Re-envisioning "family planning" in the 21st century and changing the language

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Potted history 1800-1960s

- Universal need to control fertility is found throughout history.
- In 1798 when the global fertility rate was around 6, Malthus expressed concern that population would grow far faster than the food supply.
- By the 20th century, in the western world condoms and diaphragms were the primary means of birth control until the development of oral contraceptive pills (1960s).
- First national family planning programmes (1960s/70s) were based on range of ideological positions:
  - Reduce population growth
  - Reduce numbers of the poor, who had most children
  - "Development is the best contraceptive." (ICPD 1974)
  - Give people the means of controlling their own fertility – "decide the number and spacing of children." (UN 1985)

1970s-80s

- Our field developed the concepts and language of family planning, reproductive health, reproductive rights, safe motherhood, and safe abortion in the 1970s and 80s.
- At WHO, the Human Reproduction Programme did massive amount of research to develop new methods of reversible contraception and safer abortion, and others were working to make female sterilisation and vasectomy safer.
- WHO Safe Motherhood Initiative (Nairobi 1987) published first data on maternal mortality, including unsafe abortion.
- Extent of sexually transmitted infections globally were researched and given prominence and the emergence of HIV raised concepts of sexual health and sexual rights.
- Work also began on meeting the need for education for young people on sexuality and relationships.

International Conference on Pop & Dev 1994

- Most comprehensive picture so far on what constituted sexual and reproductive health and reproductive rights, whose definitions were central to the ICPD Programme of Action.
- Even so, the document mainly covered safe motherhood, family planning, and STIs (as well as population issues).
- Reproductive cancers, infertility, HIV, and many aspects of sexual and reproductive morbidity were not covered, and sexual rights were excluded as too controversial.
- Moreover, the "compromise" that had to be made on abortion has had long-term negative consequences for women's access to safe abortion to this day, i.e. made safe only where legal and not promoted as method of FP.
- Still, it was a major victory that a wider definition and concept of SRHR was agreed, and that was crucial.

Verdict as regards implementation

- Too complicated.
- Too expensive.
- Too many aspects of health.
- Can't do everything: limited resources, limited availability of health professionals, weak public health systems.
- Let's start by achieving the basics….
- In 1997 Fred Sai wrote a paper in *Health Transition Review entitled*: "The ICPD Programme of Action: pious hope or a workable guide?"
- Unfortunately, the possibility of replacing it with something better (now that its 20 years are going to run out in 2014) is limited by what began happening before the ink even dried on the pages.

Millennium Development Goals

- SRHR are needed to achieve all the MDG goals, but they were seen to be covered only in:
- MDG 5: improve maternal health
  - Reduce maternal mortality ratio by three quarters
  - Achieve universal access to reproductive health (operative 2008)
- MDG 6: combat HIV/AIDS, malaria and other diseases
- **Consequences**:
  - HIV was tied to other infectious diseases.
  - No mention of sexual health or fertility control at all.
  - Maternal health prioritised above any other aspect of reproductive health.
  - Universal access to reproductive health not operationalised.

UN SG's Global Strategy for Women's & Children's Health

- Launched in 2010 with aims by 2015 to:
  - **Prevent 33 million unwanted pregnancies.**
  - **Prevent 570,000 women dying of complications relating to pregnancy or childbirth, including unsafe abortion.**
  - Protect 88 million **children** under five from stunting.
  - Protect 120 million **children** from pneumonia.
  - Prevent the deaths of more than 15 million **children** under the age of five, including 3 million newborns.
- **Consequences**:
  - Focus on unwanted outcomes related to maternal morbidity and mortality – but **not** on controlling fertility or making all abortions safe.
  - Enough funding was not forthcoming. When women compete with children for funding, women lose out.

Family planning initiative 2012

- This Initiative, though a positive and much needed re-focus on giving more people the means to control fertility, is at risk of returning to a single-issue agenda of "family planning" *on its own,* mainly in high fertility settings, by:
  - increasing the number of new contraceptive users *only*
  - seeking to reduce "unmet need" *only* for contraception
  - emphasising long-acting reversible methods (LARCs) over all others
  - possibly ignoring condoms (and HIV/STIs too??)
  - not committed to integrating FP services with other reproductive and sexual health services
  - excluding or keeping separate any relationship to or funding for safe abortion
  - setting targets and/or paying for performance… even while wanting to embrace a rights-based approach.

Global total fertility rate = almost 2

- According to Prof. Hans Rosling of the Karolinska Institute the population growth rate has been falling globally for the past 50-60 years.
- Globally, the total fertility rate dropped from 4.5 to 2.6 between 1970 and 2005 alone. Today, the total global fertility rate is down almost to 2.
- Thus, he says, the world has been having great success in reducing fertility for a very long time – and we need to start thinking about "population" issues differently.
- This is important also in relation what language we use to understand how people see having children vs. controlling their fertility in today's and tomorrow's world.

…and the trend is still downward

- 42% of the world's population already have below replacement fertility.
- 40% still have above replacement level but not high.
- Only 18% still have high fertility, and they are almost all in the poorest, least developed countries.
- But much more than that is changing too…

Menarche to menopause

- The average age of menarche has been falling, with average age in UK at 13, but as low as 8. (Mexico)
- At the same time, menopause is happening later, average age in UK is 52. This means that today a woman has as many as 40 fertile years = ± 520 cycles.
- Now, women who are having on average only two children may need protection against pregnancy for 10-20-30 years. This is a very long time and many menstrual cycles (130-260-390) to have to control fertility.
- Yet, in the UK, only one in three sexually active women has an abortion in her *lifetime* and only a third of those will have more than one abortion (Stone/Ingham). This represents only a tiny "failure" rate in all those cycles.

Not just planning families… but limiting fertility

- "Family planning" is a crucial concept for women who are getting pregnant 6-8-10 times over a period of 8-10-12-15 or more years.
- But for the large majority of women in the world today, having babies occupies only a short period of their fertile years (if at all). For the rest of the time, if they're having sex with a man they will want to avoid getting pregnant, and when necessary, terminate unwanted pregnancies.
- This includes most adolescents and young people, those who don't want any children, and those who have already had the children they want.
- For them, "family planning" is not the relevant service they need access to. They need information on limiting fertility and preventing unwanted births; they need contraception, abortion and sterilisation services.

Between first sex and first baby

- Of all women born in England & Wales in 1950, 42% were childless at age 25, and 15% at age 40. Of women born in 1965, 60% were still childless at 25. The average age of a woman having her first child in 2004 was 27. I believe that figure is closer to 29 in Scandanavia.
- Thus, in developed countries there may be ± 10 years between first sex and a woman's first baby.
- In contrast, in many African and Asian countries, young women are having first and probably second babies young and very soon after first sex because they aren't using protection, and then they tend to want to stop early too.
- Worldwide, adolescents and young people experience by far the most unwanted pregnancies, STIs and HIV. Why? Because they are having the most sex, but have the least access to services.

Adolescents and young people

- Anyone who is having sex outside marriage is still not perceived as eligible for "family planning" in many countries around the world. Among the 21.6 million women each year who have unsafe abortions, adolescents suffer the most from complications and have the highest unmet need for contraception.
- But it isn't just lack of access to contraception and safe abortion that they experience, it's also lack of access to knowledge about sex, bodies and fertility. Too often, no one teaches adolescents how to negotiate safe, wanted sex, or how to talk about sex and using protection with each other. Adolescent girls in particular experience widespread pressure and coercion to have sex. No one teaches young people how to refuse unwanted sex, or make sure they have someone to talk to and know where to get help.

The methods: what's wrong with this picture?

- Use of a reversible contraceptive method (barrier or non-barrier)
- Female sterilisation/vasectomy (permanent)
- Induced abortion
- Not having vaginal intercourse (unsafe days or not at all)
- Having anal heterosexual intercourse.

- Many of the world's "family planning" programmes promote and provide only a few types of contraceptives and condoms.
- Not having vaginal intercourse is a "natural" method, and it is also a way of having very safe sex. But it's never promoted.
- Abortion is still legally restricted and unsafe for 40% of world's women.
- Anal heterosexual intercourse is rarely talked about. Yet anecdotally it is being used (possibly quite commonly) by young people who can't get contraception and are concerned to maintain virginity as they are expected to be sexually abstinent.

Why does it still have to be made so difficult?

More support for controlling fertility

- The demand for preventing pregnancy and births is growing – not just because the youth population is growing, which it is, but also because most people now believe it is their **right to decide** whether and when to have children and want the means to do so.
- Recruiting "new users" is only the first part of the task, however. (Young) men and women still lack information, have fears and misconceptions about methods, have experienced adverse effects, and among these groups, non-use and discontinuation rates may be high. Their concerns could be addressed far more effectively *if* they were taken as seriously as they deserve. In a UK study I've just published, women who experienced adverse effects with an implant took the decision to sacrifice highly effective fertility control for a return to bodily control and demanded removal of the implant. (Hoggart, RHM41, 2013).

More tolerance for "slip-ups" needed

- With many more safe and effective methods for avoiding and terminating pregnancy today, it seems there is far less tolerance for failure to use a method or a decision to choose a less effective method, no matter why.
- How many providers still look down on condoms, even in high STI/HIV settings? In 1979, the evidence showed that condoms + early abortion together were the safest and most effective form of birth control.
- Why must longer-acting reversible methods exclude others? Do young teenagers having intermittent sex really belong on a LARC?
- Has it reached a point where the more methods people could have to choose from, the less they're being "allowed" to choose? What about informed choice? Do we really need to go back to the bad old days?

Revisiting the meaning of "unmet need"

- In countries with continuing high fertility, and reproductive morbidity and mortality, many people are unable to achieve their reproductive intentions. This includes not only non-users of contraception but also ever-users, and everyone with an unmet need for other reproductive and sexual health services. Women often experience a series of wanted, mistimed and unwanted pregnancies, miscarriages, still-births, induced abortions and neonatal and infant deaths. Some have one or more *fewer* children than they want, either due to infertility or poor social conditions as in Eastern Europe.
- In 1994, many countries began making a paradigm policy shift from promoting fertility reduction only, to meeting women's and men's reproductive and sexual health needs, and a far more useful concept for measuring "unmet need" was developed:

New concepts for measuring "unmet need"

- "Unmet need" was calculated by the proportion of women failing to achieve any of the following during a specified time interval:
  - a desired pregnancy with a positive outcome
  - the prevention of an unplanned pregnancy
  - the termination of an unwanted pregnancy safely
  - achieving the desired interval between two births, and
  - preventing any associated reproductive morbidity.
- "Met need" was the extent to which individuals were able to achieve their sexual and reproductive intentions in good health. (Ravindran, Mishra, RHM 2001)
- "Unmet need" in this picture is about far more than just *women's* failure to use a method successfully and carry the blame when she doesn't succeed…

The role of abortion in meeting women's needs

- Does unsafe abortion represent a met or an unmet need?
- In my opinion, if a woman seeks an induced abortion, that abortion is necessary for her and for her life, and no one should be allowed to say she can't have it and have it safely.
- Yet of the 43.8 million induced abortions globally in 2008an estimated 21.6 million were unsafe.
- Why are so many millions of women still being punished in so many countries for wanting to control their fertility?

Let's support the need for birth control fully

Stigmatising language about abortion

- We are all against abortion, even if we know it's necessary.
- No woman should have to die giving life. (CARMMA)
- We must reduce problems like STIs and abortions.

Let's use language supportive of women's right to decide

- Contraception, abortion and sterilisation are all safe and legitimate methods of controlling fertility.
- Abortion is as much a part of women's experience as pregnancy.
- Preventing unwanted pregnancy and providing safe abortions are equally important ways of meeting women's reproductive needs.
- Abortion is the keystone of women's liberation.

Thank you very much!!

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