

# THE EFFICACY OF WOMEN'S HEALTH RESOURCES IN DEVELOPING COUNTRIES

Neele Thom

*ABSTRACT: The lack of access to health and family planning resources for women in impoverished countries has been recognized as a major barrier to national growth. Not only are equality and full reproductive agency for women inherent characteristics of a more developed nation, but other factors also largely depend on the well-being of female populations. When women are given access to family planning education, they tend to choose to prioritize the financial security of their families over sheer procreation. This goes on to benefit communities and nations as women's rights are restored, individuals invest more in regional economies, and the overuse of limited resources is slowed. It is important to highlight that providing access to family planning and contraception in this argument is not equivalent to enforcing the use of that contraception. Rather, providing these resources is a response to a large contraceptive need - women who themselves desire to use contraception but do not have access to it. There has been great success in women's health programs such as The Maternal and Child Health and Family Planning Program in Bangladesh, which is attributed with having decreased the fertility rate from 5 to 2.2 children per woman on average. Although there have been great recorded successes in meeting contraceptive need, resources are still extremely limited and some countries also face staunch sociocultural barriers.*

## Introduction

In recent years, the UN has set eliminating extreme poverty as its primary goal. This comes in light of a global population that has become increasingly aware of how fast the world around us is changing for the better – obviating the issues still being faced. The UN recognizes that there are an estimated 836 million people still living in extreme poverty, and that the gross majority of these people live in “small, fragile, and conflict-affected countries” (UN, 2015). These impoverished countries (primarily in Asia and Africa) make up a majority of the developing world, and the UN has set its goal for these regions to aid in their progression. Sustainable populations are defined to be those that allow for equal and adequate resources (such as jobs and land) to be supplied to all members of the population. Sustainable populations can fluctuate in size, but growth and decline should still allow for sufficient access to resources for all people. Growth of a country is often character-

ized by a sustainable economy, widely available health resources, and equality between genders. Not only are these factors interdependent, they also have significant reliance on the health and education of women. Although a seemingly uninvolved matter, the well-being of a country's female populations is actually incredibly dependent on economic factors, because the lack of access to education and health resources specifically can result in dangerous and unintended pregnancies that contribute greatly to unsustainable populations, defined by high concentrations of youth (Crenshaw, 1997). This is to disprove that women's rights are an afterthought or luxury that comes with being a developed country, but rather an essential and inherent right that sustainable growth hinges on. Exponentially increasing populations in impoverished regions can often lead to the stunting of regional economy (Easton, 2014) and the overuse of limited resources (FAO). Although the interdependency of these issues results in their ramping intensity, it is also key to their resolution. Solutions set in place to provide health and family planning

resources for women will then also relieve some of the pressure caused by the resulting economic complications of large populations that result from unmet contraceptive need. In order to resolve issues that are characteristic of developing countries and catalyze their growth, it is essential to heavily increase the amount of and access to health education resources for women.

### **Health in the Context of Women's Rights**

It has been frequently documented that the status of women in a country is correlated with that country's level of development. However, it is important to define which characteristic is the causal one. It is not that women reap benefits as a nation progresses, but rather the fair treatment of women that catalyzes such growth. In fact, it has been estimated that "losses in [national] achievement" such as academic or economic achievement "due to gender inequality range from 17%-85%" (UN). The same study also found that countries with greater disparities between the treatment of men and women had similarly "unequal distribution of human development" – referring to large, youth-dependent populations (UN). The fair treatment of women is hinged particularly on access to general education and availability of health resources such as contraception (WHO). This is not to say that solely access to health care is equivalent to gender equality, but it is an important facet of it. Other expressions of equality are similarly important human rights – and are inherently deserved by the same women discussed – but this argument aims to focus on the result of meeting women's health and health education needs. Allowing women to express and act on their own reproductive agency is key to the upward mobility of impoverished countries. When discussing the increased distribution of contraceptives in developing nations, it is necessary to clarify that it is presented first as an option for women to control their own maternal health, but even further as part of the general education that they deserve. The United Nations Girl's Education

Initiative (UNGEI) has found that women in developing countries most strongly seek education above any other resources or amenities. It was also found that women who received general education were more prone to seek careers and higher education. Additionally, they are more likely to want smaller families and delay having children. The UNGEI has estimated that "one year of female schooling would reduce fertility by ten percent" (2016), further supporting the notion that the development of a nation by way of shifting priorities away from procreation and towards gender equality begins by educating women and restoring their reproductive agency. Empowering women by giving them the tools to make their own decisions about family life and their own maternal health is necessary before national development can occur.

### **Unmet Contraceptive Need and Health Resources**

The current state of women's health is not favorable, but has certainly been seeing improvement. The specific concentrations of women's health as key to population growth include meeting contraceptive need, and providing family planning options. Women with unmet contraceptive need are defined to be women who themselves desire contraception, but either have no access to it, or cannot afford it – of which the United States Agency for International Development currently estimates includes 225 million women and girls worldwide (Schivone, 2016). Because most of this need is concentrated in rural regions of developing countries with limited medical resources, it creates a seriously dangerous environment for mothers. Not only would meeting contraceptive need avert "70,000 maternal deaths", but it would also prevent "52 million unintended pregnancies overall" (Schivone, 2016, p.171). These unintended pregnancies are dangerous for several reasons. They endanger women who give birth in unsafe conditions, and are problematic for families who cannot financially support more children. However, the

gravity of these repercussions is beginning to be realized. In the years between 2000 and 2015, the number of women using contraceptives in developing countries has nearly doubled thanks to the increase of health workers (Davis, 2012). An example of a particularly beneficial resource is health extension workers – women who often walk up to eight hours a day to reach women with an unmet need. These women provide contraceptive options and health education to people who want these resources in rural communities – who are recorded to have the most difficulty getting access to family planning resources (Davis, 2012). Although this kind of resource has been wildly beneficial, it is still incredibly limited due to a lack of trained workers, and thus its potential for success has yet to be reached.

Another resource that has seen great success in other parts of the world is family planning centers. These centers provide education for women and their families, and have been shown to help women make their own educated decisions about the size of their families (Rosling, 2014). However, due to geographic factors, there are far too few of these centers, and women lack the transportation to reach them (Jackson, 2016). Even if a woman can manage to make the trip out, the options she is offered can still be extremely limited and expensive. For families that currently use contraception, it takes somewhere from 5-10% of their household income (Davis, 2012). Health extension workers and family planning centers are the kind of resources that could potentially help fulfill women's contraceptive needs, giving them the tools to express their own reproductive agency.

As more resources for women are made available in developing countries, the potential for women's empowerment to slow the growth of poverty becomes clearer. Of the 4 billion people expected to be born into the world by the end of the century, 90% will be born in impoverished countries. Although a portion of this statistic is due to a cultural trend for a larger family size, a problematically large portion is the result of

unmet contraceptive need and a lack of education and family planning resources (Rosling, 2014). Arguments to provide women with the tools to control their own reproductive health should take no issue with larger family sizes if that is the will of the mother. Rather, it is mothers who wish to control the number of children they have but do not have the resources to do so that require action to be taken. Sub-Saharan Africa suffers particularly from unmet need – their population is expected to increase by 125% over the next 34 years (Schivone, 2016).

For some countries that have embraced the benefits of women's health resources, the situation is not so dire. Bangladesh has been seeing the rise of a new generation of women that educate others about contraception and family planning. Women in smaller Bangladeshi communities have found great success in holding community meetings, where topics of discussion include sex education and maternal health (Davis, 2012). These community meetings are incredibly popular, which exemplifies how urgent the want for education is among these populations of women. The biggest achievement in Bangladesh has been the implementation of The Maternal and Child Health and Family Planning Program (MCH-FP) in 1977. Its establishment provided women in "designated 'treatment' villages with home delivery of contraceptive supplies, follow-up services, and general advice" (Joshi, 2013, p. 149). Over the course of the program more services were added and expanded to reach more regions, and by 1996, the fertility rate of Bangladesh had decreased by 17%, as women received more education (Joshi, 2013). By 2015, the average number of children born per woman dropped from 5 to about 2.2 (Rosling, 2014). This is a very significant figure, because if mothers have just two children, effectively replacing just themselves and the father, the population does not grow or decline, which gives impoverished nations a chance to heal (Freeman, 2013). This amount of progress is entirely due simply to liberating women's reproductive agency, and clearly shows how pop-

ulation dynamics respond to slowing birth rates. This kind of impact on the projected world population prevents economic stunting that unsustainable populations cause, but importantly, it does so by returning the right to control fertility to individual women.

### **Economic Response to Unsustainable Populations**

Large populations put serious economic stress on families in developing countries. For families living outside of major cities, the primary source of income is farming. Farming families will save up money to purchase items that allow them to produce more products, which then allows them to earn more money. A family may, for instance, save up for a bicycle that allows them to carry more of their crop to market faster than before when they had to walk (Rosling, 2014). However, this cycle gets interrupted when populations grow unsustainably. There is only so much land for families to grow crops on, so more people are restricted from expanding their businesses and thereby their familial economic standing is stunted (Rosling, 2104). A study comparing population dynamics and economic development noted that “high fertility and rapid growth ... are detrimental to [economic] development” (Crenshaw, 1997, p. 980). This is important because it recognizes the danger of youth-concentrated populations that result from unmet contraceptive need. Using population dynamics to evaluate a correlation with economic development allows for the analysis of not only low or high relative populations, it also takes into account age distribution. The type of population that developing countries undergoing unsustainable growth are made up of are characterized by heavily concentrated younger populations and sparse older populations. This is a sign that parents are having more children than were in their original families, graphically explaining the trend towards larger populations. Age distributions are particularly useful because although two populations may

have the same current population, the age trend will show whether the population is growing or declining – and this is what leads to different outlooks for economic development. The same study found that populations that are more youth-dependent have a more negative effect on the region’s economy than populations which have smaller youth populations. Although it may be argued that increased birth rates allow for a larger workforce to produce more wealth, this statistic shows that this claim is not necessarily true since high concentrations of child populations were found to be related to lower economic development due to limited resources and job availability (Crenshaw, 1997). Educated women are more likely to choose to have smaller families, but without contraceptive options, populations grow increasingly concentrated younger generations that hinder economic growth and the overall development of a country.

### **Emerging Social Trends**

The effect of specific population demographics is beginning to be more realized by local families in these youth-dependent countries. Part of the reason Bangladesh has had such great success in decreasing the rate of unintended pregnancies and overall fertility rate has been due to the education of men as well as women. Women often face pressure by their husbands to bear more children unwillingly, particularly if the mother has not had a son (Libbus, 1997). Fathers have begun to understand what benefits a small family size can have. In one two-child family interviewed, the father stated that he would rather have a small family so that their income is sufficient to provide his children with a comfortable life; if he had more children, he would not be able to provide them all with the same life (Rosling, 2014). This same family has also particularly benefitted from the area’s new health resources for women, as the mother of the family now works as a health extension worker. In fact, programs like MCH-FP have opened up many new jobs – particularly for women.

With more women providing a secondary income for their families, not only do they help improve their family's economic standing, but it also has an interesting effect on family size. When women in families begin to work, they set aside having children until they feel they are economically stable enough to provide for them (Snopkowski, 2016). Prioritizing income stability over bearing more children again leads to a decrease in the projected population growth as women gain more control, and the restraints that are characteristic of overpopulation are loosened further. It is an important step in achieving the gender equality that is distinctive of national growth that women have the tools and education to make decisions about their priorities. Based on these observations, the education and empowerment of women has a clear ability to reduce poverty that is worsened by high rates of unintended births.

Although many countries have begun to prioritize contraceptive use and family planning, there are still staunch barriers to gross expansion of such resources. The most common barrier referred to by researchers is cultural or religious influence. A 1997 study of Jordanian people's beliefs about contraception evaluated how deeply rooted this impediment was (Libbus et al.). It was also set to evaluate whether this barrier was preventing access to contraception for women who themselves desire to use it, or if the women choose to have many children. To clarify, this argument finds error with a scenario that places the decision to have children in the hands of anyone but the mother, not with women wanting more children due to cultural trends. The study interviewed a sample of women (a majority of which personally used contraception) and their husbands to determine how involved culture was in their decision to use or avoid contraception. Overall, the study concluded that "the social and economic value of children in combination with cultural and reli-

gious norms have contributed to the limited use of contraception" (Libbus et al., 1997, p. 87). Jordan is predominantly Muslim, and although Muslim religious texts do not specify a position on contraceptive use, 50% of "husbands interviewed felt that family size should be left up to God"; this is compared to an average of 6.85% of women who hold the same belief (Libbus, 1997, p. 87). The social value of children seemed to be particularly engrained into decisions about family planning – decisions that were mostly controlled by the men and elders of households. Jordanian culture places particular value on sons, as they are considered to provide "physical security" as well as "political strength and social prestige" of a family (Libbus, 1997, p. 86). Many mothers feel immense pressure from family members to have a lot of children because many Muslim cultures believe that "procreation is the primary goal of marriage" (Libbus, 1997, p. 86). Mothers who have already had two children feel less of this pressure, unless the two children they have are female.<sup>1</sup> Nevertheless, there is a new trend emerging that leans away from prioritizing procreation, and towards increasing time spent nurturing the children that a couple already has. This trend is led by younger women who object to other cultural practices that they have found oppressive. It is trends like these that show how much women desire to make decisions for themselves about bearing children, and that when their authority is embraced, fertility rates decline. It is essential to overcoming oppressive facets of culture or religion that this call to meet the health requirements of women is answered. Women in developing countries rightfully demand access to health education and contraceptive tools, and it is meeting this demand that results in progress towards gender equality and sustainable upward mobility of a nation.

<sup>1</sup>This alludes to a disadvantage of providing more family planning because it opens up an opportunity for sex-selective abortions that further perpetuate gender imbalances and have other highly destructive ramifications. This debate is discussed further elsewhere (Hesketh, 2011).

## References

- Crenshaw, E.M., Ameen, A.Z., & Christenson, M. (1997). Population Dynamics and Economic Development: Age-specific Population Growth in Developing Countries, 1965-1990. *American Sociological Review*, 62(6), 974-984.
- Davis, B. (Director/Producer), Guild, A.S. (Co-Producer). (2012). *Sister*. [Motion picture]. United States: Collective Eye Films.
- Easton, A. (1999). Philippines Birth Rate Affects Economy. *The Lancet*, 353, 1687
- FAO of the United Nations. (2016). Specific Issues of Developing Countries. Retrieved May 17, 2017, from <http://www.fao.org/docrep/006/y8705e/y8705e06.htm>.
- Hesketh, T., Lu, L. & Xing, Z.W., (2011). The Consequences of Son Preference and Sex-Selective Abortion in China and Other Asian Countries. *Canadian Medical Association Journal*, 183(12), 1374-1377.
- Hillman, D. (Director). (2013). *Don't Panic – The Truth about Overpopulation*. [Motion picture]. United Kingdom: BBC.
- Jackson, R., Tesfay, F.H., Godefay, H. & Gebrehiwot, T.G. (2016). Health Extension Workers' and Mothers' Attitudes to Maternal Health Service Utilization and Acceptance in Adwa Woreda, Tigray Region, Ethiopia. *Plos ONE*, 11(3), 1-15.
- Joshi, S., & Schultz, T. (2013). Family Planning and Women's and Children's Health: Long-Term Consequences of an Outreach Program in Matlab, Bangladesh. *Demography*, 50(1), 149-180.
- Libbus, K. & Kridli, S. (1997). Contraceptive Decision Making in a Sample of Jordanian Muslim Women: Delineating Salient Beliefs. *Health Care for Women International*, 18(1), 85-94.
- Schivone, G.B. & Blumenthal, P.D. (2016). Contraception in the Developing World: Special Considerations. *Seminars in Reproductive Medicine*, 34(3), 168-174.
- Snopkowski, K., Towner, M.C., Shenk, M.K. & Colleran, H. (2016). Pathways from Education to Fertility Decline: A Multi-site Comparative Study. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 371, 1-12.
- United Nations (UN), (2010). Human Development Report: A New Measure of Gender Inequality. United Nations Development Programme. (2010). Human Development Report 2010: 20th Anniversary Edition. The Real Wealth of Nations: Pathways to Human Development. New York: Palgrave Macmillan.
- United Nations Girls Education Initiative (2016). Global Section: Girls Education Plays a Large Part in Global Development. Retrieved May 17, 2017 from [http://www.ungei.org/news/247\\_2165.html](http://www.ungei.org/news/247_2165.html)
- World Health Organization (2016). Ten Top Issues for Women's Health. Retrieved May 17, 2017 from <http://www.who.int/life-course/news/commentaries/2015-intl-womens-day/en/>.