



The Contribution of Family Planning to Maternal Health and Socio-Economic Development in the Eastern Africa region

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African Population and Health Research Center (APHRC)

Improving the wellbeing of Africans through policy-relevant research on population and health

Outline

- **Population and fertility trends in Africa**
- **Implications of rapid population growth**
- **African maternal health and socio-economic outcomes profile**
- **Priorities in addressing population growth in Africa**
- **The role of family planning programs in improving maternal health**
- **Conclusion**

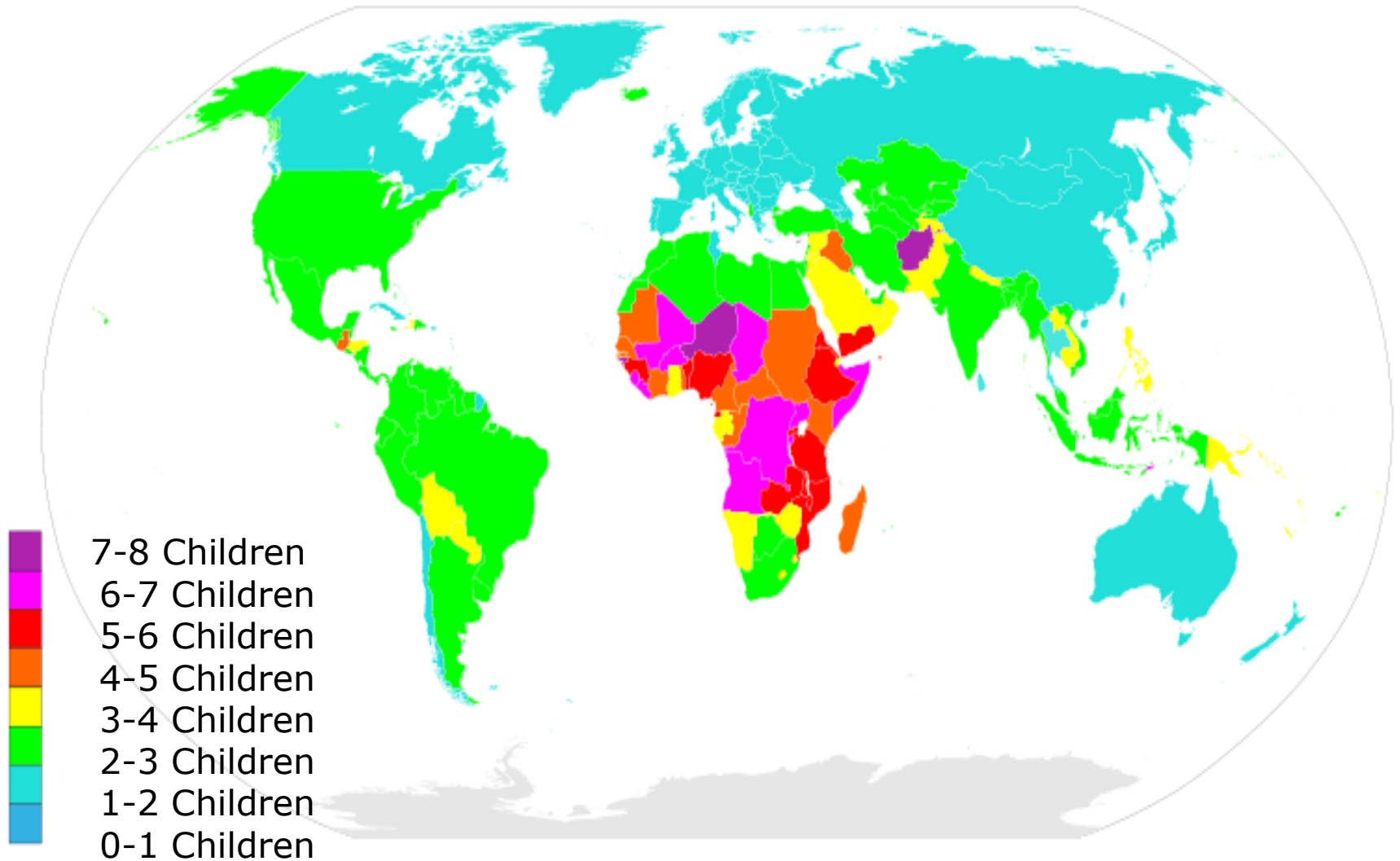


Population Trends - Africa

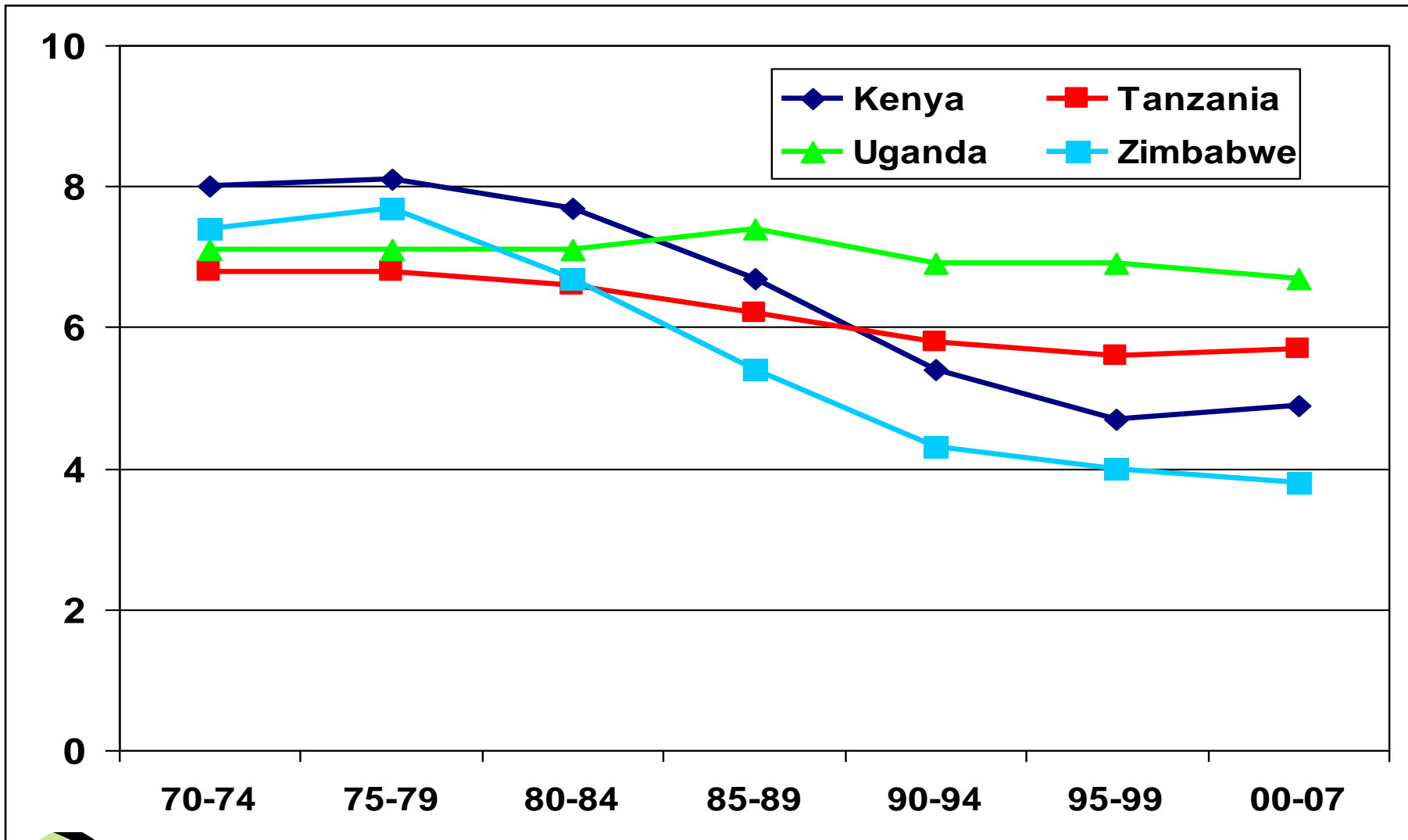
- Currently:
 - 31 of 34 countries with TFR of 5+ are in SSA
 - About 14m unintended pregnancies occur each year
 - While $>2/3$ of women use FP in all regions, only $1/4$ do so in Africa
 - At least 25% of women 15-49 have unmet need for FP
 - Stall in fertility transition casts doubt on medium variant projections for Africa
- Over the next 40 years:
 - Africa's population will double from 1 to 2 billion
 - Africa will account for 22% of world population, up from 15% in 2010



Fertility Patterns Globally



Trends in TFR – 4 Eastern African Countries

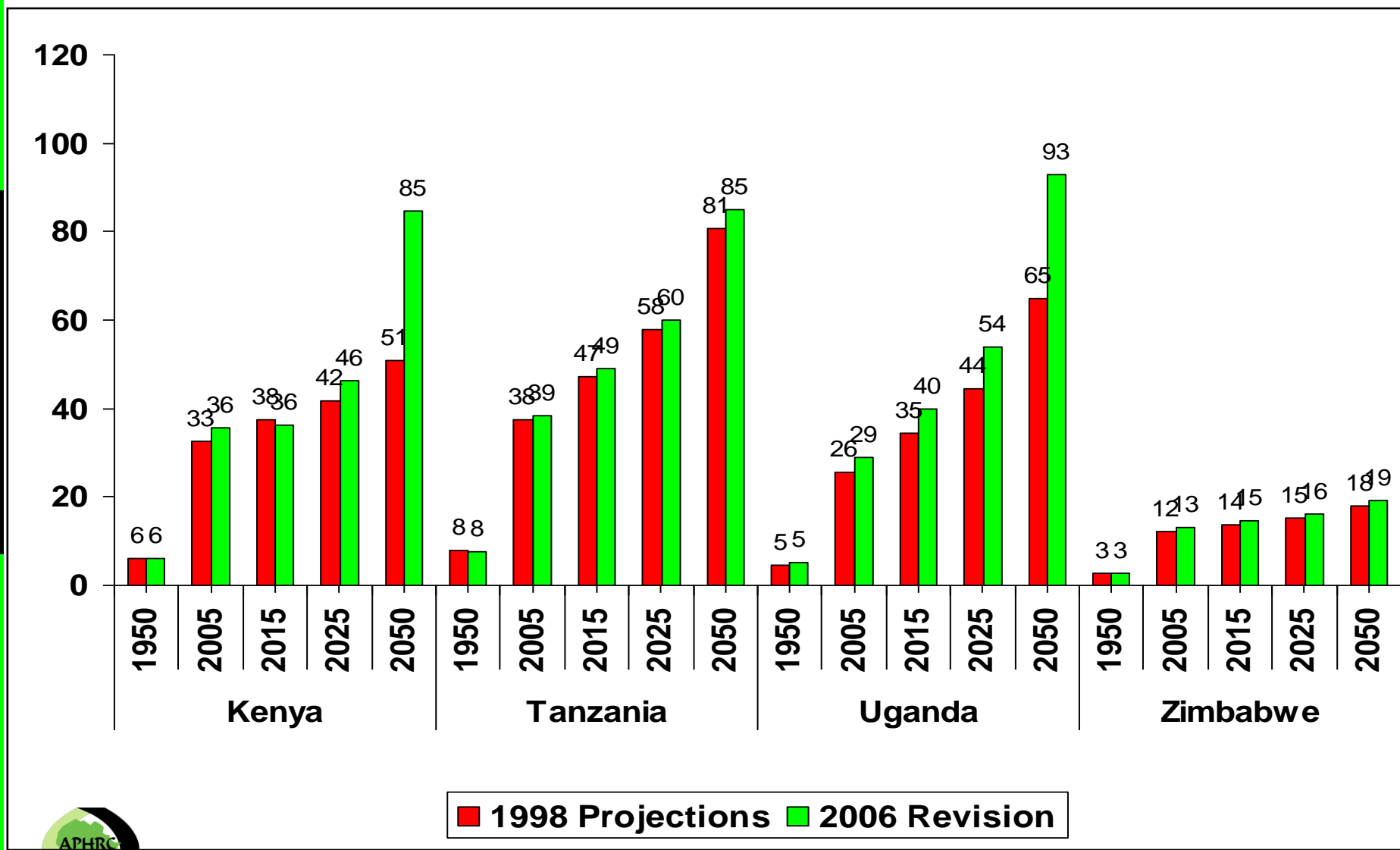


Implications of Rapid Population Growth

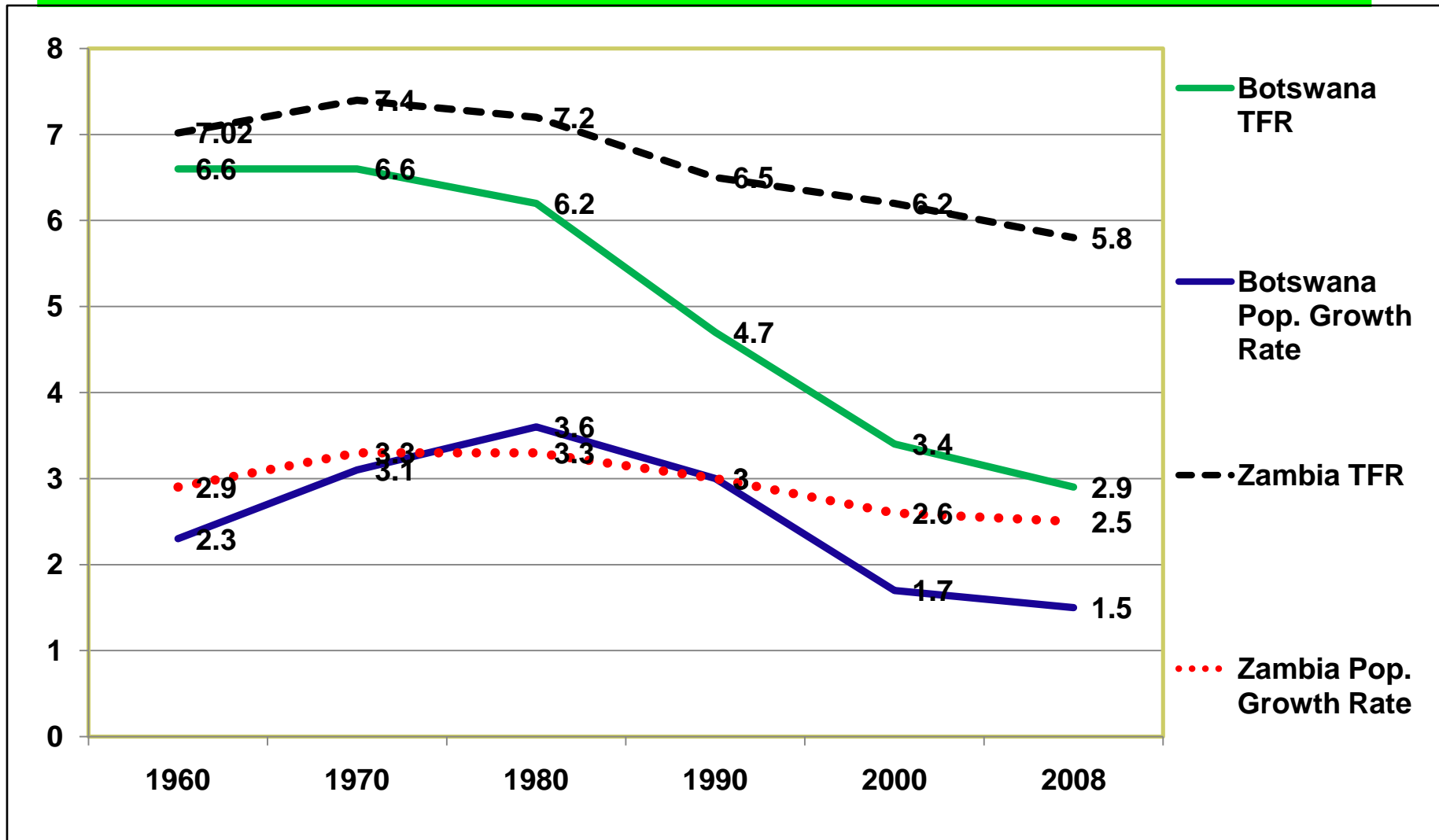
- **Implications for Future Population Trends**
 - Example: Kenya, Tanzania, Ugandan and Zimbabwe
- **Implications for economic growth**
 - Example: Botswana and Zambia
- **Implications for levels and gender parity in school enrolment**
 - Example: Sub-Saharan Africa



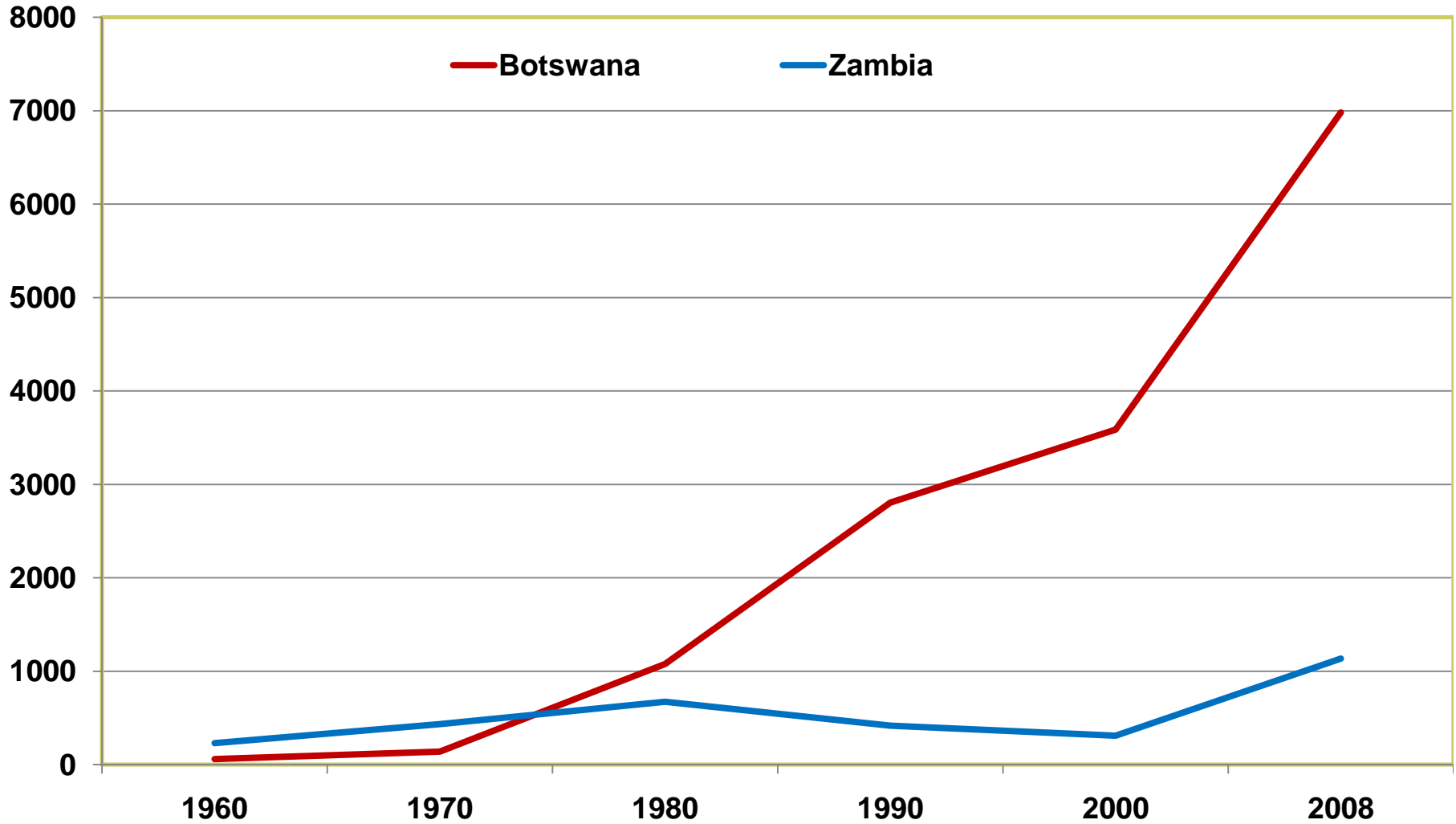
Changes in Future Population Projections before and after the Stall in Fertility Decline



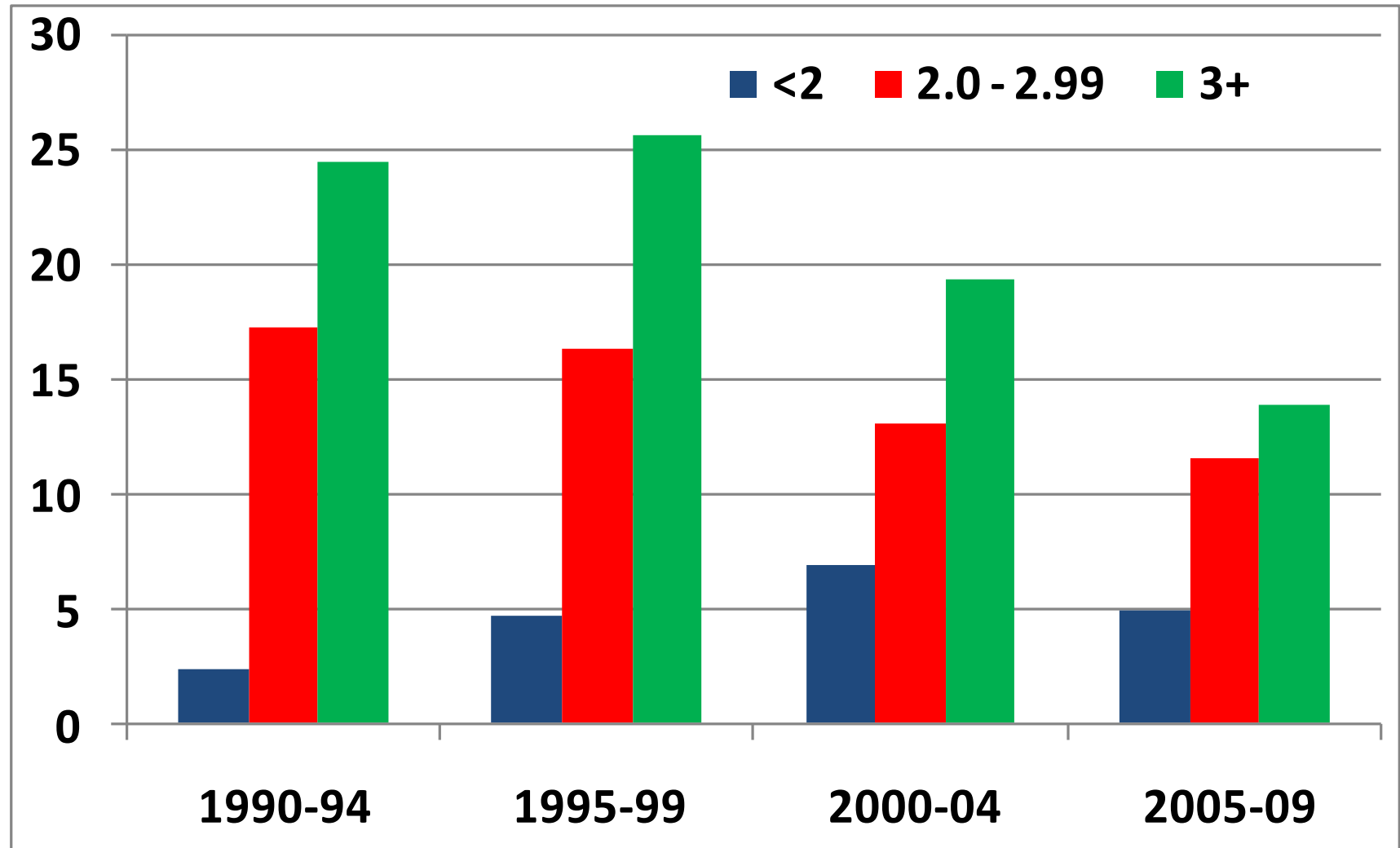
Trends in Fertility & Population Growth Rates, Botswana and Zambia: 1960-2008



Trends in GDP Per Capita, Botswana and Zambia: 1960-2008



Female Gap in Primary Enrolment by Population Growth Rate, SSA: 1990-2009



Africa's Maternal Health Profile 1

- MDG 5: Reduce the maternal mortality by 75% between 1990 and 2015
- 50% of global maternal deaths occur in Africa
- In SSA, a woman has a 1 in 16 chance of dying in pregnancy or childbirth; 100 times more than elsewhere; >1000 times than in Sweden!
- Key causes of maternal deaths are known & preventable:
 - Hemorrhage (25%)
 - Infection (15%)
 - Complications of unsafe abortion (13%)
 - Hypertensive disorders in pregnancy (Eclampsia) (12%),
 - Obstructed labor (8%),
 - Other direct causes (8%), and Indirect causes (20%).



Africa's Maternal Health Profile 2

- Key interventions to improve maternal survival include:
 1. Access to family planning and safe abortion
 - Recommended by WHO as first step to safe motherhood
 2. Care from skilled health professionals
 3. Access to health facilities with Basic Emergency Obstetric Care (BEmOC, and
 4. Good referral systems



State of Maternal Health Service in Africa

- Inadequate facilities and trained personnel
 - Few and Far
 - Only 20% of births occur in hospitals; 30% in clinics, and as much as 50% at home, often without skilled attendants.
- Dearth and emigration of skilled personnel
- Lack of up-to-date equipment and drugs
- Cost of hospital birth usually high for many
- High fertility, often unwanted, with attendant health risks

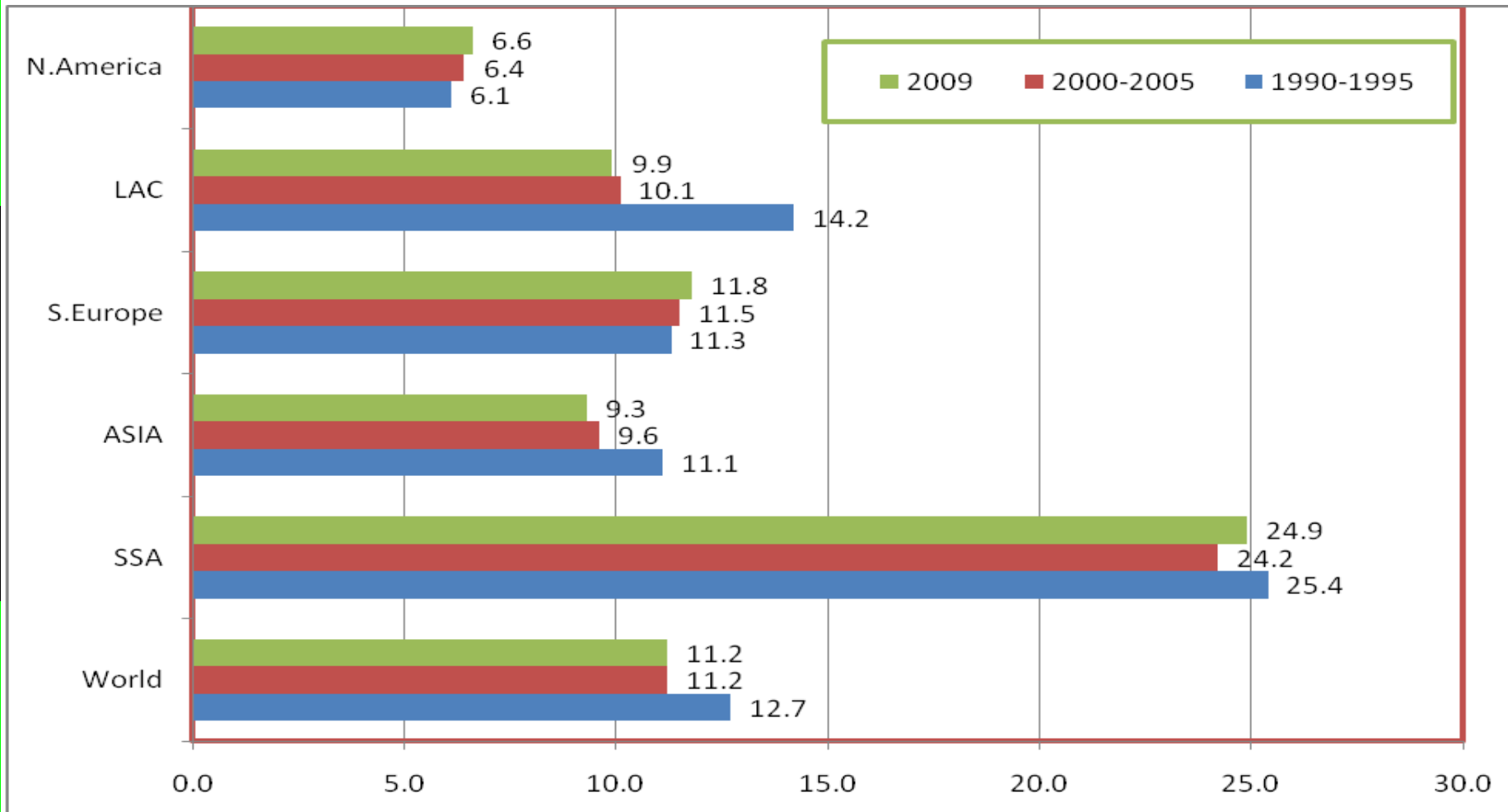


FP & State of Maternal Health in Africa

- Low Contraceptive use is a key factor:
 - ❖ 39% of pregnancies in SSA are unintended
 - ❖ 30% in West Africa & 59% in Southern Africa
 - ❖ 40% of all unwanted pregnancies end in abortion
 - ❖ Unsafe abortion accounts for 25-30% of maternal deaths in SSA
 - ❖ Strong FP programs reduces maternal deaths through:
 - ❖ Reduction in desired family size
 - ❖ Decline in fertility



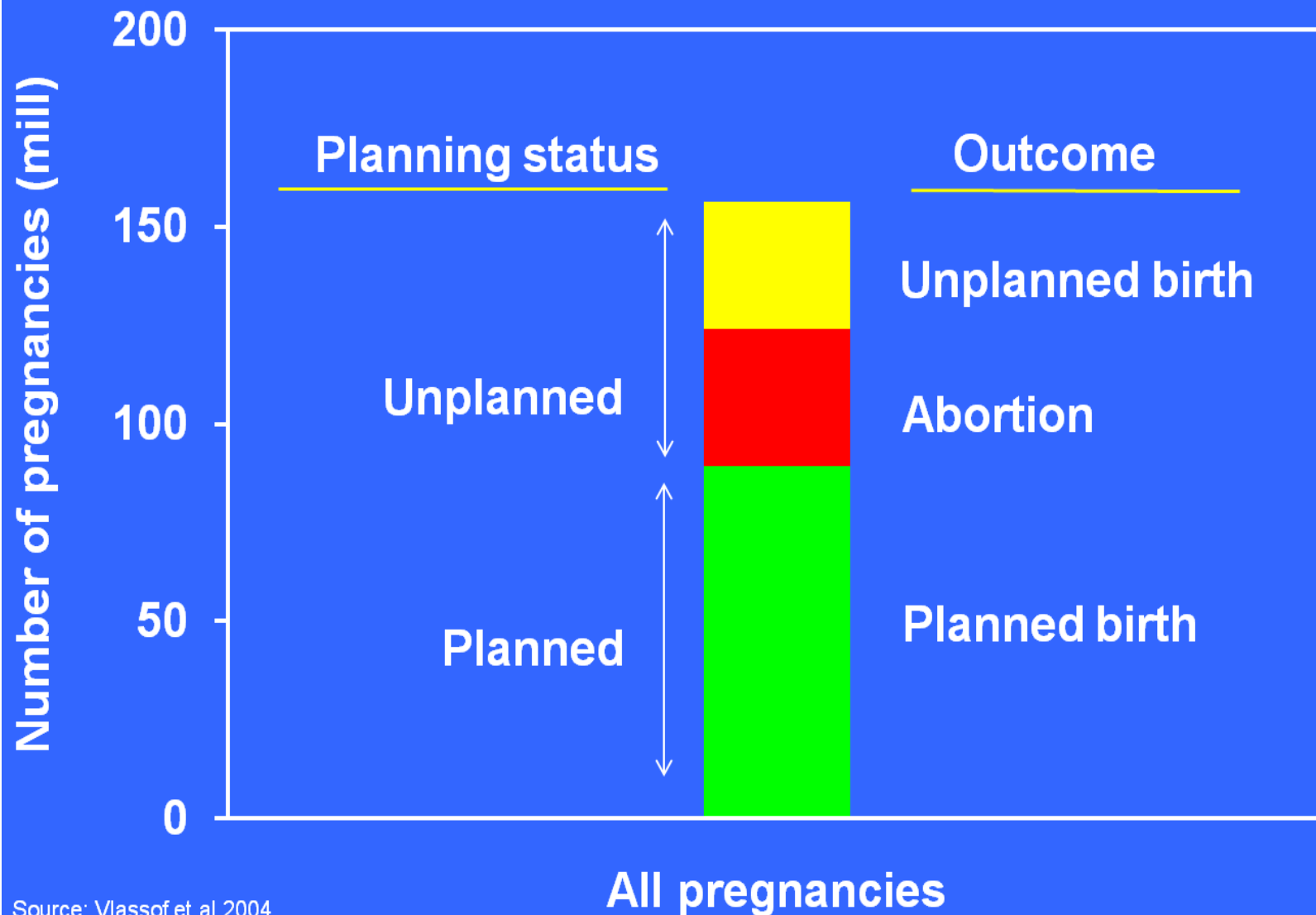
Percentage of married women with unmet need for contraception by regions, 1990-95, 2000-05 and 2009



Data Source: UN Department of Economic and Social Affairs, Population Division (2011). *World Contraceptive Use 2010*.



Planning status and outcome of pregnancies in developing world



Number of pregnancies, % distribution of all pregnancies and unintended-pregnancy outcomes, 2008

Region	Total no of pregnancies (millions)	% distribution of pregnancies		% of unintended pregnancy outcomes as a percentage of all pregnancies		
		Intended	Unintended	Birth	Abortions	Miscarriages
World	208.2	59	41	16	20	5
LDRs	185.4	60	40	16	19	5
Africa	49.1	61	39	21	13	5
Eastern	17.4	54	46	25	8	6
Northern	7.4	62	38	15	18	5
Southern	2.0	41	59	34	20	8
Western	15.5	70	30	16	10	4

Source Singh et al. 2010 Unintended Pregnancy: Worldwide Levels, Trends, and Outcomes. *Studies in Family Planning* 2010; 41[4]: 241–250



Priorities in addressing Africa's Pop Growth

- Meet high unmet need for FP
- Reduce/eliminate high unwanted fertility
- Create demand for small family sizes in selected countries and regions
- Strengthen human resources for health and FP services
- Address young people's attitudes to FP and needs
- Promote equity in access to FP
- Seize new and emerging opportunities
 - Resurgence of interest on FP
 - MDG Target 5b-Universal Access to RH by 2015





Benefits from family planning programs



Providing family planning to all of women with an unmet need would prevent

- 23 million unplanned births
- 22 million abortions
- 7 million miscarriages
- 1.4 million infant deaths
- 142,000 pregnancy-related deaths (53,000 from unsafe abortion)
- 505,000 children from losing their mothers



Source: Guttmacher institute 2008

Provision of FP & RH Services in SSA would:

- Save 750,000 lives annually
 - 200,000 mothers (69% decline in MM) and
 - 550,000 newborns (45% decline in NB deaths)
- Reduce unintended pregnancies by 77%
 - from 17 million to four million annually
- Reduce unsafe abortions from 5.2 million to 1.2 million
- Reduce number of women in need of medical care from unsafe abortion from 2.2M to 500K



Family planning is also a valuable economic investment

1. \$1 spent on FP saves \$ 2-6 in other development sectors (e.g. educ, health)
2. Fertility decline would reduce pressure on scarce natural resources and boost economic growth (*demographic dividend*)
3. As women spend less time in childbearing and childcare, they can become wage earners outside the family
4. Family planning programs in the long run would reduce fertility differentials and income inequality



Conclusion

- **Continuing high rates of population growth in the poorest countries will make it harder to achieve any of the MDGs**
- **Family planning programs have been shown to reduce fertility even in poor settings**
- **Meeting the current unmet need for FP can halt current rapid population growth rate in SSA**



Thank You

