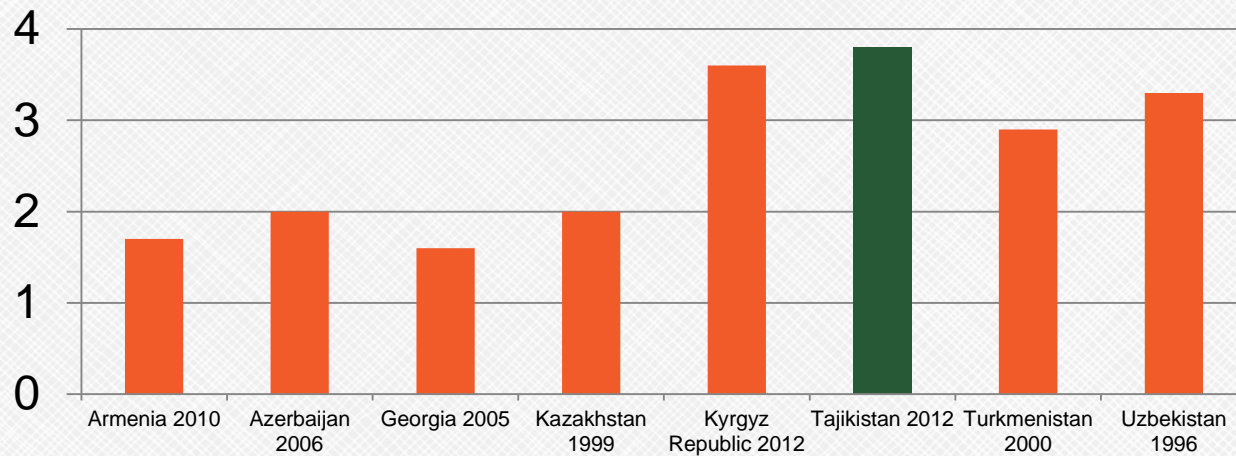
Goal	Strategic Plan for Reproductive Health (RH)	Millennium Development Goals (MDGs)	International Conference on Population and Development (ICPD) goals	National Development Strategy
Reduce maternal mortality ratio (MMR)	X	X	X	X
Reduce infant mortality rate (IMR)	X	X		X
Reduce abortions	X			
Increase modern contraceptive prevalence rate (CPR)	X	X	X	
Reduce unmet need for FP			X	
Reduce total fertility rate (TFR)			X	
Decrease number of deliveries with less than two year birth interval	X			
Comply with international FP guidelines and standards	X			
Increase awareness of multiple FP methods	X			
Universal access to FP		X		





## TFR in the Region and in Tajikistan

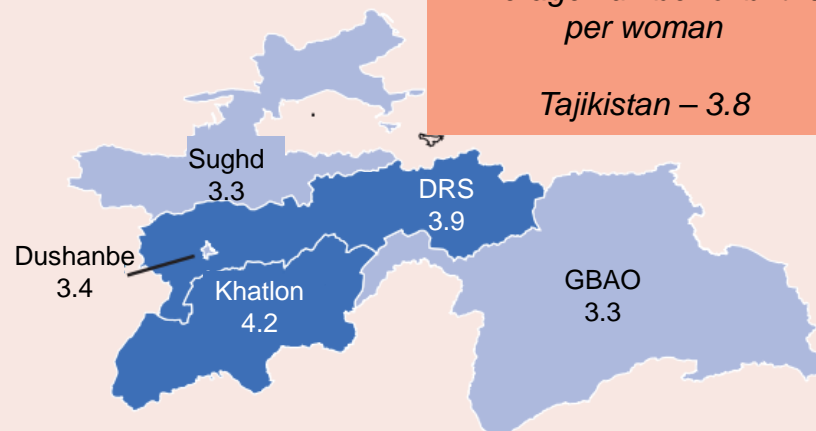
Total Fertility Rate (average number of births per woman)



### Total Fertility Rate

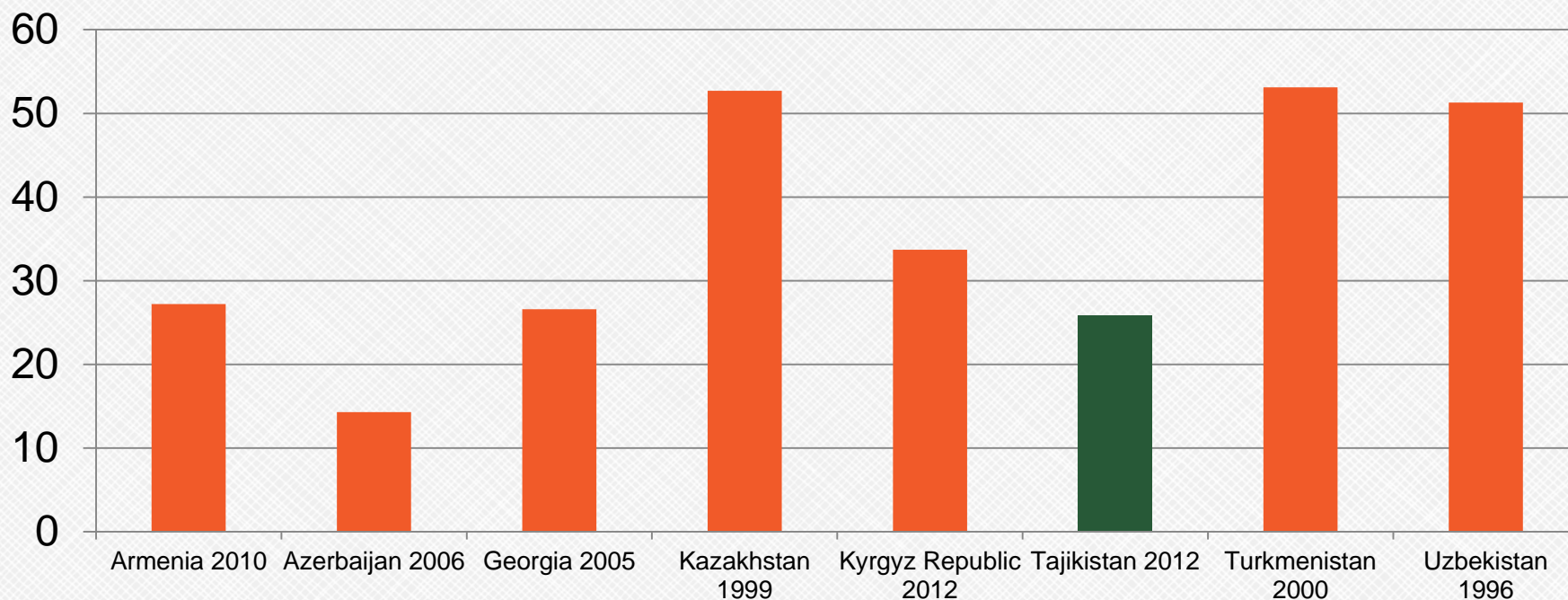
Average number of births  
per woman

Tajikistan – 3.8





### Percentage of currently married women ages 15-49 using a modern method of family planning

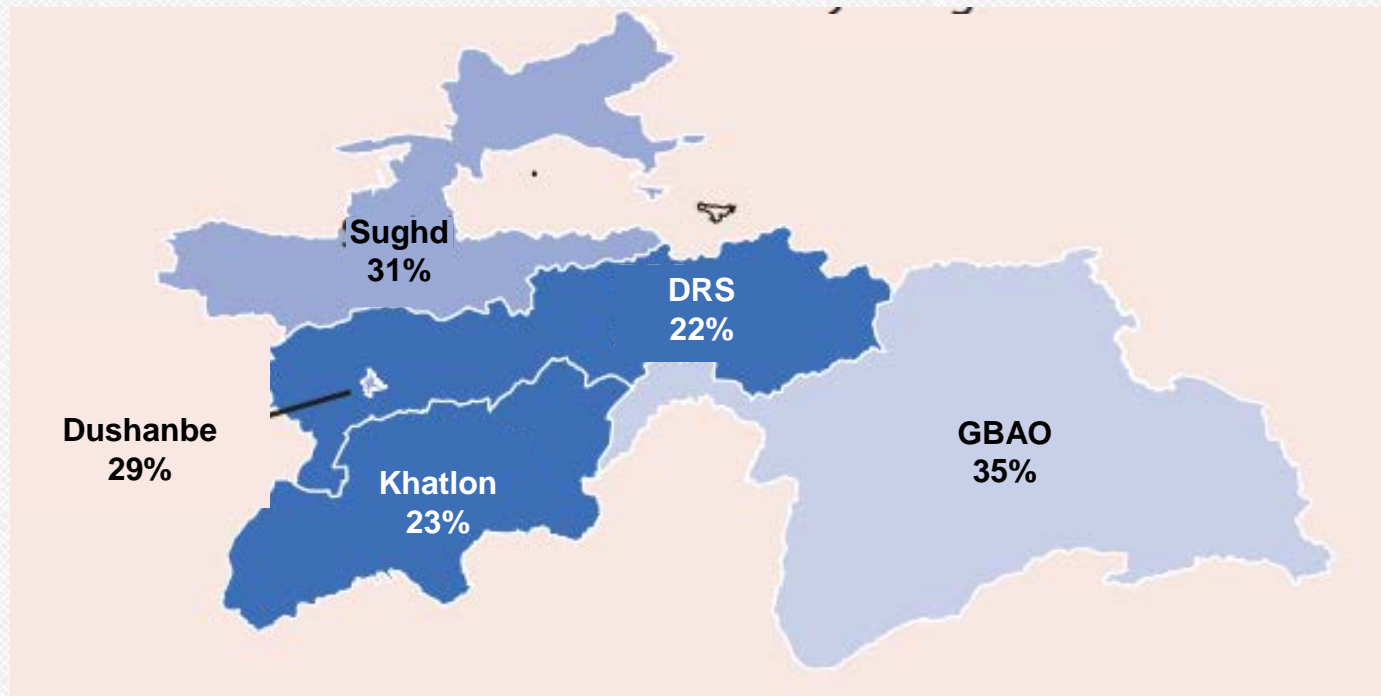






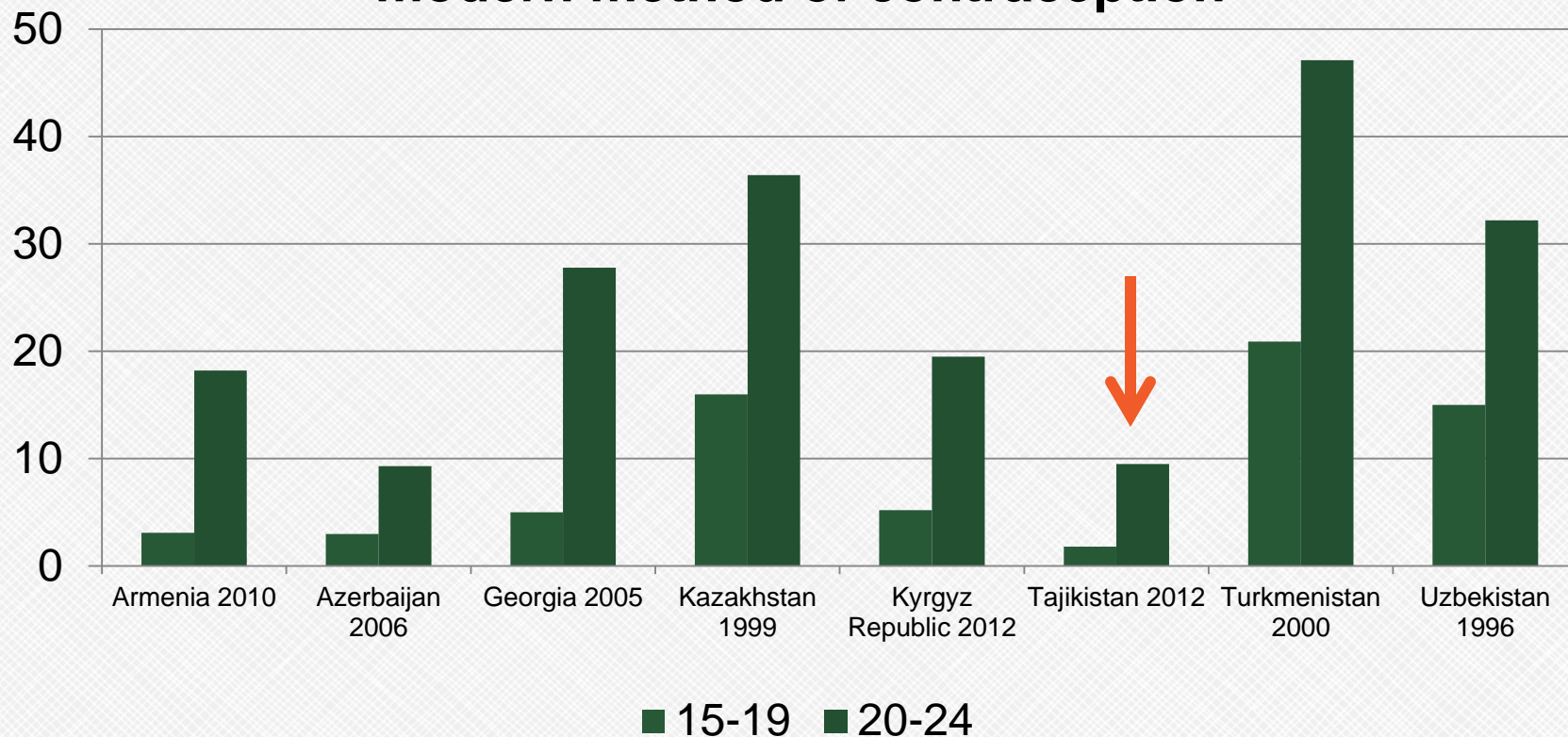
### Use of Modern Methods of Contraception

*Percent of married women currently using a modern method*





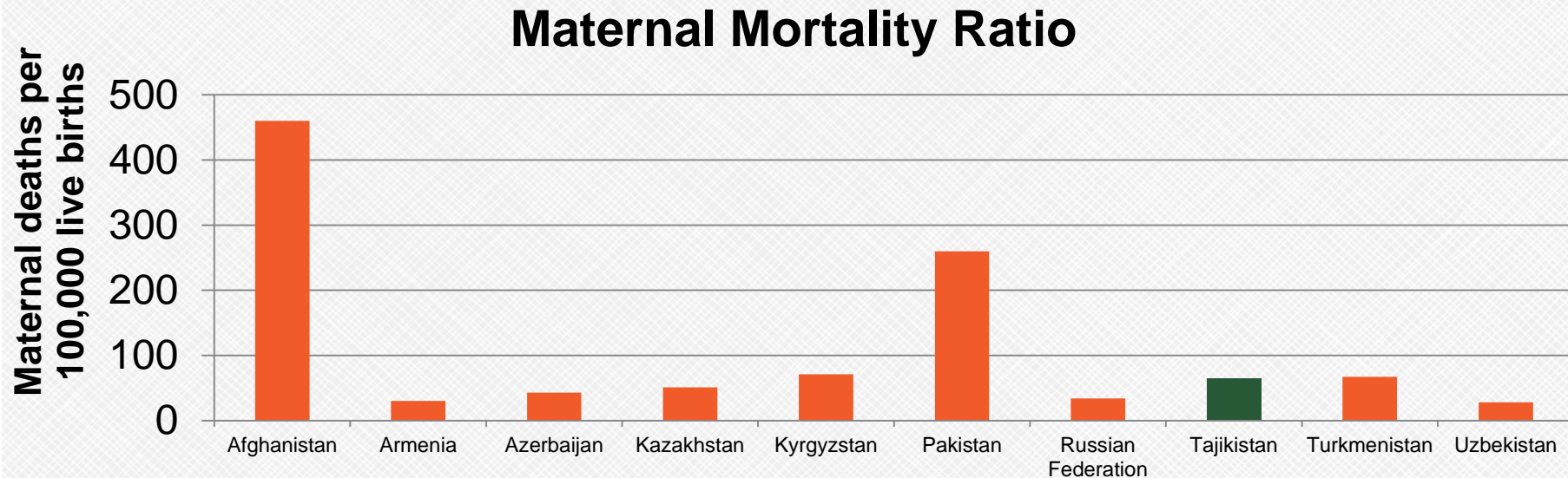
### Percent of young married women using a modern method of contraception







# Maternal Mortality in Tajikistan



- Contributing factors
  - Unattended home births
  - Gender inequality
  - Poor emergency obstetric care
  - Limited knowledge and use of FP
- Strategies for safe motherhood challenging to implement





- Women have an unmet need if they
  - are sexually active
  - do not want to have a child soon or at all
  - are not using any contraceptive method
  - are able to conceive
- Unmet need for spacing versus limiting pregnancies

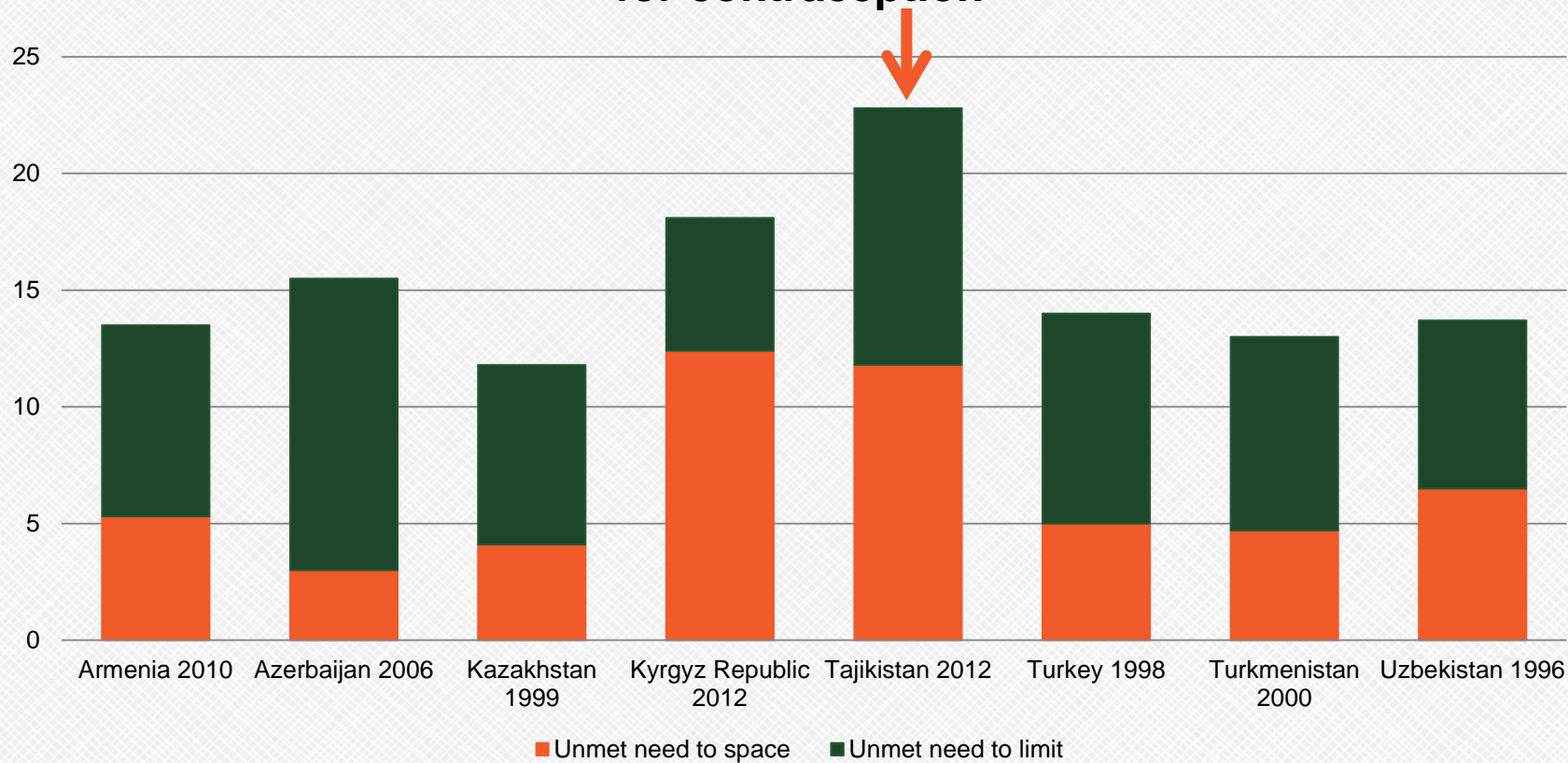


Photo credit: Firuza Rahmatova, Mercy Corps



## Unmet Need in the Region

**Percent of married women ages 15-49 with an unmet need for contraception**







## Unmet Need for FP: Key Facts

- More than **230,000** married Tajik women do not want another pregnancy but are not using contraception.
  - Nearly **250,000** married Tajik women would like to wait at least two years before becoming pregnant again but are not using contraception.
- 
- Many reasons for unmet need –
    - Complex (e.g., access barriers; fear of side effects; partner opposition)
    - More than just a “supply” issue
    - Rises with growing demand (i.e., in part is a marker of “success”)



### Mothers may be:

- More likely to die in childbirth
- More likely to miscarry a pregnancy
- More likely to seek an abortion

### Babies may be:

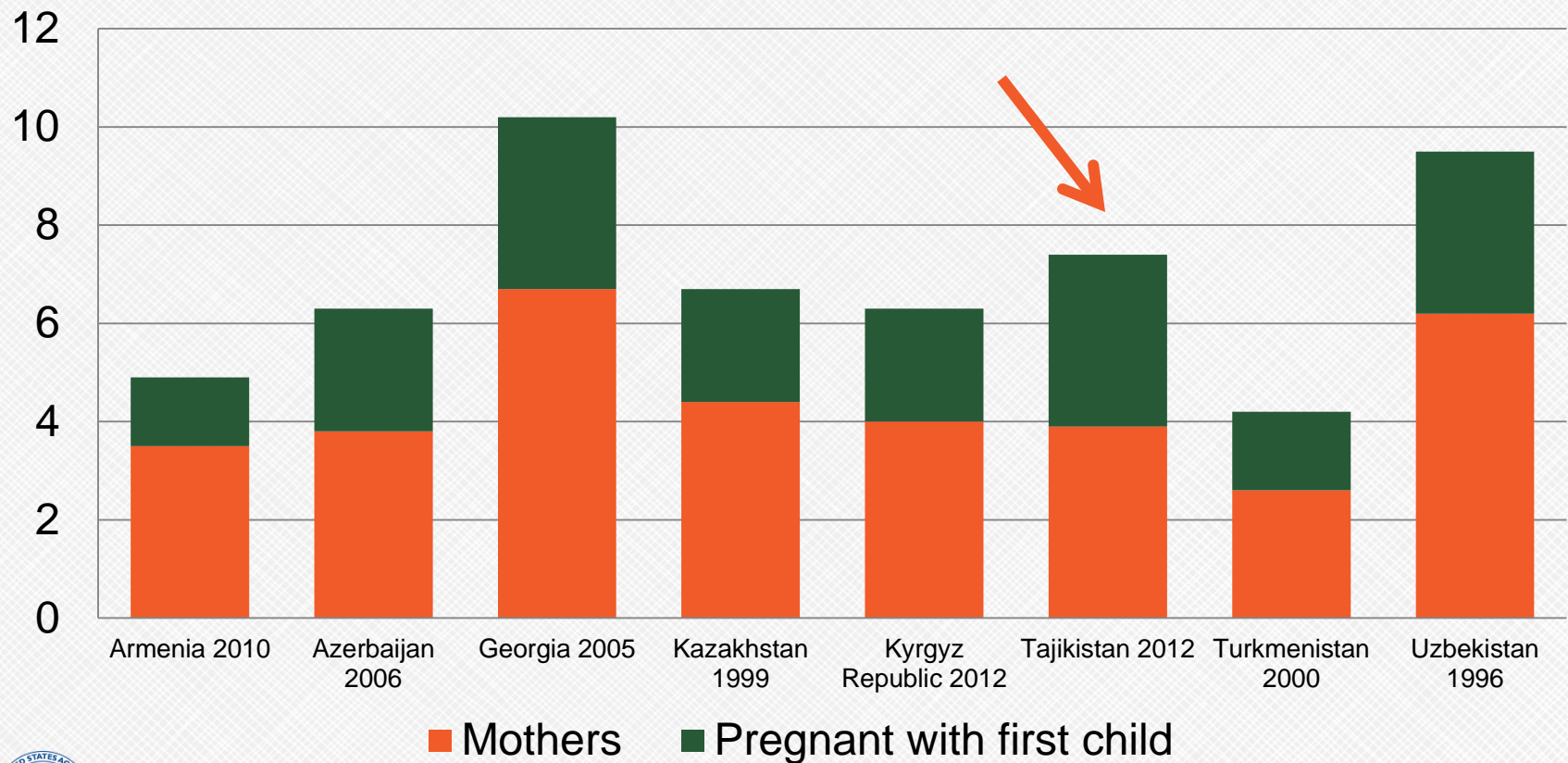
- Born too early
- Of low birth weight
- Too small
- More likely to die





## Adolescent Birth Rate (by Country)

**Percent of women 15-19 who are mothers or are pregnant with their first child**





## ■ Health impact

- Mothers under the age of 18 are twice as likely to die.
- Mothers under the age of 15 are five times more likely to die of complications compared to mothers over 18 years of age.

## ■ Economic impact





## Tajikistan's Population and Age Structure

### Fast doubling time

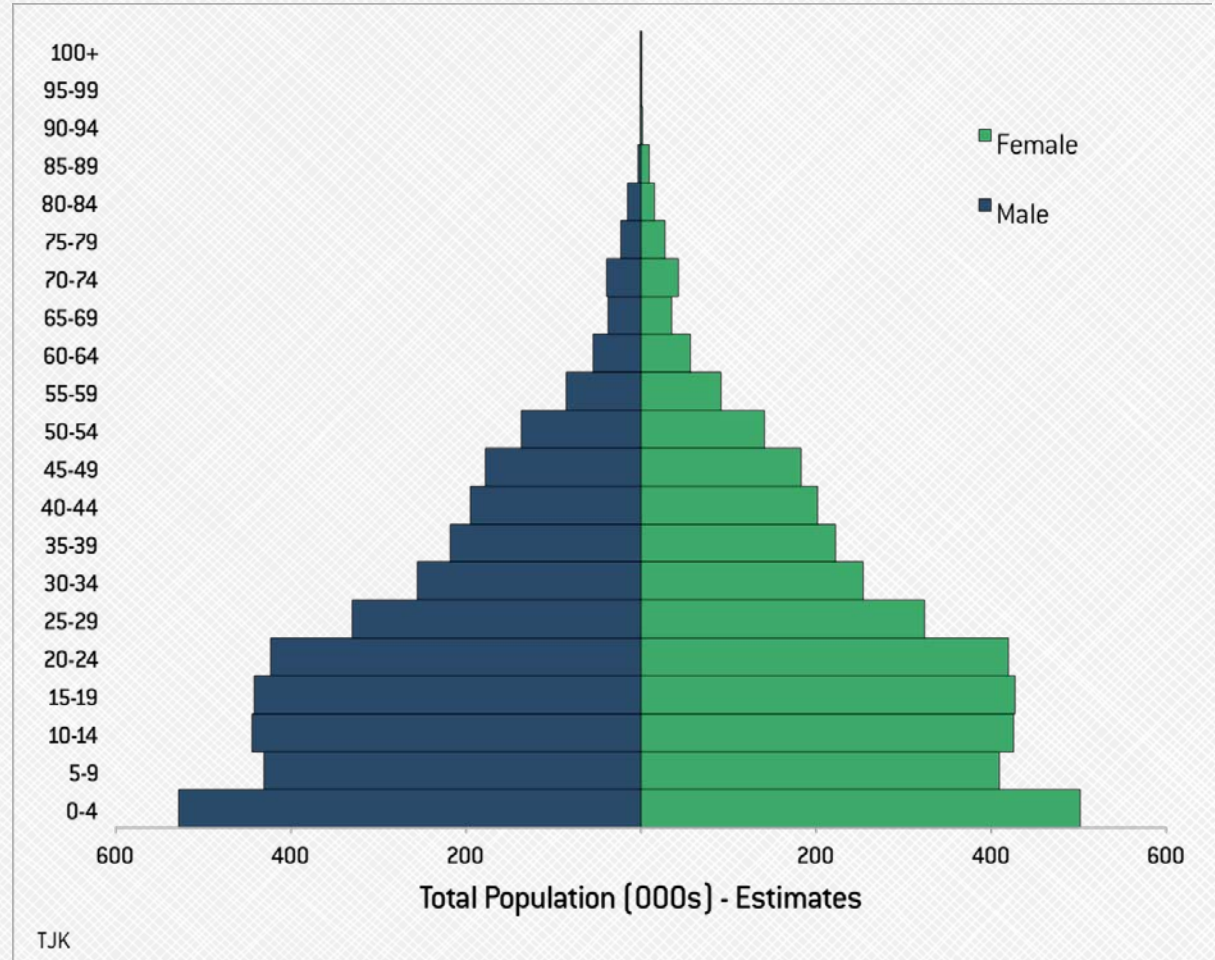
- 2.43% annual growth = 29 year doubling time
- Increases pressure on food, water, schools, health services, energy, infrastructure, land

### High dependency ratio

- Slower economic growth
- Potential political instability

### Momentum

- Young age structure
- Ensures continued population growth





## Benefits of Family Planning: A Key Intervention for Health and Development

### Health benefits

- Reduces maternal mortality and morbidity
- Reduces infant and child mortality
- Reduces abortion

**Enables women and couples to decide number, spacing, and timing of births**

Principles of voluntarism and informed choice are fundamental

### Social and economic benefits

- Improves women's opportunities
- Improves family well-being
- Mitigates adverse effects of population dynamics on
  - Natural resources, including food & water
  - Economic growth
  - State stability







## Increased Use of Contraception Contributes to Fewer Maternal Deaths in Two Ways:

1. Directly, by exposing fewer women to the risk of dying in childbirth.
2. Indirectly, by reducing high-risk births:
  - too early
  - too late
  - too many
  - too soon

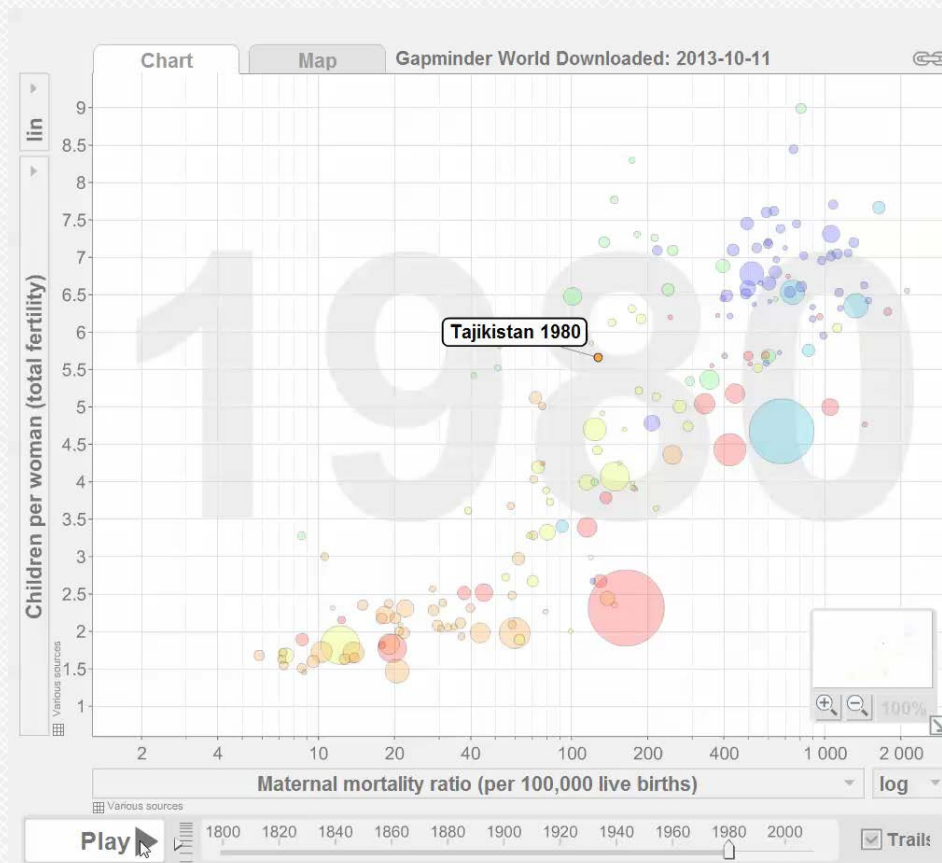


Photo credit:: Abt Associates



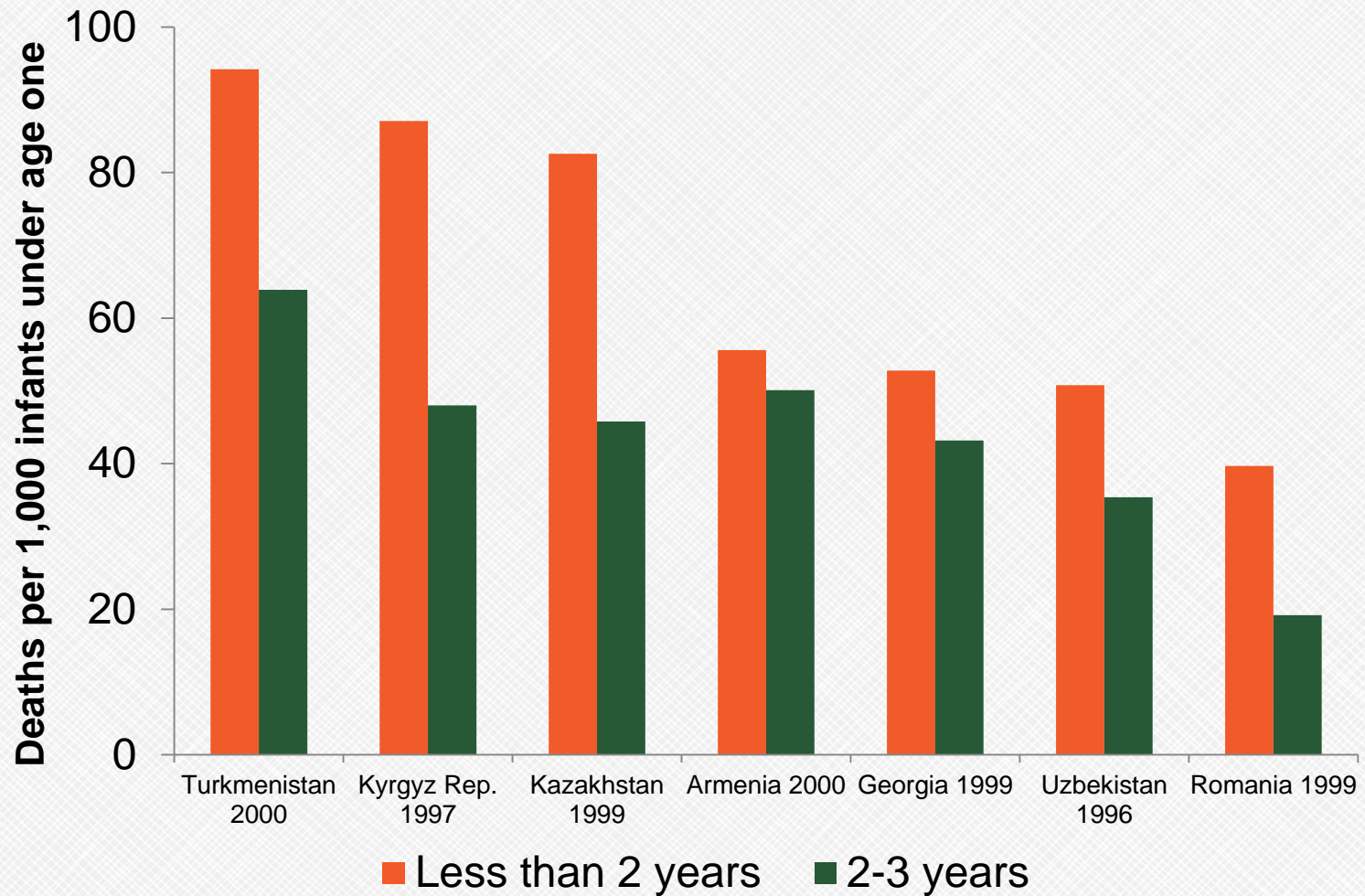


# Correlation between TFR and MMR





## Effect of Birth Interval on Infant Mortality

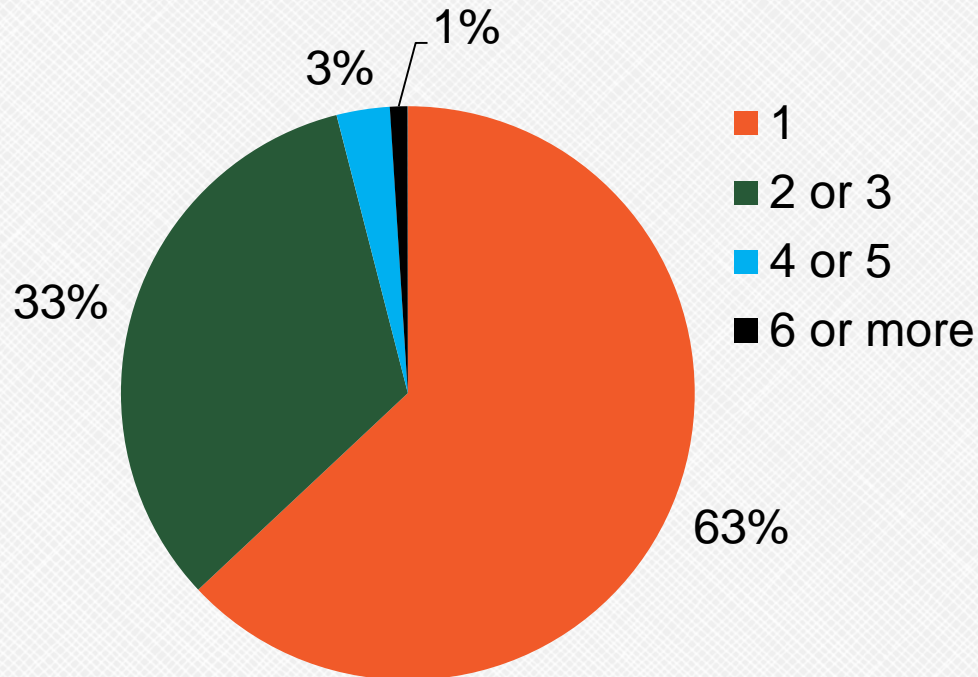






### Number of abortions:

*Among women who have had an abortion, the percent distribution of the number of abortions*



- Nearly 10% of Tajik women aged 15-49 have ever had an induced abortion.
- Among Tajik women reporting an induced abortion, 82.7% were not using a method of contraception at the time of conception (2012 DHS)
- National goal to reduce the number of abortions



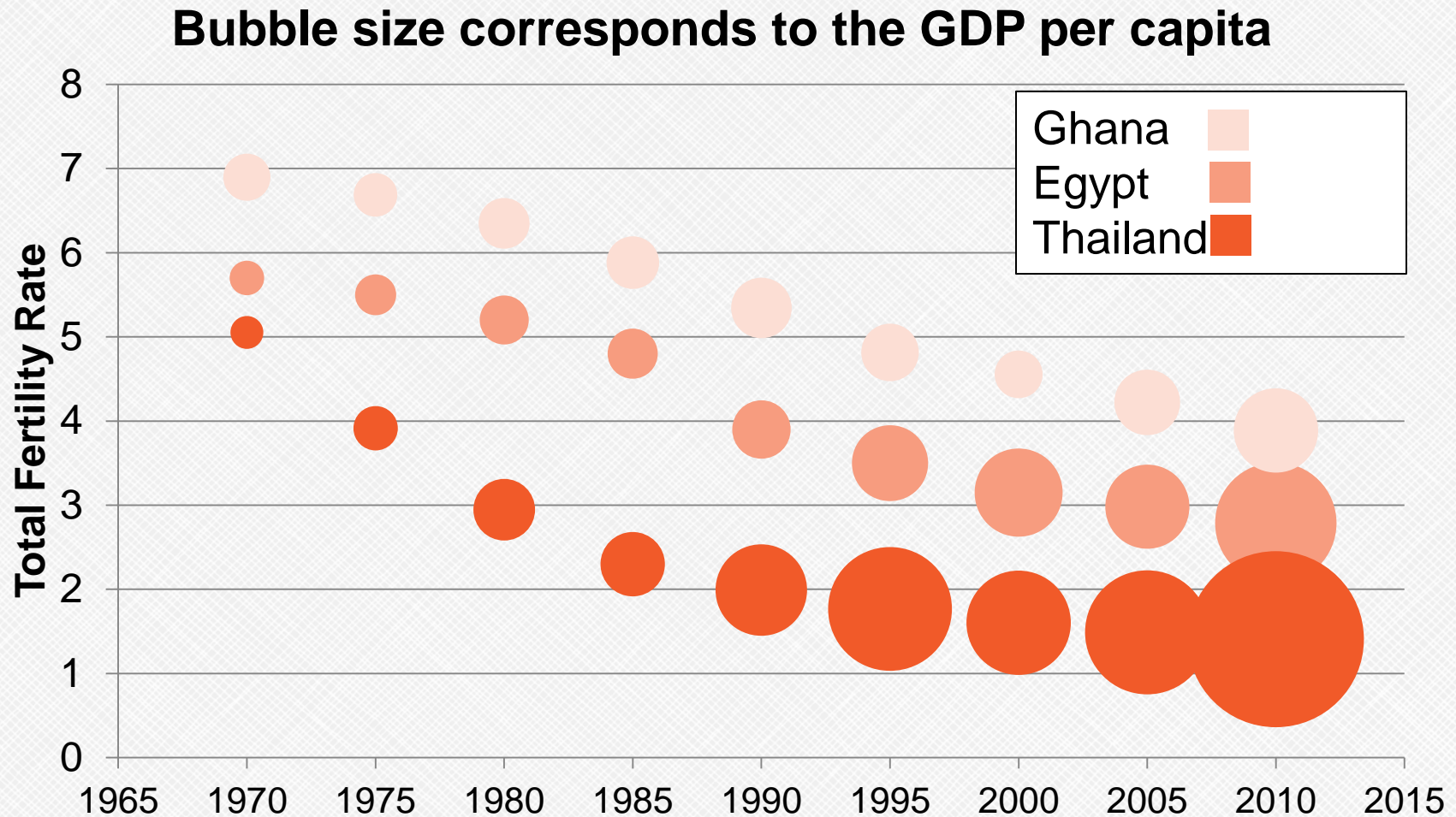
- Less expensive than treating pregnancy complications
- Enables women and couples to make informed choices about their sexual and reproductive health.
- Protects the environment
- Enables greater participation of women in the labor market
- Reduces the economic burden on poor families

*Estimates indicate that each US dollar spent on voluntary family planning can save governments up to US \$31 in health care, water, education, housing, and infrastructure*



Photo credit: Abt Associates







## Not All FP is the Same: The Relative Effectiveness of Various Methods in Preventing Pregnancy

Method	Number of unintended pregnancies among 1,000 women in first year of <u>typical</u> use
No method	400
Withdrawal	220
Female condom	210
Male condom	180
Pill	90
Injectable	60
IUD (CU-T 380A/LNG-IUS)	8/2
Female sterilization	5
Vasectomy	1.5
Implant	0.5





- The availability of a broad range of methods has been shown to increase contraceptive use.
- Method choice: both to the *range* of contraceptive methods available to clients on a reliable basis.
- Method mix: the distribution of contraceptive methods used by a population (i.e., percentage that uses each method).



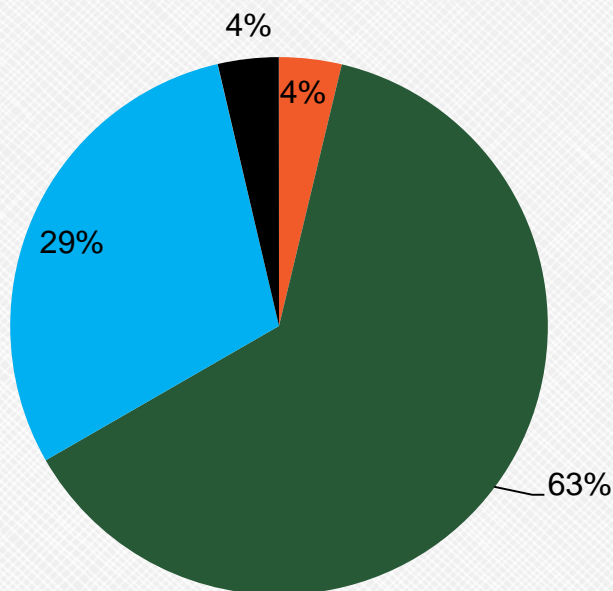
- **Full choice** – the ability to choose from the widest range of methods possible, including the ability to choose *not* to use a method.
- **Free choice** – the decision to use FP and the method chosen without barriers or coercion.
- **Informed choice** – accurate and complete information is provided for all FP methods, including benefits and risks; specific counseling is provided about the chosen method.



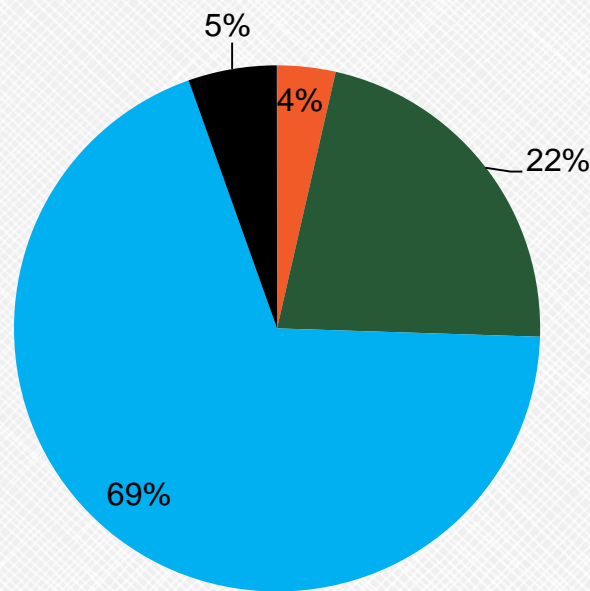
## Examples of “Skewed” Method Mix

- While there is no “optimal” or “ideal” method mix recognized by the international community, there may be cause for concern when one method exceeds 50% of the method mix.

**Country # 1**



**Country # 2**



■ Long-acting 
 ■ Permanent 
 ■ Short-acting 
 ■ Traditional



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Our commitments:

- (From RH Strategy, Objective 1) The share of population, who are aware of their right for independent and informed choice of reproductive behavior, as defined by reproductive health condition surveys, will be not less than 75%.
  - And Objective 26: The institutions providing reproductive health and family planning services will be equipped with at least three modern methods of contraceptives to ensure individuals can choose.

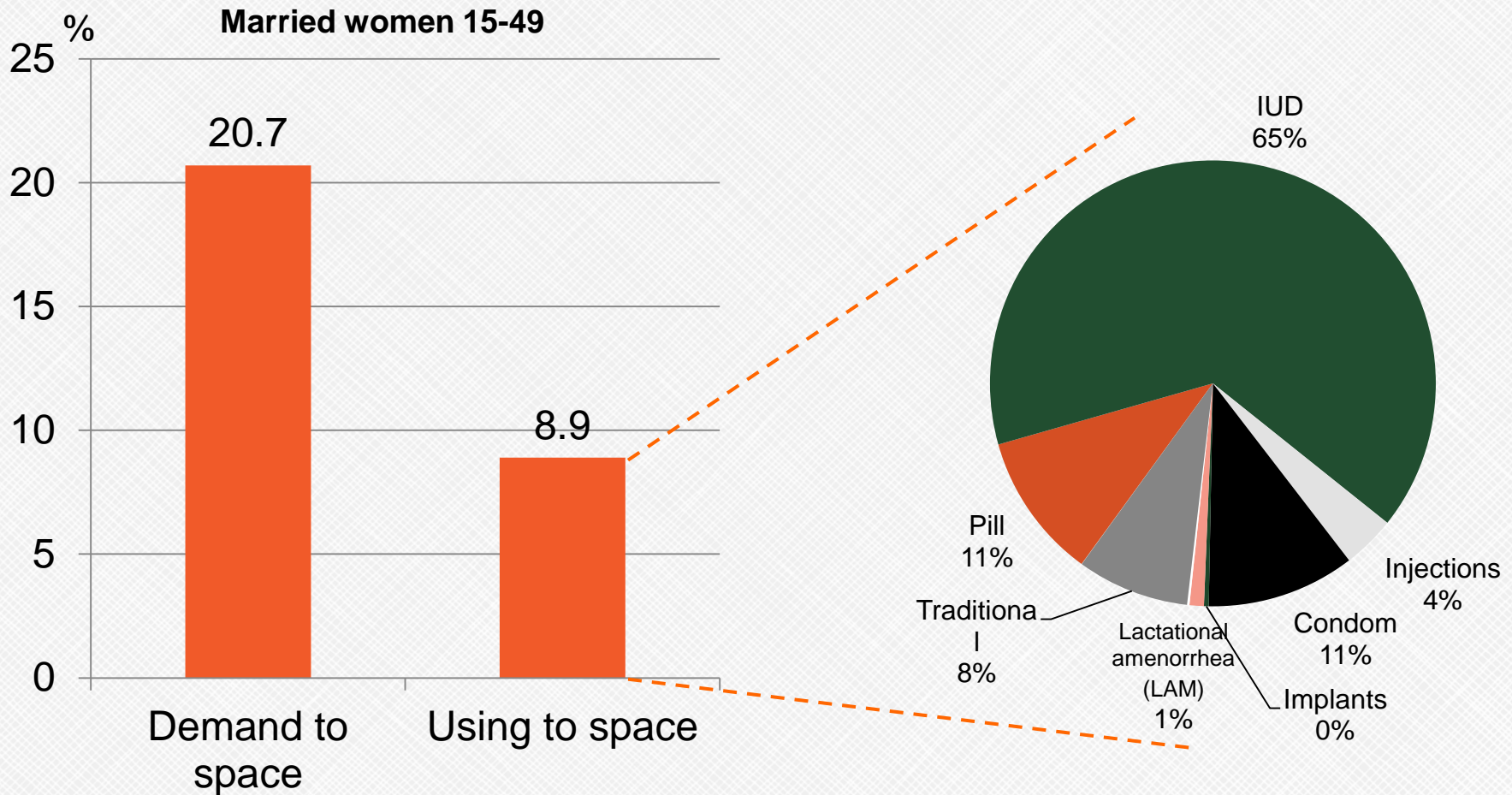
However...

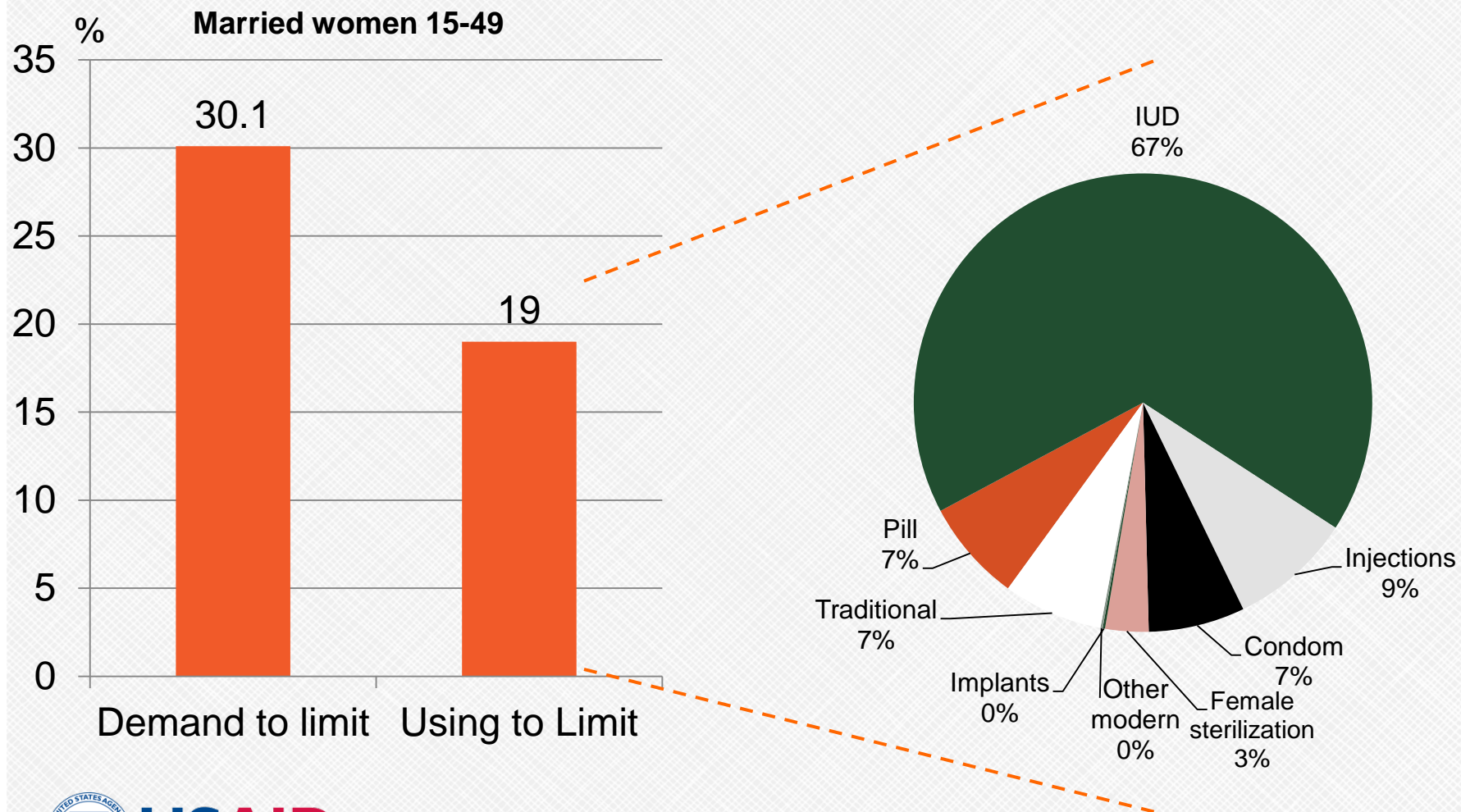
- *In practice, this can be difficult for programs to achieve for a number of reasons*





## Tajikistan 2012 Contraceptive Methods and Spacing (MWRA)







- Tajik women have a desire to space and limit births
- Family planning can help Tajikistan to meet its health and development objectives, particularly those related to:
  - Maternal health
  - Infant and child health
  - Abortion
- Not all FP methods are the same
- Contraceptive choice matters



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