ELSEVIER
www.rhm-elsevier.com

© 2007 Reproductive Health Matters.
All rights reserved.
Reproductive Health Matters 2007;15(29):186–191
0968-8080/06 $ – see front matter
PII: S0968-8080(07)29284-5

www.rhmjournal.org.uk

ISSUES IN CURRENT POLICY

Targeting Access to Reproductive Health: Giving Contraception More Prominence and Using Indicators to Monitor Progress

Stan Bernstein,[a] Lindsay Edouard[b]

a Senior Policy Adviser, Office of the Director, Technical Support Division, United Nations Population Fund (UNFPA), New York NY, USA. E-mail: bernstein@unfpa.org

b Senior Adviser, Reproductive Health Branch, UNFPA, New York NY, USA

Abstract: *Unmet need for contraception represents a major failure in the provision of reproductive health services and reflects the extent of access to services for spacing and limiting births, which are also affected by personal, partner, community and health system factors. In the context of the Millennium Development Goals, family planning has been given insufficient attention compared to maternal health and the control of sexually transmitted infections. As this omission is being redressed, efforts should be directed towards ensuring that an indicator of unmet need is used as a measure of access to services. The availability of data on unmet need must also be increased to enable national comparisons and facilitate resource mobilisation. Unmet need is a vital component in monitoring the proportion of women able to space and limit births. Unmet need for contraception is a measure conditioned by people's preferences and choices and therefore firmly introduces a rights perspective into development discourse and serves as an important instrument to improve the sensitivity of policy dialogue. The new reproductive health target and the opportunity it offers to give appropriate attention to unmet need for contraception will allow the entry of other considerations vital to ensuring universal access to reproductive health.* ©2007 Reproductive Health Matters. All rights reserved.

Keywords: family planning, Millennium Development Goals, reproductive health services, unmet need, indicators

TRADITIONALLY, outcome measures such as contraceptive prevalence rate and total fertility rate have been used to monitor the outcome of family planning programmes. In addition, the concept of unmet need, that is, the proportion of women at risk of pregnancy who do not want to conceive or give birth within the next two years or at all, and who are not using a method of contraception, has long been used to inform policy and programmes and has been refined progressively over the last three decades.[1–5]

Defining unmet need

A series of questions in population-based surveys is used to identify the population at risk of pregnancy and assess when or whether they want a(nother) birth. Women who want to delay or avoid a(nother) birth who are not using family planning are considered to have unmet need, as are women who report non-use of contraception prior to their latest unintended or ill-timed pregnancy. Women who are currently pregnant or still amenorrhoeic post-partum are assessed as having unmet need if that pregnancy was not desired at that time or at all.

This measure supplements the outcome measures used by focusing on those who are not achieving their preferences to delay or space births and by expanding consideration to the multiple determinants of fertility outcomes.[6]

International policies on reproductive health and family planning

In the Programme of Action adopted in 1994 in Cairo at the International Conference on Population and Development (ICPD), the perspective of the individual is crucial: programmes should enable individuals to decide on the number and spacing of their children.[7] Accordingly, personal perspectives are central to decisions regarding the utilisation of services. The assessment of progress therefore cannot rely on contraceptive prevalence rate or total fertility rate alone; instead, it will be necessary to measure the extent to which services are responsive to stated preferences. Thus, in setting national targets, there is no optimal level of contraceptive prevalence independent of the informed, voluntary choices and exercise of rights of individuals and couples.

The ICPD Programme of Action stated that: "All countries should strive to make accessible through the primary-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015".[7] This goal of universal access was subsequently re-affirmed by world leaders at the World Summit in 2005, whose outcome document stated that: "We commit ourselves to . . . achieve universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty".[8]

This declaration initiated an extended discussion, fraught with political pressures, on how to translate the World Summit recommendations into the already established international framework for the monitoring of the Millennium Development Goals (MDGs). After many interventions by member states, the Secretary-General recommended in August 2006 that new targets, including one for reproductive health, be added[9] and when the General Assembly took note of the report of the Secretary-General in October 2006, the recommendation became actionable.

Whereas much has been done to improve access to services in the areas of maternal health and HIV control, there is general agreement that family planning services have not been given due prominence.[10] In 1999, at the five-year review of the implementation of the ICPD Programme of Action,[11] it was explicitly stated that the gap between contraceptive use and the desire of individuals to space or limit the size of their families should be addressed by eliminating unmet need by 2015. Such gains are expected to be achieved through strictly voluntary programmes. Though benchmarks were proposed, monitoring efforts and programmatic action have not been sufficiently intensified though recent political commitments might build further momentum.

Monitoring of access

The contraceptive prevalence rate is well entrenched in numerous initiatives for the monitoring and evaluation of reproductive health services, e.g. the joint WHO/UNFPA technical consultation for the measurement of access to reproductive health services. Besides the contraceptive prevalence rate, three other indicators were selected: skilled attendance at birth, knowledge of HIV prevention and treatment for urethral symptoms.[12] More recently, a World Health Organization technical consultation on reproductive health indicators[13] recommended the incorporation of contraceptive prevalence rate, unmet need for contraception and the age-specific fertility rate of 15–19 year olds into monitoring systems for assessing progress towards the Maternal Health Goal (Goal 4) of the MDGs. Furthermore, there was a call for national level work to accelerate the development of measures of the coverage of emergency obstetric care.

As a supplementary aid to interpretation, it was further recommended that contraceptive prevalence and unmet need be used to calculate the proportion of demand for family planning being satisfied.[13] This measure, calculated as the ratio of prevalence to the sum of prevalence and unmet need, is included in Demographic and Health Survey reports and available on the ORC/MACRO website's StatCompiler.[14] Unmet need should ideally move towards zero, an impractical albeit aspirational target that respects the desire to space or limit births.

The measure of the proportion of demand for family planning that is satisfied is particularly sensitive to regional, educational and wealth disparities. Neither contraceptive prevalence rate alone nor unmet need alone would capture the

Download English Version:

https://daneshyari.com/en/article/1090632

Download Persian Version:

https://daneshyari.com/article/1090632

Daneshyari.com