

The View from Africa

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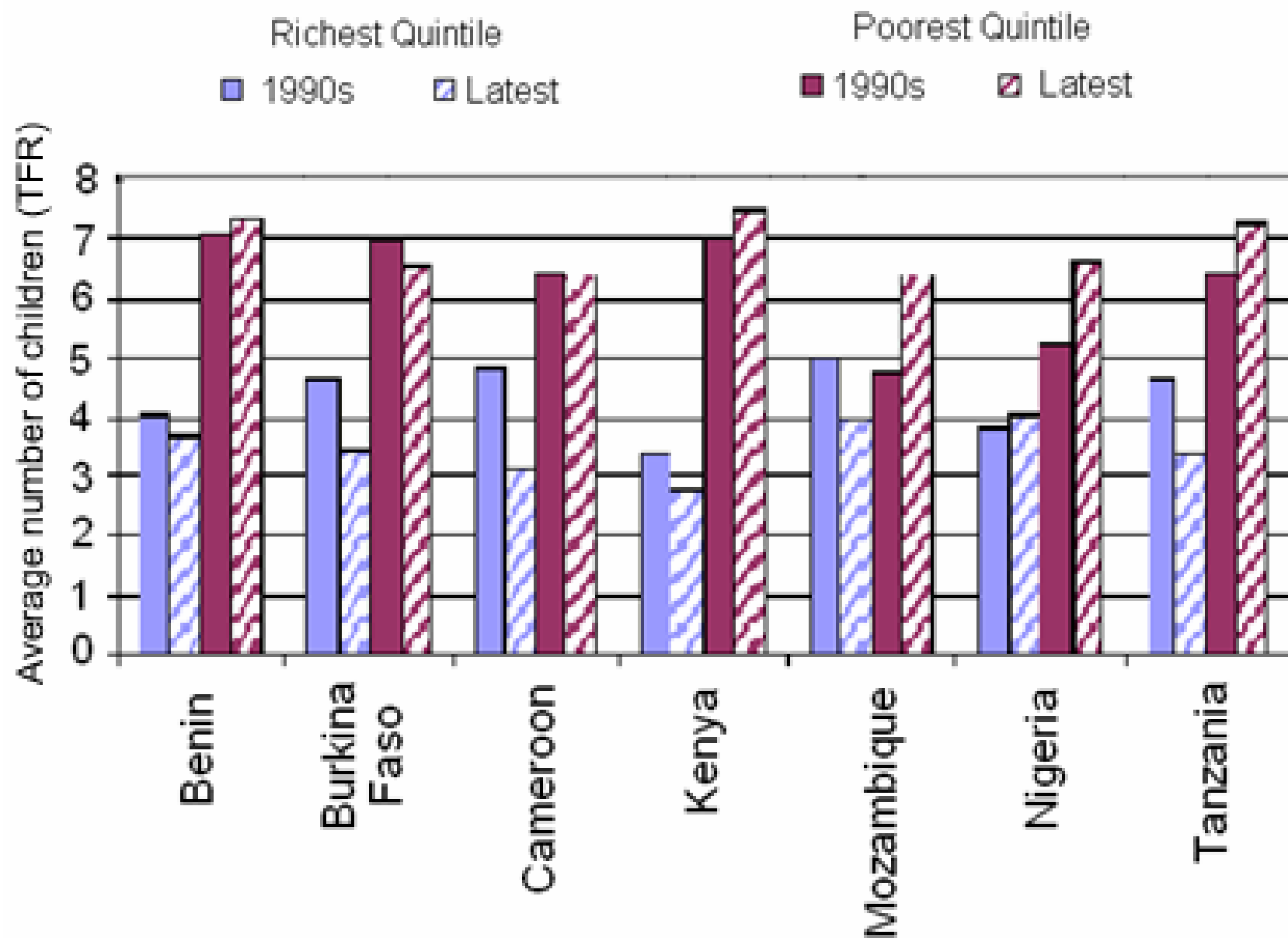
Bixby Program on Population, Family Planning and Maternal Health

School of Public Health

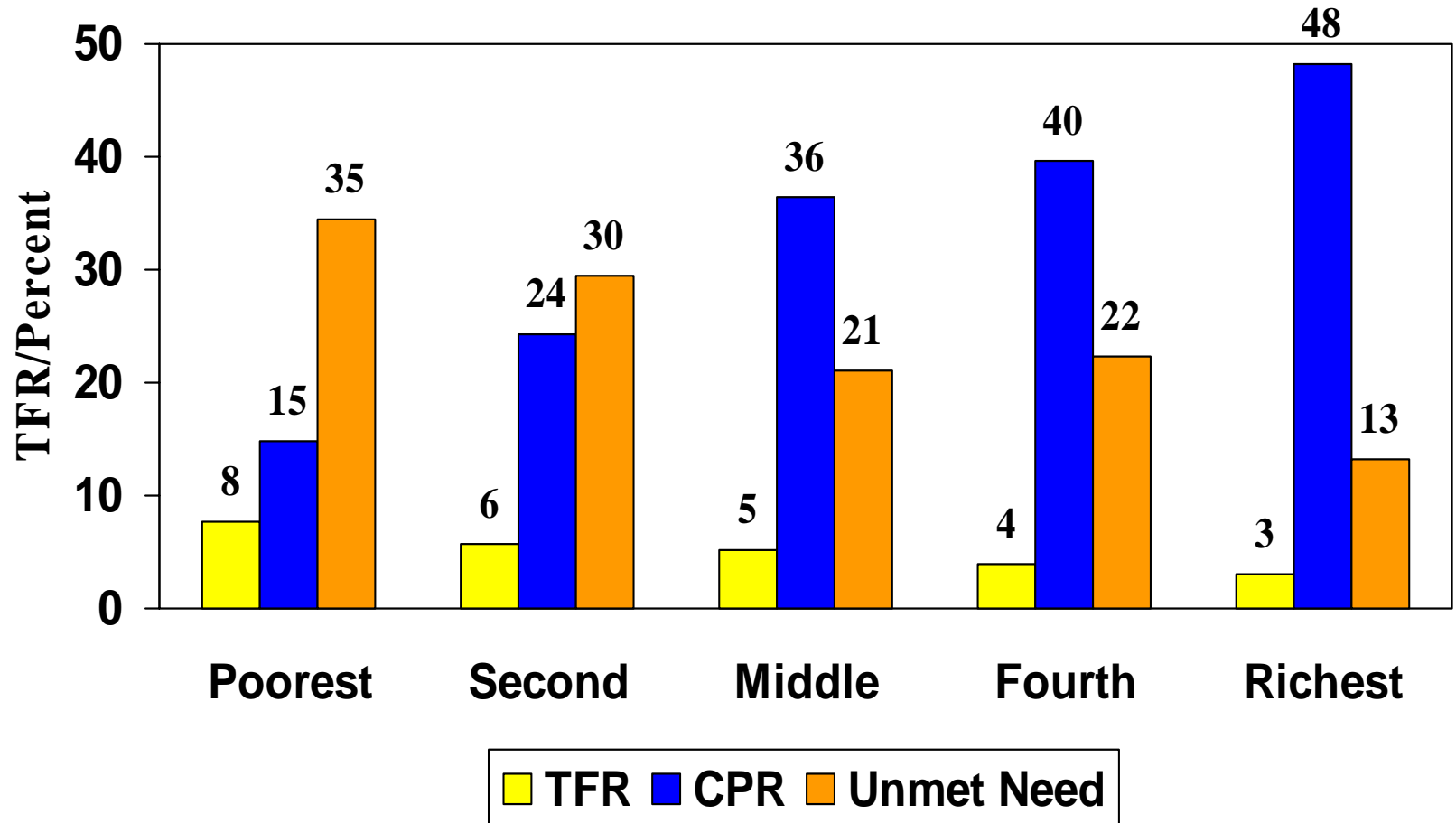
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Disparities between the rich and poor have expanded in the past decade



TFR, CPR & Unmet Need: Differences Across Socioeconomic Groups in Kenya



Source: African Population and Health Research Center, Nairobi

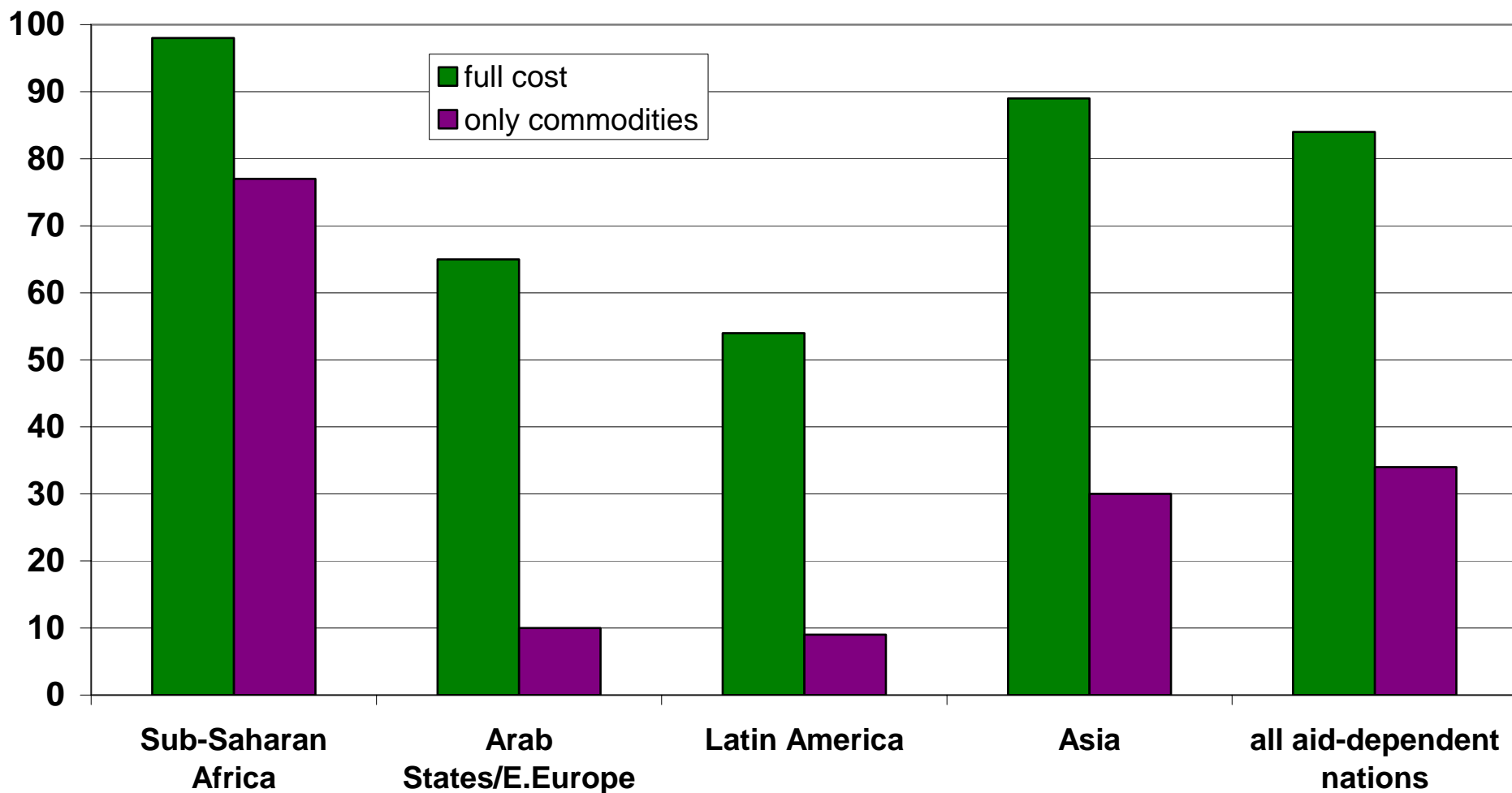
Why does unmet need exist?

- Lack of access and availability
- Poor quality of services/ medical restrictions
- Limited contraceptive choice
- Lack of knowledge/ misinformation
- Social & cultural opposition

Barriers to fertility regulation

- **Prices are too high.**
- **Outlets are unreachable.**
- **Medical rules make getting contraception difficult.**
- **Misinformation – the dangers of contraception.**
- **Community workers are not permitted to provide contraceptives.**
- **Method choices are limited**
- **Gov't services are poor.**
- **Pills are on prescription for reasons not evidence-based**
- **EC using existing birth control pills: No one has bothered to inform most women.**
- **Advertising about family planning isn't allowed.**
- **Religions constrain providers**
- **Mothers-in-law are in charge.**
- **Young brides lack power.**
- **Unmarried young females are excluded from services.**

% Who Cannot Afford Family Planning (assuming 1% income rule)



How to make family planning access easier

- Better information
- Take pills off prescription
- Affordable prices
- Choice of methods
- End unrelated medical rules
- Delivery systems - be creative



An appropriate approach







Too many restrictions on who can provide family planning methods

What can be done

- Focus on programs to fulfill the unmet need
- Let people have what they want
 - correct information
 - choice of contraceptive
 - Realistically affordable and accessible contraceptives
- Complete the job half done