Understanding unmet need for contraception—not using contraception despite wanting to avoid pregnancy—is central for effective family planning policies and programs that aim to help women and couples to choose the number and timing of their children.

For more than 30 years, Demographic and Health Surveys (DHS) have collected information from women with unmet need on their reasons for not using contraception.

By examining these reasons and how they have changed over time, we can accelerate efforts to help women prevent unplanned pregnancies, unwanted births and unsafe abortions. These efforts in turn can improve maternal and child health, and contribute to the elimination of poverty.

Levels of Unmet Need

In 52 developing countries where DHS surveys were conducted between 2005 and 2014, between 8% and 38% of married women aged 15–49 years were found to have an unmet need for contraception—that is, they want to avoid a pregnancy but are not using any method (traditional or modern).

In 24 countries, at least 25% of married women have an unmet need; 20 of these countries are in Africa. Unmet need tends to be higher among women who have less education, live in rural areas or are from poorer households than among those who are more educated, urban and better off.

Sexually active never-married women also have high levels of unmet need for contraception. In the 31 countries with sufficient data on this group, 17–59% of these women have an unmet need. The level is highest among the youngest subset, aged 15–19, of whom 20–77% have an unmet need.

**Reasons for Not Using Contraception**

In the 52 countries with relevant data, married women with unmet need commonly cite four key reasons for not using contraception (see figure):

- they are concerned about the side effects or health risks of contraceptive methods;
- they have sex infrequently or not at all;
- they or others close to them oppose contraception; and
- they believe they do not need or should not use contraception if they are breastfeeding, they haven’t resumed menstruation after a birth (i.e., they have postpartum amenorrhea), or both.

The responses of sexually active never-married women are similar to those of married women, except that the former were more likely to cite infrequent sexual activity, and some of them also replied that they are “not married.” This response likely reflects social disapproval of sexual activity among unmarried women.

Whether married or not, women with unmet need rarely say that they are unaware of contraception, that they do not have access to a source, or that it costs too much. The countries where more than 10% of women cite any of these reasons are in Western and Middle Africa.

**Reasons for Unmet Need For Contraception in Developing Countries**

In developing countries, married women’s reasons for not using contraception despite wanting to avoid pregnancy predominantly fall into four categories.

- **Unaware of methods**
- **Cost too high**
- **Subfecund/infecund**
- **No source/access**
- **Breastfeeding/postpartum amenorrhea**
- **Opposed (self or others)**
- **Infrequent or no sex**
- **Side effects/health risks**

![Bar chart showing reasons for unmet need for contraception in developing countries](chart.png)

% of married women with unmet need citing specific reason for nonuse

*Includes a small proportion of women citing inconvenience of use of method. NOTES: The value for each bar is an unweighted average of responses in 52 countries. Percentages add to more than 100% because some women cite more than one reason.
These Responses in More Depth

- In the majority of countries, married women who cite concerns about side effects or health risks of contraception are more likely to have used a method in the past than are peers who cite other reasons for nonuse.
- Married women who cite infrequent sex as a reason for not using contraception are less likely to have had sexual intercourse in the three months preceding the survey than counterparts who cite other reasons.
- Married women who cite opposition to family planning are less likely to have ever used any method than their counterparts who cite other reasons for nonuse.
- In most countries, fewer than half of the married women who cite breastfeeding, postpartum amenorrhea or both as reasons for nonuse are within six months of giving birth and are not menstruating. In other words, the majority giving this reason may be underestimating their risk of becoming pregnant.

Trends in Reasons For Unmet Need

- Compared with earlier studies on women’s reasons for not using contraception, the new data show somewhat larger proportions of married women now cite side effects or health risks and infrequent or no sex as reasons for nonuse.
- The increasing prevalence of side effects as a reason for nonuse appears to be associated with growing use of modern methods, indicating that contraceptive services or technologies have not adequately addressed these concerns.
- In the Asian countries with information on trends, infrequent or no sexual activity is now the most common reason for nonuse among married women with an unmet need for contraception. This trend could reflect increased labor migration, which causes some couples to live apart temporarily. It is also possible that where contraceptive use is widespread—as it is in some of these countries—the women whose needs have not yet been served are those who are less sexually active.

Recommendations

- All sexually active women, whether married or not, need accurate information about their risk of becoming pregnant and about the full range of contraceptive options so that they can choose the method that best meets their needs. There are numerous possible program responses to specific reasons for nonuse, including the following.

Addressing side effects and health concerns

- Offer a wider range of contraceptive methods at service sites.
- Increase information and counseling about how modern methods work, the side effects and health risks and benefits associated with each method, and how to switch methods if necessary.
- Support research and development of new contraceptive technologies or improvements in existing methods.
- Servicewomen who have infrequent sex
  - Create awareness among women regarding their risk of becoming pregnant.
  - Help them choose methods that are most appropriate for the types of relationships they have.
  - Inform women about emergency contraception (pills taken in the first few days after unprotected intercourse) where it is approved, and safe abortion options where they are available.

Meeting women’s needs following a birth

- Provide contraceptive counseling and services linked to antenatal and postnatal care that inform women about their risk of pregnancy after a birth and appropriate methods to use postpartum.
- Offer contraceptive options that are appropriate to women who are breastfeeding.

Countering opposition to family planning

- Encourage male involvement in family planning and increased communication among couples regarding their contraceptive needs.
- Support educational programs for adolescents in diverse settings (health facilities, schools and communities) and through the mass media to address common concerns underlying the nonuse of contraception.