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Family Planning and Economic Growth

Joy Phumaphi
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Demographic Opportunities for Development

One of the greatest challenges facing the poorest developing countries is the urgent need for comprehensive, integrated reproductive health services, including family planning. If unanswered, this challenge will jeopardize poverty reduction measures taken by governments, civil society, and aid-based organizations and threaten their long-term growth prospects.

African countries have weathered the recent global financial crisis surprisingly well. By the time the crisis hit, major cross-cutting reforms had reduced public debt, lowered inflation, improved governance, and enhanced the business environment in multiple countries. Even though many African countries were affected by several international crises, economic growth averaging more than 6 percent before the global recession enabled governments to avoid drastic and unpopular spending cuts.

The continent benefits from the seemingly insatiable demand for its resources from China, India, Brazil, and other emerging economies. Trade between African countries and China alone is now well over \$100 billion, ten times what it was a decade ago. In addition, Middle Eastern investors are also attracted to Africa by the opportunity to develop the continent's infrastructure and to utilize its natural resources.

Growth in mineral extraction has also been accompanied by a massive surge of investment in other areas such as finance, retail, agriculture, transport, and telecommunications. Consumers have more choice as political and macroeconomic stability is bolstered by microeconomic reforms.¹ However, this economic transformation has to outpace population growth if countries are to absorb a rapidly growing labor force and substantially reduce unemployment. Additionally, strong growth must occur to generate sufficient revenues through taxes and international investments to enable the development of a skilled labor force and the creation of necessary infrastructure. Education and skills development are vital to encourage innovation and the formation of secondary and tertiary industries across several sectors. Today, the trend is in the right direction. Between 1990 and 1999, per capita gross domestic product grew only 15 percent (\$1,158.90 to \$1,327.80) in sub-Saharan Africa; between 2000 and 2008 that figure rose to 54 percent (\$1,372.90 to \$2,113.90).²

Africa's improved growth potential represents a positive development for young people across the continent; however, today's youth will not be able to leverage newfound economic opportunities unless they can secure access to family planning and make decisions about the timing, number, and spacing of their births. Family planning is a critical element of economic empowerment. According to a McKinsey & Company study, "Children's chances of success in life depend on family circumstances more than on any other factor."³ By age three, children with parents who are working professionals are a full year ahead of their poorer classmates; by age ten, that gap has grown to three years.⁴ In emerging economies in which access to good education is limited, smaller families are more economically sustainable and have increased potential for economic well-being. Family planning is inhibited by several factors, but especially by a lack of access to services. This unmet need is greatest within countries plagued by poverty and resource scarcity, thereby perpetuating a cycle of rapid population growth and economic underdevelopment.

The Global Markets, Economic Growth, and Family Planning

New technologies are helping to generate business opportunities and overcome market obstacles across Africa. The continent is now the world leader in tele-banking and tele-business. An entrepreneur in the city buys vegetables and free-range chickens supplied by farmers who trade with the help of mobile technology. Today, millions of Africans send money and complete banking transactions through mobile phones; they also receive better sales prices for their crops with the help of basic mobile phone text technology, which enables price transparency.

The economic growth and education that both fuels and results from these innovations cannot be fully realized without better access to family planning. For example, a flower grower in Africa wants her children to handle product marketing to avoid reliance on a middleman. She knows that for this to happen, her children must be educated, but she does not have the resources to offer more than two children a proper education. The pressure is equally severe at the national level. Countries will struggle to prosper if the current youth bulge—characterized by crippling unemployment levels and economic exclusion—grows unchecked.

For the world's poor, unbridled population growth exacerbates poverty, insecurity, political instability, and social unrest. In 2009, the Food and Agricultural Organization estimated that there are 1.02 billion undernourished people in the world, up from 832 million in 1995.⁵ Africa, South Asia, and the Middle East are particularly affected by such crises as riots and civil unrest over rising commodity prices have shaken many parts of the globe.

During the sixteen years since the Cairo International Conference on Population Development, researchers have demonstrated that rapid population growth counteracts the benefits of economic growth. In fact, research indicates that if the global birth rate had fallen by five per one thousand during the 1980s, there would be one-third fewer people living in poverty today.⁶ These analyses show how rapid population growth can pose a significant threat to poverty reduction. In sub-Saharan Africa, in particular, economic growth of recent decades, while strong, has not been sufficient to keep up with population growth. Between 1990 and 2001, the number of sub-Saharan Africans living in extreme poverty grew by 88 million—an increase of 38 percent.⁷

Women throughout developing countries want to make family planning choices that could reverse these trends.⁸ The United Nations Population Fund has reported that there are 215 million women who would like to delay or prevent pregnancy but do not have access to effective contraception.⁹ Without access to family planning, they are likely to have more children than they can feed, educate, and keep healthy. In addition, the added caregiving responsibility consumes their time, making it more difficult for them to work and earn a living.

The World Bank's 2010 *Global Monitoring Report* states that the global economic crisis is crippling the poorest households; an additional 1.2 million children under the age of five could die between 2009 and 2015 as a result of the crisis.¹⁰ Furthermore, 350,000 more students than before the economic recession might not be able to complete their primary education because of increased po-

verty.¹¹ These children then grow up to become part of a growing unskilled labor force that inhibits economic development.

Uganda's experience puts the implications of rapid population growth in context. Uganda has a high fertility rate and a large unmet need for family planning; on average, Ugandan women have 6.7 children, and only 23 percent of women who want family planning are actually using it.¹² Additionally, it is not only adult women who experience multiple unplanned and unwanted pregnancies. One out of four girls between the ages of thirteen and nineteen becomes pregnant in Uganda.¹³ A lack of access to family planning presents numerous challenges throughout the life cycles of these young women, and the effect of this phenomenon on the economies of countries like Uganda is equally profound. Consider the following:

- At the current growth rate, Uganda's population will double to almost 58 million by 2025.¹⁴ Such growth rates will demand a major scale-up of government services and infrastructure, but given the limited resources available, it is more likely that the quality and coverage of health, education, and other social services will severely decline.
- Young parents will need jobs and require skills to obtain them. Many African, Asian, and Middle Eastern governments are constantly trying to keep pace with the expanding youth bulge and cannot offer the universal quality education or health services needed for their people to compete in the labor market.
- Given current trends, it is likely that without family planning and reproductive health services, young couples will probably have more than two children. Childbirth is likely to occur outside of health-care facilities; prenatal malnutrition will be common and susceptibility to diseases, such as malaria and HIV/AIDS, will increase. Parents will also probably be unable to afford to send their children to school. Furthermore, the burden of additional children will make it difficult, if not impossible, for mothers to secure formal employment.

Growing populations around the world contribute to resource depletion and environmental challenges affecting the food security and financial stability of some of the most vulnerable. A 2003 study of seven countries (China, Ethiopia, Indonesia, Mexico, Uganda, Rwanda, and Chile) shows that land degradation reduces agricultural productivity by a minimum rate of 3 to 7 percent each year, a loss that developing countries can ill afford.¹⁵ This drop in productivity translates into increases in global hunger, which has far-reaching implications. Hungry children get sick more often, straining health services and demanding more time from the mother. Child illness can result in the loss of household savings and reduced earnings. As a result of hunger, children can also suffer from poor cognitive development and physical growth impairments. All of these factors contribute to a vicious cycle of poverty: parents have more children than they can feed, who in turn cannot escape poverty because they suffer from learning disabilities or are constantly ill.¹⁶ A return to rural life is no longer an option, given the resource depletion.

This cycle becomes even more challenging at a national level. Rapid population growth among low-skilled and uneducated laborers has resulted in an enormous bulge of unskilled youth facing high unemployment in many developing countries. Some countries with reasonable per capita gross national incomes have huge income disparities between rich and poor and unemployment levels of 20 percent or more.¹⁷

The social contribution of these young people is undefined, and too few resources are devoted to their social welfare or skills development. There is a seething discontent among youth in Africa, South Asia, and the Middle East that is beginning to manifest itself in destructive ways, posing threats to security, social stability, and economic growth.

THE IMPACT ON WOMEN

Women without access to family planning often continue to have children until they are physically unable to do so. Every day, approximately 1,000 women die from complications of child birth; of those 1,000 women, 570 live in sub-Saharan Africa, 300 in South Asia, and only 5 in high-income countries.¹⁸ Many births (one-third globally) take place at home without a skilled birth attendant, often because women do not have access to clinics with medical staff, drugs, and equipment.¹⁹

In most parts of the world, caring for children and infants is the mother's responsibility. The disease burden is heavier in poor, overpopulated areas, and it is women who are caregivers of the sick. Because many of the ill are children under the age of five, a mother often has to carry around a sick child as she goes about providing for the family. The prevalence of HIV/AIDS has compounded the problem of malaria, as it is especially difficult for sick women to access care.

When considering that women are already responsible for the production of 80 percent of the staple crops in Africa and account for 90 percent of the rice growers in Southeast Asia, these challenges seem even more burdensome.²⁰ Growing populations and the resultant land shortages intensify the responsibilities on women's shoulders, as they must produce more food on smaller and less fertile pieces of land.

Women teach their daughters early how to accomplish household chores, such as the collection of clean water for large households. Since the burden of supporting the mother invariably falls on daughters, girls are often denied access to education (even if the option is available). For every 100 boys who are out of school globally, there are 122 girls out of school. The World Bank has reported that in many countries the gender gap is much wider: for every 100 boys out of school in Benin there are 257 girls, in Yemen 270 girls, in Iraq 316 girls, and in India 426 girls.²¹ A girl that is not educated is less likely to participate in reproductive health programs, including family planning. Indeed, research has shown that women who have completed primary school have fewer children than those with no education. A study of Haiti, Ethiopia, and the Philippines found that, on average, women who completed secondary school or higher had 2.5 children, women who completed primary school had 4.8 children, and women without any formal education had 5.8 children.²² Consequently, uneducated females are more likely to have children beyond their economic means, perpetuating the cycle of poverty.

A Holistic Approach to Population Planning and Family Planning

Although Africa has proven to be more resilient in the face of the global economic crisis than some observers had expected, “the prospect of only a moderate recovery in a number of African countries makes it even more pressing to address the structural problems which existed even before the global crisis.”²³ Rapid population growth is one such structural factor.

Addressing population challenges and meeting the need for family planning depend on an evidence-based approach to policy formulation. Both the structure and design of population and family planning programs as well as their implementation, monitoring, and evaluation must be developed in relation to other effective models.

For example, good population and reproductive health strategies start at the household and community level. Working together, governments and civil society can reinforce principles of good governance through de-centralized approaches that empower women through programs such as conditional cash transfers and micro credit. Such investments enable women to gain access to basic family planning and to participate in the informal business sector.

Family planning must be promoted within the broader context of reproductive health, addressing issues of safe pregnancy, women’s nutrition, breast feeding, and HIV/AIDS prevention. In addition, family planning must account for the social and cultural influences on women’s lives, such as those that affect their ability to take advantage of contraception.

Research has shown that integrating delivery of family planning with other reproductive health services has the benefit of better meeting clients’ needs and improving the efficiency and effectiveness of services.²⁴ In some cases, an integration of services has resulted in increases in contraceptive prevalence or reductions in unintended pregnancies, maternal mortality, or incidence of sexually transmitted diseases.²⁵ Quality family planning services and effective reproductive health educational programs can also reduce abortion by reducing unintended pregnancies.

A “demographic bonus” occurs in countries that adopt holistic approaches to family planning because substantial economic benefits result as countries move through the “demographic transition” of long life expectancy and falling birth rates. Once a greater percentage of the population consists of working adults, productivity increases considerably and allows per capita savings and investment to grow. When families have fewer children, they have more disposable income to save or invest.²⁶ However, in order to be successful, holistic approaches must encompass all relevant policy variables, such as economic opportunity, education, water and sanitation, energy, telecommunications, transport, finance, and health.

Family planning programs within comprehensive reproductive health programs should include the following:

- community participation and ownership, including the engagement of women, men, and youth;
- performance-based management and use of performance metrics at every level, with a results matrix that compares achieved outcomes with intended outcomes;

- quality surveillance, data collection, storage, analysis, and reporting;
- routine assessment of all policies, programs, and interventions to allow for modifications;
- effective delivery models to ensure that all services are properly delivered to clients in a timely manner and routine assessment of service delivery, with a client-led approach for remedial action;
- use of all economic resources, including but not limited to
 - human resources in an integrated approach including use of community health workers,
 - family planning commodities,
 - transportation and telecommunications,
 - comprehensive services for a continuum-of-care approach as part of a reproductive health service, including maternal health care, male clinics, and youth/adolescent clinics,
 - finances for the integrated comprehensive programs.

Policy Implications for Developing Countries

There are exactly five years left for partner countries to attain the Millennium Development Goals (MDGs). Despite the Cairo International Conference on Population Development, which preceded the adoption of the MDGs, it took eight years for global policymakers to acknowledge that omitting reproductive health from the MDGs was a fundamental error. For instance, funding for the prevention of mother to child transmission (PMTCT) has only sluggishly increased because of its lack of integration into reproductive health programs.

Countries are now making up for lost time. In October 2010, donor nations made a three-year pledge of just under \$12 billion to the UN-backed Global Fund to Fight Aids, Tuberculosis, and Malaria—a number that represents more than the agency has ever received yet still less than the \$13 billion to \$20 billion the Global Fund says it needs to support large-scale prevention, treatment, and care programs for these illnesses.²⁷ The Paris Declaration (2005), which looks at the responsibility of developed and developing countries for delivering and managing aid, and the Accra Agenda (2008), which reflects the international commitment to “support the reforms needed to accelerate an effective use of development assistance and helps ensure the achievement of the MDGs by 2015,” can be used as guides for action.²⁸

A vehicle for new, community-focused development partnerships must be created with the following points in mind:

- Serious population policies need to be made by consensus, including support from those who have political, social, economic, and religious influence.
- Although unskilled labor may help in the construction of infrastructure, in the long-term, the growth of the economy will be driven by the higher productivity, innovation, and competitiveness that come with skills development. Research shows that when the labor force is highly trained and educated, greater benefits are achieved. Education, training, and skills development must be at the center of development support.
- Evidence-based policy planning and effective resource allocation are necessary prerequisites to successful economic growth and sustainable development.
- Socially ethical incentives focused on the well-being of individuals must be offered as a strategy for stabilizing populations. These incentives must therefore address gender inequality and its social manifestations. Programs must also guarantee the well-being of small families. Such policies must enforce minimum wage requirements and child labor regulations, as these reduce exploitation. These policies will then help keep girls in school longer so that they can acquire skills that will enable them to achieve financial security. Financial security increases a female’s control over her own reproduction; therefore, she may chose to have fewer children, thus helping to break the cycle of poverty.

Additional funding for voluntary international family planning is required to fulfill unmet need.²⁹ Ensuring women have access to quality family planning will enable savings and investments within developing countries to increase, generating capital for growth and development to improve living standards and lower poverty levels.

Conclusion

For developing countries in Africa, South Asia, and the Middle East, the major demographic challenges over the next several decades will result from poor reproductive health and family planning services. The implementation of integrated reproductive health programs can alleviate financial and social challenges by promoting economic growth. Therefore, policymakers involved in these regions should acknowledge the importance of family planning to create effective development initiatives.

Endnotes

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1. Charles Roxburg et al., *Lions on the Move: The Progress and Potential of African Economies* (New York: McKinsey Global Institute, 2010), http://www.mckinsey.com/mgi/publications/progress_and_potential_of_african_economies/pdfs/MGL_african_economies_full_report.pdf.
 2. The World Bank, "Fifty Things You Didn't Know about Africa," <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/0,,contentMDK:20563739-menuPK:1613741-pagePK:146736-piPK:146830-theSitePK:258644,00.html>.
 3. Mona Mourshed and Penton Whelan, "How to Close the Achievement Gap," *Newsweek*, August 16, 2010, <http://www.newsweek.com/2010/08/16/secrets-of-the-world-s-best-school-systems.html#>.
 4. Ibid.
 5. Hafez Ghanem et al., *State of Food Insecurity in the World 2009* (Rome: Food and Agriculture Organization of the United Nations, 2009), <ftp://ftp.fao.org/docrep/fao/012/i0876e/i0876e.pdf>.
 6. R. Eastwood and M. Lipton, "Demographic Transition and Poverty: Effects via Economic Growth, Distribution, and Conversion," in *Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World*, N. Birdsall et al., ed. (Oxford: Oxford University Press, 2001).
 7. Stan Bernstein, *The Impact of Population Growth on the Attainment of the Millennium Development Goals and Other Consensus International Development Goals* (New York: United Nations Population Fund, 2006), http://www.rcep.org.uk/reports/29-demographics/documents/1st_ev_APPG_UNPF.pdf.
 8. Sara Maki, "Unmet Need for Family Planning Persists in Developing Countries," *Population Reference Bureau*, October 2007, <http://www.prb.org/Articles/2007/UnmetNeed.aspx>.
 9. Susheela Singh et al., *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal Newborn Health*, Guttmacher Institute and UNFPA, 2010, <http://www.guttmacher.org/pubs/AddingItUp2009.pdf>.
 10. Delfin S. Go, *Global Monitoring Report 2010: MDGs after the Crisis* (Washington, DC: World Bank, 2010), <http://siteresources.worldbank.org/INTGLOMONREP2010/Resources/6911301-1271698910928/GMR2010WEB.pdf>.
 11. Ibid., p. 7.
 12. Asma Balal and Erica Nelson, *MSI in Uganda: Addressing Gaps in Family Planning Access* (London: Marie Stopes International, 2009), http://www.mariestopes.org/documents/publications/MSI_in_Uganda_addressing_gaps_in_family_planning_access_FINAL_0109.pdf.
 13. Martin Sennoga, *The State of Uganda Population Report: The Role of Culture, Gender, and Human Rights in Social Transformation and Sustainable Development* (Kololo: UNFPA Uganda, 2008), http://www.popsec.org/documents/state_of_uganda_population_report_2008.pdf.
 14. Population and Sustainability Network, "Uganda: Big Population in the way of Development Goals," February 13, 2008, <http://www.populationandsustainability.org/182/news/uganda-big-population-in-the-way-of-development-goals.html>.
 15. L. Berry, J. Olson, and D. Campbell, "Case Studies in Assessing the Extent Cost and Impact of Land Degradation at the National Level: Findings and Lessons Learned from Seven Pilot Case Studies," United Nations Convention to Combat Desertification, January 2003, http://www.global-mechanism.org/dynamic/documents/document_file/cost-of-land-degradation-case-studies.pdf.
 16. John Cook and Karen Jeng, *Child Food Insecurity: The Economic Impact on Our Nation* (Chicago, IL: Feeding America, 2009), <http://feedingamerica.org/SiteFiles/child-economy-study.pdf>.
 17. International Monetary Fund, World Economic Outlook Database.
 18. World Health Organization, "Maternal Deaths Drop by Third," September 10, 2010, http://www.who.int/mediacentre/news/releases/2010/maternal_mortality_20100915/en/index.html.
 19. World Health Organization, "Skilled Birth Attendants," accessed February 16, 2011, http://www.who.int/making_pregnancy_safer/topics/skilled_birth/en/index.html.
 20. Rania Antonopoulos, "The Current Economic and Financial Crisis: A Gender Perspective," Levy Economics Institute Working Paper no. 562, Bureau for Development Policy, United Nations Development Program, 2009, http://www.boeckler.de/pdf/v_2009_10_30_antonopoulos1.pdf.

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21. World Bank, "Girls' Education," April 4, 2009, <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,,contentMDK:20298916-menuPK:617572-pagePK:148956-piPK:216618-theSitePK:282386,00.html>.
 22. Population Reference Bureau, "Factors Affecting Family Size," accessed February 15, 2011, <http://www.prb.org/Educators/TeachersGuides/HumanPopulation/Women.aspx>.
 23. Organization for Economic Cooperation and Development, "AEO Finds Africa Hit by Crisis but Set to Rebound," May 24, 2010, http://www.oecd.org/document/33/0,3746,en_2649_15162846_45248993_1_1_1_1,00.html.
 24. Karen Hardee and Kathryn M. Yount, *From Rhetoric to Reality: Delivering Reproductive Health Promises through Integrated Services* (Research Triangle Park, NC: Family Health International, 1995), <http://www.fhi.org/en/RH/Pubs/wsp/wrkngpapers/rhretreal.htm>.
 24. Ibid.
 25. Ibid.
 26. Julia DaVanzo and David Adamson *Family Planning in Developing Countries* (New York: RAND Cooperation, 1998), http://www.rand.org/pubs/issue_papers/IP176/index2.html.
 27. Kaiser Family Foundation, "U.N. Says PMTCT Of HIV Is Achievable, Efforts Must Target Millions Currently 'Falling Through The Cracks,'" *Kaiser Family Foundation*, December 1 2010, <http://globalhealth.kff.org/Daily-Reports/2010/December/01/GH-120110-World-AIDS-Day.aspx>.
 28. UNAIDS, "The Paris Declaration," December 1, 1994, http://data.unaids.org/pub/externaldocument/2007/the-paris-declaration_en.pdf; Accra HLF, "Accra Agenda for Action," September 4, 2008, <http://siteresources.worldbank.org/ACCRAEXT/Resources/4700790-1217425866038/AAA-4-SEPTEMBER-FINAL-16h00.pdf>.
 29. *Trends in U.S. Population Assistance* (Washington, DC: Population Action International, 2007), http://www.populationaction.org/Issues/U.S._Policies_and_Funding/Trends_in_U.S._Population_Assistance.shtml.

About the Author

Joy Phumaphi is currently the executive secretary of the African Leaders Malaria Alliance. She is a former vice president of the Human Development Network at the World Bank, assistant director-general of family and community health and director-general's representative on gender equality at the World Health Organization, and minister of health of Botswana. She is a distinguished Africa-America Institute fellow, a member of the Global Leaders Council for Reproductive Health, the Gates Foundation advisory panel for global health, the Global Health Council, and Save the Children International, and a trustee of the Children's Investment Fund Foundation.