

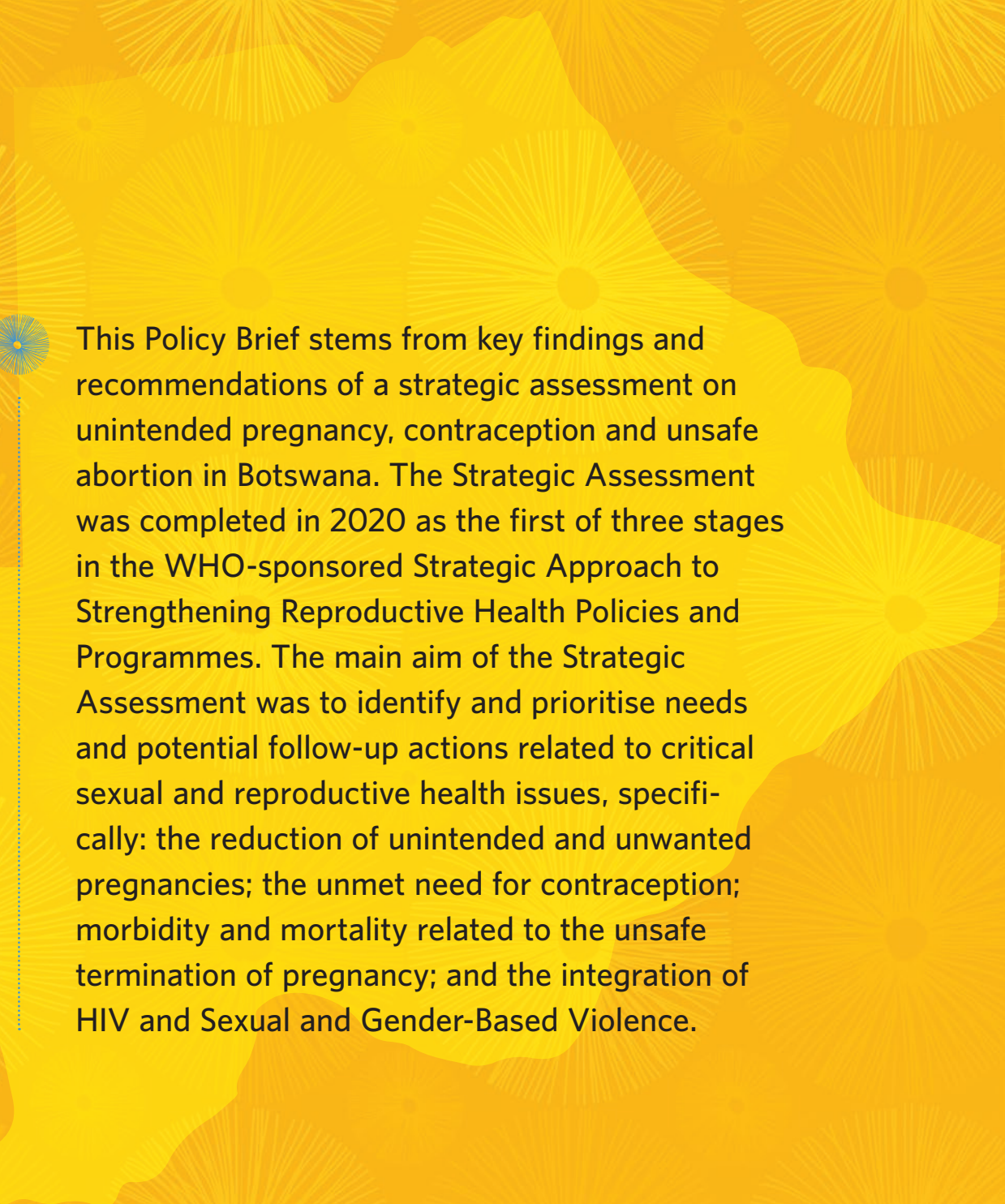
ACCELERATING PROGRESS TOWARDS CONTRACEPTION FOR ALL

Promoting equitable access to
modern contraception methods for
all women and girls in Botswana

POLICY BRIEF

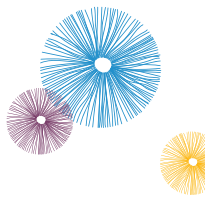
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This Policy Brief stems from key findings and recommendations of a strategic assessment on unintended pregnancy, contraception and unsafe abortion in Botswana. The Strategic Assessment was completed in 2020 as the first of three stages in the WHO-sponsored Strategic Approach to Strengthening Reproductive Health Policies and Programmes. The main aim of the Strategic Assessment was to identify and prioritise needs and potential follow-up actions related to critical sexual and reproductive health issues, specifically: the reduction of unintended and unwanted pregnancies; the unmet need for contraception; morbidity and mortality related to the unsafe termination of pregnancy; and the integration of HIV and Sexual and Gender-Based Violence.

A SPOTLIGHT ON CONTRACEPTION



Promoting equitable access to modern methods of contraception for all women and girls who wish to delay or avoid childbearing prevents unintended pregnancy and its negative consequences.

Over 230 million women worldwide want to avoid pregnancy but are not using effective contraception methods due to lack of access to information and services (Hord *et al.* 2000). Access to modern contraception empowers women and girls

to effectively avoid and space their pregnancies, allowing them to have children at the right time (by choice, not by chance), and conveys health benefits for individual women, children and families, and at population level (see Box 1).

Box 1: Benefits of good quality contraception

- Reduces unintended pregnancy
- Reduces maternal and neonatal mortality
- Reduces unsafe abortion
- Prevents mother-to-child transmission of HIV
- Increases the educational attainment of girls
- Increases gender equity
- Increases economic growth and development

Source Sonfield *et al.* (2013) and WHO (2018)



“I am happy about the introduction of ‘sim cards’ as usually referred to by my community meaning contraceptive implants, which works for the majority, specifically those staying in farms. Use of Adolescent Volunteers to distribute condoms can help motivate their peers to use methods efficiently.”

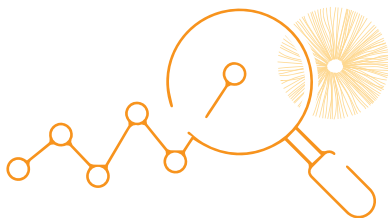
(Male chief, 40)

CONTRACEPTION IN BOTSWANA: THE CURRENT SITUATION

Botswana's family planning programme combines a rights-based family planning approach, with clear and supportive policies for contraception, and a commitment to expand the availability, choice and uptake of modern contraceptive methods (Macleod *et al.* 2020).

However, there is a lack of policies which directly address equity of access to contraceptive methods, tackle the limited number of trained family planning providers, particularly for long-acting reversible methods of contraception (LARC), or address challenges in the distribution and procurement of contraceptive commodities.

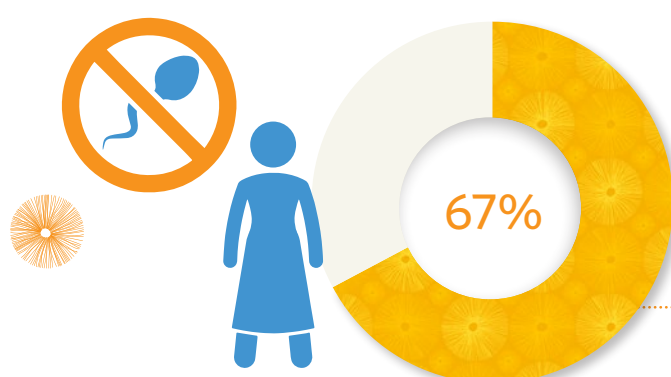
Box 2 highlights several key indicators which demonstrate the need to strengthen contraceptive services in Botswana: Approximately 44 per cent of pregnancies are unintended, and at 166.3 deaths per 100,000 live births, maternal mortality is more than twice the Sustainable Development Goal (SDG) target of 70. Abortion consistently ranks in the top three contributors to maternal mortality, and is an important consequence of unintended pregnancy (Macleod & Reynolds 2020 and Government of Botswana 2019).



Box 2: Key indicators for Botswana

- Approximately 44 per cent of pregnancies are unintended. (Doherty *et al.* 2018 and Mayondi *et al.* 2016)
- 67.4 per cent of women aged 15-49 are using a modern method of contraception, predominantly the male condom, a user-dependent method with 87 per cent effectiveness with typical use (98 per cent with correct and consistent use). (Government of Botswana 2018 and WHO 2018)
- The maternal mortality ratio is high at 166.3 deaths/100,000 live births. (Government of Botswana 2019)
- The adolescent birth rate remains high at 44.66 per 1000 women aged 15-19. (World Bank 2019)
- Knowledge and uptake of emergency contraception is limited. (Kgosiemang *et al.* 2018)





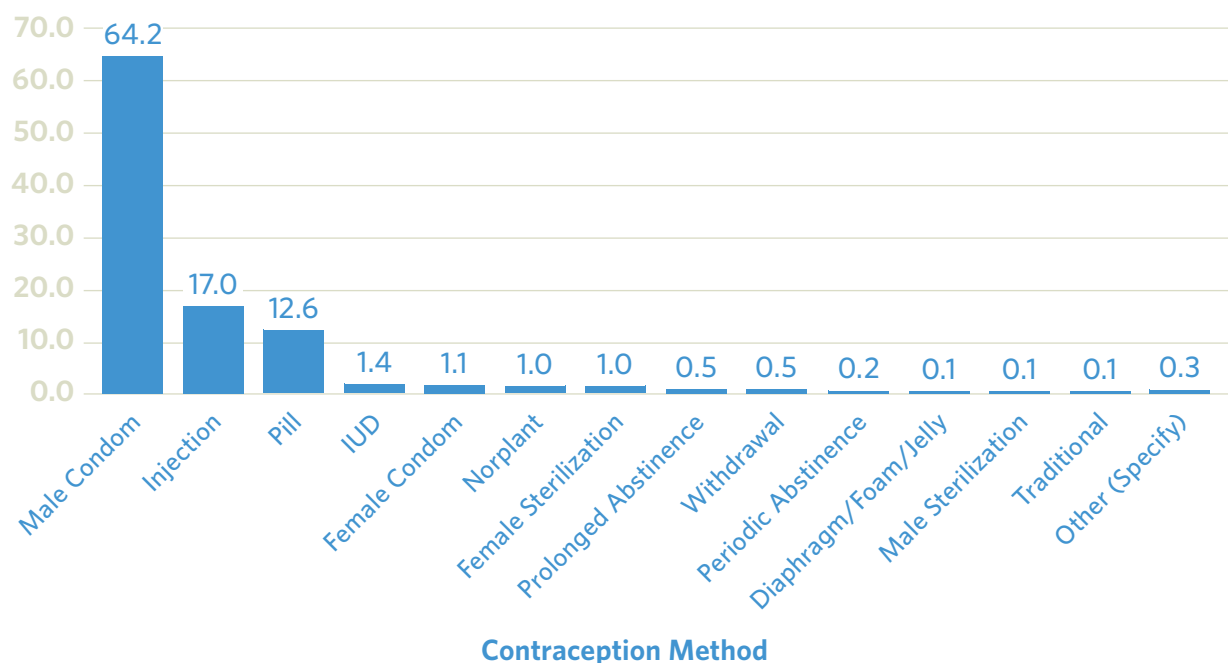
67 PER CENT of women
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**MODERN METHOD OF
CONTRACEPTION.**

(Government of Botswana 2018
and WHO 2018)

LARC methods (the intrauterine contraceptive device and implant) are the most effective reversible contraception (WHO 2018). In Botswana, the contraceptive prevalence rate of 67.4 per cent is predominantly due to the male condom, a user-dependent method with low effectiveness compared to other modern contra-

ceptive methods (Government of Botswana 2018). Since the last Botswana Demographic Survey in 2017, where reported LARC use was negligible, contraceptive progestogen implants have been introduced, broadening contraception options in the LARC category in Botswana (see Figure a).

Figure a: Contraceptive method use in Botswana, 2017



Source: 2017 Botswana Demographic Survey Report

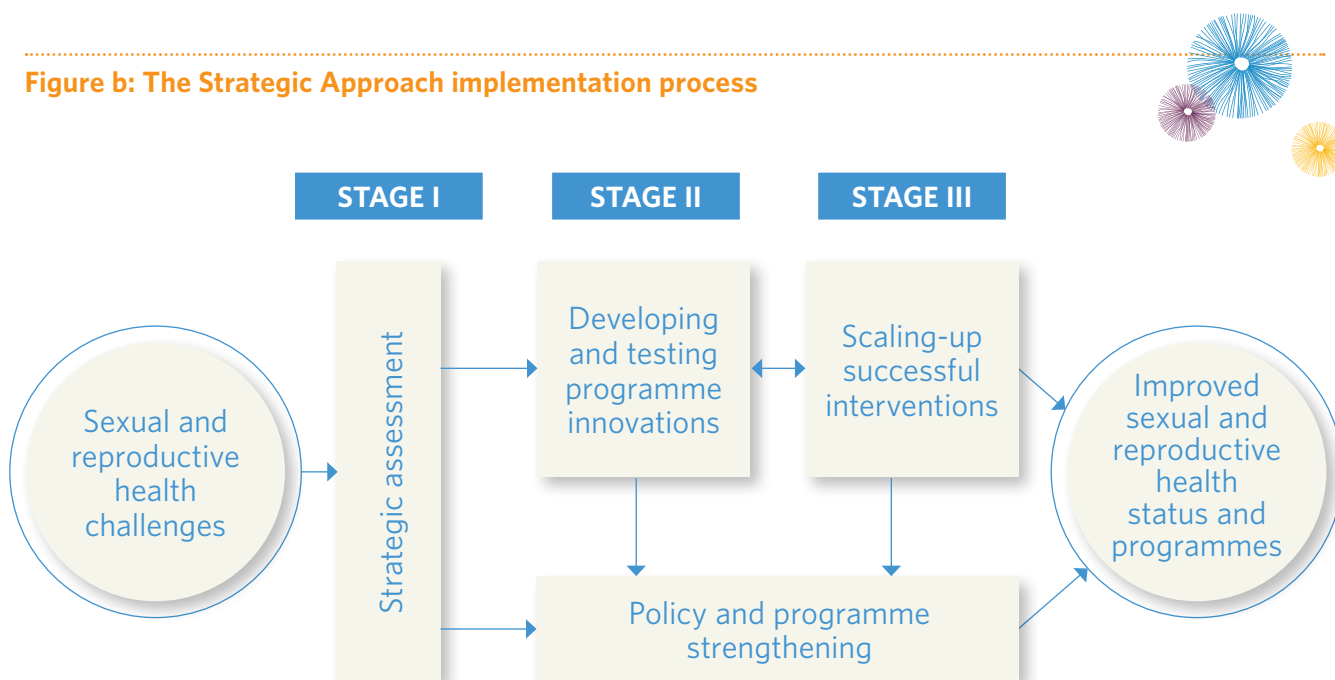
THE BARRIERS TO CONTRACEPTION UPTAKE IN BOTSWANA

A number of barriers exist to the provision of and access to a broad range of contraceptive options in Botswana. These include stigma, misconceptions and lack of knowledge surrounding contraception and emergency contraception, affecting both community members and health care workers, and the limited availability and distribution of skilled, trained providers, particularly of LARC methods (Macleod & Reynolds 2020). A comprehensive approach to target specific areas of need, and tackle missed opportunities for family planning, will improve the health and wellbeing of women and girls in Botswana, thus helping to meet SDGs 3 and 5.

Key findings of the Strategic Assessment

This policy brief highlights key findings from the Strategic Assessment commissioned by the Botswana Ministry of Health and Wellness (MoHW), United Nations Population Fund (UNFPA) and World Health Organization (WHO) to assess priority sexual and reproductive health (SRH) issues and improve the health of women and girls in Botswana (MoHW Botswana, Phologolo T. and Macleod & Reynolds 2020). Specific gaps in policy, health systems and service delivery were identified to produce key findings and recommendations for policy and programmatic change (see Figure b).

Figure b: The Strategic Approach implementation process



Source: The WHO Strategic Approach to strengthening sexual and reproductive health policies and programmes



The following key issues impacting contraception provision and uptake were identified in the Strategic Assessment:

There are gaps in community knowledge about safe, effective methods of contraception, including emergency contraception

- Contraception is considered a private topic and not widely discussed.
- A lack of educational materials about contraception in local languages on accessible platforms creates a barrier to community understanding of contraception options.
- A lack of understanding about available methods of contraception, including expected side effects and how to manage them, leads to high rates of contraceptive discontinuation or poor adherence.
- Stigma and negative attitudes towards emergency contraception, including by health care workers, may lead to the denial of prescription or dispensation, and limit uptake.
- Men are frequently excluded from education about contraception, despite the important role they play in family planning decision-making.

There is limited provision of, and barriers to access, highly effective long-acting reversible methods of contraception

- There are limited numbers of trained LARC providers, with geographical inequity in distribution (the majority are in urban areas).
- The centralized nature of training for LARC providers limits the frequency and the number of trained providers.
- Family planning services are currently only available from health care facilities, and not integrated with other health care services, resulting in missed opportunities for contraception provision.

- There are commodity shortages and inadequate resource mobilization of contraception services at local and national levels.

There is a lack of specific SRH services, including contraception, for adolescents and young people, and gaps in comprehensive sexuality education programming

- Negative perceptions towards adolescent sexual activity perpetuate stigma and secrecy, and may prevent adolescents from accessing contraception services.
- Educators and guidance counsellors are not fully equipped with sufficient knowledge about contraception to provide correct, informed comprehensive sexuality education (CSE).
- The lack of involvement of young people or teachers in CSE curricular development and training means that the information provided may not be relevant or accessible to young people.

There is a lack of community involvement in contraception policymaking and programming

- Currently a top-down approach to contraception policymaking, education and provision exists, with limited engagement of other ministries or stakeholders.
- Low community consultation and engagement when rolling-out contraception services acts as a barrier to community participation in contraception initiatives.



IMPROVING CONTRACEPTION UPTAKE IN BOTSWANA

Expand access to modern methods of contraception for all

Providing family planning services outside of traditional health care settings, for example in school or youth groups, pharmacies and other community settings, will expand access to effective modern methods of contraception.

Health care workers who are not specialized in SRH should be trained more broadly on how to provide comprehensive contraception counselling. This will enable the integration of contraception services into other health care services, including HIV, adolescent and youth, post-abortion, post-partum and community-based services. Integration will reduce 'missed opportunities' for family planning and prevent unintended pregnancy through the improved uptake of contraception.

Innovations in family planning should be explored, for example the use of digital health to improve knowledge, capacity and the quality of contraception services. Information on contraception should be widely disseminated at a community level in local languages on accessible platforms. A specific focus should be placed on targeting those who would not be reached by existing comprehensive sexuality education programmes.

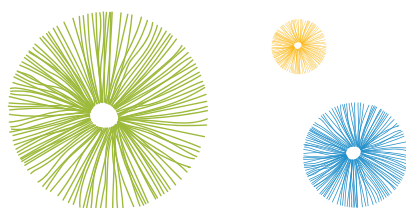
Increase the availability and uptake of LARC methods

LARC methods are the most effective contraception, but currently underutilized in Botswana. One major barrier is the limited number of providers trained to insert and remove implants and intrauterine devices, particularly in rural areas. The decentralization and upscaling of LARC insertion training will increase the number of providers and reduce geographical inequities in provision. Local peer-to-peer training and mentoring on LARC insertion and removal should also be supported, to increase the availability of trained LARC providers.

Increasing community awareness about LARC methods, by providing accessible information in local languages about the methods, how they work, their benefits and side effects, will help to increase demand and uptake.

Strengthen contraception commodity supply chains

Weaknesses in contraceptive commodity supply chains should be targeted through the prioritization of contraception commodity procurement, and strengthening the forecasting and quantification of contraception need at local and national levels.



The creation of a separate budget line for contraception commodities in the Central Medical Stores, particularly for LARC methods, and increasing the overall funding for contraception provision, including capacity-building, will help to ensure commodity security for modern contraception.

Encourage community involvement and engagement in contraception initiatives and policymaking

Involving the community in family planning programme intervention design and policymaking will improve community engagement in family planning initiatives. The community should be encouraged to customize approaches locally, and feedback should be incorporated through a quality improvement process. All finalized family planning policies and guidelines should be widely disseminated once developed to facilitate implementation.

Community-based family planning programmes could be created to broaden access to and uptake of contraception. Local peer educators should be trained and supported to provide evidence-based contraception education, to improve community understanding of contraception options.

Strengthen and expand the implementation of CSE training and quality, youth friendly health services

The number of educators who are trained and feel confident to discuss the broad scope of sex-related issues with adolescents and young people is limited, and this hinders the quality and coverage of CSE. Improving educator confidence to deliver CSE should be addressed through dedicated workshops and training on how to address sensitive issues with adolescents and young

people, in addition to strengthened training on the curriculum content. Young people should be encouraged to participate in the development of CSE curricula, to ensure that key areas are covered in a youth-friendly, accessible way, and improve engagement and learning.

Providing quality, youth-friendly SRH and contraception services in schools and youth groups may improve access to and uptake of contraception. Targeted education for men, in collaboration with existing community structures and traditional leadership, will increase accessibility for boys and men who may otherwise receive limited information about contraception.

Strengthen strategic data collection and use for contraception


Existing data collection, monitoring and evaluation tools and Frameworks should be revised and harmonized to ensure full data capture for all key contraception indicators, including: the unmet need for contraception; contraceptive prevalence rates; and adolescent pregnancy rates.

Data should be analysed and monitored to track areas of need in the national contraception supply and demand, and improve the quality and availability of contraceptive services.

Review, revise and harmonize policies for the provision of and access to contraception

Policies related to contraception and SRH services should be reviewed, revised and harmonized. Policy implementation should be strengthened to ensure equitable access to family planning services and education across the country.

CONCLUSION



Contraception is fundamental to the health of women, their families and communities. Modern methods of contraception, particularly LARCs, are increasingly available in Botswana and are highly effective in preventing unintended pregnancy and maternal mortality.

Current barriers to uptake of contraception in Botswana are multifactorial, and include: limited community knowledge and engagement; limited numbers of trained providers, especially in rural areas; and the lack of integration of contraception into other health care services. Action to improve access to, and knowledge of, the variety of effective contraception methods available will reduce unintended pregnancy and mortality due to unsafe abortion, and empower the whole community, so that women and girls can decide to have children “by choice, not by chance”, at the right time for them and their family.

“People don’t know about FP. It’s unlike in the past when family welfare educators used to go into people’s homes and teach about and when women use to sit and teach each other. That’s why there are so many unplanned pregnancies.”

(Female community member, 41)

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