MEASURE Communication

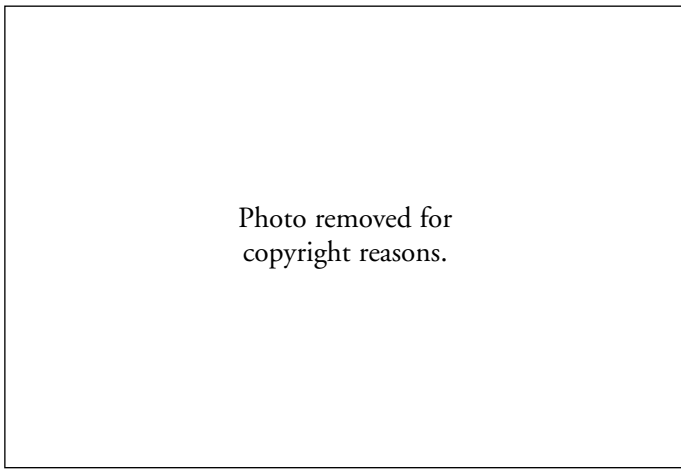
Policy Brief

UNMET NEED FOR FAMILY PLANNING: Recent Trends and Their Implications for Programs

by Lori Ashford

More than 100 million women in less developed countries, or about 17 percent of all married women, would prefer to avoid a pregnancy but are not using any form of family planning.[1] Demographers and health specialists refer to these women as having an "unmet need" for family planning—a concept that has influenced the development of family planning programs for more than 20 years. Over the past decade, rising rates of contraceptive use have reduced unmet need for family planning in most countries. In some countries, however, unmet need remains persistently high (more than one-fifth of married women) or is increasing, indicating that greater efforts are needed to understand and address the causes of unmet need.

Numerous studies reveal that a range of obstacles other than physical access to services prevents women from using family planning. Policymakers and program managers can strengthen family planning programs by understanding and using data on unmet need, considering the characteristics of women and couples who have unmet need, and working to remove obstacles that prevent individuals from choosing and using a family planning method.



In countries around the world, many women say they would prefer to stop having children but are not using contraception. Preventing unintended pregnancies can help families meet their goals.

Why Are Policymakers Concerned About Unmet Need?

Unmet need for contraception can lead to unintended pregnancies, which pose risks for women, their families, and societies. In less developed countries, about one-fourth of pregnancies are unintended—that is, either unwanted or mistimed (wanted later).[2] One particularly harmful consequence of unintended pregnancies is unsafe abortion: An estimated 18 million unsafe abortions take place each year in less developed regions, contributing to high rates of maternal death and injury in these regions.[3] In addition, unwanted births pose risks for children's health and well-being and contribute to rapid population growth in resource-strapped countries.

For more than 30 years, surveys in less developed countries have asked women about their childbearing intentions and use of family planning. These surveys have long shown an inconsistency in women's responses: A significant number of women say that they do not want another child but are not using any method of contraception (the causes are explored in Box 1, page 2). This gap between women's preferences and actions inspired many governments to initiate or expand family planning programs in order to reduce unintended pregnancies and lower their countries' fertility rates.[4] The term "unmet need" was coined in the late 1970s and has served ever since to gauge family planning needs in less developed countries.

How Is Unmet Need Measured and Used?

Today, the main tool for measuring unmet need is the Demographic and Health Survey (DHS), which has been conducted in 55 countries—often more than once. In the DHS, women ages 15 to 49 are asked whether they would like to have a child (or another child) and if so, how soon, or whether they would prefer not to have any (more) children. To derive a figure for unmet need, analysts link these responses with whether

Box 1

Exploring the Causes of Unmet Need

The causes of unmet need are complex. Surveys and other in-depth research from the 1990s reveal a range of obstacles and constraints that can undermine a woman's ability to act on her childbearing preferences. For example, many women fear the side effects of contraceptive methods, having heard rumors or experienced some side effects themselves. Others fear their husband's disapproval or retribution if they use family planning, or oppose family planning themselves because of religious or personal reasons. Some women are uncertain about whether they are likely to become pregnant, or they may feel ambivalent about whether they want a pregnancy. Finally, some women lack knowledge about contraceptive methods or where to get them, or they may not have access to the methods they want because of weaknesses in services and supplies.

The most recent DHS questionnaires probe further than earlier surveys into the causes of unmet need. The questionnaires specifically ask women why they do not use contraception even though they say they want to delay or limit childbearing. In 13 surveys completed in 1999 and 2000, women gave one or more of the following responses:[5]

- Perceived lack of exposure to pregnancy was the most common reason cited: Between one-third and two-thirds of women with unmet need said they were never or infrequently having sex, or believed they could not become pregnant because of menopause, breastfeeding, or another reason.
- Opposition to family planning (by women, their husbands, or others) accounted for 20 percent to 30 percent of those surveyed in sub-Saharan Africa, but lower percentages elsewhere.
- Method-related problems were cited by about one-third of women with unmet need. Problems related to side effects and health concerns were prominent, especially in countries where unmet need is relatively high; cost and access were also mentioned, albeit to a lesser extent.
- Lack of knowledge about methods or sources of supply appeared to be an important reason in only one of the 13 countries (Ethiopia).

"My husband knew about the pills. I told him, and he was always against them. We almost broke up over it."

—Guatemalan woman[6]

Some DHS questionnaires have also queried married men to determine their level of unmet need, the definition of which resembles that of married women. A 1999 analysis comparing men's and women's responses found that men's unmet need tends to be lower because men want to have more children (or sooner) than do women.[7] The discrepancy between men's and women's responses indicates a need for programs to address the lack of communication or disagreement among spouses regarding family planning.

the women are able to become pregnant and whether they are currently using contraception. The calculation of unmet need is complex and can vary slightly depending on which categories of women are included in the definition.[8] Once derived, the figure can be broken down into unmet need for spacing (women who want a child after two or more years) and unmet need for limiting (women who want no more children).

Combining the estimate of unmet need with data on current contraceptive use provides a picture of the total potential demand for family planning in a country—that is, what the demand would be if all married women acted on their stated preferences (see Figure 1). For family planning programs, the estimate is useful because it helps reveal the size and characteristics of the potential market for contraceptives. For policy purposes, data on unmet need allow analysts to project how much fertility could decline if the additional need for family planning were met.

Critics have pointed out some shortcomings of the data on unmet need: The data often exclude unmarried women, whose level of sexual activity (and therefore risk of pregnancy) varies greatly and is not measured in all countries. Unmarried youth who are sexually active represent a large and growing segment of the population of many countries, but their needs have been measured only in sub-Saharan Africa and a few other countries.[9] A second criticism is that the data exclude women who are using contraceptive methods that are ineffective or personally unsatisfactory. These women may have an unmet need for a different method.

In spite of these and other measurement challenges, unmet need has endured as an analytical tool and has served as a benchmark in international policy documents. The Programme of

Action of the 1994 International Conference on Population and Development, a landmark conference, states, "Governmental goals for family planning should be defined in terms of unmet needs for information and services."[10] In 1999, at the five-year review of the conference, governments set a new benchmark: reducing unmet need by half by 2005 and entirely by 2015, without the use of recruitment targets or quotas.[11] The benchmarks are consistent with a new policy focus on meeting, rather than trying to change, people's needs and aspirations.

How Do Levels of Unmet Need Differ Among Countries?

DHS results in 53 countries (shown in Table 1, page 4) reveal that in 16 of 25 countries *outside* sub-Saharan Africa, unmet need among married women is 15 percent or lower, while only three of 28 sub-Saharan countries have levels that low. Current contraceptive use is also lower in sub-Saharan Africa than elsewhere. Thus, the total demand for family planning—defined as the sum of unmet need and current contraceptive use—averages 44 percent in sub-Saharan Africa, compared with an average of 70 percent in Asia, the Near East and North Africa, and Latin America and the Caribbean.[12]

In sub-Saharan Africa, where 22 countries have levels of unmet need of 20 percent or higher, the need is predominantly for spacing (delaying) births rather than for limiting births. In other regions, there is greater unmet need for limiting births.

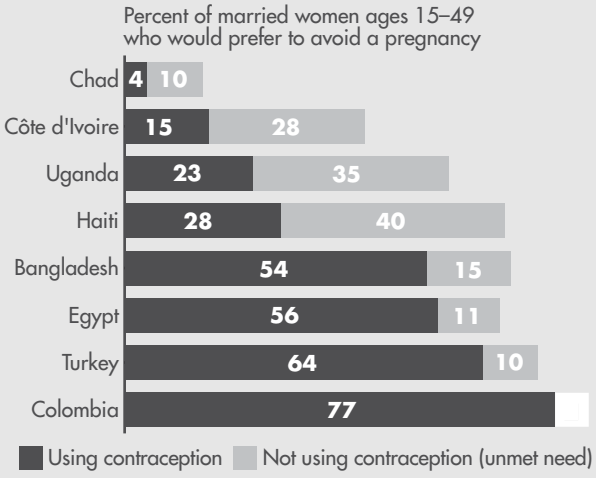
Generally speaking, contraceptive use rises and women's fertility (average number of children) declines as countries develop. But unmet need does not decline steadily with fertility. In some countries with high fertility, women have low unmet need, because their desire for children is high and therefore little gap exists between their childbearing intentions and contraceptive use. In Chad, for example, women have high fertility (6.6 births on average), low contraceptive use (4 percent), and low unmet need (10 percent). In countries where growing numbers of women want to avoid a pregnancy but contraceptive use is not widespread, unmet need is higher. Cambodia, Haiti, Nepal, Rwanda, Senegal, Togo, Uganda, and Yemen are among the countries where unmet need is 30 percent or higher.

"I wish I did not have so many children. I was really in darkness. If I had to do [it] again, I could probably only have three children."

–Woman from Mansa, Zambia[13]

Figure 1

Potential Demand for Family Planning



SOURCE: ORC Macro, *Demographic and Health Surveys,* 1997–2000.

At the far end of the spectrum, countries that have widespread use of contraception have both low fertility (close to two births per woman) and low unmet need. Brazil, Colombia, and Vietnam fall into this category, with only 6 percent to 7 percent of married women having unmet need.

How Has Unmet Need Changed Over Time?

Globally, the proportion of married women with unmet need declined from 19 percent to 17 percent in the 1990s, but the number of women with unmet need has remained nearly constant because of population growth.[14] In the vast majority of the 33 countries that had more than one DHS survey, there was a decline during the 1990s in the percentage of women with unmet need, thanks to greater use of family planning (see Figure 2, page 6). On the whole, these trends are positive: They show women's increasing ability to achieve their childbearing goals.

Nevertheless, some countries have experienced only small declines in unmet need, and a few, such as Mali, Senegal, and Uganda, have seen an increase (see Figure 3, page 6). These increases have occurred mainly because fertility preferences have changed—that is, more women want to postpone or limit childbearing—while increases in contraceptive use have lagged behind.

In most countries, declines in unmet need in the 1990s occurred among women at all levels of education; in the past, more educated women were usually the first to pursue family planning. Nevertheless, the differences between more educated and less educated women persist: The most educated women have the lowest levels of unmet need, presumably because they are most able to act on their intentions.

Table 1

Unmet Need for Family Planning[a] in Countries with Demographic and Health Surveys

	Percent of married women ages 15–49				Percent of women with unmet need			
		Having unmet need for family planning			Never used family planning		Used family planning in past	
Country and Survey Year	Using any contraceptive method	Total	Want to space births	Want to limit births	Do not intend to use	Intend to use	Do not intend to use	Intend to use
Asia								
Bangladesh 1999-2000[b]	54	15	8	7	11	31	8	50
Cambodia 2000	24	33	17	15	—	—	—	—
India 1998-1999	48	16	8	8	54	30	8	9
Indonesia 1997	57	9	4	5	27	17	26	30
Kazakhstan 1999	66	9	4	5	9	12	27	52
Kyrgyz Republic 1997	60	12	5	7	2	22	29	47
Nepal 2001[b]	39	28	11	16	20	58	5	17
Philippines 1998	48	19	8	11	31	23	17	30
Turkmenistan 2000	62	10	5	5	—	—	—	—
Uzbekistan 1996	56	14	7	7	35	23	21	21
Vietnam 1997	75	7	4	4	—	—	—	—
Near East/North Africa								
Armenia 2000	61	12	3	9	—	—	—	—
Egypt 2000[b]	56	11	3	8	50	39	5	7
Jordan 1997	53	14	7	7	11	26	14	49
Morocco 1995[b]	50	16	6	10	3	21	15	34
Turkey 1998	64	10	4	6	16	25	18	41
Yemen 1997	21	39	17	21	53	16	15	16
Latin America/Caribbean								
Bolivia 1998	48	26	7	19	33	27	10	30
Brazil 1996	77	7	3	5	8	17	16	60
Colombia 2000[b]	77	6	3	4	7	22	10	62
Dominican Republic 1999[b]	70	12	7	4	11	23	13	53
Guatemala 1998-1999	38	23	12	11	48	29	5	17
Haiti 2000[b]	28	40	16	24	18	36	15	32
Nicaragua 1997-1998	60	15	6	8	17	30	10	43
Peru 2000[b]	69	10	4	7	20	32	10	38

[a]Women who say they prefer not to have any more children or want children after two years and are fecund (able to become pregnant) but are not using contraception. See also endnote 6 in the References.
[b]Data for the last four columns are from a prior survey year between 1992 and 1997.
CAR = Central African Republic
— Indicates data are not available.

Are All Women With Unmet Need Potential Users of Contraceptives?

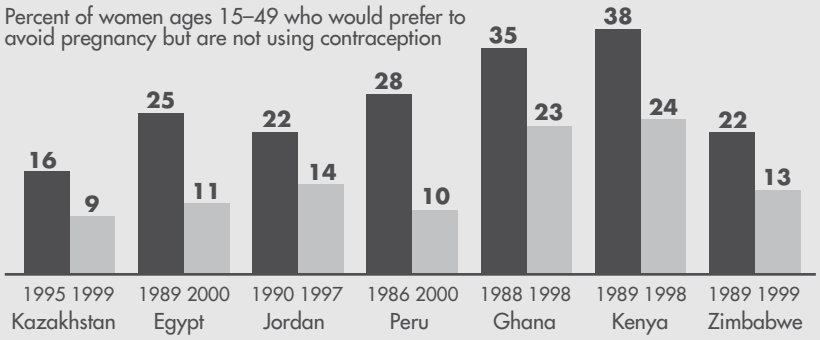
Experts predict that some, but not all, women with unmet need are likely to use contraceptives in the future, and researchers have been able to shed some light on which women are more likely to adopt family planning than others. While survey data cannot directly reveal the strength of a woman's preferences or of the obstacles she faces, analysts can infer her likelihood of using contraception by looking at whether she has used contraception in the past and whether she intends to use it in the future. These refinements allow analysts to group women with unmet need into four categories (see Table 1, last four columns; and Table 2, page 7):[15]

	Percent of married women ages 15 to 49				Percent of women with unmet need			
		Having unmet need for family planning			Never used family planning		Used family planning in past	
Country and Survey Year	Using any contraceptive method	Total	Want to space births	Want to limit births	Do not intend to use	Intend to use	Do not intend to use	Intend to use
West Africa								
Benin 1996	16	26	17	9	25	36	10	29
Burkina Faso 1998-1999	12	26	19	7	33	48	4	15
Cameroon 1998	19	20	13	6	33	21	11	35
CAR 1994-95	15	16	12	5	15	42	8	35
Chad 1996-1997	4	10	7	3	62	29	4	4
Cote d'Ivoire 1998-1999	15	28	20	8	32	36	7	25
Gabon 2000	33	28	20	8	—	—	—	—
Ghana 1998	22	23	11	12	27	27	15	31
Guinea 1999	6	24	16	8	35	51	3	11
Mali 1995-1996	7	26	20	6	36	47	4	14
Mauritania 2000-2001	8	32	23	9	—	—	—	—
Niger 1998	8	17	14	3	48	29	8	15
Nigeria 1999	15	17	13	5	52	21	11	16
Senegal 1997	13	35	26	9	40	39	5	16
Togo 1998	24	32	21	11	14	23	18	46
East and Southern Africa								
Comoros 1996	21	35	22	13	30	30	11	28
Eritrea 1995	8	28	21	6	50	39	5	7
Ethiopia 2000	8	36	22	14	—	—	—	—
Kenya 1998	39	24	14	10	15	42	7	37
Madagascar 1997	19	26	14	11	29	51	7	13
Malawi 2000[b]	31	30	17	13	19	40	9	31
Mozambique 1997	6	23	17	6	50	34	5	11
Rwanda 2000[b]	13	36	24	12	17	49	5	29
South Africa 1998	56	15	5	10	—	—	—	—
Tanzania 1999[b]	25	22	14	8	27	43	7	23
Uganda 2000	23	35	21	14	19	50	6	26
Zambia 1996	26	27	19	8	10	34	9	47
Zimbabwe 1999	54	13	7	6	12	14	14	60

NOTE: Table includes only countries that have had surveys since 1994.
SOURCE: C. Westoff, "Unmet Need at the End of the Century" (2001); and DHS StatCompiler, accessed online at www.statcompiler.com, on Dec. 11, 2002.

Figure 2

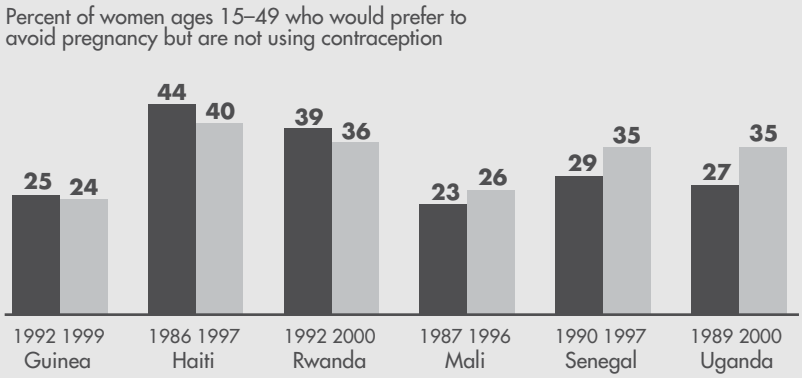
Countries Where Unmet Need Has Declined Markedly



SOURCE: C. Westoff, "Unmet Need at the End of the Century" (2001).

Figure 3

Countries Where Unmet Need Remains High or Has Risen



SOURCE: C. Westoff, "Unmet Need at the End of the Century" (2001).

- Women who have never used contraception and do not intend to use it in the future;
- Women who have never used contraception but do intend to use it in the future;
- Women who have used contraception in the past but do not intend to do so in the future; and
- Women who have used contraception in the past and also intend to use it in the future.

For family planning programs, these women can be viewed along a continuum, with those in the first category being the least likely to use services and therefore hardest to reach, and those in the fourth category being most likely to use contraception and easiest to serve.

The proportion of women with unmet need who fall in the first (least likely to use) category varies dramatically among countries. The countries with the highest proportions of this type of unmet need—50 percent or more of women having unmet need—include Chad, Egypt, Eritrea, Guatemala, India, Mozambique, Nigeria, Pakistan, and Yemen. The women in this category are likely to live in rural areas and are the least educated of the four categories; they are also the least likely to have been exposed to family planning messages on radio or television. Their reasons for not using contraception generally include opposition to family planning, lack of knowledge, and fear of side effects.

At the other end of the continuum, women who have used contraception in the past and intend to use it in the future are the most likely future users of contraception. Some of these women may have recently been pregnant and may not yet have resumed using contraception, and some may have stopped using contraception because of side effects or other reasons. The women in this category are the most educated and tend to live in cities. Their ideal number of children is the lowest of the four groups, and they are likely to have been exposed to media messages about family planning. Many women outside sub-Saharan Africa fall into this category.

Women who have not used contraception in the past but intend to use it in the future are somewhat motivated but may face a whole range of obstacles (mentioned earlier) that need to be overcome. About one-third of women with unmet need in sub-Saharan Africa fall into this group. Conversely, women who have used contraceptives in the past but do not intend to do so in the future make up the smallest category and tend to be older than the other groups. They may have health concerns related to contraception or be uncertain about their likelihood of becoming pregnant.

What Are the Implications for Policies and Programs?

In each country, understanding the size of unmet need and the characteristics of women with unmet need can help planners strengthen programs. Survey data on unmet need can provide overall direction by helping to pinpoint the obstacles in society and weaknesses in services that need to be overcome. Family planning programs clearly have a role to play in helping people get the information

and services they need to make informed choices. Reducing unmet need is a complicated task, however, because of the wide range of circumstances and beliefs (see Box 1, page 2) that can prevent women from acting on their intentions.

Family planning programs can take some important steps to reduce the barriers that women face in their efforts to obtain contraceptive methods and services:

- Women need to be counseled on the full range of available contraceptive methods so that they can choose the method that best matches their individual circumstances and intentions and can change methods when they need to.
- Women who are postpartum, breastfeeding, or approaching menopause need counseling on their likelihood of becoming pregnant and on what family planning methods might be appropriate for them.
- Women need correct information on contraceptive methods, especially on side effects and how to manage them.
- Programs should work to improve interpersonal relations between clients and providers and to ensure periodic follow-up of clients to reduce the number of women who stop using contraception.
- Programs should focus on men as well as women, creating an environment in which both sexes can seek services and encouraging men to discuss family planning with their wives.

In their efforts to help women and couples satisfy their contraceptive needs, public health officials and health care providers should consider women's and couples' childbearing preferences. For example, in countries where unmet need for spacing (delaying) births is high, such as countries in sub-Saharan Africa, young people need to be informed about and offered temporary or reversible family planning methods.

Governments play an important role in providing subsidies for contraceptives so that a range of methods is available to low-income couples at little or no charge. If donor funding is either falling or not keeping up with growing demand, national governments need to mobilize resources for providing contraceptive supplies. Broader education and communication programs can also help address social and cultural barriers to family planning, including misconceptions and myths about contraception and lack of communication between husbands and wives about family planning.

From a policy perspective, reducing unmet need for family planning is important for both achieving demographic goals and enhancing individual rights. From a demographic standpoint, reducing unmet need can lower fertility in countries struggling to cope with rapid population growth. A 1995 study showed that reducing some, but not all, unmet need would result in a 17 percent to 18 percent decline in fertility in the 27 countries included in the analysis, and would move countries one-third to one-half of the way toward a two-child norm.[17] Reducing unmet need is also important for helping couples achieve their reproductive goals. Reducing unmet need and serving current users of contraceptives well can help reduce unintended pregnancies that lead to abortions and unwanted births—both of which are unacceptably high in many countries.

"[The nurse] told me that if I did not want the pill, then she would not recommend anything."

—Zambian woman[16]

Table 2

Women With Unmet Need: Past Use and Intention to Use Family Planning

	Never used (%)		Used in past (%)	
	Do not intend to use	Intend to use	Do not intend to use	Intend to use
Bangladesh	11	31	8	***50***
Bolivia	***33***	27	10	***30***
Nigeria	***52***	21	11	16

NOTE: Data refer to married women ages 15 to 49. Figures in italics indicate the predominant categories in those countries.

SOURCE: C. Westoff, "Unmet Need at the End of the Century" (2001).

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[6] Cited in Nancy Yinger, *Unmet Need for Family Planning: Reflecting Women's Perceptions* (Washington, DC: International Center for Research on Women, 1998): 9.
[7] Stan Becker, "Measuring Unmet Need: Wives, Husbands or Couples?" *International Family Planning Perspectives* 25, no. 4 (1999): 172-80.
[8] In its definition of unmet need, the DHS program includes women who are currently married who say they prefer not to have another child either within the next two years or ever again, as well as women who are pregnant or less than six months postpartum who did not intend to become pregnant at the time they conceived and were not using a contraceptive method. The definition excludes women who declare that they are infecund, have had a hysterectomy, or are in menopause.
[9] Data on unmet need among unmarried women in sub-Saharan Africa can be found in Westoff, "Unmet Need at the End of the Century": 22-29.
[10] United Nations (UN), "Programme of Action of the International Conference on Population and Development," accessed online at www.unfpa.org/icpd/reports&doc/icpdpoae.html, on Dec. 9, 2002.
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