

Facts on Satisfying the Need for Contraception In Developing Countries—*Updated November 2010*

WHY CONTRACEPTION IS CRITICAL

- The benefits of contraceptive use are dramatic and far-reaching. They include preventing unintended pregnancies, reducing the number of abortions, and reducing the incidence of deaths and illnesses related to complications of pregnancy and childbirth.
- Contraceptive use enables couples to have the number of children they want and can care for, can reduce the transmission of HIV, helps reduce pressure on scarce natural resources, and can improve educational and employment opportunities for women and their children. These improvements in turn contribute to reducing poverty and spurring economic growth.
- Increased contraceptive use and reduced unmet need for contraception are indicators of progress toward two of the United Nations Millennium Development Goals—reducing maternal mortality and reversing the spread of HIV/AIDS—and contribute directly or indirectly to achieving all eight goals.
- Two trends will likely drive up demand for contraceptives in the future. First, the number of women of reproductive age (15–49) will increase by 10% between 2007 and 2015 and by another 8% between 2015 and 2025. Second, contraceptive needs are expected to rise as increasing numbers of women want to have smaller families.¹ As a result, increased investment in contraceptive services will become even more crucial.

DEMAND AND UNMET NEED FOR CONTRACEPTION

- Survey data from developing countries, primarily from the Demographic and Health Surveys (DHS), provide information about the demand for and use of contraceptives. A woman is defined as needing contraception if she is married, in a union, or unmarried and sexually active; is able to become pregnant; and does not want to have a child in the next two years or at all. According to the DHS definition, if a woman wanting to avoid pregnancy is using any method of contraception, either modern or traditional, her need is met (or satisfied), and if she is not, she has an “unmet need” for contraception.
- In Africa, about one in five married women of childbearing age (22%) have an unmet need for contraception. The proportion has changed little since the mid-1990s, when 24% had an unmet need (Figure 1, page 2).
- Declines in unmet need among married women have been larger in Asia and Latin America and the Caribbean: from 18% to 13% and 16% to 10%, respectively.
- In some countries in Western, Eastern and Southern Africa, unmet need has declined very little; in a few countries, including Mozambique and Uganda, unmet need has increased.²
- Comparatively little is known about the contraceptive needs of unmarried women in developing countries. In Asia and North Africa, for example, estimates of unmet need are not available for this group because unmarried women are either not

interviewed or not asked about their reproductive health preferences or behaviors.

- In most countries in Latin America and the Caribbean, 30–50% of sexually active unmarried women aged 15–24 are not using any contraceptive method. In Sub-Saharan Africa, these levels range from 25% to 60%. The levels have gradually declined in the last decade as contraceptive use has increased. However, assuming most of these women do not want to have a child in the near future, these figures represent high levels of unmet need among unmarried women.

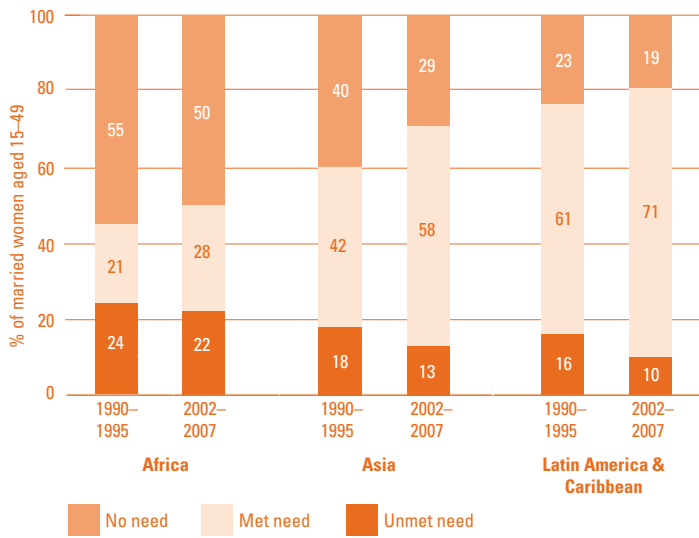
UNMET NEED AMONG SPECIFIC GROUPS

- Levels of unmet need for contraception vary greatly among subgroups of women both at the regional level and within countries. Women who are young, uneducated, poor or living in rural areas are generally at high risk of having an unintended pregnancy.
- Among married women, unmet need for contraception is highest among those aged 15–24. Unmet need declines with age in several Latin American, Caribbean and Asian countries, but, in many Sub-Saharan African countries, it is similar among women in all age-groups; in a few others, it is highest among women aged 35 and older.
- Historical trends show that educated, urban and financially better-off women have begun to want smaller families and therefore have needed contraceptives earlier than their less educated and poorer peers. Thus, educated, urban and better-

Figure 1

Trends in the Need for Contraception

Unmet need among married women is declining but remains high.



Notes: Women with no need either want a child soon or are infecund; women with a met need are currently using a method of contraception, either modern or traditional. A few countries have survey data from years outside the stated periods; these were included to ensure that large countries were included in both time periods and to achieve the broadest geographic representation.

off women may experience unmet need first, when their desire to have fewer children outpaces their access to and use of contraceptives. Eventually, the demand for contraceptives rises among women in poor and rural areas, as well, usually leading to an increase in unmet need in these groups.

- Nearly everywhere, unmet need is higher among women living in rural areas than among those in urban areas. In a few countries in Sub-Saharan Africa, however, unmet need is greater among urban women than rural women. These countries are in the early stages of adopting family planning.

- In many countries, unmet need is also higher among less educated women than more educated women, and among poor women compared with better-off women. Many Sub-Saharan African countries are an

exception, in that levels of unmet need are fairly equal across wealth categories. Some of the largest disparities in unmet need according to wealth can be found in Latin America and the Caribbean and in Asia.

- While unmet need has declined among married women of all educational levels in most of Asia, Latin America and the Caribbean, and North Africa in the past 15–20 years, unmet need rose among uneducated women in some Sub-Saharan African countries.² The trend in Sub-Saharan Africa is likely explained by a growing desire to limit or space births that has not yet been matched by an increase in contraceptive use.

DEMAND AND UNMET NEED FOR MODERN METHODS

- One modification of the measure of demand for contraceptive methods focuses on unmet need for modern contraception. This

definition combines women using traditional methods (mainly periodic abstinence and withdrawal) with those not practicing contraception to show the unmet need for effective contraception. Traditional methods often have much higher failure rates than modern methods, and therefore many women using them are at high risk of unintended pregnancy.

- As of 2008, more than one-half of all women of reproductive age in developing countries—that is, about 818 million women—want to avoid pregnancy. Seventeen percent of these women (about 140 million) are not using any contraceptive method, and 9%—75 million—are using less effective traditional methods (Figure 2). Combined, 215 million women have an unmet need for modern contraception.

- Two-thirds of women who want to avoid pregnancy want

no more children, while one-third want to delay having a birth. In poorer countries where large families are still the norm, however, more women who want to avoid pregnancy wish to delay a birth than to stop childbearing altogether.

USE OF MODERN METHODS AMONG WOMEN IN NEED

- Of the 818 million women who want to avoid pregnancy, 43% rely on a reversible method (such as IUDs, pills, injectables, implants, condoms or vaginal methods), and 31% have had a tubal ligation or have a partner who has had a vasectomy (female sterilizations outnumber male sterilizations by 10 to one).

- Women who want to delay a birth may have different contraceptive needs compared with women who want to stop childbearing altogether. For example, sterilization is appropriate to the latter group but not the former.

Figure 2

Patterns of Contraceptive Use

Many women, particularly in Africa, want to avoid a pregnancy but are not using an effective, modern contraceptive method.

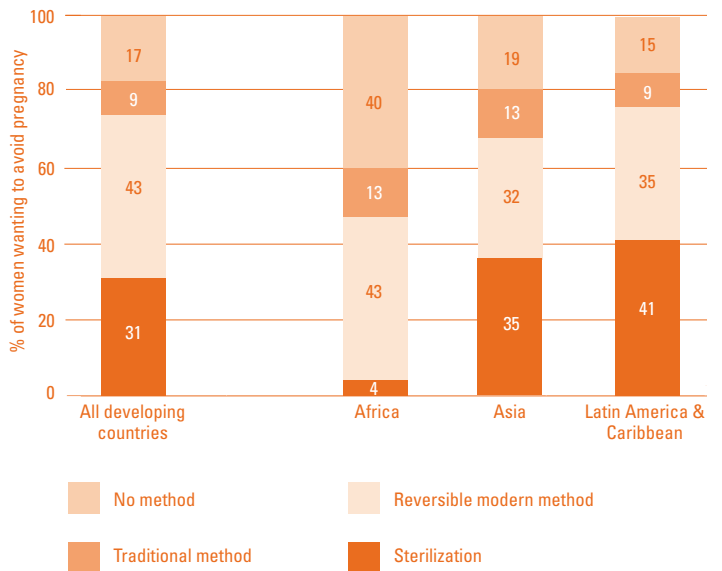


Table 1

Reasons for Nonuse

Key reasons for not using a method among married women with an unmet need for contraception, by region

Region	Infrequent sex	Health concerns/side effects*	Breast-feeding	Opposed†	Lack of access/knowledge‡
Africa	21	27	16	22	15
Asia	25	23	19	25	9
Latin America & Caribbean	35	25	12	10	10

*Note: Some women gave more than one reason for nonuse, therefore the sum of percentages is greater than 100. *Includes "inconvenient to use." †Includes respondent, partner or other person. ‡Includes no access, unaware of source, unaware of methods and unable to pay*

in Asia and about one-fifth of those in Africa.

- The second most common reason, cited by about one-quarter of married women with unmet need in each region, is that they are concerned about the side effects or perceived health risks associated with modern contraceptives.
- Some 12–19% of married women in developing regions do not use contraceptives because they are breast-feeding and believe, often incorrectly, that breast-feeding affords them protection against pregnancy.
- About one in 10 married women with unmet need in Latin America and the Caribbean say that they, their husbands or someone else close to them opposes the use of contraceptives. In Sub-Saharan Africa and Asia, 22–25% of married women cite these reasons.
- Some 9–15% of married women in developing regions say that they do not have access to contraceptives, cannot afford them or do not know about them.
- Lack of access may deter more women from practicing contraception than these statistics

indicate. Many women have multiple reasons for not using a method, but they might report only their most pressing reason. Lack of access to information and services could contribute to other reasons for nonuse.

- These statistics on married women’s reasons for not using contraceptives are regional averages; among and within countries, certain barriers to contraceptive use may be far more or far less common. For example, in Cambodia, the Philippines and Swaziland, more than four in 10 women are concerned about side effects or health risks related to methods; in some Sub-Saharan African countries, more than three in 10 women are not using a method because they are breast-feeding.
- Women’s reasons for not using contraceptives have shifted in the last 20 years. In the late 1980s, in countries from which data are available, most nonusers indicated that they did not know about family planning. This response is far less common today, while concerns about health and side effects of methods have increased considerably.
- The shift suggests that family planning programs have been

- Among those who want to stop childbearing, 80% are using a modern method, most commonly female sterilization. Among women who are seeking to delay a birth, only 60% are using a modern contraceptive method—most commonly the IUD.

- In Africa, modern contraceptive use is fairly low, accounting for only 47% of women wanting to avoid pregnancy. In this region, injectables and oral contraceptives are the most commonly used modern methods.

- In Asia, 67% of women who want to avoid pregnancy are using a modern method, and the most commonly used method is sterilization (35% of women in need).

- In Latin America and the Caribbean, three-fourths of women who want to avoid pregnancy are using a modern method, and the most commonly used method is sterilization (41%).

TRADITIONAL METHOD USE AND NO USE

- About 9% of women in developing countries who want to avoid pregnancy are using a traditional method, which often leaves women at substantial risk of getting pregnant. Four percent rely on periodic abstinence, 4% use withdrawal and 1% use other traditional methods.

- Use of traditional methods is higher in Africa than in other developing regions. In that region, 13% of women wanting to avoid pregnancy rely on a traditional method, including periodic abstinence (7%) and withdrawal (2%).

- The 26% of women wanting to avoid pregnancy who use tradi-

tional methods or no method—that is, those with unmet need for modern contraception—account for 82% of unintended pregnancies.

ADVANTAGES OF MODERN CONTRACEPTIVES

- Efforts to reduce unintended pregnancies and their consequences will be more effective if they promote the use of modern methods by all women who want to delay or stop childbearing.

- Each year, the current level of modern contraceptive use averts 188 million unintended pregnancies, which in turn results in 112 million fewer abortions, 1.1 million fewer newborn deaths³ and 150,000 fewer maternal deaths.⁴

- If unmet need for modern methods were fully satisfied, an additional 53 million unintended pregnancies would be averted each year, resulting in 22 million fewer unplanned births, 25 million fewer induced abortions and seven million fewer miscarriages.

- The immediate health benefits of averting these unintended pregnancies would be substantial. Each year, an additional 90,000 women’s lives would be saved⁴ and 590,000 newborn deaths would be averted.³

REASONS FOR NOT USING ANY METHOD

- Among married women with unmet need, the most common reason given for not practicing contraception is that they have sex infrequently or not at all (Table 1). This reason was cited by more than one-third of married women with an unmet need in Latin America and the Caribbean, one-fourth of those

successful in increasing knowledge about contraception, but they have not focused enough on providing a range of methods and information to enable women to choose appropriate methods and manage side effects.

RECOMMENDATIONS

- Provide the full range of contraceptive methods, along with counseling, to help women obtain a method that best suits their needs and understand and manage any side effects. Ensure that follow-up services are available so that women can switch methods as needed.
- Make contraceptive services and supplies available and accessible to all women, giving special attention to women with the greatest unmet need, including rural women, poor women, adolescents and women in Sub-Saharan Africa.
- Use outreach services to educate women about their risks and needs. For example, help women who have infrequent sex understand their risk of experiencing an unintended pregnancy. Also, provide young women and men with comprehensive and age-appropriate sex education in schools.

- Provide public education and information to men and communities to promote more positive attitudes about contraception.

- Promote support from political leaders for family planning. Such support translates into policies and investments that are vital to helping women and couples meet their contraceptive needs.

- Improve contraceptive technologies through research and development, to help meet the need for methods that can be used in low-resource settings and that are accompanied by minimal side effects.

CONCLUSION

- Efforts to meet the demand for contraceptives will have a tremendous impact on the health and well-being of women and their families, and on progress toward meeting the Millennium Development Goals.

- Such progress is only possible, however, if national and international donor agencies, as well as developing and developed country governments, make the necessary investments to make modern contraceptives accessible to all women who need them.

Unless otherwise indicated, the research reported in this fact sheet comes from the Guttmacher Institute. Readers may contact the Institute for specific sources. The fact sheet has been revised to reflect new maternal mortality estimates released by the World Health Organization in September 2010 and new neonatal mortality estimates released in May 2010 by the Institute for Health Metrics and Evaluation.

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