Strengthening family planning uptake in South Tarawa, Kiribati

Eliza Raymond

Co-authors: Jacob Daubé & Viktoria Chamberman
Sexual and reproductive rights

- Fundamental human rights
- Crucial to empowering women and girls
- One of the most cost-effective investments towards sustainable development.
225 million women in developing countries have an unmet need for family planning.

Barriers to contraception:
- Financial
- Spousal approval/parental consent
- Stockouts
- Stigma

Impact of unmet need:
- 74 million unplanned pregnancies
- 28 million unplanned births
- 36 million abortions every year

Investing in family planning:
Spending $1 for contraceptive services reduces the cost of pregnancy-related care by $1.47.
Goal 3: Ensure healthy lives and promote well-being for all at all ages

3.7 - By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Goal 5: Achieve gender equality and empower all women and girls

5.6 - Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.
Unmet need for family planning in the Pacific region is among the highest in the world
Kiribati Healthy Families Project

Goal: Increased access to sexual and reproductive health information, skills and services, resulting in a reduction in unplanned pregnancies and sexually transmissible infections
Total population: 110,000
2050 estimate: 200,000
Comparison of mean regional contraceptive prevalence rate (any method) by development status to South Tarawa

- **Developed regions (2015)**
- **Developing regions (2015)**
- **South Tarawa, Kiribati (2015)**
- **Least developed countries (2015)**
- **South Tarawa, Kiribati (2009)**

Bar chart showing the comparison.
Family Planning South Tarawa, Kiribati: Usage and Barriers

1. Quantitative – community survey of men and women of reproductive age (15-49) in South Tarawa (n=500)

2. Qualitative - focus groups with key populations (n=4) and interviews with key informants/experts (n=14)
   - Focus groups – young men/women (15-24), men/women (25-49)
   - Interviews – Government officials, health workers, community leaders
1. Disinterest in family planning

- Rarely prioritised
- Control fertility if problems arise
- Young people do not use contraception at first intercourse
- Expected to have a baby very soon after marriage
Current use of contraception by number of children (currently married women)

Community survey

- None: 0%
- One: 20%
- Two: 40%
- Three: 60%
- Four or more: 80%
Project implications

• Promote the importance of delaying and spacing children
• Promote the use of contraception at first intercourse
• Marriage = a window of opportunity for health promotion
2. Personal, family and social barriers

- Concern about side-effects
- Frightened about myths and inadequately counselled
- Barriers from the Church
- Fear talking to husbands
- Facilitating unfaithfulness
Sometimes women want family planning but they are afraid of their husbands.

Focus group participant

They said that if they are going to use the family planning that means they can go out with other men. It is about jealousy and not trusting each other.

Health professional
Project implications

- Educate men on the benefits of family planning for the health of their families
- Create promotion materials that address family planning myths
- Review family planning consultation guidelines to ensure adequate and accurate information is provided about possible side-effects
3. Knowledge gaps

- Good awareness but limited knowledge
- Knowledge gaps around natural methods too
Most of these women who try to use natural methods, they always miss or get pregnant, because they don’t really understand how to use it. They need to have knowledge about their menstrual cycle. Some women don’t have a normal menstrual cycle so they can’t use their own method... the natural method is not really a reliable thing. Not without knowledge.

Health professional
Project implications

• Promote awareness that condoms are a form of contraception
• Use ‘edutainment’ combined with practical skill-building activities
4. **Service delivery**

- Clinical setting problematic; confidentiality, acceptability and accessibility
- Services not designed for youth, especially not young men
Messages come out from the radio and they just pass by. It doesn’t stay or stick in their homes or in their hearts. If you visit someone at their home, traditionally it is like you are respecting them. In our custom, if I ask you (to consider something) along the road, you can take it or not, it is an option. But if I come and pay a visit to your home, pay a courtesy call to your home, then it is a must.

Government official
Project implications

• Ensure that all staff are trained in confidentiality best practice
• Integrate family planning services into youth-friendly spaces
• Develop home visitation programmes
Questions?