

International Seminar on Promoting Postpartum and Post-abortion Family Planning: Challenges and Opportunities

Organized by: the IUSSP Scientific Panel on Reproductive Health and the Population Council, India
Cochin, India, 11-13 November 2014

Call for papers:

Deadline for submissions: 20 March 2014.

An estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception. Given the impetus provided by Family Planning 2020 (FP2020) to enable 120 million more women and girls to access modern contraceptives by 2020, it is urgent to identify women in need, better understand the obstacles they face in accessing services and contraceptive methods and recommend actions to accelerate the expansion of contraceptive use among them. Among women and girls with an unmet need for family planning are those who have recently given birth or undergone an abortion. Indeed, studies have revealed that unmet need is appreciably higher among women with infants than among other women and that, if offered a contraceptive method in the first year following delivery, many postpartum women would choose to use it.

The advantages of postpartum and post-abortion family planning are well known. Postpartum family planning (PPFP) can substantially reduce maternal and infant mortality and morbidity by ensuring adequate spacing between births. Post-abortion contraception, similarly, protects women from repeated unintended pregnancy and repeat abortion. Providing contraception during the postpartum and post-abortion periods is, moreover, cost-effective and efficient. Women in these situations typically want to postpone subsequent pregnancy, and postpartum women generally have multiple encounters with the health care system during this period. Thus significant increases in staff, supervision and infrastructure are not required.

Yet, in many settings, women are not using any contraceptive methods during this period, and the reasons for this low use are not well understood. At the same time, effective postpartum family planning programmes are lacking, and the provision of post-abortion family planning (PAFP) services has been seriously neglected in several countries in the developing world.

Despite their strategic importance, these topics have received relatively little attention. The seminar aims to bring together scientists, policy makers and programme managers to present and discuss the available evidence on the levels and trends in postpartum and post-abortion family planning and the various approaches used to meet the family planning needs of women in the post-partum period and following abortion.

Key issues that will be addressed include:

Timing and type of contraceptive methods chosen postpartum and post-abortion

Relative merits in different settings of immediate postpartum delivery of long acting and permanent methods, LAM-based strategies and post-amenorrheic strategies

Levels, trends and differentials in PPFP and PAFP: across regions, countries, subpopulations, socio-economic groups

Continuation and switching of methods in the year following abortion or delivery

Relation between postpartum contraceptive adoption and birth spacing

Reasons for non-adoption of postpartum and post-abortion contraception: policy-related, programmatic, socio-cultural, health concerns etc

Interventions to promote PPFP and PAFP and their impact on the uptake and continuation of contraceptive use

The extent to which PPFP and PAFP needs of such disadvantaged groups as adolescents, the unmarried, HIV-positive women are met and the barriers in meeting their needs

The extent of male involvement in postpartum and post-abortion contraceptive decisions; successful ways of engaging male partners in promoting PPFP and PAFP

Effective means of providing postpartum and post-abortion contraceptive counselling; quality of counselling; impact of counselling on PPFP and PAFP uptake

Readiness of health systems in providing the PPFP and PAFP services; effective strategies to improve health system readiness, including training of health care providers in PPFP and PAFP counselling and services and their impact on PPFP and PAFP uptake

Successful ways of delivering PPFP and PAFP services in communities having little or no access to services provided by the formal health care service delivery system

Impact of integrating family planning with abortion, maternal, newborn and child health services and STI/HIV services on PPFP and PAFP uptake

Abstracts/papers could be based on secondary analyses of Demographic and Health Surveys (DHS) and other survey data sources, longitudinal studies, case studies, evaluation of programme interventions, and other quantitative and qualitative data sources. Abstracts/papers that are submitted must be original, describe data collection procedures, and use rigorous analytical techniques.

Online Submission The IUSSP Panel on Reproductive Health invites scientists, policy makers, and programme managers to submit online by **20 March 2014** a short 200-word abstract and upload an extended abstract (2-4 pages, including tables) or a full paper, which must be unpublished and not already submitted to a journal for publication.

Online Submissions: <http://www.iussp.org/en/iussp-seminar-submissions>

Submission should be made by the author who will attend the seminar. If the paper is co-authored, please include the names of your co-authors in your submission form (in the appropriate order). The seminar will be limited to a maximum of 20-25 completed papers. In addition to dissemination through posting on the member-restricted portion of the IUSSP website, seminar organizers will explore possibilities for publishing the papers, after the seminar.

The working language of the seminar will be English. Abstracts and final papers should therefore be submitted and presented in English.

Deadline for submissions: 20 March 2014.

Applicants will be notified whether their submission has been accepted by **30 April 2014**. In the case of acceptance on the basis of an abstract, the completed paper must be uploaded on the IUSSP website by **1 October 2014**.

Current funding for the Seminar is limited and efforts are under way to raise additional funds. At present IUSSP is unable to commit to support the participation of those invited to present papers. Applicants are therefore encouraged to seek their own funding to cover the cost of their participation in the seminar. If available, funding will be restricted to IUSSP members in good standing and will be contingent upon submission of a complete paper of acceptable quality by the deadline for papers. For further information please contact Seminar Organizer KG Santhya (kgsanthyap@popcouncil.org).

IUSSP Scientific Panel on Reproductive Health

Chair: Iqbal H. Shah

Members: John G. Cleland, Sarah Harbison, Ondina Fachel Leal, K.G. Santhya, and Eliya M. Zulu