



HIFA Discussion on Family Planning #1

Meeting the Family Planning and Contraception information needs of adolescents, girls, women, and men
18 Sep - 15 Oct 2017
Messages IN FULL

More information: <http://www.hifa.org/news/join-hifa-global-discussion-meeting-family-planning-and-contraception-information-needs>

With thanks to K4Health for financial support for this discussion, and to the members of the HIFA working group on Family Planning for their technical support.

<http://www.hifa.org/projects/family-planning>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (1) Results of the HIFA-K4Health survey on information for family planning and contraception (FP/C)

Dear HIFA colleagues,

I am delighted to share the results of our survey on the availability and use of information for family planning and contraception:

Key points:

1. 93 respondents: 10% working globally, 10% mainly in UK, 10% mainly in Nigeria, and 4-5% each mainly in India, Cameroon, Uganda, Senegal and Zambia. Many other countries were represented in smaller numbers
2. Respondents were diverse professionally: Researchers/academics make up the largest group, with healthcare providers as the second largest group. There were no respondents who identified themselves as 'Government representatives'
3. more than two-thirds of respondents said they were 'very interested' in learning about 'Key tools and resources on FP/C'; 'How to improve the use of evidence-based FP/C information among health workers, citizens and policymakers'; and 'Promising practices and challenges in supporting FP/C service delivery'.
4. A notable and unexpected finding is that more than two-thirds were 'very interested' in how to improve the use of evidence-based FP/C information among policymakers
5. 'Information that is not up to date' is described as the main challenge, followed closely by 'poor access to library/internet' and 'Information is not freely available' In addition, many comments pointed to 'too much information', 'difficult to find relevant info', lack of information in the right language, lack of information appropriate for different user groups (general, policymakers), and lack of critical appraisal skills .
6. Interestingly, Email was cited as the most popular mechanism for receiving information about new developments in the field of FP/C, followed by systematic reviews and peer-reviewed literature.

I was personally surprised about the responses to our question about myths and misconceptions:

1. 1 in 4 respondents thought their friends and colleagues believe that 'most contraceptives also protect against sexually transmitted infections such as HIV'
2. 1 in 7 respondents thought their friends and colleagues believe that 'contraceptives are dangerous to a woman's health'
3. 1 in 7 respondents thought their friends and colleagues believe that 'contraceptives often cause long-term problems with fertility'

Given that our respondents are largely health professionals, researchers and academics, we might expect their friends and colleagues to be relatively well informed as compared with the general population. I look forward to learn more from HIFA members about the prevalence of myths and misconceptions in different countries. I suspect that myths and misconceptions about FP/C are a massively and increasingly important barrier to the appropriate selection and use of FP/C.

Thank you so much to everyone who shared your experience and expertise.

In general, the respondents indicated a particularly strong interest in the information needs of the general public: adolescents, girls, women, and men. In view of this, our first major thematic discussion on HIFA is based on this theme, and we shall be exploring the above issues (including myths and misconceptions) in depth. The discussion starts 18 September. Please invite your friends and colleagues to join us! You can point them to our landing page here: <http://www.hifa.org/news/join-hifa-global-discussion-meeting-family-planning-and-contraception-information-needs>

ABOUT THE HIFA FAMILY PLANNING PROJECT

The HIFA Project on Information for Family Planning and Contraception is a joint partnership between HIFA and the Knowledge for Health (K4Health) Project with technical support provided by IntraHealth and the project working group members. As part of this project, we shall host three email-based discussions, each running approximately three to four weeks, with the first beginning September 18th. Read more about the K4Health-HIFA Family Planning Project here: <http://www.hifa.org/projects/family-planning>

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (2) Please forward: HIFA discussion on Family Planning and Contraception starts 18 September!

Join HIFA for a global discussion: Meeting the Family Planning and Contraception information needs of adolescents, girls, women, and men

Read online: <http://www.hifa.org/news/join-hifa-global-discussion-meeting-family-planning-and-contraception-information-needs>

Join HIFA for a series of thoughtful discussions on how to meet the family planning and contraception (FP/C) information needs of the general public, healthcare providers, and policymakers in low- and middle-income countries, as well as how to address harmful myths and misconceptions surrounding FP/C.

The Knowledge for Health (K4Health) Project is working with HIFA (Health Information For All) to host a moderated discussion forum on family planning information needs, benefits, and myths and misconceptions. Results from our recent global survey among HIFA members and health professionals showed a universal strong interest in 'Meeting the FP/C information needs of adolescents, girls, women, and men'. It also suggests a high prevalence of myths and misconceptions. See the survey results here: http://www.hifa.org/sites/default/files/publications_pdf/HIFA_FP_Survey_Responses_Q1-9.pdf

Our HIFA discussion begins on Monday, September 18, 2017 and will run for four weeks. This discussion is part of the new HIFA project on Family Planning. Future discussions will explore the information and learning needs of frontline health workers who provide FP/C services; policymakers and programme managers at international, national and local levels; and specific issues/areas identified by HIFA members.

The discussion will be held here on HIFA's main discussion forum (with more than 10,000 health workers, program managers, researchers, and policymakers worldwide) and also on our sister forums: CHIFA, HIFA-Portuguese, HIFA-French, and HIFA-Zambia. It is supported by experts in family planning at the World Health Organization, University of Oxford, Guttmacher Institute, IntraHealth, Johns Hopkins Center for Communication Programs, and USAID.

QUESTIONS/THEMES FOR DISCUSSION: Meeting the family planning and contraception information needs of adolescents, girls, women, and men

- Why is family planning and contraception (FP/C) information important (for individuals, communities, countries, world)?
- What is the current level of FP/C knowledge among adolescents, girls, women, and men? What are the common myths and misconceptions related to FP/C?
- What are the drivers and barriers to FP/C information?
- Who is doing what, and where, to provide reliable FP/C information for adolescents, girls, women, and men? What works well and why?
- What can be done to improve the availability and use of FP/C information for adolescents, girls, women, and men?

The above questions/themes are intended as a guide only - feel free to suggest other questions and to send your thoughts/experience on any aspect of family planning/contraception. Send your contributions to: hifa@dgroups.org

Please forward this message to your friends and colleagues and invite them to join HIFA also! www.hifa.org/joinhifa

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (3) Blog: Family Planning Information for All - Addressing Myths and Misconceptions about Family Planning

Dear HIFA colleagues,

I would like to warmly welcome almost 100 new members who have joined us over the past few days to join our upcoming discussion on 'Meeting the Family Planning and Contraception information needs of adolescents, girls, women, and men'. We look forward to learning from your experience.

My own experience of family planning is limited but over the years I have come to recognise how pivotal it is in almost every aspect of human life and international development. I invite you to read my blog here: <https://www.k4health.org/blog/post/family-planning-information-all-addressing-myths-and-misconceptions-about-family-planning>

If you have any thoughts on the blog, or on any aspect of family planning and contraception, or indeed if you would simply like to say hello and introduce yourself, please feel free to send a message to hifa@dgroups.org

We look forward to hearing from you!

Information about the discussion: <http://www.hifa.org/news/join-hifa-global-discussion-meeting-family-planning-and-contraception-information-needs>

Results of HIFA Family Planning survey:

http://www.hifa.org/sites/default/files/publications_pdf/HIFA_FP_Survey_Responses_Q1-9.pdf

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (4) Welcome to our global discussion: Meeting the Family Planning and Contraception information needs of adolescents, girls, women, and men

Welcome to our global discussion on: Meeting the Family Planning and Contraception information needs of adolescents, girls, women, and men.

Over the next four weeks we shall explore this subject through the following themes:

1. Why is family planning and contraception (FP/C) information important (for individuals, communities, countries, world)?
2. What is the current level of FP/C knowledge among adolescents, girls, women, and men? What are the common myths and misconceptions related to FP/C?
3. What are the drivers and barriers to FP/C information?
4. Who is doing what, and where, to provide reliable FP/C information for adolescents, girls, women, and men? What works well and why?
5. What can be done to improve the availability and use of FP/C information for adolescents, girls, women, and men?

The above themes/questions above are intended only as a guide. We welcome contributions on any of the questions at any point in the discussion. And we welcome any other questions/comments on FP/C that people would like to raise.

All contributions in this discussion will be prefixed FP/C so that you can easily differentiate them from other ongoing HIFA messages.

To contribute, all you need to do is send an email to: hifa@dgroups.org
This will then be approved and distributed to all 10,300-plus members on HIFA.

If you have an interest in child health; if you speak French or Portuguese (or would like to practise); or if your work includes health in Zambia, you may like to join also our sister forums which are discussing the above questions in parallel with HIFA:

CHIFA: <http://www.hifa.org/join/join-chifa-child-health-and-rights>

HIFA-Portuguese: <http://www.hifa.org/join/junte-se-ao-hifa-portuguese>

HIFA-French: <http://www.hifa.org/join/rejoignez-hifa-francais>

HIFA-Zambia: <http://www.hifa.org/join/join-hifa-zambia>

If you are new to this discussion forum or have not previously sent a message to HIFA, this is a good time to send a brief self-introduction message about your work and interests:
hifa@dgroups.org

Note: This project is a joint partnership between HIFA and the Knowledge for Health (K4Health) Project. K4Health is implemented by the Johns Hopkins Center for Communication Programs (CCP), FHI 360, Management Sciences for Health (MSH), and IntraHealth International. It is supported by the United States Agency for International Development's (USAID's) Office of Population and Reproductive Health, Bureau for Global Health. This project is focused on family planning and contraception, and other topics may be outside the scope of this project.

Further information: <http://www.hifa.org/news/join-hifa-global-discussion-meeting-family-planning-and-contraception-information-needs>

With thanks,
Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (5) Q1: Why is family planning and contraception (FP/C) information important?

Dear HIFA colleagues,

On behalf of the HIFA Family Planning Project I welcome you to our global discussion: Meeting the Family Planning and Contraception information needs of adolescents, girls, women, and men (18Sept-13Oct)

WE would like to suggest the following theme/question to start:

Q1 Why is family planning and contraception (FP/C) information important (for individuals, communities, countries, world)?

Here are some brief comments to introduce this theme (with thanks to Karah Pedersen - joint project coordinator - and Meredith Sparks from IntraHealth International):

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Family planning is defined as "planning intended to determine the number and spacing of one's children through birth control." Contraception is defined as "deliberate prevention of conception or impregnation." FP/C affects the world we inhabit today in a vastly greater number of ways than their definitions initially suggest. FP/C influences all areas of global development and is crucial to sustainable and human rights-based development. FP/C has enabled societal progression by providing women the opportunity to engage in the economic, professional, domestic, political, health, and/or academic/educational, etc., spheres that were formerly restricted to men. FP/C has numerous health benefits, including the reduction of maternal mortality rates through decreasing the number of unwanted and unsafe pregnancies. Accurate, available information on family planning for a variety of audiences - including girls, adolescents, men, women, health workers, and policy makers - is a crucial aspect of supporting FP/C programs, policies and services.

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We look forward to your thoughts on the above. You are welcome to approach this at any level (individuals, communities, countries, world). As always on HIFA we are keen to hear from your own professional experience, whether this is clinical, programme management, policymaking or research. For example, can you relate situations where FP/C information and knowledge (or lack thereof) have contributed to (positive or negative) health outcomes?

Throughout our discussion you are welcome to comment on other FP/C questions/themes (see: <http://www.hifa.org/news/join-hifa-global-discussion-meeting-family-planning-and-contraception-information-needs>)

Please send your contributions by email to: hifa@dgroups.org

We look forward to hearing from you.

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

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From: "Peggy D'Adamo, USA" <mdadamo@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (6) Introduction: Peggy D'Adamo, USA - Meeting the FP information needs of practitioners and programme managers

Dear HIFA Forum members,

My name is Peggy D'Adamo and I've been a member of HIFA for a long time. I currently work at USAID and I manage the K4Health project, which is co-sponsoring the discussion on FP with HIFA. I'm part of the group that has planned the discussion that will take place over the next few weeks about family planning. I'm also focused on knowledge management at USAID and joined HIFA because I saw it as a great venue for sharing knowledge and information globally. Over the years, I've been impressed with the frequency of discussion in HIFA and the range of topics and opinions.

I'm particularly interested in your thoughts about how easy or difficult it is for you as practitioners and program managers to find actionable, accurate, up-to-date information on FP that you can use in your own programming.

I hope to participate in a lively discussion with those of you interested in family planning. I look forward to your responses and reactions to the discussion questions that we have planned.

Best
Peggy

Peggy D'Adamo - mdadamo@gmail.com

HIFA profile: Peggy D'Adamo works as Technical Advisor to the Policy, Evaluation and Communication Division of the Office of Population and Reproductive Health in USAID's Global Health Bureau. She works on knowledge sharing and ICTs. Peggy was previously Deputy Project Director of the INFO Project, based at the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Baltimore, USA. She is a member of the HIFA working group on Family Planning.

<http://www.hifa.org/projects/family-planning>

<http://www.hifa.org/support/members/peggy>

Email: mdadamo AT gmail.com

From: "Meredith Sparks, USA" <msparks@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (7) Introduction: Meredith Sparks, USA - FP/C, human rights, health, gender, religion, security

My name is Meredith Sparks and I am part of the IntraHealth International - K4Health team working to support this forum. I am interested in the intersections between health, gender, religion, and security - all of which have strong connections with FP/C. I'm also very interested in approaching FP/C as a human right, which correlates nicely with our current HIFA Forum on FP/C information and knowledge (right to health, right to information and technology, right to education, etc.). I am excited to engage with and hear the responses to our thoughtful discussion questions from people from all over the world. Looking forward to this forum!

Meredith Sparks | Communications and Advocacy Assistant II

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HIFA profile: Meredith Sparks is Communications & Advocacy Assistant at IntraHealth International in the USA. msparks AT intrahealth.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (8) Q1: Why is family planning and contraception (FP/C) information important? (2)

Many thanks Peggy and Meredith for your self-introductions.

On the theme of "Why is FP/C information important?", to me this is almost the same question as "Why is FP/C important?" Because access to FP/C information is a sine qua non for access to FP/C.

The question "Why is FP/C important?" can be answered at many different levels (individuals, communities, countries, world).

The World Health Organization fact sheet is a good place to start:
<http://www.who.int/mediacentre/factsheets/fs351/en/>

1. 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method.
2. Some family planning methods, such as condoms, help prevent the transmission of HIV and other sexually transmitted infections.
3. Family planning / contraception reduces the need for abortion, especially unsafe abortion.
4. Family planning reinforces people's rights to determine the number and spacing of their children.
5. By preventing unintended pregnancy, family planning /contraception prevents deaths of mothers and children.

Access to family planning and contraception is closely linked with many specific targets under the Sustainable Development Goals, including:

Goal 3 Ensure healthy lives and promote well-being for all at all ages:

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Goal 5 Achieve gender equality and empower all women and girls

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Indeed, it has been argued that most if not all the SDG goals are linked to family planning. As one publication notes: 'It will be impossible to end poverty and hunger (goals 1 and 2), ensure quality education for all (goal 4), promote sustained economic growth (goal 8) without ensuring that every woman has access to quality, rights-based family planning services.' IPPF: Sustainable

Development Goals and Family Planning 2020 <http://www.ippf.org/sites/default/files/2016-11/SDG%20and%20FP2020.pdf>

At the individual and family level, the scale of suffering due to lack of availability and use of family planning methods is monumental. A quick google search indicates that in 2012 there were 85 million unintended pregnancies worldwide, representing 40 percent of all pregnancies. 'Of these, 50 percent ended in abortion, 13 percent ended in miscarriage, and 38 percent resulted in an unplanned birth.'

<https://www.guttmacher.org/article/2014/09/intended-and-unintended-pregnancies-worldwide-2012-and-recent-trends> (can anyone provide later figures/trends?) Tens of thousands of young women lose their lives every year due to the consequences of unintended pregnancy (complications of unsafe abortion, pregnancy, childbirth). WHO estimates that 21.6 million women experience an unsafe abortion worldwide each year; 18.5 million of these occur in developing countries; and 47,000 women die from complications of unsafe abortion each year. Deaths due to unsafe abortion remain close to 13% of all maternal deaths.

http://www.who.int/reproductivehealth/topics/unsafe_abortion/magnitude/en/

This world view conceals countless individual personal stories and tragedies.

I believe I am only scratching the surface of the importance of FP/C here. I welcome inputs from others so we can better understand the magnitude of the issue.

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Karah Pedersen, USA" <kpedersen@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (9) Introduction: Karah Pedersen, USA

Greetings HIFA members!

I am excited to begin this discussion on FP/C as I have been working closely with Neil to organize it. We are thrilled about the initial interest in this topic as indicated by our survey results (available here). <http://www.hifa.org/projects/family-planning> - see under [Publications](#)

Our intent is not get too personal on this forum while recognizing the sensitivities and sometimes deeply personal experiences people have with contraception. When Neil asked me to share a bit about why I am so passionate about contraception, I knew some amount of personal sharing was necessary.

My reason for working to promote universal and voluntary contraceptive access and choice is because I have experienced its benefits. Simply put, I am a woman who uses and needs contraception. In fact, as a woman of reproductive age, it is likely that I will spend almost 40 years of my life trying not to get pregnant. The window of time that I wanted to conceive was very short and now passed, and I am the proud mother of one boy.

As a white woman from a middle class family in the United States, I have had the privilege of choosing and using the contraceptive method that fits my needs for decades. This should not be a privilege only reserved for those in such advantaged circumstances. Access to voluntary contraception must be a fulfilled right for every girl and woman. For me, contraception has helped give me freedom to pursue my education, to travel, to develop a rewarding career, and to live up to my roles a mother, daughter, sister, and wife to the best of my ability. To me, contraception is a basic need.

More about me...

As a technical advisor at IntraHealth, I work on a variety of projects that aim to improve health, including the Knowledge for Health (K4Health) program that plays such a pivotal role in connecting people to information and tools on FPC for projects across the world. Recently, I served as the Senior Manager of Ipas's Youth Program (2013- 2016) and as the Knowledge Services Manager at FHI 360 (2010-2013). As a learning strategist and engagement specialist for more than 15 years, I work to further the use of evidence-based and promising practices in reproductive health, HIV/AIDS programs, and health systems strengthening using digital health and inclusive, participatory design strategies.

As we start our five week journey into examining FP/C information needs, I hope you will join me in sharing why this topic is so important to you.

Cheers,

Karah

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HIFA profile: Karah Pedersen is a Technical Advisor at IntraHealth in the United States. Professional interests: adolescent and youth; gender equality; contraception and reproductive health; cervical cancer; SDGs; information sharing and knowledge management. She is joint coordinator of the HIFA Project on Family Planning.

<http://www.hifa.org/projects/family-planning>

<http://www.hifa.org/support/members/karah>

Email: kpedersen AT intrahealth.org

From: "Andre Shongo Diamba via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (10) Q1: Why is family planning and contraception (FP/C) information important? (3)

Hello, Dear All,

I believe that Family planning is a global need and issue face to unmet needs level and consequences reported in term of poverty and maternal and child mortality.

In human life, in one another moment, everyone feels the need of fertility control and regulation. It is a liberty question of having sexual intercourse without fear of biological consequence; the unwanted pregnancy. In traditional society, there are practices with contraceptive virtues; midwives are the holders of these thoughts and transmission of them across generations. The modern society is very opened in this subject, thematic as well as wide range of contraceptive methods are available. In both sides, the contraception is a common denominator, and used among couples either de prevent unwanted pregnancy, either to stop giving birth.

Several communities in world are experiencing maternal and child mortality subsequent to pregnancies and births too early, too close, too numerous and too late, what the WHO calls indirect causes of maternal death. Of this point of view, family planning/contraception becomes a development tool that implies for the will of parents to shape their families size, in the vision of creating wellbeing conditions for each family member. The welfare being a common vision to impede negative outcome of unwanted pregnancy and birth, family planning / contraception is important, everybody needs to know about, and so far where have services, about wide range of modern contraceptive methods and how that works.

Family planning as movement launched in India spread in Latino America, North America, and Europe and in Africa shew community benefits in terms of wellbeing. Indeed, family planning leads to wellbeing by fighting against poverty of existing means, income and creating capacity. By these assets, most countries make available information about family planning and use that as development tool by preventing unwanted pregnancies and subsequent maternal and child mortality burden. Family planning communication and services availability have contributed to support the recent Millennium Development Goals, similar effort is continuing in ongoing Sustainable Development Goals dynamic.

HIFA Profile: Andre Shongo Diamba is a medical doctor, currently in GLOBAL HEALTH SYSTEM AND DEVELOPMENT training, a master in public health program at Tulane University, school of health and tropical medicine, New Orleans, USA. Previously, Andre

worked as coordinator at PISRF- Programme Integrale de sante reproduction et familial (Integrated program of reproductive health and Family), a DRC participative NGO of family planning and reproductive health who provide awareness and care in favor of women and children of low social area , and toward this group to whole community. PISRF undertake sociological, public health and biomedical research in the matter, it encourage the humanitarian and research project and open his availability to all. Andre has a tremendous experience in providing community reproductive health projects such information, communication education; provide care and leading the research. He has participated at many international conferences in the field of reproductive health and population, health, environment. Andre is interesting to provide the Millennium Development Goal (MDG) in the DRC and very engaging, He pleads for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this matter. He received the HIFA Country Representatives certificate of achievement in 2013, and is writing two books as help memory to facilitate the one-to-one members contact. <http://www.hifa.org/people/country-representatives/map> Andre can be contacted at pisfrdcATyahoo.fr
From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (11) UNGA side event: 120 Under 40 Panel Discussions & Reception at Population Council

The message below is forwarded from the discussion forum HIPNET. If any HIFA members are attending, please extend an invitation to all to join our current discussion on HIFA: www.hifa.org/joinhifa We look forward to hearing more about the event.

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Please join us for a special celebration of the 2017 winners of 120 Under 40: The New Generation of Family Planning Leaders, held at Population Council's offices in New York. www.120under40.org

22 SEPTEMBER 2017
Population Council, 1 Dag Hammarskjold Plaza
New York, New York

3:005:15 pm — Panel di discussions featuring family planning leaders, experts, and 120 Under 40 winners

3:00 p.m. - Welcome

3:10 p.m. - "My Work, My Life: Stories from the Global Winners of 120 Under 40" - Hosted by the Gates Institute

4:15 p.m. - "The Power of Partnerships: Young People and Family Planning" - Hosted by Population Council and FP2020

Reception: 5:30 - 7 pm

Acknowledgement and bestowing of certificates on the winners of 120 Under 40

5:307:00 pmm — Reception, with acknowledgement and bestowing of certificates on the winners of 120 Under 40

Remarks from Christopher Elias, Bill & Melinda Gates Foundation; Christophe Geueke, Bayer; Jean Christophe Rusatira, Gates Institute and 2016 Winner of 120 Under 40

This event is co-hosted by the Gates Institute, Population Council, and FP2020.

RSVP: <https://goo.gl/forms/G66gp2XKYliiRtUC3>

From: "Marg Docking, Uganda" <marg@wisechoicesforlife.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (12) Family planning and religion

The interconnection between religion and sexual reproductive health / family planning cannot be ignored.

No matter what your personal world view or faith in God, there is no question that what people believe about women, sexuality, family size and relationships impact the uptake of family planning.

The known advantages of being able to choose the size of your family is overwhelming. However what we as health professionals have not done well is being inclusive of religious beliefs in the discussion around family planning.

Allowing couples to choose the size of their family and women protect themselves from HIV unwanted pregnancy and non consenting sex will take the male religious leaders to be actively involved in the learning and distribution of the information.

Not involving the critical mass of male religious leaders who are the cultural gatekeepers, is preventing longterm sustainable development with ownership of the challenges and solutions.

The Wise Choices for Life train the trainer workshops believes in embracing faith science and culture into debate and discussion using drama song and dance. Led by Ugandan Christians the impact is now been realised across churches schools and prisons and youth educational centres. This has a stronger, wider impact than a midwife nurse or health professional.

www.wisechoicesforlife.org/kampala-conference

Marg Docking
Director
Wise Choices for Life

The vision of Wise Choices for Life is to empower vulnerable youth with Knowledge and Life Skills in Reproductive Health to become responsible parents, leading to poverty reduction.

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HIFA profile: Marg Docking is founder and director of Wise Choices for Life, which empowers vulnerable men and women in the child bearing age group in Uganda with reproductive health knowledge and skills to break the poverty cycle. marg AT wisechoicesforlife.org

From: "Jacqueline Wille, USA" <Jacqueline.Wille@jhpiego.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (13) CORRECTED: Save the Date - October 3, 2017, from 09:30 to 10:30 Washington / 15:30 to 16:30 Geneva webinar on Family Planning and Immunization Integration

Apologies for reposting. The previous Save the Date had an inaccurate panel list. Please refer to this updated invitation.

Dear HIFA Members,

Please join us on October 3, 2017, from 09:30 to 10:30 Washington / 15:30 to 16:30 Geneva for Family Planning and Immunization Integration: Reaching postpartum women with FP services, the eight installment in our High Impact Practices webinar series.

Family Planning and Immunization Integration is a promising practice. From a public health perspective, it is crucial to take advantage of every contact with pregnant and postpartum women to offer them family planning counseling and services. Both immunization and family planning services are important components of primary health care. Child immunizations are one of the most equitable and well-used health services globally, and the recommended vaccination and primary health care intervention schedule in the first year of an infant's life calls for multiple health care contacts. Ensuring that family planning counseling and services are linked to infant vaccination contacts through well-managed primary health care services has the potential to reach mothers with family planning information and services to reduce missed opportunities at a critical time—the 12 months following birth.

Download the Family Planning and Immunization Integration HIP here, and register for the webinar today. We look forward to your participation!

For more information on the HIPs, and to view previous webinars, please visit:

<https://www.fphighimpactpractices.org/>.

Twitter: #HIPs4FP

This webinar was developed in collaboration with the Family Planning and Immunization Integration Working Group. The working group brings together representatives from a variety of institutions and countries to share lessons and guidance from field experiences and research initiatives on optimal ways to link or combine family planning & immunization services in facilities and communities, so that the reach and effectiveness of both interventions are enhanced.

See the FP Immunization Integration toolkit developed by the working group and hosted by k4health for more information and resources.

To join the Working Group or find out about upcoming meetings (in Washington DC and online), please sign up through the Family Planning and Immunization Integration Community of Practice site on Knowledge Gateway.

Our Panelists:

Chelsea Cooper, FP & Immunization Integration Working Group, (Moderator)
Chelsea Cooper serves as Social & Behavior Change Communication (SBCC) Advisor for Jhpiego on the Maternal and Child Survival Program (MCSP). She provides cross-cutting SBC support for the project, with a special focus on integrated service delivery and family planning. She co-chairs the interagency Family Planning and Immunization Integration Working Group. Prior to working for Jhpiego, Ms. Cooper worked for the American Refugee Committee, where she managed a participatory communication program, "Through Our Eyes." She has a Master of Health Science degree in International Health with a focus on Social and Behavioral Interventions from Johns Hopkins University.

Kathryn Mimno, FP & Immunization Integration Working group (Moderator)
Kathryn Mimno serves as a Senior Technical Advisor for Sexual and Reproductive Health and Rights at Pathfinder International. She provides technical assistance to a broad range

of projects and Pathfinder country offices including integrated contraceptive service delivery. She co-chairs the Family Planning Immunization Working Group. Prior to coming to Pathfinder, Dr. Mimno worked for an integrated health project in rural Mozambique and was a practicing family physician. She holds a MD from Tufts University School of Medicine and a Masters in Public Health from Harvard School of Public Health.

Shawn Malarcher, USAID

Shawn serves as the Senior Advisor on Utilization of Best Practices for USAID. She has more than 15 years of experience managing and supporting social science research in developing countries. Her work focuses on translating evidence into program and policy guidance. One of Ms. Malarcher primary functions is to provide leadership and coordination to the collaboration on High Impact Practices in Family Planning, a partnership involving over 25 donors and implementing partners in international family planning. Prior to her current position, Shawn served as a scientist with the World Health Organization's (WHO) Department of Reproductive Health and Research.

Rebecca Fields, MCSP/JSI

Rebecca Fields has over 30 years of experience supporting immunization system strengthening and injection safety in Africa and Asia, plus advocacy and behavior change communication for new vaccines, injection safety, and integrated disease surveillance. Since 2011, she has served as a senior technical advisor for immunization with John Snow Inc. (JSI) on USAID's Maternal Child Health Integrated Program and Maternal and Child Survival Program. As a member of the Family Planning/Immunization Working Group, she contributed to the K4H toolkit on FP/immunization integration and the High Impact Brief on FP/immunization integration and helped design and evaluate an integrated FP/immunization service delivery strategy in Liberia. She is a co-author of Immunization Essentials: A Practical Field Guide, and USAID's e-learning course on immunization.

Nyapu D. Taylor, Jhpiego, Liberia

Nyapu is a Technical Advisor for MCSP Liberia. Mrs. Taylor was involved in the pilot study for EPI-FP Integration in Liberia that was conducted under the MCHIP program and is currently providing technical guidance and oversight for expansion of EPI-FP integration to additional sites under MCSP, among other responsibilities. Mrs. Taylor worked with the Liberia MOHSW for many years in various positions including as Acting Director and Director of the Family Health Division. She also previously served as a supervisor and trainer in RH/FP for mid-level health workers and community health workers.

Riaz Mobaracaly, Pathfinder International, Mozambique

Riaz is the Country Director for Pathfinder International-Mozambique where he leads a broad portfolio including integrated family planning projects. Dr. Mobaracaly is the co-chair of the National FP Technical Working Group where he helped to develop the national family planning integration guidelines. Prior to joining Pathfinder, Dr. Mobaracaly worked extensively with the Mozambican Ministry of Health at levels including roles as district and provincial health director. Dr. Mobaracaly holds a BS in Medicine from Eduardo Mondlane University and a certificate in epidemiology from Johns Hopkins University.

Jacqueline Wille

Jacqueline.Wille@jhpiego.org

From: "Nandita Thatte, Switzerland" <thatten@who.int>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (14) Introduction: Nandita Thatte, WHO/IBP Geneva

Dear HIFA Forum Members,

My name is Nandita Thatte and I currently work at WHO where I lead the Secretariat for the Implementing Best Practices Initiative (IBP). The IBP Initiative is a unique partnership between over 45 member organizations and over 80K health professionals with a mandate to support the dissemination, implementation and scale up of evidence based guidelines, tools and practices in family planning and reproductive health.

HIFA is an extremely important platform for WHO/IBP because it offers an opportunity to exchange ideas and information which can then inform our work on how best to implement and scale up family planning interventions. We are interested in understanding not only "What" works, but also "How" interventions work, "Who" they work for, and "Why" interventions don't work.

I started my public health career working for an NGO and noticed that the programs we were implementing did not always use the most current evidence based guidelines and resources available. Part of this was due to a lack of information and also because research evidence wasn't presented in a way that was usable for NGOs or didn't actually address the problems our beneficiaries struggled with. I then moved to academia and while I loved the research, I noticed again that there was a gap between the research we were doing and the needs of program implementers and beneficiaries at the country level. I decided that this is where I wanted to focus my career - bridging the gap between research and programs and giving local NGO, CSO and other implementing organizations a voice to inform implementation research and program agendas.

I am excited to participate in the HIFA Forum and look forward engaging with everyone on how we can ensure that the information shared is used to strengthen family planning programs around the world.

Cheers, Nandita

Nandita Thatte, DrPH
WHO/Implementing Best Practices (IBP) Secretariat
Department of Reproductive Health and Research (RHR)
World Health Organization
www.ibpinitiative.org | email: thatten@who.int
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HIFA profile: Nandita Thatte is a Technical Officer at the World Health Organization, Geneva, Switzerland. She is a member of the HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

<http://www.hifa.org/support/members/nandita>

Email: thatten AT who.int

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (15) Available online: A guide to identifying and documenting best practices in family planning programmes including reworkable templates

The message below is forwarded from the Knowledge Gateway.

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Dear all,

We are pleased to send the links to the newly published "Guide to identifying and documenting best practices in family planning programmes" available in English, French and Portuguese. (A Spanish version is underway).

For each language version, you will also find a separate link to the documentation template and checklist (Annexe 1 and 2) that are reworkable.

http://www.who.int/reproductivehealth/publications/family_planning/best-practices-fp-programs/en/

Nous sommes heureux d'envoyer les liens vers le guide de documentation nouvellement publié «Meilleures pratiques de planification familiale : Guide de recensement et de description» disponibles en anglais, en français et en portugais. (Une version espagnole est en cours).

Pour chaque version linguistique, vous trouverez également un lien distinct pour le modèle de documentation et la liste de contrôle (Annexes 1 et 2) qui sont remplissable.
http://www.who.int/reproductivehealth/publications/family_planning/best-practices-fp-programs/fr/

Versão em português

Um guia para identificar e documentar as melhores práticas em programas de planejamento familiar

http://www.who.int/reproductivehealth/publications/family_planning/best-practices-fp-programs/pt/

Additional links where you also can find the document.

<http://www.who.int/reproductivehealth/news/en/>

http://www.who.int/reproductivehealth/publications/family_planning/fr/

Kind regards

Asa Cuzin

Á...sa Cuzin

Technical Officer

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Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (16) Q1: Why is family planning and contraception (FP/C) information important? (4)

In my blog for K4Health earlier this week, I explained how an appreciation of maternal mortality and its link to non-availability of family planning helped lead me to a career in global health:

'Back in the early 1990s, the International Planned Parenthood Federation asked me to research and write about maternal mortality. It was a true eye-opener: the daily tragedy of maternal deaths—in huge numbers. I learned that most of these deaths are preventable, and many are the consequence of unintended pregnancies, due largely to lack of availability of modern contraceptives. Over the following months and years, my sense of injustice was compounded as I began to learn of other global health inequities. I soon found myself leaving the U.K. National Health Service for a (chequered and unconventional) career in global health...'

<https://www.k4health.org/blog/post/family-planning-information-all-addressing-myths-and-misconceptions-about-family-planning>

This week we invite your thoughts around the theme/question: Why is family planning and contraception (FP/C) information important (for individuals, communities, countries, world)?

Here are some extracts from the WHO Fact Sheet on FP/C (<http://www.who.int/mediacentre/factsheets/fs351/en/>) that relate to this question:

1. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility (this fact sheet focuses on contraception).
2. Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities.
3. A woman's ability to choose if and when to become pregnant has a direct impact on her health and well-being. Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing. It prevents unintended pregnancies, including those of older women who face increased risks related to pregnancy. Family planning enables women who wish to limit the size of their families to do so. Evidence suggests that women who have more than 4 children are at increased risk of maternal mortality.
4. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion.

5. Family planning can prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world's highest infant mortality rates. Infants of mothers who die as a result of giving birth also have a greater risk of death and poor health.

6. Family planning reduces the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans. In addition, male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV.

7. Family planning enables people to make informed choices about their sexual and reproductive health. Family planning represents an opportunity for women to pursue additional education and participate in public life, including paid employment in non-family organizations. Additionally, having smaller families allows parents to invest more in each child. Children with fewer siblings tend to stay in school longer than those with many siblings.

8. Pregnant adolescents are more likely to have preterm or low birth-weight babies. Babies born to adolescents have higher rates of neonatal mortality. Many adolescent girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.

9. Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional development efforts.

Would you like to say a bit more about any of the above? Is there anything missing?

It has been said that availability of FP/C is a factor in all 17 of the Sustainable Development Goals. Would anyone like to say more on this?

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Pramod Katageri, Vietnam" <pramodkatageri@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (17) Introduction: Pramod Katageri, Vietnam - Latex male condoms

My self Pramod Katageri, Mechanical Engineer from Karnataka University India (1986).

Worked with Pharma companies like wockhardt, Cipla as an Engineer.
I am working with the Latex Male condom field since 25 + years.

Condom is a class IIb medical device. I am in regulatory filed handling various Quality systems. Responsible for Design & development activities, Risk analysis, Clinical evaluations.

I was qualified as a Lead auditor for ISO 9001 by QMS.
Now I am working as a Factory & Technical Manager for Medevice3s Joint Venture Co., Ltd. Vietnam, which is a Latex condom factory in Vietnam.

Hope this introductory will suffice.

Thanks & regards,
Pramod Katageri
(Factory Manager)
Medevice3s, Jv., Co., Ltd.,
Hamlet 5, Chon Thanh Town,
Binh Phuoc Province,
Vietnam,
<http://medevice3s.com.vn>
Cell. +84.933781023

Skype: pramod.katageri

HIFA profile: Pramod Katageri is a Factory Manager with Medevice3s in India and has a professional interest in Latex Male condoms. Email: pramod.katageri AT gmail.com

From: "Abimbola Olaniran, UK" <israelolaniran@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (18) Family planning and religion (2)

Dear All,

The interrelatedness of culture, religion, and contraception cannot be overemphasized. Despite increasing financial and geographical access to contraceptives, there is still a high rate of unmet need for family planning. Hence, we need to consider other possible factors influencing contraceptive use. Perhaps, we should:

1. Conduct more research to address unwanted side effects that influence acceptance: E.g. many women continue to complain of their inability to perform certain cultural or religious rites because of irregular menstruation caused by the injectable contraceptives. While many consider injectable as best fit for them, this single adverse effect often outweighs the benefits especially because of the implication on performing religious rites. There is an opportunity for researchers in the pharmaceutical industry to develop contraceptives that will address some of the concerns of end-users.
2. Review cultural and religious sensitivity of messages: A lot needs to be done in promoting and marketing contraceptives. However, stakeholders need to consider that religious and cultural beliefs relating to contraceptive vary within and across countries. This understanding would be key to customising marketing campaigns and health promotion messages to suit target populations.
3. Role of religious leaders: Religious and traditional leaders play key roles in influencing acceptance of contraception. Programmes aiming to improve acceptance and adherence may consider harnessing the potentials of these key stakeholders.

While certain cultural and religious beliefs may serve as barriers to acceptance, culture and religion open a window of opportunities for programmes. Hence, programmes need to be more strategic to utilise this window of opportunities.

Abimbola Olaniran

HIFA profile: Abimbola Olaniran is a 3rd year Ph.D candidate at the Liverpool School of Tropical Medicine. His Ph.D titled, "Community health workers for maternal and newborn health: case studies from Africa and Asia" focuses on the challenges of CHWs in these countries. He is a member of the CHW thematic working group. israelolaniran AT gmail.com

From: "Amelia Plant, USA" <asiplant@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (19) Introduction: Amelia Plant, USA

Hi HIFA members,

My name is Amelia Plant and I recently joined the group. I just received my MPH from UC Berkeley and am passionate about improving sexual and reproductive health in developing countries. I look forward to hearing about opportunities to be involved in projects that are helping to increase access to accurate and timely health information.

Nice to be connected to you all.

Warmly,
Amelia

Amelia S.I. Plant

"A candle loses nothing by lighting another."

HIFA profile: Amelia Plant is a Sexual & Reproductive Health Researcher with UC Berkeley, USA. Email: asiplant AT gmail.com

From: "Janki Borkar, India" <jborkar@pathfinder.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (20) Family planning and religion (3) Injectable contraceptives

Dear All,

Happy to be part of this group - I am Dr Janki, a senior gynecologist from India and seen maternal activities closely for the past 35 years. Family Planning is really my passion - and as a specialist I am more interested in continued use of any method.

The issues that Abimbola has raised are the basic ones - I am working in a project in India on Injectables and making them available through the public health facilities for the first time ever. I can correlate to every word that are quoted by Abimbola and these things are actually happening given the fact that culture and religion so strongly influence life here in India. We are helpless when such things come up and all we can advise is that the lady stop DMPA and switch over to other method.

The young ones joining medicine and pharma do have this new suggestion to guide their research field - till then let us wait and watch !!

Thank you

HIFA profile: Janki Borkar is a Technical Advisor - RH and FP at Pathfinder International in India with a professional interest in maternal health and family planning. Email: jborkar AT pathfinder.org

From: "Sarah Harlan, USA" <sarah.harlan@jhu.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (21) Introduction: Sarah Harlan, USA - K4Health

My name is Sarah Harlan, and I work for the Johns Hopkins Center for Communication Programs (CCP). I'm the Partnerships Director with the USAID-funded Knowledge for Health (K4Health) Project, and I'm also one of the individuals working to plan this Family Planning/Contraception (FP/C) forum with HIFA!

I've been working in reproductive health and family planning for the last 16+ years, mostly at non-governmental health organizations. Before joining CCP, I worked with FHI 360, Ipas, and Planned Parenthood. I've worked in Latin America, Asia, and Africa. I'm passionate about the potential for advocacy and communication to change lives and certainly, in the case of family planning, the lack of information can be life-threatening. Whether I go across the street from my house, or half-way around the world, I'm struck by the universal need for family planning in order for women, men, and families to achieve their full potential and optimal health.

I am delighted that K4Health is partnering with HIFA on this activity. I have been a long-time member and admirer of HIFA, as their reach is so great and they spread so much needed information to health professionals around the world. I look forward to hearing from all of you about your work, your information needs, and your ideas for improving knowledge sharing about FP/C.

Best,
Sarah Harlan

HIFA profile: Sarah Harlan is the Director of Learning & Partnerships with the Knowledge for Health Project (K4Health) at Johns Hopkins Center for Communication Programs (CCP), US. Professional interests: Reproductive Health, Family Planning, HIV Prevention, Knowledge Management, Strategic Communication. She is a member of the HIFA working group on Family Planning.

<http://www.hifa.org/projects/family-planning>
<http://www.hifa.org/support/members/sarah-1>
Email: sarah.harlan AT jhu.edu

From: "John Liebhardt, United Arab Emirates" <john.liebhardt@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (22) Q1: Why is family planning and contraception (FP/C) information important? (3)

My name is John Liebhardt and I am very happy to take place in this discussion. I am a librarian who recently worked at IntraHealth International where I also partnered with the K4Health project. (I am also a member of the HIFA steering committee).

As a Librarian I am interested in how people express information needs and (more particular to this discussion) the different information needs of health care providers and their patients. I am keen to know what questions patients ask of their health care providers because I think it is a good training tool.

A recent study in the African Journal of Library, Archives & Information Science investigated the use of ICTs by 1001 mothers in Nigeria to access maternal and child health information from health workers.

While the largest percentage of the mothers (45%) utilized ICTs for appointment reminders, 34% of respondents accessed family planning information. This beat out such timely subjects as medication in pregnancy, breast feeding and nutrition during pregnancy.

The study, which piggybacked on existing eHealth projects throughout Nigeria, then tried to assess what actions the mothers took after using the ICTs for information gathering. Researchers found 83% of mothers visited their registered clinic for health care.

As an information professional, these are fascinating findings. Helping health workers remain educated in family planning is essential because methods can change. But maybe more importantly, making health workers knowledgeable about family planning is pertinent because their patients are also searching out this information.

I am very interested to listen to what you've heard from your patients.

Here's the citation for that study: Obasola, Oluwaseun I., and Iyabo M. Mabawonku. "Women's Use of Information and Communication Technology in Accessing Maternal and Child Health Information in Nigeria." African Journal of Library, Archives & Information Science 27.1 (2017). [*]

Thank you,
John

HIFA profile: John Liebhardt is a Digital Librarian at IntraHealth International in the United States. john.liebhardt@gmail.com

[*Note from HIFA moderator (Neil PW): Many thanks John. Unfortunately the full text is restricted access but I note that the lead author is a HIFA member who can be contacted here: olaseun AT yahoo.com]

From: "Andre Shongo Diamba via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (23) Q1: Why is family planning and contraception (FP/C) information important? (5)

Dear all,

I would to tell you an interesting story about traditional habit reported in most tribes in Africa. The first birth in family is an interesting party, couple ability to have children. The aunts play a big role, in margin of joy, they launch one message to new mother: < PROTECT THE BABY>.

This is an important message that means no close pregnancy and birth by risk of competition between children, consequence being the loss of the first or both, most time maternal death is reported.

That is clearly the need of information in family planning and contraception, the demand creation. Main practices lead to separation of couple, maternity break usually so far in husband family. There, these new mother learn about family planning, and in this manner mother and child protected. Present example works well beyond religious and traditional barriers.

Information in FP/C is important for mother to follow standard birth spacing pace and to involve the will in the moment of having child, number of child and intend of limiting birth.

Over traditional demand creation and potential demand for family planning / contraception, the modern FP/C more accuracy in communication, and modern contraceptive method choices, the information in FP/C ensures the contraceptive security. That lets the person in need to get, choose and use the chosen modern contraceptive method. So information leads to fit the need and avoid negatives outcomes linked to unmet need for family planning.

HIFA Profile: Andre Shongo Diamba is a medical doctor, currently in GLOBAL HEALTH SYSTEM AND DEVELOPMENT training, a master in public health program at Tulane University, school of health and tropical medicine, New Orleans, USA. Previously, Andre worked as coordinator at PISRF- Programme Integrale de sante reproduction et familial (Integrated program of reproductive health and Family), a DRC participative NGO of family planning and reproductive health who provide awareness and care in favor of women and children of low social area , and toward this group to whole community. PISRF undertake sociological, public health and biomedical research in the matter, it encourage the humanitarian and research project and open his availability to all. Andre has a tremendous experience in providing community reproductive health projects such information, communication education; provide care and leading the research. He has participated at many international conferences in the field of reproductive health and population, health, environment. Andre is interesting to provide the Millennium Development Goal (MDG) in the DRC and very engaging, He pleads for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this matter. He received the HIFA Country Representatives certificate of achievement in 2013, and is writing two books as help memory to facilitate the one-to-one members contact. <http://www.hifa.org/people/country-representatives/map> Andre can be contacted at pisrfrdcATyahoo.fr

From: "Leila Varkey, India" <lvarkey@c3india.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (23) Introduction: Karah Pedersen, USA (2) Empowering women to negotiate FP use

Dear Karah,

I am glad you have shared your personal reasons as I do not think we can talk about FP for all until it also affects us.

I often feel we think that couples discuss methods and that its a joint decision while I know from my personal experience that its usual one partners (usually the woman!) who raises the issue and if not raised then it is assumed that the woman has taken care of it. Few men take up using condoms without a nudge or two in many cultures (esp. in south asia) and this reality needs to be dealt with when teaching women to negotiate FP use. this is not being done.

I hope to see more real examples of how women can safely negotiate contraceptive use and plan their families. Personally I have had not so good experiences with the pill, condoms and copper IUDs and finally was relieved when menopause ended the need for them!

regards
Leila

HIFA profile: Leila Varkey is a Senior Adviser in Reproductive, Maternal, Newborn and Child Health (RMNCH) at the Centre for Catalyzing Change in India. Professional interests: Midwifery, Health Systems especially HRH, Quality of Care (QI and QA), India, and Scale up. lvarkey AT c3india.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (24) Q1: Why is family planning and contraception (FP/C) information important? (6) FP/C and Sustainable Development Goals

Dear HIFA colleagues,

I recommend this paper that demonstrates the profound importance of family planning (and thereby FP/C information) at all levels. Below are the citation and selected extracts.

CITATION: Investing in Family Planning: Key to Achieving the Sustainable Development Goals

Ellen Starbird, Maureen Norton and Rachel Marcus
Global Health: Science and Practice June 2016, 4(2):191-210;
<https://doi.org/10.9745/GHSP-D-15-00374>

'Voluntary family planning brings transformational benefits to women, families, communities, and countries. Investing in family planning is a development "best buy" that can accelerate achievement across the 5 Sustainable Development Goal themes of People, Planet, Prosperity, Peace, and Partnership...'

'We particularly stress family planning's:

- Link to human rights, gender equality, and empowerment
- Impact on maternal, newborn, child, and adolescent health
- Role in shaping economic development and environmental and political futures..'

'Voluntary family planning helps women and men secure their rights to decide freely, and for themselves, whether, when, and how many children they want to have—a basic human right. Family planning supports the rights of the girl child to remain unmarried and childless, until she is physically, psychologically, and economically ready, and desires to bear children. It supports the rights of adolescent boys and girls to information on how rapid, repeat pregnancies will affect their future. It strengthens the rights of women with HIV to decide on future childbearing, free of coercion. Family planning supports the rights of all people to accurate, unbiased information on contraceptive methods that can help them achieve their reproductive preferences.'

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Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Alhassan Aliyu Gamagira, Nigeria" <algamagira@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (26) Family planning and religion (4)

Thank you all

Nobody can separate any programme with somebody's faith or any form of belief. Adequate and appropriate knowledge directed to the right people at the right time and place is all that is required

As far as I am concerned, Family planning should start at the point of selecting a wife/courtship and must be approved by the culture or religion of those concerned.

(2) Income generation/earning capacity of the husband.

(3) Educational level and experience of the providers of Family Planning knowledge and services

(4) Availability of Health Care Facilities providing FP services.

(5) Transcultural and religious knowledge should be inculcated and accepted for meaningful and acceptable FP

Respect for religious and cultural belief will add value to successful FP for both the consumer and provider.

With the help of God, I have successfully planned and established my family consisting of 2 wives, 14 children and 4 grandchildren all alive.

Total empowerment is all that is required

Thank you All.

HIFA profile: Alhassan Aliyu Gamagira is a Chief Nurse Tutor (retired) with the Kaduna State MOH (now self employed), in Nigeria, and with professional interests in nursing, midwifery and public/community health. algamagira AT gmail.com

From: "Andre Shongo Diamba, USA via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (27) Q1: Why is family planning and contraception (FP/C) information important? (7) FP/C in francophone vs anglophone Africa

Dear All;

FP/C is a development lever whether used by government to allow individuals and couples to have knowledge about it and related available services. Then, people informed adhere to program and use different choices to regulate the moment of having birth, the number of births and the appropriate time of stopping to give birth. This example can help us to distinguish what happens in Africa countries linguistic mapping, wide use of FP/C in English speaking countries than that the Francophone countries stay behind. Indeed, all Francophone Africa countries are governed since 1920 by an old law that impedes all kind of

human fertility regulation in benefit of big size family. Of structural manner, these countries meet barriers to promote the FP/C information and services, as we know, demographic growth reported in these countries explains today the evidence of underdevelopment observed comparing to English speaking countries, that is the case of Southern Africa, East Africa. Since, 2011, an effort in FP/C field is done in West Africa Francophone countries, and now a positive outcome is recorded, availability of FP/C information and services, and subsequent modern contraceptive prevalence raising, decreasing of fertility rate and decreasing of maternal and child mortality. Francophone central Africa countries stay behind

This result is to put in Millennium Development Goals where FP/C recognized as target 5b of fifth Millennium development goal of reducing by three fourth the maternal death. FP/C contributed directly to promote maternal health (target 5a) and to reduce the child mortality (MDG4). Indirectly, FP/C contributed to progress acceleration of other MDGs.

This FP/C, endorsed actively in Sub Saharan Africa countries from 1997 to 2015 has shown two trends, more progress observed in English speaking countries compared to Francophone Africa speaking countries. This legal barrier continue to be there, but the ongoing mobilization for change in favor of FP/C and the common will of civil society actors to get victory allow us to keep hope. The FP/C is promoting in Sustainable Development Goals setting since 2016.

HIFA Profile: Andre Shongo Diamba is a medical doctor, currently in GLOBAL HEALTH SYSTEM AND DEVELOPMENT training, a master in public health program at Tulane University, school of health and tropical medicine, New Orleans, USA. Previously, Andre worked as coordinator at PISRF- Programme Integrale de sante reproduction et familial (Integrated program of reproductive health and Family), a DRC participative NGO of family planning and reproductive health who provide awareness and care in favor of women and children of low social area, and toward this group to whole community. PISRF undertake sociological, public health and biomedical research in the matter, it encourage the humanitarian and research project and open his availability to all. Andre has a tremendous experience in providing community reproductive health projects such information, communication education; provide care and leading the research. He has participated at many international conferences in the field of reproductive health and population, health, environment. Andre is interesting to provide the Millennium Development Goal (MDG) in the DRC and very engaging, He pleads for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this matter. He received the HIFA Country Representatives certificate of achievement in 2013, and is writing two books as help memory to facilitate the one-to-one members contact. <http://www.hifa.org/people/country-representatives/map> Andre can be contacted at pisrfrdcATyahoo.fr

From: "Andre Shongo Diamba, USA via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (28) Q1: Why is family planning and contraception (FP/C) information important? (9)

Dear All,

Reproductive Health Right (World Health Organization) is the tool we are using to breakdown a number of barriers that impede information, adherence and use of modern FP/C by women in need. This disposition ranks each woman as having universal right to have a healthy sexual and reproductive health including a decision of having control in reproductive field.

Otherwise, as FP/C care providers, this reproductive health right window allows us to benefit to all women in need, beyond all kind of barriers, a counselling in FP/C, and an informed choice of method and use of chosen method. That is what we are practicing in Democratic Republic of Congo, also under the burden of Francophone countries that undergone the anti FP/C law in place since 1920. In ground, the information is the first stage, whether well done, leads to adherence and use of FP/C by desired woman. As result, individual, family and community draw the related advantages.

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From: "Andre Shongo Diamba, USA via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (30) Q1: Why is family planning and contraception (FP/C) information important? (11) Transmission channels for FP/C information

I have a concern about how to lead information or to sensitize about FP/C?

I would share what we are doing in ground, whether the information is the fact to provide a new, in this case, about modern FP/C, the communication that holds count of information receiver and the feedback in terms of behavior change is interesting. We are using the second one to sensitize about FP/C exiting programs and to follow the behavior change occurrence.

Because the FP/C is important for all reasons quoted in this debate, some transmission channels are reported:

- The counselling, interpersonal and crowd communication work well when in joint effort sensitizers and clinical care providers share on modern FP/C communication and services availability.
- The classic Medias reach large audience once broadcasting, especially whether involved in sensitization and referral to point of care services, large adherence is information's yield.
- Social Medias, especially mobile phone is used actually to share information and to interexchange with FP/C users or potential users. More and more, women have mobile phone and this opportunity can be used to interact individually or under network label.
- The proximity vulgarizator client is also an aspect of horizontal information, the users glad of services received, protection and benefit of modern FP/C are committed willingly to

sensitive, recruit and accompany, news convicted to point of care to adhere in program and have chosen method. The family, neighbors, and friends are in scope of proximity vulgarizator clients. The FP/Contraception is important because, it allow to women / couples to have children when they want, the number they want, and to stop giving birth when they want. In list of benefits, have mother and child life, social wellbeing, and contribution to society development.

HIFA Profile: Andre Shongo Diamba is a medical doctor, currently in GLOBAL HEALTH SYSTEM AND DEVELOPMENT training, a master in public health program at Tulane University, school of health and tropical medicine, New Orleans, USA. Previously, Andre worked as coordinator at PISRF- Programme Integrale de sante reproduction et familial (Integrated program of reproductive health and Family), a DRC participative NGO of family planning and reproductive health who provide awareness and care in favor of women and children of low social area , and toward this group to whole community. PISRF undertake sociological, public health and biomedical research in the matter, it encourage the humanitarian and research project and open his availability to all. Andre has a tremendous experience in providing community reproductive health projects such information, communication education; provide care and leading the research. He has participated at many international conferences in the field of reproductive health and population, health, environment. Andre is interesting to provide the Millennium Development Goal (MDG) in the DRC and very engaging, He pleads for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this matter. He received the HIFA Country Representatives certificate of achievement in 2013, and is writing two books as help memory to facilitate the one-to-one members contact. <http://www.hifa.org/people/country-representatives/map> Andre can be contacted at pisrfrdcATyahoo.fr

From: "Karah Pedersen, USA" <kpedersen@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (31) Q1: Why is family planning and contraception (FP/C) information important? (12)

It sounds like the FP program Andre Shongo Diamba uses reproductive rights tools. I love all of these perspectives in the forum, and reinforcement of the rights-based approach to FP.

A woman's right to health also means a right to contraception. I really like this short fact sheet from Family Planning 2020 as it articulates so clearly (with references) these rights, including agency and autonomy, and what they mean for those who work on policies and programs.

http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/08/FP2020_Statement_of_Principles_11x17_EN_092215.pdf

Family Planning 2020 (FP2020) is a global movement that works with donors, civil society, and the private sector, and many others to coordinate the target of enabling 120 more women and girls to use contraceptives by 2020.

<http://www.familyplanning2020.org/>

There are number of other tools that help promote a rights-based approach to FP information too, including tools from WHO. Is there one in particular that you all find most useful?

Knowledge 4 Health (<http://www.k4health.org>) also offers a lot of great advocacy tools in their Family Planning Advocacy toolkit (<https://www.k4health.org/topics/advocating-fp-policy>) that incorporate rights-based messages. I haven't used this particular one in my work, but

they feature one tool that does partner with a faith-based group, Christian Connections, that advocates for family planning. Here are some details:

Christian Connections for International Health has published Family Planning Advocacy through Religious Leaders: A Guide for Faith Communities (2017), available in English (PDF, 5.91MB) and French (PDF, 5.99MB). The resources assist the efforts of faith-based organizations to equip and encourage religious leaders to advocate for family planning with their governments, the media, and their own congregations and communities. The guide's workbook style offers a step-by-step process for training religious leaders and launching advocacy efforts through checklists and interactive prompts.

http://www.ccih.org/cpt_resources/fp-advocacy-guide/

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HIFA profile: Karah Pedersen is a Technical Advisor at IntraHealth in the United States. Professional interests: adolescent and youth; gender equality; contraception and reproductive health; cervical cancer; SDGs; information sharing and knowledge management. She is joint coordinator of the HIFA Project on Family Planning.

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (32) Q2: FP/C knowledge, myths and misconceptions

Dear all,

Thank you for your contributions to the discussion so far, and welcome to the many new family planning professionals who have joined us over the last few days! Please feel free to send a brief self-introduction to hifa@dgroups.org The following themes serve as a guide for our discussion:

1. Why is family planning and contraception (FP/C) information important (for individuals, communities, countries, world)?
2. What is the current level of FP/C knowledge among adolescents, girls, women, and men? What are the common myths and misconceptions related to FP/C?
3. What are the drivers and barriers to FP/C information?
4. Who is doing what, and where, to provide reliable FP/C information for adolescents, girls, women, and men? What works well and why?
5. What can be done to improve the availability and use of FP/C information for adolescents, girls, women, and men?

We now enter week 2 and we would like to invite your thoughts around the theme:

What is the current level of FP/C knowledge among adolescents, girls, women, and men? What are the common myths and misconceptions related to FP/C?

Our online survey [full results here: <http://www.hifa.org/projects/family-planning>] found that:

1. 1 in 4 respondents thought their friends and colleagues typically believe that 'most contraceptives also protect against sexually transmitted infections such as HIV'
2. 1 in 7 respondents thought their friends and colleagues typically believe that 'contraceptives are dangerous to a woman's health'
3. 1 in 7 respondents thought their friends and colleagues typically believe that 'contraceptives often cause long-term problems with fertility'

Notably, the respondents to this survey were mainly very highly educated health professionals, researchers and academics.

In my blog for K4Health last week - Family Planning Information for All: Addressing Myths and Misconceptions about Family Planning -

<https://www.k4health.org/blog/post/family-planning-information-all-addressing-myths-and-misconceptions-about-family-planning>

I wrote: 'If myths and misconceptions are indeed so common among educated groups (and there are of course many other myths we did not explore), how common are they in the population as a whole? As the physical availability of modern contraceptives increases, I would hypothesise that myths and misconceptions are an increasingly important barrier to appropriate selection and uptake of contraceptives.'

What is the *actual* prevalence of different myths and misconceptions, in different countries/contexts? What is the impact of such myths and misconceptions on health outcomes, such as unintended pregnancy or transmission of HIV? To what extent are myths and misconceptions a barrier to uptake of family planning methods? How do such myths and misconceptions emerge and come to be established in populations? What can be done to address them?

I look forward to learn from your experience on these important issues/questions.

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Clare Hanbury, UK" <clare.hanbury.leu@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (33) Educating children in family planning

Dear All

I have been following the discussion on family planning with great interest. Here are some of my general thoughts and my intention is to address each of the 5 questions we have been given in addition to this post.

So far I have not yet picked up the absolutely essential issue that we must educate and involve children in this issue of family planning. For one thing, the reality is that vast numbers of children are literally left 'holding the baby'! The larger the family the more likely it is that children are providing a lot of the childcare. This can be positive and can be made more so when the role is informed, praised and supported (which is usually isn't).

Children and adolescents today are faced with many pressures and conflicting messages about how to manage their sexuality and by implication, 'family planning'. The rise of social media use by children and young people is likely to make these pressures even greater.

To address this every country needs a comprehensive strategy for sexual and reproductive health and HIV education for children and adolescents, in and out of school. In countries where many children leave school altogether after Primary School years, there is a need for a robust approach to tackling this. I assume most countries do.

A comprehensive strategy needs to include clear and factual content about puberty, friendship, gender, sexuality, pregnancy, sexually transmitted infections, HIV and AIDS and drug and alcohol use and of course, family planning is a part of all these topics.

In addition, educators need to employ participatory methods to engage and empower children and adolescents to help them understand themselves and their world. They need to ensure the young people reflect upon and practice the skills needed to develop caring and loving relationships, make good decisions, solve problems and seek help when needed. This means that educators need to be using a life skills' approach and include opportunities for children and young people to talk openly and honestly without fear of rebuke within safe learning settings.

Over the years and often linked to HIV and AIDS (that brought sexual and reproductive health education much higher up the agenda) many countries developed high-quality toolkits and other resource materials for educators and trainers. One outstanding series that I was closely involved with is the 'our Future series' co-created by the International Aids Alliance that can be freely accessed here. This was co-created with educators in Zambia.

However good the materials, there are still significant barriers facing the delivery of a good programme and these can include:

The lack of time given to the scheduling of these topics in upper Primary school.

The lack of confidence and lack of knowledge among educators.

Educators making mistakes in the delivery of the materials putting them at odds with school policy and/or the parent bodies.

Fears of recriminations from parents in the more conservative contexts.

The lack of capacity among the teacher trainers at training colleges and those involved in in-serve teacher training.

Parents lack the confidence to have conversations about sexuality at home and particularly when the dynamics and shape of families do not demonstrate received wisdom.

I'm sure there are many more!

At Children for Health, we are in the process of designing sets of short messages that could form the backbone of stimulating more quality work in this area. Our messages will be designed for primary school aged children to learn and share. As with all our messages, they are designed as gateways into conversations and further activities that children and young people can have with each other and with their parents. (see our 100 messages by clicking here: <http://www.childrenforhealth.org/the-collection/>).

Best wishes
Clare Hanbury

HIFA profile: Clare Hanbury qualified as a teacher in the UK and then worked in schools in Kenya and Hong Kong. After an MA in Education in Developing Countries and for many years, Clare worked for The Child-to-Child Trust based at the University of London's Institute of Education where, alongside Hugh Hawes and Professor David Morley she worked to help embed the Child-to-Child ideas of children's participation in health into government and non-government child health and education programmes in numerous countries. Clare has worked with these ideas alongside vulnerable groups of children such as refugees and street children. Since her MSc in International Maternal and Child Health, Clare has worked freelance and focuses on helping government and non-government programmes to design and deliver child-centered health and education programmes where children are active participants. Clare has worked in many countries in East and Southern Africa and in Pakistan, Cambodia and the Yemen. Her current passion is for distilling health information for teachers, health workers and others into simple practical health messages actionable by children.

<http://www.hifa.org/projects/citizens-parents-and-children>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (34) Myth: Most contraceptives protect against HIV/STIs

In our recent survey

[\[http://www.hifa.org/sites/default/files/publications_pdf/HIFA_FP_Survey_Responses_Q1-9.pdf\]](http://www.hifa.org/sites/default/files/publications_pdf/HIFA_FP_Survey_Responses_Q1-9.pdf), one in four respondents (mostly highly educated HIFA members) reported that their friends and colleagues 'typically believe' that 'most contraceptives also protect against sexually transmitted infections such as HIV.'

I would like to invite our respondents (and indeed all HIFA members) to say a bit more about this important perception/finding.

Male (and female) condoms protect against HIV/STIs, whereas other forms of contraceptive do not protect (the diaphragm offers some protection against gonorrhoea and chlamydia but not HIV). Is it true that large numbers of people believe that the Pill and/or the Intrauterine Device (IUD) and/or the long-acting contraceptive injection/implant and/or other contraceptive methods also protect against HIV/STIs? If true, this is clearly a dangerous misconception.

Has any work been done to explore this myth. Is it real? If so, how prevalent is it (and where?), why do people believe it, and what can be done to address it?

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (35) World Contraception Day 26 September - Contraception Is About Partnerships

If we're going to reach a point where every pregnancy is wanted and all unmet need for contraception around the world is finally met, we need to get creative about it. It's time to work together in bold new ways - and look at the bigger picture. New from HuffPost.

Below are extracts from IntraHealth's president Papa Gaye's article The full text is here: <http://www.huffingtonpost.com/entry/59c8fe7ee4b08d6615504438>

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Contraception Is About Partnerships - in More Ways than One

'Imagine you are very, very poor. You and your family have, say, \$100 or less for the entire month. What are your priorities? For most people, the main concerns would be food, safe drinking water, shelter, and maybe education, if there's anything left over. When you're making decisions under this type of pressure, a lot of important things fall to the bottom of the list. Contraception is one of them...'

'Global health experts know that if we were to reach a point where every pregnancy was wanted, and where all unmet need for contraception around the world were finally met, 30% of maternal morbidity and mortality would be eliminated. Infant and child mortality would plummet, global gender equality would rise, and social and economic development would flourish...

'And fortunately, there are many partnerships now working specifically to make contraception more widely available. FP2020, for instance, launched in 2012 as a global commitment among governments, civil society, multilateral organizations, donors, the private sector, and the research and development community to enable 120 million more women and girls to use contraceptives by 2020. The Ouagadougou Partnership is another, a coalition working to give 2.2 million more people in the francophone West African region access to family planning by 2020.

Join the conversation: #WCD2017 #HealthWorkersCount

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Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Andre Shongo Diamba, DR Congo" <shongodiamba@gmail.com>
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Subject: [hifa] FP/C (36) Q2: FP/C knowledge, myths and misconceptions (2)

The modern FP/C thematic and interventions need to be understood in Behavior communication Change setting, from no use to use, from traditional practices to modern contraceptive methods. Social norms and religious habits change have a price, to achieve that, a strong advocacy, an appropriate sensitization; a social marketing of modern contraceptive campaign, and training of care givers need to be undertaken.

In this context, myths and misconceptions related to FP/C are barriers and about modern contraceptive concept, specific method critic or subsequent side effects. The thematic are related to:

- Menses troubles,
- Virility troubles,
- Contraceptive use and pregnancy Interferences,
- Migration of contraceptive inserted in loco,
- Contraceptive indications,
- Method administration route and technique,
- Extra uterine pregnancies,
- Sterility,
- Reproductive health cancer suspicion,
- HIV and Contraception Relationship,
- Diseases associated to contraceptive choices use, etc.

HIFA Profile: Andre Shongo Diamba is a medical doctor, he got a Master of Public Health ? international health degree from school of health and tropical medicine, Tulane University, USA in 2016 and is flexible to job opportunities. Previously, Andre worked as coordinator at PISRF- Programme Intégr  de sant  de reproduction et familial (Integrated program of reproductive health and Family), a Democratic Republic of Congo (DRC) participative NGO of Family Planning and Reproductive Health , committed in awareness and care providing in favor of women and children of low social area , and toward this group to whole community. PISRF undertakes sociological, public health and biomedical researches in the family planning and reproductive health (education, sexuality without risk, safe motherhood, HIV/AIDS prevention), it encourages the humanitarian and research projects and ensures results dissemination to all. Andre has a long experience in providing community reproductive health projects such information, communication - education; care services and research leading. He has participated at numerous international conferences in the field of reproductive health and population, health, environment. Andre is interested to promote the Social Development Goal (SDGs) in the DRC and very engaged, He pledges for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this field. He received the HIFA Country Representatives certificate of achievement at 2013. Andre can be contacted at pisfrdcATyahoo.fr

From: "Andre Shongo Diamba, DR Congo" <shongodiamba@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (37) Q2: FP/C knowledge, myths and misconceptions (3)

Dear All

The international conference of population and development (ICPD) held in Cairo (Egypt) in 1994 were a trigger event that underscored the need of discussion about the development of people, thematic shifting from the economic growth. Among ICPD's recommendations, the healthy reproductive health, family planning especially was mentioned as an important wellbeing pillar. That was the first time, where a high attention was driven about the family planning, under the leadership of United Nations. The ICPD recommendations was redefined in 2000 in New York during the Millennium summit, and requalified as Millennium Development Goals (MDGs), there was eight MDGs, the family planning ranked as the Target 5 b of the MDG 5 about maternal health improvement. The FP/C contributed directly to progress of MDGs 5 and 4 about the reducing of three fourth of children mortality. Also, modern FP/C contributed indirectly to ensure food security, universal primary school attendance, Enrollment of girls in secondary school level and gender empowerment, mixed FP/C, HIV/ AIDS and malaria services shew an efficacy, water and environmental resources rational use was linked to Community FP/C users, the decent jobs for young along with universal access to pharmaceutical products included in global partnership for the development reported.

The most important thing to know here is the follow up of modern FP/C services deployment and subsequent behavior change. Modern FP/C discourse interest is recent, about 20 years, the knowledge of concept and adolescents, girls, women, and men services sites, is variable according region, and within countries,

Tradition versus modern FP/C: change recorded is about 50/50 of use of traditional practices and modern FP/C methods. The Population Reference Bureau spreadsheet mention the rate of each category

Gender aspect: women are informed more than men, but the men involvement is very slow. However, FP/C Universal Reproductive Right, allows the care providers to benefit contraceptives choices to women in need without barriers.

Adolescents/ Girls are sensitized about FP/C and those sexually active use services where they are available. But in most culture, adults impede the programs; they make opposition according their assumption: FP/C pushes adolescents/ girls to prostitution. Number of churches agrees with this conception, they discourage modern FP/C services use among girls/adolescents.

Worldwide, modern FP/C is discussed currently in setting of third Sustainable Development Goal related to Good Health and Well-Being.

HIFA Profile: Andre Shongo Diamba is a medical doctor, he got a Master of Public Health ? international health deggree from school of health and tropical medicine, Tulane University, USA in 2016 and is flexible to job opportunities. Previously, Andre worked as coordinator at PISRF- Programme Intégrée de santé de reproduction et familial (Integrated program of reproductive health and Family), a Democratic Republic of Congo (DRC) participative NGO of Family Planning and Reproductive Health , committed in awareness and care providing in favor of women and children of low social area , and toward this group to whole community. PISRF undertakes sociological, public health and biomedical researches in the family planning and reproductive health (education, sexuality without risk, safe motherhood, HIV/AIDS prevention), it encourages the humanitarian and research projects and ensures results dissemination to all. Andre has a long experience in providing community reproductive health projects such information, communication - education; care services and research leading. He has participated at numerous international conferences in the field of reproductive health and population, health, environment. Andre is interested to promote the Social Development Goal (SDGs) in the DRC and very engaged, He pledges for public

private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this field. He received the HIFA Country Representatives certificate of achievement at 2013. Andre can be contacted at pisfrdcATyahoo.fr

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (38) Quality of FP services and availability of guidelines

Dear HIFA colleagues,

In recognition of World Contraception Day, the journal Global Health: Science and Practice is sharing recent and Most Read articles on family planning. Below is a paper on availability and quality of FP services in DR Congo. Only half the facilities have FP service guidelines (and it is unclear whether these are comprehensive and up to date).

CITATION: Availability and Quality of Family Planning Services in the Democratic Republic of the Congo: High Potential for Improvement
Dieudonné Mpunga, JP Lumbayi, Nelly Dikamba, Albert Mwembo, Mala Ali Mapatano and Gilbert Wembodinga
Global Health: Science and Practice June 2017, 5(2):274-285;
<https://doi.org/10.9745/GHSP-D-16-00205>
<http://www.ghspjournal.org/content/5/2/274>

SUMMARY 'A few facilities provided good access to and quality of family planning services, particularly urban, private, and higher-level facilities. Yet only one-third offered family planning services at all, and only 20% of these facilities met a basic measure of quality. Condoms, oral contraceptives, and injectables were most available, whereas long-acting, permanent methods, and emergency contraception were least available. Responding to the DRC's high unmet need for family planning calls for substantial expansion of services.'

SELECTED EXTRACTS:

'Just over half of these health facilities had service delivery guidelines (53%) and staff trained in family planning (51%)'

'Only 1 in 5 were assessed to have "high" quality services (defined as having family planning service delivery guidelines, health workers trained in family planning in the past 2 years, a sphygmomanometer, and at least 3 types of contraceptive methods).'

--

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (39) Educating children in family planning (2)

Further to Clare's message about the importance of including children in family planning, I came across this article on the use of animated video to provide reproductive health information for children:

NU [Northeastern University, USA] professors create animated music videos to teach children about reproductive health
<https://dailynorthwestern.com/2017/09/25/campus/nu-professors-create-animated-music-videos-teach-children-reproductive-health/>

The cartoons themselves are available here:
<https://reprotopia.northwestern.edu/projects/new-you-thats-who>

They include boys' and girls' anatomy, puberty and menstruation, although not specifically 'family planning'.

Do HIFA members have experience or thoughts on family planning education for children (at different ages)?

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Mamsallah Faal-Omisore, Nigeria" <drmsaf@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (40) Educating children in family planning (3)

Dear Clare

Thank you for clearly summarising the pivotal role of children and adolescents in family planning. I would also like to add that there needs to be improved efforts to shift the narrative of family planning from being the responsibility of women to that of the family as whole. Empowering and enabling children to understand the cycle of life is central to this.

Indeed, it may be that in the current global context of reduced funding for family planning; we can begin to revisit these decisions in light of the recognition that involving individuals at all stages of life promotes the concept of a holistic and possibly more acceptable approach to the discourse on family planning.

Thanks
Mamsallah

HIFA profile: Mamsallah Faal-Omisore is a Family Physician/Health Policy Consultant/Health Educator at Wamoto Health, Nigeria. She is a Lagos-based family physician, also working part-time as a health policy consultant and health educator. In addition, she is a clinical team member of Primary Care International. Mamsallah's twenty year career includes stints in general practice in the UK, HIV operational research and clinical lecturer position in family medicine at the University of the Witwatersrand as well as faculty presenter for the medical education services of the Medical Protection Society in South Africa. She is a member of the HIFA Project on Information for Citizens, Parents and Children.

<http://www.hifa.org/projects/citizens-parents-and-children>

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Email: drmsaf AT wamotohealth.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (41) World Contraception Day 26 September (2)

The message below is forwarded from the Implementing Best Practices Initiative

--

Happy World Contraception Day! Below are some infographics to help spread the word and to celebrate this important event. The hashtag for the day is #worldcontraceptionday, and you can also use #SRHR and #HumanRights not forgetting to tag @HRPresearch, @WHO and @IBPInitiative.

Please check out the WHO website

[\[http://www.who.int/reproductivehealth/topics/family_planning/world-contraception-day-2017/en/\]](http://www.who.int/reproductivehealth/topics/family_planning/world-contraception-day-2017/en/) to read more about this day and the work WHO is supporting. Thank you for your continued support of the WHO/Implementing Best Practices Initiative (IBP).

<http://www.ibpinitiative.org/>

To learn more about the IBP Initiative, join the IBP Knowledge Gateway, or to become an IBP Partner Organization, visit www.ibpinitiative.org or www.knowledge-gateway.org, or send a message to the IBP Secretariat

Yours in Partnership,
IBP Secretariat

Nandita Thatte, DrPH
WHO/Implementing Best Practices (IBP) Secretariat
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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (41) World Contraception Day 26 September (2)

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Please check out the WHO website

[\[http://www.who.int/reproductivehealth/topics/family_planning/world-contraception-day-2017/en/\]](http://www.who.int/reproductivehealth/topics/family_planning/world-contraception-day-2017/en/) to read more about this day and the work WHO is supporting. Thank you for your

continued support of the WHO/Implementing Best Practices Initiative (IBP).

<http://www.ibpinitiative.org/>

To learn more about the IBP Initiative, join the IBP Knowledge Gateway, or to become an IBP Partner Organization, visit www.ibpinitiative.org or www.knowledge-gateway.org, or send a message to the IBP Secretariat

Yours in Partnership,
IBP Secretariat

Nandita Thatte, DrPH

WHO/Implementing Best Practices (IBP) Secretariat

Department of Reproductive Health and Research (RHR)

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (45) How Does Family Planning Impact Maternal Health?

Extracts below. Full text here, with thanks to the Maternal Health Task Force:

<https://www.mhtf.org/2017/09/26/world-contraception-day-how-does-family-planning-impact-maternal-health>

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'According to data collected by the United Nations Population Division, in 2015, 12% of married or in-union women of reproductive age around the world had an unmet need for family planning. Unmet need varies widely by region, ranging from 5% in Eastern Asia to 26% in Central Africa. There are many factors that influence unmet need, including a lack of access to information and services, as well as fear of side effects and disapproval from loved ones.

'Family planning has important implications for maternal health. In 2008, contraceptive use averted approximately 44% of maternal deaths around the world. One proposed mechanism for this effect is that contraceptive use reduces the number of high-risk and high-parity births, thereby reducing maternal mortality. Access to contraceptives also helps to prevent unwanted pregnancies, some of which result in unsafe abortions — one of the leading causes of global maternal deaths...'

--

'Contraceptive use averted approximately 44% of maternal deaths' - this suggests contraception prevents about 360 (of around 830) maternal deaths per day.

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (46) Why adolescent contraceptive access and use is a global issue

Dear HIFA colleagues,

Below are extracts from a Q&A on the BioMed Central website. Full text here: <https://blogs.biomedcentral.com/on-health/2017/07/11/family-planning-2020-why-adolescent-contraceptive-access-and-use-is-a-global-issue/>

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In this Q&A, we spoke with Cate Lane (USAID), Venkatraman Chandra-Mouli (World Health Organization), Matti Parry (World Health Organization), and Pooja Subramanian Parameshwar (World Health Organization) on why improving adolescents' access to contraceptives and ensuring their correct use is of major importance to global health.

Q: What makes adolescent contraceptive use a significant global health issue?

A: The World Health Organization (WHO) reports 16 million adolescents aged 15-19 give birth each year, mostly in low and middle-income countries. Many are intended while others are mistimed; 23 million adolescents would like to use contraception but are not. Early, mistimed pregnancy may result in maternal morbidities and mortality, and social consequences that limit the potential of young women...

Q: Why are many adolescents still unable to obtain and use contraceptives?

A: The International Conference on Population and Development spotlighted adolescents and contraception, yet 23 years later, little progress has been made. Barriers persist: restrictive laws, poorly implemented policies, reluctant providers and deeply held social norms, disproportionately affecting adolescent ability to use contraception to delay first pregnancy or space subsequent pregnancies.

Adolescents may not know where to obtain contraception or cannot afford services, yet even when there is easy access, uptake may be constrained by stigma around non-marital sexual activity, pressures to demonstrate fertility and overall lack of agency to make choices...

In places where adolescents have good access to contraception, sufficient information, and are supported by the socio-cultural environment, there are low rates of unintended pregnancy. Adolescents can and do make responsible decisions when they have the tools and resources to do so...

--

I would like to ask FP professionals on HIFA to say a bit more about unmet need. In the blog above, it says '23 million adolescents would like to use contraception but are not'. On the WHO website it says '214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method'. Can we estimate and describe the various subgroups in these numbers? For example, among the 23 million adolescents who would like to use contraception but are not, can we get any understanding of why they are not - the primary causes? What are the relative contributions, for example, of lack of physical access to contraception vs lack of autonomy vs cultural expectations vs lack of awareness/information vs myths and misconceptions?

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Clare Hanbury, UK" <clare.hanbury.leu@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (47) Q2: FP/C knowledge, myths and misconceptions (4)
Myths and misconceptions about condoms

Dear All,

As I have worked mostly with schools and teachers, the myths and misconceptions I have come across are from this perspective.

The use of male condoms continues to be riddled with myths, false perceptions, and unfounded fears. Below is a list from this UNFPA publication
http://www.unfpa.org/sites/default/files/pub-pdf/myths_condoms.pdf

Here's a summary and of course there are others!

- Condoms have holes that allow the virus to pass through.
- Condoms are not reliable and leak.
- Condoms break or slip off easily
- Condoms are too big and slip off, exposing the woman to risks.
- Condoms are small, tight, constricting and uncomfortable.
- Condoms have an unpleasant smell.
- Condoms reduce spontaneity.
- Condoms cause premature ejaculation and can reduce
- Condoms cause impotence, penile weakness, and loss of erection.
- Condoms cause vaginal dryness.
- Condoms cause pain, bleeding, infertility in men, infection, disease, fetal damage, cancer, sores, back or kidney pain, other health problems, death.
- Condoms prevent women receiving the benefits of semen.
- Retaining semen in the condom can harm the man if it flows back into the penis.

- Using a condom means wasting semen.
- Male condoms can get lost in the woman's body or burst inside her during sexual intercourse.
- Sex education and condom availability promote early sexual activity and promiscuity.
- Using condoms means you don't trust your partner.
- Male and female condoms are for use with sex workers and for casual sex; married and long-term partners don't need protection against infection.
- Condoms are part of a racist plan against people in developing countries having children

An approach that I've tried that can be fun (yes really!) is to make up cards or slips of paper with these on. Get teachers/children into groups. Hand out the cards to the groups - say 3/4 each and ask the group to discuss 1. If the statement is true and 2. If it's a commonly held belief. Ask participants to put a tick beside the statements they think are true, and a cross beside those they think are false and add a circle if they think it's a common belief. That way they can say its false but a common belief.

You could start the session by giving the list to each individual. Then talk through the list to ensure everyone understands each point. Then get each of the participants to tick those they think are true and hand in these before they do the group work. That way you also get a snapshot before individuals are influenced by others.

Depending on the context it may work best in gendered groups and the facilitator needs to have a good grasp of the facts and preferably speak the local language/slang where relevant.

There is a lot that needs follow-up discussion in this session so you would need at least two sessions to do it well.

A similar approach can be used when tackling myths around foods to be eaten/avoided during pregnancy.

Best wishes,
Clare Hanbury

HIFA profile: Clare Hanbury qualified as a teacher in the UK and then worked in schools in Kenya and Hong Kong. After an MA in Education in Developing Countries and for many years, Clare worked for The Child-to-Child Trust based at the University of London's Institute of Education where, alongside Hugh Hawes and Professor David Morley she worked to help embed the Child-to-Child ideas of childrens participation in health into government and non-government child health and education programmes in numerous countries. Clare has worked with these ideas alongside vulnerable groups of children such as refugees and street children. Since her MSc in International Maternal and Child Health, Clare has worked freelance and focuses on helping government and non-government programmes to design and deliver child-centered health and education programmes where children are active participants. Clare has worked in many countries in East and Southern Africa and in Pakistan, Cambodia and the Yemen. Her current passion is for distilling health information for teachers, health workers and others into simple practical health messages actionable by children.

<http://www.hifa.org/projects/citizens-parents-and-children>

<http://www.hifa.org/support/members/clare>

Email: clare.hanbury AT zen.co.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (48) Myths and Misinformation: An Analysis of Text Messages in Nigeria

Dear HIFA colleagues,

Below are the citation and abstract of an interesting paper on myths and misconceptions. The full text is restricted access, but the authors have sensibly assumed their right to archive a free-access version of their paper here: <http://paa2014.princeton.edu/papers/141862>

CITATION: Myths and Misinformation: An Analysis of Text Messages Sent to a Sexual and Reproductive Health Q&A Service in Nigeria
Ann K. Blanc, Kimberly Glazer, Uju Ofomata-Aderemi, Fadekemi Akinfaderin-Agarau
Studies in Family Planning 2016
DOI: 10.1111/j.1728-4465.2016.00046.x

ABSTRACT

The almost 50 million young people aged 10-24 in Nigeria face many challenges to their sexual and reproductive health (SRH). MyQuestion is a platform that allows young people to ask SRH questions via text message. Trained counselors provide responses using a database of answers to frequently asked questions or customized replies. We analyze the content of more than 300,000 text messages received by the service since 2007 to address three questions: which health topics are most frequently submitted to the MyQuestion service; what kinds of questions are asked about these topics; and what language is used to convey the questions? We find a substantial unmet need for basic SRH information, with users' questions communicated in ways that convey considerable confusion, misinformation, and urgency. The analysis can be used to improve similar Q&A services and to improve the provision of SRH services for young people more generally.

SELECTED EXTRACTS:

The full text shows 'demand for information on natural ways to avoid pregnancy without the use of hormonal or barrier methods ("How can a guy avoid getting a girl pregnant, and at the same time, prevent HIV/AIDS infection if one MUST have skin-to-skin sex?", "How do I know the right time to meet my wife and will not result to pregnancy without the use of pills or condom? The use of pills is against our tradition".)

'Text messages reference various home remedies for health issues, many of which are ineffective or harmful ("I have sex with a girl, a day after her period and after the sex she took a bottle of fanta Can that fanta destroy the sperm").'

Can anyone on HIFA say more about the above? For example, what is the origin of the idea that 'the use of pills is against our tradition'? Does this typically refer to 'the Pill' or 'all medicines'? To what extent are beliefs, myths and misconceptions derived from tradition versus interpersonal learning or driven through mass media, religious leaders or other channels?

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (49) Myths and misconceptions about condoms (2)

Dear HIFA colleagues,

Many thanks to Clare Hanbury for sharing her experience on how to address myths relating to male condoms.

Here is a publication from IPPF on this subject
<http://www.ippf.org/blogs/myths-and-facts-about-male-condoms>

Below are some common myths:

Myth: Complications With Method

Some clients who seek family planning incorrectly believe that male condoms can easily get lost in a woman's vagina or uterus and can travel through a woman's body, requiring surgery to get the condom out.

Myth: Effectiveness

Some men and women who seek family planning do not want to use male condoms because they incorrectly believe that condoms are not effective in preventing pregnancy or sexually transmitted infections, including HIV.

Myth: Health Risks and Side Effects

Some people incorrectly believe that using male condoms can cause side effects or health risks such as illness, infection, disease, or cancer in men and women.

Myth: Premature Ejaculation

Some men and women incorrectly believe that male condoms constrict an erect penis, causing premature ejaculation.

Myth: Promiscuity

Some men and women who seek family planning believe that male condoms encourage infidelity, promiscuity, or prostitution.

Myth: Sexual Desire and Sexual Pleasure

Some couples incorrectly believe that condom use decreases a man's libido and can cause impotence or that condoms reduce or interfere with sexual pleasure.

Myth: Size of Penis

Some men and women believe incorrectly that men who have a large penis will not be able to find a male condom that fits them properly.

Myth: Who Can Use the Method

Some men and women do not want to use male condoms because they incorrectly believe that male condoms should be used ONLY by people in casual relationships, people who have extra marital sexual relations, or by people who have sex for money.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Ados May, USA" <ados.may@phi.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (50) Webinar on Family Planning and Immunization Integration October 3, 2017, from 09:30 to 10:30 Washington / 15:30 to 16:30 Geneva - Reminder

Dear IBP Members and Partners,

Please join us on October 3, 2017, from 09:30 to 10:30 Washington / 15:30 to 16:30 Geneva for Family Planning and Immunization Integration: Reaching postpartum women with FP services, the eight installment in our High Impact Practices webinar series.

<https://www.youtube.com/playlist?list=PLmc4ZL8DMckoSaVUuSDyaaYMCBJvuG-sl>

Family Planning and Immunization Integration is a promising practice. From a public health perspective, it is crucial to take advantage of every contact with pregnant and postpartum women to offer them family planning counseling and services. Both immunization and family planning services are important components of primary health care. Child immunizations are one of the most equitable and well-used health services globally, and the recommended vaccination and primary health care intervention schedule in the first year of an infant's life calls for multiple health care contacts. Ensuring that family planning counseling and services are linked to infant vaccination contacts through well-managed primary health care services has the potential to reach mothers with family planning information and services to reduce missed opportunities at a critical time—the 12 months following birth.

Download the Family Planning and Immunization Integration HIP here

<http://www.fphighimpactpractices.org/wp-content/uploads/2017/06/FamilyPlanningImmunizationIntegration.pdf>

and register for the webinar today.

<https://register.gotowebinar.com/register/8149245218154513409>

We look forward to your participation!

For more information on the HIPs, and to view previous webinars, please visit:

<https://www.fphighimpactpractices.org/>.

Twitter: #HIPs4FP

HIFA profile: Ados May is a Senior Technical Advisor at the IBP Initiative in the United States of America. ados.may AT phi.org

From: "Andre Shongo, DR Congo via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (51) Q2: FP/C knowledge, myths and misconceptions (5)

There are many kinds of myths about modern contraceptive methods; below you can you read what I recorded in my area (Non exhaustive):

Myth with injectable Method: Depo provera/ sayana press, etc.

1. Users of injectable contraceptives should interrupt regularly taking that to allow the free flow of menstrual blood
2. Injectable contraceptives perish the matrix in the evidence of menstrual disorders; intermittent bleeding, heavy periods or long-term
3. The use of an injectable contraceptive will damage my Baby if I become pregnant
4. Injectable contraceptives cause the sterility
5. Injectable contraceptives cause cancer

Myth with Female sterilization:

1. After sterilization, a woman will not have her rules.
2. Sterilization weakens woman

Myth with vasectomy

1. Vasectomy is a wrong term used instead castration
2. Sexual performance of a vasectomized man is reduced
3. After a vasectomy, man can no longer undertake physical activity
4. Vasectomy causes cancer

Myth with Implants Method

1. If an implant is inserted in my arm and I'm pregnant, my baby will suffer from birth defects.
2. The implant can move in the body
3. Implants can cause cancer

Myth with Intrauterine device (IUD)

1. If a woman becomes pregnant while wearing an IUD, this device can enter the baby's body, even in his brain
2. The IUD can move in the body of a woman.
3. The IUD causes the cancer

Thank you
Andre shongo

HIFA profile: Andre Shongo Diamba is a medical doctor, he got a Master of Public Health international health degree from school of health and tropical medicine, Tulane University, USA in 2016 and is flexible to job opportunities. Previously, Andre worked as coordinator at PISRF- Programme Intégral de santé de reproduction et familial (Integrated program of reproductive health and Family), a Democratic Republic of Congo (DRC) participative NGO of Family Planning and Reproductive Health, committed in awareness and care providing in favor of women and children of low social area , and toward this group to whole community. PISRF undertakes sociological, public health and biomedical researches in the family planning and reproductive health (education, sexuality without risk, safe motherhood, HIV/AIDS prevention), it encourages the humanitarian and research projects and ensures results dissemination to all. Andre has a long experience in providing community reproductive health projects such information, communication - education; care services and research leading. He has participated at numerous international conferences in the field of reproductive health and population, health, environment. Andre is interested to promote the Social Development Goal (SDGs) in the DRC and very engaged, He pledges for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this field. He received the HIFA Country Representatives certificate of achievement at 2013.

<http://www.hifa.org/people/country-representatives>

<http://www.hifa.org/support/members/andre>

Andre can be contacted at pisrfrdcATyahoo.fr

From: "Karah Pedersen, USA" <kpedersen@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (52) Myth: Most contraceptives protect against HIV/STIs (2)

Hi Everyone,

I am really enjoying hearing from so many about their experiences with family planning. I have been thinking about our survey findings Neil referenced in a previous post regarding some misconceptions about FP. Here is what he shared:

"In our recent survey

[http://www.hifa.org/sites/default/files/publications_pdf/HIFA_FP_Survey_Responses_Q1-9.pdf], one in four respondents (mostly highly educated HIFA members) reported that their friends and colleagues 'typically believe' that 'most contraceptives also protect against sexually transmitted infections such as HIV'.¹

I think it's important for us to understand that there are no contraceptives that can fully prevent HIV transmission, although both the female and male condom can greatly reduce the risk of HIV transmission. (For those interested, you can learn more about the female condom here:

<http://www.prb.org/Publications/Articles/2003/TheFemaleCondomWomenControlSTIProtection.aspx>)

Another important point is that widespread contraceptive use does aid in HIV prevention, not only with condom use, but because it prevents unintended pregnancies. The bullets below are taken from a Knowledge for Health supported resource called The Family Planning Training Guide which has recently been updated: <https://www.fptraining.org/>

Reducing Deaths and Costs From AIDS

- Family planning reduces deaths from AIDS: Consistent and correct use of condoms can significantly reduce the rate of new HIV infections; by averting unintended and high-risk pregnancies, family planning can reduce mother-to-child transmission of HIV and the number of HIV/AIDS orphans.
- Family planning is an effective approach to reducing costs associated with HIV/AIDS: Researchers found a potential savings of almost US\$25 for every dollar spent on family planning at HIV/AIDS care and treatment facilities.
- Family planning may be one of the best kept secrets in HIV prevention: Contraceptive use prevents more than 577,000 unintended pregnancies to HIV-infected women each year in sub-Saharan Africa; if all women in the region who did not wish to get pregnant used contraception, another 533,000 (additional) unintended pregnancies to HIV-positive women could be averted annually.

--From this fact sheet on the benefits of family planning:

https://www.fptraining.org/sites/fptrp/files/handout_1_fp_saveslives_background_factsheet_prb_2009.pdf

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From: "Ados May, USA" <ados.may@phi.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (53) HIPs Webinar on Vouchers - October 18, 2017, from 09:30 to 10:30 Washington / 15:30 to 16:30 Geneva - Save the date

Dear IBP Partners,

Please join us on October 18, 2017, from 09:30 to 10:30 Washington / 15:30 to 16:30 Geneva for Vouchers: Addressing inequities in access to contraceptive services, the ninth and final installment in our High Impact Practices webinar series.

Voucher programs aim to directly influence the behavior of both provider and consumer. Such programs aim to reduce out-of-pocket payments for targeted beneficiaries, empower beneficiaries by giving them a choice of providers, promote provider competition and responsiveness, enhance accountability between the beneficiary and provider, and reduce inequities in access to essential services among low-income and underserved groups by reducing financial and information barriers (Ensor, 2004; Standing, 2004). By targeting underserved groups, vouchers ensure subsidies reach the disadvantaged and are not absorbed by those with greater access to resources. Health care voucher programs can be designed to increase access to one or more sexual and reproductive health (SRH) services. The majority of voucher programs contract with private and/or public health care providers in an effort to facilitate access to services that are well-defined and time-limited and that reflect the country's stated health priorities. Although there are many variations in the design and implementation arrangements, voucher programs share a number of important characteristics: they have a funding body (e.g., government and/or donors), a governance structure that oversees the program, and an implementing body (e.g., voucher management agency or VMA).

Download the Vouchers HIP here, and register for the webinar today. We look forward to your participation!

For more information on the HIPs, and to view previous webinars, please visit:
<https://www.fphighimpactpractices.org/>.

Twitter: #HIPs4FP

Our Panelists:

Nandita Thatte, WHO/IBP (Moderator)

Nandita leads the WHO/IBP Secretariat based in Geneva. Her current portfolio includes institutionalizing the role of WHO/IBP to support dissemination, implementation, and scale up of WHO guidelines and strengthening the linkages between IBP partners and WHO

researchers to inform new areas for implementation research. Prior to joining WHO, Nandita was a Technical Advisor in the Office of Population and Reproductive Health at USAID where she supported programs in West Africa, Haiti and Mozambique. She has a DrPH in Prevention and Community Health from the George Washington University School of Public Health.

Ben Bellows, Population Council â€™ Zambia

Ben is an associate with the Population Council's Reproductive Health program in Lusaka, Zambia. He joined the Council in 2009 to lead a five-country, five-year initiative to measure the impact of reproductive health vouchers on health service uptake, equity, quality of care, cost-effectiveness, and sustainability in East Africa and South and Southeast Asia. Bellows received his MPH in epidemiology/biostatistics and social behavior and his PhD in epidemiology from the University of California, Berkeley, where his research focused on the impact of low-income subsidies for care on population health in East Africa.

Elaine Menotti, USAID

Elaine Me is a Technical Advisor at USAID's Bureau for Global Health in the Office of Population and Reproductive Health where she works on the Private Sector team, manages health service delivery programs and supports public/private partnerships and strategic initiatives to implement total market approaches. Previously, she worked in USAID's Health, Infectious Disease and Nutrition Office on community based maternal and child health programming. She has an MPH in Health Behavior and Health Education and a Certificate in Reproductive and Women's Health from the University of Michigan and a BA in Anthropology from Duke University.

Moazzam Ali, WHO

Moazzam Ali is a Medical Officer at the Department of Reproductive Health and Research at WHO Headquarters. He is physician by training and has masters and doctorate in public health. His main interest is in clinical trials, strengthening research capacity and health care financing modalities in family planning.

HIFA profile: Ados May is a Senior Technical Advisor at the IBP Initiative in the United States of America. [ados.may AT phi.org](mailto:ados.may@phi.org)

From: "Elizabeth Corley, USA" <elizabeth_corley@abtassoc.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (54) New report on regulations governing drug shops and family planning

A new report presents the results of a 32-country scan of regulations for drug shops and pharmacies to see what governing structures prevail regarding family planning services.

<https://www.shopsplusproject.org/resource-center/regulation-drug-shops-and-pharmacies-relevant-family-planning-scan-32-developing>

Private pharmacies and drug shops play an important role in providing family planning and other priority health services in many countries. Before designing programs to strengthen and expand this role, donors and implementing partners must first understand what is allowed within the current legal and regulatory framework. The SHOPS Plus project documented the policies, laws, and regulations that shape how pharmacies and drug shops operate and what modern family planning methods they can provide in 32 USAID priority countries. This report presents the result of that scan and discusses key findings that emerged across countries.

The report, intended for donors and program implementers, provides a framework that can be used as a way to benchmark the regulatory environment of specific countries. The framework of categories is also useful to organize more detailed assessments. The report concludes with these takeaways:

- The need for some model standards for training requirements as criteria for drug shop licensing, in light of wide variation country to country
- The importance of addressing the gap in most frameworks around drug shop provision of services, such as counseling, referrals and injections, which can expand access

Pamela Riley, Sean Callahan, and Mike Dalious authored the report for the SHOPS Plus project.

Download the report at: www.shopsplusproject.org

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Shops_Plus_Color - one third smaller with space at bottom

HIFA profile: Elizabeth Corley is Director of Communications on the SHOPS project, working at Abt Associates Inc, USA. Professional interests: strategic communications, online communities, global health. elizabeth_corley AT abtassoc.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (55) Q2: FP/C knowledge, myths and misconceptions (6)

I was interested to read this study on family planning myths in urban Africa, published in 2015. Is anyone aware of comparable research from other regions?

CITATION: Belief in Family Planning Myths at the Individual And Community Levels and Modern Contraceptive Use in Urban Africa
Abdou Gueye, IntraHealth International; Ilene S. Speizer, University of North Carolina at Chapel Hill; Meghan Corroon, University of North Carolina at Chapel Hill, Chinelo C. Okigbo, University of North Carolina at Chapel Hill
First published online: December 1, 2015 DOI: <https://doi.org/10.1363/4119115>

METHODS

Baseline data collected in 2010-2011 by the Measurement, Learning & Evaluation project on women aged 15-49 living in selected cities in Kenya, Nigeria and Senegal were used. Multivariate analyses examined associations between modern contraceptive use and belief in negative myths for individuals and communities.

CONTEXT

Negative myths and misconceptions about family planning are a barrier to modern contraceptive use. Most research on the subject has focused on individual beliefs about contraception; however, given that myths spread easily within communities, it is also important to examine how the prevalence of negative myths in a community affects the aggregate level of method use.

RESULTS

In each country, the family planning myths most prevalent at the individual and community levels were that "people who use contraceptives end up with health problems," "contraceptives are dangerous to women's health" and "contraceptives can harm

your womb.â€ On average, women in Nigeria and Kenya believed 2.7 and 4.6 out of eight selected myths, respectively, and women in Senegal believed 2.6 out of seven. Women's individual-level belief in myths was negatively associated with their modern contraceptive use in all three countries (odds ratios, 0.20.7). In Nigeria, the women's community-level myth variable was positively associated with modern contraceptive use (1.6), whereas the men's community-level myth variable was negatively associated with use (0.6); neither community-level variable was associated with modern contraceptive use in Kenya or Senegal.

CONCLUSION

Education programs are needed to dispel common myths and misconceptions about modern contraceptives. In Nigeria, programs that encourage community-level discussions may be effective at reducing myths and increasing modern contraceptive use.

SELECTED EXTRACTS

'Many women and couples with unmet need for either spacing or limiting births do not practice contraception because they lack adequate knowledge of the social, economic and health benefits of family planning, do not know which methods are available or appropriate for them, or do not know where to obtain a method. Others are discouraged from using a method because they believe that their partner, family, community or religion is opposed to contraception. Another important barrier to contraceptive use is myths and misconceptions about modern methods, such as exaggerated or erroneous reports about side effects, misconceptions about short- or long-term health problems and negative stereotypes about persons who practice family planning.'

'For example, in both developed and developing countries, many women incorrectly perceive use of oral contraceptives to be more dangerous than pregnancy. In a study of eight developing countries, 50.7% of women thought that using the pill posed considerable health risks. According to a study in Mali, many women feared that the pill and the injectable could cause permanent infertility. A qualitative study in Kenya among sexually active women aged 15-25 demonstrated that many women had misconceptions about the side effects of modern contraceptives (e.g., that they cause infertility or can harm a woman's uterus), but few had experienced or knew someone who had experienced an actual side effect (e.g., weight gain).¹⁰ In another qualitative study in Kenya among reproductive-age women, one respondent reported that the pill 'can accumulate into a life-threatening mass in the stomach, can cause blood to flow out of the nose and mouth, and can cause delivery of children with two heads and no skin.'

Betsy wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Roy Jacobstein, USA" <rjacobstein@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Dear fellow HIFA members

I have seen several messages that have listed some of the many myths and misconceptions that people have encountered in their professional healthcare work. As someone who has worked for several decades in the family planning space, I have encountered many of these myths and more, as I'm sure other members have also. Perhaps the most creative and memorable myth I encountered about IUDs (intrauterine devices) was the belief that an IUD is a government tracking device! Another common myth related to IUDs is that if you use one, a baby will be born holding it!

In actuality, according to the U.S. Centers for Disease Control, less than 1 in 100 women will get pregnant in a year of using an IUD — whereas with no contraception, 85 of every 100 sexually active women gets pregnant. It's also an unfortunate reality that pregnancy is dangerous for many women, especially young, poor and/or disadvantaged women, the very groups who often have more difficulty accessing family planning services.

And it is not only clients or potential clients who have misunderstandings. Service providers often have greatly exaggerated and erroneous understandings about methods, for example, that IUD use will lead to infertility. Not true. Or that “family planning is a woman's job.”

To continue the theme of erroneous myths and misconceptions, once, when I was working in Kazakhstan, my translator refused to translate “vasectomy” because he thought I meant — and it was — castration! A colleague of mine used to say, correctly, that “the pill is safer than aspirin.” And this is why some countries are heeding expert advice to allow oral contraceptives to be made available over the counter (that is, without needing a prescription).

But any of us who have worked in FP know how widespread, deep and often recalcitrant these misunderstandings and myths can be. I suppose it proves the journalistic dictum that “bad news drives out good.” The reality — the truth — is that modern contraceptive methods are safe, reliable and effective in preventing unintended pregnancy. Some methods are of course more effective than others, especially the “provider-dependent” methods that do not require repetitive human actions, but need a capable provider and a well-functioning health system.

For the first time, the number of women using modern contraception in low and middle income countries has crossed 300 million — a shining public health and human rights accomplishment by the countries of the world.

This does not mean that methods do not have side effects — almost all of them do, but usually these side effects are minor, manageable and of short duration. And remember, almost all women are eligible to use almost all contraceptive methods at almost all times. For any doubters, have them check out the World Health Organization's Medical Eligibility for Contraceptive Use at http://www.who.int/reproductivehealth/publications/family_planning/Ex-Summ-MEC-5/en/

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (57) Q2: FP/C knowledge, myths and misconceptions (8)

This news article in the Kenya Daily Nation is a few years old, but it makes an important point:

'Myths attain the "power of truth" through transmission from authority figures like parents, teachers, older friends and acquaintances...'

The implication is not only that such authority figures are the major cause of harmful myths and misconception, but that they are supremely responsible - and have the power - to address them. The question then becomes: How can authority figures be persuaded and empowered to assume their responsibility and become part of the solution rather than part of the problem.

Extracts below. Full text here:

<http://www.nation.co.ke/lifestyle/Living/Debunking-those-myths-on-family-planning/1218-1646890-7iqq9pz/index.html>

'Cancer. Deformed babies. Damaged wombs. These are just some of the fears that many Kenyan women associate with family planning...

'A recent reproductive health study showed that myths and misconceptions about family planning are widespread, with close to 80 per cent of the women surveyed believing that family planning leads to health problems...

'For example, in Kakamega 57 per cent of women surveyed believed that use of a contraceptive injection could make a woman permanently infertile,' reads part of the report...

'Sadly, our society still trusts authority more than evidence; we are stuck with myths until such a time that we shall become more critical of information provided without adequate backing. Ignorance and uncritical acceptance of authority are the main drivers of myths.'

Myths attain the "power of truth" through transmission from authority figures like parents, teachers, older friends and acquaintances...

'Often, the impeccable science behind an intervention is less powerful than the negative myth propagated by mothers, religious leaders, elders and even politicians.'

--

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (58) Thank you to everyone who has contributed so far!

Dear HIFA colleagues,

We have now completed 2 weeks of our thematic discussion on Family Planning, supported by K4Health. Thank you to everyone who has contributed so far! We have had 56 messages from 22 contributors in 8 countries (DR Congo, India, Nigeria, Uganda, UK, United Arab Emirates, USA, Vietnam). Special thanks to Andre Shongo Diamba, DR Congo (8 messages) and Karah Pedersen, USA (4 messages).

I have compiled these into a PDF document which you can download here:
[http://www.hifa.org/sites/default/files/publications_pdf/FP_Discussion_in_Full_First2weeks.p
df](http://www.hifa.org/sites/default/files/publications_pdf/FP_Discussion_in_Full_First2weeks.pdf)

Later, we'll provide a summary of the discussion with key points.

In the meantime, please continue to send your messages to hifa@dgroups.org

Your message could be a self-introduction to let others know what you do, or it could be on any of the following themes (or indeed any aspect of family planning):

1. Why is family planning and contraception (FP/C) information important (for individuals, communities, countries, world)?
2. What is the current level of FP/C knowledge among adolescents, girls, women, and men? What are the common myths and misconceptions related to FP/C?
3. What are the drivers and barriers to FP/C information?
4. Who is doing what, and where, to provide reliable FP/C information for adolescents, girls, women, and men? What works well and why?
5. What can be done to improve the availability and use of FP/C information for adolescents, girls, women, and men?

It's not too late for your friends and colleagues to join us. They can join directly here:
www.hifa.org/joinhifa

or you may like to point them to our landing page here: [http://www.hifa.org/news/join-hifa-
global-discussion-meeting-family-planning-and-contraception-information-needs](http://www.hifa.org/news/join-hifa-global-discussion-meeting-family-planning-and-contraception-information-needs)

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB:
facebook.com/HIFAdotORG neil@hifa.org
From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (59) Q 3 Drivers and barriers; and 4. Who is doing what?

Dear HIFA colleagues,

Welcome to week 3 of our thematic discussion on Family Planning / Contraception (FP/C), supported by K4Health.

This week we are going to explore themes/questions 3 and 4:

3. What are the drivers and barriers to FP/C information?

4. Who is doing what, and where, to provide reliable FP/C information for adolescents, girls, women, and men? What works well and why?

3. DRIVERS AND BARRIERS TO FP/C INFORMATION

It is a paradox that FP/C is one of the most researched areas of health (does anyone know how much money is invested and how many research studies are funded in FP/C?) and yet, as we have seen over the past week, it is one of the most widely misunderstood by the general public (and perhaps also by health workers?) - there are more myths and misconceptions about FP/C than perhaps any other area of health. Why is this?

4. WHO IS DOING WHAT, AND WHERE, TO PROVIDE RELIABLE FP/C INFORMATION FOR ADOLESCENTS, GIRLS, WOMEN, AND MEN? WHAT WORKS WELL AND WHY?

If you produce/provide (or use/need) reliable FP/C information we want to hear from you. Which are the most important types of provider (NGOs, governments, faith-based organisations, mass media?) and what are the strengths and limitations of their outputs? By the end of the week we aim to create a concise, annotated list of providers of FP/C information.

Please send your contributions, as always, to: hifa@dgroups.org

Throughout our discussion you are welcome to comment on any aspect of FP/C:

<http://www.hifa.org/news/join-hifa-global-discussion-meeting-family-planning-and-contraception-information-needs>

Best wishes, Neil

From: "Beyene Meressa, Ethiopia via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (60) Reliable sources of family planning information

In Ethiopia, the health extension workers and women development group which are close to women are reliable sources of family planning related information. In addition the mass media, the Ethiopian family guidance association and health professionals/health institution also serve as sources of information. The youth association/clubs also play a significant role. Despite these efforts, there are still misconceptions about family planning. Even in some case the program implementers fail to practice family planning while they preach the community to use family planning.

HIFA profile: Beyene Meressa is a lecturer at Mekelle University, Ethiopia. Professional interests: research in priority health problems and project design and implementation improve public health. beyene2006m AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (61) Reliable sources of family planning information (2)

Dear Beyene Meressa,

'In Ethiopia, the health extension workers and women development group which are close to women are reliable sources of family planning related information. In addition the mass media, the Ethiopian family guidance association and health professionals/health institution also serve as sources of information.'

Thank you. Indeed, you raise many important sources of information (and misinformation). I would like to reflect on some of these:

Health extension workers (HEWs/CHWs) have a special role as they are often the only health workers with whom many people have contact. In Ethiopia, tens of thousands of HEWs have been trained in the past 15 years. HEWs are salaried workers who receive 1 year of training and have 16 areas of responsibility, one of which is family planning.
<https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-12-61>

In many other countries, CHWs receive only a few months of training and work as part-time volunteers, and yet they too may also be key sources of FP information.

In 2012 the World Health Organization produced 'A guide to family planning for community health workers and their clients', available in English, French and Spanish. 'This flip-chart is a tool to use during family planning counselling or in group sessions with clients. It can:

- help your clients choose and use the method of family planning that suits them best;
- give you the information you need for high-quality and effective family planning counseling and care;
- help you know who may need referral.'

I expect similar tools have been produced by other organisations and I would be interested to learn more about the extent and quality of family planning information and services provided by CHWs.

From the UN Women website (UN Women is the UN organization dedicated to gender equality and the empowerment of women) I read: 'HEWs regularly participate in Community Conversation sessions to provide information about reproductive health and harmful traditional practices. Women and girls have separate groups, where they discuss family planning, gender based violence, HIV/AIDS, maternal health, seeking anti-natal and post-natal care and safe delivery. Members of the government initiative Women's Development Groups, who have their own focal point for promoting reproductive health in the community, often assist the HEWs with outreach.'

This seems like a great model. I would be interested to learn more about the role of HEWs/CHWs in family planning in Ethiopia and other countries.

You mention also about the mass media (radio, television, newspapers), which has a huge role to play also. Perhaps here the reliability of information is likely to be highly variable, from

good-quality information (perhaps through public service broadcasting or through edutainment?) to misinformation and propagation of myths. Social media (Facebook, Twitter, WhatsApp) have been known also to propagate misinformation during the Ebola crisis - what do we know about information on family planning via social media?

"Even in some case the program implementers fail to practice family planning while they preach the community to use family planning."

Can you say a bit more about this? My understanding is that FP programme implementers are not there to persuade the community to use family planning/contraception. Their motivation is (or should be) to empower women who want to avoid or delay pregnancy with the information and options to make their own choice of contraceptive method (or not). Your comments suggest that some women see FP programme implementers differently - as people who preach family planning. If this is true it is a serious misconception that would likely cause loss of trust and failure of the FP programme. I would be interested to hear more from other HIFA members on this important aspect.

Thank you Beyene for sharing your thoughts. All: Please send your thoughts by email to: hifa@dgroups.org

With thanks, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

From: "Meredith Sparks,USA" <msparks@intrahealth.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (62) Family planning and religion (5) Q3 Drivers and Barriers (2)

In response to FP/C (18) Family planning and religion (2) and also Q 3 Drivers and Barriers:

The issue of religion and culture as barriers to FP/C and FP/C information and Abimbola's insightful suggestions on how to address the unmet need for family planning within those contexts led me to think about the delivery of healthcare, specifically FP/C, through the AAAQ framework: availability, accessibility, acceptability, and quality.

Using the concept of acceptability interchangeably with culturally/religiously appropriate, are there specific examples or instances that our forum participants can point to of religiously sensitive and appropriate marketing campaigns for FP/C? How do we feel about potentially withholding or bending FP/C information and knowledge to make FP/C campaigns and education religiously appropriate and acceptable? Where is the line drawn? How can attempting to make FP/C more culturally and religiously acceptable potentially infringe upon the right to consent? The right to knowledge, science and technology? To what extent does making FP/C and FP/C information acceptable compromise the quality?

I agree with Abimbola's suggestion that more attention needs to be paid to the involvement of religious leaders and faith-based organizations (FBOs) considering that religion has historically played a large role in "international development" and, in some countries where there is a high unmet need for family planning, FBOs maintain a majority of the educational institutions and medical facilities. This is not an issue unique to LMICs religion in educational and medical facilities has long been a point of contention with FP/C and FP/C information in the U.S.. I am interested to hear instances in LMICs in which the state or NGOs have worked with FBOs and religious schools and medical facilities to meet FP/C needs in an acceptable/appropriate manner.

Meredith Sparks | Communications and Advocacy Assistant II

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HIFA profile: Meredith Sparks is Communications & Advocacy Assistant at IntraHealth International in the USA. msparks AT intrahealth.org _____

From: "Karah Pedersen, USA" <kpedersen@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (63) Q3 Drivers and Barriers (3) The cost of family planning

Hi Everyone,

I wanted to point out some interesting global findings related to the cost of family planning. I think many people think about the cost of family planning as a barrier for women, youth, and couples as they may not be able to afford the services. This is a very real barrier for many, in addition to being able to reach and access services. There has been a lot of recent analysis and findings to suggest that providing free/reduced contraceptive services to people, especially those generally considered underserved, will save money in the long run. Here are some interesting findings (cut and pasted) that really speak to these cost benefits:

1. Because the cost of preventing an unintended pregnancy through use of modern contraception is far lower than the cost of providing care for an unintended pregnancy, for each additional dollar spent on contraceptive services above the current level, the cost of pregnancy-related care would drop by \$2.22.
2. Fully meeting the needs for both modern contraception and maternal and newborn care would cost \$53.5 billion annually—\$8.54 per person—in developing regions. Investing in both contraceptive and maternal and newborn services together results in a net savings of \$6.9 billion compared with investing in maternal and newborn health care alone.
3. Maternal and newborn care at current levels costs an estimated \$25.5 billion annually, of which \$17.2 billion is spent on care related to intended pregnancies and \$8.3 billion on care related to unintended pregnancies. Fully meeting the needs for such care would cost \$54.0 billion annually (or \$8.63 per person per year).

From: <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>. This fact sheet, by Guttmacher, summarizes the Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2017.

How are cost barriers being met in your setting?

Cheers,

Karah

Karah Pedersen, MPH | Technical Advisor

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HIFA profile: Karah Pedersen is a Technical Advisor at IntraHealth in the United States. Professional interests: adolescent and youth; gender equality; contraception and reproductive health; cervical cancer; SDGs; information sharing and knowledge management. She is joint coordinator of the HIFA Project on Family Planning.

<http://www.hifa.org/projects/family-planning>

<http://www.hifa.org/support/members/karah>

Email: [kpedersen AT intrahealth.org](mailto:kpedersen@intrahealth.org)

From: "Marg Docking" <marg@wisechoicesforlife.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (64) Family planning and religion (5)

Dear HIFA

Please find the link to my article published in Christians Journal for Global Health:

<http://journal.cjgh.org/index.php/cjgh/issue/current>

Scroll down to Short communications / field reports [*see note below]

For many years, we the health professionals, have blamed the religious faith leaders as the cause of the gap in the delivery of correct family planning information.

My experiences as a Christian midwife in Uganda led me to close that gap by being respectful of culture religion and all faiths.

We have excluded many opportunities to share correct knowledge and truth about the life saving impact of family planning by not creating a safe respectful learning environment for men of faith to discuss debate and interact ask questions and even disagree if they wish.

Please see www.wisechoicesforlife.org home page for 3 short films.

This approach takes family planning sexual reproductive health out of the clinical space into churches youth groups and educational spaces.

Its a shift of thinking that needs to take place and information alone does change behaviour we need life skills debate interaction in respectful environments.

Its hard slow work but we now have Ugandan non medically trained facilitators leading faith leaders into healthy debate about the importance of SRH and Family Planning.

Marg Docking
Director
Wise Choices for Life

The vision of Wise Choices for Life is to empower vulnerable youth with Knowledge and Life Skills in Reproductive Health to become responsible parents, leading to poverty reduction.

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HIFA profile: Marg Docking is founder and director of Wise Choices for Life, which empowers vulnerable men and women in the child bearing age group in Uganda with reproductive health knowledge and skills to break the poverty cycle. marg AT wisechoicesforlife.org

[*Note from HIFA moderator (Neil PW): For the benefit of those who may not have immediate web access, here is the abstract of the article: 'Life saving midwifery knowledge must reach the key influential stakeholders in developing countries if the maternal death rate is to be reduced. The church holds the influence and has the networks and training institutions that can be fully expanded to add sexual reproductive health into their existing studies. This field report documents the author's own sad experiences with maternal deaths in Uganda which has led her toward promoting midwifery knowledge among the church leaders. We have neglected to fully respect culture by avoiding men in our discussions around sex pregnancy birth and family planning. The critical mass of men are our channels to save the mothers, reduce teenage pregnancies, abandoned babies and orphaned children. Christian leaders are the cultural gate keepers and builders of the faith. Our basic training in sexual reproductive health allows men to debate the Bible, their faith, traditional practises and expectations in a safe non-threatening environment. They can then make their own wise decisions about family size. "Without knowledge our people perish." (Hosea 4:6) If we don't urgently add the lifesaving knowledge of family planning and Gods wonderful design of our sexuality for true love union we cannot expect to reduce the maternal deaths and overwhelming poverty. Our command is to teach the whole truth because the truth will set us free. (John 8:32)']

From: "Ados May, USA" <ados.may@phi.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (65) HIPs Webinar on Vouchers: Addressing inequities in access to contraceptive services - October 18, 2017

Dear IBP Partners,

Please join us on October 18, 2017, from 09:30 to 10:30 Washington / 15:30 to 16:30 Geneva for Vouchers: Addressing inequities in access to contraceptive services, the ninth and final installment in our High Impact Practices webinar series.

<https://www.youtube.com/playlist?list=PLmc4ZL8DMckoSaVUuSDyaaYMCBJvuG-sl>

Voucher programs aim to directly influence the behavior of both provider and consumer. Such programs aim to reduce out-of-pocket payments for targeted beneficiaries, empower beneficiaries by giving them a choice of providers, promote provider competition and responsiveness, enhance accountability between the beneficiary and provider, and reduce inequities in access to essential services among low-income and underserved groups by reducing financial and information barriers (Ensor, 2004; Standing, 2004). By targeting underserved groups, vouchers ensure subsidies reach the disadvantaged and are not absorbed by those with greater access to resources. Health care voucher programs can be designed to increase access to one or more sexual and reproductive health (SRH) services. The majority of voucher programs contract with private and/or public health care providers in an effort to facilitate access to services that are well-defined and time-limited and that reflect the country's stated health priorities. Although there are many variations in the design and implementation arrangements, voucher programs share a number of important characteristics: they have a funding body (e.g., government and/or donors), a governance structure that oversees the program, and an implementing body (e.g., voucher management agency or VMA).

Download the Vouchers HIP here [<http://www.fphighimpactpractices.org/briefs/vouchers/>], and register for the webinar today [<https://register.gotowebinar.com/register/7464886091573275394>]. We look forward to your participation!

For more information on the HIPs, and to view previous webinars, please visit: <https://www.fphighimpactpractices.org/>.

Twitter:
#HIPs4FP
#IBPInitiative

Our Panelists:

Nandita Thatte, WHO/IBP (Moderator)

Nandita leads the WHO/IBP Secretariat based in Geneva. Her current portfolio includes institutionalizing the role of WHO/IBP to support dissemination, implementation, and scale up of WHO guidelines and strengthening the linkages between IBP partners and WHO researchers to inform new areas for implementation research. Prior to joining WHO, Nandita was a Technical Advisor in the Office of Population and Reproductive Health at USAID where she supported programs in West Africa, Haiti and Mozambique. She has a DrPH in Prevention and Community Health from the George Washington University School of Public Health.

Ben Bellows, Population Council Zambia

Ben is an associate with the Population Council's Reproductive Health program in Lusaka, Zambia. He joined the Council in 2009 to lead a five-country, five-year initiative to measure the impact of reproductive health vouchers on health service uptake, equity, quality of care, cost-effectiveness, and sustainability in East Africa and South and Southeast Asia. Bellows received his MPH in epidemiology/biostatistics and social behavior and his PhD in epidemiology from the University of California, Berkeley, where his research focused on the impact of low-income subsidies for care on population health in East Africa.

Elaine Menotti, USAID

Elaine Me is a Technical Advisor at USAID's Bureau for Global Health in the Office of Population and Reproductive Health where she works on the Private Sector team, manages health service delivery programs and supports public/private partnerships and strategic initiatives to implement total market approaches. Previously, she worked in USAID's Health, Infectious Disease and Nutrition Office on community based maternal and child health programming. She has an MPH in Health Behavior and Health Education and a Certificate in Reproductive and Women's Health from the University of Michigan and a BA in Anthropology from Duke University.

Moazzam Ali, WHO

Moazzam Ali is a Medical Officer at the Department of Reproductive Health and Research at WHO Headquarters. He is physician by training and has masters and doctorate in public health. His main interest is in clinical trials, strengthening research capacity and health care financing modalities in family planning.

Ados V. May, MPA | IBP Initiative Secretariat | Senior Technical Advisor

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IBP logo copy

HIFA profile: Ados May is a Senior Technical Advisor at the IBP Initiative in the United States of America. ados.may AT phi.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (66) Fwd: Save the Date: Expanding Contraceptive Choice
- Implants - October 12, 2017

The message below is forwarded from the Global Alliance for Nursing and Midwifery
--

Advancing Partners & Communities (APC)

Click to register.

<https://www.eventbrite.com/e/expanding-contraceptive-choice-a-webinar-series-on-family-planning-methods-implants-tickets-38091428488>

Nearly 225 million women worldwide lack access to modern methods of contraception. Evidence suggests that expanding method choice, as well as information about available methods, can improve family planning access for women.

The Advancing Partners & Communities project, in collaboration with Family Planning 2020, the Implementing Best Practices initiative, and USAID's Office of Population and Reproductive Health, will host a webinar series to share information about various family planning methods.

Please join us for the first webinar in this series: Implants, on Thursday, October 12th, 2017, from 9:00-10:00 AM. EST. Presentations from Dr. Abdulmumin Saad of USAID, Megan Christofield of Jhpiego, and George Bruno Akanlu of Marie Stopes International/Ghana will discuss contraceptive implants and their in-country and programmatic experiences.

DATE: Thursday, October 12, 2017
TIME: 9:00 AM to 10:00 AM (EDT)

WHERE: Adobe Connect

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Forwarded by Neil Pakenham-Walsh, HIFA moderator

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (67) [global] Dr. Natalia Kanem appointed UNFPA
Executive Director

The announcement below is forwarded from IBP Global. Our congratulations to Dr. Natalia Kanem on this key appointment. The UNFPA is 'the lead UN agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled'. I would like to invite HIFA members to comment on the UNFPA's role and achievements in FP/C.

HQ/2017/6
3 October 2017

Dr. Natalia Kanem Appointed UNFPA Executive Director

UNITED NATIONS, New York, 3 October 2017 - Dr. Natalia Kanem was appointed Executive Director of UNFPA, the United Nations Population Fund, today by Secretary-General António Guterres. She holds the rank of United Nations Under-Secretary-General.

Dr. Kanem, a Panamanian, is the Fund's fifth Executive Director. She had been serving as Acting Executive Director since June, and as Deputy Executive Director, Programme, since July 2016. She was also the UNFPA Representative in Tanzania from 2014 to 2016 and has held senior positions in the Ford Foundation and other non-governmental organizations and institutions.

Dr. Kanem holds a doctor of medicine degree from Columbia University and a master's degree in public health from the University of Washington. She is also a magna cum laude graduate of Harvard University in history and science.

'I am deeply committed to realizing the UNFPA vision for a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled,' Dr. Kanem said.

'As Executive Director, I will focus on pursuing UNFPA's transformative goals, which are cemented in our new Strategic Plan 2018-2021: ending preventable maternal deaths, ending unintended pregnancies by meeting the demand for family planning, as well as ending gender-based violence and harmful practices, such as child marriage, by 2030.'

'The UNFPA mandate has never been more relevant,' she said. 'Our work and partnerships must therefore be even more innovative, ambitious and focused at country level to ensure that we leave no woman or adolescent girl behind.'

Dr. Kanem's appointment is for four years.

For more information or inquiries, please contact:
Richard Kollodge, tel. +1 212 297 4992, kollodge@unfpa.org
Eddie Wright, tel. +1 212 297 2717, ewright@unfpa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dggroups.org>
Subject: [hifa] FP/C (68) Reproductive health communication between parents and adolescents

(with thanks to Global Health Now)

'Parents need to take a more proactive role in encouraging healthy sexual development in adolescents, a new study in the Journal of Public Health Africa has found. The researchers analyzed communication between adolescents and parents in Ibadan, Nigeria, and determined that despite an ever-growing body of information on adolescent reproductive health, poor communication at home is contributing to a dearth of basic sexual health knowledge that could prevent HIV/AIDS, unwanted pregnancies and abortion. The problem is exacerbated by adolescents' ever-growing reliance on mass media to learn about sex.'

Below are citation and selected extracts from the full text. The paper is freely available here:

<http://publichealthinafrica.org/index.php/iphia/article/view/688/339>

CITATION: Knowledge and quality of adolescents reproductive health communication between parents and their adolescents children in Ibadan, Nigeria.

Musibau A. Titiloye et al

Journal of Public Health in Africa 2017

Corresponding author: titiloyemusibau@gmail.com [I have invited the authors to join us]

SELECTED EXTRACTS

'The need for parents to take a proactive role in providing sexual and reproductive information and education is further justified because research confirm that many adolescents lack basic knowledge on reproductive biology and prevention methods.'

'In Africa, communication about SRH issues is done along gender lines. For example, mothers are expected to inform girls about relationships, menstruation, and maternity care while fathers talk to boys about role of fathers in the family.⁹ However, communication on these issues are typically flawed because it typically consisted of warnings, threats and physical discipline and was triggered by seeing or hearing something a parent perceived as a negative experience (such as a death attributable to HIV and unmarried young person's pregnancy).'

'Although communication is the principal means for parents to transmit sexual values, beliefs, expectations and knowledge to their adolescents, there is a paucity of evidence about knowledge and quality of ARH communication in Nigeria.'

'A higher proportion of parents than adolescents knew that abstaining from sexual intercourse is one of the ways of preventing pregnancy (96.3%Parents; 89.8% adolescents). By contrast, only 49.3% and 46.5% of parents and adolescents respectively knew that not sharing of toilets is not one of the ways of avoiding STIs'

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Comment: It's interesting the paper does not refer to other sources of SRH information such as schools, health professionals and the mass media. They conclude that a 'training intervention to improve the adolescent-parent communication is recommend for the parents'. However, I wonder if a more multifaceted approach is needed, and I also wonder which facet would be the most effective to focus on: promoting better SRH education in schools?

Best wishes, Neil

From: "Andre Shongo, DR Congo via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (69) Q3 Drivers and Barriers (4) Family planning and religion (6)

I need to share about the positive behavior change outcome in modern FP/C availability, access and use, legacy of the Millennium Development Goals campaign during which the modern FP/C, was considered as wellbeing pillar for all. Opinion and religious leaders was also involved in this dynamic, especially in sub-Saharan African countries. Social norms and religious breakdown barriers are explained below:

Social norms:

The change of life conditions subsequent to migration from rural area to cities (trend observed in most developing countries, especially in Sub-Saharan Africa), helps to argue

that, economic pressing in news life style reduced the traditional kinship and high fertility vision in benefit of small size families. Indeed, the new life obliges to lower the number of children to have. Here, the child value changes from economic need (hand worker) to the quality of life; the best education and the well-being.

Religious:

I believe that we left the point A of our modern FP/C campaign, and we are in middle-path. I believe that there not strict religious barriers today: Among the Christian communities where the strong opposition to FP/C campaign was reported in beginning, there are changes today between and within these communities; different modern contraceptives methods are accepted by one another, that is an opportunity for us to intensify the campaign and our vision of reaching more communities in need. However, I agree as other colleagues that we need to intensify the partnership with religious leaders and the faith based organizations to promote modern FP/C as a pillar of individual and community wellbeing and development.

HIFA Profile: Andre Shongo Diamba is a medical doctor, he got a Master of Public Health ? international health deggree from school of health and tropical medicine, Tulane University, USA in 2016 and is flexible to job opportunities. Previously, Andre worked as coordinator at PISRF- Programme Intégrée de santé de reproduction et familial (Integrated program of reproductive health and Family), a Democratic Republic of Congo (DRC) participative NGO of Family Planning and Reproductive Health , committed in awareness and care providing in favor of women and children of low social area , and toward this group to whole community. PISRF undertakes sociological, public health and biomedical researches in the family planning and reproductive health (education, sexuality without risk, safe motherhood, HIV/AIDS prevention), it encourages the humanitarian and research projects and ensures results dissemination to all. Andre has a long experience in providing community reproductive health projects such information, communication - education; care services and research leading. He has participated at numerous international conferences in the field of reproductive health and population, health, environment. Andre is interested to promote the Social Development Goal (SDGs) in the DRC and very engaged, He pledges for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this field. He received the HIFA Country Representatives certificate of achievement at 2013. Andre can be contacted at pisrfrdcATyahoo.fr

From: "Elizabeth Corley, USA" <elizabeth_corley@abtassoc.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (70) Q3 Drivers and Barriers (5)

Dear Colleagues,

The USAID-funded SHOPS Plus project has three briefs related to the question of drivers and barriers to family planning.

- Strategies for Changing the Behavior of Private Providers
- Private Provider Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Contraceptive Methods in Bangladesh
- Counseling Women and Couples in Family Planning: Evidence from Jordan

Strategies for Changing the Behavior of Private Providers

As the international health community progresses in achieving global development goals, the ability to change the behavior of providers to achieve optimal health outcomes becomes more critical. This primer was designed as a resource for field staff who implement private provider behavior change programs. Informed by professional experience and a literature review, the primer covers behavior change theories and an adoption model. A review of the four forces that influence provider decisionmaking (company promotion, product experience, outside information sources, and environmental factors) draws on examples from developing countries. It concludes with essential information for program design and implementation. <https://www.shopsplusproject.org/resource-center/strategies-changing-behavior-private-providers>

Private Provider Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Contraceptive Methods in Bangladesh

To help overcome barriers specific to private providers delivering long-acting and permanent methods of family planning in Bangladesh, in 2012 the SHOPS project conducted research on private provider knowledge, attitudes, and practices.

Key findings include:

- Knowledge of key information regarding LA/PMs is lacking among private providers, particularly related to male and female sterilization and implants.

- A substantial proportion of general practitioners who were never trained in LA/PMs felt competent to provide these services. Many of those with no training are providing these services.

- Biases toward LA/PMs among private providers may represent barriers to effective client-centered family planning counseling.

- The LA/PM methods that providers most frequently refused to provide or recommend are implants and male sterilization. Reasons for refusal varied by method, ranging from client ineligibility, poor supply, and lack of training.

<https://www.shopsplusproject.org/resource-center/private-provider-knowledge-attitudes-and-practices-related-long-acting-and>

Counseling Women and Couples in Family Planning: Evidence from Jordan

A randomized controlled trial in Jordan found that offering home-based family planning counseling substantially increased uptake of modern contraceptive methods and reduced use of traditional methods. There were no statistically significant differences between the impact of women-only and couples counseling. Low participation rates among men diluted the effect of couples counseling.

<https://www.shopsplusproject.org/resource-center/counseling-women-and-couples-family-planning-evidence-jordan>

Elizabeth Corley | Director of Communications, SHOPS Plus | www.shopsplusproject.org
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HIFA profile: Elizabeth Corley is Director of Communications on the SHOPS project, working at Abt Associates Inc, USA. Professional interests: strategic communications, online communities, global health. elizabeth_corley AT abtassoc.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (71) Understanding Adolescent and Youth SRH Behaviors in Ethiopia

The message below is forwarded from the HIPnet forum. Neil PW (HIFA moderator)

Understanding Adolescent and Youth Sexual and Reproductive Health-seeking Behaviors in Ethiopia:

Implications for Youth Friendly Service Programming

RESEARCH REPORT

To meet the unique sexual and reproductive health (SRH) needs of its large adolescent and youth population, Ethiopia's government has expanded and institutionalized youth-friendly services (YFS) in the health system. The Evidence Project, in collaboration with USAID/Ethiopia and the Ethiopian Federal Ministry of Health, conducted a study on adolescents' and young people's use of and opinions on SRH services. A total of 3,611 respondents from rural and peri-urban areas answered questions about their use of basic health services, contraceptive use and sexual activity, and awareness and use of YFS.

Results showed that young people (both girls and boys) were satisfied overall with the health services they received, regardless of whether they received services from a YFS or a non-YFS facility. Though reported awareness of YFS was low, many young people who reported using health services may have been using YFS without knowing it. Importantly, respondents reported low levels of social autonomy and required permission to leave the house from either a parent or spouse, which could present a significant barrier to accessing health services, and especially SRH services.

Policymakers and programmers can apply these findings to increase awareness and demand for sexual and reproductive health services among young people, and to ensure that services are targeting and reaching adolescents and young people effectively.

Read the detailed findings and recommendations in the full report.

<http://evidenceproject.popcouncil.org/resource/understanding-asrh-seeking-behaviors-in-ethiopia/>

Married Young Women and Girls' Family Planning and Maternal Health Preferences and Use in Ethiopia

TECHNICAL BRIEF

Married young women and girls are the primary users of youth-centered sexual and reproductive health services in Ethiopia and, given the health risks associated with early and closely-spaced pregnancies, represent an especially important population to reach with SRH services. This brief looks specifically at the needs and preferences for family planning and reproductive health services among married young women and girls, with recommendations for how to more effectively ensure that they have access to those services.

Read the full brief here.

<http://evidenceproject.popcouncil.org/resource/married-young-women-and-girls-fp-and-mh-preferences-and-use-in-ethiopia/>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (73) Who is doing what, and where, to provide reliable
FP/C information (2) FP/C apps

Dear HIFA colleagues,

We need innovative thinking to meet the FP/C information needs of children, adolescents, girls, women and men. I learned today from the HealthEnabled Newsletter (South Africa) about an innovation from Rwanda:

'Two medical students from the University of Rwanda have developed an application that aims to teach teenagers about reproductive health. Tantine was developed by Sylvie Uhirwa and Sylvain Muzungu Uhirwa after the pair saw a need to educate teenagers about reproductive health. The app is available for download on Google Play Store. The medical students recently shared the app in Mahama camp in southern Rwanda, home to 50,000 Burundian refugees.'

If you have an android phone you can download the app here:

<https://play.google.com/store/apps/details?id=com.tantine>

The app is in English and Kinyarwanda (the national language of Rwanda). I tried without success to register for it (perhaps one needs to be in Rwanda - also the registration page would not allow me to put my date of birth - apparently I'm 7 years too old!).

Has anyone else tried this app. Are there other similar apps in other countries?

Incidentally, in my last message I did not mention apps, but clearly this is a really important way to make reliable FP/C information available to all. The mHIFA working group is currently discussing with WHO and others about the potential to make essential healthcare information (such as the Red Cross First Aid app and Where There is No Doctor) available on all mobile phones, possibly preloaded before sale. After all, governments have a legal obligation under international human rights law to make such information available to people, as we have shown with the New York Law School. Not only that - governments have the power to do this - they can choose to mandate telcoms companies to provide such information as part of their service contracts. HIFA is advocating for governments and telcoms to take action to make essential healthcare information universally available and thereby save lives.

<http://www.hifa.org/about-hifa/hifa-universal-health-coverage-and-human-rights>

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

From: "Andre Shongo, DR Congo via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (74) Q3 Drivers and Barriers (6) FP/C public vs private
sectors

What happens about FP/C [family planning/contraception] public vs private sectors is that, all best (training of human resource for health, project implementation, and commodities supplying) for the public sector and almost nothing to providers working in private sector.

Than that in some countries such the Democratic Republic of Congo, the public sector health facilities represent about one fifth of those found in private sector. The representation explains how the investment in only public sector has a few chances to satisfy to potential need for FP/C, fact that implies for public partnership.

We can retrieve some assumptions the imbalance of this assessment:

- Whether not involved, the private sector providers will constitute a project shadow, misinformation source; harmful practices will be reported from these untrained providers.
- We can imagine that, in such condition, FP/C services will stay in project stage (inputs depend) instead moved to program and FP/C sustainable health system.
- Than that the modern Contraceptive methods programs are subsidized in the public sector, they are object of income generation in private sector, expensive cost is often considered as a permanent barrier.
- Long acting and permanent methods (LA/PMs), such female sterilization is very expensive, there is financial barrier, etc.

Another consideration is about diversified character of the private sector stakeholders; charity versus for-profit, enrolled or no in existing program, etc. Some facts can make more difficult the private sector involvement in voluntary modern FP/C;

- No involvement of health facilities owners/ accountable,
- Frequent change of providers
- Frequent change in services providing condition, especially the trend to request laboratory exam
- Change in partnership terms, private providers require frequently to be subsidized, as condition of involvement in public voluntary FP/C program policy and services delivery.

However, I stay convicted as other colleagues that we need to encourage the wide public private partnership in FP/C, road map toward Universal Health Coverage. Of course, that needs to be done in spirit of tailoring on each FP/C program to existing culture. In tradeoff environment, modern FP/C will usually make breakthrough in enrollment and services use.

HIFA profile: Andre Shongo Diamba

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (75) Who is doing what, and where, to provide reliable FP/C information (3)

Are there any 'men's participatory groups', 'adolescent/children's participatory groups', 'carers participatory groups'?

I suppose they could be cited as well.

Joseph Ana.

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (76) Q3 Drivers and Barriers (7) FP/C public vs private sectors (2)

Andre Shongo is right, the disconnect and neglect of ever expanding private sector in health in LMICs has become alarming. In Nigeria for instance over 70% of the population is seeing in the private, often not fit for purpose, clinics. Private clinics are usually not part of any

regulatory framework, they proliferate and remain outside official regulatory radar. Worse still they are hardly part of the formal continuing professional update courses. As Andre points out they are also outside official funded schemes like immunisation, family planning and so on.

Everyone benefits if the growing private health sector / clinics are part of the public funded health promotion initiatives in LMICs.

Joseph Ana.

Africa Center for Clin Gov Research & Patient Safety

From: "Andre Shongo, DR Congo via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (77) Who is doing what, and where, to provide reliable
FP/C information (4) About the Rwandan public private partnership innovation

In the end of Millennium Development Goals (MDGs) campaign by 2015, Ethiopia, Botswana, Rwanda emerged as FP/C countries champions in sub-Saharan Africa. I am pleased to share the public private partnership (PPP) innovation I read from Rwandan Family planning program. According the data collected from the Population Reference Bureau, the Rwanda had in 2005, a Total fertility Rate (TFR) 6.1, unmet need for Family planning about 37%, for a population estimated to 8,7 million.

Innovation in Rwandan Family planning program

The Rwanda's 2007 political commitment to a massive FP campaign is among first of kind in sub-Saharan Africa. As postulate, the government recognized that satisfying unmet need for modern FP/C services could be an important strategy for reducing poverty, and it has supported and encouraged the shift towards smaller families by making contraceptives more widely available and affordable, as well as training providers to offer contraceptive options. This policy aimed to ensure the maximum contribution of modern FP/C to Rwanda's achievement of Millennium Development Goals (MDGs) and numerous objectives related to initiatives such as the Economic Development and Poverty Reduction Strategy, New Partnership for African Development, International Conference on Population and Development, the Convention on the Rights of the Child, and the African Health Strategy.

To translate its political commitment into action, the Rwandan government has developed many reforms to enhance modern FP/C service in the field of finance, including public-private partnerships (PPP) to improve commodity security, to reach under-served populations, to extend sources of modern FP/C and create a coordinating body for FP/reproductive health public-private Partnerships (FP/RH/PPPs). The government has increased the budget for modern FP/C activities and has extended the number of partners to increase modern FP/C coverage.

So, since 2007, modern FP/C has been a stated priority program to help reducing the high rate of population growth that damaged government development efforts. An intensive public education campaign was also launched to raise awareness on the necessity to reduce the population growth rate. It has focused on the importance of having fewer children, with longer birth intervals, as an imperative way to reduce national population growth and poverty. All key personnel and leaders, including local administrators and RALGA members, all public health sector personnel, secondary school teachers, and journalists was trained on

these issues. The Rwandan Parliamentariansâ€™ Network on Population and Development has also played a key role.

The FP/RH/PPPs has recorded a positive change in modern FP/C prevalence, from the initial stage of 4% (2005), to 10% (2007), 52% (2014). TFR is lower from 6.1(2005) to 4 (2014) according data provided by Population Reference Bureau data sources. This positive outcome is subsequent to Rwandan government leadership and its good stakeholderâ€™s framework. Indeed, the donors built an entire trust and brought support to this program, The Rwandan government has collaborated with a number of nongovernmental organizations. In brief , the stakeholders for this program included : - (1). Public sector; Ministry of Health and numerous other (executive), parliamentary (legislative), - (2). Providers for-profit; Private Pharmacies, Hospitals/Clinics, Dispensaries, Drug Shops ? (3). Local NGOs; FP Unit BUFMAR, Maternal and Child Health Task Force, CAMERWA Pharmacy, Task Force Centre Dushishoze, Rwanda Pharmacists Association, -(4). International non-governmental organizations

In addition, socio-cultural factors that impeded the use of modern FP/C or factors that explained the unmet need for contraception and low modern FP/C services in reproductive setting identified, either age of women living with a partner; womenâ€™s characteristics, their partnerâ€™s characteristics, womenâ€™s exposure to FP/C information, womenâ€™s attitudes and their partnerâ€™s perceived attitudes toward contraception was targeted for change. In similar effort, the Demand for spacing or limiting family size, driven by a number of economic, social, and cultural characteristics including religious opposition was targeted by program for involvement and behavior change.

The Rwandan Public Private Partnership for modern FP/C had positive effects in advocacy, demand creation for FP/C, supply environment especially, in field of SERVICE DELIVERY, WORKFORCE, COMMODITIES, INFORMATION and LEADERSHIP/ GOVERNANCE. That why, by fast prevalence growing along with evidence of gained effect, the example of Rwanda needs to be tailored by other countries in modern FP/C setting in communities benefit, be a champion is a honor of effort recognized in specific field.

HIFA profile: Andre Shongo Diamba

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (78) Q5: What can be done to improve the availability and use of FP/C information for adolescents, girls, women, and men?

We now enter our last week of our 4-week discussion on 'Meeting the Family Planning and Contraception information needs of adolescents, girls, women, and men'.

Thank you everyone for your contributions so far (special thanks to Andre Shongo from DR Congo who has already contributed 10 messages!).

In our last week I invite you to share your thoughts on the following question:

Q5. What can be done to improve the availability and use of FP/C information for adolescents, girls, women, and men?

As in previous weeks, you are welcome to comment on any aspect of FP/C information. For example (taking our first four questions):

Q1. Why is family planning and contraception (FP/C) information important (for individuals, communities, countries, world)?

Q2. What is the current level of FP/C knowledge among adolescents, girls, women, and men? What are the common myths and misconceptions related to FP/C?

Q3. What are the drivers and barriers to FP/C information?

Q4. Who is doing what, and where, to provide reliable FP/C information for adolescents, girls, women, and men? What works well and why?

Best wishes,
Neil

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (79) The Evidence Project: Family Planning and Implementation Science

I was interested to learn about The Evidence Project: Strengthening Family Planning and Reproductive Health Programs Through Implementation Science.

<http://evidenceproject.popcouncil.org>

'The Evidence Project uses implementation science — the strategic generation, translation, and use of evidence—to improve family planning policies, programs, and practices. Led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, PATH, Population Reference Bureau, and the project's University Resource Network, the five-year project (2013-2018) is investigating which strategies work best in improving, expanding, and sustaining family planning services. It is also evaluating how to implement and scale up those strategies. Critical to the Evidence Project is translating this knowledge and working with stakeholders to apply the evidence and to build capacity in using implementation science to improve policies, programs, and practices.'

I have invited the Project team to share more of their work here on HIFA, particularly in relation to our 5 questions:

1. Why is family planning and contraception (FP/C) information important (for individuals, communities, countries, world)?

2. What is the current level of FP/C knowledge among adolescents, girls, women, and men? What are the common myths and misconceptions related to FP/C?

3. What are the drivers and barriers to FP/C information?

4. Who is doing what, and where, to provide reliable FP/C information for adolescents, girls, women, and men? What works well and why?

5. What can be done to improve the availability and use of FP/C information for adolescents, girls, women, and men?

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (80) Married Young Women and Girls's Family Planning

Here is a new publication from the Evidence Project: Strengthening Family Planning and Reproductive Health Programs Through Implementation Science.

<http://evidenceproject.popcouncil.org>

Married Young Women and Girls™ Family Planning and Maternal Health Preferences and Use in Ethiopia

'Married young women and girls are the primary users of youth-centered sexual and reproductive health services in Ethiopia and, given the health risks associated with early and closely-spaced pregnancies, represent an especially important population to reach with SRH services. This brief looks specifically at the needs and preferences for family planning and reproductive health services among married young women and girls, with recommendations for how to more effectively ensure that they have access to those services.'

http://evidenceproject.popcouncil.org/wp-content/uploads/2017/10/Ethiopia-Married-Adolescents-Tech-Brief_10.3.17.pdf

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (80) Married Young Women and Girls™ Family Planning

Here is a new publication from the Evidence Project: Strengthening Family Planning and Reproductive Health Programs Through Implementation Science.

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http://evidenceproject.popcouncil.org/wp-content/uploads/2017/10/Ethiopia-Married-Adolescents-Tech-Brief_10.3.17.pdf

Best wishes, Neil

From: "Debra.Dickson, USA" <Debra.Dickson@jhu.edu>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] FP/C (82) Strengthening Family Planning Systems Through Time and Resource Efficiencies

Digital Health: Strengthening Family Planning Systems Through Time and Resource Efficiencies

What is the program enhancement that can intensify the impact of High Impact Practices (HIPs) in family planning?

Use digital technologies to support health systems and service delivery for family planning.

This new HIP brief summarizes the experience and evidence for the most commonly used digital health technologies aimed at supporting health systems and providers. Key messages from the brief include:

- Â· Family planning indicators should be incorporated into new and existing digital health and logistics management information systems.
- Â· More research is needed about when and how digital applications for provider support are most effective, efficient, and scalable.
- Â· Mobile money and electronic financial transactions have the potential to provide efficiency and transparency of health care financing and transactions.

Download the HIP brief and visit www.fphighimpactpractices.org to learn more about High Impact Practices in Family Planning.

Debra L. Dickson | Knowledge for Health (K4Health)
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Family Planning High Impact Practices

HIFA profile: Debra L Dickson is POPLINE Database Manager, K4Health Project, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA. www.popleftine.org ddickson AT jhuccp.org
From: "Andre Shongo, DR Congo via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (83) Strengthening Family Planning Systems through Time and Resource Efficiencies.(2)

Debra L Dickson is right, her explanation on the intensification of the impact of High Impact Practices (HIPs) in family planning by using digital technologies is evidence based. But I need to advocate in favor FP/C comprehensive country framework consideration. I believe that most host public sectors think that the enhancing FP/C interventions are the tasks of foreign partners instead to consider that as a support opportunity in aid to development setting. The host governments, via their Ministries of Health and appropriate programs need to play a primary role and take advantage of foreign support to strengthen their health systems and service delivery for FP/C. These aspects need to be understood, firstly by using digital health technologies, and secondly by using advocacy, behavior communication and other research in the purpose of transferring these best practices to countries experts. The sustainability will be the best outcome in the end of aid to development; strengthened Strengthening Family Planning Systems will play the expected role of well-being and development pillar. I like to quote the Rwanda case, nominated champion in FP/C in 2015 sub-Saharan Africa, beside Ethiopia and Malawi in Millennium Development Goals setting. http://pdf.usaid.gov/pdf_docs/PA00HQSV.pdf , where probably the implementation, follow up and evaluation mechanisms and strategies can inform us about holistic approach used to Strengthen Family Planning Programs through implementation Science.

Strengthening Family Planning Systems through Time and Resource Efficiencies refers in my understanding to the board and strong public private partnership for FP/C across through the WHO family planning framework. That involves in single path; host governments, donors, non-governmental organizations (local and international) and civil society organizations including local communities , sociocultural factors consideration and affordability and strategic management ; advocacy , demand creation , supply environment ; services delivery , workforce , commodity , information , leadership and governance.

HIFA profile: Andre Shongo Diamba

From: "Marg Docking, Uganda" <marg@wisechoicesforlife.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (84) Educating children in family planning (4)

A sustainable simple solution to intergenerational poverty and acceptance of family planning needs to start early. Some of the barriers to understanding Family planning are simply embarrassment about all things to do with sexuality menstruation and reproduction. This conversation and shift of thinking needs to start very early. Amongst girls and boys, led by mature adults with excellent understanding themselves and clear communication skills.

Our recent Wise choices or Life training led to hundreds of youth boys and girls learning about menstruation.

They revealed stories of complete embarrassment through lack of toilets, personal hygiene facilities and sanitary pads kept them away from school. They had teachers claim that back ache during period is improved by being sexually active.

Girls confessed they believed this myth and stayed silent and dropped behind in school work became sexually active, and the another story of teenage pregnancy began. It's so sad and common yet the answer is simple. Train the trainers in Sexual reproductive health to communicate effectively. Our recent campaign in Uganda reports:

Menstrual hygiene campaign. Compassion partners with Wise Choices for Life

812 Compassion supported children and 994 care givers were reached with information on menstruation and menstrual hygiene in the 13 Child development Centres supported by Compassion International. The turn up was quite impressive by both the parents and children. Both the Children and parents were open enough; this was seen during the discussion time and the asking of questions around their reproductive system / health and acknowledged that knowledge and skills given to help bridge the knowledge gap which exists between parents and their children.

I have Photos and stories of the youth learning about sanitary pads and sexuality but don't have their permission to share them.

Wise Choices for Life focusses on train the trainer skills in SRH and runs workshops in Uganda. They are in great demand and are attracting participants from Tanzania Kenya and surrounds. www.wisechoicesforlife.org

Marg Docking on behalf of Ugandan country Director Joyce Kidulu

Marg Docking

From: "Karah Pedersen, USA" <kpedersen@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (84) Q5: What can be done to improve the availability and use of FP/C information? (2) K4Health

Greetings Colleagues,

One important web site to check out for when you are looking for "what works well and why?" in family planning is the K4Health online knowledge hub (<http://www.k4health.org>) it contains more than 75 topic pages and toolkits in family planning and other public health areas. For example, someone on the forum was recently asking for more information on

implants. When I search for "implants" on the K4Health website the search results include video on how to insert, an article on meeting the need in West Africa, implant removal resources, as well as the Implants Toolkit. The toolkit then details resources including essential knowledge, policy and advocacy, training, program management, etc...:

<https://www.k4health.org/toolkits/implants>

I encourage to you explore the site whenever you are looking for up-to-date information on family planning methods or program practices.

Cheers,

Karah

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HIFA profile: Karah Pedersen is a Technical Advisor at IntraHealth in the United States. Professional interests: adolescent and youth; gender equality; contraception and reproductive health; cervical cancer; SDGs; information sharing and knowledge management. She is joint coordinator of the HIFA Project on Family Planning.

<http://www.hifa.org/projects/family-planning>

<http://www.hifa.org/support/members/karah>

Email: kpedersen AT intrahealth.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (85) New Digital Health for Systems High-Impact Practices in Family Planning Brief

Digital Health: Strengthening Family Planning Systems Through Time and Resource Efficiencies

https://www.fphighimpactpractices.org/briefs/digital-health-systems/?utm_source=HIPNetListserv&utm_medium=Email&utm_campaign=DigitalHealthBriefPromtion

What is the program enhancement that can intensify the impact of High Impact Practices (HIPs) in family planning?

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This new HIP brief summarizes the experience and evidence for the most commonly used digital health technologies aimed at supporting health systems and providers. Key messages from the brief include:

- Family planning indicators should be incorporated into new and existing digital health and logistics management information systems.
- More research is needed about when and how digital applications for provider support are most effective, efficient, and scalable.
- Mobile money and electronic financial transactions have the potential to provide efficiency and transparency of health care financing and transactions.

Download the HIP brief

https://www.fphighimpactpractices.org/briefs/digital-health-systems/?utm_source=HIPNetListserv&utm_medium=Email&utm_campaign=DigitalHealthBriefPromtion

and visit www.fphighimpactpractices.org to learn more about High Impact Practices in Family Planning.

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Family Planning High Impact Practices

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From: "Andre Shongo, DR Congo via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (85) The role of radio and other mass media in providing family planning information

I need to share about what I read from Kenya FP/C mass media campaign implemented during years 1988-89; especially the association between messages on modern FP/C; contraceptive practices and reproductive preferences.

<https://dhsprogram.com/pubs/pdf/WP4/WP4.pdf>

Kenya FP/C mass media campaign were relaunched from 2008 until 2014, the evidence based positive behavior change is documented by comparison of the initial state mentioned in Kenya Demographic Health survey (DHS) 2008-9 at

<http://apps.who.int/medicinedocs/documents/s17116e/s17116e.pdf> and Kenya DHS 2014 at <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>

The initial campaign held 1988-9 has shown the inference between exposure on modern FP/C via mass media channels and contraception adherence and reproductive preference choices along with the specific media channel breakthrough.

<https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/2102695.pdf>

DHS data analysis based in the end of the 2009-2014 Kenya FP/C mass media campaign that shows the mass media inferences applied in sociodemographic; ethnicity and residence areas, has retained my attention. The variables considered were; (1) Kind of media channel (availability of radio or TV set, and newspapers), (2) Exposure to FP/C messages (fact of have hearing/ reading about modern FP/C), and, (3). Adherence in FP/C program (method choice and using).

Two lessons are drawn about extending success of FP/C interventions by comparison of outcomes recorded in 2014 and the initial state recorded in 2009. Firstly, services availability, wide adherence and use were observed in cities than in rural /remote areas. Secondly, the radio were the main channel, followed by TV, and so far by newspapers in urban areas, and radio reported as main source of information in FP/C in remote area. This case of figure matches with a high modern contraceptive prevalence reported to the kikuyu and neighborhood tribes who live the central region, Nairobi, the country capital included, compared to Somalia tribe used here as a sample, found in the north east region, less developed. TV, Radio and print sensitize in the urban area (central province), than that the radio reported in remote area of north east region.

Information^{â€™}s shared are about: program existence, especially the meaning and importance of modern FP/C and activities deployed; sensitization, social marketing of modern FP/C, point of services localization and available services.

I need just to emphasize on the place of radio among mass media, its diffusion power in remote areas and the need of extending its distribution as an information - communication and education tool in health, including modern FP/C. Positive outcome obtained constitutes a call to action; an example to follow in setting of our common vision of reaching the persons with high unmet need for modern FP/C. I believe that the reliability and cultural accessibility will depend of specificity of each program and each community, factors that each intervention needs to held count.

HIFA profile: Andre Shongo Diamba

From: "Andre Shongo, DR Congo" <shongodiamba@gmail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dggroups.org>

Subject: [hifa] FP/C (87) Implants (2)

In the DR Congo, the introduction of NORPLANT, long lasting contraceptive method began in 2008 in Kinshasa in some areas such in the Presbyterian American collaborative hospital of THIKAJI (Kasai central province), the services were provided also by gynecologists in Kinshasa. The IMPLANT public campaign was launched in 2009, hereafter extending across other provinces two year after. The IMPLANON and SINO IMPLANT are reported to be used in the country. The DRC family planning system seems to be inputs dependent, services are well provided only during project lifespan. Today, I believe that the expanding of IMPLANT services is very low, and falls to the rule that governs the country collapsed health system. These services seem held by international NGOs instead the public sector, when activities cease, the distribution becomes almost by will of those able to do that. Yet, the sustainability pledges for wide and strong public private partnership for a FP/C; that meets the unmet needs for FP/C and constitutes a policy makers^{â€™} tool for development. Some thematic can be discussed about:

1. Implant Family planning program versus WHO Family planning system framework
2. Implant in public health facilities versus private sector
3. Implant program sustainability after intervention lifespan
4. Implant fashion / manufacture (Bayer, Merck, and china-implant), use of single model or all.

Accessibility and affordability

Geographic and financial accessibilities are a challenge; unavailability of services in some areas and the expensive cost, also reported, especially among low income people constitute a huge barrier. Although the IMPLANT is officially used, there are SINO-IMPLANT and IMPLANON in simultaneous circulation and use.

Quality of implant services compared with other forms of contraception

Whether provided according standard norms , the implant is a good method that provides three CYP - Couple Year Protection and a positive impact on FP/C prevalence. Most users are the mothers with more than three children; this works well and meets with their desire of delay news births or limit giving births.

Myths and misconceptions around implants

1. If an implant is inserted in my arm and I'm pregnant, my baby will suffer from birth defects.
2. The implant can move in the body

3. Implants can cause cancer
4. The insertion and removal of implants is a procedure long and painful surgery that will cause permanent damage to my body.
5. Any pregnancy occurring in women under implant is an ectopic pregnancy

Level of knowledge of implants among different cadres of frontline health workers

A training of care providers were organized to strengthen them about implant contraceptive mechanism along with the technic on how to insert and remove the implant. But the high attrition pace of health professional; those who change career and those change employer, suggest that there is recurrent change in frontline health workers. Attitude that influences the services quality

HIFA profile: Andre Shongo Diamba

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (88) Skills Demonstration Video for Localization and Removal of Deeply Placed Contraceptive Implants

(The message below is forwarded from GANM)

We are pleased to share a *NEW* skills demonstration video for the localization and removal of deeply placed contraceptive implants. In late 2015, the Global Implant Removal Task Force was initiated to bring together implementing partners and donors to identify existing best practices and call attention to research and programming gaps for expanding access to quality contraceptive implant removal services. Among the task force's activities is an effort to identify gaps related to difficult implant removal and develop resources to address these gaps to contribute to greater access to quality implant removal services.

This video was developed to build capacity of clinicians providing contraceptive implant services for locating and safely removing a non-palpable implant in an outpatient clinic or low-resource setting. This video is intended for clinicians who provide implant services to be able to locate and perform a difficult removal of a deeply placed implant as well as sonographers and other healthcare providers who participate in localizing deep implants. Specifically, non-palpable implants can be localized through ultrasound using probes commonly found in an obstetrics and gynecology clinic setting. Clinicians working in outpatient or low-resource settings can utilize these localization and removal techniques to safely and successfully remove non-palpable implants.

We encourage you to use this video when implementing family planning projects and in family planning training curricula.

Please view and download the video here and reach out to Lindsay Breithaupt at Lindsay.Breithaupt@jhpiego.org with any questions.

Sincerely,
The Global Implant Removal Task Force

Lindsay Breithaupt, MPH
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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (89) The Path to 2020: Delivering Transformative,
Rights-based Family Planning

(with thanks to the Communication Initiative)

This weekend we conclude our first major discussion on Family Planning and on Monday 16th we start a new discussion on Evidence-Informed Humanitarian Action. This report straddles both...

The Path to 2020: Delivering Transformative, Rights-based Family Planning
In advance of the 2017 Family Planning [FP] Summit, this report provides a snapshot of CARE's efforts to ensure provision of quality sexual and reproductive health (SRH) services in some of the most challenging contexts around the world. Strategies explored include shifting social and gender norms to increase women's voice and empowerment, promoting mechanisms for accountability between community members and health providers, and reaching vulnerable and marginalised people in humanitarian and conflict-affected settings with FP information and services. The report also shares the key actions CARE is calling governments, donors, and other civil society actors to mobilise around, in order to catalyse progress and re-ignite the commitment to reach 120 million women and girls by 2020 ("FP2020"). [Jul 2017]

http://www.comminit.com/health/content/path-2020-delivering-transformative-rights-based-family-planning?utm_medium=email&utm_campaign=drumbeat744&utm_content=path-2020-delivering-transformative-rights-based-family-planning

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Best wishes, Neil

From: "Kazeem Ayankola, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (90) Family planning training needs assessment reports,
Nigeria

Good day dear HIFA members.

I am looking for reports of family planning training needs assessment in Nigeria. The training needs assessment report could be for all methods or specifically for injectables, implants, and intrauterine devices.

Kindly send useful links/reports to: ayankolaak@yahoo.com

Thanks

Kazeem Ayankola

MCSP Nigeria

HIFA profile: Kazeem Ayankola is State Child Health Coordinator, USAID-Maternal and Child Survival Program, Kogi State, Nigeria. Previously, he was Clinical Services Officer (Pediatric ART) at the Centre for Integrated Health Programs (CIHP), Nigeria. Professional interests: Pediatric HIV management, child health, and blood safety. ayankolaak AT yahoo.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (91) Senegal's youth tackle sex taboos in bid to boost contraceptive use

Extracts below. Read article in full here:

<http://news.trust.org/item/20171017040804-iz2tw>

Armed only with leaflets, posters and advice, these young volunteers are taking on a deeply entrenched taboo in the mainly Muslim nation: the use of contraception among girls and women...

West and Central Africa has one of the world's lowest rates of contraceptive use among women and teenage girls, who often lack knowledge about their options, struggle to access health centres, and face objections from their husbands and families.

However in Senegal, a drive to raise awareness, increase stocks of contraceptives, and provide youth-friendly sexual and reproductive health services has led to a rapid rise in the number of women and girls on birth control, health experts say...

Complications during pregnancy and childbirth - such as fistula - are the leading cause of death among teenage girls worldwide, according to the World Health Organization (WHO).

Reducing teenage pregnancies not only saves lives, but can also improve gender equality in education and in the workforce, thus boosting economies in developing countries, according to an annual flagship report by the U.N. Population Fund (UNFPA).

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] FP/C (92) Reproductive health information needs and maternal literacy in the developing world: A review of the literature

Dear HIFA,

I've just learned about this new paper which is highly relevant to our recent discussion (with thanks to John Eyers, HIFA expert adviser).

CITATION: Reproductive health information needs and maternal literacy in the developing world: A review of the literature

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ABSTRACT

This article provides an analysis of the relationship of literacy and education in the developing world as they intertwine with reproductive health, and explores the reproductive health-related informational needs of women from these regions. Every day more than 800 women die from causes relating to pregnancy, 99% of whom are in the developing world. In 2015 16,000 children under five died every day. This article first provides a systematized review of the extensive canon of literature that explores the relationship between maternal literacy and mother and child health. A content analysis is conducted with the aim of deciphering the reproductive health-related informational needs of women in the developing world. Following, there is a discussion of interventions that have demonstrated success at ameliorating these gaps. Some of these interventions have met information needs related to family planning, HIV/AIDS, sexually transmitted infections, violence against women, sexuality, pregnancy education, and emergency obstetric care.

SELECTED EXTRACTS

'This systematized review of the literature will attempt to answer the following research questions:

What is the relationship between female literacy and education and child and maternal mortality? What does the current canon of literature produce as evidence of the reproductive health informational needs among women in the developing world?

What educational interventions have demonstrated success in order to ameliorate the gap suffered by undereducated or illiterate women?

'There are many substantial and hugely detrimental gaps in knowledge suffered by women in the developing world that negatively impact their and their children's health and well-being. There are still places in the world where women do not know about HIV/AIDS or sexually transmitted diseases. In a study in Guatemala in 2006 it was found that in some parts of the country 42.1% of the population had not heard of HIV (Roberts, 2006). This same study found that only 21.7% of the indigenous population used any form of contraception. Another study in India reported that in Maharashtra only 47% of rural women knew of HIV, while only 16% possessed accurate knowledge of its transmission (Pallikadavath et al., 2005). The researchers found that women from socially and economically disadvantaged groups were less likely to be aware of AIDS or HIV prevention. Likewise, amongst rural women in Nigeria there was generally poor safe motherhood knowledge (Okereke et al., 2013), and in the Sudan only one-third of the respondents had knowledge of modern contraception (Moukhyer et al., 2006). The majority lacked basic understanding of the reproductive process.'

The paper concludes:

'Winkoff and Sullivan (1987) predicted that family planning was the most effective way to reduce maternal mortality rates, and that one-quarter of all maternal deaths are avoided because of general reductions in fertility... Two decades later female education and literacy, reproductive education, and effective family planning methods have still not caught up with these goals.'

Best wishes, Neil

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END