Pay ATTENTION to Reproductive INTENTION:

Limiters Have Needs Too

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Rose's Story

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Grace's Story

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Secondary DHS Analysis

- 15 African countries with DHS surveys after 2000
- Part of larger global secondary analysis of 37 countries
- Countries excluded if LA or PM method use was >25
- Aggregated into linguistic groups:
  - Anglophone
  - Francophone
- All women 15-49 included—analysis done using STATA & SPSS

Anglophone Africa	Francophone Africa
Ghana	Benin
Kenya	Cameroon
Lesotho	Madagascar
Malawi	Senegal
Namibia	
Rwanda	
Swaziland	
Tanzania	
Uganda	
Zambia	
Zimbabwe	

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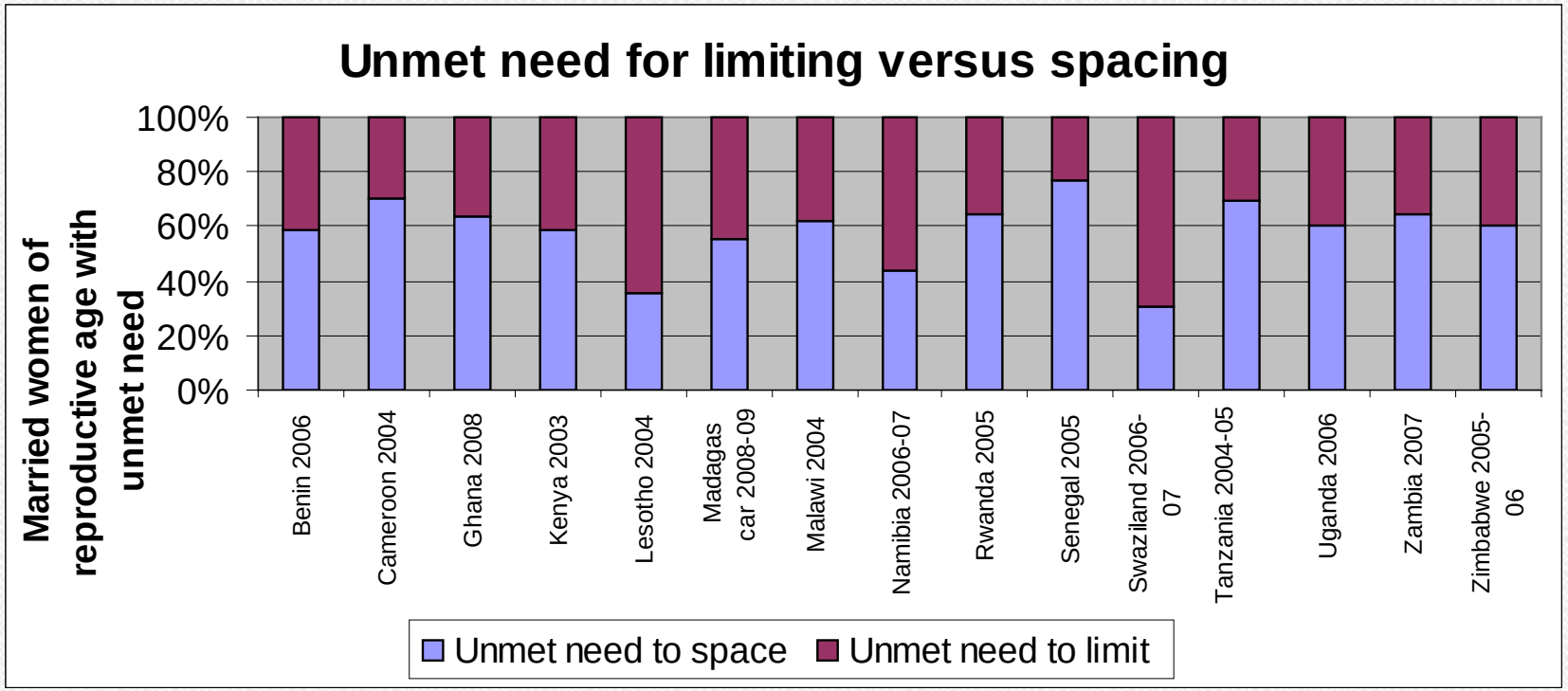
Rationale: Women want to limit in Africa

- CPR increasing across Africa
- Trend of declining fertility
- Rise in proportion of women in Africa who want no more children
- Fertility intention predictor of behavior & contraceptive intentions even better predictor—particularly among women who want to limit
- Increases in CPR reduces high parity births which impacts MMR
- Key to concentrate on women who want to limit, in addition to those with spacing needs
  - limiting has greater impact on TFR
  - proportion of women who want no more children a strong predictor of CPR & TFR

Unmet need for limiting versus spacing



Demand for Limiting

- Many assume Africa has low demand for limiting—data suggest otherwise
  - 20.4% women in Anglophone Africa wanted no more children at the time of their last birth
- Demand for limiting has remained **strong** or **increased** in nearly all analysis countries over past 20 years

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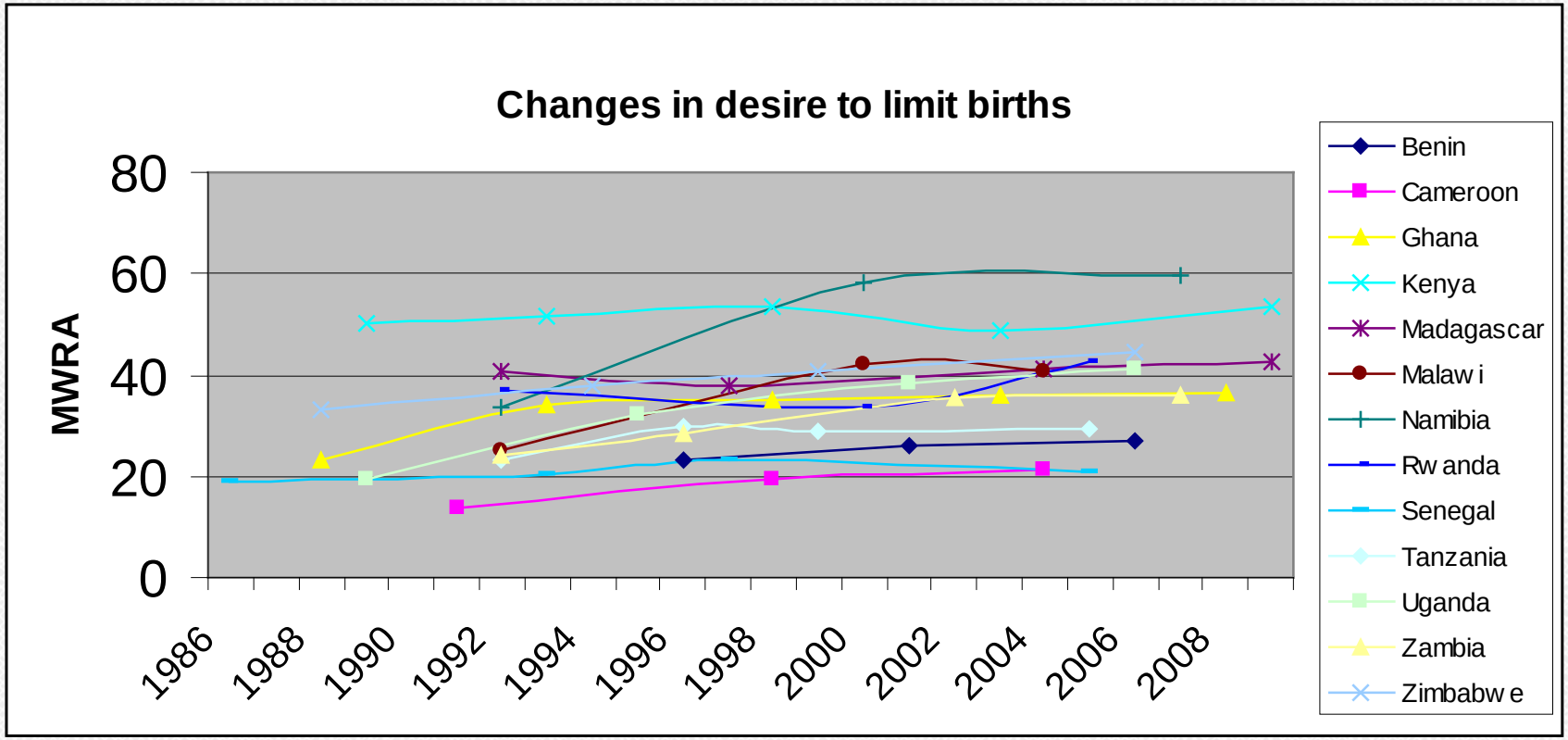
Increasing Trends in Demand for Limiting

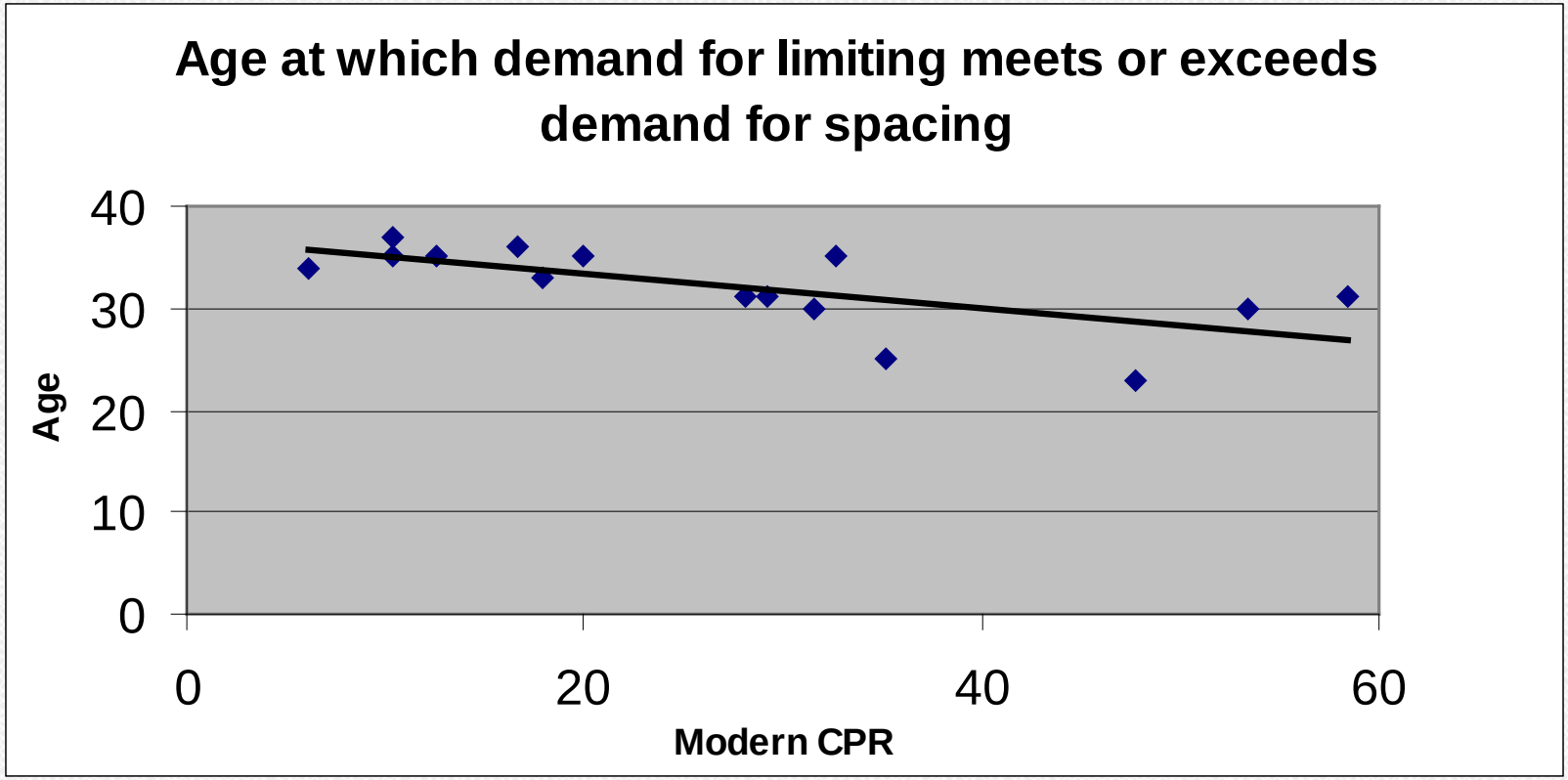


Younger African Women Want to Limit

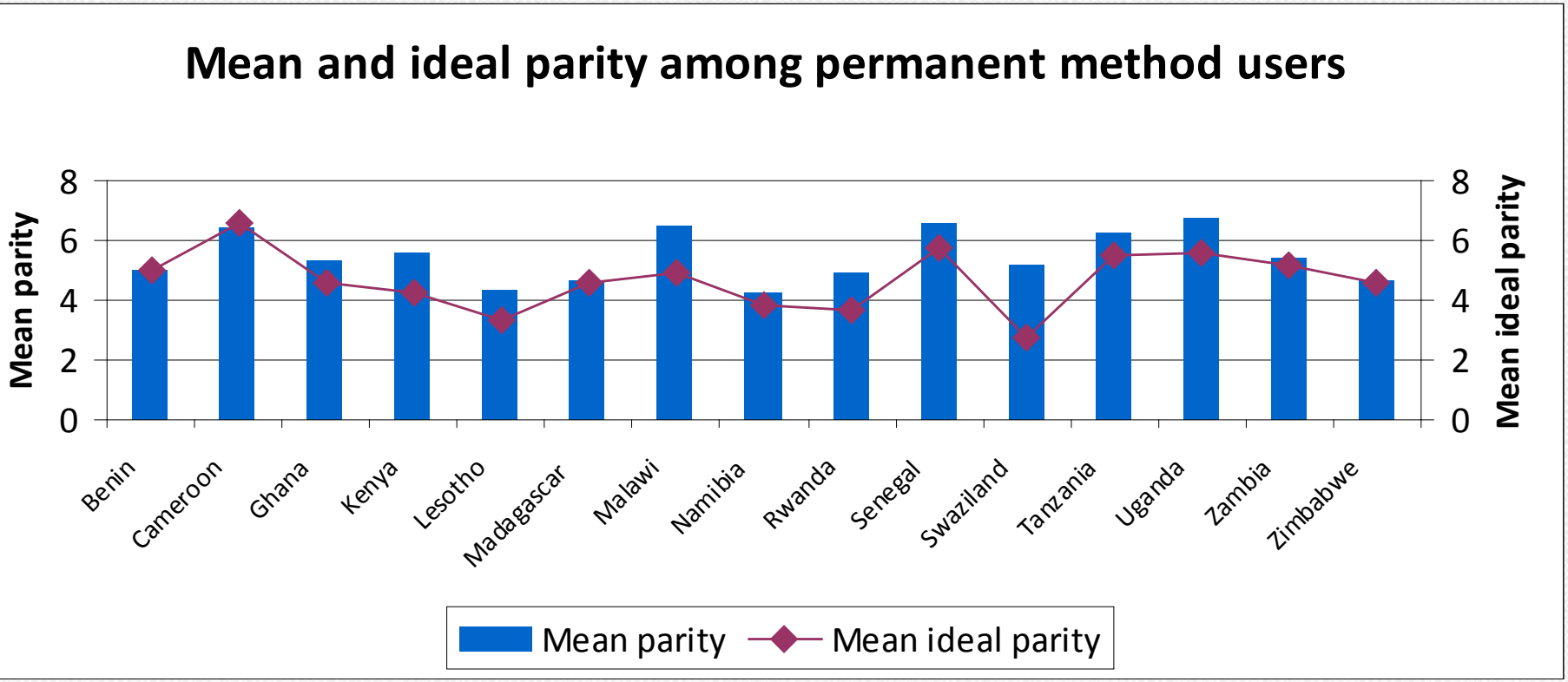
- As age increases, demand to limit begins to exceed demand to space
- Demand to limit crossover begins at:
  - 31.3 years in Anglophone Africa
  - 34.3 in Francophone Africa
- Demand for limiting often associated with older women, however, demand to limit exists among younger women
  - Namibia: 31.7% of MWRA 15-29 have a demand for limiting
  - Lesotho: 26.37%
  - Kenya: 14.43%
  - Malawi: 12.77%
  - Pattern not limited to Southern Africa
- Evidence shows that not only older high-parity MWRA have demand for limiting
- How are FP programs preparing to meet this growing need?

Photo by N. Rajani / EngenderHealth

Younger & Younger Women Want to Limit



African Women Exceeding Desired Parity



Method Effectiveness

- Even when demand for FP is satisfied by use, not all methods created equal
- TM and SAM have lower rates of effectiveness than LA/PMs
- Differences in effectiveness result in:
  - Higher # of unintended pregnancies among users of SAM/TMs
  - Adverse reproductive outcomes, such as maternal morbidity and mortality, from unintended pregnancies
- If 20% of women who use pills and injectables in Africa switched to implants, would avert, over 5 yrs:
  - 1.8 million unintended pregnancies
  - 576,000 abortions (many of them unsafe)
  - 10,000 maternal deaths
  - 300,000 cases of serious maternal morbidity (e.g., obstetric fistula)

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Hubacher D, Mavranezouli I, McGinn E. *Contraception* 2008

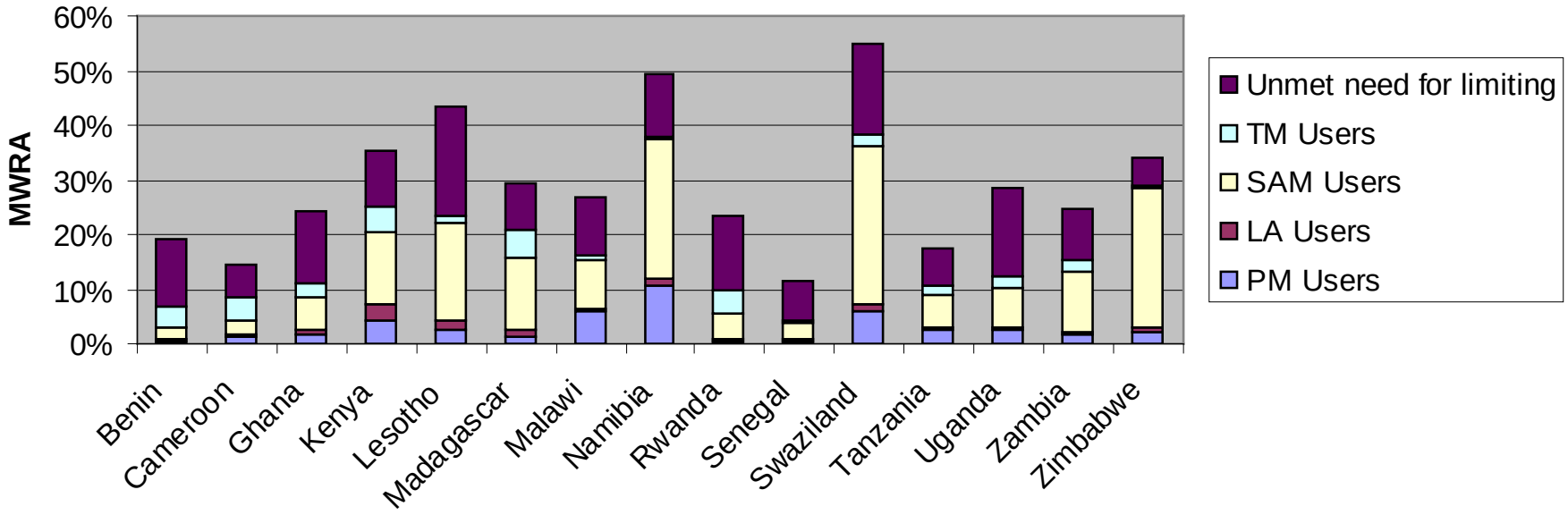
Comparing effectiveness of contraceptive methods

Method	# of unintended pregnancies among 1,000 women in 1st year of (typical) use
No method	850
Withdrawal	270
Male condom	150
Pill	80
Injectable	30
IUD	8 to 2
Female sterilization	5
Vasectomy	1.5
Implant	0.5

Source: Trussell J. Contraceptive efficacy. In Hatcher RA, Trussell J, Nelson AL, Cates W, Stewart FH, Kowal D. *Contraceptive Technology: Nineteenth Revised Edition*. New York NY: Ardent Media, 2007.

Limiters using TM/SAM more than LA/PMs

Family planning use among women with a demand to limit births



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Barriers to FP Use

- Social constructs & accepted norms about sex, family size, and composition impact decision making

- Factors include:
  - Pressures from extended family, community influences, & gender dimensions
  - Spousal communication (or lack thereof)
  - Family, friends, & neighbors key in providing support & influencing contraceptive decision-making
  - FP services distinct from many other health services
    - > *ignite judgmental attitudes*
    - > *social disapproval*
    - > *moralistic beliefs*

Photo by M. Tuschman / EngenderHealth

- Knowledge & attitudinal factors pose significant constraints

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Reasons for Non-Use: Findings from 15 African Countries

- MWRA with unmet need for limiting cited:
  - **Fear of side effects** as top reason for lack of intention to use FP in future [Anglophone (23.59%); Francophone Africa (17.29%)]
  - **Health concerns** [13.65% in AA; 14.64% in FA]
  - **Infrequent sex** [14.51% AA; 14.40% FA]
  - **Opposed to FP** [12.35% of married non-users in FA; 9.75% in AA]
- Spacers cite ambivalence, limiters rarely do*
- Pervasive fear of contraceptives and perceived side effects
- Driven by misinformation which inhibits use resulting in unintended births

Photo by N. Rajani / EngenderHealth

*Bhushan I. Understanding unmet need. JHU·CCP, 1997 (Working Paper No. 4)

Knowledge of FP Methods

Photo by C. Svingen / EngenderHealth

- Informed choice requires access to wide range of FP methods & one must understand complete, accurate, and up-to-date information
- Measuring knowledge is critical
- Knowledge of SAMs nearly universal; LA or PMs considerably lower
- Almost 1 in 2 non-users cannot name an LA or a PM (AA & FA)
- >1 in 4 TM users cannot name an LA or PM (AA & FA)
- True knowledge extends much deeper
  - Understanding how methods work
  - Associated side effects
  - Whether they best suit one's reproductive intentions (which vary over time)

Effect of Poverty on Limiters

- Poor women less likely to be exposed to accurate FP messages & to have access to quality services

- Poorer women use contraception far less than wealthy

- Wealthier women more likely to use methods for limiting:
  - AA: **30.5%** of MWRA in wealthiest quintile and only **12.2%** in poorest quintile
  - FA: **17.5%** of the wealthiest women and **4.4%** of poorest use FP for limiting

- Wealthiest women more likely to use LA/PMs
  - AA: wealthiest use LAs nearly **4 times** more than poorest
  - FA: wealthiest use LAs **2 times** more than poorest
  - Poorest women in AA use PMs considerably less than richest; opposite true in FA

Photo by C. Svingen / EngenderHealth

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Conclusions: Profile of Limiters in Africa

- Unmet need for limiting exists in Africa
- Demand exists in Africa
- Younger cohorts desire to limit future childbearing
- Large # exceed desired fertility
- Ambivalence may be less of an issue
- Expressed demand for LA/PMs exists
- Many barriers to use
- Focusing on meeting limiting needs has greater effect than does spacing

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Conclusions: Demand an essential element

- Exposure to BCC messages has positive effects
  - Increases knowledge of methods
  - Increases spousal communication
  - Increases favorable attitudes on use & intention to use
  - Increases use of FP
- Mass media, social mktg, IPC, mHealth, EE, community engagement & others are promising approaches
- Multiple channels reinforce & support dose effect = increased FP use
- Meets RH needs of limiters & a country's health goals

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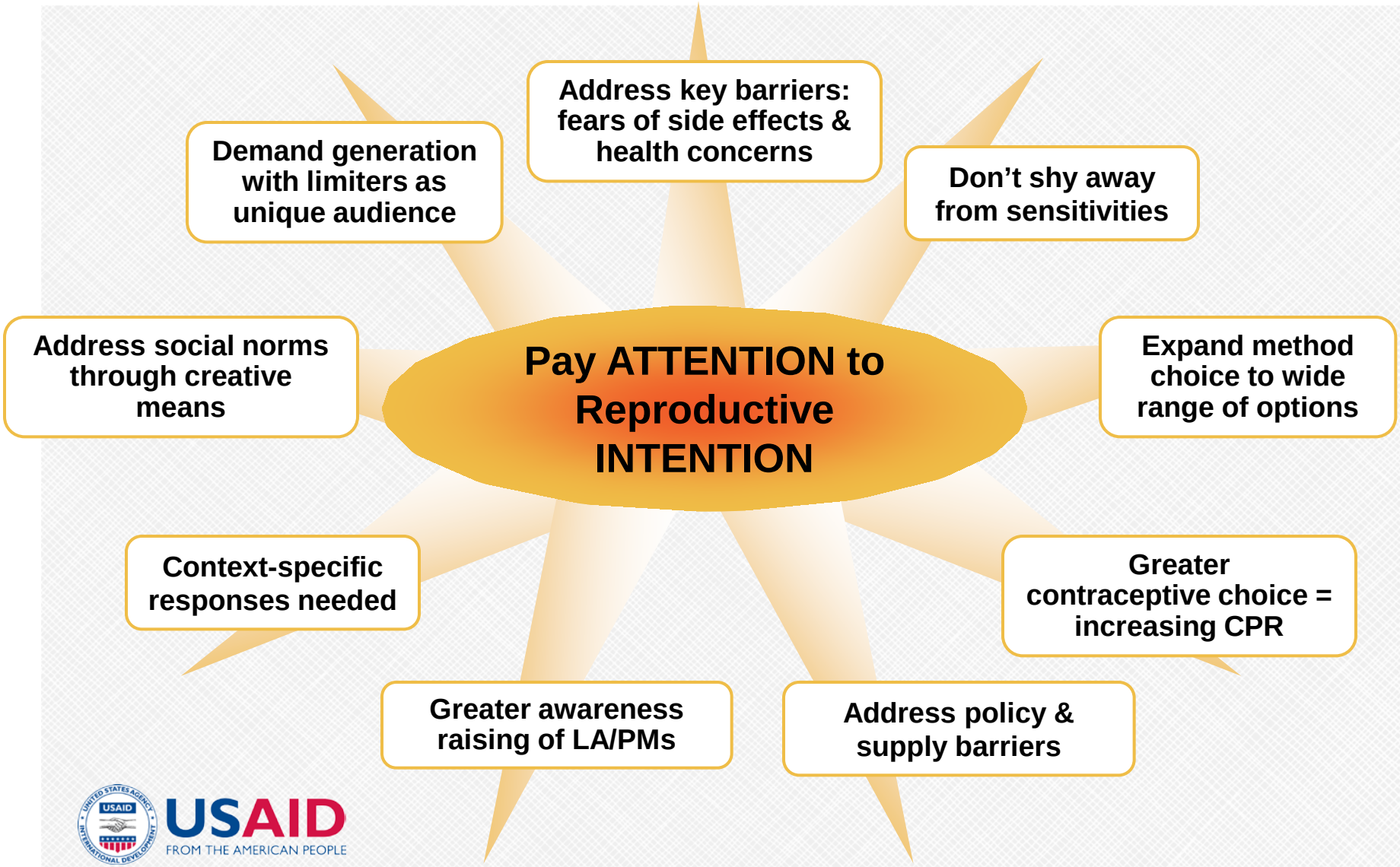
Recommendations



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Comments and Questions

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