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FAMILY PLANNING: THE CHANGING PATH OF UNMET NEED

PRESENTATION SCRIPT



AN **ENGAGE** PRESENTATION

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The presentation *Family Planning: The Changing Path of Unmet Need* and this accompanying handout were developed by Rhonda Smith of the Population Reference Bureau, with contributions from Alexandra Hervish (formerly of PRB), and Kate Gilles and Marissa Yeakey of PRB. Multimedia design for the presentation was by Jennifer Schwed. Animation sequences were created by Jeff Kosmicki.

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Presentation Script

Slide 1 (Title slide)

Family Planning: The Changing Path of Unmet Need

→ Click Forward 2

The growing use of family planning around the world has given couples the ability to choose the number and spacing of their children, reducing the number of high risk pregnancies, and promoting women's empowerment.

Yet, despite all of these impressive gains...

→ Click Forward 3

...Today, more than 220 million women in the developing world, at different stages of their reproductive lives, are not using any type of contraception even though they say they have that need. We call this an unmet need for family planning.

→ Click Forward 4

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 contraception.¹

→ Click Forward 5

Why are millions of women who say they have a need for contraceptives still not using any today? And what have we learned about these women?

→ Click Forward 6

We've learned that unmet need is complex because:

→ Click Forward 7

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.

→ Click Forward 8

And...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.

Because women's need for family planning changes over their lives, they can have a need starting at a very young age...

→ Click Forward 9

Consider Binta, who is 17. She meets a boy she likes named Kofi, and they 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 for family planning. Binta eventually becomes pregnant and has her first child at a young and vulnerable age.

→ Click Forward 10

Binta, like many adolescents around the world, did not know of a source for contraceptives. This inadequate knowledge remains a major barrier for increasing contraceptive use among adolescents.

→ **Click Forward 11**

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

Worldwide, that translates into one in five girls who give birth by the age of 18. But 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.

→ **Click Forward 12**

... adolescent girls are the least likely to use modern contraception.⁴

→ **Click Forward 13**

Only 32 percent of sexually active adolescents use modern methods...

→ **Click Forward 14**

Compared to about half of those sexually active women ages 20 to 24...

→ **Click Forward 15**

63 percent of women ages 25 to 34...

→ **Click Forward 16**

...and 70 percent for those over 35.

→ **Click Forward 17**

In fact, more than two-thirds of adolescents who want to avoid a pregnancy are not using modern contraception.

→ **Click Forward 18**

Among married adolescent girls in sub-Saharan Africa...

→ **Click Forward 19**

...80 percent, or nearly four in five married young women, don't want to get pregnant, but are not using any type of family planning.

→ **Click Forward 20**

And among sexually active, unmarried young women...

→ **Click Forward 21**

...almost two-thirds are not using a modern contraceptive method but do not want to get pregnant.

Like Binta, many girls start life at a very young age with a child...

(Animated scenario 2)

After the baby is born, (→ **Click Forward 22**) Binta and Kofi decide to get married. She wants to wait before becoming parents again, but her new husband and other family members are opposed to contraceptives and think they should have more children right away now that they are married!

Binta has an unmet need for a second time, and she becomes pregnant and has her second child.

→ **Click Forward 23**

Among the more than 220 million women who say they want to use family planning but are not using, there are three regions that are home to more than half of these women: sub-Saharan Africa, South Central Asia and Southeast Asia. And 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

→ **Click Forward 24**

When we look across women of all ages...what are the top reasons that women who want to avoid a pregnancy are not using?⁶

→ **Click Forward 25**

Number one...are concerns about health risks and side effects: One in four women with unmet need are worried about health risks, often due to those persistent myths and misconceptions about contraceptive methods that never seem to go away.

→ **Click Forward 26**

A second top reason is 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.

→ **Click Forward 27**

And a third top reason is opposition to using family planning methods by a partner or other family members, like in the case of Binta and Kofi.

→ **Click Forward 28**

And it's important to note that lack of access to family planning services...such as costs and distance... is not a top reason that is given in national surveys. In fact, access ranks low on the list of barriers compared to the many social and cultural obstacles that unfortunately hold many couples back from using family planning services.

Turning back to Binta and Kofi...with two small children they are now determined to space their next child.

→ **Click Forward 29** (*Animated scenario 3*)

They decide they would like to wait at least three years until they are more financially secure to have their third child. They go together to the family planning clinic and, after speaking to the nurse, choose a hormonal implant. Now, Binta does not have to worry about getting pregnant. Finally, Binta's need for family planning is satisfied.

→ **Click Forward 30**

Binta is one of the lucky ones who received appropriate counseling and was able to access a long-acting contraceptive on that day when she walked into her local family planning clinic.

→ **Click Forward 31**

She chose an implant, which is inserted into the upper arm and can protect against pregnancy for three to seven years depending on the type of implant. But many women and couples who want to postpone the next birth for several years, are not able to find long-acting contraceptives like hormonal implants, or intrauterine devices (IUDs), another long-acting contraceptive.

→ **Click Forward 32**

And if they are interested in limiting births, and do not want to have any more children, they may not be in an area with facilities that provide permanent methods such as female or male sterilization.

→ **Click Forward 33**

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

→ **Click Forward 34**

...And it 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.

→ **Click Forward 35** (*Animated scenario 4*)

Now, after four years, Binta and her husband decide to have a third child. She has the implant removed and she becomes pregnant. After the baby arrives, they decide they want no more children. There are no longer any long-acting or permanent methods available at the clinic, so she decides to use depo-provera injections to avoid getting pregnant again.

She and her husband move to his family's rural village, where, unfortunately, there is a stock-out of the injections in the local clinic. Binta is forced to discontinue the depo, and there is no other method available.

Binta once again has an unmet need.

→ **Click Forward 36**

As we follow Binta's path across her reproductive life, we see how a woman's status can change over time...and lead to that "revolving door" of unmet need.

→ **Click Forward 37**

Data from a recent study by PRB shows that the magnitude of unmet need is much greater than we thought.⁸

→ **Click Forward 38**

Focusing on two country examples: Senegal and Uganda, we see that the way unmet need is usually measured...a snapshot of a women's life at just one point in time...

→ **Click Forward 39**

...indicates that 30 percent of women in Senegal, and 33 percent of women in Uganda, have an unmet need for family planning.

→ **Click Forward 40**

But, if we measure the proportion of women who have unmet need at some point looking across five years of her reproductive life, the percentage goes up to 37 percent in Senegal and 52 percent in Uganda.

→ **Click Forward 41**

And if we count the percent of women who experience **multiple episodes** of unmet need, we find that 14 percent of women in Senegal, and 27 percent in Uganda experienced two or more episodes in just a five-year period of their reproductive lives.

→ **Click Forward 42**

So why is it so important that we understand unmet need, and why are we spending so much time studying it? (*Pause.*) Because it can lead to serious consequences.

→ **Click Forward 43**

One consequence of unmet need is large numbers of unplanned pregnancies. Women who want to avoid a pregnancy but are not using contraception account for the majority of all unplanned pregnancies.

→ **Click Forward 44**

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.

→ **Click Forward 45**

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...

→ **Click Forward 46**

15 million fewer unsafely performed abortions...

- **Click Forward 47**
...and 90,000 fewer maternal deaths.⁹
- **Click Forward 48**
Today, we have unprecedented opportunity to make a difference and reduce unmet need.
- **Click Forward 49**
We have new global initiatives that are creating opportunities, such as the historic London Summit on family planning held in July of 2012.
- **Click Forward 50**
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 and bring information and services to an additional 120 million women and girls in the poorest countries by 2020.
- **Click Forward 51**
And 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.
- **Click Forward 52**
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.
- **Click Forward 53**
We have the evidence, and we know what works—
- **Click Forward 54**
We need to reach out to women and their partners at multiple stages in their reproductive lives to better satisfy changing needs—from adolescents and newlyweds, to young and middle-aged couples.
- **Click Forward 55**
We need to recognize that providing family planning services over the life cycle requires a variety of tailored policies and strategies if we intend to effectively address couples' needs.
- **Click Forward 56**
We need to focus on reducing those top barriers to family planning uptake

...improving counseling services to reduce health concerns and fear of side effects, and breaking down those cultural and social barriers to contraceptive use.
- **Click Forward 57**
And we need to ensure that women and men have access to a full range of contraceptives (short-acting, long-acting, and permanent), and understand their choices in family planning methods given their current life stage.
- **Click Forward 58**
By staying positive and working together,
(pause)
We can build on our past achievements,
(pause)
We can help couples meet all of their family planning needs
(pause)
...and walk a steady path across their reproductive lives.

Presentation References

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