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

LONG EDIT (15pp)

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

Background to the discussion: http://www.hifa.org/news/join-hifa-global-discussion-meeting-family-planning-and-contraception-information-needs

Neil Pakenham-Walsh blog: https://www.k4health.org/blog/post/family-planning-information-all-addressing-myths-and-misconceptions-about-family-planning

Results of HIFA Family Planning survey:
http://www.hifa.org/sites/default/files/publications_pdf/HIFA_FP_Survey_Responses_Q1-9.pdf

There were 92 messages from 26 contributors in 10 countries (DR Congo, Ethiopia, India, Nigeria, Switzerland, Uganda, UK, United Arab Emirates, USA, Vietnam). Special thanks to super-contributor Andre Shongo, DR Congo (13 messages).

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

1.1 General

Karah Pedersen & Meredith Sparks (IntraHealth International): '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.'

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…
http://www.who.int/mediacentre/factsheets/fs351/en/

HIFA moderator (NPW): 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 women 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

Andre Shongo, DR Congo: 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.

Karah Pedersen, USA: 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

Moderator (NPW): '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.
https://www.mhtf.org/2017/09/26/world-contraception-day-how-does-family-planning-impact-maternal-health

1.2 HIV/AIDS

Karah Pedersen, USA: 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/
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…
https://www.fptraining.org/sites/fptrp/files/handout_1_fp_saveslives_backgrounder_factsheet_prb_2009.pdf

2. What is the current level of FP/C knowledge among adolescents, girls, women, and men?

2.1 General

Andre Shongo, DR Congo: 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.

Andre Shongo, DR Congo: Gender aspect: women are informed more than men, but the men involvement is very slow.

Andre Shongo, DR Congo: 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.

2.2 Health workers

Elizabeth Corley: Knowledge of key information regarding LA/PMs is lacking among private providers, particularly related to male and female sterilization and implants. https://www.shopsplusproject.org/resource-center/private-provider-knowledge-attitudes-and-practices-related-long-acting-and

3. What are the common myths and misconceptions related to FP/C?

3.1 General

A survey of HIFA members (highly educated health professionals and researchers) found that:
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'

Roy Jacobstein,USA: 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 contratraceptive 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.

Moderator (NPW): 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.”□

Condoms

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

http://www.ippf.org/blogs/myths-and-facts-about-male-condoms

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.

Long-acting injectables

Andre Shongo, DR Congo:
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

Andre Shongo, DR Congo: 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

Andre Shongo, DR Congo: 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

Sterilization

Andre Shongo, DR Congo: Myth with Female sterilization:
1. After sterilization, a woman will not have her rules.
2. Sterilization weakens woman

Vasectomy

Andre Shongo, DR Congo: 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

IUD

Andre Shongo, DR Congo: 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

Roy Jacobstein, USA: 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!

Roy Jacobstein,USA: 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.

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

Religion

Marg Docking, Uganda: The interconnection between religion and sexual reproductive health / family planning cannot be ignored… 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.

Marg Docking, Uganda: 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.

Abimbola Onaliran: The interrelatedness of culture, religion, and contraception cannot be overemphasized… 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 the injectable contraceptives.
2. Review cultural and religious sensitivity of messages…
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.

Janki Borkar: 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.

Andre Shongo Diamba, DR Congo: 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.

Karah Pedersen, USA: 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/

Alhassan Aliyu Gamagira, Nigeria: Nobody can separate any programme with somebodys faith or any form of belief. Adequate and approriate knowledge directed to the right people at the right time and place is all what is required.

FP education for children and youth

Marg Docking: 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.

Clare Hanbury, UK: 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.

Clare Hanbury, UK: 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.

Clare Hanbury, UK: 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.

Clare Hanbury, UK: 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.

Mamsallah Faal-Omisore, Nigeria: 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.

Radio and mass media

Andre Shongo, DR Congo: 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.

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

Children for Health

Clare Hanbury, UK: 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/).

FP2020

Karah Pedersen, USA: 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/

K4Health

Karah Pedersen, USA: 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:

Karah: 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

Tantine

Moderator (NPW): '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 Evidence Project

Moderator (NPW): 'The Evidence Project uses implementation science — the strategic generation, translation, aand 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 (20132018) is investigating which straategies 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.' http://evidenceproject.popcouncil.org

Wise Choices for Life

Marg Docking: 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

World Health Organization

Nandita Thatte: 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.

Nandita Thatte,Switzerland: Please check out the WHO website [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

Roy Jacobstein, USA: 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/

Moderator (NPW): 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.

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

There were no specific comments on this other than those made above in relation to Q1-5.

Other

HIFA Survey

A pre-discussion survey showed that 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'. 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

'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. 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.

Citations

1. 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).

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

2. John Liebhardt: 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.

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). [*]

3. 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

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

'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...'

5. CITATION: Availability and Quality of Family Planning Services in the Democratic Republic of the Congo: High Potential for Improvement
Dieudonne 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.'

6. 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
http://paa2014.princeton.edu/papers/141862

7. Elizabeth Corley: 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

8. 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

9. 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

http://publichealthinafrica.org/index.php/jphia/article/view/688/339

10 CITATION: Reproductive health information needs and maternal literacy in the developing world: A review of the literature
Margaret S. Zimmerman
School of Library and Information Science, University of Iowa, USA
International Federation of Library Associations and Institutions
2017, Vol. 43(3) 227241

DOI: 10.1177/0340035217713227
https://www.iflaa.org/files/assets/hq/publications/ifla-journal/ifla-journal-43-3_2017.pdf

Profiles

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

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

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

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

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Unanswered questions

Moderator (NPW): 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 note - 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 misonceptions?

Moderator (NPW): 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?

Moderator (NPW): Re: CITATION: Belief in Family Planning Myths at the Individual And Community Levels and Modern Contraceptive Use in Urban Africa.
Is anyone aware of comparable research from other regions?

Moderator (NPW): 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?

Moderator (NPW): 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.

Meredith Sparks (USA): 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 religious 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?

Moderator (NPW): 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?)

Moderator (NPW): 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?

Moderator (NPW): '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?

END

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