



## Maldives and Family Planning: An Overview

### Background

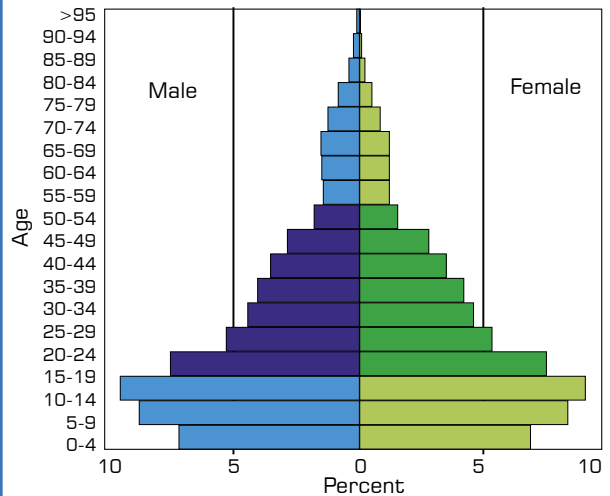
The Republic of Maldives is an archipelago consisting of 1,190 coral islands. The Maldivian economy is based on fisheries and tourism. The potential for other economic activities is severely limited by lack of resources such as raw materials, water, power, labour and physical space. **The geographical distribution of the Maldives makes service delivery difficult and expensive.** In order to overcome this geographical barrier, Maldives established a four-tier health care delivery system, with the Ministry of Health at the central level, followed by regional, atoll and island levels. In 2001, with the expansion of health care services, the system was re-organized into a five-tier referral system.

Until 1965, the annual population growth rate of the Maldives averaged about 1.5%, roughly 500 people per year. This low growth rate was the result of a high death rate rather than a low birth rate. After 1965, when health services were extended to the atolls, the mortality rate was sharply reduced while the birth rate remained high. Between 1965 and 1995 the annual population growth rate averaged more than 3% and **the population of the Maldives doubled in less than 25 years.** Life expectancy, which was 50 years in 1980, reached 73 years in 2002. The last census, in the year 2000, found an annual population growth rate of 1.9%, down from 3.4% in 1989 and 2.8% in 1995. According to the 2004 Statistical Yearbook of Maldives, the population in 2003 was 285,000 and it is expected to reach 368,337 by the year 2020.

By 2003, 29% of the population lived in urban areas. In 1998, nearly 40% of the rural population fell below the poverty line of MRf 600, equivalent to US\$ 4.51, per month. More than a quarter of the population lives in Male', the capital island, where there

**Health is considered the basic right of every citizen and the government emphasizes "health for all" based on the primary health care approach.**

Figure 1: **Population Pyramid Maldives, 2000**



Source: Statistical Yearbook of Maldives, 2004

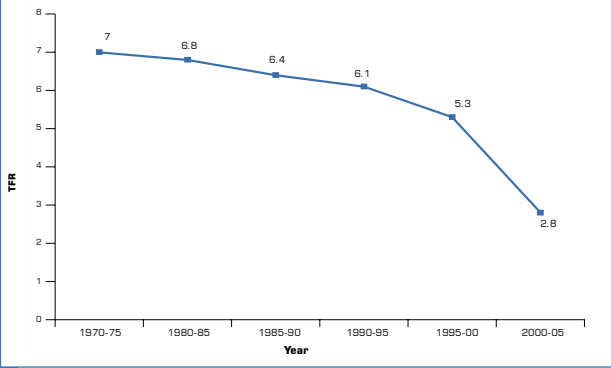
is a population density of 37,035 people per square kilometre. In comparison, the population density for the country overall is 1,068 people per square kilometre. As shown in Figure 1, **over 40% of the current population is under 15 years old, and almost 50% of the population is of reproductive age.**

A child spacing programme began in 1984, improving access to family planning services and increasing public awareness of family planning. With a shift in policy during the early 1990s to reduce population growth, **commitment to promote family planning has increased.** Still, much needs to be done especially given that over 40% of the population will enter reproductive age in the near future.

### Situation Analysis

The high rates of population growth in the seventies and eighties have resulted in **a largely**

Figure 2: **TFR in Maldives (1970-2005)**



Source: World Population Policies, 2003; Maldives Health Report, 2001

**young population** at present, leading to a high dependency ratio. However, it is estimated that by 2020 the under 15 years of age group will decline to represent only one-third of the population.

While the annual population growth rate has been significantly reduced, now 1.9%, it is still considered high and significant given the size of the country and available resources. As shown in Figure 2, the **current total fertility rate (TFR) is 2.8**, down

**The Maldives is currently in the second stage of the demographic transition.**

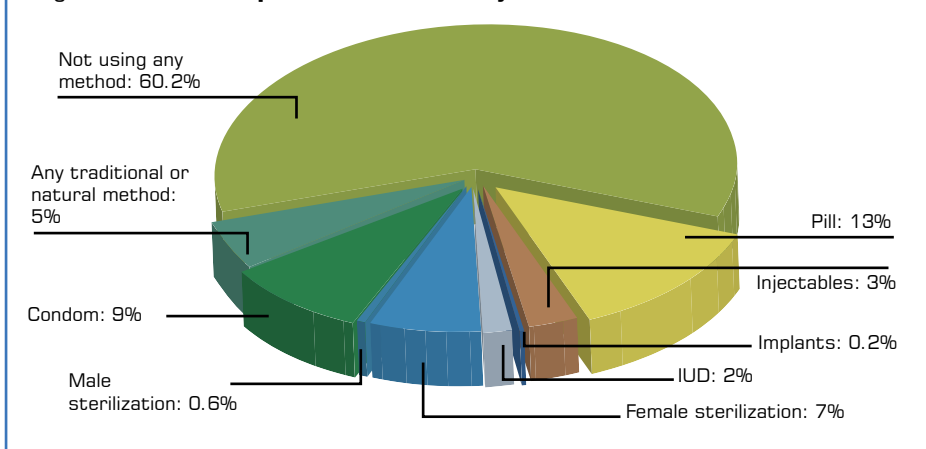
from 7 in the late 1970s. The decline is largely the result of expansion and development of reproductive health and family planning services. The crude birth rate in 2001 was 18, less than half of what it was in 1989 (42 per thousand).

Prior to 1991 awareness of contraception was minimal, and service availability quite limited. At the time, contraceptives were only distributed by one hospital in Male' and four regional hospitals. While contraceptive acceptance is still low, **accessibility to contraceptive methods has increased** over the past decade.

**Still at island level only a limited range of family planning services are available.** The full range of contraceptive methods and services are available at central and regional hospitals. **Contraceptives are provided free of charge to the consumer at all levels of the health care delivery system.** The Ministry provides the following to eligible couples: condoms, oral contraceptives, injectables, and IUDs, and counselling on natural methods. Female and male sterilization are provided on request of both partners and upon medical indications of life threatening situations.

Based on preliminary results from the 2004 Reproductive Health Survey, the overall contraceptive

Figure 3: **Contraceptive Method Use by Married Women, Maldives 2004**



Source: Reproductive Health Survey, 2004



prevalence rate (CPR) is 39% and it is 34% for modern methods.

**The majority of women, roughly 80%, who use contraception use a modern temporary method.** Figure 3 shows the breakdown of the contraceptive method mix used in the Maldives.

When compared to findings from 1999, the 2004 Reproductive Health Survey shows an increase in condom and IUD use. Female sterilization decreased as did the use of traditional methods. Figure 4 compares the contraceptive methods used in 1999 and 2004.

The 2004 Reproductive Health Survey found that in 70% of cases the couple, together, makes decisions regarding use of contraception. In 11% of the cases the partner makes the decision alone; in 8% of the cases the woman makes the decision alone; and in another 11% of the cases, contraceptive use is not discussed between the couple. The survey found that **CPR is more than double (45%) among women who are involved in decision-making regarding contraceptive use**, in comparison to cases where the woman is not involved (19%).

**Adolescents account for 27.5% of the population in the Maldives.** While young men and women are aware of a range of contraceptive methods almost half report not talking to anyone about sex and related matters. The 2004 Reproductive Health Survey found that almost half (48%) of youth said they did not know if talking about condoms made young people more promiscuous, and almost a quarter (24%) believed that it did. While 61% of youth believe that condoms can protect against unwanted pregnancy, 31% said they did not know if this was true or false. Finally, 25% of males and 20% of females said that they did not know how to avoid a pregnancy or that a pregnancy could not be avoided.

**Unprotected sex among youth is increasing,** resetting in early and unplanned pregnancies and induced abortions. The 2004 Reproductive Health Survey found that of those youth who were sexually active, 4% did not know what a condom was and 45% had never used a condom. The increase in mean age at first marriage,

## Key Indicators:

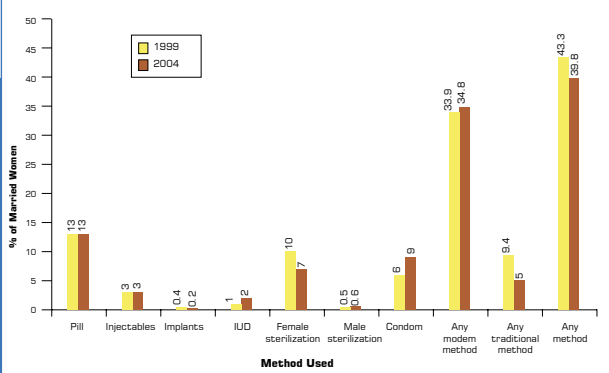
Total Population, 2003 (in millions)	0.3
Population Growth Rate, 2003	1.9%
Population Density, 2003 (people per square km)	1,068
Urban Population, 2003	29%
Population <15 years of age, 2001	41%
Total Fertility Rate (TFR), 2002	2.8
Contraceptive Prevalence Rate (CPR), 2003	39%
- Pills	13
- Injectables	3
- Implants	0.2
- IUD	2
- Female Sterilization	7
- Male Sterilization	0.6
- Condom	9
- Traditional or Natural Methods	5
Unmet Need, 2003	34%
Average age at first marriage, 2000	22
Average age at first birth, 2000	N/A
Crude Birth Rate (CBR) (per 1,000 population), 2001	18
Maternal Mortality Ratio (MMR), 2003 (based on Vital Registration Statistics)	100
Infant Mortality Rate (IMR), 2003 (based on Vital Registration Statistics)	14
HIV adult prevalence, 2001	0.1%

which reached 22 in 2000, has important implications; as the period prior to marriage is extended, premarital sexual relationships may also increase.

**There are legal barriers to the provision of contraceptives to unmarried individuals, and all methods, including condoms, require a prescription.** These obstacles to accessing family planning services and methods contribute to a higher unmet need for family planning. Adding to the need for family planning is that marriage is universal, temporary migration for work in the fishing and tourism sectors is widespread among men, and the practice of polygamy is common. The 2004 Reproductive Health Survey found that among married women of reproductive age, 34% wanted to limit or space their births but were not using any method of contraception. Abortion



Figure 4: Trends in Contraceptive Method Use



Source: Reproductive Health Survey, 2004

is illegal except in cases of serious medical risk to the mother.

## Current Family Planning Efforts

The potential doubling of the population every 20 years is considered a matter of grave concern, and **the government has been working to reduce the rate of population growth through more active promotion of population stabilization and awareness programmes.**

The government programme has the following objectives:

- Increase CPR to 50%;
- Increase the number of women who have birth interval of at least three years;
- Reduce the number of adolescents who get married before 20 years of age;
- Provide 100% access to safe methods of contraception to all eligible couples, within 15 minutes' walking distance; and
- Increase the role of NGOs and the private sector in the provision of family planning and reproductive health services.

**Strategies to improve availability, access, choice, and quality of family planning** include:

- Strengthening of inter-sectoral support and coordination, along with NGO and community participation;
- IEC on family planning and population issues, especially for youth;
- Popularization of family planning services;
- Increasing male involvement in reproductive health;
- Awareness raising on the

**The overall goal of the national family planning programme is to provide extensive birth spacing and family planning services and education in order to improve mother and child health, and make family planning services accessible to all.**

importance of better reproductive health, and the risks of early marriage and pregnancies;

- Research on key reproductive and family planning issues; and
- Advocacy to ensure policies appropriately & adequately address on youth and women specific needs.

**Work has been undertaken to increase demand for and access to family planning services.**

- Training and supplies have been provided by the programme in order to increase the methods available at the island level to three (pills, injection, and condoms).
- Training has also been provided to health workers on counselling and IEC in order to enhance the quality of services. Awareness raising efforts include the integration of health and population education in school curricula, radio, TV, and print media.
- Introduction of HIV and AIDS education which has helped to reduce taboos surrounding discussion of sexual issues;

At the island level, the key family planning providers are the Family Health Workers (FHWs), and at the atoll level the Community Health Workers (CHWs). Other health care providers include doctors, pharmacists, pharmacy assistants, health assistants, registered nurses, nurse aides, and auxiliary nurse midwives. **Over 90% of health professionals are employed in the public sector**, including 81% of all doctors and 91% of nurses.

**Monitoring and evaluation will be undertaken by the Ministry of Health on a regular basis** to ensure quality of care services.

## Challenges and Opportunities

**1. Expanding access to contraceptive methods and services.**

A rights-based approach to reproductive health could help expand use of family planning methods and services. Working on male involvement and addressing gender issues could contribute to making contraception a shared responsibility. Expanding access to contraceptive methods and services to all, irrespective of age or marital status, would also reduce unmet need for family planning.

**2. Limited skilled personnel.** An acute dearth of skilled personnel

is a major constraint for sustainable health development in the Maldives. In 2003 there was 1 doctor per 905 people in the Maldives. More than three quarters of the doctors are foreigners, which makes the health system not self-sustainable. According to the Health Master Plan (1996-2005), the government is working to improve the efficiency and quality of the health system through management reforms. Priority has been given to developing human resources in the health sector in order to replace the existing expatriate workforce and to facilitate future expansion of services.

The government is aiming to strengthen in-country training and explore alternative financial resources.

- 3. Decline in donor assistance.** The number of donors and the amount of investment received for reproductive health in Maldives have shown a downward trend in recent years. In collaboration with WHO and UNDP, the government working to improve collaboration with donors. Inter-sectoral collaboration for health is also being actively promoted.

## Sources

1. Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections: Maldives, 2002. UNAIDS, UNICEF & WHO.
2. Maldives Country Health Profile, WHO/SEARO, 2003. <http://intranet/cntryhealth/maldives/index.htm>
3. Maldives Country Profile, 2003. International Planned Parenthood Federation. [http://ippfnet.ippf.org/pub/IPPF\\_Regions/IPPF\\_CountryProfile.asp?ISOCODE=MV](http://ippfnet.ippf.org/pub/IPPF_Regions/IPPF_CountryProfile.asp?ISOCODE=MV)
4. Maldives Draft National Policy and Strategic Framework on Reproductive Health. Draft Framework. Republic of Maldives, Unpublished, 2003.
5. Maldives Health Master Plan 1996-2005. Ministry of Health, Republic of Maldives, 1998.
6. Maldives Health Report, 2002. Ministry of Health, Republic of Maldives, 2002.
7. Reproductive Health Survey, 2004. Ministry of Health, Maldives, UNFPA/Maldives, and CIET. Unpublished.
8. Statistical Yearbook of Maldives 2004. Ministry of Planning and National Development, Male, Maldives.
9. World Contraceptive Use, 2003. United Nations, Population Division, Department of Economic and Social Affairs.
10. World Population Data Sheet, 2003. Population Reference Bureau. [www.prb.org](http://www.prb.org)
11. World Population Policies, 2003. United Nations, Population Division, Department of Economic and Social Affairs.



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