

# Fact Sheet: Family Planning

**Family planning (FP)** is the information, means and methods that allow individuals to decide if and when to have children. This includes a wide range of contraceptives – including pills, implants, intrauterine devices, surgical procedures that limit fertility, and barrier methods such as condoms – as well as non-invasive methods such as the calendar method and abstinence. Family planning also includes information about how to become pregnant when it is desirable, as well as the treatment of infertility (UNFPA, 2018).

## Voluntary family planning

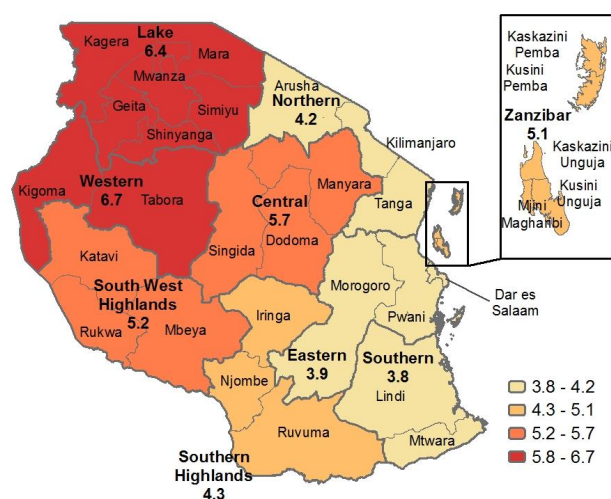
Access to voluntary family planning allows women and men to secure their reproductive rights to decide freely, and for themselves, whether, when, and how many children they want to have. The concept of family planning as a human right is important; it counters any misperceptions that it is a form of population control.



## Fertility levels in Tanzania

The extent to which couples and individuals have real choices about whether and when to have children, and how many children to have, has a direct impact on fertility levels.

### Total fertility rate for the three years prior to the Tanzania Demographic and Health Survey (TDHS) 2015/16<sup>1</sup>



The average number of children of women of reproductive age (aged 15-49) on the Tanzania Mainland, known as the total fertility rate (TFR), is 5.2. The difference is minimal on Zanzibar where the TFR is 5.1.<sup>2</sup>

<sup>1</sup> The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the United Nations concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

<sup>2</sup> Tanzania Demographic and Health Survey (TDHS) 2015/16. Available at: <https://dhsprogram.com/pubs/pdf/fr321/fr321.pdf>.

By 2016, **one in four** adolescents aged 15 to 19 had begun childbearing.



The CPR ranges across regions from a **low of 7 per cent in Kusini Pemba (Zanzibar)** to a **high of 52 per cent in Lindi (Southern Tanzania)**.

### Adolescent fertility in Tanzania

Adolescent (aged 15-19) pregnancy rates have increased in Tanzania since the last TDHS from 23 per cent in 2010 to 27 per cent in 2015/16<sup>3</sup>; by 2016 one in four adolescents had begun childbearing.

Large geographical variations are evident with some regions recording an adolescent pregnancy rate as high as 45 per cent. The percentage of adolescents who have begun childbearing on Zanzibar is considerably lower at 8 per cent.

### Meeting the need for contraceptives

#### Trends in the contraceptive prevalence rate (modern methods)<sup>4</sup>

Many women have more children than they want because of limited access to their preferred method of contraception, resulting in unintended pregnancies. In Tanzania, the contraceptive prevalence rate (CPR), modern methods,

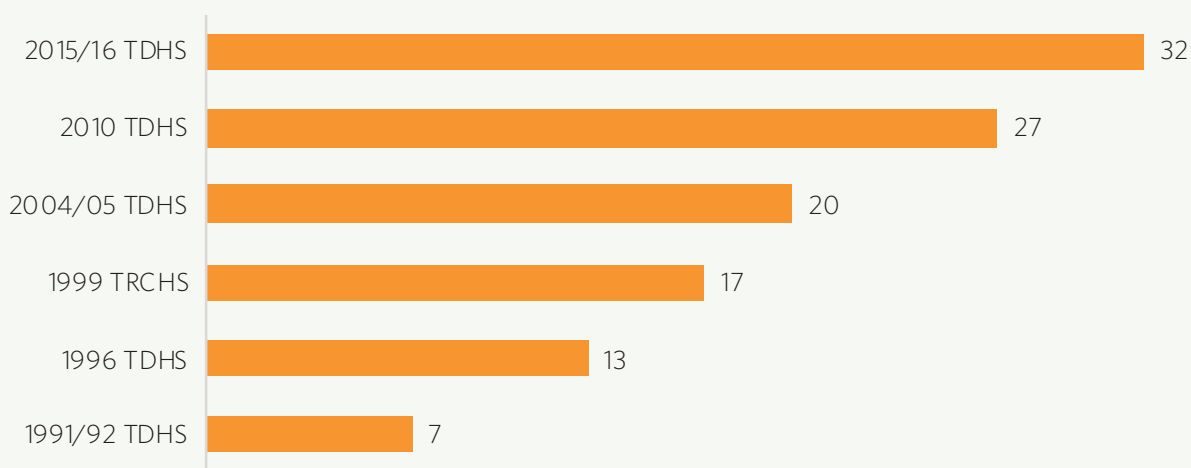
among currently married women (aged 15-49) is 32 per cent<sup>5</sup>; a steady increase over the last decade from 20 per cent in 2004/5 and 27 per cent in 2010. Injectables are the most popular contraceptive, used by 13 per cent of currently married women aged 15 to 49.

There is a notable difference, however, in the CPR across regions, ranging from a low of 7 per cent in Kusini Pemba (Zanzibar) to a high of 52 per cent in Lindi (Southern Tanzania). Among young married women aged 15 to 24, the CPR is very low at 16 per cent, ranging from 1 per cent in Unguja (Zanzibar) to 36 per cent in Lindi.<sup>6</sup>

#### The unmet need for family planning

The unmet need for voluntary family planning for currently married women aged 15 to 49 – those women who want to space or limit births but are not currently using contraception – is 22 per cent, again with regional variations from a low of 10 per cent in Lindi to a high of 37 per cent in Kaskazini Pemba.<sup>7</sup>

*Percentage of currently married women (aged 15-49) using a modern contraceptive*



<sup>3</sup> Ibid.

<sup>4</sup> Modern methods include male and female sterilization, injectables, intrauterine devices, contraceptive pills, implants, male condoms, emergency contraception, and the lactational amenorrhea method (exclusive breast feeding).

<sup>5</sup> TDHS 2015/16.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.





## Choice can change the world

- **Access to voluntary family planning improves the health and well-being of women and their children**

The maternal mortality ratio (MMR) in Tanzania, as estimated in the most recent TDHS 2015/16, is 556 deaths per 100,000 live births. This means that 11,000 women die every year during pregnancy, childbirth, or within 42 days of the termination of pregnancy, irrespective of the cause. Family planning allows for spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing as well as prevent pregnancies in older women who face increased pregnancy-related risks.<sup>8</sup>

- **The benefits of investing in voluntary family planning**

Studies have demonstrated that investing in family planning is a development “best buy”. Analysis has shown that meeting the contraceptive needs of all women in developing countries more than pays for itself; for every single dollar spent on contraceptives four dollars are saved.<sup>9</sup>

- **Voluntary family planning can bolster national development**

Access to voluntary family planning leads over time to fewer children and proportionally more resources available to invest in each child, contributing to economic growth by facilitating changes in a country’s age structure. With fewer births each year, a country’s

working-age population grows larger in relation to the young dependent population. The growing population of young people presents a time-bound opportunity for accelerated economic growth known as a “demographic dividend”, for which the African Union has developed a roadmap (African Union Commission, 2017).

- **Voluntary family planning as part of realizing the Agenda 2030**

The 2030 Agenda for Sustainable Development makes the realization of reproductive health and rights a specific target under one of the 17 Sustainable Development Goals (SDGs), and it is integral to realizing all of the goals. High fertility, generating rapid population growth, could hamper progress towards achieving the SDGs. Some countries may, for example, fall short of Goal 1 (to eliminate poverty), Goal 3 (to achieve good health and well-being), and other goals related to sustainable cities and decent work for all.<sup>10</sup>

- **Access to voluntary family planning for the most marginalized**

There is a growing consensus that economic growth is not sufficient to reduce poverty if it is not inclusive.<sup>11,12</sup> The 2030 Agenda for Sustainable Development makes the realization of sexual and reproductive health and rights a specific target for every individual and couple, no matter where or how they live, or how much they earn. This includes dismantling all the barriers—whether economic, social or institutional—that inhibit free and informed choice.<sup>13</sup>

<sup>8</sup> Factsheet. Family Planning/Contraception. 2018. World Health Organization.

Available at: <http://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>.

<sup>9</sup> Starbird E, Norton M and Marcus R. Investing in Family Planning: Key to achieving the Sustainable Development Goals, Global Health: Science and Practice, 2016, 4(2): 191-210. Available at: <http://www.ghspjournal.org/content/4/2/191.full.pdf>.

<sup>10</sup> The Power of Choice - Reproductive Rights and the Demographic Transition. State of World Population 2018. UNFPA.

<sup>11</sup> Bourguignon, François. 2004. “The Poverty-Growth-Inequality Triangle.” Poverty, Inequality and Growth 69: 342674-120611890151.

<sup>12</sup> Bourguignon, François. “The Growth Elasticity of Poverty Reduction: Explaining Heterogeneity across Countries and Time Periods.” Inequality and Growth: Theory and Policy Implications 1, no. 1 (2003).

<sup>13</sup> The Power of Choice - Reproductive Rights and the Demographic Transition. State of World Population 2018. UNFPA.



## Success story from the field

### Reproductive health outreach programmes: Leaving no one behind

Joyce Albert is a registered nurse at the Kilumba Dispensary in Mwanza. Together with her colleague, they wash and scrub their hands in a sink and put on their gloves to attend to Minza. Joyce cleans Minza's arm, her colleague gives Minza a local anaesthetic and then a contraceptive implant is inserted under the skin on Minza's arm. Joyce wipes Minza's arm and a few minutes later Minza returns home with one less thing to worry about – a pregnancy she is not yet ready for.

The implant is a small rod that is inserted under the skin that provides protection against pregnancy for three years. When it is removed, fertility returns to normal.

Minza lives on an informal settlement near Kilumba Dispensary and is one of more than 1,000 clients who attended the community outreach programme at the end of June 2016. Without the programme Minza would have had to travel to the health facility, two kilometres away. The distance to the health facility discourages many women from seeking voluntary family planning services. The community outreach programme brings these services to the people, and the response has been overwhelming.

The outreach programme, as part of a comprehensive approach to Reproductive, Maternal, Newborn and Child Health (RMNCH) services, is a positive example of the mix of services and resources required to contribute to the reproductive rights of all people of Tanzania. Minza runs a market stall and can ill afford to leave it to spend three hours at the health facility. Joyce explains: "Here she can get someone to queue for her as she attends to her market stall. She only comes in when there are two or three people ahead of her in the queue."

Integrated RMNCH services through community outreach programmes, which include voluntary family planning, are a key initiative helping to support Tanzania to achieve its reproductive health targets. The outreach programme is so vital: it provides the information and means for women and their partners to responsibly decide the number, spacing and timing of their children.

"Outreach is one of the most powerful and effective ways of reaching people in need of contraception. Not all women can reach clinics, so we must meet them where they are. We take services to some of the most remote and underserved communities in the country, bringing choice to people who cannot come to us", says Francis Omorge, Branch Manager, DKT Mwanza.