



13 Ways of Looking at Unmet Need

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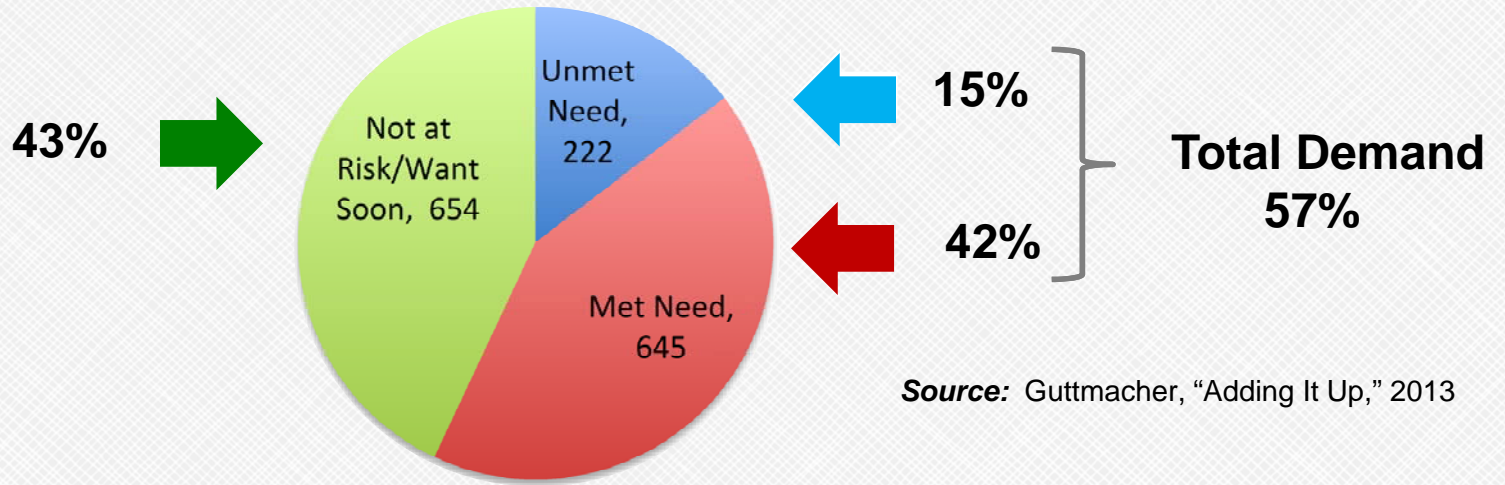


Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



Definition: Women who either want no more children or to postpone a next birth for two years or more and are not using an effective method of family planning.

Met & Unmet Need*
Developing Countries (in millions)



Source: Guttmacher, "Adding It Up," 2013

What it is: A measure of reproductive intention and of potential users of FP; a long-standing measure in FP programming, so gives continuity over time (if not exact comparability)

What it is not: A measure of women who would use family planning today if offered

- **871 million married women want to avoid pregnancy**
 - 661 million using a modern method (76%)
 - 78 million using traditional methods (9%)
 - 132 million using no method (15%)

- **Measurement options:**
 - Denominator: include unmarried women?
 - Numerator: Include traditional method users?
 - Adjust for method effectiveness?

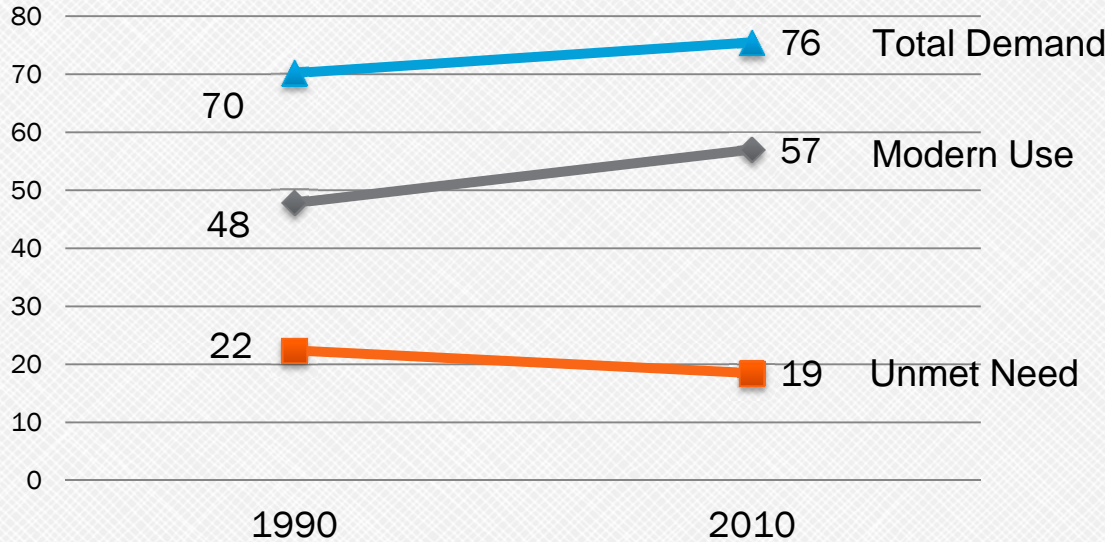
Data Source: *World Contraceptive Use*, UN Population Division, 2011.

Modern Method Use, Unmet Need, and % Demand Satisfied By Major Geographic Region

Region	Modern Method Use (MCPR)	Women using modern methods (millions)	Women with Unmet Need for Modern FP (%)	Women with Unmet Need for Modern FP (millions)	Proportion of Total Need Satisfied (%)
Developing Regions	55%	645m	19%	222m	74%
Asia*	62%	515m	17%	141m	79%
Africa	25%	51m	28%	59m	46%
Latin America	66%	80m	19%	23m	78%

* Asia regional totals are dominated by 267m and 163m modern method users in Eastern (mostly China) and Southern Asia (largely India, respectively; by 83m women with an unmet need in South Asia.

World, MWRA

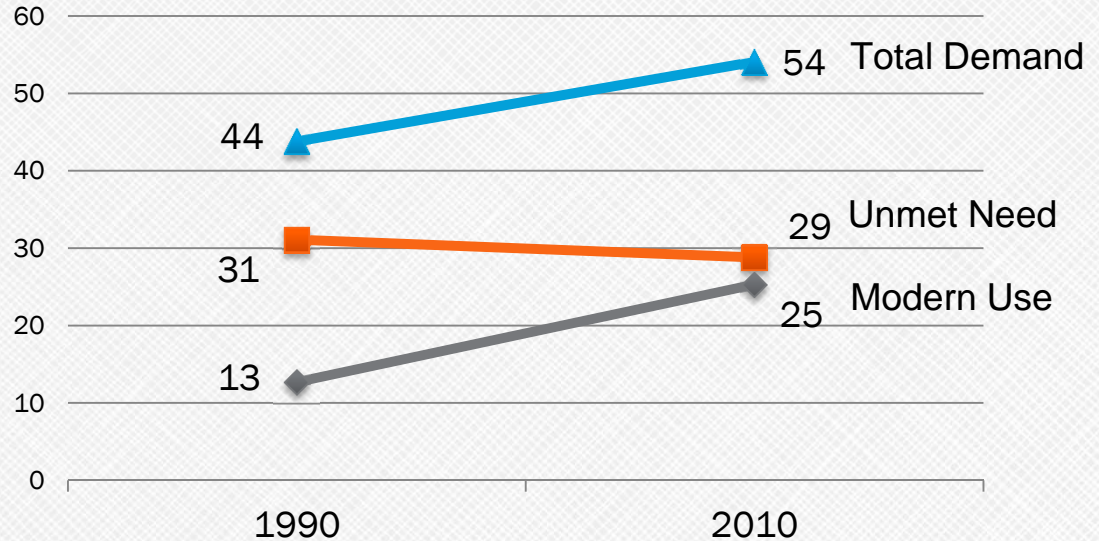


Percent Demand Satisfied: increased from 68% to 75% over twenty year period.

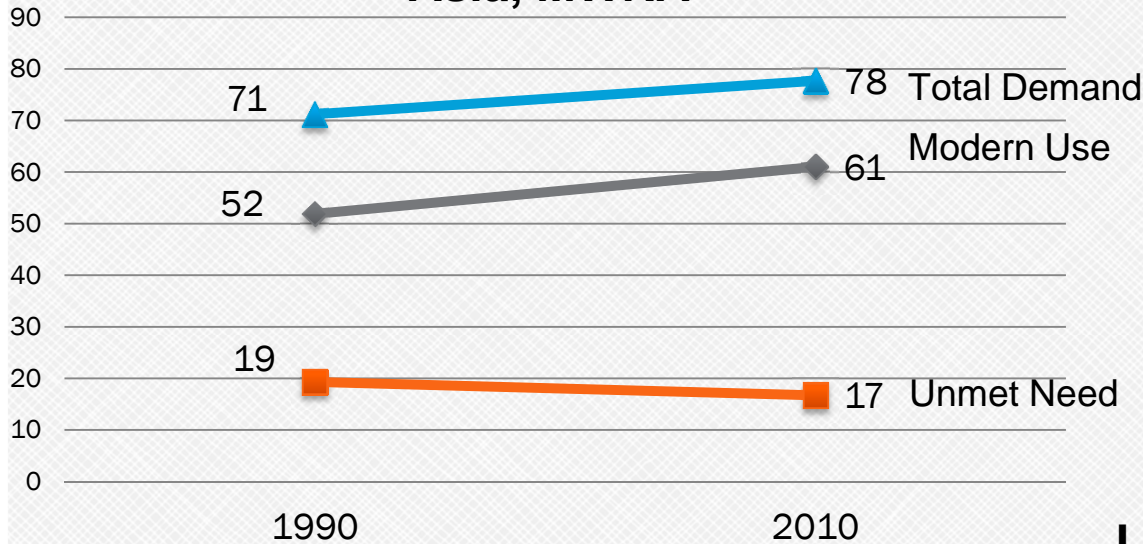
Source: Alkema, et al, Lancet, 2013.

Percent Demand Satisfied: increased from 29% to 47% over twenty year period (while unmet need ~ same).

Africa, MWRA



Asia, MWRA

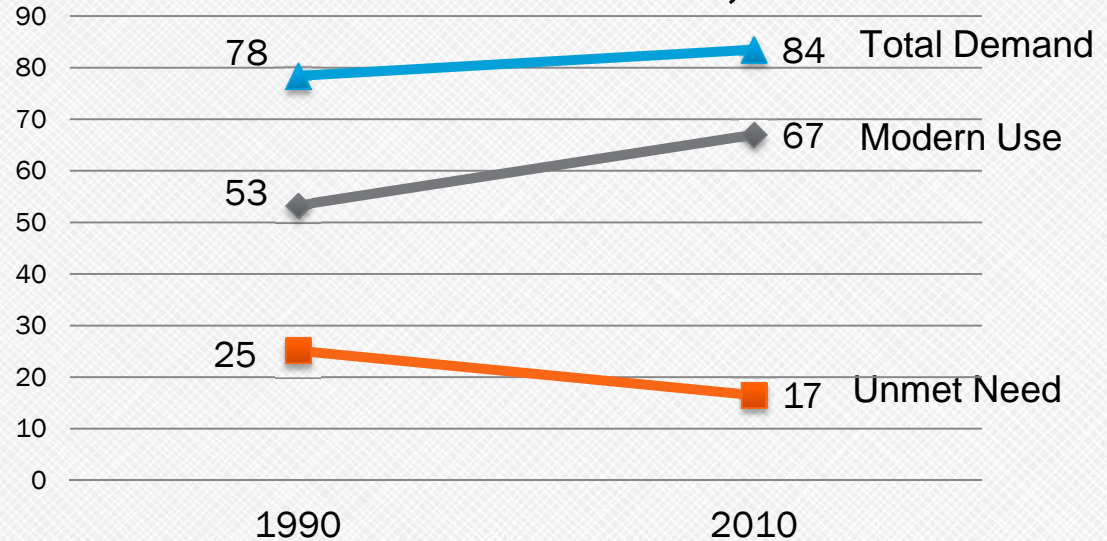


Percent Demand Satisfied: increased from 73% to 79% over twenty year period.

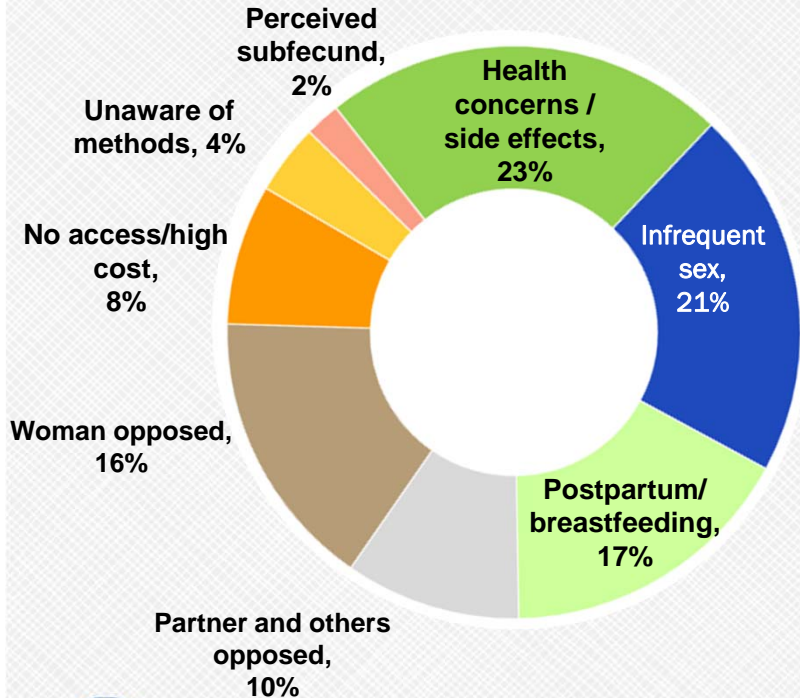
Source: Alkema, et al, Lancet, 2013.

Percent Demand Satisfied: increased from 68% to 80% over twenty year period.

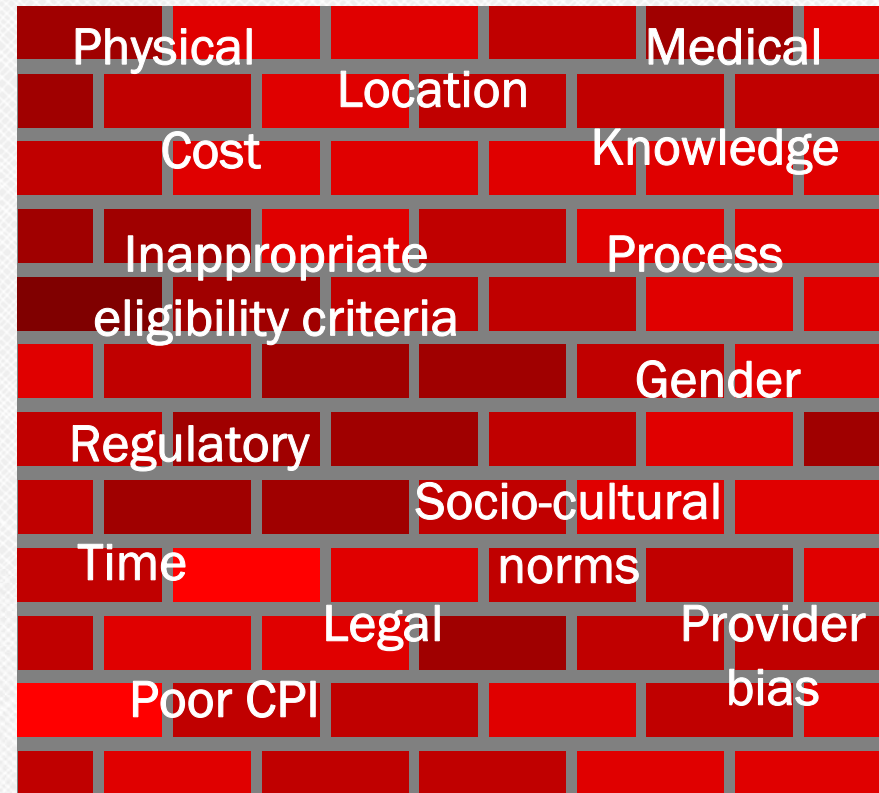
Latin America, MWRA



Reasons for non-use among women with unmet need 3 regions

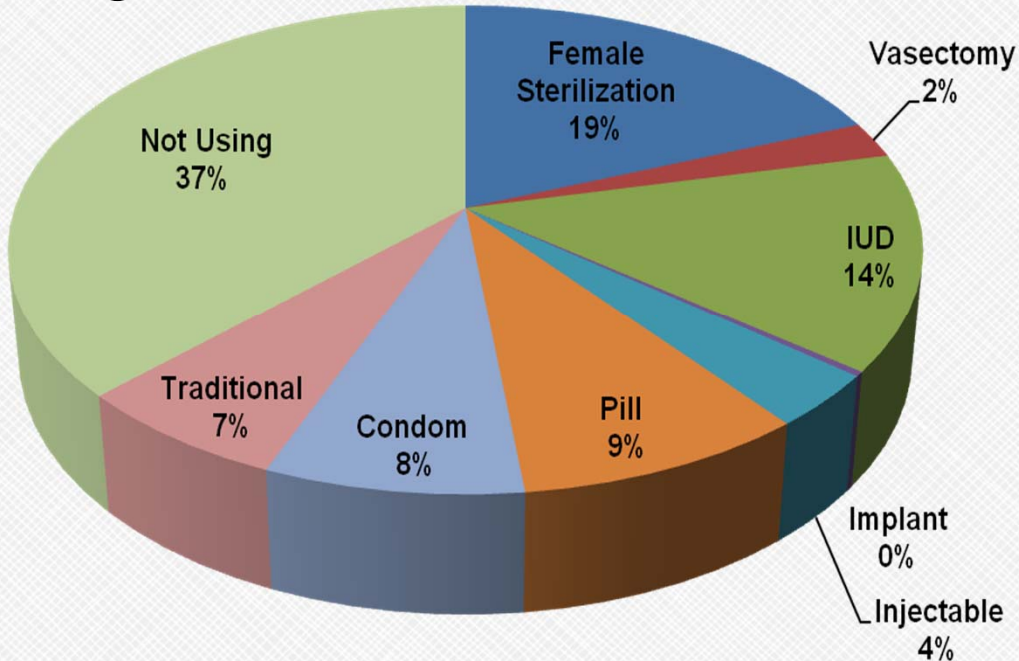


Many barriers to access:



Worldwide there is a range of methods used ...
but in 11 countries one method comprises over 60% of the method mix:

WORLD

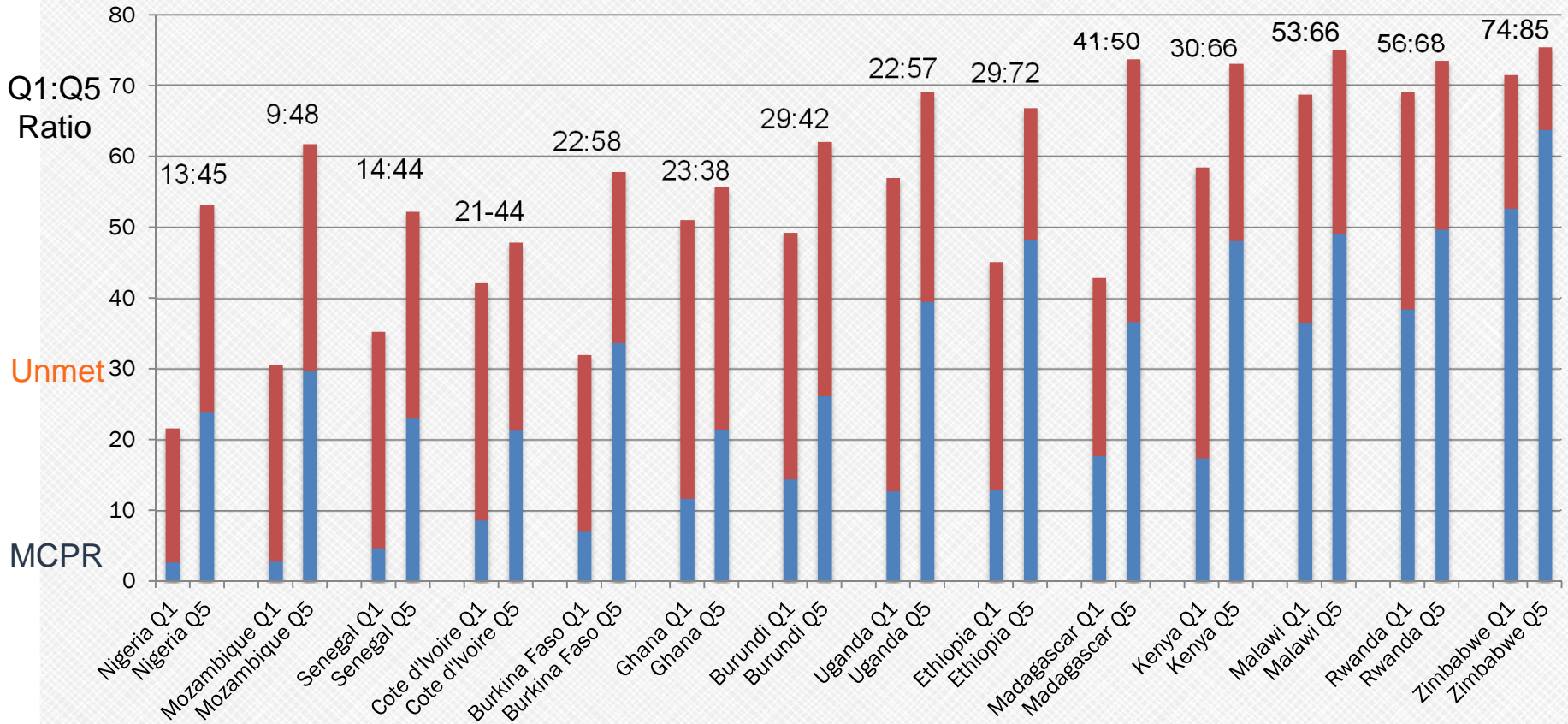


Country	Method
Djibouti	Pill
Ethiopia	Injectable
India	Female Sterilization
Kyrgyzstan	IUD
Mauritania	Pill
North Korea	IUD
Somalia	Folk methods
Tajikistan	IUD
Timor-Leste	Injectable
Uzbekistan	IUD
Zimbabwe	Pill

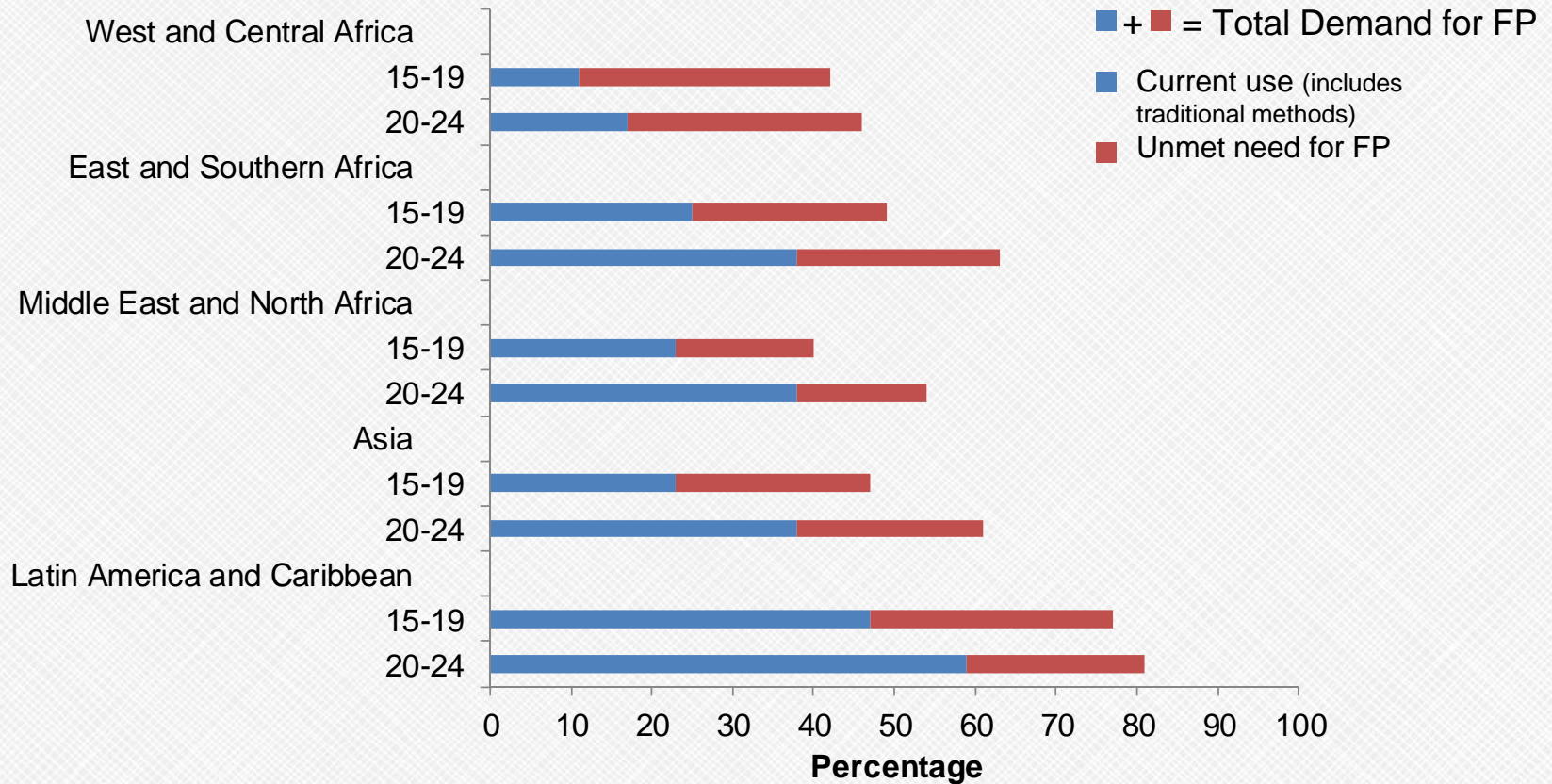
...and one method comprises 40-60% of method mix in another 28 countries:

Country (method)	Country (method)	Country (method)
Afghanistan (pill)	Gambia (pill)	West Bank/Gaza (IUD)
Bangladesh (pill)	Haiti (injectable)	Philippines (pill)
Bhutan (vasectomy)	Indonesia (Injectable)	Rwanda (injectable)
Bolivia (traditional)	Kenya (injectable)	Sierra Leone (injectable)
Burundi (injectable)	Laos (pill)	South Africa (injectable)
Cameroon (traditional)	Madagascar (injectable)	South Sudan (traditional)
Chad (traditional)	Malawi (injectable)	Togo (traditional)
Congo (traditional)	Mongolia (IUD)	Uganda (injectable)
DR Congo (traditional)	Myanmar (injectable)	
Egypt (IUD)	Niger (traditional)	

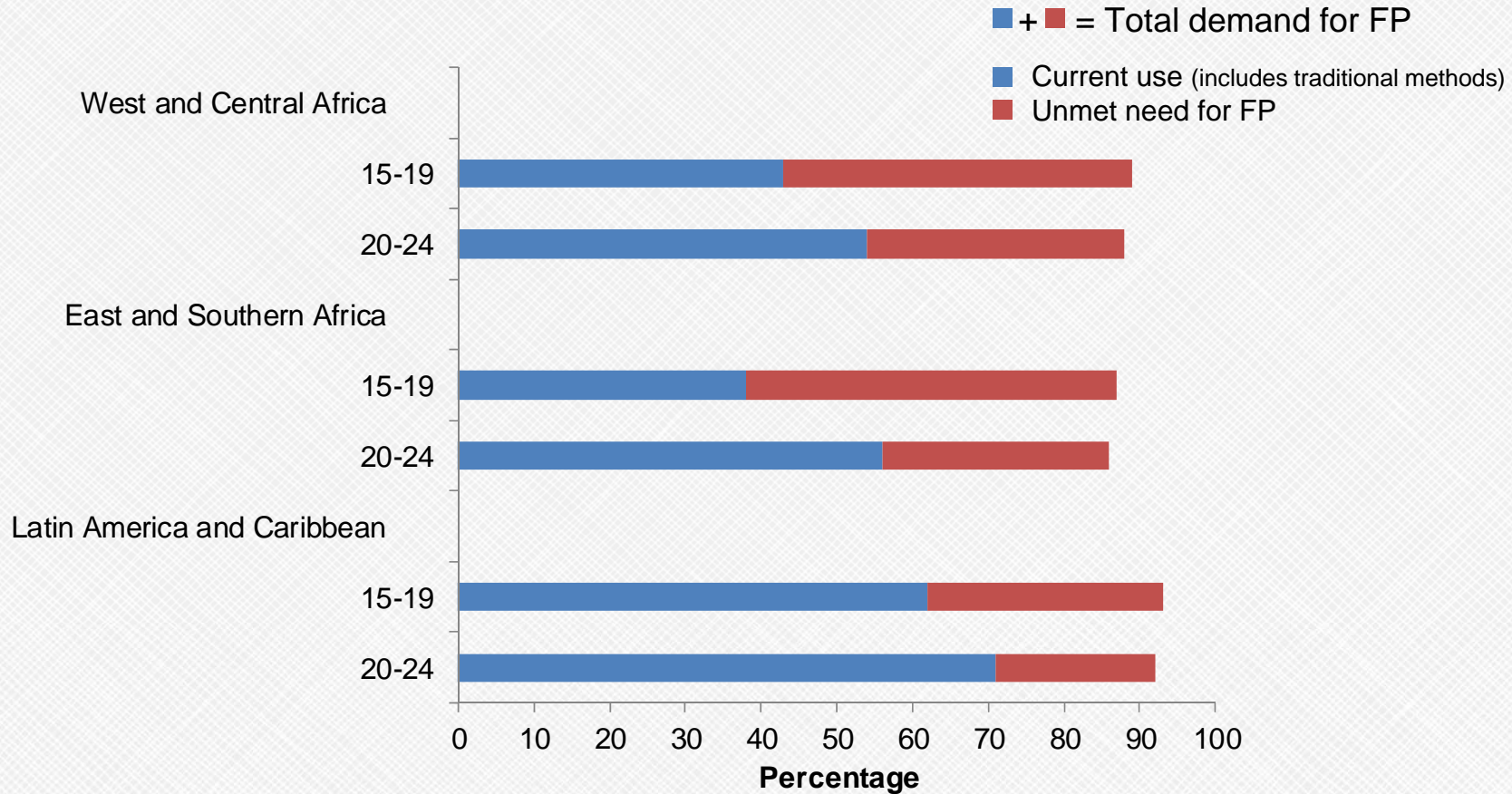
Percent Demand Satisfied: often much lower among poorest quintile (Q1) relative to wealthiest (Q5) quintile, and worse ratio where CPR is lower



Young married women have high demand and high unmet need for FP ...



Demand and unmet need are even higher in young unmarried sexually-active women



Demand to limit exceeds demand to space in all regions of the world except West Africa and Central Africa: country examples

Country	Total demand for FP (%)	Demand to space (%)	Demand to limit (%)
Dominican Republic (2007)	84%	23%	61%
Bangladesh (2007)	73%	22%	51%
Indonesia (2007)	71%	30%	41%
South Africa (2003)	74%	19%	55%
Kenya (2008-09)	71%	30%	41%
Rwanda (2010)	72%	34%	39%
Malawi (2010)	72%	35%	38%
Ethiopia (2011)	54%	33%	21%
DRC (2007)	45%	33%	12%
Senegal (2010-11)	43%	31%	12%
Nigeria (2008)	35%	24%	11%

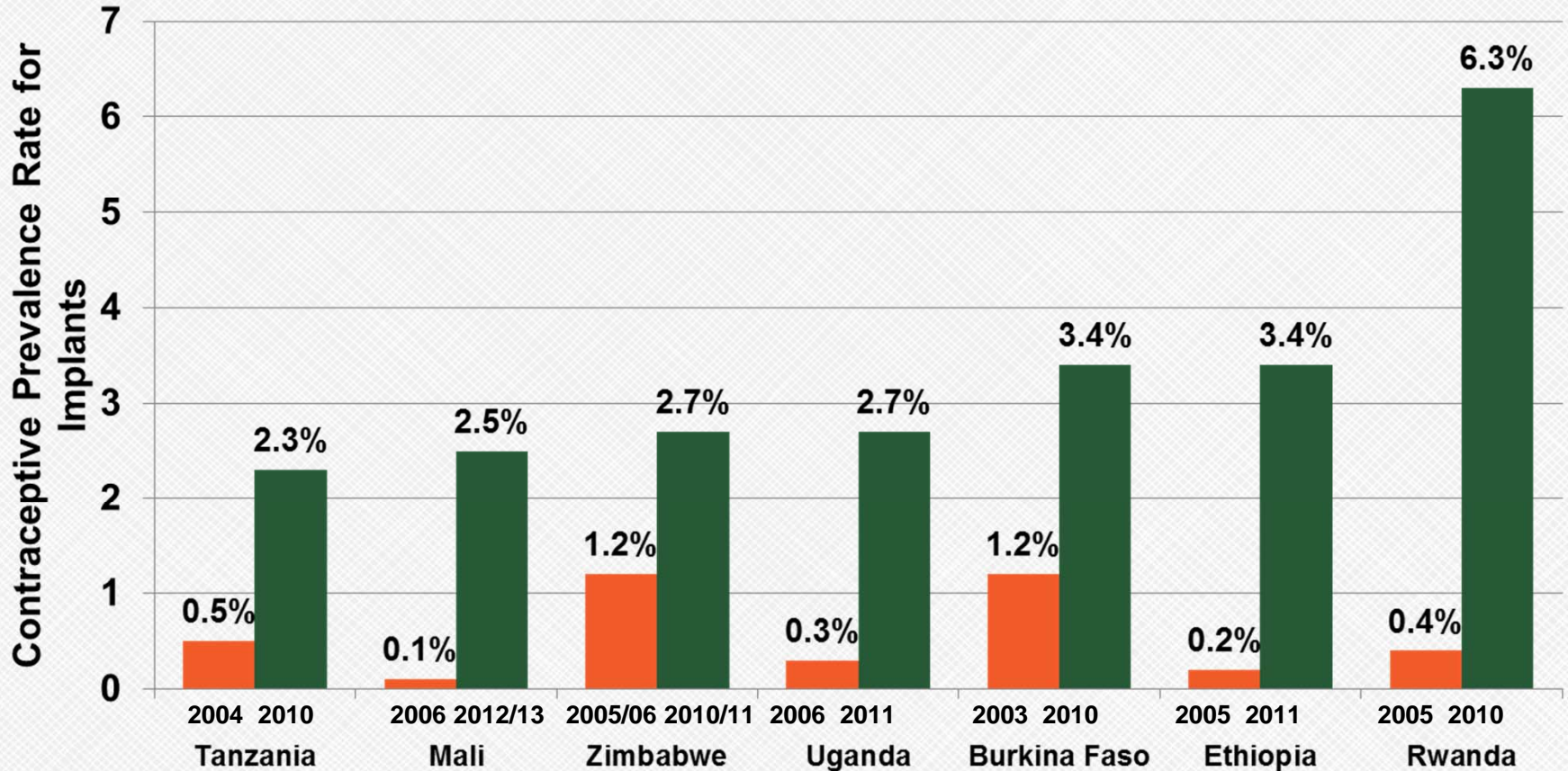
Method	Failure Rate (%)	Number of Unintended Pregnancies in 1,000 Women in 1 st year of typical use	Relative Effectiveness (notes and comments)
Implant	0.05%	0.5	1 pregnancy per 2,000 women 5-year failure rate: 1.1%
Vasectomy	0.15%	1.5	Depends on skill of operator
Fem. sterilization	0.5%	5	5-year failure rate: 1.3% . “permanent” not “infallible”
IUD	0.2-0.8%	8 / 2 (Cu-T / LNG-IUS)	
Injectable	6%	60	Injectable 120x less effective than implant in typical (programmatic) use
Pill	9%	90	
Male condom	18%	180	
Withdrawal	22%	220	Fourfold better than no method
No method	85%	850	15% infertility rate

Reflecting high demand to limit, permanent method use is high in all developed countries, but usually low in low-resource countries (especially vasectomy):

Country	Modern Method CPR	Female Sterilization Use (CPR)	Vasectomy Use (CPR)
Worldwide	56%	18.9%: highest of all modern methods: 223 million women	2.4% (28 million men)
Brazil	77%	29%	5%
United States	73%	24%	13%
Canada	72%	11%	22%
South Africa	60%	14%	1%
India	49%	37%	1%
Malawi	42%	9.7%	0.1%
Ethiopia	27%	0.5%	0%
Nigeria	10%	0.4%	0%
Congo Dem. Rep.	6%	0.8%	0%

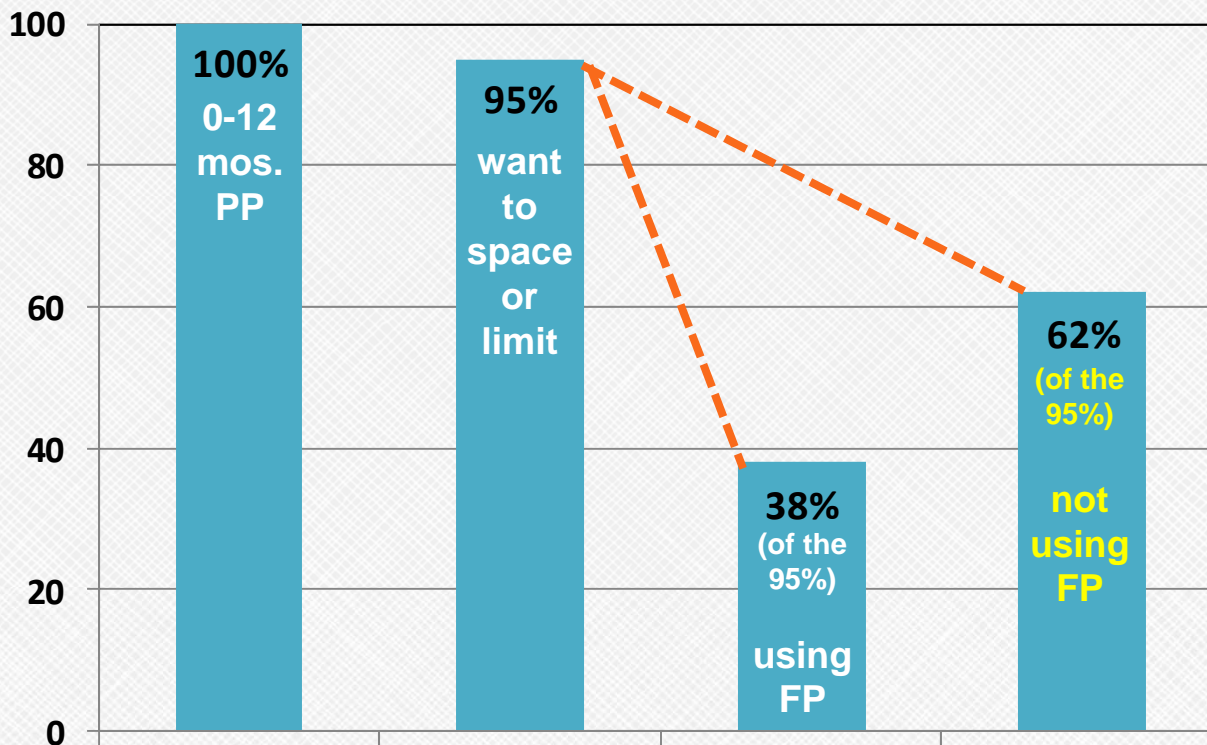
Use of implants is already increasing in country programs:

Sub-Saharan African countries with implant CPR above 2%

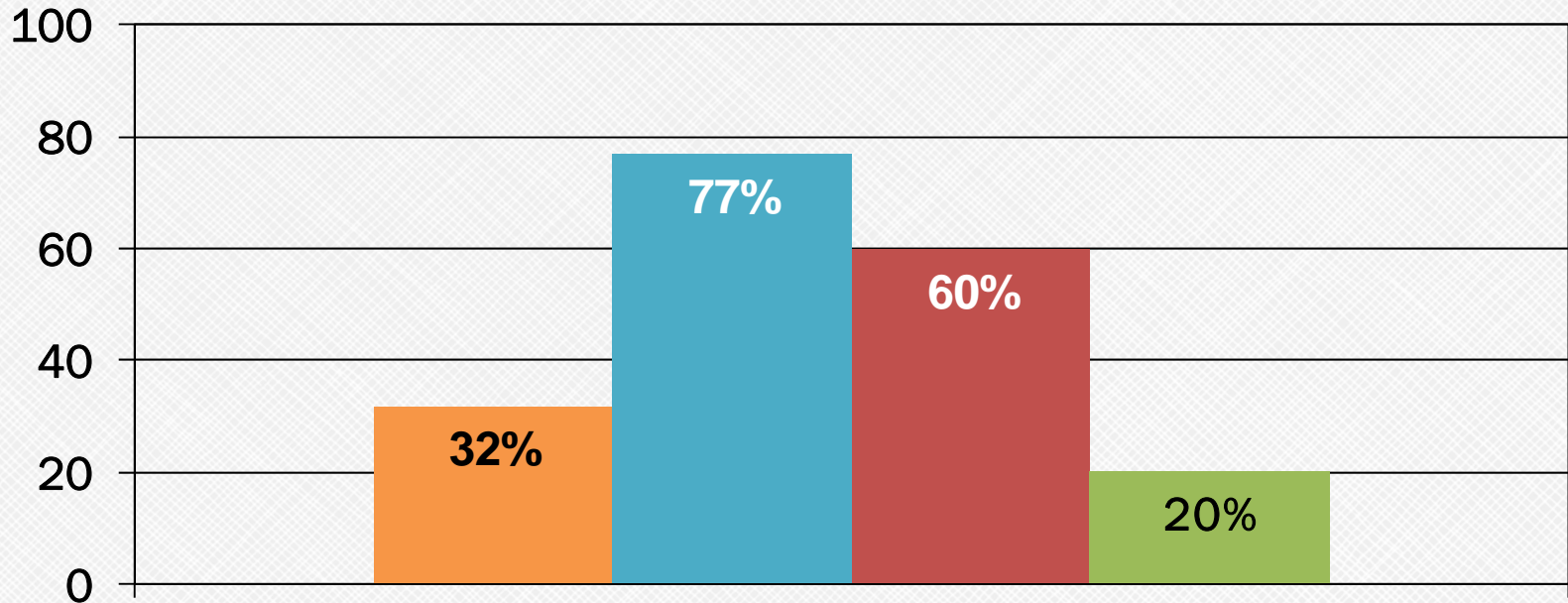


All data are from the *Demographic and Health Surveys* (DHS), for women ages 15-49 currently married or in union. Total modern CPR is 9.9% in Mali (2012-13) and 15% in Burkina Faso (2010).

Very high motivation to avoid next pregnancy, yet ~60% of postpartum women have unmet need – and **40% of all unmet need** is in postpartum women ...



PAC FP: How we fail women:



- Using FP before pregnancy (method failure)
- Desire to space or limit next pregnancy
- Desired a FP method before leaving facility
- Left facility with FP method

National Norms / Policies

- Some cadres not allowed to provide FP
- Limitations on who can receive FP
- Poor location of services
- No FP commodities in budget

Health System

- Lack of policies/guidelines
- Poorly-organized services to provide FP
- Stockouts of contraceptives
- Limited method mix
- Lack of IEC materials / demand creation

Provider

- Negative provider attitude / stigma
- Lack of knowledge about rapid return to fertility
- Little to no FP counseling
- Lack of skills
- Little reward / more work
- Lack of referral for FP methods (if cannot be provided on-site)

Client

- Lack of counseling on FP methods and availability
- Limited method choice
- High / additional charges for FP
- Lack of knowledge about rapid return to fertility

- Women who discontinue method use and subsequently have unmet need account for **38% of total unmet need**
- Significantly higher in sub-Saharan Africa
- “High discontinuation in the past has contributed tens of millions of cases of unmet need, and discontinuation among current users will contribute even more cases [of unmet need] in the future.”

Source: Jain, Anrudh, Obare F, RamaRao S and Askew I, Reducing unmet need by supporting women with met need, *Intl Perspectives on SRH*, 2013, 39(3):133-141.

- Levels of continuation tend to parallel levels of satisfaction
- Continuation (of longer-acting methods) is often even higher in low-resource countries

U.S.A.

Method	Continuation at 12 months	Very satisfied at 12 months	Not satisfied
LNG-IUS	87.5%	70%	14%
Cu - IUD	84%	70%	20%
Implant	83%	55%	21%
Injectable	57%	42%	46%
Pill	55%	41%	46%

Data source: Peipert, et al., Continuation and satisfaction of reversible contraception,” *Obstetr Gynecol* 2011. (Reproductive Choice Project)



Photo by C. Svengen/EngenderHealth



Photo by E. Uphoff/EngenderHealth

Ethiopia

Method	Continuation at 12 months
Implant	95%
Injectable	66%
Pill	30%
Condom	38%

Data source: 2011 Ethiopia DHS. No data given for IUD use.

Family planning programs: What has worked:

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

Source: Elements of Success in Family Planning Programs
Population Reports 2008, JHU.

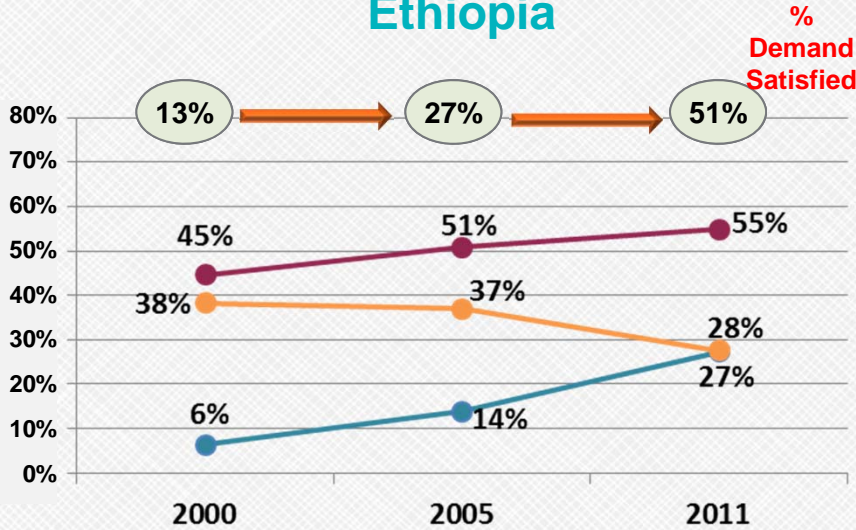
Selected, High Impact Practices (HIPs)

- **Social marketing**
- **Community-health workers providing wide range of FP**
- **Mobile outreach services**
(task-sharing; dedicated providers; free or highly subsidized services)

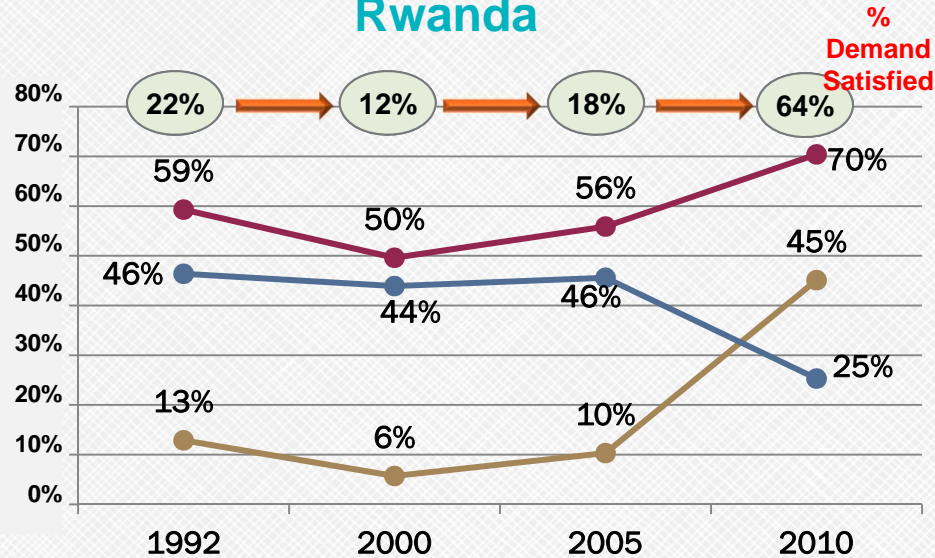
Source: *Family Planning High Impact Practices*
www.fphighimpactpractices.org

Unmet need falling somewhat, FP use and percent demand satisfied rising markedly

Ethiopia



Rwanda



- Total demand for modern FP
- Met need (Modern CPR)
- Unmet need for modern FP

Data Sources: Respective DHS surveys, Ethiopia and Rwanda. Data for currently married women.

“... We call upon other African leaders to increase funding for family planning commodities and related services from national budgets.”

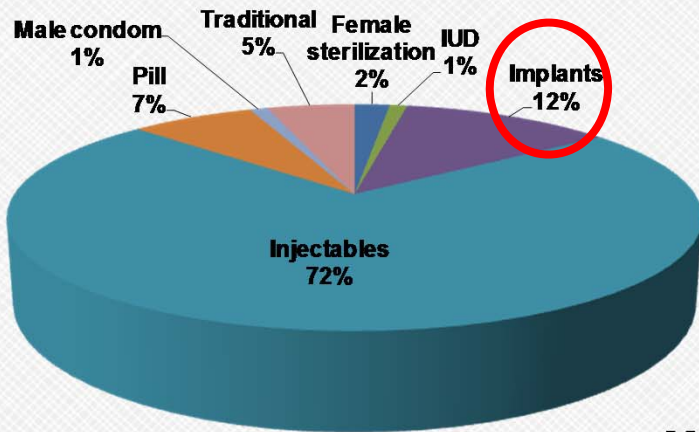
—Pierre Damien Habumuremyi Prime Minister, Government of Rwanda

— Meles Zenawi Prime Minister, Government of Ethiopia

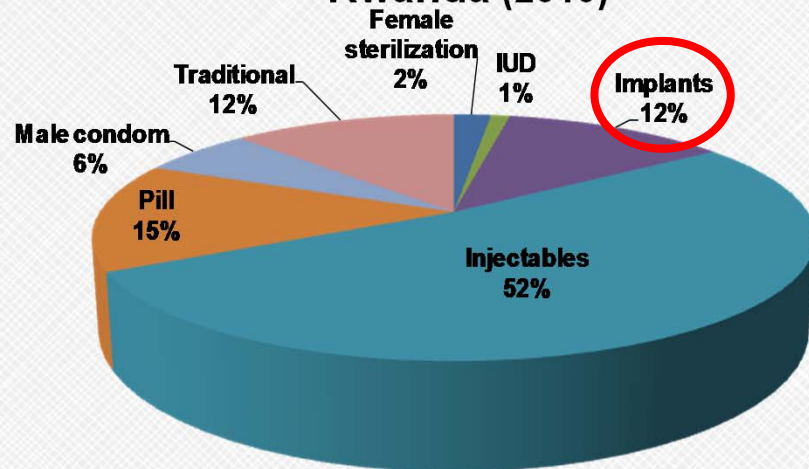
www.thelancet.com July 10, 2012

Injectables predominate, and some clinical methods also increasing:

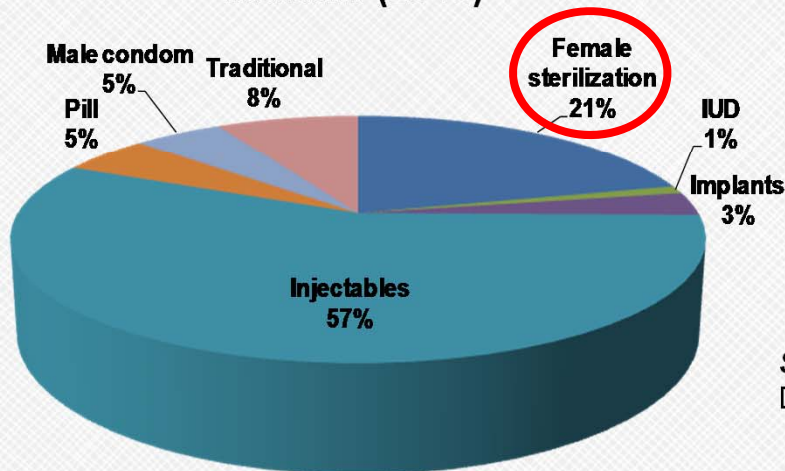
Ethiopia (2011)



Rwanda (2010)



Malawi (2010)

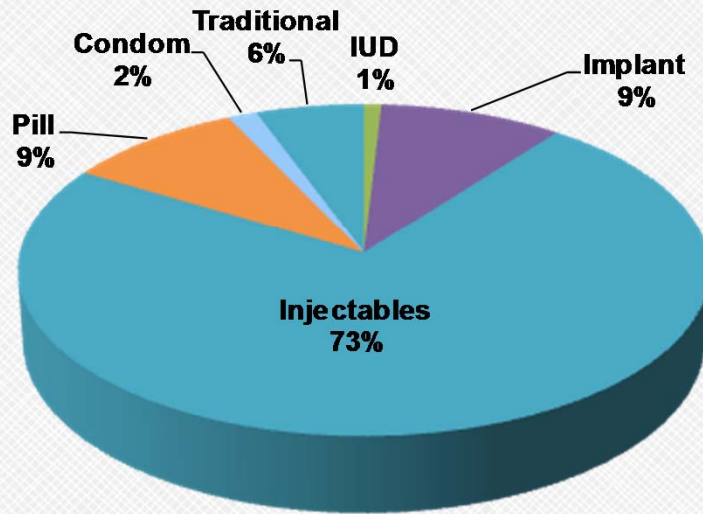


Source: latest DHS survey.
Data for currently married women.

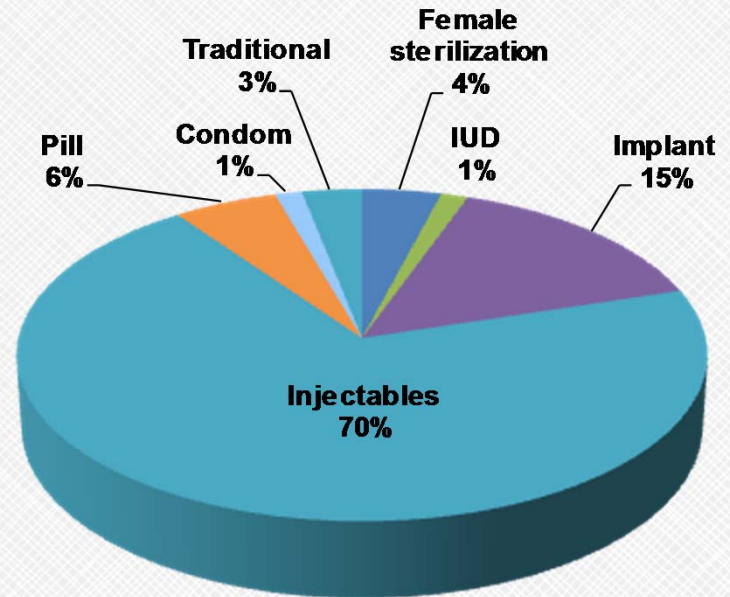
Method mix not much different among spacers and limiters:

Ethiopia

Method mix among spacers



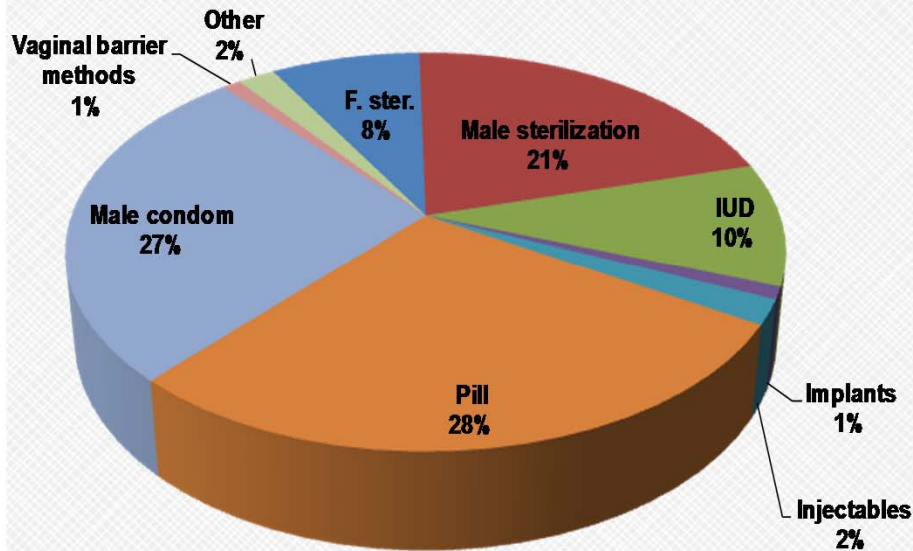
Method mix among limiters



There's no "ideal" method mix, but here's method mix in some countries with universal access to FP, wide method choice, respect for rights, high gender equity, & low unmet need:

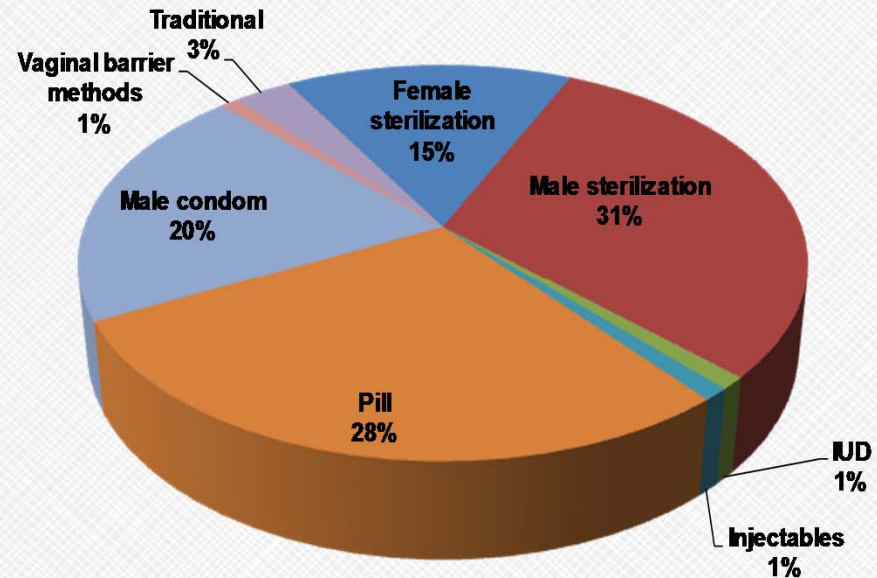
United Kingdom

(Total CPR: 84%; Modern CPR: 84%)



Canada

Total CPR: 74%; Modern CPR: 72%



Clinical methods are ~40-50% of use among all women (not just among limiters)

Much is at stake—and it's a matter of equity and social justice:

- 56% of maternal deaths globally are in sub-Saharan Africa -- MMR there is 15 times higher than in developed countries
- For every instance of mortality, 20 instances of serious morbidity
- Only averages: worse among the poor and disadvantaged
- Lifetime risk of maternal death:
 - Nigeria: 1 in 29 Netherlands: 1 in 10,500
 - Uganda: 1 in 49 United Kingdom: 1 in 4,600
 - Ghana: 1 in 68 Greece: 1 in 20,500
 - Cambodia: 1 in 150 Canada: 1 in 5,200
 - India: 1 in 170 Italy: 1 in 20,300
- > 222,000,001 women have unmet need, mostly in sub-Saharan Africa and South Asia; meeting it could prevent:
 - 54 million unintended pregnancies and 26 million abortions
 - 2 million serious maternal morbidities and 80,000 maternal deaths
 - 1.1 million infant deaths and >300,000 children from losing a mother



Photo by R. Mowifi/EngenderHealth

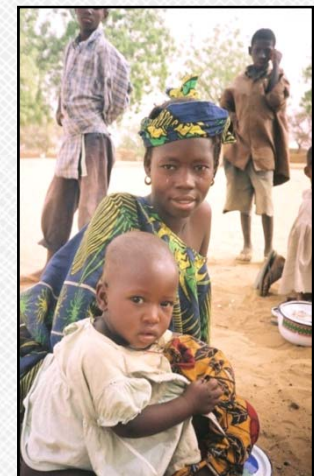


Photo by Staff/EngenderHealth



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