Reducing Unmet Need by Supporting Women with Met Need

The level of contraceptive discontinuation relevant to unmet need in Sub-Saharan Africa was significantly higher than in other regions, as indicated by the regression coefficient of 6.5 (model 3). However, when models were adjusted for access to or composition of available methods (models 4 and 5, respectively), or both (model 7), this difference was no longer significant. Hence, it appears that the higher discontinuation observed in Sub-Saharan Africa than in other regions can be attributed in part to differences in the number and composition of available methods.

DISCUSSION

High contraceptive discontinuation among current users, as well as high discontinuation in the past that contributed to current unmet need, will add to unmet need in the future. This cross-country analysis estimated that past users with unmet need for modern methods accounted for 38% of all women with current unmet need (32% in Sub-Saharan Africa and 43% in other regions). This implies that the FP2020 goal of providing modern methods to 120 million women with unmet need includes about 45 million (0.38×120 million) individuals who started using contraceptives but stopped before they were interviewed. Hypothetically, overall unmet need could have been lower by 10 percentage points (17% instead of 27%) and use of modern methods could have been higher by 10 percentage points (46% instead of 36%) if all past users with current unmet need (accounting for 10% of all women) had continued contraceptive use or resumed use after they had discontinued their method.

Indeed, without a reduction in the rate of contraceptive discontinuation, the task of adding 120 million additional users to the estimated 258 million current users will be even more challenging. This study estimated that past users with unmet need represent 19% of ever-users, which provides an indirect estimate of the potential contribution of contraceptive discontinuation among current users to unmet need in the future. If current contraceptive users experience this level of discontinuation, 258 million current users could contribute up to 49 million (0.19×258 million) cases of unmet need in the future if they discontinue family planning use in the coming years despite a continuing need for contraception. Hence, high contraceptive discontinuation in the past and present could contribute up to 94 million (+45 million+49 million) future cases of unmet need. It should be noted that these numbers exclude women who switch methods or who no longer have a need for a modern method after discontinuing use. A focus on encouraging past users with unmet need to resume use and supporting current users in continuing their use of the same method or changing to a different one appears to be essential in reducing unmet need in the future.

What about women who have never used contraceptives but currently have an unmet need? Persuading these women to start using a method for the first time would also reduce unmet need. However, such a focus would not substantially reduce unmet need in the future without a concomitant reduction in the high rate of contraceptive discontinuation we project would occur among them once they initiate use.

Our findings suggest that one way to reduce discontinuation is to expand contraceptive choice by increasing access to multiple methods. Indeed, full availability of one method or its equivalent was shown to be associated with an eight-percentage-point reduction in the level