The What-nots and Why-nots of Unmet Need for FP

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Modern contraceptive use worldwide increased 5-fold over 50 years—and 18-fold in developing regions of the world!

1960-65
- LDCs 27%
- MDCs 73%

117 million women
- 86 million in More Developed Countries (MDCs)
- 31 million in Less Developed Countries (LDCs)

2011
- MDCs 14%
- LDCs 86%

661 million women
- 91 million in MDCs
- 570 million in LDCs

Modern contraceptive users today are mostly in the high-population countries of Asia, including China and India.

- Worldwide, 56% of MWRA are using a modern method of FP
- This translates to 661 million women
- 86% of modern users are in developing countries
- China and India, together, constitute half of these users

Worldwide there is a wide range of method use...

CPR = 63%
LAPM share of all modern method use = 57%
TFR = 2.4

Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Users millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>222</td>
</tr>
<tr>
<td>India</td>
<td>107</td>
</tr>
<tr>
<td>Other Asia/Oceania</td>
<td>144</td>
</tr>
<tr>
<td>Latin America/Caribbean</td>
<td>63</td>
</tr>
<tr>
<td>Europe</td>
<td>60</td>
</tr>
<tr>
<td>Africa</td>
<td>35</td>
</tr>
<tr>
<td>North America</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>661</td>
</tr>
</tbody>
</table>

...and there is wide variation across and within regions.

Major categories of contraceptive method use (prevalence): Americas & Europe

North America
- CPR = 78%
- LAPM share = 53%
- TFR = 1.9

South America
- CPR = 76%
- LAPM share = 42%
- TFR = 2.1

Western Europe
- CPR = 72%
- LAPM share = 25%
- TFR = 1.6

Eastern Europe
- CPR = 75%
- LAPM share = 23%
- TFR = 1.5
Major categories of contraceptive method use: Asia

**Eastern Asia**
- CPR = 83%
- Unmet Need = 2%
- LAPM share = 84%
- TFR = 1.5

**Western Asia**
- CPR = 55%
- Unmet Need = 14%
- LAPM share = 34%
- TFR = 2.9

**Southern Asia**
- CPR = 54%
- Unmet Need = 15%
- LAPM share = 59%
- TFR = 2.6

**Central Asia**
- CPR = 57%
- Unmet Need = 12%
- LAPM share = 76%
- TFR = 2.7
Major categories of contraceptive method use: Africa

**Northern Africa**
- CPR = 50%
- Unmet Need = 14%
- LAPM share = 39%
- TFR = 3.1

**Southern Africa**
- CPR = 58%
- Unmet Need = 16%
- LAPM share = 25%
- TFR = 2.5

**East Africa**
- CPR = 29%
- Unmet Need = 28%
- LAPM share = 12%
- TFR = 5.1

**West Africa**
- CPR = 14%
- Unmet Need = 24%
- LAPM share = 9%
- TFR = 5.4
You may be wondering about the U.S. ...

United States

CPR = 79%
LAPM share = 54%
TFR = 1.9

United States contraception use distribution:
- Female Sterilization: 25%
- Pill: 17%
- Condom+: 14%
- Trad: 6%
- Not Using: 17%
- IUD: 6%
- Vasectomy: 13%
- Inject: 1%
- Implant: 1%

Note: Use of long-acting, reversible contraception in the U.S. has grown from 2.4% to 8.5% between 2002 and 2009, mostly due to increases in IUD use. Guttmacher Institute, 2012.
Relative effectiveness of contraceptive methods
“Not all FP is the same”

<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>220</td>
</tr>
<tr>
<td>Female condom</td>
<td>210</td>
</tr>
<tr>
<td>Male condom</td>
<td>180</td>
</tr>
<tr>
<td>Pill</td>
<td>90</td>
</tr>
<tr>
<td>Injectable</td>
<td>60</td>
</tr>
<tr>
<td>IUD</td>
<td>8 / 2 (Cu-T/LNG-IUS)</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>

The four long-acting and permanent methods (LA/PMs)
Characteristics and service requirements

Characteristics:
- Highly effective
- Most cost-effective over time
- Popular when accessible
  (good fit with reproductive intentions)

Clinical methods, thus require:
- Skilled, motivated, enabled providers
  > “Provider-dependent”
  “No provider, no program”
- Suitable service setting
- Essential medical instruments and expendable medical supplies
- To insure voluntary, informed choice
Drilling-down into unmet need for modern contraception in the developing world

- Asia has the most unmet need (54%; 119 million of 222 million)
- Africa has highest unmet need in percentage terms (31%)
- World’s 69 poorest countries: 162 million women have unmet need for modern contraception, an increase of 9 million from 2008 to 2012

**Share of Unmet Need for Modern FP in Developing Regions**

- India 26%
- Other Asia 37%
- Africa 25%
- Latin America/Caribbean 8%
- China 4%

**Sources:** Adding it up: Costs and Benefits of Contraceptive Services—Estimates for 2012, Singh and Darroch; Guttmacher Institute and UNFPA. World Contraceptive Use 2011, UN Population Division, 2011.
Many barriers to access to FP services: “The brick wall” can also shape method access/choice

### Barriers to effective family planning services

- Physical Location
- Medical Location
- Cost Knowledge
- Inappropriate eligibility criteria Process
- Regulatory Gender
- Socio-cultural norms
- Time Legal
- Poor CPI Provider bias

### Outcomes when barriers are overcome:

- ↑↑ Access to services
- ↑↑ Quality of services
- ↑↑ Contraceptive choice and use
- ↓↓ Abortion
Reasons for non-use among women with an unmet need: Africa

Note: Every one of these reasons for non-use could be addressed during the client-provider interaction.

Source: Darroch et al, Guttmacher Institute, 2011.
Unmet need, traditional method use, and modern method use: Selected sub-Saharan African countries

Modern contraceptive use ranges widely in SSA, from 5-55 percent (ESA>CA & WA)
In most of the SSA countries, more than half the demand for modern FP is unmet
For every woman using modern FP, one to five women have unmet need
On average, two women want to space for every woman who wants to limit
Though in many East and Southern African (ESA) countries demand to limit now exceeds demand to space (e.g., Kenya, Malawi, Rwanda, Madagascar, South Africa, Namibia)

Source: DHS
Total demand, unmet need and method use among all women with demand to space

Source: Most recent available DHS. Secondary analysis by EngenderHealth and Futures Institute (The RESPOND Project) 2012
Total demand, unmet need and method use among all women with demand to limit

- Height of bar = Total demand for FP to limit
- □ = No method use (unmet need) to limit
- □ = Traditional method use to limit
- □ = Using one of the four LAPMs to limit
- □ = Unmet need for modern FP to limit
- □ = Other modern method use (resupply method) to limit

Source: Most recent available DHS. Secondary analysis by EngenderHealth and Futures Institute (The RESPOND Project) 2012.
## Reproductive intentions, Global South

### Illustrative countries, married women  (FP the norm, and demand to limit > to space)

<table>
<thead>
<tr>
<th>Country</th>
<th>Total demand for FP (%)</th>
<th>Demand to space (%)</th>
<th>Demand to limit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya (2008/09)</td>
<td>71%</td>
<td>30%</td>
<td>41%</td>
</tr>
<tr>
<td>Rwanda (2010)</td>
<td>72%</td>
<td>34%</td>
<td>39%</td>
</tr>
<tr>
<td>Malawi (2010)</td>
<td>72%</td>
<td>35%</td>
<td>38%</td>
</tr>
<tr>
<td>Madagascar (2008/09)</td>
<td>59%</td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td>Ethiopia (2011)</td>
<td>54%</td>
<td>33%</td>
<td>21%</td>
</tr>
<tr>
<td>Senegal (2010/11)</td>
<td>43%</td>
<td>31%</td>
<td>12%</td>
</tr>
<tr>
<td>Nigeria (2008)</td>
<td>35%</td>
<td>24%</td>
<td>11%</td>
</tr>
<tr>
<td>Indonesia (2007)</td>
<td>71%</td>
<td>30%</td>
<td>41%</td>
</tr>
<tr>
<td>Bangladesh (2007)</td>
<td>73%</td>
<td>22%</td>
<td>51%</td>
</tr>
<tr>
<td>Dominican Republic (2007)</td>
<td>84%</td>
<td>23%</td>
<td>61%</td>
</tr>
</tbody>
</table>

**Source:** Most recent available DHS survey
Equity: Use of modern contraception in sub-Saharan Africa far lower among poorest quintile of women compared to richest quintile

Source: Demographic and Health Surveys.

Adapted and updated from L. Dougherty, “Healthy Timing and Spacing of Pregnancy,” Knowledge Management Services Project.
Trends in demand, FP use, and unmet need in 3 successful African countries: Ethiopia, Malawi, and Rwanda
(Demand increasing, greater share being met, but unmet need still high)

Source: Multiple DHS surveys; data for currently married women.
Method mix in Ethiopia, Malawi and Rwanda (% share of total method use)

Ethiopia (2011)
(Total CPR: 28.6%; Modern CPR: 27.3%)

- Male Condom: 1%
- Traditional: 5%
- Fem. Ster.: 2%
- IUD: 1%
- Implants: 12%
- Pill: 7%
- Injectable: 72%

Malawi (2010)
(Total CPR: 46.1%; Modern CPR: 42.2%)

- Male Condom: 5%
- Traditional: 8%
- Female Sterilization: 21%
- IUD: 1%
- Implants: 3%
- Pill: 5%

Rwanda (2010)
(Total CPR: 51.6%; Modern CPR: 45.1%)

- Male Condom: 6%
- Traditional: 12%
- Fem. Ster.: 2%
- IUD: 1%
- Implants: 12%
- Pill: 14%
- Injectable: 51%

Source: Latest DHS surveys; data for currently married women.
### Ten Essential Elements of Successful FP Programs

1. **Supportive Policies**
2. **Evidence Based Programming**
3. **Strong Leadership and Good Management**
4. **Effective Communication Strategies**
5. **Contraceptive Security**
6. **High Performing Staff**
7. **Client-Centered Care**
8. **Easy Access To Services**
9. **Affordable Services**
10. **Appropriate Integration of Services**

### Selected, High-Impact Practices (HIPs)

- Community-based services & task-shifting / task-sharing
- Postpartum FP
- Postabortion (PAC) FP
- Mobile outreach services (“mobile, dedicated, free”)

**Source:** Population Reports 2008, JHU.
Contraceptive use in a situation of “universal access”

United Kingdom

Contraceptive Method Prevalence

- CPR = 84%
- Modern method use: 81%
- LAPM share of use = 48%
- TFR = 2.0

The “payoff” if choice and access to modern contraception is increased and unmet need met

- 222 million women in developing countries have unmet need for modern family planning in 2012

- Meeting this need would prevent 54 million unintended pregnancies
  - 26,000,000 fewer abortions
  - 79,000 fewer maternal deaths
  - 1,100,000 fewer infant deaths
  - > 300,000 children would not lose their mothers

- Many other individual, family, societal and national benefits

Source: Adding it up: Costs and Benefits of Contraceptive Services—Estimates for 2012, Singh and Darroch; Guttmacher Institute and UNFPA.
Three Takeaway Pearls

• **Delayer, spacers, and limiters—Oh my!**: Demand for contraception to meet all reproductive intentions is large & growing.

• **Use and method mix vary markedly between and within the world’s regions.** Often shaped by supply-side access barriers, over and above actual method preferences.

• **Unmet need is like the “rolling tide”:** It rises and then falls as FP programs successfully satisfy growing demand for modern contraception.
“Our bottom line is and must remain the empowerment of women and young people to control their own sexual and reproductive choices. By improving access to reproductive health services, including family planning, we create a ripple effect that helps women care for their families, support their communities, and lead their countries to be healthier and more productive.”

Secretary of State Hillary Clinton, 2011
International FP Meeting, Dakar, Senegal
Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council

www.respond-project.org