

CALL FOR ABSTRACTS
Submission deadline: June 1, 2009

INTERNATIONAL CONFERENCE ON FAMILY PLANNING:
RESEARCH AND BEST PRACTICES

The conference organizers are interested in receiving abstracts on cutting edge research and program results pertaining to factors that enable individuals in the developing world to achieve their contraceptive and reproductive intentions. Research demonstrating the benefits of family planning to societies from reduced poverty, accelerated development, and public sector savings with fewer youth dependents is also solicited.

Research and programmatic lessons demonstrating effects from factors observed over time with rigorous analysis methods will be given priority in abstract review.

Below are topics of special interest. An abstract with a focus that does not easily fit one of these will still be considered and should be submitted using the "Other topics" category on the form.

TOPICS OF SPECIAL INTEREST:

1. Family planning in relation to the Millennium Development Goals (MDGs): Contributions of family planning to MDG achievement, such as reducing poverty and hunger, increasing schooling and gender equality, improving maternal and child health, lowering the burden of HIV and other infectious diseases, and helping achieve environmental sustainability; family planning as a human development indicator
2. Wealth and contraception: Relationship between household wealth and contraceptive service utilization or practice; pro-poor policies to reduce inequitable service access and unintended fertility; economic development trends in contracepting and non-contracepting settings; impact of financial crises on change in fertility and family planning preferences and behavior
3. Contraceptive practice and maternal and/or child health outcomes: Effect of contraceptive use on infant and child morbidity/mortality and maternal morbidity/mortality through birth spacing or limiting; evidence of improved maternal health (e.g., maternal nutrition or repletion; lower incidence of pregnancy or delivery complications) or improved fetal development (intrauterine growth, less immunodeficiency) as a result of lengthened birth intervals due to contraceptive practice
4. Contraception and abortion: Relationship between levels, trends and patterns of contraceptive and abortion use; innovative means of measuring abortion rates and ratios; role of male partners in abortion and contraceptive decision-making; contraceptive use and repeat abortion; contraceptive failure; provision of post-abortion contraception
5. Effective linkages between or integration of family planning, STI/HIV and maternal and newborn health programs and policies: Reducing inequitable access and contributing to health system strengthening; family planning integration with any of the following organized care: STI, HIV, PMTCT, safe abortion, maternal, newborn, child, nutrition, and intimate partner violence; continuum of care models from pre-conception to post-partum; prevention of unintended pregnancies among individuals living with HIV
6. Family planning and the environment: Macro-level relationships between family planning, population dynamics and demands on natural ecosystems; family planning and climate change; linkages between environmental quality, family size, and income; urban environmental quality, family health and family planning

7. Unmet and met contraceptive need levels and trends: Association between levels of met and unmet contraceptive need over time; measurement of unmet need; factors behind and reasons for unmet need; contraceptive need in relation to sexual behavior and childbearing stages; contraceptive discontinuation and failure; service coverage equity, particularly reaching the poor
8. Family planning and the “Demographic Dividend”: Relationship of family planning to the demographic dividend, population momentum and shifting age dependency burdens; evidence of economic benefits or costs at the household level resulting from the achievement of desired family size through family planning
9. The “Family” in “Family Planning”: Family- and household-level benefits and costs of contraceptive practice, including resource acquisition and allocation patterns; the effect of contraceptive practice on family cohesion and gender equality; family formation strategies involving contraception for spacing and timing of children; partnership factors and contraceptive practice (including couple communication and concordance on method choice, timing and disclosure of use); relationship quality and marital contraception; couple management of contraceptive failure
10. Contraceptive technology: Development of new and better contraceptive technologies (e.g., male contraception, microbicides, barrier and hormonal methods, emergency contraception); innovative models for deployment of safe and effective contraceptive technologies
11. Contraceptive security: Addressing contraceptive need through improved commodity forecasting, procurement, financing and distribution systems; management issues in a supply environment of generic manufacturers, quality assurance controls, and efficient and timely delivery; elasticity in pricing policies for user fees and methods
12. Contraception, HIV and pregnancy: The impact of hormonal contraception among HIV-infected women; antiretroviral impact on infected individuals’ fertility and contraceptive intentions and behaviors; condom use for dual protection; couple sero-discordance, contraception and fertility; barriers to contraceptive services for people living with HIV; reproductive rights of people living with HIV
13. Men and contraception: Men as partners in contraceptive and reproductive decision-making; contraceptive preference and use among men, such as withdrawal, vasectomy, condom, rhythm and abstinence; male-friendly contraceptive services; effect of masculinity beliefs and contraceptive responsibility; gender and condom negotiation
14. Effective family planning program and service delivery components: Demonstrated results of innovative models and delivery systems to improve contraceptive access and quality, including behavioral change communication programs, performance and quality improvement and other provider training; human resource development and service deployment strategies; supportive policy environment, community-based delivery, mobile services, newlywed outreach, commodity logistics and distribution
15. Innovations in family planning financing: Effectiveness of social marketing, franchise networks, health insurance, conditional cash transfer models, public-private partnerships, cell phone banking and other Internet-assisted financing models; contraceptive security measures at the national level; family planning within national health accounts
16. Innovations in use of technology to expand contraceptive access: Applications demonstrating promise of Web 2.0, mobile telecommunications, spatial data and other geographic information for planning contraceptive service sites and delivery or reaching potential users

17. Social and psychological determinants of family planning: The influence of personal, gender, social, cultural, religious, and familial factors on family planning motivation, demand and behaviors; influence of legal and political systems, and peer networks on family planning ideation
18. Adolescents and contraception: Patterns of contraceptive use among young persons (contraceptive sources, quality, duration, method preference); contraceptive programs for delayed childbearing among young persons; sexuality education, information, and skills/self-care programs for young people irrespective of sexual activity and marital status; legislation and policies affecting young people's contraceptive access; factors behind effective youth-friendly services
19. Contraception, the urban poor and other vulnerable populations: Contraceptive provision and care in under-resourced urban fringe areas or squatter settlements and for displaced persons, refugees, victims of domestic violence, and physically disabled or mentally impaired persons
20. Family planning policy and evidence-based advocacy: Analysis of family planning policy space; effectiveness of advocacy networks and opinion leaders; tested models for translating knowledge into action (e.g., RAPID models)
21. Innovations in methods for contraceptive research: New and tested methods for measurement, data collection and record linkage, data processing, and modeling
22. Contraception in relation to other proximate determinants of fertility: Onset of contraceptive use in relation to onset of sexual activity; patterns of contraceptive use and breastfeeding; relationship between contraception and abortion practice

ABSTRACT SUBMISSION

Abstracts should be no longer than 800 words in length and should follow the provided outline. Abstracts should be submitted **by June 1, 2009** online at www.fpconference2009.org or electronically along with the completed cover form to abstracts@fpconference2009.org. Submitters will receive an email acknowledging receipt. The corresponding author will be notified regarding abstract decisions no later than **July 1, 2009**.

Abstracts will be evaluated on the following criteria: **Originality**: abstracts containing significant new findings; **Quality**: abstracts that significantly advance the evidence base for meeting young people's health and development needs; **Importance**: abstracts that directly address key themes identified for the conference; **Presentation**: abstracts that state clearly the specific objectives addressed, data and analytic methods used, main results, and provide a concise interpretation of the findings. Submitters should ensure that their abstracts provide sufficient detail for external reviewers to evaluate their work, describe the data, analytic methods and results, and describe relevant programmatic or policy implications.

CONFERENCE TRAVEL SUPPORT

Limited travel support is available. Those whose abstracts are selected for oral presentation will be eligible to apply. Priority will be given to junior researchers. Travel support application forms will be provided with notification letters.

For more information please contact: info@fpconference2009.org.