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Contraception: An Investment in Lives, Health and Development

Women's ability to practice contraception is essential to protecting their health and rights. Reproductive health care—including contraceptive services—enables women and their partners to make choices about pregnancy, have healthy babies and protect themselves from infections. Contraception also promotes economic development. An investment in contraceptive services can be recouped four times over—and sometimes dramatically more—by reducing the need for public spending on health, education and other social services.[1,2]

Furthermore, full access to reproductive health care is crucial to attaining many of the Millennium Development Goals (MDGs).[1–3] Increasing contraceptive prevalence and reducing unmet need for family planning are indicators of progress toward Goal 5, improving maternal health. By reducing needed spending for public services and allowing governments and households to invest more in each child, contraceptive services help governments achieve Goal 1 (eradicating extreme poverty and hunger), Goal 2 (achieving universal primary education) and Goal 4 (reducing child mortality). Contraceptive services, including the provision of male and female condoms, help prevent HIV transmission (Goal 6). Helping women gain control of the number and timing of their children promotes Goal 3, women's empowerment and gender equality. Yet despite these benefits, the international community has consistently failed to provide adequate support for contraceptive services.[4]

Donors are falling short of their commitments.

Most couples, wherever they live, want to plan the number and timing of their children. However, in 2003, one-tenth of women aged 15–49 in developing countries had an unmet need for contraceptives, and the need for contraceptive services will almost certainly increase with the projected 10% rise in the number of reproductive-age women between 2007 and 2015.[5] Increasing support for contraceptive services will therefore become even more crucial over the coming years.

At the 1994 International Conference on Population and Development, donor countries pledged to cover a share of the costs of contraceptive and other reproductive health services and infrastructure with government agencies, nongovernmental organizations and individuals in developing countries. For 2007, donor countries should have contributed $3 billion of the $17.1 billion total estimated cost for

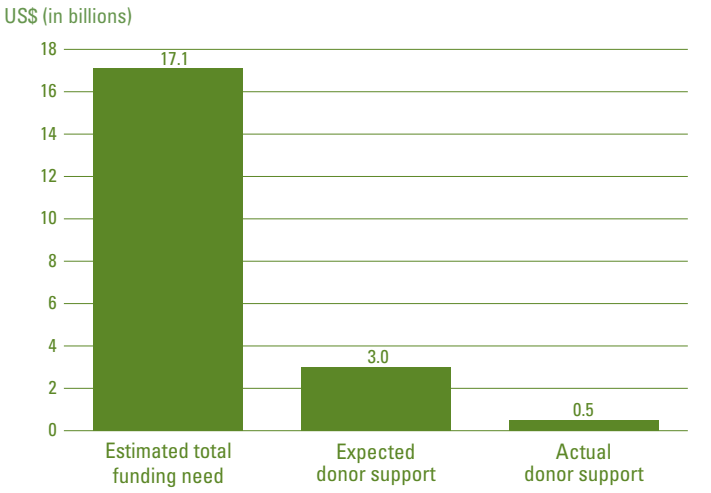
Key Points

- Contraceptive services are essential to women's ability to protect their health and rights. Each year, modern contraceptives help women prevent 215,000 pregnancy-related deaths, 2.7 million infant deaths and the loss of 60 million years of healthy life.
- Contraceptive use promotes economic development. Investment in contraceptive services can significantly reduce public spending on health and other services.
- Access to reproductive health care—including contraceptive services—is crucial for achieving many of the Millennium Development Goals.
- One in 10 women—137 million—had an unmet need for contraception in 2003, and this number will continue to grow. The poorest women and those in Sub-Saharan Africa have the greatest need.
- Contraceptive use among married women in developing countries increased from 53% to 62% between 1994 and 2007. Levels of use are three times higher in Asia and Latin America than in Africa.
- Estimated unintended pregnancy rates declined in Asia and Latin America between 1995 and 2008 but changed little in Africa.
- In 2007, the total estimated cost for contraceptive care in developing countries was $17.1 billion. Donor countries should have contributed $3 billion, but actually provided only about $500 million.
- Donor countries should honor their commitments, and developing countries need to increase investment of their resources to improve reproductive health care.

Figure 1

Funding Shortfall

In 2007, donors fell far short of their commitment to support contraceptive services in developing countries.



Notes: Estimated total funding need includes $5.7 billion in direct service costs and $11.4 billion in overhead and infrastructure costs. Expected donor support includes $1.9 billion in direct service costs and $1.1 billion in overhead and infrastructure costs.
Sources: References 4 and 6.

contraceptive services (Figure 1).[4,6] Yet the actual support provided by donors was only about $500 million—leaving a shortfall of $2.5 billion.

In a time of global financial difficulties, donor countries may want to avoid fulfilling such financial commitments. This would be a mistake. The cost of meeting the need for contraception is relatively modest, and an investment now will result in large future savings: Studies show that each dollar invested in contraceptive services will avoid between $1.70 and $4.00 in expenditures on antenatal, maternal and newborn health care in countries such as Bangladesh, Cambodia, Ghana, Tanzania and Uganda.[3]

Preventing unintended pregnancies and unplanned births will also economize on government spending for other social services. Most benefits come from the reduced need for education and health care, but governments also save on food, housing, water and sanitation. Estimates range widely, in part because each study measures savings for a different set of services and other costs, but can total as much as $31.00 for each dollar spent on family planning.[1–3]

Definitions

Reproductive health services include contraceptive services, maternal health services, and services to prevent, diagnose and treat sexually transmitted infections, including HIV, as well as other gynecologic and urologic health services.

Contraceptive services include the provision of contraceptive commodities, counseling to help women choose an appropriate contraceptive method and treatment for health concerns related to contraceptive use.

A woman with an **unmet need** for contraception is sexually active, is able to become pregnant and does not wish to have a child (ever or in the next two years), but is not using any contraceptive method.

Even with shortfalls, investments are paying off.
In most of the world, contraceptive use increased and rates of unintended pregnancy declined over the past decade. According to United Nations estimates, the proportion of married women of reproductive age in developing countries using a contraceptive method increased from 53% in 1994 to 62% in 2007, with use of modern methods rising from 48% to 56%.[7,8] The level of modern contraceptive use among married women was three times higher in Asia and Latin America (62% and 65%, respectively) than in Africa (21%).[8]

The proportion of married women at risk of unintended pregnancy increased across all regions during the past decade, probably reflecting a growing desire for smaller families.[9] But in most regions, more women have been able to practice contraception. Thus, unmet need for contraceptives has fallen, even as more women are trying to avoid pregnancy.

Between 1990–1995 and 2000–2005, the proportion of married women at risk for unintended pregnancy but not using any contraceptive method fell from 14% to 10% in North Africa and western Asia, from 18% to 11% in South and Southeast Asia, and from 17% to 12% in Latin America and the Caribbean.[9] (However 6–13% of married women were using less reliable traditional methods and may also have been in need of modern contraceptive supplies and services.)[10]

In Sub-Saharan Africa, however, despite some gains in the proportion using contraceptives during this period (from 14% to 20%), there was little change in the level of unmet need—nearly a quarter (24%) of married women still had unmet need for contraception in 2000–2005.[9] Because of population growth, the number of African women with unmet need increased from 33 million in 1990–1995 to nearly 41 million in 2000–2005.[10]

Wherever contraceptive use rates increased and unmet need declined, the unintended pregnancy rate also went down (Figure 2). In the developing world (excluding China and other countries in eastern Asia and Oceania, for which 2008 data are currently unavailable), preliminary estimates show that the rate of unintended pregnancy has fallen from 79 per 1,000 women aged 15–44 in 1995 to 69 per 1,000 in 2008.[11,12] In Asia (excluding eastern Asia and Oceania) and Latin America and the Caribbean, rates have gone down by about 16% during this period. However, there has been little change in Africa, which continues to have the world's highest rate of unintended pregnancy—an estimated 89 per 1,000 women aged 15–44 in 2008.

The health benefits of contraception are immense. In 2003, 504 million women in developing countries were using modern contraceptive methods.[1,13] They averted 187 million unintended pregnancies and prevented

- 60 million unplanned births;
- 105 million induced abortions;

• 22 million spontaneous abortions;

• 215,000 pregnancy-related deaths—79,000 from unsafe abortions and 136,000 due to pregnancy- and childbirth-related complications;

• 2.7 million infant deaths;

• 685,000 children from losing their mothers as a result of pregnancy-related deaths; and

• the loss of 60 million years of healthy life—16 million among women and 44 million among infants and children.

Many women—especially the poor—still have an unmet need for contraception. In 2003, 137 million women still had an unmet need for contraception. Another 64 million women were using traditional contraceptive methods with relatively high failure rates (primarily periodic abstinence and withdrawal).[1,13]

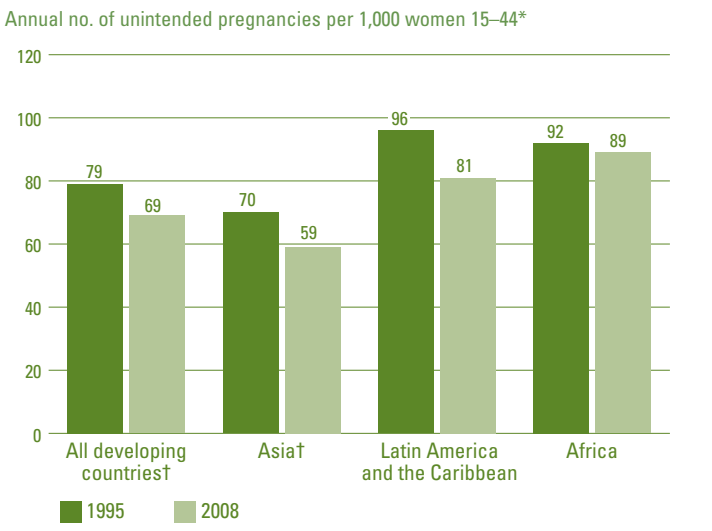
Women who do not wish to become pregnant offer a range of reasons for not using modern contraceptive methods. Many believe they are unlikely to become pregnant, and a large proportion are concerned about side effects; some women—or their husbands or family members—are opposed to contraception on personal or religious grounds.[9] However, large numbers of women at risk do not practice contraception simply because the appropriate information, supplies and services are not available or affordable. For others, poor access exacerbates the other barriers they face.

Everywhere in the world, the poorest women fare the worst: A woman in the poorest 20% of her country's population is only half as likely to use a modern contraceptive as a woman in the richest 20%.[3,14] Further, unmet need for contraceptives is highest in the world's poorest region, Sub-Saharan Africa.

Figure 2

Unintended Pregnancy

Unintended pregnancy rates have declined in Asia and Latin America but have changed little in Africa.



*Preliminary estimates. †Excluding eastern Asia and Oceania. *Sources:* 1995—reference 11. 2008—reference 12.

Thus, the burden of unintended pregnancy falls hardest on the most disadvantaged women. They are vulnerable to the health risks of unintended pregnancies and may lack the means to plan how many children to have or when to have them.

Intensified efforts to provide contraceptive services are necessary just to keep pace with the expected increase in women of reproductive age in developing countries.[4,6] And while the vast majority of new contraceptive users in recent years have been in Asia, the population of women aged 15–49 will grow the fastest—by 21% between 2007 and 2015—in Africa, where unmet need is already greatest.[5] In all developing regions, the need for contraception will probably rise even faster than population growth, because couples increasingly want control over the timing of their births and the number of children they have.[15]

Unintended pregnancy is a continuing challenge. Even though the *rate* of unintended pregnancy in developing countries (excluding eastern Asia and Oceania) has fallen between 1995 and 2008, the *number* of unintended pregnancies has increased from an estimated 57 million in 1995 to 66 million in 2008.[11,12] Without increased and sustained investment, unintended pregnancy will become even more common.

Roughly as many women with unintended pregnancies obtain induced abortions as give birth to a child they had not planned for—women in developing countries had about 29 million abortions and 28 million unplanned births in 2008 (the remaining pregnancies ended in miscarriage).[12] The majority of these induced abortions take place in nonmedical settings under unsafe conditions. In 2003, unsafe abortions resulted in the deaths of more than 66,000 women and left millions more with short- and long-term health complications.[16]

The case for additional investment is compelling. Women who cannot obtain the reproductive health services they need are likely to experience unintended pregnancy, unplanned births and possibly unsafe abortion. As a result, they may face physical harm, financial difficulties and limited opportunities for themselves and their children.

To avoid these outcomes, developing countries need to include reproductive health in essential service packages and increase investments of their own resources (from government, the private sector and civil society) to improve their health systems. These countries, however, will need technical and financial support.

By meeting their existing commitments to assist in providing women in developing countries with contraceptive services, donor countries can protect the lives and health of women and children, improve women's position, and help build healthier, better educated and more productive populations, thus contributing toward economic growth, stability and development worldwide. Donor countries should act now, knowing that honoring their commitments to poor women and responding to unmet need for contraception is a sound invest-

ment, essential to upholding human rights and achieving the Millennium Development Goals.

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CREDITS

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