Integrating family planning and maternal health into poverty alleviation strategies

Dr Michael Mbizvo
Director *a.i.*, Department of Reproductive Health and Research (RHR)
World Health Organization, Geneva, Switzerland

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Benefits of family planning

- Fewer pregnancies/choice expression
- Changes in age of pregnancies
  - less in high-risk age groups
- Changes in spacing of pregnancy
- Preventing pregnancy-related health risks
- Reducing infant mortality
- Helping to prevent HIV/AIDS
- Reducing the need for unsafe induced abortion
- Reducing adolescent pregnancies
- Slowing population growth

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Country context: addressing multiple needs for reducing maternal mortality and improving SRH

"If a woman comes and misses contraceptives of her choice at our hospitals, even if they are brought in later, it does not make a difference. The next time she comes it will be when a traditional birth attendant sends her to us dying from complications of an unplanned pregnancy."

Dr Kibaru, RH Director, HEALTH-KENYA 2009

High unmet need

- An estimated 137 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception
  - limited choice of methods
  - limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people
  - fear or experience of side-effects/ mis-information
  - cultural or religious opposition
  - poor quality of available services

Global context: UN Secretary-General reaffirmation of ICPD

"...for the first time governments acknowledged that every person has the right to sexual and reproductive health. They agreed to put gender equality, reproductive health and reproductive rights at the centre of development ... recognized the need to make sure that all people who want reproductive health care can get it."

ICPD+15, October 2009

"When we work together, we succeed"

Women Deliver, June 2010

"We know what works to save women's and children's lives, and we know that women and children are critical to all of the MDGs …Today we are witnessing the kind of leadership we have long needed"

UN World Summit, September 2010

Ban Ki-moon

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Basic concepts

- If we ADDRESS THE UNMET NEED for family planning and contraception, nearly 135 million unplanned pregnancies would be avoided
- Overall, the longer a woman uses a contraceptive method the less likely it is to fail
- The failure rate in the second year is lower than the first and the failure rate in the fifth year is lower than that of the second

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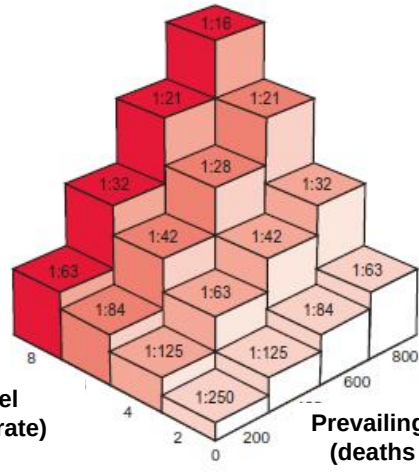
Basic concepts (cont'd)

- Increased use of contraception has an obvious and direct effect on the maternal death rate and on the lifetime risk of maternal death, by reducing the number of pregnancies
- Number of births and maternal deaths would go down by at least one-third

Lifetime risk of dying from pregnancy-related causes, according to fertility and prevailing maternal mortality ratio



Fertility level (total fertility rate)

Prevailing maternal mortality ratio (deaths per 100,000 live births)

Source: recalculated figures based on an idea by Royston & Armstrong, 1989

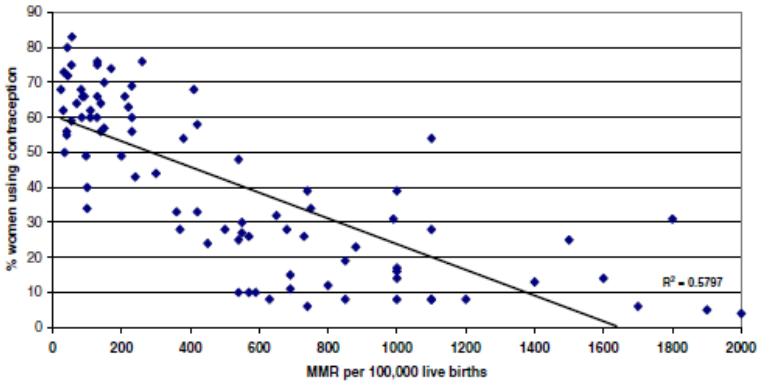


Fig. 11 Maternal mortality and contraceptive prevalence for countries with a DHS in the last 5 years

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ORIGINAL PAPER

The need for family planning

Ndola Prata

World Health Organization

Reproductive rights are human rights

- International human rights treaties affirm that **reproductive rights**, including the right to health, the right to family planning, the right to **reproductive self-determination**, and the principle of non-discrimination, are human rights
- Lack of access to **reproductive health** services and information constitutes a violation of these basic human rights principles
- The rights to family planning and health were first articulated in the Universal Declaration of Human Rights, and were refined in subsequent human rights treaties adopted by the international community

Key facts about family planning

- Some family planning methods help prevent the transmission of HIV and other sexually transmitted infections
- Family planning reduces the need for unsafe abortion
- **Family planning empowers people by increasing their control over their sexual and reproductive lives**
- **Family planning reinforces people's rights to determine the number and spacing of their children**
- **Family planning empowers women to participate fully in socio-economic development/alleviates poverty**

Long-term benefits of family planning

- Unintended and unplanned pregnancies would drop down by more than two-thirds, from 75 million to 22 million per year
- Seventy per cent of maternal deaths would be averted
- Forty-four per cent of newborn deaths would be averted
- Unsafe abortions would decline by 73 per cent, and the number of women who consult for complications of unsafe abortion procedures would decline from 8.5 to 2 million
- The healthy years of life lost due to disability and premature or untimely death among women and their newborns would be reduced by more than 60%

Benefits for the health sector and MDGs

- Improvements in health systems that would provide lifesaving care to women and newborns would strengthen capacity to respond to other urgent medical needs
- Reducing unplanned births and family size would save public sector spending for health, water, sanitation, social services, and reduce pressure on scare resources, making socio-economic goals more achievable
- Reducing unintended pregnancies would improve educational and employment opportunities for women

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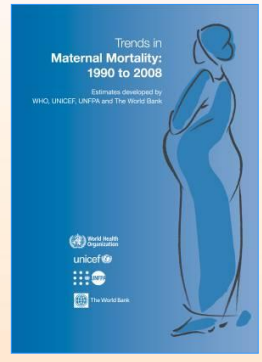
Trends in maternal mortality: 1990 - 2008

Maternal mortality between 1990 and 2008: estimates developed by WHO, UNICEF, UNFPA and The World Bank (H4)

358,000 deaths

MM ratio 260/100,000 live births

- Database of 172 countries, from 1985 onwards
- Nationally representative data
- Civil registration
- Surveys with sibling histories
- Population censuses
- Other (e.g. special surveys, verbal autopsies, surveillance)



September 2010

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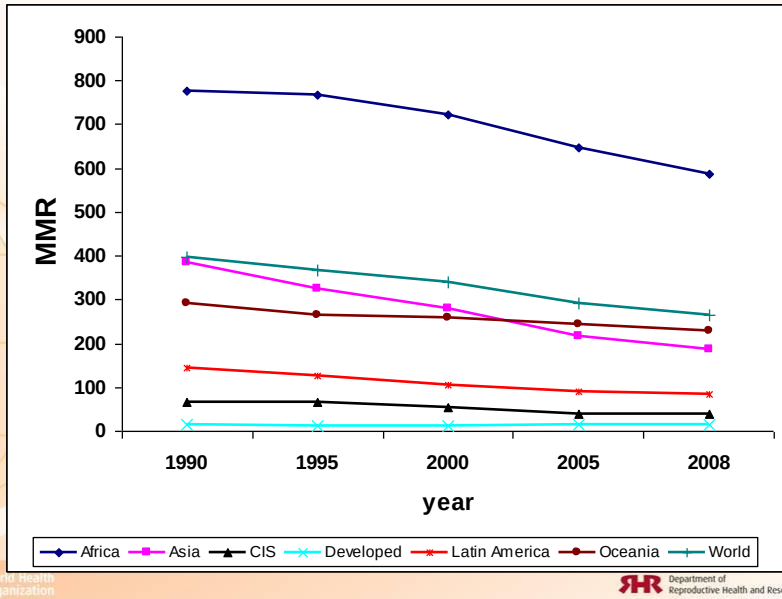
Maternal mortality ratios 1990 - 2008: variable progress and levels across regions

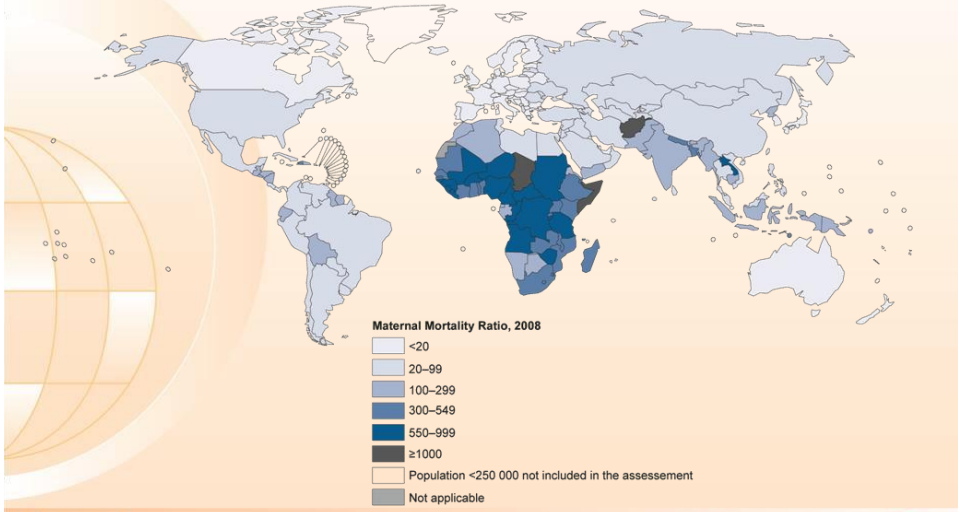


Maternal mortality in 2008 and average annual change between 1990 and 2008

	MMR	Lower estimate	Upper estimate	Maternal deaths	Average annual decline %
WORLD TOTAL	260	200	370	358,000	-2.3
DEVELOPED REG.	14	13	16	1700	-0.8
COUNTRIES OF THE CIS	40	34	48	1500	-3.0
DEVELOPING REG.	290	220	410	355,000	-2.3
North Africa	92	60	140	3400	-5.0
Sub-Saharan Africa	640	470	930	204,000	-1.7
Asia	190	130	270	139,000	-4.0
Latin America and the Caribbean	85	72	100	9200	-2.9
Oceania	230	100	500	550	-1.4

* Numbers are rounded

Maternal mortality ratios at country level



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Addressing other determinants is crucial

- Higher risk of maternal mortality (regardless of the complexity of the facility women deliver in) associated with:
  - higher maternal age
  - not being married/cohabiting
  - higher parity
  - education
  - lower public expenditure on health
- 7 or more years of education associated with 60% reduction in the risk of maternal mortality, after adjusting for the effects of institutional complexity, maternal age, marital status, parity and national expenditure on health services

Source: examination of the relationship between maternal education and mortality in 287,035 women giving birth in health care institutions in 24 countries. Secondary analysis from the 2005 WHO Global Survey on Maternal and Perinatal Health – submitted for publication

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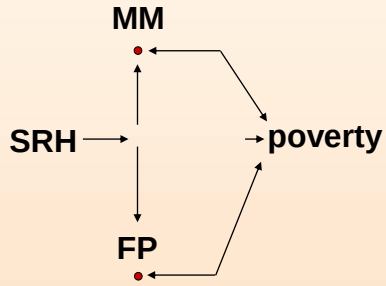
Maternal mortality, family planning and poverty: a three-way relationship

Both are affected by poverty and have adverse effect on household and societal wealth



Maternal mortality and poverty – literature evidence

- Analysis of 79 developing countries showed significant effect of economic development of the country on maternal mortality
  - after controlling for health care factors and gender equality (Shen and Williamson, 1999)
- Analysis of over 300,000 births over 35 years in Qatar – reductions in maternal mortality
  - associated significantly with socioeconomic and cultural changes in society, the most important being the reduction in poverty and increase in female literacy (Rahman, 2010)

Maternal mortality and morbidity – effects on wealth

- Have adverse effect on the education of children - future income generation
  - Children whose mothers died had lower school enrolment and higher dropout rates in Indonesia and Mexico (Gertler, 2003)
  - Children who lost a parent found to postpone their education in Rwanda and Democratic Republic of the Congo (D'Souza,1994)
- Might impact on household wealth
  - The deaths of adult women were found to have the most impact on household consumption in the poorest households in Tanzania (Over, 1997)
  - Costs associated with high childbirth - including user fees, transport costs, and companion time - can reach catastrophic amounts, pushing families into poverty (Filippi, 2006)

Family planning and poverty

Early, frequent and many pregnancies have adverse effects on:

- Overall health
- Education – future income genera
- Household wealth and well-being

High fertility

- Has adverse effects on educational attainment
  - Thailand's rapid fertility decline was reported to have contributed to increased school enrolment (Knodel, 1990)
  - Girls and younger children often suffer the most from adverse effect of fertility on education (Lloyd & Gage-Brandon, 1994; Foster & Roy, 1997; Merrick, 2001)

High fertility

- Might impact on household wealth and well-being
  - Smaller families were found to be more likely to have savings than larger families in Thailand, making them less vulnerable to income fluctuations (Knodel, Havanon, & Sittitrai, 1990)
  - Across generations, lower rates of parental fertility ease the budget constraints (Lloyd,1994)

Health systems challenges to achievement of universal access to SRH services

Users
- Face delays and high costs
- Have limited service choices
- Sometimes, even denied services (e.g. adolescents)

Facilities
- Inadequate funding for SRH services
- Absence of comprehensive one-stop quality care facilities
- Services not easily accessible
- Non evidence-based interventions
- Inadequately trained (and paid) service providers
- Poorly equipped facilities
- Stock-out and lack of appropriate drugs

Global
- Financial constraints
- Politicization of SRH
- Gender inequality, infringement of human rights

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Challenges in integrating SRH in poverty alleviation

- Politicization of family planning
- Place and status of women in society
- Failure to link prevention interventions to investment in poverty reduction
- Training/staff orientation

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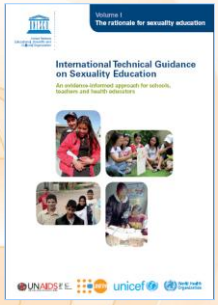
Opportunities to consider



- Effect policy towards integration of family planning in primary health care, including antenatal care and postnatal care
- Support sexuality education as promulgated in the UNESCO/ UNAIDS/ UNFPA/ WHO report
- Establish working groups involving MoH, Education and Finance
- Support gender equity and equality initiatives
- Follow through global declarations and national commitments with clear targets and indicators
- Explore opportunities for integration of health needs and systematic linkages
- Promote SRH as a health, development and human rights issue

Conclusion

"We must not fail the billions who look to the international community to fulfil the promise of the Millennium Declaration for a better world"

UN Secretary-General Ban Ki-moon
UN World Summit, September 2010