**Giving Families More Room To Breathe**

*Voluntary Birth Spacing Provides Health, Economic and Social Benefits*

When 24-year-old Maya and her husband Ram gave birth to a baby girl they decided to wait a few years before having another child but did not know how to do so and could not afford to visit a clinic or hospital in their village in rural Nepal. At a community gathering organized by PSI/Nepal, they were directed to a pharmacy that offered information and affordable PSI products. Maya and Ram chose the OK injectable contraceptive which they have been using successfully for months. “I never thought that poor people like us could afford good quality products and services,” says Maya with a smile on her face. “I am now more confident about my family’s future, especially my daughter’s.”

Birth spacing — the practice of timing the interval between births — is recognized as a significant health-improving and life-saving measure for mothers and children. Since 1972, PSI voluntary family planning programs have provided couples with the information, products and services to space their children and avoid unintended pregnancies. PSI has promoted birth-spacing since its creation in 1972 and the earliest efforts focused on South Asia. In Bangladesh, PSI’s social marketing program played an important role in the national family planning program reducing the fertility rate (the average births in a woman’s life) from 6.3 in 1975 to 3.3 in 1997.¹

PSI’s programs continue to provide birth spacing options. In 2004, their products and services delivered 10.8 million couple years of protection (CYPs), preventing an estimated 6.1 million unintended pregnancies and 11,800 maternal deaths.

**Benefits of Birth Spacing**

Experts recommend 3-5 years as the optimal interval between births. Such spacing improves the well-being of the entire family. The evidence suggests that:

- Children born at least three years apart are at significantly lower risk for illness and

¹ Bangladesh Demographic and Health Survey, 1999-2000.
death in their first year of life and have a better chance of survival beyond their fifth year.
• Women who practice birth spacing are at lower risk of pregnancy- or childbirth-related death and illness.
• Birth spacing allows more time for younger children during their developmentally critical first years, without decreasing the amount of time and energy spent on older children.

India
PSI's programs in six states promote birth spacing through a range of products and services, including oral and injectable contraceptives, condoms and natural methods. PSI's work in the state of Rajasthan provides an example of what a well-integrated program can accomplish.

Rajasthan, with a population of more than 56 million, is India's second largest state geographically and has a modern contraceptive use rate of 38% (five percent less than the all-India average). This low rate contributes heavily to the 350,000 abortions estimated to take place in Rajasthan annually.

PSI/India, with support from the Hewlett Foundation, manages the Saadhan franchised network of over 200 doctors that provide affordable, quality family planning services in urban areas. The Saadhan network provides clients with a choice of modern contraceptive methods, including emergency contraception (EC). A team of peer educators goes from house to house, reaching 30,000 women per month, creating awareness of birth spacing and EC and directing them to the Saadhan network.

PSI/India takes birth spacing products and information to rural Rajasthan with support from the Federal Republic of Germany through KfW Entwicklungsbank (the German development bank).

Multi-round survey results from 2003-2004 reveal an increase from 85% to 95% in the proportion of married women aged 18 to 34 reporting an intention to space their next birth and a 45% increase in use of modern temporary methods among married women aged 18 to 34, a category that has shown little or no growth in many years.

In 2004, PSI/India products and services helped women and couples to prevent 700,000 unintended pregnancies and 1,340 maternal deaths, 138 of them in Rajasthan.

Afghanistan
For those mothers who want to complete their responsibility in time, they should breast feed their children for two years.
—The Koran

Years of conflict and Taliban rule have left most Afghani couples without access to reproductive health care or the means to space their families. Health statistics are grim: a woman gives birth to almost seven children in her lifetime—one in six of whom will die in the first year—and one in 15 women dies from pregnancy or childbirth-related causes.

PSI/Afghanistan has responded to this alarming situation by educating Afghani couples on the benefits of birth spacing and providing them with the means to plan a healthy family, with the support of the U.S. Agency for International Development (USAID). Where couples previously had little or no access to contraception, they can now chose from a range of PSI products that includes OK brand oral and injectable contraceptives and Number One condoms.

PSI/Afghanistan utilizes culturally appropriate communication materials, even integrating passages of the Koran that support birth spacing. Providers have been trained by PSI/Afghanistan staff to offer comprehensive contraceptive counseling so that couples can make an informed choice. Interpersonal activities include separate gatherings of women and mullahs (male religious leaders) and training programs for shura (community governing bodies) and community health workers.

PSI/Afghanistan products helped couples prevent an estimated 15,000 unintended pregnancies in 2004.

Nepal
In Nepal, where 40% of the population lives below the poverty line, more than a quarter of married women have an unmet need for family planning. To address this need, PSI/Nepal markets a wide array of quality, affordable family planning methods including oral and injectable contraceptives, implants and emergency contraception. PSI's multimedia campaign addresses misconceptions about side effects—the area identified as the main barrier to product use.

Traditionally, many family planning acceptors abandon their method due to the poor quality of service provision. To address this problem, PSI/Nepal has established a network of franchised health clinics called Sun Quality Health (SQH) with the support of USAID. PSI markets the OK family planning range of products exclusively to the SQH network which includes condoms, oral and injectable contraceptives and an intrauterine device (IUD). These products are complemented by high quality counseling, service delivery and monitoring tools to ensure that providers deliver the highest possible standard of service.

In Nepal, family planning limiting—rather than spacing—is the area of largest unmet need. However, few married couples are able to access this higher level of services. PSI works in partnership with His Majesty's Government and female community health volunteers to implement mobile clinical services targeting rural populations. SQH helped this program by enabling lower level health providers to refer clients to mobile service camps offering higher levels of service. Demand for vasectomies was so high at one SQH health fair that frays broke out among men waiting in line for the limited number of vasectomies available that day.

PSI/Nepal products and services averted 192,000 unintended pregnancies and 370 maternal deaths in 2004.