

USAID

Vol. 6, No. 4

Fall 1989

Agency Leads in Family Planning Assistance

Things happen fast in the developing world; babies are born and die, mothers die. Every year, nearly 15 million infants and children—a number roughly equal to the population of the Netherlands—die in developing countries, as do about 500,000 new and expectant mothers. They die of hunger, of disease and of common illnesses that could be avoided with proper care.

The problem feeds itself. When birthrates spiral out of control, developing nations find themselves with more children than they can care for—children desperately in need of food and shelter during their formative years. Adults are producers, but children are consumers. An imbalance in the ratio of children to adults—the inevitable result of a high rate of population growth—leads inexorably to a less productive society.

According to the *1989 World Population Data Sheet*, 77% of the world's estimated population of 5.2 billion people lives in developing countries. By the year 2000, when the world's population may reach 6.3 billion, 80% will live in developing countries.

Access to family planning information and assistance can help developing nations break the cycle of childbirth and maternal and infant mortality. The U.S. Agency for International Development (USAID) is a leader in assisting developing countries with their family planning programs.

Although the Agency does not support coercive family planning or abortion, USAID accounts for 45% of international funds, making it the largest single source of international funding for population programs. Since 1981, USAID has obligated \$2.9 billion for population activities, including \$250 million in fiscal 1989.



In the 20 largest recipient countries of USAID population funds, the average number of children per family has dropped from 6.1 in the 1960s to 4.5 today, a 26% decline.

The Agency's population policy focuses on expanding family planning services, providing a broader range and mix of available contraceptive methods, encouraging consumer-oriented alternative delivery systems and urging the private sector to provide services.

Technical assistance and program resources are made available to developing countries through a wide range of USAID activities that include family planning assistance, information, education and training programs, policy analysis, and four areas of research: demographic, social science, operations and biomedical.

When USAID began its population program in the mid-1960s, 15 million people used family planning in the developing world (excluding China). Today, more than 200 million use family planning—a 13-fold increase. The overall percentage of married women of reproductive age using contraception also went up during this same period from 15% to about 40%.

In 1959, India was the only developing country with a population policy. Now 63 developing countries with more than 90% of the total Third World population have government policies that encourage slower population growth. The Agency supports population activities in 95 countries.

Over the past 20 years, total fertility rates—the ratio of live births to women of childbearing age—have declined sharply in most regions of the world. Reductions range from 25% in South Asia to 31% in Latin America and the Caribbean and 57% in East Asia. In Africa, where family planning programs are still in the formative stage, total fertility rates have declined by only 5%.

Declines in fertility rates are the result of the choices people make about the numbers of children they will have. Antonia Surco de Alarcon lives in Villa El Salvador, one of the many slums that ring Lima, Peru. She is one of only three of her mother's eight children to survive to adulthood. She remembers that her mother was often sick. After de Alarcon gave birth to her first child, she and her husband decided that they would have no more children. Access to family planning made that choice possible.

"We are poor, but we wanted to be able to provide a better life for our daughter, to be able to care for her and educate her with what we have," de Alarcon says.

Protecting Child and Maternal Health

Availability of family planning is vital to maternal and child health. Women of childbearing age and children under five make up almost 40% of the people in the developing world. Family planning is an effective, inexpensive way to reduce child and maternal deaths.

A study based on World Fertility Survey data estimated that maternal deaths could be reduced by one-third if women who desire no more children had access to family planning information and services.

Child survival studies in developing countries have shown that when babies are born less than two years apart, the second born is twice as likely to die, and the first born is one-and-a-half times more likely to die than if the births were separated by at least two years. In many countries, birth spacing alone could

USAID's Population Assistance:

- Encourages population growth consistent with the growth of economic resources and productivity;
- Enhances the freedom of individuals in developing countries to choose the number of their children and the interval between births; and,
- Improves the health and survival of mothers and children by promoting adequate birth spacing and childbearing during the safest years for women.

prevent one in every five infant deaths. In Bangladesh, an improved birth-spacing pattern could save as many as 150,000 infants each year.

USAID programs make available contraceptives and family planning services that give women the ability to space their children. The Agency provides about 75% of all donated contraceptives to the developing world. Since 1968, USAID has purchased \$567.7 million worth of contraceptives for distribution to 75 countries—6.9 billion condoms, 1.6 billion cycles of oral contraceptives, 49.7 million intrauterine devices (IUDs), and 16.5 million vaginal foaming tablets.

In 1988, more than 30 million couples used family planning as a result of the Agency's program. In the 20 largest recipient countries of USAID population funds, the average number of children per family has dropped from 6.1 in the 1960s to 4.5 today, a 26% decline. In Thailand, the average family has declined from 6.9 children in 1965 to only 2.1 children in 1987.

"We were among the first to pioneer community-based distribution in which a health worker can dispense non-clinical methods—pills, condoms, vaginal foaming tablets, etc.," says Dawn Liberi, chief of the Family Planning Services Division. "That was a major breakthrough because most family planning previously tended to be in

clinics and was done by physicians. Once you've broken that barrier, access and resupply become much more available."

Funding from USAID and other donors helped Chogoria Hospital in Kenya expand its family planning service to set up a community-based system of contraceptive distribution serving 350,000 people. A U.S. Centers for Disease Control survey showed that 43% of the area's married women now use some form of contraception, compared to about 17% for Kenya as a whole. Even more significant, women in the region have an average of 5.2 children versus the 7.7 children average for Kenya. The key to Chogoria's successful family planning program has been harnessing the peoples' tradition of *harambee*, or self-help. Village health committees, volunteer family health workers and specially trained birth attendants work to spread services in their area.

"Sometimes I take a whole day," one community health volunteer says. "I want to teach people slowly and carefully. I work side-by-side with women picking coffee or working in the fields. We discuss everything."

USAID continues to seek innovative means of making safer and more effective family planning services more widely available. Agency-sponsored research, which builds the scientific and technological base for future program efforts, includes biomedical research on safer, more effective and more affordable means of contraception; operations research to improve the management and methods of service delivery; and social science and demographic research to increase and improve analysis of population growth.

Pioneering Contraceptive Development

The people of the developing world—and Americans—have more contraceptive choices available to them today because of research supported by USAID. The Agency has played a vital role in the development of safer, more effective contraceptives. Agency-funded research has included:

- development of the tubal band and the Hulka clip for



Every year, 500,000 women in the developing world die of maternity-related causes.

blocking the Fallopian tubes;

- evaluation and wide promotion of outpatient procedures such as laparoscopic sterilization (in which an incision of less than an inch is made in the abdomen through which a telescope-like object is inserted, and the Fallopian tubes are cut or blocked) and minilap sterilization (in which a similar incision is made, and the Fallopian tubes are pulled gently to the incision and cut or blocked);
- evaluation and introduction of low-estrogen oral contraceptives and of progestin-only oral contraceptives for breastfeeding women;
- evaluation and introduction of the Copper-T-380-A IUD and extension of its accepted lifetime effectiveness from three to six years; and,
- later-stage development of the contraceptive implants NORPLANT and NORPLANT 2.

And USAID continues to be a leader in contraceptive development. The Agency currently is supporting clinical trials to demonstrate the safety and effectiveness of the NET-90 three-month injectable contraceptive and the 12-month biodegradable NET pellet. Clinical trials for the Filshie Clip for female tubal sterilization are almost complete. Research has begun on developing condoms using new materials that have advantages over latex and on screening chemical compounds that have potent spermicidal and viricidal activity.

"Because there is only one major drug company really working in contraceptive technology in the United States, it's USAID and the National Institutes of Health that are doing the lion's share of this work," says Jim Shelton, chief of the Office of Population's Research Division. "We're working on ways to use newly discovered hormones as contraceptives. We're pursuing one of the hormones called inhibin because there is demand for a good contraceptive method for men.

"What makes our contraceptive development program particularly relevant is that we deal with the real world. We are always aware of the very complicated calculus of what makes a good method of contraception—safety, effectiveness, the user perspective, the cost, the logistics, privacy, moral perspectives, esthetics, etc."

"Field trials for contraceptives are done in the United States and in developing countries," says Sarah Clark, deputy director for population. "We don't test anything overseas that we don't also test in the United States. After a contraceptive is developed, it is tested in widely varying settings so that we can see how it can be used and how effectively it works. There are 157 different groups domestically and internationally that carry out field trials."

USAID's search for innovative means of delivering family planning options extends beyond biomedical research. Working with the entertainment industry, the Agency has produced popular songs that counsel sexual restraint and warn of the dangers of pregnancy through the Communication for Young People Project.

In 1986, the first of the Agency's six "hits" produced so far were number one in Mexico and Peru and reached the top 10 in nine other Latin American countries. Recorded by the Latin stars Tatiana Palacios of Mexico and Johnny Lozada Correa of Puerto Rico, the two songs urged teenagers to say no to premarital sex.

A survey conducted among groups of Mexican

teenagers after the songs were released indicated that 93% of those surveyed understood the songs' message of responsible sex.

"In the case of Tatiana and Johnny, we made an investment of about \$350,000 and got about \$5 million worth of free air time," says Duff Gillespie, Agency director for population. "Our money goes a long way."

Other Agency-sponsored songs with messages have topped the charts in the Philippines and in some African countries.

The Agency seeks ways to make family planning services more available, more acceptable, more usable. "We try to learn lessons about what works and doesn't work," Shelton says. "We research any form of service delivery—it could be clinic-based, community-based, social marketing, training traditional birth attendants or nurse midwives—and systematically gather the information about it."

Examples of operations research successes include:

- When village midwives provided family planning services outside Khartoum in the Sudan, contraceptive use rose from 10.6% in 1980 to 33.5% by 1987.
- In Muslim areas of southern Thailand, specially trained field workers were authorized to sell oral contraceptives and condoms. Contraceptive use rose from 12% to 39% after one year.
- A project in Brazil showed that use of vasectomy can be significantly increased through the use of mass media to inform the public about this method. The number of men having vasectomies increased in a Sao Paul clinic by about 50% after an intensive media campaign.

USAID also funds the world's largest survey research effort, the Demographic and Health Survey. In the 16 years of the program's existence, data from 139 surveys in 65 countries have revolutionized understanding of population dynamics. Information from these surveys has been used to assess the unmet demand for family planning—that is, those women who are not using contraception but who state that they either want no more children or want to space additional births. In Kenya,



A health worker in Morocco teaches villagers about contraceptives. Making family planning services available enables people to choose the number of children they want. USAID has been a pioneer in community-based distribution of contraceptives and other services.

for example, where the percentage of the population using contraceptives is only about 17%, another 32% of married women of reproductive age say they want no more children, and 38% say they want to space the next birth by one or more years.

"The Demographic and Health Survey is our basic instrument for monitoring demographic, health and family planning program trends worldwide," Clark says. "It's designed to collect from the respondents their fertility history, their contraceptive history, their experience of mortality of children, their illnesses. In addition, it collects certain characteristics of their employment, their community of residence, the place where they obtain medical and contraceptive services. On the basis of that information, you can generalize about the conditions in the whole country."

"The concept of family planning used to be unacceptable in some countries, but dramatic shifts have occurred in governments' and people's attitudes, largely because of these surveys," Gillespie says. "Within a little more than a decade, the developing world has gone from favoring a high birthrate to a serious concern about population. 90% of the people living in the developing world live in countries where, for health or demographic reasons, their governments are promoting population programs. That's a dramatic change."

Meeting Increasing Demands

Over the next two decades, the demand for family planning services is projected to rise dramatically. This will happen inevitably because the numbers of women of reproductive age in the developing world will increase by about 45% from 1985 to 2000 and by another 23% by 2010. Even if there is no rise in the percentage of contraceptive use, therefore, demand should increase by these orders of magnitude. There also will, it is hoped, be increases in contraceptive use.

Developing country public sector resources needed for family planning are projected to be about \$5 billion by 2000 and about \$7 billion by 2010. Meeting the needs of the 21st century will require investments from all sources—government, the private voluntary organizations and the for-profit sectors. As prevalence rises and service delivery expands, a greater proportion of the service delivery costs will have to be met with

local private sector resources.

"We emphasize trying to work with the private sector and help organizations—both non-governmental and private for-profit—develop family planning programs or strengthen the programs that they already have," Liberi says.

The Contraceptive Social Marketing Project is a worldwide program designed to launch contraceptive sales efforts and promote commercial marketing techniques in family planning programs. These programs target low-income consumers. Working in 23 countries, the project has involved the private sector in the supply of contraceptives, product promotion and distribution, and retailer training.

"In Indonesia, we have a social marketing project with the national family planning agency," Liberi says. "They have asked private pharmaceutical companies to come in and supply products. We're giving technical assistance, helping with all the marketing research and assisting some media campaigns to launch the product. A private distributor runs the project."

Launched in 1985, the Agency's Enterprise Program aims at helping private sector companies establish their own family planning services. Some 60 projects exist worldwide in about 27 countries. Three Nigerian subsidiaries of multinational corporations—Lever Brothers (Nigeria), Mobil Oil and NITEL—have "graduated" from the Enterprise Program and are providing family planning services under their own auspices to the 31,000 employees of the three firms.

The Enterprise Project in Mexico has helped give unemployed physicians an opportunity to establish themselves as family planning service providers by offering them training and subsidies. This activity is administered and partly funded through MEXFAM (*Fundacion Mexicana para la Planificacion Familiar*). As hoped, after a two-year contract period, 17 of the 20 doctors trained have established themselves in previously under-served areas and are now self-sufficient.

These and other activities are part of USAID's continuing effort to make family planning services available to people who want them. USAID believes that economic growth is what counts to ensure adequate resources in the developing world. But in marshaling the public and private sectors, USAID remains in the vanguard of population programs, working to ensure that the rate of the world's population growth does not exceed those resources.

U.S. Agency for International Development
Bureau for External Affairs
Washington, D.C. 20523-0056

Penalty for Private Use \$300
Official Business

AN EQUAL OPPORTUNITY EMPLOYER

Third-Class Bulk Rt
Postage and Fees Paid
USAID
Permit No. G-107