

Senegal

Reproductive Transitions: Unmet Need for Family Planning

WHAT IS UNMET NEED FOR FAMILY PLANNING?

Women with unmet need are broadly defined as those who want to postpone their next birth for two years or more, or not have any more children, but they are not using contraception.¹

WHY LOOK AT UNMET NEED?

Today, more than 220 million women in developing countries have an unmet need for family planning. In reality, the number of women experiencing unmet need is likely much higher. Contraceptive needs can fluctuate due to shifts in fertility desires that occur in response to changing life circumstances such as entering a serious relationship or changes in household finances.² Accordingly, women may pass in and out of unmet need, rather than experiencing it as a one-time event. The more we understand life's reproductive transitions, the characteristics of women with need, and their reasons for not using family planning, the more we can improve family planning services and better meet the needs of women and men globally.

WHAT IS THE SITUATION IN SENEGAL?*

- According to a recent national survey, about one-third of married women of reproductive age reported having an unmet need for family planning at the time of the survey, which translates into more than 600,000 women.³ About two-thirds of these women had an unmet need for spacing their next birth, and one-third did not want to have any more children.
- The magnitude of the problem may also be greater than that captured at the time of the survey. A recent analysis shows that among married women, about 37 percent—or 670,000 women—experienced an episode of unmet need at some point during the previous five years. Among those women, almost 100,000 experienced two or more episodes of need in the same time period.⁴

- There is not much difference in the proportion of women experiencing an unmet need for family planning across the younger age groups—from adolescents (15-19) and young adults (20-29) to women aged 30-39, about one-third reported having an unmet need. Although lower, about one-quarter of older women (40-44) also have an unsatisfied need for family planning.
- Need also varies by region. Dakar, Fatick, Kaolack, Kéougo, and Malam regions have the highest levels, with about 30 percent of women reporting unmet need; while Sédhiou, Tambacounda, and Thiès have the lowest, with an estimated one-quarter of women experiencing an unmet need.

General Reproductive Health Data

- Maternal mortality – 392 deaths/100,000 live births
- Infant mortality – 43 deaths/1,000 live births
- Under-5 mortality – 65 deaths/1,000 live births
- Total fertility rate – 5.3 children per woman
- Mean ideal number of children:
 - Women – 5.2 children
 - Men – 7.3 children
- Median birth interval – 34 months
- Median age at first childbearing – 21 years
- Unplanned pregnancies – 25%
- Contraceptive prevalence rate (all methods) – 18%
 - Traditional methods – 2%
 - Modern methods – 16%
 - Pill – 5%
 - Injectables – 6%
 - Male condom – 0.6%
 - IUD – 1%
 - Implants – 3%
 - Female sterilization – 0.3%

Unmet need for family planning among currently married women:

- Total unmet need – 29%
 - Unmet need for spacing – 22%
 - Unmet need for limiting – 8%

Senegal Demographic and Health Survey, 2010-11

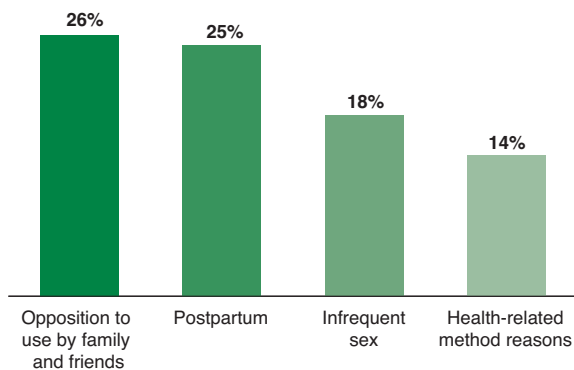
* Unless otherwise noted, all data used in this fact sheet are from the *Senegal Demographic and Health Survey (2010-11)* and the *DHS Continuous Report (2012-13)* (Calverton, MD: Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal] and ICF International, 2012).

- Poor and middle-income women are the most disadvantaged, with about one-third of women from the poorest and middle-income families experiencing unmet need. However, it's important to note that more than 1 out of 4 wealthy women are not able to satisfy their family planning needs.

WHY ARE WOMEN IN SENEGAL NOT USING CONTRACEPTION?

- A recent analysis revealed the top four reasons why women who say that they want to avoid a pregnancy are not using family planning.⁵ Opposition to use was the most commonly cited reason for not using (26 percent). Second are postpartum reasons (25 percent), although many women are not sure how long they are safe from getting pregnant after giving birth. The third top reason for not using family planning is having sex infrequently (18 percent); many women wrongly believe that if they only have sex occasionally, they are not at risk, and therefore don't need to use family planning. And lastly, women cited method-related reasons—especially fear of side effects and health concerns—as reasons for not using (14 percent).
- While lack of contraceptive supplies—and logistic problems in getting the contraceptives to the provider—continue to be a challenge in some regions, only a small proportion of women (5 percent) stated that lack of access (distance or costs) was the reason for not using.

Top 4 reasons women with an unmet need are not using contraception



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4. Toshiko Kaneda, Population Reference Bureau, special analysis of Senegal Demographic and Health Survey (2010-2011) to explore the magnitude of unmet need across the previous five-years using the DHS calendar data, Washington, DC, 2014. Analysis available at: www.prb.org/Publications/Reports/2014/unmet-need-research-dhs.aspx.
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WHAT ARE THE POLICY AND PROGRAM IMPLICATIONS?

The evidence indicates several priority action areas requiring attention including the need to:

- Reach out to women and their partners at multiple stages in their reproductive lives to better satisfy changing needs—from adolescents and young women and men, to middle-aged and older couples.
- Focus on reducing the top barriers to family planning uptake—improving counseling services to reduce health concerns and fear of side effects, educating women about their bodies and when they are most at risk of getting pregnant, and breaking down cultural barriers to contraceptive use.
- Ensure that women and men have access to a full range of contraceptive methods (short-term, long-term, and permanent) to satisfy their reproductive needs at different life stages.
- Take advantage of all opportunities! With so many women experiencing unplanned pregnancies, providers need to integrate family planning counseling, services, and follow-up into postpartum programs as well as other services that offer an opportunity to reach women—postabortion care, child survival programs, community health programs, and HIV services among others.

Recognizing reproductive transitions is an important step toward satisfying the family planning needs of the nation. Ultimately, this goal calls for renewed efforts to address women's and men's needs at different stages of their reproductive lives, and to tailor family planning services to better meet life's changing circumstances.

ACKNOWLEDGMENTS

This fact sheet was produced by Angela Farmer, program assistant, Population Reference Bureau. Funding for this publication was provided by the William and Flora Hewlett Foundation.

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