



Start Too Soon, Stop Too Late: The importance of addressing the reproductive intentions of women who want to delay a first birth or limit further births

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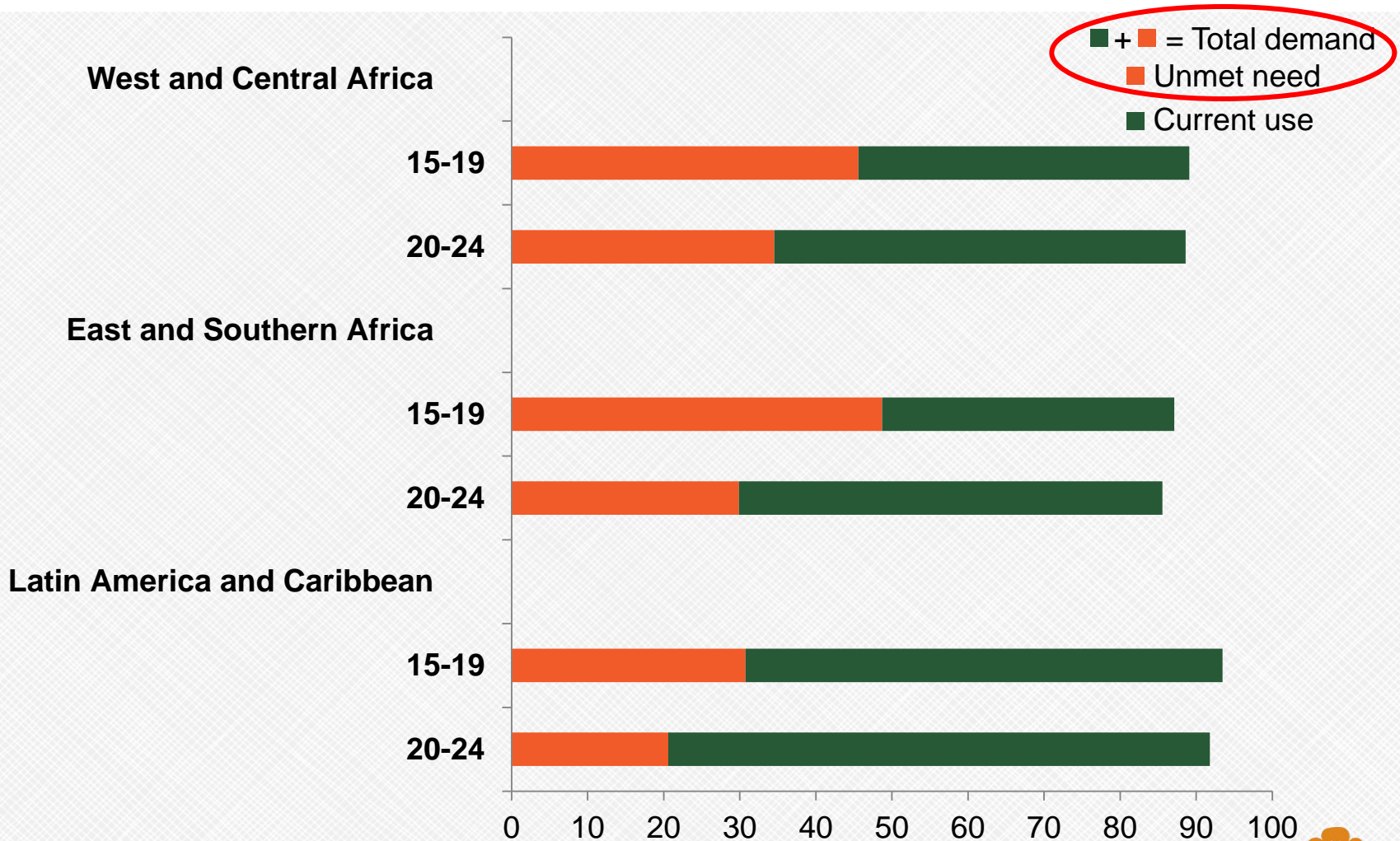
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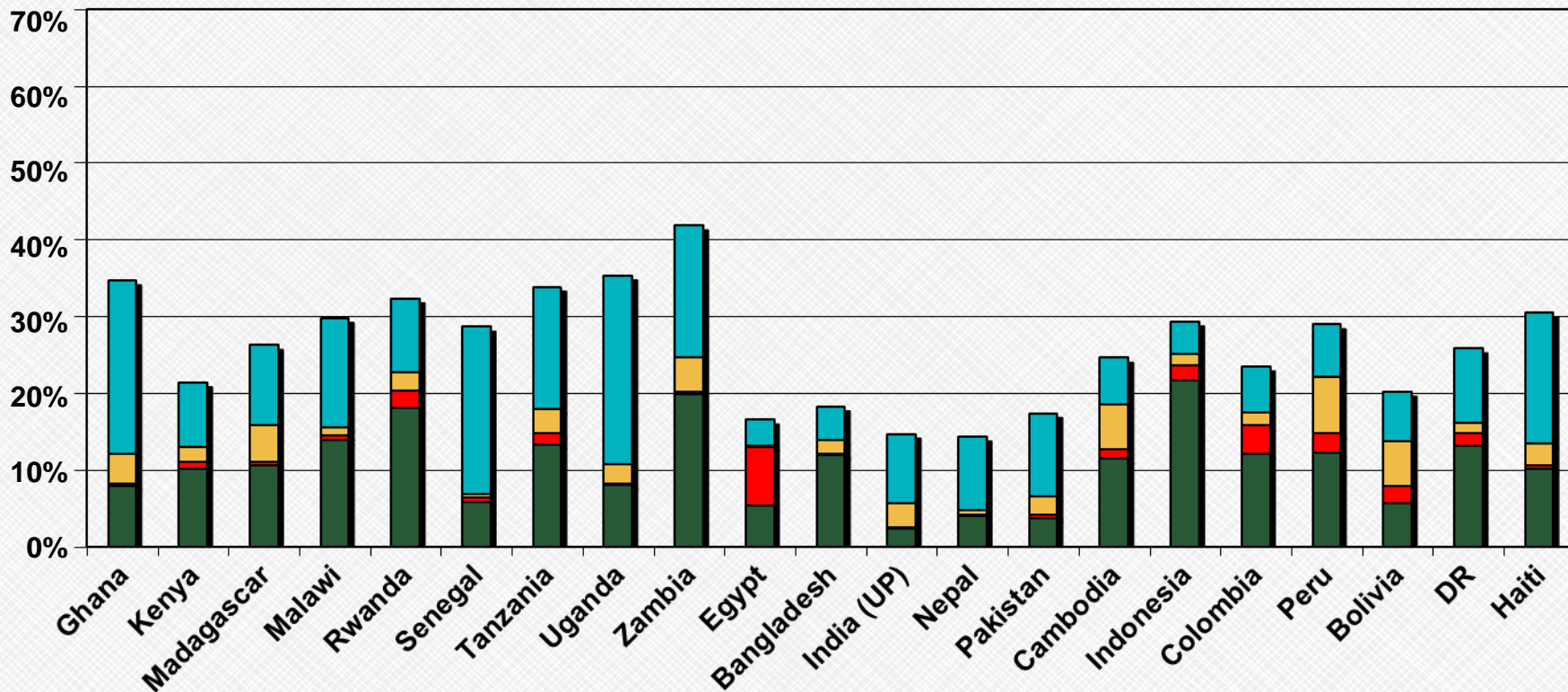
- “Youth bulge”: 26% of world’s 7 billion people are aged 10-24
- Later age of marriage
- Small family norms
 - E.g., mean ideal # of children: Bangladesh 2.2 (2011); Ethiopia age 45-49, 5.7; age 15-19: 3.3
- Worldwide, small family norms driven by:
 - Urbanization (~5% in Sub-Saharan Africa, highest rate of increase in world)
 - Improved child survival
 - Increased women’s education / many more women entering formal workforce
 - High cost of education
 - Rising cost of living
 - Spread of global communication

ALL LEAD TO MORE DELAYERS AND MORE LIMITERS

Demand and unmet need for FP is very high in young unmarried women, most of whom are delayers



Access and use of long-acting reversible contraceptive methods by delayers and spacers is low

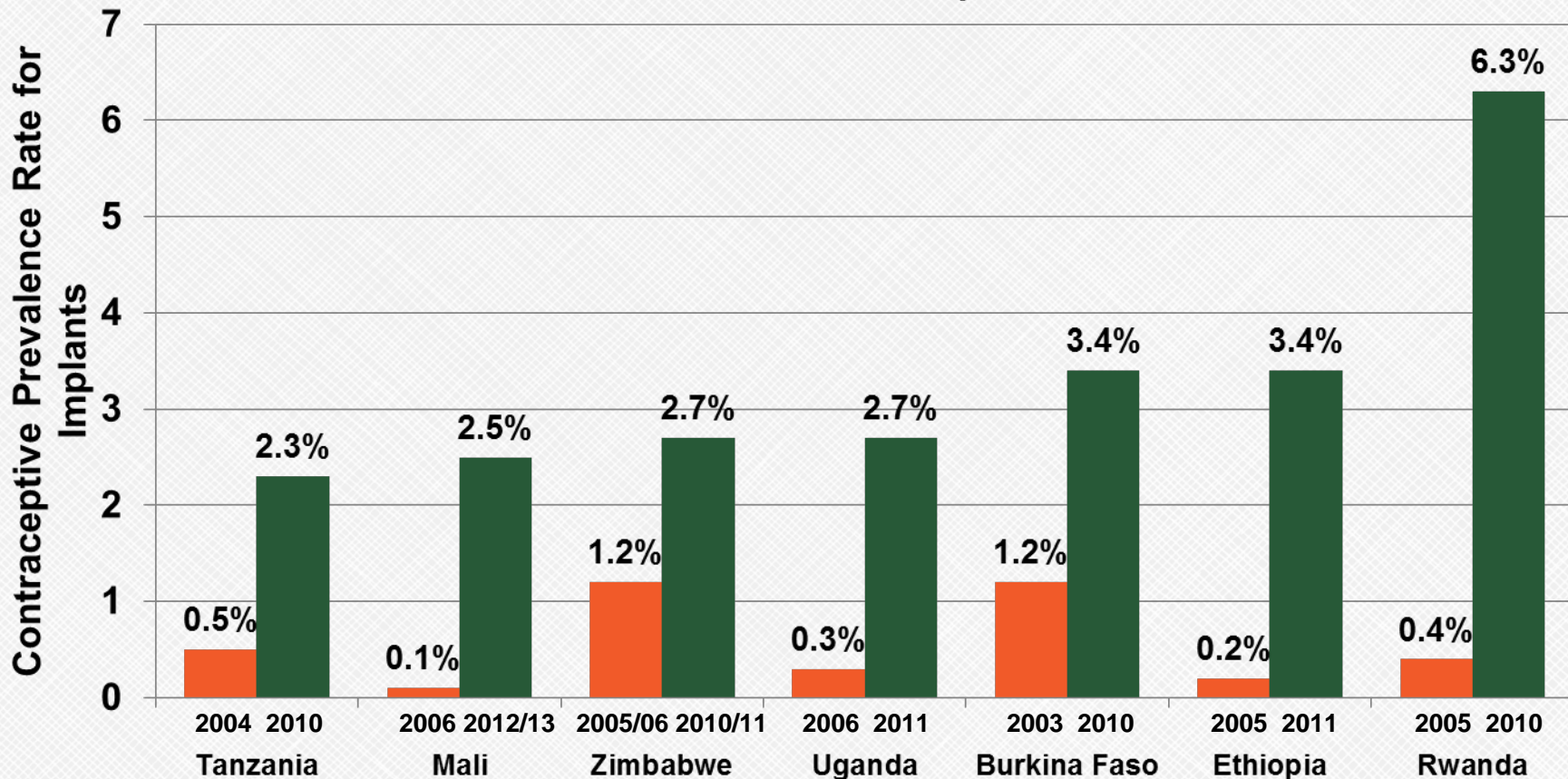


Height of bar = Total demand for FP to delay or space

■ Unmet need to delay or space (no method use))
 ■ Long-acting reversible method (IUD or implant)
 ■ Other modern method use (resupply method)
 ■ Traditional method use to delay or space

- Sociocultural norms regarding young women:
 - Young married women “shouldn’t” *use* FP, i.e., “shouldn’t” delay
 - Young unmarried women “shouldn’t” *need* FP
- Provider factors
 - Bias against providing FP services to young and unmarried
 - Bias against LARCs -- received “wisdom” about IUDs, **all false**:
 - > *“IUDs are not for nulliparous women”*
 - > *“IUD use causes STDs and/or worsens HIV”*
 - > *“IUD use will negatively affect future fertility”*
- Health system factors
 - High cost of implants
 - FP programs not oriented to serving adolescents and unmarried women

Sub-Saharan African countries with implant CPR above 2%



All data are from the *Demographic and Health Surveys* (DHS), for women ages 15-49 currently married or in union.
 Total modern CPR is 9.9% in Mali (2012-13) and 15% in Burkina Faso (2010).

Country & Category	Implants Use (CPR)
Rwanda, secondary & higher educ.	8.9%
Rwanda, sexually-active unmarried women, age 20-24	7.9%
Rwanda, married women	6.3%
Ethiopia, sexually-active unmarried women, age 15-19	6.7%
Ethiopia, married women	3.4%
Burkina Faso, Ouagadougou	6.3%
Burkina Faso, married women (Total Modern CPR in Burkina Faso: 15%)	3.4%
Mali, Bamako	6.1%
Mali, married women (Total Modern CPR in Mali: 9.9%)	2.5%

Turning our attention to **limiters**: Demand to limit exceeds demand to space in most of the Global South

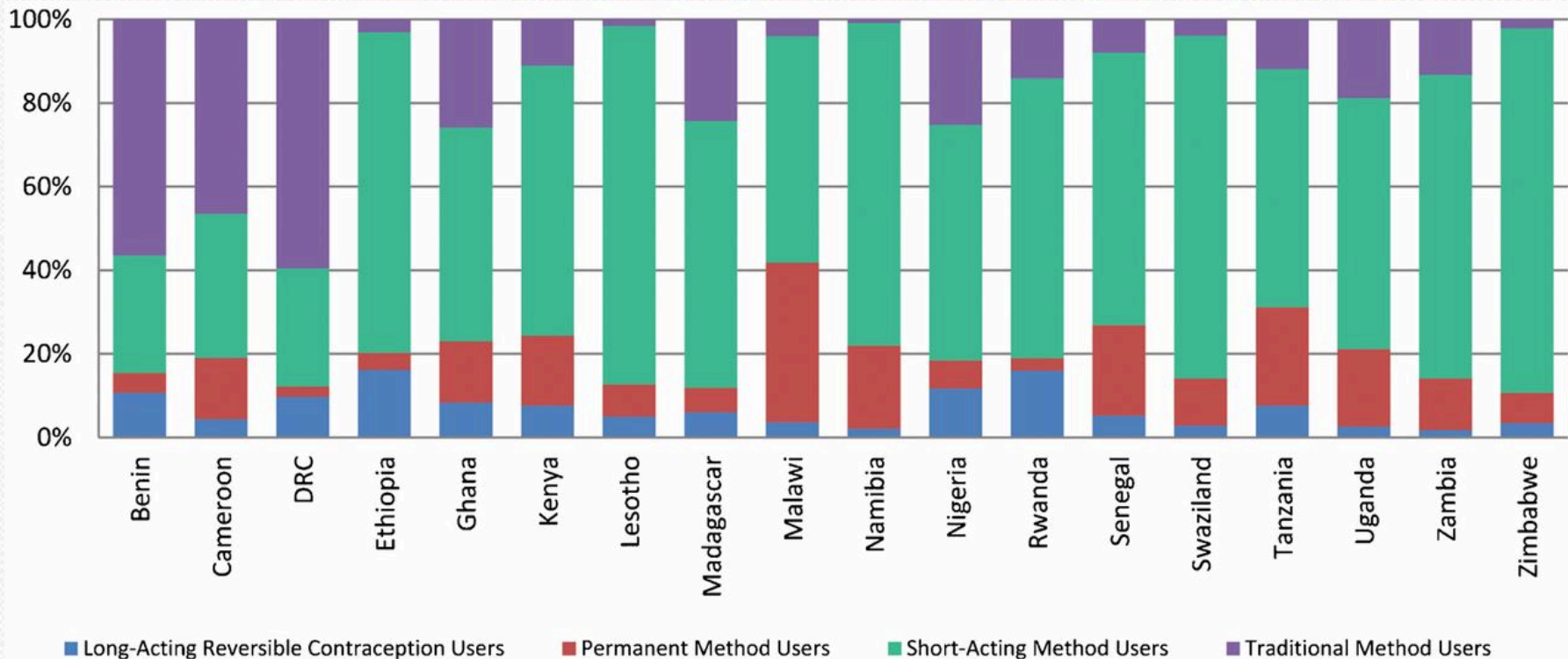
Country	Total demand for FP (%)	Demand to space (%)	Demand to limit (%)
Dominican Republic (2007)	84%	23%	61%
Bangladesh (2007)	73%	22%	51%
Indonesia (2007)	71%	30%	41%
South Africa (2003)	74%	19%	55%
Kenya (2008/09)	71%	30%	41%
Rwanda (2010)	72%	34%	39%
Malawi (2010)	72%	35%	38%
Ethiopia (2011)	54%	33%	21%
Senegal (2010/11)	43%	31%	12%
Nigeria (2008)	35%	24%	11%

Source: Most recent DHS survey; data for women **currently married** or in union

Reflecting high demand to limit, permanent method use is high worldwide, and in many countries

Country	Modern Method CPR	Female Sterilization Use (CPR)	Vasectomy Use (CPR)
Worldwide	56%	18.9%: highest of all modern methods: 223 million	2.4% (28 million)
United Kingdom	81%	8%	21%
Brazil	77%	29%	5%
United States	73%	24%	13%
Canada	72%	11%	22%
South Africa	60%	14%	1%
India	49%	37%	1%
Malawi	42%	9.7%	0.1%
Nigeria	10%	0.4%	0%
Congo Dem. Rep.	6%	0.8%	0%

Method Mix Among Women Using Contraception to Limit Births



■ Political will and policy: “walk the talk”:

“... We call upon other African leaders to increase funding for family planning commodities and related services from national budgets.”

—*Pierre Damien Habumuremyi* Prime Minister, Government of Rwanda

—*Meles Zenawi* Prime Minister, Government of Ethiopia

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- Programs: address reproductive intentions across clients’ life cycle
- Need youth-focused & youth-friendly demand creation and services
- Consider using dedicated providers and mobile services
- Expand access to long-acting reversible methods (LARC) and permanent methods – without them a program doesn’t have “contraceptive security” and women and men do not have “choice”

- > 220,000,000 women have unmet need, mostly in South Asia & sub-Saharan Africa
- A woman in sub-Saharan Africa faces 1 in 39 lifetime risk of maternal death (1 in 3,800 in industrialized countries: WHO, 2012)
- For every mortality, there are 20-30 instances of serious morbidity (e.g., fistula)
- These are averages: Risk of maternal mortality and morbidity is even higher among the poor and disadvantaged
- Access to highly effective clinical FP methods is low, and even lower among poorer, younger and less educated women



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