Population growth and universal access to reproductive health

population growth plays a crucial role in achieving universal access to reproductive health, including basic health services such as antenatal care, skilled health care at childbirth and contraceptive method information, counselling and supplies. The implications of population growth for universal access to reproductive health are particularly relevant for sub-Saharan Africa, a region that has experienced rapid population growth that is projected to remain above 2 per cent per year through 2030,1 the period of the post-2015 development agenda.

1. Large gaps persist in the coverage of reproductive health services in sub-Saharan Africa, but the absolute number of people receiving key services increased substantially

Sub-Saharan Africa will fall short of achieving universal access to reproductive health by 2015, a target under Millennium Development Goal 5 to improve maternal health.² Yet the expansion of health services becomes more apparent when the absolute numbers of people

Figure 1. Percentage of people receiving a reproductive health service in sub-Saharan Africa, 1990-2012

60
50
2012
48
50
40
26
2012
Antenatal care visits
Skilled birth

Data source: United Nations (2014) Millennium Development Goals Report 2014.

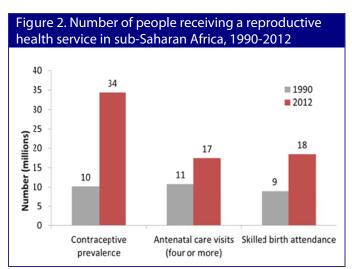
(four or more)

prevalence

reached are considered rather than just the percentage of the population covered.

Contraceptive prevalence among married or in-union women (15-49 years) increased from 13 per cent in 1990 to 26 per cent in 2012 (figure 1), and one in four married or in-union women still has an unmet need for family planning. However, the number of married or in-union women in sub-Saharan Africa using contraceptives more than tripled from 1990 to 2012, from 10 million women to 34 million (figure 2).^{3,4}

The percentage of women (15-49 years) who received at least four antenatal care visits during pregnancy from skilled health personnel increased minimally, from 48 per cent in 1990 to 50 per cent in 2012. At the same time, the estimated number of births in the region for which mothers received four antenatal visits increased by more than half, from 11 million births in 1990 to 17 million births in 2012.



Data source: Kantorová, Biddlecom and Newby (2014)

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attendance

Sub-Saharan Africa made moderate progress in increasing the proportion of births attended by skilled health personnel, from 40 per cent in 1990 to 53 per cent in 2012. Yet the absolute number of births attended by a skilled health provider doubled from an estimated 9 million births in 1990 to 18 million births in 2012. These numbers indicate both the considerable challenge posed by high population growth for expanding basic health services and the real progress made in the region.

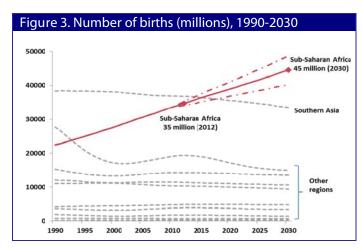
2. Sub-Saharan Africa has high population growth now and through 2030

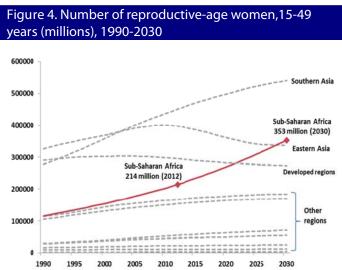
Though the average number of births per woman is declining in sub-Saharan Africa, the absolute number of births is projected to increase by 28 per cent from 35 million births in 2012 to 45 million births in 2030, surpassing Southern Asia (figure 3).^{1,5} The number of reproductive-aged women in sub-Saharan Africa is projected to increase rapidly, by 65 per cent, to 353 million women in 2030, as today's large youth generation moves into reproductive age (figure 4). The region is projected to have the second largest number of women of reproductive age in 2030, surpassing Eastern Asia.

While there is uncertainty around future population change, much of the population increase in sub-Saharan Africa is largely inevitable. Depending on the pace of future fertility decline, the number of births in sub-Saharan Africa could be between 40 million births and 49 million births in 2030 (95 per cent uncertainty intervals of the probabilistic projections).⁵ In contrast, the uncertainty of projections is much smaller for the number of women of reproductive age in 2030.

3. Population data and projections must inform targets and strategies to ensure universal access to reproductive health and rights

The post-2015 development agenda will lay out new goals and targets for the world through 2030, including those related to the unfinished business of the MDG5 target on reproductive health. Investments in reproductive health and rights need to be accelerated in order to meet the needs of a much larger number of women of reproductive age and their children by 2030 (figures 3 and 4). New targets on reproductive health and rights, and the programmes and policies to achieve those targets, should take into account the population changes already underway.





Data source: United Nations (2013) *World Population Prospects: The 2012 Revision*. Note: Geographic regions are the same as in the 2014 MDG report. See http://unstats.un.org/unsd/mdg/Default.aspx. For the number of births in sub-Saharan Africa (fig. 3), dashed red lines show 95 per cent uncertainty intervals of the probabilistic projections.⁵

NOTES

- ¹ United Nations (2013). World Population Prospects: The 2012 Revision. http://esa.un.org/unpd/wpp/index.htm
- ² United Nations (2014). *Millennium Development Goals Report 2014*. http://mdgs.un.org/unsd/mdg/default.aspx
- ³ Calculations based on United Nations (2013) *World Population Prospects: The 2012 Revision*, United Nations (2014) *Millennium Development Goals Report 2014*, and United Nations (2014) *Model-based Estimates and Projections of Family Planning Indicators 2014*, available from www.unpopulation.org.
- ⁴ Vladimíra Kantorová, Ann Biddlecom and Holly Newby (2014). Keeping pace with population growth. *The Lancet*, vol. 384, No. 9940, pp. 307-308.
- ⁵ United Nations (2014). *Probabilistic Population Projections based on the World Population Prospects: The 2012 Revision*. http://esa.un.org/unpd/ppp/index.htm.

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