

ADDING IT UP

Investing in Contraceptive Services in the African Union



In recent decades, most African countries have increased the availability of sexual and reproductive health care, yet many people still lack access to these essential services. This fact sheet presents evidence as of 2019 on the need for, impact of and cost of fully investing in contraceptive services among women aged 15–49 in 53 African Union member states.

Under Article 14 (1) of the Maputo Protocol, member states should ensure that women have the right to exercise control over their fertility—to decide whether to have children, to determine the number and spacing of their children, and to choose any method of contraception. This fact sheet offers evidence to support implementation of the article's recommendations.

Unmet need for services

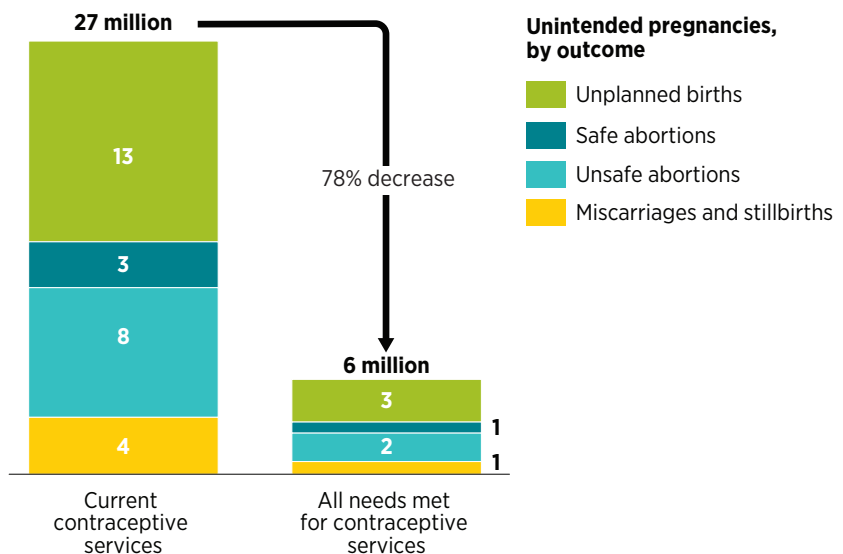
- In African Union member states, of the 316 million women of reproductive age (15–49) who are married or are unmarried and sexually active, 139 million want to avoid a pregnancy.
- In other words, four out of every 10 women of reproductive age want to avoid a pregnancy and therefore need modern contraception.
- Fifty-eight million women have an unmet need for modern contraception because they want to avoid a pregnancy and either do not use a contraceptive method or use traditional methods, which are less effective than modern methods.

- Some 42% of women who want to avoid a pregnancy experience unmet need for modern contraception.
- Of adolescent women aged 15–19 who want to avoid pregnancy, 55% have an unmet need for modern contraception.
- Of all unintended pregnancies in African Union member states, 81% occur among women who have an unmet need for modern contraception.

Impact of fully meeting contraceptive needs

- If contraceptive services were expanded and improved to meet all needs for modern contraception, unintended pregnancies would decline by 78%, from 27 million to six million per year, and unsafe abortions would decline by 78%, from 8.3 million to 1.8 million.
- Maternal and newborn deaths would each decline by nearly one-quarter as a result of increased

Fully meeting the need for contraceptive services among women in Africa would reduce unintended pregnancies by more than three-quarters



Notes: Safe abortions are those that use a method recommended by the World Health Organization and are done by a trained provider; unsafe abortions are those that do not meet one or both of these criteria. Numbers do not add to totals because of rounding.

contraceptive use, even without improvements in maternal and newborn care.

Actions

African Union member states should examine and address systemic effects of socioeconomic status, age, rural or urban residence, and other factors contributing to unmet need for contraception. Member states should guarantee strong financial commitments to ensure that contraceptive information, technologies, supplies and services are prioritized and available to all who need them, including adolescents.

Source

The information in this fact sheet can be found online in the appendix tables accompanying Sully EA et al., *Adding It Up: Investing in Sexual and Reproductive Health 2019*, New York: Guttmacher Institute, 2020, <https://doi.org/10.1363/2020.31593>. Data pertain to all member states of the African Union except Seychelles and the Sahrawi Arab Democratic Republic (Western Sahara).

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Find this fact sheet and related fact sheets in a five-part series, *Investing in Sexual and Reproductive Health in the African Union*, at <https://www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-african-union>.



Good reproductive health policy starts with credible research

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