



Barriers to Family Planning: Challenges in Access Around the World

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Safe and voluntary family planning is an essential health service and a basic human right. Family planning is a cornerstone of gender equality and is critical to the health and well-being of individuals, families, and communities. And yet, physical, educational, social, and legal barriers prevent millions of people globally from accessing quality family planning services every year. By identifying the barriers, effective evidence-based solutions can be implemented to ensure that everyone, everywhere has access to person-centered family planning services.

FAMILY PLANNING: A BASIC HUMAN RIGHT

Family planning consists of the information, means, and methods that allow individuals and couples to decide and attain their desired number of children, if any, and the spacing and timing of those births.¹ At the 1968 International Conference on Human Rights, Member States of the United Nations (U.N.) agreed that “couples have a basic human right to decide freely and responsibly on the number and spacing of their children and right to adequate education and information in this respect.”² This instrument of international law and subsequent treaties affirm that family planning is a basic human right.³ Yet, more than 50 years later, millions of people around the world still encounter barriers that prevent them from accessing quality family planning services.

The Global Status of Family Planning

Globally, many individuals and couples want to postpone or avoid pregnancy. Out of 923 million women of reproductive age in low- and middle-income countries (LMICs) who want to avoid pregnancy, 218 million have an unmet need for modern contraception, meaning that they want to avoid pregnancy but are not using a modern method of contraception.⁴

218 MILLION

BARRIERS TO FAMILY PLANNING

Identifying the barriers to family planning services is key to formulating evidence-based solutions to address them. Some of the barriers experienced by people worldwide include:

Health System Barriers

Lack of Healthcare Facilities: Long distances to healthcare facilities is a commonly cited barrier to accessing family planning services in studies from Nepal to the United States.^{5,6} Long-distance travel, especially in the absence of affordable and efficient transportation methods, is burdensome for many. A study from Zambia observed that women are much less likely to use family planning services in the future when long travel times cause them to be late, and therefore turned away from their original appointment.⁷

Limited Provider Supply: Health care provider shortages affect many communities, especially low-income and rural areas. In the U.S., patients from rural areas report insufficient numbers of providers offering any type of family planning or contraceptive services, forcing people to have to travel far distances.⁸ In Ethiopia, adolescents have reported a lack of well-trained health care providers as a reason for not using sexual and reproductive health services.⁹

Commodity Supply Chain Shortages: Lack of medical resources and stockouts of contraceptive supplies translate into a lack of choice in family planning methods available, and consequently, a decrease in use of service. Senegal’s low contraceptive prevalence rate of 18 percent among

*Population Institute (PI) is intentionally using women in statements where the data do not include nonbinary people or trans men. Otherwise, PI uses gender-inclusive language to represent all individuals who may seek family planning services.

women aged 18-49 can partially be attributed to stockouts and poor inventory records. A lack of financial resources, as well as insufficient communication and training, can prevent efficient contraceptive supply chains between national and local levels.¹⁰

A Solution: Strengthening of Local and National Health Systems

A combined effort of functional community health systems, community desire to prioritize reproductive rights, and promotion of knowledge of contraceptive services is required for successful delivery of family planning services. Family planning clinics need to be well-rounded in their service offerings — including couples counselling, providing a method mix of contraception by adequately trained professionals, STI testing, regular check-ups, and sexual health education. Effective collaboration across different institutions is required to prevent stockouts by coordinating supply chain management with demand projections and real-time availing of commodities.¹¹

The Impact of COVID-19 on Family Planning

In a survey conducted by United Nations Population Fund (UNFPA) of more than 70 LMICs, 41 percent reported that family planning services were interrupted due to the COVID-19 pandemic. Disruptions of supplies and services lasted an average of 3.6 months due to COVID-19 emergency responses, causing an estimated 12 million women around the world to lose access to modern contraceptives. As a result, as many as 1.4 million unintended pregnancies may have occurred before people were able to resume use of family planning services.¹²



Educational Barriers

Myths and Misconceptions: Myths about family planning are associated with a low demand and uptake of contraceptive use.¹³ In a study in Ghana, participants reported misconceptions about long-term impacts from modern contraceptive methods including development of fibroids, infertility, birth complications, and premature death.¹⁴ In addition, a fear of side effects is more pronounced when a full range of contraceptive options are not available to a patient.¹⁵

Lack of Training Among Providers: Limited budgets for staffing and training modules lead to poor quality of care and gaps of knowledge among healthcare providers.¹⁶ A study conducted amongst community health workers in Malawi revealed that many of the providers lacked training and expertise to carry out tasks such as insertion and removal of implants and intrauterine devices, commonly referred to as IUDs.¹⁷

A Solution: Increasing Comprehensive Sexuality Education (CSE) Worldwide

CSE is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality.¹⁸ Implementing CSE curriculum over abstinence-only education to adolescents can inspire active community dialogue to help overcome stigma attached to family planning.¹⁹

Social Barriers

Social Stigma: Social stigma surrounding family planning services can be sustained by cultural norms and religious beliefs. Normative beliefs prohibiting sexual activity among unmarried youth can deter young people from seeking out family planning services. A study in Senegal found that young participants overwhelmingly disapprove of contraception and are too embarrassed to seek care.²⁰ Once married, people may also face intense social pressure to have children and the use of contraception would be considered counterproductive.²¹

Gender Inequality: Imbalanced power dynamics and gender norms within heterosexual relationships can leave women with little to no decision-making ability for family planning. A 2020 study from UNFPA of 57 countries revealed that nearly one in ten women are not able to make their own choices about contraception.²² Fear of judgement, or even violence, from one's partner often influences a woman's decision regarding family planning.^{23,24} Often, a male partner's acceptance of contraceptives can be used as a predictor of whether the couple will use contraception. A study from Nigeria found that while 56.5 percent of male respondents generally approved of women's contraceptive use, only 45.6 percent would allow their own spouse to use contraceptives.²⁵

Provider Bias: Stigma in health facilities, such as provider bias against specific demographics and methods of contraception, influence the use of family planning services. Specifically, young, single women face unique challenges when seeking family planning services. One study in Malawi found more than two-fifths of providers say they would not be comfortable providing services to young, unmarried women without children.²⁶ In urban Kenya, 41 percent of providers reported that they would not offer one or more methods of contraception to women without any children.²⁷

Members of the LGBTQ+ community, immigrants, and Black, Indigenous, and people of color (BIPOC) folks experience additional obstacles when it comes to family planning because of racism, xenophobia, and homophobia among providers.²⁸

A Solution: Increasing Male Involvement in Family Planning

Focus must shift to involve men in family planning decisions to maximize effectiveness. One study in Togo, for example, found couples counselling services to be particularly helpful in facilitating male involvement in family planning services uptake and support.²⁹

Entertainment education, such as television or radio dramas, has also been shown to be effective in shifting male attitudes and enhancing spousal communication about family planning. For example, people who regularly listened to *Saliwansai*, a radio serial drama in Sierra Leone, were 3.7 times more likely than non-listeners to say that they talked to their spouse/partner frequently about family planning.³⁰ Given men's influence in contraceptive use, it is important to engage both men and women in educational interventions and spousal communication programs.³¹

Legal/Policy Barriers

Third-Party Consent Laws: Sometimes, a third party – often a spouse or another relative – must provide consent before a person can receive family planning methods. In certain parts of Kenya, for example, providers are required to have permission from a third party before providing certain types of contraception.³² Despite declaration from the Human Rights Committee deeming such legal provisions a violation of privacy, this is still practiced in some areas of the world.³³

Age Restrictions: Age restrictions and parental notification laws on contraception act as barriers against family planning use for adolescents. Despite data that show that the majority of adolescents begin sexual activity between the ages of 15 and 20 years, many countries impose policies to restrict provision of contraception to unmarried adolescents.^{34,35} Indonesian law, for example, strictly regulates family planning programs for young people and only targets married couples, despite high numbers of sexually active adolescents.^{36,37}

Restrictive Abortion Policies: Restrictive abortion laws and policies are also a crucial barrier to family planning services. For recipient countries of U.S. foreign assistance, U.S. policies regarding abortion can have major impacts on host national family planning services. The Mexico City Policy, commonly referred to as the global gag rule, prohibits foreign nongovernmental organizations (NGOs) receiving U.S. government global family planning assistance from performing or promoting legal abortion services, even if the host country's abortion laws allow for it. Those NGOs are then forced to decide between accepting the necessary funds to continue their work in family planning or refuse the funding in order to provide comprehensive sexual and reproductive healthcare and risk the closure of their clinics due to lack of funding.³⁸ Imposition of the gag rule has varied from one U.S. administration to the next.

A Solution: Increasing Political Support

Political support can influence community support and increase avenues of funding for family planning programs.³⁹ Previous investments in programs meant to increase access to modern contraception, such as FP2020, have empowered 60 million women and girls to use contraception.⁴⁰

REMOVING THE BARRIERS TO FAMILY PLANNING

Family planning services play a critical role in increasing educational opportunities, strengthening economies, and achieving gender equality.⁴¹ Currently, the U.N. aims to invest in family planning and contraceptive services to achieve universal access to sexual and reproductive healthcare, including family planning, reproductive health information, and sexuality education by 2030 through the Agenda for Sustainable Development.⁴² Increasing access can help all people reach the health services they need, effectively reducing maternal and infant mortality and unsafe abortions worldwide.⁴³ Proper sexual health education can also help to prevent sexually transmitted diseases and unintended pregnancies.⁴⁴ Allowing families to make educated decisions in determining the appropriate number of children for themselves is crucial for the realization of human rights and the achievement of sustainable development.

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