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Strategic Analysis of Recent Family Planning Research

Presented to

Participants in Family Planning Initiatives Project

By

The Futures Group, Inc.

May 1992

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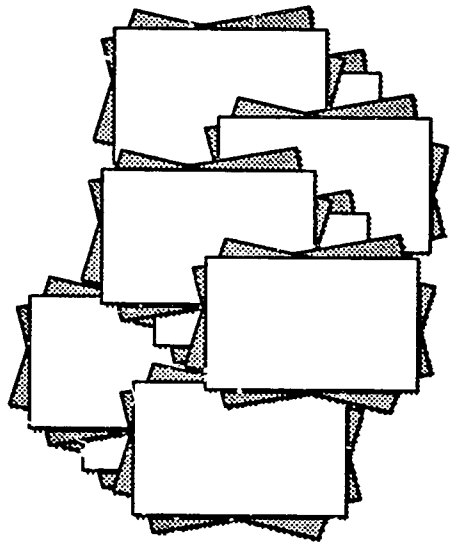
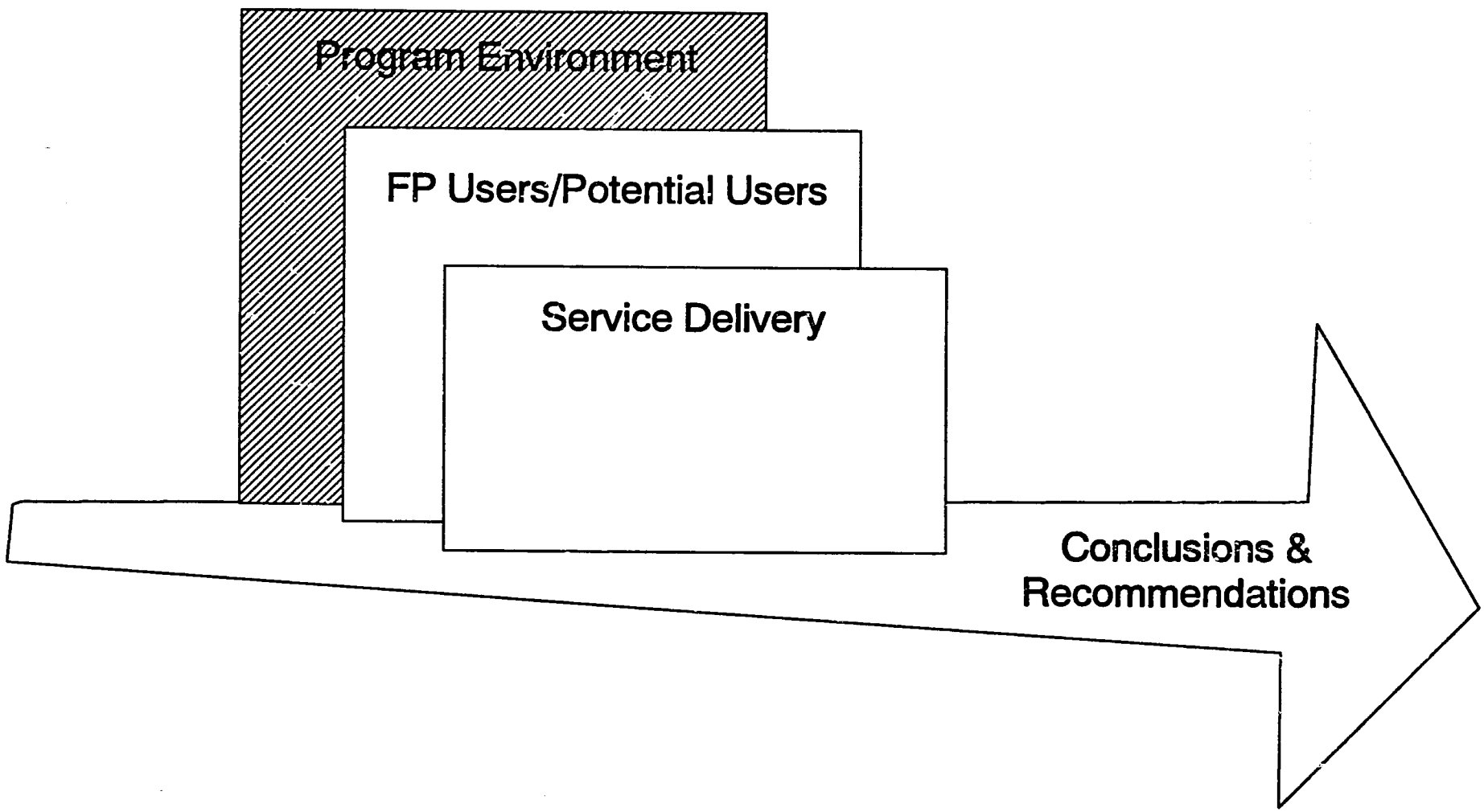
Purpose of Research Review



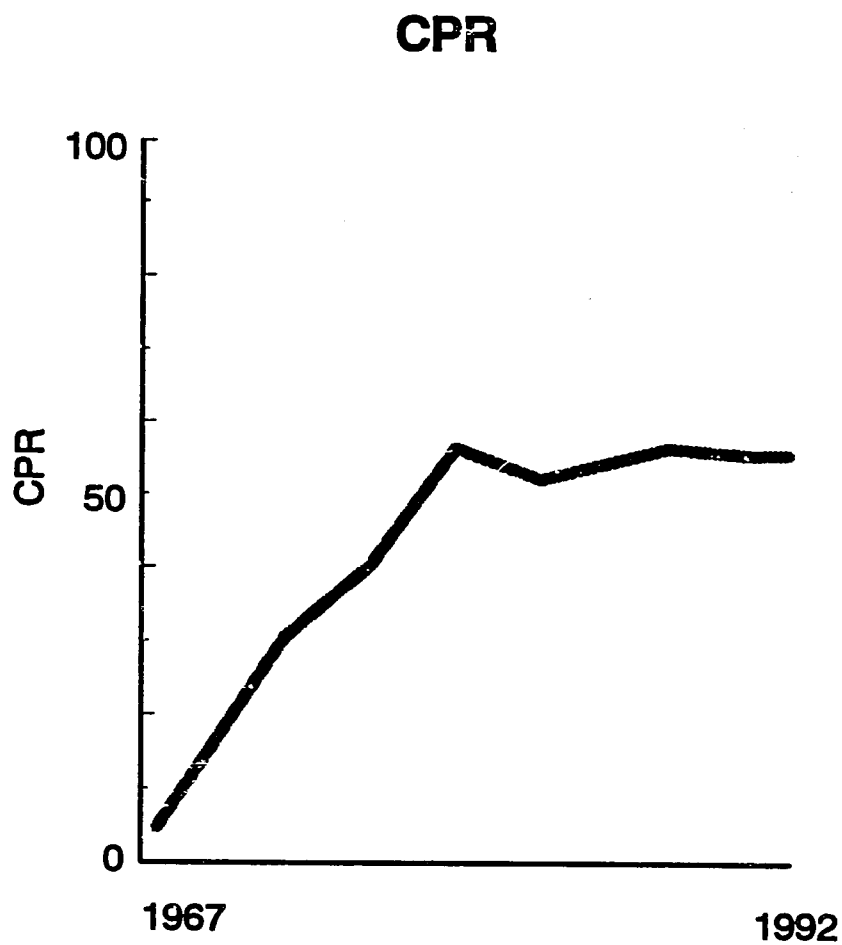
Purpose: Summarize research to guide planning

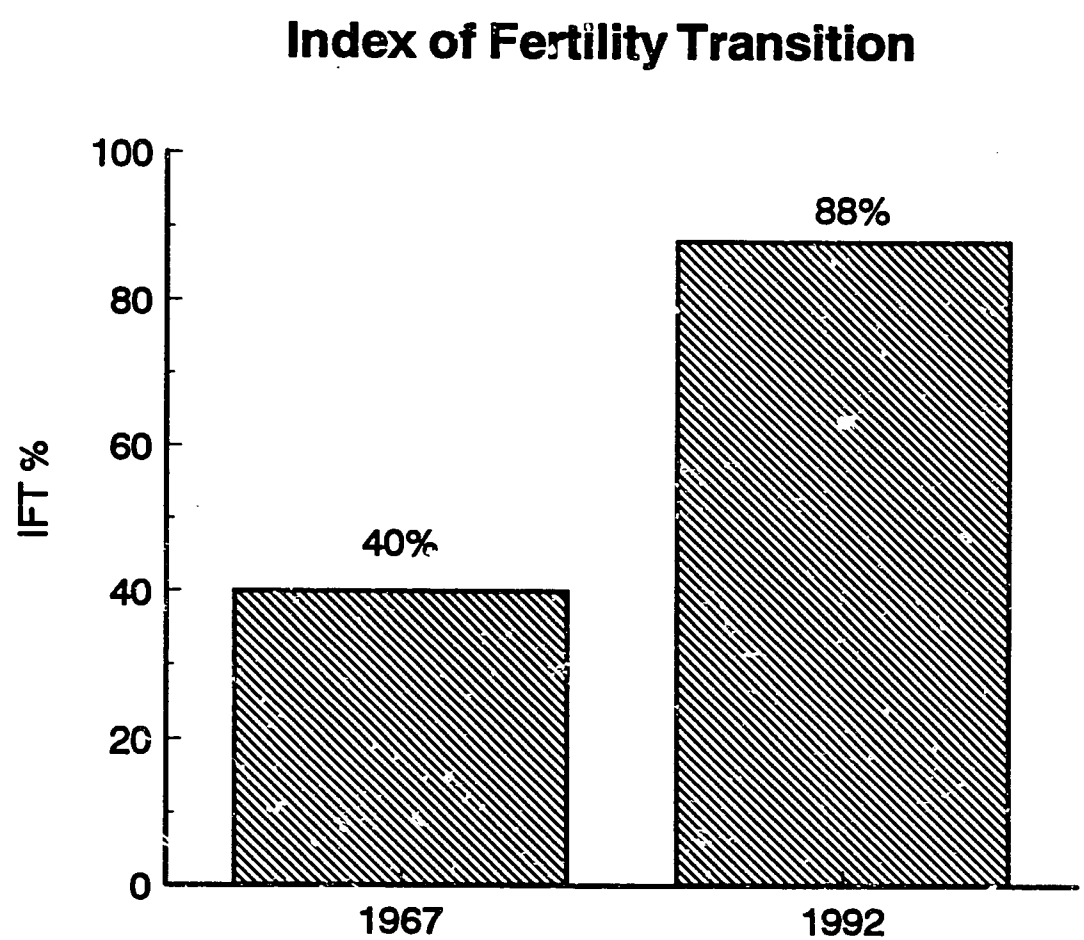
Method:
1. Collect available documents and data
2. Analyze with aim of FPI Project in mind

Roadmap


Program Environment
FP Users/Potential Users
Service Delivery
Conclusions &
Recommendations

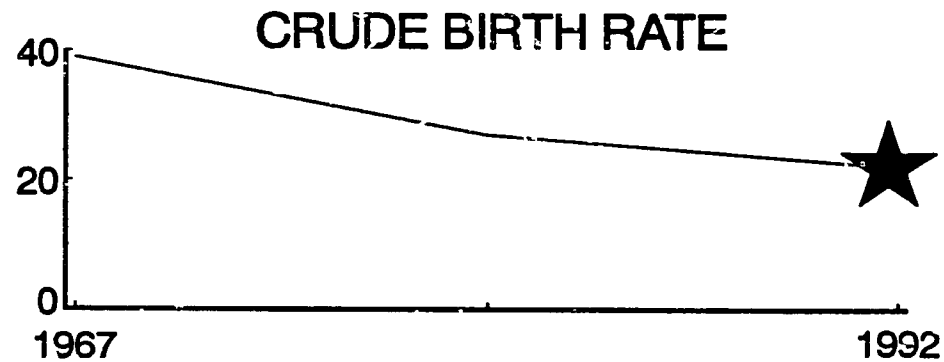
First 25 Years Have Been Highly Successful



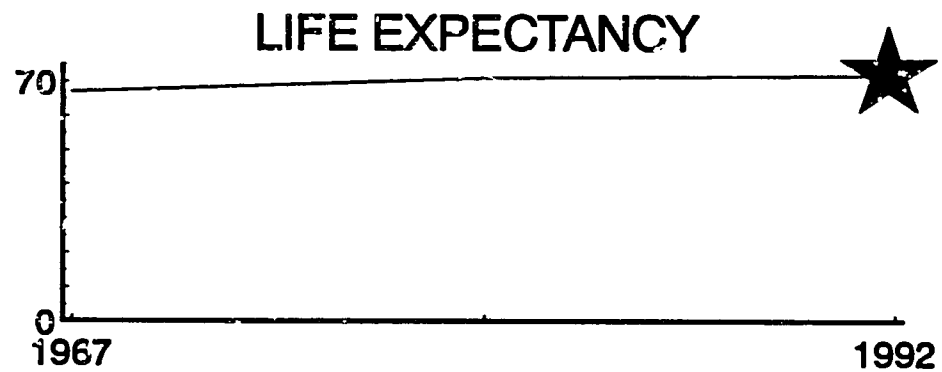


Many Initial Goals Are Being Achieved

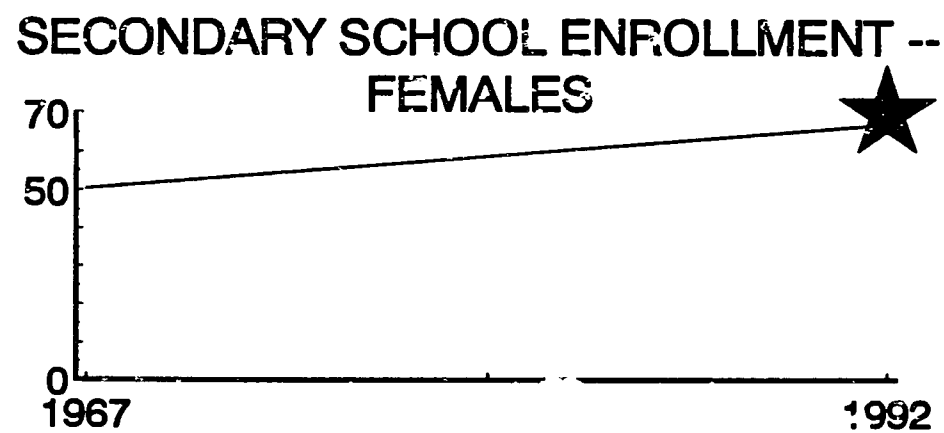
- Fertility is declining



- Health indicators are improving



- Social situation and status of women are improving



New Goals Have Been Set

Goals of FPIP

1. Increase CPR from 55% to 62%
2. Reduce unmet need
3. Increase use of long-term methods
4. Increase in private-sector involvement in FP
5. Establish financial self-sustainability of CDC program

USAID Is Phasing Out Support

	USAID Contribution	*GOJ Contribution*
1992	100%	0%
1993	80%	20%
1994	60%	40%
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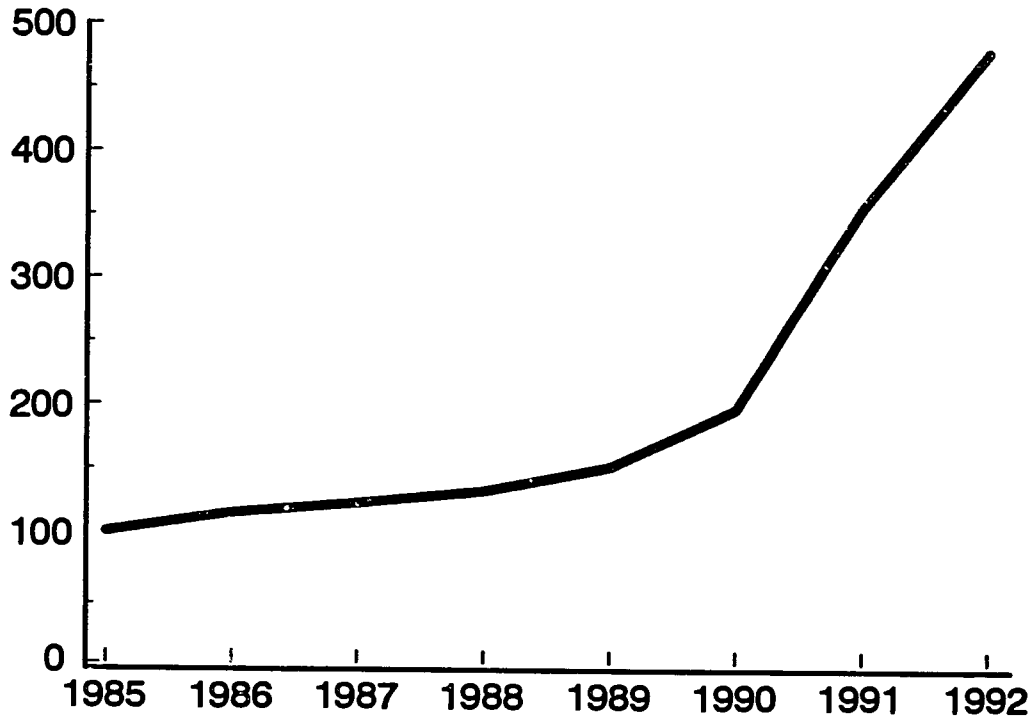
.	.	.
1997	0%	100%

Economic Climate Is Changing

Consumer Prices Are Increasing

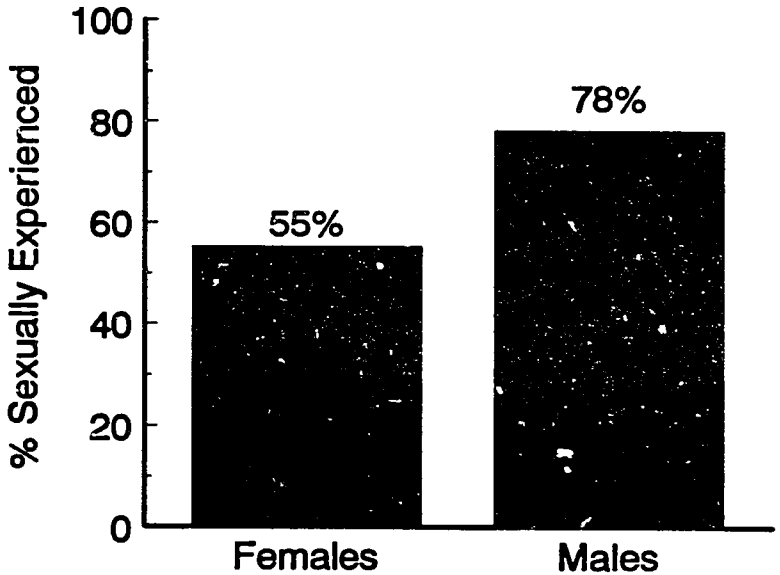


Wages Have Not Kept Pace

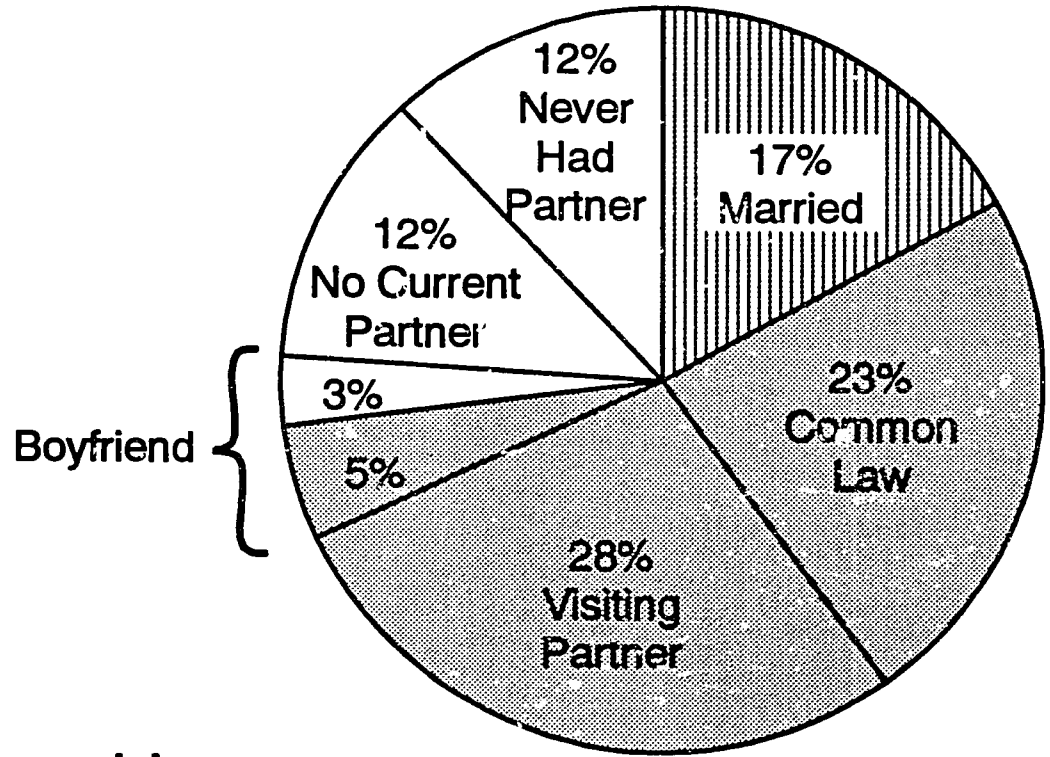
- Increasing demand for family planning
- Increasing demand for using public sector; overburdened public sector

Understanding of Social Situation Is Important

Early Sexual Activity (15-19)



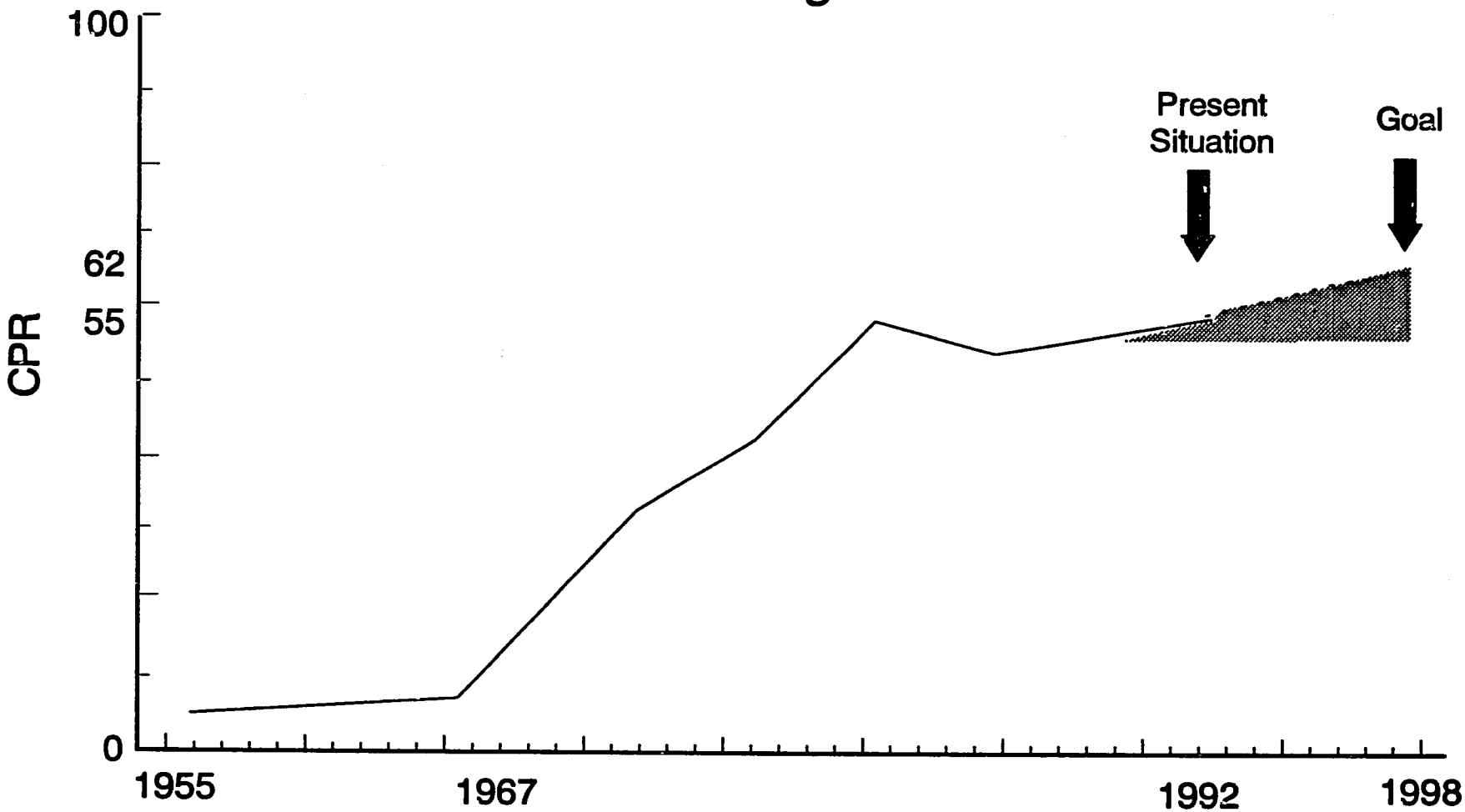
Unstable Mating Patterns -- Union Status



- Evidence of "outside" partnerships
- Concern about AIDS

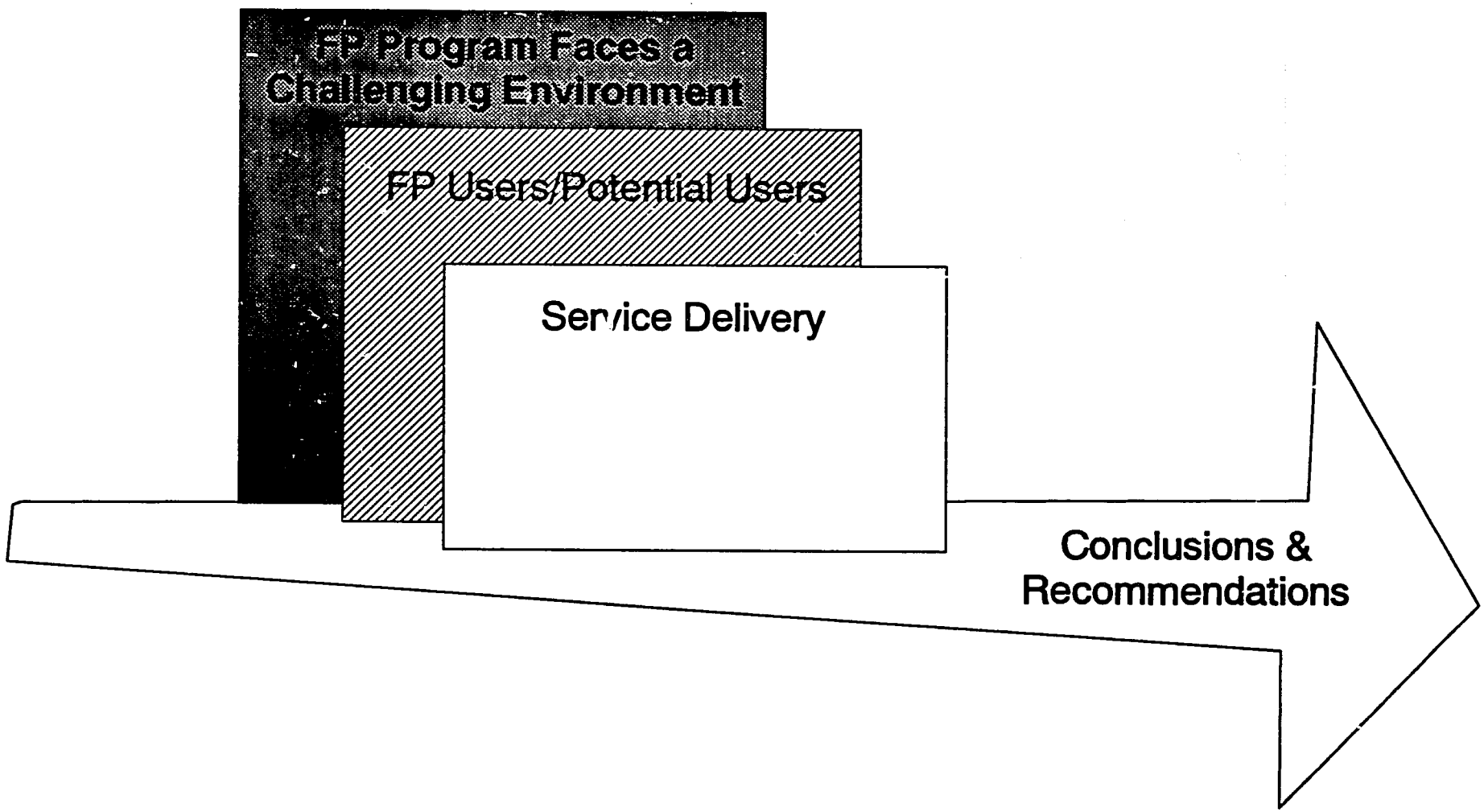
The Present Challenge!

How to reach goals



with reduced donor support

Roadmap


FP Program Faces a Challenging Environment
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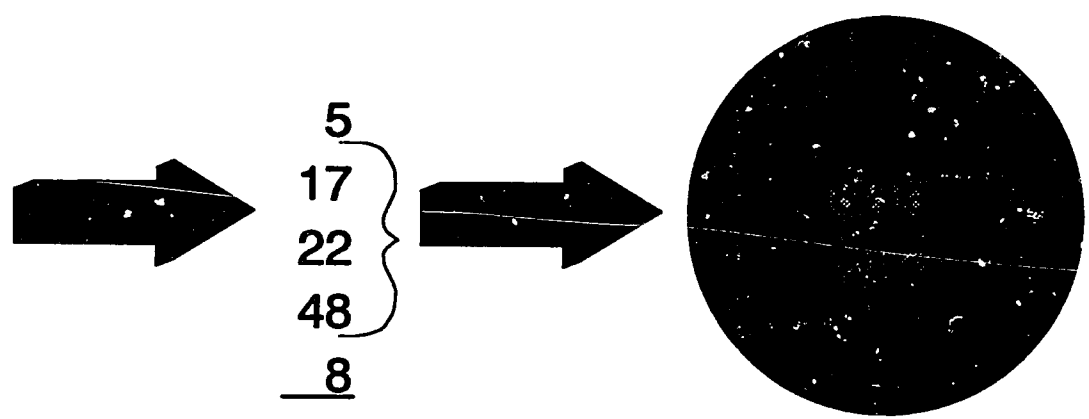
Is There Demand for Family Planning?

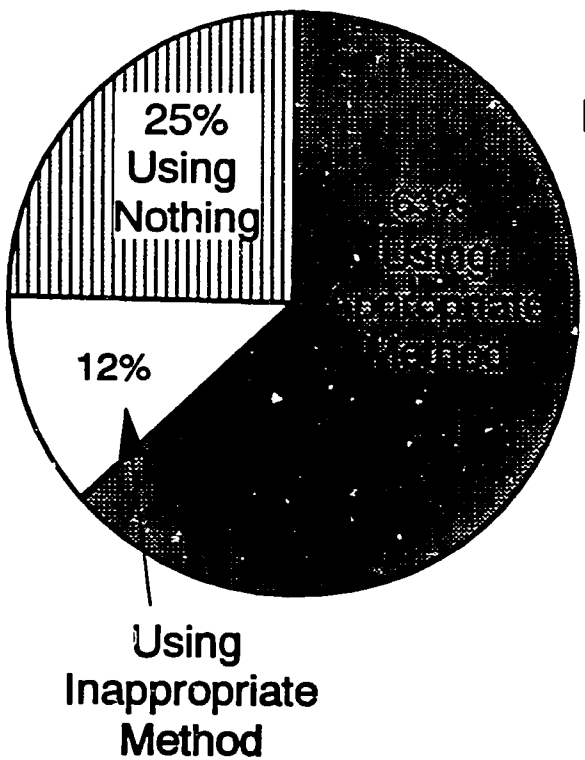
Characteristics of Demand

	% of All Women	*% of Exposed Women*
Not sexually active	33	
Infecund	11	
Pregnant	5	
Wants to become pregnant now	2	5
Postponer	9	17
Spacer	11	22
Limiter	25	48
Uncertain	4	8
	100	100

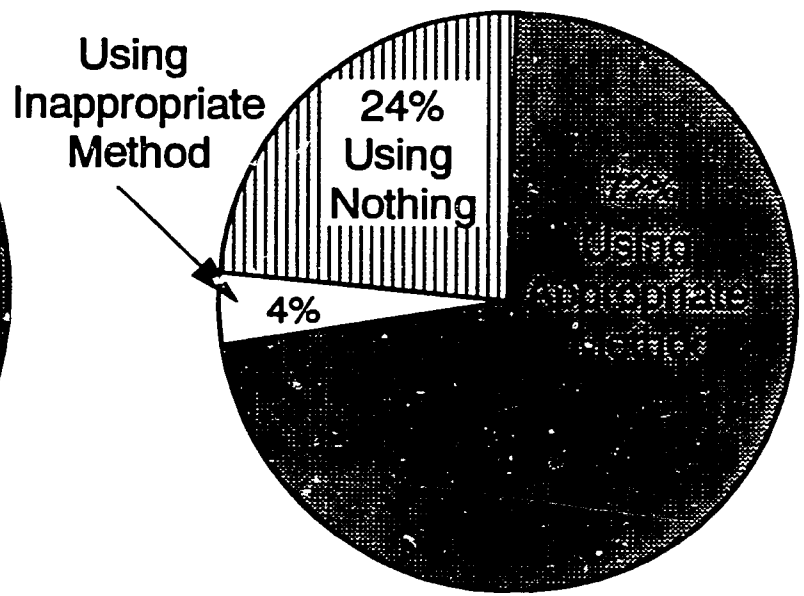


What Are Postponers, Spacers, and Limiters Doing?

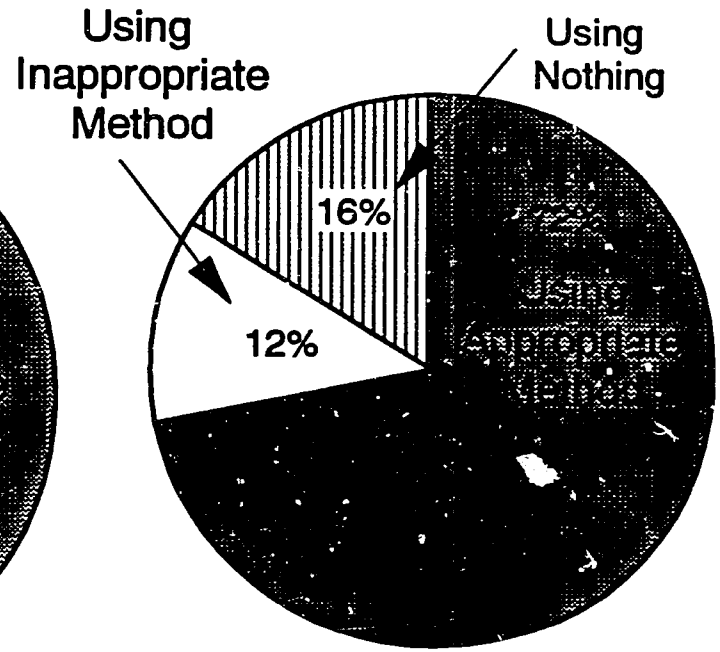
Postponers [19%]



Spacers [26%]



Limiters [55%]



Using an appropriate method or using nothing at all

What Are the Barriers to Appropriate Method Use?

Is Awareness a Problem?

	% Aware (Non-Users and Inappropriate Users)		
	Postponer	Spacer	Limiter
Ever Heard of an Appropriate Method	100	100	100
Pill	99	100	100
Condom	98	99	99
Injection	92	98	98
Female Sterilization	86	95	96
IUD	66	90	91
Vaginals	72	78	81

No, awareness is universal

Is Trial a Problem?

	% Ever Used (Non-Users and Inappropriate Users)		
	Postponer	Spacer	Limiter
Ever Tried an Appropriate Method	38	66	66
Pill	20	50	55
Condom	27	33	--
Injection	<1	25	33
IUD	<1	4	6
Vaginals	2	4	--

Trial is moderately high

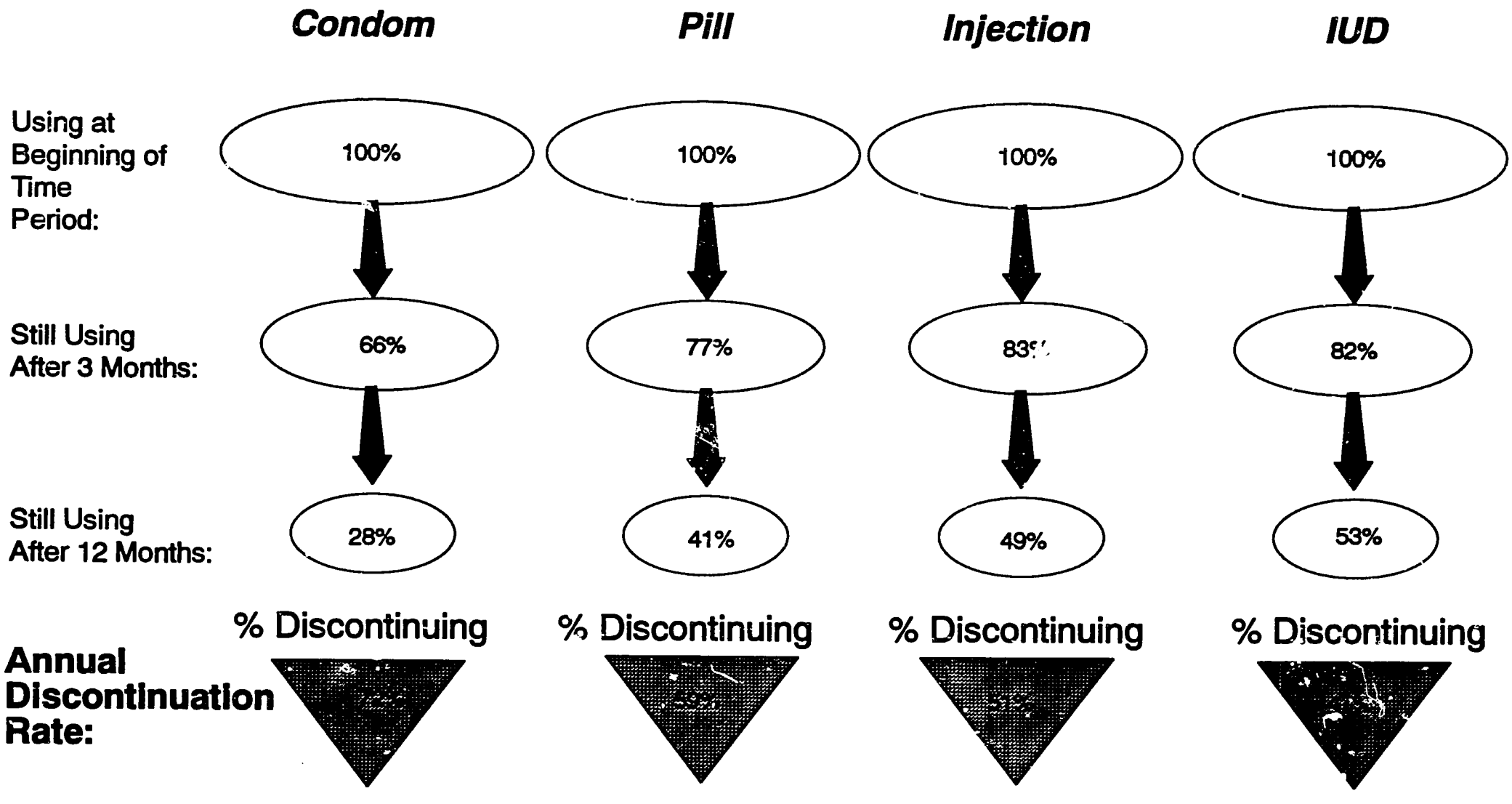
Why Have Some Never Tried?

% Giving as Primary Reason
(Non-Users and Inappropriate Users)

	Postponer	Spacer	Limiter
Doesn't Like/Doesn't Want to Use	15	22	24
Fear of Side Effects	11	13	6
Not Sexually Active (Now)	11	9	4
Health Reasons	4	5	10
Partner Opposes	5	--	2
Religious Reasons	2	4	10
Other	34	26	38
Don't Know	18	21	6

Lack of motivation and fear

Discontinuation Is a Major Problem



Why Are Many Discontinuing?

% Giving as Primary Reason

	Pill	Injection	IUD	Condom
Health Reasons	34	41	45	2
Had Bad Side Effects	31	36	33	7
Not Sexually Active (Now)	5	1	--	28
Reduces Pleasure/Doesn't Like Method	3	7	--	21
Partner Opposes	3	--	--	7
Desires Pregnancy	2	1	--	2
Other	13	9	22	12
Don't Know	5	4	--	19

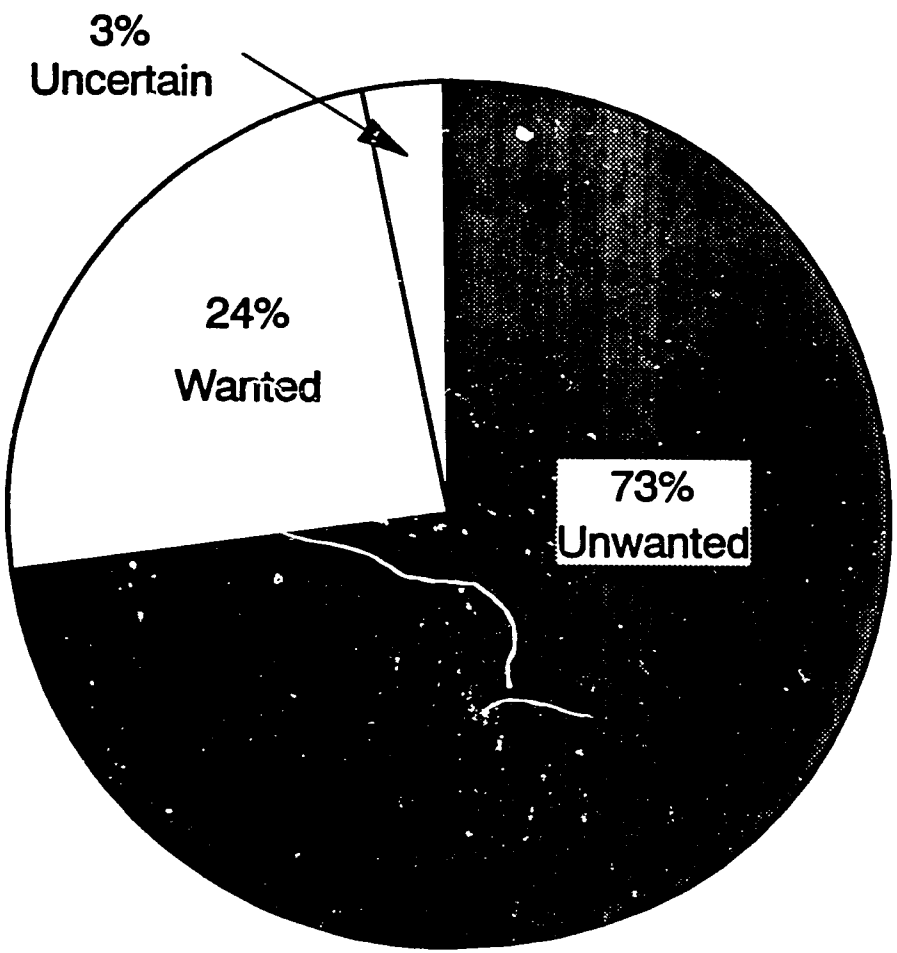
Health concerns

Popular Myths and Misconceptions

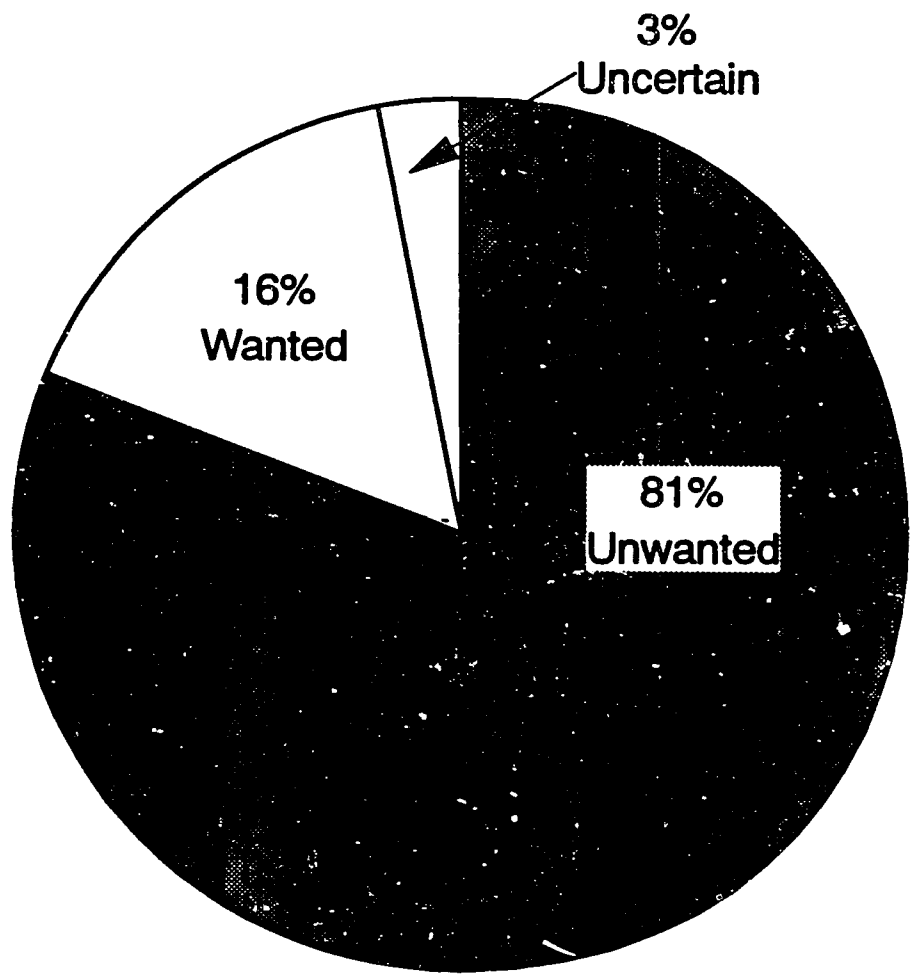
Condom:	"Not natural"
Pill:	Causes "blocked up tubes"
Injection:	Missed period -- "Too much bad blood is backing up inside body"
IUD:	Can drift upwards and become lost inside the body
Female Sterilization:	"Fear of belly being cut open"
Male Sterilization:	Will "cease to be a man"

Majority of Pregnancies Are Unwanted

Pregnancy Desires -- All Pregnant Women

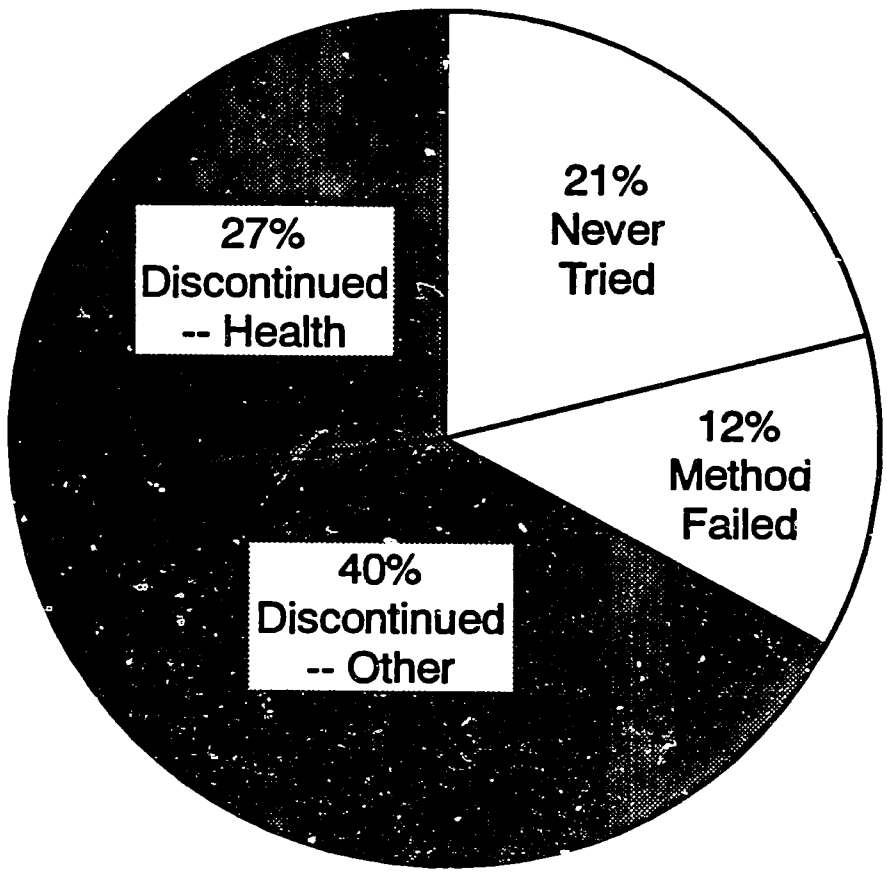


Pregnancy Desires -- Pregnant Teens

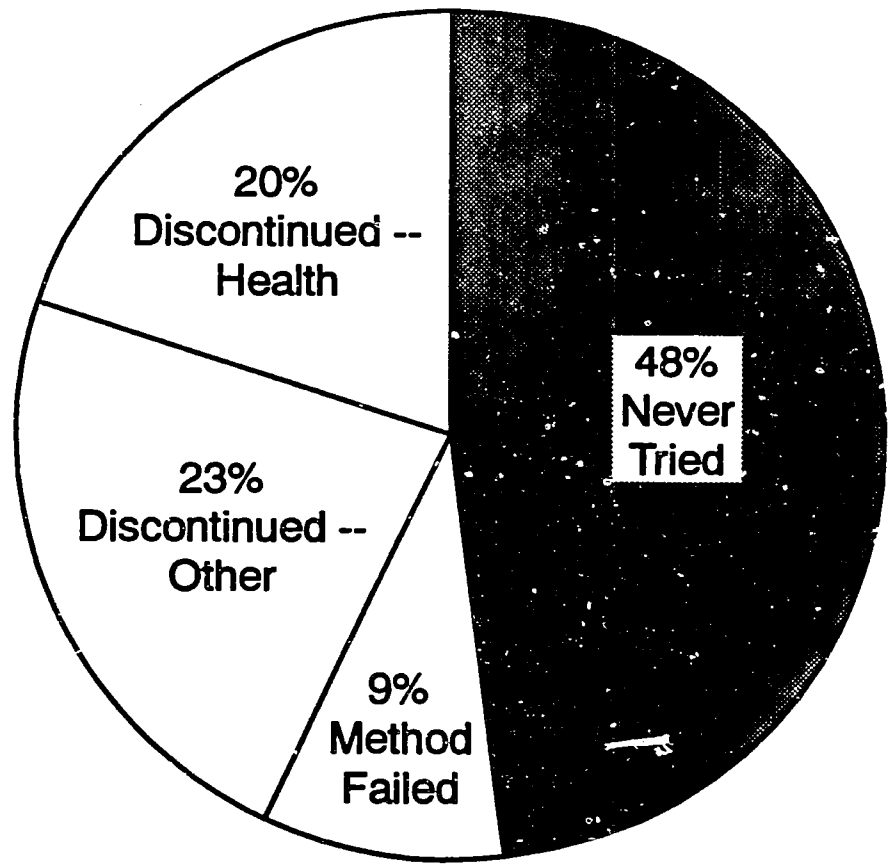


Reasons for Unwanted Pregnancies

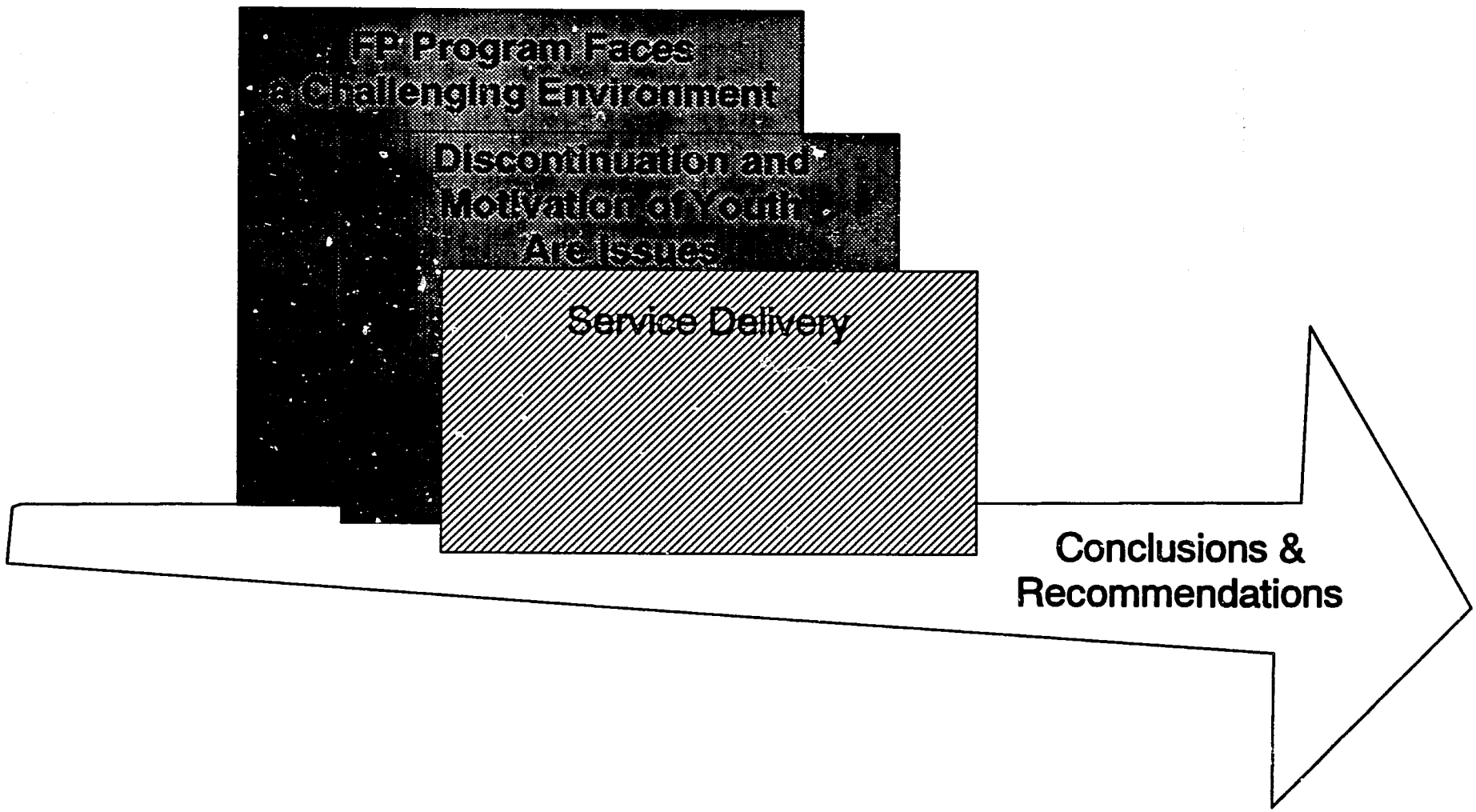
All Pregnant Women



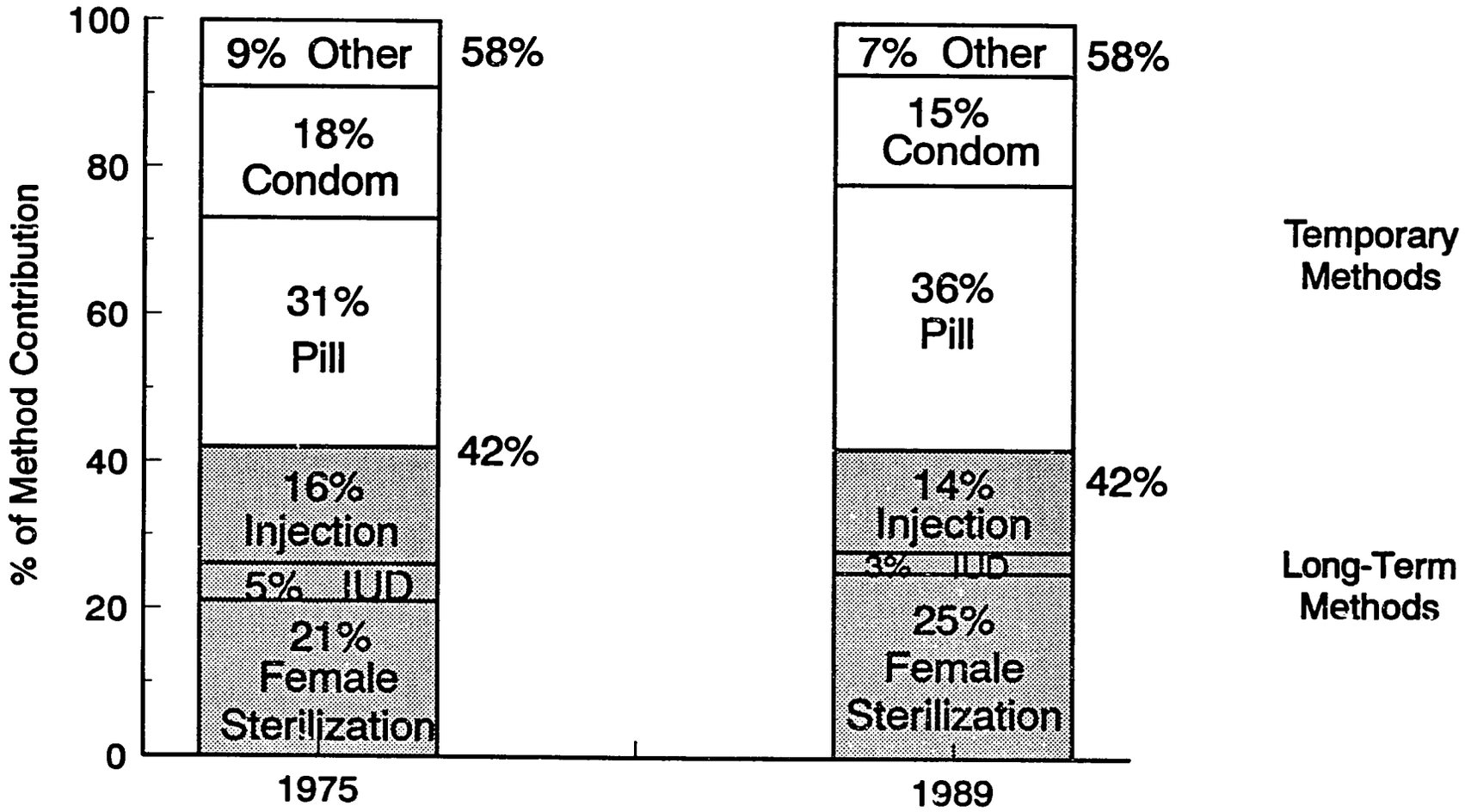
Pregnant Teens



Roadmap


FP Program Faces a Challenging Environment
Discontinuation and Motivation of Youth Are Issues
Service Delivery
Conclusions & Recommendations

Method Mix -- What Has Been the Mix of Products & Services Supplied?

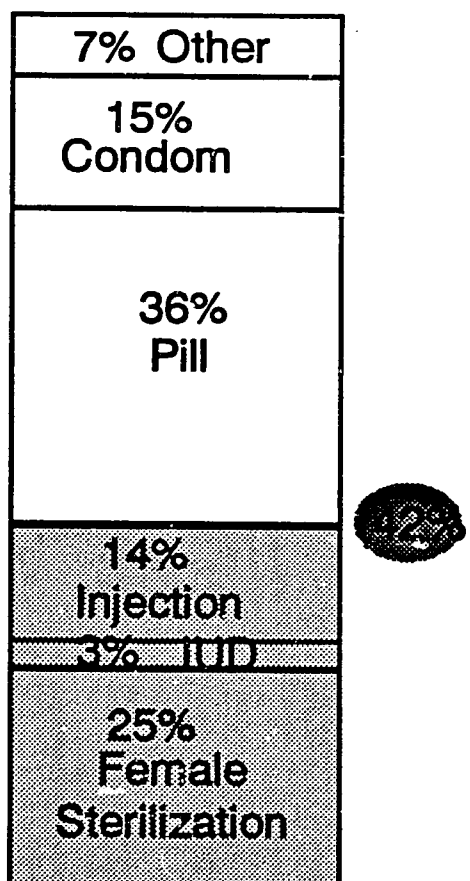


No significant change in recent past

-22-

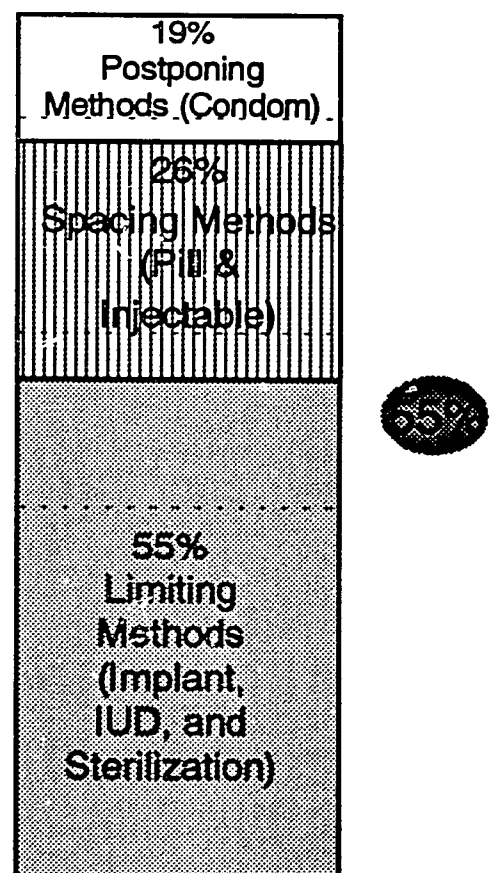
Examination of "Appropriate" Method Mix Suggests a Shift to Long-Term Methods Is Needed

Current
CPR = 55%



1989

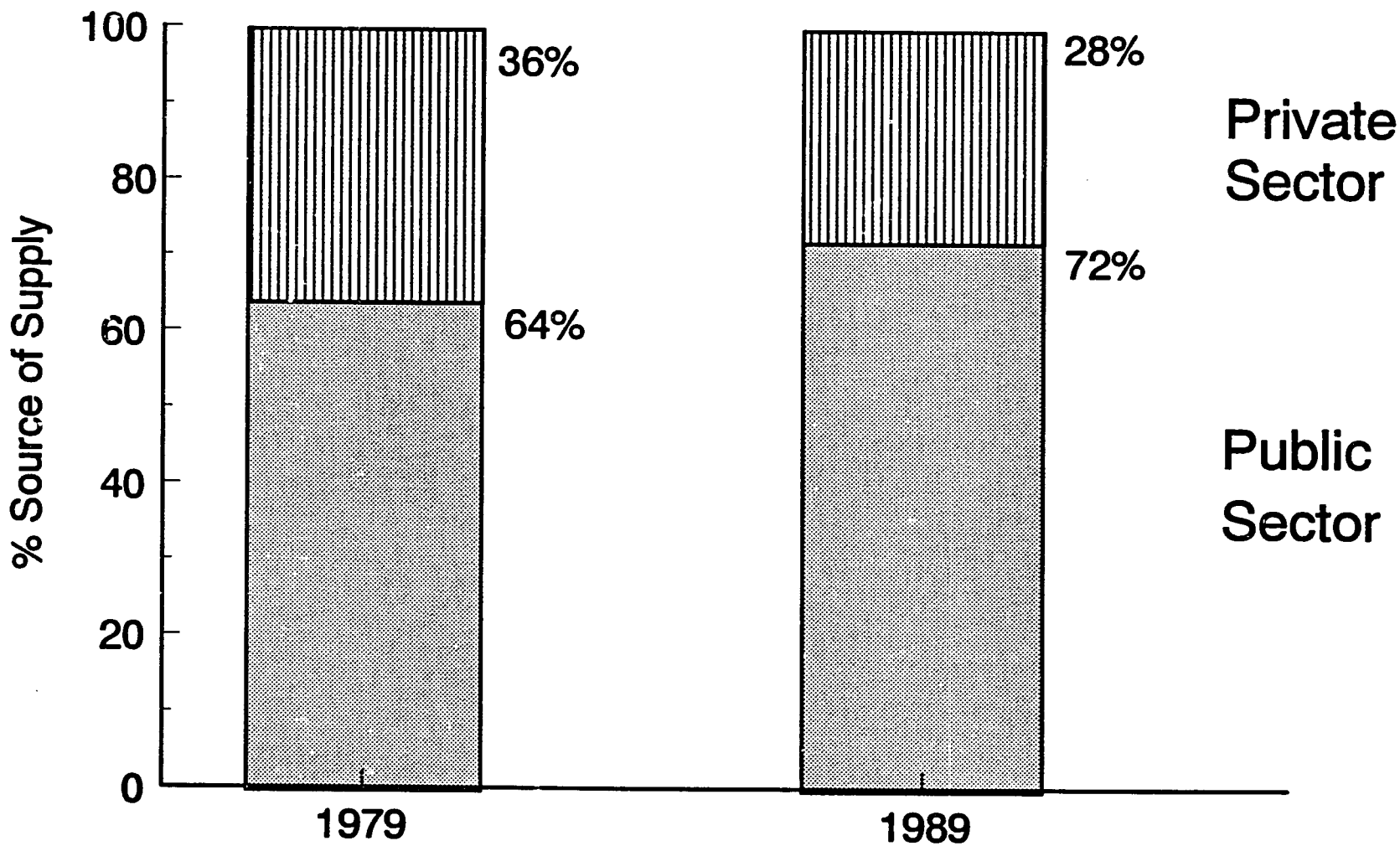
"Appropriate"
CPR = 67%



Constraints to Increasing Use of Long-Term Methods

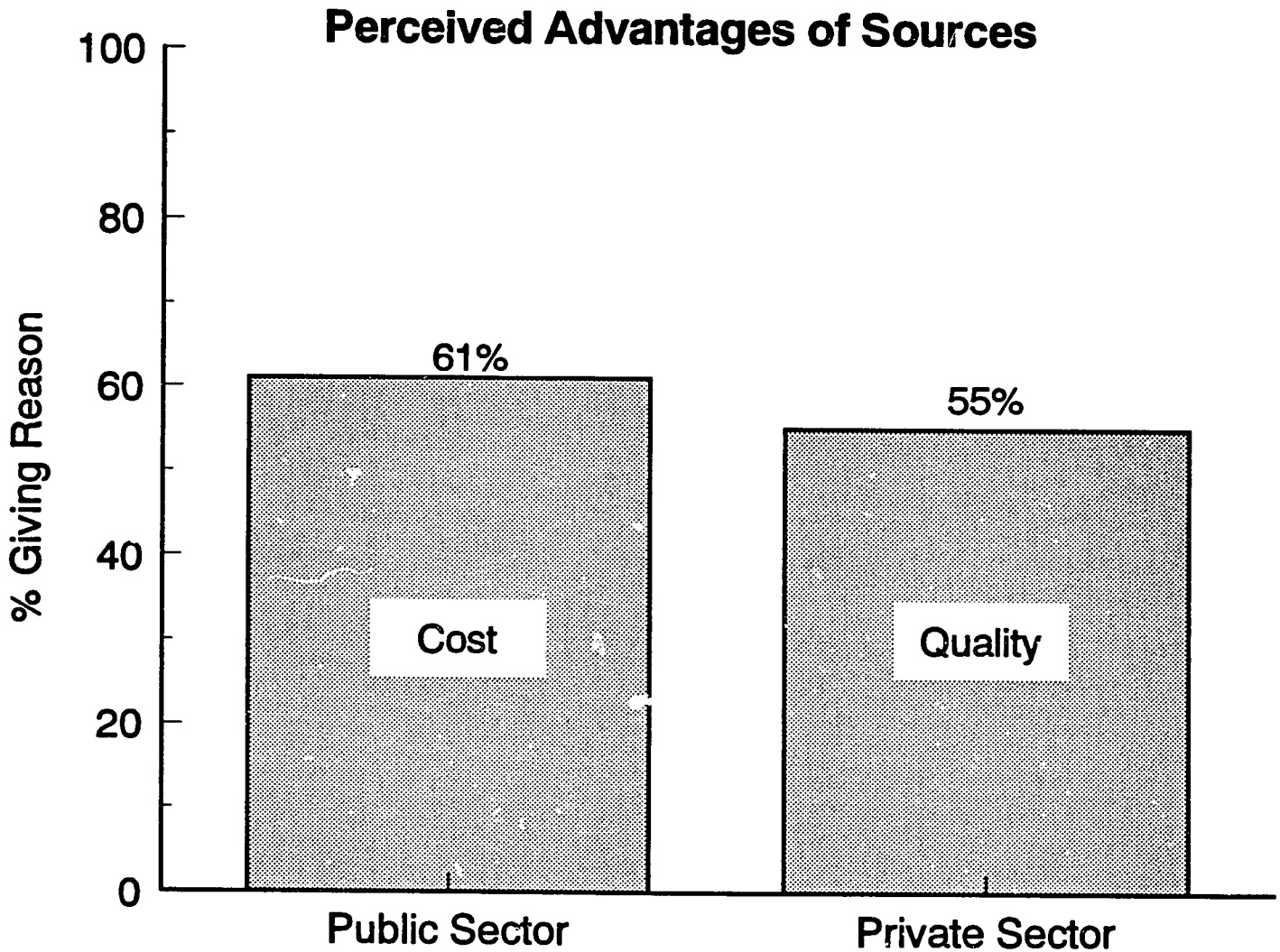
	Constraints
IUD:	STDs & PID Training/Access
Implant:	Training required Expensive
Male Sterilization:	Cultural barriers Training
Female Sterilization:	Counselling intensive

Source Mix -- Public Sector Dominates and Has Been Growing



Goal is to increase private-sector involvement

Reasons for Current Sourcing Pattern



Free service outweighs quality considerations

Research Examined Two Issues Important for Increasing Private-Sector Involvement

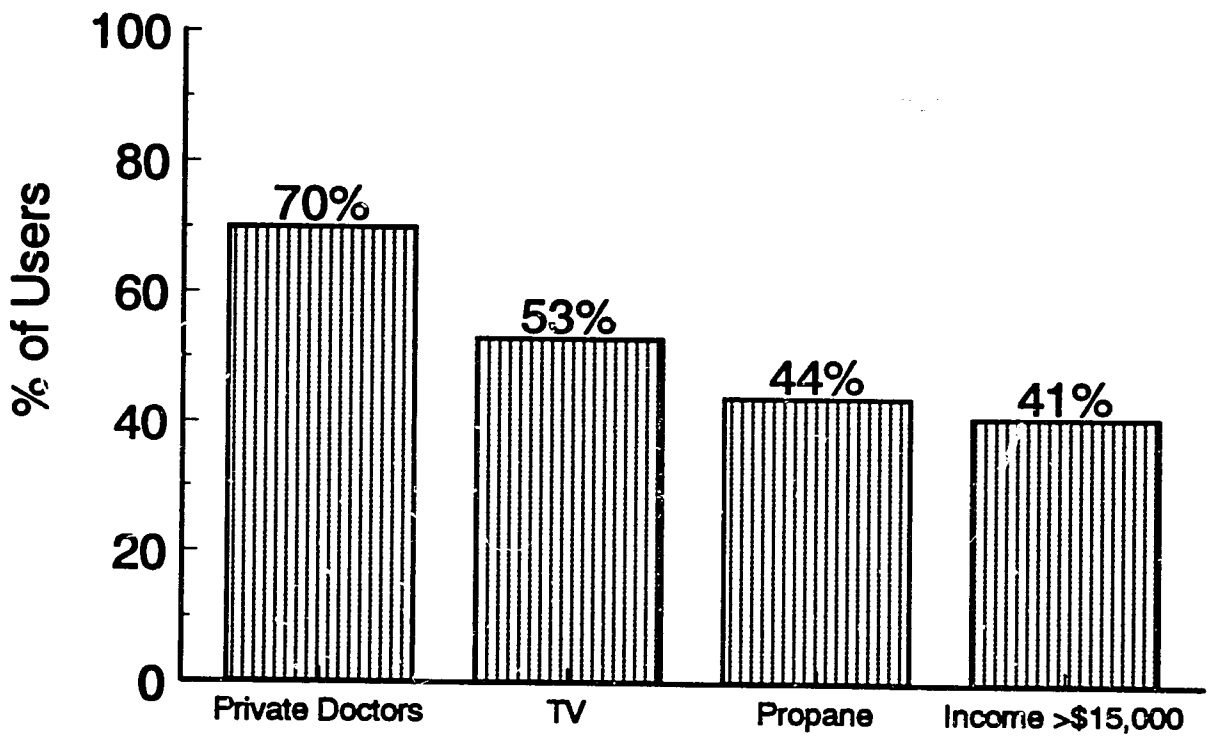
1. Ability of public-sector users to pay

2. Ability to interest private-practice physicians in increasing involvement in FP

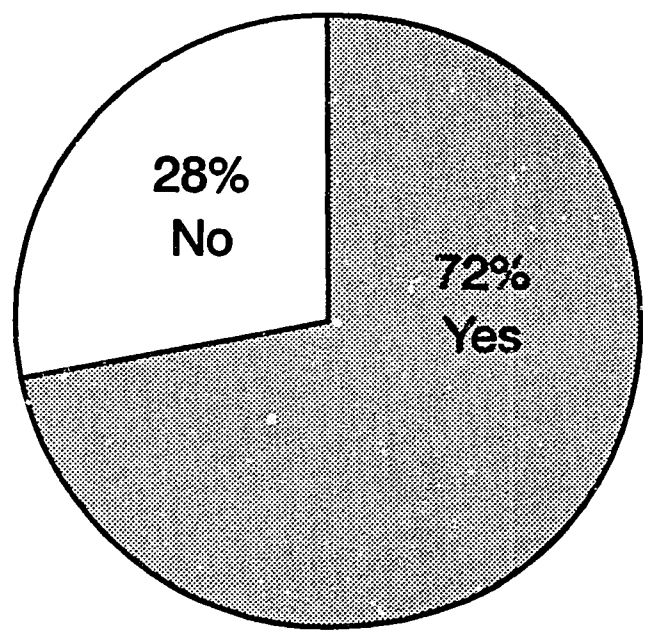
Research Shows Many Public-Sector FP Users Have an Ability and Willingness-to-Pay

Public Sector FP Users

Income/Expenditure Characteristics



Would Pay for FP Services/Products



Overall, Private-Practice Physicians Have Limited Interest in Increasing Their Involvement in FP

<u>Reasons</u>

- Time intensive and limited financial returns
- Concerns regarding methods

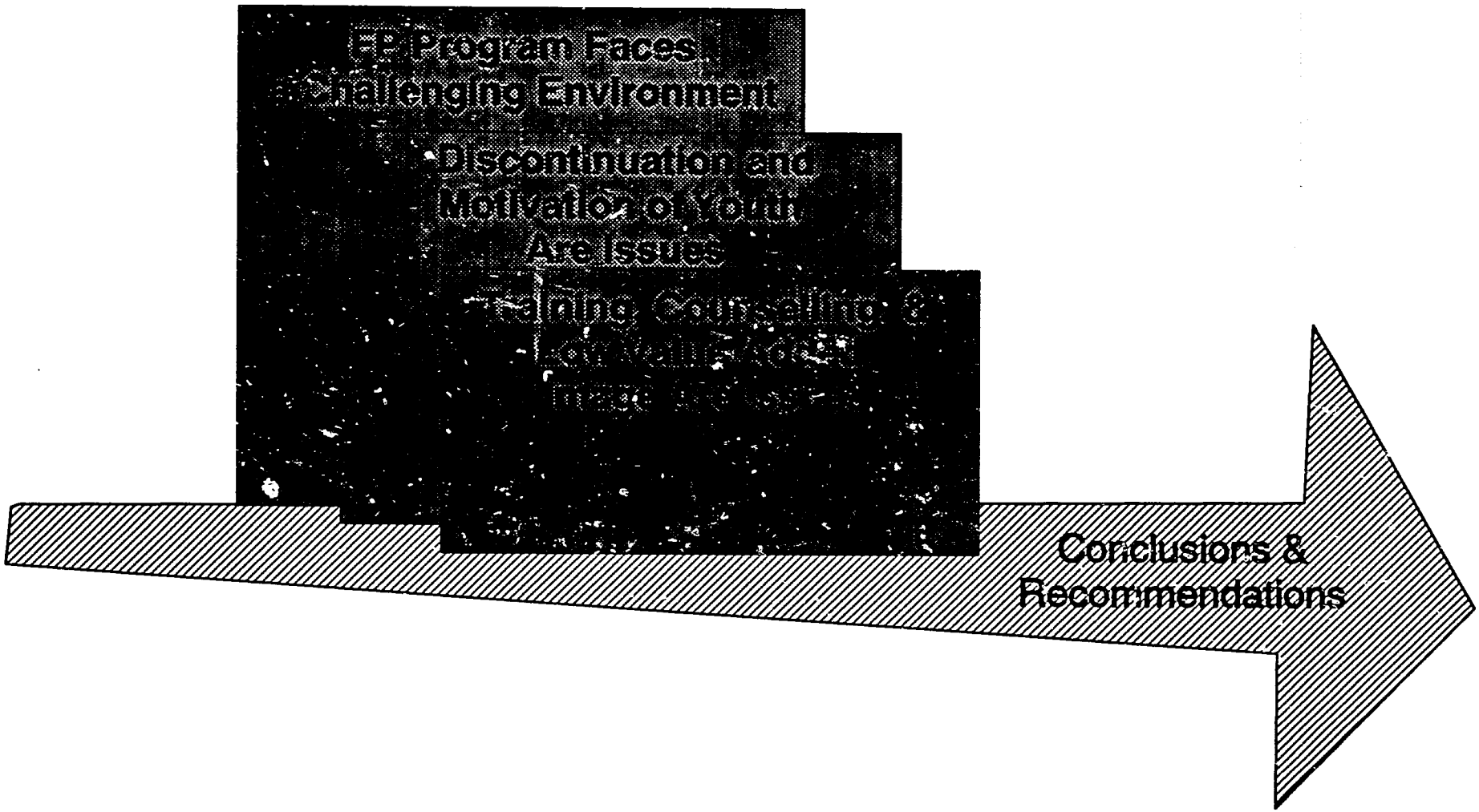
<u>Area of Opportunity</u>

- Target group--young, rural doctors
- Prerequisite -- address health concerns
- Incentives--access to OR facilities and skills upgrading

Quality of Counselling Is a Concern

- Average actual time spent counselling is 5-10 minutes; desired time is 45 minutes.

Roadmap


EP Program Faces
Challenging Environment
Discontinuation and
Motivation of Youth
Are Issues
Training, Counselling &
Conclusions &
Recommendations

Summary of Major Findings

User Issues

Demand

Demand and awareness are high

Trial

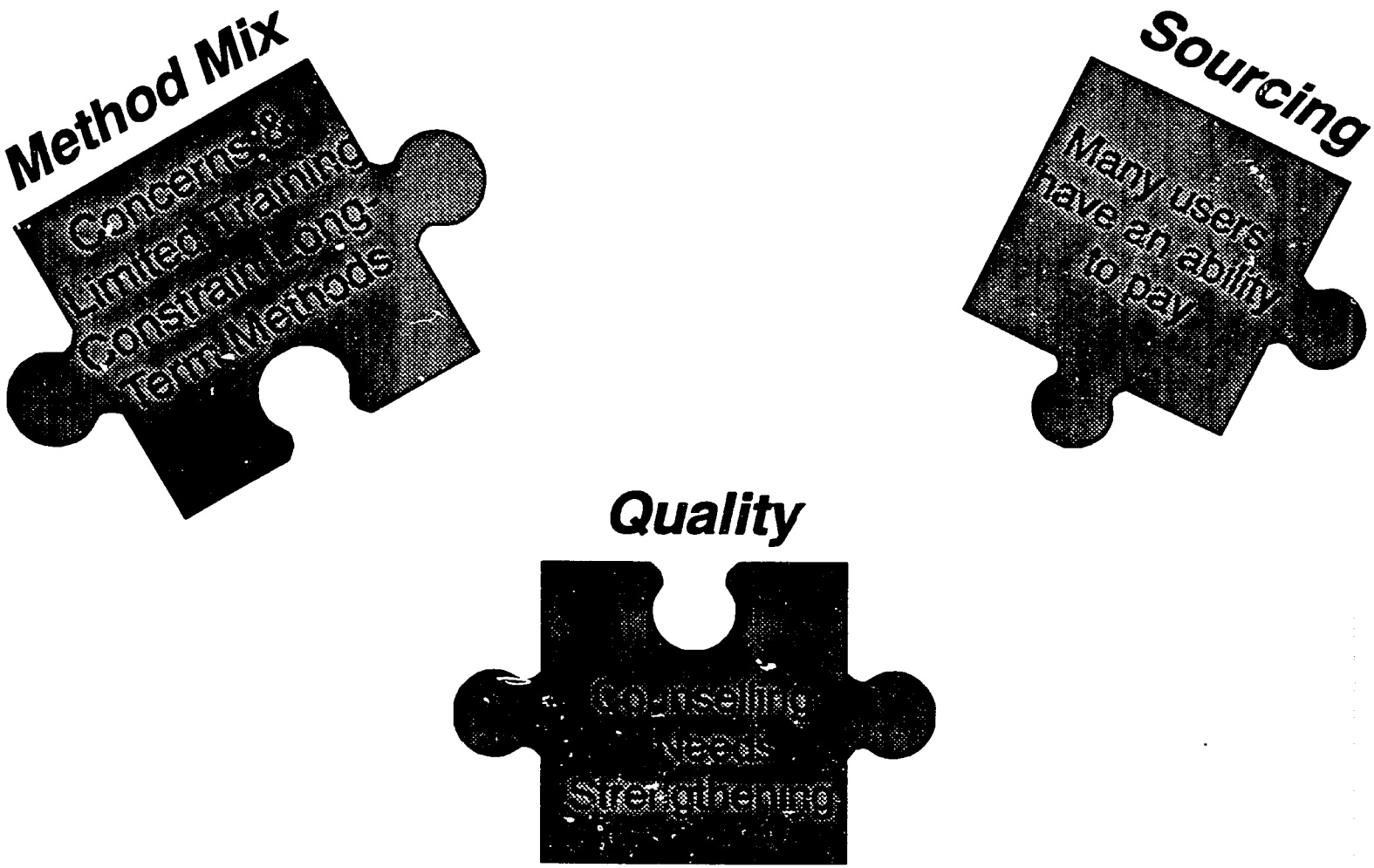
Motivation of youth needs attention

Discontinuation

Discontinuation is a major problem

Summary of Major Findings

Provider Issues



Recommendations

Users

Education

- Provide method-specific information
- Motivate youth

Providers

Training & Quality of Services

- Upgrade clinical skills
- Improve counselling

Stimulation of Private Sector