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BUREAU

# HOPE-LVB ENGAGE

## PRESENTATION GUIDE



AN **ENGAGE** PRESENTATION

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## ACKNOWLEDGMENTS

*HoPE-LVB ENGAGE* and this accompanying presentation guide were developed by Rachel Yavinsky and Jason Bremner of PRB. Multimedia design for the presentation was by Jennifer Schwed. Audio narration of the presentation was by Dorcas Lwanga-Rusoke.

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# Presentation Guide

HoPE-LVB ENGAGE

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## Introduction

The *HoPE-LVB ENGAGE* presentation is available only as a presentation with a voiceover. The presentation with voiceover does NOT require you to click through the presentation. You can stream the video by going to the PRB website; they are also available on CD-ROM or as downloads from [www.prb.org](http://www.prb.org). This presentation requires a movie player such Windows Media Player in order to be viewed on a computer.

## Supplemental Materials

These supplemental materials are designed to help users make the most of the *HoPE-LVB ENGAGE* presentation in conjunction with the user guide for all PRB ENGAGE presentations. After reviewing these supplemental materials, you will know how to:

- Identify opportunities to use this ENGAGE presentation with various audiences.
- Respond to frequently asked questions about the presentation.
- Foster dialogue with audiences about key messages in the presentation.

## Presentation Goals

The goal of the *HoPE-LVB ENGAGE* presentation is to improve individuals' understanding of HoPE-LVB and the population, health, and environment approach. This process includes mobilizing political commitment and resources to strengthen this and other PHE projects.

To achieve this goal, the presentation is designed to promote policy dialogue on the relationship between population, health, and environment; and the challenges faced by communities in the Lake Victoria Basin. Target policy audiences include government policymakers, civic and religious leaders, health and environment sector leaders, program officials, advocates, journalists, and others.

Specific objectives of the presentation are to:

- Explain the population, health, and environment challenges faced by communities in the Lake Victoria Basin and how these challenges are linked.
- Highlight the innovative work that the HoPE-LVB project is doing to address these challenges.
- Foster discussion among audience members about the needs for increased investment in PHE and HoPE-LVB.

## Opportunities to Give the Presentation

The target audiences for this presentation are:

- **Primary:** Government policymakers at all levels, including parliamentarians, who are in a position to allocate resources and advance PHE and HoPE-LVB 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 *HoPE-LVB ENGAGE* presentation 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 goals and activities HoPE-LVB and demonstrating the simple and effective strategies of the population, health, and environment approach so they can give their support.

#### Family Planning Advocates, Donors, and Program Implementers/Environment Advocates

- Gaining new partners and supporters for HoPE-LVB.
- Educating advocates, donors, and program implementers about the mutually reinforcing relationships of population, health, and environment so they can join innovative partnerships and better inform high-level policymakers.
- Reaching individuals who attend community health days, conferences, or stakeholder meetings with information about PHE.

#### Civic and Religious Leaders

- Educating civic and religious leaders about HoPE-LVB and the PHE approach to build relationships and increase community support.
- 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 population, health and environment, 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 HoPE-LVB and PHE.

## Presentation Narrative

1. [Title slide: HoPE-LVB]

2. Lake Victoria is East Africa's treasure. The lake can be seen from space as a dark jewel on the African continent, nestled at the intersection of Kenya, Uganda, and Tanzania. Known for her beauty and her bounty, Lake Victoria plays a vital role in the culture and economies of the surrounding countries.

Health of People and the Environment in the Lake Victoria Basin, or HoPE-LVB, is an integrated project working to improve the well-being of communities living in the Lake Victoria Basin by promoting reproductive health, environmental conservation, and sustainable livelihoods.

3. Lake Victoria is the second largest freshwater lake in the world. The Lake Victoria Basin includes parts of five countries: Burundi, Kenya, Rwanda, Tanzania, and Uganda.

4. Lake Victoria is the largest freshwater fishery in the world. In fact, Lake Victoria is the most important inland source of fish in all of Africa.<sup>1</sup>

Fish from the lake are a basis of employment, food, and income. The fish catch is worth up to 600 million US dollars annually.

5. Through fishing, grazing and agriculture, the bounty of the lake and surrounding land and forests has been the main source of livelihood for the Basin population for centuries.

6. Among the world's richest centers of biodiversity, Lake Victoria is a symbol of the fertility and life-giving environment of Africa.

7. The lake is our life and our children's future.

But the Lake Victoria Basin faces great challenges.

Growing economies, urbanization, migration, and a growing population threaten the health of the lake and surrounding ecosystem, and thus the people whose livelihoods depend on it.

8. Environmental problems are threatening the abundance of the basin and the sustainability of our families.

These problems include...

9. unsustainable fishing...

10. poor sanitation infrastructure...

11. deforestation...

12. pollution...

13. and poor agriculture and land use practices.

14. Due to pollution and overfishing, invasive aquatic weeds now cover a large portion of the shoreline and the lake contains large sections without any life.

15. The loss of species and uninhabitable areas of the lake means that fewer fish are available for catching. In the last 50 years, as many as 200 species of fish in Lake Victoria have disappeared...endangering fishing livelihoods.<sup>2</sup>

16. Trees are being chopped for fuel at unsustainable rates, wetlands are being degraded or disappearing entirely, and farm and grazing land is eroding.

17. Farming has increased as more households attempt to meet subsistence needs, but the growing number of households has led to plot fragmentation and deforestation, which in combination with drought have led to poor crop yields...endangering agricultural livelihoods.
18. These problems affect the health and well-being of the over 40 million people who live in the Lake Victoria Basin.<sup>3</sup>
19. Due to gender-based inequities, women are disproportionately affected by the poor environment, health care, and infrastructure.
20. Women have many pressures and responsibilities including:
  21. childbirth, child care and caring for the sick...
  22. collecting water and firewood...
  23. and cooking.

On top of these responsibilities...
24. they have little decisionmaking power...
25. and depend on underdeveloped health systems.
26. Women face many challenges in planning their families and have little say over their reproductive health.
27. It is difficult for women to access quality healthcare. A woman must often travel a great distance in order to reach a health center, which is likely to be understaffed and without supplies.
28. One out of every three women in the Lake Victoria Basin would like to postpone or avoid pregnancy, but are not using family planning.<sup>4</sup>
29. In the Lake Victoria Basin, women give birth to between five and six children on average.<sup>5</sup>
30. This high fertility, combined with people moving to the basin, means that the population is expected to double within the next 20-30 years...<sup>6</sup>
31. which contributes to cycles of poverty and poor health, from which it is difficult to escape.
32. An example of such a cycle is:
  33. Environmental change and the rapidly growing population both work to increase pressure on natural resources.
  34. Girls may have to spend increasing amounts of time finding water and firewood for the home.
  35. This may lead to girls missing school.
  36. Girls with little or no education are more likely to marry early.
  37. Early marriage leads to early childbearing, which involves health dangers for mother and child, lower decisionmaking ability in their homes, and higher lifetime fertility...
38. which continues the cycle of high population growth.
39. How can we make sure that the population and environment of the Lake Victoria Basin are healthy and protected?

The Population, Health, and Environment Approach, or PHE.

- 40. The PHE approach acknowledges and addresses the complex connection between humans, their health, and the environment.
- 41. PHE initiatives use integrated approaches to improve access to health services, especially family planning and reproductive health, while helping communities manage natural resources and conserve the critical ecosystems on which they depend.
- 42. Remember this example?
- 43. We can address many parts of this cycle with an integrated population, health, and environment approach.
- 44. PHE is an approach used by health and environmental organizations throughout the region and the world.

The dots on this map mark PHE projects conducted over the last several years.

Here, in yellow, you can see that there are many PHE projects already underway in sub-Saharan Africa.

- 45. Experiences from these projects have shown a Population, Health, and Environment Approach often leads to improved participation of men in health and of women in natural resource management.
- 46. Integrated projects can reach the most hard to reach populations.
- 47. They can be more responsive to priority needs.
- 48. They are cost-effective to implement, and time-efficient for communities.
- 49. In addition, family planning and conservation are often better received when they are “packaged” together.
- 50. Now, what is HoPE-LVB?

Health of People and the Environment in the Lake Victoria Basin, or HoPE-LVB, is an innovative project implemented by Pathfinder International, Conservation Through Public Health, Ecological Christian Organization, and Osienala (Friends of Lake Victoria).

- 51. HoPE-LVB is an integrated project working to improve reproductive health and access to family planning, livelihoods and community well-being, and conservation of the natural environment.
- 52. HoPE-LVB has project sites...
- 53. in Uganda on Busi Island, Wakiso District...
- 54. and Jagusi Island, Mayuge District...
- 55. and in Kenya, in Gwasssi Division in Homa Bay County...
- 56. and Rakwaro and Karachuonyo in Homa Bay County.
- 57. The objectives of HoPE-LVB are:
- 58. One, to improve reproductive health and access to family planning services.
- 59. Two, to increase community capacity to sustainably manage Lake Victoria Basin-related ecosystem resources to improve livelihoods, environment, and well-being.
- 60. And three, to increase public and policymaker support for implementation of integrated PHE strategies.



61. These objectives work together to improve women's lives, improving their health and growing their resources, and increasing their participation in household and community decisions.
62. Helping couples choose the number of children they want and can care for can reduce the economic burden on families and the pressure on natural resources.
63. HoPE-LVB works with both men and women so that men are more engaged in family planning and reproductive health, and women are better educated in sustainable livelihoods and natural resource management.
64. HoPE-LVB works within existing systems:
65. Training and empowering existing community groups instead of building parallel structures...
66. Strengthening linkages between health facilities and community health workers and village health teams...
67. Bringing together the skills of beach management units and community health workers...
68. And identifying local leaders as partners and champions.
69. All participants are trained in PHE integration, building on the knowledge of community health workers and beach management units with information on:
  - Reproductive health and family planning,
  - Sustainable agriculture and fisheries, and
  - Environmental conservation.
70. The project establishes model households that exhibit positive behaviors such as:
71. Practicing sustainable agriculture and resource planning...
72. Adopting alternative livelihoods instead of overfishing...
73. Prioritizing reproductive health care and family planning...
74. And investing in clean water supply for drinking, cooking, and washing.
75. Project beneficiaries learn how their supplies can be used for services in multiple sectors. For example, beach management units use their boat engines for sustainable fishing practices and patrolling for illegal fishing, as well as for transferring children and pregnant women from islands to the mainland in emergency situations.
76. As these activities are implemented, we are focusing on documenting results and decisionmaking practices.
77. In order to increase support for the project and for the population, health, and environment approach...
78. Key decisionmakers will learn about PHE integration from...
79. media spots...
80. model households and local champions...
81. and project staff presentations and site visits.

- 82. HoPE-LVB is working with regional bodies including the Lake Victoria Basin Commission and various ministries to help them support the PHE approach in the Basin.
- 83. As success and lessons are documented, HoPE-LVB aims to provide a model for others...
- 84. to support...
- 85. learn from...
- 86. and adapt for communities throughout the Lake Victoria Basin.
- 87. HoPE-LVB and the population, health, and environment approach can have great benefits for the communities of the Lake Victoria Basin. The project is improving reproductive health and access to family planning, and strengthening livelihoods, the natural environment, and community well-being.

We invite you to **learn more, join us** in our work, and **spread the word**.

## 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](http://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.

Please see the *ENGAGE Presentations User Guide* for additional instructions about using DataFinder.

The following indicators from DataFinder relate to the regional data and issues raised in this 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 short handout that includes visual “snapshots” from the ENGAGE presentation. The handout is intended to be succinct, serving as a good visual aid for the presentation as well as a readable document. We encourage you to use this handout when giving the presentation to an audience, as well as a customized DataFinder handout with data specific to your country context.

The Key Messages handout is shown on the following pages.

## HoPE-LVB ENGAGE



### Key Messages

Lake Victoria is East Africa's treasure. The lake can be seen from space as a dark jewel on the African continent, nestled at the intersection of Kenya, Uganda, and Tanzania. Known for her beauty and her bounty, Lake Victoria plays a vital role in the culture and economies of the surrounding countries.

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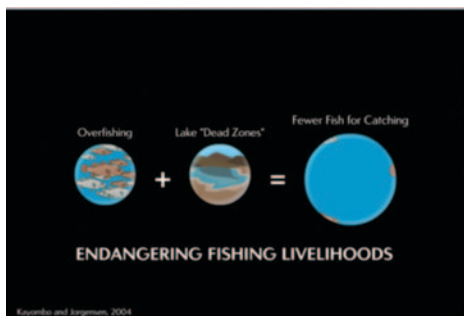
Through fishing, grazing, and agriculture, the bounty of the lake and surrounding land and forests has been the main source of livelihood for the basin population for centuries.



The lake is our life and our children's future, but the Lake Victoria Basin faces great challenges.

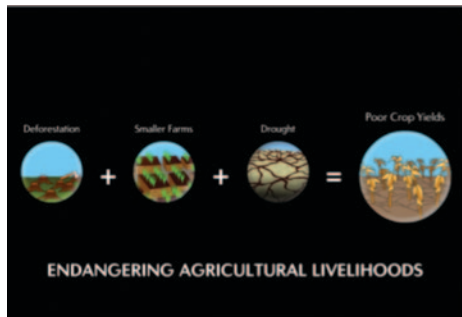
Growing economies, urbanization, migration, and a growing population threaten the health of the lake and surrounding ecosystem, and thus the people whose livelihoods depend on it.

Environmental problems are threatening the abundance of the basin and the sustainability of our families. These problems include unsustainable fishing, poor sanitation infrastructure, deforestation, pollution, and poor agriculture and land use practices.



Due to pollution and overfishing, invasive aquatic weeds now cover a large portion of the shoreline and the lake contains large sections without any life.

The loss of species and uninhabitable areas of the lake means that fewer fish are available for catching. In the last 50 years, as many as 200 species of fish in Lake Victoria have disappeared, endangering fishing livelihoods.



Trees are being chopped for fuel at unsustainable rates, wetlands are being degraded or disappearing entirely, and farm and grazing land is eroding.

Farming has increased as more households attempt to meet subsistence needs, but the growing number of households has led to plot fragmentation and deforestation, which in combination with drought have led to poor crop yields...endangering agricultural livelihoods.



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It is difficult for women to access quality health care. A woman must often travel a great distance in order to reach a health center, which is likely to be understaffed and without supplies.



One out of every three women in the Lake Victoria Basin would like to postpone or avoid pregnancy, but is not using family planning.<sup>1</sup>

In the Lake Victoria Basin, women give birth to between five and six children on average.<sup>2</sup>

This high fertility, combined with people moving to the basin, means that the population is expected to double within the next 20-30 years, which contributes to cycles of poverty and poor health, from which it is difficult to escape.<sup>3</sup>





An example of such a cycle is:

Environmental change and the rapidly growing population both work to increase pressure on natural resources. Girls may have to spend increasing amounts of time finding water and firewood for the home. This may lead to girls missing school. Girls with little or no education are more likely to marry early. Early marriage leads to early childbearing, which involves health dangers for mother and child, lower decisionmaking ability in their homes, and higher lifetime fertility, which continues the cycle of high population growth.



How can we make sure that the population and environment of the Lake Victoria Basin are healthy and protected?

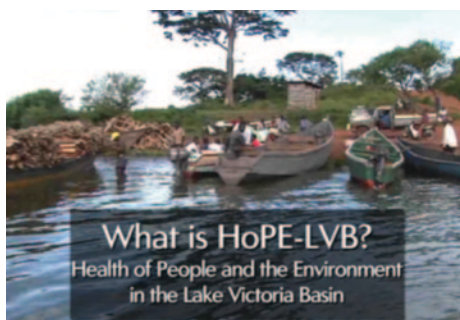
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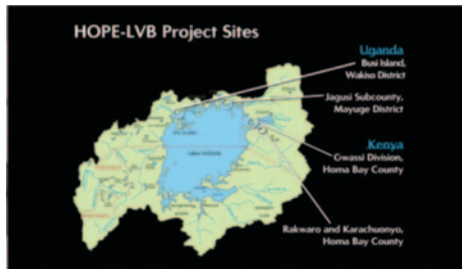
Experiences from these projects have shown a Population, Health, and Environment Approach often leads to improved participation of men in health and of women in natural resource management. Integrated projects can reach the most hard-to-reach populations. They can be more responsive to priority needs. They are cost-effective to implement, and time-efficient for communities. In addition, family planning and conservation are often better received when they are “packaged” together.



What is HoPE-LVB?

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HoPE-LVB has project sites in Uganda on Busi Island, Wakiso District, and Jagusi Island, Mayuge District; and in Kenya, in Gwassu Division in Homa Bay County, and Rakwaro and Karachuonyo in Homa Bay County.



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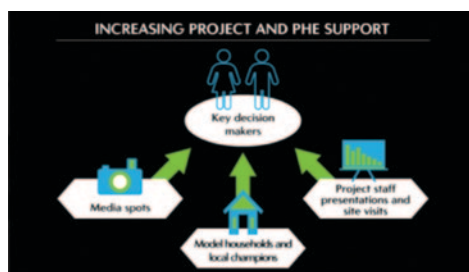
And three, to increase public and policymaker support for implementation of integrated PHE strategies.

These objectives work together to improve women's lives, improving their health and growing their resources, and increasing their participation in household and community decisions.



Helping couples choose the number of children they want and can care for can reduce the economic burden on families and the pressure on natural resources.

All participants are trained in PHE integration, building on the knowledge of community health workers and beach management units with information on reproductive health and family planning, sustainable agriculture and fisheries, and environmental conservation.



As these activities are implemented, we are focusing on documenting results and decisionmaking practices.

In order to increase support for the project and for the population, health, and environment approach, key decisionmakers will learn about PHE integration from media spots, model households and local champions, and project staff presentations and site visits.

As success and lessons are documented, HoPE-LVB aims to provide a model for others, to support, learn from, and adapt for communities throughout the Lake Victoria Basin.





HoPE-LVB and the population, health, and environment approach can have great benefits for the communities of the Lake Victoria Basin. The project is improving reproductive health and access to family planning, and strengthening livelihoods, the natural environment, and community well-being.

We invite you to **learn more, join us** in our work, and **spread the word**.

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## References

1. David Lopez Carr et al., analysis for PRB, 2012.
2. Carr et al., analysis for PRB.
3. Carr et al., analysis for PRB.

## Discussion Guide

After giving the ENGAGE presentation, you may have the opportunity to foster discussion among the audience members. We encourage you to share data specific to the Lake Victoria Basin and HoPE-LVB. Sample discussion questions are listed below:

### **DISCUSSION ABOUT THE PRESENTATION**

1. Were you aware of the links between population, health, and environment? What did you learn today about these relationships?
2. Were you aware of the population, health, or environment challenges facing the Lake Victoria Basin? Have you seen any of these challenges yourself? Were any of the challenges described in the presentation new to you?
3. How can the population, health, and environment approach lead to better development outcomes for the Lake Victoria Basin?
4. The presentation encourages you to “learn more, join us in our work, and spread the word.” What are some of the ways that you can support the HoPE-LVB project and the population, health, and environment approach?

## 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. If you are unsure about any of the terms used in the presentation, you can find definitions in PRB's online Glossary: [www.prb.org/Educators/Resources/Glossary.aspx](http://www.prb.org/Educators/Resources/Glossary.aspx).

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 population, health, and environment in the Lake Victoria Basin. The data comes from the most recent Demographic and Health surveys and Afripop data, as well as other recent research studies. Much of the Lake Victoria Basin-level population and health data was newly calculated using the mostly recent Demographic and Health surveys and Afripop data and geographic information systems (GIS) files of the Lake Victoria Basin boundary.
- 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 all of the photos and videos of HoPE-LVB project sites?
- A.** Many of the photos and videos in the presentation are from HoPE-LVB project sites. Others are from elsewhere in the Lake Victoria Basin.
- Q.** Where can I learn more about the other population, health, and environment projects mentioned in the presentation?
- A.** More information can be found about PHE projects on the PHE project map at <http://goo.gl/maps/uMnBJ>. The PHE Project Map was created by Population Reference Bureau (PRB) to visually identify and describe current and recent efforts focused on PHE integration in developing countries. The highlighted projects actively address a component of population and reproductive health in combination with environmental projects and programs.

### QUESTIONS ABOUT FAMILY PLANNING

- Q.** You discussed family planning a lot in this presentation, but you didn't details about methods of 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.

- 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.

## **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.

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## Presentation References

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