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Health Benefits of Family Planning



Family Planning and Population
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Preface

Research results and experience worldwide provide clear evidence that family planning benefits the health of women and children. This booklet summarizes key findings about the health benefits of family planning and explains how offering a choice of contraceptive methods benefits both clients and programmes. It is intended for policy makers, programme managers, community leaders, teachers, health providers and others who need concise, up-to-date information about how family planning is beneficial and why it should be supported with adequate human and financial resources at all levels.

Family planning saves lives of women and children and improves the quality of life for all. It is one of the best investments that can be made to help ensure the health and well-being of women, children, and communities. Yet it is estimated that some 120 million women who do not wish to become pregnant are not currently using contraception (see Figure 1). By providing all women and men of reproductive age with a choice of contraceptive methods and counselling about how to use those methods safely and effectively, programmes can have a significant impact on the lives of their clients.



Family planning saves lives and improves health

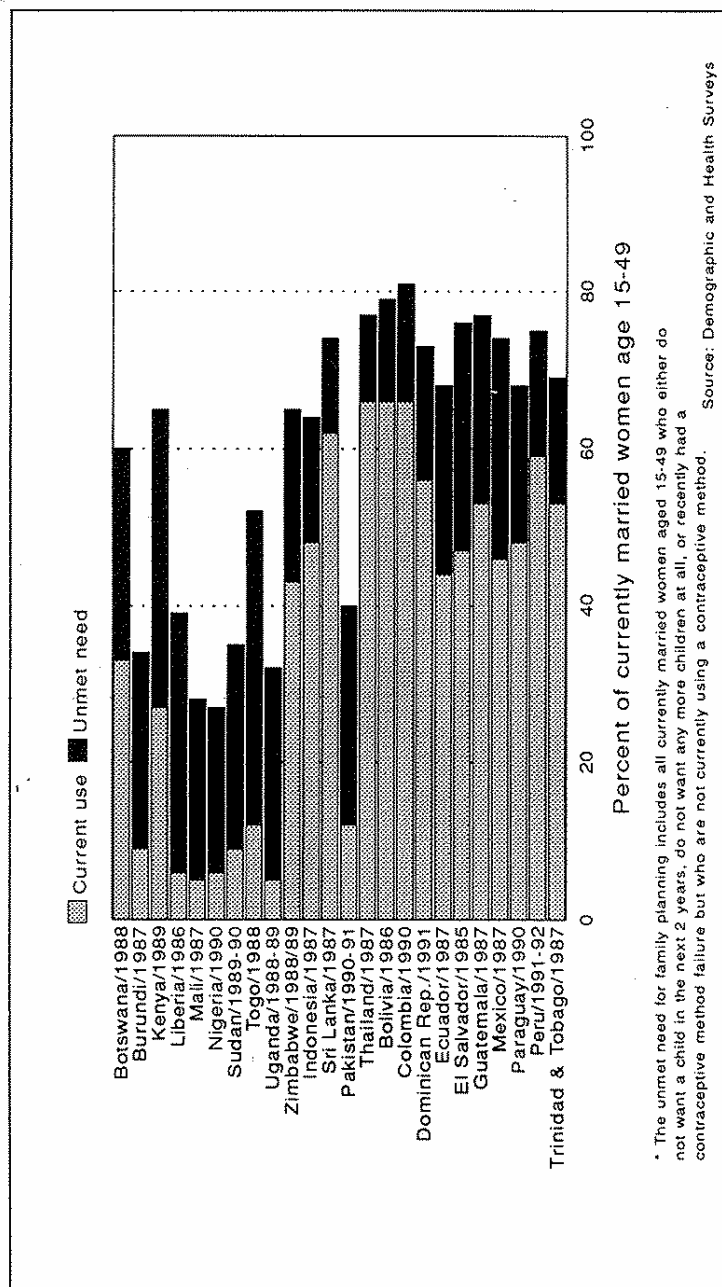
Women's health. Contraceptive use reduces maternal mortality and improves women's health by preventing unwanted and high-risk pregnancies and reducing the need for unsafe abortions. Some contraceptives also improve women's health by reducing the likelihood of disease transmission and protecting against certain cancers and health problems (see box, page 5).

"It is estimated that 100,000 maternal deaths could be avoided each year if all women who said they want no more children were able to stop childbearing."

Each year over 500,000 women die from causes related to pregnancy and childbirth (*Maternal Mortality Ratios and Rates*, WHO, 1991). The most common causes of maternal death are complications of pregnancy and delivery such as haemorrhage,¹ sepsis,¹ complications of unsafe abortion, hypertensive disorders of pregnancy,¹ and obstructed labour¹ (*Mother-Baby Package*, WHO, 1994). In much of South Asia, a woman has a one in 35 chance of dying over the course of her lifetime as a consequence of unsafe abortion, pregnancy, or delivery; in many areas of Africa the risk is greater than one in 20 (*Maternal Mortality Ratios and Rates*, WHO, 1991). By contrast, the risk in North America is one in 4,006 (*Maternal Mortality Ratios and Rates*, WHO, 1991). Pregnancy also affects women's health: for each maternal death in a developing country, more than 100 women suffer illnesses related to pregnancy and childbirth (Koblinsky, 1993). A significant proportion of these deaths could be avoided through the effective use of family planning; it is estimated that 100,000 maternal deaths could be avoided each year if all women who said they wanted no more children were able to stop childbearing (World Bank, 1993).

¹See glossary.

Figure 1: Unmet need is substantial in many countries*



Contraceptives: safe, effective, and protective

Contraceptives provide a safe and effective way to regulate fertility and preserve health. A variety of methods are available--both permanent and reversible, long-acting and short-acting, and methods for women and men. When used properly and consistently, contraceptives can provide substantial protection against pregnancy. In addition to their effectiveness in preventing pregnancy, some contraceptives also have substantial non-contraceptive health benefits.

- **Barrier methods.** Condoms, and to a lesser extent spermicides and the diaphragm, play an important role in the prevention of sexually transmitted diseases (STDs). STDs are a significant problem in many countries and can lead to pelvic inflammatory disease,¹ infertility, and, in some cases, death. Although no contraceptive is 100 percent effective at preventing disease transmission, condoms can greatly reduce transmission of human immunodeficiency virus (HIV), the virus that causes AIDS.
- **Hormonal methods.** Combined oral contraceptives offer significant protection against:
 - (i) life-threatening diseases such as ovarian cancer, endometrial cancer, ectopic pregnancy and pelvic inflammatory disease;
 - (ii) health conditions that impair quality of life such as iron deficiency anaemia, benign breast disease, menstrual problems and functional ovarian cysts.

Progestin-only contraceptives reduce monthly blood loss and therefore help protect against anaemia¹ and also have been reported to protect against some STDs and pelvic inflammatory disease. For some conditions, the protective effect remains even after the method is no longer being used.

- **Lactational Amenorrhoea Method.**¹ The Lactational Amenorrhoea Method - or breast-feeding - provides important benefits for nursing infants. Breast-feeding provides special nutritional benefits to the infant and protects against diarrhoea, coughs and colds, and other common illnesses.



Termination of pregnancies can be risky to a woman's health. Unsafe abortions and their complications are a major cause of maternal death and illness; approximately 70,000 women die each year as a result of unsafe or incomplete abortion and many more suffer complications (*Abortion: A tabulation of available data on the frequency and mortality of unsafe abortion*, 2nd Edition, WHO, 1994). Infertility due to tubal infections resulting from unsafe abortion is common in some areas. Using contraception to prevent unwanted pregnancies helps to reduce the toll of unsafe abortion.

Pregnancy is particularly risky to certain groups of women - very young women, older women, women with more than four children, and women with existing health problems. If all high risk pregnancies were prevented, maternal mortality could be reduced by up to 25 percent (Royston and Armstrong, 1989).

- Very young, adolescent women who become pregnant face serious health risks because their bodies may not be physically mature enough to handle the stress of pregnancy and childbirth. Women aged 15-19 have up to three times the maternal death rate as those aged 20-24. They are especially likely to suffer from pre-eclampsia¹ and eclampsia,¹ obstructed labour, and iron deficiency anaemia.
- The risks of childbearing also are greater in older women as their bodies may be less able to deal with the physical stresses of pregnancy and childbirth. Women over the age of 35 are five times more likely to die in pregnancy or childbirth than women aged 20-24. The risk of giving birth to babies with low birth weight or disabilities also increases in older women.
- The risk of maternal death increases for each successive birth after the fourth; the risk is 1.5 to 3 times higher for women with five or more children than for women with two or three children. Pregnancy and childbirth is riskier for these women as they are more likely to suffer from



anaemia, require blood transfusions during delivery, and die of haemorrhage than women with fewer children.

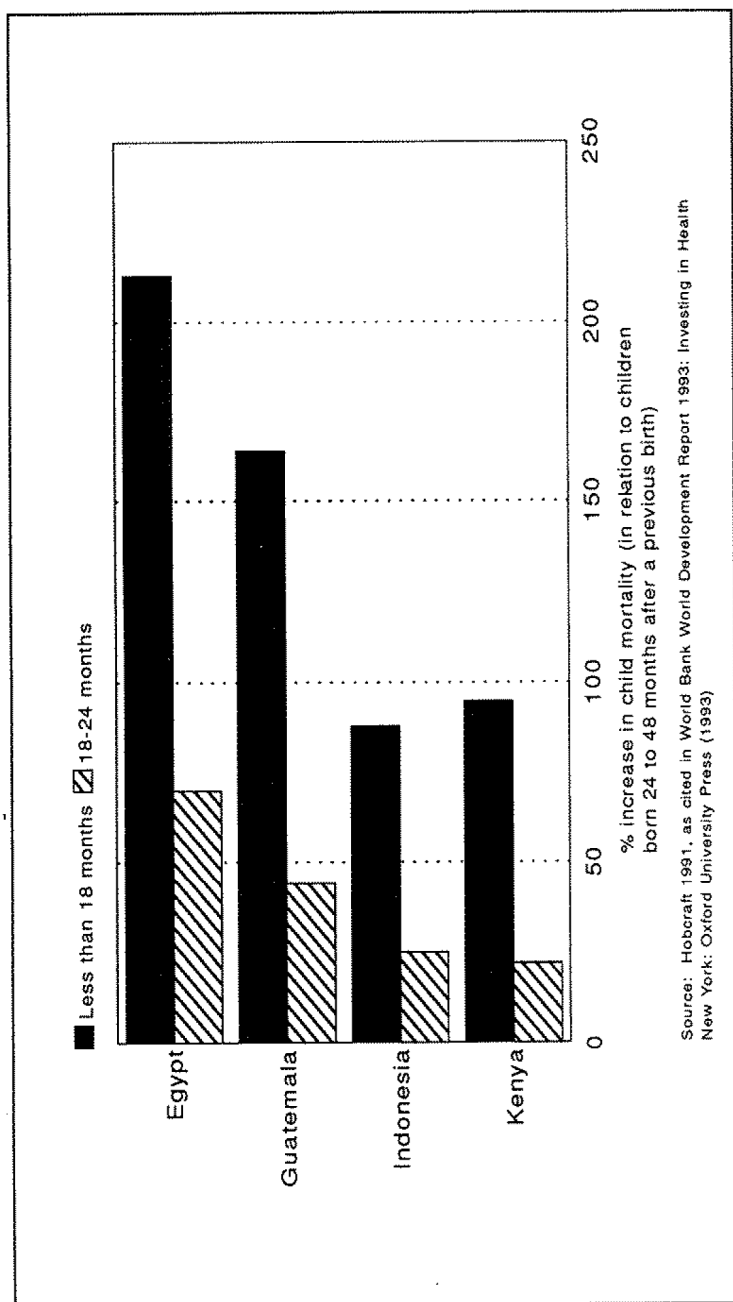
- Women who have existing health problems face an increased risk of death if they become pregnant. For example, the risk of dying from anaemia, hepatitis,¹ heart disease, renal disease,¹ malaria, and cholera is increased in women who are pregnant compared to those who are not.

"Achieving adequate birth spacing (more than two years apart) could reduce child death by up to a third in some countries."

Children's health. It has been estimated that expanding contraceptive services to meet the needs of couples who wish to avoid pregnancy but currently are not using contraception could prevent as many as 850,000 deaths per year among children under age five (World Bank, 1993). Child deaths are prevented through adequate birth spacing, prevention of births among very young women, and prevention of births among women with four or more children.

When used to space births at least two years apart, contraceptives save children's lives. When births are spaced less than two years apart, particularly less than 18 months, infants are more likely to be premature and have a low birth weight, two factors that lead to increased mortality (see Figure 2). The average chance of dying in infancy¹ increases by about 60-70 percent for children born less than two years apart; the chance of dying before the age of five years increases by about 50 percent (Hobcraft, 1987). Achieving adequate birth spacing could reduce child mortality by 20 percent or more in some countries in Central and South America and North Africa, and by up to a third in Brazil and Egypt.

Figure 2: Short birth intervals increase child mortality



Short birth intervals also decrease the survival chances of the preceding child. The arrival of a new baby means that breast-feeding stops suddenly and the mother has less time to devote to caring for the older child. A birth interval of less than 12 months raises the overall average risk of death for the preceding child between ages one and five by at least 70 to 80 percent; a birth within 18 months raises the risk by 50 percent or more (Hobcraft, 1987).

Postponing first births until the mother is at least 18 years of age is another important factor in reducing child deaths. An infant born to a teenage mother is more likely to be born too early and weigh too little at birth and is 24 percent more likely to die in the first month of life than is an infant born to a mother aged 25-34 years; the increased risk continues through early childhood. Delaying first births until women are at least 18 years old could potentially reduce the risk of death for first born children by up to 20 percent on average and by up to 30 percent in a few countries (Hobcraft, 1991).

Having too many children also places children's health at risk. Using contraception to end childbearing after four births helps reduce infant mortality rates. Births of order four and higher are associated with higher infant mortality in Latin America and Asia (Ross and Frankenberg, 1993). A study in Bangladesh found that the infant mortality rate for women who had 5-6 children was about three times the rate of those with only two children (Rahman and Nessa, 1989). A study in Egypt found 38 percent higher infant mortality among fifth and subsequent births than among third- and fourth-order births (Ibrahim, 1993). This higher risk may be partially due to the effect of older maternal age, which poses a risk for the mother, and consequently her infant. Scarcer resources and the higher likelihood of exposure to infectious diseases also may be factors.



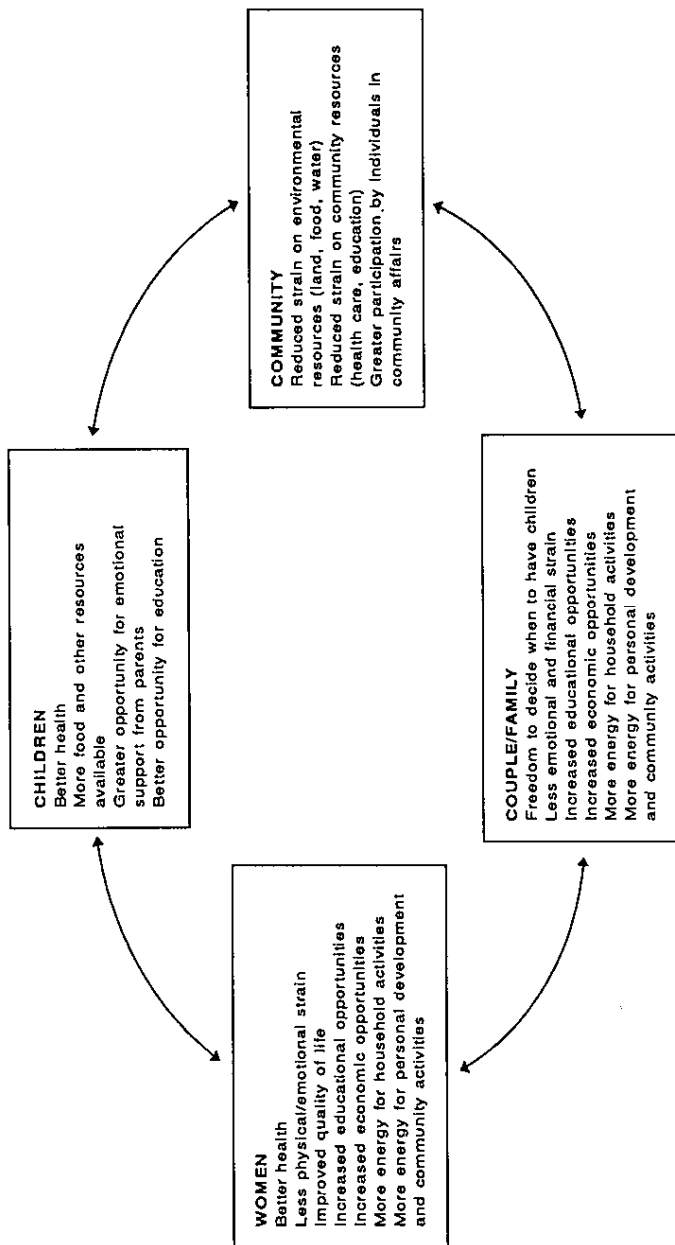
"Families with fewer, healthier children can devote more resources to providing their children with adequate food, clothing, housing, and educational opportunities."

Family and community health. By providing a means for couples to have smaller healthier families, family planning helps reduce the economic and emotional burden of parenthood. Families with fewer and healthier children can devote more resources to providing their children with adequate food, clothing, housing, and educational opportunities.

Contraceptive use also can help improve women's status and quality of life. Access to contraceptives allows women to decide the number and spacing of their children. Women with smaller, healthier families are likely to have increased opportunities for participation in educational, economic, and social activities. In contrast, when girls leave school early for marriage and childbearing, as they often do in parts of South Asia and Africa, it perpetuates the cycle of low status and high fertility (Sadik, 1992). The relationship between contraception and women's status is a dynamic one: improving women's educational and economic opportunities can also have an important impact on the acceptability and use of contraception.

Since effective family planning programmes reduce fertility, they can help to relieve the pressures that rapidly growing populations place on economic, social, and natural resources. Rapid population growth impedes economic growth and makes it more difficult to achieve improvements in education, environmental quality, and health. At current rates, world population will double in 43 years. Experience over the last 25 years suggests world population stabilization at a level less than double the current population size is possible through the expansion of reproductive rights and family planning services (Population Action International, 1993).

Benefits of Family Planning



Informed choice is a key element of high quality services

"The availability of a variety of methods encourages contraceptive continuation by allowing women and couples to switch to methods that better meet their changing needs."

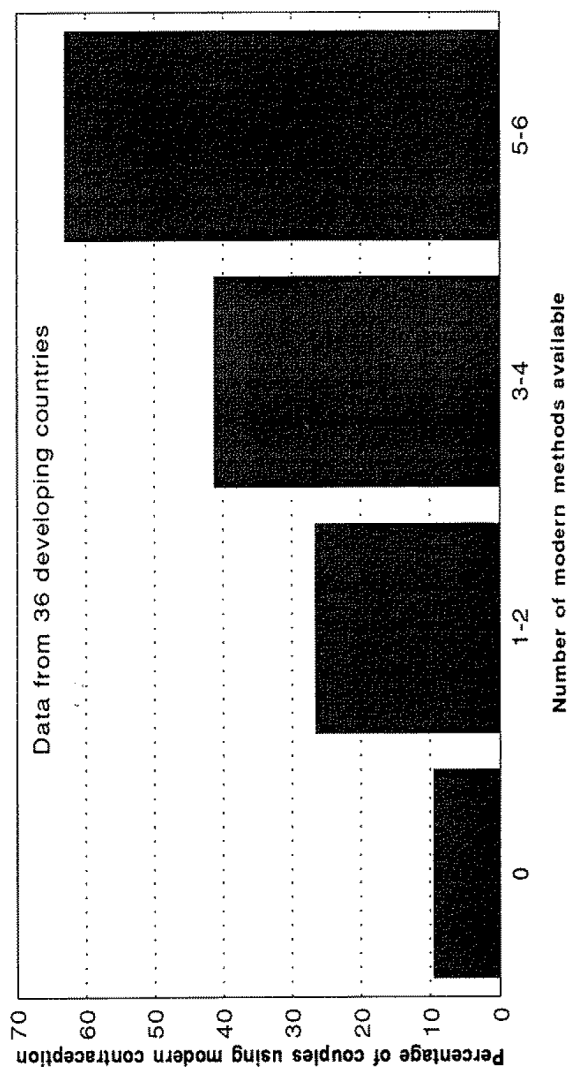
In order to determine the number and spacing of their children freely and responsibly, women and men need a choice of contraceptive methods appropriate to their needs. Choice of contraceptive methods is a key element of high quality services that benefits both clients and programmes. Clients benefit because they are able to select the method that best meets their needs and can switch to a different method as their needs change or if they experience difficulties. Programmes benefit because their clients are more likely to be satisfied and, therefore, to continue using a method.

Offering a variety of methods is important because each person's contraceptive choice is influenced by personal concerns, health considerations, cost, and the cultural environment. These factors vary according to the individual, the couple, and the setting. Contraceptive needs also change as an individual moves through her reproductive life cycle from adolescence to menopause. A method that is appropriate and acceptable to a young woman may not be the best choice for the same woman several years later.

Offering clients choices can help increase contraceptive prevalence rates. Data from 36 developing countries indicate that making one additional modern method² widely available could increase

² Modern methods were defined as including IUDs, oral contraceptives, injectable contraceptives, male and female sterilization, condoms, other conventional methods (such as spermicides), and abortion.

Figure 3: Making more methods available increases contraceptive use



* IUD, OC, injectable, male and female sterilization, condoms, other conventional methods (such as spermicides), and abortion
Source: Ross et al., 1989

contraceptive prevalence by about twelve percent (see Figure 3) (Ross et al., 1989).

The availability of a variety of methods encourages contraceptive continuation by allowing women and couples to switch to methods that better meet their changing needs. When the Matlab Family Planning Health Services Project in Bangladesh began to offer a full range of contraceptive methods, 80 percent of the women were still using some method after one year, a dramatic increase over the 40 percent continuation rate that occurred when only condoms and oral contraceptives were available.

"Counselling can have a significant impact on user satisfaction and programme impact."

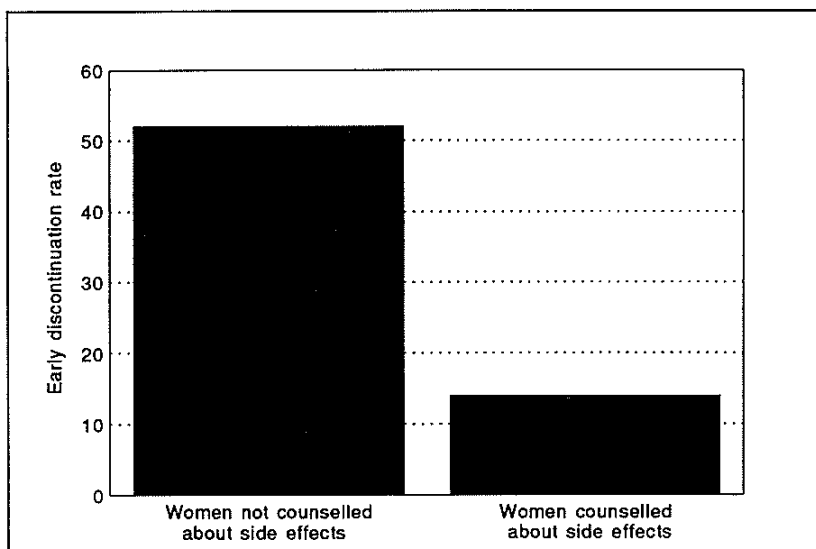
Counselling is an important part of ensuring that clients make informed choices. The face-to-face meeting between a client and provider may be the only chance the client has to ask questions, express concerns, or learn about different methods from someone who is knowledgeable and concerned. A successful interaction will build trust between the provider and client, thereby encouraging the client to return if she or he needs more help.

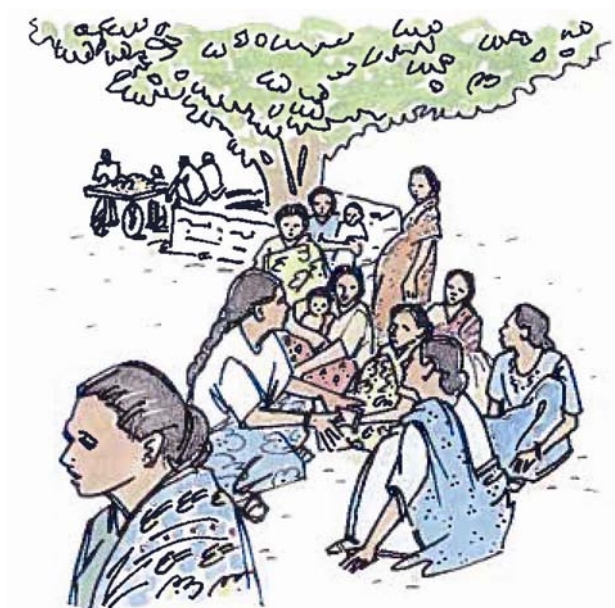
Good counselling is not difficult but requires training and practice. Good counsellors not only are knowledgeable about the technical aspects of contraception, but also listen with empathy, help clients make their own decisions, and provide clients with the information they need to use their chosen method safely and effectively. A good counsellor will not let personal biases influence the information presented to clients.



When done well, counselling can have a significant impact on user satisfaction and programme impact. For instance, a study in Gambia found that women who reported that they were inadequately counselled were more than three times as likely to stop contracepting as those who felt they received sufficient information about side effects (see Figure 4) (Family Health International, 1991).

Figure 4: Counselling improves contraceptive continuation





Expanding and improving family planning services is critical

Efforts to expand and improve family planning services can have a significant impact on saving and improving the lives of women and their families. Many individuals and couples throughout the world want to space or limit their births but are not using contraception (see Figure 1). Policy makers and programme managers can take the following key steps to ensure that high quality contraceptive services are available and accessible to all who want them:

1. Remove policy barriers that limit access and choice.

Policies that unnecessarily restrict access to contraceptives include making certain methods illegal (such as voluntary sterilization), restricting advertising for contraceptive methods, limiting contraceptive distribution only to physicians, requiring that contraceptives only be supplied to women who have their husbands' consent, and requiring unnecessary import duties and customs regulations for contraceptives.

2. Remove medical barriers that limit access and choice.

"In many countries, overly restrictive medical requirements limit access to contraception."

In many countries, overly restrictive medical requirements limit access to contraception. Where requirements are based on outdated information or on misperceptions about methods, medical recommendations and requirements should be updated to include the most appropriate and essential criteria. In a few countries, unnecessary restrictions include requiring oral contraceptive users to have blood tests every three to six months and prohibiting injectable contraceptive use in women without children.



Provider bias against certain methods also influences the choices offered to clients.

3. Provide financial support for family planning services.

Family planning is a cost-effective investment that ultimately saves lives and saves money. Although the costs of providing family planning services can vary considerably from programme to programme, it has been estimated that worldwide, between US\$11-15 billion will be required annually to achieve a contraceptive prevalence rate of 70 percent by the year 2000. This requires a significant increase over the current expenditure level of US\$4.6 billion (Speidel, 1993). Both donor agencies and country governments need to substantially increase their financial commitments to family planning to achieve this level of support.

4. Make a broad range of methods available through various delivery routes.

"Clients are more likely to use contraceptives if they are presented with a choice of methods and services that are easily accessible."

Clients are more likely to use contraceptives if they are presented with a choice of methods and services that are easily accessible. Wherever possible, programmes should make a wide range of contraceptives available through a variety of sources, including maternal and child health clinics, prenatal and postpartum care centres, community-based distribution systems, STD services, health services for adolescents and men, and private sector sources.

5. Use appropriate information, education, and communication strategies to inform people about family planning.



Programmes can help to ensure that couples have enough information to make an informed decision about their contraceptive choice by providing face-to-face counselling supplemented with appropriate print materials and by using the mass media. All possible and appropriate community-based communication channels and systems should be utilized, particularly those involving local leaders, healers, and events. All forms of communication should be culturally appropriate and respectful of the client's needs. The counselling process should be an interactive one; whenever possible, providers should ask clients to state what they have heard in their own words to ensure that they understand the information being provided.

6. Support provider training and supervision.

Training workers in interpersonal communication and counselling skills as well as in technical aspects of contraceptive service provision yields positive results. Clients who receive services from trained providers are more likely to accept and use contraception, report fewer and milder side effects, and return for regular visits. Supportive supervision helps to reinforce skills learned in training.

7. Support research and evaluation of family planning methods and programmes.

"Research on how family planning programmes operate can help determine the best ways of providing different contraceptive methods in diverse cultures and programme settings."

Research on contraceptive technologies contributes to the development of new methods, improvement of existing methods, and knowledge of method safety. Research on how family planning programmes operate can help



determine the best ways of providing different contraceptive methods in diverse cultures and programme settings. Information from both types of research is critical to expanding the acceptability and impact of family planning programmes.

Conclusion: Family planning benefits all

"Committing human and financial resources to improving family planning services will not only improve the health and well-being of women and children, but it will also support efforts to achieve a sustainable global population."

By allowing women the freedom to control the number and spacing of their births, family planning helps women preserve their health and fertility and also contributes to improving the overall quality of their lives. Family planning also contributes to improving children's health and ensuring that they have access to adequate food, clothing, housing, and educational opportunities. Family planning achieves these improvements in health and quality of life very cost-effectively compared with investments in most other health and social interventions. Committing human and financial resources to improving family planning services will not only improve the health and well-being of women and children, but it will also support efforts to achieve a sustainable global population.

Glossary

Anaemia A disease in which the blood gets thin for lack of red blood cells. Signs include pale skin and lack of energy.

Eclampsia A potentially fatal condition in which a woman with pre-eclampsia (see below) develops convulsions.

Ectopic pregnancy A pregnancy that occurs outside the uterus, usually in one of the fallopian tubes. Ectopic pregnancy can be fatal if not detected early.

Haemorrhage Severe or dangerous bleeding.

Hepatitis A viral infection that harms the liver. Hepatitis increases the risk during pregnancy of liver failure and death.

Hypertensive disorders of pregnancy a syndrome characterized by swelling of the face and hands, high blood pressure and protein in the urine after the 20th week of pregnancy. If untreated may develop into pre-eclampsia/eclampsia.

Infancy The period of time from birth to one year of age.

Lactational Amenorrhoea Method (LAM) A postpartum method of family planning. If a woman is amenorrhoeic, fully or nearly fully breast-feeding day and night, and less than six months postpartum, she is 98 percent protected against pregnancy.

Obstructed labour A problem that occurs when the space in the bony birth canal of the mother is either too small or too distorted by disease to permit easy passage of the head of the baby during labour. If the condition is not dealt with in early stages of labour, obstruction can result in death of the mother through infection and exhaustion, and death of the fetus through infection, birth injury, and lack of oxygen.

Pelvic Inflammatory Disease (PID) Infection and inflammation of the upper reproductive tract (uterus and fallopian tubes) caused by sexually transmitted disease. PID can lead to infertility.

Pre-eclampsia A serious condition that sometimes develops during pregnancy characterized by development of high blood pressure, protein in the urine, and swelling of the feet, hands, and face. Also known as toxemia.

Renal Disease Disease conditions that affect liver function, such as viral hepatitis. Pregnancy increases the stress on the liver. If damage to the liver cells is serious, the patient may suffer acute liver failure and die.

Sepsis Blood poisoning.

Toxemia See pre-eclampsia.

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Family Planning is one of the best and most cost-effective investments that can be made to ensure the health and well being of women, children and communities.

This booklet which summarizes the many health benefits of family planning, is intended for policy makers, programme managers, community leaders, teachers, health care providers and others.

It contains concise, up to date information about how family planning is beneficial, and why it should be supported with adequate human and financial resources at all levels.