

Costs and Benefits of Investing in Contraceptive Services in the Developing World

WHY CONTRACEPTIVE USE IS CRITICAL

- The health benefits of contraceptive use are substantial. Contraceptives prevent unintended pregnancies, reduce the number of abortions, and lower the incidence of death and disability related to complications of pregnancy and childbirth.
- The long-term benefits range from increased education for women and better child health to greater family savings and stronger national economies.
- Increased contraceptive use and reduced unmet need for contraception are central to achieving three of the United Nations Millennium Development Goals—improving maternal health, reducing child mortality and combating HIV/AIDS—and contribute directly or indirectly to achieving all eight goals.

USE OF MODERN CONTRACEPTIVES:

- In 2012, an estimated 645 million women of reproductive age (15–49 years) in the developing world are using modern

contraceptive methods—42 million more than in 2008. About half of the increase (52%) is due to population growth and the other half (48%) to an increase in the proportion of women using a modern contraceptive method.

- In the developing world, the proportion of married women using modern contraceptives—who comprise 92% of all modern method users—barely changed between 2008 (56%) and 2012 (57%).
- More substantial increases in the prevalence rates for modern method use among married women have been seen in Eastern Africa (from 20% in 2008 to an estimated 27% in 2012) and in Southeast Asia (from 50% to 56%). Little change has occurred in Western Africa and Middle Africa, regions where fewer than 10% of married women use modern contraceptives.
- In 2012, use of modern contraceptives in the developing world will prevent 218 million unintended pregnancies, which, in turn, will avert 55 million unplanned

births, 138 million abortions (40 million of them unsafe), 25 million miscarriages and 118,000 maternal deaths. It will also prevent an estimated 1.1 million neonatal deaths (those within 28 days of birth) and 700,000 postneonatal infant deaths (those from 28 days to one year of age).

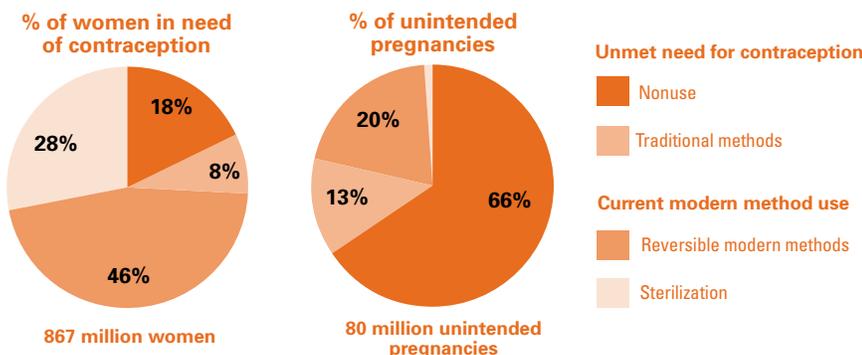
UNMET NEED FOR MODERN METHODS

- Among women of reproductive age in developing countries, 57% (867 million) are in need of contraception because they are sexually active and fecund, but do not want a child in the next two years.
- Of these 867 million women, 645 million (74%) are using modern methods of contraception. The remaining 222 million (26%) are using no method or traditional methods (which are much more likely to fail than are modern methods), and thus have an unmet need for modern methods.
- Unmet need for modern contraceptives among women who want to avoid pregnancy is much higher in some regions than others. In Western Africa, Middle Africa, Eastern Africa and Western Asia, the proportion of women in need of contraception who have unmet need for modern methods ranges from 50% to 81%, compared with 34% in South Asia and 22% in Latin America and the Caribbean.

- The number of women in the developing world with an unmet need for modern contraception declined slightly between 2008 and 2012, from 226 million* to 222 million. However, in the 69 poorest countries—which are home to 73% of all women in the developing world with unmet need—the number has increased, from 153 to 162 million women.

Unmet Need and Unintended Pregnancy

Women with unmet need make up 26% of those who want to avoid a pregnancy in 2012, but will account for 79% of unintended pregnancies.



- Common reasons for nonuse of contraceptives include concerns about health and side effects, perceiving that one is not at risk of pregnancy, opposition from partners or others, having inadequate knowledge about methods and having problems getting supplies (because of such factors as distance, cost, stockouts and inconvenient hours).

- Among women in need of contraception, the proportion who were using a modern method increased even more slowly between 2008 and 2012 (from 73% to 74%) than between 2003 and 2008 (from 71% to 73%).

- Young, sexually active, never-married women face much greater difficulties in obtaining contraceptives than do married women, in large part because of the stigma attached to sexual activity before marriage. Some 44% of never-married women in need of contraception (most of whom are young) are not using modern methods, compared with 24% of married women in need.

- In 2012, an estimated 80 million unintended pregnancies will occur in the developing world because of contraceptive failure and nonuse among women who do not want a pregnancy soon. These unintended pregnancies will result in 30 million unplanned births, 40 million abortions and 10 million miscarriages.

AVERTING DEATHS AND IMPROVING HEALTH:

- In 2012, an estimated 291,000 women in developing countries will die from pregnancy-related causes; 104,000 of these pregnancies will have been unintended.

- If current unmet need were met, the number of unintended pregnancies would drop by two-

thirds, from 80 million to 26 million, resulting in 26 million fewer abortions, 21 million fewer unplanned births and seven million fewer miscarriages.

- Meeting all unmet need for modern methods would reduce the number of pregnancy-related deaths by 79,000. Of these deaths, 48,000 would be prevented in Sub-Saharan Africa.

- In 2012, almost six million infants will die in the developing world—3.1 million in the neonatal period and 2.5 million in the postneonatal period. Fully meeting current unmet need for contraception would prevent 600,000 neonatal deaths and 500,000 postneonatal deaths.

- Allowing women to plan their pregnancies also leads to healthier outcomes for children. A recent study showed that if all births were spaced at least two years apart, the number of deaths among children younger than five would decline by 13%. The number would decline by 25% if there were a three-year gap between births.

COST OF PROVIDING SERVICES:

- Provision of contraceptive care in the developing world currently costs \$4.0 billion annually.

- Fully meeting all need for modern contraceptive methods in the developing world would cost \$8.1 billion per year. Like current costs, the additional costs would be shared among national governments, donor agencies and households.

- The average annual cost per user in the developing world would increase from US\$6.15 to US\$9.31, largely because of the improvements in service provision that are essential if all women with unmet need are to be served.

- However, the additional investment of \$4.1 billion for modern contraceptive services would save roughly \$5.7 billion in maternal and newborn health services costs.

RECOMMENDATIONS:

- Greater efforts are needed to integrate family planning services into other health services, ensure continuous supplies of a broad range of methods, build service provision capacity, and improve provider competency in counseling, education and method provision (including helping women switch methods upon request).

- Governments of developing countries must prioritize the provision of high-quality contraceptive services in budget allocations and health policies, and donors need to increase their investment in the provision of contraceptive services in the developing world.

- Expanded efforts and culturally appropriate approaches are needed to meet the contraceptive needs of women and couples, especially those who face the greatest barriers in obtaining and effectively using modern contraceptives: individuals who are poor, less educated, unmarried, or living in rural or periurban areas with little access to services.

- New contraceptive methods are needed to ensure that women and men have access to methods that fit their life circumstances and preferences.

- Interventions are needed to address social factors that inhibit the use of modern contraceptives. Such barriers include women’s low level of decision-making power within families, differences in fertility preferences between partners,

and the stigma attached to unmarried women’s sexual activity and use of contraceptive services. Addressing these types of barriers requires commitment to long-term interventions, such as providing comprehensive sex education and large-scale public education efforts.

*The current estimate for 2008 differs slightly from the number given in the 2009 *Adding It Up* report (215 million women), because we recalculated it using the revised definition of unmet need also used for our estimates for 2012.

The information reported in this fact sheet is drawn from the following report, which contains information on data sources and estimation methodology: Singh S and Darroch JE, Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012, New York: Guttmacher Institute and United Nations Population Fund (UNFPA), 2012.



605 Third Avenue
New York, NY 10158 USA
Tel: 212.297.5000
iFax: 212.297.4915

www.unfpa.org



125 Maiden Lane
New York, NY 10038 USA
Tel: 212.248.1111
info@guttmacher.org

www.guttmacher.org