

## South Central and Southeast Asia

# Facts on Investing in Family Planning and Maternal and Newborn Health

- In South Central and Southeast Asia,\* 47% of married women aged 15–49 use modern contraceptives, even though a higher proportion want to avoid becoming pregnant soon or ever. Forty percent of pregnancies in the region are unintended—about one-half of those in Southeast Asia and 38% in South Central Asia.

- About one in five pregnancies in the region end in abortion—28% in Southeast Asia and 18% in South Central Asia. Almost two-thirds of abortions in the region are unsafe.

- Deaths and poor health among women and newborns are unacceptably high; most could be prevented with adequate health care. For every 100,000 births, 432 women die of complications related to pregnancy and childbirth. The newborn death rate is 32 per 1,000 live births.

- Disparities among and within countries are pronounced. Women who are young or poor, have low education or live in rural areas find it especially difficult to obtain the services they need to ensure they have planned and healthy pregnancies and deliveries.

- Providing modern family planning and maternal and newborn health services for all women who need them would result in large, immediate benefits: Almost one million lives would be saved annually among pregnant women and newborns, cutting maternal deaths by three-fourths and newborn deaths by nearly one-half.

### UNMET NEED FOR SERVICES

- Modern family planning services include counseling, provision of contraceptives and follow-up. The standards of maternal and newborn health recommended by the

World Health Organization consist of at least four antenatal visits, delivery at a facility, and postpartum care for mothers and newborns, including routine care and care for obstetric, postabortion and newborn complications.

- In 2008, about one in three women in the region who wanted to avoid a pregnancy either were not using family planning or were using a traditional method. These women accounted for 85% of unintended pregnancies (see figure).

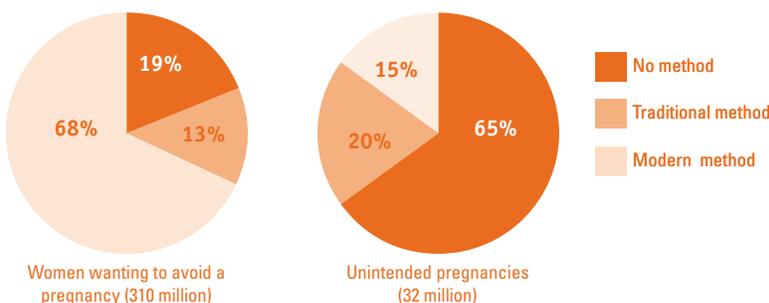
- More than one-half of women who give birth each year do not make the recommended four antenatal visits and do not deliver in a health facility, increasing the risk to their health and that of their newborns.

- Each year, more than four in five women who need care for complications of pregnancy and delivery do not receive it.

- Wide variation in the use of services is illustrated by the fact that in Kazakhstan and Turkmenistan, 98% of women deliver their babies in a health facility, while in Bangladesh, only 10% do. Within countries, women in the wealthiest fifth of households are far more likely to deliver in a health facility than those in the poorest fifth—86% vs. 24%.

### Family Planning Use and Unintended Pregnancies

The 32% of women who used a traditional method or no method accounted for 85% of unintended pregnancies in South Central and Southeast Asia in 2008.



*Notes:* Modern methods include sterilization (35% of use among women wanting to avoid pregnancy) and reversible methods, such as pills, injectables, IUDs or condoms (32% of use). Traditional methods consist mainly of periodic abstinence and withdrawal.

\*South Central Asia includes Afghanistan, Bangladesh, Bhutan, India, Iran, Kazakhstan, Kyrgyzstan, Maldives, Nepal, Pakistan, Sri Lanka, Tajikistan, Turkmenistan and Uzbekistan. Southeast Asia includes Brunei, Burma, Cambodia, East Timor, Indonesia, Laos, Malaysia, Philippines, Singapore, Thailand and Vietnam.

## Cost and Benefits of Services

Cost of services, pregnancy outcomes and deaths, according to use of family planning and maternal and newborn health services, South Central and Southeast Asia, 2008

	Current levels of service use	100% of needs met for services
<b>Cost of services (US\$ 2008; in millions)</b>		
Family planning services	\$1,180	\$2,050
Maternal and newborn care*	\$2,620	\$4,820
Total	\$3,800	\$6,870
<b>Pregnancy outcomes (in 000s)</b>		
<b>Intended</b>		
Births and miscarriages	47,650	47,650
<b>Unintended</b>		
Births and miscarriages	16,060	4,260
Induced abortions	16,150	4,260
Total	79,860	58,170
<b>Deaths</b>		
Maternal	220,000	60,000
Newborn	1,670,000	900,000
Total	1,890,000	960,000

\*Without simultaneous investment in family planning services, improved maternal and newborn health care would cost \$6 billion.

### COST OF SERVICES

- In South Central and Southeast Asia, the cost of providing family planning services to women who currently use modern methods is US\$1.2 billion. The cost of providing current levels of maternal and newborn care is \$2.6 billion (see table). Current levels of care, however, fall well short of the recommended standards.
- Providing modern contraceptives to all women who need them would increase the cost of family planning services from \$1.2 billion to nearly \$2.1 billion annually. But it would substantially reduce the number of unintended pregnancies, thereby making improvements in maternal and newborn care more affordable.
- Providing all pregnant women with the recommended standards of maternal and newborn care would cost \$4.8 billion if investments were made simultaneously in modern family planning—\$1.2 billion

less than such care would cost without improvements in family planning.

### DIRECT HEALTH BENEFITS

- Meeting women's needs for modern family planning and maternal and newborn care would result in major immediate health benefits.
- Unintended pregnancies would drop by 74%, from 32 million to 8.5 million annually.
- Unsafe abortions would decline from 10.3 million to 2.7 million (assuming no change in abortion laws; data not shown). The number of women needing medical care for complications of unsafe abortion would decline from 4.3 million to 1.1 million.
- Almost one million lives would be saved annually—160,000 among women (a 73% decline in maternal mortality) and 770,000 among newborns, cutting newborn deaths in half.

- More than 60% fewer healthy years of life would be lost to disability and premature death among women and their newborns, a decline from 79 million to 29 million disability-adjusted life years (DALYs) lost.

### VALUE FOR MONEY

- Providing these services as part of an integrated package is easier for users and is generally more cost-effective than stand-alone approaches.
- Providing modern contraceptives to all women who need them more than pays for itself, saving \$1.40 in the cost of maternal and newborn care for each dollar invested.

- The average cost to save a healthy year of life, or DALY, would be \$54, which compares extremely favorably with interventions to prevent or treat cholera, HIV/AIDS and tuberculosis.

### ADDITIONAL BENEFITS

- Greater use of condoms for contraception would reduce the transmission of HIV and other sexually transmitted infections.
- Reducing unplanned births would save on public-sector spending for health, education, water, sanitation and other services and would reduce the pressure on scarce natural resources, making social and economic development goals easier to achieve.
- Reducing unintended pregnancies would improve the education of girls and women and increase employment opportunities for women, which, in turn, would contribute to gains in gender equity, women's status, productivity, family savings,

poverty reduction and economic growth.

*The information reported in this fact sheet is for 2008 and is based on special tabulations of data from Singh S et al., Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, New York: Guttmacher Institute and United Nations Population Fund, 2009.*



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