



**POPULATION
MATTERS**

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**CAN ENHANCED
REPRODUCTIVE
HEALTH
EMPOWER
WOMEN IN THE
FIGHT AGAINST
POVERTY?**

March 2024

INTRODUCTION

“Access to sexual and reproductive health, including family planning, can affect population dynamics through voluntary fertility reduction and reductions in infant and maternal mortality. Improved reproductive health also helps individuals, particularly young women, break out of intergenerational cycles of poverty.”

UNFPA

High birth rates adversely impact women, limiting their freedoms and perpetuating poverty cycles. Poverty extends beyond financial scarcity, restricting autonomy, agency, and diverse opportunities. The deprivation of reproductive choices, such as early marriages and persistent childbearing, exacerbates the challenges faced by women and girls in impoverished regions, where they contend with rigid socially prescribed gender roles while growing up.

When women in low-income countries have greater control over their reproductive choices, including family planning and access to healthcare, it leads to a decline in fertility rates. This, in turn, has a positive impact on economic development. Historical patterns reveal that regions experiencing a decline in birth rates also witness an improvement in women's agency and status.

While traditional approaches focus on job creation and employment opportunities to alleviate poverty, the World Bank emphasises that the impact can be “multiplied” when coupled with a deliberate effort to empower women, girls, and young people (WB Overview).

“In the coming decades, extreme poverty is projected to become increasingly concentrated in regions where the population continues to grow rapidly.”

UNDESA (2021)

This briefing aims to shed light on a crucial aspect – the intersection of poverty alleviation and enhanced reproductive health for women and girls. In doing so, it explores how meeting their reproductive needs especially through a fertility transition from high to low birth rates can serve as a catalyst for broader empowerment and a sustainable escape from the clutches of poverty. This objective aligns with the aspirations set forth at the 1995 Fourth World Conference on Women in Beijing in the Beijing Declaration and Platform for Action, a key global policy document on gender equality (UN Women, 2014).

THE IMPACTS

“Rapid population growth makes it more difficult for low-income and lower-middle-income countries to afford the increase in public expenditures on a per capita basis that is needed to eradicate poverty, end hunger and malnutrition, and ensure universal access to health care, education and other essential services.”

UNDESA (2021)

The 2023 UN Gender Snapshot presents a concerning scenario, indicating that if present trends persist, 340 million girls and women could find themselves grappling with survival on less than \$2.15 a day (UN Women, 2023). This challenge is particularly pronounced in low-income countries, predominantly in sub-Saharan Africa (SSA), where there is an unprecedented surge in population growth and low modern contraceptive usage. The high rate of population growth in this region translates into a rise in the absolute numbers of impoverished individuals, despite an overall decline in poverty rates.

In the case of Ethiopia, for instance, between 2011 and 2019, incidence of poverty dropped from 83% to 69%, but the number of people in poverty increased from 76m to 78m (UNDP, 2022).

“Rapid population growth, high fertility and gender inequality often go hand in hand.”

UNDESA (2021)

The cycle of poverty and limited autonomy and sexual and reproductive rights and health is self-reinforcing. It often hits girls and women hardest.

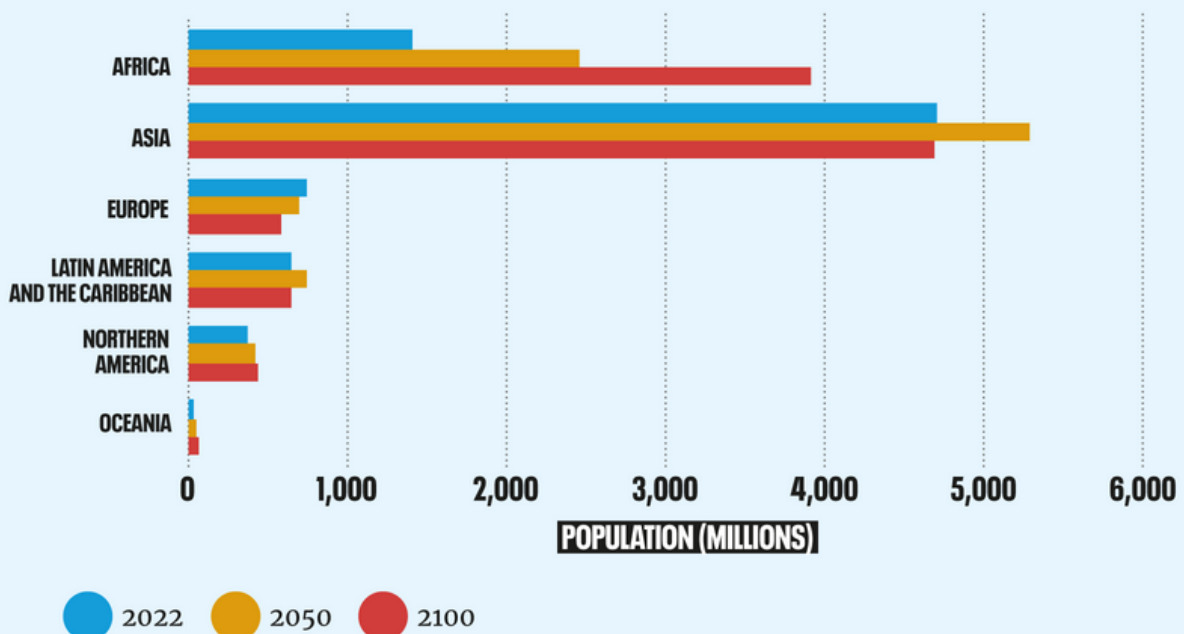
With only around half of all countries guaranteeing universal free education to secondary level, families on low incomes may choose to send boys to school instead of girls. Globally, among children of primary school age who never go to school, three quarters are girls (UN ECOSOC, 2023).

“No one doubts the value of empowering women through education, but when population grows this fast, countries are simply not able to sustain their development. And when education and health systems are overwhelmed or fail all together, I can assure you that it is women and girls who suffer first and most.”

Dr Musimbi Kanyoro, former CEO, Global Fund for Women

Research indicates that as maternal education levels increase, there is a corresponding improvement in the likelihood of infant survival (Jahan, 2008). This emphasizes the vital role education plays not only in empowering women but also in positively influencing the health outcomes of the next generation. There is also a strong association between infant mortality and fertility levels (Bradshaw, 2023). Where the factors that drive mortality persist - including poor access

POPULATION GROWTH BY CONTINENT, 2022-2100



(according to United Nations medium projections)

Source: United Nations, 2022

MORE THAN ONE DEMOGRAPHIC DIVIDEND

to modern family planning, low education and poverty - this drives the population growth that prevents those needs being met.

12 million girls each year are married as children (Girls Not Brides) just to pay off debts or earn an 'income' for their poverty struck families. Across many Sub-Saharan African nations, the adolescent birth rate exceeds 50 per 1000 births, according to WHO (2023). In Niger, one of the most affected countries, the rate soars to 132, accompanied by an alarming child marriage prevalence below the age of 18, standing at a staggering 76% (UNFPA WPD). Consequently, a mere 7% of women and girls in such contexts have the agency to make decisions concerning their sexual and reproductive health, as well as reproductive rights.

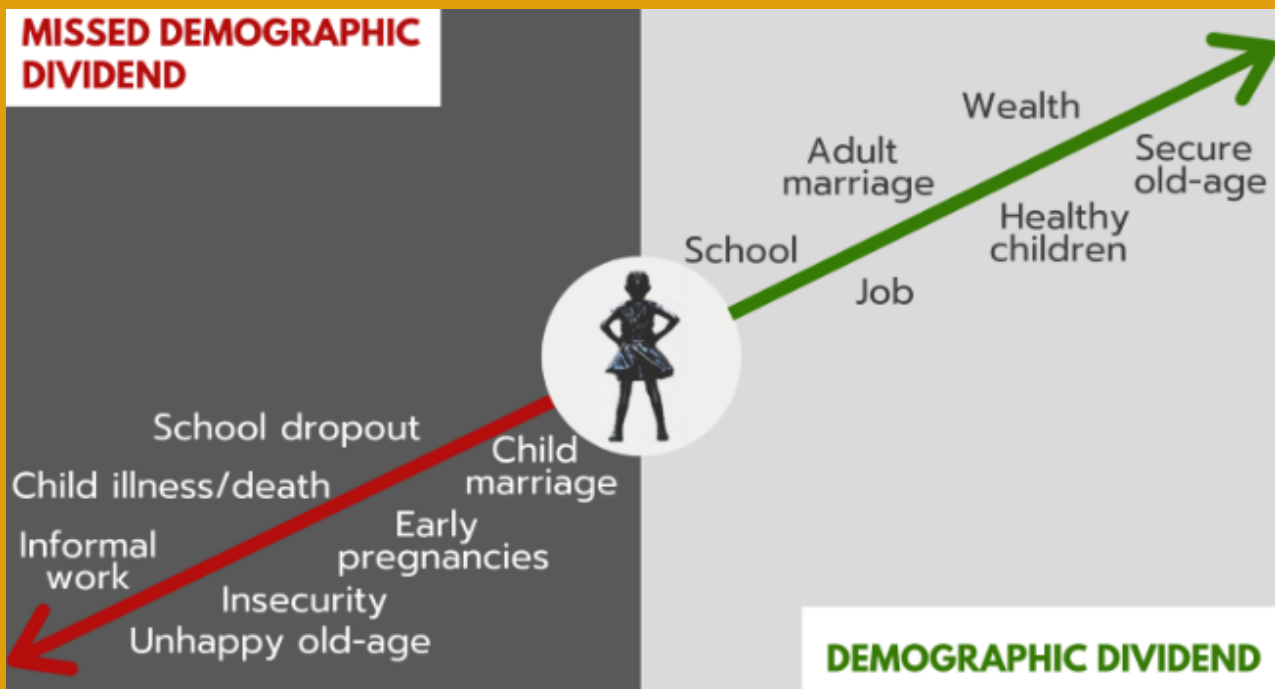
"Countries with high fertility rates never get rich."

Financial Times, 2022

Sustainable development cannot be achieved without much greater effort to advance gender equality and reproductive health services.

Firstly, the lower fertility rates that arise from these changes contribute to economic growth by fostering a demographic dividend. As families have fewer children, there is a decrease in dependency ratios – the proportion of non-working age individuals relative to the working-age population. This demographic shift can result in a more substantial workforce relative to dependents, creating a window of opportunity for increased productivity, savings, and investments (UNDESA, 2021).

The demographic dividend requires certain conditions to be in place, however, including a sufficiently educated cohort of working-age people, and has a defined time window. Unfortunately, in many



Graphic courtesy of the UNFPA

FERTILITY TRANSITION: FROM HIGH TO LOW BIRTH RATES

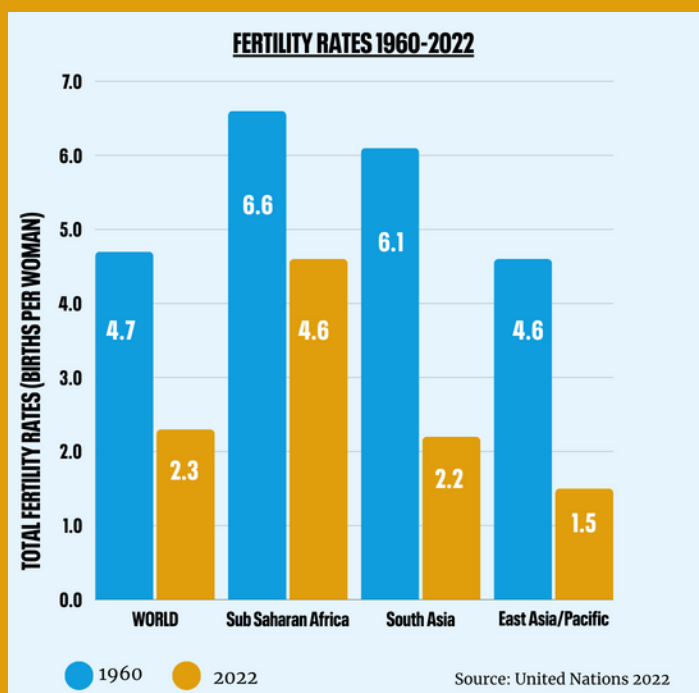
low-income countries where there are many young people in their reproductive years, this is not being realised, sustaining a cycle of deprivation (UNFPA at CPD56, 2023). These countries, the majority in sub-Saharan Africa, are still characterised by child marriage, high rates of teenage pregnancy leading many girls to drop out of school, and getting trapped in the poverty cycle.

Governments which are failing or unable to sufficiently invest in the health and education of their citizens are foregoing the opportunity to capitalize on the demographic dividend. Take Niger, for instance, with an annual population doubling time of 19 years, where almost half of the population (49%) is under 15 years old, a total fertility rate of 6.7 births per woman, and one of the lowest contraceptive prevalence rates for all methods (12%) globally plus a low expectation of life at 56 (UNFPA WPD). In such a scenario, the prospects for reaping the benefits of a demographic dividend are minimal.

The demographic dividend is not the only economic benefit of lower fertility rates, however. As outlined above, smaller family sizes allow girls and women to take advantage of educational and economic opportunities that may otherwise not be available to them, leading in turn to greater economic activity. According to the World Bank, “limited educational opportunities for girls and barriers to completing 12 years of education cost countries between \$15 trillion and \$30 trillion dollars in lost lifetime productivity and earnings” (World Bank, 2018). Lower population growth enhances education for all through relieving pressure on school systems (UN ECOSOC, 2023).

Smaller family size also decreases infant and maternal morbidity and mortality, reducing pressure on health services. Infrastructure and resource demands, including for food, are also reduced, allowing governments to invest in more economically productive activities.

While low fertility rates (the average number of births that a woman would have during her reproductive years) are the norm in most parts of the world, in countries home to around 10% of the world population women on average still have more than 4 children (UNDESA, 2022; Financial Times, 2022). Of the 35 countries, 32 are in SSA (UNDESA, 2021). In tandem with a high proportion of people of childbearing age, these rates drive continued high population growth. This momentum “can be countered, in part, by postponing childbearing and increasing the interval between births, which lengthens the time between generations without necessarily changing the completed family size” (UNDESA, 2021).



A faster transition from high to lower fertility rates is essential and achievable, through positive means which enhance freedom and opportunity for women and girls. It starts with access to effective family planning services but must also encompass putting an end to other factors influencing high birth rates, many of

FAMILY PLANNING AND REPRODUCTIVE JUSTICE

which are rooted in patriarchy and other structures which sustain inequality.

The key measures required are all included within the Sustainable Development Goals:

- Ensure people have access to and are able to freely use effective modern family planning (Goals 3 and 5)
- Ensure a high standard of education for all (Goal 4)
- Gender equality (Goal 5)
- End poverty and inequality (Goals 1, 2 and 10)
- End child and maternal mortality (Goal 5)

With sufficient resources and effective planning, the transition from high to low rates is achievable within or under a span of three decades. Several countries, such as South Korea, Bangladesh, Costa Rica, Kerala in India, Thailand, and others, have successfully undergone this transition, accomplishing it at a relatively low cost (Population Matters, 2023; Our World in Data; Sen, 2016).

“The International Conference on Population and Development (ICPD), held in Cairo in 1994 ... recognized that efforts to slow population growth, reduce poverty, achieve economic progress, improve environmental protection, and reduce unsustainable consumption and production patterns were mutually reinforcing.”

UNDESA, 2021

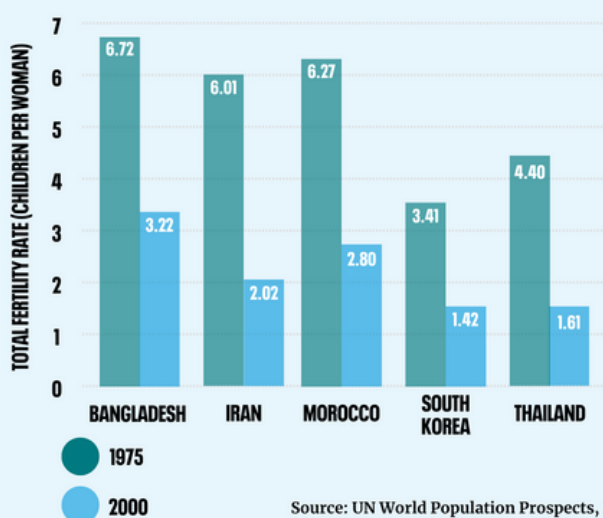
The Cairo principles of centring women’s needs and rights must remain the guiding principle of population policy. Since Cairo, however, family planning has often been perceived exclusively through the lens of individual rights, and less emphasis on corollary benefits has led to significant challenges in meeting its own goals. One notable shift has been the move away from large-scale family planning programs, which were prevalent in earlier development efforts (Delacroix et al, 2024, Sinding 2016).

“When we leave the P out of the ICPD, we cannot achieve the goals of the ICPD...The loss of attention to the P in the ICPD since the 1990s has had a particularly alarming impact in countries such as Kenya. In the 1980s considerable effort was put into voluntary family planning and the average family size in Kenya fell from 7.2 to 5.4. As budgets collapsed and attention was taken off family planning, so family size rose, especially amongst the poorest families.”

Kanyoro, 2009

Since Kanyoro made that comment in 2009, Kenya is now back on track after heavily investing in family planning and it has one of the highest modern contraceptive rates (58%) in the region and a much lower fertility rate (3.4). It’s also considered a lower middle-income country. Overall, however, insufficient progress has been made.

FERTILITY RATES 1975-2000



THE CHALLENGE OF RISING DEMAND

“In sub-Saharan Africa, for example, both population growth and changing preferences regarding family size are expected to contribute to a rapid increase in the total demand for family planning. Unless access is expanded rapidly in such settings, the availability of family planning services, including for modern methods of contraception, will continue to fall short of the projected demand.”
UNDESA, 2021


While the United Nations Population Fund, UNFPA indicates that approximately 257 million women face an unmet need for family planning, a study published in PLOS Medicine in 2020 reveals a higher figure of around 270 million women of reproductive age (15-49 years) expressing a desire to avoid pregnancy but not utilising any modern form of birth control. This is higher than the figure in 1990 (Kantarova, et al, 2020). The study’s projections suggest that by 2030, this number will further escalate to 272 million due to the inadequate expansion of family planning services in response to the rapid population growth in low-income countries.

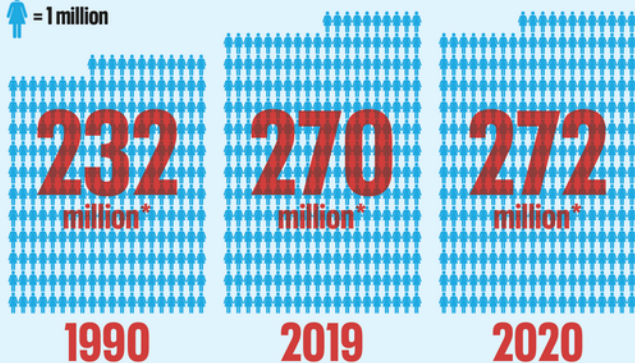
Reflecting the scale of the challenge, the flagship FP2020 international partnership failed to deliver its aspiration of 120 million more women using modern family planning between 2012 and 2020, achieving only half that number (FP 2030). Securing substantial international funding is of paramount importance to facilitate these initiatives' scale-up. Scaling up family planning programs involves not only increasing the availability of contraceptives and reproductive health services but also fostering an environment that promotes awareness, education, and the empowerment of women and girls to make informed choices regarding their reproductive health. This process is anchored in fulfilling target 3.7 of the SDGs (UN SDG 3) which aims to “ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.”

The underlying reality is that a growing number of women desire to have smaller families and actively seek to limit and postpone births, surpassing the growth rate of family planning services, particularly among marginalised groups

IN DEVELOPING COUNTRIES, FAMILY PLANNING PROVISION IS NOT KEEPING PACE WITH POPULATION GROWTH

The number of women with an unmet need for modern contraception

 = 1 million



Source: Kantarova et al 2020, using data from 185 countries populationmatters.org

*Women of reproductive age who wish to avoid pregnancy but who do not use any method of contraception. This trend is on the rise due to rapid population growth and slow progress in improving access.

THE GENDER EQUALITY FUNDING GAP

COST OF ACHIEVING THE 3 ZEROS:
\$264 billion*



 ZERO gender-based violence and harmful practices

 ZERO unmet contraceptive need

 ZERO preventable maternal mortality

A worthwhile investment

Every \$1 spent on meeting women's need for family planning produces benefits worth \$120



Source: UNFPA, 2020 *USD

(Kohler & Behrman, 2014)

CONCLUSION

such as the economically disadvantaged, less educated, and rural women. Unfortunately, family planning remains inaccessible for many young girls and women, leading to the challenge of dealing with unintended pregnancies. These are mostly due to “low levels of female education, a lack of knowledge about and access to contraception, insufficient supplies and services, cost and fear of side effects, opposition from spouses and other family members and traditional gender roles that support a desire for large families” (Bongaarts, 2016).

If we are to hit zero unmet needs for family planning as per the recommendations from the 2019 ICPD Nairobi Summit by the High-Level Commission to monitor progress on the ICPD25 commitments, it is imperative for governments to significantly expand their family planning programmes. In order for that to happen, overseas development aid from high income countries must meet the target of reaching 0.7%GNI and must increase investment in family planning. Overall, policy must take a holistic approach, grounded in addressing gender inequality and structural obstacles which prevent female autonomy.

The intersection of poverty alleviation and enhanced reproductive health is a crucial nexus for sustainable development. This briefing emphasizes the significant impact of fertility transition – the shift from high to low birth rates – in dismantling the chains of poverty, particularly for women and young girls in impoverished regions in sub-Saharan Africa. Prioritising access to family planning services and addressing the root causes of elevated birth rates can unlock a demographic dividend, contributing to economic growth and social progress.

The challenging circumstances faced by young girls, exemplified by high adolescent birth rates and limited access to education, underscore the need for targeted interventions. Ultimately, a comprehensive and holistic approach is vital, highlighting the synergy between poverty alleviation and reproductive health to empower women and girls globally, break the cycle of poverty, and achieve the Sustainable Development Goals. As we approach 2030, the future trajectory requires collective action, international collaboration, strong political will, and a commitment to placing the agency and well-being of women and girls at the forefront of global development efforts.



**POPULATION
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Every choice counts

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