

# Going From Evidence → Action



Using Evidence To Increase Access To Family  
Planning

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# Presentation outline

- Background: Africa's population profile
- What about young people?
- What the evidence says should be done?
- Is access enough?



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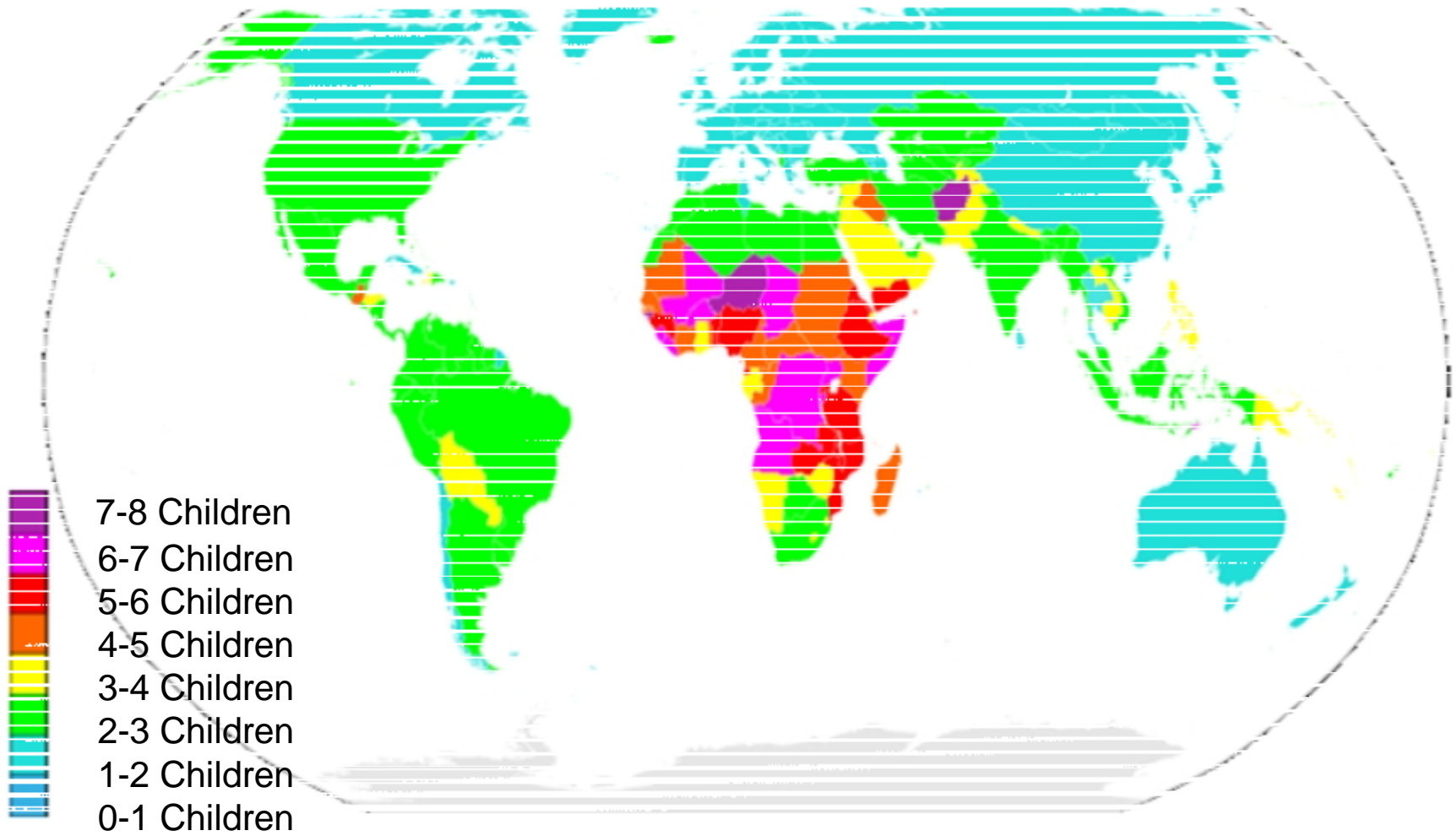
# Background: Africa population profile

- **Currently:**
  - 31 of 34 countries with total fertility rate (TFR) of 5+ are in SSA
  - About 14m unintended pregnancies occur each year
  - While  $>2/3$  of women use FP in all regions, only  $1/4$  do so in Africa
  - At least 25% of women aged 15-49 have unmet need for FP
  - Stall in fertility transition casts doubt on medium variant projections for Africa
- **Over the next 40 years:**
  - Africa's population will double from 1 to 2 billion
  - Africa will account for 22% of world population, up from 15% in 2010



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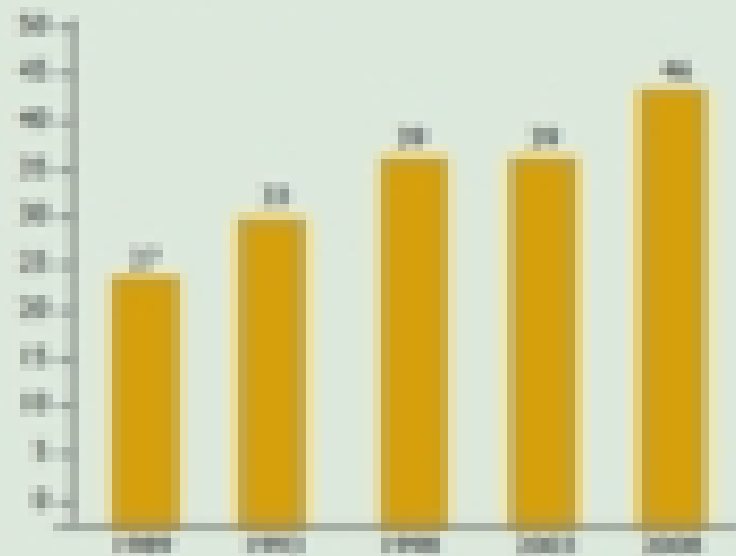
# Fertility patterns globally



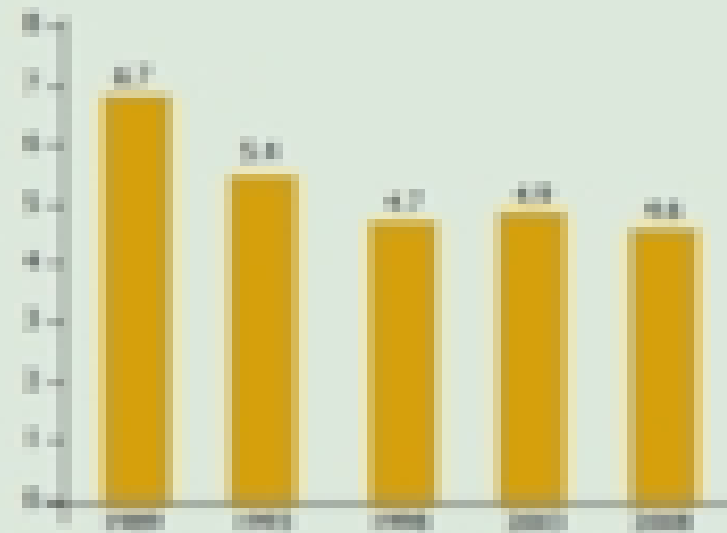
# Kenya's Fertility Profile

**Figure 1. Trends in Contraceptive Use and Births per Woman, Kenya, 1989-2008**

Percent of married women ages 15-49 using contraceptives



Births per woman



As contraceptive use increased among married women from 1989 to 2008, the average number of births per woman declined consistently. As contraceptive use stalled between 1998 and 2008, fertility also stalled.



Source: NCPD Policy Brief No. 15, Family Planning: A "Best Buy" to Achieve Kenya's Development Goals

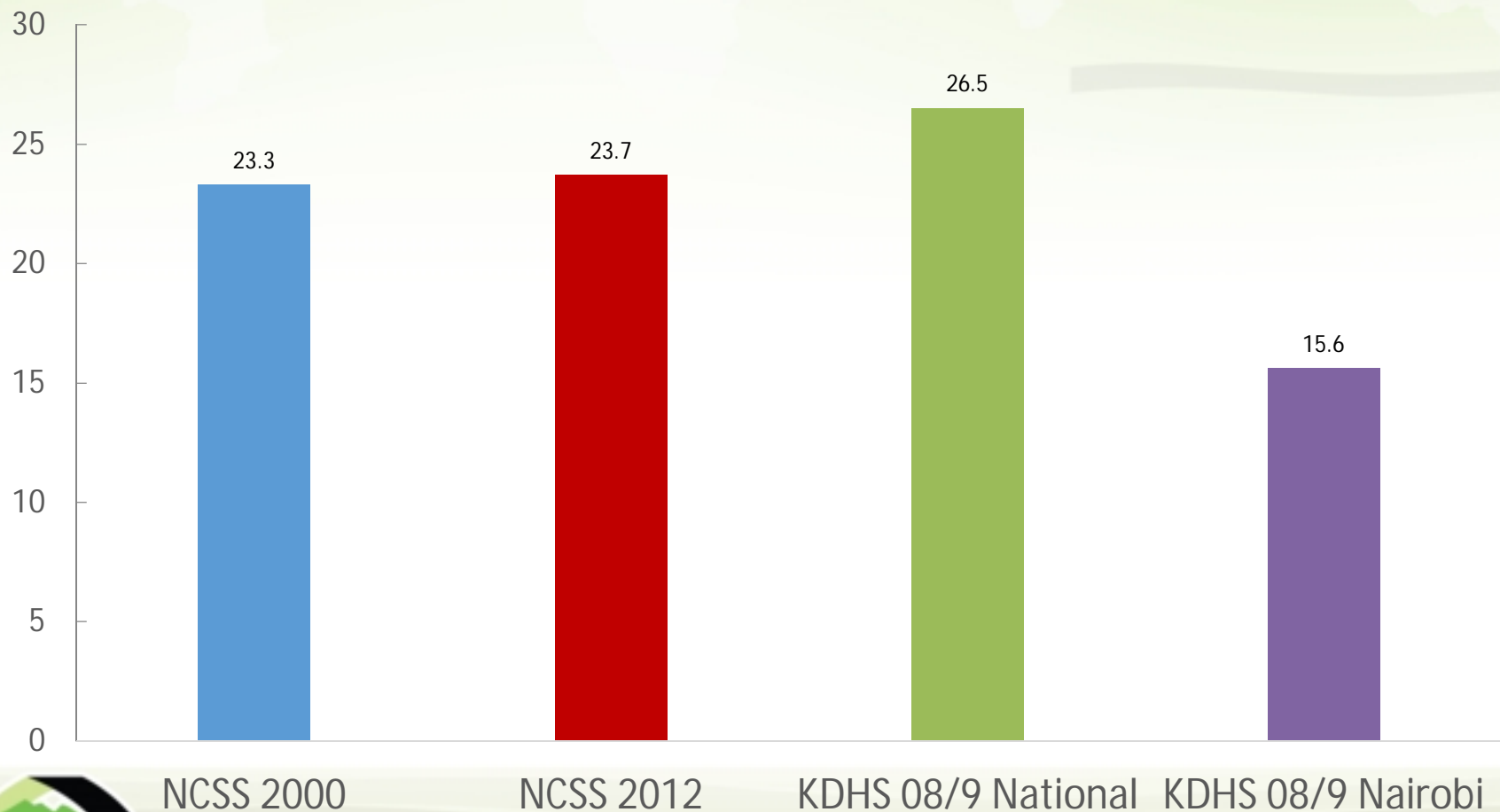
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# The Kenyan Example



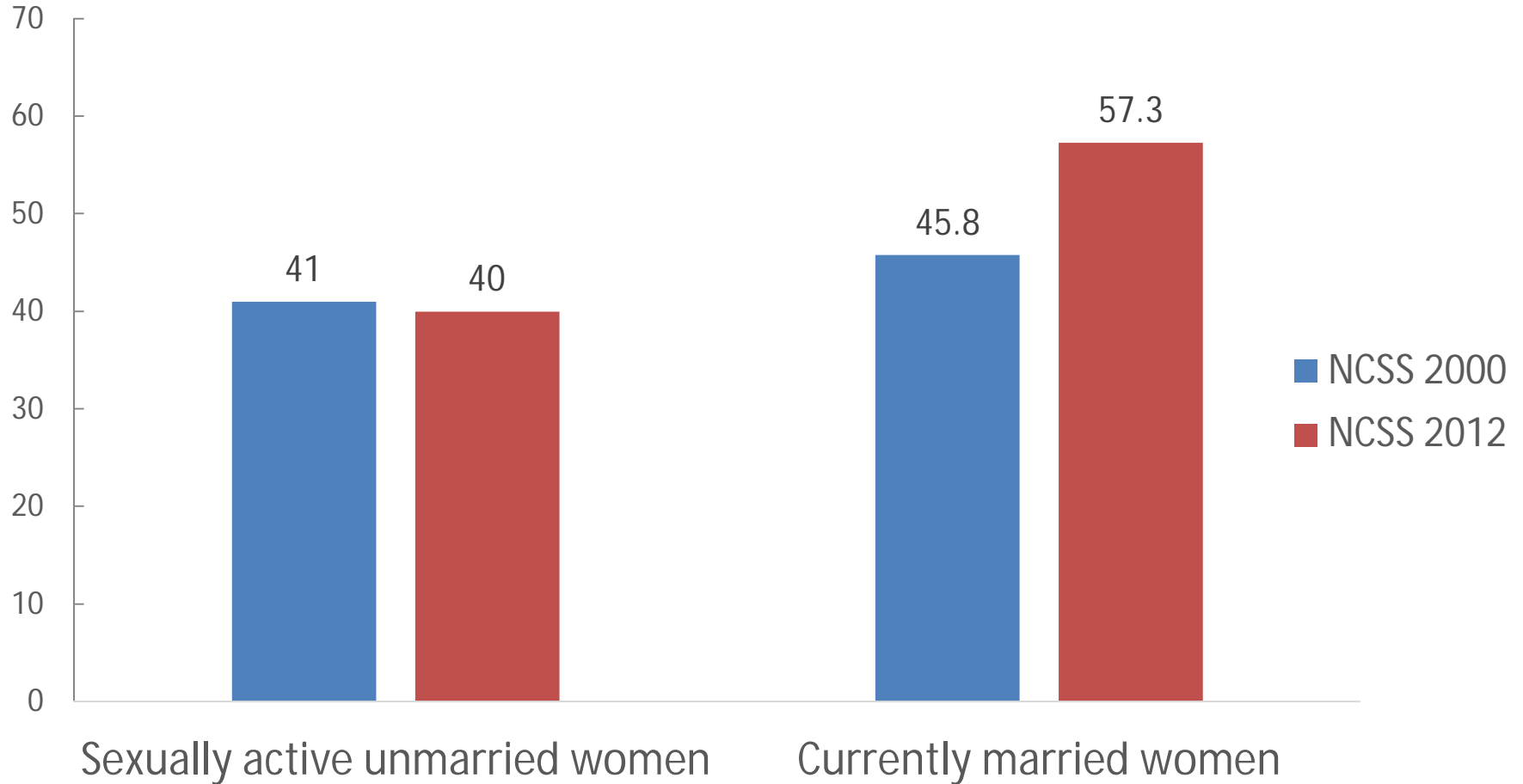
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# Higher unmet need for contraception among currently married women in slums compared with Nairobi



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# Higher CPR among married women but not sexually active unmarried women





# What about young people?

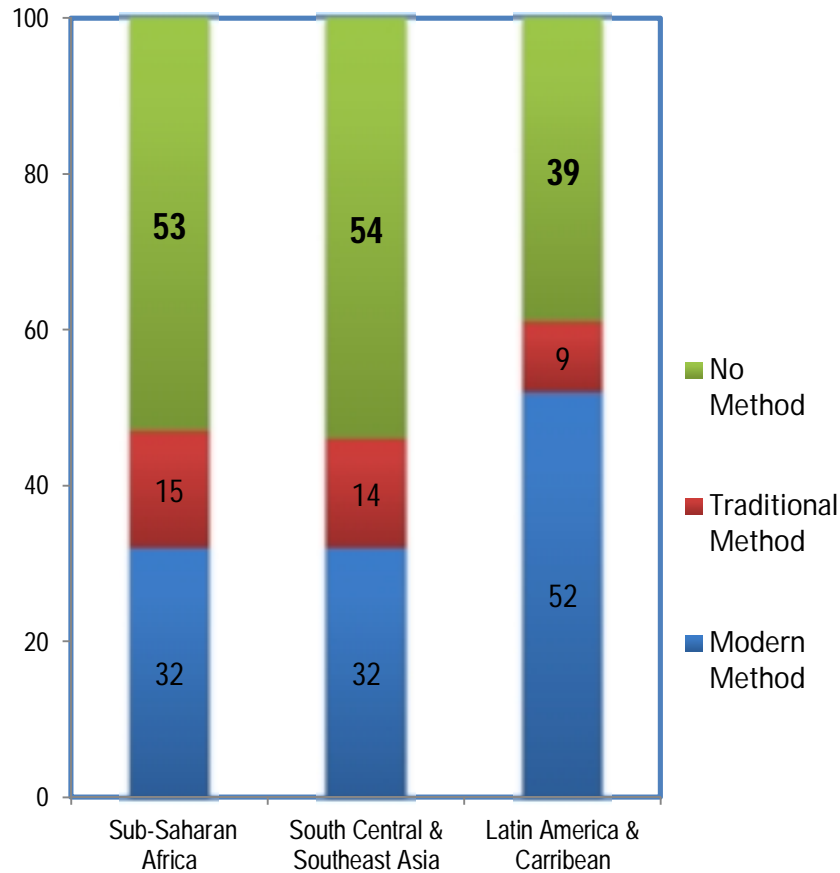
- Young people under the age of 25 represent close to half of the world's population
- 90% live in LMICs
- In SSA, with the “youth bulge” ~60% of the population in most countries are <25yrs
- Though generally a healthy period of life, youth also marks a period of initiation of risky behaviors, with far reaching health consequences
- There is least SRH gain in this age group; yet the primary causes of poor health and social outcomes in this group are largely preventable



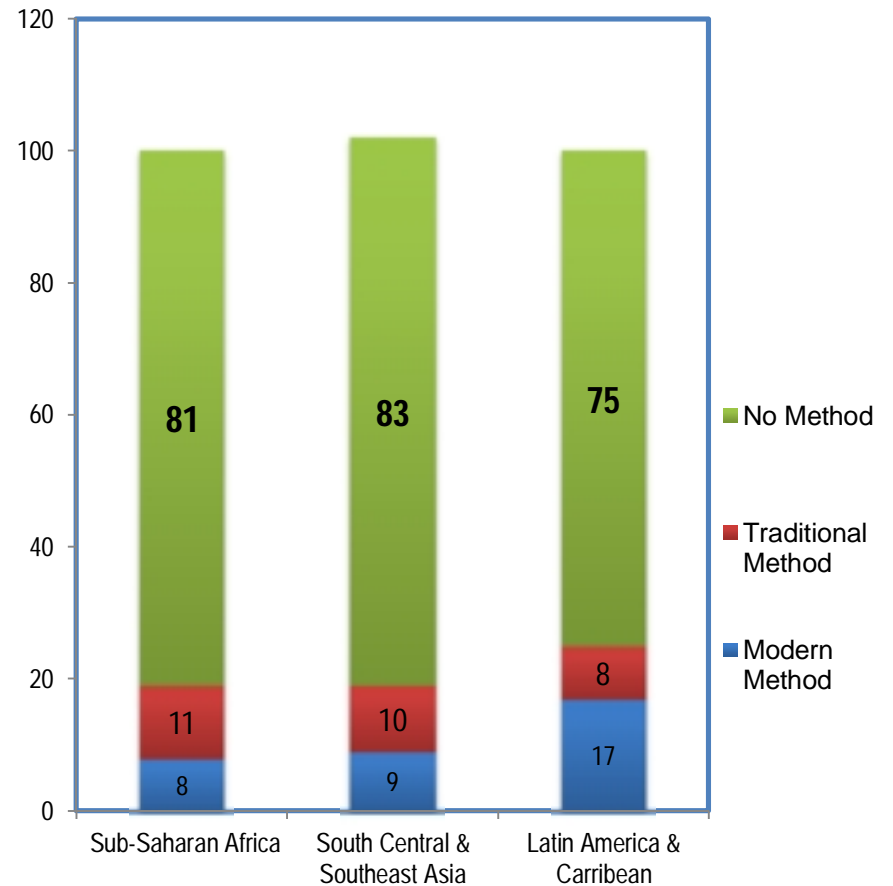
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# Unmet need and Unintended Pregnancy by Contraceptive Use

## Adolescents who want to avoid a pregnancy:



## Unintended pregnancies among adolescents:



# Is access to FP enough?



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# Let's talk about access:

–How do you measure access?

- Physical; attitudinal; knowledge; monetary etc.

–Access is necessary because:

- Insufficient commodities
- Sociocultural norms such as religion, partner opposition etc.



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# Why is access alone not enough?

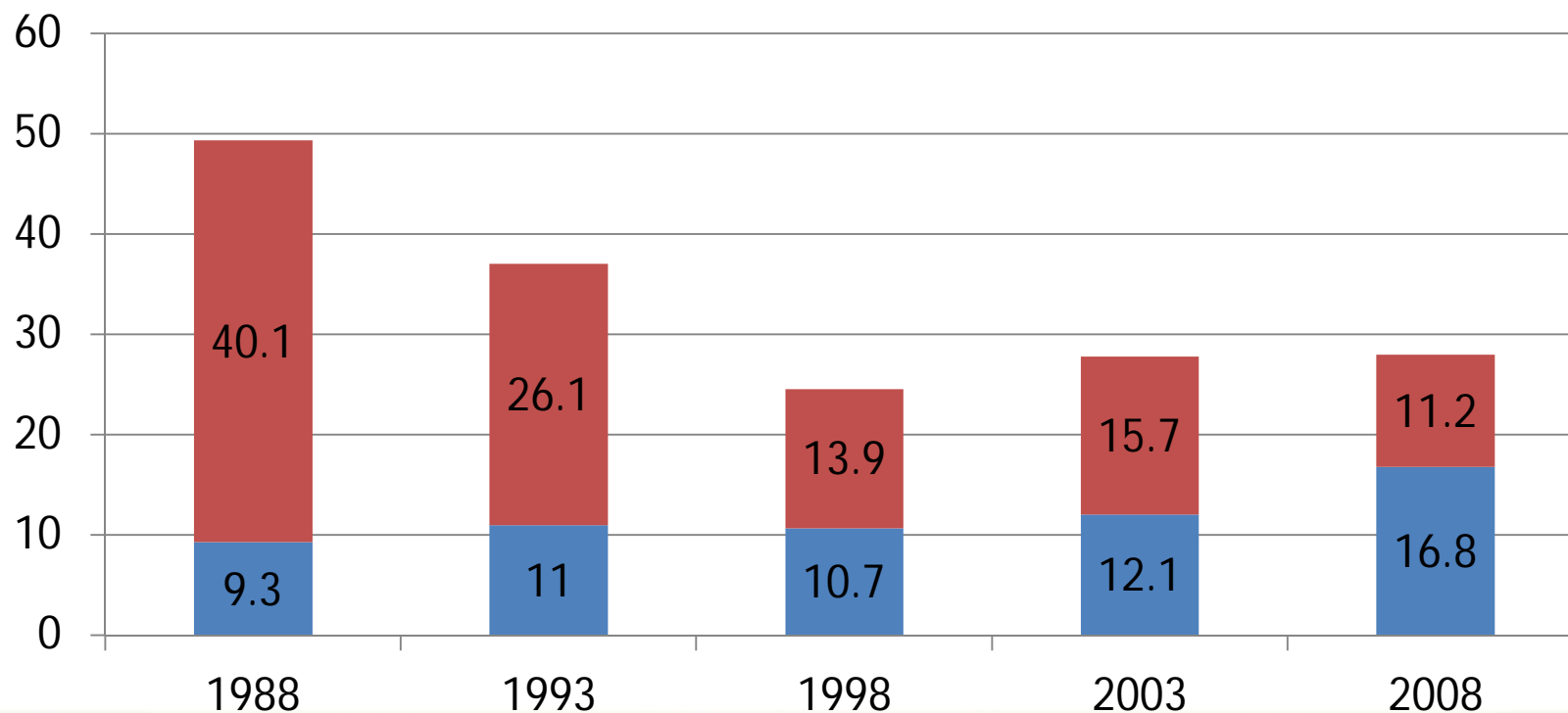
- Unintended pregnancy and unmet need fueled by women who have used and stopped
  - Discontinuation largely due to health concerns and side effects
  - Method mix not addressing immediate concerns
  - Counseling is inadequate
- Debunk myths - Provide correct information



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# Women who had ever used a modern method among women with unmet need

■ Ever Used ■ Never used



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# Evidence → Action

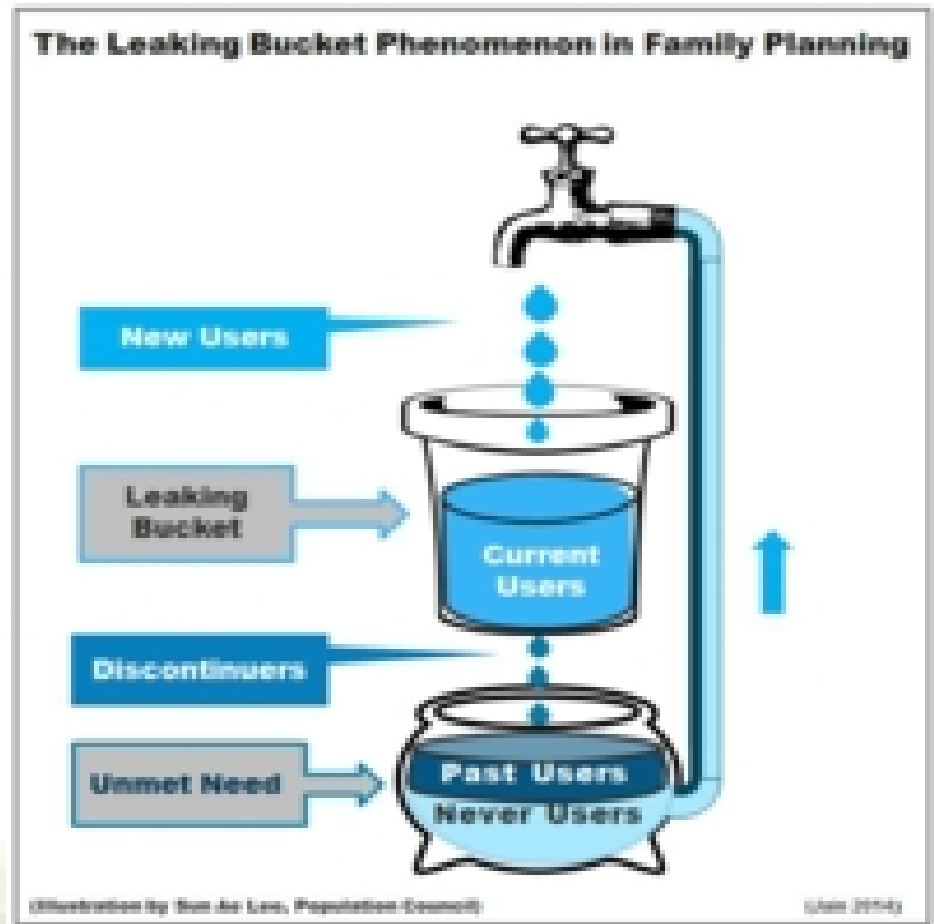


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# What evidence says

1. Address contraceptive discontinuation by fixing the leaking bucket

Ex: Reversing stall of fertility in Western Kenya





# What evidence says

## 2. Multi-sectoral approach needed

- Development, service-delivery and health sector perspectives

Economic, Education & Gender



Example: Adolescent Girls Initiative in Kenya, Zambia and Ethiopia



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# What evidence says

3. Public-Private Partnerships
  - Helping governments maximize their resources to effectively deliver quality SRH services



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# Conclusion:

- **No one size fits all solution – Recognize diverse SSA realities**
- **A sustainable and efficient FP approach is a development and not just a service delivery or health sector issue**



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# Thank You!



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# Questions? Comments?



## **What the evidence says about increasing access to family planning:**

1. Address contraceptive discontinuation by fixing the leaking bucket
2. Use a multi-sectoral approach
3. Enhance Public-Private Partnerships



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# Acknowledgements



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CK7

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Caroline Kabiru, 01-Oct-14

# APHRC AT A GLANCE

## RESEARCH

GENERATION AND APPLICATION OF EVIDENCE AND KNOWLEDGE



HEALTH & DEVELOPMENT



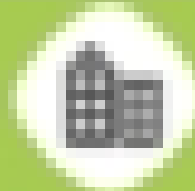
INFECTION



HEALTH, DEVELOPMENT & INJURIES



INFECTIOUS DISEASES & EMERGING ZOO NOTIC DISEASES



POPULATION POLICY & DEMOGRAPHY



### RESEARCH ENGAGEMENT & COMMUNICATIONS



Communications



Policy Engagement



Knowledge Management

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Training Programs



Partnerships with Universities

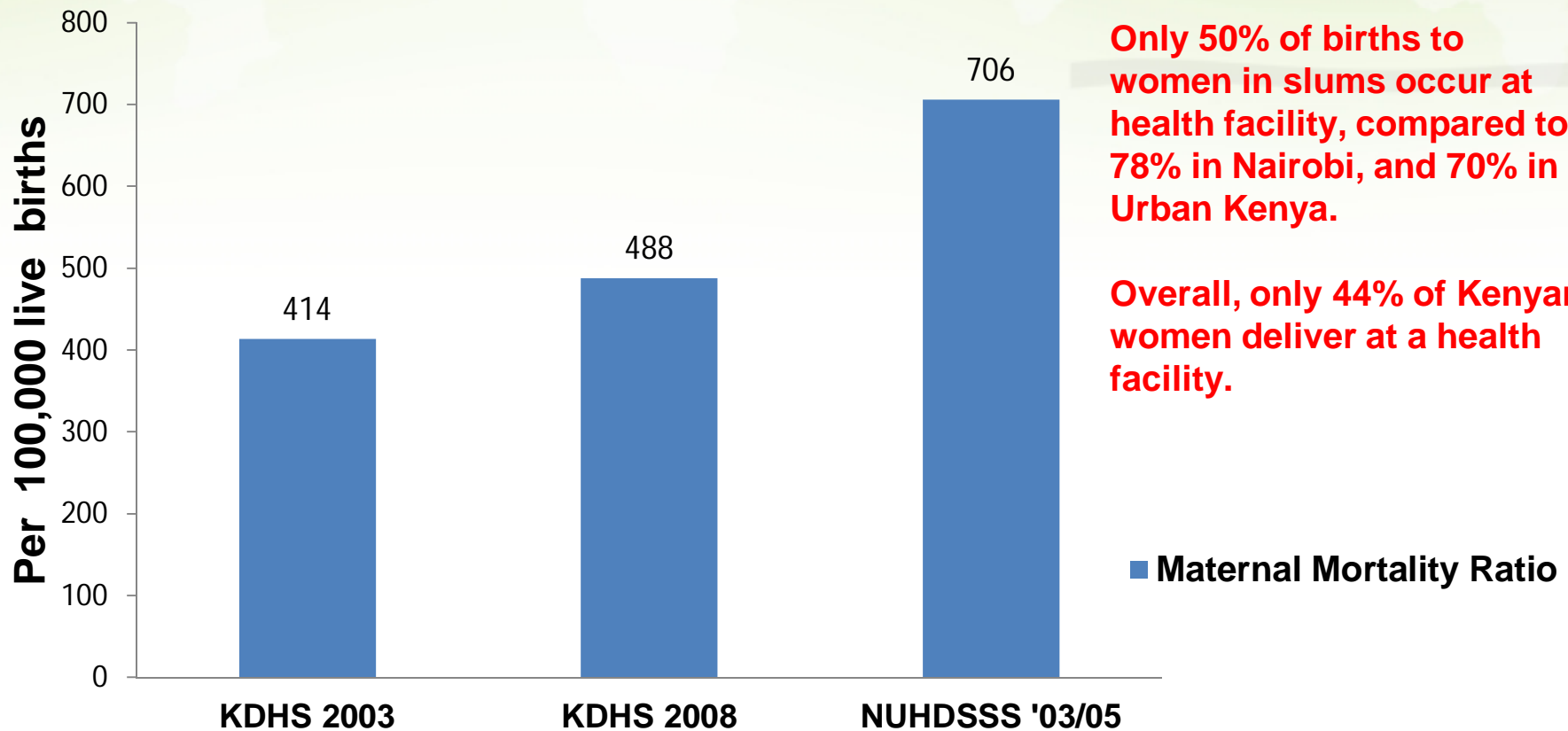


Fellowships Programs



# Maternal Mortality

## Maternal Mortality Ratio



Only 50% of births to women in slums occur at health facility, compared to 78% in Nairobi, and 70% in Urban Kenya.

Overall, only 44% of Kenyan women deliver at a health facility.

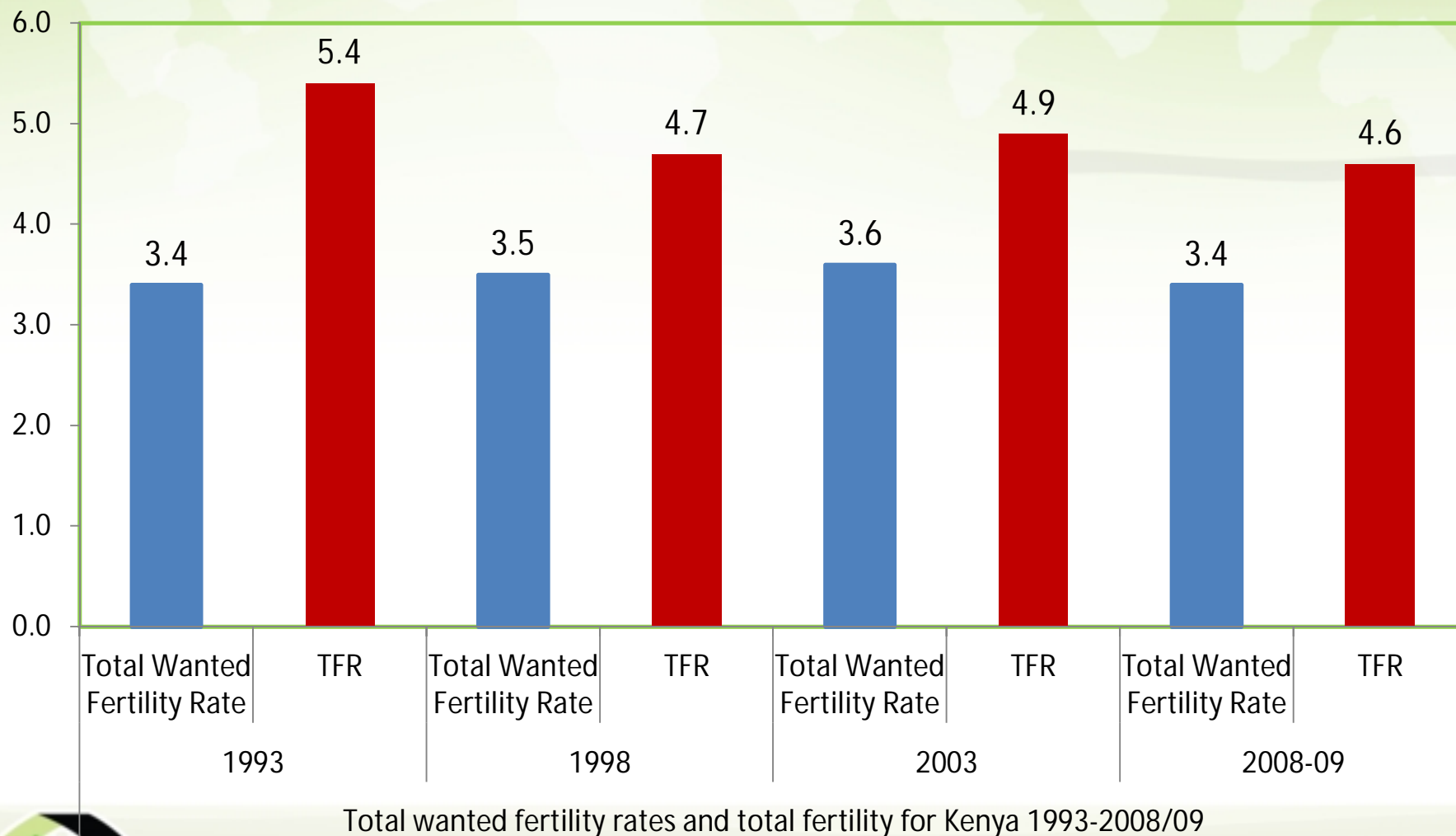
■ Maternal Mortality Ratio



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# Example: Stall in fertility rate.

## Wanted fertility higher than actual fertility



Total wanted fertility rates and total fertility for Kenya 1993-2008/09



Source: Kenya Demographic Survey 1993 to 2008

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