At the last International Conference on Family Planning (ICFP) held in Addis Ababa, Ethiopia, in November 2013, a key theme was “full access, full choice.” Truly successful use of family planning requires both. Women and men who need family planning deserve ready access to a variety of family planning methods in order to choose what best suits their needs. The articles in this Supplement, compiled from research presented at the ICFP, approach access and choice from several perspectives. The research reflects work done in different settings, and with a variety of methodologies. Some work spans continents, and other studies maintain a local focus. In aggregate, they add to what we know—and highlight some things we still need to learn—about family planning access and choice.

In an analysis of data from 36 countries, Ugaz et al. [1] highlight the potential of the private sector to expand family planning access in many of the world’s regions. Reichwein et al. [2] use a mixed-methods design to elucidate family planning client profiles, which can enhance the ability to tailor family planning programs. Eva et al. [3] analyze experience with family planning vouchers across 11 countries in Africa and Asia. While they must avoid undue focus on targets and quotas, vouchers can expand access to family planning for some women who otherwise lack resources.

Some authors approached questions of access and choice within the framework of specific family planning methods. In a demand generation analysis for Sayana Press (Pfizer, New York, NY, USA) that used data from 11 African countries, Khan et al. [4] conclude that this easy-to-use injectable contraceptive delivery system may offer an acceptable and safe option for millions of women. Shelus et al. [5] conducted a geospatial analysis for two regions in Ghana; their results suggest that utilizing nonclinic settings like licensed chemical sellers may expand access to depot medroxyprogesterone acetate for women in those areas.

Some groups of family planning users face particular challenges. For example, individuals living with HIV/AIDS have more complex reproductive health needs than those who are not infected with HIV. Wekesa et al. [6] highlight the persistence of barriers to contraceptive use, and continued unmet need, for individuals living with HIV/AIDS in the slums of Nairobi, Kenya. Hobstetter et al. [7] describe the inadequate availability of emergency contraception—often a last resort—for refugees on the Thai–Burma border. This accompanies a lack of anticipatory contraceptive options for these women. Such reports remind us of the urgent need for attention to the family planning needs of disadvantaged individuals.

Men and couples must be included in conversations about family planning access and choice. Men’s perspectives often influence the success, or failure, of a couple’s contraceptive use. Babalola et al. [8] explore contraceptive ideation among a group of Nigerian men. Their findings underscore the importance of including men through communication strategies at multiple levels, from individual to community.

The provider–patient dynamic is also important. Miscommunications can reflect different priorities between providers and patients, and mistrust can hinder effective provision and use of family planning. Agadjanian et al. [9] explore individual, household, community, and institutional perspectives among family planning users in Mozambique; some of their key findings highlight the importance of effective communication between provider and patient.

Optimum provision of family planning must move beyond logistical concerns. It must incorporate attention to reproductive rights and justice. Abdel-Tawab et al. [10] look through a reproductive justice lens to describe barriers faced by young married women in Egypt: while affordable family planning methods are available, true access is hindered by a lack of privacy and decision-making autonomy. There is also the devastating problem of marital violence, which is underreported and unfortunately accepted as inevitable in some settings. Raj et al. [11] illuminate the negative impact of marital violence on women’s ability to choose and use family planning in South Asia. These authors’ findings illustrate potential pathways for family planning success, but also spotlight several opportunities for improvement. Change in practice requires change in behavior; a framework such as that presented by Schwandt et al. [12] is one approach that may lead to positive behavior change.

While much progress has been made, there is still substantial unmet need for contraception across the globe. Where do we go from here? We can draw upon and build on findings presented in this Supplement and elsewhere. Women must be empowered as decision-makers on matters concerning contraception. This includes assurance of privacy and autonomy, as well as attention to user satisfaction and service quality. The needs of disadvantaged and disenfranchised girls and women must be prioritized.

We must continue to recognize the role of men. Efforts can focus on educating men and sensitizing them at various levels. Implementation science research is needed to inform programming for such key interventions as increased access to long-acting contraceptive methods (implants and intrauterine devices), and rights-based family planning advocacy. We continue to strive toward the FP2020 goal of giving millions more women and girls access to contraception. With innovative approaches and expansion of evidence-based successes, a world of “full access, full choice” can move ever closer to reality.

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**Conflict of interest**

Anne Burke has previously been a trainer for the Nexplanon Contraceptive Implant (Merck, USA). Mike Mbizvo has no conflicts of interest to declare.

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