PRB Policy Brief
POPULATION REFERENCE BUREAU

THE UNFINISHED AGENDA: MEETING THE NEED FOR FAMILY PLANNING IN LESS DEVELOPED COUNTRIES

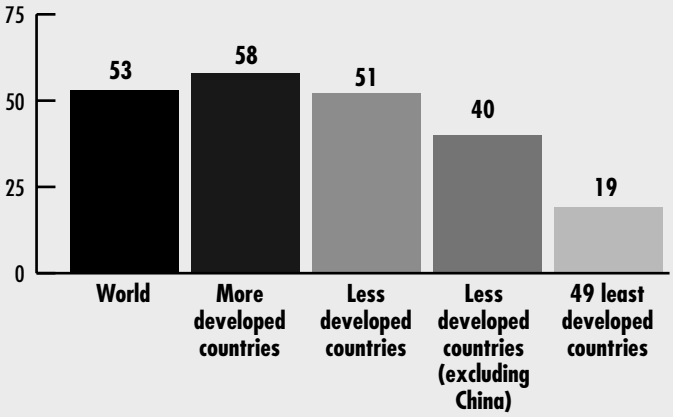
Family planning programs have yielded dramatically positive gains over the past 50 years. In developing countries, about half of couples now use modern contraception. Since the 1960s, the average family size in developing countries has dropped from about six or seven children per woman to about three children. These trends have meant millions of lives saved and additional benefits for women and children who are healthier and can achieve greater levels of education and empowerment.

Despite these gains, contraceptive use is still low and need high in some of the world's poorest and most populous places. At least three in 10 pregnancies are unintended in some regions, and millions of couples are still unable to effectively choose the number and timing of their children. Moreover, some developing countries (such as Bangladesh) that have substantially reduced their fertility levels in recent decades are in danger of seeing that progress halted or slowed.

Figure 1

Use of Modern Contraception

Percent of married women 15–49



NOTE: More developed regions, according to the United Nations Population Division, include Australia, New Zealand, Europe, North America, and Japan. Less developed regions include Africa, Asia (excluding Japan), and Latin America and the Caribbean; the UN designates 49 countries within these regions as least developed.

SOURCE: Population Reference Bureau, *2004 World Population Data Sheet;* figure for least developed countries based on PRB calculations.

These challenges are immense, but not insurmountable. The past 50 years demonstrate that successful family planning programs can be developed even under difficult circumstances. Use of safe, voluntary contraception is also accepted worldwide. In 1994, representatives from 179 nations met in Cairo at the International Conference on Population and Development and agreed to provide reproductive health care to all people by the year 2015—a goal that called for countries to "meet the family planning needs of their populations" and provide "universal access to a full range of safe and reliable family planning methods."[1]

Mixed Success in Meeting International Goals

The use of modern contraception has increased more than four-fold since the 1960s in countries as diverse as Bangladesh, Colombia, India, Indonesia, and Thailand.[2] But many countries are still far from achieving the goals set forth in Cairo. The unmet need for family planning remains high in the developing world. More than 120 million women say they would prefer to avoid a pregnancy, but are not using contraception.[3] This figure rises to 201 million if women using traditional methods such as withdrawal or herbs are included in the estimate.[4]

Contraceptive use is still low in a number of very poor countries. Fewer than one in five married women use modern contraception in the 49 countries designated by the United Nations as least developed (see Figure 1). Additionally, some of the world's poorest countries have made slow or only halting progress over the past twenty years. Among 26 least developed countries with data available for two points in time since the late 1980s, one-half achieved only slight increases in modern contraceptive use (less than 5 percentage points).[5]

Within most developing countries, the use of contraception remains markedly lower among the poorest women relative to the wealthiest. One study of 49 developing countries found that, on average, married women in the wealthiest quintile of the population were 4.6 times more likely to use modern contraception than those women in the poorest quintile.[6]

Many couples still lack choices regarding contraception, despite the Cairo goal to provide couples with a "full range" of family planning methods. One study found that, as of the mid-1990s, only four of 30 countries in sub-Saharan Africa had made available to couples a wide choice of methods that included the pill, IUD, female sterilization, and condoms. (The study defined "availability" as access to these methods by at least one-half the population.) The picture was not much better in the developing world overall. During this period, only half of 91 developing countries made available at least one long-term method (e.g., sterilization or IUD) and one short-term method (e.g., the pill or condoms).[7]

Meeting Needs in the World's Poorest and Most Populous Countries

Closing the global family planning divide so that all couples can achieve their desired family size will require greater focus on some of the world's poorest and most populous places. Success in these settings is also key to stabilizing world population. Some of the countries where family planning has yet to take root are among the world's fastest growing.

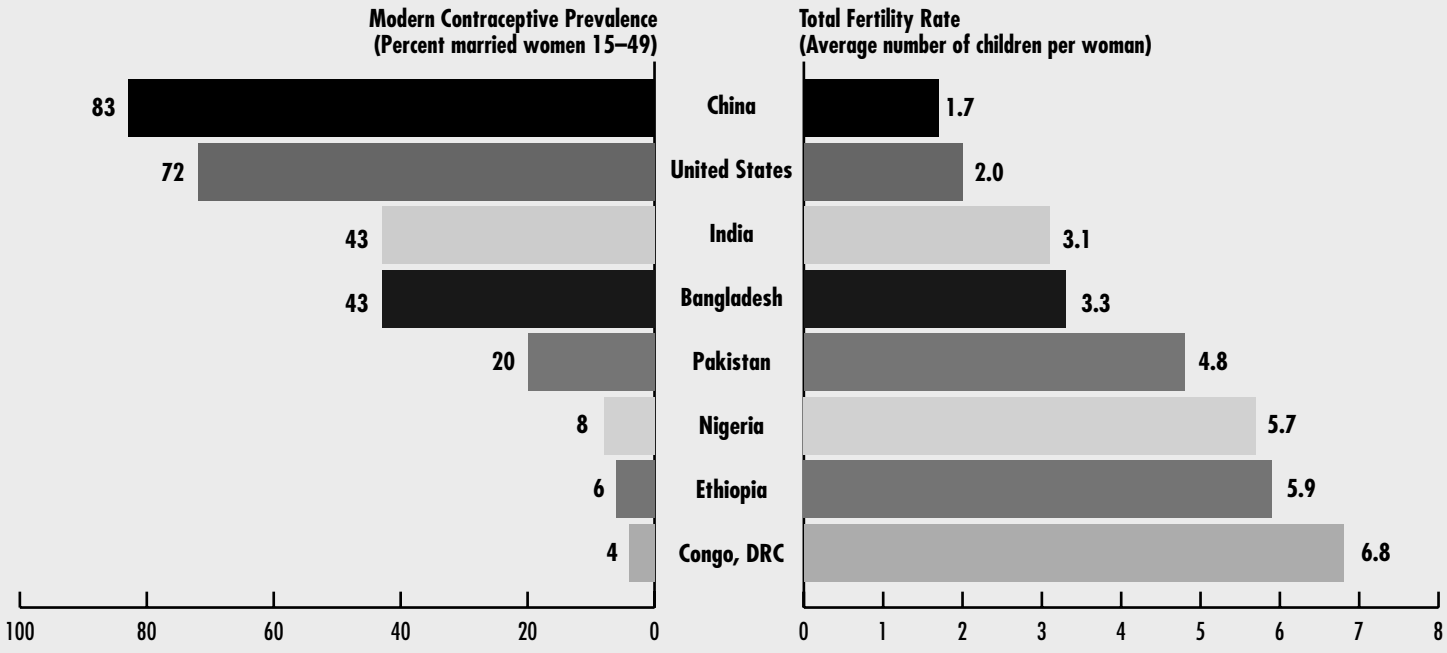
From 2000 to 2050, the UN projects that eight countries—India, Pakistan, Nigeria, the United States, China, Bangladesh, Ethiopia, and the Democratic Republic of Congo—will account for one-half of the world's population increase.[8] Four of these countries—Pakistan, Nigeria, Ethiopia, and the Democratic Republic of Congo—are far from reaching the total fertility rate (about two children per woman) associated with slower population growth. In these countries, the total fertility rate ranges from 4.8 to 6.8 children (see Figure 2).

The UN's medium population projection, which forecasts an increase in world population from 6.3 billion in 2003 to 8.1 billion in 2030, assumes that developing countries will have a total fertility rate of just over two children in the next 25 to 30 years. In the 49 least developed countries, the UN's medium projection assumes that the fertility rate will decline from about 5.5 to 3.1 during this period.

Fertility rates of two to three children imply widespread use of contraception. A fertility rate of 2.1, for instance, corresponds roughly to a contraceptive prevalence rate of 75 percent.[9] But slightly higher fertility and lower contraceptive

Figure 2

Contraception and Childbearing in Populous Countries



SOURCE: Population Reference Bureau, *2004 World Population Data Sheet.*

prevalence rates would have enormous implications for the world's future population size. The UN calculates that fertility rates averaging just half a child higher than those in the medium projection would bring world population to 10.6 billion by 2050—an increase of more than one-half again of the world's current population.

Modern contraceptive use is now 20 percent or less among married women in the Democratic Republic of Congo, Ethiopia, Pakistan, and Nigeria (see Figure 2). Ethiopia and Pakistan have among the world's highest levels of unmet need: About one-third of married women in these countries say that, while they would prefer to space their pregnancies or stop childbearing, they are not using contraception.[10] As a result, many women experience unintended births. In Ethiopia, nearly 37 percent of recent births were mistimed or unwanted.[11]

Some large states of India also lag behind other parts of that country in terms of family planning. The average family size in the state of Uttar Pradesh is between four and five children, and modern contraceptive prevalence there is 22 percent. About one-fourth of recent births in Uttar Pradesh were unintended.[12] Uttar Pradesh has about 178 million people and, if a country, would be the fifth most populous in the world.[13]

Even for populous countries that have been more successful in their family planning efforts, maintaining progress will be challenging. Progress in Bangladesh—which saw dramatic increases in family planning use and dramatic fertility declines from 1960 to 1990—slowed during the 1990s. And in the next 10 years or so, the population of reproductive age women in Bangladesh is projected to increase from 36 million to 48 million.[14]

The Benefits of Family Planning

The benefits of family planning extend beyond slowing the pace of population growth. By using contraception, women can avoid the high risk of poorly timed pregnancies that jeopardize their health and that of their children. For instance, children spaced three to five years apart are more than twice as likely to survive to age five than are children born within two years of a sibling.[15]

The poorest countries, beset by high maternal and child mortality rates, have the most to gain from family planning's health benefits. One estimate suggests that meeting the unmet need for modern contraception among women in less developed countries could prevent 1.4 million infant deaths and 142,000 maternal deaths each year.[16]

Family planning is also cost-effective. By reducing a woman's exposure to unintended pregnancies, family planning saves lives and costs less than maternity-care services. The cost of family planning per child-death averted is also low—in a low-income country like Mali, for example, the cost per added year of life is about $4 to $5.[17] And by preventing unintended pregnancies among HIV-positive mothers, family planning services can avert HIV infections in infants at a lower cost than that of caring for an infant with HIV.

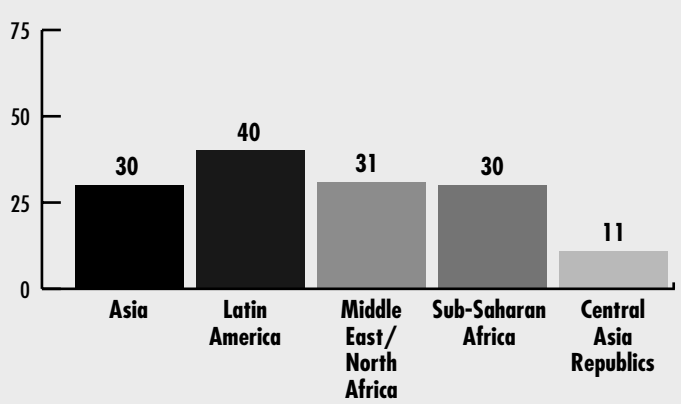
In addition, family planning can play a key role in preventing unintended pregnancies—a serious problem throughout the developing world. Women commonly report mistimed and unwanted births (see Figure 3). The problem is especially pronounced in Latin America, where women reported that two-fifths of recent births were unintended. Even these high figures underestimate the problem, since they do not include pregnancies averted through abortion.

Indeed, abortion-related complications are a serious consequence of unintended pregnancy. In most developing countries, abortion is illegal and takes place under unsafe circumstances. Nevertheless, an estimated 20 percent of pregnancies in developing countries end in abortion. These procedures take a tremendous toll on women's health and well-being. The World Health Organization estimates that 13 percent of pregnancy-related maternal deaths—about 78,000 deaths per year—are attributable to complications from unsafe abortion.[18]

These deaths are for the most part unnecessary and preventable. The use of reliable contraception enables women to prevent unplanned pregnancies, and abortion rates typically decline with increasing use of modern contraception. One study of 12 countries in Eastern Europe and Central Asia estimated declines in abortion rates ranging from 47 percent to 65 percent if these countries' need for contraception were met

Figure 3

Unintended Births in the Less Developed World



SOURCE: John Ross, John Stover, and Amy Willard, *Profiles for Family Planning and Reproductive Health* (1999).

and if women there who use traditional family planning methods were to switch to modern methods.[19]

Challenges in Meeting the Need for Family Planning

Efforts to meet the need for contraception in less developed countries are hindered by factors such as population growth, contraceptive shortages, and inadequate funding. These challenges are not insurmountable. But a projected rise in the number of users of contraceptives in less developed countries makes it crucial to address current shortcomings there in family planning services.

Many factors—including issues related to demand and supply—constrain the use of family planning in poor countries. Regarding demand, couples may not know about contraception. Cultural values may support high fertility. And in some settings, a woman's low status relative to her husband and other family members may limit her ability to use family planning.

Supply-side factors are also important obstacles. Many couples still lack access to choices regarding contraceptive methods. Providing contraceptives without sufficient information, education, and counseling may also not be effective: Couples may have misperceptions about the health effects of contraceptive use or not know enough about methods. In addition, civil unrest can prevent much of the populace from using basic health services.

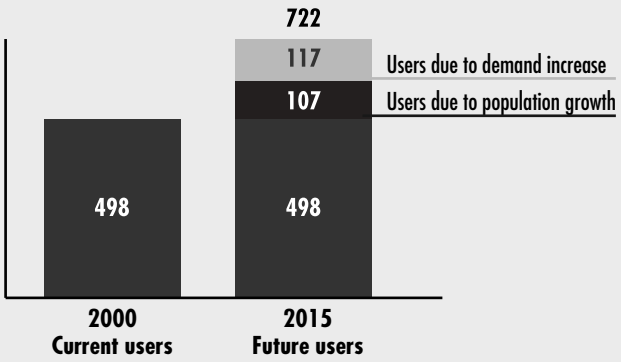
The projected rise in contraceptive demand and users intensifies the challenges ahead in providing services to the world's poorest couples. From 2000 to 2015, the number of contraceptive users in less developed countries may rise by more than 200 million women—an increase driven by rising demand and population growth (see Figure 4).

Meeting the needs of young people is a special concern. Past population growth in less developed countries has meant that the largest-ever generation of young adults are entering their reproductive years.[20] Rapidly growing countries such as Nigeria—which has 44 percent of its population under age 15—will need to greatly expand their services to meet the needs of young people coming of age.

While need and demand are rising, many developing countries are facing shortfalls in contraceptive methods. Programs in a range of places—including Ethiopia, Tanzania, Mexico, Thailand, and Francophone Africa—have experienced contraceptive shortages. Among the contributing factors to these shortages are a rising number of users, growing demand, the spread of HIV/AIDS, and declining levels of donor funding.[21]

Figure 4

Projected Rise in Contraceptive Users in Developing Countries



SOURCES: PRB estimate based on data from the UN's *World Population Prospects: The 2002 Revision* (medium scenario); the UN's *World Contraceptive Use 2003*; and PRB's *2004 World Population Data Sheet.*

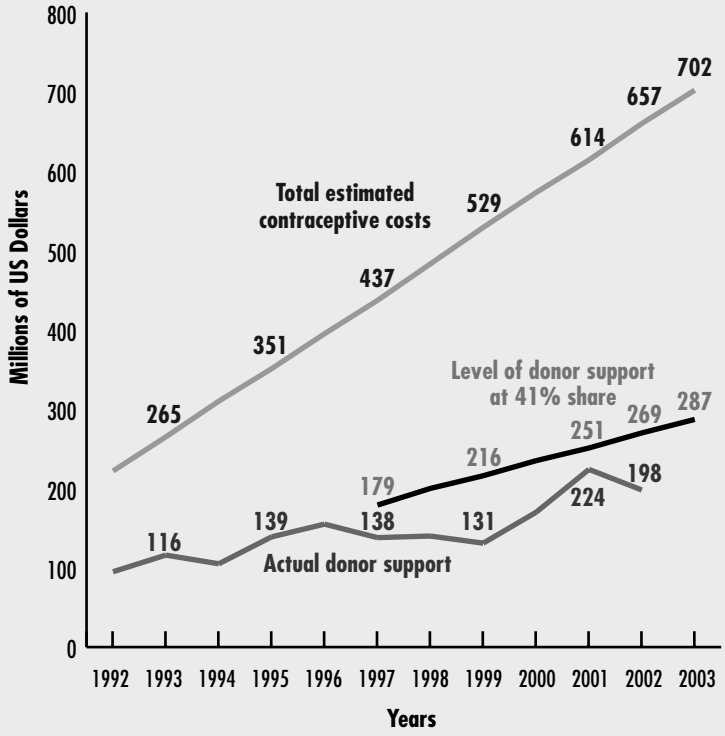
Although some developing countries can cover their own contraceptive costs, most lack the foreign exchange and manufacturing capacity to meet their own needs without some assistance from donors. A large gap exists between the cost of contraceptive supplies and donor funding (see Figure 5, page 5). Moreover, the share of total contraceptive costs covered by donors has declined in recent years. From 1992 to 1996, donors supported about 41 percent of contraceptive costs. In 2002, the share supported by donors was about 30 percent, leaving a gap of $71 million dollars.

Overall, donors have fallen short of the financial pledges they made for reproductive health care at the 1994 International Conference for Population and Development. The conference's action plan estimated that reproductive health programs—including family planning, maternal health, and the prevention of sexually transmitted diseases—would cost $18 billion by 2005. Developing countries agreed to fund about two-thirds of the cost ($12.2 billion), while the international donor community pledged $6.1 billion.

In 2003, the United Nations estimated that international donors had provided just over

Figure 5

Contraceptive Costs and Donor Support



NOTE: Figures have been rounded.

SOURCE: United Nations Population Fund, *Donor Support for Contraceptives and Condoms for STI/HIV Prevention: 2002.*

$3 billion toward these programs—still a distance from the amount promised. Governments of less developed countries had spent an estimated $11.7 billion, an encouraging figure. The UN noted that spending in a few large developing countries accounted for most of the $11.7 billion. Many of the poorest countries are unable to mobilize the resources to finance their own reproductive health programs, which remain dependent on support from international donors.[22]

Renewed Efforts Needed for Family Planning

Despite the many accomplishments in family planning over the past 50 years, a large and persistent divide exists among countries in access to and use of contraception. Use is still low and need high in a number of the poorest and most populous countries. Various factors intensify the challenges ahead, including population growth, a shortage of supplies, and inadequate funds.

The track record over the past 50 years demonstrates that successful family planning programs can be developed even under difficult conditions. The record also shows that family planning programs save lives. In the midst of multiple political and health challenges, family planning services deserve increased priority. As the world's nations recognized at the Cairo conference, these cost-effective services are essential for improving the health and well-being of current and future generations, particularly in the world's poorest countries.

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