

Summarized account of family planning in Honduras

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Honduras is a country covering an area of 112,492 kilometers and, as of 2009, has an estimated population of 7.4 million inhabitants (51% female) who, for the most part, live in conditions of poverty and exclusion, and over half of its people consist of individuals who have at most the age of 25. The total fertility rate stands at 3.5 children per woman (Villanueva, 1997), most of which are conceived at an early age in the reproductive life span and this has led to Honduras having one of the highest rates of adolescent fertility in Latin America, which guide us to reflect about the role that family planning has played in the country in the last few decades in terms of the reproductive dynamic. The following paragraphs will address this issue.

The history of family planning (FP) in Honduras developed around the Honduran Family Planning Association (ASHOMPLAFA), which was founded in 1962, though it began to operate in 1963 (Figueroa, 2005a: 19). The initiatives articulated the concerns that existed in the country at this time on account of the high rates of fertility and infant and maternal mortality². From this point on, the demographic transition phenomena has gradually materialized by means of using contraceptive method, amongst other factors, which has provided a decrease in the births rates, infant mortality rates, and maternal mortality.

In 1966, the Ministry of Public Health, today the Secretary of Public Health, obtained funding from the International Development Agency to undertake a family planning program with primary emphasis on rural areas. The Maternal and

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² Honduras has displayed high rates of fertility and growth (3.1-2.3), which have had repercussions on the accelerated growth in the population which has multiplied sevenfold over 68 years. In the 1960s, Honduran women had an average of 7.5 children, and from the 1970s onwards, there has been a tendency toward a reduction in this number. In 2006, the number of deaths of children under 1 year old and under 5 years old, respectively, for every 1,000 children born, was 23 and 30. Maternal mortality stood at 108 for every 100,000 births (Villanueva, 1997:37; Secretaría de Salud, 2008:29).

Infant Health Program emerged in 1968, putting the emphasis on family planning education by way of healthcare provided by maternal and infant clinics located in various regions of the country. One of which was the Family Planning clinic where the use of the pill, IUD and vaginal methods were preferred. This program was canceled in 1975 due to lack of funding and FP care was thus limited to certain health centers and sub centers (Dirección General de Estadísticas y Censos DGEC 1972: 10; Ministerio de Salud Pública, Dirección General de Estadísticas y Censos, ASHONPLAFA, 1981).

Also in 1975, ASHOMPLAFA created the Community Distribution Program in Tegucigalpa and San Pedro Sula, and by 1987 there were already more than 1,200 urban and rural distribution points. The distributors work from home or small sales points, where pamphlets relating to the subject are to be found, as well as contraceptive pills, condoms, etc. In addition, the Social Marketing Program was founded with the aim of increasing awareness and the use of contraceptive methods through authorized commercial establishments. An important moment came when surgical sterilization emerged in Honduras, performed since 1977 on the initiative of ASHOMPLAFA in which public and private hospitals received donations for carrying out its operations, and subsequently, in 1983, the Ministry of Public Health began a Family Planning Program as a component of its Maternal and Infant Health division (Ministerio de Salud Pública, Dirección General de Estadísticas y Censos, ASHONPLAFA, 1981; ASHONPLAFA, 1987).

In Honduras, from the mid 1960s up until the end of the 1970s, knowledge and use of contraceptive methods manifests itself in an intrepid, but nonetheless effective fashion. In 1981, according to ENPUA³ women's knowledge of birth control methods was 91% for the pill, 81% for sterilization, 71% for injection, 68% for IUD, and condoms at 36%. Even with a high degree of knowledge on contraceptive methods, their prevalence of use was very low, with over 70% of women not using any form of contraception. The reasons for this were that they did not like them or they were afraid to use family planning methods or they thought that they had insufficient information. It is interesting to note that around the end of the 1970s, beginning of the 1980s, for older women coming from past generations where FP was not popular and for youngsters in the 15-24 age range, use and knowledge was less than those women of intermediate age, and it is in this age group where levels of fertility started to show a reducing trend, and later on spread to other groups.

At the present time, there is a broad knowledge of contraceptive methods, the most widely known and used being injections, oral contraceptives and sterilization,

³ National Survey on Contraceptive Planning and Use.

although there is also a significant upturn in the use of condoms, in part due to the promotions and campaigns transmitted by the media. In Honduras, the changes and growth in birth control practices are reflected in the desire of couples and also individuals to have smaller families and to be able to choose the moment at which to have their children. In our region, the above is often consistent with the intimate correlation between the generationality of poverty and high fertility rates (Secretaría de Salud , INE y Macro International, 2006: 71,88 ; Secretaría de Salud, 2006, diapositiva 23).

The prevalence in the use of birth control, primarily the modern methods, has been rising. For example, in 1981, at the country level, among women in union aged 15 and 44 years old, only 26.9% made use of a birth control method, 47% in urban areas and 16% in rural areas. Within periods of 6 and 15 years respectively, the prevalence of use of birth control methods was 40% and 50% for the country. Natural methods have not experienced a significant emergence in the 15 years-period. From the beginning of the 1980s, there was an increase in use of 6%, and at the present time, there is a decreasing trend in the use of these types of method (3% of women in a relationship), caused by modern birth control methods which have cornered the best part of users in the country (USAID,2004: 7).

The use of modern contraceptive methods amongst women of childbearing age, in union, rose from 47% in 1991 to 50% in 1996 and 65% by 2005. This increase was more significant in rural zones due to the direction of Family Planning strategies to this area, where there was an increase of 24% between 1991 and 2005, in other words from 36% to 60%, while in urban areas, the use rose from 61% to 70% over the same period of time (Ibid: 4).

Despite the fact that in recent years in Honduras the prevalence rate in the use of contraceptives has grown and has reached a relatively balanced mix of methods, work still has to be done to ensure that all Hondurans are able to obtain and use birth control methods according to their desire to limit or space out future births. There is still a high index of unmet need for family planning, particularly amongst women who are extremely poor (23%) and poor (11%). The lowest prevalence rate of contraception corresponds to what was previously known as health region number 5, currently comprising the departments of Lempira, Ocotepeque and Copán, an area of the country with high levels of poverty. The hurdles faced by women with limited resources relate to the lack of trained public sector providers and to the frequent shortages of contraceptive inputs (Ibid: 9).

In recent years, the method mix has changed somewhat in Honduras. In spite of the fact that sterilization is a widely-used method, the use of injections and IUDs during the last decade has grown to a large degree on all socio-economic levels.

The use of the IUD has grown from 11% in 1991 to 15.5% by 2001. A significant reduction in the use of traditional methods has also occurred, but these methods are still used by poor women. In terms of the other methods, we should mention that the condom use has grown, while vasectomies are few and barely representative. The least known forms of birth control are Norplant, Billings and the vaginal method (Ibídem; Siow, 2009).

Recently, conservative organizations have presented some stiff opposition, and have even lobbied the country's legislative body, opposing emergency contraception known as the "morning after pill", which is the reason why, from the beginning of this year, they stopped being sold in the marketplace. However, the controversy continues and important social groups have demonstrated their disgust that this product is being sold again in authorized locations (El Heraldo, 2009, Secretaría de Salud, 1999:55).

In Honduras, as in other countries, it is difficult to comment on and analyze in quantitative terms the issue of abortion, which is not regarded as a contraceptive method but which is often used to prevent the birth of a child. As it is illegal in the country, there are no figures showing how many abortions are clandestinely carried out and therefore they remain unknown. The ones that are recorded are of those women admitted to mainly public medical centers as a result of complications in pregnancy, there still being a doubt, in the majority of cases, as to whether the fertility process was intentionally brought to an end (Figueroa, 2005b:32).

In general, the use of contraceptives amongst women in union has increased in Honduras over recent decades, and the reduction in the gap in the use of contraceptives, between the richer and poorer segments of the population, should also be emphasized, confirming that between 1991 and 2001 an increase was seen of 16% in the use of contraceptives amongst Honduran women. In the lowest socio-economic quintile, the prevalence of contraceptives reached 43% in 2001 (from 23% in 1991). Although the inequity in the use of contraceptives between the poorest and richest Hondurans has diminished over time, the gap continues to be considerable, the difference in 2001 being 31% (Stupp, Daniels, and Ruiz, 2007).

In Honduras, the main Family Planning service providers are the Department of Health (40% of the total supply of contraceptives), ASHONPLAFA (29% of the total), drugstores (12%), and private/commercial providers (10%) amongst others. The NGO sector is also a significant FP service provider in Honduras. Over the last decade, the provision of healthcare services by the Honduran Institute of Social Security has diminished since family planning is not included in the benefits package. Up until 1990, more than 90% of contraceptives provided by these three institutions

came from international donations (USAID, UNFPA and IPPF⁴). USAID has been the main Family Planning donor in Honduras and from 1999 to 2003; it provided 83% of these donations. From 2001, the Department of Health and ASHONPLAFA began to purchase their own contraceptives (USAID,2004: 8,9).

In Honduras, the legal framework mainly caters for sexual and reproductive health which we may find in general terms in the Republic's Constitution, Law against Domestic Violence, the Family Code and the Childhood and Adolescence Code. At the end of the 20th century, the Department of Health drafted its National Policies on Sexual and Reproductive Health, focusing on the family, women and adolescents. In 1999, the same Department drafted the National Health Policy in which a significant element dealt with Family Planning (Figueroa, 2005b:33).

It should be emphasized that the pillar for the national process of drafting Family Planning norms in Honduras began with the creation of the National Family Planning Program in 1983, which combined all reproductive health actions through the implementation of the reproductive/obstetric risk, family planning and gender approach. This program in particular included strategies devoted to increasing couples' access to family planning services. In 1999, this was converted into the National Program for Comprehensive Women's Healthcare.

The legal structure in Honduras, in terms of access to family planning services, is weak. The existing law that cites rights of reproduction is the 2003 Law of Equal Opportunities for Women. Article 19 of this law mentions a woman's right to exercise her reproductive rights, decide on the number of children she wishes to have along with her partner and to space the pregnancies, but it makes no mention of the government's responsibility for provision of services. The government has focused on reducing maternal mortality and the transmission of HIV/AIDS as the two key health priorities. As any reduction in maternal mortality has a close relationship with the availability of FP services, the family planning program, although not explicitly quoted, falls within this area of the program (Secretaría de Salud , INE y Macro International. 2006: 3).

The National Strategy for the Reduction in Maternal and Infant Mortality, developed by the Department of Health, identifies Family Planning as the most important element in reducing maternal and infant deaths. As part of the fulfillment of this strategy, the Honduran government proposed to develop in 2005 the National Strategy for the Assured Availability of Contraceptives Inputs (DAIA) and within the remit of its Committee are included the areas of financial sustainability, acquisition, logistics (information, distribution, storage,

⁴ IPPF stands for International Planned Parenthood Federation.

delivery) and a political commitment that will guarantee contraceptive inputs and methods in the hoped for quantity, opportunity and quality (Secretaría de Salud, 2008:42).

In the 2006-2010 National Health Policy, it was proposed that the 2008-2015 program for the Accelerated Reduction of Maternal and Child Mortality (RAMNI) should be drawn up, containing as a valuable element a methodological family planning strategy concentrating on the adequate operation of services, information, coverage, supervision, evaluation, logistics and training (Ibid:43).

We may conclude that, despite having obtained positive results which have been even more impressive in the last decade, in terms of Family Planning in Honduras, there is still some ground to make up, particularly in terms of specific public policies, knowledge, availability and access to modern contraceptive methods, especially in the poorer, more remote and excluded regions of the country.

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