



Family planning

The high incidence of complications in pregnancy and childbirth which lead to maternal death, injury and sickness occurs in the context of poor socioeconomic conditions with scarcity of education, health care and other social services. The incidence of maternal death and ill health is also affected by fertility patterns, and family planning therefore has a crucial role to play in reducing the risk through appropriate timing, spacing and limitation of the number of pregnancies.

Maternal health and unregulated fertility

Not only do women in the world's poorest countries undergo the highest risk of dying from a given pregnancy — due to their own poor health and to the lack of care — but because of unregulated fertility they also undergo this risk more frequently and over a longer period of their lives than do women in the developed world. Without family planning they will continue childbearing for 20 or even 25 years, while women in industrialised countries typically have two or possibly three children spaced over five or ten years. Furthermore, a short interval between births means that the woman will have to care for three or occasionally even four children under five years at the same time — with deleterious effects on herself and her whole family, including an increase in the risk that her youngest children will not survive.

Family planning decreases deaths from illegal abortion

When couples do not have access to effective methods of contraception, women frequently resort to dangerous illegal abortions in order to control their fertility. Illegal abortion kills up to 200,000 women a year and permanently injures the health of countless more.

Early and late childbearing have their dangers

Women who become pregnant while they are still adolescent have a much higher risk of complications during pregnancy and childbirth. These complications can injure their health and even cost them their lives. Postponing the first birth — whether by marrying later or by family planning — will greatly improve a woman's health. Women who are over 35 years run a greater risk of birth defects in their offsprings, and in developing countries are approximately two and a half times as likely to die in pregnancy or childbirth as women aged 20-24 years, though there are wide variations from one community to another.

Family planning also serves the infertile couple

In some parts of Africa infertility affects as many as one third of all couples, causing deep unhappiness. The purpose of family planning is not merely contraception, but is to help couples to have the number of children they want, when they want them.

Family planning and the status of women

The status of women and, in particular, their level of education, is closely related with fertility and mortality patterns. But quite apart from the health effects of family planning, the ability of women to regulate their own fertility is one of the keys to greater freedom of choice in how they spend their lives.

The unmet need for family planning services

If women the world over were able to have the children they say they want, the crude birth rate would range between 16 and 28 per 1,000 population rather than the present range of 28 to 40.

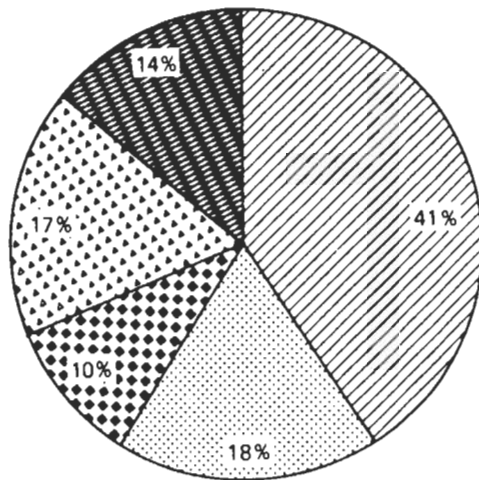
About 95% of the people in the developing world live in countries which provide some form of public support for family planning programmes, generally as part of mother and child health programmes. Despite this, it has been estimated that there are about 300 million couples who do not want any more children but who are not using any methods of family planning, chiefly due to inadequate access to services, especially in rural areas and urban slums. To be effectively used, modern methods of contraception need to be relevant to sociocultural beliefs, and to be distributed by

health workers who inspire trust and confidence and who are properly backed up by the health services.

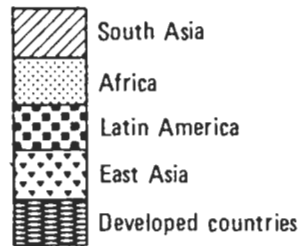
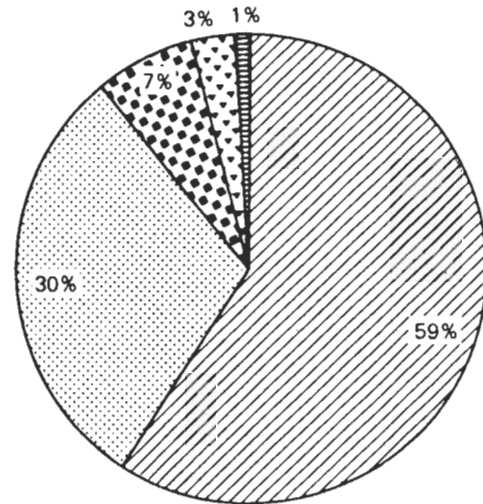
The need for improved methods

Many modern contraceptive methods have some side effects, both real and perceived, but the health risk of unwanted and unplanned pregnancies are at least 20 times greater than the risk of the side effects of any contraceptive. Nevertheless, many couples and some health workers are reluctant to use or recommend existing contraceptive methods. There is a need for new and improved methods, including new oral contraceptives, long-acting agents, vaginal rings, new barrier methods, modern male methods and even improved methods for natural family planning.

LIVE BIRTHS



MATERNAL DEATHS



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