In this study, we use recent data on fertility, social settings and family planning program effort to ascertain the extent to which the main findings of studies conducted prior to 1994 remain valid—that is, that family planning programs are most effective when they are strong and operate under favorable social conditions.

METHODS

Data and measures

We examined data from 40 developing countries in which a Demographic and Health Survey (DHS) had been conducted between 2003 and 2010. This range provides an approximate correspondence between the year family planning program effort was assessed (2004) and the years covered by the DHS fertility measure, which is based on births during the three years prior to the survey. The 2010 date also permits the inclusion of additional countries with recent surveys. The 40 countries are not representative of all developing countries; however, focusing on those that have conducted a DHS offers the advantage that the surveys shared a uniform methodology, including the use of an identical reference period for the fertility measure. In addition, the series includes many of the world’s least-developed countries; they are of particular interest because they typically have a high level of unmet need for family planning and, in some cases, have just begun the transition toward increased contraceptive use and lower fertility.

Finally, the 40 countries account for a substantial share of the developing world’s population (outside of China), and include four of the other most populous countries in Asia—India, Indonesia, Bangladesh and Pakistan—as well as the four most populous countries in Sub-Saharan Africa—Nigeria (home to one-fifth of Sub-Saharan Africa’s population), Ethiopia, Tanzania and Kenya.

Studies that have examined the relationship between family planning programs and fertility have used a variety of socioeconomic indicators, including the Human Development Index,* literacy rates, primary and secondary school enrollment, life expectancy, infant mortality rate, gross national product per capita, proportion of residents living in urban settings and proportion of the male labor force not working in agriculture. Of these, we chose the Human Development Index as a composite indicator of social setting; the individual indicators we used were the World Bank’s indicator of poverty level (proportion of the population living on less than US$2 per day), female education (proportion of young women aged 15–19 who had received some secondary education) and the infant mortality rate. The Human Development Index scores14 and the World Bank data on poverty level13 are for 2005; DHS StatCompiler data on the total fertility rate (TFR), female education and infant mortality are for the 2003–2010 survey dates listed in Appendix Table 1 (see page 22).8

Scores from the 2004 National Family Planning Program Effort Index were based on measures of the intensity and types of effort exerted by national family planning programs.7 In each country, expert respondents rated 31 aspects of the national program using a 10-point scale; these ratings were combined and the total scores were rescaled as a percentage of the maximum, yielding a final score ranging from 0 to 100.7 Each country’s effort score (along with its values for the other indicators used in the analysis) are provided in Appendix Table 1.

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*The Human Development Index is a composite measure consisting of indicators of health, education and gross domestic product (reference 13).

†The 2004 survey included assessments from 1,037 experts from 82 countries, an average of 13 per country. Respondents included program staff, personnel of international organizations residing in the country, local staff of nongovernmental organizations and employees of local academic and research organizations (sources: reference 15 and Ross J, Stover J and Adelaja D, Family planning programs in 2004: new assessments in a changing environment, International Family Planning Perspectives, 2007, 33(1):22–30.