



Overpopulation And Voluntary Family Planning: Setting A New Health Political Agenda

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Abstract:

Voluntary family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of all available contraceptive methods. Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional development efforts.

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Nevertheless 'Three Successful Sub-Saharan Africa Family Planning Programs' show how African best practises of Ethiopia, Rwanda and Malawi share a common strategy: Contraceptive prevalence has risen steadily from a low starting point and moved upward sharply in most years in all three countries: from 2000 to 2011 in Ethiopia from 6.3% to 27.3%, in Rwanda from 5.7% to 45% and Malawi from 26.1% to 42.2%. Such progress is helping these countries move closer to what the development community calls "the demographic dividend". In particular these achievements have been possible due two main strategies: 1) countries dramatically reduced financial barriers to access modern contraceptives. 2) huge task shifting, reducing physical distances from the poorest to the provision of services have been done with training schemes: provision of long-acting family planning methods shifted from doctors (therefore from hospitals) to nurses at the health centre level while provision of condom and pills shifted from nurses (health centre level) to trained community health workers, present in every single village. most recent WHO published data estimate that 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method: a huge unmet need. According to WHO and



UNFPA, providing access to these women would prevent 67 million unintended pregnancies and would reduce induced abortions from 48 million to 13 million. It would also reduce maternal deaths by 76,000 per year, new-born deaths from 2.9 million to 660,000 per year and HIV infections in new-borns from 130,000 to 9,000.

Biography:

Michele Uselli is a Lead and managed the neonatal emergency transport system, STEN. He is a Lead and managed clinical and research program of neonatal care in developing countries for 7 years. He is a senior neonatologist at 3rd level NICU with capacity of managing up to 25 ventilated newborns, pre-post operatory management of surgical newborns, intensive/subintensive NICU, and the biggest public in Italy. At present on leave. Since May 1st I have been elected in the regional assembly of Lombardy. (In Italy health is directly managed by regions).

Publication of speakers:

1. Agostoni, Carlo & Giovannini, Marcello & Sala, Debora & Uselli, Michele & Livio, Luca & Francescato, Gaia & Braga, Marta & Riva, Enrica & Martiello, Antonella & Colombo, Cristina & Marangoni, Franca & Galli, Claudio. (2007). Double-blind, Placebo-controlled Trial Comparing Effects of Supplementation of Two Micronutrient Sprinkles on Fatty Acid Status in Cambodian Infants. *Journal of pediatric gastroenterology and nutrition*. 44. 136-42. 10.1097/01.mpg.0000243429.24463.2f.

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