Family Planning in **Latin America and the Caribbean:** The Achievements of 50 Years: **Executive Summary**

Jane T. Bertrand, PhD, MBA
Victoria M. Ward, PhD
Roberto Santiso-Gálvez, MD

Introduction

Family planning is a lifesaving intervention that benefits individual women, families, communities and nations. By allowing women to delay childbearing, space births, and avoid unintended pregnancies, family planning can prevent as many as one in three maternal deaths. In addition to multiple other benefits, governments and donors have embraced family planning because it saves lives.

This report examines the 50-year period starting in the mid-1960s that witnessed a dramatic decline in fertility and steady increase in contraceptive use in the Latin America and Caribbean (LAC) region. The current contraceptive prevalence rate (all methods) of 74 percent is among the highest of any region in the developing world.

Many factors have contributed to the dramatic decline in fertility in the LAC region over the past 50 years: increased educational levels, improved economic conditions, decreased infant and child mortality, rapid urbanization, political stability, and changing cultural norms, among others. While recognizing the influence of these factors on fertility, what role did use of family planning play in fertility decline in the region? What lessons can be drawn for other developing countries committed to a development path that strengthens family planning services and improves health and living standards for their people?

This report examines the specific role of family planning in accelerating fertility decline in the LAC region. The objectives of our analysis were to:

1. Document the changes in the region in fertility rates and contraceptive use over time, as well as in indicators of health, education, and economic conditions that contributed to these dramatic changes in societal norms and contraceptive practice
2. Provide a historical overview of organizations, events, and the political environment in the early years of the family planning movement
3. Identify key factors that explain the effectiveness of family planning (FP) programs in this region of adolescent fertility in many LAC countries and issues of contraceptive security

This report examines the sustained efforts of organizations and individuals over five decades to make contraception accessible, affordable, and of high quality for millions of people throughout the LAC region. The two main sources of information consulted for this report

were (1) publications and reports from the published and grey literature; and (2) in-depth interviews with over 100 key informants who currently work or who had worked as far back as the 1960s in international agencies, government officials (including ministry of health, social security institute, and other governmental offices), nongovernmental organizations (NGOs), in-country programs, and current and former employees of the U.S. Agency for International Development (USAID) and its U.S.-based cooperating agencies (CAs) among others.

In addition, the report is informed by eight associated case studies that examine the experiences of selected countries of the region: Colombia, El Salvador, Dominican Republic, Haiti, Guatemala, Mexico, Nicaragua, and Paraguay. The case studies drew on the in-depth interviews held in those countries and conducted for this report.

Evolution of methods, programs, and attitudes

The earliest family planning activity in the LAC region dates back to the mid-1960s. In that period, the International Planned Parenthood Federation (IPPF) played a catalytic role in identifying groups of concerned professionals and citizens within countries and encouraged them to form local private FP associations, which later developed into the network of IPPF affiliates. In 1965, USAID established its population program and quickly became the major donor to FP programs in the region, supporting IPPF, its member associations, government programs, and other local organizations. In addition, USAID provided technical and financial assistance through its U.S.-based CAs, which worked closely with those implementing FP at the country level, to address the priority issues facing individual countries.

Family planning programs initially focused on service delivery using a clinic-based approach. However, by the 1970s, it became clear that other approaches would be necessary to reach populations outside cities or in marginalized urban areas. Many countries in the region experimented with community-based distribution (CBD) programs and social marketing to expand reach.

The earliest FP programs offered combined oral contraceptives, intrauterine devices (IUDs), condoms, and spermicides. By the late 1960s, female and male sterilization were also introduced. In later years, additional methods were introduced as they became available: low-dose and progestin-only pills, the Copper-T IUD, contraceptive implants, and injectables by the 1990s; and Standard Days Method/Cyclebeads and emergency contraception (EC) in the 2000s in some countries.

When first introduced, family planning faced opposition from multiple sources on both ends of the political spectrum. The Roman Catholic Church opposed certain methods of modern contraception. In some settings, various university leaders and political movements considered FP an "imperialistic plot" by western countries to further control developing nations. And in many countries in the region, cultural norms favored large families, and many feared that contraceptives would foster promiscuity if women used them.

As most countries in the region achieved low total fertility rates (TFRs), high contraceptive prevalence rates (CPRs), and increasingly equitable levels of contraceptive use across subgroups (including rural populations and the poor), USAID began to withdraw its assistance to FP programs in the region. The first countries to have funding discontinued were Panama (1988), Costa Rica (1996), and Colombia (1997). Mexico, Brazil, and Ecuador followed (2000-2001). More recently, USAID withdrew its FP funding from countries that met pre-established graduation criteria, including Jamaica (2008), Dominican Republic (2009), El Salvador and Paraguay (2010), Nicaragua (2011), Peru (2012), and Honduras (2013). Guatemala and Haiti have yet to meet the criteria established by USAID for graduation and continue to receive assistance. In 2013 the Bolivian government opted to decline all USAID assistance, despite being eligible for continued assistance for family planning.

Factors contributing to widespread use of family planning

Despite strong opposition from multiple sources (some of which exists to this day), family planning made impressive strides throughout Latin America and the Caribbean, improving the health of millions of people while advancing women's rights. Our analysis identified 10 key factors that have contributed to the success of FP in the LAC region:

1. The development of strong NGOs that pioneered the family planning movement, tested new FP methodologies, and continue to tackle politically sensitive issues
2. A socio-political environment at the macro level that gradually supported family planning
3. Sustained external support in financial and technical assistance from USAID and other donors
4. Synergistic coordination among governments, external agencies, NGOs, and civil society
5. The development of local expertise in key programmatic, policy, and management areas
6. Improvement in the availability of information as a tool to drive decision making and open doors to new thinking and new approaches
7. Strategically designed, wide-reaching communication activities to support change in individual behavior and social norms
8. Mechanisms to ensure program financing that evolved to fit the times
9. Effective advocacy to achieve major political gains
10. Significant investments in contraceptive commodities and security

Remaining challenges

Fifty years after the introduction of family planning in the LAC region, several major challenges persist. First, adolescent fertility rates remain at unacceptably high levels. Even most of the countries with near replacement-level fertility (i.e., with a total fertility rate of 2.1) have had difficulties reaching young, often poor, often rural young women who are sexually active but unprotected from unintended pregnancy. Second, countries that have recently graduated from USAID assistance face uncertainties in ensuring contraceptive security for different reasons, including competing demands on limited resources (even where the government had committed to procuring its own contraceptives while donors were present), turnover in trained personnel able to administer contraceptive logistics systems, and changes in priorities when new administrations come into office.

Other challenges relate to closing gaps in contraceptive access for the poor, rural, or ethnic minorities; ensuring continued commitment and capacity for family planning within highly decentralized health systems; continuing development of an appropriate workforce for family planning within the larger sexual and reproductive health (SRH) and maternal health context; and finding a way to continue doing regular Demographic and Health Survey (DHS)-type studies and using the results to inform decision making.

Conclusion

The history of family planning in Latin America reflects impressive achievements over the past five decades in terms of government support, changes in social norms, and adoption of contraceptive use.

Many factors contributed to the successful vision and courage among the pioneers who embraced family planning in the early years: the eventual support of

[1] Contraceptive security is defined as the point at which every person is able to choose, obtain, and use quality contraceptives, condoms, and other necessary reproductive health supplies for family planning and for the prevention of HIV/AIDS and other sexually transmitted infections

MEASURE EVALUATION

governments as they realized the benefits and need for FP; high levels of sustained external funding and technical assistance by USAID – and to a lesser extent other donors – tailored to the needs of specific countries at different times in the evolution of their programs; and committed health professionals at all levels of the system in government and NGOs who approached FP more as a social cause than just a job. Other factors such as urbanization, rising levels of education, and economic prosperity also fostered changes in societal attitudes regarding family size norms. The trend towards having fewer children in hopes of giving them a better life (a quantity/quality tradeoff) is evident in the fertility decisions of women and men at all levels of society.

The current strength of FP programming throughout the LAC region – with government now taking the lead role in most countries – represents a major achievement in the annals of international development efforts, both in terms of health and women's rights. As countries in various stages of demographic transition, decentralization of health services, and economic development strive to meet the Millennium Development Goals, reduce maternal and child death, and achieve health equity for their citizens, lessons from the LAC region may prove useful.

Full Report:
Bertrand JT, Ward VM, Santiso-Gálvez R. Family Planning in Latin America and the Caribbean: The Achievements of 50 Years. Chapel Hill, NC: MEASURE Evaluation; 2015. Available at **https://www.cpc.unc.edu/measure/publications/tr-15-101**

For more information
Jane T. Bertrand, PhD, MBA
MEASURE Evaluation
Tulane University School of Public Health and Tropical Medicine
1440 Canal Street, Suite 1900
New Orleans, LA 70112
Phone: (504) 988-7107
Fax: (504) 988-3783
bertrand@tulane.edu

MEASURE Evaluation is funded by the U.S. Agency for International Development (USAID) under terms of Cooperative Agreement AID-OAA-L-14-00004 and implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with Futures Group, ICF International, John Snow, Inc., Management Sciences for Health, and Tulane University. The views expressed in this presentation do not necessarily reflect the views of USAID or the United States government.

USAID FROM THE AMERICAN PEOPLE

MEASURE Evaluation