countries in both of these groups were classified as having a family planning program of moderate effort.15

In an alternate analysis, we used the second social setting index (which lacks an economic component) instead of the Human Development Index. In this analysis (results not shown), the range in the total fertility rate between countries with a good social setting and those with a poor one was slightly smaller than that from the initial analysis in which the social setting score included an economic component (2.4 vs. 2.7 points). In addition, the range between the upper left and lower right cells of Table 1 (i.e., between countries with a good social setting and a strong program, and those with a poor setting and weak program) was reduced from 3.2 points to 2.6 points. However, the overall patterns among social setting, program effort and fertility did not change, suggesting that the economic component may not contribute much to the fertility differentials among countries.

Although comparing these gradients to those in earlier analyses15 would be of interest, such comparisons are not feasible because of the differences in variable definitions, the diminished range of effort scores and the modifications of the program assessment methodology that were introduced in the 1999 round.7

In assessing the possible impact of program strength, we have thus far focused on the total effort score, which comprises four components: policies, services, evaluation and method access. However, the relationship between effort score and social setting (based on infant mortality and female education) may differ by component. For the total score, the main differential in scores is between countries with the poorest social settings and those in the other two groups (Figure 2). The same pattern appears for three of the four index components; only the evaluation component shows a substantial three-way difference. Thus, although better social settings are associated with higher levels of program effort, the difference is primarily between poor and nonpoor contexts.

Regional Differences
The total fertility rate among the 40 countries varied from 2.4 in Colombia and the Dominican Republic to 7.0 in Niger (Appendix Table 1). Regional differences were striking: The total fertility rate was greater than 4.5 in 21 of the 25 countries in Sub-Saharan Africa, whereas in all countries in other regions it was 4.1 or less. Overall, the average total fertility rate in Africa differed from that in other regions by more than two births—5.4 versus 3.1 (Table 2).

For all of the socioeconomic measures, conditions in Sub-Saharan Africa were poorer than in other countries. The average infant mortality rate in Sub-Saharan African countries was 74 deaths per 1,000 live births, compared with 42 per 1,000 in other countries; only 31% of females aged 15–19 in Sub-Saharan African countries had some secondary education, compared with 65% of those in other regions; and 77% of the population in Sub-Saharan African countries lived on less than US$2 per capita, compared with 45% of the population elsewhere. In addition, family planning program effort scores were lower for countries in Sub-Saharan Africa than for those in other areas (44 vs. 50). Examining program effort scores by component reveals that the deficits in Sub-Saharan African countries apply to all four components (Figure 3).

Multiple Regression Analyses
In the 40 countries we examined, the total fertility rate was highly correlated with all of the socioeconomic indicators. It was negatively associated with Human Development Index scores, levels of female education and family planning program effort scores, and positively associated with poverty and infant mortality levels (Table 3, page 20). Because social settings and family planning effort scores in Sub-Saharan African countries differed from those in other areas, we included a dummy variable for region; higher fertility levels were associated with Sub-Saharan African countries.

We created five regression models. In the first model, we examined the association between the composite social setting measure (the Human Development Index) and fertili-