



FAMILY PLANNING AND REPRODUCTIVE HEALTH: THE LINK TO ENVIRONMENTAL PRESERVATION

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October 17, 2007

UCSF

ACKNOWLEDGMENTS

The authors gratefully acknowledge the support of the Weeden Foundation, the Winslow Foundation, and the Compton Foundation, which made the preparation of this study possible. We also thank the following reviewers for their many constructive comments on earlier versions of the manuscript: Stan Bernstein, Senior Policy Advisor for Sexual and Reproductive Health, UNFPA; Lester Brown, Founder, President, and Senior Researcher, Earth Policy Institute; Edith Eddy, Executive Director, Compton Foundation; Robert Engelman, Vice President for Research, Population Action International; Victoria Markham, Director, Center for Environment and Population; Rachel Nugent, Director, BRIDGE (Bringing Information to Decisionmakers for Global Effectiveness), Population Reference Bureau.

SUGGESTED CITATION

Speidel J.J., et al. 2007. Family Planning and Reproductive Health: The Link to Environmental Preservation. San Francisco, CA: University of California, San Francisco, Bixby Center for Reproductive Health Research & Policy. (An abridged version of this paper appeared in *Population and Environment* (2007) 28:247-258.)

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EXECUTIVE SUMMARY

- **Human consumption is depleting the Earth's natural resources and impairing the capacity of life-supporting ecosystems.** Humans have changed ecosystems more rapidly and extensively over the past 50 years than during any other period, primarily to meet increasing demands for food, fresh water, timber, fiber, and fuel, according to the United Nations-sponsored Millennium Ecosystem Assessment.
- **Increasing levels of consumption per capita, together with world population growth from 2.6 billion in 1950 to 6.7 billion today, have been major contributors to environmental damage.** Population is growing by about 78 million each year, and the United Nations' medium-variant population projection suggests that between 2007 and 2050, the world will have to accommodate 2.5 billion additional people. Desperately needed advances in living standards for the nearly three billion people living in poverty will further increase consumption of natural resources.
- **Strengthening family planning services in developing countries is key to slowing birth rates and limiting world population to 9.2 billion by 2050.** If birth rates remain unchanged, world population will grow to **11.9 billion** during the same time, threatening social and economic progress and undermining efforts to preserve the natural environment.
- **Unintended pregnancy is the factor in continued population growth that is most amenable to program and policy intervention.** Worldwide, 80 million pregnancies (38 percent of all pregnancies) are unintended. More than 200 million women in developing countries who would like to delay their next pregnancies, or stop bearing children altogether, must rely on traditional, less effective methods of contraception (64 million) or are using no method because they lack access or face other barriers to using contraception (137 million).
- **Family planning programs have a successful track record of reducing unintended pregnancies, thereby slowing population growth.** The diverse experiences of Thailand, Iran, and California offer salient examples in which impressive declines in birth rates and population growth were achieved in a short period of time through implementation of well-managed, fully voluntary family planning programs that meet the needs of individuals and families.
- **To build on these successes, greater financial resources will be needed.** Unfortunately, family planning programs are seriously under-funded by donors and developing country governments. The report estimates that foreign aid for population programs should be \$5 billion for family planning, \$5 billion for reproductive health, and \$10 billion for HIV/AIDS. However, current assistance is less than 10 percent of the amount needed for family planning, and only about one-quarter of the amount needed for reproductive health and HIV/AIDS.

OVERVIEW

Population gained acceptance as an environmental issue in the late 1960s and early 1970s, following the publication of Paul Erlich's book *The Population Bomb* and the celebration of the first "Earth Day." More than 30 years later, population seems to have largely dropped off the environmental movement's agenda, due at least in part to three factors: uncertainty and controversy around population and related issues, such as family planning, abortion, and reproductive health; the political dominance of a largely anti-environmental White House and Congress within the United States; and a shifting of priorities within the U.S. movement due to difficult fights over a broad variety of immediate threats to the environment.

Parallel to these developments, activists concerned about population policies and programs increasingly have focused their attention on ensuring that family planning and other reproductive health programs respond to the needs of women and men and are fully voluntary. Less attention has been focused on the demographic rationale or consequences of population programs and, consequently, their environmental implications. Like their environmentalist colleagues, family planning and reproductive health advocates in the United States face determined opposition from social and other ideological conservatives, who try to minimize the significance of continued population growth or to limit the medical options of those seeking to avoid pregnancy and disease.

This paper seeks to refocus the attention of environmentalists on the importance of population trends to environmental sustainability and identifies prevention of unintended pregnancy as potential common ground for environmentalists and family planning advocates. The health and other welfare benefits of preventing unintended pregnancy are felt most keenly by individual women, men, and their families. At the same time, however, preventing unwanted pregnancies usually results in smaller family size, an important factor in slowing population growth and, as a result, a source of broader benefits—including environmental benefits—to society.

POPULATION-ENVIRONMENT INTERACTIONS: POPULATION GROWTH, CONSUMPTION, AND HUMAN IMPACT

As much as half of the Earth's total biological productivity has already been diverted to human use, depleting our natural resources and impairing the capacity of life-supporting ecosystems.¹⁻⁷ Continued growth in the world's population will add to this environmental burden and, in places where growth is proceeding rapidly, will undermine the prospects for socioeconomic development.^{1, 8, 9} The United Nations (UN) medium-variant population projection suggests that between 2007 and 2050, the world will have to accommodate 2.5 billion additional people and support desperately needed advances in living standards for nearly three billion people living in poverty.^{10, 11}

The impact of humans on their environment is related to population size, per capita consumption, and the environmental impact of the technology used to produce what is consumed. Although an oversimplification, this relationship has been represented by the "IPAT" equation: "I [impact] = P [population] x A [affluence/consumption] x T [technology]. Between 1950 and 2000, the

world's population more than doubled, from 2.5 billion to 6.1 billion.¹⁰ At the same time, the gross world product expanded nearly seven-fold, from approximately \$7 trillion to \$46 trillion of annual output.¹² Continued modest growth in per capita consumption, at a rate of just two percent annually, would result in a four-fold increase in per capita consumption by 2075. Combined with a projected 52 percent increase in population size over the same period, this level of consumption could require economic production to increase six-fold.¹³ To achieve this without further degradation of important ecosystems presents a daunting challenge.

The recent UN-sponsored Millennium Ecosystem Assessment, which was conducted by more than 1,300 experts in 95 countries, examined the effects of ecosystem change on human health and well-being.⁶ It found that humans have changed ecosystems more rapidly and extensively over the past 50 years than during any other period, primarily to meet increasing demands for food, fresh water, timber, fiber, and fuel. It also estimated that 60 percent of ecosystem services—the benefits people obtain from ecosystems—are being degraded or used unsustainably.⁶

Examples of ongoing environmental degradation include the following:

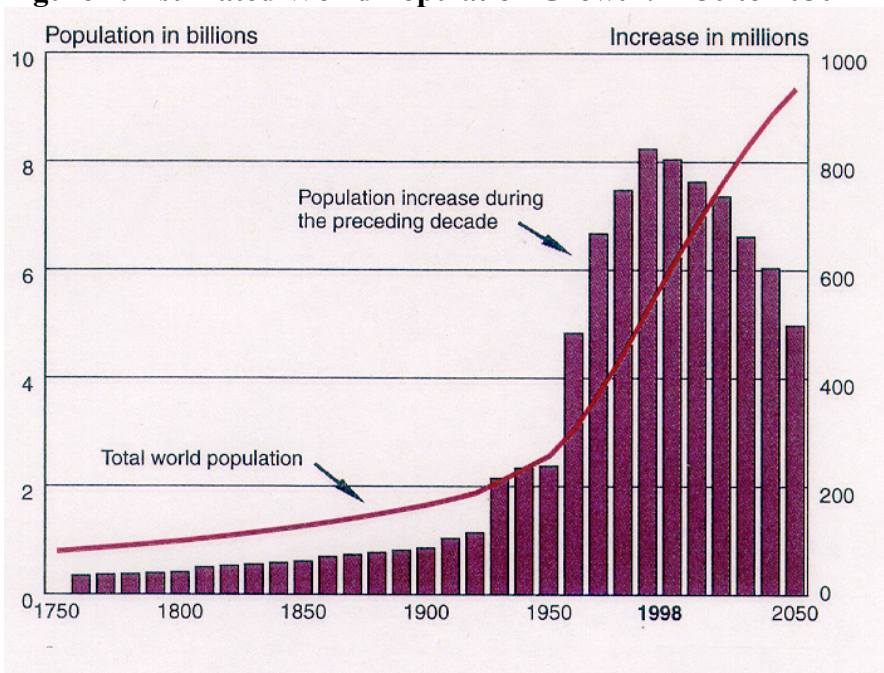
- Forests are dwindling: global forest cover has declined by 50 percent since pre-agricultural times.⁷ Rising use of forest products for paper, lumber, and fuel is accelerating the process. Since the beginning of the 20th century, 22 percent of forest cover has been lost,¹⁴ and in the Amazonian rainforest the decline is even steeper with a 20 percent loss since 1970.^{15, 16}
- Fisheries are endangered: with one billion people dependent on fish for protein, 75 percent of global fisheries have been over-fished or fished at their biological limit.⁷
- Cropland is shrinking because of soil erosion and desertification, and crop yields are threatened by rising temperatures and inadequate water supply.¹⁷
- Water tables are falling as 15 countries containing half of the world's people, a total of 3.26 billion, are over pumping aquifers.¹⁷ Depletion of aquifers threatens India with a 25 percent decline in grain production, at a time when population is projected to increase by some 500 million, or 45 percent, over the next 50 years.^{18, 19}
- Global warming has led to a doubling of the Earth's land area affected by drought from 15 percent in 1970 to 30 percent in 2002; it has also reduced snow pack to feed irrigation and rivers in summer months and caused slowing of ocean circulation, more destructive storms, melting ice, and rising sea levels.¹⁷

World Population Growth

The Numbers

In 1950, the world's population was 2.6 billion, the average number of children per woman over her lifetime (total fertility rate or TFR) was 5.3, and annual population growth was 48 million.¹⁰ Since then, the TFR has decreased to 2.6 in 2007, but since death rates have also declined and world population has increased to 6.7 billion (see Figure 1), about 78 million people are now added to the world's population each year.¹⁰ Developing countries are projected to account for 99 percent of world population growth between 2007 and 2050.¹⁰

Figure 1: Estimated World Population Growth: 1750 to 2050²⁰



Source: McDevitt TM. *World Population Profile: 1998*. Washington, DC: U.S. Census Bureau; 1999. Available: www.census.gov/ipc/www/wp98.html

It took only 12 years, from 1987 to 1999, for world population to grow from five billion to six billion.²¹ This is the shortest time ever to add one billion people—equivalent to the population of India or the combined population of Europe and North America.¹⁰ Though the UN medium-variant projection suggests a further decline in the TFR worldwide to 2.02 by 2050, population would increase to 9.2 billion.¹⁰ The UN also projects alternative demographic scenarios—the low-variant, with fertility declining rapidly, projects a 2050 population size of 7.8 billion, whereas the high-variant projects a population of 10.8 billion in 2050.¹⁰ If current family planning efforts are not strengthened and current levels of fertility were to remain unchanged, then world population is projected to reach 11.9 billion by 2050, rather than the 9.2 billion that is projected in the medium-variant.¹⁰

Despite projected declines in fertility, the annual number of births worldwide is expected to remain high.²⁰ Previously high fertility rates have left many poor countries with large numbers of women of reproductive age; their numbers are projected to increase from 1.7 to 2.1 billion between 2005 and 2050.¹⁰ As these women have children, population size will increase even as fertility rates decline, a phenomenon known as population momentum. For example, although China's TFR has fallen below the replacement level of 2.1, the large number of couples of reproductive age has kept the country's population growing by about eight million annually.²²

High-fertility also persists in much of the world, ensuring that population growth will continue. In 2006, average family size among the four billion people living in less developed countries outside of China was estimated at 3.4 children, with an annual population growth rate of 1.8 percent.²² At this rate, the population of these countries would double in just 39 years. Even taking projected declines in fertility in these regions into account, the number of people living in

less developed countries outside China is projected to increase by more than 60 percent by 2050, from four billion today to more than 6.5 billion.²²

Sources of World Population Growth

Contrary to what some people may think, future population growth will not be due primarily to the desire for large families. In 1994, Bongaarts estimated that most of the projected population increase in developing countries will result from population momentum (49 percent), followed by unwanted pregnancies (33 percent), and high desired family size (18 percent).²³

The significance of unwanted pregnancies for population growth can be seen in the high proportion of pregnancies that are unplanned each year: out of 210 million pregnancies worldwide, 80 million (38 percent) are unplanned, and 46 million (22 percent of all pregnancies) end in abortion.²⁴

Yet reducing unintended pregnancy is the factor in continued population growth that is most amenable to program and policy intervention. Organized family planning programs have a 40-year track record of success in helping hundreds of millions of couples choose the number and timing of their pregnancies.

Surveys show that more than 200 million women in developing countries who would like to delay their next pregnancy, or stop bearing children altogether, must rely on traditional, less effective methods of contraception (64 million) or are using no method because they lack access or face other barriers to using contraception (137 million).²⁵ These barriers include cultural values that support high fertility, opposition to use of contraception by family members, and fears about health risks or side effects of contraception.²⁶

U.S. Population Growth

The Numbers

In contrast to almost all other developed countries, the United States is experiencing relatively rapid population growth.²⁷ Now the world's third-largest country, the United States is projected to grow from 300 million in 2006 to nearly 350 million in 2025, and to 420 million by 2050.²² The high levels of consumption and large population of the United States have a disproportionate environmental impact.

Sources of U.S. Population Growth

Natural increase (births exceeding deaths) accounts for 60 percent of population growth in the United States, with 4.1 million births and 2.4 million deaths in 2004; immigration accounts for the remaining 40 percent of annual growth.^{28, 29}

Unintended pregnancy is a major contributing factor to the relatively high birth rate in the United States. Of 6.4 million pregnancies in 2001—the most recent year for which data is available—almost half (3.1 million) were unintended (as were 82 percent of the 811,000 annual teen pregnancies), resulting in 1.1 million miscarriages, 1.3 million abortions, and four million births, of which 1.4 million were unintended.³⁰ Without these 1.4 million unintended births, the natural increase of the U.S. population would be about 300,000 per year, less than 20 percent of current

natural increase. In other words, unintended pregnancy can be said to account for roughly half of the current increase of 2.9 million people to the U.S. population each year.³¹

The contribution of immigration to U.S. population growth is also important. Between 2000 and 2004, 4.3 million immigrants, including an estimated two million illegal immigrants, arrived in the country.³² Migration expert Jeffrey Passel estimates there are 11.5 to 12 million undocumented immigrants in the United States.³³ There is also an important relationship between immigration and natural increase: nearly one-quarter of babies born in 2002 had a foreign-born mother, an increase from six percent in 1970.³⁴

FACING THE CHALLENGES OF RAPID POPULATION GROWTH: POLITICS AND POLICY

An International Consensus

At the 1994 UN International Conference on Population and Development (ICPD) in Cairo, participants made a commitment to improve women's status and to make family planning and an array of reproductive health services universally available in developing countries by the year 2015.³⁵

The ICPD set a broad agenda for population work.³⁶ In addition to the provision of basic family planning and other reproductive health services, it emphasized poverty eradication, women's empowerment, gender equity, human rights, environmental protection, male responsibility in sexual behavior and family welfare, adolescent reproductive health, and safe abortion.³⁵

In September 2000, the UN Summit issued a Millennium Declaration and shortly thereafter Millennium Development Goals (MDGs) that did not explicitly call for access to family planning. But, in 2005, the UN Millennium Project's report, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, argued that expanding access to sexual and reproductive health information and services is part of a core group of necessary, affordable, and effective actions that can speed progress toward achieving the larger MDGs.³⁷ The September 2005 UN World Summit took the additional step of explicitly incorporating the ICPD goal of universal access to reproductive health as a target under the fifth MDG on improving maternal health. This action was approved by the UN General Assembly in October 2006.

Placing a Priority on Family Planning

Health problems related to pregnancy, childbirth, and sexually transmitted infections (STIs) including HIV/AIDS, represent nearly one-fifth (18 percent) of the global burden of disease.* For women of reproductive age, such problems account for one-third of the disease burden, and for

* The global burden of disease (GBD) is measured in disability-adjusted life years (DALYs), a measure that combines both years of life lost (YLLs) due to premature death and years lived with disability (YLDs). This approach to assessing the disease burden was developed by the World Bank and World Health Organization in the early 1990s. The DALY concept is far from perfect, but is widely used by economists and others, and provides one of the few methodologies for comparing diverse health conditions. In the reproductive health arena, this approach is seen as understating the impact of certain conditions, particularly those that are not disease-related.

an even higher share among women in developing countries.³⁸ Thus, it is easy to see why improving reproductive health—especially as it relates to HIV/AIDS prevention, treatment, and care—is intrinsically desirable. While use of family planning is important to improving reproductive health, it is essential to the ability of women and men to choose the number and timing of childbirth—a basic human right. Provision of family planning services is also the most direct intervention to slow population growth and assist environmental preservation.^{38, 39}

According to Dr. Malcolm Potts: “All societies with unconstrained access to fertility regulation, including abortion, experience a rapid decline to replacement levels of fertility, and often lower.”³⁹ Better contraceptives and the establishment of organized family planning programs have successfully met the demand for small families and decreased fertility:

- Between 1960 and 2005, contraceptive prevalence in less developed countries increased from nine percent (30 million users) to 58 percent (550 million users) among married women of reproductive age.^{22, 40-43}
- During the same time period, the TFR in developing countries declined by half, from 6.0 to 3.1.⁴⁰

The importance of abortion in allowing childbearing choices is seldom recognized. Given the high unmet need for family planning and the high failure rates of existing methods of contraception, access to safe abortion is necessary for women to fully control their fertility. It is estimated that about 12 percent of pregnancies end in abortion in Africa, 23 percent in Latin America and the Caribbean, and 30 percent in East Asia (including China and Japan, where abortion is legal).²⁴ Without the 46 million abortions worldwide each year, population growth would be much more rapid.²⁴ Unfortunately, about 19 million of these abortions are medically unsafe and cause 13 percent of all maternal deaths—about 68,000 of 529,000 deaths annually. An estimated 97 percent of unsafe abortions occur in developing countries where, on average, each woman will experience one unsafe abortion during her childbearing years, one reason why the ICPD identified unsafe abortion as a major public health concern.⁴⁴

The impact of organized family planning programs on population growth is clear: such programs were responsible for at least 40 percent of the fertility decline in developing countries from the 1960s through the end of the 1980s.³⁸ At the same time, fewer pregnancies, appropriately spaced, means less exposure to the risks associated with pregnancy and childbirth. Indeed, use of family planning could prevent at least one-quarter of maternal deaths in developing countries.⁴⁵ In a country like Pakistan, for example, preventing all births after the fifth would reduce maternal deaths by half.⁴⁶

FAMILY PLANNING PROGRAMS SLOW POPULATION GROWTH: THREE CASE STUDIES

The experiences of Thailand, Iran, and California demonstrate how publicly supported family planning programs can successfully curb rapid population growth.

Thailand: Slowing Population Growth through Innovative Methods

Thailand's government launched its population program in 1970, making available a broad array of contraceptives distributed by nurses and midwives within communities.⁴⁷ Program results include the following:

- By the late 1980s, Thailand's TFR had dropped below replacement-level to fewer than two births per woman (compared with about seven births per woman just two decades earlier) and currently remains low at 1.7.^{22, 48}
- Cost-benefit analysis estimates that Thailand's program will have prevented 16.1 million births between 1972 and 2010, saving the government \$11.8 billion in social service costs, or \$16 for every dollar invested in the program.⁴⁹

Iran: Improving Family Planning with Political and Religious Support

Recognizing an impending imbalance between available natural resources and population size, the Iranian government, with the support of Muslim religious leaders, restored its national family planning program in 1989 with the following results.^{50, 51}

- Between 1976 and 1997, the proportion of married women of reproductive age using contraception increased from 37 percent to 73 percent.⁵²
- After reaching 6.8 in 1984, the TFR dropped from 5.5 in 1988 to 2.8 in 1996 and is currently at the replacement-level of 2.1 births per woman.^{22, 53}

United States: A Cost-Effective Program for California's Low-Income Residents

Low-income women represent 38 percent of California's women of reproductive age and account for nearly two-thirds of births in the state.^{54, 55} An estimated 1.7 million women are in need of publicly funded family planning services.⁵⁶ In 1997, the California legislature initiated the Family PACT (Planning, Access, Care and Treatment) Program to provide clinical family planning and reproductive health services at no cost to low-income residents with the following results:

- During the program's first five years, the number of clients served more than doubled—from 750,000 to 1.55 million.⁵⁷
- The contraceptive services provided by Family PACT in 2002 averted an estimated 205,000 unintended pregnancies.⁵⁸ Every dollar spent of Family PACT avoided public expenditures—for medical care, income support, and social services for women and their children—that would have cost \$2.76 over two years and \$5.33 over five years.⁵⁹ An investment of \$403.8 million in 2002 therefore saved \$1.1 billion over two years and will save \$2.2 billion over five years.

The experience from these diverse settings shows that impressive declines in fertility and population growth are possible in a short period of time through implementation of well-managed, fully voluntary family planning programs that meet the needs of individuals and families. Similar programs could—at relatively low cost—yield a substantial impact on population growth worldwide and help to alleviate the increasing burden it places on the environment.

MEETING THE GROWING NEED FOR FINANCIAL RESOURCES

International Challenges

Increased financial resources will be needed not only to maintain contraceptive use at current levels, but also to meet growing demands for family planning. Even if the proportion of couples using contraceptives were to remain level between 2000 and 2015, developing countries would still have to serve 125 million additional couples.⁶⁰

However, the global community has failed to provide the funds to satisfy the current unmet demand for family planning, let alone fulfill the ICPD goal of universal access to this and other basic reproductive health services. The ICPD estimated the cost of a limited array of programs for family planning, safe childbirth, and STI/HIV prevention at \$18.5 billion by 2005 (\$25 billion when adjusted for inflation), of which two-thirds was to come from developing countries and one-third from donor countries.³⁶ Revised cost estimates, by Speidel and UNAIDS, call for \$15.9 billion in annual spending for family planning and basic research, \$15 billion for reproductive health, and \$14.9 billion for the full range of HIV/AIDS prevention, treatment, care, and support.^{61, 62} These adjustments for inflation and the increased price tag for reproductive health and STI/HIV/AIDS bring the annual funding target for 2005 to \$45.8 billion, rather than the original \$18.5 billion.

Of this revised target of \$45.8 billion, donors would need to provide about \$20 billion and developing countries about \$25 billion (see Table 1).⁶¹ These targets can be compared to current estimates of \$6.9 billion being provided by donors and \$17.3 billion by developing country governments and consumers in 2005.⁶³

**Table 1: 2005 ICPD Funding Targets
Adjusted for Inflation, Broadened HIV/AIDS and Reproductive Health Services
Compared to Projected 2005 Population Assistance and Domestic Expenditures
(In \$ Billions and Percents)**

	2005 Original ICPD Target (1993\$)	Revised 2005 Target Adjusted for Inflation, HIV/AIDS and Reproductive Health (2005\$)	2005 Estimated Expenditures	% of Revised Target
Donor Share (one-third)	\$6.1	\$20.2	\$6.9	34%
Developing Country Share	\$12.4	\$25.6	\$17.3	68%
Total	\$18.5	\$45.8	\$24.2	53%

Notes and Sources:

- Donor targets were assumed to be one-third of totals needed except for adjusted STI/HIV/AIDS targets, where donor share is assumed to be two-thirds.
- 2005 estimated expenditures from: United Nations. *Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the International Conference on Population and Development, Report of the Secretary-General to the 40th Session of the Commission on Population and Development*. New York: United Nations; 2007.
- Adapted from: Speidel JJ. Population Donor Landscape Analysis for Review of Packard Foundation International Grantmaking in Population, Sexual and Reproductive Health and Rights. *The David and Lucile Packard Foundation*. September 6, 2005. Available at: http://www.packard.org/assets/files/population/program%20review/pop_rev_speidel_030606.pdf

An analysis of donor funding by area of activity shows great divergence in the priority afforded to each. It is notable that most of the recent increase in donor outlays for population assistance has been for HIV/AIDS, while donor funds specifically allocated for family planning have decreased over the past decade.

Between 1995 and 2004, the most recent year with preliminary data (excluding loans):^{64, 65}

- Funding for STI/HIV/AIDS activities has increased from nine percent of total population assistance to 54 percent. Donor countries are expected to have spent almost two-thirds of their population assistance on STI/HIV/AIDS activities in 2005.
- Funding for basic reproductive health services increased, with fluctuations, from 18 percent in 1995 to 25 percent in 2004.
- Funding explicitly for family planning services decreased, with fluctuations, from a high of 55 percent in 1995 to just 9 percent in 2004; however, some family planning is now funded from within the reproductive health category.
- Funding for family planning activities decreased in absolute dollar amounts from \$723 million to \$442 million (a decrease of 39 percent), while funds for STI/HIV/AIDS activities increased 22-fold.

**Table 2: 2005 ICPD Funding Targets for Donors
Adjusted for Inflation, Broadened HIV/AIDS and Reproductive Health Services
Compared to Estimated 2004 Donor Population Assistance by Category Targets
(in \$ Billions and Percents)**

Expenditure Category	2004	2005		2005	
	Donor Expenditures (Estimated)	Original ICPD Donor Target (1993\$)	% of Target	Revised Donor Target Adjusted for Inflation, HIV/AIDS, & Reproductive Health (2005\$)	% of Target
Family Planning	\$0.453	\$3.8	12%	\$5.2	9%
Reproductive Health	\$1.368	\$1.8	76%	\$5.0	27%
STI/HIV/AIDS	\$2.695	\$0.5	539%	\$9.9	27%
Basic Research	\$0.752	\$0.1	752%	\$0.1	752%
Total	\$5.268	\$6.2	85%	\$20.2	26%

Notes and Sources:

- Donor targets were assumed to be one-third of totals needed except for adjusted STI/HIV/AIDS targets, where donor share is assumed to be two-thirds.
- 2004 donor expenditure figures are based on preliminary data from the Financial Resource Flows for Population Activities in 2004 Report from the Resource Flows Project (accessed at <http://www.resourceflows.org/index.php/articles/c87/>) and include the \$5.268 billion that could be attributed to an expenditure category of the \$5.620 billion total.
- Donor targets for 2005 are from: UNAIDS and Speidel JJ. Population Donor Landscape Analysis for Review of Packard Foundation International Grantmaking in Population, Sexual and Reproductive Health and Rights. *The David and Lucile Packard Foundation*. September 6, 2005. Available at: http://www.packard.org/assets/files/population/program%20review/pop_rev_speidel_030606.pdf

If the revised targets for donor funding in 2005 are compared to the preliminary 2004 donor contributions, family planning assistance reached only nine percent of the \$5 billion annual outlays target. Reproductive health and HIV/AIDS fare slightly better, with donors providing about a quarter of the \$5 billion target for reproductive health and a quarter of the \$10 billion target for HIV/AIDS (see Table 2). Clearly, reproductive health, and especially family planning, is being neglected.²⁵

U.S. Challenges

Despite progress in states such as California, as well as nationwide reductions in teen pregnancy and birth rates, unintended pregnancy remains a major problem for the United States and makes a significant contribution to population growth in the country.

- Comprehensive sexuality education—which could help prevent pregnancy and is favored by a majority of parents and educational experts—is rapidly being replaced by “abstinence unless married” programs, which have received major increases in federal funding to more than \$176 million per year.⁶⁶ Given that 62 percent of males and 70 percent of females become sexually active before age 18, these programs leave many teens unprepared to make informed decisions regarding their sexual and reproductive health.⁶⁷
- Efforts are also underway to eliminate confidentiality and require parental consent for teens seeking family planning services, even though research shows that if confidentiality were lost, teens would stop attending clinics, but would not stop having sex.⁶⁸
- Public funding for family planning services in the United States is not keeping pace with demands. Inflation-adjusted funding for Title X, the nation’s only distinct, federally funded family planning program, has declined by 60 percent since 1980.⁶⁹

A recent study estimates the annual cost of family planning for each client at between \$124 and \$487 with a mid-range estimate of \$203.⁷⁰ California’s Family PACT Program annually spends \$236 per client provided with contraceptives.⁷¹ With half of the 34 million U.S. women in need of contraceptive services reliant on public funding, an annual expenditure of about \$3.5 billion is needed.⁷² This can be compared to public outlays of \$1.261 billion for contraceptive services in 2001—about one-third of the total needed.⁷³

Through the Medicaid program, the federal government pays up to 90 percent of states’ family planning program costs; however, stringent income and other eligibility requirements for the program exclude a significant proportion of low-income women and men in need of services.⁷⁴ Until Title X funding is markedly increased, and the majority of, if not all, states utilize the substantial health and fiscal resources available through Medicaid waivers that expand eligibility for family planning services—or better yet, waiver requirements are eliminated altogether—most public family planning programs will remain seriously underfunded.

ADDRESSING POPULATION: A NEGLECTED APPROACH TO ENVIRONMENTAL PRESERVATION

Environmental advocates and conservation program planners generally understand the importance of population issues but have often given them a lower priority than deserved. Reasons include lack of scientific expertise, the belief that tackling population issues is too controversial or unlikely to yield success, and a perceived absence of moral standing given the disproportionately high rates of consumption in developed countries. Prevention of unintended pregnancy is a strategy that, for most of the public, is not controversial, yet can have a substantial impact on reducing population growth and the concomitant pressures it places on the environment. The successful family planning programs found in many settings, as diverse as Thailand, Iran, and California, show that such programs are desired, feasible, and cost-effective.

Environmental organizations can make an important contribution by educating their membership, policy makers, and the public about the need for global action to improve access to family planning both in the United States and worldwide. Environmental organizations can build and mobilize a base of grassroots activists to advocate for improved family planning and reproductive health policies and programs, and they can help raise public awareness about the links between population and environment.

Specific actions for environmental activism internationally include:

- Country-level advocacy to reduce restrictions on access to family planning information and services, including for young people and the unmarried,
- Advocacy for the financial and human resources necessary to strengthen family planning and related reproductive health services, including programs that address the HIV/AIDS epidemic,
- Supporting access to all methods of family planning including the safe abortion services that are essential to reproductive health and childbearing choices, and
- Advocacy for international development efforts such as education (especially for girls) that encourage slower population growth.

On the U.S. domestic front, specific actions by environmental activists should include:

- Outreach and education about how population growth affects the environment and quality of life,
- Advocacy and other efforts to help ensure universal access to sexuality information, education, and services, especially for young people,
- Advocacy to ensure that all reproductive health policies and programs are based on scientific evidence, rather than ideological beliefs,
- Advocacy in support of universal access to affordable family planning programs, especially those that serve low-income populations and youth,
- Advocacy in support of universal and affordable access to safe abortion,
- Outreach and advocacy in support of an open and rational dialogue around U.S. immigration policies and programs.

Keeping in mind the significant impact of U.S. policies and funding in other countries, environmental activists can also help ensure that the United States has sound policies and contributes its fair share of funding for family planning programs in developing countries. The U.S. government should also be encouraged to ensure that, wherever possible, HIV/AIDS, family planning, and other reproductive health services are made available together or linked.

As worldwide awareness of environmental deterioration increases, the energy and efforts of the environmental community, working with media, decision makers, and the public, could have a profound impact on improving family planning and reproductive health policies and programs that benefit women, men, families, society, and the environment.

The population field needs increased commitment, appropriate policies, and adequate human and financial resources. If these conditions are fulfilled, population growth will slow, reproductive health will be improved, and the environment protected.

CONSUMPTION MATTERS TOO

Better reproductive health care and decreased population pressures alone will not suffice to preserve the environment. There is also an urgent need for Americans, in particular, to reduce consumption of critical natural resources and the resulting waste and pollution. New energy-efficient technologies that produce less waste and are less demanding of natural resources will also make a difference and, as developed, should be shared with developing countries. The environment will also benefit from efforts to rethink a model of economic progress that is now seemingly based upon ever-expanding consumption. However, achieving such change is slow and expensive, and should not get in the way of affordable and feasible efforts to foster slower population growth—especially by helping women avoid unintended pregnancies. In addition, slower population growth will help afford the time to achieve these needed systemic changes. Thus, increased access to family planning in developing countries, combined with measures to reduce consumption in wealthier nations, offers a powerful strategy for helping ensure environmental sustainability.⁷⁵

As Lester Brown has noted:

*The growth in resource consumption in China, now eclipsing that of the United States, provides convincing new reasons for shifting quickly from the fossil-fuel-based, automobile-centered, throwaway economy to a renewable energy-based, diversified-transport, reuse-recycle economy. In this restructuring, time is not on our side. It would be tempting to reset the clock, but we cannot. Nature is the timekeeper.*⁷⁶

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