Pay ATTENTION to Reproductive INTENTION:

Limiters Have Needs Too

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Rose’s Story
Grace’s Story
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

<table>
<thead>
<tr>
<th>Anglophone Africa</th>
<th>Francophone Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Benin</td>
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<tr>
<td>Kenya</td>
<td>Cameroon</td>
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<td>Lesotho</td>
<td>Madagascar</td>
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<td>Malawi</td>
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<td>Zambia</td>
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<td>Zimbabwe</td>
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</tbody>
</table>
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

Married women of reproductive age with unmet need

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Unmet need to space</th>
<th>Unmet need to limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td>2004</td>
<td></td>
<td></td>
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<tr>
<td>Ghana</td>
<td>2008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td>2008-09</td>
<td></td>
<td></td>
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<tr>
<td>Malawi</td>
<td>2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td>2006-07</td>
<td></td>
<td></td>
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<tr>
<td>Rwanda</td>
<td>2005</td>
<td></td>
<td></td>
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<tr>
<td>Senegal</td>
<td>2005</td>
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</tr>
<tr>
<td>Swaziland</td>
<td>2006-07</td>
<td></td>
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<tr>
<td>Tanzania</td>
<td>2004-05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>2007</td>
<td></td>
<td></td>
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<tr>
<td>Zimbabwe</td>
<td>2005-06</td>
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</tbody>
</table>

Unmet need to space (light blue) and Unmet need to limit (dark red).
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.
Increasing Trends in Demand for Limiting

Changes in desire to limit births

MWRA


Benin
Cameroon
Ghana
Kenya
Madagascar
Malawi
Namibia
Rwanda
Senegal
Tanzania
Uganda
Zambia
Zimbabwe
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?
Younger & Younger Women Want to Limit

Age at which demand for limiting meets or exceeds demand for spacing

Age

0 10 20 30 40

Modern CPR

0 20 40 60
African Women Exceeding Desired Parity

Mean and ideal parity among permanent method users

The graph shows the mean parity and mean ideal parity for permanent method users in various African countries. The x-axis represents the countries, and the y-axis represents the parity. The blue bars indicate the mean parity, while the red diamonds indicate the mean ideal parity.
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)

Hubacher D, Mavranezouli I, McGinn E. Contraception 2008
## Comparing effectiveness of contraceptive methods

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

Limiters using TM/SAM more than LA/PMs

Family planning use among women with a demand to limit births

[Bar chart showing family planning use among women with a demand to limit births in various countries, with a legend indicating Unmet need for limiting, TM Users, SAM Users, LA Users, and PM Users.]
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

Knowledge & attitudinal factors pose significant constraints.
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

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

- Don’t shy away from sensitivities
- Expand method choice to wide range of options
- Greater contraceptive choice = increasing CPR
- Address key barriers: fears of side effects & health concerns
- Address policy & supply barriers
- Greater awareness raising of LA/PMs
- Address social norms through creative means
- Demand generation with limiters as unique audience
- Context-specific responses needed
- Pay ATTENTION to Reproductive INTENTION
- Greater contraceptive choice

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From the American People
Comments and Questions
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www.respond-project.org