FAMILY PLANNING IN CONTEMPORARY REPRODUCTIVE HEALTH AND RIGHTS

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ABSTRACT:
Family planning is re-emerging as a foremost contemporary global reproductive health issue largely on account of its implication to world's population dynamics and it's perceived influence on several aspects of human development, most of which are linked with the economy. It refers to the control of world population in relation to the available food and economic resources. Despite its significance to human development it remains elucive to many women especially in developing countries. Family planning has profound sexual and reproductive rights implications which have been recognised over the years at several international conferences. Access to family planning is a major approach to maternal mortality reduction. Social and political factors, such as religion and politically-motivated funding restrictions for family planning services, negatively impact on availability and accessibility of such services, with often devastating effects to the most vulnerable and least privileged women, especially in underdeveloped countries. Family planning and its continued development is the collective responsibility of every individual, country, or organization. Key strategies to promote family planning include domestication of provisions of international conventions on family planning into state laws, and ensuring their implementation; development of community friendly family planning services; establishment of effective family planning commodities logistics management system; emphasising on the family planning needs of special groups such as adolescents, and members of some religious denominations; and the training of family planning counsellors and assistants

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INTRODUCTION:

Family planning has over the past 50 years occupied a prominent position as a global health issue, largely on account of its implication to world's population dynamics. The period between the 1960s and 1990s represents a major development in family planning activities, evident from the numerous publications on the subject, from different parts of the world, of which the literature was replete [1-5]. Some key international conferences that occurred over the 20 years period, between 1974 and 1994, inexorably highlighted the linkage that exists between family planning and demographic imperatives, and population issues. Notable amongst these conferences include the World Population Congress (WPC) in Bucharest in 1974; the International Conference on Population (ICP) in Mexico City in 1984; and the International Conference on Population and Development (ICPD) in Cairo in 1994. The Cairo conference however constituted a landmark event within the context of the dynamics of the world population in that it created a paradigm shift in emphasis of population issues from the hitherto family planning and demography to population and development. The concept of reproductive health emerged; followed closely by the recognition of sexual and reproductive rights especially that of women as being paramount to the social and economic development of nations, and thereby assigning to it the identity of being an integral and an indivisible aspect of universal human right[6].

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Family planning refers to the control of world population in relation to the available food and economic resources. It basically involves contraception; reproductive health research; investigation and management of infertility and recurrent abortion; genetic counseling; sex selection; and evaluation of pregnancy termination as a method of family limitation. Inspite of the comprehensive scope of family planning, the term is often used synonymously with contraception. Generally, contraception is divided into three broad methods viz:

a) Artificial method e.g. intra-uterine comtraceptive device (IUCD), condom, subdermal implant, and bilateral tubal ligation.
b) Natural (fertility awareness) method e.g. basal body temperature (BBT), calender method (safe period), and billings ovulation (cervical mucous) method.
c) Traditional method e.g. withdrawal (coitus interruptus), lactational amenorrhoea, herbs, rings or waist bands.

There is a re-enkindling of the need to recognize family planning as a foremost component of reproductive health on account of its perceived influence on several aspects of human development, most of which are linked with the economy [7,8]. The United Nations has recognized this situation early enough, and has played a leading role towards the catalysis of nations of the world to the appreciation of the recently re-emerging role of family planning in reproductive health and human development. This perhaps is the major reason why the United Nations declared family planning as the theme of the 2008 World Population Day, and further adopted the slogan "Family planning: It is a right, make it real".

The United Nations has currently placed the world's population at 6.7 billion people, and the number is expected to grow to 9.2 billion in the next 40 years. It also reported that approximately 200 million women around the world say they want to delay or prevent pregnancy but are not using effective contraception. Furthermore 20 % to 30 % of married women in sub-Saharan African countries do not have access to contraceptives[9].

In many developing countries, including Nigeria, family planning has been considered to be a major policy and reproductive health issue. This situation has been aptly captured in the words of the Chairman of Nigeria's National Population Commission, Samuila Danko Makama, – "the right to plan one's family is a fundamental right that applies to every adult" [10]. Unfortunately reproductive health indexes including contraceptive prevalence rates have remained poorest amongst developing countries of sub-Saharan Africa. Contraceptive prevalence rate (CPR) for Nigeria for example presently averages less than 10 %. Studies from southeastern Nigeria reported a contraceptive prevalence rate of 9.1 % amongst women attending antenatal clinic and 23.5 % amongst girls in tertiary institutions[5,11].

This article appraises family planning as a reproductive health issue and considers its' sexual and reproductive rights implications. The influences of family planning on maternal mortality reduction as well as its socio-political imperatives are also examined, and the literature reviewed.

REPRODUCTIVE HEALTH, HUMAN RIGHTS, AND FAMILY PLANNING:

Reproductive health has been defined within the context of the World Health Organization (WHO) positive definition of health, which became modified at the International Conference on Population and Development (ICPD) Cairo in 1994, as "the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its function and processes"[12, 13]. Reproductive health adopts a holistic approach to the consideration and management of reproduction-related disorders, thereby creating a linkage that enables one to utilize an opportunity provided for the management of a particular problem of reproduction to seek information into, and manage other related reproduction problems. Reproductive health lays great emphasis on people in their various categories, and impacts on important contemporary world issues such as general health, economy, development,

population, the environment, and status of women. Reproductive health is also a direct measure of the socio-economic wellbeing of any country. Its impact is most pronounced on women and young people. Family planning is one of the components of reproductive health.

COMPONENTS OF REPRODUCTIVE HEALTH:

The following constitutes the basic components of reproductive health:

Safe motherhood —pre-pregnancy care; antenatal care; essential obstetrics care; safe delivery; postnatal care; prenatal care; neonatal care; and breast feeding.

Family planning including the provision of contraceptive services.

Infertility prevention and management.

Infant and child survival, growth and development.

Prevention and management of sexually transmitted infections including HIV/AIDS.

Abortion —including the prevention and management of unsafe abortion.

Management of reproductive tract malignancies, and other non-infectious conditions of the reproductive system such as genital fistula, cervical cancers, and complications of female genital mutilation.

Adolescent reproductive health and sexuality.

Human sexuality.

Traditional practices harmful to women — cultural (e.g. female genital mutilation), and social (e.g. violence against women).

Gender discrimination —gender inequity and inequality.

Reproductive health problem associated with menopause and andropause.

At the ICPD in Cairo, a human right-based approach was adopted as a universal policy agreement to the relationship between reproductive health, population, and development; bringing about a new and all encompassing concept of sexual and reproductive rights. Women's rights activists have played a leading role in bringing sexual and reproductive rights to the front-burner amongst contemporary human-right issues. Their original protest against fertility reduction advocacy as a means of population control on the grounds that it infringes on the human rights of the individuals informed the United Nations shift in methodology in the mid 1990s, from its original coercive strategies that control women's fertility, to empowering policies that emphasize equal rights[14].

At the first international conference on human right at Tehran in 1968, participants recognized that parents have a basic human right to determine freely and responsibly on the number and spacing of their children[15]. This stance constituted an object of discuss in several other ensuing international conferences up to 1984 when it became modified to indicate that "all couples and individuals have basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so"[16].

Some notable key international conventions that enhanced the development of health and sexual and reproductive rights include: the 1969 convention on the elimination of all forms of racial discrimination[17]; the 1976 international covenants on economic, social and cultural rights[18]; the convention on the elimination of all forms of discrimination against women (CEDAW) of 1981[19]; and the 1990 convention on the rights of the child[20]. Of the various international conventions that promote sexual and reproductive right in relation to family planning, CEDAW holds a pre-eminent position in that it amongst other things guarantees the equality and freedom to determine family size in addition to guaranteeing non-discrimination in access to health care, including information and advice on family planning[21].

The numerous efforts made over the years to the various international human rights conventions and the progress achieved became concretized at the ICPD in Cairo in 1994. ICPD programme of action noted for the first time, that "reproductive rights actually embrace certain human rights laws that are already contained in national laws, international human rights documents and other consensus documents", thereby making for an

easier adoption or adaptation of their provisions[22]. The fourth world congress on women (4WCW), in Beijing, 1995 made further progress on the provision of the ICPD platform through the recognition of the woman's right to control her sexuality and sexual relations on an equal basis with man[23, 24]. The five year reviews of this two latter conferences – ICPD+5, New York City, July 1999, and 4WCW+5, Washington DC, June 2000 [24,25], afforded the international communities the opportunity to appraise the progress made over the years following the initial conferences, fine tune the document, and develop strategy towards their speedier implementation[26].

Reproductive rights has therefore been defined as the right of couples to decide freely and responsibly on the number, timing, and spacing of their children and have the information, education and means to do so; attain the highest standards of reproductive health; and make decisions about reproduction free of discrimination, coercion and violence.

Sexual rights implies the rights of all people to decide freely and responsibly on all aspects of their sexuality; be free from discrimination, coercion and violence in their sexual lives and decisions; and expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships.

The International Planned Parenthood Federation (IPPF) Charter on human rights, developed from the treaties derived from four key human right conventions, a set of sexual and reproductive health concern that are related to the twelve fundamental human rights. These became known as the components of sexual and reproductive rights[27]. They include the following:

1. Right to Life.
2. Right to liberty and security of the person.
3. Right to equality and to be free from all forms of discrimination.
4. Right to privacy.
5. Right to freedom of thought.
6. Right to information and education
7. Right to choose whether or not to marry and to found and plan a family.
8. Right to decide whether or when to have children
9. Right to healthcare and protection.
10. Right to benefits of scientific progress.
11. Right to freedom of assembly and political participation
12. Right to be free from torture and ill treatment

Most of these sexual and reproductive right components are closely related to family planning. Denials of the benefit of family planning to any individual or group of persons therefore violate at least 90 % of these sexual and reproductive components.

FAMILY PLANNING AND MATERNAL MORTALITY

The WHO estimates that approximately 515,000 maternal deaths occur annually the world over, with accompanying morbidity in no fewer than 50 million women. Ninety nine percent of these maternal deaths occur in sub-Saharan Africa and Asia [28, 29, 30]. Reducing maternal mortality constitutes a major challenge to most developing countries including Nigeria. There are three major approaches to reducing maternal mortality — availability of skilled personnel, emergency obstetrics care, and access to family planning[9]. Family planning can reduce maternal mortalities in several ways. Family planning programmes carried out at national level will, by reducing absolute number of pregnancies invariably effect an overall reduction in maternal deaths. In addition, family planning targeted at the highly vulnerable groups —the too young, the too old, and women of high parity, considered to be high risk groups, will reduce maternal mortality. Unsafe abortion has an immense contribution to maternal mortality accounting for 12 % to 40 % of maternal deaths[31]. Preventing unwanted pregnancy through the effective usage of contraception will undoubtedly contribute to the reduction of maternal mortality. In general, it is believed that a combination of family planning and abortion services especially for high risk women might effectively address about half of the maternal mortality in the developing world[32].

SOCIAL AND POLITICAL IMPLICATIONS OF FAMILY PLANNING:

Family planning has often times raised both social and political questions most of which have had profound negative influence on its perceived benefit. Family planning knowledge and usage are poor in many developing countries on account of poor and unstreamlined family planning programmes. Family planning commodities logistics management is poor and often times the commodities are lacking, and relatively inaccessible to the segment of the population who need them most —the highly vulnerable at risk groups — the adolescent and elderly, high parity, and poor members of the society. Contraceptive information is often poor and the growing adolescents, and indeed adult like, for example often rely on peer groups, many of whom are also poorly informed on the subject, as their source of information on contraception[5, 11, 33]. Family life education is also lacking, not having been integrated into most countries' educational curriculum. It is clearly evident, for instance that the government and people of Nigeria have paid only but a lip service to family planning issues as it concerns all segments of her population. This is inspite of provisions of the country's constitution which recognizes family planning to be the right of every individual, as well as the provisions of the country's revised 2002 National Population Policy which amongst its other targets includes — achieving reduction of the country's population growth rate to 2 % lower by the year 2015; achieving reduction in total fertility rate (TFR) of at least 0.6 children every five years; increasing modern contraception prevalence rate by at least 2 % point per year; reducing infant mortality rate to 35/1,000 live births by 2015; reducing child mortality rate to 45/1,000 births by 2015; and reducing maternal mortality ratio to 125/100,000 live births by 2010, and to 75/100,000 by 2015 [10, 34,35].

Religion has been recognised to influence family planning usage — especially some christian religious denominations. Only 9.1 % of women attending antenatal clinic in predominantly Christian area of southeastern Nigeria used contraception. This is in spite of a mean contraceptive knowledge rate of 44.8 % which is also low. Furthermore majority of the respondents reported to have ever-used contraception, utilized the relatively low effective natural family planning method[5]. The Catholic Church has over the years opposed all artificial forms of fertility regulation on account of her deontological orientation[36]. The doctrine of the Catholic Church concerning family planning hinges on the provisions of the magisterium, believed to be competent to interpret even the natural moral law. Both the encyclical letter of His Holiness, Pope Paul VI, the Humanae Vitae, and the contents and provisions of the Nigerian Catholic procreative and family health policy are hinged on the magisterium and the church's deontological philosophy[36, 37, 38]. The Catholic Church is not totally opposed to family planning but accepts only the natural family planning method, which infact can be developed to achieve significant levels of successful family planning. Other Christian church denominations adopt a more liberal stand on contraception and other family planning issues. Islam appears to tow the same line of contraceptive liberalism. The pronouncement of some Islamic non-governmental organizations — the Abuja Declaration of the Network of African Islamic faith-based organizations may buttress this. Excerpts from the declaration are as follows "family planning is acceptable in Islam for child-spacing and the health of mothers. It should be the voluntary choice of individuals. People can adopt and use all modern and contemporary methods that are medically sound ……" [39].

Family planning, in recent times, has witnessed considerable politically motivated set back. This has been largely due to the dependency of the key United Nations body, United Nations Population Fund (UNFPA), on funds donated by member countries. Amongst the top 10 donors of UNFPA's activities for 2007 include: Netherlands, Sweden, Norway, Britain, Japan, Denmark, Germany, Finland, Spain, and Canada. The United States of America, which had in the past made immense contribution to United Nations population activities is reported to have restricted the release of funds for this purpose since the past six years — perhaps on account of its "gag role" that restricts USA from funding of organizations with activities related to the promotion of abortion services. According to Tamara Kreinin, Executive

Director of Women and Population at the United Nations foundation, "the impact of the United States withholding funding from UNFPA for the past seven years has had serious implications for women and girls around the world. The 34 million US Dollars that the United States has withheld each year is close to 10 percent of UNFPA's regular income. This income could have helped UNFPA prevent 2 million un-intended pregnancies, 800,000 abortions, 4,700 mother's death, and more than 77,000 infant and child deaths" [40]. The total amount purported to have been withheld from UNFPA by the administration of President G.W. Bush in the USA since 2002 has been placed at a whooping 235 million US dollars[40].

THE WAY FORWARD:

The Executive Director of the United Nations Population Fund (UNFPA), Thoraya Ahmed Obaid, had vividly represented the true family planning status of many of the world's women and made an appropriate suggestion. In Thoraya's words —"today millions of women lack access to health services, which put their lives at risk. Maternal deaths and disability could be reduced dramatically if every woman had access to health services throughout her life, especially during pregnancy and childbirth"[40].

Family planning and its continued development is the collective responsibility of every individual, country, or organization irrespective of social, economic, political, cultural, or religious leaning. At supra-national level, non-governmental organizations and agencies working on population activities should encourage, through appropriate funding support, particularly those poor countries especially of sub-Saharan African countries.

According to the United Nations Secretary General, Ban Ki-noon, "the rate of death for women as they give birth remains the starkest indicator of the disparity between rich and poor, both within and among countries. The benefits of family planning remain out of reach for many, especially for those who often have the hardest time getting the information and services they need to plan their families....." [40].

Restriction of funding support for political domestic reasons, such as, is presently the case with the United States of America, should as much as possible therefore be prevented. International funding agencies conducting family planning activities in developing countries, should as much as possible build-in mechanisms for the sustainability of the family planning programmes after the funding has expired, and in addition encourage the establishment of effective family planning commodities' logistics management system.

Countries that are signatory to international human right conventions related to family planning which have not ratified the provisions of the conventions, or where following ratification of the conventions have not domesticated its' provisions should be encouraged to do so through regular reminders by the appropriate treaty-monitoring committees.

Non-governmental organizations, both international and national, operating in countries that are signatories to family planning related human right treaties should develop partnerships essentially to encourage and facilitate the domestication of the provisions of human rights treaties related to family planning through appropriate legislation by the countries' Houses of Assembly, and furthermore ensure the appropriate dissemination, and implementation of the relevant Laws or Acts of parliament to the countries citizenry.

National Population Policies should not only spell out population activity targets over a given period of time, but should ensure the provision of appropriate mechanisms for the actualization of these targets.

Government should therefore, either on its own or in partnership with non-governmental organizations develop family planning programmes that are basically community-friendly. Such programs will include the introduction of basic family planning information into the family life education curriculum of schools at all levels of education; advocacy on family planning and family-life in general amongst out-of-school adolescents, youths, and adults alike, at both rural and urban settings; the uninterrupted provision of affordable family planning commodities through

the establishment of effective contraceptive logistics management system. Adolescents should also be given special attention through the establishment of adolescent health-friendly clinics that would render friendly family planning services to this segment of the population. The establishment and training of family planning counselors, who would in turn train counseling assistants, to facilitate grass-root family planning services as has been suggested by Adinma and Nwosu[5], is desirable, most appropriate, and timely.

The role of religion in contemporary social issues, in countries such as Nigeria is indubitable. Fortunately, every religion supports and encourages family planning in one form or the other. Christian religious groups such as the Catholic Church, which encourages the fertility awareness method of family planning, should be empowered to ensure that her adherents are given the appropriate necessary skills and motivation towards the effective use of this method of family planning.

Members of communities, especially in developing countries, should see family planning as a worth-while activity demanding responsibility and commitment at individual, family, and societal levels. According to the UNFPA Executive Director, Thoraya Ahmed Obaid, "urgent action is needed because the goal to improve maternal health is generating the least resources and lagging the furthest behind"[40].

Let us collectively make family planning real; it is a right!

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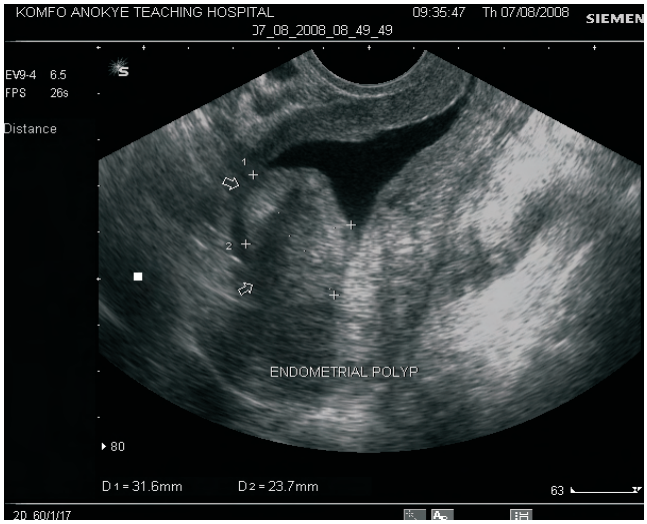

Figure 1a: Sagittal view of intracavity mass showing dimensions

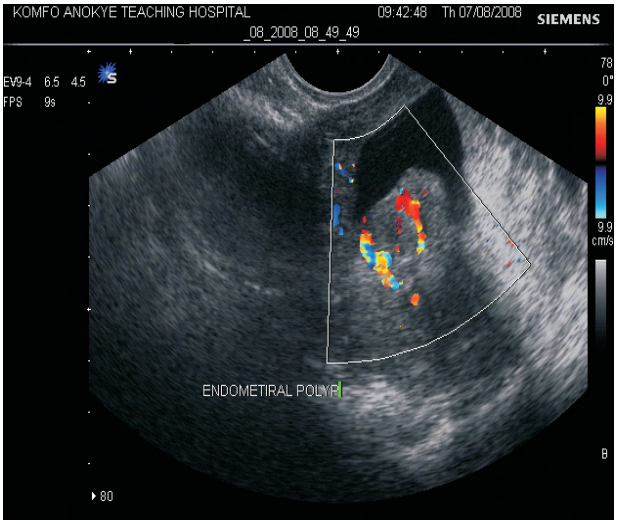

Figure 1b: Coronal views of intracavity mass demonstrating intralesional feeding vessel under colour Doppler

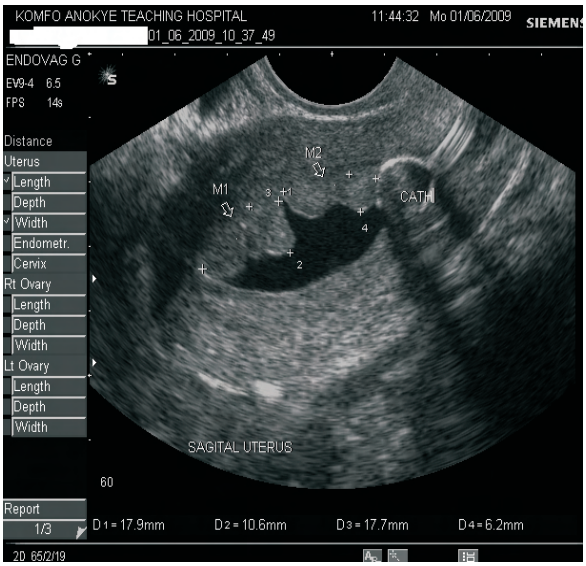

Figure 2a: Sagittal view showing dimensions of the bilobulated masses (M1 & M2).

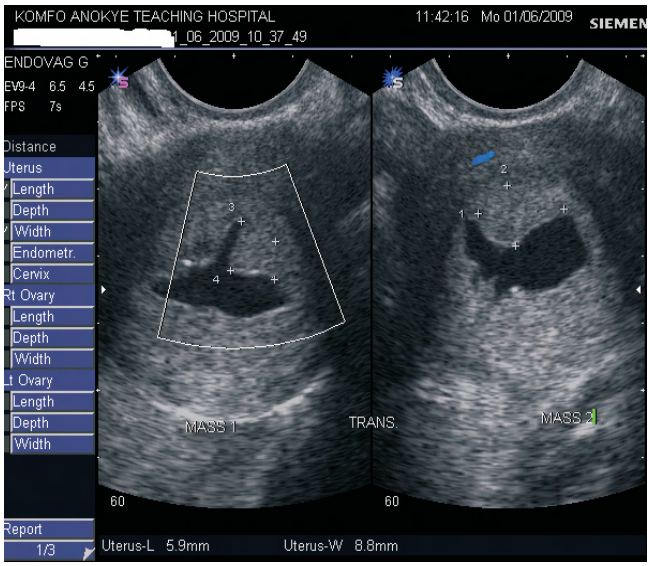

Figure 2b: Coronal views o f the bilobulated masses (Mass 1 and Mass2), under Doppler