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Review article

Aiming for quality in Iran's national family planning program — two decades of sustained efforts

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Abstract

The Iranian family planning program was relaunched in 1989 to improve maternal and child health. As coverage was extended throughout the country, it had the challenge to achieve harmonization and improve and maintain quality of care. Five strategies were put in place: (1) expand the method mix, (2) standardize provider training through the adoption of national norms and guidelines, (3) facilitate and harmonize service provision, (4) improve integration of family planning in family health services and (5) address myths and misconceptions surrounding contraception in the general population. This was supported by regular monitoring and evaluation. To date, this program is regarded as one of the most successful programs worldwide. While the direct impact of these quality improvements is difficult to evaluate, it is believed to have built the trust that family planning clients place in the program. Challenges remain, particularly facing a total fertility rate below replacement level nationally and providing quality services to an ever-growing peri-urban population.

Keywords: Family planning; Services; Quality; Monitoring; Evaluation; Iran

1. Background

Iran established its first National Family Planning Program in 1967 [1]; this program was integrated in maternal and child health services and had the most success in urban areas. It was stopped soon after the 1979 revolution. In the 1980s, population growth rose to become one of the highest in the world at about 3.2% per year (3.9% if one considers the inward migration from neighboring countries, especially from Afghanistan). With the 1986 census and the end of the war with Iraq in 1988, it became evident that resources would not cover the costs of social and welfare services for a growing population, as well as those of reconstruction [2]. Furthermore, at that time, both maternal and child mortality were high with an estimated national maternal mortality ratio (MMR) of 120 per 100,000 live births and an under-five child mortality (U5M) rate of 60 per 1000 live births [3]. This led the Government to reintroduce the program in 1989 with the following goals: decrease maternal mortality; lower under-five mortality; prevent pregnancies that are too early, too close or too late; decrease unwanted pregnancies and illegal abortions; decrease genetic disorders; prevent malnutrition; decrease total fertility rate; and provide an environment appropriate for growth and development. The new program has increased modern contraceptive use from 27.5% to 57.0% over the period 1989–2010. During the first 10 years of program implementation, total fertility rate decreased from 4.6 to 2.1 births per woman (Fig. 1) [2,4,5]. This achievement was attributed to an effective information, education and communication program, as well as an organized health system reaching out to both rural and urban areas through an extensive healthcare network throughout the country. Furthermore, significant factors facilitated the program and removed some potential cultural and economic barriers: strong support by the religious authorities based on the importance given to health in the Islamic religion, a sharp increase in literacy rate — especially among rural girls, a significant increase in university education with the proportion of girls with higher

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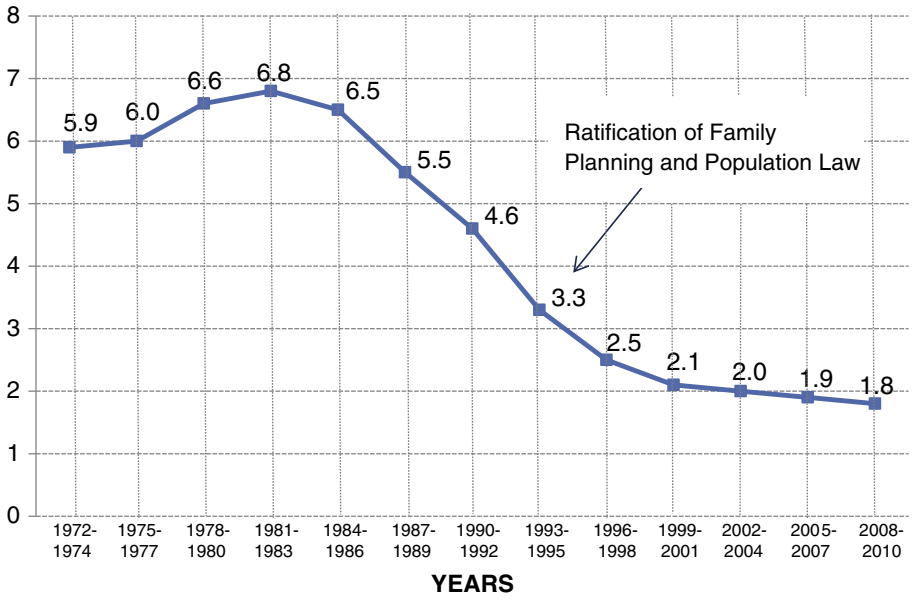

Fig. 1. Evolution of total fertility rate in Iran (1972–2008). Sources: Abbasi Shavazi [4] and Population Reference Bureau [5].

education rising from 2.6% to 18.4% (1976–2011)[1], increasing age of marriage especially for girls[2], migration from rural to urban areas that increased the proportion of people living in urban areas from 47% (1976) to 71% (2011)[3], an increase in the number of urban centers from 373 (1976) to 1331 (2011)[4] and free provision of basic health services, including mother and child healthcare packages and different contraceptive methods.

Having achieved good geographical coverage and providing over 75% of family planning services in the country [6], the National Family Planning Program had the challenge to increase and maintain high-quality standards of care nationwide. To achieve this, it adopted five strategies: (1) expand the method mix, (2) standardize provider training through the adoption of national norms and guidelines, (3) facilitate and harmonize service provision, (4) improve integration of family planning in family health and (5) address myths and misconceptions surrounding contraception in the general population.

2. Expand the method mix

When the program was relaunched in 1989, methods available included combined oral contraceptives (COCs), progestogen-only pills, condoms and intrauterine devices (IUDs). Subsequently, on the basis of field observations and KAP (knowledge, attitude and practice) surveys showing substantial variations in client preferences in the different provinces of the country, new methods were introduced, namely, tubal ligation (TL) and vasectomy in 1991, the implant Norplant and no-scalpel vasectomy (NSV) in 1994, emergency contraception (Yuzpe regimen) in 2000, emergency contraception (levonorgestrel) in 2006 and the combined injectable Cyclofem in 2008. Expanding the method mix probably contributed to the increase in modern method contraceptive use observed between 1989 and 2010 (see Figs. 2 and 3) - an effect measured in other settings [7]. In 2005, a strict quality-monitoring program was introduced for NSV, with biennial recertification of approved centers and approved providers and provision of refreshment training and retraining where needed.

A comparison of household-level data collected in 1997 [8] and in 2010 [9], reflecting both public and private sectors, shows an increase in overall contraceptive use (CPR: 73.5% vs. 77.4%), particularly in traditional methods (coitus interruptus, prolonged breastfeeding[5] and the rhythm method; altogether 16.9% vs. 21.7%) and in methods that

[1] During the same period, the proportion of boys with higher education increased from 3.8% to 18.2%.

[2] Over the period 1976–2011, the age of marriage increased from 24.1 to 26.7 years for boys and from 19.7 to 23.4 years for girls (based on national censuses 1976, 1986, 1996, 2006 and 2011).

[3] Based on national censuses 1976, 1986, 1996, 2006 and 2011.

[4] Based on national censuses 1976, 1986, 1996, 2006 and 2011.

[5] There has been a National Breastfeeding Promotion Program in Iran since 1995. Related indicators based on IrMIDHS 2010 are exclusive breastfeeding (6 months): 53.12%, breastfeeding 12–15 months: 84.22% and breastfeeding 20–23 months: 51%.