Women and girls are among the more vulnerable groups in many communities as seen in their lower levels of education and poorer health. Yet the health of women and children is important to the future well-being of any community. The William and Flora Hewlett Foundation’s Population and Poverty Research Initiative (PopPov), together with four European research councils, has sponsored research into how investments in women’s and children’s health contribute to economic development. The research focuses on sub-Saharan Africa with an emphasis on including researchers and institutions from the continent as partners. One of the aims is to generate research findings that could be translated into program and policy recommendations for near-term use.

Results of this initiative and other research show that empowering women with the information and tools necessary to ensure their health contributes to the economic well-being of individual households and the next generation. This brief focuses on the PopPov research conducted in the East Africa region, with relevant information and statistics from other studies included as appropriate.

Reproductive Health Care Linked to Economic Growth

The links among family planning, reproductive health, and economic development are both direct and indirect. Indirectly, family planning and better reproductive health care enable women to achieve their educational and employment goals. Healthy women are more likely to remain in school and to continue working. Directly, family planning such as modern contraception can aid couples in achieving a smaller family size. Smaller families might ultimately help countries experience a “demographic dividend.” The demographic dividend becomes possible when fertility declines and working-age people outnumber dependents. This fertility decline presents a window of opportunity to increase investments in health, education, and gender equity that could boost economic development in the long run. Women’s empowerment, smaller families, better health care, and expanded education and employment opportunities can improve a community’s quality of life.

Among studies from the East Africa region, at the individual level, research from Madagascar and Kenya shows that early childbearing limits women’s educational attainment because women who become pregnant while attending school may drop out.¹ Women with more years of education are more likely to delay marriage, to delay childbirth, and to obtain the skills necessary for gainful employment than women with fewer years of education.² At the national level, an analysis by Tugrul Temel using simulation and data from Rwanda found that investments in family planning can lead to increased productivity accompanied by income gains, especially in rural agricultural settings.³ These results are consistent with findings using data from countries outside of East Africa,
including South Africa and Nigeria, and from cross-national analysis showing that lower fertility is associated with higher labor force participation among women.\textsuperscript{4}

Even without a rise in income, families that have fewer children have the option to spend more on each child’s nutrition, health care, and education. Those women who work outside the home or engage in agricultural production may be able to increase their family’s economic resources by spending more time in the labor force.

MODERN CONTRACEPTION IMPROVES LIVES

Unmet need for family planning services in East Africa remains high (see Figure 1; see Box 2, page 3). Many women in East Africa do not use modern contraceptive methods, despite their desire to avoid pregnancy. Research suggests that both lack of knowledge and lack of access may play a role in unmet need. In 2012, 54 percent of women in East Africa who wanted to avoid pregnancy were not using a modern contraceptive method.\textsuperscript{5} In East Africa, Rwanda and Uganda have already acted to address provision of contraceptive services (see Box 1). Researcher Dieudonné Muhoza at the University of Rwanda and colleagues found that nearly 58 percent of women in Rwanda who wanted to avoid pregnancy had an unmet need for contraception.\textsuperscript{6} A 2014 analysis by Muhoza and colleagues also identified a gap in the desired family size and total fertility rate for Tanzania, Uganda, Rwanda, and Kenya where, on average, families had one or two more children than they wanted.\textsuperscript{7} This points to an unmet need for family planning services, which might exist because contraception may not be offered in health centers or be periodically unavailable at health care sites. Additionally, not all health care providers speak to women and couples about family planning, a factor that is linked to greater contraceptive use. The authors assert that improved availability of contraception through community-based service provision and education about family planning could improve access and uptake (see Figure 2, page 3).

Researcher Deodatus Kakoko at Muhimbili University of Health and Allied Sciences and colleagues report that public facilities in Tanzania were more likely than private

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**FIGURE 1**

Percent of Married Women Ages 15-49 With an Unmet Need for Family Planning Services

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>2010 DHS</td>
<td>32</td>
</tr>
<tr>
<td>Comoros</td>
<td>2012 DHS</td>
<td>32</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2011 DHS</td>
<td>26</td>
</tr>
<tr>
<td>Kenya (2008-2009 DHS)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Madagascar (2008-2009 DHS)</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Rwanda (2010 DHS)</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Tanzania (2010 DHS)</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Uganda (2011 DHS)</td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>

facilities to offer modern contraceptives and to have a wider range of methods available. More than one-half of private health facilities surveyed throughout Tanzania did not offer family planning services. In Rwanda, the government has built public facilities close to private clinics to serve all members of the community. Still, people without access to public health facilities may be limited in their choice of contraception or not be able to access it at all.

Availability of a wide range of modern contraception (barrier, hormonal, short-acting, and long-lasting methods) is an important factor in reducing unmet need, in increasing contraceptive uptake, and in helping women and couples achieve their reproductive goals. Joseph Babigumira and his colleagues’ research in Uganda shows providing universal access to modern contraceptives may be both cost effective and, to the extent that it prevents unsafe abortions, could contribute to improving women’s quality of life. In Uganda, two-thirds of women wanting to avoid pregnancy have an unmet need. Universal access to contraception would help women and couples avoid unplanned pregnancy, reducing direct medical costs and costs related to increased family size. Helping couples avoid unplanned pregnancy would help lower rates of neonatal, infant, and child mortality; miscarriages and stillbirths; and maternal death and illness—negative health outcomes associated with direct medical and social costs.

The greatest need for improved access to modern contraception is among poor women. A strong association exists between socioeconomic status or household income and contraceptive use. Women who have more financial resources to afford contraception are more likely to use contraception and therefore are less likely to have unmet need. While unmet need affects women of all economic statuses in East Africa, analyses of data from Kenya, Rwanda, Tanzania, and Uganda show that unmet need is highest among the least wealthy women. When Muhoza and colleagues compared desired number of children with average family size in these same countries, they found that the poorest women in Kenya, Tanzania, and Uganda were more likely to want more children than wealthy women. The exception is Rwanda where women of varying economic statuses have similar fertility preferences. Although the poorest women tend to want more children than the wealthiest women, poor women still have more children than they actually desire—likely a result of lack of information about and access to family planning.

## FIGURE 2

Percent of Married Women Ages 15-49 Currently Using Modern Contraception

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>2010 DHS</td>
<td>18</td>
</tr>
<tr>
<td>Comoros</td>
<td>2012 DHS</td>
<td>14</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2011 DHS</td>
<td>27</td>
</tr>
<tr>
<td>Kenya</td>
<td>2008-2009 DHS</td>
<td>39</td>
</tr>
<tr>
<td>Madagascar</td>
<td>2008-2009 DHS</td>
<td>29</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2010 DHS</td>
<td>45</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2010 DHS</td>
<td>27</td>
</tr>
<tr>
<td>Uganda</td>
<td>2011 DHS</td>
<td>26</td>
</tr>
</tbody>
</table>

THE COST OF UNSAFE ABORTION

In most East African countries, abortion is illegal or restricted to instances where it is necessary to save the mother’s life or protect her physical health. Women with unplanned pregnancies must either give birth or seek out illegal abortion care, which is largely provided in unsanitary conditions by unskilled practitioners. While abortion provided in sanitary conditions by a trained practitioner is safe, unsafe abortion puts women at risk for infection, unchecked bleeding, and other health concerns that require costly medical care. The ultimate cost of unsafe abortion is women’s lives. The Kenyan Ministry of Health reports that unsafe abortion is a major contributor to maternal death, illness, and injury in the country. Unsafe abortion is also a significant contributor to maternal death in Tanzania and Uganda. Additionally, data from Uganda show that unsafe abortion and resulting medical complications are associated with poor health.

Maternal mortality and medical and societal costs are lower with improved access to contraception. Universal access to contraception could help meet women’s family planning needs and generate cost savings for households and health care systems. Having safe and legal abortion options also lowers health risks, reducing mortality and medical costs.

QUALITY CARE HELPS PREVENT MATERNAL DEATH AND INJURY

In East Africa, the share of babies delivered at health facilities varies widely among countries (see Figure 3).
Conclusion
Empowering the most vulnerable women with access to reproductive health care is an important part of improving their health, quality of life, and economic status. Increased availability of safe, quality reproductive health care will especially help the most vulnerable women avoid unplanned pregnancy, achieve their desired family size, and protect their health. These women are then better able to achieve higher levels of education, engage in the labor force, earn income, and invest in their families. Government prioritization of efforts that reach the poorest and least-educated women could initiate a cycle that promotes health and economic well-being among these women and their families.

Recommendations for Action

Make family planning a national priority and invest in the scaling up of successful programs in order to:
- Help young women delay childbearing.
- Help married couples plan the timing and spacing of births.
- Realize changes in the population age structure required for opportunities associated with a demographic dividend.

Make counseling services more widely available in order to:
- Increase knowledge of family planning benefits among the most vulnerable women.
- Increase knowledge of antenatal care requirements and services among the most vulnerable women.

Provide reproductive health care and a wide range of modern contraceptive methods in all public health clinics, in order to reduce unmet need, particularly for the poorest women.

Provide public information programs to reduce stigma or myths about services in order to better serve the least-educated women.

Support the training of health care professionals to enhance their ability to provide respectful, safe, quality care.

Lower costs of or increase access to financial assistance for reproductive health services, including antenatal care, in order to better serve the poorest women.

Lower barriers to access through provision of transportation to better serve women who would otherwise go without care.
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