Going From Evidence → Action

Using Evidence To Increase Access To Family Planning

Dr. Joyce Mumah
Presentation outline

• Background: Africa’s population profile
• What about young people?
• What the evidence says should be done?
• Is access enough?
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 ¼ 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
Fertility patterns globally

1-2 Children
2-3 Children
3-4 Children
4-5 Children
5-6 Children
6-7 Children
7-8 Children
Kenya’s Fertility Profile

Source: NCAPD Policy Brief No. 15, Family Planning: A “Best Buy” to Achieve Kenya’s Development Goals
The Kenyan Example
Higher unmet need for contraception among currently married women in slums compared with Nairobi
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
Unmet need and Unintended Pregnancy by Contraceptive Use

Adolescents who want to avoid a pregnancy:

<table>
<thead>
<tr>
<th>Region</th>
<th>No Method</th>
<th>Traditional Method</th>
<th>Modern Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>53</td>
<td>15</td>
<td>32</td>
</tr>
<tr>
<td>South Central &amp; Southeast Asia</td>
<td>54</td>
<td>14</td>
<td>32</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>39</td>
<td>9</td>
<td>52</td>
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</table>

Unintended pregnancies among adolescents:

<table>
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</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>81</td>
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<td>8</td>
</tr>
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<td>South Central &amp; Southeast Asia</td>
<td>83</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>75</td>
<td>8</td>
<td>17</td>
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</table>
Is access to FP enough?
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.
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
Women who had ever used a modern method among women with unmet need

<table>
<thead>
<tr>
<th>Year</th>
<th>Ever Used</th>
<th>Never used</th>
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<tbody>
<tr>
<td>1988</td>
<td>9.3</td>
<td>40.1</td>
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<tr>
<td>1993</td>
<td>11</td>
<td>26.1</td>
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<tr>
<td>1998</td>
<td>10.7</td>
<td>13.9</td>
</tr>
<tr>
<td>2003</td>
<td>12.1</td>
<td>15.7</td>
</tr>
<tr>
<td>2008</td>
<td>16.8</td>
<td>11.2</td>
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Evidence → Action
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
What evidence says

3. Public-Private Partnerships
   • Helping governments maximize their resources to effectively deliver quality SRH services
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
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
Acknowledgements
Remove
Caroline Kabiru, 01-Oct-14
APHRC AT A GLANCE

RESEARCH

POLICY ENGAGEMENT & COMMUNICATIONS

- Communications
- Policy Engagement
- Knowledge Management

RESEARCH CAPACITY & STRENGTHENING

- Training Programs
- Partnerships with Universities
- Fellowship Programs
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.
Example: Stall in fertility rate.
Wanted fertility higher than actual fertility

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Wanted Fertility Rate</th>
<th>TFR</th>
<th>Total Wanted Fertility Rate</th>
<th>TFR</th>
<th>Total Wanted Fertility Rate</th>
<th>TFR</th>
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<td>2008-09</td>
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Total wanted fertility rates and total fertility for Kenya 1993-2008/09

Source: Kenya Demographic Survey 1993 to 2008