



Facts About the Unmet Need For Contraception in Developing Countries

surveyed have an unmet need for

which they were surveyed.

and the Caribbean (10%).

contraception, as do 7% of never-married

women of that age in the 36 countries in

• In Sub-Saharan Africa, 24% of married

women have an unmet need for contra-

average, among married women in South

and Southeast Asia (14%), North Africa

and West Asia (10%), and Latin America

• Nine percent of never-married women

in Sub-Saharan Africa have an unmet

for never-married women are not

North Africa and West Asia.)

need for contraception, compared with

5% in Latin America. (Regional estimates

available for South and Southeast Asia or

Almost 71 million married women are at

risk of an unplanned pregnancy and not

using family planning in the 53 countries

studied, as are 4.2 million never-married

ception. Unmet need is lower, on

ABOUT UNMET NEED

• A woman has an unmet need for contraception if she is married, in a consensual union, or never-married and sexually active; is able to become pregnant; does not want to have a child in the next two years or wants to stop childbearing; and is not using any method of contraception, either modern or traditional.

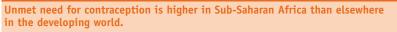
• Despite improvements in access and use in some regions in recent decades, large numbers of women continue to have an unmet need for contraception.

• Among women with an umet need, familiarity with contraception has increased significantly in the past 10–20 years, but concerns about health risks and side effects have also increased in that time.

THE BIG PICTURE

• Fifteen percent of married women aged 15-49 in 53 developing countries

Levels of Unmet Need





women in the 36 countries in which they were surveyed. Without access to contraceptive services and supplies, millions of these women will become pregnant unintentionally each year.

• Unmet need in Sub-Saharan Africa declined by less than 10% between 1990–1995 and 2000–2005. By contrast, unmet need declined by a third or more in the other three regions.

• Some women with unmet need wish to have a(nother) child later, while others wish to have no (more) children. In Sub-Saharan Africa, the majority of married women with unmet need wish to have a child in the future. Outside of this region, similar proportions of women with unmet need want to delay or stop having children.

WOMEN WITH UNMET NEED

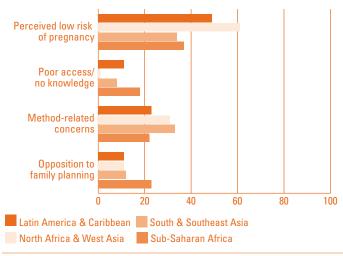
• In most developing countries outside of Sub-Saharan Africa, rural, uneducated and poor married women are more likely to be at risk for unplanned pregnancy than are urban, educated or nonpoor married women. However, in Sub-Saharan Africa, no single pattern of distribution of unmet need is observed.

• Among never-married women, levels of unmet need are fairly similar in urban and rural areas, and among educated and uneducated women.

• In many countries, women who have had more than three children tend to have higher levels of unmet need than women who have never had a child or who have had 1–3 children.

Nonuse Among Married Women with Unmet Need

Many are not using a method because they think they will not get pregnant or they are concerned about health or side effects.



% of married women 15–49 with unmet need

• The variations in levels of unmet need reflect patterns of social and economic development. Urban and nonpoor women are usually among the first to want smaller families and to need contraception to achieve that goal; the desire for smaller families and the accompanying need for contraceptives eventually extend to rural and poor women.

REASONS WOMEN DO NOT USE CONTRACEPTIVES

• More than three in five married women in North Africa and West Asia with an unmet need, nearly half in Latin America and more than onethird in South and Southeast Asia and in Sub-Saharan Africa are not using contraceptives because they do not believe they are at risk of getting pregnant.

• For a third or more of married women with an unmet need in all regions, reasons related to access or concerns about methods prevent them from using contraceptives.

• In many countries, only 0–2% of married women with an

unmet need have no knowledge of contraception.

• Among never-married women in many countries, infrequent sexual activity is by far the most common reason for not using contraceptives, followed by the idea that they need not or should not begin contraceptive use until they are married.

WOMEN WHO DISCONTINUE CONTRACEPTIVE USE

• Among married women with an unmet need who have previously used contraceptives, the most common reasons for discontinuing use include concerns about side or health effects and infrequent sex.

• In nearly all countries, about one-fourth to one-half of women with unmet need who used contraceptives in the past discontinued use because they experienced or feared side or health effects.

• Between 4% and 8% of women in Sub-Saharan Africa, and 9–57% in other regions, discontinue use because they have sex infrequently.

• The proportion of women with

unmet need who have discontinued contraceptive use to become pregnant ranges from 5% in Peru to 25% in Malawi.

WOMEN WHO INTEND TO USE CONTRACEPTIVES

• In most countries, the majority of women with an unmet need for contraception intend to use a method in the future.

 More than half of women with unmet need whose partners are opposed to family planning intend to use a method in the future.

• Among women who cite concerns about health and side effects of contraception, there is a wide range in the proportion who intend to use a method in the future (35–86%).

RECOMMENDATIONS

• Special attention should be given to populations in which the gap between fertility desires and contraceptive practice is greatest—many of which are in Sub-Saharan African countries.

• In order to be effective, programs must include counseling and education to help women disentangle fact from fiction regarding health and side effects of methods.

• It is important to ensure that women have as many contraceptive options as possible, to help them match their method with their needs—for example, for a temporary or permanent method of contraception, or for a hormonal or barrier method—and with their tolerance for side effects.

• Improving contraceptive technologies can make it easier for women to avoid unwanted pregnancies. • Women who do not seek contraceptive services because they do not believe they are at risk of getting pregnant require information through outreach efforts outside of a clinical setting.

• Efforts to promote societal receptivity to contraceptive use can help women overcome the cultural and social barriers to achieving their desired family size.

These data are the most current available and are from Sedgh G et al., Unmet need for contraception in developing countries: levels and reasons for not using a method, Occasional Report, New York: Guttmacher Institute, 2007, No. 37. This fact sheet was funded by the Bill and Melinda Gates Foundation.



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