

Family Planning: The Changing Path of Unmet Need

Key Messages Handout



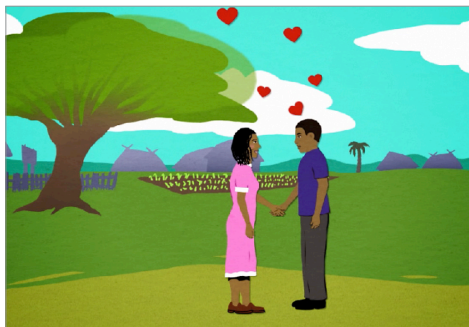
Today, more than 220 million women in the developing world, at different stages of their reproductive lives, have an unmet need for family planning.

Unmet need is when a woman who is sexually active wants to delay her next birth, or not have any more children, but is not using any type of family planning.¹



We've learned that unmet need is complex because:

- It is not a one-time event. Women can move in and out of need for family planning across their reproductive lives, complicating the picture.
- When a woman's need for family planning is not satisfied, it can lead to serious consequences for women, their families, and for the nation.



Consider Binta, who is 17. She meets a boy she likes named Kofi, and she soon becomes sexually active. Binta does not want to become pregnant, but she does not know where to go to get counseling or services for family planning. Binta has an unmet need. Binta eventually becomes pregnant and has her first child at a young and vulnerable age.



Binta is just one of the 16 million adolescent girls in developing countries who give birth every year.²

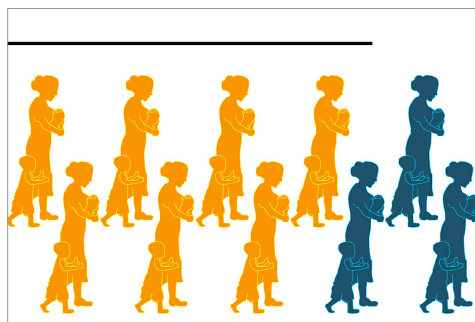
Worldwide, that translates into one in five girls who give birth by the age of 18, and in the poorest regions of the world, this figure is about one in three girls.³



We also find that among both married and sexually active unmarried women who want to avoid a pregnancy, adolescent girls are the least likely to use modern contraception.

Only 32 percent of sexually active girls use modern methods, compared to about half those ages 20 to 24, 63 percent for women ages 25 to 34, and 70 percent for those 35 and older.⁴

In fact, more than two-thirds of adolescents who want to avoid a pregnancy have an unmet need for modern contraception.



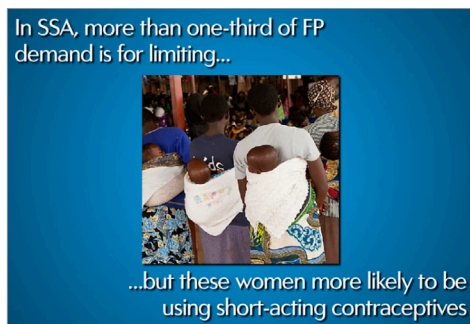
Among the more than 220 million women with unmet need, three regions—sub-Saharan Africa, South Central Asia and Southeast Asia—are home to more than half of these women.

In these regions seven in 10 women with unmet need for modern methods give reasons for not using that could be satisfied by proper counseling and the right method.⁵



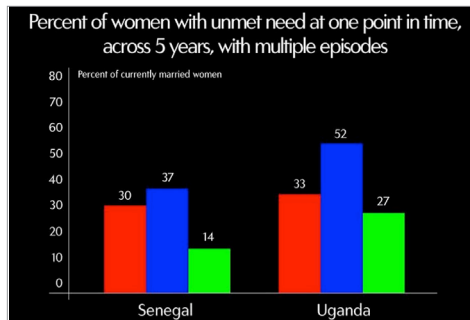
What are the top reasons that women who want to avoid a pregnancy are not using?⁶

- Concerns about health risks and side effects: one in four women with unmet need are worried about health risks, often owing to those persistent myths and misconceptions about methods that never seem to go away.
- Having sex infrequently: Many believe that if they only have sex occasionally, they are not at risk, and therefore don't need to use family planning.
- Opposition to using family planning methods by a partner, family members, or others.



According to a recent study of 18 countries in sub-Saharan Africa, on average, more than a third of all demand for family planning is for limiting the number of births.⁷

It also found that contraceptive users who want to limit births are more likely to be using the less effective short-acting or traditional methods than the long-acting or permanent methods.




A recent study shows that unmet need is likely greater than previously recognized.⁸ Focusing on Senegal and Uganda, traditional measures of unmet need (one point in time) shows that 30 percent of women in Senegal and 33 percent in Uganda have unmet need. But if we look at those with unmet need across five years of their reproductive lives, the proportion jumps to 37 percent in Senegal and 52 percent in Uganda.

In addition, 14 percent of women in Senegal, and 27 percent in Uganda experienced two or more unmet need episodes in a five-year period.

What are the consequences of unmet need?

Unmet need can lead to serious consequences. One consequence is large numbers of unplanned pregnancies. Women who want to avoid a pregnancy but are not using contraception account for 82 percent of all unplanned pregnancies.⁹

Large numbers of unplanned pregnancies lead to abortion and in many countries that have restrictive abortion laws, terminations are often performed under unsafe conditions and result in women dying or suffering serious injuries.



If unmet need for FP were met:

- 22 million fewer unplanned births
- 15 million fewer unsafely performed abortions
- 90,000 fewer maternal deaths

If all women who wanted to avoid pregnancy were using modern contraceptives, the number of unintended pregnancies would fall, which would translate into 22 million fewer unplanned births each year, 15 million fewer unsafely performed abortions and 90,000 fewer maternal deaths.




Family Planning 2020

...reducing barriers, bringing information and services to an additional 120 million women and girls in the poorest countries by 2020

We have global events that are creating opportunities, such as the historic London Summit on family planning held in 2012 that raised the visibility of family planning around the world.

And we have the Family Planning 2020 Initiative, which continues to frame the discussions and move toward tangible results as governments, civil society, and technical institutions all work to reduce barriers, bringing information and services to an additional 120 million women and girls in the poorest countries by 2020.



Stronger collaboration among donors and partners

We have new partnerships that are forging stronger collaboration among donors and partners to mobilize resources and support to strengthen and expand family planning services globally.



Like Binta and Kofi, the changing path of family planning needs across a couple's lifetime is a constant challenge, and one that deserves our vigilant attention.

**We have the evidence,
and we know what works**

We have the evidence, and we know what works:

- We need to reach out to women and their partners at multiple stages in their reproductive lives.
- We need to recognize that providing family planning services over a lifetime requires a variety of tailored policies.
- We need to focus on reducing the top barriers to family planning uptake, especially social and cultural barriers.
- We need to ensure that couples have access to the full range of contraceptives (short-acting, long-acting, and permanent).



Handout References

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9. Susheela Singh et al., *Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health* (New York: Guttmacher Institute and UNFPA, 2009).

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