Family Planning in Papua New Guinea: A Case Study

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Research issues:

1. Has the fertility transition in PNG “stalled”?
2. Has the family planning programme also “stalled”?
3. Is there a relationship between the two?
4. What is the current status of family planning?
5. What can or could be done to strengthen family planning?
The fertility transition in PNG and the LDCs (UNDESA data)
Conclusions:

- Fertility peaked in 1960-65 at TFR=6.3
- Decline commenced around 1965-70 and TFR dropped steadily until 1985-90
- TFR Leveled-off and “stalled” in 1990-95 at above TFR=4.5
- Since declined again to TFR=4.4 in 2006
- Thus, some evidence of a temporarily stalled transition over the decade 1987-97
- Aside from that, the main feature of the fertility transition in PNG is that it is very slow!
Projected TFR 1950-2050 (UNDESA)
Projected TFR trends

- At this rate of change, TFR will not reach replacement until 2045-50
- Population would reach 10 million by 2030 and 13 million by 2050
- Faster fertility decline could reduce the 2050 population by 1.8 million
- A more effective family planning programme could help to achieve this because demand is high (desired family size is declining fast)
Family Planning programmes

- Started on small scale in 1961 as fertility peaked due to community demand. Slow expansion, (passive approach)
- National programme commenced during self-government (1973)
- National programme fully operational by 1978
- Programme “stalled” in mid-1980s as responsibility for family planning transferred to provincial governments
- National budget and FP posts were abolished. Provincial governments did not make up for the lost funds and posts.
- Programme lost momentum and has never fully recovered
Current system of health care delivery

- National Department of Health sets policy
- Provincial governments expected to implement policy
- Church-operated health services and district administrations largely deliver rural services
- Urban services provided in FP clinics attached to hospitals and NGOs
Is this system working for family planning?

- Government operates 51 percent of health centres but distributes 80% of CYP
- 50% of health centres are not delivering any modern contraception
- 50% of health centres provide 95% of CYP
- Catholic church operates 20 percent of health centres but delivers 2% of CYP using modern methods
- Churches provide much health training and operate two universities
- The public has more confidence in church-operated health centres than government-run health centres
Consequences for family planning?

- Current (’06) CPR for modern methods is 24.4% and growing at the slow rate of 2.4% per year.
- Will take 30 years to reach 50% at this rate.
- Unmet need is 44%, down from 46% in 1996.
- But population growth has increased the total number of women with unmet need from 483,000 to 632,000.
Number of women with unmet need by age group, 1996-2006
Factors inhibiting access to and use of family planning

- Deterioration of government facilities (aid posts, health centres, hospitals)
- Unreliability of supplies at SDPs
- Attitudes of service providers
- Unwillingness of some churches to supply modern contraception
- Religious attitudes in the community
- Fees for FP consultation at government SDPs
Factors inhibiting access to and use of family planning (2)

- Fear of “side effects” or health consequences
- Moralistic attitudes of health staff impede access to contraception by adolescents
- Health staff unaware of or resisting health policy of free distribution of condoms
- Little awareness of reproductive rights
Some recommendations

1. Urgently address the unwillingness of some churches to provide contraception,
   • Renegotiate service agreements
   • Seek cooperation of churches in referring clients to alternative sources
   • Upgrade aid posts to provide alternative source
   • Support NGOs, CBDs, mobile clinics and Health volunteers
   • Make churches aware of rights-based approach, including constitutional rights of individuals to receive medical treatment for their benefit

2. Implement RHCS strategy, improve logistics
Further Recommendations….


4. Incorporate stronger rights-based approach in health worker training and in policy documents

5. Review recommendations of 2003 and 2005 family planning assessments and re-visit recommendations

6. Correct mis-statement in the draft Sexual and Reproductive Health Policy that demand for family planning in PNG is “low”. It is not low it is high.

7. Adjust CPR and TFR targets in health policies for realism (CPR of 65% cannot be achieved by 2020!)

8. Seek ways to eliminate user fees for FP consultation

9. Support successful NGOs (e.g. FHA)

10. Continue to promote vasectomy. It is acceptable.

11. Plan for follow-up FP assessment in 2012
Thank you!