Family Planning Saves Lives:
The Health and Economic Rationale for Investing in Family Planning in Tajikistan

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Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council
Overview

- National development priorities
- Fertility and health indicators
- Why family planning (FP)?
  - Unmet need
  - FP and maternal health
  - FP and child health
  - FP and abortion
  - FP and socio-economic development
- All FP is not the same
- Contraceptive choice: What is it and why does it matter?
- Conclusions
# Enabling Environment for Family Planning: National Development Priorities

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<tbody>
<tr>
<td>Reduce maternal mortality ratio (MMR)</td>
<td>X</td>
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<td>Reduce infant mortality rate (IMR)</td>
<td>X</td>
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<td>Reduce abortions</td>
<td>X</td>
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<td>Increase modern contraceptive prevalence rate (CPR)</td>
<td>X</td>
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<tr>
<td>Reduce unmet need for FP</td>
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<td>Reduce total fertility rate (TFR)</td>
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<td>Decrease number of deliveries with less than two year birth interval</td>
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<td>Comply with international FP guidelines and standards</td>
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<td>Increase awareness of multiple FP methods</td>
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<td>Universal access to FP</td>
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TFR in the Region and in Tajikistan

Total Fertility Rate (average number of births per woman)

- Armenia 2010
- Azerbaijan 2006
- Georgia 2005
- Kazakhstan 1999
- Kyrgyz Republic 2012
- Tajikistan 2012
- Turkmenistan 2000
- Uzbekistan 1996

Total Fertility Rate
Average number of births per woman

Tajikistan – 3.8

- Dushanbe 3.4
- Sughd 3.3
- Khatlon 4.2
- GBAO 3.3
- DRS 3.9
CPR in the Region, Modern Methods of Contraception

Percentage of currently married women ages 15-49 using a modern method of family planning

Use of Modern Methods of Contraception

Percent of married women currently using a modern method

- GBAO: 35%
- Dushanbe: 29%
- DRS: 22%
- Sughd: 31%
- Khatlon: 23%

Modern CPR by Region
Modern CPR (Ages 15-19, 20-24 Years)

Percent of young married women using a modern method of contraception

Source: Population Reference Bureau, Youth Data Sheet 2013
Maternal Mortality in Tajikistan

Contributing factors
- Unattended home births
- Gender inequality
- Poor emergency obstetric care
- Limited knowledge and use of FP

Strategies for safe motherhood challenging to implement
Women have an unmet need if they
  - are sexually active
  - do not want to have a child soon or at all
  - are not using any contraceptive method
  - are able to conceive

Unmet need for spacing versus limiting pregnancies
Percent of married women ages 15-49 with an unmet need for contraception

Unmet need to space  Unmet need to limit
Unmet Need for FP: Key Facts

- More than **230,000** married Tajik women do not want another pregnancy but are not using contraception.
- Nearly **250,000** married Tajik women would like to wait at least two years before becoming pregnant again but are not using contraception.

Many reasons for unmet need –
- Complex (e.g., access barriers; fear of side effects; partner opposition)
- More than just a “supply” issue
- Rises with growing demand (i.e., in part is a marker of “success”)

**Source:** UN Department of Economic and Social Affairs, Population Division. *World Contraceptive Use*, 2011. Data for women married or in union.
**Mothers may be:**
- More likely to die in childbirth
- More likely to miscarry a pregnancy
- More likely to seek an abortion

**Babies may be:**
- Born too early
- Of low birth weight
- Too small
- More likely to die

Percent of women 15-19 who are mothers or are pregnant with their first child

Source: Demographic and Health Surveys
Adolescent Pregnancy

- Health impact
  - Mothers under the age of 18 are **twice** as likely to die.
  - Mothers under the age of 15 are **five times** more likely to die of complications compared to mothers over 18 years of age.

- Economic impact
Youthful Age Structure Results in High Fertility and Rapidly Expanding Needs and Challenges

Tajikistan’s Population and Age Structure

Fast doubling time
- 2.43% annual growth = 29 year doubling time
- Increases pressure on food, water, schools, health services, energy, infrastructure, land

High dependency ratio
- Slower economic growth
- Potential political instability

Momentum
- Young age structure
- Ensures continued population growth

Source: John May, World Bank
Benefits of Family Planning: A Key Intervention for Health and Development

Health benefits
- Reduces maternal mortality and morbidity
- Reduces infant and child mortality
- Reduces abortion

Enables women and couples to decide number, spacing, and timing of births

Principles of voluntarism and informed choice are fundamental

Social and economic benefits
- Improves women’s opportunities
- Improves family well-being
- Mitigates adverse effects of population dynamics on
  - Natural resources, including food & water
  - Economic growth
  - State stability
Increased Use of Contraception Contributes to Fewer Maternal Deaths in Two Ways:

1. **Directly**, by exposing fewer women to the risk of dying in childbirth.

2. **Indirectly**, by reducing high-risk births:
   - too early
   - too late
   - too many
   - too soon

Photo credit: Abt Associates
Correlation between TFR and MMR
Effect of Birth Interval on Infant Mortality

Deaths per 1,000 infants under age one

- Turkmenistan 2000
- Kazakhstan 1999
- Armenia 2000
- Georgia 1999
- Uzbekistan 1996
- Romania 1999

- Less than 2 years
- 2-3 years
Health Benefits: FP Reduces Abortions

Nearly 10% of Tajik women aged 15-49 have ever had an induced abortion.

Among Tajik women reporting an induced abortion, 82.7% were not using a method of contraception at the time of conception (2012 DHS).

National goal to reduce the number of abortions
Social and Economic Benefits of FP

- Less expensive than treating pregnancy complications
- Enables women and couples to make informed choices about their sexual and reproductive health.
- Protects the environment
- Enables greater participation of women in the labor market
- Reduces the economic burden on poor families

Estimates indicate that each US dollar spent on voluntary family planning can save governments up to US $31 in health care, water, education, housing, and infrastructure.
Better FP Access and Lower Fertility Also Yields Economic Dividends

Bubble size corresponds to the GDP per capita

- Ghana
- Egypt
- Thailand

Total Fertility Rate

Not All FP is the Same: The Relative Effectiveness of Various Methods in Preventing Pregnancy

<table>
<thead>
<tr>
<th>Method</th>
<th>Number of unintended pregnancies among 1,000 women in first year of <em>typical use</em></th>
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<tbody>
<tr>
<td>No method</td>
<td>400</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>220</td>
</tr>
<tr>
<td>Female condom</td>
<td>210</td>
</tr>
<tr>
<td>Male condom</td>
<td>180</td>
</tr>
<tr>
<td>Pill</td>
<td>90</td>
</tr>
<tr>
<td>Injectable</td>
<td>60</td>
</tr>
<tr>
<td>IUD (CU-T 380A/LNG-IUS)</td>
<td>8/2</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>5</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>1.5</td>
</tr>
<tr>
<td>Implant</td>
<td>0.5</td>
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</tbody>
</table>

The availability of a broad range of methods has been shown to increase contraceptive use.

Method choice: both to the range of contraceptive methods available to clients on a reliable basis.

Method mix: the distribution of contraceptive methods used by a population (i.e., percentage that uses each method).

Full, Free, and Informed Choice

- **Full choice** – the ability to choose from the widest range of methods possible, including the ability to choose *not* to use a method.

- **Free choice** – the decision to use FP and the method chosen without barriers or coercion.

- **Informed choice** – accurate and complete information is provided for all FP methods, including benefits and risks; specific counseling is provided about the chosen method.
While there is no “optimal” or “ideal” method mix recognized by the international community, there may be cause for concern when one method exceeds 50% of the method mix.

**Examples of “Skewed” Method Mix**

- **Country # 1**
  - Long-acting: 4%
  - Permanent: 29%
  - Short-acting: 63%
  - Traditional: 4%

- **Country # 2**
  - Long-acting: 5%
  - Permanent: 22%
  - Short-acting: 69%
  - Traditional: 4%
Our commitments:

- (From RH Strategy, Objective 1) The share of population, who are aware of their right for independent and informed choice of reproductive behavior, as defined by reproductive health condition surveys, will be not less than 75%.

  - And Objective 26: The institutions providing reproductive health and family planning services will be equipped with at least three modern methods of contraceptives to ensure individuals can choose.

However…

- *In practice, this can be difficult for programs to achieve for a number of reasons*
Tajikistan 2012 Contraceptive Methods and Spacing (MWRA)

Married women 15-49

- Demand to space: 20.7%
- Using to space: 8.9%

- IUD: 65%
- Condom: 11%
- Lactational amenorrhea (LAM): 1%
- Pills: 11%
- Injections: 4%
- Traditional: 8%
- Implants: 0%

Source: DHS 2012.
Demand to Limit Using to Limit

Married women 15-49

- IUD: 67%
- Contraceptive Pill: 7%
- Injections: 9%
- Condom: Female sterilization: 7%
- Other modern: 0%
- Traditional: 7%
- Implants: 0%

Source: DHS 2012.
Conclusions

- Tajik women have a desire to space and limit births
- Family planning can help Tajikistan to meet its health and development objectives, particularly those related to:
  - Maternal health
  - Infant and child health
  - Abortion
- Not all FP methods are the same
- Contraceptive choice matters
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