Benefits of Meeting Women’s Contraceptive Needs in Burkina Faso

Guttmacher Institute and l’Institut de Recherche des Sciences de la Santé

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In Burkina Faso, the majority of women have nearly one child more than they desire. The gap between wanted and actual fertility is smaller among the wealthiest women (those in the highest wealth quintile) than among women overall.

Source: Institut National de la Statistique et de la Démographie (INSD) and ORC Macro, Enquête Démographique et de Santé du Burkina Faso 2003, Ouagadougou, Burkina Faso: INSD; and Calverton, MD, USA: ORC Macro, 2003.
Women with unmet need for contraception are those who are able to become pregnant and want to avoid a pregnancy, but are not using a modern contraceptive method. This report focuses on unmet need for modern contraception because traditional methods, such as periodic abstinence and withdrawal, are more likely.

Sources: Special tabulations of data from Vlassoff M et al., 2011 (forthcoming); and Institut National de la Statistique et de la Démographie (INSD) and ORC Macro, Enquête Démographique et de Santé du Burkina Faso 2010, Ouagadougou, Burkina Faso: INSD; and Calverton, MD, USA: ORC Macro.
The maternal mortality ratio (MMR) is the number of maternal deaths per 100,000 live births. Compared with the MMR in the rest of the developing world (290), the ratio for Burkina Faso is very high (560).

Sources:
• Infant mortality: Institut National de la Statistique et de la Démographie (INSD) and Measure DHS, Enquête Démographique et de Santé et à Indicateurs Multiples (EDSBF-MICS IV): Burkina Faso 2010 Rapport Préliminaire, Ouagadougou, Burkina Faso: INSD; and Calverton, MD, USA: Measure DHS, 2011.
Goals of the study

- Provide policymakers, health care providers and other stakeholders an evidence base to inform better, more effective policies.
- Demonstrate the benefits of providing family planning services to all women who need them.
- Document the public health benefits and cost savings that result from scaling up these services.

Source: Vlassoff M et al., Benefits of meeting women’s contraceptive needs in Burkina Faso, In Brief, New York: Guttmacher Institute, 2011 (forthcoming).
Methodological Approach
Main data sources

- Burkina Faso censuses
- Demographic Health Surveys
- Ministry of Health
- National Health Accounts
- United Nations Population Fund

All figures are for 2009

Sources:

- Audam S, Guttmacher Institute, special tabulations of data from the 2003 DHS.
This analysis focuses on women who are at risk for an unintended pregnancy. These women

- are aged 15–49 and either married or unmarried and sexually active (i.e., have had sex in the three months prior to the survey);
- are fecund (able to conceive); and
- do not want to have a child within the next two years.
Impact of Modern Contraceptive Use
While increasing modern contraceptive use would not change the number of intended pregnancies, it would dramatically reduce the number of resulting unplanned births, miscarriages and abortions. For example, if 100% of unmet need were met, the number of abortions could drop from 87,000 to as little as 13,000.

Source: Vlassoff M et al., Benefits of meeting women’s contraceptive needs in Burkina Faso, In Brief, New York: Guttmacher Institute, 2011 (forthcoming).
The potential impact of increased modern method use is apparent in the dramatic reductions in unintended pregnancies and abortions that are possible under different scenarios. If 100% of unmet need were met, unintended pregnancy and abortion would likely drop by 85%.

Source: Vlassoff M et al., Benefits of meeting women’s contraceptive needs in Burkina Faso, In Brief, New York: Guttmacher Institute, 2011 (forthcoming).
Since unintended pregnancies have associated health risks, meeting unmet need would also considerably decrease maternal deaths and disability-adjusted life years (DALYs), a measure of disease burden.

Disability-adjusted life years (DALYs) are a measure of the burden of disease from mortality and morbidity. The DALY, developed by the World Health Organization and the World Bank, combines years of life lived with disability (adjusted for severity) and years lost to premature death resulting from a given health condition. It allows for comparison of the impacts of various health conditions and the relative effectiveness of different interventions. A DALY roughly translates to one health year of life.

Increasing contraceptive use will require significant investment. Current contraceptive use in Burkina costs $21 million, and an additional $38 million would be required in order to fully meet unmet need.

Meeting 50% of unmet need will provide a net savings of $18 million each year and meeting all current unmet need would save $32 million. These savings result from a significant reduction in spending on medical costs related to unintended pregnancy.

**Source:** Vlassoff M et al., Benefits of meeting women’s contraceptive needs in Burkina Faso, *In Brief*, New York: Guttmacher Institute, 2011 (forthcoming).
Conclusions
The case for additional funding of contraceptive use is compelling. All stakeholders—the government, the private sector, donors and NGOs—should support programs that offer the full range of methods and that facilitate effective contraceptive use (both for spacing and limiting births).
Thank You

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