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Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method

Gilda Sedgh, Lori S. Ashford and Rubina Hussain

KEY POINTS

- Demographic and Health Surveys in 52 countries between 2005 and 2014 reveal the most common reasons that married women cite for not using contraception despite wanting to avoid a pregnancy. Twenty-six percent of these women cite concerns about contraceptive side effects and health risks; 24% say that they have sex infrequently or not at all; 23% say that they or others close to them oppose contraception; and 20% report that they are breastfeeding and/or haven't resumed menstruation after a birth.
- In the majority of countries, married women who cite concerns about contraceptive side effects and health risks are more likely to have used a method in the past than are women who cite other reasons for nonuse.
- Married women who cite infrequent sex as a reason for nonuse are less likely to have had sexual intercourse in the three months preceding the survey than peers who cite other reasons for nonuse.
- Married women who cite opposition to family planning are less likely to have ever used any method than women who cite other reasons for nonuse. Thus, some, but not all, women might experience opposition that precludes trying a method at all.
- Among sexually active never-married women wanting to avoid pregnancy, the most common reason cited for not using contraception is infrequent sex (49%), followed by not being married (29%) and concerns about contraceptive side effects (19%).
- Women with unmet need for contraception rarely say that they are unaware of contraception, that they do not have access to a source of supply, or that it costs too much. The countries where more than 10% of women cite any of these reasons are in West and Middle Africa.
- Compared with earlier studies on women's reasons for not using contraception, larger proportions of women now cite side effects and infrequent sex as reasons for nonuse.
- Contraceptive services should place priority on improving the information and counseling they provide and the range of methods they offer. All sexually active women, whether married or not, need information about their risk of becoming pregnant and about the choices of methods that could meet their needs.

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Context and Purpose of the Report

For decades, information about unmet need for contraception has enabled health advocates and professionals, policymakers and funding agencies to identify the investments needed in family planning programs in developing countries. Generally speaking, women are considered to have an unmet need if they are sexually active and want to avoid becoming pregnant but are not using contraception. By helping women prevent unintended pregnancies, programs can reduce unwanted births and unsafe abortions, and improve maternal and child health.[1,2] These gains can also contribute to other development objectives, such as curbing poverty and slowing population growth.[3,4]

Enabling women to act on their pregnancy preferences has become a high priority on the global development agenda. Recent initiatives have called for satisfying the unmet need for modern contraception, which arises when women want to avoid a pregnancy but are using no method or a traditional one. The most prominent of these initiatives is Family Planning 2020, a global partnership launched in 2012 that aims to add 120 million new users of modern contraceptives in the world's 69 poorest countries by 2020.[5]

As of 2014, an estimated 225 million women in developing regions had an unmet need for modern contraception.[2] (Of this total, 160 million were using no method and 65 million were using a traditional method.) The total changed little over the past decade, mainly because increases in contraceptive use have barely kept up with growing populations and rising desire for smaller families. The health implications of such a large unmet need are profound. Every year, an estimated 74 million unintended pregnancies occur in developing regions, the great majority of which are among women using no contraception or a traditional method. If all unmet need for modern methods were met, 52 million of these unintended pregnancies could be averted, thereby preventing the deaths of 70,000 women from pregnancy-related causes.[2]

Satisfying women's unmet need for contraception requires identifying populations where such need is high, increasing or failing to decline. It also requires understanding why women with an unmet need are not using a method, so that programs and services can respond effectively. What are the specific reasons women cite? How do these reasons vary across countries and regions? And how have the reasons cited changed over time?

Using the DHS to Explore Women's Preferences

This report uses data from Demographic and Health Surveys (DHS) to answer these questions. Since 1984, the DHS program has worked with developing-country governments to conduct household surveys of women of reproductive age in more than 90 countries.[6] The survey program focuses on fertility; family planning; reproductive, maternal and child health; and related topics. It has pioneered efforts to define and measure unmet need for family planning.

Unmet need is a complex measure, discussed in greater detail in the next section. Demographers and public health experts have debated over the years how it should be defined and what it reveals about women's intentions and motivations.[7] The DHS does not ask women directly whether they need contraception. Rather, it infers need based on a woman's current sexual and reproductive status (sexual activity, fecundity, pregnancy and contraceptive use) and whether she wishes to have a child (or another child) soon or ever.

We examine the reasons why women do not use contraception despite wanting to avoid a pregnancy. The surveys ask this question only of women using no method at all, not of those using traditional methods. Hence, the analysis of unmet need in this report is limited to women not using any contraceptive method.

In addition, we use the DHS data to explore some of the behaviors and experiences of women who give particular reasons for not using a method. For example, we look at whether they report being sexually active recently and whether they have previously used contraception. These results provide additional insight on whether women's reasons for nonuse are amenable to intervention.

We present results for married women and for sexually active never-married women where such information is available. In the survey program's early years, only ever-married women were asked questions related to unmet need because sexuality and reproduction were deemed

sensitive topics.[8] Over time, however, as women in the developing world have increasingly delayed marriage, and as sexual activity among single women has concurrently increased,[9] so has the importance of collecting data from unmarried women. This report examines 31 countries with at least one DHS in the last decade that collected information about the reasons for contraceptive nonuse among sexually active never-married women.

Prior Analysis of Reasons for Nonuse

A Guttmacher review of DHS surveys from 1995 to 2005 showed that women's lack of knowledge about contraception had declined substantially compared with that in the 1980s, and that concerns about the side effects and health risks associated with modern contraceptive methods had become increasingly common throughout the developing world.[10] Women commonly cited infrequent sexual activity and breast-feeding as reasons for not using contraception, which could have been interpreted to indicate that many believed they had a low risk of becoming pregnant.

High levels of unmet need are sometimes interpreted as evidence of a lack of access to contraceptive supplies and services in developing countries. This interpretation is oversimplified, however. Even in 1995–2005, women rarely cited a lack of access or cost as a reason for not using a method, and some with unmet need said they did not intend to use contraception in the future.[10–13] DHS data have been useful in revealing the reasons why women might not seek contraceptive services, irrespective of ease of access or cost. However, because the reasons for nonuse are based on only a single question, the responses do not necessarily capture the potentially complex interplay of barriers that contribute to nonuse.

Qualitative studies have also examined barriers to contraceptive use, uncovering issues similar to those found in the DHS, but with more explanatory detail. Although these studies have been limited to small geographic areas, some key themes have emerged. For example, a review of studies of young women, primarily unmarried women in Sub-Saharan Africa, identified a lack of family planning education and information regarding how contraceptive methods work as underlying themes.[14] The review found that young women were concerned about side effects and health risks, such as menstrual disruption and infertility, and unmarried women were also unwilling to risk the social disapproval associated with seeking services. Studies that explored why women stopped using their methods have also revealed the importance of health concerns and side effects, such as changes in bleeding patterns, weight gain and headaches, in women's decision making about methods.[15–17] Other studies have shown that men as well as women have concerns, real or imagined, about the effects of contraceptive methods on women's bodies—their weight, menstrual cycles, libido, sexual desirability and pleasure.[18–20] Moreover, such studies reveal that both men's and women's opposition to family planning could be related to traditional gender norms or to a suspicion that outsiders (Westerners) aim to control women's fertility.[19,21]

Scope of This Report

To provide background and context, we start this report by describing women's desire for children, contraceptive use and levels of unmet need in 52 countries that had surveys between 2005 and 2014 and for which data were available at the time of this analysis. We then focus on the reasons women give for not using contraceptives despite wanting to avoid a pregnancy.

We provide data for both married and sexually active never-married women, and also highlight the situation of young women aged 15–24, married and not. This group has been the focus of numerous international initiatives to improve reproductive health, as detailed in a later section. We also discuss trends in the proportions of married women giving specific reasons for nonuse, by examining countries that have had multiple surveys since 2000 with comparable data on reasons for nonuse.

Through these analyses, this report can inform policymakers, program managers and donor agencies on how programs can respond most effectively to meet women's contraceptive needs. The implications of the report's findings and recommendations are outlined in the last section. The appendix contains supplemental tables on specific groups of women with unmet need and trend data on women's reasons for not using a method.

Data and Methods

Data Sources

The findings presented in this report are based primarily on data from Demographic and Health Surveys (DHS) conducted in 52 countries between 2005 and 2014. Forty of the surveys were conducted between 2010 and 2014. Data from earlier survey years are also shown for comparative purposes. The DHS collects information from nationally representative samples of women of reproductive age (15–49 years old) on fertility; family planning; reproductive, maternal and child health; and other health issues. In all countries, the surveys use a standardized, core questionnaire, which the DHS program has developed and refined over the past three decades.

Other global reviews have assessed unmet need for family planning based on a wider range of surveys, including the Reproductive Health Surveys conducted by the U.S. Centers for Disease Control and Prevention, the Multiple Indicator Cluster Surveys conducted by the United Nations Children's Fund (UNICEF), and surveys from the Pan Arab Project for Family Health.[2,22,23] Our analysis is limited to countries with DHS data because these data include consistent and comparable information about why women with unmet need are not using a contraceptive method.

Of the 52 countries included in this report, 32 are in Africa, 13 are in Asia and seven are in Latin America and the Caribbean,* following the regional classifications of the United Nations Population Division. The number of women aged 15–49 interviewed in the most recent surveys ranged from 2,615 in Sao Tome & Principe to 124,385 in India. The populations of women surveyed in the 52 countries account for 66% of all women of reproductive age in the developing regions of the world excluding China.

Key Variables

Unmet need for contraception

We use the definition of unmet need for contraception commonly presented in DHS reports and revised in 2012 to ensure greater consistency in estimation across countries and over time.[24] According to this definition, a woman of reproductive age (15–49) has unmet need if

- she is married (legally married, cohabiting or in a consensual union) or unmarried and sexually active;
- she is not using any method of contraception, either modern or traditional;
- she is fecund; and
- she does not want to have a child (or another child) in the next two years or at all.

In addition, women who are pregnant, or who are experiencing postpartum amenorrhea (have not resumed menstruation after a birth in the two years preceding the survey), are classified as having unmet need if they indicated that their current or recent pregnancy was unintended. Even though they do not have an immediate need for contraception, these women are included because they previously had an unmet need or a method failure, and might want to avoid another pregnancy when they are fecund again.

The DHS definition considers a woman infecund (and therefore having no need for contraception) if she meets any of three criteria:

- she was married for at least five years before the survey and did not use contraception, did not have a birth during that time and was not pregnant at the time of the survey (note: some of these women might have had abortions, so the indicator could overstate infecundity);
- she has not had a period for at least six months and is not pregnant or experiencing postpartum amenorrhea; or
- she indicated in response to questions about fertility intentions or reasons for not using contraception that she is menopausal, has had a hysterectomy or otherwise cannot get pregnant.

*__Africa__—Benin, Burkina Faso, Burundi, Cameroon, Comoros, Congo, Congo (DRC), Cote d'Ivoire, Egypt, Ethiopia, Gabon, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Sierra Leone, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. __Asia__—Armenia, Azerbaijan, Bangladesh, Cambodia, India, Indonesia, Jordan, Kyrgyz Republic, Nepal, Pakistan, the Philippines, Tajikistan and Timor-Leste. __Latin America and the Caribbean__—Bolivia, Colombia, Dominican Republic, Guyana, Haiti, Honduras and Peru.

The DHS uses an algorithm for determining unmet need that draws from 15 survey questions.[24] First, women are categorized according to whether or not they are using a contraceptive method. Among nonusers, women who are pregnant or have postpartum amenorrhea are classified as having unmet need if their current or recent pregnancy was unintended. Women who are not pregnant or experiencing postpartum amenorrhea are further classified according to whether they are fecund; fecund women who want to avoid a pregnancy for at least two years are classified as having an unmet need. Finally, women with unmet need are grouped according to whether they have unmet need for spacing births (delaying a first birth or postponing higher-order births) or limiting births (stopping childbearing altogether).

Because a key objective of measuring unmet need is to identify women at risk for unintended pregnancy, some reports focus on levels of unmet need for *modern* contraception,[2,25] which classifies women using traditional methods (such as withdrawal and periodic abstinence) as having unmet need. These women face a greater risk of unintended pregnancy than peers using modern methods because traditional methods have comparatively higher failure rates.[26] This report, however, looks at women having unmet need for any method—that is, those using *neither* a traditional nor a modern method—because these women are asked to give a reason for nonuse. Women who use traditional methods are not asked why they are not using a modern one.

As other studies have done, we look at unmet need for contraception both to space births and to limit births, which can help identify the proportions of women in need of temporary, long-term or permanent methods. In addition, our analysis includes a third category: unmet need for postponing motherhood among women who have yet to start childbearing. Our approach therefore differs from that of other studies that classify this need as part of unmet need for spacing births.[22] The tendency to begin contraceptive use only after a first child is born is widespread throughout the developing world, especially in cultures where women are expected to have a child soon after marriage. Delaying childbearing can enable women to complete their educations, earn income or both. Thus, having a separate indicator denoting the need to *delay a first birth* helps gauge the extent to which young women who want to postpone starting a family are able to do so.

Estimates for married and unmarried women

For the purpose of measuring the need for contraception, all married women are considered sexually active, as are unmarried women who report recent sexual activity. Prior research has shown, however, that many married women cite infrequent sex as a reason for not using contraception. Thus, we present data for all married women in the main text and examine separately only those married women who reported being sexually active.

For both married and unmarried women, we define sexually active as having had sexual intercourse in the three months (93 days) preceding the survey interview. Some studies of unmarried women have used the DHS standard definition of sexually active as having had sex in the past month.[7,24,27] Others have used the three-month time frame.[2,22,25] We use the latter, broader measure to capture realistic variations in the frequency of sexual relations among married women and the sporadic nature of unmarried women's relationships. This time frame also yields larger sample sizes and thus more robust results.

Unmarried women face challenges related to contraceptive use that differ from those of married women, and their needs are sometimes harder to determine. Strong taboos against sexual activity outside of marriage make it more difficult to collect and assess unmet need data: Surveys do not always ask unmarried women about recent sexual activity, and even when they do, the women may underreport their sexual activity and contraceptive use.[11,28] Yet, it is important to know why sexually active unmarried women are not using contraception, because they make up an estimated 18% of all women with unmet need for any method in developing countries.[25] The potential social, economic and health-related consequences of unintended pregnancy for unmarried women make it essential to measure and understand their unmet need for contraception.

Some analyses of unmet need among unmarried women have combined women who have never married with formerly married women—those who are separated, divorced or widowed. In this analysis, however, we exclude formerly married women because, in many countries, there are too few of them to examine on their own, and because preliminary analyses indicated that their reasons for unmet need often differ from those of never-married women. Also, reproductive health professionals are particularly concerned about the risks and consequences of unintended pregnancy for never-married women, who are predominantly young. In developing regions, the vast majority of never-married women are aged 15–24.

Thirty-one of the 52 countries have information about reasons for nonuse of contraception among sexually active never-married women. The remaining 21 countries—12 in Asia and nine in Africa—have insufficient information, either because never-married women were excluded from the DHS, or because the size of the sample of sexually ac-

tive never-married women is too small to produce reliable estimates of unmet need.

Reasons for not using contraception

In the DHS, women who are not using any method of contraception, and who say that they do not want to have a child in the near future, are asked to indicate their reasons for not using a method. The question takes this general form: "You have said that you do not want a child soon/another child soon/any more children, but you are not using any method to avoid pregnancy. Can you tell me why?" The questionnaire also follows up with "Any other reason?" but offers no specific prompts.

To help interviewers code the women's responses, DHS questionnaires include a list of more than 20 precoded answers, and they also allow interviewers to enter women's other, uncoded reasons. Because women with unmet need are allowed to provide more than one reason for not using a method, the proportions citing various reasons may add to more than 100%. In this analysis, we categorize women's responses according to whether they relate to

- sexual activity or fecundity (a woman reports infrequent or no sex, or believes she is unable to get pregnant);
- postpartum amenorrhea, breast-feeding or both;
- opposition to family planning by the woman herself or someone close to her;
- awareness and access issues, including awareness of methods and their availability and cost, and access to a source; and/or
- issues pertaining to method use, including side effects, health risks and inconvenience.

The pool of women defined to have unmet need and those who are asked reasons for not using contraception are not identical. For example, women with unmet need who are pregnant, or who say they are not sure whether or when they want to have a child, are *not* asked about their reasons for not using contraception.* Therefore, we are examining reasons given by a large subset of women with unmet need, rather than all of them. The women's responses shed light on the reasons behind the seeming contradiction of needing contraception and yet not using it, and therefore are presented to deepen our understanding of unmet need.

Analytic Approach

We present the proportions of women with unmet need for contraception in each country and the percentage distributions of women according to whether they have an unmet need to postpone a first birth or to space or limit higher-order births. The DHS program uses sampling weights for women in each survey to correct for differential representation of some demographic groups and to render more nationally representative samples. The tables in this report give weighted results along with the unweighted sample size (n) for each variable. Married and never-married women are shown separately.

Next, we present proportions of women with unmet need in various population subgroups, defined by social and demographic characteristics: age-group (in five-year increments), residence (urban versus rural), wealth (poor versus nonpoor)† and education (less than seven years versus more). We show findings of chi-square analyses performed to detect whether any variations in unmet need by subgroup rose to the level of statistical significance.‡

To examine more closely the experiences of women who gave specific reasons for nonuse, we present the following:

- the proportion of women who had sex in the past three months and past month, among those citing infrequent or no sex as their reason for nonuse;
- the proportion of women who gave birth in the past six months, among women citing postpartum amenorrhea or breast-feeding; and
- the proportion of women who had ever used any contraceptive method, among those citing concerns about side effects and health risks, among those citing opposition to contraception, and among those citing access issues. (Ever-use of a modern method was not available across all surveys.)

We present data for three major UN regions: Africa, Asia, and Latin America and the Caribbean. Regional averages are shown where the combined populations of women aged 15–49 in the surveyed countries accounts for 50% or more of the region's population of women that age.

The regional averages are not weighted for population size, although such weights are often used to give a sense of the numbers of women citing each reason.

*Conversely, women who have postpartum amenorrhea following an intended pregnancy are not classified as having unmet need, but *are* asked about their reasons for nonuse if they report not wanting another child within two years. However, these women are not included in our analysis.

†Women were categorized as poor if they were in the lowest two quintiles of household wealth and as nonpoor if they were in the middle and upper two quintiles. The DHS wealth index is a composite measure of households' living standards, which is calculated from survey data on households' ownership of selected assets.

‡The analyses used the DHS sampling weights but did not account for the complex sampling design of the survey.

In the analysis presented here, small countries carry the same weight as large countries; therefore, the reasons expressed by women in small countries are not "lost" in the averages. The regional averages are thus more likely to reflect a typical country than the women of the largest country in a region.

We examine trends in reasons for nonuse of contraception for 39 countries having more than one survey between 1994 and 2014. Because of the variability in survey years, we do not aggregate trends at the regional level. For comparability, data from all survey years use the 2012 definition of unmet need.

Data Considerations

Readers should bear in mind several considerations when reviewing the data presented in this report. First, our analysis of the reasons for nonuse of contraception follows the categories established and reported by the DHS. Some of the reasons listed would benefit from more in-depth investigation. Second, although women are allowed to indicate multiple reasons for nonuse, most women stop after giving one reason, which could result in underreporting of some barriers to using contraceptives.

Third, the survey data provide a snapshot of all women's exposure to pregnancy and contraceptive needs at one point in time—at a population level. The data are not meant to predict how any individual woman's sexual behavior or needs might change over time. A particular woman might move in and out of the categories studied (i.e., a user or nonuser of contraception; sexually active or not; wanting a pregnancy or not).

Fourth, the number and population size of the countries in Latin America and the Caribbean are too small to make generalizations about the whole region. Where this region is mentioned in the report, we refer to only seven countries with survey data from 2004 to 2014. Finally, the sample sizes of sexually active never-married women citing reasons for nonuse are much smaller than those of married women; therefore, the results pertaining to never-married women should be viewed with more caution. We omit from the tables values based on responses from fewer than 50 never-married women, but some findings shown are based on fewer than 100 women.

Levels of Contraceptive Use and Unmet Need

Rising levels of contraceptive use in developing countries have played a major role in enabling couples to have smaller families than in previous generations, and in improving women's and children's health. Still, nearly everywhere in the developing world, women's childbearing experiences differ from their intentions.

Survey data on women's ideal family size compared with the mean number of lifetime births per woman (the total fertility rate) reveal that on average, women have more children than they prefer to have (Table 1, page 12). Outside of Central Asia, where the gap between desired and actual fertility is negligible, women have between 0.5 and 2.2 more children than they intend to have.[29]

The incidence of unplanned births—which includes both mistimed births (wanted, but at a later time) and unwanted births—also provides evidence that women face obstacles to controlling their fertility. Unplanned births range from 3% of all births in the Kyrgyz Republic to 60% in Bolivia. Unplanned births tell only part of the story, however; levels of unintended pregnancy are higher in all countries, to varying degrees, because some pregnancies end in abortion.[30] If all women who wanted to avoid a pregnancy were to use a modern contraceptive method, abortions as well as unplanned births would drop dramatically.[2] Reducing unmet need is also an important strategy to lower fertility rates in countries with rapid population growth.

To set the stage for exploring the reasons underlying unmet need, this section and Tables 1–5 present levels of contraceptive use and unmet need in the 52 countries studied, along with some of the background characteristics of these women. Married women are presented separately from sexually active never-married women.

Contraceptive Use Among Married Women

The proportion of married women aged 15–49 using contraception varies widely in the countries included in this analysis. Table 1 shows the proportions who have ever used a contraceptive method (traditional or modern), are currently using any method, and are currently using a modern method. Generally speaking, the majority of married women in Latin American and the Caribbean and in Asia currently use contraception, and most of these users rely on a modern method (Figure 1, page 19), except in a few countries in Central Asia. In contrast, in Africa, the majority of married women are *not* using contraception, with the exception of Swaziland, Rwanda, Namibia, Zimbabwe and Egypt, where 51–59% of married women are using a method.

The proportion of married women who rely on traditional methods varies widely, from 0–1% of users in many countries to 37% in Azerbaijan. Still, in the majority of countries (41 out of 52), fewer than 10% rely on such methods.

Unmet Need Among Married Women

Overall patterns of unmet need

For the most part, unmet need for contraception is inversely related to contraceptive use, although women's desire for children also factors into the equation. In the 52 countries studied, the proportion of married women aged 15–49 with an unmet need for a method of contraception (either modern or traditional) ranges from 8% in Colombia to 38% in Sao Tome & Principe (Table 2, page 14). Unmet need is highest in countries such as Haiti, Ghana and Uganda, where the use of contraception is still very low. In 24 countries, at least a quarter of married women have unmet need; 20 of these countries are in Africa. At the other end of the spectrum, the five countries with the lowest levels of unmet need—Colombia, Peru, Honduras, Dominican Republic and Indonesia—have the highest levels of contraceptive use. A few countries, such as Niger and Nigeria, have relatively low unmet need along with low contraceptive use because the desired family size is still relatively high.

Married women who are fecund and want to avoid a pregnancy are classified as having a need for contraception: That need is considered to be met for those who are using contraception (modern or traditional in this analysis) and unmet for the rest. Figure 2, page 20 shows the distribution of married women according to whether they have an unmet need, a met need or no need for contraception. Married women with no need include those who are infecund, pregnant with an intended pregnancy, or

postpartum amenorrheic after an intended pregnancy, or would like to have a birth in the next two years. Overall, the proportion of women with "no need" is higher in Africa than in the other two regions because fertility is much higher in Africa—that is, women spend more time pregnant, postpartum amenorrheic or wanting to become pregnant. As couples increasingly desire smaller families and as contraceptive use rises, the size of this group of women will decline.

Women with an unmet need for contraception may wish to delay, space or limit their births (Figure 3, page 22). Among married women, unmet need to delay a first birth is relatively rare. It is 2% or less in nearly all of the 52 countries; the only exceptions are Haiti, Nepal and Comoros, where 3–4% of married women have an unmet need to postpone a first birth. This largely reflects the fact that in developing countries, women often want, or are expected to have, a child soon after marriage. The relative importance of spacing versus limiting varies across countries; still, as a general rule, those with higher fertility, such as in Sub-Saharan Africa, have higher proportions of women with unmet need for spacing births compared with those with lower fertility.

These data have implications for the types of methods that women might prefer to adopt. For example, if the majority of women who need contraceptives would like to have a child in the future, then programs focusing mainly on sterilization would not be appropriate, and some women might be reluctant to use IUDs and implants in settings where removal could be difficult. Offering effective short-term methods, such as pills and injectables, or backup methods, such as emergency contraception, along with the former could be more acceptable and appropriate.

Unmet need among subgroups of married women

Married women across all age-groups have an unmet need for contraception (Table 3, page 16 and Figure 4, page 22). In the Latin American and the Caribbean countries with surveys, unmet need is highest among women aged 15–19, and it declines for each subsequent five-year age-group. (Regional averages are not shown for Latin America because the data represent too few countries in the region.) In Asia, unmet need is highest among the youngest age-groups. This pattern might reflect that women in this region commonly rely on sterilization once they have their desired number of children. In Africa, unmet need is roughly equally high across all age-groups except for women aged 45–49, who have the lowest level. But patterns in individual countries vary a great deal. In Egypt and Indonesia, unmet need is lowest among married women aged 15–19 and increases in each subsequent age-group. By contrast, in Burkina Faso, Burundi, Mozambique, Niger, Rwanda, Swaziland and Tanzania, unmet need is highest among women 35–39 or 40–49 years old—groups who most likely have reached their desired family size.

Levels of unmet need are generally higher in rural areas than in urban areas, but in many countries, the rural-urban divide is narrow (Table 3). Bolivia, Comoros, Ethiopia, Lesotho and Uganda have wide rural-urban gaps of 10 percentage points or more (with higher unmet need in rural areas). On the other hand, Sao Tome & Principe is the only country with unmet need that is 10 percentage points higher in urban areas compared with rural ones.

Differences in levels of unmet need are somewhat more pronounced between poor and better-off women, and between less and more educated women. In nearly all countries, women who are poor (in the bottom two wealth quintiles) experience greater unmet need than those who are nonpoor (in the other quintiles). Also as expected, married women with fewer than seven years of education generally have higher levels of unmet need than counterparts with more years of schooling. Across all regions, the only countries in which levels of unmet need are at least five percentage points higher among more educated women are Armenia and Nepal.

Sexual Activity and Contraceptive Use Among Never-Married Women

A total of 31 countries—23 in Sub-Saharan Africa, seven in Latin America and the Caribbean, and one in Asia (Philippines)—have sufficient data on never-married women to analyze unmet need. In most of these countries, between 10% and 40% of never-married women are sexually active, defined as having had sex in the past three months (Table 4, page 17 and Figure 5, page 23). The proportions of never-married women who have had a child range widely, from 5% in the Philippines to 51% in Namibia. In most countries, the majority of births among never-married women are unplanned.

In six countries in Latin America and the Caribbean and in the Philippines, a smaller proportion of sexually active never-married women currently use contraception compared with married women (Tables 1 and 4). Africa presents a different picture, however: In 23 of the 26 countries with data, sexually active never-married women are more likely to use contraception than their married counterparts.

Unmet Need Among Never-Married Women

Sexually active never-married women are a much smaller population than married women in the developing countries included in this analysis, because most women

marry, and social norms often discourage sexual activity before marriage. However, this group has a comparatively higher level of unmet need for contraception overall (Table 2). As shown in Figure 6, page 24, between 17% and 59% of sexually active never-married women—in Congo and Haiti, respectively—have an unmet need.

Never-married women generally account for fewer than half of all women with unmet need in most of the countries with data, from 3% in Comoros and Ethiopia up to 51% in Namibia (Appendix Table 1, page 69). But because these women experience greater unmet need than do their married peers, their share of unmet need is disproportionate to their population size. Moreover, their levels of unmet need could be even higher than shown in the survey results because never-married women in conservative societies may be reluctant to admit being sexually active.

In contrast with married women, the vast majority of never-married women have an unmet need to *delay* their first birth (Figure 7, page 25), reflecting that they are predominantly young and plan to have a child in the future. An exception can be seen in Swaziland, where more of the never-married women with unmet need report wanting to *limit* births (14%)—that is,to stop having children—than to delay or space births.

In nearly every country with available data, the youngest age group of never-married women, those aged 15–19, have the highest unmet need (Table 5, page 18), reflecting the challenge of being young and single and in need of contraception. As noted for married women, and almost without exception, unmet need is higher among the never-married women who live in rural areas, are from poorer households and have fewer than seven years of education.

TABLE 1. Fertility, sexual activity and contraceptive use among all women and married women aged 15–49 in 52 developing countries, 2005–2014

		All women			Married women					
Country and region	Year	n	Actual TFR†	Wanted TFR*	n	% sexually active‡	% of births unplanned§	% ever used any method††	% currently using any method††	% currently using modern method‡‡
Latin America and Caribbean										
Bolivia	2008	16,939	3.5	2.0	10,188	89	60	83	61	34
Colombia	2010	53,521	2.1	1.6	27,396	95	47	97	79	73
Dominican Republic	2013	9,372	2.5	2.0	5,219	95	43	91	72	69
Guyana	2009	4,996	2.8	2.1	3,006	87	38	75	42	40
Haiti	2012	14,287	3.5	2.2	7,949	89	45	61	35	31
Honduras	2012	22,757	2.9	2.2	13,178	91	39	94	73	64
Peru	2012	23,888	2.6	1.8	14,235	94	54	98	75	52
Asia										
Armenia	2010	5,922	1.7	1.6	3,706	89	8	72	55	27
Azerbaijan	2006	8,444	2.0	1.8	5,260	91	18	70	51	14
Bangladesh	2011	17,749	2.3	1.6	16,616	90	27	85	61	52
Cambodia	2010	18,754	3.0	2.6	11,536	87	15	na	51	35
India	2005–06	124,385	2.7	1.9	87,925	87	20	66	56	49
Indonesia	2012	45,607	2.6	2.0	32,706	94	14	85	62	58
Jordan	2012	11,352	3.5	2.4	10,746	97	24	83	61	42
Kyrgyz Republic	2012	8,208	3.6	3.4	5,478	94	3	na	36	34
Nepal	2011	12,674	2.6	1.8	9,460	77	25	72	50	43
Pakistan	2012–13	13,558	3.8	2.9	13,010	88	15	55	35	26
Philippines	2013	16,155	3.0	2.2	9,866	89	27	75	55	38
Tajikistan	2010	9,656	3.8	3.3	6,388	81	5	39	28	26
Timor-Leste	2009–10	13,137	5.7	5.1	7,877	85	14	31	22	21

†The average number of lifetime births per woman. *The average number of lifetime births per women if only desired births occured. ‡Had sexual intercourse in the three months preceding the survey. §Births in the three years preceding the survey that were mistimed (wanted, but at a later time) or unwanted. ††Includes modern methods (the pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms; emergency contraception is a modern method, but reported use is zero or negligible in all countries included) and traditional methods (withdrawal, periodic abstinence or other traditional). ‡‡The pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms. Emergency contraception is a modern method, but reported use is zero or negligible all countries included. §§Congo and Congo (DRC) are neighboring but separate countries; the former refers to the Republic of Congo (also known as Congo-Brazzaville), whereas the latter refers to the Democratic Republic of Congo. *Notes:* TFR=total fertility rate. n=unweighted number of all and married women aged 15–49. na=data not available.

TABLE 1. Fertility, sexual activity and contraceptive use among all women and married women aged 15–49 in 52 developing countries, 2005–2014 (continued)

		All women			Married women					
Country and region	Year	n	Actual TFR†	Wanted TFR*	n	% sexually active‡	% of births unplanned§	% ever used any method††	% currently using any method††	% currently using modern method‡‡
Africa										
Benin	2012	16,599	4.9	4.0	11,880	65	19	27	13	8
Burkina Faso	2010	17,087	6.0	5.2	13,392	71	7	26	16	15
Burundi	2010	9,389	6.4	4.2	5,261	97	28	32	22	18
Cameroon	2011	15,426	5.1	4.1	9,805	84	21	45	23	14
Comoros	2012	5,329	4.3	3.2	3,291	88	32	31	19	14
Congo§§	2011–12	10,819	5.1	4.5	6,750	91	27	70	45	20
Congo (DRC)§§	2013–14	18,827	6.6	5.7	12,448	86	25	37	20	8
Cote d'Ivoire	2011–12	10,060	5.0	4.1	6,453	81	20	37	18	12
Egypt	2014	21,762	6.5	2.8	20,430	na	14	82	59	57
Ethiopia	2011	16,515	4.8	3.0	10,204	91	27	46	29	27
Gabon	2012	8,422	4.1	3.2	4,749	85	36	54	31	19
Ghana	2008	4,916	4.0	3.5	2,950	74	35	60	24	17
Guinea	2012	9,142	5.1	4.0	6,779	62	13	13	6	5
Kenya	2008	8,444	4.6	3.2	5,041	89	39	73	45	39
Lesotho	2009	7,624	3.3	2.4	4,129	80	47	70	47	46
Liberia	2013	9,239	4.7	4.0	5,875	82	26	38	20	19
Madagascar	2008–09	17,375	4.8	4.2	11,903	91	11	60	40	29
Malawi	2010	23,020	5.7	4.5	15,445	85	42	79	46	42
Mali	2012–13	10,424	6.1	5.0	8,737	79	12	21	10	10
Mozambique	2011	13,745	5.9	5.1	8,956	76	12	na	12	11
Namibia	2013	9,176	3.6	2.9	3,366	91	42	83	56	55
Niger	2012	11,160	7.6	6.8	9,509	84	8	30	14	12
Nigeria	2013	38,948	5.5	4.8	27,274	90	7	24	15	10
Rwanda	2010	13,671	4.6	3.1	6,834	95	34	66	52	45
Sao Tome & Principe	2008–09	2,615	4.9	3.3	1,754	94	49	76	38	34
Senegal	2010–11	15,688	5.0	3.2	10,804	76	22	29	13	12
Sierra Leone	2013	16,658	4.9	4.2	10,754	71	24	29	17	16
Swaziland	2006–07	4,987	3.9	2.1	2,069	89	54	89	51	48
Tanzania	2010	10,139	5.4	4.7	6,310	89	23	na	34	27
Uganda	2011	8,674	6.2	4.5	5,352	87	45	56	30	26
Zambia	2013–14	16,411	5.3	4.5	9,649	94	37	73	49	44
Zimbabwe	2010–11	9,171	4.1	3.4	5,578	89	28	na	59	57

†The average number of lifetime births per woman. *The average number of lifetime births per women if only desired births occured. ‡Had sexual intercourse in the three months preceding the survey. §Births in the three years preceding the survey that were mistimed (wanted, but at a later time) or unwanted. ††Includes modern methods (the pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms; emergency contraception is a modern method, but reported use is zero or negligible in all countries included) and traditional methods (withdrawal, periodic abstinence or other traditional). ‡‡The pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms. Emergency contraception is a modern method, but reported use is zero or negligible all countries included. §§Congo and Congo (DRC) are neighboring but separate countries; the former refers to the Republic of Congo (also known as Congo-Brazzaville), whereas the latter refers to the Democratic Republic of Congo. *Notes:* TFR=total fertility rate. n=unweighted number of all and married women aged 15–49. na=data not available.

TABLE 2. Numbers and percentages of women aged 15–49 with unmet need for contraception, according to marital status and sexual activity, in 52 developing countries, 2005–2014

	All married women		Sexually active‡ married women		All never-married women		Sexually active‡ never-married women	
	n	%	n	%	n	%	n	%
Latin America and Caribbean								
Bolivia	10,188	20	9,173	16	5,391	7	907	34
Colombia	27,396	8	25,759	7	18,430	10	5,667	23
Dominican Republic	5,219	11	4,966	10	2,128	9	534	33
Guyana	3,006	28	2,588	26	1,512	10	390	30
Haiti	7,949	35	7,051	34	5,246	18	1,482	59
Honduras	13,178	11	11,942	8	6,355	6	776	34
Peru	14,235	9	13,400	7	7,308	6	1,544	23
Asia								
Armenia	3,706	13	3,279	10	na	na	na	na
Azerbaijan	5,260	15	4,828	14	na	na	na	na
Bangladesh	16,616	13	14,952	9	na	na	na	na
Cambodia	11,536	17	10,659	16	na	na	na	na
India	87,925	14	77,495	12	na	na	na	na
Indonesia	32,706	11	30,603	10	na	na	na	na
Jordan	10,746	12	10,366	10	na	na	na	na
Kyrgyz Republic	5,478	18	5,159	16	na	na	na	na
Nepal	9,460	28	7,345	19	na	na	na	na
Pakistan	13,010	20	11,571	19	na	na	na	na
Philippines	9,866	17	8,768	15	5,512	3	277	41
Tajikistan	6,388	23	5,179	21	na	na	na	na
Timor-Leste	7,877	31	6,699	34	na	na	na	na

†Woman is married or is unmarried and sexually active, is fecund and does not want to have a child (or another child) in the next two years or at all, but is not using any method of contraception (modern or traditional).‡Had sexual intercourse in the three months preceding the survey. *Notes:* n=unweighted number of women; na=data not available. The percentages of never-married women with unmet need are shown for Burundi, Guinea, Mali, Sao Tome & Principe and Senegal, but the sample sizes are too small to show reasons for nonuse in Table 11.

TABLE 2. Numbers and percentages of women aged 15–49 with unmet need for contraception, according to marital status and sexual activity, in 52 developing countries, 2005–2014 (continued)

	All married women		Sexually active‡ married women		All never-married women		Sexually active‡ never-married women	
	n	%	n	%	n	%	n	%
Africa								
Benin	11,880	33	7,682	32	3,992	18	1,273	50
Burkina Faso	13,392	25	9,394	25	2,991	9	633	39
Burundi	5,261	32	5,100	32	na	na	na	na
Cameroon	9,805	24	8,202	21	4,307	11	1,502	27
Comoros	3,291	32	2,897	31	na	na	na	na
Congo	6,750	18	5,925	17	2,804	11	1,269	17
Congo (DRC)	12,448	28	10,669	27	4,899	16	1,420	46
Cote d'Ivoire	6,453	27	5,190	26	3,038	27	1,466	48
Egypt	20,430	13	na	na	na	na	na	na
Ethiopia	10,204	26	8,862	26	na	na	na	na
Gabon	4,749	26	3,906	23	3,047	20	1,402	32
Ghana	2,950	36	2,110	31	1,593	14	405	48
Guinea	6,779	24	4,196	17	na	na	na	na
Kenya	5,041	26	4,443	24	2,634	13	458	51
Lesotho	4,129	23	3,260	19	2,618	13	596	41
Liberia	5,875	31	4,701	29	2,867	34	1,368	52
Madagascar	11,903	19	10,862	18	3,153	11	741	44
Malawi	15,445	26	13,033	23	4,538	8	520	55
Mali	8,737	26	6,873	26	na	na	na	na
Mozambique	8,956	28	6,790	29	2,514	21	1,239	47
Namibia	3,366	18	3,003	16	5,458	12	2,294	18
Niger	9,509	16	8,131	15	na	na	na	na
Nigeria	27,274	16	24,164	15	9,326	8	2,573	27
Rwanda	6,834	21	6,476	20	na	na	na	na
Sao Tome & Principe	1,754	38	1,649	36	605	11	144	37
Senegal	10,804	30	7,938	29	na	na	na	na
Sierra Leone	10,754	25	7,581	20	4,730	20	2,790	33
Swaziland	2,069	25	1,841	23	2,487	16	965	31
Tanzania	6,310	25	5,651	24	2,540	13	525	40
Uganda	5,352	34	4,535	32	2,118	10	392	43
Zambia	9,649	21	9,090	20	4,572	16	1,236	55
Zimbabwe	5,578	15	4,923	13	2,197	6	307	37

†Woman is married or is unmarried and sexually active, is fecund and does not want to have a child (or another child) in the next two years or at all, but is not using any method of contraception (modern or traditional).‡Had sexual intercourse in the three months preceding the survey. *Notes:* n=unweighted number of women; na=data not available. The percentages of never-married women with unmet need are shown for Burundi, Guinea, Mali, Sao Tome & Principe and Senegal, but the sample sizes are too small to show reasons for nonuse in Table 11.

TABLE 3. Percentages of married women aged 15–49 with unmet need, by background characteristics, in 52 developing countries, 2005–2014

	Age-group								Residence			Wealth†			Education		
	15–19	20–24	25–29	30–34	35–39	40–44	45–49	P value	Urban	Rural	P value	Poor	Non poor	P value	<7 years	≥7 years	P value
Latin America and Caribbean																	
Bolivia	38	27	24	20	18	16	9	***	16	27	***	29	15	***	25	16	***
Colombia	24	14	8	6	5	6	6	***	8	9	***	10	7	***	9	8	**
Dominican Republic	27	21	12	8	5	5	5	***	11	10	ns	12	10	*	8	12	***
Guyana	35	30	29	26	29	26	27	ns	29	28	ns	33	25	***	31	28	ns
Haiti	57	41	35	32	36	35	24	***	34	36	*	38	34	***	37	33	***
Honduras	18	13	11	8	8	9	8	***	10	12	***	12	10	***	11	10	ns
Peru	19	14	11	9	8	8	5	***	8	12	***	12	7	***	10	9	**
Asia																	
Armenia	27	17	14	12	12	11	14	**	12	16	***	16	12	***	8	14	ns
Azerbaijan	16	16	15	15	13	17	18	ns	15	16	ns	16	15	ns	24	15	**
Bangladesh	17	15	15	14	11	10	8	***	11	14	***	13	14	ns	13	15	***
Cambodia	16	17	16	15	16	19	18	ns	12	18	***	20	15	***	18	14	***
India	27	22	16	12	9	7	4	***	11	15	***	17	12	***	14	13	***
Indonesia	7	8	9	10	11	15	16	***	12	11	**	12	11	ns	12	11	***
Jordan	12	11	14	11	7	13	15	***	12	11	ns	14	10	***	15	11	***
Kyrgyzstan	10	23	20	19	18	16	11	***	16	19	*	17	19	ns	24	18	ns
Nepal	42	38	31	26	21	16	13	***	20	29	***	30	26	***	26	32	***
Pakistan	15	21	22	21	21	20	14	***	17	22	***	24	18	***	21	17	***
Philippines	29	22	18	15	16	17	17	***	17	18	*	19	16	**	18	17	ns
Tajikistan	13	28	28	26	20	18	12	***	21	23	*	24	22	ns	28	22	**
Timor-Leste	27	35	33	32	34	32	21	***	30	32	ns	33	30	**	31	32	ns
Africa																	
Benin	35	34	34	36	35	30	17	***	33	32	ns	31	33	*	33	32	ns
Burkina Faso	22	24	26	25	29	28	13	***	22	25	***	25	24	*	25	15	***
Burundi	19	30	34	35	37	38	22	***	26	33	**	35	30	***	33	25	**
Cameroon	26	25	23	25	24	23	15	***	22	24	*	25	22	**	25	20	***
Comoros	47	43	31	35	32	20	16	***	24	36	***	38	29	***	34	29	**
Congo	35	23	19	19	13	14	9	***	18	19	ns	21	17	***	22	16	***
Congo (DRC)	31	29	30	29	28	25	12	***	28	27	ns	28	28	ns	28	27	ns
Cote d'Ivoire	27	33	32	25	26	26	13	***	25	29	***	30	25	***	28	19	***
Egypt	9	11	12	13	13	13	16	***	12	13	*	15	11	***	14	12	***
Ethiopia	33	23	28	27	28	29	15	***	16	29	***	30	24	***	28	14	***
Gabon	41	30	26	28	24	23	16	***	26	32	**	31	24	***	29	25	***
Ghana	62	42	40	34	35	31	21	***	33	38	**	40	33	***	38	33	**
Guinea	23	27	22	27	24	28	12	***	26	23	*	21	25	***	23	26	ns
Kenya	30	30	27	23	25	24	20	***	20	27	***	35	20	***	29	24	***
Lesotho	30	28	23	21	23	21	14	***	15	27	***	33	18	***	27	22	***
Liberia	47	39	34	30	31	27	11	***	29	33	**	34	29	***	31	31	ns
Madagascar	27	18	17	16	19	22	18	***	17	19	*	22	17	***	20	16	***
Malawi	25	27	26	28	28	26	18	***	23	27	***	29	25	***	28	23	***
Mali	23	25	26	30	28	27	17	***	24	27	*	25	26	ns	26	22	*
Mozambique	23	23	26	26	33	40	39	***	30	28	ns	28	29	ns	28	29	ns
Namibia	32	21	18	16	18	17	12	***	14	23	***	23	15	***	24	16	***
Niger	13	18	16	16	14	19	14	***	17	16	ns	17	16	ns	16	15	ns
Nigeria	13	17	17	17	18	17	12	***	15	17	***	15	17	***	16	16	ns
Rwanda	6	17	19	23	24	25	18	***	18	21	**	25	18	***	22	17	***
Sao Tome & Principe	48	41	40	32	37	41	26	**	42	32	***	41	35	**	37	40	ns
Senegal	31	30	32	32	32	28	19	***	31	30	ns	30	30	ns	30	28	ns
Sierra Leone	31	26	25	23	28	24	17	***	26	25	ns	25	25	ns	25	27	ns
Swaziland	25	29	24	20	25	30	18	**	21	26	*	30	22	***	30	22	***
Tanzania	16	25	24	22	28	30	32	***	20	27	***	29	23	***	28	23	***
Uganda	31	35	36	37	36	32	24	***	23	37	***	41	30	***	38	28	***
Zambia	25	22	19	21	23	23	16	***	17	24	***	25	18	***	24	19	***
Zimbabwe	19	14	13	13	17	17	14	**	13	15	*	18	12	***	17	14	*

*Chi-square p<.05, **Chi-square p<.01, ***Chi-square p<.001. †Poor and nonpoor categories are the lowest two and highest three wealth quintiles, respectively, in the Demographic and Health Surveys. *Note:* ns=not significant.

TABLE 4. Selected characteristics of never-married women aged 15–49, in 31 developing countries, 2006–2014

Country and region	all never-married women					sexually active† never-married women				
	n	% ever had sex	% sexually active†	% had a child	% of births unplanned ‡	n	% ever used any method§	% currently using any method§	% currently using modern method††	% sexually active in past month
Latin America and Caribbean										
Bolivia	5,391	36	16	14	72	907	83	60	35	52
Colombia	18,430	52	34	15	71	5,818	98	71	65	63
Dominican Republic	2,128	39	27	7	80	534	82	57	51	57
Guyana	1,512	49	27	20	44	390	86	60	57	61
Haiti	5,246	50	29	8	71	1,482	41	32	30	54
Honduras	6,355	29	13	12	65	776	93	54	42	59
Peru	7,308	43	22	13	75	1,544	97	69	51	70
Asia										
Philippines	5,512	14	5	5	51	277	49	43	23	51
Africa										
Benin	3,831	53	33	10	62	1,273	50	34	25	60
Burkina Faso	3,119	29	19	6	57	633	57	53	52	54
Cameroon	4,282	52	34	20	53	1,502	76	61	51	56
Congo	2,464	70	50	24	48	1,269	81	74	46	66
Congo (DRC)	4,545	53	31	17	69	1,420	54	45	22	61
Cote d'Ivoire	2,949	73	50	30	52	1,466	51	38	29	64
Gabon	2,765	76	54	37	53	1,402	67	56	46	66
Ghana	1,546	51	27	12	77	405	73	43	29	53
Kenya	2,540	46	18	22	70	458	68	38	33	43
Lesotho	2,554	57	24	21	88	596	88	48	47	39
Liberia	2,405	78	60	38	41	1,368	46	36	34	70
Madagascar	3,208	36	21	11	34	741	50	36	18	62
Malawi	4,526	31	12	8	83	520	63	34	33	44
Mozambique	2,852	58	40	22	40	1,239	na	33	32	66
Namibia	5,333	76	45	51	68	2,313	88	75	74	53
Nigeria	9,820	40	24	7	72	2,573	73	65	54	59
Rwanda	5,362	22	5	11	79	284	36	30	30	50
Sierra Leone	4,911	69	56	26	60	2,790	64	56	54	67
Swaziland	2,486	65	38	46	79	965	89	62	61	51
Tanzania	2,718	45	26	17	58	525	na	46	39	52
Uganda	2,208	40	17	12	79	392	62	40	33	45
Zambia	4,753	52	25	23	74	1,236	40	30	29	49
Zimbabwe	2,332	25	11	12	67	307	na	42	42	44

†Had sexual intercourse in the three months preceding the survey. ‡Births in the three years preceding the survey that were mistimed (wanted, but at a later time) or unwanted. §Includes modern methods (the pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms; emergency contraception is a modern method, but reported use is zero or negligible all countries included) and traditional methods (withdrawal, periodic abstinence or other traditional). ††The pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms. Emergency contraception is a modern method, but reported use is zero or negligible all countries included. *Note:* n=unweighted number of never-married women and never-married sexually active women. na=data not available.

TABLE 5. Percentages of sexually active† never-married women with unmet need for contraception, by background characteristics, in 36 developing countries, 2006–2014

	Age-group					Residence			Wealth‡			Education		
	15–19	20–24	25–34	≥35	P value	Urban	Rural	P value	Poor	Nonpoor	P value	<7 years	≥7 years	P value
Latin America and Caribbean														
Bolivia	49	34	20	13	***	31	48	**	53	30	**	53	32	***
Colombia	33	21	14	15	***	22	28	ns	29	21	ns	27	22	ns
Dominican Republic	39	36	21	3	***	33	35	ns	32	34	ns	22	34	*
Guyana	40	32	21	24	***	24	37	ns	37	29	ns	26	31	ns
Haiti	68	62	36	13	***	57	61	ns	62	58	***	64	56	***
Honduras	45	34	23	13	***	34	35	ns	32	35	ns	29	35	**
Peru	34	24	17	13	***	23	22	*	24	23	ns	31	22	ns
Asia														
Philippines	57	43	24	19	***	37	52	ns	46	40	*	76	40	ns
Africa														
Benin	56	51	36	24	***	48	54	ns	52	50	ns	51	49	ns
Burkina Faso	50	26	41	11	***	33	53	*	66	36	*	50	29	ns
Burundi	61	45	69	0	***	54	58	***	53	58	ns	57	54	ns
Cameroon	36	21	19	29	***	23	37	***	44	24	***	40	23	***
Congo	20	10	17	20	ns	14	23	***	22	15	***	25	14	***
Congo (DRC)	52	42	35	31	***	39	52	***	49	44	***	55	41	**
Cote d'Ivoire	55	46	38	32	***	46	52	***	51	47	***	54	39	***
Gabon	33	30	34	18	***	31	41	*	40	28	***	43	29	***
Ghana	52	55	33	6	***	46	51	ns	52	47	ns	55	46	ns
Guinea	63	38	30	54	*	38	61	***	63	44	ns	61	36	***
Kenya	74	39	40	42	**	48	54	*	60	48	ns	71	46	***
Lesotho	60	36	24	45	***	34	49	ns	54	39	ns	43	41	ns
Liberia	62	46	34	29	***	51	57	ns	59	51	ns	59	46	ns
Madagascar	57	35	16	33	**	41	46	ns	52	41	***	44	44	ns
Malawi	67	38	27	0	**	37	65	ns	68	51	ns	68	47	ns
Mali	66	56	54	51	***	59	64	ns	66	61	**	67	58	**
Mozambique	58	35	32	34	*	40	60	ns	66	44	ns	57	42	***
Namibia	31	19	13	12	***	15	22	***	22	16	***	25	16	***
Nigeria	41	23	20	20	***	21	36	***	51	25	*	43	26	ns
Rwanda	71	66	40	11	***	54	57	*	58	55	*	56	56	*
Sao Tome & Principe	41	31	40	0	ns	38	36	ns	38	37	ns	43	35	ns
Senegal	77	65	58	27	***	61	68	ns	62	63	*	69	56	ns
Sierra Leone	42	23	19	20	ns	29	38	***	37	32	ns	43	29	**
Swaziland	45	31	18	33	***	27	33	ns	41	27	***	37	29	***
Tanzania	49	34	27	32	***	36	43	ns	49	38	***	54	36	***
Uganda	56	31	24	3	***	36	49	**	60	41	ns	52	39	***
Zambia	68	48	33	24	**	49	62	***	55	55	ns	63	54	ns
Zimbabwe	59	33	19	53	***	31	44	ns	49	34	*	35	37	ns

*Chi-square p<.05, **Chi-square p<.01, ***Chi-square p<.001. †Had sexual intercourse in the three months preceding the survey. ‡Poor and nonpoor categories are the lowest two and highest three wealth quintiles, respectively, in the Demographic and Health Surveys. *Note:* ns=not significant.

FIGURE 1. Contraceptive use varies widely in the 52 developing countries.

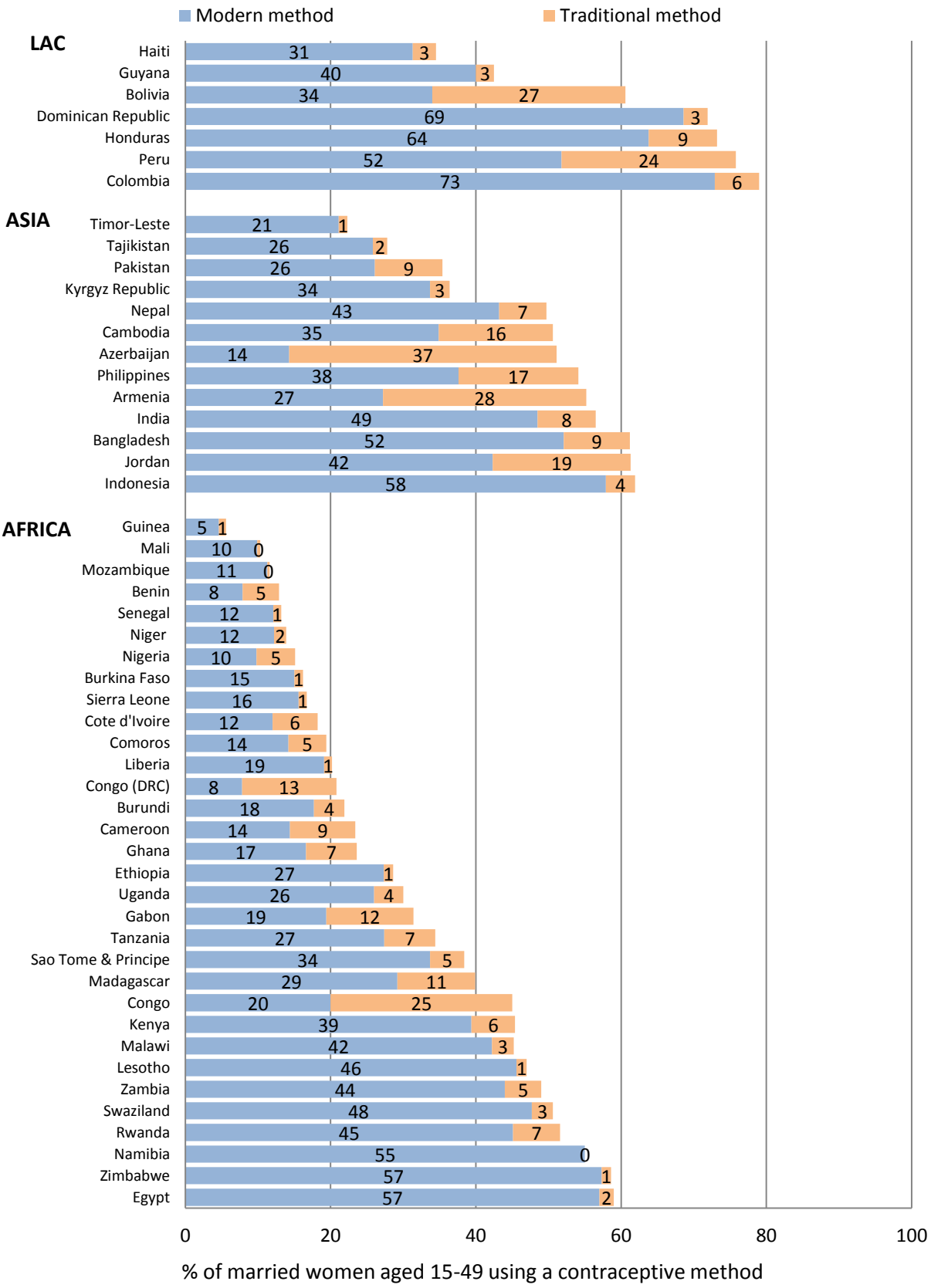
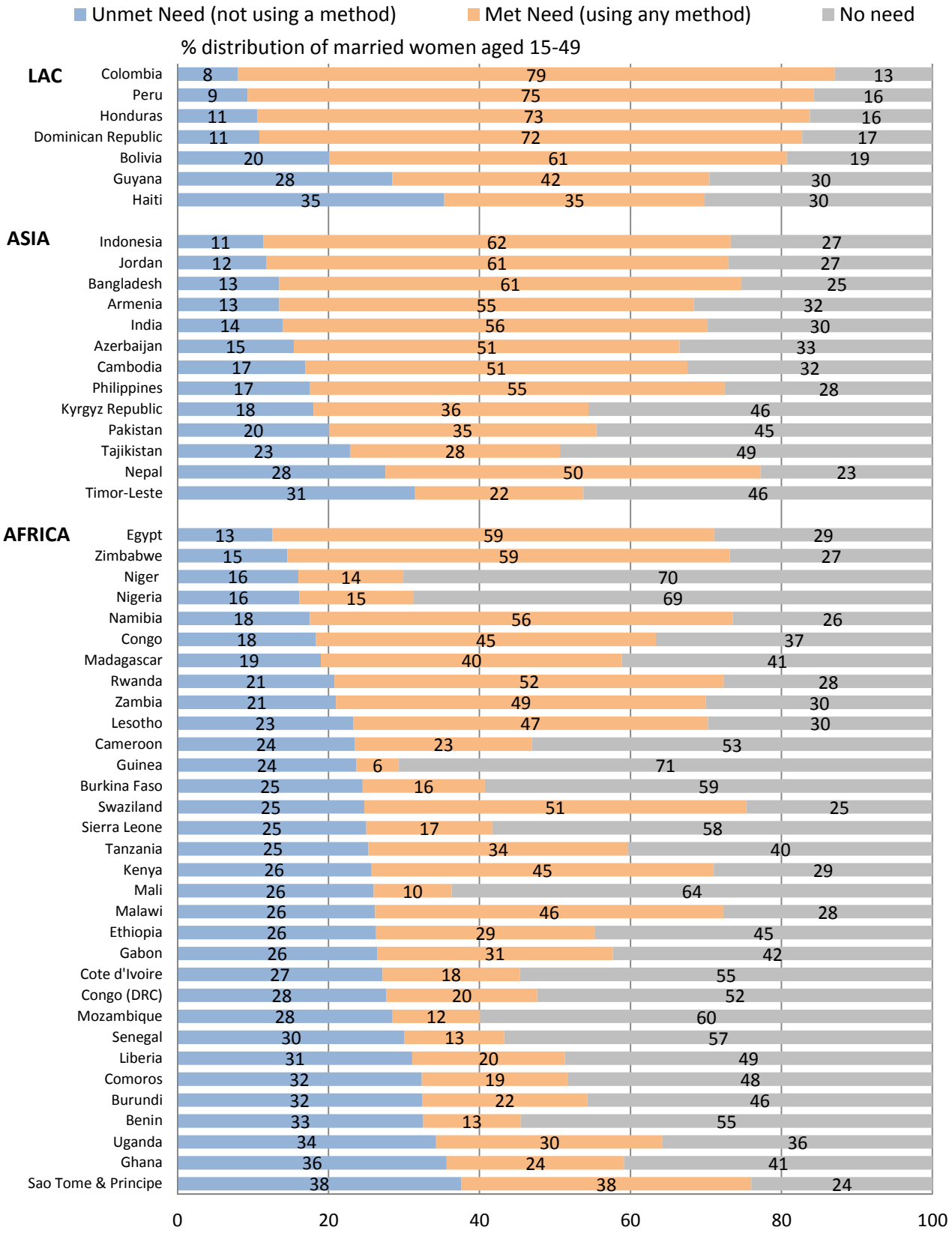


FIGURE 2. Married women can be classified as having met need, unmet need or no need for contraception.



Note: "Met need" refers to women who want to avoid a pregnancy and are using a method, and "no need" refers to women who are not fecund, pregnant with an intended pregnancy, or want to have a child soon.

FIGURE 3. Married women rarely have an unmet need for contraception to delay their first birth.

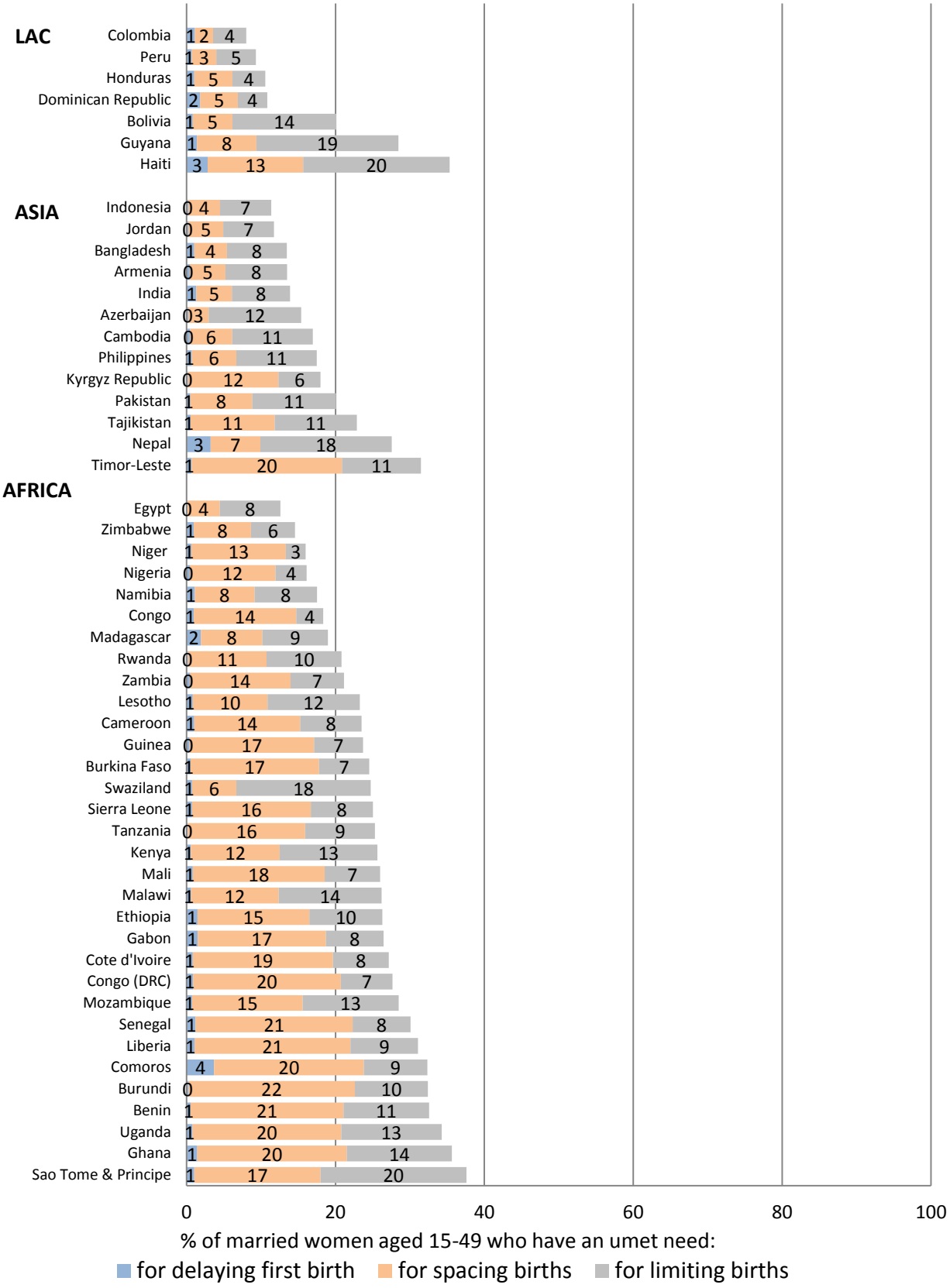
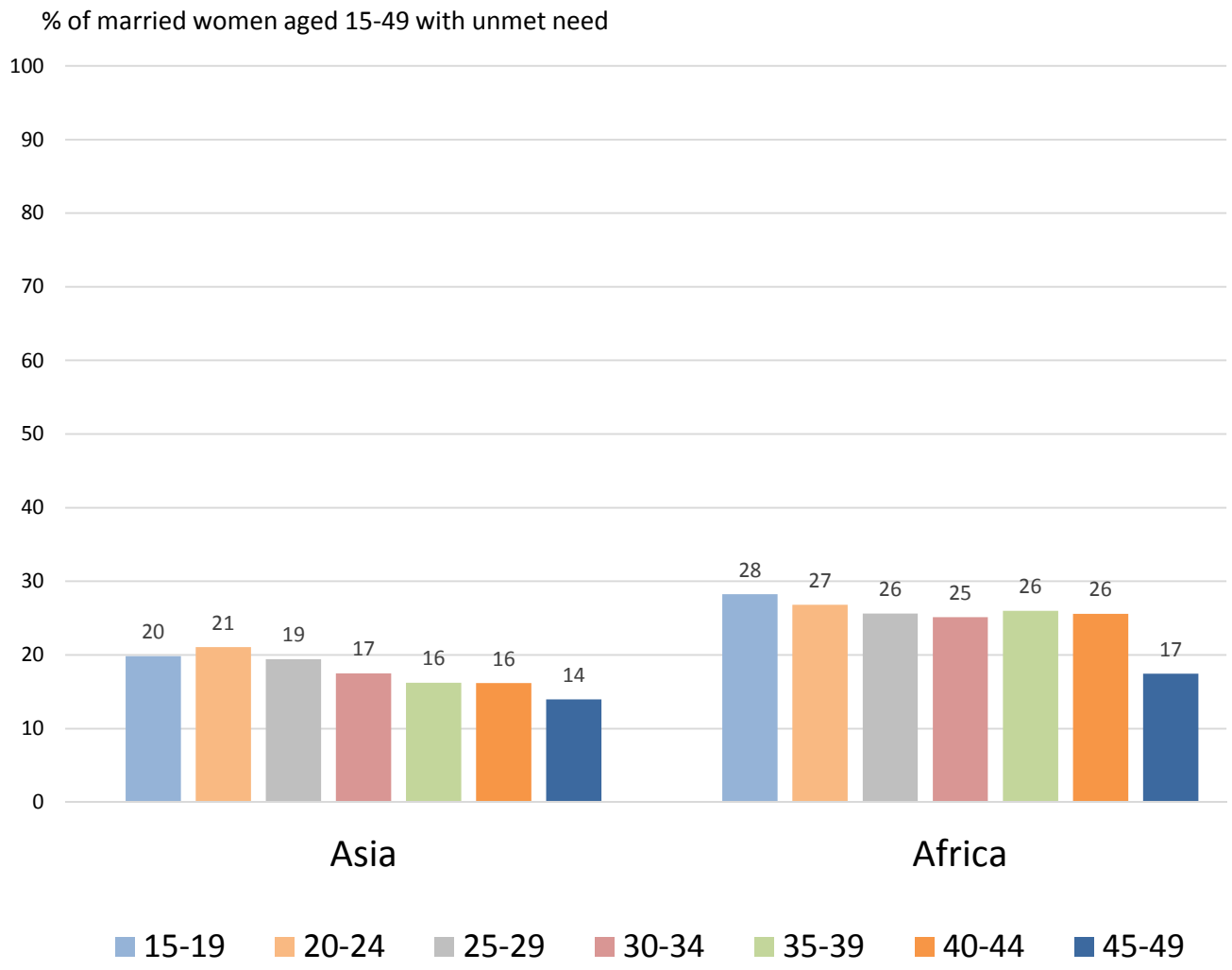


FIGURE 4. Married women across all age-groups have an unmet need for contraception.



Note: The value of each bar is an unweighted regional average of 13 countries in Asia and 32 countries in Africa.

FIGURE 5. In most countries where data are available, significant proportions of never-married women aged 15–49 are sexually active.

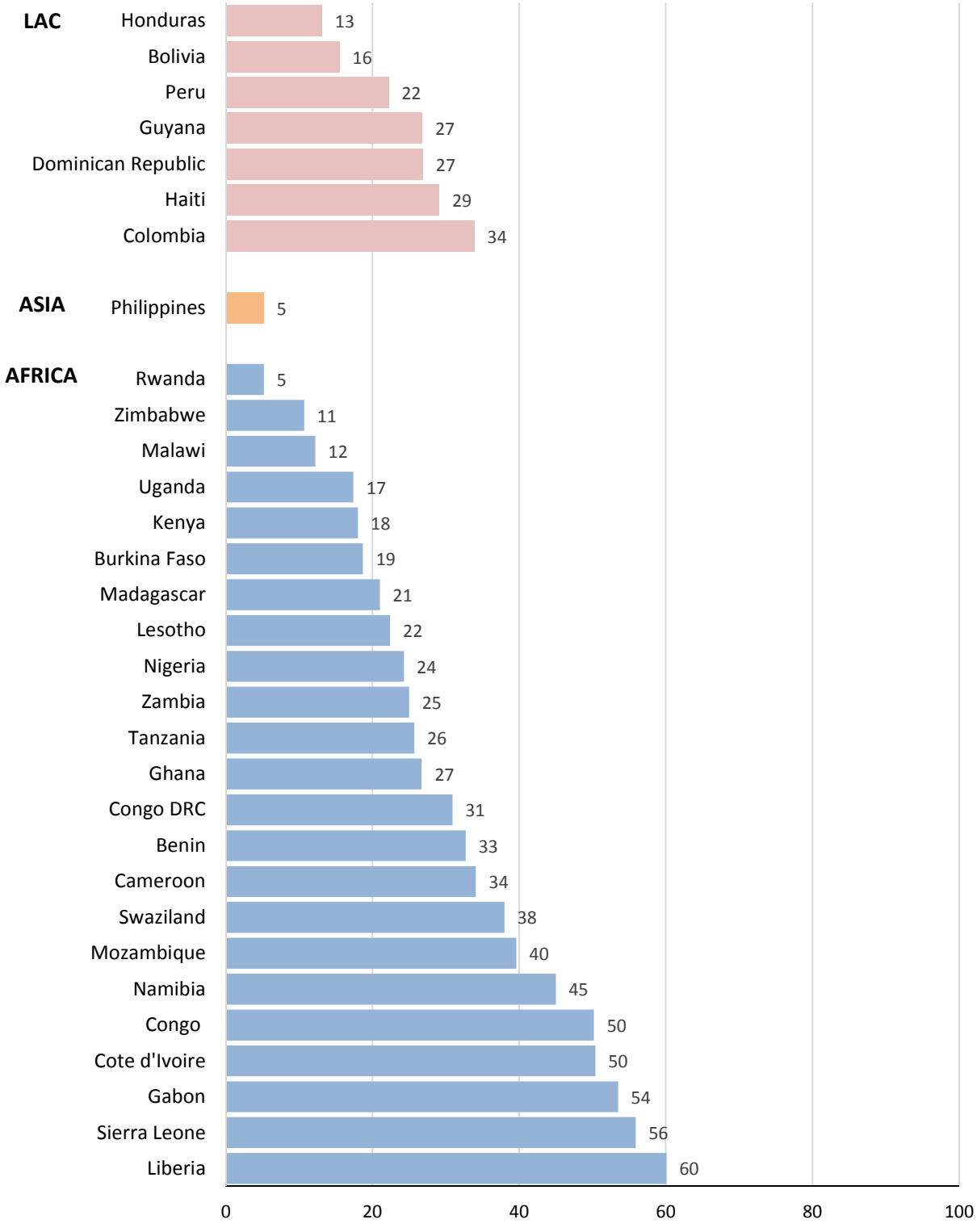
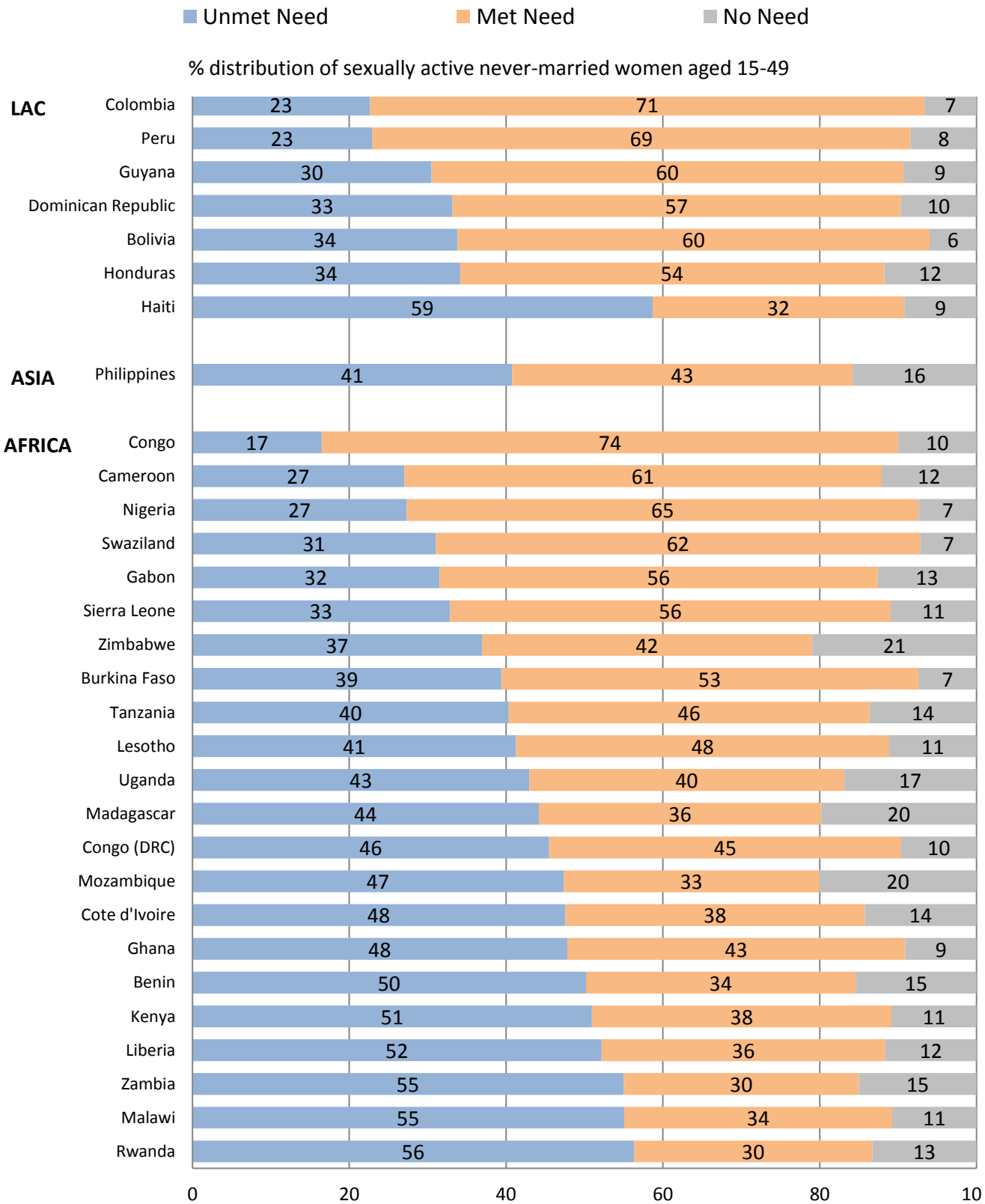
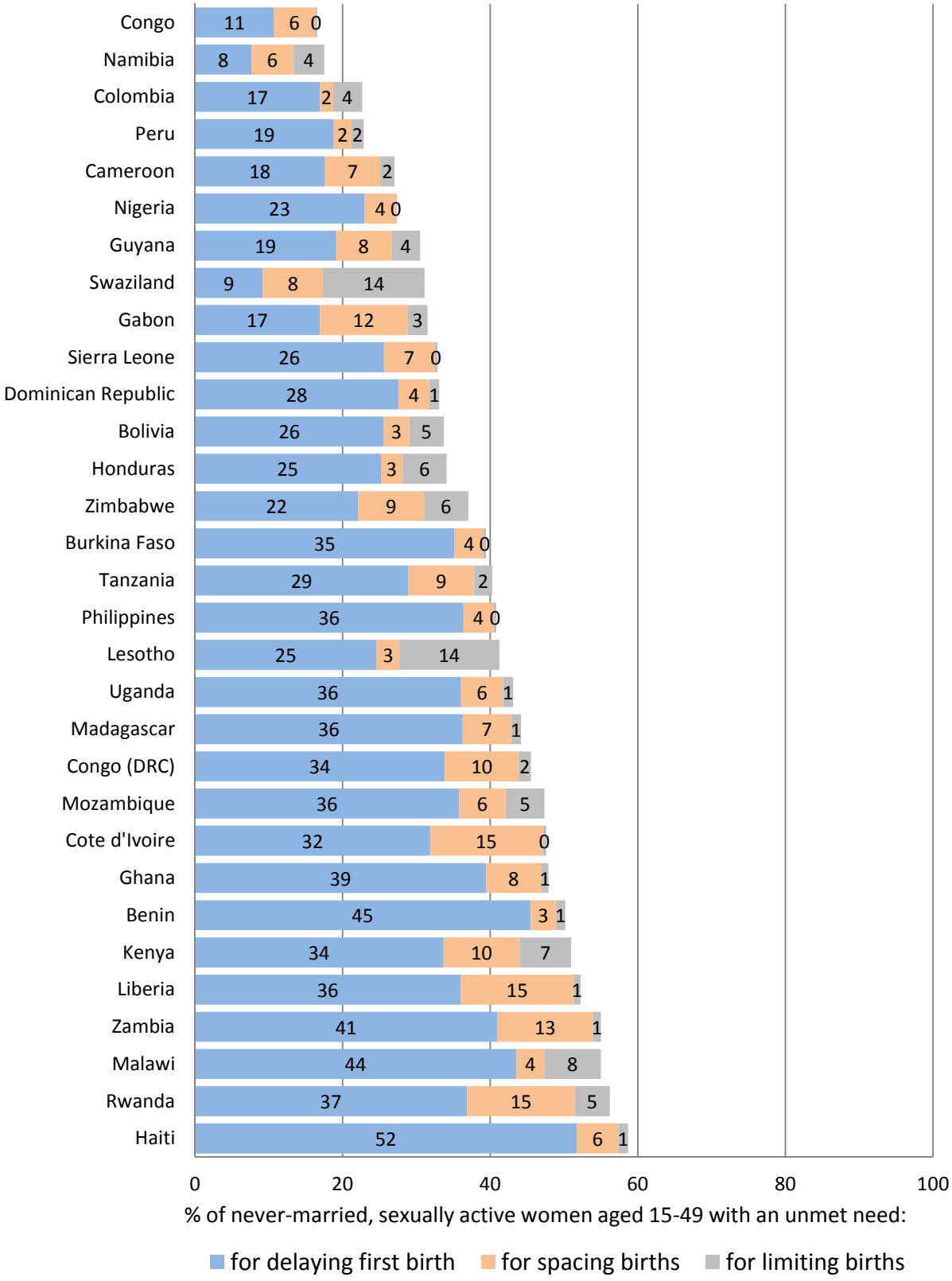


FIGURE 6. Sexually active never-married women have a greater need for contraception than do married women.



Note: "Met need" refers to women who want to avoid a pregnancy and are using a method, and "no need" refers to women who are not fecund, are pregnant with an intended pregnancy, or want to have a child soon.

FIGURE 7. Single, sexually active women are most likely to have an unmet need for contraception to delay their first birth.



Reasons Women Cite for Not Using Contraception

The reasons why women do not use contraception despite wanting to avoid a pregnancy can inform policies and programs to reduce unmet need and the incidence of unwanted pregnancy. The information can be used in the design of behavior change campaigns and sexuality education; in the development and introduction of new contraceptive methods; and in provider training and service delivery, including counseling about methods.

Reasons for Nonuse Among Married Women

The Demographic and Health Survey (DHS) asks women who want to avoid a pregnancy in the next two years to indicate all of their reasons for not using contraception. In the surveys of married women included in our analysis, most gave only one reason for nonuse; the average number of reasons per respondent was 1.2. Thus, the proportions of women citing various reasons may add to slightly more than 100%.

Overview of reasons

Among married women with unmet need in all regions, the four most common reasons women cite for not using contraception are that they have sex infrequently or not at all; that they have concerns about the side effects, health risks or inconvenience of methods; that they have not resumed menstruation after a birth, are breast-feeding or both; and that they or someone close to them opposes family planning (Table 6, page 34 and Figure 8, page 46). Relatively few women say that they are unaware of methods; that the cost is too high; that they lack access to contraception; or that they are not fecund. The prevalence of each reason differs greatly among individual countries and varies somewhat between the Africa and Asia regions (Figure 9, page 47). The regional average for Latin America and the Caribbean is not shown because data are available for too few countries in that region.

Sexual activity and fecundity

A major reason for nonuse among married women with unmet need pertains to women's perceptions about the risk of pregnancy. Women may believe they have little or no risk of conceiving if they have sex infrequently or not at all; they are experiencing postpartum amenorrhea (they have not resumed menstruation after giving birth), are breast-feeding or both; or they believe that they are infecund or subfecund.

Infrequent or no sexual activity. About one-third of married women with unmet need in Asia and in Latin America and the Caribbean cite infrequent or no sex as a reason for not using contraception (Table 6). In Africa, about one-fifth of women cite this reason, on average. With regard to individual countries, the reason is especially prevalent in Nepal (where it is cited by 73% of women with unmet need), Bangladesh (57%) and Peru (53%—Figure 10, page 48). In 12 countries, infrequent or no sex is the most commonly cited reason for nonuse. The only countries in which this reason is rare (cited by fewer than 10% of those with unmet need) are Timor-Leste, Burundi and Ethiopia.

The prevalence of infrequent or no sex as a reason for nonuse is greater in countries with higher levels of contraceptive use (and lower unmet need)—presumably because other reasons have been resolved or are no longer relevant. Women citing this reason may perceive that they have sex too infrequently to warrant contraceptive use, or believe that contraceptive methods are too burdensome for the number of times they have intercourse. Alternatively, they may be having infrequent sex in order to avoid an unwanted pregnancy.[16]

We analyzed other responses of the women citing this reason to determine whether they are, in fact, having sex infrequently. The DHS questions on women's sexual activity (and relationship status) are asked separately from the questions on reasons for not using contraception; thus, we can use responses to the former as a "check" on the latter.

Across the 52 countries, 23% of married women with unmet need, on average, report *not* being sexually active in the past three months, with a range of 4–55% in individual countries (Figure 11, page 49). These women have a low risk of becoming pregnant and therefore may be unlikely to seek contraceptive services. Among the married women who cite infrequent or no sex as a reason for nonuse, about half (47%) report being sexually active

in the past three months, compared with 77% among all women with unmet need (Table 7, page 38). This finding is consistent with an earlier analysis showing that women who cite infrequent sex as a reason for nonuse are less likely to have been sexually active in the prior three months than all women with unmet need.[31] Whether these women should be defined to have unmet need is discussed in Box 1, page 31.

Substantial proportions of married women who cite sexual inactivity as a reason for not using contraception also report that their husbands are away or staying elsewhere (Table 7)—46% overall, but with much variation by country: Proportions range from 16% in Tanzania to 79% in Haiti and Armenia and 87% in Nepal. Other countries where two-thirds or more of these women say their husbands are away include Dominican Republic, Bangladesh, Lesotho, Rwanda and Senegal—possibly reflecting high levels of men leaving home for work in these countries. Other women may be avoiding sexual activity *instead* of using a contraceptive method;[11] these women could clearly benefit from improved services, including a range of contraceptive methods from which to choose.

Attention must also be paid to the women citing infrequent or no sex who *are* sexually active—from 22% of those with unmet need in Armenia to 79% in Cambodia. This group may be underestimating their risk of becoming pregnant. In fact, some of the women citing this reason were sexually active within *one* month preceding the survey—between 8% and 61% of women gave this response in Armenia and Cambodia, respectively. These women need better information and counseling about contraceptive methods that would be appropriate and effective in their situations.

Postpartum amenorrhea, breast-feeding or both. A woman who reports postpartum amenorrhea (lack of menstruation since her last birth) or breast-feeding as a reason for not using contraception may believe that her likelihood of becoming pregnant is minimal, or she could be afraid that a hormonal method will negatively affect her breast milk or her health. Alternately, her reasons could be cultural: In some societies, women are expected to abstain from sex during the postpartum period, and therefore, they might feel that contraceptive use is inappropriate.

On average, postpartum amenorrhea, breast-feeding or both are more commonly cited in Africa than in other regions (Table 6 and Figure 12, page 50). It was the most commonly cited reason in 12 countries—11 in Africa plus Kyrgyz Republic—and was cited by 20–49% of women in another 10 countries. In Sub-Saharan Africa, high fertility and long durations of breast-feeding could explain this relatively high prevalence.

Many of these women's perceptions about not needing contraception may be incorrect, however. According to the World Health Organization, the contraceptive benefits of lactation are limited to women who are exclusively breast-feeding, and they extend for six months after birth or the duration of postpartum amenorrhea, whichever is shorter.[32] In more than half of countries in which women cited postpartum amenorrhea or breast-feeding as a reason for nonuse (and in all of the countries in Africa—Table 8, page 39), only a minority of women met the criteria for lactational amenorrhea as protection against pregnancy. In other words, the majority had given birth more than six months ago, had resumed menstruation or both, and were therefore potentially at risk for unintended pregnancy. In other words, unless these women are practicing postpartum abstinence, they may be underestimating their risk of becoming pregnant.

Subfecund and infecund. A small minority of married women with unmet need cite their inability to become pregnant as a reason for not using contraception (Table 6). In five countries—Colombia, Armenia, Azerbaijan, Jordan and Pakistan—10% or more of women cited this reason; in all other countries, the proportions are in the single digits. The DHS does not include women who are permanently infecund—those who are menopausal or who have had a hysterectomy—among the group defined to have unmet need. Nevertheless, some women who are classified as fecund report that they are not using a method because they have difficulty becoming pregnant.

The women who say that they are unable to become pregnant may or may not be correct in their assessment; it is too small a population for further analysis. Although this particular reason does not appear to be a major factor in women's contraceptive decision making, the combination of reasons that seem to reflect women's perceptions that they are at low risk of pregnancy—whether because of infrequent sex, breast-feeding, postpartum amenorrhea or subfecundity—deserve greater attention and further research. Taken together, these perceptions represent one of the most important reasons for nonuse of contraceptives in developing regions.

Opposition to contraception

Opposition to contraception could reflect a woman's personal beliefs or those of her partner or another person who influences her contraceptive decision making. The opposition could stem from conservative social values, religious or fatalistic beliefs, or concerns about certain attributes of various methods. In all three world regions, married women with unmet need are on average more

likely to cite their own opposition to contraception than to cite someone else's opposition (Table 6). Some women who cite personal opposition may also have partners who are opposed, even if they do not indicate it in the survey.

Opposition to contraception (by the woman or others) is the most commonly cited reason in 10 countries—all in Asia and Africa. The highest prevalence of this reason was found in Timor-Leste (68%), Pakistan (49%) and Tajikistan (45%—Figure 13, page 51). At the low end of the spectrum, only 4–8% of married women with unmet need cited opposition as a reason for nonuse in Colombia, Peru, Bangladesh, Indonesia and Nepal. These five countries have high contraceptive prevalence rates compared with others in their respective regions.

Prior contraceptive use among women who cite opposition ranges widely among the 48 countries with data on this question—from 4% in Burkina Faso to 82% in Colombia (Table 9, page 40) Compared with married women with unmet need who cite any reason for nonuse, those who cite opposition are less likely to have ever used a method in nearly all countries. Thus, although some women might be opposed because of prior experiences with methods, many seem to experience opposition that precludes trying a contraceptive method at all.

Lack of knowledge or access

Not knowing about contraceptive methods is rarely cited as a reason for nonuse in the surveys included in this study, the large majority of which were conducted in the last five years. In most countries, only 0–4% of married women with unmet need are unable to identify a contraceptive method; the proportion reaches 5% or more in eight countries in Sub-Saharan Africa and in Timor-Leste and Bolivia (Table 6). In Cameroon and Cote d'Ivoire, 10% and 12% of married women with unmet need, respectively, lack knowledge about contraception. It is not clear whether these women do not know about family planning, or whether they need to know more about specific methods before deciding to use one. It is possible that the women who have poor knowledge of contraception live in an environment with a low presence of family planning services.

In addition, fewer than 10% of married women with unmet need cite the high cost of contraception as their reason for not using a method in all countries except Benin, Burkina Faso, Comoros and Congo, where 10–15% of respondents cite this reason. The countries in Western Africa and Middle Africa where reasons related to knowledge, access and cost are still prevalent require greater efforts to expand the availability of low-cost contraceptive supplies and services.

Married women also rarely cite a lack of access as a reason for not using contraception. Such reasons could include not knowing a source, not being able to get to one (i.e., because of distance or a lack of transportation) or both. Fewer than 10% of married women with unmet need cite an access-related problem in all countries except Cameroon, Congo (DRC), Cote d'Ivoire and Guinea, where between 12% and 17% of respondents give this reason.

Collectively, these findings regarding awareness and access likely reflect the fact that family planning programs have existed for some time in most of the developing world, sources of supplies have expanded, and methods are offered at low cost or free of charge in public-sector health services. The findings do not necessarily show that access-related problems have been resolved, but suggest that women perceive other reasons for nonuse to be more important. It is also possible that access-related issues are underreported because most women cite only one reason for nonuse.

Side effects, health risks and inconvenience

In 21 of the 52 countries studied, side effects, health risks and inconvenience are the most commonly cited group of reasons given by married women with unmet need for not using contraception. (Among these reasons, inconvenience of methods accounts for only a small minority of responses.) In most countries, 20–33% of married women with unmet need report not using contraception because they are concerned about side effects and health risks associated with use. The proportion ranges from a low of 7% in Armenia to a high of 53% in Cambodia (Figure 14, page 52).

The similarity in responses across world regions suggests that these concerns are not necessarily grounded in local cultures and practices, and might have more to do with the methods themselves and women's experiences with them.[22,31] It is possible that some of the women have had side effects in the past; that they heard about side effects or health problems from others; or that they simply fear that the methods could be harmful. The DHS does not ask women which side effects or health risks they are concerned about in particular, but we know from qualitative studies that women have concerns about changes in bleeding patterns—a lack of menstruation or excessive bleeding—and that some are afraid the methods will make them sterile or cause other health problems.[14]

A previous analysis showed that women who express concerns about side effects and health risks associated with contraceptive use might base their rationale on prior experience using modern methods.[31] The study found that in three-fourths of the countries where data were avail-

able on reasons for unmet need, women who cited side effects and health concerns were significantly more likely to have used a modern method in the past than were women who cited other reasons for nonuse. Additional research has shown that concerns about side effects and health risks are major reasons for discontinuing contraceptive use,[33,34] and that these concerns are especially common among women who previously used injectables, IUDs and oral contraceptives.[35]

Table 10, page 41 shows the proportions of women citing side effects, health risks or inconvenience who have used any method of contraception in the past. Consistent with previous findings, in the majority of countries, the subset of women citing concerns about side effects have higher levels of prior use than do all married women with unmet need. Also, in general, women who cite concerns about health and side effects have higher levels of prior contraceptive use than women who cite opposition to contraception, shown in Table 9.

Reasons for Nonuse Among Sexually Active Never-Married Women

As with married women, the DHS asks sexually active never-married who want to avoid a pregnancy why they are not using a contraceptive method. Thirty-one countries have sufficient data on these women's reasons for nonuse.

Overview of reasons

Never-married women with an unmet need for contraception give a range of reasons that are similar to those of married counterparts, except that many say that they are not using contraception because they are "not married" (Table 11, page 42). Other common reasons include infrequent sex, side effects/health risks and opposition to contraception. Knowledge, access and cost are the least common reasons, although 10% or more of never-married women cited one of these reasons in Congo, Congo (DRC), Namibia and Nigeria.

Infrequent or no sexual activity

Infrequent or no sex was the most common reason cited by never-married women with unmet need in six out of seven Latin American and Caribbean countries and in 10 out of 23 African countries. In Latin America and the Caribbean, 36–88% of never-married women with unmet need cited this reason, and in Africa, somewhat lower proportions did, 15–62% (Figure 15, page 53).

At first glance, this response seems to contradict these women's status. By definition, all never-married women with unmet need had sex in the three months preceding the survey. To gain greater insight into this response, we looked at the proportion of women citing this reason who had been sexually active in the month preceding the survey. In all of the 21 countries with sufficient data on this question, most of these women had *not* had sex in the prior month—only 26% did on average; thus 74% last had sex 2–3 months before the survey (Table 12, page 44). Some of these women might be sexually active only sporadically, or their relationship status might be in transition. They would need services and methods that suit these circumstances. On the other hand, in 11 of the 21 countries, between 25% and 46% of women *were* sexually active in the prior month, indicating that a sizable share of women citing infrequent or no sex may underestimate their risk of becoming pregnant.

Not married

Never-married women who cite their nonmarried status as a reason for not using contraception might give this response because they are not having sex regularly; because they believe it would be socially unacceptable to seek contraceptive supplies and services before they are married; or because service providers deny some or all contraceptive methods to unmarried women. This reason is cited in all countries, with a prevalence ranging from 5% of never-married women with an unmet need in Liberia to 61% in Malawi (Figure 16, page 54). Not being married is the most frequently cited reason in the Philippines (51%) and eight countries in Africa.

We examined whether the never-married women citing "not married" as a reason for nonuse had sex in the prior month, and whether they previously used a contraceptive method (Table 13, page 45). Fifteen countries have sufficient data on these questions. Generally speaking, the majority of women citing this reason for nonuse reported that they had sex in the prior month, suggesting that "not married" does not mean infrequent sex but some other barrier to using contraception. The specific barrier is unclear, however. Prior use of contraception among women giving this reason ranges widely, from a low of 8% in Haiti to a high of 93% in Colombia, and it does not differ greatly from the levels of prior use among all never-married women with unmet need in these countries. Thus, among many women citing this reason, not being married did not prevent them from using a method in the past.

Subfecund or infecund

Fairly small proportions of never-married women with unmet need, between 1% and 22%, report they are not using contraception because they are subfecund or infecund (Table 11). This reason is most frequently cited in African

countries, but it is not the most commonly cited reason for nonuse in any country. Women may give this response because they are experiencing postpartum amenorrhea or are breast-feeding, or possibly because they believe they are too young to be fecund. In any of these cases, the response reflects their belief that they are unlikely to become pregnant.

Opposition to contraception

Some never-married women with unmet need report that they or someone close to them opposes contraception. However, they cite this reason less often than do married women with unmet need. Given that never-married women are younger on the whole than married peers, the lower levels of opposition might reflect growing social acceptance of family planning. On the other hand, the "not married" response may be another way of signaling personal or social opposition to contraceptive use, thereby explaining the lower proportions of women who say outright that they are opposed. The proportions of never-married women who report that they or someone close to them opposes contraception ranges from 1% in Bolivia, Peru and Zambia to 37% in Haiti (Table 11 and Figure 17, page 55). It is the most frequently cited reason only in Haiti. In nearly all of the countries in which women cite opposition, more women say that they are opposed to contraception than say that their partners or others are opposed.

Side effects, health risks and inconvenience

Concern about side effects and health risks appears somewhat less common among sexually active never-married women than among married women. (As among married women, inconvenience is cited by a small share of never-married women in this category.) Across the countries where such data are available, the proportions vary widely, from 2% in Peru to 42% in Ghana (Figure 18, page 56). Concern about side effects is also high among married women in Ghana, and studies there have shown that many educated, urban women avoid hormonal methods.[36] More research would be needed to investigate whether and how perceptions about side effects and health risks might differ between never-married and married women. The former can be expected to have had less experience with methods, and they may also perceive other barriers as more important than concerns about side effects. Very few countries have sufficient data on prior method use among never-married women who cite side effects as a reason for nonuse. Box 2 on page 32 contains a discussion of reasons for nonuse among young women aged 15–24, whether married or not.

BOX 1. Marriage as a Proxy for Sexual Activity

The unmet need definition classifies women who are currently married (in a legal or consensual union) as currently sexually active. It does not take into account married women's responses to survey questions regarding recent sexual activity. Yet, past research has shown that some married women cite infrequent or no sex as reasons for not using contraception. Thus, in this study, we wanted to know how many of these women were, in fact, not having sex, and how removing this group might change our results.

When other researchers have removed women who had not had sex in the previous month from the pool of married women, the proportion with an unmet need for contraception fell by an average of 16%, with little variation by region, but a lot by individual country.[7] In this analysis, we removed married women who had not had sex in the previous *three* months to see how levels of unmet need and reasons for not using contraception might change.

Impact of Excluding Sexually Inactive Women

In the 52 countries studied, between 3% and 38% of married women are not sexually active, defined as not having had sexual intercourse in the preceding three months (Table 1). If only the sexually active married women were included in the calculation of unmet need, the levels of unmet need would adjust downward slightly, by 1–3 percentage points in most countries (Table 2). In Bangladesh, Bolivia, Ghana, Lesotho and Sierra Leone, unmet need would drop by 4–5 percentage points, which represents a sizable proportion of all unmet need in those countries. In the most striking cases, Guinea and Nepal, unmet need would decline by 7–8 percentage points, representing a 28% and 30% drop, respectively.

Next, we looked at how the reasons for nonuse would change if the sexually inactive married women were excluded (see table below and Appendix Table 8, page 78). These data can help programs focus on the barriers to be overcome for the women who are most in need of contraceptives. Not surprisingly, the proportions of women citing infrequent or no sex would drop in nearly every country. Infrequent sex would still represent one of the top four reasons for not using contraception, but it would fall to fourth place. These are women who have had sex at some time in the past three months, but who perhaps do not perceive they have sex often enough to warrant contraceptive use.

The proportion of married women citing postpartum amenorrhea, breast-feeding or both as a reason for nonuse would also decline slightly in Africa and in Latin America and the Caribbean (but not Asia) if sexually inactive women were excluded. As noted previously, this response often reflects cultural preferences for abstaining from sex during the postpartum period. The women who are sexually active postpartum may be unaware of their risk of a subsequent pregnancy and therefore require better information and postpartum family planning services.

Both opposition to contraception and side effects/health risks become more important reasons for nonuse when sexually inactive women are excluded. The percentage of sexually active married women stating that they or someone else is opposed to family planning ranges from 5% in Indonesia to 68% in Timor-Leste (Appendix Table 8). In addition, the proportion citing concerns about side effects, health risks or inconvenience ranges from 9% in Mozambique to 56% in Cambodia.

Adjusting Future Estimates of Unmet Need

Unmet need would ideally refer to all sexually active women of reproductive age who want to avoid a pregnancy, whether or not they are married. The data presented here make clear that marriage is a reasonable but imperfect proxy for sexual activity. Refining the measure to capture the group of women of greatest concern would improve its usefulness in monitoring progress toward reducing unintended pregnancies.

Such a refinement would mean excluding sexually inactive married women from the standard measure of unmet need. However, it would also be necessary to collect information from unmarried women who are sexually active, which is currently not feasible in many developing countries. Even in countries where such data are collected, never-married women may underreport sexual activity and contraceptive use because of social and cultural taboos surrounding premarital sex, although there are scant empirical data to confirm this expectation. Adjusting the estimates for married women without adjusting them for unmarried women could result in underestimates of unmet need regionally and worldwide. Although these changes may not be feasible in the near future, they could remain part of longer-term efforts to refine the measurement.

Percentages of married women with unmet need citing various reasons for not using contraception, overall and among those who report being sexually active, 52 developing countries, 2005–2014

	Infrequent/ no sex	Postpartum amenorrhea/ breast-feeding	Opposition (by woman or others)	Side effects/ health risks
All married women	24	20	23	26
Sexually active† married women	15	17	27	30

†Had sexual intercourse in the three months preceding the survey. *Source:* reference 29.

BOX 2. Young Women With Unmet Need and Their Reasons for Nonuse

Adolescent and young adult women (those younger than age 25) are of particular concern to reproductive health researchers and program planners because they are just beginning their reproductive lives and laying the foundation for their future. Helping these women avoid unintended pregnancies can have far-reaching benefits for the women, their future children and societies as a whole. By postponing childbirth, young women can finish their education, seek employment and have a birth at the healthiest times of their lives.

Numerous studies have detailed the social, cultural and economic barriers that young women face in obtaining and using contraceptives.[8,41] For example, young married women may feel social pressure to have a birth soon after getting married,[42] and single sexually active women may believe that using a method would call attention to their socially stigmatized behavior.

Our analysis of data from DHS in 52 countries shows that young women aged 15–24 are more likely to have an unmet need for contraception than peers aged 25–49 (see table below and Table 14, page 59). These data include all married women and sexually active unmarried women who want to avoid a pregnancy.

Some of the difference in unmet need between younger and older women is due to the fact that sexually active never-married women fall predominantly in the younger group, and they have much higher unmet need than do older, married women. Still, even married women aged 15–24 have somewhat higher unmet need for contraception than their older counterparts. In addition, women aged 15–19 years, whether they are married or not, consistently have higher unmet need than women aged 20–24.

Although women of different ages face different personal circumstances, the reasons they cite for not using contraception in spite of not wanting a pregnancy are similar. Four reasons are most common (see table below):

- infrequent or no sex (even though they are categorized as sexually active);
- postpartum amenorrhea (not having resumed menstruation after a birth), breast-feeding or both;
- opposition to contraception (by the woman or someone close to her); and
- concern about the methods themselves—their side effects, health risks or inconvenience.

Among young women who want to avoid a pregnancy, 11% say they are not using a method because they are "not married," and smaller proportions report being unaware of contraception, lacking access to a source, or being subfecund or infecund (not shown).

Younger women cite "not married" as a reason for nonuse more often than older counterparts, possibly reflecting that younger women have more sporadic sexual relationships (especially those who are unmarried). Alternately, they may believe it would be inappropriate to seek contraceptive services, or they may not want to expose their illicit activity.

Women aged 15–24 cite "infrequent or no sex" as a reason for nonuse slightly more often than do older women (29% compared with 25%, respectively—Table 15, page 61), most likely reflecting the fact that some of the young women with unmet need are unmarried and have more sporadic sexual relationships than married women. An exception to this pattern can be seen in the Philippines, where older women are much more likely to cite infrequent sex as a reason than are younger women (40% vs. 28%, respectively).

On average, younger women are slightly more likely than older peers to report postpartum amenorrhea, breast-feeding or both as a reason for nonuse—probably reflecting that births occur more often among the former, especially in Africa. The differences are small, however.

On the other hand, older women are generally

continued

Percentages of married women and sexually active unmarried women with unmet need citing various reasons for not using a method, by age-group, in 31 developing countries, 2006–2014

	"Not married"	Infrequent/ no sex	Postpartum amenorrhea/ breast-feeding	Opposition (by woman or others)	Side effects/ health risks
Women 15–24	11	29	19	17	21
Women 25–49	4	25	16	20	29

Note: Average of 31 surveys that include both married women and sexually active unmarried women. *Source:* reference 29.

slightly more likely than younger women to cite opposition to contraceptive use, although it is still a major reason for nonuse for both groups.

Fewer younger women with unmet need cite concerns about side effects and health risks compared with older women—21% versus 29%, respectively. The gap between age-groups is more than 10 percentage points in Bolivia, Guyana, Haiti, Congo, Kenya, Lesotho, Madagascar, Nigeria, Tanzania and Zambia. Given that contraceptive prevalence is low in these countries, the results could indicate that fewer younger women have tried a method and experienced side effects themselves. Nevertheless, these concerns remain common among women of all ages and merit greater attention.

All young women need correct information about their risk of becoming pregnant and about the choices of contraceptive methods that are most suited to their circumstances. An obvious area for improvement is in the counseling provided in family planning and other health services that serve young women. But because young women tend to be healthy and may see no reason to visit health clinics—or may feel they don't belong there—they need to receive information elsewhere about the risks of pregnancy and the need for contraception.

TABLE 6. Percentages of married women with unmet need citing specific reasons for not using contraception, in 52 developing countries, 2005–2014

			Sexual activity and fecundity			Opposition		
			Infrequent/ no sex	Postpartum amenorrhea/ breastfeeding†	Subfecund‡	Woman opposed	Partner/ others opposed	Anyone opposed
Latin America and Caribbean								
Bolivia	2008	1,456	41	24	2	7	7	13
Colombia	2010	1,741	27	9	13	6	3	8
Dominican Republic	2013	349	21	8	8	14	3	17
Guyana	2009	741	17	3	2	8	6	13
Haiti	2012	2,271	16	19	1	30	7	36
Honduras	2012	1,006	51	13	6	8	7	14
Peru	2012	943	53	18	3	2	2	4
Asia			**34**	**14**	**8**	**20**	**10**	**26**
Armenia	2010	372	44	6	17	23	7	29
Azerbaijan	2006	702	30	4	21	9	8	16
Bangladesh	2011	1,691	57	18	2	6	3	8
Cambodia	2010	1,703	36	11	4	14	2	16
India	2005–06	9,511	27	21	2	22	14	32
Indonesia	2012	2,956	22	6	2	3	2	5
Jordan	2012	821	30	9	23	2	9	11
Kyrgyz Republic	2012	626	17	38	6	22	15	32
Nepal	2011	2,198	73	9	1	2	5	7
Pakistan	2012–13	2,065	32	16	10	41	14	49
Philippines	2013	1,443	37	9	9	16	5	20
Tajikistan	2010	1,088	28	23	9	36	13	45
Timor-Leste	2009–10	1,745	2	11	1	61	27	68

†Has not resumed menstruation after a birth in past two years and/or is breast-feeding. ‡Includes self-reported subfecundity and infecundity. *Notes:* n=unweighted number of married women with unmet need who cited a reason for nonuse. Only women with unmet need who give a reason for nonuse are included; totals may add to more than 100% because women may give more than one reason for nonuse.

TABLE 6. Percentages of married women with unmet need citing specific reasons for not using contraception, in 52 focus countries, 2005–2014 (continued)

			Sexual activity and fecundity			Opposition		
			Infrequent/ no sex	Postpartum amenorrhea/ breastfeeding†	Subfecund‡	Woman opposed	Partner/ others opposed	Anyone opposed
Africa			**18**	**23**	**3**	**15**	**10**	**24**
Benin	2012	2,240	16	16	2	10	13	22
Burkina Faso	2010	2,878	23	26	1	13	17	27
Burundi	2010	1,190	8	35	2	26	14	38
Cameroon	2011	1,721	29	19	1	12	11	21
Comoros	2012	671	11	19	2	13	10	22
Congo	2011–12	758	14	32	4	7	9	15
Congo (DRC)	2013–14	2,416	19	42	3	19	14	28
Cote d'Ivoire	2011–12	1,320	16	22	2	15	12	26
Egypt	2014	1,948	35	7	8	10	4	14
Ethiopia	2011	1,679	8	30	1	18	8	25
Gabon	2012	812	18	17	1	11	10	20
Ghana	2008	811	21	14	3	15	5	19
Guinea	2012	1,305	15	49	0	24	8	28
Kenya	2008	921	14	12	2	7	9	16
Lesotho	2009	853	25	17	7	5	13	17
Liberia	2013	1,508	17	33	2	22	10	29
Madagascar	2008–09	1,720	12	12	3	17	7	23
Malawi	2010	2,533	22	24	2	9	6	15
Mali	2012–13	1,499	13	22	2	20	23	40
Mozambique	2011	1,987	23	30	4	24	10	33
Namibia	2013	407	11	15	4	12	11	20
Niger	2012	1,228	19	23	1	29	9	38
Nigeria	2013	3,259	18	26	2	29	12	38
Rwanda	2010	1,033	17	37	1	14	4	17
Sao Tome & Principe	2008–09	440	17	9	0	13	8	20
Senegal	2010–11	2,493	18	25	1	22	12	33
Sierra Leone	2013	1,901	25	41	5	20	10	29
Swaziland	2006–07	383	11	9	3	7	12	19
Tanzania	2010	1,363	18	14	0	12	12	23
Uganda	2011	1,302	14	28	3	14	12	25
Zambia	2013–14	1,381	17	27	7	7	10	17
Zimbabwe	2010–11	501	38	13	4	15	7	22
ALL COUNTRIES			**24**	**20**	**4**	**16**	**9**	**23**

†Has not resumed menstruation after a birth in past two years and/or is breast-feeding. ‡Includes self-reported subfecundity and infecundity. *Notes:* n=unweighted number of married women with unmet need who cited a reason for nonuse. Only women with unmet need who give a reason for nonuse are included; totals may add to more than 100% because women may give more than one reason for nonuse.

TABLE 6. Percentages of married women with unmet need citing specific reasons for not using contraception, in 52 developing countries, 2005–2014 (continued)

			Access			Method related
			Unaware of methods	Cost too high	No source/ access	Side effects/health risks/inconvenience
Latin America and Caribbean						
Bolivia	2008	1,456	9	2	7	25
Colombia	2010	1,741	0	3	2	24
Dominican Republic	2013	349	0	0	7	32
Guyana	2009	741	2	4	3	38
Haiti	2012	2,271	0	2	3	51
Honduras	2012	1,006	0	1	3	21
Peru	2012	943	0	1	2	19
Asia			**1**	**2**	**2**	**25**
Armenia	2010	372	0	0	1	7
Azerbaijan	2006	702	3	4	2	27
Bangladesh	2011	1,691	0	0	1	19
Cambodia	2010	1,703	1	1	2	53
India	2005–06	9,511	3	4	4	20
Indonesia	2012	2,956	1	3	0	33
Jordan	2012	821	0	2	0	31
Kyrgyz Republic	2012	626	0	0	2	21
Nepal	2011	2,198	0	0	1	10
Pakistan	2012–13	2,065	1	1	4	25
Philippines	2013	1,443	1	8	1	37
Tajikistan	2010	1,088	0	1	2	15
Timor-Leste	2009–10	1,745	7	0	3	31

TABLE 6. Percentages of married women with unmet need citing specific reasons for not using contraception, in 52 developing countries, 2005–2014 (continued)

			Access			Method related
			Unaware of methods	Cost too high	No source/ access	Side effects/health risks/inconvenience
Africa			**3**	**4**	**6**	**26**
Benin	2012	2,240	8	10	7	22
Burkina Faso	2010	2,878	3	11	6	15
Burundi	2010	1,190	2	0	3	18
Cameroon	2011	1,721	10	9	12	24
Comoros	2012	671	0	15	3	32
Congo	2011–12	758	8	12	8	19
Congo (DRC)	2013–14	2,416	4	4	17	19
Cote d'Ivoire	2011–12	1,320	12	3	16	25
Egypt	2014	1,948	0	0	1	38
Ethiopia	2011	1,679	4	0	6	30
Gabon	2012	812	6	5	7	20
Ghana	2008	811	4	4	4	38
Guinea	2012	1,305	5	4	15	11
Kenya	2008	921	2	3	6	44
Lesotho	2009	853	0	7	7	22
Liberia	2013	1,508	3	1	6	29
Madagascar	2008–09	1,720	7	2	8	40
Malawi	2010	2,533	1	1	2	24
Mali	2012–13	1,499	6	5	9	10
Mozambique	2011	1,987	1	6	7	9
Namibia	2013	407	2	8	7	28
Niger	2012	1,228	5	2	8	11
Nigeria	2013	3,259	8	2	8	23
Rwanda	2010	1,033	0	0	0	25
Sao Tome & Principe	2008–09	440	0	0	1	42
Senegal	2010–11	2,493	3	3	3	14
Sierra Leone	2013	1,901	3	5	3	13
Swaziland	2006–07	383	1	3	1	46
Tanzania	2010	1,363	1	2	4	45
Uganda	2011	1,302	1	2	6	36
Zambia	2013–14	1,381	1	1	5	33
Zimbabwe	2010–11	501	0	5	4	14
ALL COUNTRIES			**3**	**3**	**5**	**26**

TABLE 7. Married women aged 15–49 with unmet need who cite infrequent or no sex as a reason for not using contraception and their levels of current cohabitation and sexual activity, in 48 developing countries, 2005–2014

	% of married women with unmet need who:			% of married women with unmet need citing infrequent/no sex who:		
Country and region	were sexually active in past 3 months	cited infrequent/no sex as reason for nonuse	n	reported that husband is away	were sexually active in past 3 months	were sexually active in past month
Latin America and Caribbean						
Bolivia	73	41	564	38	47	24
Colombia	83	27	464	32	51	24
Dominican Republic	92	21	78	67	53	21
Guyana	81	17	119	47	47	31
Haiti	86	16	349	79	51	21
Honduras	66	51	486	61	30	12
Peru	72	53	466	35	51	11
Asia	**76**	**36**		**53**	**48**	**25**
Armenia	65	44	166	79	22	8
Azerbaijan	82	30	216	50	59	38
Bangladesh	62	57	981	75	34	17
Cambodia	88	36	618	17	79	61
India	78	27	2,516	42	58	31
Indonesia	82	22	582	49	58	23
Jordan	86	30	214	51	42	14
Kyrgyz Republic	86	17	92	60	39	27
Nepal	53	73	1,587	87	36	15
Pakistan	82	32	616	47	57	30
Philippines	73	37	513	49	47	21
Tajikistan	73	28	304	27	41	15
Africa	**78**	**18**		**42**	**47**	**29**
Benin	64	16	342	21	50	35
Burkina Faso	71	23	653	26	44	31
Burundi	96	8	102	46	64	43
Cameroon	74	29	501	32	39	25
Comoros	86	11	70	42	47	30
Congo	82	14	142	19	45	18
Congo (DRC)	82	19	494	37	53	30
Cote d'Ivoire	77	16	221	44	47	24
Ethiopia	89	8	184	50	39	18
Gabon	75	18	147	33	55	46
Ghana	64	21	175	51	31	18
Guinea	45	15	203	26	30	19
Kenya	82	14	121	62	44	30
Lesotho	64	25	194	66	46	26
Liberia	75	17	253	26	30	20
Madagascar	87	12	227	42	70	48
Malawi	74	22	591	59	29	20
Mali	80	13	211	20	62	50
Mozambique	76	23	485	36	62	43
Niger	79	19	226	62	37	18
Nigeria	84	18	629	30	54	30
Rwanda	89	17	183	74	40	22
Sao Tome & Principe	90	17	86	63	61	40
Senegal	73	18	487	71	44	22
Sierra Leone	58	25	487	22	26	15
Tanzania	83	18	213	16	46	33
Uganda	82	14	195	39	54	29
Zambia	89	17	243	31	55	28
Zimbabwe	78	38	193	63	51	24
ALL COUNTRIES	**77**	**25**		**46**	**47**	**27**

Notes: n=unweighted number of married women with unmet need citing infrequent/no sex as a reason for nonuse. Egypt, Namibia, Swaziland and Timor-Leste are not shown, n<50.

TABLE 8. Married women aged 15–49 with unmet need who cite postpartum amenorrhea or breast-feeding as a reason for not using contraception and their reported levels of experience of amenorrhea or recent birth, in 46 developing countries, 2005–2014

Country and region	% citing postpartum amenorrhea and/or breastfeeding	n	% citing postpartum amenorrhea and/or breastfeeding who are amenorrheic or gave birth in past 6 months
Latin America and Caribbean			
Bolivia	24	335	59
Colombia	9	204	72
Haiti	19	469	41
Honduras	13	141	56
Peru	18	197	74
Asia	**16**		**30**
Bangladesh	18	287	48
Cambodia	11	181	22
India	21	1,960	26
Indonesia	6	188	35
Jordan	9	80	53
Kyrgyz Republic	38	250	2
Nepal	9	221	50
Pakistan	16	358	22
Philippines	9	131	46
Tajikistan	23	238	3
Timor-Leste	11	202	23
Africa	**20**		**40**
Benin	16	392	15
Burkina Faso	26	755	9
Burundi	35	408	31
Cameroon	19	345	26
Comoros	19	104	8
Congo	32	283	38
Congo (DRC)	42	1,016	28
Cote d'Ivoire	22	336	25
Egypt	7	144	43
Ethiopia	30	456	31
Gabon	17	172	45
Ghana	14	123	27
Guinea	49	672	8
Kenya	12	112	46
Lesotho	17	163	43
Liberia	33	532	22
Madagascar	12	208	33
Malawi	24	737	40
Mali	22	307	10
Mozambique	30	547	13
Namibia	15	70	30
Niger	23	260	21
Nigeria	26	858	10
Rwanda	37	383	41
Senegal	25	665	21
Sierra Leone	41	786	7
Tanzania	14	170	37
Uganda	28	378	43
Zambia	27	387	44
Zimbabwe	13	67	37

Notes: n=unweighted number of married women with unmet need citing postpartum amenorrhea, breastfeeding or both as a reason for nonuse. Armenia, Azerbaijan, Dominican Republic, Guyana, Sao Tome & Principe and Swaziland not shown, n<50.

TABLE 9. Married women aged 15–49 with unmet need who cite opposition as a reason for not using contraception and their levels of contraceptive experience, in 48 developing countries, 2005–2014

Country and region	% citing opposition†	n	% citing opposition† who ever used any method‡	n	% citing any reason for nonuse who ever used any method‡
Latin America and					
Bolivia	13	189	35	1,456	57
Colombia	8	192	82	1,741	93
Dominican Republic	17	57	79	349	85
Guyana	13	103	61	741	76
Haiti	36	835	49	2,271	53
Honduras	14	159	68	1,006	85
Asia	**27**		**44**		**57**
Armenia	29	124	58	372	75
Azerbaijan	16	112	52	702	71
Bangladesh	8	153	63	1,691	78
India	32	2,536	21	9,511	34
Indonesia	5	170	59	2,956	83
Jordan	11	88	65	821	82
Kyrgyz Republic	32	196	43	626	43
Nepal	7	124	31	2,198	62
Pakistan	49	935	45	2,065	51
Philippines	20	291	54	1,443	63
Tajikistan	45	476	27	1,088	31
Timor-Leste	68	1,152	11	1,745	15
Africa	**24**		**31**		**40**
Benin	22	481	19	2,240	21
Burkina Faso	27	811	4	2,878	14
Burundi	38	444	6	1,190	13
Cameroon	21	356	22	1,721	36
Comoros	22	152	11	671	20
Congo	15	87	37	758	44
Congo (DRC)	28	699	14	2,416	21
Cote d'Ivoire	26	314	17	1,320	25
Egypt	14	325	66	1,948	82
Ethiopia	25	578	14	1,679	28
Gabon	19	145	48	812	41
Ghana	19	147	38	811	54
Guinea	28	377	13	1,305	13
Kenya	16	187	33	921	62
Lesotho	17	143	50	853	60
Liberia	29	399	17	1,508	26
Madagascar	23	402	39	1,720	42
Malawi	15	407	65	2,533	70
Mali	40	586	16	1,499	18
Namibia	20	83	66	407	64
Niger	38	507	14	1,228	25
Nigeria	38	1,218	9	3,259	17
Rwanda	17	175	20	1,033	34
Sao Tome & Principe	20	84	61	440	71
Senegal	33	886	20	2,493	26
Sierra Leone	29	551	16	1,901	20
Swaziland	19	81	80	383	86
Uganda	25	326	26	1,302	41
Zambia	17	223	38	1,381	54
Zimbabwe	22	109	48	501	73
ALL COUNTRIES	**24**		**38**		**49**

†They or someone close to them opposes use. ‡Includes modern methods (the pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms; emergency contraception is a modern method, but reported use is zero or negligible all countries included) and traditional methods (withdrawal, periodic abstinence or other traditional). Notes: n=unweighted number of married women with unmet need citing any opposition (self or other) as a reason for nonuse. Peru not shown, n<50. Cambodia, Mozambique and Tanzania do not have information on ever use of contraception.

TABLE 10. Married women aged 15–49 with unmet need who cite side effects or health risks as a reason for not using contraception and their level of contraceptive experience, in 49 developing countries, 2005–2014

Country and region	% citing side effects or health risks†	n	% citing side effects or health risks† who ever used any method‡	n	% citing any reason for nonuse who ever used any method‡
Latin America and					
Bolivia	25	393	48	1456	57
Colombia	24	404	93	1741	93
Dominican Republic	32	118	91	349	85
Guyana	38	288	74	741	76
Haiti	51	1,115	58	2271	53
Honduras	21	216	88	1006	85
Peru	19	178	94	943	96
Asia	**23**		**59**		**57**
Armenia	7	25	48	372	75
Azerbaijan	27	181	70	702	71
Bangladesh	19	317	80	1691	78
India	20	2,344	37	9511	34
Indonesia	33	997	85	2956	83
Jordan	31	262	82	821	82
Kyrgyz Republic	21	136	48	626	43
Nepal	10	240	71	2198	62
Pakistan	25	475	54	2065	51
Philippines	37	537	60	1443	63
Tajikistan	15	157	49	1088	31
Timor-Leste	31	564	20	1745	15
Africa	**26**		**47**		**40**
Benin	22	468	25	2240	21
Burkina Faso	15	462	31	2878	14
Burundi	18	220	27	1190	13
Cameroon	24	406	43	1721	36
Comoros	32	224	28	671	20
Congo	19	135	37	758	44
Congo (DRC)	19	427	21	2416	21
Cote d'Ivoire	25	329	24	1320	25
Egypt	38	792	86	1948	82
Ethiopia	30	469	37	1679	28
Gabon	20	132	35	812	41
Ghana	38	298	53	811	54
Guinea	11	131	22	1305	13
Kenya	44	401	72	921	62
Lesotho	22	175	63	853	60
Liberia	29	418	38	1508	26
Madagascar	40	714	48	1720	42
Malawi	24	635	68	2533	70
Mali	10	155	31	1499	18
Namibia	28	117	74	407	64
Niger	11	133	34	1228	25
Nigeria	23	682	25	3259	17
Rwanda	25	258	43	1033	34
Sao Tome & Principe	42	145	79	440	71
Sierra Leone	13	283	38	1901	20
Swaziland	46	186	88	383	86
Uganda	36	469	47	1302	41
Zambia	33	445	63	1381	54
Zimbabwe	14	74	87	501	73
ALL COUNTRIES	**26**		**54**		**50**

†Includes a small propor on of women who cite inconvenience using method as a reason for nonuse. ‡Includes modern methods (the pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms; emergency contraception is a modern method, but reported use is zero or negligible all countries included) and traditional methods (withdrawal, periodic abstinence or other traditional). Notes: n=unweighted number of married women with unmet need citing side effects or health risks as a reason for nonuse. Cambodia, Mozambique and Tanzania do not have information on ever use of contraception.

TABLE 11. Percentages of sexually active never-married women aged 15–49 with unmet need citing specific reasons for not using contraception, in 31 developing countries, 2006–2014

			Sexual activity and fecundity			Opposition		
			Not married	Infrequent/ no sex	Subfecund†	Woman opposed	Partner/ others opposed	Anyone opposed
Latin America and Caribbean								
Bolivia	2008	362	58	69	8	1	0	1
Colombia	2010	1,302	16	71	3	2	1	2
Dominican Republic	2013	148	19	54	1	14	1	15
Guyana	2009	107	13	45	2	3	3	5
Haiti	2012	810	27	36	3	34	3	37
Honduras	2012	265	48	73	7	2	1	3
Peru	2012	365	11	88	2	1	0	1
Asia								
Philippines	2013	94	51	35	5	9	1	10
Africa			**30**	**35**	**11**	**8**	**3**	**11**
Benin	2012	222	42	21	6	8	2	11
Burkina Faso	2010	73	29	38	13	5	3	8
Cameroon	2011	258	12	61	11	7	2	9
Congo	2012	151	25	25	15	6	2	8
Congo (DRC)	2013–14	219	33	32	19	17	1	18
Cote d'Ivoire	2012	269	16	19	13	13	6	18
Gabon	2012	362	17	27	9	7	6	13
Ghana	2008	77	30	26	3	7	2	9
Kenya	2008	167	30	36	6	5	2	7
Lesotho	2009	265	54	27	8	5	4	8
Liberia	2013	483	5	19	15	24	10	32
Madagascar	2009	254	43	36	5	13	2	14
Malawi	2010	233	61	29	5	5	2	7
Mozambique	2011	332	24	43	11	11	4	15
Namibia	2013	319	9	23	15	6	1	7
Nigeria	2013	112	17	42	12	18	7	23
Rwanda	2010	74	38	60	22	3	0	3
Sierra Leone	2013	333	18	26	12	15	6	20
Swaziland	2006–07	225	11	15	13	2	3	4
Tanzania	2010	116	25	53	15	4	0	4
Uganda	2011	135	45	47	9	5	3	7
Zambia	2013–14	430	56	43	12	1	0	1
Zimbabwe	2010–11	109	49	62	7	6	2	9
ALL COUNTRIES			**29**	**41**	**9**	**8**	**3**	**11**

†Includes self-reported subfecundity and infecundity, and postpartum amenorrhea and breast-feeding. *Notes:* n=unweighted number of sexually active never-married women with unmet need who cited a reason for nonuse. Only never-married women giving a reason for nonuse are included; totals may add to more than 100% because women may give more than one reason.

TABLE 11. Percentages of sexually active never-married women aged 15–49 with unmet need citing specific reasons for not using contraception, in 31 developing countries, 2006–2014 (continued)

			Access			Method related
			Unaware of methods	Cost too high	No source/ access	Side effects/health risks/inconvenience
Latin America and Caribbean						
Bolivia	2008	362	4	1	3	5
Colombia	2010	1,302	0	1	1	8
Dominican Republic	2013	148	0	0	1	16
Guyana	2009	107	0	0	0	22
Haiti	2012	810	1	2	3	35
Honduras	2012	265	0	0	1	7
Peru	2012	365	0	0	0	2
Asia						
Philippines	2013	94	1	1	1	26
Africa			**4**	**3**	**5**	**19**
Benin	2012	222	6	3	2	17
Burkina Faso	2010	73	2	6	2	10
Cameroon	2011	258	6	2	8	15
Congo	2012	151	20	13	11	7
Congo (DRC)	2013–14	219	11	3	11	18
Cote d'Ivoire	2012	269	5	3	8	30
Gabon	2012	362	6	3	7	16
Ghana	2008	77	4	1	2	42
Kenya	2008	167	2	2	4	25
Lesotho	2009	265	1	1	4	7
Liberia	2013	483	5	2	9	33
Madagascar	2009	254	6	1	3	23
Malawi	2010	233	1	1	2	11
Mozambique	2011	332	1	2	8	6
Namibia	2013	319	2	12	4	20
Nigeria	2013	112	10	5	5	8
Rwanda	2010	74	3	0	0	7
Sierra Leone	2013	333	1	5	8	28
Swaziland	2006–07	225	3	0	4	39
Tanzania	2010	116	1	0	6	29
Uganda	2011	135	0	2	5	31
Zambia	2013–14	430	1	0	3	13
Zimbabwe	2010–11	109	0	1	1	5
ALL COUNTRIES			**3**	**2**	**4**	**19**

†Includes self-reported subfecundity and infecundity, and postpartum amenorrhea and breast-feeding. *Notes:* n=unweighted number of sexually active never-married women with unmet need who cited a reason for nonuse. Only never-married women giving a reason for nonuse are included; totals may add to more than 100% because women may give more than one reason.

TABLE 12. Sexually active never-married women aged 15–49 who cite infrequent or no sex as a reason for not using contraception and their level of recent sexual activity, in 21 developing countries, 2008–2014

Country and region	% citing infrequent/no sex	n	% citing infrequent/no sex who were sexually active in past month
Latin America and Caribbean			
Bolivia	69	252	20
Colombia	71	947	20
Dominican Republic	54	84	26
Haiti	36	295	35
Honduras	73	194	13
Peru	88	319	14
Africa			
Cameroon	61	158	24
Congo (DRC)	32	78	32
Cote d'Ivoire	19	58	35
Gabon	27	86	37
Kenya	36	61	15
Lesotho	27	70	25
Liberia	19	98	39
Madagascar	36	81	44
Malawi	29	77	17
Mozambique	43	152	39
Namibia	23	77	11
Sierra Leone	26	97	46
Tanzania	53	59	22
Uganda	47	66	13
Zambia	43	191	28
ALL COUNTRIES	**44**		**26**

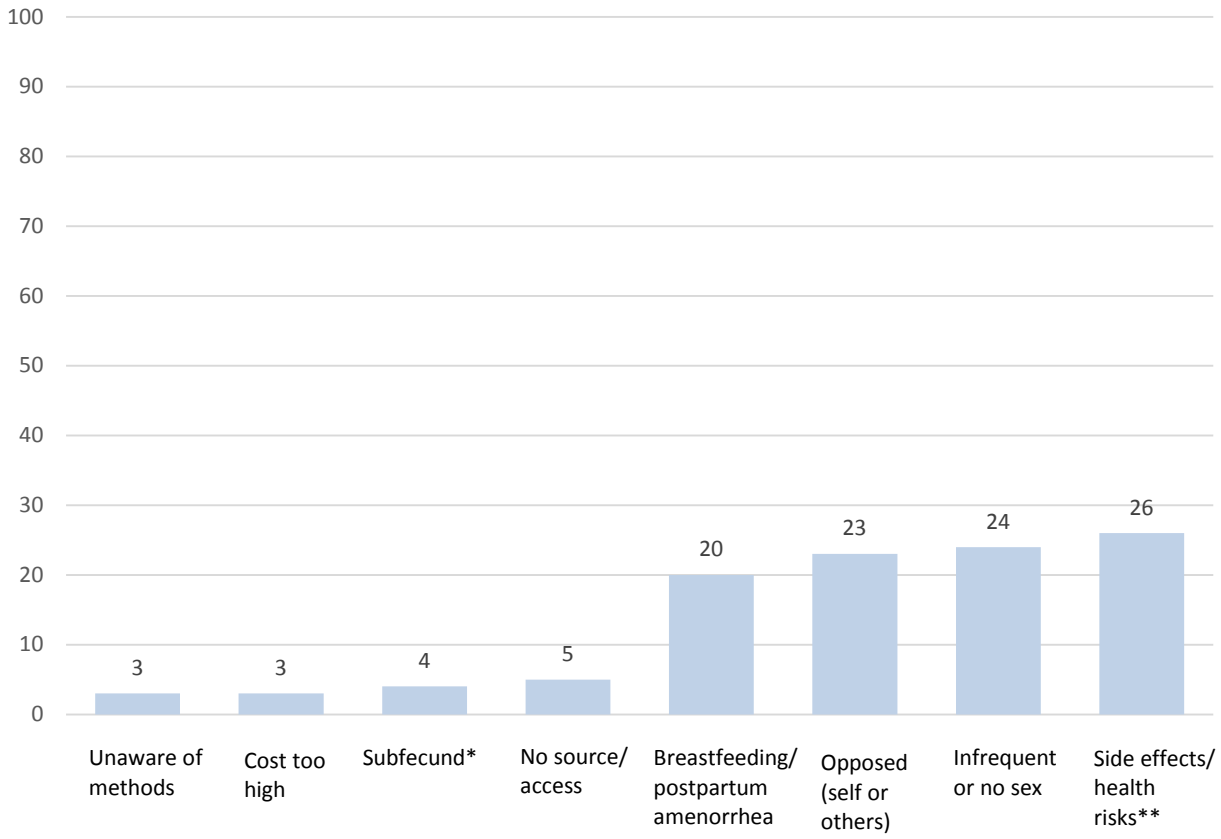
Notes: n=unweighted number of sexually active never married women with unmet need citing infrequent/no sex as a reason for nonuse. Benin, Burkina Faso, Burundi, Congo, Ethiopia, Ghana, Guinea, Guyana, Mali, Nigeria, Philippines, Rwanda, Sao Tome & Principe, Senegal, Swaziland, and Zimbabwe not shown, n<50.

TABLE 13. Sexually active never-married women aged 15–49 with unmet need who cite not being married as a reason for not using contraception and their levels of recent sexual activity and contraceptive experience, in 15 developing countries, 2008–2014

Country and region	n	% citing "not married"	% citing "not married" who: were sexually active in past month	% citing "not married" who: ever used any method†	% citing any reason for nonuse who: ever used any method†
Latin America and Caribbean					
Bolivia	362	58	84	49	48
Colombia	1,302	16	79	93	92
Haiti	810	27	53	8	12
Honduras	265	48	88	86	83
Africa					
Benin	222	42	55	25	23
Congo (DRC)	219	33	67	12	18
Gabon	362	17	37	24	25
Kenya	167	30	71	36	46
Lesotho	265	54	71	73	74
Madagascar	254	43	49	14	21
Malawi	233	61	70	41	42
Mozambique	332	24	53	na	na
Sierra Leone	333	18	46	13	19
Uganda	135	45	83	20	30
Zambia	430	56	69	9	13
ALL COUNTRIES		**38**	**65**	**36**	**39**

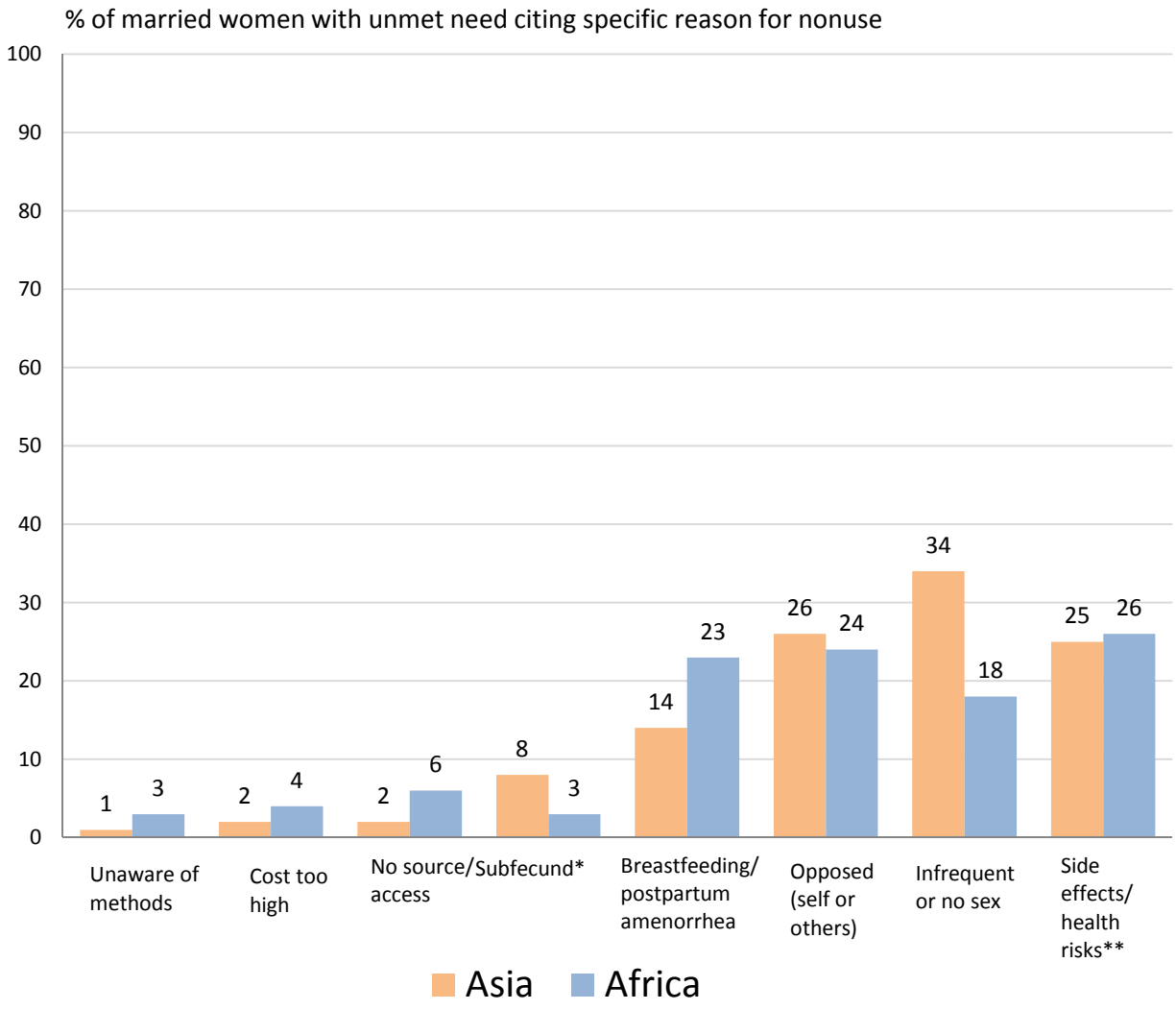
†Includes modern methods (the pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms; emergency contraception is a modern method, but reported use is zero or negligible all countries included) and traditional methods (withdrawal, periodic abstinence or other traditional). *Notes:* n=unweighted number of sexually active never-married women with unmet need citing not being married as a reason for nonuse. na=data not available. Burkina Faso, Burundi, Cameroon, Comoros, Congo, Cote d'Ivoire, Dominican Republic, Ghana, Guinea, Guyana, Liberia, Mali, Namibia, Nigeria, Peru, Philippines, Rwanda, Sao Tome & Principe, Senegal, Swaziland, Tanzania and Zimbabwe not shown, n<50.

FIGURE 8. In developing countries, married women's reasons for not using contraception commonly fall in four categories.



Note: The value for each bar is an unweighted average of responses in 52 countries.
*Respondent reported subfecund or infecund
**Includes a small proportion of women citing inconveniece of use of method

FIGURE 9. Women's reasons for not using contraception differ somewhat between Africa and Asia.



Note: The value for each bar is an unweighted average of responses in 13 countries in Asia and 32 countries in Africa.
*Respondent reported subfecund or infecund
**Includes a small proportion of women citing inconveniece of use of method

FIGURE 10. Infrequent or no sex is commonly cited in some countries as a reason for not using contraception.

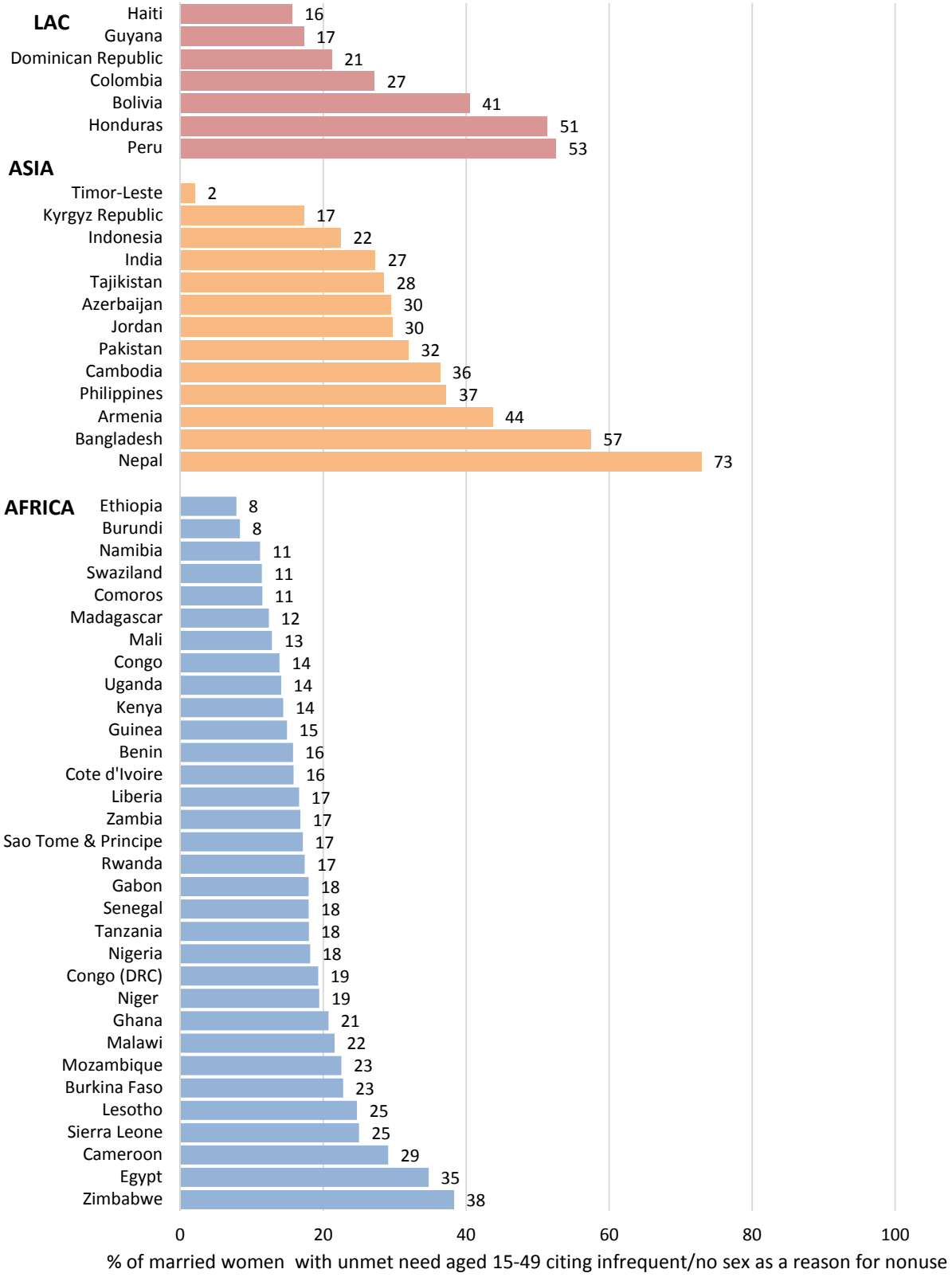


FIGURE 11. In all countries surveyed, some proportion of married women with unmet need is not sexually active.

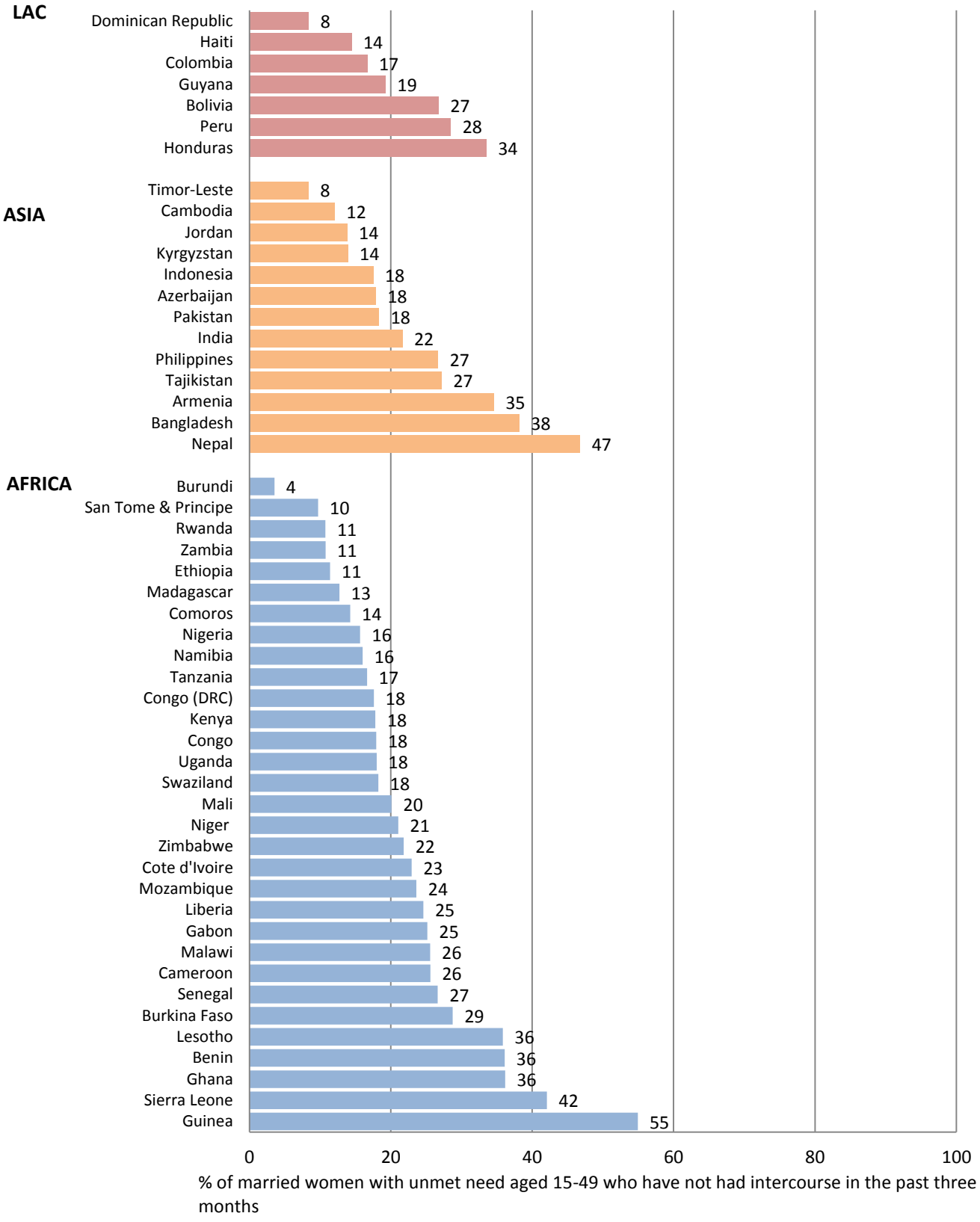


FIGURE 12. Breast-feeding and postpartum amenorrhea is more commonly cited as a reason for nonuse in Africa than in other regions.

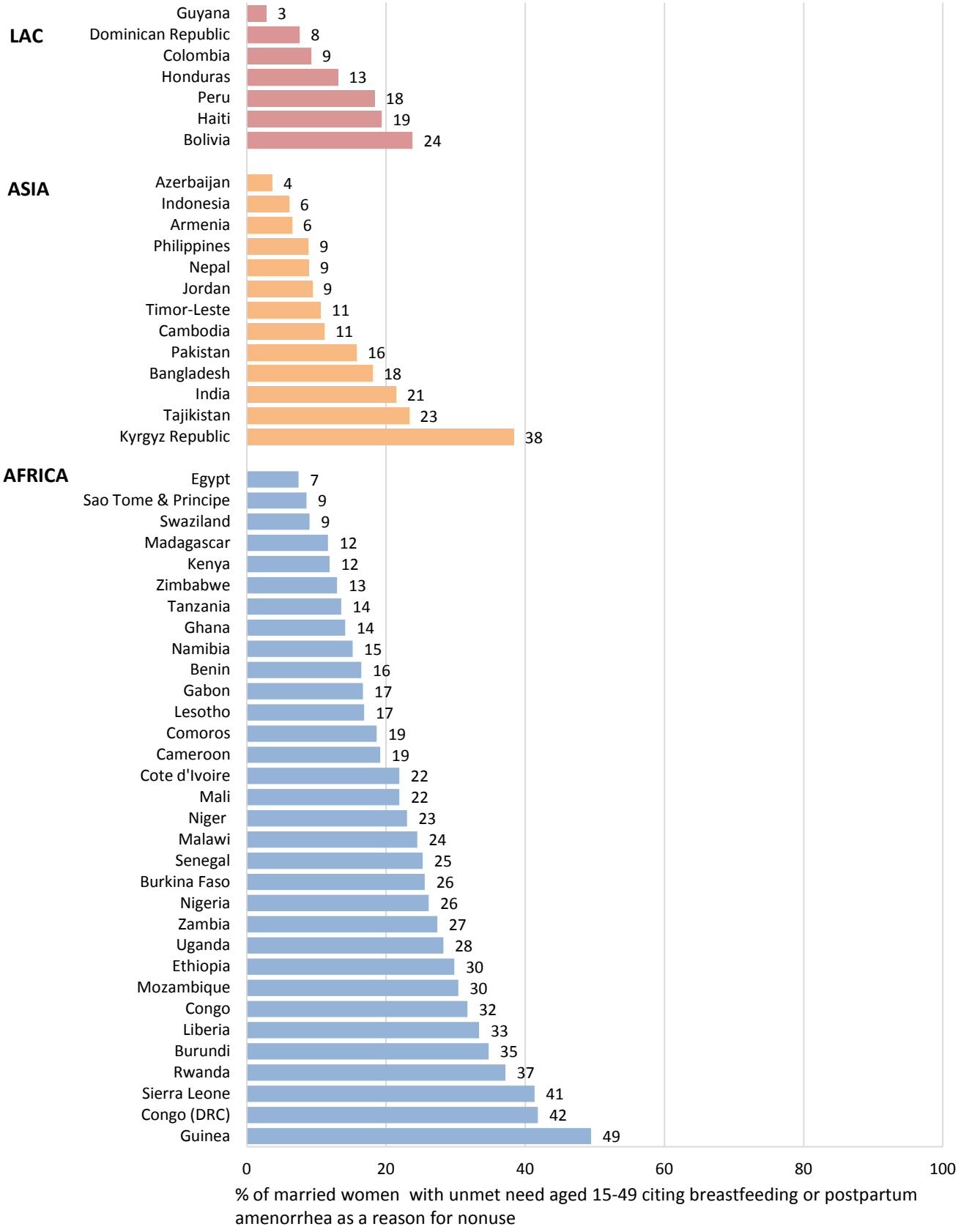


FIGURE 13. Some married women say than they or someone close to them opposes contraception.

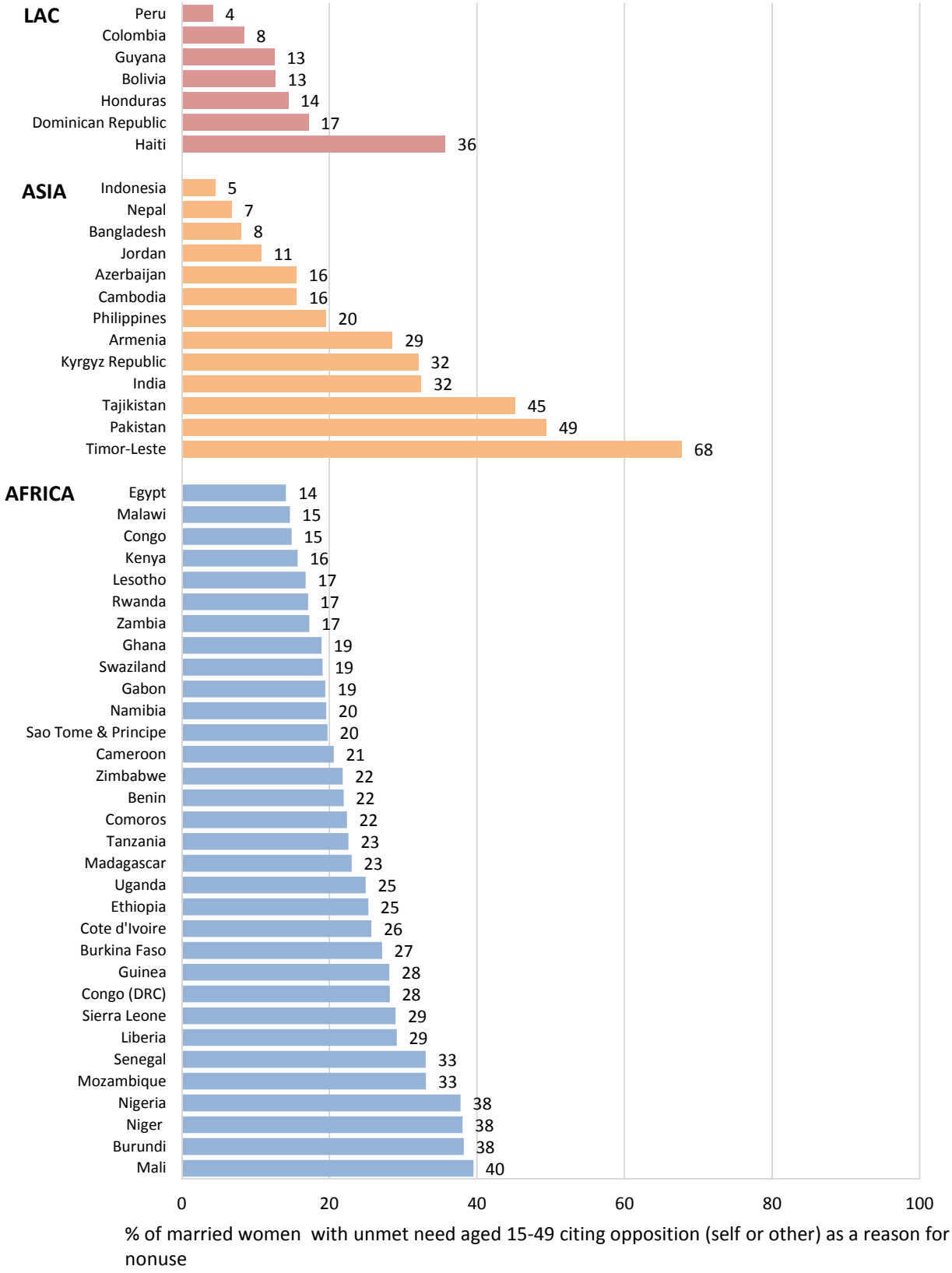


FIGURE 14. Concerns about side effects or health risks are a common reason for nonuse in all three major regions.

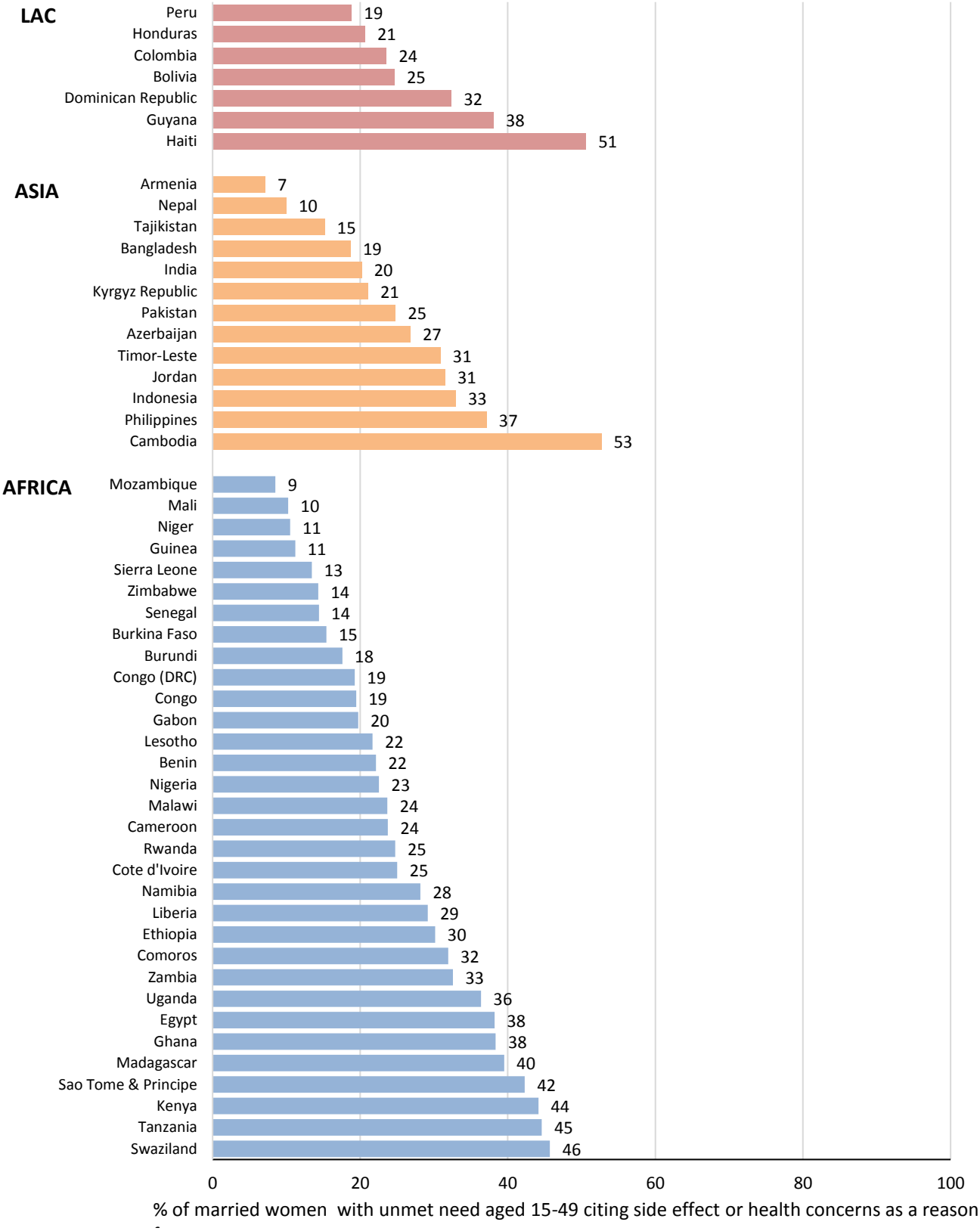


FIGURE 15. Never-married women commonly cite infrequent sex as a reason for not using contraception.

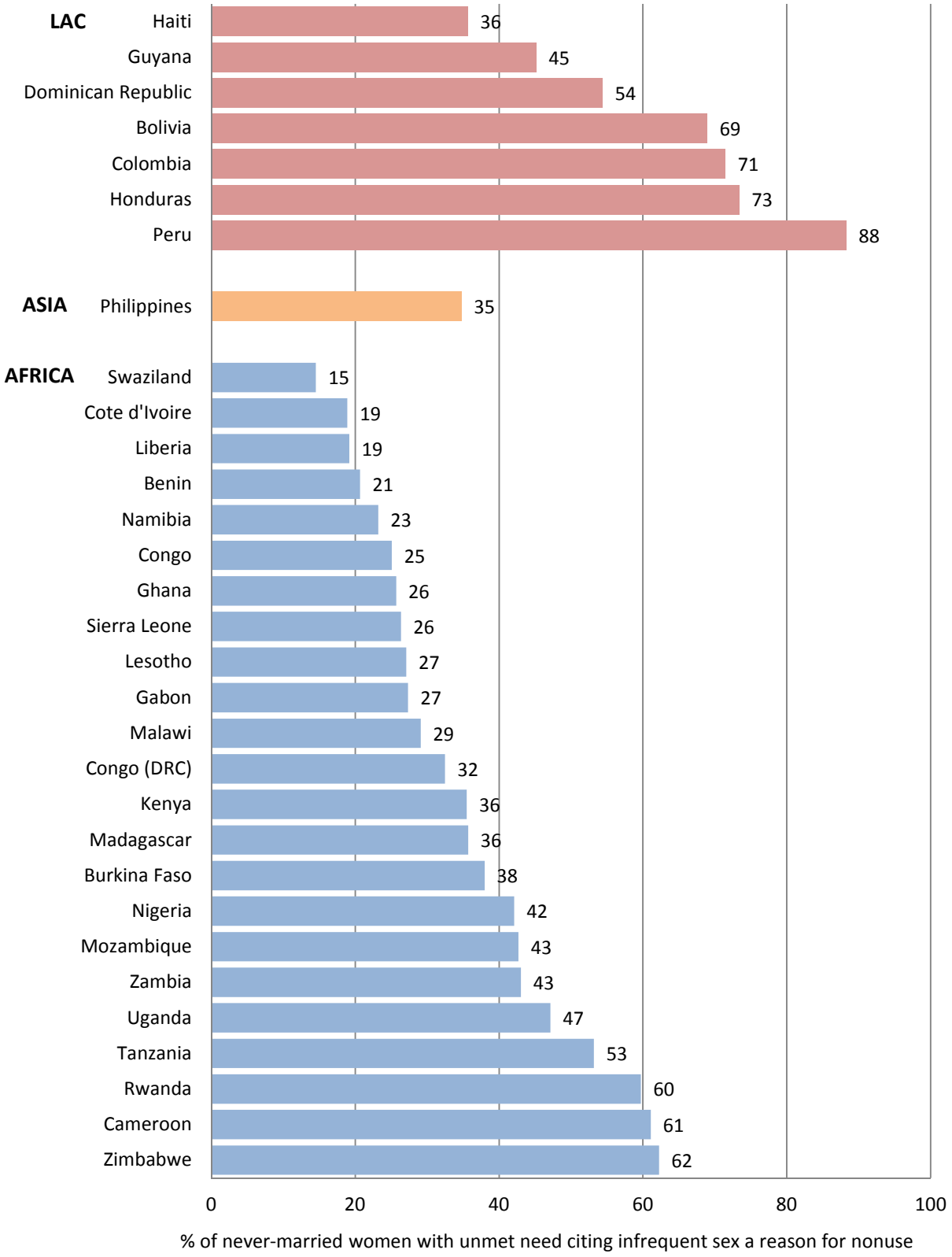


FIGURE 16. Many never-married women with unmet need cite not being married as a reason for nonuse.

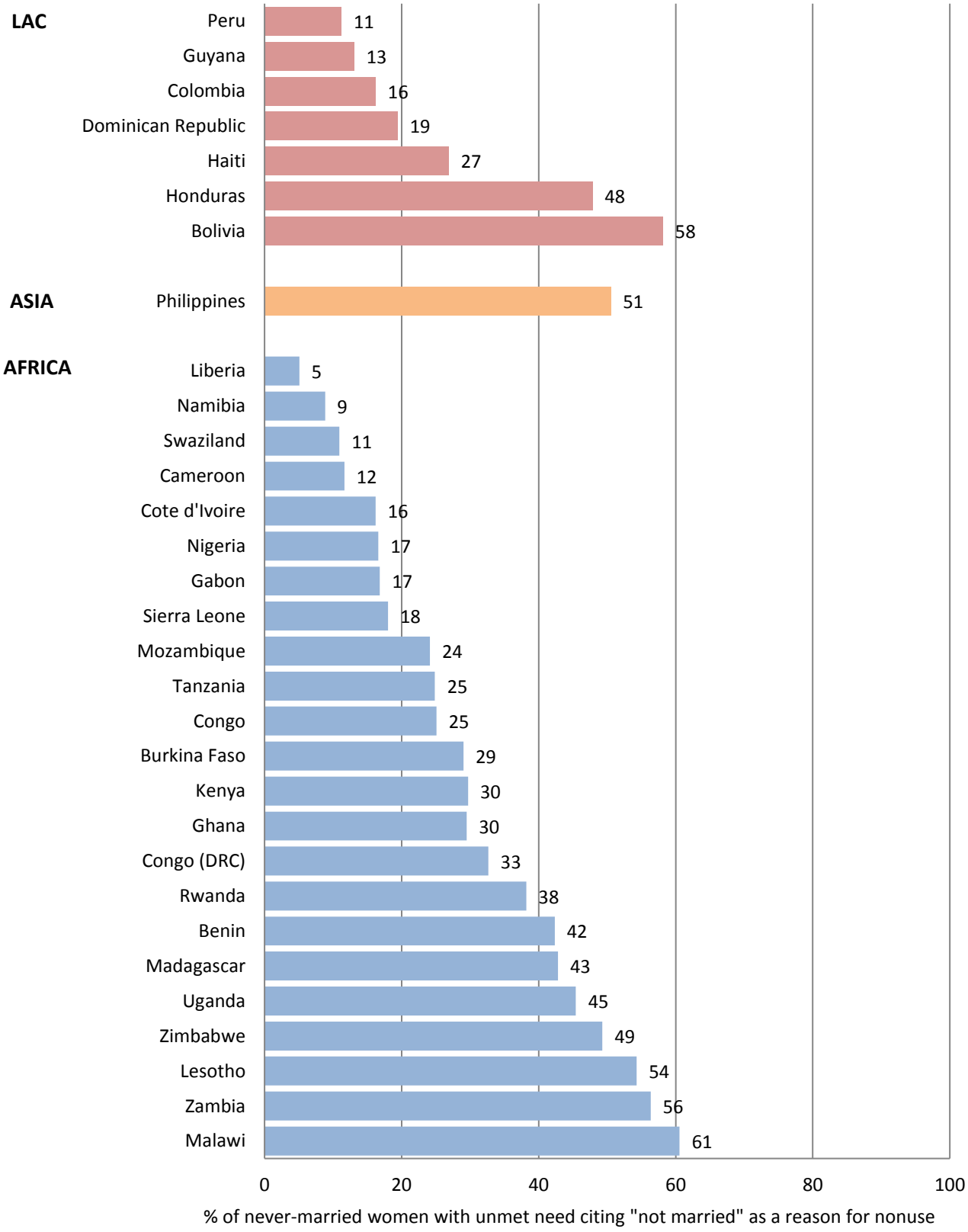


FIGURE 17. Some never-married women with unmet need say they are opposed to contraception.

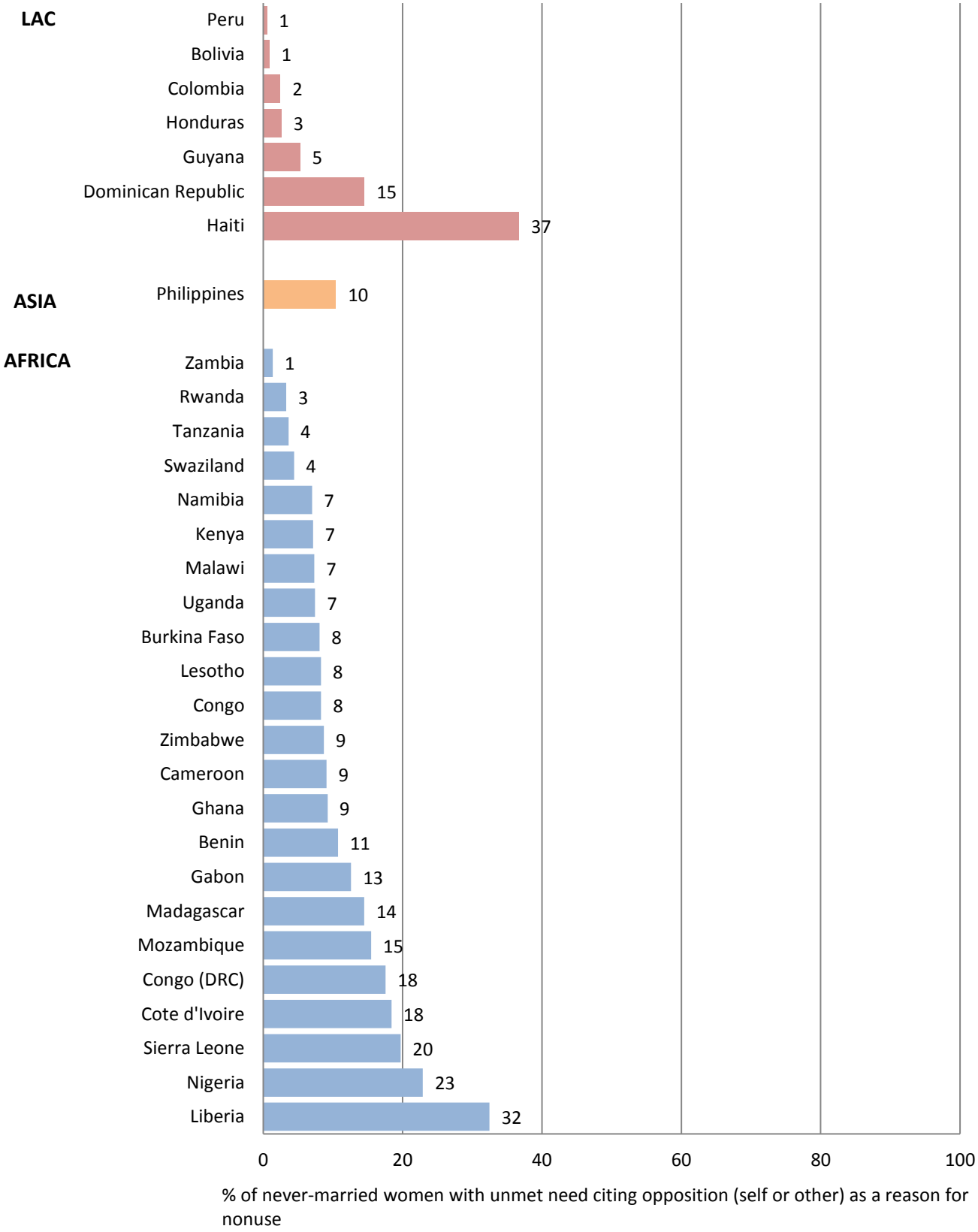
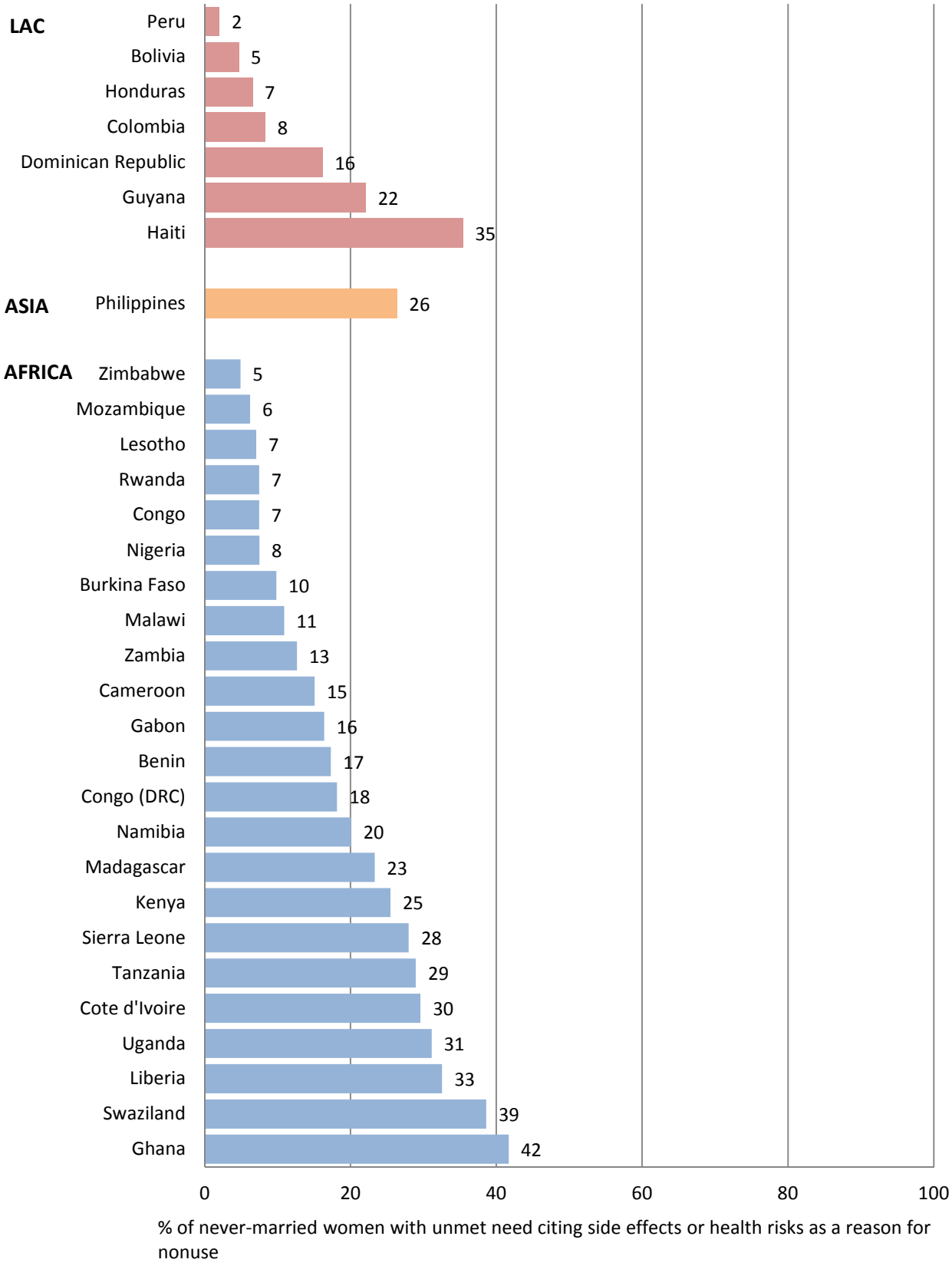


FIGURE 18. Side effects or concerns about health risks are a common reason for nonuse among never-married women with unmet need.



Trends in the Major Reasons For Not Using Contraception

In this section, we explore trends in reasons for unmet need among married women in 39 countries having more than one DHS during 2000–2014. (Trends are not shown for sexually active never-married women because the sample sizes of those citing specific reasons for nonuse are very small.) Six of these countries are in Latin America and the Caribbean, eight are in Asia and 25 are in Africa. Appendix Figures 1–3, pages 82–92 show trends by region for selected reasons: infrequent or no sex; side effects, health risks or inconvenience; postpartum amenorrhea or breast-feeding; opposition; and lack of a source for or access to contraception.

In countries where the proportion of married women with unmet need has declined, the proportions citing specific reasons for nonuse are based on a smaller pool of women, relatively speaking. However, two factors determine the absolute number of women experiencing the barriers cited: the proportion with unmet need and the total population of women, which has increased over time because of population growth.

General Trends in Married Women's Reasons For Nonuse

In most of the 39 countries with data allowing assessment of trends, growing proportions of married women with unmet need cite infrequent or no sex as a reason for not using contraception. As noted earlier, some of these women are abstinent and not currently at risk for unintended pregnancy; others may perceive their risk to be lower than it actually is; and still others may know that they face some risk but believe that it does not warrant seeking a contraceptive method.

Given the large number and diversity of countries in which infrequent or no sex has grown in importance as a reason for nonuse, these perceptions and experiences merit greater attention in research and program planning. The growing frequency of this response could reflect increases in migration in some countries: For example, in Nepal, 32% of all married women reported that their husbands were away in 2011, compared with 17% in 1996.[37] In India, nearly 10% of married women lived without their husbands in 2006, compared with only 5% in 1999. Also, the higher proportion of women citing infrequent or no sex could indicate that programs and services have addressed other reasons for nonuse of contraception; the women who remain with an unmet need are those who are less sexually active and do not believe they need contraception.

The cost of methods and access to a source have remained uncommon reasons for nonuse. Their levels fluctuate, however, and may merit further investigation in some countries. As noted earlier, the data likely underestimate the prevalence of this barrier because other reasons discourage women from even trying to obtain services. But the general trends suggest that family planning programs have had a considerable impact in raising women's awareness about contraception and where and how to obtain it.[38] Public support for family planning, whether from national governments or external donors, might have kept the cost acceptable for users in developing countries.

National family planning programs may also have had some effect on opposition to contraception, but trends in the proportions of women citing this reason are mixed. Concerns about side effects and health risks have become more prevalent reasons for nonuse in the majority of countries in this analysis, possibly because more women have been exposed to the real side effects of contraceptive methods or to misinformation about the problems associated with use.[11,17,34,39] There are some exceptions in each region where the prevalence of this reason has remained the same or declined. Still, it remains one of the most important reasons for nonuse of contraception in all countries over the 14-year period.

Regional and Country Trends in Reasons For Nonuse

Some noteworthy similarities and differences in trends are evident across the three world regions and the individual countries.

Latin America and the Caribbean

Trends for the six countries in Latin America and the Caribbean are shown in Appendix Figures 1a–e. Concern about the side effects and health risks of contraceptives has

been and remains the most common reason for nonuse in this region, and it is highest in Haiti, where about half of married women with unmet need cite this reason. Infrequent or no sex has also remained a common reason for nonuse. The increase in this reason is particularly pronounced in Bolivia and Peru. Access barriers were low and continued to decrease over time, except for an increase (but still at a low level) in the Dominican Republic. Postpartum amenorrhea, breast-feeding or both has not been a common reason for nonuse in this region, but it has become more so in Bolivia. Notably, opposition to contraceptive use increased as a reason for nonuse in Haiti, rising from 17% of women in 2000 to 36% in 2012.

Asia

Trends for the eight countries in Asia are shown in Appendix Figures 2a–e. Women increasingly cite infrequent or no sex as a reason for nonuse in all of the Asian countries shown. Between 2000 and 2014, the prevalence of this reason increased dramatically, from 31% to 57% of married women in Bangladesh, from 35% to 73% in Nepal, and from 17% to 37% in the Philippines. We speculate these increases were largely due to increased labor migration.[40]

Across this region, concern about side effects or health risks is fairly common, but trends have been mixed: its prevalence has declined in Armenia, Indonesia and Nepal, but has remained the same or increased in the other four Asian countries. It is highest in Cambodia, where about half of married women with unmet need cite this reason. Opposition to contraception is the third most common reason in Asia; it appears to have increased in recent years in Armenia, Pakistan and the Philippines. Postpartum amenorrhea or breast-feeding is comparatively less frequently cited as a reason for nonuse, and it declined in Nepal in particular, from 28% to 9% of married women with unmet need. Access barriers remain low across this region.

Africa

Trends for the 24 countries in Africa are shown in Appendix Figures 3a–e. Infrequent or no sex is increasingly cited as a reason for nonuse in some African countries, but levels have not reached those of other regions. Concern about side effects or health risks has increased by five percentage points or more in all but six African countries. Previous studies have suggested that this concern is likely to be linked to women's growing contraceptive use and direct experiences of side effects, or the experiences of their friends.[11,31,33,36]

Although the prevalence of postpartum amenorrhea/breast-feeding as a reason for nonuse might be expected to decline over time with reductions in both fertility and the duration of breast-feeding, it has remained the same or increased in 20 of the 24 African countries (exceptions are Egypt, Ghana, Kenya and Tanzania).

Also, in spite of many years of family planning program efforts in Africa, opposition to family planning as a reason for nonuse increased or stayed roughly the same since 2000 in 23 of the 24 countries in this analysis. (Malawi is the exception.) The factors underlying the mixed trends are unclear, as the responses could stem from conservative social values or factors having to do with the methods themselves, such as side effects.

Offsetting these increases, lack of a source of contraception or access to one as a reason for nonuse has declined or remained at a low level in all 24 African countries. Drops of five percentage points or more can be seen in Benin, Burkina Faso, Ethiopia, Mozambique, Niger, Rwanda and Uganda.

TABLE 14. Selected characteristics and levels of unmet need among all women aged 15–24 and 25–49, in 31 developing countries, 2006–2014 (BOX 2)

Country and region	Year	All women									
		Age-group n				Women aged 15–24‡			Women aged 25–49‡		
		15–24	15–19	20–24	25–49	% married	% ever used method §	% ever had child	% married	% ever used method §	% ever had child
Latin America and Caribbean											
Bolivia	2008	6,335	3,505	2,830	10,604	73	78	67	94	85	95
Colombia	2010	17,106	9,354	7,752	32,456	47	97	49	81	98	91
Dominican Republic	2013	3,545	1,864	1,681	5,827	59	86	57	81	92	94
Guyana	2009	1,791	1,016	775	3,205	65	72	58	87	79	92
Haiti	2012	6,272	3,475	2,797	8,015	56	47	50	92	62	90
Honduras	2012	9,347	5,227	4,120	13,410	78	91	67	91	95	96
Peru	2012	8,078	4,489	3,589	15,810	64	97	58	89	98	93
Asia											
Philippines	2013	6,070	3,261	2,809	10,085	87	62	72	98	76	94
Africa						**66**	**49**	**65**	**89**	**54**	**95**
Benin	2012	5,742	2,922	2,820	10,857	66	30	60	96	29	96
Burkina Faso	2010	6,592	3,349	3,243	10,495	88	24	71	98	28	98
Cameroon	2011	6,708	3,590	3,118	8,718	70	51	62	90	49	94
Congo	2011–12	3,963	2,163	1,800	6,856	52	74	61	83	72	95
Congo (DRC)	2013–14	7,661	3,981	3,680	11,166	69	29	66	92	27	96
Cote d'Ivoire	2011–12	3,984	1,997	1,987	6,076	56	39	56	88	42	94
Gabon	2012	3,407	1,834	1,573	5,015	42	63	52	80	57	92
Ghana	2008	1,906	1,037	869	3,010	59	64	52	92	61	93
Kenya	2008	3,511	1,767	1,744	4,933	77	64	72	90	77	97
Lesotho	2009	3,396	1,840	1,556	4,228	72	73	63	82	73	93
Liberia	2013	3,499	1,915	1,584	5,740	44	39	57	85	41	97
Madagascar	2008–09	6,935	4,034	2,901	10,440	81	51	65	93	63	95
Malawi	2010	9,432	5,040	4,392	13,588	87	69	80	95	83	98
Mozambique	2011	5,533	3,065	2,468	8,212	75	0	66	89	0	95
Namibia	2013	3,577	1,857	1,720	5,599	28	84	49	64	86	92
Nigeria	2013	14,619	7,905	6,714	24,329	81	24	63	95	30	94
Rwanda	2010	5,655	2,963	2,692	8,016	84	52	75	95	67	97
Sierra Leone	2013	6,739	4,051	2,688	9,919	51	42	53	91	34	96
Swaziland	2006–07	2,292	1,265	1,027	2,695	41	86	70	77	91	96
Tanzania	2010	4,081	2,221	1,860	6,058	70	0	70	89	0	97
Uganda	2011	3,692	2,026	1,666	4,982	80	48	73	93	62	98
Zambia	2013–14	6,726	3,686	3,040	9,685	69	57	73	91	75	97
Zimbabwe	2011	3,795	1,980	1,815	5,376	88	72	77	92	87	96
ALL COUNTRIES						**66**	**57**	**63**	**89**	**62**	**95**

‡Footnote. §Includes modern methods (the pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms; emergency contraception is a modern method, but reported use is zero or negligible all countries included) and traditional methods (withdrawal, periodic abstinence or other traditional). *Note:* n=unweighted number of all women and of all married and sexually active unmarried women in each age-group.

TABLE 14. Selected characteristics and levels of unmet need among all women aged 15–24 and 25–49, in 31 developing countries, 2006–2014 (BOX 2 continued)

Country and region	Married and sexually active† unmarried women							
	Age-group n				% with unmet need by age-group:			
	15–24	15–19	20–24	25–49	15–19	20–24	15–24	25–49
Latin America and Caribbean								
Bolivia	2,536	789	1,747	8,921	42	29	33	18
Colombia	9,876	3,814	6,062	27,004	30	17	22	8
Dominican Republic	2,023	751	1,272	4,792	33	26	29	9
Guyana	877	318	559	2,733	38	30	33	28
Haiti	2,953	1,015	1,938	6,682	63	48	53	34
Honduras	4,287	1,643	2,644	10,575	26	17	20	10
Peru	3,416	1,056	2,360	13,118	26	17	20	9
Asia								
Philippines	1,792	389	1,403	8,431	34	25	27	17
Africa					**38**	**28**	**31**	**25**
Benin	3,345	1,069	2,276	10,041	48	38	41	32
Burkina Faso	4,135	1,280	2,855	9,997	27	24	25	25
Cameroon	4,066	1,514	2,552	7,773	30	25	27	23
Congo	2,774	1,223	1,551	6,089	27	20	23	16
Congo (DRC)	4,623	1,740	2,883	9,930	41	32	35	28
Cote d'Ivoire	2,711	1,026	1,685	5,493	44	37	39	27
Gabon	2,228	944	1,284	4,452	35	29	31	26
Ghana	866	262	604	2,597	56	47	49	34
Kenya	1,611	388	1,223	4,144	49	32	36	25
Lesotho	1,672	534	1,138	3,511	41	30	33	24
Liberia	2,500	1,129	1,371	5,230	58	42	49	30
Madagascar	4,329	1,901	2,428	9,143	34	20	26	19
Malawi	5,142	1,565	3,577	11,484	35	27	30	27
Mozambique	3,935	1,743	2,192	7,145	35	25	29	32
Namibia	1,615	521	1,094	4,307	31	20	24	15
Nigeria	8,055	2,852	5,203	22,254	20	18	19	17
Rwanda	1,278	170	1,108	6,105	36	21	23	23
Sierra Leone	4,698	2,297	2,401	9,318	38	25	31	24
Swaziland	1,056	334	722	2,146	40	30	33	24
Tanzania	2,005	626	1,379	5,367	31	26	28	27
Uganda	1,865	592	1,273	4,182	39	35	37	34
Zambia	3,363	1,231	2,132	8,201	46	27	34	22
Zimbabwe	1,856	529	1,327	4,384	26	16	19	15
ALL COUNTRIES					**37**	**28**	**31**	**23**

†Had sexual intercourse in the three months preceding the survey. ‡Footnote. §Includes modern methods (the pill, injectables, implants, IUDs, female and male sterilization and barrier methods such as condoms; emergency contraception is a modern method, but reported use is zero or negligible all countries included) and traditional methods (withdrawal, periodic abstinence or other traditional). *Note:* n=unweighted number of all women and of all married and sexually active unmarried women in each age-group.

TABLE 15. Percentages of married and sexually active unmarried women aged 15–24 and 25–49 with unmet need citing specific reasons for not using contraception, in 31 developing countries, 2006–2014 (BOX 2)

			Sexual activity and fecundity							
			Not married		Infrequent/ no sex		Postpartum amenorrhea/ breastfeeding†		Subfecund‡	
	15–24	25–49	15–24	25–49	15–24	25–49	15–24	25–49	15–24	25–49
Latin America and Caribbean										
Bolivia	597	1,195	22	5	49	44	21	19	1	3
Colombia	1,679	1,758	14	9	57	43	5	3	2	13
Dominican Republic	374	290	9	8	42	32	7	2	5	6
Guyana	229	662	5	1	25	21	3	2	1	3
Haiti	1,248	1,948	16	3	30	17	11	16	0	1
Honduras	621	870	25	10	61	56	10	9	2	7
Peru	494	938	7	5	74	60	9	13	0	3
Asia										
Philippines	328	1,205	13	1	28	40	14	6	5	9
Africa			**10**	**3**	**23**	**21**	**22**	**19**	**1**	**4**
Benin	515	1,809	14	2	21	15	20	13	2	2
Burkina Faso	780	2,123	2	0	22	24	29	24	0	1
Cameroon	693	1,317	4	2	37	30	22	15	0	2
Congo	342	606	11	9	15	18	28	24	1	5
Congo (DRC)	815	1,966	8	2	20	21	44	36	1	4
Cote d'Ivoire	526	1,049	6	1	17	17	17	20	0	3
Gabon	422	740	11	8	24	20	13	11	0	1
Ghana	212	667	9	1	23	22	14	12	1	3
Kenya	373	770	8	4	20	21	9	10	0	2
Lesotho	408	760	23	6	29	26	17	9	4	9
Liberia	800	1,282	3	2	18	16	23	26	1	2
Madagascar	712	1,342	20	6	22	15	11	9	0	4
Malawi	886	1,996	13	3	25	22	27	20	1	2
Mozambique	728	1,764	8	4	26	26	39	21	1	4
Namibia	255	485	8	3	21	14	12	11	0	5
Nigeria	798	2,514	3	0	16	20	34	22	0	2
Rwanda	170	1,040	9	0	19	22	33	35	0	1
Sierra Leone	692	1,575	8	1	30	23	33	36	1	6
Swaziland	226	404	7	3	9	14	11	6	0	3
Tanzania	354	1,253	8	1	27	21	17	11	0	0
Uganda	483	1,056	11	1	20	18	25	25	1	4
Zambia	612	1,247	28	5	27	21	24	22	1	9
Zimbabwe	223	472	12	6	50	40	10	11	1	5
ALL COUNTRIES			**11**	**4**	**29**	**25**	**19**	**16**	**1**	**4**

†Has not resumed menstruation after a birth in past two years and/or is breast-feeding. ‡Includes self-reported subfecundity and infecundity.

TABLE 15. Percentages of married and sexually active unmarried women aged 15–24 and 25–49 with unmet need citing specific reasons for not using contraception, in 31 developing countries, 2006–2014 (BOX 2 continued)

			Access						Method related	
			Unaware of methods		Cost too high		No source/access		Side effects/health risks/inconvenience	
	15–24	25–49	15–24	25–49	15–24	25–49	15–24	25–49	15–24	25–49
Latin America and Caribbean										
Bolivia	597	1,195	8	7	1	2	6	7	14	25
Colombia	1,679	1,758	0	0	2	2	2	1	12	18
Dominican Republic	374	290	0	0	0	0	3	5	20	29
Guyana	229	662	5	0	3	4	5	2	25	38
Haiti	1,248	1,948	1	0	2	1	3	2	36	54
Honduras	621	870	0	0	0	1	2	2	12	19
Peru	494	938	0	0	0	1	1	1	9	15
Asia										
Philippines	328	1,205	3	1	7	8	1	1	33	37
Africa			**5**	**3**	**4**	**5**	**7**	**6**	**21**	**28**
Benin	515	1,809	8	8	4	11	5	6	17	23
Burkina Faso	780	2,123	3	3	10	11	7	6	11	17
Cameroon	693	1,317	10	10	6	10	13	11	18	26
Congo	342	606	15	7	14	12	8	9	11	22
Congo (DRC)	815	1,966	7	4	3	5	15	16	17	21
Cote d'Ivoire	526	1,049	13	10	4	2	14	15	24	28
Gabon	422	740	7	5	5	4	9	6	17	21
Ghana	212	667	7	3	2	4	4	3	36	40
Kenya	373	770	4	2	3	3	5	6	32	46
Lesotho	408	760	1	0	4	7	6	6	10	24
Liberia	800	1,282	6	2	3	1	9	6	28	34
Madagascar	712	1,342	8	7	2	2	7	7	28	41
Malawi	886	1,996	1	0	1	1	4	2	17	25
Mozambique	728	1,764	1	0	3	6	6	7	7	9
Namibia	255	485	4	2	3	12	8	5	23	29
Nigeria	798	2,514	12	7	1	3	9	8	13	25
Rwanda	170	1,040	1	0	0	0	1	0	20	25
Sierra Leone	692	1,575	2	2	5	5	5	3	18	16
Swaziland	226	404	2	1	1	3	5	1	44	48
Tanzania	354	1,253	1	0	2	1	3	4	32	47
Uganda	483	1,056	0	1	2	2	8	4	33	37
Zambia	612	1,247	1	1	1	0	5	5	19	33
Zimbabwe	223	472	0	0	3	4	4	3	7	15
ALL COUNTRIES			**4**	**3**	**3**	**4**	**6**	**5**	**21**	**29**

Note: n=unweighted number of all married and sexually active unmarried women in each age-group.

TABLE 15. Percentages of married and sexually active unmarried women aged 15–24 and 25–49 with unmet need citing specific reasons for not using contraception, in 31 developing countries, 2006–2014 (BOX 2 continued)

			Opposition				
			Woman opposed	Partner/ others opposed		Anyone opposed	
	15–24	25–49	25–49	15–24	25–49	15–24	25–49
Latin America and Caribbean							
Bolivia	597	1,195	7	4	7	7	13
Colombia	1,679	1,758	4	2	1	5	5
Dominican Republic	374	290	11	2	2	17	13
Guyana	229	662	7	5	6	11	11
Haiti	1,248	1,948	31	6	6	36	36
Honduras	621	870	7	4	6	9	12
Peru	494	938	2	1	2	2	3
Asia							
Philippines	328	1,205	16	7	4	18	19
Africa			**14**	**9**	**9**	**18**	**22**
Benin	515	1,809	11	9	12	16	22
Burkina Faso	780	2,123	13	16	17	26	27
Cameroon	693	1,317	13	10	10	18	21
Congo	342	606	6	7	9	13	14
Congo (DRC)	815	1,966	20	10	13	24	29
Cote d'Ivoire	526	1,049	15	10	12	25	25
Gabon	422	740	11	8	8	18	18
Ghana	212	667	15	6	3	15	19
Kenya	373	770	7	11	6	17	12
Lesotho	408	760	6	9	10	11	16
Liberia	800	1,282	25	10	10	30	31
Madagascar	712	1,342	17	6	6	19	22
Malawi	886	1,996	10	5	5	11	15
Mozambique	728	1,764	27	7	10	20	35
Namibia	255	485	12	3	10	7	18
Nigeria	798	2,514	30	13	12	34	38
Rwanda	170	1,040	14	5	4	12	16
Sierra Leone	692	1,575	22	8	10	22	31
Swaziland	226	404	6	9	9	14	15
Tanzania	354	1,253	13	13	9	19	21
Uganda	483	1,056	15	10	11	19	25
Zambia	612	1,247	8	8	8	11	16
Zimbabwe	223	472	13	5	7	18	19
ALL COUNTRIES			**13**	**7**	**8**	**17**	**20**

Conclusions and Recommendations

For the past two decades, international family planning programs have focused on enabling women and couples to choose the number and timing of their children, and on protecting women's reproductive health and rights. The concept of unmet need is central for formulating policies and planning programs to meet these objectives. It is also an essential measurement for national programs aimed at helping women and couples avoid unintended pregnancies. To design effective programs, planners and decision makers need to understand the reasons why women with unmet need are not using contraceptives.

Key Findings

• In the 52 countries in this study, 8–38% of married women aged 15–49 have an unmet need for contraception—that is, they want to avoid a pregnancy but are not using either a traditional or a modern method. In 24 countries, at least 25% of married women have an unmet need; 20 of these countries are in Sub-Saharan Africa. Unmet need can be seen across all age-groups, but it tends to be higher among women with less education, living in rural areas and in poorer households than among those who are more educated, urban and better off.

• Although sexually active never-married women represent a small minority of all women aged 15–49 in most countries with surveys, they have high levels of unmet need for contraception. Thus, their share of unmet need is disproportionate to their share of the population. In the 31 countries having adequate data on this population, 17–59% of these women have an unmet need. The level is highest among the youngest never-married women, aged 15–19, and it is higher among women who are poorer and less educated than among their more educated, better-off peers.

• There is no single, predominant reason for nonuse of contraception among women who want to avoid a pregnancy. Rather, several key reasons are commonly seen across countries and major world regions. Chief among these are concerns about the side effects and health risks of methods; women's perceptions that they have sex too infrequently to warrant contraceptive use; a belief that they do not need or should not use contraception if they haven't resumed menstruation after a birth, are breast-feeding, or both; and their own or someone else's opposition to family planning. On average, postpartum amenorrhea/breast-feeding and opposition to family planning are more common in Africa than in Asia or Latin America and the Caribbean. The most common reasons in the latter two regions are infrequent sex and concerns about side effects/health risks.

• Some of the married women who cite infrequent sex as a reason for nonuse have not had sexual intercourse in the past three months. About half of these women say that their husbands are away. Others have been sexually active, however. Thus, the intensity and timing of women's unmet need might vary: Many are likely at a high risk of unintended pregnancy, while some are probably at low risk. Because some women with unmet need are not sexually active, it might not be possible for contraceptive services to satisfy all unmet need as it is currently defined.

• In most countries, fewer than half of the married women who cite postpartum amenorrhea, breast-feeding or both as reasons for nonuse are within six months of giving birth and are not menstruating. Therefore, the majority citing this reason may be underestimating their risk of becoming pregnant.

• On average, married women with unmet need who cite opposition to family planning are less likely to have ever used any method than those who cite other reasons for nonuse. Thus, while some women might be opposed because of prior experiences with methods, many women seem to experience opposition that precludes trying a contraceptive method at all.

• Among sexually active never-married women, the most common reason cited for not using contraception is infrequent sex. However, all of these women, by definition, reported having had sex in the three months before the survey. They may believe that they have sex too

infrequently to warrant protection, but the data show that in most countries, one-fourth to one-half of them had sex in the past month, indicating that many could be underestimating the risk of unintended pregnancy. The next most common reason given by never-married women is the nonspecific response that they are "not married," followed by side effects, health risks and inconvenience. Both side effects and opposition to contraception are less frequently cited by never-married women than by married women with unmet need.

• Whether married or not, women rarely say that they are unaware of contraception, that they do not have access to a source of supply, or that it costs too much. The countries where more than 10% of women cite any of these reasons are in Western Africa and Middle Africa, where services are weak and contraceptive use is very low.

• In countries that have had multiple surveys since 2004, larger proportions of women now cite side effects or health risks, and infrequent or no sex as reasons for nonuse. In Asia, infrequent or no sexual activity is now the most common reason for nonuse among married women with an unmet need. In Africa, opposition to contraception is somewhat more frequently cited as a reason for nonuse than in earlier years, although it is not possible to determine whether women are opposed for the same reasons today as they were in the past.

Implications

Among women classified as having an unmet need for contraception, some have a greater risk of unintended pregnancy than others, because their levels of sexual activity, age and fecundity vary. Also, some women are more motivated than others to use contraception in the future because they are absolutely certain that they do not want a(nother) child, while others classified as having unmet need are uncertain. Thus, a range of intensity of need for contraception likely exists.

The *perception* of being at low risk for pregnancy, seen across the developing countries in this study, also appears to be a major reason for nonuse of contraception in developed countries. In 2012, more than one-third of women in the United States who were not using a contraceptive method when they had an unintended pregnancy said it was because they did not think they could get pregnant.[43] It was the most common reason the women gave for not using contraception, and there was no significant variation in the proportions of women who cited this reason by age, marital status or income. These findings indicate that misperceptions of risk will likely continue in the future in developing countries even as contraceptive prevalence increases. Thus, it is an important topic for further investigation.

The data also indicate that, regardless of the level of unmet need or contraceptive use in a country, concerns about side effects and health risks of methods are common. As noted previously, these concerns are also a common reason for discontinuation of use among women who wish to avoid pregnancy. Side effects are also frequently cited by both users and nonusers of contraception in the United States.[44] This, too, is an important topic that cannot be dismissed or expected to go away with time, and that warrants further attention.

Attention must be paid to whether the quality of services provided is effective. After the launch of the Family Planning 2020 (FP2020) initiative in 2012 (described on page 3), the Track20 project, which monitors progress toward the goals of this initiative, created a Method Information Index that combines responses to several DHS questions: whether a health worker or family planning provider told women about methods they could use; about side effects or problems they might encounter; and about what to do if they experienced side effects.[45] The project will use this index to help identify service weaknesses and how to address them.

Policy and Program Recommendations

Well-designed policies and programs can address the factors that underlie women's reasons for not using contraception. A few general conditions appear necessary to ensure high-quality programs, and each would likely address multiple barriers to contraceptive use. One condition is education inside and outside of clinics about the risk of becoming pregnant even when couples have infrequent or sporadic sexual relations, and after a recent birth. Information, education and communication efforts have proven effective in the past and could continue to be deployed in the future.[38] Another condition is provision of a range of short-term, long-term and permanent methods that meet women's needs at different stages of their lives and in different personal circumstances, and mechanisms to allow them to switch methods when appropriate. Many women do not immediately find a method that suits them,[46] and alternatives need to be readily available.

These program conditions, in turn, could help encourage broad acceptance of family planning in communities, and support from partners in using contraception. A promising study in Kenya showed that improvements in the quality of care were positively associated with modern contraceptive use, particularly among young and less educated women.[47]

Policies and programs should also be informed by evidence on the specific reasons cited by women with unmet need in a given country, and should work to address them. The goal should be to prepare and support women not using contraception to protect themselves from unintended pregnancy in the future. There are numerous possible program responses to specific reasons for nonuse, including the following:

Side effects and health concerns:

- A wider range of contraceptive methods available at service sites.
- Information and counseling to help women learn more about the methods available to them and how to address side effects; better mechanisms whereby women can switch methods when needed.
- New contraceptive methods (e.g., pericoital methods, which can be used around the time of intercourse) or improvements in existing methods.

Infrequent sex:

- Counseling regarding women's fertility, sexual experience and the risk of becoming pregnant.
- Discussion of pregnancy risk and contraception in primary care services other than family planning, or in integrated reproductive health services.
- Help choosing the methods that are most appropriate for the types of relationships that women have.
- As a backup, informing women about emergency contraception (contraception used in the first few days after unprotected intercourse) and increasing access to it in countries where it has been approved for use.
- Informing women about safe abortion options in countries where they are available.

Postpartum amenorrhea, breast-feeding or both:

- 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.
- Nonhormonal contraceptive options for women who are breast-feeding.

Opposition to family planning:

- Programs that encourage couples to communicate about contraception.
- Broader educational programs designed to address opposition to family planning, in health settings and other settings (schools, communities and mass media). These programs could address concerns about the health risks of using contraception, as well as the other common reasons for nonuse of contraception, such as being unmarried.

Additional research is also needed to overcome some of the limitations of quantitative data. For example, qualitative research could explore the following topics:

- The psychosocial and sexual dimensions of unmet need, in particular among women citing specific reasons for not using a method.
- The reasons why some women choose to use a traditional method rather than a modern method.
- The availability, acceptability and use of emergency contraception, which could be underreported in the Demographic and Health Survey and similar surveys.
- Unmet need among single sexually active women, especially in countries where survey data are lacking.
- Men's perspectives on reasons for not using contraception.
- Health providers' perspectives on unmet need.

More in-depth research could clarify why some of the major reasons for nonuse of contraception seem to persist regardless of how widespread contraceptive use has become. For example, do certain contraceptive methods elicit fears of health risks and side effects more than others? Are these concerns based on actual experience or on beliefs? What does it mean when women say they are opposed to using contraception?

Further analysis will also be needed to understand why never-married women do not use contraception. Prohibitions on surveying never-married women about sexual activity and fertility limit the number of countries with available data, and in those countries with available data, the samples of never-married women who report sexual activity are small. Both of these factors limit the analysis of reasons for nonuse among this vulnerable group.

The fact that many women with unmet need have previously used contraception provides evidence that these women could be willing to use a method, and that it is not impossible for them to do so. Given that women's contraceptive behaviors typically change over time, and that use has increased rapidly in countries with diverse cultures and levels of development, there is tremendous potential for helping all women meet their contraceptive needs.

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APPENDIX TABLE 1. Selected characteristics of married women aged 15–49 in 52 developing countries, 2005–2014

Country and region	Year	n	% aged: 15–19	20–24	25–34	≥35	% living in urban areas	% having ≥7 years of education
Latin America and Caribbean								
Bolivia	2008	10,188	5	12	38	44	61	52
Colombia	2010	27,396	5	12	34	49	74	64
Dominican Republic	2013	5,219	7	16	34	43	74	78
Guyana	2009	3,006	6	14	33	48	22	71
Haiti	2012	7,949	5	16	40	39	44	37
Honduras	2012	13,178	9	16	37	38	49	35
Peru	2012	14,235	4	11	35	51	70	66
Asia								
Armenia	2010	3,706	2	12	36	50	58	100
Azerbaijan	2006	5,260	3	13	31	53	55	97
Bangladesh	2011	16,616	12	20	35	33	26	37
Cambodia	2010	11,536	3	14	38	45	18	25
India	2005–06	87,925	7	18	38	37	31	35
Indonesia	2012	32,706	3	11	37	49	49	44
Jordan	2012	10,746	2	11	37	50	83	91
Kyrgyz Republic	2012	5,478	3	17	37	43	32	99
Nepal	2011	9,460	8	18	37	36	13	30
Pakistan	2012–13	13,010	5	16	40	40	33	26
Philippines	2013	9,866	3	12	34	50	49	78
Tajikistan	2010	6,388	4	20	36	40	24	92
Timor-Leste	2009–10	7,877	3	14	36	47	26	38
Africa								
Benin	2012	11,880	3	15	45	36	41	11
Burkina Faso	2010	13,392	8	20	39	34	21	7
Burundi	2010	5,261	4	20	40	36	8	6
Cameroon	2011	9,805	9	20	38	33	47	34
Comoros	2012	3,291	7	16	40	37	33	37
Congo	2011–12	6,750	7	17	41	35	64	64
Congo (DRC)	2013–14	12,448	7	18	42	33	32	38
Cote d'Ivoire	2011–12	6,453	7	17	41	35	42	12
Egypt	2014	20,430	4	15	42	40	35	65
Ethiopia	2011	10,204	7	17	41	34	18	11
Gabon	2012	4,749	5	16	41	38	87	64
Ghana	2008	2,950	3	14	40	43	42	47
Guinea	2012	6,779	10	16	36	37	29	10
Kenya	2008	5,041	4	19	42	35	23	70
Lesotho	2009	4,129	7	21	39	33	30	72
Liberia	2013	5,875	6	16	39	39	54	26
Madagascar	2008–09	11,903	11	17	36	36	16	23
Malawi	2010	15,445	8	22	41	29	17	35
Mali	2012–13	8,737	9	18	41	32	21	9
Mozambique	2011	8,956	12	19	36	32	30	17
Namibia	2013	3,366	3	11	38	47	58	75
Niger	2012	9,509	11	18	40	31	15	5
Nigeria	2013	27,274	8	16	39	37	36	32
Rwanda	2010	6,834	1	14	47	37	13	18
Sao Tome & Principe	2008–09	1,754	6	17	41	36	53	27
Senegal	2010–11	10,804	8	19	38	35	41	9
Sierra Leone	2013	10,754	7	14	40	39	27	14

APPENDIX TABLE 1. Selected characteristics of married women aged 15–49 in 52 developing countries, 2005–2014 (continued)

Country and region	Year	n	% aged:				% living in urban areas	% having ≥7 years of education
			15–19	20–24	25–34	≥35		
Swaziland	2006–07	2,069	4	17	37	42	26	66
Tanzania	2010	6,310	6	19	39	36	25	63
Uganda	2011	5,352	8	20	40	32	16	35
Zambia	2013–14	9,649	6	17	42	35	40	52
Zimbabwe	2010–11	5,578	8	21	41	30	34	84

Note: n=unweighted number of married women aged 15–49.

APPENDIX TABLE 2. Selected characteristics of never-married women aged 15–49 in 31 developing countries, 2006–2014

Country and region	Year	n	% distribution by age group:					% living in urban areas	% having ≥7 years of education
			15–19	20–24	25–34	≥35	Total		
Latin America and Caribbean									
Bolivia	2008	5,391	56	24	15	5	100	72	89
Colombia	2010	18,430	48	24	18	11	100	82	84
Dominican Republic	2013	2,128	58	25	13	4	100	78	95
Guyana	2009	1,512	54	21	13	12	100	40	93
Haiti	2012	5,246	55	28	15	2	100	51	61
Honduras	2012	6,355	57	23	14	6	100	60	71
Peru	2012	7,308	49	22	18	10	100	80	91
Asia									
Philippines	2013	5,512	52	27	15	7	100	59	92
Africa									
Benin	2012	3,831	62	26	9	3	100	59	56
Burkina Faso	2010	3,119	75	19	6	1	100	51	36
Cameroon	2011	4,282	62	24	12	3	100	66	70
Congo	2011–12	2,464	60	24	13	4	100	77	78
Congo (DRC)	2013	4,545	63	24	10	3	100	54	67
Cote d'Ivoire	2011–12	2,949	52	26	18	4	100	70	40
Gabon	2012	2,765	50	26	17	7	100	92	81
Ghana	2008	1,546	58	27	13	2	100	59	78
Kenya	2008	2,540	58	25	12	5	100	28	81
Lesotho	2009	2,554	56	24	14	6	100	38	84
Liberia	2013	2,405	61	24	13	2	100	74	44
Madagascar	2008–09	3,208	76	14	7	3	100	24	39
Malawi	2010	4,526	81	14	4	0	100	25	59
Mozambique	2011	2,852	72	15	9	4	100	52	53
Namibia	2013	5,333	33	25	26	16	100	56	87
Nigeria	2013	9,820	59	24	15	2	100	58	83
Rwanda	2010	5,362	54	30	13	3	100	17	25
Sierra Leone	2013	4,911	66	21	10	3	100	55	67
Swaziland	2006–07	2,486	47	28	18	6	100	27	77
Tanzania	2010	2,718	69	21	8	3	100	38	77
Uganda	2011	2,208	75	18	5	2	100	27	54
Zambia	2013–14	4,753	65	24	10	2	100	58	82
Zimbabwe	2010–11	2,332	66	21	10	3	100	50	95

Note: n=unweighted number of married women aged 15–49.

APPENDIX TABLE 3. Percentages of women aged 15–49 with unmet need and percent distribution of unmet need by marital status, in 39 developing countries, 2006–2014

Country and region	Year	n	% having unmet need†	% distribution of unmet need by marital status			
				Never married	Married	Formerly married	Total
Latin America and Caribbean							
Bolivia	2008	16,939	15	16	79	5	100
Colombia	2010	49,562	9	37	47	16	100
Dominican Republic	2013	9,372	11	20	53	27	100
Guyana	2009	4,996	21	14	78	8	100
Haiti	2012	14,287	27	24	71	5	100
Honduras	2012	22,757	9	18	64	19	100
Peru	2012	23,888	8	26	65	9	100
Asia							
Philippines	2013	16,155	12	7	90	3	100
Africa							
Benin	2012	16,599	28	15	82	3	100
Burkina Faso	2010	17,087	21	7	92	1	100
Burundi	2010	9,389	21	5	91	5	100
Cameroon	2011	15,426	19	16	78	6	100
Comoros	2013	5,329	21	3	93	5	100
Congo	2012	10,819	16	18	68	14	100
Congo (DRC)	2013–14	18,827	24	18	73	9	100
Cote d'Ivoire	2012	10,060	26	31	65	4	100
Ethiopia	2011	16,515	18	3	92	6	100
Gabon	2012	8,422	23	31	61	8	100
Ghana	2008	4,916	27	17	78	5	100
Guinea	2012	9,142	22	18	80	2	100
Kenya	2008	8,444	21	19	73	8	100
Lesotho	2009	7,624	19	23	64	13	100
Liberia	2013	9,239	31	34	58	8	100
Madagascar	2009	17,375	17	11	77	12	100
Malawi	2010	23,020	21	8	83	9	100
Mali	2012–13	10,424	24	8	91	1	100
Mozambique	2011	13,745	26	15	75	10	100
Namibia	2013	9,176	14	51	44	5	100
Niger	2012	11,160	14	na	98	1	100
Nigeria	2013	38,948	14	13	84	3	100
Rwanda	2010	13,671	14	14	77	9	100
Sao Tome & Principe	2009	2,615	30	8	82	10	100
Senegal	2011	15,688	22	6	91	3	100
Sierra Leone	2013	16,658	23	25	71	4	100
Swaziland	2006–07	4,987	19	40	52	7	100
Tanzania	2010	10,139	21	15	75	10	100
Uganda	2011	8,674	26	10	82	9	100
Zambia	2013–14	16,411	19	24	66	10	100
Zimbabwe	2011	9,171	12	11	75	14	100
ALL COUNTRIES			**20**	**18**	**75**	**8**	**100**

†Includes both sexually active and non–sexually active women. *Note:* n=unweighted number of all women 15–49. na=data not available.

APPENDIX TABLE 4. Percent distribution of married women aged 15-49 with unmet need by selected characteristics, in 52 developing countries, 2005–2014

		Age-group					Residence			Education		
		15–19	20–24	25–34	≥35	Total	Urban	Rural	Total	<7 years	≥7 years	Total
Latin America and Caribbean												
Bolivia	2,023	9	17	42	32	100	47	53	100	59	41	100
Colombia	2,672	14	22	30	34	100	71	29	100	39	61	100
Dominican Republic	562	19	30	32	20	100	76	24	100	17	83	100
Guyana	918	7	14	32	47	100	23	77	100	31	69	100
Haiti	2,879	8	19	38	36	100	42	58	100	66	34	100
Honduras	1,494	15	20	34	31	100	44	56	100	67	33	100
Peru	1,462	8	17	36	40	100	63	37	100	38	62	100
Asia												
Armenia	504	4	15	34	47	100	51	49	100	0	100	100
Azerbaijan	849	3	14	30	53	100	53	47	100	5	95	100
Bangladesh	2,160	15	23	37	25	100	21	79	100	59	41	100
Cambodia	2,014	3	15	36	47	100	13	87	100	80	20	100
India	11,973	14	28	39	19	100	24	76	100	67	33	100
Indonesia	4,062	2	8	30	60	100	51	49	100	48	52	100
Jordan	1,217	3	10	39	48	100	84	16	100	12	88	100
Kyrgyz Republic	914	2	22	40	37	100	29	71	100	1	99	100
Nepal	2,513	12	25	39	23	100	10	90	100	66	34	100
Pakistan	2,761	3	16	43	37	100	28	72	100	78	22	100
Philippines	1,757	5	16	32	47	100	47	53	100	23	77	100
Tajikistan	1,479	2	25	43	30	100	22	78	100	10	90	100
Timor-Leste	2,459	3	16	37	44	100	25	75	100	62	38	100

Note: n=unweighted number of married women with unmet need.

APPENDIX TABLE 4. Percent distribution of married women aged 15-49 with unmet need by selected characteristics, in 52 developing countries, 2005–2014 (continued)

		Age-group					Residence			Education		
		15–19	20–24	25–34	≥35	Total	Urban	Rural	Total	<7 years	≥7 years	Total
Africa												
Benin	3,822	4	16	48	33	100	42	58	100	89	11	100
Burkina Faso	3,228	7	19	40	34	100	19	81	100	96	4	100
Burundi	1,671	2	19	42	37	100	7	93	100	95	5	100
Cameroon	2,392	10	21	39	30	100	45	55	100	72	28	100
Comoros	1,048	10	21	41	28	100	25	75	100	67	33	100
Congo	1,302	12	22	42	23	100	62	38	100	44	56	100
Congo (DRC)	3,465	8	19	45	28	100	33	67	100	63	37	100
Cote d'Ivoire	1,735	6	21	44	29	100	38	62	100	92	8	100
Egypt	2,618	3	13	42	43	100	33	68	100	39	62	100
Ethiopia	2,419	9	15	43	33	100	11	89	100	94	6	100
Gabon	1,376	8	18	42	32	100	84	16	100	40	60	100
Ghana	1,046	5	17	42	36	100	39	61	100	56	44	100
Guinea	1,593	10	19	37	35	100	31	69	100	89	11	100
Kenya	1,240	5	23	40	32	100	18	82	100	35	65	100
Lesotho	1,045	9	25	37	28	100	20	80	100	33	67	100
Liberia	1,925	8	20	41	31	100	51	49	100	74	26	100
Madagascar	2,183	16	16	32	37	100	14	86	100	81	19	100
Malawi	4,014	7	23	42	28	100	15	85	100	69	31	100
Mali	2,237	8	17	44	31	100	19	81	100	93	7	100
Mozambique	2,563	10	16	33	41	100	31	69	100	82	18	100
Namibia	614	6	13	37	44	100	46	54	100	33	67	100
Niger	1,622	9	21	41	29	100	16	84	100	96	4	100
Nigeria	4,666	7	16	41	36	100	34	66	100	68	32	100
Rwanda	1,405	0	12	47	41	100	11	89	100	86	14	100
Sao Tome & Principe	614	8	18	39	34	100	60	40	100	71	29	100
Senegal	3,222	8	19	41	32	100	42	58	100	92	8	100
Sierra Leone	2,670	8	15	39	38	100	28	72	100	85	15	100
Swaziland	513	4	20	34	42	100	22	78	100	41	59	100
Tanzania	1,722	4	18	35	42	100	19	81	100	42	58	100
Uganda	1,749	7	21	42	30	100	11	89	100	72	28	100
Zambia	2,056	7	18	40	35	100	32	68	100	53	47	100
Zimbabwe	815	10	21	36	33	100	31	69	100	19	81	100

Note: n=unweighted number of married women with unmet need.

APPENDIX TABLE 5. Percent distribution of sexually active never-married women with unmet need by selected characteristics, in 31 developing countries, 2006–2014

		Age-group					Residence			Education		
		15–19	20–24	25–34	≥35	Total	Urban	Rural	Total	< 7 years	≥7 years	Total
Latin America and Caribbean												
Bolivia	452	48	34	16	2	100	66	34	100	18	82	100
Colombia	1,695	49	31	15	5	100	83	17	100	10	90	100
Dominican Republic	192	48	39	13	0	100	80	20	100	2	98	100
Guyana	159	38	37	17	8	100	39	61	100	4	96	100
Haiti	963	44	43	12	0	100	53	47	100	32	68	100
Honduras	351	47	37	14	2	100	64	36	100	23	77	100
Peru	451	35	35	24	5	100	85	15	100	10	90	100
Asia												
Philippines	141	32	51	16	1	100	63	37	100	6	94	100
Africa												
Benin	717	52	36	10	2	100	57	43	100	43	57	100
Burkina Faso	291	60	25	15	0	100	57	43	100	65	35	100
Cameroon	516	53	27	16	4	100	59	41	100	39	61	100
Congo	332	61	21	15	3	100	64	36	100	33	67	100
Congo (DRC)	798	55	31	12	2	100	43	57	100	37	63	100
Cote d'Ivoire	785	46	33	19	2	100	64	36	100	66	34	100
Gabon	657	42	33	22	4	100	89	11	100	26	74	100
Ghana	218	43	44	12	0	100	56	44	100	27	73	100
Kenya	298	48	29	15	7	100	33	67	100	27	73	100
Lesotho	352	46	32	15	7	100	37	63	100	14	86	100
Liberia	823	62	26	11	1	100	72	28	100	56	44	100
Madagascar	388	71	21	5	3	100	24	76	100	64	36	100
Malawi	407	75	20	5	0	100	23	77	100	42	58	100
Mozambique	624	68	19	10	3	100	52	48	100	40	60	100
Namibia	624	30	33	27	10	100	46	54	100	18	82	100
Nigeria	856	44	33	21	2	100	44	56	100	16	84	100
Rwanda	277	32	42	25	1	100	22	78	100	81	19	100
Sierra Leone	992	69	21	9	2	100	50	50	100	37	63	100
Swaziland	390	38	39	16	7	100	24	76	100	30	70	100
Tanzania	278	59	28	9	4	100	34	66	100	32	68	100
Uganda	224	66	27	7	0	100	35	65	100	35	65	100
Zambia	850	62	28	10	1	100	44	56	100	20	80	100
Zimbabwe	164	48	34	14	4	100	44	56	100	7	93	100

Note: n=unweighted number of never-married women with unmet need.

APPENDIX TABLE 6. Married women with unmet need who cite access or cost as reason for not using contraception and their level of contraceptive experience, in 24 developing countries, 2005–2014

Country and region	% citing lack of source or access	n	% citing lack of source or access who ever used a method	n	% citing any reason for nonuse whoever used a method
Latin America and Caribbean					
Bolivia	7	110	27	1,456	57
Haiti	3	58	30	2,271	53
Asia					
India	4	366	18	9,511	34
Pakistan	4	73	40	2,065	51
Africa	**8**		**23**		**32**
Benin	7	154	14	2,240	21
Burkina Faso	6	171	6	1,190	14
Cameroon	12	213	11	1,721	36
Congo	8	71	36	758	21
Congo (DRC)	17	417	14	2,416	25
Cote d'Ivoire	16	201	13	1,320	25
Ethiopia	6	163	16	1,679	28
Guinea	15	190	6	1,305	13
Kenya	6	51	17	921	62
Lesotho	7	53	57	853	60
Liberia	6	114	18	1,508	26
Madagascar	8	128	12	1,720	42
Malawi	2	64	66	2,533	70
Mali	9	124	14	1,499	18
Niger	8	87	27	1,228	25
Nigeria	8	260	9	3,259	17
Senegal	3	101	15	2,493	26
Sierra Leone	3	61	29	1,901	20
Uganda	6	74	25	1,302	41
Zambia	5	73	46	1,381	54
ALL COUNTRIES	**7**		**24**		**35**

Notes: n=unweighted number of women who cite lack of source or access. Armenia, Azerbaijan, Bangladesh, Burundi, Cambodia, Colombia, Comoros, Dominican Republic, Egypt, Gabon, Guyana, Honduras, Indonesia, Jordan, Kyrgyz Republic, Namibia, Nepal, Peru, Philippines, Tajikistan, Timor-Leste, Rwanda, Sao Tome & Principe, Swaziland, and Zimbabwe not shown, n<50. Cambodia, Mozambique and Tanzania do not have information on ever use of contraception.

APPENDIX TABLE 7. Sexually active never-married women with unmet need who cite side effects or health risks as a reason for not using contraception and their level of contraceptive experience, in nine developing countries, 2006–2013

Country and region	Year	% citing side effects or health risks†	n	% citing side effects or health risks† who ever used a method	n	% citing any reason for nonuse who ever used a method
Latin America and Caribbean						
Colombia	2010	8	89	90	1,302	92
Haiti	2012	35	286	13	810	12
Africa						
Cote d'Ivoire	2011–12	30	83	25	269	20
Gabon	2012	16	49	16	362	25
Liberia	2013	33	138	26	483	14
Madagascar	2008–09	23	65	28	254	21
Namibia	2013	20	67	69	319	50
Sierra Leone	2013	28	96	29	333	19
Swaziland	2006–07	39	95	85	225	72

†Includes a small proportion who cited inconvenience of methods. Notes: Benin, Bolivia, Burkina Faso, Burundi, Cameroon, Comoros, Congo, Congo DRC, Dominican Republic, Ghana, Guinea, Guyana, Honduras, Kenya, Lesotho, Liberia, Malawi, Mali, Namibia, Nigeria, Peru, Philippines, Rwanda, Sao Tome & Principe, Senegal, Tanzania, Uganda, Zambia and Zimbabwe not shown, n<50. Mozambique and Tanzania do not have information on ever use of contraception.

APPENDIX TABLE 8. Percentages of sexually active† married women with unmet need citing specific reasons for not using contraception, 52 developing countries, 2005–2014

			Sexual activity and fecundity			Opposition		
			Infrequent/ no sex	Postpartum amenorrhea/ breastfeeding ‡	Subfecund§	Woman opposed	Partner/ others opposed	Anyone opposed
Latin America and Caribbean			**21**	**11**	**7**	**12**	**7**	**18**
Bolivia	2008	1,077	27	24	3	8	9	16
Colombia	2010	1,318	18	4	17	7	3	10
Dominican Republic	2013	303	13	7	10	16	4	20
Guyana	2009	595	10	1	3	9	7	14
Haiti	2012	1,906	9	18	1	32	8	38
Honduras	2012	581	27	10	11	13	12	23
Peru	2012	616	43	15	3	3	3	6
Asia			**22**	**15**	**10**	**22**	**11**	**29**
Armenia	2010	228	15	10	25	29	10	36
Azerbaijan	2006	584	21	3	25	10	9	18
Bangladesh	2011	976	35	23	3	9	5	13
Cambodia	2010	1,496	33	10	4	15	2	17
India	2005–06	7,489	20	21	2	25	16	37
Indonesia	2012	2,468	16	5	2	3	2	5
Jordan	2012	699	15	11	28	3	11	13
Kyrgyz Republic	2012	546	8	41	6	24	17	35
Nepal	2011	1,115	52	12	2	3	10	13
Pakistan	2012–13	1,667	23	16	11	46	16	55
Philippines	2013	1,060	24	8	11	18	7	23
Tajikistan	2010	789	16	24	12	40	14	50
Timor-Leste	2009–10	1,604	2	9	1	61	27	68

†Had sexual intercourse in the three months preceding the survey. †Has not resumed menstruation after a birth in past two years and/or is breast-feeding. §Includes self-reported subfecundity and infecundity. *Notes:* n=unweighted number of sexually active married women with an unmet need citing a reason for nonuse. The Egypt Demographic and Health Survey does not ask married women about their sexual activity.

APPENDIX TABLE 8. Percentages of sexually active† married women with unmet need citing specific reasons for not using contraception, 52 developing countries, 2005–2014 (continued)

			Sexual activity and fecundity			Opposition		
			Infrequent/ no sex	Postpartum amenorrhea/ breastfeeding ‡	Subfecund§	Woman opposed	Partner/ others opposed	Anyone opposed
Africa			**11**	**20**	**3**	**18**	**12**	**28**
Benin	2012	1,449	12	12	2	11	14	24
Burkina Faso	2010	1,998	14	24	1	15	20	31
Burundi	2010	1,135	6	36	2	26	14	39
Cameroon	2011	1,200	16	13	2	14	14	25
Comoros	2012	602	6	19	2	14	11	24
Congo	2011–12	1,929	8	26	5	8	9	16
Congo (DRC)	2013–14	491	13	41	3	20	15	30
Cote d'Ivoire	2011–12	966	10	18	2	15	14	28
Ethiopia	2011	1,384	3	31	0	20	8	26
Gabon	2012	522	14	9	1	13	12	23
Ghana	2008	466	11	12	4	15	5	20
Guinea	2012	529	11	28	1	34	13	42
Kenya	2008	729	8	10	2	8	10	17
Lesotho	2009	497	19	9	9	6	15	20
Liberia	2013	1,075	7	21	3	26	13	36
Madagascar	2008–09	1,503	10	10	4	18	7	24
Malawi	2010	1,630	9	19	3	11	7	18
Mali	2012–13	1,222	10	23	2	21	25	41
Mozambique	2011	1,473	19	26	5	29	11	39
Namibia	2013	320	7	11	4	12	13	21
Niger	2012	1,026	9	25	1	33	11	44
Nigeria	2013	2,635	12	25	2	32	13	41
Rwanda	2010	886	8	40	1	16	5	20
Sao Tome & Principe	2008–09	395	11	8	0	14	9	21
Senegal	2010–11	1,766	11	25	1	25	12	36
Sierra Leone	2013	1,001	12	19	9	27	14	39
Swaziland	2006–07	310	7	6	3	9	14	22
Tanzania	2010	1,129	10	10	0	13	14	25
Uganda	2011	1,005	10	26	4	15	13	27
Zambia	2013–14	1,189	11	27	8	8	11	19
Zimbabwe	2010–11	368	27	13	5	19	9	28
ALL COUNTRIES			**15**	**17**	**5**	**18**	**11**	**27**

†Had sexual intercourse in the three months preceding the survey. ‡Has not resumed menstruation after a birth in past two years and/or is breast-feeding. §Includes self-reported subfecundity and infecundity. *Notes:* n=unweighted number of sexually active married women with an unmet need citing a reason for nonuse. The Egypt Demographic and Health Survey does not ask married women about their sexual activity.

APPENDIX TABLE 8. Percentages of sexually active† married women with unmet need citing specific reasons for not using contraception, 52 developing countries, 2005–2014

			Access			Method related
			Unaware of methods	Cost too high	No source/ access	Side effects/health risks/inconvenience
Latin America and Caribbean			**2**	**2**	**5**	**35**
Bolivia	2008	1,077	10	2	9	31
Colombia	2010	1,318	0	3	3	28
Dominican Republic	2013	303	0	0	8	34
Guyana	2009	595	1	4	3	43
Haiti	2012	1,906	0	2	3	55
Honduras	2012	581	0	1	4	32
Peru	2012	616	0	1	2	25
Asia			**1**	**2**	**2**	**30**
Armenia	2010	228	0	0	1	11
Azerbaijan	2006	584	3	4	2	30
Bangladesh	2011	976	0	0	2	33
Cambodia	2010	1,496	1	1	2	56
India	2005–06	7,489	3	4	4	23
Indonesia	2012	2,468	1	4	1	39
Jordan	2012	699	0	0	0	36
Kyrgyz Republic	2012	546	0	0	2	23
Nepal	2011	1,115	0	0	2	18
Pakistan	2012–13	1,667	1	1	4	28
Philippines	2013	1,060	1	9	1	44
Tajikistan	2010	789	0	1	2	18
Timor-Leste	2009–10	1,604	7	0	3	31

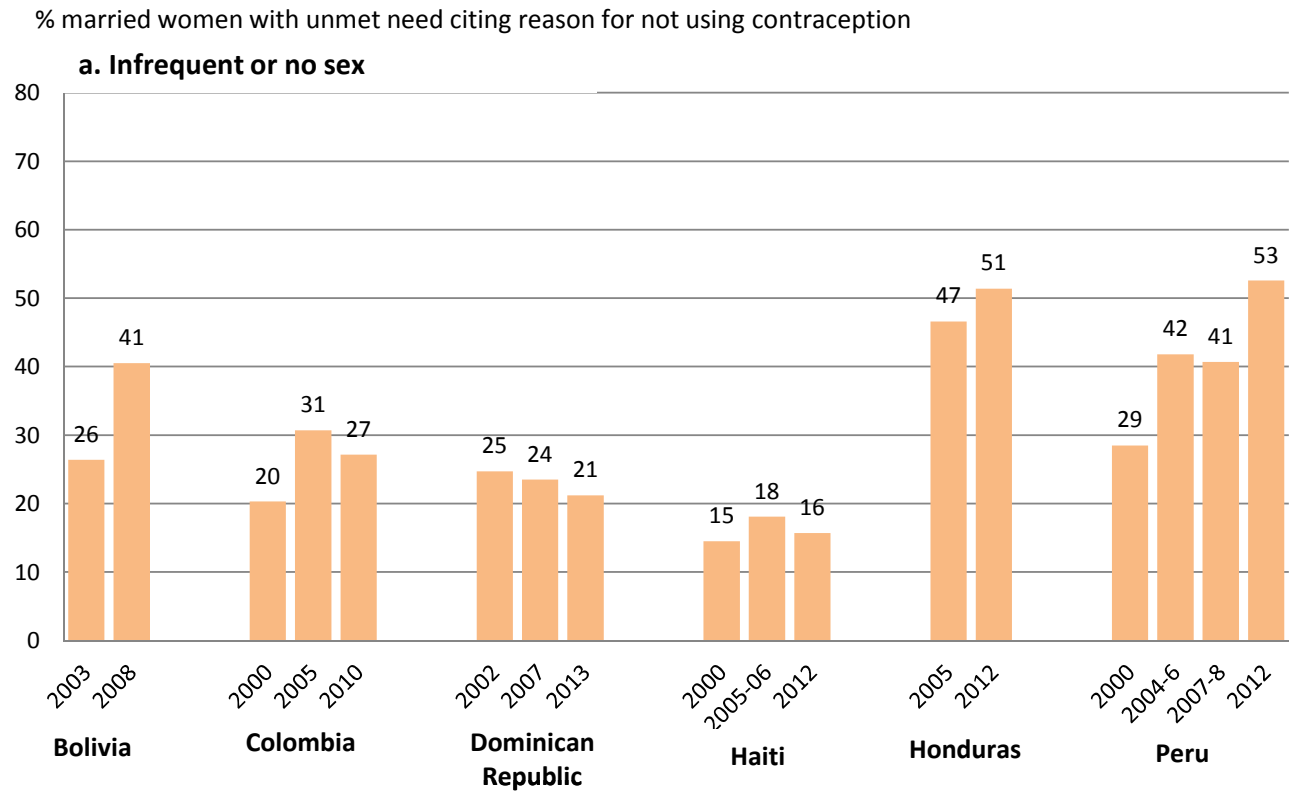
†Had sexual intercourse in the three months preceding the survey. †Has not resumed menstruation after a birth in past two years and/or is breast-feeding. §Includes self-reported subfecundity and infecundity. *Notes:* n=unweighted number of sexually active married women with an unmet need citing a reason for nonuse. The Egypt Demographic and Health Survey does not ask married women about their sexual activity.

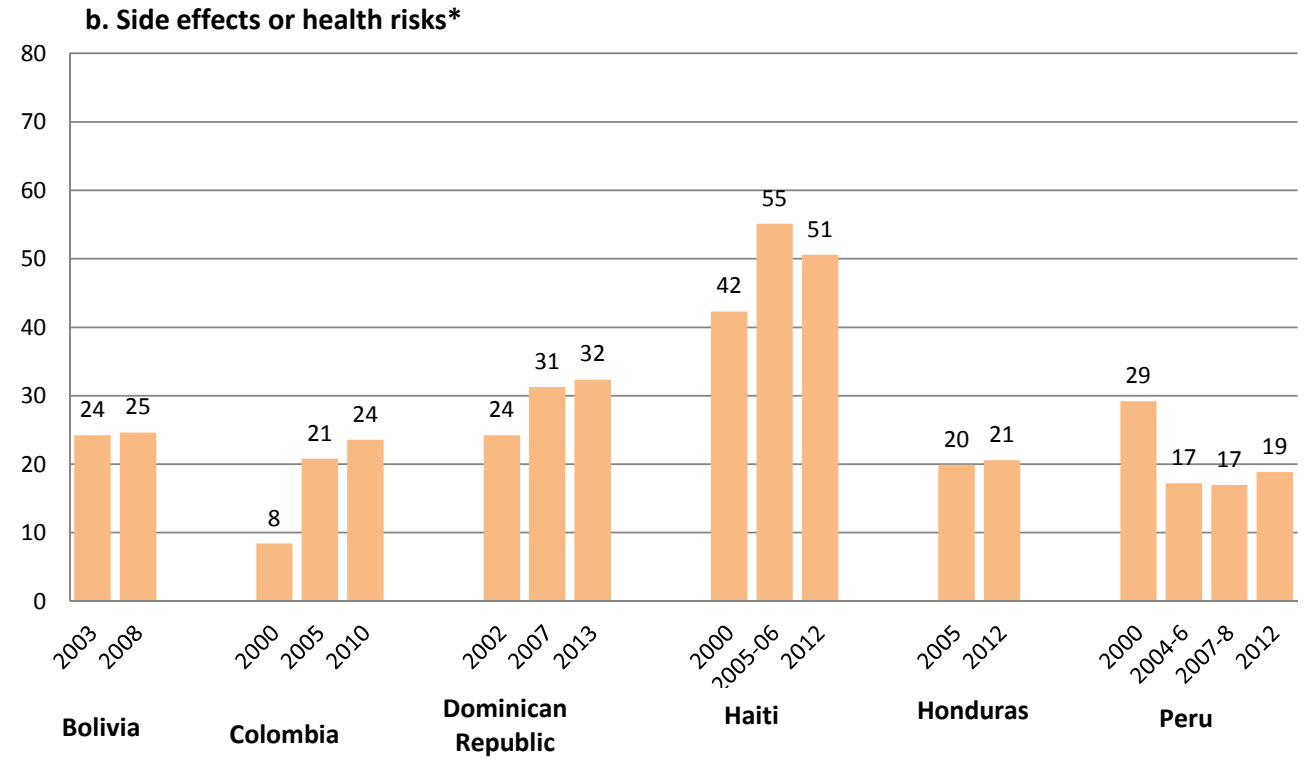
APPENDIX TABLE 8. Percentages of sexually active† married women with unmet need citing a reason for not using contraception, 52 developing countries, 2005–2014 (continued)

			Access			Method related
			Unaware of methods	Cost too high	No source/ access	Health/ side effects/ inconvenience
Africa			**4**	**5**	**7**	**29**
Benin	2012	1,449	9	10	7	27
Burkina Faso	2010	1,998	3	11	7	19
Burundi	2010	1,135	2	0	3	18
Cameroon	2011	1,200	11	11	14	29
Comoros	2012	602	0	16	3	35
Congo	2011–12	1,929	9	13	9	22
Congo (DRC)	2013–14	491	4	5	17	21
Cote d'Ivoire	2011–12	966	13	3	18	29
Ethiopia	2011	1,384	4	0	6	32
Gabon	2012	522	7	6	7	22
Ghana	2008	466	3	5	3	45
Guinea	2012	529	5	4	16	16
Kenya	2008	729	2	3	6	49
Lesotho	2009	497	0	8	7	28
Liberia	2013	1,075	4	1	8	36
Madagascar	2008–09	1,503	7	2	8	42
Malawi	2010	1,630	1	0	3	31
Mali	2012–13	1,222	6	5	9	11
Mozambique	2011	1,473	1	7	8	9
Namibia	2013	320	2	9	8	33
Niger	2012	1,026	5	2	8	12
Nigeria	2013	2,635	8	2	9	24
Rwanda	2010	886	0	0	0	28
Sao Tome & Principe	2008–09	395	0	0	1	46
Senegal	2010–11	1,766	3	3	4	16
Sierra Leone	2013	1,001	3	7	5	19
Swaziland	2006–07	310	1	3	2	52
Tanzania	2010	1,129	1	2	4	50
Uganda	2011	1,005	1	3	6	40
Zambia	2013–14	1,189	1	1	6	35
Zimbabwe	2010–11	368	0	4	4	17

†Had sexual intercourse in the three months preceding the survey. †Has not resumed menstruation after a birth in past two years and/or is breast-feeding. §Includes self-reported subfecundity and infecundity. *Notes:* n=unweighted number of sexually active married women with an unmet need citing a reason for nonuse. The Egypt Demographic and Health Survey does not ask married women about their sexual activity.

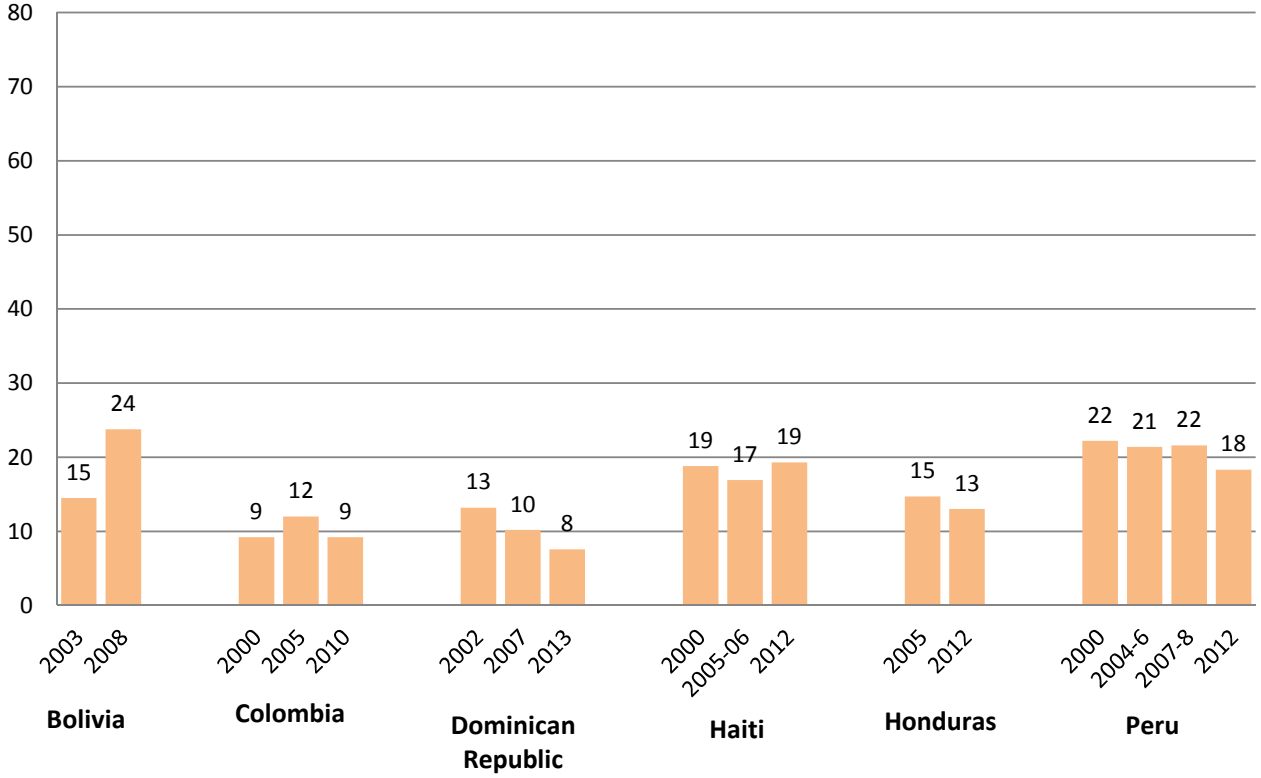
APPENDIX FIGURE 1. Specific reasons for contraceptive nonuse have changed little since 2000 in many countries in Latin America and the Caribbean.



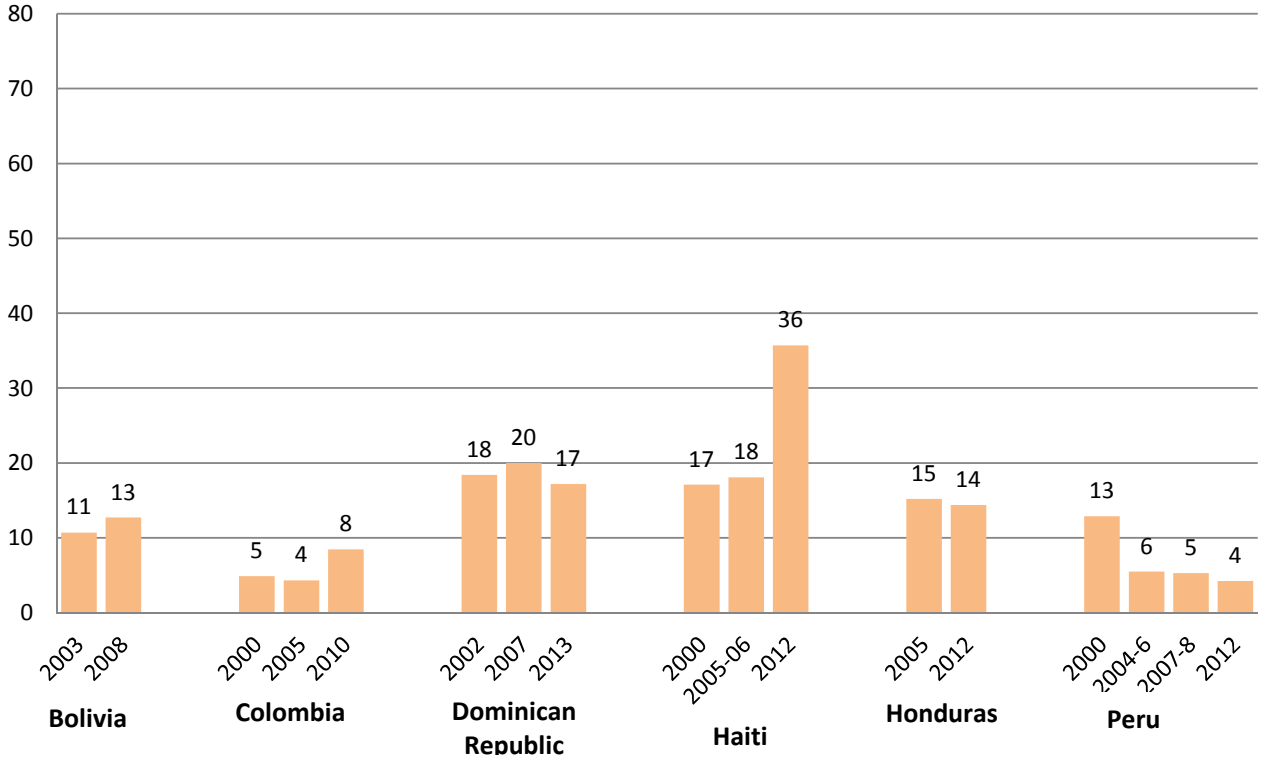


*Includes a small proportion of women who cite inconvenience using method.

c. Postpartum amenorrhea or breastfeeding

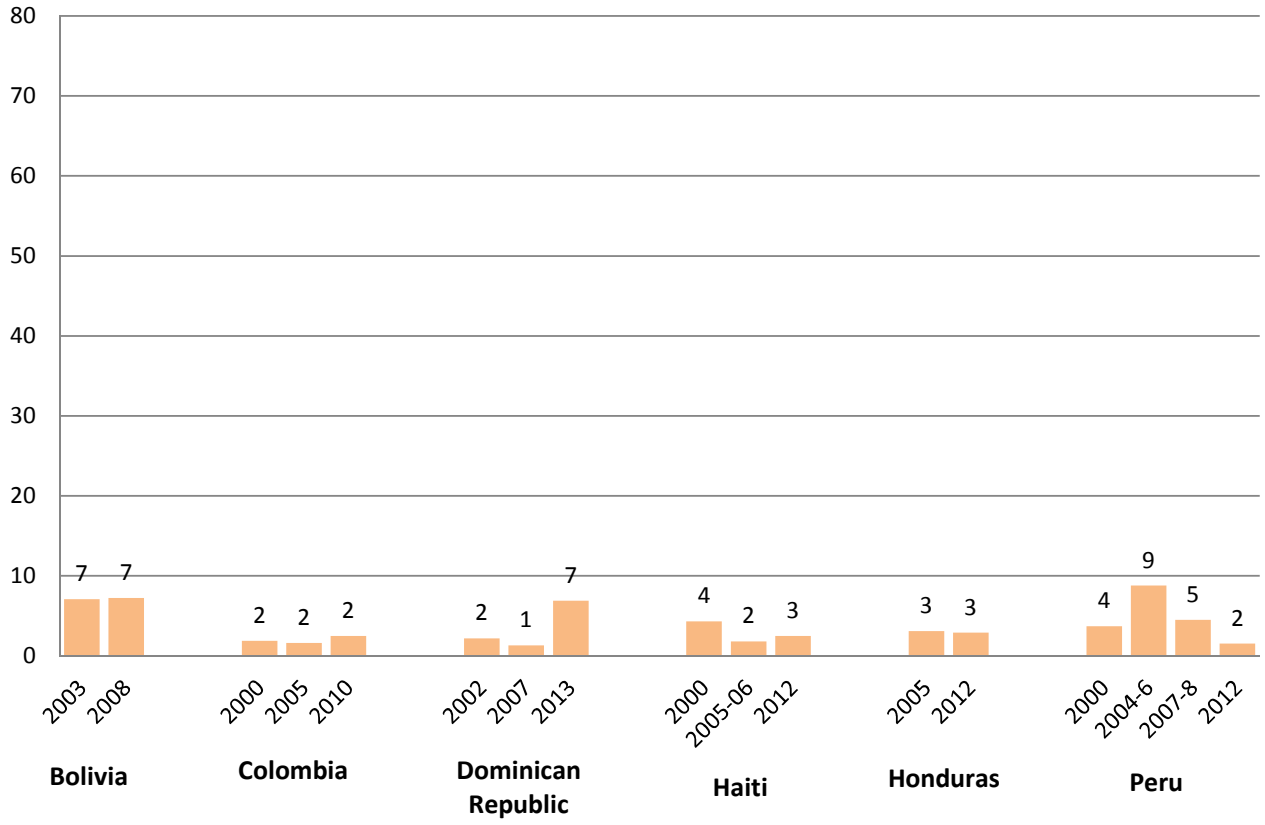


d. Opposition* to contraception

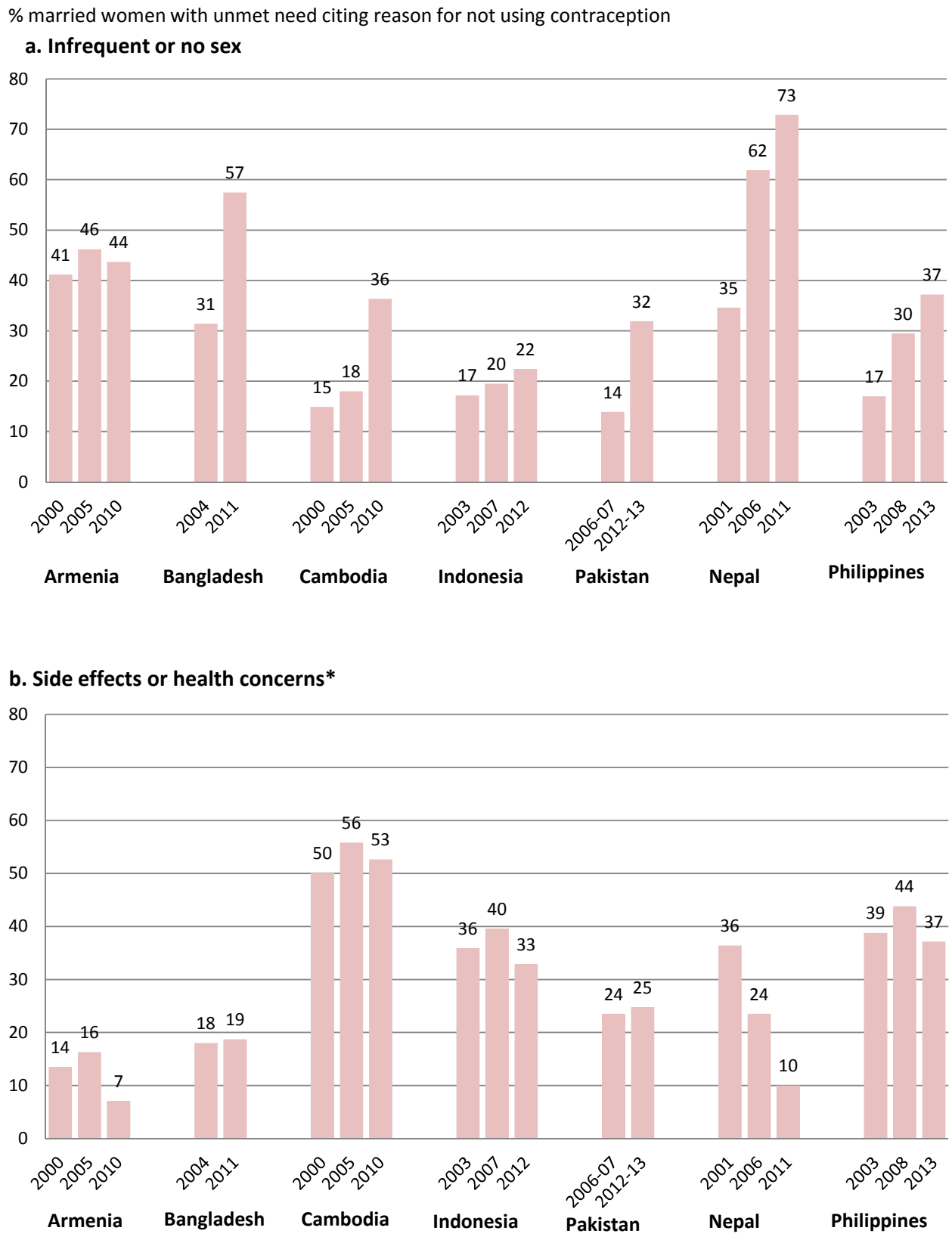


*Includes women's own opposition or opposition of partner or other person.

e. Lack of source or access to contraception

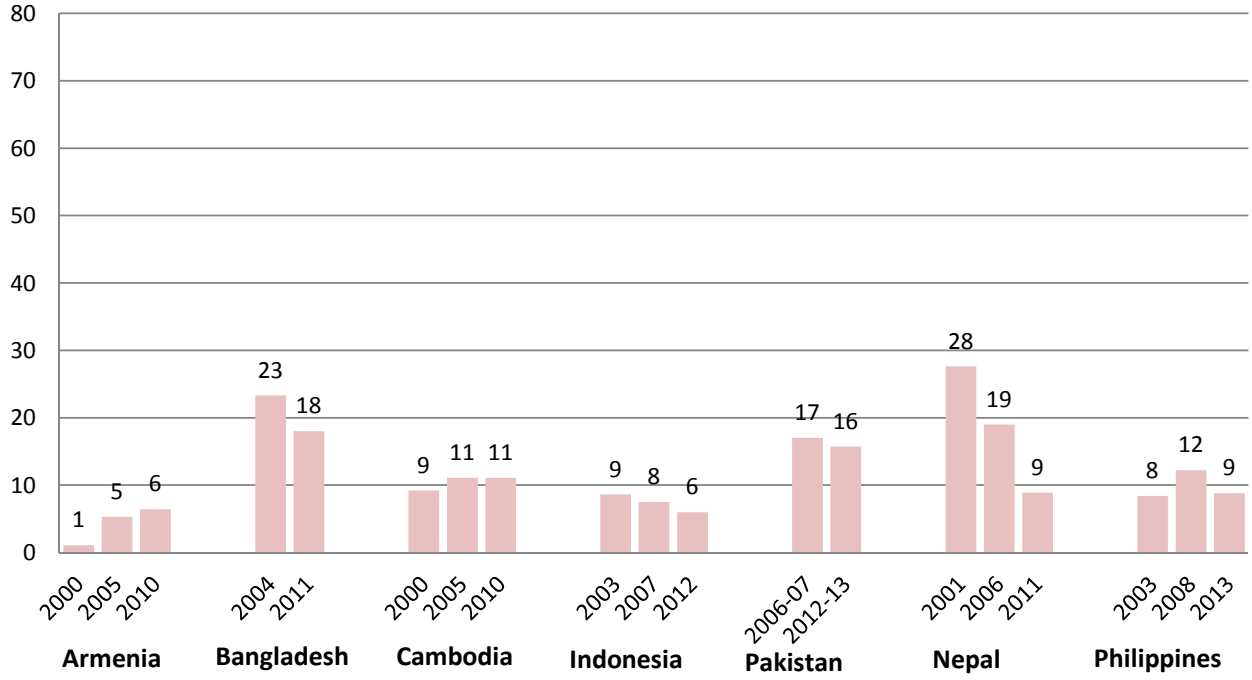


APPENDIX FIGURE 2: Women in Asia are increasingly likely to cite infrequent or no sex compared with other reasons for nonuse.

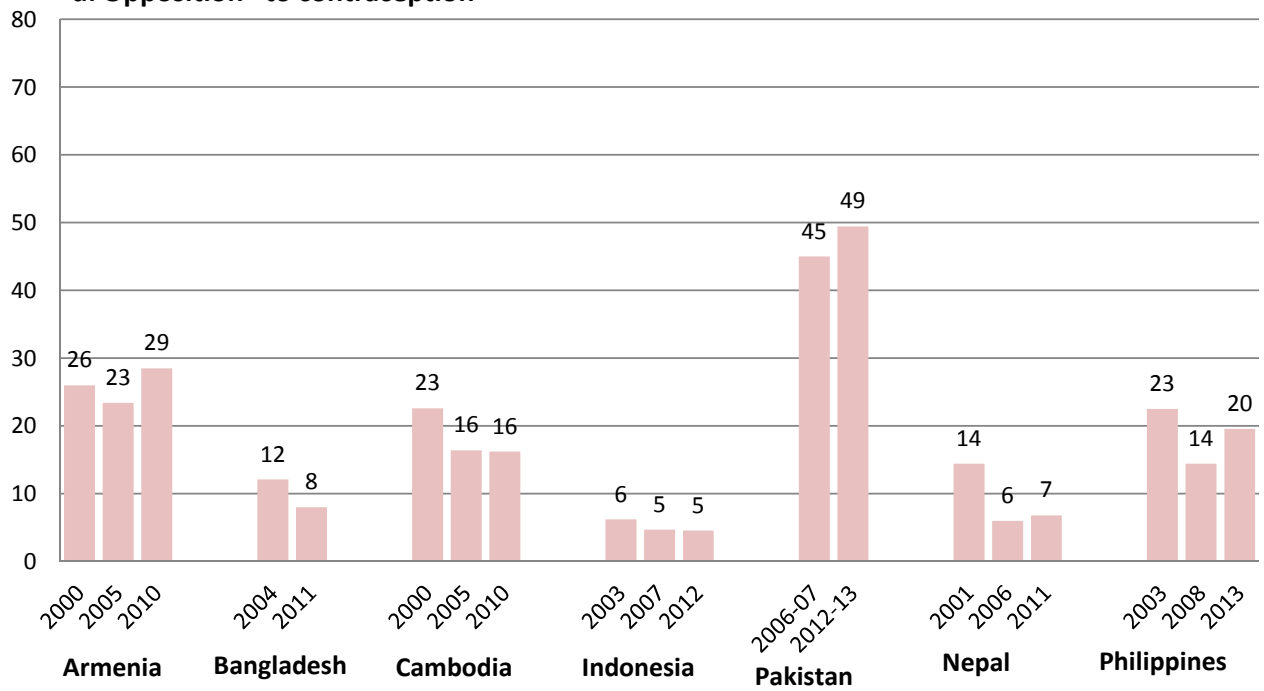


*Includes a small proportion of women who cite inconvenience using method.

c. Postpartum amenorrhea or breastfeeding

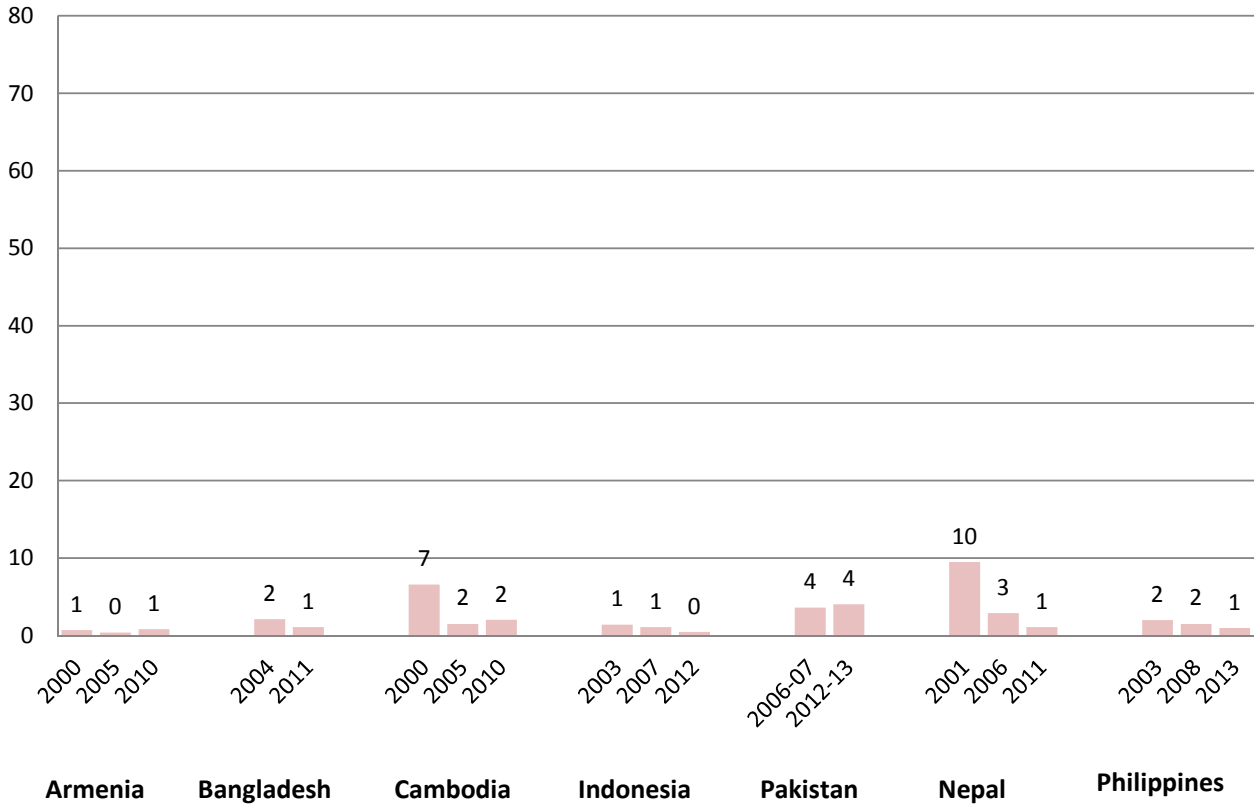


d. Opposition* to contraception

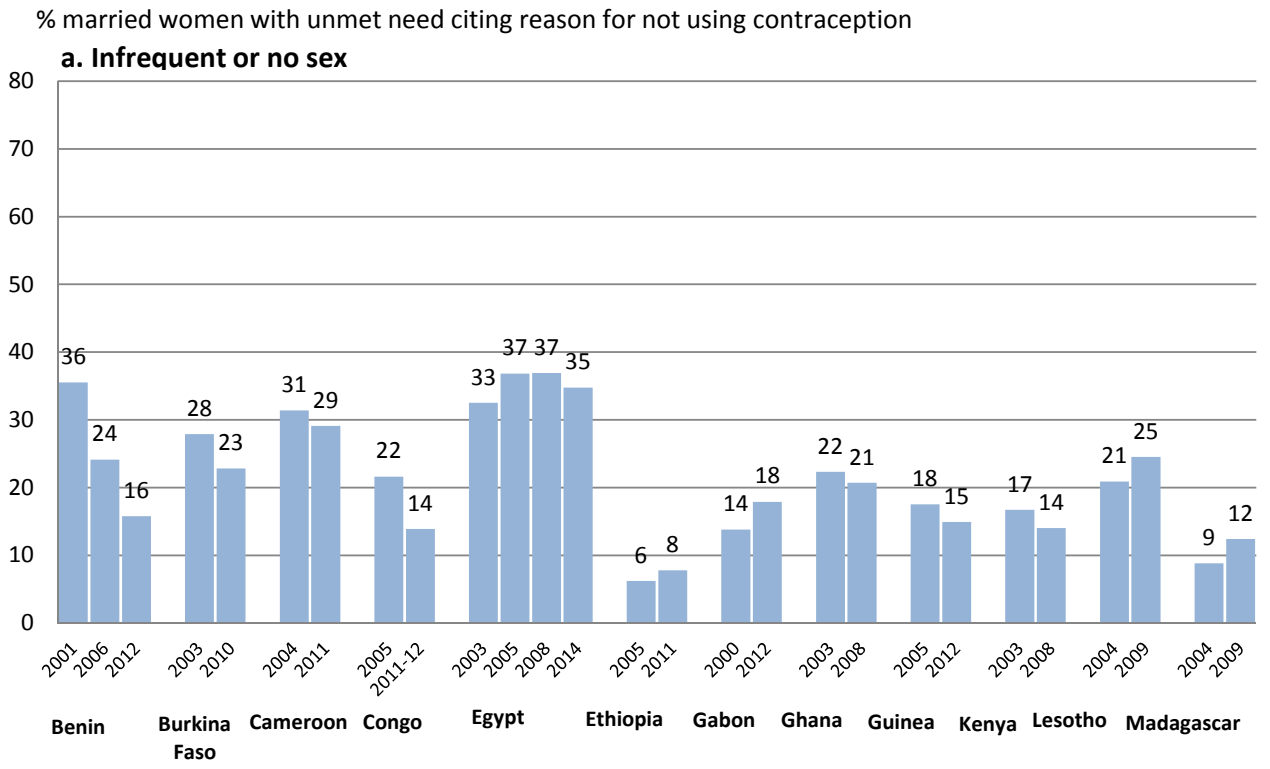


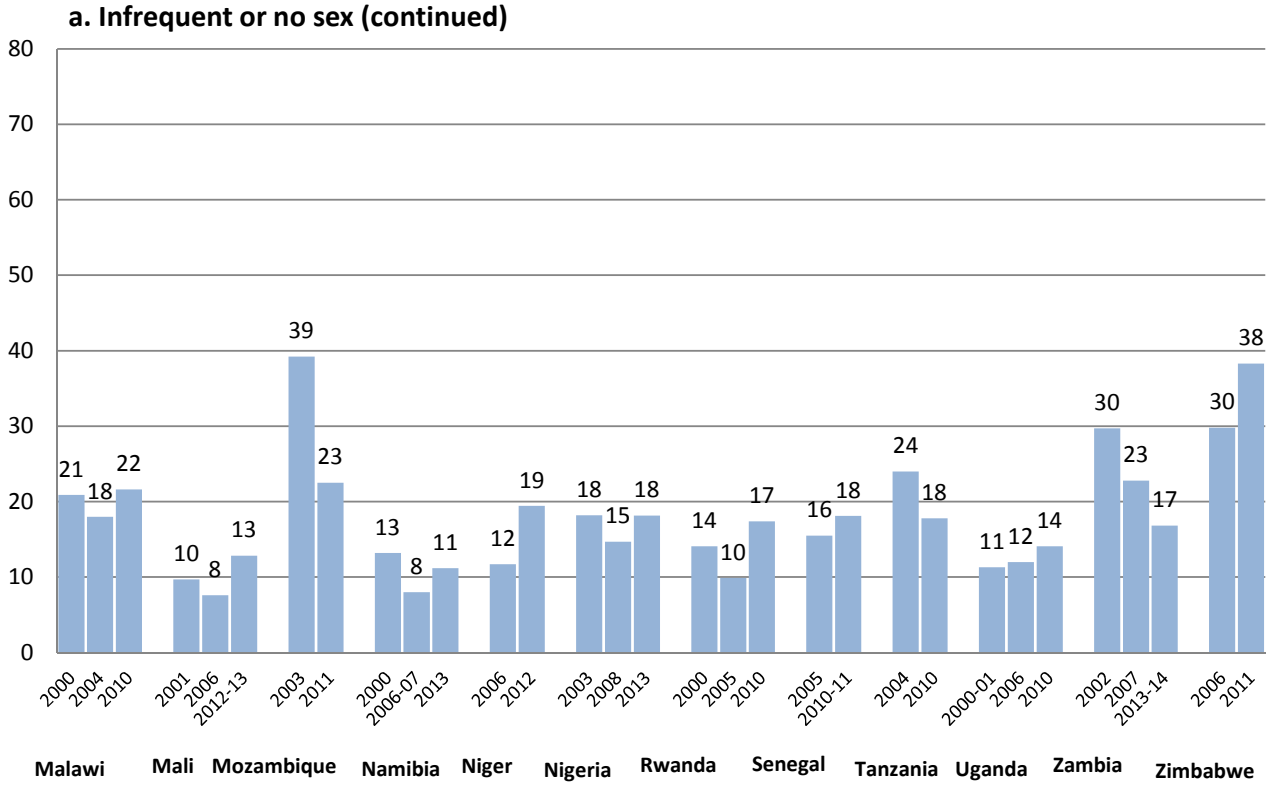
*Includes women's own opposition or opposition of partner or other person.

e. Lack of source or access to contraception

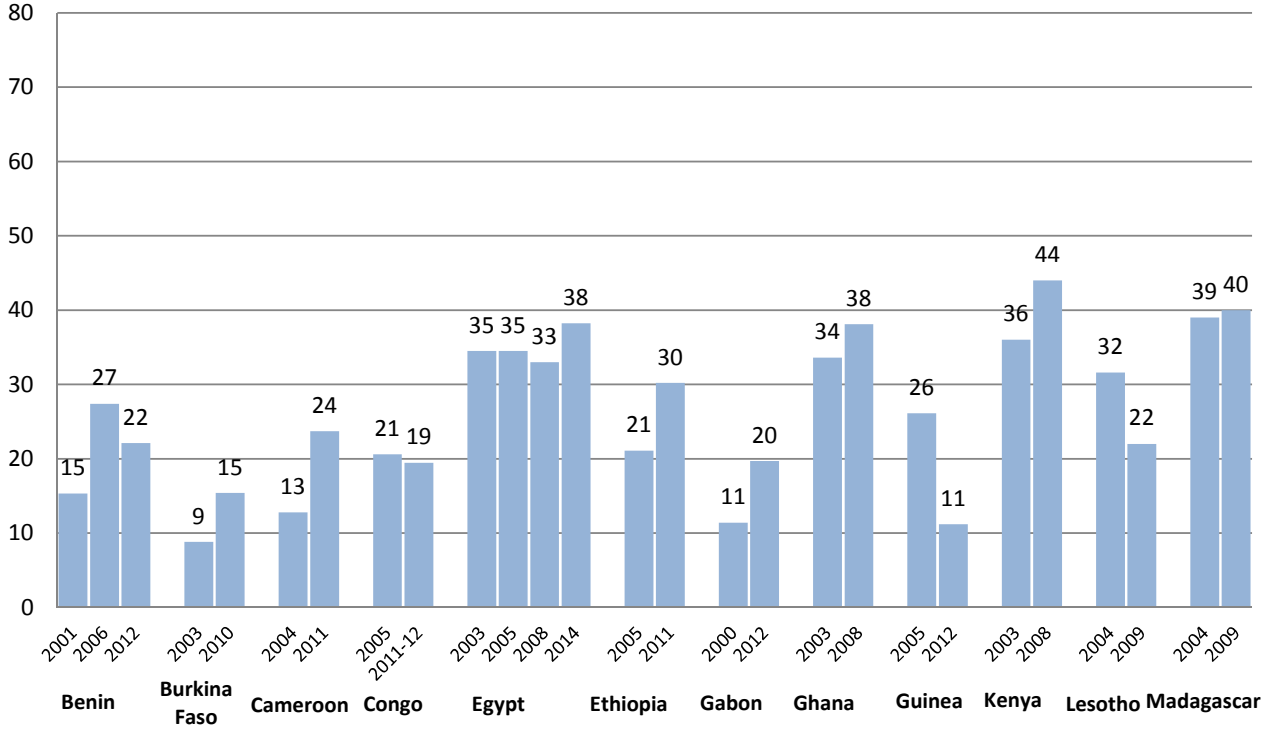


APPENDIX FIGURE 3. Trends in specific reasons for contraceptive nonuse are mixed in Africa.`

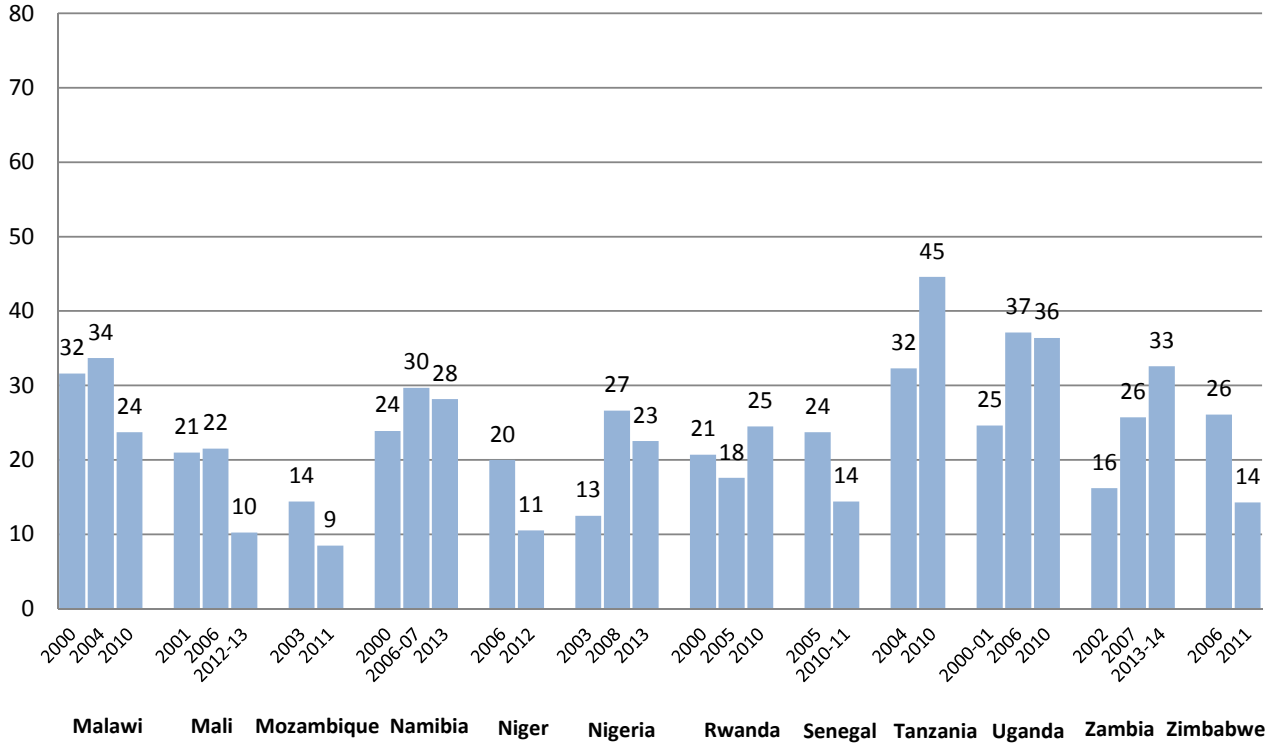




b. Side effects or health risks*

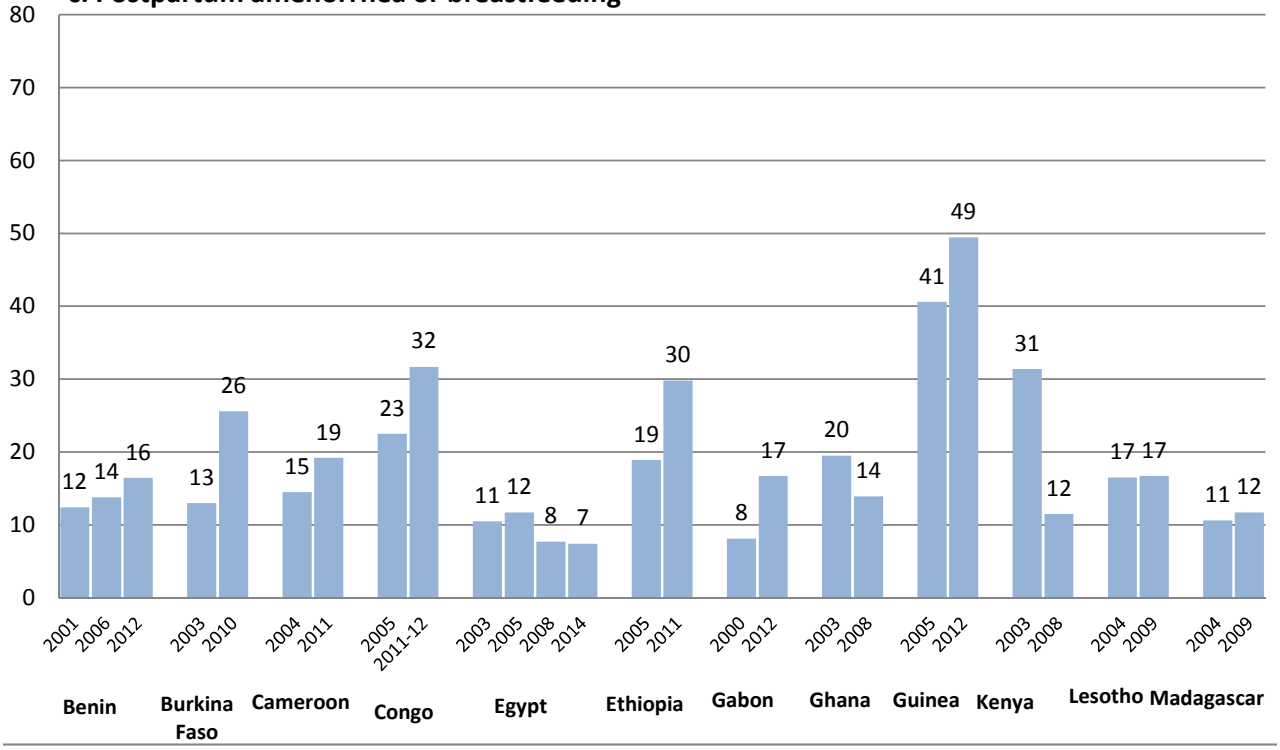


b. Side effects or health risks* (continued)

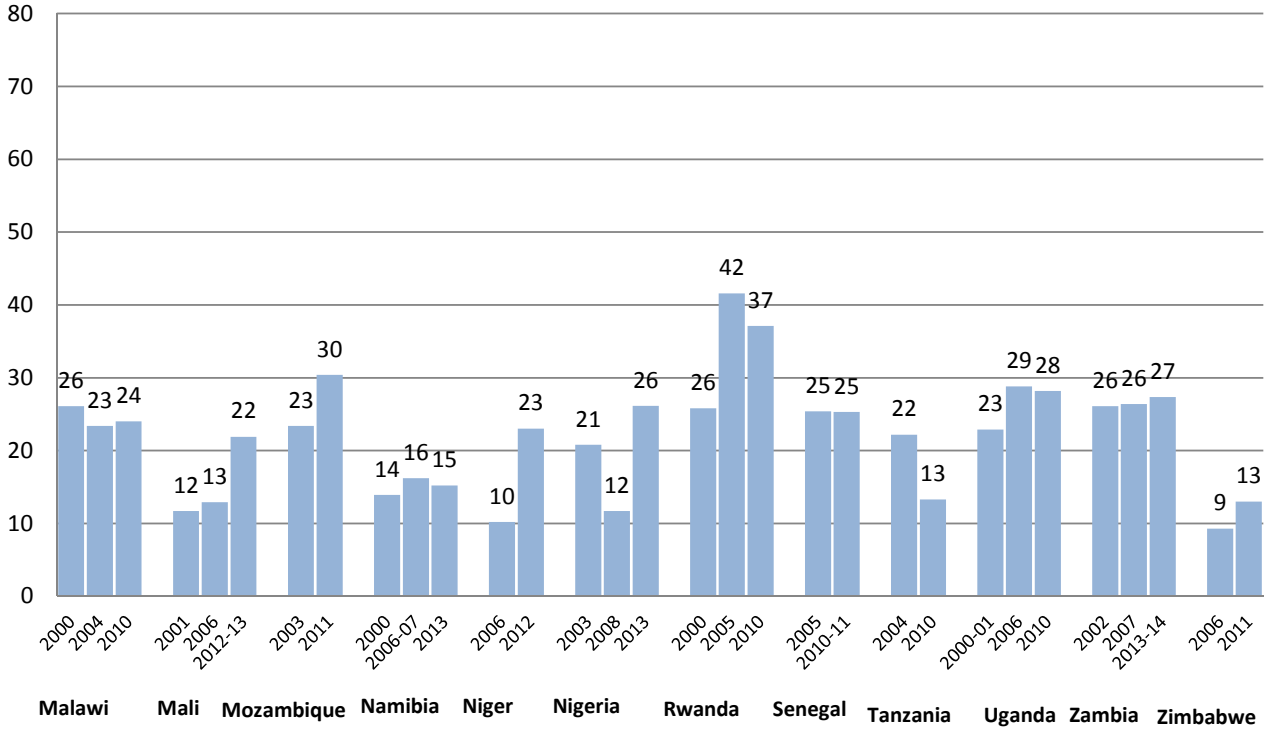


*Includes a small proportion of women who cite inconvenience using method.

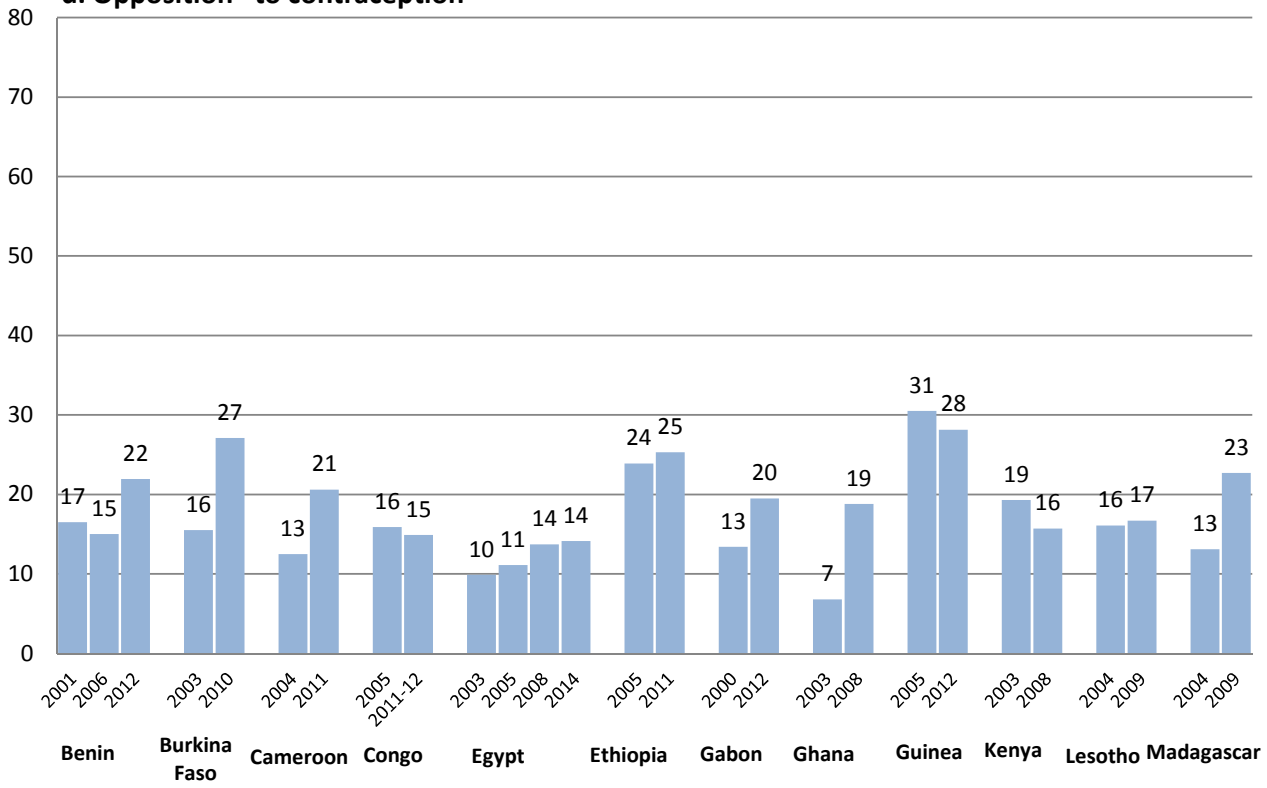
c. Postpartum amenorrhea or breastfeeding



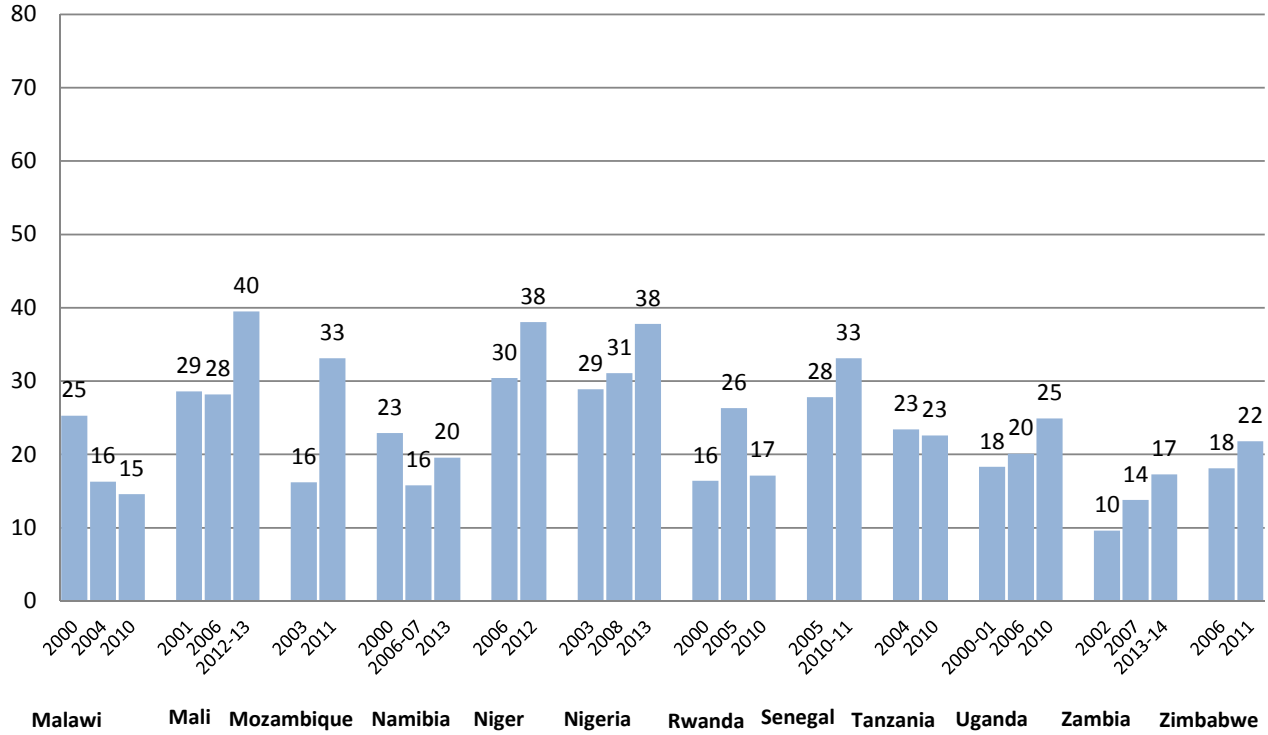
c. Postpartum amenorrhea or breastfeeding (continued)



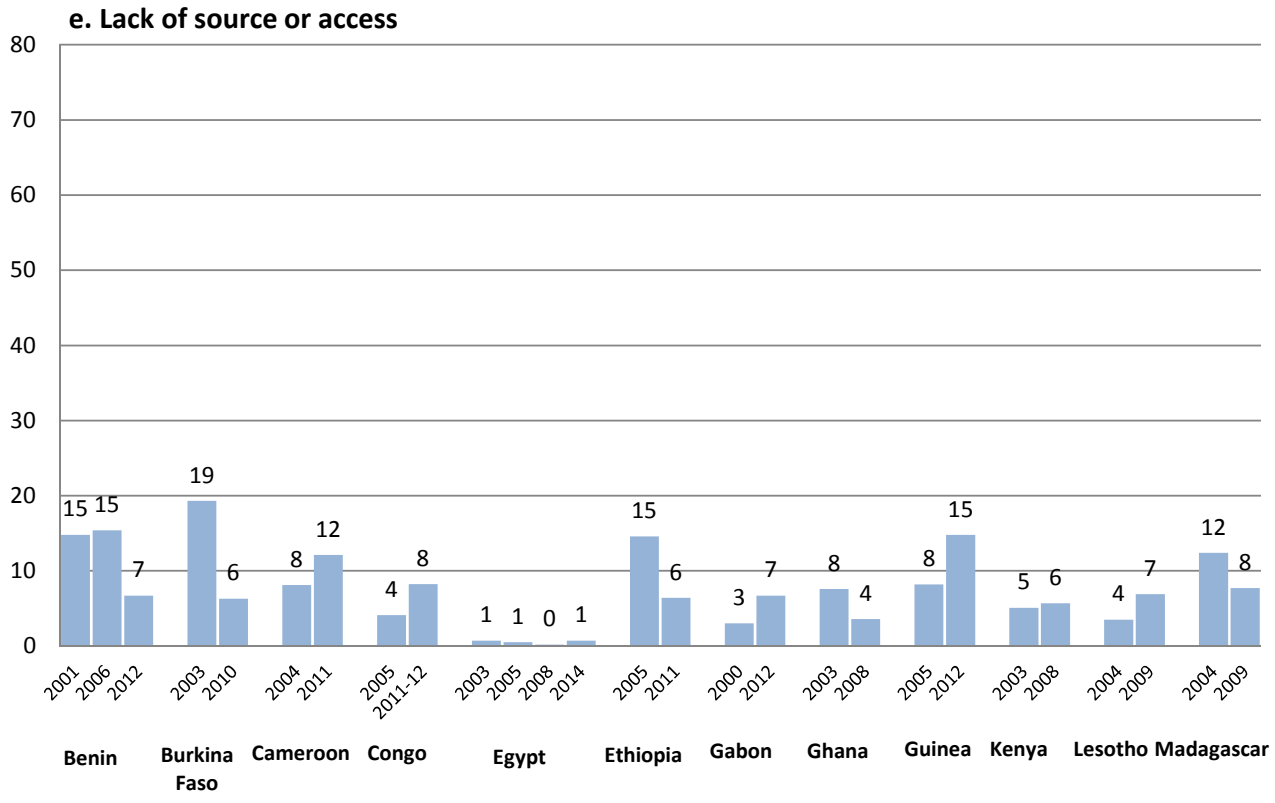
d. Opposition* to contraception



d. Opposition* to contraception (continued)



*Includes a woman's own opposition or opposition of partner or other person.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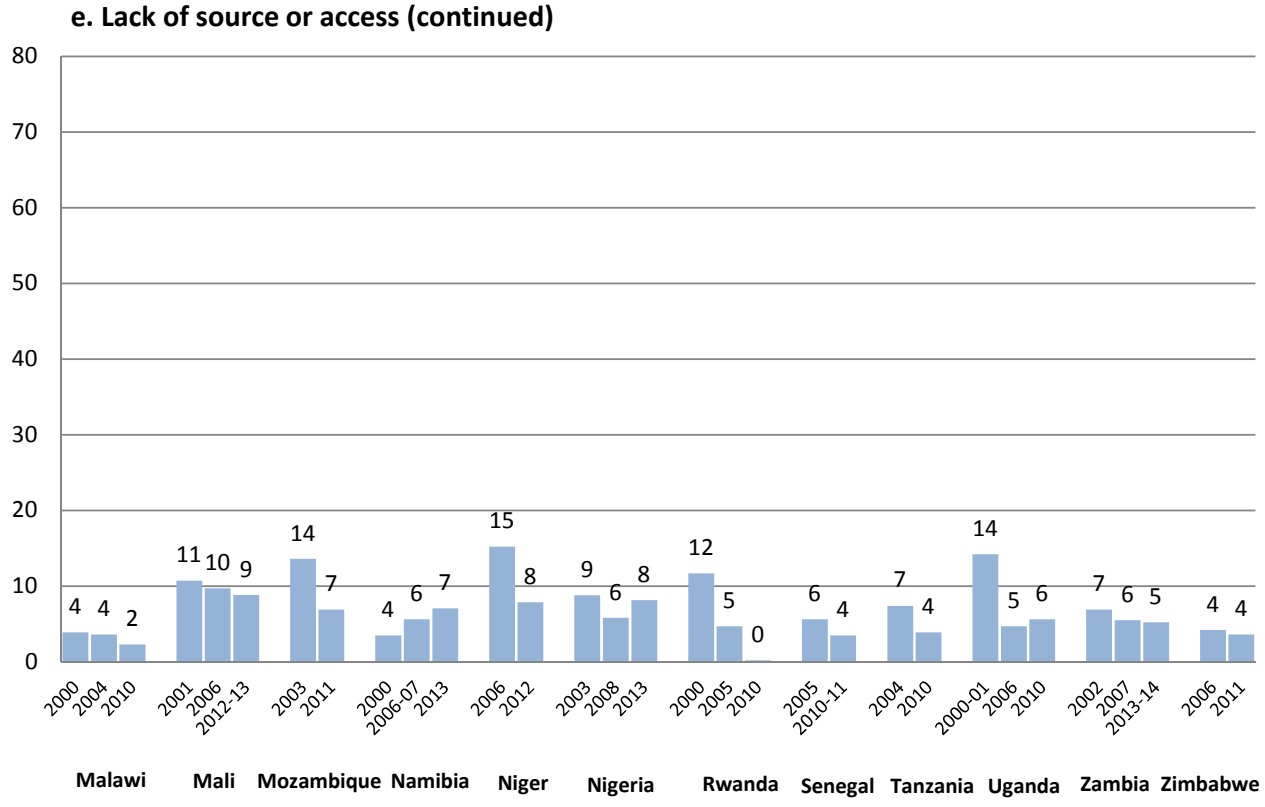
e. Lack of source or access (continued)
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