

# A Fine Balance: Contraceptive Choice in the 21st Century

Consultation Summary

*IBP Meeting , December 6, 2012*



## **Consultation objectives:**

- 1) Reach consensus on an operational definition of contraceptive choice**
- 2) Formulate clear messages to specific audiences about how to balance various policy and programmatic tensions**
- 3) Recommend actions that stakeholders can take to promote and safeguard contraceptive choice**



**Diverse  
perspectives.**

**Common  
ground.**



**Is contraceptive  
choice a reality?**



# LITERATURE

INSTANCES OF STERILIZATION ABUSE STILL EXIST

VICTIMS TEND TO BE FROM MINORITY OR OTHER DISADVANTAGED SUBSETS OF THE POP.

THERE ARE SIGNIFICANT ACCESS BARRIERS TO FEMALE STERILIZATION

- LEGAL CONSTRAINTS
- PROVIDER ATTITUDES
- SOCIETAL PRESSURES
- GENERAL LACK OF AVAILABILITY (RURAL AREAS + BUSY URBAN FACILITIES)

## RISK FACTORS:

- WOMAN YOUNG (UNDER 30) @ TIME OF PROCEDURE
- DECISION MADE UNDER DURESS
- FAMILY CIRCUMSTANCES HAVE CHANGED
- SOMEONE OTHER THAN CLIENT SUGGESTS PROCEDURE

POST-OPERATIVE REGRET IS A CONCERN

# DATA

F.S. IS MOST WIDELY USED METHOD WORLDWIDE

- USE RELATIVELY LOW IN AFRICA
- PREVALENCE RATES STAGNANT OR DECLINING IN MOST REGIONS (EXCEPT LATIN AMERICA & CARIBBEAN)

THERE IS SIGNIFICANT LEVEL OF UNMET NEED FOR LIMITING FUTURE PREGNANCIES IN MANY COUNTRIES

IN AFRICA, OVERALL DEMAND FOR LIMITING HAS BEEN INCREASING OVER TIME

MAJORITY OF LIMITERS USING CONTRACEPTION RELY ON SHORT ACTING & TRADITIONAL METHODS

IN ALL REGIONS BUT LATIN AMERICA

# INTERVIEWS

LACK OF ATTENTION & ABSENCE OF DIALOGUE

- NEGLECTED GLOBAL ISSUE DURING LAST DECADE
- SUCCESS OF OTHER LONG-ACTING METHODS
- STIGMA FROM PAST ABUSES

PROGRAM CONTEXT IS CRITICAL... CHOICE BETWEEN ACCESS & COERCION IS A FALSE DICHOTOMY - BOTH ARE EQUALLY IMPORTANT...

MOST BELIEVE ACCESS IS A MORE PRESSING ISSUE *however...* RENEWED CONCERN ABOUT GLOBAL POPULATION GROWTH & RESULTS BASED FINANCING OF FP PROGRAMS MIGHT BRING NEW PRESSURES & INSTANCES OF COERCION

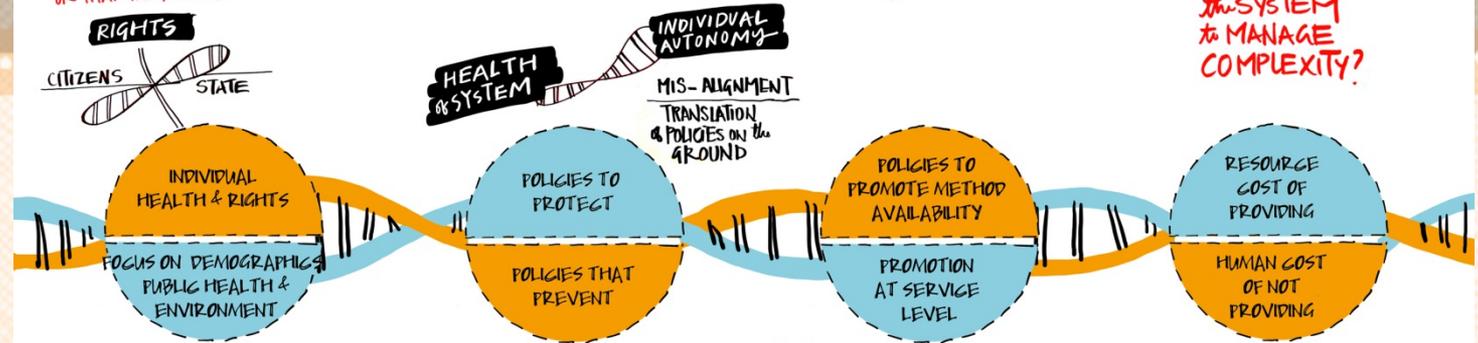
INFRASTRUCTURE & CAPACITY CONSTRAINTS IN LOW-RESOURCE SETTINGS NEED TO BE ADDRESSED TO BE ABLE TO EXPAND

FEMALE STERILIZATION STILL HAS A ROLE IN FP PROGRAMS

- EXPLORE HOW MOBILE UNITS CAN DELIVER SVCS @ BUILD CAPACITY
- DOCUMENT SUCCESS STORIES
- DEVELOP EVIDENCE BASE ON COST + RESOURCE TRADE-OFFS

# TENSIONS

EMERGE FROM CREATIVE TENSION  
MANY STILL DON'T KNOW WHAT RIGHTS ARE OR THAT THEY EXIST.



WHAT IS the CAPACITY of the SYSTEM to MANAGE COMPLEXITY?

## RHETORIC · REALITY · RESOURCES & RESULTS

- I QUALITY of SERVICES & TRAINING of PROVIDERS
- II SUPPORTING CIVIL SOCIETY WATCHDOGS
- III EDUCATION of CLIENTS
- IV ALLOCATING RESOURCES ACCORDING to RESULTS IN RESPECT for RIGHTS

RIGHTS COST MONEY!

RIGHTS HARD TO MONITOR WHEN THEY EXIST... EASIER WHEN THEY DON'T. DEMOGRAPHICS EASY TO MONITOR...  
MEASURES OUT OF BALANCE... LEARN from OTHER SECTORS... ADDRESS INDICATORS & MONITORING

NEED TO CREATE INDICATORS FOR SOCIAL/ECONOMIC/CULTURAL FACTORS

ROLE of INT'L BODIES v. NATIONAL BODIES

FOCUS of MANY GOV'Ts ON VISIBLE OUTPUT (BRIDGES, ETC) - NEED to SHIFT THINKING

STRUCTURAL CHANGE REQUIRED

## WHAT ARE the UNINTENDED CONSEQUENCES of INTENDED GOOD

WHO HAS THE POWER?  
WHO SETS THE TARGETS?

NO INT'L CONSENSUS

NAT'L v. INT'L

SHORT-TERM  
LONG-TERM

WHAT TIME HORIZON IS BEING USED?

BEST INTENTIONS DON'T ALWAYS LEAD to GREAT RESULTS...



## RESOURCE COSTS

- HIGH VOLUME of PROCEDURES NEEDED TO MAINTAIN SAFETY
- = INFRASTRUCTURE - OPERATING ROOM/RECOVERY
- = HR - SURGEON, NURSE, COUNSELOR - PROGRAM MGRS
- = POLICY/LEGISLATION Δ
- = TECHNOLOGIES/EQUIPMENT
- = HMIS/GOVERNANCE
- = CONSTELLATION of SVCS - BUILD LINKAGES
- = REMEDIES
- = ABUSE (COST)
- = INDIVIDUAL REGRET

## HUMAN COST SYSTEM

- = ONGOING COST of PROVIDING SERVICES
- = DISCONTINUITY
- = RESULTS of UNINTENDED CONSEQUENCES

INDIVIDUAL  
= FEES, TRANSPORT, SIDE EFFECTS, ANXIETY UNINTENDED PREGNANCY

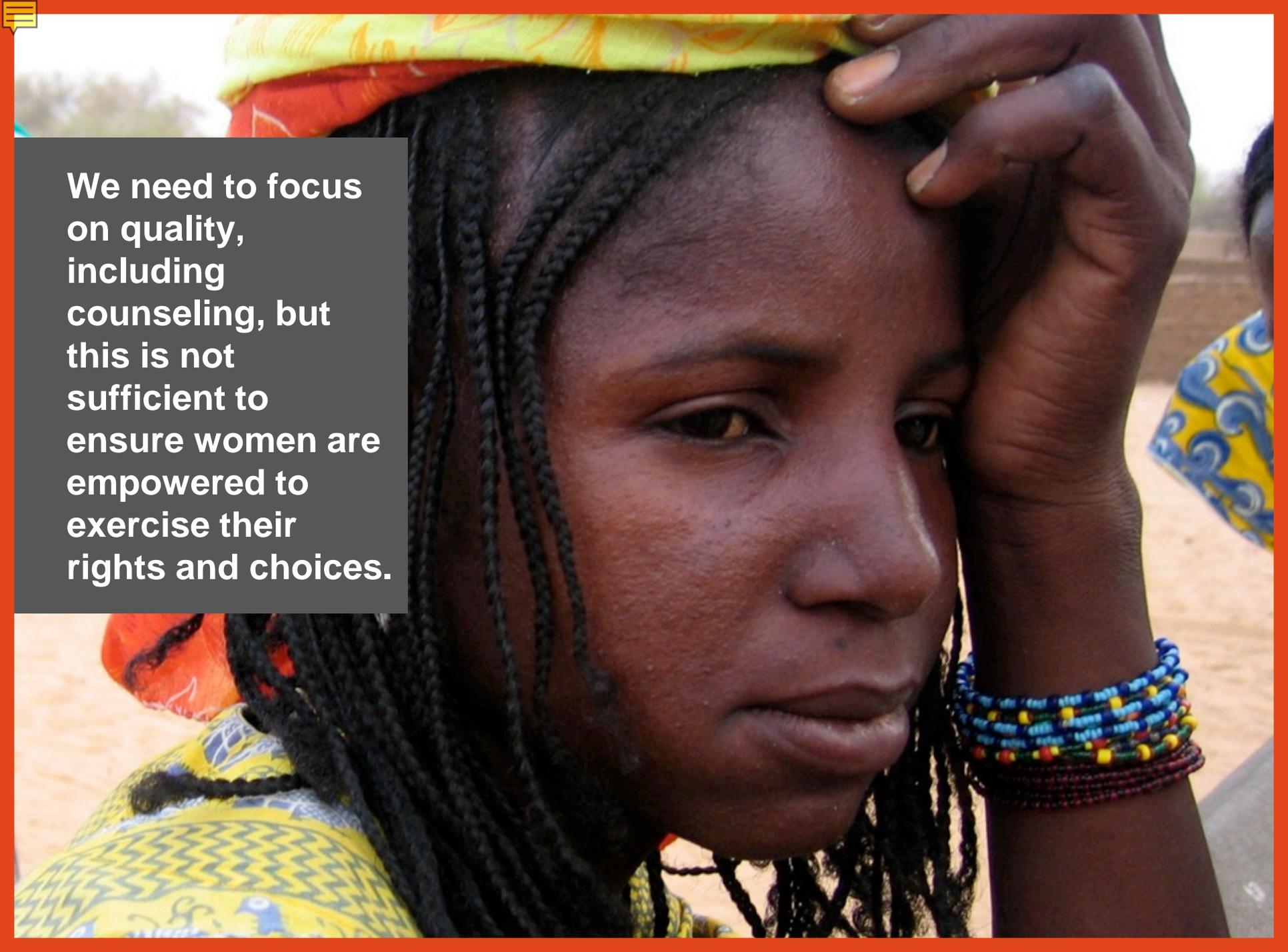




## Achievements:

- Shifted conversation from methods to clients
- Identified need to routinely monitor choice and rights
- Agreed that female sterilization has a vital role to play





**We need to focus on quality, including counseling, but this is not sufficient to ensure women are empowered to exercise their rights and choices.**



**Ideally, the individual making reproductive health and family planning decisions should be supported by the health system and by social networks , and protected by the policy and legal context.**

# Contraceptive Choice

**... is the fundamental right and ability of individuals to choose and access the contraceptive method that meets their needs and preferences without either barriers or coercion. Legal and social practices are in place to support this right and the health system is able to provide the counseling, information, competent providers and range of methods required to ensure that adequate and appropriate options are available. Women and communities are effectively engaged in informing services and in continuous quality improvement.**

**Supporting conditions include:**

- \* Constitutional and legal frameworks affirming and supporting these rights are integrated and operationalized through protocols and practices in the health system.**
- \* Vibrant civil society**
- \* Accountable health systems**
- \* Informed and confident individuals and communities**





**Coercion attracts most of the attention and outrage.**

***All conditions that compromise women's rights and FP choices warrant attention.***



- **Sterilization abuse still exists**
- **Significant access barriers remain**
- **Method's images suffers from lack of dialogue**
- **Growing unmet need for limiting; heavy reliance on short-acting methods**
- **Lack of studies about regret of sterilization denied**



## Recommendations:

- Governments should protect and uphold reproductive rights
- Develop an accountability framework
- Monitor and reward service quality in addition to quantity





## Increased focus on choice, voluntary FP and human rights

- \* FP 2020
- \* Gates
- \* WHO
- \* UNFPA





## What does this mean for IBP members?

Use the power of the partnership to identify and promote effective practices for :

- Bringing the FP/RH program community and the rights community together to work toward common goals
- Balancing the focus on methods and numbers with a focus on clients and their rights
- Protecting choice and rights in FP programs
- Monitoring choice and rights and holding programs accountable



For more information...

<http://www.engenderhealth.org/bellagio>

