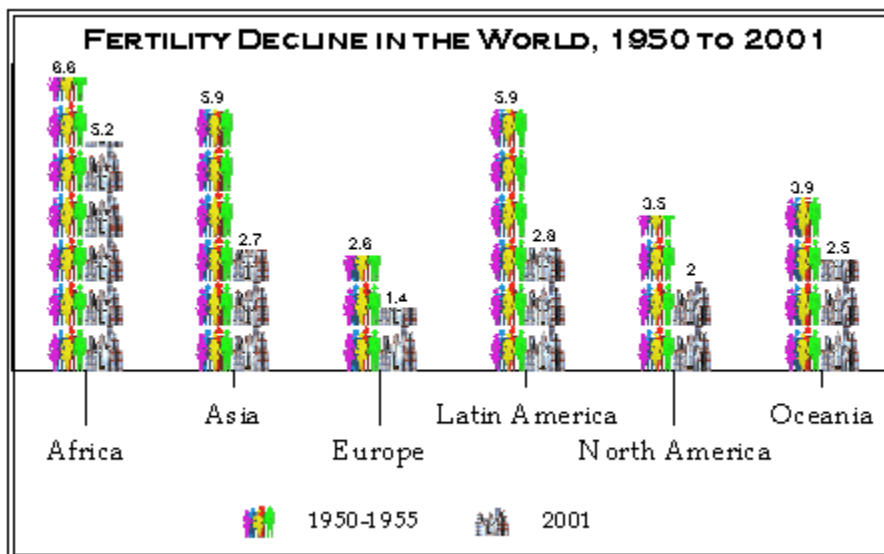


Unmet Need for Contraception in the 21st Century

World population reached 6.1 billion in mid-2001 and is expected to increase by 50 percent by 2050, to over nine billion people. This growth will occur primarily in developing countries while developed nations experience aging and population decline. The amount of growth in the developing world will depend largely on women's access to education and health, especially family planning, services. Given that the growth rate of 1.6 percent in developing countries is so much higher than in the developed world (0.1 percent), the unmet need and demand for contraceptives is most evident.

The 179 countries that participated in the 1994 International Conference on Population and Development (ICPD) in Cairo first defined the concept of reproductive health and maintained that access to reproductive and sexual health services be included among human rights. These rights include the ability to decide freely and responsibly the number and spacing of one's children. The review of Cairo in 1999, ICPD+5, reaffirmed these rights while sharpening benchmarks and goals and discussing models of early success.

Contraception and Fertility



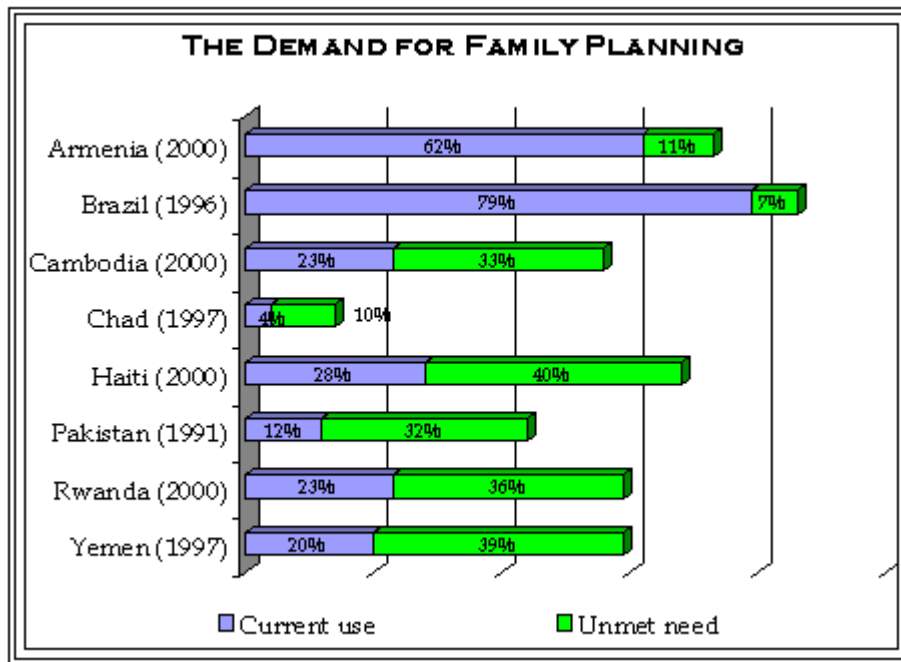
* The total fertility rate (TFR) has declined around the globe in the past fifty years. Between 1950 and 2000, the TFR in Asia and Latin America/Caribbean decreased by over fifty percent, to reach an average of 2.8 births per woman in both regions. In Africa, the TFR has declined by much less, from 6.6 to 5.3.

* In the early 1950s, one in seven women used contraception. Currently, 60 percent of married women worldwide use modern or traditional methods of contraception. Contraceptive use ranges from less than 10 percent in many countries in sub-Saharan Africa to over 80 percent in China. The use of family planning is higher in urban than rural areas and among wealthier than poor women.

Unmet Need and Demand for Family Planning

* Estimating unmet need is important in order to determine the demand for family planning services. Unmet need refers to women who are not practicing contraception, but do not want any more births (limiting) or want to postpone the

next birth at least two years (spacing).



* The total demand for family planning, constituted by the sum of current contraceptive prevalence and unmet need, averages 70 percent in Asia, Latin America and North Africa and 44 percent in sub-Saharan Africa. While the demand for family planning in most regions is for limiting births, the demand in sub-Saharan Africa is mainly for spacing births.

* Globally, couples want and are having smaller families than ever before, with average family size declining from five children in the 1950s to two to three in 2001. Although contraceptive use has increased, the number of people who want family planning is growing faster than the population of reproductive age, contributing to a high level of unmet need.

* An estimated 123 million women of childbearing age (17 percent) still have an unmet need for family planning. Women experiencing unmet need stands at about one-third of women in Cambodia, Nepal, Pakistan and Yemen, and peaks at 40 percent in Haiti. The lowest unmet need, of six to seven percent, is in Vietnam, Colombia and Brazil. Any decline in unmet need in sub-Saharan Africa was confined to women with some formal education, but was seen among all women in other regions.

* The primary obstacles to contraceptive use are: lack of knowledge about contraception, its use or its availability; concerns about contraception's health effects; or cultural or familial objections.

Health and Societal Impacts of Unmet Need

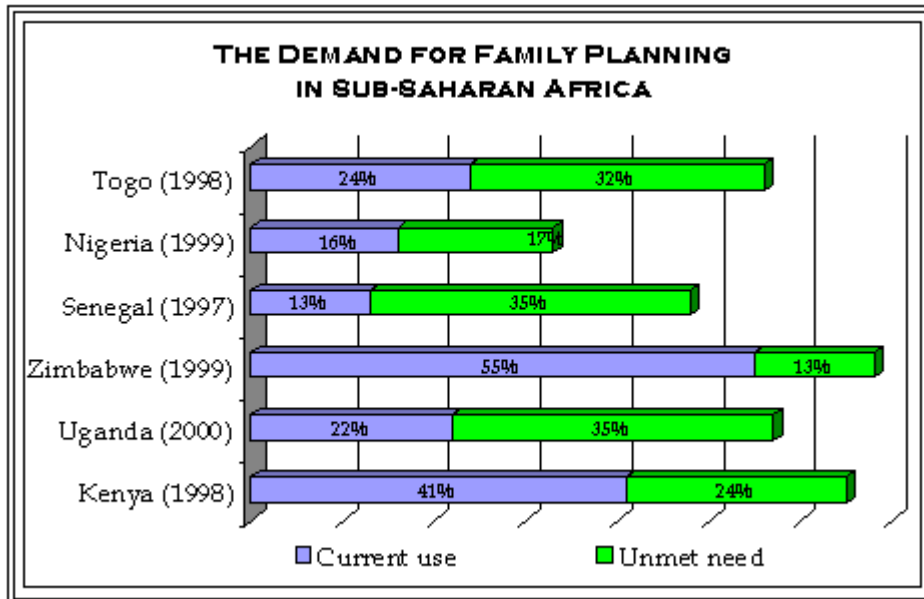
* Each year, an estimated 515,000 women die from complications of pregnancy and childbearing. Maternal mortality represents one of the widest health gaps between developed and developing nations, with 99 percent of all maternal deaths occurring in developing countries. Maternal mortality also has immediate and serious consequences for young children. Over seven million neonatal deaths occur each year due to inadequate or inappropriate care in pregnancy and during and following

delivery.

* Of the 36 million abortions that are performed in the developing world each year, an estimated 20 million are unsafe and 80,000 result in deaths that could have been prevented.

* One in four maternal deaths could be prevented by family planning. The Safe Motherhood Initiative, launched and supported by various governmental and non-governmental agencies, incorporates contraception as well as other facets of reproductive health services into a package that costs only \$3 per person per year in low-income countries and \$6 in middle-income countries.

Focus on Sub-Saharan Africa



* Sub-Saharan Africa has not experienced the reproductive revolution of rapidly declining fertility rates and increased contraceptive use. Unique factors that have influenced Africa include low levels of economic development, heavy reliance on agriculture and cultural and religious traditions that favor large families.

* There is currently evidence of a slow, steady rise in the proportion of women who want no more children in sub-Saharan Africa, increasing the region's unmet need and shifting the need from one due to spacing to one for limiting births. The trend toward smaller families and increased contraceptive use is most prominent in southern and East Africa.

* The challenges of economic problems and the HIV/AIDS epidemic, especially as it increasingly affects women, underscore the need for the rapid implementation of high quality reproductive health services and the provision of safe and effective contraceptive services to meet the growing unmet need.

HIV/AIDS and Sexually Transmitted Infections (STIs)

* The proportion of women living with HIV/AIDS increased from 41 percent of HIV-positive adults in 1997 to 47 percent in 2000. Over half of new HIV infections occur in women and experts estimate that up to 80 percent of HIV-positive women in long-term stable relationships acquired the virus from their partners. Many factors

increase the vulnerability of women and girls to HIV, including social norms that deny women information about, access to or use of contraception, women's diminished economic and social status and violence against women.

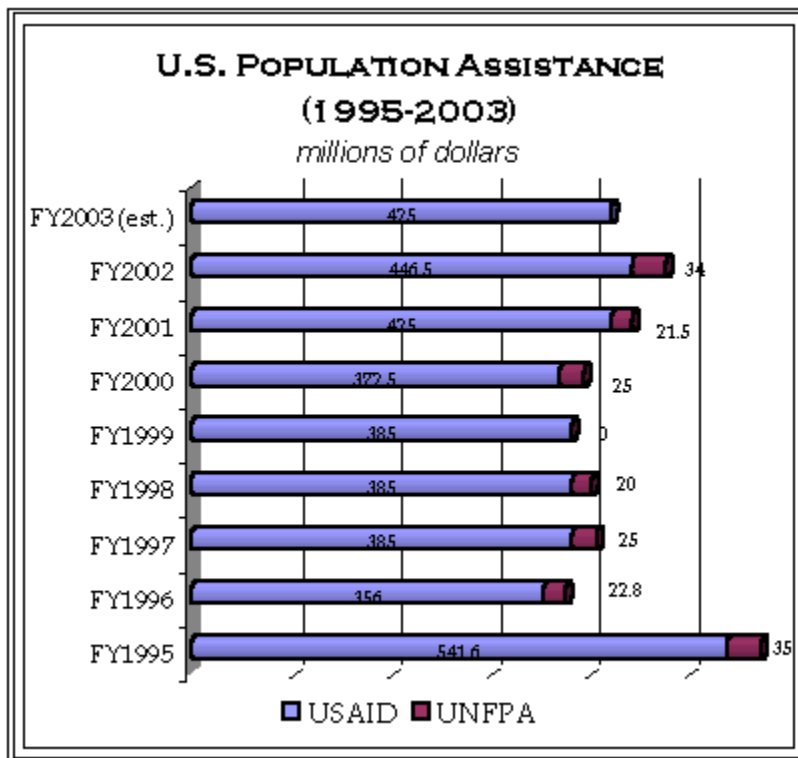
* Every year, there are approximately 333 million new sexually transmitted infections (STIs) in addition to HIV/AIDS, but many countries lack the capacity to detect and treat them. Having an untreated STI can increase the risk of HIV transmission and, in a pregnant woman, can have serious health consequences for the newborn.

U.S. Population Assistance

* The total amount of annual U.S. foreign aid is less than one percent of the total U.S. budget, and international family planning funding accounts for only 2/100ths of one percent of the budget. U.S. assistance peaked at \$577 million in 1995, declined substantially between 1996 and 2000, and was increased by eight percent from its 2000 level to total \$480 million for 2001. This includes \$34 million for the United Nations Population Fund (UNFPA).

* The U.S. Agency for International Development estimates that since 1965, the use of modern family planning methods has quadrupled from under 10 to over 40 percent.

* In order to meet the demand for family planning and achieve the goals outlined at the 1994 ICPD in Cairo, overall funding for population and reproductive health needed to reach \$17 billion by 2000. Funding was at \$10 billion in early 2000, four-fifths of it from developing countries.



Conclusion

* There are currently over one billion people between the ages of 15 and 24, by far the largest childbearing cohort in history. Sexual activity among youth places them at risk of unintended pregnancy and STIs, including HIV/AIDS. Meeting the reproductive health needs of this underserved population is an essential matter for global and domestic discussion since the contraceptive choices of this age group will dramatically impact future world population. If today's young women, for example, delay childbearing by two and a half years beyond the current average age at first birth, population in 2100 would be ten percent lower.

* When contraceptive choices are available, couples can choose when and how to have their families. Further information and services will ensure that this trend continues, thus lowering population growth and enabling countries to conserve resources and provide necessary services.

* The benefits of providing family planning services far surpass the costs. Studies in several countries have shown that governments save up to \$16 in reduced health, education and social service expenditures for every one dollar investment in family planning.

* Because the number of women of childbearing age is expected to increase to 1.6 billion and the rate of contraceptive use is expected to grow, the United Nations estimates that the number of contraceptive users will increase by over 40 percent between 2000 and 2015. As a result, the amount of money needed for condoms and contraceptives will rise from \$810 million to \$1.8 billion. Given current aid levels, contraceptive shortages could result. The UN Population Fund (UNFPA) estimates that for each \$1 million shortfall in contraceptives, 360,000 unwanted pregnancies, 150,000 abortions and over 10,000 maternal and child deaths will result.

* In many places around the globe, reproductive health choices are often determined by male partners, family and community ideologies, and governments. Reorienting reproductive health to include the dialogue introduced in Cairo in 1994 will ensure that couples – women and men – are able to gain control over contraceptive choices. This demands participation of women in economic, legal and social practices as well as more equitable gender and power relations, including non-coercive male involvement. The quality of people's lives worldwide will be closely linked to the extent to which women become educated and have expanded information about and access to safe and effective contraceptive methods.

This executive summary was prepared by Angela Bayer of the Population Resource Center in April 2002 and reviewed by Dr. Charles Westoff of Princeton University. Sources include: *Unmet Need at the End of the Century*, by Charles F. Westoff, DHS Comparative Reports No. 1, 9/01; *Unmet Need in the Developing World and the Former USSR: An Updated Estimate*, by John A. Ross and William Winfrey, PAA Paper, 2002; *New Population Policies: Advancing Women's Health and Rights*, by Lori S. Ashford, 3/01, and *2001 World Population Data Sheet*, Population Reference Bureau; *State of the World's Mothers 2001*, Save the Children; *The Unmet Need for Contraception in Developing Countries*, Policy Brief, RAND, 1998; *From Commitment to Action: Meeting the Challenge of ICPD*, 1999, and various POP Briefs, 11/01, USAID; and various UNAIDS documents. For further information, please contact the Center at (202) 467-5030; 1725 K Street NW, Suite 1102 Washington, DC 20006.