The Rationale for the United States to Invest in Family Planning

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Background

- Millions of women in the developing world still have more children than they want. And with every pregnancy, a woman faces the risk of dying. However, family planning is a cost-effective intervention that can reduce both maternal and childhood mortality.

- Although the use of contraceptives has risen globally over the past 25 years, growth has been minimal in sub-Saharan Africa and unmet need for family planning remains high.

- While global contraceptive access has risen, only 17 percent of women in sub-Saharan Africa are using effective contraceptive methods.²

Family Planning and Abortion-Related Mortality

- According to the International Center for Research on Women, if unmet need were addressed, the number of unsafe abortions could decline by 73 percent.⁴

- Reducing the number of abortions, particularly those that are unsafe, would also create savings in the demand for current health care services. If all women at risk for unintended pregnancy are provided with access to modern contraceptive methods, the cost of postabortion care would reduce from $730 million to about $230 million a year.³

Egypt: A Success Story

- Substantial USAID investments have been made in Egypt’s health sector over the past two decades to address high maternal and child mortality and to meet the demand for healthy timing and spacing of births within families. From 1992 to 1993, the maternal mortality ratio was 174 per 100,000 live births⁵ (and now it stands at 82 per 100,000 live births).⁶ Trends in risk factors and mortality also improved over time (see table below).⁷

- The economic benefits of doubling resources in family planning and pregnancy-related care range from $11.8 billion to $24.6 billion.⁸

- Short pregnancy intervals (6 months to 24 months) and pregnancy intervals greater than 75 months are associated with an increased risk of death for newborns. The risk is the greatest when the inter-pregnancy interval is less than 6 months.⁹

Family Planning and HIV/AIDS

- To combat the HIV/AIDS epidemic, there is a critical need for programs that detect HIV pre-pregnancy and effectively prevent mother-to-child transmission (PMTCT). In this case, women’s limited access to health services is compounded by a biological vulnerability to acquiring HIV, especially for younger women and adolescent girls. PMTCT efforts were slow to take off, and providing contraception to HIV-positive women who do not want to become pregnant is a cornerstone of primary prevention within PMTCT programs; however, it is one of the least emphasized components of PMTCT programs worldwide.

-孕期内使用率

-世界健康组织（WHO）2008年报告将无保护性行为的育龄期妇女比例定义为未满足需求

-如果无保护性行为的育龄期妇女比例降低，每年可减少230万美元的医疗费用

Positive Health Outcomes Occur When Pregnancy Happens²

- Twenty-four months after a live birth (an almost three-year birth-to-birth interval)

- Six months after an induced abortion or miscarriage

- To women who have had fewer than four live births

- To women between the ages of 18 and 34²


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