

FAMILY PLANNING AND GENDER EQUALITY: PARTNERS IN DEVELOPMENT

PRESENTATION GUIDE



AN **ENGAGE** PRESENTATION

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Presentation Guide

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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)	9
PRESENTATION INSTRUCTIONS (WITH VOICEOVER).....	10
PRESENTATION TIPS	11
PRESENTATION SCRIPT	13
USING HANDOUTS	20
DISCUSSION GUIDE	26
FAQS	28
PRESENTATION REFERENCES	33
ADDITIONAL RESOURCES	38
DEFINITIONS	40

Introduction

This guide provides an overview of how to effectively use and present *Family Planning and Gender Equality: Partners in Development*, 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, gender, and reproductive health fields.

After reading this guide, you will be able to:

- Identify opportunities to present *Family Planning and Gender Equality: Partners in Development* to various audiences.
- Access and use different versions of the presentation, including the voiceover version of the presentation and the self-narrated (live) version of 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 the roles of family planning and gender equality in achieving development goals and, ultimately, to reposition family planning as a priority on 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, 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 critical role of family planning and gender equality in achieving development goals. 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 and gender equality contribute to improved development outcomes at the family, community, and national level.
- Highlight girls' secondary education and male involvement in family planning as two key strategies to promote gender equality and family planning.
- Learn from success stories in other countries related to fertility and girls' education using *Trendalyzer*.
- Foster discussion among audience members about the needs for increased investment in family planning and gender equality and for the key strategies of increasing girls' secondary education and promoting male involvement in family planning.

Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in family planning and gender equality at all levels—in academic, policy, and community settings. The target audiences 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 designed to be used in a variety of settings or environments, especially as we approach 2015, when attention will be focused on whether countries have reached the Millennium Development Goals. Some ideas to reach different audiences with the presentation are listed below

Policymakers

- Educating policymakers about the importance of investing in family planning and gender equality to reach development goals, especially at the national level.
- Demonstrating the simple and effective strategies of increasing girls' secondary education and male involvement in family planning.

Family Planning and/or Gender Equality Advocates

- Educating advocates about the mutually reinforcing relationship of family planning and gender equality, and the role of both in achieving development goals so they can better inform high-level policymakers.
- Reaching individuals who attend community health days, conferences, or stakeholder meetings with information about family planning and gender equality.
- Highlighting strategies that work with both men and women to increase gender equality and family planning.

Civic and Religious Leaders

- Educating civic and religious leaders about the importance of investing in women and girls to produce beneficial health and development impacts 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 family planning, gender equality, and development goals, 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 and gender equality.

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 display a 1024 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.

We recommend that you practice giving the presentation with the equipment (computer, projector, screen) you intend to use for the event, so that you are comfortable with the equipment and can make sure that it works correctly.

Available Versions of the Presentation

The presentation is available in two formats which both require Adobe Flash software.

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 section “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 or as a download from www.prb.org.
2. A 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 page for this presentation (www.prb.org/Journalists/ENGAGEPresentations.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 or as a download from www.prb.org.

We recommend 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 this ENGAGE presentation. Discussion and subsequent activities can require 30 minutes or more depending on the setting.

TO OPEN THE PRESENTATION

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

TO MOVE THROUGH THE PRESENTATION

- You can click forward and backward through the presentation in two ways: using the forward and backward arrows on your keyboard; or, pointing your mouse to the forward and backward double-arrows in the gray bottom bar of the presentation. You might find it easier to move through the presentation using the keyboard arrows because you won’t have to worry about pointing your mouse to the correct location on screen.
 - 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 to the previous slide. If the previous slide included any animation, the back arrow takes you to the beginning of the slide.
- All of the animation, including *Trendalyzer* screens, are prerecorded and are not interactive. Each segment of the *Trendalyzer* scenario plays with a “click.”
- If you click twice by accident, you will skip to the next piece in the sequence. If this happens, the slide will not match what you are saying. Be careful!
- Every screen in the presentation is numbered, starting with 1. These numbers correspond to the script. Some individual “screens” contain animation, and therefore change as they play.

TO DISPLAY THE PRESENTATION CORRECTLY

- 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 an option to adjust 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.

USING THE PRESENTATION AND SCRIPT TOGETHER

- The presentation script contains all the necessary narration for the presentation, along with instructions every time you need to click forward one slide.
- Every time the script says “Click Forward,” click the forward arrow of your keyboard to advance the presentation by one screen. Every click in the presentation is included in the script along with a number. The number corresponds to the lower left corner of the screen, and the script that follows is the narration for that screen.

Presentation Instructions (With Voiceover)

STREAMING AND/OR DOWNLOADING FROM THE PRB WEBSITE

- Go to the PRB website page for this presentation: www.prb.org/Journalists/ENGAGEPresentations.aspx.
- Click the link to the presentation with the narration. The presentation will start to stream on your computer/laptop from the PRB website. It will play like a video.
- To download the presentation to your computer, right-click on the link with your mouse and select Save Target As... to save the file where you want it.

CD-ROM

- Open the CD-ROM file on your computer or laptop. Double click on the video file. The end of the file name will be ".mp4."
- Resize the window. The window may open in a small size, off-center on your computer screen. You can resize the window by dragging the top bar or dragging the corners to be smaller or larger. Enter full-screen by pressing Control + F on your keyboard.
- 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. ENGAGE presentations:

1. Have a storyline that weaves throughout the presentation. The ENGAGE presentations share more of a “story” than is usual with PowerPoint presentations.
2. Give people a different perspective on the same data or messages.
3. Mix different media formats to help tell the story: *Trendalyzer*, Flash animation, videos, etc., so there are fewer words on the slides in some cases.
4. Require starting with a script and practicing to feel comfortable telling the story and making the transition between slides.
5. Include complex, animated graphs that need careful explanation to help the audience grasp what they are seeing.
6. Emphasize positive news when telling a story. Our presentations focus on the positive as well as the challenges in an attempt to engage policymakers with some good news and inspire them to greater commitment.

GENERAL PRESENTATION TIPS

If you are making the presentation in-person, there 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, and/or adapt the script to give it your own personal stamp. If possible, review some of the materials listed in the References section.
- **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. You are encouraged to adapt the script and state key messages in ways that you feel comfortable, using your natural voice (meaning both tone and intonation as well as word choices and phrasing). 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 your colleagues) and receiving feedback will help you become more comfortable with the presentation and improve your delivery. 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 a *Trendalyzer* graph. Even though the *Trendalyzer* scenarios are built-in to 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 on the screen. If you follow the script provided, the necessary description for *Trendalyzer* scenarios is already written.

If you choose to modify the script or deliver the presentation without notes, there are some elements of describing *Trendalyzer* that you will need to remember. 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. Point out the axes one at a time, naming and defining the indicator being shown, and defining the scale of the axis. Be sure to point out both the left/vertical axis, and the bottom/horizontal axis.
3. Note the year at the beginning of the scenario, and describe where the countries lie in that year according to the indicators on the graph.
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 going up.
5. Once the bubble(s) have stopped, briefly state what has happened over time.

Presentation Script

Press Control + F to launch the presentation in full screen.

Slide 1

Family planning and gender equality: Partners in development.

→ Click Forward 2

Throughout sub-Saharan Africa, men and women are changing the course of their countries. There are countless instances of this happening; in our story, we'll call them Mirembe and Ochieng. When Mirembe and Ochieng were ready to get married, they formed a vision for their family; they decided together to use family planning and to give their children opportunities that they themselves never had.

Through her 20s, Mirembe gave birth to three healthy children. They were delivered safely in health facilities, and received all of their immunizations on time. Now, all three children are attending school, and forming hopes and dreams for their lives.

As their children have grown, Mirembe has had time to work outside of the home and contribute income to the family. Mirembe is able to act on her own decisions, and pursue her own dreams and aspirations.

Mirembe and Ochieng's vision for their family is coming true. Their family is now healthier and contributing more to the economy and community. For the country, this means that poverty and mortality are declining. Because of family planning and gender equality, development is happening.

→ Click Forward 3

But across sub-Saharan African countries, there is more that needs to be done.

UN member nations have agreed to a set of goals, called the Millennium Development Goals, to make sure that these types of opportunities are expanding.

→ Click Forward 4

An important component of achieving all of these goals is family planning.

→ Click Forward 5

Throughout the countries of 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 couples using any form of family planning nearly doubled, from 12 to 23 percent.

→ Click Forward 6

But right now, almost the same proportion, 22 percent of married couples, 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. So while there are many couples using family planning in sub-Saharan Africa right now, there are also many more who WANT to do so.

→ **Click Forward 7**

A special focus on MDG number 3, to Promote Gender Equality and Empower Women, will help to achieve family planning goals as well as all MDGs.

→ **Click Forward 8**

Gender equality means a balance in the power and privileges, responsibilities, and resources that men and women possess.

→ **Click Forward 9**

Some examples of gender equality include the ability of women and men to make important life decisions, including when to marry and when and how many children to have. It also means that women are free to move about and work outside the home, that they have equal access to opportunities such as education, and that they have equitable representation in leadership positions.

→ **Click Forward 10**

When women are empowered in these ways, they can realize their potential and contribute more fully to their community and country.

→ **Click Forward 11**

Family planning and gender equality go hand-in-hand, because family planning empowers women to make decisions about when and how many children to have ...

→ **Click Forward 12**

...but at the same time, gender equality can lead to increases in family planning use.

→ **Click Forward 13**

With gender equality and family planning, including both modern and traditional methods, 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 14**

This can reduce the economic burden on poor families; 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 15**

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

→ **Click Forward 16**

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

→ **Click Forward 17**

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

→ **Click Forward 18**

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.

→ **Click Forward 19**

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

→ **Click Forward 20**

Together, family planning and gender equality lead to poverty reduction and economic growth both at the family level, and at the national level, making them necessary components of strategies to achieve development goals.

→ **Click Forward 21**

Two important strategies to promote gender equality and family planning are increasing girls' secondary education and increasing male involvement in family planning and health.

→ **Click Forward 22**

In addition to conferring literacy and skills, secondary education lays a groundwork for girls in accessing opportunities throughout their lifetime and in being healthy, empowered, and productive.

→ **Click Forward 23**

Secondary education is critical to starting women on this path to improved health and wealth throughout their lives. And these changes affect not only women, but their families and children.

→ **Click Forward 24**

Research has shown that girls' secondary education leads to reduced risk of HIV, lower risk of poor maternal health and mortality, and decreased infant and child mortality; as well as increases in child immunization rates, improved household nutrition, and greater educational attainment for children.

→ **Click Forward 25**

And in addition to these health outcomes, women with secondary education also access family planning in order to achieve their desired family size and spacing.

→ **Click Forward 26**

This graph shows us the percentage of women using any form of family planning in a few African countries. This is family planning use among women with no education.

→ **Click Forward 27**

Now, in these red bars, we see that family planning use increases among women with primary education. But look at the difference secondary education makes —

→ **Click Forward 28**

—looking at the green bars, we see that family planning use increases even more among the women who have accessed secondary education—to between 40 and 60 percent of those

women. This graph shows us what a difference secondary education makes in empowering women to use family planning. The result is lower fertility as these women are able to plan and space their families.

→ **Click Forward 29**

Let's take a closer look at this by turning to our bubble graph, where we can look at changes and trends over time, and we'll focus on two country success stories. Tunisia and Indonesia show how governments have made investments in gender equality and family health that translated to improvements in education and development over time.

→ **Click Forward 30**

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

→ **Click Forward 31**

On the bottom, we have the percent of girls of secondary school age enrolled in secondary school, ranging from zero to 100 percent.

→ **Click Forward 32**

In 1980, these two countries were very similar to the situation we find in Sub-Saharan Africa today.

→ **Click Forward 33**

In Tunisia, 16 percent of secondary school age girls were enrolled in school, and the average woman had five children. The government had long guaranteed gender equality and education, and was offering free family planning services.

→ **Click Forward 34**

In Indonesia in 1980, things were similar; about 21 percent of girls were enrolled in secondary school, and the fertility rate was between four and five children. The Indonesian government was also supporting family planning, including an extensive community-based distribution program.

→ **Click Forward 35**

So let's play this forward and see what has changed in these two countries in the last few decades.

In Tunisia, the government continued scaling up family planning services, and the commitment to girls' education encouraged later marriage. In 1995, the government issued a policy to increase women's rights within marriage. *(Note: make sure animation is finished before clicking forward.)*

→ **Click Forward 36**

In Indonesia, community based distribution and social marketing of family planning was strong, and in 1990 Islamic religious leaders issued a declaration that family planning had a direct benefit to families. The government has expanded education opportunities, and in 1994 issued a policy to increase basic compulsory education to nine years.

→ **Click Forward 37**

We can see that in a period of about 30 years, these two countries increased girls' secondary school enrollment so that more than two-thirds of girls are enrolled in secondary school, while fertility has dropped to just about 2 children per woman. How did they do it?

→ **Click Forward 38**

Political commitment was instrumental. In both countries, the governments issued policies supportive of gender equality, educational attainment, and family planning, and followed through with commitment to implementing those programs.

→ **Click Forward 39**

But remember that across the countries of sub-Saharan Africa *today*, women are having between 5 and 6 children each and less than 1 out of every 4 girls of secondary school age are enrolled in secondary school. Even fewer will be able to continue to complete their secondary degree. This means that countries are missing out on a powerful resource.

→ **Click Forward 40**

Data show that just one year of secondary education boosts a woman's wages later in life by 15 to 25 percent. In an environment where women can access and use family planning, they can space or limit their births so as to be able to work outside the home, taking advantage of this increased level of income.

And we've seen this happen in other countries.

→ **Click Forward 41**

Data from Bangladesh, where researchers have studied the impact of family planning for more than 20 years, show that women who have access to comprehensive family planning, maternal, and child health services earn higher incomes.

→ **Click Forward 42**

Even when comparing women with the same level of education, those who lived in an area with access to the comprehensive family planning program earned more money—the equivalent of 50 percent more income each year.

→ **Click Forward 43**

Together, the combination of increased education and access to family planning enables women to pursue their aspirations, and makes women powerful contributors to their families and communities.

→ **Click Forward 44**

But changes in society—especially surrounding gender norms—cannot happen by working with half of the population alone.

→ **Click Forward 45**

Men must be engaged to create an environment for gender equality and better health, particularly where family planning is concerned.

→ **Click Forward 46**

Gender equality means men and women sharing equal balance in power and responsibilities. Yet all too often, men hold the power in making family decisions, including choices about family size and contraception, while women alone are given the responsibility for using family planning or childbearing. Engaging men in family planning means...

→ **Click Forward 47**

... sharing the power in making family planning decisions with their wives and partners. It also means encouraging men to share the responsibility for acquiring and using contraception, as well as participating in and supporting maternal and child health care.

→ **Click Forward 48**

Research from around the world indicates that when men are engaged in family planning, and communicate with their wives and partners about using contraception or planning their next child, family planning use increases.

→ **Click Forward 49**

Men who *choose* to be involved in this way promote better family health as couples make choices together about the healthy timing and spacing of pregnancy.

→ **Click Forward 50**

One recent study in more than 250 rural Malawi villages showed that, among men who were given information and encouragement from their peers about using family planning, use of modern methods increased from zero to about 78 percent.

→ **Click Forward 51**

Dialogue about family planning decisions increased among these couples, who made these decisions together.

→ **Click Forward 52**

Given the right opportunities, changes in gender equality and family planning can happen in a short time, improving women's and family health, enabling women's contributions to the country, and building the development potential for the nation.

→ **Click Forward 53**

Right now, you have an opportunity to invest in gender equality, and invest in the potential of today's girls and boys.

Political will is the key to making these opportunities a reality.

→ **Click Forward 54**

Top political leaders should advocate for the inclusion of family planning as a key component of all relevant development programs, such as poverty reduction strategies and programs aimed at achieving the MDGs.

→ **Click Forward 55**

Health sector leaders should work with girls and women, boys and men, to change gender norms about men's and women's roles in sexual and reproductive health and especially around fertility decisions.

→ **Click Forward 56**

All ministries should work together to expand opportunities for girls to attend and complete secondary school.

→ **Click Forward 57**

Leaders at all levels should speak out in support of family planning, women's and girls' empowerment, and engaging men and boys on these important issues.

→ **Click Forward 58**

It is important to work with men and women together to address gender equality and family planning. Increasing gender equality and family planning through girls' secondary schooling and male involvement will help governments make strides in reaching ALL Millennium Development Goals. Because when men and women are powerful partners and in control of their fertility, the impacts are felt throughout society.

→ **Click Forward 59**

Together, family planning and gender equality are partners for development.

→ **Click Forward 60**

If all girls and women were given opportunities for education and empowerment, and if all women and couples could plan and space their families, entire nations would begin to see gender equality benefiting everyone. Countries would realize the full potential and dreams of their women and girls, men and boys, and the promise of better lives for generations to come.

Thank you.

Using Handouts

CREATING A CUSTOMIZED DATAFINDER HANDOUT

DataFinder is a database managed by the Population Reference Bureau that provides data for hundreds of variables around the world, located at www.prb.org/DataFinder.aspx. 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.
- Create custom tables in three easy steps, for countries and world regions.
- Compare a wide array of places for one indicator, and display the results as a customizable map, ranking table, or bar chart.

Using DataFinder, you will be able to create a customized handout to use with this presentation, focusing on key indicators for family planning and gender equality in your own country. Having this data available will help foster discussion about strategies to promote family planning and gender equality in your country after sharing the presentation with an audience.

To create a country profile:

- From www.prb.org, click on DataFinder.
- Under Profiles, select Countries, and then choose the country for your profile.
- From the Highlights page on your selected country, select Change Locations/Indicators in order to choose your own indicators.
- In the box that opens, uncheck Highlights, and then select available topics/indicators from the list that you want the profile to display.
- You can print this country profile as a handout for your presentation event, or use the data to create your own customized handout.

The following suggested indicators from DataFinder relate to the regional data and issues raised in the presentation. Not all indicators may be available for all countries:

- Demographics:
 - Population Mid-2011
 - Total Fertility Rate
 - Women Ages 20-24 Married by Age 18
- Economic:
 - Population Living Below US\$2 per Day
 - Women As % of Nonfarm Wage Earners
- Education:
 - Primary School Completion Rate, by Gender
 - Secondary School Enrollment, Gross, by Gender

- Reproductive Health:
 - Contraceptive Use Among Married Women Ages 15-49, by Method Type
 - Demand for Family Planning Satisfied
 - Distribution of Currently Married Women Not Using Family Planning, by Reason
 - Unmet Need for Family Planning, by Region
 - Use of Modern Contraception Among Married Women, by Income Quintile

You can also use DataFinder to create charts and maps or profiles of multiple countries. Definitions and sources for each indicator are available online.

USING THE KEY MESSAGES HANDOUT

The Key Messages handout is a four-page handout that includes 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.

We recommend that you distribute 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 pages.

Family Planning and Gender Equality: Partners in Development

KEY MESSAGES

Throughout sub-Saharan Africa, men and women are changing the course of their countries.

The characters in our story, Mirembe and Ochieng, formed a vision for their family when they married, and decided together to use family planning in order to give their children more opportunities.

Mirembe and Ochieng's family is now healthier and contributing more to the economy and community. Their story illustrates that because of family planning and gender equality, development is happening.



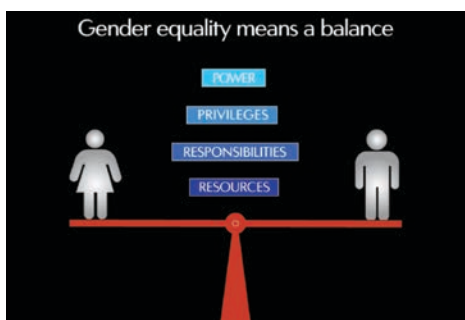
UN member nations have agreed to a set of goals, called the Millennium Development Goals (MDGs), to make sure that these types of opportunities are expanding.

Family planning is an important component of achieving all of these goals.¹



Right now, 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.³

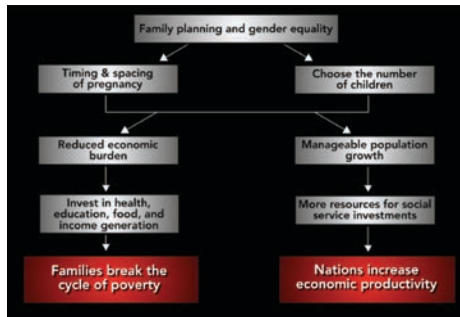
This means that there are many women and couples in sub-Saharan Africa who want to use family planning, but are not right now.



A special focus on Millennium Development Goal number 3, to Promote Gender Equality and Empower Women, will help to achieve family planning goals as well as all MDGs.

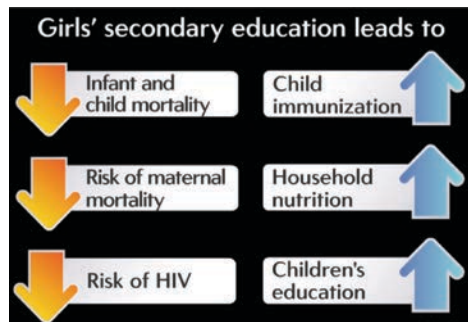
Gender equality means a balance in the power and privileges, responsibilities, and resources that men and women possess.⁴

When women are empowered in these ways, they can realize their potential and contribute more fully to their community and country.



Together, family planning, using both modern and traditional methods, and gender equality lead to poverty reduction and economic growth both at the family level and at the national level.⁵

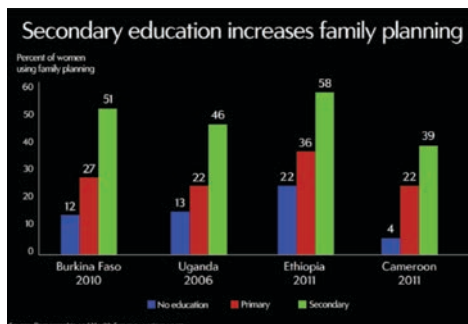
Two important strategies to promote gender equality and family planning are increasing girls' secondary education and increasing male involvement in family planning and health.



Secondary education is critical to starting women on a path to improved health and wealth for themselves, as well as their families and children.

Research has shown that girls' secondary education leads to reduced risk of HIV, risk of maternal ill health and mortality, and infant and child mortality.

Girls' secondary education also leads to increases in child immunization rates, household nutrition, and educational attainment for children.⁶



Women with secondary education also access family planning in order to achieve their desired family size and spacing.

This graph shows us what a difference secondary education makes in empowering women to use family planning.⁷ The result is lower fertility as women are able to plan and space their families.



Tunisia and Indonesia are success stories, demonstrating that government investments in gender equality and family health translate to increased education for girls, fewer children per woman, and improvements in development.

But across the countries of sub-Saharan Africa today, women are having between 5 and 6 children each, and less than 1 out of every 4 girls of secondary school age are enrolled in secondary school.⁸

This means that countries are missing out on a powerful resource.



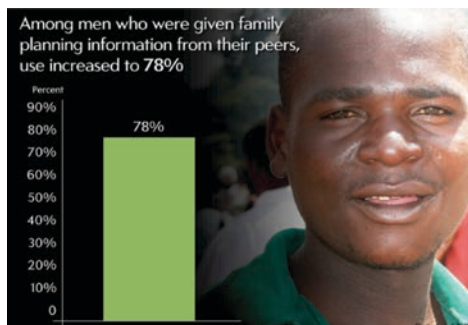
One year of secondary education boosts a woman's wages later in life by 15 to 25 percent.⁹

In an environment where women can access and use family planning, they can space or limit their births so as to be able to work outside the home, taking advantage of this increased level of income.¹⁰



But changes in society cannot happen by working with half of the population alone, and men must be engaged to create an environment for gender equality and better health.

Engaging men in family planning means sharing the power to make family planning decisions with their wives and partners. It also means sharing the responsibility for using contraception, and participating in maternal and child health care.



Research indicates that when men communicate with their wives and partners about planning their next child, family planning use increases.

One recent study in more than 250 rural Malawi villages showed that, among men who were given information and encouragement from their peers about using family planning, use of modern methods increased from zero to about 78 percent.¹¹



Given the right opportunities, changes in gender equality and family planning can happen in a short time, improving women's and family health, enabling women's contributions to the country, and building the development potential for the nation.¹²

Political will is the key to making this a reality.



It is important to work with men and women together to address gender equality and family planning.

Increasing gender equality and family planning through girls' secondary schooling and male involvement will help governments make strides in reaching all Millennium Development Goals.



If all girls and women were given opportunities for education and empowerment, and if all women and couples could plan and space their families, entire nations would see gender equality benefiting everyone.

Countries would realize the full potential and dreams of their women and girls, men and boys, and the promise of better lives for generations to come.

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12. The World Bank, *World Development Report 2012: Gender Equality and Development* (Washington, DC: The World Bank, 2012).

Discussion Guide

After giving the ENGAGE presentation, you may have the opportunity to engage the audience in a discussion. We encourage you to share data specific to family planning and gender equality in your country, and make the discussion specific to addressing these issues within your country context. Sample discussion questions are listed below:

DISCUSSION ABOUT THE PRESENTATION

1. Were you aware of the links between family planning, gender equality, and development? What did you learn today about these relationships?
2. How can an increased focus on gender equality and family planning lead to better development outcomes for your country?

DISCUSSION ABOUT FAMILY PLANNING

3. 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 and its contribution to development?
4. Why is it that some couples/men/women do not use family planning or contraception?
5. How does family planning make a difference for: (a) families, (b) communities, and (c) nations?
6. 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 is such a high unmet need for family planning?
7. What are some strategies that can increase access to family planning for women and couples in your country? Consider both short-term and long-term strategies.

DISCUSSION ABOUT GENDER EQUALITY

8. What are the barriers to enrolling girls in school, and keeping them in school through secondary school? Consider all angles: family, society, school facilities, safety, and girls themselves.
9. One element of gender equality is women's empowerment. As women become more empowered, how do men's roles change? What are the benefits to men from greater women's empowerment, and greater gender equality?
10. On slide 48, there is a photo of a man in a nontraditional gender role because he is carrying a baby on his back. How did this photo make you feel? Does this photo reflect male gender norms in your society? What are some ways to encourage men to take on active roles in the family and care for children in this way? Who benefits?
11. This presentation focused on girls' secondary education as an important strategy for gender equality. What are some strategies other than education to promote gender equality? Consider strategies that focus on women, on men, and on working with men and women together.

DISCUSSION ABOUT RECOMMENDATIONS

12. The presentation made several recommendations at the end. Which of these recommendations is most critical given your particular country context? What are additional, specific recommendations for your country?
13. What can be done to increase funding for family planning programs? What can be done to increase funding for education?
14. What are some ways to increase public dialogue about the barriers to gender equality and family planning use?
15. There were several actions that people are urged 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 and gender equality? (Encourage people to be very specific and practical 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. Be sure to review the definitions at the end of this guide in case audience members have questions about the terms used in 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 gender equality for the world. The data comes from the most recent Demographic and Health surveys, Multiple Indicator Cluster Surveys (MICS), The World Bank's World Development Indicators (WDI) database, as well as other recent research studies.

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. Are Mirembe and Ochieng real people?

A. Mirembe and Ochieng are not real people. Their story is a compilation of several real men's and women's experiences of choosing to use family planning to space and limit their families. Because their story is based on several true stories, we believe it accurately reflects the role that family planning can play for African families today.

Q. Why are you using Tunisia and Indonesia as country examples?

A. Tunisia and Indonesia are among the few developing countries in the world that have data on both family planning and secondary school enrollment going back nearly 30 years. In addition, both countries have made intentional efforts through policy and implementation to increase gender equality, family planning, and educational attainment in their countries, and serve as inspirations to the countries of sub-Saharan Africa, striving to achieve the Millennium Development Goals.

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 | food security]?

A. Yes, there are many important issues that face African nations (us). And some may be just as important as family planning. But that does not diminish the fact that family planning is a cost-effective, proven strategy to improve the lives of families and communities, and an important element of achieving development goals. Ideally, we could address all of these issues together. But this presentation is about raising awareness of the importance of family planning and gender equality to support development and some steps that can be taken to start to address this issue.

QUESTIONS ABOUT FAMILY PLANNING

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 is 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—male condoms, or female condoms, for example—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 Two-Day 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, a method based on exclusive breastfeeding, which provides pregnancy protection for the mother and nutrition for the baby during the first six months after childbirth.

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. 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. But users should be aware that 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 and their ability to plan their families should be recognized and respected. The data in the presentation show that 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. Unmet need for contraception can lead to unintended pregnancies, which pose risks for women, their families, and societies; in turn, these can harm economic growth and development for many African nations. The Maputo Protocol, which was developed by African countries, through the African Union, includes 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 unintended pregnancies because unintended pregnancies have higher risks of poor health outcomes for mothers and babies. By promoting family planning, we hope that women and couples can choose the timing, spacing, and size of their families, leading to better health and well-being for the family, community, and ultimately the entire nation.

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 societies to disapprove of premarital sex and to worry that reproductive health education and services may be 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, 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. Each woman should be able to make her own decision about future pregnancies. Being African does not automatically mean that a woman wants many children. The data 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. There are many serious 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 five 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 five years of age, which means access to family planning services is important to continue to build healthy families and communities.

QUESTIONS ABOUT GENDER EQUALITY

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 possible. To change norms around family planning, it is essential to address gender norms and increase gender equality. 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 traditional decisionmakers such as husbands and mothers-in-law to educate them on the economic, health, and social benefits family planning brings to families and communities. In addition, service providers and community-based institutions need to be trained to overcome biases around family planning. Community health workers need to be aware of and have the skills to challenge and address social and gender 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 and gender norms.

Q. Why do you focus on girls' secondary education for gender equality? There are many other important strategies to achieve gender equality.

A. Yes, there are many different, and important, strategies to promote gender equality. This presentation focuses on girls' secondary education because research has proven that it leads to both greater gender equality and positive health-related outcomes for women and families, and because it is a powerful advocacy strategy that policymakers can support and act upon.

Q. Why do you focus on secondary education for girls only? What about primary education for girls, and primary and secondary education for boys?

A. Over the last 20 years, countries in sub-Saharan Africa have made a substantial investment in expanding primary school education for both boys and girls. These efforts are showing results, and more than two-thirds of boys and girls of primary school age are now enrolled in primary school. Now it is time to expand attention on education to include secondary school, and ensure that efforts to increase educational attainment are not limited to primary school. We focus specifically on girls because research has shown that secondary school for girls yields unique outcomes; these include greater empowerment and agency for girls, as well as improved health outcomes for girls and their families. The benefits that secondary education for girls yields, outside of increases in knowledge and skills, extend beyond girls and affect their families and communities.

Q. As women become more empowered, men will lose status and power, and this will be a negative consequence for them.

A. Actually, research shows that gender inequities and power disparities harm men as well as women. For example, in many settings, gender norms for men ("being a man") mean being tough, brave, and aggressive. Consequently, men are more likely to take risks and engage in violent activity or unsafe sex—leading to poor health outcomes—and miss out on the joys of fatherhood. Everyone—boys and girls, men and women—is therefore made vulnerable by harmful gender norms and behaviors. At the same time, everyone can benefit from greater gender equality. This presentation highlighted the health benefits for women's families, such as lower infant and child mortality. We also showed that women with more education and access to family planning can earn higher incomes, leading to greater economic security for them and their families, including men and boys.

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 eases demand 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 that all men and 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 family planning funding 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. 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. In order 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. There are examples from around the world of leaders within all major religious groups who do support family planning. 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 within religious frameworks.

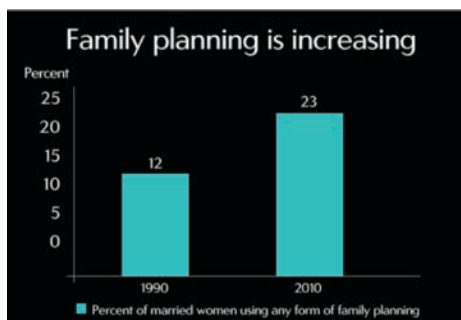
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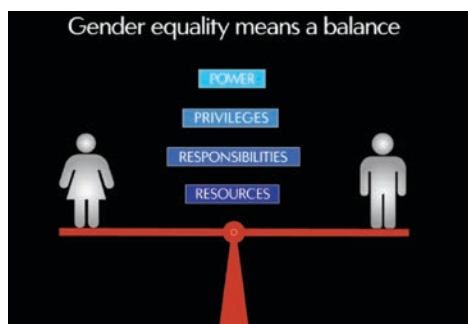
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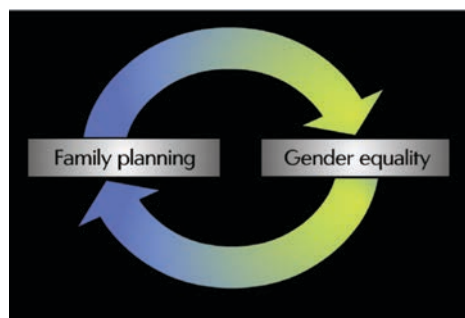


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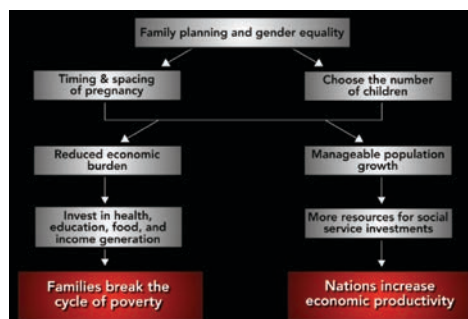
Gender equality means many things

- Choices about life decisions
- Access to opportunities
- Representation in leadership

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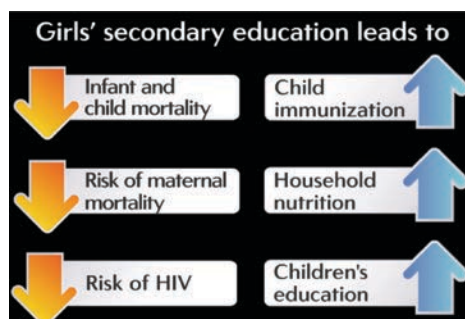


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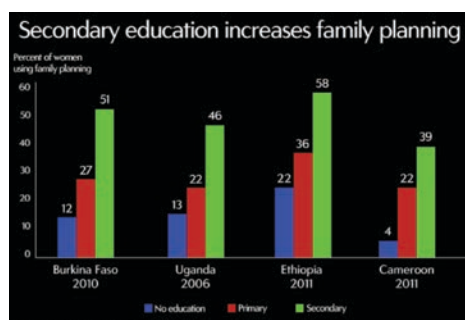


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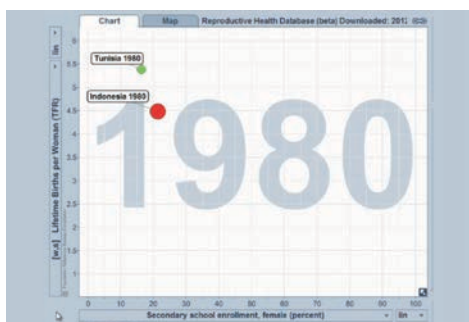


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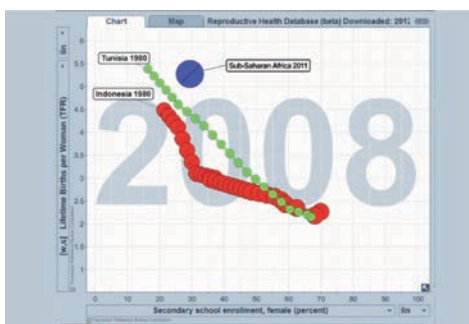


Total Fertility Rate

UNDP World Population Prospects: The 2008 Revision Population Database <http://esa.un.org/unpp/>

Secondary School Enrollment

The World Bank's World Development Indicators Database <http://data.worldbank.org/indicator>



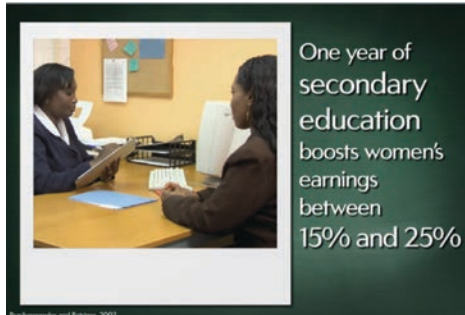
Total Fertility Rate

UNDP World Population Prospects: The 2008 Revision Population Database <http://esa.un.org/unpp/>

ICF International Demographic and Health Surveys: 1987, 1991, 1994, 1997, and 2003 www.measuredhs.com/start.cfm

Secondary School Enrollment

The World Bank's World Development Indicators Database <http://data.worldbank.org/indicator>



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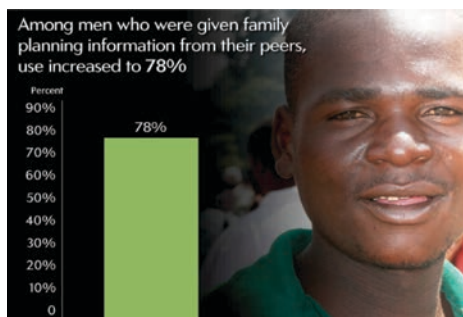
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Definitions

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.

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 use of both modern and traditional 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.

Male Involvement means engaging men in actively promoting gender equity with regard to reproductive health, increasing men's support for women's reproductive health and children's well-being, and advancing the reproductive health of both men and women.

Gender refers to the economic, social, political, and cultural attributes and constraints and opportunities associated with being a woman or a man. The social definitions of what it means to be a woman or a man vary among cultures and change over time. Gender is a sociocultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality.

Gender Equity is the process of being fair to women and men. To ensure fairness, measures must be taken to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field.

Gender Equality is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. Equity is the means, and equality is the result.

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.

(World Health Organization: www.who.int/topics/millennium_development_goals/en/)

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. Having children too close together can harm the health and survival of the mother and child.

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.

Unmet Need: Women with unmet need for spacing births are those who are able to become pregnant and who are sexually active but are not using any method of contraception (modern or traditional), 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.

Women's Empowerment means improving the status of women to enhance their decisionmaking capacity at all levels, especially as it relates to their sexuality and reproductive health.