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# Family planning: Choices and challenges for developing countries<sup>☆</sup>



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While slow and uneven progress has been made on maternal health, attaining the 1994 Cairo International Conference on Population and Development (ICPD) goal for achieving universal access to reproductive health remains elusive for many developing countries. Assuring access to sexual and reproductive health services, including integrated family planning services, remains a critical strategy for improving the health and well-being of women and alleviating poverty. Family planning not only prevents maternal, infant, and child deaths, but also empowers women to engage fully in socioeconomic development and provides them with reproductive choices. This paper will discuss the current landscape of contraception in developing countries, including options available to women and couples, as well as the challenges to its provision. Finally, we review suggestions to improve access and promising strategies to ensure all people have universal access to reproductive health options.

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## Introduction

The 1994 Cairo ICPD Program of Action was visionary when, among others, it asserted: “Recognize that appropriate methods for couples and individuals vary according to their age, parity, family size preference and other factors (e.g. reproductive stage and intention), and thus policies and programs

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should ensure that women and men have information and access to the widest possible range of safe and effective family planning methods, in order to enable them to exercise free and informed choice” [1]. Twenty years later, although great strides have been made in access to reproductive health choices, adolescents, women, and couples living in low- and middle-income countries still often lack access to a full range of contraceptive options and to comprehensive reproductive and sexuality education. The Millennium Development Goals (MDGs) offered an aspirational vision for improved health for billions of people worldwide, but reproductive health services such as family planning were not included in the original MDGs due to political pressure from countries opposed to sexuality education for adolescents and abortion [2].

In the early 2000s, countries and donors focused on significant new health challenges, such as human immunodeficiency virus (HIV), and on meeting the measurable goals specified in the MDGs; funding for contraceptive services dropped, even as the world’s population grew larger and the benefits accrued from investing in family planning became increasingly evident [3]. In 2007, however, MDG 5b target was added, calling for universal access to reproductive health by 2015 (measured by contraceptive prevalence, adolescent birth rate, antenatal care coverage, and unmet need for family planning) [4]. In 2012, at a summit sponsored by the UK Department for International Development and the Bill and Melinda Gates Foundation, wealthy countries pledged over 2 billion US dollars for family planning programming in developing countries; additionally, over 20 developing countries pledged to improve access to contraception through their domestic programs [5]. Contraception is now recognized worldwide as a critical requirement for the health of girls, women, and families. Increasing contraceptive use in developing countries has reduced the number of maternal deaths by 40% over the past 20 years, merely by reducing the number of unintended pregnancies [6]. By preventing high-risk pregnancies, in particular in women of high parity and those that would have ended in unsafe abortion, contraceptive use has reduced maternal mortality ratio by about 26% in just above a decade. However, many challenges remain to ensure that its benefits are available in an equitable manner and with fully informed choice in low-income countries.

#### *Choices and availability of contraception within countries in the developing world*

A key determinant for achieving universal access to sexual and reproductive health is ensuring access to and availability and affordability of good-quality methods of contraception. For all persons to exercise a choice among contraceptive options, a range of methods must be readily available [7]. Contraceptive prevalence rate is highest in countries where access to more choices, for example, female sterilization, the intrauterine device (IUD), the pill, injectables, and the condom, is uniformly high. Absence of full choice restricts personal access to each method as well as the use of all methods in a population [7]. To the extent that the ability to choose satisfactory contraceptive protection depends on ready access to multiple methods, there is a clear need for greater policy and programmatic attention to the provision of a full range of methods.

The reality in most developing countries is that only a limited choice of contraceptive methods is offered, particularly within the public sector, and women cannot easily or readily choose the method that best suits their reproductive needs. Although all modern contraceptives are highly effective, for some women long-acting, reversible contraceptive (LARC) methods, such as the IUD and contraceptive implants, are more effective with actual use, as they do not require women to remember to use them with each sex act as with condoms, or daily or tri-monthly as with oral contraceptive pills or injectables. For instance, while oral contraceptive pills are 99.7% effective with perfect use, with typical use 9% of women using the method will become pregnant in a year of use [8]. While some women are able to use oral contraceptives perfectly, or are willing to run the risk of increased chance of pregnancy with imperfect use, other women will prefer a method that is less user-dependent. Because LARC methods require no routine action to maintain their high efficacy, they are equally effective with both perfect use and typical use. Easy accessibility to such methods is, therefore, critical to ensuring women’s contraceptive needs are met.

Other methods must also be available, as every woman has unique needs, which may change throughout her life course. For women with certain medical conditions, combined oral contraceptives can serve simultaneously as an effective family planning method and as treatment for various medical

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