Every pregnancy a wanted pregnancy: reproductive health and the demographic dividend

Key action points
- To achieve universal access, governments and donors should plan and fund voluntary family planning services according to the current and projected population of reproductive age.
- Monitor and respond to unmet need for family planning among poor and marginalized groups.
- Empower girls and women by tackling socio-economic and cultural barriers.
- Invest in logistic management systems and capacity to advance commodity security.

“Gender equality is smart economics.”
World Development Report 2012

Securing contraceptives for economic development
Population dynamics – matching opportunities to capabilities

To achieve development goals, and for an economy to function at its maximum potential, women must be given the opportunity to move successfully through education and into productive employment. Opportunities for women currently lag behind their capabilities, and high fertility and women’s child-rearing roles are major barriers.

We describe how governments can capitalize on the demographic dividend by empowering women through access to sexual and reproductive health services, and by providing attractive jobs and educational opportunities.

The inseparables: fertility decline and family planning

Family planning is one of the most effective investments for facilitating fertility decline. Between the 1960s and the mid-1990s, contraceptive use among married women in developing countries increased from under 10 per cent to nearly 60 per cent and, in the same period, fertility declined by 50 per cent. Over half of the fertility decline in the modern era is attributed to voluntary family planning, with women’s education and employment, economic protection and child survival also contributing.

In spite of this evidence, funding for family planning has dropped dramatically since the mid-1990s. Infrastructure for delivering and meeting demand for family planning is in ruins, and there are currently 215 million women worldwide who want to limit or space their births, but do not have access to voluntary family planning. After modest increases in the last few years, funding is slowing down again.

In response, the UK government and the Bill & Melinda Gates Foundation are leading efforts to reinvigorate access to voluntary family planning. The Family Planning Summit (London, July 2012) marks a turning point: a call to action for governments, communities and the private sector to meet the demands of 360 million women who want family planning by 2020.

Demand outstrips supply over the long term

A quick glance at population dynamics shows that the trend of declining funding is in stark contrast to increasing demand. Population growth has resulted in the largest ever generation of young people, including more than 500 million people in the least developed countries who will reach reproductive age over the next 15 years.

Most of them want to have fewer children than their parents’ generation, but their wishes will be unfulfilled unless funding for voluntary family planning increases significantly.

As UNFPA has said, “The challenge is to mobilize sufficient resources to meet growing needs.”

What if there were fewer unintended pregnancies?

Women who have an unmet need for voluntary family planning account for 82 per cent – nearly 62 million – of unintended pregnancies each year. If the existing unmet need for modern family planning could be satisfied, there would be:

- 70 per cent fewer unintended pregnancies
- 100,000 more women surviving pregnancy and childbirth annually
- 73 per cent fewer unsafe abortions
- 6.5 million fewer women needing medical care for complications related to unsafe abortion

As a result, more women will be better able to plan their lives, to invest in each child and to generate a stable income.

Women’s economic and political empowerment has impressive impacts on economies. Ten Latin American countries attributed a 21 per cent rise in female labour force participation (on average) to delayed marriage and childbearing, and lower fertility. To capitalize on fertility decline, governments must adopt gender-responsive economic policies and ensure that women’s employment opportunities match their capabilities and aspirations.

Figure 1: Projected funding need, based on UN medium variant of population growth

![Projected funding need, based on UN medium variant of population growth](image)

This UNFPA estimate is based on current demand and does not account for increases in demand.
High impact approaches to reduce unintended pregnancies

While tackling policy barriers and increasing funding for voluntary family planning is important, there are other key areas that also require particular and urgent attention.

Poor and marginalized women and young people have the greatest unmet needs for family planning. Reasons include poor service coverage in rural areas; lack of information; poor service quality; discrimination and financial barriers.

- Action point: Implement targeted strategies to achieve universal access.

The poorest women lack knowledge about family planning, and as a result they have lower demand for contraception than other women.

- Action point: Deliver comprehensive family planning information to the poorest women and their partners.

Young people lack information and access to family planning services for a variety of reasons. These include beliefs that young people are chaste; lack of knowledge about young people; and other legal, policy, social, cultural, logistical and financial barriers.

- Action point: Make comprehensive sexuality education, voluntary family planning and youth-friendly services available to all young people.

Ministries of health and medicine stores do not effectively plan the supply of family planning commodities, and as a result clinics and other outlets are often out of stock.

- Action point: Build capacity in logistics management to ensure commodity security.

Many socio-economic conditions and practices perpetuate gender inequality and prevent fertility decline. These include restrictive policies and laws (for example, access to safe abortion); cultural norms; structural inequities; and barriers to women’s participation and autonomy.

- Action point: Invest in the empowerment of girls and women and tackle contextual obstacles.

For more information, see IPPF’s ‘Contraceptive Security’ series of factcards.

Rwandan women gain access to voluntary family planning: case study

After years of stagnant unmet need for family planning, the government of Rwanda recognized the value of women’s empowerment and prioritized women’s health and reproductive rights. In five years, Rwanda increased the contraceptive prevalence rate from 10 to 45 per cent by tripling health expenditure, fostering community-provider partnerships and implementing performance-based management.16

For more than 25 years, the Association Rwandaise pour le Bien-être Familial, an IPPF Member Association, has served women and played a pivotal role in developing the national family planning programme. Even in 2004, as the government scaled up its efforts, the Association provided nearly 8 per cent of all contraceptives across the country.18 In 2011, the Association provided 20,000 family planning services: one in eight of these services was provided to a new user.

Figure 2: Contraceptive prevalence rates (modern methods) among married women in Rwanda, 1992–201017
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References


Glossary

Unintended pregnancy is one that occurs when a woman wanted to postpone a conception for at least two years or did not want to become pregnant at all.

Unsafe abortion is an induced abortion conducted either by someone lacking the necessary skills or in an environment lacking the minimal medical and hygienic standards, or both.

Unmet need for contraception refers to women who want to avoid a pregnancy but are not using an effective method of family planning.20 Statistics around unmet need for family planning generally include only married women, aged 15–49, as data collection on demand for family planning among unmarried women is weak.

Demographic transition refers to the shift of birth and death rates from high to low levels in a population. The decline of mortality usually precedes the decline in fertility, resulting in rapid population growth during the transition period.

Demographic dividend is the window of opportunity that opens up as fertility rates decline, when faster rates of economic growth and human development are possible when combined with effective policies and markets.

Ten Latin American countries attributed a 21 per cent rise in female labour force participation (on average) to delayed marriage and childbirth, and lower fertility.19