

THE FAMILY PLANNING RIPPLE EFFECT: CHILDREN SURVIVE AND NATIONS THRIVE

PRESENTATION GUIDE



AN **ENGAGE** PRESENTATION

ACKNOWLEDGMENTS

The Family Planning Ripple Effect: Children Survive and Nations Thrive and this accompanying presentation guide were developed by Marissa Pine Yeakey, senior policy analyst, and Charlotte Feldman-Jacobs, program director for Gender, at PRB; with the help of Doug Bradshaw, consultant. Multimedia design for the presentation was by Jennifer Schwed. Audio narration of the presentation was by Laili Irani, senior policy analyst, at PRB.

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Presentation Guide

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AND NATIONS THRIVE

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Supplemental Materials

These supplemental materials are designed to help users make the most of *The Family Planning Ripple Effect: Children Survive and Nations Thrive* 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.
- Select appropriate and relevant data for a customized DataFinder handout.

Presentation Goals

The goal of *The Family Planning Ripple Effect: Children Survive and Nations Thrive* is to improve individuals' understanding of the health benefits of family planning for mothers and children, how family planning can contribute to child survival, and how these issues are related to national development. To achieve this goal, the presentation is designed to promote policy dialogue on the critical role of family planning as a cost effective strategy that adds value to child survival interventions. Target 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 plays an important role in improving child survival.
- Highlight the health benefits of family planning for timing, spacing, and nutrition in pregnancy, and how in turn this creates healthy families and healthy nations.
- Learn from success stories in other countries related to child survival and family planning using *Trendalyzer*.
- Foster discussion among audience members about how the ripples from family planning reduce child and maternal deaths and contribute to national development.

Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in family planning, health, education, economic, and civic participation at all levels—in academic, policy, and community settings. The target audiences for this presentation are:

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

Using the Presentation With Different Audiences

The ENGAGE presentation is designed for use in a variety of settings or environments, especially as countries decide how to prioritize investments for development over the next decade. Some ideas to reach different audiences with the presentation are listed below.

Policyholders

- Educating policymakers about the importance of investments in family planning for health and development, and how those investments can affect economic growth and development.
- Illustrating the burden of child mortality around the world, and demonstrating how family planning can add value to child survival interventions.
- Addressing common misperceptions that family planning is an investment that only benefits women or is only important in a context with low levels of child mortality.

Child Survival and Health Advocates

- Educating advocates about the role of family planning in reducing child survival so they can better inform high-level policymakers.
- Illustrating the complementary way that investments in family planning provide added value to child survival interventions.

Civic and Religious Leaders

- Educating civic and religious leaders about the important health benefits of family planning in reducing mortality and complications for mothers and children.
- Communicating better with civic and religious leaders, especially those who tend to oppose 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 strategies for good development and health investments 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, child survival, health, and development.

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.

Presentation Script

Presentation opens to a black screen with presentation title. Press Control + F to enter full screen mode. (Use Escape to exit full screen).

Slide 1

Title slide—When ready to begin, press the forward keyboard arrow.

→ **Click Forward 2**

When a pebble is dropped into a pond, it creates ripples. They radiate out in concentric circles and change the surface of the pond.

For countries around the world that are striving to create healthier populations and stronger economies, there is perhaps no better example of this ripple effect, than family planning.

→ **Click Forward 3**

Imagine that the pond represents a nation, and the pebble is family planning.

→ **Click Forward 4**

Data show that when couples use family planning to choose the healthy timing of pregnancy...

→ **Click Forward 5**

...to space the births of their children...

→ **Click Forward 6**

...and to achieve healthy nutrition for women and children...

→ **Click Forward 7**

...they create healthy families...

→ **Click Forward 8**

...and in turn, healthy nations.

→ **Click Forward 9**

One of the biggest ripples from family planning is improving the health and survival of children.

→ **Click Forward 10**

Thanks to concerted efforts, global under-age-five deaths have dropped by nearly fifty percent over the last twenty years...¹

→ **Click Forward 11**

But in spite of this progress, worldwide nearly seven million children under the age of five still die each year—largely from preventable causes.²

→ **Click Forward 12**

Achieving the commitment of the global Promise Renewed initiative to end preventable child and maternal deaths—and specifically to reduce child mortality rates to twenty or fewer deaths per one-thousand live births in all countries by the year 2035—will prevent the death of tens of millions of children.

→ **Click Forward 13**

Existing, inexpensive solutions, such as family planning for the healthy timing and spacing of pregnancies, can play a significant role in achieving these goals.

→ **Click Forward 14**

Both mothers and children suffer health risks and increased risk of death when women begin childbearing at too young an age, when births are spaced too closely together, when couples have more children than they want and can care for, and when women have children too late in life.

→ **Click Forward 15**

But the ripples from family planning address each of these, benefiting children, families, and entire nations.

→ **Click Forward 16**

The first ripple in our timeline is the healthy timing of pregnancy.

→ **Click Forward 17**

This means encouraging later age at marriage and enabling young women to use family planning strategies, including modern and natural methods, to delay their first pregnancy and the start of a family until they are at least eighteen years old, and feel ready.

→ **Click Forward 18**

The World Health Organization recommends delaying pregnancy until at least age eighteen because studies have shown that both children and mothers have the healthiest outcomes when mothers time their pregnancies between the ages of eighteen and thirty-four, the green years.³

→ **Click Forward 19**

Conversely, both infants and mothers face increased risk of birth complications and death when mothers are younger than eighteen or over the age of thirty-five.

→ **Click Forward 20**

These complications include low birth weight, preterm birth, and stillbirth—all major contributors to the risk of newborn death.

→ **Click Forward 21**

Improving maternal survival is a critical component of improving child survival, because infants are far more likely to survive if their mothers also survive the first six weeks after birth.

→ **Click Forward 22**

Although experts estimate that worldwide family planning already prevents over two-hundred-and-seventy-thousand maternal deaths every year, there is room to do better.⁴

- **Click Forward 23**
Increasing family planning could save an additional one-hundred-thousand maternal lives every year—which would reduce maternal mortality by nearly one-third!⁵
- **Click Forward 24**
Evidence shows that when men and women learn the healthiest times for a woman to have a child, they **choose** to use family planning—and high-risk pregnancies are reduced.
- **Click Forward 25**
The second ripple in our impact timeline is healthy spacing of pregnancies.
- **Click Forward 26**
In a World Health Organization report, experts recommend waiting at least twenty-four months after a live birth before attempting to become pregnant again.⁶
- **Click Forward 27**
Worldwide, one out of every four child deaths could be prevented *every year* if all birth-to-pregnancy intervals were three years... That would mean saving 1.6 million children's lives.⁷
- **Click Forward 28**
Longer birth to pregnancy intervals can improve the health of mothers and babies. Research from around the world shows that as the interval from one birth to the next pregnancy increases, risks of mortality and complications such as preterm delivery and low birth weight decrease.⁸
- **Click Forward 29**
In fact, infants conceived shortly after a live birth may face up to three times the risk of death. At the same time, a short interval can also affect an older sibling. The chances that a child will die before reaching age five increase if the mother becomes pregnant again before that child reaches age one.
- **Click Forward 30**
Family planning is the key to achieving those birth intervals, and the data speak for themselves.
- **Click Forward 31**
Looking at our *Trendalyzer* graph, we can see how child mortality and family planning are linked in countries around the world.
- **Click Forward 32**
On the left axis, we have under-five mortality, or the number of deaths to children under age five per one thousand live births each year.
- **Click Forward 33**
Along the bottom axis, we have the proportion of married women using modern methods of family planning. The bubbles on the graph are countries, and the size indicates the population size of that country. The color indicates the region.

- **Click Forward 34**
Starting with the red, we have East Asia and the Pacific.
- **Click Forward 35**
Orange is Central Asia and Europe.
- **Click Forward 36**
Yellow is for North and South America.
- **Click Forward 37**
Green is for the Middle East and North Africa.
- **Click Forward 38**
The light blue is for South Asia...
- **Click Forward 39**
...and the dark blue is for sub-Saharan Africa.

The year is 1985, and we can already see that countries further to the right on the graph, meaning greater use of modern family planning methods, have lower levels of child mortality. As we put the graph in motion...

- **Click Forward 40**
...and move forward in time, we see how deaths to children under five fall as the use of family planning increases. Although other interventions have certainly helped address child mortality in these countries, it is clear that family planning plays an important role. When we come to 2012, we see that we really have improved child survival around the world.
- **Click Forward 41**
If we go back about thirty years, to 1984, and just look at a few countries, the relationship between family planning and child survival becomes more evident.
- **Click Forward 42**
In 1984, Malawi, Bangladesh, and Indonesia were all in different stages of addressing child mortality and increasing access to family planning.
- **Click Forward 43**
Indonesia starts near the front, with lower child mortality and higher use of family planning, in large part due to government-supported community-level programs. In 1990 Islamic religious leaders issued a declaration that family planning had a direct benefit to families—particularly for child survival.
- **Click Forward 44**
Bangladesh started a little further back. The country has long invested in community-based family planning programs, and over the last fifteen years, political priority for newborn survival has led to impressive gains, and the country has been able to achieve their Millennium Development Goal for child survival.

→ **Click Forward 45**

Even though Malawi started at the back—with almost no use of family planning and child survival near two-hundred-fifty deaths per one-thousand births, you can see it is almost catching up to both Bangladesh and Indonesia! In 2004, the Malawi government launched an initiative to improve the quality and integration of all health services in the public sector, improving access to family planning, maternal, newborn, and child health services.

→ **Click Forward 46**

We see that over the course of about thirty years, all three countries—three very different cultures and contexts—made investments in family planning and health which paid off in improving child survival.

→ **Click Forward 47**

These data demonstrate that family planning programs can have an *immediate* impact in improving health and survival for both mothers and children.

→ **Click Forward 48**

The third ripple in our impact timeline is healthy nutrition.

→ **Click Forward 49**

The period from conception through a child's second birthday, often called the "one-thousand day window of opportunity," is a critical period for nutritional investment.

→ **Click Forward 50**

It sets the stage for physical growth and brain development throughout the rest of a child's life, and even affects academic achievement and economic productivity as adults.

→ **Click Forward 51**

Family planning and birth spacing are the keys to ensuring that we maximize this window from day one.

→ **Click Forward 52**

To ensure a healthy baby, nutritional goals must be met for the mother *before and during* pregnancy. While pregnant, women's nutritional intake lays the foundation for healthy growth of the child; children of well-nourished mothers have a higher chance of a healthy birth outcome, and tend to exhibit stronger mental function.

→ **Click Forward 53**

After birth, infants remain dependent on their mothers for balanced and sufficient nutrition. This is best accomplished through exclusive breastfeeding for the first six months of life. During this period, mothers are also generally protected from pregnancy through natural processes.

→ **Click Forward 54**

But at the end of the first six months, the natural protection against pregnancy ends. Although infants transition to solid foods and other sources of nutrition at six months, they remain dependent on breastfeeding to meet their nutritional needs and the one-thousand day window of opportunity is still open until children reach the age of two.

- **Click Forward 55**
This is why family planning and birth spacing remain essential.
- **Click Forward 56**
If a mother is still nursing an infant of any age, becoming pregnant again will make it very difficult to nutritionally satisfy both the nursing baby and the pregnancy, in addition to the woman's own needs.
- **Click Forward 57**
With family planning, women and couples can wait until after the one-thousand day window of opportunity to become pregnant with another child. These longer birth intervals are linked with reductions in stunting and underweight children—two critical barriers to their ability to survive and thrive.
- **Click Forward 58**
The fourth ripple in our impact timeline is the healthy family created as couples use family planning to achieve their goals in healthy timing, spacing, family size, and nutrition. As a result, their family has the best chance of being healthy and fully contributing to their nation.
- **Click Forward 59**
Family planning helps parents proactively plan for and achieve their desired family size.
- **Click Forward 60**
This allows mothers and fathers to **focus** their family's resources on the number of children they want and can adequately care for, giving each child more: more food, more time, more attention. And “more” means a better chance at survival and prosperity.
- **Click Forward 61**
Research in Bangladesh has shown that when parents have access to comprehensive family planning, maternal, and child health services, they are able to achieve their desired family size.
- **Click Forward 62**
In turn, their investment in each child increases—meaning better nutrition, greater use of preventive health services, and higher levels of academic achievement.
- **Click Forward 63**
This research also illustrated a decline in child mortality—using family planning for birth spacing was a critical component of that decline.
- **Click Forward 64**
The result is that families and children have the best chance of surviving, thriving, and building a stronger community.
- **Click Forward 65**
The final ripple in our impact timeline is the national effect that is created with increasingly healthy and productive families. With strong governmental support for the implementation of family planning across the **entire** country, the impact of an individual's decisions and actions can be replicated on a national scale.

→ **Click Forward 66**

For a country to feel these effects on a national level, an investment must be made, but it is an investment with an **excellent** return. The ripple effect of family planning will yield nearly **three times** the investment in savings over the next ten to fifteen years.⁹

→ **Click Forward 67**

This is because for every dollar invested in family planning, there is a directly related savings that is realized in other areas of governmental spending—primarily maternal health, water and sanitation, immunization, education, and malaria.¹⁰

This investment becomes even more important when considering the impact of healthy timing and spacing of pregnancy on economic growth.

→ **Click Forward 68**

When girls are able to delay pregnancy until the age of eighteen or later, they are often able to stay in school longer. Imagine: If instead of becoming a mother at age fifteen, a girl delays marriage and childbearing, and then continues her education, not only does this open up her future, but data show that for every year of secondary education that she receives, she will increase her earning potential by ten percent or more!¹¹

→ **Click Forward 69**

Now imagine the positive financial ripples she can create within her own family, and her nation, if **she** has even a few years more education, and **then** starts having children!

→ **Click Forward 70**

Similar ripples are seen for the impact of nutrition during a child's first one thousand days.

The consequences of lower mental ability and earning potential caused by poor nutrition affect the economy. But ensuring adequate nutrition for optimal growth and development could lead to a GDP increase of up to three percent.¹²

→ **Click Forward 71**

The fiscal cost of poor maternal and child health is staggering, but the solutions are within reach. Around the world today, more than two-hundred-and-twenty million women and couples want to delay or space their next pregnancy, but are not using any form of family planning.

→ **Click Forward 72**

If those needs were met...that would save the lives of more than one-hundred-thousand mothers and **1.6 million children** every year, and would spur economies to new heights.

→ **Click Forward 73**

Imagine: Having invested in family planning, women and couples are able to plan their pregnancies. Their children are born healthier, and they have a better chance at survival. With adequate spacing, their nutritional needs have been better met, especially during their one-thousand day window of opportunity, and these children have a stronger chance to reach their full potential. They excel in school and professionally, and they become the next generation of leaders. Building upon the foundations that **you** created, they are the drivers of a new and powerful economy.

→ **Click Forward 74**

Just envision the countrywide ripples this would produce, as mothers and children survive, and economies grow. These ripples are powerful and will become the long-term tidal waves of change.

→ **Click Forward 75**

Preventing child deaths requires a broad range of interventions. Family planning increases the efficacy of all of those, adding value as a critical and cost-effective strategy to increase child survival on a global scale.

→ **Click Forward 76**

"*A Promise Renewed*" is ambitious, but the goal of ending preventable child and maternal deaths is achievable with targeted investment, thoughtful interventions, and a focus on healthy timing and spacing of pregnancies.

→ **Click Forward 77**

Now is the time for action. Set goals for improving child health and identify five-year milestones. Teach the importance of proper timing, spacing, and nutrition in pregnancy. Expand the available and affordable stock of contraceptives. Create and lead an action plan for your country. And speak out about the importance of family planning and child health.

→ **Click Forward 78**

Progress in protecting a country's most fragile population—its infants and children—is one of the best measures of how well that country is succeeding. How do you want your country to be known? Let your legacy be **leading** your country to achieve its greatest potential.

It all starts with one pebble.

Presentation References

1. UNICEF, *Committing to Child Survival: "A Promise Renewed"—Progress Report 2013* (New York: UNICEF, 2013).
2. UNICEF, *Committing to Child Survival*.
3. World Health Organization (WHO), *Guidelines to Prevent Early Pregnancy and Poor Reproductive Outcomes in Adolescents in Developing Countries* (Geneva: WHO, 2012).
4. Sifaiddin Ahmed et al., "Maternal Deaths Averted by Contraceptive Use: An Analysis of 172 Countries," *The Lancet* 380, no. 9837 (2012): 111-25.
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6. WHO, *Guidelines to Prevent Early Pregnancy and Poor Reproductive Outcomes in Adolescents in Developing Countries*.
7. United States Agency for International Development (USAID), *Healthy Timing and Spacing of Pregnancies: A Family Planning Investment Strategy for Accelerating the Pace of Improvements in Child Survival* (Washington, DC: USAID, 2012).
8. S. O. Rutstein, "Effects of Preceding Birth Intervals on Neonatal, Infant, and Under-5 Mortality and Nutritional Status in Developing Countries: Evidence From the Demographic and Health Surveys," *International Journal of Gynecology and Obstetrics* 89, no. 1 (2005): S7-S24.
9. Scott Moreland and Sandra Talbird, *Achieving the Millennium Development Goals: The Contribution of Fulfilling the Unmet Need for Family Planning* (Washington, DC: USAID, 2006).
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11. George Psacharopoulos and Harry Anthony Patrinos, "Returns to Investment in Education: A Further Update," *Policy Research Working Paper 2881* (Washington, DC: The World Bank, 2002).
12. Susan Horton et al., *Scaling Up Nutrition: What Will It Cost?* (Washington, DC: The World Bank, 2010).

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.

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-2012
 - Total Fertility Rate
 - Infant Mortality Rate
- Education:
 - Literacy Rate of Persons Ages 15-24, by Gender
 - Secondary School Enrollment, Gross, by Gender
- Health:
 - Underweight Children Under Age 5
- Reproductive Health:
 - Contraceptive Use Among Married Women Ages 15-49, by Method Type
 - Demand for Family Planning Satisfied
 - Unmet Need for Family Planning, by Region
 - Use of Modern Contraception Among Married Women, by Income Quintile
 - 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.

The Family Planning Ripple Effect

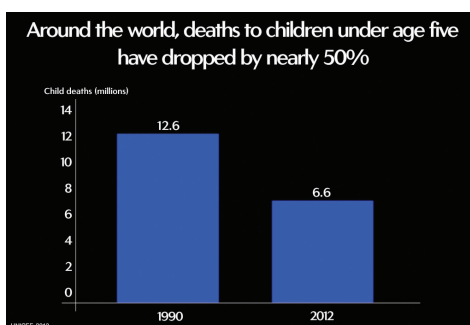
Children Survive and Nations Thrive



Key Messages

For countries around the world that are striving to create healthier populations and stronger economies, family planning has a powerful ripple effect.

Data show that when couples use family planning to choose the healthy timing of pregnancy, space the births of their children, and achieve nutritional goals, they create healthy families. In turn, creating healthy nations.



Although global under-age-5 deaths have dropped by nearly 50 percent over the last 20 years, much remains to be done.¹

Inexpensive solutions such as family planning can play a role in achieving the goals of “A Promise Renewed,” a global initiative to reduce child mortality rates to 20 or fewer deaths per 1,000 live births in all countries by 2035.

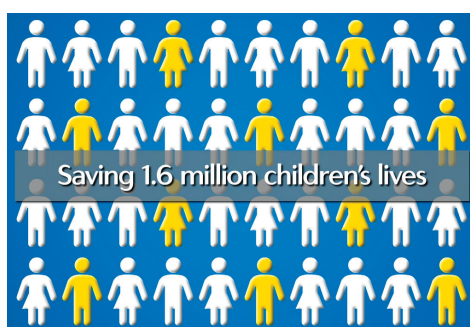
Later age at marriage

Enable young women to delay first pregnancy



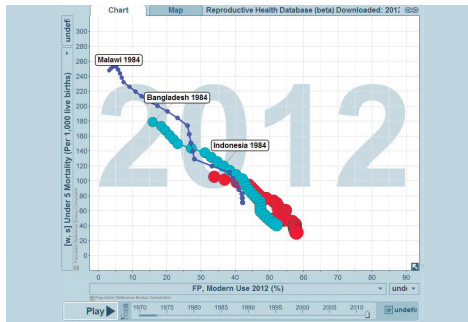
The first ripple from family planning is the healthy timing of pregnancy, meaning encouraging later-age-at-marriage and enabling young women to use modern and natural family planning strategies.

The World Health Organization recommends that women time pregnancies between the ages of 18 and 35 because of benefits for the mother and child, reducing the risk of birth complications and death.²



The second ripple is the healthy spacing of pregnancies. Worldwide, one out of every four child deaths could be prevented if all birth-to-pregnancy intervals were three years.³

As the interval from one birth to the next pregnancy increases, risks of mortality and complications such as preterm delivery and low birth weight decrease.



Malawi, Bangladesh, and Indonesia are three different countries that illustrate how investments in family planning and health can pay off in improving child survival.

Efforts such as community-level health programs, support from religious leaders, political priority, and integration of health services are strategies these countries used to improve health and family planning programs.



The third ripple from family planning is healthy nutrition. The period from conception through a child's second birthday, often called the "1,000-day window of opportunity," is a critical period for nutritional investment.

While pregnant, women's nutritional intake lays the foundation for healthy growth of the child; after birth, infants remain dependent on their mothers for balanced and sufficient nutrition through breastfeeding until age 2.



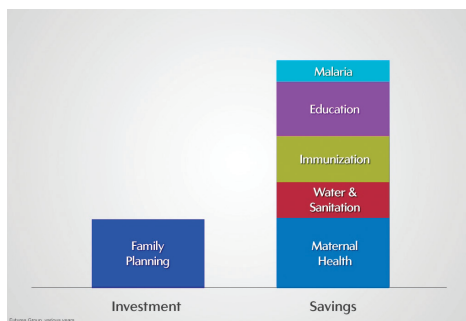
With family planning, women and couples can wait until after the 1,000-day window of opportunity to become pregnant with another child.

These longer birth intervals support healthy nutrition and are linked with reductions in stunting and underweight children—two critical barriers to their ability to survive and thrive.³



The fourth ripple is the healthy family created as couples use family planning to achieve their goals in healthy timing, spacing, family size, and nutrition.

Research shows that when parents have access to comprehensive family planning, maternal, and child health services, they are able to achieve their desired family size. In turn, their investment in each child increases, leading to better nutrition, greater use of preventive health services, and higher levels of academic achievement.⁴



The final ripple is the national effect that is created with increasingly healthy and productive families. With strong governmental support for family planning, the impact of an individual's decisions and actions can be replicated on a national scale.

Government investing in family planning will yield nearly three times the investment in savings over the next 10 to 15 years.⁵



Solutions are within reach. Meeting the needs of women and couples who want to delay and space their pregnancies will:

- Save 100,000 mothers' lives.
- Save 1,600,000 children's lives.
- Spur economies to new heights.⁶



Preventing child deaths requires a broad range of interventions. Family planning increases the efficacy of all of those, adding value as a critical and cost-effective strategy to increase child survival on a global scale.

Now is the time for action

- Set goals
- Teach the importance of timing, spacing, and nutrition in pregnancy
- Expand available and affordable stock of contraceptives
- Lead an action plan
- Speak out

"A Promise Renewed" is ambitious, but the goal of ending preventable child and maternal deaths is achievable with targeted investment, thoughtful interventions, and a focus on healthy timing and spacing of pregnancies.

The ripple effect of family planning all starts with one pebble.

Handout References

1. UNICEF, *Committing to Child Survival: A Promise Renewed—Progress Report 2013* (New York: UNICEF, 2013).
2. World Health Organization (WHO), *Guidelines to Prevent Early Pregnancy and Poor Reproductive Outcomes in Adolescents in Developing Countries* (Geneva: WHO, 2012).
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Family Planning Ripple Effect: Children Survive and Nations Thrive and this accompanying handout were developed by Marissa Pine Yeakey, senior policy analyst, and Charlotte Feldman-Jacobs, program director for Gender, at PRB; with the help of Doug Bradshaw, consultant. Multimedia design for the presentation was by Jennifer Schwed.

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Using the PowerPoint Template

After giving the ENGAGE presentation, you may want to continue your presentation with slides that are more closely tailored to your objective or your audience. For this purpose, we have created a PowerPoint slide template that will enable you to make slides that match the look of the ENGAGE presentation. This template is available on the CD-ROM in the file titled *FP Ripple Effect PowerPoint Template.ppt* and can be downloaded from the PRB website at www.prb.org/Multimedia/Video/2013/child-survival-engage.aspx.

When you open the PowerPoint file, you can customize the text on the slides and add your organization or project logo if you wish. We encourage you to add text that is specific to family planning and child survival in your country, your projects, or ways that you would like your audience to support family planning and child survival.

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 family planning and child survival in your country, and make the discussion relevant to addressing these issues within your country context. Suggested discussion questions are listed below:

1. Did you know about the health benefits of family planning before seeing this presentation? Were you aware that the healthy timing and spacing of pregnancy played such an important role in improving survival for mothers and children?
2. Were you aware of the links between family planning, health, and economic and social development? What did you learn today about these relationships?
3. What role does family planning play in development? How does family planning make a difference for: (a) families, (b) communities, and (c) nations?
4. What are some of the barriers to increasing family planning use in your community? What are some strategies to overcome those barriers?
5. The examples of Indonesia, Bangladesh, and Malawi all illustrate that it is possible to make investments that improve family planning and child survival. What else can we learn from these three success stories?
6. What kind of actions can policymakers take to increase access to voluntary family planning?
7. What kind of actions can health sector leaders take to increase access to voluntary family planning?

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.

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 child survival for the world. The data comes from the most recent Demographic and Health Surveys, Multiple Indicator Cluster Surveys (MICS), The United Nations Population Division's World Population Prospects: 2012 Revision, 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. Why do you use the examples of Indonesia, Bangladesh, and Malawi?

A. Many countries around the world have made significant improvement in child survival over the last 20 years, as well as increased family planning. Indonesia, Bangladesh, and Malawi are good examples because the three countries started out with different levels of child mortality and family planning use, but all followed a similar pathway to reducing child deaths. The lessons learned from countries that have successfully reduced child mortality can provide valuable guidance to other countries looking to make greater investments in this important effort.

QUESTIONS ABOUT FAMILY PLANNING

Q. You discussed family planning 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 more than 50 percent of African women who do not want to become pregnant right now are not currently using any form of family planning. This 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.** It is important that women never feel coerced in reproductive health matters. The data in this presentation show that many women and couples in Africa want to use family planning to delay, space, or limit their pregnancies. By ensuring that women and couples who want to use family planning are able to, 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.** 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 many African women want to use family planning but lack access to contraceptive methods. At the same time, the health benefits of using family planning to choose healthy timing and spacing of pregnancies are important to all women and families. 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.** If young people have access to reproductive health care and family planning, 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.** We see messages all the time about HIV and AIDS—how the disease is destroying our families and nations. Will family planning reduce 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.
- Q.** 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.** Family planning is just a way to have fewer children. If fewer children are born, then fewer will die.
- A.** It's true that increasing use of family planning may result in fewer births. The benefits to child survival, however, extend beyond just reducing the population of children who are born who are then at risk of death. Family planning helps to reduce high-risk pregnancies, such as those to women who are too young (below age 18), too old (older than age 35), or pregnancies that are too closely spaced. High-risk pregnancies carry greater risk to mothers and babies for complications or death. By reducing high-risk pregnancies, more children can survive. As discussed in the presentation, the important health benefits that come with spacing pregnancies by two years or more can also improve outcomes for mothers and children, further reducing child deaths.

- Q.** You mentioned “natural processes” that generally prevent pregnancy in women who exclusively breastfeed for the first six months of an infant’s life. Can you explain what this means?
- A.** The natural process that prevents pregnancy in women who breastfeed exclusively during the first six months of an infant’s life is known as the Lactational Amenorrhea Method, or LAM. LAM is a modern, natural method of contraception that is based on the postpartum infertility that occurs when a woman has not yet resumed menstrual bleeding (is amenorrheic) and is only/exclusively breastfeeding her baby (i.e., breastfeeding the baby day and night, not giving any other food, water or liquids except for medicine, vitamins, or vaccines). When the infant nurses at the mother’s breast, the suckling triggers a signal to the mother’s brain that interferes with the production of the hormones needed for ovulation. Ovulation is necessary for pregnancy to occur. Research has shown that LAM is more than 98 percent effective up to six months after the birth of the baby.

QUESTIONS ABOUT CHILD SURVIVAL

- Q.** What are some causes of child deaths that are not related to family planning?
- A.** Infectious diseases are one of the leading causes of under-5 deaths. Together, the top three infectious diseases that are most fatal for children—pneumonia, diarrhea, and malaria—make up one-third of all child deaths. Rates of these diseases vary from region to region; in sub-Saharan Africa, for example, malaria makes up 14 percent of child deaths, compared to seven percent globally.

Infectious diseases disproportionately affect those in poverty. Undernourished children living in households where resources are scarce are weaker and less able to recover from infectious diseases. The connection between poverty and infectious disease is clear even at the country level. Diarrhea, pneumonia, and malaria cause 37 percent of child deaths in low income countries, but just five percent of deaths in high income countries. Family planning is one way to help families break the cycle of poverty and invest more in each child, which makes children more resilient to diseases.

Children less than 28 days old also experience high rates of mortality, caused in large part by birth complications such as low birthweight and preterm birth. These neonatal deaths make up the largest share of global under-five deaths—44 percent. Family planning is an effective strategy to reduce high-risk pregnancies, such as those spaced less than 24 months apart, which can then reduce neonatal complications and deaths.

- Q.** What are some interventions, in addition to family planning, that can help improve child survival?
- A.** Neonatal deaths—deaths of children less than 28 days old—make up 44 percent of child deaths. Many of these deaths could be prevented, or treated cost effectively. For example, over 1 million infants each year die in their first day of life; increasing rates of deliveries in health facilities can help prevent these deaths by allowing health workers to provide timely intervention.

Other major causes of death, like pneumonia, diarrhea, and malaria, are both treatable and preventable. Improving hygiene and nutrition can help reduce cases of pneumonia and diarrhea, and bed nets can reduce cases of malaria. There is also a vaccine for rotavirus, one of the most common causes of diarrhea. Pneumonia and malaria can be treated with medication (with antibiotics and antimalarials, respectively), and diarrhea can be treated with oral rehydration salts.

UNICEF remarks that “pneumonia and diarrhea are both diseases of poverty.” An integrated approach which addresses families’ economic status—an approach that also includes family planning—can be an effective way to reduce the incidence of these leading causes of under-five mortality.

Q. Can you tell me about the global "A Promise Renewed" initiative to end preventable child and maternal deaths?

A. The global "A Promise Renewed" initiative rose out of the Child Survival Call to Action held in June 2012 in Washington, DC. This effort is drawing attention to the long-standing commitment to end preventable child and maternal deaths, enabling more countries to achieve Millennium Development Goals (MDGs) 4 and 5 by 2015 and sustaining the momentum well into the future.

UNICEF has established a small secretariat to promote the following actions:

- Evidence-based country plans with five-year milestones for maternal, newborn, and child survival.
- Transparency and mutual accountability.
- Global communication and social mobilization.

More information can be found at www.apromiserenewed.org.

Q. Why is exclusive breastfeeding for the first six months of an infant's life so important?

A. Exclusive breastfeeding means that an infant receives only breastmilk with no additional foods or liquids, not even water. The benefits of exclusive breastfeeding on child survival, growth, and development are well documented. Given this body of research, the World Health Organization recommends exclusive breastfeeding for the first six months of life.

Breastmilk is a hygienic source of food with the right amount of energy, protein, fat, vitamins, and other nutrients for infants in the first six months. Breastmilk is 88 percent water. Studies show that healthy, exclusively breastfed infants under 6 months old do not need additional fluids, even in countries with extremely high temperatures and low humidity. Offering water before 6 months of age reduces breastmilk intake, interferes with full absorption of breastmilk nutrients, and increases the risk of illness from contaminated water and feeding bottles.

In addition, women who breastfeed exclusively for the first six months generally benefit from natural pregnancy protection through lactational amenorrhea (see above for more information on the Lactational Amenorrhea Method—or LAM).

Additional Resources

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Scott Moreland and Sandra Talbird, *Achieving the Millennium Development Goals: The Contribution of Fulfilling the Unmet Need for Family Planning* (Washington, DC: USAID, 2006).

Population Action International (PAI), *The Key to Achieving the Millennium Development Goals: Universal Access to Family Planning and Reproductive Health* (Washington, DC: PAI, 2010).

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