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FAMILY PLANNING: PATHWAY TO POVERTY REDUCTION

PRESENTATION GUIDE



BY **ALEXANDRA HERVISH AND MIA FOREMAN**

AN ENGAGE PRESENTATION

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www.prb.org

POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW
Suite 520
Washington, DC 20009 USA

202 483 1100 **PHONE**
202 328 3937 **FAX**
popref@prb.org **E-MAIL**

Presentation Guide

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**BY ALEXANDRA HERVISH AND
MIA FOREMAN**

TABLE OF CONTENTS

INTRODUCTION.....	2
THE PRESENTATION	3
OPPORTUNITIES TO GIVE THE PRESENTATION	4
TECHNOLOGY REQUIREMENTS	6
AVAILABLE VERSIONS OF THE PRESENTATION.....	7
PRESENTATION INSTRUCTIONS (WITHOUT VOICEOVER)	8
PRESENTATION INSTRUCTIONS (WITH VOICEOVER).....	9
PRESENTATION TIPS	10
PRESENTATION SCRIPT—ENGLISH VERSION	12
USING HANDOUTS	19
DISCUSSION GUIDE	24
FAQS	25
PRESENTATION REFERENCES	30
ADDITIONAL RESOURCES	35
DEFINITIONS	36

Introduction

This guide provides the facilitator with an overview of how to effectively use and present *Family Planning: Pathway to Poverty Reduction*, an ENGAGE Presentation. It includes information about opportunities to give the presentation, a list of technology requirements, presentation instructions, presentation tips, instructions for creating and using presentation handouts, discussion guide questions, FAQs, resources and references, and definitions of key terms used throughout the presentation.

The guide draws on the experiences of the Population Reference Bureau (PRB) and our in-country partners in developing and making ENGAGE presentations in different settings as well as input from technical and communications experts in the family planning and reproductive health field.

After reading this guide, you will be able to:

- Identify opportunities to present *Family Planning: Pathway to Poverty Reduction* to various audiences.
- Access and use different versions of the presentation, including the voiceover version and the manual version of the presentation.
- Present and explain *Trendalyzer* scenarios to the audience.
- Effectively use the “Key Messages” handout as a supplemental tool following the presentation.
- Create customized handouts using PRB’s DataFinder.
- Generate conversations about the presentation and answer questions from the audience.

The Presentation

The goal of the presentation is to improve individuals' understanding of how family planning contributes to economic growth and poverty reduction at the family, community, and national levels and, ultimately, to reposition family planning higher on national and local policy agendas in sub-Saharan Africa. This process includes mobilizing political commitment and resources to strengthen family planning services, which will lead to expanded access to safe and effective contraceptive methods, to help women and couples have the number of children they want, when they want them.

To achieve this goal, the presentation is designed to promote policy dialogue on the health and economic benefits of family planning and presents family planning as a cost-effective, high-yield intervention. Target policy audiences include government policymakers, civic and religious leaders, health sector leaders, program officials, family planning advocates, journalists, and others.

Specific objectives of the presentation are to:

- Explain how family planning contributes to improved economic outcomes and reduces poverty at the family, community, and national level.
- Analyze trends related to total fertility rate and gross national income (GNI) per capita in sub-Saharan Africa using *Trendalyzer*.
- Identify needed investments to increase policy and financial investments in family planning and rally political and public support for family planning.

Opportunities to Give the Presentation

This ENGAGE Presentation and supporting materials are tools for professionals involved in family planning at all levels—in academic, policy, and community settings. The target audiences for its use are:

- **Primary:** Government policymakers at all levels, including parliamentarians, who are in a position to allocate resources and advance family planning on the policy agenda.
- **Secondary:** All of those who influence high-level policymakers—news media, civic and religious leaders, program officials, and other community leaders.

USING THE PRESENTATION WITH DIFFERENT AUDIENCES

The ENGAGE Presentation is a tool to engage different audiences in policy dialogue related to family planning. It is designed to be used in a variety of settings or environments. Some ideas to reach different audiences with the presentation are listed below:

Policymakers

- Educating policymakers about the importance of investing in family planning to produce beneficial economic results, especially at the national level.
- Demonstrating the cost-effectiveness of family planning and the need to increase funding dedicated to family planning efforts.

Family Planning Advocates

- Educating advocates about trends related to family planning and economic development so they can better inform high-level policymakers.
- Reaching individuals who attend community health days, conferences, or stakeholder meetings with information about family planning.

Civic and Religious Leaders

- Educating civic and religious leaders about the importance of investing in family planning to produce beneficial economic results in families and communities.
- Communicating better with civic and religious leaders, especially those tending against family planning.
- Sustaining policy dialogue with local leaders, including civic and religious leaders at local seminars and events.

The Media

- Educating the news media on issues of high fertility and unmet need in sub-Saharan Africa and the link between poverty reduction and family planning, using the ENGAGE Presentation as a teaching tool.
- Providing a basis for television and radio talk shows, accompanied by local exposure to discussions and questions about family planning.

ADDITIONAL CONSIDERATIONS

You can make this presentation more interesting to your audience by adding information about local experiences and practices, especially those that apply to your audience. Some areas to consider when analyzing your audience:

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience does not understand any technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be unfamiliar to some audience members.

Technology Requirements

To give the presentation, you will need:

- A laptop or computer with:
 - At least 2.4 Ghz.
 - At least 3 GB of RAM.
 - An Intel Core 2 Duo processor.
 - Adobe Flash Program. If your laptop or computer does not have Flash, you can download a free version of the program at www.adobe.com/products/flashplayer/.
- Projector with connecting cables. The projector should be capable of at least a 1020 x 768 resolution.
- Projection screen (or white wall).
- Speakers for your laptop or computer.
- Light source to read the script if giving a live presentation.
- Microphone (if presenting for a large audience).
- Podium.

It is recommended that you practice giving the presentation with the equipment (computer, projector, screen, etc.) you intend to use for the event.

Available Versions of the Presentation

The presentation is available in two formats: without a voiceover and with a voiceover. Both versions require Adobe Flash as it is the software platform for the presentation.

1. A Flash presentation *without* a voiceover, accompanied by a presentation script so it can be given live by a presenter. The presentation without the voiceover will require you to manually click through the presentation (see “To Move Through the Presentation”). It is supported with the script to guide the audience through the presentation. The presentation is available on CD-ROM.
2. A Flash presentation *with* a voiceover. The presentation with the voiceover does NOT require you to click through the presentation. You can stream the video by going to the PRB website (www.prb.org/Journalists/webcasts.aspx). Once you click the link, it will begin streaming and will play like a video with the recorded voice describing what is happening on the screen. This version is also available on CD-ROM.

It is recommended that all potential presenters practice with the script to determine their level of comfort with the presentation. One's level of comfort should guide the decision about which version is best at a particular event.

Presentation Instructions (Without Voiceover)

It takes approximately 15 minutes to give the ENGAGE Presentation. Discussion and subsequent activities can require 30 minutes or more depending on the setting.

TO OPEN THE PRESENTATION

- Double click on the round “f” icon (“f” stands for Flash). The end of the file name will be .exe.
- Resize the window. The window will most likely open in a small size, off-center on your computer screen. You can resize the window by dragging the top bar, dragging the corners to be smaller or larger, or by clicking Control + F for full screen.

TO MOVE THROUGH THE PRESENTATION

- Click forward or backward through the presentation screens. All of the animation is prerecorded and only requires clicking through the presentation.
- To move forward or backward, point your mouse at the arrows in the bottom right of the window. You can also use the arrow keys on your keyboard:
 - → The forward arrow advances the presentation. This advancement will be the next slide, the next bullet point, or the next piece of animation.
 - ← The back arrow moves you backward.
 - ↑ The up arrow takes you to the very beginning of the presentation. The beginning is the very first slide that shows up when you open the presentation.
 - ↓ The down arrow takes you to the beginning of the last slide of the presentation. The last slide is a series of pictures and text that runs through automatically as opposed to the final black screen.
- The *Trendalyzer* screens are not interactive; they are prerecorded videos. Each segment of each *Trendalyzer* scenario plays with a “click.”
- The beginning of each segment of *Trendalyzer* is still for approximately 1-2 seconds and then the animation begins.
- If you click twice by accident, you will skip to the next piece in the sequence. If this happens during *Trendalyzer*, the animation will not match what you are saying. Be careful!

TO GIVE THE PRESENTATION TO AN AUDIENCE

- The presentation will only appear correctly when it is in full screen. You cannot maximize the window—instead, you MUST click Control + F for full screen.
- To exit the full screen, you can either press the Escape button or Control + F again.
- If the *Trendalyzer* screens appear out of focus or pixilated:
 - Go into the Control Panel of your computer and select Display (on some computers it might be Appearance).
 - Go directly to Screen Resolution or to the Settings tab.
 - There should be a slider for the screen resolution. Select the 1024 x 768 screen resolution option. Click Apply and if you are asked if you want to keep these settings, select yes.
 - Now, when in full screen by clicking Control + F, the *Trendalyzer* screens should appear sharp.

Presentation Instructions (With Voiceover)

STREAMING FROM THE PRB WEBSITE

- Go to the PRB website page for this presentation: www.prb.org/Journalists/webcasts.aspx.
- Click the link to the presentation with the voiceover. The presentation will start to stream on your computer/laptop from the PRB website. It will play like a video.

CD-ROM

- Open the CD-ROM file on your computer or laptop. Double-click on the round “f” icon (“f” stands for Flash). The end of the file name will be .exe.
- Resize the window. The window will most likely open in a small size, off-center on your computer screen. You can resize the window by dragging the top bar, dragging the corners to be smaller or larger, or by clicking Control + F for full screen.
- Click the Play button. The presentation will play like a video.

Presentation Tips

The ENGAGE presentations differ from a regular PowerPoint presentation in the following ways:

- Have a storyline that weaves throughout the presentation. The ENGAGE presentation requires more of a “story” than we usually see with a PowerPoint presentation.
- Give people a different perspective on the same data or messages.
- Mix different software formats: *Trendalyzer*, Flash animation, videos, etc., so there are fewer words on the slides in some cases.
- Require starting with a script and practicing to feel comfortable telling the story and making the transition between slides.
- Need to help the audience grasp what they are looking at in the *Trendalyzer* bubble graphs.
- The content of ENGAGE multimedia presentations will always include positive news when telling a story. Although some PowerPoint presentations do the same, our presentations emphasize the positive as well as the challenges in an attempt to engage policymakers with some good news (and not just the bad news).

GENERAL PRESENTATION TIPS

If you are making the presentation in-person, here are some important tips to remember:

- **Start with the script.** It helps to start with the script and work through the presentation using the script. As you become more familiar with key points and transitions, you may be able to present without the script. If possible, review some of the materials listed in the References section of this guide.
- **Help people understand *Trendalyzer*.** It is necessary to help people understand the *Trendalyzer* bubble graphs by describing exactly what they are looking at on each axis and in the trends (see “Tips for Presenting *Trendalyzer* Scenarios”).
- **Bring your own style.** Each person brings his or her own style to the presentation. Stating key messages in a way that is comfortable for you is encouraged. Speaking from your own notes is also more effective than reading directly from the script.
- **Engage the audience.** You are encouraged to use personal stories to make this presentation more compelling. One or two personal stories to illustrate a point can add a lot to the presentation and your delivery.
- **PRACTICE.** Practicing in front of a live audience (such as some of your colleagues) and receiving feedback can help you figure out better ways to present *Trendalyzer* and other parts of the presentation. If possible, rehearse the presentation using the same room and equipment that you plan to use during your presentation.

TIPS FOR PRESENTING TRENDALYZER SCENARIOS

For many audience members, the ENGAGE Presentation may be the first time they are seeing *Trendalyzer*. Even though the *Trendalyzer* scenarios are built into the presentation and only require the presenter to “click” the arrow to play through it, it is extremely important to explain each *Trendalyzer* screen clearly and thoroughly. Doing so ensures that the audience will understand what they are watching.

All of these points are described in the script that accompanies the presentation. Some important *Trendalyzer* presentation tips to remember include:

1. When the *Trendalyzer* graph is first being shown, mention that the graph shows trends over time.
2. Although the animation is built into the presentation, be sure that the animation points out the left axis. Then, mention the indicator being shown, describe/define it, and define the scale.
3. Point out the bottom axis, mention the indicator being shown, describe/define it, and define the scale. If showing all countries of the world, mention that each bubble represents a country, the size of the bubble corresponds to the population size of the country, and the color corresponds to a region of the world. Mention the year and a brief description of how the different world regions are doing at that time.
4. Play the scenario, and at the same time, describe what is happening. For example, as the bubble is moving down, X is decreasing, and as the bubble is moving to the right, Y is increasing.
5. Once the bubble(s) have stopped, briefly state what has happened over time. Since the animation is built into the presentation, simply “click” the forward arrow to highlight specific countries.

Presentation Script—English Version

The presentation opens with a black screen. When ready to begin, click the forward arrow.

► Click Forward

The nations of sub-Saharan Africa are poised to take off.

► Click Forward

Throughout the continent, Africans are healthier, and mortality for children under 5 has fallen to only 13%.

Children are better educated, with nearly two-thirds of youth completing primary education—more than ever before.

And Africa has joined the information age, with 33 percent of people subscribing to mobile phones, rising from almost none just 10 years ago.

► Click Forward

To stay on this course, UN member nations have agreed to the Millennium Development Goals, a set of global commitments designed to help countries reduce poverty and achieve their development potential.

► Click Forward

Goal number one is to eradicate extreme poverty, and specifically, to cut in half the proportion of people whose income is less than \$1 per day. And some progress has already been made.

► Click Forward

Between 1990 and 2005, the proportion of people living in extreme poverty in sub-Saharan Africa dropped from 58% to 51%. This is a great achievement, BUT...

► Click Forward

...due to population growth, the **absolute** number of people living in poverty actually increased. We see here that in 1990, the population of sub-Saharan Africa was approximately 513 million people. And 58%, or 298 million people, were living in poverty.

► Click Forward

In 2005, the population of sub-Saharan Africa had **increased** to approximately 762 million people. Although the proportion in poverty has gone down to 51%, due to the increase in the overall population size, that 51% equals 388 million people.

So in fact...

► Click Forward

...throughout the sub-Saharan African countries, the total number of people living in poverty has increased by 90 million in the last 15 years. That's almost equivalent to the entire population of the country of Ethiopia. At the same time, there is extreme income inequality in many African countries.

► **Click Forward**

What can we do to reduce poverty among African families?

One proven solution is family planning.

► **Click Forward**

Throughout sub-Saharan Africa, there has been a substantial increase in family planning use in the last 20 years. Between 1990 and 2010, the proportion of married women using any form of family planning nearly doubled, from 12% to 23%.

But despite this progress...

► **Click Forward**

...sub-Saharan Africa still has the highest regional fertility rate in the world, averaging more than 5 births per woman. This rate is...

► **Click Forward**

...twice that of Asia, and...

► **Click Forward**

... nearly 3 times as high as Europe.

► **Click Forward**

At the same time, 22% of married women in sub-Saharan Africa have an **unmet need** for family planning. The term “unmet need” means that these women want to delay their next birth or not have any more children, but are not using any form of family planning.

So while there are many couples using family planning in sub-Saharan Africa right now, there are many more who WANT to do so. Meeting this need for family planning can help to reduce poverty among African families.

► **Click Forward**

With family planning, women and couples can choose the timing and spacing of each pregnancy. It also ensures that couples can have the number of children they want and can care for.

► **Click Forward**

This can reduce the economic burden on poor families; and at the same time, women have more time to work outside the home, and meet the needs of their families.

Together, these lead to increased family income.

► **Click Forward**

And with more income, families can invest in health, food, and education for each child.

► **Click Forward**

Families can also invest in their own livelihoods, and break the cycle of poverty.

► **Click Forward**

At the same time, at the national level, family planning can lead to more manageable population growth.

► **Click Forward**

With a slower growth rate, the government can better provide social services such as education and health care, can invest in economic infrastructure and job growth, and can sustainably manage natural resources for future development. The population of workers can also increase relative to the number of children.

► **Click Forward**

The result is increased economic productivity and growth for the entire nation.

► **Click Forward**

So family planning leads to poverty reduction and economic growth *both* at the family level, and at the national level.

And this is something we've actually seen happen in other countries around the world.

► **Click Forward**

Here we have a trend graph, where we can look at changes and trends over time. We're going to focus on the relationship between the average number of children per woman and Gross National Income in Bangladesh. Bangladesh is a country in South Asia that is a predominantly Muslim nation.

We are using Bangladesh as a case study because it is the only country with over 30 years of data and information about the economic benefits of family planning.

► **Click Forward**

On the left axis we have the average number of births per woman, which we call the fertility rate, and it goes from zero up to about 6 children per woman.

► **Click Forward**

On the bottom axis we have the Gross National Income per person, or GNI. This is in U.S. dollars, and it is standardized for what a dollar can buy today in the country. And GNI may be higher than the GDP because it also accounts for income received from outside the country. On this bottom axis, we go from \$0 over to \$3,000.

► **Click Forward**

So this blue bubble here represents Bangladesh, and in 1980, the fertility rate, or average number of births per woman, in Bangladesh was 5.5 — very similar to the fertility levels we see across sub-Saharan Africa today. The gross national income per person was only US\$280.

So let's move forward in time...

► **Click Forward**

In 1983 Bangladesh expanded its community distribution program to more rural areas, and you can see that fertility is dropping dramatically.

And then in the 1990s, Bangladesh focused on integrating services for both population and health. But you see that right around 3 children per woman, the gross national income per person starts to really increase.

And now, in 2008, Bangladesh has less than 3 children per woman and the national income per person is US\$1,460. This means that while the average family in Bangladesh today has two or three children fewer than their parents' generation, that family has **five times** the purchasing power. These changes in income at the family level are really quite dramatic.

► **Click Forward**

Researchers in Bangladesh have studied family planning use and impacts such as this for the last 30 years. They have been able to show that family planning not only helps couples to achieve their desired family size and spacing...

► **Click Forward**

...it also **directly** contributes to improved economic security for families and communities through larger incomes, greater accumulation of wealth, and higher levels of education.

In fact, this same pattern can be observed around the world.

► **Click Forward**

We're going back to our trend graph, and this time we have all the countries of the world on our graph, and each bubble represents a country.

► **Click Forward**

On the left axis we still have the average number of births per woman, and now it ranges from zero up to about 8.5.

► **Click Forward**

On the bottom we still have the Gross National Income per person, ranging from \$0 over to about US\$40,000.

The color of each bubble indicates the region.

► **Click Forward**

Starting with the red, we have East Asia and the Pacific...

► **Click Forward**

Orange is Central Asia and Europe...

► **Click Forward**

Yellow is for North and South America...

► **Click Forward**

Green is the Middle East and North Africa...

► **Click Forward**

the Light Blue is for South Asia...

► **Click Forward**

And the Dark Blue is for sub-Saharan Africa.

The size of each bubble represents the population size of that country—so the bigger bubbles have bigger populations.

► **Click Forward**

Now, through the middle here you can see a trend—as the average births per woman decreases, the income per person increases. And we also see some outliers from this trend—like these green Middle Eastern and North African (MENA) countries. This group includes some of those oil-rich countries...

► **Click Forward**

...like Saudi Arabia and the United Arab Emirates.

► **Click Forward**

And over here, this big red bubble is China. China has the largest population in 1980, but also one of the lowest levels of income per person.

► **Click Forward**

And we also see that in 1980, the dark blue sub-Saharan African countries are clustered toward the back of this trend—with higher levels of fertility, and lower levels of income.

Of course, there are some African countries that are exceptions...

► **Click Forward**

...like South Africa and Gabon.

► **Click Forward**

So let's look at what has happened since 1980.... As the years pass by you can see that as fertility is decreasing in countries throughout the world, income per person is increasing.

When we come to 2008, we see that all the countries of the world have moved toward that bottom, right corner.

► **Click Forward**

We see that China made really significant progress in improving the economy. But fertility in China is also very low—fewer than two children per woman. This allows for a very large workforce with a smaller youth population to support with social services like education and health.

► **Click Forward**

The same is true for India, this big light blue bubble.

► **Click Forward**

You can see that some of those Asian Tiger countries we hear so much about, like South

Korea and Singapore, have made major increases in income per person; but they also have very low fertility rates—close to ONE child per woman—again allowing for very large workforces in relation to the overall population size.

► **Click Forward**

And we see that the sub-Saharan African countries, while they've certainly made a lot of progress, are still clustered toward the back of this pack.

► **Click Forward**

So we're going to go back to the beginning of our trend graph and look at several countries in East Africa. We also decided to include some English-speaking countries in West Africa, such as Ghana and Nigeria, as well as some southern African countries, like Zambia. We can see these countries have lower levels of income and higher levels of fertility, between 6.5 and 8.5 children per woman.

Let's take a look at the progress these countries have made over time. And keep in mind that as time passes, new countries will appear on the trend graph.

► **Click Forward**

Once again, you can see that as fertility decreases in these particular African countries, income per person is increasing.

In 2008, we see that these countries have a lower total fertility rate, between 4 and 6.5 children per woman. At the same time, we can also see that all of the countries have higher levels of income. In fact, Nigeria, Ghana, and Kenya have a gross national income per person of over \$1,500. But family planning use still lags behind in these countries compared to other regions of the world.

One of the reasons why the countries in the bottom right corner have been able to make so much economic progress is that women started having fewer children. This set the stage for the country to better manage its population growth and reduce constraints on economic growth. When families are able to achieve their desired family size, they accumulate greater wealth over their lifetime. This allows them to contribute more to the economy, and invest in the development of the country.

However, this kind of progress is not automatic. The association between family planning and economic growth is further enhanced by the following additional investments:

► **Click Forward**

- Strengthening health systems to improve child survival and to support a healthier population;

► **Click Forward**

- Improving primary and secondary school completion rates, so that children have the knowledge and abilities to build a skilled workforce; and,

► Click Forward

- Stabilizing economic conditions to create more jobs and make sure that there are economic opportunities for a growing workforce.

► Click Forward

In today's financially strapped environment, family planning is a best buy for families, communities, and nations.

The improvements to economic development and poverty reduction can be achieved in a short time, *starting with families today*. Investing in family planning will help to achieve all of the Millennium Development Goals, and especially Goal Number One of reducing extreme poverty. There are actions that **you** can take to make this happen.

► Click Forward

1. Top political leaders must advocate for the inclusion of family planning as a key component of all relevant development programs, such as poverty reduction strategy papers and programs aimed at achieving the MDGS.

► Click Forward

2. Political leaders must also allocate sufficient funds for family planning in annual budgets at the national, sub-national, and district levels.

► Click Forward

3. Health sector leaders should partner with policymakers to issue policies integrating family planning into relevant health services, as well as ensure that services are available at all levels of health care.

► Click Forward

4. Leaders at all levels, in all sectors, should support slower population growth and issue public statements supportive of family planning to mobilize political and popular support.

► Click Forward

5. And religious and civic leaders should speak out about the health and economic benefits of family planning.

► Click Forward

Through simple, effective interventions like family planning, countries can:

- Have healthier families.
- Reduce poverty at the household level.
- And spur economic growth throughout the country.

As the cycle of poverty is broken, the cycle of opportunity begins for each family... moving sub-Saharan Africa forward, achieving health and development goals and emerging as competitive nations in a global economy.

Using Handouts

CREATING A CUSTOMIZED DATAFINDER HANDOUT

DataFinder is a database created by PRB that provides data for hundreds of variables around the world, located at www.prb.org/datafinder.aspx. Using DataFinder, you can create customized tables, charts, graphs, and maps that include information about different countries, regions, or variables.

DataFinder allows you to:

- Search hundreds of indicators for hundreds of countries around the world.
- Create custom reports, charts, and maps.
- Download, print, and share.
- Compare a wide array of countries, and display the results as a map, ranking table, or bar chart.

To create a profile:

- Select the type of international or U.S. place for your profile.
- Select a place to appear in the locations box (you can select as many places as you wish).
- Then select available topics/indicators from the list that you want the profile to display.
- The resulting profile shows indicator results for the countries selected.
- The table shows the number of people in each racial and ethnic category.

To create a ranking report:

- Select a topic.
- DataFinder generates a ranking report for each country.
- To switch geographies, click Edit Places or change the report by clicking Edit Filters and Sorting.

To create horizontal bar charts:

- From the ranking report, switch to a horizontal bar chart with one click.
- Customize the chart using report options or switch to another chart format.

To create stacked bar charts:

- Using the stacked bar chart option, you can easily make comparisons between different countries in the world.
- To change the chart, just click Edit Places or Edit Filter and Sorting.

USING THE KEY MESSAGES HANDOUT

The Key Messages handout includes 10 visual “snapshots” from the ENGAGE Presentation. These snapshots are considered the most important key messages from the presentation and include relevant graphics and images. The handout is intended to be succinct, serving as a good visual aid for the presentation as well as a readable document.

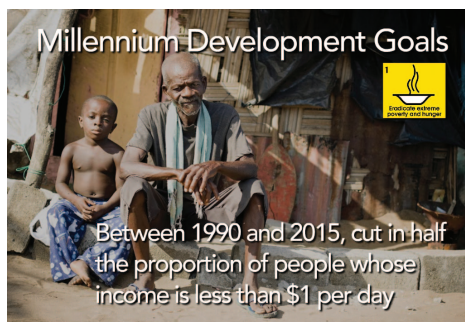
It is recommended that you give the handout AFTER the presentation to encourage the audience to listen to you and focus on the presentation in front of them. Be sure to tell the audience at the beginning of the presentation that they do not need to write down everything you say and that at the end of the presentation, they will receive a handout of what has been discussed.

The Key Messages handout is shown on the following three pages.

Family Planning: Pathway to Poverty Reduction

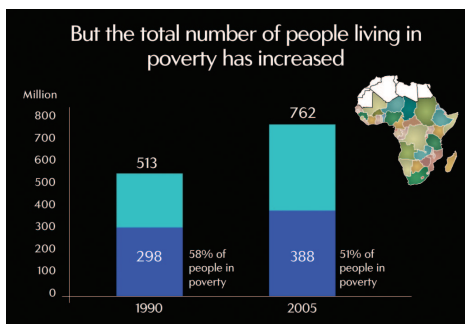


The nations of sub-Saharan Africa have seen some remarkable changes over the last few decades with improvements in health, education, and the economy.

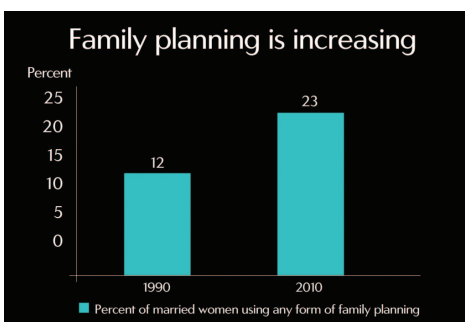


To stay on this course, UN member nations have agreed to the Millennium Development Goals, a set of global commitments designed to help countries reduce poverty and achieve their development potential.

Goal number one is to eradicate extreme poverty, and specifically, to cut in half the proportion of people whose income is less than \$1 per day.¹



Between 1990 and 2005, the proportion of people living in extreme poverty in sub-Saharan Africa dropped from 58 percent to 51 percent.² This decline is a great achievement for the continent. However, due to population growth, the total number of people living in poverty in sub-Saharan Africa has actually increased by 90 million.

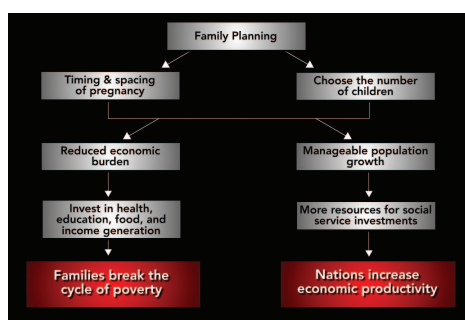


Throughout sub-Saharan Africa, there has been a substantial increase in family planning use in the last 20 years. Between 1990 and 2010, the proportion of married women using any form of family planning nearly doubled, from 12 percent to 23 percent.³



Despite this progress, sub-Saharan Africa still has the highest regional fertility rate in the world, averaging more than 5 births per woman.⁴

At the same time, 22 percent of married women in sub-Saharan Africa have an unmet need for family planning, meaning that they want to delay their next birth or not have any more children, but are not using any form of family planning.⁵



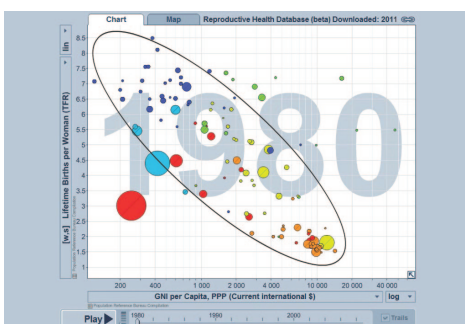
Family planning leads to poverty reduction and economic growth *both* at the family level and at the national level.⁶



Bangladesh is a unique case study because it is the only country with over 30 years of data about the economic benefits of family planning.

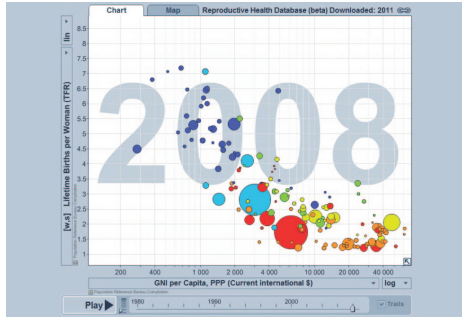
Researchers have been able to show that family planning not only helps couples to achieve their desired family size and spacing but it also directly contributes to improved economic security for families and communities.⁷

This same pattern can be observed around the world.



Looking at the Trendalyzer graph for 1980, we can see that as the average births per woman decreases, the income per person increases.

The dark blue sub-Saharan African countries are clustered toward the back of this trend—with higher levels of fertility and lower levels of income.



By 2008, all the countries of the world have moved toward that bottom, right corner. These countries have lower levels of fertility, and higher levels of income.

While the countries in sub-Saharan Africa have made a lot of progress, they are still clustered toward the back of this pack.

One of the reasons why the countries in the bottom right corner have been able to make so much economic progress is that women started having fewer children.



In today's financially strapped environment, family planning is a best buy for families, communities, and nations.⁸

The improvements to economic development and poverty reduction can be achieved in a short time, starting with families today.

Investing in family planning will help to achieve all of the Millennium Development Goals, and especially Goal Number One of reducing extreme poverty.

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Discussion Guide

After giving the ENGAGE presentation, you may have the opportunity to engage the audience in a discussion. Some discussion guide questions are listed below:

DISCUSSION ABOUT THE PRESENTATION

1. Were you aware of the link between family planning and economic development? What did you learn today about this relationship?

DISCUSSION ABOUT FAMILY PLANNING

2. Many people have diverse views about family planning. Has this presentation affected the way that you think about the issue? Did you learn anything that makes you think differently about family planning based on how it can contribute to economic development?
3. Why is it that some couples/men/women do not use family planning or contraception?
4. How does family planning make a difference for: (a) families, (b) communities, and (c) nations?
5. Family planning use has increased in sub-Saharan Africa, but many women still have an unmet need for family planning. Why do you think there such a high unmet need for family planning?

DISCUSSION ABOUT POVERTY REDUCTION

6. Is access to family planning an issue for economic development? How? Why?
7. What else can be done to reduce poverty in African nations?
8. To what extent is access to family planning related to a person's socioeconomic status? (By socioeconomic status, we mean how educated a person is and if they are poor or not.) Do you think that different groups of women are more or less affected by the lack of access to contraception?

DISCUSSION ABOUT RECOMMENDATIONS

9. What can we do to increase funding for family planning (training service providers, providing contraception, etc.)?
10. There were several actions that we asked people to take at the end of the presentation. In addition to those actions, what else do you think you can do, in your personal life or in your job, to address family planning? (Encourage people to be very specific and feasible in the actions they suggest.)

FAQs

Often, audience members have questions about the presentation. Some of these questions may be specific to the actual presentation (data, pictures, figures, sources of information), while other questions may be related to the content of the presentation. Below are some frequently asked questions and scripted answers.

Questions About the Presentation

Q. How accurate are your data?

A. The data that we have shared in this presentation are the most accurate that anybody has about family planning and GNI per capita for the world. The data on family planning comes from the most recent Demographic and Health surveys, Multiple Indicator Cluster Surveys (MICS), UNICEF's ChildInfo database, as well as other recent research studies. GNI per capita data comes from The World Bank's World Development Indicators (WDI) database.

Q. Have the people in the photographs and videos in your presentation given their consent?

A. We have the legal right to use every photograph and video that was included in this presentation.

Q. Why are you using Bangladesh as a country example?

A. Bangladesh is a unique case study as it is the only country in the world to have data for over 30 years showing the relationship between family planning and economic security for families. The Matlab Family Planning and Maternal and Child Health (FPMCH) program provides evidence that long-term investment in family planning helps to reduce poverty. Similar to some African countries, at the start of the program, fertility rates were high and health facilities were poor or unavailable. However, 20 years after the FPMCH services began in 1974, families who lived in the program villages were more prosperous. The Matlab experience shows that when a range of family planning methods are easy to obtain, many poor women choose to have fewer children. And with smaller families, women are better positioned to earn higher salaries and accumulate greater wealth over their lifetime.

Q. You discussed family planning a lot in this presentation, but you didn't describe anything about family planning. What are the choices for family planning or contraception?

A. There are a wide range of contraceptive methods available for both men and women depending on the reproductive needs of each individual. Some methods are more effective than others. Methods such as withdrawal and spermicides have the lowest level of effectiveness while longer-acting or permanent methods such as implants, IUDs, female sterilization, and vasectomy are more effective. Some methods only work one time, such as male condoms or female condoms; while others may last longer but are not permanent, such as injectables, oral contraceptive pills, hormonal patches, and the vaginal ring. Additionally, there are Fertility Awareness Methods such as the Standard Days Method, Basal Body Temperature, and the TwoDay Method. These methods require partners' cooperation as couples must be committed to abstaining or using another method on fertile days. These methods have no side effects or health risks. And finally, there is the Lactational Amenorrhea Method, which is a method based on breastfeeding that provides pregnancy protection for the mother and nutrition for the baby during the first six months after childbirth.

Q. Why do you focus so much on family planning, when there are so many other, more important, issues to be addressed? Why do you focus on family planning when the real problem is [education/poor governance/poverty and access to health care/women's empowerment]?

A. Yes, I agree that there are many important issues that face African nations (us) as we work to reduce poverty. And some may be more important than family planning. But that does not diminish the fact that family planning is a cost-effective, proven strategy to improve economic security for families and communities. Ideally, we could address all of these issues together. But this presentation is about raising awareness of the importance of family planning to support economic development and poverty reduction efforts and some steps we can take to start to address this issue.

QUESTIONS ABOUT FAMILY PLANNING

Q. Are there any negative side effects of family planning methods?

A. Some contraceptive methods have known side effects that may affect one family planning user while not affecting another, and all side effects are manageable. Side effects such as irregular bleeding, headaches, dizziness, nausea, breast tenderness, weight change, mood change, and delay in returned fertility once the individual stops using the method are common with hormonal methods. These side effects are not life threatening and can be addressed by the medical provider. Usually, if the side effects are bothering the client, the provider will switch the contraceptive method to something more suitable. Clients need to be informed of possible side effects and how to manage them when receiving family planning counseling, as it may be more harmful to stop using a method because of the side effects and become pregnant again than continuing to use the method and visiting the nearest provider to address the side effects.

Q. Some people say [family planning/small family size] is just some Western idea being forced onto African nations by outsiders. What do you think about this statement?

A. Women from all countries have a mind and a will of their own. They don't need the West to teach them what they need. The data in the presentation shows that 22% of married women in sub-Saharan Africa have an unmet need for family planning, meaning that they want to delay their next birth or not have any more children but are not using any form of family planning. Unmet need for contraception can lead to unintended pregnancies, which pose risks for women, their families, and societies, and in turn can harm economic growth and development for many African nations. The Maputo Protocol, developed by African countries through the African Union, supports Article 14: Health and Reproductive Rights, which states that "parties shall ensure that the right to health for women, including sexual and reproductive health is respected and promoted which includes: the right for women to control their fertility, the right for women to decide whether to have children, the number of children and the spacing of children; the right to choose any method of contraception; the right to family planning education and the right to adequate, affordable and accessible health services including information, education and communication programs to women, especially in rural areas."

Q. Some people say that family planning is an instrument of population control to keep poor people from having too many children. What do you think about this statement?

A. We are against population control, and we oppose coercion in reproductive health matters. We want to reduce the number of unwanted pregnancies, since more than one-half of unintended pregnancies result in abortion, and nearly half of all abortions are performed in an unsafe or unhygienic way, possibly resulting in injury and death. In addition, family planning is one strategy to help reduce poverty while strengthening communities rather than keeping people in poverty and limiting the number of children born into poverty.

Q. If family planning is available, won't it just encourage promiscuity? Won't it encourage youth to have sex before marriage?

A. It is not uncommon for many societies to disapprove of premarital sex and to consider reproductive health education and services inappropriate and unnecessary for young people. However, with almost half of the world's population under age 25, investments in young people are vital to achieve the Millennium Development Goals and improve social and economic outcomes. These investments include family planning and reproductive health services so young people can avoid unintended pregnancy, protect themselves from HIV and sexually transmitted infections (STIs), and avoid reproductive health complications that often result in death. When effective youth-friendly policies exist and are implemented, young women and men can make a healthy transition into adulthood and enjoy full participation in public life. Ultimately, if we want to give young people a good, healthy start on their lives, their right to reproductive health and family planning information and services is essential.

QUESTIONS ABOUT FAMILY PLANNING AND SUB-SAHARAN AFRICA

Q. Some people say that African women want to have large families. Do many African women want to limit the number of children they have?

A. I believe that each woman can make her own decision about future pregnancies. Being African does not automatically mean that a woman wants many children. The data that we shared during this presentation show that African women want to use family planning but lack access to contraceptive methods. We believe that African women want to make the best decision about each pregnancy for themselves and for their families, and that sometimes that decision is to use family planning to either space or limit the number of children they have. By reducing barriers to family planning, we can ensure that women who want access to family planning are not being denied the right to choose what is best for them and their family.

Q. In many villages in Africa, children continue to die from [malaria/infectious diseases/malnutrition]. Is it still important to invest in family planning when there is no guarantee our children will survive?

A. I agree that malaria, infectious diseases, diarrhea, and malnutrition remain major threats to child survival. However, family planning can actually help countries improve child survival rates and child health. Family planning empowers women and families to make healthy decisions about when to have children, how to space their children, and how many children to have. Family planning can reduce the number of births that occur less than two years apart as well as reduce births among very young and older women whose children are at greater risk for reproductive health complications. For example, if women spaced their births at least 36 months apart, almost 3 million deaths to children under age 5 could be averted. At the same time, families with fewer children are better able to invest in the health and education of each child and contribute to the family's income.

Q. We see messages all the time about HIV and AIDS—how the disease is destroying our families and nations. Will family planning limit our population in the face of the HIV/AIDS epidemic?

A. According to UNAIDS, in sub-Saharan Africa, where the majority of new HIV infections continue to occur, an estimated 1.8 million people became infected in 2009, considerably lower than the estimated 2.2 million in 2001. This trend reflects a combination of factors, including prevention efforts and the natural course of HIV epidemics. While HIV/AIDS is still prevalent throughout much of sub-Saharan Africa, access to life-saving drugs has dramatically increased over the years and more people are now living with HIV for longer periods of time. In fact, there is a strong demand for family planning methods for HIV-positive women in many countries in Africa as they are living healthy, productive lives and may wish to prevent future pregnancies. While there are still high levels of mortality due to disease in sub-Saharan Africa, people are living and surviving longer than ever before, including children under 5 years of age, which means access to family planning services is important to continue to build healthy families and communities.

QUESTIONS ABOUT FAMILY PLANNING POLICIES AND INTERVENTIONS

Q. How can we realistically make family planning a part of these large, national economic development/poverty reduction programs when there are so many competing agendas?

A. Family planning is a powerful tool in combating poverty. Family planning programs create conditions that enable women to enter the labor force and families to devote more resources to each child, thereby improving family nutrition, education levels and living standards. Slower population growth cuts the cost of social services and demand eases for water, food, education, health care, housing, transportation, and jobs. Effective family planning programs targeted to meet the needs of poor populations can reduce the fertility gap between rich and poor people, and make a powerful contribution to poverty reduction and the achievement of the Millennium Development Goals.

Q. How can we make sure there is a sufficient budget to ensure all men and all women have access to family planning?

A. In the face of the global economic crisis, it may seem difficult to increase national budgets for family planning. However, the quality and availability of reproductive health services benefits from strong health systems and financing mechanisms. Using evidence-based research to advocate for increased resource allocation from the government and donors can help ensure funding for family planning is targeted and used efficiently. Also, integrating family planning into other key health services, such as maternal and child health and HIV/AIDS, can increase national funding streams for family planning commodities and services. In addition, budgeting for family planning and reproductive health services requires a long-term perspective since using family planning services is not a one-time event for individuals and couples but a need that lasts throughout an individual's reproductive life. Finally, advocates and policymakers who articulate support for family planning can help put family planning on the national agenda and increase budget support for such services. With greater involvement of NGOs and the private sector, countries can better provide family planning services to all men and women.

Q. Access is not the only problem. How do we change norms about using family planning?

A. Changing norms around family planning takes time, but it is not impossible. To change norms around family planning, we must first look at issues around gender. In many societies in sub-Saharan Africa, women do not have the power to make decisions about their reproductive health choices. Programs must work with men and family decisionmakers, such as mothers-in-law, to educate them on the economic, health, and social benefits of family planning. In addition, service providers and community-based institutions need to be provided a space to reflect on their own biases around family planning. Community health workers need training beyond knowledge of family planning methods but also on how to challenge and address social barriers to family planning. Family planning interventions must overcome the common exclusion of men, youth, people living with HIV/AIDS, and single women and men. Traditional and community leaders must be included in family planning discussions and, wherever possible, be encouraged to challenge community norms.

Q. How can we change policies to improve community-based family planning?

A. Community-based family planning (CBFP) brings family planning information and methods to women and men in the communities where they live. CBFP helps increase family planning use in communities located in areas where family planning services are not available. In most cases, community-based family planning strategies depend on community health workers to deliver services. Recently, a handful of African nations developed policies allowing community health workers to administer Depo-Provera, an injectable contraceptive that is one of the most desired methods in sub-Saharan Africa. In the countries that changed their policies, the contraceptive prevalence rate skyrocketed as access was no longer an issue in many communities. In the majority of cases, the policy did not change overnight. In fact, in Uganda it took years, even after researchers and advocates repeatedly shared positive evidence with the Ugandan government.

In other countries, such as Madagascar, after reviewing the evidence from a handful of pilot studies, it didn't take long for the Ministry of Health/Family Planning (MOHFP) to change the policy. The key is building a coalition of supporters who will advocate for such policy change and working together to build the evidence. The evidence must be strong and you may have to share the results of a number of studies before the policy is changed, but persistence will pay off.

Q. Some religious leaders do not support family planning use. What can I do to change attitudes among religious leaders about family planning?

A. Throughout the world, religious leaders are looked to for guidance and advice on all aspects of life. Access to family planning is not just about child spacing but about maintaining optimal health in all issues related to women's and men's reproductive health. In many religious communities, people are faced with reproductive health challenges such as the illness and death of women during childbirth; health problems associated with pregnancies that are too early in life or too close together; violence against women; and sexually transmitted infections, including HIV/AIDS. When hoping to win the support of a religious leader, it is helpful to frame the issues within the values, beliefs, and directives of the religion you are addressing. While one religious leader may not support family planning, I suggest you look within your community and you will find a number that do. Work with them to create messages that show where, in the Qur'an or the Bible, child spacing is supported and promoted for the health of the mother and child. It is important for programs to partner with these "champions" to design messages and community outreach strategies that support family planning and can be shared and disseminated during religious services.

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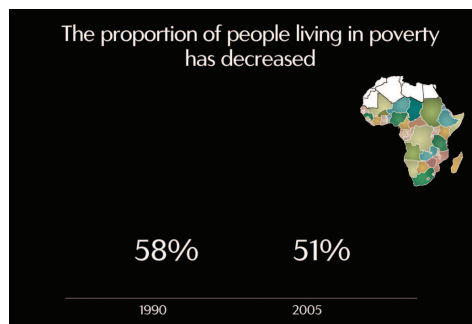
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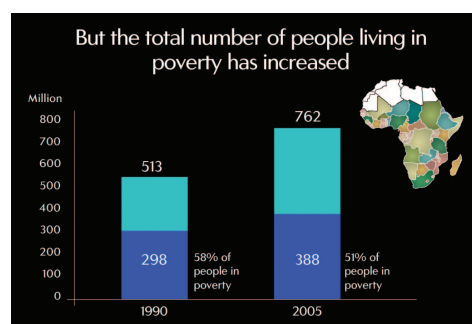
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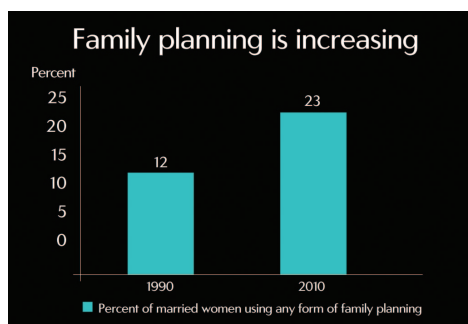
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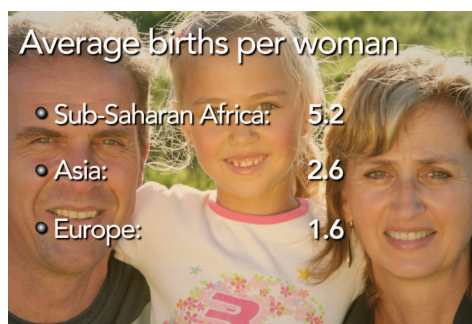
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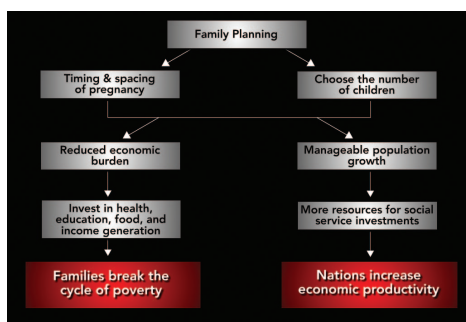
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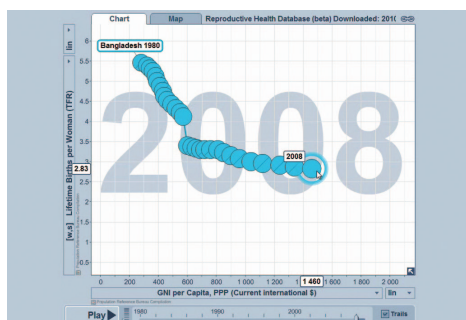


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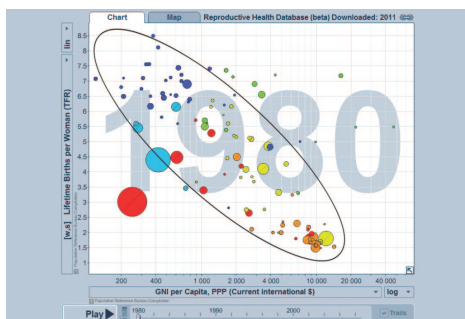
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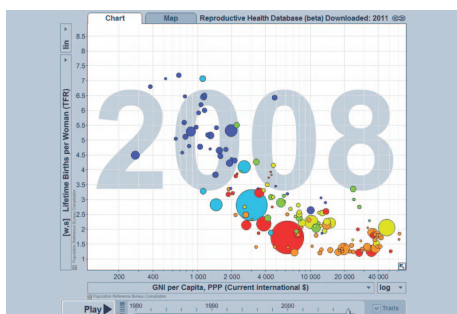
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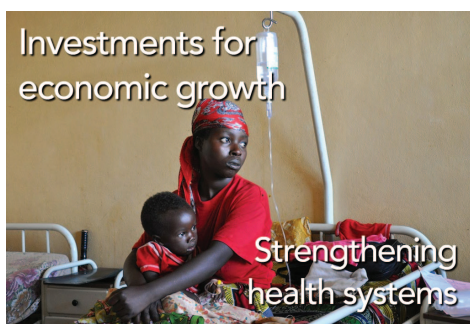
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Additional Resources

FAMILY PLANNING

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Definitions

Family Planning (FP): Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

WHO: www.who.int/topics/family_planning/en/

Under 5 (U5) Child Mortality: Probability of a child born in a specific year or period dying before reaching the age of 5.

WHO: www.who.int/healthinfo/statistics/indunder5mortality/en/

Millennium Development Goals (MDGs): The United Nations Millennium Development Goals are eight goals that all 191 UN member states have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000, commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this declaration, and all have specific targets and indicators.

WHO: www.who.int/topics/millennium_development_goals/en/

Total Fertility Rate (TFR): Total fertility rate represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with current age-specific fertility rates.

World Bank: <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN>

Unmet Need: Women with unmet need for spacing births are those who are able to become pregnant and sexually active but are not using any method of contraception, and report wanting to delay the next child or limit their number of births. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior.

Millennium Development Goals Indicators, United Nations Statistics Division:

<http://unstats.un.org/unsd/mdg/Metadata.aspx?IndicatorId=0&SeriesId=777>

Timing and Spacing of Pregnancy, Birth Spacing, Child Spacing: Timing and spacing of pregnancies, also called birth spacing or child spacing, is the time between the previous birth and the next pregnancy. Intervals less than 24 months can cause harm to the health and survival of the mother and child.

V. Setty-Venugopal and U.D. Upadhyay, "Birth Spacing: Three to Five Saves Lives," *Population Reports Series L*, no. 13 (Baltimore: Johns Hopkins Bloomberg School of Public Health, Population Information Program, Summer 2002).

Economic Burden: The financial cost of having children.

U.S. National Library of Medicine, National Institutes of Health: Health Economics Information Resources: A Self-Study Course: www.nlm.nih.gov/nichsr/edu/healthecon/glossary.html#Cost_of_illness

Economic Infrastructure: Economic infrastructure includes physical facilities such as roads, rail, ports, airports, reservoirs, reticulated water, sewerage, levees, drainage and irrigation facilities, telecommunications, power generation, and electricity and gas distribution.

Australian Government, Department of Infrastructure and Transport: www.infrastructure.gov.au/index.aspx

Gross National Income (GNI): GNI (formerly GNP) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Data are in current U.S. dollars. GNI, calculated in national currency, is usually converted to U.S. dollars at official exchange rates for comparisons across economies, although an alternative rate is used when the official exchange rate is judged to diverge by an exceptionally large margin from the rate actually applied in international transactions.

World Bank: <http://data.worldbank.org/indicator/NY.GNP.ATLS.CD>

Community Distribution Program: A family planning service that brings information and methods to women and men in the communities where they live.

K4H CBFP Toolkit: www.k4health.org/toolkits/communitybasedfp

Integrated Health Services: The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.

WHO, “Making Health Systems Work. Integrated Health Services—What and Why?” *Technical Brief* no. 1 (2008): www.who.int/healthsystems/service_delivery_techbrief1.pdf

Purchasing Power: The ability of consumers to acquire goods and services based on their possession of money and/or their recourse to credit.

GIA Trading Group: www.giagroup.com/terms-of-trade-p.cfm

Economic Security: The condition of having stable income or other resources to support a standard of living now and in the foreseeable future.

U.S. Dept. of Agriculture: www.csrees.usda.gov/nea/economics/fsll/fsll.html

MENA Countries: The Middle East and North Africa is an economically diverse region that includes both the oil-rich economies in the Gulf and countries that are resource-scarce in relation to population. The region’s economic fortunes over much of the past quarter-century have been heavily influenced by two factors: the price of oil and the legacy of economic policies and structures that had emphasized a leading role for the state. The MENA region includes Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Malta, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, West Bank and Gaza, and Yemen.

The World Bank: <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/MENAEXT/0,,menuPK:247619~pagePK:146748~piPK:146812~theSitePK:256299,00.html>

Asian Tiger Countries: The Four Asian Tigers are the highly developed economies of Hong Kong, Singapore, South Korea, and Taiwan. These regions were the first newly industrialized countries, noted for maintaining exceptionally high growth rates and rapid industrialization between the early 1960s and 1990s. In the 21st century, all four regions have since graduated into advanced economies and high-income economies.

Afrol News: www.afrol.com/articles/22953

Global Economy: An integrated world economy with unrestricted and free movement of goods, services, and labor transnationally.

Economy Watch: www.economywatch.com/world_economy/world-economic-indicators/global-economy/define-global-economy.html

