

# Family Planning Programs Reduce Abortions: Lessons Learned from the Matlab Project in Bangladesh

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A RAND analysis of *How Americans View World Population Issues* (RAND MR-1114) finds nearly all Americans (92 percent) believe individuals and families should have the right to determine the number of children they will have. Most Americans also see voluntary family planning programs (excluding abortion) as necessary and beneficial, with 80 percent favoring U.S. funding for voluntary family programs in developing countries. This includes at least 70 percent of every demographic and political subgroup.

Nevertheless, many Americans are not clear on all the benefits of such programs. More than two in five Americans, for example, believe making family planning widely available in a country where it had not been either would have no impact on the number of abortions there or actually cause the number of abortions to rise.

It is, in fact, difficult to discern the relationship between abortion and family planning services with non-experimental data. In many developing countries, contraception and abortion often appear to rise simultaneously. Modernization may lead couples to perceive greater "costs" for each child as they wish to invest more in each child. In one modernizing area of rural Bangladesh, for example, contraception has nearly tripled and abortion increased by nearly a third.

Experimental data, however, show that better family planning services help reduce abortion rates from what they might otherwise be as couples in developing countries

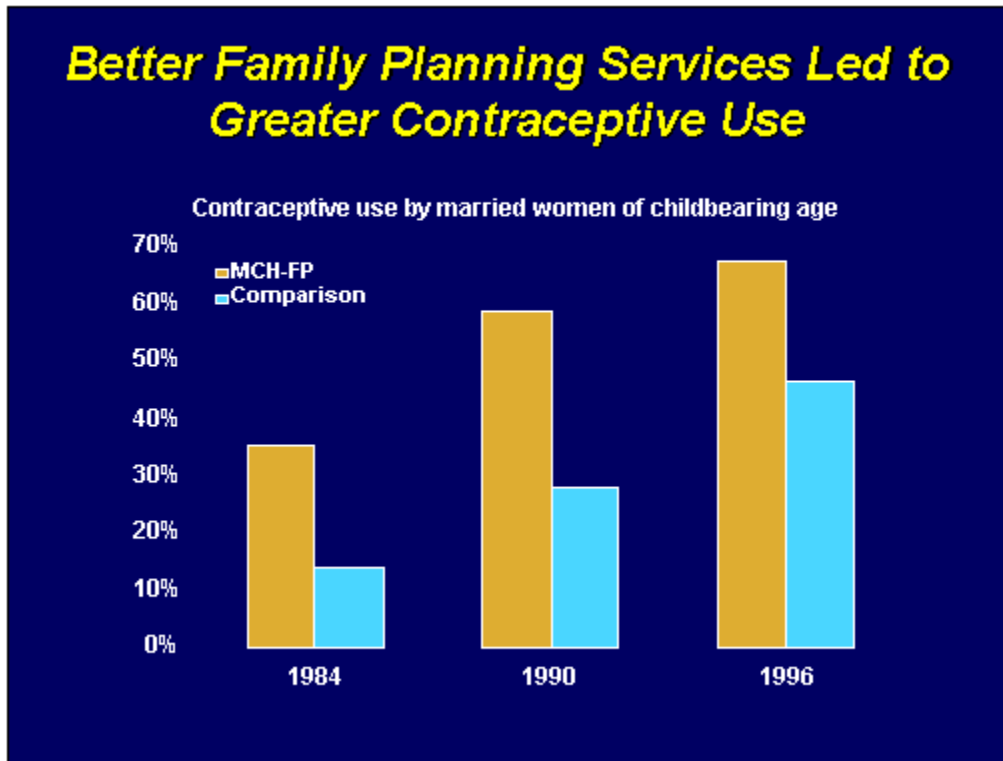
seek to reduce their fertility. High-quality longitudinal data available from two otherwise-similar areas in Matlab, Bangladesh, typical of the nation as a whole, help us to analyze the effects of better family planning services on abortion rates by disentangling the relationship between contraception and abortion.

Although there are relatively few abortions in Bangladesh, many of these are by unsafe, illegal methods with high rates of mortality and morbidity. Abortion by menstrual regulation (vacuum aspiration) is legal in the first ten weeks of gestation before pregnancy is clinically confirmed. Government paramedics typically perform menstrual regulation. Other abortion is legal only to save the life of the mother. About 50 percent of Matlab abortions are menstrual regulations; traditional healers using unsafe methods perform the rest.

The Matlab Demographic Surveillance System (DSS), operated by the Centre for Health and Population Research, includes data, collected in visits by female community health workers to both Matlab areas, on nearly 150,000 pregnancy outcomes, including 4,100 abortions, since 1979. In addition, data on women interviewed in the Matlab Surveys on Knowledge, Attitudes, and Practice (KAP) of contraception, which have participation rates of about 90 percent, allow separate analyses of abortion and pregnancy rates for women who did and did not want more children.

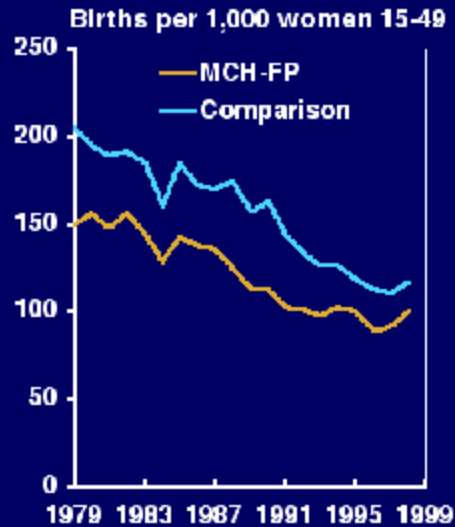
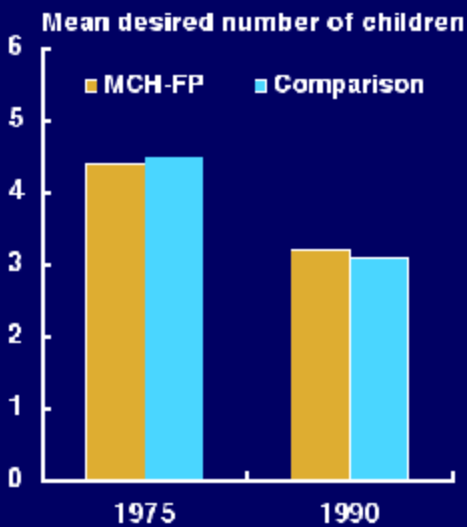
Since 1977, the Maternal Child Health and Family Planning (MCH-FP) Project has provided more accessible and higher-quality family planning services to a

"treatment" area than have been available in the "comparison" area. Among these better family planning services are more frequent visits from female welfare assistants who provide counseling and deliver contraceptives, and ICDDR,B sub-centers for family planning services.



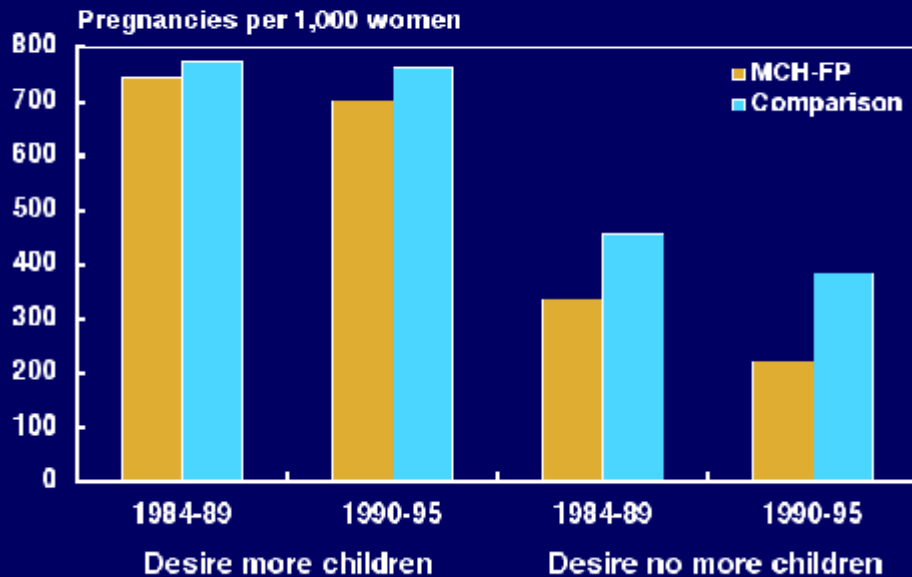
The better family planning services in the MCH-FP area have led to greater contraceptive use there. Contraceptive use by married women of childbearing age is greater in the MCH-FP area than in the comparison area in each of the three recent years for which such data are available.

## ***Desired Family Size Is Similar in Both Areas but Greater Contraceptive Use Has Led to Fewer Births in MCH-FP Area***



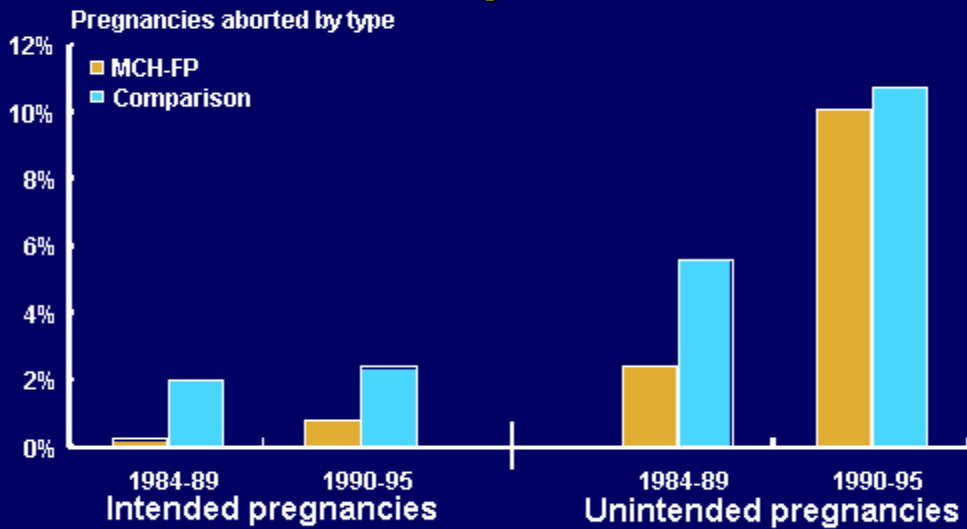
In both areas, desired family size has been similar and declined at similar rates, from about 4.5 children in 1975 to just over 3 in 1990. Despite this similarity in desired family size, the MCH-FP area has had lower fertility rates throughout the past two decades.

## **Better Family Planning Services Reduce Unintended Pregnancies**



The MCH-FP area has had a lower fertility rate because the better family planning services there have helped women better achieve their desired fertility. In both areas, pregnancy rates for women desiring more children are similar in the periods for which we are able to construct records of pregnancies by desire to have children. Among women who desire no more children, fertility rates are lower, and have declined faster, in the MCH-FP area. In other words, there are fewer unintended pregnancies in the MCH-FP area and the incidence of unintended pregnancy has declined more rapidly there.

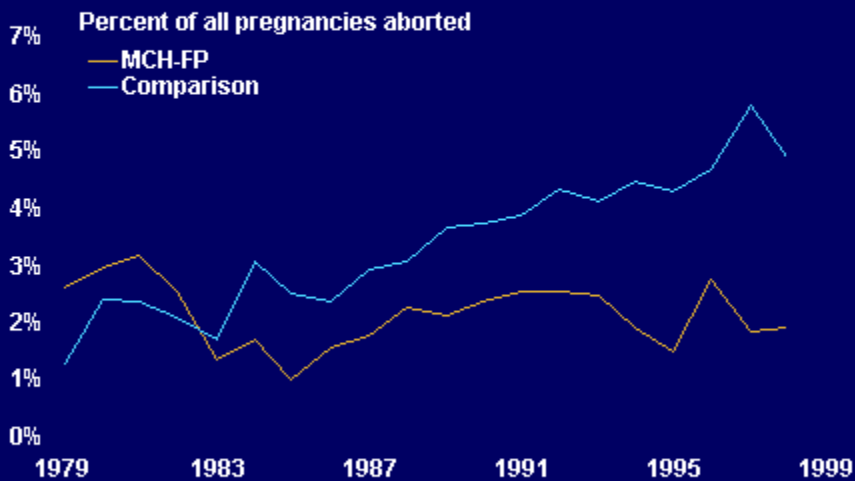
## Unintended Pregnancies Are Much More Likely to Be Aborted



*The likelihood of abortion for unintended pregnancies grew with the desire for smaller families*

Reducing unintended pregnancies is especially important in any effort to reduce abortions. Unintended pregnancies in both areas are much more likely to be aborted than "intended" pregnancies (which may be aborted because it was mistimed). Furthermore, the likelihood of abortion for unintended pregnancies has increased in both areas in recent years as the intensity of desire to control family size has increased.

## Abortion Has Increased Where Family Planning Services Are Poorer



*Fewer unintended pregnancies in MCH-FP area helped abortion rate remain lower there*

Because unintended pregnancies are fewer in the MCH-FP area, the incidence of abortion there has been lower than that in the comparison area for nearly two decades. The stable trend in the MCH-FP area abortion rate reflects the offsetting effects of a declining number of unintended pregnancies due to greater and more effective use of contraception and the increasing probability that pregnancies will be aborted because of a stronger desire to limit births. With greater contraceptive access, women in the MCH-FP area are less likely to use abortion. In the comparison area, contraceptive use has not increased enough to offset the increasing probability of abortion for unintended pregnancy.

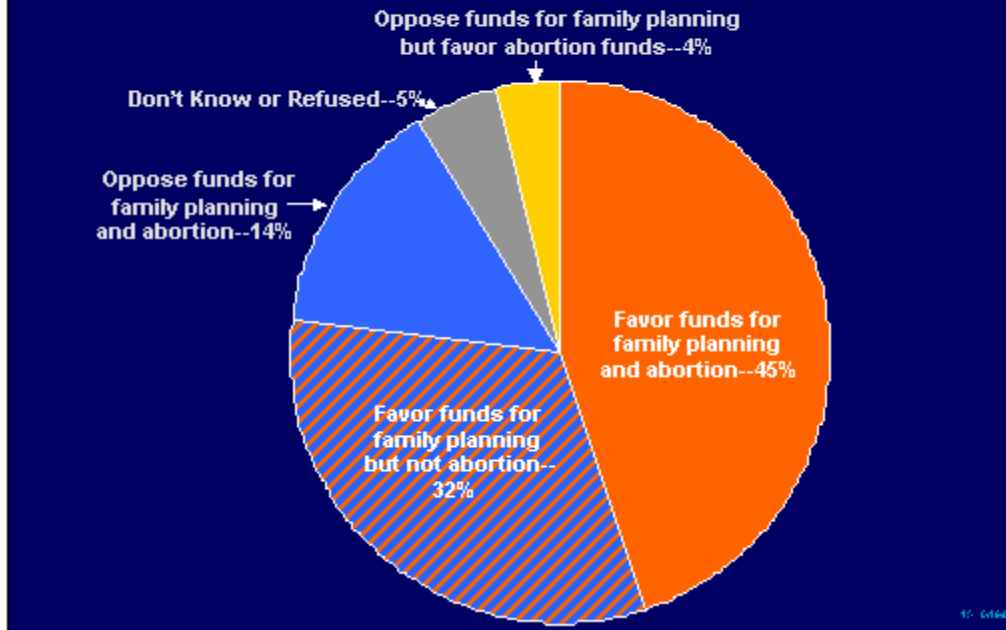
### **Comparing Areas Over Time Shows Family Planning Services Can Reduce Abortion**

	Contraceptive use			Abortions per 1,000 women		
	1984	1996	Change in % pts.	1984-86	1996-98	Change
Comparison area	14%	47%	33%	5.2	6.8	1.6
MCH-FP area	35%	68%	33%	2.2	2.3	0.1
Difference between areas	21%	21%		-3.0	-4.5	

The best way to see the effects of family planning services is to compare the two different areas at given points in time. If we look at just the comparison area, we see contraceptive use increased 33 percent between 1984 and 1996, while the abortion rate increased by more than a fourth. If we look at just the MCH-FP area, we see that contraception increased 33 percent, while the abortion rate increased slightly. By comparing the two areas at a point in time, however, we see that in both the mid-1980s and the late 1990s the greater availability of family planning services in the MCH-FP area led to lower abortion rates there compared to the area without them.

The Matlab data have several implications for policymakers. Policymakers can draw erroneous conclusions about contraception and abortion in studies that do not use comparative data. It is only through comparative data that the true effects of family planning services on abortion, independent of other factors, are evident. Abortion may increase during the fertility transition of developing countries unless high-quality family planning services are available. Bangladesh has managed its fertility transition while maintaining a very low abortion rate, but it faces increasing challenges in maintaining this as the country modernizes and population density increases. The Matlab data indicate how better family planning services can help abortion rates stay low in circumstances that otherwise might cause such rates to rise.

## **Even Americans Opposed to Abortion Funding Support Family Planning Aid**



Four in five Americans support U.S. funding for programs that provide voluntary family planning services overseas, including more than two in three of those who oppose funding for abortion. The experimental data we examine show aid for programs providing better family planning services can help reduce abortion. Without good family planning services, abortion rates in developing nations can rise when desired family size falls. Hence, it is especially important to provide good family planning services when fertility rates begin to fall.

## Selected Population Matters Publications

- *The Value of Family Planning in Developing Countries*
- *How Americans View World Population Issues*
- *The Security Dynamics of Demographic Factors*
- *A Demographic Perspective on Our Nation's Future*
- *World Population Shifts: Boom or Doom?*
- *The Environmental Implications of Population Dynamics*

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Notes from Julie DaVanzo's Presentation.