DOWNLOAD PDF VALUE OF FAMILY PLANNING PROGRAMS IN DEVELOPING COUNTRIES

Chapter 1 : annual report: Family Planning International Assistance. | calendrierdelascience.com

Family planning programs have been highly successful over the past 30 years in providing women in developing countries with desired access to contraceptive services and helping to reduce fertility rates.

Those whose children are older than 3 Those whose children are sick [12] However, both adoptees and the adopters report that they are happier after adoption. Sanchez, Resources[edit] When women can pursue additional education and paid employment, families can invest more in each child. Children with fewer siblings tend to stay in school longer than those with many siblings. Leaving school in order to have children has long-term implications for the future of these girls, as well as the human capital of their families and communities. Family planning slows unsustainable population growth which drains resources from the environment, and national and regional development efforts. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. Young teenagers face a higher risk of complications and death as a result of pregnancy. The risk of prolonged labor is higher. Older mothers have a higher risk of a long labor, putting the baby in distress. Placard showing negative effects of lack of family planning and having too many children and infants Ethiopia Modern methods[edit] Modern methods of family planning include birth control, assisted reproductive technology and family planning programs. Federal family planning programs reduced childbearing among poor women by as much as 29 percent, according to a University of Michigan study. There are seven steps that one must make towards adoption. You must decide to pursue an adoption, apply to adopt, complete an adoption home study, get approved to adopt, be matched with a child, receive an adoptive placement, and then legalize the adoption. Birth control Placard showing positive effects of family planning Ethiopia A number of contraceptive methods are available to prevent unwanted pregnancy. There are natural methods and various chemical-based methods, each with particular advantages and disadvantages. Behavioral methods to avoid pregnancy that involve vaginal intercourse include the withdrawal and calendar-based methods , which have little upfront cost and are readily available. Long-acting reversible contraceptive methods, such as intrauterine device IUD and implant are highly effective and convenient, requiring little user action, but do come with risks. When cost of failure is included, IUDs and vasectomy are much less costly than other methods. Condoms may be used alone, or in addition to other methods, as backup or to prevent STD. Surgical methods tubal ligation , vasectomy provide long-term contraception for those who have completed their families. Assisted reproductive technology When, for any reason, a woman is unable to conceive by natural means, she may seek assisted conception. For example, some families or women seek assistance through surrogacy , in which a woman agrees to become pregnant and deliver a child for another couple or person. There are two types of surrogacy: In traditional surrogacy, the surrogate uses her own eggs and carries the child for her intended parents. This type of surrogacy obviously includes a genetic connection between the surrogate and the child. Legally, the surrogate will have to disclaim any interest in the child to complete the transfer to the intended parents. The woman who carries the child is often referred to as a gestational carrier. The legal steps to confirm parentage with the intended parents are generally easier than in a traditional because there is no genetic connection between child and carrier. This method is known as natural insemination NI. Family economics and Cost of raising a child Family planning is among the most cost-effective of all health interventions. Department of Agriculture estimates that for a child born in , a U. At the same time, societies will experience fewer dependents and more women in the workforce, driving faster economic growth. Fertility awareness methods may be used to avoid pregnancy, to achieve pregnancy , or as a way to monitor gynecological health. Methods of identifying infertile days have been known since antiquity, but scientific knowledge gained during the past century has increased the number and variety of methods. There are no drug-related side effects, [28] it is free to use and only has a small upfront cost, it works both ways, or for religious reasons the Catholic Church promotes this as the only acceptable form of family planning calling it Natural Family Planning. Its disadvantages are that

either abstinence or backup method is required on fertile days, typical use is often less effective than other methods, [29] and it does not protect against sexually transmitted disease. The major media channels and products included radio spots, radio series drama, Green Star logo promotional activities identifies sites where family planning services are available , posters, leaflets, newspapers, and audio cassettes. In conjunction with other non-project interventions sponsored by other Tanzanian and international agencies from â€", contraception use among women ages 15â€"49 increased from 5. The total fertility rate dropped from 6. Providers[edit] Direct government support[edit] Direct government support for family planning includes providing family planning education and supplies through government-run facilities such as hospitals, clinics, health posts and health centers and through government fieldworkers. Twenty countries only provided indirect support through private sector or NGOs. Seventeen governments did not support family planning. The private sector accounts for approximately two-fifths of contraceptive suppliers worldwide. Private organizations are able to provide sustainable markets for contraceptive services through social marketing, social franchising, and pharmacies. By utilizing private providers, social marketing reduces geographic and socioeconomic disparities and reaches men and boys. They account for most of the private sector provided contraception in sub-Saharan Africa, especially for condoms, pills, injectables and emergency contraception. Pharmacy supply and low-cost emergency contraception in South Africa and many low-income countries increased access to contraception. The Family Guidance Association of Ethiopia, which works with more than enterprises to improve health services, analyzed health outcomes in one factory over 10 years and found reductions in unintended pregnancies and STIs as well as sick leave. In , the Bangladesh Garment Manufacturers Export Association partnered with family planning organizations to provide training and free contraceptives to factory clinics, creating the potential to reach thousands of factory employees. A successful NGO can uphold family planning services even when a national program is threatened by political forces. NGOs can contribute to informing government policy, developing programs, or carry out programs that the government will not or can not implement. International Planned Parenthood Federation , Marie Stopes International , and United States Agency for International Development Family planning programs are now considered a key part of a comprehensive development strategy. The London Summit on Family Planning, hosted by the UK government and the Bill and Melinda Gates Foundation, affirmed political commitments and increased funds for the project, strengthening the role of family planning in global development. FP is a global movement that supports the rights of women to decide for themselves whether, when and how many children they want to have. This would include contraception , prenatal, delivery, and post-natal care in addition to postpartum family planning and the promotion of condoms to prevent sexually transmitted infections. Forced sterilization Compulsory or forced sterilization programs or government policy attempt to force people to undergo surgical sterilization without their freely given consent. People from marginalized communities are at most risk of forced sterilization. Pregnancy from rape Rape can result in a pregnancy. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education, and means to do so. UNFPA and the Guttmacher Institute say that, Serving all women in developing countries that currently have an unmet need for modern contraceptives would prevent an additional 54 million unintended pregnancies, including 21 million unplanned births, 26 million abortions and seven million miscarriages; this would also prevent 79, maternal deaths and 1. When deciding how many children, parents are influenced by their income level, perceived return to human capital investment, and cultural norms related to gender equality. Controlling birth rates allows families to raise the future earnings power of the next generation. Many empirical studies have tested the quantity-quality trade-off and either observed a negative correlation between family size and child quality or did not find a correlation. They are both influenced by typically non-observable parental preferences and household characteristics, but some studies observe proxy variables such as investment in education. As populations increase, governments must accommodate increasing investments in health and human capital and institutional reforms to address demographic divides. Reducing the cost of human capital can be implemented by subsidizing education,

which raises the earning power of women and the opportunity cost of having children, consequently lowering fertility. Dang and Rogers show that in Vietnam, family planning services increased investment in education by lowering the relative cost of child quality and encouraging families to invest in quality. Demand for Private Tutoring with and without access to family planning Developed countries[edit] Currently, developed countries have experienced rising economic growth and falling fertility. As a result of the demographic transition that takes place when countries become rich, developed countries have an increasing proportion of retired people which raises the burden on the workforce population to support pensions and social programs. Encouraging higher fertility as a solution may risk reversing the benefits for increased child investment and female labor force participation have had on economic growth. Increasing high skill migration may be an effective way to increase the return to education leading to lower fertility and a greater supply of highly skilled individuals. Europe and Asia are on par: Unmet need is higher among poorer women; in Bolivia and Ethiopa unmet need is tripled and doubled among poor populations. Substantial unmet need has provoked family planning programs by governments and donors, but the impact of family planning programs on fertility and contraceptive use remains somewhat unsettled. Under this theory, family planning programs will have a marginal impact. Bongaarts shows that using a country case study approach, both stronger and weaker family programs reduce the unmet need for contraceptives and increases use by making modern contraceptives more widely available and removing obstacles to use. The programs may have an additional effect of diffusing the ideas related to family planning and thus raising the demand for contraception. As a result, a small decrease in unmet need may be offset by a rise in demand.

Chapter 2 : FP financing roadmap

As part of an effort to make the results of demographic research accessible to audiences that influence population policy in the US and other countries and to create a more scientific basis for debate, this report examines the value of family planning (FP) programs in developing countries.

Even if all of those countries were to shift to having just two children, beginning tonight, their total populations would continue to grow for another two decades. Nevertheless, there is hopeful evidence of progress. Economically, sub-Saharan Africa lags pitifully behind all other developing regions. Its GDP per-capita growth rate during the s was actually negative. Food production has fallen since independence. Although a net food exporter before , Africa has become more dependent on food imports and food aid over the last three decades. From through , food imports in sub-Saharan Africa rose by percent and food aid by percent. In , food imports accounted for 17 percent of total food needs. The human condition in Africa remains as daunting as ever. This inevitably means that illiteracy rates are high, infrastructure is inadequate, and health services are rudimentary. The debt burden has certainly been a major constraint: Some progress has been made in reducing political instability and civil unrest, but much more needs to be done to sustain economic growth, durable peace, and equitable income distribution. At this writing July , hostilities between Ethiopia and Eritrea have ended, but the peace is uneasy. Civil wars in Angola and Sierra Leone have also ended. In Sudan a peace agreement is pending, but widespread violence in Darfur continues. The outside armies that were fighting in the Democratic Republic of the Congo have withdrawn, but instability and ethnic conflict persist. Resettlement and reconstruction are still slow in such countries as Burundi, Rwanda, Liberia, and Somalia. The flows of refugees from these conflicts have caused major disruption to neighboring countries. These are all difficult problems, but one factor-rapid population growth-has certainly made a lot of them more difficult to solve. It has often been said that the one thing Africa has is plenty of land and that consequently population growth is not a bad thing. But this simplistic view does not take into account that the natural carrying capacity of much of the land in Africa is low and subject to the vagaries of a capricious climate. It also conveniently ignores the fact that it is the rapidity of population growth which causes so much stress and suffering. Growth rates of over 2. These are occurring largely because death rates have fallen due to immunization and improvements in health care. But fertility has remained high. In recent decades, urbanization and the breakdown of traditional values have led to more frequent childbearing outside socially accepted norms. African women have suffered most, and the high rate of unsafe abortion-every day, some 10, African women resort to this practice-is one evidence of their frustrated desire to control their fertility. Family planning services have been woefully inadequate. There are encouraging signs that things are beginning to change, but these signs are only sporadic and the tempo is still slow. In recent years, most African governments, nudged by global advocacy efforts and their family planning associations, have come to accept that fewer, better-spaced births lead to healthier children and lower maternal mortality and morbidity. All but a fanatical few have dropped their earlier opposition to family planning as a Western imposition or a neo-colonialist plot to decimate African populations. By the time of the Third African Population Conference, held in Dakar in December as part of the preparations for the International Conference on Population and Development ICPD in Cairo in , delegates were speaking almost unanimously about the importance of family planning, both as a human right and as a development issue. But there is still a long way to go. In sub-Saharan Africa as a whole, only 17 percent of married women are using contraceptives, as against 50 per cent in North Africa and the Middle East, 39 per cent in South Asia, 76 per cent in East Asia and the Pacific and 68 per cent in Latin America and the Caribbean. Only in a few countries, such as South Africa, Zimbabwe, Botswana, and Kenya, have family planning programs been successful enough to increase contraceptive use to much higher levels. Kenya provides the most dramatic example. Desired family size fell 35 percent during the same period, from 7. Although traditional Kenyan values favored large families, they have become less advantageous as rapid

population has put pressure on farming land in many areas. Higher female literacy has helped promote new attitudes about family size. Increasingly, parents want to send their children to school, and rising school costs have made it much more expensive to educate large families. By , fertility had fallen further to 4. But African governments are now also worrying more specifically about the implications of high population growth rates: In most African countries, over half the population is under the age of 15, which means there is a vast pent-up demographic momentum throughout the continent. Even if Kenya, for example, were to attain the two-child family overnight, its population would continue to grow for another two generations and would eventually double. There is also the question of food supply: Rapid population growth is also having a serious effect on the natural environment in Africa. Some million hectares of land have been affected by soil degradation during the last half century, including as much as 65 percent of agricultural land. This has been a major factor in constraining food production in Africa to only a 2 percent annual increase, well below the rate of population increase. The number of undernourished people in Africa has more than doubled from million in the late s to roughly million today; perhaps another million are subject to acute food deficits, and possibly as many as 50 million are actually starving. Projections indicate that the region will be able to feed only 40 per cent of its population by Trees are being cut down 30 times as fast as they are being replaced, and some 80 million Africans have serious difficulty finding fuelwood. Deforestation and overgrazing leads to declines in soil fertility. In countries like Ethiopia, topsoil losses of as much as tons per hectare have been reported. Agricultural yields fall and the land becomes steadily more vulnerable to variable rainfall, turning dry spells into drought and periods of food shortage into famines. In most parts of Africa you can hear farmers say that it is more difficult to make ends meet, that plots are much smaller and farther away, fallow periods shorter. All these trends impose extra strains on women, who are usually responsible for growing the family vegetables, fetching water, and gathering fuelwood. Another serious problem is water. Fourteen of these countries are in Africa, and another 11 countries will join them in the next 25 years. There are signs that flows of other major rivers, including the Chari-Logona, Nile, and Zambezi, are decreasing. In Africa generally, agriculture supports 66 percent of the population and provides essential exports. Its healthy development is a key to slowing rural-urban migration. But it is totally dependent on a regular supply of fresh water. Maternal Diseases and Deaths Pregnancy and unsafe abortion are the leading causes of death among women of reproductive age in most African countries. A maternal death may result from direct pregnancy complications, from problems arising at delivery, from abortion or its consequences, from post-delivery complications, or indirectly from pre-existing conditions aggravated by pregnancy. The maternal mortality rate, which measures the death rate of women due to pregnancy and childbirth, is higher in Africa than on any other continent: This amounts to almost deaths every day in Sub-Saharan Africa. The high mortality rate masks an even higher morbidity rate: For every woman who dies, 50 to others suffer short-, medium-, or long-term debilities from their pregnancies and deliveries. At the root of this high maternal mortality and morbidity is a multitude of health and socio-economic problems. Many girls are born prematurely or at low birth weight because their own mothers were malnourished, ill, or overworked. If she survives infancy, an African girl will most likely grow up on a diet that does not meet her minimum nutritional requirements. As a child, she will have a heavy burden of household chores and may receive little or no schooling; almost all African girls receive less education than their brothers, although the literacy gap is beginning to narrow, at least in Botswana, Swaziland, Tanzania, Zambia, and Zimbabwe. She is likely to be married off young, especially if a good bride price is available, and taught that her main role in life is to bear and rear as many children "as God brings. For these reasons, as well as to reduce the vast number of unsafe abortions, better reproductive health services are badly needed throughout Africa. According to the World Health Organization, STIs have become the most common group of notifiable diseases in most countries worldwide, but prevalence rates are particularly high in developing countries. WHO estimates that in there were million new cases globally in women and men aged , including 12 million new cases of syphilis, 62 million of gonorrhea, 92 million of chlamydia, and million of trichomoniasis. In pregnancy and childbirth, these diseases can cause blinding eye infections or pneumonia in

babies, chronic abdominal pain, ectopic pregnancies, and infertility. Women are more likely to catch STIs than men. As one medical writer puts it, "Both the transmission and the serious consequences of STIs show a biological sexism. The risk of acquiring gonorrhea from a single coital event in which one partner is infectious is approximately 25 per cent for men and 50 per cent for women Moreover, women suffer more serious long-term consequences from all STIs except AIDS, including pelvic inflammatory disease, ectopic pregnancy, chronic pelvic pain, infertility and even cervical cancer. Here again, Africa is more seriously affected than any other region. Three million people in sub-Saharan Africa were newly infected with the virus in For the continent as a whole, the prevalence rate has reached 8 percent among adults aged Factors such as inferior health and social status, polygamy, other STIs, malnutrition, access to care, ear piercing, genital mutilation, and menstruation all lead to easier transmission of HIV. When women are sick with AIDS or die, their children suffer, even if they were not infected themselves at birth. Although AIDS will have a devastating demographic impact on some African countries, its long-term effect on African population growth will be relatively limited. Even in the 29 most affected African countries, the projected total population of nearly 1. Other impacts on development are arguably far more important. The most important factor in containing the spread of HIV is political commitment. Increasingly, African leaders are speaking out loudly, clearly, and repeatedly about AIDS, are seeking to demystify it, and are encouraging discussion about safe sex everywhere from the classroom to the boardroom. In most African countries, programs are being advocated with greater courage and conviction. NGOs are increasingly accepted as legitimate partners of governments in the field of sexual and reproductive health. The participation of communities is either being actively promoted or tentatively examined. Gender equity and equality are increasingly being promoted; the AU has amended its charter to acknowledge the importance of gender equity. Political commitment, openness, and determination have even proved that AIDS can be reversed. There might even be said to be a thin silver lining to the HIV epidemic. It has been a much needed wake-up call to many African leaders to address the many problems of the poor, and the result, encouraged as well by pressures from outside, has been more support for poverty alleviation and HIV efforts. And there is a genuine effort to push for more responsive and democratic governance, a truly basic requirement of people-oriented development.

Chapter 3 : Family Planning - Bill & Melinda Gates Foundation

Synthesizes research on family planning programs and focuses on the implications of high fertility rates, unmet need for contraception, benefits of family planning programs, program costs, and the crucial role of donor nations.

Page 14 Share Cite Suggested Citation: The National Academies Press. First, it was mentioned that experiments are not ethical because control groups do not benefit from interventions. It was quickly pointed out, however, that if a study were being done to test the effectiveness of the implementation heretofore unknown , then that ethical issue would not be relevant. Second, it was pointed out that governments often interfere with controlled experiments and tamper with comparison groups. Third, it was noted that members of comparison groups themselves begin to adopt aspects of the interventions that are under study, thus contaminating the experiment. Finally, it was mentioned that there is a reluctance among social scientists to conduct experimental studies for fear that the results may be disappointing and that no program effects will be found. Data collected by household surveys, such as contraceptive attitudes and behaviors, are of great importance in the evaluation of the effectiveness of family planning programs. These data, especially valuable when collected by several surveys over time, are even more valuable when the same respondents are reinterviewed in successive surveys, allowing the causes of behavior change to be investigated. They are further enhanced if linked with other types of data. The most common link is that between the household and the family planning service environment. Such cross-sectional linkages have weaknesses, however. First, contraceptive services change over time, creating problems Page 15 Share Cite Suggested Citation: Second, people migrate, so recent migrants interviewed in a household survey may have adopted contraceptive practices that were not engendered by the service environment in the survey area. For these reasons, among others, Casterline pointed again to the value of longitudinal studies. The linking of longitudinal family planning service and household data including geographic location of households by geocoding for identical areal units would enable researchers to analyze the impact of program intervention over time. Mary Overpeck presented an example that illustrated the importance of linking survey data with other types of records. By analyzing medical records and child care records, the conclusion could be drawn that children who do not participate in child care programs have fewer medical injuries because they seek medical attention less frequently than children who are in child care. Linking these records to survey data with socioeconomic indicators, however, reveals that mothers with relatively high levels of education are more likely than less educated mothers to 1 have children in child care and 2 have health care coverage for their children. Moreover, having children covered by health care is positively related to seeking medical care when needed. By linking data sets it becomes apparent that children in child care seek medical attention more frequently than children not in child care because they are more likely to have health care coverage. Although surveys provide data for the calculation of prevalence levels, which are important indicators of what is happening in a country, during the discussion participants reiterated the importance of supplementing surveys with other data, such as client records.

Chapter 4 : Family planning - Wikipedia

Family planning programs have enjoyed success in a wide range of political, economic, and cultural contexts and have contributed substantially to welfare in developing countries at a surprisingly small cost: Americans spend about $ per capita per year on USAID support of family planning.

Merrick First published online: March 1, Policymakers often ask how high fertility and related demographic variables affect and are affected by poverty. The popular view in the s and sâ€”that fertility decline would slow population growth in developing countries and thus reduce povertyâ€”came in for a great deal of criticism in the s, and by the s, it was no longer in vogue. The alternative perspective that emerged was that demographic considerations are largely irrelevant to poverty reduction. Today, new thinking and fresh evidence challenge this view. Much of this research shows that demographic trends are indeed important. However, the potential benefits of slower population growth depend on the timing and intensity of demographic change, the economic and social status of women, and the type and focus of economic policies in countries undergoing demographic change. The World Bank estimates that in , more than one billion people lived on less than one dollar per day Table 1. As global economic growth has stalled, demographers and economists have been examining more closely the role played by rapid population growth in explaining the differences between countries that are reducing poverty and those that are not. Such efforts may help to identify the policies and program interventions that are most likely to reduce the numbers of people worldwide who are extremely impoverished. In Sub-Saharan Africa, the region with the most rapid rate of annual population growth and the lowest level of contraceptive practice, there appears to have been no progress at all in reducing the level of dire poverty: The proportion of Africans living on less than one dollar per day did not change at all between and Two other regions with the same rapid rate of population increase and similar levels of contraceptive useâ€”the Middle East and North Africa, and South Asiaâ€”have widely differing rates of economic growth. As a result, between and , the number of people living on less than one dollar per day declined in the first region and increased in the second. The AIDS epidemic has further complicated the task of interpreting data on poverty trends, particularly in hard-hit countries in Africa. AIDS has reversed many of the gains in life expectancy in those countries, but it has also slowed population growth substantially. The peak of infection occurs among young adults. They have children, of whom some become infected and die, but most live on as AIDS orphans and are exposed to the same risks when they reach young adulthood. At the end of the 18th century, Thomas Malthus and his followers argued that high fertility and poverty went hand in hand. Malthus himself, focusing on the impoverishing effects of scarce land and rising food prices, urged couples not to marry and have children unless they could afford to support them. This prevents countries and families from making the longer-term investments needed to help lift them out of poverty. Through such international assistance policies, governments and nongovernmental organizations in developing countries with rapid rates of population growth received support that enabled them to develop or expand access to family planning services. Economists were quick to point out that even if high fertility and high proportions of the population living in poverty were correlated, this correlation would not imply causality. In fact, the relationship could run in the opposite direction: Poverty could be the cause of high fertility. Poor people often want more children because children represent wealth, provide household labor and are the only form of social security available to parents in their old age. Furthermore, economists questioned whether reduced rates of population growth actually have positive effects on savings and investment. They pointed out that even though the population in developing regions doubled between and , this had not prevented many countries in those regions from raising overall living standards. By , few economists believed that the population factor mattered. In the view of such skeptics, decisions about family size and reproduction are a private issue, and contraceptive practice is a "private good" whose supply is better left to market forces than to government bureaucrats. Unempowered women are often unable to act on their own behalf to obtain contraceptive services

to regulate their childbearing; they are also the group most likely to believe that bearing many children will provide a bulwark against poverty in their old age. Programs that combine social and economic development and family planning services for poor women encourage them to have fewer children and thereby enhance their prospects of achieving a different, less-dependent kind of life. Such programs also provide women with the tools they need to attain those two goals. Recent research has looked at the linkages between population growth and economic growth at different stages of the transition from high to lower fertility. When fertility is high, the proportion of the population made up of children and teenagers is large relative to the share made up of working adults. This is called the age-dependency effect. As fertility rates drop, the ratio of potential workers people aged to nonworkers people 14 or younger and people aged 65 and older rises, meaning that more workers are responsible for fewer children. The reduction in the ratio of youthful dependents to working-age adults should enable countries to increase their stocks of physical and human capital schools and well-trained teachers, health care facilities and well-trained health workers, and modern communications networks and well-trained workers to staff them. However, opening a demographic window of opportunity does not guarantee a surge in economic growth. For one thing, it is temporary, because low fertility will eventually increase the proportion of another dependent groupâ€”the population made up of older people who are no longer working. The intensity of the age-structure effect depends on the speed with which the transition to low fertility takes place. When this happens, as it did in countries like South Korea and Taiwan, a temporary surge in the accumulation of physical and human capital contributes to a rapid rise in living standards. Research on the effects of rapid fertility decline in Latin America raises some cautionary signs. Economic growth has been slower in Latin America than it was in East Asia in the s, in part because of the failure of countries in this region to invest as much in education, especially for the poor. Moreover, economic policies in these countries were less conducive to the creation of productive employment for the working-age population. Similar policy failures in South Asia raise the prospect that India and Bangladesh, which are now moving into the later stages of their transitions to low fertility, may not benefit at all from the favorable demographic conditions created by those transitions. The demographic window of opportunity is a one-time and relatively brief phenomenon around two decades, depending on the speed of the transition , 9 and it would be a sad irony if the successful efforts of countries to achieve lower population growth failed to reduce poverty because their accompanying economic policies were misguided or were instituted too late. High Fertility, Rapid Growth and Poverty Although the concerns of early neo-Malthusians that high fertility actually inhibits the efforts of poor countries to reduce poverty were discounted by many economists, 10 recent studies have supported their argument. Comparisons of poor countries that experienced rapid fertility decline with those that did not find that high fertility increases absolute levels of poverty both by retarding economic growth which reduces the possibility of growth-induced poverty reduction and by worsening the distribution of additional income created by economic growth. This may be one reason why simple cross-national comparisons of links between fertility and poverty levels fail to reveal much of a correlation. Interestingly, a recent report on the global food outlook agrees with both of these points, but also notes that malnutrition in poor countries would be substantially lower if population growth in those countries were closer to the low variant than to the medium variant of United Nations population projections. Family Size and Household-Level Poverty Recognizing that demographics have a dual impact on poverty both on overall growth and on improvements in living standards for the poorest families raises the question of whether high fertility is an obstacle to poverty reduction within households. For example, children in large families perform less well in school and less well on intelligence tests than do children from small families. When economic class is controlled for, the correlation is approximately halved, but remains significantly negative. Furthermore, large family size seems to inhibit the physical development of children, possibly through lower-quality maternity care and poorer nutrition. As was mentioned earlier, economists have been quick to point out that correlation does not imply causality and that causality could run in the opposite direction. The failure to recognize that the linkage between poverty and high fertility operates in both directions was one of

the major shortcomings of early neo-Malthusians. More recent research on fertility determinants has brought a more balanced recognition of the interplay of supply and demand for children and the role of family planning in relation to other proximate determinants of fertility, such as age at marriage, as countries went through the transition from high fertility to low fertility. Despite the extensive literature on the effects of educational status on reproductive behavior, the positive impact on educational attainment that accrues when couples are able to control the number and timing of their births has received less attention. In Kenya and Egypt, however, no such effect appeared. The study in the latter two countries looked at conditions prevailing at an earlier stage of the transition to low fertility, when the costs of educating children were largely assumed by the state and did not fall directly on the parents. These researchers conclude by pointing to a "virtuous circle" linking mothers and their children. The children of women who are able to avoid unintended or excess fertility benefit through better education; as adults, they will be better equipped to manage their own fertility and will do a better job of providing an education for the next generation. Helping women to avoid excess or unwanted fertility helps them, their children and the society in which they live. New research has also broadened the scope of inquiry into the links between household demographics and welfare, with particular focus on factors affecting gender relations in society and within households. These studies reveal an interplay of forces far more complex than the links between family size and welfare outcomes. The disadvantaged position of poor women is evident in special tabulations prepared for the World Bank on two indicators from the Demographic and Health Surveysâ€”using a contraceptive method, and having a trained birth attendant present at the time of delivery. The overall proportion of deliveries by a skilled attendant was higher in Africa than in South Asia, but both had very large differentials by poverty status. South Asia had a higher average level of contraceptive use than Africa, and the gap between rich and poor was less than for having a skilled birth attendant. One reason that the rich-poor gap is smaller for contraceptive use than for the presence of a skilled attendant at delivery is that family planning is less dependent on health infrastructure, particularly in countries like Bangladesh, where the family planning outreach effort is vigorous. Political will may also play a role in the difference between the two reproductive health indicators, because organizational obstacles to training and deploying skilled birth attendants are in principle as manageable as the obstacles that family planning organizers had to overcome in launching outreach programs. In addition, it is hoped that poor people can be helped to avoid making reproductive decisions that, while seeming to be in their best interest, do not in fact improve their well-being or that of their families. Researchers have identified a number of such policy directions. Countries can learn from the experience of East Asian nations that realized such gains. Economic policies that may prevent poor women and their families from realizing the positive health and welfare benefits of safely controlling the number and spacing of pregnancies also must be revised. Developing countries must give greater emphasis to eliminating or reducing gender inequality. Moreover, to be effective, program interventions must selectively address specific needs: Microenterprise and credit programs targeted at poor women can be designed and implemented in ways that enhance their synergistic effects, by ensuring that women have control over the money they earn and that their information and education networks reach beyond the traditional boundaries and restrictions faced by poor women. Family planning alone will not necessarily reduce poverty in developing countries, but neither will many of the present models of economic development. On the other hand, a slower rate of population growth, combined with sound and equitable economic development and the reduction of gender inequality, appears increasingly likely to achieve that goal. While fertility decisions are a private matter, there is a role for public policy. In an increasing number of countries, public and private providers are enabling women to choose when and how many children they will have, by providing information and safe, effective means of fertility regulation. In cases where the health system fails to do this or when there is an imbalance between the individual and the social costs of reproductive behaviors, public policy needs to address these failures by improving the information and regulatory environment. Additionally, when cost is an obstacle to effective fertility regulation by poor women, subsidizing services may be an appropriate approach. In sum, fertility and family planning do matter for poverty reductionâ€”for poor

households and for poor countries. They are not the only, or even the most important, factors in poverty reduction. The topic has been a controversial one, and critics have reacted to statements that exaggerate the links between fertility and poverty by minimizing or denying them. Thus, it is important that policymakers understand the new evidence supporting the view that lower fertility does contribute to poverty reduction, and that public policies that help poor people better manage their reproductive lives have societal as well as individual benefits. It is the most populous country in the world more than one billion people and so has an inordinate impact on overall trends in the developing world. World Bank; and New York: Oxford University Press, , Table 1. Kelley AC, The population debate in historical perspective: Oxford University Press, Princeton University Press, Policy Questions, Washington, DC: National Academy Press, University of Wisconsin Press, Williamson JG, Demographic change, economic growth, and inequality, in: National Research Council, , op.

Chapter 5 : Population, Family Planning, and the Future of Africa | Worldwatch Institute

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Chapter 7 : Rodolfo A. Bulatao (Author of The Value of Family Planning Programs in Developing Countries

When USAID launched its family planning program in , fewer than 10 percent of women in the developing world (excluding China) were using a modern contraceptive method, and the average family size was over six.

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We work to keep family planning on the global agenda and to hold donors and developing countries accountable for their commitments to support family planning. Our work in this area includes grantmaking, direct advocacy, communications counsel and support, and engagement with leaders.

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Describe the importance of family planning programs in developing nations, and how these programs have been affected by the global gag rule. On what continent do women have the lowest literacy rates, compared to men?