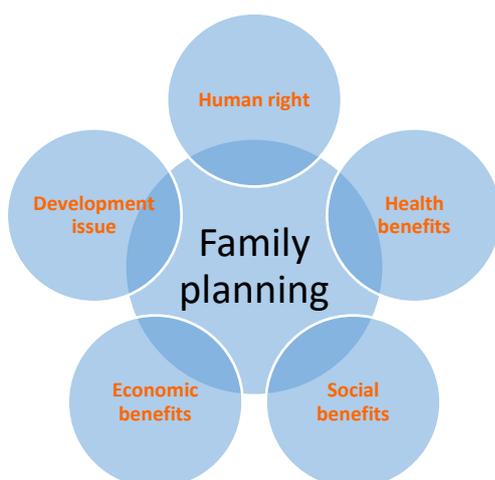


Invest in family planning

Strengthening family planning policies and services for healthy families in Georgia

Key messages

- ✓ Family planning is a human right, and advances gender equality and empowerment.
- ✓ Family planning is a key intervention for achieving the Sustainable Development Goals (SDG) and their national targets.
- ✓ Family planning saves lives. It is a key intervention for the survival and health of women and children.
- ✓ Family planning is effective in reducing maternal mortality and morbidity due to healthy spacing of the children, fewer numbers of pregnancies and possible complications, as well as preventing unsafe abortion.
- ✓ Family planning improves newborn and child health. Spacing pregnancies is associated with improved birth outcomes and lower newborn, infant, and child mortality.
- ✓ Family planning has substantial maternal, newborn, child, and adolescent health benefits beyond contraception.
- ✓ Family planning is a key intervention for reducing the number of unintended pregnancies, including adolescent pregnancies, and for preventing abortion, without endangering the recovery of fertility.
- ✓ Family planning prevents sexually transmitted infections (STIs) and HIV/AIDS transmission, and reduces secondary infertility.
- ✓ Family planning economic benefits outweigh the costs.



Family planning enables couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods.

What are the current issues regarding family planning in Georgia?

Statistics

Substantial unmet need for modern effective contraceptive method use

Although overall contraceptive use increased from 1999 to 2010, Georgia still has almost the lowest level of use of the countries in Eastern Europe.¹

The unmet need for modern contraception is 30.5%. Unmet need is particularly high in rural areas, where it can reach 40%.

High levels of unintended pregnancy

Only 63% of all pregnancies in Georgia are intended.² Most unintended pregnancies occurred in elderly women: 54% of all pregnancies were unwanted among women aged 35-44 years and 39% among women aged 30-34.

The vast majority of unwanted pregnancies do not result in a live birth. 94.4% end in induced or spontaneous abortion or in stillbirth.

High incidence of induced abortion

Abortion is still widely used method of fertility regulation in Georgia. TIAR (approximately the mean number of abortions during a woman's lifetime) is 1.6. The latest reported annual abortion rate (56 abortions per 1,000 women 15-44 years) is still more than double the rate in southern Europe (26) and three times the rate in north-western Europe (18).³

High abortion rates clearly indicate a low access to and utilization of family planning services. Reduction of the incidence of induced abortion is among the most relevant priorities of the national health care system with regard to fertility and reproductive health.

Family planning did not reduce fertility

Evidence over a 10-year period (2000-2010) indicates that induced abortion was replaced by contraceptive use, without decreasing fertility. As the contraceptive prevalence rate increased (from 41-53) and the total abortion rate declined (from 3.7 to 1.6), the total fertility rate rose from 1.7 to 2.0.⁴

High levels of births among adolescents

The age-specific fertility rate among 15-19 year olds increased from 39.9 per 1,000 women 15-19 years old in 2000 to 51.5 in 2014.⁵ This means that by the time they reach the age of 20 years, roughly a quarter of young women have already given birth. This rate is very high for European standards. In almost all western and southern European countries, the rate is between 5 and 10 (or 5 to 10 times lower than in Georgia).

High maternal mortality

In 2016, maternal mortality ratio in Georgia was estimated to be one of the highest in European region, 36 per 100,000 live births⁶

Main causes of maternal mortality deaths in 2015 were intrapartum and puerperal hemorrhage (21%), infections (10.5%), preeclampsia (5.3%) and obstetric embolism (5.3%).⁷

Issues

Human resources

There have been achievements in the past decade on family planning training of Primary Health Care physicians and access to free-of-charge modern contraceptive methods. Despite this, family planning services are not until now fully integrated at Primary Health Care level, and are still provided mainly by obstetricians and gynecologists, who are not traditionally focused on promotion of modern contraception. Possible reasons for this include a lack of reinforcement mechanisms and incentives for Primary Health Care doctors to provide family planning. Also, the absence of state recertification requirements and the lack of mandatory continuing medical education (CME) discourages physicians from updating their knowledge and skills on a regular basis.

Contraceptive security

There are currently no contraceptives supplied through public sector health programs. UNFPA and USAID supplies were discontinued in 2015. Contraceptives are not included in the essential drugs list.

Contraceptives are available in private pharmacies with prescription (except emergency contraceptive pills), but at a relatively high price, thus not affordable for many women, men, young people and families in need, in particular in rural areas.

Quality of the condoms sold in the commercial sector is not controlled and monitored.

Education and information for population

There is no comprehensive and systematic approach for organizing family planning information, education and service delivery into an integrated family planning program.

Policies and provision of services related to the various components of family planning are regarded conceptually and practically separate in medical education, organization of services and health communications.

Financing

There are currently no state funds budgeted for family planning counseling, service delivery or contraceptive procurement. These services are not included in the benefit package of state or private insurance mechanisms. Contraceptives are not included in the essential medicines list.

Data for decision

Recent representative data are virtually absent since the last nationwide Reproductive Health Survey in 2010, which makes it hardly possible to fundament evidence-based family planning policy decisions. Recommendations of the last Survey are still as valid in 2017 as they were in 2010.

Why invest in family planning?

Family planning is a human right

Voluntary family planning helps women and men secure their rights to decide freely, and for themselves, whether, when, and how many children they want to have—a basic human right of individuals and couples.⁸

Family planning programmes enable people to have adequate information and means to determine the size of their families ensure informed choices and make available a full range of safe and effective contraception methods.

Every country has responsibility toward its citizens to ensure adequate access to high-quality family planning services, and to guarantee that each individual has the right to make fully informed choices regarding contraceptive use.⁹

Family planning reduces the number of unintended pregnancies and the use of abortion

Contraceptive use prevents unintended pregnancies and reduces induced abortion, given the fact that 43% of unintended pregnancies result in abortion.¹⁰ In countries with an already low fertility rate, increase in contraception use may be associated with stable or even increasing fertility.

The diffusion of contraception in Georgia so far fostered a strong decline of abortion and enabled an increase of fertility at the same time. Recent recovery of fertility has taken place in the context of increasing prevalence of contraception¹¹. According to the data of the reproductive health surveys in Georgia, it is envisaged that contraceptive prevalence may be further increased by 15-20 percentage points without endangering the recovery of fertility, but with a continuing decline of abortion rates.¹²

Provision of accessible family planning services with a range of modern contraceptives should be included into a long-term, holistic, rights-based approach to population dynamics, taking into account interlinkages with sustainable development and the importance of enabling individuals and couples to make choices regarding their fertility.

Family planning prevents adolescent pregnancy

Delaying pregnancy until after the adolescent years is associated with reductions in infant mortality.

Pregnant adolescents are more likely to have preterm or low birth-weight babies, and babies born to adolescents have higher rates of neonatal mortality. Many adolescent girls who become pregnant have to leave school, which has long-term implications for them as individuals, as well as for their families and communities.

Family planning helps women bear children at the healthiest times of their lives—when they are psychologically, physically, emotionally, and economically ready for a pregnancy and thus most likely to survive, stay healthy, and have healthy children. Through strengthened, integrated service delivery and improved counseling for women and girls, family planning should be playing a larger role in child and maternal survival and in adolescent health and well-being.

Increased contraceptive use was responsible for 77% of the sharp decline in pregnancy among 15-17-year-olds between 1995 and 2002 (decreased sexual activity was responsible for the other 23%), and increased contraceptive use was responsible for the entire decline in pregnancy among 18-19-year-olds.¹³

Family
planning
improves
maternal
health

From a public health perspective, family planning has proved to be effective in reducing maternal mortality and morbidity due to healthy spacing of the children and fewer numbers of pregnancies, as well as preventing unsafe abortion. By reducing abortion and unintended pregnancy, contraceptive use decreases pregnancy-related morbidity and mortality, particularly for women who are near the end of their reproductive years and those who have medical conditions that may be exacerbated by pregnancy.

Family planning prevents maternal deaths by reducing the number of times a woman is exposed to the risks of pregnancy and by helping women avoid unintended and closely spaced pregnancies. A modeling study of 172 countries estimated that, in 2008 alone, family planning averted 272,040 maternal deaths—a 44% reduction compared with the maternal deaths that would have occurred without contraceptive use.¹⁴ It also estimated that satisfying unmet need for contraception could prevent another 104,000 maternal deaths per year (an additional 30% reduction).

Family planning improves the health of women and children by reducing the proportion of pregnancies that are considered high risk. Family planning also reduces the number of women exposed to pregnancy-related health risks, thus lowering the number of unintended pregnancies and births. Demographic high-risk pregnancies—pregnancies that occur too early or late in the mother's age, are too closely spaced, or are considered too many (high parity)—are associated with higher risk of mortality or morbidity.

By lowering the pregnancy rate, contraceptive use has a very large effect on the number of maternal deaths. While delayed marriage and breastfeeding are also important in this regard, fertility regulation is the dominant contributor.¹⁵

The effects of fulfilling unmet need for contraception were estimated by three independent analyses which give remarkably similar results: maternal deaths could be cut by about 30% if all women wishing to avoid future pregnancies were to use effective contraception.^{16,17}

Ectopic pregnancies are an important cause of pregnancy related death in the first trimester. Evidence demonstrates that current and past use of oral contraceptives, past use of IUDs and tubal sterilization all significantly decrease the risk of ectopic pregnancy, even in cases of method failure.¹⁸

Spacing pregnancies helps women replenish essential nutrients. Studies have found that strong evidence exists for women's folate depletion at 3 to 12 months postpartum, a deficiency linked to the risk of low birth weight in the next pregnancy.^{19,17} Conde Maternal anaemia, caused by dietary iron inadequacy and other micronutrient deficiencies is an indirect cause of maternal mortality, and a cause of foetal growth restriction, thus contributing to low birth weight.²⁰

Family
planning
improves
newborn and
child health

Spacing pregnancies is associated with improved birth outcomes, including reductions in the number of babies born premature, low birthweight or small for their gestational age.

A wealth of studies conducted in both rich and poor countries, using diverse data sets, have found that spacing pregnancies at least 24 months after a live birth (or about 3 years between births) is associated with lower newborn, infant, and child mortality.^{21,22,23,24}

Other studies focusing on contraceptives have concluded that family planning helps women space their births and is protective against short intervals. Current analyses indicate that spacing births reduces the risk of death in infancy by up to 10%, and for children under age 5 by 21%.^{25,26}

Family
planning
prevents STIs
and HIV/AIDS
transmission

Consistent and correct use of good quality male latex condoms can reduce the risk of spreading sexually transmitted infections (STIs)²⁷ and ultimately reduce secondary infertility and cervical cancer. Male and female condoms provide dual protection against unintended pregnancies and against sexually transmitted infections.²⁸ They are also crucial for preventing transmission of HIV (triple protection).²⁹ Contraceptive rights and choices are important also for people living with HIV and at higher risk of HIV and should not be limited to preventing vertical transmission.

Correct and consistent use of male or female condoms prevents transmission of the HIV virus. It also prevents unintended pregnancy in women with HIV, and thus potential transmission of the virus to the newborn, as well as maternal deaths (including those related to HIV). A modeling study found that, in the 14 countries with the largest numbers of pregnant women with HIV, programs to prevent perinatal HIV transmission would prevent over 240,000 infant HIV infections if all women in need used the most efficacious antiretroviral regimen available.³⁰

Assessing and monitoring the quality of condoms available on the market is essential for achieving these outcomes.

Family
planning
reduces
secondary
infertility

By preventing unsafe abortions and STIs, family planning contributes significantly to reducing risks of infertility among men and women and has a positive impact on future overall fertility.

Decline in induced abortion rate will contribute to reduction of secondary infertility, which is associated with high abortion rate and related pelvic infections (37% of women aged 35-44 are not using a contraceptive method because of female infertility³¹).

Family
planning has
multiple non-
contraceptive
benefits

Oral contraception reduces the risk of endometrial and ovarian cancers. Tubal ligation and IUDs may reduce the risk of endometrial and ovarian cancers. Oral contraception may reduce the risk of colorectal cancer.³²

Several contraceptive methods help to relieve common side effects associated with menstruation, including premenstrual syndrome, menstrual migraines and acne. Combined oral contraception and many progestin-only methods can be used to treat and diminish several menstrual-related symptoms and disorders, such as dysmenorrhea, or severe menstrual pain.^{33, 34}

Combined oral contraception and many progestin-only methods can significantly reduce blood loss during menstruation³⁵, as well as heavy menstrual bleeding, or menorrhagia^{33, 34}, which can lead to iron deficiency anemia.

Beyond their primary purpose of preventing unplanned pregnancies and promoting planned, healthy ones, hormonal contraceptives are being prescribed to protect against ovarian cysts and symptoms of polycystic ovary syndrome.³⁶

Family
planning
economic
benefits
outweigh the
costs

Family planning is a cost-saving intervention at an individual, household and national level. By preventing abortion, family planning avoids post abortion complications, maternal morbidity and costly medical interventions to treat these conditions.

In both high- and low-fertility countries, the prevention of unintended pregnancies and births by contraception implies savings on obstetric, child health and other related services, together with lagged savings on education.²³ Family planning interventions to decrease the unmet need in low and middle income countries appears to be cost-effective, however it depends on each country's thresholds for considering cost effectiveness.³⁷

An integrated approach including family planning saves more lives at a lower cost than focusing on maternal and newborn care in isolation. Every additional dollar invested in contraceptive services saves \$1.47 in pregnancy-related and newborn health care.³⁸

Family planning promotes inclusive societies by addressing the needs of disadvantaged populations

Unmet need for contraception is often highest among the most disadvantaged and vulnerable— adolescents, the poor, those living in rural areas and urban slums, people living with HIV, and internally displaced persons. These groups have the fewest resources and are the least able to deal with the demands of an unexpected pregnancy.

Effective family planning programs reach these underserved populations. A 2015 study showed that, overall, the poor-rich gap in contraceptive use is diminishing, and even more so when family planning programs are strong.³⁹

Family planning advances gender equality and empowerment

Gender equality and empowerment call for equal access to resources, services, and opportunities.

Increasing women's ability to choose the number, timing, and spacing of their children, or their ability to decide if they want to bear children at all, is fundamental for women's control over the circumstances of their lives.

Family planning enables a woman to have control over her life by preventing abortions and unwanted pregnancies that may endanger her physical and psychological health as well as reduce education and career opportunities and can condemn both the woman and her family to a life of poverty and social exclusion. Family planning also contributes to achieving gender equality by empowering women to make informed decisions regarding family size and birth timing.

Family planning is one of the most effective (and cost-effective) interventions to foster human development.⁴⁰ Women with access to family planning as teenagers gain more years of schooling, are more likely to work in the formal sector, and are less likely to cohabit with male partners. In addition, young women with access to modern contraception experience substantial socio-economic gains, because contraception allow them to postpone their first births and determine their life course.

Family planning contributes to achieving the Sustainable Development Goals (SDGs)

The importance of family planning was recognized and ensured by over 20 conventions, treaties and agreements signed also by Georgia. These range from the 1948 Universal Declaration of Human Rights to the 2011 Declaration made by The Committee on the Elimination of Discrimination against Women.

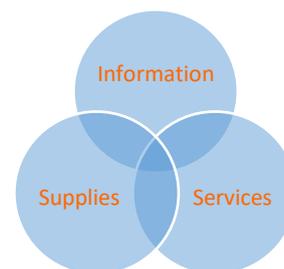
Voluntary family planning brings transformational benefits to women, families, communities, and countries. Investing in family planning is a development 'best buy' that can accelerate achievement across the five Sustainable Development Goal themes of People, Planet, Prosperity, Peace, and Partnership and is critical to achieving the goals and the post-2015 development agenda.

Empowering women to choose the number, timing, and spacing of their pregnancies is not only a matter of health and human rights but also touches on many multi-sectoral determinants vital to sustainable development, including women's education and status in society. Without universal access to family planning and reproductive health, the impact and effectiveness of other interventions will be less, will cost more, and will take longer to achieve.

What can be done?

Ensure availability of information, trained personnel, commodities and supplies.

Make sure that everyone has access to a family planning provider and modern contraceptive supplies, so that they can choose and receive the contraceptives that are best for them.



Recommendations

- Make client-oriented family planning services an essential component of health care provided across the continuum of care, with particular focus on Primary Health Care.
 - Ensure adequate funding for family planning services, through direct government financing and/or health insurance mechanisms. Include family planning in the basic benefits package.
 - Provide family planning services integrated within the context of comprehensive sexual and reproductive health services, with particular focus on youth, vulnerable, disadvantaged and hard-to-reach groups.
 - Increase the number of qualified, licensed family doctors and midwives skilled and allowed to provide family planning services and ensure the necessary infrastructure and equipment at each level of the health care system, with specific focus on in Primary Health Care and underserved areas and populations.
 - Include family planning curricula in the medical education (pre-service) and training (in-services) of health professionals, in accordance to the modern international principles.
 - Introduce and enforce regulatory and health governance mechanisms for quality family planning service delivery. Remove any unnecessary medical barriers to contraceptive provision through development and implementation of evidence-based guidelines.
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- Offer at the point of care in the public sector free-of-charge contraceptives for the vulnerable, disadvantaged and hard-to-reach groups. Ensure availability of an optimal mix of contraceptive methods, including long-acting and permanent methods.
 - Ensure the funding needed for sustainable contraceptive security based upon actual needs, through direct government financing and/or health insurance mechanisms. Include contraceptives in the essential medicines list.
 - Ensure a continued and sustainable public procurement mechanism for high quality modern contraceptives. Consider using UNFPA Procurement Services, which procures quality products through international competitive bidding. Through long-term supplier agreements and significant procurement volumes, it obtains special low prices for eligible countries, including Georgia.
 - Work with the private sector and promote public-private partnerships with pharmacies, insurance companies and other key actors to ensure that pharmacies have affordable contraceptives on stock everywhere and all the time.
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- Provide evidence-based information about available methods of contraception, so that all those in need, especially young people, know what their family planning options are and can make fully informed decisions.
 - Tackle existing and newly emerging myths and misconceptions about methods of contraception through evidence-based information and use of the media.
 - Establish and strengthen formal and informal evidence-informed comprehensive sexuality education.

Services

Supplies

Information

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