

## PRESS BACKGROUNDER

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# Family Planning Saves Lives

## Savings Women's Lives

- **At least one woman dies every minute from causes related to pregnancy and childbirth:** In developing countries, a woman's lifetime risk of dying due to pregnancy and childbirth is almost 100 times higher than the risk for a woman in more developed countries—1 in 75, compared to 1 in 7,300.<sup>1</sup>
- **Family planning could prevent up to one-third of all maternal deaths** by allowing women to delay motherhood, space births, avoid unintended pregnancies and unsafely performed abortions, and stop childbearing when they have reached their desired family size.<sup>2</sup>
- **Of all health indicators, maternal death shows the greatest disparity between rich and poor countries:** Of the estimated 536,000 maternal deaths that occur each year worldwide, 99 percent occur in developing countries—86 percent in sub-Saharan Africa and South Asia alone.<sup>3</sup>
- **An estimated 137 million women have an unmet need for family planning**—they want to avoid a pregnancy, but are not using a family planning method.<sup>4</sup>
- **One of the outcomes of high unmet need is unintended pregnancies:** Of the 210 million pregnancies occurring each year, nearly 80 million are unintended.<sup>5</sup>
- **Family planning prevents abortions:** An estimated 20 million unsafely performed abortions take place each year—resulting in 67,000 deaths annually, mostly in developing countries. Family planning can prevent many of these tragic deaths by reducing the number of unintended pregnancies that lead to abortions.<sup>6</sup>
- **As use of effective family planning methods increases, abortion rates decline:** In the late 1990s, women in Georgia had almost 4 abortions per woman and only 12 percent were using modern contraceptive methods; during the same period, women in Turkmenistan had only about 1 abortion in their lifetime, however, 35 percent were using modern contraceptives.<sup>7</sup>

## Savings Children's Lives

- **Closely spaced births result in higher infant mortality:** International survey data show that babies born less than two years after their next oldest brother or sister are twice as likely to die in the first year as those born after an interval of three years.<sup>8</sup>
- **Spacing births could save the lives of more than 2 million infants and children each year:**<sup>9</sup> To reduce infant health risks, experts now recommend that after a live birth, women should wait at least two years before trying to become pregnant again.<sup>10</sup>

## Saving Adolescent Lives

- **Young women face higher risks of dying from pregnancy or childbirth:** Women ages 15 to 19 are twice as likely to die from maternal causes as older women; many adolescents are physically immature, which increases their risks of suffering from obstetric complications.<sup>11</sup>
- **Young women have high rates of unintended pregnancy:** Each year 2.5 million teenagers in developing countries end their pregnancy by undergoing abortions that are performed either by persons lacking the necessary skills or in unsafe conditions, or both.<sup>12</sup>
- **Adolescents are less likely than women just a few years older to use family planning:** In Bolivia, only 19 percent of single, sexually active women ages 15 to 19 use a modern method of contraceptive, compared with 45 percent of those ages 20 to 24.<sup>13</sup>

## Reducing Deaths and Costs From AIDS

- **Family planning reduces deaths from AIDS:** Consistent and correct use of condoms can significantly reduce the rate of new HIV infections; by averting unintended and high-risk pregnancies, family planning can reduce mother-to-child transmission of HIV and the number of HIV/AIDS orphans.
- **Family planning is an effective approach to reducing costs associated with HIV/AIDS:** Researchers found a potential savings of almost US\$25 for every dollar spent on family planning at HIV/AIDS care and treatment facilities.<sup>14</sup>
- **Family planning may be one of the best kept secrets in HIV prevention:** Contraceptive use prevents more than 577,000 unintended pregnancies to HIV-infected women each year in sub-Saharan Africa; if all women in the region who did not wish to get pregnant used contraception, another 533,000 (additional) unintended pregnancies to HIV-positive women could be averted annually.<sup>15</sup>

## Saving Lives in sub-Saharan Africa: Repositioning Family Planning

- **Over the last decade, family planning in many countries has lost focus amid shifts in health and development priorities:** Issues such as HIV/AIDS, infectious diseases (tuberculosis and malaria), health sector reforms, and alleviating persistent poverty have diverted attention away from family planning.
- **Why focus on Africa?** Sub-Saharan Africa has the highest fertility of any world region—5.4 births per woman on average—and the birth rates are so high that even in the face of HIV/AIDS, the region's 2008 population of 809 million is projected to increase to 1.2 billion by 2025.<sup>16</sup>
- **A major factor underlying Africa's high birth rates is low family planning use:** Only 18 percent of married women in sub-Saharan Africa use modern methods of family planning.<sup>17</sup>
- **An estimated 35 million women in sub-Saharan Africa have an unmet need for family planning—they want to delay or stop childbearing but are not using any contraceptive method.**
- **One result of high unmet need is that millions of unintended pregnancies occur each year, posing serious health risks to mothers:** About half of maternal deaths worldwide occur in sub-Saharan Africa, where one of every 22 women risks dying from complications of pregnancy and childbirth during her lifetime.<sup>18</sup>

- **Another consequence of unintended pregnancies is abortions:** In sub-Saharan Africa, an estimated 4.7 million abortions occur each year, and of these, about 98 percent are performed either by persons lacking the minimal skills, or in an environment lacking the minimal medical standards, or both.<sup>19</sup>
- **“Repositioning Family Planning”—a multilateral initiative—**works to ensure access to quality family planning services and hopes to raise awareness and educate new generations of policymakers, program staff, and providers about the lifesaving benefits of family planning and its role in national development.

### Investing in the Health of Mothers, Children, and the Nation

- **Family planning is a low-cost way to save lives:** Contraceptive supplies cost, on average, about US\$1.55 per user annually in developing countries.<sup>20</sup>
- **Providing family planning to HIV-positive women who use HIV services can result in huge savings:** Among 14 countries studied, the cost of providing family planning to women accessing HIV services was US\$4 million, compared to the US\$72 million savings accrued from not needing treatment for the prevention of mother-to-child transmission of HIV or support for orphans—a savings to cost ratio of 18 to 1!<sup>21</sup>
- **Family planning can also result in large savings to the health, environment, and education sectors:** With fewer children to educate and immunize, and fewer people in need of services, countries are better positioned to meet the Millennium Development Goals. For example, in Bangladesh, meeting the need for family planning (at a cost of \$50 million) translates into a savings of \$153 million in education costs, \$4 million in immunization costs, \$68 million in water and sanitation costs, and \$102 million in maternal health costs for a total of \$327 million in savings—or \$6.50 in savings for every \$1 dollar invested in family planning.<sup>22</sup>

### Additional Facts:

#### Women’s Risk of Death From Pregnancy and Childbirth

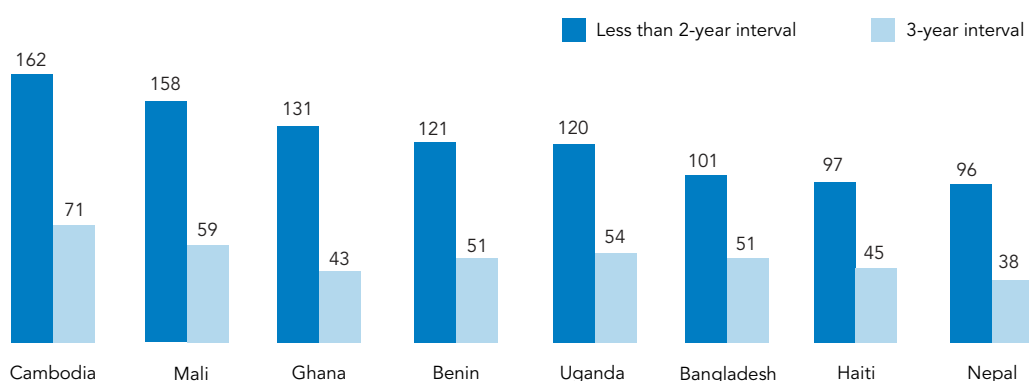
REGION	LIFETIME RISK OF MATERNAL DEATH
World	1 in 92
Developed countries	1 in 7,300
Developing countries	1 in 75
Sub-Saharan Africa	1 in 22
Asia	1 in 120
Latin America & Caribbean	1 in 290

**Source:** World Health Organization (WHO), *Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA and the World Bank* (Geneva: WHO, 2007).

Research shows that babies born less than two years after the next oldest sibling are more than twice as likely to die in the first year as those born after an interval of three years.

### Infant Mortality by Birth Interval

Deaths per 1,000 infants under age 1

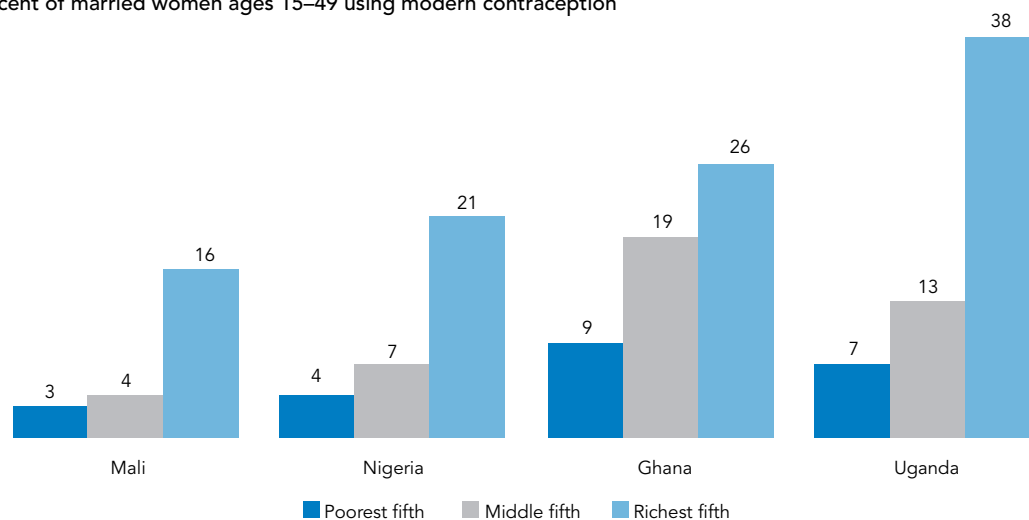


Source: Macro International Inc., Demographic and Health Surveys, various years.

Governments need to target resources to the poor and near-poor groups.

### Contraceptive Use Is Lowest Among the Poor and Highest Among the Rich

Percent of married women ages 15–49 using modern contraception



Note: Using the DHS survey data, researchers divided the population into five groups of equal size (or quintiles) based on an index of household assets. The first, third, and fifth quintiles are shown here.

Source: Macro International, Demographic and Health Surveys, 2003-2006.

Reducing unmet need would significantly reduce unintended pregnancies, abortions, and maternal and child deaths. For example, current projections for Ethiopia estimate 56 million pregnancies from 2005 to 2015, of which nearly 24 million would be unintended. By meeting unmet need in Ethiopia, there would be almost 6 million fewer unintended pregnancies, which would lead to nearly 2 million fewer abortions, 1 million child deaths averted, and about 12,800 maternal deaths averted (see table).

### Saving Lives by Meeting Unmet Need for Contraception, 2005 to 2015

	<b>CUMULATIVE UNINTENDED PREGNANCIES (2005-2015)</b>	<b>UNINTENDED PREGNANCIES AVERTED IF UNMET NEED FOR CONTRACEPTION WERE MET</b>	<b>ABORTIONS AVERTED</b>	<b>CUMULATIVE CHILD DEATHS (UNDER AGE 5) AVERTED</b>	<b>CUMULATIVE MATERNAL DEATHS AVERTED</b>
Nigeria	29 million	3.5 million	1.2 million	1.0 million	18,849
Ethiopia	24 million	5.8 million	2.0 million	1.1 million	12,782
Kenya	15 million	3.9 million	1.2 million	0.4 million	14,040
Uganda	14 million	4.6 million	1.2 million	0.8 million	16,877
Tanzania	14 million	2.9 million	1.1 million	0.5 million	18,688
Ghana	8 million	1.4 million	0.4 million	0.2 million	3,962

**Source:** Scott Moreland and Sandra Talbird, *Achieving the Millennium Development Goals: The Contribution of Fulfilling the Unmet Need for Family Planning* (Washington, DC and Chapel Hill, NC: Constella Futures and RTI International, 2007).

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