

Family planning services and programmes in countries of the Eastern Mediterranean Region

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خدمات تنظيم الأسرة وبرامجها في بلدان إقليم شرق المتوسط

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خلاصة: ترمض هذه المقالة نتائج استقصاء أجري سنة 1999 في تسعة عشر بلداً من بلدان إقليم شرق المتوسط لمنظمة الصحة العالمية حول خدمات وبرامج تنظيم الأسرة في الإقليم. لقد تم جمع البيانات عن طريق استبيان يستوضح المجالات التالية: وجود سياسات لتنظيم الأسرة أو السكان ووجود أنشطة لتنظيم الأسرة، وخدمات تنظيم الأسرة المتاحة، وأنشطة التوعية والترويج لتنظيم الأسرة، وضمان جودة الخدمات، وجمع بيانات تنظيم الأسرة وتحليلها وتعميمها، وكيفية الاستفادة من هذه المعلومات. ولقد تبين من النتائج أن ثلاثة عشر بلداً لديها سياسات وطنية لتنظيم الأسرة والسكان. بل إن خدمات تنظيم الأسرة متاحة على نطاق واسع حتى في تلك البلدان التي ليست لديها مثل هذه السياسات. ويتفاوت نطاق الخدمات المقدمة. ولا تزال هناك حاجة إلى تطبيق أو تعزيز برامج تنظيم الأسرة في الإقليم، الأمر الذي تدركه بلدان الإقليم ذاتها.

ABSTRACT This paper presents the findings of a 1999 survey of 19 countries of the World Health Organization Eastern Mediterranean Region on the family planning services and programmes in the Region. Data were collected using a questionnaire which explored the following areas: the presence of population or family planning policies and family planning activities, the family planning services available, promotional and educational activities on family planning, quality assurance, family planning data collection, analysis and dissemination, and the use of such information. The results indicate that 13 of the countries have national policies on population and family planning but even in those that do not, family planning services are widely available. The scope of the services provided varied. There is still a need to implement or strengthen family planning programmes in the Region, a need which is recognized by the countries themselves.

Les services et programmes de planification familiale dans les pays de la Région de la Méditerranée orientale

RESUME Cet article présente les résultats d'une enquête réalisée en 1999 dans 19 pays de la Région de la Méditerranée orientale de l'Organisation mondiale de la Santé concernant les services et programmes de planification familiale dans la Région. Des données ont été recueillies à l'aide d'un questionnaire qui explorait les domaines suivants: l'existence de politiques démographiques ou de planification familiale et d'activités de planification familiale, les services de planification familiale disponibles, les activités promotionnelles et éducatives en matière de planification familiale, l'assurance de la qualité, le recueil, l'analyse et la diffusion des données sur la planification familiale, et l'utilisation de ces informations. Les résultats montrent que 13 de ces pays ont des politiques nationales en matière de population et de planification familiale et que, même dans ceux qui n'en ont pas, des services de planification familiale sont largement disponibles. La portée des services fournis varie. Il faut encore mettre en œuvre ou renforcer les programmes de planification familiale dans la Région, une nécessité qui est reconnue par les pays eux-mêmes.

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Introduction

Family planning has been identified by the World Health Organization (WHO) as one of the six essential health interventions needed to achieve safe motherhood. The Safe Motherhood Initiative, launched in 1987, defined safe motherhood as "a woman's ability to have a safe and healthy pregnancy and delivery" [1]. The initiative strives to reduce maternal morbidity and mortality, and it specifically aimed to reduce maternal mortality by 50% by the year 2000.

An estimated 600 000 maternal deaths occur worldwide each year: 99% of them take place in developing countries. WHO estimates that 13% of these deaths are due to unsafe abortion [2]. Worldwide, approximately 50 million women resort to induced abortion, frequently resulting in mortality and adverse health consequences [2]. The obstetrics/gynaecology inpatient ward in El-Minia Hospital in Egypt, for example, receives approximately 130 cases of incomplete (spontaneous and induced) abortion a month [3]. In most countries in the WHO Eastern Mediterranean Region, abortion continues to be an illegal and unsafe procedure. Abortion is legally permitted when the pregnancy poses a threat to the mother's life, or if the fetus has no chance of survival and if there is a "danger of a deformed or congenitally abnormal birth" [3,4]. By preventing unplanned and high-risk pregnancies, family planning plays an important role in reducing maternal mortality and preventing maternal morbidity.

Family planning enables individuals (women and men) to plan their families and space their children. The umbrella of family planning encompasses a range of services, including: 1) family planning/birth spacing counselling, 2) provision of family planning methods, 3) infertility diagnosis, treatment and counselling, and 4) reproduc-

tive health education [5]. However, family planning is often perceived to be a programme primarily for promoting contraceptive use to *prevent pregnancy*. It is rarely viewed as a tool for birth spacing and for the treatment of infertility and sexual problems.

National family planning programmes and services are designed to meet the needs of individuals and to achieve goals set by countries to ensure a better quality of life for their people [6]. Countries with large populations and high densities relative to available resources suffer tremendously from unacceptably high fertility rates. High fertility rates are strongly associated with inadequate spacing between births, which in turn is associated with high maternal and infant mortality.

Studies indicate that the total fertility rate of a nation is directly related to its prevalence rate of contraceptive use [7]. According to the empirical relationship between contraceptive use prevalence rate and total fertility rate, on average for every 15-percentage-point increase in contraceptive use prevalence, there is a reduction of one birth per woman [7]. Thus, countries with high total fertility rates tend to have low contraceptive use prevalence rates and vice versa [7]. For instance, WHO statistics for 1996 indicate that 5% of married women in Somalia aged 15-49 years used contraceptives and the total fertility rate was reported to be 6.8, whereas Lebanon had a contraceptive use prevalence rate of 61% and a total fertility rate of 2.5 [8]. Ideally, the availability and the types of family planning services provided by countries should correspond directly to the needs of their people. It is essential for authorities to acknowledge family planning as a basic human right that must be granted to each individual.

Egypt, Lebanon, Morocco, Tunisia and several other countries in the WHO Eastern

Mediterranean Region have developed population policies and programmes to reduce their population growth rates; these policies and programmes are appropriate for the needs of the people and for the welfare of the societies [6]. On the other hand, other countries in the Region fear the possible impact that low fertility rates may have on the sustainability and socioeconomic structure of their communities. For example, member countries of the Gulf Cooperation Council have policies and programmes that promote increased fertility along with birth spacing [6].

Regardless of national policies, WHO statistics, in addition to the results of many studies, indicate that many subpopulations within the countries of the Region remain under-served, if they are reached at all. For example, data from the 1992 Egyptian Demographic Health Survey showed that 66.8% of married women in Egypt wanted no more children but only 47.1% were using contraceptives, and the ratio varied with place of residence [9]. Similarly, the World Fertility Survey of Tunisia indicated that 49% of Tunisian women desired no more children; however, the actual fertility rate remains higher than expected [10]. A PAPHILD survey conducted in the Syrian Arab Republic in 1993 indicated that 59.1% of currently married women with five or more living children wanted to stop child-bearing, yet 51.4% of previous contraceptive users and 19.5% of never users with a similar number of children did not intend to use contraceptives [11]. Despite advanced contraceptive technology and well developed family planning programmes, studies of Eastern Mediterranean countries reveal a high prevalence of unmet needs for family planning among various populations in the Region. Family planning services are especially scarce in politically unstable areas and among refugees [12]. In 1991, the Unit-

ed States Committee for Refugees estimated that one-third of the world's refugees lived in the Middle East [13].

The countries the WHO Eastern Mediterranean Region adopted the Safe Motherhood Initiative in 1988 at the Thirty-fifth Session of the Regional Committee for the Eastern Mediterranean. A decade later, in April 1998, an intercountry workshop on follow-up achievements of the Safe Motherhood Initiative in the countries of the WHO Eastern Mediterranean Region was held in Sana'a, Republic of Yemen [14]. During the workshop, several Member States expressed their concerns regarding the persistence of high maternal death rates in the Region. Several countries of the Region have some of the highest reported rates of maternal mortality in the world. The latest available data from the WHO Regional Office for the Eastern Mediterranean indicate that in 1996, Afghanistan reported 1700 maternal deaths per 100 000 live births and in 1991 Somalia reported 1100 maternal deaths per 100 000 [8]. A lesson that was clearly learned by countries during the Sana'a workshop was that there was a lack of accurate data on the magnitude of maternal morbidity and mortality in Member States. The countries also recognized that they lacked the analytical tools and surveillance systems to assess the real magnitude of the problem in the Region and to monitor the impact and progress of reproductive health programmes in achieving the goals set by the Safe Motherhood Initiative.

WHO, in collaboration with the Centers for Disease Control and Prevention, conducted a survey of countries of the Eastern Mediterranean on aspects of maternal and reproductive health in order to gain a better understanding of the current situation in the Region. This paper presents the findings on family planning services and programmes in the Region.

Methods

From January to May 1999, a survey of countries in the Eastern Mediterranean Region was conducted. Data were collected using questionnaires completed by experts on maternal health and family planning programmes in the ministries of health in the countries surveyed. The questionnaire had four sections requesting information on: 1) maternal health, 2) maternal mortality surveillance, 3) maternal death review and 4) family planning/birth spacing programmes. In the first section, countries were requested to provide information on specific reproductive health indicators, such as crude birth rate, general fertility rate and contraceptive use prevalence rate. The other three sections primarily enquired about the policies, systems and programmes concerned with the identification and investigation of maternal deaths and the provision of family planning services, including birth spacing.

The family planning section in the questionnaire explored whether or not countries had population and/or family planning policies, family planning efforts by the ministry of health and/or national family planning programmes. It further enquired about the available family planning services, the promotional and educational activities on family planning and the quality assurance components incorporated into family planning programmes. The questionnaire sought information on family planning data collection, analysis and dissemination processes, and whether the information produced was used in family planning programme management and evaluation and in resource allocation.

The questionnaire was pilot tested in two countries on the Region, Egypt and the Syrian Arab Republic. Based on the results of the pilot test, the questionnaire was re-

vised and then distributed for completion to 19 of the 23 countries in the Eastern Mediterranean Region. Four countries of the Region were excluded for logistical reasons. The data from completed questionnaires were compiled and analysed using *Epi-Info* 6.0. Data of questionable reliability and data from answers that did not follow the specified directions were not included in the analysis. Countries that responded with "no" or "not sure" for the question on whether or not there were organized efforts by the ministry of health to identify women of reproductive age and promote family planning among them were also excluded from analysis dealing with family planning programmes.

Results

All 19 countries included in the survey completed and returned the questionnaires, a 100% response rate. Of these, 13 countries reported having national policies on population and/or family planning. However, even in countries that reported having no population or family planning policy, family planning services were reported to be widely available. For example, Bahrain has no population and/or family planning policy but family planning services are available in primary health care centres, and they have been incorporated into post-natal screening services.

Overall, 14 of the 19 countries reported having organized efforts by their ministries of health to identify women of reproductive age and to promote family planning among them; 13 countries reported having organized, government-sponsored, national family planning programmes (Figure 1).

The scope of services provided by national family planning programmes differs from one country to another. Of the 13 countries with national programmes, 9 pro-

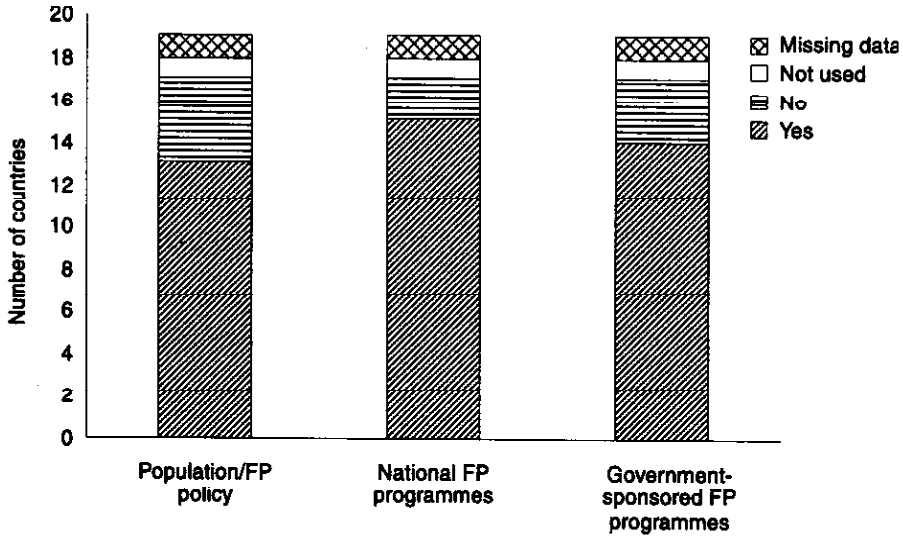


Figure 1 Distribution of countries of the World Health Organization Eastern Mediterranean Region by whether they have a population and/or family planning (FP) policy, national FP programmes or government-sponsored FP programmes, 1999

vide infertility counselling, 11 provide birth spacing counselling and 12 provide contraceptive methods for users at reduced cost or no cost at government health care facilities.

All 13 countries with national family planning programmes reported using promotional and educational activities to inform the public about available family planning services, methods of family planning and the proper use of the available methods. Furthermore, 12 countries provide information on the availability of family planning supplies, the effectiveness and side-effects of contraceptive methods and the need for follow-up and routine visits; 10 countries inform the public of the locations of family planning facilities. In addition, 12 countries use multiple information, education and communication (IEC) methods to inform the public about family planning services and methods. The Republic of

Yemen and Saudi Arabia rely mainly on radio and health workers for IEC activities and Lebanon reported that health care providers working in health delivery units were their only method of IEC (Table 1).

Of the 13 countries with national family planning programmes, 9 reported having quality assurance components built into their family planning programmes. Regarding supervision, 11 countries reported having routine supervision of their programmes; however only 9 countries carry out routine evaluation. In all, 8 countries have in-service training programmes for all health care providers on how to provide family planning services and counselling, 4 countries train their obstetricians, gynaecologists, general physicians and nurses in family planning and counselling, and 1 country trains only obstetricians, gynaecologists and general physicians.

Table 1 Methods used to inform the public about family planning methods and services in countries of the World Health Organization Eastern Mediterranean Region, 1999

Country	Radio	Television	Newspapers	Speakers	Health workers
Bahrain	X	X	X	X	X
Djibouti	X	X	X	X	
Egypt	X	X	X	X	
Islamic Republic of Iran	X	X		X	X
Iraq	X	X	X		X
Jordan	X	X	X	X	X
Lebanon					X
Morocco	X	X	X	X	X
Oman	X	X	X	X	X
Pakistan	X	X	X	X	X
Saudi Arabia	X				X
Syrian Arab Republic	X	X	X	X	X
Republic of Yemen	X				X

Of the 13 countries with national family planning programmes, 12 routinely collect data regarding family planning services and users; 10 of these collect data on the demographics of the users of family planning methods, on the methods used and on the prevalence of contraceptive use (Table 2). Several countries reported that they had more than one professional responsible for the data collection process; 8 countries reported that health officers were the people responsible for data collection and 5 countries had statisticians collecting data. Health officers and health information system analysts were reported to be responsible for data analysis in 6 of the 12 countries. In all countries, the ministry of health receives the information produced from the data analysis. In 9 countries, the information is also relayed to family planning programmes, in 6 countries it is relayed to health centres, in 3 countries it reaches the

media and in 2 countries the information is delivered to nongovernmental organizations. Regarding the use of the information, 10 countries report that the information produced from the data analysis influences allocation of resources and 11 countries use it to evaluate and modify their family planning programmes. Finally, 12 countries have contraceptive logistics systems to monitor the distribution and use of contraceptives.

Discussion

There is an increased awareness among governments of Eastern Mediterranean countries about population issues and the impact of population growth on socioeconomic development and demographic structure [6]. Furthermore, most of the authorities in the Region acknowledge the benefits of family planning to maternal and

Table 2 Types of data collected on family planning activities and users in countries of the World Health Organization Eastern Mediterranean Region, 1999

Country	Demographics of users	Clinical	Knowledge, attitudes and practices	Types of family planning methods and prevalence of their use	All
Bahrain	X	X		X	
Djibouti				X	
Egypt				X	
Islamic Republic of Iran	X	X	X	X	X
Iraq	X			X	
Jordan	X	X		X	
Lebanon	X	X	X	X	X
Morocco	X	X	X	X	X
Oman	X	X	X	X	X
Pakistan	X				
Syrian Arab Republic	X				
Republic of Yemen	X		X	X	

child health and to the well-being of the family [13]. In our survey, 68% of the respondents reported having population policies, as well as active national programmes on family planning.

Omran and Roudi illustrated that countries develop policies and set population targets that correlate with their economic development as well as their political, ethnic and social agendas [13]. For instance, whether or not member countries of the Gulf Cooperation Council have clear population policies or family planning programmes, they have social policies and welfare systems that promote high fertility among their native populations. However, these same countries support child spacing for health reasons. There are countries that have no national family planning programmes yet have family planning associations supported by nongovernmental

organizations. Lebanon is currently implementing a national reproductive health programme but family planning services have been available in the past through an active family planning association [6].

Successful family planning efforts in various developing countries show that political commitment and support given by the civil bureaucracy facilitate successful implementation of programmes, increase the likelihood of acceptance and adoption of programmes by the people and enhance available resources for the programmes [7]. The family planning programme in Egypt is a good example of a successful programme that has the support and backing of both the government and the religious community. President Mubarak of Egypt takes every chance to remind the Egyptian people of the country's limited resources and the need to control their excessive population growth.

At the same time, during prayer times, community gatherings and during interviews on television and radio, Egyptian religious leaders repeatedly express their approval of family planning as a way to limit family size, protect maternal health and secure the welfare of the family and society as a whole [15].

IEC activities can be used to gain political and civil support. The results of our survey indicate that all Eastern Mediterranean countries with family planning programmes conduct educational and promotional activities to raise awareness and to inform the public about family planning services, methods and the proper use of methods. Of the 13 countries with national family planning programmes, 12 use more than one channel for their IEC activities and all 12 countries report that radio is one of the primary means of communication to provide information to the public on family planning. A recent review indicates the importance of radio in the promotion of family planning [16]. Radio reaches one in every three people worldwide. In 1982, more than 50% of the houses in rural Pakistan had radios and over 84% of the households in Egypt had radios. Health workers in health care facilities were the second most popular means of IEC, followed by television and then newspapers and public speakers. National educational programmes promoting family planning and advocating contraception are conveyed through the mass media in the Islamic Republic of Iran [17]. Similarly, a paper on family planning in Egypt highlights the important role the mass media have played in introducing family planning to the public [18]. Egypt has used other forms of communication as well. During the early stages of the programme, opinion leaders (such as youth leaders, religious leaders and social workers) were trained to inform and teach their community members about family planning, and volunteers were

trained to conduct home visits and establish person-to-person communication [18]. In addition, Egypt has more than 50 satellite centres in the governorates that conduct IEC activities [19]. Sudan has shown that the participation of the community is helpful for family planning communication; in a study in a village in the Gezira area, religious leaders conducted debates and lectures on oral contraceptives, which helped remove and clarify many misconceptions and rumours about oral contraceptives [20].

The extent and quality of family planning training for service providers varies widely. In all 8 countries reported having in-service training programmes for all health care providers, including traditional birth attendants, on family planning counselling and services. One country trains only obstetricians, gynaecologists and physicians and the remaining 4 countries train nurses too. Although all countries provide at least some training, questions remain about the adequacy of this training. Rushwan, in his study on maternal and child health and family planning in Sudan, expressed concern about the competence of health personnel in providing family planning services [21]. He stated that the educational and training programmes for health care providers were inadequate and lacked the promotion and preventive components, and consequently did not qualify health professionals to conduct family planning activities [21]. Farah et al. in a study in the Republic of Yemen affirmed that one of the obstacles to proper adoption of safe motherhood was the lack of a family planning component in the pre- or in-service training for health care providers [22]. It is specifically stated in the study that family planning is not "properly specified in the job description of health professionals and paramedical staff. Few providers offer family planning services" [22].

The results of our survey indicate that the 12 countries with national family planning programmes collect data on family planning services and users. Countries mainly collect data on the demographics of the users of family planning methods and on the types and prevalence of contraceptives used. Many studies have relied mainly on data from national demographic and health surveys in their analysis. However, it has been suggested that data from demographic and health surveys are usually underused and are typically used to derive descriptive information about family planning services from the individual and household perspectives and not from the community perspective [23]. Data on the availability and accessibility of family planning services at the community level tend to provide information useful for policy development and resource allocation. Data are also needed for programme evaluation. Results from our survey indicate that 11 countries use data for evaluation purposes. While some countries in the Region, such as Egypt, report having good systems for record-keeping and high levels of reporting, other countries complain that their data are incomplete and reporting is inefficient. For example, the poor quality of data in the Republic of Yemen impedes the proper evaluation of services [19,22]. Rushwan listed the lack of standardized records for routine data collection in maternal and child health and family planning services in Sudan as one of the main problems of the health care system [21]. He explained that these data are essential for monitoring and management of services.

Conclusion

Between 120 and 150 million married women worldwide want to stop childbearing or to space their next pregnancy, yet

they are not using any method of contraception [23]. Lack of contraceptive use and contraceptive failure are the main causes of unintended pregnancy. In many cases, women resort to unsafe abortion procedures to terminate their pregnancies [2]. In other cases, women continue with their pregnancies, risking their health and well-being, and the welfare of their families. The toll of maternal deaths and the risk of unintended pregnancy are greatest in developing countries. WHO estimates that over 99% of maternal deaths and about 95% of unsafe abortions occur in developing countries [2]. Most women resorting to abortion are happily married with several children and are faced with the burden of an unintended pregnancy. Studies indicate that two of the main reasons for the vast occurrence and reoccurrence of unwanted pregnancy are: 1) the lack of access to family planning methods and 2) contraceptive failure [23,24]. Many maternal and infant deaths, especially deaths due to unsafe abortion, and many socioeconomic problems can be prevented by the presence of effective family planning/birth spacing programmes.

Family planning/birth spacing programmes have developed and progressed tremendously in the WHO Eastern Mediterranean Region from a situation when only a few countries had population policies and national family planning programmes 25–30 years ago (such as Egypt, Morocco and Tunisia) to the present, where most of the countries have or are in the process of developing policies and programmes and where there have been reductions in fertility and increases in contraceptive use [25]. Despite major gains, the results of our survey indicate that much remains to be done in extending services and information access in many of the countries of the Region.

During the intercountry workshop on developing national capacity in safe moth-

erhood, surveillance and neonatal health in April of 1999 [26], countries from the WHO Eastern Mediterranean Region discussed the results of our survey and presented information on current family planning services in their countries. Countries collectively discussed the need for initiating population policies and implementing or strengthening existing family planning programmes.

Based on the results of our survey and on participants' presentations, all the Member States present at the workshop agreed on several recommendations to be carried out by countries of the Region and supported by interested parties and nongovernmental organizations. The first recommendation was for each country to incorporate a policy on family planning and birth spacing for health into their own national population and development framework, and to integrate family planning services into the primary health care delivery system. Participants emphasized the need for comprehensive reproductive health care. Recent workshops have been aiming at a similar goal,

which strives to change the objective of family planning programmes from one that solely aims to control population growth to a more comprehensive objective that addresses the reproductive health needs and rights of individuals and subsequently achieves population reduction [27].

Participants also recommended strengthening and encouraging community involvement and the participation of nongovernmental organizations in national family planning efforts. Other recommendations were that awareness among community members should be enhanced by improving family planning programme IEC activities, and that these activities should address both men and women. In addition, it was proposed that school curricula include information on population, socioeconomic development and family health. Finally, the participants recommended that the quality of services provided be improved by conducting on-going training for service providers, and by developing guidelines for service delivery.

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