

Latin America and the Caribbean—*Updated November 2010*

Facts on Investing in Family Planning and Maternal and Newborn Health

- In Latin America and the Caribbean, more than one-half of pregnancies are unintended, even though about 65% of married women of reproductive age use modern contraceptives. Almost two-thirds of pregnancies in the Caribbean (62%) and South America (63%) are unintended, as are 43% of pregnancies in Central America (including Mexico).

- Abortions are common, even though the large majority are illegal and unsafe. Twenty-two percent of all pregnancies in the region end in abortion—24% in South America, 17% in Central America and 23% in the Caribbean.

- Deaths and poor health among women and newborns are unacceptably high; most could be prevented with adequate health care. For every 100,000 births, 85 women die because of complications related to pregnancy and childbirth. The

newborn death rate is 10 per 1,000 live births.

- Disparities among and within countries are stark. Women who are young or poor, have little education or live in rural areas find it especially difficult to obtain the services they need to have planned and healthy pregnancies and deliveries.

- The benefits of investing in the health of women and their newborns are substantial and wide-ranging: fewer unintended pregnancies; dramatic reductions in maternal and newborn deaths; greater family savings and productivity; and better prospects for educating children, strengthening economies and slowing the loss of natural resources.

UNMET NEED FOR SERVICES

- Modern family planning services include counseling, provision of contra-

ceptives and follow-up. Standards of maternal and newborn health care recommended by the World Health Organization consist of at least four antenatal visits, delivery at a facility, and postpartum care for mothers and newborns, including routine care and care for obstetric, postabortion and newborn complications.

- In 2008, about one in four women (23 million) in the region who wanted to avoid becoming pregnant soon or ever either were not using family planning or were using a traditional method. These women accounted for about three-fourths of unintended pregnancies (see figure).

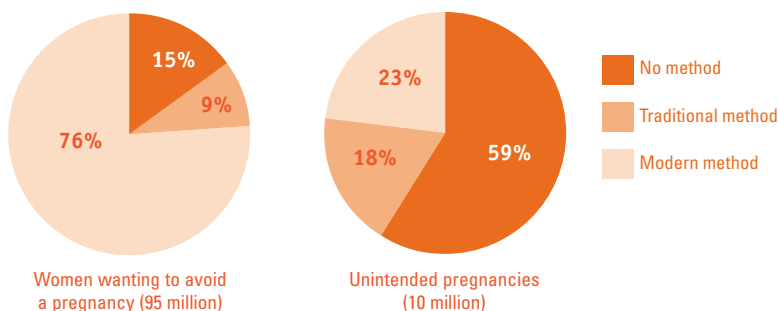
- Among married women who want to avoid becoming pregnant, only 54% of 15–19-year-olds use modern methods, compared with 83% of those aged 35 and older.

- More than 20% of women who give birth each year do not make the recommended four antenatal visits, and 13% do not deliver in a health facility, increasing the risk to their health and that of their newborns.

- Use of services varies greatly. In several countries, more than 95% of women deliver in a health facility; in Haiti, only 27% do. In the region as a whole, women in the wealthiest fifth of households are much more likely than those in the poorest fifth to deliver in a health facility—97% vs. 67%.

Family Planning Use and Unintended Pregnancies

The 24% of women who used a traditional method or no method accounted for three-fourths of unintended pregnancies in Latin America and the Caribbean in 2008.



Notes: Modern methods include sterilization (accounting for 41% of use among women wanting to avoid a pregnancy) and reversible methods, such as pills, IUDs, injectables or condoms (35% of use). Traditional methods consist mainly of periodic abstinence and withdrawal.

Cost and Benefits of Services

Cost of services, pregnancy outcomes and deaths, according to use of family planning and maternal and newborn health services, Latin America and the Caribbean, 2008

	Current levels of service use	100% of needs met for services
Cost of services (2008 US\$; in millions)		
Family planning services	\$600	\$880
Maternal and newborn care*	\$1,850	\$1,530
Total	\$2,450	\$2,410
Pregnancy outcomes (in 000s)		
Intended		
Births and miscarriages	7,200	7,200
Unintended		
Births and miscarriages	6,130	2,070
Induced abortions	3,820	1,240
Total	17,150	10,510
Deaths		
Maternal	9,000	4,000
Newborn	110,000	49,000
Total	119,000	53,000

*Without simultaneous investments in family planning, improved maternal and newborn health care would cost \$2.2 billion.

COST OF SERVICES

• In Latin America and the Caribbean, the cost of providing family planning services to women who currently use modern methods is US\$600 million. The cost of providing current levels of maternal and newborn care is \$1.8 billion (see table). Still, the care that many women receive falls short of recommended standards.

• Providing modern contraceptives to all women who need them would increase the cost of family planning services to \$880 million. But it would substantially reduce the number of unintended pregnancies, thereby making improvements in maternal and newborn care more affordable.

• If family planning were not improved, providing all pregnant women with the recommended standards of maternal and newborn care would cost \$2.2 billion. But if all women who want to avoid a pregnancy used modern contraceptives, the cost of maternal and newborn care would be reduced to \$1.5

billion, resulting in no net increase in the total cost of these two sets of services (\$2.4 billion).

DIRECT HEALTH BENEFITS

• Meeting women's needs for modern family planning and the recommended standards of maternal and newborn care would result in major immediate health benefits without increasing the total cost of services.

• Unintended pregnancies would drop by 67%, from almost 10 million to three million annually.

• Unsafe abortions would decline from 3.6 million to 1.2 million (assuming no change in abortion laws; data not shown), and the number of women needing medical care for complications of these unsafe procedures would decline from 1.5 million to fewer than 0.5 million.

• Almost 70,000 lives would be saved annually—5,000 among women (a 62% drop in

maternal mortality) and 61,000 among newborns, cutting newborn deaths by 55%.

• About 60% fewer healthy years of life would be lost to disability and premature death among women and their newborns, a decline from 7.3 million to 2.9 million disability-adjusted life years (DALYs) lost.

VALUE FOR MONEY

• Providing these services as part of an integrated package is easier for users and is generally more cost-effective than stand-alone approaches.

• Providing modern contraceptives to all women who need them more than pays for itself, saving \$2.50 in maternal and newborn care costs for each dollar invested.

• The average cost of saving a healthy year of life, or DALY, would be \$106, which compares favorably with interventions to prevent or treat cholera, HIV/AIDS and tuberculosis.

ADDITIONAL BENEFITS

• Greater use of condoms for contraception would reduce the transmission of HIV and other sexually transmitted infections.

• Reducing unplanned births would save on public-sector spending for health, education, water, sanitation and other services and would reduce the pressure on scarce natural resources, making social and economic development goals easier to achieve.

• Reducing unintended pregnancies, particularly among adolescents, would improve educational and employment opportunities for women, which, in turn, would contribute to gains in productivity,

gender equity, women's status, family savings, poverty reduction and economic growth.

The information reported in this fact sheet is for 2008 and is based on special tabulations of data from Singh S et al., Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, New York: Guttmacher Institute and United Nations Population Fund, 2009. Mortality estimates from Singh et al. have been revised using new maternal mortality estimates released by the World Health Organization in September 2010 and new neonatal mortality estimates released in May 2010 by the Institute for Health Metrics and Evaluation.



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