As countries strive to reduce poverty and reach the Millennium Development Goals, they are also focusing on how population growth affects health and development. Rapid increases in population make even modest gains in health, education, and employment difficult to achieve. These increases also put pressure on land, water, forests, and other natural resources. An important way to confront population growth and spur economic development is by investing in family planning. Most countries that have achieved rapid economic growth have also had strong family planning programs that help women avoid unplanned pregnancies and have the smaller families they actually prefer. Like girls’ education, family planning is a “best buy” for development.

Some countries have found that the path to economic growth and development is enhanced by providing family planning (FP) together with maternal and child health (MCH) care—the health services women seek for themselves before, during, and after pregnancy, and for their children’s health. Offering these services together is a cost-effective way to prevent unintended pregnancies among a large number of women, and contributes to a healthier population. The net savings and benefits realized by health systems outweigh the initial costs of integrating FP and MCH services. And, when family planning services are easy to obtain, more women choose and are able to have fewer children. Integrated services save women time, enabling them to be more active in the labor force, improve household income, and invest more in their own—as well as their children’s—health, education, and well-being.

Providing FP and MCH services together drives benefits for other sectors of the economy. When more couples avoid unplanned pregnancies, populations grow more slowly, which stimulates economic growth and poverty reduction. As families have fewer children, governments save on expenditures for health, education, water and sanitation, transportation, housing, and job development. Slower population growth means less strain on the environment, and countries with a lower proportion of young people are less likely to face high rates of unemployment and civil unrest.
Ensuring health services are offered in an efficient and cost-effective way. Numerous costing studies demonstrate that a single, multipurpose FP/MCH visit can save the health system money by using common space, reducing staff costs, and lowering overhead. Broadening skills of personnel helps ease the shortage of health workers.

- Improving women’s lives and satisfaction with services. When women obtain different types of care in one visit, they reduce the travel time and expense of multiple visits and have more time to be productive.

Maximizing opportunities. Most women in developing countries do not receive all the health care that is recommended before birth or for their newborns. However, 75 percent of women do see a health provider at least once during their pregnancies, presenting a key opportunity to talk with them about the benefits of family planning, their reproductive intentions, and the range of available contraceptives. Once women have children, they are more likely to use scarce health care dollars for their children rather than for themselves. If family planning is offered together with immunizations and other child health care visits, women can make better choices about when—or if—to have another child. Integrating FP with these services helps ensure that women’s varying needs and preferences are met and that they receive information and services at each and every point of contact with the health system.

Examples of Success

There are many ways to increase access to FP services through integration. The following two examples illustrate successful approaches of integrating family planning in reaching women in rural areas, involving the private sector, and financing new approaches to provide health services to the poor.

- In India, “timed and targeted” FP/MCH messages give women the information they need, when they need it. In Uttar Pradesh, a resource-poor state of India, nearly 3,000 community volunteers in three districts were trained by the Pragati project to provide FP, MCH, and nutritional counseling in an integrated approach that is timed according to a woman’s stage of pregnancy and the age of her infant, and targeted according to her needs and desires to prevent or delay another pregnancy. Volunteers provide condoms and pills and refer clients to health facilities for other methods, using standardized job aids to ensure consistent messages. Between 2003 and 2007, contraceptive use and proper child feeding practices more than doubled, while immunization coverage rose by more than 60 percent. The government subsequently adopted this successful approach throughout Uttar Pradesh.

- In Kenya, providing incentives and engaging the private sector increased demand for integrated services and reduced cost for poor women. To increase women’s access to maternity care and family planning services, the Kenyan health ministry sold vouchers to women so that they could obtain good quality services at affordable prices from an accredited public- or private-sector provider of their choice. A voucher for family planning was available for US$1.35, and a “safe motherhood” voucher for care before, during, and
While pulling useful to work with private providers to expand access to health
Engage the private sector in providing services. Taking stock of existing systems and needs for
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Assess current systems and requirements for scale-up. Transitioning to integrated programs requires careful planning and assessment of the costs and other resources needed to make the shift, including changes in policies, training, supervi
Engage the private sector in providing services. It is often useful to work with private providers to expand access to health
services. At times, nongovernmental organizations can serve
women more easily than the public sector can, or women may prefer these services. Policymakers can also encourage corporate social responsibility programs to integrate FP and MCH services.

Prioritize the poor. All women can benefit from FP/MCH integrated services, but the evidence is strong that poor women have both greater need for these services and less access to them. Integrated programs should be designed to address time and cost barriers that prevent the most economically disadvan
taged women from accessing FP and MCH services.

Find common ground within and across sectors to support integration and ensure quality of services and access. To successfully plan for, budget, and roll out new services, government officials responsible for MCH or FP services must coordinate with each other, as well as with other key stakeholders such as the Ministry of Finance and the Ministry of Education. The evidence is clear that educated women are more likely to use family planning, to have healthier children, and to contribute to the economy. Working across sectors to achieve mutually reinforcing objectives such as universal secondary education for girls and integrated FP/MCH services will build consensus for reform.

Conclusion
Family planning is an underutilized, but powerful, tool for helping countries make progress toward the Millennium Development Goals. Providing FP together with MCH services is a more effective way than separate services to reach women who need FP. Through increased uptake of family planning, more families are lifted out of poverty, fewer mothers and children die unnecessarily, and more women reach their full potential for contributing to society and the economy. With fewer children, parents can invest more resources in each child, and improve the health, nutrition, education levels, and living standards of their families. And when populations grow at a slower pace, governments can invest more in their most valuable resource: their citizens.

Recommended Policy Actions
Policymakers can advance support for FP/MCH integration in the following critical ways:

Champion funding for the FP/MCH transition. In the long run, offering FP and MCH services together can save money and better serve the public’s health needs. During transition, however, policymakers need to support additional training for workers and volunteers, modify health facilities to include private space for family planning counseling, and ensure that all provid
ers have a range of contraceptives on hand.

Assess current systems and requirements for scale-up. Transitioning to integrated programs requires careful planning and assessment of the costs and other resources needed to make the shift, including changes in policies, training, supervi
ion, management, logistics, and health management information systems. Taking stock of existing systems and needs for scale-up will ultimately save time and resources.

Engage the private sector in providing services. It is often useful to work with private providers to expand access to health

Breastfeeding as Family Planning

Many women who have just given birth underestimate their need for family planning because they think that breastfeeding will keep them from becoming pregnant. This is true for the first six months if a woman is exclusively breastfeeding and her period has not returned. Exclusive breastfeeding is very effective for six months, but after that, women need another method of contra
ception to prevent pregnancy.

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