



FACTSHEET: FAMILY PLANNING- FIGHTING POVERTY AND EMPOWERING WOMEN

No investment in development costs so little and brings benefits that are so far-reaching. It can reduce poverty, slow population growth, ease the pressure on the environment and make for a more stable world. Being able to plan how many children to have and when to have them is a recognized human right. But this right is not yet realized, especially among the poor. Moreover, denial of the reproductive choices has different consequences for men and women.

THE CURRENT SITUATION

- The population of Nepal is projected to rise from current 27 million to about 33 million in 2015. With the population growth estimated to be about 2 per cent yearly, it is projected that in 2050 population will reach about 49 million.
- Fertility reduction in most poor countries has occurred only in the presence of comprehensive family planning programmes. In Nepal, fertility declined from 4.6 births per woman in the 1996 to 3.1 births in 2006, a drop of one and a half births per woman in the past 10 years.
- In most of Asia and Latin America, national family planning programmes have stabilized population growth. But the needs of the poor have only been partially addressed. In Nepal, the use of modern contraceptive methods among married women aged 15-49 increases with the income ranging from 30.3 percent in the lowest income group to 53.9 percent in the highest income group (with 44.2 percent national average).
- Between 1996 and 2006 the proportion of married women in Nepal using contraception rose from 26 per cent to more than 44 percent.
- In Nepal, about one in five married women would like to delay or prevent pregnancy but is not able to do so because of either lack of access to information or contraception, misconceptions about contraception or cultural and social factors.
- The unmet need for family planning in Nepal is higher among women with low income and living in the most remote areas. With the national average unmet need at 24.6 percent, the percentage for the lowest income group is 32 percent against 19.3 in the highest income group.
- Better educated girls are more likely to use temporary methods of contraception. In Nepal, while the percentages of women with no education and those with SLC and above using modern contraception are very close (46.4 and 41.7) the picture changes dramatically when the permanent method is excluded. Combined users of pills, IUD, injectables, implants and condoms are 16.4 percent among the uneducated women and 30.4 among those with tertiary education.
- The number of births in Nepal in one year is estimated to be 788,000. On average about 3 percent of pregnancies end with abortion and about 10 percent with miscarriage. It means that out of more than 900,000 pregnant women about 27,000 per year resort to abortion.
- An estimated 68,000 women die every year from unsafe abortions worldwide. Millions more suffer long-term disability. In Nepal, more than half of abortions and miscarriages are associated with complications that are more likely to happen to less wealthy women (more than 76 percent of the cases in the lowest income group). At the same time these women who are in the most urgent need of medical services are the least likely to obtain assistance - only 15.3 percent of women who had miscarriage or abortion among those with lowest income had received post abortion care (PAC) in the health institutes.
- In developing countries, women's health has critical economic importance. Women are more than half the agricultural labour force. They grow 80 per cent of staple crops in Africa, and in Southeast Asia, 90 per cent of rice growers are women.

- In Nepal, the estimated national average yearly income earned by a woman was USD 1,038 in 2005 while it was almost twice as much for a man (USD 2,072). With only 19 percent of technical and professional workers being women, the income was mostly generated from agricultural activities.
- Women in contrast to men are more likely to receive in-kind payment or no payment at all. Among women aged 15-49, who worked in 2006, more than 23 percent were not paid at all compared to 6 percent of men in the same position.

BENEFITS OF ACTION

Combating poverty

- When individuals and couples are able to choose fewer children, they can invest more in each child's care and schooling, which, in turn, helps to break the intergenerational cycle of poverty.
- Slower population growth cuts the cost of social services as fewer children attend school; fewer and healthier people seek health care and demand eases for water, food, housing, transportation and jobs.
- Depending on the services offered, each dollar spent on voluntary family planning can save governments up to US\$31 in health care, water, education, housing, sewers, etc.
- Slower population growth places less stress on limited natural resources, including fresh water and arable land.

Empowering women

- Being able to control their fertility empowers women in other areas of their lives.
- Family planning programmes create conditions that enable women to enter the paid work force and families to devote more resources to each child, thereby improving family nutrition, education levels and living standards.
- Smaller families mean education is more likely for all family members— a particular benefit for girls.
- Enabling young women to avoid early pregnancy allows many to attend school longer.

Saving lives

- One in three of all deaths related to pregnancy and childbirth could be avoided if women who wanted effective contraception had access to it. Researchers estimate that universal access to family planning could save the lives of about 175,000 women each year.
- Increasing birth intervals to three years could prevent the deaths of 1.8 million children under five.
- Family planning programmes can prevent sexually transmitted infections, including HIV, by promoting condom use. By preventing unwanted pregnancies among HIV-positive women, mother-to-child transmission is averted.

What is the effect of the crisis on access to family planning?

Based on global trends, UNFPA projects that for each \$10 million shortfall in funding for family planning, including indirect health system costs, an additional 1.8 million unsafe abortions and 19,000 more maternal deaths will occur. Shortfalls are costly.

Why do social investments make even more sense during any economic downturn?

Family planning is a good example of a high-yield return: Studies show that each dollar invested in contraceptive services saves up to \$4 in expenditures on maternal and newborn health and as much as \$31 in social services and other costs.



UNFPA BELIEVES THE FOLLOWING WILL HELP:

- Multi-sector plans for economic growth explicitly recognizing reproductive health and family planning as priorities with assigned budget.
- Adequate and consistent funding to provide universal access to contraception and relevant information.
- Universal access to contraception education and materials, as well as to sexuality, health and reproductive rights counselling.
- Access to a range of safe and effective contraceptive methods in health facilities and through social marketing and local outreach.
- A broad coalition of political and financial support at the global, national and local levels including business sector, NGOs and civil society as crucial partners.
- Involving men in promoting family planning.
- National and local debate on the rights of men and women in relation to their bodies, health, education and access to economic and social resources.
- Strong commitment to empower women and girls.

WHAT IS UNFPA DOING?

- UNFPA, the United Nations Population Fund, works to ensure universal access to reproductive health and the right of all people to be able to decide the number and timing of their children.
- UNFPA works with the government, civil society, other UN agencies and external development partners, and leads in forecasting needs, providing and coordinating the distribution of reproductive health commodities, mobilizing support and building the country's logistics capacity.
- UNFPA promotes gender equality and women's empowerment through:
 - technical assistance for the revision of gender discriminatory laws;
 - building partnerships to fight gender based violence;
 - training security forces and health workers to provide services for survivors of gender based violence;
 - programmes for the Constituent Assembly members on women's rights;
 - technical assistance to implement the recommendations of United Nations Security Council Resolutions 1325 and 1820.

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Main sources for this fact sheet: *The Lancet's* Maternal Survival and Women Deliver Series (2006/2007); the 2005 World Health Report; Meeting the Need, 2006, by UNFPA and Path; Population Reference Bureau; <http://www.prb.org>; Nepal Demographic and Health Survey 2006, MoHP; Human Development Report 2007/2008, UNDP