Family planning

Population Council

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Council research shows that when couples are able to plan and space their pregnancies, they can invest more in each family member.

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ConsideR These NuMBers:

THE NEED

222 MIIION
Women in the Developing World would like to delay or stop childbearing but are not using a modern method of contraception.

20 MIIION
Women in developing countries have unsafe abortions each year. Every year, 80,000 of these women will die.

60 MIIION
Women give birth each year without antenatal, delivery, and newborn care.

THE IMPACT

Addressing all unmet need for modern family planning would in each year result in:

54 MIIION
Fewer unintended pregnancies or almost 150,000 unintended pregnancies per day.

21 MIIION
Fewer unplanned births, which amounts to over 57,000 per day

1.1 MIIION
Fewer infant deaths, or just over 3,000 per day

*Sources: Guttmacher Institute, UNFPA, UNICEF, WHO, and The World Bank
A RENEWED GLOBAL COMMITMENT

The Population Council believes that when women have access to family planning and can plan childbearing, everyone benefits. Women and children are healthier; families and communities invest more in education and healthcare; and poverty is reduced. We have devoted the past 60 years to research that changes policies and improves programs by making contraception more widely available and affordable to women, improving quality of care, reducing side effects, and evaluating safety, so women can determine the number of children they want, and live healthy, productive lives.

Thankfully, we are seeing a renewed interest in the power of family planning. In July 2012, the London Summit on Family Planning mobilized several billion dollars, secured financial and political commitments from governments for family planning, and created a new global partnership, FP2020, which pledges the sound investment of resources to enable 120 million more women and girls to use contraceptives by 2020. Currently, more than 222 million women in the developing world want to prevent pregnancy, but are not using modern contraception. If we can meet their needs, we can prevent 54 million unintended pregnancies every year and save the lives of more than 80,000 women and 1.1 million infants.

The Council will make an important contribution to help achieve the goals of FP2020. As you will read in this issue of Momentum, we are developing a one-year contraceptive vaginal ring (page 10), expanding access to long-acting reversible contraceptives, (page 4), and forming public-private partnerships to make family planning more widely available (page 6). The Council has championed the introduction of emergency contraception into national family planning programs (page 8) and strengthened the integration of HIV prevention with family planning (page 12).

You will also meet Council researcher Dr. Ali Mir, who led the Council’s large family planning demonstration project in Pakistan (page 14), and Valerie Tarico, who talks about why she supports the Council (page 15).

While the London Summit has given new energy to global family planning efforts, much more needs to be done. The Population Council squarely addresses those needs by developing new contraceptive methods, producing data for decisionmaking, and delivering program and policy solutions to increase contraceptive use, thus enabling women to plan their families and safeguard their health and well-being.
THE PROBLEM  Women should have access to contraceptive methods that meet their family planning needs throughout their reproductive lives. Highly effective long-acting reversible contraceptives (LARCs) are a desirable option for many women, but lack of awareness, access, and provider training, along with high cost and misunderstandings about LARCs, often prevent healthcare providers from including them among the contraceptive methods offered.

THE PROGRESS  In addition to developing many of the long-acting reversible contraceptive methods available today—including the copper intrauterine device and contraceptive implants—the Population Council is a leader in expanding access to LARCs. In May 2012, the Council, the International Federation of Gynecology and Obstetrics, and the Reproductive Health Supplies Coalition convened leading experts to develop strategies to improve access to LARCs, including reducing their cost, improving provider training, and integrating LARCs into national health care systems. These recommendations were a key focus of the London Summit on Family Planning in July, where the Council and colleague organizations pledged their commitment to the global effort to provide contraceptives (including LARCs), information, and services to 120 million more women in the developing world by 2020.

THE IMPACT  Ensuring that effective contraceptive methods are part of the global effort to improve women’s reproductive health will accelerate progress toward meeting the Millennium Development Goal of universal access to reproductive health services.


JADELLE ACCESS PROGRAM  In September 2012, the UN announced an initiative to significantly expand access to Jadelle®, the two-rod levonorgestrel contraceptive implant. The Jadelle Access Program will reduce the implant’s price by more than 50 percent over the next six years, making it available to over 27 million women in developing countries. Jadelle was developed by the Population Council in conjunction with Leiras (now Bayer Schering Pharma AG).
those who can afford to pay. The Council and Bayer Pharma, the global licensee for the Mirena® intrauterine system (IUS) work through two foundations to provide intrauterine contraception at no cost to low-income women. The ARCH Foundation makes Mirena available in the United States, and the ICA Foundation partners provide the LNG IUS (identical to Mirena, but with a different inserter) internationally.

THE IMPACT The ARCH Foundation has provided more than 120,000 Mirena intrauterine systems since its founding in 2002. The ICA Foundation has provided 50,000 LNG IUSs to a network of 25 recipient organizations in Africa, Asia and Latin America.

DONOR AND PARTNER Bayer Pharma
BREAKING DOWN BARRIERS TO EMERGENCY CONTRACEPTION

THE PROBLEM  Emergency contraception (EC) is an effective and safe method of preventing pregnancy. Because it provides pregnancy protection after sexual intercourse, EC is an important family planning option for women. In theory, EC pills (ECP) are widely available in many countries; in practice, access is limited because of lack of information and training in ECP provision. Many providers and key opinion leaders have misperceptions and negative attitudes that prevent ECP from being offered to clients.

THE PROGRESS  Recognizing the critical role of providers and key opinion leaders in determining access to ECP, the Council conducted a study in India, Nigeria, and Senegal to understand attitudes, beliefs, and practices of providers, government officials, and decisionmakers on provision and use of ECP. Through surveys and in-depth interviews, Council researchers discovered that a majority of providers consider ECP to be safe and effective in preventing pregnancy. Opinion leaders, too, hold positive views of ECP, believing it fills an important niche in the contraceptive method mix. However, the study also identified gaps in provider knowledge of ECP mechanism of action, efficacy, and timing of use, and indicated that providers and opinion leaders generally did not support providing ECP to women in advance of sexual intercourse.

THE IMPACT  Results from the study are being used to sensitize decisionmakers in family planning sectors and are helping to create a more supportive environment around ECP. In India, the Ministry of Health is now supplying ECP to community volunteers in rural areas, and in Nigeria and Senegal, study findings are being used to improve provision of ECP in the public and private sectors.

DONORS AND PARTNERS  Family Care International; International Consortium for Emergency Contraception (ICEC), Bill & Melinda Gates Foundation

Understanding attitudes about the acceptance and use of emergency contraception can lead to solutions to increase availability.
The Council is developing a one-year vaginal ring that, once approved, will provide women worldwide with an easy-to-use, woman-controlled, highly effective contraceptive method.

**THE PROBLEM**  It is difficult for many poor women living in rural areas to obtain a contraceptive method of their choice. Pharmacies need to be well-stocked, and trained medical workers must be on hand to provide methods and counsel clients about benefits and side effects. In low-resource settings, women who want to prevent or space their pregnancies need affordable contraception that does not depend on regular visits to a pharmacy or health care provider.

**THE PROGRESS**  The Council is developing a contraceptive vaginal ring that a woman can insert and remove herself and that is effective for one year. After she inserts it, the ring is left in for three weeks, removed for one week of menstruation, cleaned, and reinserted for the next cycle. This ring is designed to function well in tropical climates and needs no refrigeration during storage and distribution, making it an especially attractive option for women and providers in the developing world.

**THE IMPACT**  The Council’s groundbreaking biomedical research has shaped the way the world thinks about contraceptive choice and availability. More than 120 million women worldwide have used a Council-developed contraceptive. The Council’s new vaginal ring, if approved, will provide women, particularly those living in resource-poor areas, with a safe and effective contraceptive method that is under their control.

THE PROBLEM  In countries with low contraceptive prevalence and high rates of HIV infection, it can be difficult for family planning service providers to effectively meet the multiple sexual health needs of their clients. Separating family planning services and STI prevention counseling is inefficient for clients and providers, yet providers often lack the counseling strategies needed to address complex sexual health needs.

THE PROGRESS  The Population Council developed the Balancing Counseling Strategy Plus (BCS+), a collection of interactive, client-friendly job aids to integrate family planning with STI/HIV screening, counseling, and services. Comprised of provider manuals, training guides, 26 palm-sized counseling cards, and service algorithms in the form of decision trees, the BCS+ is versatile enough to serve women in different socio-cultural and clinical settings. The BCS+ covers a wide variety of reproductive health considerations, including postpartum family planning and cervical cancer.

THE IMPACT  According to a family planning advisor in South Sudan, “The cards were very handy, making my counseling sessions very easy, and the feedback from the participants was great! Now, all 44 pilot primary health facilities in the ten states of South Sudan have copies for their day-to-day use.” With the BCS+, family planning providers are able to reach up to 40 percent more clients with HIV and STI counseling. The Ministries of Health in Kenya, Swaziland, and Zambia have adopted the BCS+ as a part of their national family planning programs, it has been translated into multiple languages, and it is used by providers in Afghanistan, India, Mali, Mexico, South Africa, South Sudan, and Swaziland.

A CONVERSATION WITH

ALI MIR
CHIEF OF PARTY, FALAH PROJECT, PAKISTAN

What led you to enter the field of public health?

After medical school, I worked for two years in a rural community. By observing the many health issues people faced and how they could be addressed through preventive measures, I developed a deep interest in public health. I completed my Master’s in Public Health from the University of Leeds before coming to the Population Council. My dissertation was an action plan for improving family planning delivery in Pakistan. Since joining the Population Council, I have been proud to see some of my suggestions and recommendations implemented.

What impact has the FALAH (Family Advancement for Life and Health) project had on women’s health and lives?

Through FALAH, we worked with the health and population welfare departments of the Pakistani government in rural, socially conservative areas to promote the concept of “birth spacing” as an acceptable health intervention to protect the lives of women and infants. Our communications campaign reached more than 50 million men and women. Contraceptive use increased by 28 percent in three and a half years.

What has been your greatest accomplishment at the Council?

In the final years of FALAH, our team achieved what we set out to do by helping couples to better plan their families and improve their health. We moved away from the traditional family planning concept of promoting small families to a new paradigm that uses the concept of birth spacing for improved maternal and newborn health. This removed many of the religious and cultural barriers to family planning use. The Pakistani government and policymakers accepted and implemented our practices. In his World Population Day speech, the Prime Minister of Pakistan argued that it should be mandatory that birth spacing services be provided by facilities across the country.

How do you successfully work in a challenging political climate?

The Population Council is genuinely respected by the government and other NGOs. We are able to work in areas that others might find hard because of our longstanding history and the trust we have established with policymakers, partners, and community-based organizations. We are widely recognized for our ability to be objective and impartial. As an example, the FALAH project recorded some major successes in the Khyber Pakhtunkhwa province in northwestern Pakistan, considered to be one of the most traditional and conservative regions of the country.

What are your greatest challenges in the work ahead?

The Population Council needs to keep a spotlight on population issues so that provincial governments continue to include them in the development of their policies. During upcoming elections in Pakistan, family planning needs to be at the top of the political agenda. We are educating major political parties to make them aware of the importance of population issues so that regardless of who is victorious, they can implement policies in their provinces after elections.

VALERIE TARICO
COUNCIL DONOR

After 20 years as a child and family therapist, I took time off to travel with my husband and daughters. We stayed on an ashram in India, dove in the Great Barrier Reef, and lingered in a Rwandan village. We also visited a health clinic in Tanzania. There, women were lined up in a cement waiting room, some with a toddler beside them and a baby in their arms. Each client had walked or scraped together bus fare, some spending the whole day on the trip to the clinic to get a contraceptive injection—a process they repeated three months later.

Although I can drive or walk minutes to get to clinics, I chose for 13 years to use a ParaGard® IUD, since I didn’t want to think about contraception every day and loved having a less than one percent chance of pregnancy. Those Tanzanian women were going to such great effort! Could I do the same under those circumstances? When I returned home, I started exploring ways to help other women have better options.

The Population Council does important work related to HIV prevention and girls’ empowerment, but I was drawn to the organization for other reasons. The Council’s approach to research and technology development starts by looking at the big picture to overcome the gaps in contraceptive methods currently on the market. I am especially impressed by the Council’s work on long-acting, reversible contraceptive methods. Each year, one in 12 women who use oral contraceptive pills gets pregnant. With intrauterine contraception developed by the Council, like ParaGard and Mirena®, the odds of pregnancy drop to 1 in 500. That’s a total game changer when it comes to empowering a woman to decide how she wants to live.

Thanks in large part to the Population Council and its partners, we are on the cusp of a contraceptive technology revolution. Melinda Gates, who is committed to increasing access to contraception for women in developing countries, tells of her encounter with an African mother who said, “I want to bring every good thing to one child before I have another.” I believe in the power of voluntary family planning to promote a child’s well-being, marital stability, family health, and the empowerment and education of girls and women. Whether at the individual level or at the aggregate level, I can’t overstate the ripple effects of the Population Council’s research.

WHY I GIVE TO THE POPULATION COUNCIL
By age 28, Asma, a woman living in a rural village in Pakistan, had six children. There was no formal system of information on contraceptive services in her village. Women in the village said that family planning methods had severe side effects.

In Asma’s village and other areas of Pakistan, the Population Council promoted healthy “birth spacing” and engaged the support of religious leaders who exerted strong influence over family planning decisions. In four years, the project reached more than 50 million people like Asma with information about family planning. As a result, contraceptive use increased by 28 percent in some of the most conservative areas of the country. The highest increases were among poor, rural, and younger couples. The Pakistani government and policymakers acknowledged that redefining family planning as “birth spacing” for maternal and child health has the potential to contribute significantly to increased contraceptive use.

The Population Council develops products, generates evidence, and delivers solutions that protect and promote women’s health.

Worldwide, the Population Council and our partners help millions of women like Asma to access the reproductive health care services and supplies they need to safely plan their families. With your help, we will develop contraceptive methods and undertake groundbreaking research to inform family planning policy and program development. Your contribution allows us to improve the health of women, expand their economic opportunities, and improve the welfare of their families and communities.

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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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