

The Role of Family Planning in Poverty Reduction

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Family planning plays a pivotal role in population growth, poverty reduction, and human development. Evidence from the United Nations and other governmental and nongovernmental organizations supports this conclusion. Failure to sustain family planning programs, both domestically and abroad, will lead to increased population growth and poorer health worldwide, especially among the poor. However, robust family planning services have a range of benefits, including maternal and infant survival, nutrition, educational attainment, the status of girls and women at home and in society, human immunodeficiency virus (HIV) prevention, and environmental conservation efforts. Family planning is a prerequisite for achievement of the United Nations' Millennium Development Goals and for realizing the human right of reproductive choice. Despite this well-documented need, the U.S. contribution to global family planning has declined in recent years. (*Obstet Gynecol* 2007;110:999-1002)

See related editorial on page 968.

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The role of family planning in poverty reduction cannot be overstated. Demographers estimate that the world's population will increase by 40% over the next 45 years, from 6.5 billion to 9.1 billion.^{1,2} This increase will differentially affect Africa and Asia, and more than 90% of the population growth will take place in the poorest countries. Except for a small number of oil-rich countries, no government has eradicated poverty while still maintaining high average

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fertility rates.³ In general, given a steady economy, lower rates of fertility help reduce poverty levels by reducing population growth. In 2000, the international community began a new effort to battle extreme poverty around the globe and developed a number of goals to set priorities for foreign aid. With a deadline of 2015, the Millennium Development Goals were drafted by the United Nations to focus the efforts of the world community on achieving meaningful improvements in people's lives. The eight Millennium Development Goals are: 1) eradicate ex-

treme poverty and hunger; 2) achieve universal primary education; 3) promote gender equality and empower women; 4) reduce child mortality; 5) improve maternal health; 6) combat human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDs), malaria, and TB; 7) ensure environmental sustainability; and 8) develop a global partnership for development with aid, trade, and debt relief.⁴ Most of the Millennium Development Goals cannot be attained without continued financial support of family planning programs, especially in countries with high rates of population growth or disparities in health care. Even in the United States, access to family planning needs improvement among certain populations. Despite this clear need, funding for international family planning programs has decreased in the past decade.¹ This article will review the relationships among poverty, human development, and access to contraception and safe abortion and explain how family planning can help the world achieve the Millennium Development Goals.

Although the use of contraceptives by married women worldwide increased from 10% in the 1960s to 60% in 2003 and fertility rates decreased overall, this progress has now stalled.² Especially in Africa, the use of modern contraception has not risen in the past decade, and fertility rates are as high as seven births per woman in some countries. In 18 African countries,



fewer than 10% of married women use any contraception; in 22 countries, fewer than 10% are using modern methods.⁵ In the developing world, there are currently 137 million women with an unmet need for contraception and 64 million with an unmet need for modern methods.³ A country's unmet need for contraception is defined as the number of fertile married women of reproductive age who do not want children or want to postpone childbearing by at least 2 years and are not using any method of contraception or are not using a modern method (which include hormonal contraception, sterilization, and intrauterine devices).³ Countries with high population growth rates (more than 2%) and high percentages of unmet contraceptive need (more than 20%) threaten fulfillment of the Millennium Development Goals.² Despite these enormous unmet needs for contraception, targets for funding of international family planning programs have not yet been reached, and due to the population growth in the past decade, even more funding will be required.

Although many factors influence the economic state of a developing country, rates of fertility and population growth play an important role. The first Millennium Development Goal seeks to eradicate extreme poverty and hunger.⁴ In 2001, the "absolute poor" living on \$1 a day and the "near-poor" living on \$2 a day numbered 1.1 billion and 2.7 billion, respectively.⁶ While the number of absolute poor has decreased since the 1980s, this reduction has been concentrated in Asia. In Africa, the number of absolute poor has actually risen, as has the number of near-poor worldwide.⁶ Family planning programs can boost economic growth in many ways. Voluntary fertility decline opens a "demographic window" whereby a large cohort of

working-age adults enters the population, outnumbering children and the elderly. This decreased dependency ratio (ratio of dependents to working-age population) tends to boost savings and investment.⁷ Economists estimate that one third of East Asia's financial growth in the 1980s and 1990s was due to this demographic transition.² This demographic transition remains only a potential advantage, however, because widespread unemployment, low participation rates (for example among women), or poor governance may limit the impact of favorable age structures.² Falling birth rates also create economic growth by enhancing the health, productivity, education, and skill level of the population, since resources can be distributed among fewer individuals, thus improving human capital.² Finally, family planning programs contribute to the economy with direct savings. For example, for every U.S. dollar invested in family planning services, Thailand saved \$16 and Egypt saved \$31.³ These savings included expenditures on health care, education, food, housing, and water and sewage services.

Family planning interventions are desperately needed in low-income countries. Poorer women, on average, have more unintended pregnancies and less access to contraception than wealthier women.⁷ In some countries, such as Ethiopia, Bangladesh, Kenya, Rwanda, Haiti, and Nicaragua, women have one to two more children than they want.⁵ It is estimated that 125 to 200 million people in the developing world would like to control their fertility but are not using contraception.¹ It has been shown that women using contraception have greater decision-making power in the family and greater financial security.³ Without being able to control their own reproduction, women and girls will continue to have low status and power in society.

Reproductive choice is necessary to fulfill the third Millennium Development Goal to promote gender equality and empower women. In developing countries, there is a large gap in use of modern contraception between the absolute poor and the rest of the population. One study found that Latin America had the largest difference in modern contraception use between the national average and poorest quintile of the population, followed by Sub-Saharan Africa and South and Southeast Asia.⁸ Without increasing access to modern contraception among the poor, intergenerational cycles of poverty will continue.

Through averted pregnancies, abortions, births, and complications, investment in family planning saves money in health and education costs. Researchers estimate that family planning services currently prevent 187 million unintended pregnancies, including 60 million unplanned births and 105 million induced abortions, resulting in 2.7 million fewer infant deaths, 215,000 fewer pregnancy-related deaths (79,000 from unsafe abortions and 136,000 not related to induced abortion), and 685,000 fewer children losing their mothers as a result of pregnancy-related deaths.³ Similarly, fulfilling the unmet need for contraception worldwide would avert an additional 52 million unintended pregnancies, including 23 million unplanned births, 22 million induced abortions, 1.4 million infant deaths, 142,000 pregnancy-related deaths (53,000 from unsafe abortions and 89,000 from other obstetric causes), and would prevent 505,000 children from losing their mothers. Investing \$3.9 billion (in 2003 dollars) to fulfill this unmet need is estimated to prevent the loss of 27 million disability-adjusted life years, 9 million among women and 18 million among infants and children. This means that \$144 invested in contraceptive services in develop-



ing countries saves a year of healthy life.³

Pregnancies become high risk when women are too young or too old, have too many children, or have children too close together. Statistically, it is safest for women to have children in their 20s and 30s, but this goal cannot be attained without robust family planning services.³ Family planning changes the profile of childbearing women in terms of age, parity, and time between pregnancies. Enabling women to have fewer pregnancies farther apart reduces their lifetime risk of maternal death and disability. The death of the mother has actually been shown to result in decreased health care for her remaining children and a higher likelihood that her youngest children will die before the age of 5.⁷ Because adolescents have increased risk of morbidity and mortality at delivery due to their physical immaturity, access to contraception is especially important for them. In Sub-Saharan Africa, almost 20% of adolescents have their first child by the age of 19.⁵ Women in the region do not have access to basic obstetric care and understand that they are risking their lives with each pregnancy. One reproductive scientist observed, "It is interesting if you ask anthropologists who live and work with poor people at the village level, . . . they often say women are living in fear of the next pregnancy. They just do not want to get pregnant."¹

Although family planning can help avoid unintended pregnancies, no contraceptive method is perfect. Worldwide, an estimated 6 million unintended pregnancies would occur each year even with correct and consistent use of modern contraceptives.⁹ Therefore, access to safe abortion will always be a required part of fertility regulation. Unsafe abortion contributes markedly to maternal mortality and morbidity in the developing world. An estimated 68,000

women die every year from unsafe abortion, 99% in developing countries, and many more suffer from injury, illness, and social stigma.⁹ However, the current U.S. government adheres to the Mexico City Policy, which prohibits foreign nongovernmental organizations from receiving funds for contraception if they also provide, with their own non-U.S. funds, abortion services or information or engage in efforts to liberalize their own country's abortion laws.⁹ Because the United States is the single-largest donor of contraceptive supplies worldwide, this policy is preventing access to contraception and safe abortion in many countries where the only recipients of United States Agency for International Development contraceptives were leading reproductive health care nongovernmental organizations that refused to accept the U.S. Mexico City Policy.¹⁰ The full extent to which the Mexico City Policy has had an effect on contraception access and abortion rates in affected countries is unknown, and systematic evaluations are needed.

The role of family planning in reducing infant mortality rates is well documented. On average, 59 infants die for every 1,000 live births in developing countries, compared with seven deaths per 1,000 in developed countries.⁵ There is a strong negative correlation between levels of contraceptive use and levels of infant mortality. High infant mortality rates result from births that occur in adolescents, in women in their 40s, or in closely spaced births.³ Adolescent mothers, compared with adult women, are more likely to deliver premature or low-birth-weight infants. Births that occur less than 18 months after the previous birth are at risk of fetal death, low birth weight, and prematurity.³ Postpartum contraception is required for birth spacing and promotes breastfeeding for longer periods. Without birth spac-

ing, higher birth rates can overwhelm health systems and cause more babies to be delivered by unskilled attendants. When skilled persons attend births, parents gain more knowledge about hygiene, infant-feeding, and childrearing practices. Children in large families have higher rates of malnutrition, stunted growth, and lower birth weights.³ Pregnancy intention (degree of want-edness) has been linked to outcomes for both mother and child, with unwanted pregnancies being associated with more adverse effects.¹¹ Therefore, the ability to plan a pregnancy has significant effect on the outcome of a pregnancy and the life of the newborn.

In terms of the sixth Millennium Development Goal, family planning is a critical part of HIV/AIDS prevention. Early sexual debut and lack of condoms increase risk of HIV/AIDS while contraception prevents potential mother-to-child transmission of HIV all together.⁴ One study found that contraception was just as cost-effective in preventing vertical transmission as providing nevirapine to HIV-infected mothers.¹² Reproductive health clinics also teach women about safe sex and skills for refusing sex or negotiating condom use.³ Recently, international funding for family planning has decreased while funding for HIV/AIDS has increased. For example, in Kenya, the United States has increased its contribution for AIDS from \$2 million in 1995 to \$108 million in 2006, while its funding for family planning has decreased from \$12 million to \$8.9 million. Due to this, supplies of contraceptives fell and unintended pregnancies increased, with unwanted births rising from 11% to 21% over the same time period.² In addition to antiretroviral therapy, poor countries need an adequate supply of contraceptives, including male and female condoms, and bet-



ter systems for their supply and distribution.

Family planning is primary prevention of unwanted or mistimed pregnancies. As with all primary prevention programs, funding must be sustained for the period at risk—the fertile period of a woman’s life. In the United States and globally, family planning must include modern contraceptive methods and safe abortion. The benefits of family planning are multiple and can be seen across many disciplines including demography, economics, medicine, environmental science, and sociology. Investing in family planning promotes physical and psychosocial health at both the individual and societal levels. Without increased support of international family planning programs, including revisiting the U.S. Mexico City Policy, the world will experience explosive population growth and its associated miseries. Physicians and their representative organizations should advocate for access to family planning services. As former United

Nations Secretary-General Kofi Annan said, “The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And this means stronger efforts to promote women’s rights and greater investment in education and health, including reproductive health and family planning.”⁷

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