



2011 FAMILY PLANNING CONFERENCE

A Minor Eureka Moment

Keywords:

Anne E Burke, with the Department of Gynecology and Obstetrics at Johns Hopkins Bayviews, explains why providers need to recognize women as the key stakeholder in their own reproductive health.

Providers like myself tend to be great advocates of LARC—long-acting reversible contraceptives, meaning implants and IUDs. We think they are great because they are super-effective. And they can stay in place for years if desired, but they are reversible and low-maintenance. Perfect for the woman who doesn't want to get pregnant for a couple/few years, or maybe ever. In terms of efficacy, you can't do much better.

I am a huge fan of LARC. Like many in my field, I'm frustrated that they are underutilized by women in U.S. and around the world. This is due to all kinds of reasons: lack of knowledge about the methods, financial issues, supply problems, misperceptions of risk (remember the Dalkon Shield? These are not your mother's IUDs...), and the fact that many doctors never even bring up the subject. The Choice study, an ongoing project based in the US, suggests that if LARC methods are made readily available, a lot more women will gladly use them.

But I've sometimes wondered if our well-intentioned enthusiasm results in unintended pressure on individual women to choose LARC. My clinical group in Baltimore certainly tries to be conscious of this. So I was really struck by something said last evening. Yesterday at the conference, I presented on a panel about post-abortion LARC methods. Afterwards, an attendee asked a question. "How do I get my clients to take an IUD after an incomplete abortion? Some of them tell me they want to get pregnant again soon, but I think they need an IUD so they don't get pregnant for a long time. How can I make this happen?" Her intentions were good: unintended pregnancy is a huge problem in her environment, and she truly wants to help her clients.

Fast forward a few hours, when the topic was how better to empower women to make decisions about their fertility. Pam Barnes, of Engender Health, suggested that we change the terminology from "informed choice" to "informed and voluntary decision-making". The point being, don't forget that the woman is the most important partner in this process! In the context of the earlier IUD question, the plea to change the focus from "choice" – meaning the woman needs to choose something, to "decision-making" – meaning she can first decide whether she wants to choose anything at all – was a minor eureka moment.

It's tricky: lots of women don't choose LARC because they get incomplete or wrong information about birth control options. Getting that info out there will increase uptake of these very effective and safe methods, and that's a good thing. But if a woman hears all my great counseling and still says no thanks, I need to respect that.

Big picture (as in "the forest"): unintended pregnancy is a problem that we all want to reduce. But that forest is made up of individual trees, who may or may not want an IUD. Moving forward, as we rightly continue to increase access to LARC all around the world, we must also acknowledge the woman's role as key stakeholder in her own reproductive health and well-being.

Anne E Burke, MD, MPH

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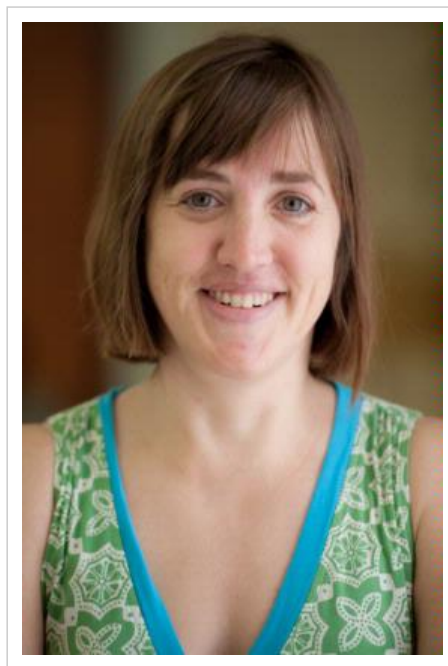
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Taking Charge of Our Future

Keywords:

Researcher Ebenezer Oni emphasizes the importance of including youth at the Dakar conference in the following essay from Dakar.

This conference will not have come at a better time than now when the world population marks the seventh billion landmark. This year's family planning conference witnessed a huge turn of participants from different organizations and countries. The rich mix of high level government officials, policy makers, program planners, researchers and journalist is amazing.

Each day had different sessions by expert presenters and very enthusiastic participants. There were so many sessions to choose from, researchers armed with results of interventions, program implementers ready to share their successes and policy makers discussing their thoughts and expressing the willingness to learn. The atmosphere out here in Dakar has been that of excitement and enthusiasm for the future of global family planning.

On a personal note, I am excited this conference did not leave out young people. There was a significant presence of youth at the Conference. These young persons were willing to have their voices heard on their reproductive needs. Different sessions focused on the conceptive need of this very important population. There was emphasis on the importance of meeting an unmet need among young persons across the globe. Half the people in the world today are under the age of 25 years, 1.8 billion of the 7 billion are aged 10-25 years and the highest rate of sexually transmitted infections worldwide is among young persons. Teenage girls account for 14 per cent of the estimated 20 million unsafe abortions annually to young married and unmarried women aged 15 to 19. As a young researcher at the conference, I shared my work which showed the significant impact education and working with religious and cultural leaders can have on the reproductive health of young persons in developing countries.

All through the conference, the key word has been "collaboration" between researchers, program planners and implementers and communities as the way forward to reducing the significant unmet need for contraception.

In Dakar 2011, we came; we saw and hopefully will conquer the challenge of meeting the unmet need across the globe. Everyone has a right to enjoy life and it starts with taking charge of the future today.

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