COUNCIL *on* FOREIGN RELATIONS

WORKING PAPER

Family Planning as a Strategic Focus of U.S. Foreign Policy

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April 2011
This publication is part of CFR's Women and Foreign Policy program and has been made possible by the generous support of the United Nations Foundation.

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Introduction

Comprehensive policies that incorporate demography, family planning, and reproductive health can promote higher levels of stability and development, thereby improving the health and livelihood of people around the world while also benefiting overarching U.S. interests. U.S. foreign aid will be more effective if increased investments are made in high population-growth countries for reproductive health and family planning programs. These programs are cost-effective because they help reduce the stress that rapid population growth places on a country's economic, environmental, and social resources.

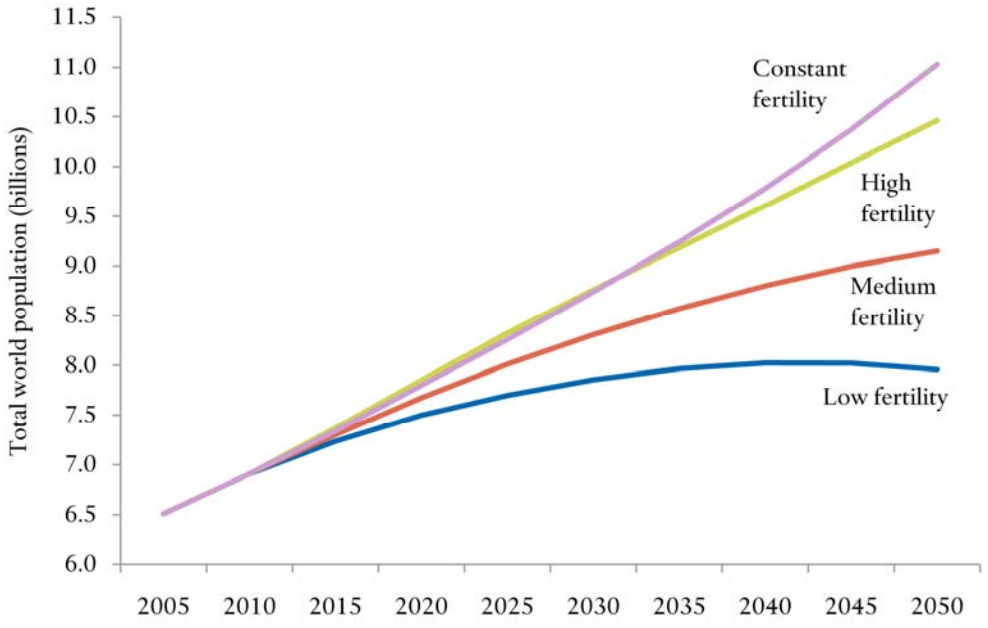
FAMILY PLANNING AND REPRODUCTIVE HEALTH PROGRAMS

Family planning and reproductive health programs have successfully reduced the world's population growth rate, propelled economic development, and improved women's lives across the world.[1] When people, and especially women, are given the opportunity and technology to limit their family size, they often choose to do so.

Population trends are motivated by three demographic forces: fertility, mortality, and migration. Although they can have dramatic effects on national and local populations, mortality and migration in particular have relatively little influence globally. Across the world, mortality rates have declined to a point where most children born today live to reach their own reproductive years, though much work remains to reduce the effect of communicable diseases and improve nutrition among the young. Meanwhile, 3 percent of the world's population currently lives outside of their birth-countries.[2] Therefore, while migration is increasing and an important demographic force, it does not occur at a scale large enough to significantly affect global-level demography.

Fertility rates currently are—and in the short-term will remain—the most important driver of global demographic trends. The total fertility rate, or average number of children born to each woman, has been estimated at 2.7 for the period between 2000 and 2005, a decline from 3.6 children per woman in the early 1980s.[3] Given this decline, population projections generally assume future declines in fertility rates. For example, the widely cited "medium-fertility variant," which is the United Nations' projection of a world population growing from 6.9 billion in 2010 to 9.1 billion by 2050, relies upon an assumption that the global fertility rate will decline by 24 percent to two children per woman.[4] However, if fertility rates remain constant at current levels, the world's population would reach 11 billion by 2050 (Figure 1). Fertility rates, whether they decline or remain at current levels, are not distributed evenly among countries and regions.

Figure 1. World Population 2005–2050 Under Varying Fertility Scenarios[5]



POPULATION MOMENTUM AND PROJECTIONS

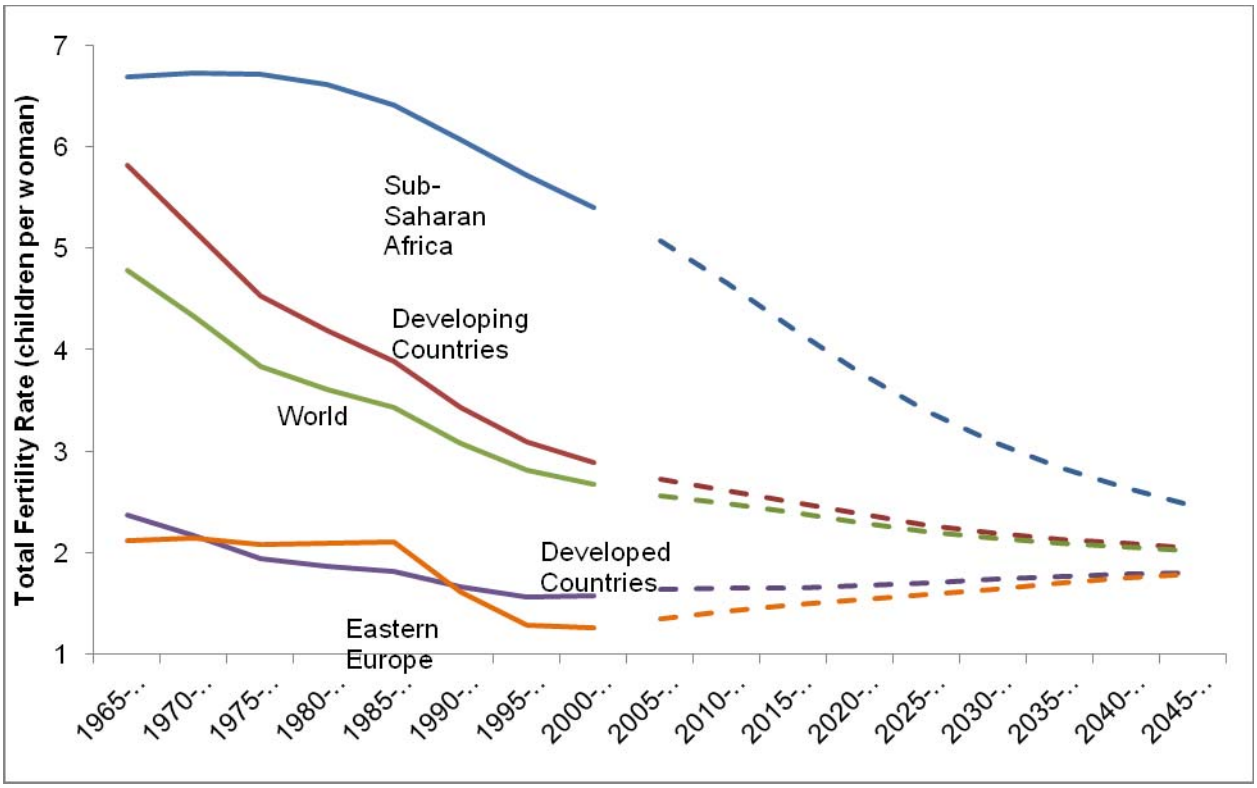
Because population projections are constructed on a foundation of assumptions, variance in demographic trends among countries and regions must be considered. In fact, the defining characteristic of the current world population is the significant disparity of demographic trajectories, often termed the global demographic divide. The divide is created by the varying degrees of national populations' progress through the demographic transition, which is the decades-long shift in stages from high fertility and mortality rates to lower mortality and rapid population growth followed by a later decline in fertility rates. At the end of the demographic transition, populations are characterized by longer life expectancies and smaller families.

The effects of demographic trends are compounded over generations, and the current demographic divide is manifested through differentials in future population momentum. This momentum is the reason that the world's population is projected to grow to more than nine billion by 2050, despite projections for average total fertility declining to two children per woman.

Populations in much of Europe, Russia, and parts of East Asia have entered a new demographic phase characterized by fertility rates below replacement level, which is the number of children per woman to produce a stable population. These populations also have lower incidences and later ages of marriage, and life expectancies that, in most cases, are remarkably high.[6] These combinations of demographic changes are most pronounced in countries with relatively rigid and inequitable gender roles, social policies, and restrictions on immigration.[7] Populations in more than a dozen of these countries within eastern Europe, Russia, and East Asia have already begun declining. If current fertility rates remain constant, the population of Russia would decline from 143 to 105 million between 2005 and 2050. The population of eastern Europe, including Russia, would fall from 296 million in 2005—a total slightly lower that of the United States—to 219 million in 2050.[8]

Despite the emergence of historically unprecedented population aging, rapid population growth will be a greater factor in the dozens of countries where fertility rates have remained consistently high. Nearly 60 percent of the world's people live in countries with fertility rates above replacement level, ensuring sustained population growth for the long term. One billion people, including most of the population of sub-Saharan Africa, live in countries where women have an average of four or more children, a rate that would result in the population doubling approximately every thirty-five years.[9] The vast majority of population growth is occurring in the developing world. If current fertility rates hold constant, the total population of the world's forty-nine least developed countries would surpass that of the more developed regions in approximately fifteen years.[10] However, oft-cited population projections assume a convergence in fertility rates that is sometimes out of line with recent trends (as seen in Figure 2).

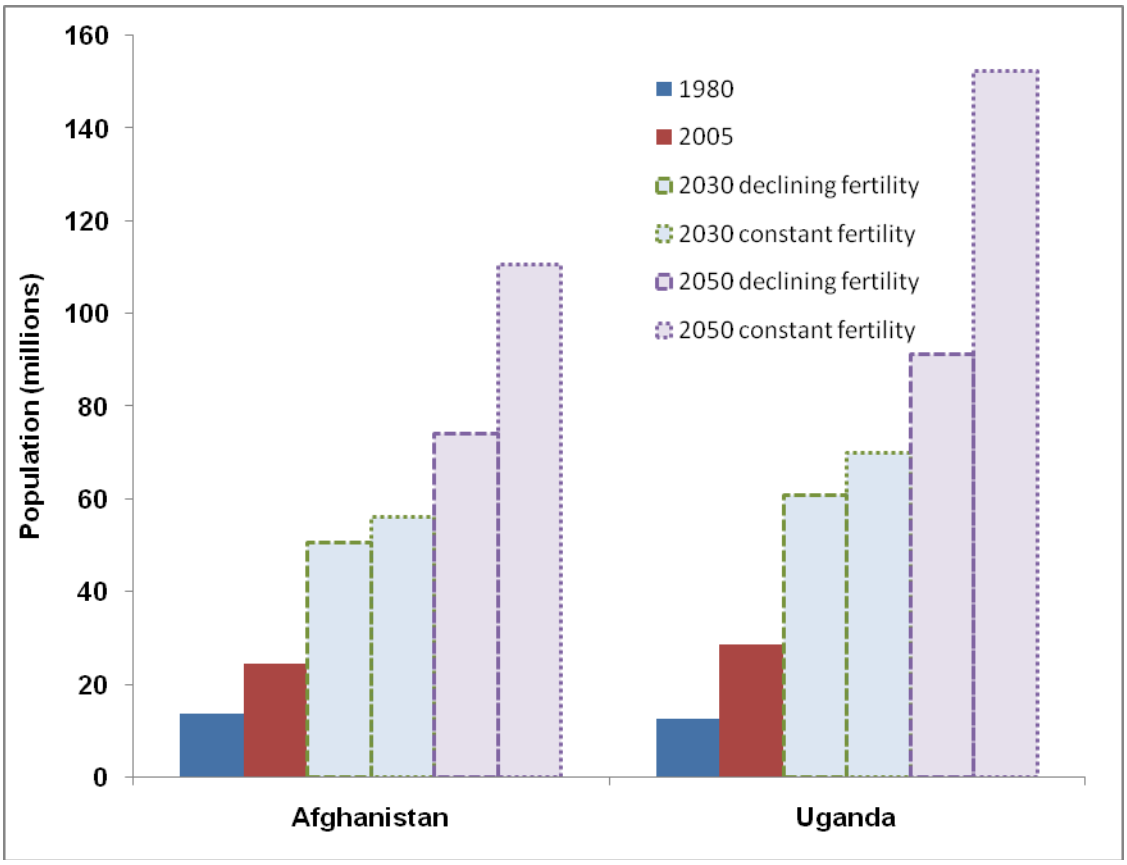
Figure 2. Historic and Project Fertility Rates by Region (1950–2050)[11]



Afghanistan and Uganda, two of the ten fastest-growing countries, illustrate this global demographic momentum. Both countries' demographic profiles are driven by persistently high fertility rates, with over seven children per woman in Afghanistan and 6.7 children per woman in Uganda. Since 1965, each country's fertility rate has declined by less than 5 percent.[12] However, the medium-fertility variant of the UN population projections—the same scenario that results in a total world population of just over nine billion in 2050—assumes that the fertility rate would fall to 3.1 children per woman in Afghanistan and 2.6 in Uganda by 2050.[13] These declines of 57 percent in Afghanistan and 61 percent in Uganda are highly unlikely given demographic trajectories over the past several decades. The constant-fertility variant, which assumes that fertility rates remain unchanged, may present a more realistic future scenario for countries like Afghanistan and Uganda. In such a projec-

tion, Afghanistan's population would more than double between 2005 and 2030, from 25 to 56 million, and reach over 110 million by 2050.[14] The population of Uganda would rise from 29 million in 2005 to 70 million in 2030, and over 150 million by 2050.[15] Fertility rates will not decline, as assumed within the medium-fertility variant, without dramatic changes in health care and behavior. Without such changes, demographic momentum will continue to drive high population growth (Figure 3).

Figure 3. Population Momentum in Afghanistan and Uganda[16]



The Demographic Ramifications of Family Planning

For countries across the demographic transition, half a century of family planning and reproductive health programs have improved health and individual well-being, allowed women and individuals to determine their own family size, and shaped global demographic trends, which in turn have influenced other aspects of development. Since the early 1960s, dozens of countries established official policies intended to lower their fertility rates; the United States, United Nations, and other donors have spent billions of dollars to fund reproductive health and family planning programs. Public organizations, nongovernmental organizations, and private sector businesses have worked to inform and provide women and men with access to family planning. Over this period, fertility rates have declined in many countries while remaining stagnant in others. The highest fertility rates today are among countries with the lowest levels of overall human development.[17] By 2009, three-quarters of the governments of least developed countries believed their population growth rates to be too high, while nearly half of the governments of developed countries judged it as too low.[18] This juxtaposition has caused some to question whether demographic change is a natural consequence of economic development that needs no dedicated programming.

Demographers have undertaken various cross-national and program-specific studies to evaluate the effects of family planning and to assess the value of further investments. Less than twenty years after the introduction of the oral contraceptive pill in the United States, family planning has greatly affected fertility rates. In 1978, noted demographer John Bongaarts wrote that "contraceptive practice is the intermediate fertility variable primarily responsible for the wide range in the levels of fertility within marriage."[19] Between 1965 and 1973, the average number of children born to an American woman declined from 2.7 to 1.7, mostly due to an increase in the share of married women using contraception.[20] By then, U.S. international family planning programs had only been operational for a decade. Donor-funded family planning programs were already contributing to changes in individual decisions, but a wide disparity still existed between developed and developing countries. In the early 1970s, women in Brazil, India, Indonesia, Mexico, and Pakistan had an average of five to seven children each, while in Britain, France, Japan, the Soviet Union, and the United States, fertility rates were well below three children per woman.[21]

Yet, as family planning and reproductive health programs were implemented over several decades, fertility rates in many developing countries declined. In Southeast Asia and Latin America, average fertility rates declined from over five children per woman in the early 1970s to fewer than 2.5 in 2010; in North Africa, fertility has dropped from 6.5 to fewer than three children per woman.[22] Nearly 50 percent of fertility declines achieved across the developing world between 1960 and 1990 can be attributed to the success of family planning programs.[23] Additional analysis shows that an increase of 15 percentage points in the share of women using contraception results in a decrease of one child per woman for the national total fertility rate.[24] Alternative methods of determining family size (for example, postponing marriage or periodic abstinence) could have been adopted, but "such beha-

viors would likely neither have been as effective as afforded by safe contraceptive technologies nor have gained widespread use as quickly."[25]

Although economic development may promote a motivation to have fewer children, family planning programs are the mechanisms that enable women and men to actualize their decisions.[26] To demonstrate this, a statistical model incorporating data from seventy-eight countries over two decades shows that GDP per capita levels do not significantly affect the total fertility rate, while a $1 per capita expenditure in donor population assistance is associated with a decrease of one child per woman within the national fertility rate.[27] This model indicates that the average total fertility rate for seventy-five developing countries was 10 percent lower in 1994 than it would have been if no government or U.S.-funded family planning programs had existed.[28]

The most important rationale for governments and the international community to invest in family planning and reproductive health is grounded in human rights. At the International Conference on Population and Development in 1994, 180 nations affirmed each individual's inherent right to choose their own family size and have access to the services to do so. In addition to demographic change, family planning and reproductive health programs improve individual health and well-being and contribute to the empowerment of women by facilitating girls' education and women's participation in the formal, paid workforce. However, this cannot be achieved in the absence of policies and programs that enable access to services and supplies. According to Pakistan's Population Council, "The goals of voluntary fertility decline, improved reproductive health, and equality for girls and women can be pursued simultaneously, but only in the presence of strong political commitment."[29]

Some of the children of large families, particularly girls, are less likely to attend school and more likely to receive a smaller share of overall household funds.[30] Family planning and reproductive health services are important investments for youth, whose current opportunities (or lack thereof) will shape their countries' and regions' political, economic, and social futures. Without access to family planning and reproductive health, adolescents and young women who become pregnant are more likely to drop out of school, to not enter the labor force, and to have larger families; they and their children will then face greater challenges in remaining healthy.[31] Results from a noted decades-long initiative in Matlab, Bangladesh, show that women and families living in villages with integrated family planning, maternal health, and child health programs had higher incomes, more household assets, higher education rates, and improved nutrition and child survival rates in comparison to villages not included in the initiative.[32] In Pakistan, families with five or more children devote 75 percent of their expenditures to food, as compared to 68 percent in families with two children or fewer. Increased family expenditures restrict potential financial investments in education and health, and increases vulnerability to economic shocks.[33]

These lingering disparities reflect that the international community's goal to achieve universal access for family planning services has not been met. Women in many countries still have a high level of unmet need for family planning, with a large share of births reported as unintended or mistimed. Women face many types of barriers, ranging from geographic to cultural, that inhibit their ability to access family planning. The importance of the "supply" side as a driver of fertility change was demonstrated in a 2000 study of the factors in increased contraceptive use in twenty-six countries between the 1970s and 1990s.[34] Using regression analysis, the authors found that in twenty-four of the twenty-six countries, at least 70 percent of the increase in contraceptive use was attributable to couples' pre-existing desire to use family planning, rather than changing preferences related to family size.[35] Some of the factors that can diminish contraceptive use, and therefore contribute to unintended

pregnancy, are not knowing a source of family planning; having to travel for thirty minutes or more to acquire it; having few methods to choose from; high prices for contraceptives; cultural expectations requiring the approval of a husband, mother-in-law, or community; unnecessary or restrictive practices or bias by medical providers; and misinformation, particularly about side effects.[36] Efforts to ensure that the basic human right to reproductive health care is fulfilled must therefore encompass a range of strategies ensuring that supplies are in stock on facility shelves and that health care providers are well-trained and tackling entrenched gender inequities that limit women's access to information, mobility, and decision-making power.

Demographic Security and U.S. Foreign Policy

The integration of demography, and its associated policy levers (including family planning and reproductive health), is vital for the success of broader U.S. foreign policy goals, such as promoting development, peace-building, and national security.[37] The elements that motivate demographic change are well known, and unlike other socioeconomic variables, the future trajectory of population dynamics can be fairly accurately projected. However, despite the connection between demographic factors and development and stability—as well as decades of experience implementing family planning and reproductive health programs—demographic issues are often neglected by policymakers outside of public health.

U.S. foreign policy is likely to be affected by forces at both ends of the demographic divide. Developed nations, and the United States to a lesser extent, will have to consider changes to economic policies to accommodate aging populations by cutting entitlements or shifting funding out of other sectors into health, pensions, and other aging-related initiatives. Although there is no panacea to reverse the decline to record-low fertility rates for countries at the end of a demographic transition, cultural and structural policies that promote greater gender equity play an important role.

Meanwhile, it will be difficult for low-income countries to provide sufficient educational and job opportunities that can raise standards of living among rapidly growing populations. Ideally, the youthful phase of the demographic transition would provide an opportunity for economic growth known as the demographic dividend. This occurs when fertility rates decline and the proportion of older youth and working-age adults increases as the percentage of children in the population falls. This transition potentially allows for economic growth because rates of participation in the workforce increase as dependency ratios decrease. While the demographic dividend played a major role in economic growth in East Asia during the end of the twentieth century, it depends on a sound labor market that can provide new jobs for growing numbers of young people.[38] Unfortunately, many countries with young populations are unable to provide these opportunities, even as high fertility rates ensure growing numbers of job seekers for generations to come.

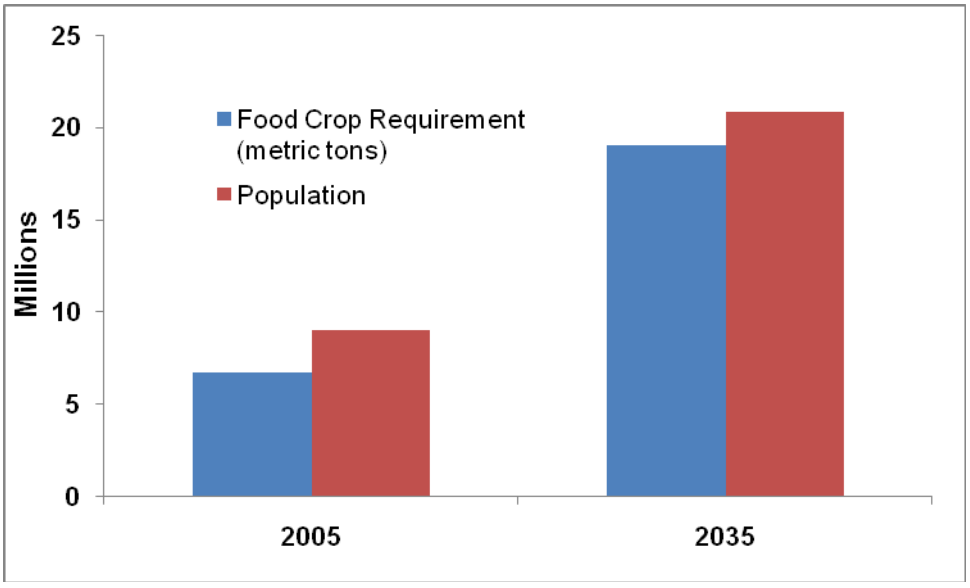
The influence of demography on policy extends well beyond economics. In terms of political power and global security, if sheer population size is considered a correlate of influence, current demographic trends could upset present power dynamics, with India and China together comprising one-third of the world's population. However, research shows that the political effects of demography are likely to be much more complex than a formula of size equals power.[39] Political ramifications occur at the intersection of demographic trends and national resources, including human capital, environmental resources, and economic potential. When countries analyze, plan, and implement policies that effectively address demographic trends, there are fewer political consequences. But when demography is ignored or ineffectively addressed, it is more likely to become a political issue.

Although there is much concern in the developed world about the political and economic consequences of an aging population, the challenge is greater in countries facing intense demographic change, with a lower capacity to adapt. Many governments with rapid population growth lack re-

sources to provide for, and in some cases have neglected to consider, the implications of population change on their human and national development. The connections between population and development have been demonstrated effectively for decades by the U.S. government–funded Resources for the Awareness of Population Impacts on Development (RAPID) model, which quantifies the implications of differing population growth scenarios on a country's economy and for health, education, and environment sectors. Using nation-specific data, RAPID projections illustrate the demands a country will face in maintaining or improving services available to its population as it grows over time, as determined by current high fertility rates and unmet need for family planning.[40]

For instance, RAPID projections show that Tanzania would need to recruit and train more than thirty thousand new nurses by 2035 if fertility rates remain near five children per woman in order to maintain its currently low ratio of health workers per capita. In Rwanda, findings from the RAPID model show that food crop requirements would nearly triple by 2035 if fertility rates remain constant (Figure 4), which has been effective in promoting policy change. After these projections were shared with the president and ministers, Rwanda's government implemented a new family planning strategy, which contributed to a 17 percent increase in the rate of contraceptive use between 2005 and 2008.[41]

Figure 4. Population Growth and Food Security Projections in Rwanda[42]



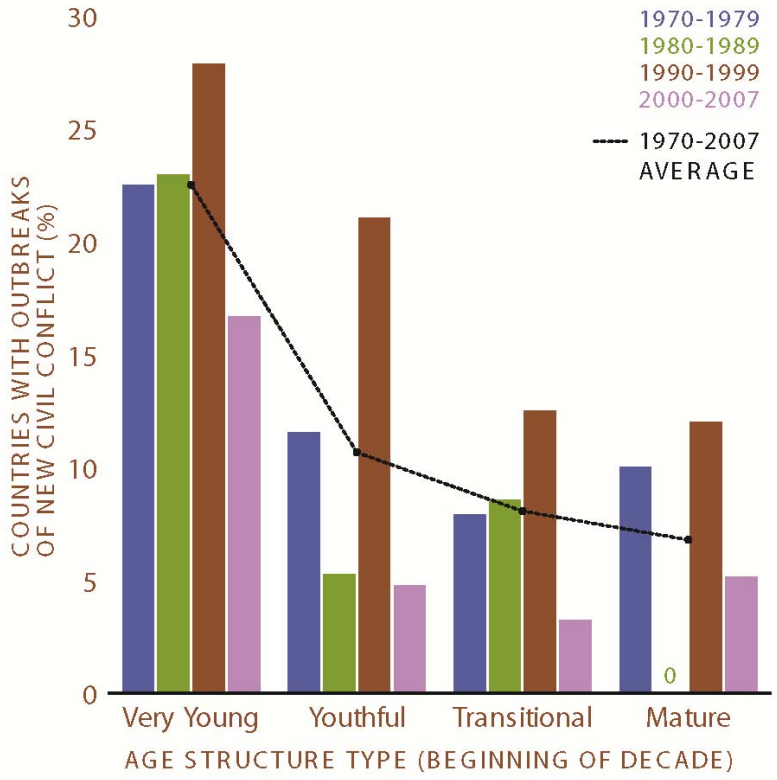
Projections assume a constant fertility rate of 6.1 children per woman.

Researchers have demonstrated that demography significantly influences stability and development, including outbreaks of civil conflict and undemocratic governance. Although there is no linear causal relationship—no demographic threshold that, when crossed, dooms a state to upheaval or tyranny—population trends do affect countries' vulnerability and resilience in the face of potential or actual conflict. Early analysis in the field of demographic security was led by Nazli Choucri, who wrote extensively on the role of population growth among the "constellation of critical variables" driving conflict by increasing pressures on resources.[43] In recent years, research has focused on nuanced demographic factors, such as age structure, as better indicators of conflict risk than sheer population size or population growth rate.[44] Population age structures are more useful measures be-

cause the relative proportion of different age groups within a country's total population is a reflection of progress through the demographic transition.

Population Action International has classified all national populations into age structure types based on the percentage of the population younger than age thirty, relative to older adults above age sixty.[45] Evidence from the 1990s reveals that countries where people aged fifteen to twenty-nine made up more than 40 percent of the adult population were twice as likely to suffer civil conflict.[46] Between 1970 and 2007, 80 percent of all outbreaks of civil conflict occurred in countries in which at least 60 percent of the population was younger than thirty (Figure 5). Only a few of these countries are rated as democracies, and restrictions on political freedoms, corruption, and weak institutional capacity are also common.[47] Data collected from 1950 to 2000 found that countries where 35 percent or more of their adult populations comprised people aged fifteen to twenty-four were 150 percent more likely to experience an outbreak of civil conflict.[48] The correlation is strongest in the case of countries with consistently high fertility rates. Once the demographic transition is fully under way, outbreaks of conflict are less likely, even though populations remain youthful due to demographic momentum from past high levels of fertility.[49]

Figure 5. Age Structure and Conflict, 1970–2007[50]

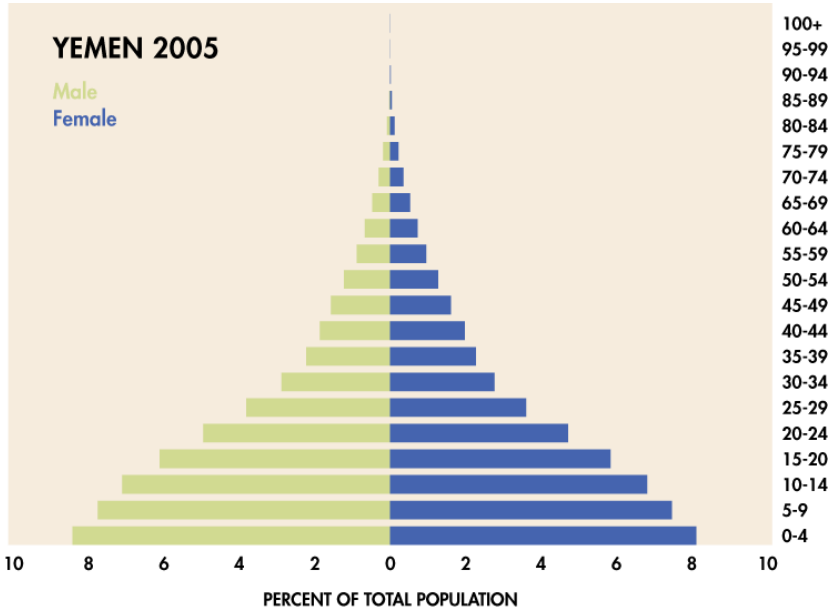


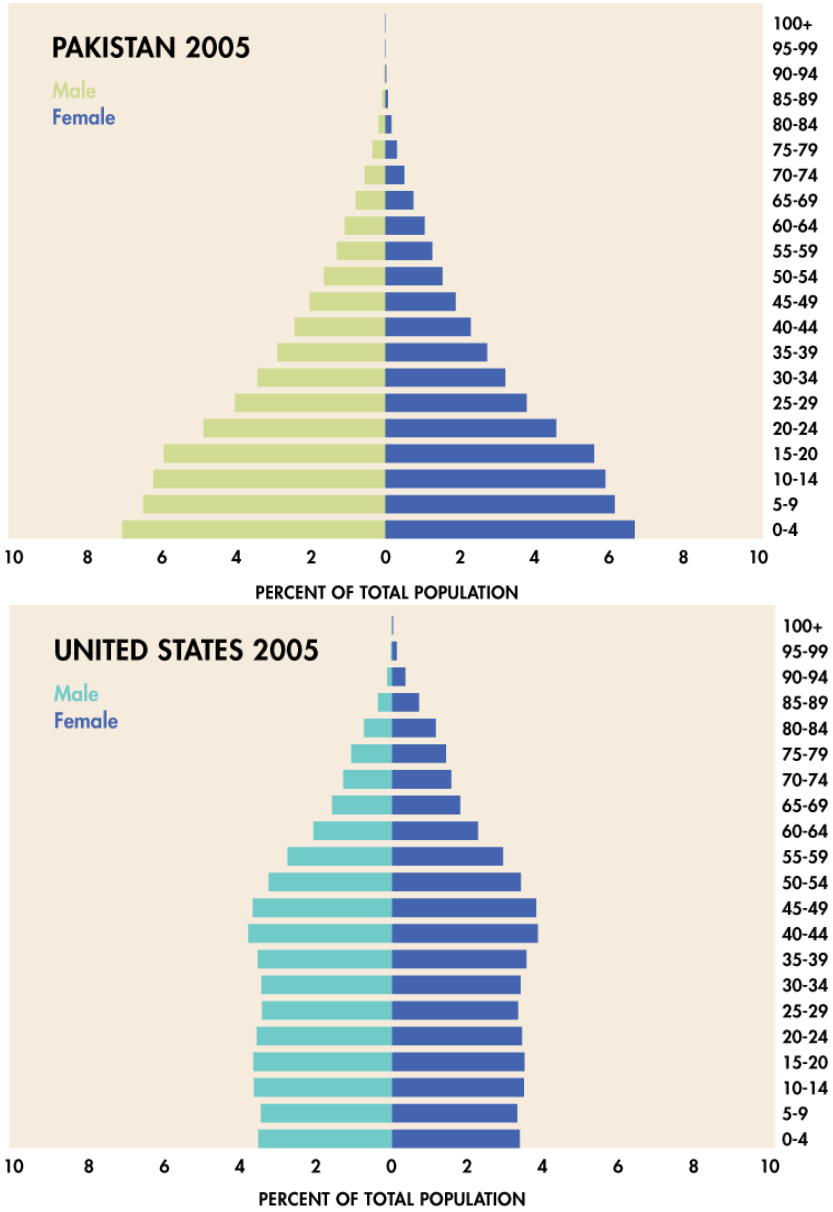
These relationships do not suggest that demography is destiny. Young populations embody a country's potential and, given opportunities to build human capital and participate equitably in society, young people drive the future of development. However, when governments are unable or uninterested in investing in social infrastructures (such as education or employment), demographic trends

can diminish opportunities for this critical segment of the population. Sustained young age structures contribute daunting and growing pressures for job creation, education, and urban infrastructure. In Uganda, which has the youngest age structure in the world, the RAPID model shows that the number of new jobs that must be generated each year due to population growth would more than triple, to 1.5 million by the late 2030s, if fertility rates were to remain above six children per woman. However, in 2009, Uganda's economy was only able to provide new jobs to 100,000 job seekers.[51] A lack of opportunities can promote a sense of hopelessness or desperation that may provide motive to join movements that encourage instability and conflict. Aggregated across a population, individual possibilities and choices, or the lack thereof, are the variables that link demographic trends to security and other aspects of development.

Fragile and failing states, which are becoming a prime area of focus for U.S. foreign assistance and defense policy, typically have high fertility rates and limited capacity to provide for the needs of their rapidly growing populations. For example, Pakistan, which is projected to be the fifth most populous country in the world by 2015 and the fourth by 2035, is a source for much of the conflict within neighboring Afghanistan and also retains periodic hostilities with India.[52] Political instability in Yemen, which has the highest rate of unmet need for family planning in the world, flourishes in an environment where nearly half the population lives in poverty and unemployment is rising. These contexts (Figure 6) illustrate how demography can contribute to the challenges of improving individual well-being, reducing poverty, and promoting human security, as well as the potential benefits if countries commit to policies that shape demographic trends in accordance with individual desires and rights.

Figure 6. Population Age Structures of Yemen, Pakistan, and the United States[53]





Source: Age structure calculated by the author using data from United Nations Population Division, 2009.

REPRODUCTIVE HEALTH AND HUMAN SECURITY

Demographic trends complicate obstacles faced by the government of Yemen and its partners as they address periodic terrorist attacks, ongoing rebellion, civil strife, and growing shortages of natural resources, particularly water. Meanwhile, the oil reserves upon which Yemen's economy has depended are rapidly being depleted, and half of the population lives on less than two dollars per day.[54] The country's population has doubled in less than twenty years, and it has the second-youngest age structure in the world, with 75 percent of the population younger than thirty.[55] This growth strains Yemen's infrastructure, education, health system, and economy. A United Nations review noted that "Less than full attention to the population dynamics in the country…will undermine socioeconomic development efforts."[56]

Many factors contribute to the high fertility rate of six children per woman, chief among them deep-rooted gender inequities. Cultural norms value large families as a sign of women's worth and also restrict women's mobility, limiting their ability to receive education and health care. Yemen has the lowest ranking in the world in the Gender Equity Index, which measures women's educational attainment and participation in the labor market.[57] The National Population Council in Yemen has recognized the pressures that demographic trends place on the country's limited resources and has committed itself to reducing early marriage in the country. More than half of young women are married before the age of twenty, and childbearing begins quickly among married teenagers. An internal family health survey shows that Yemen has the highest rate of unmet need for family planning in the world, with 51 percent of married women wishing to prevent or delay pregnancy, but not using contraception. Only 13 percent of married women are currently using a modern contraceptive method, and only 30 percent of the population has access to family planning and reproductive health care. When couples do consider using contraception, women and men both prefer to wait until they have three or more children, rather than planning and spacing early pregnancies.[58]

At the current fertility rate, nearly 500,000 new teachers and 16,000 new doctors would be required by 2050 to ensure the current standards of living.[59] But, even if the fertility rate declines by nearly half, Yemen's population will still double in less than thirty years.[60] A sense of hopelessness and alienation from the lack of available opportunities, as noted by the United Nations Development Program, contributes to what a reproductive health program manager in Yemen has described as "a large group of poorly educated and bored young men, which poses a security threat to the government and the established society."[61] With the labor force growing faster than the level of available jobs, sustained government commitments to economic development and public health, even in a context of political instability, are imperative.

Yemen's young age structure will be a continuing issue for decades, but the potential of Yemeni youth is promising. Yemeni youth have higher literacy rates than previous generations: Only 9 percent of those aged fifteen to twenty-nine are illiterate, compared to 47 percent of all adults. More than 70 percent of young people support the use of contraception unconditionally.[62] However, it is uncertain whether political, economic and security conditions in Yemen will allow this promise to transform into progress in development for the large youthful generation.

Pakistan demonstrates the consequences of a government's decision not to fully commit to family planning and reproductive health. Its demographic characteristics are often contrasted with Bangladesh (formerly East Pakistan). Pakistan's family planning program started more than fifty years ago, but the rate of contraceptive use has been stagnant for ten years, and a large share of women have discontinued use of family planning. By the early 1990s, the Population Welfare Program—launched by Pakistan's Ministry of Population Welfare in order to achieve population stabilization by 2070 through increasing education for and access to family planning—only reached one-fifth of the population, as women's limited mobility prevented them from accessing clinics even when they were located nearby.[63] At that time, the government instituted a program of home health worker outreach called the Lady Health Workers (LHW) program, which had been the crucial to success of Bangladesh's family planning program. Although the workers have been effective in the villages where they operate, the implementation of family planning remains challenging. Logistical challenges and ongoing political strife compound ongoing gender-related barriers. Nearly two-thirds of reproductive-age women in Pakistan have no education, and in a context where their decision-making power is limited, 22 percent of married women do not know how many children their husband would like to have.[64]

Three indicators reflect this combination of challenges: One-fourth of recent births in Pakistan were unintended or mistimed, one-fourth of married women have an unmet need for family planning, and among married women who have no intention to use contraception, one-fourth cite their own, their husband's, or their religion's opposition to family planning.[65] Unmet demand for family planning directly affects both fertility and demographic trends. Pakistan's total fertility rate was measured in 2007 at 4.1 children per woman.[66] As in most countries, there is a large difference in fertility rates along economic and educational lines. Women with no education have an average of nearly five children each compared to a fertility rate of three children among women with a secondary education. The gap is even greater between those in the poorest and richest wealth quintiles. Because 24 percent of births are unwanted or mistimed, Pakistan's total fertility rate would be three children per woman—near the level of Bangladesh—instead of four, if women were able to prevent unwanted births.[67]

Given the actual fertility rate of four children per woman, the combination of a rapidly growing working-age population and a reliance on agriculture for employment makes job creation both a major opportunity and challenge in motivating development. Population growth would increase the number of unemployed young people aged fifteen to twenty-four from 1 million in 2005 to 6 million in 2030.[68] As summarized by a Population Council study, "If young workers are not targeted now to improve their education and skill levels to adjust them productively in the labor market, Pakistan may miss the one major opportunity emerging from the on-going demographic transition."[69] In the national population policy, the government recognizes that rapid population growth challenges its development progress: "Coupled with poor human development indicators such as low literacy, high infant mortality and low economic growth rates, such a large population will undermine efforts being undertaken to reduce poverty and improve the standards of living of the populace."[70] Pakistan's demographic profile—if accompanied with effective efforts to meet existing needs for family planning, diminish gender inequities, and invest in human capital—could provide major dividends for the country's development, but current conditions do not suggest that these necessary interventions are underway.

The conditions motivating sustained high fertility rates and young age structures in Pakistan and Yemen are not universal, especially within the Middle East and South Asia. Two neighboring countries, Iran and Oman, demonstrate how demographic trends can be motivated by different levels of government commitment and gender equity. Iran has experienced possibly the most rapid demographic transition in history, with a fertility rate falling from 6.5 children per woman at the time of the 1979 revolution to replacement level today. In the late 1980s, at the end of the country's war with Iraq, government officials became concerned about the effect of population growth on employment and other economic sectors. Their requests for a revived national family planning program were approved by high-level clerics, and it was implemented quickly due to a relatively well-developed health system. High rates of literacy and educational enrollment among women have also been crucial in Iran's dramatic demographic shift.[71] In Oman, a rising age of marriage and higher rates of female education have contributed to a decline in the total fertility rate from over six children per woman in the early 1990s to 3.5 today.[72] Additional examples of improvements in reproductive health and progress through demographic transition among Muslim countries include Morocco, Indonesia, Tunisia, and Turkey. There is no reason to expect that sustained political will from the government—matched with adequate financial resources for family planning, reproductive health, girls' education, and other effective programs—could not help promote similar changes in Pakistan or Yemen.

Conclusions and Policy Implications

Countries with sustained young age structures, such as Pakistan and Yemen, are not destined for upheaval, fragile governance, or poverty, but demography combines with other variables for a future scenario that is not favorable. U.S. foreign policy leaders have increasingly noted the importance of demographic trends as a factor influencing stability and development in countries of strategic interest. In a 2008 speech, Secretary of Defense Robert Gates projected, "Looking ahead, I believe the most persistent and potentially dangerous threats will come less from emerging ambitious states, than from failing ones that cannot meet the basic needs—much less the aspirations—of their people."[73] The National Intelligence Council has identified a demographic "arc of instability" of countries with youthful populations, particularly in Africa and the Middle East.[74] In a forum at the Center for Strategic and International Studies in 2010, the commander of the newly-established U.S. Africa Command (AFRICOM), General William Ward, discussed the ramifications of a "rapidly growing population" on food security, environmental concerns including climate change adaptation, and health.[75] President Obama's 2010 National Security Strategy noted that, "We have a strategic interest in ensuring that the social and economic needs and political rights of young people in [the Middle East], who represent one of the world's youngest populations, are met."[76]

Secretary of State Hillary Rodham Clinton has also discussed the connections between global health and national security, as well as the value of family planning and reproductive health within broader public health initiatives. In addition to being derived from values of humanitarianism and development, "We invest in global health to strengthen fragile or failing states…[and] to protect our nation's security," she said in a recent speech.[77] Elaborating on the U.S. government's programming, she explained that, "Family planning represents one of the most cost-effective public health interventions available in the world today."[78] In Pakistan and Yemen, the costs of fulfilling unmet need for family planning would be outweighed by net savings of $292 million and $104 million, respectively, in achieving the Millennium Development Goals for health, education, and environmental sustainability.[79]

The U.S. government is already the largest donor to international family planning programs in absolute terms, and the United States Agency for International Development's family planning program is a notable success story in development assistance. In 2007, U.S. government funding directly supported the provision of contraceptives to nearly 60 million women in developing countries.[80] Several countries that received significant U.S. support for family planning in the past, among them Brazil, Indonesia, Mexico, South Korea, and Thailand, have succeeded in building domestic sustainability of these programs and, in some cases, have become donors of reproductive health assistance themselves.

Family planning and reproductive health programs, within the rights-based approach to development outlined at the International Conference on Population and Development, have generated achievements over decades in expanding access to services often taken for granted in developed

countries. Still, continued investments are needed to meet individual needs and promote international development. Currently, 215 million women in developing countries would like to prevent or delay future pregnancy but are not using an effective contraceptive method. Meeting this demand would reduce the number of maternal deaths and unsafe abortions by at least 70 percent, and newborn deaths would decline by nearly half.[81]

However, even with increases in congressional appropriations, the United States does not yet provide what can be considered its "fair share" of support for international family planning, which would be $1 billion or more annually.[82] Despite the challenging fiscal environment, family planning is an extremely cost-effective development intervention that should be a higher priority. U.S. government funding could also be made more effective by targeting resources to expand programs in countries with the highest rates of unmet need, integrating family planning and reproductive health services into HIV/AIDS prevention programs and the Global Health Initiative. It should also restore technical leadership in contraceptive technology research, program innovation, and tools to monitor and evaluate family planning service delivery and communications.

Beyond official development assistance, evidence-based demographic analysis should increasingly be included in future security-related assessments, as the National Intelligence Council has done with its *Global Trends 2025* report.[83] In addition, Congress could provide direction or guidance on including family planning and reproductive health programs in conflict prevention initiatives and post-conflict stabilization and reconstruction programs. The need for reproductive health care in post-conflict and humanitarian emergency settings is great, but conflict-affected countries receive less international funding for reproductive health than other countries.[84] Through these recommendations, the United States can promote institutional, interagency attention and support for family planning and reproductive health programs, as they play a crucial role in the success of U.S. foreign policy objectives.

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