

# A Statement on Family Planning for Women and Girls as a Life-saving Intervention in Humanitarian Settings

Inter-agency Working Group (IAWG) on Reproductive Health in Crises

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## Introduction

Family planning enables couples and individuals to decide freely and responsibly the number and spacing of their children. This is achieved through access to information and contraceptive methods that include short-term, long-term and permanent methods.<sup>1</sup> A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being and on the outcome of each pregnancy, as well as on broader global commitments, such as the Millennium Development Goals.

## Why is family planning important in humanitarian settings?

Women, men and adolescents' reproductive health needs do not disappear when they are forced to flee their homes and communities as a result of conflict or natural disaster. Displacement can increase people's desire and need for family planning while they simultaneously experience increased barriers to access. Those fleeing an emergency may not be able to bring their contraceptives with them or obtain them at their site of refuge. Women may also wish to postpone or cease bearing children in emergencies to avoid exposing newborns to the risks of displacement. The disruption of family and social support structures can further pose challenges for adolescents, who, without access to adequate information and services, can be more at risk

At the onset of an emergency, it is important to make contraceptive methods, such as condoms, pills, injectables, emergency contraceptive pills and intrauterine devices (IUDs), available to meet demand.

Comprehensive family planning programming should be initiated as the situation stabilizes. This involves training staff, offering community education, establishing client follow-up and maintaining a contraceptive supply chain system.



of exposure to unsafe sexual practices. It is therefore vital that family planning is properly integrated into humanitarian response and existing supply systems to ensure that contraceptives such as condoms, pills, injectables, emergency contraceptive pills and intrauterine devices (IUDs) are available to meet demand from the onset of an emergency.

In spite of known need, donor funding for family planning in humanitarian settings has been limited. A recent study showed that despite an observed 77.9 percent increase in official development assistance (ODA) for reproductive health to 18 conflict-affected countries between 2003 and 2006, funding for non-sexually transmitted infection (STI)/ HIV control-related reproductive health activities, including family planning, dropped by 35.9 percent. Family planning alone dropped below 1 percent of reproductive health funding in 2006. The annual average of ODA across the four years was USD20.8 billion and reproductive health accounted for 2.4 percent. Only 1.7 percent of the 2.4 percent, on average, was disbursed to support family planning activities.<sup>2</sup>

Complex political and ecological factors often lead to prolonged displacement, with large populations forced to spend decades away from their homes in refugee camps, internally displaced person (IDP) settlements or unfamiliar urban settings. The average long-term refugee situation lasts for 17 years.



It is critical to ensure that crisis-affected populations have access to family planning services from the onset of an emergency in order to:

### **Help ensure couples' and individuals' reproductive rights**

Access to contraceptives provides couples and individuals with the ability to plan the size, timing and spacing of their children and to prevent unwanted and unintended pregnancy. Universal access to voluntary family planning has been recognized by

international agreements as a human right.<sup>3</sup> Upholding this right is essential in all contexts and for all persons, including adolescents, regardless of status as conflict- or natural disaster-affected.

### **Prevent unwanted or unintended pregnancy and unsafe abortion**

Displacement affects individuals' reproductive preferences and decisions in divergent and dynamic ways. However, research has shown that while the immediacy and severity of an emergency may affect short-term fertility patterns, in the long term, fertility appears to be influenced by the same social and economic factors as those experienced by non-displaced populations.<sup>4</sup> Nevertheless, options to control the timing and size of families are often limited in humanitarian settings.

Without access to family planning services, women and adolescent girls are at increased risk of unintended pregnancies. On a global level, approximately 80 million women have unwanted or unintended pregnancies each year, 42 million of which are terminated.<sup>5</sup> Of the 42 million abortions, 19 million are conducted under unsafe conditions, whereby women risk abortion complications that can lead to infection, septicaemia, severe bleeding, infertility, psychological damage or death. Roughly 70,000 women die every year as a result of complications from unsafe abortion;<sup>6</sup> a compelling fact that speaks to the importance of access to comprehensive safe abortion services. In 2003, contraceptives averted 187 million unintended pregnancies, 60 million unplanned births, 105 million induced abortions, 22 million spontaneous abortions and 215,000 pregnancy-related deaths in developing countries.<sup>7, 8</sup> The benefits of family planning are multifold, and offering contraception as part of post-abortion care can also reduce the need for women to re-engage in unsafe practices.

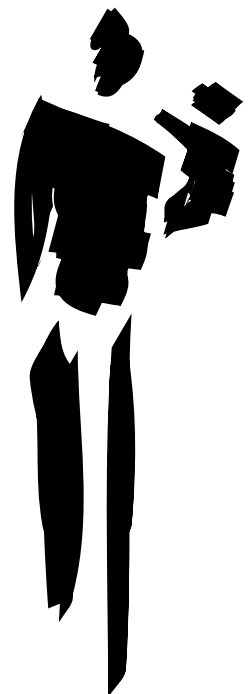
An individual's risk of experiencing gender-based violence may increase in humanitarian settings as a result of disturbances in social norms, changes and stresses to traditional gender roles, increased pressure to engage in coercive sexual practices or the use of rape as a method of warfare. Emergency contraception (EC), which does not interrupt an established pregnancy, can reduce the risk of pregnancy if taken within five days after unprotected intercourse; the sooner it is taken the better, as efficacy decreases with time.<sup>9</sup> Access to EC is particularly important for adolescents, who can be at heightened risk of sexual exploitation and abuse and to high-risk sexual practices.

### **Contribute to achieving the Millennium Development Goals**

Eight of the ten countries with the highest maternal mortality ratios in the world are also affected by fragility and conflict.<sup>10</sup> In humanitarian settings, health systems are often weakened or disrupted: health workforce capacity is inadequate, trained providers are lacking and essential medical supplies are limited, with stock-outs common. Access to skilled attendance at birth and life-saving basic and comprehensive emergency obstetric and newborn care services is often restricted or unavailable to treat the major causes of maternal death and disability, including hemorrhage, sepsis, prolonged labor, obstructed labor, unsafe abortions, hypertensive disorders and eclampsia. Up to 40 percent of all maternal deaths could be prevented if individuals and couples had access to contraceptives to prevent unintended pregnancies.<sup>11</sup> This is especially pertinent for adolescents, since girls aged 15-19 are twice as likely, and girls under 15 five times as likely, to die from childbirth if compared to women in their twenties.<sup>12</sup>

Contraception is also essential in safeguarding infant health and child survival. Children whose mothers have died are up to 10 times more likely to die prematurely than those with surviving mothers.<sup>13</sup> Nine of the 10 countries with the highest under-five mortality rates are currently experiencing or emerging from armed conflict.<sup>14</sup> The ability to adequately space pregnancies may be a matter of life and death for children; a two-year birth interval can reduce infant mortality by as much as one fifth to one third.<sup>15, 16</sup>

Access to reproductive health services which include good quality family planning is



therefore essential to reaching the Millennium Development Goals (MDGs).<sup>17</sup> MDG 4 to decrease infant mortality, MDG 5 to improve maternal health and MDG 6 to slow the spread of HIV/AIDS are impossible to attain without access to family planning. Further, the unmet need for family planning and the contraceptive prevalence rate are key indicators of Target 5b to achieve universal access to reproductive health. The current lack of progress in meeting the need for family planning, particularly in sub-Saharan Africa, has undermined progress made for other MDGs, such as increasing primary education enrollment.<sup>18</sup>

### **Contribute to early recovery, post-crisis development and economic stability**

Family planning plays an essential role in ensuring that women are able to contribute as active, productive members of their families and communities through their roles as caregivers, economic contributors and leaders in their societies. In addition to contributing to the achievement of MDG 3 on gender equality, women's participation, especially in leadership roles, helps bring a balanced, gender-responsive approach to governance and the development of camp or community political systems that are essential to successful early-recovery and post-crisis reconstruction processes. United Nations Security Council Resolutions 1325, 1820, 1888 and 1889 on Women, Peace and Security highlight the importance of including women in all processes of decision-making and in political and economic reconstruction. They reflect the international agreement that the unique needs and perspectives of women and girls must be respected. Of particular relevance is Resolution 1889 and its explicit reference to the need to ensure women and girls' access to sexual and reproductive health services—including family planning per the 1994 International Conference on Population and Development (ICPD) definition—and reproductive rights to achieve better socio-economic conditions in post-conflict situations.

During crises and throughout the transition phase as conditions stabilize, the burden of providing care for sick, injured or orphaned family and community members often falls upon women and girls. Resources are often scarce within the family structure and the community, and family planning offers the ability to preserve these scarce resources. It also enables women and adolescent girls the opportunity to engage in educational and vocational training opportunities and life skills building programs that can equip them with essential skills needed for return or resettlement.

In humanitarian crises where funding for life-saving interventions is limited, family planning is a sound investment.<sup>19</sup> According to recent studies, each dollar spent on contraceptive services saves between USD1.70 and USD4 in maternal and newborn health care costs.<sup>20</sup> Further, preventing unintended pregnancies also decreases public

and donor expenditures on public services such as education; each dollar spent on family planning is estimated to save as much as USD31 in future social spending.<sup>21</sup>

### **Protect against HIV/AIDS and other sexually transmitted infections**

Many factors interact in humanitarian settings to increase women's vulnerabilities—not only to unwanted or unplanned pregnancies, but to STIs, including HIV/AIDS. Certain family planning methods, specifically male and female condoms, help to simultaneously protect individuals from the risk of unwanted pregnancies and HIV/STI transmission, and should be made widely available from the beginning of any emergency response through culturally sensitive interventions.

Antiretroviral therapy (ARV) and prevention of mother-to-child transmission (PMTCT) programs for HIV-positive pregnant women can be harder to access or unavailable altogether in humanitarian settings, which increases the risks of childbirth for the woman and the risk of transmission to the child. Access to condoms and family planning services allow those affected and unaffected by HIV to prevent unwanted pregnancies, reduce further HIV transmission among discordant couples and subsequent possible HIV transmission to a child.

### **What should be done?**

The Inter-agency Working Group (IAWG) on Reproductive Health in Crises calls upon the humanitarian community to **assure contraceptives are available to meet demand from the onset of an emergency and comprehensive family planning services available as soon as the situation stabilizes**. Governments, United Nations agencies and other humanitarian and development organizations should **advocate, plan, finance and implement family planning programs** based on their organizational and institutional capacities, roles and mandates. Specific recommendations for:

#### *Governments with crisis-affected populations*

- Governments should respect the reproductive rights of all crisis-affected populations by ensuring, with the humanitarian community, the provision of family planning services in their settings.

#### *Donors*

- Donors should fund the provision of good quality family planning services in humanitarian response through



supporting family planning-inclusive humanitarian appeals, such as those in the Consolidated Appeals Processes (CAP), and following through on financial commitments to health sector support for recovery and longer-term development and the ICPD commitments.

#### Implementing agencies, including humanitarian and government agencies

- Implementing agencies should integrate accessible family planning services into their humanitarian response by: including contraceptive commodities in preparedness plans; seeking funds from humanitarian appeals; and ensuring trained staff and adequate supplies for uninterrupted access to good quality comprehensive family planning services as the situation stabilizes.
- Implementing agencies should coordinate and work in cooperation with other organizations, institutions and agencies in their efforts to implement programs to assure organized and integrated systems of delivering care, avoid redundant efforts and fill identified gaps.
- Implementing agencies should abide by existing international and national technical guidance on good quality family planning programming,<sup>22</sup> including community-based approaches, to address barriers and facilitate universal access to family planning for women, men and adolescents affected by crises.

#### Notes:

- 1 For more information on contraceptive methods see: WHO (2004). *Selected practice recommendations for contraceptive use*, Second edition; and WHO (2004). *Medical Eligibility Criteria for Contraceptive Use*, Third edition. Both are available at: <http://www.who.int/topics/contraception/en/>.
- 2 Patel, P., Roberts, B., Guy, S., Lee-Jones, L., Conteh, L. (2009). "Tracking Official Development Assistance for Reproductive Health in Conflict-Affected Countries." *PLoS Med* 6(6). Available at <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000090>.
- 3 According to Article 16(1) of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), all individuals and couples have the "right to decide on the number, spacing and timing of children." The Programme of Action from the 1994 International Conference on Population and Development also notes the right of couples and individuals "to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so" (Article 7.3). Moreover, General Comment No. 14, para. 12 of the Committee on Economic, Social and Cultural Rights states that the right to the highest attainable standard of health includes the "right to be informed and

to have access to safe, effective, affordable and acceptable methods of family planning."

4 McGinn, T. (2000). "Reproductive Health of War-Affected Populations: What Do We Know?" *International Family Planning Perspectives* 26(4): 174-180.

5 Singh, S., et al. (2009). *Abortion Worldwide: A decade of Uneven Progress*. New York: Alan Guttmacher Institute (AGI).

6 Glasier, A., Gülmezoglu, A.M., Schmid, G.P., Moreno, C.G., Van Look, P.F. (2006). "Sexual and reproductive health: a matter of life and death." *Lancet*; 368(9547):1595-607.

7 Singh S. et al. (2003). *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*. New York: AGI and UNFPA.

8 Vlassoff M. et al. (2004). "Assessing costs and benefits of sexual and reproductive health interventions." *Occasional Report Number 11*, New York: AGI.

9 The intra-uterine device (IUD) is also effective in preventing pregnancy, if inserted within seven days after unprotected sexual intercourse. For more information on emergency contraception, see relevant chapters of *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. Inter-agency Working Group on Reproductive Health in Crises, revised 2010.

10 WHO, UNICEF, UNFPA, The World Bank (2007). *Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA, and The World Bank*.

11 Campbell, O.M. and Graham, W.J. (2006). "Strategies for reducing maternal mortality: getting on with what works." *Lancet*. 368: 1284-99.

12 WHO (2005). *The World Health Report 2005: Make Every Mother and Child Count*. Geneva.

13 Save the Children. (2007). *The State of the World's Mothers: Saving the Lives of Children Under 5*. London; Westport, CT.

14 Ibid.

15 Rutstein, S. (2005). "Effects of preceding birth intervals on neonatal infant and under-five years mortality and nutritional status in developing countries; evidence from the Demographic and Health Surveys." *International Journal of Gynaecology and Obstetrics*. 89(Suppl 1): S7- S24.

16 Levine, R., et al. (2006). Contraception. In: Jamison, D.T., et al., eds. *Disease Control Priorities in Developing Countries*. New York: Oxford University Press: 1075-1090.

17 Moreland, S. and Talbird, S. (2006). *Achieving the Millennium Development Goals: The Contribution of Fulfilling the Unmet Need for Family Planning*, Washington, DC: POLICY Project, Futures Group.

18 United Nations. (2008). *The Millennium Development Goals Report*. New York.

19 Singh, S., et al. (2003). *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*. New York: AGI and UNFPA.

20 UN Millennium Project. (2006). *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*, New York: United Nations Development Programme.

21 Singh, S., et al. (2003). *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*. New York: AGI and UNFPA.

22 See, for example, *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. Inter-agency Working Group on Reproductive Health in Crises, revised 2010.

