

“Met and Unmet Needs for Family Planning: A Global Issue”

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Abstract

Family planning methods have been recognized as important elements in reducing fertility and population control, which in turn help in overall development of the nation. Unintended or unwanted pregnancies can adversely affect woman's health by exposing her to high risk pregnancies, unsafe abortions, reproductive tract infections and sexually transmitted diseases. Hence, use of modern contraceptive can prevent maternal mortality to a large extent by reducing number of unwanted pregnancies, abortions, especially unsafe, and high risk births. Also it is well known that fulfilling women's need for modern contraceptives can prevent large number of maternal deaths, thereby saving many lives per year. The present literature will help in knowing the current trends family planning practices and unmet need for contraception all over the world. Method: The literature regarding family planning services and unmet needs for contraception was searched from various English language journals, Government sites, WHO and UNSAID data, published peer-reviewed articles on PubMed, MEDLINE, Embase and Google Scholar till 2015.

Keywords: Adolescent; Contraception; Family Planning; Pregnancy; Unmet need

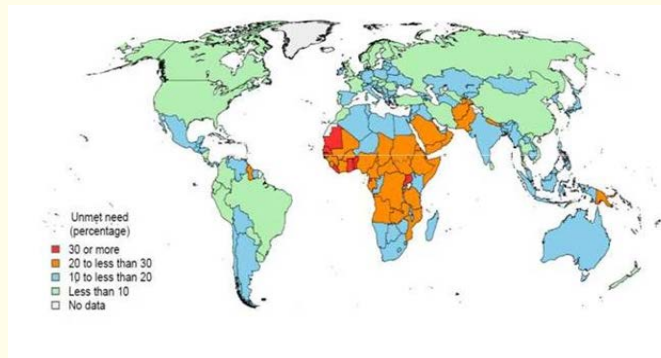
Introduction

Unmet need for family planning is proportion of reproductive age women (15-49 years), either married or staying in union, who have unmet need for contraception that is those who want to stop or delay childbearing but are not using any contraceptive method [1]. Globally about 84% of reproductive age women, married or staying in union, had their contraception demand fulfilled [2-p18] with Latin America and Caribbean having maximum contraceptive use, and Couple Protection Rate (CPR) of 73%, followed by Asia and Pacific at 69%, and Eastern Europe and Central Asia at 65% [2-p12]. Recent data shows that more than 100 million women in developing countries [3], that are 17% of all married women, want to avoid pregnancy but are not using any form of family planning method [4]. Though over the past decade, contraceptive use has risen leading to fall in unmet need for family planning in most of the countries, but still it remains persistently high or is increasing in some countries, indicating that more vigorous efforts are needed to understand and to meet the demands of unmet need.

Global Overview

Globally most of married or in union women use some or other contraceptive methods. Recent figures of 2015 show that, worldwide 64% of married or in union reproductive age women used some or other form of contraception. However, use of contraceptive was very low in least developed parts of the world (40%) with only 33% in Africa [5]. Despite of increasing contraceptive prevalence all over the world from 54.8% in 1990 to 63.3% in 2010, and also decreasing unmet need for contraception from 15.4% in 1990, to 12.3% in 2010, there were still around 146 million (130-166 million) women of reproductive age with unmet need for family planning in 2010 [6]. Also the absolute number of married women who either use contraception or who have an unmet need for family planning has grown from 900 million (876-922 million) in 2010 to 962 million (927-992 million) in 2015, and will keep on increasing in most developing countries [6].

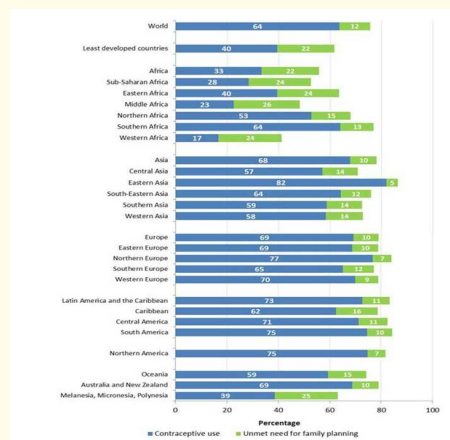
Hence, it was found that one out of every ten married or in union women in most of the regions of world have an unmet need for family planning. According to United Nations latest figures, 12% of married or in union women are known to have had an unmet need for contraception [5]. Furthermore, the level was much higher, 22%, for least developed countries with 24% in sub-Saharan Africa, double the world average, as depicted in Figure 1. Also when users of traditional methods are taken into account as having an unmet need for family planning, the figures went upto 18% [5].



Source: United Nations, Department of Economic and Social Affairs, Population Division (2015a).

Figure 1: Global representation of married or in union women aged 15 to 49 with unmet need for family planning, 2015.

Moreover, in developing countries about 818 million women, want to avoid pregnancy [7]. About 17% (140 million) of these women are not using any contraceptive method, while 9%, (75 million), are using traditional methods [7,8]. Hence, an estimated 215 million women in developing countries are known to have an unmet need for modern contraception [8]. Of this the major proportion is shared by Sub-Saharan Africa, South Central Asia and Southeast Asia which account for 69% of women with an unmet need for modern methods [9]. Every year in these three regions, 49 million women have unwanted pregnancies, causing 21 million unplanned births, 21 million induced abortions of which 15 million are unsafe, resulting in 116,000 maternal deaths and loss of 15 million healthy years of women’s lives [8].



Source: United Nations, Department of Economic and Social Affairs, Population Division (2015a).

Figure 2: Contraceptive prevalence and unmet need among married or in union women (15 to 49 years), 2015.

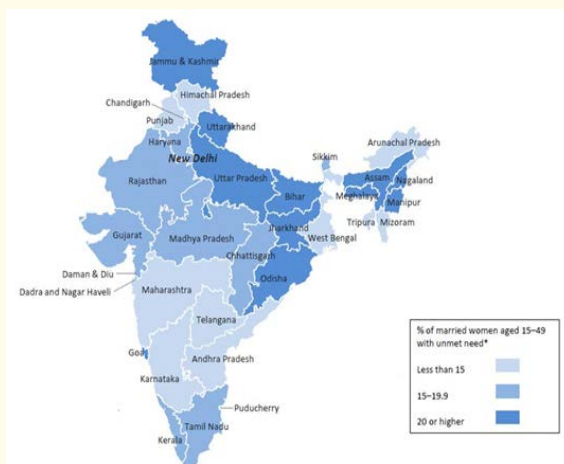
Furthermore, a recent study reported that global number of married or in union women using contraception is expected to rise by 20 million that is from 758 million in 2015 to 778 million in 2030. Despite of that, the number of women with unmet need for family planning is projected to change little, from 142 million in 2015 to 143 million in 2030, this is mainly due to growth in number of married or in union reproductive age women in sub-Saharan Africa and increasing demand for contraception [10].

Also it was found that of all contraceptive methods, permanent female sterilization and Intra Uterine Contraceptive Devices (IUCD) are the two most commonly used methods by married or in union women worldwide [5]. Recent figures report, 19% of married or in union women used female sterilization and 14% used IUCD. Short-term methods are less common with 9% women using pills as contraceptive method, 8% relied on male condoms and only 5% injectable contraceptives. The remaining 6% used withdrawal method [5]. Figure 2 depicts Global contraceptive prevalence and unmet needs among married or in union women.

Indian Scenario

According to United Nations the world population grew at 1.23% per year during 2001-2010 whereas India’s population at 1.64% per year during 2001-2011 [11]. India caters a total population of around 1.2 billion, representing 17.85% of world’s population, of which 26% (328 million) are women of reproductive age (15 - 49 years) [12]. As per the Sample Registration System 2012, Indian women have an average of 2.4 births in their lifetime [13] with a high fertility rate especially in most of northern and central states with low contraceptive usage [14].

According to recent data of Annual Health Survey on contraceptive prevalence rate among married women in India (2012 - 2013), it was found that contraceptive use varies between state to state, ranging from 41% in Bihar to 70% in Rajasthan [15]. Also the contraceptive use was higher among urban women (61%) than those in rural areas (50%) [16]. It was also reported that only 7% of married women between 15-19 years and 22% of those aged 20-24 years used modern methods of contraception [15]. Of all current users in India, 88% relied on modern methods, and remaining 12% reported using some traditional methods [15]. Spacing methods were much less common than permanent methods, especially among women of 35 years and older, of which female sterilization accounted for two-thirds of total contraceptive use and for 74% of modern methods [15].



Source: IIPS, District Level Household and Facility Survey (DLHS-3),2007–08: India, Mumbai: IIPS, 2010.

Figure 3: State-wise Unmet Need for Contraception in India.

District Level Household and Facility Survey-3 (DLHS-3) [17] reported that the unmet need of contraception in India is 21.3%, with 7.9% for spacing and 13.4% for limiting. Unmet need was higher among rural, low-income and young women than others. Contraceptive usage was low (22-38%) in the states of Jammu Kashmir, Bihar, Jharkhand, Meghalaya and Uttar Pradesh with highest levels of unmet need (32-36%) [16] as depicted in figure 3. Another recent study conducted by the Population Council in Uttar Pradesh shows that 64% of rural women aged 15 - 34 years did not want their last pregnancies (44% wanted to space pregnancy and 20% did not want any more child) [18]. Similarly, in Bihar state, 53% of pregnancies in rural young women were unwanted [19].

Adolescents and Contraception

Worldwide, adolescents constitute around 16% of total population, accounting for 1.2 billion aged 10-19 [20]. Of which an estimated 250 million adolescent girls (15-19 years) are living in developing countries, and constitute about one-sixth of all reproductive age women [2-p29]. More than one in five of these adolescent girls are currently married or in union, and around 3% are unmarried but sexually active [2-p80]. Of married or in union adolescent girls about 15% are using modern contraception [2-p81]. According to recent figures of 2015, 12.8 million adolescent girls have an unmet need for family planning and this number is projected to increase to 15 million by 2030 if the present trends continue. Of these 12.8 million adolescent girls, about half belong to Asia and the Pacific and more than 30% to West and Central Africa and East and Southern Africa [2-p81]. Figure 4 shows Global number of adolescent girls with an unmet need for family planning.

REGION	ABSOLUTE NUMBERS OF ADOLESCENTS GIRLS WITH AN UNMET NEED FOR FAMILY PLANNING (THOUSANDS)
Asia and the Pacific (excluding China)	6,289
Arab States	562
East and Southern Africa	2,398
Eastern Europe and Central Asia	125
Latin America and the Caribbean	1,611
West and Central Africa	1,833
UNFPA global	12,817

Notes: "UNFPA global" refers to the weighted average of 156 UNFPA programme countries.
Source: UNFPA analysis based on DHS and MICS data.

Figure 4: Global figures of adolescent girls with an unmet need for family planning, 2015.

Furthermore, adolescents account for an estimated 2.5 million (14%) of the approximately 19 million unsafe abortions that occur annually in the developing world [21]. Hence, adolescent girls require special attention in relation to family planning services, as they have special sexual and reproductive health needs compared to adults, and are often more vulnerable, have minimal sexual and reproductive health knowledge, and face more challenges in accessing sexual and reproductive services, especially family planning [2-p36].

In developing countries, 23% of adolescent girls are married or in union of which 15% are using modern contraceptive methods. The contraceptives most commonly used are pills and injectable, accounting for more than 70% of all modern methods, followed by male condoms at 21%, only 5% use IUCD [2-p40]. Also it was reported that use of contraceptives is much higher among unmarried and sexually active adolescent girls and so is the unmet need. In developing countries, 41% of unmarried and sexually active adolescent girls have an unmet need for contraception, compared to only 23% of their peers who are married or in union [2-p38].

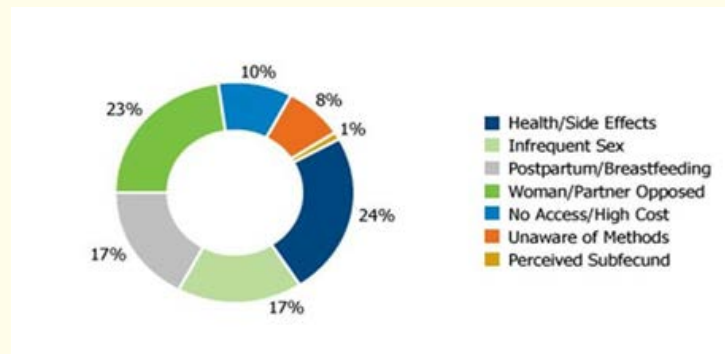
The major challenges that adolescents face, especially in developing countries that need to be addressed for better future are lack of knowledge about contraception and ways to obtain health services, high risk of sexual violence [22] and little or no independence in

decision making about the timing of births or use of contraception [23]. In addition to this, in most parts of developing world, unmarried adolescents often face societal pressure and condemnation if they are sexually active [24,25].

Causes of Unmet Needs

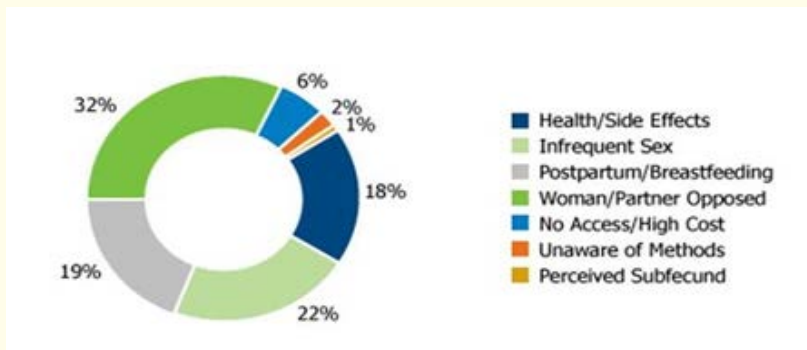
There are several reasons for unmet need for family planning. The main reasons that are commonly cited are infrequent sex, breast-feeding, opposition to family planning by women herself, their husbands, or other family members, method-related problems and health concerns [26]. Lack of knowledge about methods or sources of supply is also an important reason, especially in countries where unmet need is relatively high; cost and access are other reasons to a lesser extent.

According to Population Reference Bureau; seven in 10 women with unmet need in Sub-Saharan Africa, South Central Asia and South-east Asian regions report reasons for nonuse of contraception that could be corrected with appropriate methods. Of these 23% reported health risks or method related side effects as main cause; 21% had infrequent sex; 17% were postpartum or breast-feeding; and 10% faced opposition from their partners or others. Other reasons cited by women in these three regions include: 29% had access-related reasons for not using contraceptives [27,28]. Personal opposition to contraception use (because of religious taboos, socio-cultural beliefs, etc.) accounts for 16% of unmet need. Personal opposition is more common reason in South Central Asia (20%) and Sub-Saharan Africa (14%) than in Southeast Asia (6%). Some 4% report lack of awareness about modern methods [27,28]. This is more common in Sub-Saharan Africa (8%) than in the Asian regions (1 - 2%). Another 2% of nonusers in need of method believe they are unlikely to become pregnant; this may be due to lack of accurate information concerning women’s likelihood of becoming pregnant or their ability to have a child [27,28]. Figure 5, 6 and 7 show reasons of unmet needs in Sub-Saharan Africa, South Central Asia and South-East Asia regions of world.



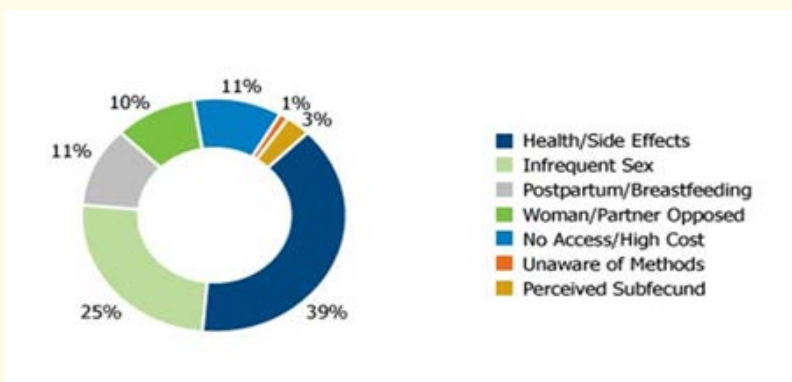
Source: Jacqueline E. Darroch, Guilda Sedgh, and Haley Ball, *Contraceptive Technologies: Responding to Women’s Needs* (New York: Guttmacher Institute, 2011).

Figure 5: Reasons for Nonuse of modern contraceptives among Sub-Saharan African women with unmet need.



Source: Jacqueline E. Darroch, Guilda Sedgh, and Haley Ball, *Contraceptive Technologies: Responding to Women’s Needs* (New York: Guttmacher Institute, 2011).

Figure 6: Reasons for Nonuse among South Central Asian women with Unmet Need for modern contraception.



Source: Jacqueline E. Darroch, Guilda Sedgh, and Haley Ball, *Contraceptive Technologies: Responding to Women’s Needs* (New York: Guttmacher Institute, 2011).

Figure 7: Reasons for Nonuse among Southeast Asian women with Unmet Need for modern contraception.

Consequences of Unmet needs

Reducing unmet need could be one of the best ways of reducing number of unplanned births, induced abortions, maternal deaths and DALYs. It has been estimated that meeting women’s unmet needs for modern contraceptives would prevent about one quarter to one-third of all maternal deaths, thereby saving 140,000 to 150,000 lives per year [29,30]. It would also help in preventing a similar proportion of maternal injuries, infections, and long-term disabilities resulting from pregnancy, childbirth, and abortion that affects around 15 million women every year [31].

The Guttmacher Institute in its 2009 report estimated that if all women who wanted to avoid pregnancy were using modern contraceptives, the number of unwanted pregnancies in developing parts of world would decrease from 75 million to 22 million every year, resulting into 22 million fewer unplanned births, 15 million fewer unsafe abortions, and 90,000 fewer maternal deaths [27]. Hence, every country should make attempts to reduce unmet need for family planning.

Future Policies and Programs

In every country, first the amount of unmet need and the characteristics of women with unmet need should be chalked out which can help planners to strengthen programs. Strengthening of Family planning services can play an important role in meeting the demands of unmet needs. Women of reproductive age group need to be counseled about all the available forms of contraceptive methods so that they can choose the method that best suits their individual requirements and intentions. They should be given correct information on various contraceptive methods available, especially on side effects and how to manage them. Programs should also work to improve interpersonal relations between patients and providers and to ensure periodic follow-up of patients to reduce the number of women who stop using contraception. It should also focus on men as well as women, creating an environment in which both sexes can seek services and both are involved in selecting a contraceptive method after discussion that best suits both of them.

In addition, the Governments should also provide subsidies for contraceptives so that a large number of methods are available to low-income couples at little or no charge. Broader education and communication programs can also be started to help address social and cultural barriers to family planning, including misconceptions and myths about contraception and lack of communication between husbands and wives about family planning.

Way Forward

In future all attempts should be directed towards satisfying unmet needs for contraception by ensuring that women who currently have unmet need for modern contraception should receive adequate information about risks of unintended pregnancies, have free access to quality services offering range of methods, and receive counseling and care that help them initiate and sustain contraceptive method use.

In every developing country, early marriage and early childbearing are very common especially among poor women and those with little education [32]. Hence, educating adolescents how protect their own health is an important priority. In addition to benefiting adolescents, increased investment in adolescent sexual and reproductive health contributes in the overall improvement of status of women. Accurate information about the value and safety of family planning and modern methods also needs to reach male partners and other family members who are likely to affect the women’s decision of using contraceptives.

Finally improving family planning services has the potential not only to increase and improve use of current methods, but also to successfully introduce and provide new contraceptive technologies. Also there is a need of discovery and development of newer methods of contraceptives that will help in reducing the unmet needs related to available contraceptive side effects. Hence, discovery and development of completely newer contraceptives that will meet the above mentioned requirements, and will address the needs of growing numbers of users is essential, but this cannot happen without greater dedication of resources to this effort.

Conclusion

Hence, meeting the unmet needs for modern contraception can and will save many more maternal lives and will help in overall development of nations. We hope that in future things can work in a better way, so that we can bridge the gap between met and unmet needs of contraception to help womanhood and to a greater extent the whole mankind.

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Conflict of Interest

There are no conflicts of interest.

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