

New Evidence to Address Unmet Need for Contraception

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This presentation brings together the latest information about the unmet need for contraception in developing countries. It includes information designed to help donors, program planners and policymakers develop strategies, set priorities and direct limited resources for family planning most effectively. This presentation will identify populations with unmet need for contraception, trends in unmet need and reasons why women with unmet need are not using contraceptives.

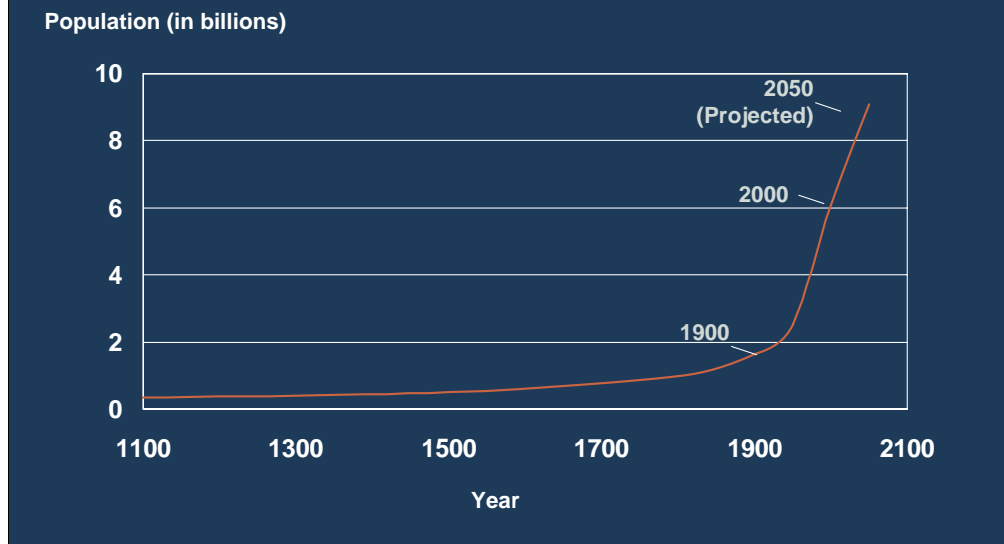
The full-length report detailing this research, “Unmet Need for Contraception in Developing Countries: Levels and Reasons for Not Using a Method,” can be found online at <http://www.guttmacher.org/pubs/2007/07/09/or37.pdf>.

Note: All of the data in this slide series are from Sedgh G, Hussain R, Bankole A and Singh S, Unmet Need for Contraception in Developing Countries: Levels and Reasons for Not Using a Method, Occasional Report, New York: Guttmacher Institute, 2007, No. 37., unless otherwise noted.



Unintended Pregnancy

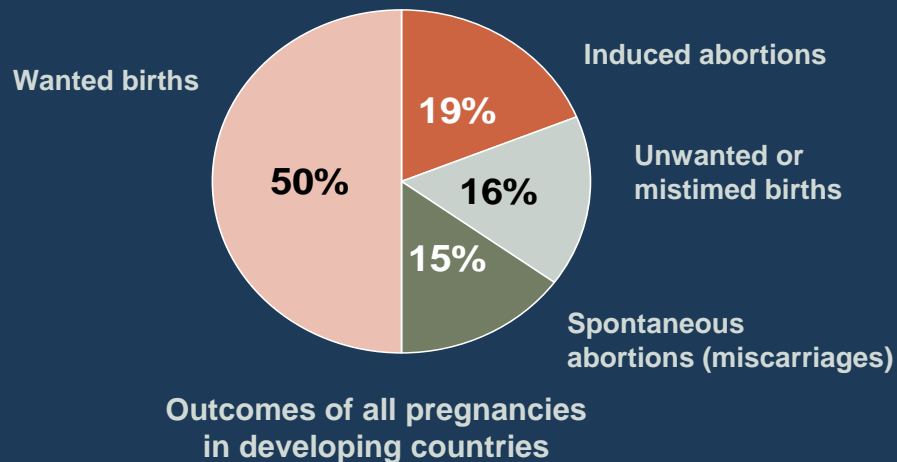
The world's population has increased dramatically in the past century



The world's population has increased dramatically in the past 100 years, from one billion in 1800 to more than six billion in 2000. Despite the progress of international family planning programs, the world's population is expected to approach or exceed 10 billion within the next 100 years.

Sources: United Nations Population Division, *The World at Six Billion*, New York: UNPD, 1999; and United Nations Population Division, *World Population Prospects, 2006 Revision*, New York: UNPD, 2007.

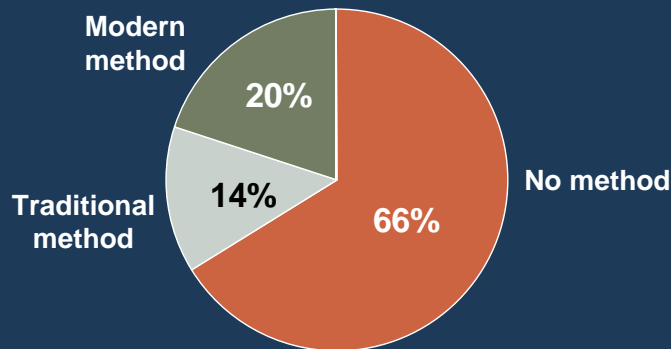
More than one-third of pregnancies in developing countries are unintended



More than one-third of pregnancies in developing countries—about 76 million each year—are unintended. About half of these end in induced abortions, most of which are either illegal or unsafe. The remaining half (16% of all pregnancies) result in unwanted or mistimed births.

Source: AGI, *Sharing Responsibility: Women, Society and Abortion Worldwide*, New York: AGI, 1999; and Sedgh *et al*, Induced abortion: the global reality and avoidable risks, *Lancet*, submitted 2007.

Most unintended pregnancies occur among women who were not using any contraceptive



Unintended pregnancies in developing countries, by women's contraceptive use

Two-thirds of unintended pregnancies in developing countries occur among women who were not using any method of contraception.

Source: Singh et al., *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*, New York: The Alan Guttmacher Institute and United Nations Population Fund, 2003.

There are many benefits to preventing unintended pregnancies

- Fewer unsafe abortions
- Healthier mothers and children
- Greater investments in each child
- Social and economic opportunities for women
- Economic growth
- Reduction of population pressures on environment

Source: Singh et al., *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*, New York: The Alan Guttmacher Institute and United Nations Population Fund, 2003.



About Unmet Need

What is unmet need?

- Women have an unmet need if they
 - are sexually active
 - do not want to have a child soon or at all
 - are not using any contraceptive method
 - are able to conceive

A woman has an unmet need for contraception if she is married, in a consensual union, or unmarried and sexually active; is able to become pregnant; does not want to have a child in the next two years or wants to stop childbearing; and is not using any method of contraception, either modern or traditional. Women who use modern or traditional methods of contraception are considered to have their contraceptive needs met.

Who has unmet need?

- Fifteen percent of **married** women in developing countries:
 - 24% in Sub-Saharan Africa
 - 11% in South and Southeast Asia
 - 10% in North Africa and West Asia
 - 12% in Latin America and the Caribbean

Fifteen percent of married women aged 15-49 in developing countries have an unmet need for contraception. These data are based on Demographic and Health Surveys conducted between 2000 and 2005.

Note: These data exclude East Asia, which is made up primarily of China. For 10-year averages that include data from developing countries that have not conducted surveys since 2000, see Guttmacher Institute, *Facts About the Unmet Need for Contraception in Developing Countries*, New York: Guttmacher Institute, 2007, at http://www.guttmacher.org/pubs/2007/07/09/FB_unmetNeed.pdf.

Who has unmet need?

- Nine percent of **never-married** women in Sub-Saharan Africa
- Five percent of **never-married** women in Latin America

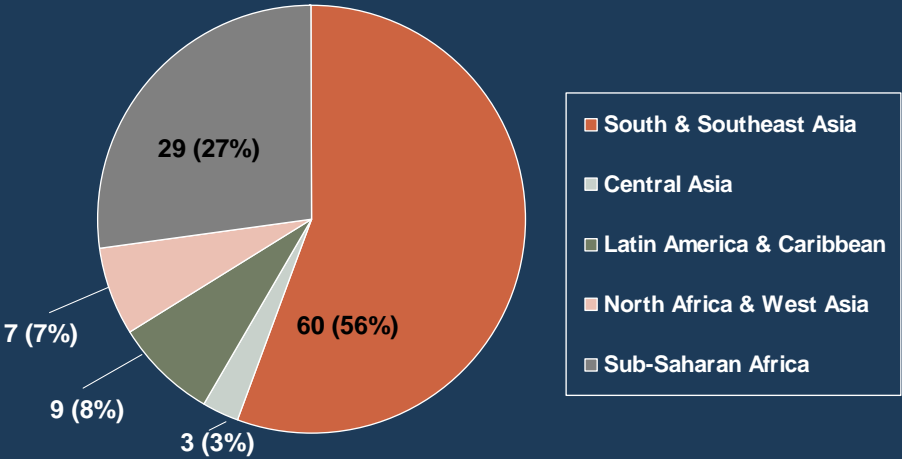
Among never-married women, nine percent in Sub-Saharan Africa and five percent in Latin America have unmet need for contraceptives.

No data are available for never-married women in Asia or North Africa

The big picture

- Levels of unmet need are higher in some regions, countries and population groups than in others
- The *proportion* of women with unmet need is greatest, and has declined least, in Sub-Saharan Africa
- In *absolute numbers*, unmet need is concentrated in South and Southeast Asia, the most populous regions

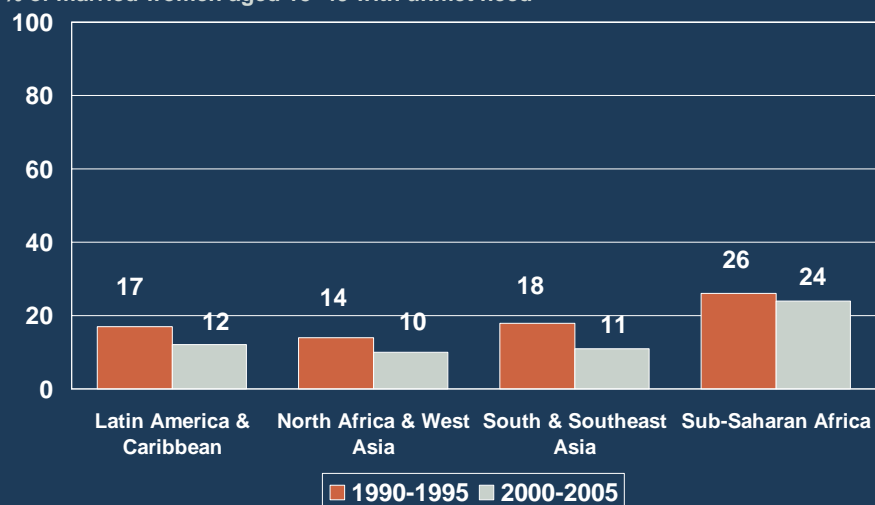
More than 100 million married women have an unmet need for contraception



Number (in millions) and % distribution of married women with unmet need

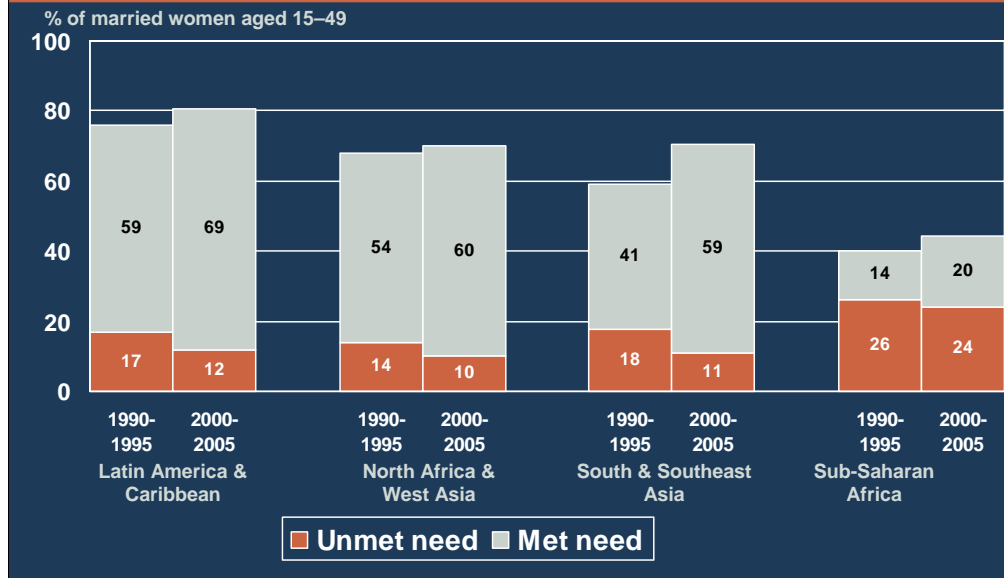
Unmet need among married women has declined in all regions, but remains highest in Sub-Saharan Africa

% of married women aged 15–49 with unmet need



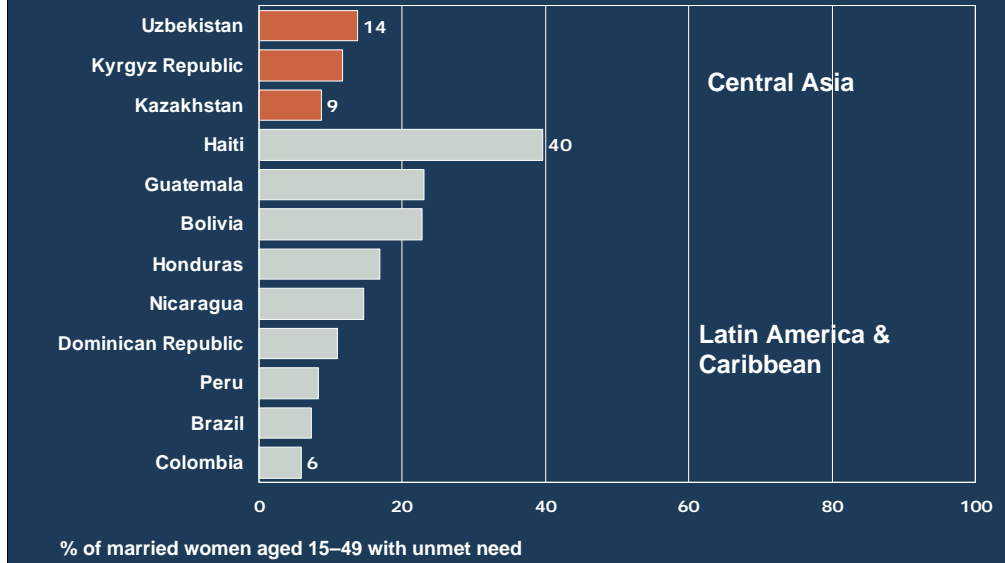
Unmet need in Sub-Saharan Africa declined by less than 10% between 1990–1995 and 2000–2005. By contrast, unmet need declined by a third or more in the other three regions studied.

The overall demand for contraception is increasing



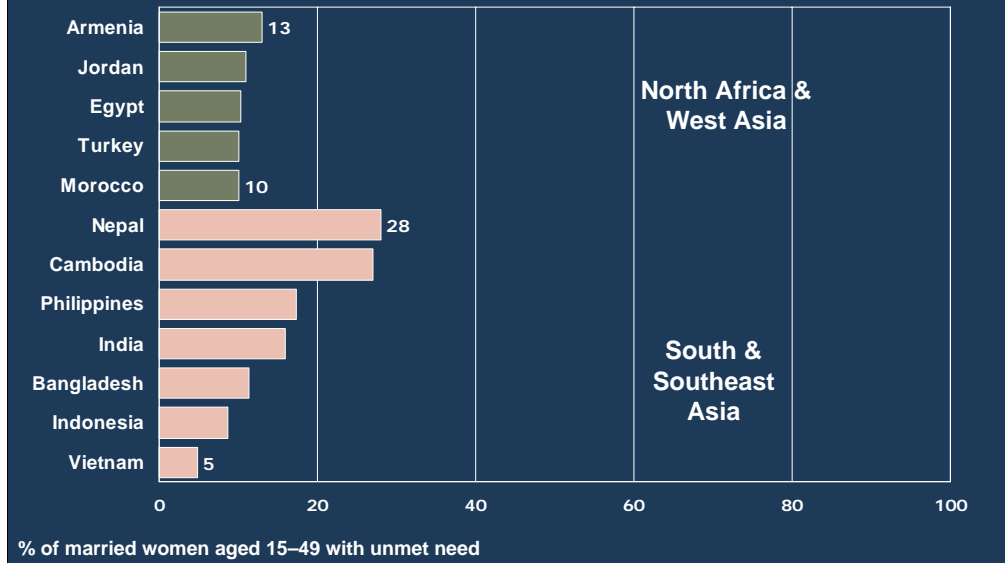
The demand for contraception worldwide is increasing, while unmet need is decreasing in most regions. As demand increases family planning programs have to satisfy not just unmet need, but also the growing number of users of family planning methods.

The level of unmet need among married women varies widely within regions (1)



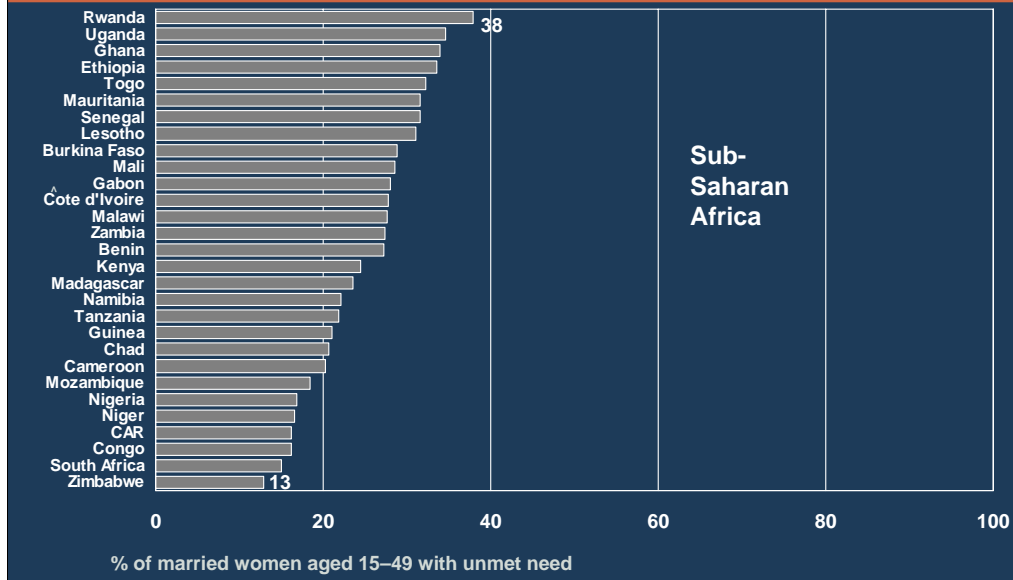
Regional averages generally mask wide variations.

The level of unmet need among married women varies widely within regions (2)



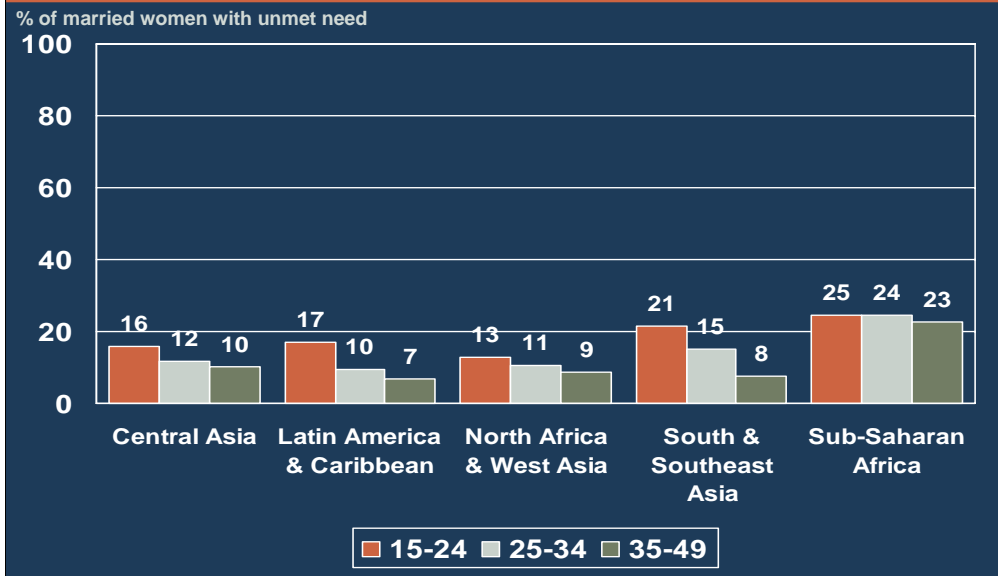
Regional averages generally mask wide variations.

The level of unmet need among married women varies widely (3)



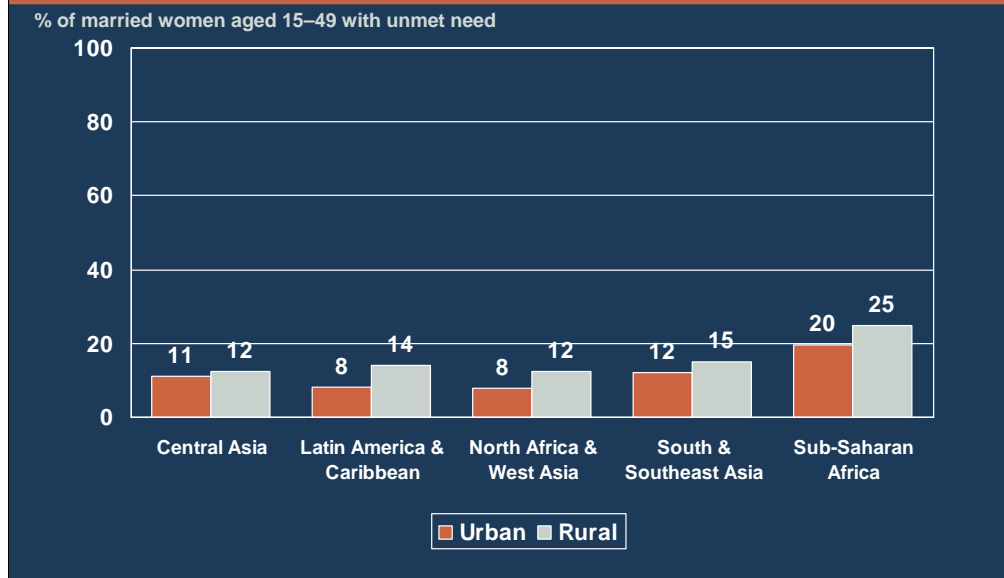
Regional averages generally mask wide variations.

Among married women, the youngest are the most likely to have an unmet need



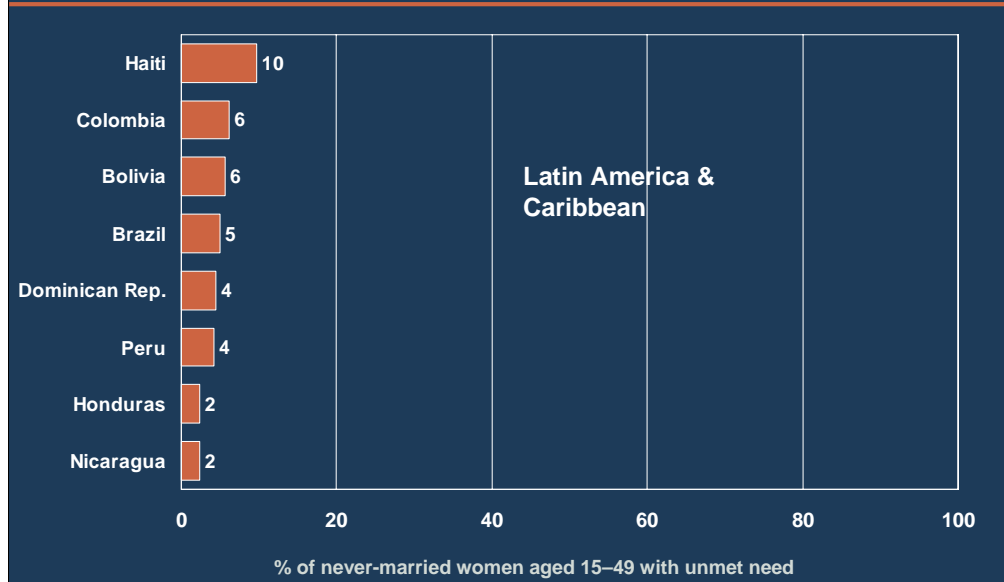
In our report, we examine unmet need among women in different subgroups in each country.

Unmet need is usually higher in rural areas



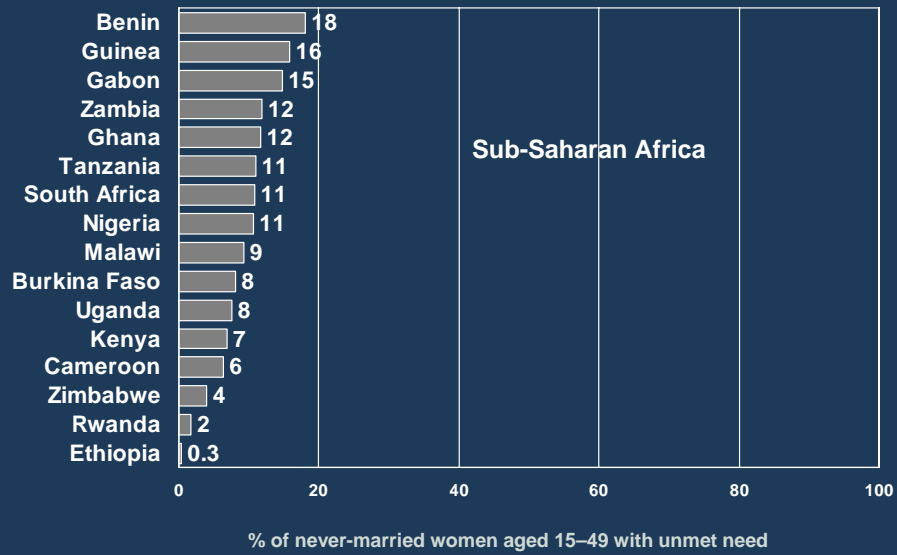
Additionally, in most developing countries outside of Sub-Saharan Africa, uneducated and poor married women are more likely to be at risk for unplanned pregnancy than are educated and nonpoor married women. However, in Sub-Saharan Africa, no clear patterns of distribution of unmet need are observed.

Some never-married women also have an unmet need for contraception



The majority of never-married women with unmet need in *all* countries are younger than 25. In most countries, more than 80% are younger than 25.

More than one in 10 never-married women have an unmet need in many Sub-Saharan African countries





Reasons Women Do Not Use Contraceptives

(Married Women)

Reasons for nonuse can be grouped into a few broad categories

- **Opposition to family planning**
- **Lack of knowledge**
- **Access and cost**
- **Health concerns and side effects of methods**
- **Misconceptions about pregnancy risk**

Women who wanted to delay or stop childbearing and who were not using a method were asked to give the reasons why they were not using contraceptives. Women could give more than one response.

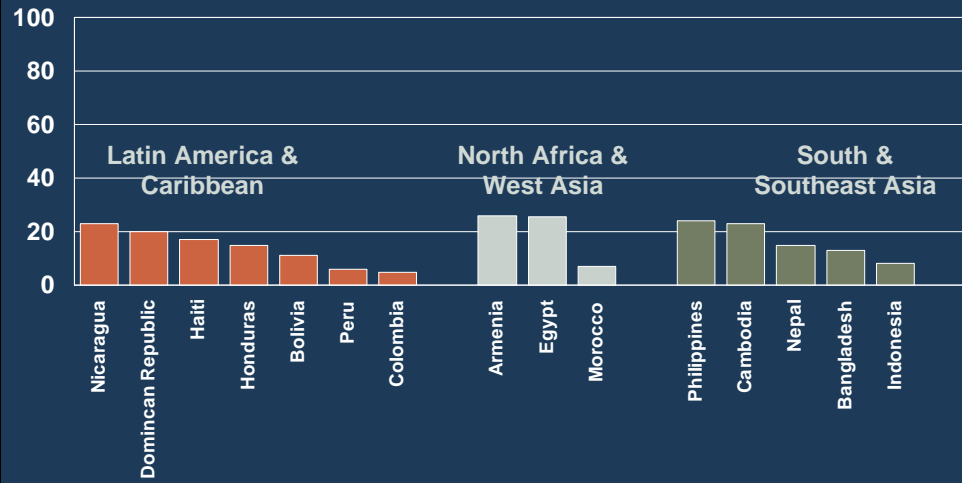
More than three in five married women in North Africa and West Asia with an unmet need, nearly half in Latin America and more than one-third in South and Southeast Asia and in Sub-Saharan Africa are not using contraceptives because they do not believe they are at risk of getting pregnant.

For a third or more of married women with an unmet need in all regions, reasons related to access or concerns about the methods prevent them from using contraceptives.

In many countries, only 0–2% of married women with an unmet need have no knowledge of contraception.

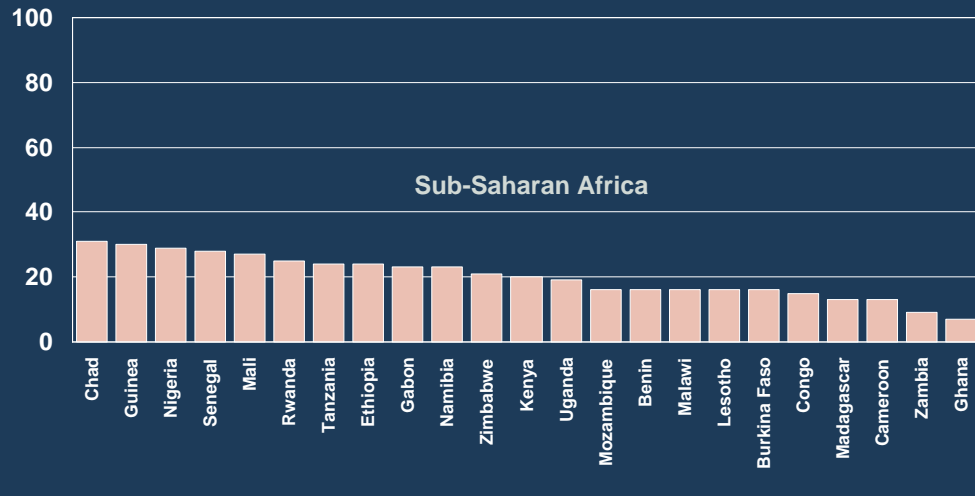
Opposition to family planning is moderate (1)

% opposing, among married women aged 15–49 with unmet need



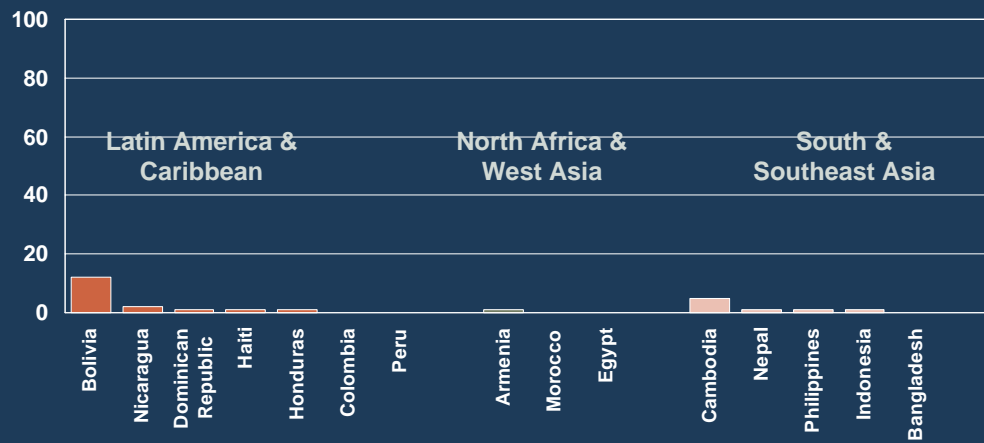
Opposition to family planning is moderate (2)

% opposing, among married women aged 15–49 with unmet need

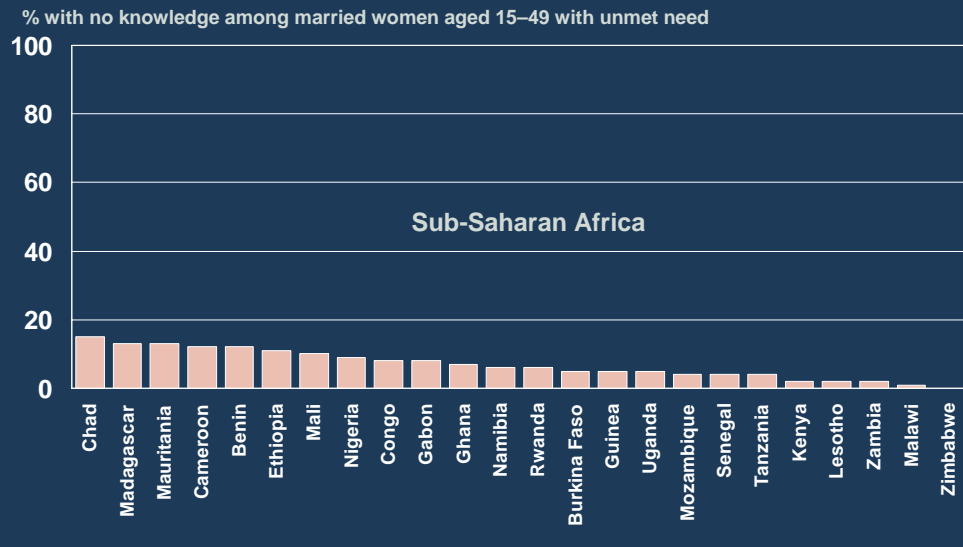


Lack of knowledge about contraception is uncommon (1)

% with no knowledge among married women aged 15–49 with unmet need

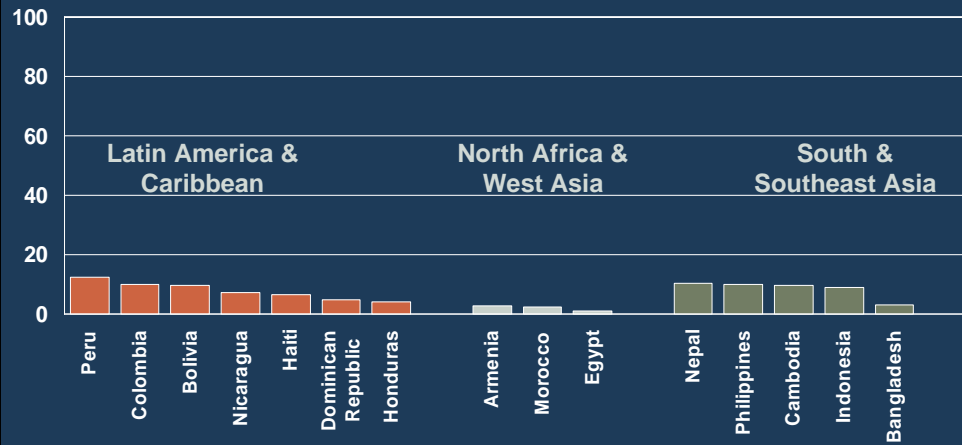


Lack of knowledge about contraception is uncommon (2)



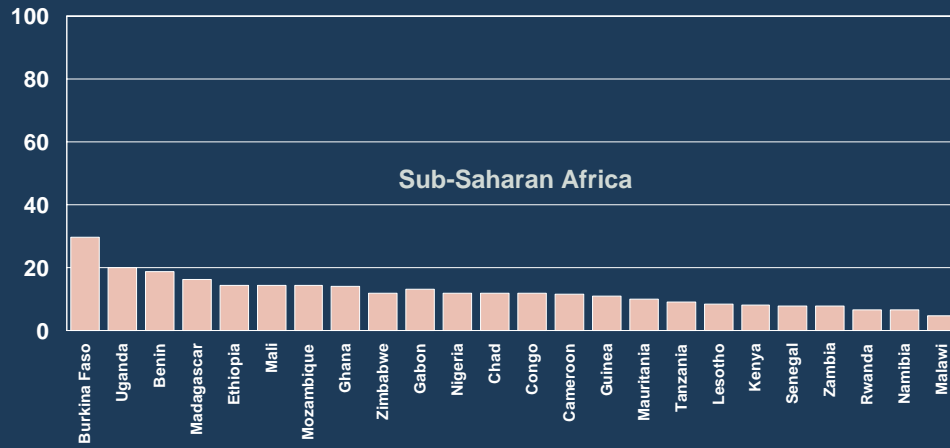
Problems with access and cost of contraception are also uncommon (1)

% citing problems among married women aged 15–49 with unmet need



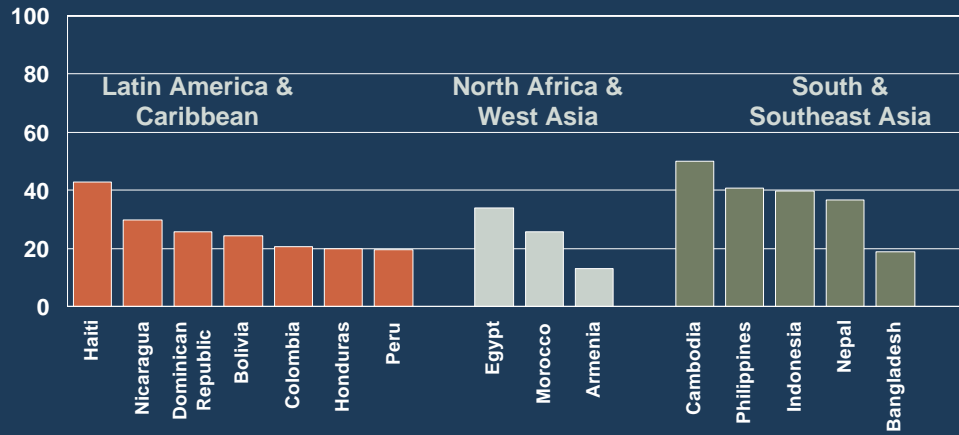
Problems with access and cost of contraception are also uncommon (2)

% citing problems among married women aged 15–49 with unmet need



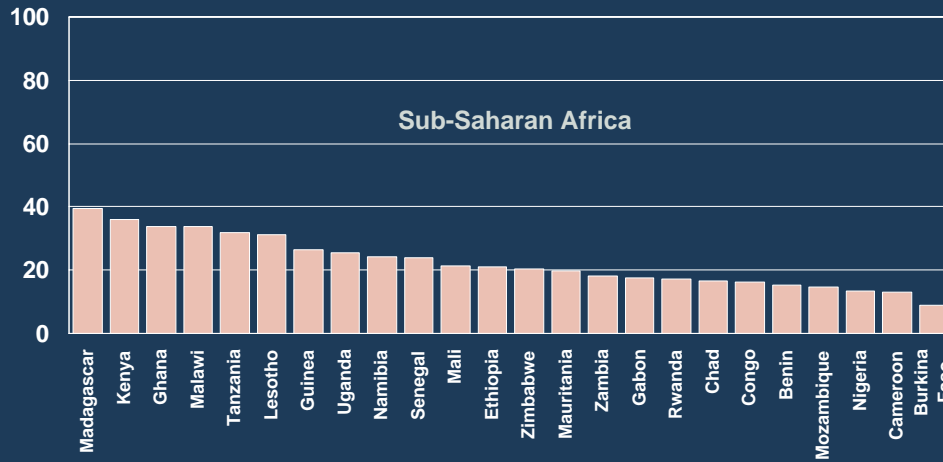
Concerns about health and side effects of methods are very common (1)

% citing concerns among married women aged 15–49 with unmet need



Concerns about health and side effects of methods are very common (2)

% citing concerns among married women aged 15–49 with unmet need



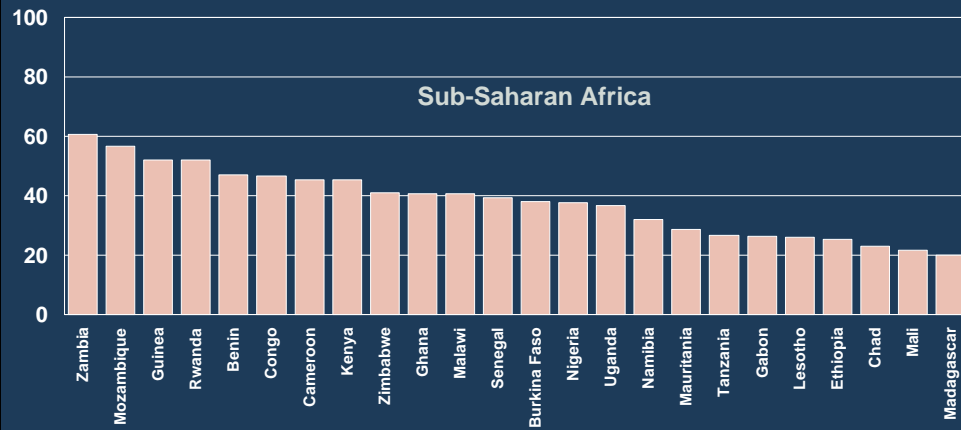
Substantial proportions have misperceptions about pregnancy (1)

% with misperceptions among married women aged 15–49 with unmet need

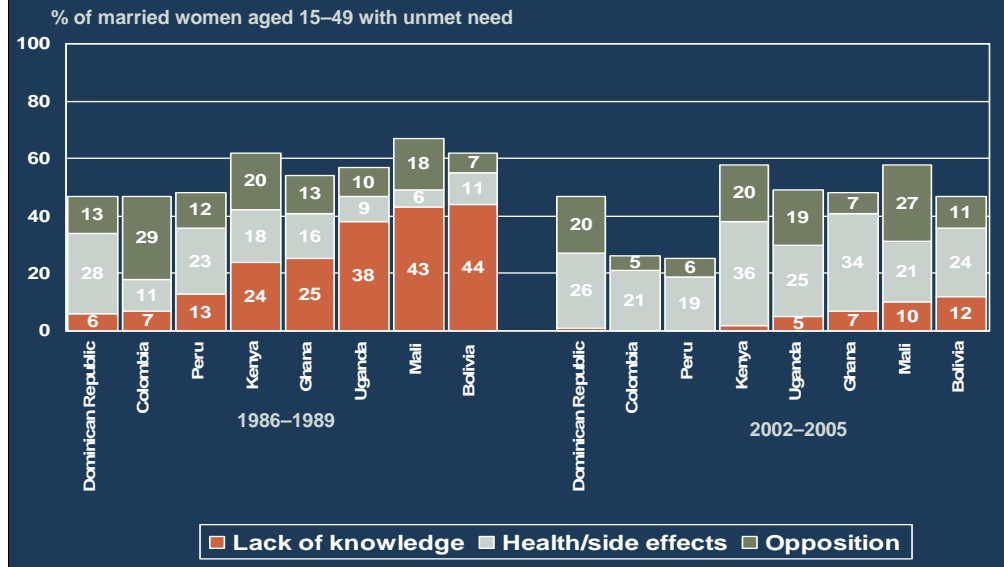


Substantial proportions have misperceptions about pregnancy (2)

% with misperceptions among married women aged 15–49 with unmet need



The importance of some reasons for non-use has changed over time



We compare estimates from the earliest round of the Demographic and Health Surveys (late 1980s) with those from the most recent round (early 2000s). Nonuse due to lack of knowledge about family planning declined between the late 1980s and early 2000s. This suggests that programs to raise awareness about family planning are working. However, health concerns and fear of side effects have increased.

Note: Earlier surveys asked women to provide only their primary reason for nonuse, whereas recent studies solicited all of their reasons for nonuse. However, since most women gave only one reason for nonuse in recent surveys, an informal comparison of trends can be undertaken. We explore trends in women’s reasons in the eight countries for which information was available in both time periods.

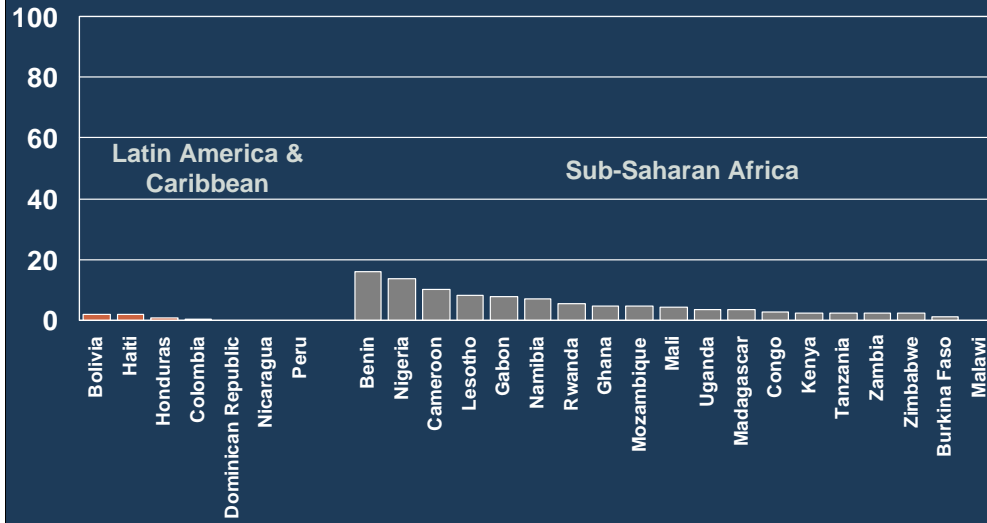


Reasons Women Do Not Use Contraception

(Never-Married Women)

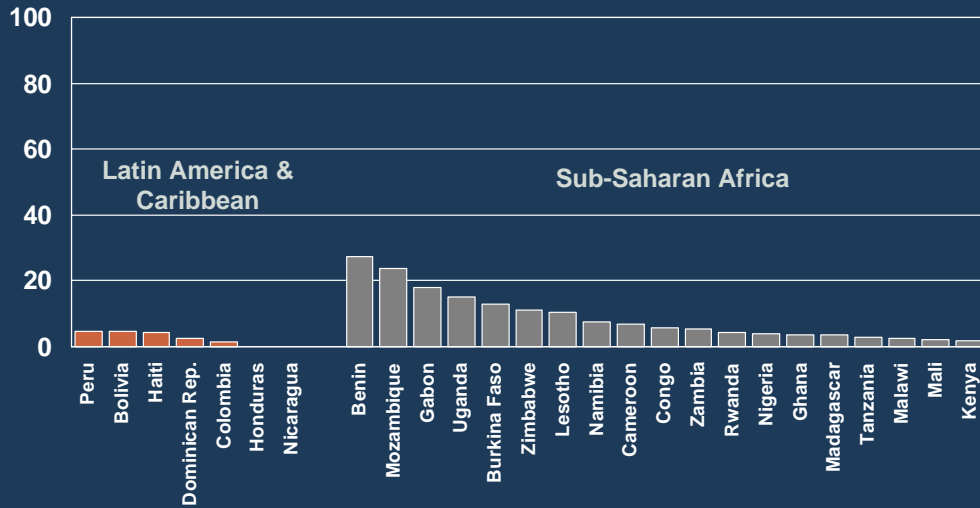
Lack of knowledge about contraception among never-married women is uncommon...

% with no knowledge among never-married women aged 15–49 with unmet need



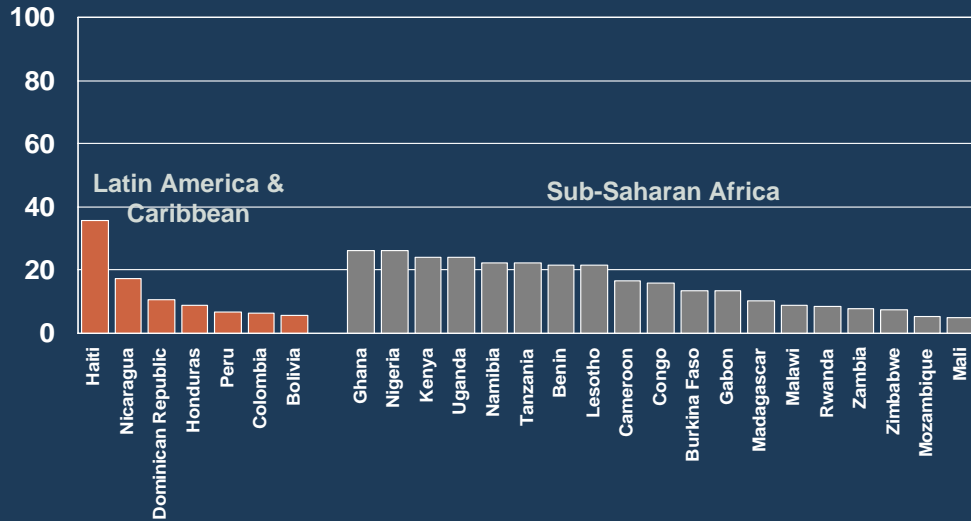
... as are access and cost constraints

% citing constraints among never-married women aged 15–49 with unmet need

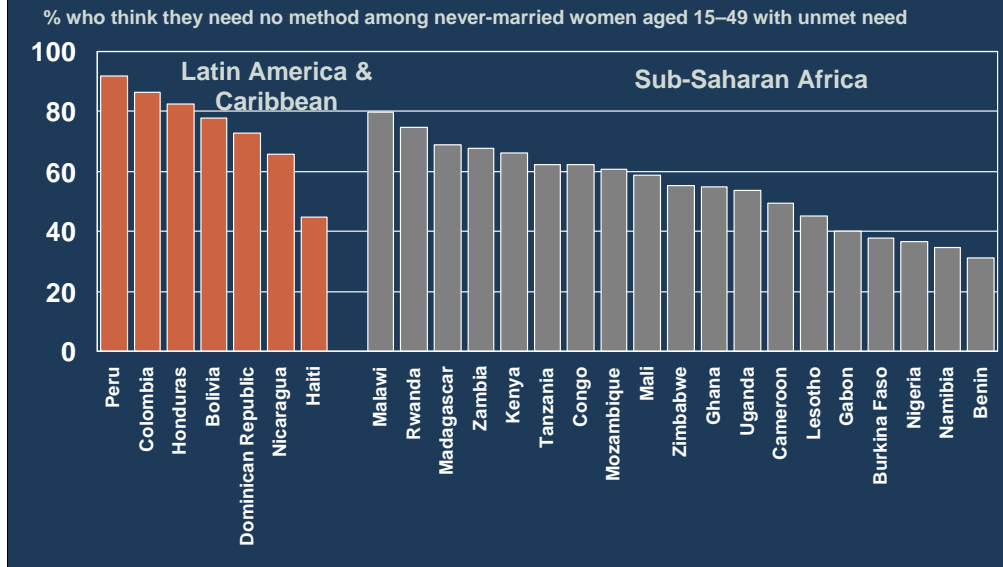


Levels of concern about side effects tend to be low

% citing concerns among never-married women aged 15–49 with unmet need

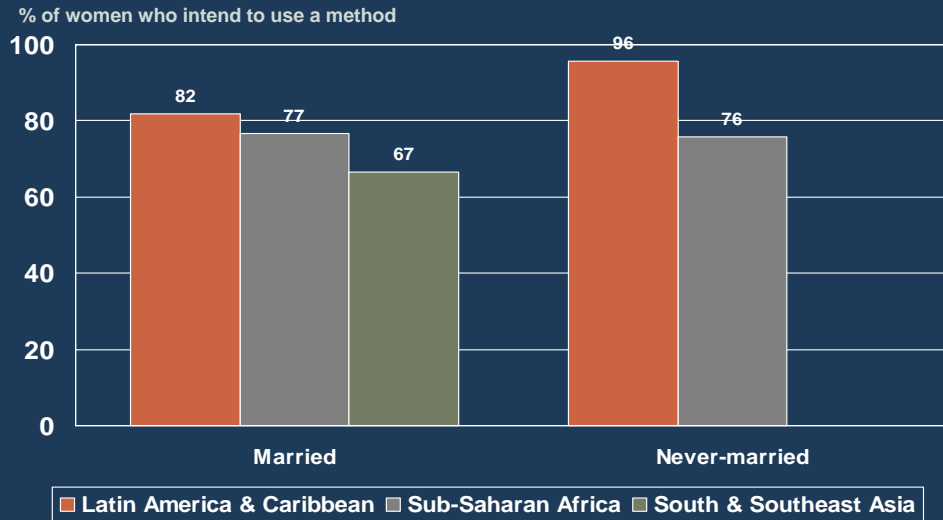


Never-married women commonly think they do not need to use a method



Among never-married women in many countries, infrequent sexual activity is by far the most common reason for not using contraceptives, followed by the idea that they need not or should not begin contraceptive use until they are married.

Most women with unmet need intend to use a method in the future



In most countries, the majority of women—both married and never-married—with an unmet need for contraception intend to use a method in the future.



Recommendations

Recommendations: Satisfy Unmet Need

- Special attention should be given to populations in which the gap between fertility desires and contraceptive practice is greatest—many of which are in Sub-Saharan Africa

Recommendations: Address Health and Side Effects

- To be effective, programs must include counseling and education to help women disentangle fact from fiction regarding health concerns and side effects of methods

Recommendations: Provide Contraceptive Options

- It is important to ensure that women have as many contraceptive options as possible, to help them find a method that most closely matches their needs—for example, for a temporary or permanent method of contraception, or for a hormonal or barrier method—and their tolerance for side effects

Recommendations: Improve Contraceptive Technology

- Developing new methods and otherwise improving contraceptive technologies would make it easier for women and their partners to avoid unwanted pregnancies

Recommendations: Educate Women About Risk

- Women who do not seek contraceptive services because they do not believe they are at risk of getting pregnant require information through outreach efforts beyond a clinical setting.

Recommendations: Reduce Societal Barriers

- Efforts to promote societal acceptance of contraceptive use can help women overcome the cultural and social barriers to using contraceptives and achieving their desired family size.

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For more information, visit www.guttmacher.org

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