

## Costs and Benefits of Investing in Contraceptive Services in Sub-Saharan Africa

- The health benefits of contraceptive use are substantial. Contraceptives prevent unintended pregnancies, reduce the number of abortions, allow women to time their births, and lower the incidence of death and disability related to complications of pregnancy and childbirth.
- Further benefits range from increased education for women and better newborn and child health to greater family savings, slower population growth and stronger national economies.
- Reducing unmet need for modern contraception is central to achieving three of the United Nations Millennium Development Goals—improving maternal health, reducing child mortality and combating HIV/AIDS—and contributes directly or indirectly to achieving all eight goals.

### USE OF MODERN CONTRACEPTIVES

- In 2012, among women of reproductive age (15–49) in Sub-Saharan Africa, 42% want to avoid pregnancy, but only 17% are using a modern contraceptive method—roughly the same proportion as in 2008.
- Progress in Sub-Saharan Africa toward meeting women's demand for contraception has been uneven. Between 2008 and 2012, contraceptive use increased from 20% to 27% among married women aged 15–49 in Eastern Africa and from 54% to 58% in Southern Africa. However, there was no progress during that time in Western Africa and Middle Africa, where contraceptive use among married women remains low, at 9% and 7%, respectively.

- In 2012, use of modern contraceptives in Sub-Saharan Africa will prevent 12 million unintended pregnancies, which in turn will avert almost seven million unplanned births, almost four million abortions (three million of them unsafe abortions), two million miscarriages and 35,000 maternal deaths. It will also prevent an estimated 397,000 infant deaths (i.e., deaths that occur before age one).

### UNMET NEED FOR MODERN METHODS

- In Sub-Saharan Africa, only 17% of married women aged 15–49 who want to avoid pregnancy are using modern methods, roughly the same proportion as in 2008. The actual number of women using modern methods has increased, but not quickly enough to keep pace with the growing population of women of reproductive age and the increasing desire for smaller families. As a result, the number of women with an unmet need for modern contraception increased from 50 million to 53 million between 2008 and 2012.
- The proportion of married women with an unmet need for modern contraception is 18% in the developing world as a whole, but is much higher in Western Africa, Middle Africa and Eastern Africa (30–37%) and slightly lower in Southern Africa (16%)
- In 2012, 39% of all pregnancies in the region—an estimated 19 million—will be unintended, resulting from nonuse or inconsistent use of contraceptives, or from contraceptive failure.

- These unintended pregnancies will result in 10 million unplanned births, three million miscarriages and six million abortions, virtually all of which will be unsafe.
- Common reasons for not using contraceptives include lack of access to methods that meet users' needs; concerns about health and side effects; opposition from a partner or on religious grounds; and problems obtaining family planning services generally, including being unable to afford contraceptives.
- Young, sexually active, never-married women face much greater difficulties obtaining contraceptives than do married women, in large part because of the stigma attached to sexual activity before marriage.

### COST OF PROVIDING SERVICES

- Providing the current level of contraceptive care in Sub-Saharan Africa costs \$381 million annually.
- Fully meeting the need for modern contraceptive services—including providing improved services for all current users—would cost a total of \$2.7 billion per year. Like current health expenditures, the additional costs would be shared among national governments, households and donor agencies.
- However, the added investment would actually reduce overall health care costs. For every dollar invested in family planning services, \$1.30 would be saved on maternal and newborn health care.

## AVERTING DEATHS AND IMPROVING HEALTH

- In 2012, an estimated 168,000 women in Sub-Saharan Africa will die from pregnancy- and birth-related causes; 62,000 of these women did not want to become pregnant in the first place.

- Fully meeting all need for modern contraceptive methods would prevent 48,000 of these deaths—a 29% decline in maternal mortality.

- If all unmet need were fulfilled, the number of unintended pregnancies in the region would drop by 78%—from 19 million to four million—resulting in eight million fewer unplanned births, five million fewer abortions and two million fewer miscarriages.

- Fulfilling unmet need in Sub-Saharan Africa would also prevent 555,000 infant deaths—255,000 newborn deaths and 300,000 deaths among older infants—which would result in a 22% decline in infant mortality.

- Enabling women to plan their pregnancies also leads to healthier outcomes for children. A recent study showed that if all births in developing countries were spaced at least two years apart, the number of deaths among children younger than five would decline by 13%. The number would decline by 25% if there were a three-year gap between births.

## RECOMMENDATIONS

- Significant investments are needed in Sub-Saharan Africa in order to meet the need for modern family planning. That investment will actually reduce overall health care costs, while also providing substantial public health and economic benefits to families and governments.

- Key interventions needed to fully meet family planning needs include integrating family planning services into the provision of other health care services; ensuring continuous supplies of a broad range of contraceptive methods; build-

ing service provision capacity, including strong community-driven service delivery; improving provider competency in counseling, education and method provision; and educating women and their partners to overcome unfounded fears about side effects.

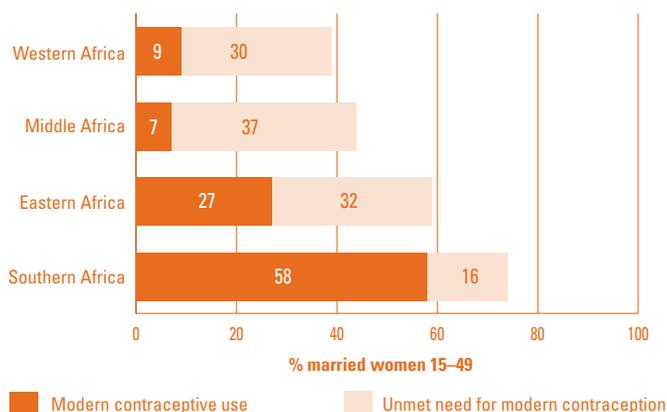
- Expanded efforts and culturally appropriate approaches are needed to meet the contraceptive needs of women and couples, especially those who face the greatest barriers in obtaining and effectively using modern contraceptives: individuals who are poor, less educated, unmarried or living in rural areas with little access to services.

- Interventions are needed to address social factors that inhibit the use of modern contraceptives. Such barriers include women's low level of decision-making power within families, differences in fertility preferences between partners, and the stigma attached sexual activity and the use of contraceptive services among unmarried women. Addressing these types of barriers requires commitment to providing comprehensive sex education, improving school attendance for girls, launching large-scale public education efforts about the benefits of using contraceptives to avoid unintended pregnancies and eliminating child marriage.

*The information reported in this fact sheet is drawn from data and analyses compiled for Singh S and Darroch JE, Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012, New York: Guttmacher Institute and United Nations Population Fund, 2012.*

## Patterns of Contraceptive Use

Married women's level of modern contraceptive use varied greatly among Sub-Saharan African regions in 2012.



Source: reference 27.

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