

FAMILY PLANNING PROGRAMMES (2401)

ORGANISER: Professor John Cleland

TIMETABLE SLOT: Term 2 - C2

AIM

To impart an understanding of the structure and functions of family planning programmes in developing countries and to develop students' capacity to evaluate such programmes. Students will explore the design, quality and health effects of family planning programmes, as well as their demographic impact within the context of other biological restraints on fertility.

OBJECTIVES

By the end of this module students should be able to:

- (i) demonstrate an understanding of the diverse ways in which governments have attempted to promote family planning;
- (ii) analyse how the variation in approach to the promotion of family planning reflects policy priorities and socio-economic setting;
- (iii) identify key features of approaches commonly used to measure and interpret main biological and behavioural determinants of fertility, including contraception and abortion;
- (iv) explain how to analyse the design, quality, health effects and demographic impact of family planning programmes.

CONSTITUENCY

Students with an interest in developing countries. No prior demographic/medical expertise is assumed.

CONCEPTUAL OUTLINE

1. Organization of family planning programmes. The origins, policy objectives and development of family planning programmes are described. Various service delivery systems are compared on client profile, cost structure, logistics and staff requirements. The various ways, ranging from spectacular successes to dismal failures, in which governments have attempted to promote effective birth control are reviewed. Key debates, such as the integration of health and family planning services, the relationship of family planning to broader reproductive health concerns, quality of care, the use of incentive payments and differential promotion of particular methods are illustrated by specific country programmes.
2. Biological and behavioural determinants of fertility. Effectiveness and safety of particular contraceptive methods are assessed and the contribution of family planning and abortion to maternal and child health is clarified. In many developing countries, marriage and sexual customs, together with breastfeeding, are still more important fertility restraints than modern birth control. Methods of estimating their influence on fertility are described.
3. Evaluation. The evaluation of family planning programme processes and outcomes is reviewed.

The use of situation analyses to assess quality of care is critiqued. Methods of estimating the impact on fertility of family planning programmes are presented, and two of the more valid and useful ones are detailed.

TEACHING STRATEGY

The main method will be lectures followed by classroom discussion. These are supplemented by classroom exercises. There will be no lectures in week 5.

LEARNING TIME

Total learning time is 100 hours, composed of: contact time = 20 hours; reading time = 65 hours; assignment/assessment time = 15 hours.

ASSESSMENT

A paper of 2,500 words in response to questions based on each week's sessions.