Family Planning and Fertility
Change in the Pacific Islands

Geoffrey Hayes
(Consultant demographer)

Presentation prepared for
UNFPA and ICOMP Asia and the Pacific Regional Consultation on Family
Planning in Asia and the Pacific- Addressing the Challenges
8-10 December 2010
Bangkok, Thailand
The Pacific Islands Sub-region in Oceania
Research issues:

1. Has the fertility transition stalled in the Pacific Islands?
2. Have family planning programmes also stalled?
3. Is there a relationship between 1 and 2?
4. What is the current status of contraceptive use and unmet need for family planning?
5. What can be done to improve access to and use of family planning?
Long-term fertility change in 10 Pacific countries and territories 1960-2010 (UNDESA data)
Long-term fertility change 1960-2010, independent countries only (UNDESA data)
Fertility change in Kiribati, 1950-2005
CPR trends 1990s – 2005-09, 12 Pacific Island countries

- Fiji
- PNG
- Solomon Is.
- Vanuatu
- FSM
- Kiribati
- RMI
- Cook Is.
- Niue
- Samoa
- Tonga
- Tuvalu
Determinants of Contraceptive use in cross-country comparison (DHS data 2006-09)

- Weak relationship between CPR and education (varies by country)
- Not closely associated with rural/urban residence
- No clear relationship with household wealth
- But contraceptive use is associated with:
  - Age
  - Parity
  - Visiting a health centre
  - Being visited by a FP nurse
Relationship between development indicators, CPR and TFR

- Strong relationship between TFR and IMR (as per transition theory)
- Moderately strong relationship between life expectancy and TFR
- Weak relationship between TFR and CPR
- Weak relationship between TFR or CPR and GDP per capita
- Weak relationship between TFR and poverty
Cross-country relationship between TFR and IMR in Pacific Islands

$R^2 = 0.5165$
Unmet need for FP ca 2006-09 in 7 countries (DHS data)
Explaining unmet need

- Cross-country comparisons show unclear patterns by age, residence, wealth level and education... etc.
- Similar patterns to contraceptive use... i.e., vary widely by country.
Why do women say that they don’t intend to use contraception in the future? Unable or unwilling? (DHS data 2006-09)
Some Conclusions:

- Pacific Island countries do not follow expectations of standard demographic transition model.
- Patterns of reported contraceptive use and unmet need vary so much that it is necessary to take a country by country approach.
- But *uneducated* women are less likely to use contraception and more likely to have an unmet need.
- Identification of target groups (young, old, urban rural, uneducated, etc.) must be done by country.
- Other than in PNG and Solomon Islands, the main reason for unmet need is not access (“inability”) but “unwillingness” arising from fear of side effects, health concerns or some form of “opposition”. 
Some more conclusions...

- Adolescents face the biggest barriers to the use of contraception for socio-cultural and service reasons.
- In many countries, service providers in public health facilities are slowly abandoning their moralistic attitude toward adolescent sexuality.
- NGOs do much better in addressing the needs of adolescents.
- Many of the univariate analysis findings from DHS are counter-intuitive (don’t seem to follow expected directions).
Recommendations...the way forward

1. **Improve the quality, scope and accessibility of FP programmes**
   - Training of providers in counseling skills
   - Strengthen primary health, esp. in rural areas, for widened choice of contraceptives
   - More emphasis on community outreach
   - Ensure that FP services remain free at all SDPs

2. **Improve information and knowledge through research**
   - Further analysis of DHS results
   - Qualitative research to better understand and address causes of unmet need and socio-cultural obstacles to service provision

3. **Address socio-cultural barriers**
   - Reproductive rights to be stressed in policies and training
   - Design tailored methods of Youth Friendly Services for young people where health staff act as gatekeepers to access
   - Greater outreach in condom programming
Further recommendations...

4. **Strengthen policies and strategies**
   - Emphasize the central role of family planning in Reproductive health policies and strategies and clarify the relationship between them in some countries
   - Reinforce concept of reproductive rights for all, including adolescents and older women
   - Identify disadvantaged groups (which may be peri-urban or urban informal settlements)

5. **Implement reproductive health commodity security plans, including**
   - Training in logistics, warehousing, supply chain management
   - Appoint and train additional staff to manage distribution at sub-national level
Thank you!