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# Poverty and the Pill

By **NICHOLAS D. KRISTOF**

KINSHASA, Congo

Earthquakes are more dramatic. Tsunamis make better television. AIDS is more visceral.

But here's a far more widespread challenge, one that's also more fixable: the unavailability of birth control in many poor countries. I'm on my annual win-a-trip journey across a chunk of Central Africa with a 19-year-old university student, Mitch Smith. He won the right to bounce over impossible roads in the region where it's easy to see firsthand how breakneck population growth is linked to poverty, instability and conflict.

In almost every village we stop in, we chat with families whose huts overflow with small children — whom the parents can't always afford to educate, feed or protect from disease.

Here in Kinshasa, we met Emilie Lunda, 25, who had nearly died during childbirth a few days earlier. Doctors saved her life, but her baby died. And she is still recuperating in a hospital and doesn't know how she will pay the bill.

"I didn't want to get pregnant," Emilie told us here in the Congolese capital. "I was afraid of getting pregnant." But she had never heard of birth control.

In rural parts of Congo Republic, the other Congo to the north, we found that even when people had heard of contraception, they often regarded it as unaffordable.

Most appalling, all the clinics and hospitals we visited in Congo Republic said that they would sell contraceptives only to women who brought their husbands in with them to prove that the husband accepted birth control.

Condoms are somewhat easier to obtain, but many men resist them. More broadly, many men seem to feel that more children are a proud sign of more virility.

So the pill, 50 years old this month in the United States, has yet to reach parts of Africa. And condoms and other forms of birth control and AIDS prevention are still far too difficult to obtain in some areas.

America's widely respected Guttmacher Institute, which conducts research on reproductive health, says that 215 million women around the world are sexually active and don't want to become pregnant — but are not using modern forms of contraception.

Making contraception available to all these women worldwide would cost less than \$4 billion, Guttmacher said in [an important study published last year](#). That's about what the United States is spending every two weeks on our military force in Afghanistan.

What's more, each dollar spent on contraception would actually reduce total medical spending by \$1.40 by reducing sums spent on unplanned births and abortions, the study said.

If contraception were broadly available in poor countries, the report said, more than 50 million unwanted pregnancies could be averted annually. One result would be 25 million fewer abortions per year. Another would be saving the lives of as many as 150,000 women who now die annually in childbirth.

Family planning has stalled since the 1980s. Republican administrations cut off all American financing for the United Nations Population Fund, the main international agency supporting family-planning programs. Paradoxically, conservative hostility to some family-planning programs almost certainly resulted in more abortions.

The Obama administration has restored that financing, and it should make a priority of broader access to contraception (and to girls' education, which may be the most effective contraceptive of all).

In fairness, family planning is harder than it looks. Many impoverished men and women, especially those without education, want babies more than contraceptives. As Mitch and I drove through villages, we asked many women how many babies they would ideally have. Most said five or six, and a few said 10.

Parents want many children partly because they expect some to die. So mosquito nets, vaccinations and other steps to reduce child mortality also help to create an environment where family planning is more readily accepted.

In short, what's needed is a comprehensive approach to assisting men and women alike with family planning — not just a contraceptive dispensary.

Romerchinelle Mietala, a 17-year-old girl in Mindouli, Congo Republic, has one baby and told us that she doesn't really want another child for now. But she had never heard of contraceptives and, when we explained, was ambivalent. She worried about her status in the village if she didn't get pregnant again reasonably soon.

"If a woman doesn't have a baby every two or three years, people will say she's sterile," she said.

Another woman in Mindouli, Christine Kanda, said that she is ready to stop now after eight children — two of which have died. But she doesn't know if her husband will accompany her to the clinic to sign off, and she doesn't know how she would pay the \$1 a month that the hospital charges.

So she may just keep on producing babies.

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