

Family Planning Frameworks and Indicators, Reproductive Rights, and Gender

Introduction to Module 1

An Online Evidence-based Course 2022

Moazzam Ali MBBS, PhD, MPH

James Kiarie MBChB, Mmed, MPH

Department of Sexual Reproductive Health and Research

Twitter [@HRPresearch](#)



Facilitators



James Kiarie: Trained in medicine and surgery with specialization in Obstetrics and Gynecology and Public Health. Is currently the Head of the Contraception and Fertility care Unit, in the World Health Organization (WHO), Geneva. The unit works on contraception, fertility care and infertility. Has over 25 years' experience in research, teaching, management and leadership. Interests focused on health systems, implementation and translation of evidence to practice.



Moazzam Ali is an Epidemiologist at the WHO, Geneva. He is physician by training and has masters and doctorate in public health. He has progressive experience for more than 25 years in managing research for health systems, and teaching health policy and management in low-and-middle income countries. He has managed a wide range of portfolios, including designing and evaluating national health systems, developing a critical mass of researchers and decision-makers for policy and systems research. He is passionate about improving quality of care in family planning and implementing innovative financing modalities in contraception.

Family Planning through the lens of global strategies, measurement and human rights

Global strategies

Roadmaps to support or guide achievement of desired outcome

Broken down to implementation plans, action plans, guidelines and protocols

Instigate commitment and action, mobilize resources and challenge status quo

Global frameworks

Grouped ideas, rules or beliefs to guide descriptions, discussions and decisions

Facilitate planning, activities, monitoring and reporting

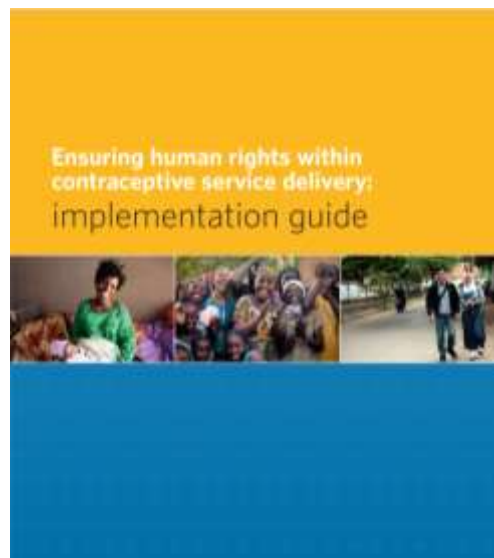
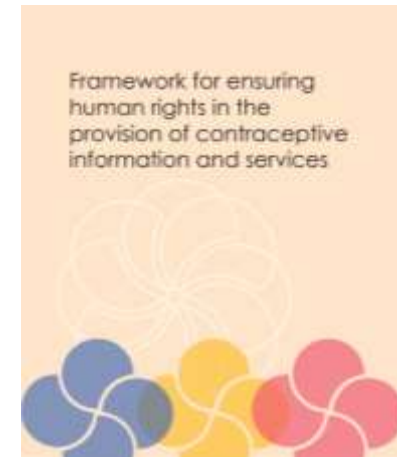
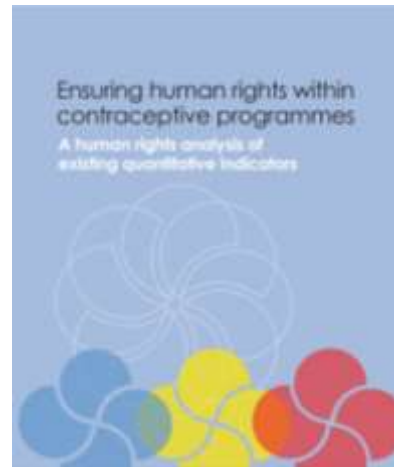
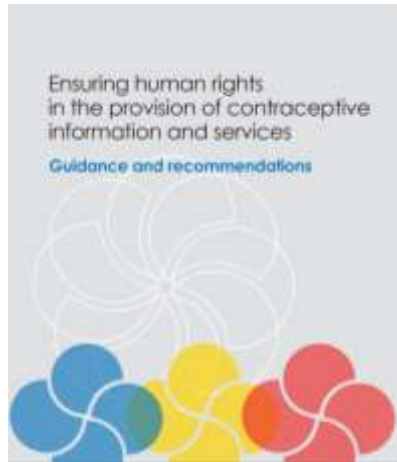
Measurement

What cannot be measured, cannot be improved, managed, reported

What is measured gets done

Human rights

Important issue in contraception covered in several WHO documents



Ensuring human rights in the provision of contraceptive information and services

□ **Priority actions to ensure integration of human rights**

- Non- discrimination
- Availability of contraceptive information and services
- Accessibility of contraceptive information and services
- Acceptability of contraceptive information and services
- Quality of contraceptive information and services
- Informed decision-making
- Privacy and confidentiality
- Participation
- Accountability

□ **Elements of quality of care include:**

- Incorporation of medical standards of care and client feedback
- Provision of long-acting reversible contraception (LARC) methods should include insertion and removal services, and counselling on side-effects, in the same locality
- Ongoing competency-based training and supervision according to existing WHO guidelines

Module outcome and training objectives

- ❑ **Outcome:** Students participate as part of an effective and functional global network for the exchange of knowledge and experiences in family planning.

- ❑ **Training objectives:** On completion of the course students should be able to:
 - Describe global strategies, frameworks and goals that are relevant to family planning programmes
 - Define basic indicators related to population and family planning and how they are used globally for decision making
 - Apply human rights principles in describing family planning programmes

Targeted health professionals

□ Different

- levels of knowledge and education
- Professions: Doctors, nurses, midwives, managers, social workers
- Geographic areas especially lower middle- and lower-income countries

□ Involved in service

- Provision
- Management and leadership
- Policy formulation
- Advocacy

Content

Based on WHO recommendations and enhanced by field experience.

- **Global strategies and measurement in family planning**
 - The place of family planning in global health frameworks, strategies and goals such as UHC, SDG, RH Strategy and UNSG Strategy
 - Family planning use and its impact
 - Indicators used to measure the status of family planning provision and use such as Contraceptive Prevalence and Unmet need for FP
- **Human rights in family planning**
 - Special populations in family planning
 - Concepts of reproductive rights in family planning
 - Gender issues and relations in family planning

Teaching methods and assessment and duration

Content and Method	Duration
Power point presentations	3 hours
Videos and reading materials illustrating key concepts	2 hours
MCQ tests	1 hour
Total	6 hours

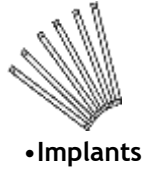
Assessment based on completion of the content, scores in MCQ tests

Important concepts

- ❑ **Family planning/Contraception:** Is an essential intervention to promoting the well-being and autonomy of women, their families and their communities by empowering women to chose if and when to become pregnant
- ❑ **Methods of contraception:** Oral contraceptive pills, implants, injectables, patches, vaginal rings, Intra uterine devices, condoms, male and female sterilization, lactational amenorrhea methods, withdrawal and fertility awareness-based methods.
- ❑ Differ in effectiveness in preventing unintended pregnancy. This is measured by **the number of pregnancies per 100 women using the method per year.**
- ❑ Methods classified by their effectiveness as commonly used into: **Very effective, Effective, Moderately effective and Less effective.**

Most effective

• Very effective (< 1 per 100 women)



• Implants



• Sterilisation for women



• Vasectomy

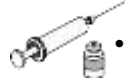


• IUD

• How to make your method more effective

• One-time procedures; nothing to do or remember

• Effective (1-9 per 100 women)



• Injectables

• Need repeat injections every 1, 2 or 3 months



• Pills

• Must take a pill each day

• Moderately effective (10-19 per 100 women)



• LAM

• Must follow LAM instructions



• Male condoms

• Must use every time you have sex; requires partner's cooperation



• Diaphragm

• Must use every time you have sex

• Less effective (20 or more per 100 women)



• Female condoms

• Must use every time you have sex; requires partner's cooperation



• Fertility Awareness-Based Methods

• Must abstain or use condoms on fertile days; requires partner's cooperation

Least effective

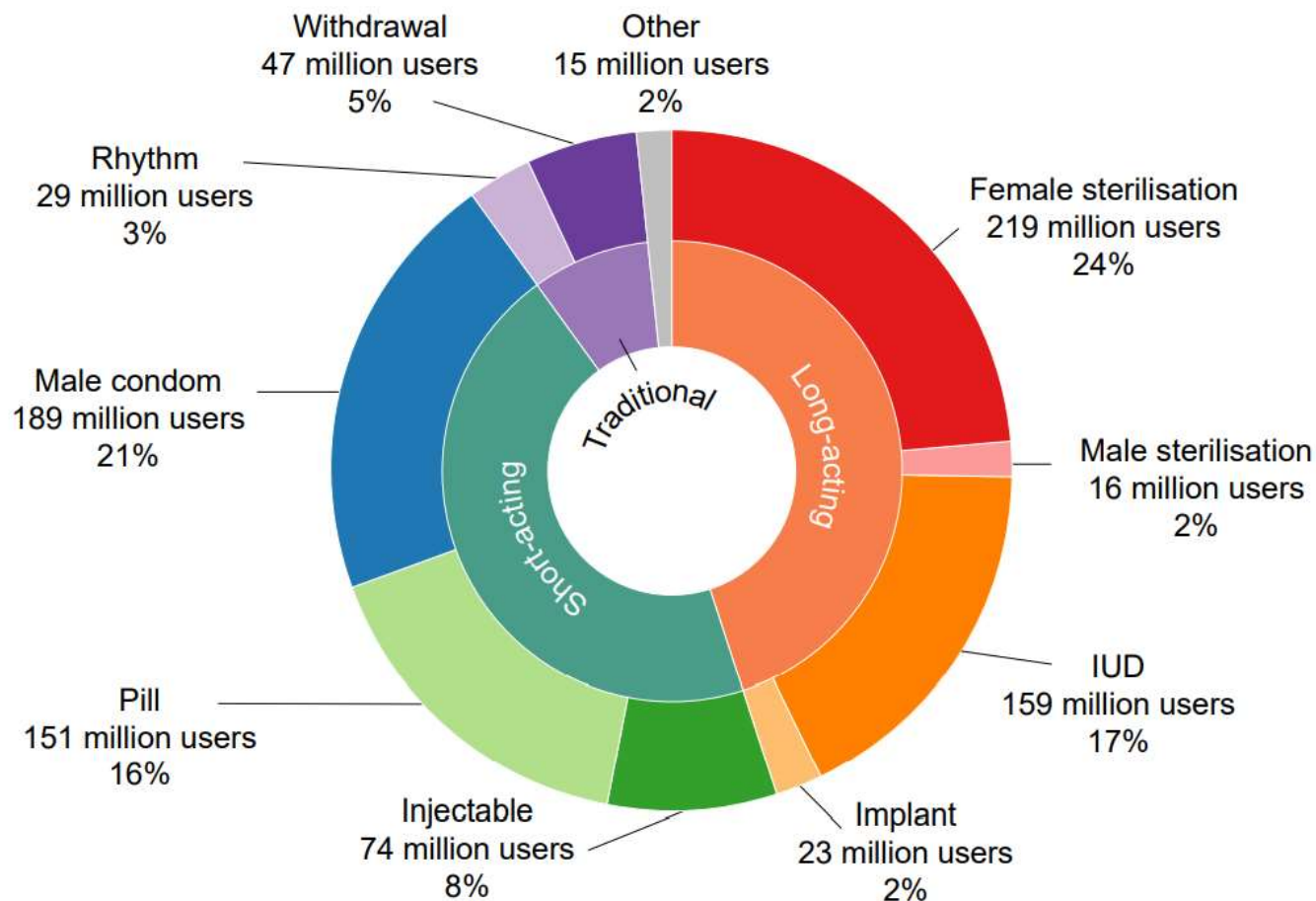


• Spermicides

• Must use every time you have sex

Methods used globally

Figure 2. Estimated numbers of women of reproductive age (15-49 years) using various contraceptive methods, worldwide, 2019



Contraceptive use by method. United Nations, Department of Economic and Social affairs, 2019.

<https://www.un.org/en/development/desa/population/publications/pdf/family/ContraceptiveUseByMethodDataBooklet2019.pdf>

Conclusion

- ❑ Introductory module
- ❑ Looks at global big picture issues
- ❑ Important to have grasp of the general before diving to specifics
- ❑ Assessments will be drawn from the presentations, readings and videos

Readings and videos

- ❑ Read the WHO factsheet on contraception
<https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
- ❑ Watch the video on WHO and the development of contraceptive methods
<https://www.youtube.com/watch?v=jHb69wklWN4>
- ❑ Watch video on Human rights and contraception
<https://www.youtube.com/watch?v=4ubJzsYeJTI&t=513s>